

# HPIR Pulse

Insights from the  
Health Plan  
Innovation Roundtable

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**SPRING 2021** Sessions



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# 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), the strategic insights of its investment banking and principal investing partners at Tripletree and TT Capital Partners, and the Provider Health Innovation Roundtable (PHIR), 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

- » Participate in 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
- » Proactively address emerging trends and engage with the innovative solutions gaining the most interest from leading employers
- » Differentiate your value proposition in your local market as a regional health plan

## 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

In this fifth edition of HPIR Pulse, we summarize the key observations, opportunities and outcomes surfaced during the April 2021 HPIR member meetings – and provide insight to help entrepreneurs and innovative companies engage with health plans in the future and consider HPIR as a resource to advance their growth agenda.

# HPIR Members

## Cohort 1



## Cohort 2



The background is a dark blue gradient with several overlapping teal circles. Inside these circles are white line-art icons representing various scientific and medical concepts: a microscope, laboratory glassware (a flask and a beaker), a delivery truck with a cross on its side, a magnifying glass, a stethoscope, a DNA double helix, a computer monitor displaying a heartbeat line, a pill, a circular icon with a diagonal slash, a circular icon with a heartbeat line, and a square icon with the letter 'H'.

# SPRING 2021 HIGHLIGHTS

# Health Plan Priorities

HPIR health plan 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 priorities shared early in 2021 reflected the ongoing focus on improving the cost, quality, and effectiveness of the healthcare system.

| COHORT 1  | COHORT 2   |
|---|--|
| <p>..... <b>COST</b> .....</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <br/> <b>Cost Transparency</b> </div> <div style="text-align: center;"> <br/> <b>Network Optimization*</b> </div> <div style="text-align: center;"> <br/> <b>High-Cost Claims Management</b> </div> </div>     | <p>..... <b>COST</b> .....</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <br/> <b>Network Optimization*</b> </div> <div style="text-align: center;"> <br/> <b>Pharmacy</b> </div> </div>                                  |
| <p>..... <b>QUALITY</b> .....</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <br/> <b>Population Health Management</b> </div> <div style="text-align: center;"> <br/> <b>Mental Health*</b> </div> <div style="text-align: center;"> <br/> <b>Condition Management*</b> </div> </div> | <p>..... <b>QUALITY</b> .....</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <br/> <b>Mental Health*</b> </div> <div style="text-align: center;"> <br/> <b>Condition Management*</b> </div> </div>                       |
| <p>..... <b>EXPERIENCE</b> .....</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <br/> <b>Member Engagement*</b> </div> <div style="text-align: center;"> <br/> <b>Convenient Care</b> </div> </div>  | <p>..... <b>EXPERIENCE</b> .....</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <br/> <b>Member Engagement*</b> </div> <div style="text-align: center;"> <br/> <b>Social Determinants of Health (SDoH)</b> </div> </div> |

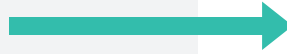
\* indicates overlap between cohorts

# Cohort 1 Innovators

## MEMBER PRIORITY



Virtual Care / Convenient Care



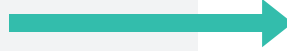
CIRRUS MD

galileo

wheel



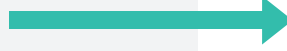
Member Engagement



SOLERA



High-Cost Claims Management

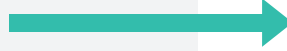


SEMPRE HEALTH

inspera health



Navigation

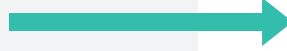


garner

2nd.MD



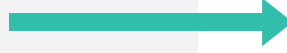
Network Optimization



Proximal



Utilization Management



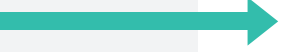
BigHealth

onduo

cecelia HEALTH



Population Health Management / Condition Management



Olive

# Cohort 1 Innovators

## Big Health

Big Health's solution is digital therapeutics for mental health — fully automated yet highly personalized CBT programs that provide equitable access to 1st-line treatment. Developed in collaboration with leading clinical and creative experts their digital therapeutics — Daylight, for worry & anxiety, and Sleepio, for poor sleep & insomnia — feel more like entertainment than medicine while delivering engagement and outcomes at scale.



