BESTHealth
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Building healthier populations,
one person at a time.

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The BestHealth by Baptist team can improve population outcomes for your employees and their families leading to real cost savings for self-funded health plans.

Wellbeing programs are great motivators for some employees, but for those who need the most support, they may not be enough.

Studies show employee wellness programs routinely fail to generate real cost savings for organizations. Baptist Memorial Health Care sees wellbeing as a component of a broad, evidence-based intervention and holistic health approach. As a result, we generate tangible outcomes: sustained lifestyle and behavior changes, improved health outcomes, meaningful engagement in personal health management, and greater savings in health care costs.

For additional information:
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PROFILE

Nationally recognized, multi-state health system

Fully integrated with multispecialty physician group (500+ providers)

19,500 + employees

28,000 + members in the self-insured health plan

About us

Baptist offers evaluation and planning for population health solutions. We customize wellbeing services and innovative, participant-centered care models for employers, communities, and health systems. Using multiple data sources such as claims data, health risk assessments, and on-site biometric screenings, we assess needs to help clients understand the current drivers impacting their self-insured population.

We work with health care leaders and employers to develop approaches tailored to the needs of populations, identifying high-risk areas, assessing cultural readiness, and delivering results. Our global approach to analytics and evaluation develops population-specific interventions, tailored to each individual, designed to maximize health impact and cost savings.

Our efforts in action!

In 2017, Baptist established a 3-year initiative to transform the health and wellbeing of our employee population. We leveraged claims and clinical data analytics to align people, processes, and technology.

Through 2020, we have:

- Increased engagement with employees
- Managed costs within the self-funded plan
- Created a brand to provide direct to employer services
- Improved health outcomes in the employee population

And, different from the trends experienced by many of our peers, since 2016 we have:

- Avoided over $89 million in medical and pharmacy costs,
- Experienced employee PMPM costs nearly $150 per month less than other healthcare provider plans measured, and
- Witnessed the cost of predicted chronic disease cases fall by over $3 million among employees who participated in screenings.

Year One Successes

Launched a program and built a team

Refined processes and workflows

Implemented technology to support analytics and intervention

Increased participation by over 400%

Reduced future chronic disease cost by $2.8 million

Outperformed peer healthcare provider health plans by $47.6 million

How we do it: A strong foundation

We began with a 6-week, focused current state assessment of in-flight initiatives and organizational investments in population analytics (including tools, reporting, and staffing); care management staffing, documentation, and processes; and wellbeing, which was being provided by a third-party vendor. The assessment yielded an evaluation of options, including financial modeling and recommendations on moving forward with an in-sourced model that would be a key component of the organization's strategic goal to redefine primary care.

Using the initial assessment as roadmap, Baptist embarked on a 22-week implementation period to launch a branded, comprehensive population health management initiative.

This included establishing claims and clinical data feeds into analytics, engagements and documentation technologies, building a team of health coaches with diverse backgrounds in nutrition, physical activity and behavior change interventions, and creating and filling a wellbeing director role within the health system. Importantly, the partnership also invested time into developing workflows and documentation processes that would support the smooth risk stratification, identification and management of individuals as well as back-end data warehousing, analytics and reporting to track costs and outcomes and drive continuous improvement.

An engagement-based incentives model rewards individuals for either meeting a specific health outcome, such as a blood pressure less than 120/80 mmHg or a BMI less than 25, or for engaging in the types of activities that have been shown to drive behavior change and improved health outcomes, such as health coaching or care management.

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Population Health is our focus!

We identify health opportunities, work within the culture of the organization and prioritize needs.

With the knowledge gathered, we develop and implement high-touch, data-driven interventions, tailored to the individuals within the population and deliver services at the appropriate license level.

Finally, we measure and evaluate the impact, engaging with and improving the health behaviors of individuals to drive real outcomes and meaningful cost savings.

