



# Improving Access To Care

## New and Existing Channels

### Telemedicine, Health Coaching, Screening & Retail Care

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# Iron Mountain Background



- A \$3.1 Billion member of S&P 500 operating in 36 countries
  - Dominant record management company in US, sizeable shred and data management
  - US is a “Mature” market with 2.2% revenue growth
- 7,977 full-time employees in 630 facilities\* across every significant city in 42 states. Dispersed population a challenge

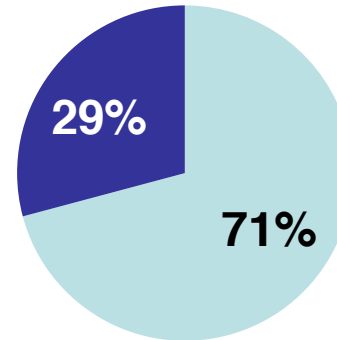


# Iron Mountain Demographics

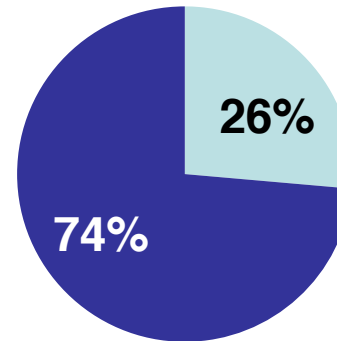


Our full-time, benefit eligible employees are:

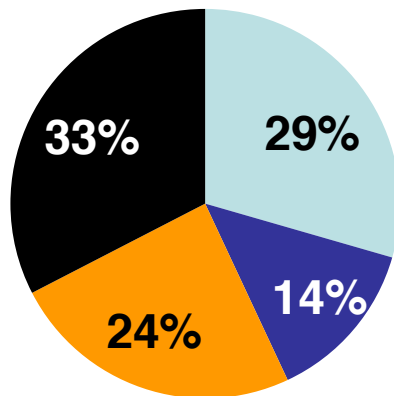
- Average age = 42.5 (gotten younger)
- A lot of hourly males & small union pop.
  - Hourly avg. pay = \$35,805
  - Salaried avg. = \$94,199
- With a lot of years of service
- High turnover in first 6-12 months, but very low after 3 years (4%)
- Cover 6,800 employees on health plans



- Status**
- Hourly
  - Salaried



- Gender**
- Female
  - Male



- Service**
- <3 Years
  - 3-5 Years
  - 6-9 Years
  - 10+ Years

# Health Plans in 2013



## NETWORK

- Most generous plan design
- Self-insured EPO
- 61% of enrolled employees

## VALUE PLUS

- Small step down from Network
- Standard but generous PPO design
- 36% of enrolled employees

## SAVINGS

- CDHP with HSA
- Iron Mountain contributes \$400/\$800
- 3% of enrolled employees

