

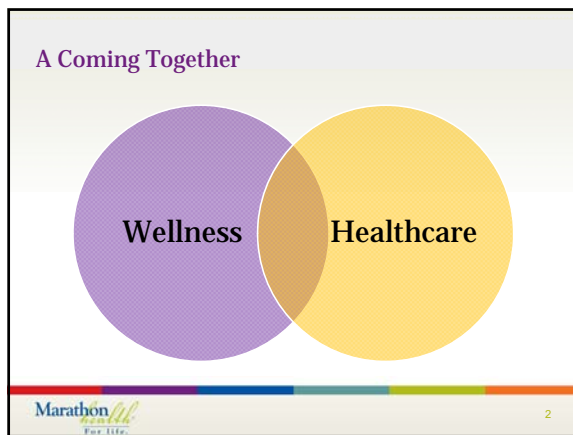
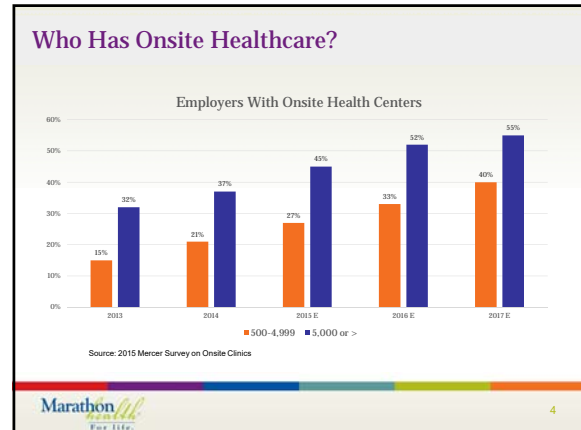
**INSPIRING PEOPLE**

**WELLNESS COUNCIL OF TAMPA BAY**

**Tampa Bay Healthcare Collaborative**

**The Future of Onsite Healthcare**  
 David M. Demers, MPH  
 VP, Business Intelligence and Analytics  
 Marathon Health, Inc.

**June 15, 2016**



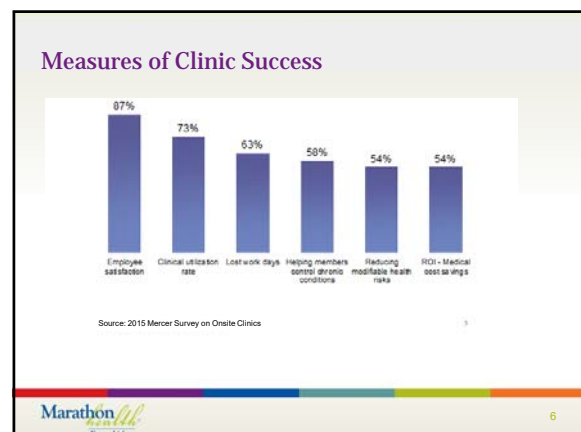
### 20% of the Population Drives 80% of the Cost

Risk Factor/Disease State	Prevalence Rate*	Predicted Cases	Condition Specific Excess Cost Per Year		Savings		
			ICD9S†	ICD10S†	< 5%	< 7.5%	< 10%
Hypertension	30.7%	461	\$ 3,732	\$ 3,864	\$ -85,929	\$ -129,894	\$ -171,659
Hyperlipidemia	16.3%	249	\$ 2,276	\$ 3,252	\$ -28,338	\$ -42,924	\$ -58,629
Obesity	31.3%	470	\$ 2,633	n/a	\$ -61,810	\$ -92,715	\$ -123,619
Diabetes	10.2%	153	\$ 4,689	\$ 5,400	\$ -35,718	\$ -53,577	\$ -71,436
Coronary Artery Disease	9.3%	93	\$ 8,299	\$ 7,494	\$ -19,520	\$ -27,928	\$ -37,181
Asthma	6.8%	102	n/a	\$ 2,964	\$ -15,116	\$ -22,675	\$ -30,233
COPD	5.2%	78	n/a	\$ 5,076	\$ -19,758	\$ -29,695	\$ -39,553
Smoking	20.6%	312	\$ 2,990	n/a	\$ -39,274	\$ -58,908	\$ -79,448
Stress (anxiety, depression)	24.9%	374	\$ 2,571	n/a	\$ -48,013	\$ -72,020	\$ -96,027
<b>Total Savings</b>					<b>\$ -309,034</b>	<b>\$ -553,950</b>	<b>\$ -738,059</b>

Source:


- National Center for Health Statistics Data Warehouse
- Edington, D. Workplace Wellness Cost Benefit Analysis & Report 2006, University of Michigan Health Management Research Center
- A New Approach to Health Risk Assessment, Epidemic Risk Groups, IHCS & Symmetry Health Data Systems

