



HYLANT

HealthDirect

CLINICIAN GUIDED CARE NAVIGATION

Hylant's Proprietary Health & Care Navigation



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www.hylant.com

Hylant's Care Navigation Solution

PROBLEM:

Existing carrier-led population health & care coordination solutions deliver low engagement and modest results.

SOLUTION:

*Through a people-centric approach, leveraging powerful data analytics, we identify and work closely with members to proactively close **gaps in care** and empower them to achieve optimal health and well-being.*

The logo for HealthDirect, featuring the word "Health" in a bold, dark blue sans-serif font and "Direct" in a teal, cursive script font. A horizontal teal line is positioned below the text.

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CLINICIAN GUIDED CARE NAVIGATION

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Gap in Care



- Statin prescription following a heart episode
- Prescription is missing from patient's claims file
- Physician didn't write one or the patient didn't fill it

Nearly half of patients with atherosclerotic cardiovascular disease (ASCVD) were not being treated with a statin and a quarter were not on a high-intensity statin in a large cohort of insured patients, according to a study published May 2 in the Journal of the American College of Cardiology

*A “**gap in care**” is created when the care provided to a patient is inconsistent between recommended best practices and the care that is actually provided.*

Member Engagement and Participation

A growing body of evidence shows that people with higher patient activation (i.e., the knowledge, skills, and confidence to become actively engaged in their healthcare) have better health outcomes.

Effectively engaging members in their care is essential to improve health outcomes, improve satisfaction with the care experience, reduce costs and even lead to a more satisfied workforce.

Populations and What to Consider:

- **Identify potential barriers**
 - Location relative to accessing care
 - Recognizing the various segments of the population
 - Vulnerable populations
- **Customize the information**
 - Develop effective delivery methods of communication/outreach
- **Avoid information overload**
- **Provide clarity and guidance**
 - High number of stakeholders providing health information with many mixed messages

HealthDirect Clinicians

30+

Years
Experience

2.5M+

Patient Visits

2k+

Health Clinics
Created

60+

Countries

Clinicians overseen by a board-certified primary care physician with General and Emergency Room practice experience specializing in population health and care navigation since 1992.

Access to care has always been at the heart of the portfolio of services. Employer based experience includes primary care worksite health centers, occupational health, and telehealth solutions.

Our Approach to Underlying Causes

- ✓ Employers are matched with a **dedicated care navigator team**
- ✓ Each member only interacts with their **personal Care Coordinator** and/or **Nurse Navigator**
- ✓ **Meaningful engagement is defined** as a direct action to close **gaps in care**
- ✓ **Financial incentives are aligned** with meaningful engagement

