

## Better together: The power of medical plan and clinical program integration

Employers are confronted with unprecedented challenges to ensure the competitiveness of their business while realizing long-term value from a healthy, productive workforce.

An integrated health framework that combines the power of the medical plan with clinical programs designed around the individual is a key enabler of workplace success.



By leveraging technology, clinical expertise and behavior change management, we can create an experience that supports an individual's basic health decisions, or at time of critical care needs, help to optimize outcomes and reduce cost.

The result is demonstrated performance that shows the power of integration relative to disparate, stand-alone programs.

### Our results confirm incremental savings through integration.

Health plan integration demonstrates better performance relative to disparate, stand-alone programs in key areas, including:

- ➔ Reducing unnecessary care (back surgery)
- ➔ Preventing costly care and serious conditions
- ➔ Preventing in-patient readmissions
- ➔ Slowing down or preventing the onset of avoidable disease (e.g., Type 2 diabetes)
- ➔ Achieving better care through increased use of Centers of Excellence

## Demonstrated results

**Case Study:** Food and Beverage Company

### Situation

The employer’s medical membership was divided between UnitedHealthcare and other carriers. Clinical programs were carved out on both populations to third party vendors. Integration was very limited (e.g., monthly data feeds of claims; limited referral of patient data).

### Analysis

The portion of the company’s medical population covered by UnitedHealthcare was benchmarked against clinical peer customers that had a similar profile in demographics, conditions and illnesses.

**For the peer group, clinical program features were similar but were being delivered in a fully integrated fashion.**

### Results†

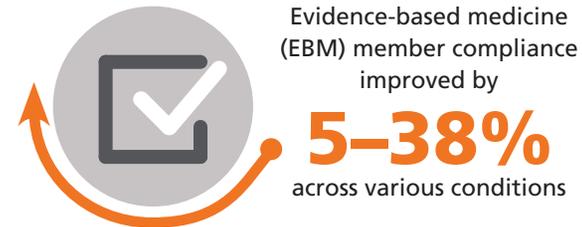
- Individuals in the clinical peer group using integrated clinical programs achieved higher compliance on evidence-based medicine measures for chronic conditions.
- Better utilization outcomes, including fewer in-patient days, readmissions and ER visits.

	Carve-Out Customer		Integrated Clinical Peers		Favorable Difference	
	Prior	Current	Prior	Current	Prior	Current
IP Days/1,000	202.5	198.7	188.3	177.2	8%	12%
30-Day Readmissions	8.1%	8.6%	8.2%	8%	-1%	7%
ER Visits/1000	188.1	190.4	155.9	164.9	21%	15%
Primary Care Visits PMPY	1.65	1.64	1.94	1.87	18%	14%
EBM Diabetes	50.3%	50.0%	57.6%	57.5%	15%	15%
EBM Coronary Artery Disease	35.0%	32.4%	53.3%	52.6%	52%	62%

## RESOURCE CENTER FOR HEALTH & WELL-BEING

### Bottom line... integration works.

- Driving simple, personal and optimal care while improving the health and productivity of your workforce
- Potentially saving an additional 1 to 3+ percent of medical costs
- For an employer with 10,000 members, this can mean savings of up to \$1.2 million annually†



† Savings calculated on book-of-business case rate savings for these programs. Savings for enrolled members are case specific and are not a guarantee of results. Results will vary based on client specific demographics and plan design.

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