

Physician-Focused Payment Model Technical Advisory Committee

Session 5: Payment Models and Benefit Design Improvements to Enhance Patient Empowerment

Presenters:

Subject Matter Experts

- [**Robby Knight, MBA, MS, MSW**](#) – Co-Founder and Chief Executive Officer, Soda Health
- [**Clay Johnston, MD, PhD, MPH**](#) – Co-Founder and Chief Medical Officer, Harbor Health
- [**Paul Berggreen, MD**](#) – Chief Strategy Officer, GI Alliance, and Founder and President, Arizona Digestive Health
- [**Kaitlyn Pauly, MS, RDN, DipACLM**](#) – Chief Integration Officer, American College of Lifestyle Medicine

Session 5: Payment Models and Benefit Design Improvements to Enhance Patient Empowerment

Robby Knight, MBA, MS, MSW

Co-Founder and Chief Executive Officer,
Soda Health



Robby Knight
CEO, Co-Founder

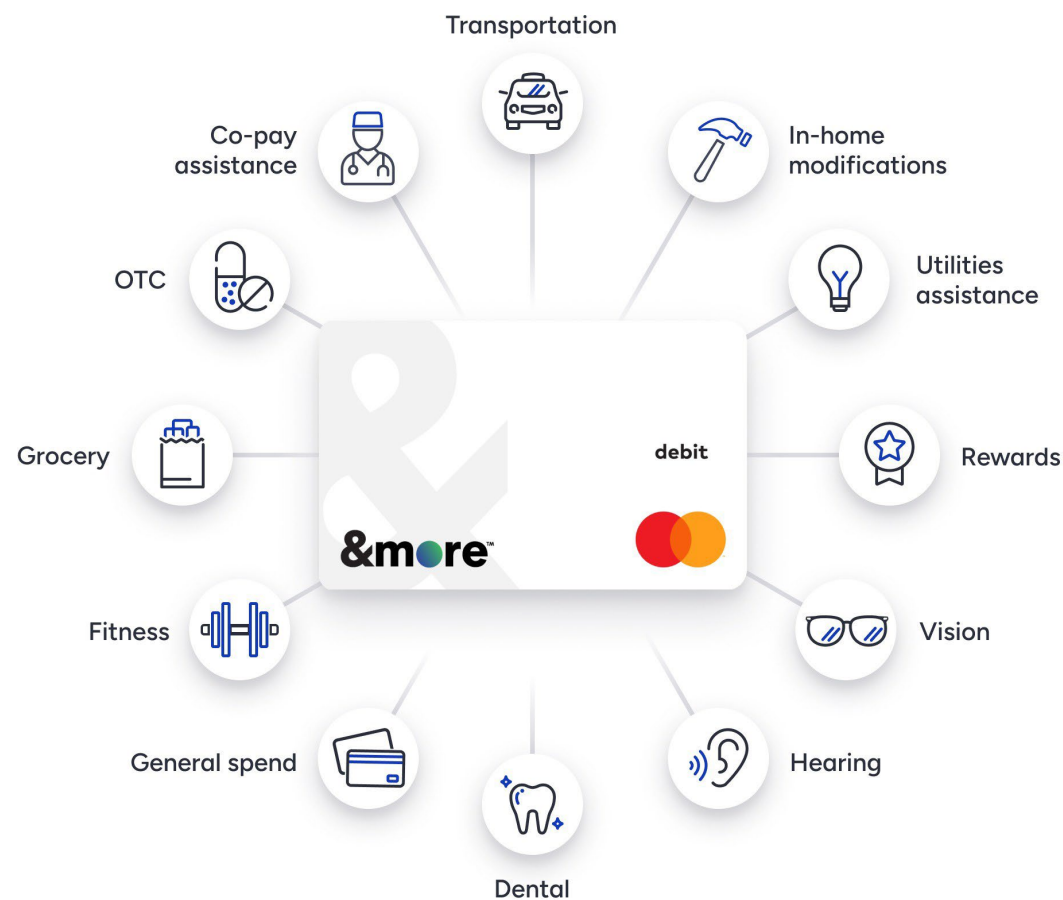
Deliver benefits and rewards seamlessly on one customizable Smart Benefits card

Card Capabilities

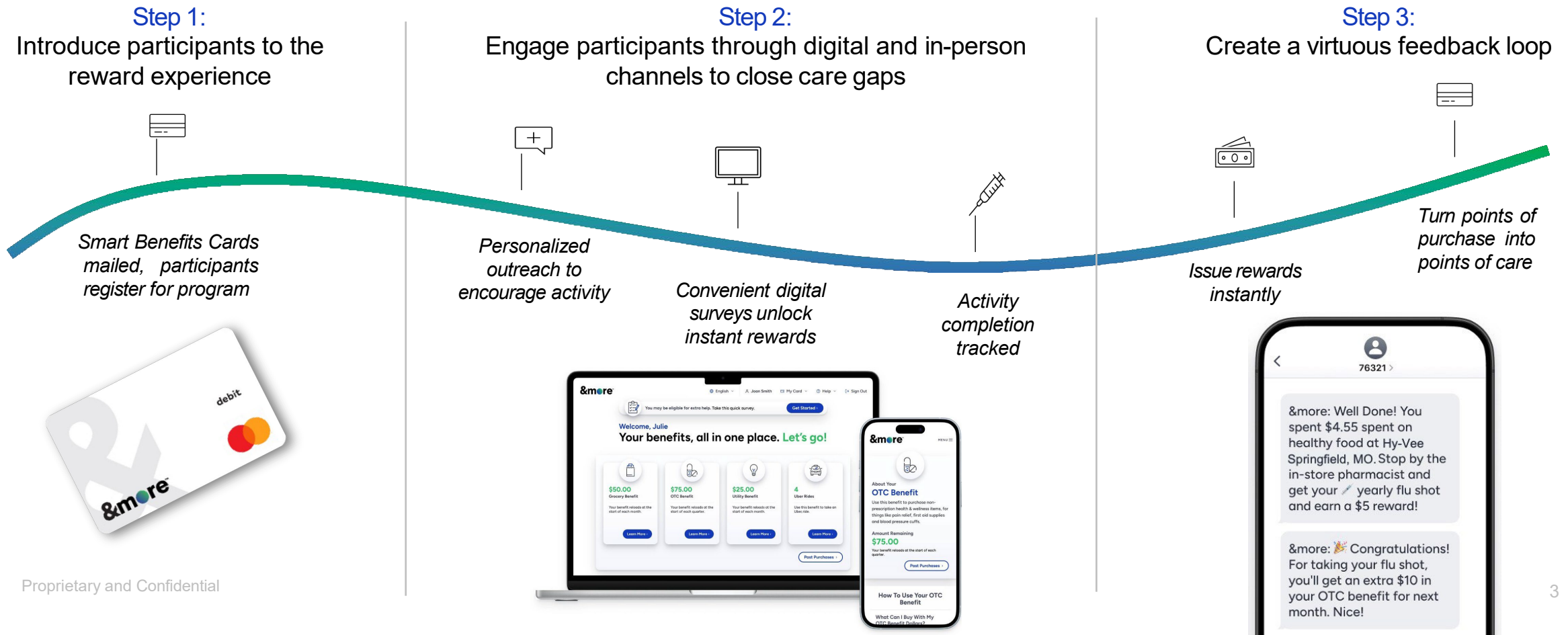
- Item-level, MID and MCC restrictions
- Unlimited benefit purses
- Distinct purses or super purse
- Custom approved product lists

