



Triple Aim of Benefits Analytics

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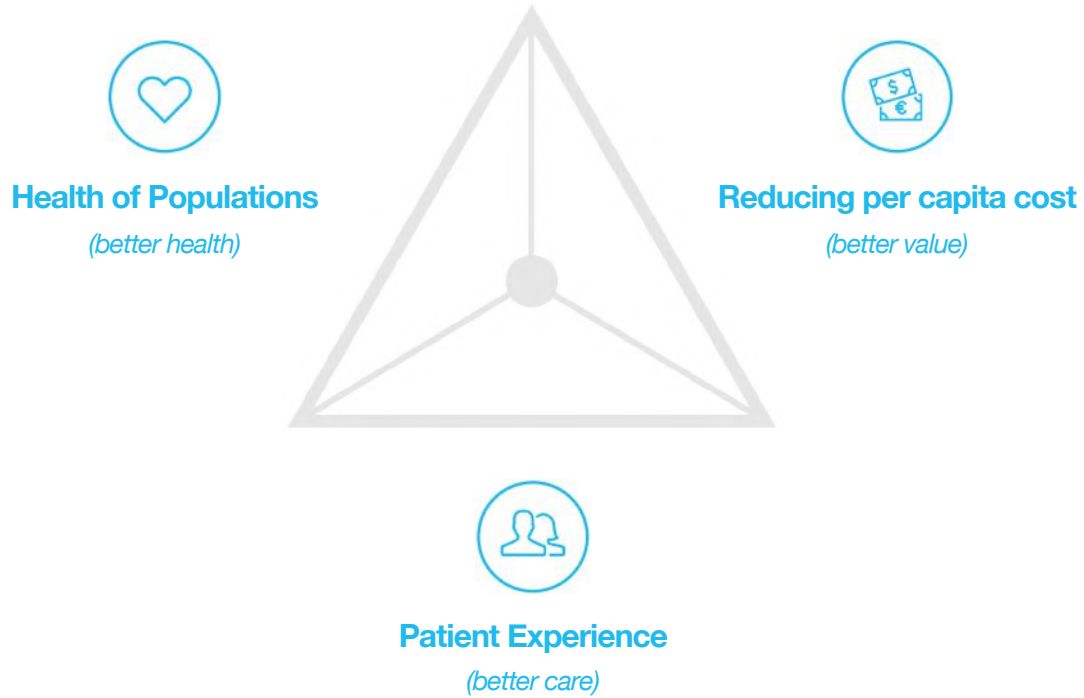
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Today's Agenda

- Introduce the *Triple Aim of Healthcare*
- Benefits Analytics 101
- Examples of reporting in Artemis
- Going beyond traditional data
- Working with your benefit adviser
- Questions

What is the *Triple Aim* of Healthcare?

The *Triple Aim*



A term coined by the Institute of Healthcare Improvement

The framework calls for:

- Improve the patient experience (*better care*)
- Improve the health of populations (*better health*)
- Reduce the cost of healthcare (*better value*)

Translating this to the benefits analytics world

- Pressure put on the employers to make this happen, but how?

Decisions, Decisions!

Your teams make important decisions every day, hoping your decision improves your organization and leads to overall success.

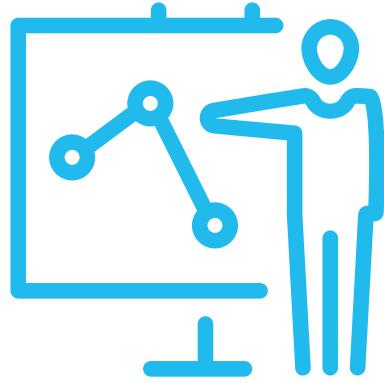


Your decisions affect your members' lives

- Changing your formulary
- Expanding your plan's network
- Knowing how to adjusting rates to make the plan more affordable and accessible

Decisions like these require an important thing: ***data!***

Building a strong, sound data analytics strategy



Why data analytics?

- Make data-driven decisions
- Adjust your benefits design
- Expand/refine your plan offerings
- Justify your programming

More often than not, employers don't have the resources, analytics background, or clinical expertise to find insights in their claims data.

Here lies a solution: a data analytics platform.

Building a strong, sound data analytics strategy

Here's how an employer might measure the Triple Aim using a data analytics platform.



