



JOHNS HOPKINS
M E D I C I N E

HEALTHCARE
SOLUTIONS



POPULATION
HEALTH ANALYTICS



EMPLOYER PROGRAMS



CONSULTING &
COLLABORATIONS



SOLUTIONS

Chester Bullard, CEO, Stratovize
Mark Cochran, Exec. Dir, JHHC-S



For the first time ever, we have **4 generations** of employees in the workforce:

Silent Generation,
Baby Boomers,
Generation X,
Millennials

Each has various needs and wants, so we have to meet them where they are through various strategies

Large Employer Solutions

by Johns Hopkins Medicine

DECIDE Evidence-based Outcomes

- Lower A1C levels
- Lower blood pressure
- Lower cholesterol
- Increased knowledge and skills
- Better self-management behaviors



- **Cancer** claims make up 25%+ of all catastrophic claims triggering stop-loss insurance: Sun Life Financial 2015
- \$1 in \$5 healthcare dollars are spent on **Diabetes**: ADA 2017
- **Mental illness** conditions cause more days of work loss and work impairment than any other chronic health conditions, including arthritis, asthma, back pain, diabetes, hypertension and heart disease: Telligen 2017
- Employees with high overall “**well-being**” - 62% lower costs compared with employees who are suffering: Gallup State of American Workplace 2012

A SAMPLE OF WORKPLACE SOLUTIONS

INNOVATIVE PROGRAMS

The Staggering Costs of Diabetes

GROWING EPIDEMIC

Diabetes affects
29 million
children and adults
in the U.S.



That's
1 in 11
Americans.



86 million Americans
have prediabetes and are at risk
for developing type 2 diabetes.

90% of them don't know
they have it.



Every **23 seconds**
someone in the
U.S. is diagnosed
with diabetes.

HUMAN COSTS

African Americans and
Hispanics are almost
2x
as likely to have diabetes
as non-Hispanic whites.

People with diabetes are at higher risk of serious health complications:



STROKE



BLINDNESS



KIDNEY
DISEASE



HEART
DISEASE



LOSS OF
TOES, FEET,
OR LEGS

ECONOMIC COSTS



The total cost of diabetes
and prediabetes in the U.S. is
\$322 billion.



The average price of
insulin increased nearly **3x**
between 2002 and 2013.



People with diabetes have
health care costs
2.3x greater
than those
without diabetes.

Why
Diabetes?