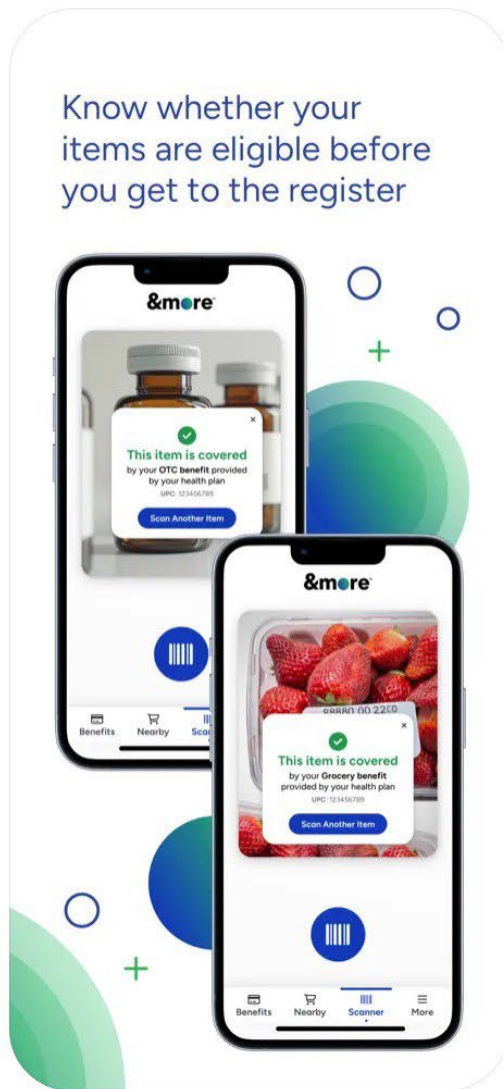
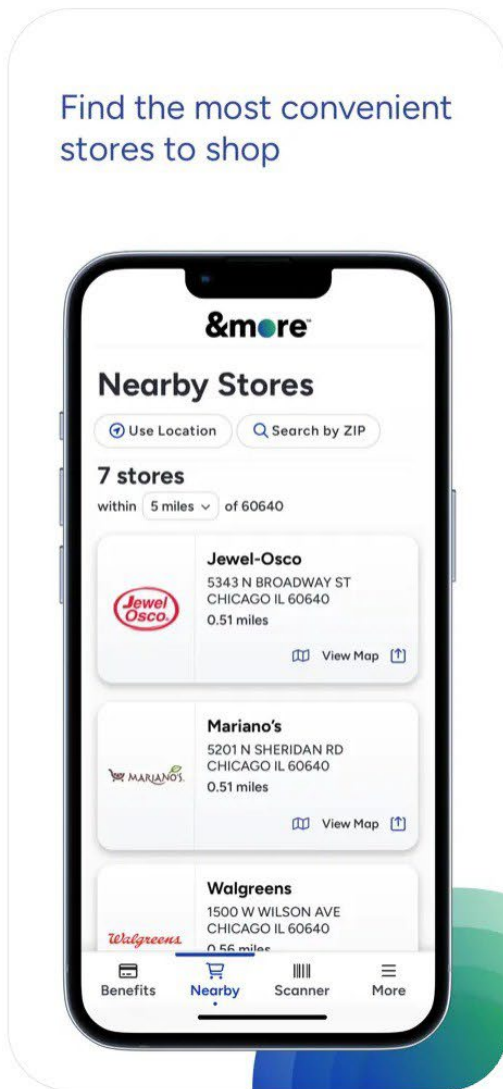
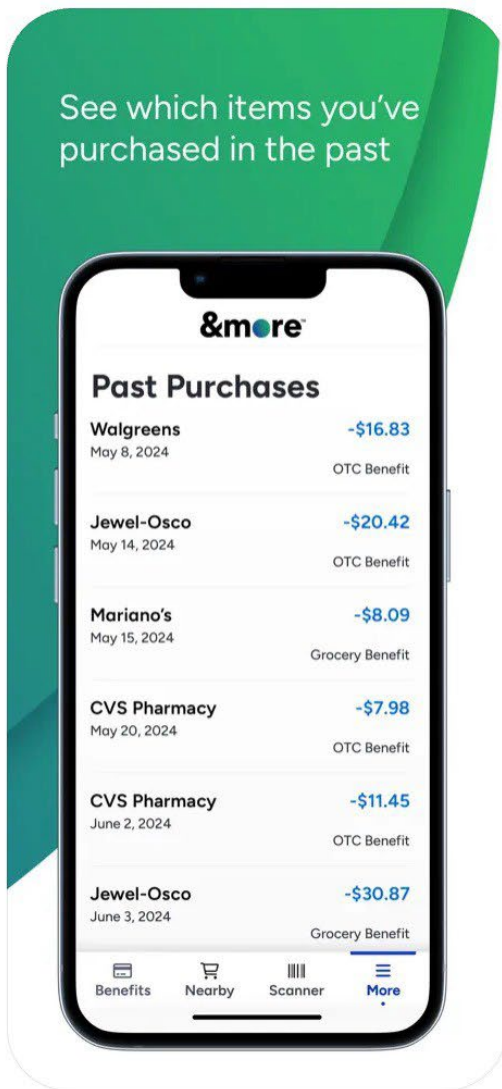
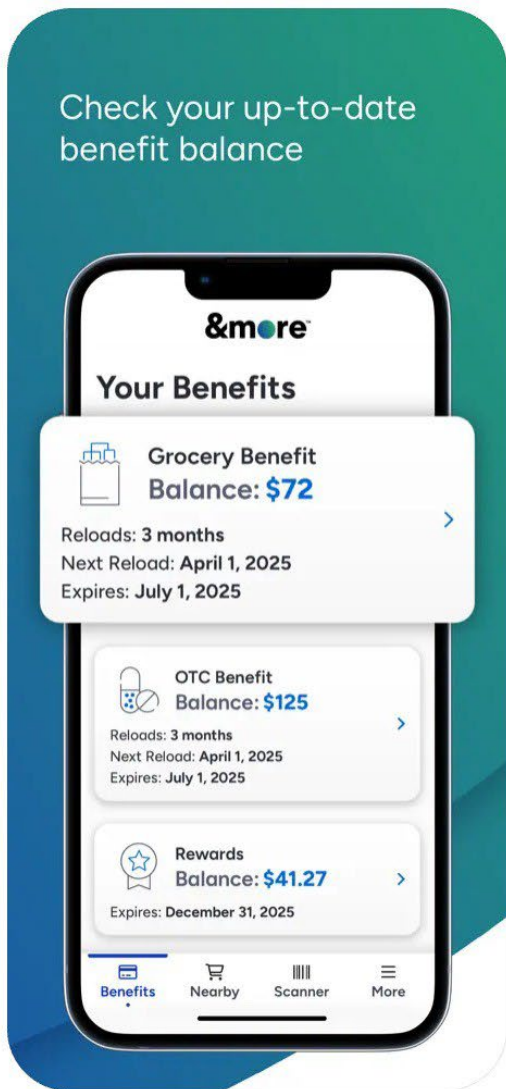
Differentiated Payments Tech

- Real-time incentives and rewards
- Patient-level reporting / insights
- Dynamically unlock new benefits
- Integrated engagement (SMS)
- SDOH screening + intervention



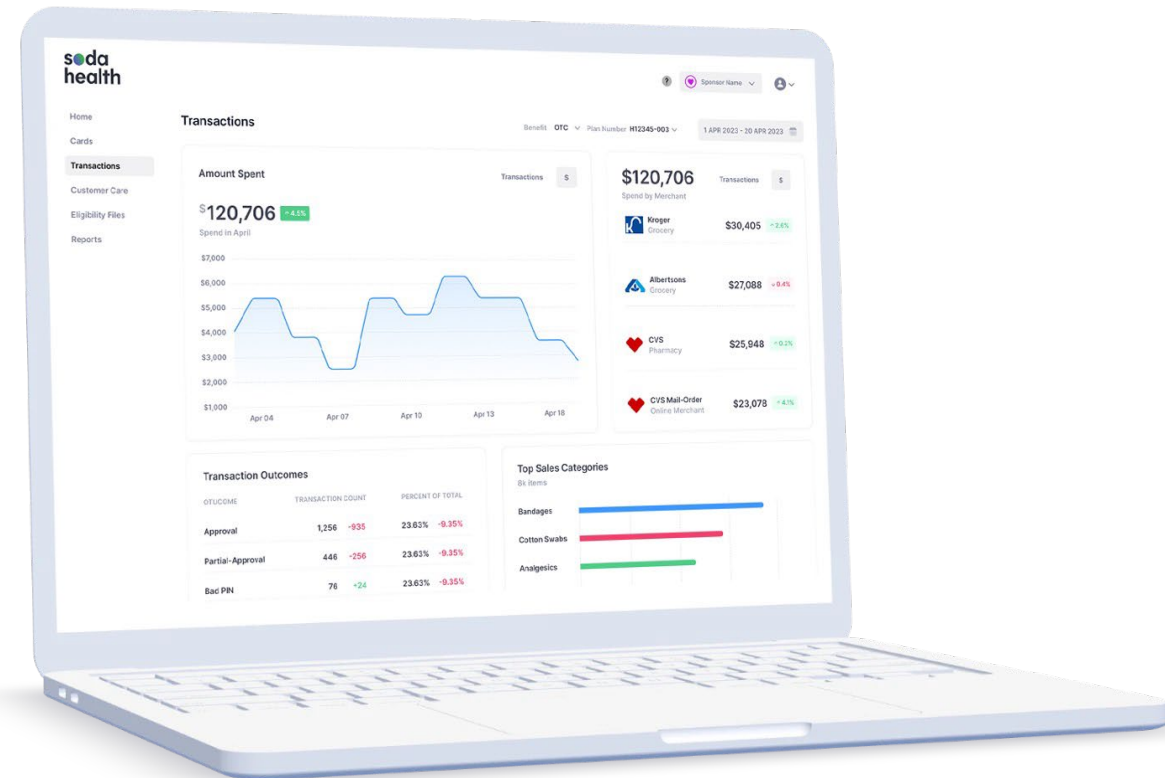
Drive behavior change and close care gaps with our dynamic engagement platform





Gain real-time visibility into your program and track participant progress over time

View all details about your program, including benefit dollars available, dollars spent by retailer and by item, and more



Session 5: Payment Models and Benefit Design Improvements to Enhance Patient Empowerment

Clay Johnston, MD, PhD, MPH

Co-Founder and Chief Medical Officer,
Harbor Health

Aligning Member Incentives

S. Claiborne Johnston
CMO Harbor Health

A Linear Journey of Disillusionment



- Stroke neurologist
- Assoc VC Research
- Director, Clinical Translational Science Institute
- Founder, Center for Healthcare Value

- Inaugural Dean, Dell Medical School at UT Austin
- "Rethink Everything"
- Condition focused rebuild
- Inability to get paid appropriately

- Co-Founder, CMO



Harbor is a vertically integrated payvider focused on Texas



Designed for **people**
not patients



Organized around **health journeys and conditions**
(not doctors, hospitals or drugs)



Built on risk transfer payments to the only agents who can really change the risk - **people teaming up with their clinicians and coaches**



