

Personalizing Population Health:

Making Value-Based Care Work
for People and Employers

Employers – and their employees and families – have a lot to gain as U.S. healthcare transitions to a model of care that rewards value rather than volume: higher quality, better outcomes, and reduced costs. But turning the promise into reality requires addressing several gaps in the system as providers assume responsibility for the outcomes of populations. Working in partnership with providers, employers and individuals, personalized advocacy fills those gaps and advances the goals of value-based care.

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The Promise and Pitfalls of Value-based Care

There's a monumental shift underway in healthcare that holds great promise for employers as they strive to provide better healthcare for employees. The rise of value-based care - which rewards quality and efficiency of care, rather than quantity of services - promises to deliver what employers seek: healthier, more satisfied populations at lower cost. Holding providers accountable for gains in healthcare quality and efficiency should, in theory, contribute to reducing the tremendous healthcare waste in our country, which represents an estimated 40% of \$3.3 trillion U.S. healthcare dollars spent annually.¹ With the patient at the center, value-based care aims to deliver the right care at the right time, improving the health of populations for less money.

Employers drawn to value-based care models

It's not surprising that employers are increasingly turning to value-based care delivery and payment models as they strive to improve the employee experience and rein in healthcare spending. According to the National Business Group on Health (NBGH), almost 90% of employers plan to use Centers of Excellence this year for specific procedures like knee replacements, and nearly 40% of these contracts will use bundled payments.² NBGH also sees the number of employers working with Accountable Care Organizations (ACOs) more than doubling in 2018.³ At the same time, more than 50% of family physicians say their practices are participating in value-based payment models, another sign the shift is gaining some traction.⁴

"The commitment to this shift to value-based models extends from the provider community to both public and private payers and large employers," says Farzad Mostashari, MD, former National Health IT Coordinator and now CEO of Aledade, which partners with providers to form ACOs, in an interview with Oliver Wyman. But to fulfill this commitment, he argues, providers must do more: "Transforming one's practice...to excel in alternative payment models should be a primary focus for providers,"⁵

90%

of employers plan to use Centers of Excellence this year for specific procedures.

40%

of these contracts will use bundled payments.

Value-based care faces big hurdles

Indeed, despite some early progress, value-based care has a long way to go in demonstrating success, and significant barriers stand in the way. A whopping 90% of physicians say they don't have adequate staff time to manage the administrative demands of value-based care models, and nearly 80% cite a lack of standardized quality and performance measures, as well as insurer reports on performance, as top obstacles.⁶

The barriers to fulfilling the ultimate promise of value-based care extend far beyond measurement and reporting, however. To improve health outcomes at lower cost requires a set of capabilities that providers today are not well positioned to deliver easily or efficiently.

Providers face significant challenges in the ability to:

1. Understand and reach people before they are patients.

It's necessary to identify, understand and reach all individuals who need healthcare support—not just the costliest, sickest or highest risk patients, but people who may be rising risk or even low risk today.

2. Support and influence people beyond the walls of healthcare.

The vast majority of decisions that impact health and well-being are made outside of the doctor's office or hospital, where providers can't easily reach.

3. Ensure continuity of care as a person transitions across different care settings and providers. Consistent communication and coordination is critical to keeping people on track as they move from hospital to clinic to home.

4. Strengthen the patient-provider partnership.

Value-based care seeks to elevate the role of the patient to a true partner in their care with the provider.

Unfortunately, the infrastructure and resources needed to fully support this effort – both digital and human – are not easily implemented in traditional healthcare systems today or in emerging accountable care organizations. What's more, even though our country has no choice but to move towards value-based care in face of unsustainable cost trend, providers are simply not incented to move rapidly away from a fee-for-service system.

As a result, **employers are beginning to play an important role not just in financing healthcare, but in developing solutions to address what's broken.** “Hard as it might be, reducing healthcare’s burden on the economy while improving outcomes for employees and their families would be worth the effort,” said Amazon CEO Jeff Bezos in announcing his company’s initiative with Berkshire Hathaway and JPMorgan Chase & Co. to tackle U.S. healthcare challenges – the most high-profile example of employer efforts in this area.⁷



Hard as it might be, reducing healthcare’s burden on the economy while improving outcomes for employees and their families would be worth the effort.”

- JEFF BEZOS, CEO, AMAZON

Personalized Advocacy: a new approach fills the gaps of value-based care

Rather than expect already over-burdened providers to fill the gaps, employers across all industries are turning to a new employee health and benefits model – one that works in conjunction with providers and payers to augment their capabilities, addressing the missing pieces needed to improve outcomes, both health and financial.

