

## Agenda

- Introduction and Program Overview
- Executive Summary
- Patient Success Stories
- Health Center Stats \& Volume/Engagement
- Screening and Risk Identification
- Health Outcomes
- Claims Analysis
- Satisfaction
- Performance Guarantees
- Next Steps/Strategies


## Capturing Value

## Identify Risk

- Data Mining
- HRA
- Biometric Screen
- Population Stratification


## Mitigate

 Risk- CHR
- Action Plans
- Coaching
- Disease Management
- PHR/EMR


## Change

 Utilization- Alter Risk Profile
- Discover/Treat Undiagnosed Conditions
- Reduce ER/ UC/Specialist \& Hospital Stays


## Capture Savings

- Lower Claims
- Fewer Lost Work Days
- Higher

Productivity

Primary Care Services/Disease Management/Onsite Rx

## Executive Summary

- Total average monthly encounter volume increased $22 \%$ this year
- This increase averaged 84 more encounters per month and over a 1,000 encounters for the year
- Overall employee participation/utilization increased from 43\% to $51 \%$ in Y2. H\&C employee participation increased from $54 \%$ to $62.5 \%$
- Overall employee engagement increased from $37 \%$ to $45 \%$ and $46 \%$ to $55 \%$ in the H\&C population
- Annual Satisfaction Survey showed an increase from 91\% to $93 \%$ very satisfied or satisfied. Patient Experience Survey showed 98\% were very satisfied or satisfied.


## Patient Success Story \#1

## HEALTHY LIKE ME SUCCESS STORIES



Thomas Escambia County School District
have gone to the ECSD Center for Health and Wellness for the last several years and each time the results of my health assessment showed reasons for concern. This last time I saw Krystal Rogers, RN who went into careful detail with me about my current went into caretul detail with me about my current happen if I did not take my test results seriously. I left happen if I did not take my test results seriously. Ilef eating habits to regain my health so I could be around for my 15 -year-old son.
was overweight, had high cholesterol and high blood pressure, and I just felt tired and not well overall. These health issues caused me to have shortness of breath and poor sleep habits.
Now I have a daily regimen that involves getting on my treadmill twice a day, monitoring my caloric intake, and eating healthy fats, vegetables, fruits and very lear
meats. I only eat grilled or baked foods and I avoid all fast foods or fried food. Additionally, I have done away with simple carbohydrates and I am drinking half of my body weight (in ounces) of water

Ifeel 25 years younger! I also have much better peace of mind knowing that my health is improving dramatically and it will help me avoid many common illnesses that afflict people my age. I have improved my energy and vitality, and lowered my weight, waist size, blood pressure, body fat, and cholesterol - all without medications.
Thank you, Escambia County School District, for having the Center for Health and Wellness that can assist $m$ with my wellness monitoring and counseling. I truly believe Krystal's guidance saved my life and I'm very excited about my future!

Tom's story:
> "Knowing how dramatically my health is improving gives me peace of mind."

## Patient Success Story \#2

${ }^{9}$ Whether I wanted to admit it or not, it was difficult to catch my first and second grade students if they ran. ${ }^{3}$

Debra Escambia County School District

I've been overweight but physically active for about 27 years. Aside from the obvious social stigma, being obese really limited my choice of clothing, and made it uncomfortable to sit in airplane seats and chairs with arms. Whether I wanted to admit it or not, it was difficult to catch my first and second grade students if they ran and it was difficult to bend over to keep them safe if they were having a behavioral issue. I always said that when my weight started to have a negative impact on my life, I would get serious about losing weight. During my annual biometric screening sponsored by my employer, my blood sugar, triglycerides, and blood pressure were slightly elevated over previous years. My primary care doctor said she wasn't worried, but I knew it was time to be true to myself.

I had seen the results of my bloodwork before seeing Dr. Raina Alexander at the Marathon Health center, so I already had a goal in mind - I wanted to lose 70 pounds in an effort to improve my overall health.

Dr. Alexander asked
some personal
questions in an effort
to better know my
perspective. Then, she
showed me options
for tracking my food intake and exercise. It was pure encouragement - no shaming.
I have lost about 50 pounds in a little over five months. My blood pressure dropped after the first month of healthier eating and exercising. I've dropped five am better able to provide safety for my students when ther need it whent
The greatest impact my weight loss has had is in my social and emotional life. My mood is enlightened. My family life is happier, and communication is healthier. teachers with whom I have worked for six years are initiating conversations with me, asking for advice and providing me with positive feedback. Even some of the kids around school have given me compliments. I have a feeling of belonging that I've never felt before. Just as I promised myself that I would get serious about weight loss when it began to impact my health, about weight loss when it began to impact my health Thave promised myself that I will never again be privilege than a burden.

