

# Population Health Management as an Integrated Solution

the better  
health partnership





SPEAKER

Peter Lozier

CEO Americas, Argus Group

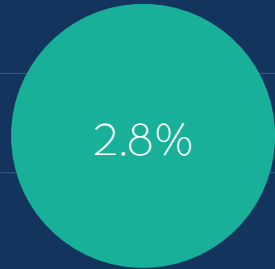
**Why** are we here

The traditional system of healthcare **isn't working.**

## CHALLENGE 1

The cost of Healthcare is growing faster than the Economy can keep up.

9 (%)

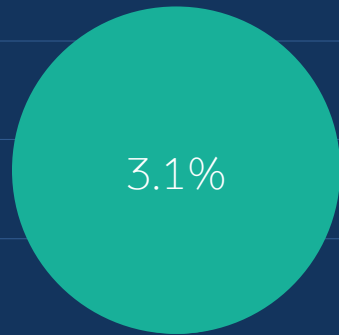


**GENERAL INFLATION**  
2019-2020

**HEALTHCARE INFLATION**  
2019-2020

0

9 (%)

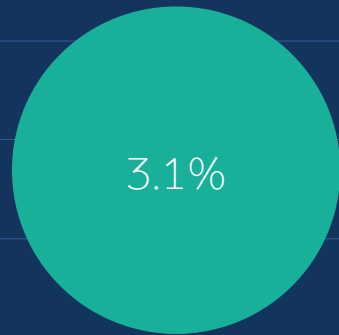


**GENERAL INFLATION**  
2019-2020

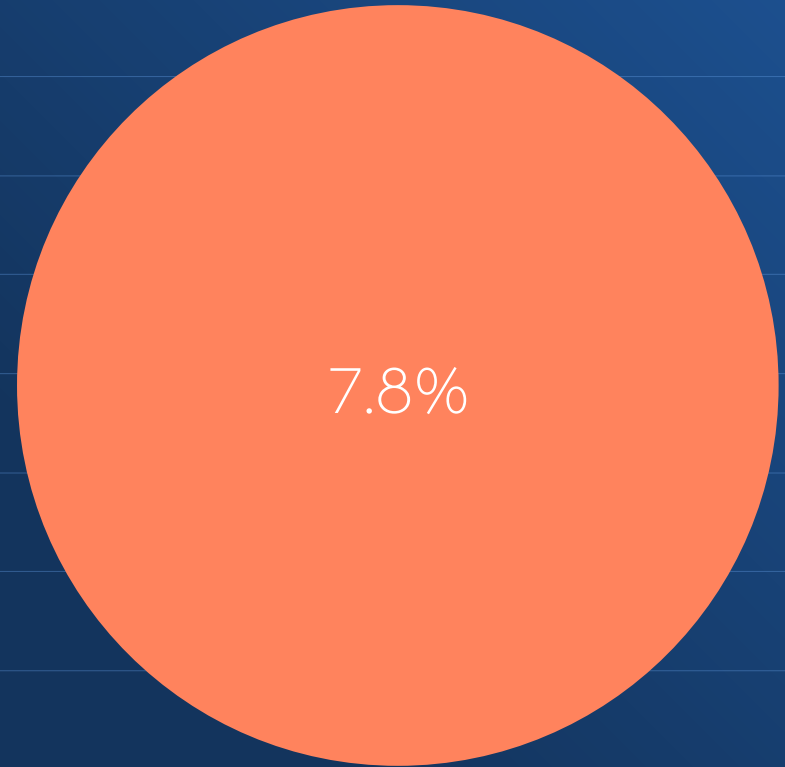
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**HEALTHCARE INFLATION**  
2019-2020

9 (%)



