



Executive Summary
BHC Broker/Consultant Event
February 8, 2018

Thank you to all who attended the February 8 Business Health Care Group (BHC) Broker/Consultant event hosted by Baird. We appreciated the opportunity to share insights from our presenters, listen to your thoughts and speak with many of you. Below is a brief recap with highlights/takeaways from the afternoon.

Engaging Employees & Building Cultures of Health

Todd Smasal – Director, Total Rewards, Northwestern Mutual

- Northwestern Mutual is committed to engaging employees to pursue quality, cost efficient care and influencing the way health care is delivered in the community.
- Made the decision to go all in with their strategy to tier benefits and steer members to Premium care providers through the UnitedHealth Care Premium® designation program.
- Gradually built a tiered benefit structure and culture with a complete communication and education campaign to lower both employer/employee cost trends (currently a 20% co-insurance differential between Premium and non-Premium providers). Current health care cost trend is 1.4%.
- Want employees to understand why choosing Premium providers is important. Members highly engaged with Premium providers have lower medical costs, fewer ER visits and inpatient admissions with fewer days in the hospital.
- There is significant variance in total costs between Premium and non-Premium designated physicians (15% to 26% on average).
- Northwestern Mutual's 2016 Premium provider utilization was 54.4% overall (better than the overall BHC and community average), but looking to do better – goal is to achieve 65% Premium provider utilization in 2018.
- Next steps: This year, two plans (Premium Plan, High Deductible Plan). Must name a Premium or Mutual Health Center provider as a PCP to enroll in Premium Plan; additional \$250 contribution to HRA for seeking Best Doctors second opinion.
- Todd's [slides](#) are available for review.

David Smith – AVP, Customer Analysis & Solutions, UnitedHealthcare

- Data shows members who are highly engaged with Premium providers have a 16% lower medical spend than members with low engagement of Premium providers.
- Research on “medically homeless” (those without a PCP relationship) rate reveals males are twice as likely to be medically homeless (21% vs. 11% females); only 33% of females/19% of males have had at least two wellness visits in the last two years; males in their 20s and 30s receive little to no PCP services.
- David’s [slides](#) are available for review.

Ray Fabius, MD – Co-Founder & President, HealthNEXT

- HealthNEXT has developed a methodology to build a corporate culture of health using an assessment tool that identifies gaps across 10 categories and creates a strategic plan to remedy the gaps.
- People generally access care randomly – “you must get the right people to the right doctors at the right time at the right cost” and implement a campaign to educate employees in their best interests to become excellent health care consumers.
- Research demonstrates companies who are recognized for their cultures of health have a competitive advantage and outperform the stock market.
- “Job #1” for employers is to know what their medically homeless rate is and resolve it by steering people to quality providers so they are not just accessing episodic illness care.
- Population health is defined as implementing health interventions, impacting determinants of health (e.g. lifestyle is 51% of mortality risk factors) and improving health status.
- High cost claims seem inevitable but if you can get people to take better care of themselves establishing trusted relationships with quality providers, they don’t have to be.
- The business case for moving forward aggressively to build an organizational culture of health is clear; directly impacts engagement and productivity of your workforce; and yields a positive return on investment (\$1.88-\$3.92: \$1.00).
- The goal should be to make a culture of health for the long-term – employers should spend more than 3% on prevention to compress or eliminate their employees’ period of morbidity. The longer someone is healthy and well, the shorter the period of chronic illness and poor health at end of life.
- Dr. Fabius’s [slides](#) are available for review

Lisa Mrozinski – Director of Total Rewards, Baird

- Baird’s wellness journey started in 2004 – they have 98% participation in their program through the use of incentives, surcharges, outcomes-based biometrics, etc.

- Baird has seen its cost trend level off and go down but is working with Dr. Fabius and HealthNEXT to build a corporate culture of health and take wellness to the next level (it's not just about cost). "How do we integrate health into our culture and how do we improve the lives of our associates?"

Cece Hopkins – *Director of Coalition Strategy, UnitedHealthcare*

- Launching two-year pilot for UMR employers with Tier 1 plan designs. UHC credits will completely offset the BHCG membership fee for UMR employers joining BHCG. Look for forthcoming details in your inbox.

More information

To get more information or schedule a meeting to learn more about BHCG membership, programs and initiatives, please contact Jeff Kluever at 262-875-3312 EXT. 1 or jkuever@BHCGWI.org