# Gaps In Care Approach

Virgin Pulse, October 2018

# Vision

<Gaps In Care> is a new tool that helps Buyers of the VP platform **improve the health** of their employees and **lower their healthcare spend**.

It integrates 3rd party health insurance claims data into the daily Member experience to help identify and **close gaps in care** early, and keep them closed.

* Refined language around the vision since starting
* Trying to create more clarity around what we're doing as we learn more

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# Members

Any member with gaps in their preventative care and/or chronic conditions that can be managed more effectively.

- Managed reminders for condition-specific care over the course of the year.

- Targeted support, activities, and programs to close gaps in preventative care and chronic condition management.

- Follow-up content, communications and habits to help keep these gaps closed.

\* We've also better defined what we can do for the Members and we're targeting.

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## Buyers

Any company (typically self-insured) that wants to better manage the health of their employee population and lower long-term healthcare spending.

- Better understand how the programs and benefits they offer affect the care their employees access.

- Send targeted communications to help their employees access their benefits and get the care they need most.

- Improve long-term population health and lower costs.

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* Still working to understand what's reasonable for buyer side functionality
* Artemis was supposed to share their ROI product capabilities with us a while ago
* We finally have a meeting on the books for tomorrow afternoon.

# Principles

- Humanity, Empowerment, Trust

- Highly Assistive, Light Touch Configuration

- Connect Commitment to Actions, Then Incentivize

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\*     Following these to make sure we get key aspects of the experience right.

\*  Came out of our background research.

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Overall goal:

\* Reinforce to Members that we understand they're people,

\* We're empowering them to take control of their own care.

\* Combine with basic psychological and motivational principles to get Members to take action.

# Principles

- Humanity, Empowerment, Trust

- Highly Assistive, Light Touch Configuration

- **Connect Commitment to Actions, Then Incentivize**

\*     Most important principle: pushing commitments to take action and their follow through instead of just the actions themselves.

[explain on next slide]

# Why Commitments?

- Data has an incredibly long feedback loop (3+ months).

- It's inaccurate for reasons good and bad.

- RedBrick experienced lots of customer service issues as a result of this.

* Interviewed Nathan Barleen, Director of Research from RedBrick.
* Transparent about the problems RB had in the past (ad-hoc implementations years ago).

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What we can't do is ensure that when Nathan goes to see his primary care provider for a preventive visit  the doctor will code it as such. This is usually legitimate. Lets say in the course of the preventive visit Nathan mentions that he has had some knee pain. The doctor examines his knee and asks some additional questions about it. She may recommend some exercises to strengthen the muscles around his knee to prevent pain. The doctor provided more than a preventive visit and codes the visit as such in order to receive the appropriate remuneration. Nathan think that he went to the doctor for a preventive visit. The doctor thinks that she provided more than a preventive consult and codes the claim appropriately. When we receive claims we don't see a preventive consult code and we don't reward Nathan for a preventive visit. Nathan is upset that he didn't receive a reward for his preventive visit.

BCBS trained providers (doctors). Each person was supposed to tell their doctor that this was a wellness visit for work so that the provider could be sure to code the visit in that way.

The result is a very artificial and inefficient interaction with a primary care provider. As a patient, Nathan would prefer that the doctor helps address his knee pain right in the moment. The provider wants to provide efficient care and receive appropriate compensation. It is likely more cost effective for the employer (plan sponsor) to pay for one treatment visit than to pay for a preventive visit and a future follow-up to treat knee pain.

## Our Key Insight

Rewarding for a verified activity isn't going to work. Too many failure points, we'll just end up creating something that doesn't work and doesn't help people.

But we know from studying certain behavioral principles that getting a person to say they'll do something makes them **more likely to do it**.

*   Can't change their behavior away from mental model.
* Can't validate immediately.
* If we try anyways, we probably won't close gaps.
* Revisit goal: Get people to do something, which translates to lower healthcare spend long-term.
* We can use commitments to do this.
* RB coaching is using Cialdini's principle of "Commitment and Consistency", and "Goal Commitment" from the Goal Setting Theory of Motivation.
* Getting a person to commit makes them more likely to actually do something. We're going to use that.

# Then What Are We Doing With Claims Data?

We propose using Claims Data as an input to the model.

· Loose measurement of improvement in the population.
· Makes the Member think we're monitoring.

It's not suited to driving the experience, but that's what everyone else is doing.

Thinking of it as one of many possible inputs to the Gaps in Care product is a more platform-aligned approach.

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Next slide = Introducing

Welcome to
# Preventative Care Reminders

* So, welcome to Preventative Care Reminders. (we can totally change this)
* Tool that incentivizes Members to commit to and follow through on the care they need across an annual timeframe.

