

# How Is Technology Shifting the Healthcare Payer Landscape?



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# INTRODUCTION

Health insurers are at a critical juncture. Nearly 14 years since the Affordable Care Act was signed into law, payers have been on a mission to improve their relationship with members. To do so, it's crucial that payers improve member engagement, which requires them to focus on the user experience to make plans easier to navigate. There is also a need to develop a network of health tech collaboration partners that can help payers use innovative technologies based on artificial intelligence — such as generative AI, passive health data tracking and aggregation, and predictive analytics insights on members. But payers also need to take heed. If the data these tools use to generate insights do not adequately reflect the diversity of its members, payers risk marginalizing these patient populations.

This eBook showcases technologies relevant to payers. It also highlights health equity needs and AI development trends in healthcare. Additionally, it provides insight from executives in the field, who share that improving things like adherence do not necessarily amount to a high-tech challenge. The eBook, an extension of the Payer Insights program at HLTH and ViVE, also captures some of the ethical debates taking place in healthcare and looks ahead to what payers and health tech companies are planning this year and beyond.



# MANAGING DOWNSTREAM COSTS

Too many people are deferring care because out-of-pocket costs are too high for them. Fred Turner, Curative Founder and CEO, said a [survey it conducted](#) of 2,500 employer-sponsored healthcare members revealed that out-of-pocket costs led 35% of respondents to defer care. And 43% of respondents said they skipped doses of medication to conserve money.

Medication adherence has always been a crucial component of reducing healthcare costs. A report from the [Alliance of Community Health Plans \(ACHP\) 2023 Affordability Report](#) noted that diabetics who follow medication protocols are 30% less likely to end up in the ER and 24% less likely to be admitted to a hospital. For hypertension, that figure increases to 42% less likely to be admitted to an ER and 52% less likely to be admitted into a hospital – a cost saving of \$3025 per year per patient.

Money concerns also led half of respondents to skip doctor visits. As a remedy, digital health startup Curative eliminates co-pays and deductibles for health plan members who agree to a one-hour appointment to gain a baseline assessment of their health within the first 120 days of their plan start date. The process has helped the company identify the majority of patients with diabetes and other chronic conditions so that they can direct them to specialty care.

“It’s really easy to talk about preventive care and how we want people to do all these things,” Turner said. “But if you put in place massive barriers to actually prevent them from doing it, then it’s not surprising that people don’t engage in preventive care. What we’re really trying to do is remove those barriers, remove that financial disincentive from people getting that preventative care.

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Turner emphasized the need to get ahead of the chronic medical conditions that drive downstream costs. From a preventive care standpoint, working with a patient with hypertension or elevated blood pressure 10 years before they have a heart attack will not only help the patient but also help the health system.

ACHP’s Affordability Report includes several case studies from plan and provider partners that highlight how they improved care management for sicker patients and thereby reduced costs.

For example, Wisconsin-based Security Health Plan partners with virtual-care providers to reduce the rate of diabetes among its members, according to the report. Health plan members receive personalized support, including advice, tips and encouragement on how to stay healthy. Members with unmanaged diabetes receive calls from clinical pharmacist partners to provide additional support with phone calls to members to boost medication adherence.



# CREATING NEW PATHWAYS OF CARE

An important trend in healthcare is how payers and providers combine in-person and virtual care – a hybrid care model. Curative, as mentioned earlier, reflects the hybrid care trend. In addition to establishing a member's medical history, half of the one hour healthcare assessments is used to explain benefit design and help them set up a telemedicine app on their smartphone to make it easier to conduct virtual visits. With member consent, Curative's care navigators can access these medical histories to connect them with the most appropriate specialists. As a result, Turner said member engagement is robust.

[Solera Health](#) offers digital health programs to payers and employers. Solera's approach involves identifying ways to combine digital solutions with the traditional in-person system, and stitching them together with payer operations, reporting, and utilization management.

Dr. Byron Crowe, Chief Medical Officer, noted that there's a great deal of interest in quantifying program performance from the time members start using its tools. It can do this by using automated messaging. The milestone-based payment system links meaningful engagements with milestones in their care.

