



CLINICAL  
INSIGHTS  
& INNOVATION

TOPIC	START	END	SPEAKER(S)
Welcome	9:00	9:05	Tiffany Albert, Senior Vice President of Health Plan Business, Blue Cross Blue Shield of Michigan
Introduction to Clinical Innovation	9:05	9:10	Amy McKenzie, MD, MBA, FAAFP, Vice President and Associate Chief Medical Officer, Clinical Partnerships, Blue Cross Blue Shield of Michigan
Opening Remarks & Housekeeping Notes	9:10	9:15	Jessica Vilani, Director of Channel Relations: Michigan Business, Blue Cross Blue Shield of Michigan
Transformative Clinical Practices that Improve Overall healthcare of Members with Diabetes, Asthma, and Low Back Pain	9:15	10:00	<p>Panelists:</p> <p>Amy McKenzie, MD, MBA, FAAFP, Vice President and Associate Chief Medical Officer, Clinical Partnerships, Blue Cross Blue Shield of Michigan</p> <p>Michael Englesbe, MD, FACS, Director CQI Portfolio, Professor of Surgery, University of Michigan</p> <p>Betty Chu, MD, MBA, Senior Vice President, Chief Medical Officer, Care Delivery System, Henry Ford Health</p>

TOPIC	START	END	SPEAKER(S)
Morning Break	10:00	10:10	
Michigan Mental Health Innovation: Crisis Intervention and Suicide Prevention	10:10	11:00	<p>Panelists:</p> <p>Amy McKenzie, MD, MBA, FAAFP, Vice President and Associate Chief Medical Officer, Clinical Partnerships, Blue Cross Blue Shield of Michigan</p> <p>Carol Zuniga, MS, LLP Chief Executive Officer, Hegira Health Inc.</p> <p>Betty Chu, MD, MBA, Senior Vice President, Chief Medical Officer, Care Delivery System, Henry Ford Health</p>
Partnerships that Promote Inclusion and Diversity: Addressing Health Care Disparities for Women and LGBTQ+ Community	11:00	11:40	<p>Panelists:</p> <p>Marti Walsh, MD, MHSA, FACOG, Medical Director, Clinical Partnerships and Engagement, Blue Cross Blue Shield of Michigan</p> <p>Patrick Yankee, Chief Development Officer, Corktown Health</p> <p>Will Porteous, Chief Growth Officer, Maven Clinic</p> <p>Alex Peahl, MD, MSc, Visiting Scientist, Maven Clinic, National Clinician Scholar &amp; OB/GYN Clinical Lecturer, University of Michigan</p>

TOPIC	START	END	SPEAKER(S)
Break	11:40	12:30	
Customized Disease Prevention Strategies: How Personalized Medicine is Being Used to Predict Best Treatment for Members	12:30	1:00	<p>Panelists:</p> <p>Scott Betzelos, MD, MS, MBA, FACEP, Vice President HMO Strategy and Affordability, Blue Care Network</p> <p>Amy Pasternak, PharmD, BCPS, Clinical Assistant Professor Department of Clinical Pharmacy, University of Michigan College of Pharmacy</p>
Highlighting Innovative Solutions from Startup Companies in Behavioral Health, Addiction Treatment, and LGBTQ+ Care Spaces	1:00	2:30	<p>Panelists:</p> <p>Jessica McCarthy, Operating Partner of Sandbox Advisors</p> <p>Robert Hart, Senior Director of Health Plan Markets, Owl</p> <p>Kali Lux, Senior Vice President of Growth &amp; Brand, Workit Health</p> <p>Colin Quinn, President, Included Health Communities</p>
Afternoon Break	2:30	2:40	

TOPIC	START	END	SPEAKER(S)
Healthcare Delivery Transformation: Innovation in Value Based Care through Provider Accountability and In-Home Care	2:40	3:30	<p>Panelists:</p> <p>Eric Towell, RN, EMBA, FABC, Associate Chief Operating Officer Post-Acute Care, Administrator Michigan Visiting Nurses, Michigan Medicine</p> <p>Soumya Rangarajan, MD, MPP, Clinical Assistant Professor Department of Internal Medicine, Michigan Medicine</p> <p>Mike Sappington, CEO of TRIARQ Health, Vice President of Care Delivery Services, Blue Cross Blue Shield of Michigan</p> <p>James Stephen, MD, Regional Medical Officer, Landmark Health</p>
Closing Remarks	3:30	3:40	Michelle Fullerton, BA, BScN, CCM, Vice President of Market Insight & Care Management, Blue Cross Blue Shield of Michigan

# Welcome

Tiffany Albert, Senior Vice President of Health Plan Business,  
Blue Cross Blue Shield of Michigan



# Introduction to Clinical Innovation

Amy McKenzie, MD, MBA, FAAFP, Vice President and Associate Chief Medical Officer, Clinical Partnerships, Blue Cross Blue Shield of Michigan

# Opening Remarks & Housekeeping Notes

Jessica Vilani, Director of Channel Relations: Michigan Business,  
Blue Cross Blue Shield of Michigan



# Transformative Clinical Practices that Improve Overall Healthcare of Members with Diabetes, Asthma, and Low Back Pain

Amy McKenzie, MD,  
MBA, FAAFP, Vice  
President and Associate  
Chief Medical Officer,  
Clinical Partnerships,  
Blue Cross Blue Shield  
of Michigan

Michael Englesbe, MD,  
FACS, Associate Chair,  
Department of  
Transplant Surgery,  
Michigan Medicine

Betty Chu, MD, MBA,  
Senior Vice President,  
Chief Medical Officer,  
Care Delivery System,  
Henry Ford Health

# Collaborative Quality Initiatives Overview

Amy McKenzie, MD, MBA, FAAFP, Vice President and Associate  
Chief Medical Officer, Clinical Partnerships, Blue Cross Blue  
Shield of Michigan

# Collaborative Quality Initiatives are led by Michigan physician and hospital partners with support from Blue Cross and Blue Care Network

Collaborative Quality Initiatives transform care processes, improve outcomes, reduce costs, enhance community well-being and strengthen partnerships with physicians and hospitals

## Collaborative Quality Initiatives...

- Utilize **comprehensive clinical registries** which include patient risk factors, processes of care, and outcomes of care;
- Address areas of care which are highly technical, rapidly-evolving and **associated with scientific uncertainty**;
- Collect data across physicians, hospitals and health systems and collaborate to measure and **improve the standard of care in Michigan** by focusing on reduction of errors, prevention of complications and improvement of patient outcomes.



# Recent publication in the New England Journal of Medicine: Catalyst Innovations in Care Delivery highlights the impact of the CQI portfolio



The CQI portfolio enables significant outcomes, including:



Improved health care delivery and outcomes



Improved patient satisfaction



Improved health care costs



Influence care transformation nationally and throughout the world

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# Investment in the CQI model has grown from one initiative in 1977 to 23 consortiums across areas of surgical, medical and behavioral care

## Improving Safety - Quality - Processes



Anesthesiology



Cardiovascular care



Health disparities



Oncology



Urology



Back pain



Care transitions



Hospital medicine



Radiation oncology



Value collaborative



Bariatric surgery



Emergency medicine



Knee and hip replacement



Spine surgery



Suicide prevention



Blood clot prevention



General surgery



Lung care



Trauma



Cardiothoracic surgery



Health behaviors



Obstetrics



Type 2 diabetes



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# New CQIs focus on improving population health by targeting chronic conditions



## Back pain

- Back pain is the top reason for chiropractor visits and second most common for PCP visits.
- \$134 billion per year is spent treating back pain in the United States.



## Lung care

- More than \$80 billion per year is spent on asthma care in the U.S.
- Chronic Obstructive Pulmonary Disease is the third leading cause of death in Michigan.



## Type 2 Diabetes

- 10% of Michigan adults report having a diagnosis of Diabetes.
- Type 2 Diabetes is growing in prevalence and has a significant impact on quality of life and longevity.



## Suicide prevention

- There are roughly 1,500 suicide deaths in Michigan and 1.4 million suicide attempts in the U.S., annually.
- Suicide is the 10<sup>th</sup> leading cause of death and the top cause of injury related death in the U.S.

# The Collaborative Quality Initiatives directly benefit customers and members in numerous ways

## Collaborative Quality Initiatives



Reduces trend and improves our pricing



Reduces complications (up to and including death), decreases length of stay, and gets employees back to work more quickly



Addresses appropriateness of care (in certain instances) and increasingly engage patients in active decision making



Allows BCBSM to make at-risk, value-based payments to high performing hospitals and physicians based on meaningful clinical data



Helps BCBSM address new technologies where ideal care is not known and possibilities for overuse exist



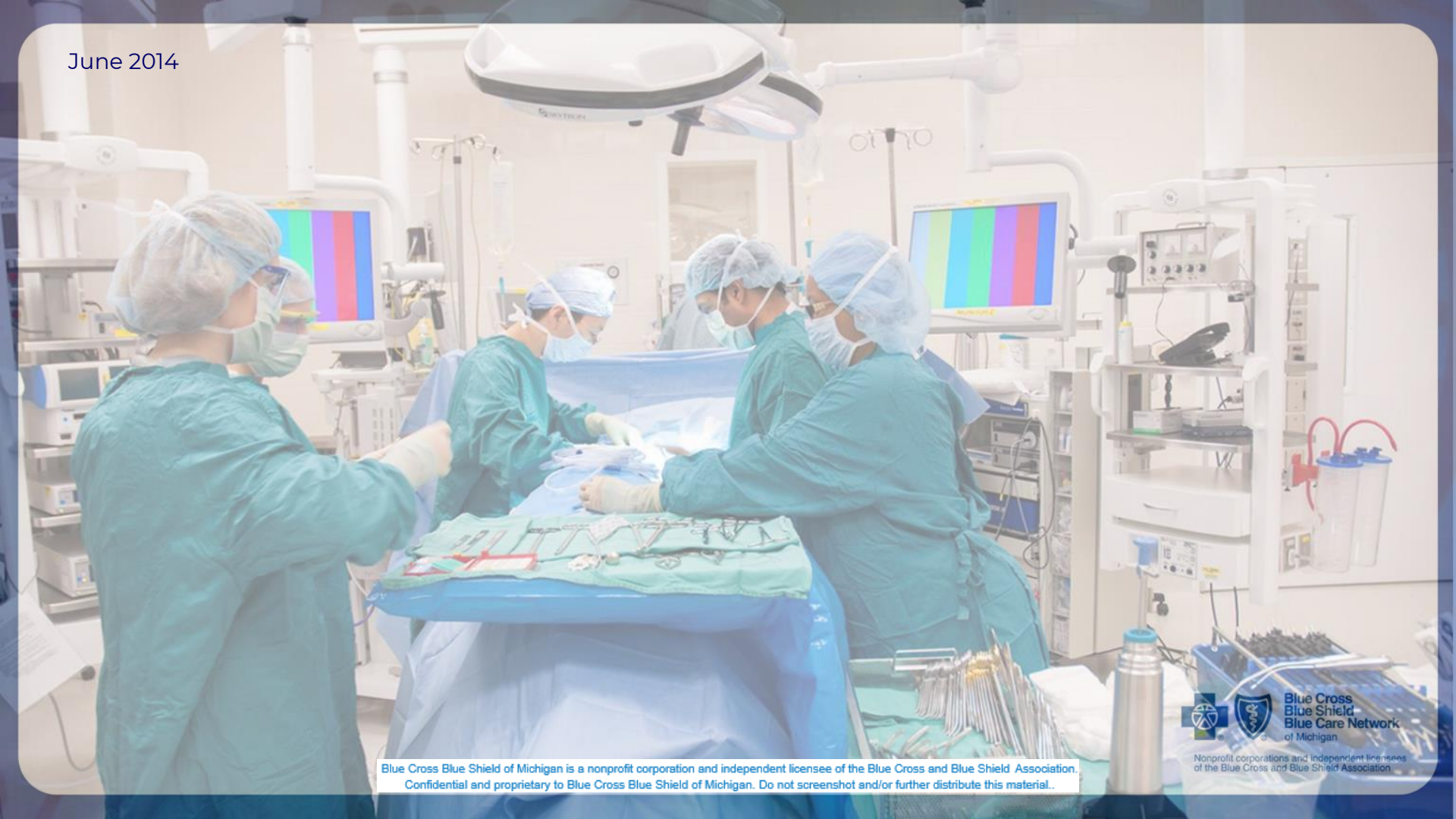
Allows BCBSM to collaborate with providers on shared quality goals versus engaging solely on demands for more reimbursement

# Diabetes and COPD/Asthma CQIs

Michael Englesbe, MD, FACS, Director CQI Portfolio, Professor of Surgery, University of Michigan



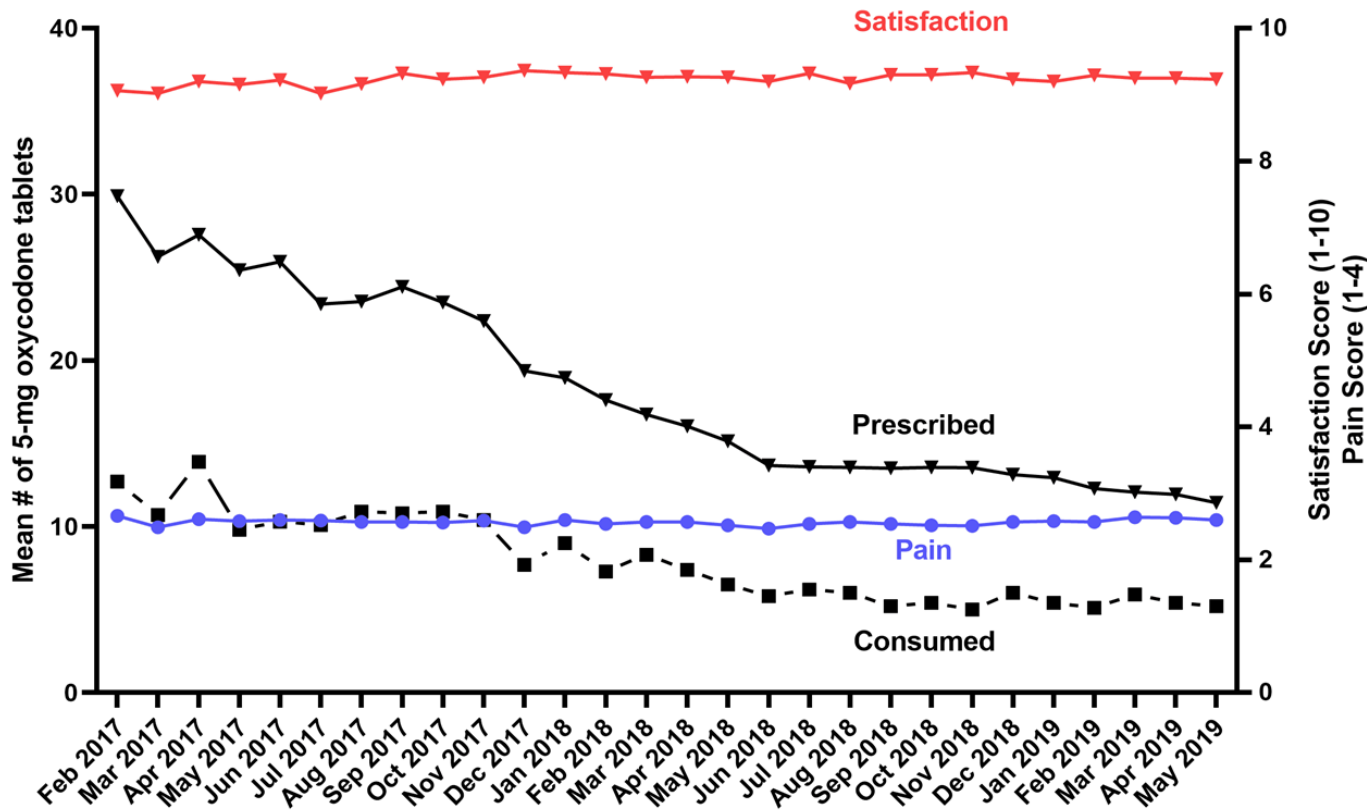
June 2014



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Vu JV, Howard RA, Gunaseelan V, Brummett CM, Waljee JF, Englesbe MJ. *N Engl J Med.* 2019;381(7):680-682.  
 Brown CS, Vu JV, Howard RA, Gunaseelan V, Brummett CM, Waljee JF, Englesbe ME. *BMJ Qual & Safety.* 2020, epub

# 1.6%

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# Innovation



# HENRY FORD HEALTH <sup>SM</sup>

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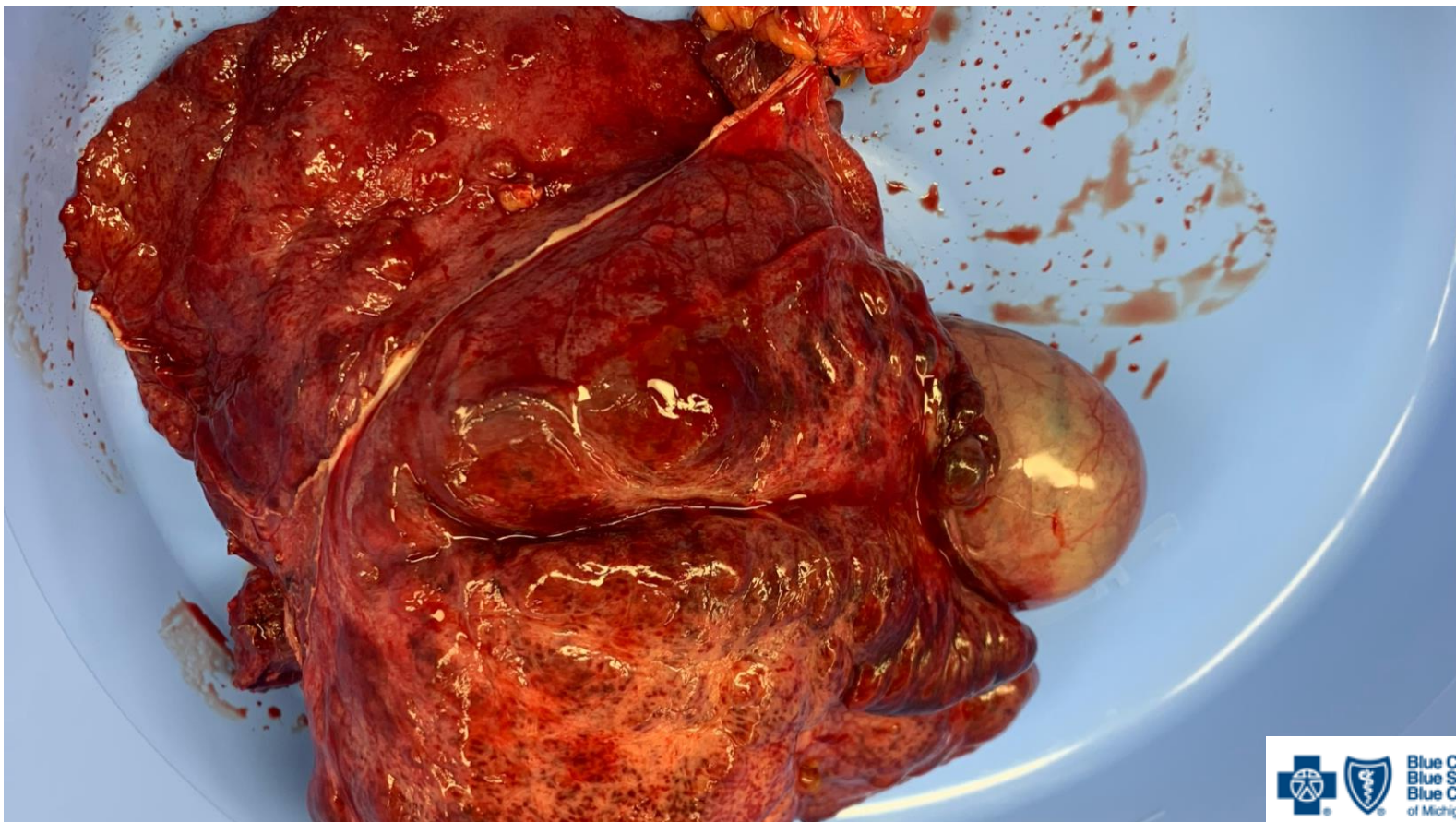


# COLLABORATIVE QUALITY INITIATIVES



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# Diabetes Statistics in Michigan

Over **37 million** Americans are living with diabetes today.

**More than 1 in 9**

Or 11.5% of adults in Michigan have diabetes (~912,794 adults)



Approx. 239,000 Michiganders **have diabetes but don't know it**

Over 2.7 million people in Michigan are living with **prediabetes**

The Burden of Diabetes in Michigan. [https://diabetes.org/sites/default/files/2021-11/ADV\\_2021\\_State\\_Fact\\_sheets\\_Michigan\\_rev.pdf](https://diabetes.org/sites/default/files/2021-11/ADV_2021_State_Fact_sheets_Michigan_rev.pdf).