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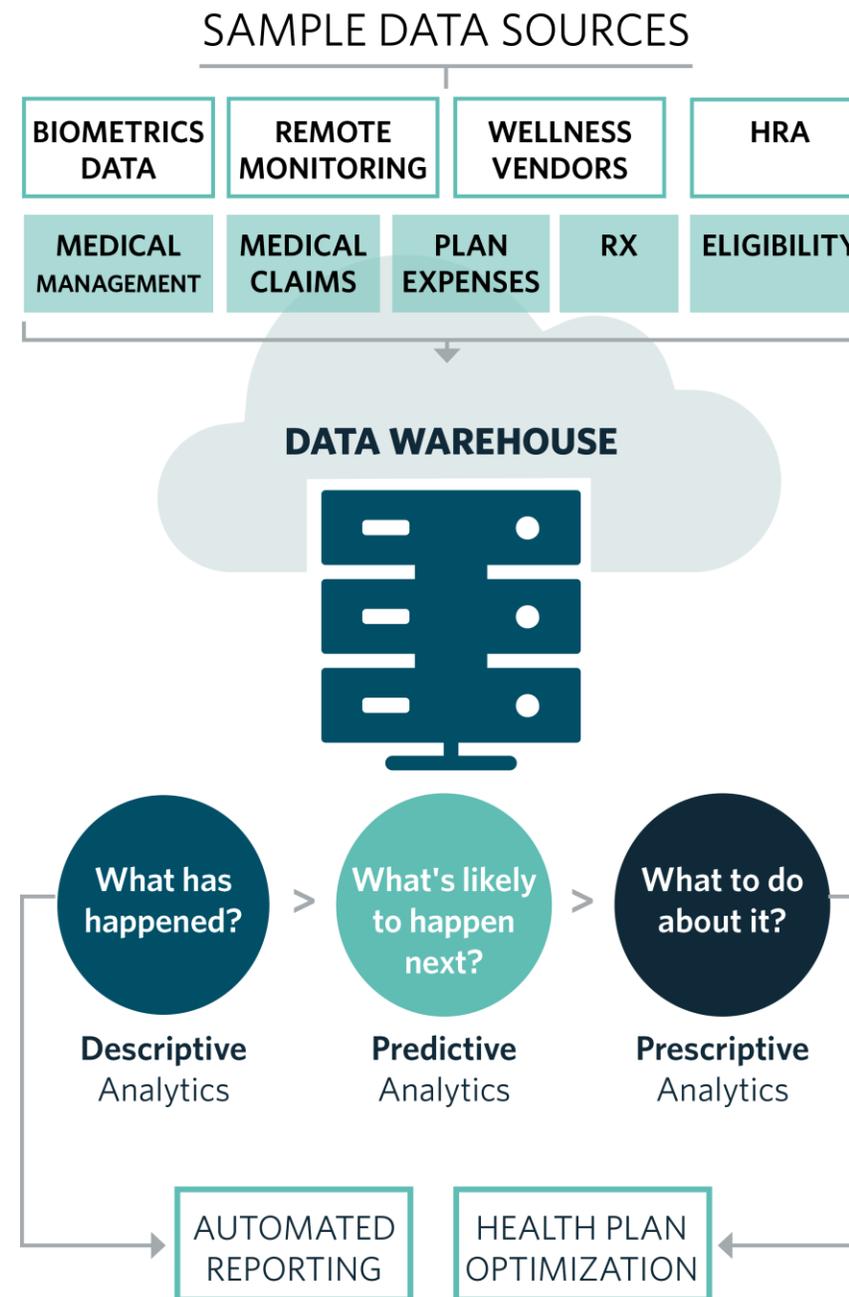
Access Your Data

Data Drives Decisions

- Member risk stratification
- Coachable opportunities
- Chronic condition management
- High claimant trends
- Patient steerage opportunities
- Preventive care opportunities

Identify:

- Cost drivers
- Gaps in care
- Member education opportunities



