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Specializing in Connected Care.™

Clinical Update

February 2025

INSIDE THIS ISSUE

Looking back, looking ahead

Keeping the focus simple — on better health outcomes — can sustain us through a complex and demanding field.

Dr. Andrew Hertler
CHIEF MEDICAL OFFICER EMERITUS AND SENIOR ADVISOR

More than 10 years ago, I left oncology practice for the world of high-value specialty care. I would not have remained if my colleagues at Evolent were any less committed to patient outcomes than those I left behind in the clinic.

I see evidence of this commitment regularly. Consider the recent case of a patient with stage 1 lung cancer. His provider had requested authorization for a wedge resection to excise a small tumor. Yet, a landmark study had concluded that for similar patients, the odds of the cancer returning were three times higher with a wedge resection than with a complete resection of that lobe of the lung. In a peer-to-peer call, an Evolent clinical reviewer shared the data, which was new to the provider. They voluntarily changed the plan of care for the more intensive — and expensive — procedure.

Or take a case from our Musculoskeletal team, reviewing a request for a procedure to repair a patient's torn meniscus. Seeing that the patient had significant arthritis, with cartilage loss so extensive that there was nearly bone-on-bone contact in the knee, our reviewer recognized that the low-cost meniscectomy offered little benefit. Through the peer-to-peer process, the provider was convinced a total knee replacement was more appropriate for the member.

These are the types of stories that have been missing from the prior authorization debate. As conventional wisdom goes, we are solely focused on reducing spending.

We at Evolent do not have comprehensive statistics for all of our specialties on how often our clinical oversight leads to higher-cost

services. In our medical oncology solution, it's about 3-4% of all the cases in which we intervene. (Another 60% have no significant cost impact but often improve quality.) The fact that these cases occur tells me that we are prioritizing the right things — it's about quality first. And we know that over the long term, the highest quality care is often less expensive.

In a field that often finds itself playing defense, we cannot be bashful about proclaiming such stories. Every day at Evolent, we conduct more than 1,000 peer-to-peer reviews. Sometimes, we reduce costs by avoiding the use of low-value services or helping providers select

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therapies that are just as effective as higher-cost ones. Always, our interventions seek to maintain or improve the quality of life. Reviewing a sample of our medical oncology interventions a few years back, nearly 80% resulted in regimens with lower toxicity. In radiation oncology, we are encouraging shorter radiation therapy regimens in appropriate cases, a practice endorsed by medical societies that reduces "time toxicity" and costs for members without sacrificing efficacy. Payers save as well.

Providers have thanked us for our oversight. Recently, a Cardiology reviewer had a peer-to-peer discussion about an invasive vascular study for a minor foot issue. The provider recognized the inappropriateness and withdrew the request, opting for a less invasive option. Together, they identified the problem: an automated process in the health system generating such requests. Improved filtering is now expected to reduce these incidents.

We need to improve, as does the larger industry. We are not perfect. Yet, I don't lose sleep wondering whether our hearts are the right place.

My confidence in our people is what keeps me confident about Evolent's future as I enter my next chapter here. As of January 1, I am now senior advisor/CMO-emeritus, and Dr. Von Nguyen has succeeded me as CMO. Von, who joined Evolent in July as chief clinical officer, brings a unique background in technology — including AI — health plan operations, value-based policy, and more that feels tailor-made for Evolent's next chapter. I'm particularly excited by the work he is already leading to harness AI to make the prior authorization process less burdensome for providers and more efficient for all.

But beyond his resume, it is Von's commitment to healthier patients and populations that makes it easier for me to turn the page. He shares our unwavering focus on better outcomes. He reveres the sanctity of the patient-provider relationship. He recognizes that trust and clinical credibility are essential to our relationships with providers. He knows we need to look out for health plan members as if they were our own family members.

As I continue supporting Evolent's mission in a new capacity, I look forward to collaborating with Von — and your plan. ●

A CONVERSATION WITH MELISSA FARLEY

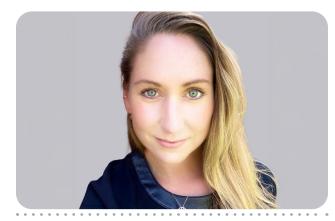# A champion for the provider experience

In July, Melissa Farley, PharmD, joined Evolent as vice president of provider solutions and experience. With nearly two decades of leadership experience spanning value-based care, provider relationship management, member engagement, technology and operations, she is focused on deepening and strengthening relationships with thousands of practices across our specialty solutions.

We recently spoke with Melissa about what brought her to Evolent, how she approaches measuring and improving provider engagement and experience, and why she thinks their importance will continue to grow.

MELISSA FARLEY
VICE PRESIDENT OF PROVIDER SOLUTIONS
AND EXPERIENCE

What attracted you to Evolent and this role?

