Innovate with purpose.

Explore new trends, perspectives and solutions to help address your organization's unique pain points.

THIS IS HOW.

READ ON

As long as pain points exist in healthcare, there will be a race to create solutions to fix them. The problem isn't a lack of innovations. It's knowing which ones are right for your employees. Innovation isn't always about the latest gadgets or apps. It includes smarter ways of working and new ideas that sustainably advance healthcare.

By choosing, implementing and optimizing innovations purposefully, you can create impactful change for your workforce. The right innovations can help improve the quality of your healthcare, increase affordability, drive engagement and enhance your employees' experience.

Whatever your pain points or priorities, we're here to help you make smart decisions for your organization.

Innovation insights to help you create impact

Sorting through the many innovations available across healthcare can be overwhelming. This eBook is designed to help cut through the clutter so you can use innovations more effectively for your organization and workforce. You'll find insights, approaches and case studies based on employers' pressing healthcare pain points.

This eBook is organized around four key pain points where innovations are improving outcomes, overall healthcare cost and experience. You can read this eBook from front to back or jump to a specific section on the right.

This content draws from Blue Cross and Blue Shield (BCBS) companies' collective work with more large employers than other health plans. We collaborate across local markets, with BCBS innovation labs and with leading industry partners to develop, pilot and scale innovations to bring customers proven, impactful solutions. We hope you find value and inspiration throughout this eBook.

Accountability

Health plans are working with providers, partners and patients to improve outcomes and lower costs.

LEARN MORE
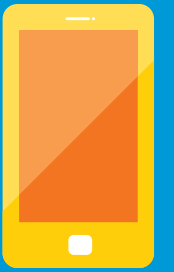
Convenience

When care meets people wherever they are, they can access it whenever they need it.

LEARN MORE

Experience

A strong consumer experience lies at the heart of every successful innovation.

LEARN MORE

Engagement

Starting with your employees' needs can lead to better utilization and create positive change.

LEARN MORE

Accountability

The healthcare system is reinventing itself, for the benefit of all

Employers are seeking more accountability among all healthcare stakeholders to deliver proven solutions that improve quality, affordability, and the overall health and wellbeing of their employees. New processes and levels of collaboration are taking hold across health plans, providers, partners and patients. As this accountability within the healthcare system evolves, the patient sits at the center with greater potential for a superior, more personalized experience.

One key to all of this is data and how it's used and shared across healthcare systems, including by health plans. Deep data and rich insights help chart the path toward better performance and efficiency by fueling information sharing, better care delivery, and more powerful measurement of outcomes and costs.

"You can have innovation without changing technology. Doing the basic things differently is another innovative way of doing things."

Benefits Director
Healthcare Company

Delivering more of what people need, less of what they don't

Care with the patient at the center

It's natural to think of innovation as technology. But the most profound changes are often in process. The triple aim in healthcare—of improving patient health, population health and the cost of care—is driving new models and processes in care delivery that are changing the relationship between providers, payers and patients.

The result is higher quality, more efficient care that focuses more strongly on individual patients' needs.

Health plans are collaborating ever more closely with providers to drive greater accountability, moving from traditional fee-for-service agreements to value-based arrangements. Value-based care is a powerful example of how health plans and providers are working together

to improve healthcare's value equation. This approach restructures provider payment based on quality rather than quantity. By sharing rich data and performance insights with providers, health plans can better enable providers to help patients get and stay healthy. The result is care that's less reactive and better coordinated, patient-centered and outcome-driven—and, ultimately, more affordable for employers and employees alike.

Innovation in Action

The measurable impact of value-based care

Look for a health plan partner that has a proven track record of driving quality improvements and provides a clear path to cost trend mitigation. For example, BCBS value-based care programs have achieved overall:[1]

35%+
decrease in aggregate cost trend*

14%
fewer emergency room visits

8%
better comprehensive diabetes care

7%
better breast cancer screening rates

*In some cases; compared with national averages.

EVALUATING YOUR HEALTH PLAN'S APPROACH TO VALUE-BASED CARE

THIS IS HOW℠

Four key questions to ask your health plan partner:
1. How do your programs maximize population health?
2. How do you support providers with data and tools to understand the path to improvement?
3. What does value-based care mean for my employees?
4. How are you innovating in value-based care?

Improving quality and lowering costs through integrated medical and Rx benefits

Pharmacy is an increasingly complex area of the healthcare system, driven in part by the cost of pharmaceuticals and in part by the complex layers that exist between the doctor's written prescription and the patient at the pharmacy counter.

