

# PLEXIS/RadiantGraph - AI Assisted Member Engagement Focus Group, 4/24/24

## Key Topics:

- **AI and member engagement:** Sean introduced the topic and the partnership with Radiant Graph, which offers a platform for intelligent personalization of member communications and outreach. 11:41
- **Radiant Graph solutions:** Anmol, Gene and Kirk explained the three solution areas that Radiant Graph provides: clinical engagement, member retention and growth, and custom programs. They also showed examples of how AI can personalize messages for different member segments and channels. 21:51
- **Poll questions:** Dennis launched two poll questions to get the attendees' feedback on their current member engagement efforts and their interest in personalization. The results showed that most attendees considered member engagement highly important and wanted to improve their personalization capabilities. 25:32
- **Demo and Q&A:** Kirk demonstrated a live example of a synthetic voice system that can interact with a member and provide personalized care plans and insurance options. He also showed how the platform connects with PLEXIS data and engagement channels. The attendees asked questions about the feedback loop, the impact on members, and the integration with other programs. 38:02

## Meeting Transcript

0:11:41.900 --> 0:11:58.640

Sean Garrett

Thank you for joining us today. We've got some very interesting topics to discuss, but this is not a one way typical webinar is it's a little bit more focus group where we're actually seeking uh input and opinions and perspectives.

0:11:58.960 --> 0:12:23.320

Sean Garrett

From some of the PLEXIS clients that represent different lines of business, different types of organizations with the common thread of member engagement, there is some level of Member, I'll say, ownership by the plans, the organization for which engagement and

Community communications are key in delivering greater healthcare outcomes, member satisfaction, et cetera.

0:12:23.370 --> 0:12:25.460

Sean Garrett

So that's where we're going to focus today.

0:12:25.710 --> 0:12:26.860

Sean Garrett

I want to go to the next slide.

0:12:27.120 --> 0:12:27.970

Sean Garrett

They're Kirk.

0:12:28.380 --> 0:12:31.90

Sean Garrett

So the agenda will do quick introductions.

0:12:31.220 --> 0:12:47.150

Sean Garrett

I think everyone on the call knows me, but and then we'll do the other introductions of some phenomenal people that we have here and write people here that want to share some great information that I think will be really helpful for all of you along the way.

0:12:47.240 --> 0:13:13.280

Sean Garrett

What we're going to discuss is what are some of the market challenges, some of the problems in relation to the member engagement, member communications and what are some of the emerging solutions that that are being employed by the different Help health plans, health insurers around the world and especially in relation to leveraging, you know those those 4 letters, AI and ML, artificial intelligence, machine learning.

0:13:13.340 --> 0:13:16.650

Sean Garrett

So we'll speak to that and then definitely wanna hear from you.

0:13:16.660 --> 0:13:24.410

Sean Garrett

We have some pull questions throughout that will ask you to respond to from your organization's perspective and some other questions at the end of the.

0:13:24.820 --> 0:13:33.20

Sean Garrett

The the the the event here that will seek seek some input on and next one introductions here Kurt.

0:13:33.380 --> 0:13:34.510

Sean Garrett

So again, you all know me.

0:13:34.520 --> 0:13:34.730

Sean Garrett

I'm.

0:13:34.780 --> 0:13:35.240

Sean Garrett

I'm Sean.

0:13:35.250 --> 0:13:49.750

Sean Garrett

I'm the CEO PLEXIS work with the different PLEXIS clients and our partners like radiograph to help identify where technological solutions can help operational effectiveness and efficiency of our different organizations.

0:13:50.0 --> 0:13:52.550

Sean Garrett

And so that's why I'm Anmol.

0:13:52.940 --> 0:13:53.380

Sean Garrett

Who are you?

0:13:54.760 --> 0:13:55.310

Anmol Madan

Everyone.

0:13:55.320 --> 0:13:57.800

Anmol Madan

I'm Anmol trained as a computer scientist.

0:13:57.810 --> 0:14:3.130

Anmol Madan

I served as the chief data AI officer for Livongo Health and and Donald before that.

0:14:3.520 --> 0:14:7.730

Anmol Madan

Tired after that and then previously been an executive in, in mental health companies as well.

0:14:7.740 --> 0:14:10.620

Anmol Madan

So I've spent the last couple of decades building the isystems or healthcare.

0:14:14.910 --> 0:14:15.620

Sean Garrett

Actually, Gene.

0:14:16.340 --> 0:14:17.310

Dr. G

My next sorry.

0:14:17.320 --> 0:14:18.10

Dr. G

Thank you.

0:14:18.640 --> 0:14:23.390

Dr. G

So I am a rheumatologist by background, but I've spent my whole career really in health tech.

0:14:23.400 --> 0:14:26.330

Dr. G

Most recently, she medical officer for Radiant graph.

0:14:26.340 --> 0:14:30.170

Dr. G

But prior to that, as the CMO of Salesforce and AT&T.

0:14:30.420 --> 0:14:32.30

Dr. G

So jazz to connect with everyone today.

0:14:32.40 --> 0:14:32.440

Dr. G

Thank you.

0:14:33.980 --> 0:14:34.160

Kirk Goodman

So.

0:14:36.790 --> 0:14:37.560

Dr. G

And author yes.

0:14:33.810 --> 0:14:38.70

Sean Garrett

And author so yeah.

0:14:40.650 --> 0:14:41.30

Sean Garrett

Hurt.

0:14:41.380 --> 0:14:41.700

Kirk Goodman

Great.

0:14:41.710 --> 0:14:42.250

Kirk Goodman

I'll, I'll.

0:14:42.260 --> 0:14:42.920

Kirk Goodman

I'll round it out.

0:14:42.930 --> 0:14:43.690

Kirk Goodman

So I'm I'm Kirk.

0:14:43.700 --> 0:14:50.260

Kirk Goodman

I head up our commercial function here at reading graph, so we'll tell you a little bit more about what we're doing despite the baby face here.

0:14:50.270 --> 0:15:0.130

Kirk Goodman

We spent the last decade and a bunch of different Hill tech companies at the intersection of healthcare and technology, and really excited about what we could potentially do with PLEXIS and some of your organizations.

0:15:0.140 --> 0:15:7.200

Kirk Goodman

So we'll tell you more about that today and maybe Sean, I think we'll kick it over to Anmol here and on wall.

0:15:7.210 --> 0:15:14.270

Kirk Goodman

Just kinda click through the slides here as we go, but if you wouldn't mind maybe setting the stage a little bit around what we're here to talk about today.

0:15:15.340 --> 0:15:18.670

Anmol Madan

Yeah, and uh, First off, I'm really grateful for everyone here.

0:15:18.680 --> 0:15:33.570

Anmol Madan

Coming on, taking time, listening, listening and and and being part of this discussion with us, I've had the fortune of spending the last couple of decades of my career Billing AI and machine learning systems and Healthcare across multiple conditions across multiple roles.

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Anmol Madan

And I think I'm.

0:15:35.80 --> 0:15:41.250

Anmol Madan

I'm not saying something that is surprise here, but I think the world has has substantially changed and transformed.

0:15:41.260 --> 0:15:52.550

Anmol Madan

I'd say in the last year or two and what we're seeing with large language models, what we're seeing with generative, yeah, well, we seen with all these capabilities, can we fundamentally transformative for many industries.

0:15:52.860 --> 0:15:55.830

Anmol Madan

And I think for all of us agree I'm sure.

0:15:55.840 --> 0:16:6.270

Anmol Madan

But you know we we see the articles every day, we see the investment numbers across the board, particularly in healthcare, particularly for you know the the \$4.6 trillion are spent.

0:16:6.280 --> 0:16:7.490

Anmol Madan

We have in the healthcare system.

0:16:7.500 --> 0:16:24.660

Anmol Madan

I think there's an opportunity not just to build better experiences for consumers, engage them in a more direct way using these technologies, but also to do it in the way we tags, better clinical outcomes and more efficiency and effectiveness for the health plan and and and the peers and and the economic side of the system as well.

0:16:25.130 --> 0:16:26.820

Anmol Madan

So I think it's a really exciting time.

0:16:26.830 --> 0:16:30.500

Anmol Madan

I think it's a very important tool, but there's a lot of work in Curtis.

0:16:30.510 --> 0:16:36.480

Anmol Madan

You don't mind going the next step for me, a lot of work that has to happen before this vision.

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Anmol Madan

This.

0:16:37.260 --> 0:16:41.870

Anmol Madan

Yeah, the, the the technology actually becomes reality, right.

0:16:41.880 --> 0:16:53.90

Anmol Madan

And I think it's most things in healthcare we have to ask ourselves the question of, you know, is this technology just for technology say sake, is this just another shiny object or does it deliver better ROI?

0:16:53.420 --> 0:16:55.470

Anmol Madan

Does it drive more meaningful clinical outcomes?

