

G. Thomas Welsh – Director HR Benefits and Services

# The Clinical and <u>Economic</u> Aspects of Health Management at PPG

### Economic Aspects of Health Management



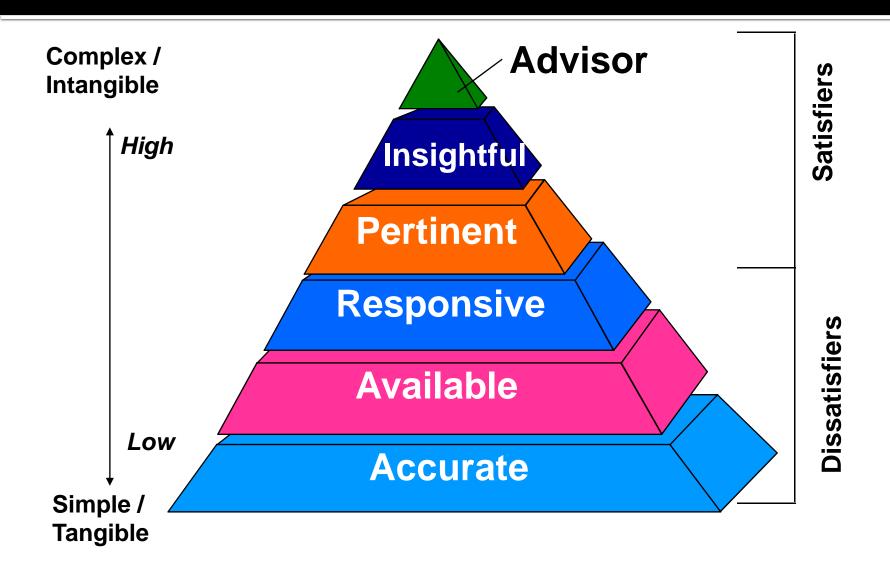
### Presentation Objectives:

- Describe the information management process
- Detail specific engagement goal metrics and tactics

