Thank you for joining today, please wait while others sign in.

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- You have joined the call in listen-only mode.
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A Two Venue Approach to Self-Management: Complementing In-Person Workshops with the Online Better Choices, Better Health

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Canary Health

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Presentation June 16, 2015
NCOA Center for Healthy Aging
OUTLINE OF TALK

• Introduction to Canary Health
• Summary of the opportunity
• The emergent risk cohort and a model for chronic condition self-management
• Better Choices, Better Health: The online CDSMP
  What is it?
  How to offer it with Canary Health
  Is it something to consider?
• Exploring opportunities
Canary Health
Launched May 2015
(formerly DPS Health founded in 2004)

Population Health for Emergent Risk

Technology-enabled Behavior Change Interventions
National Council on Aging, DPS Health form strategic alliance to improve health of older Americans


DPS Health Launches Digital Health Self-Management Solution, Announces Strategic Partnership with Stanford Patient Education Research Center

New program suite sets the direction for a new era of population health with focus on Emergent-Risk population

OPPORTUNITY: SUMMARY

- Offer Better Choices, Better Health (Stanford’s online CDSMP)
- Offer online and in-person programs
- Partner with NCOA and Canary Health
- Create source of revenue to cover expenses and create sustainable model
**Emergent Risk:**
Sick with one or more pre-chronic or early stage chronic conditions

**$160B/YR**
Preventable Spend in US

15-20% yearly progress to high cost

Conditions compound every 2-3 years
Chronically ill consumers face compounding conditions and costs. The population strategy—from outreach to outcomes—must be CONSUMER-CENTRIC.

The Emergent-Risk Population
Trajectory of Clinical & Financial Risks

Emergent-Risk Stratification
by consumer’s # of conditions, to prevent compounding cost and transition to high cost
Regardless of initial condition, all share a common need for **LIFELONG HEALTH SELF-MANAGEMENT**

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**The Emergent-Risk Population**  
*Trajectory of Clinical & Financial Risks*

- **Well**
- **High Risk**

**Three Types of Behavior Change:**
- Healthy Lifestyle Management
- Stress Management
- Condition Self-Management

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A different approach is needed to fill the gap

Wellness Management
Prevention Programs to Stay Healthy

Emergent-Risk Management
Arrest the Trajectory of Compounding Conditions and Costs

Intensive Care Management
Clinical Interventions for Specific Disease
ELEMENTS OF COMPLETE SOLUTION

Outreach

Multi-modal

Social Support

Peer & Caregiver

Lifestyle

Stress

Condition

Solution for Whole Population

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VIRTUAL LIFESTYLE MANAGEMENT (VLM) SUMMARY

• CDC Recognized Diabetes Prevention Program
• Developed in partnership with University of Pittsburgh Medical Center
• Implements Diabetes Prevention Program’s (DPP) Lifestyle Intervention
• Launch in 2006
  • 20,000 users through program since 2006
  • Applicable for diabetes, pre-diabetes, obesity and lifestyle intervention
  • Numerous published studies on various population
• Year-long program for members to adopt and sustain healthy behaviors
  1. 16 weekly, 8 monthly lessons w/ streaming audio & interactive workbooks
  2. Dynamic behavior planning and tracking
  3. Email coaching and secure messaging
  4. Group peer support through moderated chat
• Interface and tools support efficient and effective eCoaching
Stanford’s Chronic Disease Self-Management Program (CDSMP) and Better Choices, Better Health (BCBH)
Evidence-Based Patient Activation Program
CHARACTERISTIC OF ONLINE WORKSHOPS
BETTER CHOICES, BETTER HEALTH

• Shared workshops with client specific landing page
• Six-weeks (entirely on-line)
• Online curriculum same as community-based
• 20-25 participants
• Peer-led by 2 trained facilitators who experienced in-person CDSMP – supervised by online mentor/safety monitor
• No “real-time” commitment – any time/any day
• Highly interactive (via discussion boards)
• Participants log on 2-3 times a week for a total of 1-2 hours
WHY ONLINE WORKS

• Faithful to CDSMP model and implementation
• Available 24/7/365
• Level of discussion / engagement online
• Guaranteed infrastructure with no geographic boundaries
• Attractive to individuals who don’t like to join in-person groups
• Easier to implement by host organization
• Hassle free day-to-day administration
• Utilization and engagement data for analysis
Based on several (6+) published studies that used validated scales and measures, the online and community workshops have shown statistically significant impacts after 12 months on the following:

<table>
<thead>
<tr>
<th>✓ Reduced depression</th>
<th>✓ Improved stress management</th>
<th>✓ Reduced ER visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Reduced pain</td>
<td>✓ Improved self-efficacy to manage conditions</td>
<td>✓ Reduced A1c (BCBH-Diabetes)</td>
</tr>
<tr>
<td>✓ Improved medication adherence</td>
<td>✓ Improved patient activation (PAM)</td>
<td>✓ Improved communication with physician</td>
</tr>
<tr>
<td>✓ Reduced fatigue</td>
<td>✓ Increased aerobic exercise</td>
<td></td>
</tr>
</tbody>
</table>
Canary Health provides access to BCBH website and all services needed to run online workshops

