



## Intelligent Payer

# How leaders can make digital health gains last

### Audio Transcript

**Brian Kalis:** Welcome to AHIP's Consumer Experience and Digital Health Forum. With consumers moving into virtual health care and the adoption of digital health tools during the pandemic, a question arises: will these digital health gains last?

Hello. My name is JP Stephan. I'm a Managing Director with Accenture Health and I lead Accenture's Health Customer Engagement Practice. I will be the moderator for today's session, titled, "How can leaders make recent digital health gains last?" We have 45 minutes. It'll be broken up into two parts. In part one, we're going to share some original research conducted during the pandemic on how consumer attitudes and behaviors have changed related to their healthcare. In part two, I have three esteemed panelists joining me for a very lively discussion on the topic of digital health and how we make these gains last.

Our first panelist is Stacy Byers. Stacy is the Vice President of Customer Experience at Highmark Health. She leads a dedicated team that defines Highmark Health's differentiated experience, and she rallies the employees to execute on this vision. Stacy has two decades of experience in digital health with Highmark, last serving as their Vice President of Digital Strategy. We're very excited about having

Stacy join us on the panel today. She's going to bring the perspective of a health organization, both a payer and provider, and how they're looking to make these digital gains last.

The second is my colleague, Brian Kalis, who is also a Managing Director with Accenture Health. Brian leads our digital health and innovation work as part of Accenture Strategy. He combines both business strategy as well as digital innovation to improve the consumer experience. He's a recognized expert and thought leader in this space, someone I've known for over a decade. I'm very excited to have his perspective on how the market is responding to the providers, payers, pharmacies, and technology companies seeking to make these gains last.

Our third panelist is Loren McCaghy, also a colleague of mine. He is a Principal Director with Accenture Health. Loren brings over 33 years of experience in healthcare, both in industry and in advising our clients on their most critical customer engagement programs. Loren also leads Accenture Health Consumer Research, and he'll be sharing a perspective on the consumer based on our original research. Without further ado, I'd like to turn it over to Loren to share some of our consumer insights during the pandemic.

### Slide 3: Topics for Today's Discussion

**Loren McCaghy:** As JP said, we're going to spend a little time talking about several different topics. We're going to focus a little bit on recent digital gains, then dig into some of the challenges we see in sustaining those gains and making them last. Next, we're going to hold the panel discussion, as JP said. So, let's get going.

### Slide 4: Consumers of all generations have become more comfortable with virtual health

I'm going to share data from several interesting surveys we've done over the course of 2020. I think we've all seen the

data showing the increase in virtual care as though it's a generally understood thing. The question now is, how much of it do we think is going to be sustainable? As we've seen, it's not only the openness and willingness to do "point and time" types of virtual care, but consumers are increasingly open to the idea of using virtual care as part of their ongoing health management. That number includes boomers: we're seeing a pretty substantial portion of them now open to virtual care.

The key to sustainability isn't just about safety: people are also citing convenience, which is good news for the idea of sustainability.

### Slide 5: Increased use of digital solutions, driven by COVID-19, is likely to continue

We're not just seeing increases in digital virtual care, but in general. That includes the utilization of digital channels for interactions with companies, and especially increases in things like mobile messaging and digital chat across industries, for example. Additionally, a substantial number of consumers say they intend to sustain that increase in the future.

We're seeing it trickle down into health as well, where consumers are increasingly willing to use digital messaging and other types of solutions for meeting their healthcare needs. This is especially true in terms of transactional types of things, like filling a prescription or providing check-in information in advance of a visit or a health event. It's a little less in terms of resolving health insurance questions and more intelligent space things, but it's moving in the right direction. And as we'll see in a minute, the gap between trust and confidence, and the capabilities available today, is closing as more solutions become available.

### Slide 7: Personalization

Let's talk about some of the key things we have seen in the data in terms of what's most important when it comes to creating sustainable and lasting change. One of the key aspects of this is personalization. Consumers expect their experience with their health organizations to be comparable to what they're seeing in other industries. And a lot of that is driven by personalization. The good news is consumers are more comfortable with sharing their information, as long as they know what it's going to be used for. If it's going to improve their experience and make it more personal for them and relevant to them, they are willing to share. That even includes boomers. In fact, we're seeing at the highest levels that boomers are willing to open their data as a part of this process.

