

The Working Sick: Why people with multiple chronic conditions are invisible high-cost claimants

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Who is Mutual of Omaha

For over 110 years, our mission has been to help our customers protect what they care about and achieve their financial goals.

We believe that every customer should have a financial future imagined, planned, and secured.

- Fortune 300 Company
- Rated as “Fortune 100s Best Companies to Work For” in 2022
- Approximately 6,000 Associates
- 2 Medical PPO Plans, both high deductible, but not consumer directed health plans

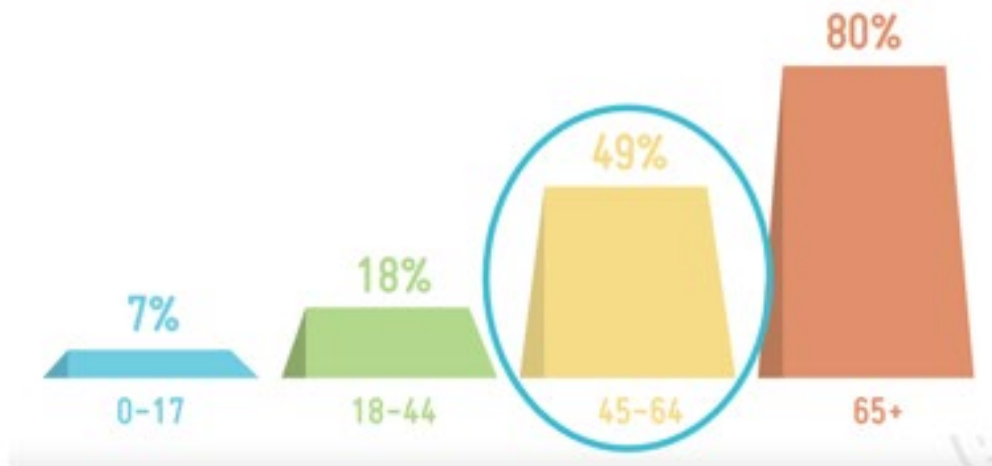


Possible Opportunity to Explore

- Almost 50% of those age 45-64 are polychronic
- Those with 4+ conditions represent almost 70% of spend

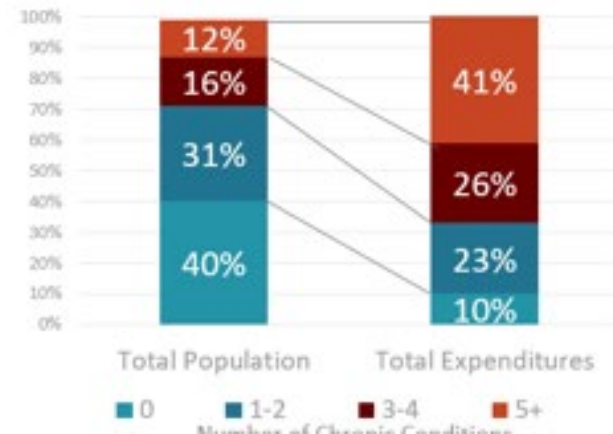


The Prevalence of MCC increases with age, however this problem affects many working aged Americans, not just the elderly.



