



DELIVERING **VALUE** SERIES

Quantum Health

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BMO

Executive Summary

Representatives from employers, providers, brokers and other stakeholders gathered on April 30 at BMO, Brookfield, to attend the inaugural symposium of BHCG's 2019 Delivering Value Series. The Series was created to impart in-depth knowledge about the best-in-class innovative employer solutions in BHCG's portfolio.

Quantum Health and its single point of entry consumer navigation and care coordination services were featured at the April 30 Series kick-off event in separate morning and afternoon sessions. Attendees heard from key Quantum Health staff and employer clients about the value of Quantum's research-driven consumer model that has been proven to improve the health care experience and lower costs. The following are key takeaways from the day's presentations.

Introduction

BHCG's strategy

- **Putting best-in-class solutions in place through new partnerships like Quantum Health**
 - Other partnerships include: UnitedHealthcare (single medical plan administrator); Navitus Health Solutions (PBM solution), Best Doctors (informed decision making); Welldoc (diabetes management); and the WHIO/GNS physician data study
 - Future initiatives include a data warehouse vendor partnership
 - Status quo is not acceptable for BHCG or its member employers – there have to be changes in the current system
 - Member employers will help improve partners' products and push them out of their comfort zones
- **Leveraging the collective size of its member employers**
 - Represent the “who’s who” of employers in eastern Wisconsin
 - Membership expansion on a national basis with best-in-class employer solutions
 - Will work collaboratively with health systems and providers
- **Grow the organization regionally and on a national basis**
- **Quantum Health partnership benefits**
 - Leverages all the solutions and increases member engagement
 - Preferred pricing, performance guarantees, negotiated administrative services agreement template
 - Removes barriers for employers to choose solutions best for them to plug into the engagement model
 - Provides an opportunity for benefits and risk management to work together – will benefit workers' comp as well
 - Working with Quantum to develop turnkey communication materials

Quantum Health

Mission and history

- **Out to simplify the health care benefits journey for plan members and their families**
 - Health care has become increasingly complex and continues to change
 - Quantum's core competency is to connect with each plan member/consumer at the earliest possible time (Real Time Intercept™) to provide a guided experience that drives decisions – no matter how often the experience evolves
- **Founded in 1999**
 - Founder (Kara Trott) had a mission to understand care gaps, confusion and waste
 - Employers invest millions in various point solutions but it's difficult, if not impossible, for employees to navigate them
 - The challenge was to provide a point of contact for education when the member has an open mind and ready to receive it
 - Where are the pain points, where do members get stuck?

- Had to be effective for the whole population, not just the sickest
- **Developed Real Time Intercept**
 - Advocacy from the very beginning of the consumer health care journey
- **Recognized as a best-in-class employer**
 - Emphasize support, empathy and compassion – directly translates to successful results

Client base

- **170+ diverse clients**
 - Different sizes, industries (including health systems) all with unique strategies
 - 30-40% growth over last five years
- **1.3 million+ consumers**
- **Integrate with over 400 vendors (point solutions)**
 - Wants to be a piece of the solution to partner with entities that do well in specific areas for specific clients
 - Creates a flexible platform for what is best for the employer
- **36 TPA partnerships**
 - Share data to best advocate for the member
 - Quantum currently has 83 clients that utilize UnitedHealthcare or UMR
- **Work with all major PBMs**
- **Work collaboratively with brokers and consultants**
 - Appreciate that Quantum separates claims paying from the clinical care coordination – no conflicts of interest and completely aligned with employer and community goals
- **Can administer incentives to create even greater engagement**
- **Ninety days to implement**
 - Culture training on-site
 - Review benefit plans