### Slide 8: Trust

Another aspect of this is trust. Trust is really core for consumers, and it has two aspects. One, do they trust you with their data? Will you keep their data safe? And two, do they trust the information they're getting back and are those responses correct? So, we're seeing consumers being more willing to

share their information, and that they increasingly trust the information. But we see a substantial gap in who they trust. Traditional healthcare entities like providers and payers have high percentages in this area. When we go to the healthcare tech companies, we see a much lower percentage. I think that goes to the question of how you generate an experience that uses the trust relationships without creating discomfort with some of the more technology-focused organizations. These are some of the considerations as we think about how to use solutions to generate increased trust. This topic is really important now, because our data shows trust is more important than many may think. Somebody who trusts you, whether it involves digital solutions or not, is going to be more willing to use your tools than someone who's very digital in their everyday life but doesn't necessarily trust you regarding the responses you're giving them.

### Slide 9: Simplicity

The last aspect that we want to focus on is the idea of simplicity. I think everyone understands that healthcare – and especially health insurance – is complex. The majority of consumers say one of their biggest challenges involves receiving so much information that it's difficult to apply it all to their situation. They're receiving a lot of information, but they can't figure out what's relevant to them and what they should do with it. This situation is worsened by the fact that over 50% of the consumers in our research don't understand basic health insurance terms and processes. We've been measuring this for several years and have determined we can't "educate" ourselves out of this challenge. Instead, we have to put ourselves in the mindset of consumers and think about how we make their experience simple and relevant.

### Slide 10: Can we simplify healthcare?

We were thinking about this idea of how do we simplify healthcare. We have frequently tended to build very complex answers in healthcare. If I think about this challenge I want to solve, I want to give them everything they need. I want to add a light. I want to have this thing adjustable. I want to have this wrench thing in this analogy we're using, whereas in reality, what consumers want is just a better way to do something. So, the analogy here is that something as simple as a 90-degree twist of a wrench will make this far more usable, which increases leverage. We should be thinking about that as we consider how to simplify the healthcare experience going forward. With that, we're going to transition to our panel and start a dialogue. I'll turn it back over to JP to moderate.

**JP Stephan:** Thank you, Loren, for sharing those insights and I love the analogy. That picture of the complex wrench reminds me of some of the member portals that exist today. We have a lot to do to simplify that experience for consumers. Stacy and Brian, I'm interested in your reactions to this study, which was done during COVID-19 and is clearly trying to capture consumer attitudes and behaviors. What did you find most shocking in the research?

**Stacy Byers:** I would say the most surprising thing was the stat on the Baby Boomers versus Generation Z and how willing they are to share their health data to receive something more personalized. Not necessarily that a Boomer would be okay with that, but the gap, the 20 point gap between those two was surprising to me.

**JP Stephan:** If one were to hypothesize what's driving that, the Millennials are used to being online, yet not as trusting of healthcare organizations.

**Stacy Byers:** I think those age groups just haven't had the time to build some of the important experiences with healthcare, so it may be they don't see the payoff being as valuable. They can't imagine the kind of a world where it's worth it, whereas a Boomer obviously has a lot of experience with the system and probably has a better understanding of what they get from it.

**JP Stephan:** Do you find the elder generations trust healthcare more than the younger ones do?

**Stacy Byers:** Certainly. We do see that, especially with insurance.

**JP Stephan:** Brian, how about you? What did you find most surprising in the research?

**Brian Kalis:** Two things. One, an observation we saw from some of our research related to adoption, and another related to the question, what do people want? If I look at adoption – this was a research study we did before COVID – we found the consumer growth and use of digital adoption had stalled. This was interesting because we have been watching it go on for the past five years or so. We saw adoption move into the majority roughly two years ago, and most people were saying they were using digital technology to manage their health or healthcare. We actually saw that drop prior to COVID to roughly 30% or 35%. It was a significant drop. And we were wondering, what caused it. That all changed with COVID. Due to COVID, people were forced to adopt digital technologies as they stayed safe at home. And now we're kind of re-exploring the issue: How do we make these gains last, as the title of this presentation asks?

The question what do people want really ties to how do we make these things last? People are really looking for trust: they want a trust point—a trusted recommendation from their

clinician to the question, "what solutions should I use?" A majority of people said, "If my doc could say that this solution would help me manage my health, I would use it." However, less than 10% were saying they were actually receiving that type of recommendation.

**JP Stephan:** Yeah. That's very interesting, Brian. Stacy of Highmark Health, being both a payer and a provider, what role do you see physicians playing in sustaining some of these gains that Brian mentioned?