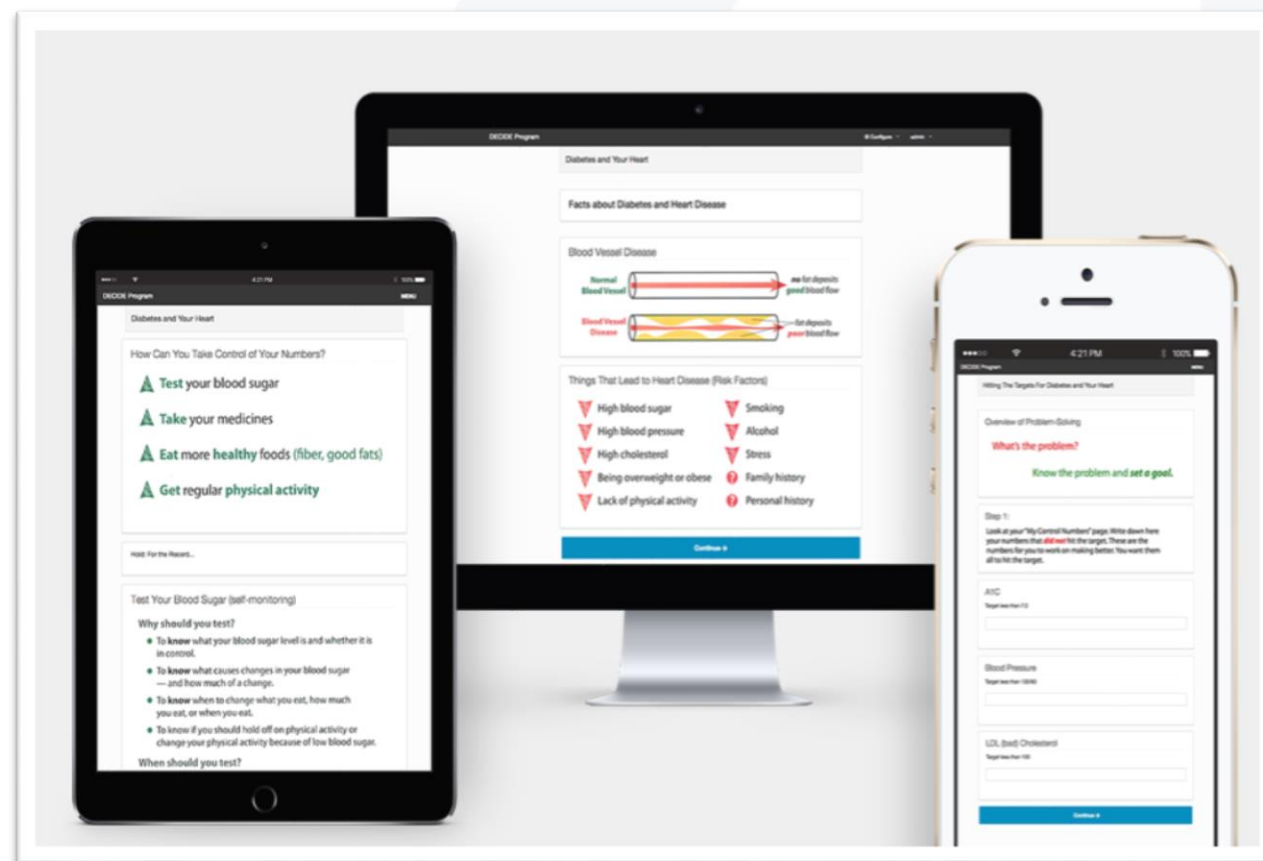
DECIDE

A Diabetes Behavioral Change Program, with proven drug-like effects.

Patients can navigate the entire program online from their smart phones, tablets, and/or computers and are notified via text or email when there is a new activity to complete. They can complete the self-paced lessons when it's convenient for them.

A novel approach to treating an ever-growing disease.

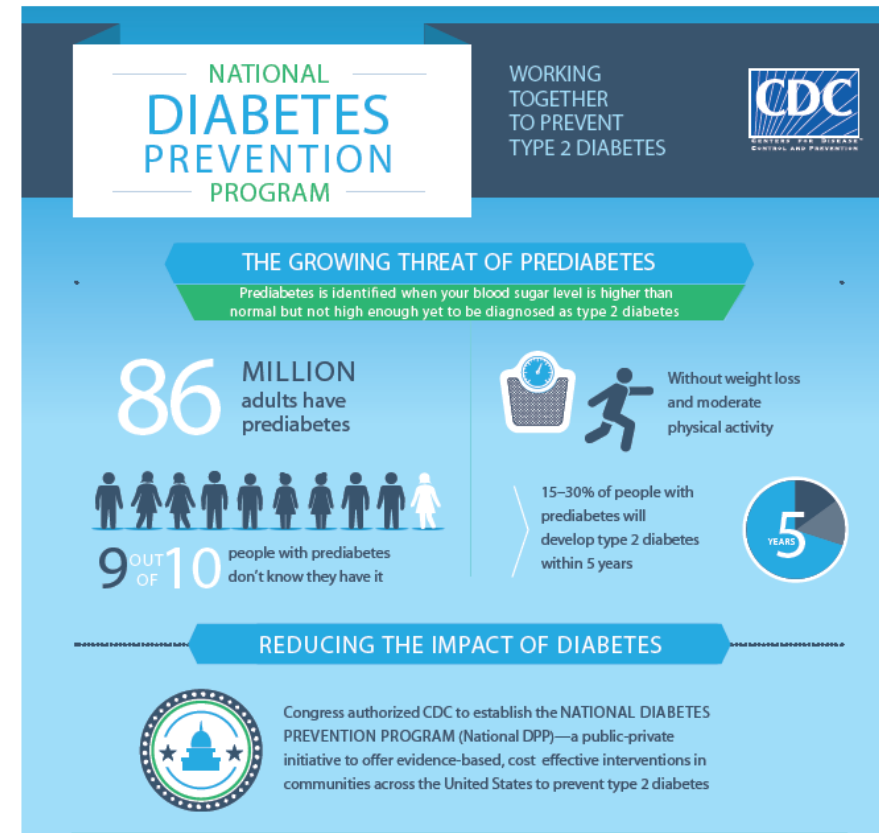
YOU DECIDE!



