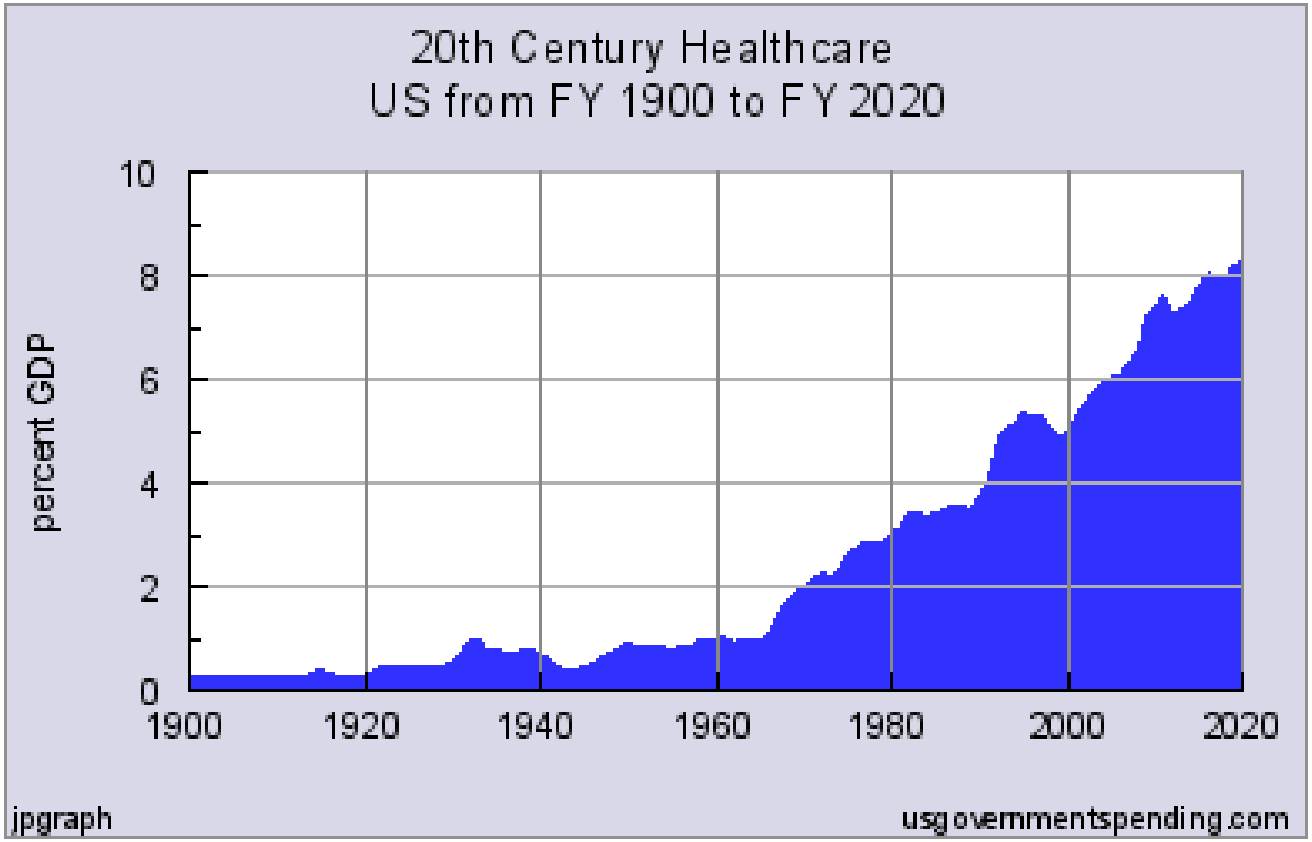


On-Site Health Clinics

Utilizing Collaboration to Create On-Site / Near Site Health Centers

TEXAS PRIMA CONFERENCE
NOVEMBER 7, 2016

History of Healthcare in America



History of Healthcare in America
1900's

- American Medical Association (AMA) becomes a powerful national force with membership increasing from 8,000 in 1900 to 70,000 in 1910 – half of the physicians in the US.

- Surgery is now common, especially for removing tumors, infected tonsils, appendectomies and gynecological operations.

- Doctors are no longer expected to provide free services to all hospital patients.

History of Healthcare in America
1910's

- American hospitals are now modern scientific institutions, valuing antiseptics and cleanliness, and using medications for the relief of pain.

- American Association for Labor Legislation (AALL) organizes first national conference on "social insurance".

- Progressive reformers argue for health insurance, seems to be gaining support.

History of Healthcare in America
1920's

- Reformers now emphasize the cost of medical care instead of wages lost to sickness.
- Growing cultural influence of the medical profession – physicians' incomes are higher and prestige is established.
- General Motors signs a contract with Metropolitan Life to insure 180,000 workers.
- Penicillin is discovered, but it will be twenty years before it is used to combat infection and disease.

History of Healthcare in America
1930's

- The Depression changes priorities, with greater emphasis on unemployment insurance and "old age" benefits.
- Social Security Act is passed, omitting health insurance.
- Push for health insurance within the Roosevelt Administration.
- Against the advice of insurance professionals, Blue Cross begins offering private coverage for hospital care in dozens of states.

History of Healthcare in America
1940's

- Penicillin comes into use.
- Prepaid group healthcare begins, seen as radical.
- During the 2nd World War, wage and price controls are placed on American employers. To compete for workers, companies begin to offer health benefits, giving rise to the employer-based system in place today.
- President Truman offers national health program plan, proposing a single system that would include all of American society.

History of Healthcare in America
1950's

- National health care expenditures are 4.5 percent of the GNP.
- America will have a system of private insurance for those who can afford it and welfare services for the poor.
- Federal responsibility for the sick poor is firmly established.
- Many legislative proposals are made for different approaches to hospital insurance, but none succeed.
- Many medications are available to treat infections, glaucoma, and arthritis, and new vaccines become available that prevent dreaded childhood diseases, including polio.
- The first successful organ transplant is performed.

History of Healthcare in America
1960's

- In the 1950's, the price of hospital care doubled. Now in the early 60's, those outside the workplace, especially the elderly, have difficulty affording insurance.
- Over 700 insurance companies selling health insurance.
- Concern about a "doctor shortage" and the need for more "health manpower" leads to federal measures to expand education in the health professions.
- President Lyndon Johnson signs Medicare and Medicaid into law.
- The number of doctors reporting themselves as full-time specialists grows from 55% to 69%.

History of Healthcare in America
1970's

- President Richard Nixon renames prepaid group health care plans as health maintenance organizations (HMOs).
- Healthcare costs are escalating rapidly, partially due to unexpectedly high Medicare expenditures, rapid inflation in the economy. American medicine is now seen as in crisis.
- President Nixon's plan for national health insurance rejected by liberals & labor unions, but his "War on Cancer" centralizes research at the NIH.
- The number of women entering the medical profession rises dramatically. In 1970, 9% of medical students are women; by the end of the decade, the proportion exceeds 25%
- World Health Organization declares smallpox eradicated.

History of Healthcare in America
1980's

- Corporations begin to integrate the hospital system (previously a decentralized structure), enter many other healthcare-related businesses, and consolidate control. Overall, there is a shift toward privatization and corporatization of healthcare.
- Under President Reagan, Medicare shifts to payment by diagnosis (DRG) instead of treatment. Private plans quickly follow suit.
- Growing complaints by insurance companies that the traditional fee-for-service method of payment to doctors is being exploited.
- "Capitation" payments to doctors become more common.

History of Healthcare in America 1990's

- Health care costs rise at double the rate of inflation.
- Expansion of managed care helps to moderate increases in health care costs.
- Federal health care reform legislation fails again to pass in the U.S. Congress.
- By the end of the decade there are 44 million Americans, 16% of the nation, with no health insurance at all.
- Human Genome Project to identify all of the more than 100,000 genes in human DNA gets underway.
- By June 1990, 139,765 people in the United States have HIV/AIDS, with a 60% mortality rate.