Multiple Chronic Conditions in the United States

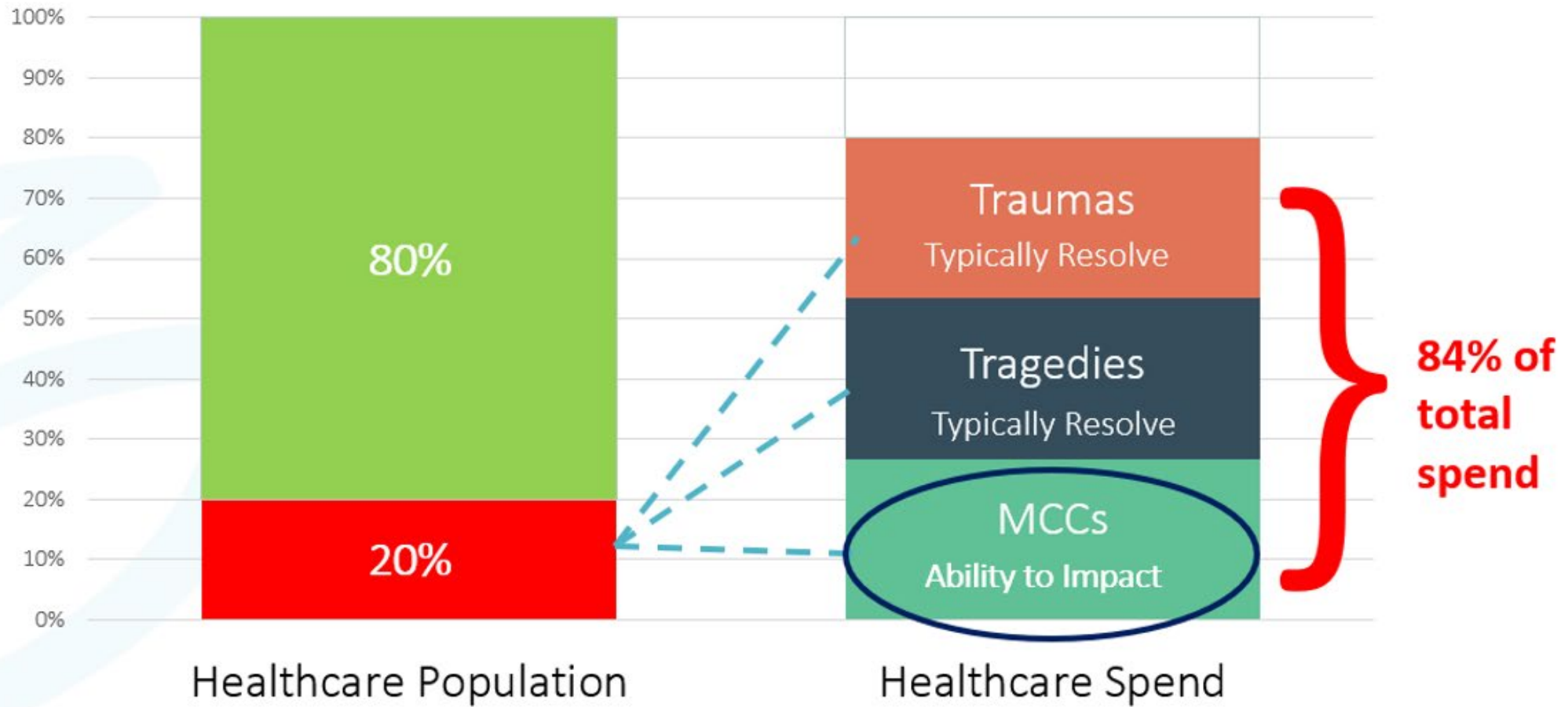
Distribution of the US adult population and total health expenditures by number of treated chronic conditions, 2014



Based on 20 conditions:

- Arthritis
- Asthma
- Autism spectrum disorder
- Cancer
- Cardiac arrhythmias
- Chronic kidney disease
- Congestive heart failure
- Coronary artery disease
- COPD
- Dementia
- Depression
- Diabetes
- Hepatitis
- HIV
- Hyperlipidemia
- Hypertension
- Osteoporosis
- Schizophrenia
- Stroke
- Substance abuse

