2023 Clinical Leadership Forum

A Strategic Vision for Becoming a Digital Payer

Alan Stein, HealthEdge

About HealthEdge

Our vision

Innovating a world where healthcare can focus on people

Our mission

To drive a digital transformation in healthcare through transaction automation and the enablement of real-time business and clinical engagement among healthcare payers, providers, and patients.

HealthRules Payer
Core Administration

Source
Prospective Payment Integrity

Digital Transformation in HealthCare

GuidingCare
Care Management

Wellframe
Member Experience

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A time for rapid transformation

With modern digital transformation solutions in place, health plans are leading the way to a more connected, consumer-centric healthcare marketplace.

- Consumer buying behaviors being shaped by retail experiences

- New market entrants setting new standards for consumer-friendly experiences

- Increasing availability of data sources and maturing interoperability standards facilitating line of sight

- Growing participation in Medicare Advantage, Medicaid, and individual marketplaces

Consumer expectations are high

Payers

Consumer Expectations

Retailers, Grocers and Pharmacies (+BFSI)

Digital Giants

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Delivering transformational outcomes

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Support transformation

Regulatory support
Remain agile, adaptable, and accurate in an ever-evolving regulatory landscape

Integrated end-to-end advanced automation
Automation and accuracy at the core of every process and workflow

Expand to new markets
Lead with industry changes and beat the competition to market

Value-based care
Manage and support VBC contracts, keep pace with market demands

Member engagement
Exceed consumer expectations by providing a digital healthcare experience

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Regulatory support

Stay up-to-date and compliant with the latest rules and regulations, automatically

GuidingCare

- Tracked changes and updates to state/federal program, reporting, and auditing requirements

- OOB CMS-compliant Audit and Part C/D reports plus self-service custom reporting

- Support for Regulatory audits/surveys, NCQA & URAC (utilization) review accreditation

- NCQA Certified for HEDIS measures and Pre-Validated for Population Health Management since 2018

Wellframe

- Secure, HIPAA-compliant messaging between care managers and members

- Configurable, customizable programs and assessments aligned with state requirements

- Direct member access to NCQA-aligned health and risk assessments

- Real-time insights and alerts help care teams effectively identify gaps in care and improve HEDIS performance

Regulatory support
Maximum customer value

Today, it's critical for health plans to react to regulatory changes and CMS mandates to avoid sanctions, potential fines, and remain competitive.

The HealthEdge Solution Suite delivers integrated, real-time data that enables payers to stay ahead of the curve, remaining agile in an ever-evolving regulatory environment.

Our technology solutions automate access to real-time data, ensuring regulatory compliance so health plans can save time, resources and streamline internal processes.

Integrated end-to-end advanced automation

Core claims administration, pricing, editing, and care management systems

GuidingCare

- API integration suite with 75+ unique vendors for all use cases

- Automation tools proactively build and sustain robust member care plans

- Best-in-class rules engine automates business processes and workflows

- Streamline and consolidate full appeals management process across all levels and reviewers

Wellframe

- Mobile delivery of 70+ pre-developed, automated care programs

- Web-based staff dashboard with member prioritization, templated messaging, and 1-to-many workflows

- Auto-generated SDOH and clinical risk survey questions and assessments routinely surfaced to members

- Direct member access to self-service risk assessments

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Integrated end-to-end advanced automation
Maximum customer value

Health plans rely on automated, accurate processes to significantly reduce manual intervention and operational costs.

With the fully integrated and automated HealthEdge suite of products, health plans can dedicate saved time and resources to other innovative initiatives and improve accuracy.

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Expand to new markets

Give customers the tools to expand and compete with improved time to value

GuidingCare

- End-to-end solution with flexibility and scalability

- Highly configurable for specific health plan needs and wants

- Consolidated member information in a single, comprehensive care record

- Built to scale to millions of member records, millions of transactions per week and 10K+ concurrent users

Wellframe

- On-demand member content and benefits resources, plus digital customer service advocacy solutions

- Enables health plans ownership of the member relationship, mitigating competition

- Proven 6x increase in member interactions and double the staff capacity for active caseload size

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Expand to new markets
Maximum customer value

HealthEdge offers the most configurable, highly automated suite of products that enables health plans to enter new markets and modernize their ecosystem to be more agile and adaptable to change.

Enter a new geography, launch a new line of business, or expand an existing line of business faster than ever before.

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Value-based care

Optimize resources to focus on who and what matters most

GuidingCare

- Facilitates complex workflows to manage care plans in value-based arrangements

- Intuitive gaps-in-care analytics identify high-risk patients and potential health improvement opportunities

- Evaluate performance across configurable measure sets such as HEDIS and Star ratings, plus state and custom measure sets

Wellframe

- Assigned programs focused on whole person health and improved care outcomes

- Proven ROI in utilization management outcomes, with a 17% reduction in inpatient admissions* and 23% increase in preventive medicine utilization*

- Builds framework for assessing target population and managing clinical needs

*Quantitative outcomes from external customer case studies and internal customer analysis analytics

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Value-based care

Maximum customer value

From setting up value-based arrangements, to accurately pricing value-based claims, to implementing value-based care plans, HealthEdge offers these capabilities in one place.

Health plans that want to remain competitive and win new business need to support value-based arrangements at every touchpoint in their ecosystem and have access to relevant data outputs for internal and external tracking and analysis.

Member engagement

ONE solution suite to facilitate improved member engagement

GuidingCare

- Drives secure member communication with their designated care team

- Mobile clinician application enables offline access for care management staff in the field, enabling connection to members anytime, anywhere

- Designed to meet NCQA health plan guidelines for Member Self-Management

- View care plan goals and actions, access personal health records, track health and wellness data, complete health assessments, and more.

Wellframe

- Enables highest needs members to get access and support outside of traditional care delivery settings

- Omni-channel communication seamlessly connects members to designated care teams, with an average of 34 digital touchpoints per member per month

- Self-service digital resources empower members to proactively reach their health and wellness goals

- Modern user experience increases both member satisfaction and engagement

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Member engagement

Maximum customer value

The health insurance industry is experiencing unprecedented disruption from consumers whose behaviors are being shaped by their retail experiences. In a world where consumers are free to choose their health plans, payers need to focus on streamlining the member experience and improving outcomes.

The HealthEdge solution suite's focus on real-time data transparency and consumer centricity keep the member at the heart of every decision we make.
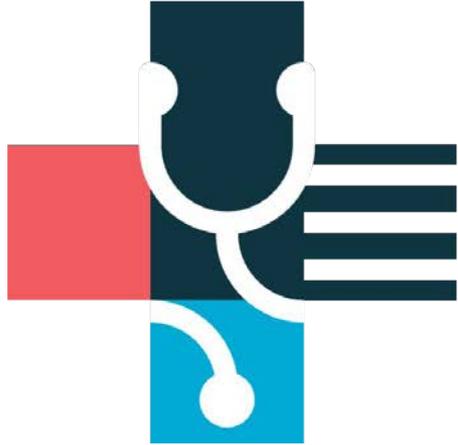
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Quality Insights & Regulatory Update

Amy Bannister, Director, Clinical Operations, HealthEdge

Sarah Anderson, Director, Clinical Operations, HealthEdge

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Objectives

1   Star Ratings and Health Equity

2   HEDIS Measures

3   Focus on member experience

4   Discussion: How do you define member engagement?

Key terms

Health Equity

A state in which every person has the opportunity to achieve their full health potential, and in which no person is disadvantaged because of social circumstances. Inequity manifests as disparities in outcomes- including life expectancy, disease burden, disability, access and quality of life (CDC 2020)

Social Risks

Risk factors are adverse social conditions associated with poor health, such as poverty or social isolation (Alderwck 2019)

Health Disparities

Preventable differences in disease burden or opportunities to achieve optimal health experienced by socially disadvantaged individuals and communities (cdc 2020)

Social Needs

An individuals immediate necessities determined by that person's preferences and priorities (Alderwick 2019)

Social Determinants of Health

The condition in which people are born, grow, work, live and age. They are a wide set of forces and systems shaping conditions of daily life, including economic, political and social policies and systems (WHO 2020)

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Health Equity is the absence of disparities

Economic Stability

- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support

Neighborhood & Physical Environment

- Housing
- Transportation
- Parks
- Playgrounds
- Walkability
- Zip code/ geography

Education

- Literacy
- Language
- Early childhood education
- Vocational training
- Higher Education

Food

- Food security
- Access to healthy options

Community, Safety, & Social Context

- Social integration
- Support systems
- Community engagement
- Stress
- Exposure to violence/trauma
- Policing/justice policy

Health Care System

- Health coverage
- Provider & pharmacy availability
- Access to linguistically and culturally appropriate & respectful care
- Quality of care

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Health Disparities

Preventable differences in disease burden or opportunities to achieve optimal health experienced by socially disadvantaged individuals and communities

Mortality

- The gap between black and white men remains, it has narrowed for urban areas but widened in rural areas (National Academy of Sciences)

- Less educated individual of any race are more likely to die from colorectal cancer before age 65 (National Cancer Institute)

Life expectancy

- 20th Century started with a 14-year gap between white and black Americans brought down to 4 years in recent studies

- COVID changed this: the average life expectancy is down 1 year for everyone but for Black and Latino populations the reduction is 4 times higher on the average (National Academy of Science)

Burden of disease

- Black and Hispanic populations are more likely to have asthma than other U.S. residents with Puerto Ricans have the highest rate of asthma compared to any other racial group

- American Indians/Alaska Natives have the highest rates of diagnosed diabetes

- Rural Appalachian regions see higher rates of colorectal, lung and cervical cancers than other parts of the U.S., according to the National Cancer Institute.

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Health Disparities

Mental Health

- 1 in 5 US Adults (51.5 Million people) lived with a mental illness in 2019 (NIMH)

- 70% of young people in the juvenile justice system have been diagnosed with a mental illness. (National Center for Youth Opportunity and Justice)

- Gender disparities exist: 24.5% of women vs 16.3% of men live with a Mental Health Illness (NIMH)

Uninsured/underinsured

- Before the Affordable Care Act (ACA) 1 in 3 Hispanic Americans and 1 in 5 Black Americans were uninsured

- States with the largest populations of Black Americans have disproportionately higher rates of uninsured people

    - Largely due to the lack of Medicaid coverage under ACA in those states

Lack of access to care

- Individuals from certain racial and ethnic groups, people who come from low-income backgrounds, and individuals who live in rural areas often face barriers to accessing health care in the U.S.

- The low-income, rural Appalachian region has fewer mental health providers and fewer specialty physicians than the rest of the nation — 35% and 28% fewer, respectively

    - Telehealth may improve health care access, but internet subscription rates in the region are lower than in the rest of the country

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Star Ratings: The basics

In 2011, CMS created the Star Rating System to help consumers compare the performance and quality for Medicare Advantage Plans and Medicare Prescription Drug Plans.

Medicare Plans are rated on a scale of one (1) to five (5) stars with a 5 Star Rating being the highest score a plan can receive

Star Ratings are tied to payment, bonus and revenue

LOB: Medicare Advantage; Medicare Part D and Dual Eligible Special Needs Plans (DSNP)

The 3.5 million Dual Eligible Special Needs Plan members are considered the hardest to reach

The Star Rating cycle has a two-year lag between the performance and rating period. For example, the measurement period for 2023 ratings primarily occurs in 2021.

