

# Behavior Change in Healthcare:

## Strategic Taxonomy for Insurer-Led Programs

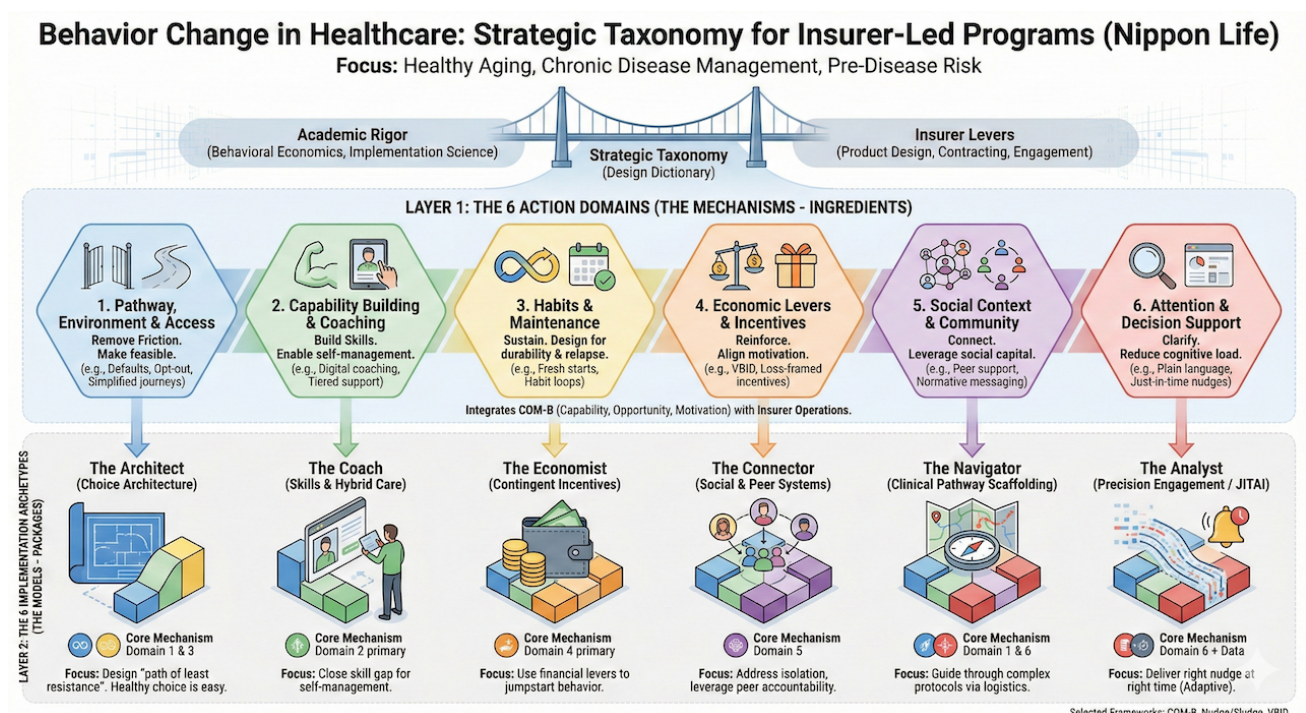
**Focus:** Healthy Aging, Chronic Disease Management, and Pre-Disease Risk

### Executive Summary

This document outlines a **Strategic Taxonomy** to guide Nippon Life's investment, partnership, and product strategies for behavior change. It bridges the gap between **academic rigor** (Behavioral Economics, Implementation Science) and **insurer levers** (Product Design, Contracting, Member Engagement).

Designed as a "Design Dictionary" for cross-functional teams, the framework is defined by a two-layer structure:

1. **The 6 Action Domains (The Mechanisms):** The functional *ingredients* required to change behavior (e.g., Environment, Skills, Incentives).
2. **The 6 Implementation Archetypes (The Models):** The market *packages* or delivery models that combine these domains into concrete products and services.



## 1. Taxonomy at a Glance: The 6 Domains

This framework integrates **COM-B** (Capability, Opportunity, Motivation) with practical insurer operations.

Domain	Primary Focus	High-Leverage Insurer Actions
<b>1. Pathway, Environment &amp; Access</b>	<b>Remove Friction:</b> Make action feasible and complete.	Journey simplification, "closed-loop" navigation, default settings (opt-out), eliminating "sludge."
<b>2. Capability Building &amp; Coaching</b>	<b>Build Skills:</b> Enable self-management.	Vendor selection (digital/hybrid), referral triggers, tiered support models.
<b>3. Habits &amp; Maintenance</b>	<b>Sustain:</b> Design for durability and relapse.	Re-engagement flows, habit scaffolding, "fresh start" cues, long-term monitoring.
<b>4. Economic Levers &amp; Incentives</b>	<b>Reinforce:</b> Align motivation via benefits/price.	VBID (Value-Based Insurance Design), smart incentives (loss-framed/lotteries), outcomes-based contracting.
<b>5. Social Context &amp; Community</b>	<b>Connect:</b> Leverage social capital.	Peer support systems, caregiver integration, community linkages, normative messaging.
<b>6. Attention &amp; Decision Support</b>	<b>Clarify:</b> Reduce cognitive load.	Plain language, risk visualization, decision aids, "just-in-time" notifications.