Employers' growing pharmaceutical burden

By 2021, the projected pharmacy spend nationally will reach $627 billion, an increase of $192 billion over 2017, primarily driven by an increase in specialty drugs.[2] Employers are right to be concerned. More than half of the prescriptions filled in 2018 were covered by commercial payers.[3] While the rise in specialty drug costs is slowing, it's still growing at an unsustainable rate of 14 percent as their usage expands.[4]

Integrating benefits for better value

Some employers are starting to respond to rising drug costs by integrating their medical and pharmacy benefits. Offering both benefits through your health plan partner enables analysis and insights across medical, pharmacy, clinical and therapeutic data, creating a more holistic, real-time view of how employees are using their benefits. This timely information can be used to make sure drug usage is optimized and medication is managed, population-wide and individually. Based on data, the health plan can more quickly identify at-risk employees, target gaps in care, provide timely outreach and better coordinate care, all while lowering total cost. Integrated benefits also simplify the experience for employers and employees by providing one account management or customer service touchpoint for both offerings.

27%
of total health plan cost
now comes from drug costs[5]

Innovation in Action

Early ID of opioid risk

Prime Therapeutics®, a BCBS-owned pharmacy benefit management company, won the 2018 Pharmacy Benefit Manager Institute Excellence Award for its controlled substance score, which identifies individuals at risk of abuse through predictive modeling. Prime reduced by 88 percent the number of members receiving more than a seven-day supply for new opioid prescriptions.[6]

Strengthening the continuum of care

As part of the push for accountability, providers and health plans alike are thinking in new ways to solve existing problems. The result is better fundamentals. Interoperability, or shared information across care touchpoints, is transforming healthcare systems' ability to connect and coordinate patient care. When interoperable computer systems can share critical patient data across platforms, various care providers can deliver more integrated, efficient and informed care. For example, primary care doctors can be alerted if one of their patients is seen for a health event elsewhere. Clinicians can use data to close information gaps, thereby reducing errors, inefficiencies and duplicated tests.

In a similar way, health plans are taking care further with care managers to follow up on complex patients or those with chronic conditions. Clinicians are extending their reach, too, with technology like apps and wearables that help them monitor and stay in touch with patients after they leave the hospital or clinic.

The meaning of ROI and value

The bottom-line cost of healthcare innovations and the topline value they create may not be measurable in the same way. Employers use a wide range of tools to measure ROI and total value. For example, 20 percent of large companies are now using digital tools to measure fitness and health improvement goals, according to the Kaiser Family Foundation.[7]

The primary place to look, however, is your health plan partner. First, your health plan should have adequate data and expertise to vet innovations and prove their impact. Employers should expect their health plan to hold itself and its partners accountable to developing and offering innovative solutions that can create measurable results. Second, you and your health plan partner can work together to measure and optimize those innovations to achieve ROI where it matters for your organization.

Looking beyond data on health outcomes and total cost of care impact, there are other ways to accurately assess whether innovations are paying off for your organization. For example, a health innovation investment might pay off through a combination of these other measurable areas, some quantitative and some qualitative:

- Greater overall workforce productivity
- Reduced absenteeism
- Improved employee recruitment and retention
- Enhanced employee wellbeing: happiness, health, work/life balance and reduced stress
- Higher employee satisfaction

Innovation in Action

Coming together for better diabetes management

BCBS companies with superior program outcomes are collaboratively piloting and assessing best-in-class diabetes management solutions. Through a pre/post evaluation, academic researchers with extensive experience in program evaluation are analyzing who participates in these programs and what the demonstrable effects are on treatment and costs. The results will help establish national best practices that BCBS companies can use to deliver a more consistent customer experience, better diabetes outcomes and lower costs.

Case Study

Raising the benchmark for quality, while lowering costs

"It's really the focus on quality that makes it possible to improve outcomes and lower the total cost of care."

Dr. Steven Strongwater

President and CEO
Atrius Health

"**Blue Cross Blue Shield of Massachusetts supports our efforts to truly prove out the model by sharing data to show us opportunities for improvement.**"

Dr. Steven Strongwater

President and CEO
Atrius Health

An eight-year experiment proves its value

In 2009, before the Affordable Care Act was passed, medical care costs in Massachusetts were skyrocketing. Blue Cross Blue Shield of Massachusetts launched a statewide effort to transform the strongest driver of cost and quality: provider contracting. The program changed how doctors are paid. The Alternative Quality Contract, or AQC, gives doctors a pool of money to spend in whichever ways they believe will deliver the best patient outcomes. Unlike what's possible under fee-for-service payments, doctors

in the program became able to offer the optimal service mix for each patient, including care management, social services or home care. They also gained greater flexibilty to help prevent costly complications and to avoid unnecessary services.

