

# Update on UnitedHealthcare (UHC) Activity and Health Management Programs for City members *(Preliminary 2012 Data)*

City of Milwaukee  
Finance and Personnel Committee  
March 14, 2013

Michael Brady, Employee Benefits  
Susan Bridges, Strategic Account Executive UHC  
Dr. Bruce Weiss, Regional Medical Director UHC



# Agenda

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- UHC Well Deserved Award
- UHC and Well City Milwaukee
- Preliminary Medical Utilization Data for Actives and Early Retirees
- Preliminary Clinical Program Activity for Actives and Early Retirees
  - Core Programs
- UHC “NOT ME” Diabetes Prevention Program



# UHC Well Deserved Award

- The City of Milwaukee is one of seven employers nationally to receive UHC “Well Deserved” Award for outstanding participation in a comprehensive three step wellness program
- The award recognizes ongoing efforts of City employees
  - Reduction in tobacco use
  - Improvements in blood pressure
  - Employee engagement
- The award recognizes the City’s reduced health care costs as well



# UHC and Well City

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- UHC has taken leadership role with Well City Milwaukee
- UHC is sponsoring the Well City CEO Forum
- UHC is sponsoring wellness case studies of five Milwaukee employers including the City of Milwaukee
  - Case studies are employers that have been leaders in measuring improvement through worksite wellness



# Preliminary Medical Utilization and Spend Data for Actives and Early Retirees



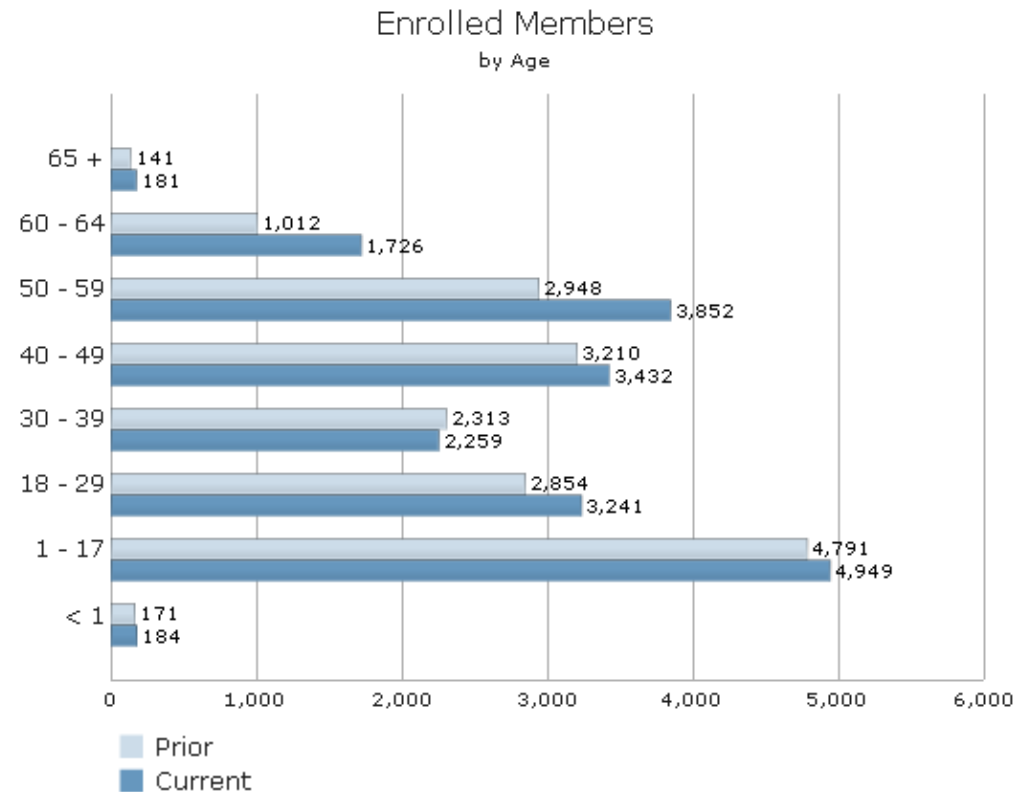
- Source: HMA Non-Medicare Membership January thru December 2012, Excludes MHSA

# Demographics

## Membership Statistics

Current	Prior	Metric	Change
			Variance
<b>7,856</b>		<b>Enrolled Employees</b>	<b>17.3%</b>
6,699			
<b>19,827</b>		<b>Enrolled Members</b>	<b>13.7%</b>
17,443			
<b>2.52</b>		<b>Average Family Size</b>	<b>-3.1%</b>
2.60			17.2%
<b>34.4</b>		<b>Average Member Age</b>	<b>6.2%</b>
32.4			
<b>47.8</b>		<b>Average Employee Age</b>	<b>3.7%</b>
46.1			3.0%
<b>27.1%</b>		<b>% Female Employees</b>	<b>-1.3pts</b>
28.4%			-25.2pts
<b>48.2%</b>		<b>% Female Members</b>	<b>-0.2pts</b>
48.4%			-4.4pts
<b>1.096</b>		<b>Age/Gender Factor</b>	<b>7.8%</b>
1.017			
<b>1.536</b>		<b>Claim Risk Score</b>	<b>11.6%</b>
1.376			
<b>902.1</b>		<b>Claimants per 1,000</b>	<b>-1.8%</b>
918.2			-6.9%