Single point of contact

- **Quantum carves out member and provider functions from the carrier/TPA**
 - Leaves the carrier to do what they do well – establishing networks and paying claims
- **Simplifies consumer communication**
 - One point of contact (for claims administration & network, PBM, other point solutions, community resources and all benefits)
 - Replaces benefit card (co-branded with employer)
 - Members choose to interact via phone, chat, text, app
 - An “omni channel” to drive decisions in the moment
 - Handles all inquiries from basic questions to chronic or serious conditions
- **Focused on collaboration with providers as an advocate for patients**
- **Quantum becomes a part of the active conversation by simplifying the entry way**
 - Engages consumers (and the whole family) at all levels
 - Offers deep care coordination services when needed
- **A seamless, holistic solution combining member, provider, pharmacy and specialty services**

Data integration

- **Quantum receives nightly claims (including pharmacy) and eligibility feeds**
 - Has all the data to power all tech for the member and the system
 - Has a macro view to tie together all the pieces making up an employer's benefit plan

Real-time intercept (RTI)

- **Earliest possible contact via ID card/phone number**
 - People first interact not in the doctor's office, but through benefits (i.e., is this doctor in the network, etc.) or when providers call in for eligibility
 - Quantum turns interactions into data points/road signs to engage (e.g., thinking about upcoming care?, what's going on, what's the nature of the visit?, etc.)
- **RTI engages the consumer early**
 - Research shows the longer a consumer's health care experience goes on, the more costly
 - Quantum's ability to engage at the earliest possible time gives them the ability to change the trajectory
 - In independent study, RTI beat traditional predictive modeling 99% of time
 - 87.7% of members with \$10,000 of claims or more are engaged through RTI (traditional model averages more than 60 days before consumer is engaged)
 - If members don't call, provider calls act as another engagement lever to contact the patient
- **Care coordinator's job is to earn trust at the first call**

Member services model

- **Dedicated pod of care coordinators (billing services reps, nurses, doctor and pharmacist)**
 - PCG (primary care guide) nurse dedicated to member and family and trained to handle any call
 - Supported by patient service reps (PSR) for benefits and claims; business intelligence analysts, client executive/managers
 - Nurses are cross-trained in benefits as well
 - 25-30 care coordinators per pod that serve between 50-70k members
- **Collaborative relationship with providers**
 - Makes sure they are in the conversation with providers and members to break down barriers and make the member comfortable
- **Acts as a guide for every health care journey**
 - General questions about benefits
 - Incidental users (one-time illness or injury)
 - Population looking to be healthier
 - Those who have high cost claims (typically with chronic conditions)
- **Uses interactions/data to risk-stratify**
 - Doesn't rely on claims thresholds
- **Engages/collects PCP data to identify and reduce medical homelessness and drive PCP incentive campaigns**
 - Will partner with systems to identify which high value PCPs are accepting new patients
- **Many calls are general benefits and eligibility calls**
 - An opportunity to listen and learn about information to engage consumers and obtain data)
- **27% of calls are pre-cert, appeals, clinical care coordination services (do daily concurrent review)**

Validated results as a trusted resource

- **Customer satisfaction**
 - Net promoter scores () are taken at every level (member, client, provider)
 - A score of 60 is excellent, 70 is considered world class
 - Member – 74 NPS
 - Client – 77 NPS
 - Provider – 74 NPS
- **Engagement**
 - 64% of all members/87% of households average over four contacts with Quantum per year
 - 98% of members with over \$10,000 in claims average nine contacts per year
- **Year one utilization impact**
 - Primary care visits up 7.1%
 - Inpatient admissions down 4.8%
 - Cost of cases over \$25,000 down 5.7%
- **Cost savings**

- 5.2% cost reduction in year one
- 17.% cost reduction over five years (sustained savings)

Slides from Quantum’s presentation are available for [review](#)

Pam Hannon, Retirement and Healthcare Leader GE Healthcare (formerly of Abbott Labs)

Background

- **Led implementation of Quantum and operations of the program for the last five years at Abbot Labs**
- **Abbott Labs has \$30 billion in sales, 29,000 US employees**
 - Average tenure 14 years; average age 44.5 (slightly older and with larger families)
- **Implemented Quantum Health in 2016**
- **Facing ACA, had rich benefits, active retiree medical plan**
 - Concerned they were spending a lot of money on benefits, but employees were complaining – thought the plan was not good, didn’t get the service they needed
 - Spent too much time on the phone chasing answers/solutions
- **A lack of guidance on how to use plan resources led to very poor results, a lot utilization and negative feedback**
 - Wanted a solution that would help members find the best health care and allow Abbott to maintain its provider networks