**GENERAL INFLATION**  
2019-2020

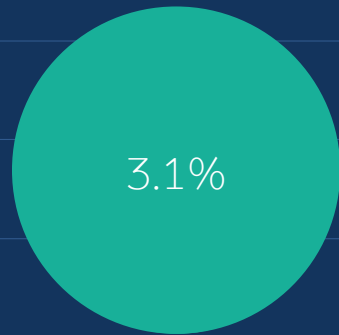


**HEALTHCARE INFLATION**  
2019-2020

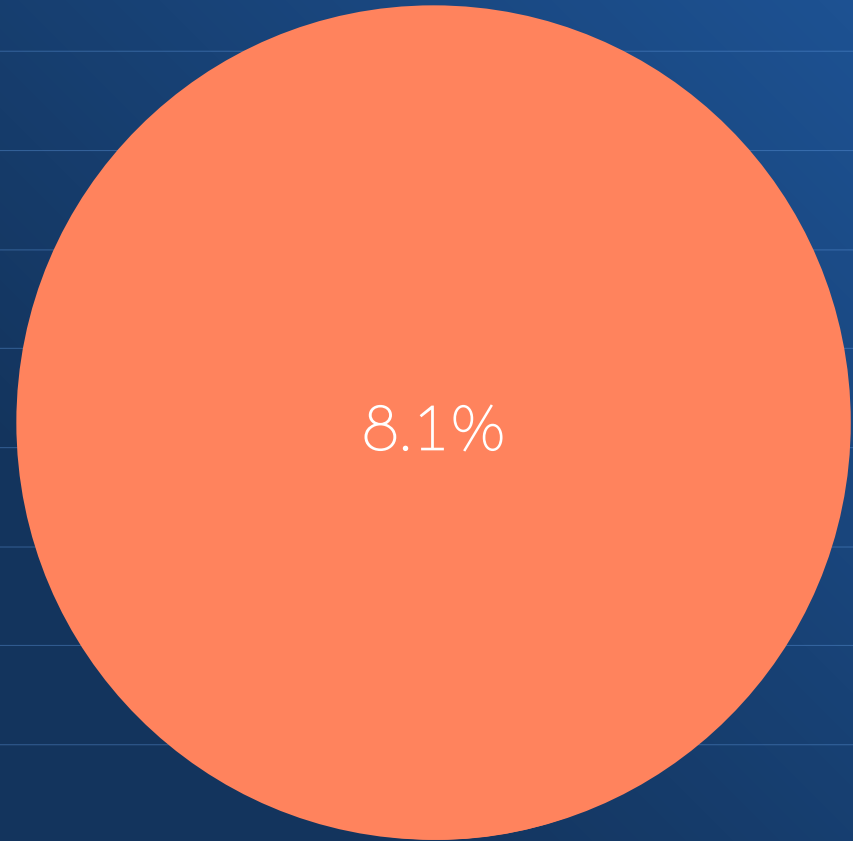
0



9 (%)



**GENERAL INFLATION**  
2019-2020



**HEALTHCARE INFLATION**  
2019-2020

0

# Health expenditure per capita

10,000  
(USD\$)

