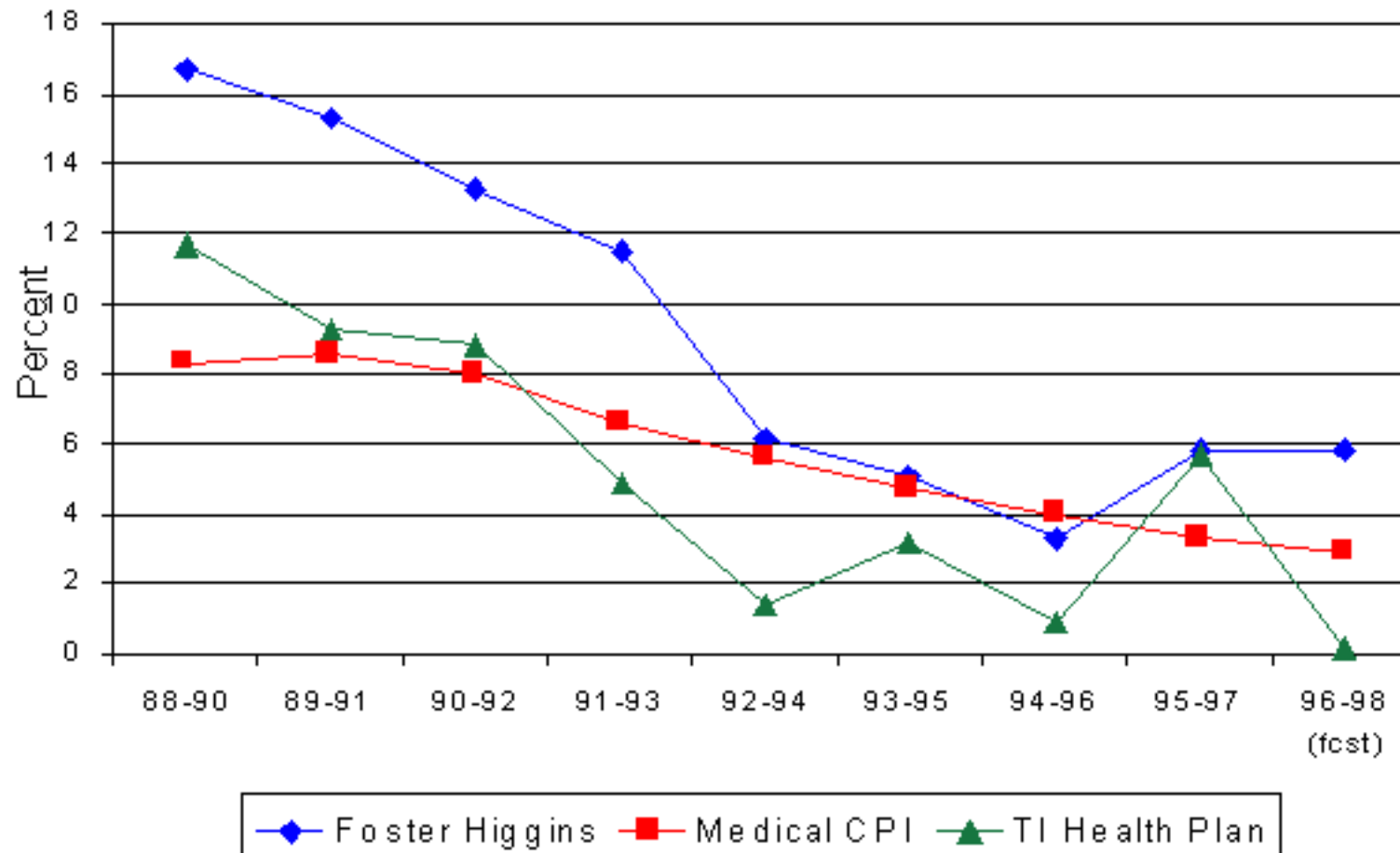


## TI Health Plan Cost Trend 3 Year Rolling Average

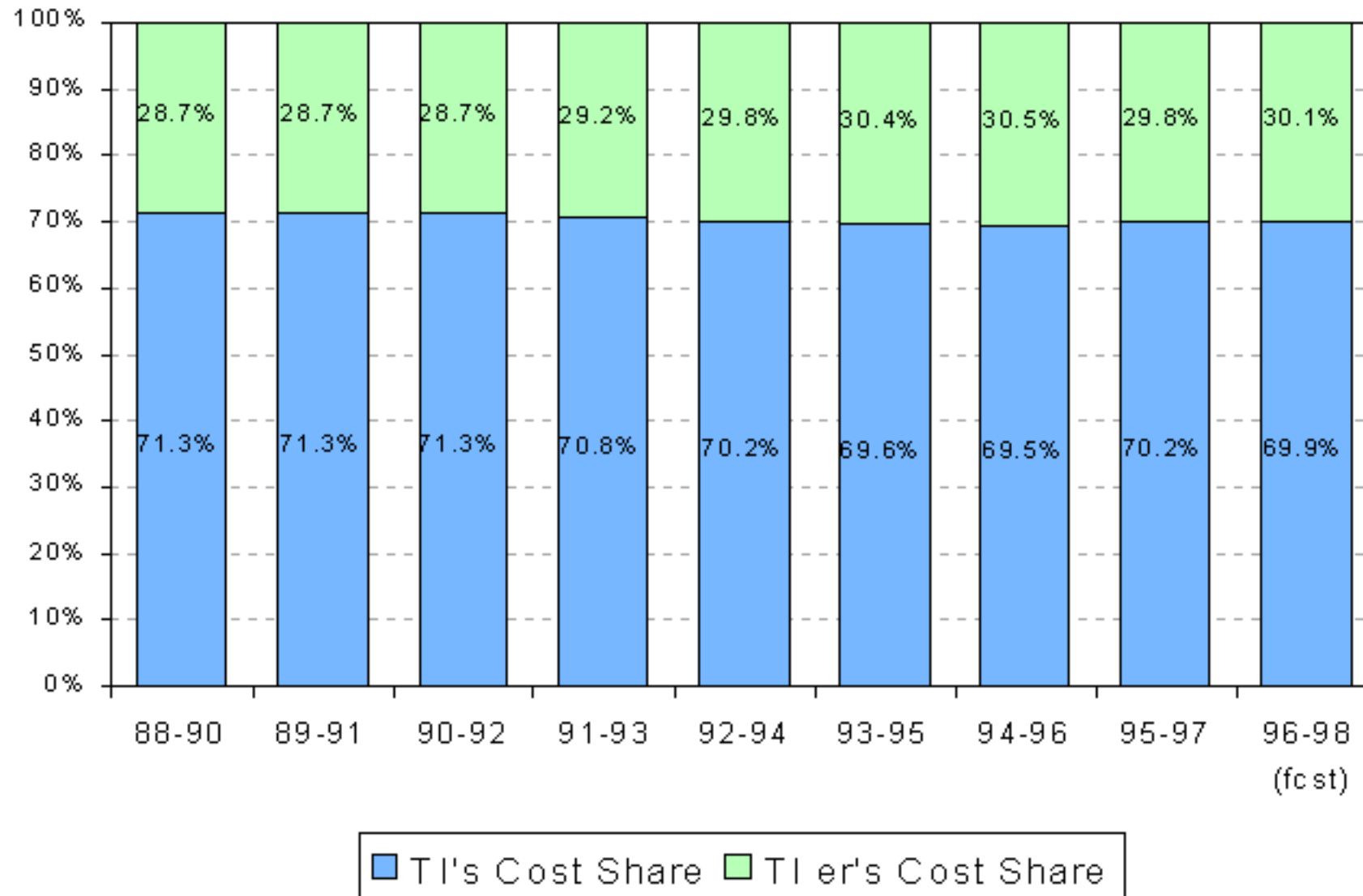


### TI Health Plan

- 90% of Tiers select enrollment in the TI Health Plan with the remaining 10% selecting HMO's
- The TI Health Plan is a self-administered health care network directly contracted with managed care providers (doctors, hospitals, labs, pharmacy, mental health.) Services are delivered at negotiated fee-for-service rates.
  - Use of network services is self-directed - not a PCP gatekeeper model\*
  - Tiers who do not use tobacco do not pay any portion of the premium for themselves. There is a premium cost share if dependent coverage is elected.
  - Individual deductible is \$225 with a 10% copay for charges
- Assessment of the design features of TI's Health Plan indicate strategic value and need for effective health consumer education

\* *EAP serves as gatekeeper for mental health services*