"As soon as someone enrolls in the program, we're tracking at the individual level, the full breadth of activities in which they engage," Crowe said. "For mental health, that may involve asking members, 'Did you talk with your therapist? Did you do your exercises?' If it's a musculoskeletal program, 'Have you moved around?' With their permission, we can track their exercise activity and see that they're doing the exercises they're supposed to do. Those are upstream indicators of future success in the program."

Another critical component for optimizing engagement in remote monitoring initiatives is to walk patients through each step rather than expecting them to navigate a list of paper-based instructions on their own. Digitizing instructions and guiding patients through programs that are available to them, particularly when they involve bluetooth-enabled devices, will not only help members see the value of the programs and increase engagement, but it will also help payers and providers collect data that quantifies the effectiveness of these programs.

Adults aren't the only ones to benefit from these digital health tools. Thomasina Anane, ACHP Associate Director, Data Analytics Experience, noted in response to emailed questions that

Behavioral Emotional Social Traits (b.e.s.t.) is an online screening tool that helps educators build and support the emotional health of students while identifying who may need additional positive behavioral support. Since 2013, Security Health Plan and Marshfield Clinic Health System have partnered to support this screening in 79 school districts.

Crowe drew attention to Solera's work in GI health as an example of how it envisions alternative care delivery models, particularly through its collaboration with [digital therapy business Oshi](#), launched in 2022. Oshi connects users with GI specialists and behavioral health experts through telemedicine visits. Its virtual-first approach to care also includes helping patients track symptoms, diet and medications.

"[Oshi] is one of the most impressive companies in this space," Crowe said. "Their approach reimagines high value, gastroenterological care, and creates pathways to engage virtually in a lower cost site of care wrapped around with a multidisciplinary care team. They also link to in-person person resources in the community. Their results have shown pretty dramatic cost savings."

Curative owns and operates pharmacies as part of its business. Turner explained that the company uses pharmacies to help improve medication adherence through policies such as same day delivery to their members' homes and workplaces.

"We have 90% adherence for all of the chronic conditions that we're measuring," Turner said. "If you take away the co-pay, it motivates people to fill their prescriptions and if you bring the medications to them, they take them. None of it's rocket science, but it simplifies the process by removing those barriers for the patients."

# APPLYING AI TO OVERCOMING HEALTH CHALLENGES

Artificial intelligence is at an exciting stage of development. Medical imaging analysis is probably the most mature area for healthcare applications. Generative AI, most notably OpenAI's Chat GPT interface, has captured national attention in its "Cinderella moment."

"Improving plan member experience is the holy grail for payers in this competitive market," said Amir Azarbad, [10Pearls](#) Managing Director, in response to emailed questions. He expects to see AI being integrated into the shopping experience of health plan selection to claims matching.

Participants in the Payer Insights Program shared some of the pain points where they hoped AI could also be applied, particularly prior authorization. All agreed that this process for providers seeking and payers giving or denying coverage for a particular procedure, test or medication could be much more efficient.

"Prior authorization is a key area of friction between payers and providers," said Azarbad. "The use of AI in improved decision-making in prior authorization optimizes clinical and administrative staff time and improves the patient experience through automated authorizations."

This year, Softheon, which develops AI tools, will release a consumer-facing tool that can answer common questions about health insurance in plain language through its subsidiary, W3LL.

"We'll also continue incorporating more tools into our core products – an AI bot named AIME that can help health plan employees navigate complicated questions in the Affordable Care Act Marketplace, as well as sophisticated analytics that help health plans monitor and evaluate plan performance in their markets," said Eugene Sayan, Softheon Founder and CEO, in response to emailed questions.

Sayan noted that just because the most ambitious ideas for harnessing AI in healthcare are a long way off doesn't mean we can't make progress along the way.

“Many years ago, we were promised autonomous cars. God knows how much money has been invested into building autonomous cars,” Sayan said. “They’re still not commonly available. But along the way, advanced technologies that have been developed as part of the quest for autonomous cars are now available such as blind spot detection, lane correction, and others. It’s an evolutionary process.”