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# Disparities

Rates of diabetes are:

- **1.4 times higher** among Black Michiganders
- **1.7 times higher** among Hispanic Michiganders compared to White Michiganders
- And **2 times higher** among those with a disability



*Via Age Adjusted Prevalence Estimates from CDC MI-BRFSS 2014-2016 combined, 2013, 2015*

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# Comorbidities & Complications

Patients with Type 2 Diabetes are more likely to experience:

- Increased risk of heart disease, stroke, high blood pressure, and narrowing of blood vessels.
- Nerve damage in their limbs and to their heart, which contributes to irregular heart rhythms
- Kidney disease, which may require dialysis or a kidney transplant
- Eye damage such as cataracts and glaucoma

Mayo Clinic

[https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/svc-20351193#:~:text=Potential%20complications%20of%20diabetes%20and,damage%20\(neuropathy\)%20in%20limbs](https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/svc-20351193#:~:text=Potential%20complications%20of%20diabetes%20and,damage%20(neuropathy)%20in%20limbs)

# New Paradigm of T2D

**Diabetes is preventable and reversible. Shifting towards a culture of healing and repair.**



- T2D  $\neq$  insulin deficiency
- Insulin, in fact, accelerates T2D

**Overeating does not make you fat, the process of getting fat makes you overeat**

# The Michigan Collaborative for Type 2 Diabetes

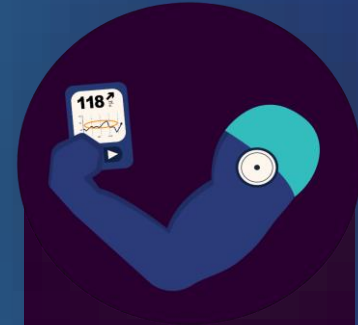
## MCT2D Quality Improvement Goals



Prescribing of  
GLP1 Receptor Agonists  
& SGLT2 inhibitors



Supporting Lower  
Carbohydrate Diets



Expanding use of  
Continuous Glucose  
Monitoring (CGM)



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# Prescribing GLP-1 RA and SGLT2i

## New classes of anti-hyperglycemic medications, specifically GLP-1 agonists and SGLT-2 inhibitors:

- Improve glucose control
- Decrease adverse cardiovascular events
- Slow the progression of chronic kidney disease
- Support weight loss – decrease insulin resistance
- Decrease mortality



Prescribing of  
GLP-1 Receptor  
Agonists  
& SGLT2  
inhibitors



260 lb  
Metformin  
1000mg BID  
20 units insulin  
glargine

• Increase insulin glargine to 40 units  
• Add 6 units insulin lispro with each meal

Lower carb diet with CGM  
Insulin glargine reduced 20% to 16 units

Insulin lispro increased to 8 units each meal

Prescribed once weekly GLP1-RA

Insulin glargine reduced to 10 units

- 45 units insulin glargine and 8 units insulin lispro each meal
- Gained 40lb
- Decreased quality of life



8.2%  
A1C

3 mo



7.6%  
A1C



6 mo

7.4%  
A1C

12 mo

7.0%  
A1C



- Off insulin completely
- Maintaining weight with diet/exercise
- Training to run a 5K next month



# Created 28 New Point-of-Care Tools

#1

**Medications and CGM Coverage:  
2022 Quick Reference Guide**

5712 Downloads

#2

**Daily and Weekly Food Log  
Tracker with Carb Cheatsheet**

3812 downloads

#3

**Lower Carbohydrate Eating: A  
Free Starter Guide for Patients**

2101 Downloads

#4

**Anti-Obesity Medication  
Coverage 2022 Quick Guide**

1572 Downloads

#5

**What to Ask Your Insurance  
Company: Patient Worksheet**

1430 Downloads

*"This is a helpful tool as an MD. It saves me needing to involve a team member to check coverage, and also saves the patient time and phone calls by having this information easily accessible during an office visit."*

*-Member Review*

## GENERATED WIDE-REACHING ENGAGEMENT



**37.5k**

Views and downloads  
from our resource library



**6,600**

Learning Community  
newsletters opened



**293.6**

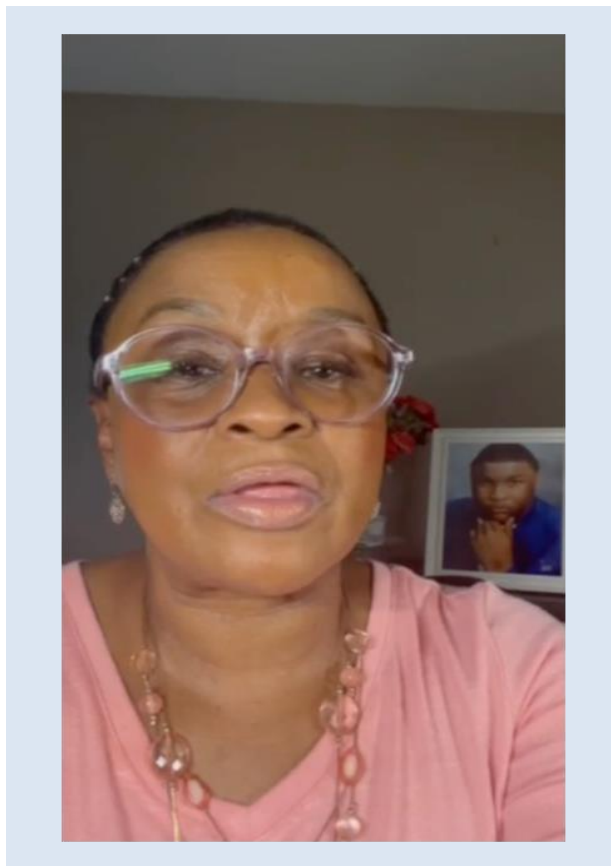
Hours of MCT2D videos  
watched\*



**1618**

Unique cities users  
accessed our tools from

# A Story from Ms. Quinn



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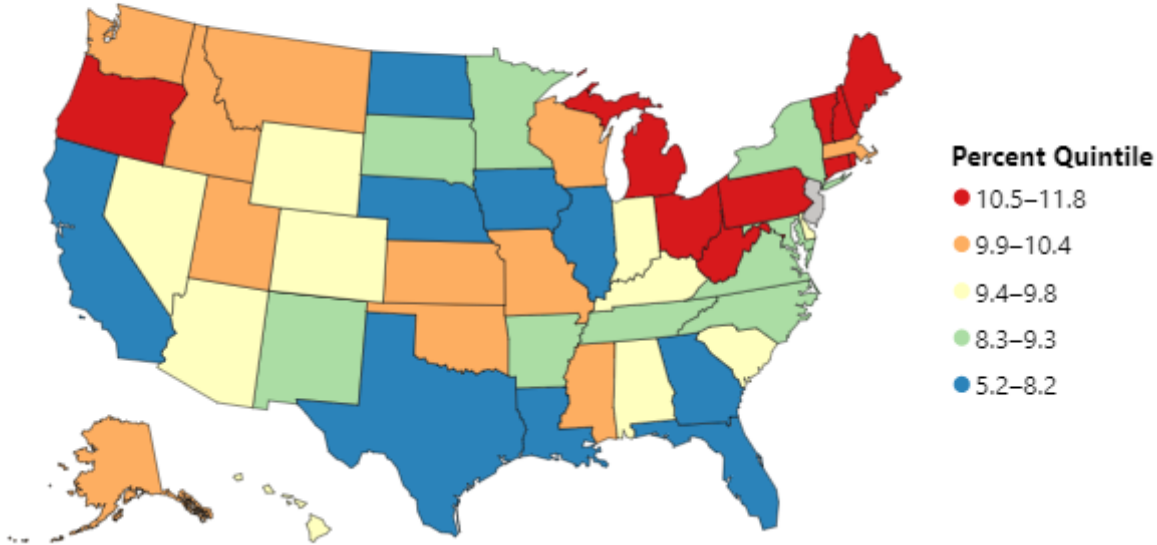


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# High Prevalence of Asthma in Michigan

Current Asthma Prevalence by State or Territory (2019)



## Michigan 2019

Adult Current Asthma  
Prevalence:

**11.1%**

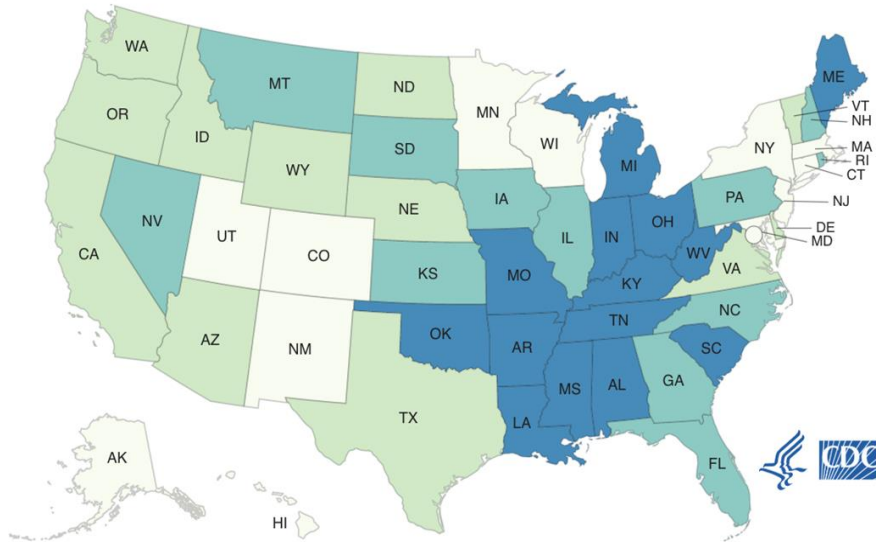
Michigan ranks **3<sup>rd</sup>** in the  
nation (per capita)

1,100,000 Michiganders  
have asthma



# High Prevalence of COPD in Michigan

- Age-adjusted prevalence of COPD varied between states in 2020 and ranged from 3.2% in Hawaii to 11.9% in West Virginia.



## Age-adjusted Prevalence (%)

- 3.2 - 4.6
- 4.7 - 5.4
- 5.5 - 6.5
- 6.6 - 11.9

Prevalence of COPD in Michigan is 8.5%

647,000 individuals live with COPD in the state



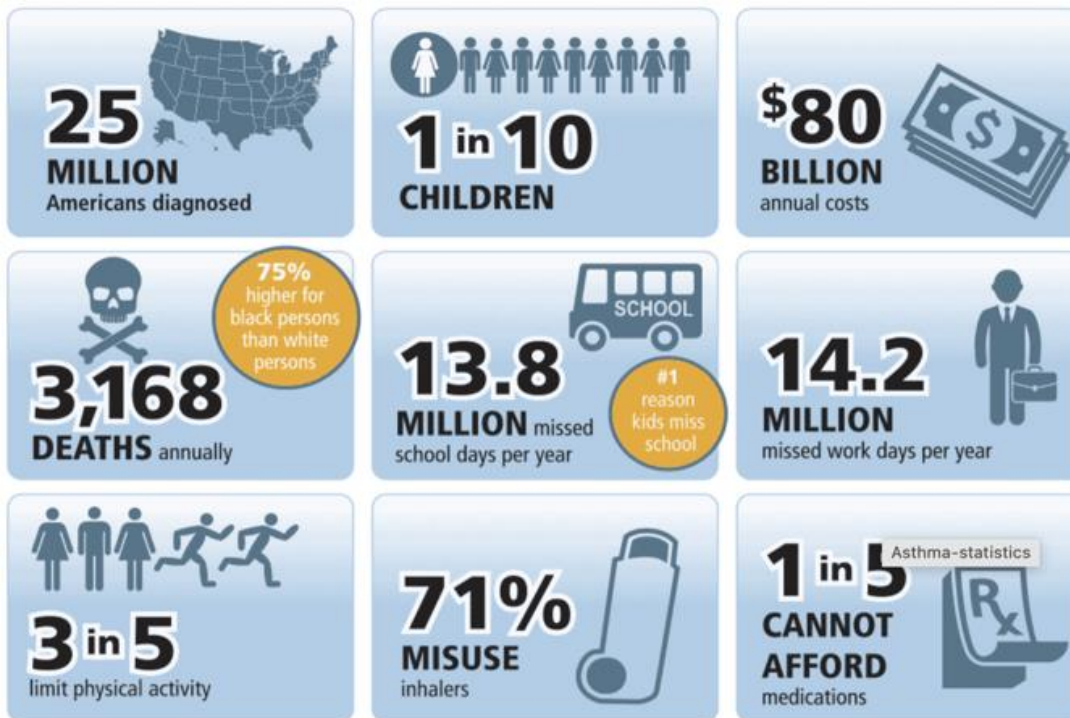
<https://www.cdc.gov/copd/data.html>  
<https://www.americashealthrankings.org/explore/annual/measure/COPD/state/MI>  
<https://www.cdc.gov/copd/data-and-statistics/state-estimates.html>

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# Asthma Fact Sheet



AllergyAsthmaNetwork.org

<https://allergyasthmanetwork.org/what-is-asthma/asthma-statistics>. Accessed 8-14-2022



**INHALE**  
Inspiring Health Advances in Lung Care

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# COPD Fact Sheet

## HOW MANY PEOPLE HAVE COPD?



## HOW MANY DIE BECAUSE OF COPD?



COPD is the **4<sup>TH</sup>**  
**LEADING CAUSE**  
**OF DEATH** in the US.



The rate of death for men with COPD is slowly falling, but the rate of death for women has not.

Adapted from [https://foundation.chestnet.org/wp-content/uploads/2021/04/GSK\\_COPD\\_patient-infographic.pdf](https://foundation.chestnet.org/wp-content/uploads/2021/04/GSK_COPD_patient-infographic.pdf). Accessed 8-14-2022



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# Inhale: Focus Areas



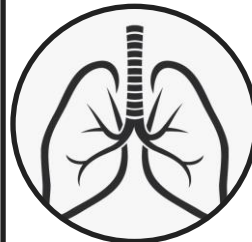
Identify the prevalence of uncontrolled asthma and COPD in the state of Michigan



Increase compliance with guideline recommended assessments of control



Improve quality of care based on adherence to guidelines



Increase knowledge of phenotypic characteristics of asthma and COPD



Increase tobacco cessation counseling and interventions



# COLLABORATIVE QUALITY INITIATIVES



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# Michigan Back Collaborative Overview

Betty Chu, MD, MBA, Senior Vice President, Chief Medical Officer, Care Delivery System, Henry Ford Health

# Patient Story



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# What is MIBAC?

- Initiated in 2021, Michigan Back Collaborative (MIBAC) is a statewide quality improvement collaborative initially focused on better care for low back pain by “first-contact” clinicians – primary care physicians and chiropractors.
- Addresses acute low back pain – specifically the impact of the first encounter for a new (no treatment in the past 6 months) episode of back pain.



Steven T. Fried, M.D.  
Family Medicine  
Henry Ford Medical Group

Steven Fried, MD  
Medical Director, Quality and Resource Stewardship  
Henry Ford Health Primary Care  
Program Director, MIBAC



Linda Holland, DC, Chiropractor, MIBAC Associate Director  
Diane Walkerdine, MIBAC Program Manager  
Marjan Moghaddam, DO, PM&R, MIBAC Associate Director



# Goals of MIBAC?

## More Effective Care Patterns

- Workflows for imaging, medication, referrals, patient education

## Better Outcomes for Patients

- Improve scores on Patient Reported Outcomes (PROs)
- Decrease emergency room visits, unnecessary surgeries, hospitalizations

## Greater Satisfaction for Clinicians and Patients

- Clinicians feel comfortable treating patients with low back pain
- Patients are satisfied with the improvement in their pain



# Training our providers to practice differently

## Training:

- Review of evidence-based practice patterns by *Spine Care Partners (SCP)*
  - 90-minute on-demand clinician training
- In 2021-2022:
  - 886 clinicians trained to date
    - 431 Primary Care Providers
    - 455 Chiropractors
- In 2023 - expand training to Physical Therapists, Urgent Care Physicians, and Emergency Medicine Physicians



# Framework for clinician training

Encourage patient **engagement** to create an **active**, self-care plan

Reassurance, open discussion, **acknowledge pain** (“most cases of acute back pain follow a benign and self-limiting course”)

Discuss care management strategies to increase **coping skills** and decrease unnecessary tests and imaging

Utilize the **biopsychosocial model** when explaining to the patient appropriate indications for imaging, such as X-rays and MRIs

Discuss considerations for **beneficial referrals** to specialty providers when appropriate

Promote healing strategies and **alternatives to Opioids**, explain when appropriate, and attempt to minimize or eliminate

Provide education to **normalize back pain** related to life activities, age, and other factors while encouraging healthy management plans

# MIBAC Clinical Tip Sheets

## Imaging Considerations for Acute Low Back Pain To View or Not to View!

Most patients who present with low back pain that is less than 4-6 weeks in duration do not require any imaging, either x-ray, CT scan or MRI. Most of the patients who present to us in the primary care settings as first touch providers will have nonspecific pain without associated symptoms and will improve on their own without any imaging.

### Most common imaging tests used for this are:

X-rays – used for bones, but not effective for viewing soft tissue

CT scans – special kind of imaging, but does expose a patient to more radiation, can visualize bone and soft tissues

MRI – magnets in lieu of radiation, and do show more details of the soft tissues, not everyone can get these and there might be a longer wait for this to be done

and unwarranted surgical interventions. This can lead to the catastrophizing of acute low back pain from the patient and lead to many patients taking unnecessary time off work and increase their back pain which leads to more chronic issues. Joint guidelines from the American College of Physicians (ACP) and the American Pain Society explicitly recommend that "clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain" and reserve imaging for patients with severe or progressive neurologic deficits or when serious underlying conditions are suspected based on history and physical examination.

There are **special circumstances** that warrant imaging such as if the pain is caused by a trauma, older age, are immunocompromised, history of cancer, unexplained weight loss or fever, osteoporosis history, IVDA, urinary and bowel incontinence or saddle anesthesia. If pain is more than 6 weeks, then imaging may be indicated.

Please refer to the following table for normative findings by patient age – this is useful information when educating patients about their pain to ease their anxiety with an increased understanding of what is to be expected.

## Imaging Considerations for Acute Low Back Pain To View or Not to View!

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# Creating a Culture of Improvement

## Quality Improvement:

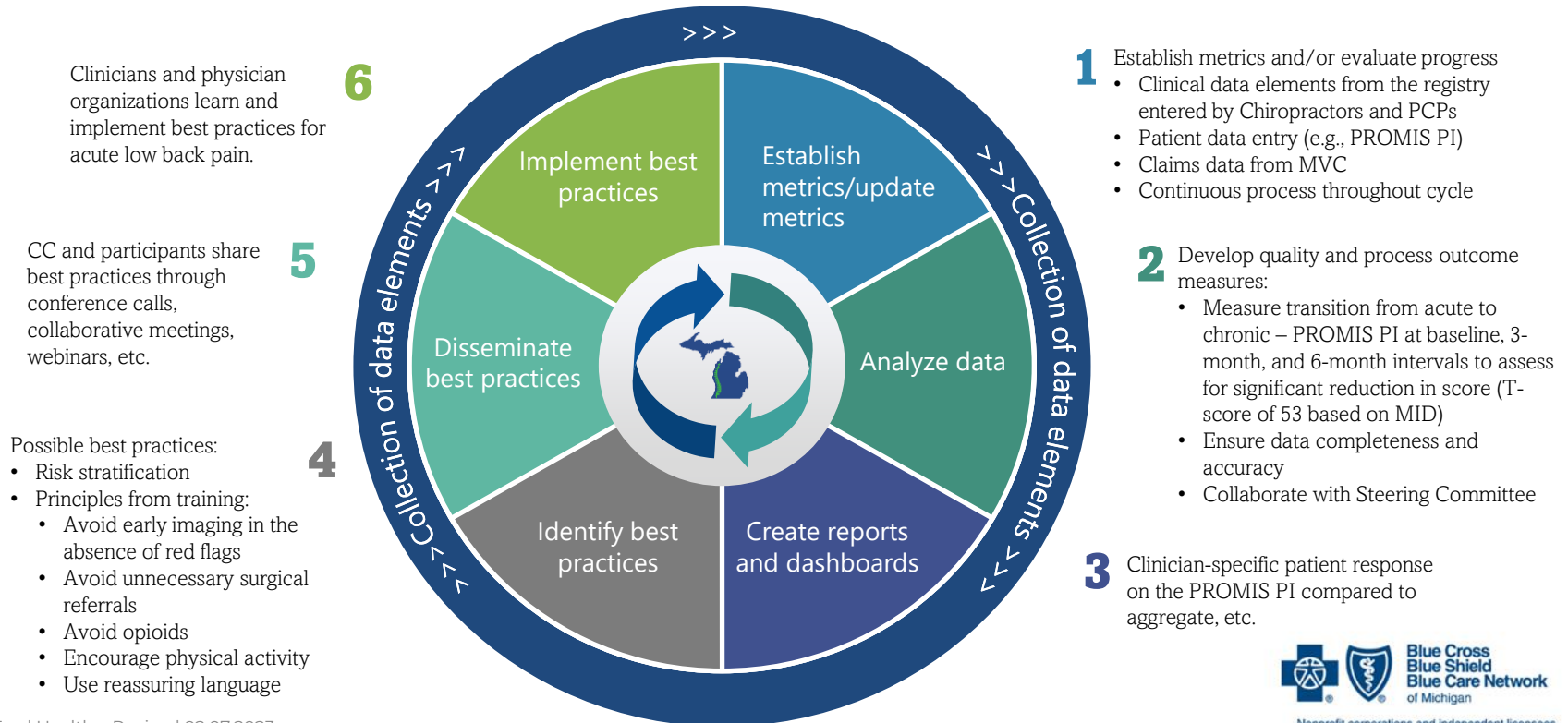
- Patient Surveys, including Patient Reported Outcomes (PROs)
- Collection of clinical data points from the first visit for acute low back pain
- Use of the *PatientIQ* platform for the registry
- Future analysis to identify potential best practices, further evaluation, then dissemination



# Michigan Back Collaborative (MIBAC) Quality Improvement Vision

Michigan Back Collaborative

Program Goal: Prevention of chronic low back pain among patients who present with new episodes of acute low back pain



(c) Henry Ford Health – Revised 02.07.2023

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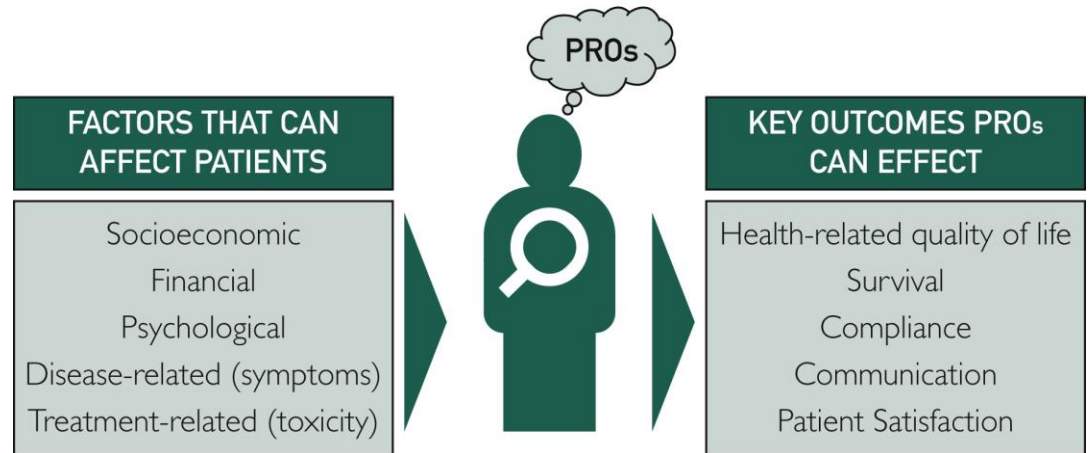


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# How do Patient Reported Outcomes data improve care?