## Debra's story:

"Whether I wanted to admit it our not, it was difficult to catch my first and second graders if they ran."

## Health Center Volume and Engagement

Forlife.

## Total Monthly Service Volume All Members




## Health Center Encounters by Member Type Exclude Labs



|  | Avg. Monthly <br> Employee Encounter | Avg. Monthly Dependent <br> Encounters | Avg. Monthly Total <br> Encounters |
| :--- | :---: | :---: | :---: |
| Year 1 (6/1/13-12/31/14)* | 343 | 55 | 398 |
| Year 2 (1/1/15-12/31/15) | 427 | 59 | 486 |
| Year over Year Change | $24 \%$ | $7 \%$ | $22 \%$ |

## Employee Monthly Health Center Volume

Go Live


|  | Avg. Monthly <br> Coaching Visit | \% Coaching <br> Visits | Avg. Monthly <br> Acute Visit | \% Acute <br> Visits | Total Avg. <br> Monthly <br> Visit | Avg. Total <br> Labs |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Year 1 (6/13-12/14)* | 204 | $59 \%$ | 140 | $41 \%$ | 343 | 686 |
| Year 2(1/15-12/15) | 268 | $63 \%$ | 159 | $37 \%$ | 427 | 836 |
| Year over Year | $32 \%$ |  | $14 \%$ |  | $24 \%$ | $22 \%$ |

## Employee Participation and Engagement

Participation- at least one visit (acute/coach) in the last 18 months
Engagement- at least one coaching visit in the last 18 -months

*Engagement based on 18-month look-back

## Continued Growth in Employee Utilization




## Dependent Participation and Engagement Data as of December 2015


*Engagement based on 18-month look-back

## Continued Growth in Dependent Utilization




## Screening and Risk Identification

## Employee Risk Identification



## Employee Top Risk Factors Identified

| Risk Factor/Chronic Condition | Data Source | \# of EE's with risk factor / disease | Sample Size | Escambia 2014 | Escambia $2015$ | U.S. <br> Prevalence Rate | Status |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| High Blood Pressure/HTN ${ }^{\dagger}$ | Screening/Claims | 1822 | 4660 | 39.1\% | 39.1\% | 30.0\% |  |
| Obesity | Screening | 1465 | 3384 | 39.0\% | 43.3\% | 35.7\% |  |
| Inadequate Sleep | HRA | 1167 | 3138 | 36.7\% | 37.2\% | 30.4\% |  |
| High Stress Levels | HRA | 459 | 3196 | 15.7\% | 14.4\% | 10.0\% |  |
| Physical Inactivity | HRA | 490 | 3179 | 15.5\% | 15.4\% | 36.2\% |  |
| High Cholesterol* | Screening | 455 | 3005 | 13.3\% | 15.1\% | 23.8\% |  |
| Work-Loss Days | HRA | 308 | 2964 | 11.0\% | 10.4\% | 20.0\% |  |
| High Blood Sugar/Diabetes ${ }^{\dagger}$ | Screening/Claims | 567 | 4660 | 10.6\% | 12.2\% | 12.1\% |  |
| Asthma | Claims/Health Center | 426 | 4660 | 6.3\% | 9.1\% | 7.7\% |  |
| Tobacco Use | HRA | 158 | 3205 | 6.3\% | 4.9\% | 16.8\% |  |
| Chronic Bronchitis (COPD) | Claims/Health Center | 221 | 4660 | 5.1\% | 4.7\% | 4.0\% |  |
| Coronary Artery Disease (CAD) | Claims/Health Center | 191 | 4660 | 3.4\% | 4.1\% | 4.9\% |  |
| Job Dissatisfaction | HRA | 47 | 3148 | 1.9\% | 1.5\% | 55.0\% |  |
| Life Dissatisfaction | HRA | 23 | 3201 | 1.7\% | 0.7\% | 5.0\% |  |
| Congestive Heart Failure (CHF) | Claims/Health Center | 41 | 4660 | 0.7\% | 0.9\% | 1.8\% |  |
| Alcohol Abuse | HRA | 11 | 3205 | 0.6\% | 0.3\% | 8.5\% |  |
| No Seat Belt Use | HRA | 7 | 3178 | 0.5\% | 0.2\% | 14.0\% |  |
| Perception of Health | HRA | 20 | 3200 | 0.5\% | 0.6\% | 10.0\% |  |


|  | Over US Prevalence rate |
| :--- | :--- |
|  | Between $80 \%$ and $99 \%$ of US Prev |
|  | Below $80 \%$ of US Prevalence |

Snapshot in time, not matched cohort. See slide 24

## Marathon

Top Risks Identified: -High Blood Pressure/HTN - Obesity
-Inadequate Sleep

- High Stress
-High Blood Sugar/Diabetes - Asthma
-COPD
Other Areas of Concern - Coronary Artery Disease

For life.

