



**HealthSTAT**  
The Proven Solution for Affordable Healthcare

The Robert Graham Center  
Policy Studies in Family Medicine and Primary Care  
Washington, DC

**HealthSTAT**

*making America's health care more affordable*

R. Eric Hart, MD



## ***Our Mission***

To provide

- ◆ **affordable,**
- ◆ **convenient,**
- ◆ **personal access**

to quality healthcare through focused, individualized medical intervention by means of an on-site clinic provider that results in improved employee health and a measurable, proven reduction in the employer's health care cost.

Published on Monday, December 8, 2003 by the [San Francisco Chronicle](#)  
**Health Care Costs Continue Double Digit Increase**  
 Employees bearing more of the costs

by Victoria Colliver

Large employers in Northern California saw their average health care costs rise 12.3 percent in 2003, and they expect those costs to jump an additional 15.4 percent next year, according to a survey being released today by a human resource consulting firm.

Those rate hikes — driven by factors such as changes in medical technology and rising drug costs — are higher than what large employers nationwide reported in a survey by the Mercer Human Resource Consulting of employer-sponsored health plans. Employees with 500 or more workers estimated a 10.2 percent hike in health care costs this year and a 12.5 percent increase in 2004.

Facing a fourth year of double-digit premium hikes, companies have been getting tough this year, pushing a lot more of those costs back onto their employees in the form of higher co-payments and other cost-sharing arrangements. Recognizing the limitations of those tactics, the survey found employers looking to longer-term solutions and possible government intervention to head off the unrelenting increases.

There's obviously some limitations, in terms of employee revolt or at least in terms of employee relations.

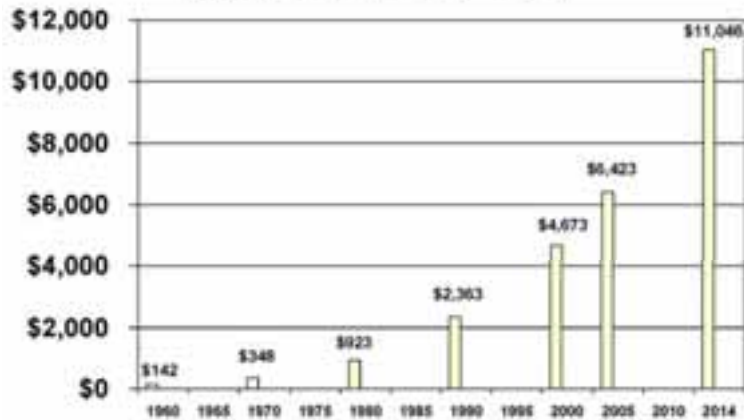
"Costs have been going up, and they're not stopping," said Kirby Hutson, a Mercer consultant based in San Francisco. "Employers had been absorbing a lot of the cost increases. It seemed like in 2003, they got pretty darn aggressive in shifting those costs to employees."

Although Northern California employers appear to be more pessimistic about health care costs than employers nationwide, Hutson cautioned against drawing any broad conclusions because the Northern California sample was based on just 56 employers with more than 500 workers.

Among 3,000 businesses — both large and small — that participated in the nationwide survey, total health benefit costs rose 10.1 percent in 2003.

The average expected increase in 2004 is 13 percent, according to the survey, which is considered the oldest and largest of its kind. As high as those increases appear, they have come down from the nearly 15 percent hike reported by survey participants in 2002 and the 14 percent they predicted for this year.

**Per Capita Expenditures for U.S. Health Services (Select Years 1960 - 2014)**



**CEOs, Government Officials Discuss Proposals To Reduce Health Care Costs, USA**

18 Sep 2005

Government officials and business leaders on Wednesday attended a summit meeting in Washington, DC, to discuss ways to control health care costs and improve health care coverage. CQ HealthBeat reports. Participants at the summit included Virginia Gov. Mark Warner (D), Massachusetts Gov. Mitt Romney (R), Sen. Max Baucus (D-Mont.) and Richard Burr (R-N.C.), and executives from Verizon, Costco, Fitbit-Bowers, Starbucks and Honeywell (CQ HealthBeat, 9/14). According to Starbucks Chair Howard Schultz, Starbucks has faced double-digit health insurance cost increases each of the last four years and expects to spend \$200 million on health care for its U.S. employees — more than the total amount it spends on coffee. He said the increases are "unsustainable," even for companies that "want to do the right thing." Starbucks provides health insurance to all employees who work more than 20 hours weekly, the AP/Spokane Spokesman-Review reports (AP/Spokane Spokesman-Review, 9/15). Schultz said the U.S. is "on a collision course" as health care costs rise (Pope, Seattle Post-Intelligencer, 9/15). He added, "I would hope congressional leaders put this at the front of their agenda" (AP/Spokane Spokesman-Review, 9/15).

**Solutions**

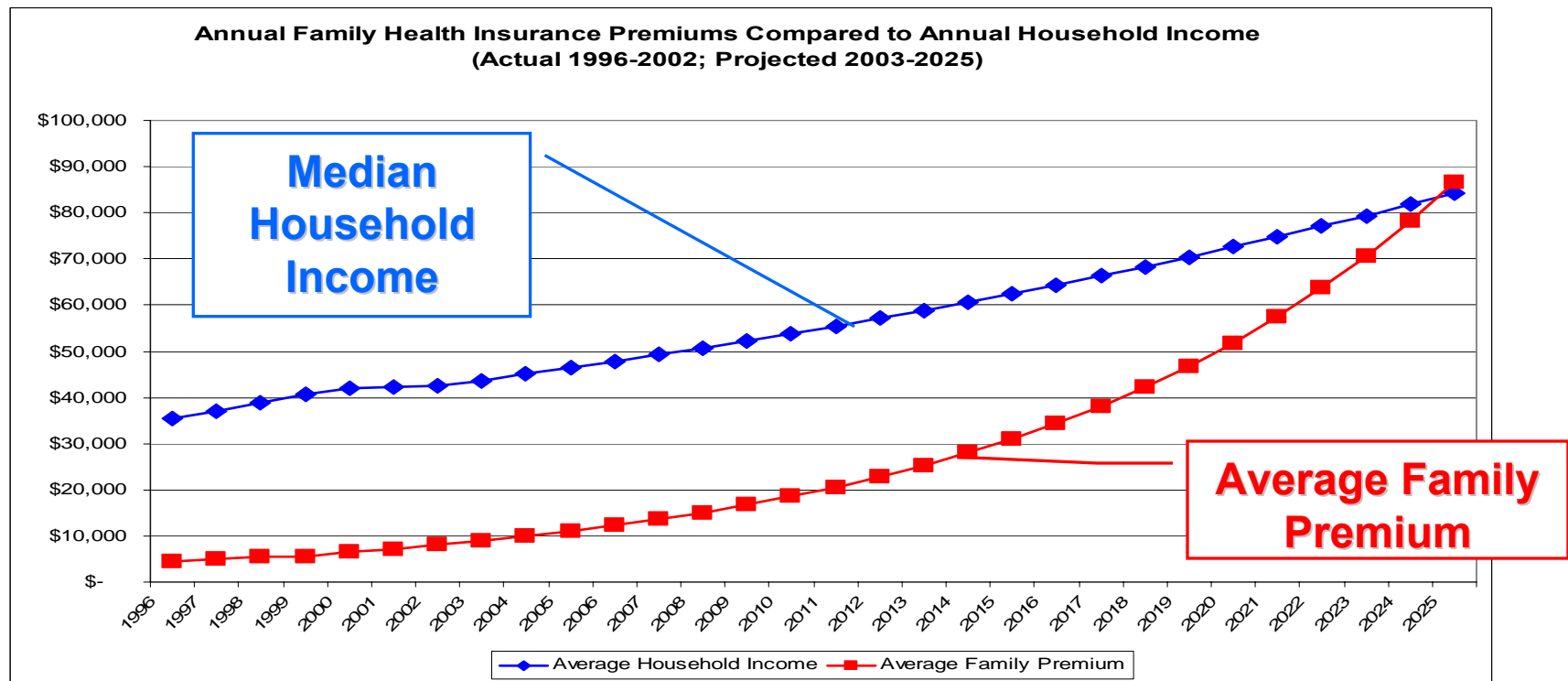
According to CQ HealthBeat, the summit participants discussed a number of different solutions, including increased use of health care information technology, "flexibility" to allow state Medicaid programs to experiment with ways to control costs and offer coverage, and wellness programs that address obesity and other conditions linked to unhealthy behavior. The group also discussed linking payments to quality incentives and providing a wider availability of quality ratings for providers. As part of the summit, Robert Wood Johnson Foundation released a report showing many business executives support measures such as tax incentives and allowing self-employed individuals and small businesses to band together to purchase insurance. According to the survey, businesses expect health costs to increase 12% next year and they plan to ask employees to pay for one-fifth of the added cost (CQ HealthBeat, 9/14).