**Stacy Byers:** I think we must leverage that trusted relationship. If people will listen and we want health outcomes to be better, and we know that clinicians are there with that kind of connection point, we should be taking advantage of that. We're in a unique position, having both the right to think about how we equip our clinicians and make their lives easier, and how insurance should be thinking about enabling a better relationship instead of always trying to do our own thing. A lot of times, confusion results from receiving this thing from the insurance company, and then this other bit of information from the provider. In a position like ours, I think it's really about how we can come together and make that experience much more connected, letting the clinician play that role when it makes sense.

**Brian Kalis:** Stacy, one of the things you stated was how do we also make the clinician's job easier. Part of the reason those recommendations don't always exist is how do you make it simple for a clinician to give that trusted guidance in their workflow?

**Loren McCaghy:** Our data plays it out: the organizations that have both the highest level of trust and the highest level of digital intensity are more typically the integrated delivery network systems. People are engaging not only in terms of what they

do with the payer, they're also engaging on the health side more directly through online appointment scheduling and the like. We do see that overlap spreads both from a sacred trust and digital intensity in those more integrated network solutions.

**JP Stephan:** Well, it did require a pandemic—this external force—to drive our industry into more of a digital experience. What has Highmark Health seen in terms of the digital gains? And what new challenges has this brought to the surface that may have not been there before the pandemic?

**Stacy Byers:** Like everybody else, we saw incredible growth in the use of telemedicine. Obviously, that's exciting for all sorts of reasons. I don't know if I would say it necessarily brought a new challenge to the forefront, but with everybody being so energized around the potential of leveraging this channel in a different way and the kind of opportunity that the pandemic brings, one of the things we have to work through is how do you start to connect these kinds of point solutions together? How do you resist the temptation to go out and get 16 different telemedicine platforms for every kind of business unit that purposes one? I think another challenge is speed. We found we actually can do things faster than we thought we could. We deployed a COVID symptom checker and chatbot in about three weeks. I can barely get a meeting in three weeks, let alone deploy the technology. It proves we can be faster, but then the challenge is how do you maintain that same sense of urgency after the pandemic?

**JP Stephan:** Right. That's fantastic, both the momentum behind it and the speed. Brian, what have you observed in the marketplace and perhaps with other organizations, maybe even technology companies and pharmacies and the like? What have you seen in terms of the digital gains and the challenges they're faced with now?

**Brian Kalis:** To add to what Stacy was saying, speed makes a big difference, but there is also the risk that comes with all these different point solutions, and how do we connect them? A lot of solutions were deployed out of necessity and even the organizations that deployed them say they weren't deployed in the best way, but they helped get the job done. Now we know we need to rethink how we connect these dots. Some of this was already happening before the pandemic. A lot of these things were in people's strategic plans, but they went from "interesting to have" on the plan to "urgently important." Given that, we're starting to see a lot of innovations in health plan products and new benefits structures. In particular, we're starting to see the concept of virtual primary care being wrapped around benefits popping up all over the place. The same thing is also happening on the care delivery side, where you see the integration of virtual and physical solutions. It's this concept that virtual isn't just its own standalone thing, it's part of the care model. So now there's a culture change and an organizational change. We're starting to figure out how we bring the digital and the physical together in a mixed care model.

**JP Stephan:** Loren, your insights around simplicity highlighted the need to bring simplicity to the forefront. However, as Brian is describing, we now need to manage more of a physical and digital experience. Stacy, across a payer and a provider, what efforts is Highmark undertaking to make sure that simplicity is at the forefront?

**Stacy Byers:** We've been on a simplicity journey. I work in the marketing division. In 2018, we started to come up with a new way of thinking about making things simple and visually accessible in all our marketing and communication materials. We rolled these all out and have made great strides. We look at the Siegel and Gale Simplicity Index as a way

to measure where we are on that journey, but at some point, you can't do enough with marketing. You must think about the other things in the system that are complex and determine why they are complex. We look at the product design and think about this. For example, we start with the fee for service, and then we pile on managed care, and we don't take anything away, and then we add consumer-driven health, and we shift the cost-sharing. We've added all this complexity to the system and to our product design without taking anything away. At some point, you can't just explain away the years and decades of complexity we've added to something like product design. I think part of what we have to think about as an organization is how do you strip the complexity out and still provide value? I'm not necessarily convinced at this point that adding all this complexity and layering has actually driven the outcomes that we intended with those decisions. We have to look at that full end-to-end point of view to understand the impact of those decisions and how to strip some of the complexity away.

