integrated health care journey
Overview
As the cost of health care continues to soar, some employers are adopting an integrated health care model (IHC)—an emerging employee benefit strategy—to control health care costs and improve health outcomes.

IHC is a trend in population health management that connects pharmacy, behavioral, dental, vision, disability and absence management data to population health data.

This connection delivers more data, more insights and more member engagement in an employer’s wellness and clinical programs.

Population Health Management: “Population health” for the purposes of this report refers to providing the right care at the right time to a patient. Most population health programs consist of clinical and wellness programs to impact the near- and long-term health care costs.

By eliminating the silos these components traditionally have operated within, data is aggregated to provide a more complete picture of a member’s health, identify gaps in care earlier and facilitate sharing of this information between providers, care managers and members to enable coordinated care.

Recent findings from a study1 commissioned by Anthem and conducted by SourceMedia Research/Employee Benefit News indicate that one in five employers is currently implementing an IHC program, and another 20% either have a strategy to do so in the future or are considering such a program for their organizations.

The IHC Journey
A recent study identified three main stages of the implementation journey:
1. Development
2. Implementation
3. Post-implementation

PHASE I: Development
Developing an IHC model requires familiarity with the basic subject. Overall 92% of survey respondents have heard about integrated health care.

Among employers using or considering an IHC strategy, only 22% describe their models as very comprehensive, whereas roughly half describe their systems as somewhat comprehensive—and 25% say their programs are not very or not at all comprehensive.

This indicates that many employers have a long way to go to achieve health care models that can truly be called integrated.

For those employers in the consideration and implementation stage, more than two-thirds have started thinking about IHC systems within the last four years. This timeframe is not surprising, given that comprehensive integration options for health care are a fairly emerging phenomenon.

FIGURE 1. Ideal Requirements of an Integrated Model

What are the ideal components of an integrated health care delivery?

Employer-defined objectives
Central data repository
Population health analytics
Data sharing between providers
HIPAA-compliant data

Source: Anthem

1Integrated Health Care Buyer Journey, SourceMedia Research, 2015.
When asked about their primary motivations for moving down this path, three-fourths of employers in the consideration stage identify health cost management and employee health improvement. Other motivations include employee engagement, retention and satisfaction, reduced employee absences and increased productivity (Figure 2).

**FIGURE 2. Strategic Motivations for Offering an Integrated Program**

Q: In thinking about your strategic motivations for offering an integrated health care program, what were your organization’s original objectives or goals for offering your employees this type of program? Select all that apply.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health cost savings</td>
<td>77%</td>
</tr>
<tr>
<td>Improve employee health and wellness</td>
<td>73%</td>
</tr>
<tr>
<td>Employee engagement in health programs</td>
<td>43%</td>
</tr>
<tr>
<td>Employee retention and satisfaction</td>
<td>34%</td>
</tr>
<tr>
<td>Reduce employee absences</td>
<td>32%</td>
</tr>
<tr>
<td>Increase employee productivity</td>
<td>29%</td>
</tr>
<tr>
<td>Other or Don’t Know</td>
<td>6%</td>
</tr>
</tbody>
</table>

n = 120 (Employers considering, have a strategy or currently implementing an integrated health care program)

Developing a Vision and Objectives

In terms of who shares responsibility for developing a vision and objectives for the IHC program, respondents identified benefits administration (72%), upper management (41%), executive management (34%) and human resources (40%) as having a voice at the table.

But regardless of the team involved, developing a vision and objectives is not an easy proposition; nearly 80% of respondents describe the process as somewhat to very challenging.

In verbatim survey responses, employers put these challenges into words, with one noting the difficulty of “getting all the key stakeholders to agree,” and another expressing concerns about “gathering enough good information to feel confident in meeting the needs of our employees, while keeping costs in check.”

The good news for these employers is that they need not face these challenges alone—there are a multitude of resources.

As they developed their own visions and goals, employers say they turned to benefit consultants (50%), benefit brokers/advisers (43%), health and wellness consultants (37%), business consultants (27%) and insurance carriers (25%).

Estimating Costs and Risks

Once employers have created a clear vision and defined their objectives, they’ll need to estimate costs and potential risks, which can be a tricky proposition, according to respondents. More than 80% describe this step as very or somewhat challenging.

What makes this step a hurdle? In the words of one respondent, we have “no experience with the concept, so we are learning as we go.”

In the words of another employer, “Benchmarking can only do so much. Trying to find a reasonable cost estimate requires some ‘throwing darts at a board.’”
Creating a Formal Operating Plan
Creating a formal operating plan is the final step in the development phase of migrating toward an IHC model—a step most employers also describe as somewhat or very challenging (79%).

These employers state a host of reasons that can make formal plan creation difficult, including:

- “Getting a committee of people to agree on a plan of action is always difficult; everyone has their own opinion of what will work.”
- “It often becomes easier to start doing the work instead of actually putting the formal plan down on paper.”
- “Most long-term plans require a lot of data and research. Making sure we are comprehensive enough in our research is challenging.”

These comments speak to the importance of utilizing outside resources, such as consultants, advisers and insurance companies, at every stage of the employee health care plan process.

Employers can lean on these sources to help them determine and devise the best course for their organizations as they seek to understand the intricacies of IHC adoption.

PHASE II: Implementation
Once employers have determined that an IHC model is right for their businesses and employees, they enter the implementation phase.

Selecting and Evaluating Carriers
When it comes time for employers to evaluate and select a best-fit carrier for their organizations, they lean on benefits administration (71%), upper management (39%) and human resources (36%). Getting broad-scale buy-in is important, as the group may ultimately decide on a single carrier as the best delivery system for an IHC program.

