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The Buyer's Guide to Being Self-Insured







Introduction

Driven by the rising cost of healthcare, more employers across the country are turning to self-insured plans to offer their employees primary healthcare. Central to being self-insured are on-site and near-site clinics, which can drive better health outcomes in the first three years, make significant returns on the initial investment, and lower health plan costs by at least 20%¹.

These benefits explain why a full one-third of U.S. employers with 5,000 or more employees offer general medical worksite clinics in 2017, up from 24% in 2012². More impressive is that the rise in worksite clinics only accounts for individual employers and not the small- to medium-sized organizations who opt for shared-site primary care to further save on healthcare costs, revealing the popularity and advantages of fuss-free primary care.

However, impressive statistics does not explain that being self-insured is not a one-size-fits-all solution to rising healthcare costs. Poorly run programs may present potential risks and liability issues, especially if the medical staff, facilities, quality of care, and the pharmacy do not meet industry standards. Furthermore, if employees are not actively engaging with their healthcare provider, clinic underutilization will eventually create high operational costs.

It's clear then that to find a suitable healthcare vendor, guidance is needed, especially for employers who are keen to adopt a self-insured approach.

With this guide, potential buyers will learn to distinguish the qualities of a best-in-class healthcare solutions provider, issues to consider during the selection process, and how a model that strikes a balance between cost-effectiveness and quality care is essential to an organization in the long run.

¹ Proceeding with Caution on Worksite Clinics <https://www.benefitnews.com/opinion/proceeding-with-caution-on-worksite-clinics>

² 2018 Worksite Medical Clinics Survey, Mercer Inc; <https://www.mercer.com/newsroom/mercero-survey-reveals-continued-growth-in-employer-sponsored-medical-worksite-clinics.html>



What the Ideal Self-Insured Plan Should Have

In the last few years, healthcare providers have significantly advanced as the industry trends toward creating holistic healthcare ecosystems and wellness cultures. These are some of the key features leading vendors are offering.

01 |

Patient Engagement Teams

The best healthcare vendors deploy dedicated outreach teams to connect and follow-up through appointments and treatments over the phone, direct mail, email, and various other channels to encourage clinic utilization. The more usage a clinic receives, the more value an employer gets out of it, and the better the ROI.

02



Wellness Coaching

The highest healthcare claims come from chronic diseases like obesity and diabetes. Personalized wellness coaching is highly effective at encouraging positive lifelong health changes, which leads to a dip in healthcare costs.

03



Operational Analytics

To offer cost-efficient and effective primary care, top clinic vendors offer analytics platforms to optimize the utilization of on-site clinics, address gaps in medication, and provide actionable data to improve care quality.

04



Patient Analytics

Patient analytics is a powerful tool for improving population health, as it can predict an employee's future wellness and chronic conditions outcomes based on current accumulated data. In turn, this will generate recommendations to employees on activities and strategies to employ to be healthy.

05



Mobile App Technology

Leading healthcare providers leverage mobile apps to allow easy scheduling of clinic appointments, reminders, automatic check-ins, medical information review, and direct messaging to physicians for quick consultations.

06



Resource Centers

A well-stocked resource center, one full of engaging articles and videos for supplementing employee health education, helps to reinforce positive behavior and spark ideas and motivation for a healthier lifestyle.

07



Online Patient Portals

Top clinic vendors offer easy-to-use online portals for employees to access their health information, report their physical activity, and track health changes. Online functionality gives employees the power to regularly check on their health and received a detailed understanding of their health to be aware of which areas require attention and improvement.



What to Consider When Choosing a Healthcare Provider

Now that you know how to identify a best-in-class self-insured plan's features, you will need to understand fundamental topics to raise during the vendor evaluation process to have a program that will suit your organization's needs.

Here is a list of important considerations to help you evaluate vendors and determine which will provide the best quality service and savings opportunities.

01



Clinic Model

The type of clinic recommended by the vendor as its operational philosophy will be a key determinant of its success. These are some essential questions to ask:

- What type of clinicians will lead the clinic, and what are their qualifications?
- Who will use the clinic, and will there be co-pays or out-of-pocket expenses?
- How are appointments scheduled, and are appointment bookings available online or via a mobile app?

- What types of medical issues does the clinic address, and what is the protocol when a disease escalates?
- Are medications dispensed on-site, and if so, what types of medicine and how will they be selected?
- What training will the clinic staff receive once the clinic is operational?
- What are the procedures if after-hours healthcare is required?

02



Biometric Screenings

Biometric screenings are measurements of physical characteristics used to benchmark and evaluate employee health status changes over time. They are the starting point for any employer seeking to reduce healthcare costs and design a successful wellness strategy. Here are some fundamental things you need to know from a vendor:

- What biometric screenings do you provide, and what is the process?
- Do you provide the screenings directly or via a subcontractor?
- How are the results reported to the participant, and what is the average turnaround time?
- Do you report aggregate result summaries for the employer?
- Do you provide follow-up consultations and interventions with high-risk individuals?
- How do you involve new employees in the biometric screening process?
- What level of participation can we expect in the first three years of this program?
- Do you conduct biometric screenings and reports annually?
- Do you have a patient portal that tracks the results of biometric screenings?

03



Data Analysis and Reporting

Every clinic vendor should be able to propose how to review clinic operations and effectiveness through clear and measurable criteria. Quantifiable criteria should include clinic healthcare activities, costs, health outcomes, and clinic staff and services.

