

Employee Wellness Center Delivers Exceptional Outcomes for School System

Background

Onsite clinics are not a new concept, in fact, many employers are interested in implementing an onsite clinic as a resource to improve the health of their employee and dependent populations. Onsite clinics can focus on prevention measures, minimizing costly emergency room (ER) visits, preventable inpatient admissions, and improved chronic condition management; all leading causes of medical spend waste. Overall, onsite clinics promise to reduce healthcare costs while also improving quality of care, but their efforts must be strategically aligned to produce the positive health outcomes associated with this type of care. Few onsite clinics/employer programs are delivering the promised results. A vital aspect in the success of an onsite clinic is doing a comprehensive evaluation to determine if the correct resources are in place, and if the onsite clinic is being utilized efficiently and effectively.

Carmel Clay Schools has worked in partnership with Ascension St. Vincent Health, to provide a holistic approach to improving the patients' Wellbeing. The CCS Wellness Center, operating under a contract with Ascension St. Vincent Health, provides optimal services, ranging from preventive care, chronic disease management, medication therapy management, health care navigation/patient advocate, behavior health services, dietetics, exercise physiology services, physical therapy services, wellness coordination and extensive fitness classes. Making these services available, at no cost to the employee, near a member's regular travel route increases access to health services and encourages individuals to seek regular care before a problem escalates. By incentivizing early disease detection and utilization of resources to create healthier behaviors, the employer has seen a positive impact on both health and medical spend. Since 2013, Carmel Clay Schools has enjoyed decreased emergency room utilization and reduced inpatient visits by 13 percent and 71 percent, respectively. Further, the District has enjoyed relatively flat plan spend, including the cost of the onsite Wellness Center, which has provided significant savings for the plan. This report examines the positive health outcomes of engagement, chronic condition management, and reduced polypharmacy resulting from the Carmel Clay Schools Wellness Center.

Population Engagement

Since the inception of the clinic in 2013, Carmel Clay Schools Wellness Center has engaged 49 percent of the employee population. Those who have engaged have become more cost efficient than those who have not engaged (Figure 1). Among all risk groups, there is an average cost decrease of 36 percent for individuals who are engaged in the onsite clinic, even with attributing the cost of the clinic to those utilizing the services.

	Total	No Information	Healthy User	Low Risk	Moderate Risk	High Risk	Very High Risk
Clinic Participant- Count	1,012		61	173	634	121	23
Clinic NonParticipant- Count	1,065	188	141	177	449	82	28
Clinic Participant- Avg. Plan Paid (Med, Rx, Onsite Clinic)	\$5,850		\$436	\$818	\$4,020	\$19,242	\$38,054
Clinic NonParticipant- Avg Plan Paid (Med & Rx)	\$6,994	\$21	\$528	\$1,085	\$7,414	\$21,216	\$75,328

Figure 1: Participation and Cost of Risk Categories

Furthermore, the Wellness Center has been able to engage persons with risk at a significant rate; 37.4 percent of the total population who have been identified as moderate, high, or very high-risk have engaged in



the clinic. Providing care for these higher risk groups allows for improved management of chronic conditions, which is particularly important for the moderate risk group.

Although cost savings is critical, reducing risk and improving risk control is imperative in controlling future medical spend and reducing the disease burden on the population. When visualizing the risk migration data in Figure 2, 86% of moderate risk individuals engaged in the clinic have reduced or maintained their risk, while 72 percent of high and very high-risk individuals have reduced their risk. In comparison, to those who are not engaged in the onsite clinic, only 82 percent of moderate risk individuals have maintained or reduced their risk, and only 67 percent of high or very high-risk individuals have reduced their risk (based on risk migration from 2016 to 2017).