**JP Stephan:** The simplicity starts all the way upstream in the product. Brian, you mentioned that a lot of the innovation you're starting to see is product innovation. We've seen this year is the record year for digital health funding. That's not surprising, but it introduces the new complication of keeping the experience simple when now you have all these third parties you need to integrate with. What are you seeing in the market in terms of efforts to maintain simplicity at the forefront when the backend, especially with third parties, can be complex and very sophisticated?

**Brian Kalis:** We're seeing several different models emerge on how to manage that complexity with point solutions. A lot of it involves your business strategy and the

overall philosophy of how you're going to approach this. There's one camp saying we're going to create a unified experience with a common brand. That is our plan. That's the brand. Therefore, we'll only partner with people who can naturally plug into that experience. And we won't partner with any third parties who won't allow that to be as seamless as possible, with a common login across all those pieces, common branding, and so forth. That's one philosophy. It's easy to say, but it takes a lot of business discipline to pick only the solutions that allow you to do that. There's another camp pursuing more of a curation approach. It involves figuring out how to change the underlying systems and processes in ways that allow it to curate different solutions into a marketplace, or in some cases, into digital formulas. It seeks to provide those as recommended services and prescribe them to the different people the organization serves. Those are two models we're seeing emerge.

**JP Stephan:** A lot of those organizations are tech companies or digital natives. Loren, you shared some interesting research around trust, and trust is really central to this. What opportunities do health organizations have, given some of the trust issues you found in the research you conducted?

**Loren McCaghy:** The key to trust is getting the basics right. People must trust you enough to be engaged, and then you must do the basics right. People trust Amazon to deliver stuff because you order something, and it comes, and if they do it wrong, they fix it. I think it's no different here. When we think about trust in healthcare, the key thing people continually say they want is to get consistent and accurate responses. If they're supposed to be reimbursed, or if something's supposed to be reimbursed, it's reimbursed as expected. If I have a problem, it is resolved on my first contact, whether that's a digital contact or not. It's not rocket science.

As we think about all the solutions that build trust, we need to realize it only takes one bad experience to break that trust if you don't fix it right away. So, there's no magic in it. It's just about doing those basic things right.

**Brian Kalis:** Loren, I would add to what you were saying. There is one way we're seeing organizations—both health plans and health systems—address this, that ties to what you were saying too, Stacy. It involves shifting in terms of how you solve those problems. You're moving from a project to a product mindset. There's a big view of how we think of these different things as we were creating digital products. It ultimately starts with thinking about the customer first or the consumer and then working backward. Many times, the techniques used are things like human-centered design, where you're seeking to understand what the stated and unstated needs are, and then feeding that back to get a simpler product, as you were saying Stacy. And Loren, as you were mentioning, also having simple interactions within that product.

**Stacy Byers:** It's interesting you say that Brian, because when you think about all the point solutions and investment in digital health, that creates this scenario where lots of people are coming to payers and saying, I've got this, I've got that. It is again tempting to say I've got to figure out how to connect all of these things, or I've got to go figure out how to partner with the ones who will let me have that kind of a single branded experience. However, what if you started with the person at the beginning of this process and you said what problem am I trying to solve, and does this solution actually solve that problem, or am I really just implementing all these different technologies but I haven't gotten to the key to trust or the answer?

I think you must resist the temptation to bring in more technology automatically. Instead, let's just stitch what we have together or figure it out. The real question is, what are the key problems I am trying to solve, and then stick to solving those.

**Loren McCaghy:** It's a challenge when you're in a market where your biggest customers are employers, and they have those same people coming to them. And they're saying, "Oh, but I want to do this thing on top of my medical plan." And they're trying to force it. So, having the discipline to say this doesn't fit with what we believe the right consumer experience is for our people is really challenging. Stacy, I know I'm speaking to the choir on that one.

**JP Stephan:** Looking forward, in a post-pandemic world, what are the key factors you think will sustain these digital gains? Clearly, we want to see them sustained. What are some of the factors that will sustain this digital adoption progress we've seen in our industry?

**Brian Kalis:** You need to get a good understanding of people's wants. Need is the key thing, then making solutions that have that simplicity, whether through a third party or something you create your own. Simplicity is also key, because we found when we asked consumers about digital experiences there are a lot of bad digital experiences that can turn people off. It's all about providing something that really meets the consumer's needs. It is also important to find ways to tighten the relationship with the clinician and other trusted sources. Then, how do you blend the financing and care delivery to get those solutions through that trusted clinician?