## TI Health Plan Cost Share 3 Year Rolling Average



# Demand Management

## Self-Care Handbook

**GOAL:** Improve confidence and competence in ability to self-manage minor illness and injuries at home and decide when and where to seek appropriate medical care.

### **METHODS:**

- Launched program April 1995. Distributed 35,000 handbooks with home mailing. Continue home mailing distribution to all new hires.
- Measured utilization and value within the annual TI Health Consumer Survey:
  - random sample in number that statistically represents health plan enrollment (1,405 for 1996)
  - survey completed by outside resource via telephone
  - survey results analyzed and reported by the MEDSTAT group
- Reinforce value and utility of reference guide with on-line access, at site health centers, self-monitoring blood pressure stations, on-site “mothers’ rooms”, and frequent information challenges and reminders in company health newsletter, *Quest*.

# Tobacco Cessation

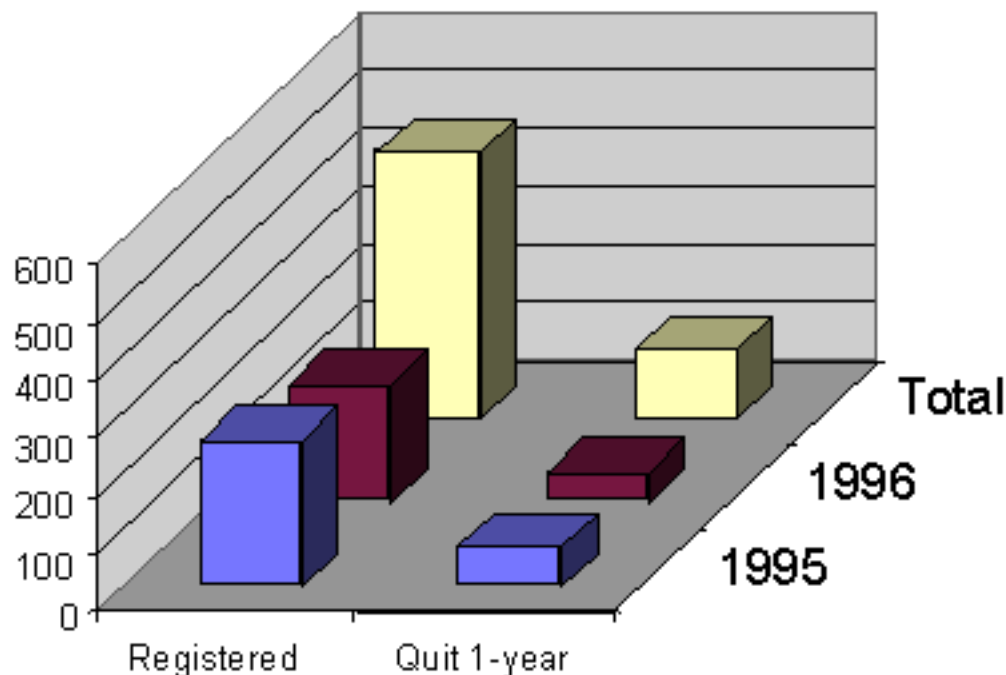
## Free & Clear (began 9/95)