History of Healthcare in America 2000's

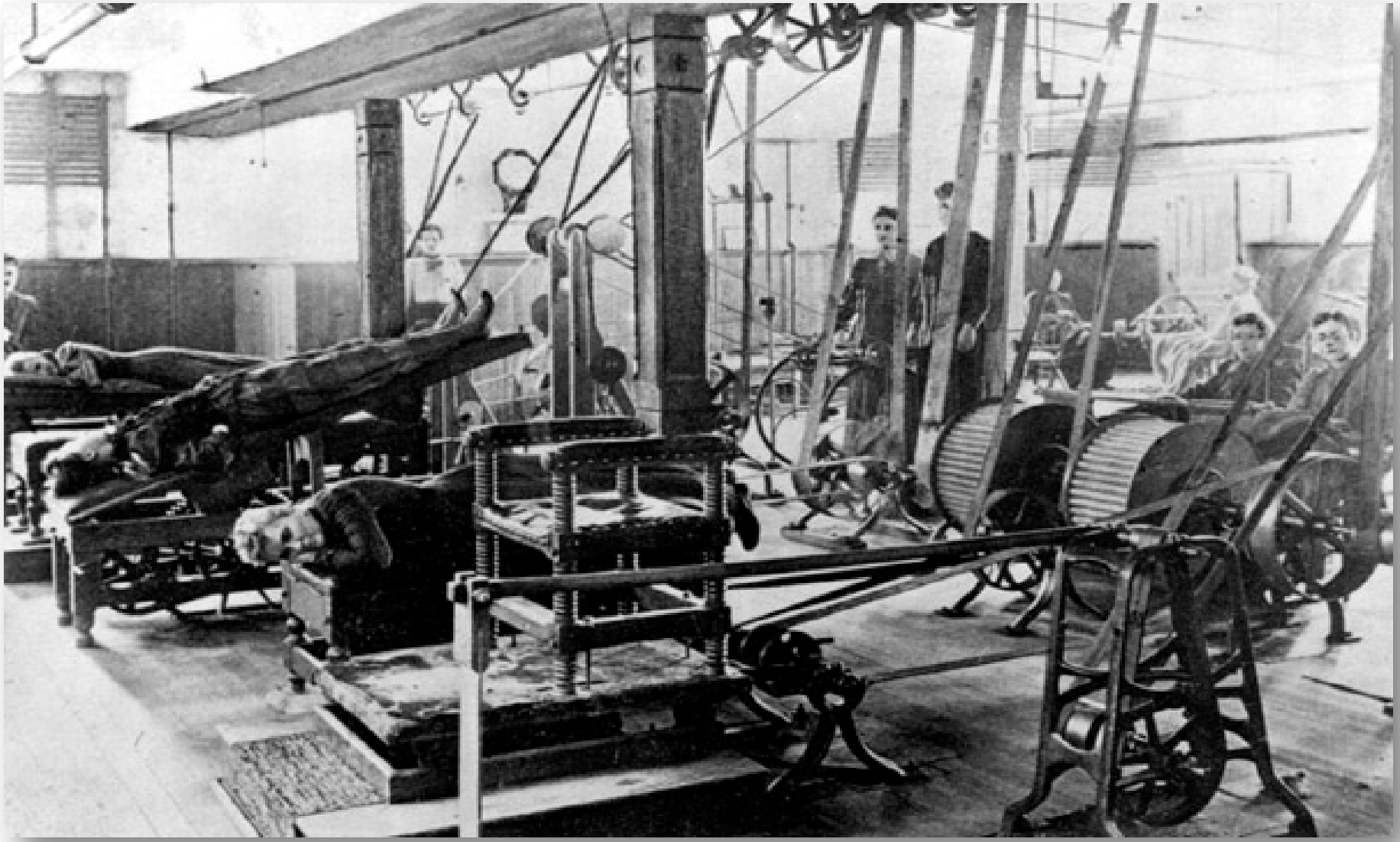
- Health care costs are on the rise again.
- Medicare is viewed by some as unsustainable under the present structure and must be "rescued".
- Changing demographics of the workplace lead many to believe the employer-based system of insurance can't last.
- Human Genome Project to identify all of the more than 100,000 genes in human DNA is expected to be completed a full two years ahead of schedule, in 2003.
- Direct-to-consumer advertising for pharmaceuticals and medical devices is on the rise.

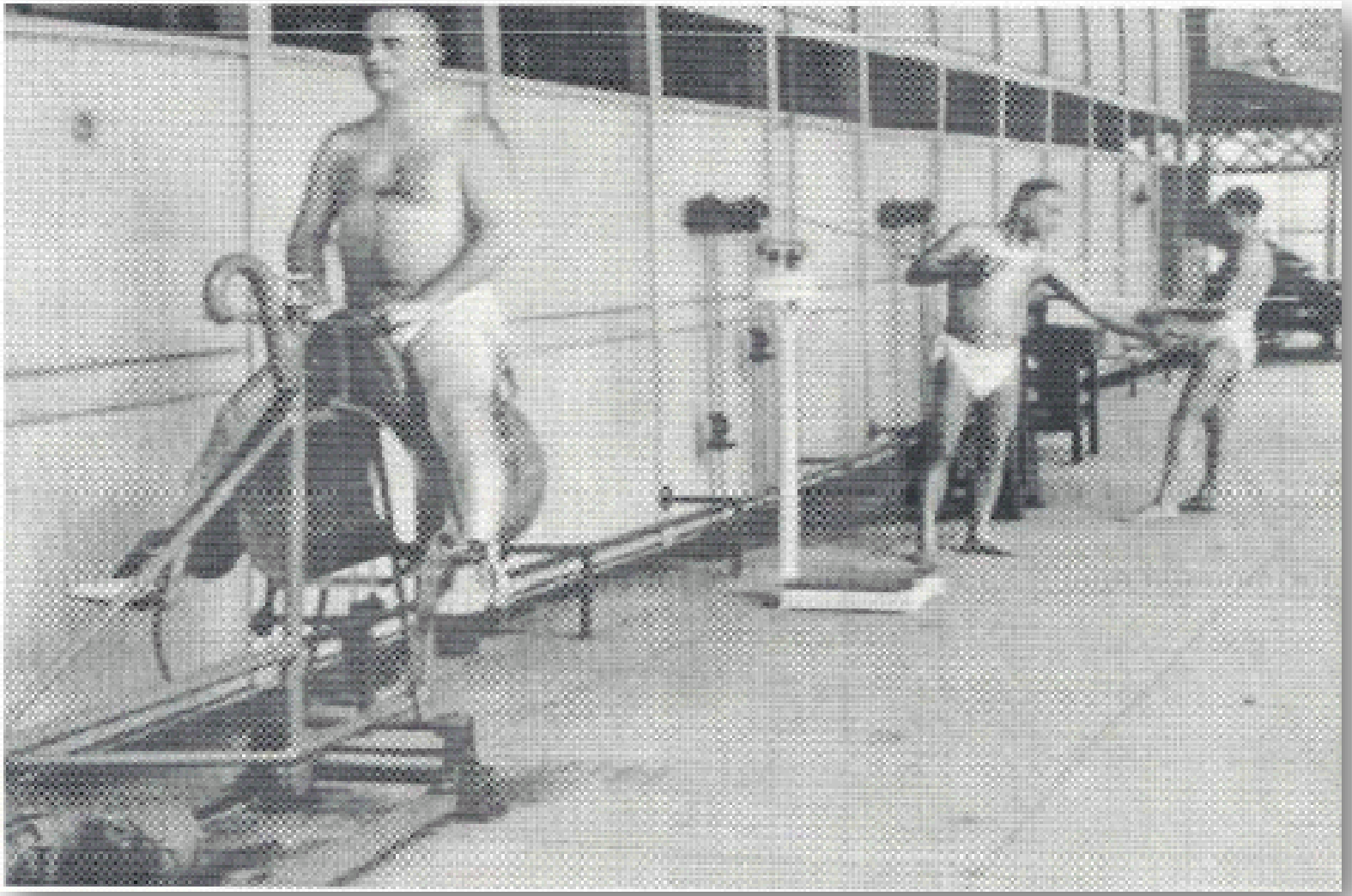
History of Healthcare in America 2010's

- Passage of the Affordable Care Act.
- Employee cost sharing - monthly employee contributions of 20 percent for individual coverage and closer to 30-40 percent for family coverage will look and feel like a lot more money to workers whose pay and other benefits are flat or actually less because of the recession.
- A more consumer-driven system. Employers, health plans, and insurance companies will also increasingly rely on plan design to moderate cost increases and encourage a more consumer-driven system.
- Quality and safety measures - employers and employees, private and public sector -- will have the kind of information and performance measures that will allow all of us to buy high-quality, safe medical care based on the latest scientific evidence of effectiveness and appropriateness.

BATTLE CREEK, MICHIGAN

A HISTORY OF HEALTH



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CORN
FLAKES
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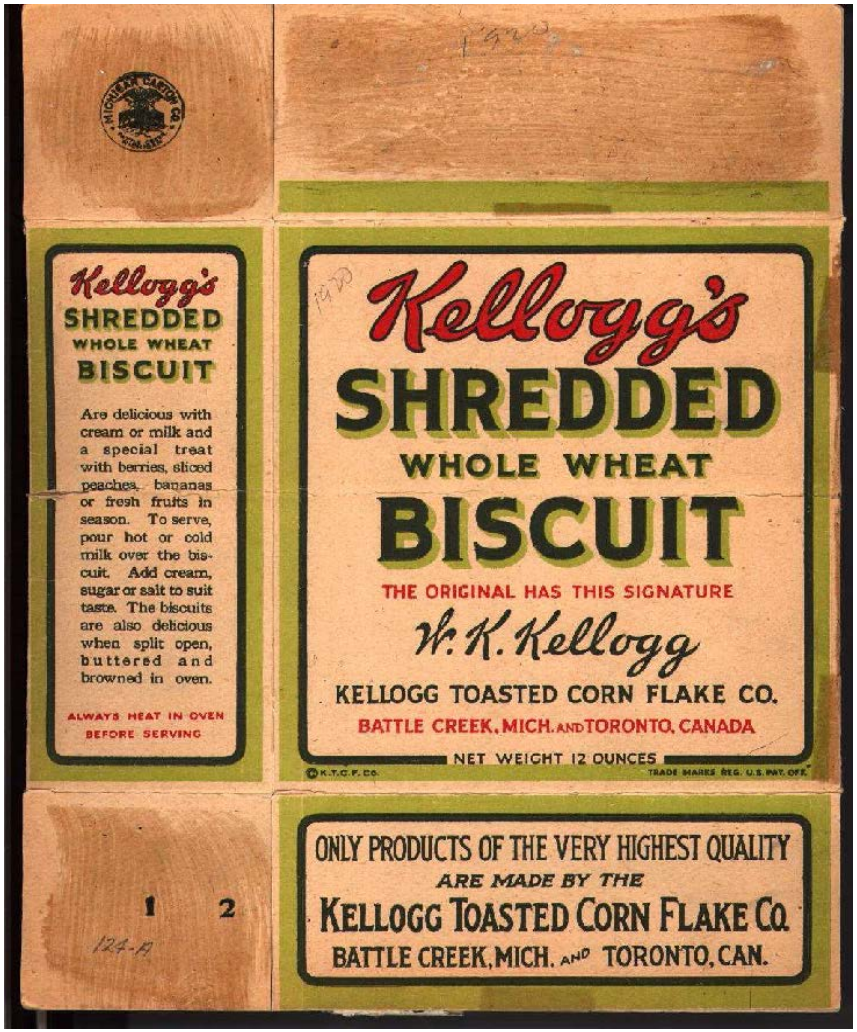
BATTLE CREEK, MICH.
No 194-B
THE PERFECT PACKAGE
W K K


Kellogg's
SHREDDED
WHOLE WHEAT
BISCUIT
Are delicious with cream or milk and a special treat with berries, sliced peaches, bananas or fresh fruits in season. To serve, pour hot or cold milk over the biscuit. Add cream, sugar or salt to suit taste. The biscuits are also delicious when split open, buttered and browned in oven.
ALWAYS HEAT IN OVEN BEFORE SERVING
Kellogg's
SHREDDED
WHOLE WHEAT
BISCUIT
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BATTLE CREEK, MICH. AND TORONTO, CANADA
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TRADE MARKS REG. U.S. PAT. OFF.
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124-A
ONLY PRODUCTS OF THE VERY HIGHEST QUALITY
ARE MADE BY THE
KELLOGG TOASTED CORN FLAKE CO.
BATTLE CREEK, MICH. AND TORONTO, CAN.

