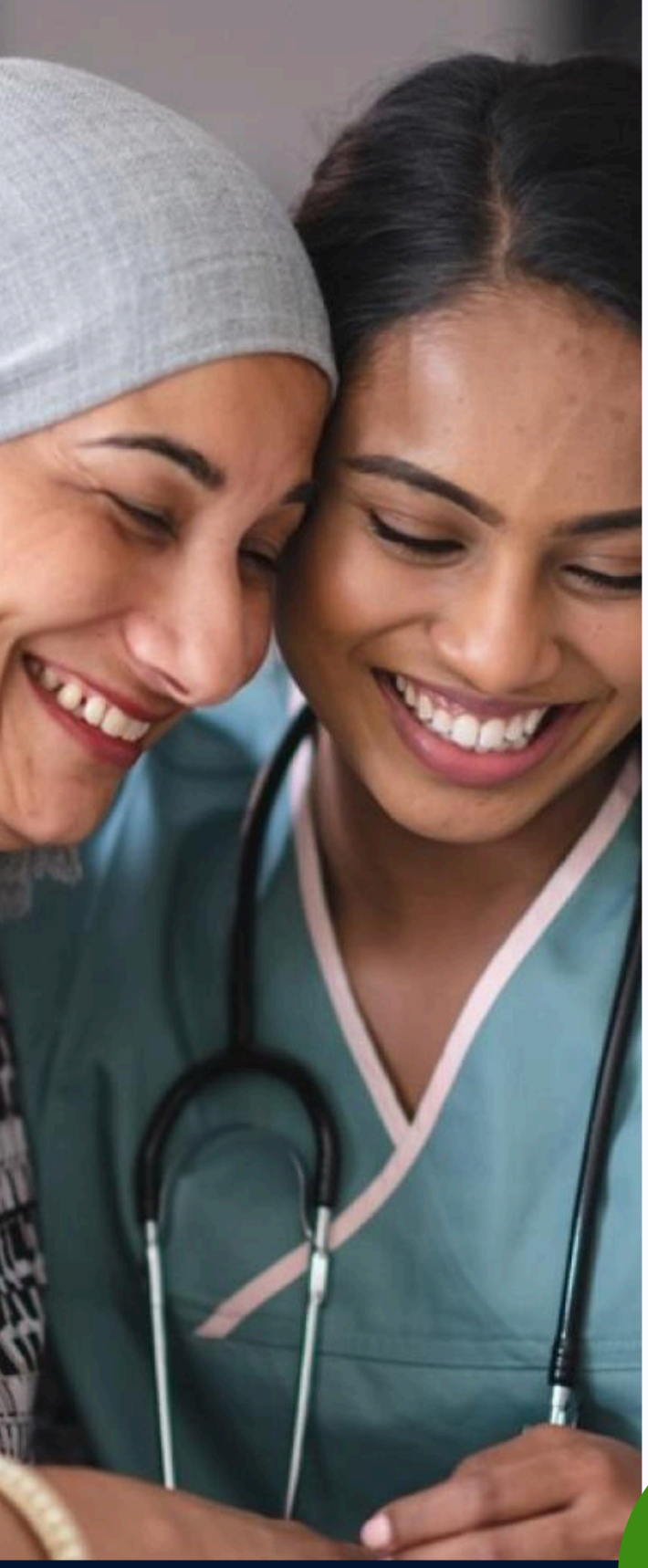
inHealth

Forging Healthier Populations

A SEVEN-YEAR CASE STUDY

2025



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Our Evidence-Based Strategy

Wellbeing

- **Higher Health Awareness**
- **More Primary Care Engagement**

Research on workplace wellness found the benefit of Health Risk Assessments for participants in raising overall awareness of health and encouraging primary care engagement (JAMA, 2019).

Primary Care Physician

- **Annual Wellness Visit**
- **Preventive Screenings**

Research found Primary Care Physician administered Annual Wellness Visits encouraged preventive screenings and lowered healthcare utilization. (American Journal of Managed Care, 2021).

Healthcare Utilization

- **Less Inpatient Care**
- **Less Outpatient Care**

The same research found disproportionately higher savings in the sickest patient populations (top quartile of the population).