SEMPRE  
HEALTH

Sempre Health has "good driver discounts" at the point-of sale to maximize adherence on payor-selected medications; conversational SMS engagement using natural language provides members a superior experience.

## CIRRUS MD

CirrusMD's "text-first" telemedicine solution connects patients directly to board-certified physicians in less than 60 seconds for multi-specialty, integrated care.

## galileo

Galileo is a comprehensive digital-first model of care that includes best-in-class multispecialty expertise and understanding into a data-driven, longitudinal service that covers 80-90% of medical, behavioral and social issues.

## wheel

Wheel is a tech-powered marketplace that brings together clinicians and companies to deliver high-quality virtual care, efficiently and at scale. Wheel simplifies the path for health plans and managed care organizations to launch a virtual care service directly to members through their own brand.



SOLERA

Solera enables payers to onboard a curated network of multiple condition management solutions through one contract and one IT integration; powered by a matching algorithm that identifies the best fit solution for each member with continuous digital behavior surveillance to move the member into higher-acuity solutions to achieve improved clinical outcomes; and converts digital behaviors into P4P claims payment, handling all contracts and compliance issues.



inspera  
health

Inespera provides a highly personalized, multi-dimensional (social, behavioral, clinical) approach that is delivered at scale to improve the health of the 5+ MCC population. This was developed over 20 years with a focus exclusively on this persistent high-cost group.

## garner

Garner is unique among steerage tools in combining a new level of insight on provider performance, the next wave of consumer engagement tools, and a unique HRA-based financial incentive to drive more care to the highest value doctors. Garner can be paired with any existing commercial health plan to reduce the total cost of care while lowering member cost shares and improving member experience.



Proximal

ProximalHealth provides a technology-enabled Supplemental Benefit that allows plans to quickly build and launch value-based products that a) offer the choice of a large network, b) with the performance of a narrow network, c) while using existing plan assets (e.g., COEs, ACOs, analytics).



cecelia  
HEALTH

Cecelia Health combines the care expertise of expert clinicians with digital health technologies to proactively address barriers to disease management by providing the optimal level of clinical interventions through a vertical care model that integrates clinical coaching, remote patient monitoring, and telemedicine via a national endocrinology network.

## Olive

Olive provides an AI-powered prior authorization solution, solves the complexity on both sides of the fax machine (determination, submission, and adjudication) augmented by workforce enhancement tools that intelligently improve human productivity establishing a new, collaborative, and digital partnership between payers and providers.



onduo

Using digital phenotyping and its real-time cohort engine, Onduo provides a highly personalized, multi-condition solution that matches the right care and the right level of care - to your members based on their conditions, behaviors and needs.



2nd.MD

2ndMD transformed second opinions by expanding them across the landscape of ALL specialties to become the virtual front door to specialty care. They use a combination of technology and people to provide a high-touch solution that generates market leading engagement and a +91 NPS.

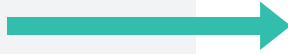


# Cohort 2 Innovators

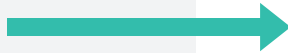
## MEMBER PRIORITY



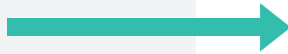
Caregiving



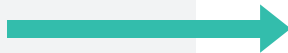
Engagement Platform



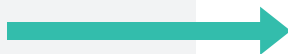
Utilization Management



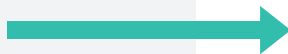
Network Optimization



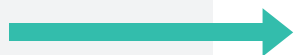
Data Analytics



Navigation



Condition Management



# Cohort 2 Innovators

## Big Health

Big Health’s solution is digital therapeutics for mental health — fully automated yet highly personalized CBT programs that provide equitable access to 1st-line treatment. Developed in collaboration with leading clinical and creative experts their digital therapeutics — Daylight, for worry & anxiety, and Sleepio, for poor sleep & insomnia — feel more like entertainment than medicine while delivering engagement and outcomes at scale.