Make Happiness A Habit

It's much easier to KEEP well than it is to GET well. But you must follow Nature's laws. A very important one is regular elimination of food-wastes. "Bulk" in your meals gives your system the intestinal exercise it needs.

Keep on the sunny side of life by maintaining regular habits. You'll be surprised to know how much this influences your actions, your moods, your manner toward others, your whole outlook on life.

You've observed that folks usually appreciate health most after they've lost it. Why not guard this, your most valuable possession, now? You will be repaid many times over in added years of youthfulness and in a greater enjoyment of each day. Make happiness a habit!

W. K. Kellogg

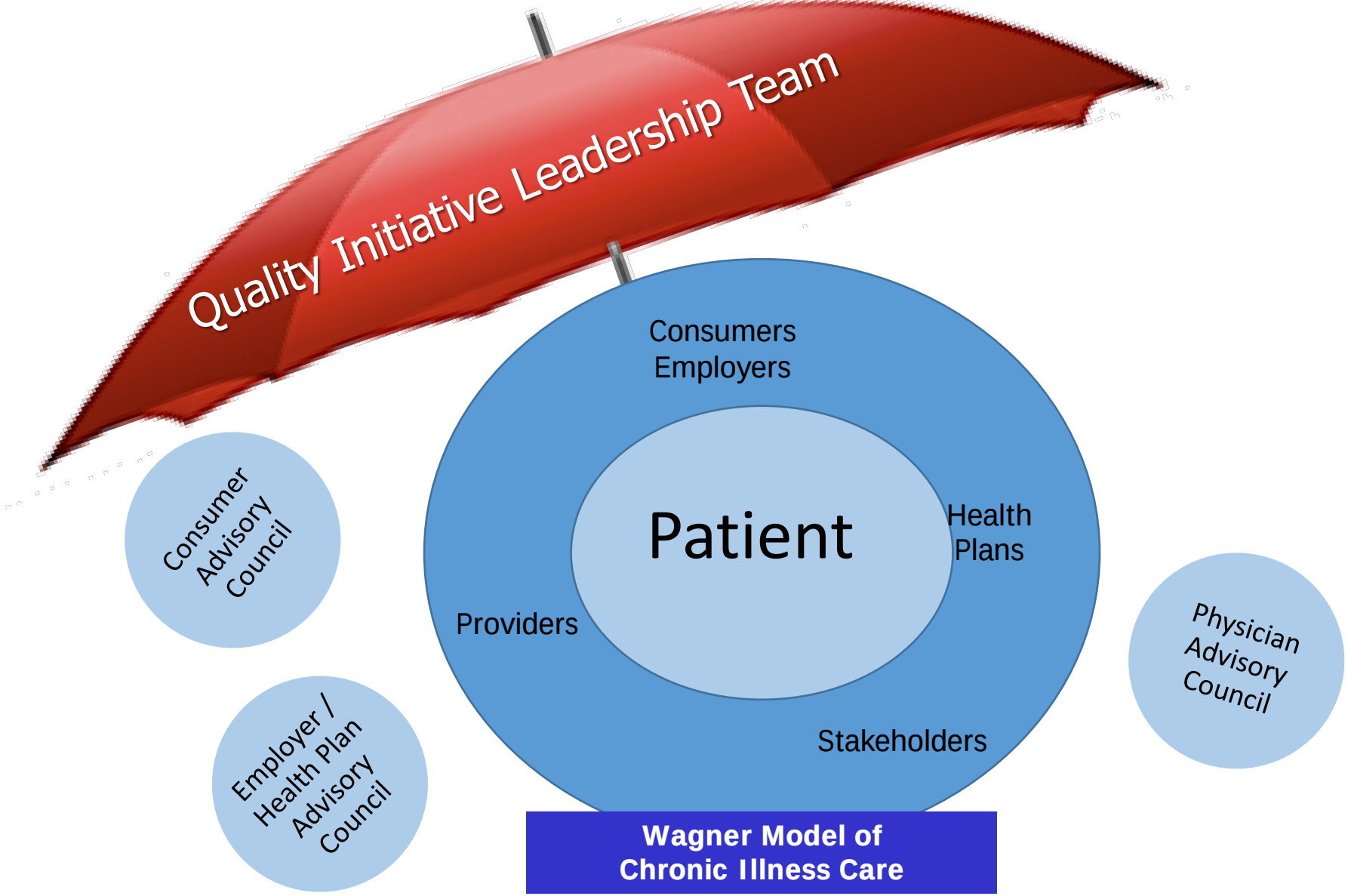
of Battle Creek

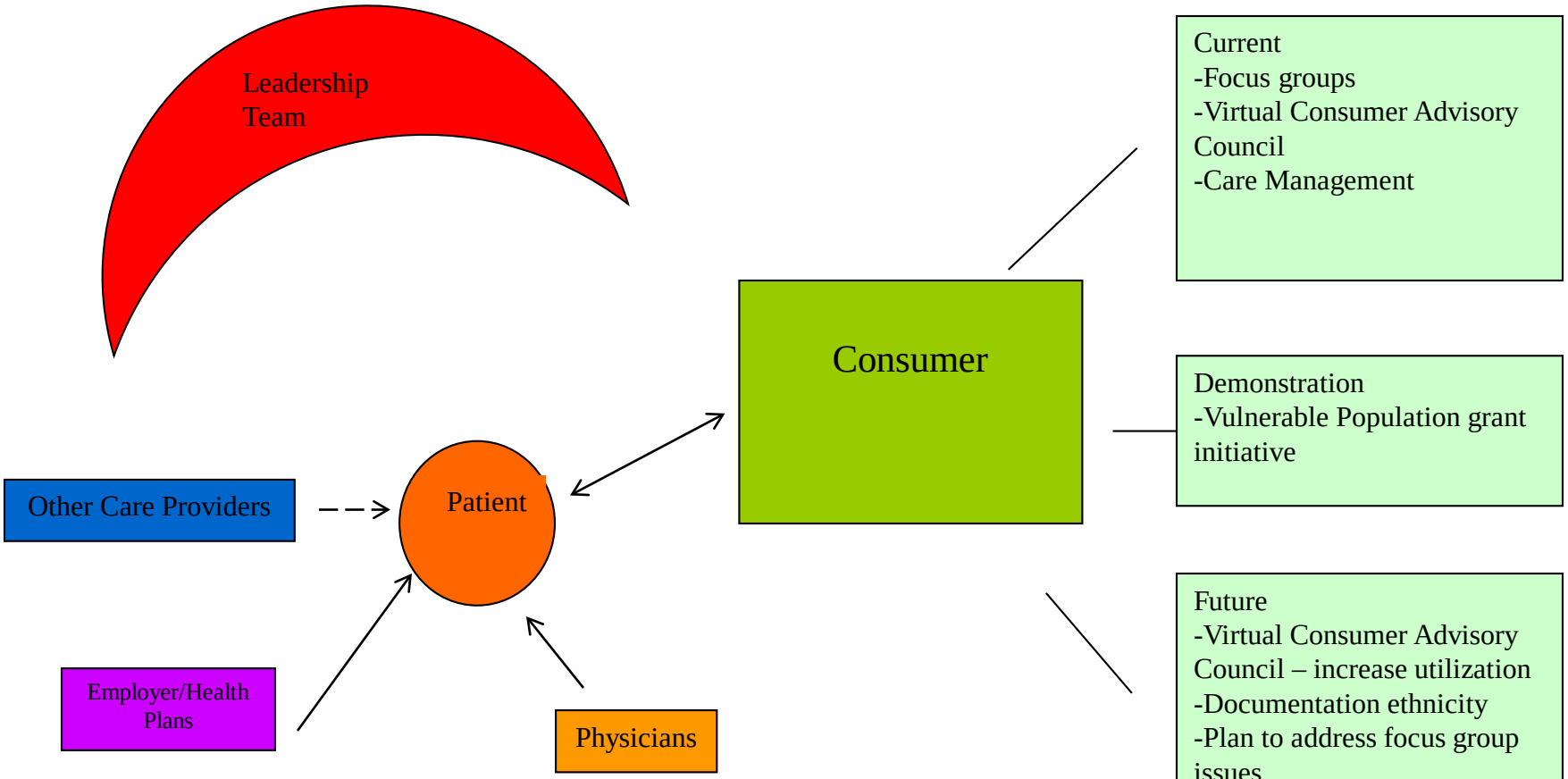
THE ROAD TO REGULARITY


Puffed
Kashi
Seven Whole Grains & Sesame
VERI-PURE
Recycled Fibers
READY-TO-EAT CEREAL OR SNACK
Puffed
Kashi
Seven Whole Grains & Sesame
Only 70 Calories Per Serving
Less Than 1 Gram Fat
Sodium Free
NET WT. 7.5 OZ. (212.6 G.)
Nutrition Facts
% Daily Value*
INGREDIENTS: Whole Oats, Lentil, Whole Rye, Whole Hard Winter Wheat, Whole Triticale, Whole Buckwheat, Whole Barley, Sesame Seeds.
Kashi Company
SUPPORT THE U.S. FARMER & SUSTAINED AGRICULTURAL PRODUCTS GROWN WITHOUT SYNTHETIC PESTICIDES OR CHEMICALS.

