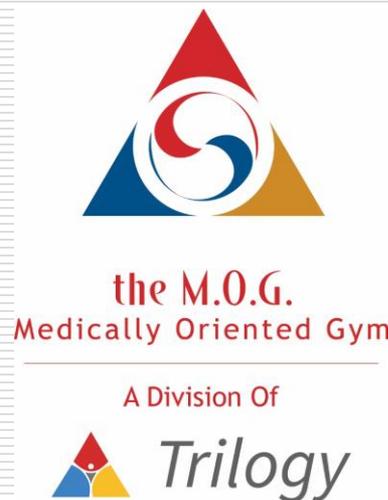


Good Morning.....

TOTAL WORKER WELLNESS a proven new perspective



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INTRO

Companies in the vanguard of containing health costs do it by managing health.

Lessons Learned

- ❑ You can't manage health costs without managing health.
- ❑ Employers are uniquely positioned to affect the health of their workforces.
- ❑ Incentives, wisely designed, can stimulate better employee behaviors and treatment regimens.
- ❑ An on-site clinic can be effective

More lessons

- Individual responsibility. Employees need to **engage** as responsible adults in attending to the long-term physical and financial health of their families.
- Marketplace disciplines. It installs **consumerism** front and center into the quest for best quality and prices.
- **Proactive care**. Instead of “sick care” keeps people healthier and out of hospitals.
- Sound management. It puts employers and employees—**back in charge** of the medical supply

Health, Wellness and Insurance

Opposing views

Private Sector

Problem: Out of control costs that they cannot influence

Solution: Improved workforce health

Policy Makers

Problem: Coverage and lack of access

Solution: Expanded insurance access
subsidies from increased tax revenues

payment reforms

Solution

Private

- INNOVATORS
- Manage health of employees and family members
- Control costs through Value Centers
- Incentivize and Engage
- New Model: centers on consumer (employee), not provider hospitals or insurer

Public/Policy Makers

- Slow Movers
- Manage costs through developing revenue schemes ACO/Bundle
- Reactive response to health
- No incentive to reward health (providers or consumers)

“Big Insurance”

has a short term view

- ❑ a 12 month subscriber relationship
- ❑ Increased deductibles and co-pays
- ❑ Decreased Provider reimbursements
- ❑ Raised premiums.
- ❑ “Big Insurance”; not healthcare they are a claims processing company and price negotiator
- ❑ BOTH side are wrong!
Obamacare/Repeal & Replace is not healthcare

“Big Insurance”

- They are symbiotic partners with large health care systems providing better reimbursements and greater latitudes.
- Large Healthcare systems continue to generate income based on volume of services.
- Unfortunately, he who pays the claim has all the power.

Business of Medicine

“Provider Corporations” (i.e. hospital systems)

- own hospitals and clinics staffed by employee doctors
- have little incentive to fix the old system by reducing costs and delivering value

Insurance and healthcare systems

“dirty little secret”

- Health of communities continue to deteriorate. Despite the **pseudo-attempts** at prevention programs by “big insurance” and health care systems
- Little incentive for change; **less than optimum health** drives premiums higher and the need for more services.

Provider Employees

- Big health care systems, Primary Care services become turnstiles—directing patients to medical specialists, labs, and imaging centers.

They become volume generators

- Employers looking at **on-site care** need to understand the difference between clinics owned by big-care systems and those that are independent of them.

Who Really Pays the “bill”

- ❑ Directly, Corporations pay **half of the national health care bill**, (employee health benefits)
- ❑ Indirectly, they pay for the **other half** of the nation’s health care bill, through the corporate taxes and payroll taxes
- ❑ Only a few have raised health care to the level of a **strategic priority** (ie VP of HEALTHCARE)

Problem

In short, it's big government promoting big health care.

Neither insurers nor hospital companies have demonstrated the ability or need to control their costs

They have no reason too

Some Responsibility

The existing business of health care is broken, and the people in the corporate offices let it happen.

Corporate Leaders

- **30 year relationship** with employees and therefore have a vested interest in their health status.
- Many “C suite” occupants are recognizing they can **negotiate better value** in their employee healthcare delivery by identifying value Providers.