**HEALTH, EDUCATION, AND DEFENSE SHARES OF U.S. GDP, 1955 - 2005**





## Is it Sustainable?



“In 2005, the total income of a person on minimum wage was less than insurance for a family of four.”\*

\* The Future of Primary Care: The Big Picture, Dr. Jack Colwill, University of Missouri Department of Family Medicine



# WHO'S TO BLAME??

## Few solutions on horizon as health costs rise

By Julie Appleby and Richard Wolf, USA TODAY

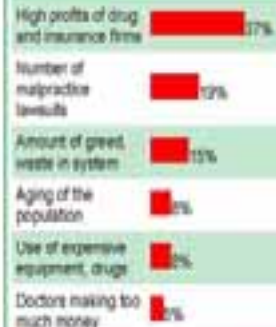
As Americans face growing health care expenses, Congress and state lawmakers say they're working to close the gap between prices and pocketbooks.

Despite the activity, skeptics say government's impact will be limited.

"There are lots of things on the table, but there's nothing that will have a significant impact on the rate of increase of health care costs," says Drew Altman of the Kaiser Family Foundation, a non-partisan research group in California.

### REASONS FOR HIGH COSTS

What survey respondents said they felt was the main reason for rising health care costs:



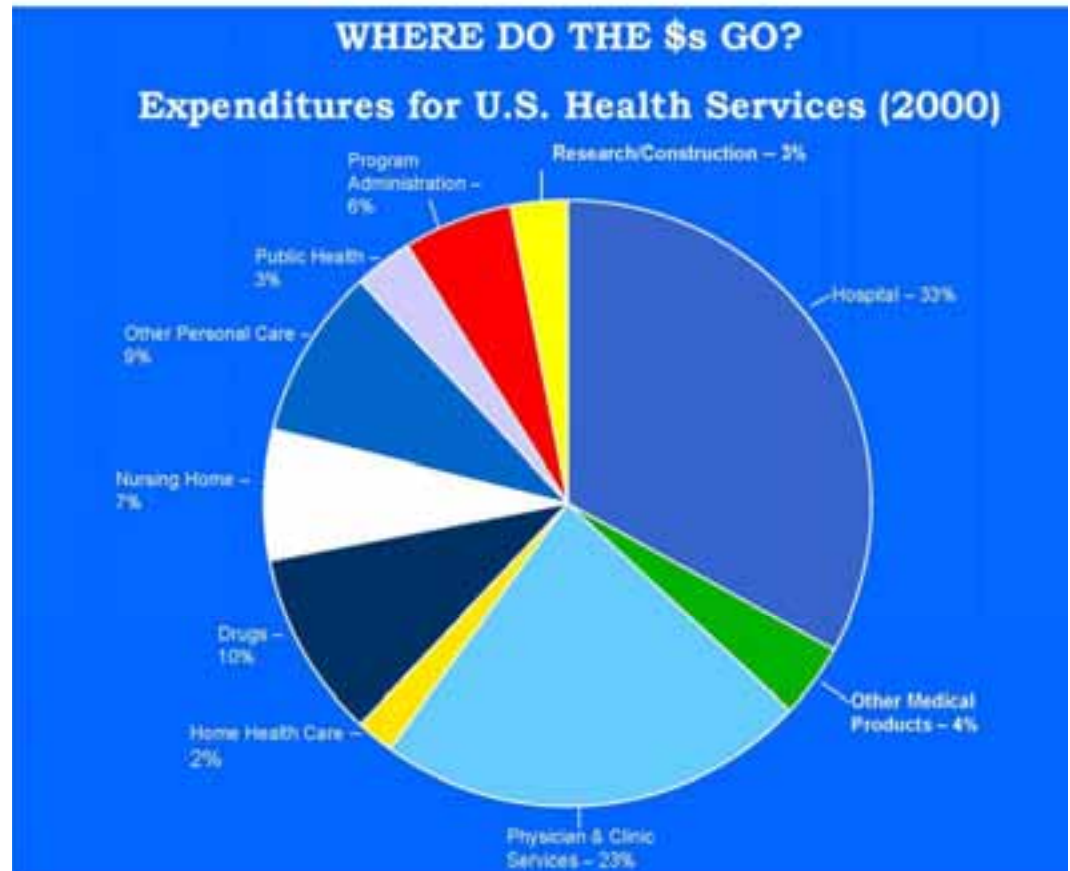
Source: USA TODAY/Kaiser Family Foundation/Harvard School of Public Health Health Care Costs Survey

Unlike the efforts of the 1970s and 1990s that included broad government mandates, most of today's prescriptions are intended to influence the private health marketplace by encouraging quality and giving consumers more choices.

"The health system in the country is fundamentally broken," says former U.S. senator John Breaux, a moderate Democrat who has organized "Ceasefire on Health Care" forums that bring Republicans and Democrats together to work on solutions. For now, he says, only incremental steps are possible: "I don't think the Congress or the country is ready for wholesale change."