Dr. Ainsley MacLean, Chief Medical Information Officer and Chief AI Officer with the Mid Atlantic Permanente Medical Group division of Kaiser Permanente, discussed the benefits she sees for machine learning algorithms. MacLean, who completed her residency in diagnostic radiology and fellowship in neuroradiology at [Harvard Medical School’s Brigham and Women’s Hospital in Boston](#), also shared the impact of training an algorithm to digest the longest section of the report, which explains how radiologists reached their conclusion. The algorithm analyzed thousands of the reports she wrote to identify patterns between what was said and the conclusion.

MacLean noted that 80% of the cognitive burden going into the reports is synthesizing findings and then sharing the conclusion. When she covered night shifts she noticed the first two times she used the AI tool adopted by the provider that the next morning, she had more energy than she had before because it was much less difficult to read 100 studies.

“When we present a solution to end users that actually makes their life better, I think it becomes a real win-win solution,” MacLean said.

She also recommends physicians get certified through the [American Board of Artificial Intelligence in Medicine](#) as a way to ensure they will be prepared for this transformative time in healthcare.



# STEPS TOWARDS ACHIEVING HEALTH EQUITY

Some of the most encouraging steps towards Improving health equity in healthcare involve a mix of high tech and low tech initiatives. Dr. Onyinye Enyia Daniel, [Highmark Health](#) vice president of data and analytics strategy, discussed its Healthy Families program, which involves supporting access to health foods. A partnership with retail chain Dollar General provides nutritious food while a network of providers for the initiative offer nutrition advice. Through that program, Highmark has provided meals to more than 30,000 families.

The Growing Resilient Communities initiative from Guidewell, a mutual holdings company for health insurer Florida Blue, identifies zip codes for underserved communities and identifies long-term strategies to address health disparities with plans to expand the initiative in South Florida in 2024. Partners support innovative local programs based on root causes of health disparities, according to Dr. Kelli Tice, Guidewell Chief Equity Officer.

“We are investing deeply in key communities, building cross-sector collaboration, and empowering residents to help identify long-term strategies,” Tice said. “This work is not restricted to addressing certain clinical conditions. The community health needs assessments are considered in each community’s program design.”

Additionally, Guidewell’s Health Equity Office and local market teams conduct a review of the data related to health disparities in maternal health and diabetes in each community.

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Guidewell Chief Equity Officer

Guidewell's efforts also include strengthening its own recruitment pipeline through Florida career colleges and historically Black colleges and universities as well as establishing and growing internship programs.

Health equity is also a focus for the Florida Blue Foundation.

“By investing in our communities, our Foundation enables nonprofit organizations to continue to deliver resources and programming that can improve health and health access. No one can do this work alone but partnering together allows us to create sustainable, lasting change,” said Tice.

Pooja Mittal, Chief Health Equity Officer at [Health Net](#), noted that California is forcing it and similar organizations to develop initiatives focused on housing and food to improve preventive care and population health upstream to meet member needs.

“It requires us to think creatively about the short term versus the long-term outcomes,” Mittal noted. “As a health plan and like much of the healthcare system, we're built to think about the long term outcome, which is a decrease in cost and an improvement in outcomes and health. But what are the guideposts that we can use on the way there to quantify directional improvement? One of the ways is qualitative through the perspective of our members' experiences.”



# WOMEN'S HEALTH

Another aspect of striving towards health equity is improving access to maternal health. In 2019, Health Net launched a community doula program in partnership with an LA County organization, according to Mittal.

Health Net enrolled 90 women into the program, which led to significant improvements in prenatal and postpartum care follow up and a decrease in the C-section rate. The doula program focused on Black women on Medicaid living in LA County, according to Mittal.

“The impact of the program became apparent when other payers in the region began to adopt similar doula programs,” Mittal said. “That really encouraged the state to create doula services as a Medicaid benefit, and so we made this available as a Medicaid benefit. Many of us on the plan side who were part of those programs gained a seat at the table and worked with community members who were very vocal to ensure that the program was as equitable as it could be. I view that as a really big success.”