The Zerigo Solution is the first and only connected psoriasis care management platform which improves care by enabling members to treat with NB-UVB phototherapy from the comfort of home. The ZerigoCare Team remotely monitors and coaches members to drive treatment adherence, improve member satisfaction, and deliver sustained health outcomes, at a fraction of the cost of biologic drugs.



Kaia provides a scalable, adaptive self-management program for MSK, using just a phone or tablet. Our AI-based Motion Coach™ delivers PT-grade feedback and is “always available” 24/7 with health coach intervention and medical referrals through Kaia Gateway and Premium Partners as needed.



Wellthy offers a strong value proposition for health plans looking to attract and retain ASO business. Wellthy connects employees with a dedicated care professional — that means best-in-class expertise and support, simplified communication, and everything in one place on their own care dashboard.



ConsejoSano’s technology and culture-first approach improve member experience, increase health plan savings, and optimize utilization. ConsejoSano is a leader in engaging hard to reach members to take actionable steps towards a healthier lifestyle — generating millions in savings, safeguarding a healthier membership, and demonstrating a 7:1 ROI.



Clarify’s self-service, on-demand, cloud-based analytics software platform leverages a national, patient-level data set covering 300M+ lives (with member level SDoH) to precisely score and benchmark provider performance. Clarify delivers rapid, precise, and trusted insights for payers and their provider partners to improve the quality and efficiency of care delivery through clinical transformation, UM, network development, and pop health.



Predict Health has a cross plan view of the member’s entire Medicare journey: (1) where they came from; (2) their triggers to join; (3) their experience with your/their plan; (4) their triggers to stay or leave; and (5) where they go — allowing us to drive your growth and member experience outcomes.



Garner is unique among steerage tools in combining a new level of insight on provider performance, the next wave of consumer engagement tools, and a unique HRA-based financial incentive to drive more care to the highest value doctors. Garner can be paired with any existing commercial health plan to reduce the total cost of care while lowering member cost shares and improving member experience.



ProximalHealth provides a technology-enabled Supplemental Benefit that allows plans to quickly build and launch value-based products that a) offer the choice of a large network, b) with the performance of a narrow network, c) while using existing plan assets (e.g., COEs, ACOs, analytics).



HDMS provides fully managed data environments to guide data-driven insights and personalized actions for those who design the paths to better health.



Olive provides an AI-powered prior authorization solution, solves the complexity on both sides of the fax machine (determination, submission, and adjudication) augmented by workforce enhancement tools that intelligently improve human productivity establishing a new, collaborative, and digital partnership between payers and providers.



Enso is a non-invasive, non-addictive wearable technology for immediate pain relief for musculoskeletal pain. Enso’s patented waveform delivers high frequency stimulation through the skin for pain reduction that previously was only achievable through surgically implanted devices.



2ndMD transformed second opinions by expanding them across the landscape of ALL specialties to become the virtual front door to specialty care. They use a combination of technology and people to provide a high-touch solution that generates market leading engagement and a +91 NPS.

# Member 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. **Priority Health** matched with **SociallyDetermined** during the Spring 2019 cycle & **ConsejoSano** during the Fall 2019 cycle.

**Brian McLane, Senior Director Market Intelligence, Analytics & Digital Products at Priority Health**, provides the organization with corporate and line of business intelligence and measurement. His teams also lead efforts related to Priority Health's member portals and transparency tools. In his work, Brian's goal is to simplify the complex world of health care through the use of data and analytics to engage members in their health care decisions.

## **HPIR: Why was this a focus area for Priority Health?**

**Brian:** There has been great movement in the healthcare industry in recent years around addressing social determinants of health (SDoH). It seems everyone is on the same page and understands that addressing health inequities is critical for increasing the welfare of our communities. Recent research has shown that SDoH, or social factors like access to healthy food, transportation options and financial security, may be responsible for up to 80% of health outcomes.<sup>1</sup> With proven correlations between social factors and health outcomes, it is time to do something.

