



THE UNIVERSITY OF TOLEDO

# Health Care Promotion / Wellness Initiatives Review

October 2015



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# Covered Lives Overview

Age Range	HSC Count	HSC %	MC Count	MC %	Total	%
<18	1,853	25%	977	21%	2,830	24%
18 - 24	937	13%	561	12%	1,498	12%
25 - 34	1,151	16%	425	9%	1,576	13%
35 - 44	1,084	14%	654	14%	1,738	14%
45 - 54	1,127	15%	837	18%	1,964	16%
55 - 64	959	13%	908	19%	1,867	16%
65 Plus	214	3%	314	7%	528	4%
Total	7,325	100%	4,676	100%	12,001	100%

Gender	HSC Count	HSC %	MC Count	MC %	Total	%
Female	3,885	53%	2,404	51%	6,289	52%
Male	3,440	47%	2,272	49%	5,712	48%
Total	7,325	100%	4,676	100%	12,001	100%

## Key Take-Aways:

- 4,363 Employees Covered / 7,317 Dependents Covered
- Worth noting: 18% of eligible employees are not enrolled in any UT Health Care Benefit Plans
- 1/4 of covered lives are under 18 (more frequent routine office/lab visits)
- 1/5 of covered lives are over 54 (potential for more chronic conditions)
- Healthier ages tend to be 18 – 34 which is 25% of UT's covered lives

