



The Home Advantage

Understanding the Long-Term
Financial and Clinical
Benefits of Home-Based
Health Testing, Telehealth,
and Remote Monitoring



Technological advancements create efficiencies and conveniences that touch every aspect of life. Healthcare is no exception, and Americans today have more tools at their disposal than ever before to access, monitor, understand and act on their health right from home.

From weekly behavioral telehealth visits to daily livestreamed yoga and fitness classes, people across the nation are opting for as many home-based services as possible: In March 2021, **88% of consumers surveyed¹** said they hoped to continue using telehealth; one month earlier, **Rolling Stone reported²** a surge in home-based health testing kits for cholesterol, DNA health risks, STDs, and other biometric information.

While COVID-19 fast-tracked mainstream adoption and acceptance of remote care delivery models, the reality is that consumers were already demanding greater control of their health and healthcare decisions. Employers and health plans are in a unique position to benefit from this momentum by leveraging home-based self-screening kits, enhanced virtual care services, remote health monitoring tools and more – and effectively prevent the emergence or exacerbation of costly chronic conditions such as diabetes, hypertension, or heart disease.

For 2021 and beyond, we've identified **six key benefits** of incorporating home-based health innovations into employee wellness strategies, with an emphasis on home-based screening kits, virtual care, and remote monitoring:

- ✔ **Access to quality care**
Ensuring all individuals, including those in under-served areas or employed in hourly positions, can access high-quality healthcare
- ✔ **Risk identification**
Accurately identifying risks for the purposes of planning, cost allocation, and disease prevention
- ✔ **Chronic disease prevention**
Closing care gaps by ensuring all consumers are receiving necessary screenings, care, and services
- ✔ **Ongoing health monitoring**
Raising awareness of actual health status
- ✔ **Potential cost savings**
Avoiding high-cost interventions through preventive screenings
- ✔ **Engagement**
Interacting with employees/members/patients on a continual basis to ensure they are stakeholders in their own healthcare.

**NO. 1**

Access to quality care

Millions of Americans, especially those in rural, under-served areas, have limited access to high-quality healthcare — and the problem is only getting worse.

A recent survey conducted by the Association of American Medical Colleges (AAMC) predicts the U.S. could experience a shortage of **up to 55,200 primary-care physicians by 2033.**³ The supply of specialists and mental health practitioners is also **expected to dwindle amid rising demand.**⁴

Finding time to see a physician is also a struggle; many consumers can't get time off work to see their primary-care doctor during normal business hours, which rarely extend beyond the 8 a.m. to 6 p.m. window. The need for greater access and convenience is one catalyst spurring **rapid growth of urgent care centers throughout the country.**⁵

This problem of access is often exacerbated for individuals who are hourly wage earners/nonexempt employees — those who are uninsured by employers but don't qualify for public health insurance, such as Medicaid. These individuals may be more likely to defer preventive care — even if this increases their risk of chronic disease or illness — because it feels inaccessible financially.

New and emerging devices and technologies — such as remote patient monitoring, virtual care, and wearables like Fitbits, Apple smartwatches or Oura Rings for sleep-quality measurements — are helping individuals better manage their health. Wearable biometric monitors have made it possible to keep tabs on heart rate, and even **communicate irregularities to physicians.**⁶ And telehealth, when accessed through a personal mobile/digital device, can connect patients to world-class specialists in a particular area, such as neurology, endocrinology, or colorectal cancer, for the purposes of obtaining a second opinion.

Moving forward, health plans and employers should embrace multiple approaches to improve connections with patients — especially individuals who are employed in nonexempt jobs or with schedules that make it difficult to get to a physician for a wellness screening. Home-testing kits, in particular, provide a convenient way for consumers to measure blood pressure, weight, cholesterol, and other biometric data.



NO. 2 Risk identification

As employers, health plans, providers, and other stakeholders move further into value-based compensation models, finding better ways to identify and care for high-cost, high-risk individuals will become more important.

With chronic disease rates at an all-time high, the more health plans and employers can measure, predict, and prevent risk, the better they can prepare and maintain a state of readiness.

There are many ways to improve risk management above and beyond traditional health risk assessment (HRA) surveys. For example, home-based health testing kits can facilitate the risk-identification process and ensure employers and health plans have enough data to accurately appraise the level of risk they're managing in a given member cohort or demographic.

Say, for example, a health plan's HRA data shows 65% of its members ages 25 to 40 are obese yet undiagnosed with diabetes. If an employer or health plan sends home-testing kits for the purpose of measuring blood-glucose levels, they could discover that 50% of those individuals meet thresholds for pre-diabetes. This would inform the need for an effective intervention

strategy to prevent the progression of prediabetes into full-blown Type 2 Diabetes, which brings poorer health outcomes and higher treatment costs.



NO. 3 Chronic disease prevention

2020's unprecedented drop in preventive care⁷ — including cancer screenings and elective procedures — will undoubtedly have lasting effects on healthcare outcomes and costs.

An estimated 6 in 10 Americans⁸ live with at least one chronic condition, and a lack of preventive care only contributes to complications, such as rehospitalizations.

Initiatives such as CMS' Chronic Care Management benefit, which covers non-face-to-face patient encounters between visits, have helped seniors manage multiple chronic conditions, and prevent hospitalizations. But initiatives such as these are often limited to individuals ages 65 and older.

