



## MyndYou

### Case Study:

# MyndYou Helps Medicare Advantage Plan Reduce Utilization by Engaging Members at Home

AI-powered MyEleanor voice assistant helps triage members, drive down care costs

When the largest health plan in the Midwest was looking for ways to extend member reach and to engage its Medicare Advantage members, it deployed MyndYou's advanced, AI-powered virtual assistant, MyEleanor.

With a simple phone call, the MyEleanor platform conducts member health checks, listening for both verbal and nonverbal cues. The virtual assistant alerts care managers, coordinators, or coaches when it detects medical or behavioral irregularities. Using multilayered, proprietary engagement methods and analytics engines, MyEleanor effectively triages members with existing, emerging, and previously unknown health and wellness risks to maximize the productivity and effectiveness of care teams, allowing them to focus their time and attention on the seniors who need them the most.

Beginning in late 2020, the plan launched a two-month program among Medicare Advantage (MA) PPO members ages 65 to 79 who were considered to be at moderate risk for health complications. Participants either lived alone; were diagnosed with anxiety, depression, or both; and were not already enrolled in the plan's existing care management outreach program.

The goal was to assess how MyEleanor could help to screen, serve, and satisfy MA members in the target demographic. Taking advantage of MyEleanor's ability to customize call scripts and clinical questionnaires, the team focused on three areas that have a huge impact on member health outcomes and costs: medication adherence; depression, anxiety, loneliness, and social isolation; and falls or conditions that lead to falls.

## Among active participants:

5%

Reported medication issues.

33%

Reported feeling lonely and isolated.

26%

Reported depression, anxiety, or other emotional health concerns.

7%

Experienced dizziness or reported a fall.

### Screening for medication adherence

As many as 10% of hospitalizations and three avoidable medical visits per patient per year can be attributed to medication nonadherence, according to a 2020 report by the Network for Excellence in Health Innovation (NEHI). That report also puts the overall cost of suboptimal medication use (including nonadherence and prescription errors) at more than \$500 billion per year in the U.S. alone.

During calls with MyEleanor, **5% of members reported problems with their medications.** In one 10-minute call, for example, a member confided to MyEleanor that, because of a stroke that had affected her short-term memory, she was only taking her medications about half the time.

MyEleanor sends an alert to care managers when members share that kind of information, along with a transcript of the call so they can intervene—preventing health deterioration, avoiding expensive emergency department visits or hospital admissions, and driving down utilization costs.

### Monitoring behavioral and social determinants of health

Behavioral health issues—including depression, anxiety, and social determinants of health (SDOH) issues such as social isolation or loneliness—are major drivers of healthcare costs in the U.S.: 1 in 4 people struggles with a behavioral or substance abuse problem at some point in his or her life, and about 14.8 million Americans live with clinical depression. Behavioral health issues can also have a direct impact on physical health: People with depression have an increased risk of cardiovascular disease, diabetes, stroke, and Alzheimer's disease, for example.

The problem has grown even worse during the COVID-19 pandemic, especially for older adults. Among those ages 65 and older, close to half (46%) said that worry and stress related to the coronavirus have had a negative impact on their mental health, up from 31% in May, according to a July 2020 Kaiser Family Foundation survey. Calls to members during the MyEleanor project reinforced those findings: **33% of participants told MyEleanor on one or more calls that they were feeling lonely and isolated; and 26% mentioned depression, anxiety, and other emotional health issues one or more times.**

The MyEleanor alerts and transcripts helped care managers and health coaches identify and reach out to the patients who needed them most. But MyEleanor also shared information about mental health services—such as the plan's behavioral health hotline number—directly with members in real time. Sometimes depression is caused by problems related to SDOH. One member who reported depression, for example, told MyEleanor that he was having trouble with access to food. Having this information allows health coaches to set up seniors with delivery services such as Meals on Wheels or coach them on how to order groceries online.

One of the main benefits of MyEleanor is that it extends health plans' reach. Members often appreciate getting regular calls from and interacting with MyEleanor. One member said at the start of the program that she was lonely and anxious—at times, she was almost in tears. But as the calls continued, she reported feeling happier, calmer, and less lonely.

### Detecting risk of falls.

Like medication nonadherence, the cost of falls among those 65 and older is significant: Medical care for nonfatal fall injuries costs Medicare, Medicaid, and private payers about \$50 billion per year; fatal falls cost \$754 million, according to the Centers for Disease Control and Prevention (CDC). Hip fractures alone cost the U.S. health system \$5.96 billion per year, with intertrochanteric hip fractures accounting for 44% of total costs.

Identifying the risk of falls early is key to preventing them. MyEleanor's ability to screen for spoken and unspoken signs such as dizziness allows care managers and health coaches to quickly contact any at-risk member to perform a medication review or refer the member to physical therapy, for example. During the program, **MyEleanor detected dizziness or logged a reported fall in 7% of members.**

### Serving members

Another program goal was to use the intelligence gathered by MyEleanor to better serve and improve the health of program participants by identifying signs of behavioral, clinical, and social health problems. General health concerns, loneliness, and social isolation were the most-reported issues identified through the platform's natural language processing (NLP) capabilities. Health coaches from the plan's extended care management team followed up with requests for assistance and flagged issues in the MyEleanor reports.