ACT 2: DIABETES PREVENTION PROGRAM

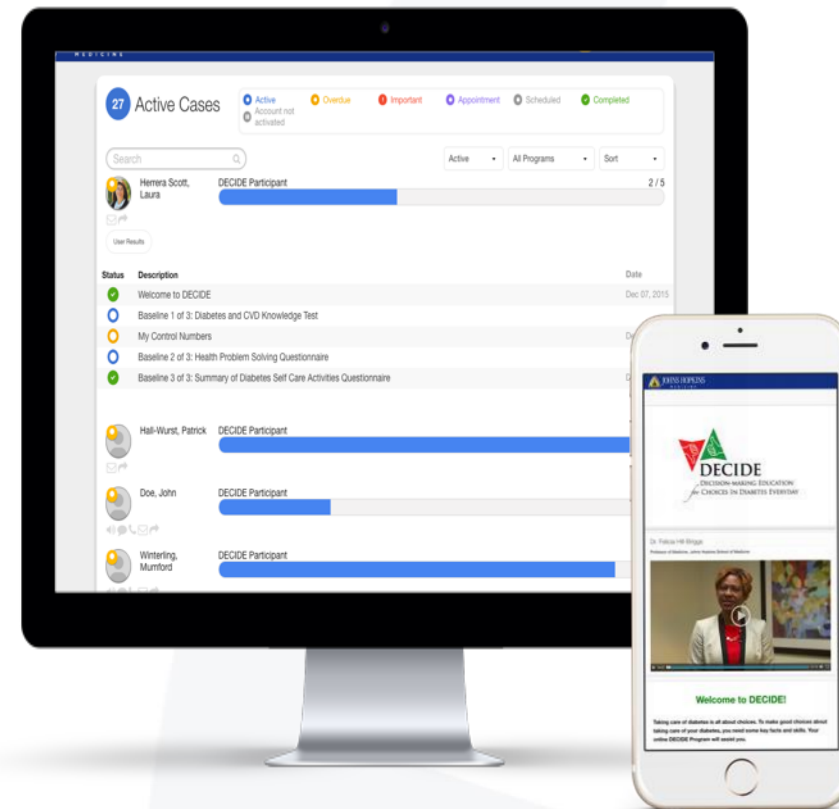
National Diabetes Prevention Program—or **National DPP**—is a partnership of public and private organizations working to **reduce the growing problem** of pre-diabetes and type 2 diabetes.

The partners work to make it easier for people with pre-diabetes to participate in evidence-based, affordable, and high-quality lifestyle change programs to **reduce their risk** of type 2 diabetes and **improve their overall health**.



ONSITE CLINIC ENGAGEMENT PLATFORM

Connected Clinic



BEHAVIORAL HEALTH OUTCOMES



.... Because treating only the physical illness is like putting a bandaid on a broken bone

CONFIDENTIAL/COPY

BEHAVIORAL HEALTH SCREENING RESULTS		PLACE LABEL HERE - Do NOT handwrite info	
Form Version: Primary Care 12 to 24			
Screening Date: 05/05/2015	Patient LASTNAME	Demo FIRSTNAME	
Screening Location: Main Office	5432111	04-08-1960	
Screened By: Baroud, Thor	MR ID Number	DOB	
Staff Email: allen@mdioigin.com		Medicaid	
		INSURANCE TYPE	

INSTRUCTIONS
 Review report before meeting with the patient. Review results with patient and follow standard care procedures, including referral, if necessary. Place results report in medical chart.

INSTRUCTIONS/FEEDBACK	Response
Are you currently seeing a doctor, counselor, or therapist for a problem with how you have been feeling, thinking or behaving?	No
If you have come here today with a parent, guardian, or other adult, is it ok for them to be in the room when we go over your answers with you?	Yes

CRITICAL ITEMS	Response
During the past year, how often have you seen things or heard sounds or voices that other people could not see or hear?	Sometimes

SCALES (All scales are 0 - 4, 0 = no risk and 4 = highest risk)	Score	* Clinical Significance
Depression	2.40	Severe Depression
Anxiety	2.50	Significant Anxiety
Suicide Ideation - Lifetime	1.33	History of Suicide, but not current
Suicide Ideation - Current	0.00	At Risk for PTSD
Traumatic Distress	1.00	Not Significant
Eating disorder	0.50	At Risk for Substance Abuse problem
Substance Abuse	2.00	

RISK BEHAVIORS	Response
Are you concerned about someone in your family because they use alcohol, tobacco, marijuana, or other drugs regularly?	Yes
During the past year, how often have you been in a car when you or the driver had been using alcohol, marijuana (i.e., weed, pot or blunts) or other drugs?	Sometimes
In the past thirty days, how many days have you used tobacco?	30
In the past thirty days, how many days have you used alcohol?	8
When you have sex, how often are you using a condom?	Sometimes
During the past year, have you had a physical fight with someone who is not your parent or guardian?	Yes
Is there a gun in your home?	Yes

