



# INSPIRING PEOPLE

#### Samuel Brown Health Center

For City of Lexington Employees

Year 2 Review May 6, 2014

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#### Samuel Brown Health Center Objectives

- 1. Provide access to high quality primary and preventive health care at no charge to LFUCG employees and their families.
- 2. Identify and engage patients at high risk of serious illness and help them improve their health.
- 3. Work with patients who have chronic conditions to help them achieve the standard of care for their conditions.
- 4. Reduce claims spend by mitigating risk and reducing avoidable specialty, emergency care and hospital costs.
- 5. Provide occupational health services including injury treatment, preemployment, fire fighter and police physicals, hearing and vision tests and vaccinations.



## Patient Example #1: 39 Year Old Female

Time 1	Time 2	
Poor eating habits: food choices/portion control/frequency	Re-learned how to eat: food selection/preparation/portions	
Minimal physical activity	Zumba <sup>™</sup> and Activity Boot Camps	
Morbid obesity	Lost 54 pounds and reduced BMI by 8.4 points	
High blood pressure	Normal blood pressure	
Numbness and tingling in hands	Numbness and tingling eliminated	
Low energy	Gained energy and confidence	
Pattern of failed attempts at weight loss	New eating and physical activity patterns part of new routine	



## Patient Example #2: 54 Year Old Male

Time 1	Time 2
Poor eating habits: processed foods, high sugar content	Re-learned how to eat: substitutions/alternatives to processed foods. Enjoying foods lower on the Glycemic scale.
No exercise	Started and maintained daily walking program
Obese (weight 338)	Obese (weight 307)
Diabetes (HgBA1c 8.4, Metformin and 74 units of insulin day)	Diabetes (HgbA1c 7.4, Metformin only, insulin not required)
Ready to try something new	He states he feels better than he has in years. Endocrinologist amazed.



## Patient Example #3: 43 Year Old Female

Time 1	Time 2
Little exercise	Exercise 6 days/wk x 30 minutes
Drink and food choices high in refined sugar	Substituted/eliminated high sugar drinks and foods with appealing alternatives
Total cholesterol 195	Total cholesterol 160
Triglycerides >650	Triglycerides 135
Low energy, fatigue	Increased energy, better outlook



#### Patient Example #643: 643 Healthier Patients

#### Time 1

1,659 patients with biometric risk factors (BMI, BP, Lipids, Glucose)

These patients have highest chance of becoming seriously ill

High likelihood of causing the majority of health care costs for LFUCG

#### Time 2

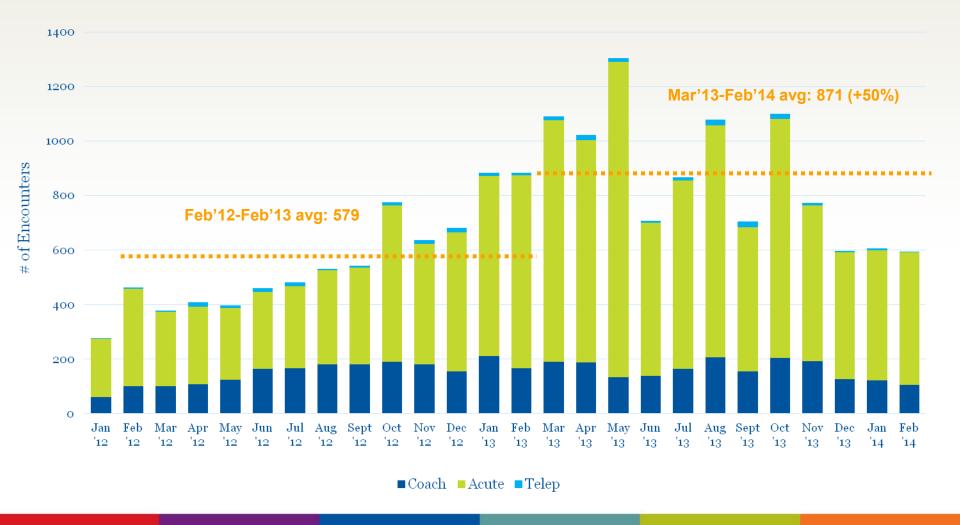
643 (40%) at risk patients who improved their health