**Primary care re-direct ↓ 50%**  
**Specialty referral rate ↓ 20%**  
**ER/UC utilization ↓ 20%**  
**Hospitalization rate ↓ 5%-10%**  
**Rx spend ↓ 5%-7%**




### How Big Do You Need to Be for an Onsite Clinic?

- Full time model requires 1,500 members
  - 1 MD/NP/PA plus 1 MA
  - Larger headcounts add additional staff and receptionist
  - Can add PT/RD/Case Management
- Can support smaller models with part time staff
  - 750 members = .5 MD/NP/PA plus .5 MA
  - Can support even smaller headcounts but unit cost goes up
- These are rules of thumb only. Much depends on:
  - Near site vs. onsite
  - Utilization assumptions/market
  - Service Mix



7

### Empowering patients to get involved in their own health and wellness



Plan, Do, Study, Act

Source: Ross Behavioral Model, Prochaska, J.O., Motivational Interviewing, Miller, W.R. & Rollnick, S.

### Integrating Corporate Wellness and Onsite Healthcare



Wellness/Health Promotion

Communications / Rewards / Incentive Management

Health Plan Design

Employee E-Health Tools




8

### Population Health Performance Measures

Phase 1 Blended and Site Specific Actuals Relative to Benchmarks

Category	Measure	Loosely Managed	Moderately Managed	Well Managed
Risk Management	HRA completion rate	< 20%	40%	80%
	Biometric screening rate	< 20%	40%	80%
	Percent at risk engaged	< 20%	40%	70%
	Diabetics at standard of care	< 20%	40%	60%
Utilization	Asthmatics at standard of care	< 20%	40%	60%
	Office visits PMPY primary	1.0	1.5	2.5
	Office visits PMPY specialty	1.90	70	150
	Hospital admissions per 1,000 pop	250	150	100
Unit Cost	ED visits per 1,000 pop	5	4	2
	Lab services PMPY	12.5	10.5	8.5
	Rx scripts PMPY	\$180	\$139	\$75
	Primary care	\$246	\$192	\$125
Total Spend	Specialty care	\$12,852	\$9,543	\$7,500
	Hospital admission cost	\$75	\$44	\$30
	ER visit cost	\$1,250	\$750	\$500
	Rx cost	\$75	\$44	\$30
	Lab cost	\$350	\$264	\$125
		\$326.63	\$263.97	\$201.30
			\$245.99	\$226.93

Modelled net savings of \$2.9MM/year or \$19.06 pmpm at run rate (8% reduction)



