CONNECTED APPROACH TO HOLISTIC WELL-BEING

Doug Melton, MPH, PhD Cigna Analytics



Together, all the way."

900184 Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.



ICMA presentation objectives

Start with the facts	Recap key issues employer-sponsored health plan leaders are faced with today when making health and affordability decisions for their employees
Focus the conversation	 Review three evidence-based approaches to improving employee health engagement, productivity and total cost Best practice from an insurance carrier Best practice from a provider (i.e. doctors) Best practice from an employer
Insights into action	Key themes from the three use cases that would apply to your city and state employee workforces



Meaningful employee health engager

Rising cost of healthcare 17% of GDP in 2014; 20% of GDP by 2022

Payers and Providers Abundance of info at consumers fingertips 70k websites used by 50M users





How insights put into hands of city/county managers, doctors and insurance carriers increased employee engagement

Three real examples



In-the-moment coaching

Leveraging an inbound call from employees regarding claims to also discussing health coaching opportunities.

Embedded care coordinator

Deeper collaboration with physicians and hospitals by sharing actionable information and creating value-based incentives.

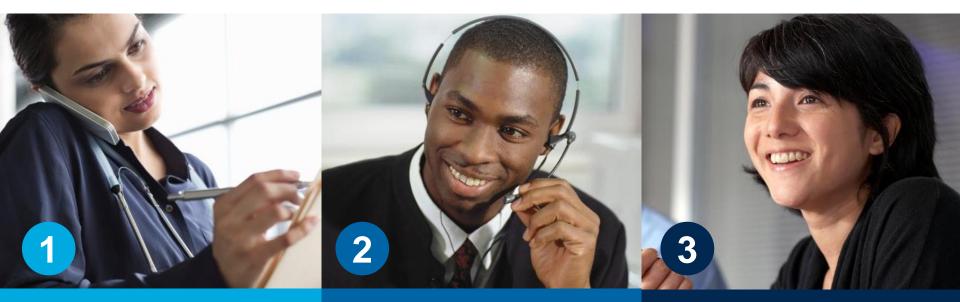
City of Houston

Employer and insurance carrier partnership to redesign an custom wellness program.



How insights put into hands of city/county managers, doctors and insurance carriers increased employee engagement

Three real examples



In-the-moment coaching

Leveraging an inbound call from employees regarding claims to also discussing health coaching opportunities.

Embedded care coordinator

Deeper collaboration with physicians and hospitals by sharing actionable information and creating value-based incentives.

City of Houston

Employer and insurance carrier partnership to redesign an custom wellness program.



Employee risk profiles of city and county employees vs. other industries

Industry type	Total count of randomly selected employees	% Male	Average age	Average health risk score	Average HH income	Annual average TMC	Annual average hospital
State and local public employees	50,895	44%	55	1.1	63,507.33	\$2.3k	0.03
Retail customer service employees	89,969	52%	43	0.9	57,567.91	\$3.4k	0.04
Food service employees	10,769	55%	44	1.0	60,260.01	\$3.6k	0.04
			STD deviation (10 to 11)	STD deviation (1 to 2)	STD deviation (\$23k to \$26k)	STD deviation (\$10k to \$14k)	

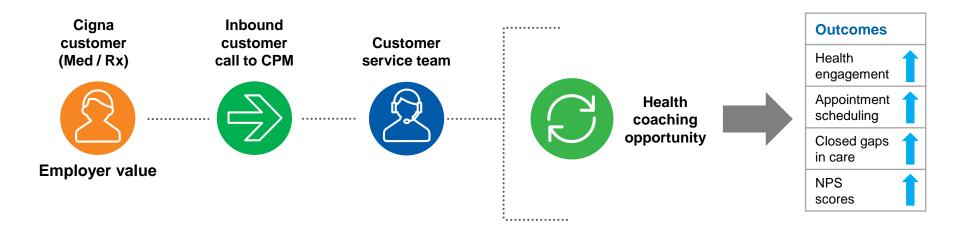




FACILITATING EMPLOYEE HEALTH ENGAGEMENT THROUGH AN INSURANCE CARRIER



Increase health engagement through 'In the Moment' coaching



Push clinical information about employee health needs to insurance agent call center representatives in order to turn an inbound administrative phone call into a health coaching conversation