Employers who have completed this step or are in the planning stage describe it as, “time-consuming, with many moving parts and lots of choices.” Of particular note, one respondent had a difficult time “finding credible performance data,” while another “needed carriers for multiple locations and discovered that not all carriers were available in all locations.”

As noted at other phases of the IHC journey, outside resources, such as brokers and consultants can help. And don’t discount insurance company assistance, like websites, online tools and in-person visits.

Acquiring Technology and Infrastructure
In order to implement the selected health care program, many employers need to acquire and install new technology, which is somewhat or very challenging, according to 71% of respondents. These employers note experiencing budget constraints, an overwhelming number of options and the need to have technology work across different business entities.

Launching the Program
Once employers have the necessary carrier(s) and technology in place, it’s time to launch their IHC program. This stage also proves to be somewhat or very challenging for 77% of employers.

Comments from respondents on their experiences cover a range of implementation areas from management resistance to change and competing priorities to overly aggressive timelines and logistical issues dealing with multiple locations.

Based on respondent feedback, it seems that a successful launch is best accomplished by having human resources and upper management provide support and assistance. This can be accomplished through HR and management education and making sure that both sets of decision-makers are a part of the development team from early on in the benefits review process.
Educating Employees
Of course a crucial element to the entire process is a clear, concise strategy for educating employees on the integrated benefits model and what it means for their health. Seventy-three percent of survey respondents found notifying and educating employees a challenge, which is not surprising given the time and attention such activities can take.

These employers note several factors to consider when planning communication strategies, including volume and location of employees and language barriers.

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The main way to address these considerations is a broad-scale approach, which includes different types of communication (print, email, website, mobile). This is all the more important for employers with a widely divergent employee base, and includes employees in different age ranges and geographic locations.

PHASE III: Post-implementation
As with any transformational initiative, the shift to an IHC model tends to be a work in progress for a period of time.

Reporting Program Outcomes
After they’ve put in place an integrated benefits program, employers will want to review the results of program implementation, which begins with reporting on the various health and financial outcomes they are seeing as a result of the change.

This step—which typically involves benefits administration, human resources and finance—proves to be a challenge for 68% of respondents.

One respondent sums up their company’s experience with this step, noting that the “wealth of metrics to choose from is nearly infinite; selecting a few without limiting too much in scope is a challenge.” Whereas another employer points out that a “diverse employee population requires a variety of options; evaluation may be not ‘apples to apples.’”

Such comments make it clear that tracking health care outcomes is not a one-size-fits-all undertaking, and that goals and objectives must be taken into account as employers decide what metrics make the most sense to report on.

Evaluating and Modifying Programs
As they review program outcomes over time, employers should keep in mind that health care for employees is not a “set-it and forget-it” proposition; programs need to be evaluated on a regular basis and modified if they aren’t meeting organizational objectives.

This process—which 72% of employers describe as somewhat or very challenging—can be time-consuming and difficult to establish. As one employer says, “Lack of clear and understandable reports makes it difficult to determine participation rates and success factors.” In other words, if program reporting is lacking, then invariably evaluation report will also be lacking.

Employers may also need to be prepared to change gears, even if the company has invested time and resources in a program. As illustrated by the experience of one respondent, “We tried multiple avenues before we found one that worked for our employees.” Employers should therefore determine a reasonable time horizon for program evaluation based on specific cost goals and employee behavioral objectives.

Establishing Success Metrics
Since IHC is a component of an employers’ overall population health program, ideally the population health program has defined metrics that are tracked over time to gauge the program’s success. A task deemed challenging by roughly 80% of respondents. Indeed, employers may encounter several obstacles during this stage, including:

■ Absence of clear industry norms and benchmarks
■ Reaching consensus on the definition of success and ROI among key stakeholders
■ Lack of staff time to create and track metrics

Despite challenges, however, it is crucial that employers continue to examine their IHC programs over time to make sure they are meeting the health care needs of both the organization and its employees.
**Recommendations**

Employers considering an IHC model or seeking to improve current programs should:

- Utilize brokers, consultants and carriers at different stages of the process for information and support.
- Partner with benefits administrators throughout the journey to assist with program development and oversight.
- Work with key internal stakeholders to define program goals and objectives.
- Create a formal plan document as a reference.
- Get upper management buy-in early in the implementation process.
- Select a carrier that supports true integration, including a data repository and data analytics.
- Provide ongoing employee education and updates in various formats and languages as needed to reach all demographics.
- Develop a reporting structure tailored to the needs of the organization.
- Define success metrics and regularly evaluate the program against them.
- Adjust the program as needed if it doesn’t achieve success metrics in the predetermined time horizon.

**About Anthem’s Integrated Health Care Solution**

Anthem is responding to the integrated health care movement with its Anthem Whole Health Connection℠ program. Anthem Whole Health Connection innovates dental, vision, life, disability and pharmacy with health care for a healthy approach to benefits.

With Anthem Whole Health Connection, claims and clinical data are received from medical providers, dentists, vision care providers, disability claims managers and pharmacists. With this data, complete health profiles are available to providers. The collected data helps us identify gaps in care, while helping providers deliver better, more informed care. What does this mean in real terms? It means an eye doctor has the information needed to determine if a patient’s blurry vision is caused by a prescription medicine. Or a primary care physician gets a care alert about a patient’s early signs of diabetes based on the results of an eye exam. Or our disability claim team can coordinate with our care management nurses to ensure that your employees are getting the appropriate care to get back to work quickly and safely.

The benefits of this level of integration add up quickly. Learn more at anthem.com/specialty and view additional research at specialtybenefits.info/integratedhealthcare.

**About SourceMedia Research**

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