Primary focus will be on U.S. health care for active employees and dependents

### Information Management

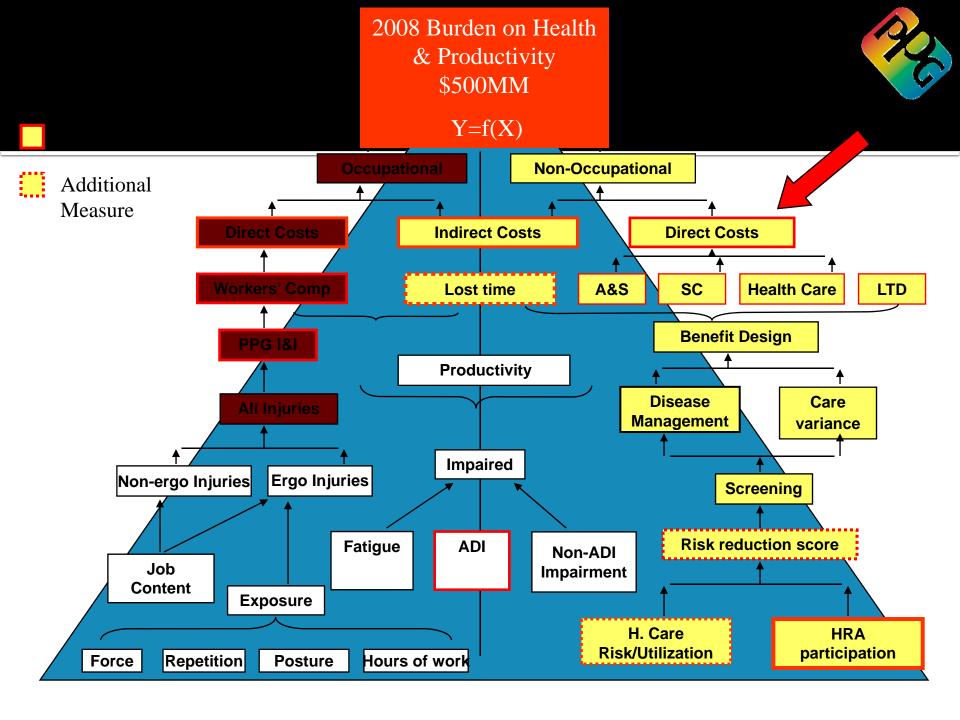




### Importance of Cost



	1.BEHAVIORS	2.PREVENTION	3.PLAN DESIGN	4.CARE EFFICIENCY	5.WORK PERFORMANCE	
Content	■Participation ■Incentives ■Motivation ■Knowledge ■Skills ■HRA expand	Best in class  Promotion  Protection  Screenings	Consumer driven  Accountable  Transparent  Coordinated  PPOs/HMOs  Pay for value	Challenge Waste  Misuse  Over use  Under use  Up-coding  Late Care  Business alliances	Total burden on Health and Productivity  Lost days  Absenteeism  Presenteeism	
Measure	■HRA participation rate  ■Risk reduction  ■Know your numbers	■Preventive screening rates  ■Avoidable admissions	■Health Care Cost and Utilization Scorecard (PEPY) ■Comprehensive financial metrics ■Head to head plan comparison	■Quality indicators  ■Avoidable "re-work"	Avoidable STD  Lost work Days  Presenteeism	
Aim	Shrink Prevent	Shift upstream	Share	Clear waste	The Other face of the moon	



#### Health Care Objectives and Goals



- ✓ To inform and motivate employees, their dependants and retirees to prevent disease, stay healthy and become better health care consumers in order to reduce overall costs.
- ✓ To use SMART goals and measures to achieve success
- To reduce burden on health and productivity cost to half of the prevailing national average change over 5 years.

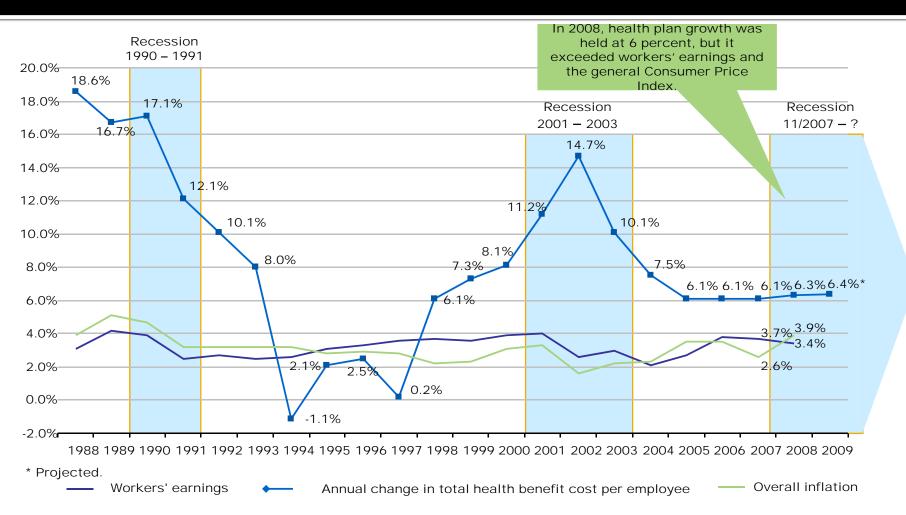
#### S.M.A.R.T. Goals



- Annual net cost per participating employee will be on average (five years) 50% of the rate experienced by companies of like size
- Total net cost to the company for health care will be maintained at 2003 level
- 3. HRA participation rate will be maintained at 80% of the employee population on the three year average
- 4. The employee population <u>at low or no risk</u> will be at 70%
- 5. At least 80% of the population will know their key health metrics (BMI, cholesterol, blood pressure)

#### **Health Cost Trend**





Source: Mercer's National Survey of Employer-Sponsored Health Plans;

Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April) 1988 – 2008;

Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey (April to April) 1988 – 2008.

### Health Care Metrics 2008 Data – for Actives



Gross: PPG payments to TPAs + employee out of pocket \$XXX MMBest measure of overall change

Less: Employee out of pocket (deductibles/co-pays) YY MM

Employee contributions (pay withholdings) XY MM

**Net:** PPG payments less employee contributions

\$ZZZ MM

Good bottom line number, <u>but</u>

Employees: 15,500 (US)

