



# Accolade

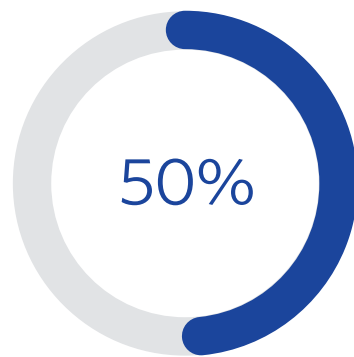
## Intelligent Provider Matching

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Helping your members find the right  
care and the right providers to reduce  
healthcare waste and improve outcomes

**Finding the right care has never been more challenging. Accolade can help.**

The U.S. healthcare system is the most complex in the world. Under the strain of COVID-19, it has become even tougher to navigate. As more primary care clinics close their doors, and as the shortage of physicians and mental health professionals grows, your employees and their families face more hurdles finding and accessing the right care at the right time. Delayed or poor healthcare decisions can lead to poor health outcomes, wasted healthcare spending, and escalating costs. Helping your people navigate to the right care at the right time is now an urgent imperative for employers, especially as financial pressures grow under the weight of the pandemic. But how do you help those employee families find the right path?



Consumers surveyed have avoided seeking medical care due to the barriers of finding, accessing and paying for healthcare.

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The 2020 Change Healthcare – Harris Poll Consumer Experience Index found that half of consumers surveyed have avoided seeking medical care due to the barriers of finding, accessing and paying for healthcare.

Accolade can help. Accolade Health Assistants® and a team of clinicians, including nurses, behavioral health specialists, and pharmacists, help your employees and their families better understand and utilize their benefits, and find the right care and the right healthcare providers for them. Our integrated approach combines industry-leading data intelligence, appropriateness of care measures, and deep insight—not just about the members we support but also the healthcare providers we recommend—helping your employee families find the best path for improved health outcomes and lower healthcare cost—for them and for your organization.

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# Common Failures Lead to the Wrong Provider, Inappropriate Care

A healthy young woman has her thyroid gland completely removed only to learn she never had cancer but instead a severe gluten intolerance. An elderly man gets knee replacement surgery despite having very high blood glucose that day, resulting in life threatening blood clots and a seven-day hospital stay. A young man continues to experience debilitating pain months after lumbar decompression surgery. It turns out the surgeon operated on the wrong level of the spine.

We've all heard stories of healthcare gone awry and the resulting toll on health—not just physical health but emotional, mental and financial health as well. Up to 95% of spinal fusion surgeries, costing in the tens of thousands of dollars, have been shown to be ineffective in relieving pain.<sup>1</sup> Nearly a third of breast cancers are misdiagnosed.<sup>2</sup> In fact, over treatment, failures in the execution of care, poor care coordination, and wild pricing variance are cited as major sources of healthcare waste in our country—waste estimated to account for one out of every four U.S. healthcare dollars spent.<sup>3</sup>

Seeing the wrong provider or not getting the appropriate care are common events resulting from common failures in the consumer healthcare experience:

- **Lack of a primary care physician (PCP):** One quarter of U.S. adults don't have a PCP,<sup>4</sup> and nearly half don't see one at all,<sup>5</sup> which means they're likely not getting preventive care or assistance in finding a specialist when needed. This can lead to delays in getting necessary care or getting to the correct provider (e.g., selecting the local Emergency Room (ER) for care for chronic sinusitis, or choosing an orthopedic surgeon based on their proximity and availability alone.)
- **Inadequate online reviews:** Too often, choosing a provider comes down to the opinion of a friend or family member, or worse, strangers online. More than 60% of U.S. adults make decisions about providers based on what they see on the Internet,<sup>6</sup> even though most online provider rankings rely solely on subjective patient satisfaction reviews and not data about provider sub-specialties or health outcomes.
- **Inadequate provider search tools:** Provider search tools often focus on cost transparency or patient ratings and don't address member factors that can play a significant role in health and healthcare, barriers such as a financial hardship in the member's household. The few vendors that do focus on provider quality offer limited information about a doctor's specialties and expertise.
- **Lack of understanding of employer health benefits.** Most organizations have invested in a wide range of programs and tools to help improve member health and well-being, but less than a quarter of employees say they understand the employer benefits available to them, making them less likely to be utilized.<sup>7</sup>

