



*North Carolina*  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES



## **Integrated Health Management Update**

*Board of Trustees Meeting*

March 22, 2013

# Integrated Health Management Outline

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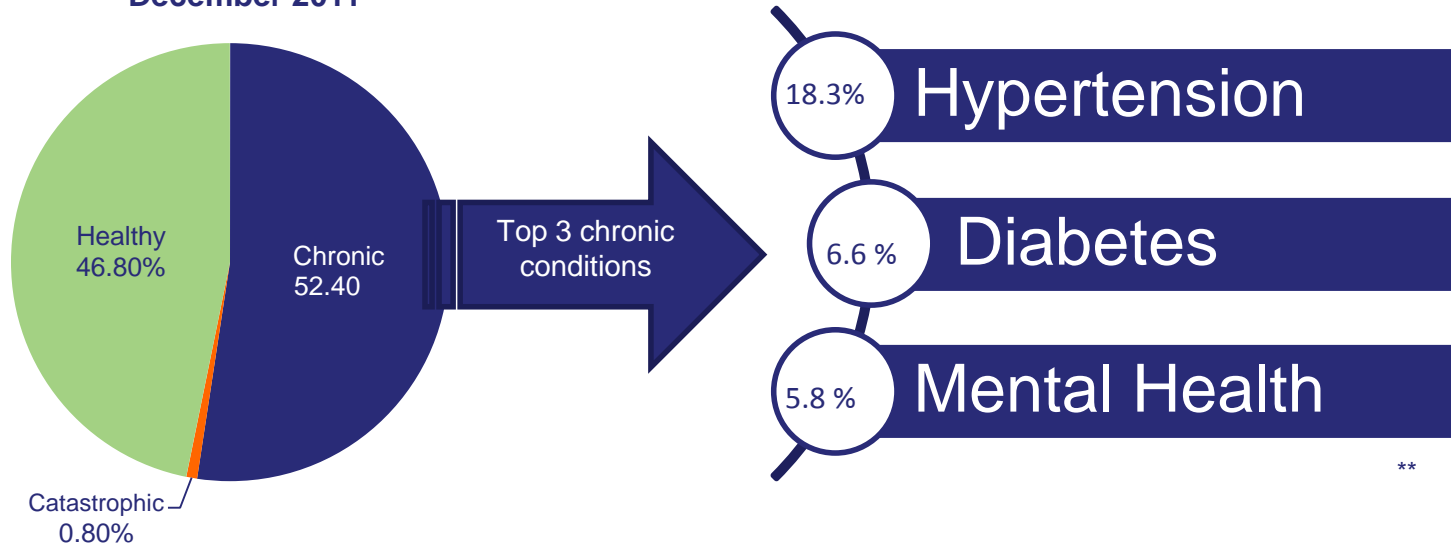
- Statistics on Chronic Conditions and Co-morbidities
- IHM mission and BOT mission
- NCHealth*Smart*
- Integrated Health Management (IHM) initiatives and lessons learned:
  - Brown Creek Correctional Institutional Pilot
  - DHHS Pilot
  - Charlotte-Mecklenberg Schools Pilot
- Cardiovascular Summit
- Moving forward

# Why is IHM so Critical?

*Over half of the Plan's membership has at least one chronic condition.*

## State Health Plan Statistics (non-Medicare primary members)

Health of Plan Members as of  
December 2011\*



\*2011 Clinical Risk Grouper Analysis prepared by Aon Hewitt

\*\*Employee Membership and Population Profile prepared by Active Health Management

# Mission Statements

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- BOT: Our mission is to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents, in a financially sustainable manner, thereby serving as a model to the people of North Carolina for improving their health and well-being.
- IHM: To offer an integrated platform of high-quality, cost-effective health management tools, resources and services to empower and support our members in being as healthy as they can be.

- NC HealthSmart is the Plan's healthy living initiative offering members various preventive services including disease and case management, healthy lifestyle programs, tobacco cessation and weight management in an effort to improve their health and well-being.