Meaningful Health and Wellness

- Accepting that **true prevention and wellness programs require expenditure initially** and must have individual incentive based outcome measures.
- Meaningful Prevention and wellness programs are part of a **total worker wellness plan** that includes safety and occupational health services.

Prevention and Wellness??

Anemic at best

- ❖ offering brochures
- ❖ passive websites
- ❖ health risk assessments
- ❖ subsidized policy (i,e health club memberships,)

“Health Coaches” contact people by telephone, a method that produces limited results at best

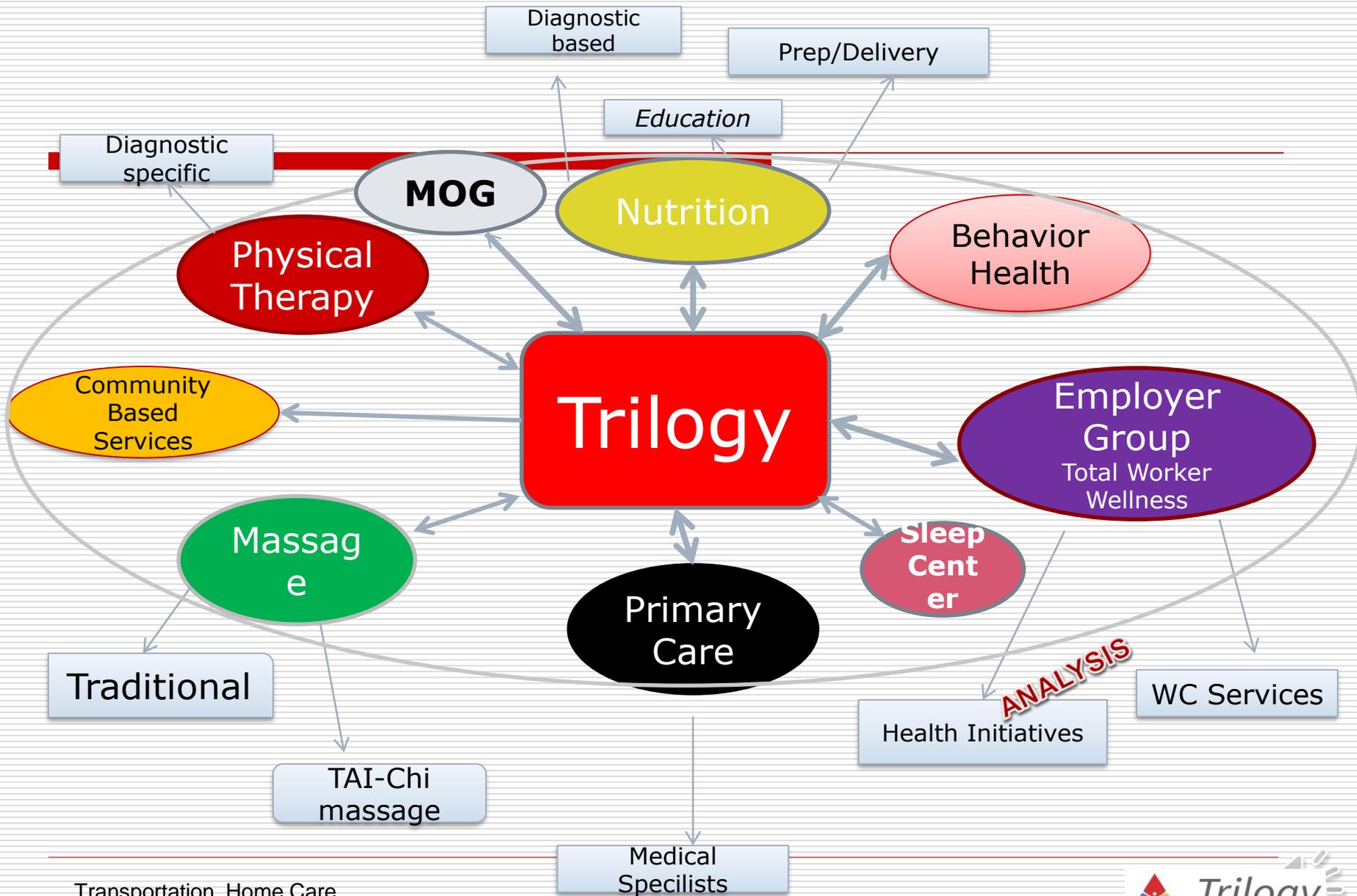
Biometric data collection without a “what’s next?” solution

TRILOGY

- **TRILOGY** is an Association of community healthcare providers, that believe there is a better solution for population health.
- It is a provider collaboration getting people the right service at the right time.