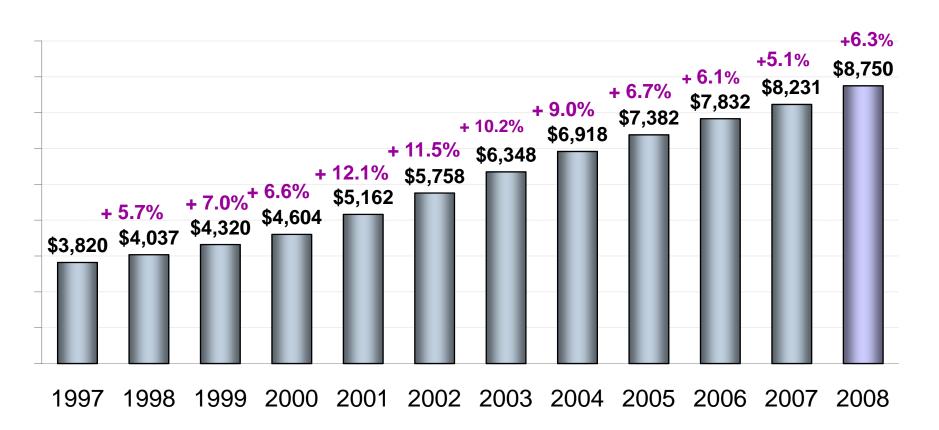
Employees – participating: 13,700 (US)

Participants: 31,500 (US)

## Total health benefit cost for active employees up 6.3% for 2008



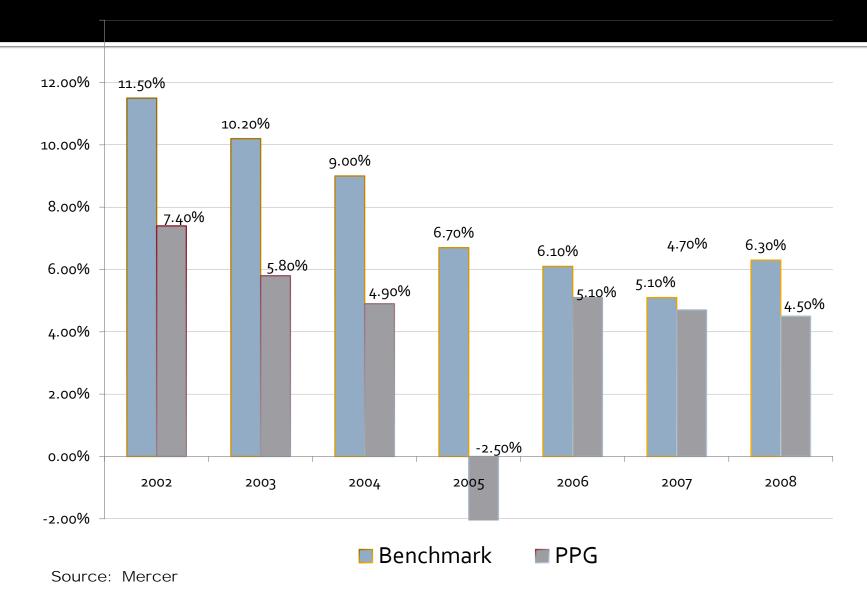
#### Large employers



Source: Mercer

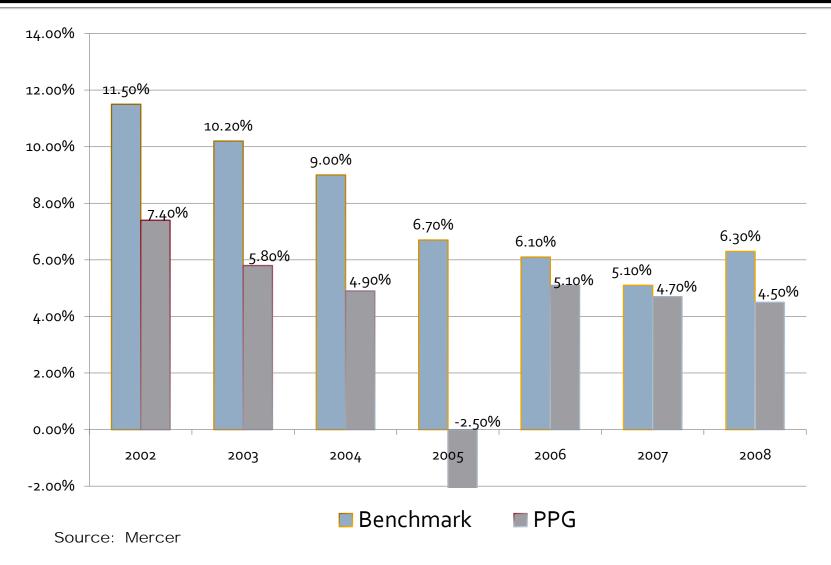
### Net Active Health Care Cost % Change Per Participating Employee