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Medicare Part C & D Star Ratings: Source

Advancing Health Equity – CMS Proposed Changes

Member Experience & Outcome

- Reduce the weight of patient experience/ complaints and access measures to further align with Pt C and D quality Rating System

- Health Equity Index (HEI) reward

Digital Health Literacy

- Identify and offer digital health education to enrollees with low DHL and ensure access to medically necessary covered telehealth benefits

- Access to internet and members ability to sort through the information

- Cultural perceptions

Improve Language Accessibility

- Identify member language in HRA's, encounter calls

- Plans must provide ongoing materials in all languages spoken by 5% in the service area

- Once a member's language is known, must provide required materials in that language

- Poor communication from health plan is a major reason why members leave

Culturally Competent Care

- Further clarification of current requirement: Expanded the list of populations

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2024 Proposed Calculation Changes

Removal of bi-directional guardrails caps

Tukey Outlier Deletion was Reinstated

Modified the Improvement Measure Hold Harmless Policy

Removal of Star Ratings Measures when measure steward outside of CMS retires a measure

Removal of the 60 percent rule that is part of the adjustment for extreme and uncontrollable circumstances (AKA the disaster adjustment)

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2024 Proposed Changes

Utilization Management Requirements

- Use of Criteria, Treatment Guidelines and Physician Reviewers
- Streamline prior authorization requirements
  - Use of prior authorization policies for coordinated care plans
  - plans must provide a minimum 90-day transition period
  - all MA plans establish a Utilization Management Committee

Marketing Requirements

- Prohibiting ads that do not mention a specific plan name
- Prohibiting ads that use words and imagery, such as the Medicare name or logo
- Limits on member contact

Network Adequacy for Behavioral Health

- Improving access to Behavioral Health
- Adding additional provider types
- General Access to services standards explicitly include BH Services
- Codify standards for appointment wait times
- Parity in emergent situations

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HEDIS Measures

A look at the current and future state of HEDIS

HEDIS Measures: The Basics

Healthcare Effectiveness Data and Information Set (HEDIS)

- Developed and maintained by the National Committee for Quality Assurance (NCQA)

- Comprehensive set of standardized performance measures

- Measures performance on important dimensions of care & services to improve member lives

- Over 90 measures available across 6 domains of care

- Used by 90% of U.S. health plans

- Center for Medicare & Medicaid Services (CMS) contracts with NCQA to collect HEDIS measures for Special Need Plans (SNPs)

- More than 200 million members are enrolled in plans reporting HEDIS results

- Updated annually

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HEDIS AA Certification

HEDIS rules for Allowable Adjustments (AA) Certification

- Provided the ability for various levels of the health care system to initiate quality improvement initiatives

- Allows flexibility for evaluating different populations without altering measures' clinical content

- i.e., removal of continuous enrollment or product line criteria

- Demonstrates to customers the out of box measures meet NCQA standards and provide accurate and comparable results

Benefits of being a NCQA Certified vendor

- Demonstrate accuracy and data integrity

- Helps our customers become more efficient by providing accurate calculations

- Confirms that we are a trusted NCQA partner

CERTIFIED

NCQA

HEDIS® MEASURES

MY 2022
ALLOWABLE ADJUSTMENTS
MEASURES

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Addressing Health Equity with HEDIS

Goal

- Bring transparency to inequities in health care quality

- Promote inclusive approaches to measurement and accountability

- Address social needs and risks to improve health outcomes

- Incentivize equity with benchmarks and performance scoring

Implementation Strategy

- Race & Ethnicity Stratification reporting

  - Introduced in MY 2022 for 5 measures

  - 8 additional measures added for MY 2023

- Social Needs Quality Measurement

  - New MY 2023 measure to capture SDoH gaps and interventions

- Gender-inclusive language

  - 8 measures updated MY 2023

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HEDIS MY 2023 updates

New measures

- Oral Evaluation, Dental Services (OED)
- Topical Fluoride for Children (TFC)
- Deprescribing of Benzodiazepines in Older Adults (DBO)
- Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes (EDH)
- Social Need Screening and Intervention (SNS-E)

Changes to Existing Measure

- Adult Immunization Status (AIS-E) aligns with new pneumococcal vaccination guidelines

Retired measures

- Annual Dental Visit (ADV)
- Frequency of Selected Procedures (FSP)
- Flu Vaccinations for Adults Ages 18-64 (FVA)
- Flu Vaccinations for Adults Ages 65 and Older (FVO)
- Pneumococcal Vaccination Status for Older Adults (PNU)

Optional exclusions are now required exclusions to improve consistency

Gender inclusive language added for measures referencing pregnancy or deliveries

Race and Ethnicity Stratification expansion

Electronic Clinical Data Systems (ECDS) Reporting expansion

- Breast Cancer Screening (BCS Administrative) replaced by BCS-E

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Proposed HEDIS MY 2024 & MY 2025 changes

Retire measures

- Ambulatory Care (AMB)
- Inpatient Utilization – General Hospital/Acute Care (IPU)
- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Antidepressant Medication Management (AMM)
- Medical Assistance with Smoking and Tobacco Use Cessation (MSC)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Care for Older Adults – Pain Assessment Indicator (COA)

Revise Diabetes related measures

Removal of telehealth visits from Pediatric measures (W30, WCV)

Increase transition from Administrative-only measures to ECDS-only reporting measures

Expand Race and Ethnicity Stratifications

Advance Gender-Inclusive language

Measure Template improvements to align with digital direction of HEDIS

Continue goal of transitioning all measures to Digital Quality Measures (dQMs)

NCQA's Digital Content Services

- Cloud-based, configurable software product with a built-in measure processing engine

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Member Experience

Improving outcomes

Enhancing the member experience

How do we move the needle on the member experience?

Health Plan is there when the member needs them...not just when the health plan needs the member

Multiple channels of communication

- Web, App, Phone, Mail, Portal

Thoughtful, strategic outreach and follow up

- Make informed calls to member after appointments or procedures and at pre-agreed upon intervals

Simple, streamlined member service experience – minimize transfers or call backs

- Know your members experience when contacting Member Service

Identify members that are NOT engaged

- Claims Data
- Encounter Data
- Failed Outreach Attempts

Outcomes tied to member experience

- Consider the value of an annual wellness visit
- Mock surveys that mimic CAHPS surveys

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Member Experience as defined by the member:

Consciously or unconsciously, the member view of their health care experience can be formed by the following factors:

- How they perceive or experience their illness

- What they have heard about their illness from family, friends or media (subjective influence)

- Perception of quality of the healthcare that they are receiving

- The quality of the response that they receive from their health plan or provider

- Their perception of the "Politics" of their health plan

- Their Digital Health Literacy

- Ease of healthcare access

Open discussion

What capabilities should you expect from your partner?

How does GC support member engagement, HEDIS measures, Star measures.....

Robust reporting

- Ability to develop and deploy Quality Improvement projects
- Identify unengaged members

Member demographic

- Stratification by geographical location, gender identity, race, & ethnicity

Detailed HRAs that drive the Plan of Care & Service Plan

- Member/Caregiver responses to surveys populate goals and interventions and identify care needs

Real time referrals to SDoH providers

- Full integration with Social Care Providers to manage members with unmet social needs

Gap in Care monitoring and closure

- Member surveillance for Care Gaps and ongoing measure adherence

Program identification and management

- Automated member identification for complex and disease management programs

Integrated educational content

- Ability to send electronically and by mail to member

Support Interdisciplinary Team Management

- Fully integrated Provider Portal

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What is working and where do you need help? (open discussion)

What initiatives have you instituted this year that drive member engagement?

What barriers do you face?

How could software help you close any gaps that you face?

Wellframe + GuidingCare: Key Capabilities of the Integrated Experience

Basil Hayek, Wellframe

Bobby Sherwood, GuidingCare

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GuidingCare provides mission-critical workflow solutions to health plans that drive superior outcomes in a value-based, patient-centric ecosystem

Complex Member-Centric Ecosystem

Pay End User

Provider End User

Care Management

- Streamline coordination
- Automate care and service planning
- Available in Mobile iOS and Windows Mobile

Utilization Management

- Automate authorization & decision workflows
- Automate complex correspondence requirements

Appeals & Grievances

- Manage tightly regulated appeals lifecycle
- Track completion of each task against timeline

Predictive Analytics

- Embedded CDPS Risk Model
- Embedded HCC Risk Model
- Identify high-risk population

Provider Portal

- Supports full automated prior authorization workflow
- Certified integrations with InterQual and MCG

Social Determinants of Health

- Track and measure members' progress and report on outcomes
- Identify resources for addressing social challenges

Referral Management

- Ensure members have access to the right services at the right time
- Track compliance and outcomes

Population Health Mgmt

- Direct link to care transitions
- Access to missing quality gaps by providers

This is GuidingCare®

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Wellframe's dashboard provide internal teams with the insights and tools needed to engage members through a mobile app

Real-Time Insights

Care manager reaches out to members in need, provides support and adjusts clinical programs based on real time insights

Personalized Care Program

Interactive, personalized clinical program delivered to members via smartphone or tablet.

Care Team Dashboard

Patient Mobile App

Care Team Workflow

Mobile platform prioritizes members based on clinical need to facilitate an efficient, effective workflow

Member Interaction

Members engage with daily Health Checklist, read educational content, and record health status via mobile app

Care management doesn't end with the care manager

GuidingCare

Wellframe

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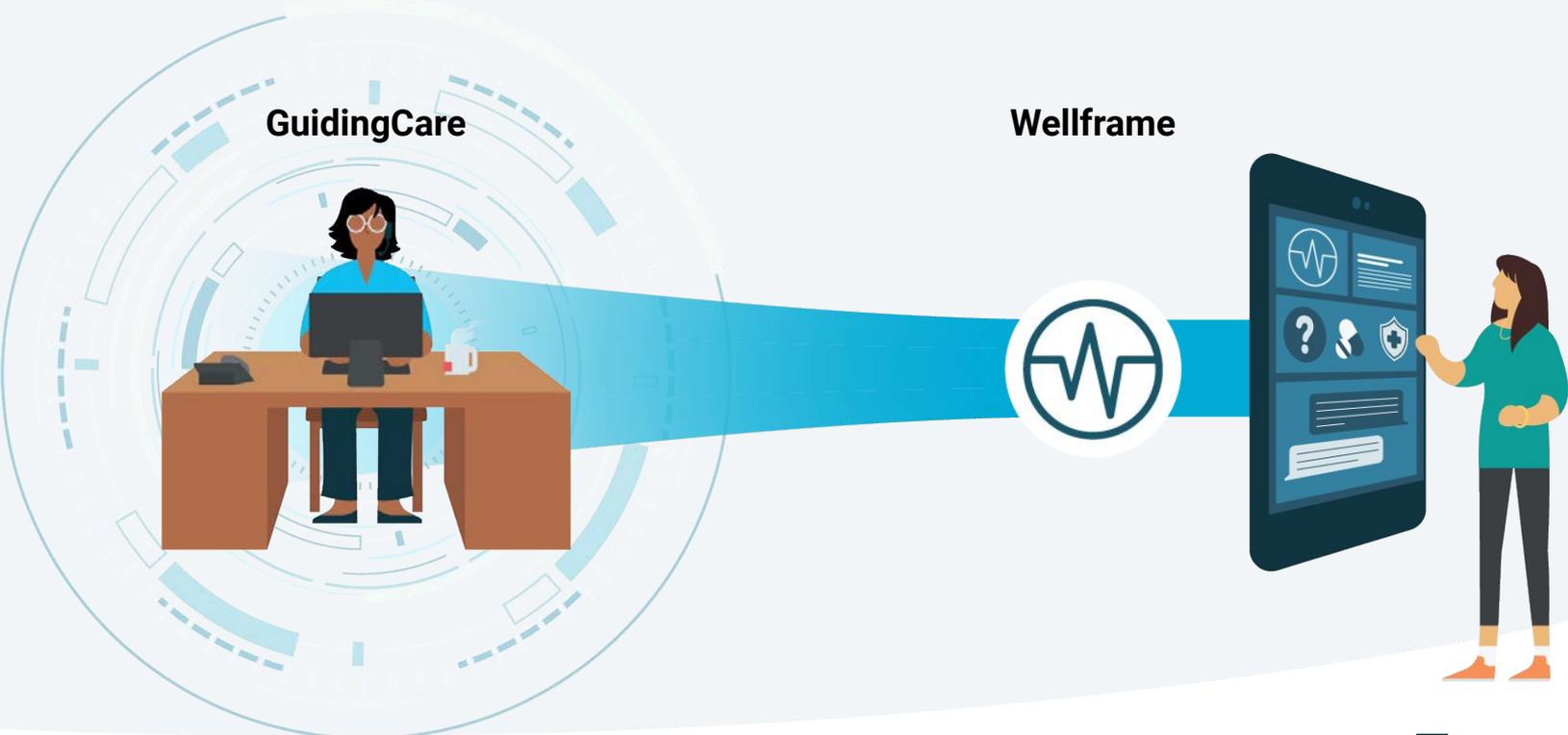
Integration Approach

