IntegerHealth

High Value Healthcare…
Lower Costs & Better Care

We combine cost containment, absence management, and a great new employee benefit–getting employees and their dependents better care–all in one.

Our Result = Employer pays less, its employees get better care, and they get back to work faster.

Lake Wobegon

We all think that our doctor is the best, but we don't live in Lake Wobegon where all the children are above average. Exactly half of all children are above average, and exactly half are below.

It's the same with doctors–and the specialists and surgeons that they refer us to, and the hospitals that they put us in.

It seems counter-intuitive, but going to a good doctor costs less overall than going to a bad one. 30% of healthcare costs are due to poor or ineffective care and good doctors wring out those excess costs.

But how do we find the best doctors?

Quality

The best doctors have the best outcomes. We don't know how to quantify the quality of healthcare, however, so we revert to process measures that change the question from: "Did the patient get better?" to a question with an easy answer: "What procedures did their doctor perform?"

Other fallbacks are price transparency tools and narrow networks. Transparency tools tell us what a doctor charges for a procedure or visit, without considering whether the doctor will get us better, and how much that will cost. Narrow networks are the "best" providers in a network that every insurance company touts–But how do they know? The insurance companies only know the claims costs, not the outcomes of the care.

And What Are the Real Costs?

Everyone focuses on the claims, what the doctor or hospital gets paid. The claims, however, are only half the equation to an employer. The lost productivity costs of employee medical absences and presenteeism (when an employee comes to work but can't fully perform their job) are often more than the claims. And the absence costs double as an indication of the effectiveness of the care. The faster the doctor got the employee better, the more effective the doctor was.

Back @ Work = Good Outcome

The best outcome for an employer is having the employee back at work at the lowest overall cost–claims plus absence costs. And if the employee is well enough to be back at work, then they've probably had a good personal outcome too.

Value

Having defined a good outcome as the employee being back at work, we can measure all the costs to get them there, and thereby calculate value. Value is what you got compared to what you paid. What the employer got is the employee back at work. What the employer paid is the claims plus the absence costs.

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Confluence of Data Sets

Employers that self-insure their health plans or workers' compensation programs are in a unique position because they own the claims that they pay. Self-insured employers working with us direct their TPAs and PBMs to send us their claims data, while the employers send us their HR records, where the outcomes of those claims live.

For multi-employer plans we don't need the HR records from all the constituent employers. Under the 80/20 rule, 80% of the employees will work for 20% of the employers, and getting the HR records from these larger employers will be enough.

Ranking Doctors

For each root diagnosis (e.g. back pain, asthma, etc.) we use this data to rank the doctors and hospitals in the employer's network over the entire continuum of care:

- Average risk-adjusted cost to return an employee to work
- Claims + absence costs

The high value providers for each condition are those that return employees to work at the lowest average cost.

Steering to High Value

After ranking the doctors and hospitals, we steer everyone in the health plan–the employees and their dependents–to the high value providers for what they need.

There are two ways to steer. First, we provide the employees with an online portal where they can look up the high value doctors and hospitals for each diagnosis, and augment it with an 800#, online chat, email

and text. *Because if you have a heart condition or a sick child, who wouldn't want to go to the top ranked doctor?*

Second, we make a portal available to all the primary care physicians in the network (PCPs) to look up the high value specialists and surgeons when making patient referrals.

For maximum savings, an employer would roll out both portals. An employer, however, may roll out only the PCP Portal. Most of the savings will be with the specialists and surgeons, and as the PCP Portal doesn't touch the employees the effort and expense of rolling out something new to them is avoided. And with just the PCP Portal, the employer doesn't have to wait until the start of the next benefits year to begin.

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An employer won't get every employee to switch to a high value doctor, but it doesn't have to. The opportunity for savings is so great that if just a fraction switch the employer will reap a windfall!

Getting Started

We take 3-5 years of an employer's past medical and pharmacy claims, and HR data, and model it to show the employer what it could save. If we then move forward to an ongoing relationship, we have a head start.

Contact Us

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