

**Ep #173: Service At The Point of Question – with
Justin Holland**



Full Episode Transcript

With Your Host

David Saltzman

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David: How can service at the point of question help to create cost containment and provide benefit satisfaction? We'll find out on this episode of ShiftShapers.

Change either paralyzes, or energizes. The choice is yours. You're listening to the ShiftShapers Podcast. You're about to learn firsthand from businesses and entrepreneurs who have successfully shaped the shifts in their industries. Get ready to become the change that you want to see. Here's your host and chief transformation strategist, David Saltzman.

David: On this episode of Shift Shapers we're speaking with CEO and Founder of HealthJoy, Justin Holland. They're doing an awful lot of interesting stuff in the employee engagement space and helping folks become consumers, and Justin's done an incredible deep dive into this, knows more than pretty much anybody I know, and so we're honored to have him on the program to talk about where this entire field is going. With that, welcome Justin.

Justin: Yeah, great David. Thanks to you for having me on the show. I appreciate it.

David: We appreciate you sharing your expertise with the audience. Let's start at kind of an interesting level set. We spend an awful lot of time in our industry focused on enrollment, but that's a day or two or a week. It leaves an awful lot of time where we're not really doing a great job engaging consumers. What's the opportunity there? Why is that space important?

Justin: Yeah, so what we've seen, or at least what I've seen from the space, at least when I say that's more from the venture side of the business, that a lot of basically venture money, private equity money, has been really focused on the bed administration, the enrollment side, of getting people in an insurance. So really focused really only on that 15 minute period of time when a person is trying to elect for their benefits for the year.

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I think when we look at it, kind of the main reason for that was the advent of the ACA and Obamacare where we were just showing, "Hey, there's this massive opportunity. You have 20 million people. They're gonna be coming on board and sign up for insurance for the first time." So it kind of made sense that there was a lot of focus on, "How can we get people actually enrolled in insurance?" I think what ended up happening was that they thought that it was kind of the same paradigm that the carriers had been working under for the last 40 years was, "Okay, well let's just get people on insurance, and that should be enough for the year." If they log on once a year into their portal on the carrier or the payer site, then that should be enough for them effectively to satisfy the need of the insurance carrier.

But what we saw was that as this paradigm shifts to these high-deductible health plans and more burden's shifting to the employees, that one-time-a-year login wasn't enough to actually make them utilize their plan in a successful way. So we saw this as an opportunity with this tectonic shift in the market to say, "Look, the consumer wants to be more involved with accessing their benefits." They're not on these \$500 PPO plans anymore where they're just signing up and effectively they don't have to make a decision. All they had to do before was go to the doctor, and they're effectively ... they've hit their deductible, and then they're just utilizing the care on their plan for the rest of the year.

But when you're having to spend \$2,000, \$3,000, \$4,000, or even more for the plan through the year, the consumer was just kind of left to their own devices. They were left in a desert to go navigate to find water and to go find shelter. So we saw this as a massive opportunity for us, and really for the industry, to come in and say, "Look, people actually care about using their plans. People actually want to be consumers, because this is the first time that they're actually looking at their pocketbook and they're trying to make a good decision across all these myriad set of opaque, different options that they had across the space."

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So we saw that as the opportunity of, "How can we be there? Those are the 364 days a year, where you may have spent only 15 minutes making that plan decision, and how can we really focus on hand-holding, be helpful, and attack all those different pillars of cost that go into utilizing healthcare in our country today?"

David: Part of the tectonic change, to use your phrase, that's happened is because of the increased personal responsibility amounts because of the advent of consumer direct plans; we've had trouble as an industry actually connecting employees to the cost of their healthcare. You know the old saw is that, "There's a whole swap of folks who think that an office visit actually costs \$20, or whatever their co-pay is." If you don't connect them to the cost of their healthcare, how can they become consumers and what do you do to get them connected? How do you get over that hurdle?

