



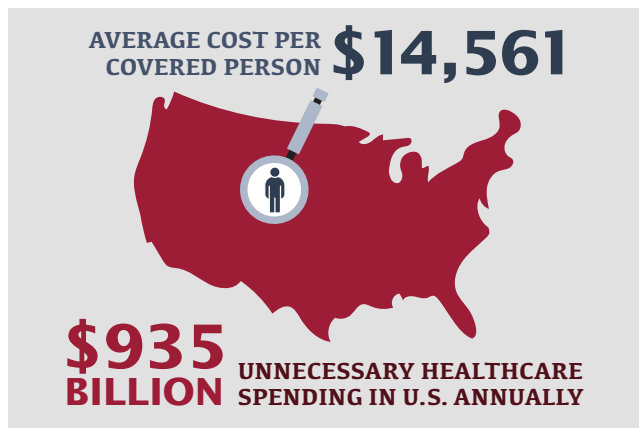
INNOVATION in HEALTHCARE

**Connecting the
dots between
data, risk
identification,
and care
coordination**



Your employees keep your business going. Making sure they're productive, happy, and healthy is as crucial to your success as are your cash flow and bottom line. The good news is that improving employee healthcare can actually help your bottom line. Well-managed health benefits not only keep employees happy and productive and drive worker retention, but can also dramatically reduce healthcare costs by addressing health challenges effectively and efficiently.

Healthcare costs are the second highest expense—after labor costs—for most companies, and averaged \$14,561 per covered person in 2019, according to the Kaiser Family Foundation.¹ And it's estimated that each year in the United States, \$935 billion of spending on healthcare is unnecessary.²



To keep your business's healthcare costs in check while helping your employees get and stay healthy and productive, it makes sense to start with the data.

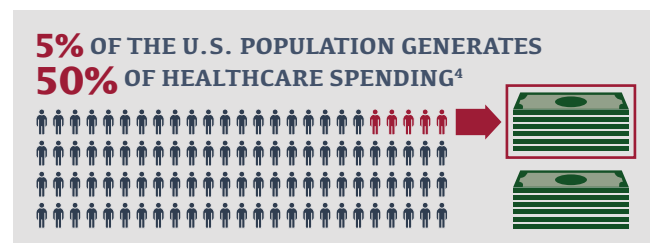
THE DATA KEY: Understanding Risk

To get a handle on healthcare costs, you need to identify where the bulk of those costs are coming from—who is most at risk—and how you can address participants' needs before costs spiral out of control.



Depending on your employees, a majority of your plan participants may seldom or ever go to the doctor, so they're not contributing to your costs—yet. A large part of your spending likely pays for the care of relatively few employees. In fact, just 5% of the U.S. population generates half of all its healthcare costs.³

That's where a healthcare management company comes in, explains Dr. Janis DiMonaco, president and CEO of HMC HealthWorks. "Our job is to figure out ways to help reduce demand," DiMonaco says. That doesn't mean denying care. On the contrary, it may involve increasing your employees' participation in the healthcare system, addressing the root causes of health challenges, and getting people more effective and timely healthcare. That should result in healthier workers and lower costs. "The earlier you can intervene in healthcare, the better off you're going to be," DiMonaco says.



1 <https://www.kff.org/report-section/ehbs-2019-summary-of-findings/>
 2 <https://jamanetwork.com/journals/jama/fullarticle/2752664>
 3 <https://www.brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system/>
 4 <https://www.brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system/>

CARE STORIES

Integrated Healthcare in Action

A 57-year-old worker wanted to lower his blood pressure and get off his medication for high cholesterol and diabetes. We knew we needed to address the whole person—why he wasn't exercising and eating well, and what support he needed. We responded with coaching and education.

The participant lost more than 100 pounds and was able to stop taking blood pressure medication while cutting the doses of his cholesterol and diabetes drugs in half.

He says that the help of his coworkers has been invaluable. "They have provided accountability for me—because if I haven't left for my walk at 11:30 a.m., they come to me and ask why not. I have also recruited some coworkers to walk with me."



