



Sustained Focus Yields Results for Adventist HealthCare

Adventist HealthCare's experience proves that sustaining a culture of well-being over the long term means healthier employees and costs that are consistently below the national average.

Adventist HealthCare (AHC) is a national leader in the drive to achieve the Triple Aim of healthier populations, improved patient experience, and lower overall costs of care. The integrated healthcare delivery network began its journey well before most health systems. Working with consulting firm Cammack Health LLC and other partners, AHC used plan design, data integration, incentive-based wellness programs, marketing, and care management to create and continuously develop an overall culture of well-being among members of its self-funded employee health plan.

Today, AHC's results are among the best in the industry. Its cost trends are stabilized well below the national average, and plan members are actively engaged in improving their own health. Why was AHC able to achieve such superb results? Because its leadership made a long-term commitment to pursuing a strategy of well-being.

Highlights of AHC's results include:

- AHC's average annual compounded trend from 2011 to 2015 was 2.9% versus 7.3% for AHIP¹ (America's Health Insurance Plans) and 6.6% for Milliman².
- AHC's per member per year costs are more than 30% lower than Cammack Health's 2015 hospital survey median³ which included data from 89 health systems and 160 hospitals. Based on AHIP's cost trends for the last five years, AHC on average has saved \$4.3 million annually based on their lower trends.
- In 2015, AHC realized a return on investment of 437% on its investment in utilization review and personal health management.
- In 2015, AHC captured 65% of total inpatient spending and 73% of outpatient spending within their domestic network.
- 84% of eligible plan members who were contacted work closely with personal health nurses (PHNs), versus less than 25% nationally.
- Among members engaged with PHNs, compliance with evidence-based metrics exceeds regional National Committee for Quality Assurance (NCQA) data in every category.

¹ America's Health Insurance Plans, AHIP Healthcare Spending Application, <http://thecostapp.ahip.org/>

² Christopher S. Girod, Scott A. Wetz, and Susan K. Hart, "2015 Milliman Medical Index", Milliman, May 15, 2015, <http://www.milliman.com/mmi/>

³ Cammack Health Benefits Survey of Hospitals 2015, p. 14.

- From 2013 to 2015, the number of members seeing primary care physicians has remained consistent due to AHC's continued wellness initiatives, while the number seeing specialists decreased by 6.5%.

AHC's achievements demonstrate the power of sustained commitment and offer insights other organizations can use to create a high-performing health plan and advance their journey to the Triple Aim.

Mission Drives Innovation

AHC was founded and continues to operate on the principals of the Seventh-day Adventist Church. The church's beliefs include an emphasis on the importance of physical, mental, and spiritual well-being. Promoting good health, therefore, is an integral part of AHC's mission. Long before healthcare reform was introduced and population health management became a watchword, AHC and its health plan were taking steps to promote optimal health among members and their families. While many organizations are motivated by the need to cut costs, AHC is motivated by its mission, and the cost savings flow naturally from its innovations.

Pioneering Population Health Management

One of AHC's distinguishing characteristics is the willingness to try new things. Beginning in 2002, AHC partnered with Conifer Health Solutions for TPA and medical management services. Conifer Health provided claims administration and network management services, and offered a unique approach to medical management. Conifer Health provides a holistic approach to personal health management (PHM). Utilization, disease and large case management are integrated and the Personal Health Nurses (PHNs) are assigned to the account. At least one PHN lives in the same community with the members she serves.

