Episode 33 – AndHealth: Reversing migraine and autoimmune conditions with behavioral and clinical care

[THEME MUSIC]

MATT SCANTLAND: About 80% of migraine sufferers are women. And so by addressing migraine, we're helping women.

NARRATOR: Welcome to the Cure for the Common Co. a podcast series looking at innovations in the world of employee health and wellbeing. Steve Blumenfield and other experts from WTW's Health and Benefits practice are talking to entrepreneurs and industry leaders who break ground to meet the needs of today's workforce and deliver benefit solutions that can separate employers from the pack.

STEVE BLUMENFIELD: Before we get going, I wanted to share that this is our last Cure for the Common Co. podcast. Thank you so much to our listeners. Please, check out our library of previous podcast interviews with leading innovators, and thanks so much for listening. And now, for the AndHealth Podcast.

Hey, Matt.

MATT SCANTLAND: Hey, Steve. Great to be here.

STEVE BLUMENFIELD: Everyone, welcome to the Cure for the Common Co. podcast. I'm your host, Steve Blumenfield, Head of Partnerships and Alliances for WTW. And I'm joined today by Matt Scantland, Founder and CEO of AndHealth, a migraine and autoimmune condition reversal centers of excellence solution. Welcome to the pod, Matt.

MATT SCANTLAND: I'm so excited to be here. Thanks for doing this.

STEVE BLUMENFIELD: We're so, so excited to have you, and we're also excited to be joined today by Andre Burkholder. Andre is WTW's Midwest Division Health Equity and Wellbeing Leader. Also one of the most knowledgeable consultants on wellbeing innovation. So welcome to the pod, Andre.

ANDRE BURKHOLDER: Thank you so much, Steve and Matt. Looking forward to it.

STEVE BLUMENFIELD: All right, let's get into it. So Matt, you are a successful entrepreneur. I say that because she co-founded and led CoverMyMeds, which is actually quite a sizable and impressive company that was then sold off all before you started AndHealth. So you clearly didn't just need the money. Why did you start AndHealth?

MATT SCANTLAND: Well, I'm a husband and a father of two kids living mostly in Columbus. And my favorite thing in the world is working as an entrepreneur on health. I went to school thinking I'd be a doctor, but ended up being a programmer and I've spent a career combining those two things. Because I believe that health is just such an important element of the lives of people. There were two catalysts for me starting this company. The first was my own experience in healthcare. And I'll take you back 10 years. My first son was born. I was 50 pounds heavier, pre-diabetic--

STEVE BLUMENFIELD: Wow

MATT SCANTLAND: --suffering from anxiety and stress and generally not prioritizing my own health. And my doctor who was a great guy said, Matt, when are you going to start participating in your healthcare?

STEVE BLUMENFIELD: Was that like a trigger moment for you? Did you really have that moment in front of the doctor and say, wow. I'm going in the wrong path and I need to make a decision right now?

MATT SCANTLAND: I did, yeah. And it had been something I'd been thinking about, but it wasn't until that moment, which was really one of those crucible questions, that I started to make the changes. And I think a lot of us have this moment in our life, whether it's a terminal illness of a loved one or our own health. When we suddenly realize there isn't going to be a pill for this thing that ails us and we need to start to participate. And I did that.

And actually really quickly, my health started to get restored. And today, I know that I will be a part of my kids' lives. I made a mental note, if I ever got a chance to do another company, I would want it to be a company that helps patients to participate in their own health. There was another thing that was happening at the same time in my professional life, and that was working in the utilization management--

STEVE BLUMENFIELD: Yeah.

MATT SCANTLAND: --industry. What we were doing at CoverMyMeds. We helped patients access medications. But every year, I saw the number of medications that people needed go up.

STEVE BLUMENFIELD: Absolutely.

MATT SCANTLAND: And we've all seen and I think eventually, you start to say, is this working and are people getting better? And it got me wondering about what's missing and can we build a company that gives clinicians the tools and the time to start to address the root causes of these illnesses so that we can start-- that people can continue to get better?

ANDRE BURKHOLDER: And Matt, when you look at the point solution and digital therapeutics space, so crowded right now with so many solid solutions-- behavioral health, and diabetes, MSK. I think it's fascinating that you focused in on pain management. If you're suffering from pain, I mean, you need help so you need specialized care.

And so to really focus on migraines, I think, is just outstanding and from what I know, I did some research, that one out of five women suffer from migraines. One out of every 15 men. So we're talking more than 40 million people in the US. How many headaches specialists are out there to really help these people?

MATT SCANTLAND: Andre, that's a great point. There's only about 2000 headache specialists for those 40 million people.