## Membership by Age Band



### Observations:

- Increase in enrolled members across all age bands except the 30-39 group
- Average age has increased by 6%
- Claims risk score has increased by 11.6%



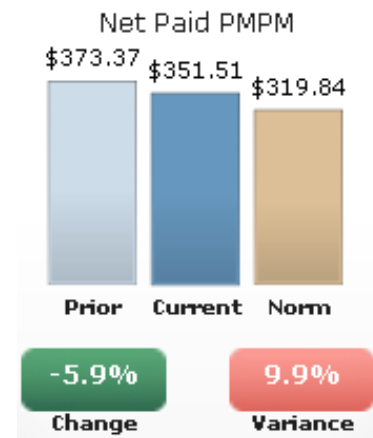
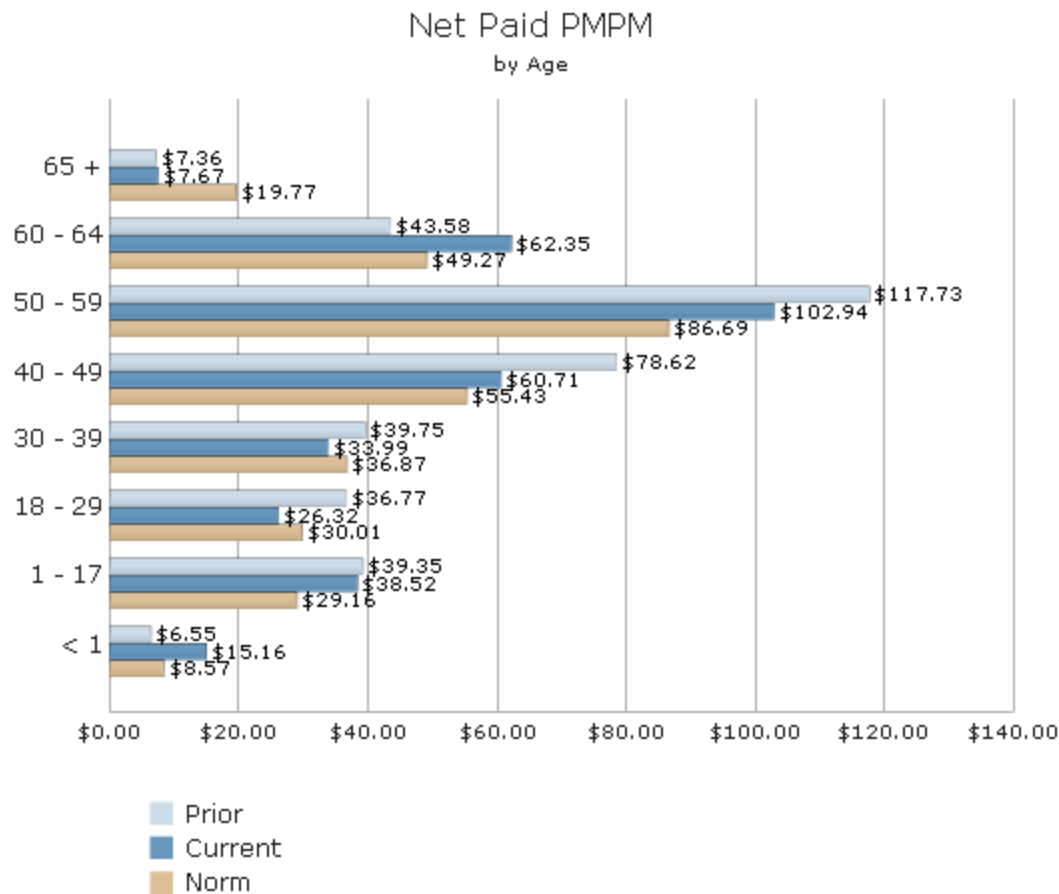
# Cost and Utilization Summary

MEASURE	PRIOR PERIOD	CURRENT PERIOD	% CHANGE +/-
<b>Average Enrolled Membership</b>	17,443	19,827	+13.7%
<b>Total Net Paid PMPM</b>	\$373.37	\$351.51	-5.9%
<b>High Cost Claimants (\$50,000+)</b>	189	231	+22.2%
▪High Cost Claimants per 1,000	10.8	11.7	+8.3%
▪Average Paid per High Cost Claimant	\$106,745	\$119,069	+11.5%
▪Percent of Total Payments	25.8%	32.9%	+7.1pts
<b>Inpatient [excludes MHSA]</b>			
▪Admissions per 1,000	54.7	49.4	-9.7%
▪Inpatient Days per 1,000	254.4	233.8	-8.1%
▪Inpatient Average Length of Stay	4.7	4.7	0%
<b>Emergency Room</b>			
▪Emergency Room Visits per 1,000	217	197.9	-8.8%
<b>Claim Experience</b>			
▪Claimants per 1,000	918.2	902.1	-1.8%



# Medical Utilization by Age Group

## What age band drives spend?



### Observations:

- 50-59 is the highest age range of spend and higher than norm
- 60-64 age band shows an increase from prior period and is higher than the norm
- Norm is Public Sector accounts