We know that SDoH do not exist in a vacuum, and there are multiple factors that can contribute to someone's whole health. While it is one thing to understand that a social factor is impacting someone's health, we wanted to go a step further and create a program that

would also directly address a member's needs. That is why we are launching the first "full lifecycle" SDoH initiative.

Our first-of-its-kind program will enable Priority Health to proactively identify social risk among our members, initiate culturally-resonant engagement, connect people with critical resources to address their needs, and repeatably measure the impact to refine our future programs. We partnered with industry leaders Socially Determined, ConsejoSano and Aunt Bertha to create this data-driven, full lifecycle approach for addressing SDoH and improving health outcomes.

In this approach we are measuring risk exposure and impact likelihood at both the neighborhood and individual level. This allows us to understand and address individual barriers to optimal health, while also identifying systemic issues and resource gaps impacting specific communities. Together these views will allow us to broadly leverage SDoH data across our services – from new member onboarding, to chronic condition care management, to determining investment in community resource partnerships.

This program is a top priority for us because having access to information that clearly shows which social factors are most critical for our members allows us to take that next step and connect the member with the right resource. This means that we can ultimately better serve and engage with our members when it matters most.

## **HPIR: What specific opportunities or challenges were you looking to address?**

**Brian:** The opportunity with this program is huge. This program is the first of its kind and will be a game

# Member Case Study

changer when it comes to serving our members. By relying on data to better understand our community, we can make more informed decisions to drive direct connection with members and implement new programs or community investments that will have meaningful impact. As we move forward, we can take a purposeful, data-driven approach to implementing the right programs in the right place, and then measuring their results.

The challenge is pinpointing where the biggest needs are within our membership so we can direct resources to the most impactful programs. When looking at SDoH, it is important to remember that everyone's life experiences and needs are unique. That can make it difficult to provide equitable support for everyone. Whether it is access to transportation, secure housing, healthy food, or education, we want to meet our members where they are and provide support that is most helpful at any given time.

Understanding social risk is the first step to launching this full lifecycle approach. Through our partnership with Socially Determined we can identify individuals in need of targeted intervention, regardless of whether they have had a recent touchpoint with Priority Health, a health care provider, or other social service. We can then create more sustainable and measurable programs that drive better health outcomes and business performance.

## **HPIR: What are the expected outcomes and/or measures of success?**

**Brian:** A key component to our novel SDoH program is its ability to objectively measure outcomes. Our intent is to understand the true impact of our social programs to refine and improve future initiatives. Our partnership with Socially Determined will allow our us to measure impact in a standardized and repeatable

way to iterate and apply new insights back into the lifecycle. This will help drive our decisions around future community investments and social services collaboration.

Success to us is providing more personalized support for each member and meeting their unique needs when they need it most. Creating health equity in our communities will ultimately lead to members living happier and healthier lives, which means better health outcomes. And better health outcomes overall means a lower cost of care for all of our more than one million members.

## **HPIR: What was/is the expected launching plan and/or timing?**

**Brian:** We have launched our risk exposure and impact data collection with Socially Determined. Our Medicaid care management and quality teams are preparing first use of Medicaid member SDoH risk data mid-summer and will use our Aunt Bertha tools to provide community service connections for members in need.

We will be initiating the new Medicaid member outreach activities with ConsejoSano later this summer. We anticipate these to be the first of many ways we will include this expanded SDoH data in service to our members

[1. National Academy of Medicine \(2017, October 9\). Social Determinants of Health 101 for Health Care: Five Plus Five.](#)

# Access to Health Information & Interoperability of Health Information Technology

*With the finalization of the interoperability rule health plans now need to not only react, but more importantly, determine how to leverage the opportunity strategically to drive growth, engagement, and differentiation.*

## PANELISTS



**Mark Fabiano**  
Animas Data Solutions  
Co-founder & CEO



**Samit Desai**  
Audacious Inquiry  
Chief Medical Officer



**Jason Montrie**  
Pareto  
President



**Alex Dworkowitz**  
Manatt Health  
Partner

## MODERATOR



**David Klein**  
Former CEO of The Lifetime  
Healthcare Companies

In April and May of 2021, HPIR hosted two panels focused on priority areas for our Members. We hosted these panels virtually, and the conversations reflected how our Members are responding to prominent challenges caused by the COVID-19 pandemic in the near term, while also anticipating future needs.

