EBRI EMPLOYEE BENEFIT RESEARCH INSTITUTE

The Problem With a One-Size-Fits-All Approach to Health Care Claims: Policy Implications and Solutions

January 2020

Speakers

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Moderated by: Tami Simon, Senior Vice President, Segal

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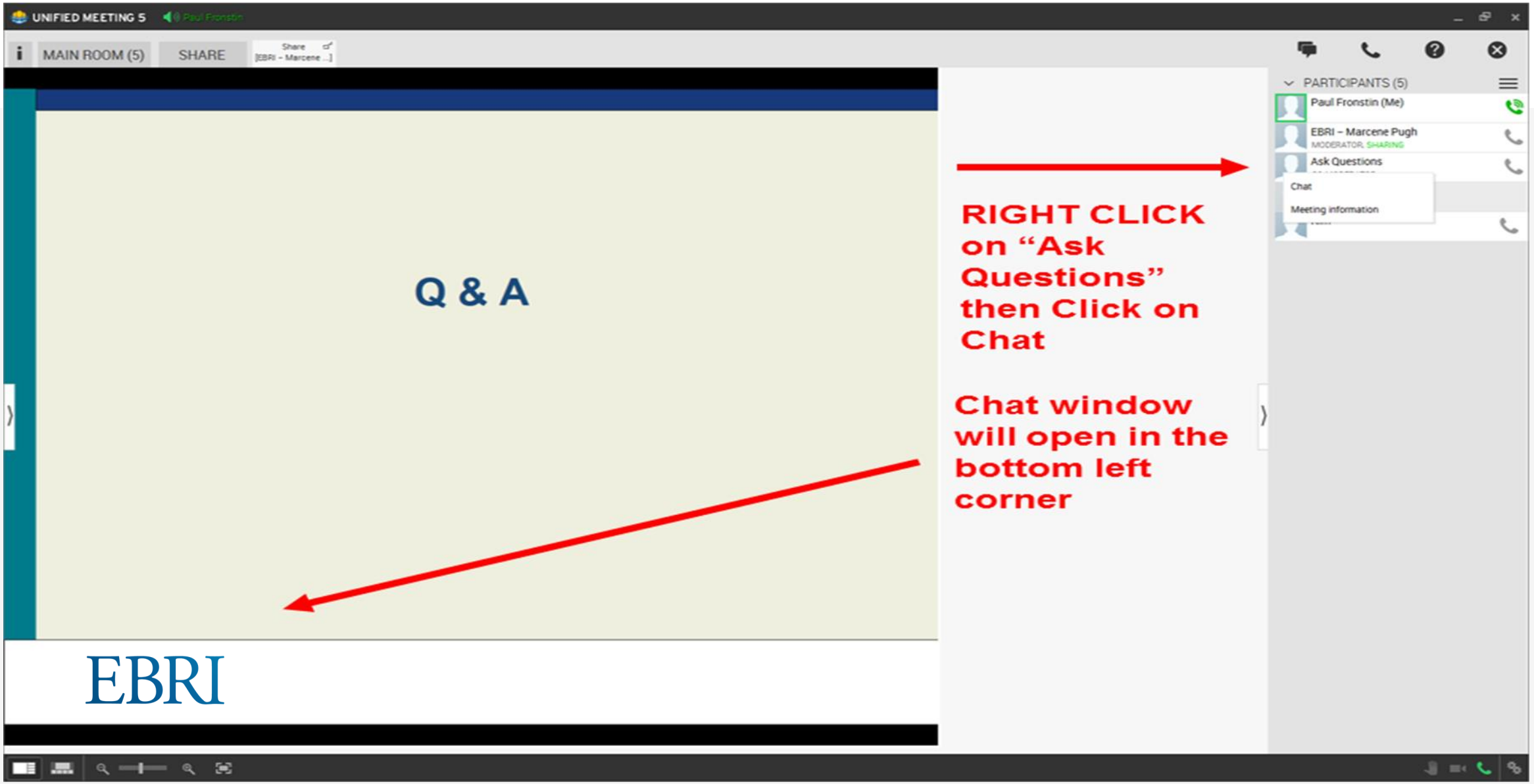

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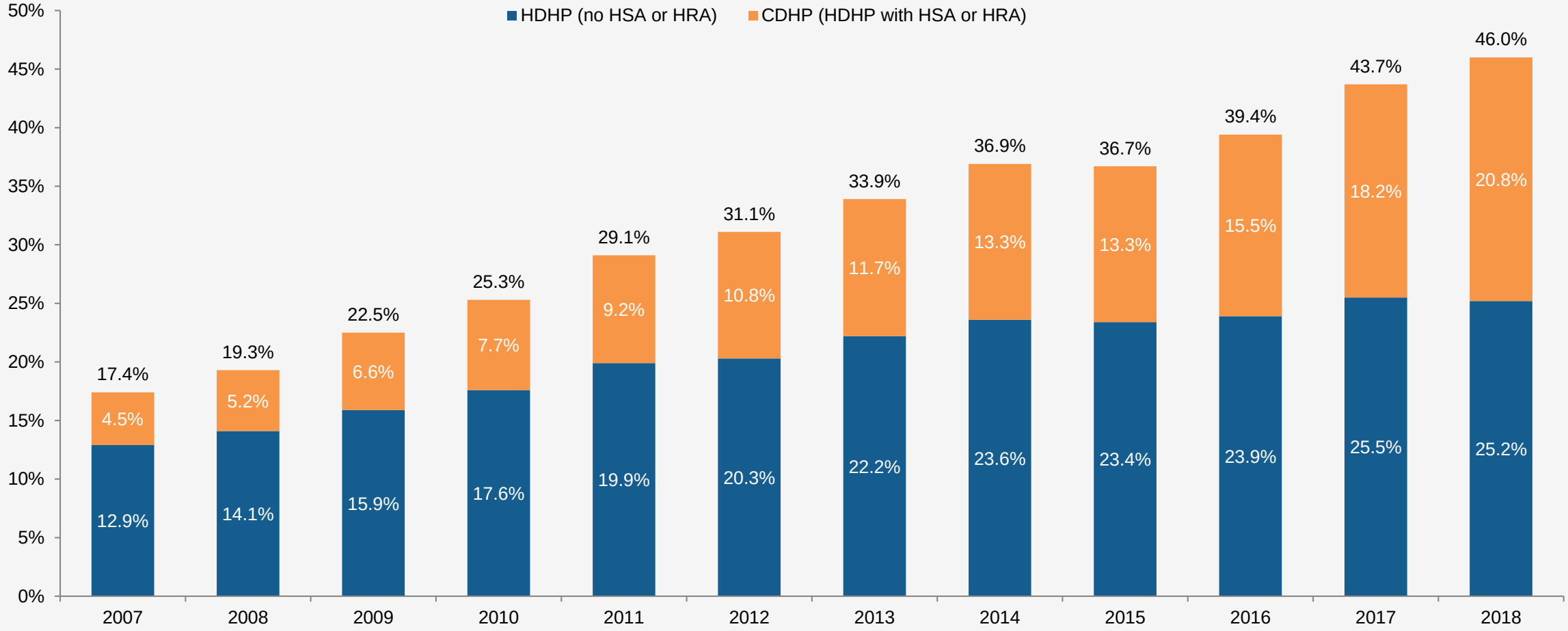
Persistency in High-Cost Claims Among Individuals with Employment-Based Health Benefits

Paul Fronstin, Ph.D.

Employee Benefit Research Institute

January 2020

Percentage of Persons With Private Health Insurance Under Age 65 Enrolled in HDHP or CDHP, 2007–2018



Source: Figure 11 in https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201811.pdf and Figure 3 in https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201306.pdf

Distribution of Health Spending, Among Individuals with Employment-Based Health Coverage, Continuous Enrollment in 2017

Percentage of Enrollees	Percentage of Spending	Median Spending Per Person	Mean Spending Per Person	Minimum Spending Per Person	Percent Reaching OOP Maximum
1%	28%	$120,500	$168,500	$ 80,000	70-80%
5%	56%	$41,500	$65,315	$ 23,000	60-70%
10%	70%	$23,500	$41,300	$ 12,000	50-60%
20%	84%	$12,700	$24,900	$ 5,400	30-40%

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Source: EBRI analysis of Truven Health Analytics MarketScan® Commercial Claims and Encounters Databases.

Questions that could be addressed in a study

- How do define high-cost claimant?