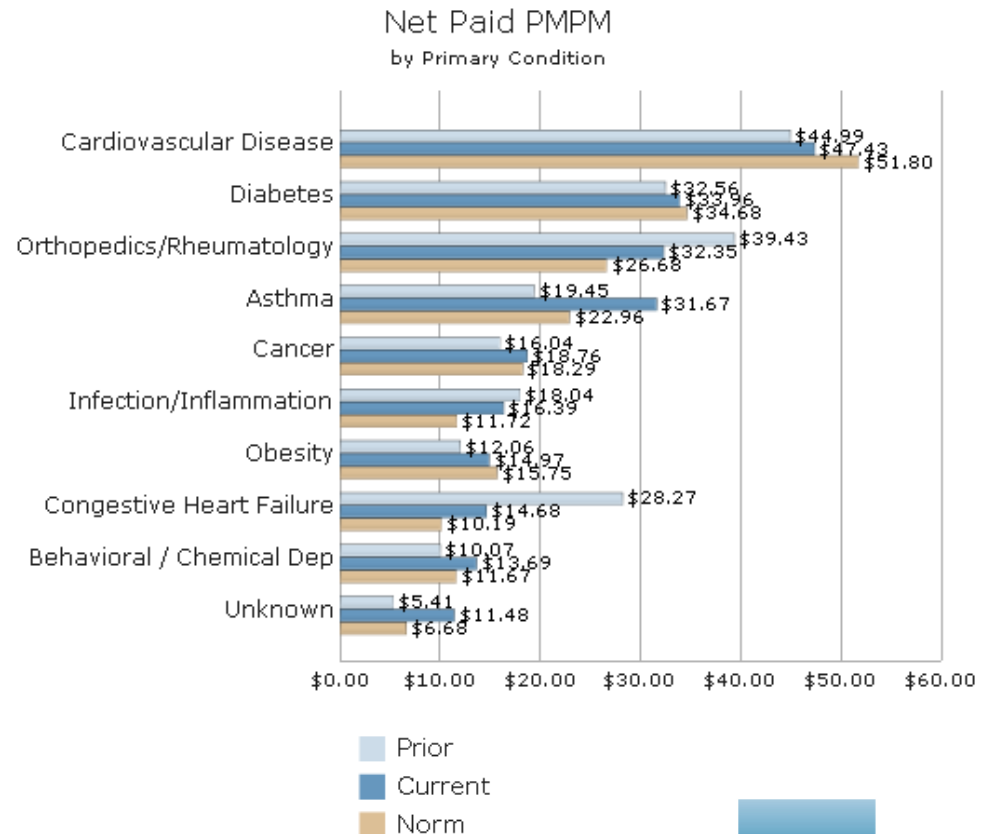




# Utilization by Primary Condition – by Net Paid

## What medical conditions drive spend?

Current	Prior	Metric	Change
			Variance
<b>\$394.03</b>		<b>Covered Expenses PMPM</b>	<b>0.5%</b>
\$391.97			8.0%
<b>\$351.51</b>		<b>Net Paid PMPM</b>	<b>-5.9%</b>
\$373.37			9.9%
<b>\$235.91</b>		<b>Non-High Cost</b>	<b>-14.8%</b>
\$276.99			8.7%
<b>\$115.60</b>		<b>High Cost</b>	<b>19.9%</b>
\$96.38			12.5%
<b>\$5,242</b>		<b>Covered per Claimant</b>	<b>2.3%</b>
\$5,123			16.0%
<b>\$4,676</b>		<b>Net Paid per Claimant</b>	<b>-4.2%</b>
\$4,880			18.1%
<b>\$3,179</b>		<b>Non-High Cost</b>	<b>-13.2%</b>
\$3,663			17.0%
<b>\$119,069</b>		<b>High Cost</b>	<b>11.5%</b>
\$106,745			2.3%
<b>92.6%</b>		<b>Gross Benefit Adequacy</b>	<b>-5.7pts</b>
98.3%			1.6pts



### Observations:

- Decrease in spend noted in orthopedic and CHF
- Increase spend in cardiovascular, diabetes, asthma, cancer, obesity, and behavioral



# Preliminary Clinical Program Activity for Actives and Early Retirees

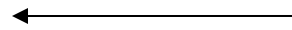


- Source: HMA Non-Medicare Membership January thru December 2012, Excludes MHSA



# Core Programs

PHS 2.0 (Case Management)



Since 01.01.2012

## Disease Management Programs

- Asthma
- Coronary Artery Disease (CAD)
- Diabetes
- Congestive Heart Failure (CHF)

Care24

Treatment Decision Support

## Wellness

- Health Allies

## Complex Medical Conditions

- Transplant Resource Services
- Congenital Heart Disease
- Cancer Resource Services
- Kidney Resource Services

