Healthy Interactions Programs Sustainability RTB (*Reason to Believe*)

Thank you for the opportunity to be considered for the Rural Health Transformation Programs (RHTP) across many locations. We believe it is important that RHTP programs deliver economic self-sufficiency to ensure sustainability post the RHTP grant period. In addition to improving 50 million lives of people afflicted with cardiometabolic conditions, Healthy Interactions' programs are proven to improve health system economics.

The intent of this document is to validate that <u>Healthy Interactions programs both improve revenues and reduce patient costs</u>, in so doing delivering program self-sufficiency and sustainability. This document first describes revenue enhancement, followed by health care cost reductions. All enhanced revenue and cost reduction claims are supported by actual data achieved by Healthy Interactions programs.

Revenue Drivers

There are three categories of revenue drivers:

1. Cardiometabolic patient reimbursable education.
2. Cardiometabolic patients increased care plan adherence which have reimbursable actions.
3. Improved quality metrics from: i) improved patient satisfaction, ii) improved patient outcomes, iii) improved care plan adherence.

1. Cardiometabolic patient reimbursable education

Reimbursement codes exist for many cardiometabolic patient education initiatives. Often, codes exist for both one-on-one and group education. The advantage of group education reimbursement is leverage. One-on-one reimbursement amounts are thin. Multi-patient education is more advantageous for health systems / providers.

The chart below highlights reimbursement available for patients with diabetes and obesity reimbursements.

CPT / HCPCS Code	Cardiometabolic Condition	Description	Type of Counseling	National Average Reimbursement	Provider / program requirements		Group Session Revenue 5 participants	Group Session Revenue 10 participants
G0109	**Diabetes**	DSMT Counseling	Group	$15 ($12 subseq.)	Accredited Program (ADA/ACDES); program staff		$150 (60 min. session)	**$300 (60 min. session)**
97804	**Diabetes**	MNT Nutrition	Group	$16.50 ($14.03)	Reg Dietician / Nutrition Spec		$83 (30 min. session)	**$165 (30 min. session)**
G0271	**Diabetes**	MNT – New Cond Reassess	Group	$16-20	Reg Dietician / Nutrition Spec		$80 (30 min. session)	**$160 (30 min. session)**
98961	**Obesity, MASH, early CKD**	Education training for self-management	Group	$14-16 each	Qualified non-physician		$140 (60 min. session)	**$280 (60 min. session)** -
98962	**Obesity, MASH, early CKD**	Education training for self-management	Group	$10-12 each	Qualified non-physician			**$200 (60 min. session)**

2. Cardiometabolic patients increased care plan adherence which have reimbursable actions.

Healthy Interactions cardiometabolic patient education programs are proven to improve patient care plan compliance rates. Needless to say, this leads to improved outcomes. But it also leads to improved reimbursement amounts per patient. Many of the care plan activities have reimbursement codes attached to them, consequently, improving revenue per patient, in addition to the incremental patient education reimbursement.

Increased Care Plan Compliance

Source: ADA 2010 Poster #1044.
A 4 month Study San Joaquin General Hospital

3. Improved quality metrics from:

i) improved patient satisfaction,

ii) improved patient outcomes,

iii) improved care plan adherence,

i)   improved patient satisfaction

Quality Metric rating impact reimbursement levels. The higher the rating, the higher the reimbursement amounts. There are many metrics that are considered on an annual basis to determine the reimbursement rates. Reimbursement metrics are calculated on an annual basis and apply to the next subsequent year.

The first of the inputs looked at is patient satisfaction. In fact, patient satisfaction has a high weighing in the overall reimbursement metric annual weighting.

Patients love Healthy Interactions' patient education programs. The data below is from Optumcare. Optumcare is part of United Healthcare, which is the largest, non-governmental health organization. It covers 51 million lives. Optumcare looked at the Net Promoter Score (NPR) for five Healthy Interactions programs, including diabetes. Diabetes had an NPS of 95, which is enormous. The lowest NPS was 73, which is remarkably high for any industry, but especially for healthcare.

ii)   improved patient outcomes,

The next quality metric to impact reimbursement rates is outcome improvement. Again, Healthy Interactions programs are proven to improve patient outcomes. Below is an

example of a study from Henry Ford Health Services that documents improvement to patient diabetes outcomes, as measured by a patient's ability to manage their diabetes to a target of less than 7 HbA1c. Henry Ford documents improvement across two cohorts, Medicare patients (65+ years), and commercial coverage patients.