Medical Neighborhood

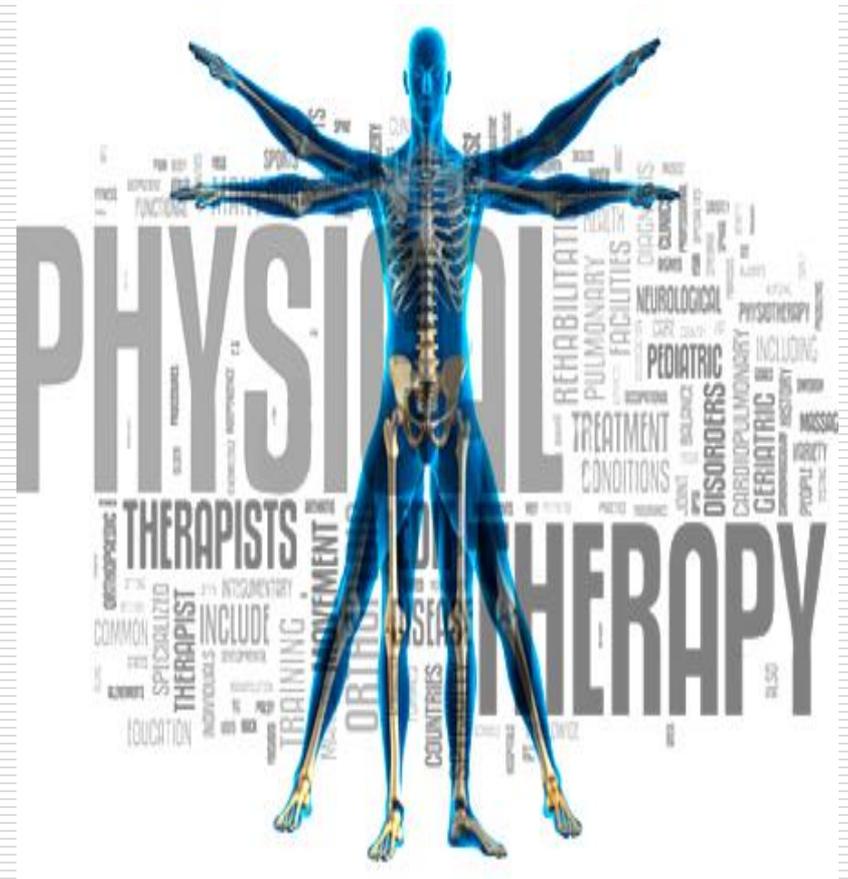
MEDICAL NEIGHBORHOOD



Transportation, Home Care

PT Based Medical Fitness

- PT can account for disease and dysfunction when setting up an exercise program
- Provide evidenced based fitness programming
- Total Worker Wellness experts
- Developing Collaborative Partnerships





Risk Migration

HIGH RISK

MODERATE RISK

LOW RISK



Assumptions

1

Priority



2

Access



3

Cost



Engaged



“Medical VP”

The employer and its TRILOGY team offer ***proactive, intimate, convenient, cost-effective, integrated care*** in the “medical neighborhood.”

Lifestyle Management

"create your journey"

6 COMPONENTS

"Feet" *activity is better than no activity*

"Forks" *eat food close to nature, not too much, mostly plants*

"Fingers" *don't smoke, don't drink excessively*

"Sleep" *quality and quantity*

"Stress" *life is stressful, how we manage it matters*

"Love" *people you care about and care about you*



Pre-Hire to Retire

Total Worker Wellness

WorkRight

preventative work comp injuries

WorkWell

Pre work screenings, job analysis, rehabilitation, FCE, return to work

MOG Works

employee health and wellness

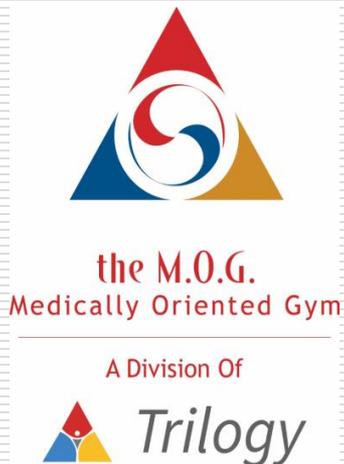


What is a MOG?