Lower risk of becoming seriously ill

Reduced utilization and lower overall claims spend

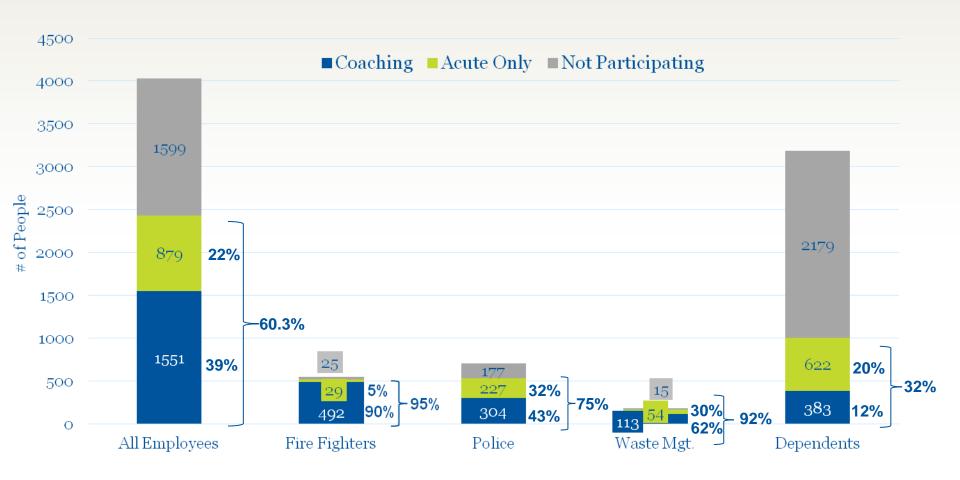


#### Monthly Encounter Trend, All Members



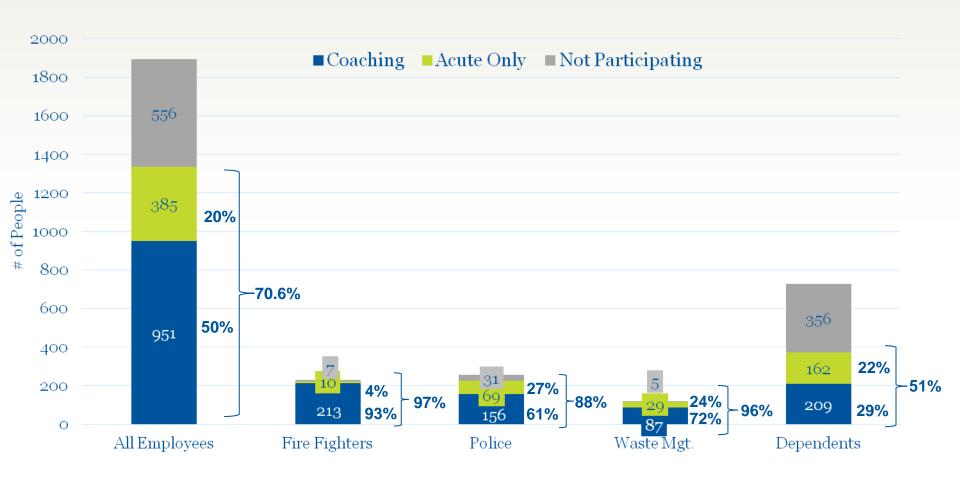


## Use Rates by Member Type Through Feb 2014



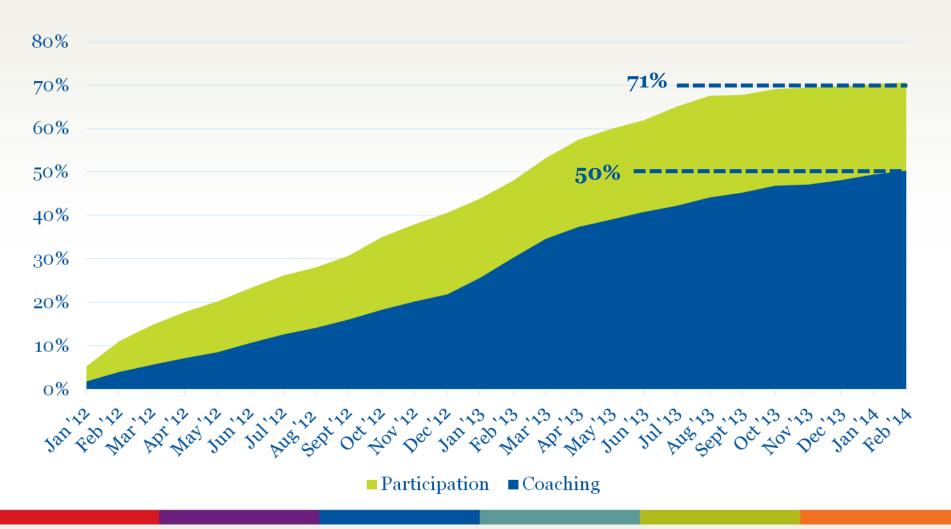


# Use Rates by Member Type Through Feb 2014: Target Population



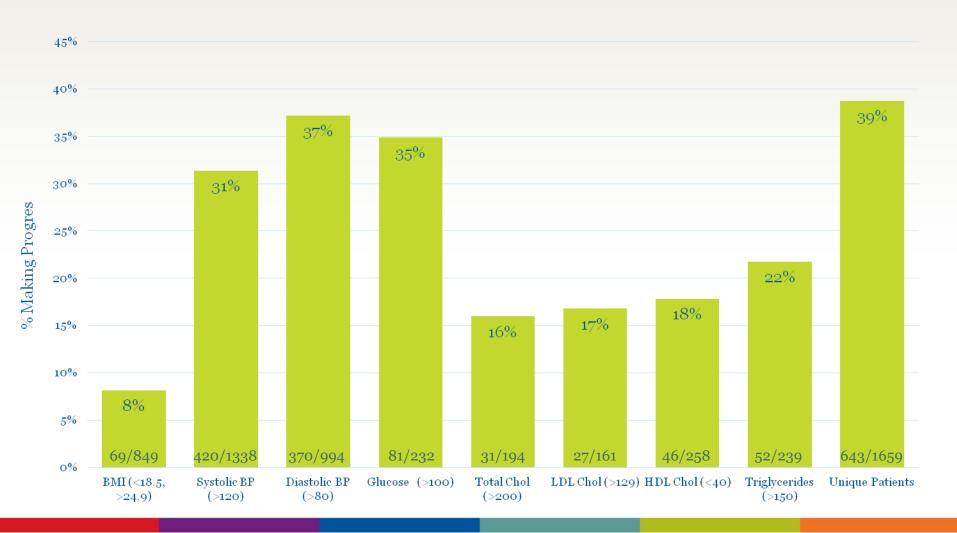


#### **Engagement: Target EE Population**





#### **Employees Making Progress**





## Risk Mitigation and Disease Management

Time 1:	1/1/2012	- 2/28/2013	Time 2:	3/1/2013 - 2/28/2014
Employees Only				

Risk Mitigation	Tim e 1: At Risk Pop	Tim e 2: # Im proved	Im provem ent
Obesity: Reduce Weight by 5% if BMI > 30	235	35	14.89%
Tobacco Use: Reduce Prevalence of smoking, at least 30 days	258	41	15.89%
Cholesterol: Reduce those with TC > 200 or LDL > 130	145	23	15.86%
PreHypertension: Reduce those with 121-139/81-99 to < 120/80	970	94	9.69%