Cost

- Employer paid amount
- Per member per month cost
- Identifying high cost claimants
- Evaluating cost by service (i.e. inpatient, outpatient)
- Identifying top diagnoses by employer paid



Quality

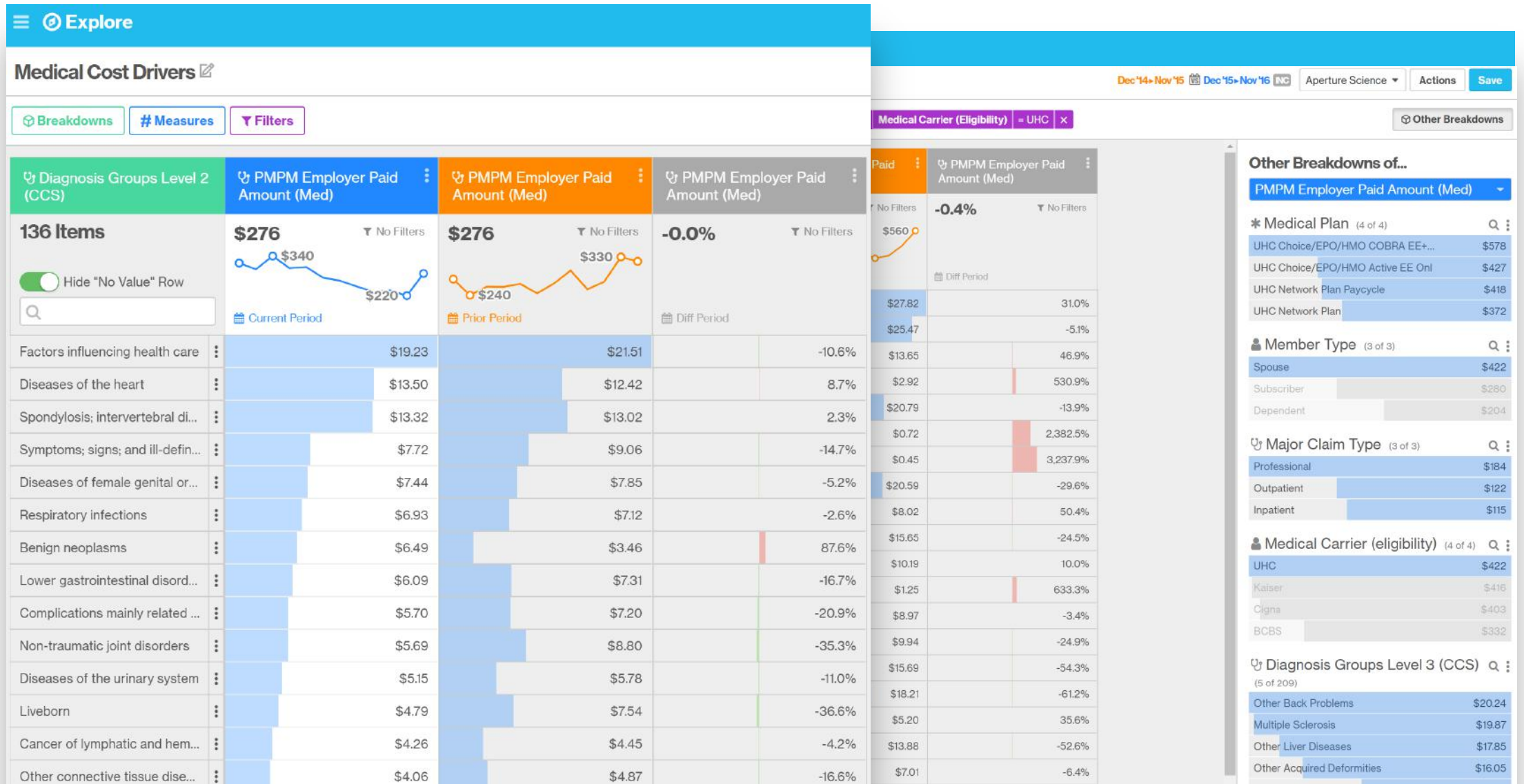
- Measuring provider efficiency
- Quantifying network utilization (i.e. in-network variance, out of network spend)
- Measuring readmission rates
- Identifying members with chronic conditions who are at risk and have gaps in care