STEVE BLUMENFIELD: Those numbers just don't work. Wow.

MATT SCANTLAND: Right. So every single person that suffers from migraine, really no matter where they live, is living in a care desert. I think we all know that so much of health starts with access. And if I'm a patient that can't get access at all, I'm not going to get better. But if I'm a patient that lives in a major Metropolitan area, if I can get into a headache clinic-- And again, there's one specialist per 20,000 migraine patients. If I can get into a headache clinic, I'm going to see that doctor once a year.

And there's about a one year waiting list in most Metropolitan areas. And if I see a doctor once a year, there's really only one tool in the rational doctors toolkit, and that's medication. And we believe in medication. It can be super effective. But most chronic illnesses, 80% roughly of the expression of our own health or our sickness, is going to come from our behavior, our environment, and our lifestyle.

And if I'm a rational doctor that's just trying to do the best job that I can, if I'm not going to see a patient for another year, the chance that patient's able to show up again having made the changes that actually impact their health is pretty low. We start addressing this problem by solving that access issue. So as a doctor, I now have other tools in my toolkit.

STEVE BLUMENFIELD: We see this oftentimes in chronic condition management. The doctors who have limited ability to see people, because there aren't enough of them, they don't have enough time, and the visits are short in duration, are relying on the patient to monitor and make changes. And whether it's three months, or six months, or a year later, they're supposed to have reported back on everything they've done.

I mean, gosh, we all know what that's like. Just trying to remember what you ate this morning for breakfast, much less months or a year of history. And what if things went the wrong way? You might have been hospitalized in that time. Lots of things could have changed. So tell us a little bit about how you empower the doctor, and is it your doctors, and is it just doctors? Like what does that-- unpack that piece a little bit.

MATT SCANTLAND: So we're running a virtual clinic model. And we really think about that as a center of excellence for chronic disease reversal for each specialty that we treat. And the way that works is we become the patient's doctor. That's a doctor that we actually employ. Really important for creating the context for the patient that were an expert and because patients are looking for experts in their condition.

Once we're the patient's doctor, we're able to access standard of care. We have our own lab panel. We can order imaging if we need to. We can write prescriptions. And patients go through a prescription protocol that allows us to do really a medication reconciliation to get the patient on the right medication if that's something that's appropriate. Let's call that standard of care. That allows us to build the basis then for where we go next, which is to guide the patient on a disease reversal journey.

STEVE BLUMENFIELD: It's just like hover for a second here. And Andre, I'm going to ask for your point of view on this. We pretty rarely see a virtual clinic that actually becomes the doctor. Usually, it becomes a specialist that then reports back to a doctor. What's been your experience, Andre, with the chronic condition management solutions out there? How different is this and what do you find unique or compelling or challenging about that model?

ANDRE BURKHOLDER: Yes. And I think as we're going to share a little bit about WTW pilot results here soon in the podcast, which I'm excited to share. What we found is just from our pilot participants and as they were speaking about their specific journey through the AndHealth program, it was fascinating that it seemed very different than other chronic condition management programs. Very different than just trying to go to your doctor in the support that AndHealth provided.

Having that broader care team access to the doctor, et cetera, was a game changer. It's like if you're training for a sprint or a marathon and having a specialized coach for that in getting that direction and input on a very frequent basis.

STEVE BLUMENFIELD: Good to hear. OK. So Matt, you were talking about what else you wrap around that care. So why don't you just really punctuate that point? You become the care. There's such an access issue here. We've heard access issues in things like behavioral health. And by the way, if you're going to a therapist through a behavioral health company, they're going to become your therapist. But you don't really hear it outside of that. So this is a similar access constrained environment. So keep going.

MATT SCANTLAND: Yeah. So once we become the patient's headache specialist, we're able to do the things that head specialists can do. But then we go beyond that and we guide the patient on a disease reversal journey. For migraine, that takes about three months.

STEVE BLUMENFIELD: OK.

MATT SCANTLAND: And over the course of those three months, on average, patients will reduce their migraine days by 80% which is really quite a significant achievement. The existing standard of care, which is from a class of drugs called CGRPs, gets about a 40%

STEVE BLUMENFIELD: Wow.

MATT SCANTLAND: --reduction in migraine days.

STEVE BLUMENFIELD: 80% reduction, that's massive.

MATT SCANTLAND: Yeah. And the way that we do that is by pinpointing the root causes that are creating the expression of the migraine for the patient. And those root causes--

STEVE BLUMENFIELD: What are some examples of those root causes?

MATT SCANTLAND: A common root cause could be inflammation.

STEVE BLUMENFIELD: OK.

