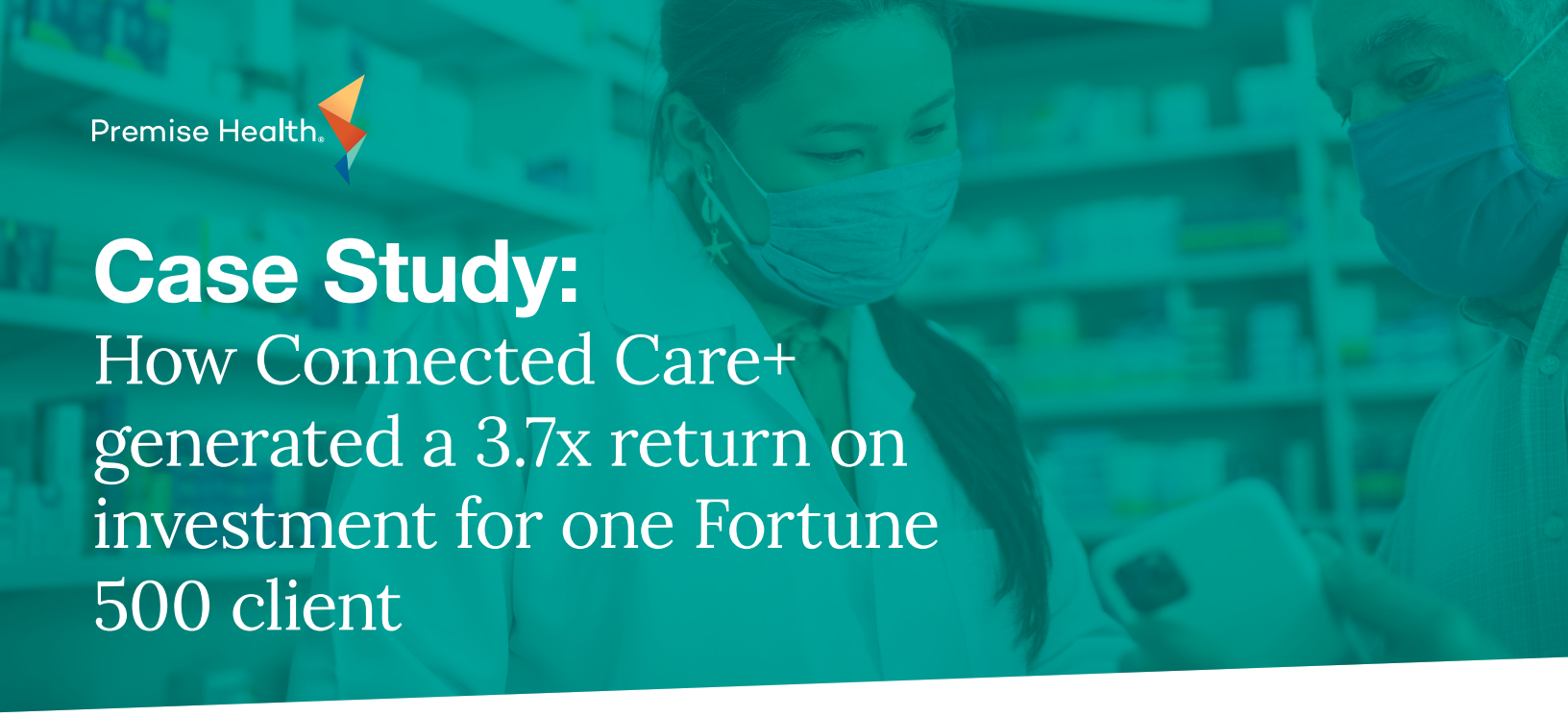


Premise Health

# Case Study:
## How Connected Care+ generated a 3.7x return on investment for one Fortune 500 client

A mortgage lender that is ranked as one of Fortune's best companies to work for implemented Premise Health's Connected Care+ solution to drive better engagement with their members' health. As a result, they realized meaningful improvements in clinical outcomes and major reductions in total cost of care.