0:16:55.720 --> 0:17:0.30

Anmol Madan

Is it helping all of our Members in their needs and their in their segments?

0:17:0.40 --> 0:17:1.920

Anmol Madan

We'll talk a little bit about, you know, how we can approach that.

0:17:3.430 --> 0:17:4.520

Anmol Madan

How do you drive?

0:17:4.530 --> 0:17:15.60

Anmol Madan

How do you bring these technologies to bear in a short amount of time so the big challenge with AI, I'd say in the last decade has been there's a lot of exciting research, but it takes many quarters.

0:17:15.70 --> 0:17:20.190

Anmol Madan

In some case, it takes years to see the impact and at creating graph we think there's a better way.

0:17:20.200 --> 0:17:29.420

Anmol Madan

We think there's a way to get drive that impact, you know, this year in the upcoming open enrollment period in members in the member journey of Grant 24,.

0:17:29.430 --> 0:17:32.470

Anmol Madan

So I think there are things you can do much faster today with these technologies.

0:17:32.940 --> 0:17:35.90

Anmol Madan

And so I think that's something we have to really focus on.

0:17:35.380 --> 0:17:40.210

Anmol Madan

Anything is, we think, of the role that AI plays in in all of these Healthcare use cases.



0:17:40.500 --> 0:17:51.510

Anmol Madan

We can't discount the the the risks, the safety concerns, the way the systems have to be designed, the thoughtfulness, the human oversight, the guardrails that have to be created.

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Anmol Madan

So there's some really important questions that have to be answered.

0:17:54.660 --> 0:18:10.750

Anmol Madan

You know, while the while the vision is strong and the technology is really powerful, actually making them work for Healthcare use cases is gonna take some thought from this and some effort and require kind of shared you know shared we're working across both you know health plans, health systems as well as technology companies like us.

0:18:14.730 --> 0:18:20.630

Kirk Goodman

Maybe, Sean, if you wouldn't mind just telling us a little bit about kind of the how do we connect this back to the plan priorities?

0:18:21.600 --> 0:18:22.170

Sean Garrett

Sure.

0:18:22.930 --> 0:18:37.230

Sean Garrett

There there's many areas we PLEXIS and are seeing where AI can help the operational effectiveness, efficiency, the claim side, the communication side, the premium billing side, operational effectiveness.

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Sean Garrett

But today we're really focusing on the member engagement and communication side.

0:18:42.80 --> 0:18:49.370

Sean Garrett

So with that focus in mind, we talked about the planned business priorities.

0:18:49.560 --> 0:19:5.580

Sean Garrett

You know, if your Medicare plan where you're competing for our plan beneficiaries, if you're

a Medicaid plan, you have compliance requirements to report back to the state on what you're doing in relation to engagement and driving better health outcomes to your Member population.

0:19:5.590 --> 0:19:23.840

Sean Garrett

If you're a commercial health plan and you are again like Medicare competing for a share of these members, not just to get that new client, that employer group or individual, but to retain them, these are these are and have been priorities of different types of health plans.

0:19:23.850 --> 0:19:29.430

Sean Garrett

Again, whether a government program administrator or a commercial health insurer health plan.

0:19:29.820 --> 0:19:45.980

Sean Garrett

So there's these are parties have not changed, but what's happening now is there's newer to Emerald Point, newer technologies that can speed up the improvement of those priorities, the attainment and improvement of those priorities.

0:19:46.160 --> 0:19:58.610

Sean Garrett

And so, you know, rating graph has really looked at how to best support these types of firms in this regard and do so in a much more expedient manner.

0:19:58.680 --> 0:20:0.310

Sean Garrett

And we're gonna talk more about that.

0:20:0.500 --> 0:20:16.790

Sean Garrett

So what we're fighting is that our clients who do have this ownership of the member engagement and experience can be can benefit we we saw some clear paths here on how you folks could benefit from this type of solution and this platform.

0:20:16.910 --> 0:20:32.270

Sean Garrett

And then the we'll speak to the data requirement to that supports this is having an understanding of claims data in particular it could be authorization in some other data that might be in your PLEXIS software.

0:20:32.500 --> 0:20:46.230

Sean Garrett

And so the interface integration to feed the platform, the radiant graph platform is and easy pap for the two firms to work together to deliver value to PLEXIS clients. So.

0:20:48.420 --> 0:20:54.890

Sean Garrett

So what we're finding is that there's things that Plex is doing on its own with different AI.

0:20:55.690 --> 0:21:6.700

Sean Garrett

Uh driven capabilities, both our own development and delivery perspective, but also for working alongside our block product capabilities.

0:21:6.980 --> 0:21:8.390

Sean Garrett

But partnership is key.

0:21:8.400 --> 0:21:19.260

Sean Garrett

You know, there's there's a key thing key term in product management that is you can either to deliver and capability you can buy, build or partner and there are certain areas where building makes sense.

0:21:19.270 --> 0:21:23.430

Sean Garrett

There's certain areas where you're going to acquire a technology and then we're partnership.

0:21:23.440 --> 0:21:30.310

Sean Garrett

It makes sense, and in this case partnership is we're seeing is key for the these type of capability bilities.

0:21:30.460 --> 0:21:43.250

Sean Garrett

And so I'll turn it back over to to kind of, uh, go over the rating graph platform and and the capabilities that it it can provide in the the, the, the value proposition it can deliver.

0:21:44.190 --> 0:21:44.540

Anmol Madan

Yeah.

0:21:44.550 --> 0:21:47.500

Anmol Madan

Then it's a Shawn Sean that the translated at the great Segway here, right.

0:21:47.510 --> 0:21:50.700

Anmol Madan

So technologies have gotten incredibly sophisticated.

0:21:51.650 --> 0:22:19.170

Anmol Madan

There is a partnership opportunity here where we can help organizations like yourself doing these to bear and and bring and bring them to market faster to bring them to a members faster and within the leading graph platform there three different solution areas that we've identified as a good fit or potential opportunity for this group on the call today like for a given what we know about the SCOOP is on us they're they're relationship PLEXIS.

0:22:19.580 --> 0:22:23.870

Anmol Madan

The first one that Kirk will spend some time on is this idea of clinical engagement.

0:22:24.280 --> 0:22:30.930

Anmol Madan

And so if you've got a large member population, how do we get them to find the right preventative benefits?

0:22:31.20 --> 0:22:42.250

Anmol Madan

The right early on, so to support right, so how do we get a person to change your lifestyle early on, Management conditions better or you go out, go down the path of of behavior change or void and escape she's down the stream.

0:22:42.960 --> 0:22:43.480

Anmol Madan

So these are.

0:22:43.490 --> 0:22:46.110

Anmol Madan

That's the first bucket which is around clinical engagement.

0:22:46.120 --> 0:22:50.260

Anmol Madan

Driving that in like where that bends, it's Shawn started.

0:22:50.270 --> 0:22:58.360

Anmol Madan

Tell us there is second and second lines of business where member retention and growth really is in is controlled by the plans, is controlled by these groups.

0:23:0.140 --> 0:23:5.110

Anmol Madan

And so that's a member of tension member growth bucket and the second category is was the 2nd solution that we offer.

0:23:5.380 --> 0:23:11.360

Anmol Madan

And then there's a third, which is custom programs where some plans have their own benefit design.

0:23:11.370 --> 0:23:19.530

Anmol Madan

They own their own programs, and so leading graph can help accelerate the adoption, the engagement and finding the right fit for every clan member.

0:23:19.580 --> 0:23:24.260

Anmol Madan

For every consumer across the, the slew of options you may have available inside your plan.

0:23:24.470 --> 0:23:26.900

Anmol Madan

So these are the three solution areas you've identified.

0:23:26.910 --> 0:23:29.260

Anmol Madan

And then Kirk's gonna jump in and tell us more about each one of those.

0:23:29.850 --> 0:23:30.470

Kirk Goodman

Yeah, exactly.

0:23:30.480 --> 0:23:33.540

Kirk Goodman

And I think we'll we'll explain more about this today.

0:23:33.550 --> 0:23:39.280

Kirk Goodman

I think the key thing is the core technology platform is around intelligent personalization.

0:23:39.290 --> 0:23:46.360

Kirk Goodman

We'll talk about how do we use the data that's in the PLEXIS technology today and start to personalize actions around it.

0:23:46.560 --> 0:23:52.340

Kirk Goodman

And then apply those as kind of building blocks to deliver on these solutions and we'll want to get your perspective on that.

0:23:52.550 --> 0:24:11.540

Kirk Goodman

But to maybe share a little bit more here, we want to step back and talk about the specific problem that we're addressing and I envision that this problem is something that you all are quite familiar with, but maybe doctor G could you tell us a little bit more about kind of the problem that we're focused on here from a doctor's perspective?

0:24:11.550 --> 0:24:15.460

Kirk Goodman

And then we can get more into how this maps to the health plan world.

0:24:16.270 --> 0:24:16.690

Dr. G

Sir.