- Workshop administration
- Facilitators, mentors and super-mentors
- Harm protocol implementation
- Fulfillment of books
- Data collection and analysis
- Support for outreach and activation (20 hours included in price; additional hours @$125/hr)
- Access to alumni community at no extra charge
- Advocacy for policy change for future reimbursement
OFFERING BCBH

- Decide which BCBH(s) to offer
  - BCBH; BCBH–Diabetes; BCBH–Arthritis; BCBH-Cancer; Building Better Caregivers
- Contract with Canary Health
- Recruit participants to program(s) with support from Canary Health
- Participate in periodic webinars and other mutual support activities
- Work to assure sustainability in partnership with NCOA, Canary Health and other programs
OFFERING BCBH

- Contract with Canary Health for delivery of BCBH
- Minimum per contract of 300 participants over 2 years
- Price set per participant based on committed volume
  - 300-500 = $275/participant
  - 501-999 = $250/participant
  - >1000 = Volume discount plus recruitment support
- Set up fee (one time)= $3,500
- Total cost per participant to any outside funder set by partner to include partner’s cost to provide service
IMPLEMENTATION AT SCALE: MODELS

- Large organizations providing BCBH to 1000's of patients/members/employees
- Single organization able to commit to providing BCBH to at least 300 participants over 2 years
- Consortium of providers with single contract with Canary Health
- Statewide coordinating/contracting body supporting CBOs
- Non-profit organization supporting CBOs in variety of ways
- Academic institutions performing BCBH research
IMPLEMENTATION AT SCALE: REQUIREMENTS

- Business plan to bring BCBH to > 300 over 2 years
- Contracting with payers, employers, healthcare providers to provide BCBH
- Providing outreach and enrollment support to recruit participants
- Monitoring fidelity to evidence-based protocols
- Providing quality assurance activities
- Reporting on key processes and outcomes
Remember the Golden Rule!

What's that?

Whoever has the gold, makes the rules!
Key Points

• Accountable Care Act: An Opportunity for EBP Sustainability
• What is Required: Moving from grant-based culture to new contracts with Payers
• Key Learnings
ACCOUNTABLE CARE ACT AS AN OPPORTUNITY

Moving from grant-based culture to new contracts with Payers
The ACA as an Opportunity

- Triple Aim
- Affordable Care Act
- Population Health
- Patient Efficacy & Patient Centered Care
Pilot with a Managed Care Organization

**Purchasers are Value Driven**
- New mandate for preventative services
- Need proof of Return on Investment

**Disease Management doesn’t have proof**

**CDSME has evidence**
- Pilot: CDSME and Disease Management comparison using a randomized control trial
- *Proof is in the pudding*: Possibility of turning the pilot into a Covered Benefit
Casting a Wider Net
for broad market coverage

Offer Choices!

Customer Satisfaction
Must meet the needs of plan members

Contracted Network of Providers
Must meet the needs of the plan

Plans need Providers that offer multiple modalities:
In-person Workshops
Online Workshops
Self-Study Toolkit
Moving from grant-based culture to new contracts with Payers

WHAT IS REQUIRED
Usual work, **new standards**

- **We have to do it better & faster**
  - Geographic availability
  - New Culture: Rapid Response
  - Go to where the need is! The ‘*If you build it they will come*’ approach doesn’t work

- **Constant Measurement**
  - We have to measure & improve constantly
  - Data – Network members MUST share data and information so we can improve...**and demonstrate outcomes!**
    * No data, no payment!

- **Highly Regulated Environment**
Meet Health Plan Due Diligence Requirements

• Credential network members to assure compliance with contract terms
  – HIPAA/HITECH security
  – IT Systems for data exchange (SFTP)
  – Insurance
    • Workers Comp, Commercial Liability, Business Auto, Umbrella, Professional Liability, Privacy and Network Security (Cyber Insurance), Crime
  – Staff / Volunteer Background Checks
  – License/certification/accreditation
## CBO Readiness to Meet Plan Requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Build Regional Networks</strong></td>
<td></td>
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<tr>
<td><strong>Billing for Services</strong></td>
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<tr>
<td><strong>Quality Assurance &amp; Data Gathering/Reporting</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Information Technology</strong></td>
<td>• Need a lot of IT in place &amp; savvy staff to work IT systems</td>
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<tr>
<td><strong>Insurance</strong></td>
<td>• Cyber Insurance</td>
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<td></td>
<td>• Umbrella Coverage at higher limits than normal</td>
</tr>
<tr>
<td><strong>Security &amp; HIPAA Standards</strong></td>
<td>• Secure Emails, SFTP</td>
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KEY LEARNINGS
Key Learnings

Sustainability

Why move to this approach?

Meeting the needs of the plans

- Insurance Requirements
- On-line
- Security
- Billing & Data
- Infrastructure

Partners in Care
changing the shape of health care
THANK YOU