In addition to medical claims data, the Conifer Health technology platform takes in Rx claims, lab data, and results from screenings and health risk appraisals. The data warehouse sits under the medical management technology platform that the PHNs use, which is available for physicians to use as well. They have built a long, solid relationship in caring for their employees and family members. Having achieved good outcomes with basic population health management, AHC wanted to take it further and focus on a group of members with complicated needs, uncoordinated care, and high costs. After several years of good results through traditional PHM, AHC wanted to ramp up its efforts. In 2009, Conifer Health assisted AHC in its

About Adventist HealthCare

Adventist HealthCare, based in Gaithersburg, Maryland, is a faith-based, not-for-profit organization providing wellness, disease management and healthcare services. Its integrated healthcare delivery network includes five nationally accredited acute-care and specialty hospitals, mental health services and home health agencies serving the Washington, D.C., metropolitan area.. Its self-funded employee health benefit plan covers almost 6,000 lives.

launch of a Patient Centered Medical Home (PCMH) pilot program. The hypothesis was that better management of employees' health would result in better outcomes and lower costs. The program's objectives were to help high-risk members improve their health, increase the efficiency of healthcare delivery, support primary care physicians (PCPs) who were treating members, and slow the escalation of costs.

"Our understanding of how to manage population health has evolved over time. It began as an effort consistent with our values and a way to contain costs. Now we understand how we can address the various components of population health management in a way that drives health plan performance."

**Marta Brito Perez,
Senior Vice President and
Chief Human
Resources Officer
Adventist HealthCare**

Using claims data to risk-stratify members based on level of health risk, the program identified a group of high-risk members—those who saw multiple providers and had numerous prescribing physicians. These were members with complex health issues who were not receiving coordinated care. Adventist HealthCare (AHC) then identified a group of PCPs to care for these patients. A physician portal was created to give PCPs access to patients' electronic health records. A PHN was assigned to each PCP. PHNs reached out to high-risk members to establish a personal care plan for each one in collaboration with his/her PCP. PHNs helped educate members about diet, exercise and other lifestyle issues, ensured that members had baseline screenings, and reported to PCPs on patients' progress. Patients had regular access to their doctors and PCPs were compensated for their time.

After just the first year of the PCMH, the results were dramatic. Nearly half of the high-risk members in the pilot showed improvements in health, moving into the moderate- or low-risk category. Utilization costs among pilot participants declined, while they increased for nonparticipants. The per member per month (PMPM) costs dropped 35 percent, while non-participant PMPM costs rose 0.9 percent. The reduction in PMPM costs produced a return on investment of 12 percent.

The PCMH demonstrated the advantages of a holistic approach to care. People at high or moderate risk often have a number of health problems. This leads to uncoordinated care, which in turn leads to over-treatment, duplication of diagnostic tests, and general waste of resources. These factors contribute to poorer outcomes and higher costs. The pilot showed that the superior approach is to treat the patient holistically, with the PCP as the focal point, referring to specialists when necessary and monitoring the patient's health.

In light of the pilot's success, AHC incorporated the program's principles into its employee health plan. What had begun as a pilot program is now an ongoing, fully integrated process that has proved enormously successful.

About Cammack Health

New York City-based Cammack Health provides healthcare and employee benefits consulting to help clients meet organizational goals. The firm offers plan and program design, advanced technology, data warehousing and analysis, customized solutions and ongoing support and service. Its consultants are former senior human resource executives in the healthcare industry. They are frequent speakers at national conferences, including those of the Northeast Business Group on Health, the American Society for Healthcare Human Resources and Healthcare Financial Management Association.

An Integrated Approach to Building a Culture of Health

Over time, AHC built on the success of the pilot, adding new features as they made progress. The organization has integrated several components that together have created and sustained an overall culture of well-being.

Plan Design

AHC was among the first of Cammack Health's clients to provide members with health incentives by offering reduced premiums to members who engaged in wellness initiatives and placing surcharges on those who were tobacco users. Additional incentives were added over time. For example, a "cardio-incentive" awards bonuses to members who document that they exercise for 30 minutes at least eight times a month.

Health Risk Assessments and Biometric Screenings

In 2011, AHC created an online portal and asked members to use it to complete a Health Risk Assessment (HRA)—which AHC called a Personal Wellness Profile—and do biometric screenings. Since 2015, members can also access the portal through kiosks conveniently located at several locations.