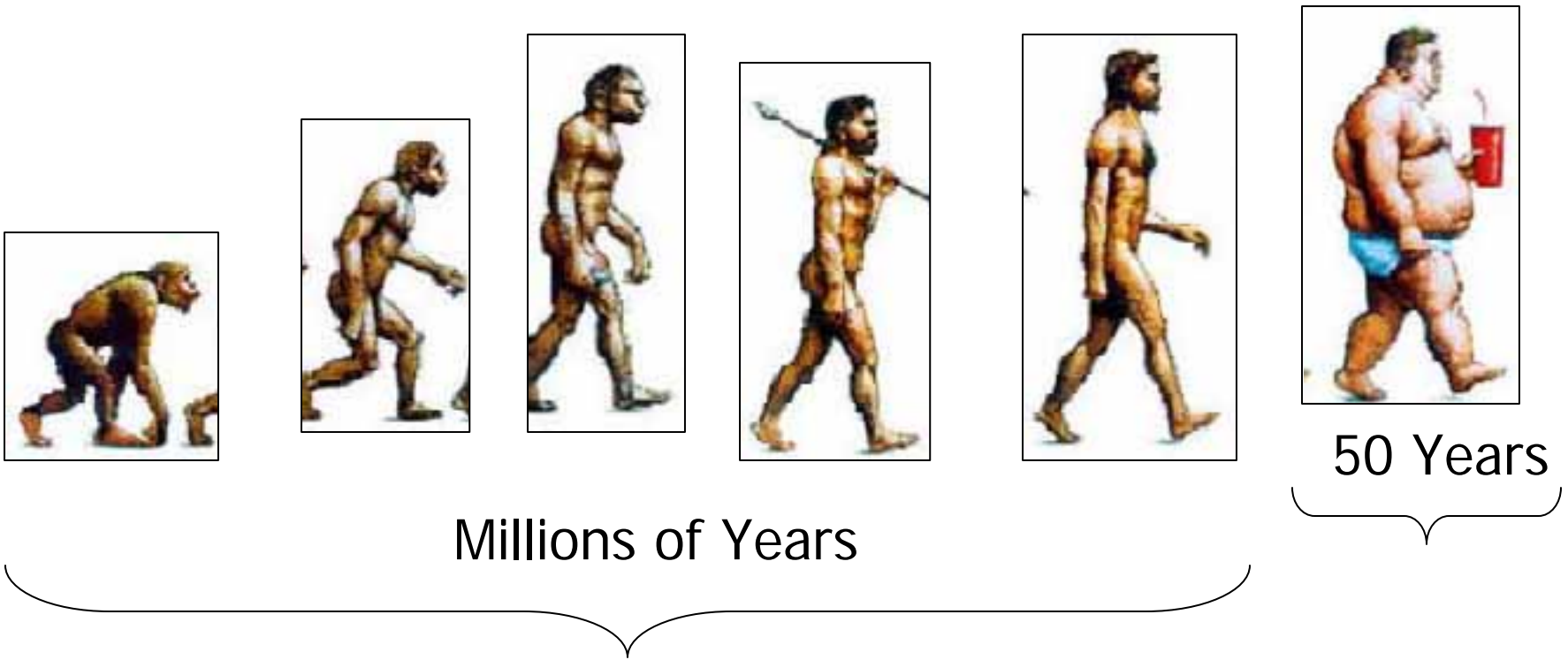
A USA TODAY/Kaiser Family Foundation/Harvard School of Public Health poll released Wednesday shows that 26% of Americans had trouble paying a medical bill in the past year. Of those, 62% had insurance.

More than one in three of those polled said the top reason for rising health care costs is the profits of insurers and drug companies. Nearly one in five cited medical malpractice awards, and 15% blamed greed and waste in the health care system.





# *The Health Hurdle*





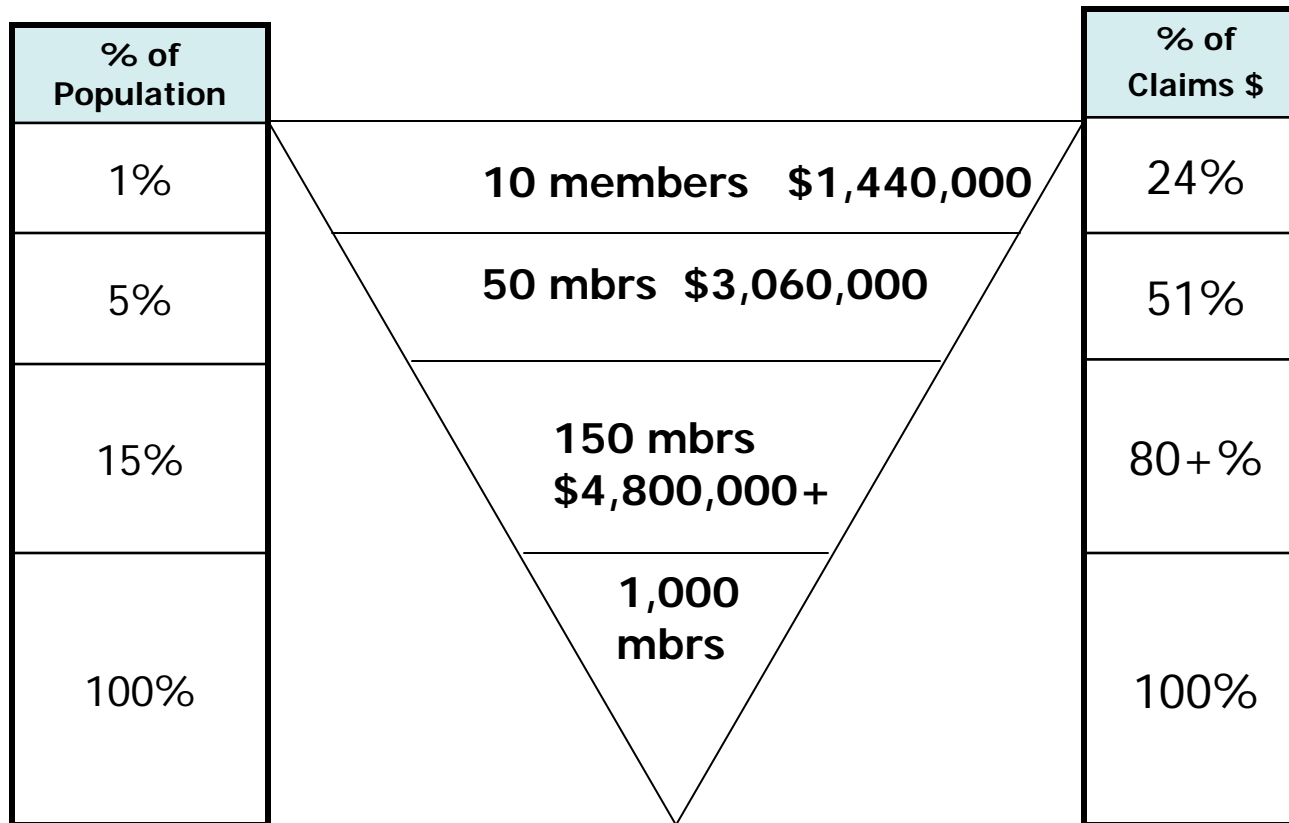
## *Focused On-Site Care*

- ◆ Claims Data or the  
**KNOWN RISK**
  
- ◆ Health Risk Appraisal or the  
**UNKNOWN RISK**



# ***KNOWN RISK: Who is and Who will be Incurring the Medical Costs?***

1,000 employees; average cost per employee - \$6,000 = \$6,000,000







# ***UNKNOWN RISK:***

## ***Health Risk Appraisal***

1. Healthy life survey
  - Demographic Information
  - Medical History (short and simple)
  - Tobacco Use
  - Alcohol Use
  - Preventive care history



## 2. On-site Biometrics to determine risk factors

- Fasting Blood Glucose
- Triglycerides
- TOTAL Cholesterol
- HDL Cholesterol
- LDL Cholesterol
- BMI
- Blood Pressure measurement



***What HealthSTAT does with the Health Risk Factor Results.***

*First*, Individual, personalized letters are mailed to the members with their screening results.



Thank you for participating in the recent Health Risk Appraisal. This will help you to understand your health risks and to identify appropriate actions to reduce your risk.

The results of your recent blood analysis are presented in the table below. If any of your test results place you in a high-risk category, your score will be highlighted. Your score is **4**. HealthSTAT recommends that you visit our clinic once every **3** months in an effort to help you manage your health risks, and ultimately, reduce this score. These visits are extremely important to your health and HealthSTAT will be monitoring them to determine compliance with our recommendations. Please schedule an appointment with our nurse practitioner within the next **3** months.