- **Scheduling challenges:** Simply the act of scheduling a provider appointment can become a barrier to getting the right care from the right provider at the right time. The longer the wait time to see a provider, for instance, the more likely a patient abandons the booking process altogether. There's more than a 50% drop-off in appointment booking when the first available appointment is more than two weeks out – compared to when a provider appointment is available within two days.<sup>8</sup>
- **Lack of patient follow-up or care coordination.** A lack of care coordination not only escalates the costs of managing chronic disease by more than \$4,500 over three years, but also can lead to sub-optimal care and poor health outcomes.<sup>9</sup> Studies show that even though outpatient follow-up is known to reduce hospital readmissions, half of patients readmitted to the hospital within 30 days did not receive it.<sup>10</sup>

With so many potential pitfalls on the road to getting the best possible care, people need support throughout the entire healthcare journey, not just isolated stops along the way – like searching for a cardiologist. They need personalized guidance from a person they trust, not just access to a self-service digital provider search tool.

Getting your people to the right care at the right time with the best matched provider for their unique needs requires a comprehensive, proactive and integrated approach driven by insight, compassion and data intelligence.

- **Comprehensive** – engaging all of your members in their health and healthcare journey, not just those with chronic conditions or high-cost claims
- **Proactive** – taking action to support members every step of the way to avoid points of failure
- **Integrated** – factoring in each individual's physical and mental health conditions, as well as their broader life circumstances that can become barriers to care

# Intelligent Provider Matching Overview

Accolade's Intelligent Provider Matching is a comprehensive, proactive and integrated service that helps your people utilize the benefits, care and providers that can benefit them most. Our matching service combines industry-leading data intelligence with the compassion and insight of the Accolade frontline care teams.

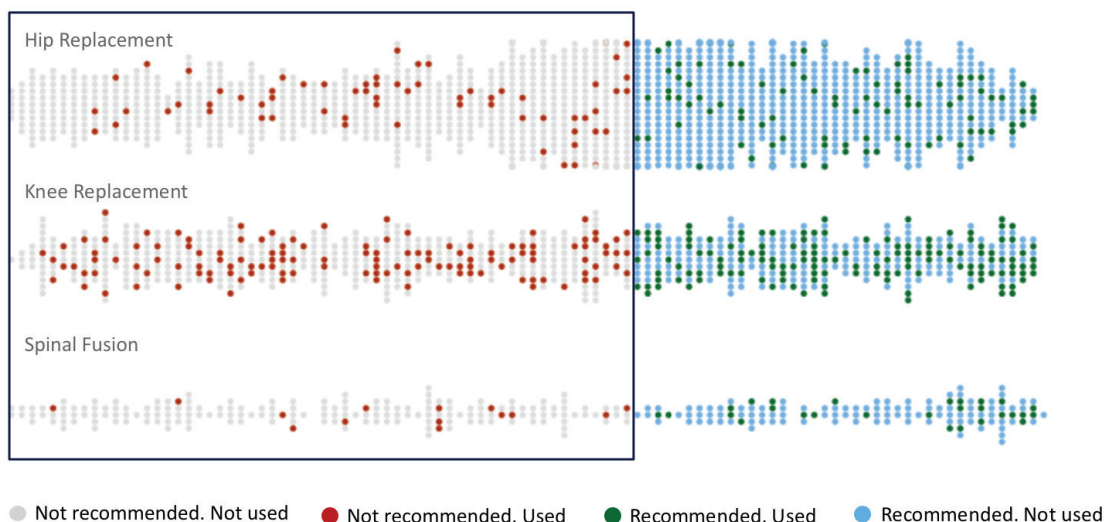
Features include:

- 1. Opportunity Analysis** – Data-driven insight into your organization's opportunity to control healthcare spending while improving health outcomes by guiding member utilization to recommended providers.
- 2. Member Engagement and Influence:** A high-tech, high-touch approach to proactively reaching, engaging and influencing members across the entire population early in their journey, typically before healthcare decisions have been made.
- 3. Provider Insights Data and Matching.** An industry-leading, data-driven methodology that delivers the best provider matches based on the member's individual needs, extensive analysis of the provider's experience, adherence to appropriateness of care measures, health outcomes, and costs.
- 4. Appointment Scheduling, Prep and Follow-up.** Remove barriers to care with appointment scheduling, preparing members for upcoming visits and procedures, following up after visits or discharge, and coordinating care.
- 5. Quality Reporting.** Monitor our progress as we engage with your members and guide them towards recommended providers.