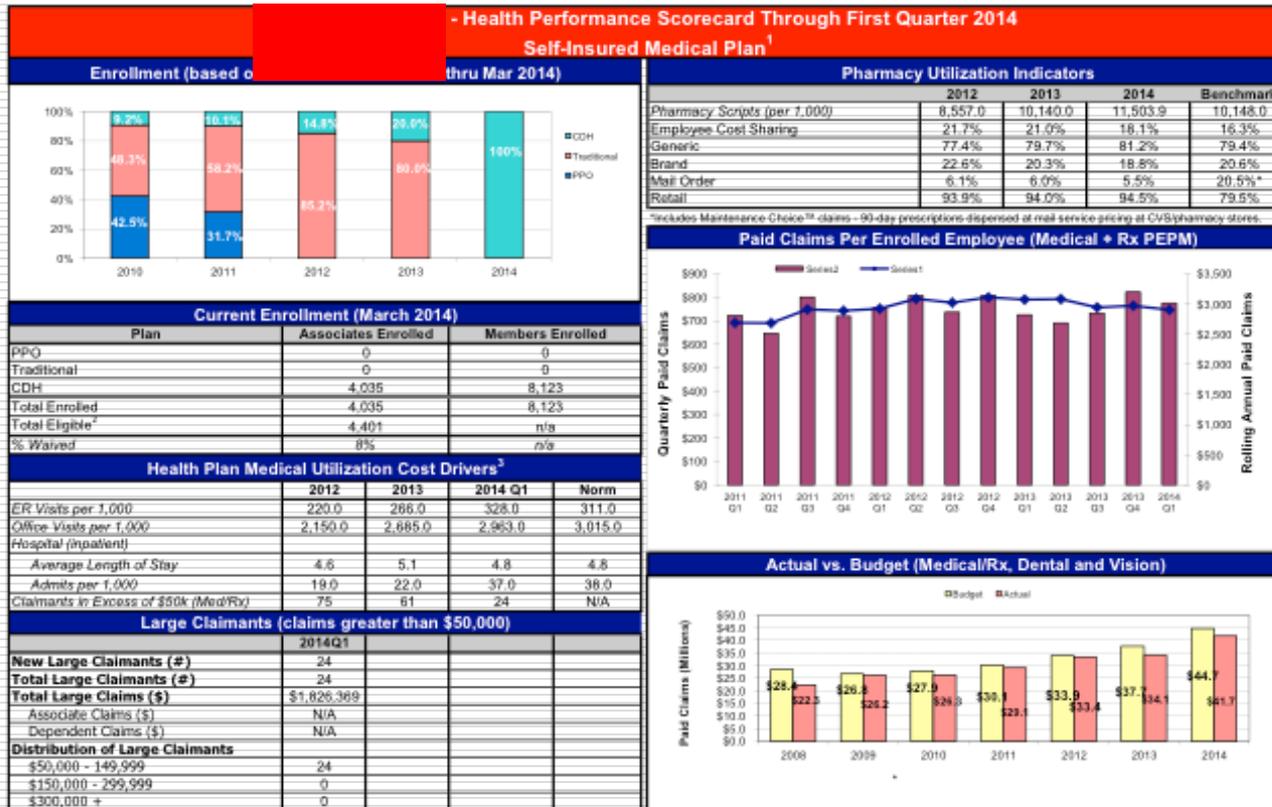
(Medically Oriented Gym)

Boutique Fitness Club (place and service)

- Created Diagnostic based **Lifestyle Management** programs
- Evidenced based protocols with appropriate data collection and analysis
- **Proven reductions in total cost of care for chronic disease**



We're supplying the "what's next"



¹ Based on active claims and admin fees for medical, pharmacy, dental and vision (retiree claims are not included, except where noted)

² Total eligible lives calculated using Life Insurance headcount

³ Measures per 1,000 unless noted otherwise

Observations:

- ◆ In general, active health is showing increasing enrollment in disease management programs.
- ◆ Pharmacy Utilization: Employee cost-sharing through copays/coinsurance for pharmacy is higher than the industry average. Room for improvement in mail-order utilization.
- ◆ For 2014, Rich's is currently running better than budget.