HealthDirect Strategy

Custom navigation built to support your benefit programs



Maximize member opportunities to reduce members from becoming
High-Cost Opportunity



Close **gaps in care** & steerage to high-value care for members with
Chronic Conditions



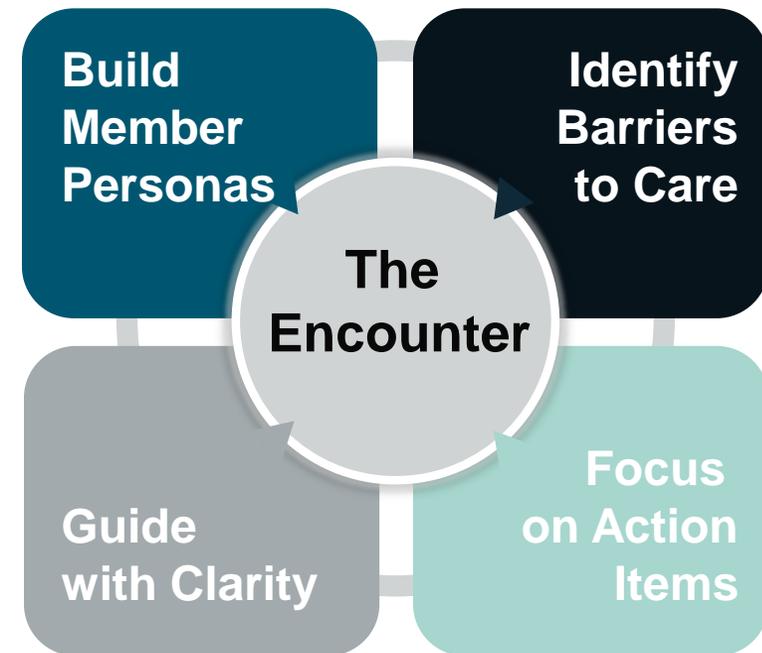
Support members through their care journey to enhance the
Member Experience