# Step 1: Opportunity Analysis

First, the Accolade Intelligent Provider Matching service establishes the opportunities associated with utilizing recommended providers. Accolade analyzes your population's historical claims data, targeting the utilization of providers across seven procedures with the highest potential for healthcare waste:

- Hip Replacement
- Knee Replacement
- Spinal Fusion Surgery
- Laminectomy (Decompression Surgery)
- Arthroscopy
- Coronary Artery Bypass Grafting
- And Neurosurgery

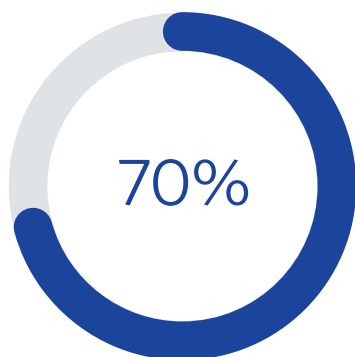


With this baseline opportunity analysis, Accolade will report the percentage of your member population getting care from “Not Recommended” providers as well as the improvement you can expect to see using the Accolade Intelligent Provider Matching service. Supported by extensive data intelligence, our nurse-led model increases member utilization of “Recommended” providers based on their needs, helping you reduce healthcare waste, improve outcomes and control healthcare costs.

## Step 2. Engaging Members Early to Influence Decisions

Ensuring members get the best care requires engaging them early in their healthcare journey—before decisions are made. It requires understanding who they are and what they need so we can guide them to the best decisions about care and physicians.

Accolade combines the industry's most intelligent technology platform with our team's expertise, insight and compassion in order to engage and influence the members early in their healthcare journey. We uncover opportunities to step into the member's care path; we help them avoid common pitfalls and dangerous errors in order to get them the best care.



Accolade personalized advocacy assists 70% of members prior to care being delivered.<sup>11</sup>

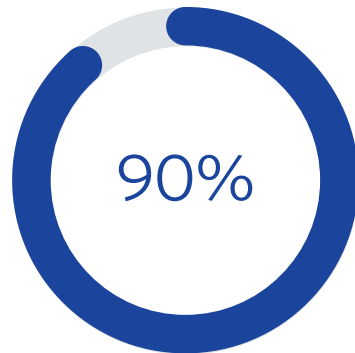
Accolade engagement combines inbound member inquiries and targeted, data-driven outreach:

- **Inbound member inquiries.** In every inbound interaction with members—via mobile app, online portal or phone—Accolade Health Assistants® and nurses work to build insight and understanding about the member and establish trust. Whether a member is reaching out for a new ID card, help with a claim or any other benefits question, our frontline care teams are proactively uncovering health issues and conditions, contextual details about the member's life, and opportunities to support their health needs, including helping them to find the best matched benefits, care and providers.
- **Targeted, data-driven outreach.** Applying data science against 360-degree member profiles, Accolade uncovers opportunities for our nurses to step into a person's care path to provide guidance. Our predefined triggers alert Accolade nurses to reach out to members to engage on helping them find the best care options and providers.

We can identify those members who are on track for knee or back surgery and can step in to help them get the musculoskeletal support they need. We can identify those members who don't have a PCP and haven't had an annual wellness visit. We can identify those members who use the Accolade mobile app to conduct a procedure or specialty search. In all of these cases, established triggers alert the Accolade care team to engage members even earlier than verification of benefits (VoB) or verification of employment (VoE) processes are underway.