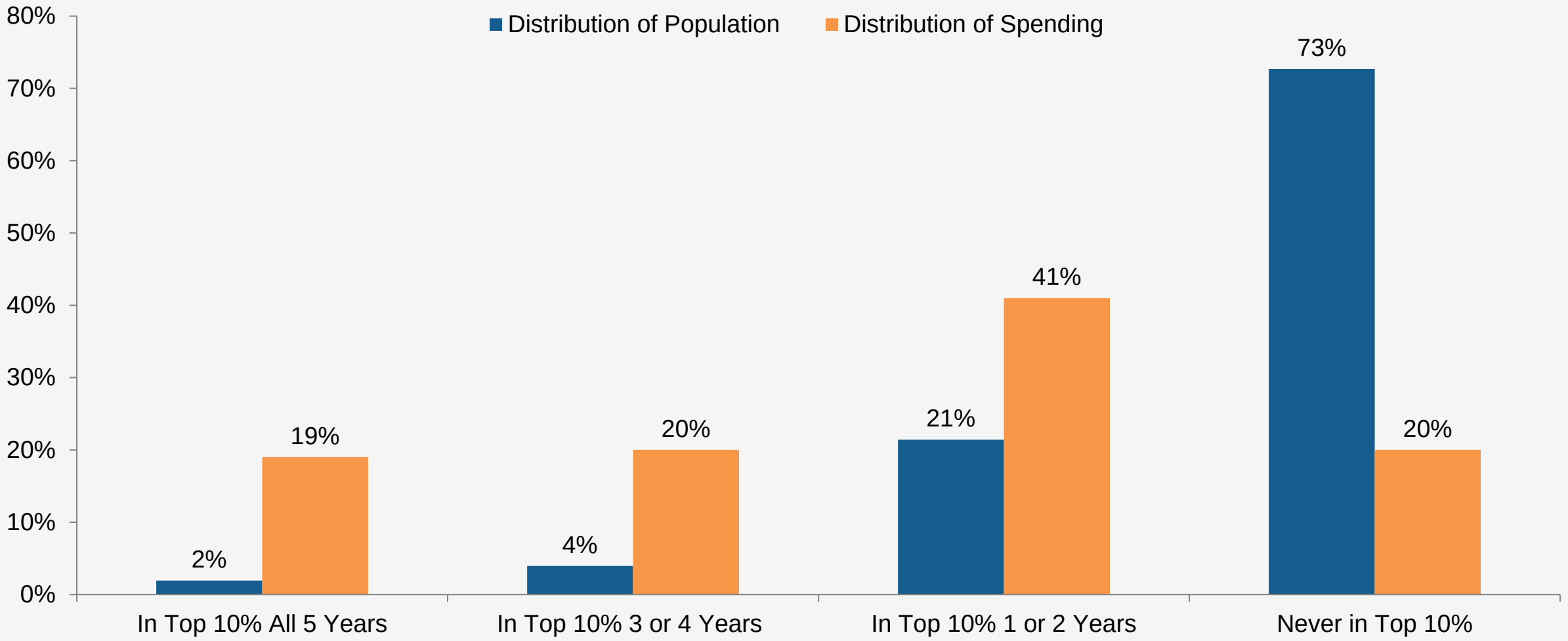
  20/80, 10/50
- Who are the people with persistent high-cost claims?
- What percent of spending do they represent?
- What percent of claimants and spending is temporarily high-cost?
- How do we define persistent? Recent paper on Medicare looked at 3 years. We can look at 5 years.
- Age, gender, policyholder vs. dependent
- Type of health plan
- What are the high-cost health conditions (start with 17conditions in Charlson Comorbidity Index)?
- How do characteristics of those who are persistently high-cost different from those who are temporarily high-cost?
- What role do rare diseases play?
- Where is the spending in high-cost claimants (persistent vs. temporary)?
- What are the options to address high-cost claimants (persistent vs. temporary)?
- Role of out-of-network use?
- What options do not work with high-cost claimants?
- How does plan design fit in?
- Are employers properly focusing their efforts?

Data

- Truven Marketscan Database
- Medical and pharmacy claims data on 14-16 million people with employment-based health benefits in any given year between 2013-2017
- 5.8 million individuals with employment-based health benefits trackable over 2013-2017

- Limitations of using continuously enrolled sample
  - Missing many $1 million babies
  - Missing other potentially high cost claimants who drop from sample because they become disabled, eligible for Medicare or pass away

Length of Time in Top 10 Percent of Spending During 2013-2017 and Distribution of Total Spending in 2017; 27% of Population in Top 10% of Claims at Least Once, Accounted for 73% of Spending



Characteristics in 2017, Within Patterns of High Cost Claims During 2013-2017 -- High Claimants are Disproportionately Older

	Patterns of High Cost Categories			
	Never in Top 10%	In Top 10% 1 or 2 Years	In Top 10% 3 or 4 Years	In Top 10% All 5 Years
Variables	**N=112,909**	**N=230,864**	**N=1,251,397**	**N=4,247,808**
Age: 0-12	15%	4%	2%	3%
Age: 13-17	10%	4%	3%	2%
Age: 18-24	15%	9%	6%	4%
Age: 25-34	6%	8%	5%	4%
Age: 35-49	24%	29%	25%	24%
Age: 50-64	30%	47%	59%	63%
Male	52%	41%	40%	44%
Female	48%	59%	60%	56%

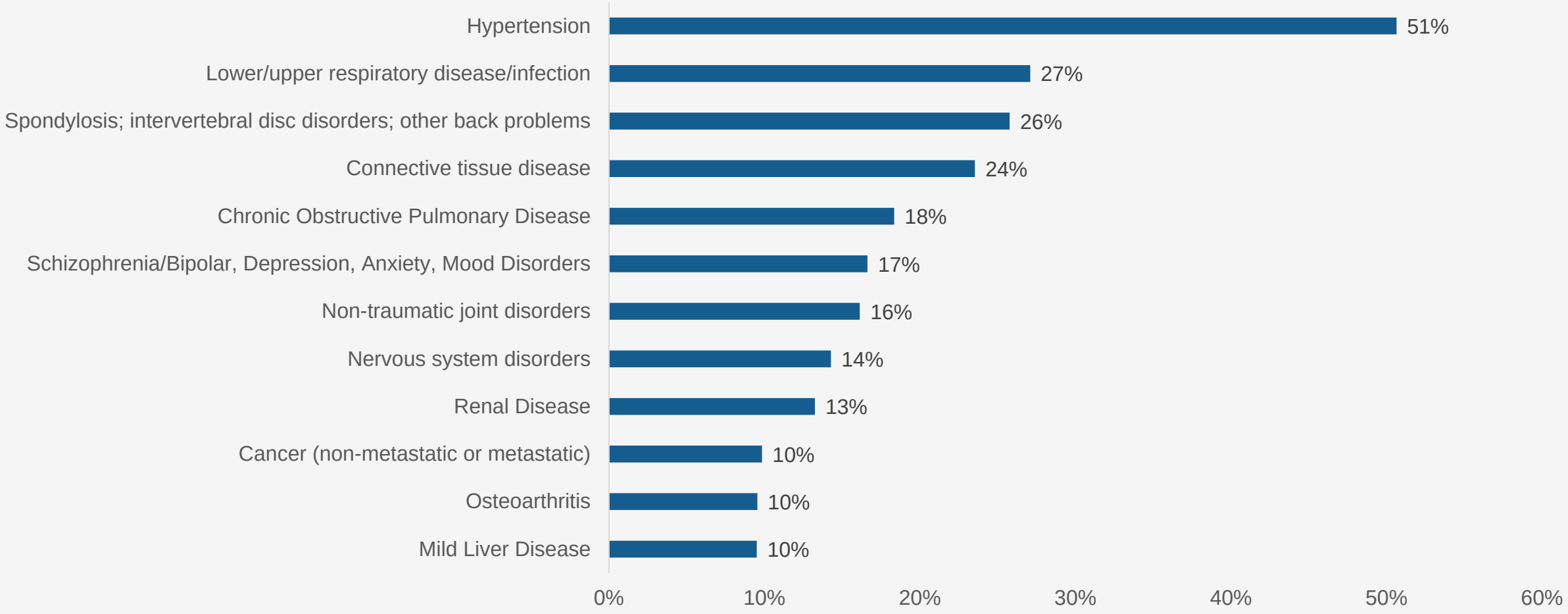
Characteristics in 2017, Within Patterns of High Cost Claims During 2013-2017 -- High Claimants are Disproportionately the Covered Spouse

	Patterns of High Cost Categories			
	Never in Top 10%	**In Top 10% 1 or 2 Years**	**In Top 10% 3 or 4 Years**	**In Top 10% All 5 Years**
Policyholder	43%	57%	59%	57%
Covered Spouse	16%	25%	29%	32%
Covered Children/Other Dependents, n	41%	17%	12%	10%
HMO/EPO	13%	13%	12%	12%
PPO/POS	56%	61%	66%	66%
HRA	19%	17%	15%	15%
HSA-Eligible	11%	9%	7%	7%

Health Conditions in 2017, Within Patterns of High Cost Claims During 2013-2017 - High Claimants Have A Lot of Health Conditions

