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MERCER HEALTH ADVANTAGE℠

CASE STUDY

INCREASING EMPLOYEE PARTICIPATION, IMPROVING HEALTH OUTCOMES, AND LOWERING COSTS THROUGH A UNIQUE ENHANCED CARE MODEL

Mercer Health Advantage (MHA) is a holistic, intensive care-management model that is available to self-funded employers and designed to close gaps in care, provide clinical oversight and implementation services to employers, and increase member participation and satisfaction. Focused on building valuable and long-term relationships, MHA uses a single, primary nurse to help employees and their families understand their doctors' instructions and coordinate care, connect to special medical expertise, and access other important employer services and programs.

Patient Situation

- 69-year-old male, retired dependent.
- Total knee replacement from osteoarthritis.
- Severe stress due to wife's recent cancer diagnosis.

MHA Action and Results

- Nurse identified an opportunity to engage the member's wife during post-op follow-up.
- Member, wife, and nurse collaborated, resulting in the initiation of behavioral health services.
- Husband's and wife's emotional status and motivation to recover improved greatly.

MHA Differentiators

- Single point of contact.
- Holistic approach includes family members as part of the clinical picture.
- Ability to respond to psychosocial issues to help patient follow-through and recovery.

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HOW IT WORKS

MHA is a comprehensive solution built on the following tenets:

- Serves as a replacement for current care management programs, with a focus on the risk of the member, not just the diagnosis — employers can deploy care management only or add tiered networks to increase return on investment (ROI).
- Maintains current benefit plan design without shifting more cost to members.
- Partners with UnitedHealthcare, Aetna, Anthem, Cigna, and HCSC.
- Includes competitive fees and performance guarantees.

MHA KEY FEATURES AND BENEFITS

Enhanced program triggers focused on high risk, high acuity, and high cost	=	Better and faster identification of the most at-risk patients, increasing outreach to those members who can benefit the most.
Five to 10 times more clinical staff	=	Savings from more intensive case management by a multidisciplinary clinical team.
Enhanced services and referrals to employer programs	=	Maximum use of available services and higher member satisfaction.
Ongoing clinical oversight	=	Continuous monitoring and quality improvement initiatives to ensure optimal program performance and member experience.
Guaranteed ROI methodology and reporting	=	Accurate and reliable calculation of program value and costs.

CASE STUDY

Patient Situation

- Female member, malignant skin cancer removed.
- Health history of high blood pressure, elevated cholesterol, depression, and schizophrenia.

MHA Action and Results

- Patient's new medication had potential to cause serious cardiac side effects when combined with psychiatric medications.
- MHA nurse and doctor contacted the member's primary doctor; medication was discontinued.
- All was accomplished in less than 24 hours with no adverse outcome.

MHA Differentiators

- Member received post-discharge phone call typically reserved for longer lengths of stay or specific diagnoses.
- Nurse was able to use available resources (pharmacist and chief medical physician) efficiently and effectively.
- Nurse had appropriate caseload and training, allowing identification of multiple medications, peer-to-peer review, and medication reconciliation.

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"My wife was recently diagnosed with cervical cancer in October ... There is an oncology nurse that calls us on a weekly basis to check up on her and give us information about what is going on during her treatment. ... I just wanted to say that my wife and I are so grateful for you and all of the HR people who work so hard to make our lives outside of work that much better."

"Thank you for all of your help and calls during my time in need ... This is a great program, and I would recommend it for anyone who happens to get sick like I did ... If you hadn't been there, I believe it would have been a different story."

WHAT MAKES MHA MORE EFFECTIVE?

MHA's program design is based on best-in-class, proven practices that result in cost reductions and improved health outcomes. The approach is comprehensive and holistic, eliminating the fragmented approach often seen in traditional service offerings. Strategies include:

- Personalized action plans.
- Nurse availability during extended weekday and weekend hours.
- Assisted transfers to all other internal and external employer programs.
- Contact prior to and following hospital admissions for individuals identified with high-risk conditions such as transplant, cancer, and renal disease.
- Dedicated clinical support by pharmacists, dieticians, social workers, behavioral health specialists, and medical directors.

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MHA BY THE NUMBERS*

Strong preliminary results show:

- Substantially lower allowed costs per member compared to the average market.
- Decline in hospital admission rates three times that of the overall population.
- Notably lower high-cost claimant readmission rates.

Key data in three target areas demonstrate these results.

1. Getting the right engagement.
   - Referrals to MHA nurses increased 31%.
   - MHA clients realized an increase from 79% to 84% in members who spoke with a nurse.
2. Improving health and care quality.
   - Inpatient admissions (per 1,000) declined 6.2% overall and 21% for the MHA-engaged population.
   - Inpatient average length of stay declined 2.2%.
3. Managing cost.
   - Total cost, including member copays and coinsurance, trended at 2.4% — far lower than market norms of 7% or higher.
   - 30-day readmissions declined by 1.9 points.

** Results based on experience of 177,806 members across nine customers in the MHA model from January 2013 through September 2013, paid through October, and compared to a like prior period. Results exclude three clients with 50% or greater shift in membership and two that were effective 7/1/2013. The remaining population was stable, period over period, with an age/gender factor that increased only 0.6% and a total membership that declined 3.3%.*

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