MATT SCANTLAND: That might be from a food intolerance. And that creates a sinus issue, which exacerbates migraine. Another common could be a musculoskeletal issue like a head or a neck injury, or a nutrient deficiency, or a hormone dysregulation either insulin or reproductive hormone. And by pinpointing those root causes, we're able to add precision to a behavioral treatment plan so that the patient achieves a really high return on their effort. We don't need to create an Olympic athlete to create a patient whose migraine goes away, we just need to find the one thing. And what that does is it allows us to fit into patients' lives in a way that's really, frankly pretty uncommon because we can move from huge aspirations like eat better, sleep more, to something that the patient's actually able to incorporate into their lives. And so we identify that root cause and then we pair the patient with a health coach. And that health coach helps the patient to implement their plan that addresses that root cause into their lives.

ANDRE BURKHOLDER: And Matt, when you think about having a migraine, you're having a migraine. You're knocked out for a good 4 hours to 72 hours dealing with pretty intense pain. And I've talked to colleagues here where they've had to literally lay underneath their desk in the dark and get off the grid, get off bright screens and emails. And it's just how debilitating it is.

You and I have talked before just all these people that are out there just silently suffering. How can you share a little bit more about that and do people feel comfortable sharing this with their employer because it seems like there's so many people out there that, again, are suffering that we're just-- that are not getting the help that they need.

MATT SCANTLAND: Andre, that's a great point. Migraine has tended to be associated with a significant stigma. And because of that access issue, it hides in the claims data to. In fact, in some ways, we tend to think about it a lot like we did mental health five or so years ago where it was always a big problem. But because patients didn't have access to it, it didn't stick out in the claims data. And so between those two things, the stigma plus the hidden burden, in the claims this is tended to be something that employers may not have thought as much about, particularly on the benefit side. If you talk to an HR person that's managing short term disability, they may have a lot more visibility into it because migraine is typically a top three FLSA claim.

The patients that we're seeing on average are missing about 30 hours of work a month between presenteeism and absenteeism. But about 80% of them say that they're not comfortable telling their employer about that condition. And so it truly is a hidden burden. 9 out of 10 of those patients, by the way, say, I really wish my employer would provide a migraine solution.

And when a migraine solution shows up, that tends to create a real, wow. I am inspired every day by what we hear from these patients. Let me read something that just came in from Alison who's a teacher and one of our customers. She said, when my school offered these benefits, it almost felt like they were doing it just for me. They didn't even know I had migraine, but my anxiety, the stress of teaching, and the constant uncertainty of migraine were piling up. I really, really needed this and the program changed my life.

STEVE BLUMENFIELD: Wow. That just must give you all such a reason to come in to work every day and help solve this problem.

MATT SCANTLAND: It does, yeah.

STEVE BLUMENFIELD: I'd love tohear more about, Andre, some of our people that went through this. So for those listeners who aren't aware. We will occasionally do a test drive ourselves or with family members of some solutions to get firsthand experience and Andre oversees that. So tell us a little bit about that program and maybe some of the reactions our folks had, Andre.

ANDRE BURKHOLDER: Yeah, sure. And first of all, Matt, I want to thank your senior leaders and Erica, Conroy, Julia, Phillips. I mean, they had me at hello in terms of how organized they were and how professional and just put on a wonderful pilot that would recommend for anyone out there who's listening.
I think the biggest thing we saw is after our folks completed the pilot, we asked them the NPS. Would you recommend this to someone else struggling for migraines? And it was 100% responded 10 out of 10 that they would recommend it. It was interesting because everything they said was apples and oranges to the traditional healthcare experience.

It seemed like a lot of folks had PTSD to calling into their doctor's phone tree and not being able to speak with anyone, no one getting back to them, and, oh, they want to see you 3 weeks out. I mean, there's just so many frustrations with the typical healthcare experience or it ends up in just a referral to the neurologist or the doctor has given you general high level information about your diet, et cetera. So they were really contrasting their experience with that. And they said that AndHealth was caring, empathetic, actually provided a proactive elimination diet, dug in deep on the nutrition, like you were mentioning, Matt, and actually have thoughtful discussions around stressors and behavior change. So what we ended up seeing was a tremendous amount of interactions with people. Check this out. This stat, Steve. 25 to 30 interactions with their care team average per pilot participant over three months. So 25 to--

STEVE BLUMENFIELD: Wow.

ANDRE BURKHOLDER: --30 interactions. So if you annualized that, that's over 100 interactions and you cannot get that with a busy doctor. People said they really loved how easy the app was to use and to get started, get enrolled. And you send them out of fantastic welcome kit with everything from acupuncture mat to glasses that help with blue light at night if you're on your phone to dim that.

STEVE BLUMENFIELD: Oh interesting.

