CareMessage

CareMessage Product Review

CareMessage's mission is to leverage technology to improve health equity for people from low-income communities.

Agenda

Overview

- CareMessage Scope
- CareMessage Differentiators
- Example of State-Level Impact

The CareMessage Product

- Product Overview
- Access to Care Features Highlight
  - ***Attributed Members***
- Clinical Outcomes Features Highlight
  - ***Azara Patient Outreach (APO)***
  - ***Pre-Built Templates***
  - Case Study: Lower Lights
    - ***1:Many Outreach*** (Cancer Screenings)
    - ***1:1 Patient Management***
  - ***Proprietary Health Education Programs***
    - Case Study: Large FQHC (***Patient Engagement and Surveys***, A1C reduction)
    - Cast Study: Canyonlands (***Outreach and Programs Automation***)

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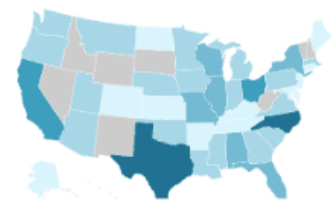
UNDERSTANDING THE CAREMESSAGE IMPACT

A 501(c)3 Purpose-Built for FQHCs



45
U.S. States and Territories

400+M
Messages Exchanged

20M
Total Unique Patients Messaged

200+
Current FQHC and Look-alikes as Customers

CareMessage Differentiators

- Technology **nonprofit serving only safety-net organizations** and providing **philanthropic funding** to drive access to technology
- **60+ languages** for bi-directional messaging, **automated referrals,** and **responsible AI to parse patient messages**
- **Sequential messaging built on CareMessage's proprietary tool**, which engages patients in automated "set it and forget it" health education programming
- Third party research that **proves CareMessage health education programs drive clinical outcomes**
- **300+ evidence based pre-built templates** to drive outreach efficiently and a CSM team that will support customization
- Customer Success Team with **EMR, healthtech, value-based contracting experience**
- CareMessage has the **largest source of messaging data on underserved populations** guiding their product development

In California, CareMessage Customers outperform the state benchmark more than Non-CareMessage Customers Preventive/Chronic Disease Management Measures

	California	CareMessage Customers (2023)	Non-Customers (2023)
2023 UDS Lives	5.5M	543K	4.9M
	California UDS Benchmark	% of CareMessage Customers That Outperform the State Benchmark	% of Non-Customers That Outperform the State Benchmark
Cervical Cancer Screenings	59%	60%	46%
Breast Cancer Screenings	55%	55%	43%
Adult Weight Screening and Follow-Up	65%	60%	45%
Adults Screened for Tobacco Use and Receiving Cessation Intervention	87%	60%	52%
Colorectal Cancer Screenings	42%	55%	45%
Blood Pressure Control - % of Patients with Hypertension w/ BP <140/90	64%	45%	44%

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The CareMessage Product
Overview

DRIVING OUTCOMES FOR SAFETY-NET ORGANIZATIONS

Solutions Throughout the Patient Journey

Powered by Operational Efficiency through **Automated Workflows with Sequential Messaging**, **Extensive EMR Integrations**, **AI Parsing**, **300+ Pre-Written Templates** for 1:Many messaging and **60+ Languages Supported**

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The CareMessage Product

Increase Access to Care

INCREASE ACCESS TO CARE

Convert Attributed Members into Patients

- Import lists from MCOs and ACOs directly into CareMessage. Members without a visit are stored as a separate contact type for easy segmentation.
- Message newly attributed patients segments via Outreach or 1:1 via direct text messaging.
- Reconcile data between new and existing patients when members have their first visit.