- A tool to better understand a patient's health condition, goals, and unique factors related to their care
- A reliable metric for reporting symptoms, quality of life, healthcare experience, functional status, and morbidity
- PROs are collected using validated questionnaires directly from the patient and can be compared over time

Framework for **PROs** utility in clinical care



Warsame, D'Souza, Mayo Clin Proc Nov 2019



# MIBAC First Annual Collaborative Wide Meeting Sept 2022



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# Key Takeaways & Panel Discussion

- COPD, Asthma, and T2DM are a massive burden
- CQIs use data and experts and incentives to innovate
- This portfolio represents a unique resource for all patients

# Morning Break

10:00-10:10 am

# Michigan Mental Health Innovation: Crisis Intervention and Suicide Prevention

Amy McKenzie, MD,  
MBA, FAAFP, Vice  
President and Associate  
Chief Medical Officer,  
Clinical Partnerships,  
Blue Cross Blue Shield  
of Michigan

Carol Zuniga, MS, LLP  
Chief Executive Officer,  
Hegira Health, Inc.

Betty Chu, MD, MBA,  
Senior Vice President,  
Chief Medical officer,  
Care Delivery System,  
Henry Ford Health

# Behavioural Health Strategy Overview

Amy McKenzie, MD, MBA, FAAFP, Vice President and Associate  
Chief Medical Officer, Clinical Partnerships, Blue Cross Blue  
Shield of Michigan

# Executive Summary



**Mental health** and **substance use** conditions continue to increase and are of significant concern to customers and members, as **50 million** Americans live with a mental illness



As the state's largest health plan, Blue Cross Blue Shield of Michigan is committed to **enabling high-quality and effective behavioral health care** focused on providing national solutions to key challenges members face



The approach is to achieve **whole-person health** that simultaneously addresses the physical, mental and social determinants of health while removing barriers to care



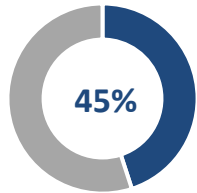
Blue Cross is committed to expanding **access to high-quality behavioral health services and providers** through innovative care models focusing on team-based care



# Recent data shows there is a behavioral health emergency in America



21% of all adults 18+ experienced a form of mental illness in 2020<sup>1</sup>



of the U.S. population live in a mental health professional shortage area<sup>1</sup>



On average, one person dies by suicide every six hours in Michigan<sup>2</sup>



Suicide is the third leading cause of death in youths aged 10–24<sup>1</sup>

Sources: (1) Health Resources & Services Administration, Shortage Areas July, 2022 ; (2) Michigan Department of Health and Human Services (MDHHS)

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# Navigating the behavioral health ecosystem will be more intuitive, coordinated and patient-centered as a result of Blue Cross Behavioral Health™

From a behavioral health ecosystem that is **fractured, uncoordinated** and often **difficult to navigate**...



...to **streamlined, whole-person** care and an **easier-to-navigate** behavioral health system





# The Blue Cross Behavioral Health™ strategy focuses on addressing four core challenges and delivering high-quality, effective care

## Our Vision

Deliver **market leading, innovative, whole-person solutions** focused on **integration of behavioral and physical health care** in order to meet member and customer needs.



### Goal 1

Improve member willingness to seek care



### Goal 3

Improve customer and member experience and outcomes



### Goal 2

Improve access to high quality care



### Goal 4

Address behavioral health care disparities



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

# Crisis services promoted by Blue Cross include and build on national guidelines for behavioral health care



## Psychiatric urgent care

Emergency/urgent walk-in service to address immediate assessment and treatment needs for patients who cannot wait for routine outpatient treatment and care.

*Somewhere for immediate help*



## Mobile crisis

Emergency mobile mental health assessment and intervention for adults and children in immediate crisis. Mobile unit can be deployed to home, office, or emergency department.

*Someone to respond*



## Crisis stabilization

24/7 recovery-oriented crisis center that offers emergency assessment, intervention and stabilization for urgent/emergent situations.

*A place to go*



## Crisis residential

Designed for short-term residential crisis treatment for adults ready to actively participate in recovery.

*A place to recover*

### Desired outcomes:

- Reduce unnecessary time spent in the emergency room or hospital
- Keep patients in their homes and communities while they can receive the care they need
- Reduce the need for law enforcement intervention and the criminalization of mental illness

# Blue Cross has launched a new Collaborative Quality Initiative focused on improving suicide prevention

## MIMIND

Overarching goal of MIMIND is to bring **mental illness morbidity and mortality** to the forefront in Michigan and to **provide impactful solutions**

- Blue Cross is collaborating with Value Partnership-affiliated physician organizations to **integrate psychiatrists, psychologists and primary care physicians**
- Initial focus is on implementing **evidence-based suicide prevention** initiatives and tools
- MIMIND launched in **September 2022**



# Community-Based Behavioural Health Crisis Services:

## Innovations in Access to a Community-Based Crisis Care Continuum

Carol Zuniga, CEO, Hegira Health, Inc.



**HEGIRA HEALTH, INC.**  
*Wellness First*

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# Hegira Health: Comprehensive Psychiatric Crisis Care

## What we do:

- 24-7 clinic walk-in psychiatric assessment and treatment located in Livonia, MI
- **Who we serve:**
  - Adults 18-years and older in a psychiatric crisis - defined by self, family, law enforcement
  - Voluntary and involuntary
    - 24-7 Walk-In multi-disciplinary assessment team – psychiatry, nursing, social services, peer support
- **Scope of Service:**
  - On-site multi-disciplinary assessment and treatment – psychiatry, nursing, social services
  - Extended observation – up to 24-hour observation and treatment
  - Crisis Residential – voluntary up to 2-weeks of 24-hour medically monitored residential care
  - Other services: Law Enforcement Coordinated Care, First Responder Support, Critical Incident Stress Management (CISM)

## Emergency Department

Limited likelihood of psychiatrically trained staff on site

Limited treatment provided

Low priority patients

Long wait times (7-34 hours nationally)

Inpatient admission is more likely to be recommended

Lack of aftercare provided or coordinated

## Community-Based Crisis Intervention

24/7 **psychiatry**, psychiatric nursing and social services

**Treatment** started rapidly

**Exclusive** services

Average **LOS 5 hours**

GOAL: **Less than inpatient** LOC

**Follow-up care** part of service

# BCBS-M Crisis Care Services

- **Somewhere for immediate help:** 24-7 Walk-In Crisis Stabilization
- **Someone to Respond:** Mobile Crisis Stabilization
- **A place to go:** Extended Observation
- **A place to recovery:** Crisis Residential



**Community Outreach for Psychiatric Emergencies  
Livonia, MI**

# Michigan Mental Health Innovation Network for Clinical Design

Betty Chu, MD, MBA, Senior Vice President, Chief Medical Officer, Care Delivery System, Henry Ford Health

**MIMIND**



# Who Are We?

## MI Mind Coordinating Center **MIMIND**



BRIAN AHMEDANI, PHD, LMSW

Director Research,  
Behavioral Health Services  
Henry Ford Health



CATHRINE FRANK, MD

Chair Dept. of Psychiatry and  
Behavioral Health Services  
Henry Ford Health



HEATHER OMDAL, MPH

MiMIND Program Manager

# MIMIND

## Michigan Mental Health Innovation Network for Clinical Design

### Overall Goal:

To bring to the forefront the morbidity and mortality of mental illness in the State of Michigan and to provide solutions

### Initial goal:

Reduce suicide deaths and attempts in the State of Michigan



# How will we implement Zero Suicide: Two-prong strategy to reduce suicide

## A partnership with Primary Care and Behavioral Health using new clinical strategies



- Include primary care in the battle against suicide with psychiatry practicing **Zero Suicide** tenets
- Research indicates that **>83%** of individuals who die by suicide, and **>92%** of those who attempt suicide, have a healthcare visit in the months leading up to their death.
- Only **~33%** of those who die by suicide ever had a behavioral health visit.

# The Heartbreak of Suicide

## In the United States:

- > 48,000 died by suicide in 2020
  - > 1,389 in Michigan
- 9<sup>th</sup> leading cause of death
- #4 leading cause of death for ages 10-34
- 1.4 million suicide attempts/year
- >10 million have suicidal thoughts/year

## Suicidal Risk Assessment: Principles for Behavioral Health

- Clinicians are not able to predict suicide but can and must assess risk
- Assessment does not rely on suicidal ideation as the main determinant of risk
- Suicide risk assessment must be part of **every** patient encounter.
- Patients receiving behavioral health treatment should all be considered at risk for suicide

# Screening for suicide in the primary care office

## MIMIND

- Screening for suicide is now on par with screening for heart disease or certain types of cancer
- The Patient Health Questionnaire-9 (PHQ-9) is the screening tool
- Recommend PHQ-9 administered every visit
- The PHQ-9 indicates if there is an elevated longitudinal risk that can and should be addressed through assessment and intervention

### PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems? (Use  to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
 =Total Score: \_\_\_\_\_

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

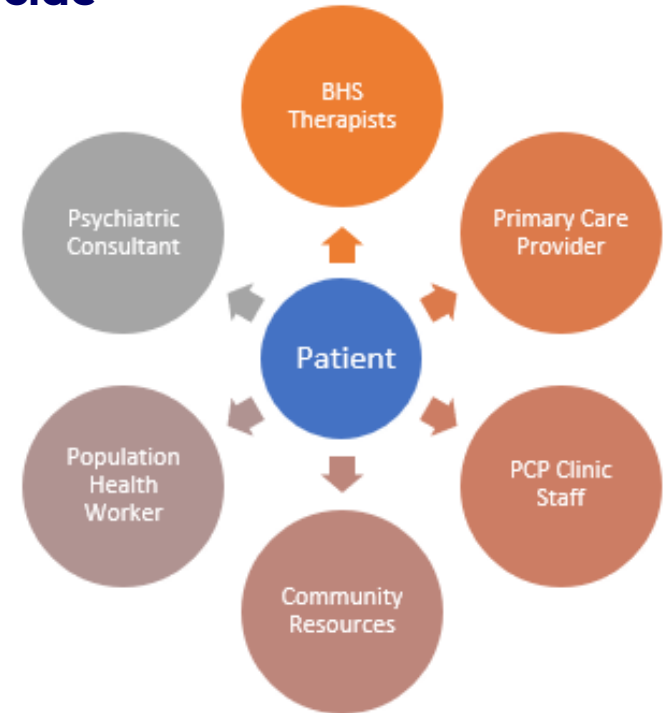
Extremely difficult



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## Screening information is used by Henry Ford Health Behavioral Health/ Primary Care integrated program to reduce suicide

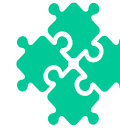
- Implementation of the program was followed by a 40% reduction in the suicide death rate among health system patients coupled with a low sustained suicide attempt rate of <10/100,000 (half the rate of comparable US systems)
- Individuals experienced a significant reduction ( $p < 0.05$ ) in emergency department visits, achieved remission rates of >75% for depression and anxiety, and increased engagement in supportive outpatient treatment
- A recent study shows that the program is also associated with a statistically significant reduction in 30-day all-cause emergency department visits, inpatient hospitalizations, and other primary care visits



# Primary Goals & Objectives for the Coordinating Center:



Establish and Maintain Coordinating Center



Recruit and sustain partnerships for the CQI with Healthcare systems across the state



Train clinical staff in suicide prevention practices within all participating provider organizations



Evaluate implementation processes, outcomes and cost to inform quality improvement and clinical recommendations

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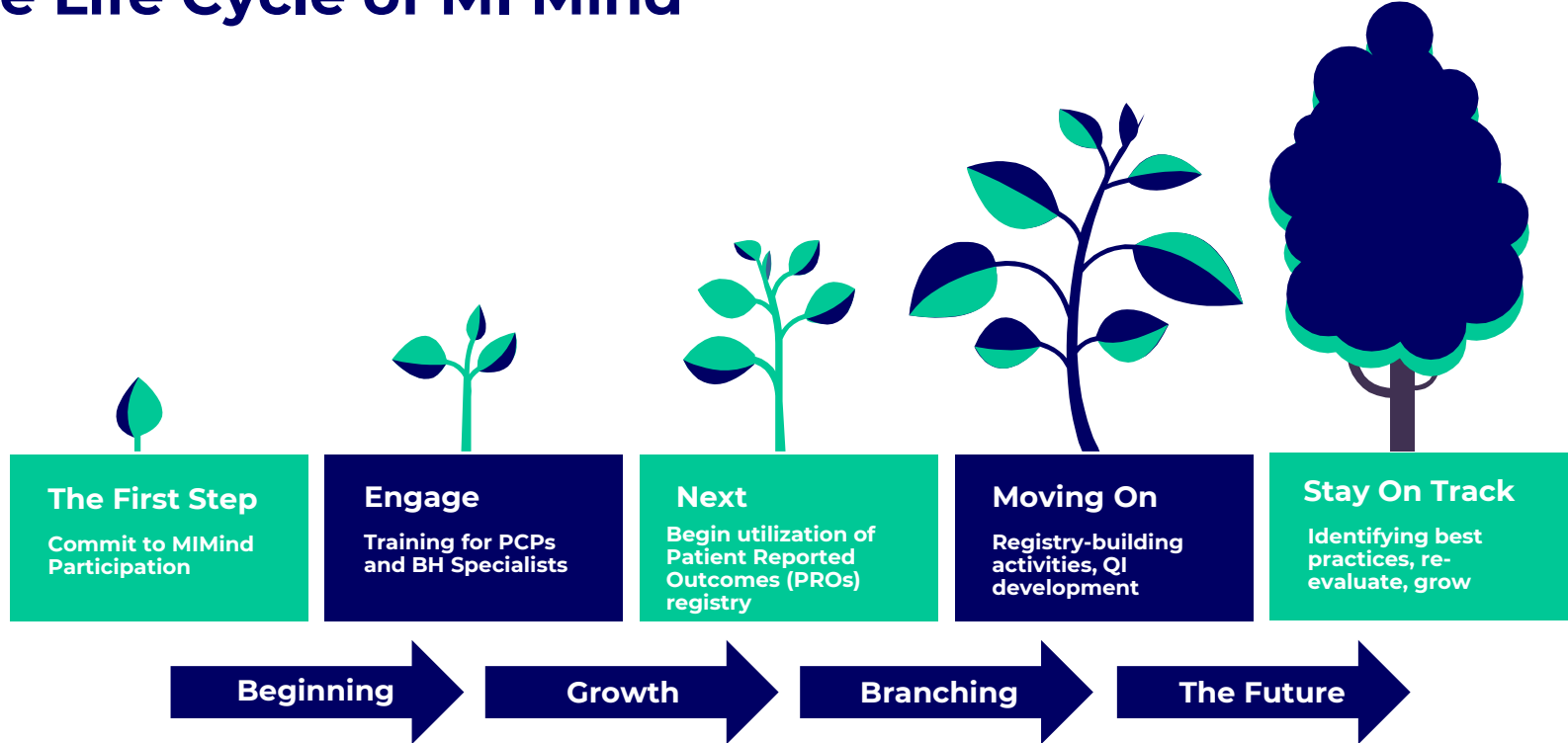
# Wave 1 Recruitment for Zero Suicide Initiative

- Initial recruitment of 5 pilot provider organizations included:
  - Henry Ford Medical Group
  - Answer Health
  - Medical Network One
  - Oakland Southfield Physicians Network
  - IHA
- These pilot provider organizations were tasked with the following:
  - Support integrated models of behavioral health and primary care
  - Participate in population health-based work related to suicide prevention initiatives
  - Include independent physician practices and health system-based POs
  - Serve a representative sample of adult (>18 years) population
- PGIP affiliated providers: primary care physicians, psychologists, psychiatrists
- Recruited based on geography, patient population, system type, interest and need





# The Life Cycle of MI Mind



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# September 9 - MI MIND KICKOFF!

- 5 POs enrolled, IHA, Answer Health, MNO and Henry Ford Medical Group
- From the learning collaborative, we had 55 people participants from interested POs, BCBSM leadership and current participants
- Dr Frank and Dr Ahmedani presented recommended care pathways for suicide prevention for behavioral health and primary care
- Panel discussion facilitated a forum for health system leaders to discuss the strengths and barriers of the current practices related to suicide prevention
- Orientation and Training for Site Champions starts in October

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# Key Takeaways & Panel Discussion

- **Employee behavioral health conditions have a significant impact on workplace performance**
  - negatively affecting productivity, workforce morale, administrative resources
- **Innovative strategies available** in the community demonstrate an opportunity **for improved health and stability outcomes** for employees with behavioral health conditions through easily accessible early, focused intervention and follow-up
- Changes in behavior like **seeking out help** from a psychiatric specific urgent care or crisis center **take intentional and repeated reinforcement**
- The approach is to achieve **whole-person health** that simultaneously addresses the physical, mental and social determinants of health while removing barriers to care
- Blue Cross is committed to expanding **access to high-quality behavioral health services and providers** through innovative care models focusing on team-based care

# Partnerships that Promote Inclusion and Diversity: Addressing Health Care Disparities for Women and LGBTQ+ Community

Martha (Marti) Walsh,  
MD, MHSA, FACOG,  
Medical Director,  
Clinical Partnerships  
and Engagement, Blue  
Cross Blue Shield of  
Michigan

Patrick Yankee,  
Chief Development  
Officer,  
Corktown Health

Alex Friedman Peahl,  
MD, MSc;  
Former Visiting  
Scientist, Maven Clinic,  
Assistant Professor of  
Obstetrics and  
Gynecology at the  
University of Michigan

Will Porteous, Chief  
Growth Officer,  
Maven Clinic



## Centering Pregnancy

Marti Walsh, MD, MHSA, FACOG, Medical Director,  
Clinical Partnerships and Engagement,  
Blue Cross Blue Shield of Michigan

# What is Centering Pregnancy?



## Group Prenatal Care Model

Ten group prenatal visits over 6 months. Visits are 2 hours long

Follows normal prenatal care schedule, starting after 12 weeks

8-12 pregnant women at similar gestational age



## Health Assessment

First 30 minutes includes patient health assessment

Patient performs blood pressure and weight check

Each patient meets for 5 minutes with provider to measure abdomen and discuss issues



## Interactive Learning

Facilitated discussion (avoid didactic teaching).

Room is set up in a circle so that all are engaged.

Review 2-3 topics per visit including things like nutrition, common pregnancy discomforts, labor and delivery, breastfeeding, and infant care



## Community Building

Goal to build community amongst pregnant patients of the same gestational age.

Helps to decrease stress, and build on questions that many pregnant patients have

Model has also expanded to well childcare

# Centering Pregnancy Increases Outcomes and Decreases Disparities

## Prenatal Care

- ✓ More likely to attend prenatal and postpartum care
- ✓ Better prenatal knowledge and more prepared for labor and delivery
- ✓ Higher satisfaction with prenatal care

## Birth Outcomes

- ✓ Decreased preterm deliveries (both spontaneous and indicated)
- ✓ Decreased low birth weight infants
- ✓ Decreased NICU admissions and stays
- ✓ Increased rates of breastfeeding
- ✓ Increased rates of immunizations in pregnant women and children

## Racial Equity

- ✓ Black mothers in group prenatal care delivered on average one week later than those in individual care and had fewer NICU admissions.
- ✓ Black women in group PNC had 10% rate of preterm birth compared to 15% for black women in individual prenatal care.
- ✓ Black women in group prenatal care 71% more likely to breastfeed than those in individual care.



# Partnerships that Promote Inclusion and Diversity: Addressing Health Care Disparities for the LGBTQ+ Community

Patrick Yankee, Chief Development Officer,  
Corktown Health





# History



Founded 1986



Comprehensive HIV Care & Treatment



Primary Care



Behavioral Health Services



Cancer Screening



Health Insurance Navigation



CORKTOWN  
—HEALTH CENTER—

## Five Years in the Making



Continuing a legacy of supporting the community.

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# Partners



Partnering with funders who want to make an impact.

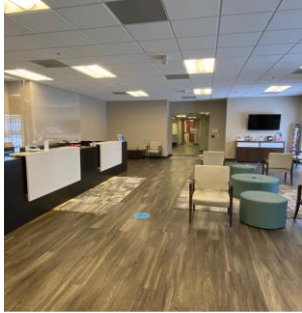
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# Affirming/Safe Environment



A space where everyone is welcomed.

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# LGBTQ+ Community Data

1

About **23** million Americans identify as LGBTQ based on new polling by Gallup Organization.

2

Data from the 2020 US Census estimated that **567,000 LGBTQ persons (18+) reside in Michigan.**

This represents approximately 7.1% of the state's population of 7,874,450 adults.



# What we know about LGBTQ+ Health

- Quantifiable data on LGBTQ health disparities is only now becoming available, and is limited
- There is no single entity in Michigan who has the mission of improving the health of LGBTQ persons
- Only a small number of physicians in private practice actually seek patients from the community and even fewer dental providers
- Large health systems and insurers are now addressing how to improve services to this population
- Frequently LGBTQ health is focused on HIV and STDs
- LGBT persons smoke cigarettes at higher rates than the general population and have higher rates of depression, anxiety and isolation as older persons, which could be impacted by the patient centered care



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# Expanding Training and Technical Assistance Capacity at Corktown Health

- Currently Corktown is developing capacity to train more providers by developing Corktown LGBTQ Health Institute
- The work is supported with agency general funds and approximately \$100,000 in start up contributions from [Blue Cross Blue Shield of Michigan](#) Safety Net Program
- To provide a conduit for learning so that other medical providers in Michigan will be able to better serve the LGBTQ community
- To partner with health systems, government programs, insurers and community stakeholders to encourage collection on Sexual Orientation and Gender Identity Sexual (SOGI) data
- Develop a statewide directory of affirming medical care providers including oral health, behavioral health and older adult services



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# The Importance of Collecting SOGI Data

- If you are not counted, you are discounted
- Identifies Disparities
- Secures funding
- Informs public policies and laws
- Evaluation
- Asking SOGI with routine care builds rapport and allows patients to be authentic self in healthcare environment



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# Maven: The State of Family Benefits

Will Porteous, Chief Growth Officer, Maven Clinic

Alex Friedman Peahl, MD, MSc; Former Visiting Scientist,  
Maven Clinic, Assistant Professor of Obstetrics and  
Gynecology at the University of Michigan





# The expectation for family building is simple



# But, in reality, each person's journey is unique – with its own joys and challenges



Michelle and Logan  
**Pregnancy**



Paul & Lily  
**IVF**



Sarah  
**Adoption**



James & Rafa  
**Surrogacy**

Conceive a child

Miscarriage  
Mental Health support  
Ovulation tracking

Clinic waitlist  
Infertility testing  
Genetic counseling

Agency selection  
Discrimination  
Open or closed

Legal fees  
Agency selection  
Financial planning

Bring a child home

Gestational diabetes  
Nutrition support  
Cesarean delivery

Medication injections  
Invasive procedures  
2-week wait

Managing finances  
Mental Health support  
Isolation

Donor selection  
Surrogate support  
Hospital coordination

Parent and return to work

Breastfeeding issues  
Physical therapy  
Managing risk with PCP

Postpartum depression  
Sleep regression  
Return to work

Food allergies  
Pediatric concerns  
Managing work travel

Paternity leave  
Childcare support  
Feeding schedule



# Employers and health plans are under pressure to raise the bar for family benefits

70%

of employers say they've seen higher rates of attrition among working parents due to COVID-19

30%

of employees are expanding or planning to expand their families in the next one to two years

67%

of LGBTQIA+ employees are expanding or planning to expand their families

# Lack of support for employees has outsized impact on talent retention and attraction

36%

of employees have left or considered leaving their jobs because of inadequate family benefits

87%

of employers say that family benefits are extremely important to prospective and current employees.

