

## **EBS-RMSCO's Steps to Success Program**

The *Steps to Success* program allows us to manage risk to control variable claim costs. This program is not limited to specific disease states or medical conditions. At its core, this program is meant to avoid the avoidable. The Steps to Success program can detect very serious undiagnosed conditions, avoiding tragic medical outcomes and catastrophic expenses.

*Steps to Success* will identify potential candidates in multiple ways:

### **On-Site Biometric Measurements**

This program sends a phlebotomist to our worksite(s) to administer Health Risk Assessments (HRAs), measure the appropriate biometrics (height, weight, blood pressure, etc.) and draw blood for screening purposes.

A comprehensive report is sent to the member, and all employee information is rolled up into an aggregate report for the employer.

Employees will then have access to comprehensive tools that assist with recommended health screenings and timely reminders through *Healthwise*, a web application voted a "best class" health information portal.

All screened employees are eligible for a one-on-one telephonic coaching program. This program runs from 2 to 8 weeks (depending on condition) and will focus on:

- ❖ Smoke free for life
- ❖ Lifestyles for successful weight loss
- ❖ Diabetic prevention
- ❖ Managing cholesterol levels
- ❖ Personal fitness
- ❖ Managing and preventing high blood pressure
- ❖ Better nutrition
- ❖ Preventing and managing back pain
- ❖ Controlling asthma
- ❖ Achieving life balance

### **Data Mining**

#### **Minimize Future Medical Expenses**

Our ongoing, proactive data mining program creates opportunities to improve management of chronic diseases, encourage the use of low-cost cancer screenings and early detection of high-cost cases in advance of incurring exorbitant expenses.

This program identifies gaps in care for members who suffer from chronic diseases. The nurses reach out to members as well as providers to encourage better management of chronic health conditions, based on nationally recognized standards of care. As these gaps are identified, the nurse case manager works with the member to assure the member understands the importance of the missing treatment or tests.

#### Chronic Conditions Mined For:

- Coronary Artery Disease (CAD)
- Asthma
- Diabetes
- **Important note:** New cases are mined for monthly (i.e. HIV, cancer, renal failure, cirrhosis, liver disease)

### **Prevention**

Thousands of algorithms and query tools allow us to identify members who have a chronic condition as defined by the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is a nationally accepted program. This process identifies members that are at risk and not in compliance with the recommended treatment plan.

Once non-compliant members are identified, the member and his/her Primary Care Physician (PCP) are contacted. The medical management vendor works with the PCP to provide a comprehensive medical overview of what led them to believe the member is non-compliant. PCPs are encouraged to reach out and engage the member as a trusted source. The PCP has an ethical obligation of keeping the patient healthy.

Our data mining program also identifies members who have not had regular preventative screenings and will remind these members when a crucial preventative screening is missed, encouraging them to schedule an appointment for these potentially life-saving tests:

- Colorectal Screening
- Pap Smear
- PSA Test for Men
- Mammogram 40-49 (once every two years)
- Mammogram 49-70 (once every one year)

In addition, the members are encouraged to seek treatment from the appropriate medical provider so the chronic medical condition is monitored closely by a physician to avoid high-cost complications. The member is encouraged to make and keep appointments and is educated to ask more in-depth questions of the provider. This disease management program has narrowed the gap in care for diabetics, asthmatics and members with coronary artery disease.

Using claims data, reminder letters are generated for individuals who have not had appropriate cancer screenings to be sure cancer is identified in its earliest possible stage, when the cost of treatment is lower. As a result of the reminder letters, more of our members are being screened for cancer than those covered by other commercial plans.

Also, as part of the ongoing data review, certain conditions are identified that warrant early case management assistance. By reviewing claims data, individuals are identified with the early indication of a potentially catastrophic condition, when the claim level is as little as \$500.

This allows case management to begin early to assure these potentially high-cost cases are medically managed to avoid complications.

Utilization of the proactive data mining program has proven to be an effective tool in flattening the cost curve. Employers utilizing data mining average a return on investment of \$4.50 for every \$1.00 spent. **Data mining tools are also being utilized as a highly effective method for identifying incidents of fraud, waste and abuse.**

## **Measuring Success**

*Steps to Success* provides a comprehensive series of reports to judge the effectiveness of the program:

- Changes in compliance rates for chronic conditions
- Aggregate report summarizing the HRA and screening program
- D2Hawkeye reports showing “at risk” changes in membership

*Steps to Success* helps members reach the goal of “avoiding the avoidable” by:

- Identifying members that are at risk or not in compliance
- Motivating these members to take action
- Working with members to ensure their adherence to HEDIS guidelines
- Encouraging all members of the workforce to take advantage of the program in order to capture undiagnosed conditions