Cleveland Clinic

Innovative Incentive and Reward Strategies to Combat Obesity

David Pauer, MNO
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Employee Health Plan (EHP)

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Cleveland Clinic

Not-for-profit multi-specialty group practice

Ohio

- 1450 bed medical center
- 16 Family Health Centers
- 10 regional hospitals

Florida

- Weston Clinic and hospital
- 3 Family Health Centers
- West Palm Beach Facility

Nevada

- Lou Ruvo Center for Brain Health

Canada

- Toronto Health and Wellness Centre

Abu Dhabi

- Multi-specialty hospital and clinic

STATISTICS

Clinical Visits:	5.1 million
Physicians	4,000
Total Employees	44,000
Surgical Cases:	200,808
Admissions:	157,474
Total Beds:	4,450
Revenue:	$ 6.2 billion

Vision for Wellness

"Cleveland Clinic has taken the lead, advocating for wellness and prevention nationally, in our community and among our own employees." - Dr. Toby Cosgrove

Employee Health Plan

- Self insured
- 42,000+ employees
- 88,000+ covered lives
- $350M Claims
- Medical, Pharmacy, Behavioral Health and Wellness
- Weight management coordinated with wellness programs and using wearable tech collecting objective data has become the keystone

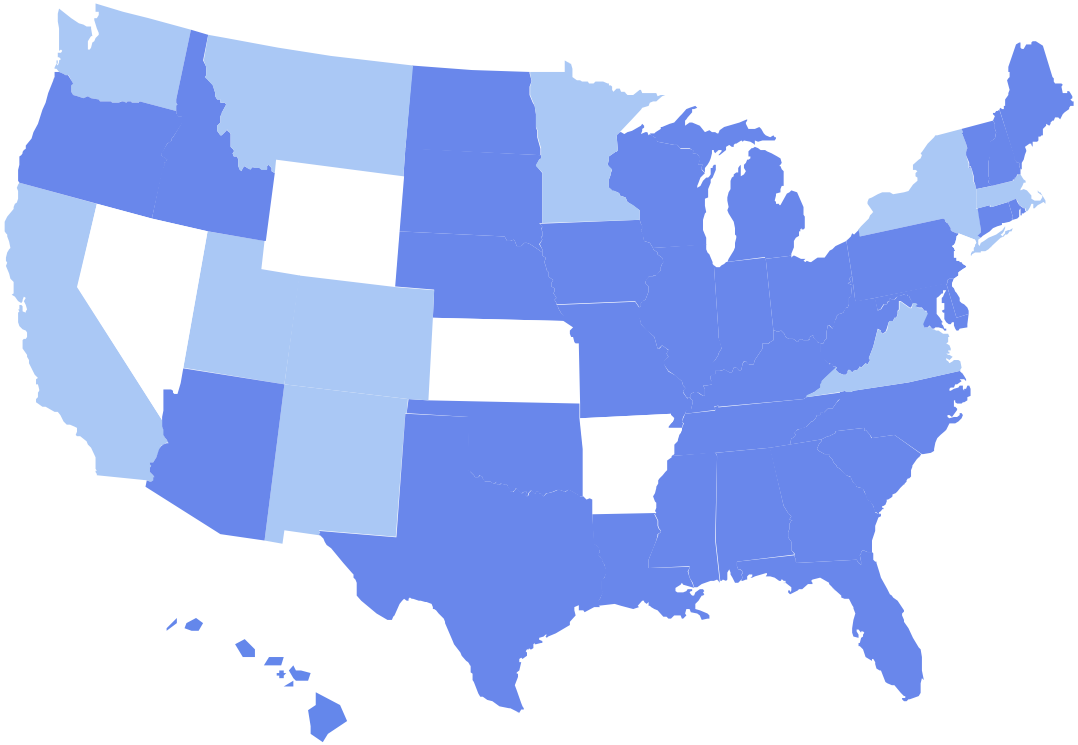
Focusing on Chronic Disease

- EHP focus on the six major cost drivers for health care
- Obesity considered a chronic illness and cause of most type 2 diabetes, hypertension and hyperlipidemia
- 50% EHP adult members suffer from one or more of six chronic diseases
- Cost of at least $180M per year

Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



No Data <10% 10%–14%

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 1991

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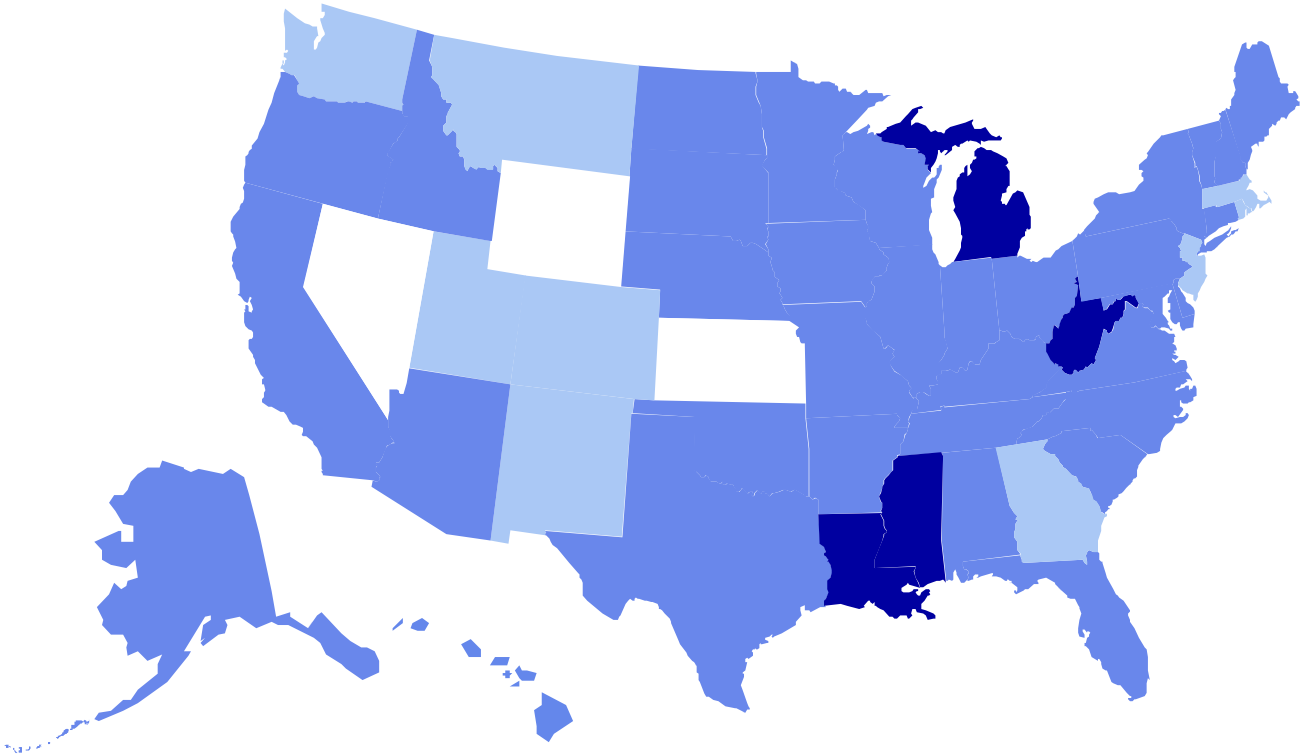

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Obesity Trends* Among U.S. Adults

BRFSS, 1992

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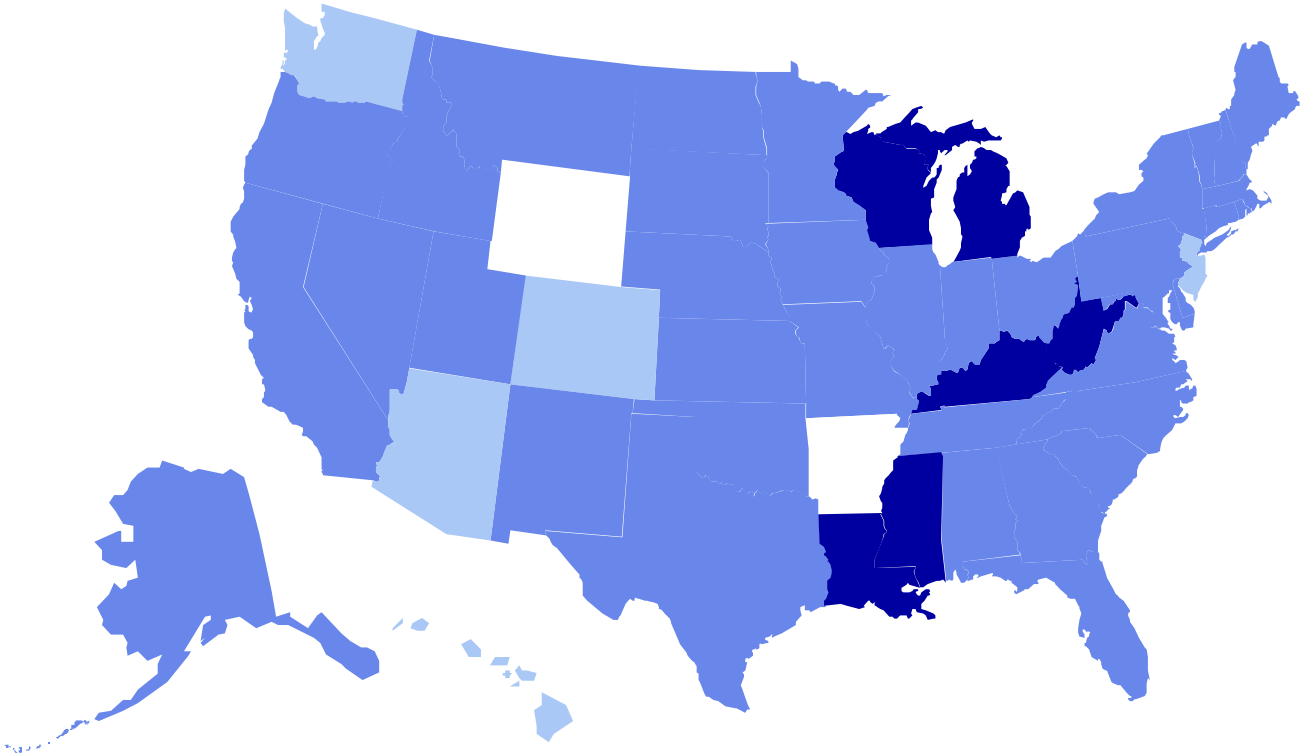

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Obesity Trends* Among U.S. Adults

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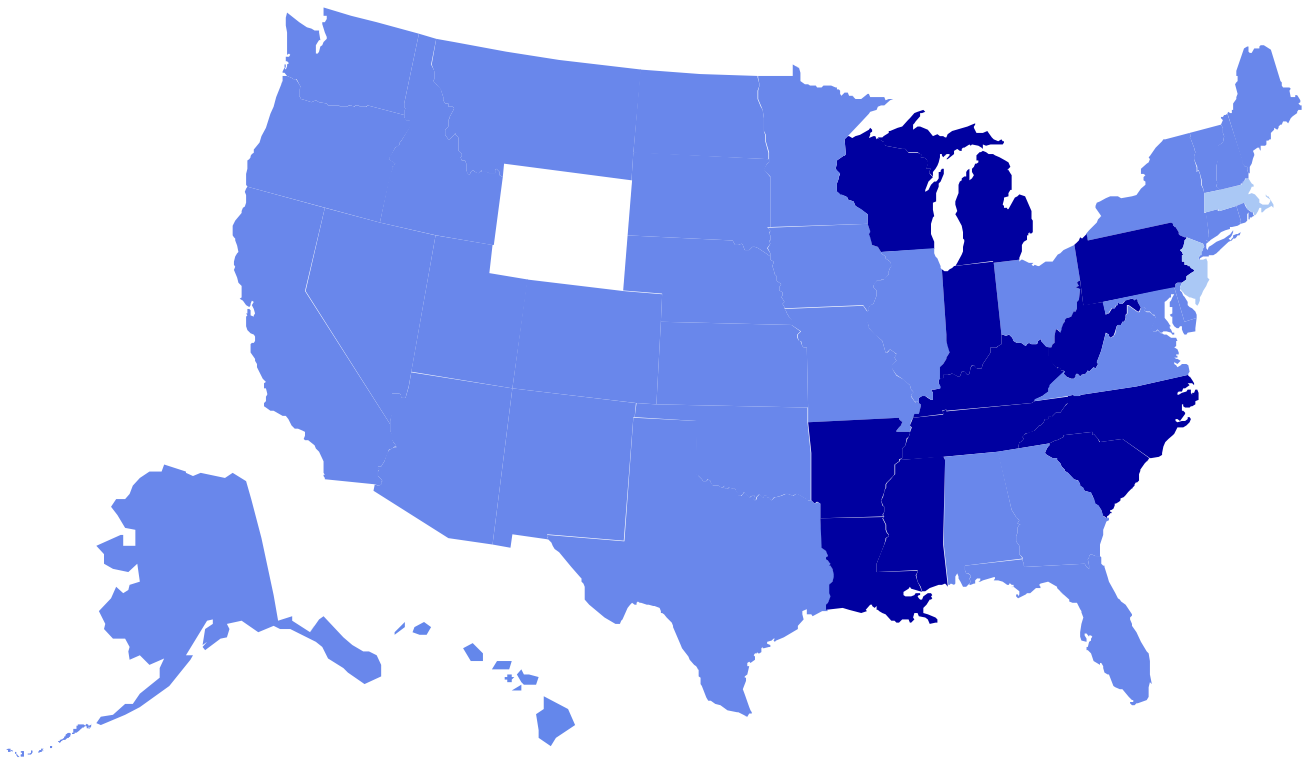

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Source: Behavioral Risk Factor Surveillance System, CDC.

