

HISTORICAL UTILIZATION

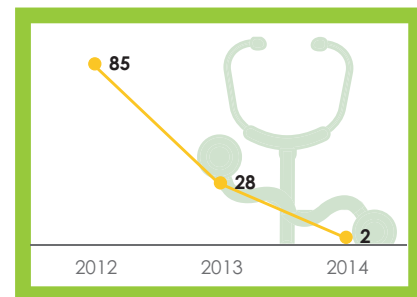


INTEGRATED HEALTH ADVOCACY PROGRAM® A JOURNEY TOWARDS BETTER HEALTH

Company ABC is a healthcare organization with 700 employees. Over the 3 year period, 15 individuals were enrolled in IHAP®. Below is the participants' utilization as reported by the claims data.

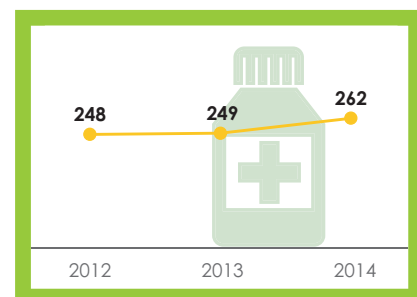
CHRONIC CONDITIONS VISITS

Chronic condition visits include office visits for which the diagnosis codes include at least one chronic condition; wellness and acute visits are not represented. The data shows that chronic conditions for IHAP participants are under control and being managed during wellness visits while being monitored monthly by the IHAP Advocate Team. Kaiser estimates an office visit for an adult in 2015 will cost between \$140 - \$165.¹



PRESCRIPTIONS

Prescriptions reported in the claims data are for both acute and chronic conditions. In certain cases, when individuals join IHAP, the IHAP Advocate Team reports an underutilization of prescription drugs for a variety of reasons spanning from undiagnosed and untreated conditions to financially being unable to pay for the medication prescribed. As individuals progress in IHAP, Teams have reported that the number of prescriptions taken for chronic conditions decrease. The average monthly cost of a prescription for IHAP participants in this group was \$334.

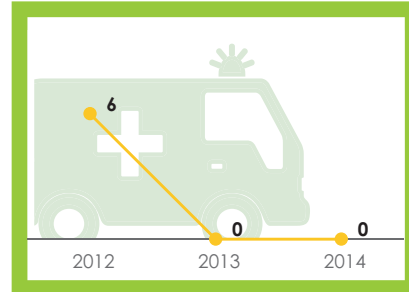




INTEGRATED HEALTH ADVOCACY PROGRAM®

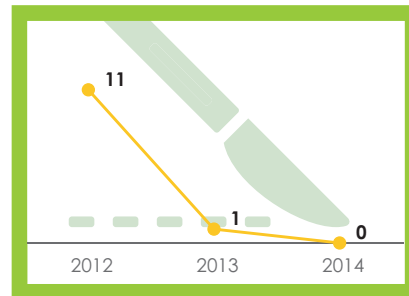
EMERGENCY ROOM VISITS

When chronic conditions are being monitored and treated properly the number of visits to the emergency room decreases. Participants are educated by their Advocate Team on how to assess their symptoms to better determine if an emergency room visit is necessary or if they should seek care from one of their established providers. In 2012, the median charge for the 10 most common outpatient emergency room visits was \$1,233.²



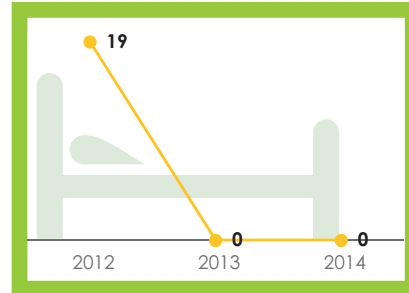
SURGERIES

Surgeries are expensive and often times avoidable. Prior to joining IHAP, individuals may agree to an avoidable surgery thinking that it is their only option. The IHAP Advocate Team educates participants about their medical conditions and offers alternate options to some surgeries through better nutrition, exercise and pain management using physical therapy and alternative medicine. The average cost for a surgery for an IHAP participant in Company ABC was \$6,457.



DAYS IN THE HOSPITAL

IHAP participants become healthier as well as better consumers of health care. Healthier lifestyles along with regular but less expensive visits to doctors prevent days in the hospital. For 2013, Kaiser State Health Facts reported that the national average for an inpatient hospital day was between \$1,791 - \$2,289.³



RETURN ON INVESTMENT (ROI)

In evaluating the financial value of the intervention program, a Return on Investment (ROI) is calculated. ROI for IHAP is based on direct costs of the program versus a combination of documented and conservatively estimated savings from avoidance of ongoing and future health care. An average ROI for the first year is \$0.50 to \$1.00 while Company ABC's ROI for 2013 was \$2.08. During the second year of offering the program is typical ROI is \$1.50 - \$3.00. In 2014, Company ABC's ROI was \$3.70.

1. Kaiser Permanente 2015 Sample Fee List 1 (n.d.): page 2. [Http://info.kaiserpermanente.org](http://info.kaiserpermanente.org). Kaiser Permanente, 1 Jan. 2015. Web. 14 Aug. 2015.
2. Caldwell, Nolan, Tanja Srebotnjak, Tiffany Wang, and Renee Hsia. "How Much Will I Get Charged for This" Patient Charges for the Top Ten Diagnoses in the Emergency Department." www.plosone.org. Vol 8 Issue 2 pages 1-6, Feb. 2013. Web. 14 Aug. 2015.
3. Rappleye, Emily. "Average Cost per Inpatient Day across 50 States." Average Cost per Inpatient Day across 50 States. Becker's Hospital CFO, 19 May 2015. Web. 14 Aug. 2015.

**FOR MORE INFORMATION ABOUT IHAP®,
CONTACT BENEFIT PERFORMANCE ASSOCIATES
AT 630.761.IHAP OR INFO@IHAP.COM.**

CHRONIC CONDITIONS
ON INVESTMENT
OP LOSS
YTICS
ING
NO PATIENT
DATA ANALYTICS
DECREASE DISABILITY
MEDICAL ADVOCATE
CENTERED
MULIPLE
WELLNESS
RISK MANAGEMENT STRATEGY
COLLABORATIVE STRATEGIC EVIDENCE BASED DISEASE
DECREASE EMPLOYER LIABILITY EVIDENCE BASED
CHRONIC CONDITIONS
SUCCESS