Care-Wellframe Integration

> ## The problems we're solving

Limited Capacity

With high nurse turnover and attrition rates, care managers are stretched to capacity and have limited time for outreach to the highest needs patients

Disparate Data Systems

Care Managers must juggle and access multiple systems to gain the care information they need and directly engage with members

Low Member Engagement

A lack of consistent support for the most complex members, who are typically the hardest to engage, can result in higher medical costs and poorer health outcomes

Time-Consuming Interactions

Member questions regarding their care plans or coverage require time-intensive, synchronous interactions with their care manager

Disjointed Communication

Traditional communication methods between care managers and members are highly episodic, increasing administrative burden and the chance of errors

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Care-Wellframe Integration

Care-Wellframe is the productized data exchange between GuidingCare and Wellframe that enables the continuous facilitation of care management and member engagement processes between the platforms.

o GuidingCare users have seamless access to Wellframe alerts and insights data, enabling them to quickly provide support and respond to critical member needs

o Seamless interaction with members via built-in chat and self-service assessments enables Care Managers to increase their panel size and impact outcomes

o Increased transparency and access allow members to more actively participate in their care plan, improving their overall health

Wellframe

GuidingCare

Alerts & Insights

Chat

Self-Service Assessments

Analytics

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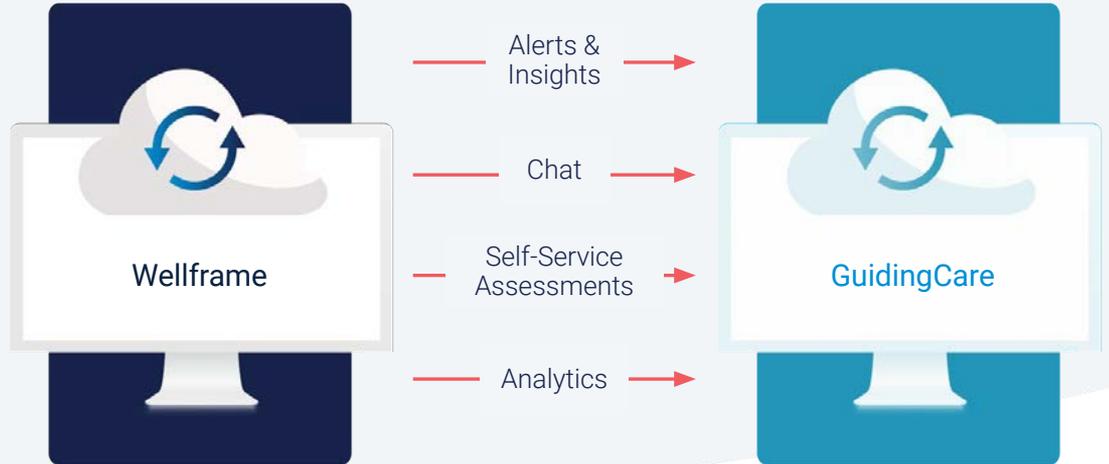
Workflow Integration Vision

Goal: Increase staff efficiency and member engagement through an integrated workflow

Identification	Engagement	Assessment	Care Plan	Continuation

Identification

Member identified for Care Management

Staff invites member to Wellframe via GuidingCare

Member onboards and completes the Digital Intake Assessment

Engagement

Staff receives Alerts & Insights from Wellframe directly in GuidingCare

Staff can reach out to member via chat to resolve issues from within GuidingCare

Assessment

Completed Assessments may automatically trigger additional assessments via GuidingCare

Completed Assessments may automatically trigger Care Plan elements in GuidingCare

Care Plan

GuidingCare Staff construct member's Care Plan and send to member via Wellframe

Member acknowledges Care Plan and, by completing tasks in Wellframe, their Goals are automatically updated

Continuation

Staff continues to engage member until case is closed

Staff can re-enroll the member if/when identified for re-engagement

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Integration Roadmap

High-level Roadmap

	Now *In design & development*		**Near** *Scoping in progress*		**Next** *Next up for scoping*
Release	**Care-Wellframe Foundation**		**Care-Wellframe 1.0** *Q4 2023*		**Care-Wellframe 2.0** *2024*
Key Capabilities	• Staff SSO & Account Creation • Staff Permission Assignment	• Member Records	• Wellframe Alerts & Insights in GC • Deep Links to WF Dashboard	• Bi-directional Chat Integration	• Programs • Assessments • Care Plans
Value	Technical foundation that enables development of use cases that drive member engagement and staff efficiency. Care managers can navigate into Wellframe using their existing credentials.		Members can use the Wellframe mobile app to chat with care managers, allowing them to engage at their convenience and have clinical guidance at their fingertips. Care managers can proactively respond to alerts and insights triggered by a member's activity and efficiently send targeted outreach to members. Health plans see increased efficiency and member engagement due to the use of digital channels.		Members can use the Wellframe mobile app to independently complete health assessments as well as review care plan details, increasing engagement with their care. Care managers can efficiently support and effectively engage larger panel sizes and health plans can increase the overall population of members receiving care management services.

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Care-Wellframe 1.0 Milestones

February
2023

MILESTONE 0*
Single Sign-on POC
- Single Sign-On
- Account Creation

MILESTONE 1*
Single Sign-on
- Staff Permission Assignment

Q2
2023

Q3
2023

MILESTONE 2*
Member Records
- Onboarding
- Member Sync
- Member Group Assignment

MILESTONE 3*
Deep Links to Wellframe Dashboard
- Member Profile Link

Q3
2023

Q4
2023

MILESTONE 4*
Wellframe Alerts & Insights in GuidingCare
- Alert Indication
- Read-only Alerts
- Complete Alerts

MILESTONE 5
Bi-directional Chat Integration
- Read-only Chat
- Two-way Chat

December
2023

* Internal milestone

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Staff Dashboard (Mockup)

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Alerts & Insights (Mockup)

Alerts & Insights with Chat (Mockup)

HEALTHEDGE

You are in Care Coordination
→ Go to Population Health

Search Filter Type ▼   Enter Text to Search

Home | Member Details | Links | Recently viewed members ▼ | Inpatient | Outpatient | Pharmacy | HCBS | Complaint

🔔❸Ⓜ✅ Henry James Garcia - AH0000086   DOB 07/04/1988   51 years   ⚠ MEMBER ACCESSED BY ANOTHER CARE STAFF

Notes | Activity Summary | Required Activities | Outstanding Activities | Documents | Articles | Consent Forms | Guidelines | Mem...

Member Alerts   Record of alerts from selected source

Make selection to filter the grid below

☐ Dismiss

☐ ⚠ **Alert**   Alert Date MM/DD/YYYY   End Date MM/DD/YYYY
Henry's blood sugar of 90 falls within the clinically accepted range of > or =70 and < or =240, however it's BELOW their recommended target range. In addition, the member reports that they ARE experiencing symptoms that may suggest hypoglycemia. Please evaluate the member's blood sugar and review recent trends and responses in the Checklist tab. Check in with the member to see how they're feeling and encourage them to follow the guidelines provided by their doctor. If clinically appropriate, assist with managing their low blood sugar. Refer for additional clinical follow-up if indicated.
                                                         🗨 Collapse Suggested Message

🗨 **Suggested Message**

Hi Henry, I saw from your check in responses that you're experiencing symptoms of a blood sugar that is lower than your target range. Symptoms are a warning sign from your body to take action. This means getting your body some extra sugar quickly. Your doctor should have provided you with guidelines on what to do. If not, give them a call now. I want to help too if I can. First, can you tell me how you are feeing?
                                                              ✏ Edit & Send

☐ ⚠ **Alert**   Alert Date MM/DD/YYYY   End Date MM/DD/YYYY
Henry needs transportation to pharmacy to pick up his inhaler.

☐ 💡 **Insight**   Alert Date MM/DD/YYYY   End Date MM/DD/YYYY
Henry has indicated that they have have questions or that they need some support. Please send the member a message to offer support and /or answer any questions they may have.
                                                              📋 View Survey

☐ 💡 **Insight**   Alert Date MM/DD/YYYY   End Date MM/DD/YYYY
Henry has indicated that they have have questions or that they need some support. Please send the member a message to offer support and /or answer any questions they may have.
                                                              📋 View Survey

Powered by HealthEdge®. Best results on latest version of Edge, Chrome™, or Mozilla Firefox

Chat | Quick Notes

💬 **Member Chat**   Connect directly with member   ✕

Henry James Garcia - AH00000086   **DOB** 07/04/1988

Last active 10 days ago   View by type   All ▼

Mary Smith Care Manager   10/19/2022   3:40:03 PM ET

Hi Henry, I see you are currently taking over-the-counter medications that aren't on your med list. Can you tell me what you are taking? I'd like to help you update your list, and be sure you aren't taking anything you should let your doctor know about.

Henry Garcia Member   10/19/2022   4:10:03 PM ET

Thank you I did call my doctor in our next conversation I would like alk to you about that.

Message to Member

⊕ Message to member   ☺   **Send**

Tip - Type "." to get a list of available shortcuts

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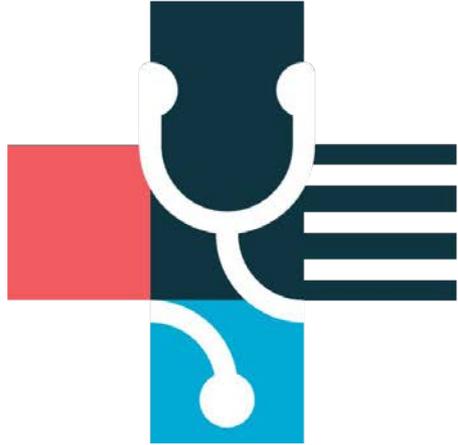
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Engagement by the Numbers

Data-driven Approaches to Care Program Design

Marie Claire "MC" Guglielmo, Wellframe

Stacie Cassat Green, Harvard University

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What are the challenges with self-directed learning?

Completion rates of self-directed learning

National Research

Wellframe Programs

3.13%

National average

90.4%

Caregiver support
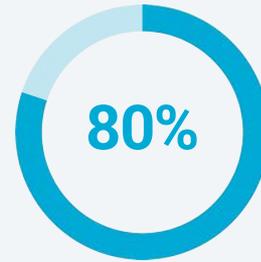
80%

Chronic back pain

53.6%

Prediabetes support

Source: Justin Reich, José A. Ruipérez-Valiente,The MOOC pivot. *Science* **363**, 130-131(2019)

2023 Clinical Leadership Forum

Our Development Approach

1. **Data**
2. **Clinical**
3. **Pedagogy**

Customer Feedback

Analytics

Clinical Guidelines

Understanding

Desired Action or Behavior Change

Storytelling / Empathy

Motivation

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Phone 1 — Article

Text size: A A A

What Are The Options for Colorectal Cancer?

Colorectal cancer is the **third most common** type of cancer.

If often has no symptoms in the early stages. Screening tests look for signs fo precancer or cancer in your colon or rectum.

Why have regular screenings?

In general, the risk of colorectal cancer goes up as you age. However, cases in people younger than 50 are increasing. **So, regular screening begins when you turn 45.**

Some people start earlier due to family history or other risk factors.

Checklist   Reminders   Me   Chat   Resources

Phone 2 — Article

Unfortunately, many Americans aren't up to date with this screening.

Why? Typically, the reason are due to:

• The time involved. It's easy to put off things when you're busy.

• Emotions, such as anxiety or embarrassment

What are the test like?