How and Where ?

On-Site: Total Immersion

Manage on site fitness club

Develop on site employee engagement plan

Design an incentive program with employer

Evaluation and program set-up

Nutrition counseling

Collaborate with medical providers

Collect and analyze data

Integrate 3rd party administrator

Educational programs

On Site:

Evaluations

Program set up (Use outside facility/ M.O.G.)

Nutrition counseling

On site exercise classes

Collaborate with medical provider

Data collection

Data analysis with 3rd party payer

Assist set up incentives

Educational programs

Off Site:

@ M.O.G. facility

@ other club

Data tracking at M.O.G. quarterly

Data analysis

Develop incentives

On site education



Outcomes results and dollars

Results

- Avg visits 2.3 per week
 - Weight loss 6%
 - BMI decrease 7%
 - Waist Circ. Decrease 5%
 - Sub VO2 increase 36%
 - MOG Fit Score 23% (improvement)
-
- 70% reduction inpatient / 28% reduction outpatient
 - *Average decrease cost per year \$4,000 per patient*

MOG Results ~ Maine Healthcare System

Overall Completion Rate: **68%**

Average Weight Loss:

Average Weight Loss	-7.86
Max Lost	-75.6

Average BMI Reduction:

Average BMI Loss	-1.23
MAX Lost	-12.98

Average Body Fat Reduction:

Average Body Fat Lost	1.265909
Max Lost	12.1

Average Blood Pressure Change:

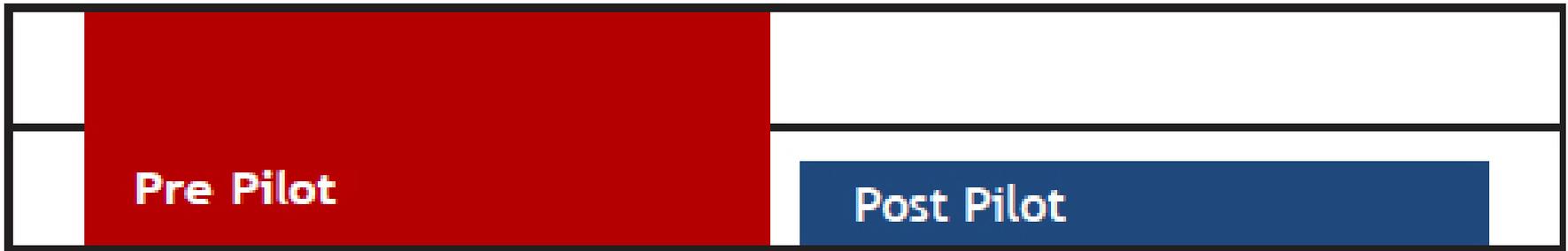
	SYSTOLIC	DIASTOLIC
Average Change	-5.23	-4.24
Maximum Decrease	-50	-43



MOG data reports on average \$4,000, first year total cost of care savings in health care expenditures

OUTCOMES to Dollars

70% decrease for inpatient care



\$4000

average reduction
in annual
healthcare cost per
participant

62%

Percent reduction in
prevalence of
hypertension in those
with BMI > 30

3:1 ROI

BCBS estimates
3:1 Return on
Investment

Employer Responsibilities in "Wellness"

Everyone knows.....

80 percent of the nation's health costs
are caused by 20 percent of the people
with chronic disease

Change

From top to bottom, health and wellness must be part of your culture

Executive CEO's

Have learned that health costs can be managed through behavior change

Long term symbiotic relationship with employees

Insurance companies have a short-term, transaction-based, impersonal relationship with subscribers (12 month window)

CEO's

Three sources of opportunity:

- 1) One-third of cost is unnecessary or duplicative services
- 2) Three-quarters of medical spend is due to preventable, lifestyle-related diseases
- 3) Not all providers are equal in terms of quality and cost.