0:24:16.700 --> 0:24:17.540

Dr. G

Thanks Kirk.

0:24:17.590 --> 0:24:23.440

Dr. G

So look, this has been an age old problem in healthcare and it's not for a lack of investment, right?

0:24:23.450 --> 0:24:44.840

Dr. G

Every every plan has had numerous member initiatives, multiple Omni channel apertures, but really, where we always fall down in Healthcare is what I call the human factor, which is

how do you actually personalize the message at the right time at the right place to actually prevent an emergency room visit, prevent about outcome.

0:24:44.850 --> 0:24:51.590

Dr. G

But also personally understand that patient to to the point that you inspire them for some sort of change, right?

0:24:51.600 --> 0:25:2.940

Dr. G

Whether it's closing a care gap, whether it's making an appointment virtually or in person, that really remains the biggest opportunity and the place where we have the most opportunity to make an impact and actually Dr outcomes.

0:25:4.550 --> 0:25:13.300

Kirk Goodman

It's actually and I think I think this is this is the problem that we are focused on solving that enables us to drive the various different business impacts.

0:25:13.310 --> 0:25:19.200

Kirk Goodman

How do you speak to Members in their own language to drive the actions that some of these initiatives you focused on?

0:25:19.210 --> 0:25:24.440

Kirk Goodman

We're hoping to achieve and how can AI be a solution to actually enable that now?

0:25:24.650 --> 0:25:29.260

Kirk Goodman

So we wanted to start with, I think our first poll question here.

0:25:29.270 --> 0:25:32.230

Kirk Goodman

So, Dennis, if you don't mind, drop it.

0:25:32.240 --> 0:25:42.840

Kirk Goodman

Kicking this off to just understand from your organization's perspective, how do you think about member engagement and outreach and the desire to to improve those efforts today?

0:25:49.810 --> 0:25:53.610

Kirk Goodman

And we should have a poll coming out shortly where you'll be able to answer this.

0:25:55.780 --> 0:25:56.930

Dennis Hubbard

Yeah, very shortly is coming.

0:26:2.710 --> 0:26:8.870

Sean Garrett

You're an MTV's up and chat that's specific way with Microsoft Teams, so that's what Dennis doing.

0:26:11.980 --> 0:26:12.430

Kirk Goodman

So long.

0:26:16.810 --> 0:26:28.960

Kirk Goodman

I think while we're getting this poll rolling, I think one of the the key things to think about here are from the combined solution is thinking through what are the different vectors that you can use to solve that engagement problem.

0:26:28.970 --> 0:26:33.100

Kirk Goodman

So we'll talk about the different channels that you can communicate with your Members.

0:26:33.110 --> 0:26:34.860

Kirk Goodman

Text, email, phone.

0:26:35.130 --> 0:26:55.680

Kirk Goodman

But really, it's about how do you speak to them in one voice and engage those members to be able to get them into those clinical programs you've invested in or to be able to maybe get them to convert for a Medicare Advantage plan from a commercial population or thinking about Medicaid redetermination, umm, and it looks like that pulls coming out now.

0:26:55.690 --> 0:26:57.80

Kirk Goodman

So we'd love your perspective on this.



0:27:3.90 --> 0:27:5.530

Sean Garrett

Yeah, everyone should see that on screen at this point.

0:27:22.190 --> 0:27:22.840

Kirk Goodman

Great. Great.

0:27:23.320 --> 0:27:23.610

Sean Garrett

Alright.

0:27:22.850 --> 0:27:27.740

Kirk Goodman

Well, it looks like the folks if you have a chance to keep answering that, that'd be great.

0:27:27.750 --> 0:27:33.260

Kirk Goodman

But I think hopefully this is this is relevant then highly important to your various organizations.

0:27:34.780 --> 0:27:38.10

Kirk Goodman

So we we wanted to talk a little bit about how do we solve this problem.

0:27:38.220 --> 0:27:49.690

Kirk Goodman

So unwilling, the founding team here of data scientists and technologists have built these systems for decades to kind of crack the engagement problem, to think about.

0:27:49.760 --> 0:28:0.610

Kirk Goodman

How do you bring all of the data around an individual to bear to actually speak to Kirk in his language, to speak to Sean and his language, and to send the right messages at the right time?

0:28:0.780 --> 0:28:4.410

Kirk Goodman

And this drives significant lift in member engagement.

0:28:4.420 --> 0:28:23.580

Kirk Goodman

And if you think about initiatives that you're working on today, if you could achieve a 40 or

50% lift in that, the potential impact that that has on bending the cost curve, thinking about MLR or caps or thinking about just general member satisfaction, I think there's a lot of potential here of how we can apply these technologies.

0:28:23.810 --> 0:28:29.600

Kirk Goodman

So as we talk about an intelligent personalization, I think it's helpful to explain a bit more around what that means.

0:28:29.870 --> 0:28:36.320

Kirk Goodman

So the first step in this technology journey was just how do you separate your members into simple cohorts?

0:28:36.820 --> 0:28:40.830

Kirk Goodman

And this is where I envision a lot of organizations have already taken this step.

0:28:40.920 --> 0:28:49.530

Kirk Goodman

How do you send the right message to the right segment of members and then from there you can build on a lot of rules and triggers to think about.

0:28:49.540 --> 0:28:51.230

Kirk Goodman

If this happens, do this.

0:28:51.620 --> 0:29:0.350

Kirk Goodman

The challenge with rules and triggers is this is quickly cumbersome for humans to maintain and is a very deterministic view of the world.

0:29:0.490 --> 0:29:5.630

Kirk Goodman

So our perspective on this is that intelligent personalization takes this a step further.

0:29:5.900 --> 0:29:11.80

Kirk Goodman

It builds on your existing rules, but then introduces the construct around probability.

0:29:11.210 --> 0:29:16.140

Kirk Goodman

And how do you think about probabilistically determining what to send to somebody?

0:29:16.150 --> 0:29:31.60

Kirk Goodman

How do you think about taking into account all of the claims information, all of the information about that member that is stored in PLEXIS today and thinking about how do you actually engage those members with the right piece of content in the right channel at the right time?

0:29:31.170 --> 0:29:34.760

Kirk Goodman

And that's what we'll talk about in a second here, with some examples.

0:29:34.950 --> 0:29:38.870

Kirk Goodman

But in essence, what reading graph is is a platform to bring that to bear.

0:29:39.530 --> 0:29:53.260

Kirk Goodman

So we connect with your underlying data infrastructure to enable you to quickly ingest that data, train models on it, build predictions, and then connect into your existing Engagement layers.

0:29:53.270 --> 0:30:8.580

Kirk Goodman

So if you're doing things such as direct mail outreach or emails or text messages or phone calls, today we work with these core based systems to say how do you take the data that PLEXIS is telling you about this member?

0:30:8.590 --> 0:30:20.930

Kirk Goodman

This claim has occurred, and then how do you use that to take action and personalize the communications to that member in a very specific way that are optimized through AI to actually get you to results?

0:30:20.940 --> 0:30:37.110

Kirk Goodman

So something that's probabilistically thinking, how do I most likely get the results from this interaction, and how do I also personalize the communication in tone and subject matter and content for that specific individual?

0:30:37.400 --> 0:30:47.560

Kirk Goodman

So where we're gonna go next is we're gonna talk a little bit about the the specific use cases and the specific kind of channels of communication.

0:30:47.570 --> 0:30:52.770

Kirk Goodman

But please, if you have any questions throughout, just drop them in the chat and we'll be having some more polls in a moment.

0:30:54.50 --> 0:30:54.380

Kirk Goodman

Uh.

0:30:55.130 --> 0:30:55.630

Kirk Goodman

Got John.

0:30:55.640 --> 0:30:56.220

Kirk Goodman

You wanna drop it?

0:30:56.550 --> 0:30:57.940

Sean Garrett

Yeah, just, just real quick.

0:30:57.950 --> 0:30:58.280

Sean Garrett

Yeah.

0:30:58.290 --> 0:31:2.80

Sean Garrett

For different people on on the line here, we have different audiences.

0:31:2.490 --> 0:31:18.120

Sean Garrett

You if you think about personal personalization on the Medicaid side with SCO, so social determinants of health, you know, how can you personalize communication when this Member has this need from an SOH perspective?

0:31:18.130 --> 0:31:19.640

Sean Garrett

And this Member has this need.

0:31:19.650 --> 0:31:22.620

Sean Garrett

There's not one message that is one size fits all.

0:31:22.950 --> 0:31:40.80

Sean Garrett

If you think on the commercial side, different types of workers, office worker versus truck driver or or something else, the the health standards are probably different between those two different types of people and employee.

0:31:40.150 --> 0:31:49.260

Sean Garrett

So how is your communication and your what you're trying to drive them towards from a better health outcomes perspective, different for the different types of employees that have the exact same health plan?