STRENGTHS	Response
Why are you not currently attending school?	Graduated
Do you currently have a job?	Yes

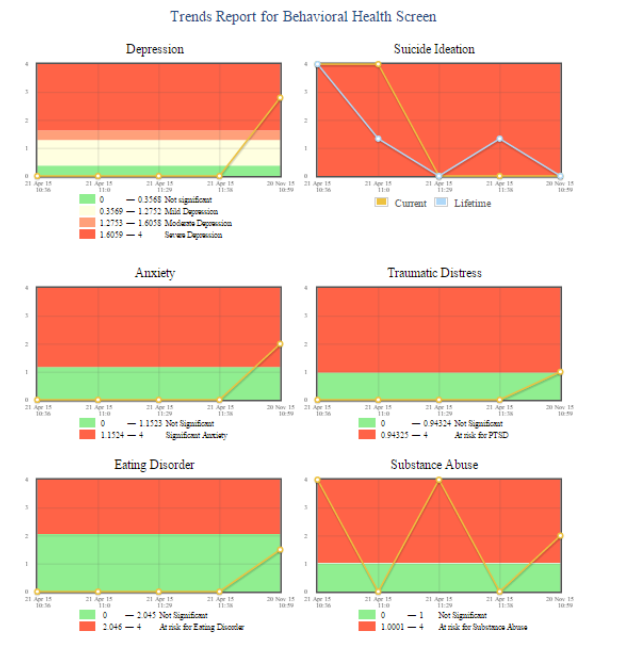
SCREENING, BRIEF INTERVENTION PROCEDURES & BILLING CODES
 Please select the Screening and/or Brief Intervention activities that were done as part of this screening:

Screening Procedure	Payer	Code	Care Provided
Alcohol and/or drug screening	Medicaid	H0049: 15 minutes	
Intervention Procedure	Payer	Code	Care Provided
Alcohol and/or drug service, brief intervention, per 15 minutes	Medicaid	H0050: 15 minutes	

For a more comprehensive list of Potential Procedures & Billing Codes, please see the *BH-Works Support* Help tab.

[Review & Sign](#) [Download/Print as PDF](#) [Copy Scores for EMR Note](#)

Reviewer: Provider Signature Printed Name and/or Contact Number Date Time



Facility Screening Report
 Report Date: 12/17/2015
 From: beginning To: end

Suicide & Risk Factors

Facility & Location	# Screened	Suicide	Depression	Anxiety	Trauma	Eating Disorder	Substance Abuse	Already in Services	Referred	Attended Services
Demonstration Facility										
Counseling Office	69	41	62	47	5	27	3	6	1	
Main Office	312	135	247	181	137	30	104	4	28	9
Nurse Office	7	3	7	5	4	0	2	0	0	0
Totals	388	179	316	233	182	35	133	7	34	10

MANAGING CANCER AT WORK

FEATURED PROGRAM



The Reality of our future...

- 1 in 3 Women

- 1 in 2 Men

Will be diagnosed with

Chances are, this will be personal!

Managing Cancer @ Work is Your Helping Hand

@Johns Hopkins Medicine



#1 hospital in the US for 22 years



59,000 employees

3 million annual patient visits



Leading US academic institution

36 Nobel Prize laureates



Pioneered procedures in breast cancer, dialysis, open heart surgery, CPR, kidney transfers, chemotherapy infusions and more

The Managing Cancer at Work Program..... How it came about.

We found that our own Johns Hopkins family faced a Cancer diagnosis, for themselves or loved ones, all too often. Left feeling lost, without answers, it was apparent that we could help.

So we did.

We've walked this road ourselves, so Managing Cancer at Work was created provide those answers, and help everyone's needs. The program provides education, resources & referrals, guidance on what to expect and how to cope along with hundreds of other topics. Our team spent years developing this program, at one of the top hospitals in the country, with renowned experts who see Cancer everyday.

Now, we want to share this program with you, and your family. Because at Johns Hopkins, it's all about improving health and sharing expertise.