41%

of employees feel their employer could better support their family and reproductive health needs

# Family benefits in action: High-risk pregnancy

Meet Sofia



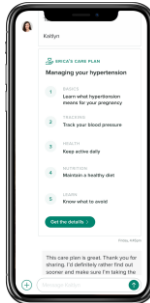
Female, 34

2nd pregnancy, family history of preeclampsia

Needs help finding an OB-GYN



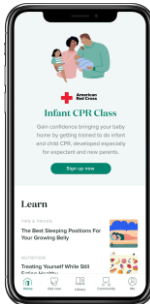
Personal care plan



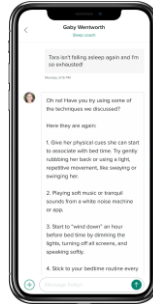
Meets with healthcare experts



Virtual classes



Messaging



How digital family health solutions help

Continuous health risk assessments

Reliable and affirming care programming and coordination

Connection to local resources and referrals to in-network quality care

End-to-end support, through postpartum and return-to-work



## Meet James

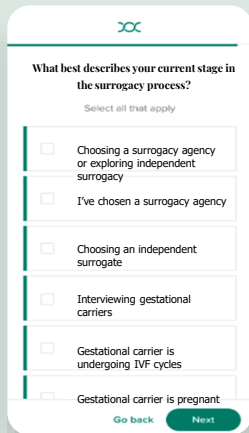
32 years old

Same sex couple interested in starting a family through surrogacy

Learns about Maven via his employer

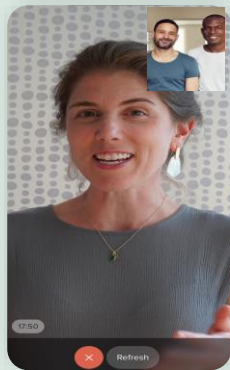
### Enrollment

James learns about Maven through his employer's benefits portal. James and his partner are exploring surrogacy and complete a comprehensive assessment.



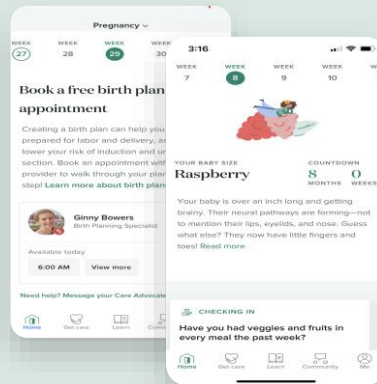
### Care Advocate Support

James meets with his Care Advocate and team of virtual care specialists. His Care Advocate helps him find a LGBTQIA+-friendly surrogacy agency that matches them with a gestational carrier.



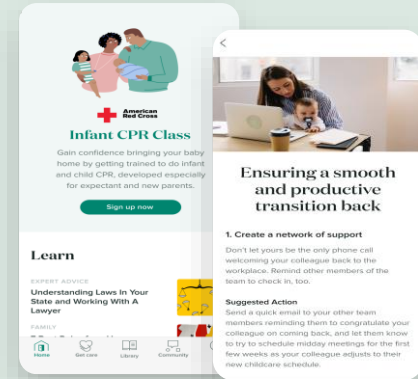
### Gestational Carrier Support

James and his partner are now pregnant via surrogate. Their surrogate has access to Maven specialists and meets with an OB-GYN referred to them by their Maven Care Advocate



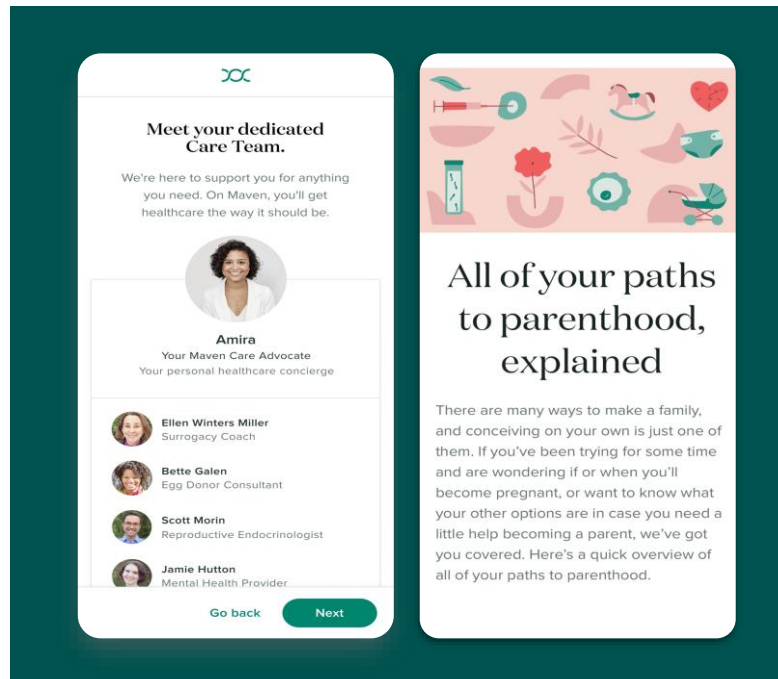
### Continual Resources & Pediatrics

Since their surrogate is in the final weeks of pregnancy, their Care Advocate provides resources for what to expect when the baby arrives; additionally, the Care Advocate refers them to Maven pediatricians.



# Our partnership offers leading employers more inclusive, modern care

- ✓ Support all paths to parenthood
- ✓ Match members to diverse virtual care
- ✓ Promote health equity
- ✓ Reduce administrative burden
- ✓ Flexibly adjust benefit design



# Key Takeaways & Panel Discussion

- Centering Pregnancy is an effective method for delivering peripartum care that **increases compliance, knowledge, and satisfaction** with prenatal and postpartum care.
- Evidence shows that the Centering Pregnancy model **decreases preterm deliveries, low birth weight infants, and NICU admissions** as well as **increasing breastfeeding and immunizations** in pregnant women and their children.
- Centering Pregnancy helps **to decrease disparities** in prenatal care.
- Providing an equitable solution for your LGBTQIA+ employees isn't a check the box. It needs to be **meaningful, robust, and support their key needs**
- **Alternative paths to parenthood are expensive** and you may not be able to support the full cost of that, but you can help them have a smoother journey at a lower cost.
- **Actual utilization of the benefit may be low**, but the value of support will go a long way in your LGBTQIA+ employees in feeling supported by their employer



# Networking Lunch

11:40-12:30 pm

# Customized Disease Prevention Strategies: How Personalized Medicine is Being Used to Predict Best Treatment for Members

Scott Betzelos, MD, MS, MBA, FACEP,  
Vice President HMO Strategy and  
Affordability, Blue Care Network

Amy Pasternak, PharmD, BCPS,  
Clinical Assistant Professor  
Department of Clinical Pharmacy,  
University of Michigan College of  
Pharmacy

# Customized Disease Prevention Strategies: How Personalized Medicine is Being Used to Predict Best Treatment for Members

Scott Betzelos, MD, MS, MBA, FACEP, Vice President HMO  
Strategy and Affordability, Blue Care Network

# Pursue Innovation through BCN Incubation

BCN Incubation is a formalized way to assure rapid delivery of high impact ideas to drive the HMO towards meaningful affordability.

Through Incubation the HMO platform is leveraged to pilot programs that affords opportunities:

- Drive greater benefit cost savings
- Improve clinical quality
- Potentially scalable to the PPO population
- Speed to market
- Creates Market Differentiation
- Test innovation

Blue Cross Personalized Medicine<sup>SM</sup> is an example of BCN Incubation

# Precision Medicine and Pharmacogenomics

**Precision Medicine** is a rapidly expanding vast scope of medical models that aims to treat patients based on their individual genome rather than therapies aimed to treat an entire population regardless of genomic differentiators

- Evaluation of entire genome sequence
- Predict/prevent disease
- Molecular testing
- Comprehensive genomic profiling



**Pharmacogenomics (PGx)** is a subgroup of precision medicine that studies how an individual's genes may affect their response to certain medications

- Specific genetic sequencing based on diagnosis
- Focuses on genetic variations and medication response
- Identifies metabolizer types: poor, intermediate, normal and ultra rapid

**Genetic test results will not be shared with BCN or employers at any time (GINA)**

# Market Opportunity

## INDUSTRY NEED

There's a gap in Michigan for comprehensive precision medicine and pharmacogenomics

- A one-size-fits-all model leads to:
  - Unintended adverse drug reactions
  - Increased ER trips, hospital stays and readmissions
  - Higher prescription drug and medical spending



## SOLUTION



Blue Cross  
Personalized Medicine<sup>SM</sup>

- Michigan's first end-to-end precision medicine pharmacogenomics program
- Piloted in 2022, BCN full program launched Jan. 2023, and BCNA launched Apr. 2023
- Value created:
  - Improved patient health outcomes
  - Fewer adverse drug reactions
  - Reduced inpatient admissions, readmissions and emergency department visits
  - Improved medication adherence

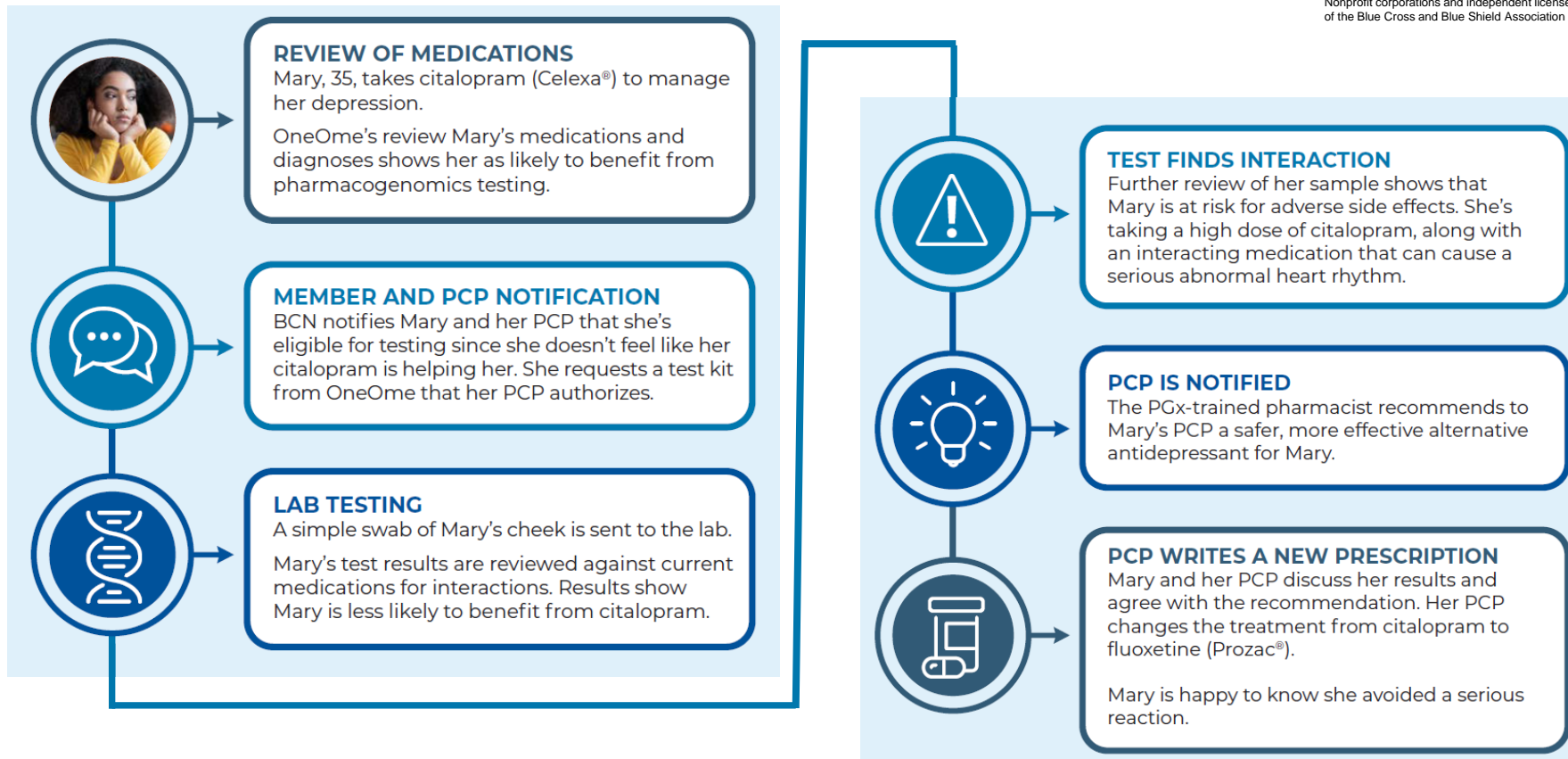
# Blue Cross Personalized Medicine<sup>SM</sup>

**Blue Care Network** has partnered with **OneOme**, a precision medicine company co-founded by **Mayo Clinic**, to launch Blue Cross Personalized Medicine, Michigan's first end-to-end precision medicine pharmacogenomics program.

Using OneOme's RightMed<sup>®</sup> Test, prescribing doctors can use a patient's genetic test results to help find the right medication earlier in the process to achieve the best health outcomes.

- Genetics can determine how the body responds to certain medications
- BCN developed an innovative program that will help identify the right medication earlier in the process
- Piloted in 2022, full program for eligible BCN group commercial and BCN IBU members with pharmacy benefit launched January 2023, and BCNA April 2023

# Behavioral Health Case Study





# What's in it for Eligible Employees



- Improves overall health outcomes
- Increases patient satisfaction with care
- Reduces costs related to ER visits and hospital admissions
- Targets costly conditions
- Reduces prescription and medical spend
- Results in fewer leave of absences

# Provider Education

## PGx 101

- Video content on-demand providing greater insight to precision medicine and pharmacogenomics

## PGx 201

- Oncology, April 26 at 12:00 pm Eastern – Live virtual

## PGx 201

- Primary Care Physicians, Date/Time TBD – Live virtual

March

May

January

April

June



## PGx 201

- Cardiology, March 27 at 8:00 am Eastern – Live virtual

## PGx 201

- Behavioral Health, May 24 at 8:00 am Eastern – Live virtual



# 2022 Pilot Program

## Approach:

- 3 sets of mailings to total of 12,700 eligible BCNA members
- OneOme outbound call follow ups and postcard reminder mailer

## Results:

- 587 requested PGx test kits (4.6% of eligible members)
- 436 kits (74%) returned to lab resulting in Clinical Action Plans shared with providers
- 432 medication recommendations affecting 396 members
- Early data suggests a reduction in total outpatient and hospital visits as well as reduced total healthcare spending among those who received PGx testing

# Provider Testimonial

“I used PGx for a patient that I was having difficulty finding the right med for her anxiety, depression and ADHD. We tried PGx and it was very helpful in guiding my decision making. She is doing so much better now. I now recommend it to all my complicated patients.”

- Kim, Primary Care Nurse Practitioner, Western Michigan

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# Customized Disease Prevention Strategies: How Personalized Medicine is Being Used to Predict Best Treatment for Members

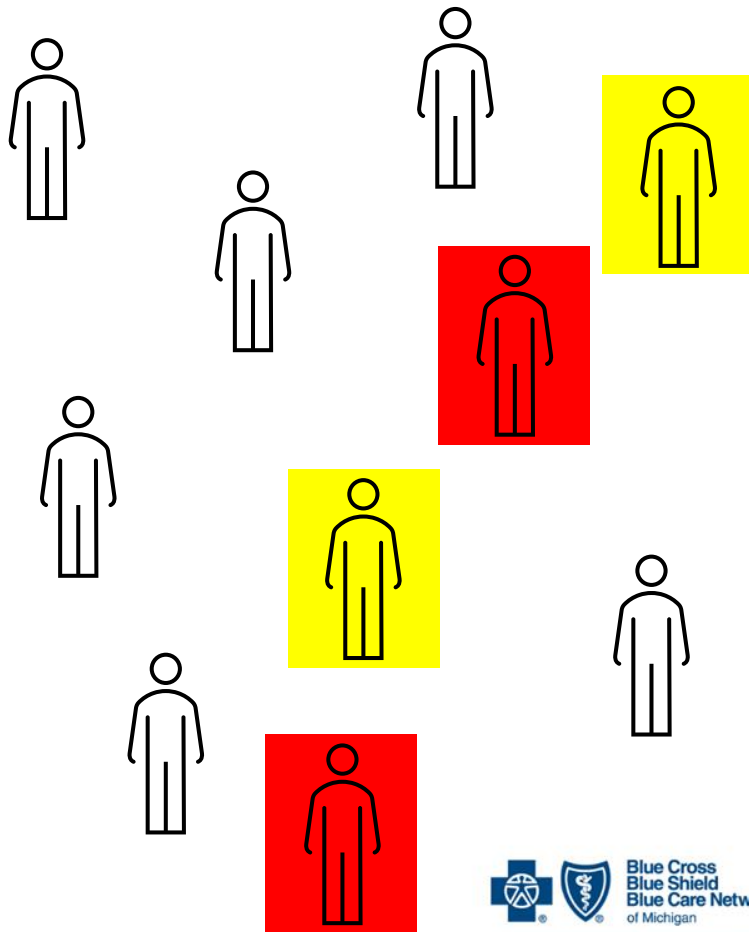
Amy Pasternak, PharmD, BCPS, Clinical Assistant Professor, Department of Clinical Pharmacy, University of Michigan College of Pharmacy



# Using Pharmacogenomics in practice

Not everyone responds to the same medication the same way

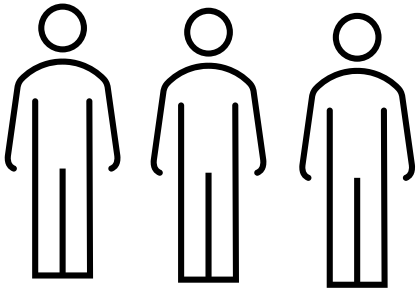
Adverse drug reactions are a significant contributor to emergency room visits and hospitalizations



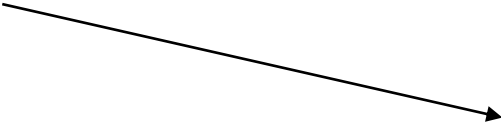
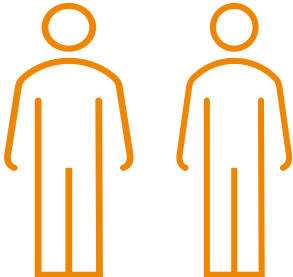
# Using Pharmacogenomics in Practice



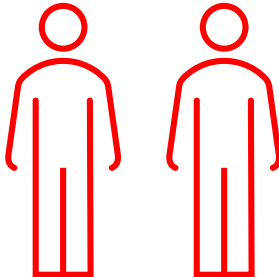
Use medication



Use the medication but at a different dose



Pick a different medication



# Oncology Case Study

Mr. J has been diagnosed with colorectal cancer. Will be treated with standard chemotherapy including fluorouracil

Begins treatment and is hospitalized after first dose with toxic side effects

Start treatment with a reduced dose

PGx testing could have identified Mr. J's risk for toxic side effects to fluorouracil



# Multi-disease Case study

Ms. L, 49, has a history of depression, high cholesterol, and recent heart attack

Undergoes PGx testing and reviews results with a pharmacist

Metabolizes escitalopram too quickly → switch to fluoxetine

Better chance for treatment response

Increased risk for muscle pain to rosuvastatin → use atorvastatin instead

Lower risk for side effects

Can metabolize clopidogrel → switch from ticagrelor to clopidogrel

Lower risk for side effects and cost saving



# Using Pharmacogenomics in Practice

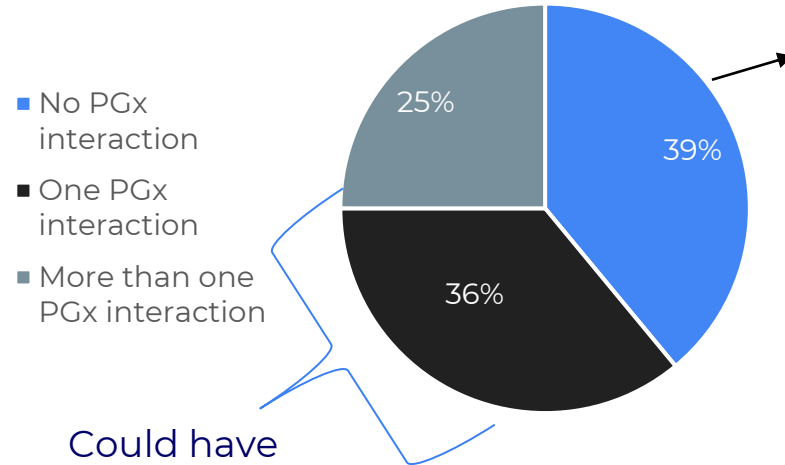
## RIGHT MEDICATION FOR THE RIGHT PATIENT AT THE RIGHT TIME

- Use a reputable laboratory
- Use evidence-based recommendations
- Consideration of non-genetic factors when prescribing
- Ability to continuously evaluate genetic findings for new medications
- Have a pharmacogenomic pharmacist's input

# Impact of Pharmacogenomics

- Up to 99% of individuals carry a PGx variation
- Medications with PGx considerations for treatment efficacy and/or side effects are very commonly prescribed:
  - Anti-depressants
  - Cholesterol medications
  - Pain medications
  - Acid reflux medications

## Pharmacogenomic (PGx) interactions in research cohort



PGx testing could help future medication needs

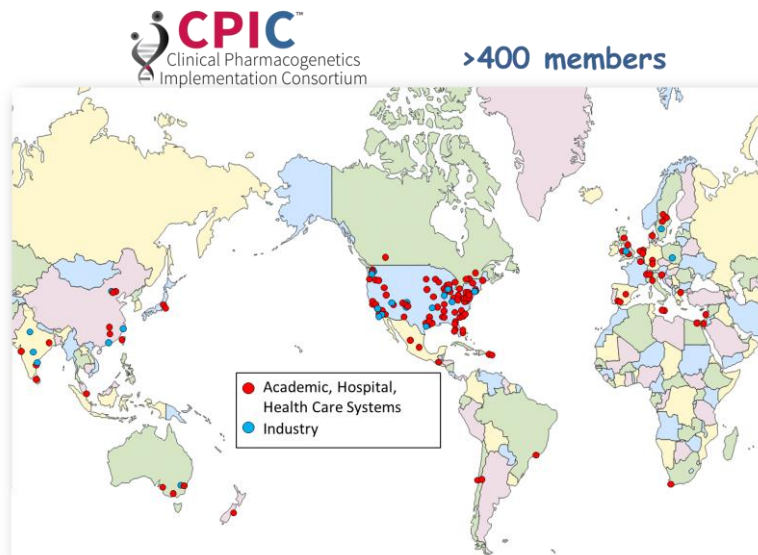
Could have benefited from PGx testing

Pasternak et al. CTS. Under review.