ANDRE BURKHOLDER: They mentioned a very easy enrollment process. The comprehensive blood work that you guys ask for your specialists. And then they just couldn't stop raving about your care coordinators, your health coaches, and to this all those interactions that I mentioned a moment ago.

STEVE BLUMENFIELD: So it sounds like they're a little on the fence there, Andre? Is that you're saying that?

ANDRE BURKHOLDER: Yeah.

STEVE BLUMENFIELD: Pretty good, pretty good. So, Matt, clearly, you've got something that's working really, really well here. Is there something about the member experience or the way that your team does this that you think is the secret to getting that kind of response?

MATT SCANTLAND: Well. I do think we have a great team. And even sharing my own story is humbling frankly. Because everyone here at this company is here because they believe that patients can get past their disease and can change. And so like many things, it does start with people, but it's facilitated with technology and a protocol that actually allows us to treat migraine differently. And that's a really important element. I think when you think about digital health broadly, if I'm putting the same medicine into the patient's mouth, I'm going to get largely the same outcome. And I might do it in a more efficient way, I might do it with a better customer experience, but I'm mostly going to get the same outcome. And for an employer that's thinking about how do I address what is now 90% of my health spend on chronic illnesses, I really need to be looking for something that's treating the patient differently. And so those people are force multiplied by technology and by a protocol that leads to this disease reversal. And that's an important element of the success too rather than really just leaving it up to each particular clinician's judgment, which tends to create high points and low points in a healthcare experience, as you know.

ANDRE BURKHOLDER: There's another really interesting stat that came out. They said that they rated their AndHealth experience as a 10 as I mentioned, but their neurologist had a five. They acknowledged that their neurologists aren't set up to spend that much time with them to help them on the same scale and just how accessible AndHealth was. So just to give you two stats, our WTW pilot participants, 39% had a reduction in migraine frequency. 54% had a reduction in severity over three months. So Matt, how does our pilot compare to your broader outcomes that you see across your books? I know our pilot was a little shorter.

MATT SCANTLAND: Yeah. And I think that's a 39% reduction in migraine days. Is that right, Andre? That we had in the pilot?

ANDRE BURKHOLDER: Yes, I think so.

MATT SCANTLAND: And so relatively small number. And because these numbers tend to get moved by patients that are on the really high or really low acuity spectrum, that's candidly a little bit lower than we're achieving on average, which as I mentioned, is an 80% reduction in migraine days and we see that in a statistically significant way across the patient population. My understanding-- and I don't get into the patient level detail on any one client obviously for privacy reasons. But my understanding was that some of the patients in the WTW pilot were a little bit lower acuity than our average patient. And that probably resulted in-- there was just less total migraine days to reduce. That's what we thought explained that. But we see really remarkable results across the board for any customer. And one of the things that's so gratifying about this business has actually been how achievable these results actually are.

STEVE BLUMENFIELD: I would love to spend a moment outside of migraine because you're also looking at chronic conditions, particularly autoimmune conditions. And you look at those being related to pain. Tell us a little bit about where else you go aside from migraine.

MATT SCANTLAND: We launched our autoimmune program this summer, and we're adding patients to that program. We're treating five autoimmune conditions-- rheumatoid arthritis, psoriasis, psoriatic arthritis, IBD, which is ulcerative colitis and Crohn's. And the reason that we chose those particular conditions is because they're largely mediated by inflammation, which allows us to bring a root cause oriented approach to this. They're Super high cost for the employer. On average, 50 to $100,000 per year per patient. Largely medication costs, although not exclusively. And then also, they're associated with really high levels of engagement. Patients are really looking for a solution and they're willing to engage in their health care to get a better outcome.

STEVE BLUMENFIELD: And why is that? Because it's just so painful, so hard, these difficulties. The conditions are so difficult.

MATT SCANTLAND: Yeah, exactly. Pain is a really powerful motivator. And when we started this business, we spent a lot of time thinking about where can we make the biggest impact? Because the core idea of the company is to say, well, 80% of our health is our behavior. What chronic diseases would inspire a change in behavior?

And the way that we did that was we worked with a company that specializes in what's called social listening. And social listening is the idea of quantifying all of the online discourse on a particular subject. And we looked at a couple of proxies for activation. Joining a disease group, consuming or producing content, watching videos that are about solutions to chronic diseases, and we quantified that. And we came back with a activation index that allows us to measure the degree to which patients are actually motivated around a particular condition. Does that concept make sense so far?

ANDRE BURKHOLDER: Yeah, absolutely. So would you say that migraines are the middle of the activation index, but now you're talking about even going higher to people that are experiencing even more different types of pain, which is some of the conditions you're mentioning?