	Patterns of High Cost Categories			
	Never in Top 10%	In Top 10% 1 or 2 Years	In Top 10% 3 or 4 Years	In Top 10% All 5 Years
Hypertension	9%	21%	32%	35%
Dyslipidemia	11%	21%	31%	34%
Diabetes (With or Without Complications)	4%	11%	26%	33%
Spondylosis; intervertebral disc disorders; other back problems	5%	12%	23%	26%
Lower/upper respiratory disease/infection	9%	15%	22%	26%
Connective tissue disease	3%	10%	19%	22%
Schizophrenia/Bipolar, Depression, Anxiety, Mood Disorders	5%	10%	18%	20%
Chronic Obstructive Pulmonary Disease	5%	9%	15%	18%
Non-traumatic joint disorders	3%	9%	14%	15%
Nervous system disorders	1%	4%	10%	14%
Rheumatoid Disease	0.3%	1%	4%	10%
Cancer (non-metastatic or metastatic)	1%	6%	12%	10%

Comorbidities Among Diabetics in Top 10% of Health Spending, 2013-2017



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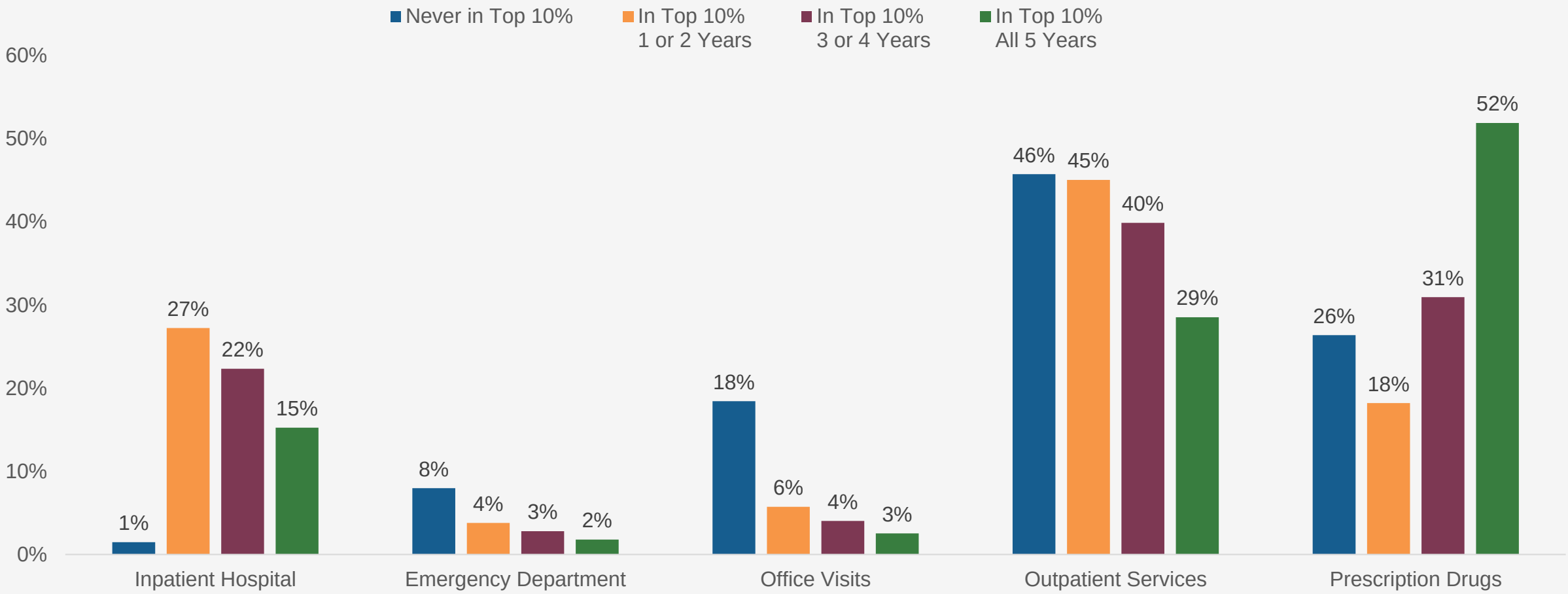
Health Spending in 2017, Within Patterns of High Cost Claims During 2013-2017



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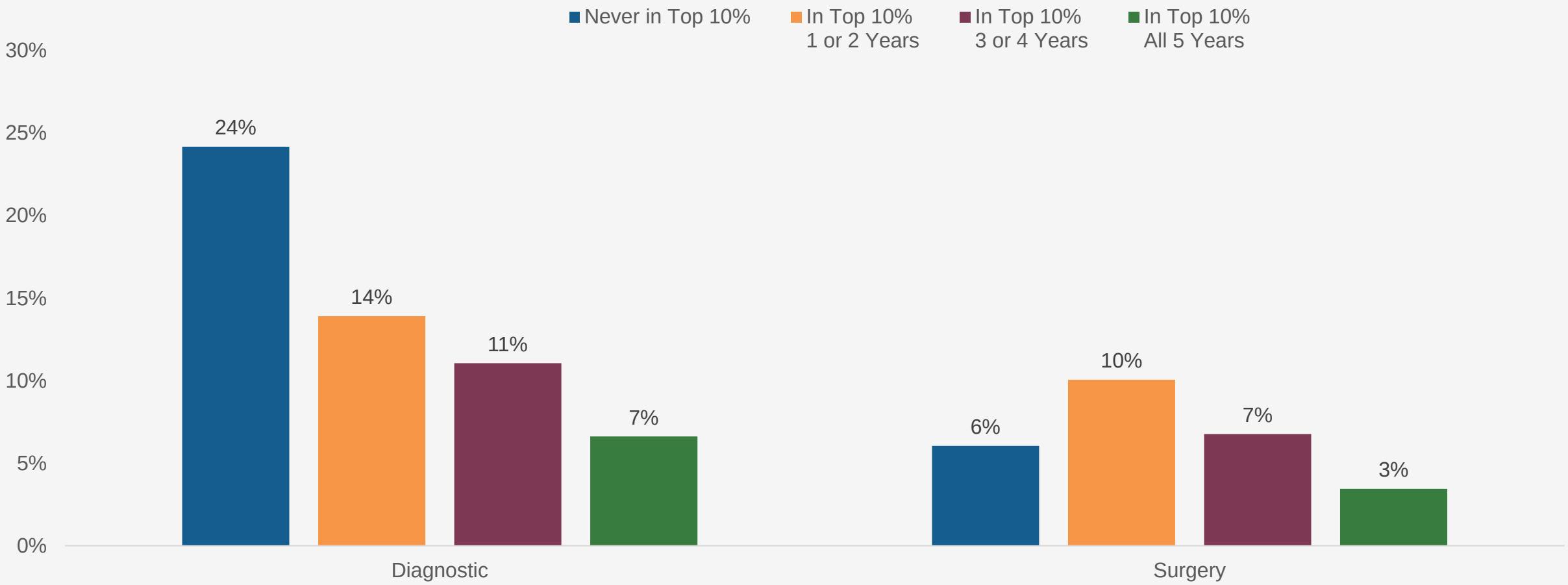
Health Spending on Diagnostics and Outpatient Survey in 2017, Within Patterns of High Cost Claims During 2013-2017



Implications of Findings

- The “average” health care user (e.g. Cadillac tax)
- Medicare buy-in for individuals ages 50+ or 55+
- Price transparency
- Cost sharing

Next Steps

- Update study with 2018 data
- Seeking data from individual employers

EBRI Webinar:

Persistency in High-Cost Health Care Claims

The Inspera Health Program

inspera health

WHO IS INSPERA HEALTH?