# Our Challenges – January 2013



Management and Employee Mindset



New Health Strategy



Access to Health Care

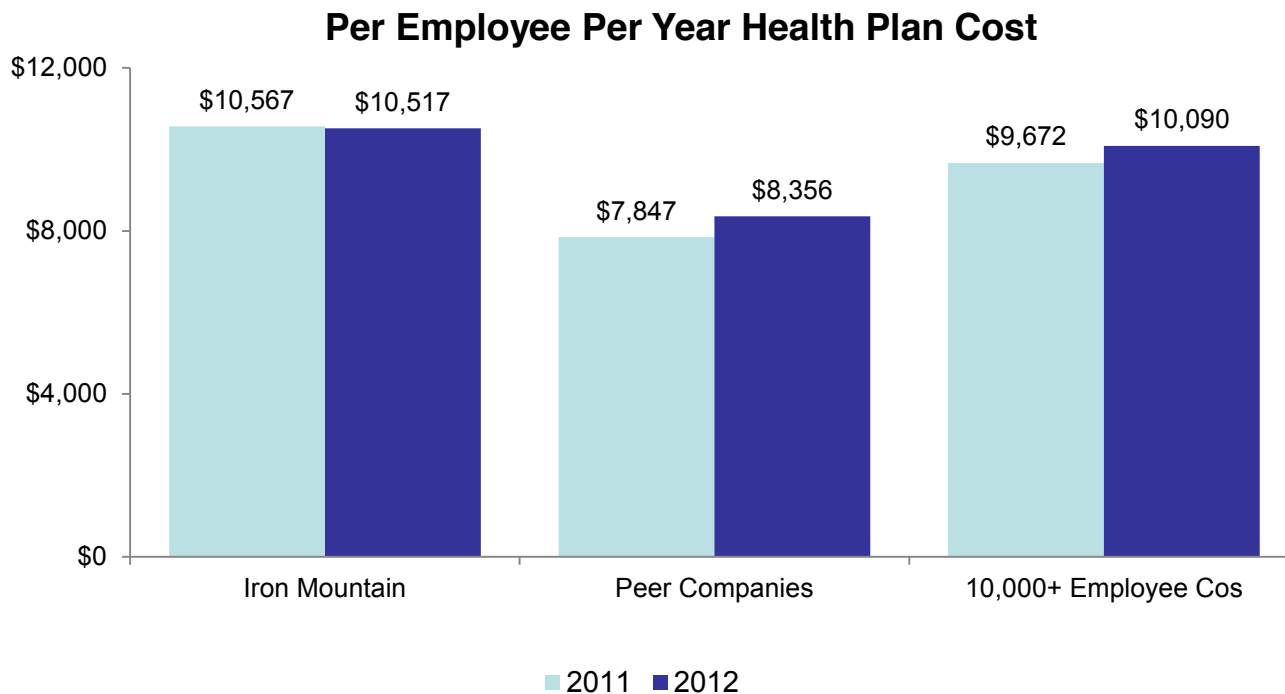


Communications

# Cost Challenges



- Almost \$2,200 higher than peer companies
- Unsustainable trend: 10.8% per year since 2006, although actual costs remained relatively flat from 2011-12



Source: 2013 Mercer Health Plan Survey  
N= 19 Peer companies, 326 Large employers

# Goals of Improving Access

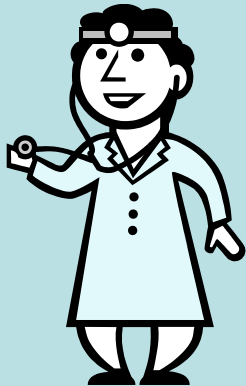
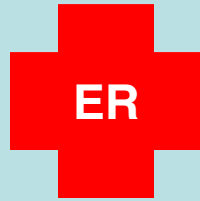


- Part of overall effort to improve the health of our population
- Address underuse of primary care and preventive care
- Reduce excessive, unnecessary use of Emergency Room
- Improve off-hour access to health care
- Reduce overall costs by channeling care to more effective settings
- Increase recognition of Iron Mountain as an employer concerned about our participants' health

# As A Mountaineer, How Do I Get Care?



## TRADITIONAL



## NON-TRADITIONAL





# Lessons For All Employers



Care Today and Tomorrow



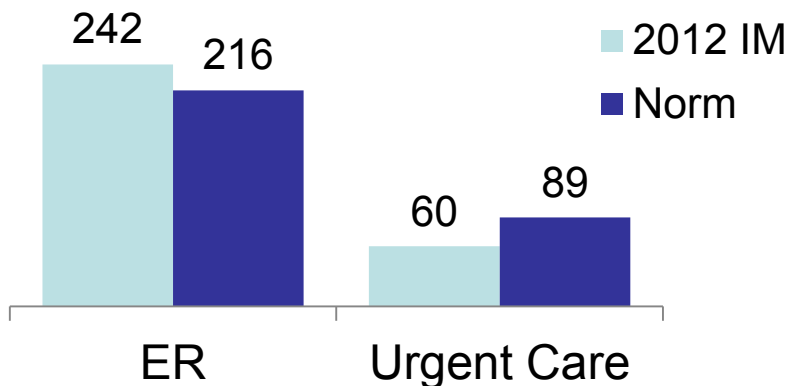
Onsite Screenings

# Improve Urgent Care Access



## Our Approach

- 2012 – 13 Plan Years
  - Urgent Care copay = \$100 on Network and Value Plus plan
  - ER copay = \$150
  - ER and UC utilization misaligned
  - Average Urgent Care visit = \$219, ER = \$1,197
- A “What?” moment



