**Overcoming Geographic Barriers to Care** Explore strategies for expanding care access in rural areas

**Presented By:** 

Addison Giannini, MBA, *SVP Payor Solutions* - LetsGetChecked Robert Mordkin, MD, FACS, *Chief Medical Officer* - LetsGetChecked



## THE RISE ASSOCIATION



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### **MEET OUR SPEAKERS:**



Addison Giannini SVP of Payor Solutions, LetsGetChecked



Dr. Robert Mordkin, MD, FACS Chief Medical Officer, LetsGetChecked

### About Us

## Meet LetsGetChecked

We're a global healthcare solutions company that gives you the tools to manage your health from home, providing direct access to:

- Health insights
- At-home diagnostics
- Virtual consultations
- Pharmacy services
- Pharmacogenomics



### Agenda

## Today we'll be talking about...

- 1. Impact of geographic barriers
- 2. Disparities in care access between rural and urban populations
- 3. Bridging the gap with at-home healthcare
- 4. Real-world success stories
- 5. Q&A



# Impact & disparities of geographic barriers

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### **HEALTH INEQUITY**

## Causes of inequity in US healthcare

Key SDOH that can contribute to worse health outcomes and more significant healthcare costs:





Health literacy

#### **HEALTH INEQUITY**

## About the report

The United States spends more on healthcare than any other country in the world, yet has a healthcare system that is ranked 11th in overall performance.

Our research reveals key themes about the inaccessibility of healthcare today, as well as ways to address these challenges, which include a more preventive approach and athome care distribution.



80% of counties across the United States lack proper access to the services needed to help people maintain good health



Those in rural and suburban areas are 31% more likely forego care due to commute than those in urban areas



Americans currently live in what is officially referred to as 'primary care' shortage areas<sup>1</sup>



#### GEOGRAPHY

**64%** of respondents have experienced at least one pain point when visiting an onsite lab (e.g. location or wait times)



of respondents say it would be beneficial to have blood test results available before a doctor's appointment vs. after





# Bridging the gap with at-home healthcare

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## How can at-home healthcare help?

Health testing and care that meets people where they are can narrow disparities across many chronic diseases by removing inequitable barriers to good health.

Your members could test their health from home, without the need for any travel, confusing health forms, or time off work.



### **AT-HOME HEALTHCARE**

LetsGetChecked<sup>®</sup>

## Configurable and vertically integrated infrastructure enabling next generation care



## Health Plan Solutions



HEALTH TEST	WHAT DOES IT TEST FOR?	STAR/HEDIS
Colon Cancer Screening	Human hemoglobin	~
Dlabetes Test	HbA1c	$\checkmark$
Diabetes and Heart Test	HbA1c, Triglycerides, Cholesterol, HDL, LDL, HDL % of Total Cholesterol	$\checkmark$
Kidney Health Evaluation Test	uACR, Creatinine, eGFR	~
Hepatitis C Test	Hepatitis C	
Pharmacogenomics	25 gene panel covering 120 drugs across 3 major categories - pain, cardiovascular, and mental health	
Lead	Lead	$\checkmark$
Simple 2	Chlamydia, Gonorrhea	$\checkmark$
Biometric Screening	HbA1c/Glucose, Triglycerides, Cholesterol, HDL, LDL, HDL % of Total Cholesterol, HbA1c, Blood Pressure, Weight, Height, BMI, Waist Circumference, Hip Circumference	

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### **AT-HOME HEALTHCARE**

### Improving access for people around the world with LetsGetChecked 10M+ 300 +tests clients completed with 50+ plans 534K+ 83 abnormal results Client NPS detected





# Success in the real world

#### LetsGetChecked®

## **BCBS North Carolina CRC Screening Program**

### • Segment A:

- Returned kit in 2018
- Redeploy with "Welcome back" letter

### • Segment B:

- Normal Risk and No kit returned in 2018
- Deploy with standard messaging

### • Segment C:

- High SDoH Risk Factors (3+) and No kit returned in 2018
- Pre-deployment postcards & live agent call outreach & education
- Deploy with personalized messaging

CASE STUDIES - BCBSNC Reducing Health Disparities

The results...





## The results...



compliance rates



Increased screening rate for high-risk members

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## FIT ROI Model

- Kit type: FIT (Fecal immunochemical test)
- **Eligible members:** 3,000,000
- Screening rate: 97%
- Enrolled rate: 24%

**CASE STUDIES - Medical Cost Reduction** 

The results...



## \$51,629,151

Total savings



Return over investment

## The results...





**CASE STUDIES - Engagement Channel and Branding** 

### What we controlled for...



<u>Test Kit Branding</u> Control: Standard Branding Test: White Label / Co Brand



### <u>Engagement Channels</u> Control: Print and IVR Reminders Test: Email, SMS Reminders

**CASE STUDIES - Engagement Chanel and Branding** 

## The Results



Improvement in participation in Co-Branded Test Kit Group



Increased screening rate for members receiving Email, SMS Reminders

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## Hear from a LetsGetChecked patient:



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## The impact of health equity





Follow up with the team to receive a free test

## Thank you

Dr. Robert Mordkin rmordkin@letsgetchecked.com

Addison Giannini agiannini@letsgetchecked.com RISE is the premier community for health care professionals who aspire to meet the extraordinary challenges posed by the emerging landscape of accountable care and government health care reform.



# THANK YOU



It's good to know.™