Expanding on what's working

The AQC model has grown into one of the country's largest, including over 90 percent of BCBS Massachusetts' network providers, including Atrius Health, a nonprofit physician practice, and more than 700,000 members.

$461
**less per enrollee**
average annual medical spending

20%
better outcomes
for diabetes, high blood pressure and cholesterol control*

How BCBS Massachusetts realigned care around outcomes:

1 A target amount is set for patient care.

2 What the physician practice doesn't spend, they reinvest for patient services.

3 If the overall cost of patient care goes over budget, the provider pays the difference.

4 Providers are incentivized to meet cost of care goals, along with nationally recognized metrics for quality, outcomes and experience.

*Compared to the national average.
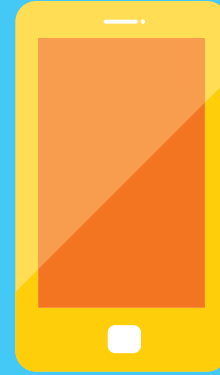
Convenience

Patients now have more and easier ways to access the care they need

Care is evolving from a destination to an always-ready state of delivery. Instead of your employees having to seek out care at a physical place, in some cases, care can just as easily come to them—through a strategically designed network, in the community, at work and even in the comfort of their own home.

Unprecedented access to data, innovative thinking and technology are making affordable, quality care more convenient and easier to access than ever before. Employers can best take advantage of the opportunity for their workforces by evaluating solutions that align with what employees need—as well as what they want.

> "One struggle is easy access to care. Even if we have a bunch of physicians in the area, sometimes you have to wait to get an office visit."
>
> *Benefits Director*
> Healthcare Company

Quality and convenience through smarter network design

A path to high-performance providers

Employers are seeking innovative networks to help them manage costs and make it easier for employees to access quality care. Fifty-one percent of employers are interested in new healthcare network models.[8] While most of these network types share the goals of increasing quality and controlling costs, they differ in how they achieve these goals.

The most efficient networks are designed based on deep data about providers' performance. Some networks increase performance by carving out higher-cost or lower-performing providers. Others, like tiered networks, incentivize members to choose higher-performing providers in exchange for lower out-of-pocket expenses.

High-performance networks are another way employers can ensure that employees are accessing high-quality providers while reducing the cost of care. True high-performance networks are those that include a limited number of providers who consistently meet both rigorous quality *and* cost standards. Today, 16 percent of large employers have built a high-performance network into their health plan, and more are considering this approach.[9]

EVALUATING A HIGH-PERFORMANCE NETWORK

THIS IS HOW℠

1 Does the network footprint line up with your overall employee population's footprint?

2 How were providers selected for the network?

3 Can your employees easily access the in-network providers?

4 How will you educate and encourage employees to use the network if it meets their needs?

Innovation in Action

A network to accelerate meaningful change

Blue Cross and Blue Shield companies' new national Blue High Performance Network℠, available for January 2021, is designed to not only provide access for employees to quality care at a lower cost today, but to also accelerate an industrywide shift toward better outcomes and value through collaboration with local providers across the country.

Care can now meet your employees, wherever they are

Alternative care sites for easier provider access

Retail clinics and other alternative sites of care are putting care within easier reach. These care providers at times offer affordable pricing and more flexible hours that help reduce patients' reliance on more acute levels of care. For example, a retail clinic visit for an upper respiratory infection costs about $35 compared to $377 at the ER.[10] On-site or near-site work clinics can help employers go even further to encourage doctor visits while reducing absenteeism.

Virtual care offers services wherever, whenever, people need it

Telehealth has evolved into a broader category of virtual care. Virtual visits give employees fast, remote access to care. Mobile phones, apps, video kiosks and other connected technologies make it possible for people to access care anytime, anywhere. That care can range from a live one-on-one online visit with a provider to a chatbot that offers tips for managing a chronic condition. These technologies are also useful for improving access to behavioral and mental health treatment, especially for millennials, who tend to embrace technology more readily than older employee segments.

43%
of consumers
prioritize convenience when choosing medical care[11]

Innovation in Action

Doctors to go

Blue Shield of California is making it easier and more convenient for busy people to access care with a solution that brings doctors to employees instead—at work, home or even a hotel. In two hours or less, a physician can provide routine or urgent care with point-of-care testing. Employers can also arrange on-site services for employees, including annual physicals, flu shots and concierge-style clinics.

