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

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

Step 1:
Introduce participants to the reward experience

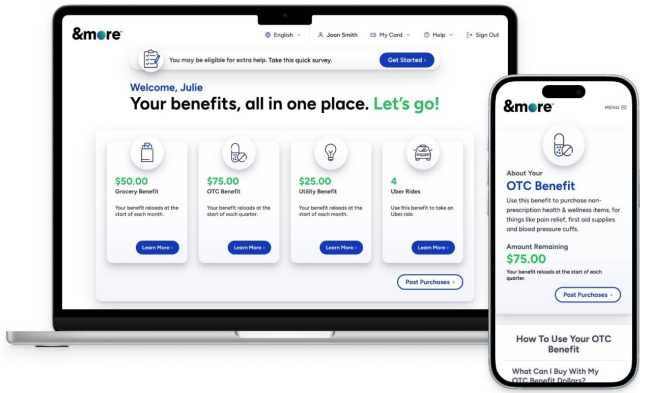
Smart Benefits Cards mailed, participants register for program

Step 2:
Engage participants through digital and in-person channels to close care gaps

Personalized outreach to encourage activity

Convenient digital surveys unlock instant rewards

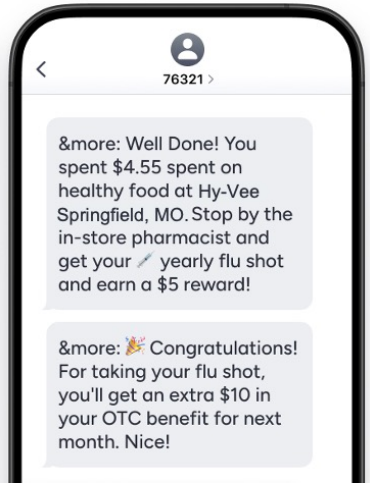
Activity completion tracked



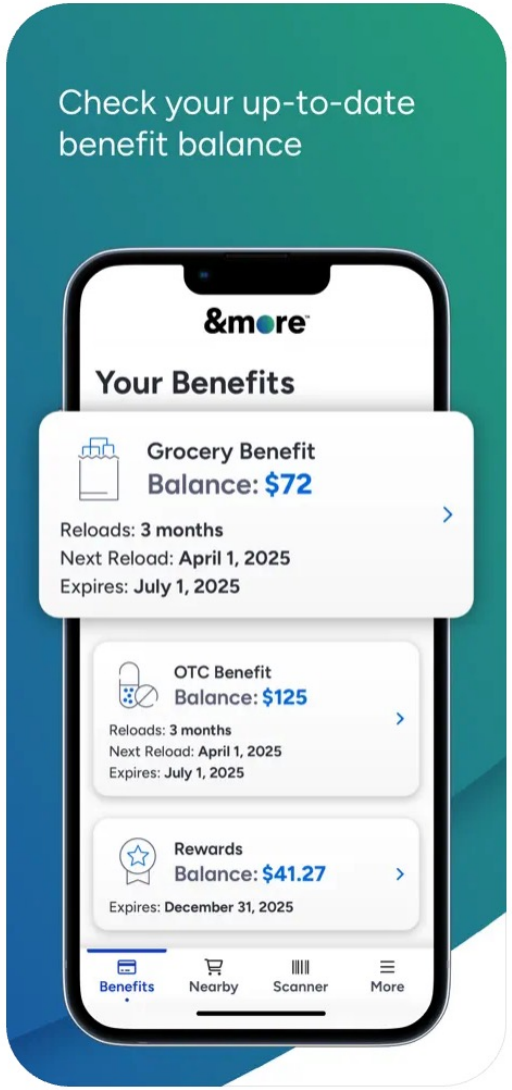
Step 3:
Create a virtuous feedback loop

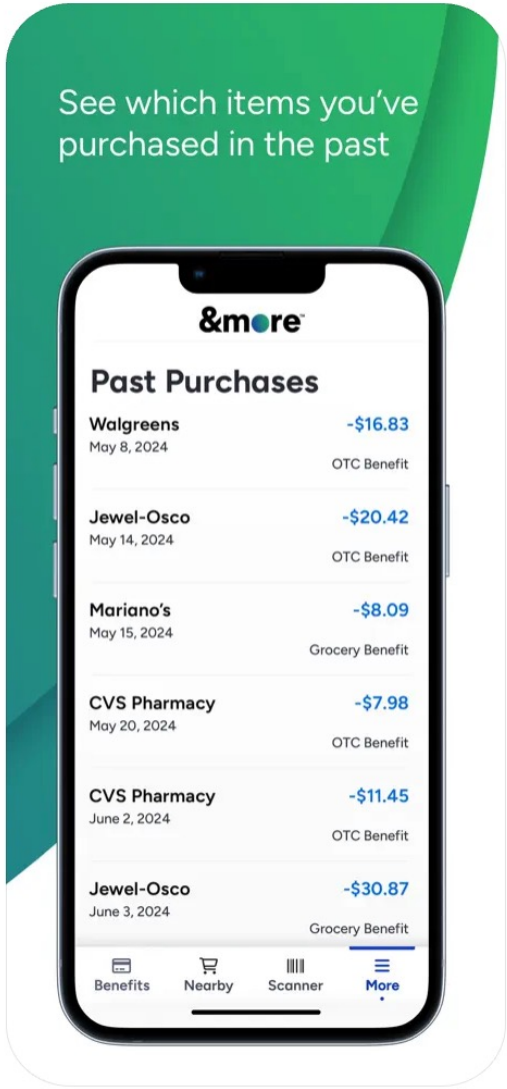
Issue rewards instantly

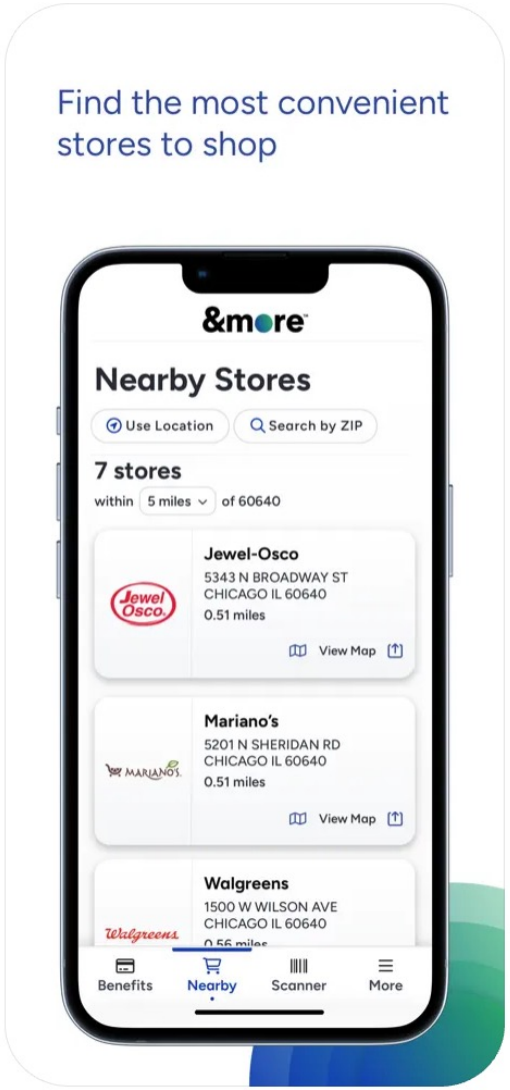
Turn points of purchase into points of care