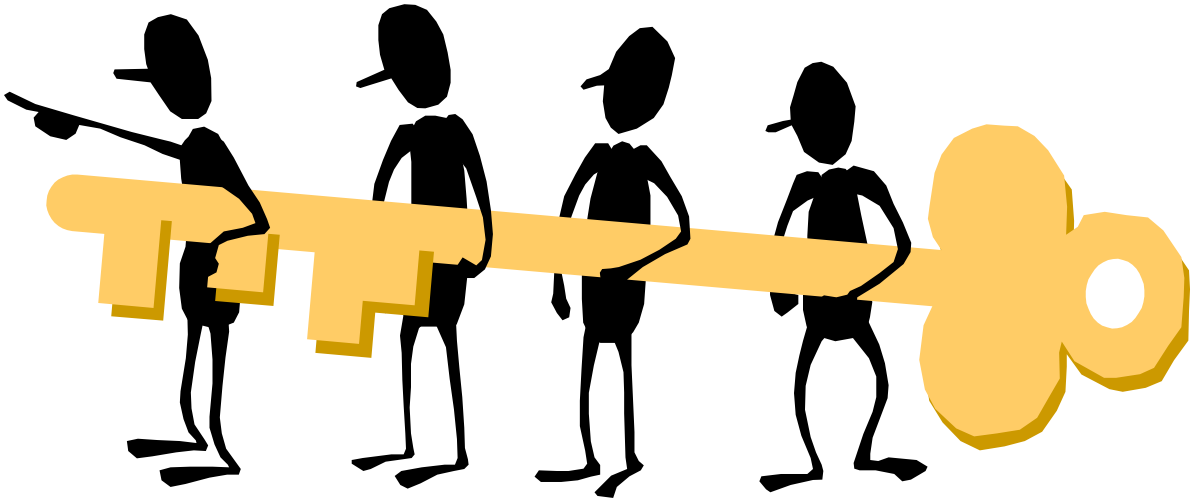
So What's the Problem?

- Michigan ranked in Bottom Quartile among 50 State
- Calhoun County worse than state's average
- 10% of Resident have diabetes and 40% of adults have pre-diabetes
- Mortality rate from diabetes 20% higher than state's average
- 70% of Calhoun County residents are obese

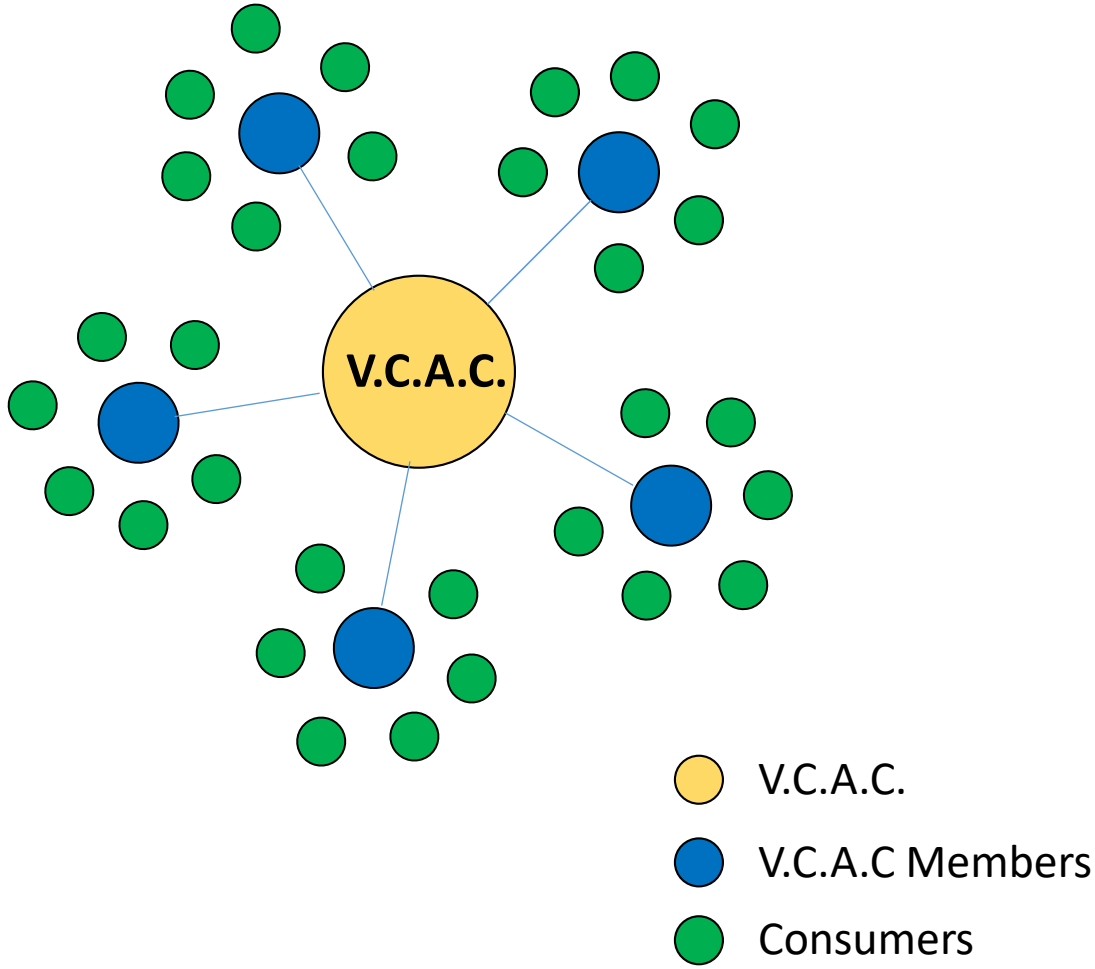

Quality Initiative Leadership Team
Consumers
Employers
Patient
Health
Plans
Providers
Stakeholders
Consumer
Advisory
Council
Employer /
Health Plan
Advisory
Council
Physician
Advisory
Council
Wagner Model of
Chronic Illness Care

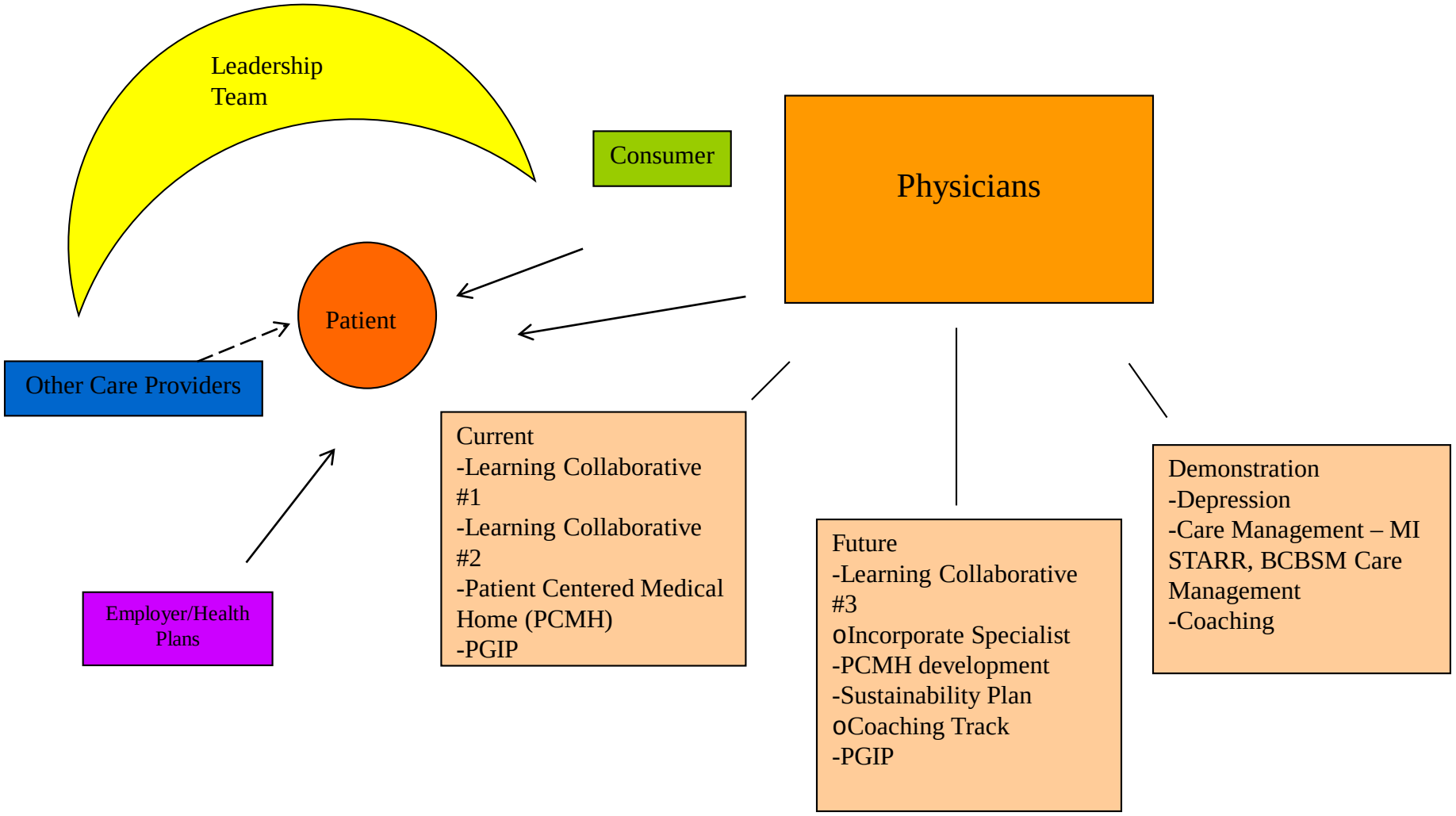

Leadership Team
Consumer
Current
-Focus groups
-Virtual Consumer Advisory Council
-Care Management
Demonstration
-Vulnerable Population grant initiative
Future
-Virtual Consumer Advisory Council – increase utilization
-Documentation ethnicity
-Plan to address focus group issues
-Measurement of engagement
Other Care Providers
Patient
Employer/Health Plans
Physicians

