

# HPIR Pulse

## Insights from the Health Plan Innovation Roundtable

---

Fall 2019 Sessions



---

# Contents

- 1 HPIR Overview**
- 3 Fall 2019 Cycle**
- 9 Case Study**
- 11 Member Sharing**
- 12 Traction Award Winners**
- 13 The Inevitability of PBM  
Disruption: What's Next for Rx?**
- 14 The Opportunity to Collaborate  
and Drive Innovation**

# HPIR Overview



**ABOUT HPIR** The Health Plan Innovation Roundtable (HPIR) is a collaborative group of regional health plans and an innovation accelerator. Leveraging observations and learning from the Employer Health Innovation Roundtable (EHIR), and the strategic insights of its investment banking and principal investing partners at TripleTree and TT Capital Partners, HPIR creates a catalyst to streamline innovation efforts into a sustainable and proactive process. A hallmark of HPIR is the ability to identify and prioritize emerging solutions and companies that advance the strategic priorities of its health plan members. HPIR is laser focused on innovation, with a mission to drive impact through the adoption of transformative healthcare solutions.

## MEMBER VALUE

- » Intimate and collaborative forum to network and share challenges/ideas with a nimble group of progressive peers
- » Leverage the HPIR innovation model to streamline innovation efforts and numerous one-off vendor requests and interactions into a centralized and repeatable process
- » Opportunity to proactively address emerging trends and engage with the innovative solutions gaining the most interest from leading employers
- » Opportunity for regional health plans to differentiate their value proposition in their local markets

## MEMBER COMMITMENT: ENGAGEMENT, ACTION, SHARING

- » Exec-level decision-maker engagement in our innovation process and participation in our Spring and Fall meetings
- » Commitment to explore pilot implementations with one or more new solutions each year
- » Willingness to share results and learnings from recent implementations with the group

Now entering its third year, the HPIR model is gaining momentum and strength as members are forming trusted bonds, engaging in open dialogue, and collaborating with fellow members to understand the effectiveness and capabilities of innovator companies. This second edition of HPIR Pulse summarizes the key observations, opportunities and outcomes that surfaced during the October 2019 HPIR member meetings – with the goal of providing insight to help entrepreneurs and innovator companies engage with health plans in the future and consider HPIR as a resource to advance their growth agenda.

# HPIR Members

## Cohort 1

 HIGHMARK®

 MEDICA®

 PriorityHealth

 Sutter Health

 PREMERA | BLUE CROSS

 TUFTS Health Plan

## Cohort 2

 Allina Health

 aetna®

 Blue Cross of Idaho

 South Carolina

 CareFirst®

 HCSC  
Health Care Service Corporation

The background is a dark teal color with several lighter teal circles of varying sizes. Inside these circles are white line-art icons representing various medical and scientific concepts: a flask and beaker, a delivery truck with a cross, a magnifying glass, a microscope, a hospital bed, a heart rate monitor screen, a pill, a stethoscope, a DNA helix, a brain, and a heart with an ECG line. A large, faint white outline of a heart is also visible in the center.

# FALL 2019 CYCLE

# Health Plan Priorities

HPIR members are focused on a number of important topics that support their respective strategic priorities. Common macro themes focus on the healthcare consumer, enable new approaches to care delivery, address a more holistic approach to healthcare, and leverage data to drive action across the healthcare delivery system.

More targeted focus areas are established by HPIR members in advance of each bi-annual HPIR session and are used to identify the innovative companies invited to present to HPIR members at each meeting. The Fall 2019 priorities helped determine the eighteen companies (noted on pages 8-11) that were invited to present at the October 2019 HPIR sessions.