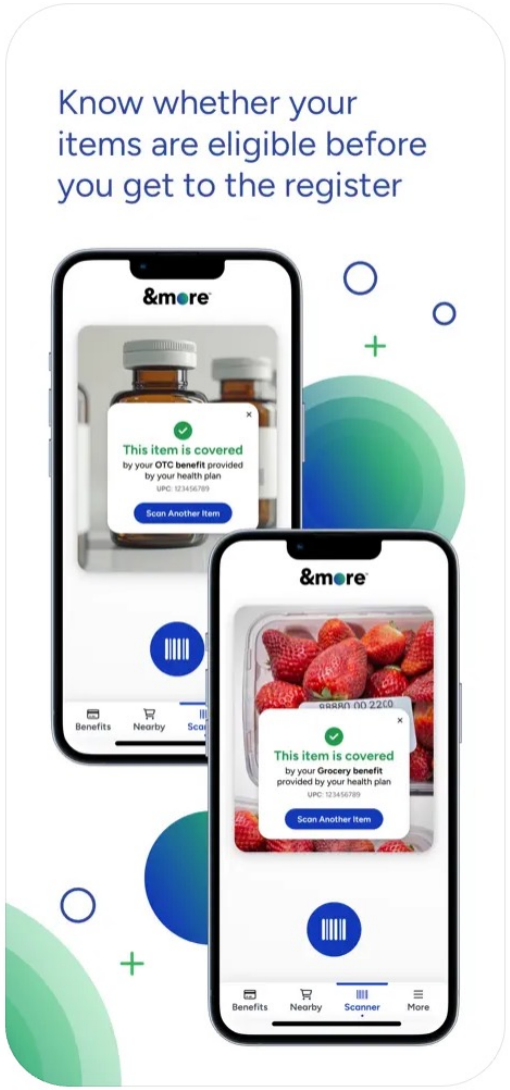


The Soda Health experience



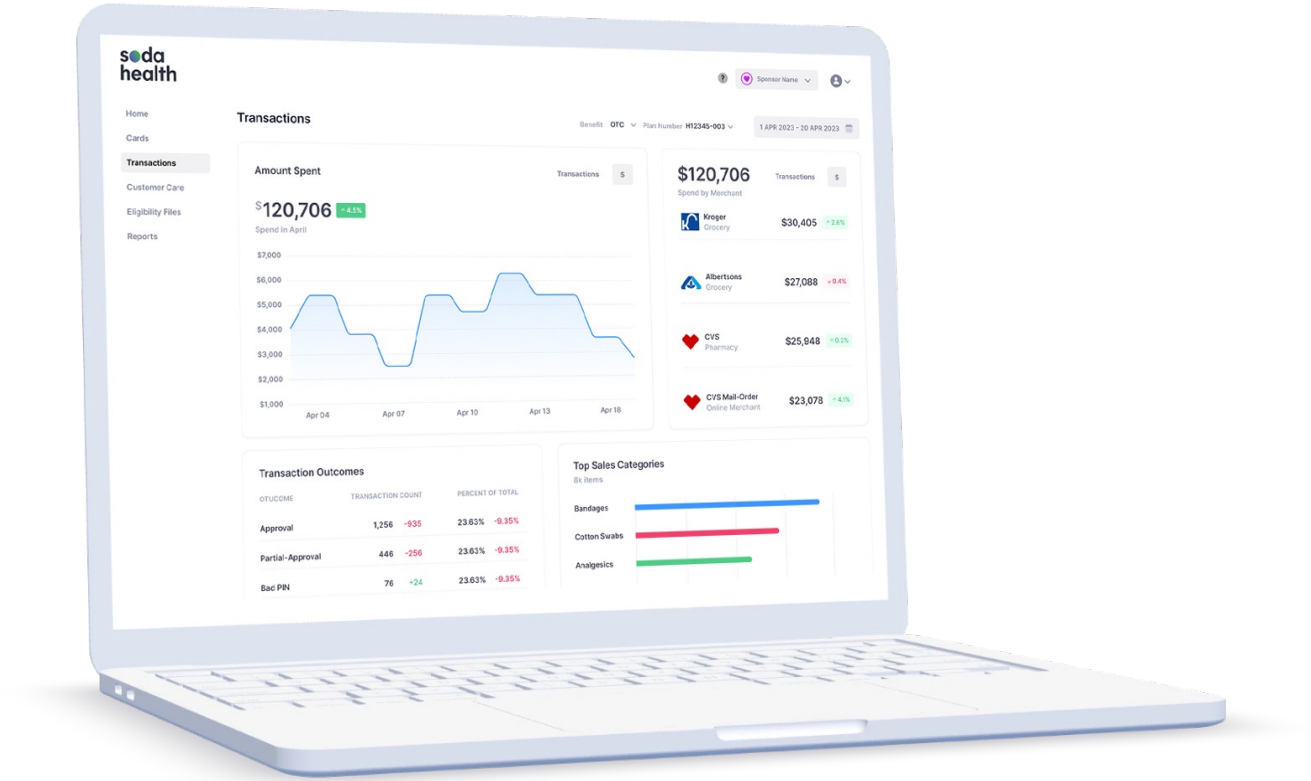






Gain real-time visibility into your program and track participant progress over time

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 Disillustionment

- 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)

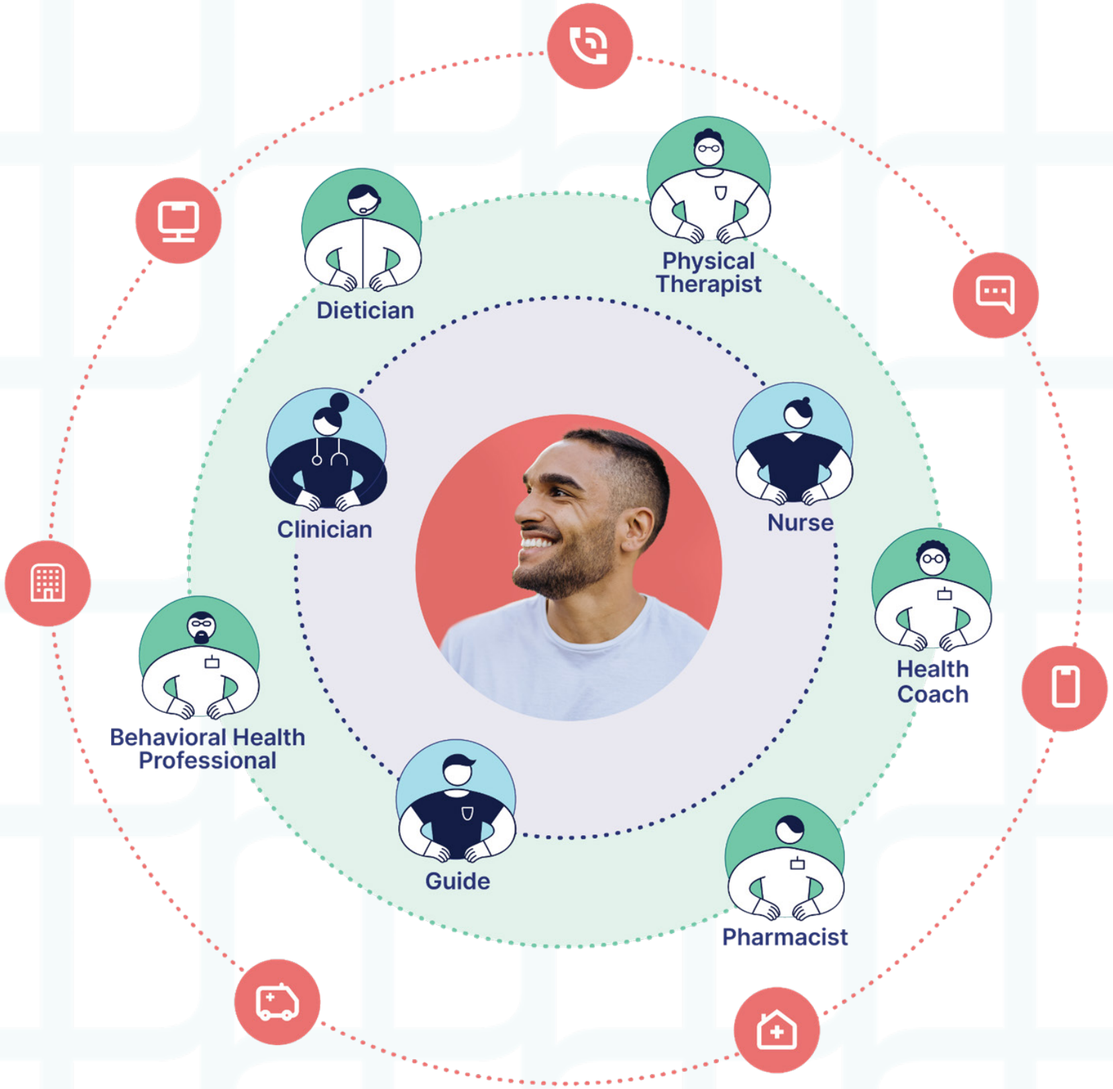
Built on risk transfer payments to the only agents who can really change the risk - **people teaming up with their clinicians and coaches**

