



Healthcare Issue Brief:

WHAT'S NEXT FOR MEMBER-CENTERED TECHNOLOGY?



VIEWS AND PERSPECTIVES FROM LEADERS IN THE FIELD

The past decade has seen major shifts in healthcare as industry leaders aim to reverse the tide on unsustainable healthcare costs and improve the health of members.

As reimbursement models continue to transition from fee-for-service to value-based care, a fluctuating U.S. regulatory climate means that providers and payers must continually adjust to legislative changes and incorporate new requirements into operations and workflows.

In addition, rapidly-advancing evidence seems to introduce new discoveries and best practices at an unprecedented pace. Stakeholders must constantly monitor the policies and processes driving care delivery because practices widely accepted today can be disproved by the data that emerges tomorrow.

Members are beginning to demand that the industry conform to the digital age and provide the technology and ease of use they have come to expect from other parts of their lives. Concurrently, a growing percentage of aging and elderly populations are creating financial instability across the industry due to the proliferation of chronic disease.¹

A recent panel discussion hosted by VirtualHealth yielded fresh insights from healthcare leaders into the state of the industry and new approaches to operationalize advancements in value-based care solutions. This issue brief aims to offer a multi-sector lens into challenges and opportunities discussed by these professionals.

DEFINING QUALITY INNOVATION BEYOND THE TRIPLE AIM

As innovation transforms every facet of healthcare, stakeholders must be able to define and measure the success of technological advancement. Understanding the evolution of the “Quadruple Aim” should form the foundation of this measurement, according to Jerry Kolosky, strategic advisor with Nex Cubed.

The Quadruple Aim underpins current healthcare movements and not only reflects the original Triple Aim goals of improving population health, driving down costs, and enhancing the patient experience, but also focuses on provider and caregiver engagement. Consequently, stakeholders must measure how technology is:

- 01 Leading to improved clinical outcomes for different cohorts through the population health pyramid;
- 02 Linking cost control and accountable care to those outcomes;
- 03 Engaging providers in a way that is seamless to their practice;
- 04 Engaging members to follow through with care plans.

Bonnie Clipper, Chief Clinical Officer with Wambi, points to how her company is improving caregiver performance through sharing member and family feedback in realtime. The company’s employee engagement system helps facilitate behavioral change by recognizing compassionate care, teamwork, and boosting morale. Members provide anonymous feedback about their experience and the quality of care they received directly into a digital collection system from their bedside. Raw feedback is then transmitted directly to the

PANELISTS:



JOSE MORALES
Clinical Nurse
Manager, Healthfirst



JERRY KOLOSKY
Strategic Advisor,
Nex Cubed



MARK CABILING
Sr Clinical Training
Specialist, Anthem



BONNIE CLIPPER
Chief Clinical Officer,
Wambi

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We want outcomes that show whether we’re effective in helping organizations move the needle on employee engagement. We want to help them see a decrease in turnover and an increase in retention. We don’t want them to continue to spend \$64,000 for every nurse that leaves.

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— Bonnie Clipper,
Chief Clinical Officer, Wambi

caregiver, rather than the information coming second-hand—or not at all—from a manager. Along with personal satisfaction of reading positive comments, employees may collect points to earn incentives such as gift cards.

Wambi’s focus is directly tied to improving the culture where caregivers work. Subsequently, quality outcomes are determined by the degree to which Wambi moves the needle on employee engagement and patient satisfaction.

In addition to tying innovation back to the Quadruple Aim, Jose Morales, Clinical Nurse Manager with Healthfirst, suggests that innovation must consider end-user needs and preferences to promote adoption of technology. New technology must address the different ways people learn and communicate, and it must reflect the nuances and preferences of all living generations—a tall order considering there are six generations living today.

In terms of generational differences, Mark Cabiling, Senior Clinical Training Specialist with Anthem, notes that healthcare stakeholders will face a significant learning curve associated with the process of merging two groups of people in the healthcare workforce: those who are accustomed to the traditional approaches to care delivery, and the newer, tech-savvy generations. “You have severe anxiety on one side and excitement on the other,” Cabiling explains.