## Women's Health

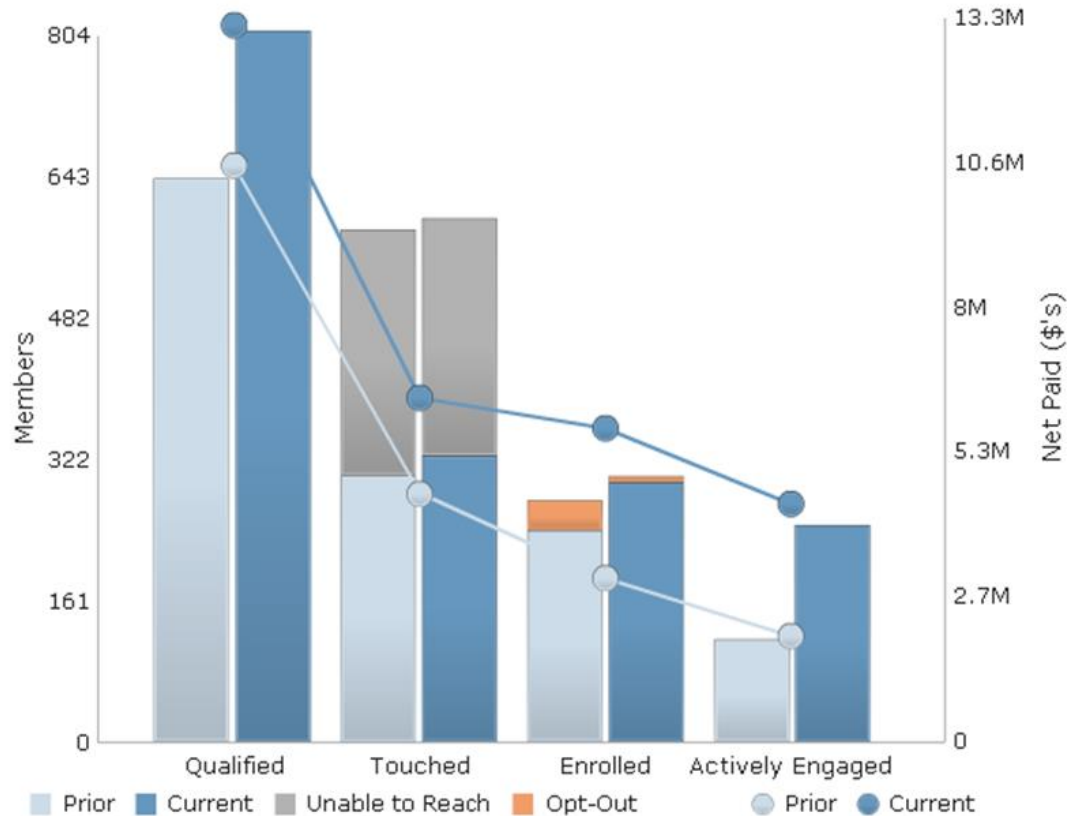
- Healthy Pregnancy Program

HealthNote Reminder Mailings

HealthNotes



# Disease Management



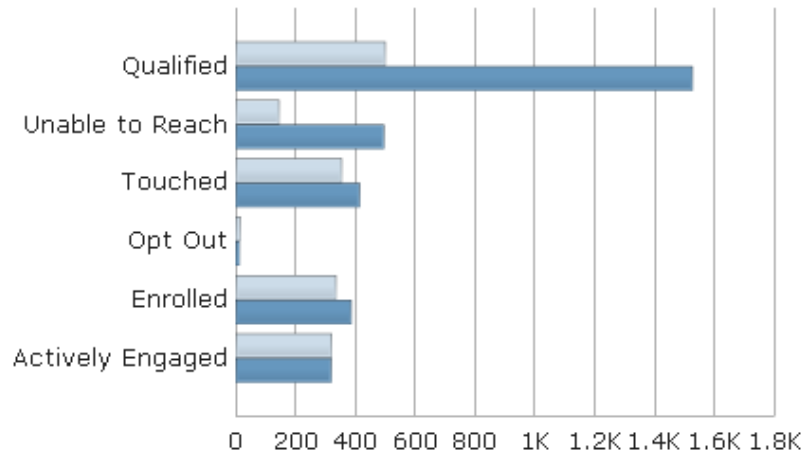
## Observations

- Actively engaged increased
- Unable to Reach rate increased from prior period



# Member Engagement by Clinical Program

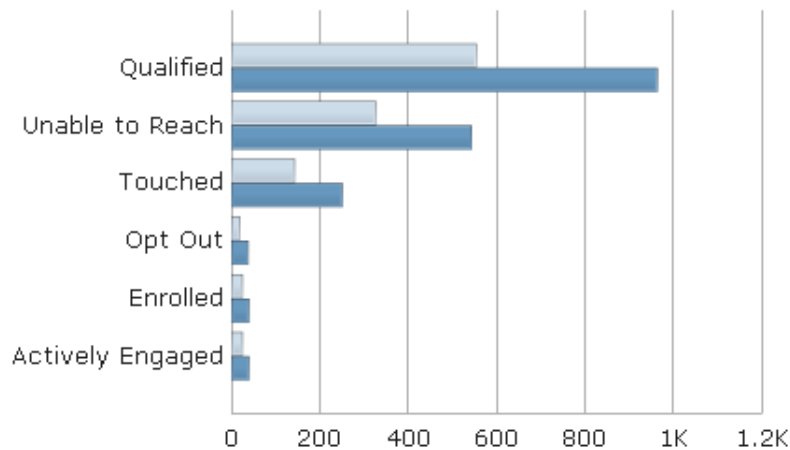
Case Management Category



## Observations:

- Increase seen in qualified
- Unable to reach has significantly increased
- 1,529 qualified and 322 actively engaged