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

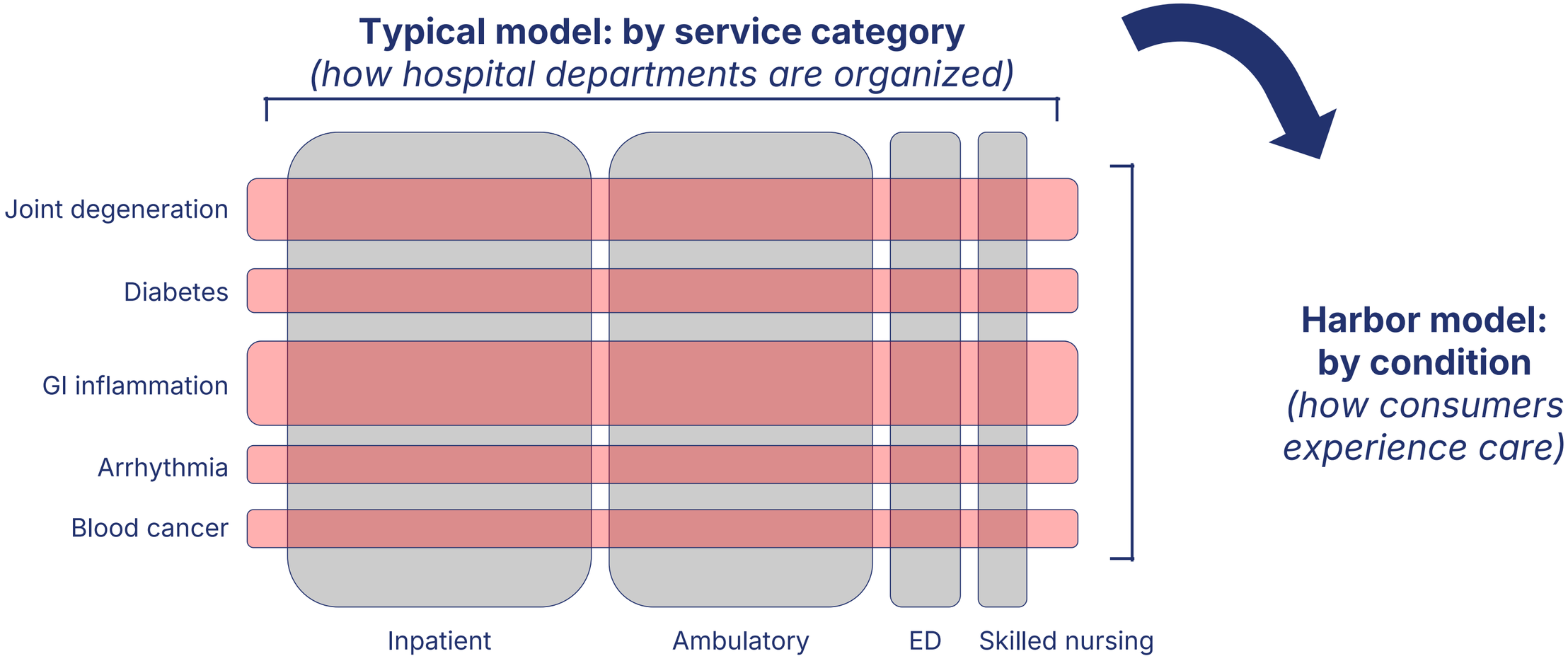
Delivered to the **communities** people live in. We started in Austin

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

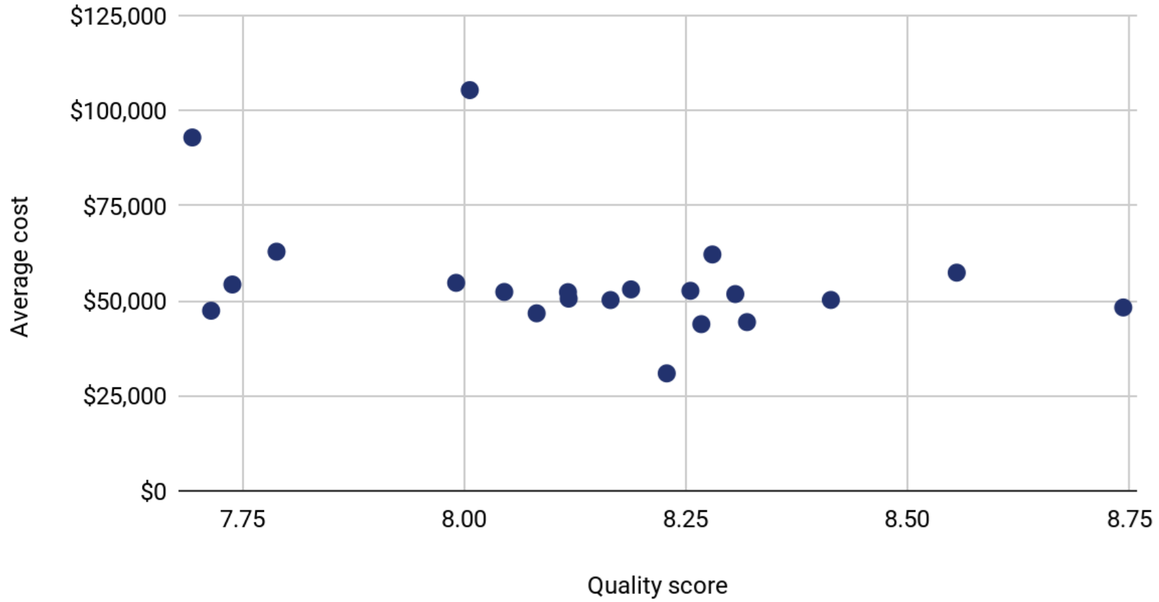
Where should we send a member for an ablation?