There are several kinds of tests. **The most common are at-home tests and colonoscopy.**

Finding the right test can help address concerns, such as:

• Time

• Preparation

• Embarrassment

• Anxiety

Be open about your concerns with your doctor. They can help you pick the right test

Checklist   Reminders   Me   Chat   Resources

Phone 3 — Article

Tap the sections below to learn more.

➕ **At-home stool tests**

➕ **Colonoscopy**

What other screening test are there?

There are also other tests your doctor may recommend:

• **Sigmoldoscopy**, which looks only at your rectum and lower third of your colon.

• **Computed tomography (CT) colonography**, a CT scan that produces cross-sectional images of your colon and rectum.

Checklist   Reminders   Me   Chat   Resources

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Stories From People Who Had Colorectal Cancer Screenings

Sometimes you can get helpful insights and advice from people who have had similar experiences.

Here are some stories from people who have had colorectal cancer tests.

Tap their names to read their stories.

+ Lee, 51

+ Ted, 56

+ Beth, 50

− Lee, 51

My job makes it hard for me to take time off for a colonoscopy and the prep that's involved. So my doctor recommended doing the test at home. The test kit made it easy. There were clear directions on how to take the stool sample, and it came with a container that fit inside my toilet. The whole thing took about 15 minutes.

− Beth, 50

I come from a very conservative family, and the whole idea of having a colonoscopy was just too embarrassing for me. I heard about at-home tests, so I asked my doctor about it when I turned 50. No one in my family has had colorectal cancer, so she said I was a good candidate. What a relief.

− Ted, 66

I had 2 polyps removed during my recent colonoscopy. The biopsy showed that 1 of them had some precancerous cells. My doctor told me that since they were removed at such an early stage, there was no need for any further treatment. I'm very glad I didn't put off getting tested.

− Lucy, 54

Look, preparation is never going to be fun, but getting cancer is much worse. Put on a movie, use wet wipes when going to the bathroom instead of toilet paper (trust me), and remind yourself that this is just 1 day in your life.

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Screen 1

Article

Text size: A A A

Pre–Diabetes Programs: How Your Body Processes Food

Not all foods are made equal. Different foods can affect your blood sugar levels in different ways. Choosing the right foods to avoid blood sugar spikes is key to managing prediabetes.

How do different foods affect your blood sugar?

Everyone's body processes food a little differently. However, there are tools that can help you get started. One tool that helps keep track of which foods have bigger impact on your blood sugar is the glycemic index. The glycemic index scores foods based on how quickly your body can break

Checklist · Reminders · Me · Chat · Resources

Screen 2

Article

Based on their score, foods are ranked as low, medium, or high.

High-scoring foods often contain processed ingredients or lots of sugar. They are digested quickly by your body and can cause your blood sugar levels to increase quickly. When possible quickly. When possible, you'll want to avoid foods that are high on the glycemic index.

Examples include:

• Baked potato.
• French fries.
• Refined breakfast cereals.
• Couscous.
• White rice.
• White-flour pasta.
• Sugar-sweetened beverages.
• Candy bars.

Checklist · Reminders · Me · Chat · Resources

Screen 3

Article

Low-scoring foods usually contain lots of protein, healthy fat, or fiber. These help slow your body's digestion of carbs, which means your blood sugar levels don't increase as much. Low-scoring foods are great options for people managing prediabetes.

Examples include:

• Low sugar cereals like bran.
• Fruits, like apples or blueberries.
• Avocados.
• Kidney or black beans.
• Lentils.
• Carrots.
• Nuts, like cashews or peanuts.

Many foods fall into a middle range on the glycemic index. Whether (and how often) you eat these foods depends on you and your health situation. If might be okay to eat them in moderation. Or it might be best to pair them with other foods that have a lot of protein, fat or fiber to slow your metabolism.

Checklist · Reminders · Me · Chat · Resources

Screen 4

Article

Examples include:

•Brown rice.
• Barley.
• Oatmeal.
• Bulgar (a food made from wheat).
• Rice cakes.
• Whole grain bread.
• Whole grain pasta.

How do I use the glycemic index to make decisions?

Start thinking about the foods you eat and where they might fall on the glycemic index. Can you swap high-scoring foods ones? Can you add more protein, fat, or fiber to your meals to reduce the effects of high-scoring food?

Remember: the glycemic index is just a tool. Your body may get a blood sugar spike from apples (on the low glycemic list) while

Checklist · Reminders · Me · Chat · Resources

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GI and GL for Common Foods

Food	GI	Serving Size	Net Carbs	GL
Peanuts	14	4 oz (113g)	15	2
Bean sprouts	25	1 cup (104g)	4	1
Grapefruit	25	1/2 large (166g)	11	3
Pizza	30	2 slices (260g)	42	13
Lowfat yogurt	33	1 cup (245g)	47	16
Apples	38	1 medium (138g)	16	6
Spaghetti	42	1 cup (140g)	38	16
Carrots	47	1 large (72g)	5	2
Oranges	48	1 medium (131g)	12	6
Bananas	52	1 large (136g)	27	14
Potato chips	54	4 oz (114g)	55	30
Snickers Bar	55	1 bar (113g)	64	35
Brown rice	55	1 cup (195g)	42	23
Honey	55	1 tbsp (21g)	17	9
Oatmeal	58	1 cup (234g)	21	12
Ice cream	61	1 cup (72g)	16	10
Macaroni and cheese	64	1 serving (166g)	47	30
Raisins	64	1 small box (43g)	32	20
White rice	64	1 cup (186g)	52	33
Sugar (sucrose)	68	1 tbsp (12g)	12	8
White bread	70	1 slice (30g)	14	10
Watermelon	72	1 cup (154g)	11	8
Popcorn	72	2 cups (16g)	10	7
Baked potato	85	1 medium (173g)	33	28
Glucose	100	(50g)	50	50

GI, GI Diet, GI Diet Recipe, Low GI Food, Glycemic Index, Glycemic Index, Glycemic Index Diet, Glycaemic Index

Beans
baby lima 32
baked 43
black 30
brown 38
butter 31
chickpeas 33
kidney 27
lentil 30
navy 38
pinto 42
red lentils 27
split peas 32
soy 18

Breads
bagel 72
croissant 67
Kaiser roll 73
pita 57
pumpernickel 49
rye 64
rye, dark 76
rye, whole 50
white 72
whole wheat 72
waffles 76

Cereals
All Bran 44
Bran Chex 58
Cheerios 74
Corn Bran 75
Corn Chex 83
Cornflakes 83
Cream of Wheat 66
Crispix 87
Frosted Flakes 55
Grapenuts 67
Grapenuts Flakes 80
Life 66
Muesli 60
NutriGrain 66
Oatmeal 49
Puffed Wheat 74
Puffed Rice 90
Rice Bran 19
Rice Chex 89
Rice Krispies 82
Shredded Wheat 69
Special K 54
Swiss Muesli 60
Team 82
Total 76

Cookies
Graham crackers 74
oatmeal 55
shortbread 64
vanilla wafers 77

Crackers
Kavli Norwegian 71
rice cakes 82
rye 63
saltine 72
stoned wheat thins 67
water crackers 78

Desserts
angel food cake 67
banana bread 47
blueberry muffin 59
bran muffin 60
danish 59
fruit bread 47
pound cake 54
sponge cake 46

Fruit
apple 38
apricot, canned 64
apricot, dried 30
apricot jam 55
banana 62
banana, unripe 30
canteloupe 65
cherries 22
dates, dried 103
fruit cocktail 55
grapefruit 25
grapes 43
kiwi 52
mango 55
orange 43
papaya 58
peach 42
pear 36
pineapple 66
plum 24
raisins 64
strawberries 32
strawberry jam 51
watermelon 72

Grains
barley 22
brown rice 59
buckwheat 54
bulger 47
chickpeas 36
cornmeal 68
couscous 65
hominy 40
millet 75
rice, instant 91
rice, parboiled 47
rye 34
sweet corn 55
wheat, whole 41
white rice 88

Juices
agave nectar 11
apple 41
grapefruit 48
orange 55
pineapple 46

Milk Products
chocolate milk 34
ice cream 50
milk 34
pudding 43
soy milk 31
yogurt 38

Pasta
brown rice pasta 92
gnocchi 68
linguine, durum 50
macaroni 46
macaroni & cheese 64
spaghetti 40
spag. prot. enrich. 28
vermicelli 35

Sweets
honey 58
jelly beans 80
Life Savers 70
M&M's Choc. Peanut 33
Skittles 70
Snickers 41

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Left phone screen:

9:41

Survey

Which is the best choice for prediabetes?

○ An apple

● Apple slices with nut butter

SUBMIT ANSWER

RETURN TO CHECKLIST

Checklist Reminders Me Chat Resources

Right phone screen:

9:41

Survey

Correct answer: apple slices with nut butter

Eating an apple with a source of fat, like nut butter, is even better than plain apple. The fat slows down how quickly sugar enters your bloodstream, which keeps your blood sugar low.

NEXT QUESTION

RETURN TO CHECKLIST

Checklist Reminders Me Chat Resources

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You are on a road trip and were not able to pack your own food. It is lunchtime and you are hungry, but the only places to stop are gas stations and truck stops. Pick the best lunch for managing your blood sugar:

A. String cheese, potato chips, and almonds [CORRECT]

B. String cheese, pretzels, and granola bar

C. Hot dog, pretzels, and banana

D. Low-fat vanilla yogurt, banana, and almonds

FEEDBACK:
A. This is the best choice. While not nutritious, the fat in potato chips reduces the impact of the sugar in the potatoes, and can be fine in small servings when trying to manage blood sugar. The fat and protein in string cheese and almonds also help stabilize blood sugar.

B. This is not the best choice. Granola bars are often high in sugar, despite being marketed as healthy choices. Pretzels are also high in carbs. Eating these two together will likely cause your blood sugar to spike. The best choice is string cheese, potato chips, and almonds. It might surprise you that potato chips were included in the best choice. While not nutritious, the fat in potato chips reduces the impact of the sugar in the potatoes, and can be fine in small servings when trying to manage blood sugar.

C. This is not the best choice. People with prediabetes are often surprised to learn that bananas are actually high in sugar. There are about 14 grams of sugar in 1 banana. Not only that, but the pretzels are high in carbs. Eating these two together will likely cause your blood sugar to spike. The best choice is string cheese, potato chips, and almonds. It might surprise you that potato chips were included in the best choice. While not nutritious, the fat in potato chips reduces the impact of the sugar in the potatoes, and can be fine in small servings when trying to manage blood sugar.

D. This is not the best choice. While you may think of a banana and yogurt as healthy, they are not good choices for people with prediabetes. A serving of vanilla yogurt has about 33 grams of sugar and a banana has 14 grams of sugar, so 47 grams in total. That's more than most candy bars! The best choice is string cheese, potato chips, and almonds. It might surprise you that potato chips were included in the best choice. While not nutritious, the fat in potato chips reduces the impact of the sugar in the potatoes, and can be fine in small servings when trying to manage blood sugar.