- What is your review and reporting process, and how often is it reported?
- What measurements do you collect?
- What are your criteria for determining the success of the clinic?
- How do you evaluate the effectiveness of primary care case management?
- What predictive modeling tools do you incorporate into your data analysis?
- Can you provide samples of your standard management reports, and what are your custom reporting capabilities?
- Do you track and analyze changes in health outcomes, clinic utilization, and cost of care?

04



Identification of High-Risk Individuals

According to the CDC, six out of ten U.S. adults will be affected by chronic diseases like obesity and diabetes. As these high-risk individuals account for 86% of high-claims costs, the healthcare provider must have the ability to identify them and ensure they receive proper treatment.

- How do you define high-risk individuals?
- What methods and processes do you use to identify them?
- What are your targeted intervention processes for high-risk individuals?
- How do you track the progress of the intervention?
- Do you stratify the individuals by severity of risk for complication?
- What incentives do you recommend for participation by high-risk individuals?

05



Communication and Engagement

A clinic vendor's ability to engage with the workforce through marketing and educational materials is critical to maximizing healthcare services utilization. Here some questions we recommend you put to the vendor:

- What is your communication plan to introduce the clinic to employees and their dependents?
- What materials and content have you developed for other clients, and what were the outcomes?
- What frequency and type of communications will eligible persons receive throughout the program period?
- Will there be communication to support other wellness and health education activities at the clinic?
- How will you measure the effectiveness of the communication and engagement plan?
- Do you have an online resource center for health education content?
- Do you provide patient support and engagement team for clinical, IT, and health questions?

06



Wellness Coaching, Education, and Lifestyle Management

Wellness coaching and lifestyle management have proven to be critical to changing behavior for those who are at high-risk for chronic diseases. A clinic vendor must be able to provide these services.

- What wellness coaching and lifestyle management services do you provide?
- What about health education services and activities?
- Can you describe your coaching model and the science-based behavior-changing principles used in your model?
- What is your coaching engagement process and program protocols?
- What qualifications do the coaches have?
- Do you provide health improvement coaching for low- and high-risk individuals?
- Do you offer a health education portal? Can it be customized to our needs?
- What have you achieved in your past coaching and education activities?

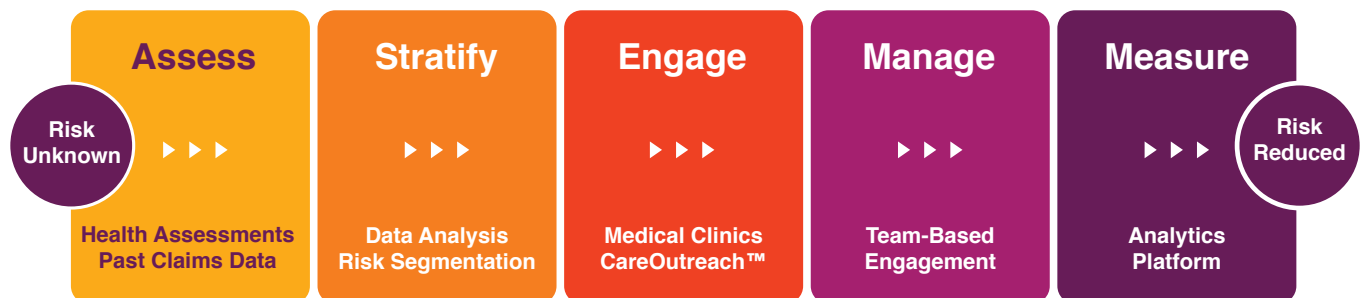


The CareATC Proactive Primary Care System

Although complex, this matrix of solutions is not unheard of – it forms the core service offered by a technology-driven healthcare services provider called **CareATC**.

Through 20 years of partnerships with panels of data analysts and healthcare experts, CareATC has developed their data-driven **CareATC Proactive Primary Care System**, integrating these innovative healthcare solutions. Their objective—to create a culture of wellness in organizations both large and small using this holistic healthcare system. Their methodology comes in five steps:

CareATC Proactive Primary Care System



Assess: The process starts with Personal Health Assessments and biometric screenings which equips physicians with the right information about the health risk of individuals. Assessment also empowers employers with the “aggregate organizational risk” to develop a healthier population and culture, resulting in a more productive workforce.

Stratify: CareATC then risk-stratifies the population with data analysis and risk-segmentation, effectively identifying high-risk individuals. CareATC in turn provides a detailed plan for treatment and wellness coaching to each individual and to the organization, informing each party of its own best interest.

Engage: CareATC regularly engages with the population directly inside its clinics through physicians and wellness coaches and through a dedicated CareOutreach Team that follows-up with appointments and patient satisfaction surveys. CareATC also conducts engagement through traditional marketing materials and with advanced digital patient engagement strategies including a Patient Portal and a mobile appointment and telemedicine app.

Manage: CareATC emphasizes a team-based approach to care delivery that offers chronic disease and lifestyle management to make a positive long-term impact on their health outcomes. CareATC also provides continuous engagement and support with feedback, reporting, and an online resource center to inspire participation and partnership with patients.

Measure: The CareATC Analytics Platform provides next generation insights into productivity, clinical effectiveness, and financial performance of all primary care initiatives. This brings clarity to risk, cost, and health outcomes. It also identifies opportunities for improvement and specific action plans.

Switch your healthcare program to CareATC as a partner and you can better understand and manage your employee population's health risks. Significantly increase the value of your entire health plan and create a healthier, happier workforce.

CareATC has helped our budget and, even more importantly, our employees to thrive, I would, and in fact do, recommend them to every business owner I see.

Kenny Burkett,
President, American Waste Control, Inc.



THE POWER TO BE WELL

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