Treatment Decision Support Category



## Observations:

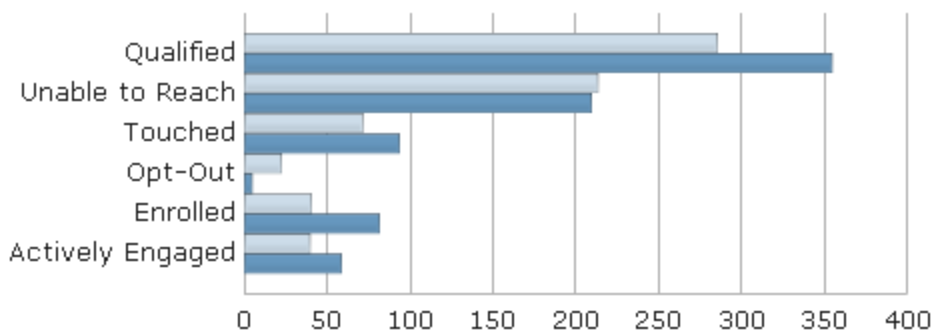
- Increase noted in all four areas compared to prior period
- Unable to reach has significantly increased
- 966 qualified and 41 actively engaged

■ Prior  
■ Current



# Disease Management Engagement by Program

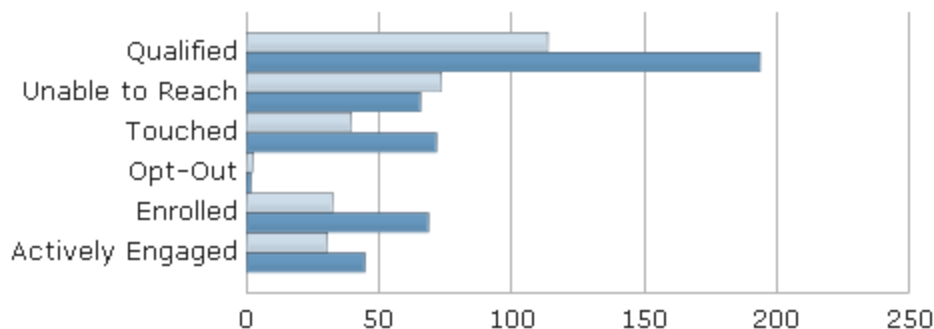
## CAD (Coronary Artery Disease)



### Observations:

- Increase of qualified and engaged membership
- Decrease in unable to reach
- 355 qualified and 59 actively engaged

## Diabetes



### Observations:

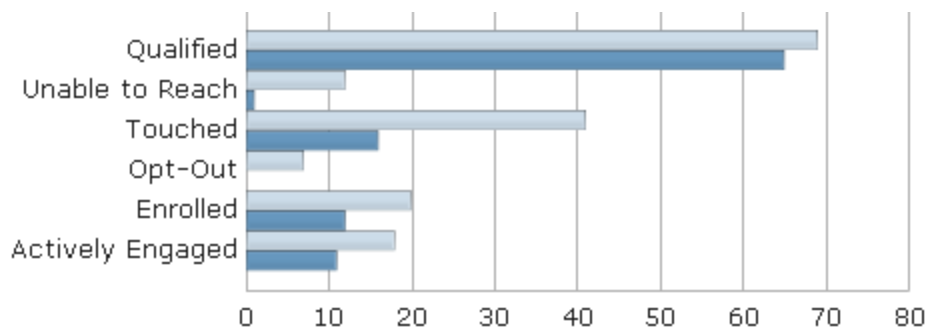
- Diabetes qualified and engaged have increased
- Unable to reach decreased
- 194 qualified and 45 actively engaged

■ Prior  
■ Current



# Disease Management Engagement by Program – Cont.

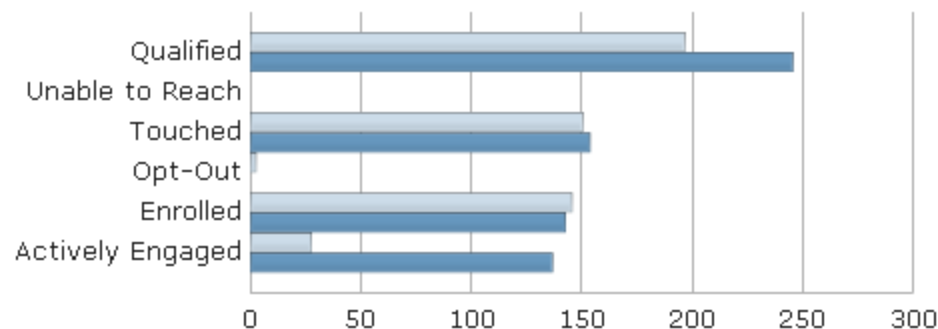
## Heart Failure



### Observations:

- Qualified, enrolled, and engaged have decreased
- Unable to reach decreased significantly
- 65 qualified and 11 actively engaged

