

Incentives That Engage

Designing a Tailored Care Program for a High Utilizer Population



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*healthy*foundations

A program of

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Engaging those that need it the most



- High utilizer needs and challenges
- Healthy Foundations program
- Incentives and benefit design
- Outcomes
- Case Study

High utilizer experience



Spending more than money



*"When we want your opinion,
we'll give it to you."*

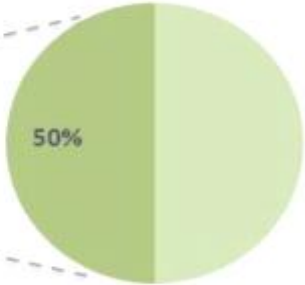
High utilizers need help

Members



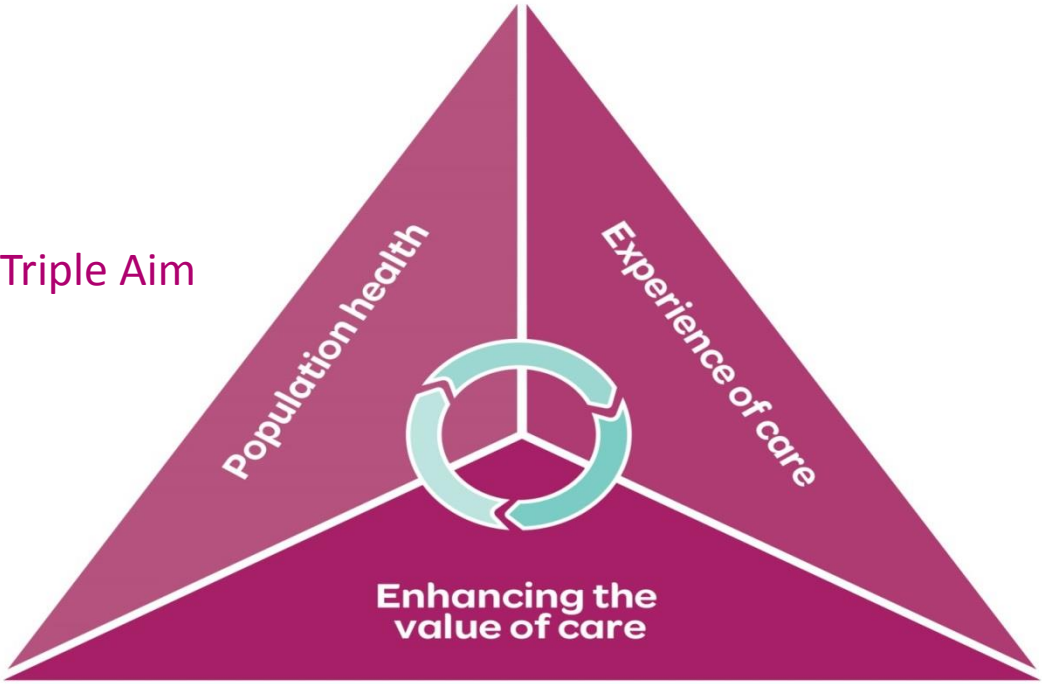
5%

Costs



50%

The Triple Aim

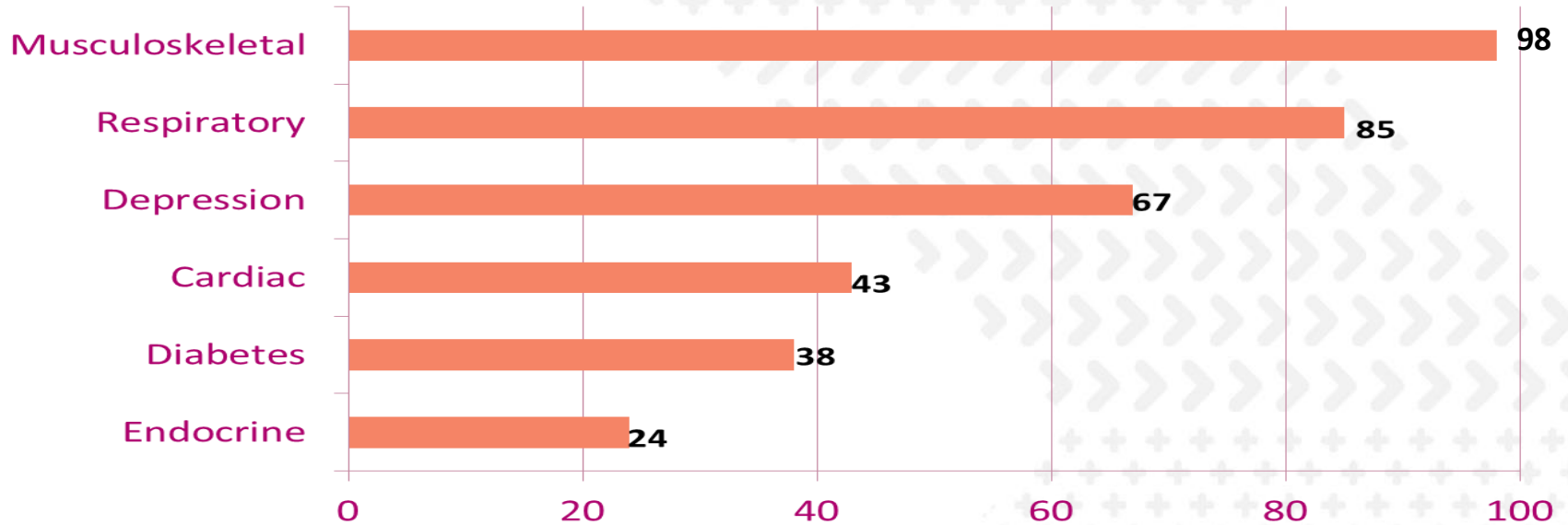


Population health

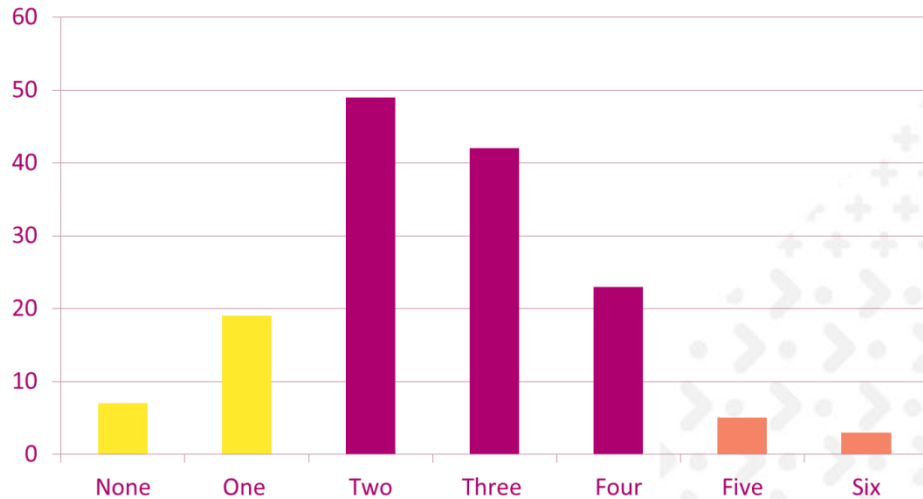
Experience of care

Enhancing the value of care

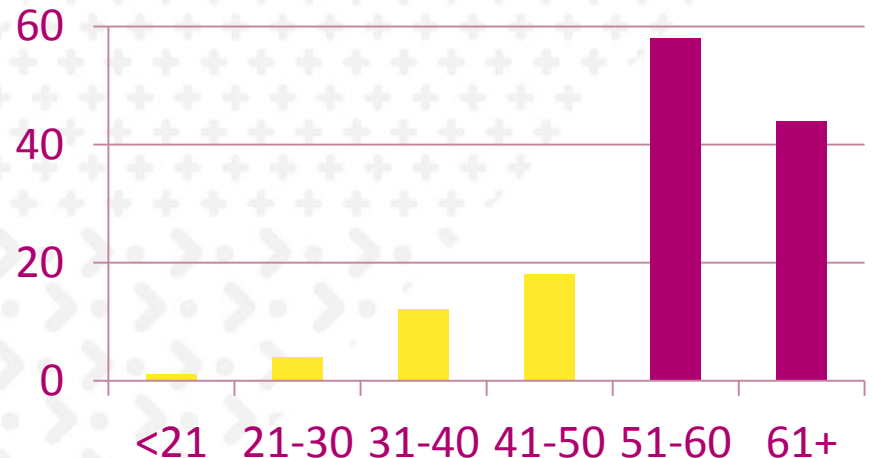
Disease states and demographics



Disease Burden



75% are over 50



Creative collaboration



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Healthy Foundations highlights