# Impact of Pharmacogenomics

- Help ensure personalized medication therapy across the patient's lifetime
- Clinical practice guidelines are being continuously developed to improve medication management
- Clinical specialists can help educate patients/providers and integrate results into prescribing

Pharmacogenomics is becoming broadly implemented



# Key Takeaways & Panel Discussion

- Blue Care Network serves as an incubator for the enterprise
- Deploying a Pharmacogenomics (PGx) program will augment Healthcare Value
- A successful PGx program requires intensive Provider and Member education
- BCN and its customers (employers) never receive any genetic information
- All genetic samples are secure, never shared and discarded per OneOme policy
- PGx changes and use of medications with PGx interactions are very common
- Applying PGx can improve treatment outcomes while decreasing treatment costs
- BCN has the first end to end PGx testing program in MI to benefit your employees

# Emerging Health Care Trends: Highlighting Innovative Solutions from Startup Companies in Behavioral Health, Addiction Treatment, and LGBTQ+ Care Spaces

Jessica McCarthy,  
Operating Partner  
of Sandbox Advisors

Robert Hart,  
Senior Director of  
Health Plan Markets,  
Owl

Kali Lux,  
Senior Vice President  
of Growth & Brand,  
Workit Health

Colin Quinn,  
President,  
Included Health  
Communities

# Sandbox Industries

Jessica McCarthy, Operating Partner of Sandbox Advisors



# Overview of Sandbox Industries



## Sandbox Advisors

### SANDBOX ADVISORS

- Sandbox Advisors' mission is to **improve lives** by solving our clients most **complex** and **transformative problems**
- Sandbox Advisors helps organizations define their portfolio through **transactions**, **partnerships**, and **pilots** to turn **strategic priorities** into **actions**



## Venture Capital & Investing

### BLUE VENTURE FUND

- Sandbox manages the Blue Venture Fund with over \$890M invested across four funds, on behalf of 36 Blue Plans/Affiliates.
- The fund connects startups with Blue Cross Blue Shield entities to create efficiencies, reduce costs and improve delivery in the changing healthcare marketplace.

### Sustainability Ventures

Sandbox Sustainability Ventures invests in transformative companies that are having positive environmental and social impact in addressing sustainable production, efficient distribution, and healthy consumption for all.

### Insurtech Ventures

Sandbox Insurtech Ventures invests in technology that is transforming the insurance and financial service industries by addressing unmet customer needs and addressing strategic priorities across the industry.



# The Blue Venture Fund is a unique collaboration between BCBS companies, BCBSA and Sandbox

## FUND I

Vintage 2008

\$116M Total Commitments

**11 Blue Plans & Affiliates**

### SELECT EXITS:



## FUND II

Vintage 2011

\$189M Total Commitments

**21 Blue Plans & Affiliates**

### SELECT EXITS:



## FUND III

Vintage 2016<sup>1</sup>

\$270M Total Commitments

**29 Blue Plans & Affiliates**

### SELECT EXITS:



## FUND IV

Vintage 2020

\$318.5M Total Commitments

**32 Blue Plans & Affiliates**

### SELECT EXITS:



## ENGAGEMENT

**100+**

TRANSACTIONS

**1K+**

BCBS  
PROFESSIONAL  
NETWORK

**6**

ADVISORY  
GROUPS

## IMPLEMENTATION

**200+**

PORTCO-BLUE  
CONTRACTS

**\$1.8B+**

REVENUE BETWEEN  
PORTCOS & BLUES<sup>2</sup>

**18**

SUCCESSFUL EXITS

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# BVF invests across three market areas: healthcare services, clinical, and health plan operations



\* Exited Company

Focus of today's discussion

# Behavioral Health

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# Behavioral health treatment is a huge driver of healthcare spend, but challenges remain



**\$250M**

Behavioral health represents the largest category of annual healthcare spend at ~\$250M



**\$400B**

Behavioral health complications drive ~\$400B in excess medical spend per year



**50%**

Only ~50% of people with mental illnesses receive care, largely due to access challenges



**25%**

The employed therapist workforce is generally unsatisfied, leading to high turnover rates of more than 25%



**35%**

Employees with unresolved depression experience a 35% reduction in productivity, contributing to economic losses totaling \$210.5 billion per year in absenteeism, reduced productivity, and medical costs



**52%**

Behavioral health has seen a huge increase in demand since the start of the COVID-19 pandemic, with ~52% of organization seeing increased demand for their behavioral health services

Source: Blue Venture Fund Analysis

# Behavioral health treatment is a huge driver of healthcare spend, but hurdles remain to adopting VBC models

## **Current Challenges:**

- Value-based care in behavioral health lags other “specialty” conditions, mainly due to challenges in measuring and tracking quality and outcomes.

## **Near-Term Outlook:**




- New entrant focus on measurement-based care signal push towards value-based care, shifting risk from payers to providers
- The initial push for value-based care will focus on offering multiple models with varying degrees of risk sharing, requiring employers to develop frameworks for defining specific outcomes, assigning patients to providers, and identifying costs
- Solutions to increase behavioral health access fall into two main approaches – increasing the number of providers (traditional BHOs, MSOs, behavioral health providers, and mental wellness resource offerings) and improving network capacity (measurement-based care companies and member navigation companies).

## **Future Outlook:**

- Value-based care may be the dominant payment method in BH, with an emphasis on shifting from upside-only shared savings to risk-bearing and actively pushing away fee-for-service models.

Source: Blue Venture Fund Analysis

# Newer entrants are focused on measurement-based care and quantifying both clinical benefit and employer savings

	Value-Based Care		Collaborative Care
Company	 <b>springhealth</b>	 <b>Owl</b>	 <b>concert</b>
Description	Spring Health offers mental health screening, personal support from a license care navigator, on-demand digital self-help tools, and access to coaching, outpatient psychotherapy, and medication management to more than 800 employers	Owl supports behavioral health organizations to better screen, guide treatment, and engage with patients through its measurement-based care platform. Platform insights improve clinical outcomes, expand access, and prepare for VBC	Concert Health helps independent physician practices deliver integrated behavioral health services to their patients, including care management, brief therapy interventions, and psychiatric consultation
Proof Points	<ul style="list-style-type: none"> <li>~70% of participants reliably improved mental health</li> <li>Average time to remission was 5.9 weeks</li> <li>Employees missed 25% fewer workdays</li> <li>Employees showed a 24% increase in productivity</li> <li>Higher job retention as employees were 60% less likely to leave their job</li> <li>The average workplace saved \$7K+ per participant within the first 6 months</li> </ul>	<ul style="list-style-type: none"> <li>89.5% patient engagement rate</li> <li>26% reduction in no-show rate</li> <li>14.6% increase in capacity with existing resources</li> <li>72.6% reduction in time to remission</li> </ul>	<ul style="list-style-type: none"> <li>For every \$1 spent on care delivered in the CoCM, there is a \$6.50 ROI in improved health and productivity</li> <li>Receiving care in CoCM, employers can see a combined cost savings of \$1815 per employee per year in health care spend and improved productivity.</li> </ul>
Recent Investment Activity	Raised \$190M Series C in Sep. 2021	Raised ~\$5M VC round in July 2022 and ~\$15M Series B in September 2020	Raised \$42M Series B in April 2022

**Better Data.  
Better Insights.  
Better Outcomes.**



Robert Hart, Senior Director of Health Plan Markets, Owl



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The Problem

# We Are in the Midst of a Behavioral Health Crisis

At \$250 billion, behavioral health represents the largest category of annual spend in healthcare



## Rising Behavioral Health Costs

**\$400 billion**

of excess medical costs per year from behavioral health complications



## Poor Outcomes are Pervasive

**~50%**

of people with mental illnesses receive care



## Care Supply and Demand Mismatch

**52%**

of BH organizations have seen a surge in demand & 25% annual staff turnover worsens access problem



## Lack of Evidence-Based Treatment

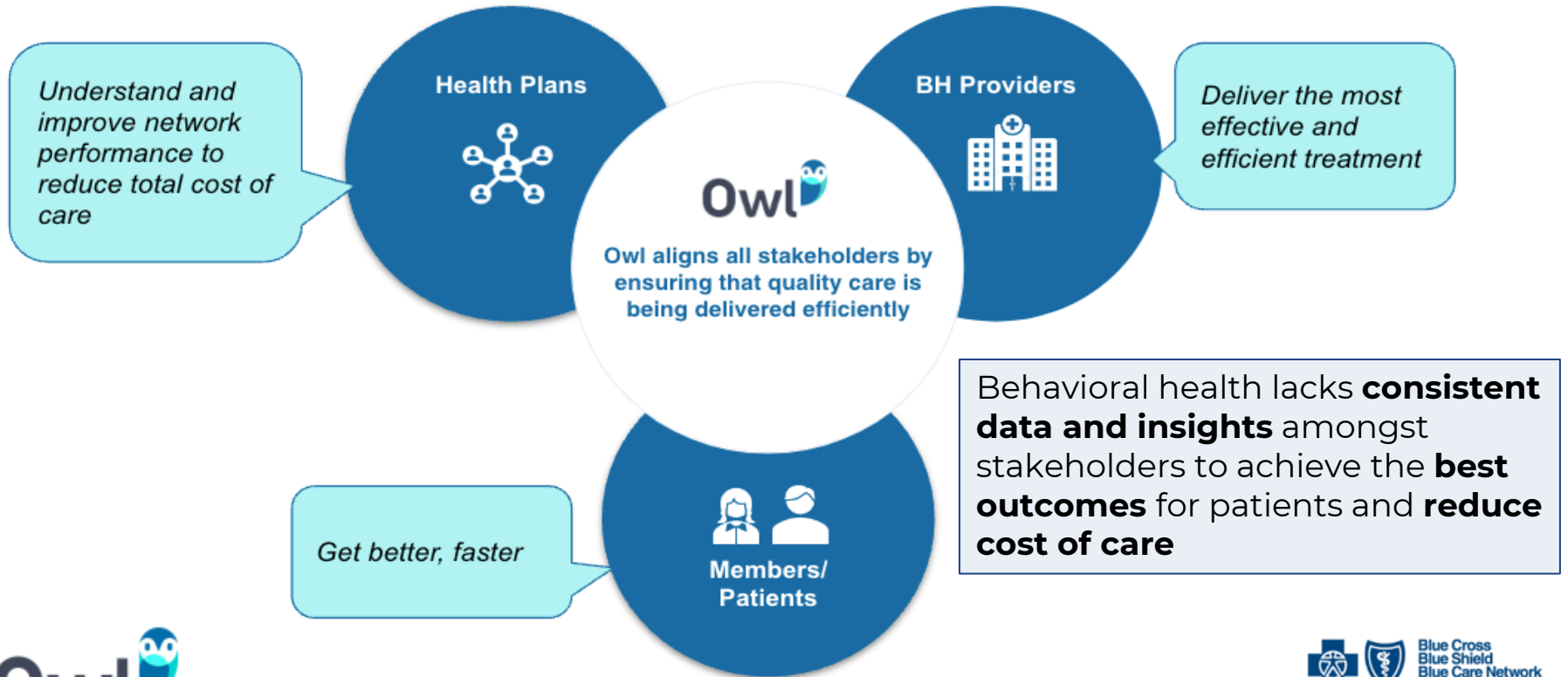
**18%**

of organizations use measurement-based care



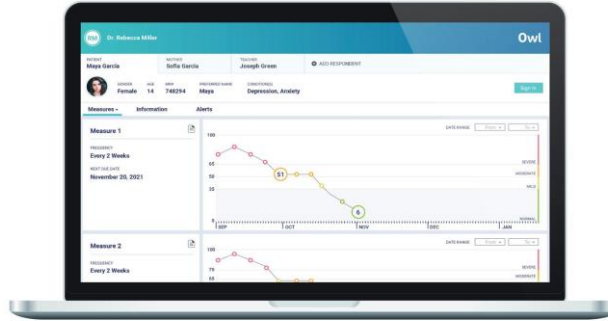
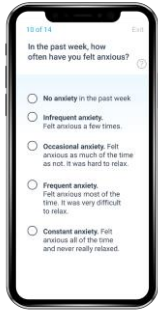
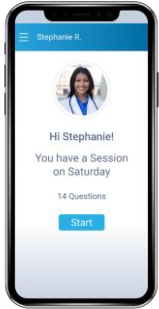


# Critical Behavioral Health Pain Points that Owl Solves



# Owl Platform

The Owl platform is designed for **all stakeholders** to gather and utilize standardized evidence-based care data to enable **high quality, cost-effective behavioral health care**.



## Patients

Engaging and Accessible

**90% engagement rate**



## Providers

Guides care to be effective,  
efficient

**56% faster time to  
remission, elimination of  
up to 30% visits**



## Health Plans

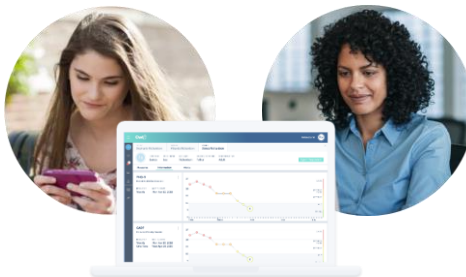
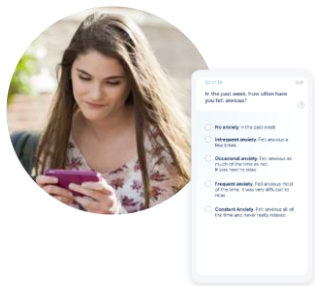
Assess and improve  
network while reducing  
TCOC

**Impact studies underway**

# The Key to Good Data

## What is MBC?

Systematic use of patient-reported data to monitor treatment progress and inform care decisions



**1. Member/Patient**  
completes evidence-based  
measures

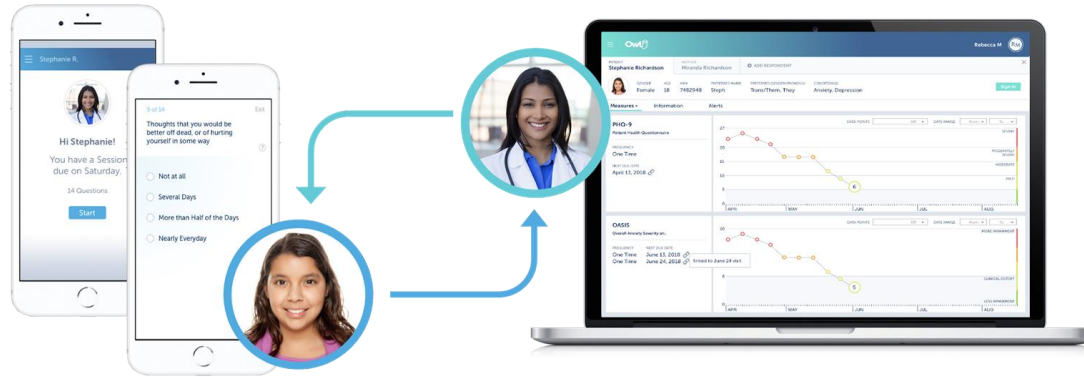
**2. Collaborative** review of  
progress informs treatment  
decisions

**3. Aggregated Data** provides  
population-level insights



The Owl Platform

# A Measurement Feedback System



Patient

Clinician

## Facilitates MBC

A cloud-based outcomes and analytics software platform support services (workflow/EMR integration, training, etc.)

## Large Library

Access to 300+ assessments/measures in virtually all behavioral health care domains



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# Addiction Treatment Solutions

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# Addiction continues to grow in scale, cost, and prevalence



**12.5 Million**

People misuse prescription opioids



**2 Million**

People are addicted to prescription opioids



**1,000**

Daily visits to ERs for misuse of prescription opioids



**66.5 Opioid Rx**

Per 100 persons in the United States



**25%**

of U.S. counties have 1 opioid prescription for every person in the country

*The cost of the opioid epidemic exceeds **\$500B** annually, or **3% of GDP**.*

*In 2015, the cost per member for an opioid patient was **5.6x higher** than the cost per member for all patients.*



**#1**

Cause of accidental death for adults in the United States



**5X**

Increase in overdose deaths from prescription opioids (1999-2016)



**76%**

Increase in heroin use in the United States (2011-2015)



**75%**

of new heroin users have previously abused prescription opioids



**19%**

Year-over-year increase in heroin overdose deaths

Source: White House Counsel of Economic Advisors, CDC, SAMHSA

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# Addiction treatment is moving past inpatient rehabilitation and into virtual and community-based settings

## **Current Challenges:**

- Deaths by overdose have been increasing since the pandemic and are at an all-time high, with over 100k deaths in 2021
- Efforts to push further acceptance of substance abuse management solutions
- Challenges in accessing addiction treatment persist due to facility capacity and changes to Medicaid enrollment policies
- Oregon decriminalized substances in 2020 and other states (e.g., Maine, Massachusetts, Rhode Island, and Vermont) have proposed decriminalization bills as well

## **Near-Term Outlook:**




- Solutions are currently focused on conducting online programs to increase accessibility and lower any barriers related to social stigma
- Virtual solutions have been proven to be as effective but not more effective in terms of retention, therapeutic alliance, and substance use as in-person solutions

## **Future Outlook:**

- As social stigma decreases, and substance abuse management becomes more accepted, more effective outpatient and virtual solutions will become the standard of care for substance use disorder



# Newer care pathways prioritize medication assisted treatment and offer hybrid treatment models

Company			
Description	<p><b>Solution:</b> Outpatient, in-person MAT for patients with opioid, alcohol, and methamphetamine use disorders. Patients are scheduled for their 1<sup>st</sup> appointment within 1-3 business days.</p> <p><b>Reach:</b> Over 200 addiction medicine providers and staff in 70+ clinics across 10 states.</p>	<p><b>Solution:</b> SUD home in a data-driven, multi-venue model. Services include addiction treatment, peer support, behavioral health, SDOH coordination. Wayspring operates in a full risk, capitated model.</p>	<ul style="list-style-type: none"> <li>• <b>Solution:</b> Virtual MAT and continuous psychosocial support, including evidence-based treatment (CBT, DBT), text support, and support groups</li> <li>• <b>Reach:</b> Members in 18 states, 100+ health plan partners</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• <b>87%</b> of patients report being abstinent from opioids for the last 6 months or more</li> <li>• <b>84%</b> of patients who used stimulants before treatment report they no longer use stimulants</li> <li>• <b>95%</b> of patients have had no ER visits for drug-related medical care since starting treatment</li> <li>• <b>96%</b> of patients have had no drug-related arrests or charges since starting treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>75%</b> referral rate from partner facilities</li> <li>• <b>1.5</b> touchpoints on average over first 8 weeks</li> <li>• <b>60%</b> retention rate for enrolled members</li> <li>• <b>\$577</b> PMPM savings per enrolled member per month</li> </ul>	<ul style="list-style-type: none"> <li>• <b>85%</b> success rate (vs 25% in traditional rehab)</li> <li>• <b>84%</b> one-month retention</li> <li>• <b>68</b> net promoter score</li> </ul>
Recent Investment Activity	<p><b>Undisclosed Financing History (\$35M raised to-date)</b></p>	<p><b>Raised \$75M Series D in September 2021</b></p>	<p><b>Raised \$118M Series C in October 2021</b></p>

Acronyms: SUD: Substance use disorder; MAT: Medication assisted treatment; SDOH: Social determinants of health  
CBT: Cognitive behavioral therapy; DBT: Dialectical behavioral therapy



# Emerging Health Care Trends: Highlighting Innovative Solutions in Addiction Treatment

Kali Lux, Senior vice President of Growth & Brand,  
Workit Health

# Newer care pathways prioritize medication assisted treatment and offer hybrid treatment models



- **Solution:** Outpatient, in person MAT for patients with opioid, alcohol, and methamphetamine use disorders. Patients are scheduled for their first appointment within 1-3 business days.
- **Reach:** Over 200 addiction medicine providers and staff in 70+ outpatient clinics across 10 states.



- **Solution:** SUD home in a data-driven, multi-venue model. Services include addiction treatment, peer support, behavioral health, SDOH coordination. Wayspring operates in a full risk, capitated model.



