



CASE STUDY COLLECTION

WELLNESS RISING

Accelerating Diversity,
Equity, and Inclusion

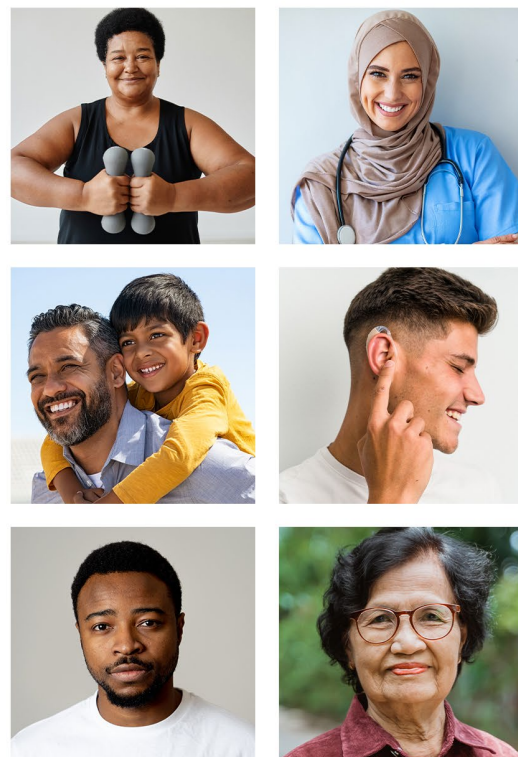


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Defining Diversity, Equity, and Inclusion

Diversity, equity, and inclusion (DEI) has become a buzzword reference in healthcare, driven by ongoing events that have illuminated a system struggling to fairly accommodate an increasingly diverse population with complex, evolving needs. In doing so, widespread inequities and gaps in access to and delivery of care have been exposed worldwide.

Activating programs that address diversity, equity, and inclusion directly affects patient health outcomes, quality of life, and cost of care – impacting the communities served and the way healthcare organizations and professionals interact with and treat patients from diverse backgrounds.

Let's first define what exactly diversity, equity, and inclusion mean:

D

DIVERSITY is understanding the background of persons served including culture, gender, sexual orientation, religious beliefs, and socioeconomic status, as well as hiring and retaining a workforce that is representative of a diverse population.

E

EQUITY is ensuring the care delivery team has the necessary resources to effectively do their jobs, and persons served are empowered in and out of treatment settings to optimally benefit from best treatment practices.

I

INCLUSION is giving both care teams and persons served a voice to help provide, receive, and influence high-quality care delivery and encourage a diverse healthcare staff in the treatment experience of patients.

Our Guiding Principles

At GoMo Health, one of our guiding principles is delivering sustainable, person-centered, remote care programs that address diversity, equity, and inclusion. Our programs have engaged patients, members, and consumers worldwide, including millions of underserved, vulnerable people of all backgrounds in rural and urban communities, creating one of the first engagement and data hubs for integrated care — coordinating physical and behavioral health, human/social services, law enforcement, and judicial organizations.

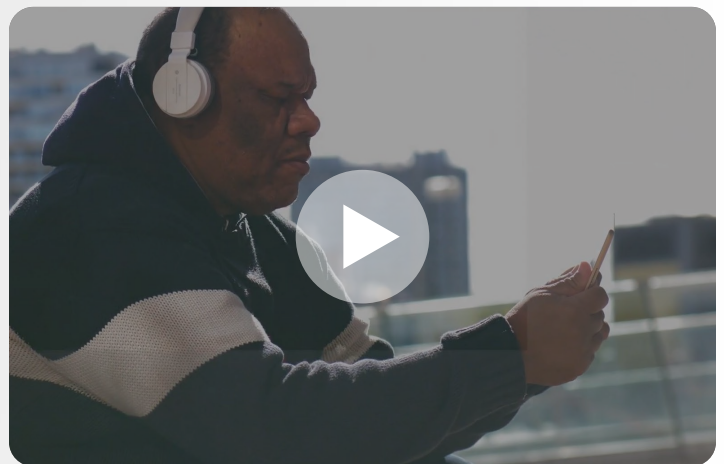
This booklet features a collection of case studies, highlighting our evidence-based solutions that address patient-reported social determinants of health that complicate access to care, identify disparities, and reduce gaps in care and diversity.

At GoMo Health, we believe that improving health outcomes for our most vulnerable populations improves health for all.





We call it **Wellness Rising.**
Join our movement.



For a quick one minute overview of our mission,
check out this video!

Click directly on the thumbnail above.

Meeting People Where They Are

This collection of case studies utilizes BehavioralRx[®], our proprietary science of precision engagement, to determine the patient and/or member activation strategy, approach, and content delivered.

BehavioralRx has proven to increase adherence to care plans and directives resulting in better patient health outcomes, increased clinical joy in practice, and reduced physician and nurse fatigue.