11,000 members helped and counting

Taking aim at avoidable ED visits

BCBS companies' pilot program for urinary tract infections (UTIs) offers members more affordability and convenience than the emergency department, where treating a UTI can cost five times more.[12] Based on risk mapping of member data, the BCBS companies in the pilot are educating women at risk of an uncomplicated UTI and sending a post-care UTI kit to women at risk of recurrence. The kit lets members self-test and encourages access to fast treatment, including via telehealth or urgent care.

Creating convenience and community

Capital Blue health and wellness centers put all things wellness under one roof, empowering visitors in their journey to better health in new ways—from health coaching and fitness classes to healthy cafés and screenings. The centers' dedicated staff puts a personal touch on health plan service by providing consultations, benefit and claims reviews, and coordinating care with doctors. By hosting community activities and local nonprofit meetings, Capital Blue Cross makes sure the centers increase access while building community.

Case Study

Creating a place, not a plan

"It's the first time I've had employees excited about going to the doctor. I've been doing HR for 25 years. I've never had employees come back and brag about a health plan offering."[13]

Amy Willyard
HR Director
Mortgage Lenders of America

"We [as consumers] have this expectation of being known when we engage with companies."

Jason Spacek

Chief Innovation Officer

BCBS of Kansas City, on today's expectations of a personalized experience, driven by companies like Amazon, which tailor product recommendations and search results around individual interests

A care center built around the member experience

Navigating one's health plan can sometimes be a challenge. That's one reason why people, including many millennials, put off visiting the doctor until a major problem develops. Blue Cross and Blue Shield of Kansas City worked to change that by reinventing the doctor's office from the ground up. They led interviews with members, including millennials and employers, and asked for their ideas on building a better healthcare experience.

The new care centers, called Spira Care™, prioritize primary care and behavioral health in order to reduce downstream spending on more expensive types of care. Spira Care combines commonly needed services, like adult and pediatric primary care, condition management and behavioral treatment, all in one place and at either no or low cost (HSA eligible). Some prescriptions are even available on-site.

Convenient care with a human touch

Spira Care members are greeted by a care guide, which is a customer service and care coordinator role that doesn't exist at traditional doctors' offices. And that personal connection is making a big difference for member engagement. Primary care visits have gone up by 56 percent while specialist visits have decreased by 52 percent.

Blue Cross and Blue Shield of Kansas City members enrolled in Spira Care receive care that's more thorough and individually based. The care team—including physicians, nurse practitioners, behavioral health clinicians, health coaches and care guides—takes a more proactive role in their members' total health, providing everything from preventive care to behavioral health consults and chronic condition management, because they're not paid on a fee-for-service basis. With this one-stop-shop care experience, everyone wins.
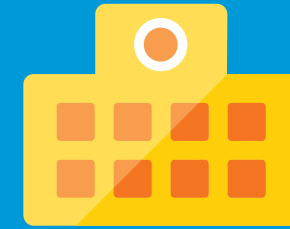
Primary care visits

⬆ **56%**

Specialist visits

⬇ **52%**

Total cost of care

⬇ **10–15%**

Experience

Today's workforce expects a better experience

Hand in hand with convenience is the growing importance of experience. Employers today are challenged with providing health benefits for a rapidly diversifying workforce. The maturation of millennials and the integration of technology into daily life are accelerating a shift toward simplicity and convenience in all things, including benefits.

Many people would argue that healthcare has never been more complex to navigate.

