Session 59PD, The Effect of a Concierge Approach on Utilization

Moderator/Presenter:
Edward C. Cymerys, FSA, MAAA

Presenters:
Frank Cheung, ASA, MAAA
Susan E. Pantely, FSA, MAAA
James F. Walbridge, FSA, MAAA

SOA Antitrust Disclaimer
SOA Presentation Disclaimer
2018 SOA Health Meeting

ED CYMERYS, FSA, MAAA
Session 59 Panel Discussion, The Effects of a Concierge Approach on Utilization
Tuesday, June 26
Active participation in the Society of Actuaries is an important aspect of membership. While the positive contributions of professional societies and associations are well-recognized and encouraged, association activities are vulnerable to close antitrust scrutiny. By their very nature, associations bring together industry competitors and other market participants.

The United States antitrust laws aim to protect consumers by preserving the free economy and prohibiting anti-competitive business practices; they promote competition. There are both state and federal antitrust laws, although state antitrust laws closely follow federal law. The Sherman Act is the primary U.S. antitrust law pertaining to association activities. The Sherman Act prohibits every contract, combination or conspiracy that places an unreasonable restraint on trade. There are, however, some activities that are illegal under all circumstances, such as price fixing, market allocation and collusive bidding.

There is no safe harbor under the antitrust law for professional association activities. Therefore, association meeting participants should refrain from discussing any activity that could potentially be construed as having an anti-competitive effect. Discussions relating to product or service pricing, market allocations, membership restrictions, product standardization or other conditions on trade could arguably be perceived as a restraint on trade and may expose the SOA and its members to antitrust enforcement procedures.

While participating in all SOA in person meetings, webinars, teleconferences or side discussions, you should avoid discussing competitively sensitive information with competitors and follow these guidelines:

- **Do not** discuss prices for services or products or anything else that might affect prices
- **Do not** discuss what you or other entities plan to do in a particular geographic or product markets or with particular customers.
- **Do not** speak on behalf of the SOA or any of its committees unless specifically authorized to do so.
- **Do** leave a meeting where any anticompetitive pricing or market allocation discussion occurs.
- **Do** alert SOA staff and/or legal counsel to any concerning discussions
- **Do** consult with legal counsel before raising any matter or making a statement that may involve competitively sensitive information.

Adherence to these guidelines involves not only avoidance of antitrust violations, but avoidance of behavior which might be so construed. These guidelines only provide an overview of prohibited activities. SOA legal counsel reviews meeting agenda and materials as deemed appropriate and any discussion that departs from the formal agenda should be scrutinized carefully. Antitrust compliance is everyone’s responsibility; however, please seek legal counsel if you have any questions or concerns.
Presentations are intended for educational purposes only and do not replace independent professional judgment. Statements of fact and opinions expressed are those of the participants individually and, unless expressly stated to the contrary, are not the opinion or position of the Society of Actuaries, its cosponsors or its committees. The Society of Actuaries does not endorse or approve, and assumes no responsibility for, the content, accuracy or completeness of the information presented. Attendees should note that the sessions are audio-recorded and may be published in various media, including print, audio and video formats without further notice.
Waste in the Health Care System

• Studies have shown that 35% of health spending in the US can be attributed to waste!
• Efforts to make care more convenient are aggravating the problem
• Various strategies to eliminate waste have had modest success and have made the system more complex
Encouraging News from Silicon Valley!

• Approaches designed to increase member satisfaction are also helping reduce health care cost trends.

• Members who used the concierge services or the digital tools had a year over year reduction in their costs.
The Effects of a Concierge Approach on Utilization

• The panel will explore the premise that: A mix of better online tools, on-site clinics and third-party programs—all supported by high-touch, concierge member services to help members navigate the health care system more intelligently can reduce cost.
The Effects of a Concierge Approach on Utilization

Our Panel:
Frank Cheung ASA, MAAA, Head of Analytics, Collective Health
Jim Walbridge FSA, MAAA, Vice President, Actuarial Services, Kaiser Permanente
Susan Pantely, FSA. MAAA, Principle, Consulting Actuary, Milliman
The Effect of a Concierge Approach on Utilization

June 26, 2018
Agenda

Defining the concierge approach
Designing a health plan experience
Medical trend study
New approach to clinical management
Case study
Member engagement impact
Confused.