## Cohort 1



**Behavioral / Mental Health**



**Member Engagement**



**Care Delivery Innovation**



**Data Analytics**



**Social Determinants of Health**

## Cohort 2



**Behavioral / Mental Health**



**Member Engagement / Payments**



**Care Delivery Innovation**



**Health Navigation**

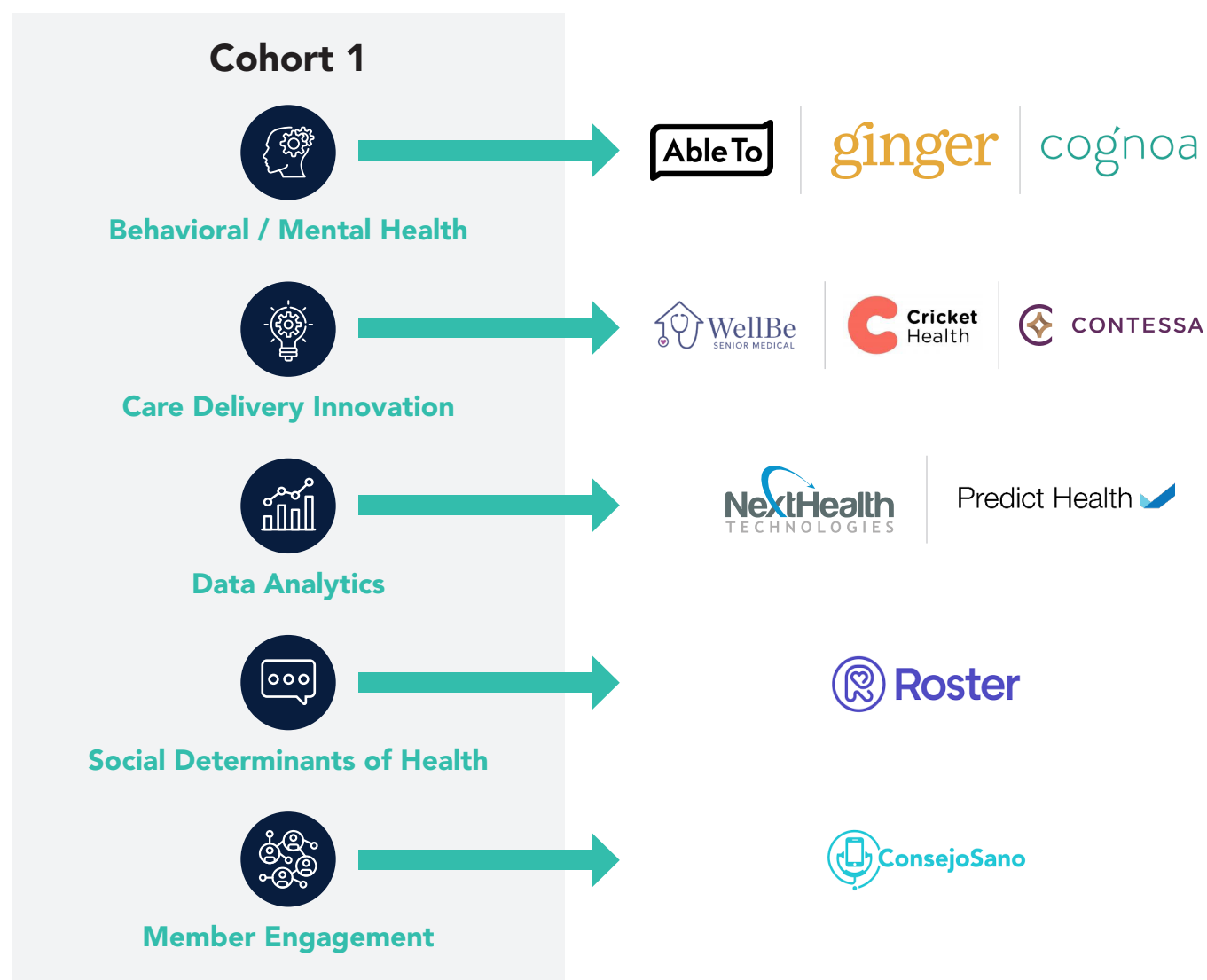


**MSK**

# Summary of Cohort 1 Innovator Companies by Priority

There were several common themes across the two cohorts and a few standout innovators were voted in by both. Below is a snapshot of the top 10 innovators selected by Cohort 1 members to present during the Fall cycle. Between the two cohorts a total of 17 of the 20 innovator presentations resulted in a match with at least one HPIR member.

## TOP 10 INNOVATORS SELECTED BY MEMBERS OF COHORT 1



# Innovator Company Profiles



AbleTo is the leading provider of virtual behavioral health care. We solve many of the costly challenges of untreated behavioral health needs with proactive, evidence-based programs and structured care proven to improve clinical outcomes and reduce medical costs.



With Ginger, employers can provide their entire population access to an on-demand behavioral health system that's comprised of behavioral health coaches, therapists, and psychiatrists—all from the convenience of a smartphone - within seconds.



Cognoa is a pediatric behavioral health company focused on the earlier identification and treatment of behavioral health conditions. Cognoa's is developing a digital platform that will enable pediatricians to reliably identify, diagnose and prescribe treatments for behavioral health conditions, starting with autism.