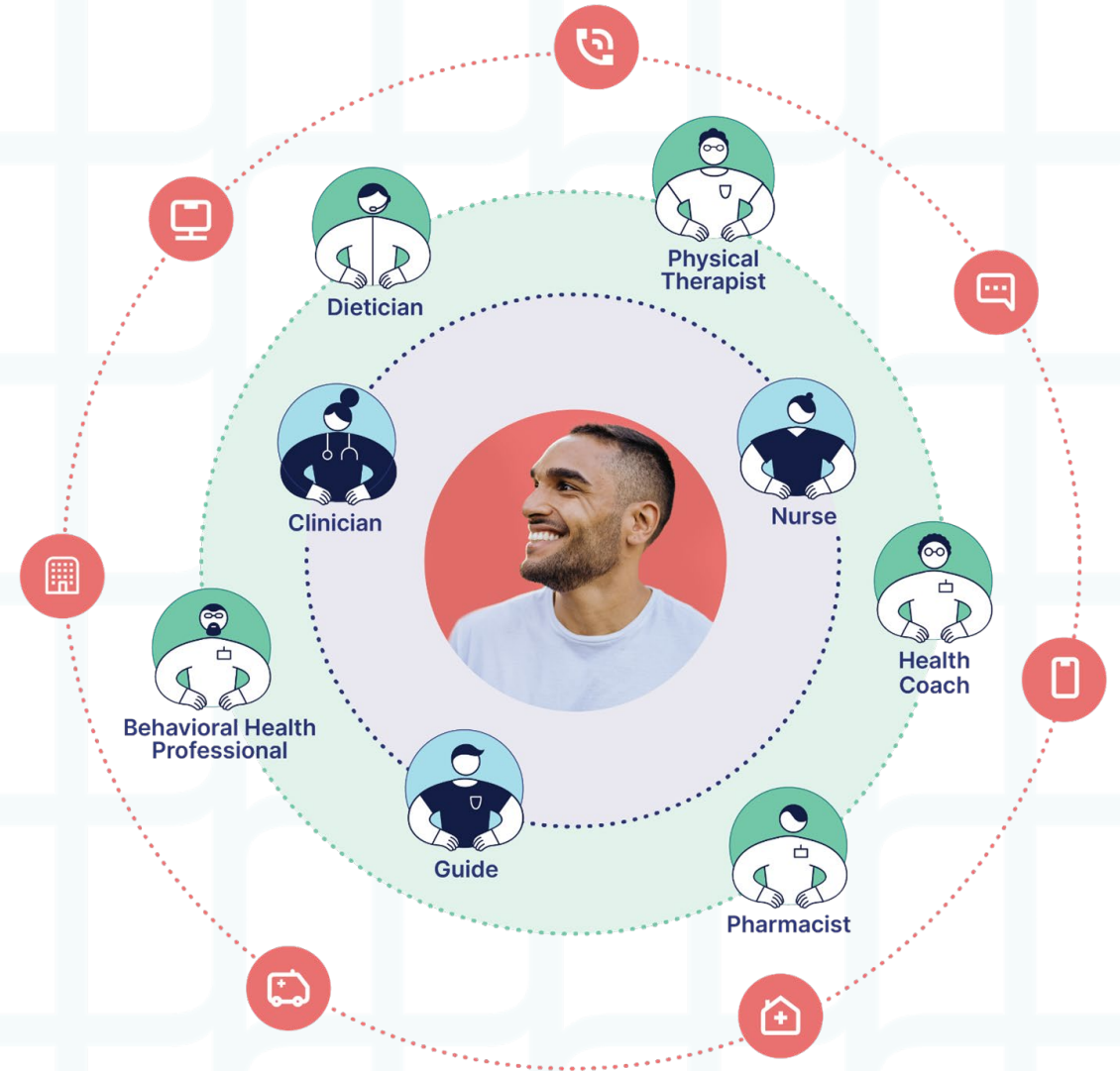
Powered by modern **clinical intelligence** informing **smart subsidization** so that health journeys become faster, cheaper and way better



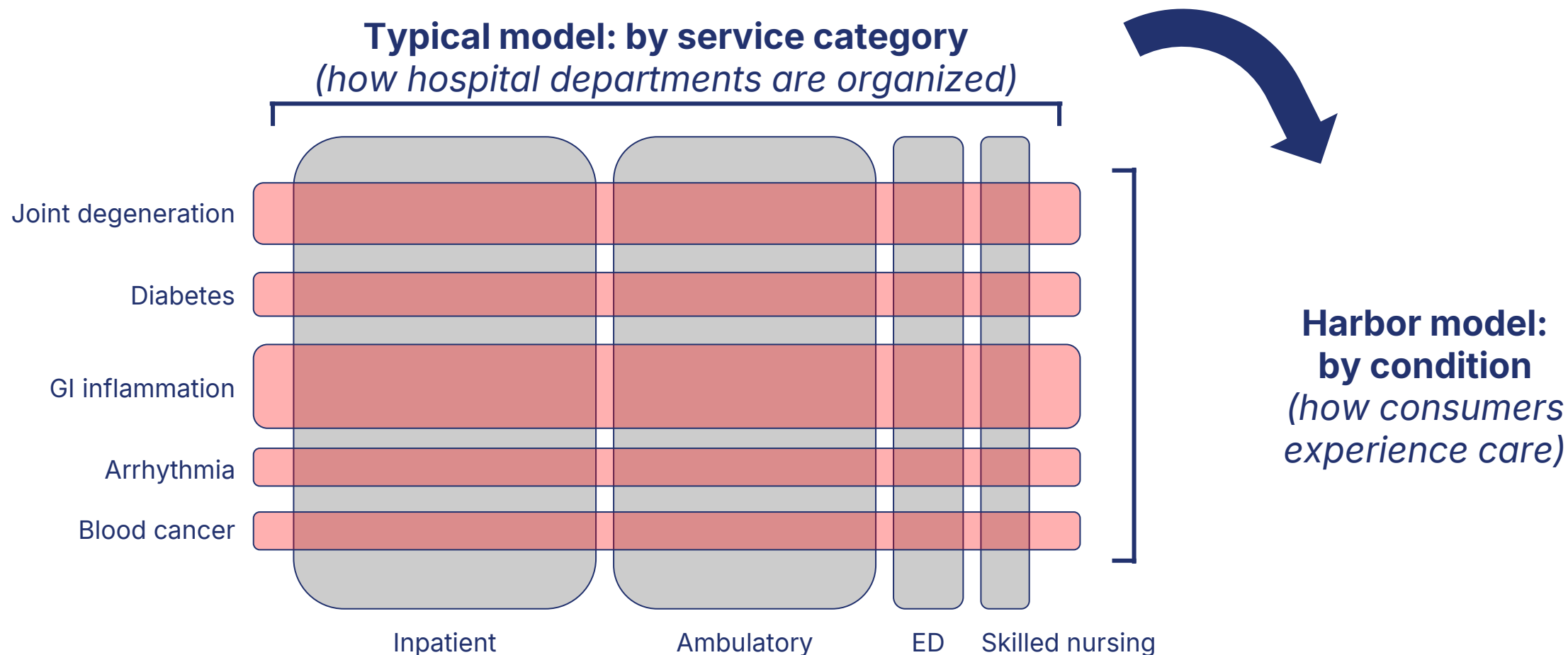
Delivered to the **communities** people live in. We started in Austin

Our Care Model

- Team-based and multispecialty organized by conditions
- Multi-layered consumer touchpoints across asynchronous, virtual, physical and referral encounters automated with clinical intelligence to create seamless health experiences



We are flipping the US healthcare system on its side



It's hard to know the best specialists

Where should we send a member for an ablation?

Specialist	Group	Health Grades
Specialist A	St. David's	4.9
Specialist B	St. David's	4.9



It's hard to know the best specialists

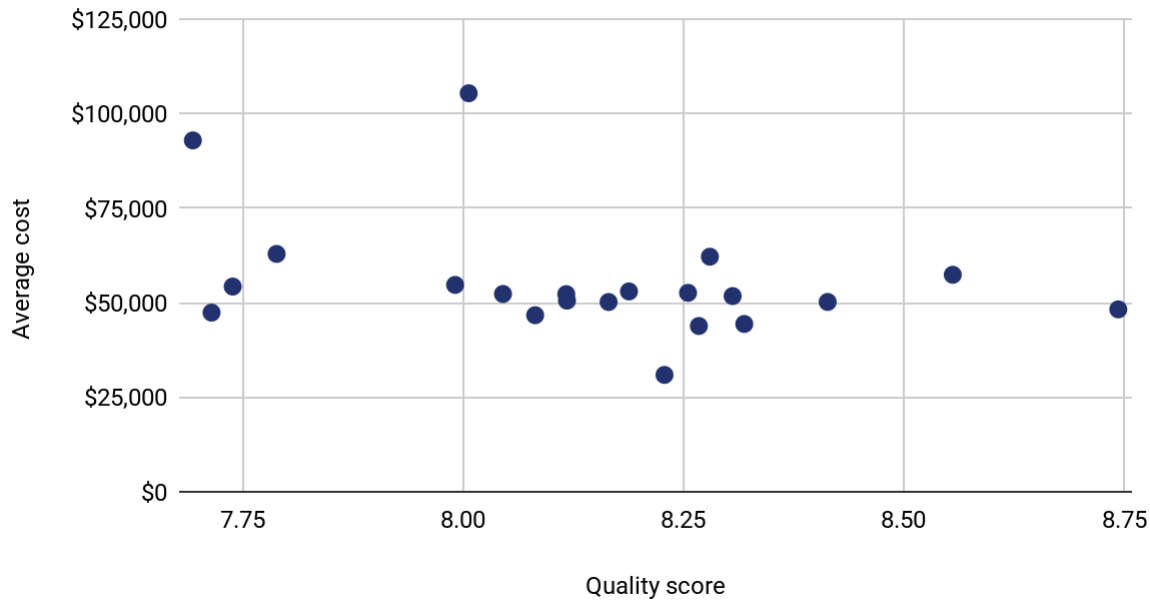
Where should we send a member for an ablation?

