

NAVIGATING

THE WINDING
ROAD OF
HEALTHCARE

HEALTH NAVIGATION AND ADVOCACY SERVICES

Navigating the maze
of healthcare can be
difficult for employees
and their dependents.



NAVIGATING THE WINDING ROAD OF HEALTHCARE

Too often, employees and their dependents don't know where to go, how to move forward, or what kind of treatment they need when experiencing a healthcare issue. This can lead to more stress and anxiety, which compromises their overall wellbeing.

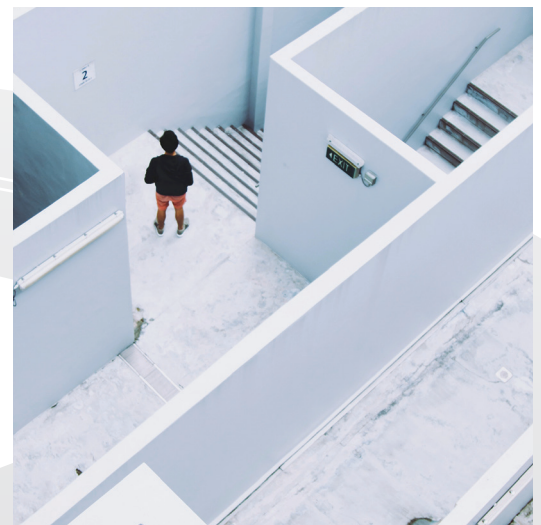


Recent research suggests that despite efforts to increase public knowledge, many still have a hard time accessing the healthcare system for several reasons, including:

- Lack of information, experience, and knowledge in health-related information
- Distrust in healthcare providers
- An inaccessible healthcare system
- No health insurance or medical coverage
- False perceptions about healthcare

WHAT ARE NAVIGATION AND ADVOCACY SERVICES?

Navigation and advocacy services utilize a skilled individual or organization to help guide employees and their dependents through the healthcare system allowing them to make the best possible healthcare decisions. It could include picking a plan, finding a high-quality network doctor, or helping to manage complicated care regimens. They may also assist with coordinating care, understanding benefits, and resolving billing issues.



HOW TO FIND THE BEST SOLUTION

If you're currently exploring navigation and advocacy services for your organization with either your current carrier or an external vendor, here are some questions to ask:

- 1 How can an external solution deliver better results than a carrier or third-party administrator (TPA)?
- 2 What are your goals and objectives? Better employee experience, increased employee knowledge and engagement, trend reduction, and health point solutions management are all valid reasons for considering a vendor in this space.
- 3 How are employees' benefits and eligibility questions answered? How are claims status and employees' financial responsibility explained?
- 4 What is the staffing ratio of customer service advocates to enrolled members?
- 5 How are employees proactively helped to avoid financial surprises, make decisions that lower out-of-pocket costs, use financial tools and value-added programs?
- 6 How are disease and care management services integrated into the service model to increase program participation?
- 7 How are high-quality providers promoted?
- 8 How are consumers directed to lower-cost prescriptions?
- 9 How is engagement measured?
- 10 What are the referral and engagement rates to value-added programs?
- 11 What are the performance guarantees?



OUR MEMBERS ASK, WE DELIVER!

In response to our member employers asking for health navigation and advocacy services, we used an open-sourced process to identify, gather information, and assess the marketplace.

We issued a formal request for a proposal to vendors and received responses from 14 different service providers. We then narrowed them down to five based on the strength of RFP response, including health navigation experience, performance guarantees, and ability to provide differentiated offerings.

We found a wide range of solutions with various interfaces that can impact care management, customer service, and connections with digital health point solutions.

From our perspective, the results fell into two categories:



Full-Service Solutions

Employers delegate all customer service, care management services, digital health point solution coordination to the full-service solution. For example, navigation services could manage plan participants' services, replacing many carriers or third-party administrator (TPA) functions, which is a costly solution and may require a TPA relationship. These relationships are more difficult to unwind if an organization has changed the strategic direction of their benefits.



Limited Scope






Offers complimentary services to traditional carrier or TPA care management, advocacy, and engagement services without delegating all customer service and care management services. These vendors also coordinate and engage employee populations in digital health point solutions. As a result, these solutions are less costly and typically do not require a change in TPA. To help in your search for the right health navigation and advocacy solution, we've provided a brief inventory of the responses from the semi-finalist evaluations.



Many carriers and TPAs provide these services. However, they were not included in this review since Health Action Council has a separate review process for these vendors.