# High Cost Drivers

## Top Items Include...

### Specialty Drugs

- Multiple Sclerosis
- Rheumatoid Arthritis
- HIV

### Wellness & Symptom Visits

- Office Visits
- Specialist Visits
- Diagnostic Visits/Labs

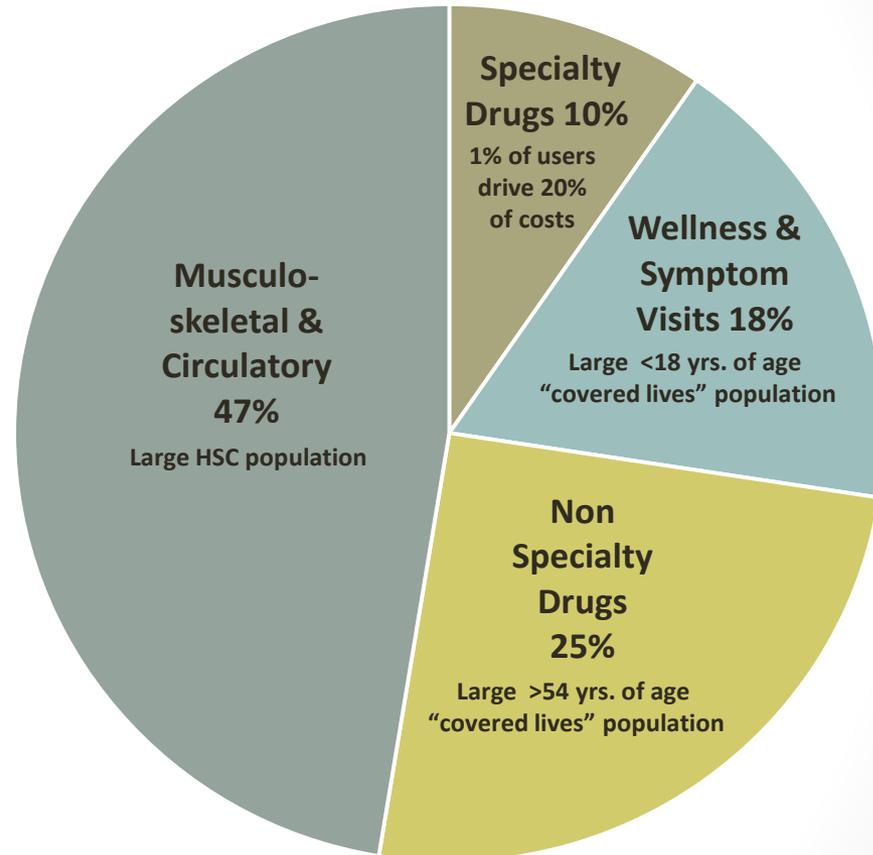
### Non Specialty Drugs

- Diabetes
- Asthma
- GI Disorders

### Musculoskeletal & Circulatory

- Back
- Neck
- Joints
- Ligaments
- Heart
- Blood
- Vessels

## Employee Costs



# Employee Health Stages

Stages	Transitional Plan	Major Tactics
<p><b><u>Healthy (Prevention)</u></b> Greatest opportunity for prevention</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Promote “Good Habits”                             <ul style="list-style-type: none"> <li>- Free fitness memberships</li> <li>- Healthy Eating</li> <li>- Smoking Cessation</li> </ul> </li> <li><input type="checkbox"/> “Healthy U Campaign”</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Health Assessment</li> <li><input type="checkbox"/> Biometrics</li> <li><input type="checkbox"/> Outcome-based Wellness</li> <li><input type="checkbox"/> Employee Education</li> </ul>
<p><b><u>Pre-Chronic (Intervention)</u></b> Leverage predictive modeling tools and pharmacy data as the window to future health care concerns &amp;/or challenges</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Invoice Monitoring</li> <li><input type="checkbox"/> Leverage Prescription Data</li> <li><input type="checkbox"/> Increased EAP Utilization</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medication Adherence</li> <li><input type="checkbox"/> Medication Therapy</li> <li><input type="checkbox"/> Early Case Identification</li> <li><input type="checkbox"/> HSA Funding</li> </ul>
<p><b><u>Chronic (Aggressive Management)</u></b> Engage more aggressive treatment plans</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review Case Management Priorities</li> <li><input type="checkbox"/> Outreach Programs</li> <li><input type="checkbox"/> FMLA Re- Certifications</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Disease &amp; Case Management</li> <li><input type="checkbox"/> Steerage Toward Tier 1 Providers</li> <li><input type="checkbox"/> Implement Clinical Guidelines</li> <li><input type="checkbox"/> Investigate possible FMLA Abuse</li> </ul>
<p><b><u>Severe (Stabilization)</u></b> Focus on patient stability &amp; comfort while carefully managing associated costs</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Quarterly Stop Loss Reviews</li> <li><input type="checkbox"/> Earlier Reinsurer Involvement</li> <li><input type="checkbox"/> More Single Case Agreements</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Chronic Disease Management</li> <li><input type="checkbox"/> Use of In-House Pharmacies</li> <li><input type="checkbox"/> UT for certain procedures</li> <li><input type="checkbox"/> Alternative Therapies</li> </ul>

# Baseline: Employee Health Check Categories

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Healthy	Pre-Chronic	Chronic	Severe
Employees with poor physical fitness cost \$500 more than the average employee.	Employees with unknown health status cost \$1,400 more than the average employee.	Employees with uncontrolled chronic conditions cost \$3,300 more than the average employee.	Employees with serious illness cost \$19,000 more than the average employee.
Free memberships at Morse and Rec Centers.	Complete health assessments and biometric screenings.	Medication adherence, therapy and case management.	Aggressive disease management.