**GOAL:** Provide a comprehensive support system to enable all benefit eligibles to achieve tobacco-free status.

### Methods:

- TI has been a smoke-free environment since 1993.
- A premium of \$10/month is paid by tobacco users on any TI health plan with a household/dependent cap of \$40/month.
- Nicotine replacement therapy (NRT) is covered at the regular 80/20 co-pay contingent on enrollment in the *Free & Clear* program.
- Access for *Free & Clear* program is toll-free and at no charge. One full year of support for the quitting process with a cessation specialist is provided to anyone paying the tobacco premium. The program assesses for appropriateness for NRT and stage of readiness for change.
- Results reporting is provided at 6 and 12 months following enrollment.
- Those who become tobacco free for six months may discontinue paying the tobacco premium.

## Free & Clear Tobacco Cessation Results



Total tobacco users = 3,505 (2,514 employees + 991 dependents)

- Total enrolled to date = 545
- Total enrolled/completed 95-96 = 461
- Total completed and quit = 119
- Quit success rate at 12-month follow-up
  - 95 = 27%
  - 96 = 25%
  - 2-year average = 26%
- Total intervention cost = \$65K
- Cost saved (benefits costs) = \$187K
- ROI = 3.45:1

# On-site Preventive Health Screenings 1995-1997

**GOAL:** Increase use of preventive health screening benefit with provision of on-site services for early detection of cardiac risk and cancer. Increase on-site participation by 10% each year.

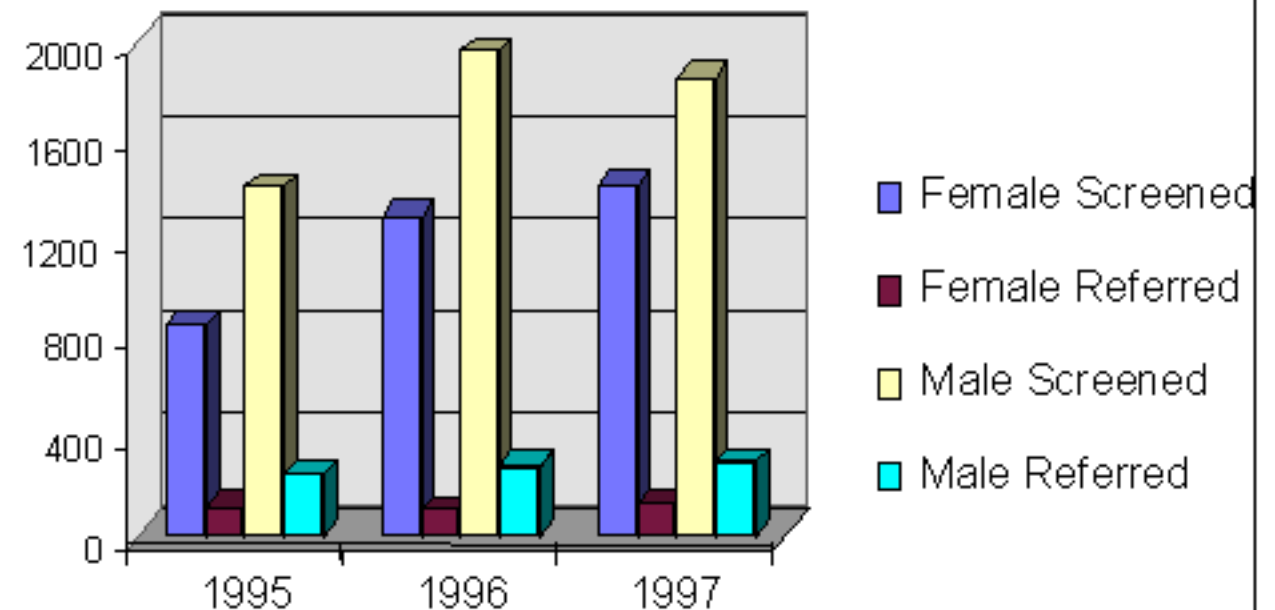
## METHODS:

- Preventive health exam/screening is covered in the TI Health Plan 100% - no deductible/no co-pay.
- Contracted with network providers to provide preventive health screening at each site location.
- Negotiated discount with provider for service below network rates generating a total savings of \$294K.
- Through service, providers distributed resource information for nutrition intervention network, Informed Choice (shared decision services), with mailings to participants referred for follow-up.
  - Results of communication increased utilization of medical nutrition therapy for hypertension, hypercholesterolemia and diabetes.

## RESULTS:

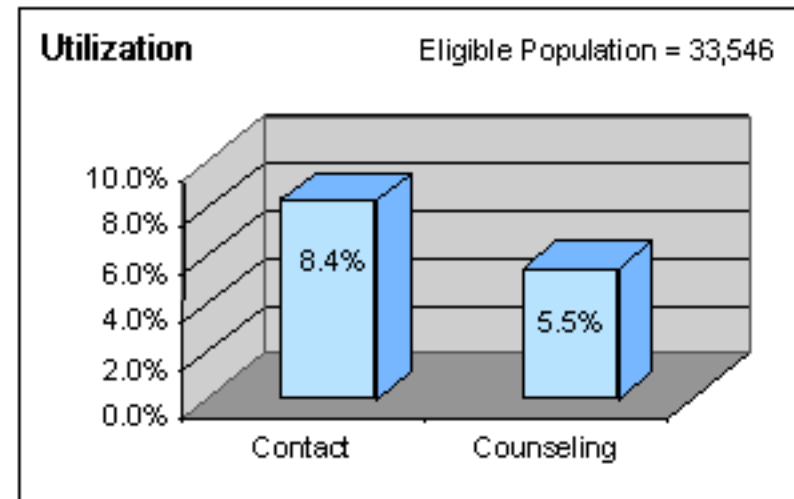
- Participation rates for women increased 53% from 95-96 and 9.5% from 96-97. Male participation increased by 28% in 96 and decreased 5% in 97. Program utilization for all health services showed marked decrease in 4th quarter of 1997.
- A total of 2,052 males and females were referred for diagnostic follow-up.

## Preventive Health Screening Results



## Employee Assistance Program (EAP)

- Confidential counseling, information and brief solution-oriented therapy available to all TIers and eligible family members.
- Voluntary service provided 24 hrs/365 days nationwide by Merit Behavioral Care Corp (MBC), an independent company.
- Brief counseling therapy of 1-5 months; all EAP fees are paid by TI.