SAMPLE ORGANIZATION HIGH COST CLAIMANTS: 20% OF ADULTS ACCOUNT FOR 84% OF TOTAL SPEND



Inspira Health Program Focus



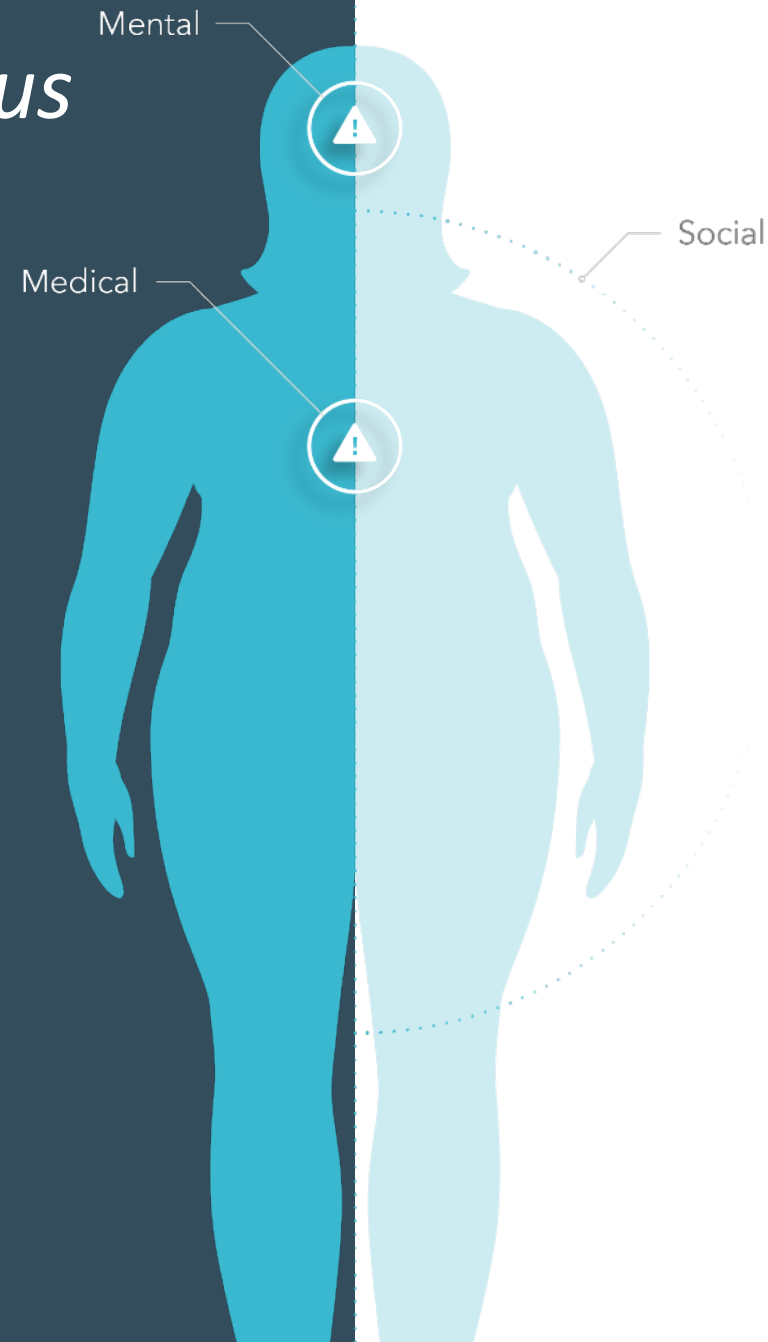
5+ CHRONIC CONDITIONS

MEDICAL CONDITIONS

- Obesity
- Hypertension
- Chronic Joint Pain
- Diabetes
- Asthma
- Metabolic Syndrome
- Fibromyalgia
- IBS
- COPD
- Recurrent Migraines
- Chronic Back Pain
- Elevated Cholesterol

MENTAL HEALTH

- Depression
- Anxiety
- Hoarding
- PTSD
- ADHD
- Bipolar Disorder
- Panic Disorder
- Adjustment Disorder
- Dysthymic Disorder



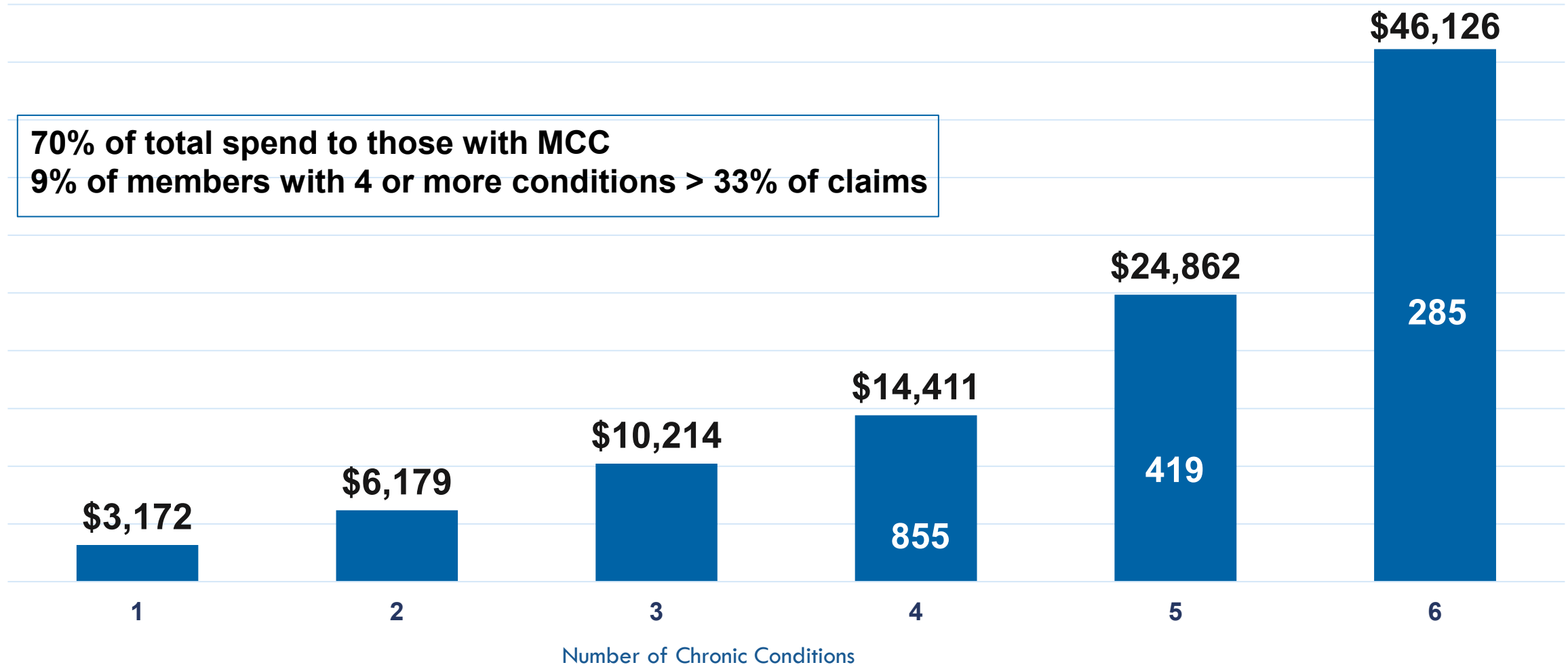
SOCIAL DETERMINANTS

- Economic Stability
- Social & Community Context
- Health & Health Care
- Neighborhood & Built Environment
- Education