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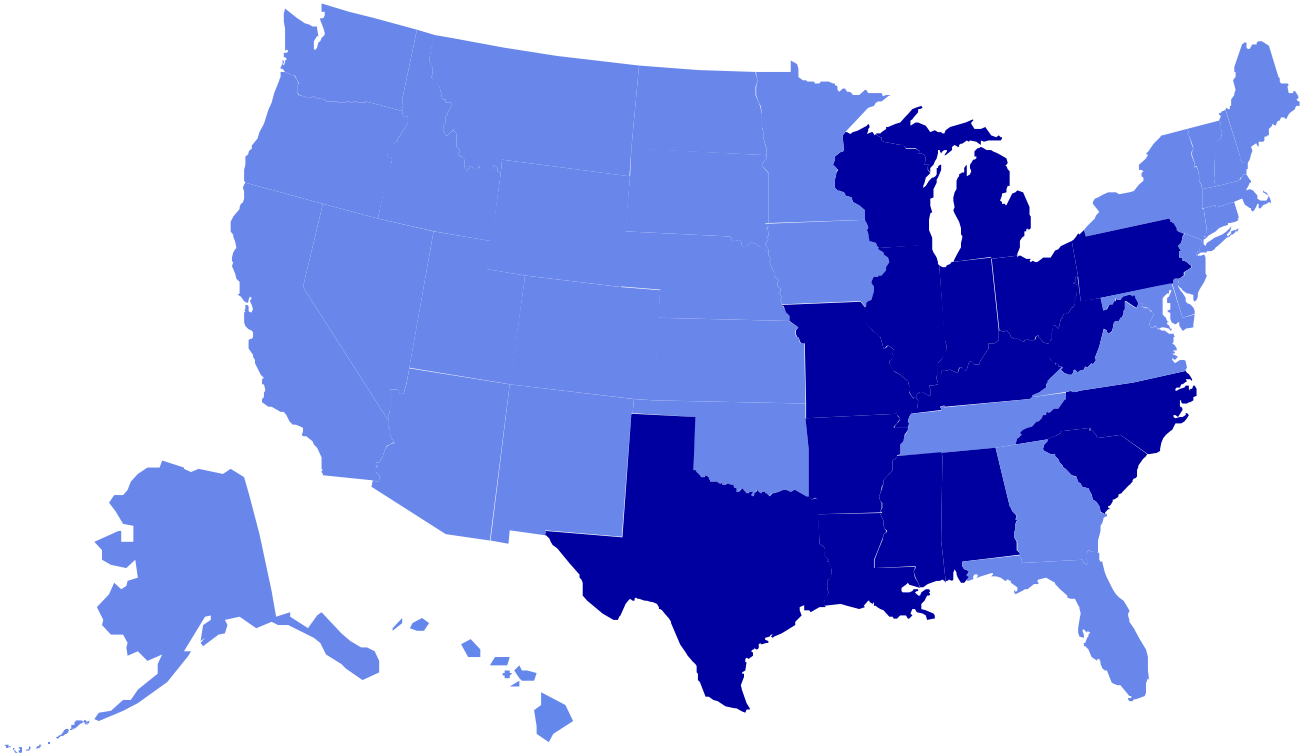

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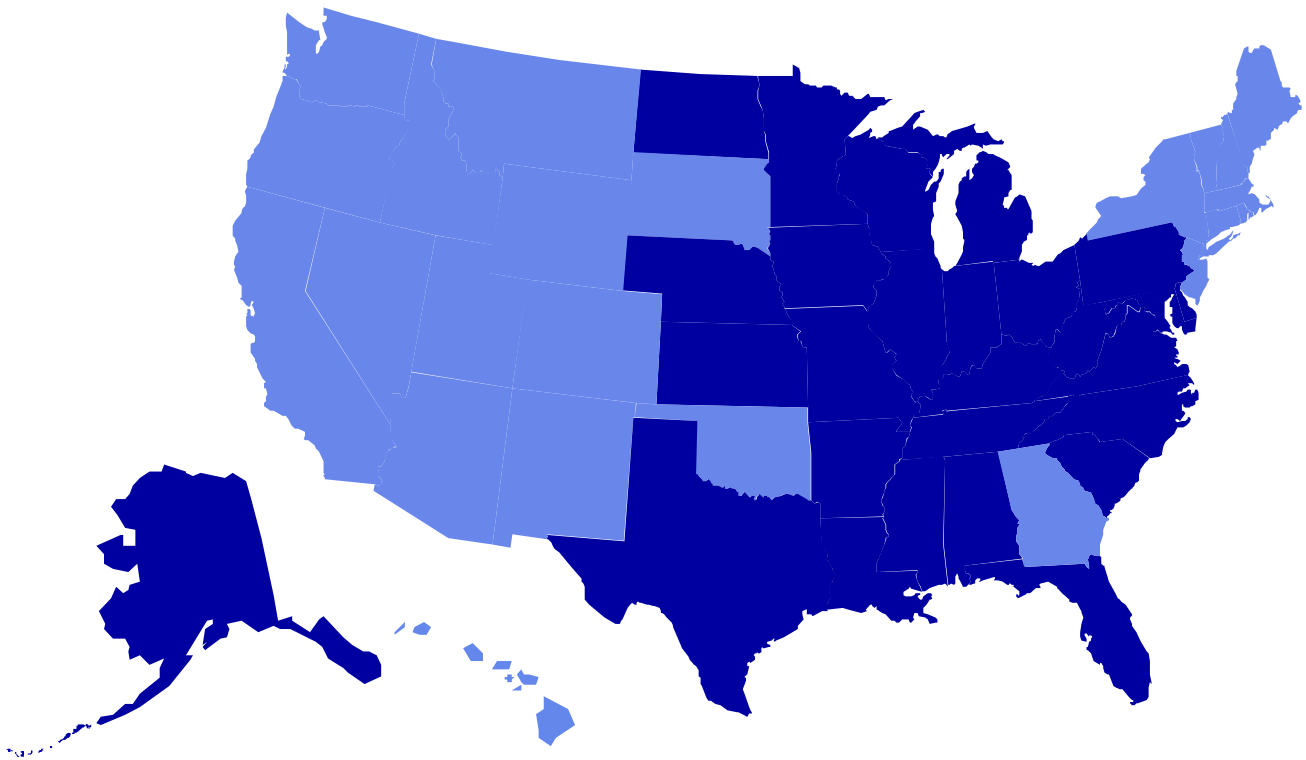
Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 1995

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



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Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

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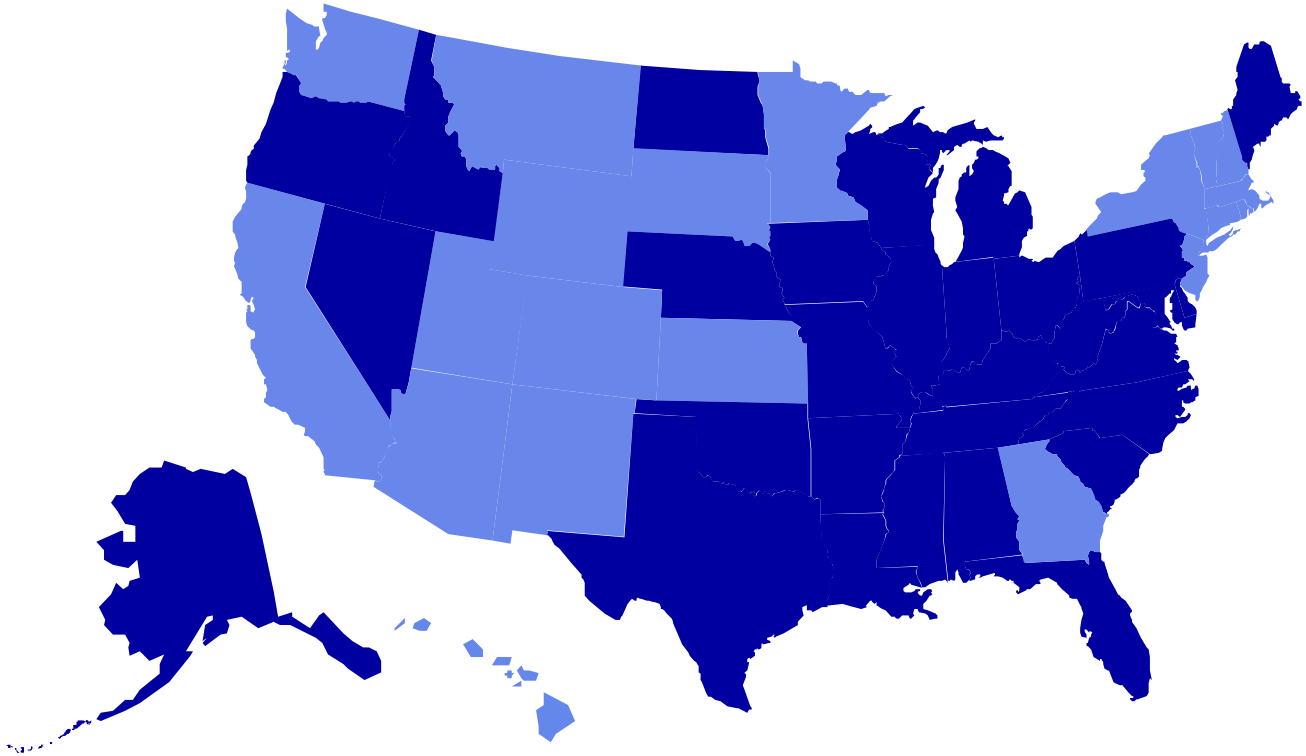

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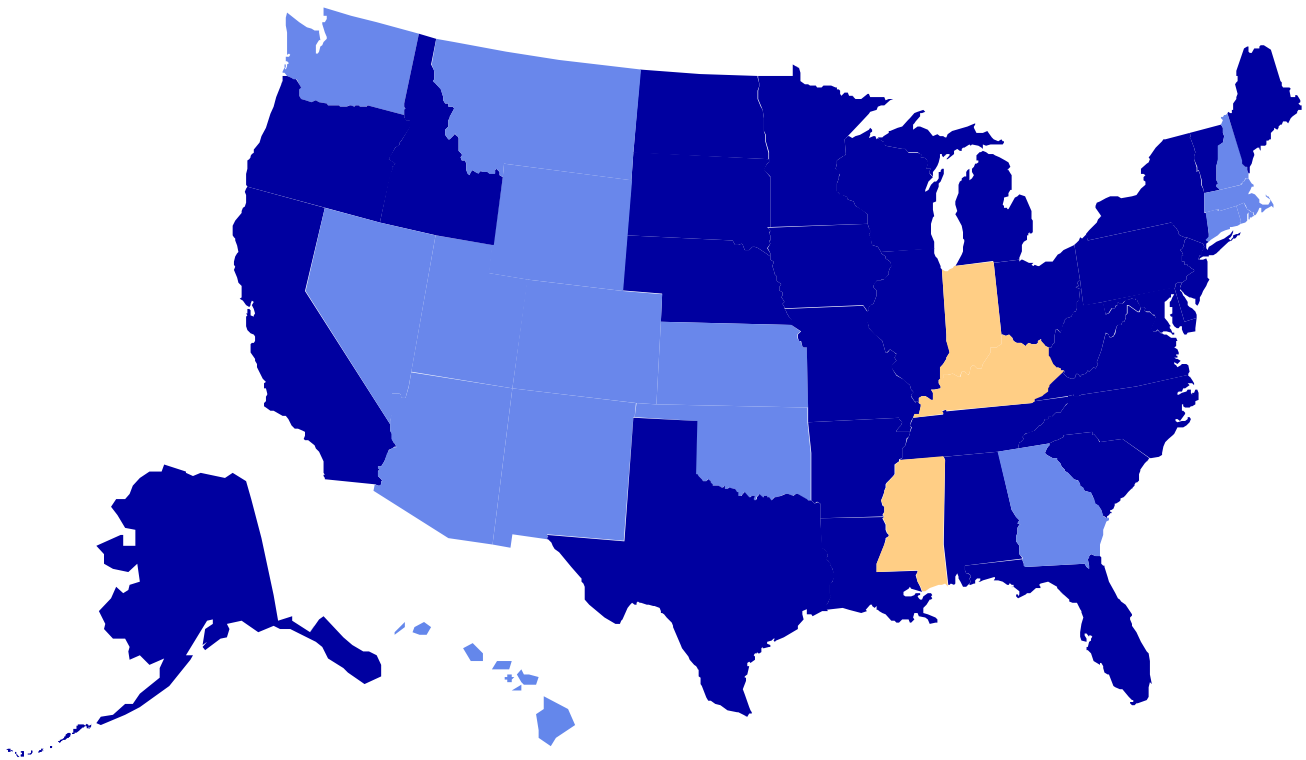
Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 1997

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



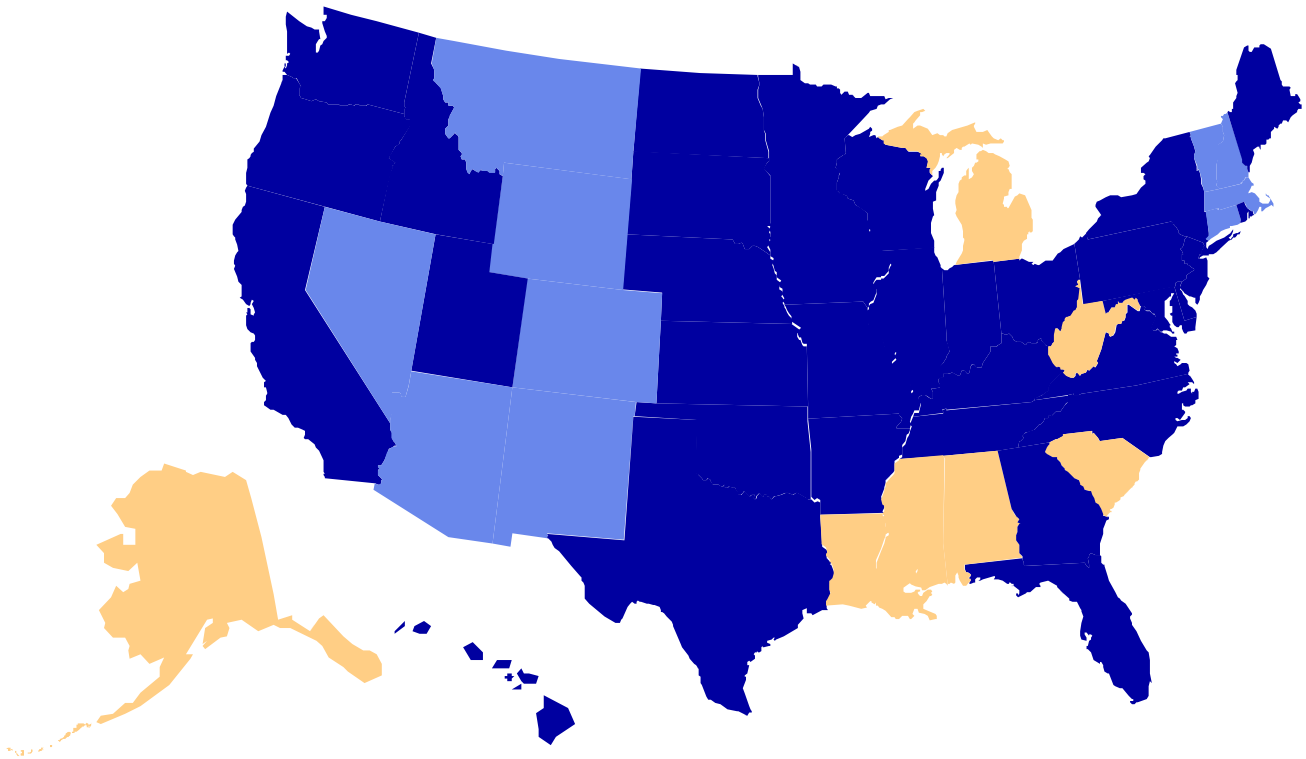
No Data | <10% | 10%–14% | 15%–19% | ≥20