Our first panel centered around interoperability. With the finalization of the interoperability rule, our health plan Members now need to not only react, but more importantly, determine how to leverage the opportunity strategically to drive growth, engagement, and differentiation.

Deadlines are quickly approaching for the 21st Century Cures Act and the CMS Interoperability and Patient Access Final Rule. These orders establish requirements for health data accessibility, transparency, and data transmission. Specifically, the CMS order introduced requirements around information blocking, Patient Access & Provider Directory API capabilities, and Payer-to-Payer Data Exchange for Medicare Advantage, Medicaid, and CHIP plans. The information blocking regulation is already in place, and the Patient Access API and Provider Directory API policies technically became effective January 1, 2021. However, CMS has stated that they will not enforce these requirements until July 1, 2021, due to challenges posed by the COVID-19 pandemic. The Payer-to-Payer Data Exchange requirement goes into effect January 1, 2022.

# Access to Health Information & Interoperability of Health Information Technology

David Klein, former CEO of The Lifetime Healthcare Companies and immediate past chair of New York eHealth Collaborative, moderated the panel. He led the conversation on how to operationalize the regulations and capitalize on new opportunities with our panelists, who are leaders of health technology and services companies.

## New Regulations: Compliance and Opportunities

Our panelists affirmed that while these are new regulations, they reflect long-developing shifts in the market and further validate that the need for interoperability runs deep.

One of our Members described how they hope to use their new interoperability capabilities to reduce the fragmentation that can sometimes proliferate with virtual care, which is now popular with patients. Interoperability, and specifically sharing admission, discharge, and transfer (ADT) data will also provide additional data points for utilization management programs. Furthermore, the increased volume and quality of data will likely help health plans improve their performance in value-based arrangements. When considering all the opportunities surfaced by the new interoperability requirements and capabilities, our panelists encouraged the attendees to prioritize initiatives with near-term value and yield, such as the STARS program as opposed to getting bogged down with nebulous, longer-term projects as these needs will get more clear over time.

## Changing Timelines

CMS and ONC issued their new regulations on interoperability and data exchange early in March 2020, before the United States felt the brunt of the COVID-19 pandemic. In response, the regulators extended the timelines for health plans to come into compliance with the new rules. These extensions were necessary and health plans dealt with the uncertainty and influx of high-priority items in conjunction with the pandemic. However, changing deadlines and requirements left our health plan Members uncertain about where these expectations will land. Now that CMS and ONC seem to be sticking with the latest set

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**The awareness of both the opportunities and the requirements for interoperability is high and at Audacious Inquiry, we see our health plan partners rethinking and substantively investing in interoperability as a core business function. Regardless of the rate of regulatory implementation and enforcement, we believe that regulatory needs must be met unequivocally and that it is important to implement in a manner that positions organizations to meet their broader set of business objectives through a thoughtful data and systems strategy. Interoperability is a key competitive differentiator.**

- Samit Desai, Audacious Inquiry

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# Access to Health Information & Interoperability of Health Information Technology

of deadlines, our Members are taking more definitive steps with project management and implementation. There is still some conversation around whether the regulators will provide oversight and enforcement in line with the current deadlines, or if this will get pushed out. According to our poll, only 29% of our attendees believe that enforcement timetables will not be changed, while 47% believe enforcement will be pushed to 2022. The remaining 24% believe enforcement will be pushed beyond 2022, or the rules will be changed altogether.

## Interoperability Enablers

The CMS final rule also provides app developers with an opportunity to develop tools to help patients access their health and provider directory information. Our panelists anticipate that app developers will drive innovation, leading health plans to partner or buy to capitalize on that innovation.