However, chronic disease doesn't just affect Medicare beneficiaries.

According to one recent estimate, **44% of older millennials⁹** — individuals born between 1981 and 1988 — live with at least one chronic health condition. Employers and health plans need to acknowledge these realities, and design programs and benefits that meet these needs.

For example, an organization can demonstrate its commitment to all workers by tailoring preventive health benefits — e.g., weight loss programs, stress-management programs — to younger individuals between ages 18 to 40. Such efforts pay dividends down the line, in helping to prevent young adults from developing the conditions and diseases that lead to escalating costs and re-hospitalizations.

The key is to meet individuals on their level. The use of consumer technologies such as smart scales, which enable consumers to track weight and BMI, won't prevent chronic diseases. They will, however, help consumers keep their health in check and prevent conditions from worsening. Helping individuals living with chronic illness manage their health can also keep other diseases at bay, including heart disease, liver disease, or lung cancer.



NO. 4

Ongoing health monitoring and preventative care

For consumers at risk of developing major health problems such as heart disease or congestive heart failure (CHF), preventive care is critical. But even for those with low to moderate risks for serious illness, keeping tabs on health is a good idea.

In fact, it might be even more important for those with a low risk of health complications, including anyone under age 40, to monitor their health: According to one study, about 33% of millennials in the United States don't have family doctors, compared with **15% for people aged 50 to 64.¹⁰** A separate study noted that as many as **one in four millennials hadn't had a physical within five years.¹¹**

While health plans should continue to espouse the benefits of preventive care, they should simultaneously encourage the use of supplemental health solutions that can be accessed in more convenient ways, such as smart scales, or health testing kits, that enable consumers to regularly check cholesterol levels, and take a proactive approach to their health.

NO. 5 **Potential cost savings**

Treating chronic medical conditions accounts for the bulk of healthcare costs. According to the Centers for Disease Control and Prevention (CDC), total direct costs for healthcare treatment of chronic diseases has exceeded \$1 trillion annually, with diabetes, Alzheimer's, and osteoarthritis topping the 'most expensive' list. When lost economic productivity is taken to account, the **total cost of chronic diseases exceeds \$3 trillion**.¹²

What's worse is that many of the expenses — for care, medication, and surgery — aren't covered by insurance to the extent that patients would hope. And despite encouraging **state legislation**¹³, surprise medical bills are fairly common. As many as one in five insured Americans said they received at least one surprise medical bill in the last five years, while two-thirds of adults are **worried about affording unexpected medical bills**.¹⁴

The good news for individuals and health plans is that many of these diseases are preventable. The more that patients undergo routine screenings, the more likely they'll be able to catch a burgeoning health problem before it becomes more costly to treat and manage.

Simultaneously, when employers and payers highlight the **cost savings of disease prevention and lifestyle modifications**,¹⁵ they're appealing to general financial sensibilities.

An example: While figures vary, one congressional 2008 study noted that per capita health spending in 2001 was \$2,783 for persons of normal weight but \$3,737 and \$4,725 for obese and morbidly obese persons. By addressing obesity through dietary modifications, nutritional counseling (e.g., food addiction counseling), and exercise, health plans, **employers, and consumers could see significant cost savings**.¹⁶

One cost-effective way employers and health plans can encourage preventive care is through use of home testing kits, such as app-connected wellness assessments, which provide biometric sensors to measure cholesterol, glucose, blood pressure, and resting heart rate, and can be done anytime and anywhere. Also, the cost of home testing kits typically ranges from \$50 to \$200 per person, which is far less expensive than a medical-based facility screening and labwork, which runs \$200 or more for individuals without insurance.



NO. 6

Engagement

Consumers appreciate data, whether it's metrics around health goals or insights on how their DNA influences food preferences. But information isn't just fun to have — it's also a powerful tool for influencing change.

Multiple studies indicate that patients who are more engaged, or actively participating in their own healthcare, have better clinical outcomes — which ultimately **saves employers and health plans thousands every year.**¹⁷

Forward-thinking employers and health plans are taking steps to prioritize engagement to encourage active involvement in health care. Some options include:

- ✓ Mobile apps that alert individuals to log in their food or calories, which fuse with biometric monitors embedded in smartwatches
- ✓ Incentive programs to quit smoking
- ✓ Smarter ways to engage individuals off the clock or working from home
- ✓ Solutions that can enable consumers to better manage their weight, BMI, blood glucose and cholesterol levels that won't interrupt their daily routines

Bottom line: The best way to urge less-engaged consumers to become stakeholders in their healthcare is to make it easy and rewarding to become more engaged. Employers and health plans that recognize the opportunity and take advantage of emerging tools that foster proactive approaches to health will reap the benefits of healthier employees and members.

A Healthier Future

Now is the time to take advantage of dual momentum around healthcare technology and home-based health solutions.

Incorporating home-based health innovations into employee wellness strategies, or member wellness strategies, will lead to multiple benefits — from greater access to care to better risk identification and chronic disease prevention. As employers and health plans seek to engage consumers by leveraging tools such home-based self-screening kits, virtual care, or other solutions, they'll find that consumers are more willing to try something new if it's convenient and personalized.