**Stacy Byers:** The other thing goes back to Brian's point about context. We have the pandemic that created this context where there's fear, a waiver of cost-sharing, a convenience component, and outreach. So, when we were first scheduling folks for telehealth visits, it was because they had an in-person visit already scheduled, and the physician's office would call and say, "Hey, we've got to move your appointment to an online appointment. We'll walk you through how to get the technology, and then you'll get your visit in." That context really established why adoption went where it did. When you take elements of that context away—perhaps fear goes away or maybe the cost-sharing comes back—people could say "It's not really worth it to me if it's the same price to get a telehealth visit as in-person. I'm going to go in person." And it may be that there are non-digital things you must resolve to continue to drive digital adoption. Are the incentives in place? What's the provider's experience in all this and does it have some reason to continue to recommend a digital telehealth experience versus just having everybody come into the office the old way? You have to look at the whole picture and the context, which could mean solving the issue with non-digital solutions.

**JP Stephan:** Coming back to the principle of convenience—making it the most convenient for the consumer regardless of the setting. Within that context, what's the role of health insurers as far as sustaining these digital gains? Clearly, a big part of this is about the physician visit now shifting to online scheduling, and perhaps online consultations. What's the role of the insurer in all this?

**Stacy Byers:** I think we have to get out of the way. If health is about the clinician and the consumer, it's really our job to make it possible for them to connect and get out of the way when we don't belong there. Prior to

COVID-19, most of the telehealth issues from the insurance perspective involved patients going to a platform where they didn't know their doctor. It's not their doctor, because they got whichever doctor was in line on that platform. We would push those solutions because we considered them better. However, to consumers, it wasn't really better because it didn't help them connect with their physicians. It might offer some convenience, but not a lot more. Consequently, as insurers, I think we must look hard and ask ourselves where do we belong versus where do we actually need to support that experience between the customer and the clinician?

**JP Stephan:** That's great, and with telehealth, this notion of telehealth reimbursement, and legislation around interoperability and transparency, it becomes apparent a lot of these are external forces, perhaps with technology companies as disruptors, coming from the outside in. Brian, how big of a factor are some of these external factors as far as sustaining digital health gains?

**Brian Kalis:** The external factors you mentioned are critical, and this ties to some of the comments Stacy mentioned related to incentives. A number of regulations, reliefs, and new incentives have been put in place that helped drive adoption. Changes include reimbursing, telehealth without having an in-place person visit and Medicare changing the regulatory rules regarding who can practice across state lines, things like that. You mentioned interoperability. What we're seeing are a number of regulatory moves happening all at the same time. To sustain these, we need some of those same things to go forward, such as a review of who can practice across state lines. Also, can you have these as reimbursable services, because if that incentive goes away, people may want it, but no one will provide



it. And then, as you mentioned, the free movement of data and transparency, I think all those changes are coming together at the same time and will be the keys to long-term adoption. I also think they're creating opportunities for new product innovations, which is what we're seeing. Regarding the payer's role, increasingly those lines are blurring, such as what is a payer? We're seeing a lot of strategic questions where payers are vertically integrating. In some cases, they're vertically integrating and focusing only on virtual care. You heard me mention virtual primary care and that some are not moving into bricks and mortar. They're just wrapping around the virtual side. Others are going more aggressively. You're also seeing products entering the market in tight integration with the health system. All those things play into the sustained adoption.

**JP Stephan:** Stacy, is there a risk of organizations just trying to comply with regulations versus taking this consumer-centric approach that you described? Is there a risk of the regulations coming into the center, which could be counterproductive to the consumer?

**Stacy Byers:** Absolutely. I mean, why is the industry the way it is? We put the regulators at the center and the employers at the center, and the consultants of the brokers at the center for a long time. The consumer, and even the clinician, are the last two people we think about, but they're the ones who are instrumental in making good health outcomes happen. There's a risk and regarding the experiences that I've had, it's been challenging to convince people to do more than the regulation requires; to take it a step further. For instance, I understand the mandate might be to show the fee for the procedure, but the fee may not be relevant to some stakeholders. Instead, what matters is, what does it mean to the consumer and

can they afford to have that service because they need to know what their financial outlay is? Consequently, it can be expensive to go that step beyond the regulation. And you've got to be committed to making that experience better, to avoid just doing the bare minimum.

**JP Stephan:** Right. We'll shift gears a bit from legislation to something a bit more fun. Regarding your digital careers and for a lot of folks in the listening audience, how do you create a stake in digital health? Stacy, as you look back on your career, what are some of the most exciting changes or key milestones that you're most proud of?

