



Ignite Health Workbook

A Visual Guide to Local Actualization of Learnings



The Ignite Health Workbook

As a board member of Arkansas Blue Cross Blue Shield for over ten years now, I have been to many annual Western Leadership Conferences. I have always gained insights and inspiration, but this year, my husband, a visual storyteller or graphic facilitator, sketched takeaways from the sessions and suddenly, I saw the opportunity to take those insights and drive some action in my home state of Arkansas.

This visual workbook is designed to remind board directors of the learnings from the 2017 Western Leadership Conference in Scottsdale, Arizona Ignite Health. The actual conference was compact with not enough time to surface the questions that were raised, much less form local action plans, so this workbook can be used to take the conference to that next level. Because the Western Leadership Conference is designed to inform and inspire board leadership, after a summary of the presentations, I've summarized some of my thoughts along with some evocative questions about board leadership to discuss so that Ignite Health can truly live up to its name and lead to action and possibly even transformation.

My point of view is just that, and so take my thoughts with a grain of salt. They are through my own filter and meant to stir the pot intentionally. What I took from the presentations and what I felt was left out will certainly not be the same as yours. That's okay.

It is our hope that you will be reminded of your own experience of the conference and carry the energy from it into your communities in a way that makes a positive difference to the health of those you serve and your enterprise. This synthetic art craft surfaces the key ideas and keywords of a presentation and complements this with high-level content summaries.

