Population Health: Its Value & What it takes to Achieve it

MiHIA Annual Health Conference
January 2018

Ray Fabius MD
Co-Founder
HealthNEXT
Ray Fabius MD
Honored to be With You Today

- Over 25 years of medical management experience with Thomson Reuters, GE, Walgreens, Aetna, Cigna and others
- Served as front line primary care physician for over a decade
- Published articles, book chapters and three books
- Adjunct Faculty – Harvard, Jefferson, ACOEM
- Distinguished Fellow & Faculty Member of American Association of Physician Leadership
- Co-founder of HealthNEXT
  - Emerging Leader in building organizational cultures of health
MY BACKGROUND: PHYSICIAN EXECUTIVE: PROVIDERS, PAYERS, PURCHASERS, A VENDOR / SUPPLIER, A PHARMACEUTICAL, AN INFORMATICS / CONSULTANCY
Population Health: Its Value & What it takes to Achieve it

TODAY’S AGENDA

• Define population health, population health management and cultures of health and wellbeing
• Delineate the evolution of medical management
• Establish the connection between health wealth and provide evidence that a healthy workforce is a competitive advantage
• Appreciate that all health care constituents can collaborate and contribute to building cultures of health
What is Population Health?

**Implement Health Interventions**

**Impact Determinants of Health**

**Improve Health Status**
POPULATION HEALTH
Examples of Interventions

CREATE TAXES TO IMPROVE POPULATION HEALTH

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POPULATION HEALTH
Examples of Interventions

CREATE LAWS TO IMPROVE POPULATION HEALTH
POPULATION HEALTH
Examples of Interventions

CREATE MEDICAL BREAKTHROUGHS TO IMPROVE POPULATION HEALTH
POPULATION HEALTH
Examples of Interventions

Workplace Safety
Workplace safety begins and ends with you. It's your responsibility to stay current on the latest news and items to prevent workplace injuries.

CREATE SAFER WORKPLACES TO IMPROVE POPULATION HEALTH
CREATE SAFER HOSPITALS TO IMPROVE POPULATION HEALTH
POPULATION HEALTH DETERMINANTS

- **Intrapersonal** – knowledge, attitude, education, risks, access
- **Social** – peers, family, friends
- **Employment** – co-workers, policies, workplace, security, income, purpose
- **Community** – environment, rules, regulations
- **Culture** – norms, values, beliefs

Stay well where you live, work and play
HEALTH DETERMINANTS

- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions.
- Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
HEALTH DETERMINANTS

- **Social support networks** – greater support from families, friends and communities is linked to better health.
- **Culture** - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses.
- **Personal behavior and coping skills** – balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health.
- **Gender** - Men and women suffer from different types of diseases at different ages.
Lifestyle: **Strongest Determinant of Mortality**

Health Behaviors: The Main Mortality Risk Factors in U.S.

- **Lifestyle**: 51%
- **Heredity**: 20%
- **Environment**: 19%
- **Health Services**: 10%

Lifestyle: Actual Causes of Death in the U.S

4 Behaviors cause nearly 40% of all deaths in the U.S. (year 2000)

- Tobacco
- Poor diet and physical inactivity
- Alcohol
- Microbial agents
- Toxic agents
- Motor vehicle
- Firearms
- Sexual behavior
- Illicit Drug use

Optimal Lifestyle Metric

(*OLM*)

- Being physically active
- Not smoking
- Eating 5 fruits and vegetables each day
- Drinking alcohol in moderation
The “OLM Universe”

- <0.5% meet zero OLM component
- 5% meets one OLM component
- 27.5% meets two OLM components
- 54% meets three OLM components
  - 13% meets four OLM components
- 83.6% does not meet the diet OLM component (5 F&V daily)

N = 500,344
Data based on self-reported health assessment questions

Adherence to OLM and New Disease

*Difference in 2-year incidence of new disease between people who adhere to OLM 0 or 1 and OLM 3 or 4 (%)*

- High Blood Pressure: -15
- Cholesterol: -17
- Cancer: -24
- Back Pain: -43
- Heart Disease: -45
- Diabetes: -66

POPULATION HEALTH: 
Our Lifestyle Determines Our Health

The Centers for Disease Control and Prevention (CDC) estimates…

- 80% of heart disease and stroke
- 80% of type 2 diabetes
- 40% of cancer

…could be prevented if only Americans were to do three things:

- Stop smoking
- Start eating healthy
- Get in shape
- Drink in moderation
“Don’t tell me your strategy, show me your budget and I will tell you your strategy.” Jack Welch
So How Much Do We Spend on Prevention?

