



“An Ounce of Prevention is Worth a Pound of Cure” – B. Franklin

**A 3-Year assessment of the RHS Program’ impact on a population of 790
adult individuals.**

Key Health Risk Factors

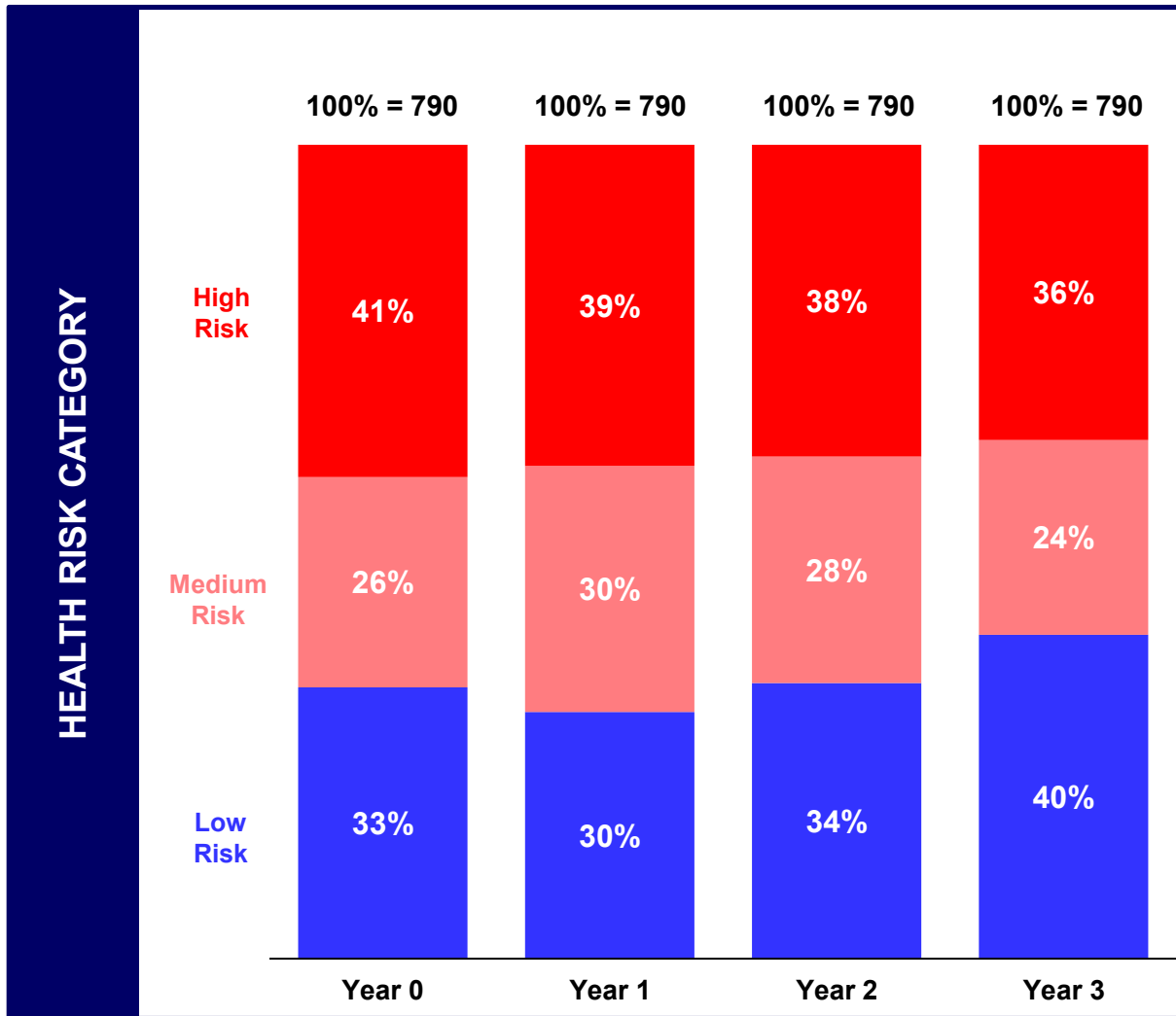
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- ❑ Revere Healthcare Solutions Inc. (RHS) was founded in March 2015. In May 2015, RHS acquired the intellectual property owned by a company in liquidation, which had designed and delivered an onsite clinic based, employer focused primary and preventive healthcare program. Such intellectual property included a large amount of data related to the outcomes and health risk improvements achieved across several employers.
- ❑ RHS has invested significant resources to analyze such data, and to build, around such data, a comprehensive analytical platform capable of disaggregating results along each risk factor. In particular, RHS' effort has been directed towards the elimination of the inherent "statistical noise" of several studies and reports on employer based healthcare programs as determined by studying an "employer's population" rather than "repeat participants". An employer's population health risk profile in fact, can be significantly affected by turn over. By focusing solely on "repeat participants", RHS' research analyzes a pool of individuals which not only does not benefit from turn-over but that, because of age, is each year inherently riskier (from an actuarial prospective) than the year before.
- ❑ It is RHS' conviction that only such approach can provide a statistically reliable measure of the health benefits produced by an onsite preventive healthcare program.
- ❑ This paper presents the results achieved by what is today the RHS onsite clinic based primary and preventive healthcare program for a population of 790 individuals who participated to the program for three consecutive years.