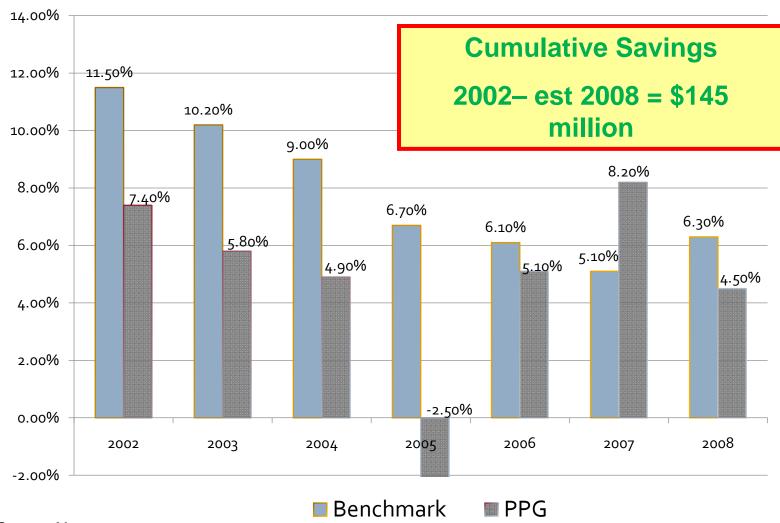
### Net Active Health Care Cost % Change Per Participating Employee (without incremental 2007 high cost claims)





# Net Active Health Care Cost % Change Per Participating Employee





Benchmark Source: Mercer

# 2008 Active Health Care Quarterly Scorecard



Top 10 Locations - Active Employees
For the Twelve Month Period Ended December 31, 2008

COST										
	Y	TD Q4		YTD Q4 2008						
	200	8 Gross	% Change	<b>Participating</b>	% Change	YTD C	4 2008	YTD Q	4 2007	% Change
	E	pense	from YTD	<b>Employee</b>	from YTD	Net Co	ost Per	Net Co	st Per	from YTD
Location	(Ir	n 000's)	Q4 2007	Count*	Q4 2007	Emp	loyee	Empl	oyee	Q4 2007
Plant A	\$	xxxx	6%	306	-8%	\$	XXXX	\$	xxxx	17%
Plant B	•	xxxx	7%	555	-2%	•	xxxx	Ť	xxxx	10%
Plant C		xxxx	7%	657	2%		xxxx		xxxx	4%
Plant D		xxxx	6%	838	0%		xxxx		xxxx	4%
Plant E		XXXX	5%	193	2%		XXXX		XXXX	1%
Plant F		XXXX	-8%	121	-3%		XXXX		XXXX	-6%
Plant G		XXXX	0%	364	-1%		XXXX		XXXX	-1%
Plant H		XXXX	10%	475	-5%		XXXX		XXXX	21%
Plant I		XXXX	17%	394	-4%		XXXX		XXXX	30%
Plant J		XXXX	-5%	102	-3%		XXXX		XXXX	-8%
Total high cost locations	\$	XXXX	6%	4,004	-2%	\$	XXXX	\$	XXXX	19%
Total PPG	\$	xxxx	1%	13,700	-4%	\$	xxxx	\$	xxxx	4.5%

Note: The top 10 locations identified above were based on the calendar year 2008 report.

<sup>\*</sup> Employee count is based on the number of those participating in PPG's medical plans.