That's why in healthcare today—just as in industries like retail, transportation and telecommunications—a great consumer experience means everything. Experience doesn't mean offering more choices. It means innovating in a purposeful way that serves needs. Experience is all encompassing, from the innovations you offer to the way you introduce, support and optimize them. And it underpins every other area of innovation, too, from **accountability** to **convenience** to **engagement**.
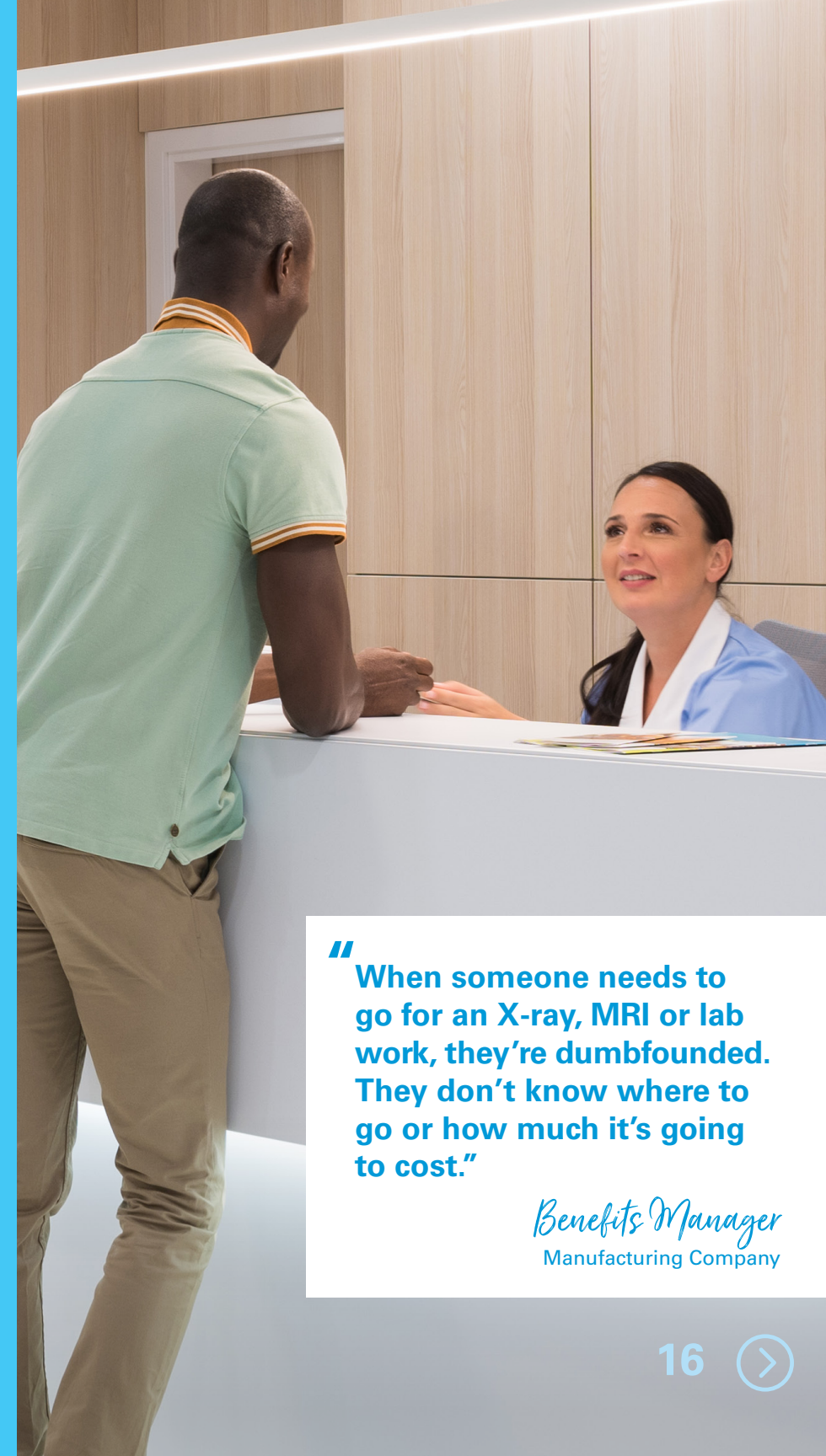
> " **When someone needs to go for an X-ray, MRI or lab work, they're dumbfounded. They don't know where to go or how much it's going to cost.**"
>
> *Benefits Manager*
> Manufacturing Company

Turning knowledge into health power

For years, employers have worked to shift more accountability for health benefits to employees. But gaps still exist in what employees know and understand about their healthcare and benefits. Navigating the healthcare system, accessing quality care and getting questions answered are too often challenging tasks.

The right insights for smarter decisions

Employees need more knowledge (not necessarily more information) and helpful tools to gain more confidence when seeking and receiving care. They need an empowering experience. In healthcare, that means making health services and benefits user-friendly and relevant. Healthcare is complicated. But just as other industries become more consumer-centric, the healthcare industry is making it easier for people to understand their medical and insurance information and plan their care. For example, some health plans have removed jargon from explanation of benefit forms to focus on what matters to the member. Others collaborate with providers to bill for care using monthly, credit card-like statements.

