

RETHINKING POPULATION HEALTH:

A New Way Advisers Can Help Employers Lower Healthcare Costs and Retain Employees

Introduction

Employers know it is in their best interest to keep their employees happy — and healthy.

How can employee benefits advisers help employers achieve this goal? Accolade recently sponsored a webinar, “A New Approach to Help Your Clients Solve Health Plan Challenges,” hosted by *Employee Benefit Adviser* and SourceMedia Research, to answer this important question.

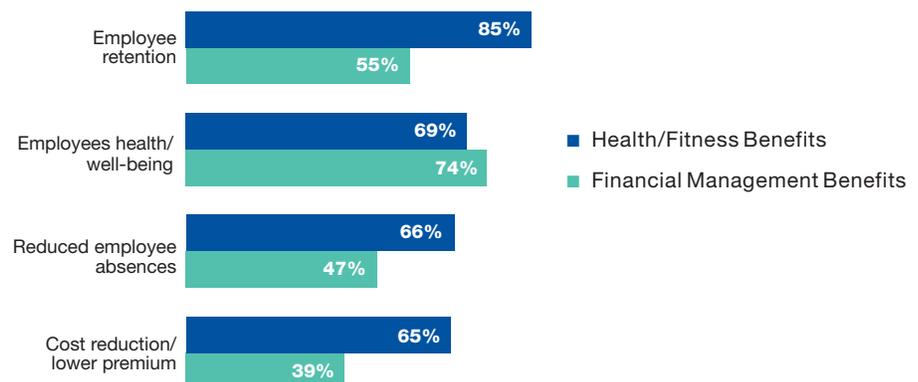
The program featured presentations by SourceMedia Vice President, Research, Dana Jackson, and Accolade Chief Medical Officer Ivor Horn, MD, MPH, and was moderated by SourceMedia Editorial Director of Professional Services and Technology Groups John McCormick.

Employee Benefits Programs: What Matters Most

According to a survey of 313 human resources managers and executives at organizations with more than 5,000 employees, the most important objectives of their health and wellness benefits programs are to retain employees, as 85% of respondents indicate, and to help employees improve their health and well-being, as 69% of respondents indicate.

Fig. 1: What are your organization’s objectives for offering each of the following types of benefits to employees?

n=Variable (Base=Employers offering these types of benefits)



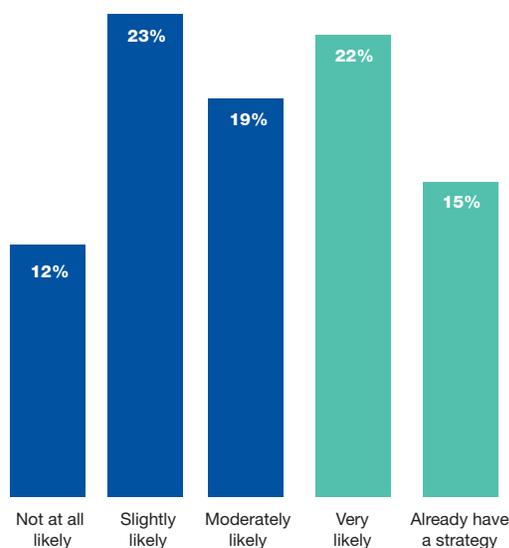
People don't have a clear understanding of what population health is or could be in the employee benefit space.

“The number-one thing for employers is keeping the talent — and keeping that talent healthy and well,” Jackson said. “Employers are using benefits to do that.”

The value in keeping employees well is realized in lower healthcare costs — which emerged as the top measurement employers use to assess the value of their healthcare and wellness programs. To reduce healthcare costs, some employers are looking to implement population health programs, with 37% of respondents, representing a range of industries including healthcare, retail, manufacturing, and education, indicating that they are either already conducting population health programs or will be in the next 12 to 18 months (see Figure 2). Another 19% are moderately likely and 23% are somewhat likely to adopt a population health strategy.

Fig. 2: How likely is your organization to adopt a population health strategy for employees in the next 12 to 18 months?

n=313 (Base=All Employees)



However, nearly 80% of these employers say they have limited knowledge of population health. So, according to Jackson, benefits advisers “have lots of opportunities to educate employers.”

These findings did not surprise Horn. “There’s discussion around population health in the employee benefit space,” Horn said. “But people don’t really have a clear understanding of what population health is or could be.”

“We need to get to know the individual and their needs because each person is the best predictor of his or her future healthcare costs.”

The problem could stem from the narrow way employers (and advisers) typically define population health. It’s fairly common to think of population health as “an approach to classify employees by health conditions, and then offer those groups of people targeted treatment and wellness plans,” Horn pointed out. This approach is limiting, she said, because it focuses on:

- diseases and conditions, not people;
- similarities among people, such as their health conditions, rather than on what makes each person unique, such as their life circumstances and experiences;
- “what’s the matter” instead of “what matters to the people.”