Improved Clinical Outcomes

% Patients with HbA1c <7

General Population n = 5,937

Medicare Population N = 3,011

General Population: Pre Map 37.5%, Post Map 46.2% (23%)

Medicare Population: Pre Map 39.9%, Post Map 58.2% (46%)

HENRY FORD HEALTH.
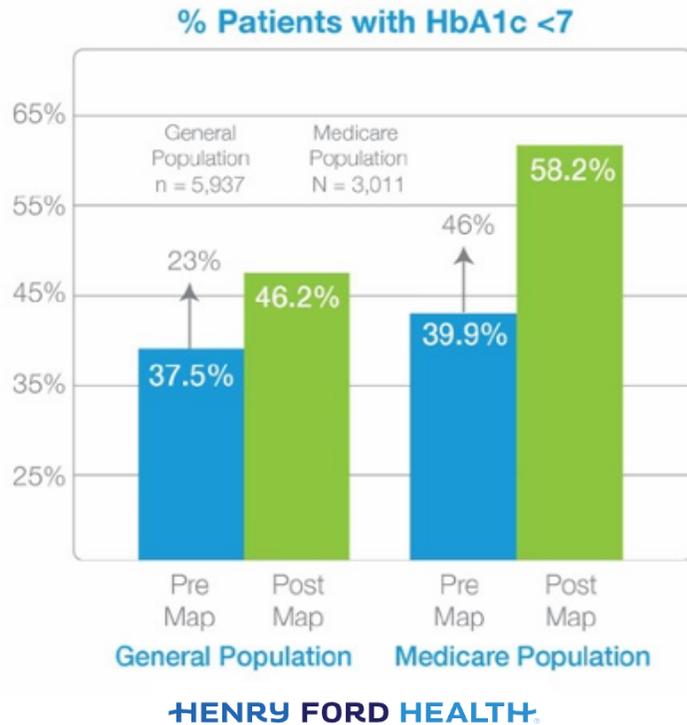
iii)   improved patient care plan adherence,

When assessing quality metric rating, patient adherence to care plans is another metric considered annually. As we saw above in the San Joaquim study, cardiometabolic patients who attend Healthy Interactions programs adhere to care plan activities at a much higher rate. For example, patients with diabetes improve their adherence to retinopathy screening from below 10% to over 80%. Retinopathy screening has reimbursement CPT codes 92227 and 92228 that improve patient's reimbursement revenue.

Cost Reduction Drivers

There are three categories of cost reduction driver:

1. Reduced Hospitalization and Readmissions,
2. Reduced use of healthcare resources,
3. Condition-Specific Cost Savings (Commercial Health System Findings),

1. Reduced Hospitalization and Readmissions

One of the most powerful costs-saving impacts of HI programs is their effect on hospitalization rates. The **Clalit Health 48-month longitudinal analysis** documented a **55% reduction in hospitalizations** among patients who completed Conversation Map®. This type of reduction represents substantial cost savings for health systems and payers.

48 month, 11,053 patients Study Documented 55% in Hospital Admissions

2. Reduced use of healthcare resources

A well-informed, motivated patient with stronger self-management skills uses fewer unnecessary health system resources. The Clalit studies below documents that HI cardiometabolic participants required fewer routine doctor visits, fewer acute visits, and improved self-efficacy among patients attending Conversation Map® sessions. These reductions yield meaningful savings for payers, health systems, and rural clinics operating under both fee-for-service and value-based arrangements.

Clalit Research Institute Demonstrated Improvements in Clinical and Patient Adherence

48-month Study
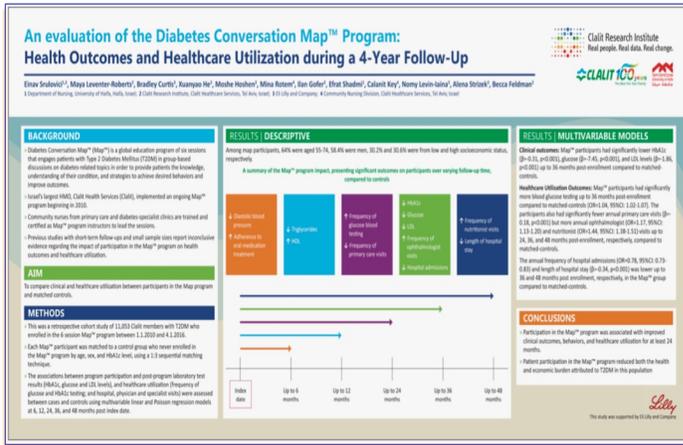
Demonstrated Significant Improvements in:

- Multiple cardiometabolic clinical measures:
  - A1c and FBG[2]
  - LDL[2] and HDL
  - Diastolic Blood Pressure