Stories

+ Jack

+ Ahman

+ Ling

+ Lee

+ Ted

+ Beth
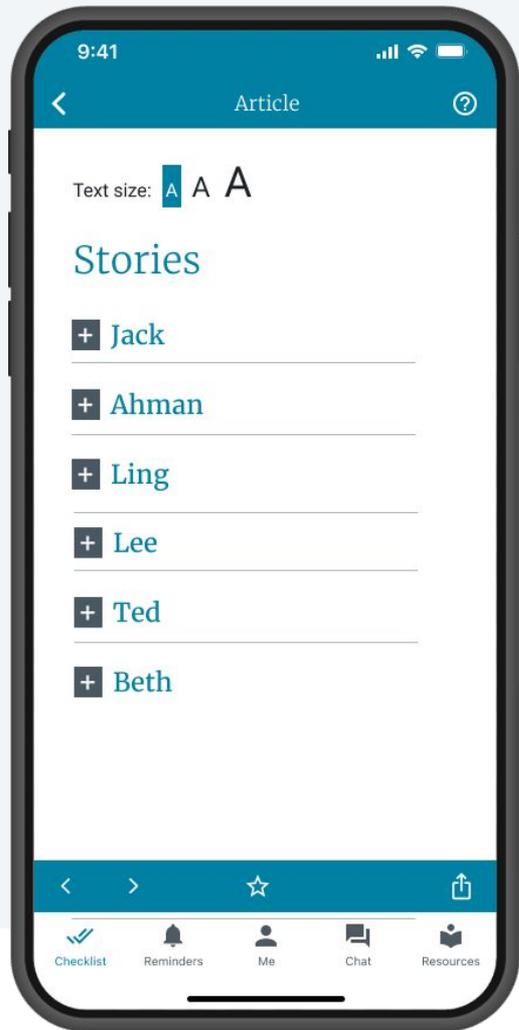
Ahman

When I got my diagnosis, my doctor referred me to a nutritionist. The biggest surprise for me was how important it is to pair some healthy fat with carbs and protein – I had no idea! I love cheddar cheese and apple slices for snacks now

Ling

I have a terrible sweet tooth – I used to crave a sweet after every meal. After my prediabetes diagnosis, I realized I had to stop sugary desserts altogether as just a bit made me want the whole thing. It was interesting – about a month after quitting desserts, I realized I didn't crave the sugar anymore. I had a bite of birthday cake at a party the other day and it was too sweet! Between giving up dessert and make sure to walk around more each day, my blood sugar is at the high end of normal. This year, my goal is the exercise more to get it solidly in the normal range.

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"People are by nature active and self-driven, curious, and interested, vital and eager to succeed because success is personally satisfying and rewarding."

-**Edward Deci** and **Richard Ryan,** "*Facilitating Optimal Motivation and Psychological Well-Being Across Life's Domains*"

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The Concept of "The First Date"
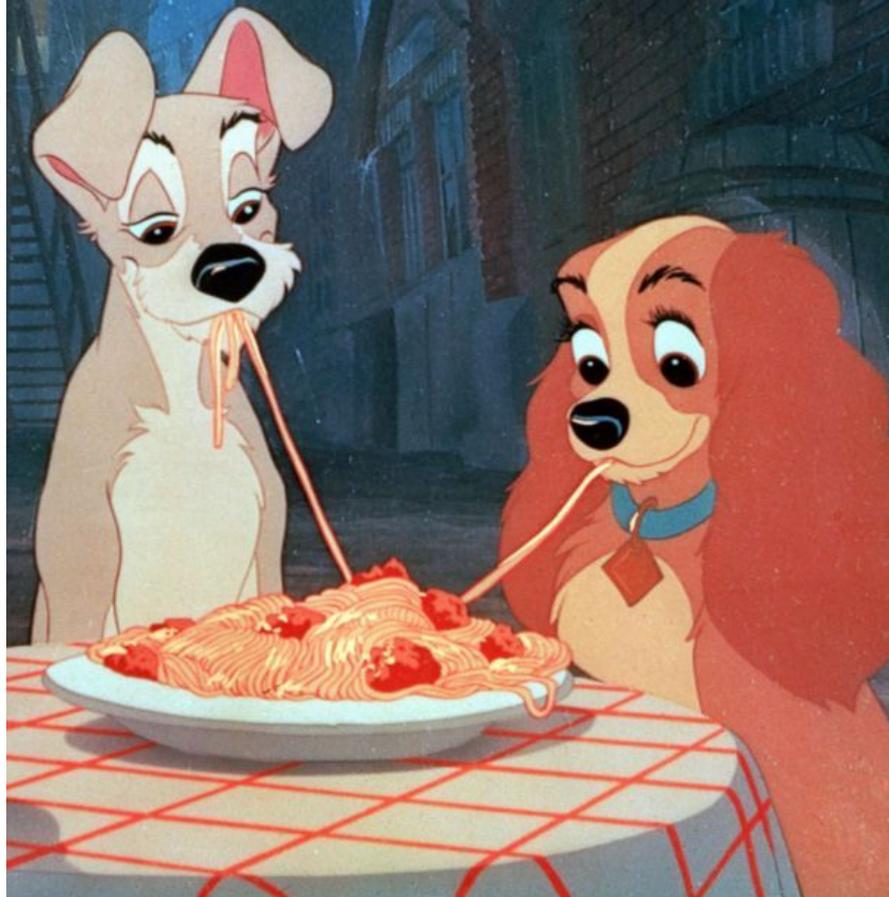
What we'll cover

2023 Consumer Trends and Survey Overview

Overarching Consumer Satisfaction

Which groups are more or less satisfied, and Why

What members want in 2023 from their health plans

What this means for Clinical Leaders

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Customers are in control

Medicare Advantage

- Twenty new payers entered the market in 2022

- Medicare Advantage has had 8-10.5% YOY growth

- In 2022, the average Medicare beneficiary has access to 39 Medicare Advantage plans. Expected higher in 2023

Medicaid/ CHIP

- Total Medicaid has grown 29.5% from Feb 2020, an increase of 19M

- 100M expected in 2023 Medicaid/CHIP

- 8% projected will leave the program despite remaining eligible due to difficulty navigating the renewal process, understanding benefits, and language barriers

Dual Eligible

- Dual Eligible is currently 12M individuals, $330B, 7.3% Growth

- Dual Enrolled is 4.5M Individuals, $90B, 2.5% Growth

- An estimated 250,000 dual-eligible individuals will be disenrolled from D-SNP look-alikes and may seek D-SNP coverage

Individual/ Exchange

- ACA Marketplace at 16.3M as of 1/15/23, with >3.6M people new to marketplaces

- 92% of enrollees have access to 3+ insurance company options, highly competitive

- 4 out of 5 customers will be able to find a plan for $10 or less

Self-Insured Employers/ASO

- 65% of covered workers were in a self-funded health plan in 2022 vs 60% 10 years ago

- 20% of employees in small firms and 82% in large firms are covered under ASO

- 91% of employees in firms over 5000 employees are covered under ASO

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Survey details

HealthEdge commissioned an independent study of 2,800+ consumers to capture their perspective on current challenges, priorities and preferences in today's rapidly evolving health insurance landscape.

Respondent Type

- ☐ I have a Care Manager from my health insurance plan.
- ■ I am a Caregiver for someone who has a Care Manager from their health insurance plan.
- ■ Neither option applies to me.

Age Breakdown

- ☐ 18 to 24 years old
- ■ 25 to 34 years old
- ■ 35 to 44 years old
- ■ 45 to 54 years old
- ☐ 55 to 64 years old
- ☐ 65+ years old
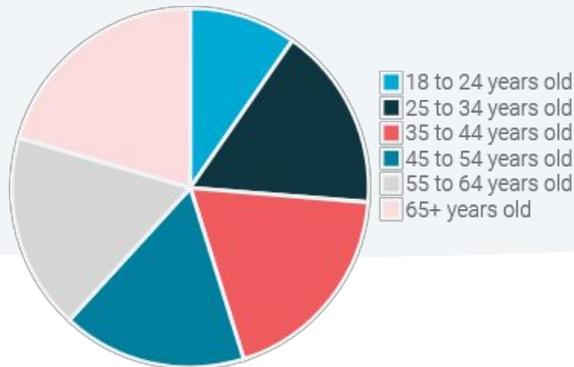
Which of the following best reflects the type of health insurance you currently have?

- ☐ Individually purchased on the public exchange
- ☐ Both Medicare and Medicaid
- ☐ Private Insurance
- ■ Medicaid (assigned)
- ■ Medicare (assigned)
- ☐ Employer-sponsored

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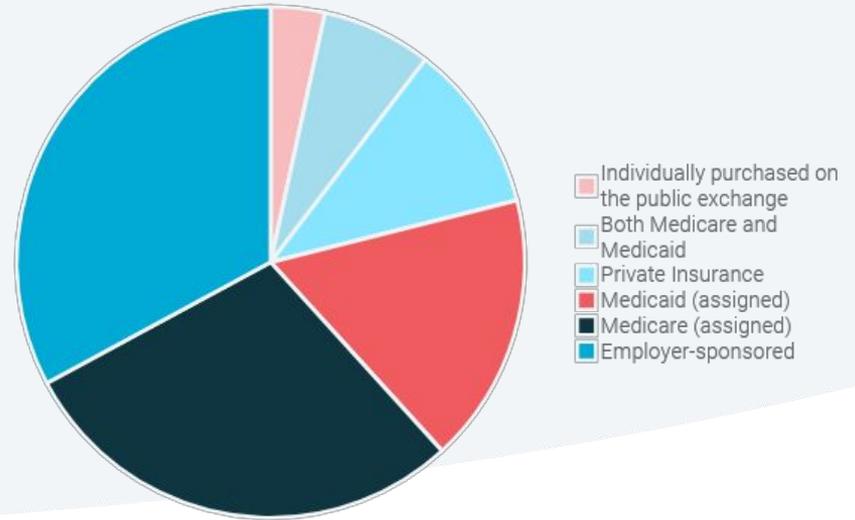
Our findings

1 General consumer satisfaction with health plans has been increasing.

2 While relatively high (~83%), health plan Members with Care Managers are even more satisfied.

3 Further, Members who talk to their Care Managers more often are more satisfied.

4 Duals are the most satisfied sub-segment due in part to SDoH.

5 The highest segment Neutral to Dissatisfied is Medicaid, partly due to Provider Option support.

6 What Members desire from their health plans and Care Managers to improve satisfaction is changing.

Since 2018, member satisfaction with health plans has increased

% of respondents saying they are somewhat or extremely satisfied with health plan
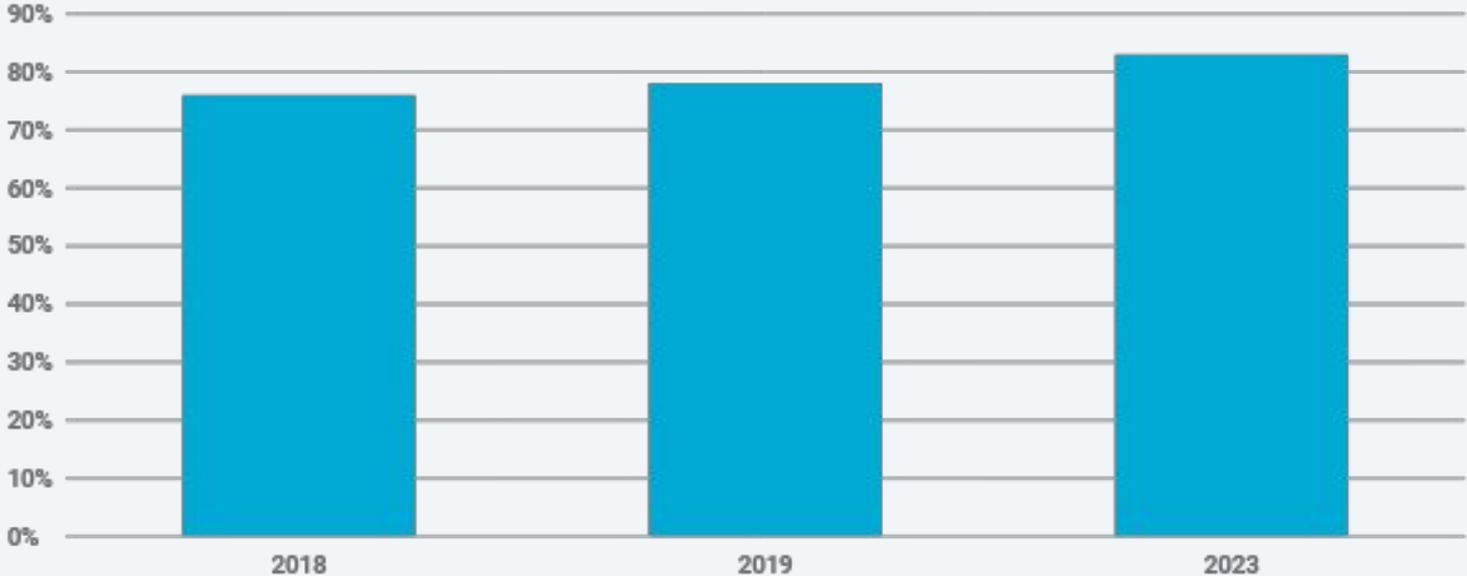
Members with a Care Manager are much more satisfied with their health plan than members without a Care Manager

What is your current level of overall satisfaction with your health plan?

