

IntegerHealth

*High Value Healthcare...
Lower Costs & Better Care*

IntegerHealth holds the key to decreasing employer healthcare costs while improving the care that employees receive.

Lake Wobegon

Everyone thinks that their 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.

Good < Bad

At IntegerHealth, we identify the highest value doctors and hospitals in a plan's network. Once we identify them, the solution defines itself—steer the employees and their dependents to these high value providers because they achieve the best outcomes at the lowest overall cost.

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

And What Are the Real Costs?

Everyone focuses on the claims, what the doctor and hospital gets paid. The claims, however, are just the tip of the iceberg to an employer. The lost productivity costs of employee medical absences can be several times the related claims costs.

Back @ Work = Good Outcome

The best outcome for an employer is having the employee back at work at the lowest overall cost—claims plus productivity 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 calculate the value of healthcare. Value is what you got compared to what you paid.

What the employer got is the employee back at work. What the employer paid are the claims plus the productivity costs.

Confluence of Data Sets

Self-funded plans are in a unique position because they own the medical and pharmacy claims that they pay. A self-insured employer working with us therefore directs its TPA and PBM to send us its claims data.

Inside the employer's HR records live the outcomes of those claims. How long was the employee off work because of the illness or injury? And when the employee returned, could they fully perform their job?

So the employer sends us this HR data too. Our algorithms then sift through the claims and HR data to rank each provider on each diagnostic condition. We use these employee derived rankings to steer everyone in the plan—the employees and their dependents—to the better doctors.

For multi-employer plans we don't need the HR records from all of the constituent employers. Under the 80/20 rule, 80% of the

employees will work for 20% of the employers. If we receive the HR records from these larger employers we have enough data to rank all the providers in the network for the benefit of everyone.

How We Do It

Our algorithms group the claims by diagnosis, linking together all the related claims on a patient-by-patient basis. We then combine the HR records with the claims and determine how long the employee was off, calculating the cost of the medical absence.

After combining the claims and productivity costs, we risk adjust the total. Young healthy employees should have lower costs than older ones with chronic illnesses, so we level the playing field.

Ranking Doctors

Next we calculate each provider's average risk adjusted cost over the entire continuum of care for each diagnostic condition (e.g. back pain, asthma, etc.):

- Average cost to return an employee with that condition to work
- Claims + enterprise cost of lost productivity

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

Steering to High Value

We then steer all of the plan's members to the high value doctors.

There are two ways to steer. First, we provide the members with an online portal

where they can look up the high value doctors, and we augment that portal with an 800# and online chat. *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 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 opportunity will be with the specialists, and as the PCP Portal doesn't touch the employees all the effort and expense of rolling out something new to them is avoided. And at IntegerHealth we take care of educating the PCPs on this great new way to identify high value specialists.

\$lice of Savings

Everyone won't switch to a high value doctor, but the opportunity for savings is so great that if just a fraction switch the employer will reap a windfall!

Getting Started

We take three years of an employer's claims and HR data to show the employer with its own data what IntegerHealth could save them. If we then move forward to an ongoing relationship we have a three-year head start.

Contact Us

For more information, please call us at (817) 849-9400, contact us through our website at www.integerhealth.com, or email us at info@integerhealth.com.

