

## **Creating a Healthier Population Can Reduce Healthcare Plan Costs Over Time**

Each year employers project and monitor expenditures. Through the years benefits and healthcare have made their way to become one of the top 3 budget line items for every business. What is causing this line item to climb at a rate that is at least double of annual inflation and what can be done to help stabilize or reduce it?

First, we need to examine the root causes. There are a number of factors that annually influence and increase the cost of healthcare plans. The items need to be divided in to two separate categories. The first category would be external or industry type influences. These influences include basic inflation, increase in medical research & development, industry inefficiencies, doctor shortages and healthcare mandates & reform.

The second category is directly related to each plan's population. Plans are faced with an aging population, higher cost medical procedures & drugs, and members that are not taking care of themselves. In addition plans are seeing increased plan utilization, high dollar claims, plan design challenges, and increased utilization of specialty drugs that have no generic alternatives. Balancing the proper plan coverage with employee contributions and wages have become more difficult than ever.

The solution to the 2nd problem is actually quite simple. Plans need to build a culture of health and to encourage participants to become healthier. Approximately 75% of all healthcare costs are preventable, but most members do not practice prevention. A large percentage of health problems are undiagnosed. These include serious conditions such as high cholesterol, Diabetes, depression, anemia, liver disease, and many more.

There are a number of proven and measurable action plans that a plan can implement. One is to have a comprehensive Health Risk Assessment (HRA) and Biometric Screening Program. This would include a simple form, called an HRA that a member would complete to evaluate their habits, lifestyle and state of health. The Biometric Screening is a blood draw that tests for many different measures. For example: the EBS-RMSCO program measures 34 different tests. The data and tests are then analyzed to create a comprehensive health report for each individual in the program. The reports also provide important risk measures such a coronary risk analysis and other serious risk factors that the member may have exposure to. It is used as a baseline of each individual's health and is a great tool to share with their doctor. The report also gives a health score for each individual and a goal for the member to meet in the following year. Having a measurable program is what makes the program work.

Here are some recently released results for Plan's using EBS-RMSCO's program:

- \* 81% of participants hit their goals
- \* 20% increase in daily employee productivity
- \* 41% of smokers quit smoking
- \* 45% of high-risk employees moved to low-risk

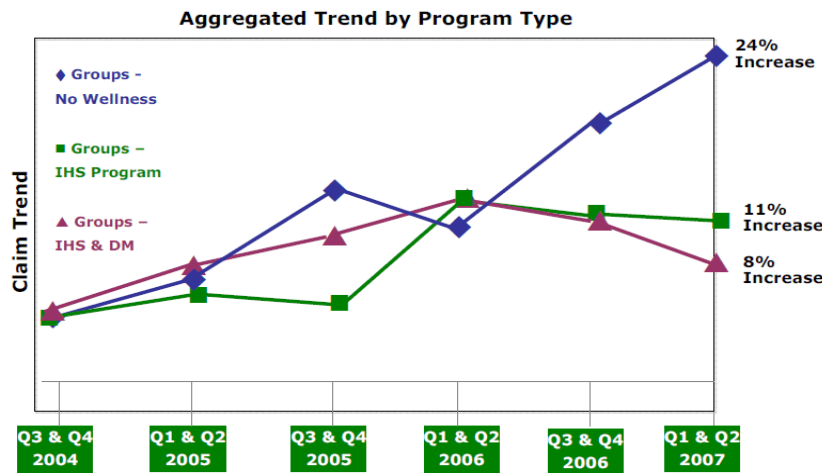
Another approach is called Data Mining. This process uses health plan utilization information to identify conditions earlier and to engage & educate members to manage their disease states through nurse outreach. In a data mining program members that are not treating disease states properly or that may have “gaps in care” will receive a nurse outreach. Healthy members are also engaged or reminded when they have not had the appropriate wellness screening for their age and gender. The best detection is always early detection. EBS-RMSCO’s exclusive data mining program has successfully worked to educate & engage members and reduce plan cost over time.

**Actual Results of EBS-RMSCO’s Programs:**

A Third Party Consultant analyzed 50,000 Lives over a 2 1/2 year time period.

Groups were broken into 3 categories:

- Employer groups with No Program over 2 1/2 years
- Employer groups using IHS Biometric / Blood Draw Only during same time span
- Employer groups using IHS Biometric / Blood Draw & Data Mining/Disease Management



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