Reduced Healthcare Cost

By using evidence-based interventions and a holistic health approach, **inHealth** generates tangible outcomes:

- Sustained lifestyle and behavioral changes
- Meaningful engagement in personal health management
- Greater savings in healthcare costs

System Profile

- Nationally recognized, multi-state health system
- Fully integrated with multispecialty physician group (500+ providers)
- 19,500+ employees
- 28,000+ members in the self-insured health plan

Year One

- Increased engagement with employees
- Managed costs within the self-funded plan
- Created a brand to provide direct to employer services
- Improved health outcomes in the employee population

Different from the trends experienced by many of its peers:

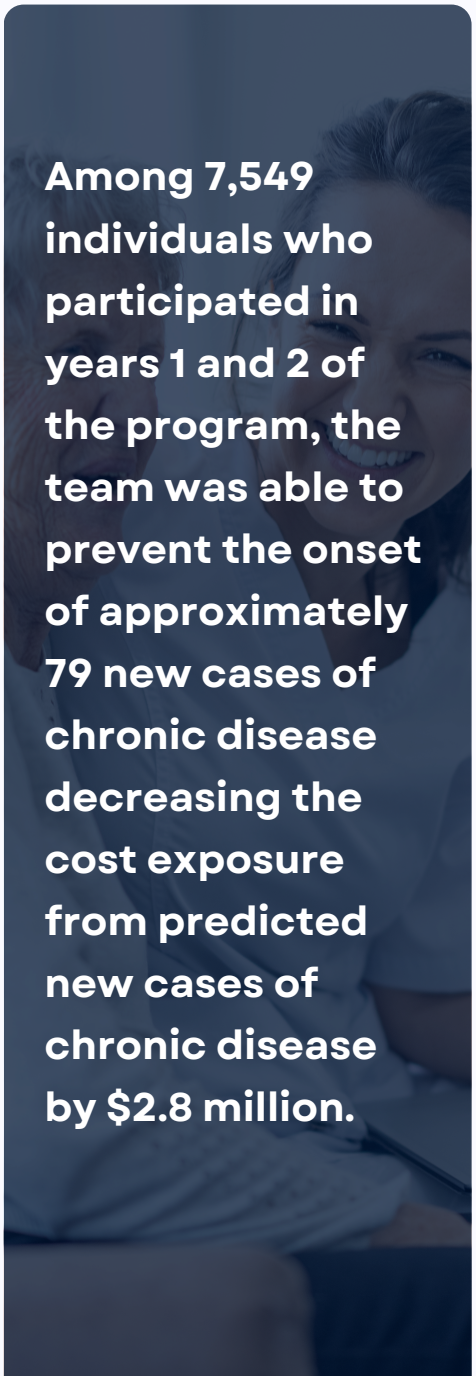
- Nearly $90 million in medical and pharmacy savings
- Employee Per Member Per Month (PMPM) costs approximately $150 per month less than other healthcare provider plans measured
- Cost of predicted chronic disease cases fall by over $3 million among screening participants

A customized approach to improving employee health

During the first year, employee screening participation rocketed from 15% with an outsourced program to 69% in when the program was insourced.

Combining health risk assessment and biometric screening data with claims and clinical information, gives the organization a baseline of its health plan population, predicting new and emerging instances of chronic disease and their associated costs (over 5 years). This process crystalizes opportunities for intervention.

