Incentives That Engage

Designing a Tailored Care Program for a High Utilizer Population

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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

Help!

KEEP CALM I'M GOING TO THE HOSPITAL
Spending more than money
High utilizers need help

The Triple Aim

Population health
Experience of care

Enhancing the value of care
Disease states and demographics

Musculoskeletal: 98
Respiratory: 85
Depression: 67
Cardiac: 43
Diabetes: 38
Endocrine: 24

75% are over 50

Disease Burden

<21 21-30 31-40 41-50 51-60 61+

None  One  Two  Three  Four  Five  Six
Creative collaboration
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

- 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
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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HealthyFoundationsPDX.com