8000

6000

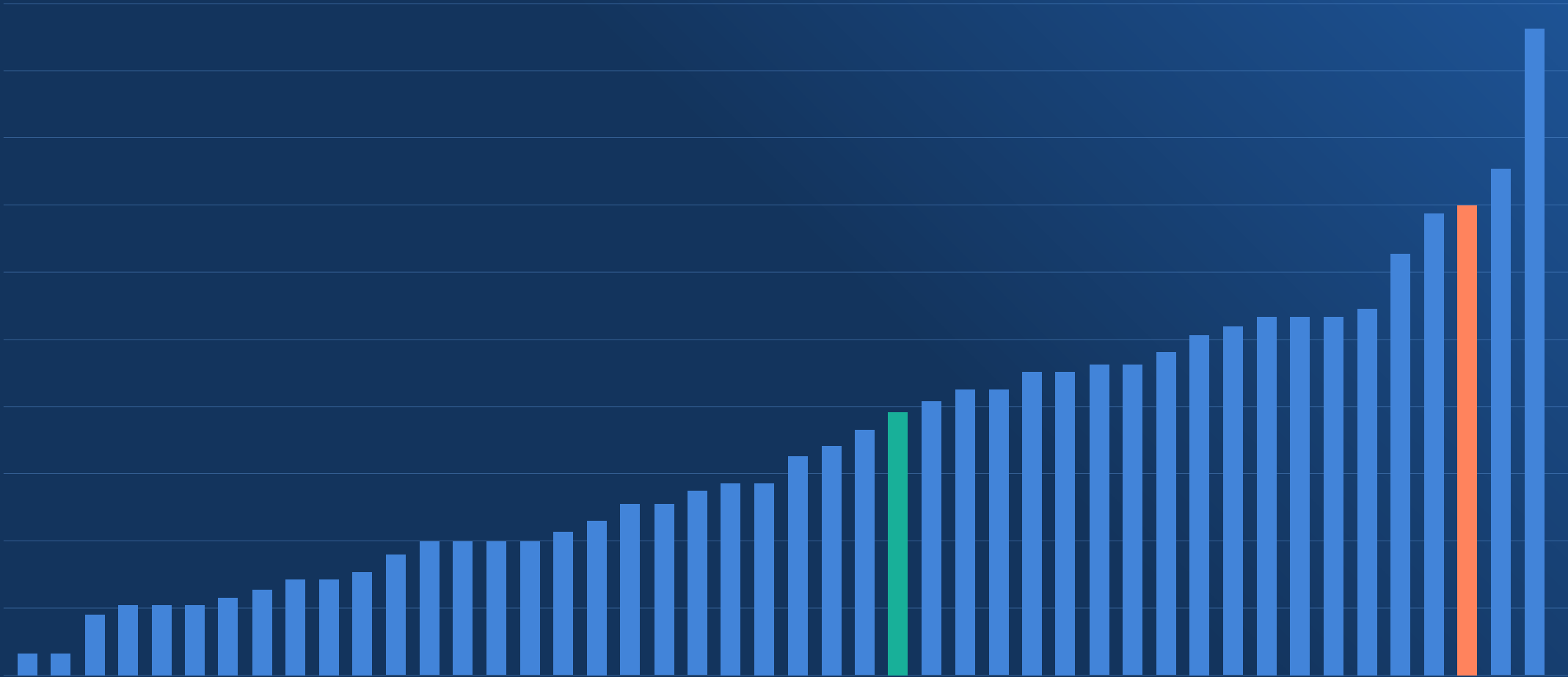
4000

2000

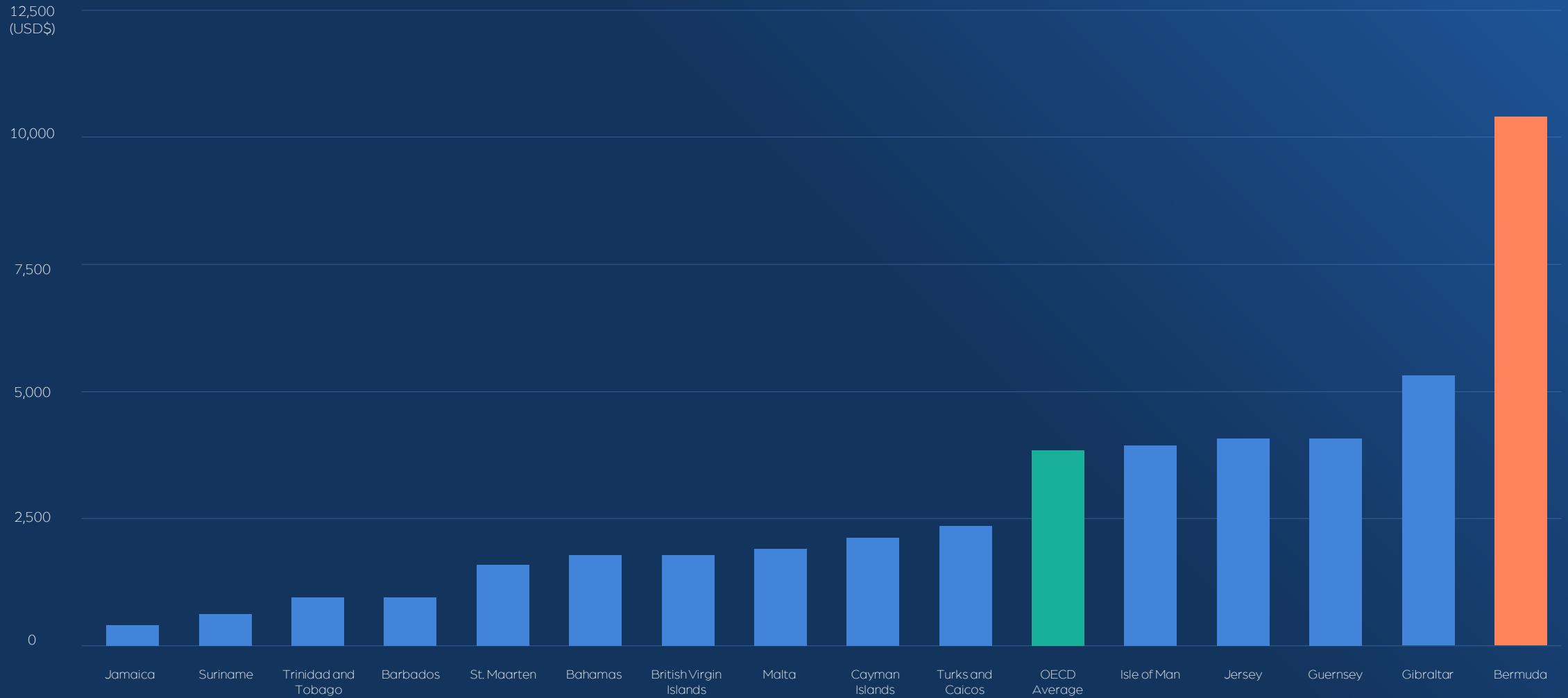
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OECD Average