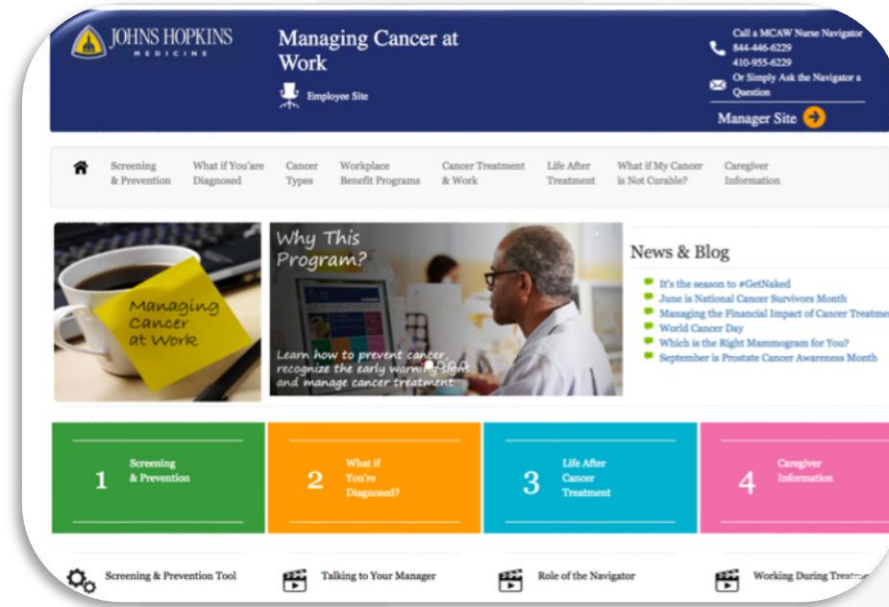
OUR PROGRAM:

A Digital Platform Paired with A Personal Touch

Nurse Navigators



Online Web Portal





- Information
- Prevention
- Treatment
- Support

Who We Help

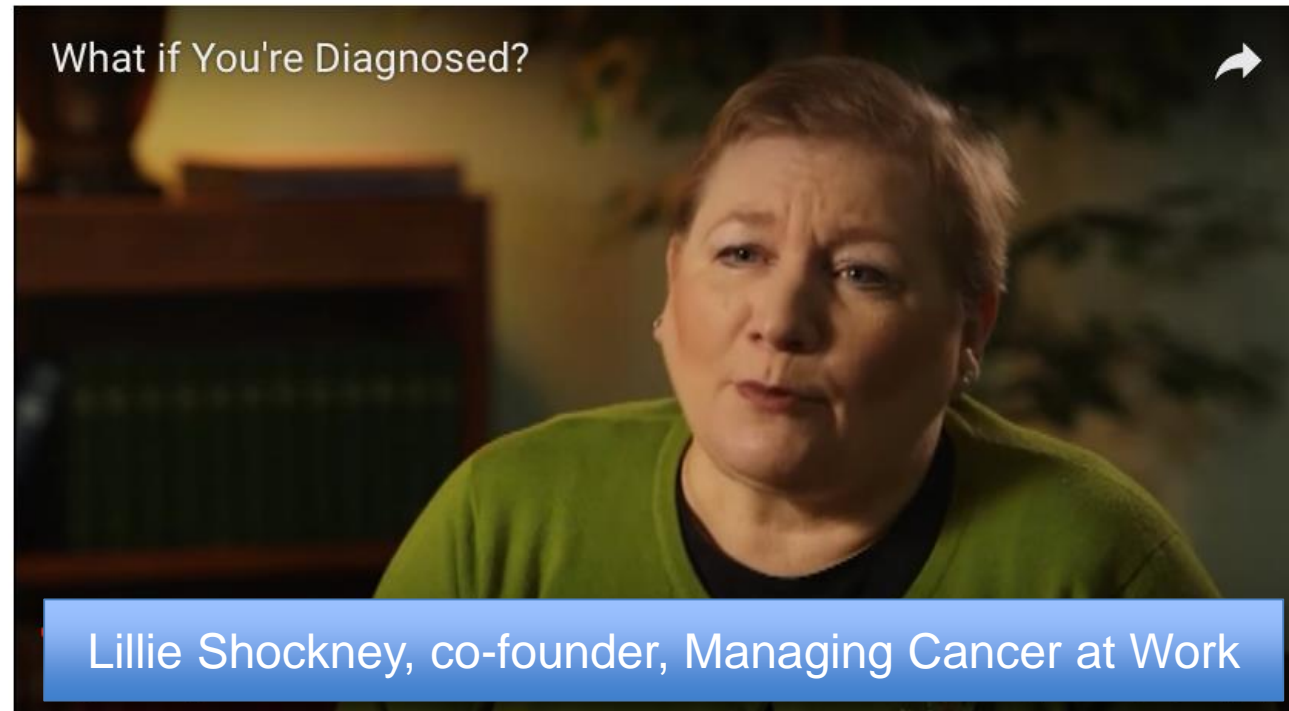
Employees

Caregivers

Managers

Leadership

Cancer Treatment & Work



Initially there are more questions than answers.