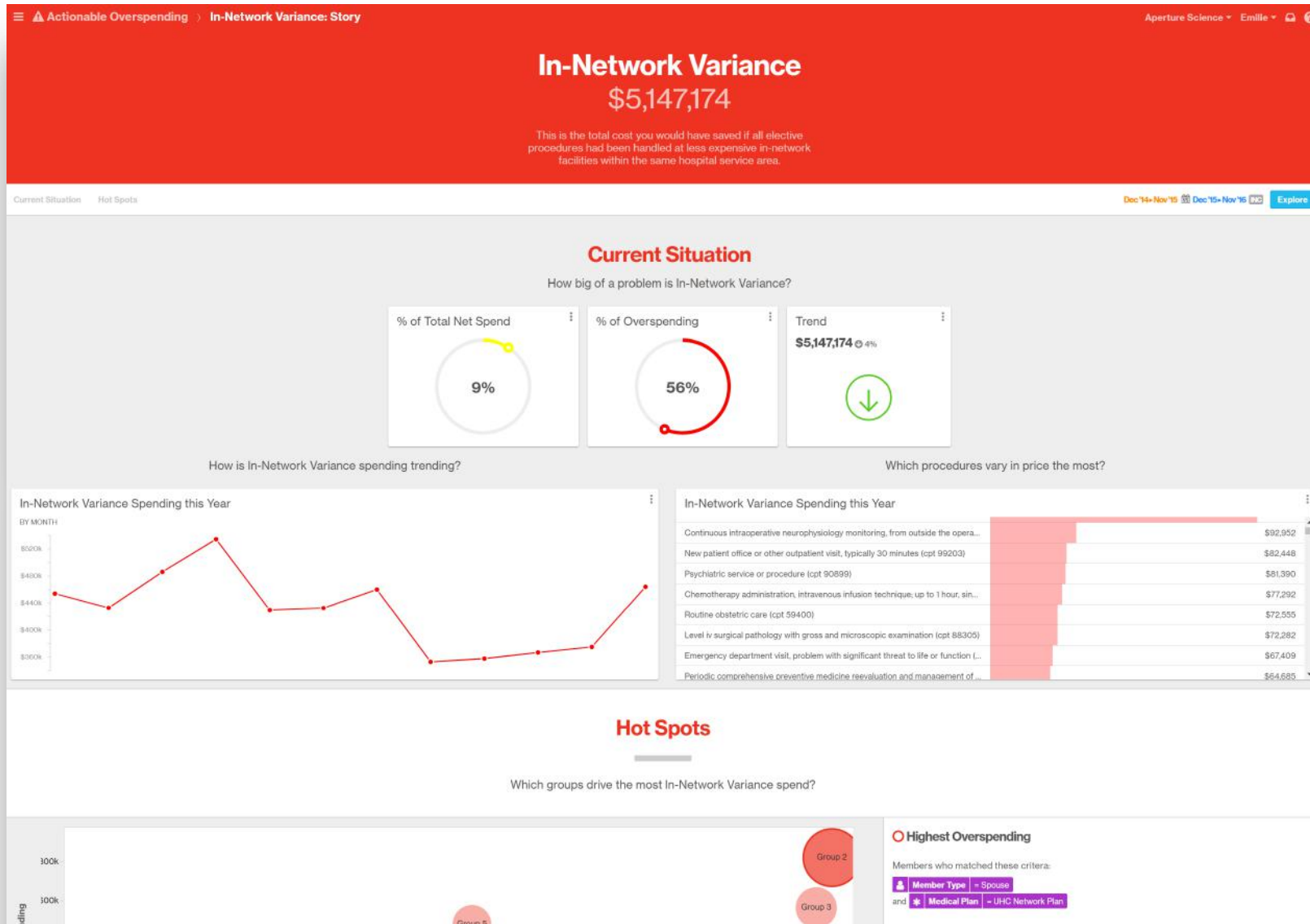
Health

- Identifying potential risk of your population
- Identifying members who have not received age & gender appropriate screenings
- Measuring plan utilization
- Identifying chronic condition prevalence