Very Little = 3%
The Hidden Social Influence

Is Obesity Contagious?


BOTTOM LINE : EVERYTHING IS CONTAGIOUS
Zip Code & Race Have Greater Influence on Health Than Genetic Code

Nature Versus Nurture
Race & community have significant influence on Health
Population Health Management

A Foundation for a Culture of Health

Necessary BUT not Sufficient

85% members = 15% cost

15% members = 85% cost

HEALTHY

- HRA/ Biometric
- Lunch & Learns
- Immunizations
- Travel Medicine
- Fitness
- Healthy Environments

AT RISK

- Early detection screenings
- Patient outreach & Education
- Health Coaching
- Lifestyle Prompts
- Health Advocacy

ACUTE/ EPISODIC

- Scheduled/ Walk-in Clinic
- Referral Management
- Access to Primary Care

CHRONICALLY ILL

- Integrated DM
- Case Management
- Self Care
- Referral Management
- Pharmacy Care Management

CATASTROPHIC

- Emergency Response
- Complex Case Management
- Pharmacy Care Management
- Disability Management

Face to Face with Trusted Clinicians

Integrated 360° Coaching and Care Management

Provider/Member Portal Content & Tools

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THE EVOLUTION OF MEDICAL MANAGEMENT

From Utilization Management to Building Cultures of Health & Wellbeing

- The evaluation of the appropriateness, medical need and efficiency of healthcare services.
- A system of coordinated healthcare interventions and communications for populations with conditions in which patient self.
- The health outcomes of a group of individuals, including the distribution of such outcomes within the group.
- Reducing or eliminating health and injury risks while enhancing the portion of personal performance that is related to health.
- Creating a safe and healthy workforce is part of the corporate culture.
- Creating a thriving workforce is an essential part of the corporate culture.

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THE EVOLUTION OF MEDICAL MANAGEMENT

Utilization Management / Birth of Managed Care

- Utilization Management
  - Precertification – Authorization
  - Unnecessary care
    - Over-utilized procedures

- Disease Management
  - Utilization Management
    - Care algorithms – Length of Stay (LOS) Guidelines

- Population Health
  - Case Management
    - Nursing specialty – ROI clear especially with complex cases

- Health & Productivity
  - Centers of Excellence
    - Identifying and referring to Top Hospitals & Docs

- Culture of Health
  - Retrospective Review
    - Payment Integrity – Audits & Appeals
Utilization Management

Precertification – Authorization

Use – To minimize the use of unnecessary or over-utilized diagnostics or therapeutics

Definition - A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Identify unnecessary or over-utilized diagnostic test or therapeutics in your practice and develop pre-authorization or pre-approval processes or checklists to review before ordering.
Choosing Wisely – An Excellent Resource from ACP

Unnecessary / over-utilized diagnostics or therapeutics

- 73 percent of physicians say the frequency of unnecessary tests and procedures is a very or somewhat serious problem.
- 66 percent of physicians feel they have a great deal of responsibility to make sure their patients avoid unnecessary tests and procedures.
- 53 percent of physicians say that even if they know a medical test is unnecessary, they order it if a patient insists.
- 58 percent of physicians say they are in the best position to address the problem, with the government as a distant second (15%).
- 72 percent of physicians say the average medical doctor prescribes an unnecessary test or procedure at least once a week.
- 47 percent of physicians say their patients ask for an unnecessary test or procedure at least once a week.
- 70 percent of physicians say that after they speak with a patient about why a test or procedure is unnecessary, the patient often avoids it.
Utilization Management

Utilization Review

Use – To minimize the unnecessary or over-utilization of intensive and expensive treatment with a particular focus on hospitalization

Definition – The evaluation of the appropriateness and medical need of health care services procedures and facilities according to evidence-based criteria or guidelines, and under the provisions of an applicable health benefits plan. Typically, UM addresses new clinical activities or inpatient admissions based on the analysis of a case, but may relate to ongoing provision of care, especially in an inpatient setting. A focus is on the length of stay for hospitalizations compared to national guidelines. UM criteria may be developed in-house, acquired from a UM vendor, or acquired and adapted to suit local conditions. Two commonly used UM criteria frameworks are the McKesson InterQual criteria, and the Milliman Care Guidelines.

Compare the length of stay of your patients who are hospitalized to national and regional norms and develop methods with the help of your hospital’s utilization review nurses and care managers to shorten them.

