



INCENTIVIZED PHYSICIAN ENGAGEMENT

THE USI  ONE ADVANTAGE®
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The Problem with Traditional Wellness Programs

Health insurance carriers, wellness vendors, and many brokers promote traditional wellness activities as strategies to improve employee health, yet these programs fail to drive members to engage with their Primary Care Physician.

STANDARD VENDOR SOLUTIONS	CHALLENGES
On-site Biometric Screenings	Non-diagnostic tests that lead to no follow-up
Stand Alone Health Risk Appraisal	Self-reported health information, no follow-up
Weight Loss Challenges or Biggest Loser Competitions	Costly with little long-term financial benefit to the company
Tobacco Cessation	While 70% of smokers want to quit, only about 6% of smokers successfully quit smoking ¹
Carrier disease management programs	Limited ability to demonstrate improved health status or lowered claims

¹ <https://drugfree.org/learn/drug-and-alcohol-news/almost-70-percent-of-smokers-want-to-quit-but-few-do/>

Incentivized Physician Engagement

Connecting members to primary care is the best first step to improved healthcare and management of chronic conditions.

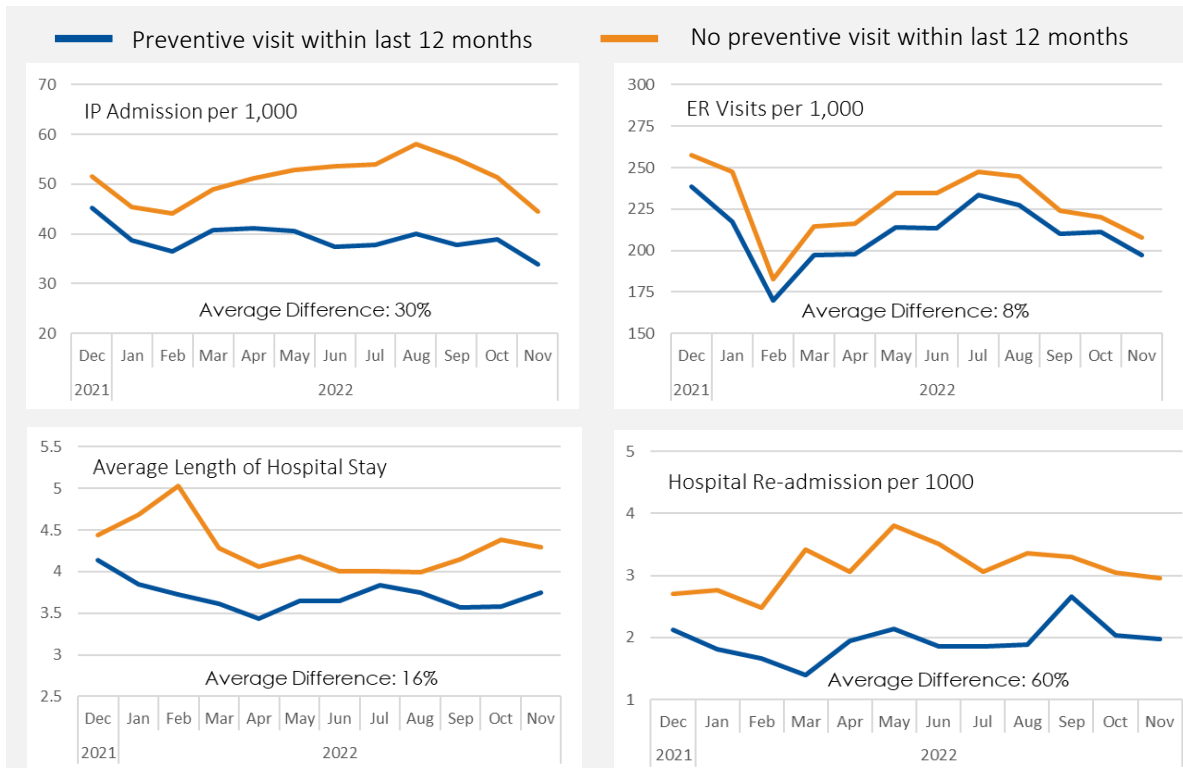
	Sample Projected Trends of Entire Adult Population			
METRICS	PRE-USI	Year 1	Year 2	Year 3
Adult well visits/standard blood panel	30%	60%	70%	78%
Diagnosed with high blood pressure	20%	25%	28%	30%
Diagnosed with high cholesterol	12%	14%	16%	18%
Diagnosed with diabetes	7%	8%	9%	10%

- USI demonstrates that with **meaningful incentives**, 50-80% of the population will actively engage a primary care physician (PCP).
- Year-over-year increases in disease prevalence are due to the diagnosis of asymptomatic illness that, if left unmanaged, lead to catastrophic claims.
- Primary care is the most economical entry point to address these conditions.