WellBe provides geriatric care to polychronic, complex patients in Medicare Advantage typically with Medical Loss Ratio greater than 110%. A physician led care team visits the patients in their own homes, in hospital, in nursing homes, everywhere.



Cricket is a new kind of kidney care team that partners with a range of providers and payers to deliver the best possible multidisciplinary kidney care. Cricket can slow the progression of CKD, delay kidney failure, and relieve the personal and financial burden of CKD.



Contessa partners with providers and payers to deliver hospital-level care in the safety a patient's home. Contessa is the first company to solve the barriers to sustainability for these models - reimbursement, clinical scope, and operational capabilities.



NextHealth Technologies enables healthcare organizations to rapidly measure and optimize all of their cost containment, quality improvement, and service enhancement initiatives with its machine learning and AI-powered analytics platform.



Predict Health helps health organizations activate their members and patients using the largest individually-identified social determinants of health and non-clinical data. The Company's predictive data-driven solutions understand the most relevant barriers and challenges that members and patients face in their everyday lives.



Roster operates high-performance community health worker programs managing vulnerable patients' social determinants of health leading to reductions in acute care utilization and total costs of care.

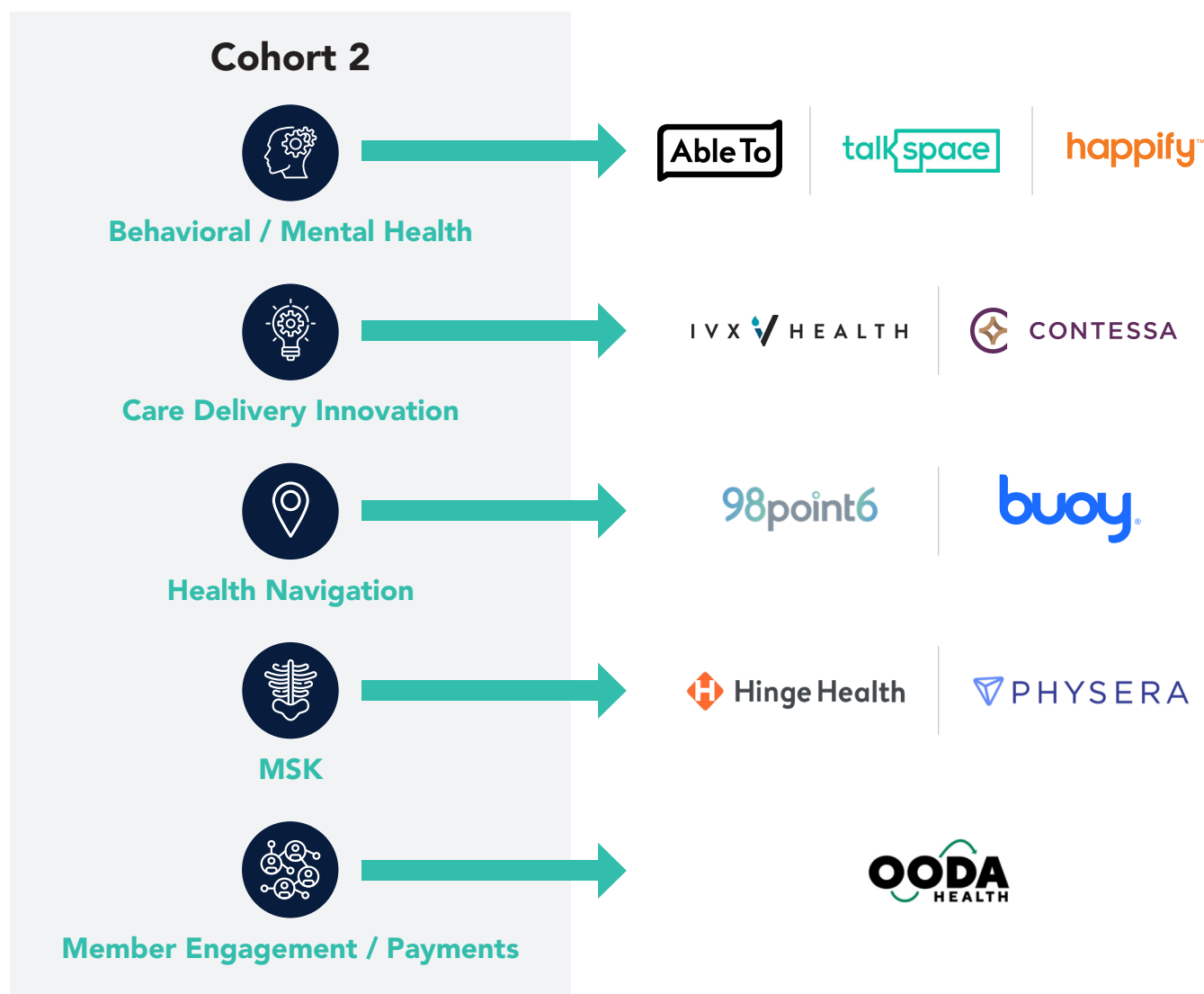


ConsejoSano provides multi-channel messaging, care management, patient engagement, healthcare data analytics, consciously tailored content to drive action and other tools that help our clients increase member engagement, improve healthcare quality measures and enhance revenue.

# Summary of Cohort 2 Innovator Companies by Priority

There were several common themes across the two cohorts and a few standout innovators were voted in by both. Below is a snapshot of the top 10 innovators selected by Cohort 2 members to present during the Fall cycle. Between the two cohorts a total of 17 of the 20 innovator presentations resulted in a match with at least one HPIR member.

## TOP 10 INNOVATORS SELECTED BY MEMBERS OF COHORT 2 TO PRESENT



# Innovator Company Profiles



AbleTo is the leading provider of virtual behavioral health care. We solve many of the costly challenges of untreated behavioral health needs with proactive, evidence-based programs and structured care proven to improve clinical outcomes and reduce medical costs.



Talkspace provides asynchronous, messaging-based, adult and adolescent psychotherapy via a secure, HIPAA compliant proprietary platform (app & website) for employers and healthplans. Live video sessions are also available.



Happify is a 100% software-based platform that integrates gaming and leading-edge technology into a clinical foundation based on decades of research in positive psychology, cognitive behavioral therapy, mindfulness, and other proven behavior change disciplines.