MATT SCANTLAND: Exactly, Andre. And what you'd see when we look at the activation index is up at the top are autoimmune conditions and cancers. In the middle are conditions that are associated with pain and disruption but typically aren't life threatening. Migraine is an example there. Also, there are things like allergies, musculoskeletal issues. And then at the bottom are actually the cardiometabolic diseases-- diabetes, hypertension, hyperlipidemia. And the ratio of activation between those is about 1,000 fold. The very bottom--

STEVE BLUMENFIELD: Just amazing. I mean, we've got it upside down. The people who are most motivated are the ones who've least had tools to help them to-- so it's just brilliant. It just makes so much sense. And when we think about the companies that have been most successful in those other disease states that are at the lower ranks, either they're replacing an existing workflow or process with something that's similar like to their home with a coach, or they're going after the people who are most activated within that condition. So really, what you did is unpack this to go right to the top and say, where do people want to make those changes? Were they motivated? Were they activated? That's great.

MATT SCANTLAND: Yeah, you got it. Exactly, Steve. And one of the things that in a way is almost sad is that this whole world's notion of what patients are willing to do is largely informed by the work that we've all collectively done as an industry with patients that are associated with the lowest activation index conditions. And so in a way, while, I don't think it's any more controversial that 80% of our health is our behavior and our environment. What's still really controversial is whether patients are willing to change.

STEVE BLUMENFIELD: So I'm just trying to think of the pieces of what we've heard so far. So we've got conditions that inherently, people are more motivated to treat. We've already seen before in the podcast solutions that tend to wrap care around someone and provide some behavioral economic motivations. Things like providing some gift that enables reciprocity.

So you give them these tools. Not to mention the fact that they're useful tools, but you're giving them coach and doctor that helps them to stay engaged they make commitments to those folks. So you've the behavioral economics piece, you've got the useful tools for people, you've got people who are already motivated and a program that works and provides care as needed where there's a lack of access.

ANDRE BURKHOLDER: I agree with you, Steve. I think, like you're, saying that people are most motivated, the people that really need the help, they're being vastly ignored out there by a lot of the digital therapeutic solutions and offerings out there. So yeah, really commend you Matt. And we started to touch on how this helped a teacher and I'm thinking about other industries, the healthcare worker.

And I think the list goes on and on because we're only talking about the impact of missing some work, but then you start to think about the impacts of your whole family dynamics and how that's disrupted with a migraine to rheumatoid arthritis to any of these things. So yeah, really think that found an interesting niche, Matt, and I really commend you.

MATT SCANTLAND: Thank you, Andre. I appreciate that. And one thing we didn't talk about that I think is maybe-- makes this approach even more valuable to both a patient, but also to an employer is that when we address these conditions through their root causes, we end up solving for the health of the whole patient. We've tended-- in our healthcare system we've tended to name the symptoms. And when we look at these chronic diseases, they're really systems biology issues. And so if I'm addressing migraine through the root cause of inflammation, I'm going to be addressing the other conditions that are mediated by inflammation. For example, the odds ratio actually between a patient with psoriasis and migraine is about 70%. And so one way to think about this strategy, this disease targeting strategy, is to think about it solves for specialization, which allows us to get really good at treating these conditions and to employ people that really know how to treat these conditions. But it also allows us to solve the other issues, essentially as a side effect of addressing the condition that the patient cares about.

As an example of that, one of the cases that we published was a patient named Sean. Great, great guy, had suffered from really significant migraine, but also some cardiometabolic symptoms. As a result of treating Sean's migraine, he not only got dramatically better on migraine, but he also was able to make dramatic progress on cardiometabolic issues, which improved to sleep, which improved his whole health. When you see patients like this, you have to just ask yourself, would this patient have achieved those same results had we targeted those head on rather than when we target the condition that the patient cares about the most?

STEVE BLUMENFIELD: A great, great point. It's a spoonful of sugar. Get the person to do the right things and you make it the default, which is something else that we say, in behavioral economics, make the right choice to default because they're doing it already for something else and then you're solving the underlying potentially even larger problem.

MATT SCANTLAND: You got it, Steve. And I think most of us know, you can get to probably 70%, 80% of the addressable costs through a relatively small number of the patients if you target at the high end of both the health acuity but also the cost acuity. When we use this targeting around the patient motivation as one of the filters, and then we couple that with can you achieve a different outcome by doing something different in the way that you're treating them? We have the potential to make a massive difference for an employer in the cost profile of their health.