The Impact of Connecting Members to their PCP

Incentivized Physician Engagement is the first step of the USI CORE strategy that reduces inefficiencies in settings of care and helps manage the number and intensity of services, driving a ~3-5% reduction in total health care claims.

Utilization differences across one million adults with a preventive office visit in the last 12 months and those without.¹



- USI demonstrates that adults with active primary care relationships experience **reductions in:**

- ER services
- inpatient admissions
- average length of stay
- re-admission rates

¹600,000 without preventive care visits; 432,000 with a preventive care visit in the last 12 months

Medical Management through Primary Care

Primary Care improves adherence to age and gender appropriate screening and testing for early detection and prevention.

	Sample Projected Trends of Entire Adult Population				
AGE AND GENDER APPROPRIATE SCREENING RATES	PRE-USI	Year 1	Year 2	Year 3	NORM
Women with recommended mammography screening	44%	48%	47%	58%	45%
Women with recommended cervical cancer screening	45%	46%	51%	63%	50%
Individuals with recommended colorectal screening	29%	33%	36%	42%	31%

- Cancer can account for up to 25% of catastrophic claims.
- Data shows that USI programs enhance compliance with recommended screenings.
- Early detection may result in significantly reduced costs over the long-term.

The Impact of Medical Management

Early detection increases survival rates and reduces costs over time.

Breast cancer costs and survival rates by diagnosis stage

CANCER STAGE	COSTS 12 MONTHS AFTER DIAGNOSIS	COSTS 24 MONTHS AFTER DIAGNOSIS	5-YEAR SURVIVAL RATE
Stage 0	\$60,637	\$71,909	Almost 100%
Stage 1	\$82,121	\$97,066	Almost 100%
Stage 2	\$82,121	\$97,066	Approx. 93%
Stage 3	\$129,387	\$159,442	About 72%
Stage 4	\$134,682	\$182,655	About 22%

References:

1. <https://www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/breast-cancer-survival-rates.html> accessed July 5 2017.
2. Blumen H, Fitch K, Polkus V. Comparison of Treatment Costs for Breast Cancer, by Tumor Stage and Type of Service. American Health & Drug Benefits. 2016;9(1):23-32.

- Primary care engagement is the most efficient and effective way to promote general preventive care, including age and gender appropriate cancer screenings.
- The USI strategy cannot prevent cancer, however early detection provides both financial and physical positive outcomes.
- In this example, early detection results in positive outcomes for both survival and claims cost.

The USI Approach to Wellness

USI Population Health Consultants assist employers in designing an effective Employee Physician Engagement strategy.



Acme Products Inc.
Medical Plan
Contribution Analysis
1-Mar-20

Contribution Strategy

Plan 1	Enroll	Total	ER Cost	Current EE Per Pay Period		Enroll	Total	ER Cost	EE Cost
				Flat Dollar	% Weekly				
Employee	250	\$1,000.00	\$937.03	\$62.97	\$29.07	250	\$1,200.00	\$1,135.00	\$65.00
Employee + Spouse	50	\$1,400.00	\$1,269.43	\$130.57	\$60.27	50	\$1,500.00	\$1,365.00	\$135.00
Employee + Child(ren)	50	\$1,200.00	\$1,086.96	\$113.04	\$52.18	50	\$1,400.00	\$1,283.00	\$117.00
Employee + Spouse & Child(ren)	75	\$1,600.00	\$1,398.44	\$201.56	\$93.03	75	\$1,800.00	\$1,595.00	\$205.00
HIDE row (don't delete) if no HRA/HEA		\$0	\$0				\$0	\$0	
Annual Subtotal	425	\$6,000,000	\$5,483,520	\$516,480		425	\$6,960,000	\$6,429,300	\$530,700
							Affordability Minimum Salary ⁽¹⁾		Affordable

Plan 2

Employee

Employee + Spouse

Employee + Child(ren)

Employee + Spouse & Child(ren)

HIDE row (don't delete) if no HRA/HEA

Annual Subtotal

Annual Total

Change from C

Percentage C

Comprehensive Communications Strategy









Department of Labor


ERISA


Affordable Care Act

Notes

1. Analysis does not consider enrollment changes that may occur as a result of a contribution change. Actual costs will vary.