That’s how most people feel when they have to navigate through the healthcare system.
About Collective Health

Health administration services and technology platform company focussed on administering and managing health benefits for self-insured employers.

Functions include:
- Claims adjudication and processing
- Member communications, tools, and services
- Employer reports, analytics, and tool

Health plan launched in 2016 with 30,000+ members
- 60,000+ members in 2017
- 120,000+ members in 2018

Supported networks and partners:
- Blue Shield of CA
- Anthem
- 50+ product partners and point solutions
An open platform to drive Total Performance.
What does it mean to have a concierge approach to benefits?
Mission

Make benefits effortless, driving higher member engagement & satisfaction.

Clear, concise member communications
Memorable print materials
Intuitive web experience
Mobile-first member experience
World-class member support
Clear Member Communications

- Driven by member research
- Focus on clarity
- Spark initial engagement
Memorable Print Materials

• Set experience expectations
• Build awareness and trust
Intuitive Web Experience

- Easy to understand benefits & claims
- Search for in-network care with cost & quality information
- Submit OON claims
Mobile-First Member Experience

Everything you can do on web.

And more.
Intuitive features like mobile OON claims submission remove traditional friction points.
Our user-friendly Get Care tool makes finding in-network care simple.
Our Member Advocates

Highly educated, highly trained, empowered with technology

• No phone tree, calls answered by a real human
• Trained on all of your plans, claims, and programs
• There to be helpful, not get you off the phone

Sophia Wojtasinski
MEMBER ADVOCATE TEAM LEAD
Study.

How has a concierge approach to benefits affected claims experience?
Medical claim trend between 2016 to 2017

**DESIGN** *

**Members:** ~30,000 across 6 employer groups

**Measure:** Allowed PMPM trend

**Adjustments:**
- Large claimants
- Age/gender demographics
- Geographical distribution
- Plan benefits

* Methodology and design review performed by Milliman
Trend results

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Unadjusted allowed PMPM</strong></td>
<td><strong>+0.1%</strong></td>
</tr>
<tr>
<td>Large claimants</td>
<td><strong>+0.5%</strong></td>
</tr>
<tr>
<td>Age/gender demographics</td>
<td><strong>-0.5%</strong></td>
</tr>
<tr>
<td>Geographical distribution</td>
<td><strong>+0.7%</strong></td>
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<tr>
<td>Plan benefits</td>
<td><strong>+0.2%</strong></td>
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### Utilization trends

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<thead>
<tr>
<th>Outpatient Facility</th>
<th>Visits/1000</th>
<th>Trend</th>
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<tr>
<td></td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>Advanced Imaging</td>
<td>29.5</td>
<td>25.8</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>19.6</td>
<td>19.5</td>
</tr>
<tr>
<td>Drugs &amp; Anesthesia</td>
<td>76.0</td>
<td>64.8</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>128.6</td>
<td>122.4</td>
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<tr>
<td>Labs &amp; Pathology</td>
<td>209.8</td>
<td>225.3</td>
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<tr>
<td>Other</td>
<td>131.3</td>
<td>113.9</td>
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<tr>
<td>Radiology</td>
<td>106.3</td>
<td>97.0</td>
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<tr>
<td>Rehabilitation</td>
<td>45.7</td>
<td>45.8</td>
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<tr>
<td>Surgery</td>
<td>67.7</td>
<td>63.6</td>
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<tr>
<td><strong>Outpatient Facility Total</strong></td>
<td><strong>814.4</strong></td>
<td><strong>778.0</strong></td>
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<table>
<thead>
<tr>
<th>Professional</th>
<th>Visits/1000</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>723.2</td>
<td>819.0</td>
</tr>
<tr>
<td>Chiropractic &amp; Acupuncture</td>
<td>142.6</td>
<td>173.9</td>
</tr>
<tr>
<td>Drugs</td>
<td>123.2</td>
<td>137.6</td>
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<tr>
<td>Emergency Room</td>
<td>218.1</td>
<td>210.8</td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>229.4</td>
<td>199.4</td>
</tr>
<tr>
<td>Office Visit - Primary Care</td>
<td>1,614.7</td>
<td>1,587.7</td>
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<tr>
<td>Office Visit - Specialist</td>
<td>1,038.7</td>
<td>960.3</td>
</tr>
<tr>
<td>Other</td>
<td>28.8</td>
<td>53.0</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>152.3</td>
<td>131.3</td>
</tr>
<tr>
<td>Preventive</td>
<td>1,362.8</td>
<td>1,364.5</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>580.3</td>
<td>706.9</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>222.4</td>
<td>230.5</td>
</tr>
<tr>
<td><strong>Professional Total</strong></td>
<td><strong>6,436.4</strong></td>
<td><strong>6,575.0</strong></td>
</tr>
</tbody>
</table>
Takeaway.