Warmly,

Marla Johnson

Arkansas Blue Cross Blue Shield Board Director

Ken Hubbell

Visual Storyteller

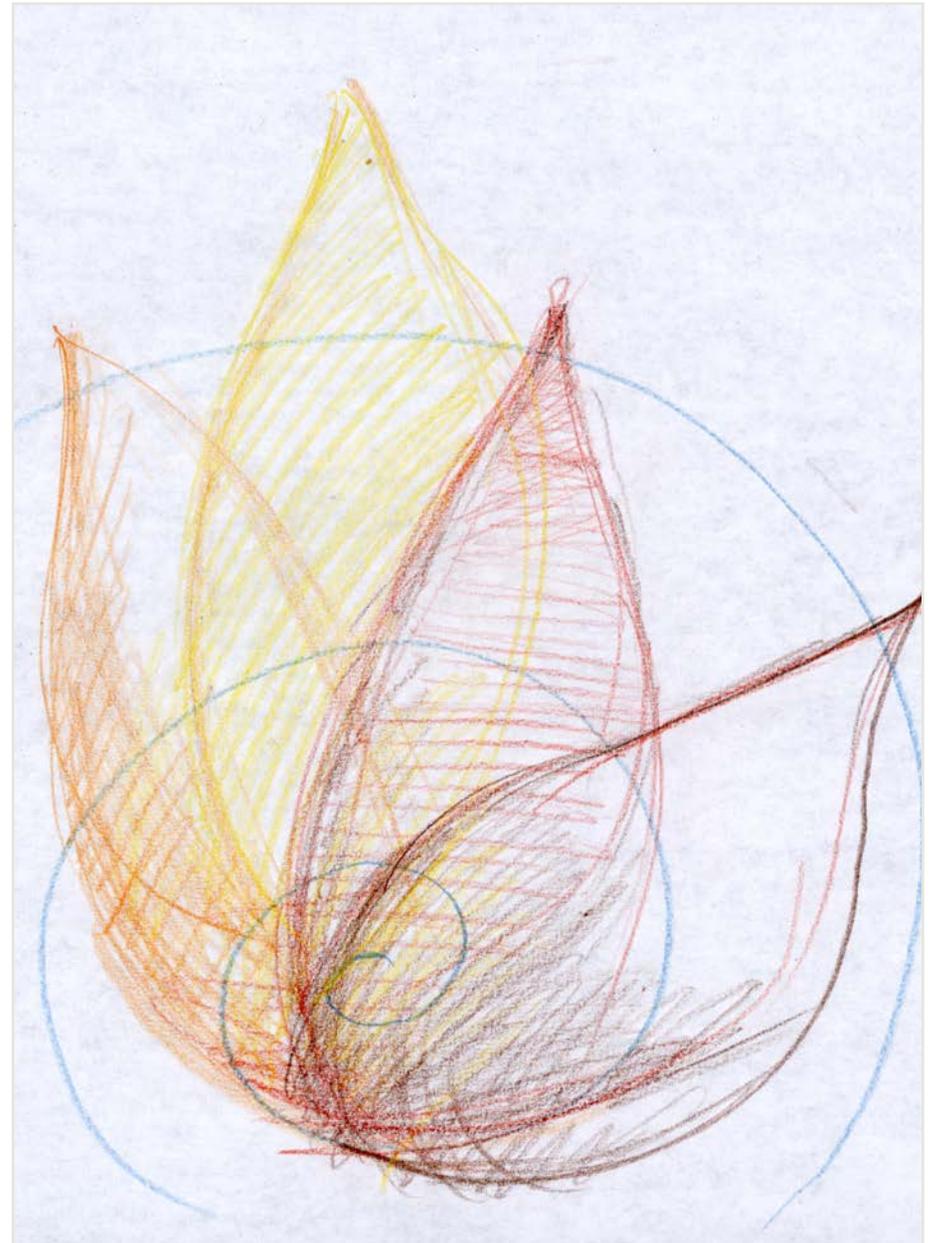
Leadership Reflections: Introduction

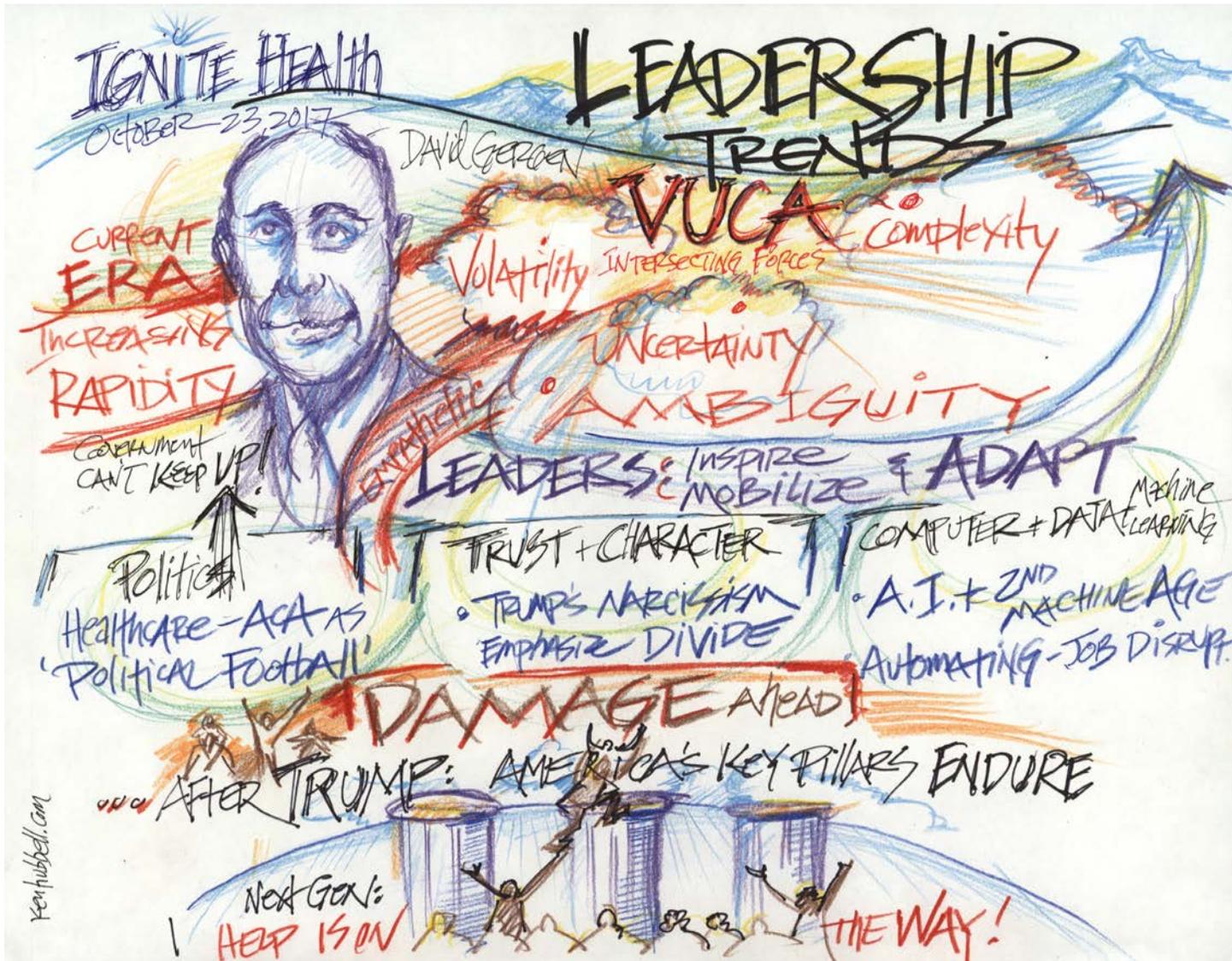
Our enterprises are exercises in design. We have created sustainable, profitable, impactful organizations, yet ones that strive to be flexible, even capable of prediction and re-invention in a volatile healthcare environment. Our goal is improved health for the people in the places we serve. Place matters and people in a place have a shared history, culture, political system, leadership and environment that cannot be ignored as part of the health equation.

So when we come together in one place to learn about the global factors that impinge upon our goal for our individual places, how do we translate that information and interact so that we can take back greater capabilities to our places, our home towns?

What role does a board leader have in responding to the information presented? Have we designed a system so our board members' talents, connections, insights and knowledge are optimally leveraged toward the attainment of each enterprise's goals?

Our boards are typically focused on how we can bring our knowledge from our environments into the enterprise to support the enterprise leadership, but this conference inspired me, as a board director, to ask, "How we can act in the wider environment to help move the enterprise toward the mission of improved health in our state?"





How can we listen and work with young people and not usurp or undermine their ideas and actions?

Leadership and Global Trends

David Gergen, CNN Senior Analyst

Where are politics and healthcare headed?

Gergen spoke to a large network of Blue Cross associations about emerging issues in health care and health insurance. His was a useful view of how government cannot keep up with the exponential rate of technological change and how that calls for a reshaping of leadership. The military term VUCA describes the world we face: Volatility, Uncertainty, Complexity and Ambiguity. With AI and machine learning able to help us evaluate multiple factors and calculate best options, we need leaders who are consistent and trusted so they can inspire, mobilize and adapt to change.

Gergen views the current, negative political scene – one that has turned the healthcare of millions of people into a political football -- as one that we have to endure for some time. He said that pillars of our government system will survive amid the rubble and that we should get out of the way and let young people lead us through the next phase.

Strategic questions for leaders

1. With the national government characterized by deadlock and dysfunction, what about state and local government?
2. Are there local innovative approaches to engaging or shaping government that can move us toward our mission of improved healthcare for our populations?
3. What and who do our leaders know, and how can that be leveraged to help steer the ship in the places we serve?
4. Can we work together to educate and empower each other?
5. How can we listen and work with young people and not usurp or undermine their ideas and actions?

“The pillars of our healthcare system will survive the current political strife.”

Ignite Health
October 23, 2017

INNOVATION in HEALTHCARE TECHNOLOGY

SUSANNA FOX
FORMER CTO - H.H.S.

SPUR INNOVATION

- Provide ^{Political} COVER to OPEN DOORS
- Obscure Folks with the PROBLEM!
- USE DATA to FRAME URGENCY

Prizes

- HHS GENERATED OVER 9K INNOVATIONS
• i.e. Salmonella Detection
- POP UP INNOVATION → SHARE THE PROBLEM
- DEVELOP MENTORS IN FEDERAL AGENCIES

DEMOCRATIZE DESIGN SOLUTIONS

- "MAKERS" SPACES IN HOSPITALS
- N.I.H.: 3D PRINTER EXCHANGE
- OPEN SOURCE + OPEN DATA + WIDER CIRCLE
- COLLABORATE FROM BOTTOM UP!

TAP TECH POWER

- DATA HAS to MOVE DOWN

PATIENTS + CAREGIVERS HAVE KNOWLEDGE to DISCERN + PROBLEMS

RESOLVE IS EMPATHY AN "HACK"

VIRTUAL REALITY

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How can my team bring more innovation to our work?

Innovation in Healthcare Technology

Susannah Fox, Former Chief Technology Officer, Health and Human Services, (HHS)

How can we spur innovation in our enterprises?