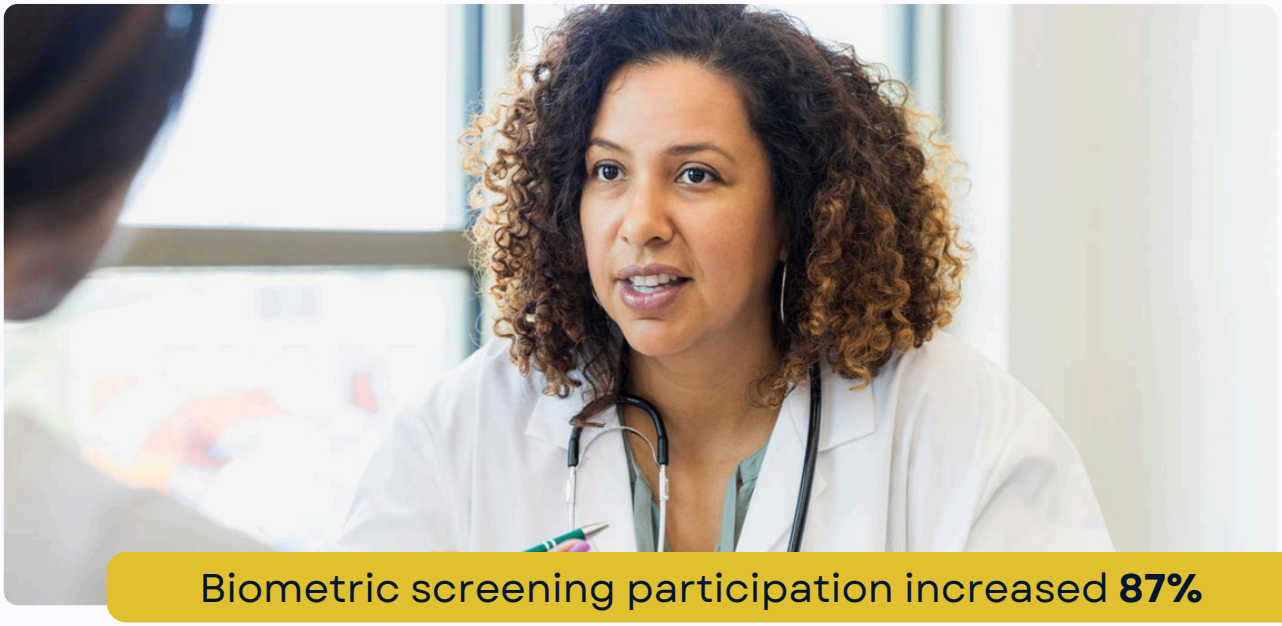
87% of the health system group weight management program (717) successfully reduced their weight.



Year 2: Data-Driven Enhancements

Let the data drive improvement

Leveraging the achievements of its inaugural year, inHealth concentrated on amplifying engagement, reorienting the direction of care coordination, and refining rewards and measures grounded in analytical findings. By modifying the reward framework, the necessity for participants to complete their biometric screenings was eliminated, instead making it a prerequisite for accessing additional incentives.



Biometric screening participation increased **87%**

The team launched a monthly newsletter that averaged over 8,000 employee interactions with each edition. Wellness leaders introduced a teaching kitchen program and highlighted employee testimonials in organization-wide communications. With almost 9% of the employee health plan population classified as high risk; the organization began to increase its focus on care management - shifting the nursing team perspective from a disease management program to holistic personal health management.

YEAR 2 HIGHLIGHTS

- 87% of reward-eligible individuals screened
- Adjusted incentives to address largest risk factors
- Designed a diabetes value-based program
- Shifted from disease management to holistic personal health management for high-risk individuals
- Outperformed peer healthcare provider health plans by $44.7 million

Year 3: Transforming Challenges into Gains

In year three the team transitioned screenings from on-site to screenings with a primary care physician. Nurse care coordinators saw an increase in engagement and increased connection with other organizational resources like pharmacy.

New cases of diabetes were the greatest driver of emerging cost. The health system and **inHealth** designed and launched a diabetes value-based program, covering all out-of-pocket expenses on prescribed diabetes medications and testing supplies for individuals with any type of diabetes, pre-diabetes, or insulin resistance provided they meet and maintained the program requirements.

Interventions targeting the 9% of the high-risk, high-cost members on the plan drove $2.2 million in annual health plan savings.

Managing the 9% of the plan that is high-risk, high-cost plan members

	Managed	Unmanaged
PMPM costs	**$3,424.89**	$4,082.18
ED visits per 1,000	**1.83**	4.14
Inpatient admits per 1,000	**18.54**	31.96
Average length of stay (days)	**3.04**	4.52

Year 4: Tailored Interventions

Pharmacy interventions expanded to include mail order, alternative lower cost drug options, and transition to in house specialty pharmacy.

Using the CDC assessment, opportunities for nutrition improvement were identified. The health system started a nutrition committee to add healthier food options in vending machines and cafeterias.