QUALITY INNOVATION: THE EVOLUTION OF MOBILE TECHNOLOGY

To answer the question of whether innovation is “worth it” from a time and expense perspective, Clipper points to the evolution of mobile technology over the past two decades. During her time as a Chief Nursing Officer, she recalls working for a forward-thinking healthcare organization willing to invest in cutting-edge technologies like real-time tracking devices and mobile tablets for clinicians. These solutions provided immediate data on patient movements so that staff could track the number of available beds and location of patients at any given moment. All units, including the emergency department (ED), were equipped with patient-tracking boards. Tablets allowed staff to easily move around the hospital to address resource challenges and issues affecting patient throughput. The initiative resulted in a decrease in the time that patients spent

in the ED, improving patient satisfaction and clinical outcomes.

Cabiling points to the evolution of care teams using iPads at Anthem, denoting the substantial workflow efficiencies that had been achieved over time and the noteworthy return on investment. In recent years, the health payer organization has broadened its strategy to include integration of applications that support behavior management. For example, a simple questionnaire to members helps Anthem gauge loneliness, allowing care managers to identify members who may need interventions. Cabiling also points to the promise of emerging “selfie” technology that can do everything from measuring blood pressure to reinforcing addiction recovery strategies.

CHANGING MEMBER BEHAVIOR

As the population ages, Clipper says that technological advancement to support behavior change is paramount. Health plans and providers must leverage tools to track member data to get out in front of alarming chronic disease statistics. Essentially, healthcare stakeholders must embrace the concept of behavioral economics by promoting member accountability and reinforcing healthy choices. One example of how today's payer organizations are offering incentives is providing gift cards to members who undergo yearly physical exams.

Understanding social determinants of health (SDoH) will be central to changing member behavior, Kolosky emphasized, as a growing body of evidence supports the reality that non-medical factors such as income, education, and zip codes impact up to 80% of a person's health. On the macro level, providers and payers need to understand the variances in demographics that impact population-based care across regions—from Connecticut to the South Bronx, for instance—as well as behaviors that can precipitate the onset of conditions across various populations. On the micro level, care teams need to develop member-centered care plans that drill down into specific behaviors that may open the door to the exacerbation of chronic diseases such as diabetes.

Technology platforms like VirtualHealth's HELIOS solution provide care teams with critical SDoH insights and the capability to intervene and help members get the services they need. For example, the HELIOS care management platform offers robust transportation functionality that allows care teams to identify transportation needs and schedule rides for members who could not otherwise get to doctor appointments or pick up medications. Through a partnership with Aunt Bertha, the platform equips care managers with access to the leading SDoH search and referral solution.



TRANSPORTATION: A KEY PREREQUISITE TO OPTIMAL CARE

Transportation sits at the heart of current healthcare initiatives aimed at addressing social determinants of health (SDoH). If members cannot pick up their medications or get to appointments, a provider's ability to impact their health is minimized, as demonstrated by a recent Connance survey that links 50% of readmissions to factors such as transportation and home instability risk.²

HELIOS was designed to solve challenges like these. It allows users to easily monitor transportation requests across all members or drill down into a single case to manage unique details of each trip, such as checking on pre-authorizations or ensuring that the scheduled vehicle appropriately accommodates a member. The HELIOS care management platform helped one managed Medicaid plan complete nearly 24,000 transportation entries in 2018. Advanced analytics enabled the plan to forecast usage trends across months, time of day, and geography to help its clients optimize operations and predict transportation expenditures.

Effective tools also address member responsibility and help members take ownership of their health. Cabiling offers an example of how Anthem decreases unnecessary liability through motivational interviewing with members that helps them make better health decisions. Instead of giving members cues on what they should be doing, care managers are trained to help them answer key questions and identify their own maladaptive behaviors. Cabiling cautions that these strategies must consider cultural and geographical differences, noting that Anthem found attitudes towards certain communication methods were vastly more positive on the West Coast when compared to the East Coast.

HELIOS can aid health plans with the necessary tools for motivating members to take ownership of their health. By efficiently stratifying members into risk groups, the solution helps care managers easily identify those needing proactive intervention that encourages responsible health choices. A dedicated portal gives members the ability to communicate with their care managers, request resources, and review educational materials.

