



**Validation**Institute

# 2024 Validation Report

**Review for: US HealthCenter, Inc.**  
**Validation Achieved: Outcomes**  
**Valid through: December 2024**

# Company Profile



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<b>Category:</b>	<b>Population Health Management</b>
<b>Website:</b>	<a href="http://predictimed.com">predictimed.com</a>
<b>Public or Private:</b>	Private
<b>CEO:</b>	Gavin Quinnies
<b>Company contact:</b>	Gavin Quinnies/gquinnies@ushcinc.com

## **Description Provided by the Company:**

**The PredictiMed™ program** offers group members a health risk assessment and then provides customized interventions. The interventions apply evidence-based tactics to prevent onset of disease, reduce complications of current disease, and promote primary prevention. The goal is for people at low-risk to remain low-risk, and for people at moderate- or high-risk to shift to lower-risk levels.



# Claim Assertion for Validation

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**US HealthCenter's** program interrupts the natural flow of people from low-risk to moderate- or high-risk. Thus, a group using the program has fewer people at high risk who are likely to incur high medical costs over time.

## Method / Calculation / Examples

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The baseline scores on **USHC's** proprietary risk assessment of 23,000 people were categorized as low/ moderate, elevated, high, and serious risk. The same group's scores were taken at 12 months later. The counts of people in each risk category were taken for each time period.

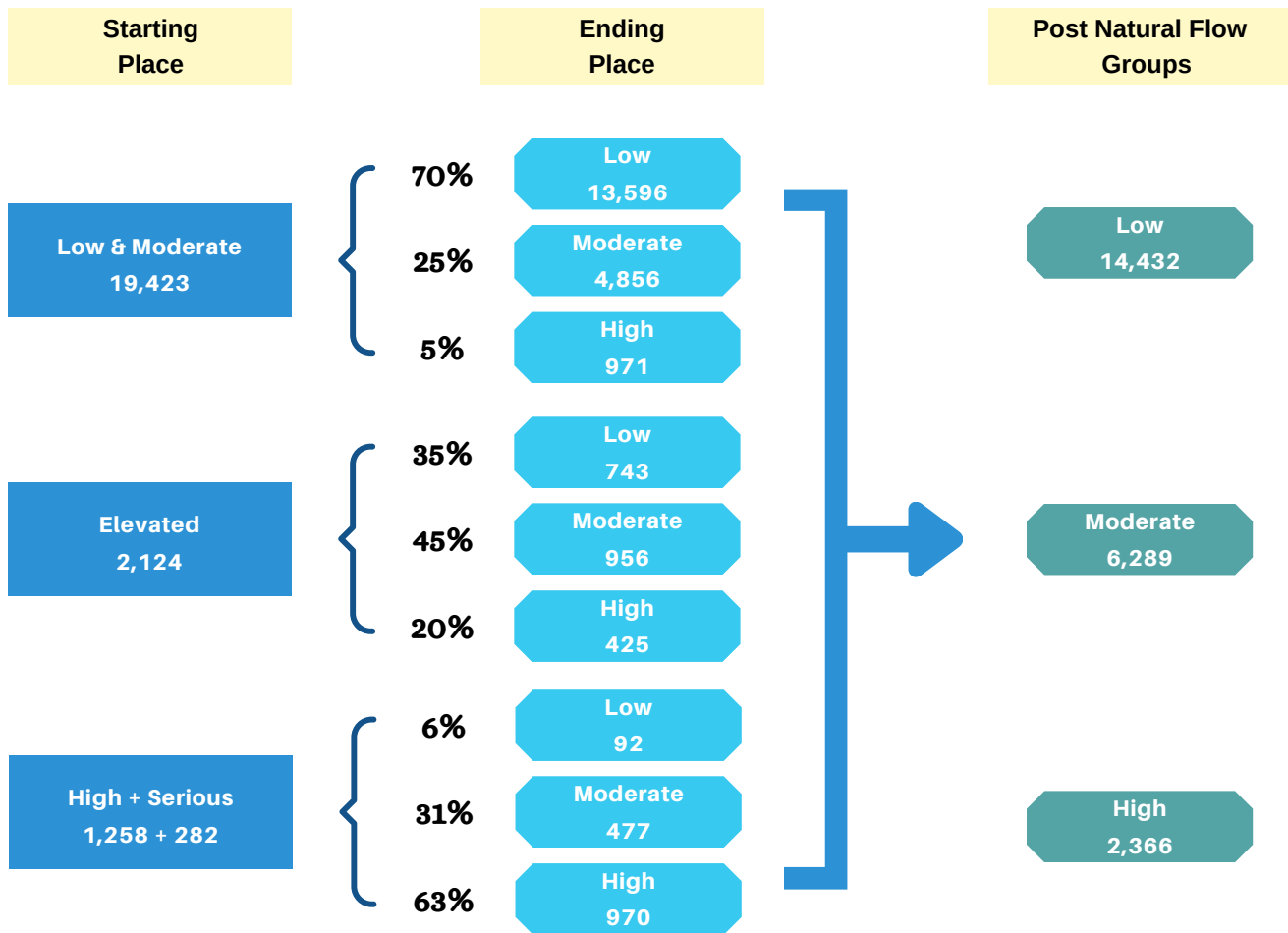
The Natural Flow of Risk (Loeppke, Edington, & Beg, 2010) was calculated, using the baseline scores. As the model has only three levels of risk, PredictiMed™'s two lowest ranges (low and moderate) and two highest ranges (High and Serious) were combined; thus, a low, mid, and high range for PredictiMed™ could be compared to the risk model's three levels. The model estimates the migration between low, mid, and high-risk levels. For example, 70% of the group that begins in the lowest risk level will remain low risk; 25% move to the mid-level, and 5% become high risk. The projected results of the Natural Flow of Risk were calculated and then compared to the actual results.