Personalized Advocacy is a high-touch, high-tech approach that works on behalf of employers and in partnership with their members, providers and payers. **It personalizes population health management, empowering individuals, families and providers to make better healthcare decisions.** And personalized advocacy provides a vital link between patients and providers across the healthcare system, strengthening this relationship to improve outcomes.

Gap #1:

Focusing only on the highest-cost and highest-risk patients is driving while looking in the rear-view mirror.

Value-based care is all about helping each person lead the healthiest life possible, moving away from a healthcare system that focuses only on treating the sick and paying for volume of services.

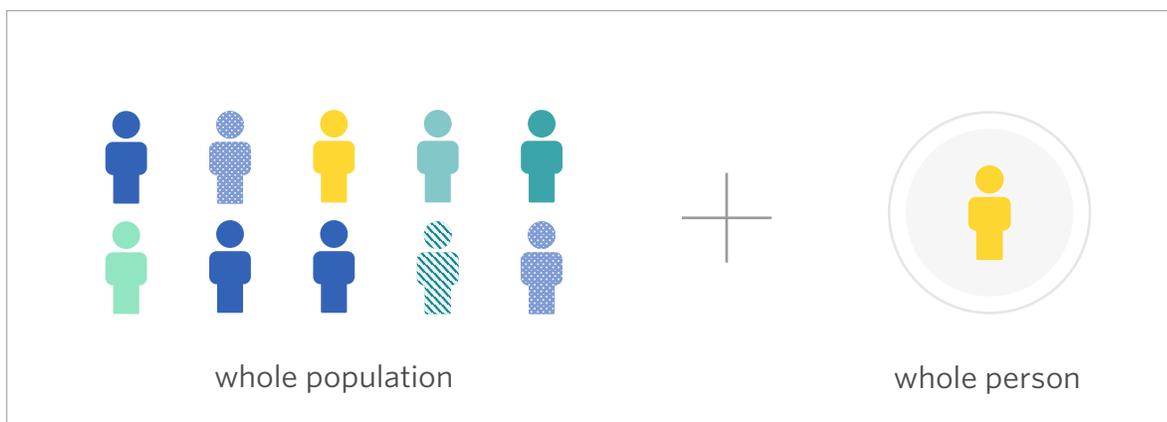
This means providers must expand their focus in two ways:

1. From high-cost and high-risk patients to the whole population.

To achieve population health, providers must pay attention to rising-risk patients, low-risk patients, and even healthy individuals who aren't actively seeking care, because these are the people who can become the high-cost population next year. Research conducted by Accolade showed that nearly two-thirds of the high-cost population in any given year is not categorized that way the prior year, while about one-third of that number actually had low projected risk in the prior year.

2. From diagnosed conditions to the whole person.

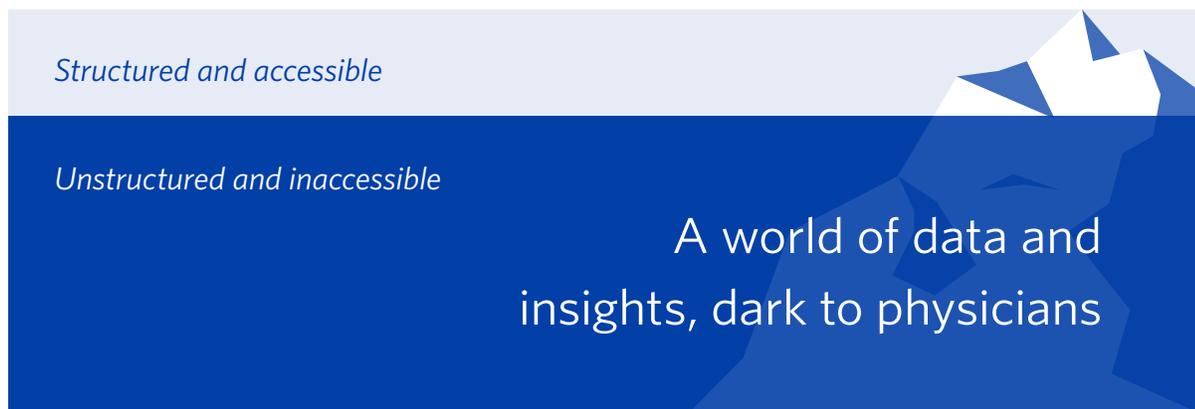
Keeping people as healthy as possible, or getting them on the right path to better health, requires understanding who they are and what matters to them, not just their conditions. It's estimated, for example, that 80% of patient health is influenced by social determinants of health, i.e., education, the physical environment, employment, social support networks, access to care and other life factors.⁸



But as providers move from traditional care management to population health models, they face challenges gaining access to the data and insight needed to identify rising risk patients or to fully understand the circumstances and needs of each individual in their populations.