#### Health Risk Guidelines

Screening Test	High Risk	Moderate Risk	Low Risk	Your Score
Blood Pressure Systolic	140 or higher	139 to 130	129 or less	<b>125</b>
Blood Pressure Diastolic	90 or higher	89 to 80	79 or less	<b>110</b>
Blood Glucose	125 or higher	124 - 100	99 or less	<b>79</b>
Triglycerides	200 or higher	199 to 150	149 or less	<b>145</b>
Total Cholesterol	240 or higher	239 to 200	199 or less	<b>250</b>
HDL Cholesterol	< 40 Males < 45 Females		> 46 Males > 51 Females	<b>33</b>
LDL Cholesterol	160 or higher	159 to 130	129 or less	<b>165</b>
Body Mass Index	30 and above	29 to 25	24 or less	<b>23.5</b>
PSA (Male Only)	4.0 or higher	4.0 to 2.5	2.4 or less	<b>1.8</b>

Your information and any care you receive will be kept confidential.





*Second*, Aggregate reports are delivered to the Company in a de-identified format.

## Health Assessment Overview Company XYZ 11-Apr-05

<b>Table One: Measurable Risk Elements</b>						
	Trigly- cerides	Choles- terol	Blood Sugar	Blood Pressure	Body Mass	Prostate Antigen
Company Participants	1101	1101	1101	1101	1101	1101
# of Employees with Risk	165	502	76	475	408	0
Percentage at Risk	15.0%	45.6%	6.9%	43.1%	37.1%	0.0%
HS Standard	16.20%	44%	9.70%	37.7%	36.50%	1.70%

<b>Table Two: Subjective Risk Elements</b>			
	Tobacco Products	Alcohol Products	Family History
Company Participants	1101	1101	1101
# of Employees with Risk	383	114	853
Percentage at Risk	34.8%	10.4%	77.5%
HS Standard	27.00%	9.60%	77.50%

<b>Table Three: Measurable Risks by Location</b>			
	Total Assessed	# w/ Risk Factors	% of Total
Main Office	151	111	73.5%
Plant 1	60	55	91.7%
Plant 21	64	54	84.4%
Plant 23	99	71	71.7%
<b>TOTAL</b>	<b>1101</b>	<b>838</b>	<b>76.1%</b>

<b>Table Four: Measurable Risks by Complexity</b>						
	0 Risk Factors	1 Risk Factor	2 Risk Factors	3 Risk Factors	4 Risk Factors	5 or More Factors
Main Office	39	42	23	23	14	10
Plant 1	5	15	11	15	9	5
Plant 21	10	15	13	16	7	3
Plant 23	28	22	24	12	9	4
<b>TOTAL</b>	<b>262</b>	<b>252</b>	<b>241</b>	<b>174</b>	<b>95</b>	<b>77</b>

<b>Table Five: Measurable Risks by Factor</b>						
	Trigly- cerides	Choles- terol	Blood Sugar	Blood Pressure	Body Mass	Prostate Antigen
Main Office	30	70	8	53	52	0
Plant 1	7	33	4	36	30	0
Plant 21	6	32	8	33	29	0
Plant 23	11	41	9	38	38	0
<b>TOTAL</b>	<b>165</b>	<b>502</b>	<b>76</b>	<b>475</b>	<b>408</b>	<b>0</b>

<b>Table Six: Subjective Risks by Factor</b>			
	Tobacco Products	Alcohol Products	Family History
Main Office	28	16	130
Plant 1	25	4	50
Plant 21	24	8	51
Plant 23	40	6	77
<b>TOTAL</b>	<b>383</b>	<b>114</b>	<b>853</b>



Third, Complete, concise reports are delivered to the Practitioner for their use in the clinic and the directed outreach.

Company XYZ

**RISK STRATIFICATION REPORT BY PERSON**

First Name	Last Name	SS#	Systolic	Di-astolic	Glucose	Trigly.	TTL	HDL	LDL	BMI	PSA	RF
Regina	Doe	111-11-1111	160	100	152	342	282	43	107	35.26		6
Tammy	Doe	222-22-2222	165	100	150	179	241	38	175	33.71		6
Gary	Doe	555-55-5555	172	110	162	175	191	26	116	33.22	4.3	6
Enrique	Doe	333-33-3333	140	101	165	178	299	37	74	32.77		4
Mario	Doe	444-44-4444	180	80	157	645	190	31	172	31.93		4
Daniel	Doe	666-66-6666	140	80	82	93	252	47	186	40.08	2.0	3
Leslie	Doe	777-77-7777	130	78	81	358	185	26	87	31.59		3
Deborah	Doe	888-88-8888	118	78	106	133	153	36	100	30.94		1
Ismal	Doe	999-99-9999	110	80	93	101	155	30	105	33.92	1.9	1
Baer	Doe	000-00-0000	110	70	111	49	151	62	79	22.13		0





*The Company's Practitioner provides the following Chronic Disease Management Services:*

- ◆ Thorough evaluation of all members with high risks
- ◆ Develops plan for reduction of risk factors (medication, referrals, lifestyle change, etc.) – all guidelines-based vs. less structured mgmt.
- ◆ Referrals to primary care doctors or specialist, if needed.
- ◆ Review of Claims Data to confirm compliance
- ◆ Meets regularly with the HealthSTAT SERVICE TEAM to assess results and direction



## *Additional Practitioner Services include:\**

- ◆ EPISODIC CARE: ear infection, cold, flu, muscle strain, breathing disorders, general medicine
- ◆ Coordinate care with current physician – health care advisor for member
- ◆ Refer to specialists – developing 'best practice' data
- ◆ Order labs/X-rays
- ◆ Prescribe medication – generics, samples, formulary
- ◆ Minor surgery (skin biopsy, stitches)
- ◆ Patient advisor in complex health care system

**\*Your Practitioner Treats, Manages and Advises. That's why employees rank this as the #1 Company Provided Benefit!**



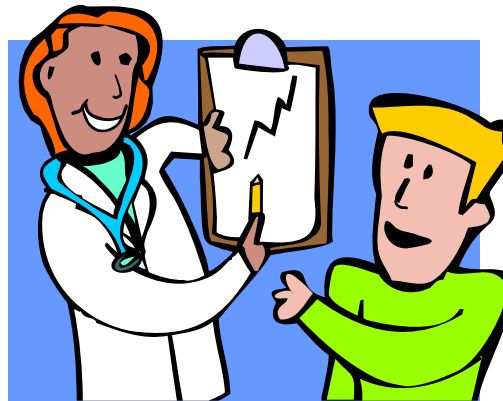
## *HealthSTAT, Inc.*

- ◆ Founded February 2001 from a provider perspective
- ◆ Clinics now serve 75 employers, 150,000+ employees, in 211 clinics across 22 States
- ◆ Provides distinctive & convenient resolution to rising healthcare costs
- ◆ Diversified Client Portfolio
  - Military Aircraft Supplier, Electronics, Furniture, Emergency Vehicles and Textiles
  - Food, Universities, Government, Home Construction, eBusiness
  - Health care organizations, Retail Services

Employer sizes – 100 to 19,000 employees



## *The HealthSTAT Solution!*



## *A Sample Patient Encounter*



NextGEN - John Smith		DemoX System - 7/01/2003 - 6/30/2004				
HPI	Chronic Condition	Past Medical History	Allergies	Family History	Social History	Review of Systems
HRA						
Predictive Modeling						
Home						
Demographics						
Immunizations						
Vital Signs						
Email						



