

A SPRINGBUK CASE STUDY The Power of **Migration Analysis: Tracking Care** Shifts in a CDHP-**Only Model** 





#### A Strategic Shift in Benefits Offerings

In 2021, a large employer with approximately 22,000 member lives made a strategic shift in their benefits strategy by removing the PPO plan option across both carriers. From that point forward, employees could choose between two Consumer-Driven Health Plans (CDHPs): a Health Reimbursement Arrangement (HRA) or a Health Savings Account (HSA).

With this change in place, the employer turned to Springbuk to understand member migration—specifically, how employees adjusted their plan utilization once the PPO option was removed.

springbuk.





#### Investigating the Impact of Cost-Sharing on Care Decisions

Springbuk found that after the PPO plan was phased out in 2021:

70% of members transitioned to the HRA plan



chose not to enroll in any plan

With this shift identified, the employer had a critical concern: Would greater out of pocket costs in CDHP type plans lead to delayed or deferred care?

To help answer this, the employer asked Springbuk to investigate if members were using fewer preventive services, skipping medications, or reducing primary care visits—resulting in greater non-compliance with evidence-based care guidelines.

As the Springbuk team began to evaluate care patterns and trends, they identified a subset of members continuously enrolled over a 36-month period.

Note: The continuously enrolled population was defined as members that were enrolled all 12 months of 2019 in the PPO plan, all 12 months of 2020 in the PPO plan, and all 12 months of 2021 in a CDHP plan.

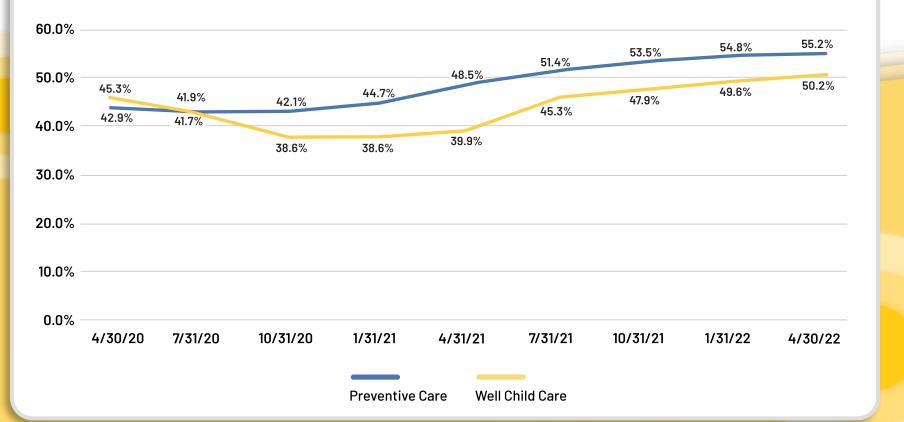


#### **Care Utilization Remained Strong in CDHP Plans**

Springbuk's analysis of the continuously enrolled member population revealed encouraging trends following the shift from PPO to CDHP coverage.

#### Primary Care Engagement Held Steady-Even Improved

Contrary to concerns, preventive care usage remained consistent. In fact, the percentage of members visiting a Primary Care Physician (PCP) increased.



Top Preventive Care Gaps for Continuously Enrolled Population

The largest trend was seen in members with a PCP visit going from 72% in 2019 to 86% in 2021. 77% saw a PCP in 2020 despite the COVID-19 pandemic which often caused a decrease in utilization.

#### 2019

72% of members had

a PCP visit

#### 2020

77% had a PCP visit, despite the pandemic -related dip in overall healthcare utilization 2021 PCP visits increased to

86% after transitioning to a CDHP plan

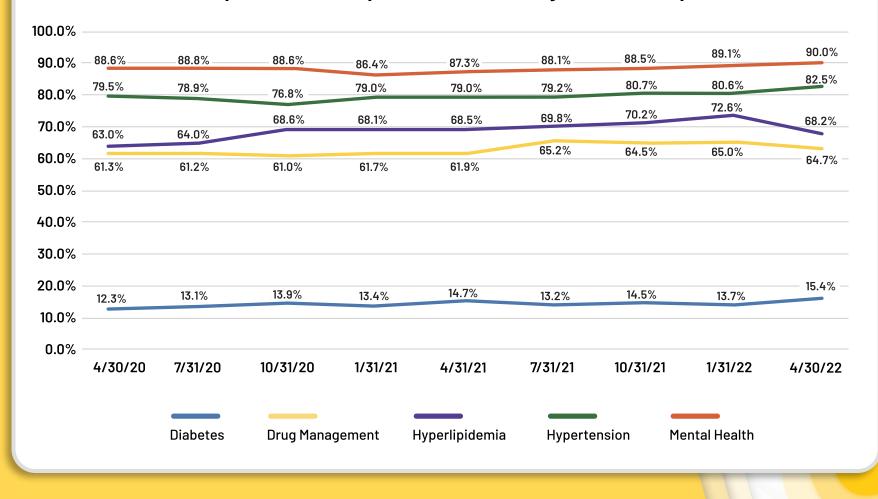
### Prescription Drug Utilization Increased

) The overall scripts per member increased substantially in 2021 under the CDHP plan, but some of this can be attributed to COVID-19 vaccines

) Generic scripts per member remained stable after plan migration

) Specialty drug utilization also held steady, despite more substantial out of pocket cost for members

#### Top 5 Chronic Gaps for Continuously Enrolled Population



#### **Gaps in Care Remained Consistent**

- ) Compliance with evidence-based medicine showed no decline
- Similar to chronic gaps in care, the compliance rates for preventive care gaps did not decrease after switching to a CDHP plan

These insights helped the employer confirm that plan design changes didn't lead to a drop in care quality or engagement.

Note: The chart on the left shows the compliance rates for the top 5 chronic gaps in care (based on the number of continuously enrolled members that qualify for gaps).

# Validating the Impact of Plan Design

**Springbuk's analysis helped alleviate the employer's concerns around offering only CDHP plans.** The data showed no negative impact on preventive care utilization or adherence to evidence -based medicine guidelines following the elimination of the PPO option.

Springbuk empowers you to evaluate benefit design decisions with confidence—ready to uncover what's happening in your population?





