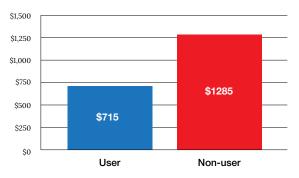


Established in 1995, this large casino resort provides entertainment, casino operations, and resort amenities to guests. To better serve their team members and reduce healthcare costs, the resort chose to offer a more enhanced direct approach.

The multi-functional wellness center is a resource to approximately 3,200 covered lives, and serves as an integral part of the local economy. With a customized onsite wellness center program, Premise Health partnered with the resort to bring healthcare to a historically high-risk population. Generating a \$3.6 million net savings in only two years, the program delivered powerful benefits for the resort, its employees, their dependents, and the community.

## Healthcare costs per month

Wellness center user vs. non-user



# The Challenge

To the average consumer, navigating the healthcare system is difficult. For individuals who inherently face cultural and socioeconomic barriers due to low income or poor access to quality healthcare, it's even more challenging. The casino resort struggled to provide effective healthcare for their large employee population and their dependents.

## **The Solution**

In October 2011, Premise Health debuted a customized onsite solution. The wellness center was designed to reduce overall health risks through evidence-based medicine (EBM) and curb unnecessary costs by driving members to onsite resources.

EBM is the appropriate use of medical best practices in member treatment. By implementing targeted EBM strategies, the Premise Health onsite health program set out to improve wellness outcomes and eliminate unnecessary tests and treatment. This gave care team members the opportunity to spend more time with members to educate them, manage their expectations, and monitor their care. Given the eligible population's need for accessible quality healthcare, both locally and remote, this approach proved to be especially effective.

To encourage use of wellness center resources, the resort removed financial obstacles that had prevented their members from seeking care.

A variety of services were offered to enrolled members for free – including lab tests, radiology, counseling, lifestyle coaching, dietetics, and case management. Other services, including primary care, chiropractic, and massage therapy, were provided at a discounted rate of \$10 per visit.

### The Outcome

Based on Premise Health's ability to effectively target high-cost conditions and provide better access to high-quality care, the resort has seen lower healthcare spend per member and fewer visits to expensive community resources in every major care category year-over-year. Thanks to fewer prescribed medications and better member management leading to reduced condition diagnoses, enrolled wellness center user costs have decreased by an impressive 45%.

When predicting comprehensive health risk across more than 300 variables, enrolled wellness center users experienced better average health risk scores of 1.60 compared to 2.18 of non-users. In addition, the casino resort was able to reduce overall disability claim submissions through direct health interventions and improved member compliance.



Overall, the casino resort's enrolled member population experienced lower health risk scores, lower cost per member, fewer medications, reduced condition diagnosis, and better medical compliance compared to non-users. This equated to a \$3.6 million net savings in two years when calculating direct cost avoidance less wellness center operating costs.

2015

## **Cost and Utilization Comparison**

Wellness center user vs. non-user

		2014		2013	
Group	Metric	User	Non-user	User	Non-user
ER	Average cost per visit	\$1,216	\$1,222	\$1,203	\$1,365
	Visits per 1,000	266	373	264	401
Inpatient	Average cost per visit	\$12,153	\$13,941	\$13,985	\$14,446
	Visits per 1,000	55	69	48	104
Outpatient	Average cost per visit	\$1,235	\$1,512	\$1,255	\$1,268
	Visits per 1,000	1,466	2,863	1,365	2,551
Specialist	Average cost per visit	\$187	\$179	\$167	\$199
	Visits per 1,000	1,719	3,178	1,827	3,370

<sup>\*</sup>Selected data points include aggregated medical and pharmacy claims between 01/01/2014 and 12/31/2015.