Initial Cost/Member by # of Chronic Conditions

2016-18

70% of total spend to those with MCC
9% of members with 4 or more conditions > 33% of claims



Initial Opportunity

Average Spend

\$50,070

269% higher

\$13,565

Invitees

Overall Adult Population

Average Age

Invitees

55.5

9% higher

Overall Adult Population

50.9

Average Tenure

Invitees

18.9

55% higher

Overall Adult Population

12.2

Increasing Number of Conditions (2016 to 2018)

Total Population

39% increased number of conditions

- 24% add 1 condition
- 10% add 2 conditions
- 5% add 3 or more conditions

Those with 3 or more conditions already... *The sick get sicker*

70% increased number of conditions

- 30% add 1 condition
- 20% add 2 conditions
- 20% add 3 or more conditions

*Those that already have conditions are
80% more likely to acquire additional chronic health
conditions*

Initial Data Review Identified Opportunity

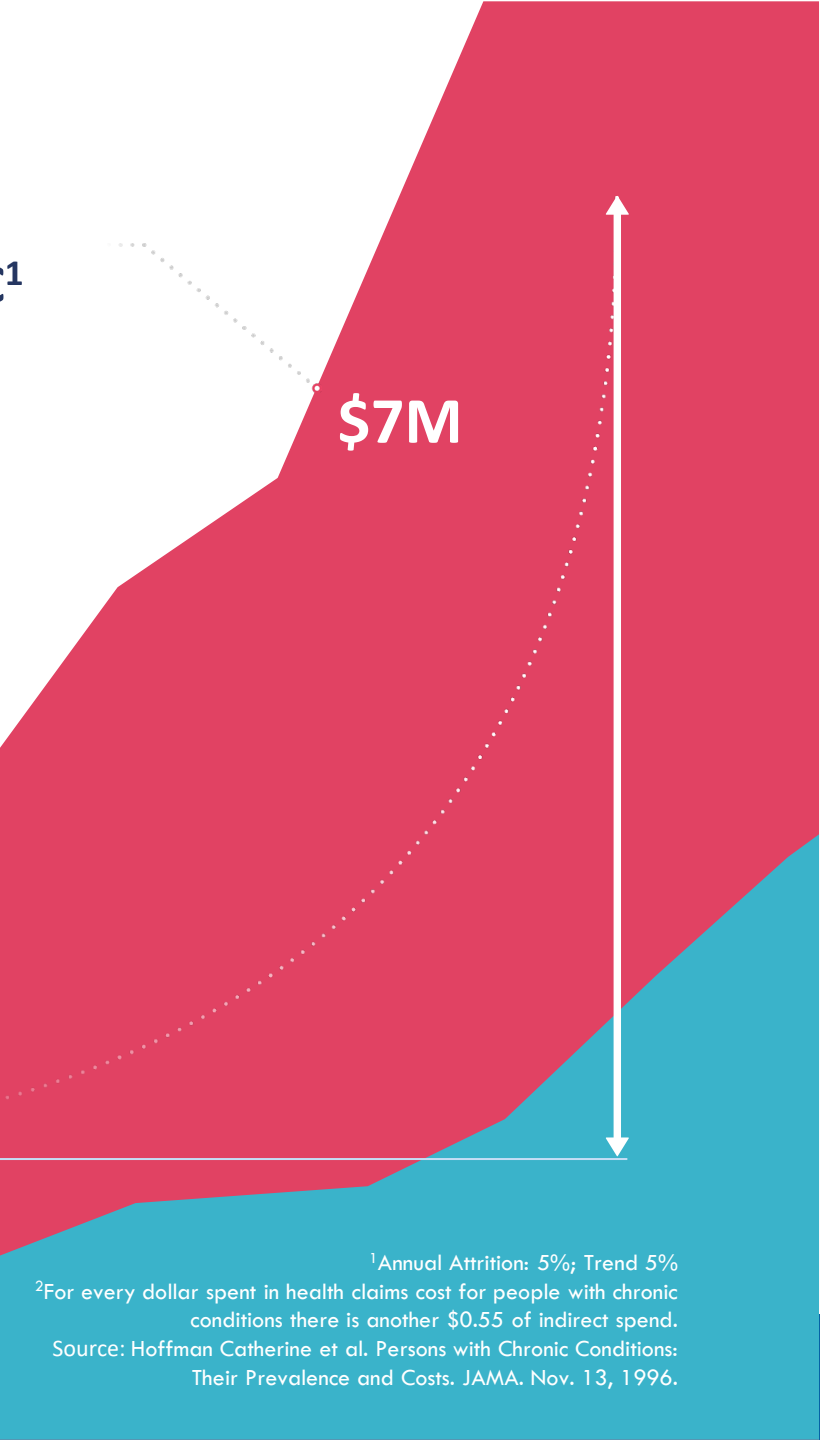
- 400+ MCC members eligible for program invitation
- Most of this group will be with MoO until retire (age 55 w/19 years of service)
- Long term liability average profile \$500k + in health claims and absence costs
- Our internal dialogue was on the cost and liability of not addressing this population
- As this population represented a significant portion of the total plan cost the opportunity was compelling
- We decided implement a pilot of 25 members leveraging the MBGH relationship.