INCREASE ACCESS TO CARE

Messaging Across the Entire Appointment Lifecycle

Reduce no-shows and improve operational efficiency by sending personalized appointment reminder messages that eliminate communication barriers

CareMessage is proven to reduce no-show rates by half

- One community clinic lowered the no-show rate from 33% to 18%
- Another clinic decreased the no-show rate from 35-40% to 17-20%

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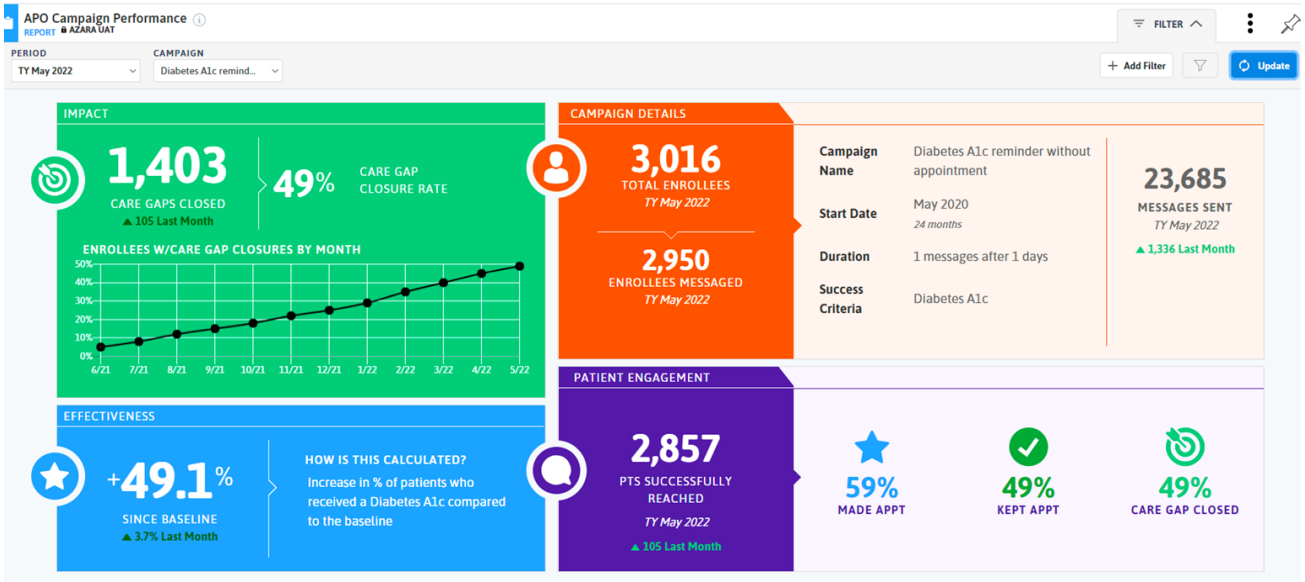
The CareMessage Product

Improve Clinical Outcomes

IMPROVE CLINICAL OUTCOMES

Azara Patient Outreach is built on CareMessage's platform and is accessible, enabling care gap closure reporting other Azara value (Payor Integration).



IMPROVE CLINICAL OUTCOMES

Pre-built Templates for Prioritized Gaps-in-Care

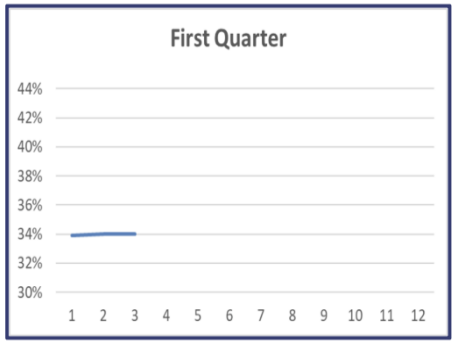
Library of 300+ evidence-based, customizable messaging templates written specifically for underserved patients, and is at or below a 6th grade reading level.

Prevention & Screening	Prenatal & Postpartum
Cancer Screening	SDoH Needs & Resources
Diabetes	Members without Visits
Post-Appointment	Insurance Enrollment
Chronic Conditions	COVID-19
STIs & Infections Disease	and MORE!

