San Francisco Health Service System
Health Service Board

Board Forum

Care Coordination and Health Navigation

November 8, 2018
Agenda

■ SFHSS Strategic Goal

■ Considerations for Care Coordination  Health Navigation

■ Components of Health Navigation

■ Care Management Best Practices

■ Next Steps
SFHSS Strategic Goal—Engage and Support

Background: Partner with members and collaborate with stakeholders to advance health literacy and enhance engagement. Provide resources, tools, and services to support informed decisions and actions.

■ Objectives:
  
  — Guide members in selecting health coverage that best meets their needs at enrollment
  
  — Supplement with supportive resources to guide members with navigation and advocacy
  
  — Support members to stay well and get well with well-being programs, communication and engagement vehicles
  
  — Ensure programs, services, and service providers are integrated—ensure resources are easy to understand, and simple to use
  
  — Evaluate and improve engagement and health literacy of members on a continual basis
Considerations in Creating a Health Navigation Approach

- Define expectations for navigation to drive cost and quality levers
- Establish desired outcomes and priorities across multiple dimensions
- Create a vision for the member experience
- Set priorities for vendor capabilities
- Define role navigation should play in the broader ecosystem

**Desired Outcomes**

**Member Experience**

**Ecosystem Simplification**

**Vendor Priorities**

**Cost and Quality Drivers**
Successful Navigation Approach Focuses on Desired Outcomes and Priorities

Navigation should enable and enhance SFHSS’ benefit strategy, optimize the use of programs and resources, and drive better outcomes for the membership and organization.

- **Member Experience**: Simplify the experience and elevate perceived value of benefits.
- **Program Navigation**: Optimize use of programs and resources and track impact to direct ongoing program management.
- **Health Improvement**: Improve member health and reduce health risk factors.
- **Provider Selection**: Increase utilization of best providers based on cost and quality outcomes.
- **Cost and Outcomes**: Reduce cost trend and improve health outcomes.
- **Clinical Guidance**: Improve care and treatment decisions and reduce waste.
And Defines Capabilities Needed to Deliver Those Outcomes

- Depth and breadth of support
- Engagement with live resources and digital capabilities
- Use of data and algorithms to personalize interactions

Member Experience

- Resources to improve health and reduce risk factors
- Wellbeing support
- Proactive connection to programs

Program Navigation

- Education and problem resolution
- Integration with programs, vendors and resources
- 360 degree feedback loop

Health Improvement

- Ability to impact cost and trend
- Improvement in quality of care
- Employee engagement

Provider Selection

- Guidance to best providers based on cost and quality outcomes
- Real-time redirection of provider choices
- Appointment support

Cost and Outcomes

- Education and decision guidance
- Care navigation and logistical support
- Chronic condition management
- Engagement with providers

Clinical Guidance

- Employee engagement
The Right Balance of Live and Digital Navigation Support Can Achieve SFHSS Goals and Objectives

**Objectives**
- Guide members and ensure integration for ease of use and understanding
- Connect members to programs and services using various communication and engagement approaches
- Improve engagement and health literacy

**Live**
- I have a question about what my plan covers
- I need help finding the right doctor
- I want someone to make sense of these bills and forms
- I need help understanding my diagnosis and treatment options

**Digital**
- Point Solution?
- Advocate?
- Concierge?
- Clinical Navigator?
- Care Manager?
- Extension of Live Support?
- Hub?
- Consumer Engagement Platform?

**Consumer Engagement**
- Health Data
- Consumer Data
- Campaigns

**Connect to SFHSS Resources**
- Health plans
- Care management
- Behavioral health
- Expert opinion
- Telemedicine
- Transparency
- Prescription drugs
- Enrollment management
- Wellbeing
- Onsite services
- Customer service
What is Live Health Navigation?

Advocacy
- Education and problem resolution
- Refer to SFHSS resources
- Answer clinical questions, prepare for provider visits
- Look up in-network providers, explain how to use cost transparency
- Clinical assistance and support in decision making
- Care coordination, care management navigation

Health “Concierge”
- First point of contact—replaces health plan member services
- Takes lead on problem resolution, integrates with health plan and ecosystem
- Finds resources and sets them up; proactive involvement
- Replaces health coaching, disease management
- Works with providers on clinical issues
- Support provider selection and cost transparency

Care Manager
- First point of contact for providers—replaces health plan pre-certification, case / utilization management, disease management
- First point of contact for members—replaces health plan member services
- Complete coordination of care with provider and member

Implementation Barriers
- Generally not supported by health plans, require switch to TPA
- High fixed cost, with reliance on ROI

Point Solutions
- Expert Second Opinion
- Provider Selection
- Clinical Guidance
- Wellbeing

Low

High

Narrow ( $ PEPM) Scope of Services ( $$$ PMPM) Broad

Potential Impact
What is Digital Health Navigation?