Consumer Advisory Council



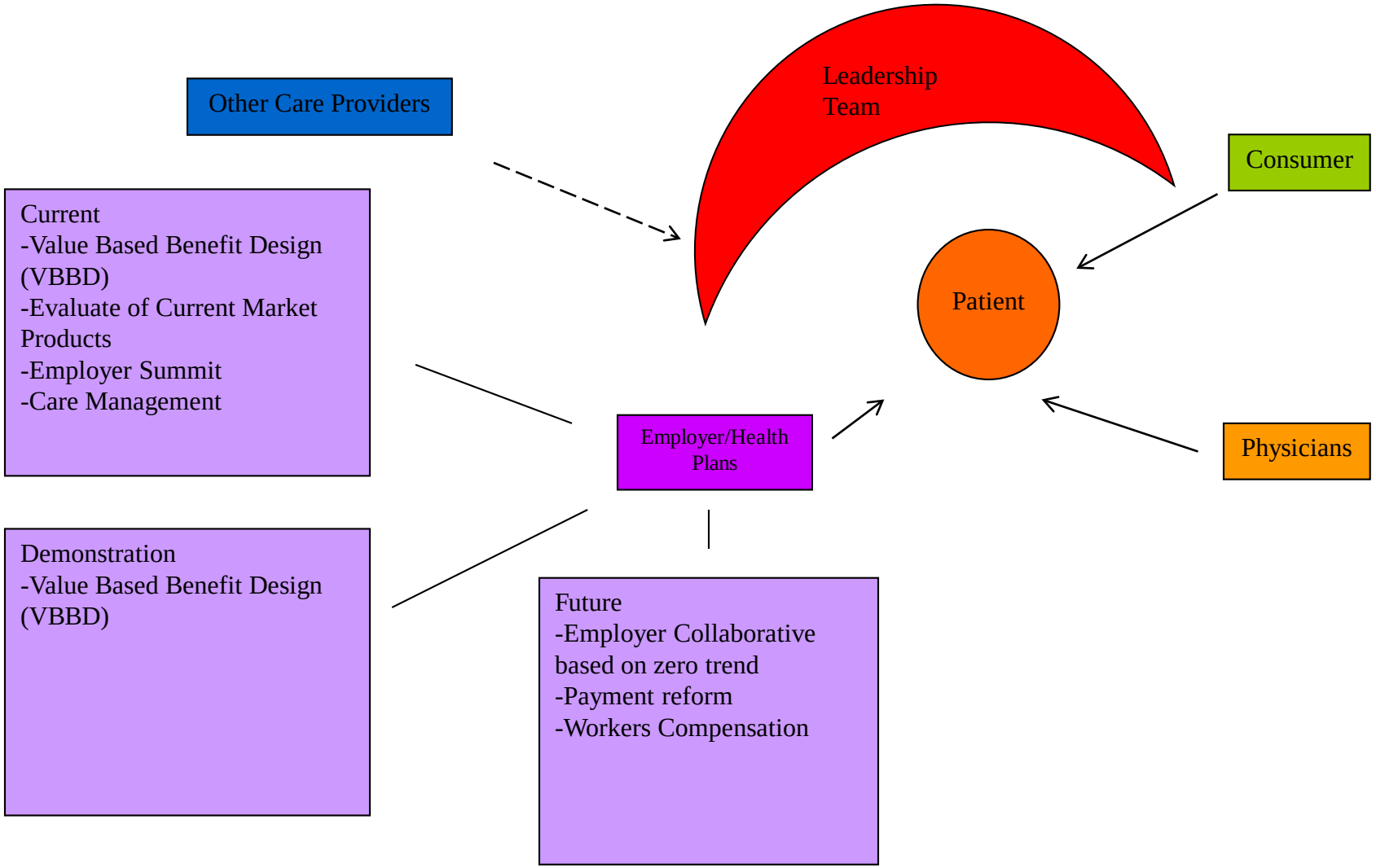
Finding the key to patient engagement…


V.C.A.C.
V.C.A.C.
V.C.A.C Members
Consumers

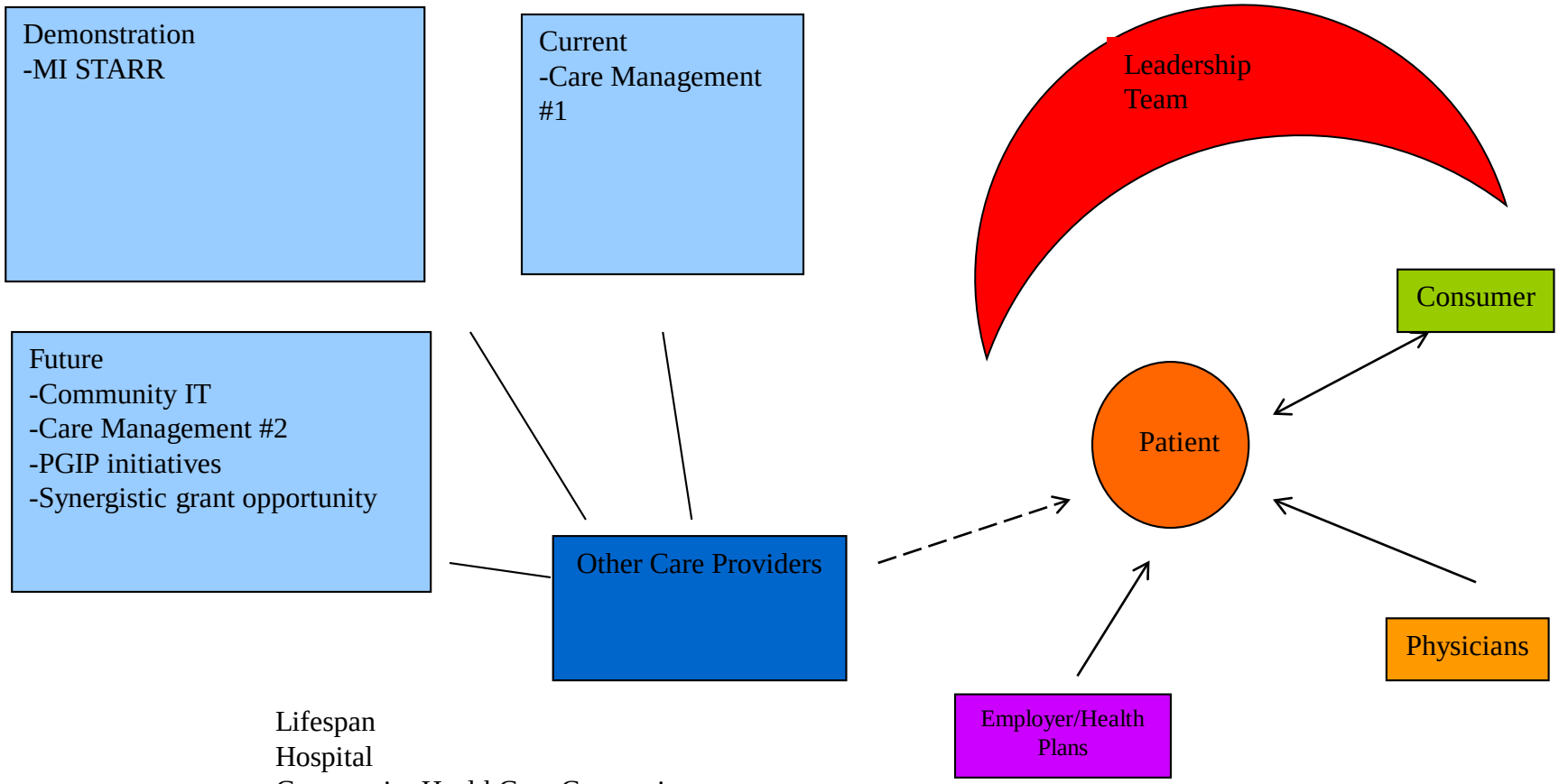

Leadership Team
Consumer
Physicians
Patient
Other Care Providers
Employer/Health Plans
Current
-Learning Collaborative #1
-Learning Collaborative #2
-Patient Centered Medical Home (PCMH)
-PGIP
Future
-Learning Collaborative #3
oIncorporate Specialist
-PCMH development
-Sustainability Plan
oCoaching Track
-PGIP
Demonstration
-Depression
-Care Management – MI STARR, BCBSM Care Management
-Coaching

BCBSM Community Care Management Pilot

- Selected as one of five pilots in Michigan to develop a community strategy for care management
- Two-year pilot to move care management from external vendor to the practices and community


Other Care Providers
Leadership Team
Consumer
Current
-Value Based Benefit Design (VBBD)
-Evaluate of Current Market Products
-Employer Summit
-Care Management
Patient
Employer/Health Plans
Physicians
Demonstration
-Value Based Benefit Design (VBBD)
Future
-Employer Collaborative based on zero trend
-Payment reform
-Workers Compensation

- Integrated Care Summit
- Employer role in Health Care Transformation and Cost Containment w/ Paul Grundy
- Healthy Employer Summit
- The Advisory Board
- Employer Collaboratives


Demonstration
-MI STARR
Current
-Care Management
#1
Leadership
Team
Consumer
Future
-Community IT
-Care Management #2
-PGIP initiatives
-Synergistic grant opportunity
Patient
Other Care Providers
Physicians
Employer/Health
Plans
Lifespan
Hospital
Community HealthCare Connections
Behavioral Health
Senior Services
Vulnerable Populations

The City of Battle Creek

- Approximately 2200 covered lives
- 580 Active Employees
- 300+ Retirees

History of Health Care
City of Battle Creek

- 1990 Moved program to BCBSM in response to rising cost
- 2004 Moved program into BCBSM Self-Funded Plan
- 2009 Total Program Cost $8,524,232
- Cost Sharing for same period $984,116

- 1990 Initiated $2.00 Pharmacy Co-Pay
- 1995 Increased Phar Co-Pay to $5.00
- 1996 First Employee Premium Contribution set at $2.00 per week
- Current Employee Contribution is $11.33 per week
- 2000 Pharmacy Co-Pay set at 10/15/20
- 2007 Pharmacy Co-Pay set at 15/30

Why value based design?