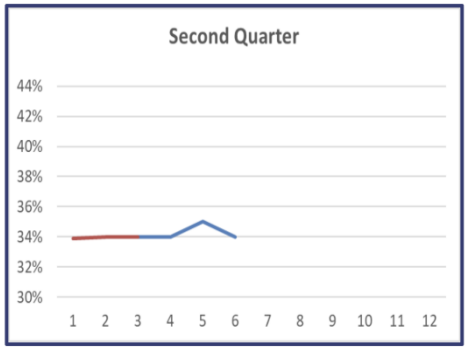
IMPROVE CLINICAL OUTCOMES

Lower Lights
Christian Health Center

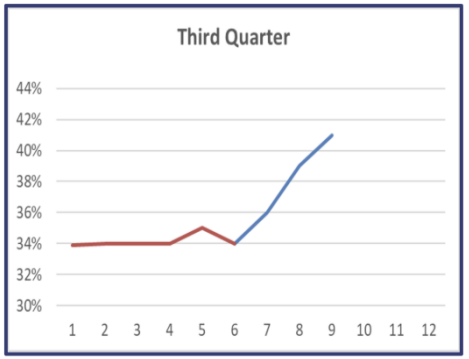
1:Many Messaging: Lower Lights Increase Breast Cancer Screening Rates by 10%



- Baseline of screenings is 34%
- **Called Patients for Screenings; low response rate**
- Gained Insight to Patients hesitancy - no insurance coverage, transportation issues, difficulty navigating the system



- Marginal increase for screenings
- Continued to **call Patients for Screenings; low response rate**
- Improved Patient Experience based on Q1 insights on their hesitancy

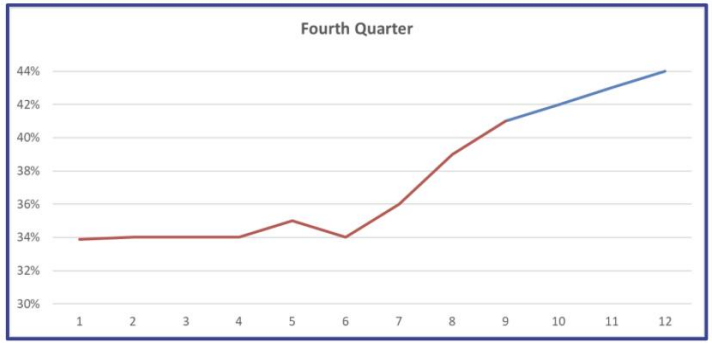


- **Introduced bi-directional patient texts leveraging content templates to schedule screenings with CareMessage**
- Increase of 8% in screenings

IMPROVE CLINICAL OUTCOMES (Case Study)

Lower Lights
Christian Health Center

1:Many Messaging: Lower Lights Cancer Screening & Mobile Mammography Outreach



- A total **increase of 10% screenings** in Q4 compared to Q1
- Used **text messaging as primary patient outreach** on screenings, health awareness and mobile mammogram time and availability

English

Hello records show that you are due for your mammogram and you can have one done at our (on the 23rd of April 2024. The OSU Mobile Mammography bus will be on site. To schedule please call . Thank you!

Spanish

Hola. Los registros de Lower Lights indican que debe hacerse su mamografia, estando disponible nuestra ubicacion de el 23 de Abril de 2024, con la presencia de la unidad de mamografia movil de OSU. Para hacer cita, llame a Angie al (. Gracias!