Susannah Fox left us with some valuable reminders to spur innovation:

1. Partner with an outside expert, for example with UPS for organ delivery.
2. Take time to pause and observe the people on the front lines before springing solutions on them.
3. Make sure innovators have political cover at the highest possible level.
4. Use data and measure change.
5. Consider prize competitions and invite outsiders and insiders to participate.
6. Find ways to put people together who share a problem so they can learn from each other – technology designers, patients and healthcare providers, for example.
7. Tap into the DIY and Makers Movement to provide people who have healthcare issues with the tools and materials to find their own solutions. Democratize design, provide healing optimism and help patients live the motto, “We are not waiting.”
8. Search for and remove the invisible barriers that keep us from getting better.
9. Use the Internet to design bottom-up collaboration to solve problems together. Be generous in sharing data with others, especially those at the grassroots of the problem.
10. Embed leaders and innovators into different situations so they can learn from experience and detect small changes that might make a big impact.
11. Consider using virtual reality as an empathy hack.

A valuable exercise is to go over these with the board directors and leadership team, asking, “How can we bring more innovation to our work?”

Take time to pause and observe the people on the front lines before springing solutions on them.

Rx Innovation

Murray Aitken, Executive Director, Quintiles IMS

Pharma Data Raises Questions

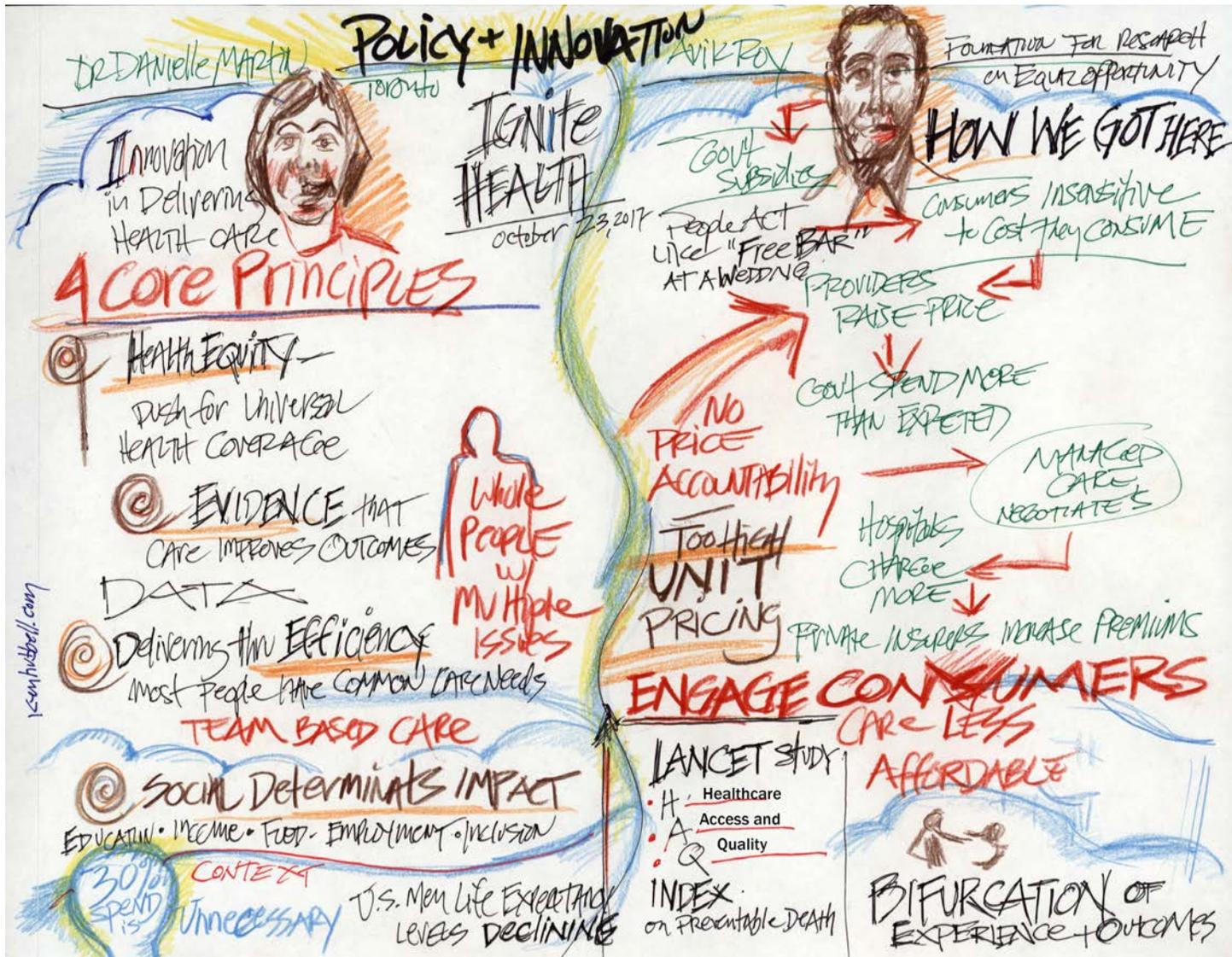
There has been a surge in pharmaceutical innovation and a number of new drugs on the market and new types of drugs. Genetically modified treatments are surging. Personalized medicines are arriving.

This presentation which was full of pharma data and trend charts caused me to ask more questions than it answered.

Questions

1. How can we continue innovation and yet control the cost of pharmaceuticals?
2. How can we capture more outcome data on new medicines so we can move swiftly and yet be sure we deploy successfully to the right patients?
3. How can pharma manufacturing costs be more transparent?
4. How can we take costs out of the pharmaceutical distribution system so we can get the benefits of drug innovation to more patients?
5. How can we connect with pharma corporate leadership to work together to improve the health of our citizens?
6. Are there certain areas of drug therapy where we should begin to collaborate and innovate, some easy wins that we could learn from and repeat?

Genetically modified treatments are surging.



If 30% of all medical spending is unnecessary, how do we go about using funds more efficiently?

Policy and Innovation

Danielle Martin, MD, University of Toronto

Avik Roy, Senior Fellow, Manhattan Institute, Opinion Editor at Forbes Magazine

Four Pillars of Healthcare Reform

Dr. Danielle Martin of Canada described what is required for successful healthcare system reform: Equity, Evidence, Efficiency and Equality.