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 1998

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



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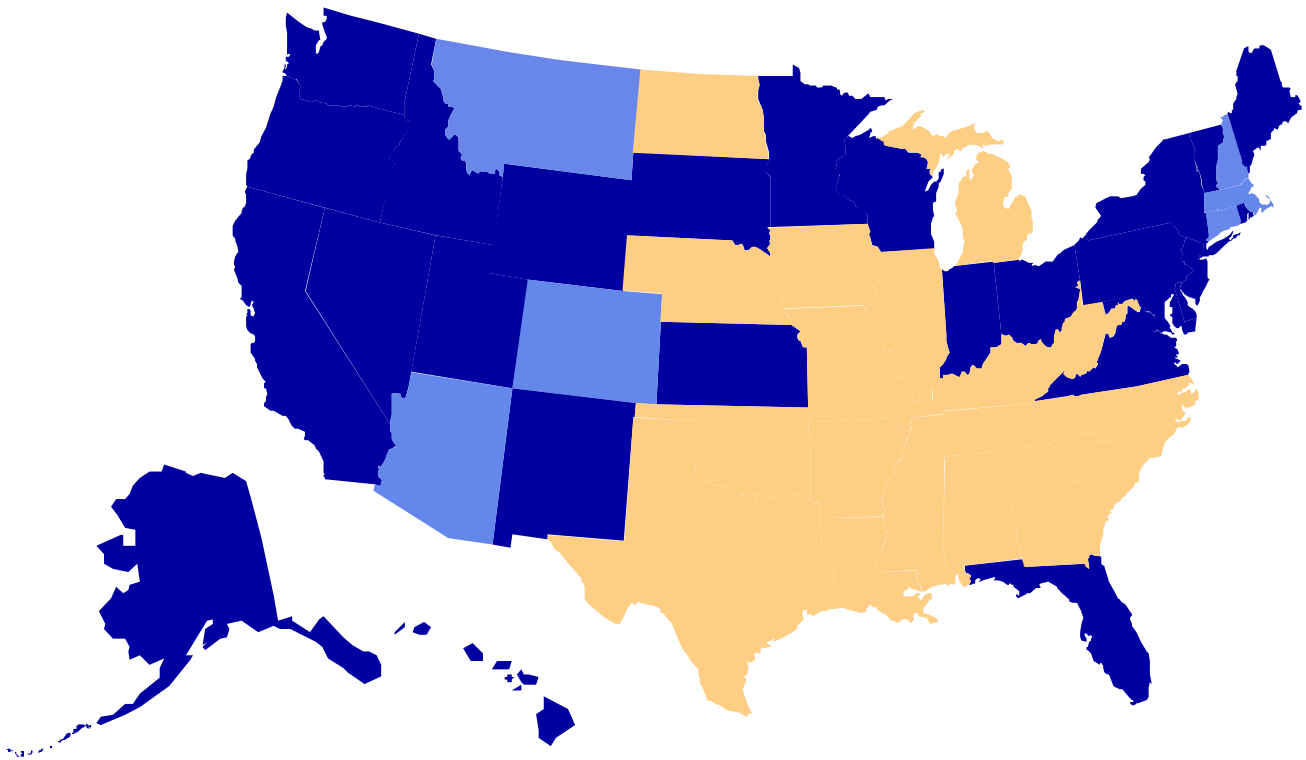
Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 1999

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



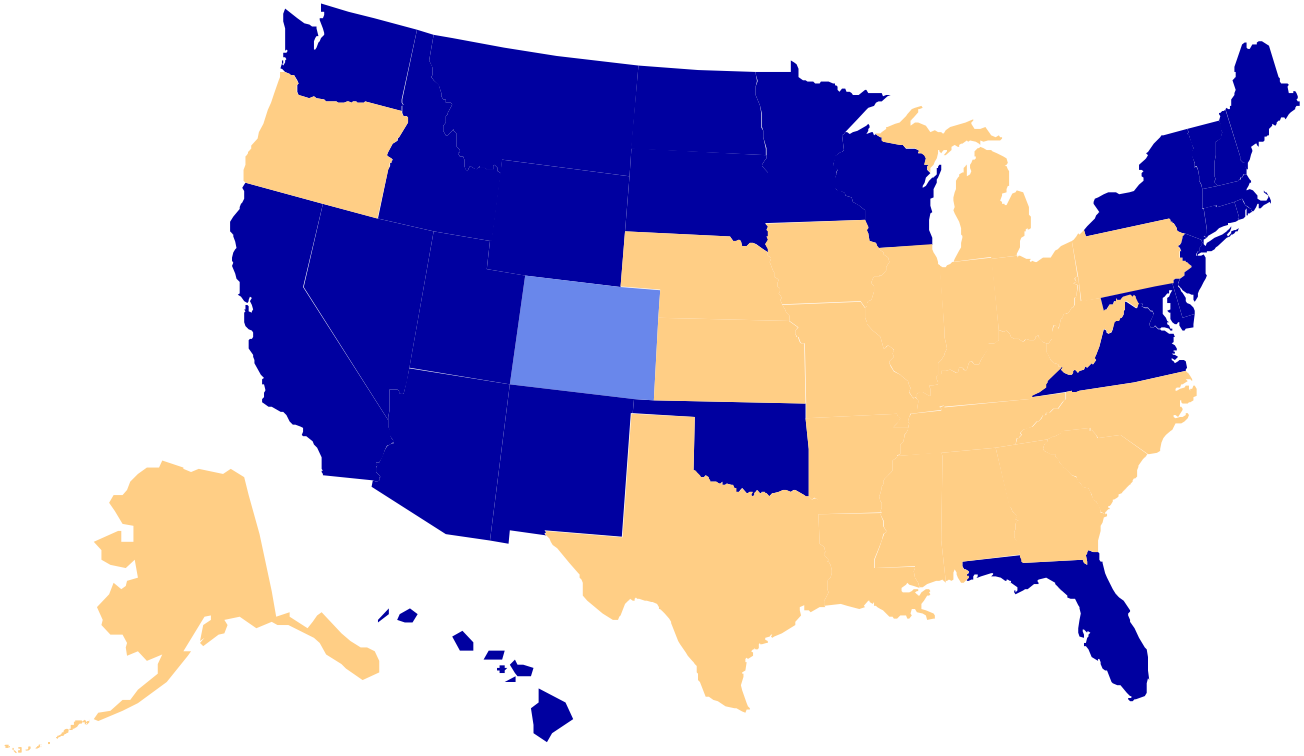
No Data | <10% | 10%–14% | 15%–19% | ≥20

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



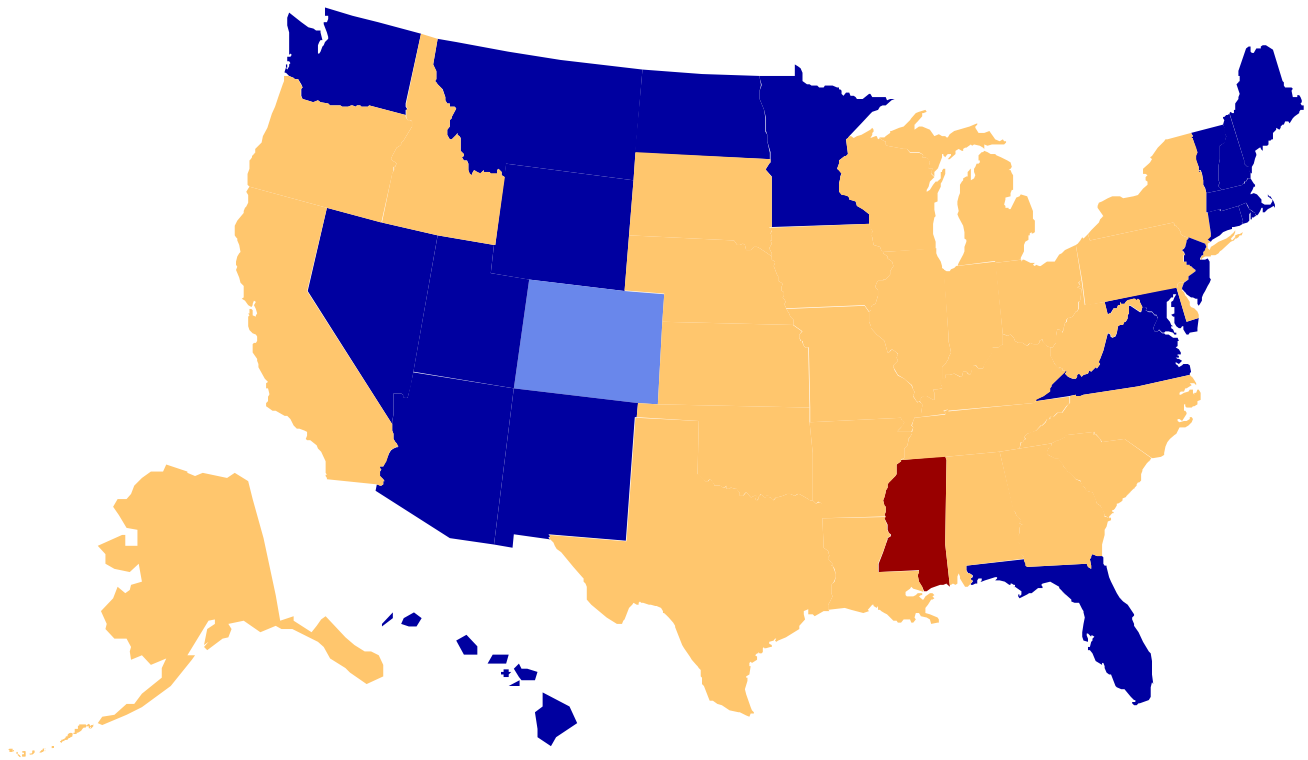
No Data | <10% | 10%–14% | 15%–19% | ≥20

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



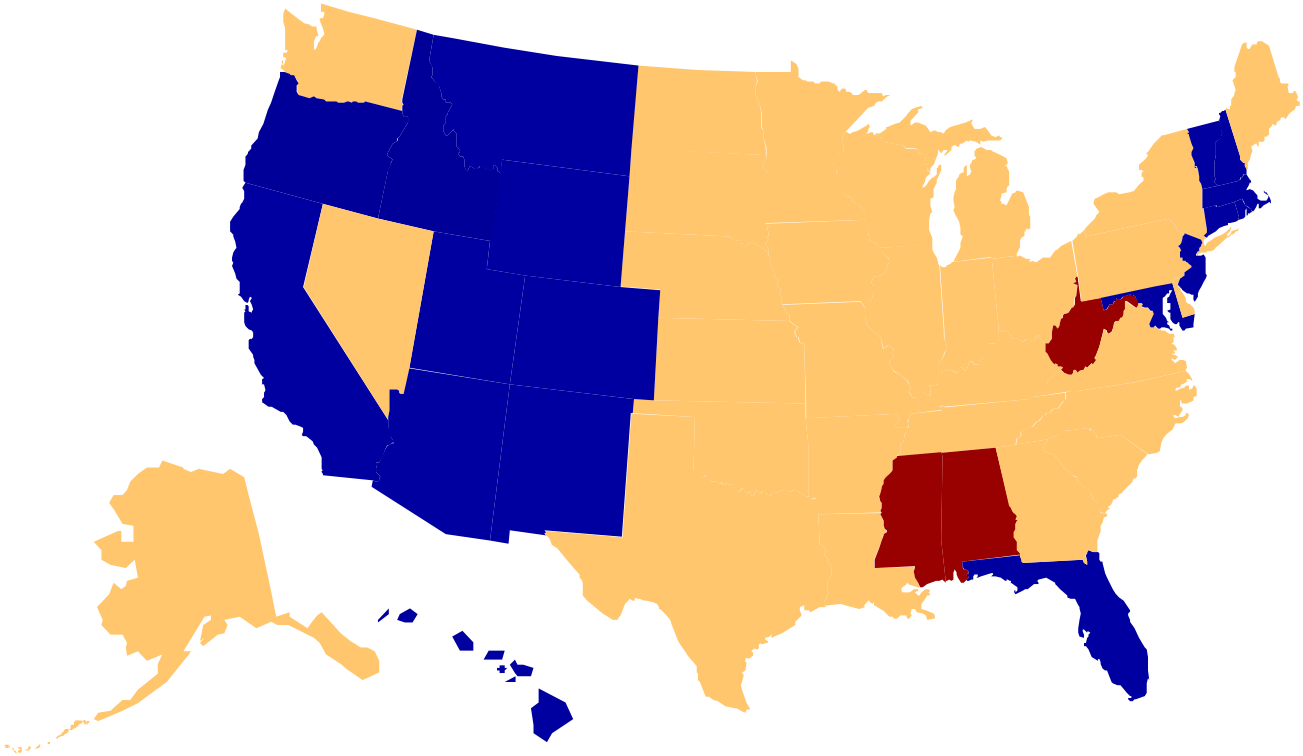
No Data | <10% | 10%–14% | 15%–19% | 20%–24% | ≥25%