Hello
October is Breast Cancer Awareness Month. Breast cancers occur in Black women at a higher rate and at younger ages. Use this tool to see if you are at high risk then schedule a follow up with your provider. https://endbreastcancerohio.org/risk/

Other 1:Many Messaging: Lower Lights Medicaid Eligibility & Re-Enrollment

English	Spanish
LLCHC hosts Medicaid events Wednesdays through 6/28, 10:00am-5:00pm, 1160 W Broad St, Columbus, OH 43222 in our Community Room for Presumptive Eligibility & Medicaid Re-Enrollment. Bring State of OH Photo ID, DOB of family members applying for Medicaid, existing Medicaid Card, income verification, and Soc Sec card.	LLCHC realiza eventos con fines tentativos de elegibilidad y reinscripcion a Medicaid los miercoles hasta el 28/6, de 10am a 5pm, de 1160 W Broad St, Columbus, OH 43222.Traiga ID con foto de OH, fecha de nacimiento de familiares, tarjeta de Medicaid, comprobante de ingresos y tarjeta de seguro social.

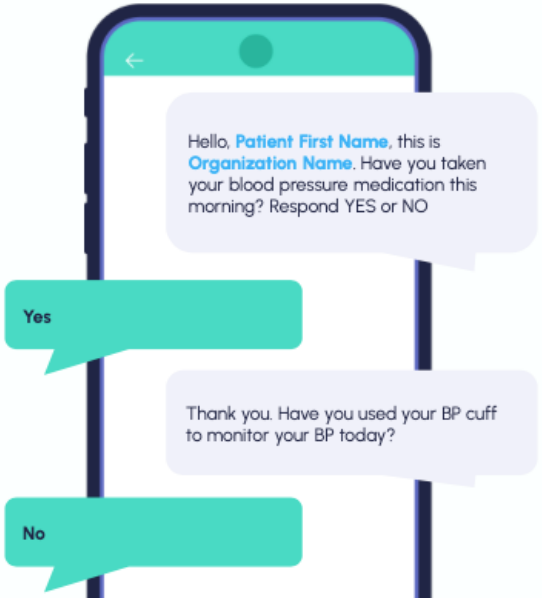
IMPROVE CLINICAL OUTCOMES (Case Study)

Flexible, Efficient, and Transparent 1:1 Messaging: (Gaps in Care Closure)

- Reminders to high-touch patients when lab work or appointments are due
- Follow up on chronic condition management
- Prompts to send self-monitored data points (e.g., blood pressure, weight, glucose)
- Patient Reported Outcomes Measures (PROMs)
- Manage referrals and update patient status

"We had a patient in the OB clinic who would never answer phone calls. Our RN Care Coordinator reached out to her via 1:1 Direct Messenger to see if she would be open to a call and closed, I think, seven care gaps. No problem!"

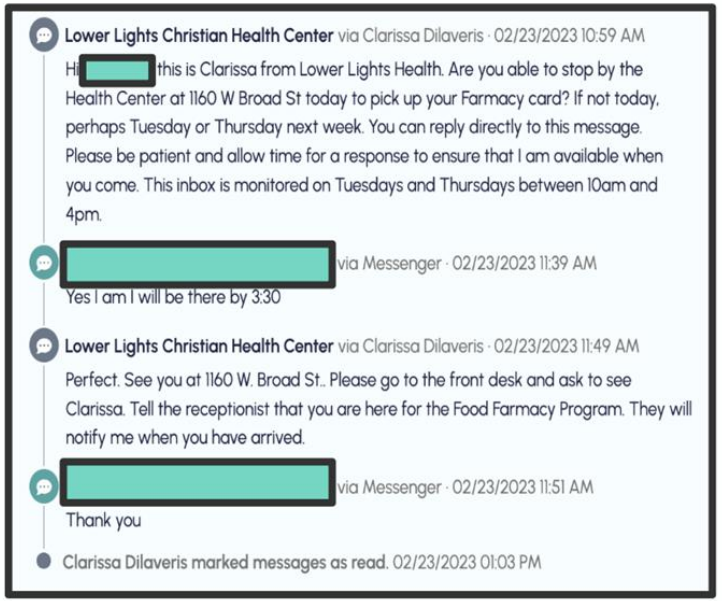
- Chief Medical Officer at a CareMessage FQHC