IVX Health (f/k/a Infusion Express) believes optimizing infusion site of care is more effective, less expensive, easier for physicians, and most importantly, better for patients. IVX Health provides biologic injections and infusions for patients with complex chronic conditions.



Contessa partners with providers and payers to deliver hospital-level care in the safety a patient's home. Contessa is the first company to solve the barriers to sustainability for these models - reimbursement, clinical scope, and operational capabilities.



Provides quality primary care via secure in-app messaging, at a price that is an order of magnitude less than existing primary care options.



Artificial intelligence-based health tech platform. Buoy's first product is a chatbot that has been clinically trained to converse with people just like a primary care doctor would in person. The Company helps members accurately diagnose themselves and then directs them to the right care or right program at the right time.



Pioneering digital care programs for people with chronic musculoskeletal conditions such as back or joint pain based on the three pillars of evidence-based care with wearable sensor-guided exercise therapy, behavioral coaching, and education.



A technology-assisted, remote physical therapy program with live, licensed PTs who diagnose, prescribe personalized exercises, and drive adherence for MSK related conditions.



OODA Health is building a modern, real-time payment platform, beginning with two products, OODAPay and Claims+.



# Case Study



A cornerstone of HPIR membership includes a commitment by health plan members to implement new pilots and develop a feedback loop that helps both innovative companies and other HPIR members learn from new commercial partnerships. At the HPIR session in Spring 2019, Premera was introduced to two different companies focused on offering new solutions to address musculoskeletal (MSK) conditions: Hinge Health and Physera.

Since the meeting in April 2019, Premera has been working with both organizations to make both offerings available to self-insured customers beginning 2020. We sat down with Rick Abbott, Vice President of Product and Market Solutions at Premera Blue Cross to discuss the importance of these solutions and learnings from the initial pilot:

**HPIR:** Why is MSK a focus area for Premera?

**Rick:** Across all lines of business, Premera has seen musculoskeletal-related condition spend rank among the top five high cost categories for our customers. Further exacerbating this cost issue is the significant variation that exists in the system in terms of quality and outcomes, often causing readmissions, complications, and excessive utilization of healthcare services. Customers are demanding a myriad of solutions from both a preventive care perspective and a surgical perspective, so Premera is moving quickly with

both homegrown solutions (Centers of Excellence or COEs) and partner solutions (physical therapy or PT).