## 2. Implementation Archetypes (The Landscape Map)

Market solutions are clustered into these 6 Archetypes. These describe how the domains are packaged into products or services.

### 1. The Architect (Choice Architecture & Pathway Design)

- *Core Mechanism:* Domain 1 (Environment) & Domain 3 (Habits).
- *Insurer Role:* Orchestrator of the care journey.
- *Focus:* Changing the "path of least resistance" so the healthy choice is easy.

### 2. The Coach (Skills & Hybrid Care)

- *Core Mechanism:* Domain 2 (Capability) primary.
- *Insurer Role:* Payer/Partner for clinical coaching vendors.
- *Focus:* Closing the skill gap for chronic disease self-management.

### 3. The Economist (Contingent Incentives & Benefits)

- *Core Mechanism:* Domain 4 (Incentives) primary.
- *Insurer Role:* Product Designer (VBID, Rewards).
- *Focus:* Using financial/material levers to jumpstart behavior.

#### 4. **The Connector (Social Capital & Peer Systems)**

- *Core Mechanism:* Domain 5 (Social).
- *Insurer Role:* Community builder or connector to local resources.
- *Focus:* Addressing isolation and leveraging peer accountability (critical for aging).

#### 5. **The Navigator (Clinical Pathway Scaffolding)**

- *Core Mechanism:* Domain 1 (Access) & Domain 6 (Decision Support).
- *Insurer Role:* Guide/Concierge.
- *Focus:* Ensuring adherence to complex clinical protocols through logistics support.

#### 6. **The Analyst (Precision Engagement / JITAI)**

- *Core Mechanism:* Domain 6 (Attention) + Data-driven timing.
- *Insurer Role:* Data Platform & Messenger.
- *Focus:* Delivering the right nudge at the right time (Just-In-Time Adaptive Interventions).

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### 3. Detailed Domain Catalog (The Mechanism Toolkit)

#### Domain 1: Pathway, Environment & Access Design

*Designing the "Path of Least Resistance"*

- **Concept:** People often fail not because they don't want to act, but because the process is hard. "Sludge" (friction) reduces uptake.
- **Key Constructs:** Choice Architecture (Defaults, Active Choice), Friction Costs, Closed-loop Workflows.
- **Insurer Application:** Eliminate steps in evidence submission; use opt-out enrollment for disease management programs; simplify appointment booking.

#### Domain 2: Capability Building & Coaching

*Closing the "Know-Do" Gap*

- **Concept:** Chronic care requires *skills* (monitoring, planning), not just willpower.
- **Key Constructs:** Self-Efficacy, Goal Setting, Action Planning, Motivational Interviewing (MI), CBT.
- **Insurer Application:** Select vendors that use evidence-based coaching (not just "cheerleading"); integrate digital therapeutics (DTx) into coverage.

#### Domain 3: Self-Regulation, Habits & Maintenance

*Solving for the "Decay Curve"*

- **Concept:** Initial motivation fades. Durability comes from habits and recovery from lapses.
- **Key Constructs:** Implementation Intentions ("If-Then" plans), Habit Loops (Cue-Routine-Reward), Relapse Prevention, Fresh Start Effect.
- **Insurer Application:** Move beyond 12-week challenges to 12-month maintenance structures; design non-punitive re-entry paths for members who lapse.

#### **Domain 4: Incentives, Reinforcement & Economic Levers**

##### *Aligning Value and Price*

- **Concept:** Economic levers can initiate behavior, but design matters (e.g., loss aversion is stronger than gain).
- **Key Constructs:** Loss Aversion, Present Bias, VBID, Pay-for-Performance (P4P), Regret Lotteries.
- **Insurer Application:** Waive copays for high-value medications (VBID); use "loss-framed" incentives for adherence; align provider contracts with patient behavioral outcomes.

#### **Domain 5: Social Support, Norms & Community**

##### *Leveraging the Network*

- **Concept:** Health behaviors are contagious. Isolation is a risk factor for aging.
- **Key Constructs:** Social Norms (Descriptive vs. Injunctive), Social Proof, Caregiver Support, Instrumental Support.
- **Insurer Application:** Involve family members in care plans (with consent); facilitate peer groups for specific conditions (e.g., diabetes); normalize help-seeking.

#### **Domain 6: Communication, Attention & Decision Support**

##### *Respecting Limited Bandwidth*

- **Concept:** Attention is a scarce resource. Information overload leads to inaction.
- **Key Constructs:** Cognitive Load, Decision Fatigue, Plain Language, Icon Arrays (Risk Visualization), Shared Decision Making.
- **Insurer Application:** Simplify benefit explanations; use "teach-back" methods in call centers; ensure risk communications (e.g., screening results) are actionable and clear.

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## **Selected References & Frameworks**

- *Theory:* **COM-B** (Michie et al.), **Self-Determination Theory** (Ryan & Deci).

- *Implementation:* **RE-AIM** (Glasgow et al.), **CFIR** (Damschroder et al.).
- *Economics:* **Nudge/Sludge** (Thaler, Sunstein), **VBID** (Chernew, Fendrick).