# Findings & Validation

The chart below applies the Natural Flow of Risk model to the actual program baseline enrollment.

**Figure 1: Natural Flow of Risk Model Results**





The table below compares the Natural Flow of Risk model’s results to the actual results. The actual results were superior to what the Natural Flow of Risk model predicted. The number of people remaining in the lowest two risk categories (titled low and moderate in the PredictiMed™ program) was 38% higher than the Natural Flow of Risk model predicted; similarly, the two higher level categories had 70% fewer and 45% fewer people than the model predicted.

**Table 1:** Comparison of Natural Flow of Risk Model’s Results v.s. Actual Results

Year	Actual Results		Natural Flow Results	Ratio Actual/ Natural Flow
	2017	2018		
Low & Moderate	19,423	19,909	14,432	138%
Elevated	2,124	1,882	6,289	30%
High	1,258	1,057	2,366	55%
Serious	282	239		
	23,087	23,087	23,087	

There is evidence that people in low and moderate risk categories have lower medical costs (Musich, Hook, Barnett, & Edington, 2003). Health plans would have lower expenses by having more people in low risk levels.



## Limitations

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There were 8,043 people for whom there was only one assessment score and who were excluded from this analysis. Whether these people differed in significant ways from those who had two assessment scores was not analyzed. Since the assessment and participation were voluntary, it is possible that an unmeasured factor partly explains the performance.

This analysis did not address whether the risk levels corresponded to a person's medical costs.

## Works Cited

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1. Loeppke, R., Edington, D., & Beg, S. (2010). Impact of the Prevention Plan on Employee Health Risk Reduction. *Population Health Management*
2. Musich, S., Hook, D., Barnett, T., & Edington, D. (2003). The association between health risk status and health care costs among the membership of an Australian health plan. *Health Promotion International*, 57-65.



# Validation and Credibility Guarantee

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**US HealthCenter's PredictiMed™** achieved validation for Outcomes.

Validation Institute is willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit

<https://validationinstitute.com/credibility-guarantee/>

## Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.

## Outcomes

Product/solution has measurably improved an outcome (risk, hba1c, events, employee retention, etc.) of importance.

## Metrics

Credible sources and valid assumptions create a reasonable estimate of a program's impact.

## Contractual Integrity

Vendor is willing to put a part of their fees "at risk" as a guarantee.





**Validation Expiration: December 2024**

# CERTIFICATE OF VALIDATION

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**Applicant:** **US HealthCenter, Inc.**  
250 South Main Street  
Thiensville, WI 53092

**Product:** PredictiMed™

**Claim:** The PredictiMed™ program interrupts the natural flow of risk, leading to having more people in low and moderate risk categories, which can lead to lower medical costs.

**Validation Achieved:** **Validated for Outcomes**

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**Linda K. Riddell, MS**  
**Chief Data Scientist**  
**Validation Institute**

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**Vidar Jorgensen**  
**Chief Executive Officer**  
**Validation Institute**





# About Validation Institute

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**Validation Institute** is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

## Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.