In Partnership with their EAP, the health system launched a new program, delivering an emotional wellbeing series with 6,000+ participants to date.

Diabetes program participants saw on average a 13% improvement in their A1C over the first year and a 7% decrease from baseline to their first recheck.

Our Population Health Model provided a $6.50 to $1.00 return on investment; 23% better than the national average.*

*Society for Human Resource Management data, 2022

- Farmers Market Bags with Fresh produce and recipes
- Teaching kitchen hosted by an executive chef and a registered dietician
- Discounts to healthy restaurants offered across the Health System

Year 5: Expanding Community Reach

- **1:1 Health Coaching**– 25% reduction of potential chronic condition future risk
- **13-week Weight Management Program** – 2185 lbs lost in 2022
- **6 Week Tobacco Cessation Program** - 65% of participants either quit or cut back
- **Diabetes Management Program -** participants dropped their A1C by an average of 13%

- The wellbeing team launched free health and wellness virtual workshops with advice on how to adopt and maintain a healthy lifestyle
- Leveraging the success of years one through five, the health system began expanding its footprint into the surrounding community through direct to employer offerings.
- Inclusion of press release in Becker's Healthcare Review.

Population Movement Summary

25.9% of participants decreased their risk classification leading to a projected savings of $2,518,725

Decreases due to:

- Glucose Management – 45%
- Blood Pressure Management – 33%
- Weight Management – 15%

Nutrition Committee formed and implemented:

- Catering menu
- Approved labels in cafeteria
- Successful Farmers Market pilot

- Employee Population achieved 90% HRA participation
- Annual Wellness Visits almost doubled to 61%
- Participation in programming grew to 73% (up from 43% in 2020)
- Medical claims PMPM 18.4% below benchmark
- $480K total spend reduction from prior year (0.4% decrease)

Year 6: Exploring Success

Program Year 6 saw controlled health plan costs and a boost in employee health engagement. The implementation of a custom Learning Management System and the sustained effectiveness of the Diabetes Management Program were key, markedly cutting diabetes-related expenses and elevating patient outcomes.

- **Health Plan Cost Performance:** Limited cost increase to 2.5%, well below the national forecast, saving $3.35M to $11.14M.
- **Employee Health Engagement:**
  - 90% completed Health Risk Screenings.
  - 88% attended an Annual Wellness Visit.

Exceeded financial forecasts by **limiting the increase in health plan costs to just 2.5%, significantly below the national expectation of 4.5%–9.1%**, resulting in substantial financial savings.

Program Initiatives

- Deployed a Learning Management System with modules like Healthy Mom, Healthy Baby, and Diabetes Management, achieving a savings of $130 per member per month.
- Diabetes Management Program (DMP):
  - In year four, the DMP saved $130 per member per month, covering all costs for diabetes care.

Year 6: Exploring Success

ELEVATING OUTCOMES

Health & Cost Impact:

- Achieved a $3.19M reduction in chronic disease costs.
- Notable decreases in metabolic syndrome (41%), hypertension (56%), and diabetes rates (58% undiagnosed, 46% prediabetes).
- Lowered incidence of diabetes by 26%, stroke by 31%, and coronary heart disease by 24%.

Health Improvements Among Employees:

- Metabolic syndrome **down by 41%**
- Hypertension **down by 56%**
- Undiagnosed diabetes **down by 58%,** prediabetes **by 46%**

Disease Reduction (2018–2023):

- Diabetes cases **decreased by 26%**
- Stroke cases **decreased by 31%**
- Coronary heart disease cases **decreased by 24%**
- Total avoidable cases **decreased by 26%**

Marked improvements in employee health metrics

Considerable decrease in disease incidence

Year 6 Conclusion:
Our targeted health and wellness initiatives have markedly lowered disease risks and healthcare costs. Focused interventions in dietary management and mental health support have significantly improved conditions like diabetes and hypertension, underscoring the benefits of a holistic health management approach in fostering a healthier workforce.