Risk Navigator		DemoX System - 7/01/2003 - 6/30/2004		
<b>Patient Profile</b>				
<a href="#">View Detailed Patient Profile</a>				
<b>Patient Demographics</b>				
<b>Patient Name</b>	XRSXBXR, TKXHWT V	<b>Total Cost</b>	\$34,744	
<b>Address</b>	123 MAIN STREET ANYTOWN, ST 12345- 6789	<b>Forecasted Cost</b>	\$104,474	
<b>Age</b>	54	<b>Risk Index</b>	36.96	
<b>Gender</b>	F	<b>RX Detail?</b>	Yes	
<b>Patient Diagnosis</b>				
<b>Primary Condition</b>	Diabetes Mellitus Type II			
<b>Co-Morbidity</b>	Renal Failure, Chronic & Nephrosis, Diabetic Retinopathy, Peripheral Vascular Disease, Conduction disorder, Cardiovascular Surgery, Cerebral Vascular Accident			
<b>Care History</b>				
Visit Type	Date of Service	Primary Diagnosis	Procedure Description	Provider Name
ER Visit	3/5/2004	TIA		TBXMSAQT GHROHSTK TM...
Inpatient Stay	3/5/2004	TIA		TBXMSAQT GHROHSTK TM...
Outpatient	1/29/2004	DIABETIC RETINOPATHY	LASER	LXLNQHTK QXZHNMTK GN...
Professional	3/30/2004	CHRONIC RENAL FAILURE	OFFICE/OUTPATIENT VISIT, EST	USXM-THLY, SNME
<b>Maintenance Drug Compliance</b>				
Drug Name	Last Fill Date	% Compliance	Next Fill Date	
GLUCOTROL XL	11/15/2003	63.8%	12/16/2003	
ZOLOFT	11/22/2003	76.0%	12/23/2003	
AVALIDE	11/15/2003	99.3%	12/16/2003	
COUMADIN	11/22/2003	76.0%	12/23/2003	
GLUCOPHAGE XR	11/15/2003	90.2%	12/16/2003	
LANTUS	11/15/2003	99.3%	12/16/2003	
LISINAPRIL	11/22/2003	76.0%	12/23/2003	



## *Guideline Gaps*

Evidence Based Guideline Gaps are focused on Patient Care not just Process Management

The process takes claims data and processes this against Evidence Based Guidelines to provide Gaps in Care



Risk Navigator		DemoX System - 7/01/2003 - 6/30/2004					
Home	High Risk Members	Movers	Guideline Gaps	Custom Filters	Physicians	Employers	Batch Reports
<b>Laboratory Clinical Opportunities</b>							
Lab Test Name	First Test - Abnormal?	First Test - Date	First Test - Result	Last Test - Abnormal?	Last Test - Date	Last Test - Result	
<b>Guidelines Compliance</b>							
Guideline Group	Description					Compliant	
Preventative Care	Females age 50 and older: Mammogram					NO	
	Individuals age 50 and older, Fecal occult blood, sigmoidoscopy or col...					NO	
	Tobacco avoidance					Yes	
	Individuals age 2-64 with underlying chronic medical conditions: Influe...					Yes	
	Individuals age 50 to under 65: Influenza vaccine					Yes	
Diabetes	Eye exam.					NO	
	HBA1C testing					NO	
	Microalbuminuria					NO	
	ACE Inhibitors					NO	
	LDL-C lab testing					NO	
	Hypertension comorbidity					Yes	
	All of the following: Eye exam, LDL-C, GBA1C and microalbuminuria tes...					NO	
CVA	Non-Hemorrhagic: warfarin or platelet aggregation inhibitor.					Yes	
	Lipid profile or component testing (total cholesterol, LDL-C, HDL-C, tri...					NO	
	Hypertension comorbidity: with ACE, ARB, diuretic, alpha- or beta-bloc...					Yes	
	Prottime test within 30 days prior or 30 days after the most recent pre...					Yes	
CHF	Hypertension comorbidity: beta-blocker, ACE, ARB, diuretic or digoxin...					NO	
	Hypertension comorbidity: echocardiogram, age >= 18.					NO	
	Age >=18: ACE, ARB, or beta-blocker					NO	
	Age >=18: ACE, ARB, diuretic, beta blocker or digoxin.					NO	
	age >=18 & Hypertension comorbidity: ACE, ARB or beta-blocker.					NO	
Hypertension comorbidity					Yes		





## *Sources of Data for Analysis*

- ◆ HCFA 1500 and UB92 Claims
- ◆ Pharmaceutical Claims
- ◆ Membership/Eligibility Files
- ◆ Provider/Payor Masters
- ◆ Client-Specific Demographics
- ◆ Lab Results
- ◆ Health Risk Assessment
  - Questionnaire
  - Biometrics
- ◆ Encounter Data from On-Site Clinic



## *Predictive Output*

- ◆ Forecasted Cost
  - Total \$ for each member
  - Pharmacy \$ for each member
  - Cost contribution by risk driver
- ◆ Forecasted Utilization
  - Inpatient days
  - ER visits
- ◆ Acute and Chronic Impact scores