- Health improvement company exclusively targeting high cost claimants
- Laser-focused on multiple chronic conditions (MCCs) since 1996
- Part of a comprehensive large claim cost and liability reduction strategy
- Utilize validated metrics to measure investment and health outcomes

Why We Were Invited

1. **Large Claim Impact – 3-year aggregate look – active members only**
   a) Overall, by age, by employment tenure, by membership categories
2. **Categorize Chronic Conditions –to 5 diagnosis levels as lifestyle diagnosis often not coded primary**
   a) Chronic Condition Indicator (CCI) from HCUP – publicly available https://www.hcup-us.ahrq.gov/toolssoftware/chronic/chronic.jsp
   b) Adapted CCI list to remove "Traumas & Tragedies" (primarily cancer)
   c) Add biometric data if available (BMI/Weight risk typically not coded in claims)
   d) Calculate a per chronic condition 3-year cost/member
3. **Look at members with 3 or more conditions**
   a) Overall, by age categories, by employment tenure, by membership category
   b) How many with 3+ conditions add additional conditions each year?
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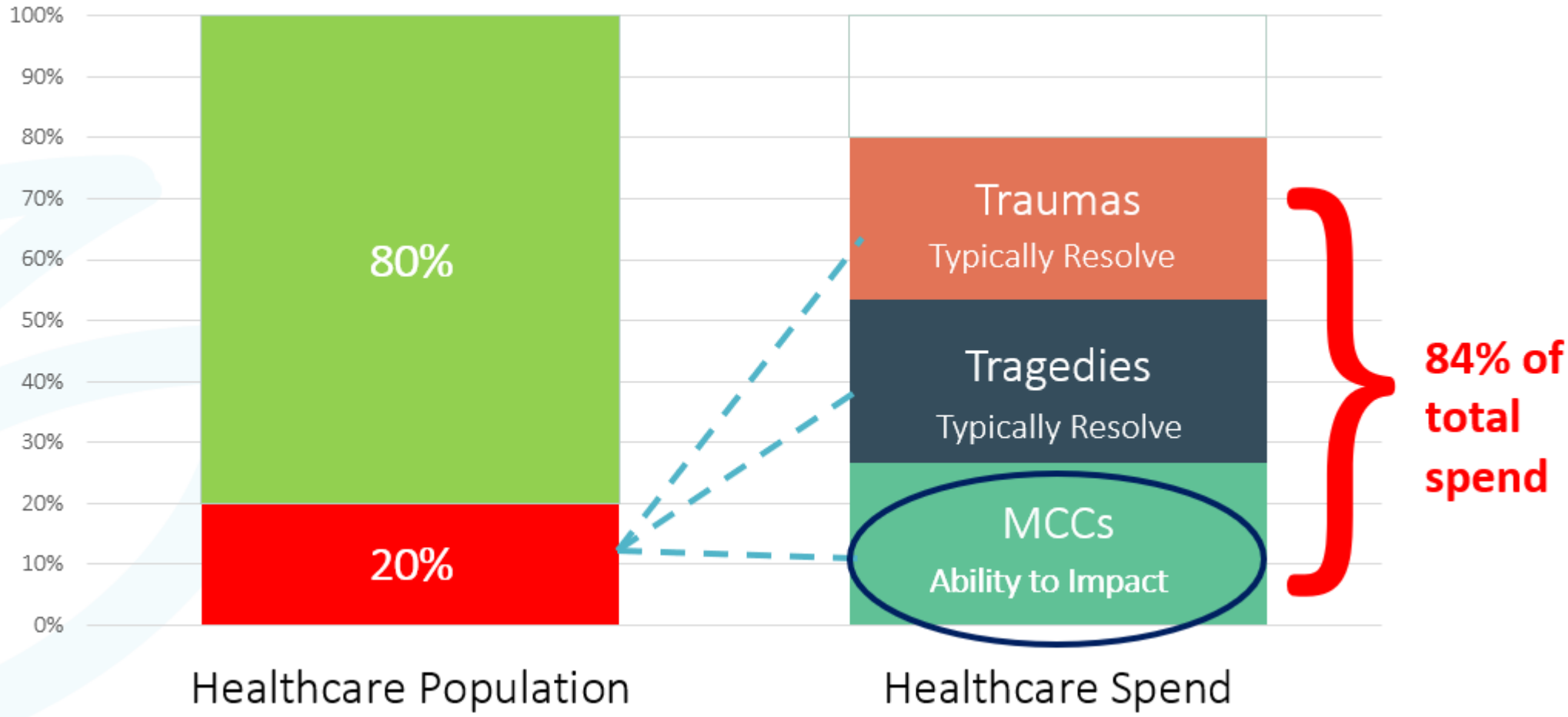
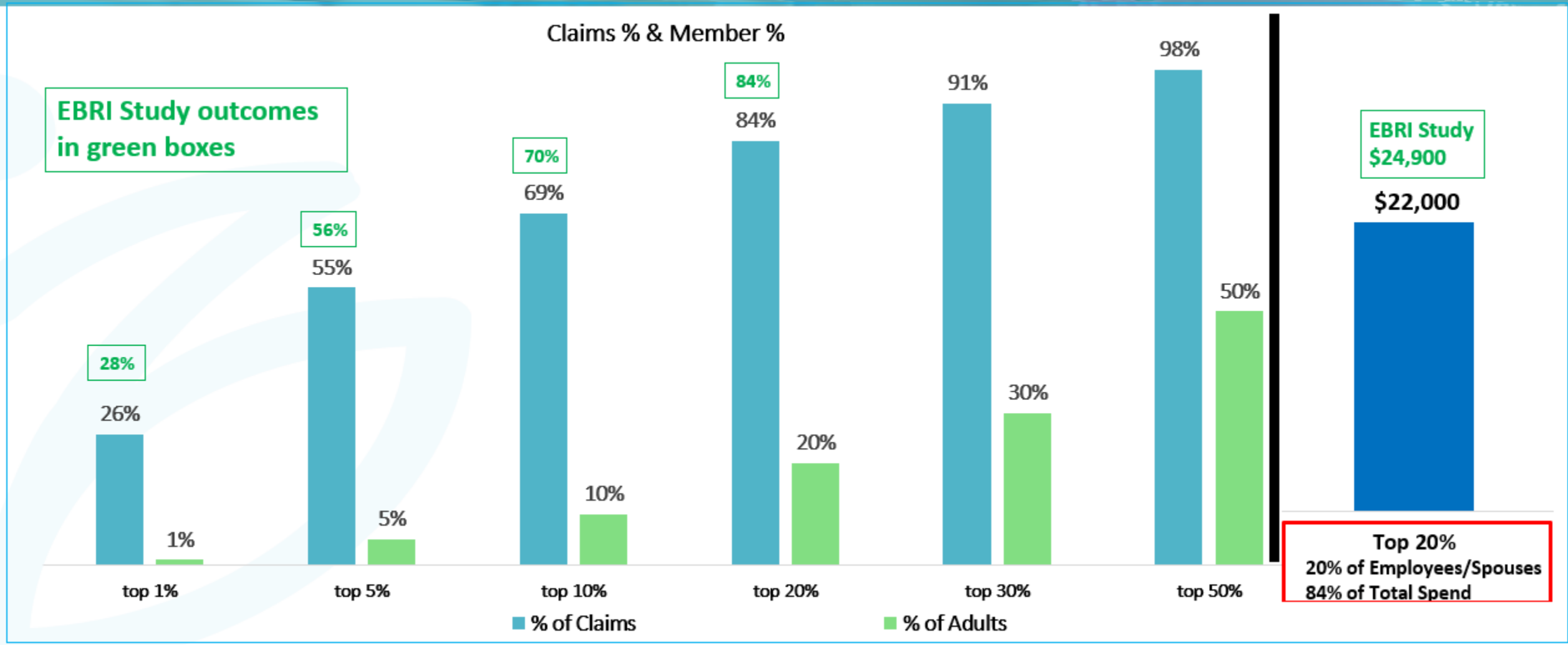
4. **Develop a program or integrate current resources to target this population**
   a) Integrate AHRQ MCC Model: Personalize, Fully Integrate Mental Health, Personalize, Personalize
   b) Measure change sustainability NOT change initiation
   c) Patience, Diligence, Accountability and Compassion must be integrated

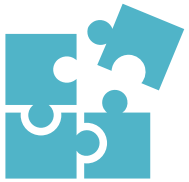
SAMPLE ORGANIZATION HIGH COST CLAIMANTS: 20% OF ADULTS ACCOUNT FOR 84% OF TOTAL SPEND