Tice pointed out that minorities experience maternal-related death at two to three times higher than the rest of the population. That’s why Guidewell has created a maternal health dashboard to allow tracking of critical leading indicators for pregnant members and to help identify proper interventions. They launched a pilot program for highest risk expectant mothers involving self-monitoring of blood pressure with oversight from Guidewell’s prenatal nurses and members’ clinical providers.

In one community, Guidewell partners with the American Heart Association and specific clinician practices to reduce cardiovascular risk for pregnant mothers. and in another, we partner with a hospital system to provide health education, tools, and support for pregnant moms, Tice explained.

Solera’s women’s health program has five network partners spanning all parts of a woman’s life from fertility through perimenopause and menopause. After interviewing 2,000 women in more than 40 hours of in-depth interviews, the number one conclusion Crowe said they reached is that women often feel alone in their care. Crowe noted that women’s health will be one of its top priorities in 2024.

# WHAT'S IN STORE IN 2024 AND BEYOND?

## **Guidewell Chief Equity Officer Dr Kelli Tice**

“We know data is required to identify and address health disparities. The more we know about our members and the communities we serve, the better equipped we are to design health solutions that meet the needs of every member. In 2024, we will continue to prioritize data collection and develop tools that will give us key insights about our most vulnerable members so we can create targeted solutions to address significant social factors that affect our members’ overall health. For example, our health equity office has just created a holistic health index to assess equity in customer health outcomes, taking community, social and clinical drivers into account.”

## **Eugene Sayan, Softheon Founder and CEO**

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## **Byron Crowe, MD, Solera Health Chief Medical Officer**

“Solera continues to expand its offerings in 2024, with notable announcements in the virtual specialty, weight management, fertility and menopause, and employer arenas. Our vision remains the same – create opportunities for accessible, clinically effective, cost effective solutions that serve payers, employers, and individuals. We continue to forge increasingly efficient ways to achieve that with our platform and connected ecosystem.”

## **Fred Turner, Curative CEO and Co-founder**

“Our main priority for 2024 will be to continue providing our members with the most innovative health benefits and member experience in the market today. The Curative plan includes no copays and no deductibles for members who complete the Baseline Visit within the first 120 days of their plan effective date. Curative is focused on deepening our relationships across Texas and Florida, and we’re excited to explore expansion to additional markets in the second half of the year. We will continue to build out new capabilities to support member health engagement and improved health outcomes.”

## **Thomasina Anane, ACHP Associate Director, Data Analytics Experience**

“2024 will give us more opportunities to build on our early successes promoting MA for Tomorrow, ACHP’s vision for the future of Medicare Advantage. Launched in June 2023, MA for Tomorrow details five specific, commonsense policy pillars that take MA from “good” to “great” with greater choice, higher quality and long-term sustainability for seniors today and into the future:

- Raising the bar on quality
- Improving consumer navigation
- Advancing risk adjustment for care, not codes
- Modernizing network composition
- Transforming benchmarks

MA is already the choice of America’s seniors, as 2023 marked the first year most Medicare-eligible beneficiaries chose to enroll in an MA plan to meet their health care needs. MA boasts consistently high-quality ratings, expanded benefits and a record of reaching minority populations. That said, ACHP believes MA must evolve to keep pace with medical advances and address unintended loopholes, so it continues delivering high-quality outcomes and financial value for beneficiaries and taxpayers.

In fact, we closed out 2023 with a win for seniors when CMS included our recommendations to rein in outlandish broker fees – using ACHP member experiences to inform policy solutions. As we look to 2024, ACHP is staying abreast of critical challenges impacting our membership, including the ongoing Medicaid redeterminations, drug pricing, pharmacy benefit management (PBM) transparency and much more.”

# CONCLUSION

HLTH and ViVE will continue to facilitate discussions among thought leaders within the payer space and other stakeholders to address the complex challenges confronting the healthcare industry. Through these discussions, we aim to explore how innovation can potentially tackle some of the industry's most significant hurdles.

# ABOUT THE HLTH PAYER INSIGHTS PROGRAM

This program focuses on accessibility and affordability in the shift to value-based care. It features an in-depth view of innovative strategies, new models, and technological advancements for addressing the high cost of care, reaching more patients, and preventing and managing chronic disease.

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