Specialist	**Group**	**Health Grades**	**Quality score** *(out of 10)*	**Average cost**
Specialist A	St. David’s	4.9	8.01	$105,357
Specialist B	St. David’s	4.9	8.32	$44,358

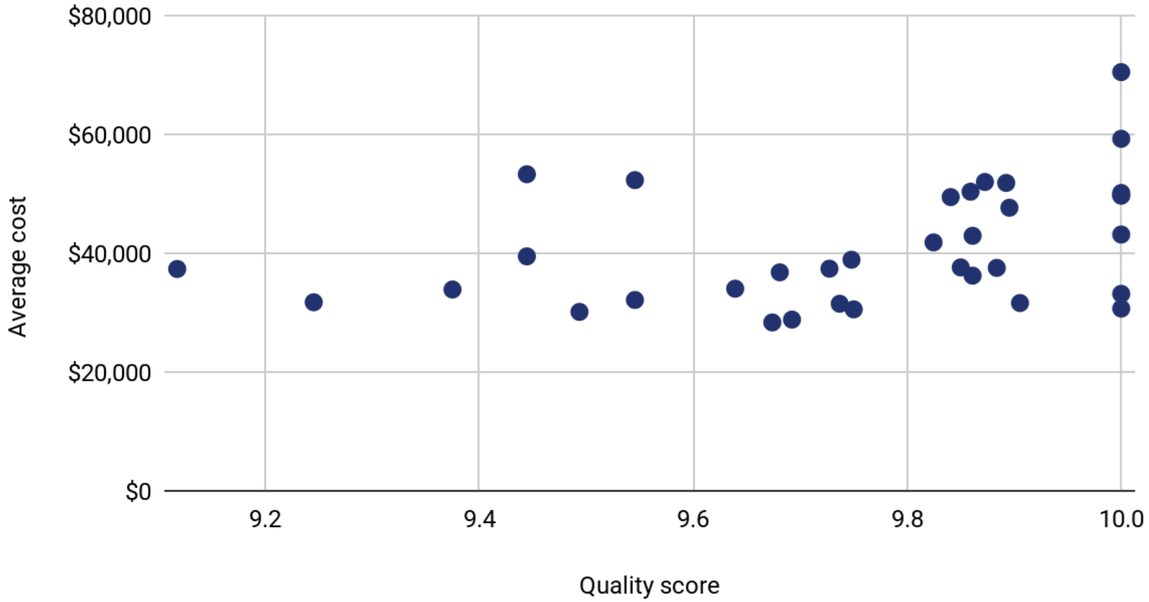
* **Quality score** includes measures such as surgical complication rates and adherence to guidelines.

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

Austin cardiologists (ablations)



Austin orthopedists (knee replacement)



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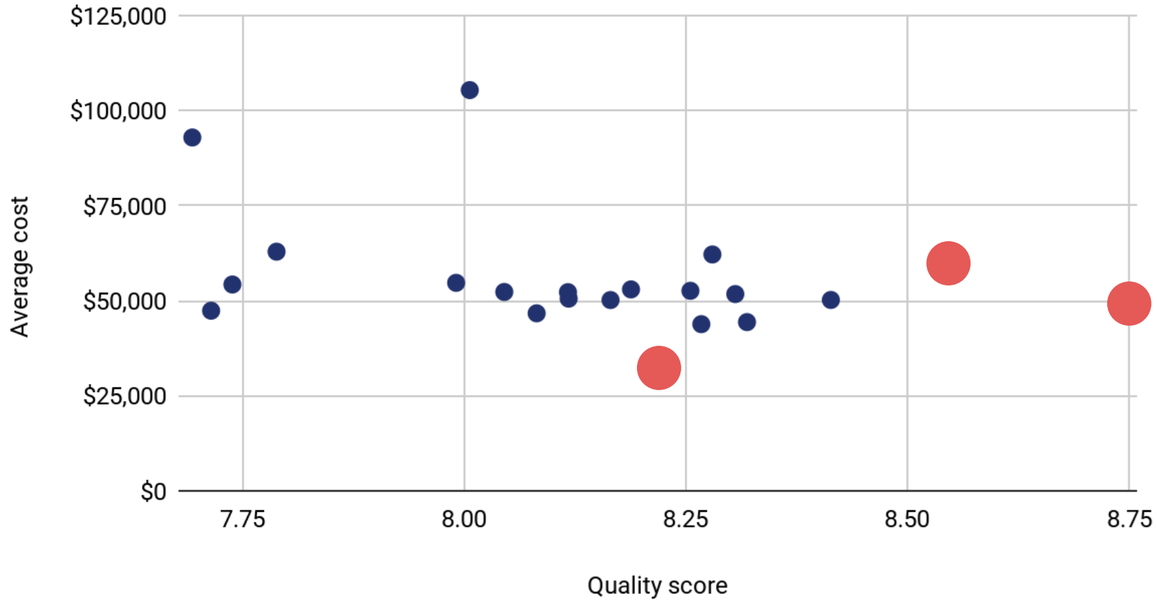
We can reduce copay for good choices

Austin cardiologists (ablations)



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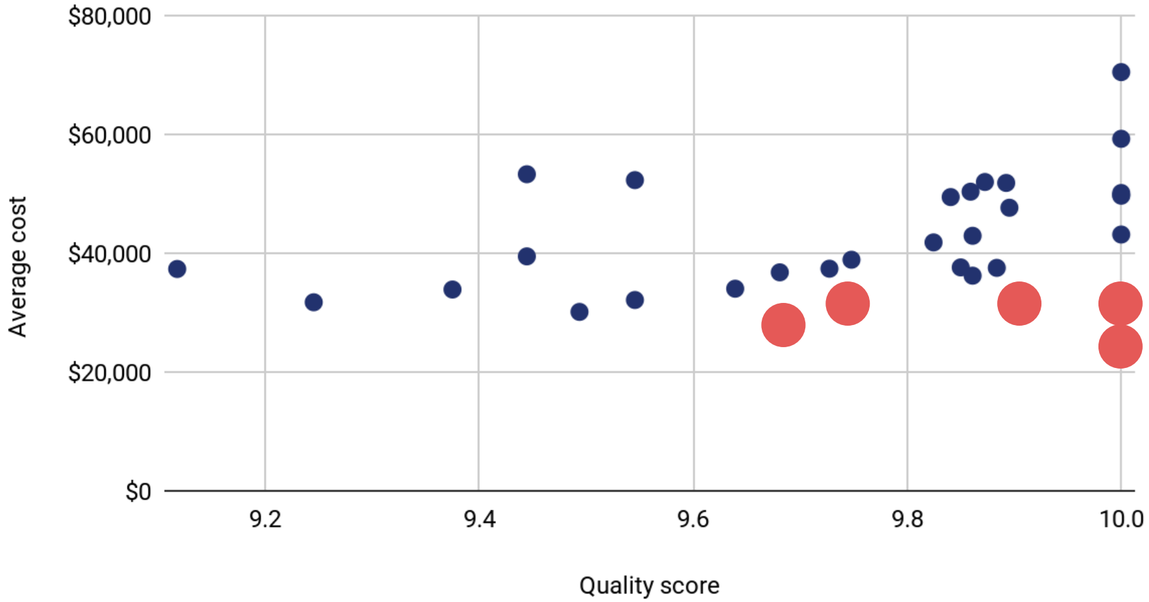
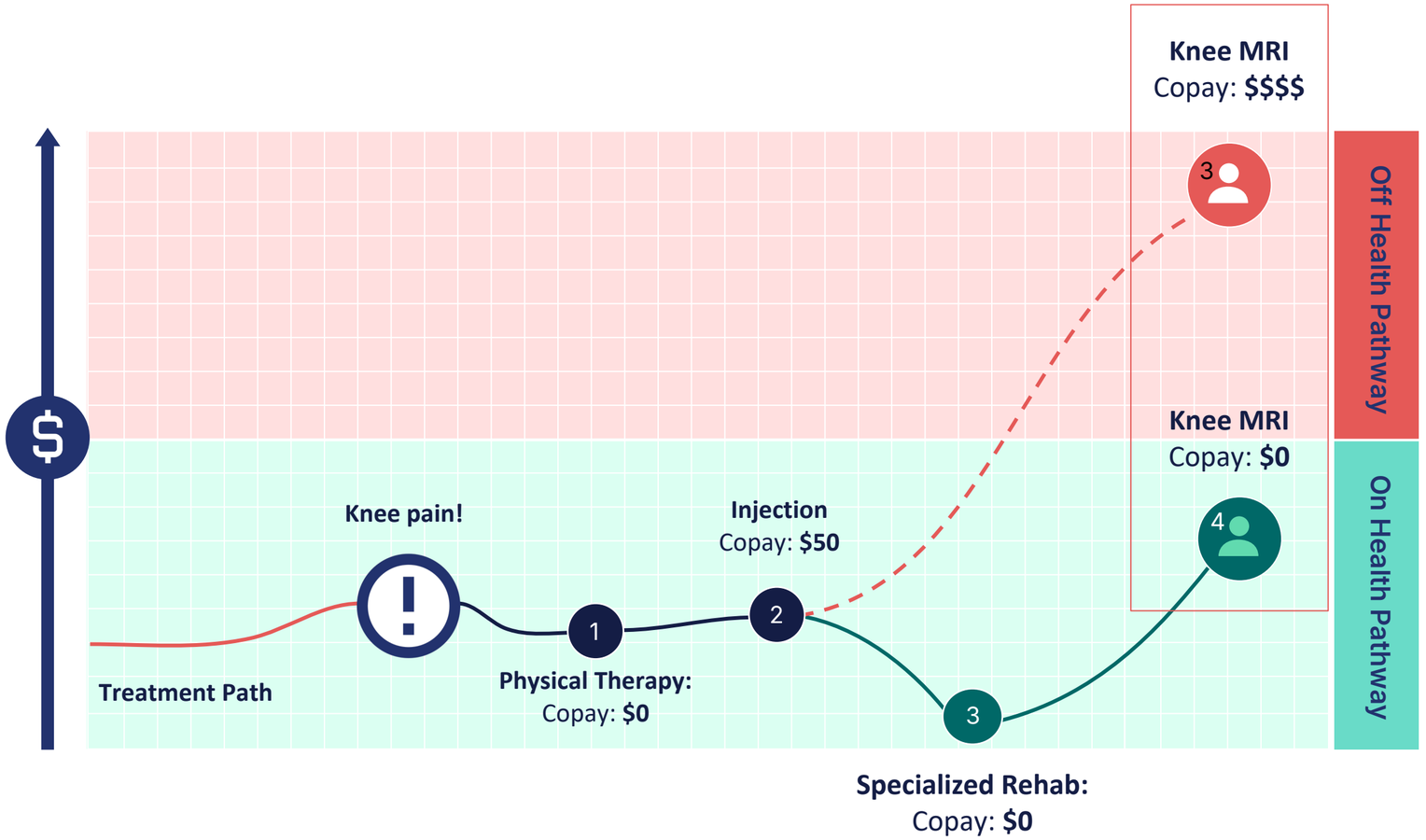