Pennsylvania Medical Society
Utilization Review

InterQual & Milliman Criteria

McKesson's InterQual® Criteria

InterQual helps to:
- **Reduce over- and under-utilization**
  - Drive appropriate care with same source, rules-based, patient-specific EBM (evidence-based medicine) decision support.
  - Reduce re-admissions, LOS (length of stay) and services with integrated tools for complex and co-morbid cases.
- **Increase defensibility and reduce risk**
  - Validate appropriate care with quality indicators, checklists and reporting.
  - Drive cost efficiencies through Clear Coverage™, the InterQual auto authorization solution.
- **Align stakeholders**
  - Drive consistency with same source, rules-based, customizable EBM decision support.
  - Align with CMS guidelines.
  - Reduce administrative expense with fewer denials and appeals.
  - Improve quality with more time available for patient care.
- **Support stakeholder performance management**
  - Facilitate medical and payment policy decisions with rules-based EBM.
  - Identify practice trends and areas for quality improvement.
  - Identify high-quality, high-performing providers for ‘gold-carding’ and tiered networks.

Source: McKesson website

Proactive Care Management

Actively manage your healthcare programs with:
- **Optimal recovery guidelines** – Recovery and treatment plans with day-by-day steps that yield the most favorable outcomes.
- **Actionable criteria** – Admission criteria, alternatives to admission, procedures, and discharge details to support your clinical care efforts.
- **Observation care guidelines** – Comprehensive criteria covering observation care admission and discharge decisions.
- **Integrated quality measures** – Hospital Quality Alliance (HQA) measures to support quality care.
- **Easy evidence access** – Evidence summaries and footnotes integrated into the guidelines for easy reference.
- **Readmission risk** – Measures to help reduce readmission for heart failure, myocardial infarction, and community-acquired pneumonia.

Qualified healthcare professionals may use our guidelines as a tool to support medical necessity decisions, but they should not use them as the sole basis for denying treatment or payment. Our guidelines must be applied to individual patients on a case-by-case basis and always in the context of a qualified healthcare professional’s clinical judgment.

Allows for the placement of patients in the most appropriate settings and comparison to an ideal clinical pathways
Hospital Length of Stay
An Efficiency, Quality & Satisfaction Measure

ACTUAL VS EXPECTED LOS TRENDS ARE DECREASING

BETTER MORTALITY, READMISSION RATE, COMPLICATIONS & SATISFACTION

ALSO CORRELATES WITH HOSPITAL FINANCIAL PERFORMANCE
THE EVOLUTION OF MEDICAL MANAGEMENT
The 3 “I”s and the BIG “E”
DISEASE MANAGEMENT

KEY HEALTH INFORMATICS TOOLS FOR IDENTIFICATION, COMPARISON & PREDICTION

Severity Indexing

- Prioritize & categorize registry based on illness burden
  - Severe – Care Management
  - Moderate – Coordinated Care
  - Mild – Patient Education
- Achieving fairness when comparing

Predictive Modeling

- Identify patients before the catastrophic event
- Predict future trends
- Prove that things did not happen

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What is Your Chronic Illness Burden?

Data & Analytics

- High blood pressure
- High cholesterol
- Depression
- Diabetes
- Heartburn GERD
- Asthma
- Heart Disease

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Mal-distribution of Costs / Migration of Costly Cases

Adding Complexity to Disease Management

- The costs of health care, absence, and work impairment are mal-distributed with a few people costing a lot and most people costing very little.

- Even those people who cost a lot won’t be costing a lot in the coming year.

- These are realities that need to be taken into account for the effective introduction of policy, interventions, and other approaches aimed at improving health or reducing costs.

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**Estimated Medical and Drug Cost Distribution (in 2005 Dollars)**

<table>
<thead>
<tr>
<th>Cost Range</th>
<th>Under $1,200</th>
<th>$1,200 to $3,000</th>
<th>$3,000 to $9,000</th>
<th>$9,000 to $35,000</th>
<th>Over $35,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of Employees</td>
<td>54.6%</td>
<td>20.1%</td>
<td>17.8%</td>
<td>6.6%</td>
<td>0.9%</td>
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<tr>
<td>Number of Employees</td>
<td>5,463</td>
<td>2,012</td>
<td>1,778</td>
<td>657</td>
<td>10</td>
</tr>
</tbody>
</table>

Average Cost: $3,075
THE EVOLUTION OF MEDICAL MANAGEMENT
Population Health Providing Care Across Care Continuum

Utilization Management → Disease Management → Population Health → Health & Productivity → Culture of Health