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2002

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



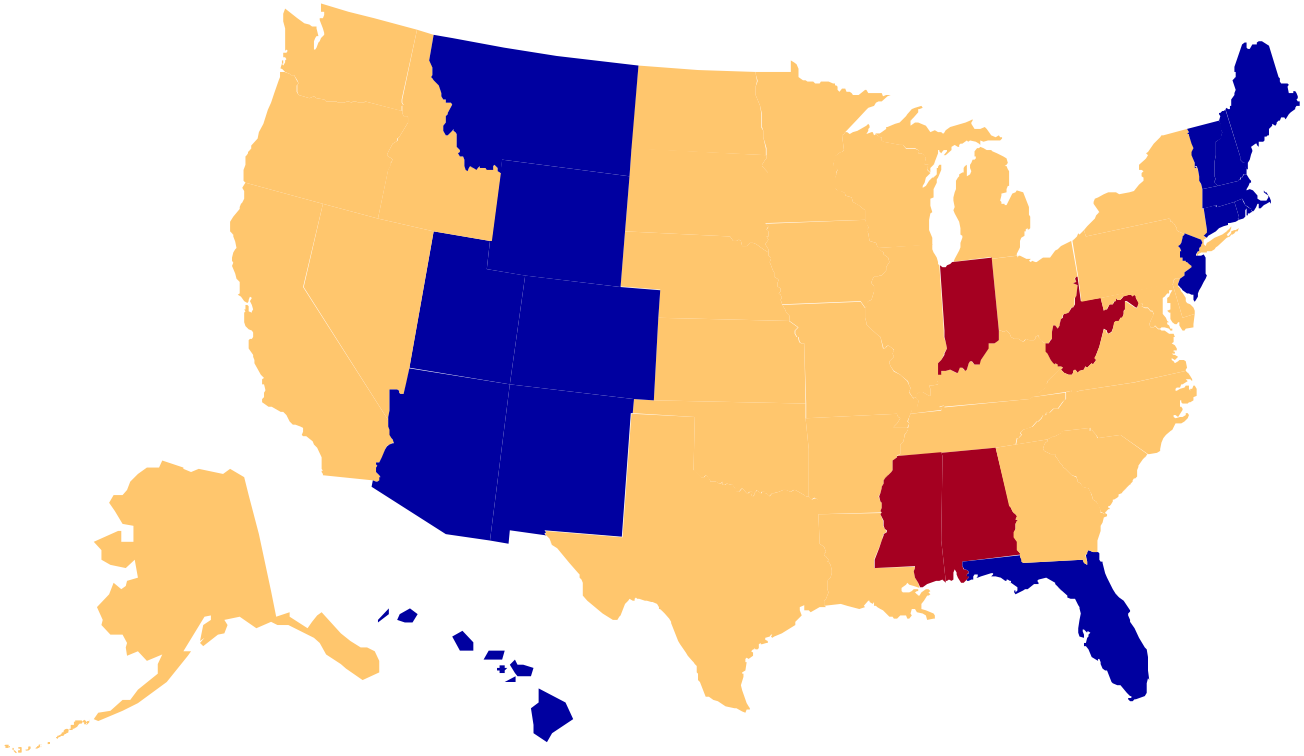
No Data | <10% | 10%–14% | 15%–19% | 20%–24% | ≥25%

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2003

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



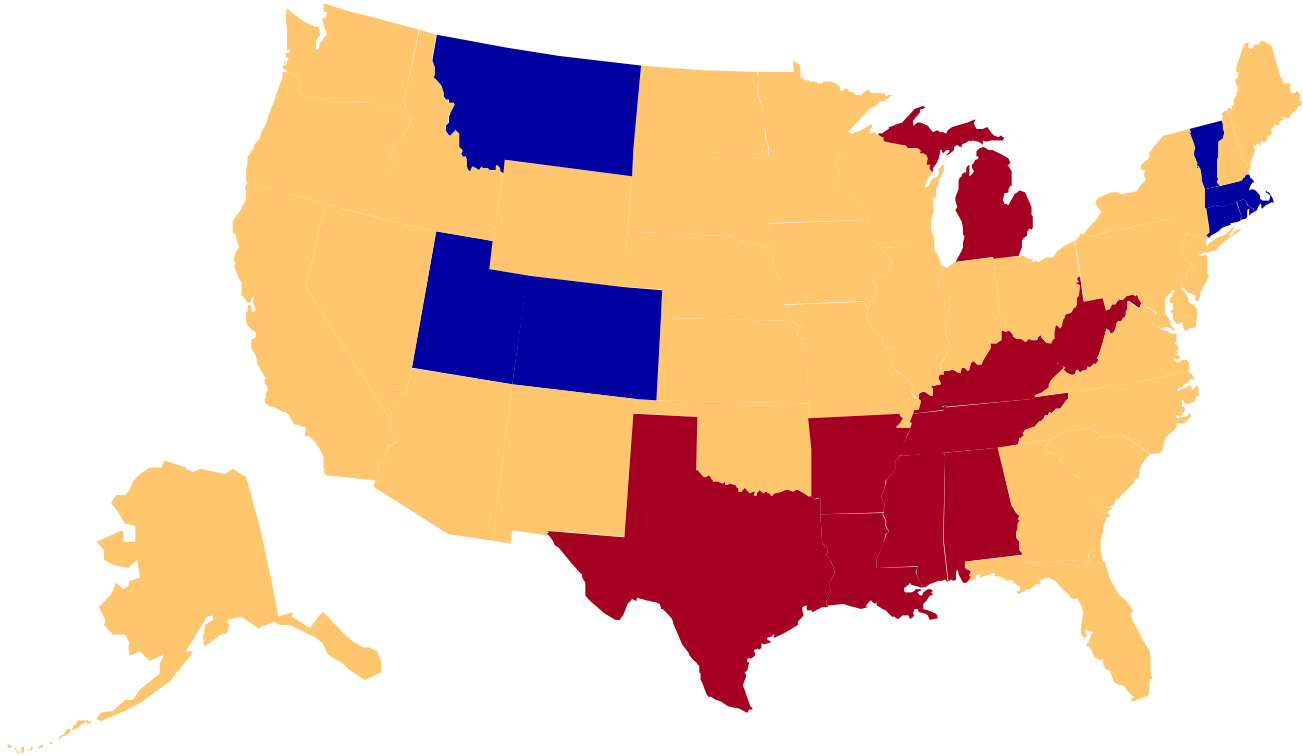
No Data | <10% | 10%–14% | 15%–19% | 20%–24% | ≥25%

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2004

(*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person)



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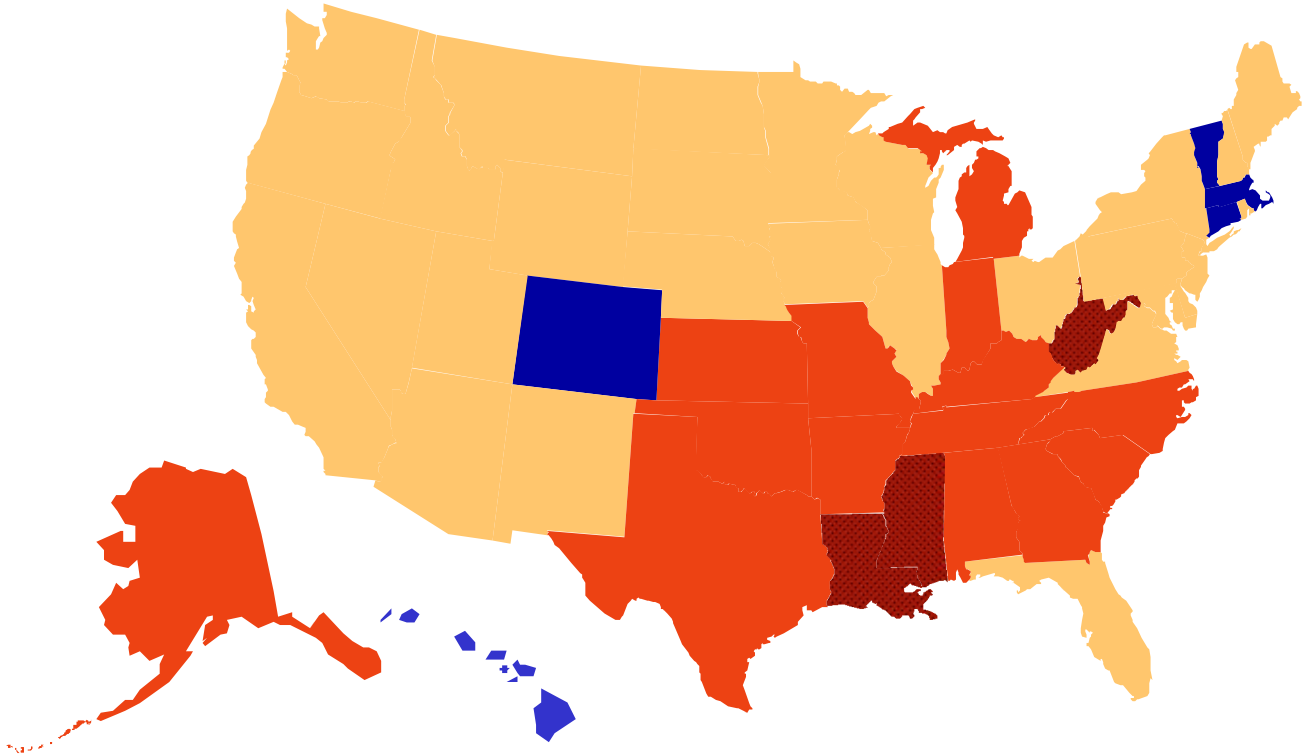
Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2005

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



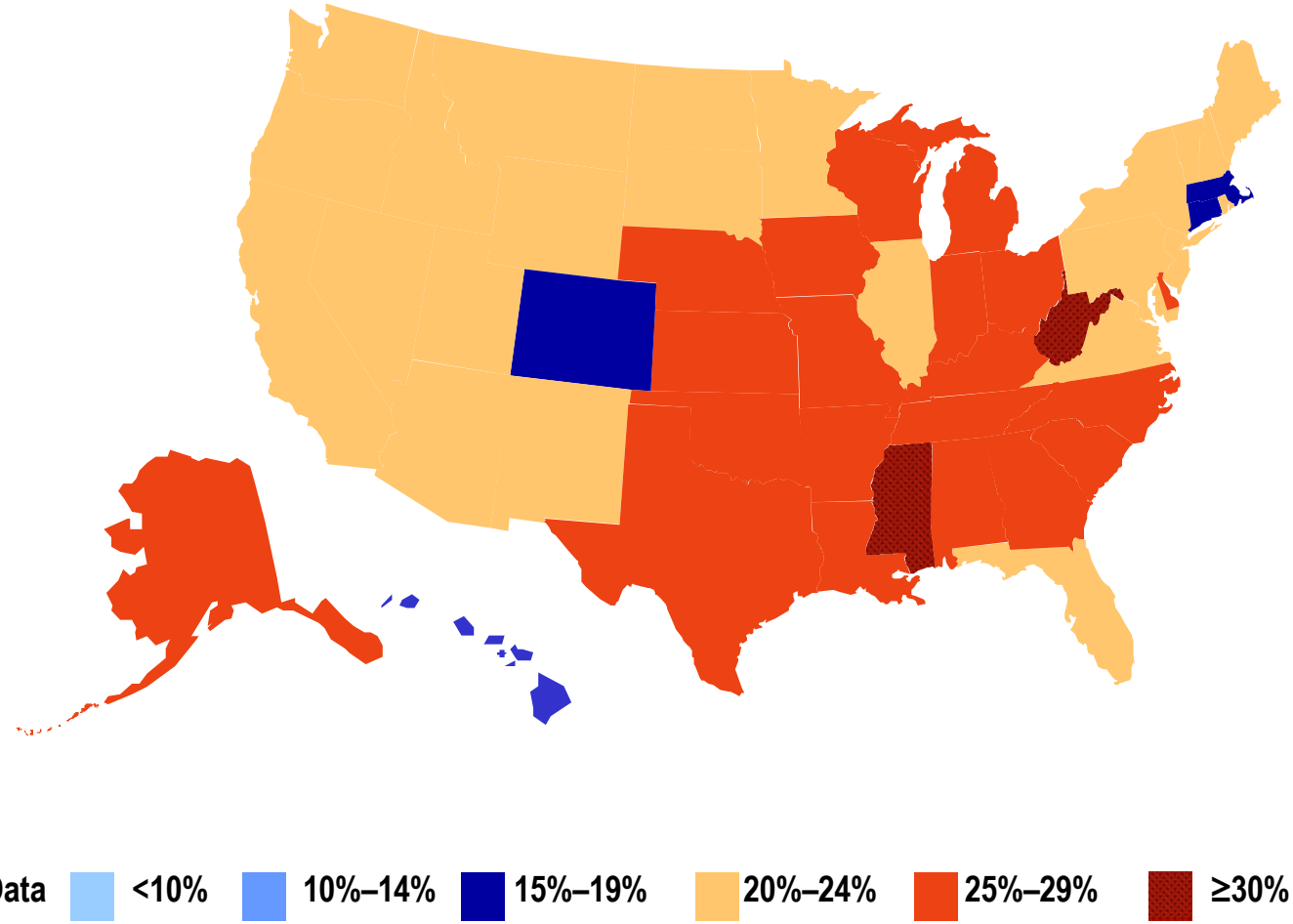
No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30%

Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2006

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

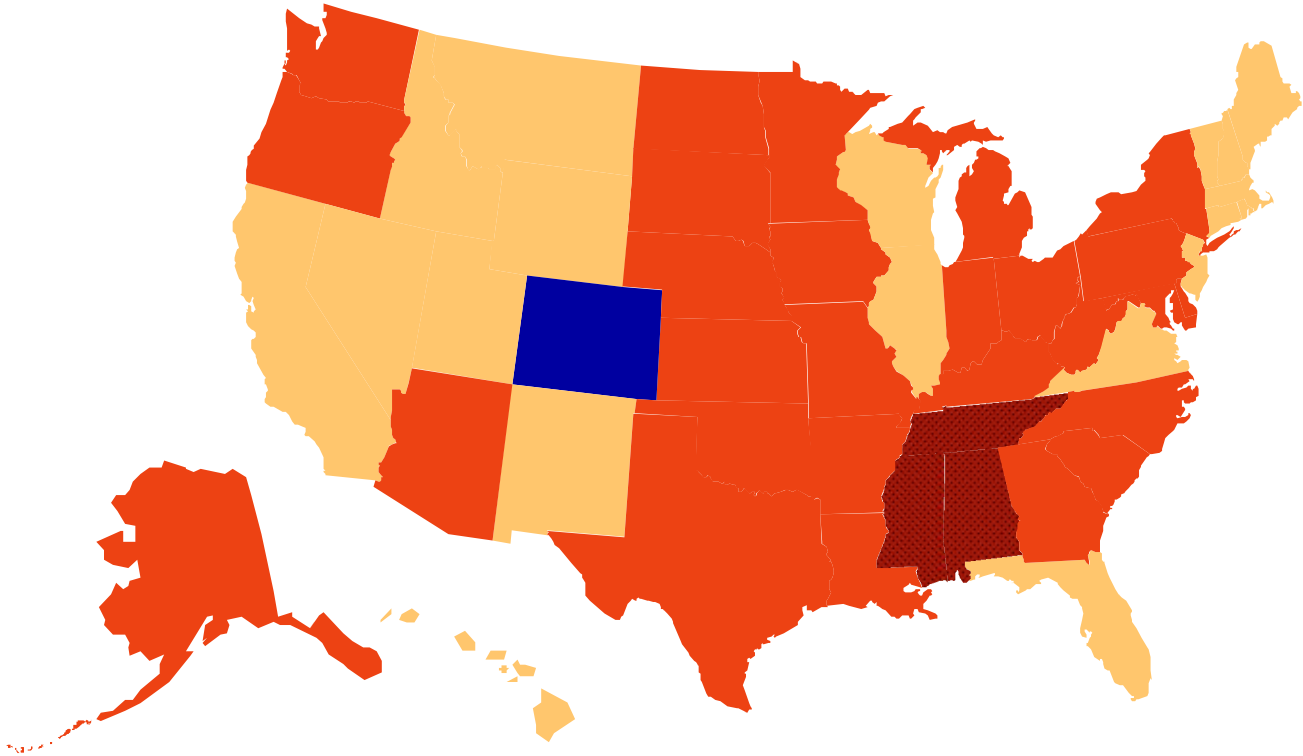


Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2007

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



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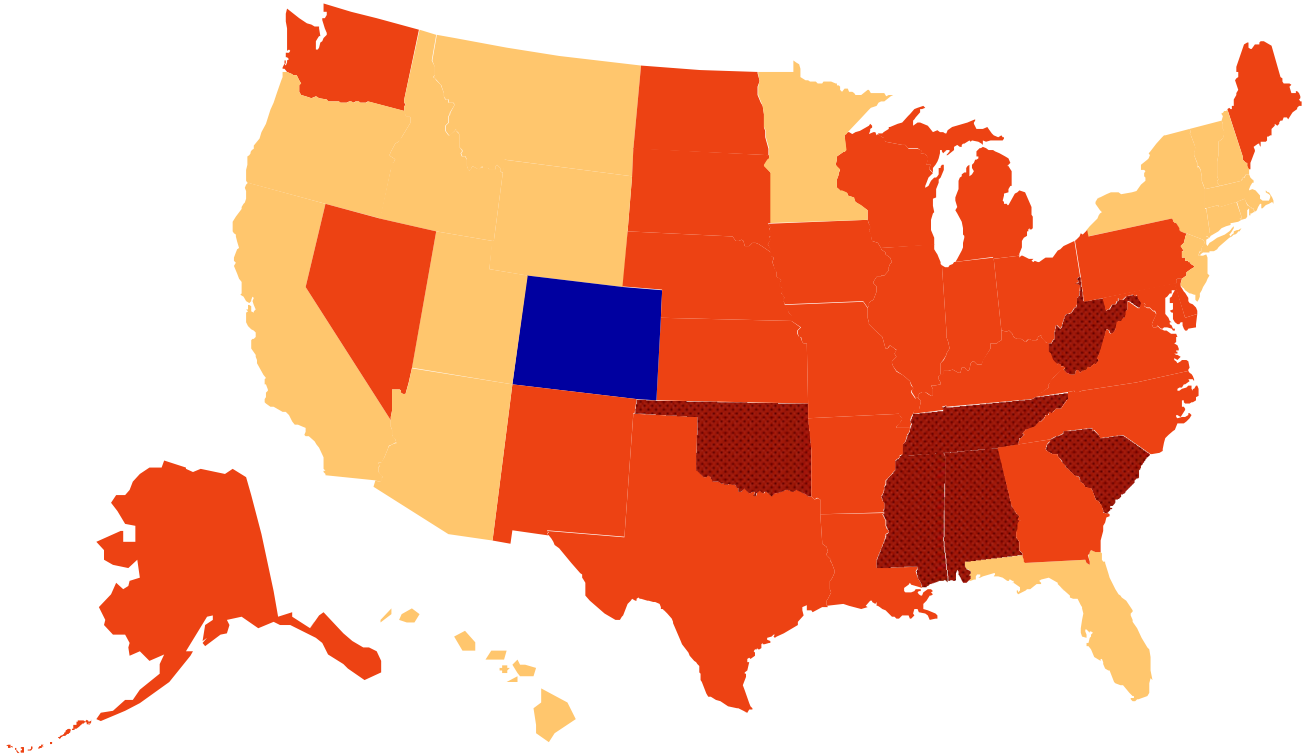
Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2008

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



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Obesity Trends* Among U.S. Adults

BRFSS, 2009

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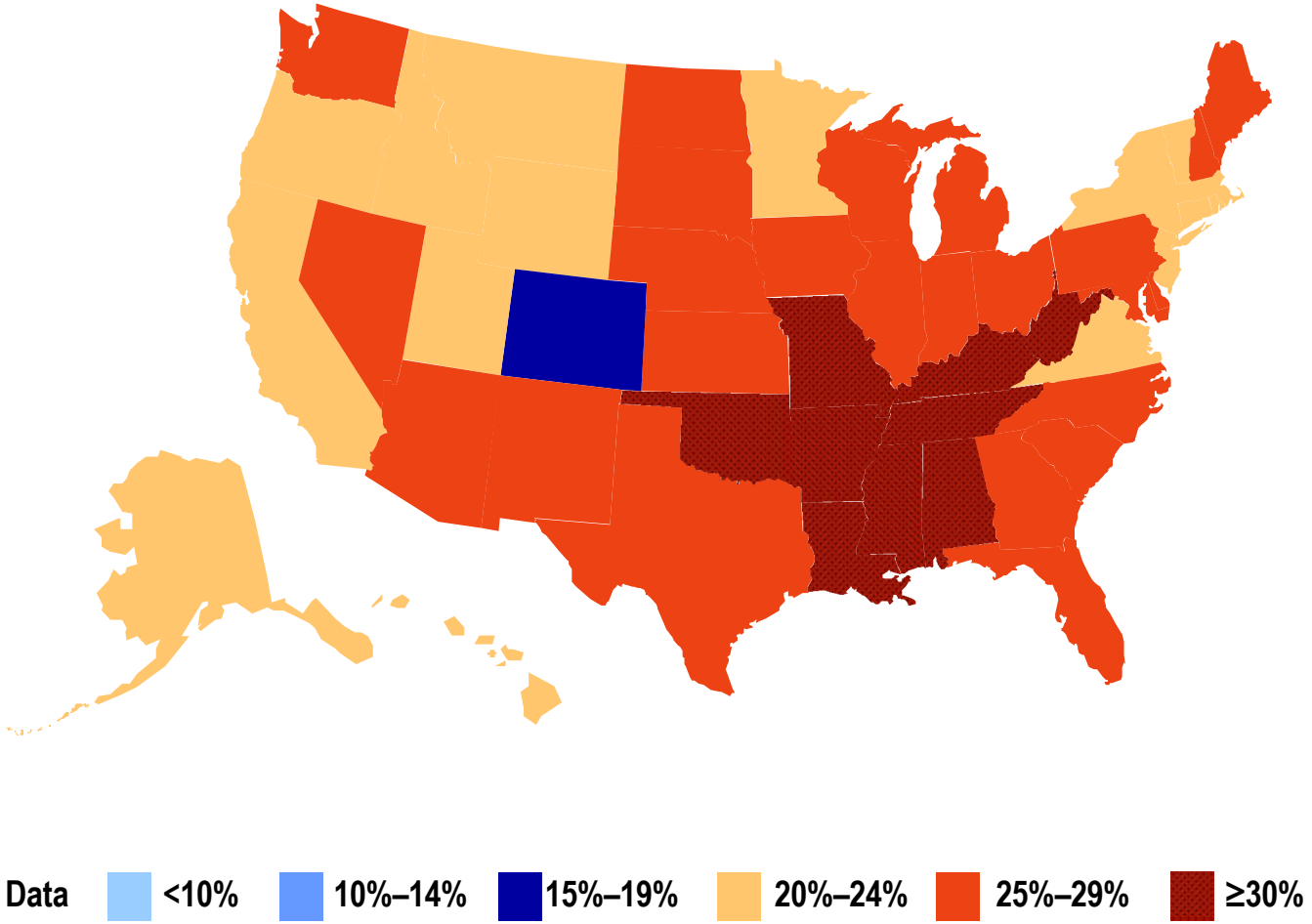
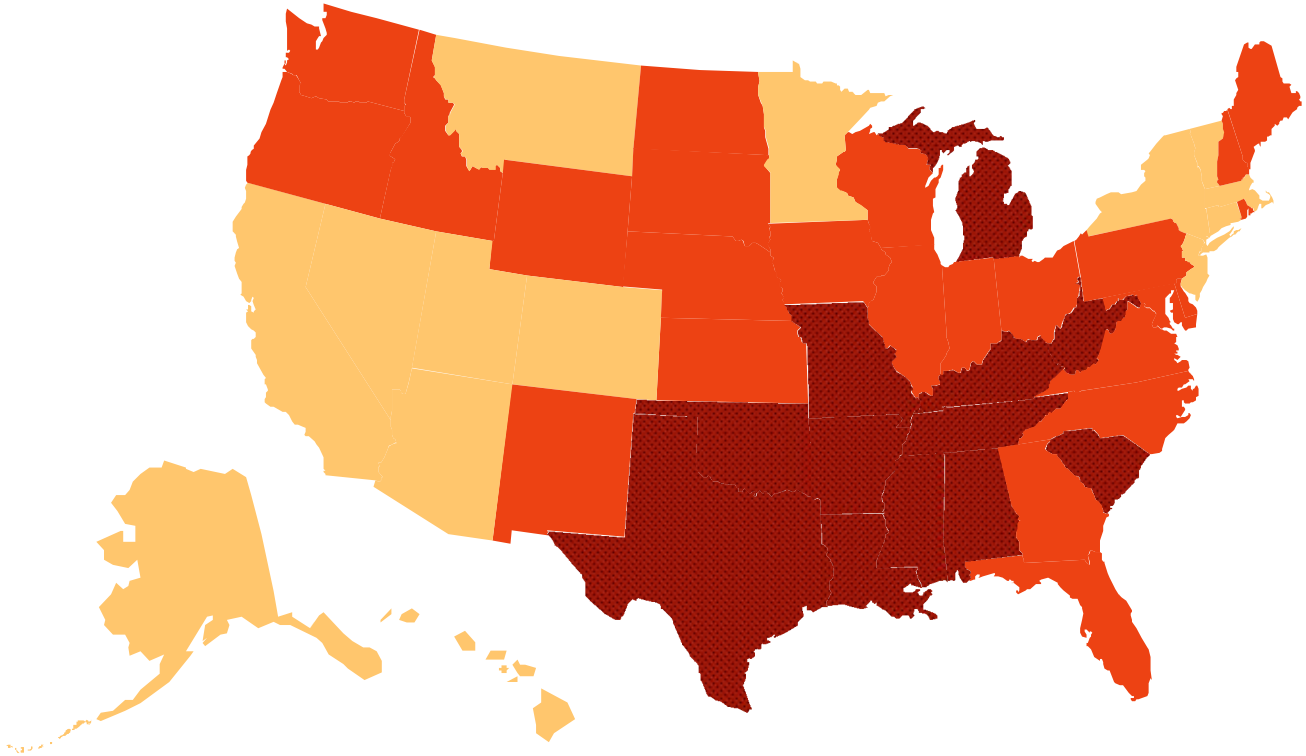


Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2010

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



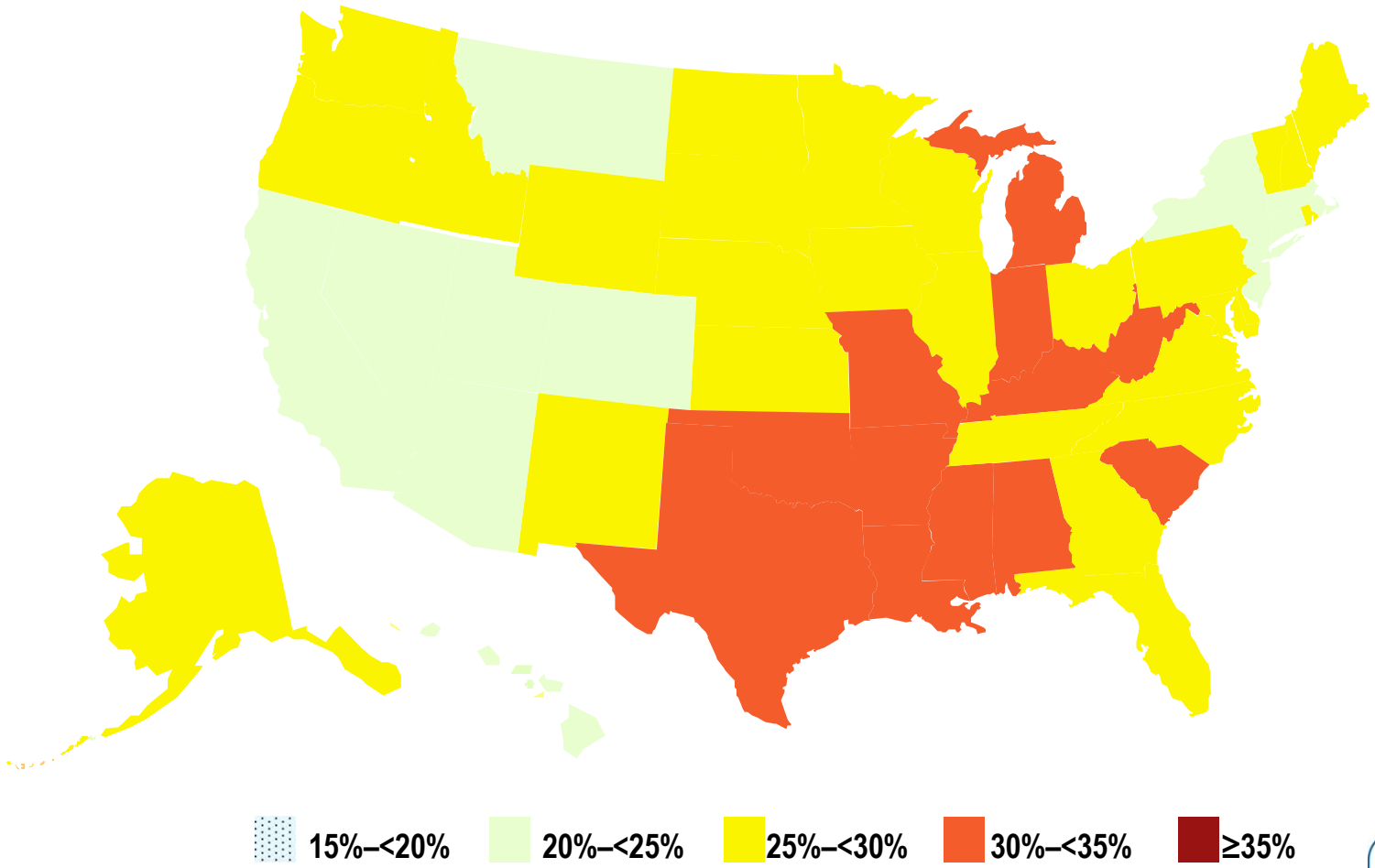
No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30%

Source: Behavioral Risk Factor Surveillance System, CDC.