Treat health as an asset—a personal asset, a corporate asset, and a financial asset.

Working with employees to improve five behaviors;

Lifestyle

Chronic Disease Management,

Who they “purchase” from,

How they utilize services

How best to collaborate with primary care

Value Providers

Good Outcomes
Low Re-admissions
Guaranteed work
Low infection rates
Low cost

Program Components

"6 month "intensive"

1. Attend Orientation
2. Participate in **5** health evaluations (Initial, 3 & 6 month + 9 & 12 month post program)
3. Complete a **MINIMUM of 10 workouts a month! 60** total workouts in the 6 month program period (average 2 visits per week).
4. Participate in **3** lifestyle education classes.
5. Speak with the Certified M.O.G. Health Coach **2** times.
6. Meet with Nutrition expert **2** times

Voluntary program, if not completed....payroll deduct



Engagement

Design

- Incentives
- Keep it simple
- Make it social
- Make it interesting
- Tailor it to employees
- COMMUNICATE
- Recognition
- Commitment from C suite

INCENTIVES

- **6 month goal \$500**
Maintain goal 2 yrs. \$2000
- **Reimburse copays**
Reimburse high deductibles
- **Lower Premiums**
- **Reduce out of pocket with Preferred providers**
- **Cash deposited to HSA**



Incentives

All Subscribers

If an individual passes metric tests, he or she wins a premium reduction of \$1,040. For a family in compliance, it's a \$2,080 reduction. Progress toward goals also earns premium reductions.

Not self insured; deposit into HSA

Diabetic incentives

- Quad/Graphics gives insulin free to diabetics who have successfully managed their disease.
- Also free insulin at Briggs & Stratton, where 70 percent of its diabetics are in its management program
- Briggs has done the hard numbers, and it shows a \$3.50 return for every \$1 invested in the program

Overweight/Obesity

\$500 bonus if a weight goal is met in six months and another \$3,000 if the weight is kept off for two years.

Deposits into HSA

Employee Health plan

“report card”

- Individual health plan developed annually.
- TRILOGY team slices and dices the individual's report card
- The employee decides what to do about health deficits.
- Employee and TRILOGY both sign the 12-month personal plan.



Employee Health Plan

My Screening Profile

Name	_____
Employee ID	_____
Gender	_____
Age	_____
Tobacco Use	_____
Height	_____
Weight	_____
Phone	_____
Email Y/N	_____

Preventive Exams & Screenings

Recommendations based on your current age and gender.

Checked boxes indicate exams needed.

- Annual Physical Exam _____
- Vision Exam _____
- Skin Exam _____
- Hearing Exam _____
- PAP Test _____
- Mammogram/Breast Exam _____
- Colonoscopy _____
- Digital Rectal Exam _____
- PSA Test _____
- Dental Check _____

My Biometric Summary

Biometric Tested	Result	Recommended Range
Percent Body Fat		
Body Mass Index (BMI)		
Waist Circumference		
Blood Pressure		
Total Cholesterol		
Triglycerides		
HDL (Good Cholesterol)		
LDL (Bad Cholesterol)		
TC/HDL Ratio		
Glucose		

Risk Assessment

The following areas need attention.

- Nutrition Habits _____
- Physical Activity _____
- Lung Health _____
- Skin Health _____
- Heart Health _____
- Diabetes Awareness _____
- Digestive Health _____
- Emotional Health _____
- Personal Safety _____
- Advanced Directives _____

My Plan for the Year

Main behavior change focus: _____

Recommended Programs: _____

Short-term goal: _____

Long-term goal: _____

I plan to work toward my wellness goals and consent to have the health coach reach out to me during the year.

Coach Signature _____

Participant Signature _____

Date _____



End of Life

- Education and counseling for end-of-life planning,
- **Employers, of course, will steer clear of advice on the content of end-of-life decisions.** But they can make the planning tools and process available.
- If not employee directly, family member will have affect on productivity

Imagine this !!!