- Improved patient self-care behaviors:
  - Adherence to medications
  - Glucose self-testing
  - Well visits with nutritionist and ophthalmologist, reduced average annual PCP visits

Additional insights:

- Durable impact:
  - Improvements persist 36 months after education

- High patient satisfaction:
  - Net Promoter Score (NPS) of 95

Presented at American Diabetes Association, International Diabetes Federation

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3. Condition-Specific Cost Savings (Commercial Health System Findings)

Real-world commercial health system data have documented cost reductions across multiple chronic conditions after implementation of HI programs. OptumCare's chronic condition review documented below shows average cost savings for patients with 1) Diabetes, 2) Congestive Heart Failure (CHF), and 3) Fall-risk and frailty-related conditions.

COST SAVINGS (Claims data)

Diabetes	CHF	Falls
30%	46%	34%
Reduction in	Reduction in	Reduction in
$1,160	$13,400	$ 4,100
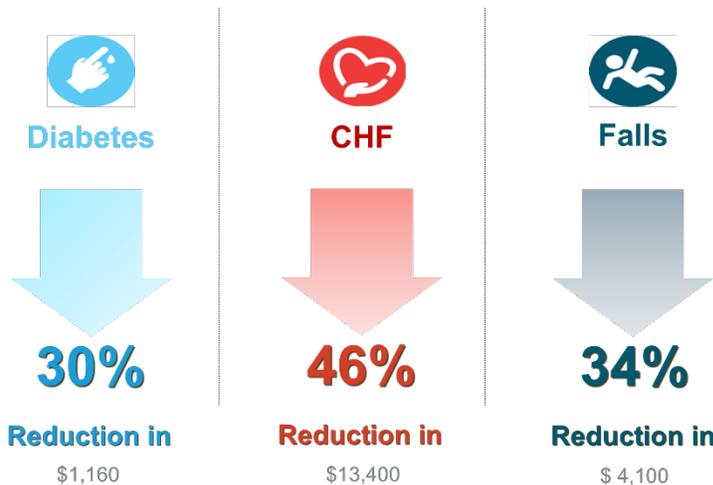
This analysis indicated the cost savings were reflected in fewer emergency department (ED) visits, fewer inpatient stays, reduced complications, and lower medication waste. This is particularly critical for rural systems where chronic disease burdens are disproportionately high and access to specialty care is limited.

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Healthy Interactions Programs Drive Sustainability Summary

We believe that any RHTP program's economic self-sufficiency, supporting program sustainability is especially important. We put together this document to illustrate that Healthy Interactions' programs are proven to enhance revenue and reduce costs, leading to sustainability. The equation is pretty simple:

Enhanced Revenue

1. Cardiometabolic education reimbursement
2. Patient care plan compliance increases reimbursement per patient
3. Improved quality metric driven by: i) improved patient satisfaction, ii) improved outcomes, iii) improved care plan compliance

Reduced Costs

4. Reduced Hospitalization and Readmissions,
5. Reduced use of healthcare resources,
6. Condition-Specific Cost Savings (Commercial Health System Findings),

Equals

Program Self-sufficiency ➔ Sustainable programs post RHTP grant period

Vastly Healthier America!

Appendix 1:

Academic Theories Validating Effectiveness of Conversation Maps®

Healthy Interactions experiential learning model, Conversation Maps® (both in-person and virtual) uniquely combines metaphoric visuals with Socratic learning principles. Conversation Maps do not teach, they do not tell, they do not instruct, they do not nudge, they do not remind participants. Didactic learning has a short behavior change profile. Conversation Maps invite participants in small groups to discuss, debate and problem-solve during the experiential learning sessions. In so doing, participants create knowledge. Sustained behavior change is built on the principle of knowing the 'Whys' not just the 'Whats.' They come to the right conclusions. Conversation Map participants create knowledge. The experience is very enjoyable (95 NPS) and happens in a safe space of people who share similar physiological and psychosocial challenges. By human nature, as a species, we want to help other people. Especially people 'like-me,' facing similar health and emotional challenges.