- **Solution:** Virtual MAT and continuous psychosocial support, including evidence-based treatment (CBT, DBT), text support, and support groups
- **Reach:** Members in 18 states, 100+ health plan partners

## Outcomes

- **87%** of patients report being abstinent from opioids for the last 6 months or more
- **84%** of patients who used stimulants before treatment report they no longer use stimulants
- **95%** of patients have had no visits to the ER for drug-related medical care since starting treatment
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**Undisclosed Financing History**

## Outcomes

- **75%** referral rate from partner facilities
- **1.5** touchpoints on average over first 8 weeks
- **60%** retention rate for enrolled members
- **\$577** PMPM savings per enrolled member per month

**Raised \$75M Series D in September 2021**

## Outcomes

- **85%** success rate (vs 25% in traditional rehab)
- **84%** one month retention
- **68** net promoter score

**Raised \$118M Series C in October 2021**

### Acronyms:

SUD: Substance use disorder | MAT: Medication assisted treatment | SDOH: Social Determinants of Health  
 CBT: Cognitive behavioral therapy | DBT: Dialectical behavioral therapy

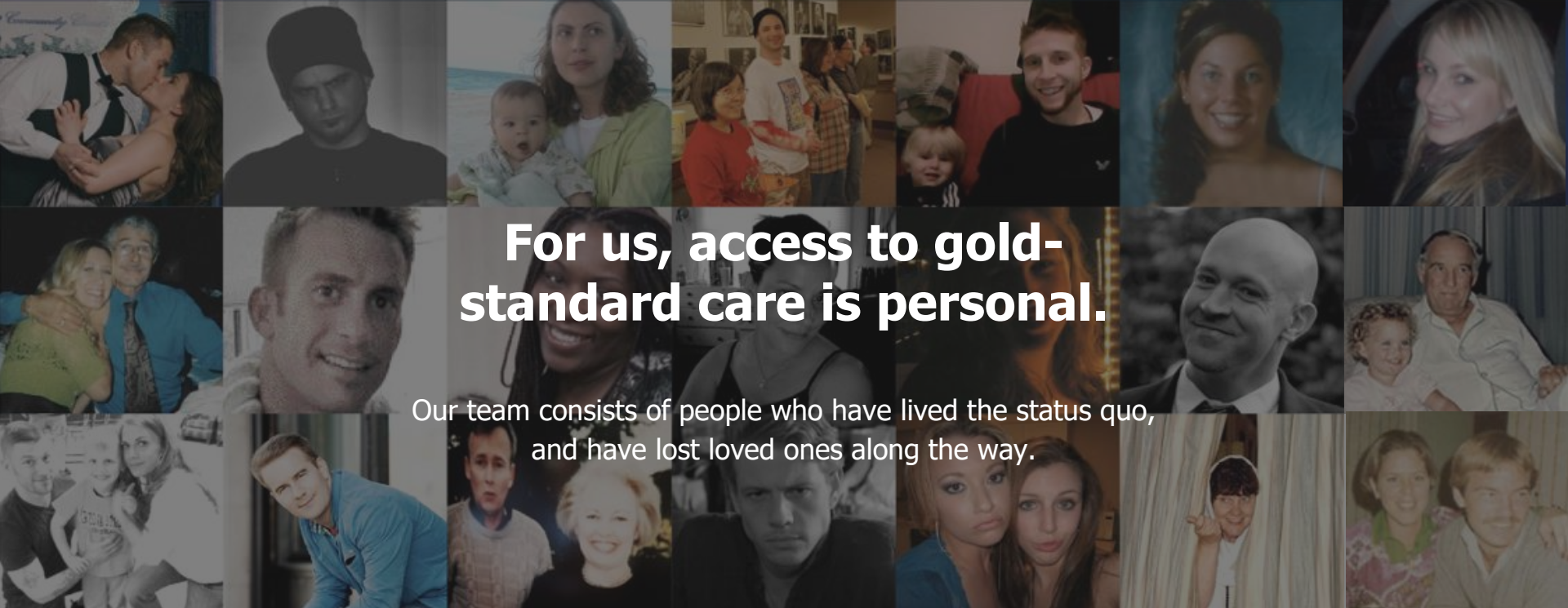


# Recovery, Reimagined.

Kate Monti, Chief Operating Officer

 **Workit Health**





# For us, access to gold-standard care is personal.

Our team consists of people who have lived the status quo, and have lost loved ones along the way.

**1 in 4**

Deaths Attributable to SUD

**\$740B**

Annual Cost of SUD in US

**600%**

Increase in Opioid-related  
Overdose Deaths Over 10 Years

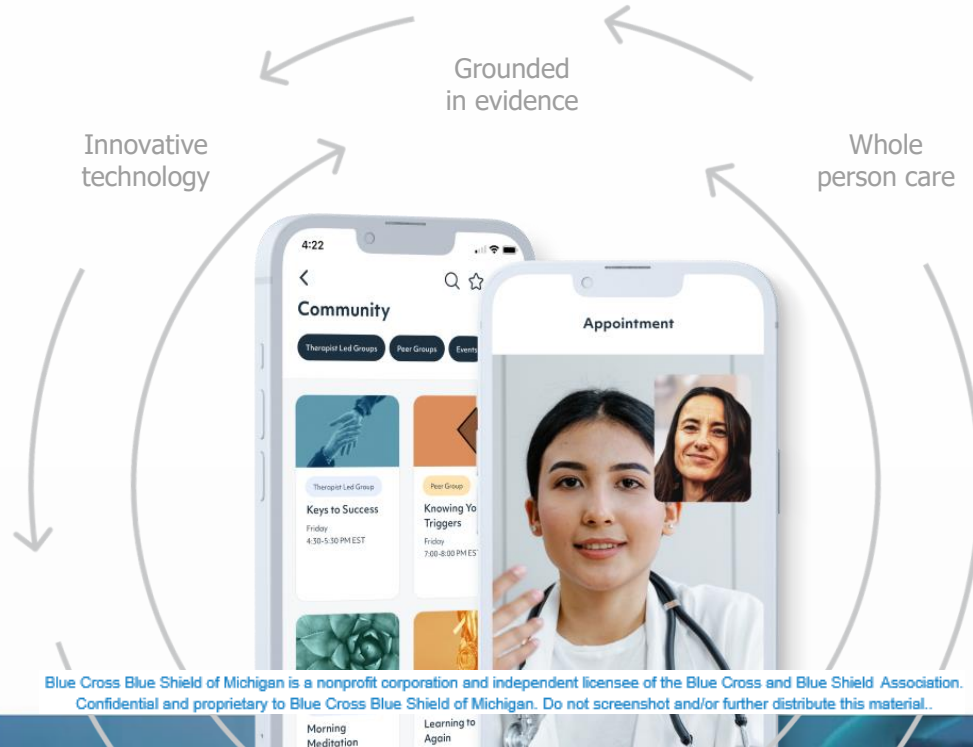
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Who We Are

# Innovative, Whole Person Addiction Care

Workit Health offers **low-barrier access** to **person-centered, evidence-based** substance use disorder care that includes both **medication** and psychosocial recovery support based on **CBT and motivational enhancement**.



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## Comprehensive Whole Person Care

### Comprehensive Medical Care

Clinicians meet with patients via Workit video conferencing that integrates with EHR for easy chart and record maintenance.

- Hepatitis C
- SDoH
- Primary Care
- Psychiatric Care
- Pregnancy & Perinatal Care
- Anxiety
- Depression



### Behavioral Health Support

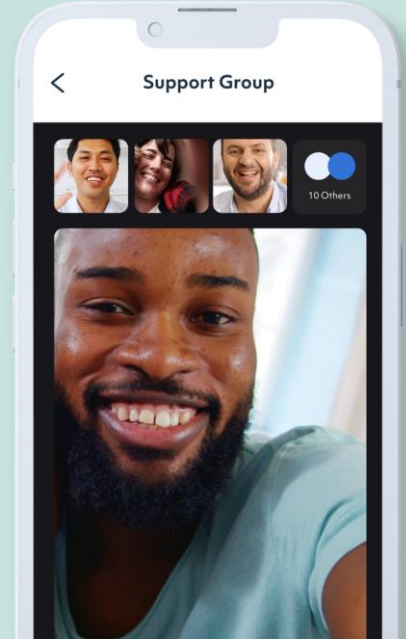
#### Weekly support groups

Counselor-led therapy groups at various times for maximum flexibility.

#### CBT and DBT therapy courses

5+ courses suggested per week, self-led and evidence based.

- Available 24/7
- Ongoing remote monitoring of depression and anxiety levels (GAD-7 and PHQ-9)



# Driving financial and clinical value through compassionate virtual care

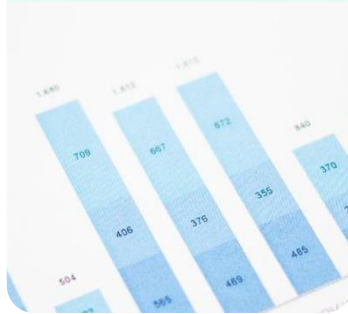
## Access

Reducing costs while increasing access to care. 1 in 4 of Workit members live in rural areas.



## Outcomes

Higher than average industry outcomes for engagement, retention, and adherence.



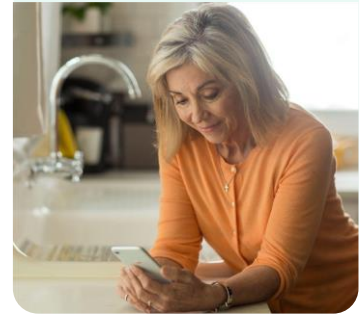
## Affordability & Simplicity

Our simple value based care bundle is more affordable than inpatient care.



## Approach

We believe successful recovery starts with a patient empowered approach to care. Each member sets their own goals and creates a care plan with their care team.



OUD CLINICAL OUTCOMES

## Comparison to Published Data on Retention in Care

Publication	Setting	Reported Outcome	Workit BCBS Michigan Outcomes
Weintraub et al.	Telemedicine, rural settings	50% retention at 3 months	<b>75% retention at 3 months</b>
Tofighi et al.	Telemedicine, beginning of pandemic in NYC	53.8% retention at <u>2 months</u>	<b>75% retention at <u>3 months</u></b>
Zheng et al.	Comparison of telemedicine and in-person treatment	50% retention at 3 months	<b>75% retention at 3 months</b>
Morgan et al.	In-person, national sample of commercially insured patients	69% retention at 1 month	<b>88% retention at 1 month</b>
O'Connor et al.	Systematic review of in-person treatment outcomes	19%-64% retention at 6 months (5 studies)	<b>73% retention at 6 months</b>





## Outcomes

# Beloved by Members

**30%**

Of new members hear about us from loved ones



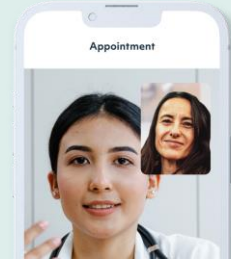
**68**

"Excellent" NPS



**4.7**

Average app store rating with 500+ reviews



**4.6 out of 5**

Average video rating



**9 out of 10**

Would recommend Workit to a friend



**3 minutes**

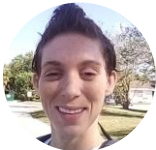
Average time members wait in the waiting room for their appointment



## Member Experience

# From our members

The Dr I have, Mrs Tracy is wonderful. She's not only rooting for me to succeed, but she has given me the tools and the medicine needed to fight this fight!! The coaches I've met have all been exceptional and so very welcoming and non judgemental! I highly recommend or anyone who needs help with this battle!!



**Jannie**

Workit Health Member



**Cameron**

Workit Health Member



**Lee**

Workit Health Member

Workit is an excellent resource for anyone struggling with an opiate addiction. before I was seeing multiple doctors and therapist. Now all those resources are readily available from your phone. I can't say enough good things about this program

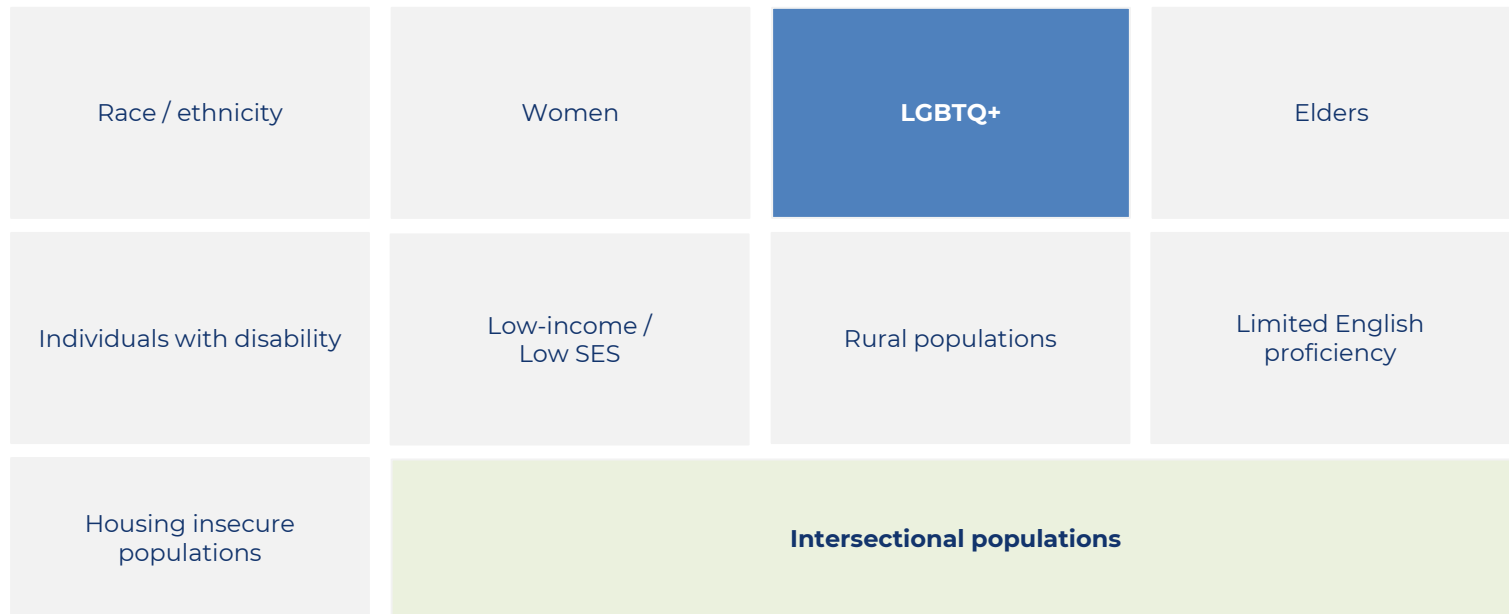
# LGBTQ+ Care

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# LGBTQ+ is one of the primary focus points for improving health equity



# Historical bias against LGBTQ+ community prompts the need for holistic, culturally competent solutions

## **Current Challenges:**

- Demographic and societal changes have promoted acceptance of identifying as LGBTQ+, which has led the population to double from 2012 to 7.1%
- The growing population has been noted to face discrimination and disparity in care, which has led to a growing demand in LGBTQ+ specific solutions for services (e.g., hormone therapy, mental health therapy, surgery, etc.)




## **Near-Term Outlook:**

- Employers have increased their support of LGBTQ+ benefits, with 67 percent of the Fortune 500 offering transgender-inclusive health insurance coverage (compared to 28% in 2012)
- Solutions are currently focused on providing concierge services for primary care, hormone therapy, voice therapy, and mental health.

## **Future Outlook:**

- The growing population and advancement of LGBTQ+ specific care services indicate a need to evolve the level of care provided
- Employers / payers will need to have comprehensive policies that cover gender reassignment surgeries and reproductive options

# LGBTQ+ focused solutions offer a wide range of services, prioritizing care navigation and support

Company			
Description	<p>Started as Included Health Communities, a concierge healthcare platform focused on improving health equity for LGBTQ+ employees</p>	<p>Offers virtual access to clinicians, at-home kits for medications, labs and supplies, hormone replacement therapy, HIV prevention, fertility testing, and other medical services tailored to the queer community</p>	<p>Telehealth platform focused exclusively on the transgender community which provides members with 24/7 access to gender-affirming care, personal consultations, lab testing, support groups, medical letters of support, and home delivery of prescriptions</p>
Outcomes	<ul style="list-style-type: none"> <li>• 60% increase in visits to top quartile providers</li> <li>• 2x+ return on investment</li> <li>• 69% change in treatment recommendations</li> <li>• 83% of members experienced an improvement in depression symptoms after 8 therapy visits</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual Healthcare platform offers consultations and prescriptions for general and sexual health in nearly all 50 states</li> <li>• NPS score of 85+</li> <li>• Expansion of sexual health and family creation offerings in 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical care model designed by a trans-led clinical team</li> <li>• Active in 42 states</li> <li>• Has served over 16K patients; reaching 93% of U.S. transgender population</li> </ul>
Recent Investment Activity	<p><b>Received undisclosed development capital in January 2022; Raised \$175M round in September 2020</b></p>	<p><b>Raised \$25M Series A in January 2021; Raised \$30M in Series B financing in October 2022</b></p>	<p><b>Raised \$24M Series B in August 2022</b></p>



# THE IMPACT OF AFFIRMING HEALTHCARE FOR LGBTQ+ MEMBERS

Colin Quinn (he/him)  
President, Included Health Communities

# THE LGBTQ+ HEALTHCARE EXPERIENCE



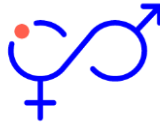
## Provider fit

**45%**

difficulty finding  
a PCP

**60%**

difficulty finding a  
Mental Health  
Provider



## Trust

**35%**

postpone or avoid  
care due to  
negative  
experiences



## Health risks

**43%**

diagnosed  
with anxiety  
and depression



## Cost

**50-75%**

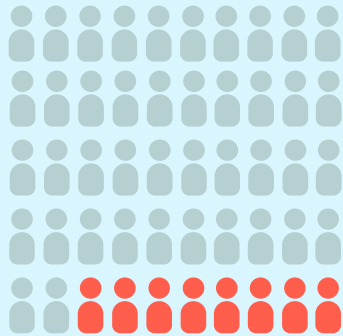
greater  
emergency  
department use



# LGBTQ+ HEALTH OVERVIEW

## EMPLOYERS

Covered population



## DEDICATED CARE COORDINATORS

Supporting LGBTQ+ members



### Connect

Provider matching  
with in-network  
Providers

### Guide

Benefits nav and  
personalized plans  
for holistic care

### Advocate

Support,  
resources, and  
advocacy for  
healthcare and  
more



## MEMBER IMPACT

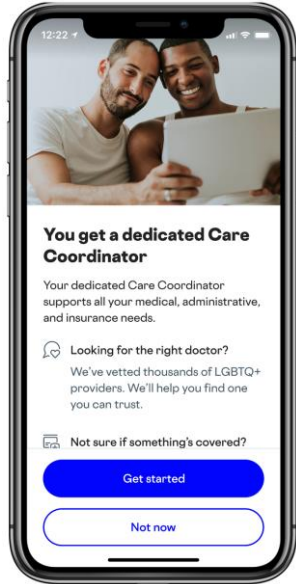
- **99% Satisfaction\***
- Improved confidence in the health system
- **Improved Health**

## EMPLOYER IMPACT

- Diverse Talent Acquisition & Retention
- **Higher quality, lower cost care** through in-network utilization
- **Increased trust** and awareness through coordination with PRIDE BRGs



# MEMBERS SHOULD FEEL SAFE, UNDERSTOOD AND SUPPORTED



## Community support

My daughter just told me she's gay. I'd love to talk to other parents who have had similar experiences.

## Mental wellbeing

I would like to find an LGBTQ+ knowledgeable therapist.

## Benefits navigation\*

I'm planning for upcoming care, can you tell me if that's covered by my plan?

## Physical health

How do I get PrEP or find a provider who knows more?

Can you connect me with an OB/GYN who will use my correct pronouns?

## Gender affirming care

I am transgender and want to have gender affirming surgery. Can you help me with my insurance and finding surgeons?

## Family Building

I am looking for an OB/GYN and / or a Fertility Specialist who is friendly to the community.

\*Navigation only available for health plan-sponsored benefits

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# ~15,000 VETTED PROVIDERS WITH RAPID EXPANSION

## PROVIDER FOCUS AREAS

- ✓ Gather member driven experience to confirm and validate culturally-affirming care
- ✓ Review qualifications against proprietary clinical and cultural scoring criteria
- ✓ Vet nuanced LGBTQ+ health specific clinical competence
- ✓ Continuously gather member feedback
- ✓ Partner with the carriers to maintain updated provider networks
- ✓ Confirm with the office when scheduling appointments for our members



**PRIMARY CARE**



**FAMILY BUILDING**



**CHRONIC CONDITIONS**



**GENDER AFFIRMING CARE**



**BEHAVIORAL HEALTH**

We go beyond traditional measures to vet high-quality, culturally-affirming providers who are in-network for our members.

\* If a member is looking for a provider that is not one of the 5 above, we still help

# BUILDING TRUST AND DRIVING ACTION

## LGBTQ+ Community focused comms

- Target launch communications for impact
- Leverage LGBTQ+ Community leadership team
- Anonymous launch questionnaire through Community's

## Identify a benefits associate to assist

- Benefits associate will be our liaison to help project manage from the employer side
- Provide knowledge transfer of vendor ecosystem and benefits coverage information specific to LGBTQ+ communities

## Just hit send!

- We'll create draft launch communication for your review. Just hit send!

Internal  
Newsletters

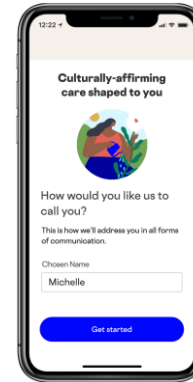
ERG  
Webinar

Benefit Portal  
Announcements

Digital  
Signage

Be Equal Allyship  
portal and  
Community-  
specific Slack/  
Teams

Leadership &  
DEI  
Endorsement  
Emails



# PROVEN LGBTQ+ BENEFITS LEADER

**99%**

member  
satisfaction

**+96**

net promoter score  
from clients

**97%**

provider match  
satisfaction

**4M+**

lives covered

“

Included Health has **literally changed the trajectory of my health** and mental wellness plan. I have avoided doctors for years out of fear and discomfort. By helping me find matches with providers, the majority of the weight was already lifted and my care coordinator was with me every step checking in. This service is quite literally a life saver.

# COMBATING THE “GREAT RESIGNATION”

On a scale of 1-10, if you were starting a new job, how strongly would the inclusivity of the health and wellness benefits package offered weigh into your decision?

**8.23**

**I value having access to** Included Health’s LGBTQ+ focused benefit for myself, my family, and/or my fellow employees.

**82%**

of respondents agree or strongly agree

**I have a higher respect** for my employer, because they offer Included Health

**83%**

of respondents agree or strongly agree

I am **more likely to stay at my current employer** because they offer Included Health as a no-cost benefit to me, my family, and/or fellow employees.

**60%**

of respondents agree or strongly agree

“

I have not, to date, needed any of the specific services that Included Health offers, but I have **a higher opinion of my employer than I otherwise would due to their presence.** I would much rather have them and not need them than the other way around.