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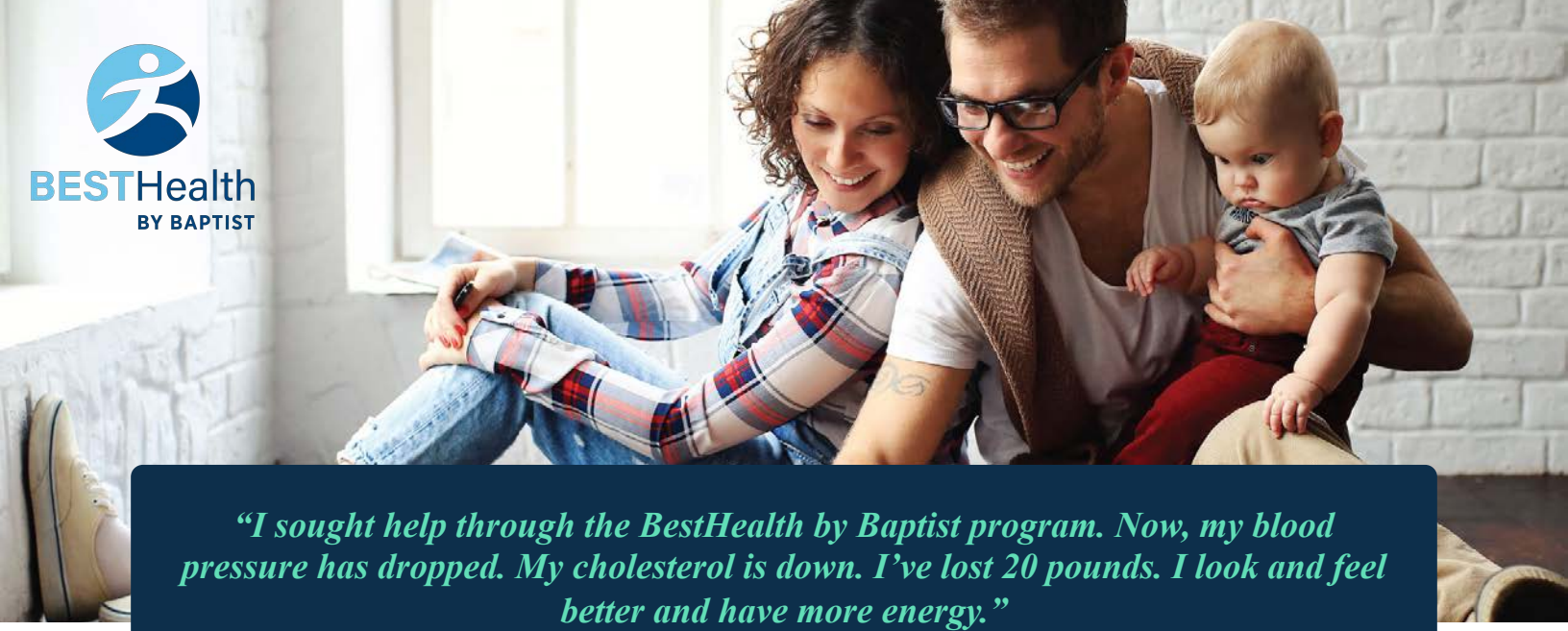

"I sought help through the BestHealth by Baptist program. Now, my blood pressure has dropped. My cholesterol is down. I've lost 20 pounds. I look and feel better and have more energy."

- Judy, Customer Service Representative

During the first year, we launched the wellbeing engagement mobile app and web portal with integrated tools for collecting health risk assessments, managing incentives, delivering screening results, supporting coaching and other wellbeing programming. The BestHealth team also launched point-of-care, in-person biometric screenings for employees and spouses enrolled on the health system sponsored health plan.

We used the carrot and stick approach to encourage screening: avoiding a tobacco surcharge required a negative nicotine test during an individual's screening (or completion of an approved cessation course) and individuals earned incentive payouts for screening. Backed by this model, employee participation in screening rocketed from 15% with the outsourced program to 69% in the in-sourced program's first year. Combining the health risk assessment and biometric screening data with claims and clinical data gave us a solid baseline of its health plan population as well as predicted the new and emerging instances of chronic disease and their associated costs expected within the next five years. These findings allowed Baptist to clearly identify opportunities for intervention.

The largest emerging risk of new costs to the plan were forecasted new cases of diabetes, driven primarily by issues with weight management. While the BestHealth team pursued several targeted interventions, the primary aim for the first year was implementing a group weight management program in which 87% of the 717 participants successfully reduced their weight.

"I decided I wanted to be healthy for my family as well as myself..."