Specialist	Group	Health Grades	Quality score <i>(out of 10)</i>	Average cost
Specialist A	St. David's	4.9	8.01	\$105,357
Specialist B	St. David's	4.9	8.32	\$44,358

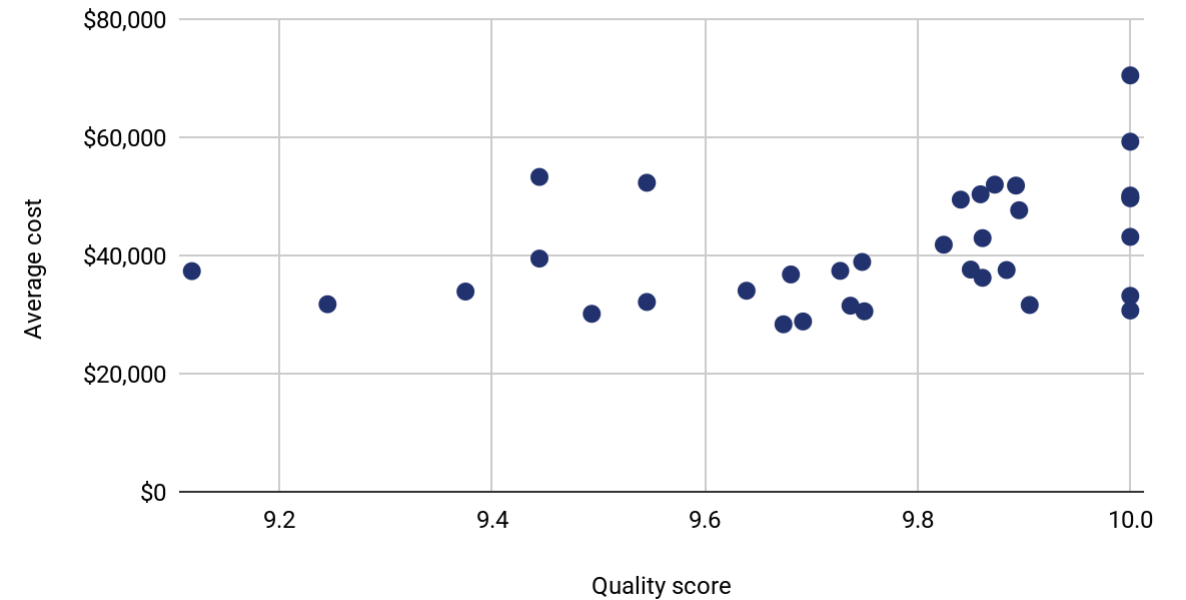
* **Quality score** includes measures such as surgical complication rates and adherence to guidelines.

There are always big spreads in quality & cost (...and they aren't related!)

Austin cardiologists (ablations)



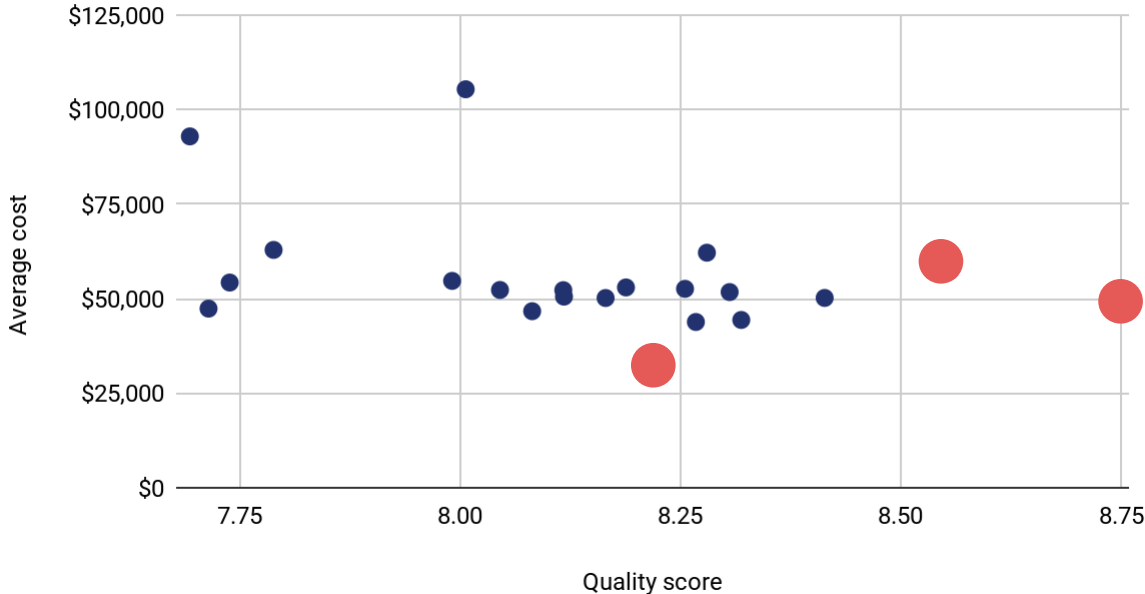
Austin orthopedists (knee replacement)



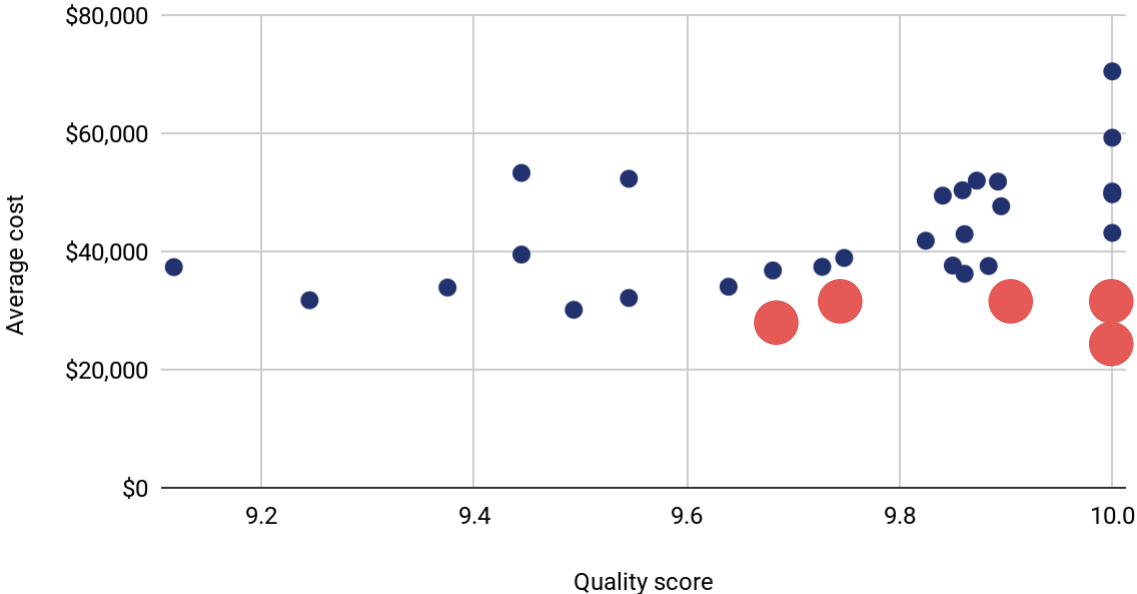
* **Quality score** includes measures such as surgical complication rates and adherence to guidelines.

We can reduce copay for good choices

Austin cardiologists (ablations)



Austin orthopedists (knee replacement)

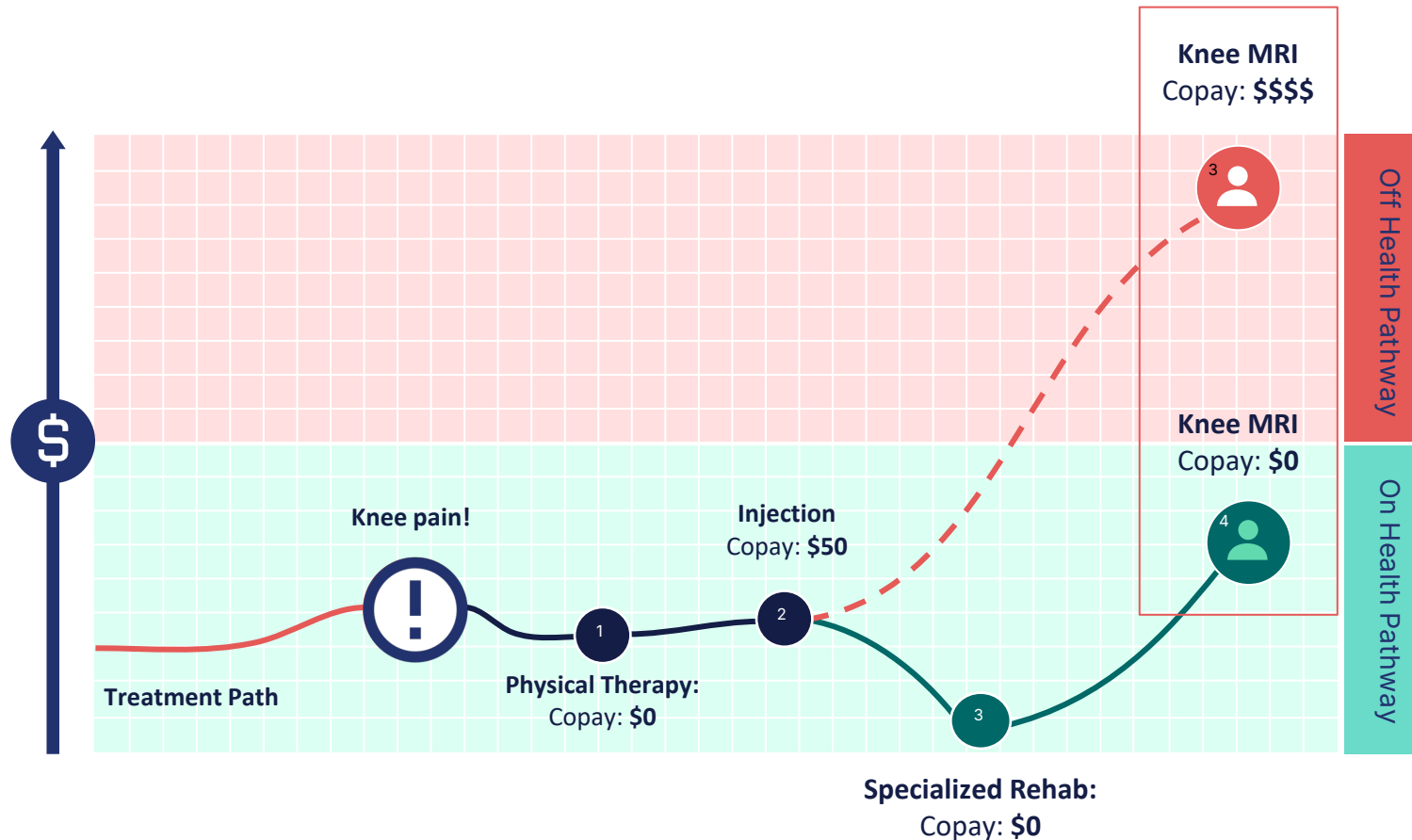


\$0 Copay

* **Quality score** includes measures such as surgical complication rates and adherence to guidelines.