# Pilot Programs

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- The Plan has used pilot programs to look for effective and efficient ways to:
  - Increase member awareness of health status
  - Increase engagement in NC HealthSmart resources
  - Test incentives

*In order to:*

- Improve member health
- Decrease spend

# Brown Creek Correctional Institution - Pilot

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- Goal: Improve member health literacy and increase awareness of NC Health*Smart* resources through a communication campaign
- Population:
  - 377 employees
  - Anson County (1 hour southeast of Charlotte)
  - August 2011- August 2012

# Results

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## ***Awareness alone was not sufficient to engage members in utilization of NCHS resources***

- IHM partnered with Brown Creek Correctional Institution (BCCI) on a Health Education Pilot focused on health promotion and increasing awareness in NC HealthSmart
  - One-year pilot that worked with a captive audience. Information was shared with employees during daily lineups to promote NC HealthSmart. Health promotion materials such as posters were distributed throughout the facility.
  - Awareness of NCHS increased by about **85%**
  - Despite campaign efforts, less than **4%** of BCCI employees used NCHS resources, such as BMI and blood pressure trackers
  - **60%** reported they were likely to use NCHS resources in the next six months
- Supports Board decision to put financial incentives in place to engage members in their health and wellness



# Charlotte-Mecklenberg and DHHS Pilots

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- Goals
  - Increase member awareness of health status
  - Increase engagement of NC Health*Smart* resources
  - Reduce cost barrier to primary care access
- Incentive
  - \$15 copay reduction for subscribers and dependents for primary care visits
- Requirements
  - Health Assessment
  - Biometric Screening
  - Year 2 – add a Healthy Action Step

# Results

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## ***Increased requirements for healthy activities decreased year to year participation***

- IHM has partnered with Charlotte-Mecklenberg Schools and DHHS on a two- year Wellness Pilot focused on members engaging in their health
  - As an incentive for completing all activities members get a \$15 PCP copay reduction
- Participation decreased over 30% from Year 1 to Year 2; the data suggests the reduced participation is due to adding an action step
- Supports Board decision to put greater financial incentives (copays and premium credits) in place to engage members in their health and wellness
- In CY 2016, members will need to comply with additional action steps to get premium credits