2016-2018 Pareto (Large Claim) Experience



Finding “Hidden” Value in Claims Data



3+-year time analysis creates strategic opportunities

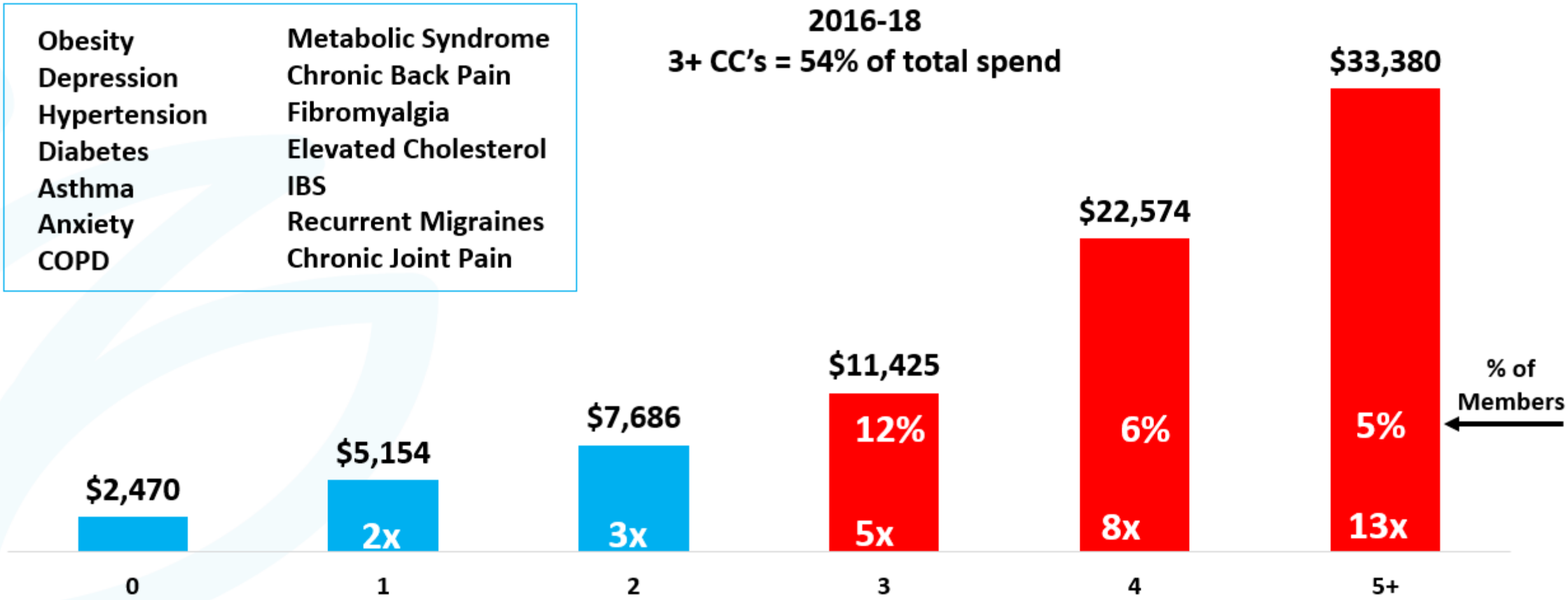
High Cost/High Risk Claimants are priority focus

Identifying areas of impact proactively is important

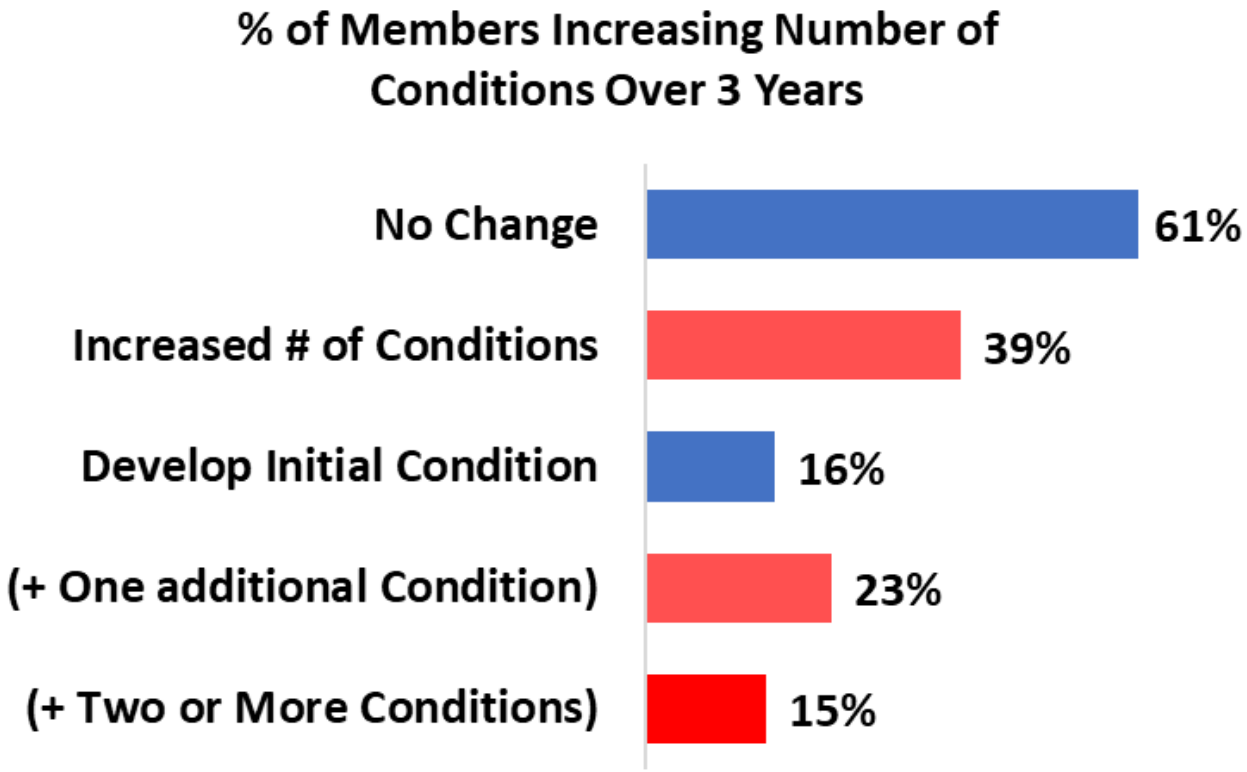
‘Reacting’ to large claims limits possibilities

AVERAGE ANNUAL COST PER MEMBER BY NUMBER OF CHRONIC CONDITIONS 2016-18

Obesity	Metabolic Syndrome
Depression	Chronic Back Pain
Hypertension	Fibromyalgia
Diabetes	Elevated Cholesterol
Asthma	IBS
Anxiety	Recurrent Migraines
COPD	Chronic Joint Pain



MCC INCREASE OVER 3 YEARS



Number of Conditions	Annual Average Cost per Member	% cost increase vs. 0 conditions
0	**$2,470**	n/a
1	**$5,154**	**105%**
2	**$7,686**	**202%**
3	**$11,425**	**364%**
4	**$22,574**	**684%**
5	**$33,380**	**1,211%**
Average Cost Increase per CC		**70%**

MCC POPULATION ATTRIBUTES

- Have longer tenure (not career mobile); typically 50% longer than average
- 75% have behavioral health conditions which amplify other conditions
- Not identified as a strategic target focus
- The medical system AND employer health improvement solutions are better suited to address single specific conditions, multiple conditions become very complex to address.
- The MCC population is one of the only components of the high cost/high risk group that can be ***proactively identified and addressed.***

TYPICAL INSPERA HEALTH MCC MEMBER

Obese

Hypertension

Degenerative Disc Disease

Defibrillator

8 Medications

Denial

Family Stress

Sedentary

Financial Stress

Depression

Hearing Loss

Elevated Cholesterol

Asthma

Chronic Pain

Job Stress

Drug Affordability

Poor Home Environment

Child Care Needs

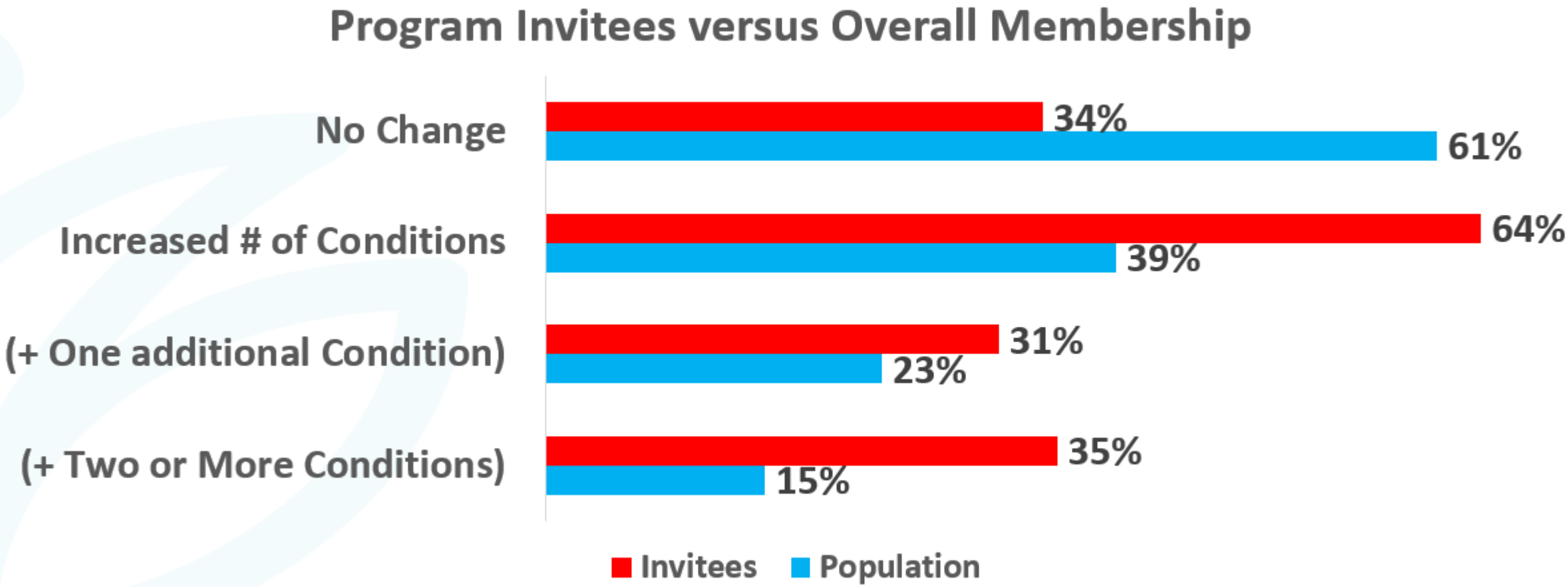
AHRQ MCC Research Network Findings:

Effective Management Attributes

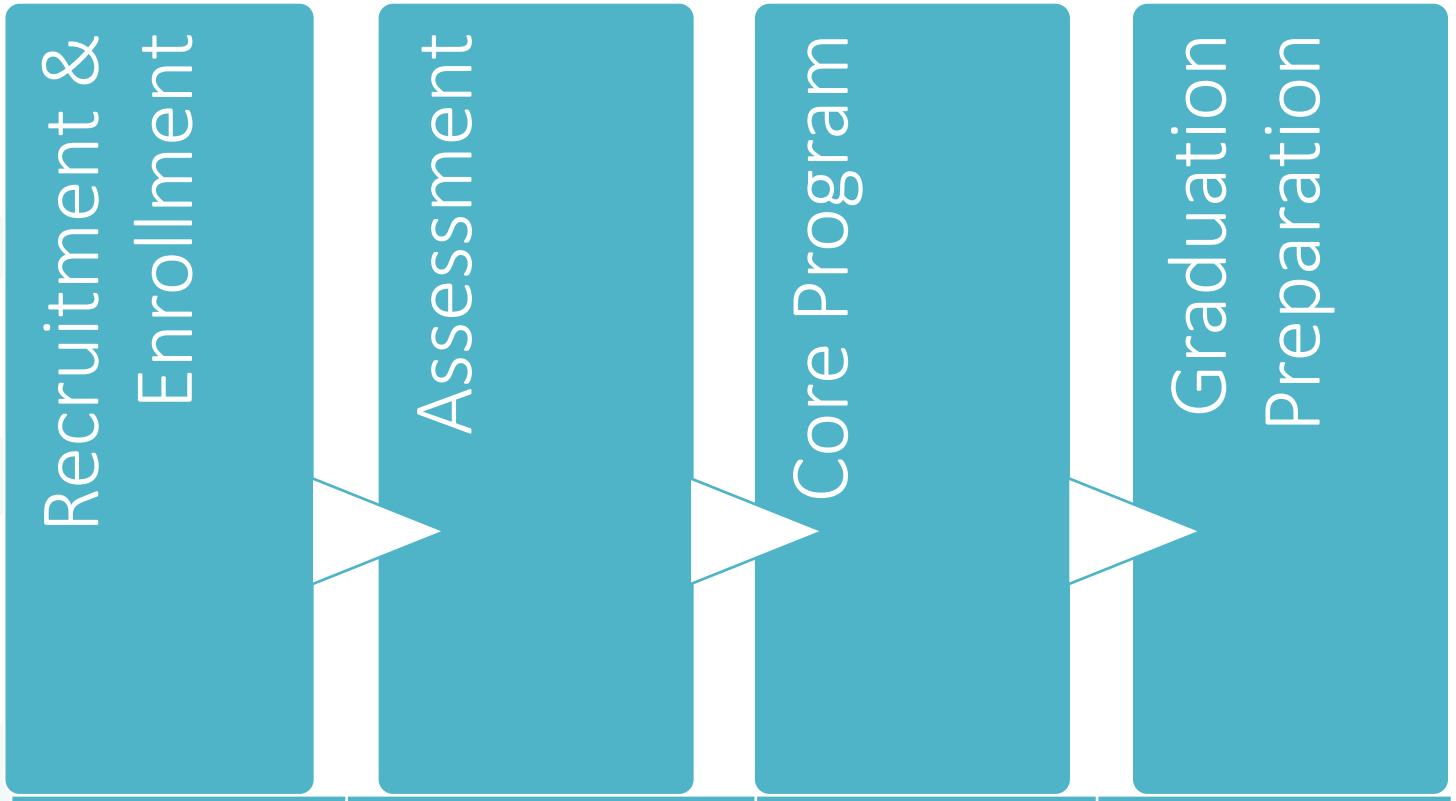
Short term, digital solutions will NOT produce sustainable outcomes for those with 5+ MCCs

1. People with MCC are more than just a collection of diseases
2. Patient preferences and values need to be assimilated
3. Consideration of the person in context of their relationships
4. Inclusion of mental health care as an integral part of health

Invitations MCC Increase: 2016 through 2018



INSPERA HEALTH PROGRAM OVERVIEW

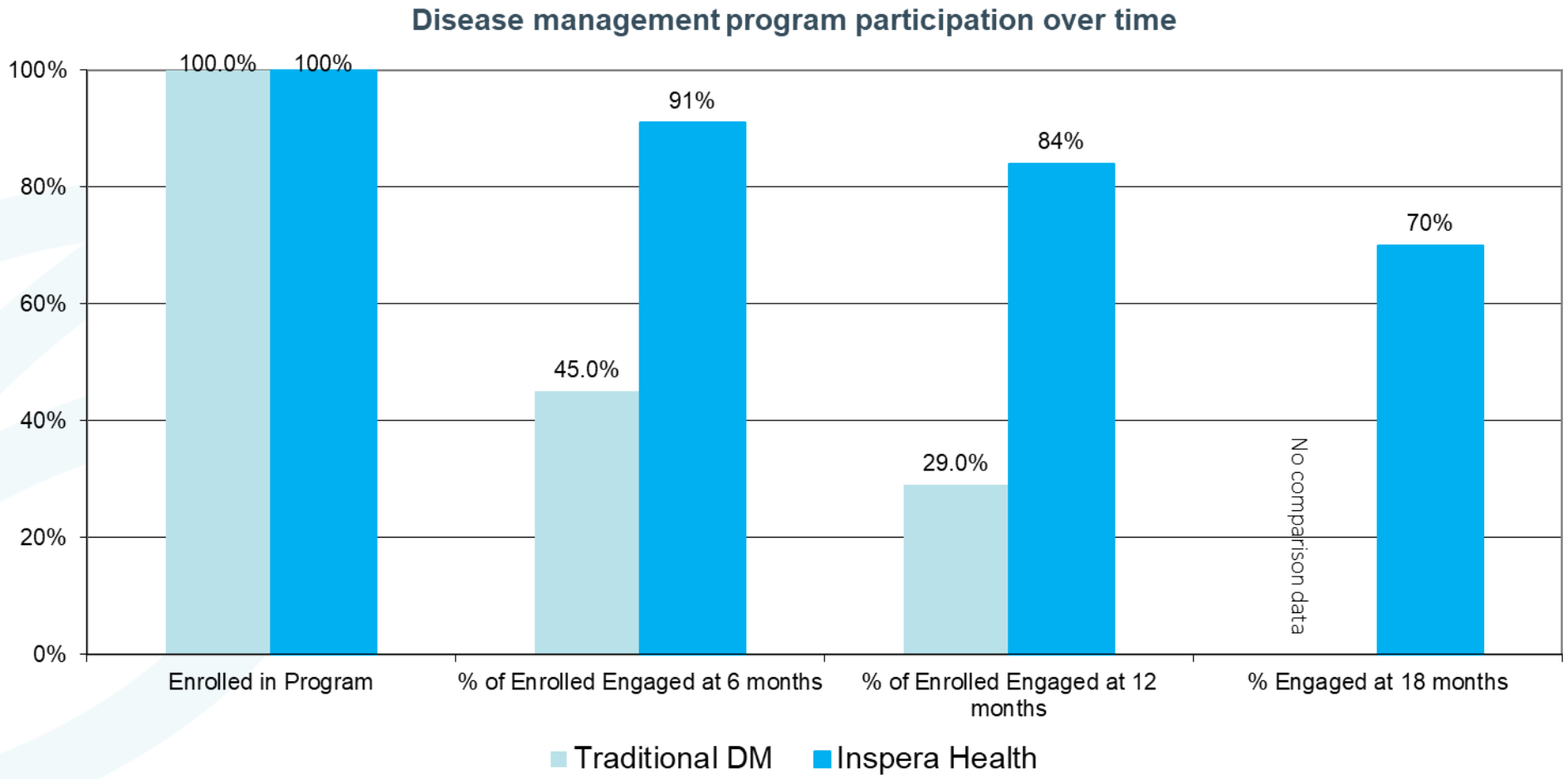


Enrollment	Plan Development	Core Program	Final Phase
Varies	0-80 days	12–18 months	2–4 months