Our Engagement Approach



**Simple and
Highly Directed**



Is “In the Moment”



**Is and Feels Personal/
Creates Intimacy**



Goes to the Person



**Enables Patients to
Influence Based on
Their Lives and Preferences**



**Optimizes Human
HCP Talent/Minimizes
Adverse Events**

For additional insights into the GoMo Health BehavioralRx science, view this video from Chief Behavioral Technologist and GoMo Health Founder, Bob Gold and Chief Marketing and Client Services Officer, Shelley R. Schoenfeld: <https://youtu.be/bB2eN-YeoZk>

CONCIERGE CARE®

Digital Therapeutics to Reduce Gaps in Care

BENEFITS INCLUDE:

OPTIMIZED REIMBURSEMENTS

Increase patient satisfaction scores and satisfy value-based care delivery requirements to maximize reimbursements



PERSONALIZED PLANS OF CARE

Deliver personalized resources, support, and care while enabling the collection of electronic patient-reported outcomes (ePRO) data to drive predictive modeling



TRANSITIONAL CARE MANAGEMENT

Virtual care delivery empowers patients to activate their self-care and enables providers to scale clinical services provided to high-volume populations



IMPROVED PATIENT EXPERIENCES

Trust and credibility are fostered with patients, building resiliency and long-term adherence



CASE STUDY 1



Early Intervention Concierge Program

Breakthrough Early Intervention Digital Care Management Program to Support Children and Families

Amerigroup Georgia helps improve health care access and quality for more than 600,000 Medicaid recipients in Georgia by developing innovative care management programs and services.

Amerigroup Georgia and GoMo Health partnered to launch an Early Intervention Mobile Concierge Program to support members with autism and their caregivers and provide all members with children under the age of four with resources to ensure adherence with autism screenings and milestone tracking to support early detection. The program provides interactive education, actionable guidance, psychosocial support, and connections with local and national resources to ultimately ease the stress and anxiety of overwhelmed caregivers and members.



AMERIGROUP GEORGIA

PROGRAM DEMOGRAPHICS

Participants are Medicaid members and/or caregivers of children ages six months through four years as well as children with an autism diagnosis (ages 0 through 21).

The program includes a unique care management component for those in the foster care system that enables care coordinators to track when a child's main point of contact for care changes. These changes trigger escalations to ensure messages are being delivered to the current caregiver and all information is up-to-date in the system.