MyEleanor's adaptive and customizable conversations can enhance health plans' offerings. For example, MyEleanor was equipped to share the phone number of the insurer's 24-hour nurse line and mental health hotline—a service that proved popular with MA enrollees. Members not only engaged with the virtual assistant, many divulged useful details of their health status and worries; sometimes they raised concerns they hadn't even shared with their primary care physician.

"It helps to think about yourself and it helps to de-stress," one participant said. "It also helps dealing with everyday things that we may not think are important enough to ask another person."

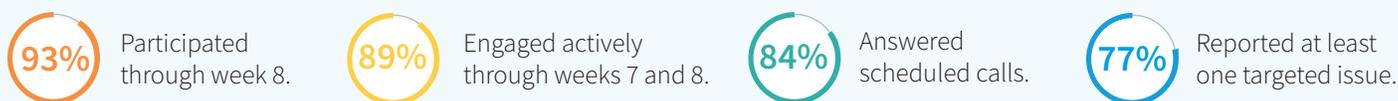
## Satisfying members

Besides screening for medical, behavioral, and social health problems and serving members by responding to their specific needs, the plan also sought to extend its reach and better engage and satisfy the members enrolled in the MyEleanor program.

Engagement and satisfaction were strong: 65 members completed the full two-month program—a 93% retention rate. Most members (a little more than 89%) actively participated throughout the program. The total answer rate—the number of members who answered a scheduled call throughout the program—was 84%.

“I was surprised with what I learned and how good it felt to be able to count on a regular contact (even if it was a robot). Most of all, I was surprised at the rapid response when I told Eleanor that I wanted to discuss stress and depression with a human. Fantastic!”

## Of 70 members who enrolled and completed the first call:



In a survey of participants, most members felt comfortable talking with MyEleanor and generally found her responsive. A little more than half they looked forward to getting the calls. And most (78%) agreed or strongly agreed that the calls helped them think about their health and self-care—highlighting the value of MyEleanor’s ability to combine clinical questions with motivational interviewing techniques. In this first phase of the program, the health plan saw an exciting opportunity in MyEleanor’s ability to deliver specific resources, health education, and answers to members’ questions.

That said, simply getting support—whether from a health coach following up on a call or from MyEleanor herself—was well-received by members. “Eleanor is the next best thing to having a relative checking in on you and [she] can get you help privately if you need it,” explained one participant. “It’s good to have someone check up in the morning,” said another member, who lives alone.

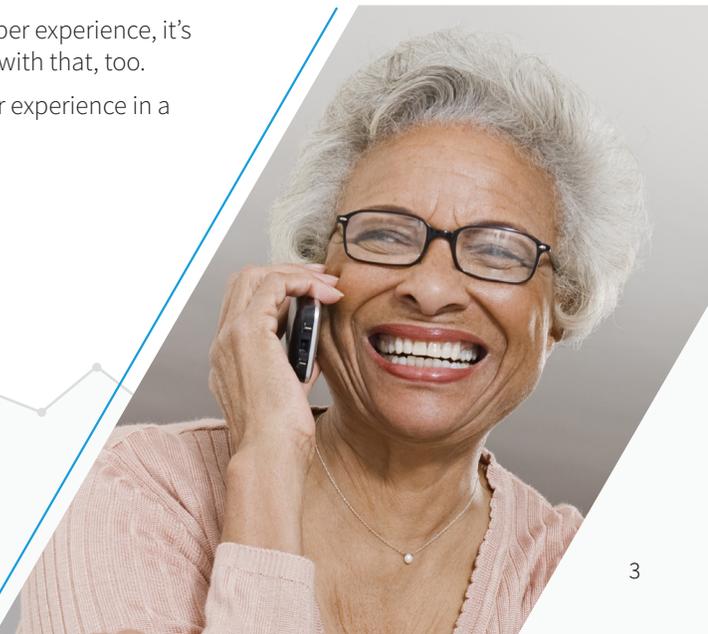
“One of the successes of the program was the level of openness members had when speaking with MyEleanor. The details that members shared about their health concerns, difficulties accessing care—and more—brought awareness to ‘lurking’ issues that could be acted upon to prevent further deterioration.”

— MyndYou CEO Ruth Poliakine Baruchi

As Medicare Advantage Star Ratings increasingly lean more heavily on member experience, it’s critical for health plans to keep members satisfied. And MyEleanor can help with that, too.

The dominant sentiments shared by members, when asked to describe their experience in a few words, were: caring, comforting, helpful, safe, timely, and interesting.

“Thank you for calling me a couple days a week—I really appreciate it,” one member said to Eleanor toward the end of the two-month program. “I’ll miss you. I really, truly believe this is helpful. I hope other people take advantage of it.”



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