1:1 Messaging: Lower Lights Farmacy Program Enrollment

Lower Lights dietician sends 1:1 messages to patients about their Farmacy Food Program to ensure patients are aware of the program and enrolled for healthy nutrition

Dietician



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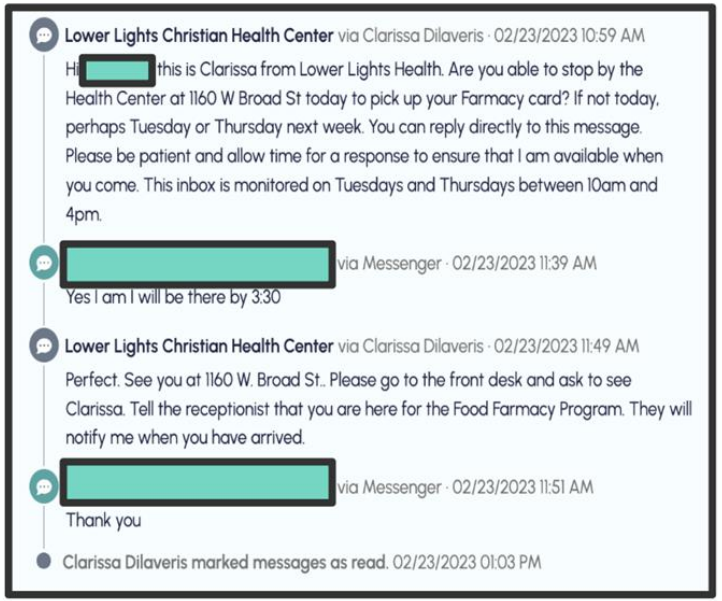
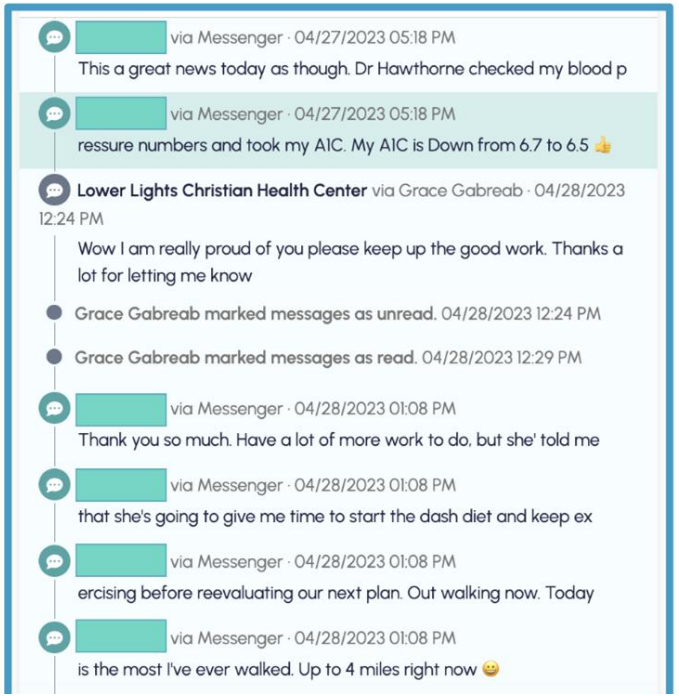


1:1 Messaging: Lower Lights Chronic Disease Management

Patients are able to report their A1C and share their Blood Pressure reading to members of the Lower Lights team