Using Conifer Health's data warehousing platform and expertise, AHC is able to combine HRA and biometric screening data with claims data to identify each member's level of risk. Interventions are made depending on the level of risk. Those with no known risk or low risk are encouraged to engage in onsite wellness activities and educational opportunities. Those at moderate risk are offered wellness coaching through AHC's LifeWork Strategies (a provider of well-being services to employers). High-risk members are contacted by a PHN.

The integration of HRAs and screening data allows PHNs to identify members with serious health risks not yet documented by claims. Members found to have risk factors such as hypertension or high cholesterol are contacted by PHNs and encouraged to schedule an office visit with a Primary Care Physician. PHNs can also see if the member actually obtained care.

Through effective data collection and analysis, AHC has reduced members in the "No Known Risk" category to approximately 12.5%—a fraction of what most employers have. Screening and data analysis are worth the effort. In 2014, biometric

About Conifer Health Solutions

Conifer Health Solutions, based in Frisco, Texas, has been providing managed services to health systems, their health plans and managed populations for more than 30 years. Its population health and medical management solutions, driven by its ConiferCore® Technology platform, enhance patient engagement, drive clinical alignment, manage risk, and improve financial performance. Conifer Health has earned a reputation for high-quality, cost-effective health management programs designed to promote the good health of populations, large and small.

screening revealed that 150 employees who had previously shown no risks were in fact at elevated risk that warranted monitoring.

AHC has further enhanced the information it gathers. In addition to completing the annual HRA, members now use kiosks available onsite and at certain retail locations. Members use the kiosks to measure their weight and blood pressure, which provides the plan with verified clinical data. The kiosks electronically send the data to the warehouse on a real time basis. Members also have blood work to measure their A1C (blood glucose) and cholesterol levels. Results of these tests are shared with Conifer Health, so members who require special attention can be brought to the attention of PHNs.

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Donna Scott,
Director of Benefits
Adventist HealthCare

Personal Health Nurses are Key

Personal Health Nurses have been a powerful factor in AHC’s success. This was achieved by sustained, multifaceted efforts to show both PCPs and members the benefits of engaging with PHNs.

To establish strong relationships between the PHNs and PCPs, AHC organized face-to-face meetings with plan administrators, PCPs, and PHNs. They explained how PHNs could help physicians improve their patients’ health at no additional cost to the practice. One nurse was assigned to each practice.

“We said, ‘Here is your PHN, who is also familiar with the patient’s history, has the patient’s best interests at heart and will be able to work in collaboration with you to reach this patient and help them understand the benefits of the program,’ ” says Donna Scott, director of benefits and health plan administration at AHC. “Nurses became an extension of the professional’s office.”

PHNs meet in person with their PCPs quarterly and have extensive telephone contact. Over time, the relationships between PCPs and PHNs have become ones of trust and close collaboration. “It takes time to build relationships,” says PHN Millie Pantik, RN, of Conifer Health Solutions, who has worked with AHC’s plan for 10 years. “[PCPs] want to know how this adds value to their practices and members.” Over time, she says, PCPs come to see that “we’ll save them time and help them get better results with their patients.”

“You have to work with [PCPs], respect their time and respect how their practice works,” says Conifer Health PHN Rosette Moss, BSN, RN, CCM, a five-year veteran of the program. “Over time, I’ve seen improvement just through relationship-building and showing them that I’m supporting their treatment plan.”

On the member side, some people at first required persuasion to engage with PHNs. AHC used newsletters, posters and other communications methods to familiarize members with Pantik and Moss, and the two PHNs are on hand at the organization’s regular benefits fairs to meet people in person. Moss and Pantik have grown skilled at putting members at ease when they contact them and in explaining how they can help. “Once [members] have the initial conversation with the PHN,

they see the benefit,” Scott says. “They see that this is someone who has their best interests at heart and who wants them to get well, and there’s no additional cost for this personalized service.”

PHNs first reach out to members by telephone. Experience has taught them to immediately address concerns members might have. They assure the member that their service is confidential, voluntary and free, and they explain how they can help. “Being nurturing and kind and helpful in my tone helps,” says Moss. “I know the barriers and try to preemptively avoid them.” If necessary, PHNs will contact the member’s PCP to enlist his/her help in persuading the member to accept their services.

