



Editor's Note

Off The Wire is a reprint of articles for Human Resources professionals and business owners. It is published monthly and we always try to address the needs and concerns of the business community with a focus on benefits and HR-related topics.

We are interested in your feedback and welcome any comments! If there are any topics that interest you, feel free to contact us at (206) 414-4635. We will gladly do the research for you!

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Insurers, Employers Address Chronic Disease Management

By Associated Press on Modern Healthcare



Vanessa Akinniyi was stuck in denial about diabetes until a care manager from her health insurer coaxed her out.

The Jacksonville, Florida, resident didn't want to start insulin. All the medicines she tried made her sick.

But Florida Blue care manager Miriam Bercier chipped away with the phone check-ins. The nurse fed Akinniyi information about her condition and talked about potential problems she could run into, like vision loss.

"She cared, and I felt that," Akinniyi said. "That made me start caring more."

Insurers and employers are taking a renewed interest in programs like these that help people deal with chronic—and potentially expensive—health problems.

They are identifying patients with diabetes or high blood pressure and connecting them with care managers who can answer questions about medicine or help them change their diets.

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Some plans also are waiving or reducing fees for doctor visits, eye and foot exams, and supplies like insulin pumps. They aim to encourage people to get regular care so they don't need an expensive hospital stay when their untreated condition grows worse.

"Everybody wins if the patient is healthier," said Dr. Sameer Amin, chief medical officer for the health insurer Oscar, which is selling a new plan specifically for people with diabetes in individual insurance markets this year.

Programs that attempt to help people with chronic health problems can vary widely and have been around for years. They're gaining traction again in individual and employer-sponsored coverage as bill-payers focus more on helping patients get regular care instead of hiking costs like deductibles, which can keep people out of the healthcare system entirely.

Experts say these programs can cut healthcare costs and keep patients happy. But they require frequent education. And some think doctor's offices—not insurers—should be running them.

"It's about relationships...people don't trust health plans or particularly want a call from their insurer," said Elizabeth Mitchell, CEO of the Purchaser Business Group on Health, a non-profit coalition that works with large employers.

Akinniyi had no problems trusting Florida Blue. The 61-year-old started talking to Bercier about a year ago, after Akinniyi's diagnosis prompted the insurer's care management team to reach out.

The care manager helped her figure out how to exercise more, track what she eats and change her diet to cut sugars and starches. Akinniyi also started taking medication regularly.

"I just feel different now," she said. "I have energy. I look at myself different because I came out of the dark days of denial about diabetes."

Florida Blue started its diabetes program in 2014 and offers it to customers enrolled in individual insurance coverage.

In its diabetes coverage, Oscar assigns care managers to help patients navigate the healthcare system. It also waives patient out-of-pocket costs for eye and foot exams and for primary care doctor visits, and caps insulin costs at \$100 a month.

Amin said they think this approach can improve health even in advanced cases just by making regular care easier to get.

“Even if somebody has had an amputation or they’ve had a heart attack or a stroke... you get them on the right set of medications, you get them engaged with their primary care doctor, you can actually turn it around,” he said.

Another insurer, Cigna, is offering an individual insurance plan geared specifically for diabetics for 2022. It also is debuting a plan aimed at customers with certain breathing disorders, waiving patient deductibles on supplies like oxygen tanks.

“There’s a lot of people who don’t manage their conditions and a lot of times it comes down to affordability,” said Cigna executive Lisa Lough. “If you can’t afford your prescription, maybe you’re not motivated to go in and see your doctor.”

Outside the individual insurance market, more insurers have started offering care management help for people with coverage through an employer. Humana, for instance, is working with Virta Health to offer a program that uses nutritional therapy and remote medical care to try to reverse Type 2 diabetes.



Benefits experts expect these programs to become more common and grow more comprehensive by addressing other conditions. People often have more than one chronic condition and need help dealing with anxiety or depression too, noted Steven Noeldner, an executive with the benefits consultant Mercer.

Employers aren’t interested solely to cut costs. The programs can help attract and keep workers, Noeldner noted.

They also put employers at ease, said Paul Frontstin, an economist with the Employees Benefits Research Institute.

Oscar began selling its diabetes-specific plan on individual markets in several states for 2022 and may consider adding plans for other chronic health problems.

“The fear is that your diabetics don’t take insulin, they have a complication and wind up in the emergency room,” Fronstin said. “Not only are your costs higher, your employees are out of work.”



The city of Asheville, North Carolina, was at the forefront of this push more than 20 years ago when it started a diabetes care management program. It put specially trained pharmacists in charge of helping city employees.

They met with their patients once a month to go over medications, monitor blood pressure and answer questions, said Barry Bunting, a pharmacist who directed the project for several years.

The city also reduced some expenses to make it easier for employees to get care. The “low tech, high touch” approach worked, Bunting said. Research into the program found that for every dollar Asheville spent, the city got \$4 back from the lower healthcare costs.

The program has since been replicated in other cities. A big reason it succeeded, Bunting said, was the regular connection between the patient and pharmacist.

“Accountability is really the key,” he said, “knowing that somebody is going to be asking you, ‘How are you doing?’”

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