Avik Roy explained how our U.S. system got here, explaining how government subsidized health insurance resulted in consumers being insensitive to health costs, creating an "Open Bar!" mentality toward healthcare. In 1965, Medicare predicted spending \$10 billion and ended up spending \$110 billion! Now that is heading to the trillion mark, and increasingly, healthcare is seen as a right, as evidenced on FreeOpp.org. As we look to the HAQ Index (Healthcare, Access and Quality - www.thelancet.com), it appears we have a spiraling bifurcation in our system where we have healthcare experience and outcome 'haves' and 'have nots'. Avik called for more training of patients and more unit price accountability.

Questions

1. Where does our board of directors stand on these issues of healthcare equity? What do we need to understand in order to shape policy?
2. If 30% of all medical spending is unnecessary, how do we go about using funds more efficiently?
3. If the social determinants of health such as income, housing and food security are the major factors that impact health outcomes, how do we approach these and not ignore them?
4. How do we turn the "open bar" mentality around and capture consumerism in order to impact price?
5. Do we feel we have a bifurcated healthcare system now? What do we feel our response to bifurcation should be?

We have a spiraling bifurcation in our system where we have healthcare experience and outcome 'haves' and 'have nots'.

Disruptive Start-Ups

Moderator

Mara Aspinall, CEO
Health Catalysts

Panel

Thomas Hawes, MD,
Managing Director,
Sandbox Industries

Sachin Jain, CEO
Carrum Health

Brenda Schmidt, CEO
Solera Health

Julian Emery ,CEO
Allay, Inc.

The Fourth Global Revolution

We have passed through the first three global revolutions of urbanization, factory automation and communication. Now, welcome the 4th revolution of data. To thrive in this new revolution, we have to be:

- Customer Centric
- Able to Partner
- Data Savvy and Automated
- Flexible and Anticipating Change
- Strong in Our Core Business of Insurance

In 2016, insurtech start-ups raised \$3 billion in venture capital. There are even greater investments in Healthcare IT. Companies like Solera are trying to support healthcare efforts with data. Every problem is up for innovation from social determinants of health to sleep deprivation, resilience and diabetes. The key is to find solutions, integrate into the system and then start scaling.

The start-up mindset of start small, fail early and fast, and keep learning what consumers want and scale the solution appropriately to the problem offers inspiration to insurance companies as they seek to bend the cost curve of healthcare. Insurance companies can, like start-ups, focus on consumer-driven systems, driving innovation and game-changing outcomes.

Questions

1. How does our company match up with the five aspects of the data revolution that characterize "the insurer of the future"?
2. How can our companies benefit from internalizing the start-up mentality?
3. What customer-centric exercises can we engage in that would spur innovation and better health outcomes?
4. How can we experiment and learn with our customers so we are positively disruptive?

IGNITE HEALTH
October 24, 2017

SPARKING Transformation

Dan Ariely.

Designing for Better Health

The DOMINANCE OF NOW

In the Future, we will be true to our intent

LONG-TERM REWARD IS NOT COMPELLING

CHOICE ARCHITECTURE

REWARD SUBSTITUTION

- Re-engineer your schedule + Add Bits of Benefits
- Contract between Now and where we want to be! because you can VIVIDLY IMAGINE different Reality

POWER OF REWARD + REGRET

FEEDBACK

IMPROVE CAUSE/EFFECT

GAMIFICATION

WHAT MOTIVATES + CELEBRATES

ULYSSES CONTRACT

Do something NOW so your future self won't be TEMPTED!

Can we make people more Miserable to help them act more healthy? Remove something FAVORED!

Reduce + MITIGATE LONG-TERM LOYALTY AMONGST WELLNESS NOT JUST PAINS.

Scale

TEMPERATION is Everywhere... Getting Worse!

We have to Intervene at a Deeper LEVEL

Behavioral CHANGE is Paternalistic

People Expect CHANGE NOW

Pre-commit + Incentives

Paralle Insurance with credits to your chosen charity

The Future: Not as Salient as Those Entities who want something from us NOW

Who Cares about Your LONG-TERM Well-Being?

kenhubbell.com

How can our company respond to the reality that temptation is getting worse?

Designing for Better Health with Human Nature in Mind

Dan Ariely, Professor of Psychology and Behavioral Economics, Duke University

Behaving Badly

Dan Ariely shed light on how the temptation to do things that are bad for our health has increased over time. In addition, life decisions were simple 50 years ago, but now everything is complex. A level of expertise is required and people have less time than ever to develop expertise. It is significant that 40% of deaths are due to 'bad decisions'.

We know that unhealthy behavior is a leading cause of disease and death, but attempts to influence behavior, often paternal tactics, have failed. Some behavioral design has worked including Reward Substitution (reward is available but foregone if there is bad behavior fostering regret because reward was "so close!") and the Ulysses Contract (preventing oneself from future bad behavior).

How can health plans use new behavioral health findings? Dan Ariely described a South African health insurance company that provides discounts on buying healthy foods and incentives for healthy behaviors. Members who make good decisions have money left in a fund that goes to charity, instilling trust in the insurance company that otherwise would appear to be incentivized by money.