The Cost of Doing Nothing

COST ESTIMATES FOR 25-MEMBER COHORT WITH 5+ MCC¹

Average Age = 52, Average Tenure = 20 Years

	PER PARTICIPANT	PER COHORT ¹
Health & Pharmacy Claims Last Year	\$19k	\$483k
Expected Cost: 4 Years	\$87k	\$2M
Expected Cost: 10 Years	\$255k	\$4M
Expected Cost: Age 67	\$323k	\$4.5M
Expected Total Cost ² Age 67	\$500k	\$7.0M



COST OVER TIME

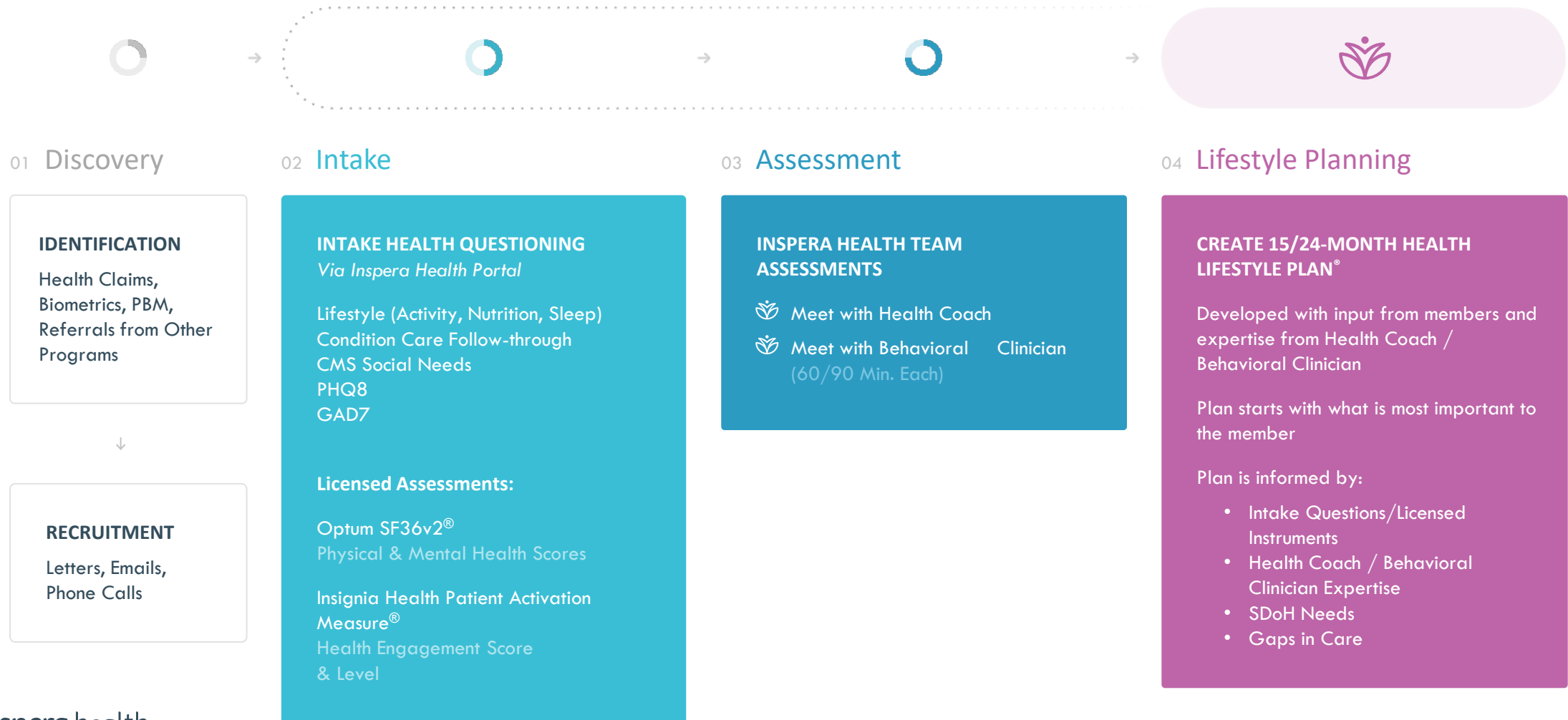
¹Annual Attrition: 5%; Trend 5%

²For every dollar spent in health claims cost for people with chronic conditions there is another \$0.55 of indirect spend.

Source: Hoffman Catherine et al. Persons with Chronic Conditions: Their Prevalence and Costs. JAMA. Nov. 13, 1996.