**HPIR:** What was the specific problem within MSK that you were trying to address/solve?

**Rick:** While Premera has built an industry-leading COE approach that focuses on quality and cost efficiency for surgical care, we also feel that the best surgery is the one that is avoided altogether. Within the musculoskeletal space, PT is often a tremendous benefit that can reduce the need for surgical intervention. Our progressive national account customers, in particular, need more than the traditional brick-and-mortar PT presence given the unique needs of their employees and their families, and as such, moving PT from the physical setting to a virtual setting can accomplish three things:

- 1) increase utilization of preventive services, particularly in remote areas
- 2) afford convenience to members based on their daily lives
- 3) drive down Total Cost of Care, while bolstering outcomes, due to the value-based reimbursement methodology

**HPIR:** What is the launch plan and the timing of your pilot with Hinge Health and Physera?

**Rick:** We are launching Physera for our self-insured customers in Q1 2020, and we will then launch Hinge for our self-insured customers in Q2 2020. Our fully-insured book is TBD based on a clinical demonstration of efficacy and cost efficiency.

# Insights and Observations from MSK Pilots

## TIPS TO ACCELERATING IMPLEMENTATION



**Leverage your existing network** as a strategic enabler.



**Think of innovative companies** similarly to brick-and-mortar facilities.



**Place the companies in-network** – creating choice for members, increasing the addressable market for the companies, and controlling the distribution to the broader health plan membership base.



**Design pilots with clear success metrics** across engagement, pain reduction, surgery avoidance, and impact on productivity and mental health.

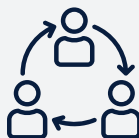
## KEY LEARNINGS (SO FAR!)



**Understand the logical tension** that exists between traditional health plan contracting and the innovative company's ability to collaborate with payers.



Innovative companies **need to appreciate** the important role of payers in the overall relationship, especially when their offering is provided as an in-network benefit. Think patient AND payer.



Innovative companies and payers **need to collaborate** on long-term revenue model. A successful long-term approach involves more than just admin fees from payer to innovative company. The long-term value of innovative companies must exist in the traditional healthcare framework – which takes time, understanding and collaboration.

# Member Sharing

As an intimate gathering of progressive health plans, HPIR creates a unique opportunity for members to share perspectives and insights with each other. In the October sessions, HPIR members shared learnings about pilots and recent implementations with innovative companies met at previous HPIR meetings, while dedicating time for real-time discussion and feedback about business priorities and opportunities. These candid sessions create a powerful catalyst to advancing innovation through the adoption of innovative and new solutions.

Member Sharing topics from October included common themes around data analytics, health plan member engagement, the prevalence of point solutions and the resulting need for solutions that aggregate and help integrate best-in-class solutions.

## Cohort 1

### MATERNITY

MEDICA®

oviahealth™

### DATA ANALYTICS

TUFTS  
Health Plan

### DATA ANALYTICS

PriorityHealth

Benefits Science  
Technologies

### DIABETES

HIGHMARK®

Livongo®

### VIRTUAL PRIMARY CARE

Sutter  
Health

tera

### SUBSTANCE USE DISORDER

PREMERA | BLUE CROSS

Boulder

## Cohort 2

### PRE-DIABETES

South Carolina

SOLERA

### CX PLATFORM

CareFirst

zipari

### EHR INTEGRATION HUB

AllinaHealth

aetna®

xhealth®

### DATA ANALYTICS

Blue Cross of Idaho

NextHealth  
TECHNOLOGIES

### POINT SOLUTION GOVERNANCE

HCSC  
Health Care Service Corporation

# Traction Award Winners

The Traction Award is a semi-annual award (Spring / Fall) recognizing the innovator, among those selected by our members to present, with the most member interest through our match-making process.



## COHORT 1



WellBe provides geriatric care to polychronic, complex patients in Medicare Advantage typically with Medical Loss Ratio greater than 110%. A physician led care team visits the patients in their own homes, in hospital, in nursing homes, everywhere.

## COHORT 2



Artificial intelligence-based health tech platform. Buoy's first product is a chatbot that has been clinically trained to converse with people just like a primary care doctor would in person. The Company helps members accurately diagnose themselves and then directs them to the right care or right program at the right time.