- Tailored, member-driven, goal oriented
- Ongoing, weekly interactions
- Team includes: coaches, NP, liaison
- Tools, education, resources, incentives

Population identification

- Claims and risk scores
- Utilization patterns
- Pharmacy
- Clinical experience

Outreach strategies

- Postcard and invitation letters
- Phone calls
- Website
- Word of mouth and referrals
- Workplace promotional events
- Healthy Foundations events

Health engagement intensity

Engagement



Online tools



Health style
assessment



Patient-centered
primary care home
integration



Access to a health
advocate



Concierge
clinical services



Face-to-face
community-based
care team

← Moderate intensity



High intensity →

Incentives that engage

- Financial rewards
- Enhanced benefits
- Tailored inclusions
- Personalized support from the team
- Improved outcomes

Outcomes that engage

- Feeling healthier and living better with health conditions
- Positive trends in weight loss, cholesterol, and BP
- Relaxing, more energy to do what matters most

Benefits changing utilization



- More primary care use
- Addressing gaps in care
- Steering to urgent care as appropriate
- Covering medications
- Outpatient services



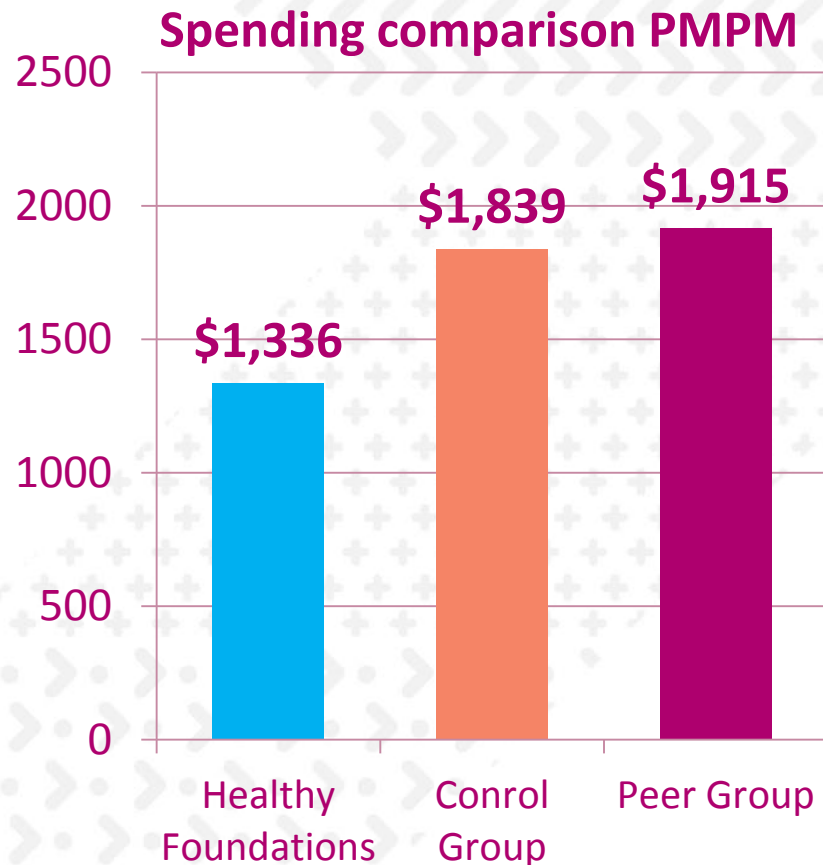
Second year results

- 100% have had a positive experience
- Engagement rate of 22%
- Members are better self-managers
 - PAM scores increased in 95% of participants
 - Pharmacy and outpatient use increased
- Quality of life indicators improve

Medical cost summary

- Initial cost may increase as gaps in care are addressed
- Cost decreases over time as people improve
- Control and peer group comparisons confirm cost savings

The shift is attributed to more use of outpatient services, fewer ER visits, lower risk scores, and shorter length of hospital stay.



Case study: “Barbara” age 45

- Back pain, obesity, depression, pre-DM
- Built confidence to walk, take medications
- Cooking plant-based meals, socially connected
- Attended son’s graduation, found job, 5K walk
- Recommends the program to others
- BMI 67-> 54, TG 335 ->115,
- 40% lower cost

Questions?

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