## Top Risks and Top Diagnoses

## Top Risks Identified:

-High Blood Pressure/HTN

- Obesity
-Inadequate Sleep
-High Stress
- High Blood Sugar/Diabetes - Asthma
-COPD

Other Areas of Concern
-Coronary Artery Disease

|  | Patient Diagnoses - Top 20 (1/15-12/15) |  |
| :---: | :---: | :---: |
|  | Description | Total |
|  | Comprehensive Health Review | 1810 |
|  | Screening, unspecified | 1759 |
|  | Sinusitis, acute | 415 |
|  | Encntr for general exam w/o complaint, susp or reprtd dx | 353 |
|  | Encounter for screening for other diseases and disorders | 341 |
|  | Hypertension | 287 |
|  | Upper respiratory infections | 192 |
|  | Acute sinusitis | 173 |
|  | Allergic rhinitis | 133 |
| - | Essential (primary) hypertension | 117 |
|  | Urinary tract infection | 115 |
|  | Bronchitis, acute | 104 |
| (2No | Body mass index [BMI] | 99 |
|  | Persons encntr health serv for oth cnsl and med advice, | 99 |
|  | Hyperlipidemia | 94 |
|  | Diabetes mellitus, without complication | 91 |
|  | Acute upper resp infections of multiple and unsp sites | 83 |
|  | Diet and exercise counseling | 71 |
|  | Depression | 68 |
|  | Vasomotor and allergic rhinitis | 66 |
|  | All Other | 2801 |
|  | Total | 9271 |

## Health Outcomes

## Marathon <br> For life.

## At-Risk Employees \& Dependents Making Progress Toward Normal Range



## Prevalence of Risk Factors in Matched Cohorts

 Escambia Employees


## Significance of Reducing High Blood Pressure / HTN

 Summary of SPRINT Trial Findings, Published NEJM 2015
## Standard Hypertension Treatment

Target<140

| Stroke | Heart <br> Attack | Heart <br> Failure |
| :---: | :---: | :---: |
| $-35 \%$ | $-15 \%$ to <br> $-25 \%$ | Up to <br> $-64 \%$ |

## Stricter Treatment SBP Target<120: Additional Benefits

| Total | Heart | Heart |
| :---: | :---: | :---: |
| Deaths | Attack/Stroke | Failure |

## Marathon <br> neminn <br> For life.

## Systolic Blood Pressure Status Since Go Live 2+ coaching visits vs. control group

Control group is defined as less than two coaching visits


## Diastolic Blood Pressure Status Since Go Live $2+$ coaching visits vs. control group

Control group is defined as less than two coaching visits


- Optimal < 81
- Moderate 81-89

■ High >=90

## Capturing Value

## Identify Risk

- Data Mining
- HRA
- Biometric Screen
- Population Stratification


## Mitigate

 Risk- CHR
- Action Plans
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- PHR/EMR


## Change

 Utilization- Alter Risk Profile
- Discover/Treat Undiagnosed Conditions
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## Capture Savings

- Lower Claims
- Fewer Lost Work Days
- Higher

Productivity

Primary Care Services/Disease Management/Onsite Rx

## Claims Analysis

## Total Claims through Dec 2015

Projection based on 9.0\% inflation rate


## Claims with HCC-removed, through Dec 2015

Projection based on 9.0\% inflation rate


## Average PMPM Since Go Live



| Triple Aim calculations 1/1/15-12/31/15 |  |
| :--- | ---: |
| avg forecasted PMPM for 1/1/15-12/31/15 | $\$ 357.54$ |
| actual PMPM avg for 1/1/15-12/31/15 | $\$ 241.01$ |
| Gross PMPM reduction | $\$ 116.53$ |
| Approx fees Jan'15-Dec'15 | $1,399,644$ |
| Pop All Mbrs at 2015 | 6,773 |
| PMPM MH fee | $\$$ |
| Net reduction in PMPM | $\$ 9.22$ |
| Net \% reduction | 27.31 |

## Average PMPM Trend



## Patient and Customer Satisfaction Results

## Satisfaction Survey Results

> Marathon launched new Patient Experience Survey in Nov 2014
$>$ Results are pulled quarterly and reviewed internally
$>$ Short survey- 5 questions and one with space to free text
> Questions:

1. What type of visit did you have today?
2. Rate your overall satisfaction with the Marathon Health services?
3. Staff specific questions asking about: thoroughness, carefulness, courteous, respectful, sensitivity and friendliness.
4. Ease of getting an appointment by phone/online?
5. Is there anything else you would like to tell us about your experience? (Free text)

## Patient Experience Results Jan 2015-Dec 2015

Please rate your overall satisfaction with the Marathon Health Services.


