

Jeff Bernhard:

Hi, I'm Jeff Bernhard, Senior Vice President of Commercial Markets at Highmark. Welcome to Hitting a Higher Mark. In this podcast, we explore topics that are transforming how healthcare is delivered and paid for. Today, we are specifically discussing how Highmark's Living Health model is improving healthcare, the cost for healthcare and the overall experience. We have two special guests here with me today to expand on this model. I'd like to welcome Tracy Saula, who's the Senior Vice President of the Living Health Solutions and Strategy Enablement at Highmark, and Richard Clarke, who's our Chief Analytics Officer at Highmark Health. Thank you both for joining us today. Let's jump into today's exciting topic. First off, Tracy, can you explain what Living Health is and how the Living Health solutions model came to be?

Tracy Saula:

Hi Jeff. Living Health is the business model that we're developing to deliver better sustain health outcomes and experience at scale. Highmark has always focused on our mission of bringing a remarkable health experience to our members in the way of access to high quality, easy to use and affordable care. But we recognize that even with our past successes, we have a lot more to do. So we've embarked on an ambitious strategy to transform the future of health that we call Living Healthy. Living Health is really about reinventing the system around its key actors, the person we serve and the clinician or clinicians they choose to work with. Our goal is to increase the engagement of a person with their clinician in the service of their health, by removing barriers and creating a better experience. This will lead to people being healthy, physically, mentally, and socially. And healthy people mean less cost in the system, and as a result, more affordable care for those who pay.

Jeff Bernhard:

Thanks Tracy, sign me up. And second question, Richard, can you explain how Living Health works and how it's different than anything that's been offered by carriers in the market up to now?

Richard Clarke:

Absolutely. Yeah. First off, Jeff, thanks so much for having us. We're very excited to obviously talk about this a new model. There are four critical components to the system for us. The first one is the elevation of the clinical voice in reshaping the system. We strongly believe that that clinical voice needs to come to the table and help guide what we are delivering for our patients and our members. The second is really our investment to build better solutions for the customer around their health journey. Those solutions are going to be simpler, they're going to be more personalized, more proactive, and they're going to create a continuous engagement between the member and the system. And they're all going to be powered by world-class analytics. The third component is really changing how we support our members and their providers with virtual resources. And we call that the virtual health team.

Richard Clarke:

They will be there to help navigate, coach, manage care and provide different clinical administrative needs for our members. And then finally, we really believe the only way to make this work and to make it work sustainably in a scaled way is to blend all of this with our delivery system partners. And we really believe that we cannot change the system alone. We have to invite in both our provider partners and other disruptors in the industry to participate in this ecosystem.

Richard Clarke:

So this is differentiated from what we see in the market, we think in really two ways. The first is some elements of the strategy are similar to others. You're going to hear others talk about personalizing offerings, using data and analytics, et cetera, but we believe we're differentiating our ability to execute on that because of who we are. We have both the payer and provider together, which means we'll have more data on people than anyone else, enabling us to offer better curated solutions as well as drive up higher engagement.

Richard Clarke:

The second way we're differentiated is some elements of our strategy are truly unique. We focus, as Tracy mentioned, on both the clinician and customer experience and how those blend together and not having them conflict with each other, but have them kind of collaborate with each other, which we believe is unique in the industry.

Jeff Bernhard:

Yeah. Thanks Richard. So Tracy, building on Richard's question, can you elaborate a little bit more on the experience of both the patient and provider? One of the things I think that's unique about Highmark's platform is I think to Richard's point, a lot of people are really focused on the patient experience being different. But sometimes, the provider experience is forgotten about. And I think that's something that Highmark is extremely focused in as it relates to the Living Health strategy. So can you talk about that a little bit, both the patient and provider.

Tracy Saula:

Yep. And you both hit very well on the crux of the strategy, which is really about enhancing, not disrupting the relationship between a person and their clinician. So there's probably three points that I'll hit on here. And one is that Living Health really starts upstream, meaning we don't wait for you to get sick, we're trying to engage with you way before that, to help you on your journey to health. When we say upstream, it also means how do we have our hands on people when they're not with their clinicians? So in history, it's either, you see your clinician, you go away, nobody really knows what happens when you go away. There's some disruptors in the industry that try to manage people, but often, the connection between that vendor and the clinician doesn't exist. So our strategy is about how do we create virtual hands that can be on a person throughout their health journey that helps enhance relationship with them and their clinician.

Tracy Saula:

The second piece of it really ties to the experience of a customer. So we want the time that people spend in health to be productive and we don't want it to be getting lost in administrative complexities of the system, as we know it today. So as part of our strategy, we do plan to address all of the things people don't like about healthcare and make it essentially simpler and better. And to that end, we also want the same for clinicians. If clinicians are going to be free to engage with people in their health, we have to take away some of the administrative burdens and tasks and barriers that have been put in their way that make that difficult.

Tracy Saula:

So Richard obviously talked about this, but this model is combining technology, a genuine understanding of customer behavior, clinical best practices, the journey of the customer and clinician, and we think what makes us unique is the level of integration and redesign around those two key actors on what

we're seeking to do. And this really means that we don't just do healthcare the way we've always done it. We want to transform and revolutionize care by thinking and realigning how it's always been done.

Jeff Bernhard:

Thanks Tracy. So I'm going to build on your question then I'm going to ask Richard a question that dovetails your response right there. So Richard, we're looking to create this customized solution for clinicians. To Tracy's point, that means that you don't have to physically be in someone's office for someone to take your vitals and determine how you feel as an individual for your healthcare needs. So if you could maybe give me an example of, and I always thought this myself, like I don't have diabetes, but certainly people listening to this podcast may or know somebody. But if I'm walking into a clinician's office and they're deciding to test my blood there, how is this different in the fact that, because it really doesn't matter how I feel that 15 minutes I'm in front of the provider. I'm imagining what the provider wants to know is what's my blood sugar has been for the past 90 days when I haven't been in the office.