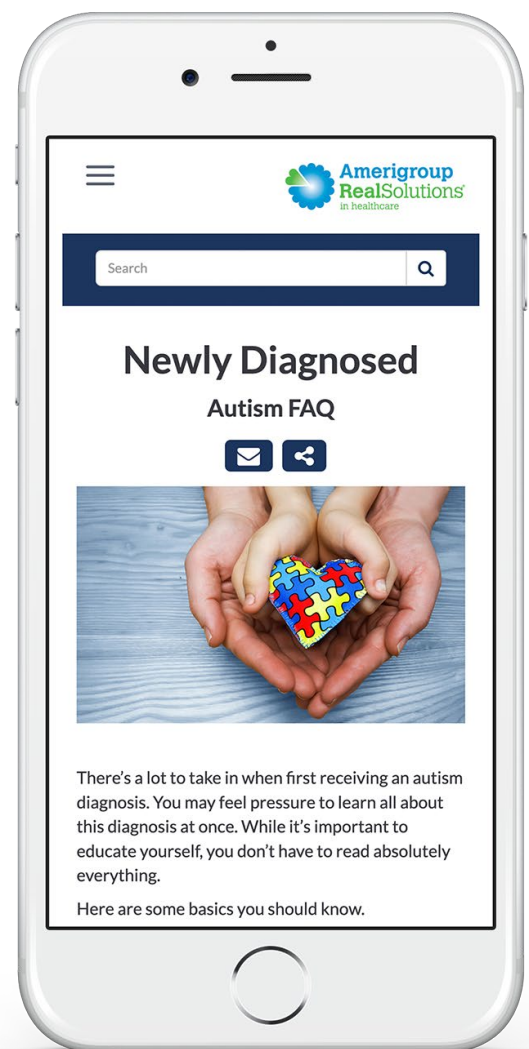
SNAPSHOT OF THE LANDSCAPE: AUTISM AND DISPARITIES

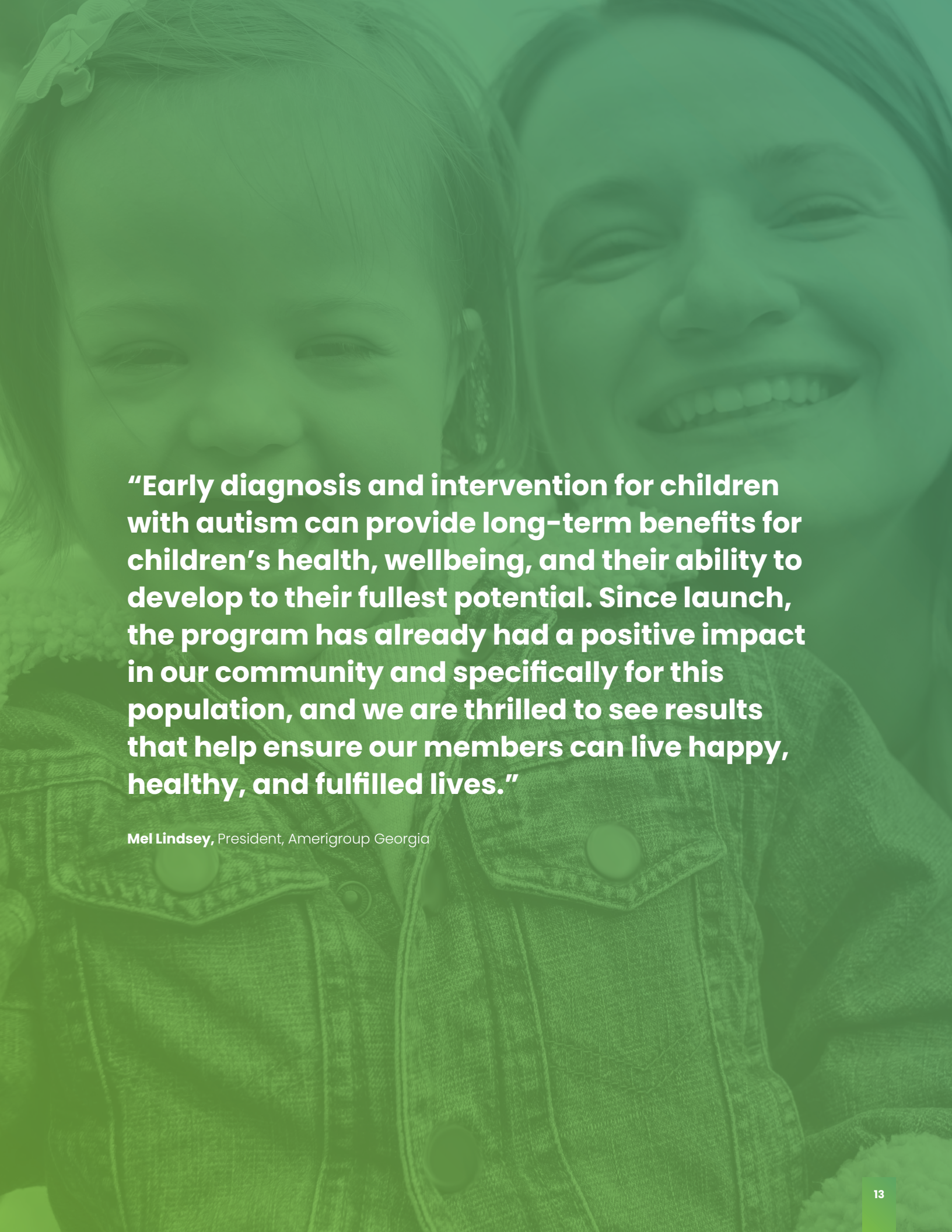
- + Children with autism have nearly four times higher odds of having unmet health care needs compared to children without disabilities.¹
- + Parents of children with autism reported a higher level of psychosocial distress and less social support than their counterparts with children with Down syndrome and the more commonly diagnosed type 1 diabetes.²
- + Children with autism, specifically, are 2.4 times more likely to be in foster care than their neurotypical peers.³
- + Children with autism depend fiercely on routine and familiarity, which is hard to maintain in the foster care system which lacks predictability and consistent healthcare providers.

¹ *Health Disparities among Children with Autism Spectrum Disorders Analysis of the National Survey of Children's Health 2016*

² *Clinical Practice and Epidemiology in Mental Health*

³ *SpectrumNews*





“Early diagnosis and intervention for children with autism can provide long-term benefits for children’s health, wellbeing, and their ability to develop to their fullest potential. Since launch, the program has already had a positive impact in our community and specifically for this population, and we are thrilled to see results that help ensure our members can live happy, healthy, and fulfilled lives.”

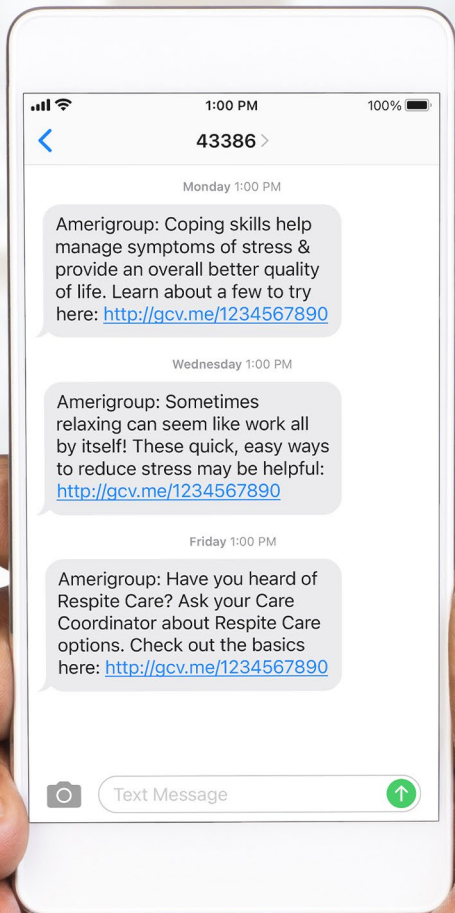
Mel Lindsey, President, Amerigroup Georgia

PROGRAM GOALS

The evidence-based digital therapeutic was created with a two-prong engagement strategy to support both parents and caregivers of children with autism (early intervention) as well as identify potential developmental delays (early detection) through milestone tracking, wellness visit reminders, and follow-ups.

