9TH ANNUAL CONGRESS

Taking Onsite Centers to the Next Level:
Evolving into Patient Centered Medical Homes

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July 18-19, 2013
Intel: Leading Silicon Innovator

Vision
This decade we will create and extend computing technology to connect and enrich the lives of every person on earth.

• Approximately 100,000 employees worldwide
  – 300 facilities in 50 countries
  – $53.3 billion in revenues (2012)
• Sixth most powerful brand and eighth most recognized brand
• Fortune 100 best companies to work for
• 2012 U.S. health spend: ~$500M
• Enrollment: 48,000 employees, 80,000 dependents
• Major U.S. sites: AZ, CA, MA, NM, OR, TX
Onsite Health @ Intel

2006
Business Case Approved

2007/08
2 Pilot Clinics Open (AZ)

2010
Expand: 2 New Clinics Open (OR)

2012
New Healthcare Strategy

2013
Connected Care Expansion (OR, AZ, CA)

2014+
Onsite Center becomes PCMH
Background: 2006 to 2011

- Strategic focus on embedding wellness and embracing health consumer engagement
- Successfully used all common levers

But we expect cost to escalate, so what’s next?
Setting a New Bold Vision

We have the healthiest workforce on the planet
and
Healthcare is a strategic business
and people advantage for Intel

Strategic focus:

a. Our highest-need members get highest-touch care
b. Custom care delivery:
   • Integrate onsite clinics
   • Reward patient-centered primary care
   • Use evidence-based medicine
   • Apply efficiency (Health IT and LEAN)
c. Plan design supports using all engagement levers
d. Creates supportive healthy work environment
### Understanding for Innovation

#### Delivery System

**Local System Capability Explore**
- Patient-centered medical home
- Fully integrated with onsite centers, specialty and hospitals ("Medical Neighborhood")
- Personalization, care coordination and navigation
- Patient-focused Health IT
- Waste reduction (LEAN, Six Sigma)
- Transformational payment

#### Employee Experience

**Quantitative-Qualitative Member Study**
- Onsite workshops
- Broad-based survey
- In-home ethnographies
- Established health care consumer segments
- 4,600 employee/family participants representing all segments, U.S. geographies and job types
**Employee Experience Study: Top 10 Insights**

<table>
<thead>
<tr>
<th>Leading the Way</th>
<th>In it for Fun</th>
<th>Value Independence</th>
<th>Need a Plan</th>
<th>Not Right Now</th>
<th>Get thru day 2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>26%</td>
<td>16%</td>
<td>6%</td>
<td>34%</td>
<td>2%</td>
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1. More than half highly engaged but 1/3 say “not now”
2. Tension between work environment and wellness
3. Health is a priority but often action takes a backseat
4. Perception of health is higher than actual health
5. Quality, cost and choice are most important
6. Technology helps but does not replace in-person care
7. Chronics struggle with lifestyle barriers at higher rates
8. Site/segment responses highlight need for personalization
9. Lifestyle penalties might be OK but not me!
10. Doctor is #1 change motivator but few exercise
Delivery System: Top Highlights

• The system knows it must change

• But how...focus varies but most singularly focused on ACO or PCMH/chronic care integration models

• Struggling with transition from fee-for-service model, but open to new payment models that include measurement

• Significant cost reduction is achievable

• Varied approach to innovation: some significantly more creative than others, some still focused on traditional business model

• Delivery system is excited and eager to work directly with employers and see employers as the driver for true change

Healthcare Delivery is Very Local
Going Local and Connecting Care

New Mexico launched January 1, 2013

**Build Network**

11 PCMH + Neighborhood (Includes Onsite PCMH)

**Pay for Performance**

Aligned Incentives through Gain and Risk Sharing

**Measure**

Accountability:
- Cost
- Evidence-based Medicine
- Right Time, Right Setting
- Member Experience
- Return to Function
Connecting Care: Member Experience

100% Coverage Preventive Care

100% Coverage Preventive Medication
(Ex: Asthma, Hypertension, High Cholesterol, Diabetes)

Lower Access Cost & Plan Pricing

Minimal Barriers to Care
(Sparing use of Prior Authorizations)

Designed to Attract High-Need Member into the System
Results

• Effective collaboration
• Flawless implementation
• 60% enrollment in desired (Connected Care) plans
• Expected five-year ROI:

Total Cost Savings 2013 – 2017 = $20 – $24M
NPC savings $8 – $10M
Lessons Learned

- PCMH is a vague term that can have different meanings… Need to be clear with partners and employees
- Little actual PCMH experience in the market
- Use incentives throughout to reinforce model
- Don’t underestimate the time it takes
- Stay in possibility thinking mode
- And most importantly…

Focus on the patient
Never lose site that people are at the center
Next Steps: Expand and Fully Integrate

- **Care Manager** onsite to coordinate specialist care and oversee disease (diabetes) management
- **Behaviorist** onsite for emotional support
- **Pharmacist** onsite for Rx education & compliance
- **Trainer** onsite creates exercise plan
- **Dietitian** onsite creates meal plan (healthy cafés and take home healthy meals)
- **Nurse Navigator** monitors plan
- **Incentives tied to outcomes**

**EE**

- Overweight & Pre-Diabetic
- Lost and Confused

- Primary provider creates personal action plan
- On Track
- Confidence to Succeed

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