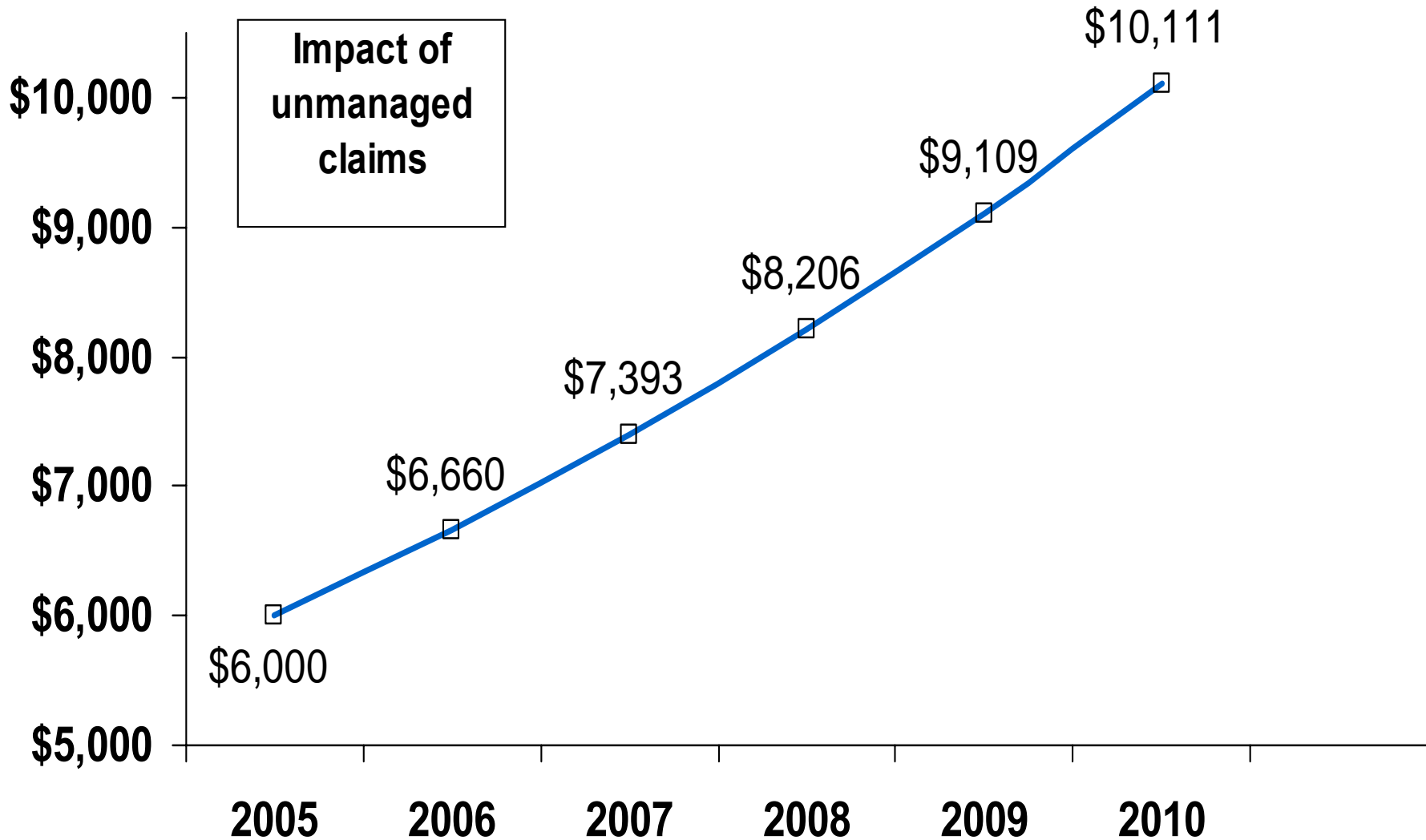


# *Dedicated On-Site Disease Management*

## THE SAVINGS IMPACT

- ◆ Decreased Inpatient Hospital Cost
- ◆ Decreased Outpatient Hospital Cost
- ◆ Reduced Emergency Room Cost
- ◆ Decreased Specialty Care Cost
- ◆ Decreased Prescription Drug Cost

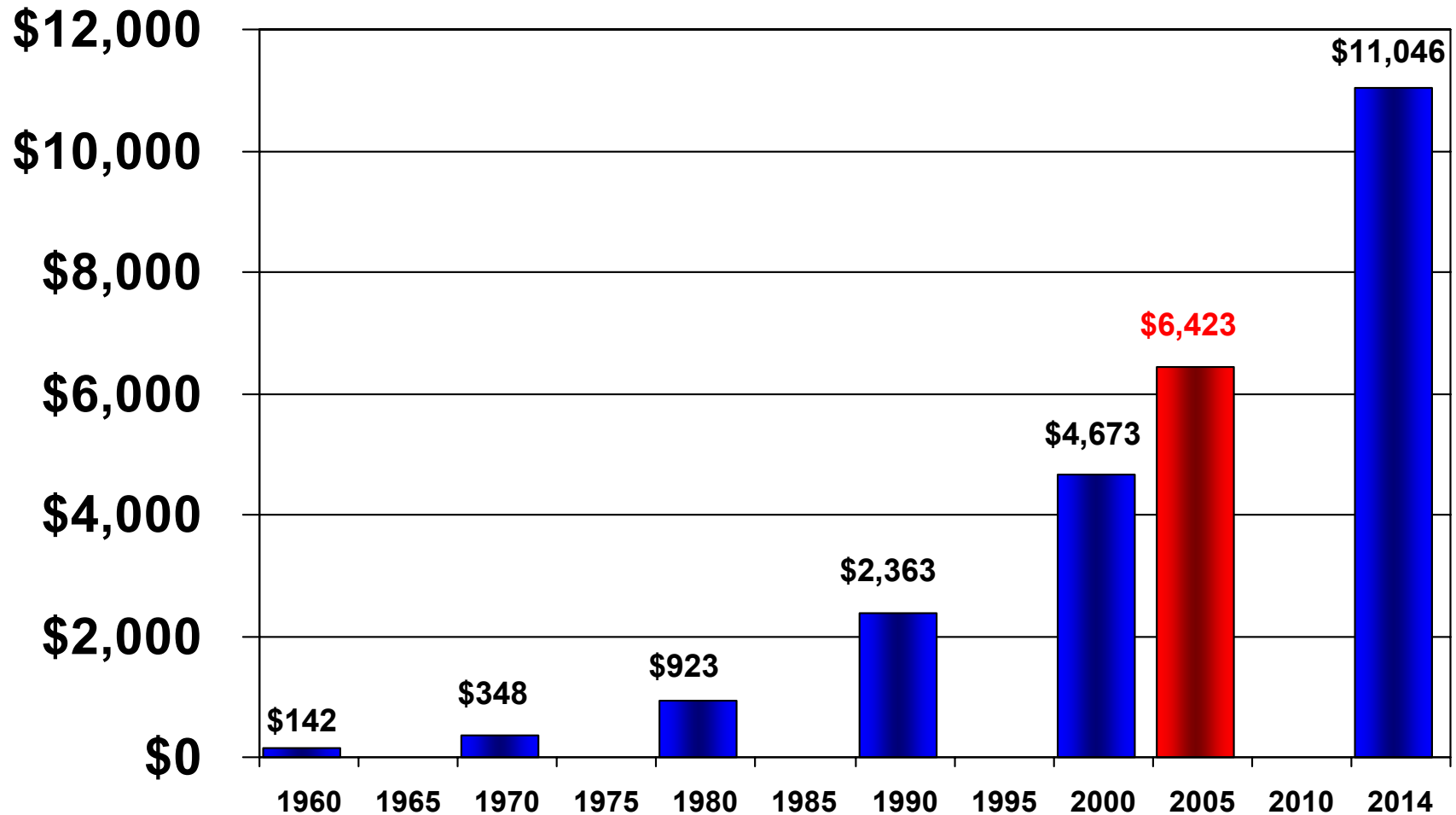
**SPECIAL NOTE:** The savings impact extends to virtually every aspect of Your Company's medical and prescription drug coverage. Money is saved as a result of less employee time away from work for visits to the doctor. Large case management is improved. The program also serves as a springboard for all corporate sponsored wellness programs.