0:31:49.530 --> 0:32:0.500

Sean Garrett

So we see this need of this personalization and the applicability in so many different kinds of business that apply to quite frankly diverse customer base that PLEXIS has.

0:32:0.550 --> 0:32:9.510

Sean Garrett

So this is something as we got introduced reading rate that we saw aha moment was you could be very valuable for the different types of organizations out there.

0:32:9.520 --> 0:32:10.840

Sean Garrett

And especially once we steal.

0:32:10.850 --> 0:32:11.100

Sean Garrett

What?

0:32:11.150 --> 0:32:17.510

Sean Garrett

So just wanted to kind of tie that in when we talk about personalization and bringing home a little bit more for the different groups we work with.

0:32:18.390 --> 0:32:22.800

Kirk Goodman

And it might make sense before we get into the demo to to hit on some of those points as well.

0:32:27.440 --> 0:32:27.580

Sean Garrett

Yeah.

0:32:22.810 --> 0:32:28.940

Kirk Goodman

So with with the partnership with PLEXIS, we're able to move much faster to be able to put that data to use.

0:32:29.230 --> 0:32:45.20

Kirk Goodman

And then I think the the key thing that might be helpful to talk through before we show some of the technology, maybe Doctor G, if you wouldn't mind talking to us a little bit about kind of those use cases and how do you think about engaging different types of members differently from a clinical perspective?

0:32:46.190 --> 0:32:46.900

Dr. G

Sure.

0:32:47.90 --> 0:32:54.60

Dr. G

First of all, all of us, including patients, right understand when you actually are speaking to them, right?

0:32:54.70 --> 0:32:59.740

Dr. G

The truck driver population is is a great one because they have very unique needs from a healthcare perspective.

0:32:59.860 --> 0:33:1.920

Dr. G

One, it's a largely sedentary lifestyle.

0:33:2.250 --> 0:33:8.220

Dr. G

Two, if you try to talk to a truck driver about making a doctor's appointment, they're will be docked like for the first time ever.

0:33:8.230 --> 0:33:9.880

Dr. G

I'm not on the road right?

0:33:10.130 --> 0:33:12.100

Dr. G

IE talked to me about virtual care.

0:33:12.110 --> 0:33:16.450

Dr. G

Talk to me about telehealth and that needs to be a phone call, not video, right?

0:33:16.460 --> 0:33:19.330

Dr. G

Because I'm a truck driver and most of the time I'm driving the truck.

0:33:19.420 --> 0:33:21.210

Dr. G

So these are, you know, some typical things.

0:33:21.290 --> 0:33:24.200

Dr. G

Also, it's really hard for for truck drivers to eat healthy.

0:33:24.210 --> 0:33:26.880

Dr. G

Anyone been to like a road stop anytime recently?

0:33:26.890 --> 0:33:28.840

Dr. G

I mean, you got Wendy's, you got Burger King.

0:33:29.150 --> 0:33:30.170

Dr. G

You got McDonald's?

0:33:30.180 --> 0:33:33.600

Dr. G

There's not really apples and fruits and so on and so forth.

0:33:33.610 --> 0:33:42.210

Dr. G

So talking to them about making healthy choices is one thing, but also giving them tips that really align with their lifestyle, their culture and snacks.

0:33:42.220 --> 0:33:47.340

Dr. G

Frankly, when I've dealt with this population in the past, it's bring your own snacks and these are the things that are going to last on the road.

0:33:47.350 --> 0:33:54.80

Dr. G

So they might seem like small things, but they actually go along way when we're talking about personalizing the message.

0:33:54.90 --> 0:34:3.290

Dr. G

But then ultimately, for an employer driving that, the health of their entire employer population and so really being able to personalize that is invaluable.

0:34:3.400 --> 0:34:4.560

Dr. G

Just completely invaluable.

0:34:6.160 --> 0:34:6.390

Anmol Madan

Yeah.

0:34:6.400 --> 0:34:17.110

Anmol Madan

And if I may jump in here and add to this example from doctor cheaper, you know how the so there's a there's a as clinicians as healthcare administrators who understand this use case.

0:34:17.120 --> 0:34:21.960

Anmol Madan

We understand this population aircraft drivers in this example, but how do you teach the data and the Systems will learn it?

0:34:22.680 --> 0:34:30.30

Anmol Madan

How do you teach the AI models to understand that with sparse, messy, incomplete information, you know poor Member records?



0:34:30.40 --> 0:34:30.580

Anmol Madan

Poor claims.

0:34:30.590 --> 0:34:33.320

Anmol Madan

You know things that are that are common challenge inside Healthcare, right?

0:34:33.520 --> 0:34:39.350

Anmol Madan

And so that's where the intelligent personalization platform that curves just described earlier comes in, right.

0:34:39.360 --> 0:34:40.990

Anmol Madan

So we can work with some of that.

0:34:41.0 --> 0:34:48.570

Anmol Madan

Messy and complete data and start to build a model that says hey, given this population given this person's needs, here is the right way to support them.

0:34:48.900 --> 0:34:52.380

Anmol Madan

We can include the clinical intuition around hey, you know, maybe we're.

0:34:52.390 --> 0:34:55.520

Anmol Madan

Let's not send them direct mail because they're not going to open it, right?

0:34:55.530 --> 0:34:58.950

Anmol Madan

But let's connect them to a synthetic voice system and carpentry.

0:34:58.960 --> 0:35:4.10

Anmol Madan

Some examples of that where the system talks to the the tractor while they're on the road, communicates with them in a different way.

0:35:4.140 --> 0:35:16.820

Anmol Madan

We can model the the probability or the risk profiles or things like back pain or MSK issues

that have a higher prevalence rate in that population versus, say, the office population of the same same health plan at the same employer.

0:35:17.310 --> 0:35:19.800

Anmol Madan

And so that's again something that goes into the messaging.

0:35:19.810 --> 0:35:23.180

Anmol Madan

So the the choice of each message at each step in this journey.

0:35:23.230 --> 0:35:33.260

Anmol Madan

So if you think of this, these icons representing a few years of interactions with the the this particular truck driver has with their with their health plan, each interaction.

0:35:33.270 --> 0:35:34.280

Anmol Madan

What message?

0:35:34.510 --> 0:35:44.970

Anmol Madan

What medium went to the enforce all of those can be what do you made it designed by systems in a way that speaks uniquely to this individual using our intelligent personalization platform.

0:35:45.970 --> 0:35:46.550

Kirk Goodman

Exactly.

0:35:46.820 --> 0:35:47.330

Kirk Goodman

Yeah.

0:35:47.520 --> 0:35:52.120

Kirk Goodman

And I think I think hopefully this is helpful to think a little bit about it from the Member perspective.

0:35:52.130 --> 0:35:58.990

Kirk Goodman

I think we wanted to share this example for some of the the commercial groups that are out there Tpas thinking about how do you manage that population.

0:35:59.0 --> 0:36:6.720

Kirk Goodman

We also wanted to talk a little bit about maybe another example from the more Medicaid side of things and maybe Doctor G if you wouldn't mind taking us up here.

0:36:8.300 --> 0:36:9.330

Dr. G

Sure, absolutely.

0:36:9.340 --> 0:36:28.130

Dr. G

So again, segmenting the message to this particular population, of which a lot of the problems in the health from are SDOH related, right issues around transportation issues around getting access to the right foods and and frankly health literacy, right as a new mom, this can be overwhelming for any population.

0:36:28.140 --> 0:36:32.750

Dr. G

But understanding the types of food that both Mom has to has to take.

0:36:32.760 --> 0:36:45.810

Dr. G

If if she's breastfeeding as well As for baby and not to discount maternal health screening for postpartum depression, knowing when to make interventions and these things and these populations also don't really trust the health system.

0:36:45.860 --> 0:36:46.280

Dr. G

Right.

0:36:46.400 --> 0:36:58.850

Dr. G

And so to the extent you're using the technology, personalizing it in a way that builds trust is incredibly important in this population and can really Dr outcomes in a way that, that, that we haven't seen before, right.

0:36:58.860 --> 0:37:2.400

Dr. G

We haven't been able to do this before, so I think that's what's so exciting about all of this.

0:37:3.800 --> 0:37:14.70

Kirk Goodman

Reply and I think maybe it will be helpful now to to share a little bit on the the demo side of things to just talk more about channels and specifically how do you engage folks.

0:37:14.80 --> 0:37:29.370

Kirk Goodman

So while I'm going through this live demo where we have a backup video in case it doesn't doesn't work for me here, we'll have a poll question pop up around what channels you are using today that Dennis will kick off.

0:37:30.100 --> 0:37:38.250

Kirk Goodman

And in terms of this this demo that you're about to see here, so this is kind of a, a, a version that we've just teed up internally.