LEVERAGING THE PRINCIPLES OF BEHAVIORALRX, THE PROGRAM WAS CREATED TO:

- + Improve health outcomes of members as well as overall family environments
- + Reduce adverse events, emergency department visits, inpatient stays, and total per member per month (PM/PM) costs
- + Provide caregivers additional psychosocial support and build confidence in ability to care for a child with autism
- + Enable care coordinators to improve productivity and increase joy in practice



Key Program Outcomes and Results

84,900

members enrolled

in the early detection program
(pre-diagnosis)

17% of those enrolled

have requested additional help from
care coordinators via the program
escalation-of-need process

5,407 program
participants enrolled

with an autism diagnosis in the early
intervention program

**98% average
retention rate**

across both programs

"It has been amazing to see the immense impact of this program. One memorable example is a parent who was escalated due to high caregiver stress levels and challenges understanding insurance coverage. Once escalated, her care coordinator was able to connect with her, understand her challenges, and in turn, place her into a higher level of care coordination to support her and her family. This is just one example of how this program is reaching families who would have fallen through the cracks."

Wenjie Sun, LCSW, CCM, Manager, Special Programs, Amerigroup

CASE STUDY 2



Recovery Pathways Substance Use Program

Remote Care Management to Enhance Behavioral Health Treatment Programs

Rimrock, the largest treatment center for adults with substance use and co-occurring disorders in Montana, views addiction as a whole person illness, affecting an individual's emotional, physical, spiritual, and social wellbeing.

GoMo Health collaborated with Rimrock to deliver *Recovery Pathways*, a personalized engagement solution for justice-involved participants from seven different treatment courts.



PROGRAM DEMOGRAPHIC HIGHLIGHTS

***Recovery Pathways* serves members in treatment court and members returning to the community.**

Core to the program is the understanding that failure to prepare someone for community re-entry, especially by leaving substance use disorder untreated, will result in an unreasonably high risk for re-offense.

A DIVERSE POPULATION

- + **25%** of enrolled participants are Native American
- + **14%** of enrolled participants expressed interest in Native American content, **80%** of whom are enrolled members of a tribe

Did you know...

While Native Americans account for only a small part of the U.S. population (about 1.7%), this group experiences much higher rates of substance use compared to other racial and ethnic groups.⁴

4 U.S. Department of Health and Human Services, Office of Minority Health. (2018)

Factors that contribute to the increased risk of addiction among Native Americans include:

- | | | |
|--------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| + Historical trauma | + Poverty | + Racism |
| + Violence (including high levels of gang activity, domestic violence, and sexual assault) | + High levels of unemployment | + Lack of health insurance |
| | + Discrimination | + Low levels of attained education |

“As a treatment court partner providing services, we have long envisioned the cooperation, support, and synergy of the *Recovery Pathways* program. The GoMo Health personalized engagement platform enables us to embrace mobile technology to focus on ongoing healing and nurturing of positive behaviors.”

Coralee Schmitz, Chief Operating Officer, Rimrock

“Montanans who work in treatment court, corrections, and addiction treatment have built and deployed a solution which will save lives, reunite families, and reduce recidivism. They are dedicated to helping Montanans rebuild their lives by getting clean, sober, and healthy. *Recovery Pathways* is the result of all three branches of government working together with the best private sector treatment providers and cutting-edge technology to treat addiction as it should be treated, as a disease.”

