

# Clearing the Path to Preventive Care

by | **John Denery**

Offering administrative and patient support services may help ensure employees receive the proper and most cost-effective health care.

**T**he workplace is the gateway to health care coverage for many, and employers wield a great deal of influence in helping employees maintain their health and keep up with preventive care. This can help stem the tide of preventable illness and lower costs for all in the process. Many employers are leading the way in helping their employees—and their own businesses—right the ship by changing the focus of health care from treating illness when it arises to achieving and maintaining health.

Employers can help their time- and cash-strapped employees obtain and sustain health care through offering administrative and patient support services. These services help remove the guesswork and lessen the time commitment employees experience and, in the process, create an environment conducive to obtaining the regular care necessary to achieve and maintain health.

Administrative services can help ease the burden for employees by taking the following steps.

## Finding Health Care Providers

Navigating the health care system—understanding what services, providers and locations are covered or not, and to what degree—can be intimidating and confusing. That barrier alone is enough to turn employees away from seeking necessary health care. A critical element of preventive medicine is a relationship with a quality primary care provider who can perform basic health screenings, identify potential red flags, monitor for illness and address health issues as they arise.

Many employees, especially those who have previously only



# benefits

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visited an emergency room with a medical emergency or sought care only when absolutely necessary, don't have an existing primary care physician, nor do they have the time to find one. Patient support services can help employees find a doctor that's right for them based on parameters they set. Whether that's a gender preference or convenient location and operating hours, patient support services identify primary care physicians and even make appointments on behalf of employees.

These services take on the administrative work of research and scheduling, enabling employees to simply show up at the appointment and meet with a doctor for their annual tests and check-up.

### Accessing Specialists

U.S. adults who have a primary care physician have a 33% lower health care cost than those who only see a specialist, according to the Graham Center. Employees who have a relationship with a primary care physician have a health care "quarterback" in their corner—someone who can monitor their health while keeping the big picture

in mind, considering annual age- and gender-specific tests and other lifestyle factors when managing health.

Determining when and how to access a specialist is a critical component of health maintenance, but one that can balloon employee and employer costs if not managed appropriately. A primary care physician creates a central access point to specialized services in the event a more serious health issue arises. This "quarterback," together with a patient support service, can help patients navigate the health care system and ensure that they seek the right specialist at the right time. Coordinating specialist care with a primary care physician also means employees have someone to call when there is a nonemergency issue, avoiding unnecessary and costly trips to the emergency room.

### Comparing Costs

One of the primary ways that patient advocacy resources can support employees is by helping to compare costs of services. Lack of transparency is frequently cited as an issue when seeking health care services and a reason many

employees don't go back to a doctor after a surprise expense. Patient support services help to reduce the opacity in the health care system and assist individuals as they are tasked with shouldering more of the cost of their health care.

Top examples of this are medical imaging and medications. Medical imaging services can vary by as much as four times between facilities. Hospitals often seem like the most convenient option but may not be the most cost-effective. An employee is not likely to do a cost comparison, but that is precisely the role of the patient support service. An employee can request the service to find facilities within a certain zip code or radius. The service will then identify the various facilities in the area and compare them for cost and quality, going so far as to call each facility to verify costs.

Employees can also yield savings averaging \$800 annually when using a patient administrator to review medications and take advantage of generic brands or mail-order alternatives to fill prescriptions. A patient support service will evaluate medication options, exploring available generic medications that can be substituted for a more expensive brand name. In addition, patient support services will seek out effective therapeutic alternatives while working with the patient to monitor side effects and efficacy. With the aid of their doctor and patient support service, employees can choose the best option for them.

Patient support services shed light on the differing costs of care and foster ease of use among employees. In most cases, employees must reach out to the patient advocate for help, but these services take the burden of comparing

## takeaways

- Administrative and patient support services help employees navigate the health care system by providing help with tasks such as finding a primary care provider and comparing costs of services.
- When comparing costs of services, a patient support service can call providers to verify pricing and make appointments for employees.
- Employers can realize a return on investment by offering these services through the use of lower cost, higher quality care.
- Such services also can help employees be more productive at work because they are not worrying about the administrative burdens of health care.
- Improved technology has allowed patient support services to create centralized repositories for health care cost information and more easily share it with employees across the United States.

costs, calling to verify pricing and, in some cases, making appointments off the shoulders of employees. Employees can then make informed decisions about their health care. From an employer perspective, cost comparison ensures that the benefits provider is paying less for equal quality services, thus lowering health care expenses overall.