- ❑ RHS has reviewed several research published over the last several years with regards to the impact of onsite preventive and primary care on workforce's health risk profile.
- ❑ The sample for this study is represented by 790 adult individuals (employees and spouses) of four different employers, who participated to four consecutive annual HRAs and enrolled in each year in what is today RHS' primary and preventive healthcare program. Because of the exclusive focus on repeat participants, the study deselects the "statistical noise" produced, in similar studies, by analyzing the entire, annual pool of participants. Such statistical noise is derived by the net effect, on the population health risk profile as a consequence of employees' turnover.
- ❑ To achieve a fair representation of the average workforce, approximately 50% of the participants were employed by a government institution, while the other 50% by private employers.
- ❑ The data analyzed were collected over a period of three years at employer-focused onsite or near-site clinics. The ensuing coaching and wellness program was designed to offer, to high risk individuals, follow-up meetings with nurse practitioners, dietitians, and fitness professionals.
- ❑ The data were collected and elaborated with Microsoft Excel. Across some specific variables, the total sample will appear to be lower than the 790 figure mentioned above, due to sporadic data losses.
- ❑ The analysis was focused on stratifying across time the population in accordance to the following key variables: overall health risk category (low, medium, high), BMI, blood pressure, tryglicerids, glucose, cholesterol-to-HDL ratio, and weight.