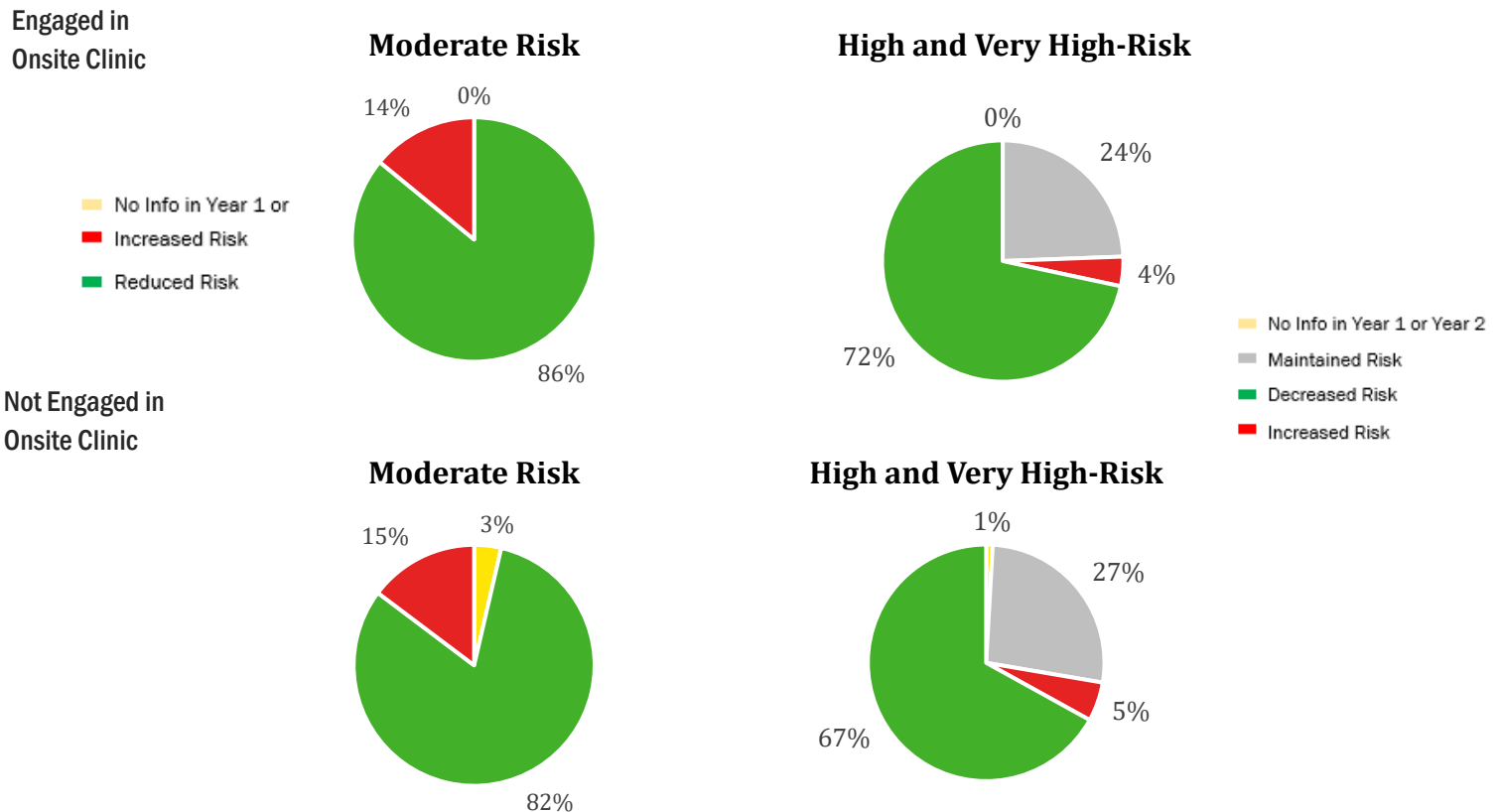


Figure 2: Risk Migrations of Moderate, High and Very High-Risk Individuals

Chronic Condition Management

Reduction in Diabetic Medication Use and Rx Spend, while Improving A1c Control

When considering risk, individuals having conditions with a longer duration and higher severity carry higher risk. Carmel Clay Schools Wellness Center has had a significant impact on the cost, compliance, and overall medication reduction for those with diabetes. As seen in Figure 3, the percentage of diabetics on medications



who are using the clinic has steadily decreased. The providers at the clinic strongly attribute these medication decreases to behavior change education and lifestyle modifications.