The effect of a concierge approach on utilization?
Member feedback

“I have been extremely impressed with both the quick turnaround time and excellent quality of customer service that Collective Health representatives have provided. After many bad experiences with insurance companies, Collective Health is a breath of fresh air. It actually feels like they're working with you instead of against you. Thank you.”

"I truly am grateful for Collective Health. Insurance situations are brutal, and insurance companies are not the friendliest. You guys save us from that and add a kind, human approach to an otherwise painful process."

"I think if more companies handled clients the same way as Collective Health, health care wouldn't seem so foreign and intimidating to most."

“Love the website and design. It is very easy to understand what I'm getting from my insurance. The platform matches very well with customer's expectation. Collective Health brings a totally different perspective in the current (perhaps chaotic and confusing to a lot of people) health insurance area."

"Collective Health is awesome - never thought I'd say that about an insurance company lol!"
And that’s why we have an NPS (net promoter score) that’s significantly higher than the industry average for health plans.
Members love their health plan.

So what?
An open platform to drive Total Performance.
Care Navigators work with Clinical Support teams to ensure high need members are using the right care.

What Care Navigators do:

- Provide emotional support to members & families
- Improve communication between members, families, and providers
- Establish connections to providers
- Identify community resources
- Assist with nuanced navigation
- Handle complex claims issues

Erin Hillier, LCSW
COLLECTIVE HEALTH CARE NAVIGATOR
Member Advocates also help steer high need members to the right support.
Using data to identify high need members.
Case Example: Complex Pregnancy with Multiple Risk Factors

Smart Identification:
Member called into member advocate team with questions about upcoming C-Section. Warm transferred to social worker.

35 year old woman, second pregnancy with planned C-section at 39 weeks with risk of abruption. Anxious.

Intervention:
- Social Worker offered emotional support; discussed impact on work and home life
- Discussed process of adding children to plan, offered assistance post birth
- Assisted with prior authorization coordination for planned procedure (C-Section)
- Social Worker made a referral to CareSupport Nurse, program partner Ovia, and assisted with referral to maternal fetal medicine provider. Assisted with appointment scheduling

Outcome:
- Maternal fetal medicine appt completed prior to delivery
- Prior auth approved
- Obtained maternity belt to wear until delivery
- Healthy baby boy delivered!
- Welcome Home call completed by RN
- Post delivery appointment completed for mom and baby
- Return to work plan established
- Breast pump supplies obtained
- Baby added to plan

NOTE: Sample report. Design and metrics reported may change.
Initial Results of Collective Health’s Care Support Model (launched in 2018)

Engaged members = members that have connected with either a RN or Care Navigator and opened a case with at least one goal established

100% of CSAT scores from engaged members have been "Excellent", "Very Good", or “Good”

On track to engage 2.1% of the total population (goal: 1.0%)

Have engaged 33% of ALL high cost members ($>75,000)

Have engaged 50% of high cost members in which outreached was performed
Thank you.
2018 SOA Health Meeting

SUSAN PANTELY, FSA, MAAA

Session 59 Panel Discussion, The Effects of a Concierge Approach on Utilization
Tuesday, June 26
Making Sense of It All!
Asking the Right Questions

• What metrics to measure? (And what metrics to NOT measure!)
• Was intervention the cause, or merely correlated?
• Positive results – but not found in data?
• Do the results make sense?
Correlation

• Suicides by suffocation, suffocation, and hanging is correlated with number of lawyers in North Carolina. (0.994)
• People who died falling out of bed is correlated with number of lawyers in Puerto Rico. (0.957)
• Stock market has clearly done better in years when the Steelers win the Superbowl (USA Today, January 29, 2009)
Causality Matters!