0:37:38.310 --> 0:37:59.190

Kirk Goodman

So I'll go through and and call it and you can think about how this could work for your Members and we've all experienced a bunch of different kind of answer these specific types of questions press here for this these kind of deterministic menus with the new world of alms in AI, there's some pretty amazing voice experiences that can be developed.

0:37:59.300 --> 0:38:1.850

Kirk Goodman

So we'll show you what one of these looks like right now.

0:38:2.40 --> 0:38:5.170

Kirk Goodman

So, uh, can you put the member services?

0:38:5.180 --> 0:38:8.270

Kirk Goodman

Hopefully folks to folks might speaking with Anmol, yes.

0:38:11.270 --> 0:38:12.100

Kirk Goodman

Great. Good.

0:38:12.110 --> 0:38:16.190

Kirk Goodman

No, I wanted to let you know that you are a valued member of Blue Shield tonight.

0:38:16.200 --> 0:38:25.360

Kirk Goodman

Clear deeply about helping you navigate your software Insurance option as you approach the decision on whether to switch to Medicare.

0:38:25.430 --> 0:38:31.570

Kirk Goodman

Your well being is important to us and we want to ensure you have the best coverage that different.

0:38:32.270 --> 0:38:37.0

Kirk Goodman

Please share with me your current health doesn't get it, but why would I share that with you?

0:38:40.140 --> 0:38:48.120

Kirk Goodman

I understand your concern Anmol knowing your current health care conditions helps me personalize the care plans and insurance options that would best suit.

0:38:48.130 --> 0:38:56.950

Kirk Goodman

Then you're well being our top priority and having this information allows us to provide you with the most relevant Support.

0:38:57.220 --> 0:39:0.30

Kirk Goodman

Did you please share a bit about your current health status?

0:39:0.700 --> 0:39:2.840

Kirk Goodman

Well, better Member with you guys for many years.

0:39:2.850 --> 0:39:6.10

Kirk Goodman

You should probably know all this, but I guess I've been.

0:39:6.300 --> 0:39:11.680

Kirk Goodman

I've been diagnosed with diabetes about 10 years ago and I've been experiencing some some joint pain as well.

0:39:11.690 --> 0:39:12.780

Kirk Goodman

Then I'm working through.

0:39:12.840 --> 0:39:14.80

Kirk Goodman

Hopefully that's helpful.

0:39:17.310 --> 0:39:18.710

Kirk Goodman

Thank you for sharing that Anmol.

0:39:18.840 --> 0:39:20.170

Kirk Goodman

I appreciate your opening.

0:39:20.480 --> 0:39:26.290

Kirk Goodman

I understand that you've been dealing with diabetes for about 10 years and experiencing joint thing.

0:39:26.360 --> 0:39:27.910

Kirk Goodman

Making note of that future plan.

0:39:28.120 --> 0:39:31.810

Kirk Goodman

Additionally, you're provider mentioned the family has three of high blood pressure.

0:39:31.960 --> 0:39:33.880

Kirk Goodman

Is there any other family health?

0:39:33.890 --> 0:39:37.850

Kirk Goodman

There's that you think that's to be aware of as we tailor your care plan?

0:39:38.460 --> 0:39:39.880

Kirk Goodman

No, no, that's fine.

0:39:39.890 --> 0:39:40.250

Kirk Goodman

Can you?

0:39:40.320 --> 0:39:42.740

Kirk Goodman

Can you tell me what a care plan is and why you're asking this?

0:39:46.430 --> 0:39:57.560

Kirk Goodman

And of the personalized approach to managing your health and well being, my understanding your current health conditions, family history and lifestyle choices, we can create a plan that addresses your specific needs and concern.

0:39:57.890 --> 0:40:3.420

Kirk Goodman

Just have something signed that the insurance options we recommend are killer to support your overall health and Wellness.

0:40:3.710 --> 0:40:13.80

Kirk Goodman

You have a care plan in mind based on the information you've shared, and I can refer you to a colleague who can provide more details on the renewal options available to you.

0:40:13.180 --> 0:40:15.520

Kirk Goodman

Do you have any questions before I talk on you?

0:40:15.710 --> 0:40:16.930

Kirk Goodman

No, no, go ahead.

0:40:16.940 --> 0:40:17.470

Kirk Goodman

Got it.

0:40:17.480 --> 0:40:17.850

Kirk Goodman

It's fine.

0:40:17.860 --> 0:40:43.560

Kirk Goodman

Transfer me, so hopefully you can see through that and that that demo I think is kind of a glimpse into the future of where we believe things go and to synthetic voice and synthetic video where these LM's are powering things that are just on like we we didn't think they

were possible a couple of years ago and now they are something that it's gonna be commonplace in the same way that a lot of phone interactions exist today.

0:40:43.570 --> 0:40:44.580

Kirk Goodman

Those will just change.

0:40:44.590 --> 0:40:46.500

Kirk Goodman

It will change the way we do member services.

0:40:46.510 --> 0:40:49.580

Kirk Goodman

It's gonna change the way many, many different things work.

0:40:49.690 --> 0:40:56.860

Kirk Goodman

What we're particularly focused on is it's not just one channel, it's not just one kind of phone call to think about.

0:40:56.970 --> 0:40:57.300

Kirk Goodman

It is.

0:40:57.310 --> 0:41:9.970

Kirk Goodman

How do you speak to Members and kind of an Omni channel approach with a personalized way to connect the data from the back end to the member experiences and that's why we believe this needs to be a platform solution.

0:41:10.180 --> 0:41:21.930

Kirk Goodman

So a lot of our clients, they start thinking about more text messages or email based, but we wanted to show that kind of quick example of a telephone experience as well to get a sense of the art of the possible.

0:41:22.180 --> 0:41:32.670

Kirk Goodman

But there's big lift that can be had by just sending the right email to the right person with the right message or text message or other channel of communication to drive engagement.

0:41:33.60 --> 0:41:49.730

Kirk Goodman



And that's ultimately why we're excited about partnering with PLEXIS as to be able to take advantage of the core data infrastructure that you have in place, quickly spin up these personalization models and then deploy them to change members lives like the truck driver example or the new mom example.

0:41:50.20 --> 0:41:55.250

Kirk Goodman

And I think it's important to say a few things before we open it up to Q&A.

0:41:55.260 --> 0:41:58.350

Kirk Goodman

So you don't have to jump all the way to generative content.

0:41:58.420 --> 0:42:0.950

Kirk Goodman

There's a lot of questions still out there.

0:42:1.40 --> 0:42:25.740

Kirk Goodman

We typically partner with organizations and helping them move from kind of this blue world of deterministic thinking to more of a probabilistic world with using models to define smart cohorts, match the right message to the right person and then serve as kind of your partner over a journey to smaller and smaller content, more and more personalized content and smaller and smaller cohorts.

0:42:25.750 --> 0:42:40.860

Kirk Goodman

So how do you eventually get to a point where you're speaking to Kirk as a true individual and doing that in a way that is systematic and built on your existing technology infrastructure to get a lot more out of it and and crack that engagement problem?

0:42:40.930 --> 0:42:46.860

Kirk Goodman

So but we wanted to to before we get into kind of the Q&A do one more poll question here.

0:42:46.870 --> 0:42:48.600

Kirk Goodman

So maybe Dennis, you can tear this up.

0:42:48.790 --> 0:42:58.960

Kirk Goodman

We'd love to get people's perspectives on how they think about instituting personalization in their communication efforts and where they could potentially see value in those.

0:43:0.20 --> 0:43:7.680

Dennis Hubbard

Really quick I wanted to mention I apologize, but the polls window won't let me paste the entire question, so I pasted it in the chat window so you'll be able to see it.

0:43:16.440 --> 0:43:20.290

Kirk Goodman

So, so that was the the core of the content that we wanted to share.

0:43:20.360 --> 0:43:27.50

Kirk Goodman

We were hoping dolls are just have a chat with a smaller group here to Sean's point, this is more of kind of a focus group to get perspective on.

0:43:27.250 --> 0:43:37.640

Kirk Goodman

Hey, what's interesting here and would love to answer questions and start to connect the dots and how could this be interesting for your plans, commercial Medicaid or whatever you guys are working on.

0:43:37.870 --> 0:43:46.910

Kirk Goodman

So if you are comfortable jumping off mute, we'll be switching over into more of a Q and a discussion and would love to tell you more about what we're working on here.

0:43:47.390 --> 0:43:47.830

Kirk Goodman

Umm.

0:43:48.190 --> 0:43:56.740

Kirk Goodman

So any thoughts from the group on any of these, these topics or other questions that folks would want to jump in with?

0:43:58.230 --> 0:44:1.330

Kirk Goodman

Or Sean, if you wanted to kick us off with anything, that would also be great.

0:44:3.640 --> 0:44:19.820

Sean Garrett

No, I mean, I was talking about the impact on health plans from many different areas, the claims processing side, customer service side to the what the topic is, the member engagement side, which can also, if you have direct contracts speak to provider engagement as well.

