



CASE STUDY

RHS one-hybrid-floor, employer-sponsored, integrated, zero-out-of-pocket, unlimited access to physical and emotional wellness efficiently fills gaps in care for the higher risk, higher cost segments of an insured population, typically underserved and undertreated in the fee-for-service market.

Since 2015, Revere Healthcare Solutions Inc. (“RHS”), a Kansas corporation, has developed and delivered a comprehensive *hybrid one-floor*, employer-sponsored primary and preventative healthcare program, including urgent care, common chronic disease management, physical wellness, workers’ compensation related care, employment screenings, and most recently emotional counseling.

The superiority of the solution delivered to contracting employers across the state of Kansas resides in simple, but unique, elements of the company’s organization and of the delivery model:

- i. *Obliteration of overhead costs* which burden primary care and emotional counseling in the traditional fee-for-service market, increasing prices above affordability and decreasing utilization. Such savings eliminate the need for patients’ out-of-pockets translating into unlimited, zero-out-of-pocket access for employees of the contracting employers.
- ii. *Re-investment of overhead cost savings in excess clinical capacity*, allowing for a) 99% of the visits delivered with 24hr. from first contact, and b) stability of the clinical teams.
- iii. *Integration of physical and emotional wellness into a hybrid one-floor approach to patients*, eliminating providers’ shortages through a highly coordinated, comprehensive team including family nurse practitioners, nutritionists, and emotional counselors.

RHS currently delivers more than 10,000 visits/year, to a population of 3,000 members across 13 employers.

The Case Study presented below proves that RHS disciplined combination of in-person primary care with telemedicine-based emotional wellness, provides an effective and \$-efficient solution to the issues of affordability and quality access to healthcare services needed on a highly frequent basis by the minority segment of a population typically responsible for the majority of a healthcare plan costs.

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Background

In 2020, the [Milliman Research Report](#) examined the characteristics of total 2017 healthcare costs incurred by a population of 21 million individuals. The focus was on i) segmenting the high cost / high health risk portion of the population and ii) analyzing the impact of behavioral health issues as a predictor of such higher costs.

The Milliman report concluded that:

- i. 5.7% (or 1.2 million individuals) representing high-cost per capita medical claims *and* reporting emotional wellness / counseling needs, were responsible for 44% of the entire population medical claims. With half of this population spending less than \$95/year in behavioral health.
- ii. 27% (or 5.7 million individuals) reporting a need for behavioral health support, were responsible for 56.5% of the entire population medical claims. With half of this population spending less than \$68/year in behavioral health.



The Milliman report concluded:

“Appropriate consideration and management of behavioral health conditions that are so prevalent among the population are important in a comprehensive strategy to manage total healthcare costs and contribute to positive outcomes for patients. [...] **In particular, effective approaches for the integration of behavioral and physical healthcare, including collaborative care, have been studied and found to have significant potential for total cost savings**”.

RHS Observations

The highly statistically *skewed* distribution of any population health risks and healthcare costs is typically associated with the emergence of catastrophic claims after years of un-detected and/or under-treated conditions, sometimes related to complications related to metabolic disease and behavioral health. The need for high-frequency screening and early detection of such conditions is only partially met / un-met in the fee-for-service market due to out-of-pockets (which depress utilization of primary care and emotional support to negligible levels) and to inconvenient (long waiting time) or shortage of access.

Case Study (See Table on the next page)

For twelve months, RHS collected utilization data, related to a population of 750 individuals on an employer’s health plan. Those individuals were provided employer-sponsored, zero-out-of-pocket access to a) a primary care clinic staffed with family nurse practitioners and a dietitian, and to b) telemedicine-based access to emotional counseling.

The population was divided into three segments in accordance with primary care utilization: individuals who received no more than 4 primary care visits / year, individuals who received between 5 and 8 primary care visits / year, and individuals who received 9 or more primary care visits / year (“Heavy Users”). The data collected highlighted an extremely high patient

engagement with primary care services and the ability of the RHS program to deliver to the segment of the population with the most need for primary care and emotional wellness / counseling the type of high-frequency services usually neglected in the fee-for-service market. In particular,

- i. 92% of the population (or 689 individuals) utilized at least once over the year the in-person primary care clinic.
- ii. **Heavy Users represented 19% of the population (or 141 individuals), utilized the clinic for primary care an average of 13 times and 30% of them also utilized the telemedicine-based emotional counseling services.**



Case Study – Key Findings

Total Population = c. 750 individuals

Primary Care Visits / Yr	Total Primary Care Visits	# Unique Primary Care Patients	Average Primary Care Visits / Patient / Yr	# Patients who used Emotional Wellness	% Patients who used Emotional Wellness / Patients who used Primary Care
1-4	867	394	2.2	9	2%
5-8	975	154	6.3	17	11%
> 8	1,828	141	13.0	42	30%
TOTAL	3,670	689	5.3	68	10%