ANDRE BURKHOLDER: As we mentioned on this podcast, there's a huge need for this. Employers may not even know about. Employees aren't always comfortable mentioning it, talking about it. But when something like this is put into place, they're just over the moon happy because they're finally getting specialized care. But as we think about diversity, equity, inclusion, are there any considerations for that type of a strategy for employers or other groups that this migraines and things are impacting in other groups that could really use a support also?

MATT SCANTLAND: Yeah, Andre, that's a great question. About 80% of migraine sufferers are women. And so by addressing migraine, were helping women. And migraine has been associated with the gender wage gap. We know that it's associated with stigmatization and dismissal in the healthcare system historically.

And so for an employer that is focused on DEI initiatives, addressing this condition is a really powerful lever because it addresses the gender wage gap and it helps people improve their function at work, which helps to increase representation in the bigger leadership roles and throughout the workplace. And so that's a really important one.

The other area that we know is a source of inequity is really around access. That lack of access has tended in these conditions to lead to both under-diagnosis, but also under treatment. And both migraine and the autoimmune conditions that we're working on have that same challenges. And so by solving an access issue, employers are able to increase the equity of their health program. Because as soon as an employer brings a program like this in, everyone, regardless of where they live, regardless of their economic status, is now going to be able to access world class care. And that makes a big difference in the equity and inclusion of a health plan.

ANDRE BURKHOLDER: Fantastic points, Matt. And I think I've also seen research that Black African-American, Hispanic women have also higher stats in terms of migraines. I think that's another area also.

MATT SCANTLAND: Correct, yeah.

ANDRE BURKHOLDER: So Matt, here's just more of a fun question for you. If five years from now AndHealth is wildly successful and you're on the cover of a major financial periodical, what does that success look like or what are the headlines say for you and AndHealth?

MATT SCANTLAND: My dream would be that patients have realized that chronic diseases are largely reversible, and that our healthcare system has realized that patients are willing to make the changes and can participate in their healthcare to achieve that reversal. And so we would be living in a world, five years from now, in which there's broad spread awareness that health is actually something that I can work on every day and I can have the life that I want largely free of the symptoms of these diseases.

STEVE BLUMENFIELD: All right. So we'll have to use a really small font to get it all on that front page. But OK, we'll give it a shot.

MATT SCANTLAND: Do you do you want to order headline?

STEVE BLUMENFIELD: That's just fine. If you want one, you can always throw out another one. But it's fun to have those two. So let's talk about some of the downside. Working with employers isn't always a walk in the park. It's a demanding group, especially larger employers. So what was surprising to you in working directly with employers that you may not have learned until you really got into it with AndHealth?

MATT SCANTLAND: We do have a job of education to do. Because migraine has largely been something that hasn't been on most employers radar screen. It's been really encouraging when we do that education. Because typically in a meeting with a benefits team, someone in that room has migraine. And someone in that room says, you know what? This is right.

I didn't realize the condition was as addressable as I'm now learning because again, it had been dismissed in my own health journey. So I didn't maybe realize how addressable it was, but it's a real problem and it has held me back at work. And I know it's holding back many of our employees. And so there's that education. And that's caused me to think in some ways, migraine maybe is to the next couple of years like mental health was five years ago.

STEVE BLUMENFIELD: Sure.

MATT SCANTLAND: Where there's a growing recognition of this hidden burden. That's definitely been one of the first impressions that we've had. The other thing that has been something that we've really worked on and to some degree been a challenge is that employers see this and think it makes a ton of sense, but they're really busy.

STEVE BLUMENFIELD: Yeah.

MATT SCANTLAND: The benefits team has so much to do. And so we have-- we've tried to focus on being easy to work with, making the roll out of this really, really simple. I could get to that in a moment. But that's just a reality. And that is one of the reasons why we're expanding to additional therapeutic areas where there's motivation from the patient that allows us to achieve a different outcome.

But also motivation from the employer, and that's largely the costs. And so the vision for our company is to be the digital health company that's working at the tippy top of clinical complexity, but also of cost. So that we can help an employer get to a substantial part of the addressable cost across a handful of disease reversal programs.

STEVE BLUMENFIELD: Yeah, that makes sense. I'm curious as to the economic environment. So at the time of the recording of this, we're still really in the early post-COVID stage. Though there's still some strands around there and they're growing. We've got flu season, and you've got some earnings that have been mixed because inflation is back. What's been the impact? Has that been another barrier to getting time and attention or not so much?

MATT SCANTLAND: I'm actually not sure. I haven't seen an impact that I would obviously attribute to what may be recessionary environment. Certainly, employers are focusing on costs in a way that maybe over the last couple of years, it's mostly been around employee engagement. That's one of the things that we love about the areas that we're focused on, is that they really do both. Migraine has a nice blend of both soft cost and hard cost. The average migraine patient costs about two times the average beneficiary in hard claims costs. But again, it's missing 400 hours of work a year. And so we can both make an employee that's able to function more at work, but also can save money. Autoimmune, certainly, there's a huge amount of needless suffering in that patient population, but it's a significant cost story--

STEVE BLUMENFIELD: For sure.