# The Experience

Instead of asking Members for proof, forcing them to chase billing/coding at their doctor's, and nagging them to see if they followed through, we're going to **ask them to make a commitment** to us.
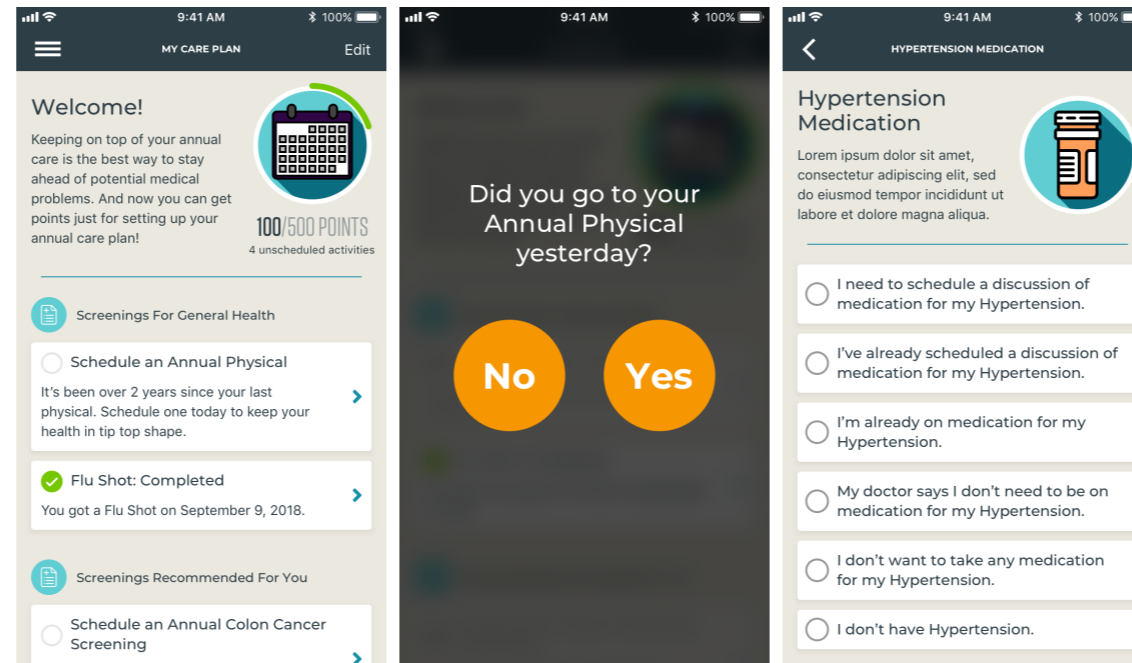
Then **when they tell us they've followed through**, we'll reward them.

Then we'll use the Claims Data we have available to analyze those commitments and see how well we did in getting people to take **new healthy actions**.
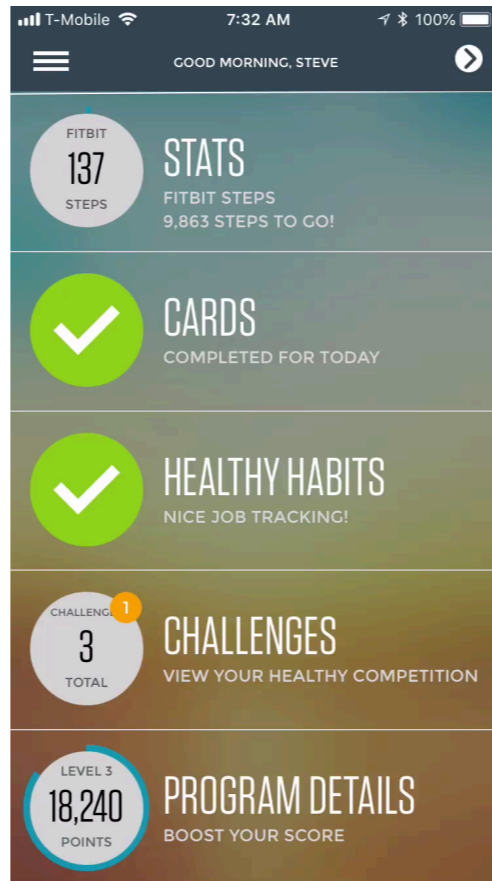
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* Light touch commitment, and we follow through on behavior.
*   Commitment makes them more likely to do it.
*   Follow up so they know we're checking
*   Gather data from users and through claims to measure effectiveness.
*   Validate to remind them again that we're checking.