**GOAL:** Assess participant emotional health prior to an after counseling treatment.

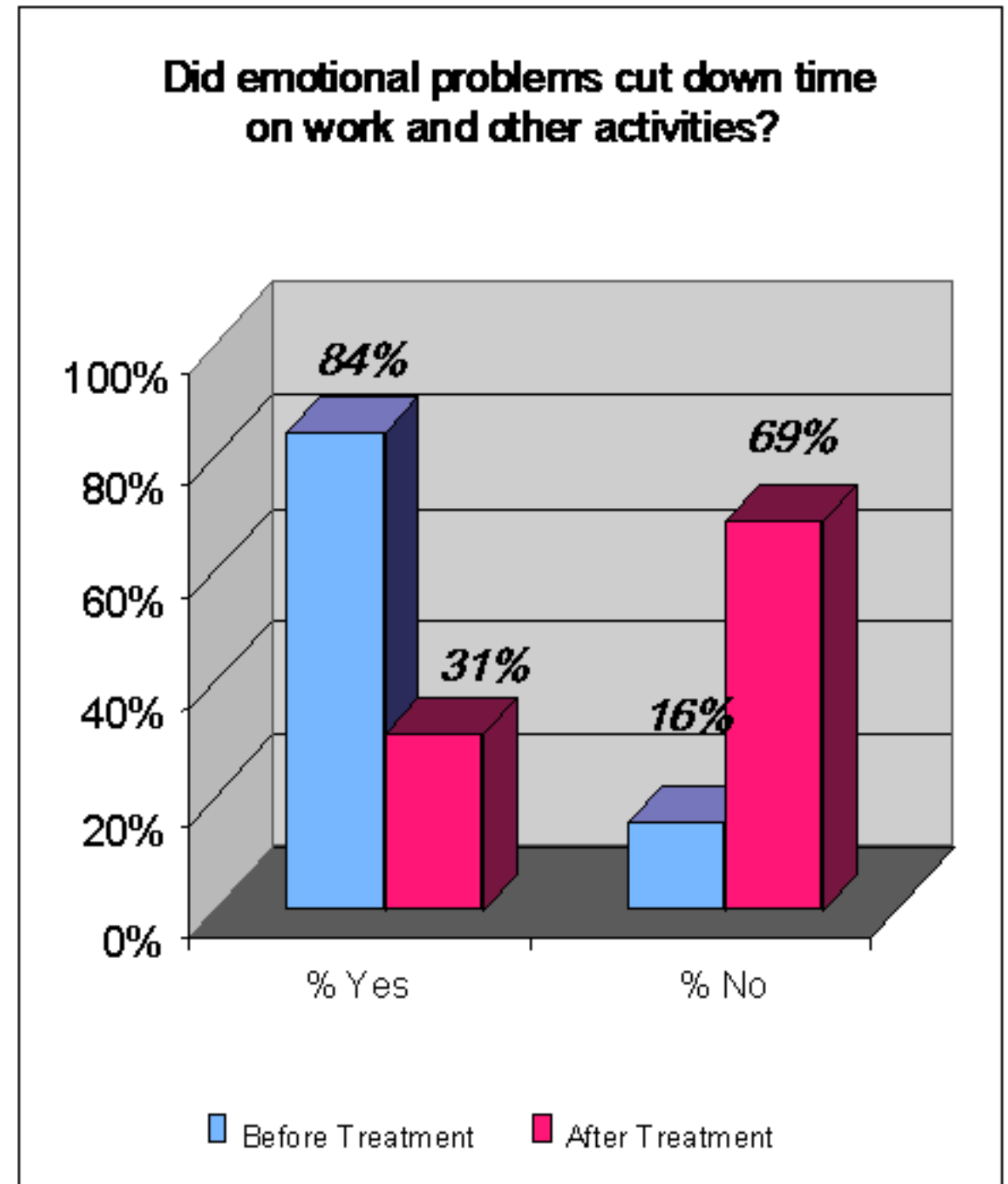
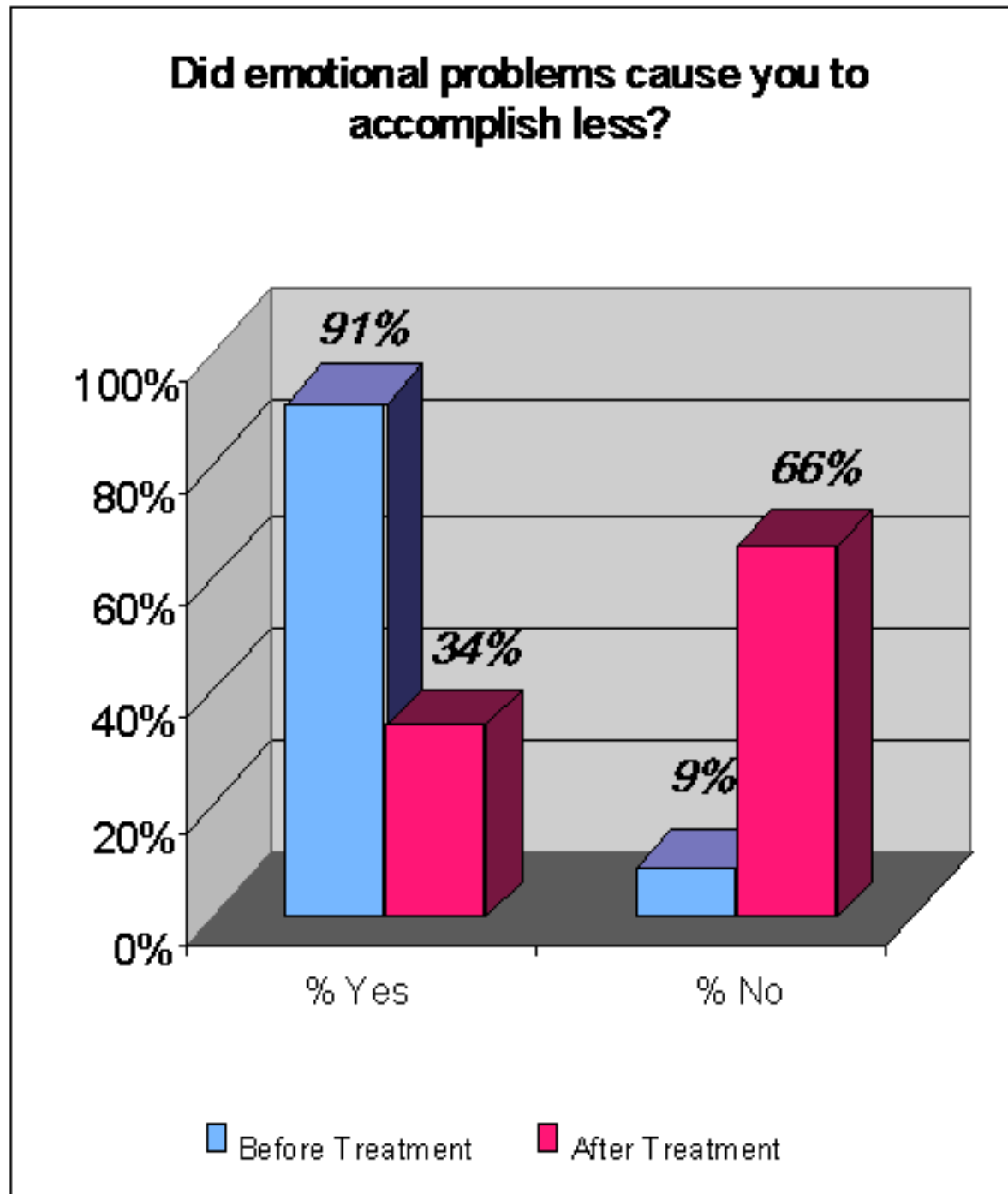
### METHODS:

- MBC developed the survey instrument and used a random sample method to determine study participants
- Instruments were distributed by National Computer Systems (NCS)
- The Quality Improvement Service Bureau (QISB) processed, analyzed and produced the findings report
  - total distribution = 201
  - completed/returned surveys = 37
  - cooperation rate = 18%
- Four dimensions investigated in repeated t-test analyses:
  - emotional problems and time spent on work and other activities
  - emotional problems and accomplishments
  - emotional problems and normal social activities
  - emotional problems and leisure activities
- Multiple regression analysis was performed on a one-item scale comparing current emotional well-being with emotional health a year ago.

### RESULTS:

- For each dimension, results indicated a significant improvement at the .01 level.
- Multiple regressions analyses indicated at the .01 level that the degree to which treatment helped patients feel better emotionally significantly predicted ratings of current health.
- Findings of the treatment outcome study suggest patients experienced significant improvement in emotional health over the past year and this improvement was influenced by their counseling treatment.

## EAP Treatment Outcome Measures



## Worksite Flu Vaccine

**GOAL:** Achieve a vaccination penetration rate of 36% or more to reduce incidence of flu for site populations.

### METHODS:

- Contracted with HMO provider to provide on-site flu shots at all locations.
- Offered flu shot at no charge for Tiers and at \$3 for contract workers, dependents and retirees.
- Survey perception of 1996 participants to determine communication/education needs.