* **Quality score** includes measures such as surgical complication rates and adherence to guidelines.

$0 Copay

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

Value Based Strategy

Provider Leaders

Care Pathways

Nutrition Counseling
Behavioral Health
Pharmacy Tech Services

Chronic Care Management
Principal Care Management
Remote Patient Monitoring

Population Health Dashboard

RWE Data Projects

Quality Improvement Projects
Transition to Population Health Management

Research Patient Finder Tool

PPS Analytics for GI

Total Patients 2,078,800

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)

IBD

114,230 Patients

Ulcerative Colitis	51,464
Crohn's	46,760
Lymphocytic Colitis	14,076
Collagenous Colitis	9,402
Indeterminate IBD	2,523
Other Microsocopic Coli..	1,474

Time Since Last Encounter

Within 12 months	75,177
Over 12 months	39,108

Years Since Last Colonoscopy

<1	31,988
1 - <2	26,061
2 - <4	23,994
4 - <6	4,237
>6	1,110
No Data	26,949

CCM Patients

No	1,498
Yes	112,737

Colon Pathology

706,474 Patients

Benign Neoplasm	971,204
Polyp of Colon	334,852
Family History	55,545
Personal History	25,704
Colon Cancer	10,872

Time Since Last Encounter

Within 12 months	323,614
Over 12 months	385,917

Years Since Last Colonoscopy

<1	227,351
1 - <2	213,988
2 - <4	212,742
4 - <6	30,685
>6	7,069
No Data	19,301

CCM Patients

No	3,897
Yes	702,698

Functional GI

236,278 Patients

IBS	194,577
Functional dyspepsia	45,059
Anxiety	30,956
Depression	9,014
Functional diarrhea	6,008
Functional Intestinal Disorders	1,692

Time Since Last Encounter

Within 12 ..	131,271
Over 12 m..	105,285

Years Since Last Colonoscopy

<1	41,787
1 - <2	
2 - <4	47,684
4 - <6	
No Data	93,224
>6	

Months Since Last EGD

<6	17,488
>6	101,117
No Data	117,977

CCM Patients

No	3,457
Yes	232,837

Chronic Liver DZ

332,390 Patients

Obesity	305,838
NAFLD	140,034
Chronic Liver	45,187
NASH	19,903
Alcoholic liver disease	17,843
Chronic viral hepatitis C	12,280
Chronic viral hepatitis B without delta-agent	7,707
Autoimmune hepatitis	3,798
Primary sclerosing cholangitis	1,234

Time Since Last Encounter

Over 12 months	152,981
Within 12 months	180,189

Months Since Last Scan

<6	3,284
>6	19,743
No Data	309,699

CCM Patients

No	5,573
Yes	326,885

Esophageal DZ

870,272 Patients

Gastro-Esophageal	796,442
Esophageal obstruction	129,298
Barrett's	100,828
Eosinophilic esophagitis	38,865
Other specified diseases of esophagus	22,995
Ulcer of esophagus without bleeding	28,118
Esophageal disease	20,197
Disease of esophagus,	15,346

Time Since Last Encounter

Over 12 months	424,632
Within 12 months	449,863

Months Since Last EGD

<6	92,682
>6	491,662
No Data	290,407

CCM Patients

No	6,628
Yes	863,805

IBD Dashboard

Total Patients 108,413

Active Patient: Active

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)
Age: 0 – 125
Plan Name: (All)

Filters

Diagnosis

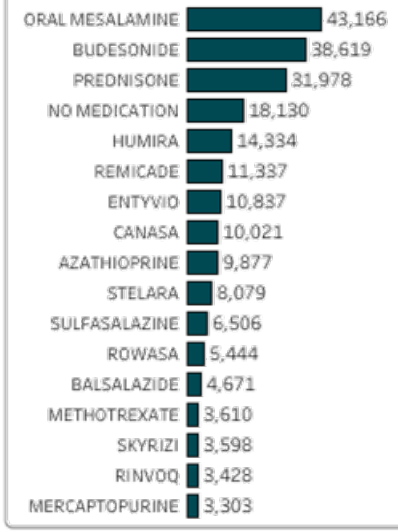
Primary: (All) | Secondary: (All)

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

Drug Class: (All) | Description: (All)
Earliest Medication Date: January 2005 – March 2025
Latest Medication Date: April 2005 – December 2024

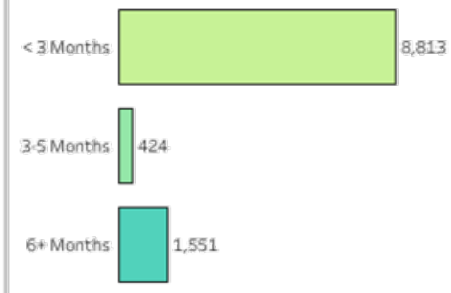


Tests & Results

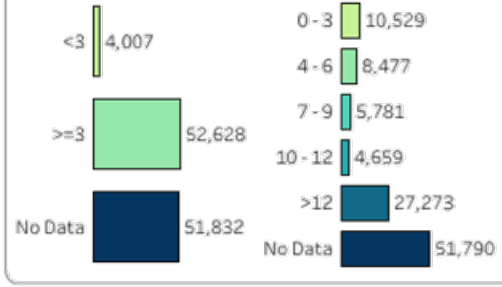
Fecal Calprotectin

C-Reactive Protein

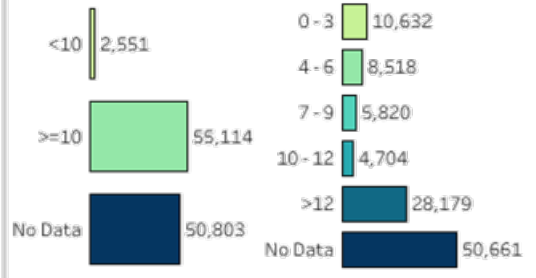
Steroids



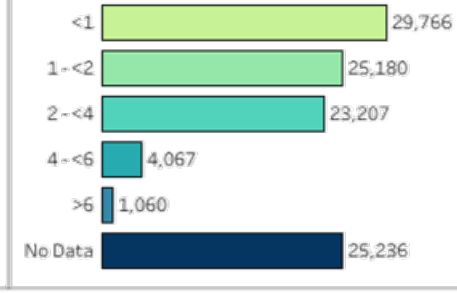
Albumin



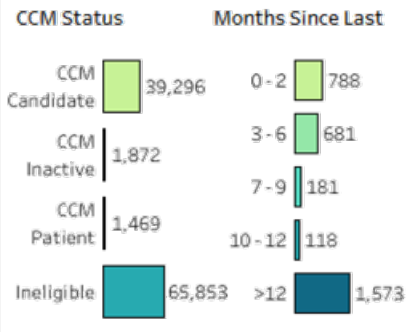
Hemoglobin



Colonoscopy



Chronic Care Management (CCM)