## Asthma



### Observations:

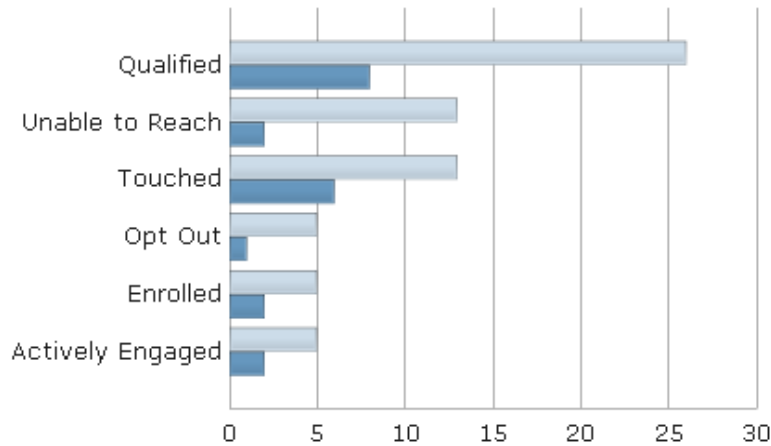
- Qualified increased
- Significant increase in actively engaged
- 246 qualified and 137 actively engaged

■ Prior  
■ Current



# Member Engagement by Program – Cont.

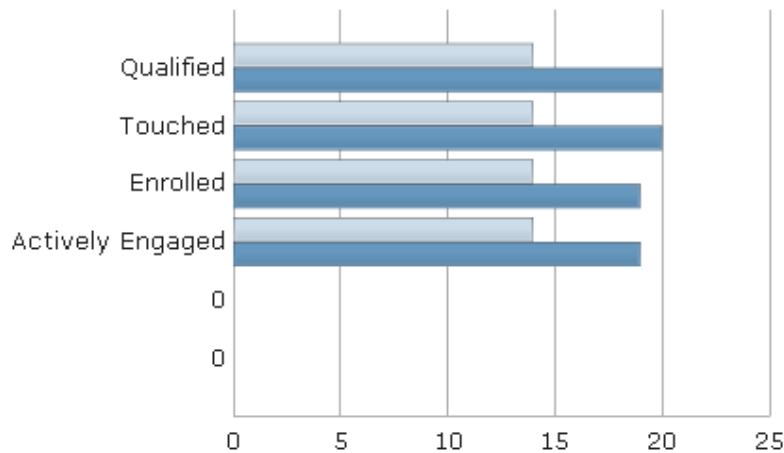
Cancer Resource Services Program



## Observations:

- Decrease in CRS qualified and engaged
- 8 qualified and 2 actively engaged

OptumHealth Transplant Referral Service Program



## Observations:

- Increase in overall TRS qualified and engagement
- 20 qualified and 19 actively engaged

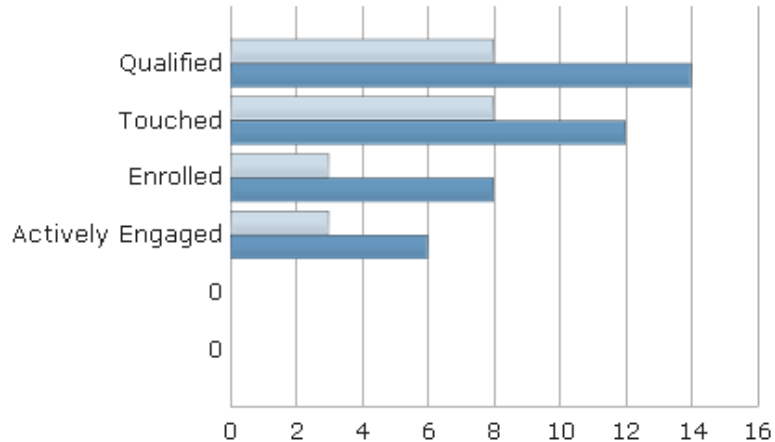
■ Prior  
■ Current





# Member Engagement by Program – Cont.

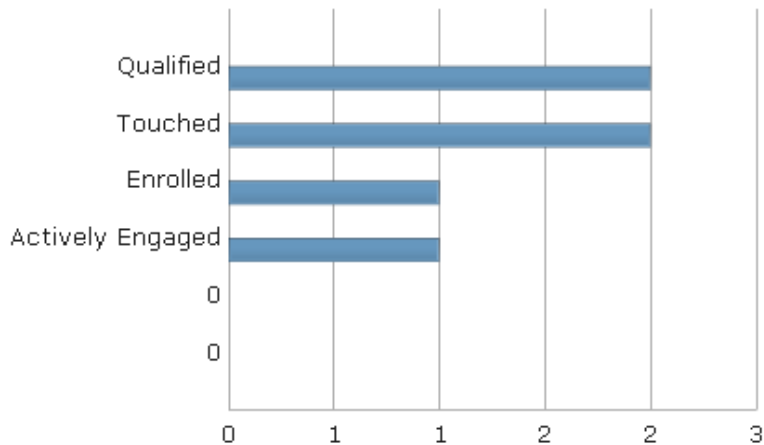
Kidney Resource Services Program



## Observations:

- Increase in the number of engaged in the KRS program
- 14 qualified and 6 actively engaged