Disease Management	Time 1: Pop w Disease	Time 2: # at standard of care	% at standard of care
Diabetes Care-HbA1c Testing: minimum 1 value recorded	142	110	77.46%
Diabetes Care- Percent of patients with hemoglobin A1c < 9%	110	85	77.27%
Persistent Asthma: use of inhaled corticosteroids	5	5	100.00%
Coronary Artery Disease: Use of anti-platelet (baby aspirin)	23	12	52.17%
Chronic Hypertension (BP >140/90): Reduce to BP < 140/90	212	94	44.34%



# Change Utilization & Capture Savings

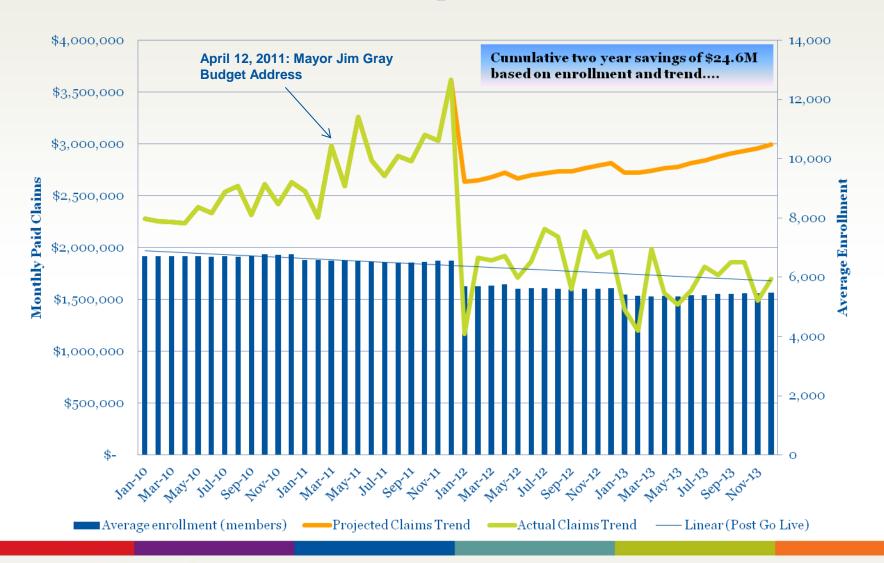
#### Impact on Utilization & Per Capita Spending 2013 vs. 2012

Service	Utilization Impact	Savings Impact
Primary	14%	\$191,627
Specialty	10%	\$203,313
In-Patient	3%	¢1 261 625
Out-Patient	13%	\$1,361,625
ER/UTC	11%	\$302,731
Lab	4%	\$84,212
	Total Savings	\$2,152,210

**Source: BIM & Humana** 



#### Medical and Rx Spending Pre and Post Plan Redesign and Health Center Implementation





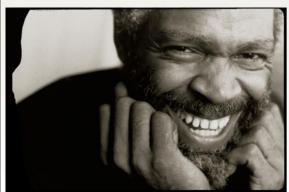
#### Plans for 2014-15

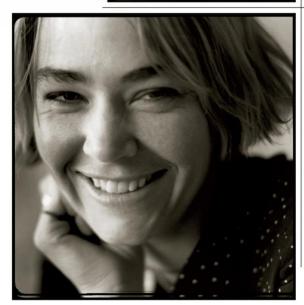
- 1. Respond to the growing demand for high quality health care delivered at the SBHC.
- 2. Continue to increase the engagement rate of the target population beyond 70%.
- 3. Continue to increase the number of patients making clinical gains in their health status beyond 40%.
- 4. Collaborate with the City on program development, moves, and service mix.
- 5. Continue to provide occupational services for LFUCG employees.
- 6. Special thanks to Melissa Lueker, John Maxwell and Mary Lyle!











Thank you.