■ Very Satisfied

- Satisfied
- Dissatisfied

■ Very Dissatisfied

## Annual Survey

## Please rate your overall satisfaction with the ECSD Center for Health and Wellness services



■ Very Satisfied ■ Satisfied ■ Neutral ■ Dissatisfied ■ Very Dissatisfied

## How quickly were you able to get an appointment?



- I was seen within 24 hours
- I was seen within two business days of my requested time
- I had to wait longer than two business days


# Confidentiality of Health information; You believe that your health information is kept confidential 



■ Strongly Agree ■ Agree ■ Neutral ■ Disagree - Strongly Disagree

## Would you recommend the ECSD Center for Health and Wellness?



## In their own words...

- "This is a tremendous benefit!"
- "I was a walk in patient and not feeling well at all. Lakynda and Johanna went out of their way to make sure I was seen today. Rather than having to wait a week to get an appointment with my primary care doctor or 3 or 4 hours in a walk-in clinic, I was in and out in a matter of 30 minutes. Great service, friendly staff, and much appreciated. Thank you."
- "I have had a better experience here than at Urgent Care and at my family doctor. My whole family has had great experiences here."
- " I would like to thank everyone. I was in and out in no time, but in no way did I feel rushed! Thank you"
- "When I get this, I get it bad quickly. I appreciate them getting me in and getting me help so quickly. I believe that will shorten my illness and, hopefully, keep me from having to miss any work at all."


## In their own words.....

- "I loved my appointment with Krystal. She was very professional, helpful, and explained every part of my CHR fully and talked through many parts with me. She spoke with me about all aspects of my health, and she was extremely friendly. She also gave me some great information to look over."
- "Positive, caring, and motivating! Fast, efficient and friendly awesome accommodating pleasant friendly helpful, kind, professional."
- "The ladies at the clinic are SUPERB !! They know their business and are kind and compassionate. I felt better when I left and continue to feel better and grow stronger. I tell everyone about my experience. Thank You Ladies !!!"
- "This was, by far, the best doctor's visit I have ever had!! Awesome staff!! :-)"
- "They are very personable, encouraging and friendly. They are not judgmental about anything. They understand that your time is valuable and make every effort to accommodate scheduling. "
- "Very qualified staff. The services were excellent."


## There's always room for improvement... Suggestions \& Improvement: Common Themes

- More communication about services provided; (i.e. who can use the health center, women's health services, sports physicals, health coaching for weight loss/stress)
- Additional services (DEXA scans, mammograms, x-rays, skin checks)
- More afternoon/evening hours
- Reassurance of confidentiality of health center information


## Pay for Performance Metrics

## Clinical Performance Metrics

| Time 1: 6/1/2013-12/31/2014 |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Risk Mitigation |  | Time 1-At Risk Pop | \# At-Risk <br> Improved | Time 2 Improvement | Target Reduction |
| Obesity: Reduce Weight by $5 \%$ if BMI > 30 |  | 1050 | 103 | 9.81\% | 5.00\% |
| Tobacco Use: Reduce Prevalence of smoking, at least 30 days |  | 183 | 35 | 19.13\% | 5.00\% |
| PreHypertension: Reduce those with 121-139/81-99 to < 120/80 |  | 488 | 148 | 30.33\% | 5.00\% |
| Cholesterol: Reduce those with TC > 200 or LDL $>130$ |  | 1248 | 435 | 34.86\% | 5.00\% |
| Disease Management | Time 2 Pop with Disease | Percent at Standard of Care Time 1 | Percent at Standard of Care Time 2 | Time 2 <br> Improvement | Target <br> Improvement |
| Diabetes Care-HbA1c Testing: minimum 1 value recorded | 308 | 21.45\% | 36.36\% | 70\% | 5.0\% |
| Diabetes Care- Percent of patients with hemoglobin A1c < 9\% | 112 | 77.46\% | 79.46\% | 3\% | 5.0\% |
| Persistent Asthma: use of inhaled corticosteroids | 32 | 89.47\% | 90.63\% | 1\% | 5.0\% |
| Coronary Artery Disease: Use of anti-platelet (baby aspirin) | 82 | 46.59\% | 54.88\% | 18\% | 5.0\% |
| Chronic Hypertension (BP >140/90): Reduce to BP < 140/90 | 332 | 44.76\% | 54.52\% | 22\% | 5.0\% |

