

Tired of health solutions that can't show ROI? So are we.

See the difference MOBE can make.

We know that our personalized, one-to-one guidance helps people improve their physical health, mental well-being, and medication use—and helps organizations save money on health care. But can we prove it? We can. Find out how.

It's about outcomes. It's about attribution.

When it comes to health and well-being programs, organizations often struggle with a crucial piece of the puzzle: **attribution**. How can you know for certain that a given program is actually responsible for any positive financial outcomes? At MOBE®, one of the ways we address this is by (1) employing the Rand Short Form Health Survey (SF-36), a reliable and trusted method to measure health status, and (2) using best-in-class data science to reveal the impact on health care claim costs.

Measuring health. Examining costs.

It turns out there's a simple but effective way to determine how well a health improvement program is working: track participants' self-perception of health and see how it changes. A low self-perception of health has long been considered a valid and robust predictor of morbidity, mortality, and health care utilization. When you measure a person's self-perception of health consistently over time, using statistically sound methods, you can compare the results to their health care costs and the connection is made clear.

1

Survey participants to establish a baseline self-perception of health.

2

Repeat the survey to measure change.

3

Analyze corresponding health claims data to demonstrate cost reduction trends.

When we surveyed MOBE participants from 2019–2022, we proved a compelling outcome attributed to participating in MOBE:

As self-perception of health went up, health care costs went down.



Self-perception of health



Inpatient services
Outpatient services
Professional services
Prescriptions

Project your savings into the future.

A bonus of this approach is that it's predictive, which enables you to make confident decisions around spending, budgeting, and more. Even before your people participate in MOBE, we can calculate your expected health improvements and cost savings.

Want to dig deeper? [Explore data and methodology](#)—and see additional outcomes below.

Connecting cost savings to participant outcomes.

With industry-leading capabilities in data and analytics, MOBE identifies trends and insights that matter—for our program, our participants, and the organizations we serve.

Measuring self-perception of health: The SF-36 survey.

One of the many ways MOBE measures change in health status is with a validated tool for quantifying self-perception of health: the Rand Short Form Health Survey (SF-36). This internationally trusted survey consists of 36 straightforward questions that ask about physical and mental health, and the impact on a person's life. Respondents rate their health on a scale from poor to excellent, report on specific areas of their health, consider how their health impacts their day-to-day life, and much more.

Why use the SF-36?

By using the SF-36, MOBE is in good company. From the American Heart Association to the World Health Organization to the National Institutes of Health, thousands of organizations worldwide have used the SF-36 as a reliable way to measure the impact of an individual's health on their quality of life and their use of health care. Here's why:



It's comprehensive. In 36 straightforward questions, the SF-36 asks respondents to consider their health across eight domains:

- General health
- Physical functioning
- Bodily pain
- Energy/fatigue
- Social functioning
- Mental health
- Role limitations due to physical health problems
- Role limitations due to personal or emotional problems



It's repeatable. When the survey is administered at regular intervals, it can create a rich, nuanced picture of individual and group health trends.



It's credible. The SF-36 has undergone extensive validation and reliability testing to ensure that the questions address key dimensions of health and accurately measure respondents' perceptions. It has been rigorously tested in diverse populations across different cultures and age groups. In research and clinical practice, it has been shown to be a valid and reliable measure of self-perceived health status.

Examining actual health care costs.

Participant health is one important part of the picture. The other crucial area is cost. To better understand this connection between self-perception of health and health care spending, MOBE examined medical and pharmacy claims for the survey population. Specifically, we looked at data six months after each survey to allow for extended time-to-cost impact and to avoid month-to-month variability. This enabled us to measure baseline and predictive monthly cost values per individual.

Key findings.

After gathering the numbers and performing complex analyses, we were able to quantify the most meaningful outcomes in the value our clients realize through MOBE.