Financial Incentives for Members to Follow the Best Path



Designing **benefit coverage** from scratch:

- Personalized care journeys with Harbor Health pathways
- Know exact costs in advance
- Try conservative treatments first
- Use high value, effective treatments and providers (NPI driven)
- Coverage that costs you nothing but your premium when you follow our guidance.
- Care team you trust guiding you through the process

Harbor is Not Alone in Incentivizing Good Choices



Other New Insurers in Texas

- **Curative**
 - Initial onboarding visit required to reduce deductible to \$0.
- **Everly**
 - Rewards card loaded when activity documented
 - \$100 for health survey
 - \$50 to enroll in wellness program
 - \$50 to enroll in exercise program



Thank you!

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Paul Berggreen, MD

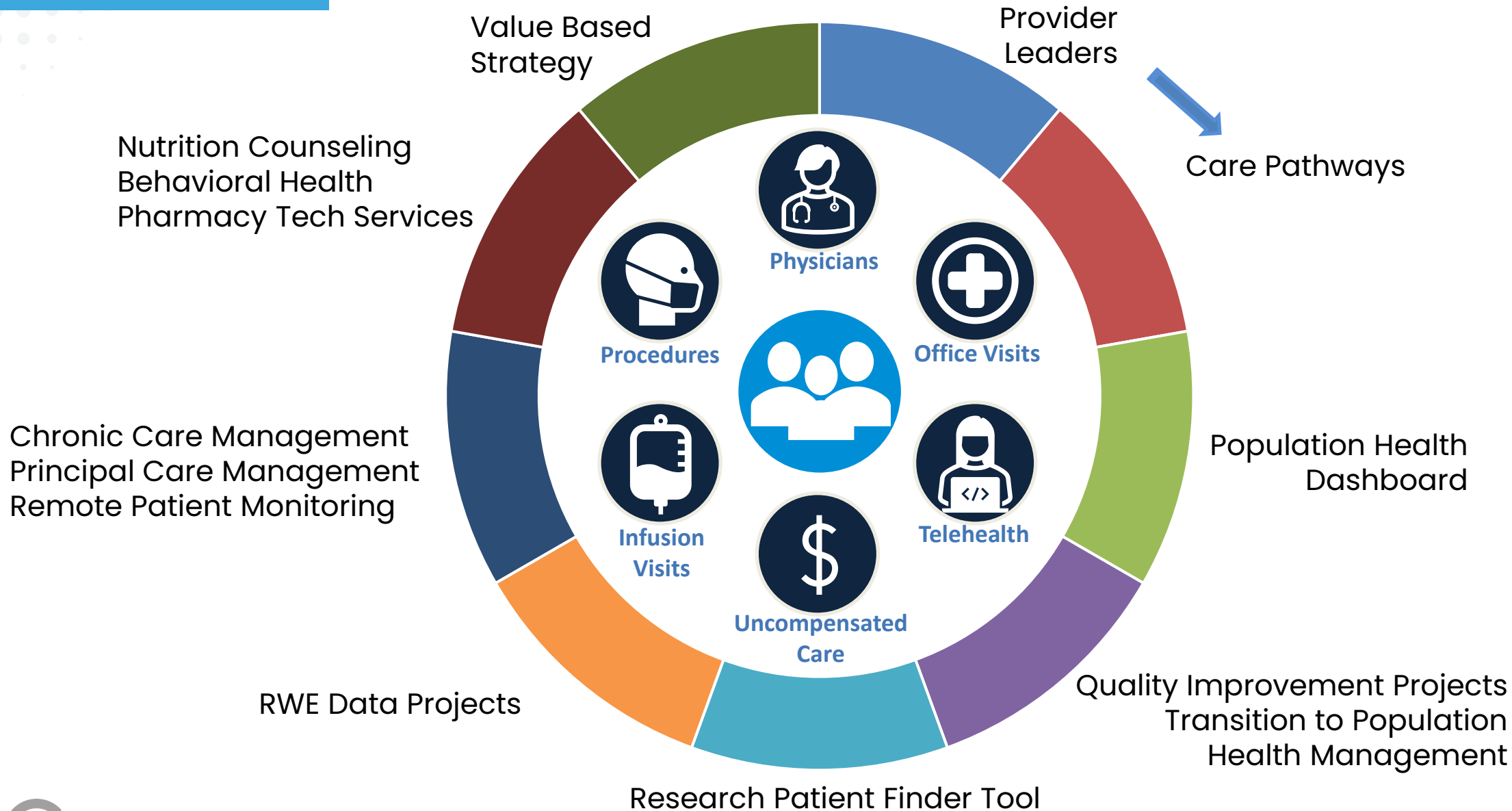
Chief Strategy Officer,
GI Alliance,
and Founder and President,
Arizona Digestive Health



Paul Berggreen, MD

Chief Strategy Officer The Specialty Alliance

Improving Delivery of Clinical Value



Total Patients 2,078,800

PPS Analytics for GI

Source System (Multiple values) Provider Group Name (All) Provider Name (All)

Reset

Appointments and Recalls

On Recall list

(All)

Appointment Scheduled

(All)

Office Visit Within Last Year

(All)

Demographics

Gender

Female 1,233,540

Male 864,650

Unknown 1,150

Age 4 123

0 - 20 40,644

21 - 30 136,963

31 - 40 198,798

41 - 50 289,202

51 - 60 370,312

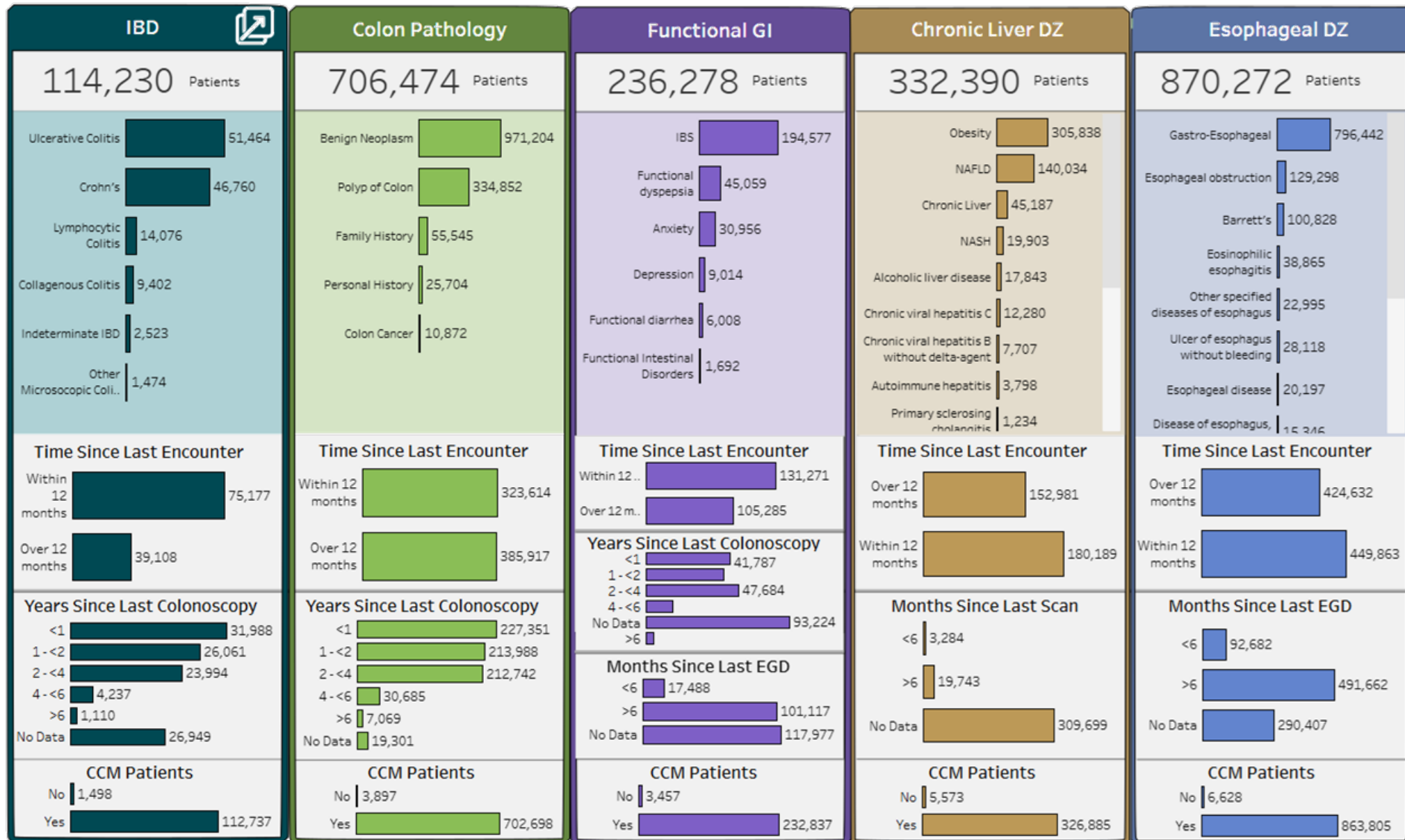
61 - 70 478,494

71 - 80 432,578

81+ 168,277

Plan Name

(All)