> "People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others."
>
> Blaise Pascal wrote in 1670,

There are six academic theories validating the effectiveness of Healthy Interactions in-person and virtual Conversation Map® experiential learning platform. They are:

	Academic Theories	Theory Premise	Conversation Map Applicability
1	*Self-efficacy theory*	Self- efficacy refers to people's belief about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives.	Self-efficacy theory provides the foundation for much of the curriculum used for Conversation Maps, which allow participants to explore what is personally meaningful through identification of short- and long-term goals and support mechanisms.
2	*Health Belief Model*	The Health Belief Model (HBM) identifies modifiable psychological correlates of health beliefs and illustrates that these beliefs mediate the effect of unmodifiable	In sessions using Conversation Maps, patients experience the six concepts of the HBM by exploring personal feelings, perceptions, attitudes, and beliefs related to diabetes and its self-management.

		demographic variables in influencing behavior. There are six core constructs to the HBM: perceived susceptibility and perceived severity (collectively, beliefs about health threats), perceived barriers to behavior, perceived benefits of adopting behavior, perceived self-efficacy, and cues to action (external influences promoting desired behaviors).	These emotions are internalized through the normalization and peer validation that are inherent to the facilitated dialogue.
3	*Common-Sense Model of Health and Illness Self-Regulation*	According to this model (also known as the Illness Perceptions Model, the Illness Representations Model, the Self-Regulatory Model, the Parallel Process Model, or Leventhal's Model), beliefs about health threats (one component of the HBM) are explained by subjective illness representations integrating with existing schemata to make sense of symptoms. Representations are cumulative, formed and developed based on information receipt and experiences. These representations guide behavior regarding coping procedures, action plans, and outcomes.	Participants Conversation Maps practice situational problem-solving that is guided by a facilitator but includes dialogue initiated and determined by participants' interests. Some of the activities focus on "un-learning" unhealthy behaviors and instilling beliefs among the participants that they can embrace change and self-discovery.
4	*Social learning theory*	Similar to the HBM, the social learning theory (SLT) posits that the likelihood of a behavior occurring is a function of expectancies and values. Behavior will take place if a reward or reinforcement is both anticipated and valued. SLT further suggests that a combination of environmental (social) and psychological factors influence these expectancies and values.	Participants in sessions using Conversation Maps compare their experiences, knowledge, and approaches to health behaviors (diabetes self-management), discuss best practices for completing tasks, and accept responsibility for their daily self-care.
5	*Transtheoretical Model*	The Transtheoretical Model (TTM), or "stages of change" model, identifies six stages on a continuum of behavior change: pre-contemplation, contemplation, preparation,	Conversation Maps support the stages associated with recognizing the need for change, enables personally determined strategies for adopting change, and provides an action plan for implementing

		action, maintenance, and relapse. Each stage plays a key role in supporting an evolutionary process whereby learners recognize the need for change, act, evaluate, and react.	change and recovering from potential self-management missteps. Participants self-assess their willingness and ability to self-manage their condition effectively and discuss personal journeys through each stage of change related to self-care and their adaptation to changing needs.
6	*Dual-processing theory*	Dual- processing theory distinguishes between heuristic processing (in which patients are passive in listening to HCPs) and systematic processing (in which patients are actively involved in the learning process). The theory emphasizes the importance of systematic processing by proposing the provision of the least possible information from which to learn and encouraging dialogue to enhance knowledge and understanding.	Participants Conversation Maps practice situational problem-solving that is guided by a facilitator but includes dialogue initiated and determined by participants' interests. Some of the activities focus on "un-learning" unhealthy behaviors and instilling beliefs among the participants that they can embrace change and self-discovery.

Summary of Academic studies validating Healthy Interactions Conversation Map methodology, both in-person and virtual sourced from:

From Acorns to Oak Trees: The Development and Theoretical Underpinnings of Diabetes Conversation Map Education Tools

Appendix 2:

List of Healthy Interaction Programs

The following programs are available for in-person and virtual Conversation Map deployment. Additionally, Healthy Interaction can develop other specific programs as necessary for any audience, whether that be for patients, healthcare professionals, payers, and self-insured employers.

Cardiometabolic Programs:

- Obesity
- Chronic Kidney Disease (CKD)
- Metabolic Dysfunction-Associated Steatohepatitis (MASH)
- Heart Failure (CHF)
- Obesity Bias for primary care offices
- Obesity Clinical Guidelines
- Diabetes including Diabetes Self-Management Education (English & Spanish), Diabetes Prevention, Insulin Starts, Type 1 Children, Gestational Diabetes, Ramadan, Navajo Indian Tribe. Additionally, Healthy Interactions has diabetes programs in 29 languages and culture, from deployment in 128 countries beyond the U.S.
- Global Obesity ERP for Health Systems

Beyond Cardiometabolic Programs:

- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Mild / moderate depression
- Post-Traumatic Stress Disorder (PTSD)
- Multiple Myeloma (MM)
- Tobacco cessation
- Nutrition
- Falls Prevention
- Parkinson's

- **Make America Healthy Again Programs:** For youth to understand the importance of food choices and lifestyle choices for a healthier life. In particular, the importance and difference between processed / factory foods and nutrition rich food.