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
10BL			Kulkarni, Aparna	3/20/2024	3/10/2025	Null	Null	Null	6/12/2023	
14BL			Kang, Kalle	6/5/2024	Null	Null	Null	Null	10/17/2023	
16BL			Yap, Eric	6/3/2024	Null	6/23/2025	Null	Null	6/20/2023	
23BL			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:

IBD Dashboard

Total Patients 108,413

Active Patient: Active

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)
Age: 0 – 125
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

Drug Class: (All) | Description: (All)
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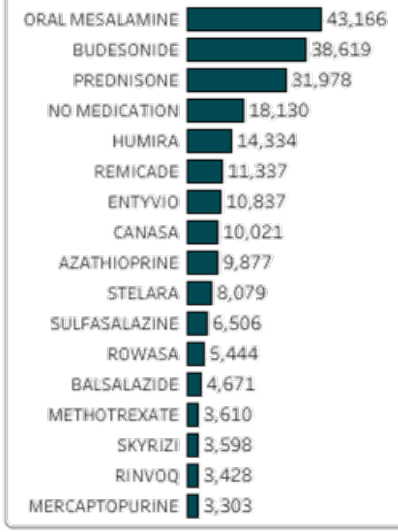

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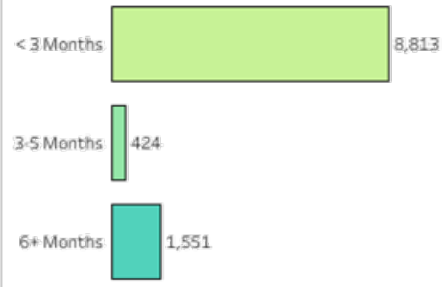
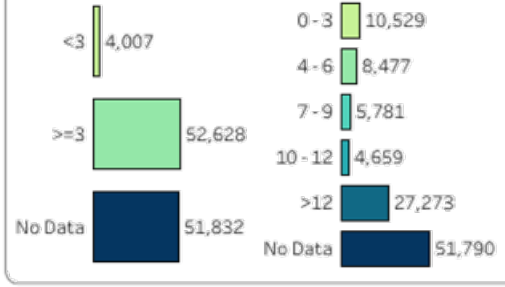
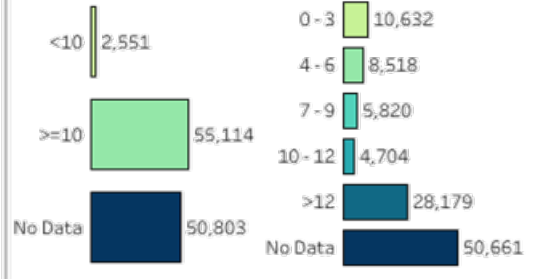


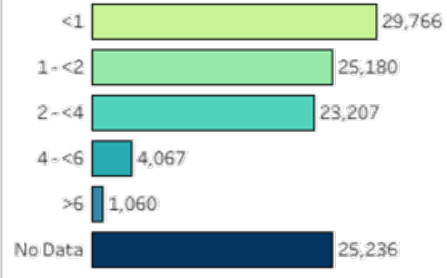
Albumin



Hemoglobin



Colonoscopy



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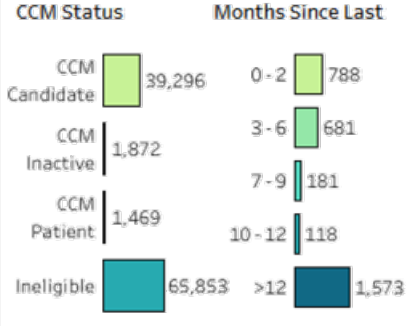

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45BL			Ferguson, Craig	1/9/2023	Null	6/22/2033	Null	Null	6/20/2023	
96.0			Lacey, Brent	7/12/2024	3/14/2025	7/25/2025	Null	Null	7/25/2024	
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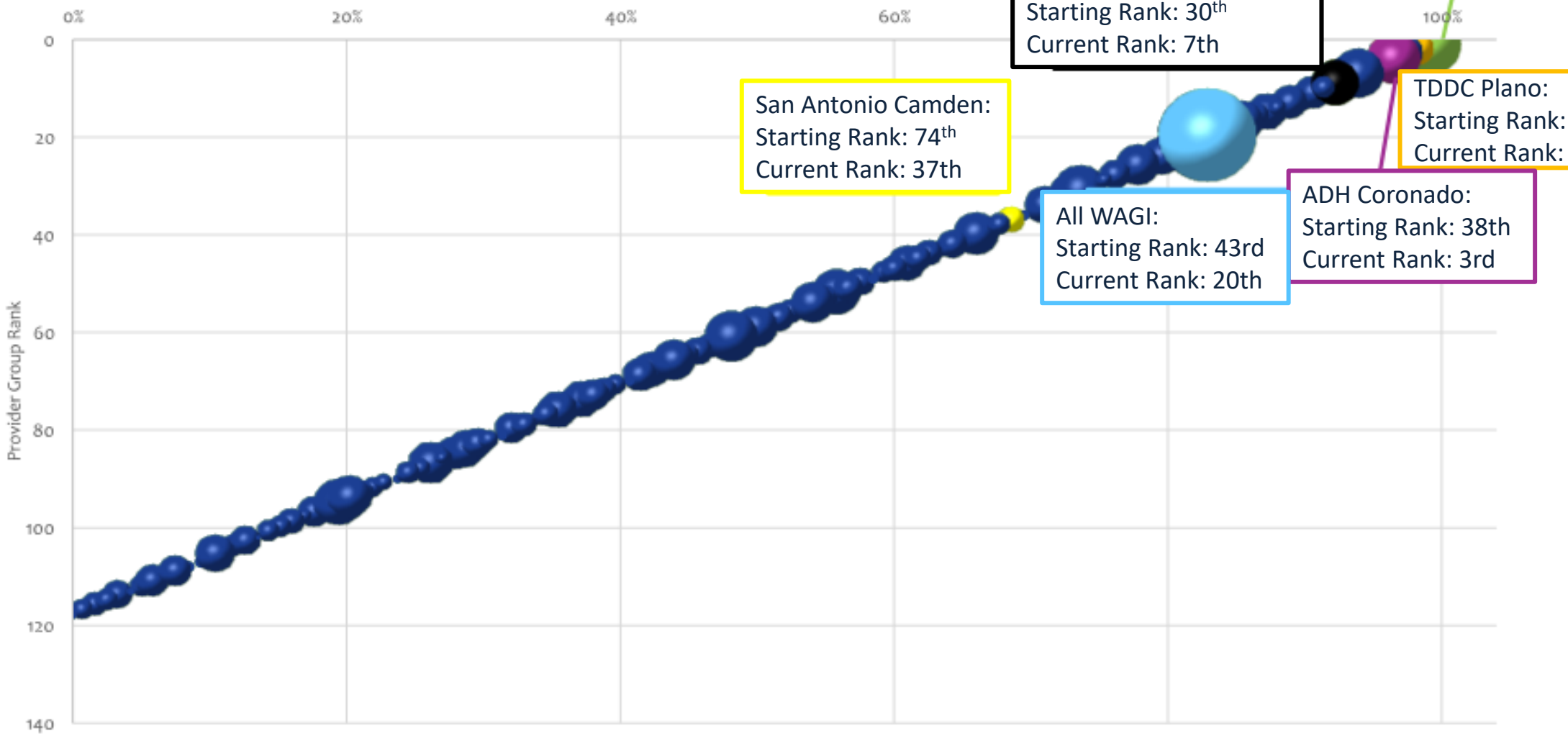
134.0			Ramos, Christopher	3/1/2023	Null	2/25/2027	Null	Null	2/25/2025	1:

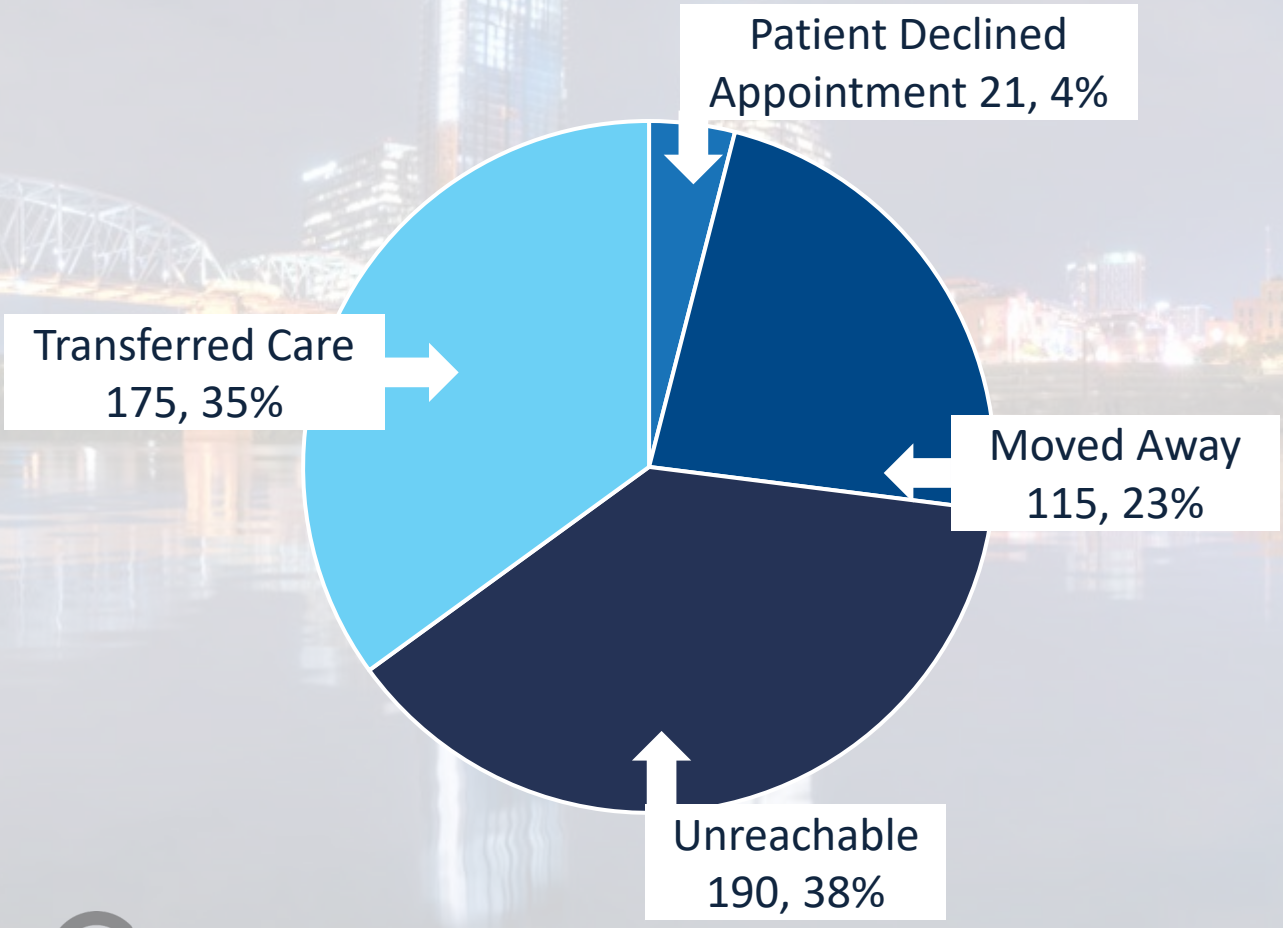
IBD KPIs

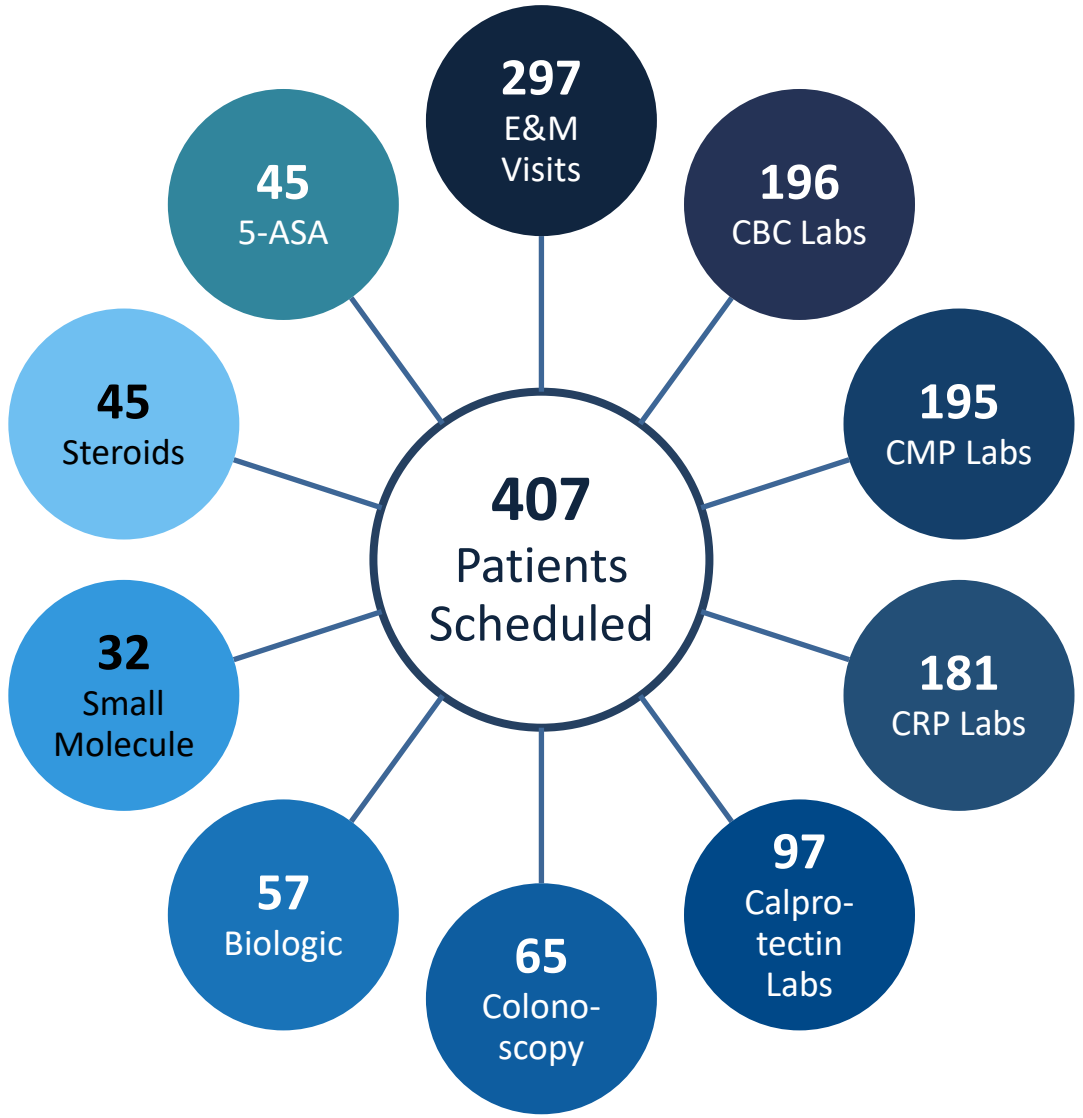


PPSAnalytics
A Specialty Networks Company

Patient Attrition: Patient Tracking

501 Patients Found to be Inactive





Everyone Wins With Better Information

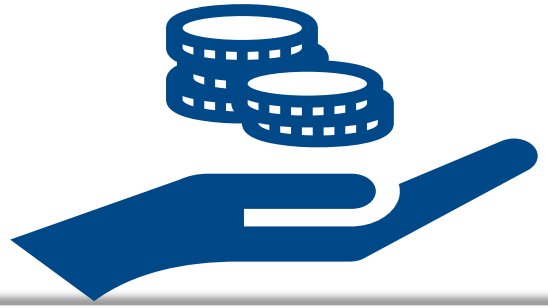
PATIENT

- 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

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	
•Tobacco: $240B	•Cancer: $240B
•Physical Inactivity: $117B	•Diabetes: $327B
•Alcohol-related: $249B	•Obesity: $173B
•Poor Nutrition: $173B	•Arthritis: $303B
•CVD: $363B	