Total Patients108,413

Active PatientActive

IBD Dashboard

Source System(Multiple values)Provider Group Name(All)Provider Name(All)

Reset

Appointments and Recalls

Recall Scheduled(All)

Appointment Scheduled(All)

Office Visit In Last Year(All)

Overdue Recall(All)

Demographics

Gender(All)

Age0125

Plan Name(All)

Filters

Diagnosis

Primary(All)Secondary(All)

Test & Results Filters

Fecal - Months Since(All)Fecal Cal - Trend(All)

CRP - Months Since(All)CRP - Trend(All)

Albumin - Months Sin...(All)Albumin - Trend(All)

HGB - Months Since(All)HGB - Trend(All)

On Oral Steroids(All)Months on Oral Steroid(All)

Years Since Colonosc...(All)Months Since Hep B(All)

TB Test Results(All)Months Since TB(All)

Vitamin D Labs(All)Months Since Vitamin D(All)

Medication(All)

Drug Class(All)Description(All)

Earliest Medication DateJanuary 2005March 2025

Latest Medication DateApril 2005December 2024

ORAL MESALAMINE43,166

BUDESONIDE38,619

PREDNISONE31,978

NO MEDICATION18,130

HUMIRA14,334

REMICADE11,337

ENTYVIO10,837

CANASA10,021

AZATHIOPRINE9,877

STELARA8,079

SULFASALAZINE6,506

ROWASA5,444

BALSALAZIDE4,671

METHOTREXATE3,610

SKYRIZI3,598

RINVOQ3,428

MERCAPTOPURINE3,303

Tests & Results

Fecal Calprotectin

Results

Borderline (50-120)5,965

Normal (<=49)10,374

Elevated (>120)12,966

No Data79,173

Months Since Last Calprotectin

0 - 33,697

4 - 64,045

7 - 93,056

10 - 122,534

>1216,975

No Data78,169

C-Reactive Protein

Results

0-525,230

6-104,673

11-151,743

16-20806

>202,195

No Data73,847

Months Since Last CRP

0 - 38,919

4 - 67,239

7 - 94,975

10 - 124,027

>1223,706

No Data59,649

Steroids

Months On Oral Steroid

< 3 Months8,813

3-5 Months424

6+ Months1,551

Albumin

Results

<34,007

>=352,628

No Data51,832

Months Since Last Albumin

0 - 310,529

4 - 68,477

7 - 95,781

10 - 124,659

>1227,273

No Data51,790

Hemoglobin

Results

<102,551

>=1055,114

No Data50,803

Months Since Last HGB

0 - 310,632

4 - 68,518

7 - 95,820

10 - 124,704

>1228,179

No Data50,661

Colonoscopy

Years Since Last Colonoscopy

<129,766

1 - <225,180

2 - <423,207

4 - <64,067

>61,060

No Data25,236

Chronic Care Management (CCM)

CCM Status

CCM Candidate39,296

CCM Inactive1,872

CCM Patient1,469

Ineligible65,853

Months Since Last

0 - 2788

3 - 6681

7 - 9181

10 - 12118

>121,573

Patient List

Download...

Name

MRN

MRN	Patient Name	Date Of Birth	Provider Name	Last Encounter Date	Appointment Date	Next Recall	Overdue Recall Date	CCM Last Date	Colonoscopy Last Date	Ca T
108L			Kulkarni, Aparna	3/20/2024	3/10/2025	Null	Null	Null	6/12/2023	
148L			Kang, Kalle	6/5/2024	Null	Null	Null	Null	10/17/2023	
168L			Yap, Eric	6/3/2024	Null	6/23/2025	Null	Null	6/20/2023	
238L			Selinger, Roanne	11/12/2024	4/25/2025	Null	9/2/2023	Null	11/7/2023	
38.0C			Robertson, Jeffrey	2/12/2025	Null	4/19/2026	Null	Null	4/24/2024	
458L			Ferguson, Craig	1/9/2023	Null	6/22/2033	Null	Null	6/20/2023	
96.0			Lacey, Brent	7/12/2024	3/14/2025	7/25/2025	Null	Null	7/25/2024	
131			Tsai, John	2/26/2025	3/13/2025	Null	3/1/2024	Null	2/5/2024	5/
134.0			Ramos, Christopher	3/1/2023	Null	2/25/2027	Null	Null	2/25/2025	1/

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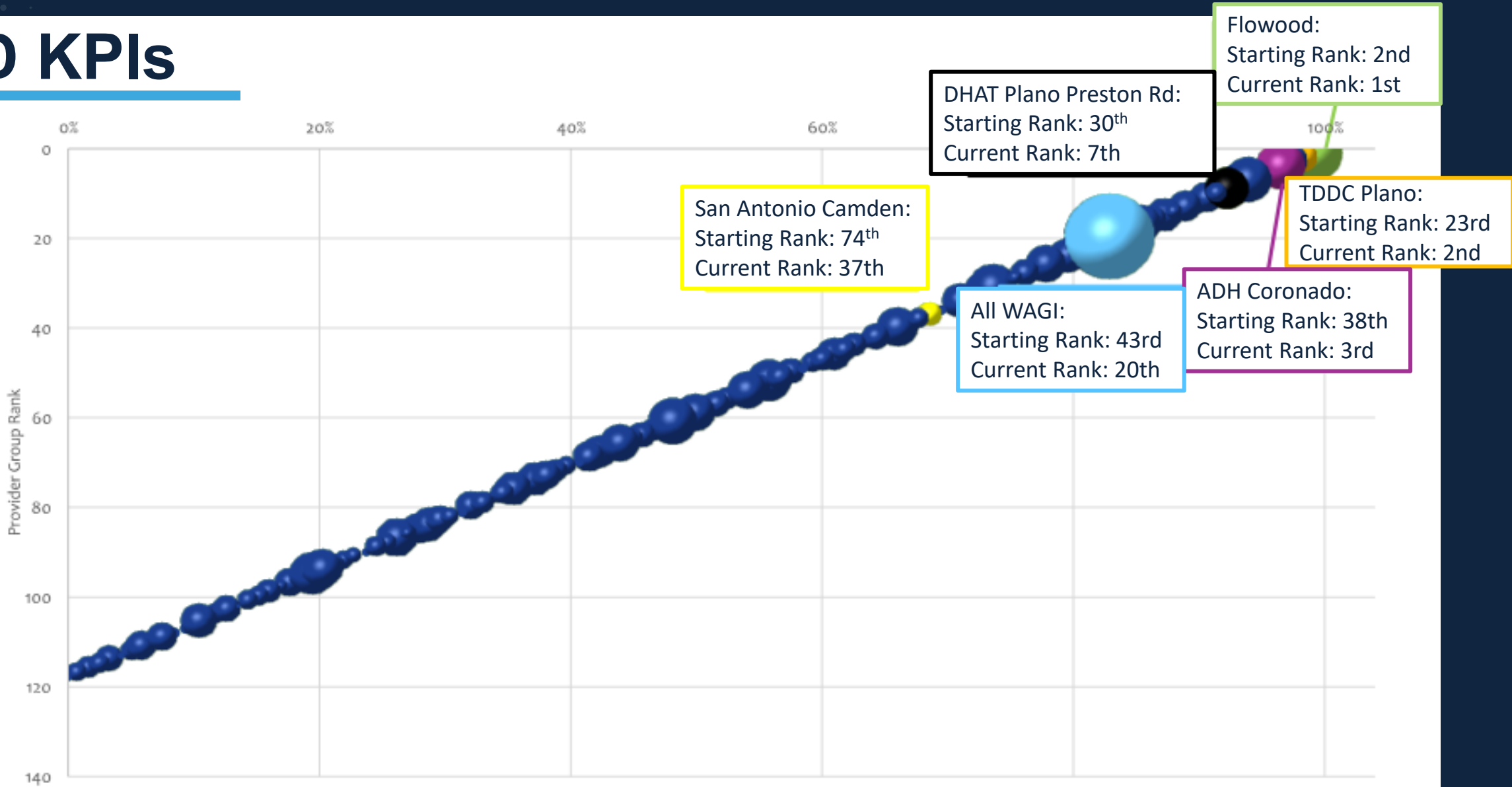
Patient List

Download...