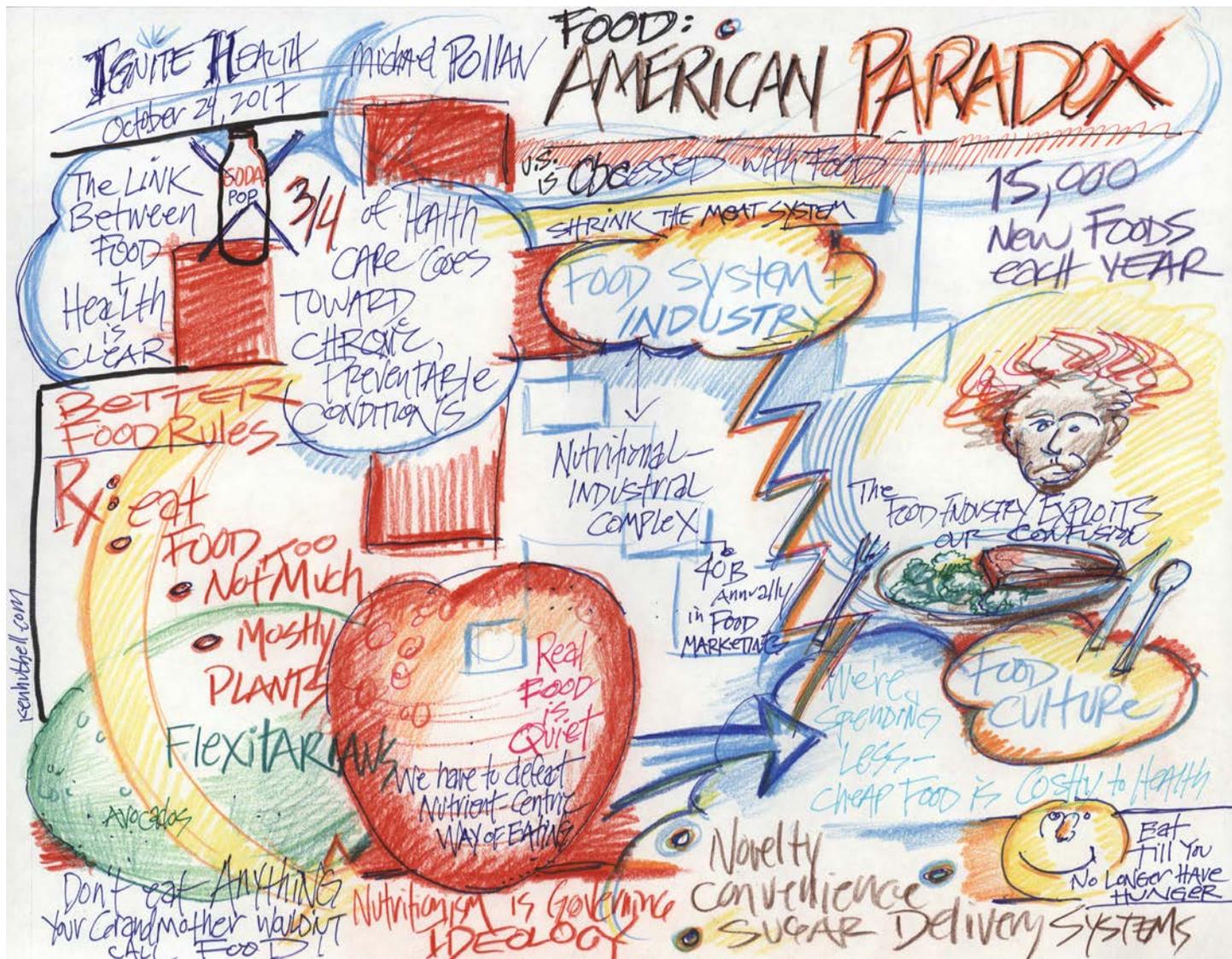
Dan Ariely noted that physicians also need to use choice architecture. Instead of asking "Do you have any questions?"

at the end of a visit, a provider will get better results if she says, "I know you have questions. Give me three."

The issue of trust of health insurance companies was revisited. Ariely noted that for insurance companies, one year is not enough to develop a relationship and see improvement. How can we generate loyalty BEFORE people are sick? How can health insurance companies not just pay for risk but mitigate risk? To succeed, Ariely believes that insurance companies will need to get much more involved in people's lives and for a longer time.

Questions

1. How can our company respond to the reality that temptation is getting worse?
2. Can we use our foundations to be more impactful regarding healthy behavior without being paternalistic?
3. How can we take advantage of newer learnings about behavior design like Reward Substitution and Ulysses Contract?
4. How can we ask and help answer this question for our customers? "Who in your environment cares about your long term health and happiness?"



What tools do we have in our tool box to help change our food culture?

Food Rules: A Common Sense Approach to Health

Michael Pollan, Professor of Journalism, UC Berkeley

Overcoming Food Confusion

Whereas the French Paradox is that they can eat rich foods and drink wine and yet be healthy, the sad American Paradox is that we are obsessed with nutrition but have the lousiest health on the planet.

Even though we spend less on food than any people anywhere, our cheap food is costly, leading to bad health. The catastrophe of the American Eating Disorder is that three-fourths of our healthcare spend in America goes toward chronic, preventable conditions that would be improved if we ate healthier. The American food culture and system must change.

Much of our food is being marketed for its novelty and convenience. These processed foods do not contribute to our health, but instead are designed to deliver sugar, fat and salt. We eat too much meat in America too which is bad for the animals, the workers, the eaters and the environment.

Marketing claims of nutritionism, now an ideology, confuse the consumer. You do not need to be an expert to eat healthy. Instead, follow some simple Food Rules.

1. Watch your portions. (Rule: Don't eat anything bigger than your head.)
2. Eat vegetable, fruits and grains that have not been processed. (Rule: Don't eat anything your grandmother would not recognize as food.)
3. Pause gratefully before eating instead of eating on the run or at a desk. (Rule: You don't get sick from food you pray over.)
4. Eat mostly plants. Work to reduce your meat intake.
5. Be careful with snacking and only eat snack food you make yourself. (Rule: If you are not hungry enough to eat an apple, you're not hungry.)
6. Don't eat until you are full, eat until you are 2/3 or 4/5 full. Socialize your children to do the same, as is done in other countries.

Board leaders of health plans have not typically viewed food culture as part of their purview, even though we are aware that the American Eating Disorder is a factor in the health of our customers.

Questions

1. How can we get in front of the Farm Bill so we can encourage policymakers to help with this problem?
2. What tools do we have in our tool box to help change our food culture?
3. What role should our foundations play in this work?
4. How can we hold government, companies and marketers responsible for changing our food system?

The Future of Medicine: Artificial Intelligence, Regenerative Healthcare and Personalized Medicine