Maximizing Engagement

How to Engage a Disengaged Population?

100% OUTREACH

- ✓ Learn & Embrace the Culture
- ✓ Become Familiar
- ✓ Build Personal Relationships
- ✓ Add Unique Value
- ✓ Never Give Up on Anyone
- ✓ Share Transformational Stories



Outbound and Inbound Encounters

Impactful Population Engagement

MINIMAL OPPORTUNITY

Stable overall health, but may have small **gaps in care** such as preventative measures

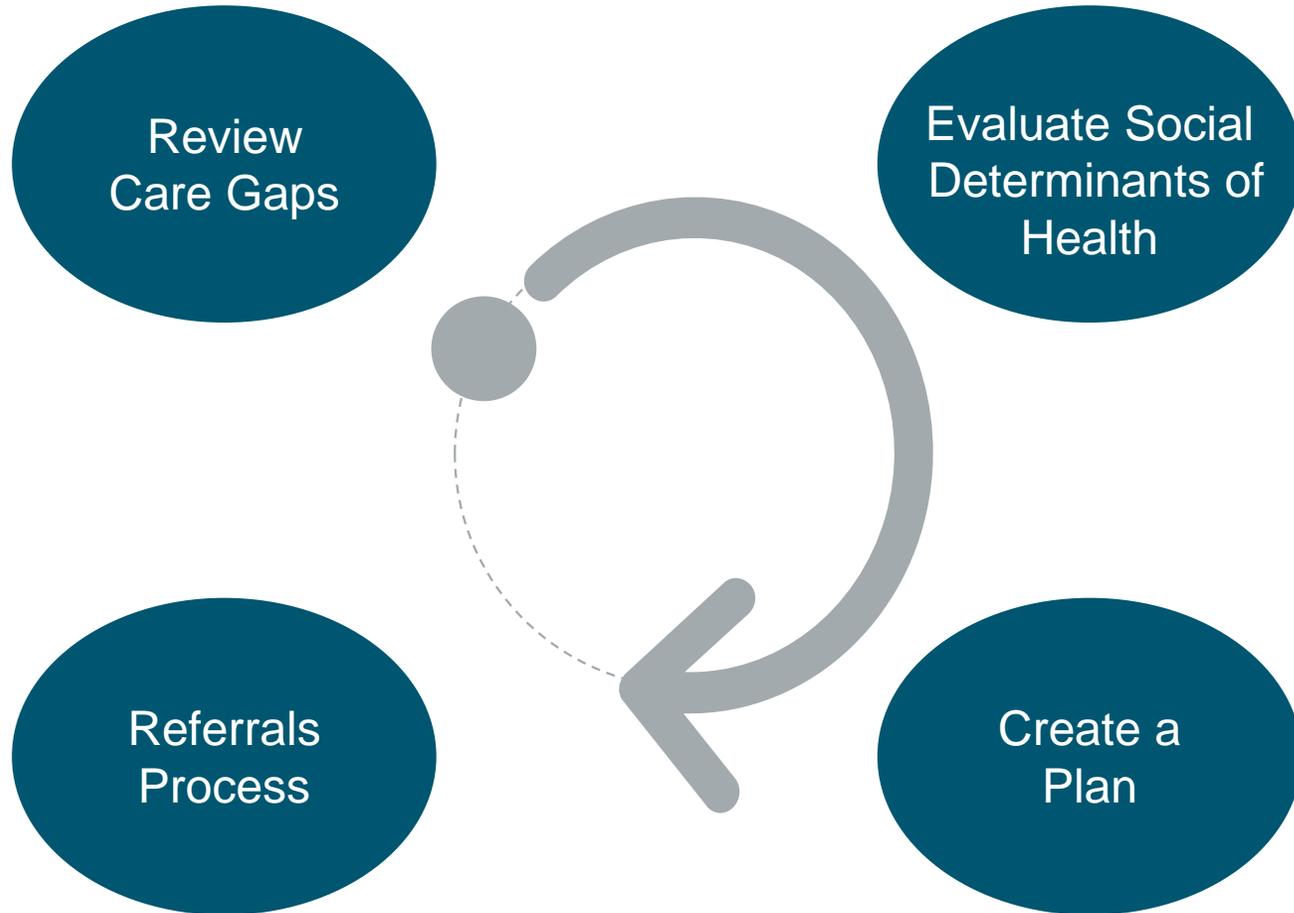
MONITORING OPPORTUNITY

Emerging health concerns or diagnosis that could require increased medical management

ELEVATED OPPORTUNITY

Ongoing health concerns, requiring continuing care management such as specialized interventions or advanced treatment plans

HealthDirect Care Navigation



Opportunity Stratification

Leverage powerful data analytics to identify member opportunities and “movers” that have not yet become high-cost claimants

Outreach

Communication strategy to engage members via email, phone calls, and onsite wellness programs

Intervention

Our high-touch approach meets customers where they are, closing **gaps in care**, and guiding them through their care journey.

Communication Commitment

We meet employees and their family members where they are

Employer

- Provide required contact information including phone via monthly census file
- Employer Communication Kit
 - **Program introduction email template**
 - At-home mailers
 - Sign/posters
 - Take the Call campaign
 - *Email template*
 - *Infographic flyer*
 - *At home mailer*
 - Reach Out campaign
 - *Email template*
 - *Infographic flyer*
 - *At-home mailer*