HMC conducts sophisticated data analysis to identify the risk posed by each participant in your health plan and to find the best ways to manage that risk. Mining participant data, we can identify where a business's healthcare expenses are concentrated and use that information to connect with participants on a human level, working directly with them to get them appropriate care.

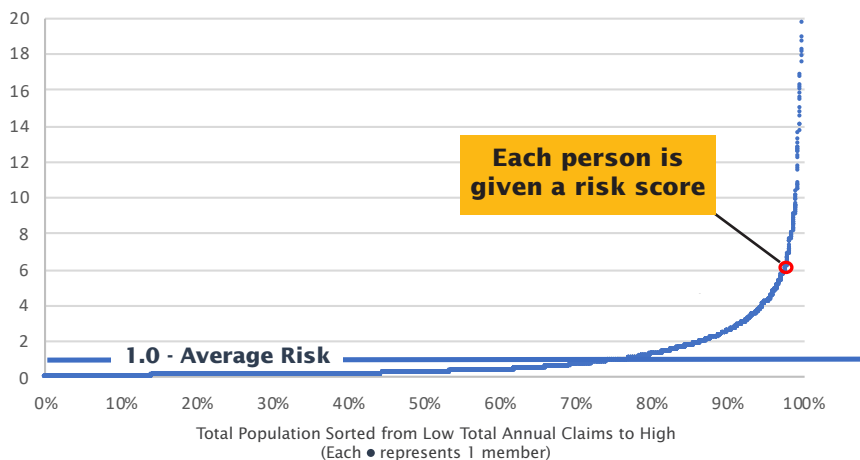
Here's what that looks like.



CONNECTING THE DOTS

Each individual is analyzed for his/her specific risk. The risk model establishes a full profile that allows HMC to target and personalize an engagement strategy.

Total Population - RiskProfile



INTEGRATED HEALTH, COORDINATED CARE

Many costly health problems—diabetes, high blood pressure, depression, back pain—occur together, with each health challenge in one person tending to lead to others. And as those problems compound, so do the costs of addressing them. Research has shown that failures in care coordination—which can help address some or all of those health challenges—account for \$27.2 billion to \$78.2 billion in wasted spending per year.

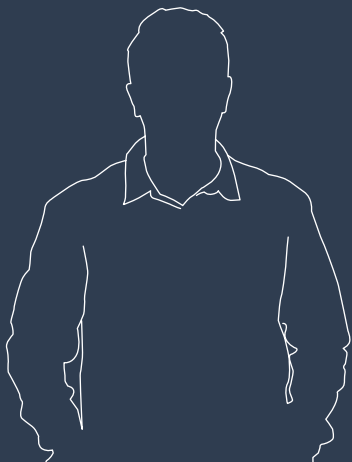
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5 <https://jamanetwork.com/journals/jama/article-abstract/2752664>

The Whole Patient

A 40-year-old man participated in our heart disease prevention module, hoping to lose weight and improve the results of his lab tests. Through coaching and diet education, this participant lost weight and lowered his total cholesterol and triglyceride levels.

He also reported less fatigue, increased energy, and better mental focus, and was able to avoid a costly medical procedure: “I had back pain when I was not in an exercise routine, and a physical therapist said I might need a spinal fusion,” he says. “But with my new exercise routine, the back pain has been reduced and I don’t need a fusion.”



Improving on that situation requires looking at the whole person rather than on one or more conditions that person may have. “If someone is a high-risk diabetic with coronary disease and depression, often the depression is the root cause,” explains John Neal, chief growth officer of HMC HealthWorks. “If you don’t deal with the depression, you’re probably not going to have much impact on the medical costs.” That’s why we focus on what we call integrated health: the whole person.

Coordinating participant care can lead to reductions ranging from 5% to 10% of total healthcare costs over a period of two to four years for participants receiving that care.⁶

BEHAVIORAL HEALTH

Another crucial prerequisite for creating meaningful change in the health of your employees is integrating behavioral health, including substance abuse issues and mental health. A study by Milliman research found that participants who had mental health and substance abuse disorders in addition to other health concerns cost an estimated \$752 billion in healthcare expenditures annually, and suggested that 5% to 10% of this spending might be eliminated by effectively integrating behavioral healthcare with medical care.⁷



Behavior change starts with some kind of human connection. That’s what we do; our coaching model is built around that.”