Greg Gianforte, Montana Governor

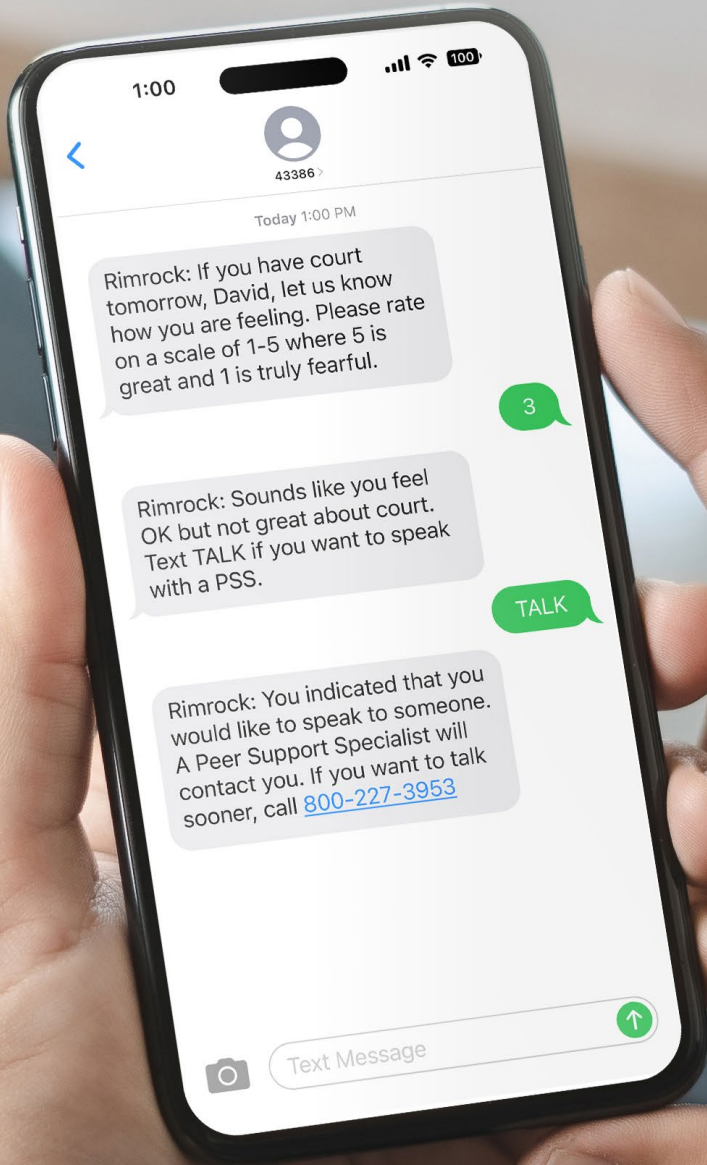
PROGRAM GOALS

For Members

- + Address social determinants of health that are barriers to recovery
- + Reinforce therapies outside of program sessions
- + Reduce member relapse rate
- + Increase program completion rate

For Support-persons

- + Provide behavioral and emotional support
- + Share proven tactics for engaging with member in the program
- + Increase empathy for loved ones in the program
- + Increase appropriate boundary-setting



Key Program Outcomes and Results

2020–2021: Increasing Access and Activation as a Result of Inter-Agency Engagement and Data Sharing

10% relapse rate
(compared to national average of 40–60%)

6x safety condition
improvement of current living environment

48.6% increase
(50.02% to 74.36%) in full-time employment

72% improvement
YoY in incomplete discharge status per medical record

89% program completion rate
in 2021 (compared to other states' rate of 50–70%)

“Treatment court judges need as many tools as possible to serve participants with substance use disorders. Accountability coupled with treatment enhancements assist the court in halting recidivism and encouraging life-long recovery.”

Judge Mary Jane Knisely, 13th Judicial District Court in Billings, Montana

CASE STUDY 3



FIDELIS CARE®

Condition Management Concierge Program

High-Quality Healthcare for High-Risk Medicaid Members

Fidelis Care provides quality, affordable health insurance coverage for more than 2.4 million children and adults. As a Medicaid program offering services to high-risk members, the Fidelis Care Concierge program, created by GoMo Health, enables the case management team to provide a more personalized member experience and relevant condition-specific education while increasing the efficiency and effectiveness of the care plan by integrating the Personal Concierge program into day-to-day workflows.



PROGRAM DEMOGRAPHICS


Participants are high-risk members who need advanced health management, care coordination/education, strategic health reminders, and simplified access to local health, social and transportation resources, as well as live 24/7 help and triage options.

Background and Demographics

- + Medicaid and Marketplace plan members
- + Pregnant women
- + Elderly individuals
- + Medically-fragile children
- + Low income individuals