9

### Capturing Value With Onsite Health

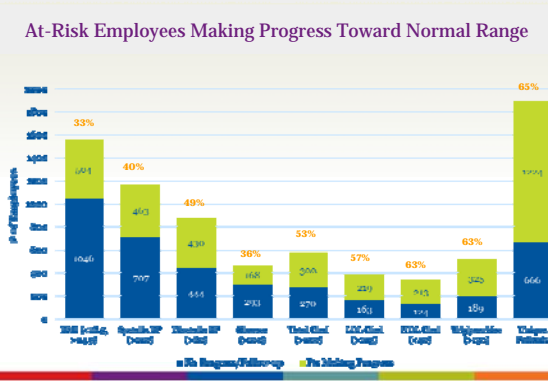


Primary Care/Occupational Health/Onsite Rx




9

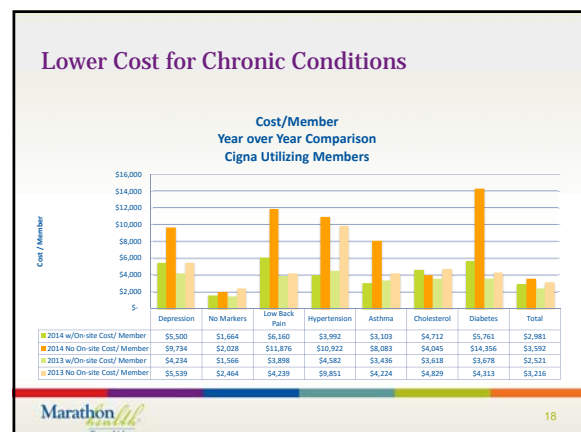
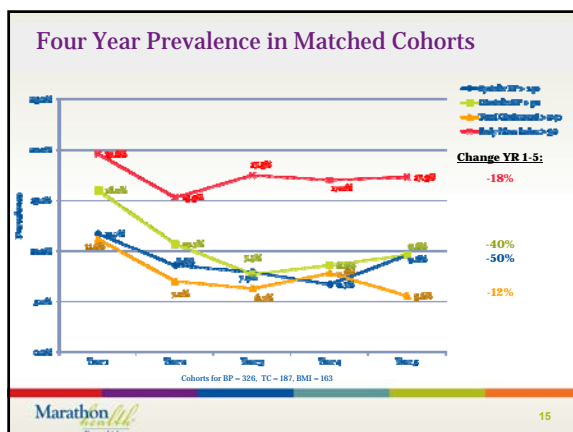
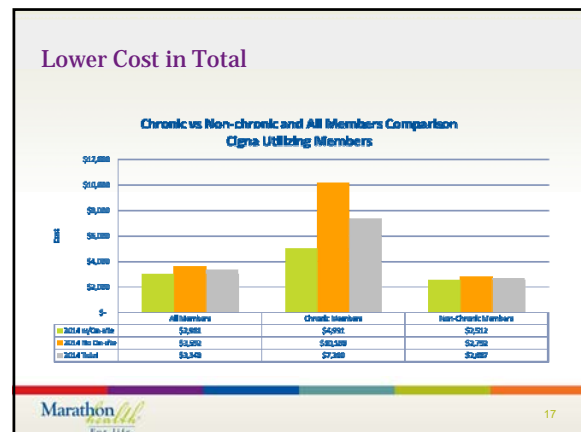
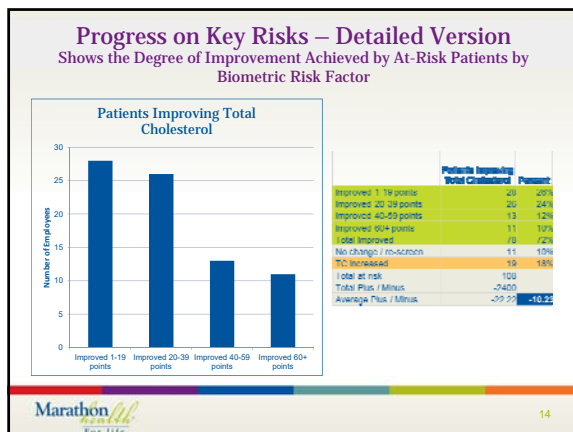
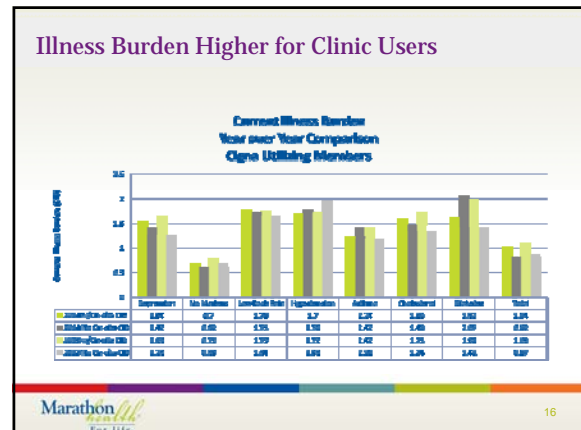
### At-Risk Employees Making Progress Toward Normal Range



Metric	At Risk	Making Progress
HRV (HRV)	10,465	10,465
Cholesterol (Chol)	707	413
Blood Sugar (BS)	415	490
Blood Pressure (BP)	413	413
Triglycerides (TG)	270	270
LDL Cholesterol (LDL)	151	151
HDL Cholesterol (HDL)	115	115
Weight (Wt)	159	159
Waist Circumference (WC)	646	646

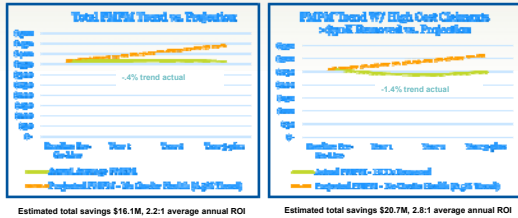


12



### Florida Public Sector Clients Claims Trend Analysis

Actual vs. Projected PMPM Trend for Florida Public Sector Customers  
Total Claims and With High Cost Claimants > \$50K Removed



Note: 6.5% benchmark from PwC 2015 commercial sector benchmark, local inflation rates will vary



### Take Away Thoughts

1. True health care reform will begin when individuals are empowered to take greater responsibility for their own health and healthcare.
2. To accomplish this individuals need the correct tools and guidance.
3. The worksite is a unique place to deliver those tools because people spend many of their waking hours there.
4. The process of empowerment begins with a relationship between the individual and a trusted clinician properly trained and equipped.
5. Wellness managers are key to framing, implementing and managing the workplace policies and programs vital to individual empowerment.
6. The metrics, data sets, and analytical tools now exist to measure employee population health and to gauge the impact of integrated health and wellness programs.



Marathon *health*  
For life.

What is your passion?