### **Year One Requirements:**

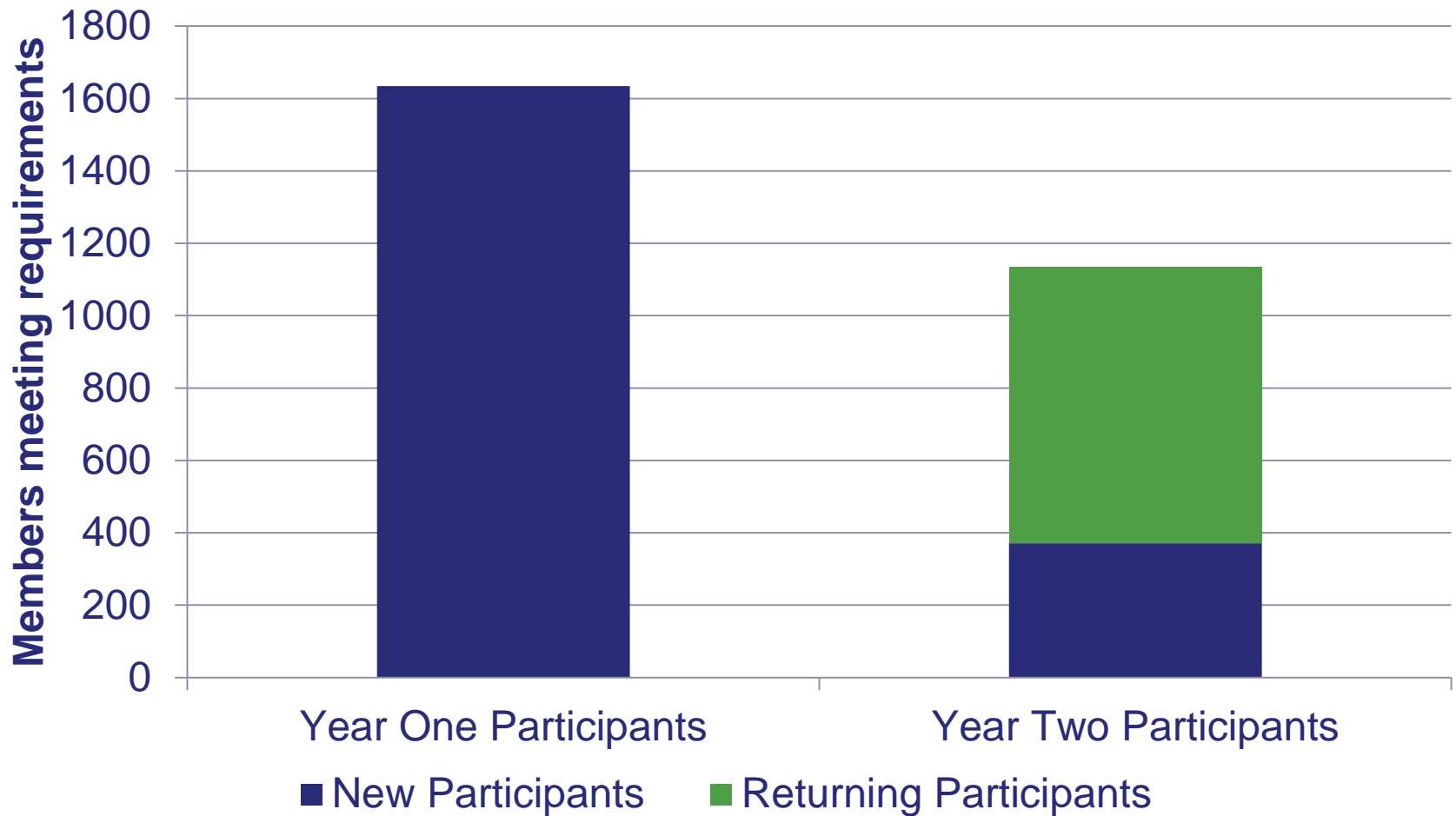
- Biometric Screening
- HRA completion

### **Year Two Requirements:**

- Biometric Screening
- HRA completion
- Completion of one of the following healthy activities:
  - Work with a Health Coach
  - Track physical activities
  - Participate in Fall Walk challenge (CMS)
  - Complete digital coaching module