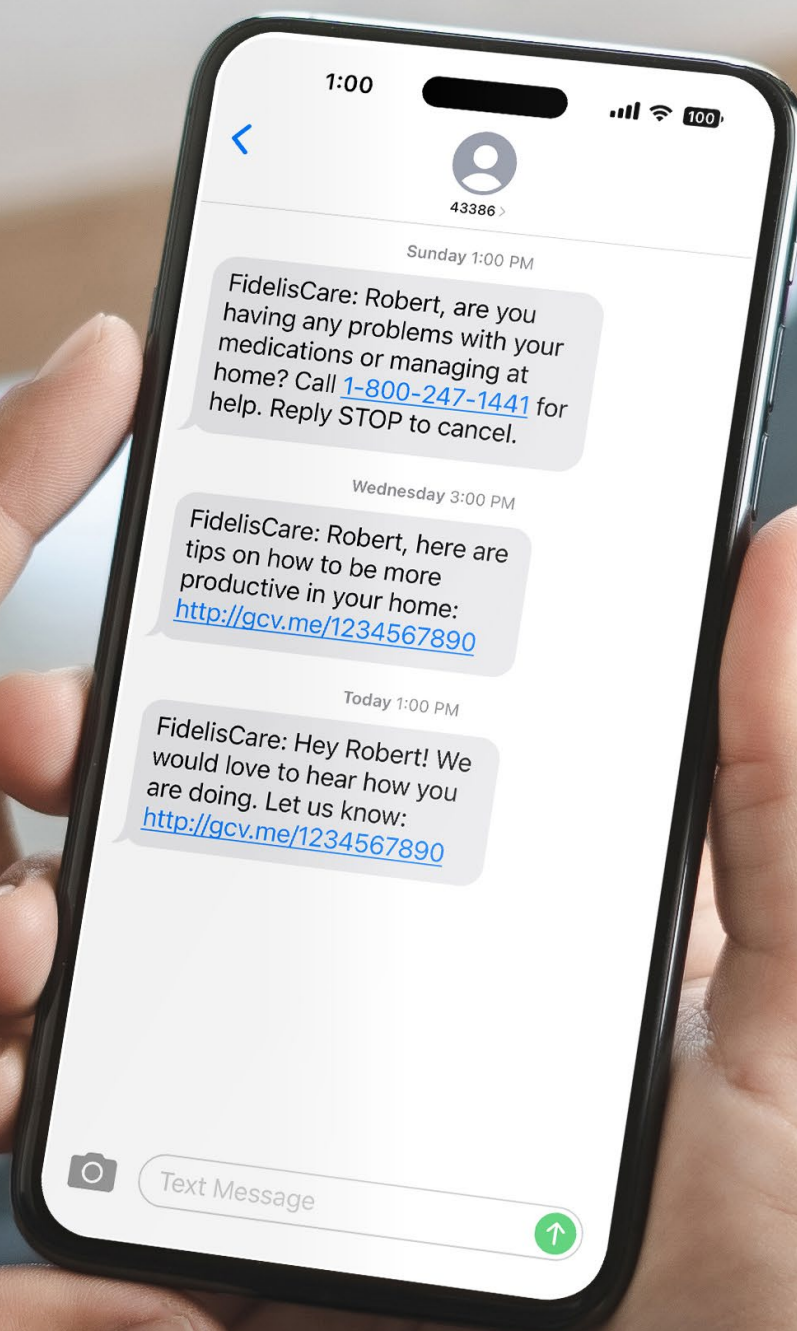
Challenges

- + Social determinants of health
- + Chronic condition management
- + Behavioral health
- + Substance use
- + Commitment to health
- + Knowledge of available resources



“A member of our plan made contact with their RN case manager from right outside the Emergency Department to let them know they were going in to be evaluated. This was a major turning point for us. Not only did the member have a relationship with their case manager (as a result of the consistent communication the GoMo Health program enabled) and felt comfortable reaching out, but the case manager was able to refer the member to the resources they needed and avoid the ED utilization.”

Jenny, RN Case Manager



PROGRAM GOALS

The Fidelis Care concierge program was created to enhance and extend the care provided to NY Medicaid members with specific conditions, empowering them to better self-manage, adhere to treatment, and take a more proactive approach in condition management while enabling the case management team to more effectively and efficiently support them.

- + Enhance member service quality
- + Increase service referral connections
- + Improve HEDIS measures
- + Improve joy in practice
- + Reduce PM/PM costs
- + Increase member utilization of resources
- + Increase adherence and activation levels in members
- + Decrease anxiety, depression, and other mental health challenges

Key Program Outcomes and Results

6–7%
closure of gaps in care

for engaged members in multiple categories

206% increase in
case manager efficiency

due to improved workflows that minimized staff burnout (measured by caseload per manager)

4%
reduction in ED visits

with engaged members vs. non-engaged members

95%
program retention rate

CASE STUDY 4



MyPlan Caregiver Support Program

All-in-One Care Coordination Solution for Caregivers and Care Managers

Since 1973, Sourcewise has provided services and support to seniors in Santa Clara County, CA with a mission to empower the persons cared for and caregivers with the tools and services they need to effectively navigate their health and life options through a comprehensive network of resources.

Sourcewise *MyPlan*, a collaboration between GoMo Health and Sourcewise, provides support to caregivers and ensures a timely connection to case managers that can help connect caregivers to resources such as respite care and Medicare. By bringing needed resources that they can access in their lived environment, the program gently guides the caregiver and addresses their psychosocial needs.



PROGRAM DEMOGRAPHICS

MyPlan Includes Family Caregivers Who Are:

- + 18 to 59 years old
- + Multicultural
- + U.S. based

Social Determinants of Health (SDoH): Persons Served or Members

- + 70% have a lack of reliable transportation that prevents access to care
- + 15% experience food insecurity
- + 15% live alone

Socio-emotional Status: Caregivers

- + 89% indicated high-stress levels with 92% directly related to caregiving responsibilities
- + 30% indicated depression

What Sourcewise caregivers are saying:

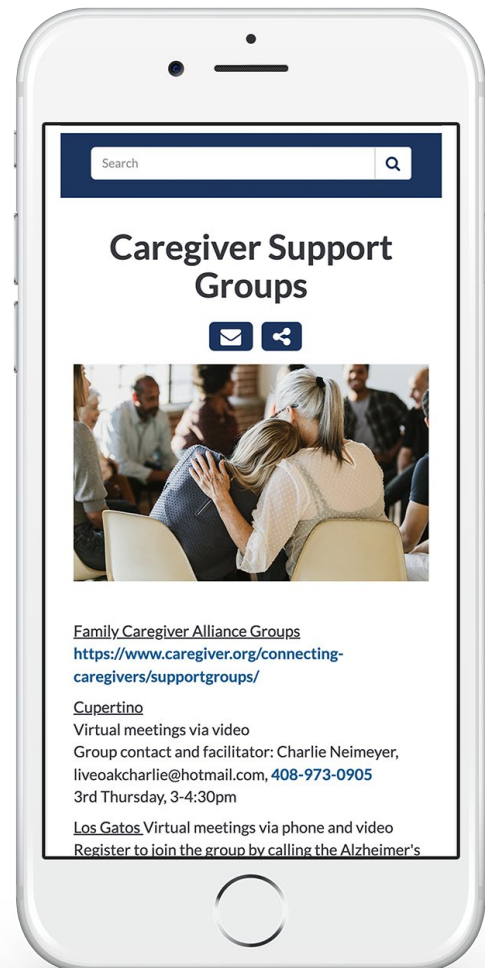
"I can't express how much of a difference your program has made in my life. Please continue the program."

