

## Agenda and Contents

Recap of Where We Are in the Process Timeline

**Product Overview** 

Condition-Specific User Journey

Potential Impact to the Business

**Further Questions** 



# Recap: Timeline from Last Meeting

	Milestone	Deliverable				
	Feb 7	Present Possible Project Ideas				
	Feb 14	SPRINT 1: Hypothesis solution and tests based on what you've learned				
>	Feb 21	Value proposition and business case.  Map user profiles. Master the "internal sales" pitch.				
	Mar 6	Solution architecture and initial wireframing				
	Mar 20	SPRINT 2: Business Case Implement essential functions				
	Apr 3	Refine product and algorithm				
	Apr 17	Minimum Viable Product				
	Apr 24	SPRINT 3 – Buffer				
	May 1-4	Dress rehearsal and initial presentation   Final Presentation to CIO				



## Updates from Lecture This Week A Sneak Preview for Sprint 2 (March 20)

Create Business Case. Analyze the Problems and Potential Solutions

Brainstorming for Solutions Aligned to the Needs of the BigCo Organization and to the Corporate Culture

Keeping in Mind, May Need to Navigate Complex Organization Structure to Gather Feedback from MultipleStakeholders



## **Product:** Customer Chatbot



Flexible interactions with customers at scale. Gather unstructured health information and blend with publicly available information for added insights.



### Enables

Learn about latest medical conditions Increased compliance Enhanced Customer Experience



### **Impact**

Remote monitoring
Reduced Readmissions
Operates at Scale



#### Data **O**FHIR

BlueButton2, Apple
Health, Synthea
Train chatbots using Elmo,
Bert



### Risks

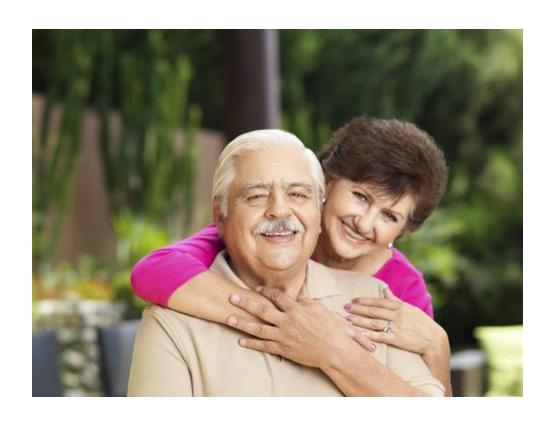
NLP algorithms can have high complexity to capture sentiment from medical terms



## User Journey

#### Meet Maria

- √ 50 Years Old, has a busy schedule with 2 kids getting married this year!
- ✓ Has type 2 diabetes and takes insulin shots for managing insulin levels
- ✓ Knows Missed Dosages Can Cost Her Visits to Hospital
- ✓ But can Be Forgetful and Sometime Life Just Gets in the Way





## A Diabetic has risks!

## Medication Compliance

- A missed dose could lead to spike in glucose levels
- Long-term poor compliance can land her in the hospital!

## Diabetes Care Management

- Is Maria
   managing her
   weight well?
- Are the symptoms getting worse?

### Early detection

- Diabetics are at high risk for poor foot neuropathy
- Complex
   Kidney Disorder
- Cardiac
   Complications



## **Potential Cost Savings**

Chatbot providing early detection of risk for Diabetic Peripheral Neuropathy (DPN) has potential for significant potential savings, with total spend estimated at ~\$1.8B per year

Annual costs of DPN and its complications for Type 2 Patients in US						
Health Condition	US Patients	Cigna Patients	Incidence	US Annual Cost (\$m)	Cigna Annual Cost (\$m)	
Diabetes (type)*	10,267,500	2,333,523				
DPN*	5,027,995	1,142,726	49%	\$216	\$39	
Footulcer						
Not infected	612,290	139,157	6%	\$5,698	\$1,036	
With cellulitis	63,144	14,351	1%	\$1,552	\$282	
With o <i>s</i> teomyelitis	25,323	5,755	0.2%	\$1,154	\$210	
Amputation						
Toe	15,617	3,549	0.2%	\$355	\$65	
Foot	4,805	1,092	0.05%	\$205	\$37	
Leg	18,820	4,277	0.2%	\$965	\$175	
Total annual cost				\$10,145	\$1,845	

#### \*Sources:

- Data from American Diabetes Association
- Cigna Population based on market share of 75M customers (Investor Presentation) out of 330M US population, and assuming 80% coverage



# Additional Questions



# Appendix



## **DPN** Detailed Description

Diabetic peripheral neuropathy (DPN) is a particularly debilitating complication of diabetes and accounts for significant morbidity by predisposing the foot to ulceration and lower extremity amputation.

It is estimated that between 12 and 50% of people with diabetes have some degree of DPN (1), which may be asymptomatic or symptomatic.

Symptoms may be disabling and are manifested as "positive" symptoms, including numbness, prickling, pain (e.g., burning, lancinating, aching), or allodynia.

A predominant feature of DPN is sensory loss, which may lead to foot ulceration due to even minor trauma.

The annual costs of DPN and its complications in the U.S. were \$0.8 billion (type 1 diabetes), \$10.1 billion (type 2 diabetes), and \$10.9 billion (total). Range of costs were between \$0.3 and \$1.0 billion (type 1 diabetes), \$4.3b and \$12.7 billion (type 2 diabetes), and \$4.6 and \$13.7 billion (type 1 and type 2 diabetes).

Based on this, we consider our Total Addressable Market Size in the US for Type 2 to be \$10.1B

Source: American Diabetes Association https://care.diabetesjournals.org/content/26/6/1790



## **Tentative Questions**

**CSP** 

Validating Assumptions for Business Case

Culture Questions from Today's Lecture

**User Testing** 

Product Design Choices

• Rules vs Learning





## Healthcare in the Age of Empowered Consumers

In a new paradigm, consumers are increasingly controlling access to their personal health data and selectively consenting to opt-in services if they feel that partners are delivering significant value.

This is a strategic shift from previously when large integrated companies controlled access to consumer/patient data.

How might established health services firms such as Cigna extract value from this democratized data, differentiate its services, attract customers and deliver outstanding quality care?



53 million

Medicare beneficiaries with data in Blue Button 2.0



150 Million

Users of opt-in mobile health apps such as Apple Health



## Hypothesis

Timely communication and patient engagement improves medication compliance



Improved compliance leads to reduced episodes of acute or emergency care treatments



### **Y** Testing the hypothesis

#### Identify

Test participants and one of their daily chores, such as going to the gym

#### Remind

Send daily reminders e-mails to the participants for one week

#### Laissez Faire

Stop sending reminder emails to the participant

#### Compare & Verify

Compare the compliance rates with and without the reminders



# The Company





#### **Patient-first**

Integrates the physical, emotional, financial, social, and environmental aspects of health and well-being of every customer.



### **Innovation**

Transforming health care, innovating across the delivery system to expand choice and improve quality, affordability, and experience.



### **Partnership and Collaboration**

Making health care more affordable by partnering with providers who provide quality, cost-effective care.



## Next Steps

#### **Experimentation**

- Conduct prototype testing
- Study how to utilize data sets

#### **Finalize Project Use Case**

- Value Proposition and Business Case
- User Profiles
- Internal "Pitch" to BigCo



## Chatbot Conceptual Diagram