01 Cost: Identifying the trend



02 Quality: Measuring Network Utilization

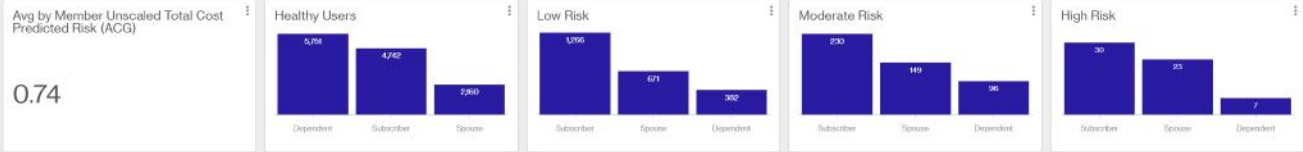


03 Health: Predicting future risk

Risk and Condition Program Stratification

Informing Program Management and Member Stratification

Aggregate Risk Bands



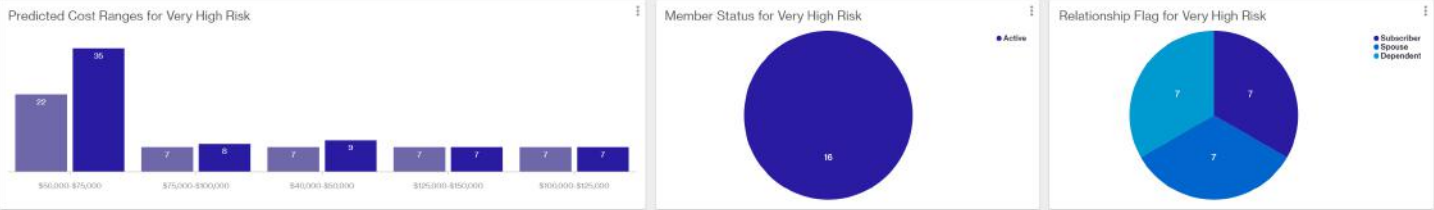
Summary - Aggregate Risk Bands

In order to segregate the population into risk bands, each member was ranked in order - highest to lowest - by unscaled concurrent risk score. Located within each card is the count of members that make up each of the following buckets:

- Healthy Users = 0 - 110
- Low Risk = 111 - 3.5
- Moderate Risk = 3.51 - 100
- High Risk = 101 - 45

High Risk Utilizers

This section assists in driving Case Management Initiatives and Programs. High Risk is identified as members with an unscaled risk score of 101+. The prediction is based on the last rolling 12 months of data.

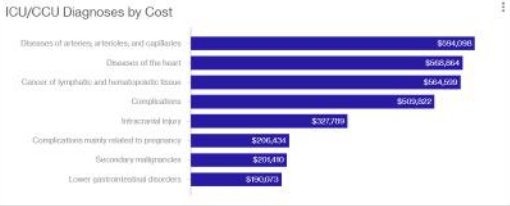


Diagnosis Groups for High Risk

Diagnosis Groups Level 3 (ICCS)	Count Distinct Member ID	Avg by Member Employer Paid Amount (Med)
Prolonged pregnancy	7	\$53,909
Cardiac dysrhythmias	7	\$77,504
Other back problems	7	\$62,381
Complications of surgical procedur...	7	\$195,264
Secondary malignancy of brain/spi...	7	\$78,796
Coronary atherosclerosis and othe...	7	\$157,245

Service Level Categories for High Risk

Service Category - Level 3	Count Distinct Member ID	Avg by Member Employer Paid Amount (Med)
Inpatient surgery	18	\$65,700
Icu/ccu	18	\$180,974
Ncu	9	\$144,244
Ed visit	7	\$45,281
Acute inpatient medical	7	\$103,265
Cardiac cath lab	7	\$58,906