0:44:21.170 --> 0:44:31.40

Sean Garrett

You know, I think what's been provided here is a sampling of what you know there could be is and it can be applied to many areas of the health plan operation.

0:44:31.950 --> 0:44:44.830

Sean Garrett

So yeah, we we see definitely the Medicare, Medicaid world more and more compliance requirements coming down from the state from CMS, uh, you know, so tools like this can help on the compliance side as well.

0:44:45.420 --> 0:44:50.990

Sean Garrett

Uh, as well as all of the other areas and benefits that we spoke to.

0:44:51.60 --> 0:45:0.850

Sean Garrett

So yeah, we're just looking to put some thinking caps on and and we talked some clients where they, they've been actively thinking in in this regard and and many have not, which is fine.

0:45:0.860 --> 0:45:22.490

Sean Garrett

It's a new thing where everyone has to wrap their heads around, and so that's one of the things we our intents here today is to to in, to invite, you know, the and instigate some thoughts in this regard on on what could be, because it's definitely where where the world is and has been going and is rapidly evolving so.

0:45:28.300 --> 0:45:47.330

Greg I. Jones

So a question I would have is just is there any ability to demonstrate you know what the potential impacts are to the actual consumer themselves and and actually following some of these behavioral recommendations, I think in most folks daily lives, you're looking at virtually every decision is some type of cost benefit analysis.

0:45:47.340 --> 0:45:52.750

Greg I. Jones

And so I think it's really helpful for these Members to understand in some way, shape or form the impact to them.

0:45:53.440 --> 0:45:59.340

Greg I. Jones

And so I'm curious if there is an ability there because again, I think that could drive further engagement.

0:46:0.670 --> 0:46:0.790

Kirk Goodman

Yeah.

0:46:2.180 --> 0:46:2.750

Kirk Goodman

Yeah, maybe.

0:46:2.820 --> 0:46:3.110

Kirk Goodman

Anmol.

0:46:3.120 --> 0:46:4.650

Kirk Goodman

Do you wanna talk at all about that from?

0:46:4.220 --> 0:46:5.180

Anmol Madan

I want to talk about it.

0:46:5.190 --> 0:46:5.570

Anmol Madan

Yeah.

0:46:5.700 --> 0:46:16.870

Anmol Madan

Yeah, it's a Greg and I'll talk about examples from behavioral health, from chronic conditions where we've built these systems at scale, even primary care and in chronic conditions.

0:46:16.880 --> 0:46:30.910

Anmol Madan

For example, if you could help a person change their live server early on in the prediabetes space stage and eliminate the risk of the reduce the risk of going all the way into type 2

diabetes or unmanaged type diabetes, you know, had a pretty big impact on your quality of life.

0:46:30.920 --> 0:46:34.680

Anmol Madan

Pretty big impact on their on their families, quality of life as well.

0:46:34.930 --> 0:46:37.190

Anmol Madan

Obviously the healthcare premiums and other things over time.

0:46:37.580 --> 0:46:46.980

Anmol Madan

And so I think there's a there's a, there's a way to a lot of consumers, all of us, we take this kind of personalization for granted and every other sphere of our life.

0:46:47.340 --> 0:46:48.510

Anmol Madan

So we'll pull up the Netflix.

0:46:48.520 --> 0:46:51.590

Anmol Madan

Feed for each one of us on this call, it's gonna look different, right?

0:46:51.660 --> 0:46:53.390

Anmol Madan

And it's because you find the value.

0:46:53.400 --> 0:46:55.30

Anmol Madan

We engage with things better.

0:46:55.40 --> 0:47:7.830

Anmol Madan

We're more relevant to us and what we're doing is we're helping health plans and and large health organizations bring those same capabilities to every consumer and translate into ultimately better experience or their members, their consumers.

0:47:8.260 --> 0:47:10.500

Anmol Madan

So I think we can walk through specific case studies.

0:47:10.510 --> 0:47:14.330

Anmol Madan

We can also work with you to build a case study.

0:47:14.980 --> 0:47:32.240

Anmol Madan

You know, specific to your organization and kind of like work context, if this is your target Member population, let's talk about which groups or which subgroups do you where you take the symbology can have the biggest impact and measure the pre and post or do control and otherwise control and test kind of we can validate that and show the experience to members.

0:47:34.20 --> 0:47:47.610

Kirk Goodman

No, but maybe add on a little bit there just the the analogy is I think are are helpful to think about this of moving from the radio to Spotify or the experience of of opening up your Amazon feed.

0:47:47.740 --> 0:47:50.170

Kirk Goodman

The expectation of a personalized experience.

0:47:50.480 --> 0:48:2.680

Kirk Goodman

Healthcare is one of the industries that is furthest from that, and I think there's this opportunity to to leapfrog because there's such rich data that's already structured in organizations like PLEXIS.

0:48:2.860 --> 0:48:11.300

Kirk Goodman

And if you can actually connect that to a member experience, it will make them feel much more heard and facilitate a lot of interactions.

0:48:11.990 --> 0:48:27.300

Kirk Goodman

So whether that could be engaging in a clinical program or you could be thinking about that, that new mom example and how do you facilitate the right services for a new mom and make that easy at the fingertips through a text message or an existing communication channel?

0:48:27.430 --> 0:48:29.190

Kirk Goodman

So hopefully that's helpful, Greg.

0:48:29.530 --> 0:48:30.530

Anmol Madan

And and and.

0:48:30.500 --> 0:48:30.760

Dr. G

You know.

0:48:30.540 --> 0:48:35.750

Anmol Madan

The only thing out here, Greg, one more comment is like plans have already by the way they've picked the benefits, right?

0:48:35.760 --> 0:48:38.860

Anmol Madan

The benefits usually exist, and most of the organizations are working with.

0:48:38.870 --> 0:48:39.930

Anmol Madan

They made the right decisions.

0:48:39.940 --> 0:48:41.390

Anmol Madan

They've had the live clinical thinking.

0:48:41.400 --> 0:48:50.530

Anmol Madan

They've made the light benefit, decide, and so often it's not that the benefits don't exist is that there's a challenge in discovery and then people finding them and engaging with them.

0:48:52.670 --> 0:48:54.660

Sean Garrett

Yeah, I I I have an example yet.

0:48:54.670 --> 0:48:57.540

Sean Garrett

Uh, Greg, to your point, I think it's a good point.

0:48:57.890 --> 0:49:9.500

Sean Garrett

Talking with a friend yesterday, she had an issue with her eye and she it was suggested that she has this fall on exam because there's no potential for detached retina, or at least the beginning of that.

0:49:9.690 --> 0:49:13.0

Sean Garrett

And she was struggling with it is like I don't know if insurance covers that.

0:49:13.10 --> 0:49:14.760

Sean Garrett

My eyes feeling better today?

0:49:14.770 --> 0:49:28.750

Sean Garrett

I'm not really seeing the same thing I was seeing last week, but you know she has a decision to make and you said cost benefit analysis is, is this appointment worth taking because it might cost me more out of pocket may or may not nation and know that.

0:49:28.760 --> 0:49:37.590

Sean Garrett

So that discovery process of animal just talked about is relevant and can the system kind of help her make it that decision that, oh, by the way, this is just a \$20 copay.

0:49:37.600 --> 0:49:40.790

Sean Garrett

It's not going to all go to deductible and cost born in 70 bucks.

0:49:41.560 --> 0:49:51.110

Sean Garrett

So yeah, I think there's a way to bridge that gap and keeping people from care because of the lack of knowing what their benefits are.

0:49:52.990 --> 0:49:53.210

Dr. G

Yeah.

0:49:51.440 --> 0:49:54.120

Sean Garrett

So I think that, yeah, the technology can help.



0:49:55.260 --> 0:50:14.250

Dr. G

If I can just add in you know I think it's it's everything that everyone has said, but it's really making the healthy choice the easy choice, right, driving the next best action whether it's the mammogram, whether it's going to get your eyes checked, whatever whatever it might be, it's really that it, it's really personalizing it to a point that it's just so easy.

0:50:14.300 --> 0:50:18.70

Dr. G

Like, there's really no thought process and it very much to the Amazon experience in Netflix.

0:50:18.80 --> 0:50:19.30

Dr. G

Experience, of course.

0:50:19.100 --> 0:50:19.920

Dr. G

I rented that movie.

0:50:19.930 --> 0:50:21.70

Dr. G

I'm going to get this one too.

0:50:21.80 --> 0:50:22.790

Dr. G

It's like very similar, right?

0:50:22.900 --> 0:50:23.950

Dr. G

I got Doctor G's book.

0:50:23.960 --> 0:50:25.980

Dr. G

Of course I'm going to her next book, right?

0:50:26.30 --> 0:50:32.660

Dr. G

So it's it's the same thing with with Healthcare, it's that you know, I've made the appointment, of course, I'm gonna follow through on the left.