Siddhartha Mukherjee, MD, Oncologist and Author

The Speed of Change

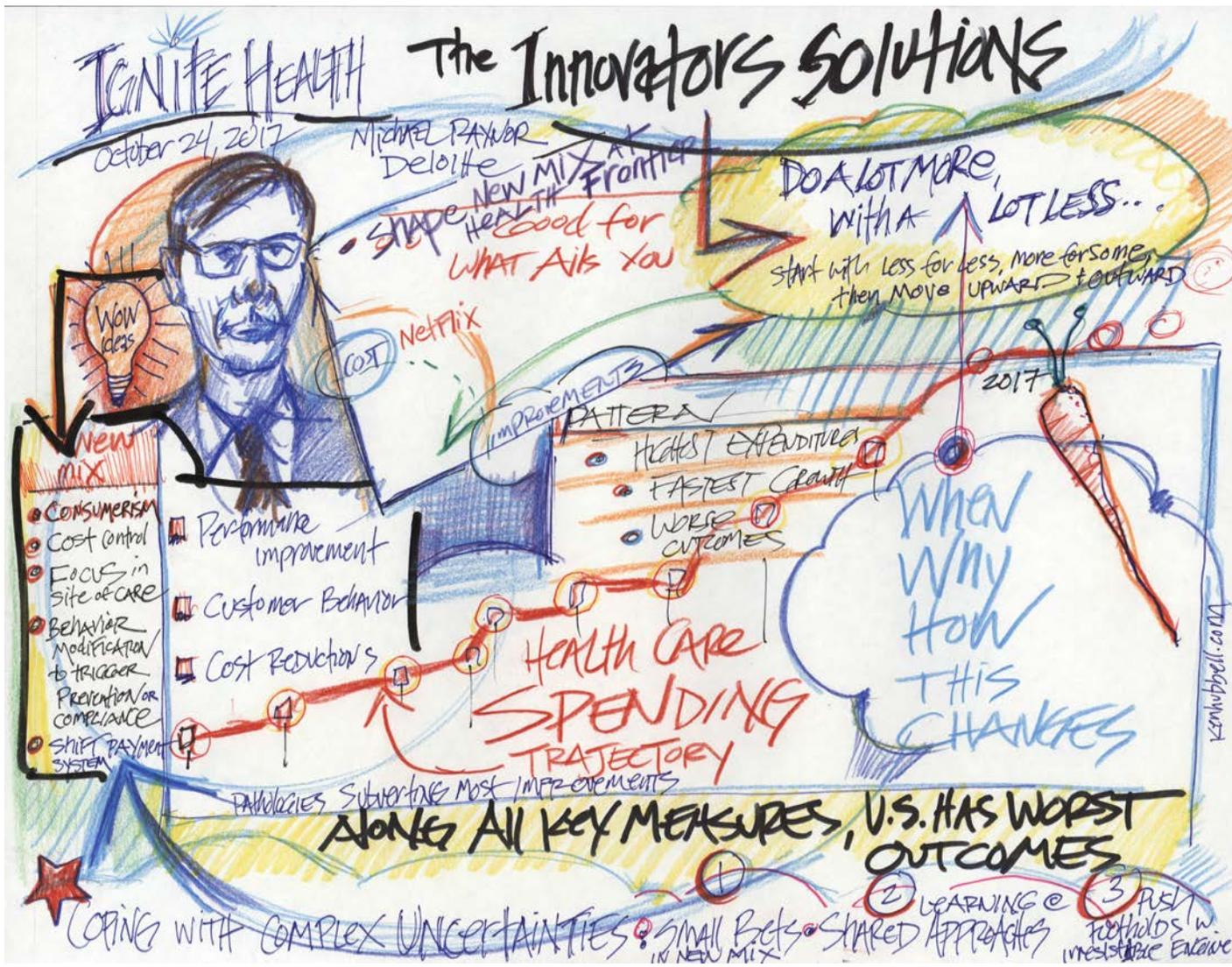
We are seeing great health benefits from advances in technology, but especially the field of genetics and deep learning coupled with artificial intelligence. The data that is represented by the genome project can be acted upon so we can genetically manipulate health.

The speed of advancement requires speedy response to issues that are revealed by this work.

Questions

1. Should we first focus only on diseases that represent extraordinary suffering, where there are strong links between genes and the disease, and for which there are no other justified solutions?
2. How do we prevent over-diagnosis and over-treatment?
3. How do we adjust our ideas of risk when we can predict the risk of illness with greater accuracy?
4. How does the board leadership enter into these discussions and support the enterprise leadership in developing action plans around these game-changing developments?

We are seeing great health benefits from genetics and artificial intelligence.



What is the role of the health plan in changing the healthcare system for reduced costs and improved outcomes?

Leading at the Intersection of Uncertainty and Opportunity

Michael Raynor, Director, Deloitte

Doing More With Less

Michael Raynor took a deep data dive into the key metrics showing how the U.S. has the worst health outcomes despite the healthcare spending trajectory. He showed graphs and models of how other companies like Netflix have succeeded through innovation in an ecosystem that is also high in complexity and competition. Raynor described how successful industry game-changers have started out strong in a particular niche and then went broad or just came out in the market with “a better mousetrap.”

Raynor detailed the challenging need to improve performance, improve customer behavior and reduce costs in the U.S. healthcare system while dealing with the following:

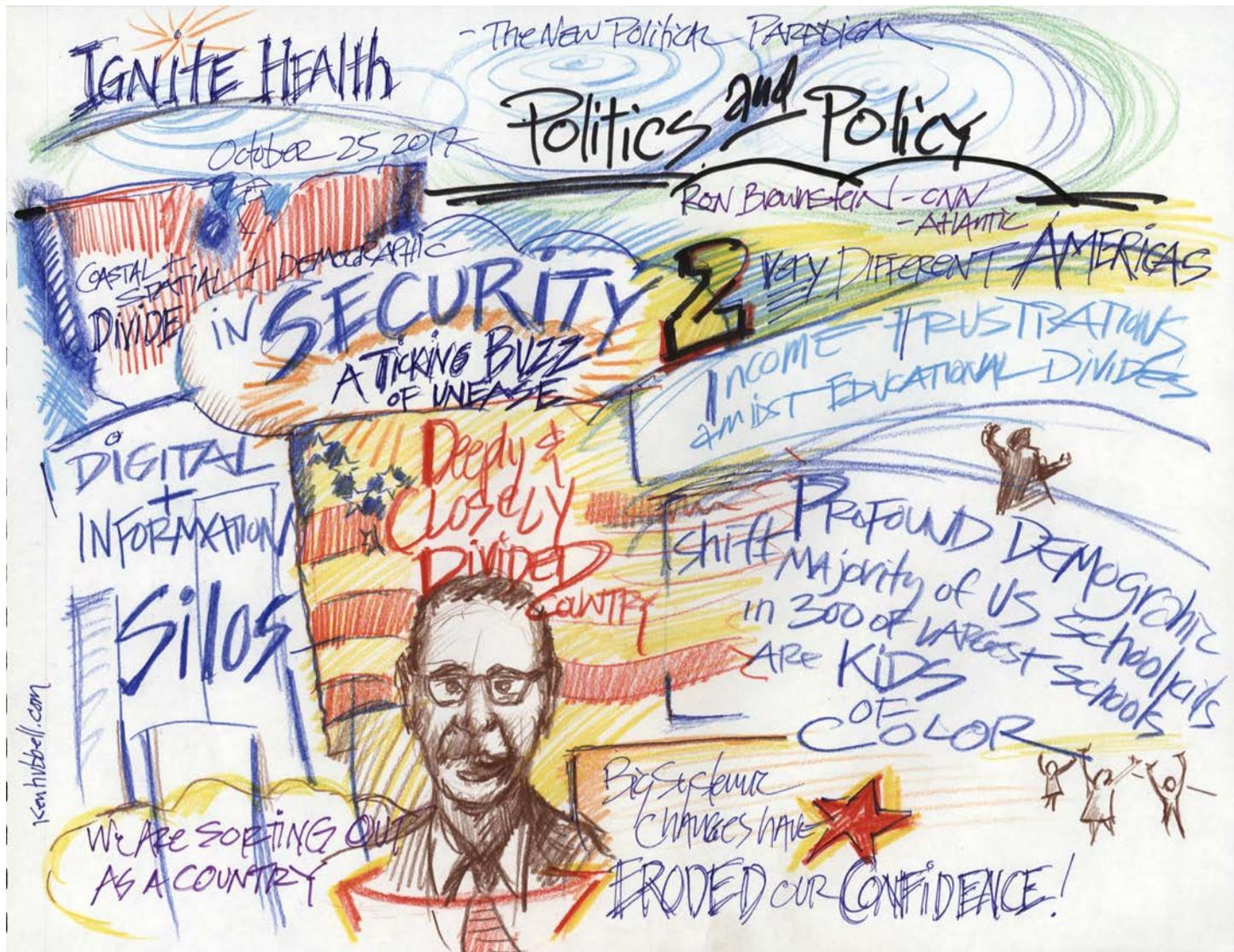
- Consumerism
- Cost Control
- Focus on Site of Care
- Behavior Modification to Trigger Prevention or Compliance
- Shift Payment System