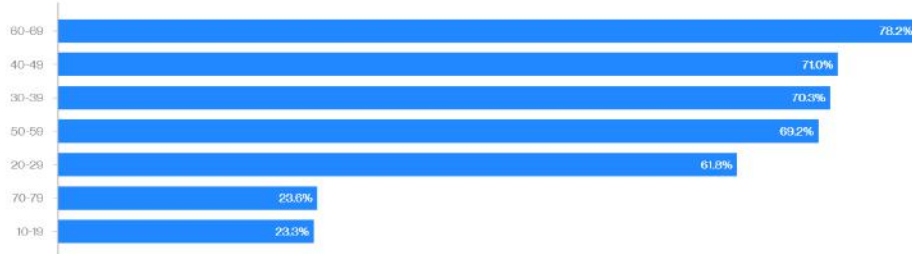


Summary - High Risk

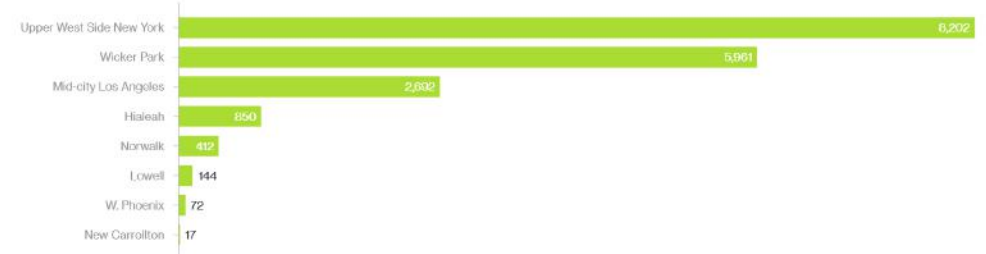
High Risk Members are typically associated with high costs to the plan. Proactively providing targeted interventions may alleviate the higher risk burden over time and allow the members to eventually be treated at lower levels of care. Within the employer population, the members with the highest risk scores have top diagnoses of Acute Myocardial Infarction, Coronary Atherosclerosis, and Osteoarthritis.

Going beyond traditional data

Members with Biometric Screenings by Age Bin



Members with Biometric Screenings by Office



Avg by Member LDL 2017



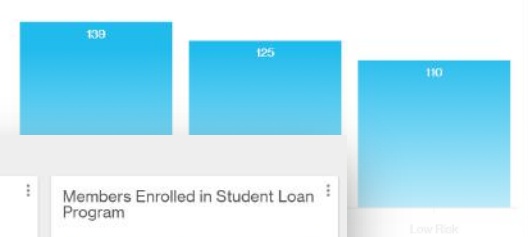
Avg by Member HDL 2017



Avg by Member BP Diastolic 2017

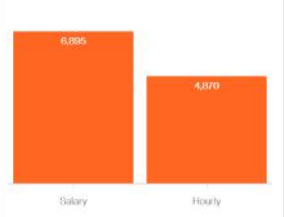


Avg by Member BP Systolic 2017

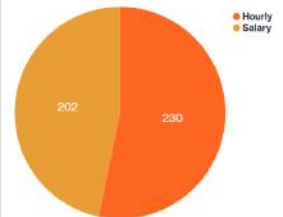


Financial Wellbeing Are our employees working towards financial freedom and security? Are we measuring and tracking solutions to help improve the financial health of our workforce?

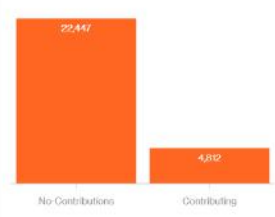
Employees by Wage Type



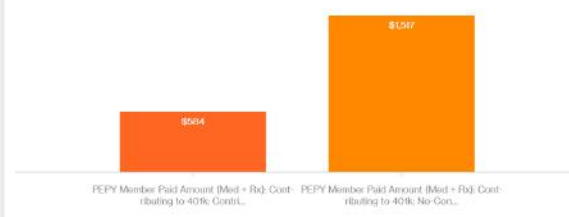
Employees by Wage Type



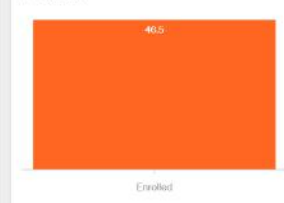
Members Contributing to 401k



Contributing vs. Non-Contributing to 401k and Member Paid Amount



Members Enrolled in Student Loan Program



Working with your benefits adviser.



Advisers and consultants have the expertise to:

- Analyze data
- Make plan design changes
- Measure the impact of changes

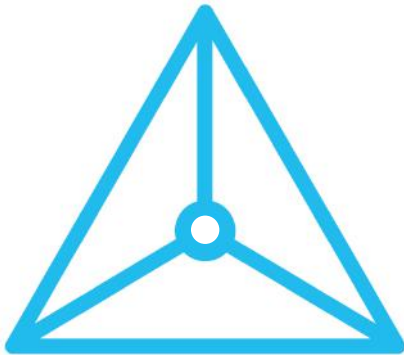
You may already be receiving data from your consultant, in a monthly or quarterly dashboard - this is great! But many employers and consultants are going beyond pre-built dashboards, which requires a partnership with a data analytics platform like Artemis.

Benefits:

- See a complete benefits picture
- Break down data silos
- Make connections with integrated data

Wrap-up

- ✓ Tie back to Triple Aim



- ✓ Think about the types of data you may want to use in an analytics platform



- ✓ Reporting on an ongoing basis, monthly support to your benefits design



Thank you.