-Brenda, Housekeeping

Among the 7,549 individuals who participated in years 1 and 2 of the program, the BestHealth team was able to prevent the onset of approximately 79 cases of chronic disease decreasing the cost exposure from predicted new cases of chronic disease by $2.8 million.

Year 2: Let the data drive improvement

The initiative's second year built upon the success of the first year by focusing on increasing engagement, shifting the focus of care management, and adjusting incentives and interventions based on insights from analytics. Baptist adjusted its incentive model for the second year: it no longer incentivized biometric screenings but required participants to screen to unlock the remaining incentives and increased the reward for having a healthy BMI. Participants also had the option of successfully completing the weight management program.

Because our HR department had firmly administered the tobacco surcharge in Year 1, it remained a powerful motivator for members to complete a screening with a negative nicotine test or complete a tobacco cessation program. Employees were able to earn any of the outcomes-based incentives (BMI, blood pressure, and blood glucose) that they did not earn through screening by meaningfully engaging in and completing the group weight management program or meeting their individual goals with a health coach or care manager.

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Biometric screening participation increased

87%

Our BestHealth team built trust in the program by adding a familiar face for a more personalized experience and by aligning programming to meet employee needs. The team launched a monthly newsletter that included pictures, recipes, and contributions from health coaches and employees that averaged over 8,000 employee interactions with each edition.

Our wellbeing leaders also introduced a teaching kitchen program and highlighted employee testimonials in organization-wide communications. Notably, high-level executives participated in the weight management classes and with the assistance of the marketing department, shared their experiences with others.

Year 2 Highlights

- **87%** of reward-eligible individuals screened
- Adjusted incentives to address largest risk factors
- Shifted from disease management to holistic personal health management for high-risk individuals
- Outperformed peer healthcare provider health plans by **$44.7 million**
- Designed a diabetes value-based program

"I love seeing weight loss on the scale and I'm getting stronger every day at the gym which is exciting. I recently went for a checkup and all my labs were normal!"

-Cara, Nurse Manager

While the BestHealth team increased engagement in large-scale programs designed to mitigate emerging risks, we began to increase our focus on care management for nearly 9% of the employee health plan population that was classified as high-risk. This involved a significant shift in perspective for the nursing team to move from a disease management program to holistic personal health management.

The team began to work with individuals who previously would not have met their disease-state specific criteria and engaged with individuals across the spectrum of their health needs rather than managing a specific chronic condition. This shift also revealed opportunities for integration with other health system resources that took shape the following year.

With new cases of diabetes being the greatest driver of emerging cost, Baptist began to design and launch communications about a diabetes value-based program that would be part of the following year's health plan benefit design. The program would cover all out-of-pocket expenses on prescribed diabetes medications and testing supplies for individuals with any type of diabetes, pre-diabetes, or insulin resistance provided they met and maintained the program requirements.

Individuals would need to complete a biometric screening, meet with a health coach or care manager at least once a quarter and depending on a participant's BMI, HbA1C and input from their primary care provider, fulfill other requirements like weight management programs and annual foot and eye exams.

"I want to go into my retirement years without health issues. The BestHealth team has helped me exceed my weight loss goals and get my numbers in line."

-Gregg, Biomedical Technician

Year 3: Turn obstacles into opportunities

With the foundation solidified in the second year, the initiative was able to make several significant leaps in Year 3, notwithstanding the abrupt disruptions of COVID-19. Along with launching the diabetes value-based program, the BestHealth team shifted the biometric screening process from in-person screenings to screening during an appointment with a primary care provider.

As a result, care managers saw an increase in engagement and connected with other organizational resources like pharmacy. Our efforts in responding quickly to the confusion of COVID-19, helped leverage analytics for targeted outreach to high-risk individuals.

While COVID-19 threw a curveball to the team, it also presented an opportunity to fill a gap for our employees. Using the latest CDC information, we identified individuals uniquely at high-risk for complications should they contract COVID-19 and broke these lists down for health coaches and care managers to reach out to. The team checked in on these individuals, supported them with prevention and testing information, and made sure they had easy access to their regular medications. Of individuals who tested positive, those who responded to outreach and education had half the costs and ED visits compared to those who did not.

Interventions targeting the 9% of the high-risk, high-cost members on the plan drove $2.2 million in annual health plan savings.