Employers are focusing on experience, too, through more intuitive and personalized benefits and programs. In an IBM survey of chief human resources officers, 54 percent have increased their focus on the employee experience in the past two years.[14] Employers are offering more benefits transparency, guidance and decision support. In fact, 82 percent of large employers provide transparency tools through their health plan or a specialty vendor.[15]

TIPS FOR BUILDING A PURPOSEFUL EMPLOYEE HEALTHCARE EXPERIENCE

THIS IS HOW℠

1 **Make it easy.** Programs need to be as intuitive as possible.

2 **Sell the benefit.** Focus on "what's in it for you."

3 **Be transparent.** Communicate the key details clearly up-front to build trust.

4 **Keep evolving.** Plan the next-gen initiative now.

Innovation in Action

A health plan made simple

Members want simpler plans, in design and language. They also want to understand out-of-pocket costs up front. So Wellmark Blue Cross and Blue Shield tapped behavioral economics to develop BlueSimplicity℠, a benefit plan that eliminates coinsurance and deductibles in favor of six transparent copay levels for different care services and one out-of-pocket amount. With preventive and routine services either free or at the lowest cost tier, the plan encourages behavioral change toward smarter care utilization.

Helping people find the doctor of their dreams

"We are social beings. Technology such as the internet and mobile apps can help us to be more social and make it easier to meet people, even doctors."

Charles DeShazer, MD
Chief Medical Officer
Highmark Health

> **After … finding your top match, we help you schedule an appointment, transfer medical records and get your first visit off to a healthy start.**

Charles DeShazer, MD
Chief Medical Officer
Highmark Health

A cure for the pain of switching doctors

Switching to a new doctor is a hassle, according to 40 percent of people.[16] Most doctor-search tools offer only basic functional information about providers, such as their credentials, locations and hours. Yet quality care is about much more than the actual care a patient receives. It also includes the relationship a patient develops with their doctor.

Believing that a stronger patient-doctor connection can lead to better health outcomes, Highmark Blue Cross Blue Shield in Pittsburgh wanted to help consumers find a doctor whose approach to care is aligned with their individual preferences and needs. So they collaborated with Allegheny Health Network and other providers to create Doctor Match, an online survey, similar to those for online dating, that measures nearly 20 dimensions of compatibility to help consumers choose a doctor they'll feel comfortable with and trust.

Data drives a seamless experience

Through Doctor Match, patients and providers both answer a set of questions online. For example, patients choose statements that describe them best, such as, "I like a doctor who smiles and chats during my appointment," or, "The doctor should respect my time and get right to the point." A proprietary algorithm calculates scores and presents the patient with their top doctor matches— all in less than 10 minutes.

Since Doctor Match was introduced in October 2017, more than 260,000 people have visited the website. Of the visitors who have completed the quiz, 19 percent have attended an appointment with their match. Another 46 percent had a follow-up appointment with the same doctor.

260,000
online visits

19%
made appointments after completing the quiz

46%
had follow-ups

Engagement

Engaging people in their health is more important, and more possible, than ever

Employers face the ongoing challenge of engaging employees with their benefits and helping them maintain their health. With all the health innovations available today, each one is only as good as its degree of employee buy-in and results. Purposeful innovation around engagement can greatly help. A solution needs to serve your workforce for people to use it, and only then can it deliver the desired ROI.

Workforce populations are highly diverse and have different needs, often within the same company. One key to successful, sustained engagement is understanding every segment's needs and providing quality tools to address them while improving the employee experience.

> "With so many generations within the organization, we have to be able to meet everyone where they are."
>
> *Vice President*
> Hospitality Company

Engagement isn't an activity, it's a process

Successful engagement is an ongoing cycle of four interconnected steps

Identify: Knowing the right person for the right health solution at the right time is the basis of successful engagement. Understand what's meaningful to employees, where they are in their healthcare journey, which solutions they're using and which they need. Using feedback forms, surveys and focus groups can provide a rich mix of qualitative ideas and also quantitative measurement.

Target: Sixty percent of Americans have a chronic health condition.[17] Employers can gain a clear picture of their population's needs through traditional and nontraditional data, such as claims, electronic medical records, apps, activity trackers and firsthand employee input. Employers should gauge their health plan's data, predictive modeling capabilities and ability to strategize solutions by segments, conditions and health concerns.

Activate: Motivate people to participate. Employers should focus on who's best served by programs and communicate with them through the right channels. For example, a factory worker with back problems might rely on a breakroom bulletin board for benefit updates and need an in-person therapist. A diabetic truck driver may rely on email for benefit updates and prefer remote-friendly tools like telehealth or a diabetes management app.