An employee goes to his company's benefits expert to get advice on where to go for a knee replacement. The benefits specialist pulls up the transparency tool. It shows that the best value is a new knee for \$27,500 at a clinic where the infection rate is close to zero. She and the employee agree to use this Center of Value, even though it's 30 miles away. She punches an icon that says "Order." A pre-surgery meeting is automatically scheduled.

3 Prong Approach

Properly designed health and wellness program accounts for **physical** wellness, **financial** well-being, and **stress** management.

Employee financial problems can cause major stress, a health liability, and that stress raises health costs.

On-site Medical Svc.

The root cause of the inflation is the lack of coordinated care.

The on-site clinics fill that gap. They become a medical neighborhood.

On-site delivers:

- On-site availability all week, or at least part of the week, with online scheduling
- 24/7 availability by phone or email
- House calls when warranted
- ***Total Worker Wellness Coordination***
 - Pre-disease recognition and risk mitigation
 - Holistic oversight of all care for an employee and his or her family
 - Full range of health education

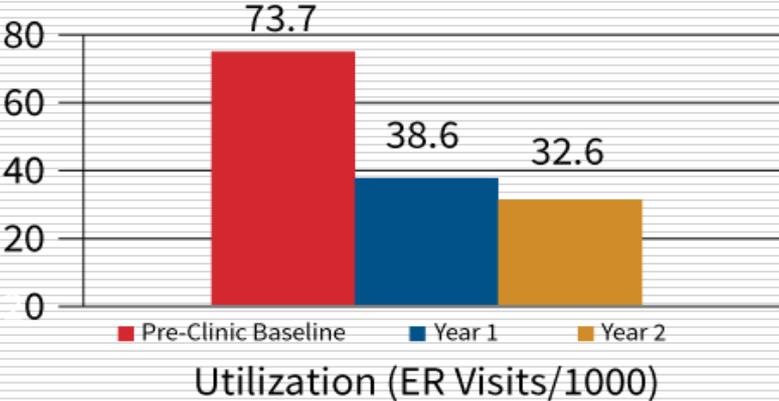
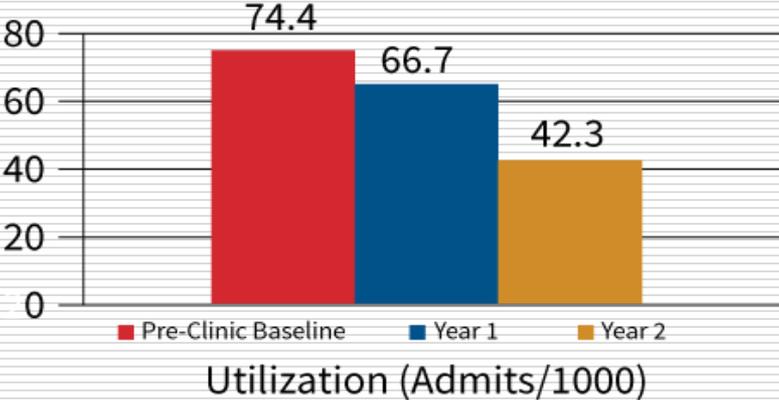
Financial Consequences

- An unhealthy employee, uses savings for high health costs, **will work later in life**. Health care for older people costs twice that for workers in their prime.
- A healthy retired couple spends ¼ million dollars less than an unhealthy couple.
- Poor health = higher medical bills = financial stress = health issues.
- “Financial wellness” **reduces stress**, reduces physical and mental illnesses

Success !!

Briggs & Stratton brought in its total health costs, including drugs and dental coverage, at a total of \$8,868 per employee, about 60 percent of the national average.

Utilization Pre vs Post



Employee benefit

- Rigorous, face-to-face chronic disease management becomes possible with an on-site health team. Make ***primary care inexpensive or free.*** The payback is huge, including a drop in hospital admissions

- Paladina (CA), cut hospital admissions by 30 percent.