Members w/ Care Manager

Satisfaction Level	Percentage
Extremely Satisfied	56%
Somewhat Satisfied	34%
Neither Satisfied nor Dissatisfied	7%
Somewhat Dissatisfied	2%
Extremely Dissatisfied	1%

0% 10% 20% 30% 40% 50% 60%

General Consumers

Satisfaction Level	Percentage
Extremely Satisfied	42%
Somewhat Satisfied	41%
Neither Satisfied nor Dissatisfied	11%
Somewhat Dissatisfied	5%
Extremely Dissatisfied	2%

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

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Members prefer Care Managers who provide personalized resources, omni-channel communication, and up-to-date health information

Select the top 3 actions your Care Manager could take to most improve your level of satisfaction with them:

Provide care and resources based on my individual needs, traits, economic conditions, access to essentials, or location/community I live in

Communicate with me in the ways I prefer

Have my health information on-hand when we communicate

Enable me to actively participate in and develop my care plan

Provide me with better access to numerous providers

Help me get and manage my medications

Refer me to social services and resources in my community

Half of members communicate with their Care Manager at least weekly

How often do you communicate with your care manager?

Multiple times a day	Daily	Weekly	Monthly	Every six months	Annually

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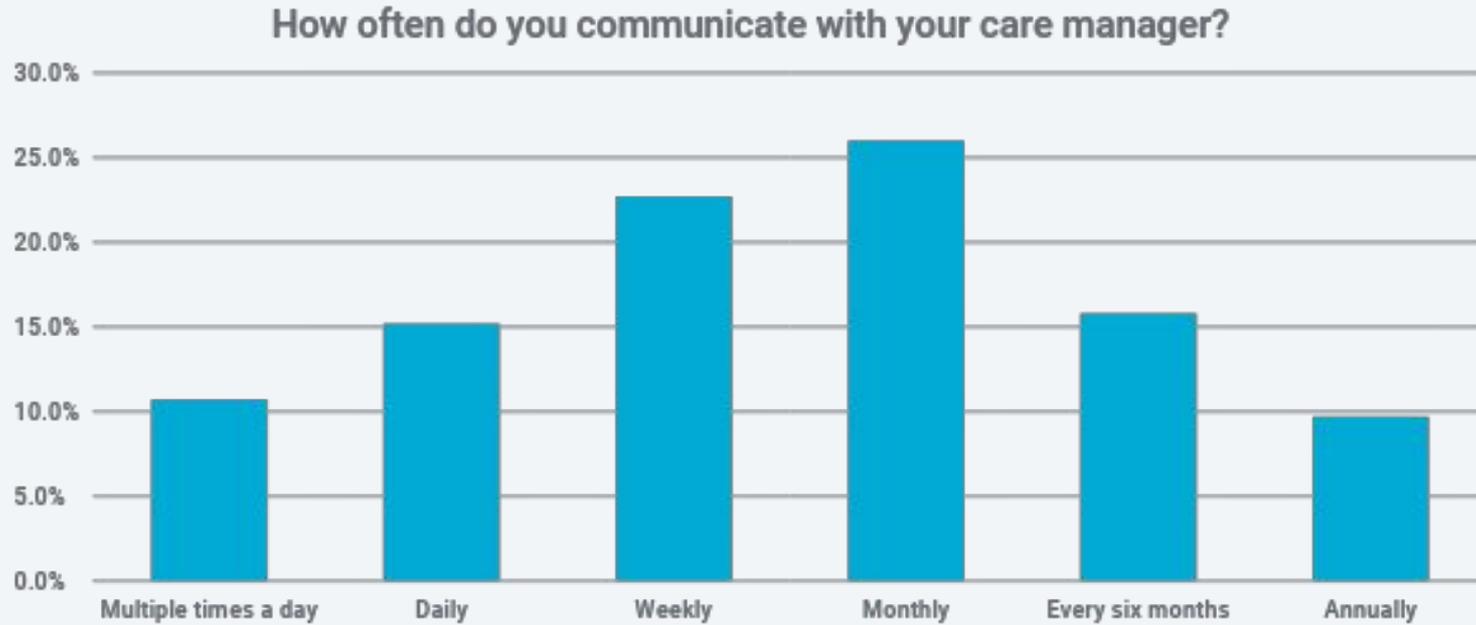
Members who engage with their care manager weekly+ are more satisfied than members who engage with their Care Mangers less frequently

What is your current level of overall satisfaction with your care manager?

Members engaging weekly-daily

Satisfaction	Value
Extremely Satisfied	155
Somewhat Satisfied	53
Neither Satisfied nor Dissatisfied	26
Somewhat Dissatisfied	10
Extremely Dissatisfied	1

Axis: 0 20 40 60 80 100 120 140 160 180
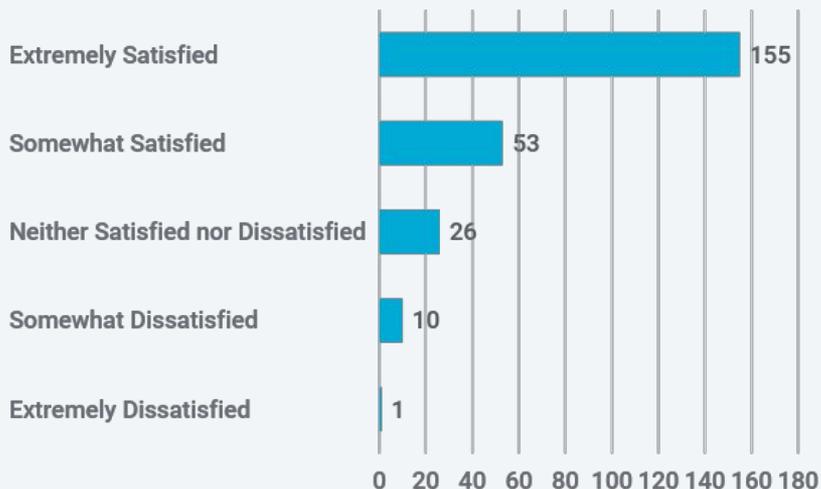
Members engaging monthly-annually

Satisfaction	Value
Extremely Satisfied	112
Somewhat Satisfied	100
Neither Satisfied nor Dissatisfied	31
Somewhat Dissatisfied	12
Extremely Dissatisfied	5

Axis: 0 20 40 60 80 100 120

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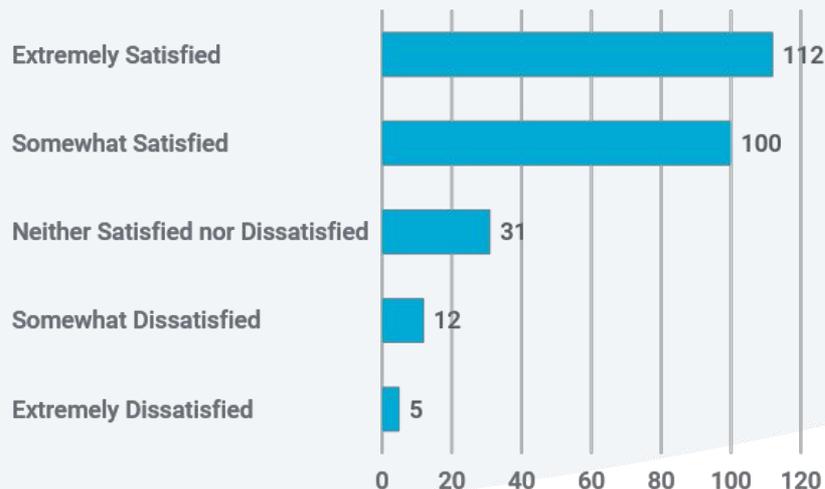
What this means for clinical leaders

Implement workflows that encourage frequent communication between care managers and members

Set and track benchmarks for how frequently members are engaging with care managers or clinical content

Customize and personalize outreach to members based on known attributes, and provide multiple avenues for communicating with members to meet them where they are

Scale care management efforts to engage as many members as possible

2023 Clinical Leadership Forum

Satisfaction with Care Managers varies by LOB

Medicare

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Medicaid

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Employer Sponsored

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 10% 20% 30% 40% 50% 60% 70%

Duals

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 10% 20% 30% 40% 50% 60% 70%

2023 Clinical Leadership Forum

Duals are satisfied with their Care Manager, due in part to information available about SDoH support

How satisfied are you with your Care Manager's ability to provide you with and/or refer you to community and social resources?

Medicare

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

Medicaid

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 10% 20% 30% 40% 50% 60%

Employer Sponsored

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Duals

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied

0% 10% 20% 30% 40% 50% 60%

2023 Clinical Leadership Forum

Medicaid members expressed less satisfaction with their Care Managers' ability to provide access to provider options

Medicare

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied

0% 10% 20% 30% 40% 50% 60%

Medicaid

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Employer Sponsored

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 10% 20% 30% 40% 50% 60%

Duals

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied

0% 10% 20% 30% 40% 50% 60%

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What this means for clinical leaders

Invest in support in key areas across LOBs to ensure you're able to provide members with resources they need, when they need them most

Ensure your messaging, workflows, and content align with the needs of your different LOBs

Members' satisfaction with Care Management is impacted by their overall satisfaction with and awareness of other benefits and resources available within their plan

2023 Clinical Leadership Forum

Health plan members without a care manager tended to show lower overall levels of satisfaction

What is your current level of overall satisfaction with your health plan?

Medicare

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Medicaid

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Employer-Sponsored

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Duals

- tremely Satisfied
- mewhat Satisfied
- ither Satisfied nor Dissatisfied
- mewhat Dissatisfied
- tremely Dissatisfied

0% 10% 20% 30% 40% 50% 60%

2023 Clinical Leadership Forum

To improve satisfaction, plans can focus on providing a seamless customer experience, accessible communication, and tools to help members manage their health

Select the top services that would help to most improve your level of satisfaction with your health plan:

ts, characteristics, or beliefs such as race, ethnicity, gender, or religion
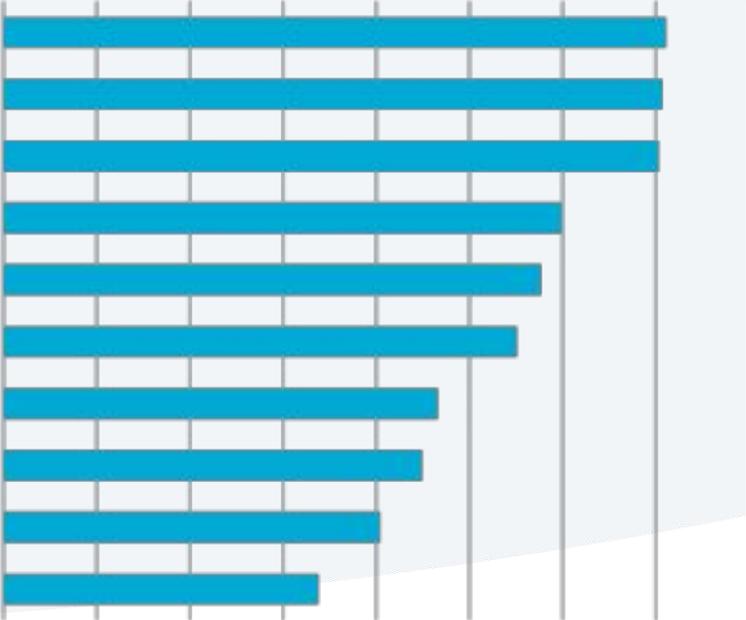
As of 2023, "good customer service" is now in the top 3 services that would improve member satisfaction

2023

- Good customer service

- Easy access to health records

- Incentives for healthy behaviors

2019

- Tools or information to help me understand my benefits

- Incentives for healthy behaviors

- Tools or information to help me find less costly care

2023 Clinical Leadership Forum

27%

of members understand all their health plan communications "sometimes," "rarely," or "never."