Engage and optimize: Testing new innovations with a small segment and then incorporating improvements can help lead to a more successful program rollout. Once an innovation is in place, employers should work with their vendor or health plan to measure engagement success and ROI, as well as to incorporate learnings, communicate offerings, share successes and keep innovations relevant.

WHICH INNOVATIONS SHOULD COME NEXT?

THIS IS HOW.

Employers don't always prioritize the benefit programs that employees wish they would. There are still areas where employees would like more employer help:[18]

32%
financial health

27%
mental health

17%
physical health

1 in 3
employers
has difficulty engaging people in health and benefit solutions[19]

The new health frontier is in the palm of your hand

Ready-to-wear engagement solutions

Technology is enabling new ways of solving old problems, including engagement. In 2020, 411 million wearable devices will be sold, according to CCS Insight.[20] These digital accessories include everything from glasses to jewelry to wristbands, and many will have some type of medical or health capability. That means they can play a larger role in empowering employees. More people are turning to devices and apps, such as diabetes management tools and stress trackers, to help manage conditions.

Employers are using smart devices to round out health benefits and to offer another set of tools for managing chronic conditions. Wearable technologies can also help support employees in areas where traditional programs have been less successful, especially behavioral and mental health. When it comes to health issues like obesity, depression and anxiety, it can be easier for a person to get honest with a piece of software than another person. In the future, wearables will likely evolve to include more two-way interaction, for example with doctors, psychologists or health coaches enabling smarter care with better follow-up and more employee-driven health management.

Helping humans through artificial intelligence

Some virtual assistants, like Amazon Alexa, have recently received privacy permission under HIPAA.[22] The race is now on among tech and health start-ups to capitalize on the opportunity to use virtual assistants for everything from disease management to listening for certain medical emergencies. They offer significant potential to improve process efficiencies, fill benefit gaps and offer smarter tools to create a culture of health.

37%
of recently diagnosed patients would consider participating in a wellness program for their chronic conditions [21]

Innovation in Action

A truly holistic wellness program

The workplace wellness market is oversaturated. So Blue Cross and Blue Shield of Minnesota collaborated with a leading digital health company to bring commercial customers the best tools for physical, mental and financial wellbeing in one powerful platform. The platform offers employees instant access to self-directed care, coach-directed care and clinical intervention tools. Available to 1.3 million commercial members, this holistic program has quickly achieved high participation rates and return users.
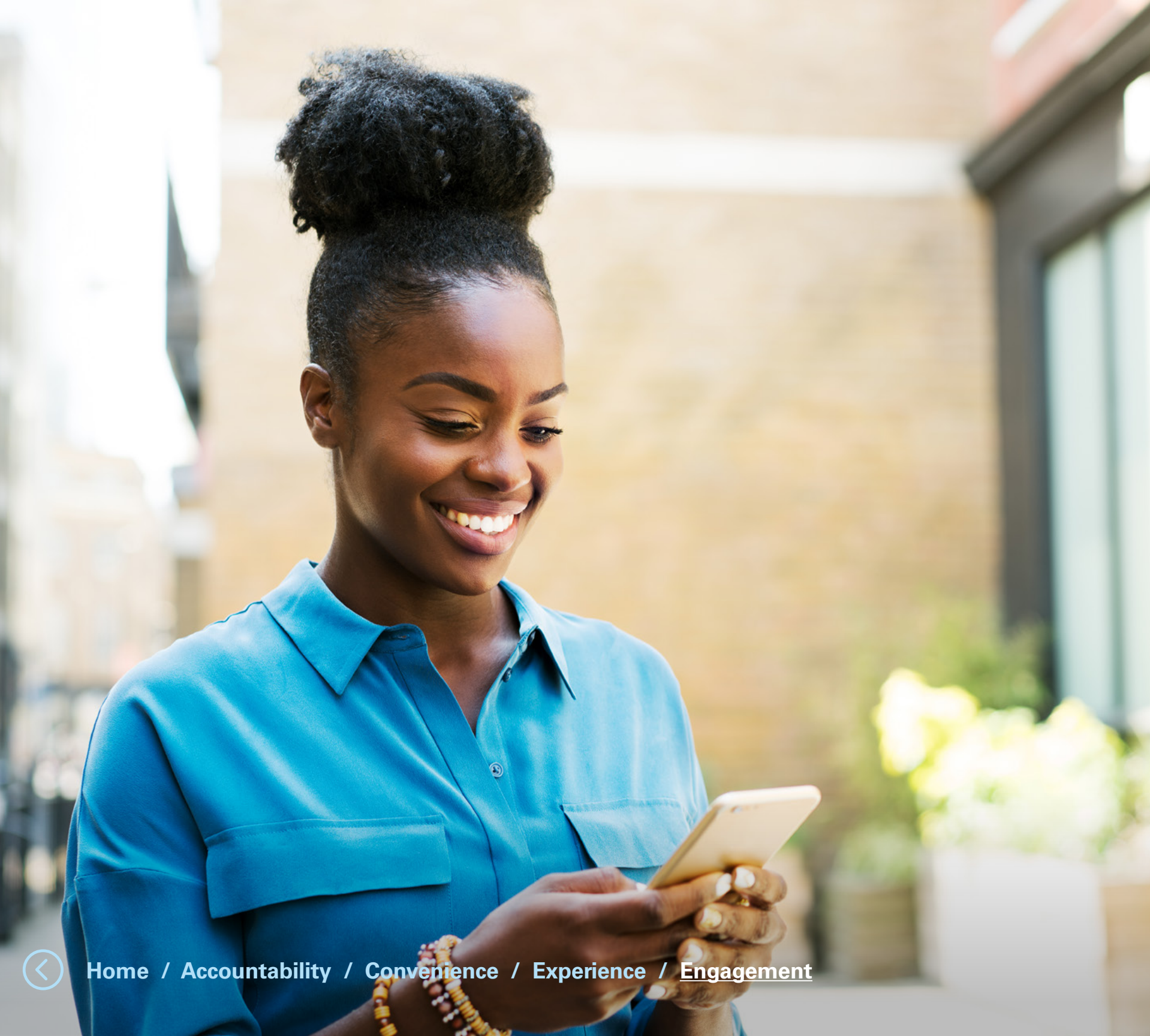
Putting the *app* in happy