Findings for non-participation stated:

- might get the flu
- don't believe in vaccines
- don't have time
- didn't know about service
- Improved 1997 communication campaign with messages targeted to survey perceptions.
- Increased support of management/supervisors with communication/education for cost-effectiveness.

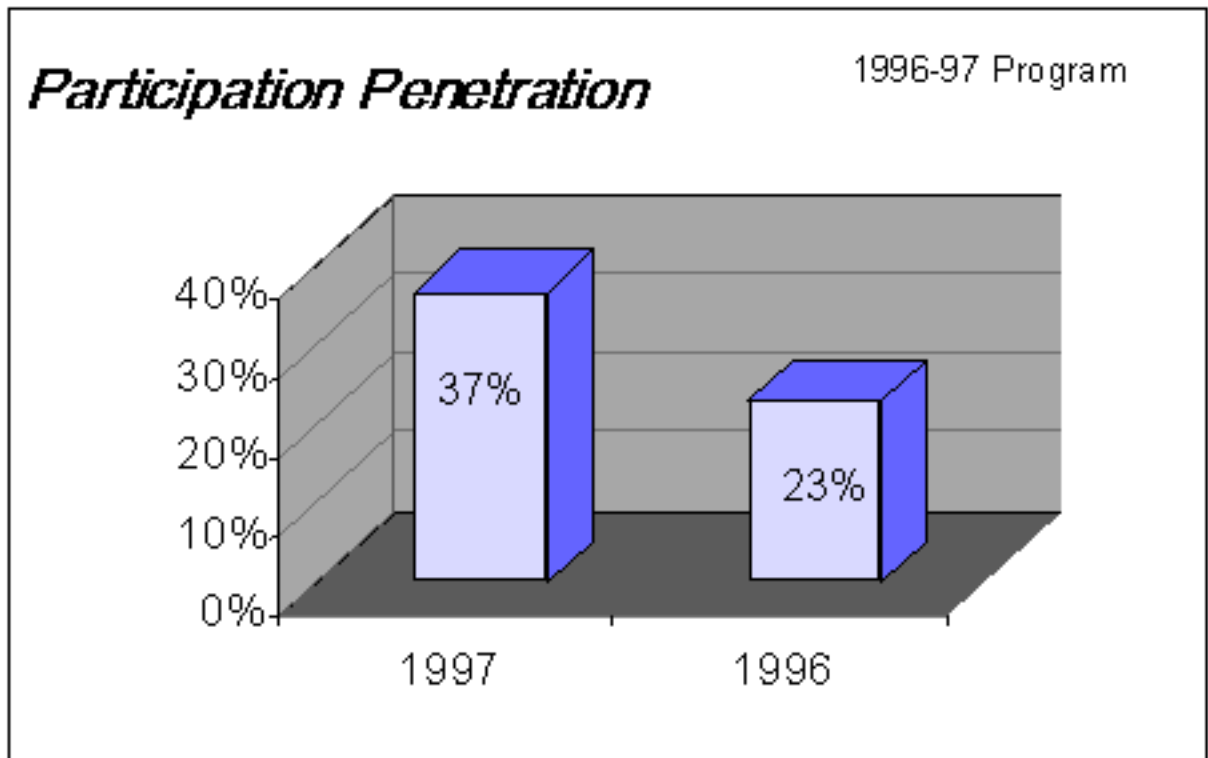
Published Research Results - Working Adults\*

- 43% fewer sick days
- 25% fewer episodes of upper respiratory illness
- \$47 savings/vaccinated person

\* *New England Journal of Medicine, 1995:33*

### RESULTS:

- Achieved threshold target for penetration of site populations.



Intervention Investment = \$21K  
Estimated Savings = \$327K