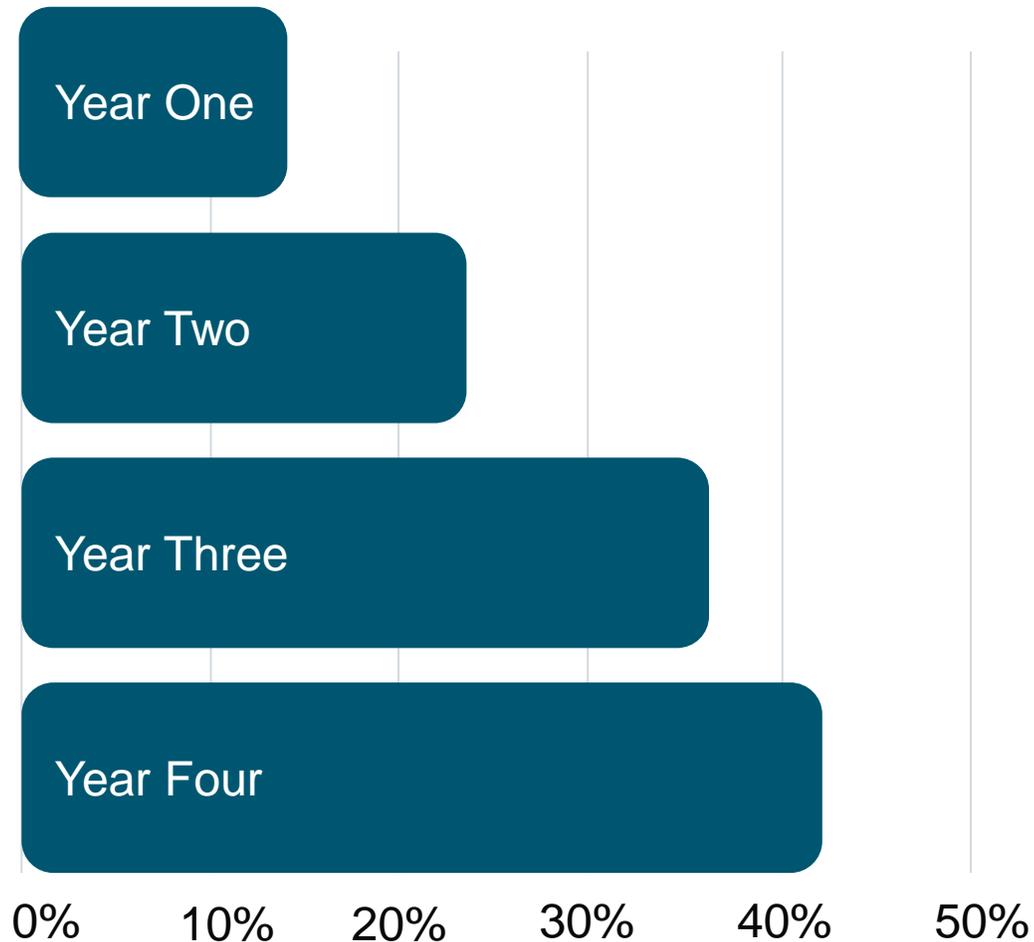
HealthDirect

- 100% initial outbound call
- Emails and SMS text (*per condition trigger*)
 - Nurse outreach notification and Roadmaps
 - *Healthcare impact*
 - *Preventive measures*
 - *Navigating care*
 - *Specific condition*
 - *And more*
- Outbound / inbound calls
- Clinician note transfer
- Lab Orders
- Second Opinion

Value Proposition

- 1 **Better clinical outcomes**
- 2 **Elevated member experience**
- 3 **Increased utilization of high-value care**
- 4 **Positively impacted high-cost claimants**
- 5 **Lower trend in chronic disease costs**
[Diabetes, Cardiac, MSK]
- 6 **Increased employee retention**

Member Opportunity Projected Engagement



ENGAGEMENT CRITERIA

During the annual measurement period

- Phone conversation with Nurse/Care Navigator
 - Must include education in **Gaps in Care**