0:50:32.670 --> 0:50:38.780

Dr. G

I know it's covered, but I think too often the reason we actually don't make the healthy choice is because it's just difficult.

0:50:39.270 --> 0:50:48.720

Dr. G

It's just difficult, but what you find is if you can action people whose behaviors and make it easy, you you grease the skids and it becomes much easier for people to make the easy choice.

0:50:48.730 --> 0:50:58.860

Dr. G

And I will also say the other intangible metric from the consumer side since you asked, is that trust piece is the piece that man, you know my employers really trying to take care of me.

0:50:58.870 --> 0:51:7.150

Dr. G

They took the time to figure out this way to engage with me, right or my doctor was really know me that they sent all this.

0:51:7.160 --> 0:51:11.260

Dr. G

Like, really personalized stuff to me, that it's actually very useful and I'm going to take advantage of it.

0:51:11.410 --> 0:51:14.140

Dr. G

And that's something that we're really missing in today's age.

0:51:14.150 --> 0:51:17.430

Dr. G

So there's there's definitely some intangible consumer experience there as well.

0:51:18.840 --> 0:51:26.220

Greg I. Jones

Well, I think for you know from a cost perspective, you know I I think you know certainly you know a cost in terms of dollars and cents is is certainly important.

0:51:26.230 --> 0:51:26.500

Greg I. Jones

But.

0:51:26.550 --> 0:51:28.830

Greg I. Jones

But truthfully, I think there's a lot of things that aren't discussed.

0:51:28.840 --> 0:51:29.310

Greg I. Jones

You know what?

0:51:29.320 --> 0:51:37.580

Greg I. Jones

What is the cost, for example, jumping on a GLP 1 instead of looking at behavioral changes to avoid becoming prediabetic or diabetic right?

0:51:37.590 --> 0:51:41.70

Greg I. Jones

And what's the impact to your lifespan by making those types of changes?

0:51:41.500 --> 0:51:44.580

Greg I. Jones

So I think folks a lot of times are just bearing their head in the sand.

0:51:44.590 --> 0:51:48.590

Greg I. Jones

They know it's impactful, but they don't know exactly how much right, wrong or indifferent.

0:51:48.600 --> 0:51:57.260

Greg I. Jones

Fear does affect behavior, you know, and so I think there is an opportunity, unfortunately or fortunately to leverage that to get a better end result for the consumer.

0:51:57.470 --> 0:51:59.850

Greg I. Jones

And sometimes again, I think there is more of an impact.

0:51:59.860 --> 0:52:5.840

Greg I. Jones

You know when you're looking at the the effect of quality of life and life span as compared to peer dollars and cents.

0:52:7.760 --> 0:52:14.630

Kirk Goodman

I I think the GLP one cost and just impact on on members and individual patients.

0:52:14.640 --> 0:52:16.970

Kirk Goodman

This is something I mean personal experience.

0:52:16.980 --> 0:52:27.410

Kirk Goodman

This is what my my dad is going through right now and I think that trying to like like injecting yourself with GLP ones for the rest of your life is not necessarily the best outcome for every patient.

0:52:27.700 --> 0:52:35.370

Kirk Goodman

I think everybody can see that as potentially like the clinical benefits are significant, but it might not be the best option for everybody.

0:52:35.520 --> 0:52:47.140

Kirk Goodman

So I think offering the alternative programs that plans have in place, I previously worked for an organization called Verda Health that specifically focused on this on whole came from Livongo and Teladoc.

0:52:47.150 --> 0:52:58.400

Kirk Goodman

I think there's lots of other programs choose your program at the plan, but being able to surface those options and speak to a member in their own language I think can result in true behavior change.

0:52:58.510 --> 0:53:9.240

Kirk Goodman

And that's where we see this as a great partnership to say how do you connect the claims data all the way through to the member engagement and do that in a way that leverages the newest technology.

0:53:11.920 --> 0:53:12.230

Dr. G

Right.

0:53:9.300 --> 0:53:14.290

Kirk Goodman

So we're we're excited about it or any other questions for you or go Doctor.

0:53:12.260 --> 0:53:15.270

Dr. G

Now Kirk and I can just add on to that.

0:53:15.280 --> 0:53:23.10

Dr. G

So I think the GOP one is a terrific example because the reality as as to what works for weight loss is a comprehensive weight loss program.

0:53:23.20 --> 0:53:26.930

Dr. G

So there's behavioral components, there's lifestyle components, there's genetic components, right?

0:53:27.160 --> 0:53:33.790

Dr. G

True weight loss done well is a long, slow process, but it's a comprehensive 1 to even that right Greg.

0:53:33.840 --> 0:53:45.240

Dr. G

Even being able to say as an employer like look, this is the comprehensive program we offer and it is actually best in class, right, because we are living in an era of of fake news, right in this and disinformation.

0:53:45.250 --> 0:54:9.300

Dr. G

And so as these trends come and go in healthcare, you also have an opportunity to get ahead of it and really position both, you know both of the plan but also to educate the Member in a way that they're not being talked to right, because so much of this is just out in the, in the ecosystem with really no text and balances on what you know what's what's real health versus not.

0:54:12.780 --> 0:54:13.340

Greg I. Jones

No, that's great.

0:54:13.350 --> 0:54:15.10

Greg I. Jones

And this is more of a comment than a question I hate.

0:54:15.20 --> 0:54:16.390

Greg I. Jones

I hate to be dominated so.

0:54:16.460 --> 0:54:33.70

Greg I. Jones

So again, like other folks, but if you're really interesting to see this type of a concept integrated with like a DPC direct primary care type model where you're actually including the physician, you know that that Member's primary point of contact from a clinical standpoint, that would be really interesting to see.

0:54:33.80 --> 0:54:37.890

Greg I. Jones

I think if you know you could really pour some gas on the fire, so to speak with with a program like that.

0:54:41.540 --> 0:54:43.180

Kirk Goodman

We we completely agree.

0:54:43.190 --> 0:54:51.990

Kirk Goodman

That's part of this platform is we we partner with both health plans but also healthcare service organizations and that interconnective tissue I think is ultimately where this goes.

0:54:52.360 --> 0:55:0.910

Kirk Goodman

We we've decided it makes a lot of sense to start with plans just given the breadth of membership that they have and the potential financial benefit.

0:55:1.0 --> 0:55:4.220

Kirk Goodman

So would love to maybe hear from anybody else.

0:55:4.230 --> 0:55:6.70

Kirk Goodman

What else could we be helpful in answering?

0:55:6.80 --> 0:55:12.900

Kirk Goodman

And Sean, obviously we can do follow ups with the recording and Dec and do one off conversations as it's valuable.

0:55:13.550 --> 0:55:20.260

Kirk Goodman

But for other folks on the line, anything else around AI more broadly or around engagement in particular, that would be helpful to discuss.

0:55:24.10 --> 0:55:28.90

Sean Garrett

And uh, Greg Butler, in speaking with Amy, she was talking about.

0:55:28.350 --> 0:55:38.480

Sean Garrett

Yeah, you know the the classes of employees or health plan members you folks have and I think the truck driver analogy applies there from my conversation with her.

0:55:38.490 --> 0:55:49.100

Sean Garrett

So I don't know if there's anything from your perspective that you wanna add here or or reflect on, but I your organization comes to mind.

0:55:49.110 --> 0:55:52.80

Sean Garrett

And in that regard, so talent reach out.

0:55:57.270 --> 0:55:57.390

Sean Garrett

Yeah.

0:56:4.160 --> 0:56:4.440

Sean Garrett

OK.

0:55:52.760 --> 0:56:5.660

Greg Butler

Things Brill specific and right now I had to unfortunately to bounce in and out of this call, our phone system went down, but I had Tong fill in, so I'll have to debrief with her after this.

0:56:10.60 --> 0:56:10.230

Sean Garrett

Yeah.

0:56:10.240 --> 0:56:25.610

Sean Garrett

Because we're also looking at where this can evolve in other health plan operations, not

just the member engagement side, but as an extension of that authorization, prior auth processing, personal personalization around that etcetera.

0:56:25.650 --> 0:56:34.950

Sean Garrett

So there's other areas that this start stepping into on quasi clinical as well and where we build the technology can be really helpful.

0:56:41.580 --> 0:56:58.220

Sean Garrett

And then, uh county don't know if you're alone there or if Michael or analysis with you from that side on the Medicaid side, if there's any thoughts or questions or things you folks have been looking at, state compliance issues, anything there that you want to throw out?

0:57:1.410 --> 0:57:1.710

Sean Garrett

OK.

0:56:59.720 --> 0:57:3.240

Keoni Roberts

It's just me here. Umm.

0:57:5.770 --> 0:57:9.900

Keoni Roberts

It's we teach you a A member outreach.

0:57:12.150 --> 0:57:13.40

Keoni Roberts

System.