46%

of health plan members said they'd never heard the term "care manager"

What this means for clinical leaders

Members are looking to plans to provide clinical support and customer service in a seamless fashion, so clinical leaders will need to work cross-functionally to meet these needs

Ensure you're keeping a pulse on members' needs and preferences, as they can evolve over time

Partner with member engagement and marketing teams to ensure clinical communications are clear and free of jargon

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WHAT IS HAPPENING?

ACME COMPANY

ACCREDITED NCQA HEALTH PLAN

Acme Health Plan

Medicare
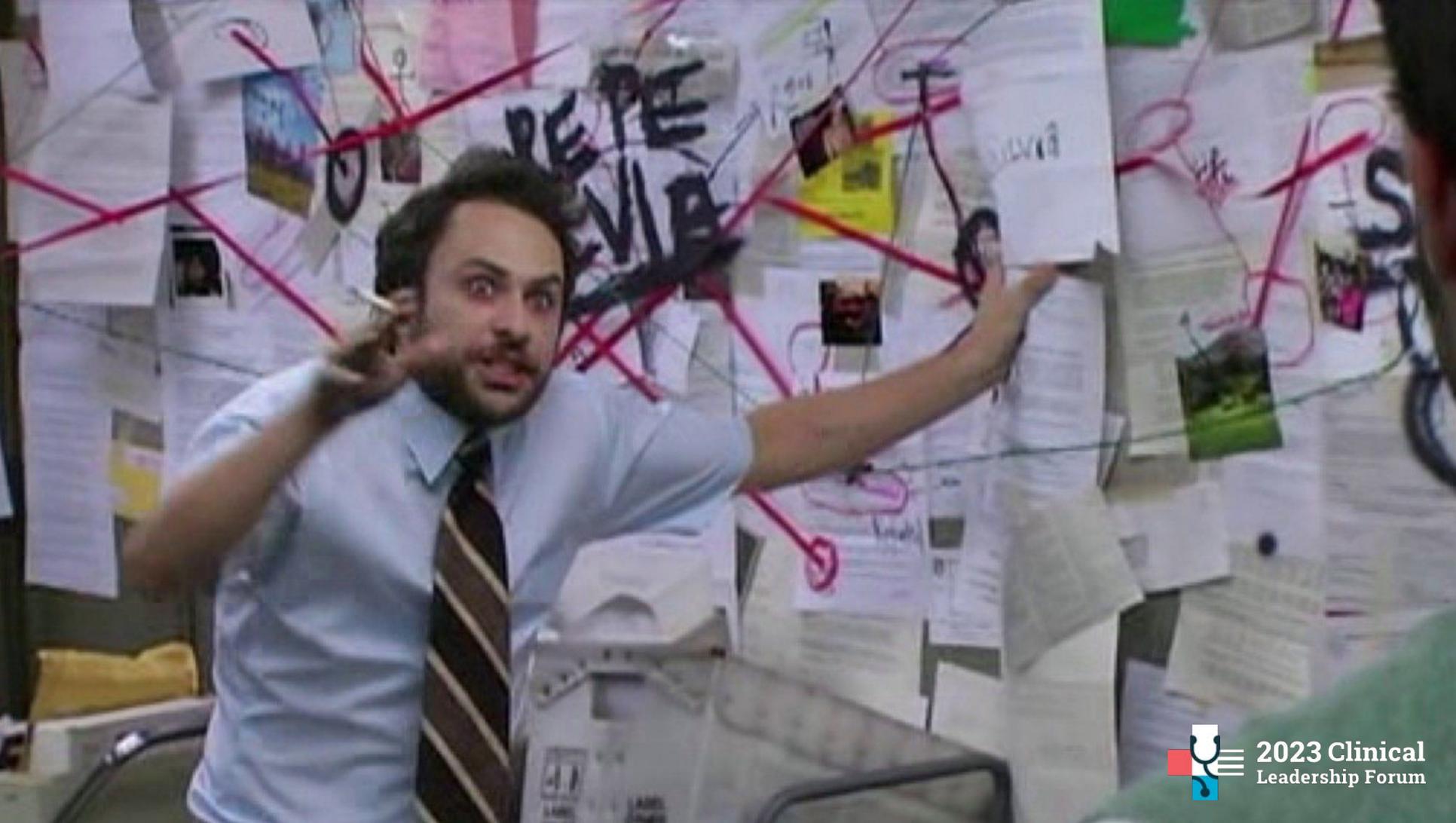
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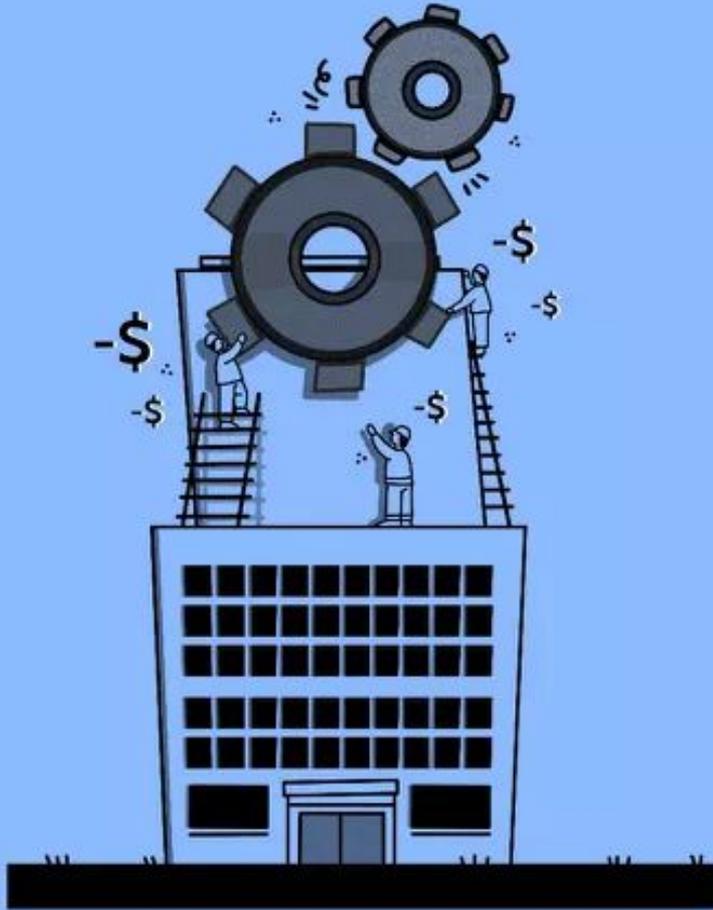
Cost Center

['kȯst 'sen-tər]

A department within an organization that does not directly add to profit but still costs the organization money to operate.

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> There is a better way for everything. Find it.

Thomas A. Edison

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$$ ROI = \frac{\text{Value Created}}{\text{Costs}} $$

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Process & Outcome Measures

Process measures

- Enroll members
- Meaningfully engage members
- Assess needs & opportunities
- Set and pursue goals
- Deliver great member experience
- Improve member confidence & IQ
- Improve biometrics, reduce risk factors
- Coordinate care among providers
- Achieve strong retention in programs

Outcome measures

- Impact care utilization
- Reduce medical spend
- Improve quality scores/premiums
- Enable market differentiation

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Drivers of Value Creation

Cost savings

- Care utilization / medical cost savings
    - ER visits
    - Inpatient stays
    - Preventive service utilization
- Labor productivity
    - Caseload
    - HR level of license/cost

Revenue/Premiums

- Quality based revenue
    - Gaps, CAHPS, Meds (STARS, Hedis)
- Sales differentiation
    - Win new business
    - Retain customers
    - Pricing integrity
    - Buy-up services

Correlation does not imply causation

Taylor & Francis
Taylor & Francis Group

ORIGINAL RESEARCH

OPEN ACCESS

Check for updates
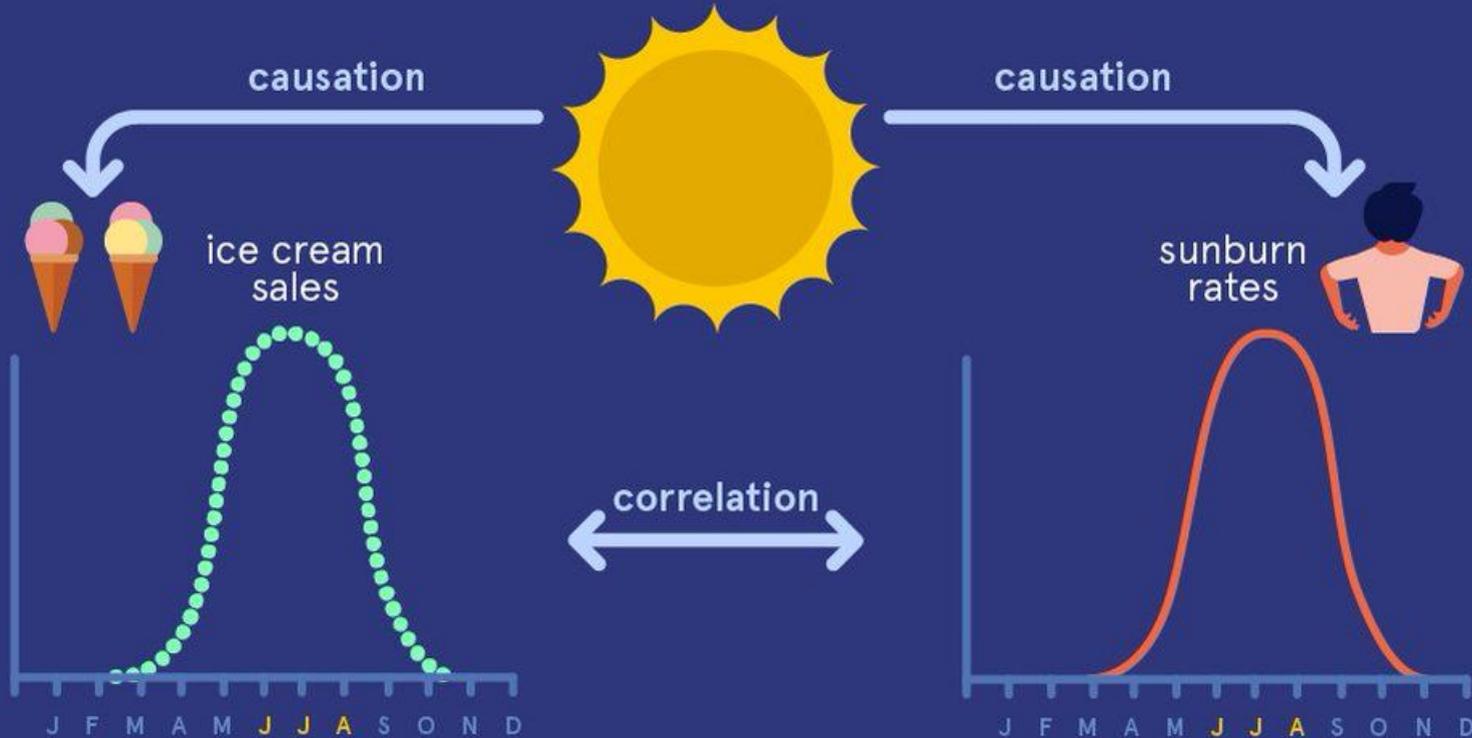
A pragmatic methodology for the evaluation of digital care management in the context of multimorbidity