"The GoMo Health program has hugely reduced my stress levels and the educational portal has taught me so much."

PROGRAM GOALS

An all-in-one care coordination solution for caregivers and care managers to:

- + Reduce the time between the first intake and the first interaction with care manager by 33%
- + Increase client satisfaction by 20%
- + Improve caregiver outcomes: PHQ 2; fatigue; stress; unmet needs
- + Improve net promoter score by 20%



Key Program Outcomes and Results



90%
overall program retention rate

Improvement in Caregiver Physical and Emotional Health:

• **100%** decrease in average length of hospital stay

• **76%** decrease in number of overnight or extended stays in the hospital

• **73%** decrease in rate of caregiver isolation

• **47%** decrease in ED visits that did not result in admission

• **29%** decrease in rate of caregiver depression

• **13%** decrease in rate of caregiver stress

Improvement in Persons Cared for SDoH:

• **45%** decrease in number of ED visits that did not result in an admission

• **20%** decrease in a lack of reliable transportation preventing access to care

• **10%** decrease in food insecurity

CASE STUDY 5



Made Easy Meals Chronic Condition Management Program

Integrating Food and Nutrition into Healthcare for Vulnerable Populations

Bright HealthCare, a tech-enabled Medicare Advantage carrier, delivers healthcare benefits to more than 720,000 consumers across 14 states. Core to its mission is ensuring integrated care that meets members where they are, reduces barriers to access, and drives improved outcomes.

In partnership with Healthrageous, GoMo Health designed the uniquely integrated Food as Medicine solution. The program combines nutritionally balanced meals from Healthrageous with a personalized and interactive Healthy Eating Score and virtual health concierge. Designed to provide a nurturing and seamless support experience, the program improves member health for individuals with qualifying chronic conditions and enhances an integrated approach to serving these vulnerable populations.



BRIGHT HEALTHCARE

PROGRAM DEMOGRAPHICS

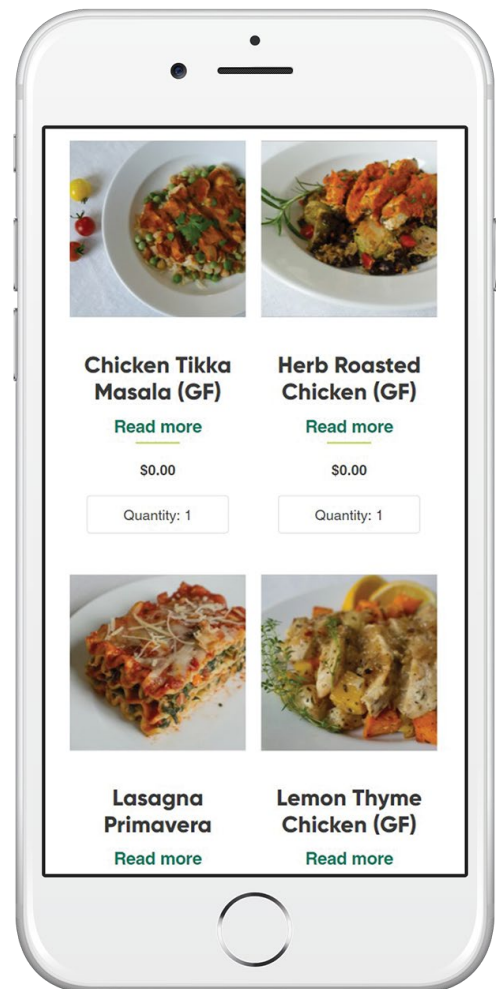
Bright HealthCare serves vulnerable populations to address social determinants of health in addition to chronic conditions, with 80% of enrollees between the ages of 60–79.

PARTICIPATING PLANS

- + Medicare Advantage Members Chronically Ill
- + Chronically Ill Special Needs (CSNP)
- + Dual Special Needs (DSNP)

QUALIFYING CHRONIC CONDITIONS

- + Type 2 diabetes
- + Congestive heart failure
- + Chronic kidney disease
- + High cholesterol
- + Hypertension



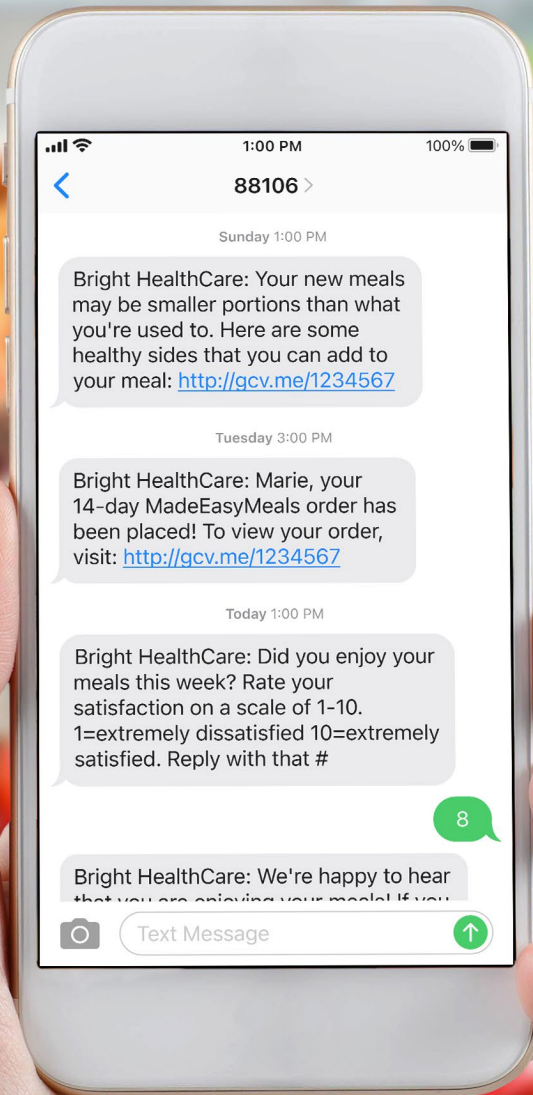
The program is offered in both English and Spanish with **38% of members selecting Spanish** as their primary language.