Balancing Work and Treatment: patients and caregivers

Employees



Working During Treatment

Caregivers



Caregiver Stories

How We Help

Prevention &
Awareness

Survivors: life after treatment

Prepare you for expected events

Workplace Accommodations

Support Groups

Link to HealthCare Benefits

Caregiver Needs

Connect to \$\$ Resources

Manager

Training &

Support

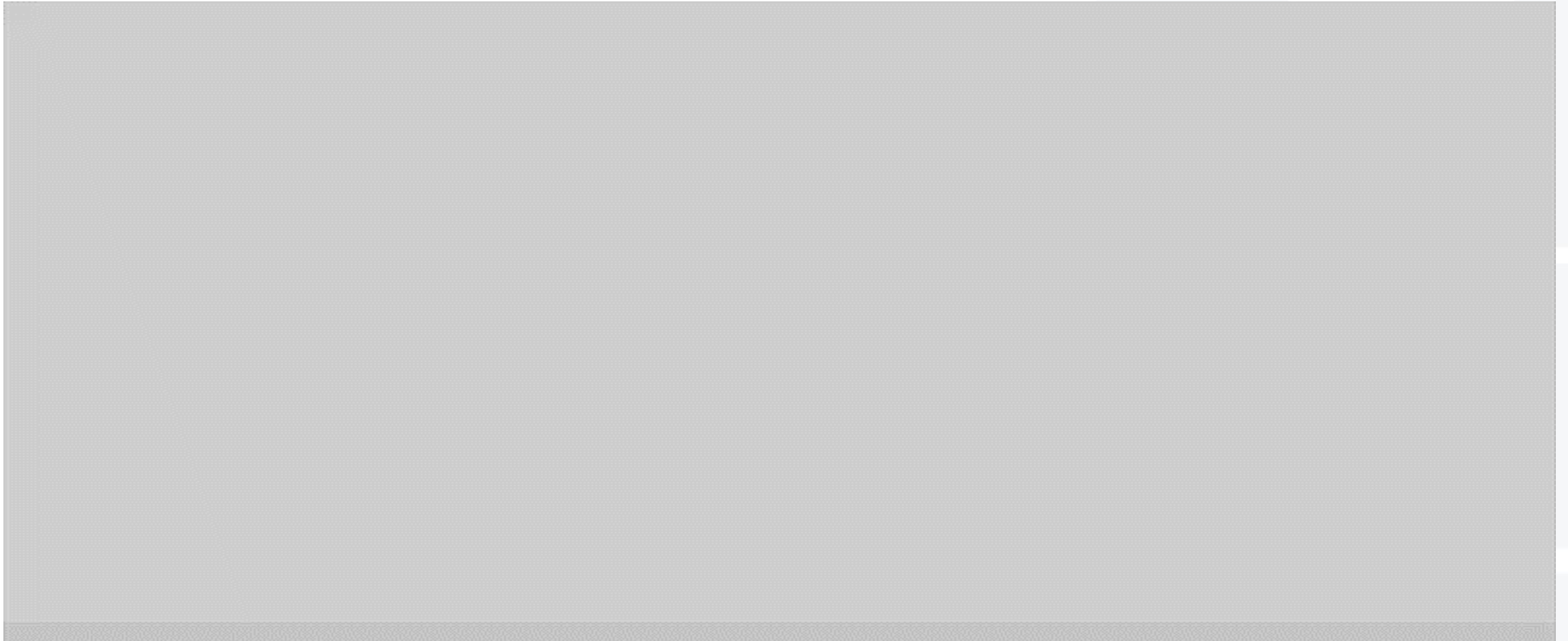
Medical explanations

Information you didn't know you needed, but find invaluable

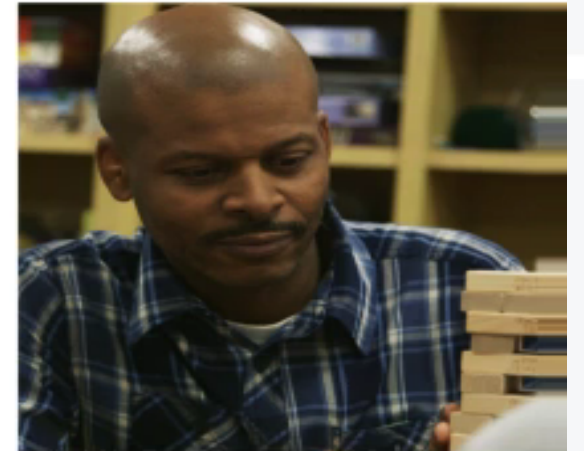


*Financial Wellness begins with:
Individual Financial Risk*

Working During Treatment



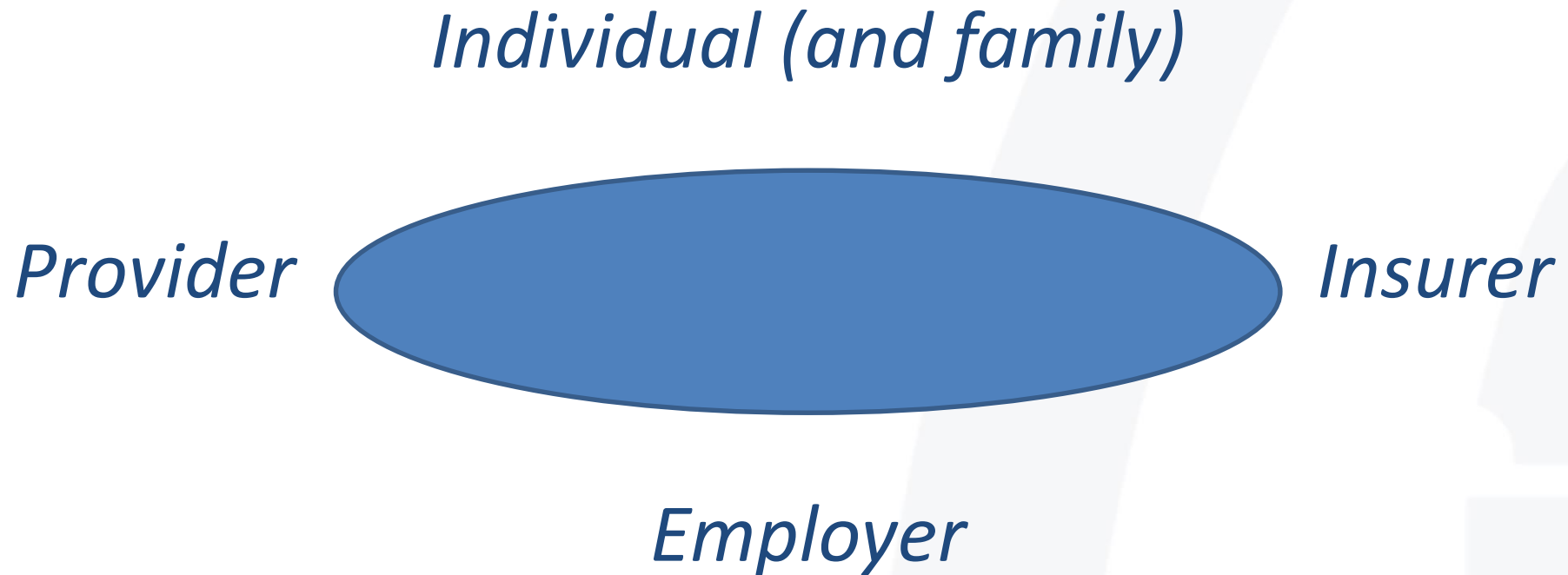
Nelson's Story



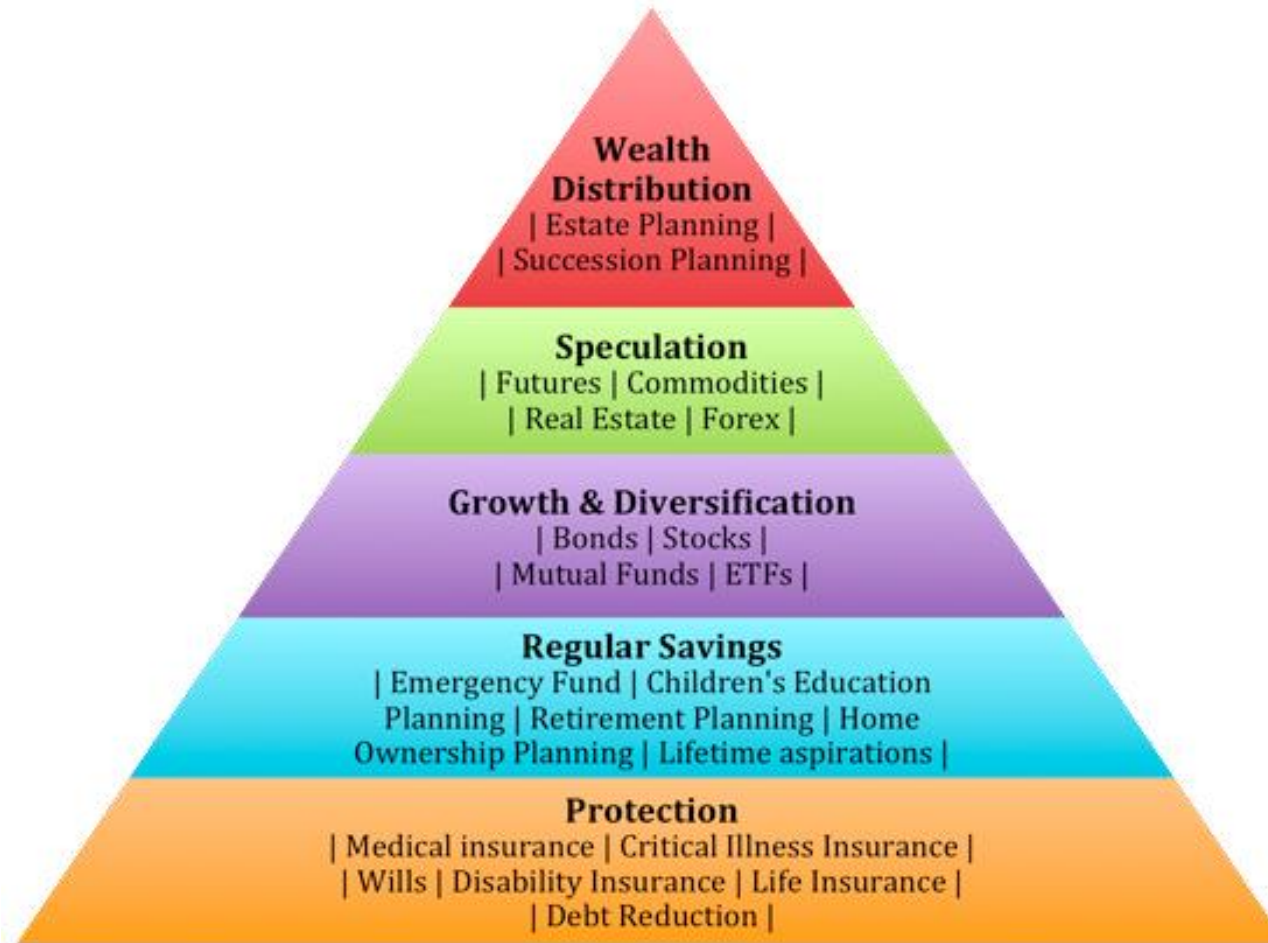


*Financial Wellness begins with:
Individual Financial Risk*

Medical Financial Risk Impacts Everyone



The Financial Pyramid and Individual Risk



Financial Impact of Cancer

- Most people diagnosed “early” will survive