Primordial Prevention:
- Culture Imperatives
- Clean Water
- Healthy Food

Primary Prevention:
- Lifestyle Change
- Immunizations
- Seat Belts

Secondary Prevention:
- Screenings
- Cancer
- Blood Pressure
- Cholesterol

Tertiary Prevention:
- Compliance with Care
- Disease Management
**GREATER RETURN TO KEEP THE WELL WELL ~ 2:1**

**Wellness Score & Medical Costs Over 3 Years**

<table>
<thead>
<tr>
<th>Year</th>
<th>Wellness Score</th>
<th>Mean Cost</th>
<th>ILL</th>
<th>WELL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>9,452 (34%)</td>
<td>18,347 (66%)</td>
</tr>
<tr>
<td>YEAR 1</td>
<td>71.8</td>
<td>$7,728</td>
<td>6,285</td>
<td>15,537</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>71.4</td>
<td>85.9</td>
</tr>
<tr>
<td>YEAR 2</td>
<td>82.5</td>
<td>$5,675</td>
<td>3,167</td>
<td>13,795</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>74.8</td>
<td>87.6</td>
</tr>
<tr>
<td>YEAR 3</td>
<td>83.9</td>
<td>$4,899</td>
<td>2,036</td>
<td>13,904</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>74.3</td>
<td>87.6</td>
</tr>
</tbody>
</table>

Source Zero Trends – Dee Edington

Zero Trends; Dee Edington 2009

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Natural Flow of Health Risk

Time 1 – Time 2

High Cost ($5000+)

Medium Cost ($1000-$4999)

Low Cost (<$1000)

N=356,275 Non-Medicare Trad/PPO

Modified from Edington, AJHP. 15(5):341-349, 2001

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KNOW WHAT ILLS YOUR POPULATION

Comprehensive Population Health Data Review

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Episodes of Care</th>
<th>Rx Meds</th>
<th>Chronic Illness</th>
<th>High Cost</th>
<th>ST Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>Pregnancy</td>
<td>Behavioral</td>
<td>Low Back</td>
<td>Cancer</td>
<td>Behavioral</td>
</tr>
<tr>
<td>53%</td>
<td>Newborns</td>
<td>Mental</td>
<td>7%</td>
<td></td>
<td>Mental</td>
</tr>
<tr>
<td>Stress</td>
<td>Muscular</td>
<td>Auto Immune</td>
<td>High BP</td>
<td>Heart</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>40%</td>
<td>Joints</td>
<td>Gastro</td>
<td>6%</td>
<td>Circulation</td>
<td>Auto Immune</td>
</tr>
<tr>
<td>Obesity</td>
<td>Diabetes</td>
<td>Intestinal</td>
<td>Depression</td>
<td>Kidney</td>
<td>Respiratory</td>
</tr>
<tr>
<td>33%</td>
<td>Cancer</td>
<td>Heart</td>
<td>4%</td>
<td>Dialysis</td>
<td>Gastro Intestinal</td>
</tr>
<tr>
<td>Overweight</td>
<td>Heart</td>
<td>Infertility</td>
<td>Asthma</td>
<td>Transplant</td>
<td>Intestinal</td>
</tr>
<tr>
<td>32%</td>
<td>Circulation</td>
<td>Cholsterol</td>
<td>3%</td>
<td></td>
<td>Cancer</td>
</tr>
<tr>
<td>High CHOL</td>
<td>Gastro</td>
<td>Low</td>
<td>Heart Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25%</td>
<td>Intestinal</td>
<td>Back</td>
<td>1%</td>
<td></td>
<td>Heart Circulation</td>
</tr>
<tr>
<td>High BP</td>
<td>Diabetes</td>
<td>BP</td>
<td></td>
<td></td>
<td>Kidney</td>
</tr>
<tr>
<td>24%</td>
<td></td>
<td>24%</td>
<td></td>
<td></td>
<td>Dialysis</td>
</tr>
<tr>
<td>High BS</td>
<td></td>
<td>5%</td>
<td></td>
<td></td>
<td>Transplant</td>
</tr>
<tr>
<td>5%</td>
<td></td>
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</tr>
</tbody>
</table>

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THE EVOLUTION OF MEDICAL MANAGEMENT:

Connecting Health & Performance

Utilization Management  |  Disease Management  |  Population Health  |  Health & Productivity  |  Culture of Health

$3,376 PEPY

25% Medical & Pharmacy Costs

75%

Productivity Costs
Personal Health Costs
Absenteeism
Medical Costs
Short-term Disability
Long-term Disability
Presenteeism