In summary, we have to do a lot more with a lot less.

Questions

For board directors, it is difficult to know what to do with this information. It is encouraging to know that there are successful models that can be applied to shed light on what actions to take to make systemic change.

1. What is the role of the health plan in changing the healthcare system so there are reduced costs and improved outcomes?
2. How can the health plan effectively advocate for cost reductions while also advocating for better drugs, data, devices and behaviors?
3. How do we push affordability to the forefront?
4. What strategic model are we operating under? Are we planning to start small and then go broad or hit the healthcare market with a game-changing mousetrap? What would either of those look like?
5. Raynor suggested that health insurance companies should rename themselves since they do so much more than pay claims. What would a better, new name be for the companies that we are becoming?



How can board members help create meaningful connections across the divides in our communities?

Politics & Policy

Ronald Brownstein, Editorial Director, Atlantic Media Co. and CNN Senior Political Analyst

Two Americas

We are in a political climate where Americans' Healthcare has become a political football. Ronald Brown detailed the massive polarization that led to the emergence of Bernie Sanders and Donald Trump. Underlying it is financial stagnation and the transformation of our small towns and cities due to immigration. 40% of the U.S. population is non-white and today most kids in public schools are minorities.

We have two Americas. Our country is deeply and closely divided across all sectors. There is the coastal versus middle America divide, the digital divide, the income divide, education divide and healthcare divide. People are deeply insecure, and the deluge of information and threats of violence and cyber-attacks create a greater sense of unease. Unfortunately, big system changes have further eroded our confidence. Uncertainty does not encourage planning and investment in big things. Brown said the frictions are not

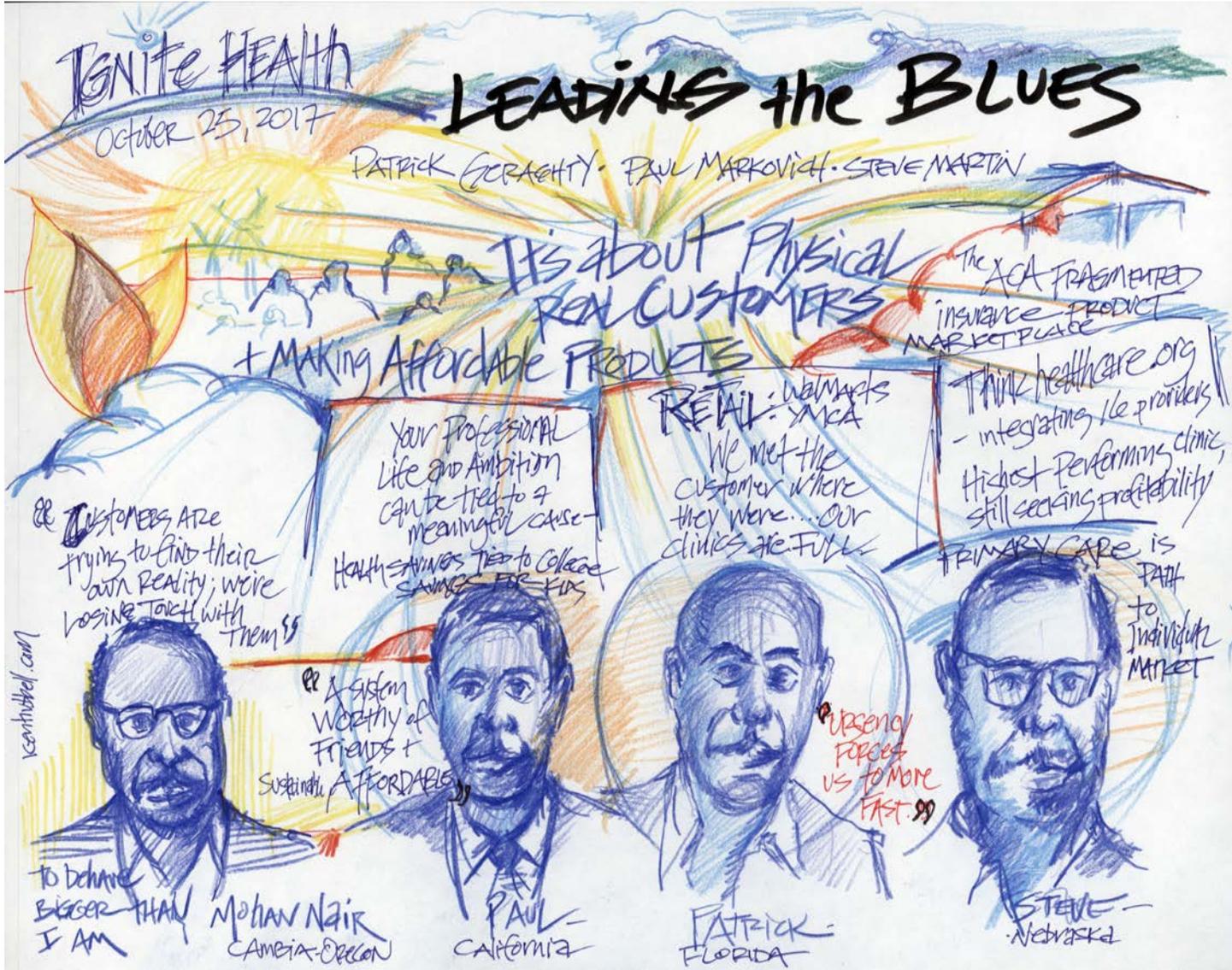
over, so be prepared for more whiplash on healthcare reform. No side has a decided advantage, and anything can happen including the rise of a third party.