- Extension of Live Support
  - Send questions/receive answers
  - Contextual chat
  - Share documents
  - Plan information

- Point Solutions
  - Provider Transparency
  - Wellbeing

- Hub
  - Digital self-service to connect to programs
  - Some use of data to drive personalization and outreach

- Consumer Engagement Platform
  - Health data-driven interventions and connection to resources
  - Consumer data algorithms to assess potential for engagement and set priorities
  - Machine learning

Potential Impact vs. Scope of Services:
- Low Narrow
- High Broad
A Sample to Match Navigation Vendors to Priority Focus Areas

Sample navigation vendors based on foundational competency

- Compass
- Grand Rounds

- Castlight
- Evive
- Mobile Health Consumer
- Welltok

- Compass PHS
- Health Advocate
- Optum

- Best Doctors
- Grand Rounds
- 2nd MD
- Optum
- Quantum

- Sharecare
- Redbrick Health

- Accolade
- Quantum Health

Provider Selection

Clinical Guidance

Digital Navigation

Advocacy

Concierge Support

Wellbeing
## Navigation Use Cases Across the Health Cycle to Drive Cost and Quality Levers

<table>
<thead>
<tr>
<th>Population Categories</th>
<th>Program Navigation</th>
<th>Provider Steerage</th>
<th>Clinical Guidance</th>
<th>Health Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td></td>
<td></td>
<td></td>
<td>▪ Health and Wellbeing Programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>▪ Disease Prevention</td>
</tr>
<tr>
<td>Simple Acute</td>
<td>▪ Advocacy</td>
<td>▪ Telemedicine</td>
<td></td>
<td>▪ Health and Wellbeing Programs</td>
</tr>
<tr>
<td>Limited care; no provider preference</td>
<td></td>
<td>▪ High Performance Primary Care Provider (PCP) / Specialist</td>
<td></td>
<td>▪ Disease Prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Lab and Radiology Steerage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Acute</td>
<td>▪ Advocacy</td>
<td>▪ High Performance PCP / Specialist</td>
<td>▪ Treatment Decision Support</td>
<td>▪ Health and Wellbeing Programs</td>
</tr>
<tr>
<td>Seeking provider / procedure</td>
<td></td>
<td>▪ Centers of Excellence</td>
<td>▪ Care Navigation</td>
<td>▪ Disease Prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Lab and Radiology</td>
<td>▪ Precertification</td>
<td></td>
</tr>
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*Healthy* No health issues

*Simple Acute* Limited care; no provider preference

*Intensive Acute* Seeking provider / procedure
## Navigation Use Cases Across the Health Cycle to Drive Cost and Quality Levers

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</table>
| **Chronic Disease** (New) Seeking provider | ▪ Advocacy  
▪ Expert Opinion, Behavioral Health / Employee Assistance Program (EAP)  
▪ Condition Management | ▪ High Performance Lab  
▪ Radiology and Durable Medical Equipment (DME)  
▪ PCP / Specialists | ▪ Condition Education  
▪ Care Navigation  
▪ Generics and Compliance / Adherence  
▪ Step Therapy | ▪ Health and Wellbeing Programs |
| **Chronic Disease** (Established) Coordinating care | ▪ Advocacy  
▪ Expert Opinion  
▪ Behavioral Health / EAP  
▪ Condition Management | ▪ High Performance  
▪ PCP / Specialists  
▪ Centers of Excellence  
▪ Lab, Radiology and DME | ▪ Precertification, Concurrent Review and Case Management  
▪ Generics and Compliance / Adherence  
▪ Step Therapy, Specialty Rx | ▪ Health and Wellbeing Programs |
# Navigation Use Cases Across the Health Cycle to Drive Cost and Quality Levers

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<tbody>
<tr>
<td>Life Threatening</td>
<td>Advocacy</td>
<td>High Performance Specialists</td>
<td>Treatment Decision Support</td>
<td>Health and Wellbeing Programs</td>
</tr>
<tr>
<td>(New Diagnosis)</td>
<td>Expert Opinion</td>
<td>Centers of Excellence</td>
<td>Care Navigation</td>
<td></td>
</tr>
<tr>
<td>Seeking physician</td>
<td>Behavioral Health / EAP</td>
<td>Lab, Radiology and DME</td>
<td>Precertification, Concurrent Review and Case Management</td>
<td></td>
</tr>
<tr>
<td>and/or second opinion</td>
<td>Care Giver Support</td>
<td></td>
<td>Generics and Compliance / Adherence</td>
<td></td>
</tr>
</tbody>
</table>

*Note:* The table above outlines various program navigation, provider steerage, clinical guidance, and health improvement use cases for life-threatening conditions, including seeking a physician and/or second opinion. The table highlights specific strategies and services aimed at driving cost and quality levers in health care management.
# Navigation Use Cases Across the Health Cycle to Drive Cost and Quality Levers