Justin: Yeah. The first way is obviously shifting the burden to them, right? That was kind of step one. We look at the last 40 years of health planned design changes. Really it's just been a continual movement towards, "How can we put this burden back onto the employee or the individual?" from a cost perspective. That's step one, right? Step one, they have to feel the pain. If you don't feel pain, it's very hard to get any disruption in any space. That's kind of the same for really any industry.

Now that they have the pain, they still feel lost. So they have to have tools. They have to have the services in order to actually become a consumer. They have to have ... And that starts with transparency. It starts with access. It starts with good data across the board. Without those things, it makes it very, very difficult to actually be a consumer. If you're ... It's like going to the grocery store and there's no prices inside the grocery store. You might have access to the grocery store, but if you don't know what stuff costs, it's hard to make a decision across any of those.

I think that the pain is very clear. The pain is something that is talked about ... From the media perspective and from a

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government perspective, we all know there's a pain. I think that we're just starting to see now in the last three to four years there's a lot of new companies that have come up that are starting focus on, "How can we give tools so that people actually can be a consumer today?"

David: But among all the bewildering stuff, we've given people tools for a while now. You know how it goes in open-enrollment meeting. If I'm an employee I'm focused on, "What are the plan changes that are happening this year? How much more am I gonna have to out of pocket, and how much is my premium going up?" I walk out of that meeting, and if I remember those three things I'm a superstar. So now the year goes on, I don't remember all these tools and things that I have, and I have a healthcare event, or I need to encounter the system in some way. How do we help them get through that maze and get them back to the tools that they need and help explain how those operate?

Justin: Yeah, that's a good question. That comes down to education and engagement, right? If you're not able to ... This reminds of most of the carriers that we work with. They have great programs and services that can do a lot of these different things, but there's a little consumer DNA to actually get people to understand and how to use those programs and services that they have. Being top of mind, making sure that you have your program or your service or your strategy, is constantly communicating to those people.

Because the issue is, healthcare is such a funny thing, where I'm selling you this basket of goods at the beginning of the year, and most likely you're not in a situation where you're actually utilizing care at that point, right? At the first of the year or mid-summer of whenever your enrollment period is. Then three months down the line, or six months down the line, or however far down into the year, you're expected to remember that 30-minute webinar that you had with HR going over what your benefits were for the year. That's just an unreasonable expectation, and that's why it's so important that it's constantly communicating and constantly educating on those plan ... on that program design that exists.

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That's really the only way that it happens. There's no magic bullet. It has to be a constant set of, flow of data and information to the employee or the individual about what they have. Communicating through quarterly newsletters or office posters isn't enough. It's not gonna help just putting your nurse hotline poster on the fridge inside your company's bathroom, or company's kitchen. It's just not enough. They have to be constantly aware of what they have. So when that time, let's say 2:00 a.m., or if it's they're having a pregnancy, or whatever they're going through, they need to really have it top of mind so that it's present to them when they actually have to make that decision.

David: And yet, in the rest of the consumer universe, we don't keep stuff like that top of mind. I agree with you that education and communication are critically important during the course of the year, but with all the communication that we've been doing, if you look at ... I think it was last year's Kaiser Family Foundation study about healthcare literacy ... most folks still can't explain what a deductible or a co-pay or a max out-of-pocket is. So it's 2:00 in the morning, and I'm having some kind of a health event, do I just pull an app out of my pocket and call some kind of advocacy system? The reason is ask is, there have phone based advocacy systems now for a long time, and sometimes they're more sophisticated than others, and sometimes they're just interactive voice response systems. How do I handle that at point of pain?

Justin: Yeah, no. That's kind of the big thing that we see, is that the advocacy services today, many of them, are really focused on in-bound engagement. They're really expecting you to remember once you have the ... After that one enrollment you've had, they're expecting to take their, that card, or maybe that phone number that they had in that benefits packet, and you're supposed remember that you actually can go back there and actually use it. I think that what we see, to answer your question, I say, "Yes." We see that ideally you are going back to this application, or an application or some other service where you've been constantly reminded to return to. So that when it is 2:00 a.m. you are top of mind, and the ...