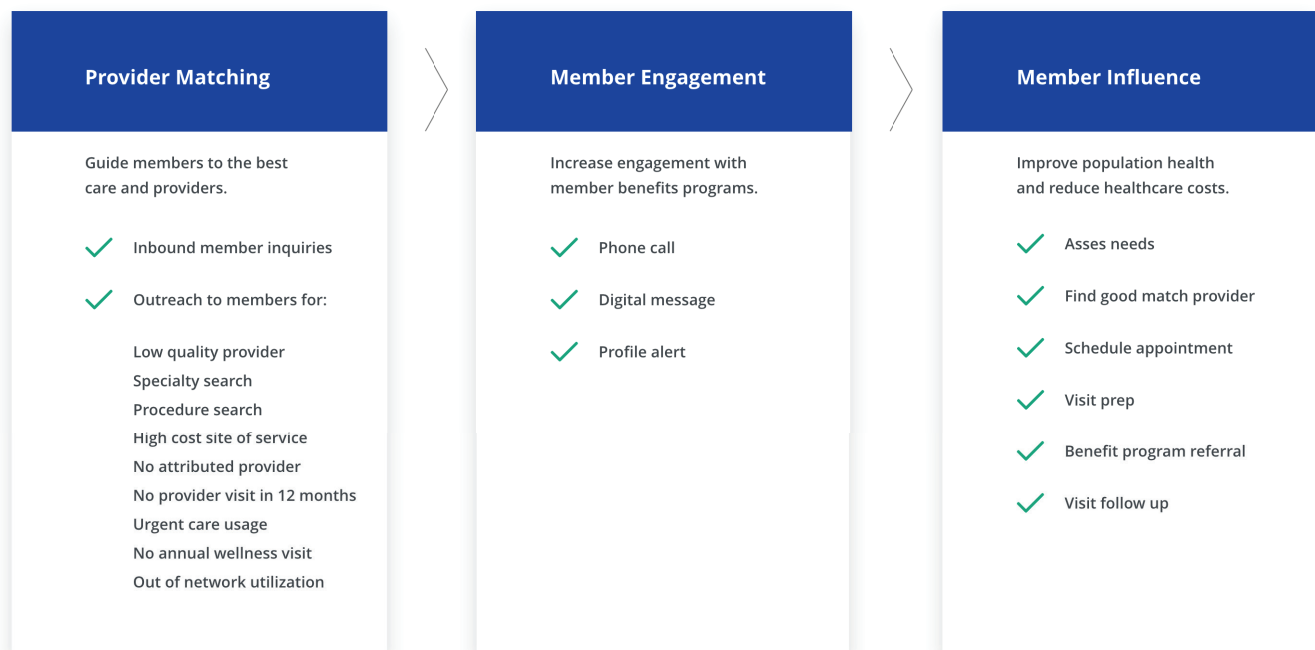


Our intelligent technology platform not only identifies opportunities for engagement, but also enables personalized outreach to targeted members. We use multiple channels—phone, digital messaging, and profile alerts—to reach the right members and help them make the best care and provider decisions.



Over 90% of members planning to go to the ER follow the guidance of their Accolade nurse to go to a lower acuity care setting.<sup>12</sup>

Upon engaging a member, the Accolade nurse uncovers and assesses health needs, works to understand the member's broader context and barriers to care, finds the providers best matched to their needs, and supports them at every step of the care process—from scheduling and preparing for provider visits to following up, coordinating care and referring members to benefits programs and tools.

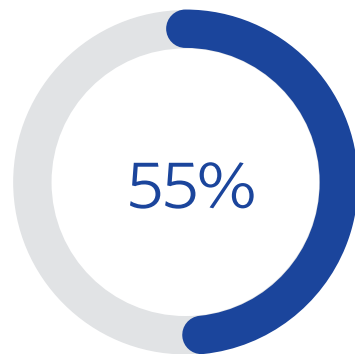


## Step 3. Finding the Best Matched Providers for Each Member's Unique Needs

### Accolade Good Match Methodology

Now that we have engaged the member early and gained insight into who they are and what they need, our goal is to help them get to the best care and doctor for them. We want to minimize the risk of inappropriate care, overtreatment and other examples of healthcare waste.

Our proprietary Good Match methodology incorporates Global Appropriateness Measures, analysis of 14 billion claims and billing data, and insight into member populations to provide a thoughtful, data-driven recommendation on the best matched providers for each member's health needs.