Overtime
Turnover
Temporary Staffing
Administrative Costs
Replacement Training
Off-Site Travel for Care
Customer Dissatisfaction
Variable Product Quality

Total Costs = $13,504 PEPY

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Poor Health Impacts – Safety, Service & Financials

Continuum of Employee Performance Outcomes

Not doing well while working
- errors
- complaints
- delays
- team breakdown

Not doing work on work time
- unscheduled breaks
- unfocused time
- health exams on work time
- information gathering

Not at work
- unscheduled absence
- disability
- workers’ comp
- replacement workers
- permanent disability
- early retirement due to health issues
- premature death
- spousal illness

Lost to the workforce
The Total Cost Of Illness

Thomson Reuters Published Research

Source: Goetzel, et al. JOEM 2004

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INTEGRATED DATA WAREHOUSE & ANALYTICS

*Employer view but should interest all constituents*

**HR/Payroll**
- Employee Demographics
- Time Reporting
- Employee Surveys
- Turnover/Overtime Data
- Performance Appraisals

**Lost Time Data**
- STD
- LTD
- FMLA
- PTO/Sick Leave

**Medical Data**
- Group Health
- Pharmacy
- Mental Health
- Health Risk Appraisals
- Disease Prevalence
- EAP Utilization

**Business Data**
- Customer Satisfaction
- Production Data
- Quality Data
- Operational Data
- Net Income
- Gross Revenue
- Human Capital Costs

**Productivity Metrics**
- Staffing/Overtime
- Per Employee Costs
- Revenues
- Self-Reported
- Presenteeism

**WC/Safety Data**
- OSHA, Accident Reporting
- Drug Testing
- WC Claims Data

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THE EVOLUTION OF MEDICAL MANAGEMENT: THE FUTURE IS NOW

Utilization Management
Disease Management
Population Health
Health & Productivity

Culture of Health

Leadership and Corporate Culture
Leadership & Management Support, Organizational Culture and Policies, Alignment of Business & Health Goals

Program Design and Implementation
Planning and Program Goals, Integration of Data Systems & Informatics, Diagnostics & Assessment, Incentives, Multi-Component & Tailored Interventions, Screening and Triage, Ecological Interventions, Communications, Health Benefits

Program Evaluation
Measurement & Evaluation, Effective Tools, Accountability, Learn from Results, ROI

SOURCE: CDC Worksite Health Index Project

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**BENDING THE CURVE: THE NEW BENCHMARK**

**US HEALTHCARE COST TRENDS VS. TRUVEN HEALTH ANALYTICS CLIENTS**

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**High Performer Net Cost Trends 2005 - 2010 Adjusted For Consumer Price Index (CPI-U) Inflation**

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**TRUVEN HEALTH ANALYTICS High Performers Clients**

Eight employers, with self funded plans, spanning multiple industries who also utilize TRUVEN HEALTH ANALYTICS decision support and analytic consulting services. These clients consistently outperformed net pay trend rates for the broader 53 client group each year and cumulatively from 2005 – 2010. As a group, they have consistently made innovative use of healthcare data to support all aspects of population health, productivity and plan management.

**MarketScan**

A group of over 50 TRUVEN HEALTH ANALYTICS clients with 5 million members covered in self funded plans that contributed to MarketScan continuously since 2005.

**2010 Mercer National Survey**

A comprehensive survey of 2,836 US employers. Reflecting the average reported healthcare trend rates across group size, geographic region and industry type.

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Demonstrating a Sustainable Culture of Health
Significant Return on Investment

Recent Experience in Health Promotion at Johnson & Johnson: Lower Health Spending, Strong Return on Investment

ABSTRACT: Johnson & Johnson introduced its worksite health promotion program in 1979. The program evolved and is still in place after more than thirty years. We evaluated the program’s effect on employees’ health risks and health care costs for the period 2002-08. Measured against similar large companies, Johnson & Johnson experienced average annual growth in total medical spending that was 3.7 percentage points lower. Company employees benefited from meaningful reductions in rates of obesity, high blood pressure, high cholesterol, tobacco use, physical inactivity, and poor nutrition. Average annual per employee savings were $565 in 2009 dollars, producing a return on investment equal to a range of $1.88-$3.92 for every dollar spent on the program. Because the vast majority of US adults participate in the workforce, positive effects from similar programs could lead to better health and to savings for the nation as a whole.