These challenges include:

- Electronic health records (EHRs) house a lot of **unstructured data that can't be easily used for predictive modeling**.
- The **lack of data interoperability** means providers must manually collect a lot of data or build custom interfaces to take in data from external sources like Health Information Exchanges, pharmacies, monitoring devices, external labs or payers.
- The **inability to incorporate social determinants of health** into diagnosis-based risk models limits the provider's understanding of a patient. What's more, despite the fact that the majority of providers believe social determinants of health play an important role in patient health, most do not believe it's their responsibility to address these factors.⁹



Providers often are limited to using retrospective medical claims data – which can lag by as much as 60 days – to classify patients according to a diagnosed condition and stratify by level of risk. Nearly 80% of provider-led population health strategies today are focused on helping patients manage their chronic disease, with interventions targeted to the costliest or highest-risk patients.¹⁰ At this late stage in the process, there's often diminished opportunity to make an impact on decisions that affect health outcomes and costs.

Rather than expect providers to expand their focus beyond the sickest patients, we need other resources – including Public Health and employer organizations – to focus on the rest of the population.

Solution:

Get to know each person who needs support, before they are patients or high-risk

Accolade applies technology and human interaction to develop deep insight into an employer's entire population and each unique person in it. We begin building a "whole person data profile" of each member even before we interact with them and whether or not they have a diagnosis or are actively seeking care. We are prepared to support each person at any time, rather than reactively support their condition once identified.

Medical claims, pre-certification and utilization management data are used to predict the likelihood of a person becoming a high cost claimant or, for example, an ER "frequent flier" and intervene to get the member on the right track. **But this data represents just the starting point for understanding a person's type and level of risk, and determining the appropriate action to support them.**

Accolade Health Assistants and Nurses use every interaction with a member – a question about a claim, a replacement insurance card, fertility benefits or a sore throat, for example – as a gateway to building a trusted relationship and understanding more about them, their family and their whole life context. **This insight becomes an integral part of the individual's whole-person data profile, which is used to segment risk, gauge the level of healthcare support needed, and determine the specific clinical interventions that make the most sense for that person,** whether enrolling into a clinical program, monitoring and supporting, or being available for assistance on demand.

We treat members as more than a diagnosis. Using behavioral science and motivational interviewing in personal interactions with members, Accolade Health Assistants and Nurses bring to light the wide range of life factors affecting their health, well-being and relationship with healthcare.

Factors that Influence Health

- Social support
- Emotions
- Competing responsibilities
- Health literacy
- Access to care
- Financial challenges
- Stage of change
- Level of health engagement
- Self-efficacy
- Tech skills & preferences
- Attitude towards illness
- Cultural/spiritual values
- Poor relationship with provider

Gap #2:

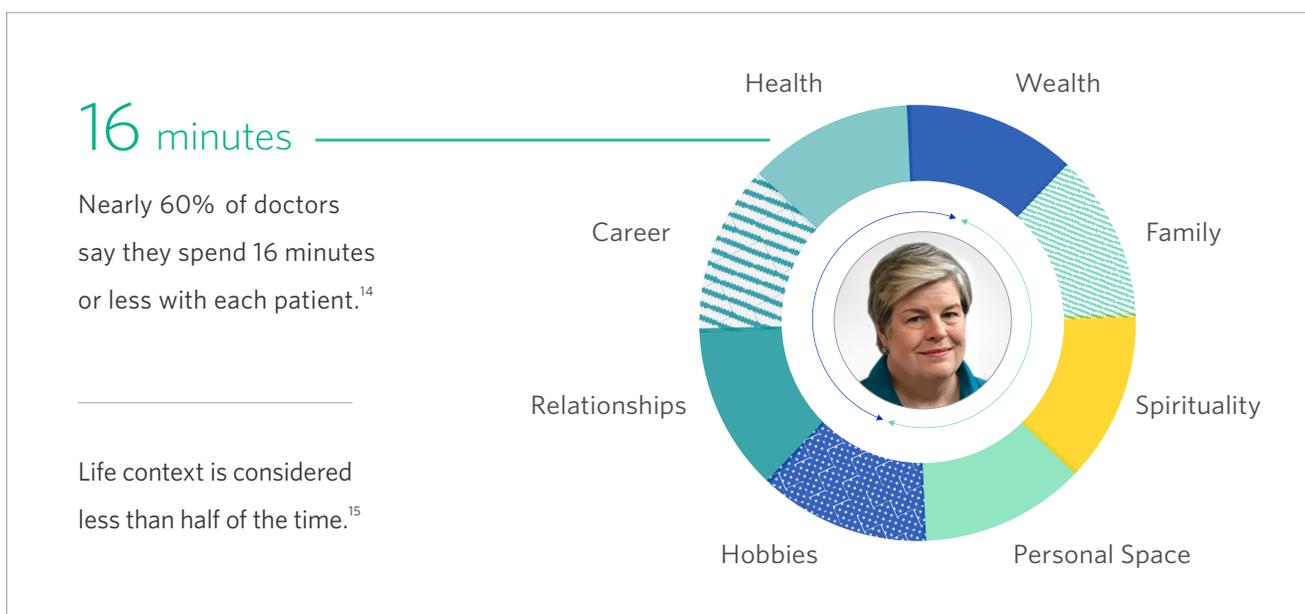
Personal health data is not enough to influence and empower patients beyond the walls of healthcare. Neither is the provider relationship.