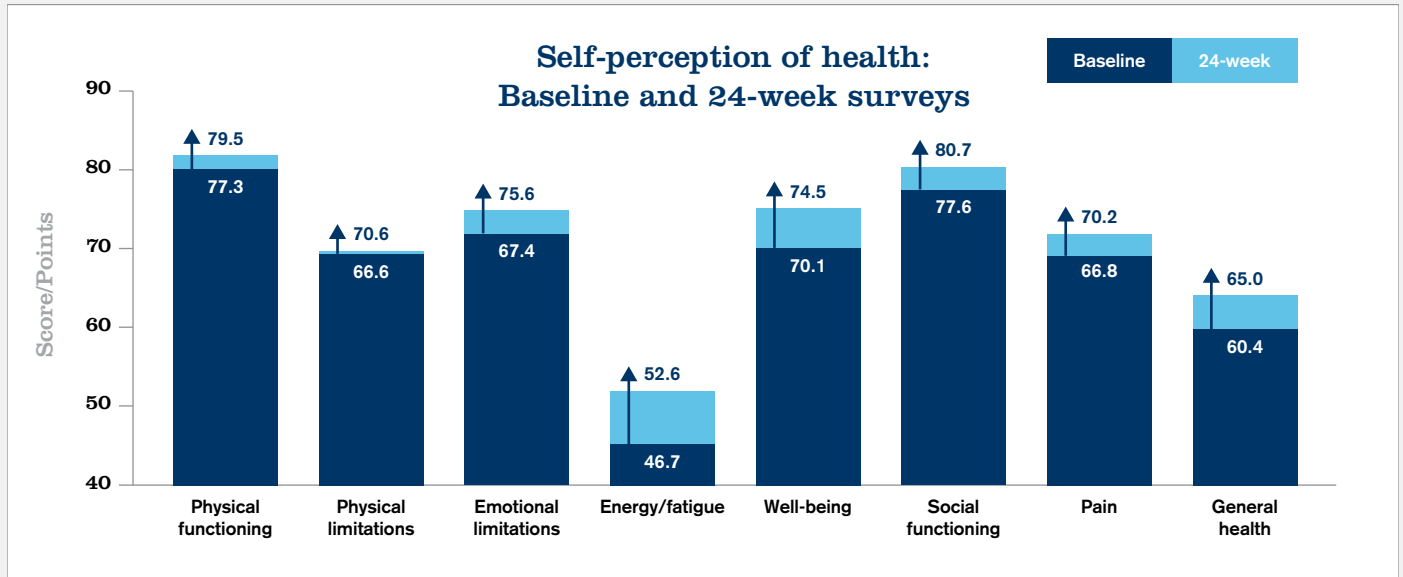
Outcome # 1:

MOBE participants show improved self-perception of health over time.

We analyzed thousands of SF-36 survey results from 2019–2022. This included results for people with up to three survey iterations:

- Survey 1: Baseline
- Survey 2: 12 weeks with MOBE
- Survey 3: 24 weeks with MOBE

After 24 weeks of working with MOBE, participants reported improved health in every one of the eight SF-36 domains, with notable improvements in energy/fatigue and general health. There is not a target or ideal score for SF-36 results; increasing scores show perceived improvements in specific areas of health—and fewer limitations on everyday life.

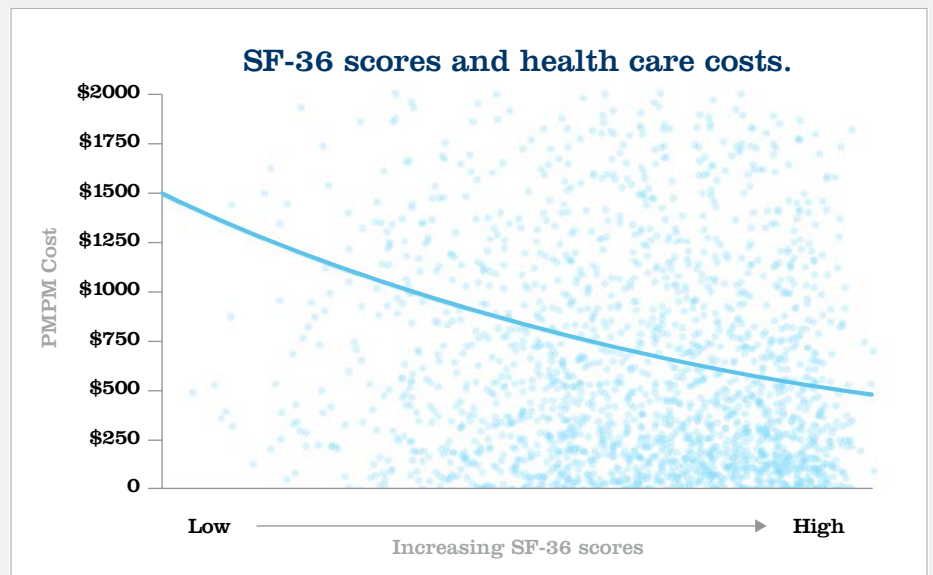


Outcome #2:

Improved self-perception of health is correlated with lower costs.