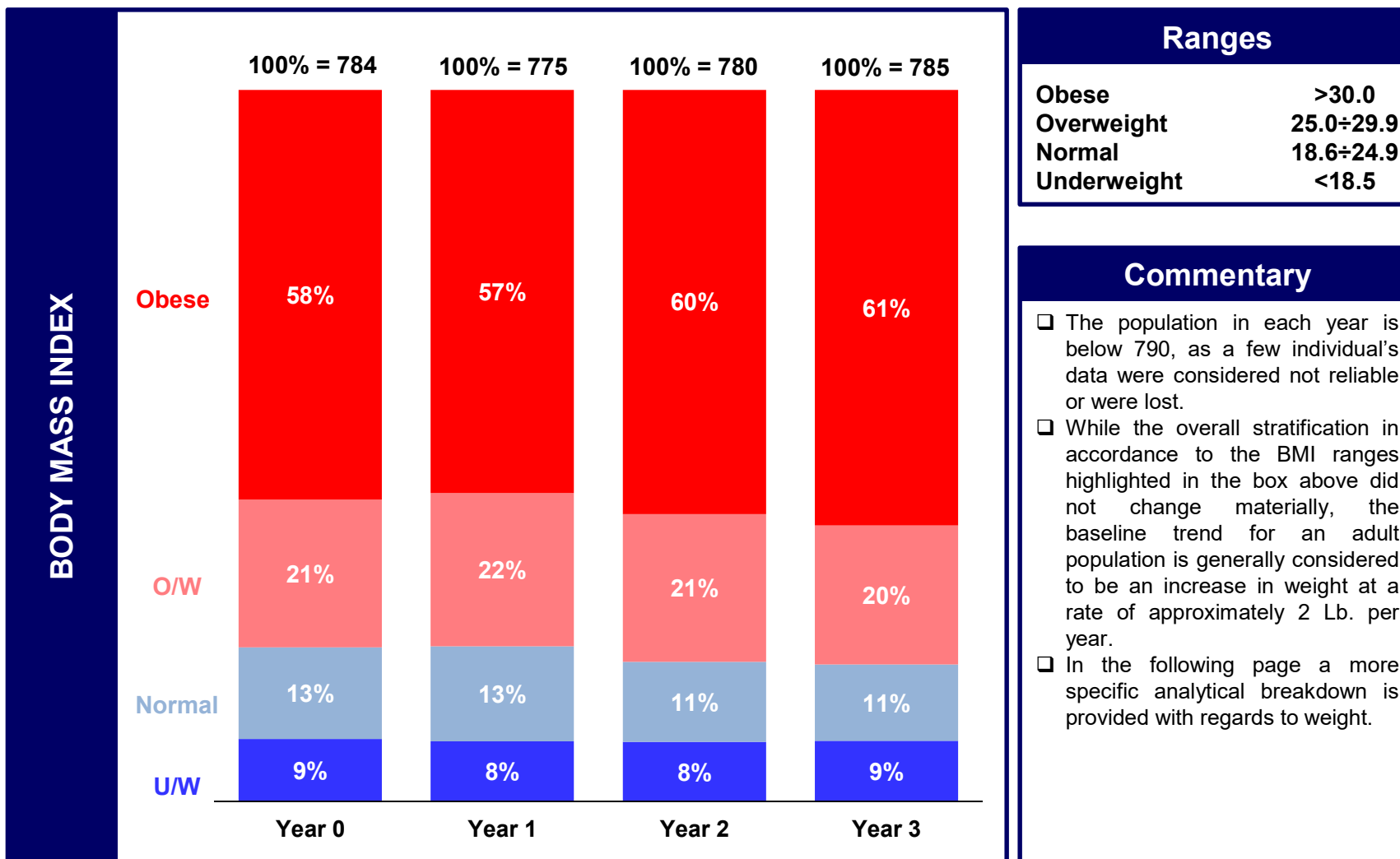
Stratification by Health Risk Category
 (% of Participants)



Commentary

- ❑ The population analyzed includes 790 adults (employees and spouses), across four different employers.
- ❑ At Year 0 (Baseline), only 33% of the participants qualified as “Low Health Risk”.
- ❑ After three years of participation, despite the population being three year older, 40% of the participants qualified as “Low Risk”, with the larger compression occurring in the “High Risk” category.
- ❑ It appears that three years are required in order for the program to deliver a meaningful increase of the Low Risk category.
- ❑ *According to literature and industry studies, the implied annual medical claims reduction for each individual moving from a High / Medium risk category to a Low risk category is estimated between 10x and 20x the average annual cost per person of the RHS Program.*