## Billing Reconciliation

Once patients see a doctor, billing for services is another area that frequently presents confusion and sparks health care avoidance. Patients receive an explanation of benefits and a bill, and many don't understand the difference between the two. When an employee receives an explanation of benefits or bill, they can then engage patient support services to dig deeper and verify costs. Patient support services offer employees the expertise of a professional who will review complex medical bills and liaise with insurance providers and physicians' offices to ensure that services have been properly coded and billed. And all of this can be done at the convenience of the employee at a time that's best for them—whether that's by phone, e-mail or text message.

This is particularly helpful when employees are facing a difficult medical issue. When patients are stressed by their medical problems, the financial aspect of care often falls by the wayside. The administrative support provider can focus on billing, allowing patients to focus on healing.

## Patient Support Services in Action

Stephens Insurance, LLC, implemented an administrative patient support service for its own employees to more easily access and navigate their health care. As an example of how employees use the service, an employee who needed an MRI contacted the health care administrative support service with an e-mail request to conduct a price comparison for local imaging centers before scheduling her tests. She sought a testing facility that offered timely new patient appointments, proximity to her home and a reputation for high-quality care and that was cost-effective. Based on these parameters, the patient administrator found and vetted several MRI options and provided the employee with a list covered by her health insurance. She received an e-mail with three choices outlining detailed information on location, accreditation, cost—both total cost and patient cost—and whether the costs had been confirmed by the facilities.

The employee was able to review the information on her

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own time and make an informed decision about where to receive care. Once she determined where to obtain her test, she worked with the patient administrator to schedule her appointment, providing basic information to the administrator who then contacted the MRI center.

After she completed her testing and visited with her doctor, she asked the patient administrator to review her medical bills to check for accuracy before making a payment. She provided her bills via e-mail and the administrator went to work. The patient administrator reviewed the bills, confirming services provided, costs and patient obligation. The employee waited to pay the bills until she received an update from the patient administrator confirming the bills were accurate.

## Investing in Health Care

Costs for administrative and patient support services can be a concern, and it may seem counterintuitive to add to an existing, costly health care program. While there are start-up costs associated with implementing a service of this kind, the return on investment in the health of employees and reduction of company expenses is evident. Costs to implement these services vary by employer but can achieve returns up to two times the investment. The return on investment also is affected by how employees use the services. For an employer where there is low usage, the cost becomes more prohibitive because there is little return on investment. However, if employees take advantage of the service, employers can benefit by having healthier, more productive employees—able to focus on their primary job function instead of managing health care needs.

The example provided shows the value that patient support services can offer to both employees and employers. The employee accessed her health care when she needed it, with peace of mind knowing she made an informed decision that met her health care needs within her insurance coverage. Her employer helped her access lower cost, high-quality care.

With the help of the patient administrator, she maintained focus on her work instead of the administrative duties of managing health care.

The Centers for Disease Control and Prevention (CDC) states that healthier employees are less likely to call in sick or use vacation time due to illness, and companies that support workplace health have a greater percentage of employees at work every day. From a financial perspective, the CDC reports that productivity losses linked to absenteeism cost employers \$225.8 billion each year.

A health care program that includes patient advocacy services takes time—often three to five years—to realize its full financial potential. In many cases, health care programs of this kind require changing employee behavior. Naturally, this takes time and some investment in helping and encouraging employees to make use of the services. Even a small incentive that rewards employees for visiting their primary care physician for an annual checkup

can kick-start a program. Most importantly, though, employees must trust the patient advocates, meaning ensuring positive experiences working with patient support representatives. Word of these positive experiences often spreads quickly through an organization, helping to expedite adoption.

### Shifting Focus

For many employers, offering employees an administrative service that can aid in obtaining and managing health care eases the responsibilities placed on workers so that they can get the care they need and continue to be productive at work. But this was not always the case. Whereas patient support services have been available for many years, it was not until recently that they could truly have the most impact. Without a centralized repository for accurate data on cost of health care, patient support services could not offer the necessary information to employees quickly. Technology has allowed patient support services to

centralize this information and easily share it with employees in locations across the United States.

At the same time, employees are shouldering more of the burden of health care than ever before. They are required to be consumers of health care in a way they have not needed to in the past—navigating an increasingly complex system. An administrative service eliminates an item from the proverbial “to-do” list.

Patient/employee administrative services are part of a larger shift toward proactively maintaining health versus treating illness only after it arises. If people ignore regular checkups and ongoing health maintenance, they are at risk of leaving preventable illness unchecked, potentially raising costs for themselves and employers. With employees concerned about money, work, family and their health every day, most need an extra push to shift from concern to actions that help achieve or maintain good health and have lasting benefits for the individual and the employer alike.

Employers can play a significant role in making preventive care a reality—if they are willing to actively engage employees in their own health and support the process. The first step is for employers to help shift the tide by emphasizing health care maintenance and prevention through benefits and programs that demonstrate the importance of employee health. ●

bio



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