Implemented Focused MCC Solution Inspera Health Program

Overview of Inespera Health Program



What Does Inspera Health Do



COMMUNITY

*Face to Face,
Supported by
Technology*

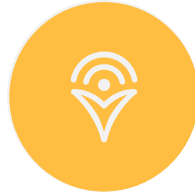
Not a digital primary
approach with personal
support available



WHOLENESS

*Whole Person
Approach:
Physical, Emotional,
Mental, Social
& Financial Needs*

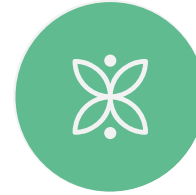
Individualized solution
integrating mental health
& SDoH, not a compilation
of condition-based 'tracks'



CHANGE

*Long Enough
Program Duration
to Create
Resilience*

Sustained behavior
change takes time



INDIVIDUAL

*Start Where
the Person is
at with Their
Priority*

A care compliance
focused approach is not
sustainable



RESULTS

*Focus is on
Sustainable
Behavior Change
& This Must be
Measurable*

Metrics are needed across
lifestyle / health
behaviors, biometrics,
physical & mental health
over longer periods of
time

Each person requires a unique plan

3 People with The Same 5 Diagnoses

COMMON CLINICAL DIAGNOSIS

- ⚠️ Obesity / Morbid Obesity
- ⚠️ Diabetes / Pre-Diabetes
- ⚠️ Hypertension
- ⚠️ Joint Pain
- ⚠️ Anxiety

BEHAVIORS, MENTAL HEALTH & SOCIAL NEEDS

	Person 1	Person 2	Person 3
Sleep	●	! ●	! ●
Health Engagement Level	●	●	! ●
Mental Health	●	! ●	! ●
Social Need: Economic Stability	●	●	! ●
Social Need: Social & Community Context	●	! ●	! ●
Social Need: Health & Health Care	●	! ●	! ●
Social Need: Neighborhood & Built Environment	●	●	●
Social Need: Education	●	●	●
Time in Program	15 Months	24 Months	23 Months

Measuring Impact

MCC HEALTH IMPACT INDEX[®]

Scoring the MCC Health Impact Index:

- ✓ All Measures are scored 1-10
- ✓ Quarterly Scoring for Each Measure
- ✓ Baseline Established at Intake
- ✓ **Lower Score is Healthier**; Reduction in Score Shows Health Improvement



Engagement



Health Impact:
Biometrics



Health Impact:
Behaviors





Externally Validated
Instruments

MCC Health Impact Index®

Area	Elevated Risk (1 – 5 points)	High Risk (6 – 10 points)	Data Source
Activity Minutes	Below 150/week	Below 75/week	Linked Activity Tracker Bluetooth-linked Scale Monthly Assessment
Sleep	Below 7 hours	Below 6.5 hours	
Weight	BMI > 30	BMI > 40	
Physical Health (PCS) Mental Health (MCS) SF36v2®	< Score of 50 (norm for the US population)	< Score of 40 (one standard deviation below the US population norm)	Externally Validated Instruments (taken quarterly)
Health Activation PAM® Score	Midpoint of Level 3 (moderately engaged)	Level 1 or 2 (disengaged)	
BMI	Above 30	Above 40	Bluetooth-linked scale & Biometrics Biometrics (Collected from PCP with a copy of lab results)
Blood Pressure (Sys)	Over 120	Over 130	
Total Cholesterol	Over 200	Over 220	
Blood Sugar	A1C > 6 Glucose > 99	A1C > 8.1 Glucose > 225 Glucose only if no A1C	
Pain	1 to 5	Greater than 5	Part of quarterly instrumentation
Social Needs (SDoH) <small>16</small>	Any score greater than 0		Based on CMS Social Needs Survey

Program Status - November

	<i>Appointment Set</i>	<i>1</i>
	<i>In Assessment</i>	<i>2</i>
	<i>Active in Program</i>	<i>40</i>
	<i>On Hold</i>	<i>2</i>
	<i>Early Exit</i>	<i>17</i>
	<i>Graduate</i>	<i>13</i>

Active Participants – by Cohort

Cohort Averages	Overall	Cohort 1	Cohort 2
Count	57	23	34
Age	52.8	56.8	50.1
# of Conditions	8.9	9.8	8.3
Tenure (years)	18.7	21.5	16.8
Days in Program	366	548	243
Medical Claims	\$90,272	\$138,936	\$58,321
MCC Claims	\$48,374	\$80,581	\$24,259

Cohort Demographics	Overall	Cohort 1	Cohort 2
Count	57	23	34
Female	69%	61%	76%
Male	31%	39%	24%
White	83%	74%	88%
Black	9%	13%	6%
No Answer	4%	4%	3%
Native American	2%	4%	0%
Hispanic	2%	4%	3%
Employee	76%	74%	76%
Spouse	24%	26%	24%

Active Participants – by Cohort

Salary Bands	Overall	Cohort 1	Cohort 2
<i>Count</i>	57	23	34
>+\$200k	3%	0%	6%
\$100k-\$199k	32%	39%	29%
\$75k-\$99k	20%	22%	21%
\$50k-\$74K	29%	22%	35%
<\$49k	14%	17%	9%