Health engagement increased – telephonic health coaching engagement summary

- Greater rates on completing coaching calls and setting goals in treatment group
- Confirmed by regression that the results are caused by intervention

	Treatment Group Spoke with ITP staff		Control Group Suppressed from ITP staff	
Ν	7,703	%	17,630	%
Engagement details*				
Completing at least one coaching call	1,178	15.3%	300	1.7%
Set/met/progressed on at least 1 goal	764	9.9%	164	0.9%
% setting goals for those completing coaching calls		64.9%		54.7%

*Based on HEV fact codes



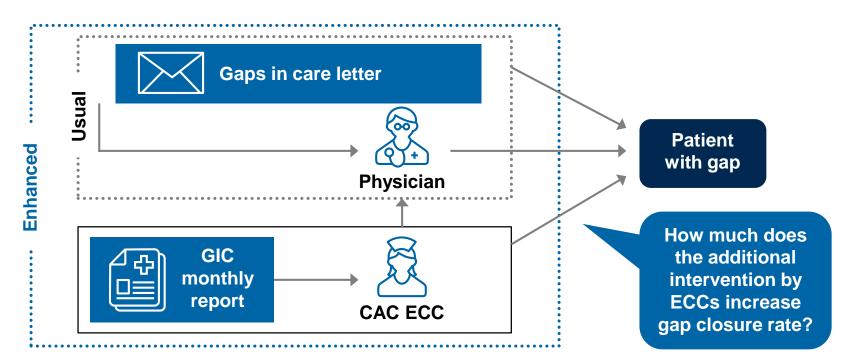


FACILITATING EMPLOYEE HEALTH ENGAGEMENT THROUGH PROVIDERS



Providing timely gaps in care data to health professionals

Objective: Understand how much gap closure rates increase with added Embedded Care Coordinator (ECC) intervention



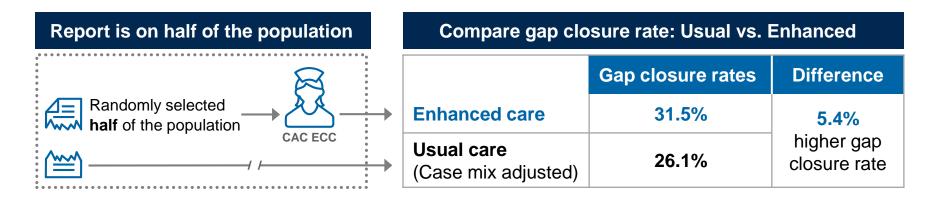
Study design

- Pilot on multiple Collaborative Care Coordinators (CAC) groups to get credible results
- Use randomization to remove bias
- No changes to workflows of the Embedded Care Coordinator



Embedded Care Coordinator engagement findings to date

Overall outcome: Gap closure rates for Enhanced Care group was higher than Usual Care



Nurse engagement with employees works was most effective for these core conditions representing nearly 3/4th of study participants

Condition	Gap closure rate difference			
Breast cancer	5.8%			
Diabetes	6.7%			
Hypertension	-0.9%			



FACILITATING EMPLOYEE HEALTH ENGAGEMENT THROUGH REDESIGNING HEALTH AND WELLNESS STRATEGY

Shelby county use case with public employees



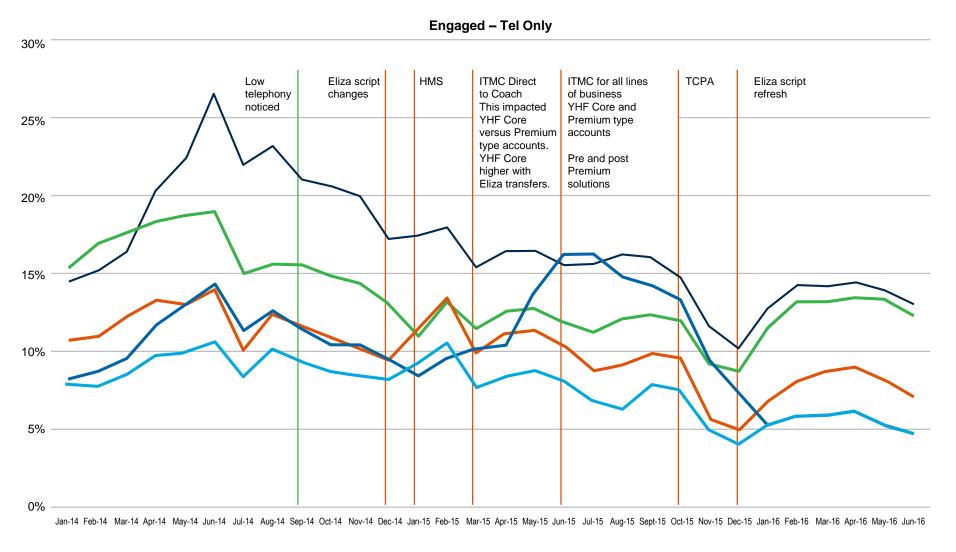
Data-driven wellness plan increased health engagement for Shelby county public employees