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<th>Health Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Life Journey</td>
<td>▪ Advocacy Expert Opinion</td>
<td>▪ High Performance Specialists</td>
<td>▪ Care Navigation</td>
<td></td>
</tr>
</tbody>
</table>
Care Management Best Practices: Migrating from Managed to Guided Care

Traditional - Managed Care

- Manage Benefits
- Address Benefit Exceptions
- Develop and Administer Networks
- Contract for Unit Cost

Optimize cost for the company

Future - Guided Care

- Focus
  High Opportunity Risk Groups
- Simplify
  Facilitating Access and Communication
- Measure
  Condition Specific Process, Result and Outcomes
- Verify
  Member, Physician & Employer Value

Optimize healthcare investments for the employee, their family and for the business

Costs and Units

Productivity & Engagement
Care Management Best Practices: Migrating from Managed to Guided Care

Traditional - Managed Care

- Poor patient/physician engagement
- Designed to address risks across the population
- Measure focused on process
- Lack of measurable vendor accountability
- Poor integration of behavioral health and substance abuse

Future - Guided Care

Patients make poor purchasers of health care and cannot actively drive clinical decisions.

- Identify high opportunity condition specific risks
- Encourage and invest in Primary Care Homes
- Facilitate member access to resource and to high valued specialists and services
- Recognize and enhance the use of behavioral health resources

Patients and their Physicians need help accessing and using current and future resources to deliver the optimum outcome.

Costs and Units

Productivity & Engagement
Care Management Best Practices: Migrating from Transaction to Relationship Focus

**Transaction Focus**
- Poor patient/physician engagement
- Designed to address risks across the population
- Measure focused on process
- Lack of measurable vendor accountability
- Poor integration of behavioral health and substance abuse

**Relationship Focus**
- Identify high opportunity condition specific risks
- Encourage and invest in Primary Care Homes
- Facilitate member access to resources and to high valued specialists and services
- Recognize and enhance the use of behavioral health resources

**Patients and their Physicians need access to resources to deliver the optimum outcome.**

**Costs and Units**
- Traditional - Managed Care
- Future - Guided Care
Care Management: Functionality

**OBJECTIVE**—Maximize savings and improve outcomes while making effective use of health care investments to make employees more productive, more healthy, and creating a more positive personal experience.

**STRATEGIC FRAMEWORK FOR CHANGE**

### Impactable risks / conditions

**Approach #1**
Enhanced Care Management
Health plan driven. Member focused. Continue member services. Turn off traditional, disease management (DM) / care management (CM). Refocus resources to address and measure impactable conditions, reinforcing the physician and patient relationship.

**Approach #2**
Facilitated Care Management
Partial carve-out, vendor driven, member / physician focus. Turn off traditional DM / CM and refocus resources to facilitate and measure specific impactable condition care and resource access. Interface with health plan member services, parts of utilization management (UM) and vendor ecosystem.

**Approach #3**
Guided Care Management
Carve-out, vendor driven, member / physician focus. Replace health plan member services, DM / CM, measuring the outcomes based on specific impactable condition care. Interface with vendor ecosystem.
Navigation Effectiveness: Cost Efficiency Index

- What is it: A multi-employer benchmark derived to match your population based on geography, demographics and comorbidities. The resulting norms compare the group to typical employers in the market across key cost and utilization metrics, identifying opportunities and monitoring interventions over time.

![Graph showing Group vs Employer Norm](image-url)
## Care Management Spectrum

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Current</th>
<th>Future (Traditional DM is eliminated)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Future Pathway</strong></td>
<td><strong>Traditional Care Management</strong></td>
<td><strong>Enhanced Care Management</strong></td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Health plan member services, disease management (DM) / care management (CM)</td>
<td>Health plan driven. Member focused. Continue member services; refocus resources to address impactable conditions and reinforce the physician and patient relationship.</td>
</tr>
<tr>
<td><strong>Point Solution Integration</strong></td>
<td>No, but may consider second opinion</td>
<td>No, but may consider second opinion</td>
</tr>
<tr>
<td><strong>Manage Cost and Deliver Value</strong></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Embrace innovation and Change</strong></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Employee Experience</strong></td>
<td></td>
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Digital Hybrids: Clinical Evidence Continuum

Candidates for Evaluation in an RCT
Some promising observational studies but no RCTs yet

Candidates for Adoption
At least one RCT

Candidates for Inclusion in Clinical Guidelines:
Multiple positive meta-analysis

Potential Disappointments – More Study Required
Study results have not been consistently positive

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Source:
Next Steps

- Prioritize desired outcomes for care coordination and health navigation for 2020 – 2022
- Assess capabilities of health plans and third party vendors
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