Managing high-risk, high-cost plan members (9% of plan)		
	Managed	Unmanaged
PMPM costs	$3,424.89	$4,082.18
ED visits per 1,000	1.83	4.14
Inpatient admits per 1,000	18.54	31.96
Average length of stay (days)	3.04	4.52

Year 3 Highlights

- COVID-19 outreach cut costs and ED visits in half for those engaged
- New intervention for high-cost pharmacy implemented
- Shifted screenings to full primary care model
- Saved $2.2 million by managing 276 high-risk plan members

A Long-standing Organizational Goal

COVID-19 also provided an accelerant to a long-standing organizational goal: it tightly linked primary care and population health management. Instead of mass screening events, the team shifted to biometric screenings entirely through primary care clinics. Participants made appointments with their provider where their results were documented in a custom-built visit in the electronic medical record and automatically integrated across technologies that supported the team.

This workflow drove a threefold increase in compliance with annual wellness visits. Without having to support in-person screening, the team launched additional services to respond to the challenges of COVID-19. We increased behavioral health support, provided links to the employee assistance program, and produced individualized physical activity plans by using certified personal trainers on the team.

The nurse care management team also integrated additional organizational resources into the care coordination process. A pharmacy review program was initiated for high-cost pharmacy plan members where care managers partnered with pharmacy residents to change medications to generics and fill at in-network pharmacies.

> *"My cousin died of a massive heart attack. That was my lightbulb moment… The Baptist program's financial incentive was also a motivator. But mainly I wanted to be around for my two children, and to be a supportive husband."*
>
> *-Dave*
> *Technology Manager*

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Having the support of others in my class made such a difference. I reached my goals and set new ones!

-Netasha,
Social worker

With a unified effort, Baptist successfully launched the diabetes value-based program.

The BestHealth team:

- Intakes interested participants,
- Reviews the requirements, and
- Assigns the member to a health coach or care manager based on acuity

Coordination between the care management team, claims data analytics, and the PBM help ensure enrolled members promptly receive the zero-dollar copay benefit on their medications and testing supplies.

To encourage enrollment, the team called each of the 1,792 high and moderate risk diabetics on the health plan and worked with interested individuals to enroll them.

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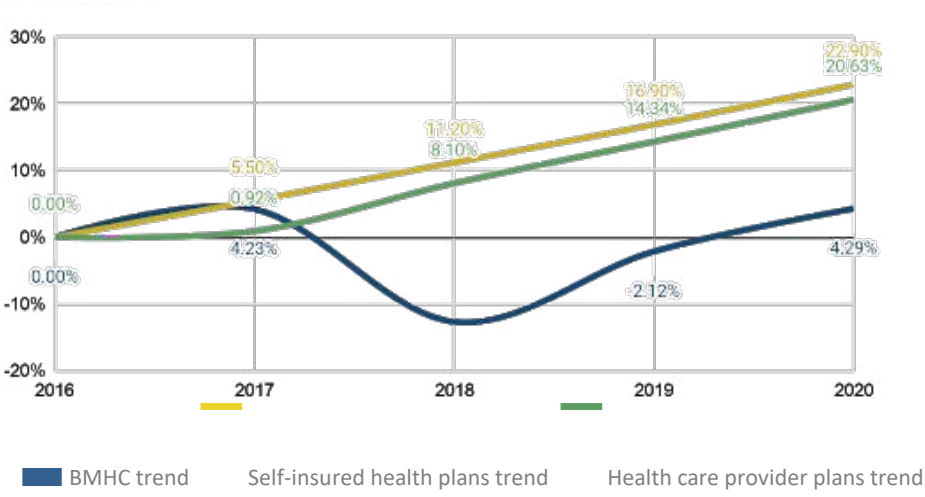
Impact On The Bottom Line

Health care costs for self-insured plans have risen nearly 23% since 2016 while costs for this partner have risen only 4.3% in total. Deviating from its previous cost trajectory, we avoided an estimated $89 million in health plan expenses since 2016.

Growth in medical and pharmacy claims cost (PMPM) trend since 2016



Considering that health care workers are an unhealthier group than the general population, when indexing medical and pharmacy costs to over 400,000 members of health care provider self-insured health plans, our member's cost was $142 less per month in 2019. This differential is even larger than the savings between our performance and that of all self-insured health plans.

Contact us

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