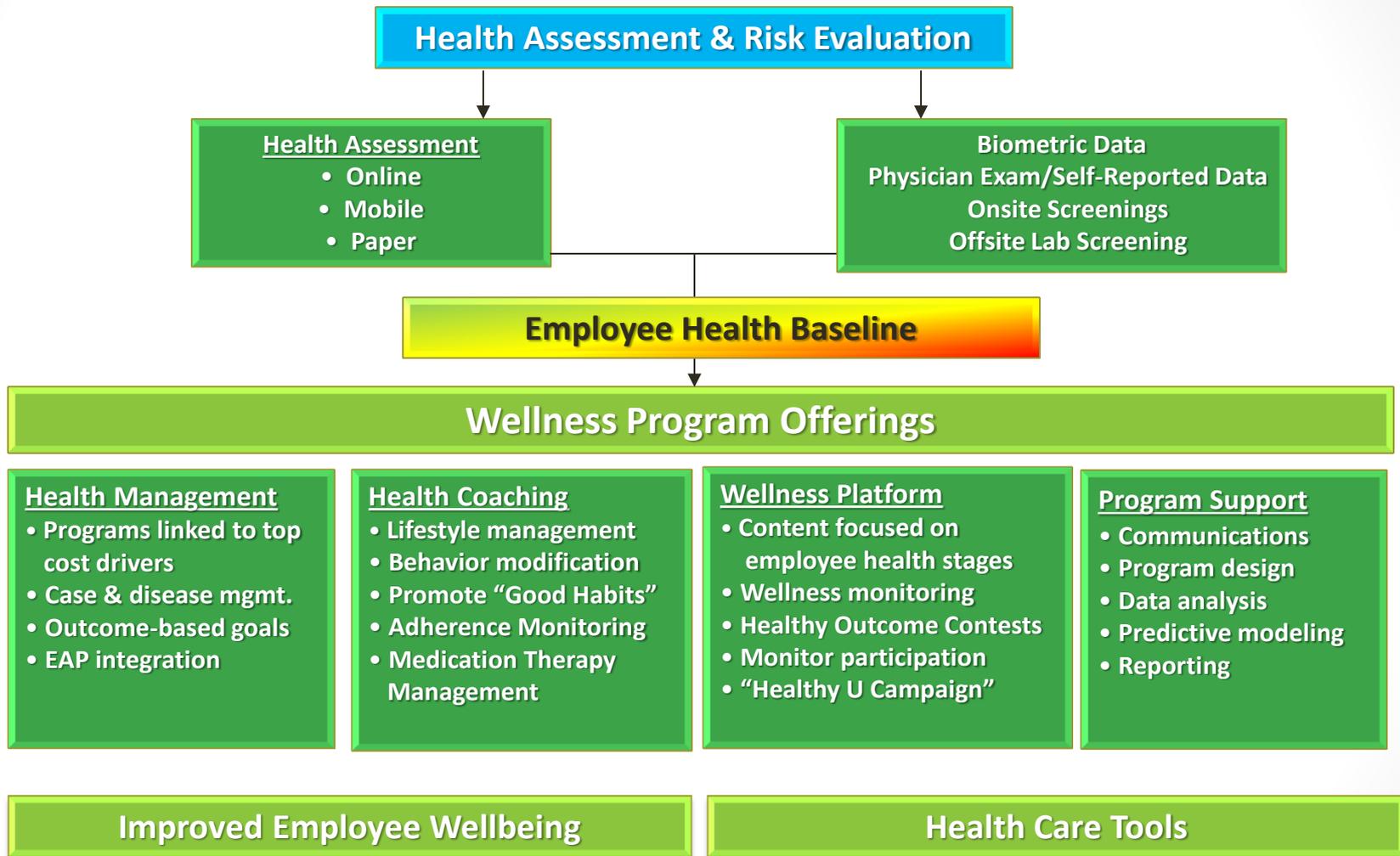
# 25 Cost-Management Best Practices

What's working to hold down cost?

Respondents' costs were analyzed based on their use of more than 25 cost-management best practices

Plan design	Employee well-being	More advanced cost-management strategies
<ul style="list-style-type: none"> <li>✓ Contribution for family coverage in primary plan is at least 20% of premium</li> <li>PPO in-network deductible is \$500+</li> <li>✓ Offer CDHP</li> <li>✓ HSA sponsor makes a contribution to employees' accounts</li> <li>Voluntary benefits integrated with core benefits ✓</li> <li>✓ Mandatory generics or other Rx strategies</li> <li>Steer members to specialty pharmacy for specialty drugs</li> </ul>	<ul style="list-style-type: none"> <li>Offer optional (paid) wellbeing programs through plan or vendor</li> <li>Provide opportunity to participate in personal/group health challenges</li> <li>Offer technology-based wellbeing resources (apps, devices, web-based)</li> <li>Worksite biometric screening</li> <li>✓ Encourage physical activity at work (gym, walking trails, standing desks, etc.)</li> <li>Use incentives for wellbeing programs</li> <li>Spouses and/or children may participate in programs</li> <li>Smoker surcharge</li> <li>✓ Offer EAP</li> </ul>	<ul style="list-style-type: none"> <li>High-performance networks</li> <li>Data warehousing</li> <li>Collective purchasing of medical or Rx benefits</li> <li>Surgical centers of excellence</li> <li>Transparency tool provided by specialty vendor and/or used by 10% of members</li> <li>✓ On-site clinic</li> <li>Telemedicine</li> <li>Value-based design</li> <li>Reference-based pricing</li> <li>Medical homes</li> <li>Accountable care organizations</li> </ul>

# Wellness Strategy



# Lastly...

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# QUESTIONS?