It's widely acknowledged that for value-based care to work, patients must be empowered.

An estimated 75% to 85% of healthcare comprises cases in which the patient, not the provider, has control over the outcomes.¹¹ It's the patient who decides whether or not to fill a prescription, quit smoking, join a support group or schedule a follow-up appointment.

Efforts to influence and empower patients have focused primarily on making personal health data accessible through patient portals or personal health records. Those efforts have largely failed, with less than 30% of people using patient portals.¹² According to a Deloitte study on the priorities of healthcare consumers, what matters least to them is a digital experience for managing their healthcare. **What matters most to people is being "heard, understood, and given clear directions through a personalized healthcare experience."**¹³

With limited time to spend with patients during visits, and no simple way to interact with them outside of the clinic or hospital, providers are not well positioned to meet those expectations. The shift to value-based care, which places even more demands on providers' time, may only make matters worse.



Solution:

A personalized relationship that reaches individuals on their terms is key to influencing decisions and empowering people to engage in their health.

Personalized advocacy offers individuals an entirely new type of healthcare experience beyond the walls of healthcare, supplementing the patient-provider relationship in important ways.

Individual members benefit from:

- **A unique combination of data and relationships that delivers highly personalized healthcare support for each individual member.** Applying business rules and predictive analytics to member data profiles, the Accolade technology platform alerts Health Assistants and Nurses to reach out to individuals in need of support. The technology makes the recommendation, and the dedicated Health Assistant or Nurse decides which choices match each member's unique needs.

With the foundation of a trusted member relationship, Accolade Health Assistants and Nurses guide, inform, educate, recommend, and connect the member to the specific healthcare resources they need – whether telemedicine, second opinion, price transparency, maternal care, diabetes support, a clinical program or any other health solution. Without the same time constraints as providers, they focus on resolving barriers to care, enabling and influencing individuals to take steps towards better health, and checking in on their progress.

- **Clinical expertise and evidence-based care guidelines applied to every case.** A deep, multi-disciplinary team of Accolade nurses, doctors, pharmacists, social workers, behavioral health clinicians and clinical leaders collaborate with each other, members and their families – and with providers – to get each person on the best care path for better health outcomes.
- **Flexibility to use the communication channel of their choice.** Members can communicate with their Health Assistant or Nurse in the way that works best for them – whether secure messaging, phone or online. Because the Accolade technology platform is completely integrated, interaction through any channel is visible everywhere for the member and their dedicated team.

Over time, as data, compassion and clinical expertise combine to deliver personalized healthcare recommendations, the Accolade solution learns from each decision and outcome, delivering smarter recommendations more efficiently. Accolade is powered by a sophisticated intelligence engine that analyzes data from more than one million members to learn, recommend and present options for delivering precise support for every member.

Gap #3:

Care coordinators play a critical role in population health management, but without a patient relationship, their effectiveness can be limited.

In population health management programs, the care coordinator is instrumental to ensuring continuity of care as high-risk, high-cost patients move across different care settings and caregivers.

This is especially important given the lack of data interoperability in healthcare. Care coordinators connect the dots among hospitals, skilled nursing facilities, rehab clinics, and the home, helping patients make smooth transitions. They help identify the patient's medical, social, financial behavioral or other needs, and work to remove barriers to care.