"I love the versatility of the app. As with most people, different outlets help people alleviate stress … the games and meditation are my favorite features."

Blue Cross Blue Shield of South Carolina member

Confronting the growing challenge of depression

Depression and related mental health conditions are major issues that affect employees' health, wellbeing, and ability to be productive and engaged. Between 2014 and 2018, the number of U.S. employees who experienced depression symptoms rose 18 percent. Millennials' depression symptoms grew by 24 percent over the same period.[23] Blue Cross Blue Shield of South Carolina is piloting a proven digital mental health platform to turn those numbers around by improving members' mental and emotional wellbeing.

Transforming the human experience with tech

The platform is an evidence-based, personalized app that combines science and gamification into fun and effective tools, interventions and exercises to support key areas of mental health. The app works to help members build resilience and resolve feelings of depression, anxiety and stress across a continuum of care needs, including wellness and prevention, mood disorders like depression and stress, and chronic conditions that have behavioral health comorbidity. The early results of the pilot program are promising. Members of all generations, from millennials to Gen Xers and baby boomers alike, have equally embraced the program. Impressively, 75 percent of people with severely depressive symptoms have been helped through the platform.

36%
retention rate over 2+ months

⬇5%
opioid and benzodiazepine usage in the first six months

75%
of users with severely depressive symptoms have been helped
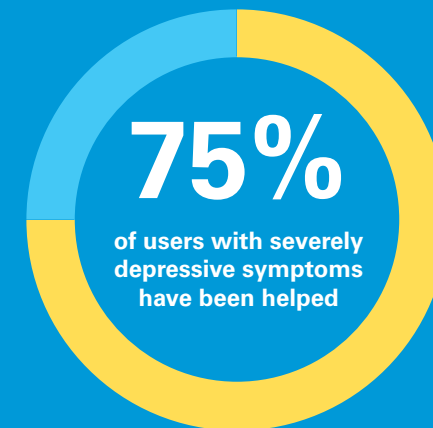
Blue Cross and Blue Shield companies partner with employers to offer healthcare innovations that improve the way healthcare works—for their organizations and their employees. Through creative collaboration across our nationwide innovation ecosystem, we deliver solutions that are changing how healthcare is delivered by providers and experienced by individuals. With the richest pool of healthcare data, 36 companies, 10 innovation labs and strategic partnerships, we provide employers with a broader, deeper healthcare perspective.

BCBS companies nurture innovation locally and accelerate it nationally. We bring healthcare experts and design thinkers together to test and measure solutions to today's pressing health issues. We also put our strength behind groundbreaking healthcare ventures to accelerate innovations to the market. All to make the future of healthcare happen now.

Ask your local BCBS company representative about the right innovations for your workforce. Or learn more at smarterbetterhealthcare.com.

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