Prevalence* of Self-Reported Obesity Among U.S. Adults

BRFSS, 2011

***Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to previous years.**



Source: Behavioral Risk Factor Surveillance System, CDC.

Prevalence* of Self-Reported Obesity Among U.S. Adults

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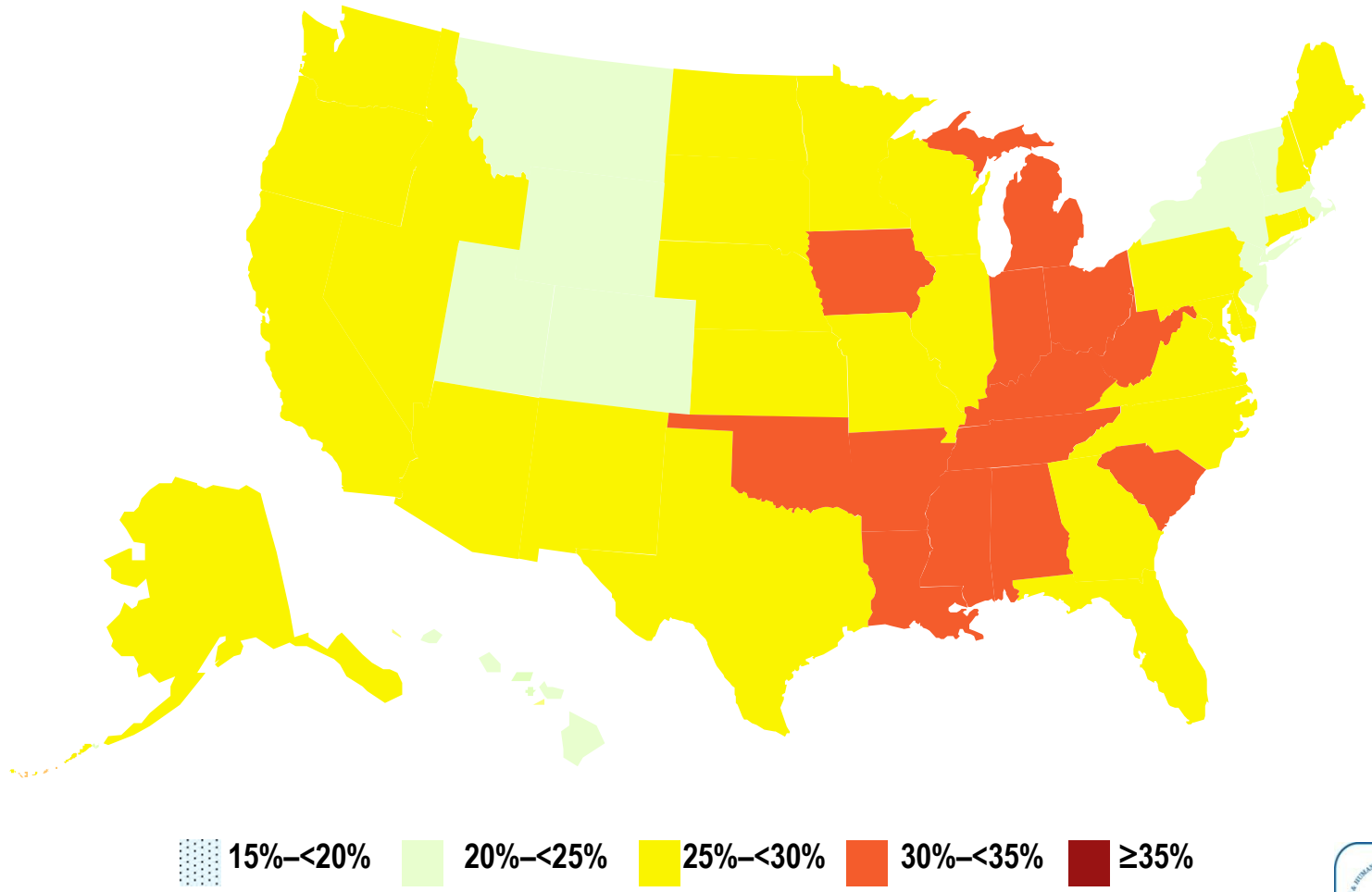
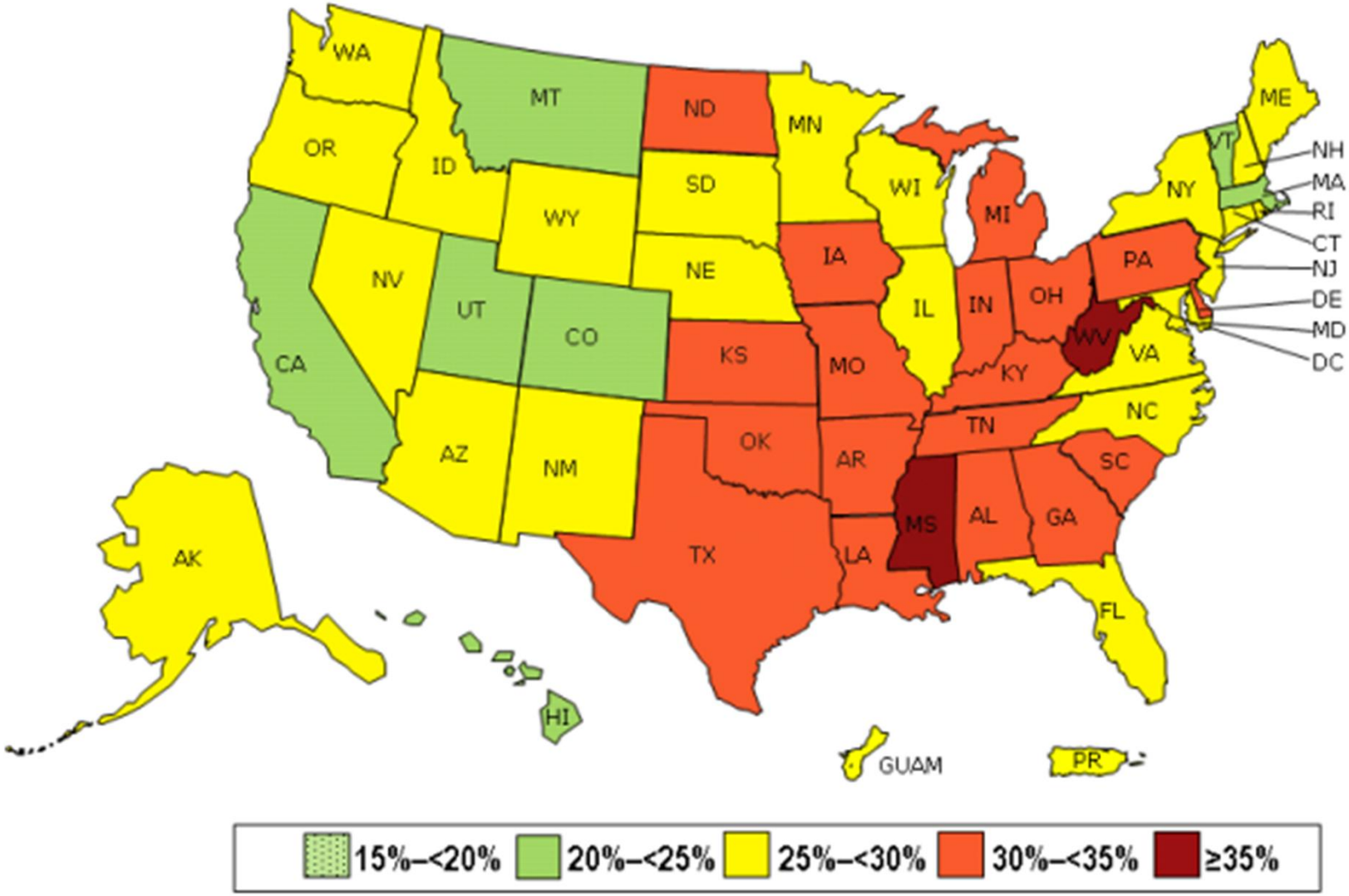


Source: Behavioral Risk Factor Surveillance System, CDC.

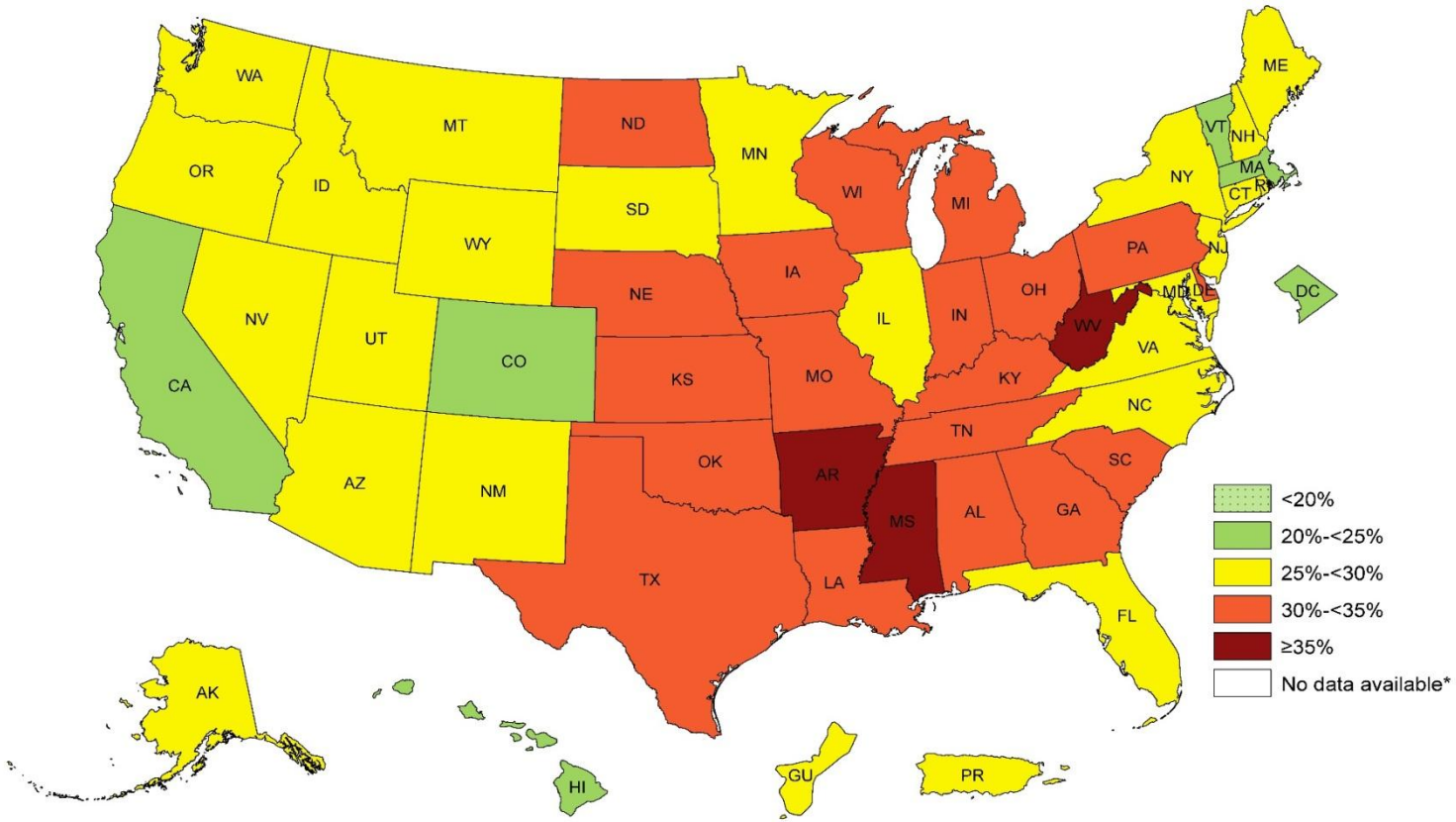
Prevalence* of Self-Reported Obesity Among U.S. Adults