# Clinical Innovation Summit: Speakers and Company Presentations



Included Health provides a concierge healthcare platform focused on improving health equity for LGBTQ+ employees



Owl is a software platform that allows providers to objectively assess a patient's behavioral health status, monitor individual and group outcomes, and analyze treatment efficacy and cost in behavioral health, chronic disease and primary care settings



Workit partners with employers and health plans to help find individuals at risk for substance abuse, aid in prevention, and manage addiction recovery via online programs

# Key Takeaways & Panel Discussion

## Included Health:

- First and only fully comprehensive offering to support the LGBTQ+ Community
- **MEMBER IMPACT**
  - **99% Satisfaction**
  - Improved confidence in the health system
  - **Improved Health**
- **EMPLOYER IMPACT**
  - 96 NPS
  - Diverse Talent Acquisition & Retention
  - **Higher quality, lower cost care** through in-network utilization
  - **Increased trust** and awareness through coordination with ERG's

## Owl:

- Behavioral health as an industry has historically relied on subjective approaches to treatment, but there is a better way using clinically-validated and peer-reviewed measurement-based care.
- Measurement-based care gives health plan members, their providers, and their health plan a common understanding of whether or not treatments are working and when or how to adjust.
- Measurement-based care leads to higher quality care and better outcomes for health plan members; Owl provides the technology and infrastructure to deploy measurement-based care programs at scale.

## Sandbox

### Value-based Care within Behavioral Health:

- Challenges in measuring and tracking outcomes have contributed to a lack of VBC adoption in behavioral health
- New market entrants focused on measurement-based care are making VBC a more feasible reimbursement method in behavioral health, allowing payers to share more risk with providers

### Addiction Treatment Solutions:

- Addiction and substance abuse have been of major concern since the start of the opioid epidemic, and the need for treatment has increased dramatically since the start of the COVID-19 pandemic
- As substance abuse management becomes more accepted, more effective outpatient and virtual solutions will become the standard of care for substance abuse disorder

### LGBTQ+ Care:

- The LGBTQ+ community has a rapidly growing population, with many employers now beginning to increase support of LGBTQ+ benefits
- New market entrants are currently focused on providing concierge services for primary care, hormone therapy, voice therapy, and mental health



# Afternoon Break

2:30-2:40 pm



# Healthcare Delivery Transformation: Innovation in Value Based Care through Provider Accountability and In-Home Care

Eric Towell RN, EMBA,  
FABC, Associate Chief  
Operating Officer Post-  
Acute Care,  
Administrator Michigan  
Visiting Nurses,  
Michigan Medicine

Soumya Rangarajan,  
MD, MPP, Clinical  
Assistant Professor  
Department of Internal  
Medicine. Michigan  
Medicine

Mike Sappington, CEO  
of TRIARQ Health, Vice  
President of Care  
Delivery Services, Blue  
Cross Blue Shield of  
Michigan

James Stephen, MD,  
Regional Medical  
Officer, Landmark  
Health



## Care at Home

Eric Towell RN, EMBA, FABC, Associate Chief Operating Officer  
Post-Acute Care, Administrator Michigan Visiting Nurses,  
Michigan Medicine

Soumya Rangarajan, MD, MPP, Clinical Assistant Professor  
Department of Internal Medicine. Michigan Medicine

# Care at Home – What’s in it for Me?

- Strong Partnership with University of Michigan Health and BCBSM
- Transformational and Innovative Care Delivery Model for BCBSM Members
- Future of Healthcare
- National Trend
- Safe, High Quality, Hospital-Level Care in the Home
- Multiple Pathways to Improve Access
- Lower Cost of Care
  - Decreased Length of Stay
  - Decreased ED utilization and readmissions
  - Decreased infection rates
- High Member Satisfaction
  - Patients can be home with family and their pets
  - Faster recovery times
  - Privacy and comfort of their own home
- Members Have A Choice

# Care at Home Video

Short Takes Video – November 22, 2022

<https://www.youtube.com/watch?v=j9qFuRGTVOs>

# Right Care in the Right Place at the Right Time at the Right Cost



## Goals:

- Improve Access and Throughput Across the Care Continuum
- Improve Inpatient Bed Capacity
- Reduce ED Utilization and Readmissions
- Deliver Safe High-Quality Care in the Patients Home
- Lower the Cost of Care

# Care at Home – Program Criteria

**Hospital Care at Home:** Management of patients with acute medical illness that would normally require hospital admission but do so in the patient's home.

## Program Criteria:

- Patients 18+ (not pregnant)
- Contracted Payers
- Live in Washtenaw County, Southern Livingston and Western Wayne geographic area
- Diagnoses: CHF, COPD, Pneumonia, UTI, and Cellulitis, COVID-19 and any other diagnosis that can *safely* be treated in the home.
- No consults required (or limited)
- No Major Complication or Comorbidity (MCC)
- Independent in self-care (ADLs) or have a caregiver to assist

- Inpatient Status – Required to meet inpatient InterQual criteria for admission
- Obs/Outpatient Status – It's not required to meet inpatient InterQual criteria
- Anticipated LOS
  - 3-5 days (Inpatient)
  - 1-2 days (Obs)
- Home environment must be safe with working utilities
- Has access to food

# Coordinating “Care at Home” to Serve Our Patients



Patient Monitoring at Home



Hospital Care at Home



Durable Medical Equipment



Community Paramedic Program



MLabs



Social Work/  
Care Management



Therapy



Home Med Infusion



House Calls MDs/NPs  
In person or Virtual



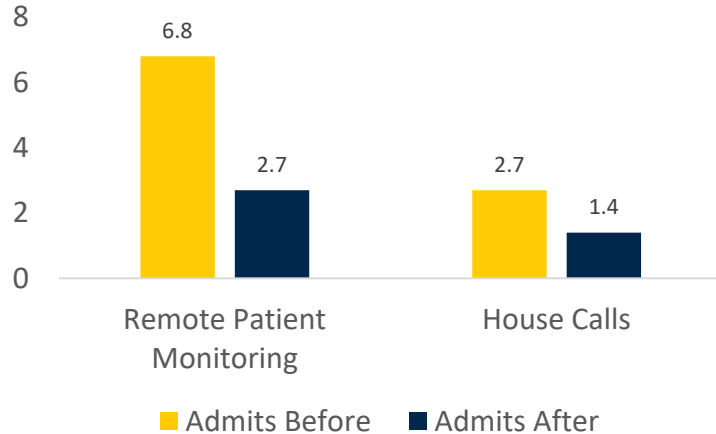
Nursing



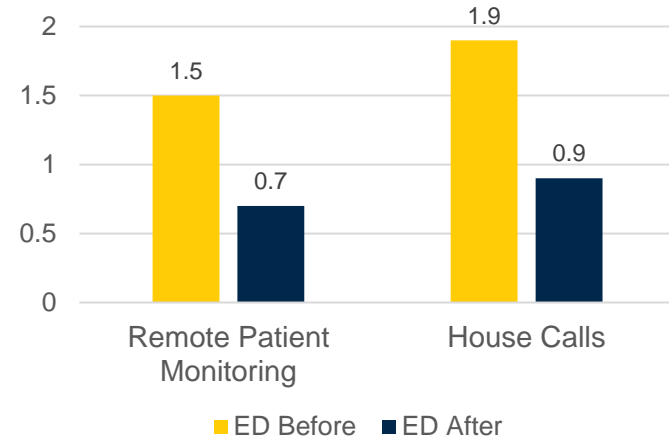
# Other Initiatives

# House Calls and Remote Patient Monitoring: Programs Impact

After a patient is enrolled in House Calls or Remote Patient Monitoring:



Annual hospitalizations are reduced



Annual ED visits are reduced

# Delivering High Value Care MSK Through a Clinically Integrated Network

Mike Sappington, CEO of TRIARQ Health, Vice President of Care Delivery Services, Blue Cross Blue Shield of Michigan



# VISION: ACHIEVING THE TRIPLE AIM BY ALIGNING AND REDESIGNING CARE AROUND QUALITY

## MISSION

**Simplify** and **ease** healthcare's shift  
To value-based care

## GOALS



People First



Value Minded



Inspired Growth

## PAYER & PROVIDER PARTNERSHIPS

TRUARQ | **TRANSFORMATIONS**

TRUARQ Health is a Physician Practice Services and Clinically Integrated Network that partners with doctors to run modern patient-centered practices so they can be rewarded for delivering high-value care.

TRUARQ | **VALUE**

**QUALITY | COST | COLLABORATION | INTELLIGENT**

TRUARQ | **PRO**

Performance Management

Technology & Services

TRUARQ | **COMPLETE**

Patient Engagement

Analytics & Optimization

## Fragmented Silo-Based Care

Discreet Patient Interactions  
Little, if any Care Coordination  
Volume Driven,  
Loose Affiliations & Referrals



**Fee for Service**

## Fragmented Silo-Based Care

Value based care evolving from procedure to diagnosis  
management  
Health Condition & Patient Centered, Care Teams  
Paid on Value & Outcomes



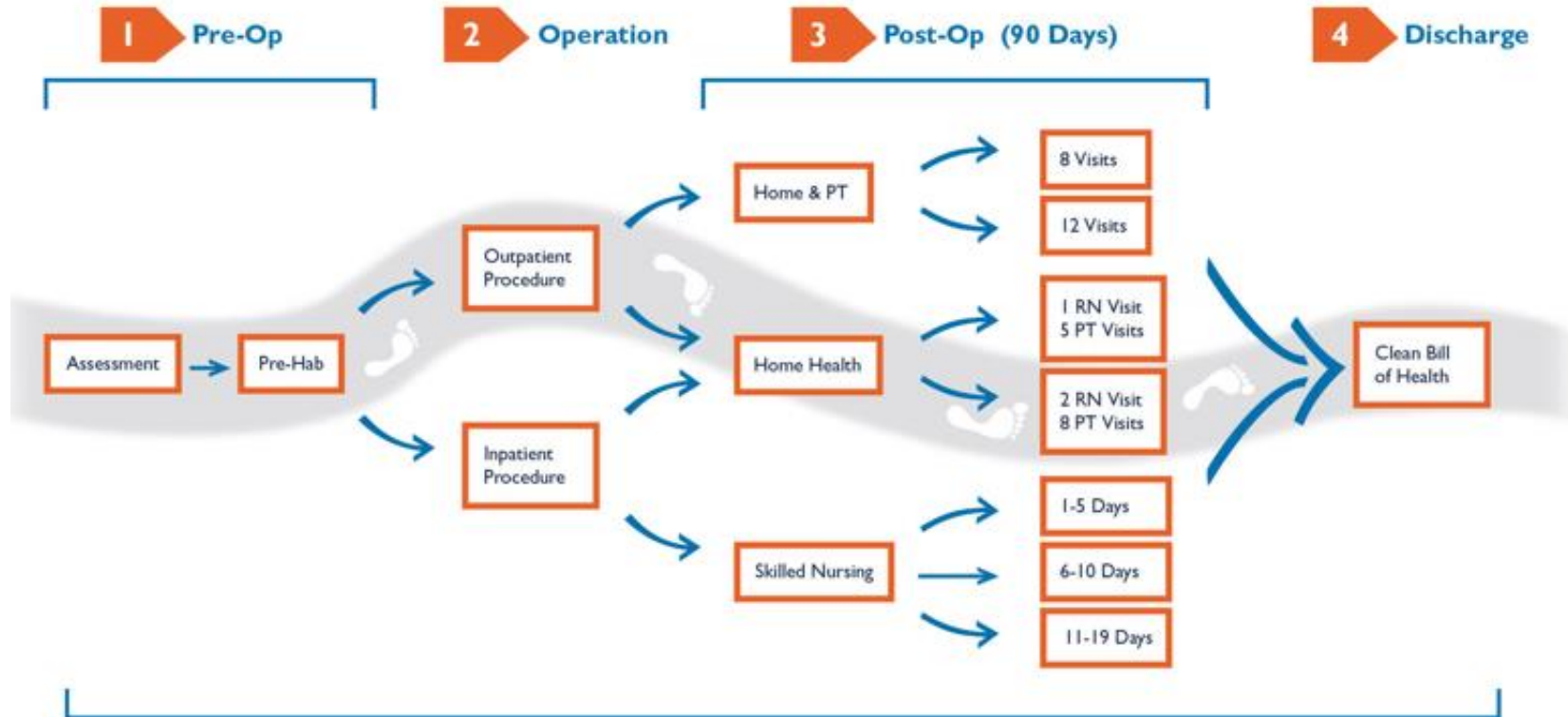
**Fee for Value**

# Delivering high value care through QPathways

- Evidenced based protocols, tools and services throughout the entire episode
- Industry-leading communication and engagement with patients and caregivers
- Our team of Care Managers follow and engage the Patient throughout the Pathway over the 90 days following surgery. Their responsibilities include:
  - Assessing the patient's condition, co-morbidities, and family support
  - Assigning a Care Pathway for the patient
  - Managing the transitions of care between all participating providers and facilities
  - Ensuring the care plan is followed
  - Employing remote monitoring to keep tabs on patients to ensure that they take care of themselves and to intervene, where necessary
  - Monitoring the patient's progress in real-time via patient phone calls, text messages, and web-based messaging
  - Collecting and managing the data about the episode (KKOS and HOOS)
- Patient Engagement is a cornerstone of our process
  - Monitor patient progress throughout the episode via app, video and phone call, text messaging
  - The Care Team also collects and monitors patient satisfaction data throughout the episode of care.



# Plan and pathway care management



Care Team, Care Tools, Patient Engagement, Participating Providers Engagement

# Care management pathways

## 1 (Direct to OP PT)

### Ideal and Recommended

- Patients that return to their home and attend outpatient PT after joint replacement recovery quicker and get back to their normal daily activities sooner.
- The patient may have comorbidities but is able to safely manage them at home.
- It is ideal and recommended that the patient has a support person at home with them after surgery so it is important to schedule the surgery for a time when that family member or friend is available to provide post-op support at home.

## 2A (Homebound)

### Homebound Requiring Minimal Level Assistance

- Patients can function with minimal assistance but surgeon feeds the patient should be checked on at home or the patient doesn't have transportation to outpatient PT.
- A physical therapist will visit the house onetime following surgery to ensure that the patient is doing well and instruct them to return to the physical therapy outpatient facility.

## 2B (Homebound)

### Homebound Requiring Higher Level Assistance

- Patient requires some assistance with ADL's, is a potential fall risk, has multiple comorbidities. Limited or no family support but can do some daily function.
- Home Health would be the option. Inform patient that they will be getting a physical therapist to visit the home twice a week for two weeks.

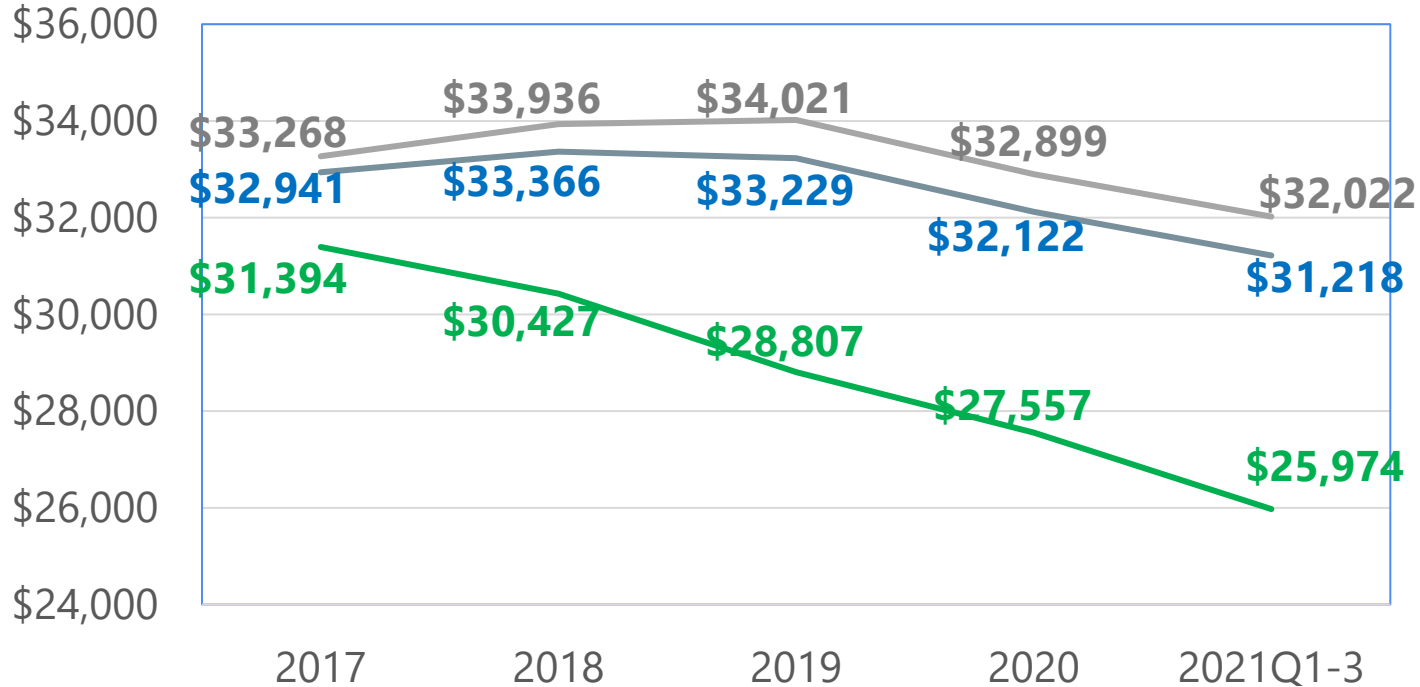
## 3 (Requires Nursing Care)

### No Support at Home Requiring Nursing Care

- Patients has no one to support them at home, they live alone, they cannot care for themselves, and will need someone to stay with them around the clock following surgery.
- Inform patient that their length of stay in the skilled nursing facility will be short at 5-7 days and they will return home with the secondary plan of outpatient physical therapy to follow.
- Inform the patient that their stay will be managed by the Care Coordinator to ensure that the appropriate LOS.



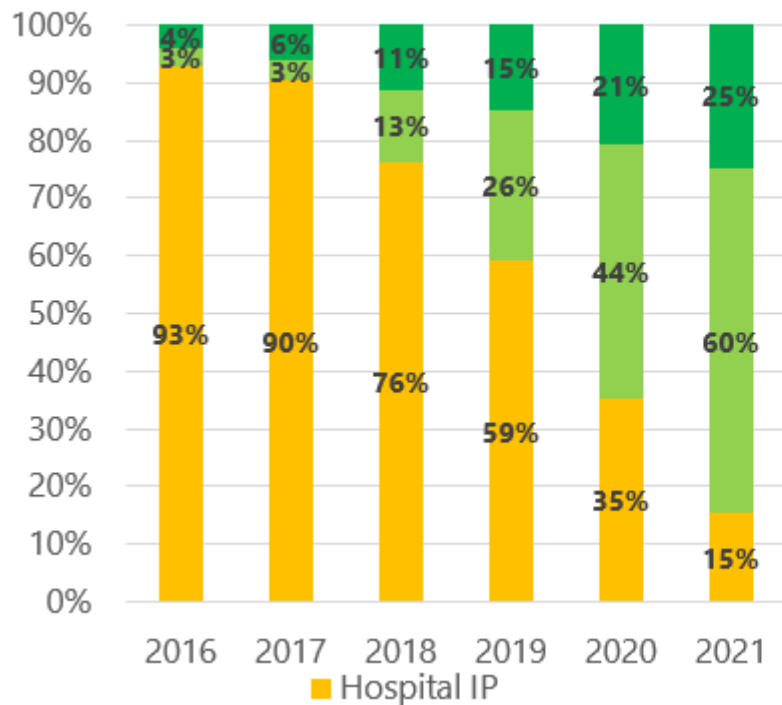
# Average commercial episode cost for hip/knee bundle



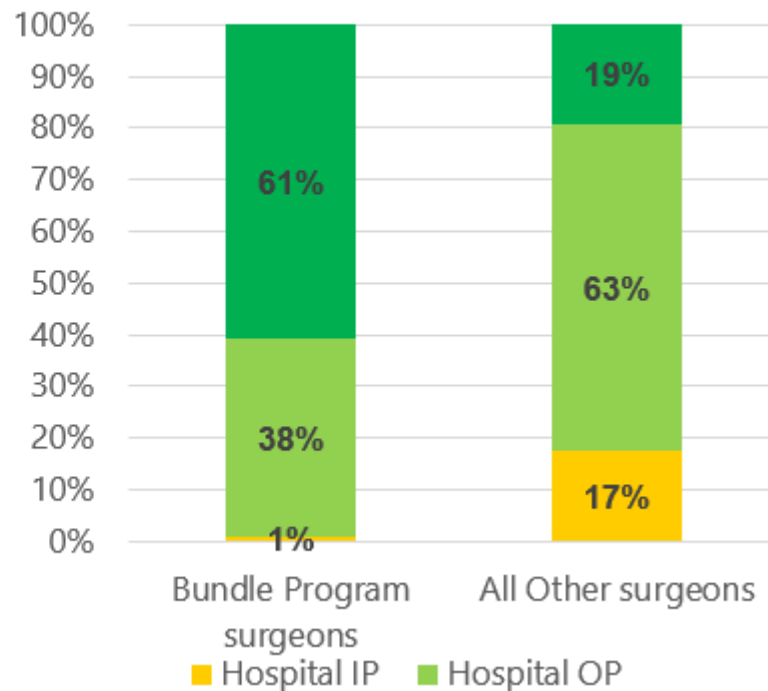
— Bundle Program surgeons — All Other surgeons — Total