2. Please refer to the plan document for details.

3. The Affordable Care Act requires that certain standards for 2019 require coverage costing that would still constitute "affordable" covering

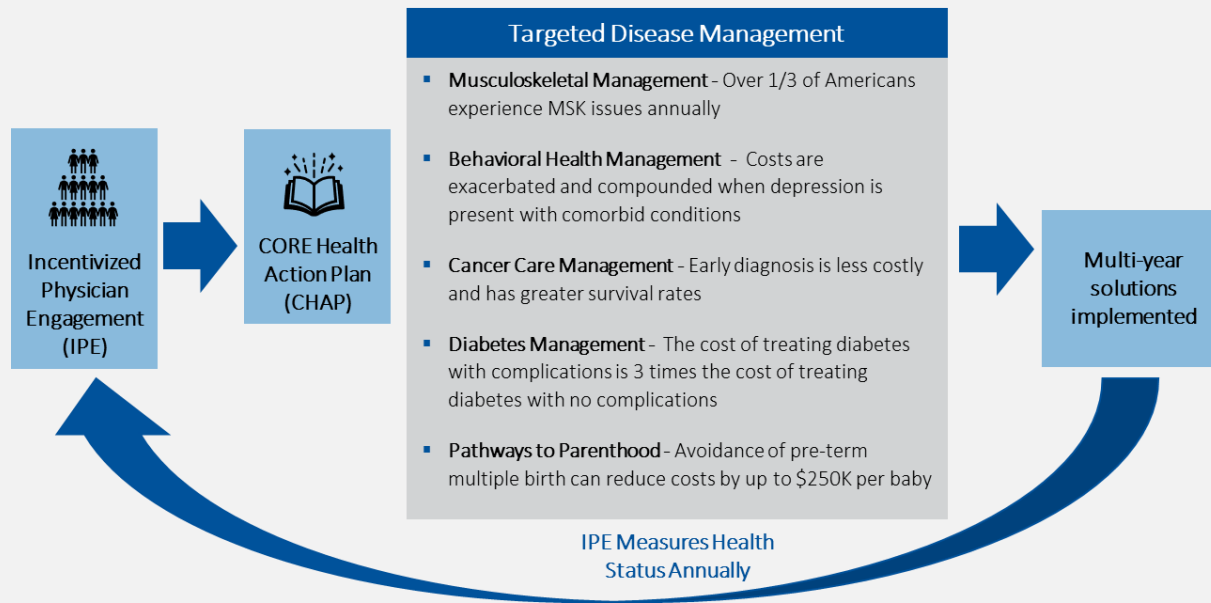
Designing a comprehensive wellness strategy is a multi-step process. USI Population Health Management Consultants provide support with:

- Contribution strategy
 - Manage financial impact of incentive programs
 - Align incentive program with company culture to ensure meaningful participation
- Compliance considerations
 - Ensure compliance with numerous ACA, ERISA and DOL regulations regarding incentivized wellness programs
- Wellness vendor selection and implementation
 - Align goals, objectives and budget with appropriate vendor
- Comprehensive targeted communications strategy
 - Appropriate notice and disclosure
 - Multiple media deployment/delivery

CORE Health Action Plan (CHAP) Report

Increased preventive care produces insights into population health status enabling the CHAP report to identify opportunities for targeted care management solutions.

USI CORE Health Strategy



- USI's proprietary CHAP report is generated from the USI 3D Claims Analytics Platform.
- The USI CHAP report provides objective reporting and offers unique clinical insights into managing future healthcare costs.
- USI's Population Health Management consultants recommend strategies and vendors to address and manage these future costs.

The diagram features a central blue circle with the text "NEXT STEPS" and a large white arrow pointing right. Surrounding this central circle are five smaller circles, each containing an icon and a label: "VISION" (telescope icon), "DECISION MAKING" (three arrows pointing outwards), "INNOVATION" (two arrows pointing up and right), "GROWTH" (line graph icon), and "TIMING" (stopwatch icon). The background is dark blue with a grid of white lines.

NEXT STEPS

- For USI clients, Incentivized Physician Engagement is the first step of the USI CORE Strategy, a multi-year program to reduce long-term costs.
- USI Population Health Consultants design an effective Incentivized Physician Engagement program through:
 - Comprehensive communications strategy
 - Contribution analysis
 - Compliance review



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