NameMRN

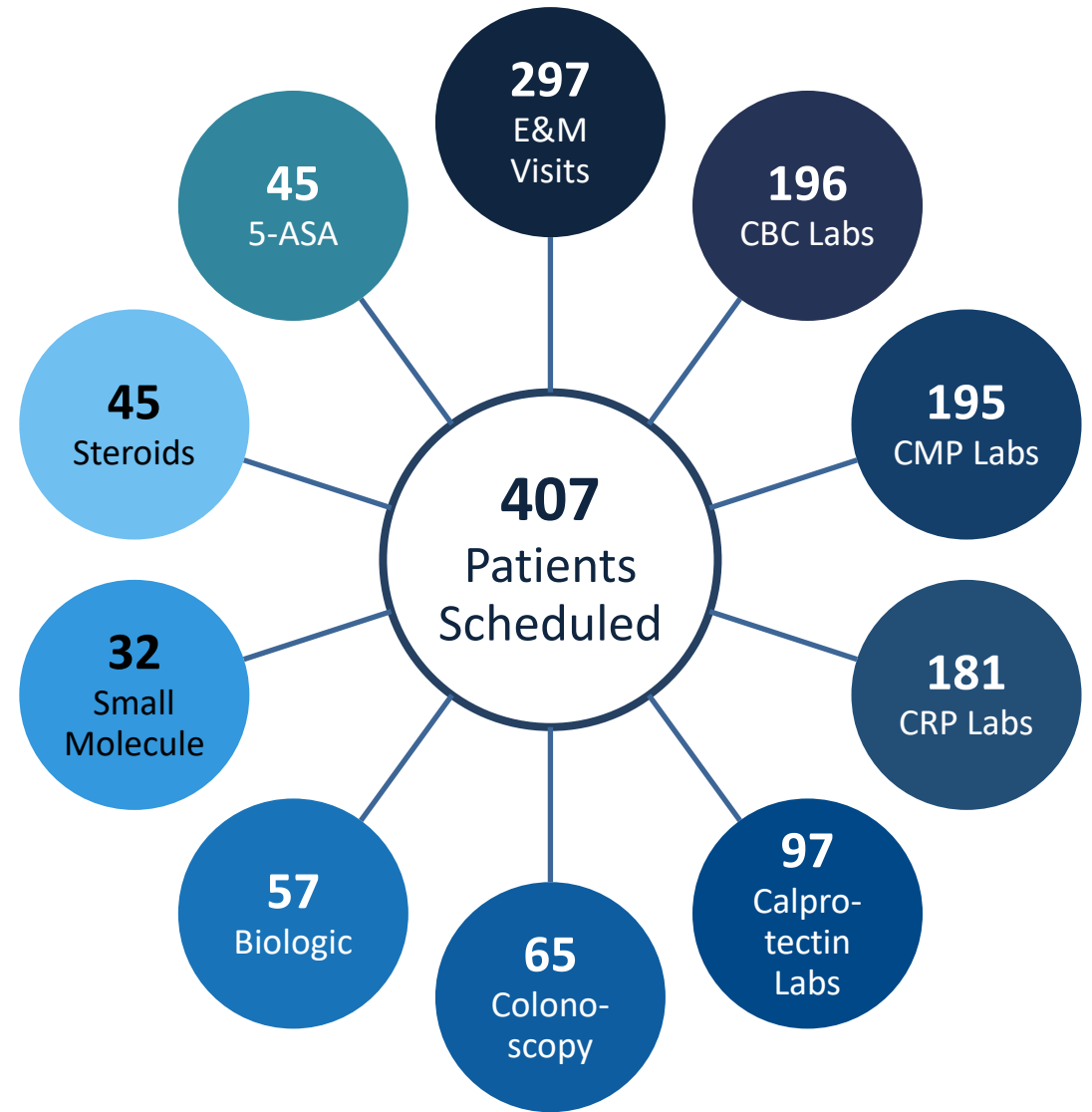
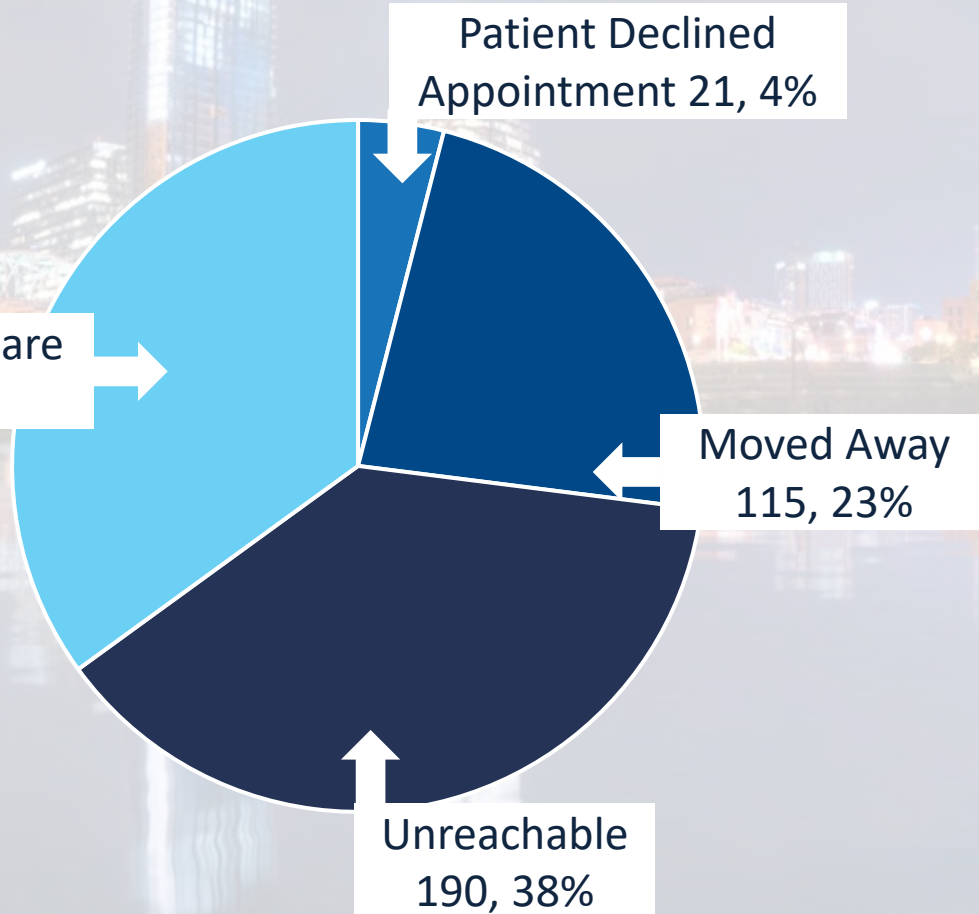
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134.0			Ramos, Christopher	3/1/2023	Null	2/25/2027	Null	Null	2/25/2025	1/
135										

IBD KPIs



Patient Attrition: Patient Tracking

501 Patients Found to be Inactive



Everyone Wins With Better Information

PATIENT



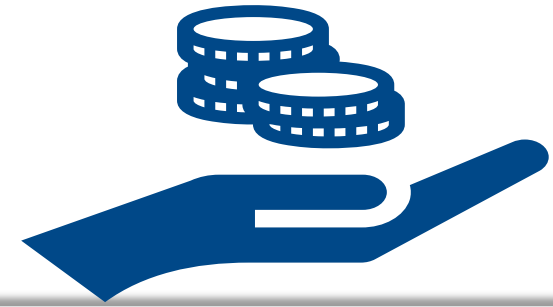
- Longitudinal care for patients with chronic conditions
- Access to previously uncovered services
- Better clinical trial enrollment
- Improved compliance and outcomes

PHYSICIAN



- Better patient compliance
- Chronic Care Management revenue can help offset significant up-front program costs
- Dependable, automated office processes increase efficiency, may decrease costs
- Satisfied patients

PAYERS



- Lower per patient cost due to population management
- Options for value based direct-to-employer carve outs
- Most specialties still live in a Fee For Service world
- Limited interest from payers in specialty specific VBC initiatives



Thank You



***Session 5: Payment Models and Benefit Design Improvements to Enhance
Patient Empowerment***

Kaitlyn Pauly, MS, RDN, DipACLM

Chief Integration Officer,
American College of Lifestyle Medicine



Payment Innovation and Benefit Design for Patient Empowerment

Kaitlyn Pauly, MS, RDN, DipACLM
Chief Integration Officer
American College Of Lifestyle Medicine

Annual Cost	
<ul style="list-style-type: none">•Tobacco: \$240B•Physical Inactivity: \$117B•Alcohol-related: \$249B•Poor Nutrition: \$173B•CVD: \$363B	<ul style="list-style-type: none">•Cancer: \$240B•Diabetes: \$327B•Obesity: \$173B•Arthritis: \$303B

80%

Of chronic conditions are
related to lifestyle

90%

Of healthcare expenditures
are for chronic conditions



CURRENT REALITY

- Lifestyle-related chronic conditions are not properly addressed within medical and health professional education, **nor are there proper payment and reward systems** that incent treating their root causes.
- **Misalignments quality measures and risk scoring penalize health restoration, disease remission, and medication de-escalation.**
- The current healthcare ecosystem emphasizes and incentivizes disease and **symptom management** through increasing quantities of pills and procedures instead of acknowledging and rewarding achievement of health restoration, disease remission, medication de-escalation and chronic disease prevention through **root-cause treatment approaches**.
- **Time** needed to apply comprehensive behavior change interventions in current healthcare ecosystem is limited.
- **Scalability** is often precluded in current 1:1 model of care.