PROGRAM SERVICES INCLUDE

Provider Type	Inspera Health Approach Includes:
Intake including Behavioral Health Assessment	5 – 7 hours
Health Improvement Coach Ongoing	18 – 24 hours
Behavioral Health	Up to 38 Sessions (co-pay support)
Biometric Testing	If not provided by employer or annual physical
Nutrition Counseling	18 Hours
Fitness Membership/Personal Trainer	12 Months/26 Hours
Financial Counseling	4 – 8 Hours
Massage Therapy	18 Hours
External (Licensed, Independent) resources for assessment & impact measurement	Pro-Change®, SF-36v2®, PAM®
One on One Health Improvement Support	**Range 50 – 125 hours; Average 72 hours**

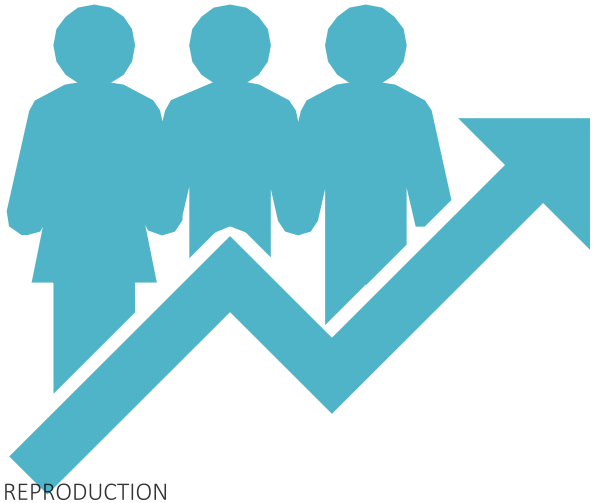
ENGAGEMENT & RETENTION



Lynch WD, et al. J Occup Environ Med. 2006.

Participant Outcomes

- Focus on baseline measures at elevated or high risk
- For each person this is different
- We collapse 10 different measures into an **MCC Health Impact Index Score** (MCC HII Score)
- MCC HII Score aggregates and combines all at risk measures into a single baseline score
- Impact is measured quarterly



MCC Impact Should be Systematically Measured

Area	High Risk (6-10 points)	Elevated Risk (1-5 points)	Data Source
Engagement	<80% engaged	<90% engaged	Confirmed 1 on 1 monthly session
Activity Minutes	Below 75/week	Below 150/week	Linked Activity Tracker
Sleep	Below 6 hours	Below 7 hours	Linked Wi-Fi Scale
Physical Health (PCS) Mental Health (MCS) SF36v2®	Score of < 40 (one standard deviation below US population norm)	Score of < 50 (norm for US population)	Externally Validated Instruments (taken quarterly)
Health Activation PAM® Score	Level 1 or 2 (disengaged)	Midpoint of Level 3 (moderately engaged)	
BMI	Above 40	Above 30	Biometrics collected with employer health fair or with follow up labs
Blood Pressure (Sys)	Over 130	Over 120	
LDL Cholesterol	Over 130	Over 100	
Blood Sugar (A1C/Glucose)	Over 8.1/225	Over 5.7/100	

MCC HEALTH IMPACT INDEX OUTCOMES SUMMARY BY MEASURE

MCC Health Impact Index Score						
	Baseline	3 Mos	6 Mos	9 Mos	12 Mos	Graduation
	30.7	**27.4**	**22.6**	**23.3**	**20.0**	**19.0**
BMI	3.1	3.0	2.8	2.7	2.7	2.6
Exercise	5.8	4.9	3.2	2.9	3.2	3.3
Blood Sugar	0.9	0.8	0.8	0.7	0.8	0.8
LDL	1.9	1.9	2.1	2.1	2.2	2.0
Mental Health	2.3	1.9	1.8	1.4	1.5	1.4
Health Engagement	1.9	1.6	1.2	1.3	0.9	1.1
Physical Health	3.2	2.7	2.2	2.1	1.7	1.8
Sleep	3.6	3.6	2.8	2.8	2.8	2.2
Blood Pressure	3.0	2.9	2.7	2.4	2.7	2.3
Engagement	5.0	4.0	3.0	2.0	1.5	1.5

MCC HEALTH IMPACT INDEX OUTCOMES OVERALL SUMMARY

	n	Baseline	3 Months	6 Months	9 Months	12 Months	Improvement @ 12 Mo	Graduation (15–24 Months)	Improvement @ Graduation
Cohort 1	154	30.7	27.4	22.6	23.3	20.0	34%	19.0	38%

We see 30+% improvement in health & 30+% reduction in claims costs

Targeting and transforming the health of members with 5+ lifelong chronic conditions is possible!

Data Review – MCC Population

1. **Large Claim Impact – 3-year aggregate look – active members only**
   a) Overall, by age, by employment tenure, by membership categories
2. **Categorize Chronic Conditions –to 5 diagnosis levels as lifestyle diagnosis often not coded primary**
   a) Chronic Condition Indicator (CCI) from HCUP – publicly available https://www.hcup-us.ahrq.gov/toolssoftware/chronic/chronic.jsp
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THE COST OF DOING NOTHING

500 Members	
Average Age	52
Average Tenure years	19
Years to Medicare	13
Attrition	5%
MCC Trend	4%
PV Discount	2%

Future Health Costs for Inspera Health Program Invitees

	# of 5+ MCC Members (10% enroll)	Average Claims /Member	Expected Health Claims	Include Indirect Health Costs*	Average Total Health Costs /Member
Current (2019)	50	$33,380	$1,669,000	$2,587,000	$51,739
2020	50	$34,035	$1,702,000	$2,638,000	$52,753
2021	48	$34,702	$1,648,000	$2,555,000	$53,788
2022	45	$35,382	$1,597,000	$2,475,000	$54,843
2023	43	$36,076	$1,547,000	$2,397,000	$55,918
4 Year Totals			$6,493,000	$10,064,000	

*For every dollar spent in health claims cost for people with chronic conditions there is another $0.55 of indirect spend.
Source: Hoffman, Catherine et al. Persons With Chronic Conditions: Their Prevalence and Costs. JAMA. Nov 13, 1996.

Closing Question

Will a typical one-size-fits-all approach to health plan design sustainably improve the health of members with 5 or more lifelong chronic conditions ?

Thank you

For more information on the Inspera Health Program please contact:

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inspera health

PARTICIPANT EXAMPLE RECENT GRADUATE

Overview

Diabetes & Obesity
- No understanding of diabetes
- A1C 8.3

Chronic Stress
- Marital
- Parental
- Education

GI Issues
- GERD
- IBS

7 Rx

Intrinsic Motivation:

Lose weight and improve diabetes so I can be there and play with my two young children

Program Overview

- Health education
- Behavioral Counseling
- Personal Training
- Nutrition Counseling
- 22 months ending 12/2018

All services included as part of program costs. For mental health counseling we cover co-payments

Impact

- Fully engaged in diabetic care:
  - Est. w/endocrinologist
  - Checking BS 2-3x daily; avg 100
  - **Expressed confidence in ability to maintain diabetic care ongoing**
- Chronic Stress
  - Divorced, moved to new home
  - Began school to improve career options
  - **Maintaining counseling for self & children; diet & exercise for self through stress of divorce & move**
- Metrics
  - **A1C** 8.3 **reduced 20%** to 6.7
  - **31-pound weight loss** (193 to 162) BMI 34.2 to 28.7
  - **Sleep improved 60%;** 5 hours to 8 hours
  - Health Engagement 27% better, (PAM 62 to 79, level 3 to 4)

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PARTICIPANT EXAMPLE
MORE IMMEDIATE IMPACT (SPOUSE)

Overview

Diabetes /Hypertension /Hyperlipidemia

Sleep

previously evaluated for Obstructive Sleep Apnea, disclosed had sleep issues

Sedentary

Chronic Pain

9 Rx

Struggling to make it through day due to lack of restorative sleep. His PCP told him no change = death.

Intrinsic Motivation:

Do more things with my grandkids, grow old with my wife, play baseball again.

Program Overview

- See PCP for sleep – Reinforced use of CPAP
- Nutrition counseling
- Personal Training
- **9 months still active**

"I needed to buy a new belt"

All services included as part of program costs. For mental health counseling we cover co-payments

Impact to Date

- Diuretic, Statin & Glipizide doses halved by PCP
- **Daily joint pain gone**
- **Cut out all junk food, fast food & sugary drinks**
- Metrics:
  - Now getting 7-8 hours of restful sleep
  - 15 lb. weight loss (295 to 280)
  - Blood sugars from 230s to 125
  - Activity 0 to 300 min/week
  - Health Engagement improved 20% (PAM 50 to 60; level 2 to level 3)

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PARTICIPANT EXAMPLE
MORE IMMEDIATE IMPACT

Overview

Nausea & vomiting since surgery 1 yr ago, Zofran 2x/wk

Persistent fluid in pelvic cavity

Chronic Pain (10-point scale)

Arthritis, hip (6) daily

Bilateral hand and finger (4) daily

Back (4) constant

Diabetes

Blood sugars in 140s

8 Rx

Intrinsic Motivation:

I want to be pain free so I can play with my granddaughter and walk a 5k again.