Hypertension Care Manager



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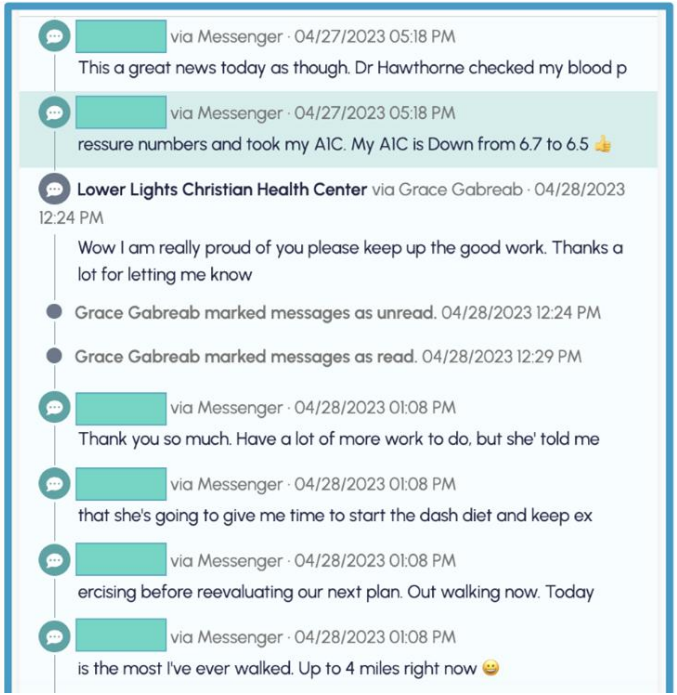


Referrals Management: Lower Lights managing internal and external referrals

Lower Lights have been able to message specialists' referrals to create a seamless and frictionless experience for patients to continue their health needs

Referrals Sent

13,075
Total

Referral Types

- General Surgery
- Gastroenterology
- Behavioral Health
- Radiology
- Urology
- Cardiology
- Speech Therapy
- Physical Therapy
- Ultrasounds

Automated Messaging

IMPROVE CLINICAL OUTCOMES

Health Education Programs Increase Patient Health Literacy

Educational and motivational health "nudges" delivered via text message.

3-5 messages per week for up to 25 weeks remind patients to focus on their health and make changes one step at a time.

When you quit smoking, you may feel more emotional or impatient. You may find it harder to stay in control and keep calm. Try to rest, relax, and breathe.

Available for general patient engagement, Nutrition, Exercise, Type 2 Diabetes, Stress Management, and Smoking Cessation

Measuring Impact

A1c Reduction

Study conducted by UC Berkeley at an FQHC using CareMessage shown to **reduce A1c by 0.4 points**, while those highly engaged (64.5%+ Response Rate) experienced a **2.2 point reduction.**

https://diabetes.jmir.org/2018/4/e15/

FIT-Kit Completion

Serial text messaging can substantially improve colorectal cancer screening rates in an underserved population. 17.3 percentage point increase in colorectal cancer screening in the intervention arm, compared to the control arm.

https://link.springer.com/article/10.1007/s11606-020-06415-8

Weight Loss

Text messaging on healthy lifestyle is associated with reduction in weight in NAFLD patients. Intervention group lost an average of 6.9 lbs. compared to gain of 1.8 lbs. in the control group.

https://onlinelibrary.wiley.com/doi/abs/10.1111/liv.13622

Visit CareMessage's website to learn more: https://www.caremessage.org/learn-more/clinical-publications/

IMPROVE CLINICAL OUTCOMES (Case Study)

FQHC with twelve health centers, one mental health center, twelve school-based health centers, and three part-time clinics, located in the northeast. This FQHC annually serves more than 80,000 patients with more than 400,000 visits.

CareMessage customer since **2019**

1M Messages sent TTM

86.2K total reachable patients through CareMessage

Access to Care Messaging

- Appointment Reminders and Follow-Ups
- Referrals

Care Gap Closure Messaging

- Cervical Cancer
- Colorectal Cancer
- Immunizations
- Missing A1C
- Wellness Visits