## The Challenge

For large national employers, the stakes are high. Right now, the U.S. healthcare system wastes as much as $935 billion annually on medical spending[1]. On top of this, employers are footing the bill for half the population – that's almost 160 million Americans – and healthcare is the second largest line item in the budget, after labor, for many industries.

To address these challenges, this mortgage lender sought an innovative partner to help them deploy an integrated solution that would enhance the health of their population and reduce their annual healthcare bill.

This organization's leadership team recognized that to achieve these goals it would require deep healthcare expertise and a true commitment to partnership. They knew that Premise was the perfect fit.

## The Solution

Focused on improving outcomes and reducing costs, our client recognized the unique opportunity to provide their employees and dependents with personalized, whole-person care through Premise Health's Connected Care+ solution. This fundamentally different approach to population health utilizes powerful data-driven insights to provide comprehensive, high-value care to the members who need it the most, all while amplifying the healthcare experience.

### Integrated population health and navigation.

Regardless of complexity, dedicated teams guide members seamlessly through their care journeys. Connected Care+ providers work inside and outside of the primary care ecosystem to deliver data-driven insights, personalized care plans and expert guidance that ensures members get quality, cost-effective care. The goal is to make sure members receive the care they need to get, stay and be well, and avoid unnecessary and inappropriate care.

Case Study

## Partnership keys to success:

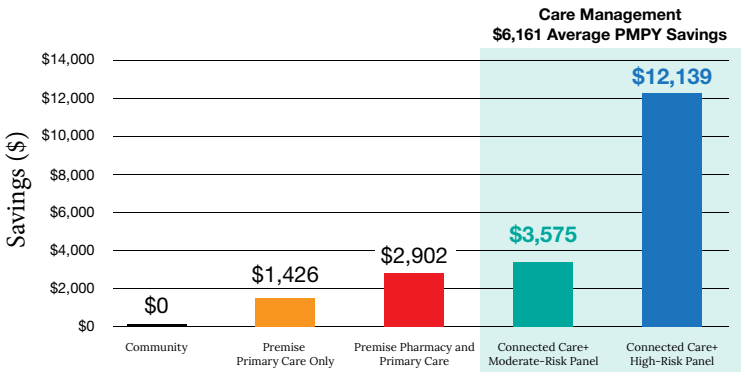
- Open dialogue and close, ongoing collaboration between Premise and the organization's leadership team
- Mutually agreed upon engagement strategy and incentive plan, including:
  - Low or no copays for Premise medical and pharmacy services
  - Rewards program for member referrals to high-value specialty care
  - Promotional campaign paired with digital communications at launch that included financial incentives to activate a My Premise Health account (this generated 90% engagement of the eligible population)
- Access to virtual care on-demand, 24/7
- Hybrid care delivery model including a comprehensive suite of products:
  - Connected Care+ to include Care Navigation and Care Management
  - Primary care
  - Behavioral health
  - Pharmacy
  - Chiropractic
  - Physical therapy
  - Wellness coaching
  - Condition management

# The Outcome

Working alongside each other to deliver transformative healthcare, our client's results speak for themselves. By helping members overcome barriers to quality care through better access, tailored treatment plans, and seamless care coordination, Premise increased utilization of ongoing condition management and reduced the need for urgent and emergent care.

In the first year, our client saw a 3.7x return on investment thanks to proactive clinical support and optimized healthcare referrals generated through the Care Management and Care Navigation solutions of Connected Care+.