Bermuda



# Health expenditure per capita for Island Nations

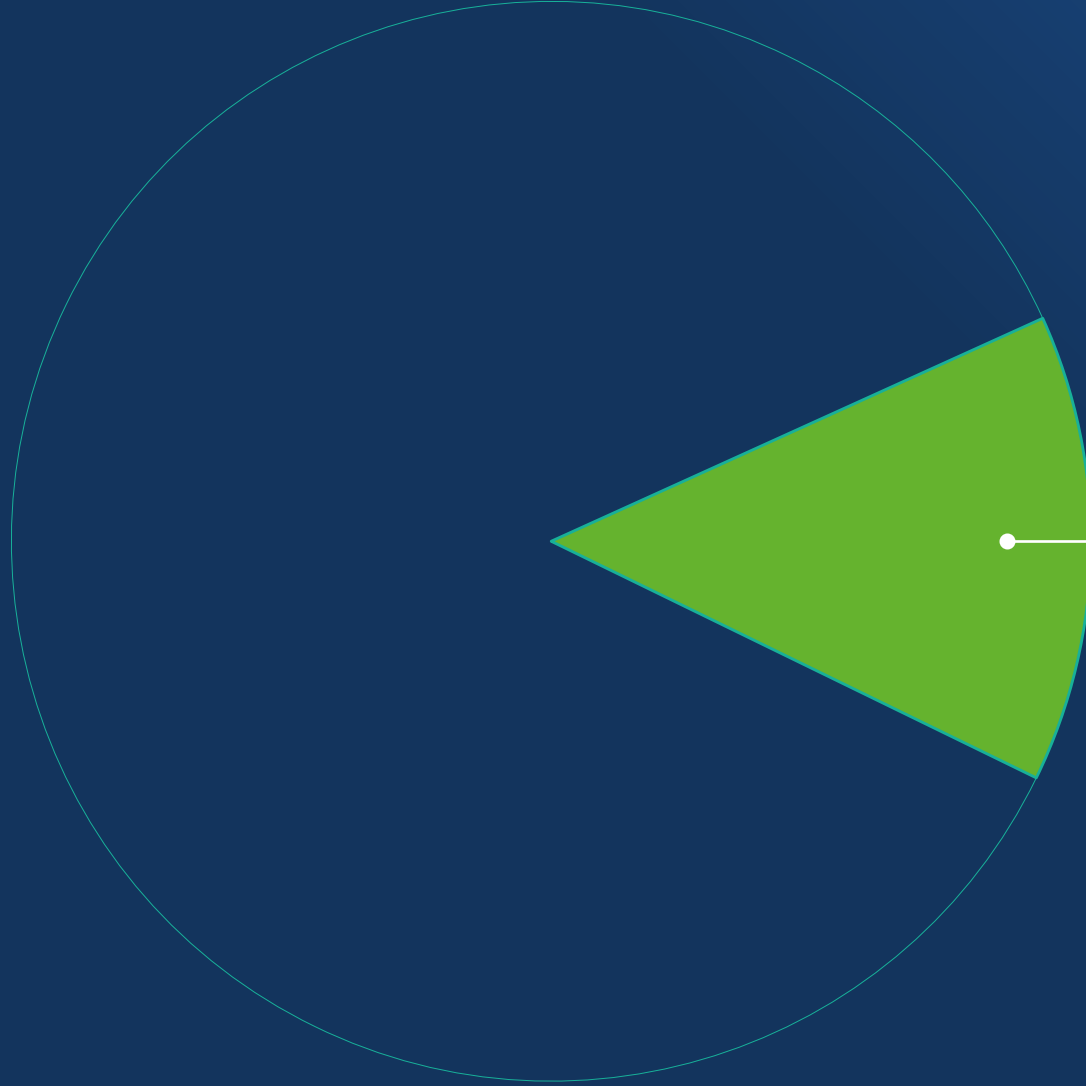


## CHALLENGE 2

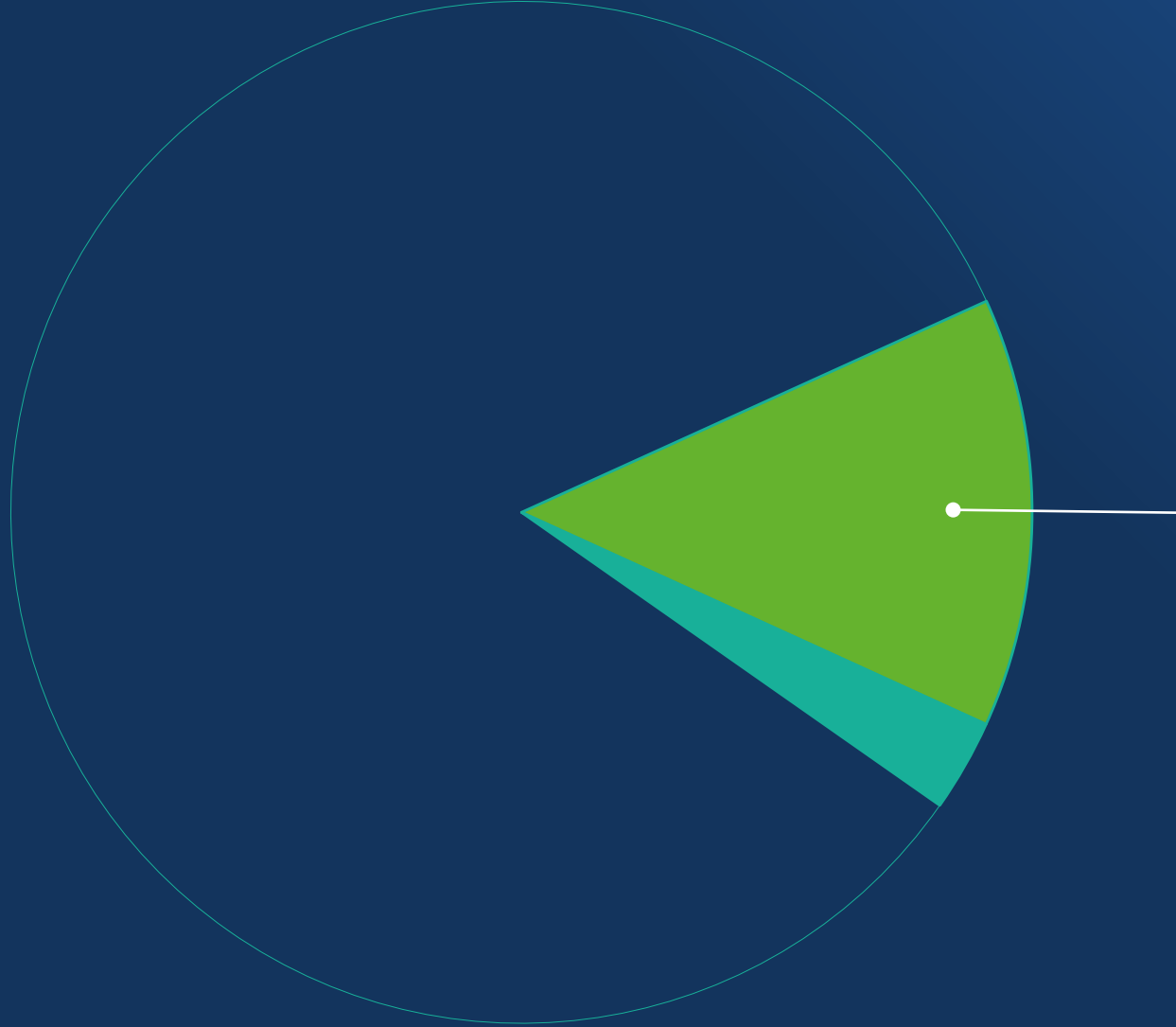
Chronic disease is an epidemic  
among Island Nations.

Est. **537M** people worldwide have diabetes

It is expected to rise to **578M** by **2030** if trends continue.



**14%** of population  
has diabetes in Bermuda  
(~12,000 people)



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has diabetes in Bermuda  
(~12,000 people)

Plus **2,500 people** have  
pre-diabetes\*

\*Est # of adults with diabetes in North America and the  
Caribbean, 2021 = 51M (Source: International Diabetes  
Federation)

### CHALLENGE 3

Chronic disease treatment is  
crushing healthcare funding.



**~\$130,000**

Avg lifetime cost of  
treating type 2 diabetes

×

**12,000**

Diabetic population  
of Bermuda

=

**\$1.56 Billion**

## THE MAIN PLAYERS



## THE MAIN PLAYERS



INSURANCE COMPANY



## THE MAIN PLAYERS



INSURANCE COMPANY



OVERSEAS CARE/NETWORK  
COORDINATORS



## THE MAIN PLAYERS



INSURANCE COMPANY



OVERSEAS CARE/NETWORK  
COORDINATORS



HEALTHCARE PROVIDERS

## BOTTOM LINE

None of these entities have aligned incentives to **solve the root of the problem** or cure disease.