—Dr. Janis DiMonaco, president and CEO of HMC HealthWorks

Our approach makes behavioral health a component of every participant’s personalized care program. We start with a full health screening that includes behavioral and mental health.

PATIENT ADVOCACY

Some health plan participants may be uneasy about asking for help or unwilling to see a doctor. While that may avoid the cost of a doctor visit, untreated conditions may worsen, leading to higher costs in the long run. To help avoid such outcomes, we work with employees, connecting with them personally and offering meaningful, appropriate support.

- Nurse Advocates identify people who need treatment, educating and supporting them as they reach out for help. They can also work with participants who need help coordinating complex care needs.
- Pharmacy Benefit Advocacy helps employees get the medicine they need while reducing costs by negotiating lower prices and using generic versions of drugs when appropriate.

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⁶ Milliman Research, Potential economic impact of integrated medical-behavioral healthcare, 2017.

⁷ Milliman Research, Potential economic impact of integrated medical-behavioral healthcare, 2017.

CARE STORIES

Integrated Treatment, Mind, and Body

A 65-year-old woman was struggling to manage her diabetes. Her late-night work schedule made it difficult to control her snacking, and she wasn't taking her medication.

We worked with her to focus on healthier eating and to find out what was getting in her way. "I was hesitant to try my prescribed medication after I researched its side effects," she says. "My fear was alleviated by a staff member at my doctor's office who has been successful managing diabetes with this medication." By working with the participant and helping her communicate with her primary care physician, we helped her get control of her fear and her health.

As a result, her fasting blood glucose readings are down, her A1c is reduced, and she's taking her medication.



- Health Coaches are registered nurses and other health workers trained to work directly with participants, helping them achieve personal goals and positive, lasting lifestyle changes.
- Employee Assistance Programs (EAPs), utilizing more than 50,000 U.S. providers, offer support in addressing challenges including substance abuse, stress issues, and work/life services.

DIRECT PRIMARY CARE

Perhaps the most important connection between a patient and the healthcare system is a primary care physician (PCP). "The primary care physician is the beginning of your healthcare journey," Neal says. "And in our view, that should be the ongoing anchor for your care."

But not everyone sees a PCP.

"A good quarter of the population is not using healthcare at all," Neal says, and for plan participants, particularly those with current or likely future health problems, that lack of participation can be dangerous. People may shy away from a doctor visit because of the time it takes to schedule and keep an appointment and the out-of-pocket cost.



Using participant-location data, we create local networks so that participants can get access to a primary care or urgent care facility within 10 to 15 minutes of where they live or work."

We address those challenges by making it easy and free for plan participants to see the doctor. Using participant-location data, we create local networks so that participants can get access to a primary care or urgent care facility within 10 to 15 minutes of where they live or work. And there's no copay and generally no wait for an appointment.

THE PATIENT JOURNEY

To help participants, the key is to make a human connection, understand their needs, and work with them to help them achieve their health goals.

"Everyone has a healthcare journey," Neal says. "Our job is to understand where people are in that journey, and to meet them wherever they are. If we get to them early enough, we can actually help them achieve a fundamental change in their trajectory." We do that by having our personal health and wellness educators formulate a plan for every individual. Once participants understand and become engaged in their own plans, better health and lower costs are likely to follow.

Innovative healthcare makes plan participants healthier and more productive and lowers health costs. It's what allows us to be good healthcare partners in managing a company's health costs. "At the end of the day, it's about how you can make your populations healthier," Neal says. "We can do that because we have great analytics and engagement methodologies. We know how to engage folks in doing the things that can improve their health. That pays big dividends."

HMC HealthWorks has been delivering improved health outcomes and ROI you can count on since 1976.



Learn more about HMC HealthWorks and how we can help you reduce healthcare costs and improve the quality of life and well-being of your population.

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