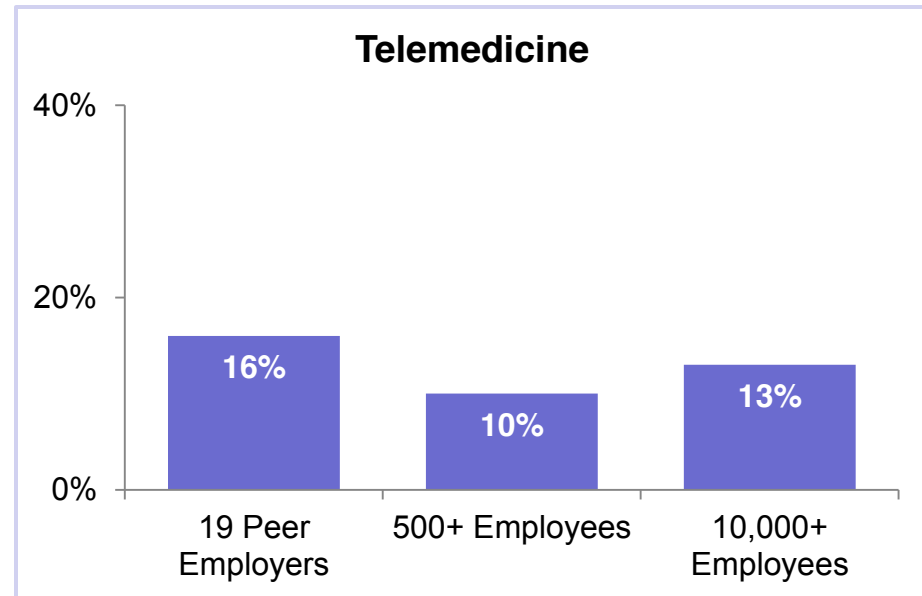
## Our Results

- Lowered Urgent Care copay to cost of specialist visit for 2014
- Significant communications – home mailing, internal meetings, open enrollment
- Through first 6 months, Urgent Care use increased 29.4%
- ER use down 4.3%
- Overall visits increased but combined with ER reduction net costs have increased only 1%

# Introduce Non-Traditional Access Telemedicine



- Implementation begun prior to multi-year health strategy
- In early 2013, few companies had implemented telemedicine
- After RFP process, selected MDLive



# Introduce Non-Traditional Access Telemedicine



## Our Approach

- Did cost benefit analysis
- Consultation = \$38 + PEPM fee
- Decided to make service free on 2 of our plans (other is CDHP with HSA)
- Significant communication campaign: 3 home mailings, posters, table tents, email, online articles
- Went live August 2013

## Our Results

- As of September 30, 2014
- 14.3% of covered employees enrolled
- 843 total consultations
- Survey everyone that gets a consultation
  - 29% response rate
  - 24% would have gone to ER
  - 46% would have gone to Urgent Care
  - 95% satisfaction rate
- Approximately \$400,000 in savings to date

# Iron Mountain LiveWell Program Circa 2012-13



- Minor wellness efforts
- Managed by Cigna – only open to health plan participants
  - 81% of eligible employees
- In late 2012, did 3 onsite screening events at 3 largest locations:
  - Boston corporate headquarters
  - Collegeville, PA North American headquarters
  - Royersford, PA call and service center
  - Allowed for lab vouchers & physician fax forms
  - Participation rates were below average

Site	Screenings	Total Eligible Population	% of Eligibles
Boston	186	535	35%
Collegeville	129	371	35%
Royersford	166	442	38%
Lab Vouchers	159	7,985	5%
Physician Fax	270		
<b>Total</b>	<b>910</b>	<b>9,333</b>	<b>10%</b>

- Minimal online and coaching support
- Proposed onsite coaching in PA
  - \$130,000 a year
- In 2013, RFP to 13 stand alone wellness vendors & Cigna and chose Aduro
  - One reason was to expand participation to all Mountaineers

# Introduce Non-Traditional Access Wellness Vendor



## Our Approach

- Screenings
  - Expanded to 78 locations
  - Made screenings an integral part of wellness program
  - Included voluntary coaching as part of screenings
- Coaching
  - Aduro hired a health coach, Jenn Finn, to work at Corporate HQ
  - Available for 1-on-1 face-to-face and telephonic coaching, small group training, webinars/seminars
  - Most participants have health risks

## Our Results

- Screenings
  - 6,594 Mountaineers had screenings in Fall 2013 (625% ↑) including almost 4,000 onsite
  - Results of 2014 screenings being tabulated
  - Identified significant pre-diabetic population → Omada Health
- Coaching
  - Face-to-face has been lower than hoped for  $\cong$  110 Mountaineers
  - Telephonic coaching continues to grow
  - Small group has been much more successful than hoped for

# Improve Traditional Access



## Our Approach

- Primary and Preventive Care
  - Communication campaign – home mailing, newsletters, daily huddles and team talks
  - Incentives in wellness program
  - Reminders in open enrollment
  - Coachable moments at screening
- Emergency Room
  - Letters to all participants with 3 or more visits over 18 month period
  - Reduce Urgent Care copay
  - Introduce MDLive

## Our Results

- Primary and Preventive Care
  - Visits to PCP's improved 11%
  - Preventive care visits increased 7%
  - Mountaineers used the onsite screenings health coach discussions with Health Coaches to see doctor for first time in years
- Emergency Room
  - ER Down 5.9%
  - Average severity and cost increased
  - Combined with Urgent Care increase net costs down \$78,000

# Overall Results & Takeaway Lessons



- These initiatives are part of the first year of comprehensive 4 year health strategy. For 2015, focus on: spouse engagement, new niche vendors, pilot limited network option
- Along with other initiatives, contributing to lowest cost increase in memory = 0.75%
  - Per Employee Per Month (PEPM) costs are *down* \$27 or 3% year over year
- Lessons for other employers:
  - Think about how your employees may access care today, not yesterday
  - Urgent care is growing so tap into it
  - Screenings can be an effective teachable moment when people won't go to the doctor
  - Health plans and providers are increasingly contracting with telemedicine services – see if it's available
  - Not everyone can afford or justify an onsite coach, but even telephonic or part-time coaching support can be effective.