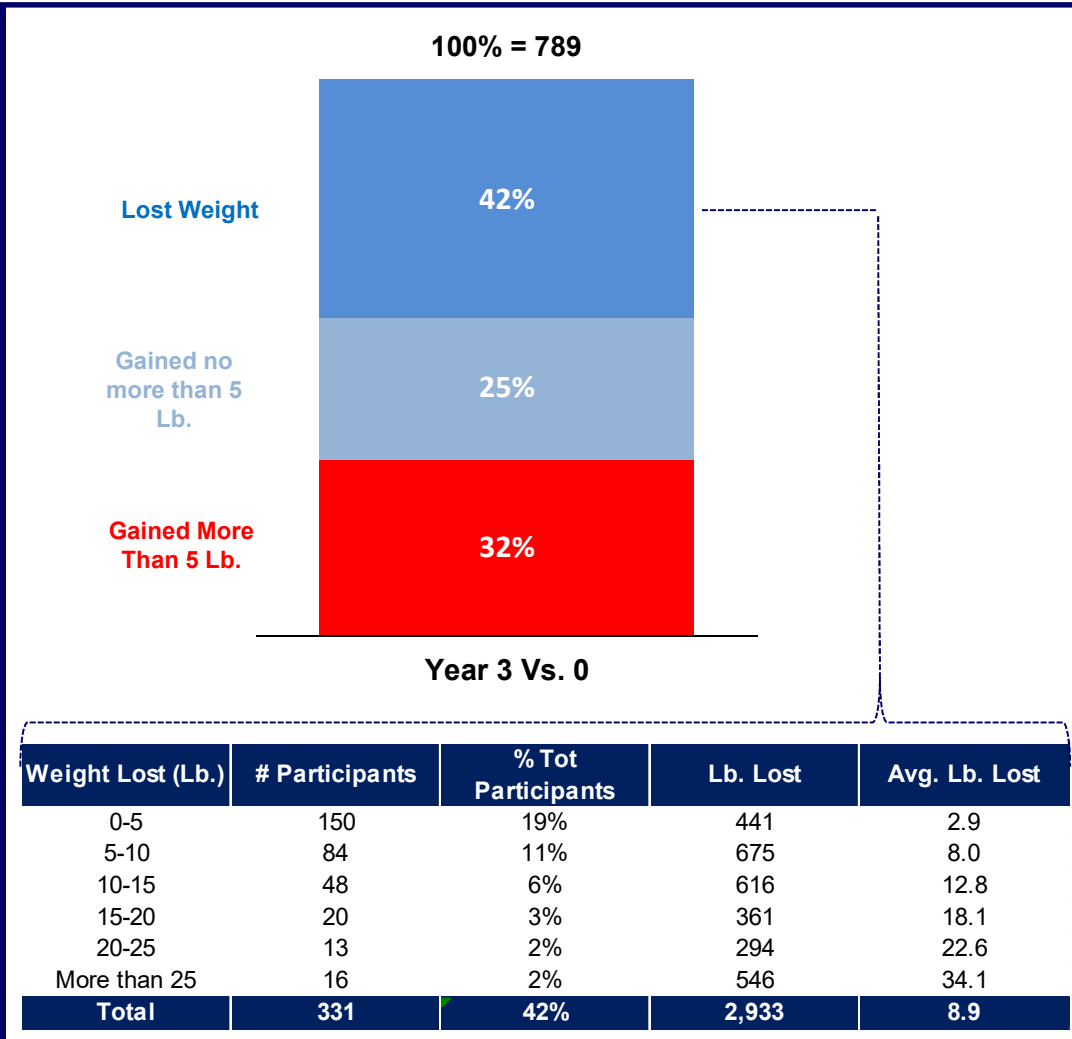
Health Risk Factor: Body Mass Index (BMI)
 (% of Participants)



Heath Risk Factor: Weight - Year 3 vs. Year 0
 (% of Participants)