Program Overview

- Personal Training
- Massage
- Nutrition Counseling
- **10 months still active**

All services included as part of program costs. For mental health counseling we cover co-payments

Impact to Date

- Nausea gone
  - Fluid in peritoneal cavity gone
- Chronic Pain
  - Daily joint pain gone
  - **"I never realized how much the chronic pain negatively impacted my mood."**
- Diabetes
  - Working with MD to decrease insulin
- Metrics
  - **19 lb. weight loss** (241 to 222)
  - Blood sugars from 140 to 65-95
  - Health Engagement improved 17% (PAM 72 to 84; level 3 to level 4)
  - **Physical Wellbeing improved 50%** (SF36 from 36 to 55)
  - **Activity – 0 to 450 min/week**

Example:

Measuring Mental Health Outcomes

SF36v2: 36 questions on overall well-being

2 composite scores: Physical & Mental Health

Mental Health Composite has 4 primary sub-scales:

- Vitality (level of energy)
- Social Functioning (impact of mental health on social life)
- Role Emotional (impact of mental health on work performance)
- Mental Health (questions on mood)

Scoring – 50 = US adult non-institutionalized population average

Every 10 points in either direction is a standard deviation

a 5-point change on an individual level is significant;

a 3-point change on a group level is signification

<u>Inspera Health Program Participants:</u>

15% have MCS score of <40	High Risk
30% have MCS score of 40 – 50	Elevated Risk
55% have MCS score of 50+	Lower risk

Example:

Mental Health Impact

SF 36v2® Mental Composite Score (MCS) Change

Inspera Health Program participants at graduation

	Baseline Avg.	Graduation Avg.	Change
High Risk	**31.5**	**46.2**	**+47%**
14-point change is transformational			
Note: baseline below 34 is diagnosable clinical depression			
Elevated Risk	**44.8**	**50.2**	**+10%**
5.4-point change in a group is significant			
Lower Risk	**56.7**	**55.7**	**(2%)**
1.0-point change in a group is insignificant			
Overall	**49.6**	**52.7**	**+6%**
3.0-point change in a group is significant			

Overall population average masks meaningful analysis;

Inspera Health impact is reported on those individuals in the high risk & elevated risk cohorts

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INSPERA HEALTH IMPACT

5 Year Client Case Study Outcomes

Over **85%** of participants report **improved health**.[1]

71% lose weight at 6, 12, 18 months. Average loss 4%[2]

90% increase physical activity at 6, 12, 18 months. Average increase 600%[3]

2.5x Return on Investment [4,5]

[1] **Externally Validated Instruments**

[2] **Health Impact: Biometrics**

[3] **Health Impact: Behaviors**

[4] **Financial Impact**

MCC HEALTH IMPACT INDEX SCORING

Category	 Engagement	 Health Impact: Biometrics	 Health Impact: Behaviors	 Externally Validated Instruments
Total Points	**5 points**	**40 points** (10 pts each)	**20 points** (10 pts each)	**30 points** (10 pts each)
Measures:	Engagement in Program	BMI Blood Sugar (A1C or Glucose) Blood Pressure Cholesterol	Activity Minutes Sleep	Health Activation (PAM) Physical Well-Being (SF36) Mental Well-Being (SF36)

Scoring the MCC Health Improvement Index:

- All measures are scored 1-10 except engagement which is 1-5
- Baseline established at intake
- Scoring for each measure: High risk between 6 &10; Elevated risk between 1 & 5; Normal risk = 0
- Lower score is healthier; reduction is score shows health improvement

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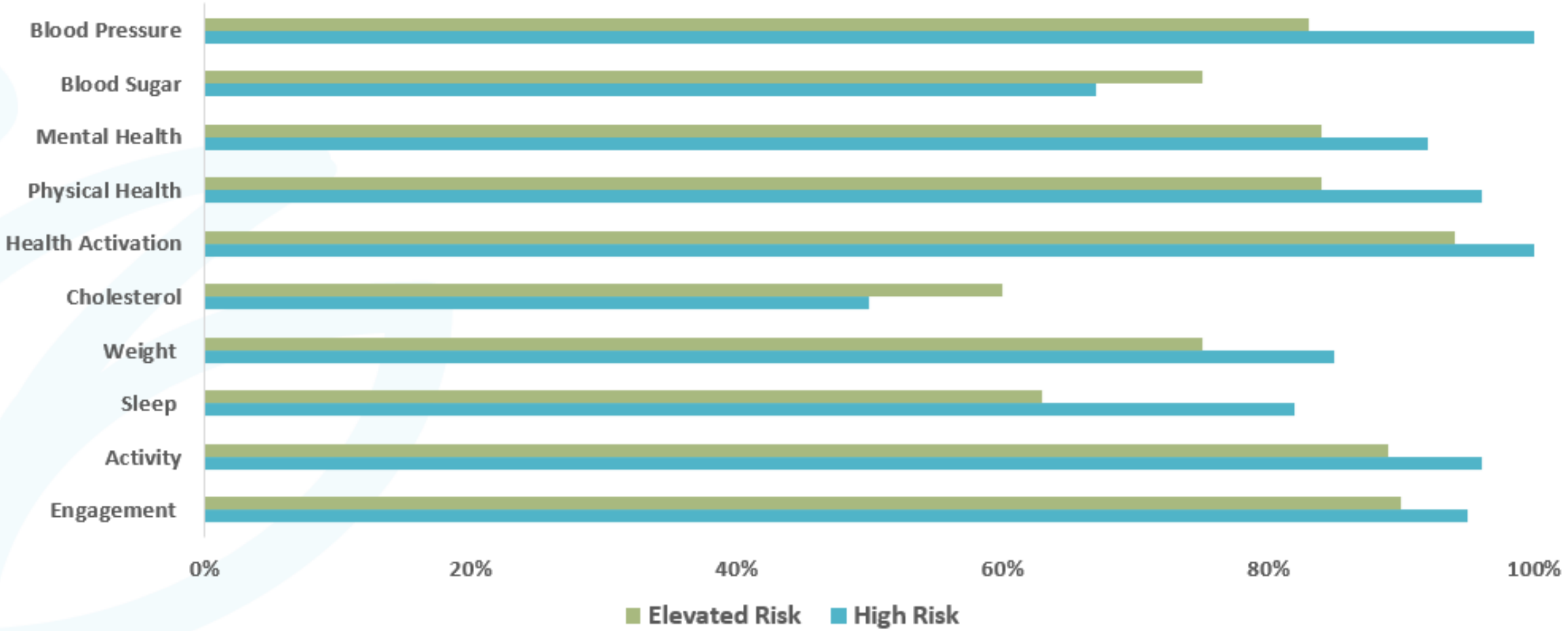
MCC HEALTH IMPACT INDEX OUTCOMES DETAILS BY PARTICIPANT

						MCC Health Improvement Index (MCC HII)										
Unique ID	Timing	Enrollment Date	Graduation Date	Early Exit Date	Early Exit Reason	**MCC HII Score**	Engagement	A1c or Glucose	Blood Pressure	BMI	LDL Choles	Activity Minutes	Sleep Hours	PAM Score	SF36 MCS Score	SF36 PCS Score
10000872	Baseline	7/11/2017	9/21/18			**45**	5	1	8	0	1	7	10	8	0	5
10000872	Latest	7/11/2017	9/21/18			**28**	1	1	0	0	3	3	9	8	0	3
10000874	Baseline	8/17/2017	8/27/19			**41**	5	7	4	2	2	10	6	0	0	5
10000874	Latest	8/17/2017	8/27/19			**19**	0	3	0	2	2	3	6	0	0	3
10000920	Baseline	4/6/2017	3/20/19			**30**	5	1	6	8	0	10	0	0	0	0
10000920	Latest	4/6/2017	3/20/19			**22**	0	0	5	7	0	10	0	0	0	0
10000921	Baseline	4/13/2017	3/13/19			**38**	5	3	5	10	0	10	0	0	0	5
10000921	Latest	4/13/2017	3/13/19			**32**	1	5	6	10	0	5	0	0	0	5

% of Participants Showing Improvement at Graduation

(15 – 24 months)



Q&A

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Sponsor our events and webinars

Sign up for EBRInsights

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Save the Date for EBRI's next Policy Forum on Wednesday, May 13, 2020

Our next webinar, "Cost Differences for Oncology Medicines Based on Site of Treatment", will be on Tuesday, February 26th. Reserve your spot today at ebri.org!