MATT SCANTLAND: --for employers--

STEVE BLUMENFIELD: Especially medications, absolutely.

MATT SCANTLAND: Right. And for the first time ever, I would say, we're talking with employers that are starting to see how those conditions can be addressable. And I know that you've had some digestive health companies on the pod earlier, and they're an example. But we're maybe one of the companies that's focused on those autoimmune conditions largely that are treated with the same anti TNF medications but on the rheumatic side.

STEVE BLUMENFIELD: Got it.

ANDRE BURKHOLDER: And Matt, I think employers will appreciate the fact that you're going to be billing them per participant and for people that are actually motivated, want to get engaged in the program. And do you today or do you have plans to even bill those costs through the medical claims in that integration with the medical carriers?

MATT SCANTLAND: Yeah, that's a great point. We only charge for engaged participants and we break the fees out into milestones so that we're truly on the hook. Because that's how we achieve the outcome and that's how value gets accrued to an employer and to a patient. And we are working on both the ability to build with claims. We'd be happy to do that with employers. As well as, over time, other ways in which we can fit into the benefit design. Right now, we're doing this direct to employer model with brokers. But over time, we seek to be easy to work with in both the rollout but also in how we get purchased.

ANDRE BURKHOLDER: Matt, you used some great words today in terms of reversal, and being proactive, and getting to the root cause, and all of those are fantastic. But if your company was an animal, what would it be?

STEVE BLUMENFIELD:

MATT SCANTLAND: Yeah. Andre, and actually, I'm going to cheat here and use-- I asked you that earlier. And you said, well, I think you're a koala because you're--

STEVE BLUMENFIELD: A koala?

MATT SCANTLAND: --which I loved because you're soft, and lovable, and people love working with you, but you also have a certain fierceness in how focused you are on achieving a particular result. And I read the Wikipedia page on koalas and realize they're deceptively fierce actually. Something that--

ANDRE BURKHOLDER: Deceptively fierce and furry. OK.

MATT SCANTLAND: Yeah, all right.

STEVE BLUMENFIELD: If people are looking at your picture in this podcast, they might believe the fierce part, but I'm not seeing a lot of fur in that picture.

STEVE BLUMENFIELD: Well, let's take it a step further. Let's say you were a Greek god or goddess, a mythological creature, what would AndHealth be?

MATT SCANTLAND: I think we're a Phoenix.

STEVE BLUMENFIELD: A Phoenix.

MATT SCANTLAND: Yeah. And a Phoenix is an animal from Greek mythology that is reborn from its ashes. And the change we hope to bring to the world is to help patients recognize that they too can be reborn and have the life that they want free of chronic disease.

STEVE BLUMENFIELD: Wow. So I get this image of a flaming koala coming back to life.

MATT SCANTLAND: I hadn't thought of that image yet, but that won't leave my mind easily, I don't think.

STEVE BLUMENFIELD: Yeah that's your new logo. It's going to be a flaming koala.

ANDRE BURKHOLDER: Steve just helped you create your new brand and logo.

MATT SCANTLAND: Yeah.

STEVE BLUMENFIELD: Matt, you use the word reversal. We've heard that before in this podcast, but it might not be exactly the same. So tell our listeners what you mean from AndHealth's standpoint by reversal.

MATT SCANTLAND: The way we define reversal is to address root causes in a way in which a patient gets to dramatic symptom remission. You could call that deep remission. What it means to the patient is that they are largely enjoying the life that they want. What it means to our healthcare system though, is something that I think is an important concept and I compare that to disease management. Where we're largely focused around reducing costs by restricting access to care utilization, or addressing unit costs. And when we think about reversal, what we really think about is reducing costs by reducing the need for healthcare.

STEVE BLUMENFIELD: Interesting.

MATT SCANTLAND: And that's a really productive place to be for an employer. Because from the perspective of an employer, disease management or utilization management can sometimes be like squeezing a balloon. If I restrict access to needed medical care, costs may show up in my prescription drugs.

STEVE BLUMENFIELD: And it's already a state in which there isn't enough access. So restricting it further is certainly not going to help the problem in this situation.

MATT SCANTLAND: Right, right, exactly. It's a cycle that is not serving itself anymore. Costs go up, we restrict access. That causes costs to go up further, we restrict access more. And it's like squeezing a balloon. I'm squeezing-- from the perspective of an employer, I might be squeezing that balloon into medical costs, I might be squeezing it into drug costs.

