



Effective Member Outreach

A Path to Cost Reduction
and Better Health

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HEALTH SOLUTIONS®

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There are substantial financial and, even more crucially, human costs associated with inadequate care management. Patient non-participation drives almost \$300 billion in avoidable healthcare costs annually,¹ approximately 125,000 deaths a year, as many as 25% of hospital and nursing home admissions, almost half of prescriptions being taken incorrectly, and lack of adherence by as many as 40% of patients.²

Complicating things further is an overriding lack of confidence and trust among the insured. A survey by J.D. Power of almost 35,000 members of 147 health plans found that 64% of the members did not believe that plans acted in their best interest, and only 25% trusted their plan at all.³ Other barriers include well publicized realities, such as healthcare staffing shortages. Add to that real or perceived biases among the medical community and practical matters, such as language barriers and transportation.⁴

A New Way

So, how can benefit teams and managers in this uncertain and always changing environment effectively address these issues and deliver a holistic healthcare solution to employees?

Increasingly, organizations are creating networks of vendors to meet a wide variety of needs. However, as the mix of vendors grows, so do complexities around systems of

collaboration and coordination. One thing for certain is that communication is especially key. According to J.D. Power's 2020 U.S Commercial Member Health Plan Study, almost half of those surveyed said their health plan had not expressed concern for their health since the pandemic, and now that plans are expected to engage more frequently and robustly, lack of communication can affect satisfaction scores.⁵

The solution could be delivery of a coordinated suite of vendor services overseen and delivered in a genuinely connected and personal manner, one that improves utilization of benefits across all members. Conifer Personal Health Nurses (PHNs) are clinicians who personally reach out to members to educate them about non-participation, symptoms, and overall integration of all their employer's care providers into a single, highly personalized package.

PHNs provide accountability and reliability that serves all stakeholders, employer and employee alike, and the results are tangible.

PHNs work across the entirety of an employer's healthcare benefits, organizing and prioritizing them into a personalized care journey that connects members with primary care, labs, physical therapy, nutritionists, classes, and more. They even facilitate same day primary care appointments and can save people hours of waiting time in an Emergency Department (ED).

An added benefit to employers is that members use the benefit point solutions more due to education and active referral which promotes return on investment for these programs which are often a per member per month price.

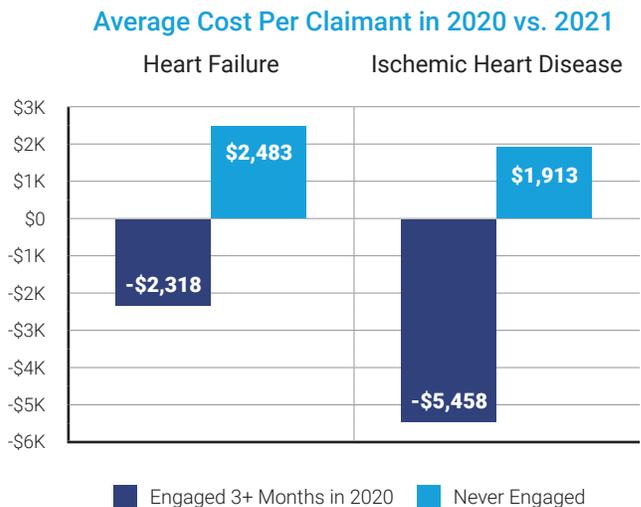
A Plan in Action

Conifer partnered with a nationwide company to launch a healthcare program that was a pilot for the company. The program goal was to determine the impact of a proactive, holistic approach to reducing ED and In-Patient (ID) admissions among the organization's 100,000+ employees in three states.

The work environment included long shifts, standing on hard floors that often lead to chronic orthopedic issues, sometimes even requiring surgery. The number of unnecessary ED visits and IP admissions were high because employees were largely unaware that their benefits package included visits to free urgent care clinics. This impacted both time in the form of long recovery periods for employees and absenteeism for the organization, and costs: \$1500 for an ED visit, with a co-pay of up to \$200 incurred by the employee, versus a clinic that was free for employees and only cost the employer \$150.

PHNs reached out to high-need members. The nurses' clinical backgrounds and training quickly established trust as they educated employees about symptoms. They also met weekly with utilization management providers to discuss patient needs and best practices around behavioral health, pharma and physical therapy. They worked in concert to change the workplace culture and create awareness and support for a prevention-focused healthcare approach.

Engaging in 2020 Decreased Top Conditions' 2021 Costs



In addition to substantial savings in heart failure and ischemic heart disease, Conifer PHC nurses drove a 30% decrease in avoidable Emergency Department visits over a two-year period.

Success Story

A 55-year-old man with a medical history of health issues that seriously impeded his quality of life – including obstructive sleep apnea, narcolepsy, osteoarthritis and back surgery – was admitted to the hospital for a pulmonary embolism. After

he was discharged he returned home with new orders for oxygen, but he still struggled with breathing and walking. No follow up of any kind was scheduled, his prescription for a high-cost drug was no longer covered by his plan, and multiple attempts to speak with anyone about these issues were unsuccessful and deeply distressing for him and his family.

A routine follow-up by a Conifer PHN led to direct action. The nurse immediately contacted his pulmonologist and resolved the formulary issue, moving the patient to a preferred alternative. The PHN arranged a follow-up appointment for post-discharge evaluation and reviewed his treatment plan, then addressed the patient's immediate concerns about discharge. That included providing education and answering his questions about oxygen safety, blood thinners, the risks of non-participation, the proper use of non-medical pain treatment, and safe use of non-prescription medications.

The patient clearly understood his post-discharge treatment plan and adhered to it. In short order he no longer needed oxygen and was able to breathe room air, he began managing his pain with ice and Tylenol, and returned to work approximately six weeks after his surgery.

Good Thinking

There are new realities around healthcare, employer/employee relationships, and societal expectations. Those charged with crafting and managing benefit packages must develop solutions that acknowledge that, while containing costs for their organization and creating a seemingly smooth and seamless experience for the end user.

These goals are not at cross purposes, and achieving success means that all stakeholders are satisfied. The suite of services is robust and easily accessible, expenditures and absenteeism are lowered, and health outcomes are improved. Caring professionals who manage networks of vendors and their various, interconnected offerings, then proactively connect employees to them, are a real solution that capably and effectively recognizes and addresses a myriad of needs within all stakeholder groups.



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Sources

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