OptumHealth Congenital Heart Disease Program



## Observations:

- New Program in 2012, so no prior year data
- Increase in CHD activity
- 2 qualified and 1 actively engaged

■ Prior  
■ Current



# Care24 Member Utilization by Program

## Care 24: Current Period vs. Prior Period

Year	Annualized Contact Utilization	Repeat Users	Deferred from ER	Referrals to Programs	Method of Contact (NurseLine and Counseling)
<b>Q4 2012</b>	22.8% (1,752 Users)	21.3%	90%	293	-Inbound = 1,374 contacts -Outbound = 20 contacts -In-person = 358 contacts -Total = 1,752
<b>Q4 2011</b>	36.4% (433 Users)	13.2%	91%	135	-Inbound = 374 contacts -Outbound = 7 contacts -In-person = 52 contacts -Total = 433

Year	Top 3 Services Provided	Top 3 Triage Chief Complaints	Top 3 Counseling Presenting Issues
<b>Q4 2012</b>	-Counseling (24%) -Triage (23%) -Member information (20%)	-Abdominal Pain -Back pain -Eye symptoms	-Emotional concerns -Marital and primary relationship -Anxiety and stress
<b>Q4 2011</b>	-Triage (20%) -Health information (20%) -Program Referral (17%)	-Abdominal Pain -Back pain -Mental Health	-Emotional concerns -Marital and primary relationship -Anxiety and stress

### Observations

- Excellent utilization in the Care24 program
- 90% emergency room deferral rate
- Counseling was the most used service in 2012, compared to triage in 2011



# Mailings, HealthNotes and Reminders

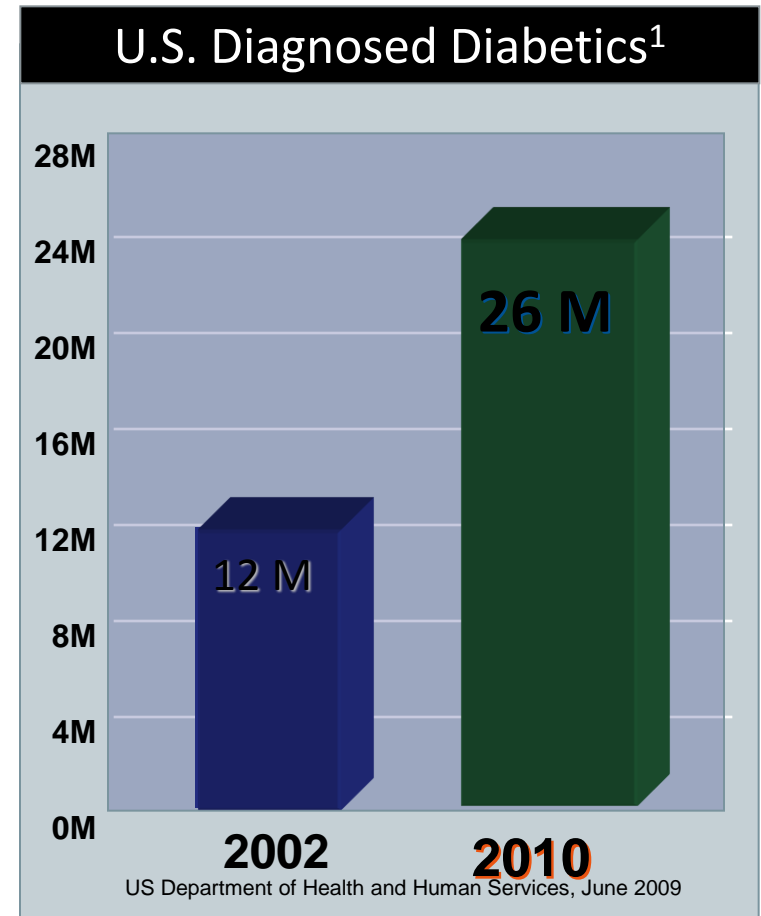
Program	2012
Disease Management Mailings - Total	2,510
Asthma Mailing	885
Coronary Artery Disease Mailing	385
Diabetes Mailing	1,164
Heart Failure Mailing	76
Healthnotes	2,215
Reminders - Total	2,930
Adolescent Immunizations Reminders	274
Childhood Immunization Reminders	263
Diabetes Reminders	822
LDL Cholesterol for Coronary Artery Disease Remind	125
Womens Health Reminders	1,446



# The Toll of Diabetes

## A Correlating Prediabetic and Diabetic Trend

- The diagnosed diabetic population is growing on average by 1.5 million annually; **that number has doubled in 6 years**<sup>1</sup>
- **26 million** people (11.5% of U.S. adults) are **diabetic**<sup>2</sup>
  - **19 million** (73%) are **diagnosed**
  - **7 million** (27%) are **undiagnosed**
- **79 million** people, (35% of U.S. adults) are **prediabetic**<sup>3</sup>
- In the next 25 yrs, the prevalence is expected to **double again**<sup>4</sup>
- CDC estimates that for people born in the year 2000, **1 in 3 will develop diabetes**