You probably remember 10 years ago the study in which we found that there were about $350 billion a year in avoidable medical spending due to prescription non-adherence. And we know from our last company that those utilization management tactics are one of the contributors to adherence challenges in medication.

And so from the perspective of the employer, squeezing that balloon doesn't make any sense because I pay for it one way or the other. Whether I pay for it in medical cost or in drug costs, I also pay for it in productivity cost, which is an area is really a cost externality to the healthcare system, but not a cost externality to the employer.

By working on getting to disease reversal, we're putting a new cost management tactic into the hands of the employer where rather than squeezing that balloon, we're simply getting patients to the point where they need less healthcare. And that to us feels like a big part of the future of how employers are going to see their way through this.

ANDRE BURKHOLDER: Matt, when you think about reversal and actually getting migraine reversal, a big part of that has to be the care team. Can you tell the listeners a little bit more of the qualifications, the make up of that team? Are they meeting over their computer with them? Over the phone? But just a little bit more there I think would be helpful.

MATT SCANTLAND: Yeah. So patients are working with a collaborative care team through the AndHealth app. And the AndHealth app is facilitating secure communication, both video as well as chat, and serving up things like tracking and learning, all of that being part of the disease reversal protocol. Patients interact with a collaborative care team. We have a provider that's a specialist in the condition that we're treating the patient for, and then they also have a health coach. Both of those relationships are longitudinal. That is as a patient, I can expect to have the same people over time. So that I can build a relationship in which not only is there tools and time to address these root causes, but there's also trust.

And so that longitudinal relationship is really important. And the coaches have a coach certification. There's now accredited health coaching credentials and all of our coaches have an accredited health coach credential. Some come from a nursing background or a social work background. Some come from a nutrition background is a common one too, but they're specialists in the conditions that we treat.

ANDRE BURKHOLDER: Do you feel like the members your participants are just calling in or having their meetings for their regularly scheduled meetings or do you find people are calling in when they feel like, OK, I'm on the onset of potentially a migraine. Are they using it in that way?

MATT SCANTLAND: Yeah, a great question. It's a bit of both. For a migraine sufferer, the only real time access to the care system is largely through the ER. And we know in many cases, we avoided a trip to the ER, which as you know is both expensive but also really disruptive to the patient. Our average response time, for example in the WTW pilot was about 30 minutes, and that's inclusive of after hours responses. And that's really, really important because that's how we provide real time access for an acute issue. But then the patients are also participating in a reversal program in which we're going to have milestone oriented or outcome oriented communication as well. Some of that's synchronous and some of it's asynchronous. It's really daily from an asynchronous standpoint and if you think about those 100 interactions a year.

One way I like to think about it is each time we help solve for fitting into the patient's life with the treatment plan, or improving the treatment plan to better address a root cause or to better fit into a patient's needs. And that is essentially in some ways trial and error or you could call it iteration. It's just a level of iteration that you just can't get to. If I'm going to see a doctor once a year, how long would it take to have those 100 back and forth iterations to get to the treatment plan that's actually working?

ANDRE BURKHOLDER: Yeah, 100 years. And like you said, not to mention the cost of constantly seeing a provider and a specialist and going to the ER compared to having unlimited access to your AndHealth care team. So it's no comparison.

MATT SCANTLAND: Right. And you see that even in medication management. What do we say? One in three drugs will work for any given patient even within a class. And so just the amount of iteration that's required there is really important and getting to the point where you can iterate back and forth is really essential to achieving this outcome.

STEVE BLUMENFIELD: Well, fascinating. Matt Scantland, thank you for bringing two great companies to us. Thank you for sharing today about AndHealth and for being an excellent guest and for having a good time with us here on the pod.

MATT SCANTLAND: Well, thank you. It was great to be here and I appreciate everything, Steve, that you do and Andre, that you did on this pilot to help people get better.

STEVE BLUMENFIELD: And thanks for doing a pilot with our people. And Andre, as always, every time I talk with you, I learn something. Thanks so much for being our guest host today.

ANDRE BURKHOLDER: Thanks, Steve. Thanks, Matt.

STEVE BLUMENFIELD: And thanks especially to you, our listeners of the Cure for the Common Co. podcast. We've enjoyed creating and sharing this podcast series, and cherish the many positive comments you've shared with us in emails and in conversations. Please check out our library of previous podcast interviews with leading innovators, and thanks again for listening. Have a great day.

[MUSIC PLAYING]

NARRATOR: Thank you for joining us for this WTW podcast featuring the latest perspectives on the intersection of people, capital, and risk. For more information, visit the inside section of wtwco.com.