Walgreens ROI

Worksite health centers
\$5.82 ROI for every \$1 invested—nearly
a six-fold payback

Safeway Success

Reduced the number of unhealthy people in its organization:

Hypertension	by 51 percent,
high glucose	by 38 percent,
high cholesterol	by 63 percent,
obesity	by 20 percent,
tobacco users	by 37 percent

WC PREVENTION (WorkRight)

Heavy Manufacturing Company

- Workforce: 1,200 employees
WRNW onsite 20 hours / week
- 1,387 WRNW Injury Prevention Visits in the fiscal year

Return on Investment (ROI)

- Annual Injury Expenses Prior to WRNW \$1,278,833.08
- 2016-2017 Injury Expenses with WRNW \$ 585,810.23
- Cost of the WRNW program
\$ _____
\$134,000.00

Program ROI

\$ 559,022.85

Beverage Distribution

- Workforce: 1,000 employees
WRNW onsite 12 hours / week
- 800 WRNW Injury Prevention Visits in 2016

Return on Investment (ROI)

- Annual Injury Expenses Prior to WRNW
\$ 474,743.00
- 2016 Injury Expenses with WRNW
\$ 181,905.64
- Cost of the WRNW program
\$ _____
\$ 93,000.00

Program ROI

\$ 199,837.36



2 Powerful Solutions

- The employer is back in charge of the economic side of medicine with its **contracted, medical team** as the gatekeeper to the health care system.

- On-site providers can **proactively attack the source** of 80 percent of the high health costs, namely chronic diseases

Summary

The marketplace rewards innovation.

Forward thinking employers=healthier workforces.

The high-value health care providers = more business.

Entrepreneurs are succeeding by reinventing the sorry old model.

Pre-Hire to Retire

Total Worker Wellness

WorkRight

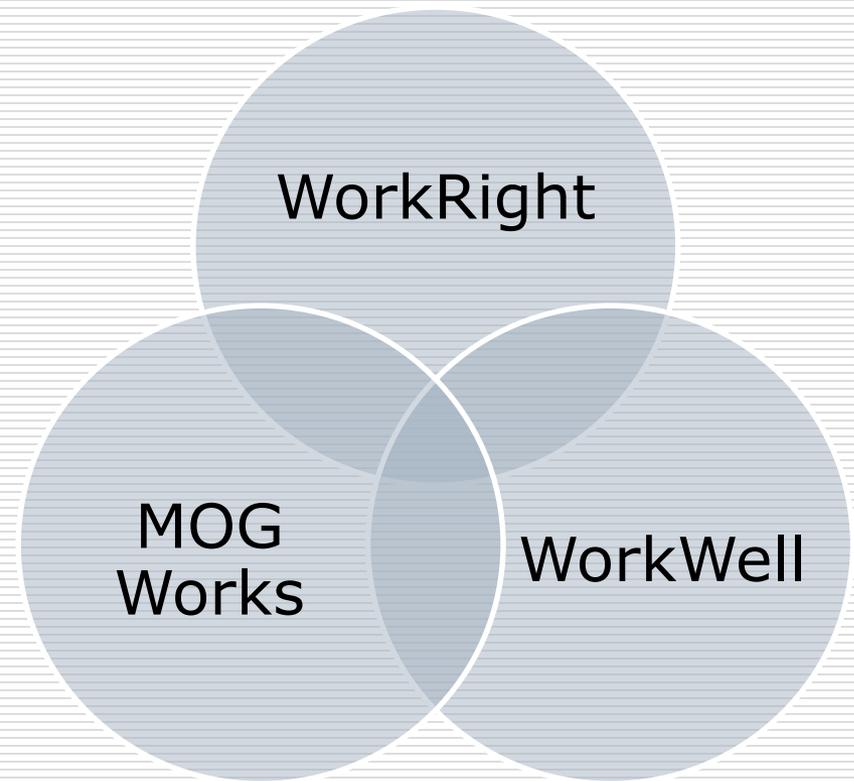
preventative work comp injuries

WorkWell

Pre work screenings, job analysis, rehabilitation, FCE, return to work

MOG Works

employee health and wellness



employees win

- Lower premiums/lower co-pay
- Free on-site medical services
- Free prescriptions.
- Chronic disease management.
- Savings growth, Lower charges
- Fewer lost paydays. wealthier retirement
- Treated like engaged adults in co-managing health services

Lessons Learned

- ❑ You can't manage health costs without managing health.
- ❑ Employers are uniquely positioned to affect the health of their workforces.
- ❑ Incentives, wisely designed, can stimulate better employee behaviors and treatment regimens.
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THANK YOU.....rcerto@mognational.com