# Member Experience:

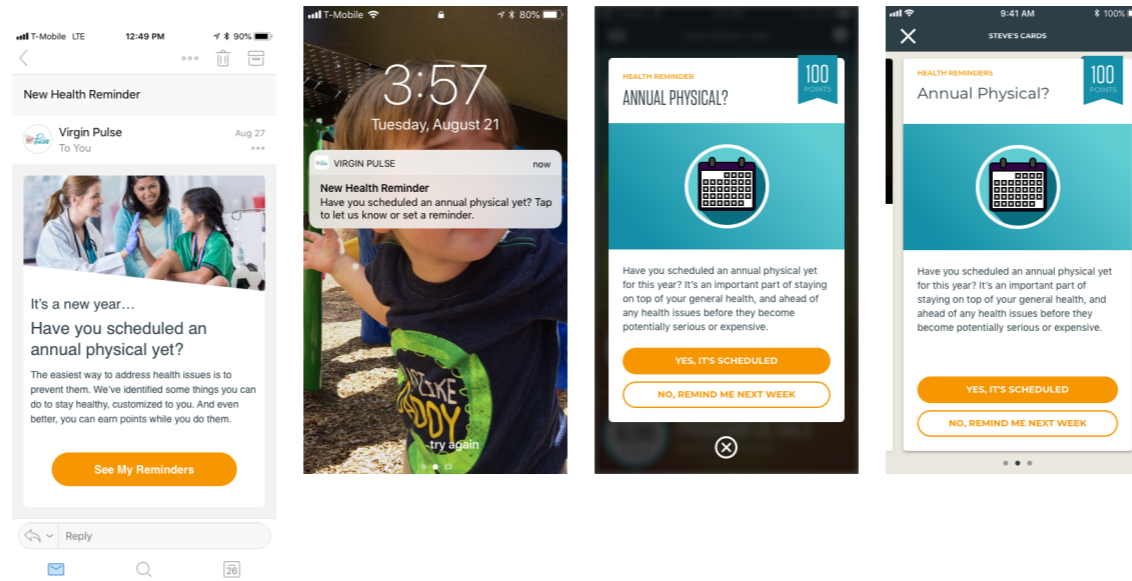* Here are preliminary screens, but let's look at something better.
* [next slide] demo video

GOOD MORNING, STEVE

**FITBIT**
**137**
STEPS

# STATS
FITBIT STEPS
9,863 STEPS TO GO!

✓

# CARDS
COMPLETED FOR TODAY

✓

# HEALTHY HABITS
NICE JOB TRACKING!

CHALLENGE ❶
**3**
TOTAL

# CHALLENGES
VIEW YOUR HEALTHY COMPETITION

LEVEL 3
**18,240**
POINTS

# PROGRAM DETAILS
BOOST YOUR SCORE

# Clickable Prototype

https://virginpulse.invisionapp.com/share/UCOQL7FR7N5

# Targeted Comms

# Risks

We're looking at a different model than other companies. We don't want to replicate mistakes of the past, but it's a risk nonetheless.

We may be massively underestimating willingness for Members to cheat and lie to get their rewards.

*    Different way of thinking, fairly different from other models which rely on validation for everything.
* Members might cheat/lie. This is hard to predict.
* We try to show we're validating to mitigate this.
* Need access to historical data to prove we made things better.

# Upsides

We're addressing the entire Member population and engaging them with health reminders.

We're not just closing gaps, we're preventing them and keeping them closed.

We retain the ability and information necessary to stratify Members into risk levels and communicate more with high-risk Members.

Nothing is stopping us from building on top of this as our capabilities improve.

* Helps create and keep commitments across the whole Member population
* Uses basic, successful principles of behavioral psychology tied in with our incentive model.
* Can still do targeted comms with risk stratification (major content push though)
* Can improve as we add more data and analytics capabilities.

## Buyer Experience ToDos:

The features we listed for buyers are an assumption based on what's in the market. I'd like to validate these with our buyers.

- Insights into how their benefits are working.
- Targeted communications for higher risk employees.
- Understand pop. health and long-term cost reduction.

~~Artemis will finally be showing us their ROI report next week, which will give us a good idea of what's possible.~~

*   Still operating on assumptions with buyers.
* We'll be able to make better guesses and start interviews after we see Artemis ROI capabilities.
* Lot of questions to answer still:
    * Are these the right features?
    * Are there features we hadn't considered?
    * Do buyers want to do manual configuration and tweaks of comms and targeting?
    * Or, do buyers want us to automate that for them and tell them what we did?
    * Should we make benefit recommendations based on what we learn?

## Additional Buyer Features:

- Population trends for closing or expanding gaps.
- Population trends for costs and unique cost centers.
- Population trends for hospitalization.
- Analysis of buyer's other unique population risks.
- Recommended game tweaks.
- Recommend benefit buy-ups.
- Recommend benefit/program promotions.
- Survey employees about care barriers.

## Member Experience ToDos:

We need to validate that this would be used and that ~~Members won't think it's creepy~~.

We also need to validate that the particular behavioral hooks we're trying to use can work.

And we need to hook into other areas of daily experience, such as Cards, and figure out how to space out configuration a bit while still showing it effectively.

* Sending a survey to investigate these issues.
* Building additional hooks across the platform.
* Testing approach to figure out how to spread out configuration.
* Big content push.
* Validate secure section of app approach from tech perspective.

## Additional Member Features:

- Coaching integration, targeted to high risk Members.
- Active outreach and intervention.
- Program/benefit recommendations.
- Comorbidity support.

# UX Tasks

- ~~Member Survey~~
- Follow-up for Interviews if necessary
- Regroup after annual planning
  - Define analysis capabilities
  - Buyer Interviews
  - Buyer Mockups
  - Refinement
    - Additional platform hooks (Cards, etc)
    - **Comms/Content**
  - Usability Testing

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Let's talk about the Member Survey…