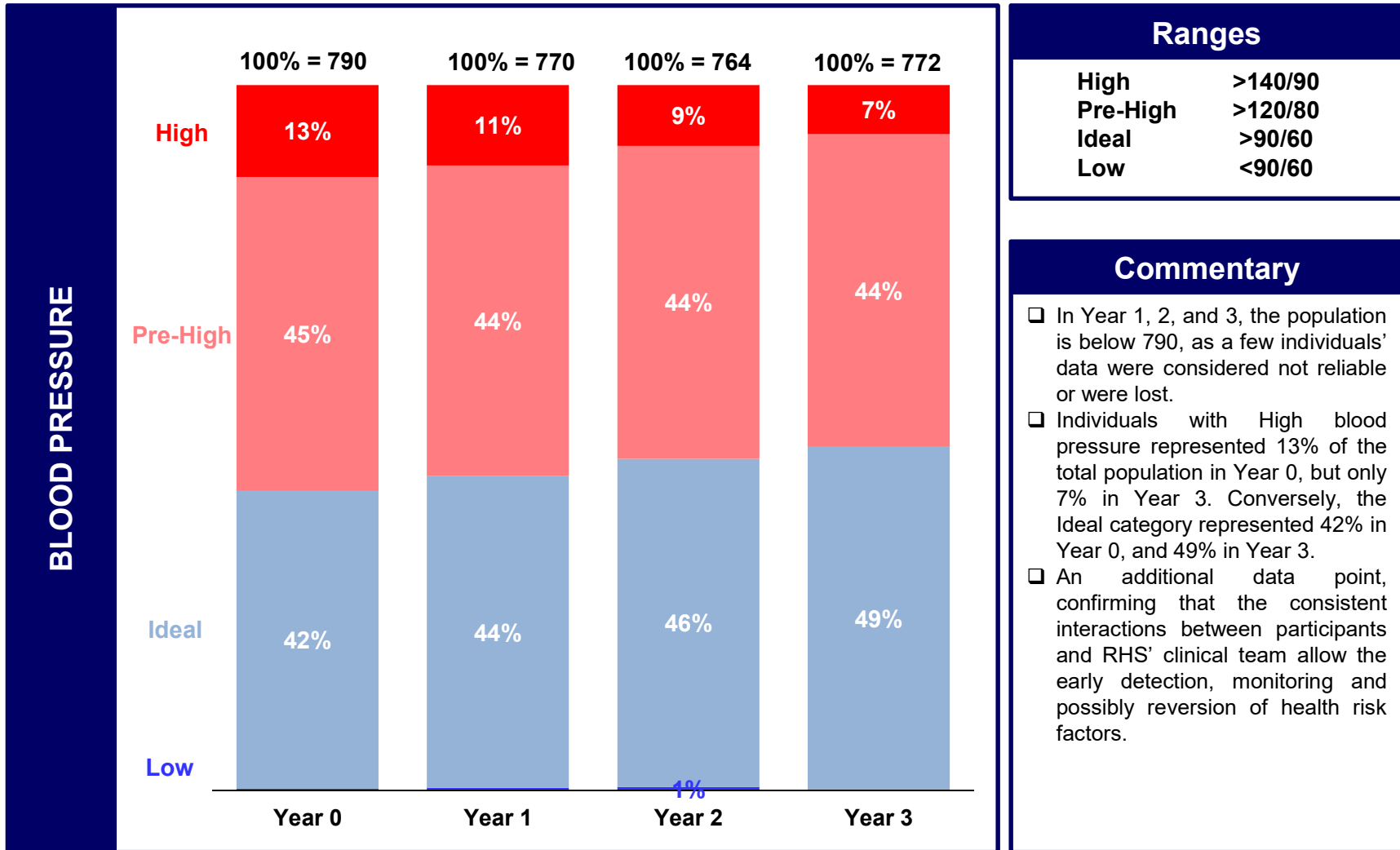
WEIGHT



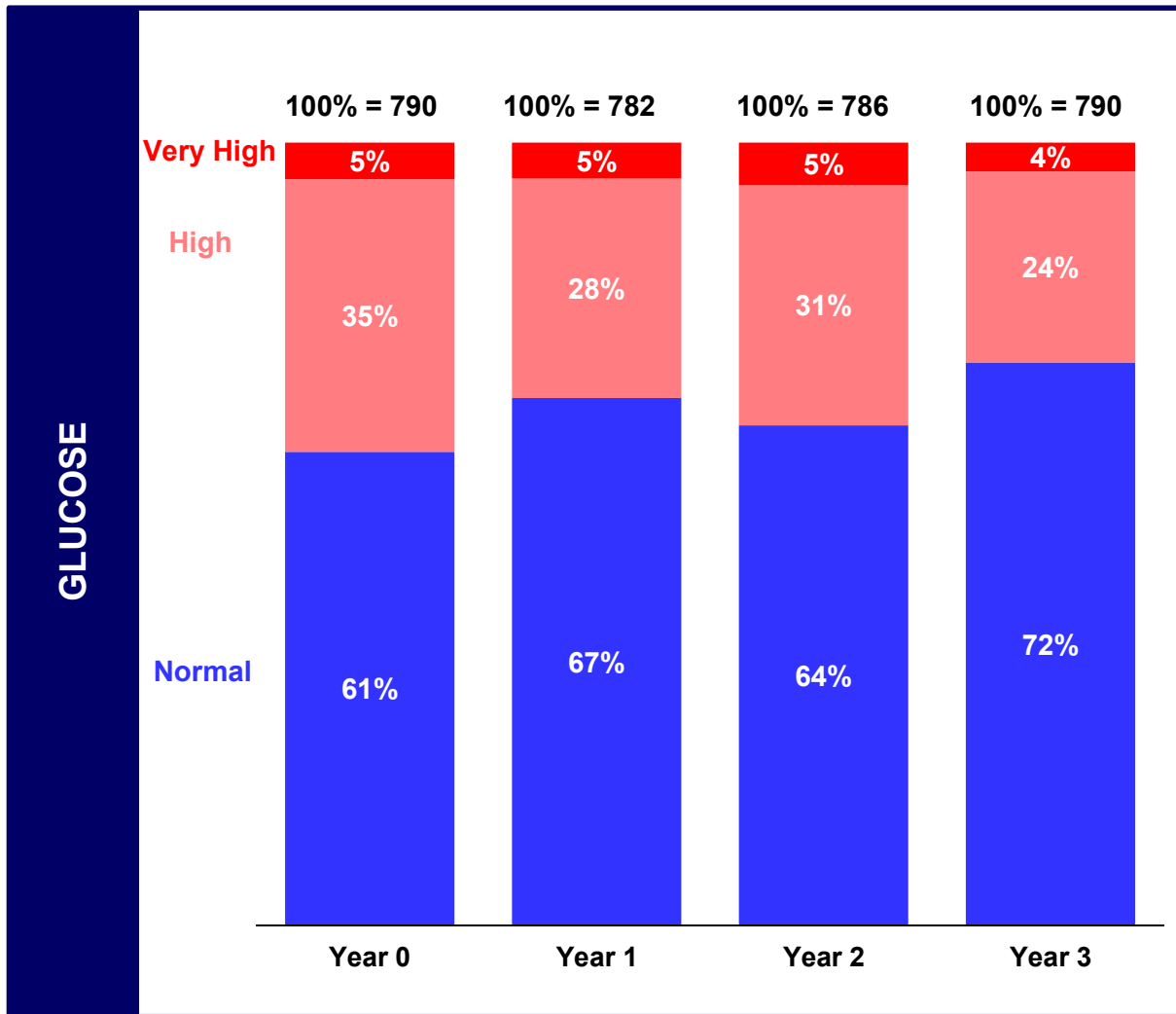
Commentary

- ❑ The population is below 790, as a one individual's data were considered not reliable or were lost.
- ❑ Over the three year period, 42% of the population (or 331 individuals) lost an aggregate of 2,933 Lbs. (average of 8.9 Lb./individual).
- ❑ 25% of the population maintained their weight, while 32% gained weight (defined as gaining more than 5 Lb. over the three year period).
- ❑ Among the individual who lost weight, 7% of the total population lost more than 15 Lb. Such individuals being initially in the High Risk category and therefore taking advantage of the RHS' interdisciplinary approach, including nutritional counseling and fitness to achieve overall health risk reduction.

Health Risk Factor: Blood Pressure
 (% of Participants)



Health Risk Factor: Glucose
 (% of Participants)