# Impact on commercial surgery site of care

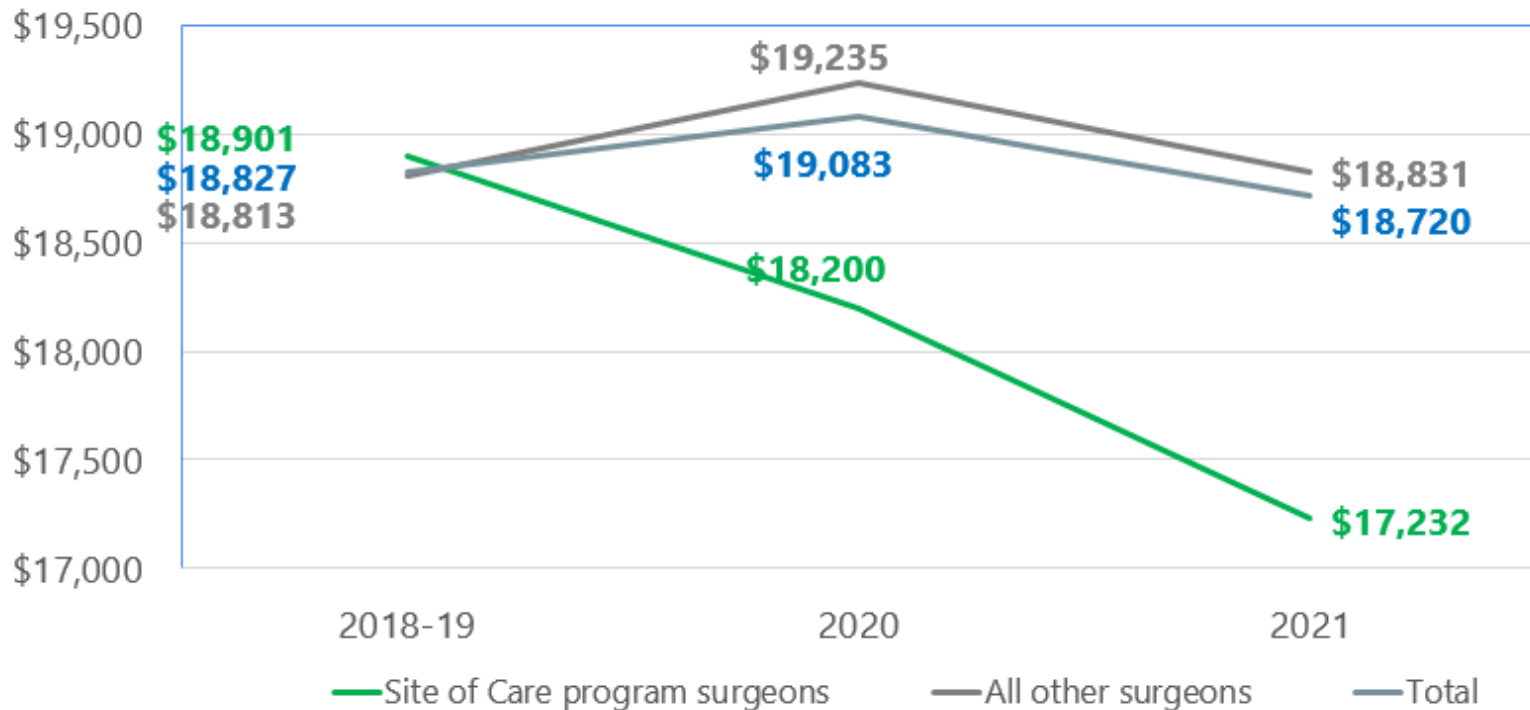
Statewide Trend



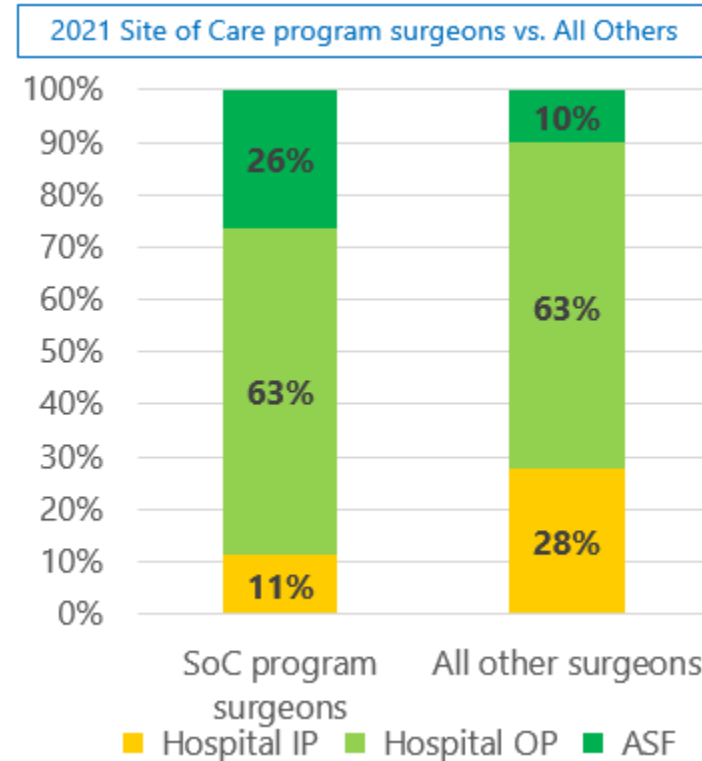
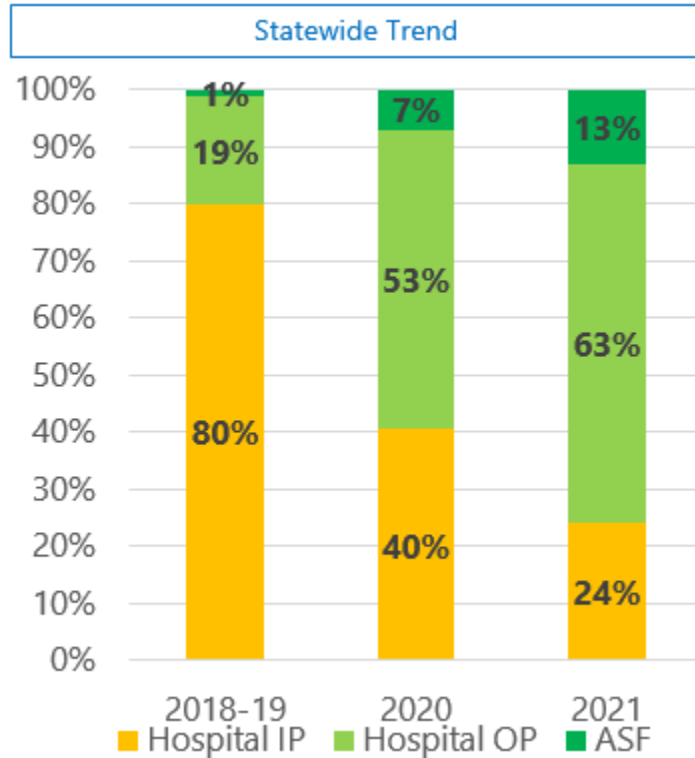
2021 Bundle Program surgeons vs. All Others



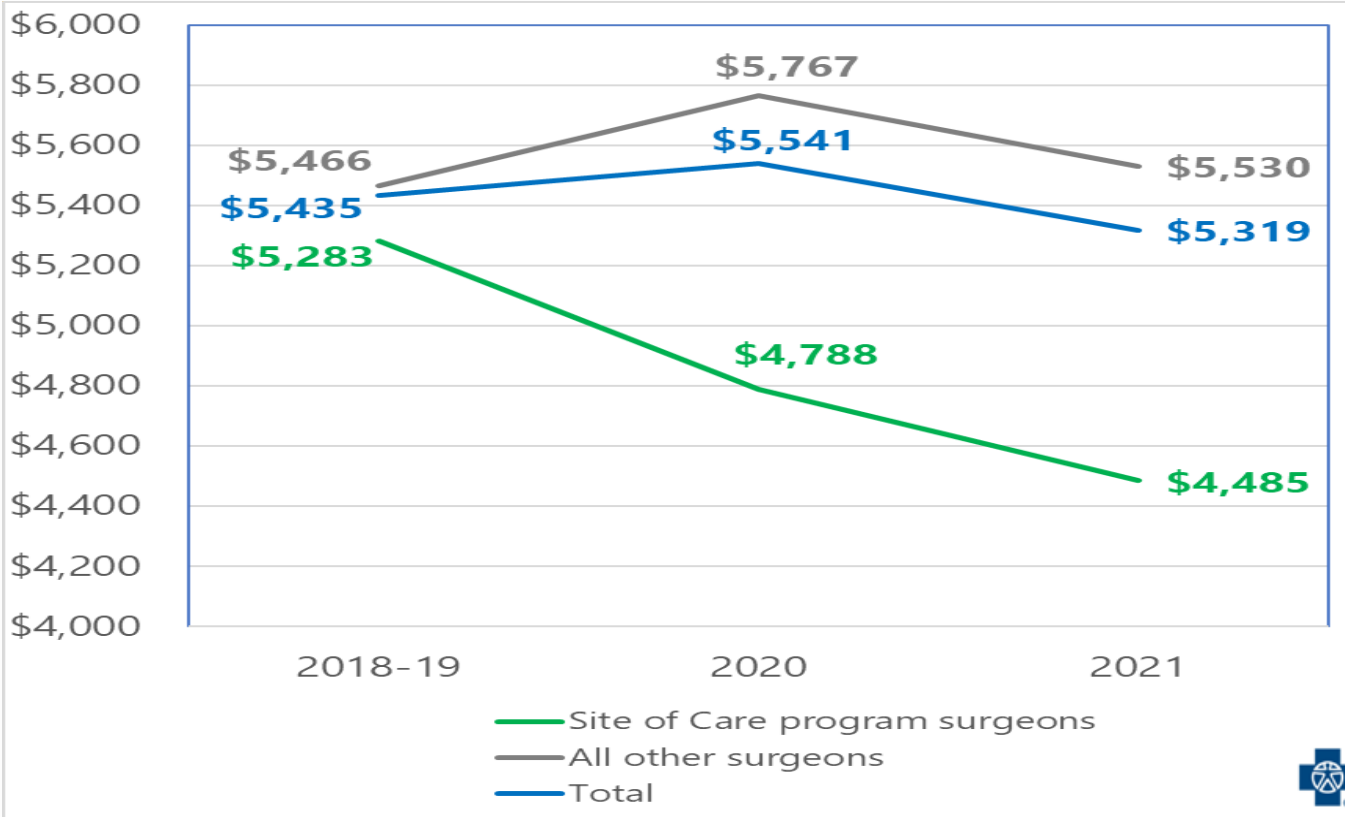
## Average MA episode cost (excludes SNF)



# Impact on MA moving site of care



# Impact on MA post-surgery cost management (excludes SNF)



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# Healthcare Delivery Transformation: Innovation in Value Based Care through Provider Accountability and In-Home Care

James Stephen, MD, Regional Medical Officer, Landmark Health



# Overview of Landmark Eligible Population

## Complex, high-risk & high utilizers....

**75**  
years old  
on average

**8.6**  
avg. chronic  
conditions

**16+**  
medications

**2.3**  
CMS Risk Score

**\$2,000+**  
PMPM Cost

## Without Landmark, one member will average\*....

1.5	ED/Obs Events Per Year
5	Avg. inpatient days Pear Year
4	Avg. SNF days Per Year
20%	IP Discharges transferred to SNF
19%	30-day all cause readmission rate
33%	90-day all cause readmission rate

\*Based on data from multiple Landmark markets

## ... receiving fragmented care...

**8.3**  
unique specialist\* visits per  
patient per year at baseline

**Issues other than medical conditions  
causing inpatient admissions** – much of  
which is only visible in the home setting

**Care is more reactionary than  
proactive**, as outpatient visits carry  
significant burden for patient & family

## ... with unique clinical needs

Sensory impairment  
(e.g., vision, hearing)

Reduced functional  
reserve

Risk of cognitive  
impairment

Sarcopenia &  
increased falls risk

Reduced renal  
function

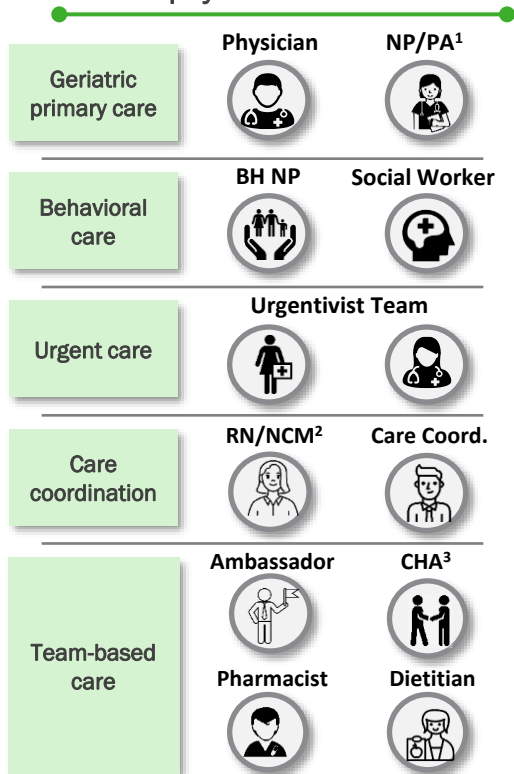
Increased risk for delirium

Often requires assistance from living facility, children, or community

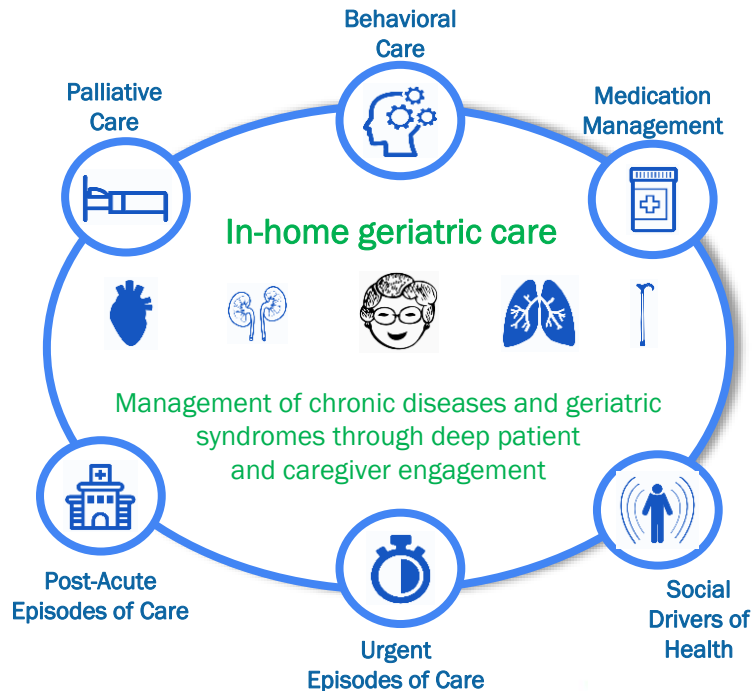
# Fully-Employed, Integrated Geriatric Care



Our Neighborhood Pod is physician-led...



...and delivers team-based geriatric care, with deep expertise across six Clinical Areas of Excellence



(1) Physician Assistant / Nurse Practitioner  
 (2) Nurse Care Manager (3) Community Health Advocate



# Caring for Landmark Eligible Patients

Landmark physicians and advanced practice providers partner closely with a member's PCP, home health, and/or hospice providers when delivering clinically-appropriate services in the home.

## Examples of in-home clinical interventions

### Longitudinal

- In-home medication reconciliation
- Screening for and management of social determinants of health
- Education and teaching about patient's chronic conditions, symptom management, and how to prevent or identify exacerbations early
- Care conferences with caregivers and family around advanced care planning
- Partnership, communication, and integration with PCP workflows
- Fall risk assessment
- Home food assessment

### Acute

- Real-time lab draw
- Catheter insertion and removal
- Use of steroids for clinically indicated, urgently treatable needs
- Acute wound care
- Urgent and acute management through First Call, 24/7 provider-staffed telephonic availability, and collaboration with emergency departments
- Diuretic administration for acute heart failure exacerbations
- IV fluid administration
- Antibiotic administration for serious infections



**All interventions are reported back to the PCP after each encounter**



# Patient Journey with Landmark

## High-Level Outline of Patient Journey



- Outreach calls
- Local outreach in community
- Pre-IVM welcome calls
- Initial visits: comprehensive program intake assessment
- Acuity review

- Interdisciplinary team involvement including SW, BH, Dietician
- Panel management using population health tools
- Ongoing clinical reviews with community partners

- Alert for urgent episode (e.g., call from pt/caregiver or community provider)
- Landmark First triage
- Urgent Episode of Care with close follow-up until stabilization
- Admission avoidance
- Communication to PCP to collaborate

- Coordination of care with inpatient care managers to transition home
- Comprehensive med rec
- Functional status review
- Re-evaluate goals of care
- Ensure PCP follow up visit scheduled

- Serious illness discussions occur throughout longitudinal visits
- Five Wishes, MOLST, Health Care Proxy forms completed
- Palliative approach to pt management
- Transition to hospice

Ongoing Care Coordination & Collaboration with:

Client



Community-based providers



LM Interdisciplinary Team

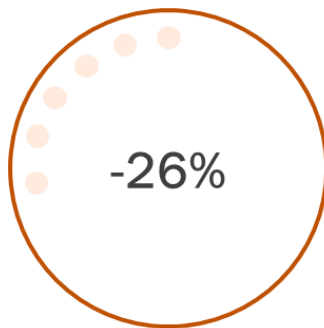


# Impact of the Landmark Program



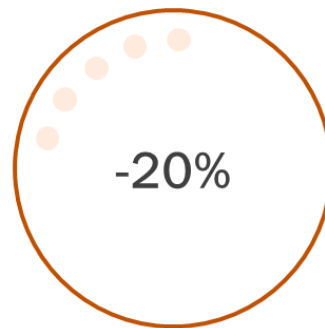
↓ Admissions

15-25% reduction in in-patient admissions per thousand (APK)



↓ Mortality

26% reduction in mortality within 12 months



↓ Costs

20% reduction in medical cost during the last 12 months of life



↑ Advanced Directives

90% completion rate of advance directives and increased use of hospice care

Metrics above reflect Landmark's experience for eligible patients nationally

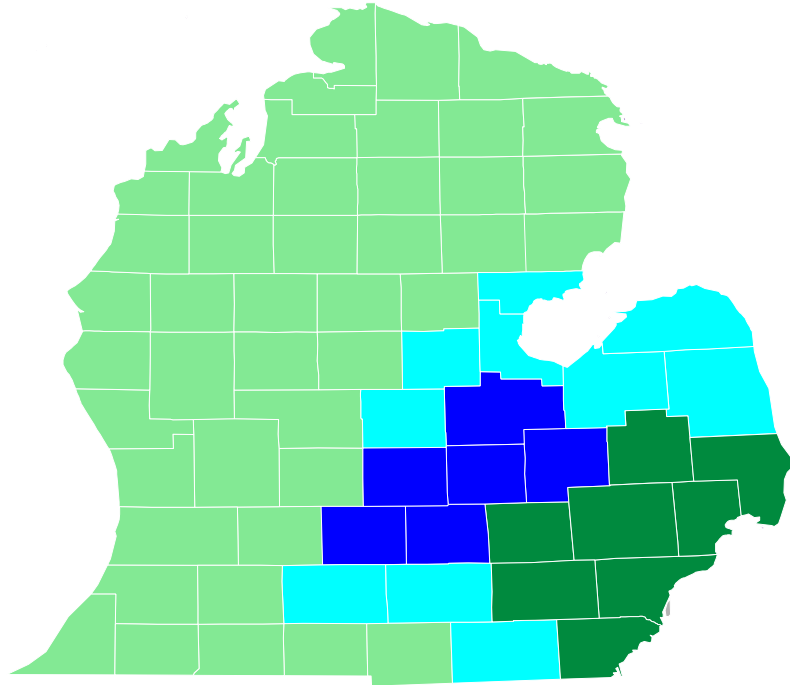


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# Landmark Service Area Throughout Michigan




With Landmark, Blue Cross Blue Shield of Michigan is adding access to high-intensity in-home care for their eligible Medicare Advantage population throughout the Lower Peninsula as explained in the legend below.


## Landmark Phasing Legend

-  **10/1/2021**  
Launched with UAW Retiree Medical Benefits Trust (URMBT)


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-  **7/1/2022**  
Expanded to all eligible Medicare Advantage members

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-  **10/1/2022**  
Expanded to all eligible Medicare Advantage members

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-  **1/1/2023**  
Expanded to all eligible Medicare Advantage members



# Key Takeaways & Panel Discussion

## Michigan Medicine

- Safe, High Quality, Hospital level care in the home
- Lower cost of care
- High member satisfaction

## TRIARQ

- TRIARQ is enabling physicians to perform high-volume, high value procedures in the right setting by establishing a care pathway and a care team which enables the doctor and provides the patient the confidence to receive the care in an outpatient setting and recover at home.

## Landmark

- Landmark is an in-home medical group that provides complex care for older adults
- Landmark collaborates with patients' PCPs and specialists to deliver patient-centered care and avoid preventable ER & IP visits
- The Landmark program is complimentary to the PCP's plan of care and aims to reinforce the PCP's care plan in the home & through intensive, interdisciplinary support
- Landmark partnered with BCBSM to provide high-intensity in-home care for eligible Medicare patients and, by 1/1/2023, Landmark services will be available across the Lower Peninsula
- The Landmark model helps lead to better health outcomes, reducing avoidable hospitalizations and increasing patient satisfaction

# Closing

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# Resources & Articles

Slide 8 - CQI Overview

[Improving the Quality of Health Care through 25 Years of Statewide Collaboration in Michigan | NEJM Catalyst](#) \*ask your CEM for the full PDF version

Slide 20 – Diabetes Statistics in Michigan  
[The Burden of Diabetes by State](#)

Slide 21 – Disparities  
[Diagnosed Diabetes Prevalence in Adults \(michigan.gov\)](#)

# Resources & Articles

Slide 30 – High Prevalence of COPD in Michigan

[Explore Chronic Obstructive Pulmonary Disease in Michigan | AHR \(americashealthrankings.org\)](#)  
[Data and Statistics - Chronic Obstructive Pulmonary Disease \(COPD\) | CDC](#)  
[State Estimates - Chronic Obstructive Pulmonary Disease \(COPD\) | CDC](#)

Slide 31 – Asthma Fact Sheet

[Asthma Statistics | Allergy & Asthma Network \(allergyasthmanetwork.org\)](#)

Slide 32 – COPD Fact Sheet

[GSK\\_COPD\\_patient-infographic.pdf \(chestnet.org\)](#)



# Resources & Articles

Dr. Michael Englesbe – Michigan Medicine

[Hospital and Physician Update \(bcbsm.com\)](https://bcbsm.com)

[How Collaboration Can Drastically Improve U.S. Health Care \(hbr.org\)](https://hbr.org)

Will Porteous – Maven Clinic

[Maven exec shares his family's \\$175k surrogacy journey | Employee Benefit News](#)

Colin Quinn – Included Health

[Included's LGBTQ+ Health Marketing Case Study](#) \*ask your CEM for the PDF