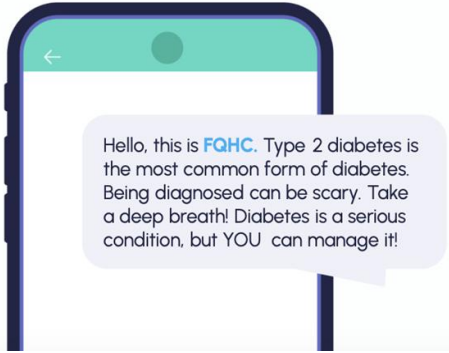
Health Education Programs

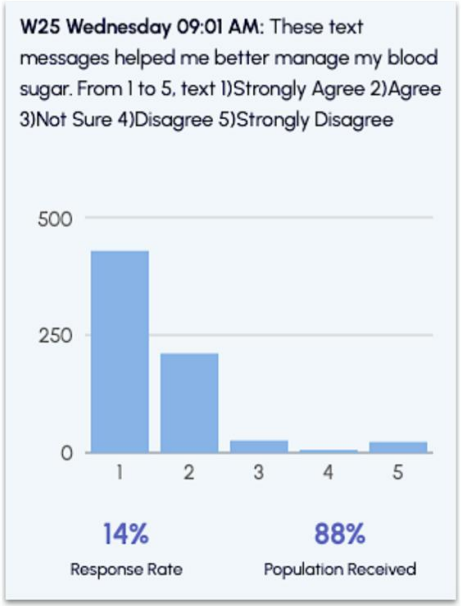
- Diabetes
- High Cholesterol
- Hypertension
- Smoking Cessation
- Maternal Health/Childhood Development
- Stress Management
- Nutrition

Prioritizing Improved Health Outcomes: Type 2 Diabetes (Patient Engagement)

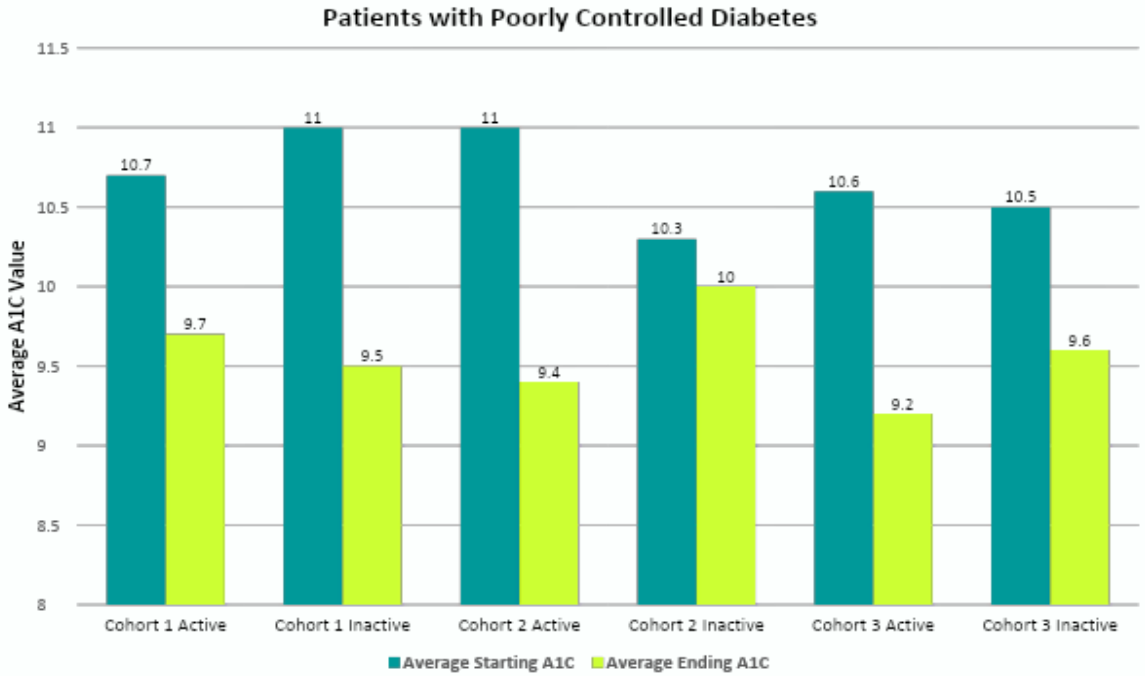
- Enrolled in Program: **~8K**
- Completed Program: **88%**