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That's really the challenge. The challenge in the space is really on the engagement side of, "How do we get people back into an experience consistently?" Whether that's through a wellness narrative, whether that's through HR or wellness communication, whatever that is. But the thought that if you're gonna give someone a card or someone a phone number and expect them to be able to use that when they actually really need it, it's kind of unreasonable.

David: And now, a word from our sponsor.

Captivated Health is a single source solution for your clients and prospects in the education and engineering verticals. The founders of Captivated Health have 35 years' experience working with healthcare and benefit clients, and over that time they've developed a keen understanding of the unique problems mid-market clients experience. Frustrated by a lack of control, the unpredictability of ever-increasing healthcare costs, and the pressures and regulations of the Affordable Care Act, these groups have been adrift in the fully insured commercial marketplace, until now.

Captivated Health has built a program that solves those problems, and does so with virtually no disruption to employees, while saving clients millions of dollars. We wanted you to be among the first to know that Captivated Health is building a national distribution partner network so you can bring this cutting-edge solution to your education and engineering clients that you advise. To learn more about Captivated Health's solution, go to our website at www.captivatedhealth.com, or click on our logo on the Shift Shapers website.

David: A lot of the phone-based advocacy systems are getting some pick up from employees, but they're not getting the kind of engagement that I think all of us would've wished. I know there are some new technologies that are being employed, some version or some form of artificial intelligence, chatbots. Would you talk about those two things in particular, and how those might increase employee engagement and employee comfort?

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Justin: Yes, and I think it goes back to my last comment on the idea of personalization to the user. There's really no way to do that without a, really an AI, that can actually synthesize that data, understand the most applicable time to reach out to a consumer. We use a chatbot in order to make it a really comfortable interface for members. Where at this point, luckily Siri, Cortana, Google Now, have kind of made the concept, and Alexa, have made the concept of talking to your device something that's very, very normal, where 50% of the country has actually talked to their phone. Which is kind of a funny concept, talking to the phone and expecting it to answer back to them with the correct answer.

So what we see is that really the only to scale a service in a way where you can have a multitude of outbound communication across the entire day and across the lifetime of the user, and understand the exact time to interact, artificial intelligence is really what has enabled us to be able to do that. In cases where the AI is not able to answer those questions, or able to actually satisfy the need, then it's able to connect to advocates, or a concierge, or nurses, or even in case doctors, in order to address needs when those comes in. So your example of 2:00 a.m. at night, ideally you're talking with the AI, and then the AI is able to triage you effectively somewhat similar to a healthcare professional, to appropriate level of care. Ideally, that's just an advocate, but in some cases it could be a doctor.

David: I know one of the other things that you've done an awful lot of research on is another tool that seems to have great promise, but isn't really delivering on the level of employee engagement that one might think it is, and that's telemedicine. Where's that going and how is that going to improve so that we do get that kind of throughput that we need?

Justin: Yeah, so there's two really main things that affect the utilization of telemedicine. The first one's regulations, so making it easier and more accessible to members and having a wider range of scope of services. Telemedicine started off with a very narrow set of services that it could handle. Now there's the services

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started to include behavioral health, specialists, HIPPA is starting to get involved. There's second opinion options, and that kind of scope of services has expanded.

So what we see is the main problem with telemedicine is that people don't really understand what that scope of services is. When you're talking, it's 2:00 a.m. and your two-year-old has a fever and you're freaking out, you're first inclination is, "Well, telemedicine could never satisfy this need." And it can, and so I think that's where we see having a comprehensive solution up front where you're saying, "Hey, come for anything. Any question you have, whether ..." However, obviously if it's an emergency situation you should go to the ER directly, but if it's a level below that how can we educate you in that process to understand that telemedicine is something applicable?

I think that's the main thing that we have seen is that people really don't understand. If you think of the funnel of a lot of these carriers are putting out their own telemedicine programs, for someone to remember to go to the carrier site that they go to once a year, which is hard enough. Then finding it on their site, which is buried. Then understanding that, "Hey, I have specific need that this is actually gonna satisfy," and then going through process is very, very low. So what we see is, and we get excited about is, "How can we steer you from a need that you might not understand that is working with telemedicine?" So if you come and you say, "Hey, I have this weird abrasion on my skin. I need to see a dermatologist." We say, "Well, wait a second. This is something that's applicable to telemedicine."