- Cancer is one of the highest drivers of employer cost in self-insured health plans
- The average medical and non-medical cost for an employee with health insurance is over \$24,000
- Co-pays, deductibles, non-covered medical expenses, lost or reduced wages, lost wages of a caregiver, travel and lodging, etc.
- Most terminal or more advanced cancer patients lose their employer provided health insurance when they are unable to work
- Increased expense of Cobra and reduced taxable employer provided disability benefits (Average after tax benefit is 42% of salary)

Individual Financial Risk Assessment

- Begins with an assessment of where each individual is currently from a financial basis (Income, benefits, debt, savings, health, etc)
- Basic financial risk assessment based on employer provided benefits
- Health Insurance and associated financial exposure: Medical and Non-Medical expenses based on National Averages
- 62% of bankruptcies in the USA are due to medical debt (76% of bankrupt individuals had medical insurance when the condition presented)*
America (updated 2015) Harvard Study; Bankruptcy in
- “True gap analysis” with appropriate levels of insured options at the individual level
- Roughly 3 in 4 workers indicate they are living paycheck to paycheck

Providing Information and Offering Solutions

- Educating employees about their individual financial risk through easy to understand examples (Claims and expense samples)
- Integrating employer provided benefits and actual cost and expense information
- Providing insured and non-insured options to mitigate the financial risk
- Managing Cancer at Work and Customized Critical Illness coverage
- Lump sum payments upon diagnosis
- Individual plan design based on specific needs



JOHNS HOPKINS
M E D I C I N E

HEALTHCARE
SOLUTIONS



POPULATION
HEALTH ANALYTICS



EMPLOYER PROGRAMS



CONSULTING &
COLLABORATIONS



SOLUTIONS

Chester Bullard, CEO, Stratovize
Mark Cochran, Exec. Dir, JHHC-S