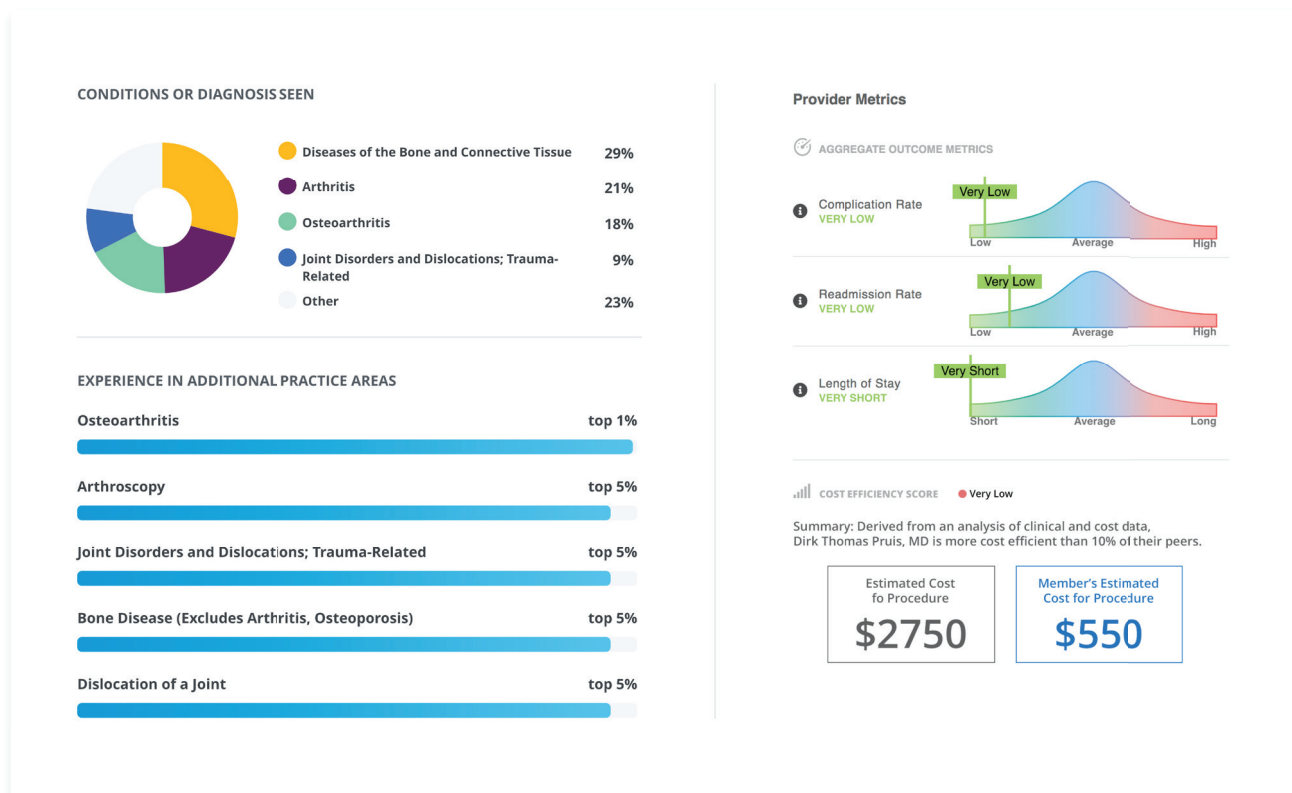
Americans say they'd seek help from a medical professional more often if the right one - and a good fit - was easy to find<sup>13</sup>

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A good match is determined by analyzing a provider in five key areas:

**1. Provider experience.** Accolade measures experience of care at the specialty and sub-specialty level, and also factors in patient comorbidities. For example, we assess the experience orthopedic surgeons have with hand procedures in patients who also have type 2 diabetes.

As a first step in evaluating provider experience, we analyze claims data to understand how often they perform in their core practice areas relative to their peers. We look at the conditions they treat, procedures they perform, and diagnoses most prevalent in their clinical profile, down to sub-specialty. Our evaluation of provider experience incorporates both the volume of procedures performed and the portion of the provider's practice dedicated to a specific procedure. A provider is said to have "high experience" in a specific procedure if, when compared to their peers, they've done this procedure more often.