**Diabetics lose 10-15 years of life, on average**

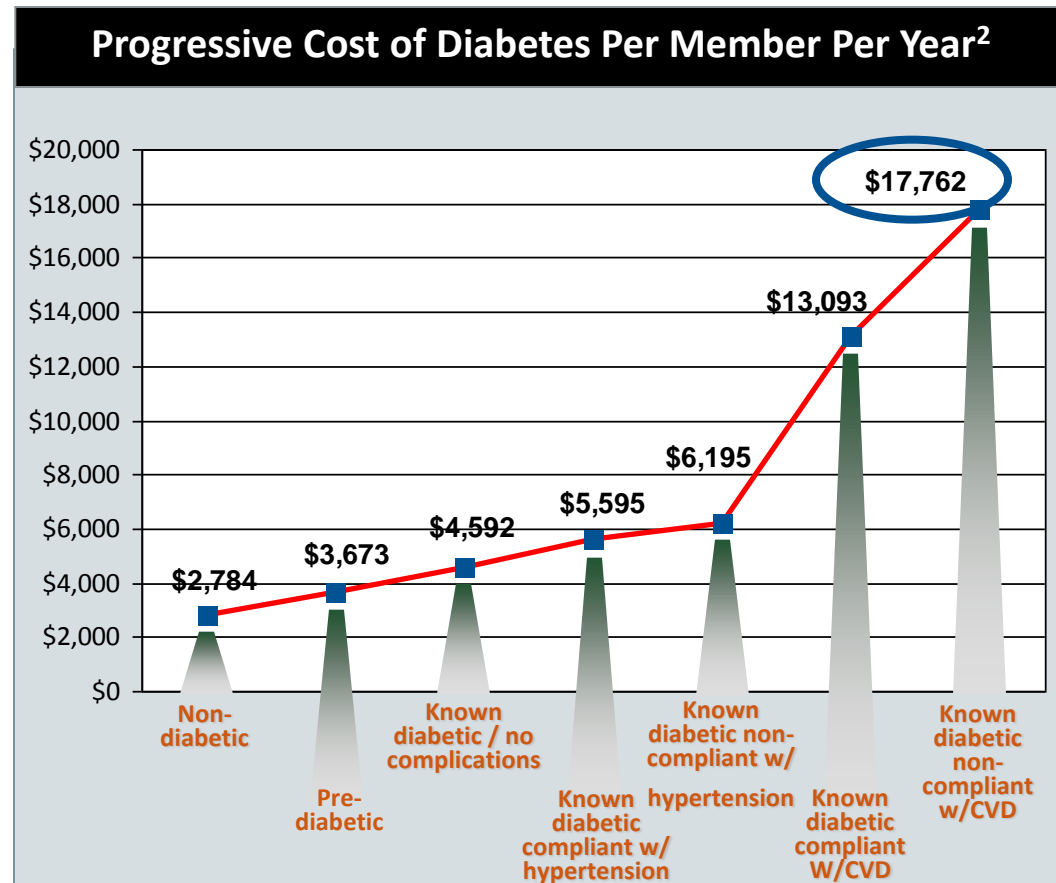
1. American Diabetes Association 2. American Diabetes Association Source for statistics 3. The Lewin Group 4. Huang, *Diabetes Care* 32.12 Dec 2009



# The Toll of Diabetes

## Treatment Costs Spiral Out of Control

- Treatment cost for a prediabetic or diabetic person is **significantly more expensive** than the cost to treat a non-diabetic
- Treatment **cost is directly related to the progression** in severity
- Compliance is key; a **non-compliant diabetic with complications may cost almost 9 times** more than a person without diabetes<sup>1</sup>
- 10 year NPV of avoiding diabetic conversion - \$55K



*Diabetes could bankrupt the healthcare system*

1. UnitedHealth Group's commercial book of business, 2008 / 2. UnitedHealthcare 2008 analysis for Diabetes Health Plan for several large employers; Medical only (no Rx) / 3. American Diabetes Association



# Diabetes Prevention Program: A Unique Approach to tell Diabetes: NOT ME

**Mission:** Help members with prediabetes live healthier lives and reduce healthcare costs

**Goal:** Reduce diabetes conversion among people with prediabetes – in turn reduces heart attacks, strokes, kidney disease, amputations, blindness among diabetics.

**Partners:** UnitedHealthcare and Local YMCA

- 16-session program in a group setting
- Documented success in lasting lifestyle change
- 5% weight loss reduces conversion to diabetes by 58%
- 9% weight loss reduced conversion by 80%



## **Kick-off June 2012**

Stats for the City:

- 4,287 members at risk for prediabetes
- 432 members diagnosed with prediabetes
- 151 members started the “NOT ME” program
- 24 members completed the program
- 15 members with 5% - 9% weight loss .....
- 4 members with more than 9% weight loss.....



**19 fewer members with diabetes avoids \$1,045,000 over 10 years.**



# NOT ME Truck – Returning Summer 2013



# How to Increase Participation/Completion

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- Increase communication and promotion about the program
  - Utilize different methods to reach a wider audience
- Utilize Froedtert Health Workforce Health to encourage employees to participate and complete program
- Explore using incentives for participation and completion