Finally, a key enabler for capitalizing on interoperability is funding. Our panelists suggest that public funding will be part of the equation, but there will be a shift towards private funding.

## Future Opportunities and Challenges

Once health plans reach the summit of planning for and implementing the necessary technology to achieve compliance, the resulting burden reduction will allow the opportunity to focus capacity on more value-added activities. These new capabilities will allow health plans to improve value-based arrangement performance, customer experience, and scale their technology.

“

**Compliance with the Interoperability rule certainly creates a burden to payers and providers alike, with payers carrying the lion's share. Nonetheless, its impact on healthcare will prove worthwhile in the form of (among other things) consumers being closer to the cost drivers of healthcare, which is essential if we are to truly bring down the overall cost of care. The 'No Surprises Act' turns up the heat a bit more right on the heels of Interoperability milestones.**

- Mark Fabiano, Animas Data Solutions

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# The Virtualization of Health Care

*The global pandemic has forced a new normal on health care with all modes of virtual care finally being embraced and accelerated. What will virtual care 2.0 look like? How can it evolve in a way that increases access, delivers on the promise of early identification, and alleviates health disparities in virtual delivery of preventive screenings and health risk assessments?*

## PANELISTS



**Neal Khosla**

Curai  
Founder & CEO



**Tom Lee**

Galileo  
Founder & CEO



**Andrew Altorfer**

CirrusMD  
Co-founder & CEO



**David Bardan**

TytoCare  
VP Enterprise Solutions

## MODERATOR



**Michael Carroll**

Chief Marketing Officer  
TripleTree

Our second panel centered around the next iteration of virtual care, with a focus on trends arising from the COVID-19 pandemic and how our panelists and moderator expect these to develop in the short and long-term. The global pandemic forced a new normal on health care with all modes of virtual care finally being embraced and accelerated. The first iteration of virtual care, honed during the 2010s, focused on convenience and urgent care. Now, the model is rapidly developing into virtual care 2.0. The goals of this new care model include increasing patient access, delivering on the promise of early identification, and alleviating health disparities.

Due to the COVID-19 pandemic, [virtual care utilization in 2020 vastly exceeded previous year utilization](#). Social distancing practices necessitated the use of virtual care delivery to address a broad spectrum of health concerns, ranging from diagnosing acute ear infections to managing chronic diabetes. Thanks to massive virtual care provider growth, greater investment from healthcare systems, and positive feedback from patients, [virtual care utilization is expected to remain high following the COVID-19 pandemic](#).

Michael Carroll, Chief Marketing Officer of TripleTree, moderated our panel. The discussion reflected how the virtual care ecosystem is rapidly evolving, and how health plan leaders are placing a greater emphasis on quality and outcomes from virtual care. Our panelists represented four virtual care companies and began the conversation



# The Virtualization of Health Care

by sharing their top priorities. David Bardan of TytoCare emphasized the need for extending the capabilities of telehealth and bringing them into the home. Neal Khosla of Curai advocated for gathering more data on the effectiveness for virtual care as well as reinforcing continuity in the patient experience. Andrew Altorfer of CirrusMD concurred with Neal's points and recommended focusing on improving automation and patient navigation. Finally, Tony Colistra of Galileo called out the opportunities to reduce the total cost of care via virtual care.

## Virtual Care Differentiators

With dozens of high-caliber virtual care solutions in the market, it can be difficult to differentiate between offerings. Our panelists described their unique offerings:

- » **CirrusMD** - Provides direct access to a clinician that can guide the patient, building trust via a direct connection as opposed to a chatbot or other non-human first interaction
- » **Galileo** - Offers a human-first, multi-specialty product, driving towards the goal of solving as many cases as possible within the platform
- » **Curai** - Leans into integrated advanced models of primary care with a model centered around a primary care physician and team, promoting scalability and continuity of care
- » **TytoCare** - Utilizes software guidance to allow non-clinicians to operate as care-facilitators

Among these offerings and the numerous others in the marketplace, health plans have many options when considering potential partners; this opportunity is especially prescient considering that 55% of the health plan panel attendees have not yet found a virtual-first care partner, but plan to introduce a solution for 1/1/2022.