	STEP 1	STEP 2	STEP 3
DATA- DRIVEN INSIGHTS	Chronic employees are not actively engaged in program (only 1/3 eligible engaged in 2012)	Biometric screenings in 2013 were completed by on 10% of employees	Preventative utilization visits were only at 20% in 2014
WHAT PROBLEM DOES THE INSIGHT SHOW?	Why this data shows there is a problem: Don't have buy-in from executives to prioritize wellness	Low biometric rates are a problem because in order for chronic to change behavior, they need to know their numbers	Completed biometrics with no physician-driven health management plan is not a comprehensive intervention
WHAT ACTIONS DID SHELBY COUNTY TAKE?	Mayor and other executives agree to investment in wellness and fund onsite plans	Applied onsite biometric (first time ever onsite) and biometric completion increased from 2012 to 2013 by 40%	Plan design requirement to have biometrics and removed the onsite accessibility. Pushing employees to doctors offices. Previous visit

increased from 32% to 60% from 2012 to 2015



Health coaching engagement over 3 years

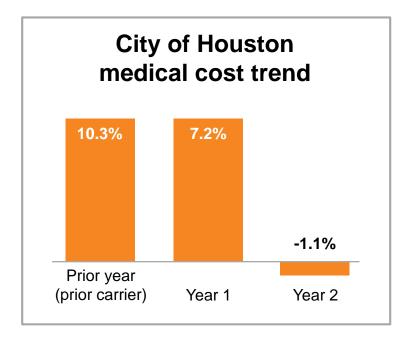


- IPHT - YHF_200_CORE - YHF_200_PREM - YHF_300_CORE - YHF_300_PREM



Results

Reaping the rewards of better health engagement



Key drivers

Individuals completing health assessment vs. those who didn't:

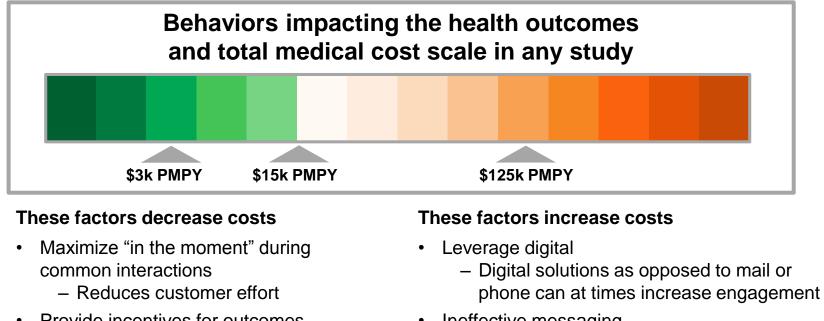
- 38.5% lower hospitalization rate
- 42% lower bed day rate
- 18.7% lower ER visits rate
- 8.5% lower PMPM cost



CLOSING KEY THEMES



What employers can do to improve employee health and out of pocket cost without sacrificing satisfaction



- Provide incentives for outcomes, not activity
 - Leads to long-term chronic and wellness management
- Facility/specialty steerage ٠
 - Requires employees willingness to shop for high quality, low cost

- Ineffective messaging
 - Employers that do not leverage principles of behavioral economics have lower engagement
- Avoidable ER visits
 - Educate workforce on using urgent care for non-emergent issues



QUESTIONS?



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

900184 08/16 © 2016 Cigna. Some content provided under license.