As someone unfamiliar to the patient, however, traditional care coordinators can have difficulty establishing a trusted relationship or getting to know a patient, particularly one who is confused, anxious or facing multiple complex issues. In addition, care coordinators – typically registered nurses – can be expensive resources for providers to bring on board, making it difficult to scale to the entire population. Less than half of family physicians say they have hired or are hiring care management and care coordinators.¹⁶



“My nurse Bonnie talked through all of my medical concerns and helped me prepare for upcoming appointments with a list of questions to ask. She was very helpful and made me feel fully supported in my quest for better health.”

- NBCU EMPLOYEE

Solution:

Accolade Nurses serve as care coordinators for individuals in all stages of health, partnering with providers to make sure the right care is delivered at the right time.

With established, trusting member relationships, Accolade Health Assistants and Nurses provide a vital link between individuals and their providers across the healthcare spectrum. They become part of the member's extended care team.

On an ongoing basis and with member consent, Accolade Nurses interact with providers to:

- Communicate information about other health providers the member is seeing.
- Inform the primary provider about concerns or adherence problems the member is having, and collaborate to resolve these issues.
- Seek clarification about treatment instructions the member doesn't understand.
- Coordinate and report progress on case management plans.
- Prevent the unnecessary duplication of healthcare services.

As part of Accolade's NCQA-accredited complex case management program, qualified case management nurses and a deep team of medical and behavioral health experts collaborate with the member and their treating physician to create a care plan with personalized goals, helping to ensure a coordinated, holistic approach to address the individual's needs.

Accolade acts on Utilization Management triggers while care options are still being determined, working with providers to ensure members receive the most appropriate care.



After researching multiple options, Cici found out that my insurance company was waiving all co-pays and deductibles for 30 days following Hurricane Irma. While I was on the phone she contacted the doctor's office handling my biopsy and advised them of this information. They confirmed I won't have to pay anything for my biopsy. I was so relieved from this weight being lifted off my shoulders I started crying."

- COMCAST EMPLOYEE

Gap #4:

The provider-patient relationship is pivotal to better outcomes, but there's no easy way to improve it.

Electronic health records have helped our country move one step closer to health data sharing, but at the same time, they have pulled doctors away from patients, taking a toll on the relationship.

In response, doctors have been asked to focus more on active listening, building greater empathy for their patients, better educating them and ensuring their agendas match those of their patients. But until and unless the administrative burden on physicians and other caregivers is lightened, it's unclear how they can meet these new demands.



Average physician time with EHR: **18.6 minutes.**



Average physician time with patient: **16.5 minutes.**

Young, R., MD; Burge, S., PhD; Kumar, K., MD; Wilson, MD, MPH; (Feb 2018), A Time-Motion Study of PrimaryCare Physicians' Work in the Electronic Health Record Era; Family Medicine Journal.



Simply put, value-based care will never succeed if it is a burden on the physician and care team. The value-based model should instead be one that reduces the burden on physicians, allowing them to focus on what they care about most—their patients.”¹⁷

- DR. MICHAEL MUNGER, PRESIDENT OF AMERICAN ACADEMY OF FAMILY PHYSICIANS

AND DR. ROY BEVERIDGE, CHIEF MEDICAL OFFICER, HUMANA

Solution:

Accolade can fill that gap for providers in addressing social determinants of health, preparing members for shared decision-making during the visit, and helping them adhere to their care plan.

Accolade Health Assistants and Nurses serve as the “glue” between members and their providers, helping them work together more effectively and efficiently.

Accolade assists at every step of the healthcare process, including:

- Preparing patients to ask the right questions and raise any concerns they may have.
- Educating patients about options and what to expect.
- Helping patients understand their discharge summaries and instructions.
- Following-up to ensure patients are complying with treatment plans
- Uncovering and resolving barriers to treatment compliance.
- Motivating, supporting and influencing patients to engage in their health.

And as they support each individual, Accolade Health Assistants and Nurses listen empathically to their story to build a trusted relationship and valuable insight that is shared with providers to help optimize care.



Rita has been amazing through my husband’s cancer diagnosis and treatment. She’s given me very welcome advice on everything from what the treatment would entail to how to dress wounds to what are likely next steps. She’s also called me regularly and checked in to see how both my husband and I are doing after each major surgery and in between. Thank you!”