“Bright HealthCare is committed to transforming healthcare by combining our innovative technology model with the knowledge and expertise of local partners. The Made Easy Meals program has developed a strong clinical model of care designed to serve member populations with complex conditions and improve outcomes to deliver an even better experience for our members.”

Mike Mikan, Chief Executive Officer and President, Bright HealthCare

BRIGHT HEALTHCARE



PROGRAM GOALS:

Medicare Advantage Star Ratings

- + Enhance member experience
- + Improve quality measures

Health Outcomes

- + Empower members to live healthier lives
- + Address food insecurities
- + Improve individual blood pressure, cholesterol, weight, and HbA1c

Care Management, Joy in Practice, and Operations

- + Provide member services and resources more effectively, offloading day-to-day tasks
- + Enable care management team members to focus on high-impact activities

Cost-effective Scalability

- + Increase member retention and growth
- + Reduce ED visits, hospital stays, and readmissions
- + Reduce cost of care and utilization

Key Program Outcomes and Results

Successfully Managing Chronic Conditions for a Healthier Lifestyle

97% program participant retention

90% of survey respondents say this program makes them feel more supported by their health plan

88% of survey respondents say their ability to manage their health has improved since joining the program

80% of members reported satisfaction with meals

71% of members who submitted 10 or more glucose readings via at-home monitoring recorded lower A1C from baseline

"The program has been great! I have lost a few pounds, and my diabetes and A1C went down so I only need to take one metformin per day now."

Bright HealthCare Member

"The program keeps us very conscious about our health. Our doctor is very happy with our progress on maintaining our sugar levels!"

Bright HealthCare Member

AT A GLANCE: DEI IN ACTION

BRIDGEWAY EHOST PROGRAM

Program goal: Improve behavioral health outreach for at-risk youth



- + 26% of participants identify as LGBTQ
- + 66% of participants indicated they are homeless or at risk of homelessness

COLGATE CONNECT

Program goal: Enhance Colgate's oral health products with mobile-based engagement, empowering youth with resources to encourage healthy dental habits



- + Content is available in both English and Spanish to expand program reach and access
- + Program is curated specifically for youth to keep children resilient and actively engaged in a brushing routine

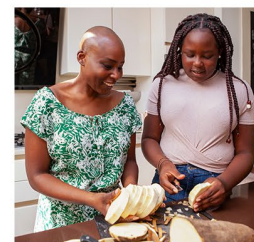
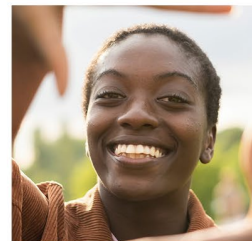
MENTAL HEALTH ASSOCIATION IN NEW JERSEY (MHANJ) CONCIERGE CARE PROGRAM



Mental Health Association in New Jersey, Inc.

Program goal: Connect high-risk residents with the tools to manage mental/behavioral health challenges and navigate COVID-19

- + 95% of participants are extremely satisfied with the program
- + Increased call specialist productivity with less time spent on phone calls due to virtual care coordination





OPTIMUS CONCIERGE CARE, AN ACO ORGANIZATION



Program goal: Increase medication adherence for patients with diabetes, hypertension, and high cholesterol

- + 33% of patients enrolled indicated Spanish as their primary language with content automatically changing to Spanish based on browser
- + In 2021, program saw a 10% improvement among Spanish speaking patients new to a condition

PARTNERS HEALTH PLAN HEALTHY CONNECTIONS PROGRAM



Program goal: Engage and nurture members/ caregivers with diabetes and/or hypertension to increase activation of member's health and wellbeing

- + Increase in HEDIS measures
- + Improved HbA1c: 55% increase
- + Controlled BP: 21% increase
- + Lowered hospital admission rates: 15% decrease

THE AGA KHAN HOSPITAL MATERNAL CHILD HEALTH PROGRAM



The Aga Khan Hospital

Program goal: Virtual care coordinator to remotely support prenatal/postnatal women in a rural area where healthcare is not easily accessible

- + 98% of prenatal participants said the content helped better manage their pregnancy
- + 93% of postnatal participants said the content helped better manage their baby's care



Schedule a 1:1 Consultation

Get in touch with a GoMo Health representative to receive a demo of these programs.

Visit **gomohealth.com/demo**
or text **GOMO** to **51684**

GET IN TOUCH