We will continue to identify, gather, and share additional resources employers can use to help their employees navigate the healthcare system. In the meantime, if you have any questions, please get in touch with your Member Experience Leader or email info@healthactioncouncil.org.

HEALTH NAVIGATION AND ADVOCACY SERVICES ROAD MAP

Area of Review	Accolade	GrandRounds	Quantum Health	Castlight	Health Advocate
Full-Service Solutions					
Non-Comprehensive Solutions					
Contact Information and Organizational Background	accolade.com Started in 2007 2M lives served, works typically with employers > 500 employees	grandrounds.com Started 2012 5.8M lives served, works typically with employers > 1,000 employees	quantum-health.com Started 1999 1.7M lives served, works typically with employers > 1,000 employees	castlighthealth.com Started 2009 20M lives served, works typically with employers > 800 employees	healthadvocate.com Started 2001 50M lives served, works typically with employers with 10-100,000 employees
Offers Service Packages with Different Price Points	Yes	Yes	No	Yes	Yes
Customer Service Replaces Carrier Service Solutions (Answer employees' benefits and eligibility questions)	Yes, package dependent	Yes, package dependent	Yes	No	No
Process for Managing Large Claims	<p>Reviews inpatient admissions for potentially high-cost diagnoses or acute trauma.</p> <p>Identifies families with aggregate medical and pharmacy spend that exceeds \$50,000.</p> <p>Uses Milliman's predictive risk scoring. Identifies employees with unmanaged chronic conditions.</p>	<p>Uses predictive modeling techniques to identify high-cost claimant employees with chronic conditions and acute needs.</p> <p>The goal is to identify, engage and intervene early.</p>	<p>Use Real-Time Intercept™ to engage with potentially high-cost employees early in their healthcare journey. This is also accomplished by interacting directly with employees and providers, including the pre-certification process which helps identify employees who may be embarking on a complex, costly healthcare journey.</p>	<p>The collaboration has strategic partnerships with carriers, PBMs, providers, data partners, and technology vendors, to extend and enhance opportunities for engagement.</p>	<p>High-cost claims are addressed by the carrier or TPA. However, cases are profiled for opportunities to intervene.</p>
Outreach and Education	<p>Uses data-driven personalized outreach to introduce support employees and build a trusted relationship.</p>	<p>The Engagement Engine combines predictive data models and clinical expertise with consumer marketing techniques to proactively engage employees early in their care journey.</p>	<p>Uses a complete set of data inputs, including early interactions with employees, providers, and AI analytics to identify/stratify employees on a healthcare journey.</p>	<p>Proactively refers employees to clinically appropriate value-added programs.</p> <p>The complete Care Guide platform allows employees to search for medical, pharmacy, and dental services by price and quality.</p>	<p>Personal Health Advocates determine the best resources for the employee and how to access them.</p> <p>The advocates will transfer the employee, provide the appropriate contact information, or research and resolve the issue on the member's behalf.</p>



Tools to Interact Digital and Telephonic	<p>Employees can access their dedicated Health Assistant or nurse by phone, mobile app, or online portal.</p>	<p>Offers access through phone, web, and mobile app. The platform allows employees to digitally sign records, release forms, access medical records, and message the physician-led Care Team.</p> <p>Employees can easily switch between the online Member Platform and Care Team by phone.</p>	<p>Uses a platform with digital (app, website, email and push notifications, text messaging) and live (single toll-free number, live chat/secure messaging) communication to engage employees and providers.</p>	<p>Offers personalized communications via email, app notifications, and phone and personalizes the member experience through its proprietary prediction and recommendations engine, Genius.</p>	<p>Personal Health Advocate works with the employee based on their phone calls, emails, and chat.</p>
Disease Management	<p>Supports employees with any medical or behavioral health chronic condition.</p> <p>Provides a dedicated nurse who works closely with employees to address care needs and supports all areas that can impact quality and care access.</p>	<p>Disease management modules are part of the foundational, longitudinal care management programs. They leverage resources and expertise from specialists, physicians and pharmacists who help address employees' unique needs.</p>	<p>Assumes disease management services as part of their solution.</p>	<p>Promotes disease management programs available through the carrier, TPA, and other vendors.</p>	<p>For an additional cost, the Chronic Care Solution provides a holistic approach to a member's health and wellness needs by offering a fully integrated disease management program.</p>
Care Management	<p>The integrated care management model combines compassionate health assistants, nurses, and care coordination services to provide appropriate clinical intervention, address questions, teach healthy living and support member-centered treatment plans.</p>	<p>The Connected Care Program serves the most complex employees of a population. Services focus on acute medical events like hospitalization and surgery to help support employee transitions and discharge.</p>	<p>Assumes care management services from carriers or TPA.</p>	<p>Works to promote disease management programs from a carrier, TPA, and other vendors.</p>	<p>Does not take over care management from the carrier or TPA. Works with existing care management programs, where appropriate.</p>
Provider Identification Seeks to Direct to Higher-Performing Providers	<p>Intelligent Provider Matching matches employees with a doctor who can best meet their unique needs.</p>	<p>Provider Match Platform is a self-service digital tool that helps employees find local, high-quality, in-network doctors, non-doctor providers, and health facilities, including hospitals, urgent care facilities, imaging centers, and laboratories.</p>	<p>MyQHealth website and app called Care Finder™ offers an integrated cost, quality, and network solution that creates a complete picture of the member to complete a provider match.</p>	<p>Smart Match prioritizes search results guiding users to choose providers with high-quality, cost-efficient services.</p>	<p>Perfect Match Provider Locator service identifies top doctors and hospitals that meet the individuals' needs and personal preferences, including primary care physicians, specialists, and experts for second opinions.</p>