BRFSS, 2013



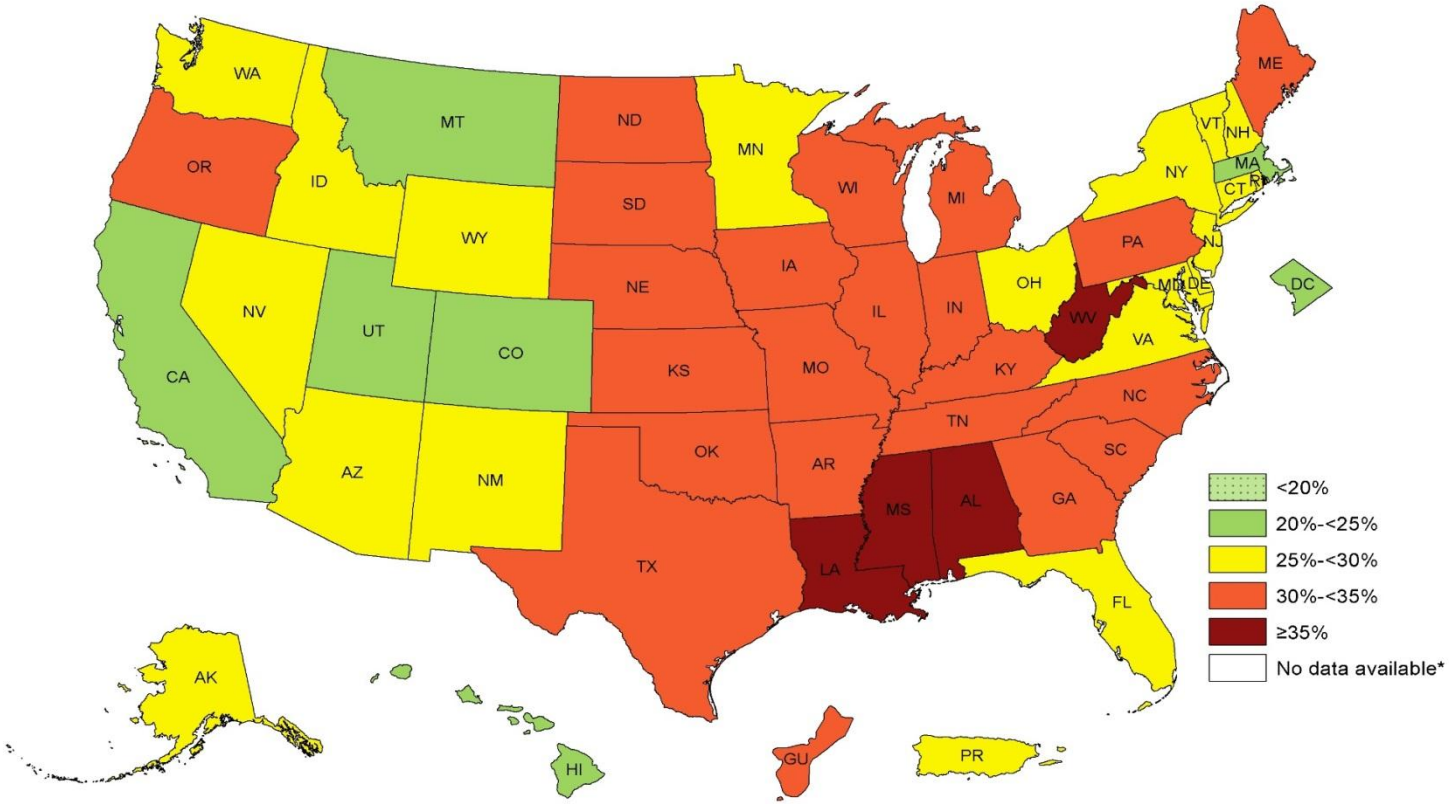
Source: Behavioral Risk Factor Surveillance System, CDC.

Prevalence¶ of Self-Reported Obesity Among U.S. Adults BRFSS, 2014



Source: Behavioral Risk Factor Surveillance System, CDC.

Prevalence¶ of Self-Reported Obesity Among U.S. Adults
BRFSS, 2015

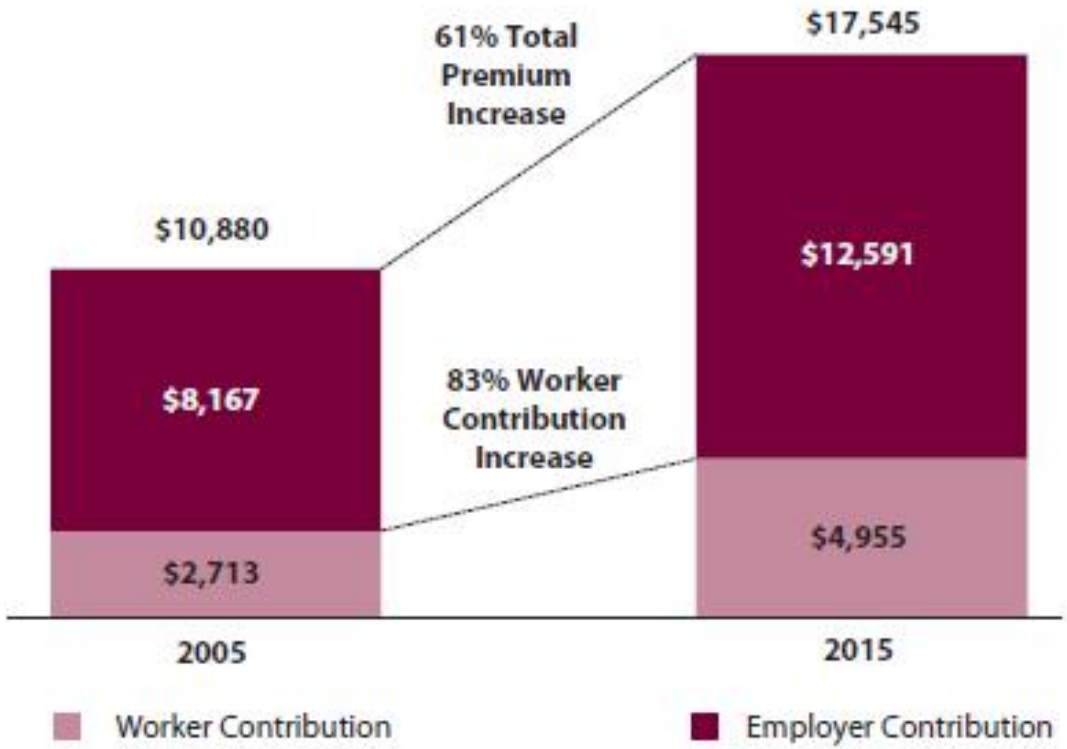


Source: Behavioral Risk Factor Surveillance System, CDC.

National Trend

EXHIBIT A

Exhibit A: Average Annual Health Insurance Premiums and Worker Contributions for Family Coverage, 2005–2015



SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005–2015.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2005-2015.

Cleveland Clinic Call to Action
"EHP Wellness" (family members eligible)

- Nutrition/Weight Management
  - Cleveland Clinic Tier 1 Programs
  - Jenny Craig
  - Curves® Weight Management Program
  - Weight Watchers®
- Physical Activity
  - Cleveland Clinic owned fitness centers
  - Curves
- Tobacco Treatment

Healthy Choice Program

- Program effective 1/1 to 9/30 each year
- Health Visit Form (Not HRA) – Determines requirements one must follow for the discount
- HVF must be updated every 2 years
- Healthy Choice Portal and / or personal letter
- Must participate each year to be eligible for discount for the next year (participate 2016 for 2017 discount)

Healthy Choice Requirements (2 track program)

Coordinated Care:

- **Weight Management**
- **Diabetes**
- **Hypertension**
- **High Cholesterol**
- **Tobacco**
- **Asthma**

Physical Activity:

- **Cleveland Clinic owned fitness centers**
- **Curves fitness centers**
- **Activity Device**

Healthy Choice Portal or letter says….

You need to submit more health info

Schedule a health visit to have the health visit report form completed and submitted to the health plan

AND

After your visit if you are healthy or receive one of the 6 diagnoses follow these steps

You've been diagnosed with:

high blood pressure, high cholesterol, asthma, diabetes, weight management or tobacco use

THEN

Join the appropriate Coordinated Care program(s) and meet its requirements

You are healthy

Join an EHP Physical Activity Program and go 10x a month for 6 months

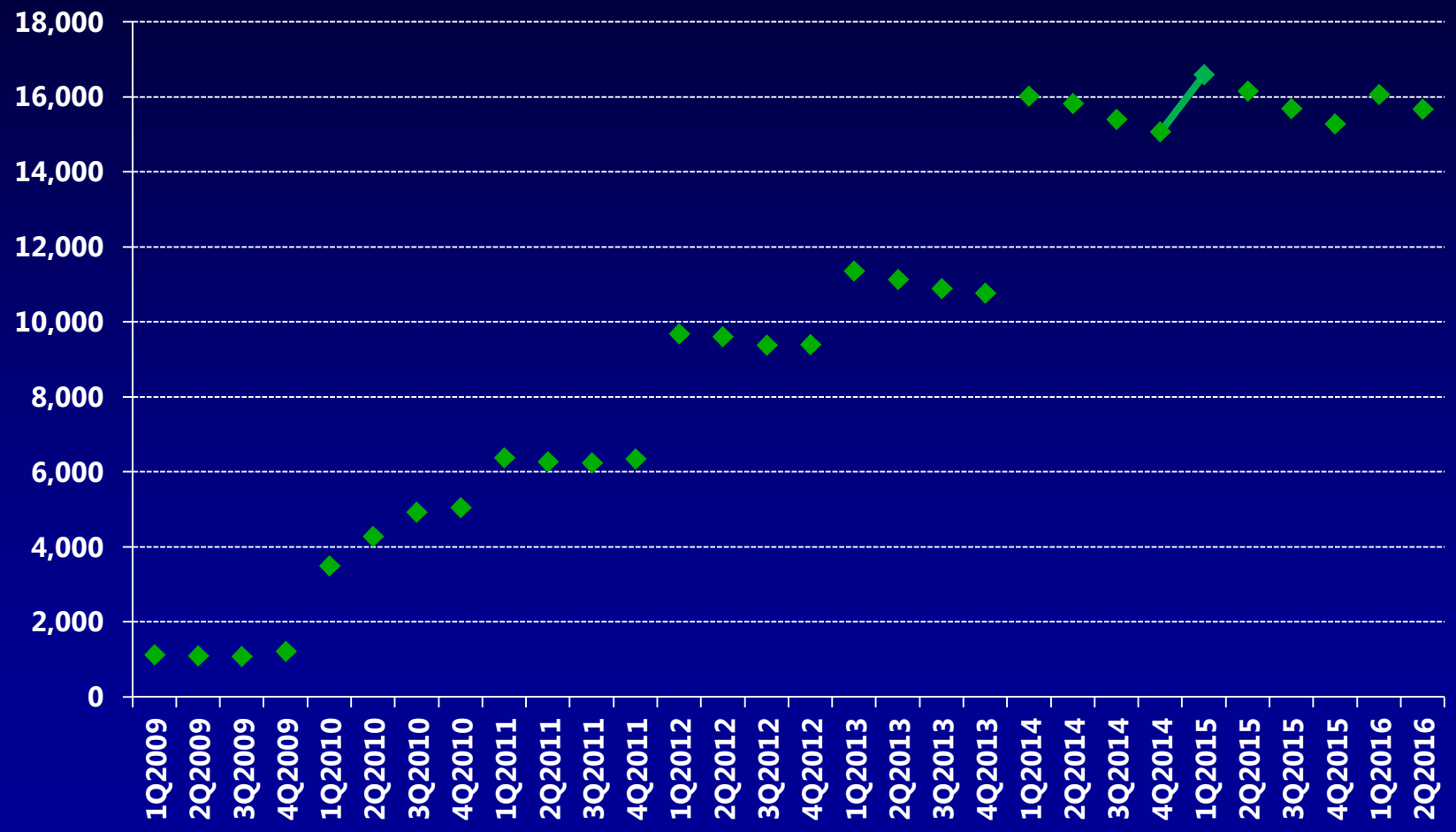
OR

Participate in the first 2 Shape Up & Go! challenges in 2012

EHP 5 Level Premium Maximum Discount 30%

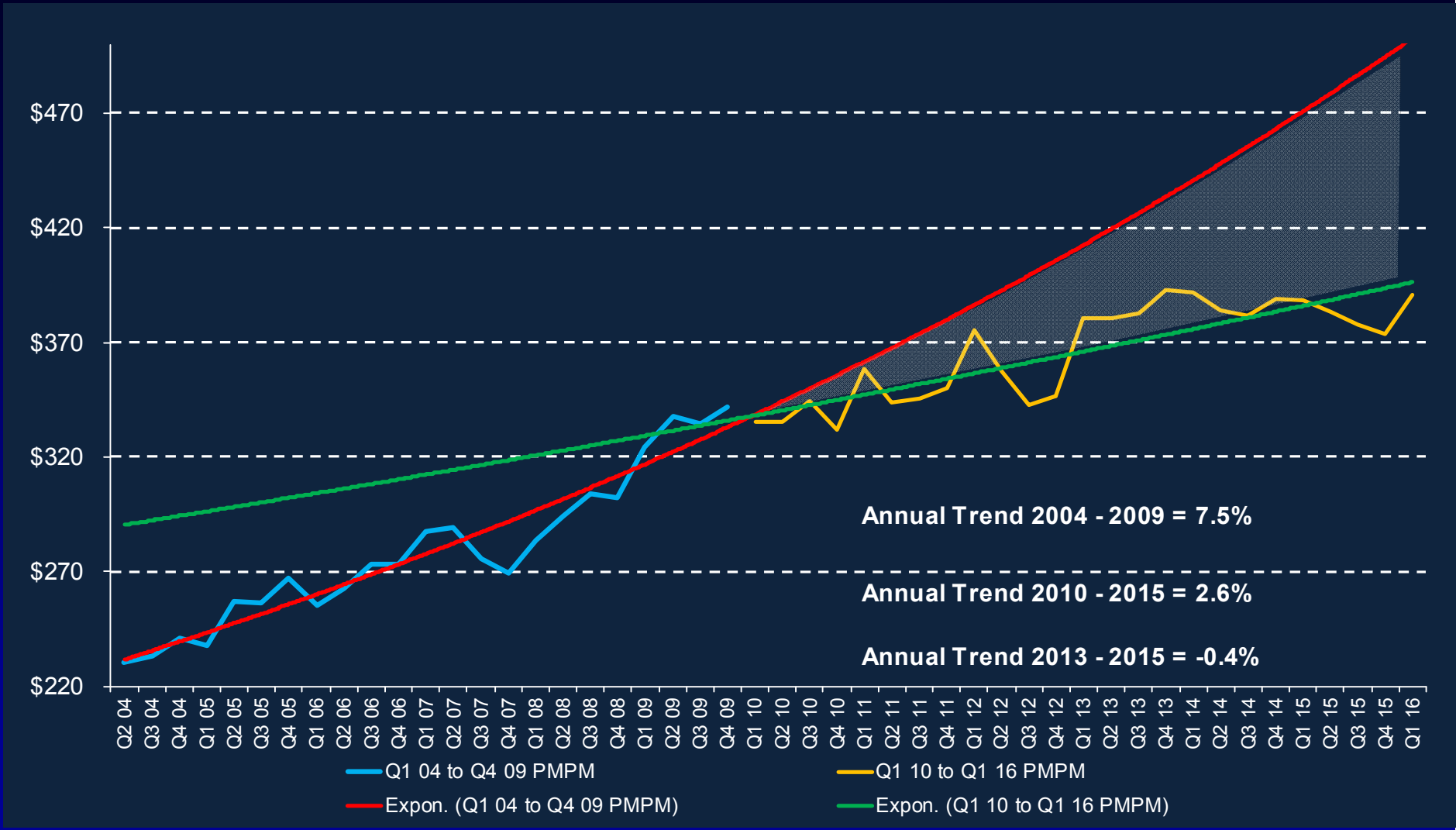
- **Bronze** - standard premium – both employee and spouse not participating in Healthy Choice
- **Silver** - one (either employee or spouse) participating, but not meeting Healthy Choice goals
- **Gold** - both employee and spouse participating, but neither meeting Healthy Choice goals, or one participating and meeting Healthy Choice goals
- **Platinum** - both employee and spouse participating, but only one meeting Healthy Choice goals
- **Diamond** - both employee and spouse participating, and both meeting Healthy Choice goals