I think that's where we'll see the industry moving, is that these services will be focused more on, "How can we direct you to these lower cost of care?" Sometimes telemedicine won't be the answer, right? Sometimes it'll be retail clinics. Sometimes it'll be urgent care. In some rare cases it'll be ER. But really the point is, is that people don't understand really what the scope is today. It is only going to improve, and then as those regulations change and it's wider and wider scope of service, then it'll become more of a commonplace and every day care for people in the country.

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David: Justin, in the few minutes that we have left, I'd like to cover something that we haven't talked about, because we've taken this all from the employee's aspect, the employee's standpoint. But at the end of the day, risk management is critically important, and mitigating costs trickles into the employer. What kind of an impact can more robust services like this, that help employees engage, have on an employer's bottom line?

Justin: Oh yeah, no absolutely. It's all about cost containment.

David: Yeah, the-

Justin: I guess there's ... It's more than just cost containment, it's also benefit satisfaction, which it's ... That's also a level for the understanding that HR has spent a lot of time, along with the benefit consultants, organizing these plans for their employees. You really want people to use everything that you have put together for these plans. So making sure that utilization, not just for telemedicine, or the nurse advocacy, or for your accidental, or your life insurance, or whatever it is, is being used, but really that that's all understood. Then making sure that that program is focused on attacking the pillars across the landscape is important.

If you're looking at a program and they're not talking about, "Hey, this is going to cost you less in claims per year, and it's going to cost you less in claims by the amount of cost of the program," that has to be part of the conversation. If it's not really a 30-day ROI, then it's probably not a program that's gonna work well. I mean, there's plenty of different strategies across the ... across prescriptions, across procedures, across the diagnostics, there's a lot of great services and programs and things that exist that allow us to focus on, "How can we really mitigate cost? How can we get in front of these different pillars and really make an impact?"

We get excited when integrated with TPAs, and being able to understand at-risk populations. Being able to outbound against those populations and make sure that, "How can we be more involved in their chronic management of their diseases?" So it's

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really about cost and satisfaction. I think that depending upon where certain companies are, it's really a different need for the different companies in the life cycle that they're looking at.

David: In the minute that we have left, we always like to wrap up where we can by asking the question, "Where do you see the future?" Where do you see all of this technology and all of this interaction going? What's your vision?

Justin: Yeah. The way I see it is that healthcare should be just like Siri, right? With correct answers, which sometimes Siri today doesn't do that well of a job, or Alexa.

David: I'm glad you added that.

Justin: Yeah. I think that in 10 years, I like to think that ... I think what's so difficult about health in general, is that there's a lot people in the space that can look at individual aspects of cost, or individual aspects of care, and they say, "Hey, I have a solution that's gonna work well with this." But they don't take in account plan design, and they don't in account the broker relationship, and HR, and understanding, "How can fit this into wellness programs? How can I synthesize all this different data and make it applicable to this individual or employee?"

I see that's where the power of machine learning and AI over the next 10 years is going to allow us to synthesize more and more of this data at point of care, or really at point of question, and get you something that's incredibly compelling from a decision point of view. I see that that's where we'll be, and from a regulation perspective and how things move, we see more and more burden shifting to employees. We know HSAs will be big next year, so that's just more indicative that, "Hey, there's probably gonna be more and more focus on the employees to be more responsible for pay."

So there's gonna be further and further consumerism across the space. So we're really excited about the future. We think that putting the decision to the consumers, right where it needs to be, because we'll have to break down the walls of opacity. I

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think that we're gonna have a very, very transparent healthcare world within 5 to 10 years, and I think we're all really excited about that.

David: That's a great vision, and something that I think of us have been looking for for quite some time. Justin Holland, CEO and Founder of HealthJoy. Again Justin, thank you for sharing your expertise with the Shift Shapers audience.

Justin: Yeah, great. David, thank you so much. Appreciate it.

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