- COMCAST EMPLOYEE

“

I appreciated the check-ins from a maternity nurse through my pregnancy...and it was comforting knowing there was someone I could call if my doctor wasn't open and I needed an answer. My maternity nurse even called to check on my little girl after she was born!"

- LOWE'S EMPLOYEE

“

I love speaking to MY nurse and assistant because it just makes the continuity of care that much better.

- LOWE'S EMPLOYEE

“

I was very sick and called in because I still did not have a primary doctor in my area. A nurse named Beth reviewed my symptoms and discussed with me the advantages of Doctor on Demand since I needed immediate assistance. I was able to video chat with a doctor who helped me get the script I needed to start feeling better and get back to work. Beth followed up with me the next day and was surprised and how much better I sounded! Everyone has been extremely friendly and professional. Thank you!

- COMCAST EMPLOYEE

“

Called to make sure my surgery had been authorized, spoke to a very helpful woman who then transferred me to a nurse who went over in detail what I could expect and told me what questions I should be asking. She was able to help me and answer questions I hadn't even thought to ask yet.

- AMERIGAS EMPLOYEE

“

Lisa was so genuinely interested in everything that we discussed and it made me so happy when she mentioned that, although others could help me, she would be my assigned nurse. Thank you for hiring employees that have the knowledge, professionalism and respect for the customer that many companies lack these days.

- AMERIHEALTH NJ MEMBER

Unmatched Outcomes

By filling the gaps of value-based care, a personalized approach to population health achieves its goals: a better experience and improved outcomes at lower costs

Accolade customers have achieved:

<1%

Annual medical
cost trend

70%

of total **healthcare**
spend addressed

66%

Assisted while
deciding care

<6%

Annual reduction in
medical admits

<5%

Annual reduction in
medical days

10%

Annual reduction
surgical days

<5%

Annual reduction in
surgical admits

<17%

Annual reduction in
30-day re-admissions

<3%

Decrease in **ER use**

Conclusion

We can't expect providers to advance value-based care quickly enough to help employers improve healthcare for their employees while reducing their unsustainable healthcare cost trend. Not only are providers not financially incented to move quickly from volume for value, but they lack the human and technology infrastructure necessary to improve the health of populations at lower cost. To meet their goals for better health and financial outcomes, employers must adopt new models that supplement the capabilities of the traditional healthcare system as it evolves toward value-based care. Personalized advocacy addresses critical gaps in the system that providers can't, enabling employers to deliver a better experience for their employees while bending the healthcare cost curve.

Better Decisions. Better Health. Better Business.

It's time for U.S. employers to take an active role in advancing the integration, sharing and use of personal health data to benefit individuals their families and their employers.

Learn more by visiting accolade.com

Locations



Sources

¹ Main, T. and Slyotzky, A., Oliver Wyman, The Patient to Consumer Revolution, 2014, 40.

^{2,3} 2018 National Business Group on Health. (2017, August 8). Large U.S. Employers Project Health Care Benefit Costs to Surpass \$14,000 per Employee in [Press release].

^{4,6} Humana, American Academy of Family Physicians, 2017 Value-based Payment Study.

⁵ Oliver Wyman, (2017, January 17). Aledade's Farzad Mostashari on the Future of Value Transformation Under Trump.

⁸ Heath, S., (2017, July 24), 5 Patient Engagement Terms Shaping Value-based Care, Patient Engagement HIT.

⁹ Partners, (2018, May 9). Leavitt Partners Releases "Social Determinants Matter, But Who's Responsible? 2017 Physician Survey on Social Determinants of Health' White Paper [Press release].

¹⁰ Heath, S., (2016, Feb 29), Boosting Chronic Disease Management through Pop Health Management, Health IT Analytics.

¹¹ Gottlieb, K., MBA; Sylvester, I., MBA; and Eby, D., MD, MPH, (January 2008), Transforming Your Practice; What Matters Most.

¹² Landi, H., (2016, Jan.), The Business Case for Increasing Patient Portal Adoption, Healthcare Informatics.

¹³ Read, L., and Kaye, M., Deloitte's 2016 Consumer Priorities in Health Care Survey.

¹⁴ Medscape Physician Compensation Report 2017.

¹⁵ Weiner, S., (2016, Sept. 13), Listening for What Matters: Lessons about Caring from Concealed Recordings of Medical Encounters.

¹⁶ Humana, American Academy of Family Physicians, 2017 Value-based Payment Study.

¹⁷ Munger, M., MD. and Beveridge, R., MD., (2018, April 17). Guest Commentary: Making progress in shift to value-based care despite barriers, Modern Healthcare.