- Appropriateness of Care.** Accolade looks at more than 80 Global Appropriateness Measures to analyze provider decision-making and provide insight into a physician's relevant experience and outcomes. For example, Accolade evaluates the frequency that an ObGyn performs a caesarean section, or the rate that a physician chooses knee surgery over alternative treatments. By analyzing the patterns of care for common conditions and procedures of 1.9 million physicians, Accolade connects employee populations to the provider with the most reliable track record.
- Outcomes.** Accolade evaluates physician performance and by analyzing claims and clinical data for readmission rates, surgical site infection rates, their patients' average length of stay, and other relevant outcomes.
- Member attributes.** As we incorporate more data and insight about both the member and the provider into our system, we improve the personalization of the match. For example, a member needs knee replacement and is also a diabetic, so our care team investigates providers with "high experience" ratings performing knee arthroscopy for patients with diabetes – creating a "patients similar to me" experience.



## Member Profile

### SELECT FEATURES:

- ✓ Conditions
- ✓ Medications
- ✓ Demographics
- ✓ Benefits and accumulators
- ✓ Provider preferences  
(e.g., language, gender, Location, etc.)
- ✓ Barriers to care  
(e.g., transportation, financial situation, etc.)



## Provider Profile

### SELECT FEATURES:

- ✓ Clinical experience  
(by procedure, by patient demographics, by patient comorbidities)
- ✓ Safety data  
(complication rate, length of stay, readmission rate)
- ✓ Cost and quality  
(Health plan cost and quality designations)
- ✓ Billing patterns
- ✓ Provider-patient population  
(Demographic and condition view)

**5. Cost transparency.** Accolade Intelligent Provider Matching surfaces the average costs for common procedures and tests within a member's geographic area, including estimates of the patient cost responsibility. These insights help identify providers who provide the right care at the right cost and help ensure the member receives "fair value."

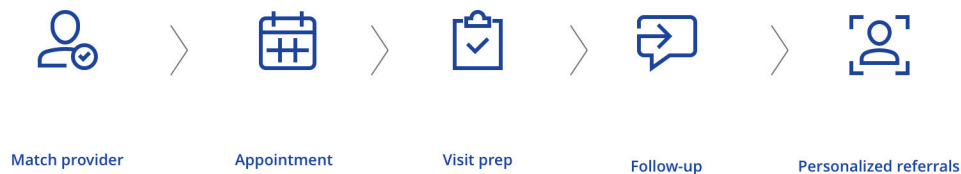
Our provider scoring methodology identifies high-performing providers within a specific clinical domain. The methodology excludes physicians who:

- Do not have an active medical license
- Have medical board sanctions
- Do not meet the minimum threshold of cases observed in the data within the last five years

## Step 4. Scheduling Appointments, Preparing Patients, and Coordinating Care

Scheduling provider visits and appointments is a common barrier to getting the best care. It can be a frustrating process, especially with providers that have limited availability or a cumbersome scheduling process.

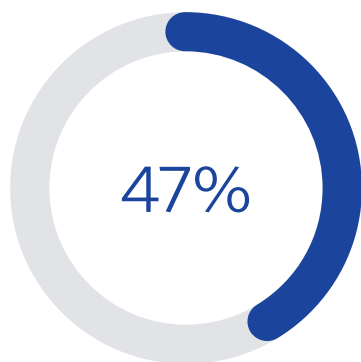
Accolade removes this barrier by offering to schedule appointments on behalf of members. When conducting a provider search, an Accolade Health Assistant® or nurse offers to schedule the appointment for the member, increasing the likelihood that an appointment will be made and kept. Upon securing the appointment, Accolade shares the details to the member through the member's preferred channel, such as on Accolade Mobile. This support is especially valuable for members with non-traditional work schedules, those in need of appointments that are difficult to secure (e.g., behavioral health, dermatology), or for members with any challenges that may impede engagement with providers.



Appointment scheduling plays an important role in connecting Accolade frontline care teams to providers on behalf of members. By engaging with provider offices before the member visit, our Accolade Health Assistants® and nurses can begin critical communication and care coordination with physicians and their teams. Our clinical team can:

- Advocate for the member to be seen in a timely manner and share important information and member context with the provider to help mitigate barriers and better inform care decisions.
- More effectively prepare the member for what to expect during the visit and provide guidance about the information to share and questions to ask.