OUR MISSION

Advancing evidence-based lifestyle medicine to treat, reverse, and prevent non-communicable, chronic disease

OUR VISION

A world wherein lifestyle medicine is the foundation of health and all healthcare



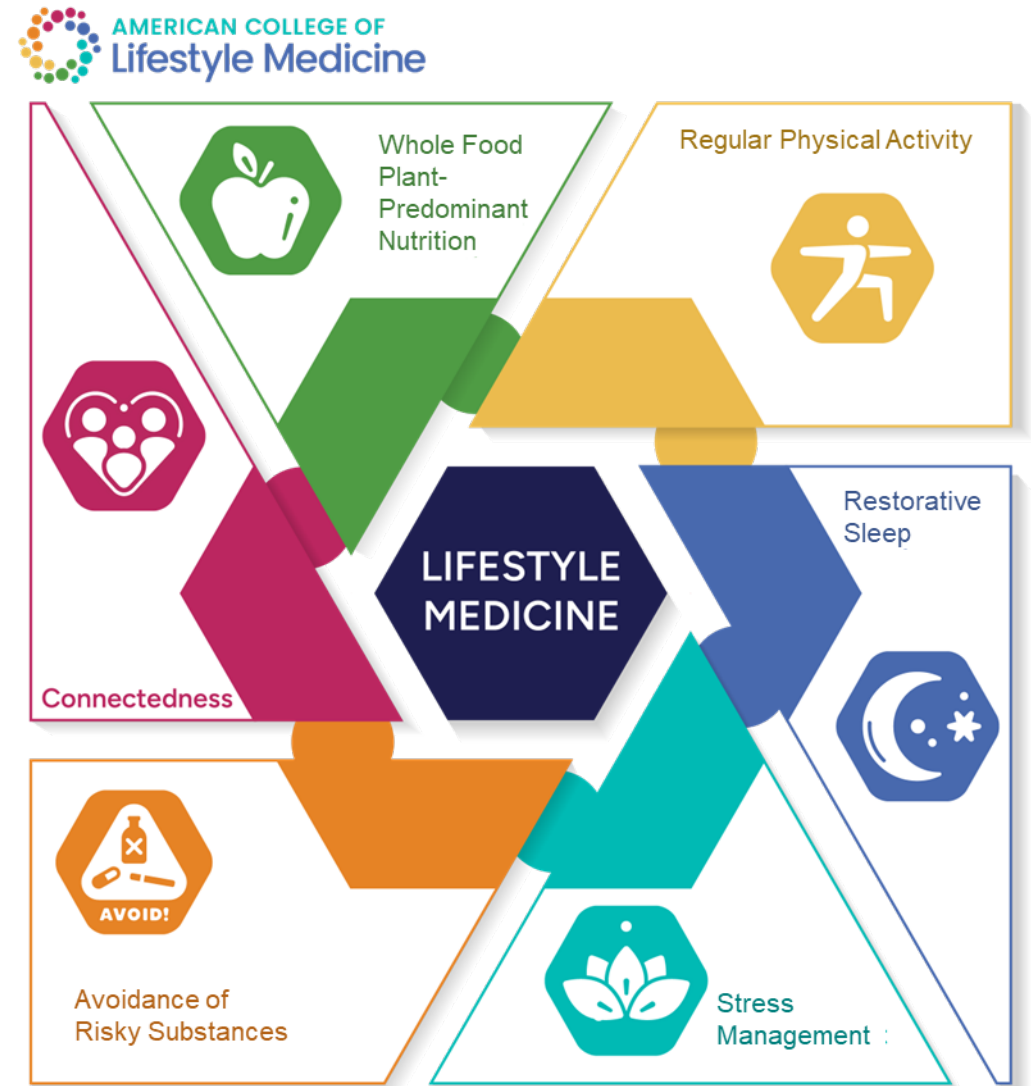
WHAT IS LIFESTYLE MEDICINE?

Lifestyle medicine is a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions including, but not limited to, cardiovascular diseases, type 2 diabetes, and obesity.

Lifestyle medicine certified clinicians are trained to apply evidence-based, whole-person, prescriptive lifestyle change to treat and, when used intensively, often reverse such conditions. Applying the six pillars of lifestyle medicine also provides effective prevention for these conditions.

SIX PILLARS OF LIFESTYLE MEDICINE

- Optimal Nutrition
- Physical Activity
- Stress Management
- Avoidance of Risky Substances
- Restorative Sleep
- Connectedness



EVIDENCE-BASED CARE

- Clinical practice guidelines (CPGs) for:
 - ✓ hypertension
 - ✓ type 2 diabetes
 - ✓ cardiovascular disease
 - ✓ obstructive sleep apnea
 - ✓ obesity
 - ✓ cancer
 - ✓ cognitive decline
 - ✓ polycystic ovarian syndrome

List lifestyle interventions as **preventative, adjunct** and often the **first treatment** approach.



LIFESTYLE MEDICINE CAN ACHIEVE REMISSION

Lifestyle Interventions for Treatment and Remission of Type 2 Diabetes and Prediabetes in Adults: Implications for Clinicians

[Richard M Rosenfeld](#) ^{1,✉}, [Meagan L Grega](#) ², [Mahima Gulati](#) ³

► Author information ► Article notes ► Copyright and License information

PMCID: PMC11949759 PMID: [40161282](#)

Abstract

This review is based on a presentation at the 2024 Annual Meeting of the American College of Lifestyle Medicine (ACLM), which showcased ACLM's first clinical practice guideline on *Lifestyle Interventions for Treatment and Remission of Type 2 Diabetes and Prediabetes in Adults*. Our goal is to offer pragmatic implications of the guideline for everyday patient care, including case presentations showing how the guideline recommendations (key action statements) can be implemented. The target audience is any clinician or healthcare professional in a community or outpatient healthcare setting involved in managing non-pregnant adults with T2D, prediabetes or a history of gestational diabetes mellitus (GDM). Unique features of the ACLM guideline include placing lifestyle interventions as the foundation of T2D management and prevention, offering strategies for sustained behavior change, and emphasizing all six pillars of lifestyle medicine: plant-predominant nutrition, regular physical activity, restorative sleep, stress reduction, social connectedness, and avoiding risky substances. This review is not intended to substitute for the full guideline, which should be read before doing the recommended actions.

*In lifestyle medicine, the clinical goal is **health with no evidence of disease**.*

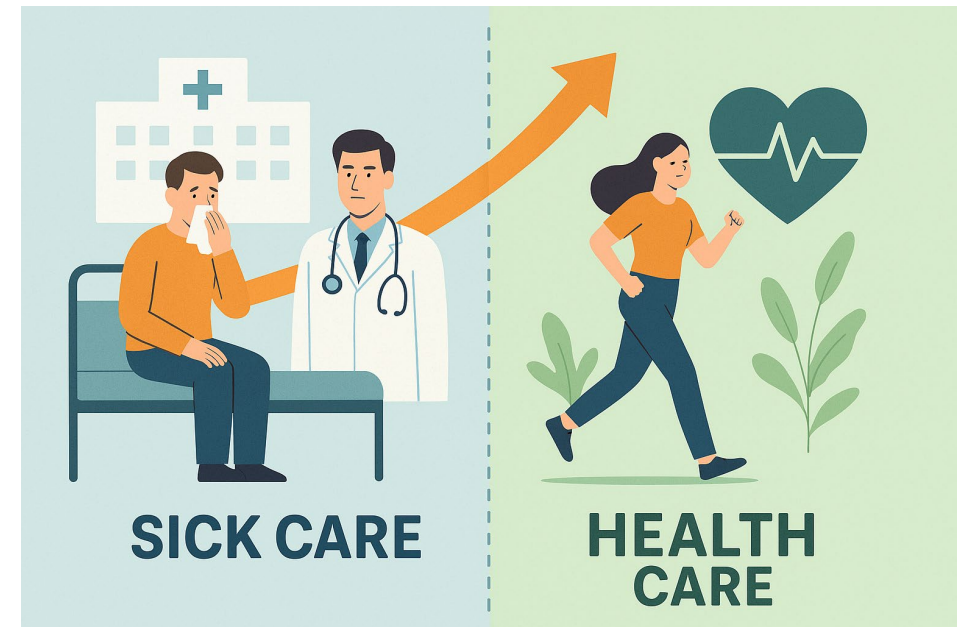
***Remission** is the return to a state of non-disease as determined by the failure to meet the recognized criteria for diagnosing the disease.*

***Reversal** is the process of disease treatment with the clinical goal of health with no evidence of the disease.*



VISION: EMPOWERING PATIENTS

- **Patient activation/engagement:** benefit design enables patient control of lifestyle change
- **Therapeutic Alliance:** clinical care teams and patients are allies in health behavior change
- **Shared Decision-Making:** patient education, awareness and empowerment





BENEFIT DESIGN

- Expand coverage of **therapeutic and intensive therapeutic lifestyle interventions** delivered by trained clinicians
- Eliminate or limit **cost-sharing** for **high-value lifestyle services** that address root-cause prevention, treatment, or remission of chronic conditions
- Cover lifestyle intervention **beyond clinic walls** where people live and work
- Cover engagement with **all qualified team members** who deliver evidence-based lifestyle intervention
- Cover tools that allow for **asynchronous follow-up** to support behavior change and health engagement beyond the clinic walls
- Cover services that **address barriers** to applying lifestyle change: i.e., nutritious food access, supervised exercise
- **Remove one-time beneficiary rules** for lifestyle interventions

PAYMENT MODELS

- We need **aligned payment, incentives and quality measures** that reward evidence-based **root-cause approaches** to achieving better health outcomes across the spectrum of chronic disease (prevention → treatment → remission), along with a removal of penalties and barriers that providers who deliver better health outcomes using these approaches currently experience.
- Payment models **should support and reward evidence-based interventions** that address root causes of disease (lifestyle) to engage and empower patients to take control of their own health destinies

PAYMENT INNOVATION

- Reimburse sustainably for evidence-based **therapeutic and intensive therapeutic lifestyle interventions** delivered by trained clinicians
- Create hybrid payment models to cover **multi-modal interprofessional care** team delivery of lifestyle behavior interventions/support
- Support sustainable payment and clarity on for delivering **group visits/shared medical appointments to scale treatments**
- Support the use of expansive **digital/asynchronous tools**
- Expand the options to address **social drivers of health**
- Incent and reward **remission, health restoration and patient engagement**
- Use metrics **like lifestyle improvement, patient activation, quality of life, health improvement/outcomes, disease remission, and medication reduction** to measure progress and incentivize/reward clinicians



CALLS TO ACTION

Pilot and Scale:

- Support pilot programs that test hybrid payment models that align with lifestyle behavior change guidelines (intensity/dosing/proper payment/incentives/rewards and removal of barriers)

Policy Recommendations:

- Propose specific regulatory or legislative changes to remove structural/systemic barriers to address payment and quality measure misalignments

Partnerships:

- Invite collaboration with CMS, payers, clinicians, employers and beneficiaries to co-design sustainable benefit structures that empower patients and reward clinicians