## 7/9 clinical outcomes met

[^0]
## Pay For Performance Scorecard

| Escambia Pay for Performance Plan | Data Source | Result | Target | Resolution |
| :---: | :---: | :---: | :---: | :---: |
| Overall Employee Satisfaction | Employee Survey | 93.0\% | 90.0\% | Target achieved |
| 85\%-90\% satisfaction $=50 \%$ penalty |  |  |  |  |
| 80\%-85\% satisfaction $=65 \%$ penalty |  |  |  |  |
| $75 \%-80 \%$ satisfaction $=80 \%$ penalty |  |  |  |  |
| $<74 \%$ satisfaction $=100 \%$ penalty |  |  |  |  |
| Overall Employer Satisfaction | Client <br> Survey | 93.0\% | 90.0\% | Target achieved |
| 85\%-90\% satisfaction $=50 \%$ penalty |  |  |  |  |
| $80 \%-85 \%$ satisfaction $=65 \%$ penalty |  |  |  |  |
| $75 \%-80 \%$ satisfaction $=80 \%$ penalty |  |  |  |  |
| $<74 \%$ satisfaction $=100 \%$ penalty |  |  |  |  |
|  |  |  |  |  |
| Clinical Outcomes: Risk Mitigation |  |  |  | 7 of 9 measures met target achieved |
| Obesity: Reduce prevalence of BMI $>30$ | EMR | 9.8\% | 5\% reduction |  |
| Tobacco Use: Reduce prevalence of smoking | EMR | 19.1\% | $5 \%$ reduction |  |
| Pre-Hypertension: Reduce those with BP 121-139 Systolic and/or 81-99 Diastolic to < 120/80 | EMR | 30.3\% | 5\% reduction |  |
| Elevated Cholesterol: Reduce those with TC > 200 and/or LDL > 130 | EMR | 34.8\% | $5 \%$ reduction |  |
| Clinical Outcomes: Disease Management |  |  |  |  |
| Comprehensive Diabetes Care - HbAic testing: minimum of one value recorded annually | EMR | 70.0\% | 5\% improvement |  |
| Comprehensive Diabetes Care: percent of patients with HbA1c < 9\% | EMR | 3.0\% | 5\% improvement |  |
| Use of corticosteroids for patients with persistent asthma: recorded annually | EMR | 1.0\% | 5\% improvement |  |
| Use of anti-platelet (baby aspirin) for patients with CAD - recorded annually | EMR | 18.0\% | 5\% improvement |  |
| Controlling Chronic Hypertension (140/90 mmhg): Reduce those with BP>140/90 | EMR | 22.0\% | $5 \%$ reduction |  |
|  |  |  |  |  |
| Claims Reduction Target |  |  |  |  |
| Direct costs avoided | Carrier Data | \$9.46M savings, 6.7:1 ROI Y 2 | below trend | Target achieved |
| Risk Amount Credited to Next Year's Fees <br> Bonus Earned |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Requirements |  |  |  |  |
| Miminum of $40 \%$ of employee population participates |  |  |  |  |
| Applies to individuals who have initial CHR and two or more follow-up visits |  |  |  |  |

## Next Steps

- Consider quarterly meetings for wellness champions with Marathon for help with planning events, challenges and educational resources
- Consider adding DOT physicals to decrease cost and engage high risk group
- Obesity strategies- Challenges
- Asthma and Diabetes strategies- group sessions, RN health coach educational sessions onsite
- Education/Communication strategies- Quarterly communications, focus on transportation department
- Continued focus on incentive plan to drive improved health results for both employees and spouses


## Engagement/Incentive \& Strategies

## Year 1-3 Incentives:

Employees only: Biometric screenings, nicotine screening or 12 week approved smoking cessation program, online HHRA/HRA updates and CHR visit

## Year 4 Incentive ideas:

Employees: Biometric screening within the health center, online HHRA or HRA update, CHR visit and/or HC visit Spouses: Biometric screening within the health center and completion of the online HHRA

## Year 4 Incentive Planning/Brainstorming

- Consider requiring spouses to complete an HHRA or HRA update and biometric screening
- Allow employees to select wellness activities from a list of options and allow them to be reportable, self reporting or a combo
- Continue utilizing the online wellness portal for incentive requirement tracking and information
- Utilize online wellness workshops within the MH portalspecifically smoking cessation, stress management/sleep, obesity, high blood pressure and cholesterol
- Consider outcomes based incentives


[^0]:    For life.