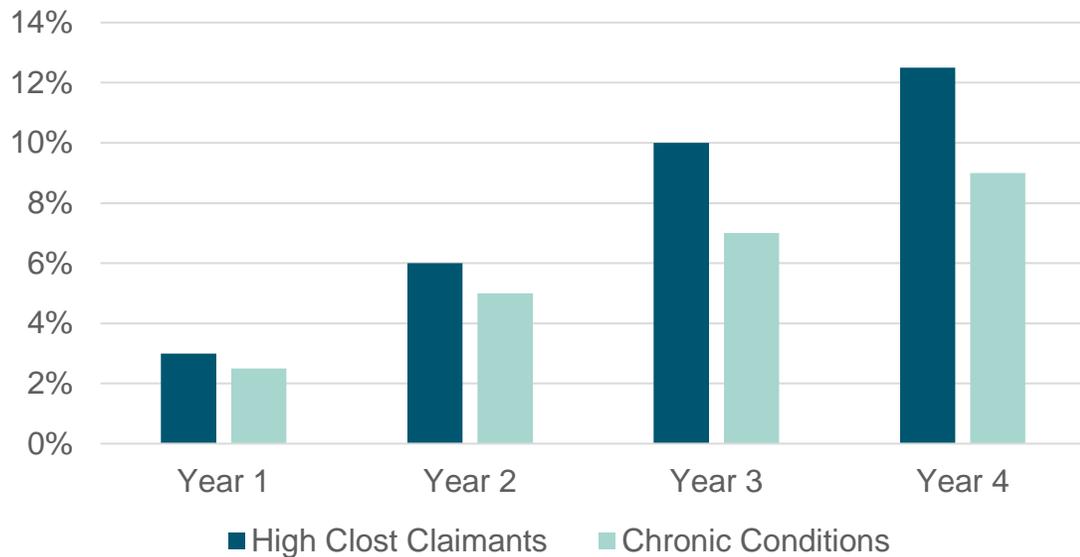
AND

- Action to close **Gaps in Care** (at least one below)
 - Referral to value-based provider
 - Referral to value-based facility
 - Referral to value-based point solution
 - Transfer of medical records
 - **Gaps in Care** letter sent to member's PCP
 - Reducing barriers to care
 - Treatment decision support

Anticipated Outcomes

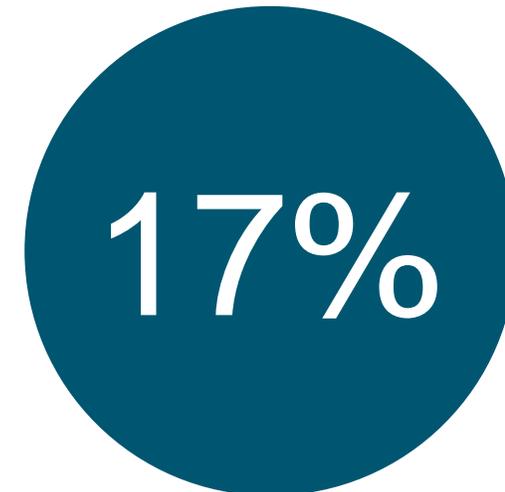
FINANCIAL

Lower PEPM for engaged participants as compared to similar unengaged risk group



GAPS IN CARE

Annual reduction in **Gaps in Care** for the engaged population



Implementation Timeline

Minimum 120 Day Lead Time



Client Intake Process

Client agrees to investment and commitment obtained for program communication

Hylant provides all agreements and authorizations for data access and member contact information

Hylant provides group benefit plan documents, program materials, and point solution details

Client preferences and guidelines mapped for custom engagement plan

Go Live will not take place if the communication commitment is not met by the client. Introduction email (or other pieces) must be deployed for RECEIPT by EMPLOYEES and program domains whitelisted by IT the week prior to the finalized effective date.

Success Stories

MENTAL HEALTH CRISIS

A member reached out to HealthDirect as a result of the outreach message left by HealthDirect that they were here to help.

The member and their child were in a trauma related to a mental health crisis. The dependent child was in urgent need of a therapist in their area that takes their insurance. This member is a single parent and felt overwhelmed by finding a behavioral/mental health specialist for their child and could not afford out-of-network care. HealthDirect was able to support the member by taking over the search. HealthDirect identified a high value in-network mental health specialist in their area that took in person and virtual consultations! A virtual appointment was scheduled for that day with an in-person session scheduled for the following week.

Further, HealthDirect learned that the parent was seeing a therapist out of network at significant out of pocket cost. HealthDirect was able to book an appointment for the parent in the same office as the dependent's new therapist. HealthDirect made the appointments and followed up after to ensure the fit was good.

The member was so thankful for this help, and it eliminated some of the worry and financial stress they were experiencing and for obtaining immediate support for their dependent. The member agreed to monthly progress calls with their Nurse Navigator.

Success Stories

DIABETES

A newly diagnosed diabetes member was just released from the hospital and was struggling with the next steps in their care journey.

HealthDirect's Nurse Navigator provided both a nutritional plan and got him scheduled with his PCP to begin the journey towards improved care. Prior to the call with HealthDirect, he indicated that he was not going to engage since he was symptom-free.

The Nurse Navigator continues to follow up with the member.

CARDIAC HEALTH

After hosting a webinar on cardiac health, a member, recognizing her family history of heart disease, realized the importance of seeing a cardiologist.