Quantum Health decision

- **Looked to implement a medical home model for members – focus was not on saving money but on helping people through the system**
 - Would not enter into a risk or cost saving solution – did not want employees to think it was all about money
 - Knew that if you get people to the right place you will save money (30-40% of health care is wasted)
 - Looked at four companies including Quantum Health that offered a navigator solution and care coordination
- **Made the decision to go with Quantum because they would change the role the employee has to play**
 - Members don’t want to coordinate their own care, need to concentrate on their own health and the Quantum model allows them to do that

Quantum Health experience

- **Abbott benefits had been looked on with skepticism; employees were suspicious about Quantum**
 - Took them a while to accept they were there to help them and their doctors
 - Quantum’s caring culture really helped smooth the transition

- **Quantum offered robust member outreach and education**
 - Offered solutions, not just denials
 - Work to get people to the right place
- **Became the hub for all Abbott's point solutions**
 - Changed their Best Doctor's release to allow Quantum to access reports
 - Appreciates the extension of advocacy for parental caregiving issues through Quantum's sister company, CarePartner
- **Almost as many calls to providers as there were to employees**
 - Only involved on an advocacy basis, they are not in the business of diagnosis and treatment – that's left up to patients and doctors
 - If there is a pharmacy question, they will call the pharmacy on the member's behalf
- ***"A gutsy decision at the time, but it has been a tremendous success"***

Slides from Pam Hannon's presentation are available for [review](#)

Jim Wilson, Human Resources Manager, Rural King Farm & Home Store

Background

- ***"I'm the benefits team, along with Quantum Health!"***
- **Farm supply store founded in 1950**
 - 115 stores across 13 states; \$2 billion in revenue; 8,500 associates
- **Implemented Quantum Health in January 2018**
- **Had a TPA and ASO agreement that was very inflexible**
 - Had data but couldn't find anyone to help them with it – no one was solution-oriented, TPA invested in generating claims
- **Sizable, dispersed population with chronic conditions and "no time to go to the doctor"**
 - Looked at claims – very little preventive care (maybe 10% of population were getting it); quite a few catastrophic claims
 - Limited HR resources
 - ER use was rampant
- **Had been using a care management/advocacy organization but couldn't get people to use it**

Quantum Health decision

- **Wanted to find a way to change the narrative so people could get better health care**
- **Made the decision to implement Quantum**
 - Seemed strategic and flexible
 - Would promote preventive care and wellness program
 - Had chronic disease management and engagement strategies
 - Could effectively support HR

Quantum Health experience

- **Quantum transition very smooth**
 - One contact/number took some training, but company and members really appreciate having one number to call to get to the right resource
 - Project management was top notch – one assigned point person kept them on top of things
- **Launched wellness program – 68% completed all biometrics with a PCP**
 - Quantum really helpful in raising awareness and engagement
 - Consumer intersects are so important – e.g., may take a call about an ID card and ask member if they know about wellness incentives
- **Quantum’s disease management goes above and beyond**
 - Looks for ways to save money, far superior to TPA’s efforts
- **Countless examples of creative solutions to save the plan or member money or make their lives easier**
 - Care coordinators help with any balance billing issues with reference-based pricing
- **Saving 25-30% over what they used to pay**
 - 94.3% of high cost members (\$10-100k claims) intercepted 85 days prior to month in which the first \$1,000 of claims were paid
 - Contributed to an estimated avoided cost of \$154,405
 - 72.4% overall employee engagement; 76.2% member clinical engagement
- **Impact on employees, dependents, employers and the community is the most important value of the Quantum Health model**
- ***“Quantum is an employer of choice because they’ve invested in their people – and it shows in how they take care of their members”***

Slides from Jim Wilson’s presentation are available for [review](#)