## Role of Provider Relationships in Virtual Care

The patient-provider relationship is at the center of healthcare, and virtual care is transforming this relationship. In the virtual world, engagement is the place to start in forming this relationship. Virtual care offers more modalities than what is available through legacy models, lowering the barrier to receiving care and re-engaging individuals who may get lost in legacy models. Tools such as AI can enhance the scalability of high-touch virtual care.



**What a great discussion, as healthcare innovators came together to examine the next steps in the evolution of care. It's clear as we emerge from the pandemic, patients still struggle to understand where to seek care, where to go based on their current needs. Access to care remains an issue for many, from those in underserved communities, to those in rural areas, to deskless workers spanning different industries. Telemedicine has an opportunity to solve these issues by providing on-demand access to doctors who can help determine the care needed, and then assist patients with navigation through the system.**

- Andrew Altorfer, CEO and Co-founder, CirrusMD



# The Virtualization of Health Care

## Partnerships Between Solution Providers and Health Plans

Today, many health plans currently offer virtual care through large, well-established providers. Considering the enormous increase in volume of virtual visits, health plans can capitalize on this opportunity to differentiate from competitors by partnering with an innovative virtual care partner. Health plans can expect to see particularly high impact with their commercial lines of business. Our panelists consider several factors when evaluating potential partnerships with health plans, including the plan's recognition and alignment with the solution's product differentiators, willingness to enter value-based care arrangements, ability to deliver on data continuity, adequate technology architecture, and an overall partnership mindset. These characteristics enable success in a partnership and in clinical outcomes.

## Building a Successful Virtual-First Product

Health plans should consider several key factors when building a virtual-first product. Our panelists recommended that health plans integrate virtual care into their plan design, including the right incentives and clear communication to members. Leadership should be clear on how the product drives patient value and shared savings while reinforcing continuity with existing provider networks. Furthermore, the product needs to be easy to use and on par with or better than in-person options so that members engage for primary care, not just acute or episodic care, leading to greater savings. Provider relationships should be a focus, and plans should take a close look at the services that can be offered at home. Finally, virtual care presents a tremendous opportunity to realign incentives, specifically with primary and preventive care.

The virtual-first care conversation highlighted some promising trends towards frictionless, affordable, and accessible preventive care. The market is rapidly evolving, and health plans have the opportunity to guide this growth through partnerships and product development for the benefit of their members.

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**The discussion highlighted the need for virtual care to become an integral part of every health plan in America's offering while also delivering on its promise. The next decade of improvement in healthcare will be driven by those plans that work with partners to deliver better outcomes, costs, and patient experience through virtual care that also provides continuity of care and connectivity to their existing networks. It's time for the next generation of virtual care to actually enable these three things instead of talking about them and it's time for plans to start working with these folks instead of the legacy players who are putting lipstick on the same old pig of virtual urgent care.**

- Neal Khosla, Founder and CEO, Curai

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# 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 spring sessions, HPIR members shared learnings about pilots, recent implementations with innovative companies met at previous HPIR meetings, and general market observations, 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 focused on several common themes: member engagement, digital health, and value-based care.

## COHORT 1

**MEDICA**<sup>®</sup>

Virtual Front Door  
and the Care  
System

**TUFTS**  
Health Plan

Virtual Primary  
Care and work with  
DoctorOnDemand

**PriorityHealth**

Social Determinants  
of Health and  
work with Socially  
Determined and  
ConsejoSano

**HIGHMARK**

Living Health Strategy  
and work with Onduo  
and Verily

**PREMERA** |   
BLUE CROSS

Behavioral health  
and work with  
Quartet Health

## COHORT 2

  
**Advocate  
Aurora  
Health**

Interoperability  
Update

**AvMed**

Member  
Engagement and  
work with Relay  
Network

**AllinaHealth**   
**aetna**

Digital Formulary  
Update

  
**BlueCross BlueShield  
of North Carolina**

Update on Value-  
Based Care and work  
with Aledade

  
**BlueCross BlueShield  
of South Carolina**

Shopping for Care  
and Work with Rally  
Health

**CareFirst**  


Social Determinants  
of Health and  
work with Socially  
Determined

# 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

garner | galileo

**Garner** is unique among steerage tools in combining a new level of insight on provider performance, the next wave of consumer engagement tools, and a unique HRA-based financial incentive to drive more care to the highest value doctors.