The definition of insanity is doing the same thing over and over while expecting a different outcome.

Mailing Volumes for City of Battle Creek

Chronic Disease Mailings		Mailing Count		
ACE Inhibitor/Angiotensin Receptor Blocker Medication Reminder		3		
Asthma		20		
Beta-Blocker Medication Reminder		6		
Chronic Disease Introductory Letter		155		
Diabetes Cholesterol Management Reminder		16		
Diabetes Eye Exam Reminder		9		
Diabetes HbA1c Testing Reminder		4		
Diabetic Standards of Care		48		
Influenza Prevention Reminder		169		
Ischemic Heart Disease Lipid Medication Reminder		3		
Lipid Profile Reminder		6		
Medication Gap		4		
Sub-Total	*Mailings:*	*443*	*Unique Households*	*181*

VBID Design and Planned Implementation

- Effective July 1, 2009
- Diabetes Focused
- VBID will overlay Rather than Replace the existing BCBSM benefit plans.
- VBID plan will eliminate member cost-sharing for diabetic members who participate in required wellness and Care management activities.

VBID Design and Planned Implementation

- Removes Financial barriers
- Improve enrollment and engagement in Blue Health Connection
- Increase use of high value services (i.e., diabetes prevention and treatment)
- End State: Member has the ability to successfully self manage their condition

Outcomes

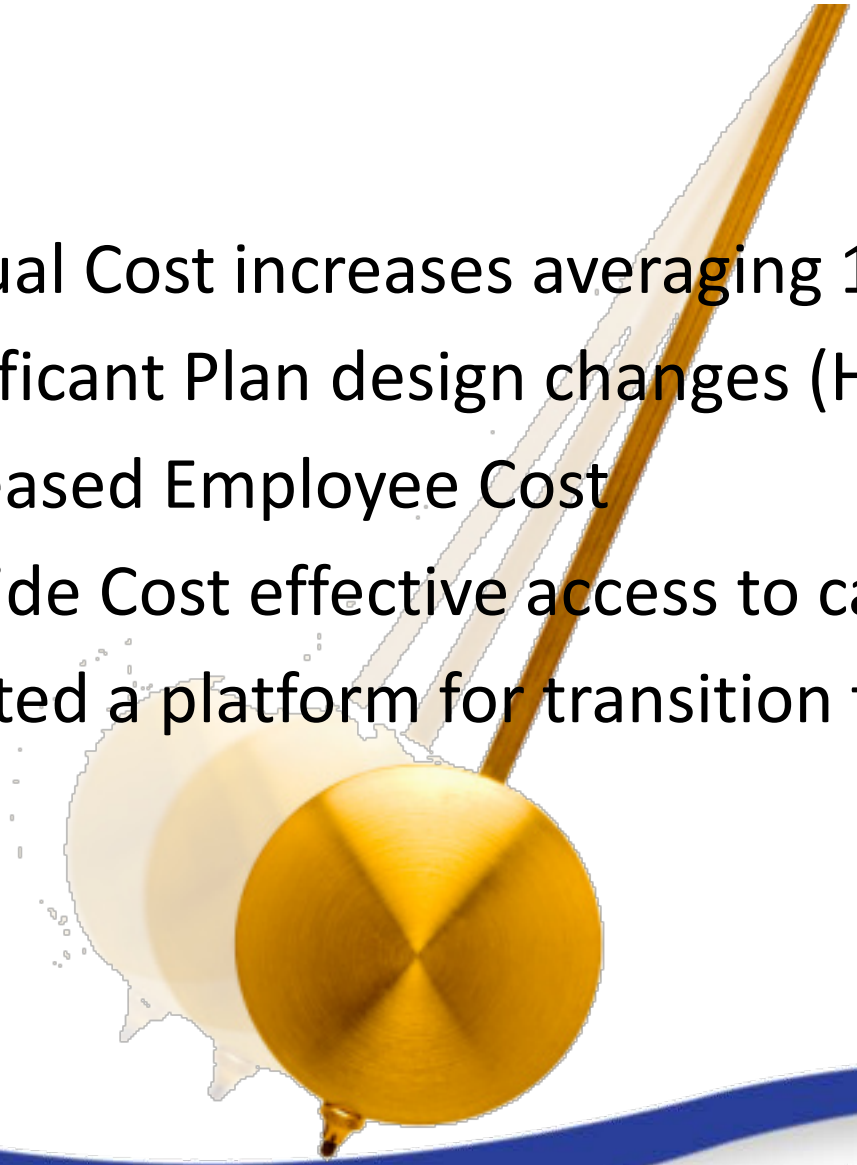
- Improved Participation in Care Management
- Improved health status
- Improved Attendance/Productivity

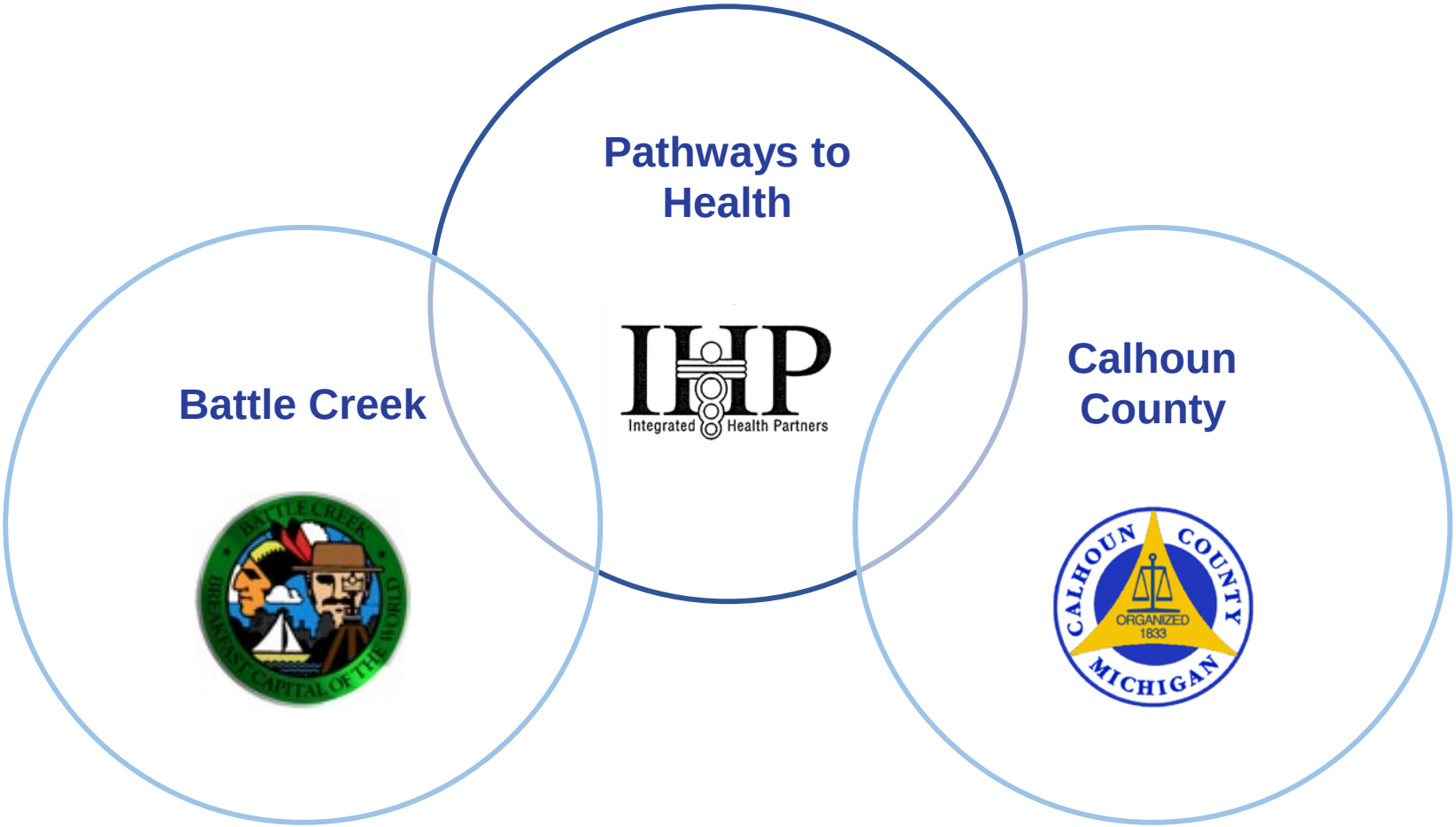
Transition to High Deductible Health Plan

Impact of Transition

- 2012 Cost of Claims $8,698,771
- 2013 Cost of Claims $5,749,893

- Annual Cost increases averaging 12-15%
- Significant Plan design changes (HDHP)
- Increased Employee Cost
- Provide Cost effective access to care
- Created a platform for transition to Wellness

