The Inspera Health Solution

FOR INDIVIDUALS WITH FIVE OR MORE LIFELONG CHRONIC CONDITIONS

inspera health

The Problem We Address

Addressing persistent high-cost claimants is a top priority, who traditionally have had few options for intervention. There is one subset that can be identified proactively, and you can change the course of their spend: those with five or more multiple chronic conditions (MCCs).

Over 3 years:

- 90% of this group are in the top 20% of claimants
- 50% are in the top 10% of claimants

- Average age is early 50's
- Average tenure is 15 years (most stay until Medicare eligible; this often means 10+ years of future liability)
- Over 10 years, each claimant will cost between $350k & $500k.
- 75% have unaddressed behavioral health issues and/or social needs (SDoH) which magnify the impact of their conditions.
- They have 160% higher utilization than other active disability claimants.
- Currently, data analytics and reporting are not readily available on those with five or more MCC's. It is difficult to identify and isolate this small, expensive population to be able to provide any actionable data. To that end, this group is virtually invisible, and you have limited ability to quantify their spend or address their risk over time.

Our Impact

HEALTH IMPROVEMENT

The claimant population we target and serve has no single key metric. We developed the MCC Health Impact Index® to measure our impact. This index integrates 10 separate measures at baseline, and then quarterly. The 10 measures are: closing care gaps, engagement, mental and physical health, blood pressure, blood sugar, sleep, pain level, physical activity, weight, and health activation. Using this index, our clients achieve a 30+% overall health improvement at graduation.

MEASURING COST REDUCTION

We compare claims paid in the 24 months prior to the program, to the average claims paid 24 months following program graduation.

Our clients achieve a 30+% overall reduction on claims paid. We are willing to provide guarantees of a 30% improvement in health and/or a 30% reduction in claims spend for program graduates.

Further, we offer a money back guarantee if we do not improve a program graduate's health.

HEALTHY EMPLOYEES. HEALTHY BUSINESS.

SINCE 1996

EMPLOYER-FOCUSED

ADDRESSING MENTAL HEALTH & SDoH

GUARANTEED OUTCOMES

TO LEARN MORE **Denise Giambalvo,** Vice President P. 312.372.9090 x106 | E. dgiambalvo@mbgh.org

WHO WE TARGET

CHRONIC CONDITIONS • MENTAL HEALTH • SOCIAL DETERMINANTS

MEMBERS WITH FIVE OR MORE OF ANY OF THE FOLLOWING

Medical Conditions			Mental Health		
Obesity	Asthma	COPD	Depression	ADHD	Hoarder
Hypertension	Metabolic Syndrome	Recurrent Migraines	Anxiety	Bipolar Disorder	Panic Disorder
Chronic Joint Pain	Fibromyalgia	Chronic Back Pain	PTSD	Adjustment Disorder	Dysthymic Disorder
Diabetes	IBS	Elevated Cholesterol			

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Social Determinants of Health (SDoH) /Social Needs
Economic Stability (food insecurity, housing stability)
Social & Community Context (isolation, civic participation, discrimination)
Health & Health Care (access to care, health literacy)
Neighborhood & Built Environment (access to food, quality of housing)
Education (education level, language, literacy)

It is critical to address mental health and social needs for sustained health improvement.

WHAT WE DO

Inspera Health uses a team of experienced professionals who are supported by technology. We identify participants where changes in behavior can produce sustained health improvement. Our Lifestyle Coaches develop and implement a unique Healthy Lifestyle Plan® for each participant. Critical to their success is addressing mental health concerns and social needs (SDOH). We focus on the whole person; their physical, mental, emotional, spiritual, and financial health. Each plan is unique to each participant and includes some combination of:

- **Mental Health Counseling**
- **Fitness Training**
- **Nutrition Counseling**
- **Condition Literacy**
- **Social Support Services Engagement**
- **Addressing Open Gaps in Care**
- **Stress and Pain Management Support**
- **Financial Literacy**

Each participant averages a face to face sixty-minute weekly session with one of three to five health improvement professionals. In addition, they engage in monthly live group education and support sessions.

Our support is provided for an average of 19 months to create health improvement sustainability and resiliency.

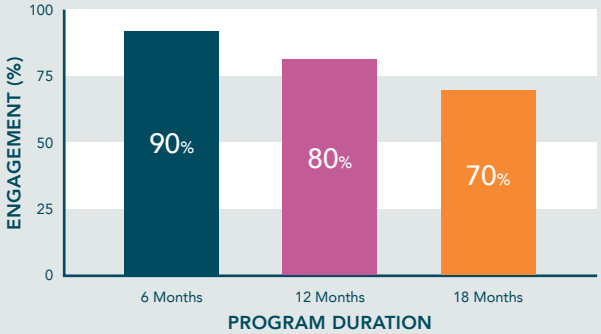
The supporting technology includes a mobile app, secure portal, enabled devices, education modules, health reference library, and texts. These tools serve as backdrop support for the work that is driven by human relationships.

WHO WE ENGAGE

We target a unique and expensive segment of high cost claimants, working with adults with five or more lifelong chronic conditions.

This group accounts for about 8% of the health plan adult population. Our program is not delivered in disease tracts, we work from the beginning with the whole person incorporating behavioral health as well as social needs (SDoH). Each member plan is uniquely personalized. As a result, our participation and retention rates with engaged individuals are very high.

Per program registration, we see about: 90% engagement at six months; 80% engagement at 12 months; and 70% engagement at 18 months. This allows us to track sustainable change over time.



MHPC
Midwest Health Purchasers Collaborative

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