Jeff Bernhard:

And can you talk about how we're getting virtual hands on people and getting the intelligence, actionable intelligence, and data out of those people? So when I show up at my doctor's office, they know what I've done in the past 90 days and it doesn't start from scratch every time I walk through that door. If you could give an example of any condition, whether it's diabetes and how this is different than what's out there, that would be great.

Richard Clarke:

Yeah. That's well said, Jeff. And I think there are a couple of words that Tracy said that I just want to pivot off of, right? So she said continuous engagement, and that's really what we're talking about here. And we don't want the periodic engagements that you might have physically in the office with your either primary care provider or specialist that you might be seeing for one of your conditions, to really be those isolated events. We want them to be part of a continuous set of engagements that the payer and provider are having with a member and that's really going to be needed, that must be enabled by technology. And the base of that is going to be a set of potentially wearable devices or other continuous monitors that enable the key biometric markers, whatever they are for the condition, to be monitored.

Richard Clarke:

And then alerts to essentially be triggered off of those, alerts for various actions, as we call next best action. So this might be some self-management action that a person needs to take that might be some outreach from a provider, or it may be navigating someone to go and see a provider in person. So the example that you gave with diabetes would be something around a continuous glucose monitor where we can be collecting that information and then providing actionable information both back to the person, the member or the patient, and their provider, irrespective of the site of care, to enable the best management of their condition, and then deploy the resources, the right resources, when they're needed.

Richard Clarke:

The other word that is really important for this is curation. That means we're going to be curating solutions. We don't have to build them all. We're happy to partner, we're happy to find good solutions that are out there in the market. But then what's important to us, we have to put those solutions in the context of someone's overall health journey, delivering them the right solution at the right time and

then doing so that is transparent back to the provider so that they don't have to stitch all that information together themselves. We're actually serving that back up to the provider. So frankly, they can spend their time interacting with their patient. And that's really at the heart of what we're trying to do with Living Health.

Jeff Bernhard:

That sounds awesome. So my final question for both of you. Employers, assuming that they're the buying entity or individuals, whether it's a Medicare or somebody that's under 65, what type of savings can, let's just start with, let's make it easy, let's say it's a large self-funded employer, what type of claim savings do you think they can experience with this type of solution over one, two, three years?

Tracy Saula:

Sure. I can go first and maybe Richard, you can add on, the analytics guy, you can throw some numbers at it. So I would say the Living Health solution strategy goes well beyond the traditional payer levers that have been employed to control cost. And in its fullest form, we believe that we're going to be able to offer our clients and our customers, not just a much lower cost offering, but one where the employees are happy because we aren't denying access to the care, and at the same time we're improving their experience with health. And we truly believe that our solution will be the only one that's sustainable because in partnership with our providers, we are reducing the overall cost to deliver. So you end up with lower costs that are sustainable and employees that are healthier and happier. And Richard, you can add the scientific evidence behind that.

Richard Clarke:

Yeah, that was a great answer, and I think I'll take the opportunity to maybe expand in exactly the way Tracy did and say Jeff, that there's really three things that we're going to do, right? We're going to provide savings, improve health outcomes, and provide a better experience. And on the savings part, I think sustainability is the exact right word. There's lots of people that can jump in and maybe provide an annual change, but we're really about over the long-term sustainable changes. And we've seen evidence in the specific populations where we've deployed this, a double digit savings, sustainable over time. And the Living Health solution strategy will allow us to scale that from those very specific populations to broader populations. So that would be number one.

Richard Clarke:

In number two, we've proven that when we do this again in our target populations, that the net promoter score for people experiencing this is two to three times higher than what we'd expect over other solutions, which is just a tremendous improvement.

Richard Clarke:

And then finally, and frankly most importantly, that health outcomes are better. And again, the examples we have are in targeted areas. I was just with the team yesterday, going through some of the work that we've been doing on depression, which is clearly very relevant, given where we are right now. And some of the terms of sustained improvements in critical metrics around depression, like these PHQ-9 scores, are tremendous, right? We're seeing statistically significant improvements across those members that are going through our solutions, again on a sustained basis. And really that's what we're after, sustained improvement across lower cost, higher quality, better health outcomes, and then a better experience along the way.

Jeff Bernhard:

Yeah, I agree. And obviously I work with both of you on multiple work groups on Living Health. Part of the leadership team that you're on, I will tell you, both of you have been in the business a while. I've been in this business for almost up to 30 years and I've spent my whole career looking for a solution like this. And that would be a solution, Richard, which you just mentioned, which is sustainable. So no one hit wonders and ensuring, as we all know, 5% of the population occupies 50% of their costs, making sure that we're engaging the right people, making sure that we're providing actionable data to the providers of care and bringing the two together. So there's no question for those listening to this. Again, I've worked 30 years, this is something very different than other things that have been in the market. And I do think this high tide will lift all the boats. So very exciting for everybody here.

Jeff Bernhard:

So I want to thank both you Richard and you Tracy, for joining me to share how the Living Health model is transforming healthcare and will continue to do so. Implementing this Living Health solutions is a vital step towards achieving our goal and creating a blended customer and clinician first approach to healthcare. If you want to, as a listener, listen to an extended version of this interview, you can watch a bonus video edition of Hitting a Higher Mark at youtube.com/HighmarkInc. That link will be in the description box as well. So this is the last episode in season one of Hitting The Higher Mark Podcast. Be sure to join us in January of 2021, as we kick off the first episode of season two. I'm Jeff Bernhard, and thanks for listening to Hitting a Higher Mark.