CHOOSING INNOVATION FOR THE FUTURE

Incentives and penalties tend to be the most effective in waking the industry up, Kolosky says. For example, healthcare organizations are increasingly motivated to embrace innovation in response to the readmission avoidance penalty introduced in 2013 and financial incentives enacted in 2015 associated with coaching chronic disease members.

To implement the promises made by technological innovation and advancement, Clipper says that the industry must stay nimble and adaptive to change.

“We’re all trying to move forward and not do something we regret. In the meantime, there are hundreds of

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thousands of companies out there with gizmos and gadgets and apps and devices,” she notes. “While they will try to sell you anything, the goal is to make it fit for the long-term.”

HELIOS CARE MANAGEMENT BY VIRTUALHEALTH

HELIOS helps its clients harness their data to stratify risk and proactively identify care gaps. Used to manage care for millions of members at leading health plans, HELIOS integrates clinical, behavioral, and social data streams into a single, complete member view to support whole-person care. Intelligent and responsive workflows mine the information to help health care teams identify members with priority needs, enabling proactive and optimal care that is driving down costs across Medicare, Medicaid, Dual-Eligibles and commercial programs.

¹ <https://www.forbes.com/sites/williamhaseltine/2018/04/02/aging-populations-will-challenge-healthcare-systems-all-over-the-world/#8a5a3b12cc34>

² <http://www.connance.com/wp-content/uploads/Pop-Health-White-Paper-on-Stressors-FINAL.pdf>

DR. BONNIE CLIPPER, CHIEF CLINICAL OFFICER, WAMBI



Dr. Bonnie Clipper is the Chief Clinical Officer at Wambi, a patient engagement and employee recognition platform aimed at empowering compassionate care. Bonnie is an expert in the nursing innovation space and was the first Vice President of Innovation for the American Nurses Association and created the innovation framework that is inspiring 4 million registered nurses to participate in innovation to transform health. Prior to that Bonnie spent more than 20 years in executive nursing roles. She is a top nurse influencer in LinkedIn, speaks internationally on nurse-led innovation and the future of nursing, has published and co-authored multiple texts, and is a Robert Wood Johnson Foundation Executive Nurse Fellow alumna and an ASU/AONE Executive Fellow in Health Innovation Leadership alumna.

MARK WILLIAM CABILING, SR. CLINICAL TRAINER SPECIALIST, ANTHEM NY, GOVERNMENT BUSINESS DIVISION



Mark has been a nurse for 12 years and has worked in multiple care settings. He has been a clinical case manager for the health plan side of Anthem since 2010 and has worked on various Case Management departments including Utilization Management, High Risk Case Management, End of Life Case Management and Long-Term Services and Support. His expertise allowed him to transition to the Clinical Training department of Anthem. Currently he is the subject-matter expert for LTSS and UM workflows for his team, which is in charge of rolling out a new Case Management Platform designed to replace older applications across 15 states. Besides conducting actual training classes for multiple roles, Mark works closely with the learning designers in developing training content, identifying and addressing nuances of the different market specific. He is also an active support for implementation/go-live efforts across multiple markets.

JOSE MORALES, CLINICAL NURSE MANAGER, HEALTHFIRST



Jose Morales has been a Med-Surg Certified Registered Nurse for ten years. He started his career as a Nurse Manager for an adult/pediatrics walk-in clinic in an underserved area of the Bronx. From there, Jose moved on to the acute care setting, working in a trauma/surgical unit as a Charge Nurse/Assistant Manager and Pain Resource Nurse for eight years. He entered the field of Case Management three years ago and is now a Clinical Nurse Manager for the largest health insurance in NYC, Healthfirst.

JERRY KOLOSKY, STRATEGIC ADVISOR, NEX CUBED



Jerry Kolosky is currently an advisor for the digital health business unit of Nex Cubed digital. Previously, he has worked with many digital health startups, and major global corporations including 3M Health Information Systems and Panasonic. Jerry's professional experience has spanned the continuum of care: primary care, the hospital, and long term, sub-acute care. His work includes pioneering efforts in virtual physician networking, pharmaceutical marketing, electronic Prescribing, compliance systems, electronic medical records, and Remote Patient Monitoring & Telehealth. He has focused on the innovative application of digital technologies to the resolution of healthcare industry challenges within the clinical workflow, the revenue cycle, compliance, and coding & reimbursement since the mid-1990's.