Driving greater simplicity and value through the power of integration

A benefits strategy designed to deliver better health outcomes and more value for employers.

Meet Dennis

- 62 years old
- Retail store manager
- Has type 2 diabetes, hypertension, stress, shoulder pain
- Spends free time with family and friends, avid tennis player

At 62, Dennis * finally feels good about his health. He’s keeping his diabetes and blood pressure under control and avoided surgery by managing his shoulder pain. The stress of these conditions doesn’t weigh him down anymore. Dennis wasn’t sure if he could get there, but he wasn’t alone. His care management team through his employer’s insurance plan worked behind the scenes—simplifying and removing barriers for Dennis to focus on more-informed better health care choices.

His employer’s integrated health plan design features integrated medical, pharmacy and behavioral benefits, allowing for a more seamless and comprehensive approach to his overall health—and a better experience for Dennis. And consider if Dennis had vision benefits integrated with his other benefits, it would have provided another connection point to help him manage his health.

“Integration starts with the individual at the center and works outward to assemble an experience that works better for all involved—doctors, caregivers, sponsors and emerging digital health companions,” says Jean-François Beaulé, Executive Vice President of Design and Innovation, UnitedHealth Group. “For us, integration is more than putting the benefit pieces together and hoping it works better than on its own. It is a deliberate effort to unify the reinforcing features that live within each benefit into a simpler and more humanistic health experience for the individual.”

When employers integrate benefits with UnitedHealthcare, greater value is realized through:

- Data on a common platform
- Trusted interactions
- Guidance and referrals
- Simpler health care experience delivering more value

* Dennis is based on real member experience. His name has been changed to protect his privacy.

Individual program results shown may vary based on customer specifics and are not a guarantee of future results.
Dennis’s journey

Once Dennis is identified for outreach, a nurse specializing in condition management reaches out to him. The nurse enrolls him in a diabetes management program and conducts a behavioral health screening. He screens positive for depression. He’s referred to Employee Assistance Program (EAP). He receives continuous education to manage his conditions. He connects with a primary care physician (PCP), behavioral therapist and pharmacist, and begins treatment to avoid shoulder surgery. He’s successfully controlling his diabetes and blood pressure, and seeking support for mental health needs. He has avoided shoulder surgery.

Integrated health benefits provide a more complete picture of an individual’s health

At a time when people are being empowered with more transparent information and more choice in almost all commercial transactions, companies are looking for ways to become increasingly customer centric. The same trend has been playing out across health care and accelerated when the COVID-19 pandemic led to widespread lockdowns. Individuals like Dennis are experiencing advances in wearable technologies and telehealth, which may help them take a more active role in their care. UnitedHealthcare’s end-to-end benefits portfolio across one common clinical platform is designed to help guide employee to better outcomes.

The full potential of integration takes hold with UnitedHealthcare’s singular focus on helping individuals make more-informed choices along their health care journey, whether routine or complex.

The insights gathered from shared benefit experiences may help:

• Build more relevant, trusted relationships between employees when they interact with their health plan and health care providers.
• Create opportunities to diagnose and manage chronic conditions sooner.
• Identify and deploy the most clinically effective treatments.
• Intervene early to address behavioral needs.

For instance, when an employer integrates UnitedHealthcare medical and vision benefits, it helps to connect members with chronic conditions to their PCP and disease management programs when concerns arise from an eye exam. Employees are 4 times more likely to get a vision exam than a physical.

“Integration positions the client for higher performance to address the persisting challenges in health care of improved affordability, health and a simpler experience,” Beaulé says.

Employers focused on integration found these results:

• Collaborative medical and behavioral care for high-risk patients leading to over $1,000 in medical savings.
• About 18% higher predictive power allowing earlier identification of members to prevent health deterioration. Clients with integrated benefits may see a doubling of their clinical programs’ return on investment (ROI).
• Seamless integration of advocacy and clinical support for a 34% higher program referrals acceptance rate and fewer adverse outcomes with 8% lower inpatient admissions.
• About 21% lower medical claim costs for members who return to dental care.

Integrated medical, pharmacy, and enhanced advocacy and condition management programs may save up to $28 PMPM.
How did Dennis’s journey to better health begin? He avoided going to see a health care provider for years, and felt run down—inside and out. After several ER visits for symptoms related to uncontrolled type 2 diabetes, a nurse specializing in condition management received an alert to contact him.

“We use a common clinical platform across the care continuum to identify evidence-based member needs, deliver consistent member messages to help reduce unnecessary noise in the system, and produce insights for each employee,” says Dr. Joel Feigin, Senior Vice President and Chief Medical Officer at UnitedHealthcare.

UnitedHealthcare draws insights from 1.5 trillion health transactions annually, and data from 222 million annual patient visits annually.8 Intelligence is drawn from those insights to augment and personalize each health care interaction in real time. When employees call in for help, the advocate or care manager has a dashboard populated to address a range of health care needs, including recommended care actions during the same call. Since Dennis has integrated benefits, he is connected with a nurse specializing in condition management, and screened for depression and behavioral health needs.

Enabling a simpler whole-person approach

Employees’ satisfaction and engagement with their benefits is often tied to how simple and connected—or, how disconnected and complex—the experience is end-to-end. Integrated benefits like Dennis’s plan offer the opportunity for a unified experience across all care points, whether virtual, on the phone or in a provider’s office. Integration removes redundancies from multiple vendors handling individual benefits, freeing up resources to deepen the management of an employee population.