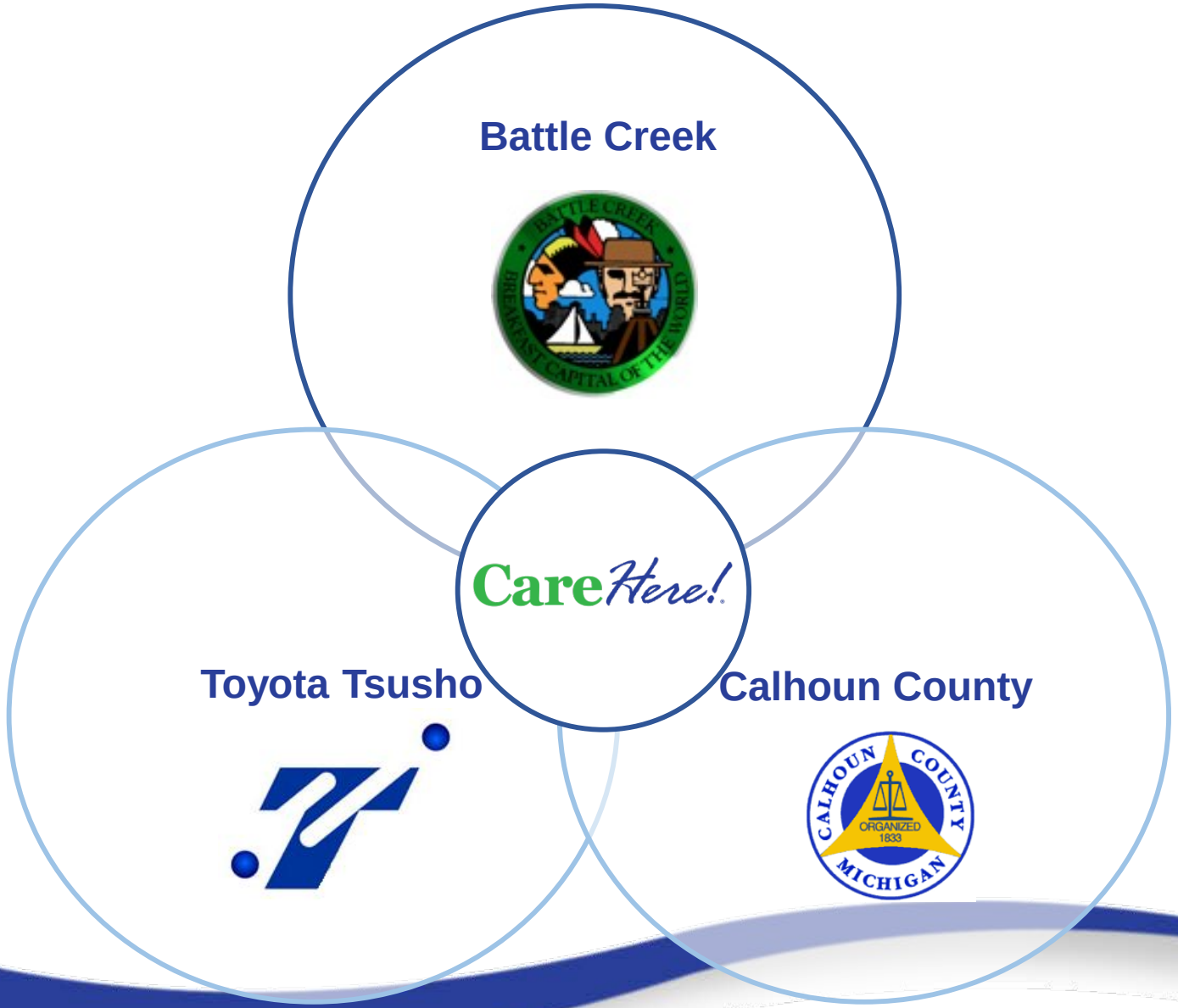



Pathways to Health
IHP
Integrated Health Partners
Battle Creek
BATTLE CREEK
BREAKFAST CAPITAL OF THE WORLD
Calhoun County
CALHOUN COUNTY
ORGANIZED 1833
MICHIGAN

- Joint Annual Health Fairs
- Joint Wellness Activities
  - Poker Walks
  - Use of Full Blast Fitness Center
- Joint Wellness Education Sessions

- Similar Work Force with Similar Health Plan Issues-
  - 10 to 15% annual trends
  - Movement to increased employee participation in health care cost

- Similar legislative impact-
  - Public Act 152
  - Health Insurance Claims Assessment Act
  - PPACA –
    - Increased preventive care costs
    - “Cadillac Tax”


Battle Creek
CareHere!
Toyota Tsusho
Calhoun County
CALHOUN COUNTY
ORGANIZED
1833
MICHIGAN

Benefits of a CareHere Health & Wellness Center

Goal - Modify Behavior and Create a Culture of Health

Incentives/Disincentives

- Mandatory HRAs
- Biometric Benchmarks
- Wellness Program Participation
- Premium Differentials
- Reward Programs
- Contests

- Employee Presentations
- Free HRA events
- Open House
- Wellness Groups
- Health Events
- Mailers and Emails
- Health Educator Presentations
- On-Site Flu Vaccinations
- Paycheck Stub Announcements
- Targeted Notifications/Reminders

- ✓ Marketplace Comparable Cost $566,343
- ✓ Actual Cost $355,643
- ✓ City Savings $210,700
- ✓ Employee Savings $177,294
- ✓ Occ Med Savings $16,000+ (6 months)

- ✓ Marketplace Comparable Cost
  $33,300
- ✓ Actual Cost $16,787
- ✓ Example Cost Savings:
  Simvastatin ***(per 20 mg Rx)***

Plan Payment	EE Copay	Pass Thru Cost
$79.20	$25.10	$4.29

CoBC	EE
$74.91	***$25.10***
	$12.35 (HSA)

Clinic Utilization

Report Period: 2/1/2014 through 12/31/2014

Total Appointments	4,528
Per Cent of Available Used	68.4%

Health Risk Assessments

Risk Factors Identified	678
Potential Condition Savings	$2,852,634


Battle Creek
Toyota Tsusho
Calhoun County
CareHere!
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PRODUCTS CORPORATION
MUSASHI

- ✓ Employer Savings
  $669,433
- ✓Employee Savings
  $498,406
- ✓Occ Med Savings
  $60,176

Clinic Utilization

Report Period: 1/1/2015 through 12/31/2015

Total Appointments	11,195
Per Cent of Available Used	102.9%

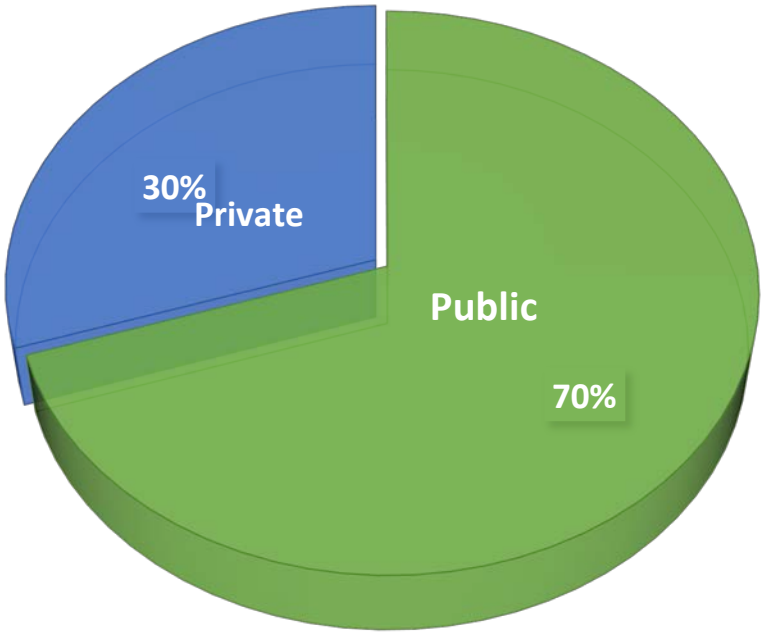
Health Risk Assessments

Risk Factors Identified	1,893
Potential Condition Savings	$8,585,562

Who We Are

- Founded in 2004
  - Over a decade of continuous growth
- Privately owned; well funded; profitable
- Over 900 employees serving our clients
- Over 760,000 visits in 2014
- Responsible for over 250,000 lives at the Centers
- Robust, diverse client base
  - From 100 to 15,000 employees
  - Single, Multi & Shared locations
  - Private Sector Industries
  - Unions
  - City, County & State governments
  - School Districts & Universities

CareHere Partnerships



185+ Health & Wellness Centers

Mercedes-Benz

DAIMLER
Daimler Trucks North America

TOYOTA TSUSHO

MUSASHI

SYSTEX
PRODUCTS CORPORATION

Our Model

Medical & Health Services

- Primary Care
- Acute/Urgent Care
- Episodic Care
- Patient Medication Adherence
- Pharmaceutical Dispensary
- Mail Order Medication
- Immunizations
- Sports Physicals
- Plan of Care Compliance
- Occupational Health & Work Comp
- Physical Therapy

Wellness

- Case Management
- Weight Management
- Hypertension Management
- Addiction Intervention
- Pre-Diabetes Management
- Lipid Management
- Stress Management
- Tobacco Cessation
- Exercise Adherence
- Nutritional Counseling
- Plan of Care Compliance
- Mental Health Management
- Disease Management
- Cardiovascular Risk Reduction
- Health Risk Assessment/ 30 Panel Biometric Blood Draw

Support Services

- 24/7 Call-Center
- 1-800 Customer Support
- Education Tools
- Marketing
- Information Technology Support
- HRA Employee Events

Technology

- Electronic Medical Record
- CareHere Connect
- Information Technology Support
- Online Appointment Scheduler
- Smartphone Application
- EMR Access & Integration with Outside Specialist/PCP/ER

Patient Experience

- Online appointment scheduling portal
- 24/7 scheduling phone line
- Average wait time: less than 5 minutes

- 30 lab panel blood draw/health questionnaire
- Access to lab results within 48 hours
- Color coded health summary detailing each panel tested

- Access to health coaches and provider driven wellness programs
- CareHere Connect: online wellness tracking program and smart-phone application

- Patients work with providers to address health concerns and develop long term health plans
- 62% of patients name the clinic provider their PCP in the first year