EHP Care Management Enrollment by Quarter
Unique Employees and Spouses Enrolled in:
Asthma, Diabetes, Hypertension, Hyperlipidemia or Weight Management



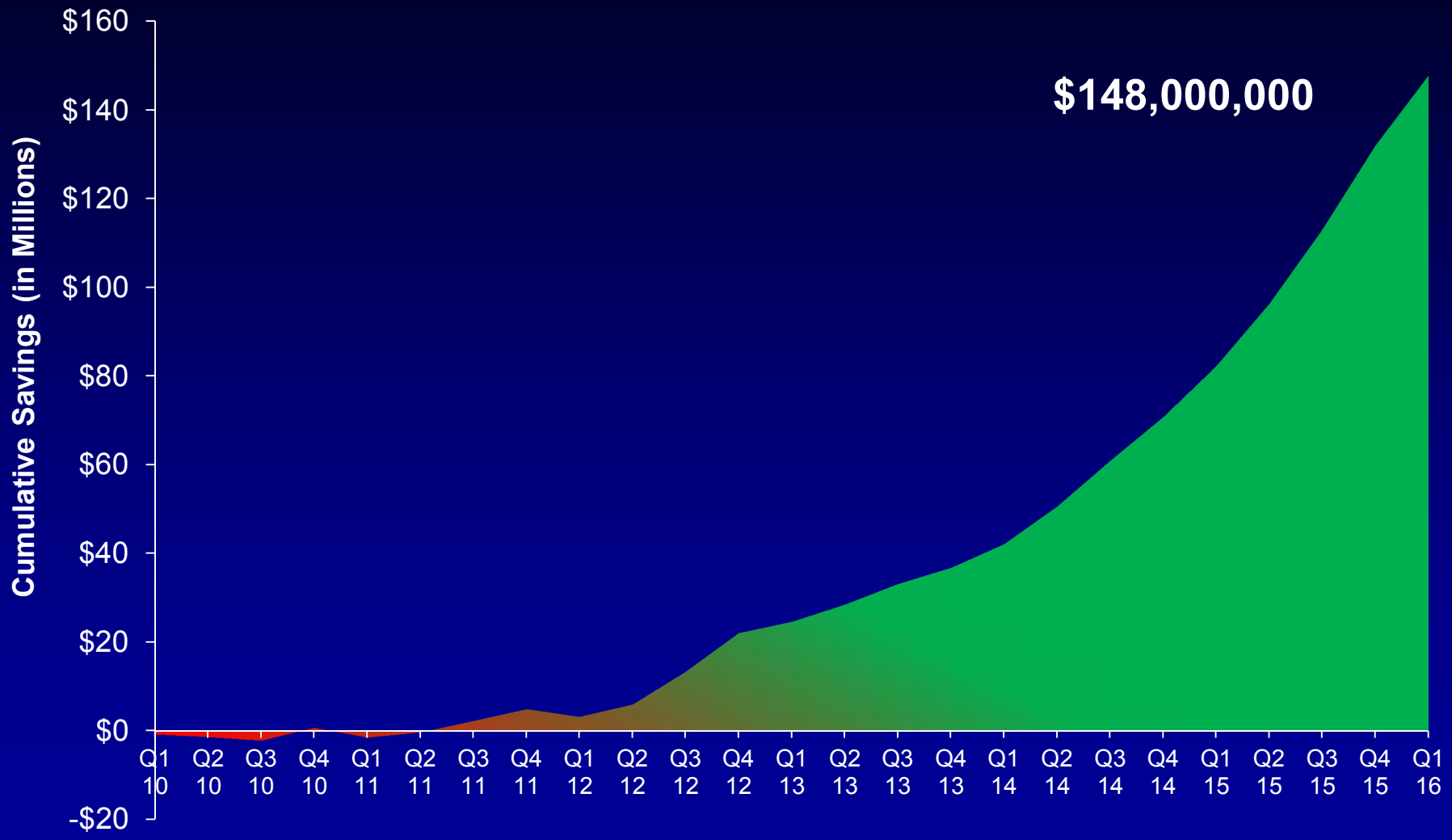
Data is from the Care Management Database COACH

Trended EHP Paid PMPM by Quarter (Medical and Pharmacy Claims)



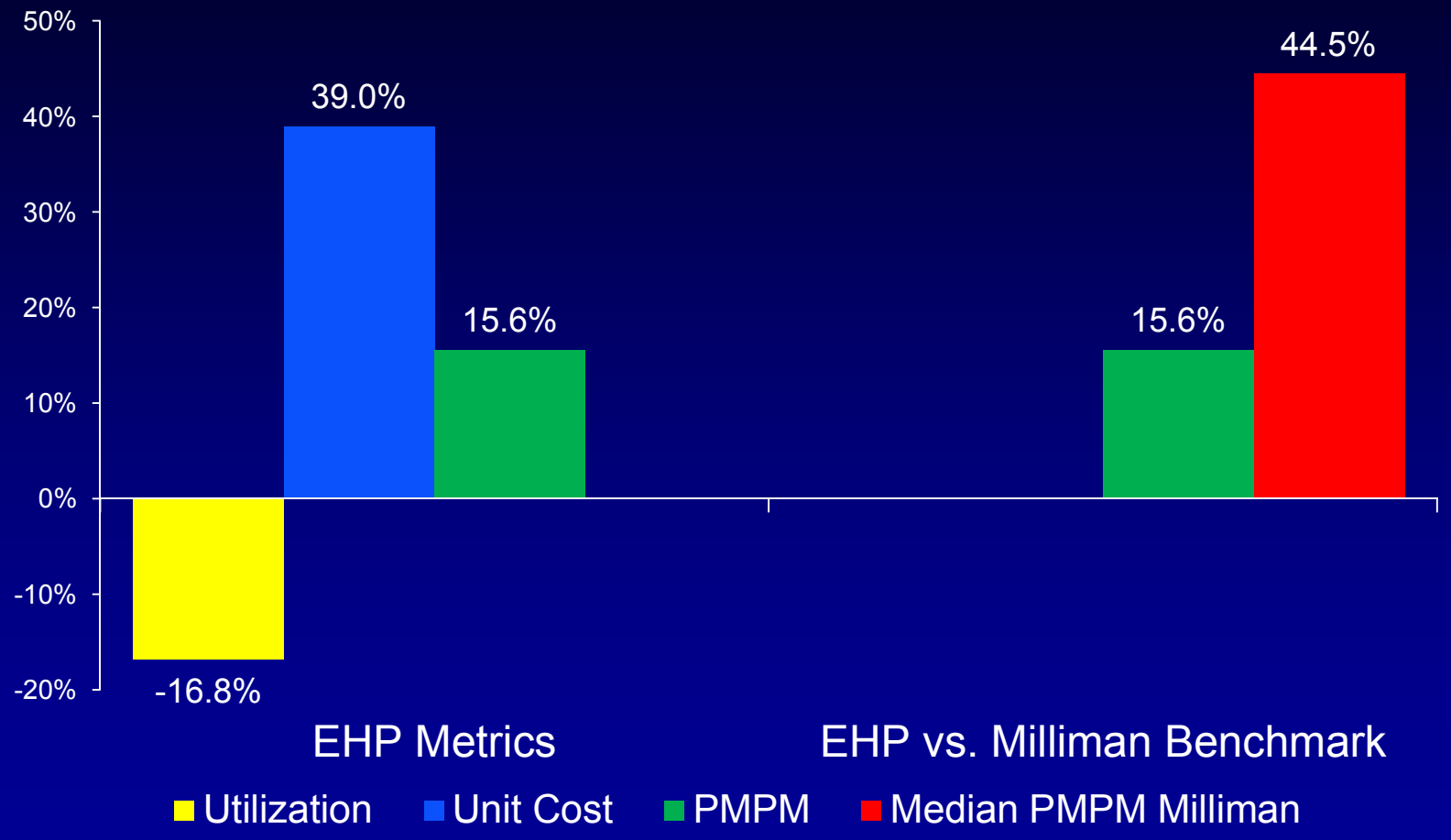
EHP primary members only ; claims paid through 06/30/16; Data Sources: EHP Warehouse, HCTA, EHP Financial Summary
PMPM normalized for ASC Grouper, PBB , 09/01/2010 rate change and rate exception (April 2012 – March 2013)
Includes pharmacy CMS subsidy, rebates, internal savings and error adjustment
PBB = Provider Based Billing
ASC = Ambulatory Surgery Center

Estimated Cumulative Savings by "Bending the Trend" Since 2010



Source: EHP Financial Summary; claims paid through June, 2016

2009 vs. 2015
Change in Utilization, Cost and PMPM
(Medical and Pharmacy Claims)



EHP primary members only; claims paid through May, 2016
PMPM normalized for ASC Grouper, PBB and 09/01/2010 rate change
Includes pharmacy CMS subsidy, rebates and internal savings
PBB = Provider Based Billing
ASC = Ambulatory Surgery Center
Milliman median commercial benchmark

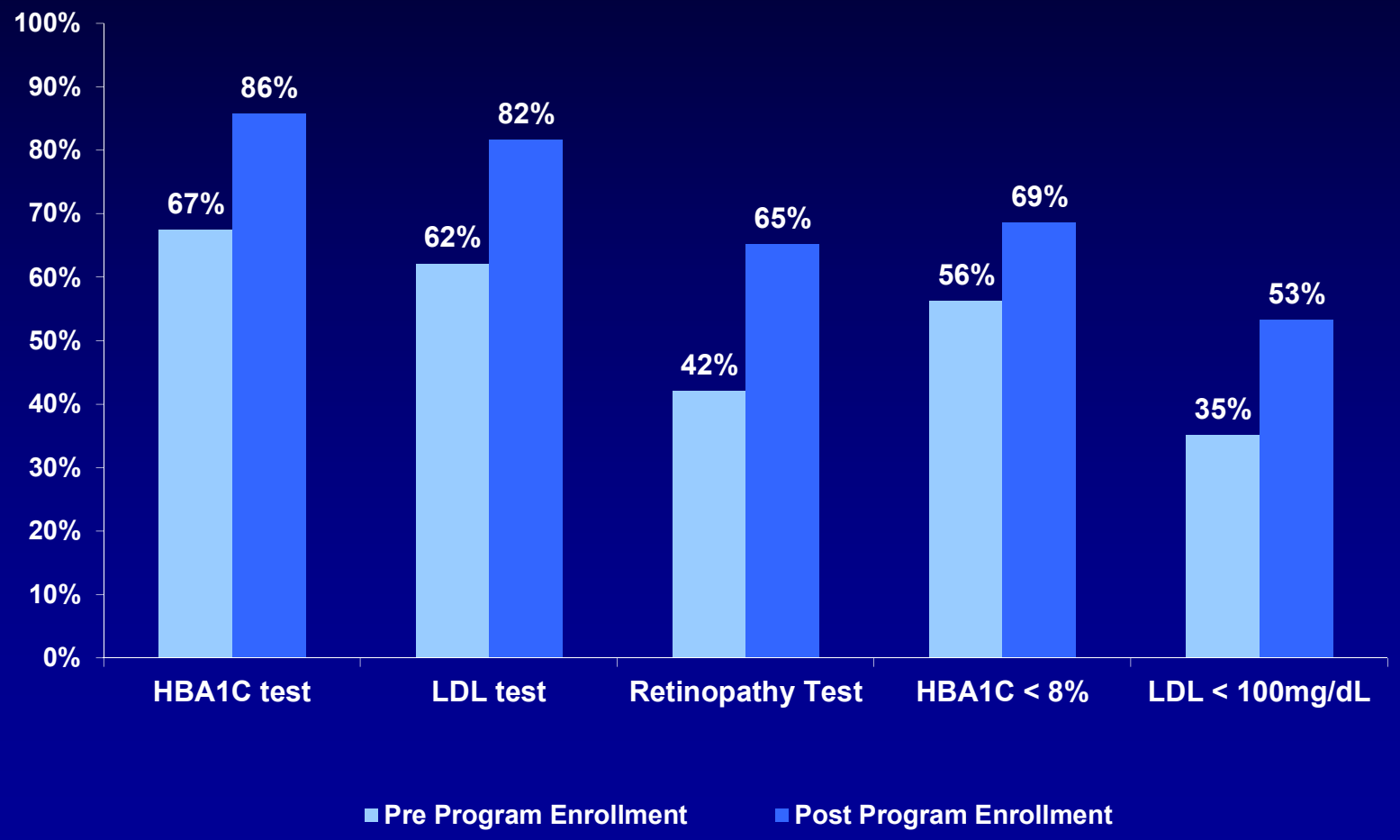
Pre vs. Post Care Management Enrollment Utilization Trend

	Inpatient per 1,000				ED per 1,000			
	Pre	Post	% Change		Pre	Post	% Change	
Diabetes	205	168	-17.9%	↓	348	362	4.0%	↑
HTN	139	107	-23.5%	↓	317	280	-11.6%	↓
Asthma	167	131	-21.6%	↓	497	417	-16.0%	↓

1. Number of employees: Diabetes → 1,752; HTN → 2,252; Asthma → 2,005
2. Non-normalized PMPM; claims incurred through 4Q15 and paid through 02/2016

Pre vs. Post Care Management Enrollment Quality Compliance

Diabetes[1]



1. Number of employees: 1,961; claims incurred through 1Q16 and paid through 05/2016

Cleveland Clinic
Every Life Deserves World Class Care