By assisting with provider scheduling, our frontline care team is able to build relationships with members that are important to the member's ongoing support. Accolade Health Assistants and nurses follow up after appointments to assist members in understanding their visit summaries and discharge instructions, adhere to care plans, and utilize employer benefits programs (such as behavioral health programs, well-being apps, or resources to help manage conditions).



Members have accepted 47%  
of Accolade offers to schedule  
provider appointments.  
(Apr 2020 - Nov 2020)

*It is so helpful and just plain awesome to be able to message someone what you're looking for in a doctor and for them to find it for you. I have even had reps offer to make appointments for me if needed. They're very caring as well."*

*- Accolade member*

## Step 5. Monitor improvement in utilization of recommended providers

### Enhanced Quality Reporting

The Intelligent Provider Matching service began with a baseline analysis to understand your members' utilization of "Recommended" and "Not-Recommended" providers and our enhanced, quality reporting closes the loop.

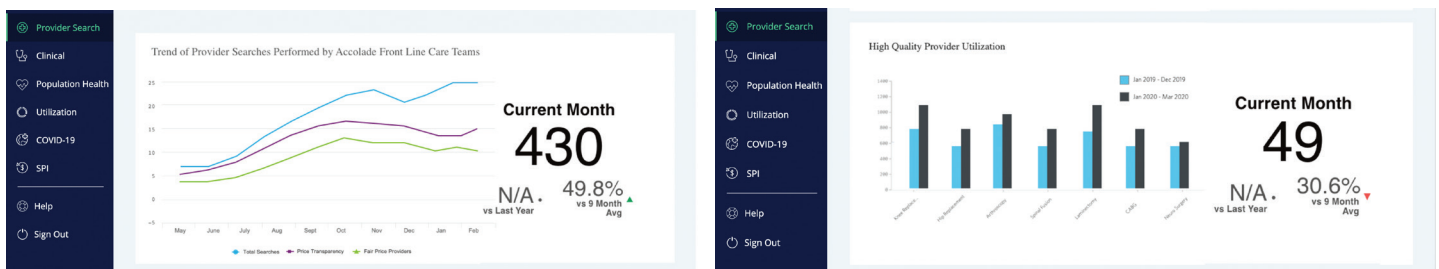
Accolade IQ, our customer reporting platform, is where you will be able to monitor how Accolade's Intelligent Provider Matching service is benefitting your employee population.

Our monthly reporting allows our customers to actually see the increase in the utilization of "Recommended" providers across seven targeted procedures:

- Hip Replacement
- Knee Replacement
- Spinal Fusion Surgery
- Laminectomy (Decompression Surgery)
- Arthroscopy
- Coronary Artery Bypass Grafting
- And Neurosurgery

But you can further monitor actions taken by Accolade's frontline care team and nurses to help guide members to "Recommended" providers. This self-service portal is available to you 24/7 to track key performance indicators - making it easy to assess the gains we are making across your population.

Accolade IQ is the only tool you'll need to manage the performance of your benefits package.



## Conclusion

Helping your employees and their families gain access to the right healthcare for their needs has never been more crucial. As the coronavirus pandemic continues to rage across the country, a portion of your member population is deferring all care, including the most necessary care, out of fear of contracting the virus. Many don't have a primary care physician, and many are struggling to find available providers for procedures we know to be sources of healthcare waste.

Digital provider search tools and online ranking sites are not the answer.

Your people need proactive, personalized support from someone who understands their whole self, not just their symptoms and uses advanced data to help them find the right care. They need guidance early in their healthcare journey, before getting on the path to inappropriate care. Your members need recommendations based on the industry's most extensive data set about provider experience and performance. And they need support at each step of the way - finding best matched providers, scheduling appointments, preparing for visits, following up and coordinating care. Accolade's Intelligent Provider Matching service is the proactive, integrated and comprehensive approach that gets your members to the right care at the right time for better health outcomes and lower costs.

Learn more by visiting [accolade.com](https://www.accolade.com)



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