# The Inevitability of PBM Disruption: What's Next for Rx?

Health plans face a myriad of business challenges, with the cost of drugs, the role of pharmacy benefit managers (PBMs), and the need for more price transparency top of mind as regional health plans make decisions about the right drug benefit plan to offer their members and employer customers. To help spark discussion and foster collaboration around these important topics, HPIR invited three PBM leaders to share their perspectives and discuss what's ahead in the pharmacy industry:

## Michael Rea

Founder and CEO,  
Rx Savings Solutions



## Jake Frenz

Founder and CEO,  
Smith Rx



## Chris Ford

Director Specialty Pharmacy  
Strategy, Prime Therapeutics



## KEY TAKEAWAYS



**Go big or go alone?** A key challenge for regional health plans going forward: aligning with a national PBM owned by a competitor (e.g. IngenioRx/Anthem, Optum/UnitedHealth Group, Express Scripts/Cigna, CVS Caremark/Aetna) OR go out alone with a stand-alone PBM? Finding an answer isn't

easy, and can be complicated, as business leaders need to consider multiple factors: the ability to leverage a PBM's scale (including the financial benefit of drug rebates) as one lever in managing a health insurance business, the ability to integrate technology into a broader member experience strategy, and the hunger for more transparency when it comes to actual drug costs.



**SpecialtyRx** is growing in importance as the costs increase and more specialty drugs come to market in the near-term. Today, specialty drugs represent a minority of overall prescription volume, but represent a majority of overall drug costs. And the wave of new specialty drugs entering the market in the next 2-3

years is only going to amplify this situation as the cost per treatment and complexity associated with these new drugs (e.g. curative gene and cell therapies) increases. As regional health plans begin to shape their business strategy they are looking for innovative solutions to better understand the future revenue/cost drivers: drug utilization by place of service, the ability to manage therapeutic classes as part of the medical benefit, greater price transparency around the true cost of a drug, and capabilities for total drug management.



**It's now (or maybe never).** A convergence of forces makes right now an important time to consider the right long-term PBM strategy, as the overall healthcare industry shifts to paying for value/outcomes, players from different parts of the industry continue to focus on consumers, employers push for more tailored and relevant solutions for their employee population, and Medicare (in the role of regulator and payer) looks for better outcomes at lower costs.

# The Opportunity to Collaborate and Drive Innovation

## 5 KEY THEMES

HPIR members are keenly aware that healthcare is changing, and the on-going opportunity to collaborate with entrepreneurs and innovative companies to make our healthcare system work better for everyone. Throughout the October 2019 HPIR meetings, several important key themes emerged as health plans reflected on their interactions with earlier-stage and innovative companies:



### 1. **Point solutions dilemma meets integration opportunity** |

Continued fragmentation | Necessary niche solutions | “Broken by point solutions” | Need an integrator

### 2. **Next generation data analytics – insight into action** |

Internal focus at health plans | External resources that facilitate measurement

### 3. **Behavioral health matters – it’s a part of total person care** |

Primary care is still the quarterback | Ecosystem is needed: anxiety, depression, substance abuse disorder, pediatrics

### 4. **More systemic care delivery** |

Multi-disciplinary approach | Value-based care enablement | Portability across different industry sectors (senior focus, kidney care, substance abuse, virtual primary care)

### 5. **Pilots create the spark** |

Innovation pilot(s) with one member can be a catalyst for phased roll-out with other HPIR members | “Don’t let perfection be the enemy of the good” | Hard work that has potential to make big industry impact

# Future Areas of Focus

Healthcare is always undergoing change and that evolution requires a commitment to understanding and evaluating what's next. Coming out of the October 2019 HPIR session, our health plan members identified the following priorities to discuss at the Spring 2020 HPIR meetings.



## Behavioral / Mental Health



## Data Analytics



## Rx / PBM



## Member Experience



## Digital / Virtual care



## Price Transparency



## Claims and Reimbursement



## Social Determinants of Health

# Learn More



## ABOUT HPIR

---

**Are you a health plan looking to advance your innovation agenda?**

**Are you a health plan committed to exploring new solutions with innovative companies?**

**Are you a company with products and/or services making healthcare work better?**

**Are you an innovative company looking to collaborate with health plans?**

Learn more about HPIR:

[www.healthplanroundtable.com](http://www.healthplanroundtable.com)



## ABOUT TRIPLETREE

---

**TripleTree and TT Capital Partners (TTCP) are investment banking and principal investing partners whose broad horizons create opportunities that fuel growth. Our healthcare experience, reputation as a thought leader and expansive network enable us to deliver Uncommon Clarity in the changing healthcare industry.**

[www.triple-tree.com](http://www.triple-tree.com)