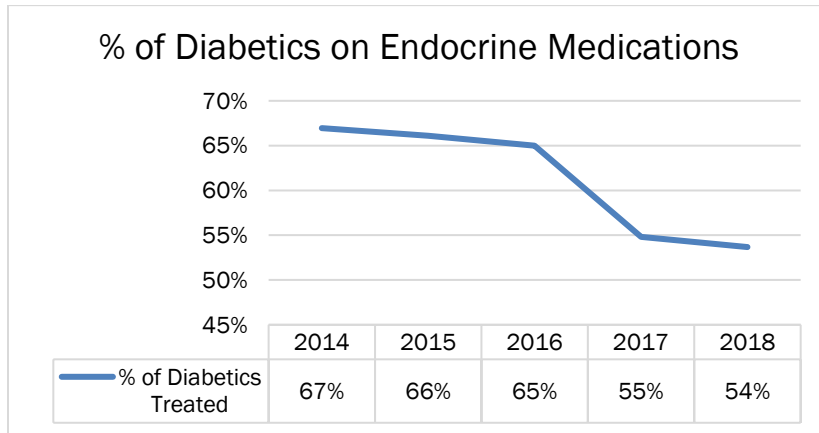


Figure 3: Trend in Percentage of Diabetics on Medication Using an Onsite Clinic

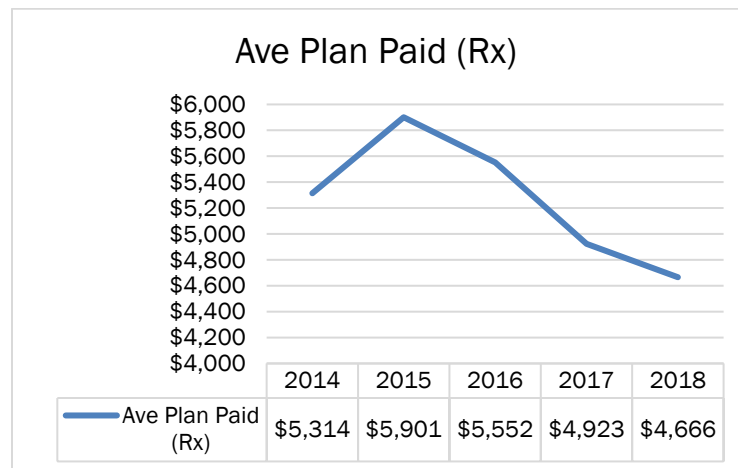


Figure 4: Trend in Diabetes Prescription Spend by Member

With less diabetics requiring endocrine medications, Carmel Clay Schools Wellness Center has also experienced a steady decrease in the prescription cost. As seen in figure 4, prescription costs have decreased per member per month from 2015 to 2018, further confirming the positive effect behavior change education has on the reduction of insulin and non-insulin medication use.

Further, when analyzing the diabetic control, we see the onsite clinic users are controlling their A1c levels better than non-clinic users.

Effectively Addressing Polypharmacy Issues

Polypharmacy issues occur in the aging population due to the increase in multiple chronic conditions; the primary concern for this being adverse drug reactions from taking multiple prescriptions. However, looking at the number of medications one takes can be deceiving. Instead, using the Johns Hopkins ACG® System



markers, data is collected on the number of active ingredients an individual takes since newly developed drugs have multiple ingredients targeting different conditions within one pill. Taking this into consideration, there is a 60 percent decrease in members taking more than/equal to 12 active ingredients for participants compared to non-participants. Of those who are taking more than 12 active ingredients, 73 percent had two or more different chronic conditions. The onsite clinic, however, has been able to reduce the number of active ingredients one uses to manage chronic conditions.

Financial Impact

The impact on the financial health of the Carmel Clay Schools has also been impressive. Since the opening of the Wellness Center six years ago, the employer has been able to grow reserves without any benefit changes or employer contribution rate increases. When comparing to a conservative medical spend trend of 7.5 percent increase per year, this program is demonstrating approximately a 5-million-dollar savings in 2017.

Figure 4 below illustrates this health plan’s medical and prescription spend, including the cost of onsite clinic services compared to the cost if the employer had experienced the 7.5 percent national trend of most employers starting in 2011. This illustrates a relatively flat per employee per month rate change since 2011.

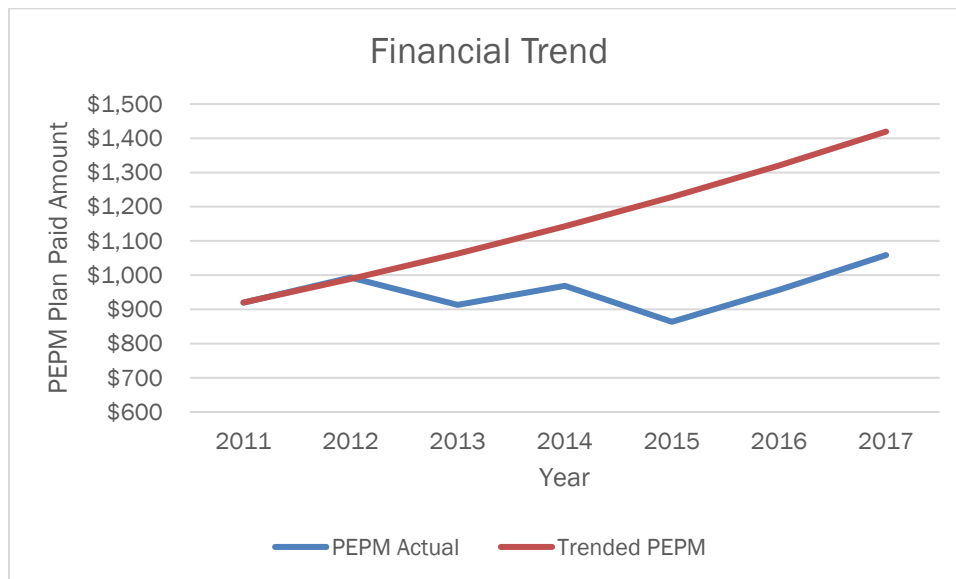


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Future Efforts

Approximately 40 percent of all deaths in the United States are related to behavioral factors, such as diet and physical activity, and 80 percent of the disease burden is related to behavioral factors. Carmel Clay Schools Wellness Center has focused much of their attention on the behavioral aspects of managing chronic conditions, like obesity, diabetes and hypertension. Following review of their population health report, leadership is hoping to put a more significant emphasis on lifestyle modifications by motivating more members to engage in the clinic. Additionally, they intend to provide incentives to improve physical and mammogram compliance rates. Not only will this help control health care spend, but more importantly, it will detect adverse health conditions early, allowing more time to manage conditions before they progress.