Reducing Prescription Costs <i>(Helps employees avoid financial surprises and make decisions that lower out-of-pocket costs.)</i>	Yes, package dependent	Yes	Yes	Yes	Yes
Does Solution Require a TPA	Yes, package dependent	No	Yes	No	No
Outcomes and Results	1:1 to 3:1 ROI by year 3, package dependent	2:1 ROI on average	2:1 ROI on average	1:1 ROI on average	3:1 ROI on average
Linking to Point Solutions/Targeted Interventions <i>(Connection with health point solutions)</i>	<p>Health assistants and nurses look for every opportunity to guide employees to the right resource.</p> <p>Program information is shared directly with members using Single Sign On, reducing frustration and increasing satisfaction. They stay connected internally, across all channels, to provide the same cohesive experience when engaged with a health assistant or nurse.</p> <p>A subset of suppliers are vetted.</p>	<p>Offers seamless integration with third-party value-added programs. Their intelligent Benefits Routing logic will recommend the proper benefit within each customer's ecosystem based on the member's condition, insurance plan, geographic location.</p> <p>Preferred integrated vendor partners are not used. Instead, they integrate with various vendor partners on behalf of customers.</p>	<p>The primary Personal Care Guide is trained in all chronic and acute conditions and proactively refers employees to the employer's value-added clinical programs. The guide has access to Quantum Health Pods, which are specialty resources, including behavioral health, transplant, oncology clinicians, social workers, pharmacists, and medical directors.</p> <p>A comprehensive evaluation of all point solutions is completed.</p>	<p>Provides digital hub for all-point solutions by promoting, incentivizing, and delivering a seamless, personalized journey.</p> <p>Point solutions are vetted by evaluating customer demand, marketplace feedback, and program results.</p>	<p>Positioned as the "integrator" of all resources, and services a client has in place, with an ability to guide members appropriately into the needed resources (utilization, disease and case management vendors, wellness vendors).</p> <p>Works to foster a collaborative environment that ensures members access the right care and services at the right time.</p>
Social Determinants of Health	Health assistants and nurses capture member motivators to support employees through a care plan that identifies each individual's unique obstacles.	Providers use whole person care that addresses all medical and behavioral clinical needs, including financial, education, benefits support, claims advocacy, transportation, food insecurity, lifestyle, nutrition, etc.	Works to address humanistic barriers during every contact (e.g., asking: "Is there someone at home who can help with meals and hygiene? If not, we will help to coordinate in home care through services on the benefit plan.")	Offers push notifications recommending local programs to targeted employee populations.	Identifies community resources and coordinates services like Meals on Wheels and transportation.
Typical Implementation Timeline	<p>Total Health and Benefits: 120 days</p> <p>Total Benefits and Total Care: 90 days</p>	<p>Enhanced Navigation: four months</p> <p>Premium Navigation: six months</p>	90-120 days	Four to six months	60-90 days

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Health Action Council is a not-for-profit 501(c)(6) organization representing mid and large-size employers that works to improve human and economic health through thought leadership, innovative services, and collaboration. It provides value to its members by facilitating projects that improve the quality and moderate the cost of healthcare purchased by its members for their employees, dependents, and retirees.

Health Action Council also collaborates with key stakeholders health plans, physicians, hospitals and the pharmaceutical industry to improve the quality and efficiency of healthcare in the community.

LET'S KEEP THE CONVERSATION GOING!

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