Over time, the AHC population has grown more receptive to working with the PHNs. Many members have coworkers or relatives the nurses have helped, so they’ve seen benefits firsthand. Members form strong bonds with their PHNs. When they meet their PHN face-to-face for the first time at a benefits fair, for example, it’s common for members to greet and hug their nurses like old friends. “It’s very emotional to see the interaction between employees and nurses,” says Scott.

Sustained effort by plan administrators, Cammack Health, and the nurses have helped AHC achieve industry-leading results: 84% of eligible members who the nurses are able to reach are engaged with PHNs.

“The holistic approach to employee health really does result in a well-performing health plan. AHC has a tightly run plan, with PHN care centered on the patient, high compliance with evidence-based medicine metrics and high domestic utilization. This has allowed them to achieve a low-cost but competitive health plan with reasonable contributions. The plan’s financial success is not being borne on the backs of employees.”

**Eva Simpson,
Senior Vice President
Cammack Health**

Wellness Incentives

The overall aim of AHC’s well-being initiatives is to encourage members to be good stewards of their own health. Data analysis and clinical and social interventions support this goal.

Using combined data from claims, the HRA, and kiosks, AHC is able to risk-stratify members and allocate resources based on the member’s level of risk. As mentioned earlier, PHNs contact those at high risk. The nurses develop an exercise and nutrition plan for the member, conduct a medication assessment, work with members on any issues in the home that might be barriers to wellness, and link members to community resources to address any social issues.

Members at moderate risk are contacted by AHC LifeWork Strategies. Through LifeWork Strategies, members can work with a wellness coach, nutritionist or other professional to help them take control of and improve their own health.

LifeWork Strategies tracks employee health information over time through the online wellness portal. “We use that to look at data across the population and put in additional programs,” says Mindy Pierce, director of LifeWork Strategies. “We can drill down and see what we should do. The ultimate goal is to put data-driven programs in place.”

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**Mindy Pierce,
Director,
LifeWork Strategies**

Keeping Well-being Top of Mind

Ongoing, effective communications efforts constantly reinforce the well-being message. Cammack Health has been instrumental in helping AHC communicate effectively with employees, creating posters, fliers, videos, guides, letters and more and organizing wellness-oriented gatherings. Materials are updated regularly to keep them visually appealing.

AHC employs a wellness coordinator to plan programs and activities, and there are wellness committees at every AHC facility. Members can take part in walking clubs, running clubs, wellness classes, chef-led healthy cooking demonstrations and more. Café menus have been changed to offer more healthy food choices. Employees and their spouses can obtain discounted rates at a local fitness club. Refreshments at meetings are more likely to feature fresh fruits and vegetables than baked goods. Employees challenge each other to reach a set number of steps on their Fitbits.

“It is refreshing to see a robust culture of wellness developing across this organization,” Scott says.

Leadership’s Long-Term Commitment

Integration of all components of AHC’s program has played an essential role in its success. But an even more important driver has been leadership’s unwavering, long-term commitment to the strategy. Transforming a culture, altering behavior patterns, changing mindsets, and achieving acceptance of innovations doesn’t happen overnight. Consistent with the Seventh-day Adventists principles, AHC’s senior executives share the values of promoting physical, mental and spiritual health. This helped drive the program as it evolved and gained traction over time.