Operation Codes	Overall	Cohort 1	Cohort 2
<i>Count</i>	57	23	34
M - IS Operation	29%	43%	21%
R - Workplace Solutions	24%	13%	32%
C - Corporate Operations	14%	22%	9%
G - Strategic Sol & Departing Well	14%	9%	15%
N - Income & Wealth Planning	10%	4%	15%
B - Sr Health Solution Segment	5%	4%	6%
L - Enterprise Risk Mgmt	2%	0%	3%
H - Finance & Actuarial	2%	4%	0%

Cohort Comparison - Prevalence by Condition

Condition	Cohort Prevalence			Condition	Cohort Prevalence		
	Overall	Cohort 1	Cohort 2		Overall	Cohort 1	Cohort 2
Obesity	93%	100%	88%	Smoking	49%	48%	50%
Hypertension	84%	96%	76%	Migraines	30%	30%	29%
Elevated Cholesterol	77%	96%	65%	Chronic Joint Pain	21%	17%	24%
Autonomic Nerve Disorders	75%	78%	74%	Vascular disease	21%	43%	6%
Anxiety	72%	74%	71%	Irritable bowel syndrome	18%	26%	12%
Depression and Mood Disorders	72%	65%	76%	Fibromyalgia	14%	13%	15%
Diabetes	72%	87%	62%	Metabolic Syndrome	11%	13%	9%
Asthma	60%	57%	62%	Parkinson's disease	4%	4%	3%
Chronic Back Pain	60%	78%	47%	Chronic Obstructive Pulmonary Disease	2%	0%	3%
Obstructive Sleep Apnea	58%	57%	59%	Malnutrition	2%	4%	0%

Sample Participant

9 Conditions

Age: 50-55 Tenure: 30-35

- Anxiety
- Asthma
- Chronic Back Pain
- Diabetes
- Elevated Cholesterol
- Hypertension
- Irritable Bowl Syndrome
- Migraines
- Obesity

- Sedentary and obese individual with Type 1 diabetes and anxiety
- Intrinsic Motivation: Lose weight and get in better shape with improved flexibility so I can keep up with my future grandkids

MCC Health Impact Index Baseline

<u>Measure</u>	<u>Points</u>
Activity Minutes	10
Health Activation	6
Blood Pressure	6
Engagement	5
Pain	4
Mental Health	3
BMI	3
Sleep	3
Blood Sugar	<u>2</u>
Total MCC HII Points	42

Each measure scores between 0 & 10 points
0= no risk 10=significant risk

Cohorts Compared

Measure	@ Risk Threshold	% of Cohort 1 Impacted	Average Score	% of Cohort 2 Impacted	Average Score
Engagement (Care Gaps/Education)	>0	100%	5.6	100%	6.2
Pain Scale	>0	83%	3.9	97%	6.1
Activity Minutes	<150 minutes/wk	96%	9.5	94%	9.2
BMI	>30	91%	5.3	86%	5.7
Physical Health (SF36 PCS)	<50	83%	5.2	74%	5.6
Mental Health (SF36 MCS)	<50	61%	5.8	74%	5.4
BP Systolic	>120	71%	5.0	69%	5.5
Sleep Hours	<6.9	65%	6.7	66%	7.7
Health Activation (PAM)	<63	78%	4.9	54%	4.9
Cholesterol	>101	22%	3.6	43%	5.5
A1C Blood Sugar	A1C > 6	83%	3.6	40%	4.4
Social Needs	>0			46%	2.6
		Baseline Avg.	46.9	Baseline Avg.	50.6
		Range	11 - 71	Range	21 - 89

MCC Health Impact Update

Number of Participants: 57

Overall Change

96% improved
2% no change
2% declined

MCC Health Impact Index

Baseline	49.2
10/31/23	<u>29.6</u>
Change	19.6 point reduction

40% Improvement in Health

Cohort 1 – MCC Health Impact

Changes in Health, Behaviors & Gaps in Care

100% improved
0% no change
0% declined

MCC Health Impact Index

Baseline	46.9
Nov. 2023	<u>22.6</u>
Change	24.3-point reduction

52% Improvement in Health

Cohort 1 - Top 6 Areas of Improvement

	Improvement
• Health Activation	79%
• Activity Minutes	73%
• Mental Health	65%
• Engagement	59%
• Pain	52%
• A1c	47%

Cohort 1 Health Impact

MEASURE	@ RISK THRESHOLD	% OF COHORT IMPACTED	BASELINE PARTIC. @RISK	RECENT PARTIC. @RISK	CHANGE
Health Activation	<63	83%	4.7	1.0	79%
Activity Minutes	<150 minutes/wk	96%	9.5	2.6	73%
Mental Health	<50	65%	5.4	1.9	65%
Engagement	>0	100%	5.6	2.3	59%
Pain Scale	>0	87%	4.4	2.1	52%
A1C	>6	83%	3.6	1.9	47%
Sleep Hours	<6.9	74%	5.9	3.2	46%
Physical Health	<50	74%	5.9	3.2	46%
BP Systolic	>120	91%	4.3	3.0	30%
BMI	>30	91%	5.3	4.3	19%
LDL	>101	26%	3.0	3.3	-9%
TOTAL POINTS	MCC HII	100%	46.9	22.6	52%

Wins November 2023 – 10009543 – Graduate (testimonial)

Time in Program: 22 months

Conditions: 11

MCC Health Impact Baseline: 38

60 - 65 –year-old obese, sedentary, Type 2 diabetic with chronic pain who wants to be able to look forward to a future that includes biking and kayaking.