# 2008 Active Health Care Quarterly Scorecard



Top 10 Locations - Active Employees
For the Rolling Three Year Period Ended December 31, 2008 (Jan 2006 - Dec 2008)

HEALTH							
Location	Employee Count* (3 Year Avg)	HRA Participation Rate (1) (1/06 - 12/08)	HRA Participation Rate Change**	Percent Low Risk (2) (1/06 - 12/08)	Percent Low Risk Change**	Screening Rate (3) (1/06 - 12/08)	Screening Rate Change**
Plant A	328	40%	-33%	64%	8%	72%	19%
Plant B	572	18%	-1%	51%	0%	81%	1%
Plant C	700	85%	2%	65%	1%	95%	0%
Plant D	861	40%	0%	52%	0%	54%	-1%
Plant E	193	9%	-49%	47%	6%	65%	5%
Plant F	121	95%	0%	50%	0%	48%	0%
Plant G	363	9%	1%	53%	1%	64%	4%
Plant H	541	68%	-56%	45%	6%	90%	2%
Plant I	413	7%	-2%	50%	10%	73%	9%
Plant J	105	65%	0%	60%	0%	61%	0%
Total high cost locations	4,197	44%	-14%	54%	3%	70%	4%
Total PPG	14,469	47%	-6%	58%	1%	71%	3%

<sup>(1)</sup> Goal is to maintain HRA participation at or above 80% in any three rolling years

<sup>(2)</sup> Goal is to maintain "low risk" for 70% of the population at any point in time

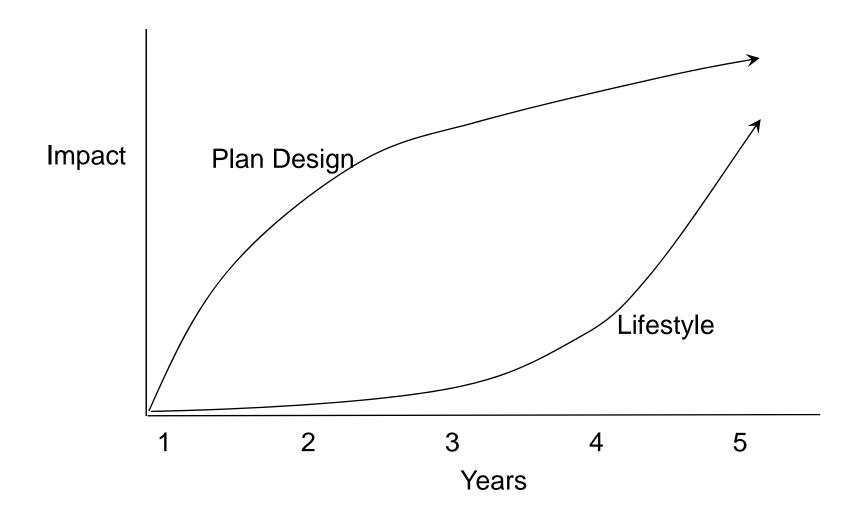
<sup>(3)</sup> Goal is to achieve screening rates of 80% of recommended

<sup>\*</sup> HRA employee count is based on three year average of the actual number of employees at location as of December.

<sup>\*\*</sup> Represents the change from the prior rolling three year period (October 2005 - September 2008).