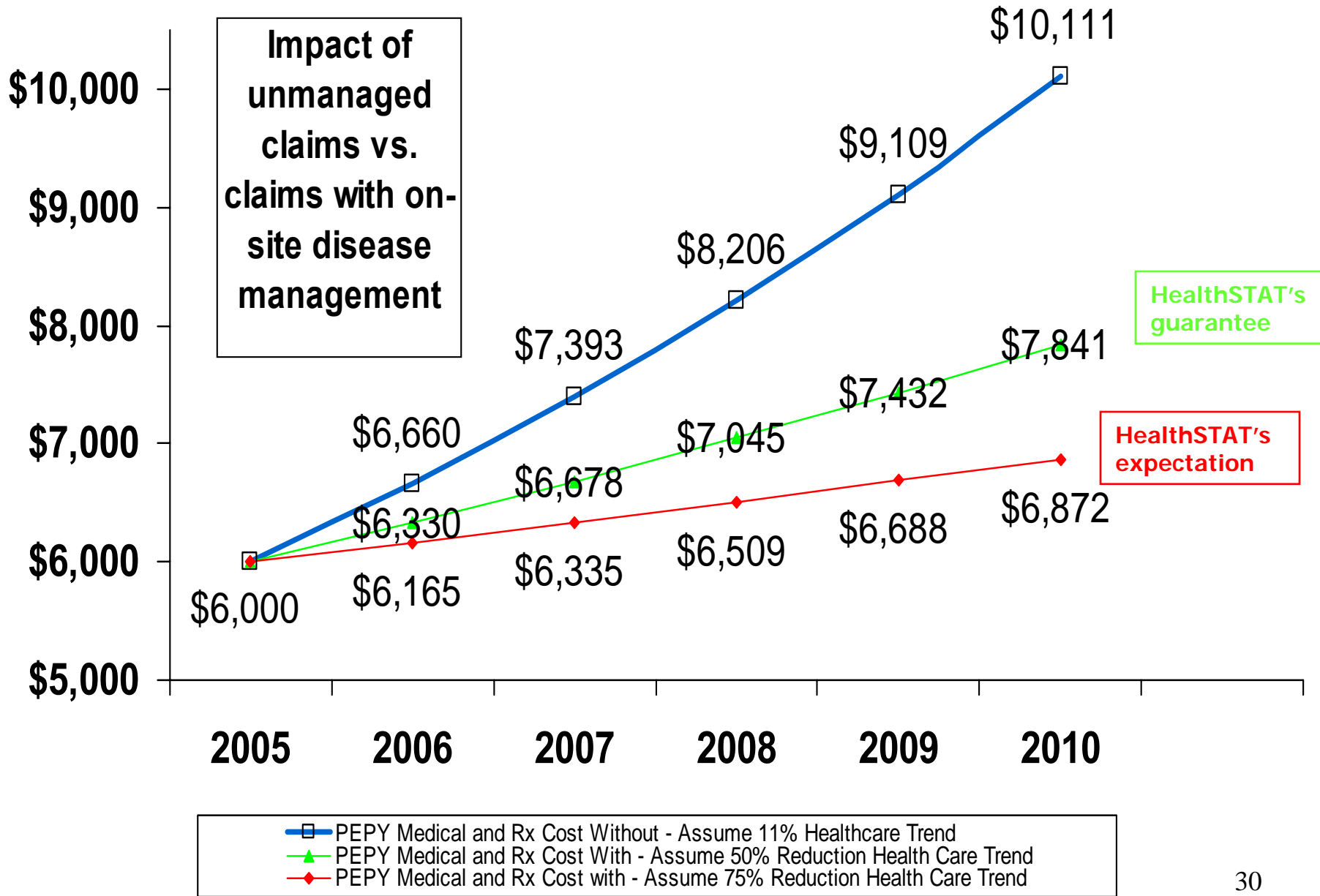


—□— PEPY Medical and Rx Cost Without - Assume 11% Healthcare Trend



## Per Capita Expenditures for U.S. Health Services (Select Years 1960 - 2014)





# ***THE REAL PROBLEM:*** **The Full Cost of Employee Health**





# *A CASE STUDY – IMPACT OF CLINICS ON RISK FACTORS OF A LARGE HEALTHSTAT, INC. CLIENT*

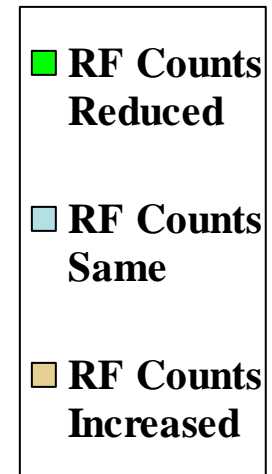
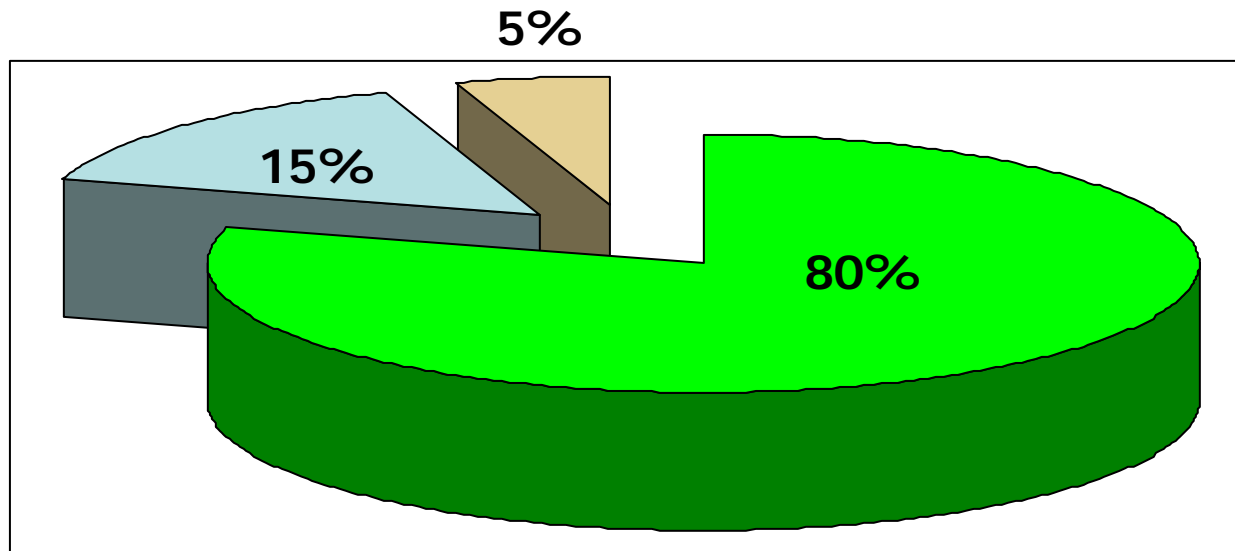
Sample population criteria:

- Participant in the Initial Health Risk Assessment
- Results indicated a risk profile of 3 or more high health risk factors
- Study period: August 2004 – December 2005 (17 months)