**Galileo** is a comprehensive digital-first model of care that includes best-in-class multispecialty expertise and understanding into a data-driven, longitudinal service that covers 80-90% of medical, behavioral and social issues.

## COHORT 2

 Wellthy

**Wellthy** offers a strong value proposition for health plans looking to attract and retain ASO business. Wellthy connects employees with a dedicated care professional — that means best-in-class expertise and support, simplified communication, and everything in one place on their own care dashboard.

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# Future Areas of Focus

There is no doubt the COVID-19 pandemic was a catalyst for innovation across the healthcare industry, as the industry responded and reset to a new set of needs and priorities – which in turn caused health plans to re-evaluate, prioritize, and focus their business strategies for the future. This was especially true as they developed their commercial, individual, Medicare, and Medicaid product offerings.

Coming off the discussions conducted during the April 2021 HPIR sessions, HPIR members surfaced several important themes and forces impacting their roles - and their interactions with and expectations of innovators, entrepreneurs, and early-stage companies:

## **1. THE PACE OF INNOVATION IS ACCELERATING – AND ‘INNOVATION FATIGUE’ IS REAL**

- » Can you clearly articulate your product’s differentiation in the market?
- » NPS is important – but it’s table stakes now
- » Does your company really make the healthcare system better, or are you just amplifying some of the long-standing pain points?

## **2. HEALTH PLANS NEED SOLUTIONS THAT COMBINE CLINICAL AND CONSUMER CAPABILITIES**

Employees, members, and patients (healthcare consumers) expect more as they engage across the healthcare system. Health plans are looking for consumer-centric and technology-enabled solutions that make it easy for providers to deliver care. Health plans are looking for solutions that help their members more effectively adhere to care protocols and maximize their benefit plan offering.

## **3. VIRTUAL HEALTH IS HERE TO STAY**

Now it’s time to determine where it best fits into the care continuum. From a health plan perspective, virtual health capabilities can be powerful resources that:

- » Support and enhance long-standing provider and network relationships
- » Bend the cost curve by creating new channels of care with lower unit economics
- » Support employees, members, and patients managing their chronic conditions

## **4. CONNECTIVITY AND FREE FLOWING DATA ARE MORE IMPORTANT THAN EVER**

Point solutions have their place across healthcare, but the continued defragmentation of healthcare is causing health plans to think about point solutions that that can plug into and integrate into broader platforms. Interoperability isn’t dead, as actionable insights become more prevalent across the healthcare system and consumers demand more portable access to their information. As a result, health plans are thinking long and hard about the capabilities they need to prevail in this next round of interoperability, longitudinal and asynchronous care.

# 2021 HPIR Roundtable Schedule

## FALL 2021

**COHORT 1**  
October 13<sup>th</sup> - 14<sup>th</sup>

**COHORT 2**  
October 27<sup>th</sup> - 28<sup>th</sup>

**COHORT 3**  
November 3<sup>rd</sup> - 4<sup>th</sup>

## SPRING 2022

**COHORT 1**  
April 20<sup>th</sup> - 21<sup>st</sup>

**COHORT 2**  
April 27<sup>th</sup> - 28<sup>th</sup>

**COHORT 3**  
May 4<sup>th</sup> - 5<sup>th</sup>

**HPIR events are private, by invitation only.**

**Please contact the HPIR team at [hpir@ehir.com](mailto:hpir@ehir.com) if you are interested in joining as a Member or in presenting as an Innovator.**

# Learn More

## HPIR MEMBERS

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### 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)