Having established that MOBE improves self-perception of health, the next steps are to validate literature reports that lower self-perception of health is associated with frequent use of health care services, and uncover the impact on medical and pharmacy claims cost. Each dot represents a real person. An exponential regression—represented by the curved line—shows an inverse correlation between cost of care and perception of health. To reaffirm the correlation, we fit an exponential regression to baseline SF-36 survey results vs. per-member per-month (PMPM) costs.

In other words, higher SF-36 scores correlate directly with lower per-member per-month costs compared to lower scores. These analyses further support the importance of measurably improving individuals' views of their health.



Nationwide population distribution across MOBE clients.

Outcome #3:

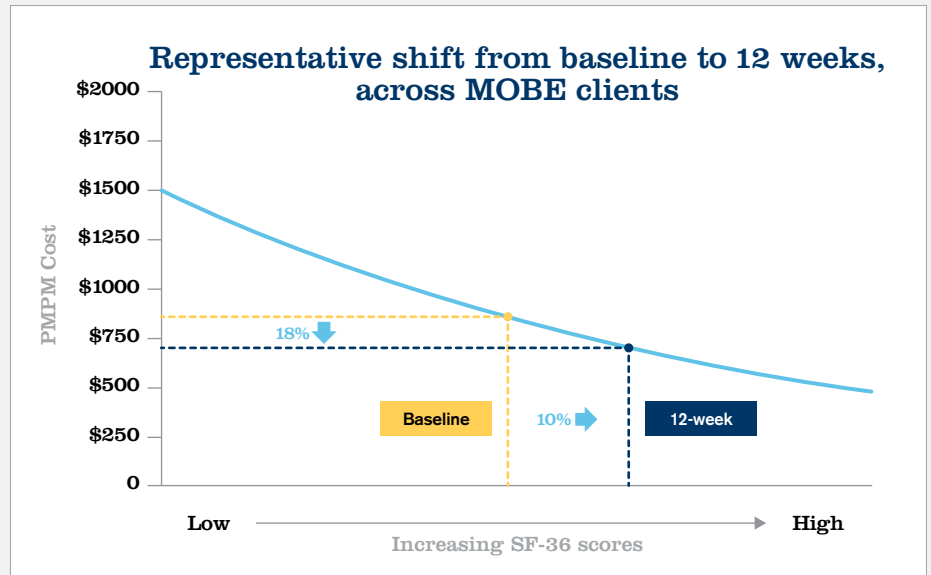
The participants who start with the lowest SF-36 scores show the biggest improvements—and the biggest cost reductions.

In the process of showing that MOBE intervention drives up self-perception of health scores while driving down costs, we're able to uncover another meaningful outcome: participants who start out with the lowest SF-36 baseline scores have the greatest opportunity to benefit from improvements and reduce health care costs.

- When we compare baseline SF-36 scores with the 12-week survey results, we see a 10% increase for those who started in the 25th percentile. This increase in score correlates with an 18% decrease in average per-member per-month costs.

- Why does this matter? Because your least healthy people are likely driving your highest costs. MOBE can create meaningful health improvements for your people and your organization, in only a matter of months.

These results are visualized in the chart to the right. Dotted lines point to the baseline and 12-week surveys. The leftmost portion of the chart, where SF-36 scores are lowest, illustrates that participants with the lowest initial scores show the largest cost reductions.



Savings across your population.

Within your population, the people selected for focused MOBE support are medically complex—often using three or more chronic medications across a variety of medical conditions, receiving care from multiple providers, and utilizing health care services at 3–4 times higher rates than the general population for both acute and chronic care. But self-perception of health can vary despite how unhealthy a person's profile may seem. MOBE creates significant savings even for people with higher baselines too. For example, if we were to increase a participant's 25th percentile baseline survey by 25 points, we would expect a 15% decrease in average per-member per-month costs—a significant savings across all MOBE participants.

Key outcomes of MOBE intervention.

1

MOBE participants show improved self-perception of health over time.

2

Improved self-perception of health directly correlates with lower costs.

3

Participants who start with the lowest SF-36 scores show the greatest improvements and cost reductions, but everyone benefits.

See how we're all-in on outcomes.

We've shown how MOBE intervention boosts health and drives down costs. Find out how MOBE can help your organization improve health outcomes.