# *Risk Factor Change*



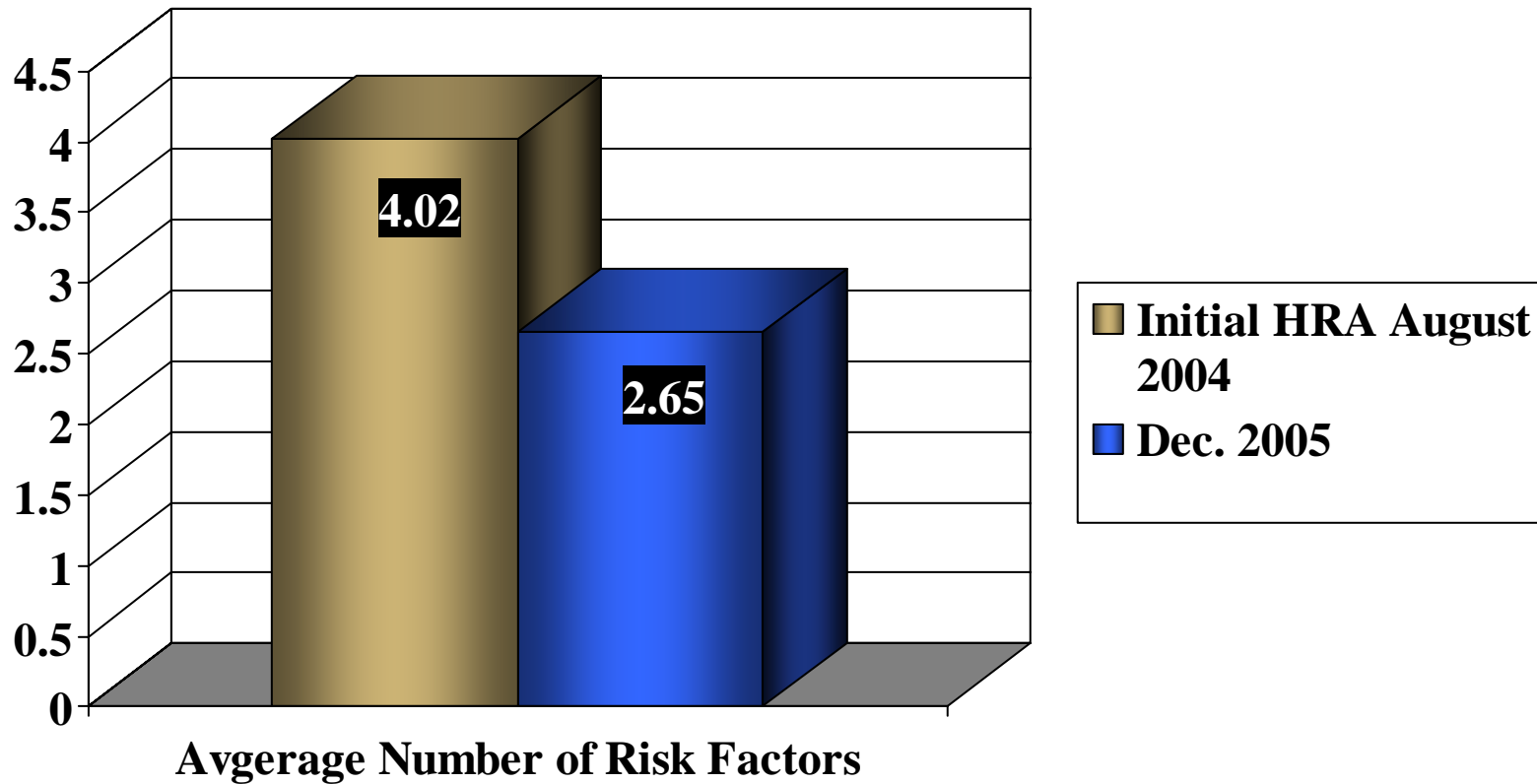


## *Impact on Risk Factors*

No. of Participants with Risk Factor Change	No. of Risk Factors Reduced
1%	-6
1%	-5
2.5%	-4
10%	-3
27%	-2
38%	-1
15%	0
3%	+1
2%	+2



# *Total Risk Factor Analysis*



**A 1.37 risk reduction in a population that has aged 1.5 years**



## *Measuring Savings and Delivering Results*

- ◆ Monthly Clinic Activity Reports
- ◆ Quarterly Clinic Activity/Utilization Report
- ◆ Quarterly Compliance Report
- ◆ Quarterly Health Care Trend Analysis and Executive Summary

Information that is not only **patient-centered**, but is also **population-based** to reflect patterns and trends so that employers can make **informed decisions** about healthcare initiatives.



## *Conclusion*

- ◆ Health Care Costs are rising at an alarming rate with no end in sight.
- ◆ Conventional disease management does not produce the desired impact.
- ◆ The HealthSTAT Solution develops impressive **claims cost savings** and **improves the bottom line**.  
**Results are guaranteed!**



# *The Bottom Line*

Good Health  
is  
Good Business



From the Exam Room  
to  
the Board Room



**HealthSTAT**  
The Proven Solution for Affordable Healthcare

## Client Testimonials

One of the most long-term *HealthSTAT* clients reports:

"The On-Site Disease Management program is **the key to the success of the Clayton Marcus Health Insurance Plan**. Because of this program, ***we have not had to increase employee costs or reduce benefits for the past 4 years*** because our costs have actually reduced over this period of time. Not only does this save us money, but it is **a great benefit for our employees.**"

Furniture Manufacturing client since 2002, Hickory, NC

As one of the longest-standing clients participating in the On-Site Disease Management Clinic program (49+ months), please note the following:

"By reducing healthcare costs, *HealthSTAT* **protects the employer's ability to provide a quality healthcare plan** – the most valued employee benefit. Our company wants to do the right thing, and this company allows us to do it."

"**We saved a tremendous amount of money on health plan costs. We cut ours every year since 2000** and this program deserves the lion's share of the credit."

Manufacturing client since 2002, Asheboro, NC



Amarr Garage Doors has had the On-Site Disease Management Program since December 2003. Please note some of the effects of the program.

"The On-Site Disease Management continues to be **one of the highest-rated programs** we offer our team members. It provides the availability and convenience of health care right in their work locations at no cost to them. A common feeling among our associates is "Please don't take away our Nurse Practitioner Program" because it is such a valuable benefit.

Lost Work Time – In today's economic environment where there is "no fluff" in staffing, it is critical to have our team members at work during work hours. By providing the on-site clinics, **we are able to significantly impact our lost work time.**

Most importantly, by participating in the health risk screening and having convenient access to health care to address the issues uncovered through the assessment, **our associates overall health has improved significantly.** This is probably the most significant accomplishment of the program. We are certainly pleased at the way in which the clinic is being utilized and look forward to continuing this benefit for our team members in the future."

Durable Goods Manufacturing Client since 2003, Lawrence, KS

"My company has participated in the HealthSTAT On-Site Disease Management Program since September of 2003 in our largest location and since July 2004 in all other locations. During this time, the program has **helped our company in many ways.**

Some of these are:

Employee Perception of Benefits – The On-Site Disease Management Program continues to be one of **the highest rated programs** we offer our employees.

Lost Work Time – Since our employees do not have to leave the worksite...their **productivity has increased significantly.**

Money Saved on the Employee Benefit Plan – By providing the on-site clinics...we have **not experienced the significant increase in health care expenses** for our clinic participants that we would have otherwise. The on-site clinics are an integral part of our strategy to hold down rising health care costs.

Improving the Health of Our Associates – We feel our **employees' overall health has improved."**

Textile Manufacturer Mauldin, SC





A textile industry *HealthSTAT* client since April 2002 reports:

“Our on-site nurse practitioner clinic is among our arsenal used to **control escalating health care cost** shared by our company and our associates. Our primary objective is to help our associates identify and manage chronic diseases through education, treatment and follow up. Just as important, we focus on prevention by helping **our associates adopt healthy habits for life**. R. L. Stowe Mills associates view their on-site clinic as **one of the most valuable benefits offered.**”

Textile Manufacturing Client, Belmont, NC

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After participating in the On-Site Disease Management Clinic program for 25 – 36 months and with between 2,000 – 2,500 employees participating in the clinics, please note the following:

“Our employees consider the clinic a **Very Valuable Benefit** that provides an adequate amount of time...and have clinic providers whose training, education and abilities meet the medical needs of our employees. Since the opening of the on-site clinics, **lost work time has reduced significantly**. Our **employee’s overall health has improved significantly** due to the on-site clinic(s). Since the on-site clinic(s) opened, **the average employee benefit cost has decreased.**”

Textile Manufacturing Client since 2003, Gastonia, NC



## *Client Testimonials*

A HealthSTAT, Inc. client since August 2005 in the Government sector:

“New Hanover County, like many other organizations has been dealing with rising health care costs over the past years. In an effort to do something proactive to hold down claims, we began a relationship with HealthSTAT. In the spring of 2005, we had mandatory education meetings in locations across the county. **HealthSTAT staff did an excellent job in explaining the program** to our 1500 + employees. At the end of each meeting, employees were given the opportunity to schedule their assessment. Two weeks later, HealthSTAT staff returned for on-site assessments, and approximately 940 employees voluntarily participated. When over 63% of our workforce volunteered to participate, we knew that we were doing something that would make a difference. **Our participation rates continue to increase each month** and so has the positive feedback from our employees.

The HealthSTAT clinic opened in August 2005 offering services twenty (20) hours per week. **Due to heavy utilization, we increased clinic hours to thirty (30) per week in November 2005. Through the assessment process, HealthSTAT has identified at risk employees**, and the HealthSTAT PA-C is able to work with these employees to help them manage their medical conditions confidentially. The **employees think HealthSTAT is a wonderful addition to our benefit offerings**, and even though it is too soon to evaluate the savings in our medical program, we are confident that we will see positive results and look forward to a long term on-going relationship with HealthSTAT.”

County Government Client,      Wilmington, NC



# QUESTIONS???



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