Questions

Board directors have a role of connecting the enterprise to the larger community. Board directors may be in an ideal position to help bridge some of the divides that prevent forward motion.

1. How can board members help create meaningful connections across the divides in our communities?
2. How can we help support the American Dream for all our citizens which includes healthcare?
3. How can we buck the national trend through respectful relationship building?

The frictions are not over. Be prepared for more whiplash on healthcare reform.



How do we communicate with customers about who we are in relation to them?

Leading the Blues

Moderator

Mohan Nair, SVP and CIO
Cambia Health

Panel

Paul Markovich, President/CEO
Blue Shield of California

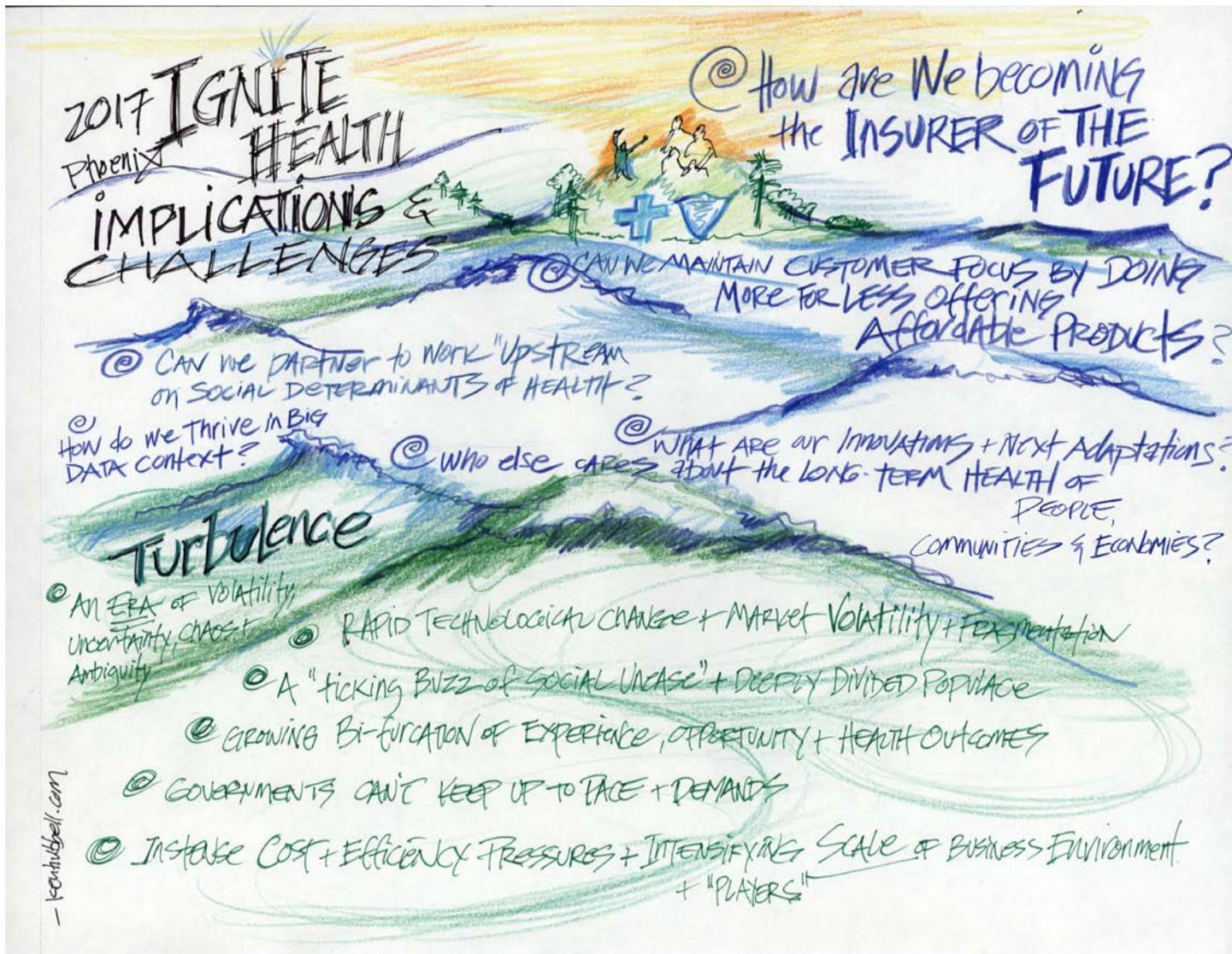
Patrick Geraghty, CEO
GuideWell Mutual Holding Corp.
and Florida Blue

Steve Martin, President/CEO
Blue Cross Blue Shield of Nebraska

Connecting to Customers

This panel led to these questions:

1. How do we connect better with customers throughout the entire process, from onboarding to billing and claims management?
2. How do we communicate with customers about who we are in relation to them?
3. How do we communicate with customers about health savings so they fully understand the benefits and can tie it to their real-life experience?
4. How can we meet the customer where they are?
5. How urgently do we need to move on getting retail-focused and in front of our customers so we can shape the customer experience more effectively?
6. How do we act in the fragmented insurance marketplace formed by the ACA?
7. How do we treat the individual market and the providers with products that are a win-win?
8. How do we get our products more affordable and still ensure quality?



What is your top priority after this conference?

Reflections Summary

In The Hero's Journey, Joseph Campbell describes a journey taken by an unlikely hero, often an unwilling candidate who has to leave her comfortable surroundings to experience unforeseen challenges and learn about the bigger world so she can bring home greater leadership that respects and yet transforms that home culture.

The goal of this work is to help board members assimilate and act upon the information we are exposed to at the Western Leadership Conference, so we can ignite action at home that helps our people be healthier and our companies sustainable.

The goal of this work is to help board members ignite action at home.