Survey Questions: Percentage who Strongly Agree or Agree	
Texts helped me better manage my blood sugar	92%
I learned useful information	98%
I felt more connected to the health center	94%
I would recommend Program to friend with diabetes	96%

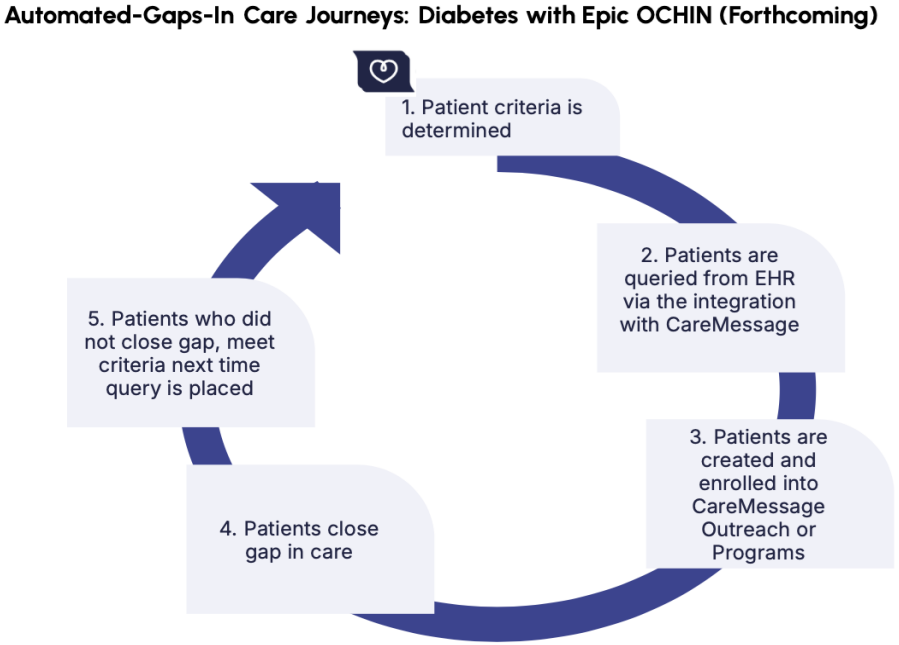


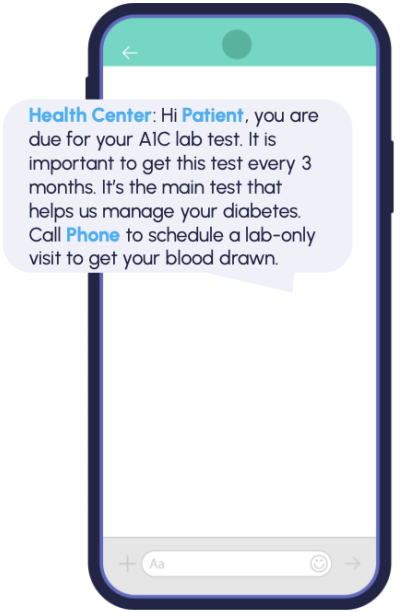


Prioritizing Improved Health Outcomes: Type 2 Diabetes (A1C Reduction)



Driving Care Gap Closure with Automation: (Customizable Triggers)





Amplifying and Scaling Improved Health Outcomes: (Increasing Clinical Appts w/o Additional Staff Time)

Driving clinical impact beyond Canyonlands

Patients who have moved get the reminders and still seek care at their new clinic.

Increasing scheduled appointments

780 pending or completed appointments scheduled since the first outreach, **up from 570 appointments scheduled** for diabetic checkups before the integration

Improving staff efficiency

10-20 hours per week of estimated staff time saved

Impacting UDS measures

2% decrease in percentage of patients with A1C >9 or untested

Canyonlands Healthcare

CareMessage

Thank You