There's got to be **a better way.**

And here is where we started on **our journey.**



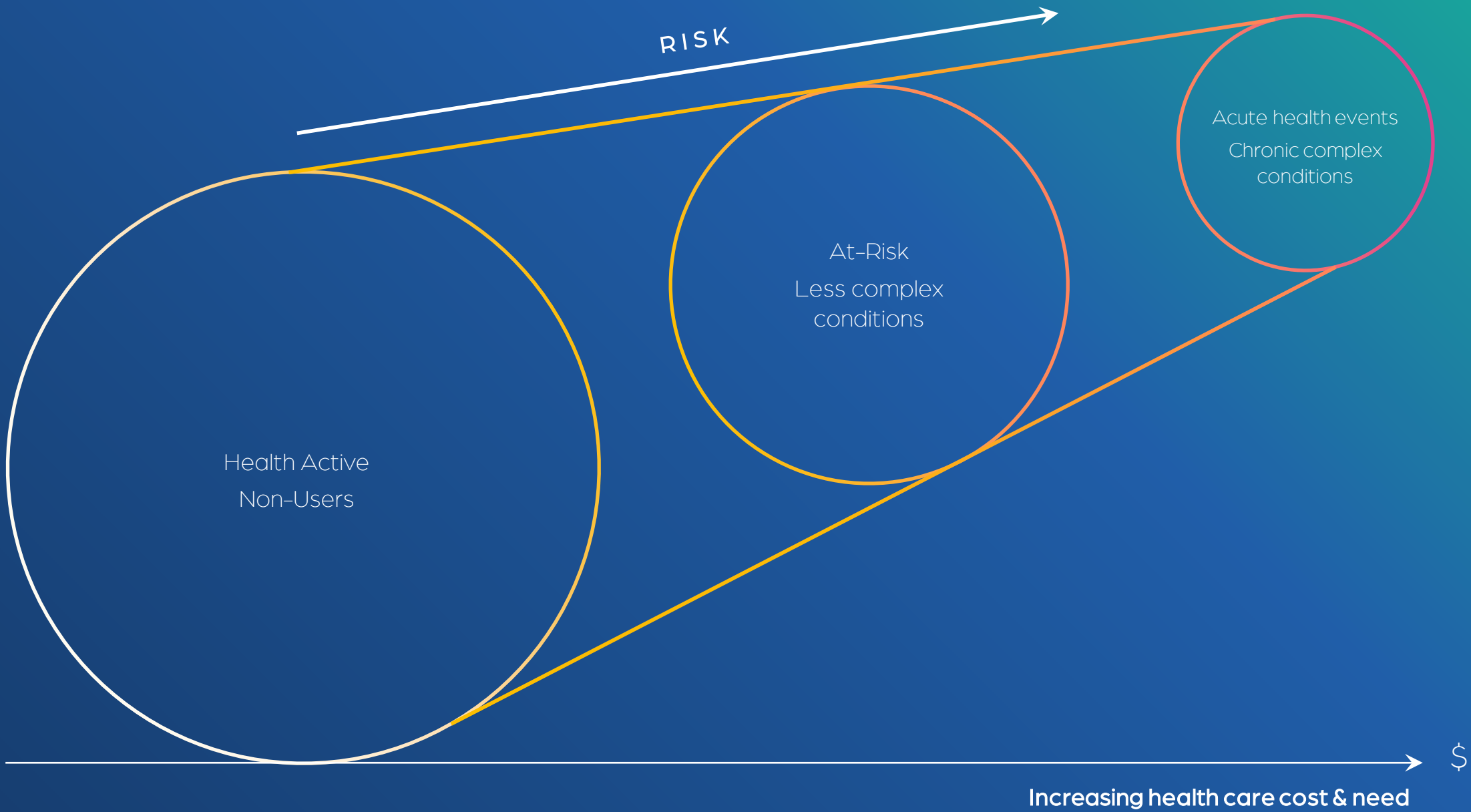
## THE MAIN PLAYERS

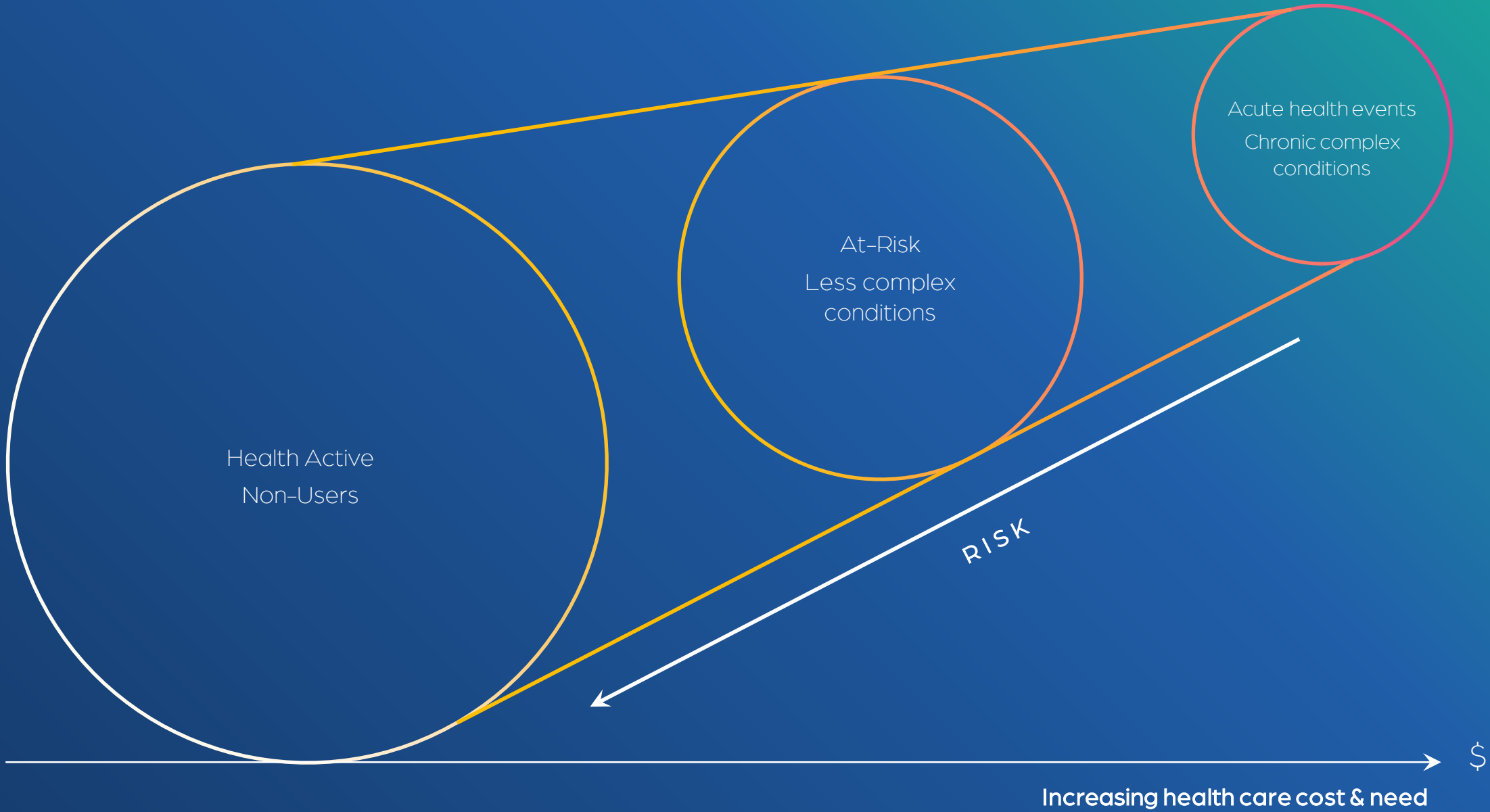


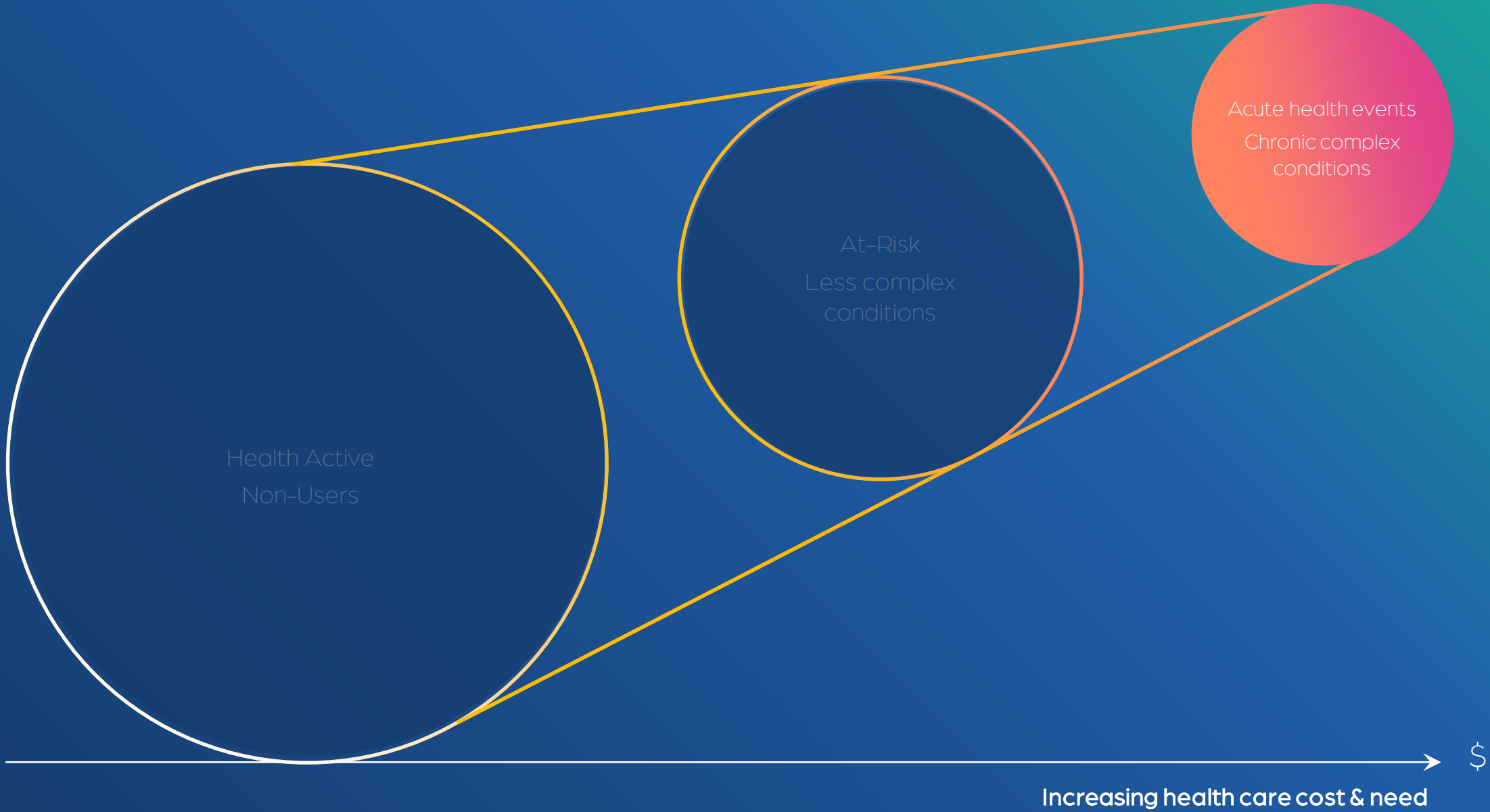


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COMPANY









# Local Case Management



## Chronic Disease Management

# \$1.50

Return for every Dollar invested\*

\*RAND Corporation Workplace Wellness Study. Ratio of Programme costs to health care costs for workplace disease and lifestyle management programmes.

1

### Know Your Population

Through a combination of needs assessment results, claims data and predictive modelling, we can determine the health status of your

2

### Engage Employees

Each employee's needs are unique – that's why we create customized plans according to their required level of care and direct them

3

### Engage Outcomes

To evaluate impact, we will monitor and report on your employees' engagement and health outcomes, enabling us to capitalize on successes



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OVERSEAS  
CARE/NETWORK  
COORDINATORS





**ONE TEAM HEALTH**



# More than a TPA

A 360 approach to care management



Incented to reduce claims costs and improve health outcome **not to increase savings**

Incented to **repatriate clinical services back to home country** not do more treatment overseas

Incented to manage risk and **population health** not just to discount sick care