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ABSTRACT

Multimorbidity is a defining challenge for health systems and requires coordination of care delivery and care management. Care management is a clinical service designed to remotely engage patients between visits and after discharge in order to support self-management of chronic and emergent conditions, encourage increased use of scheduled care and address the use of unscheduled care. Care management can be provided using digital technology - digital care management. A robust methodology to assess digital care management, or any traditional or digital primary care intervention aimed at longitudinal management of multimorbidity, does not exist outside of randomized controlled trials (RCTs). RCTs are not always generalizable and are also not feasible for most healthcare organizations. We describe here a novel and pragmatic methodology for the evaluation of digital care management that is generalizable to any longitudinal intervention for multimorbidity irrespective of its mode of delivery. This methodology implements propensity matching with bootstrapping to address some of the major challenges in evaluation including identification of robust outcome measures, selection of an appropriate control population, small sample sizes with class imbalances, and limitations of RCTs. We apply this methodology to the evaluation of digital care management at a U.S. payor and demonstrate a 9% reduction in ER utilization, a 17% reduction in inpatient admissions, and a 29% increase in the utilization of preventive medicine services. From these utilization outcomes, we drive forward an estimated cost saving that is specific to a single payor's payment structure for the study time period of $641 per-member-per-month at 3 months. We compare these results to those derived from existing

Impact on patterns of care utilization among high risk members engaged in digital care management

-30%

Reduction in Inpatient Visits

**-11%**

Reduction in ER visits

+27%

Increase in Preventive Care visits

Digital drives significant increases in member engagement

Digital Care Management vs. Traditional Care Management, with the same number of staff

Touchpoints per Case

258
80% self-service

3
phone calls with CM

20% with CM

Traditional CM
1 touchpoint per month

Digital CM
15 days engaged per month

80% self-service

- Reminders dismissed
- Articles read
- Survey questions answered
- Messages sent
- Encouragements recieved

46%
30%
10%
9%

20% with CM

- Personal messages sent from CM to member
- Alerts/insights addressed
- Group messages sent

20%
20%
60%
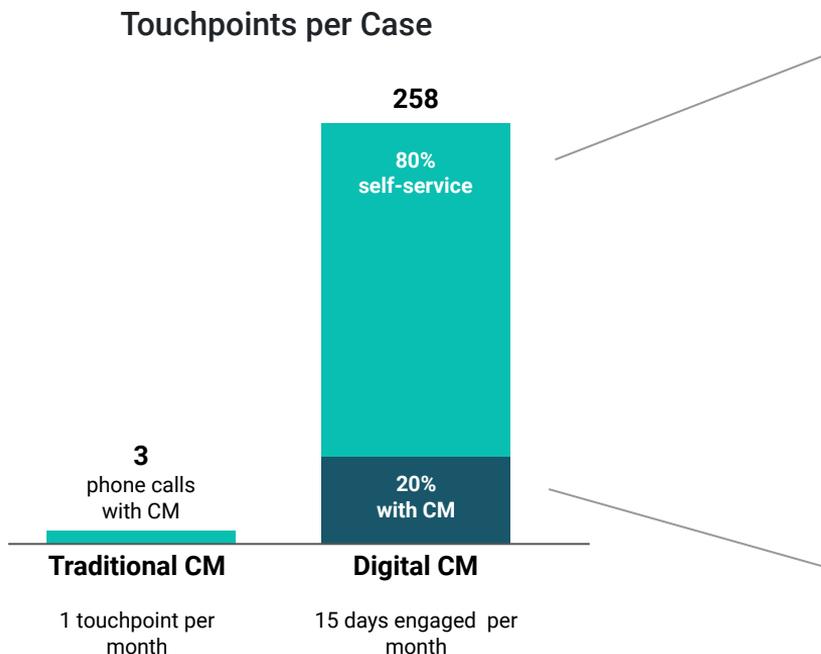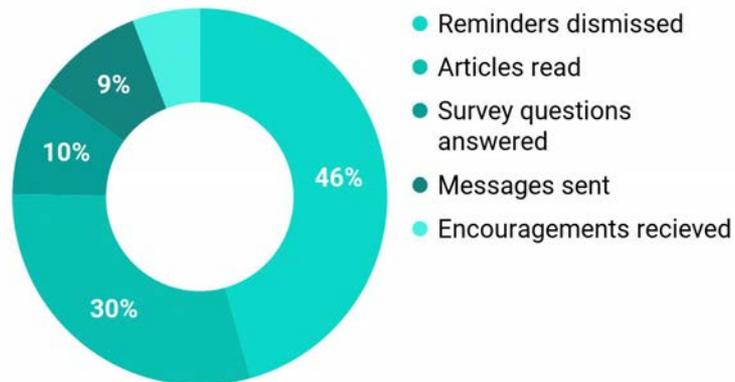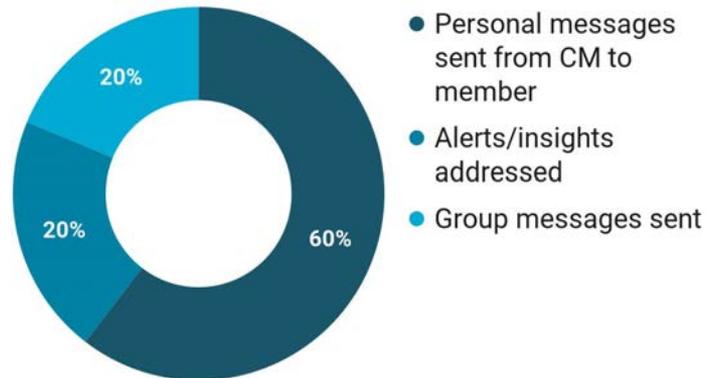
Double care management caseloads with digital care management

300 members

150 members
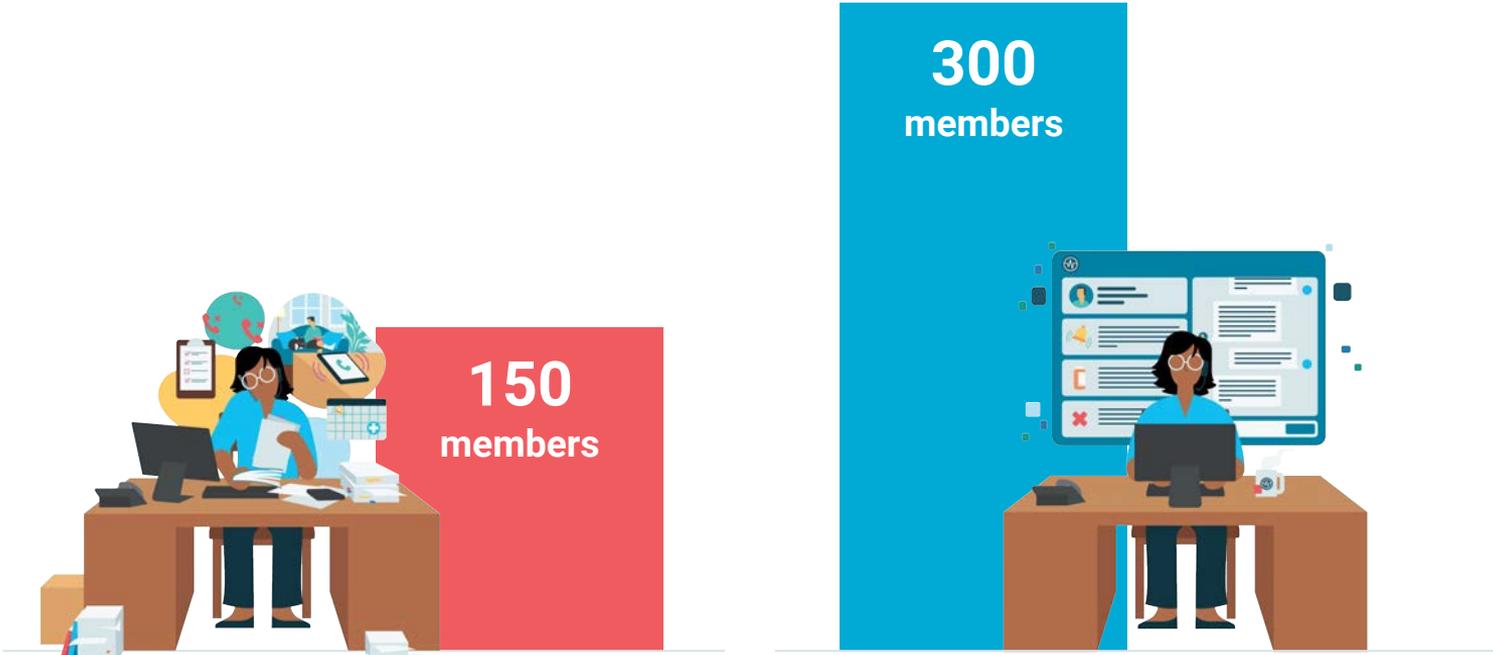
Traditional care management

Digital care management

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ROI Model Example

ROI Maximization - Optimize Member Targeting

Optimize member targeting

- Widen the aperture sensibly by aligning impactability with unit economics of intervention

- Measure propensity to engage by channel

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ROI Maximization - Diversify Recruitment

Diversify recruitment & measure acquisition cost

- Non-clinical resources

- Multi-channel direct marketing

- Provider endorsement

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ROI Maximization - Enhance Member Engagement

Enhance engagement strategy to maximize impact & unit economics

- Multi-channel - digital, telephonic, in person, self-service

- Holistic advocacy - combine condition management, gap closure, care navigation, benefits support, social drivers

- Diversify team composition aligning license with the "jobs to be done" (non-clinical, peers, etc.)

- Augment internal resources with specialized 3rd party services

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ROI Maximization - Expand Outcome Measurement

Broaden measurement of outcomes to strengthen numerator of ROI model

- Medical cost savings →

- Quality/premiums

- Sales, retention & pricing

In sum

- Mindset: CM = strategic source of value

- Clearly define priority outcomes & targets

- Apply rigorous analysis to ID impact

- Align cost of recruitment/engagement to impact by cohort

- Use data to drive continuous improvement

- Package & market results to internal & external stakeholders
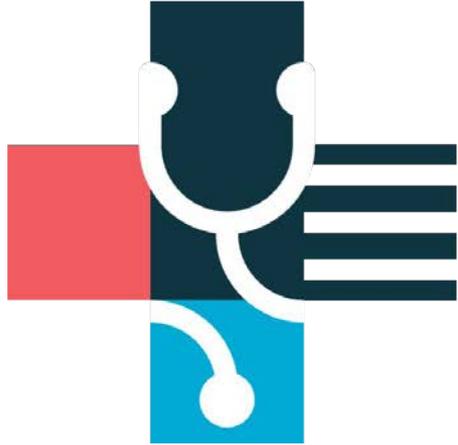
Taking Digital Transformation from Impossible to Inevitable

Three phases to harness digital care management

Dr. Sandhya Gardner, HealthEdge

Nilima Rajkumar, Wellframe

Jessie Schiller, Wellframe

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The three phases: from "impossible" to "inevitable"

PHASE 1
Define the primary goals and desired outcomes, assess your organizational readiness, and build the business case

PHASE 2
Identify stakeholders, establish expectations & accountability, develop milestones, and engage your team

PHASE 3
Assess, adjust, iterate and repeat!

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PHASE 1

Strengthen your organizational direction

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Define your primary goals and objectives

Key questions for defining digital transformation goals:

- Where in your organization are you starting the process?

- Which member populations are you focusing on first?

- What are the highest-priority performance metrics to improve?

- Who is driving this initiative?

- How will you measure impact?

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Assess your organizational readiness

Consider

Identify

Acknowledge

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Build your business case

Narrow your focus

Partner with stakeholders

Consider the marketplace

Achieve alignment

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Identify stakeholders and staff critical to success

Supporters

- Think beyond clinical teams

- Who will use or benefit most from the tool

Detractors

- Understand their perspective

- Prepare to answer their questions

- Back up proposals with data and use cases

Informal influencers

- Across the matrix

- Early adopters

- High utilization and performance

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PHASE 2
Establish expectations and accountability

Responsible

Accountable

Consulted

Informed

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Educate, excite, and engage your team

What are the best ways to manage staff engagement?

- Assess team and organizational readiness

- Continual staff training

- Workflow design and staff modeling

- Incorporate measurement goals into staff assessment

- Structure appropriate incentives

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PHASE 3
Assess - adjust - iterate - repeat!

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