For Dennis, the same nurse follows up with him and guides him to referrals. She enrolls him in a diabetes management program and screens him for mental health conditions. When he screens positive for depression, the nurse helps connect him to a behavioral therapist. And he has one point of contact if medications are required to manage his diabetes or emotional health needs. About 14% of the total population, like Dennis, has comorbid medical and behavioral conditions.9

“The effective management of chronic conditions such as diabetes involves a significant amount of motivation to perform self-care—struggling with a mental health condition makes it even more challenging to manage. To treat the diabetes optimally, we have to treat the depression as well,” says Dr. Martin H. Rosenzweig, Chief Medical Officer, Optum Behavioral.

The impact of well-being extends far beyond how people feel. It may affect the number of sick days employees take, their job performance, burnout and the likelihood of leaving an employer. Poor well-being accounts for more than $322 billion of turnover and lost productivity cost globally due to employee burnout.10
Here’s how Dennis’s unified care path continues to help get him on track. Seamlessly, the nurse designs a care plan broken down into personal goals that considers evidence-based opportunities, Dennis’s preferences and the current status of his conditions.

She refers him to the EAP, continuing education on diet, medication changes and symptom management, and assists with family support opportunities. In addition, the nurse connects him with transportation to social work services and provides a plan to avoid shoulder surgery. After finding a behavioral therapist who is a good fit, she also helps him search for a PCP and pharmacist.

Lastly, Dennis enrolls in a clinically proven program that may help safely and sustainably reverse type 2 diabetes without medications or surgery. He receives a digital device for glucose monitoring, which the care team can track.

This personalization of care represents what experts in the health care industry recently described as the shift in health plans as they adapt to the growing marketplace of non-traditional players and evolving relationships with consumers, employers, government and providers.16

Even more so after COVID-19, they predict health plans will have a greater focus on the well-being of the population using a greater variety of data to fully grasp an employee’s reality and support them toward better health.17

“Products will balance traditional risk-based tools with resources that are easy to use, based on individual needs of the moment,” Beaulé says. “We see this movement as evolving from ‘health consumerism’ to ‘health companionship,’ where we lead with a more human centered experience.”

Employers with integrated specialty benefits may have:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better identification of chronic conditions with vision</td>
<td>15%</td>
</tr>
<tr>
<td>Of at-risk members returned to dental care through outreach</td>
<td>27%</td>
</tr>
<tr>
<td>Of contacted short term disability referrals engaged in a clinical management program</td>
<td>62%</td>
</tr>
</tbody>
</table>
Employers can understand the overall health of their covered population and how well clinical programs and health initiatives are working through UnitedHealthcare's proprietary software Health Plan Manager™. It offers a one-stop comprehensive look at all health data, including medical, prescription and behavioral claims, population life stage/demographics, clinical and well-being, risk stratifications, and key network quality and utilization metrics. These unified insights help enable employers to make broad design plan changes as well as deploy targeted interventions.

**Health Activation Index™ (HAI™) tool**
Where the need is the highest, UnitedHealthcare analyzes the performance of health choices using its HAI tool. Segmentation by life-stage, demographic and socioeconomic factors allows clients to effectively identify under-engaged groups for targeted interventions. Across the population, the HAI tool reviews 53 high value health decisions (financial, clinical, resources) and summarizes them into a unique HAI score, where each +1% point change equals 0.56% savings.18 Employers with medical, dental and vision have an average HAI score of 61.6% compared to 59.1% of employers with only medical benefits.19 And raising this number may mean greater savings.

“With growing evidence of a link between oral and eye health to overall health, as well as to an array of chronic medical conditions, integrating specialty benefits may prove valuable to employers and employees,” says Larry Ciembroniewicz, Product Director, Specialty Benefits, UnitedHealthcare. “Employers are also increasingly integrating financial protection benefits to help comprehensively manage unexpected medical claims that may drive health care spend and work absences.”

**A simpler experience designed to deliver more value for everyone**
It requires a significant effort and motivation to maintain his health, but Dennis now has the necessary skills to help stay healthier. Having a simpler health care experience, he can now focus on the more important aspects of life, including being able to enjoy time with family and friends.

For over 2 years, the nurse has guided him through managing his shoulder pain without surgery, controlling his diabetes and blood pressure, and adhering to changes to prescriptions for medical and behavioral conditions. Employers making a long-term commitment to their employees’ health and well-being through the power of integration may see these types of results. It’s estimated Dennis’s employer saved about $27,000 through this integrated benefits experience.21

“The goal of integration is to reach a higher maturity of the health experience with the focus on executing good health choices when the opportunity arises in a person’s life journey, wherever that care is delivered. It is about committing to the advantage of the moment,” Beaulé says.
Learn more

Contact your UnitedHealthcare representative

3. Optum CSG Healthcare Analytics; Ly, August 9, 2018.
7. Internal study based on 2020 analysis of 91-100 UHC national account clients data. This is not a guarantee. Actual guaranteed savings will vary based on benefit, program design and population size.
11. Optum CSG Healthcare Analytics; Ly, August 9, 2018.
16. The Health Plan of Tomorrow: Disruption is picking up pace. The Deloitte Center for Health Solutions, 2019. The report crowd sourced from 28 health care, policy and technology experts.

Savings and health outcomes are not guaranteed.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor’s care.

Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.