**Sharing** and Interpreting Data

Look **beyond USA** for Healthcare

Incent them to stop **unnecessary services** from being had in the first place



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PARTY  
ADMINISTRATOR





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PARTY  
ADMINISTRATOR



HEALTHCARE  
PROVIDERS

**A step-approach linking incentives to fee for service**

**CATEGORY 1**  
Fee-for-Service  
No Link to Quality & Value

**CATEGORY 2**  
Fee-for-Service  
No Link to Quality & Value

**CATEGORY 3**  
Alternative Payment Models  
Built on Fee for Service Architecture

**CATEGORY 4**  
Population Based Models

Payments based on volume

% of payments based on quality and value measures (in addition to fee for service)

% of payments based on episode of care or mgmt of specific patient population, opportunities for shared savings/two-sided risk (in addition to fee-for-service)

Payments based on continual care mgmt f or specific patient population, two-sided risk sharing for extended period of time >=1 year

# Value Based Care





# Diabetes Rewind Program



- ✓ 57 year old female employed full-time in the hospitality industry
- ✓ Past medical history: Type 2 Diabetes with Diabetic Eye Disease, obesity
- ✓ Medications: Two types of insulin
- ✓ Diet: Regular with added sugar
- ✓ Behavior: No regular blood glucose testing
- ✓ Member states fears regarding vision, 'heard about the Thrive program at work'

# Diabetes Rewind Program



## CARE COORDINATION ACTIVITIES

- Change Readiness Level 1 = overwhelmed, low adherence
- Referrals
  - GP for medication review and HbA1C measurement
  - Bermuda Diabetes Association for education/pharmacy for supplies (reduced co-pay)
  - Ophthalmology
- Ongoing coaching for change readiness

## OUTCOMES

- Level 3 (maximum, 4) taking action, building self management skills
- Meal planning and glucose testing daily
- HbA1C down to 6.6% from 11% (Goal: 5.5%)



Dr. A. Jamieson M.D. PhD. FRCPG  
Endocrinologist



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Create the **Health Ecosystem**  
with the **patient at the centre.**





the better  
health partnership





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A photograph of a man and a woman embracing on a rooftop at sunset. The man is on the left, wearing glasses and a light-colored shirt, smiling broadly. The woman is on the right, wearing a light-colored top, also smiling and leaning her head against his. The background shows a cityscape under a warm, golden sky. The image is overlaid with a semi-transparent dark filter.

OUR VISION

**Getting Better Together**

This is just the beginning,  
we are committed to long  
term positive change

Success can only be achieved  
by working together in open  
partnership

## Getting Better Together

Demonstrable  
improvements to efficiency,  
effectiveness and outcomes



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# Thank you.



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