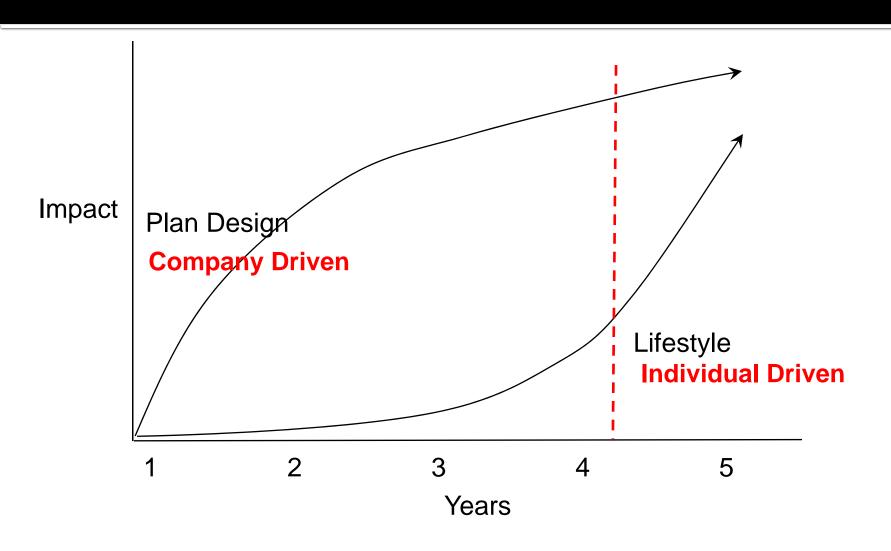
### **PPG Cost Reduction Impact**





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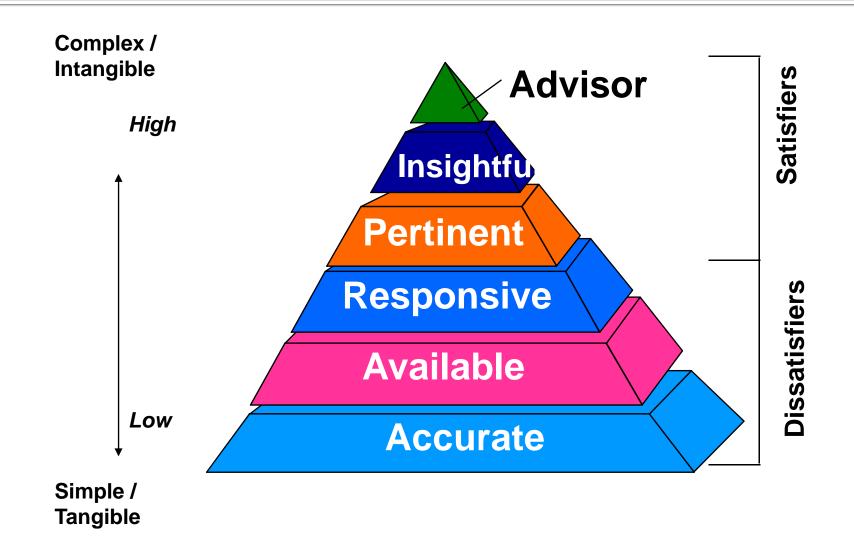
### Five Tactics for Health Management Metrics



- Establish a database that is accurate, available and responsive to inquiry
- Make head to head comparisons and measure results
- Compare spending to peers
- 4. Tie behavior to cost and compare spending to analogous in house spending
- Professional and consistently describe initiative (including ROI real and perceived)

### 1. Information Management





### Make Head to Head Comparisons and measure results



There is nothing like competition to get people into the game and focused.

Some overall indication of success is an excellent measured result. Overall \$145 MM savings.

#### 3. Compare Spending to Peers



Corporate investment in healthy behaviors as a percent of total net cost:

Company A 3%

Company B 2%

Company C 1.5%

Company D 1.6%

Company E 1.6%

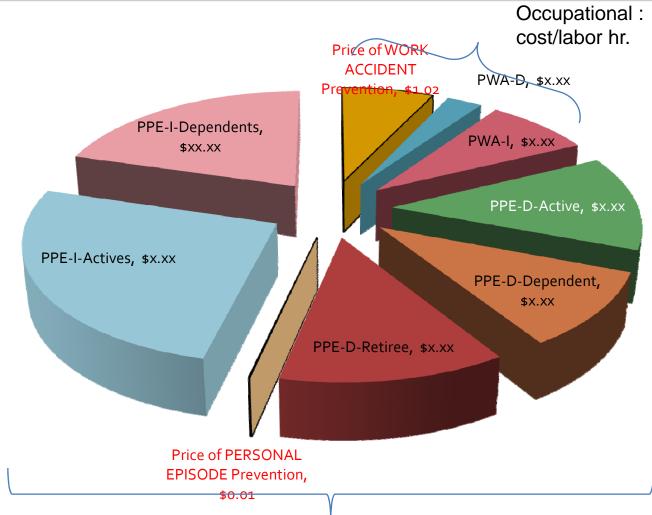
Company F 1.0%

Company G 1.0%

PPG .25%

# 4. Compare Health Promotion Spending to Analogous other In-House Spending





Non-Occupational: cost/labor hr.

#### 5. Describe Initiative - Measure ROI



#### Summary message to PPG Management in most recent engagement:

- Significant success has been achieved in mobilization of resources, metrics/reporting and cost mitigation
- •Further success in cost reduction through communications, metrics and spirit seems limited
- •PPG's investment in prevention and behavioral change in the area of health and wellness is minimal by a number of measures
- •Further cost reduction through investment in health and wellness initiatives is considered viable
- •We will professionally manage and demonstrate return on these investments



### The PPG Industries Story

"Have a Healthy Day"