Horn suggested that employee benefits consultants work with employers to approach population health differently. “To help employees get healthier and happier, and to drive down costs for employers, we need to take a much more personalized approach to population health,” she explained.

Building Population Health Success through Personalization

Employee benefits advisers can support employers in reaching their employee retention and health goals by helping them adopt a population health model based on the following seven elements:

Whole population care.

Traditional population health programs often combat growing healthcare costs by focusing on tackling chronic conditions that have generally higher cost treatment plans, such as diabetes. “But the fastest growing healthcare costs are typically not related to a single specific condition like diabetes or heart disease,” Horn said. “The fastest growing healthcare costs are in the category of ‘other’ — involving many illnesses that are hard to pinpoint — which means traditional disease management programs or case management programs are not sufficient to drive down employer healthcare costs on their own.”

Horn also explained that most disease management or case management programs are based on historical claims data, which is outdated information. “This approach really misses the opportunity for influencing and educating people on making better healthcare decisions,” she said. “We need to focus on engaging every employee in the population, including those who may not be deemed high-risk based on claims history. We need to do more than develop condition-focused care management programs if we want to bring down employer cost.”

Whole person care.

Current population health models tend to address the condition and not the whole person, so they often miss critical elements of an individual’s story. “We need to get to know the individual and their needs because each person is the best predictor of his or her future healthcare costs. People get on average only seven minutes with their doctor. What that means is that there is not enough time in the typical doctor’s appointment to address the context in which someone lives, which is so critical to a person’s health,” Horn said.

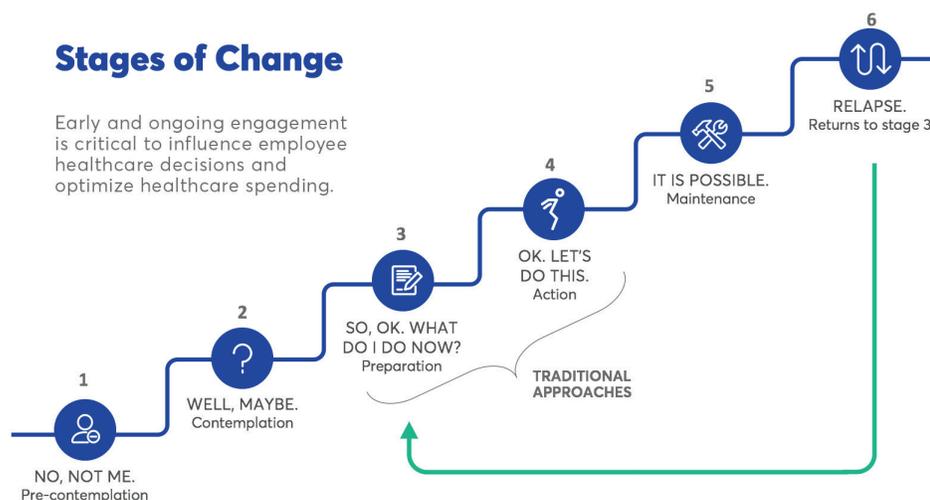
Social determinants of health affect healthcare costs 7 times more than biomedical errors.

An individual’s health can be affected by several factors. Something as simple as whether an individual has transportation to a healthcare provider can affect their health. Or, are they facing emotional or financial issues that act as barriers to care? According to Horn, the impact of knowing the context about a person’s life issues can’t be overstated. “To improve employee health outcomes, it’s vital to understand those unique life circumstances of health that impact their healthcare decisions,” Horn said. “Really understanding and focusing and learning about social determinants of health in a life context, and then applying that, is what builds trust and keeps people coming back for more guidance. And, it helps them over time to make better healthcare decisions.”

And when it comes to cost, social determinants of health affect healthcare costs 7 times more than biomedical errors. That’s why health should be viewed in the context of the whole person.

Early and ongoing engagement.

Based on the Prochaska Stages of Change theory, the steps in the graphic below represent the common stages a person follows when changing a health-related behavior. “Most traditional health plans reach an individual when they’re in stage 3 or 4 – after that individual has already entered the healthcare system and may be getting the wrong care because they simply don’t have the information or expertise to navigate the system,” said Horn. “It’s critical to engage people at stage 1 or 2, when they often share their health concerns before entering the healthcare system, and when we have the opportunity to influence more positive health and financial outcomes.”



Adapted from Changing for Good, James Prochaska, John Norcross, Carlo DiClemente (2007).