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.

AMERICAN COLLEGE OF Lifestyle Medicine

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

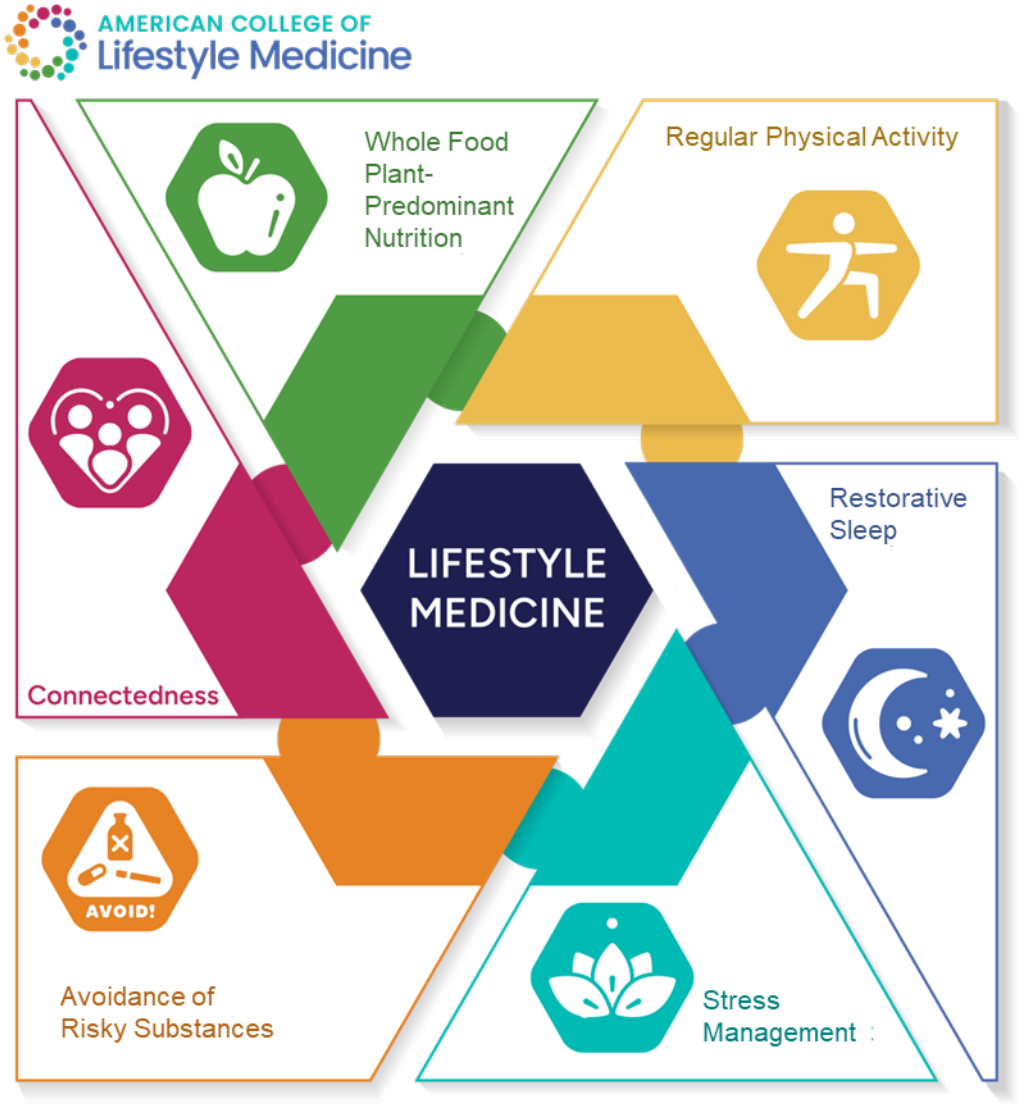
WHAT IS LIFESTYLE MEDICINE?

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]

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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.

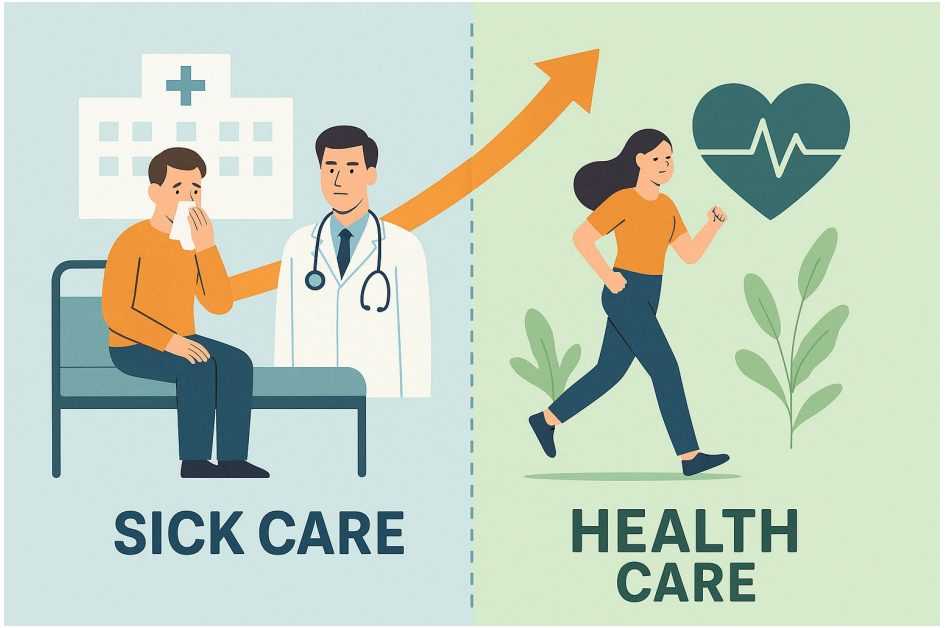
*In lifestyle medicine, the clinical goal is **health with no evidence of disease.***

***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 incent/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