0:57:13.470 --> 0:57:31.880

Keoni Roberts

Probably, you know, once a month or or so and it would be good to be able to dive more in depth and be more personalized with those messages we send out right now because it is very deterministic.

0:57:31.950 --> 0:57:35.90

Keoni Roberts

Right now it's only based on a few variables.

0:57:36.540 --> 0:57:36.890

Kirk Goodman

Me.



0:57:36.930 --> 0:57:42.230

Kirk Goodman

Maybe could you tell us a little bit more about it just to be helpful for us to just learn what you guys are doing today?

0:57:43.400 --> 0:57:43.820

Keoni Roberts

Yeah.

0:57:43.830 --> 0:58:5.830

Keoni Roberts

So basically we provide data on our Members to a third party within parses that data and we we try to provide them as much as we can and we have certain campaigns each time we've seen this that they will send messages out for.

0:58:7.460 --> 0:58:19.730

Kirk Goodman

And where have you found any learnings on what's most effective in terms of channels like text messaging versus emails or or in terms of things that have worked well for you?

0:58:19.740 --> 0:58:23.520

Kirk Goodman

And if not, it's a hard problem, but just curious and any learnings for others?

0:58:24.930 --> 0:58:29.660

Keoni Roberts

Yeah, right now we're pretty limited to text messages with this program.

0:58:30.940 --> 0:58:31.180

Sean Garrett

OK.

0:58:30.730 --> 0:58:32.780

Kirk Goodman

OK, I think.

0:58:32.690 --> 0:58:38.890

Sean Garrett

Are you having to do any tracking of correspondence as a compliance measure with the state?

0:58:39.330 --> 0:58:46.400

Sean Garrett

Like that, we sent these messages out and we got response or didn't you response some of that is applicable in the Medicare Advantage world.

0:58:47.290 --> 0:58:55.780

Sean Garrett

But just wondering if that's part of this or no, you haven't had to deal with that part, but you have these initiatives and you're firing off these communications.

0:58:57.70 --> 0:59:7.300

Keoni Roberts

Yeah, I don't know all the details on that part of it with my position, but I do know it's something that we do keep track of for a change.

0:59:6.520 --> 0:59:7.350

Sean Garrett

Right, right.

0:59:11.560 --> 0:59:11.850

Anmol Madan

Yeah.

0:59:11.520 --> 0:59:11.910

Sean Garrett

OK.

0:59:11.860 --> 0:59:12.690

Anmol Madan

And you need the way.

0:59:12.700 --> 0:59:24.790

Anmol Madan

The way I've seen this work and and some of those populations is even though the frequency of communication is maybe once a month or you know on a very low cadence, knowing where the person might need help.

0:59:24.800 --> 0:59:34.110

Anmol Madan

And like the the the the content of the message and the and the targeting of that and the way that is relevant for them can often like lift up the conversion rates and lift up the response rates.

0:59:34.630 --> 0:59:39.910

Anmol Madan

And so we've seen that in other in other examples and have to kind of go deeper in that at some point.

0:59:45.660 --> 0:59:59.190

Kirk Goodman

And maybe any a but the maybe any other questions from the the audience, we'd love to go deeper with that at some point and the the Medicaid side, I think there's a lot of cool things you can do with personalized text messaging and micro segmenting.

0:59:59.200 --> 1:0:4.310

Kirk Goodman

And I think we we've seen kind of where where that can go over time.

1:0:4.680 --> 1:0:5.930

Kirk Goodman

So we'd love to follow up on that.

1:0:5.940 --> 1:0:7.690

Kirk Goodman

It's interesting any.

1:0:7.700 --> 1:0:10.720

Kirk Goodman

Any other questions from the group that we could be helpful in answering live?

1:0:12.700 --> 1:0:17.400

Greg I. Jones

So with AI, obviously it's really important to have a feedback loop where where is the feedback you're getting.

1:0:17.410 --> 1:0:19.770

Greg I. Jones

How do you know that the the communications are effective?

1:0:20.540 --> 1:0:20.870

Kirk Goodman

Yeah.

1:0:20.880 --> 1:0:33.790

Kirk Goodman

The the great question I think maybe I can pull up a quick kind of slide here that shows a bit of the platform and we can talk through kind of how the data flows here.

1:0:33.980 --> 1:0:39.140

Kirk Goodman

So if you think about me, make this big again.

1:0:41.220 --> 1:1:12.430

Kirk Goodman

This is coming through, so if you think about the core value here being able to connect a PLEXIS system all the way through to, say a sales force or whatever you're using to send emails, this Engagement channel sends us back signals who opened on what, who clicked on what, who responded to what and that individual level data can help be models get a lot smarter over time to be able to say, OK, this worked for this type of person.

1:1:12.440 --> 1:1:13.260

Kirk Goodman

This worked for Kirk.

1:1:13.270 --> 1:1:26.500

Kirk Goodman

This worked for Anmol and that way this is a brain that's learning over time, so there's kind of an ongoing feedback signal that comes from the direct engagement channels that is helping us improve the bottle and improve the predictions over time.

1:1:26.510 --> 1:1:41.750

Kirk Goodman

So it's not kind of a one time static set and forget it, it's the ability to learn from those signals over time and we're directly getting them through our partners on kind of the other side of this map of those Engagement channel partners on well, anything you want to add on that?

1:1:43.360 --> 1:1:43.640

Anmol Madan

Yeah.

1:1:43.650 --> 1:2:1.310

Anmol Madan

I mean, I think there's the engagement data we get and then the bigger piece is also like we should you know when we work with organizations we that we map out the ROI, we talk about what's symmetric we're trying to move is it improving the enrollment rate, is it improving the the metrics that get you better on stars or caps?

1:2:1.520 --> 1:2:4.100

Anmol Madan

Is it clinically utilization of preventative?

1:2:4.450 --> 1:2:9.460

Anmol Madan

Ohh the capabilities and and that the right kind of clinical engagement there.

1:2:9.470 --> 1:2:13.800

Anmol Madan

So I think we sit on a map that with the organization and you can see, you know hopefully see those metrics.

1:2:14.470 --> 1:2:18.380

Anmol Madan

So the very crispy and show the impact the platform can have.

1:2:18.850 --> 1:2:28.610

Anmol Madan

So it's hopefully that answers your question, but it's sort of both both getting the data from these systems but also tying it back to the business okr the business priorities for the for the teams inside plans.

1:2:34.680 --> 1:2:38.170

Kirk Goodman

We probably got time for maybe one or two more questions here.

1:2:38.870 --> 1:2:39.390

Kirk Goodman

Umm.

1:2:39.670 --> 1:2:43.350

Kirk Goodman

Anything else from the group that would be helpful to to throw out there?

1:2:56.580 --> 1:2:56.950

Sean Garrett

OK.

1:2:58.530 --> 1:3:4.200

Kirk Goodman

It's well, yes, on way you wanna to to wrap us up, wrap us up here?

1:3:4.210 --> 1:3:13.340

Kirk Goodman

I think we'd love to love to continue discussions with folks if it's helpful to learn more and we'll definitely share this information if it's helpful for people who couldn't join.

1:3:13.610 --> 1:3:19.10

Kirk Goodman

And I think there's some interesting examples here on the commercial side or Medicaid side that we'd love to dive into.

1:3:20.480 --> 1:3:20.950

Sean Garrett

Absolutely.

1:3:22.870 --> 1:3:29.900

Sean Garrett

Yeah, I I just appreciate everyone's time that I think the engagement was great with the quick Q&A was great.

1:3:30.210 --> 1:3:31.560

Sean Garrett

We definitely took her point.

1:3:31.570 --> 1:3:32.320

Sean Garrett

Wanna hear more?

1:3:32.530 --> 1:3:36.920

Sean Garrett

And will continue to say engage and and provide additional information.

1:3:37.120 --> 1:3:50.870

Sean Garrett

And it's it's through conversations like this that we really a validate you know where the path we're on and what we think can be helpful and then sharing the message which is hugely important and we appreciate the time.

1:3:50.880 --> 1:3:53.150

Sean Garrett

So and the rating graph team.

1:3:53.220 --> 1:3:53.530

Sean Garrett

Great.

1:3:53.540 --> 1:3:54.330

Sean Garrett

Great job.

1:3:54.530 --> 1:3:55.460

Sean Garrett

Appreciate everything.

1:3:56.250 --> 1:3:58.830

Sean Garrett

And yeah, I think we can wrap things up.

1:4:0.450 --> 1:4:1.630

Anmol Madan

Thanks so much everyone for joining.

1:4:2.490 --> 1:4:2.840

Sean Garrett

Thank you.

1:4:2.640 --> 1:4:3.240

Dr. G

Thanks everybody.

1:4:4.270 --> 1:4:4.990

Sean Garrett

Have a great day.

1:4:5.60 --> 1:4:5.530

Sean Garrett

Thanks, jerk.

1:4:5.340 --> 1:4:5.740

Kevin Follett

Makes all.