HealthDirect assisted her in finding a high-quality cardiologist within her network. She was able to schedule her cardiac workup appointment and was informed the HealthDirect team on what to ask and what to expect.

Success Stories

POST-CANCER CARE

A high-risk cancer survivor reached out for guidance on healthy eating habits post-chemotherapy.

*HealthDirect discovered the member had **not completed essential preventive care** visits, including a mammogram, pap and annual physical due to fatigue and being overwhelmed from the frequent appointments during her treatment.*

*HealthDirect collaborated with the member to design a **customized nutrition plan** focused on post-chemotherapy recovery, making it easier for her to adopt healthy habits that aligned with her unique needs and goals.*

*HealthDirect took time to **educate the member** on the importance of preventive care, explaining how regular screenings such as mammograms and physical exams are key to early detection and maintaining remission.*

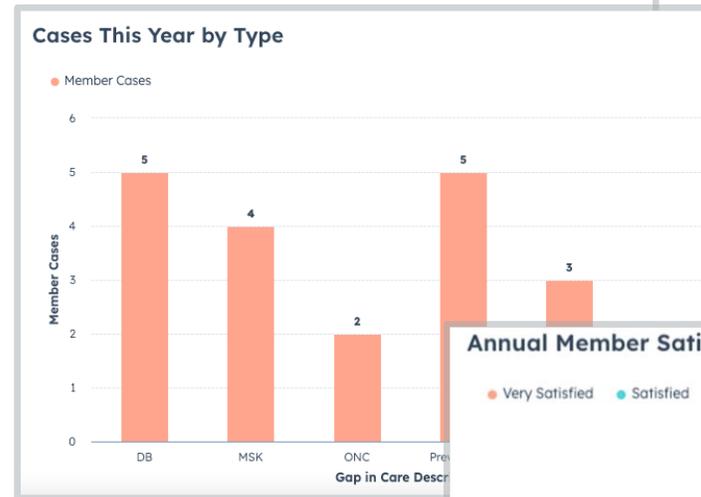
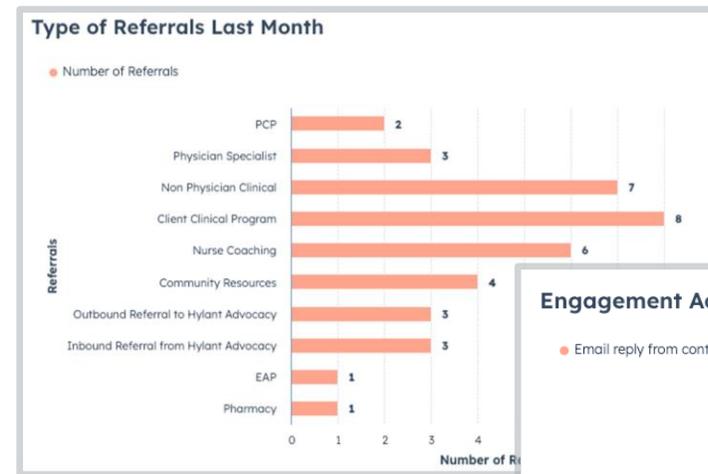
*Understanding the member's sense of overwhelm, HealthDirect simplified her next steps by **scheduling her primary care appointment**, taking the responsibility off her shoulders and streamlining her path forward. The member agreed to continue engagement and build up a plan to complete her screenings.*

*By addressing both immediate needs and long-term preventive care, HealthDirect not only supported the member's recovery but also **closed critical gaps in care** that might have gone unresolved.*

Monthly Reporting Dashboard

Reporting includes metrics illustrating

- Engagement data
- Member opportunity engagement analysis
- Number of cases & by type
- Number of referrals & by type
- Support activities
- Engagement activities
- Member satisfaction



Let's Work Together to Improve the Healthcare Journey

For more information about Hylant,
please visit us at [hylant.com](https://www.hylant.com).

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