It was also necessary to confront the elephant in the room – privacy. For many employers, this is a huge barrier to effective wellness and health management

About LifeWork Strategies

Adventist Healthcare LifeWork Strategies partners with employers to build customized, innovative solutions to create an engaging culture of well-being in the workplace; a more productive workforce; a healthier bottom line; and, reduced healthcare costs. Based in Gaithersburg, Maryland, Adventist HealthCare provides a variety of employer health services such as occupational health, work place well-being services, EAP and wellness incentive design/management to clients nationwide.

program engagement. In the early days, AHC thought it might be an obstacle for them as well. There were concerns amongst staff about the possible uses of their health data and some people felt that the incentive was not worth what they perceived as a privacy risk. Over time, as people began to see that no one got fired, people weren't targeted for premium increases based on their health and AHC was transparent about the uses of data, participation improved. When engagement in the incentive was not optimal, a member of the AHC leadership team issued her own personal plea and assurances about the use of data to the staff and was able to boost participation in the program. While there are still people who are not 100% convinced their data will be protected, there are far more testimonials about real results than myths about data use nowadays. AHC still treats every question about privacy with the utmost seriousness and tries to help people understand that they are governed by the same regulations that they are when it comes to the use of protected health information. Because this continues to be a very touchy issue for plan sponsors, Cammack Health has written on this issue in "It's Time to Get Loud and Proud About Using Data to Help Patients Get Better" and "Avoiding Privacy Pitfalls in Medical Management: When the Provider is the Employer".

A key to ongoing success and integration of all effort—members, nurses, physicians and administration—is the way the Health Plan is governed. The Health Plan Steering Committee isn't HR and Finance alone. It also includes senior leaders from AHC operations and physician leaders, as well as Conifer Health, Cammack Health, and Adventist HealthCare LifeWork Strategies. This team is able to address many aspects of cost and utilization—and is efficiently organized to evaluate plan performance, review data analysis, discuss operational barriers or opportunities, and make change happen. They measure impact and results on a regular and recurring basis, and continue to introduce, end, or refine programs.

Over time, the organization's financial commitment to the program has grown. In addition, administrators employed other ways to help fund the program, including building a percentage of the cost into premiums. (Even with that, employee contribution in 2015-2016 remained flat because the plan is doing so well.) AHC's leadership had to see the value of wellness to invest in it.

"Wellness is intangible," says Donna Scott. "Often you're not able to realize return on investment until quite a ways down the road. We had to have leadership that understood the value of wellness overall for there to be a commitment of healthcare dollars."

AHC's leaders did understand and were patient as relationships matured and incremental changes were made to the program. This has been critical to AHC's success and is a model for other organizations to follow.

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Conclusion

A number of key findings have emerged from AHC's experience.

- Achieving the ambitious goals of better member health and experience and lower costs requires patience, sustained effort, and a long-term commitment, but those goals are achievable with experienced partners, wise innovations, and continuous refinement.
- Leadership commitment is a must.
- Investing in wellness initiatives has a strong, positive impact on member health and the plan's bottom line.
- Plan design is at the core of employee health management. The goal is to guide employees and their families toward the best healthcare, while offering them good choices that save the plan money.
- Compiling, integrating, and analyzing data is critical. It enables productive dialogue with employees, physicians, and partners, and it must be shared seamlessly among all partners and platforms.
- Building engagement and wellness is an ongoing process. It must take place consistently over time and at every level of the organization. Rather than being seen as an add-on to the health plan, it must be adopted as an institutional philosophy and given high priority.



Erin O'Connor, Esq., Partner

Erin works with industry leaders and clients to develop strategic partnerships and deliver best practices for accountable care solutions. Erin's key areas of expertise include organizational development, engagement, and change management. She has developed successful engagement and communication strategies targeting physicians, organizational leadership, and employees. She excels at creating and embedding processes to overcome barriers to change. Erin has also worked with self-insured employers and health systems to create new relationships to improve health and reduce cost.

Erin is a frequent speaker at key industry events including Northeast Business Group on Health, American Society for Healthcare Human Resources and Healthcare Financial Management Association.

Erin has 25 years of experience in human resources and healthcare operations. Prior to joining Cammack Health, she was the chief HR executive at two large healthcare organizations for over seven years, one of which operated several health plans. She is a graduate of Cornell University's School of Industrial and Labor Relations and Fordham University School of Law.

(212) 766-9057
eoconnor@cammackhealth.com
www.cammackhealth.com