****Study Population**: 4,472 employees with continuous participation from 2018 to 2023.*

Year 7: Health Evolution

Breakthroughs in Employee Health and Cost Savings

Program Year 7 demonstrated significant health improvements and cost reductions, highlighted by successful health screenings and the launch of a Hypertension Mastery Course. These efforts led to reduced hospital admissions and chronic diseases, emphasizing the effectiveness of preventive care and health education in enhancing employee wellbeing and managing healthcare expenses.

Employee Participation:

- 97% completed Health Risk Screenings.
- 92% had an AWV with their PCP.
- Notable decrease in medical and pharmacy costs for employees with consecutive AWVs.

Program Impact:

- Hospital admissions decreased by 2.2%
- 30-day hospital readmissions reduced by 10.2%.
- Increase in colorectal cancer screenings by 12.1%.
- Launched a new Hypertension Mastery Course.

Health and Cost Impact:

Achieved a **29.0% decrease** in avoidable diseases from 2018 to 2024.

Marked improvements in metabolic syndrome (42%), hypertension (63%), and diabetes reductions (56% undiagnosed, 45% prediabetes).

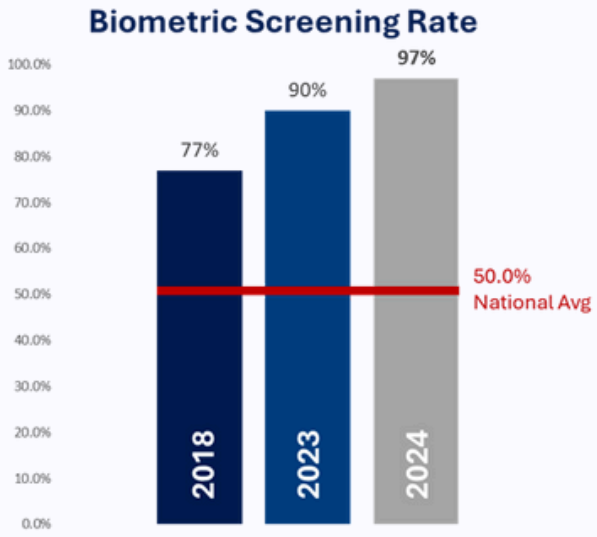
Secured additional savings of $3.15M from chronic disease management.

Notable enhancements in risk classification, reducing the number of employees categorized as *Extremely High Risk and High Risk.*

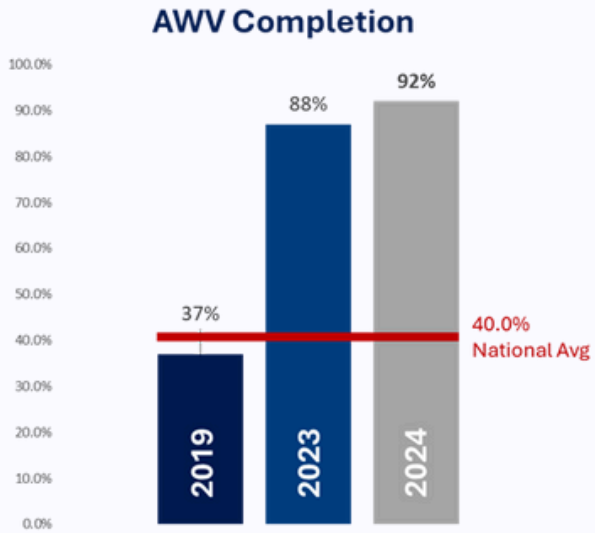
Year 7: Health Evolution

Biometric Screening Rate

There has been a consistent increase in screening rates from 2018 to 2024. Rates rose from 77% in 2018 to 90% in 2023, and reached 97% in 2024, significantly exceeding the national average of 50%. This improvement underscores the effectiveness of our engagement strategies and health initiatives in promoting preventive health measures among employees.



Upward trends showcase the effectiveness of the organization's health initiatives and communication strategies, emphasizing a strong commitment to preventive healthcare and proactive health management among employees.



Annual Wellness Visit Completion

The completion rates for the Annual Wellness Visit (AWV) have shown notable improvement from 2019 to 2024. Starting at 37% in 2019, the rate increased to 88% in 2023 and further to 92% in 2024, well above the national average of 40%. These figures highlight the success of our communication and motivation strategies in encouraging regular health check-ups and proactive health management.

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