• Numerous initiatives and interventions are being implemented to bend the cost curve.
• Correlation isn’t enough to evaluate these – causality matters.
Running Interference

• Chance (Random Error)
• Bias (Systematic Error)
• Confounding
Let’s Get Started

• Is the per capita trend lower than observed trends?
• Is the per capita trend lower for engaged members vs. non-engaged members?
• Did utilization go up for high value services and down for low value services?
• Did costs go down for engaged members?
• Non-engaged members?
Getting It Right

• Build qualitative and quantitative evidence
• Rule out or quantify the impact of other causes of the same outcome
• Look for special circumstances that could result in the same outcome.
Epidemiology

• Traditional cause and effect
• An examination of their criteria is a useful checklist
• However, not all will apply
• Useful guidance but not prescriptive
Bradford-Hill Criteria

• Strength of association
  • Small association may also indicate cause, but less likely

• Consistency of findings
  • Different people, different places

• Specificity of association
  • One intervention ↔ One outcome
Bradford-Hill Criteria

• Temporality
  • Effect after the cause.

• Biological Gradient
  • Dose response. More “touches” => better results.

• Plausibility
  • Does it make sense?
Bradford-Hill Criteria

• Coherence
• Experiment
• Analogy
Challenges

• Temporality
• Selection
• Regression to the Mean
And the answer is..........
What’s an Actuary To Do?

• Skeptical
• Sometimes can’t prove cause and effect but settle for observations
• No one size fits all – choose characteristics based on program specifics
All scientific work is incomplete, whether it be observational or experimental. All scientific work is liable to be upset or modified by advancing knowledge. That does not confer upon us a freedom to ignore the knowledge we already have, or to postpone the action that it appears to demand at a given time.
2018 SOA Health Meeting

JIM WALBRIDGE

Session 59 Panel Discussion: The Effect of a Concierge Approach on Utilization
Tuesday, June 26 (9:00 to 10:30)
Telehealth at Kaiser Permanente
Kaiser Permanente

Membership as of January 2018

- Colorado: 670,741
- Georgia: 380,939
- Hawaii: 256,053
- Mid-Atlantic States (VA, MD, D.C.): 781,426
- Northern California: 4,274,938
- Northwest (OR, WA): 604,761
- Southern California: 4,532,961
- Washington: 710,170

- More than 12.2 million members
- 21,000+ physicians
- 207,000+ employees
- 39 hospitals
- 682 medical offices
- $72.7 billion total operating revenue
Convenient, personalized, and seamlessly integrated into your care
More choice, easier access

Save a trip to the doctor’s office with a phone call
Your employees can schedule phone appointments or use our call center for on-demand urgent care.

Schedule face-to-face video appointments with a doctor
Your employees can meet with specialists, and get video visits with on-call physicians.

Connect with a care team anytime via email
Your employees can expect responses from their doctor’s office within 24 hours.

Stay on top of health concerns 24/7 on kp.org
By registering at kp.org, they can choose a doctor, schedule routine appointments, view most lab results, and more.

Bring a remote specialist into the room
During primary care or Emergency Department visits, doctors can consult with specialists to save crucial time.
Outside Kaiser Permanente, telehealth services may be more limited.

The person you talk to may not be your personal doctor. And care you get may not be recorded in your medical record.
A richer, more connected experience

We treat every encounter just like an in-person visit.

Kaiser Permanente doctors
Whether they’re at home or on the go, members can talk to Kaiser Permanente doctors and nurses.