“We have found that by engaging and building a trusting relationship with employees before there’s a problem, we’re much more successful in reaching them at the contemplative stage, when they are just starting to think that something’s going on with their health,” Horn explained. This way, the employee health and wellness coach or assistant is able to “catch them before they’re making those uninformed and costly decisions,” Horn said.

Perhaps most important, advisers need to encourage employers to focus on the individual.

More specifically, the health assistant can provide an independent perspective and offer employees the care planning and navigation support that will enable them to “get the right care at the right time in the right setting. For example, making sure a person is getting to a primary care provider instead of going to the emergency room, or making them aware of a program that’s part of their benefit when they need it.”

But how do we engage these employees earlier? When you consider that people are their best predictors of their future healthcare needs, it follows that every single interaction with them is an opportunity to connect: when they’re looking for their doctor, when they’re asking about a claim, or even when they simply need a new ID card. “Going beyond what’s presented as an issue and uncovering the needs is key,” said Horn. “This type of interaction builds trust and represents the largest opportunity to influence care and spend.”

Independent clinical guidance.

The foundation of that trusting relationship is independence. Unbiased, evidence-based guidance from health assistants and clinicians outside the healthcare system is critical to successfully helping people navigate to the right care and to influencing behavior and decision-making.

“Imagine the power of having a registered nurse as your personal health assistant,” Horn said. “This person knows about your benefits and is independent of the healthcare system and your employer. It’s a major advantage to have that person talk to you about an upcoming surgery, for example, and educate you on the surgery before you go in, help you prepare the questions you want to ask, then walk you through the admission. And having that person follow up after you’re discharged can help prevent you from getting readmitted. That type of support fills a critical gap in our healthcare system that often results in poor health outcomes and high costs.”

Timely health data.

Relying on people to self-identify is not enough. “We need data to drive insights into employees’ needs before they come to those suboptimal decisions about healthcare,” Horn said. Data can fuel the predictive modeling programs that enable employers to identify care needs for specific employees and prevent them from becoming high-risk patients.

A full array of data makes it possible to personalize health support — and make that support much more effective. “Personal health data from digital health solutions, claims data, utilization management data, biometrics data, test results, and most important, notes from the personal interactions with their health assistants, allow you to have a 360-degree profile of that individual — not just their medical conditions, not just their history or how they use the healthcare system, but also social determinants of health,” Horn said. “All of these things are really very important to understanding how you can personalize that healthcare support.”

Advanced technology.

Benefits advisers can also help employers by convincing them to adopt advanced technologies, such as artificial intelligence. While there is some concern that such technology will replace humans, Horn says that benefits advisers need to work with employers to show them that artificial intelligence actually does not replace humans.

“It makes them more efficient,” Horn explained. “When it comes to personalizing healthcare support, machine learning plays an important role in empowering people, enabling them to make better healthcare choices and decisions. Intelligent technology takes in and analyzes personal data and creates a 360-degree profile to target not just populations, but to actually understand the individual within that population.”

The data can be used to determine when patients need to see a nurse, be enrolled in a case management program or work on modifying their behaviors — and more. This detailed information helps employers create “a more informed, more efficient and more personalized experience for the employee and their families,” Horn said.

The individual at the center of care.

Perhaps most important, advisers need to encourage employers to focus on the individual. “The healthcare system is complex and people are busy in their jobs and in their lives,” Horn said. “They don’t have time for all of the information they need and often don’t have the expertise to cut through its complexity. It’s a losing proposition for us to think people can do that.”

But, she emphasized, having a health assistant creates a single entry point that employees can use to help them navigate their health and benefits. When using a health assistant, employees can “get the information that they need, when they need it, how they need it and in the format and structure that they need it — 24-7,” Horn continued.

Realizing Results through Personalization: Satisfaction and Savings

When organizations implement personalized population health programs that include these elements, results quickly follow. For example, a personalized population health program delivered to 14,000 employee members at Temple University Health System resulted in 98% member satisfaction, 5% reduction in length of hospital stay and \$2.2 million in cost savings in its first year alone.

Overall, by implementing personalized population health programs, Accolade has experienced the following results across its customer base:

- Less than 1% medical cost trend, compared to the industry average of 5% to 6%
- Net promoter score of 70+
- 98% member satisfaction

Conclusion

By working with employers to implement these strategies, employee benefits advisers can help employers reinvent population health. By doing so, they can provide the population health programs that truly promote meaningful patient engagement. These programs can help employers retain employees, while also improving their health – and ultimately reducing costs.

About the Research

Accolade commissioned SourceMedia Research/*Employee Benefit News* and *Employee Benefit Adviser* to conduct the research study. A total of 313 human resources managers and executives at organizations with more than 5,000 employees responded to the June 2017 online survey.

Webinar Panel



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