

# Top Opps to protect your bottom line

## Our formula to keeping health care costs down

With chronic disease affecting 50% of the population and chronic disease treatment consuming 85% of health care costs<sup>1</sup>, there's a clear need to get and keep your employees healthy as possible. But how?

**As your health partner, we can help.**

Our approach is as focused and data driven as it is unique to the industry, addressing the most expensive areas of health care or, what we like to call top opportunities—the Top Opps—for savings:

**ER visits, admissions/readmissions and prescription drugs.**

Average cost of ER visit is **\$2,000**.<sup>2,4</sup>

**30% of ER visits** among patients with chronic conditions are potentially unnecessary.<sup>3</sup>

The average cost of a re-admission is **\$14,000**, but can exceed **\$100,000**.<sup>2,4</sup>

**\$2k**

**30%**

**\$14k**

The **3 Top Opps** we address to help your bottom line



# 1 – Precision care management

We use precise targeting to help prevent ER visits and inpatient stays, with in-house clinical specialists focusing on the right members at the right times—this team includes diverse specialists such as diabetes educators, social workers, RNs, doctors and others licensed to help members manage up to four or more chronic conditions.

**60%** of targeted members engage with our care managers, exceeding national benchmarks.



# 2 – Transitions of care for readmission avoidance

The first 0-30 days after an inpatient stay are crucial to recovery, so we deploy multiple targeted outreaches to those discharged from their hospital stay. This generally happens within the first 24 to 48 hours of a member's return home and it focuses on things like medication adherence, follow up appointments, and in some cases coordination of care—all of which reduce costly readmissions.

Completion of this program results in up to **89% readmission avoidance.**



# 3 – Lowest-net-cost formulary management

The basis of a cost-effective, successful formulary is the formulary. Ours works because it includes the most clinically- AND cost-effective therapies on the market. And it's made by a diverse group of clinical experts including doctors, specialists and pharmacists. While many companies fixate on rebates, we focus on facts—making the formulary harder working, and worth every penny.

Our formulary outperforms national benchmarks by **30%.**<sup>5</sup>



continued >

# We continue to make results a priority.



**Priority Health is the top performing Michigan health plan for admission and readmission rates.<sup>6</sup>**

Meaning real dollars back in your pocket.



**Our pharmacy cost trend is also the lowest in the state by 12%.**

We even delivered a 2.9% PMPM decrease from 2019 – 2020.<sup>5</sup>

## Learn more.

Want to learn more about our Top Opps and how they can promote your bottom line? Contact your licensed agent or a Priority Health representative.

## Already a customer?

Thank you for being our partner in health. And let your account manager know if you're interested in learning more.

## Go online for more employer resources.

Read and download valuable content at [priorityhealth.com/employer](https://priorityhealth.com/employer).

<sup>1</sup>Centers for Disease Control and Prevention . Chronic Disease Prevention and Health Promotion, Chronic Disease Overview, 2017. URL: <https://www.cdc.gov/chronicdisease/overview/>.

<sup>2</sup>2020 Priority Health claims data

<sup>3</sup>Premier Inc., (2019)

<sup>4</sup>Average cost is based off allowed amount.

<sup>5</sup>Source: 2020 ESI Drug Trend Benchmark Report, based off Priority Health ASO 2020 PMPM performance

<sup>6</sup>Priority Health HMO/POS reported rate for plan all-cause readmissions observed vs. expected = .33 and PPO = .32, ranking in the 90th percentile nationally and best among Michigan health plans. HMO/POS reported rate for acute hospital utilization observed vs. expected = .74 and PPO = .70, ranking in the 95th percentile and best among Michigan health plans. The source for data is Quality Compass<sup>®</sup> 2020 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).