Ensuring Quality Staff

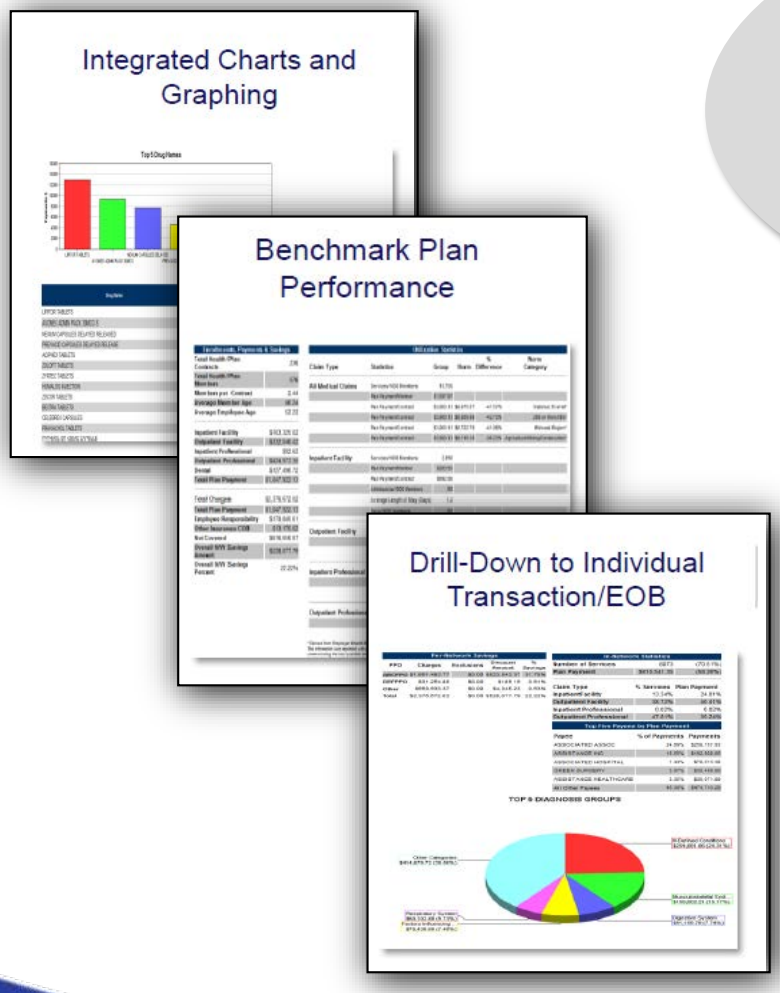
- **Flexible staffing matrix based on utilization and needs of the members**
  - MD/DO
  - Nurse Practitioner/Physician Assistant
  - Physical Therapist, Other Specialists
  - RN/LPN
  - Medical Assistant
- **Hours based on convenience of members**
  - Early mornings, late evenings, weekends

- ✓ **Physician list compiled from in-network provider list**
- ✓ **Physician list scrubbed by client**
- ✓ **Letters to Physicians mailed to advertise opportunity**
- ✓ **Resumes accepted and 26-step credentialing process conducted**
- ✓ **Final interviews with client**

Wellness Tracking Application

Our Reporting

Measuring Success



With data analytics, you can:

- Control health costs
- Measure performance
- Assess risks

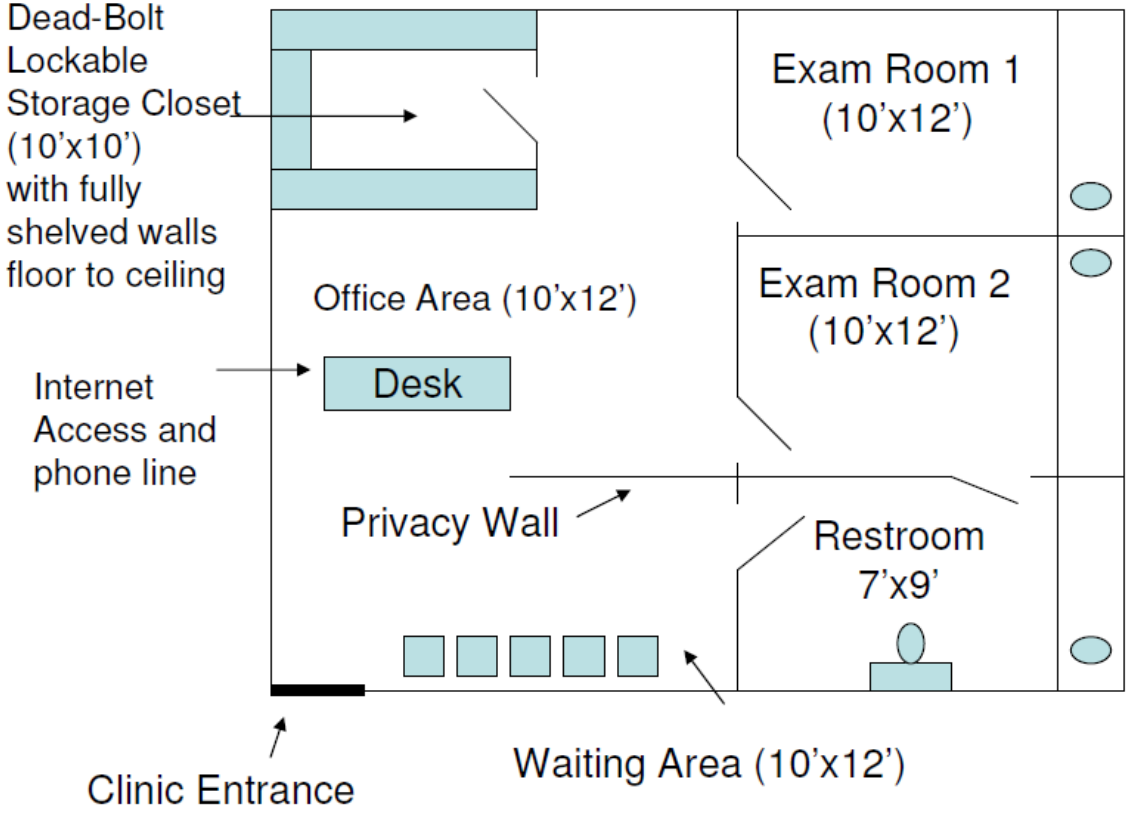
Data Analytics Features:

- ✓ **Identify high risk individuals early with clinical predictive modeling**
- ✓ **Integration of claims, member demographics and benchmark data**
- ✓ **Analysis of Key Care Gaps – Identify specific patients with gaps in medical and pharmaceutical care**
- ✓ **Secure online analytical tools**
- ✓ **Scheduled and on-demand reporting**

Sample Health Center Layout

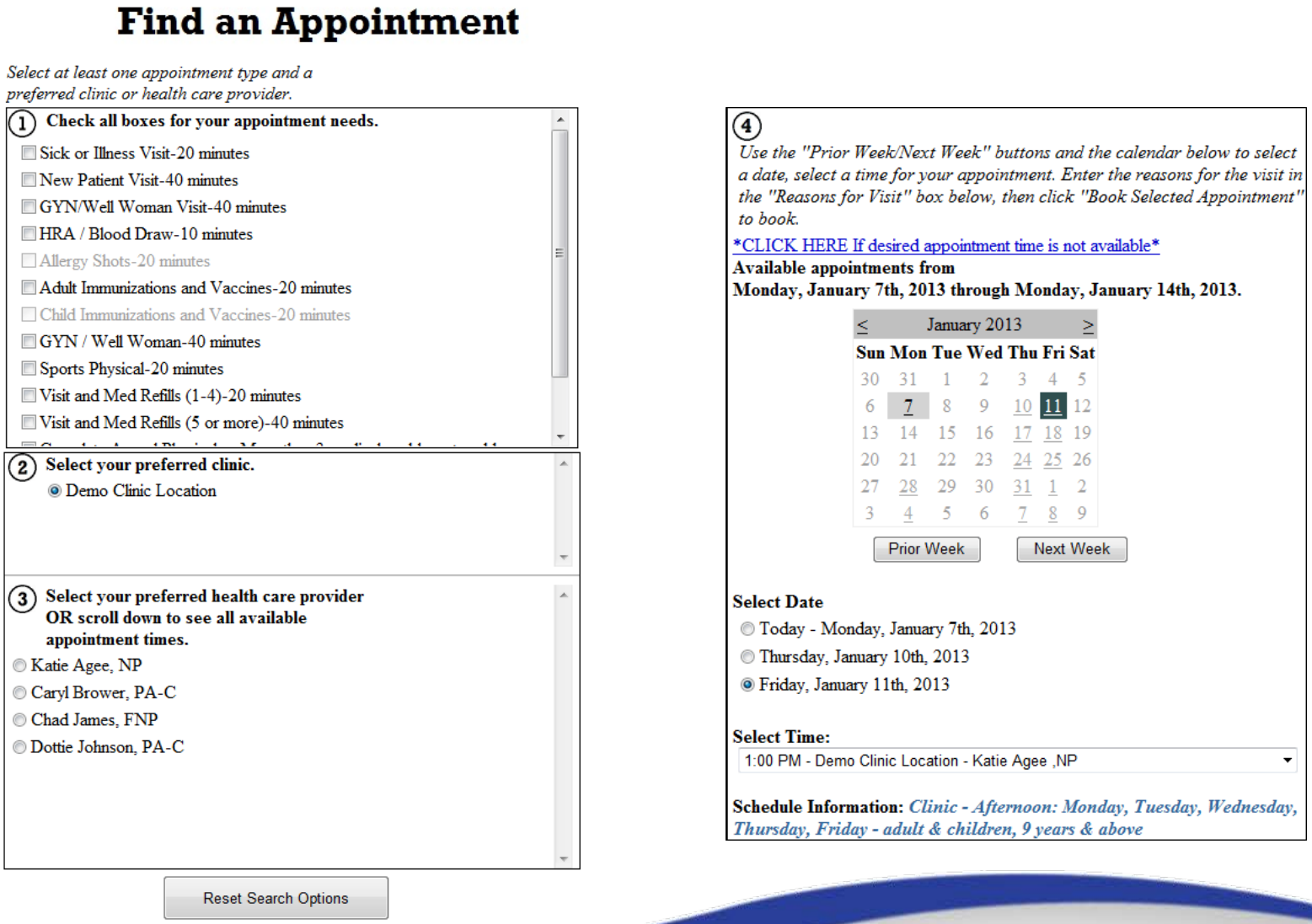
Waiting Room

Exam Room



Promoting the Health & Wellness Center

Appointment Scheduler



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