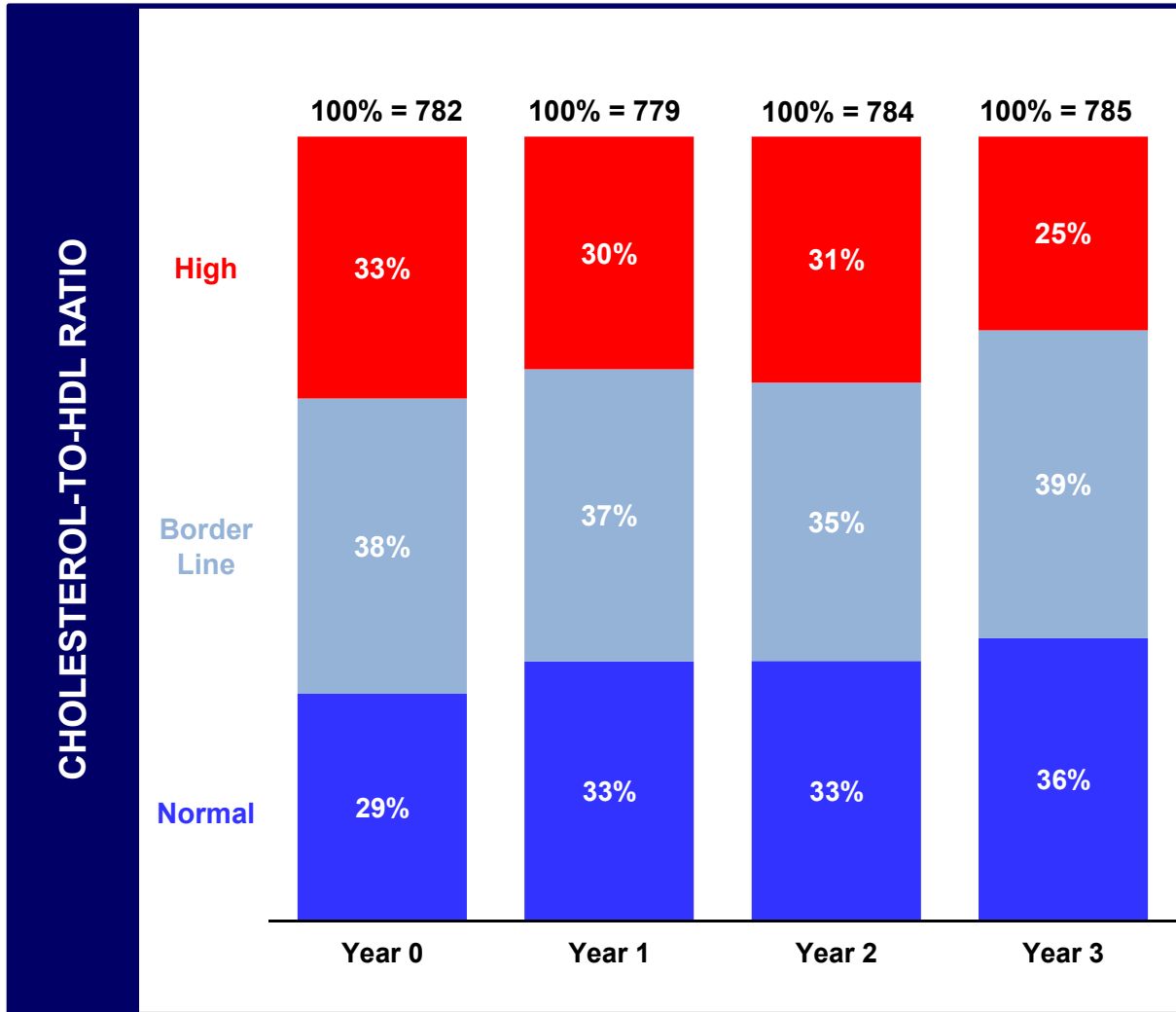


Ranges	
Very High	>125
Border Line High	100÷125
Normal	60÷100
Low	<60

Commentary

- ❑ In Year 1 and 2, the population is below 790, as a few individuals' data were considered not reliable or were lost.
- ❑ Individuals with above normal glucose levels represented 40% of the total population in Year 0, but only 28% in Year 3. Conversely, the Normal category represented 61% in Year 0, and 72% in Year 3.
- ❑ Also the results achieved with regards to glucose levels confirm that the consistent interactions between participants and RHS' clinical team (specifically with dietitians and fitness professionals) allow the early detection, monitoring and possibly reversion of health risk factors.

Health Risk Factor: Cholesterol-to-HDL Ratio
 (% of Participants)



Ranges	
High	>5.0
Border Line	3.5÷5.0
Normal	<3.5

Commentary

- ❑ The population is below 790, as a few individuals' data were considered not reliable or were lost.
- ❑ Individuals with a High Cholesterol-to-HDL ratio represented 33% of the total population in Year 0, but only 25% in Year 3. Conversely, the Normal category represented 29% in Year 0, and 36% in Year 3.
- ❑ Also the results achieved with regards to this risk factor confirm that the consistent interactions between participants and RHS' clinical team (including with dietitians and fitness professionals) allow the early detection, monitoring and possibly reversion of health risk factors.



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