**Stacy Byers:** When I started in this industry 20 years ago, nobody called it digital. It was a website with three pages that didn't really do anything. We had to beg people to work with us, "please come and put something on our website." Now it seems like everybody wants to put something on the website, and I'm actually trying to convince them not to put it on the website if it doesn't belong there. So, it's been an interesting move. A few years ago, and I've actually spoken at other AHIP panels on this, we built a tool called Dr. Match that helped people find a doctor who was the right fit for them. It went beyond what traditional provider directories would offer, with hours of operation, is there parking and board certification? That kind of thing. When it comes to thinking about trust and relationships, the best thing we can do is to put our customers in a position where they can find the right doctor who will help lead to the outcomes they want and we want. I'm super proud of that work. The tool is still in two of our markets. We haven't scaled it beyond PCP and OB-GYN. I would love to think about how to scale it beyond the markets that it's in and even into other specialties.

**JP Stephan:** That's great. And I love the commercials wrapped around that too. Marketing around that tool is great.

**Stacy Byers:** That was in-house marketing, so we're super proud of that. We did not use an agency for that work.

**JP Stephan:** That's great. Well, congratulations. Brian, when you think about digital experiences outside of healthcare, what are those experiences that inspire your work in the digital health space?

**Brian Kalis:** I think a lot of those experiences are the things that all of those in the audience and on this panel probably have in their daily lives. They also tie to the points of being personalized, trusted, and simple, as you were describing, Loren during your presentation. For me, I'm a coffee addict, so the simplicity of Starbucks enabling me to order ahead, pick it up and go; I love it. I don't want a long-lasting relationship in the facility. The fact that I can order what I need, get it and go and have it paid for, seamless; I love that. And everyone enjoys Amazon and the simplicity of the experience of having stuff delivered right to your door. Very simple. Loren, to your point, it just works. So that's a subset. I'm sure we all have our own personal stories like that.

**JP Stephan:** A great example of the blend of the physical and the digital. Okay. Stacy, Brian, Loren: we're sitting here a year from now, maybe in person or virtually, who knows. The pandemic has subsided, hopefully. What should the individuals listening today be thinking about regarding the sustained digital adoption that we've seen in our industry? What advice would you give to the listeners?

**Stacy Byers:** I would go back to this idea of observing, exploring, and placing a premium on human behavior and how to respond to

that. Having been in this industry for a very long time, we continue to be activity-based rather than outcome-based. It takes a lot of tenacity to get an organization to really rethink how it plans for the products and services that it's going to deliver, or how to combat the desire to just say, "I've got this vendor and they've got this thing, and I'm going to get it in six months, and we'll be good to go; it's going to solve all of our problems." I think organizations can dedicate themselves toward deeply understanding their customers and the mental models they're coming into the system with: What do they understand about the system? What don't they understand about the system? We're not doing one-size-fits-all here. And then we need to understand motivation. What does health mean to me? It means something very different probably than what it means to you. Why do I engage, and what am I expecting out of that engagement? The more organizations can understand, listen to, and respond to those elements of human behavior, the better experiences you're going to be able to deliver.

**JP Stephan:** That's a great theme. Brian, a year from now, what needs to be true in our industry to sustain these gains?

**Brian Kalis:** I completely agree with what Stacy said. Part of this is everyone's starting to get to this realization that digital health is really about new ways of creating and capturing value, as well as new ways of delivering it. It's a pretty big change for organizations. And I think that's increasingly been understood over the last decade. Now it's becoming, "what do we do about it?" And a big part of that starts with top leadership commitment. Once you get that, then it's like you were mentioning, Stacy, working with all the users, the consumers and clinicians, and going backward, changing how you operate. Taking a product management versus

project management mindset, for example, and then working with everything else that follows. The good news is that this trend was starting prior to COVID. It's now accelerated, and you're seeing a lot of health plans and organizations moving on that path to drive change.

**JP Stephan:** That's right. Well, this concludes our session for today. I would like to thank our panelists, Stacy Byers, Brian Kalis, and Loren McCaghy, for taking the time to share their experiences and perspectives on this critical topic of digital health. I'd like to also thank AHIP for making this all happen during such a critical time, an inflection point in our industry.

Lastly, thank you for listening in, and hopefully, these insights will help you on your digital health journey. We have more information for you. We will be providing this presentation, as well as a link to two published thought pieces on the topic that offer further insights on our research during this pandemic. I wish you all the best. Stay safe, happy holidays, and good luck on your digital journey. Thank you.