Coach Update

- Neuropathic pain in hands and feet now gone due to self massage techniques
- No longer sedentary, established a regular cardio and resistance regimen
- Has gotten back to biking
- Celebrated two years of sobriety
- Exercise regimen has given him confidence to do local theater
- States “I’m loving life!”.

MCC Health Impact Index:

	<u>Baseline</u>	<u>Update</u>
Activity Minutes	10	3
Pain	5	3
Engagement	5	2
A1C	4	3
BMI	2	2
Blood Pressure	7	0
Physical Health	5	0
Sleep	<u>0</u>	<u>3</u>
Total	38	16

58% improvement

Intrinsic Motivation

“I want to be able to bicycle and kayak daily and play on ground with my grandchildren”

Testimonial Video Option



Wins November 2023 – 10010484 – In Progress

Time in Program: 11 months

Conditions: 9

MCC Health Impact Baseline: 52

24-35 –year-old obese, sedentary single parent who struggles with chronic neck/back pain after a car accident in 2018, migraines, anxiety and financial stress. These issues have impacted her work attendance and required use of FML.

Coach Update

- Initially addressed pain with massage, yoga, stretching, walking
- When pain improved joined gym, began personal training, weightlifting and gym classes; attends regularly, feels “off” if sessions missed
- Engaged with Mental Health provider, adherent to prescribed medications providing greater clarity and focus
- Daughter engaged with Mental Health provider and is likewise compliant with medical regimen
- Above lifestyle changes have led to 50-pound weight loss (20% of total body weight)
- Improved work attendance, goes for some months without use of FML (up to 4-6 days prior)
- Actively seeking additional work projects and participating in special activities at work

MCC Health Impact Index:

	<u>Baseline</u>	<u>Update</u>
Activity Minutes	7	0
Pain	7	1
Engagement	7	4
BMI	10	5
Blood Pressure	2	2
Physical Health	6	1
Mental Health	8	0
Sleep	0	6
PAM	1	0
Social Needs	<u>4</u>	<u>2</u>
Total	52	21

60% improvement

Intrinsic Motivation

“I want to clean and maintain my home, play and do activities with my daughter. I want to communicate better with her, be pain free and exercise our pets.

Wins November 2023 – 10009541 – In Progress

Time in Program: 22 months

Conditions: 12

MCC Health Impact Baseline: 65

60 - 65 –year-old obese member with depression, anxiety and untreated Obstructive Sleep Apnea (OSA) who wants to be able to look forward to a future that includes hiking outside.

Coach Update

- Husband, mother and father died over the last year and a half
- Hospitalized for suicidal thoughts March 2021
- Sees own counselor once weekly
- Increased vegetable and water intake
- Obtained an OSA device, uses all night each night
- Hip pain improved; now able to walk through store without issues. Pain score from 8/10 to 3/10
- Closed 10 care gaps
- Currently on medical hold; through self monitoring, noted she was having greater struggles with mental health issues. Sought care and started in a day treatment program

MCC Health Impact Index:

	<u>Baseline</u>	<u>Update</u>
Activity Minutes	10	0
Mental Health	9	1
Pain	8	3
Engagement	7	2
Health Activation	6	0
BMI	6	5
Blood Pressure	6	1
Physical Health	6	0
Sleep	5	0
Cholesterol	<u>2</u>	<u>2</u>
Total	65	14

78% improvement

Intrinsic Motivation

“I want to get down to 180lbs, get off my blood pressure medication so that I can walk around the Black Hills lakes.”

Having seen the results to date,
the detailed reporting, and
knowing the long-term liability we
are trying to manage, it was a no-
brainer to expand this program.



Once we identified our MCC population we knew we had to do something.

First you must see them, then you can help.

By helping them, we know we are benefiting our organization in many ways.



Weight Loss Medications

Averting a claims increase and employee relations crisis

- Asked Inspera Health help us address this issue as 72% of those taking these medications have 4+ chronic conditions including obesity.
- Modifying Inspera Health's CDC-recognized Diabetes Prevention program into our Healthy Weight Loss Program
- Focus is sustainable behavior change for those wanting to lose weight with or without weight loss medications
 - Accountable by requiring engagement for ongoing refills
 - Compassionate & supportive
 - Members not interested in behavior change will not qualify for the medication coverage.

Questions?