Average Savings 2002-2008 = $565/employee/year
Estimated ROI: $1.88 - $3.92 to $1.00
Culture of Health – Becoming a Science
*A Roadmap for Improving the Health of Your Employees and Your Organization*

1. Develop a Vision
2. Gain Leadership Support
3. Focus on Policies & Workplace
4. Cultivate a Data Warehouse
5. Set Goals & Program Elements
6. Implement Evidence Based Benefits
7. Leverage the Provider Community
8. Benchmark Best Practices

[www.ihpm.org/pdf/EmployerHealthAssetManagementRoadmap.pdf](http://www.ihpm.org/pdf/EmployerHealthAssetManagementRoadmap.pdf)
BUILDING A CULTURE OF HEALTH
ON A “CULTURE OF SAFETY”

Culture of Safety
- Everyone is accountable
- Trending injuries
- Tracking near misses
- Implement MSE
- Eliminate all disability

Culture of Health
- Everyone is accountable
- Trending ill health
- Tracking health risks
- Implement screenings
- Eliminating all disability

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MY RECENT RESEARCH INTEREST – MEASURING CULTURES OF HEALTH
HealthNEXT EHOA™ Proprietary Methodology

10 Weighted Assessment Categories

- People & management
- Marketing & communications
- Data warehousing
- Health & wellness plan design
- Environment
- On-site health activities
- Health & wellness activities
- Incentives and benefits design
- Engagement & navigation
- Vendor integration

- Perfect score 1000
- Benchmark score 650-700
- 218 “Elements”
- In 10 “Categories”
- 11 “Thresholds” of implementation
- 5 “Degrees” of completion
Key Learning

• Each COH organization gets to benchmark there via different routes; different focus & priorities, specific to their needs and corporate culture

• There were many costly distractions and “false-trails”, as each occasionally tried new (non-integrated ideas & fads)

• They all achieved success through a critical mass of “elements” they did consistently, over an extended period

• But, as importantly:
  – Sequence matters
  – Establishing a continuous improvement measurement and troubleshooting “culture”; cockpits, dashboards, & scorecards
  – With a multi-year strategic investment priority; top to bottom
  – With actively engaged clinical / technical support; balancing efficiency with effectiveness

• We identified that, (per Peter Drucker): “culture eats strategy for breakfast”
  – The secret-sauce is what we call creating
    • “CULTURES OF HEALTH & SAFETY”
Industry Moving to Comprehensive View

“Total Worker Health”

Culture of Employee Wellbeing = Health Prevention, Health Promotion & Health Protection
Marketplace rewards companies who achieve cultures of health:

- Used the ACOEM Corporate Health Achievement Award (CHAA) culture of health award winners as a stock portfolio
- A portfolio of approximately twenty publicly traded award winners; over nearly two decades
- Published September 2013 in the JOEM
- Once again the portfolio outperformed the market significantly; in all four test scenarios
3 More Studies RECENTLY PUBLISHED

*Marketplace rewards companies who achieve cultures of health*

- Health Enhancement Resource Organization High Scoring Companies
- Health Project Award Winning Companies
- CHAA Award winning companies
The Six Constituencies

**Must Collaborate to Meet the Challenge**

- **Patients**
  - Need to be Activated Healthcare Consumers – Adherence / Compliance

- **Providers**
  - Physicians, Nurses, Therapists, Pharmacists Must Build Trusted Relationships & Medical Homes – Paid for Performance

- **Payers**
  - Insurance Companies, Health Plans and Third Party Administrators Must Deploy Evidence-Based Benefit Design

- **Purchasers**
  - Employers and Government Must Build Cultures of Health and Well-being

- **Consultants**
  - Brokers Must Become Skilled in Population Health

- **Suppliers**
  - Pharmaceutical and Lab Industries, Durable and Disposable Medical Equipment Manufacturers Will Also Need to Paid for Performance
Leveraging Provider Capability

Outcomes

Behavior Δ

Actions

Awareness

Culture of Health

Outcomes

Behavior Δ

Actions

Awareness

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INSIDIOUS PROGRESSION OF DISEASE:
Smoking & Acute Illness Leads To Chronic & Catastrophic Illness

normal → bronchitis → cancer  ← emphysema

20-Year Lag Time Between Smoking and Lung Cancer

- Cigarettes Smoked Per Person Per Year
- Lung Cancer Deaths (Per 100,000 People)

Year: 1900, 1920, 1940, 1960, 1980
The longer you stay healthy and vital, the shorter your period of morbidity before life ends.

The Goal Should Be Sudden Death in Overtime