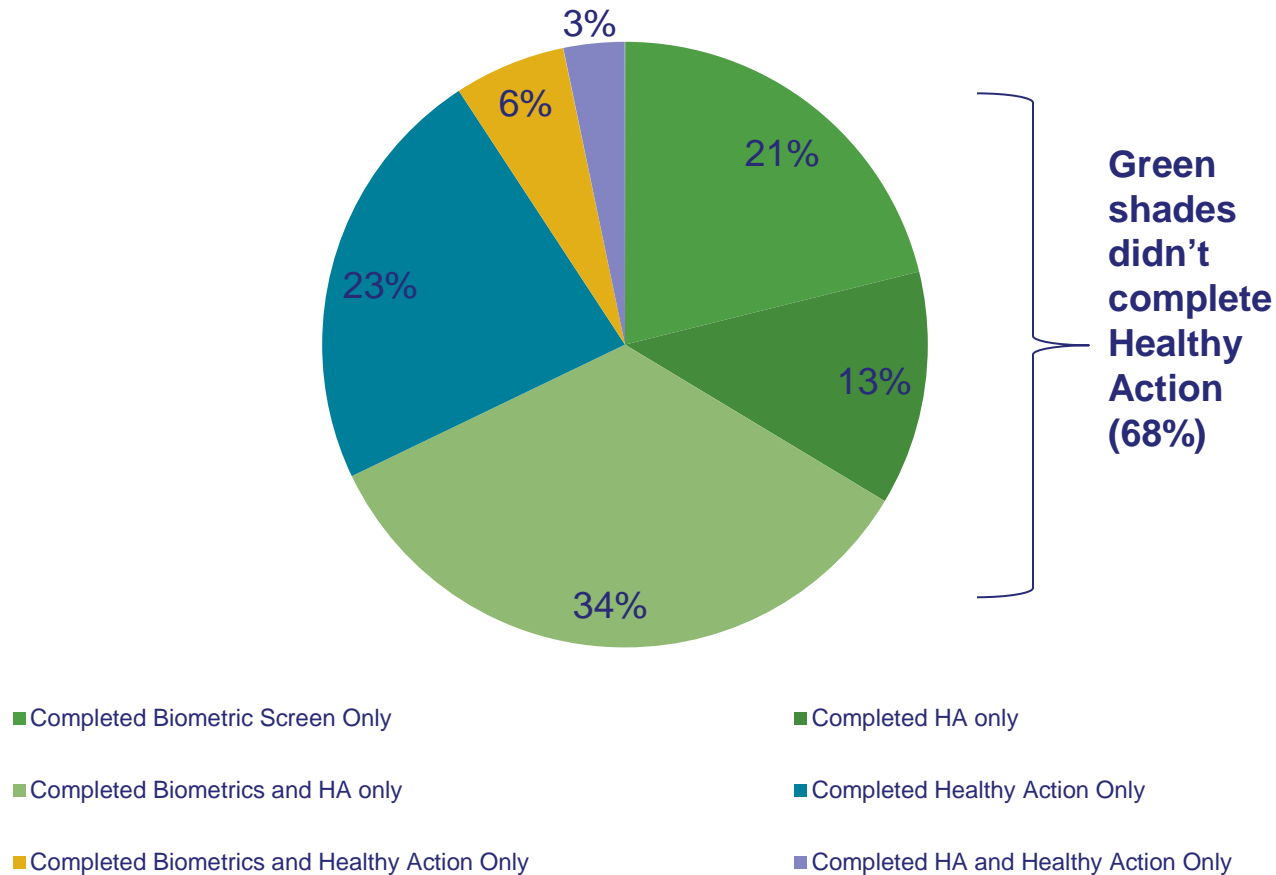
# Results

The number of members who met all criteria decreased, however, 70% of members who met the criteria participated in both years.



# Reasons Participants Did Not Qualify for Year 2

Failure to complete Healthy Action = 68%  
(DHHS only)



# What would the Board like to see?

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- Top health condition for CMS and DHHS pilots was pre-hypertension -
  - Whether members knew going in or discovered as a result of participation
  - Changes in behavior – increased visits to PCP or use of NC Health*Smart* tools
  - Changes from year to year status
- What happened to members who did not participate in the 2<sup>nd</sup> year?
  - Claims activity

# Cardiovascular Summit

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- Cardiovascular Health Summit was held March 5, 2013
- Goals of the Summit:
  - Share efforts around heart disease and stroke prevention
  - Establish a work group to evaluate SHP-sponsored resources
  - Develop a strategy consistent with NC Cardiovascular Plan which is to increase the proportion of North Carolinians:
    - Who live healthy lifestyles conducive to cardiovascular health
    - Whose cardiovascular risk factors are identified, appropriately managed and controlled
    - Who receive appropriate integrated emergency and acute care for cardiovascular events
    - Who receive appropriate coordinated management of post-acute and transitional care following cardiovascular events
- The Summit discussed the role of the State Health Plan and the employing agencies in member health and wellness and identified ways each could contribute toward NC Cardiovascular Plan goals

# Employee Units and Member Health

Cardiovascular Summit Recommendations	State Health Plan	Employer (Agency)
Currently in place	<ul style="list-style-type: none"> <li>• Provide tools for worksite wellness</li> <li>• Identify members for intervention</li> <li>• Track interventions</li> <li>• Medical Home Model</li> <li>• Referral options</li> <li>• Incentivize chronic disease medications</li> </ul>	<ul style="list-style-type: none"> <li>• Spread comprehensive messages</li> <li>• Incentivize worksite wellness</li> <li>• Promote culture of wellness</li> <li>• Take advantage of SHP tools</li> </ul>
Near future plan	<ul style="list-style-type: none"> <li>• Comprehensive HRA</li> </ul>	<ul style="list-style-type: none"> <li>• Spread comprehensive messages</li> <li>• Incentivize worksite wellness</li> <li>• Create culture of health</li> </ul>
Recommended at Summit but not in place	<ul style="list-style-type: none"> <li>• Plan paid gym memberships</li> <li>• Provide more coverage for medical supplies</li> <li>• Increase hospital quality reporting</li> </ul>	<ul style="list-style-type: none"> <li>• 100% tobacco free state buildings</li> <li>• Healthy Food Options</li> <li>• Blood pressure management trainings</li> </ul>

# Moving Forward

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- New Case and Disease Management Coordinator – Starts 4/15/13
- New Director – Position closes 4/4/2013
- Health Promotion Tool Kit – Provide resources to employing units similar to those provided to Brown Creek Correctional to promote health and wellness through monthly focus
- Train the Trainer – Provide resources to employing units to increase awareness of NCHealth*Smart*
- Deeper dives into pilot data
- Coordination with Board strategy