### Per Member Per Year (PMPY) Savings by Attributed Cohort




Total program savings are calculated on an annual basis (October 2019-September 2020)

## Key Highlights

**INCREASED UTILIZATION AND ENGAGEMENT**

21% of total wellness center visits driven by the top 2% of high-cost, high-risk members enrolled in a Care Management panel

**CARE MANAGEMENT IMPACT**

$6,161 PMPY average savings for members enrolled in a Care Management panel - said differently, $1.8 million in annual savings

**CARE NAVIGATION IMPACT**

$1,082 average estimated savings per Care Navigation referral[2] - an estimated $540K in annual savings

**SUPERIOR CLINICAL QUALITY**

69% of enrolled hypertensive members and 68% of enrolled diabetic members went from uncontrolled to controlled status[3] within the first year. Additionally, members with these chronic conditions were often 10 to 20% more likely to have received clinically appropriate screenings and adhere to medication without gaps than a community managed comparison group.

## Care Management Outcomes

Through the implementation of Care Management, members were able to better manage their health by utilizing more preventive care services and less urgent and emergent care when compared to a community managed control group. In the first year, Care Management panel members reported:

**23% more** office visits with 71% higher preventive office visits

**30% less** outpatient surgery

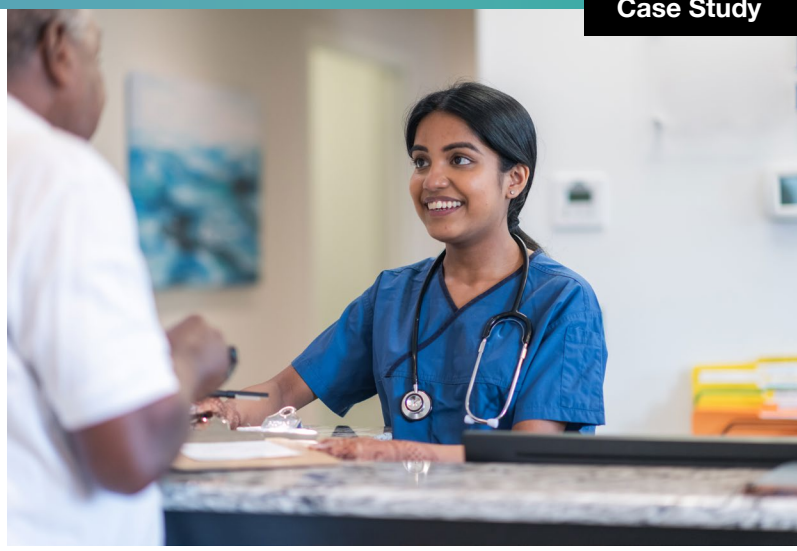
**54% less** urgent care visits

*Risk adjusted utilization rates

## Care Navigation Savings

With the help of Care Navigation, members were directed to high-quality, low-cost referrals, resulting in savings even when additional treatment was necessary.

Compared to the community, on average Premise attributed members spent **13% less year over year on outpatient surgery** compared to community attributed members who spent 2% more year over year. In the first year, Care Navigation members had an **optimized referral rate of approximately 50%**, with continued rate improvement.



With Connected Care+ in place, our client was able to drive utilization of preventive services, direct members with chronic conditions to high-quality, low-cost providers, and reduce its overall healthcare spend. Programs that allow providers to engage complex members can play an important role in helping employers maximize their healthcare dollars and resources.

Our client continues to make better health a reality by evolving every day to meet the needs of their team members. And accolades like being named to the national Best and Brightest list since 2015 speak for themselves.

This passion for healthy workplaces is shared by Premise, and together, both organizations continue to innovate how healthcare is accessed and experienced across the country.

[1] Shrank, W. H., Rogstad, T. L., & Parekh, N. (2019, October 7). Waste in the US Health Care System. JAMA Network. https://jamanetwork.com/journals/jama/article-abstract/2752664

[2] Referral to high-value or high-quality, cost-effective provider / facility

[3] Controlled status defined as hypertensive members with a blood pressure less than 140/90 and diabetic members with an HbA1c of less than 8%

**Let's talk about what you need, and how we can help.**

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