Connected to medical record
Get better, personalized care when doctors can see members’ histories.

Supporting prevention and overall health
Resources support ongoing and preventive care, not just one incident or illness.

At Kaiser Permanente, telehealth is built into member care.
Care by phone — immediate access to medical professionals 24/7

What it is:
Answers to urgent health questions and help deciding what type of care is needed and where to get it

What it includes:
- 24/7 access to medical professionals
- Consultations for urgent issues
- Timely connections to the right care
Doctor-to-doctor consult — a lifesaving innovation

What it is:
Doctors can consult with one another by phone or video, or in some cases, secure text messaging.

What it includes:
- Primary to specialist
- Emergency care
- Burn care
- Stroke care
- Radiology
- and more

Video consults save precious time by bringing a remote specialist into the room.

When I was in medical school, stroke was barely treatable. Now we have stroke neurologists seeing virtually every stroke patient the moment they hit the emergency room. It’s allowed us much more accurate diagnosis and much faster treatment than almost anywhere else in the world.

— Kaiser Permanente doctor, 2016
Email — a core channel for staying connected

What it is:
An easy way for members to get care and questions answered by their care team

What it offers:
- **Convenience** — Members can email their doctors’ offices any time of day — and get a response within 48 hours. Many hear back within 24 hours or sooner.
- **Consultations** — members can attach photos for a provider to review

"I took a photo of a rash on my arm and sent it in. My doctor looked at my photo and was able to tell me what to pay attention to." — Kaiser Permanente member, 2016
What it is:
A single portal for connecting with Kaiser Permanente doctors and care providers

What it offers:
- Scheduling and changing routine appointments
- Checking most lab results
- Refilling most prescriptions
- Making personal action plans for ongoing care*
- Managing a family member’s care
- Getting timely reminders for screenings and more

* Not available in all regions.

“…”
I love that I scheduled my doctor appointment online and by the time I got home, I saw my lab results.
— Kaiser Permanente member, 2016"
Phone

43.6 million
phone calls between members and care providers in 2017

33% of touches took place by phone in 2017

Email

34.1 million
Secure email touches by members in 2017

26% of touches took place via email in 2017

kp.org

5.3 million
appointments requested

24.5 million
prescriptions filled online

48.7 million
lab tests viewed

73.7% of eligible members registered


Video

133,935 completed video visits in 2017

Source: Kaiser Permanente internal data

Doctor-to-doctor connection

50% faster diagnosis-to-treatment times for stroke patients with telesroke program

Source: Kaiser Permanente internal data.

Note: Data does not include KP Washington.
Delivering the right care in the right setting

More telehealth touches than in-person visits since 2012

Outpatient touches
All regions

<table>
<thead>
<tr>
<th>Year</th>
<th>Office visits</th>
<th>Secure email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>48%</td>
<td>17%</td>
<td>35%</td>
</tr>
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<td>47%</td>
<td>19%</td>
<td>34%</td>
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<td>44%</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>2016</td>
<td>42%</td>
<td>25%</td>
<td>33%</td>
</tr>
<tr>
<td>2017</td>
<td>41%</td>
<td>26%</td>
<td>33%</td>
</tr>
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</table>

EMR-enabled, telehealth touches

Beyond convenience to care transformation

At Kaiser Permanente, telehealth is part of a commitment to innovate, advance care, and transform the member experience.

- Accelerates the care process
- Increases quality of care
- Helps manage the cost of care
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<thead>
<tr>
<th>State/Region</th>
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<tbody>
<tr>
<td>Colorado</td>
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### kp.org

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<tr>
<td>appointments requested</td>
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<tr>
<td>2013</td>
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<td>19%</td>
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<tr>
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<td>25%</td>
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</tr>
<tr>
<td>2017</td>
<td>41%</td>
<td>26%</td>
<td>33%</td>
</tr>
</tbody>
</table>

EMR-enabled, telehealth touches

Beyond convenience to care transformation

At Kaiser Permanente, telehealth is part of a commitment to innovate, advance care, and transform the member experience.

- Accelerates the care process
- Increases quality of care
- Helps manage the cost of care