I've always been attracted to companies that are trying to solve big complex problems and doing so in a purpose-driven way. I also knew this role would allow me to drive meaningful impact at scale because I could sense the level of importance the executive leaders placed on provider partnerships and their overall experience.

From a personal perspective, several years ago my father passed away from myelodysplastic syndrome. Throughout his care journey, I witnessed the disconnectedness across specialists and primary care — how they themselves struggled with the overall administrative burden and fragmentation of the entire system. Evolent's vision towards connected care for complex conditions hit me personally and is something that I'm determined to help achieve by working closely with our provider partners.

Career Highlights: Melissa Farley

EVERGREEN NEPHROLOGY

Division Vice President, Population Health Value-Based Care

NOVARTIS PHARMACEUTICALS

Director of Practice Strategy and Services

HUMANA

Director, Clinical Product Go-to-Market and Value-Based Care Solutions

DAVITA KIDNEY CARE

Sr. Director, Physician Experience

What led you to provider experience as a professional focus?

I'm not sure it was something that I chose. It naturally became my passion over the years given my previous roles in product and provider engagement, what I learned from them, and the beliefs I started to form. One being that the provider experience and patient experience are so closely intertwined. Everything that affects providers' world — the systems, policies, technologies and tools that they navigate every day — shape the kind of care they are able to deliver. While patients are absolutely the consumers of healthcare, I tend to view providers as the end-users, and we are working hard to simplify their day to day so they can spend more time with patients.

What's your approach to improving the provider experience?

Start by listening. It is easy to make assumptions about what you think providers need or how they are experiencing the services you've put in place. To improve their experience, you must drive a culture of organizational curiosity, which ensures we have a systematic approach to embed the provider voice into our decision making and our solution designs. Most importantly, we need to foster co-creation opportunities with physicians and their staff on improvement initiatives. Providers are some of the best problem solvers I know. We can't be afraid to bring problems to them and ask for their help. Measurement is another critical piece — you can't manage what you don't measure.

So, how are you measuring the provider experience?

We plan to pull together three different data domains so we can get a good pulse on the provider experience over time. One domain is *interactions*, which can be digital or non-digital

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structured data that tells you what is happening during an interaction, such as wait time, or peer-to-peer conversations. Evolent recently

launched a Provider Abrasion Index, which is a first step to pulling together interaction data along the practice journey. The second domain is *perception*, a measure for how providers feel during or close to a specific interaction. It is usually measured by a satisfaction or effort score. The third domain is *outcome* — what the

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providers do as a result of those interactions. For example, after a peer-to-peer exchange, did the physician modify their request based on the clinical evidence shared by our specialty-matched physician? What was the sentiment on the call? Over time, we will bring these three domains together, getting a richer, more layered understanding of the provider experience that drives improvement efforts.

Is there one aspect of the experience that is getting most of your attention?

There isn't one specific interaction or area. It's really about understanding the cumulative interactions that lead to a positive or negative experience and how this impacts overall patient outcomes. How easy is it to access or use the portal? How much time does it take? Is it complicated to schedule a peer-to-peer? What level of effort is needed to resolve an issue when they contact the call center? We recently conducted our annual provider survey, which helps us get very detailed in mapping the provider journey, identifying the various friction points along the way, and driving improvements. We're about elevating the full experience for everyone involved — from clinicians to the practice staff members who use our solutions daily.

What predictions do you have for healthcare in 2025?

I believe we are going to see the AI revolution accelerate and reward those that leverage it to drive real provider experience improvement at scale — improving efficiencies, easing administrative burdens and speeding authorizations. Also, provider experience will be seen less as a byproduct and more of a central goal for health plans — as part of their broader focus on improving member experience. The two are extremely interrelated.

What do you enjoy outside of work?

I jumped on the pickleball bandwagon. I've always been an athlete, and my competitive nature really comes out on the court! My family and I spend as much time as we can in the mountains, camping, hiking, and skiing around our Colorado home. I also love to entertain and cook. My daughters play competitive sports, so my husband and I spend a lot of our time traveling to their events. Working at Evolent has allowed me to pursue a career I love while also prioritizing my family. ●

The case for shorter radiation therapy courses

The evidence supports hypofractionation in many cancer treatment scenarios, but there are still many missed opportunities.

Shortened courses of radiation therapy offer potential advantages for both patients and payers. Prominent medical societies have endorsed the approach, called hypofractionation, which is typically used for localized cancers of the breast, prostate, lung, brain and skin. Yet, while hypofractionation has long been the standard of care in Europe and Canada, adoption has lagged in the United States.

HYPOFRACTIONATION OFFERS SEVERAL BENEFITS.

Shorter courses of radiotherapy offer equivalent overall survival and non-inferior toxicity,[1,2] as well as:

DECREASED COSTS

Out-of-pocket costs were $500 less, in inflation adjusted dollars, for Medicare Advantage members who received hypofractionated whole breast irradiation. Insurers paid $5,200 less.[3]

LOWER TIME TOXICITY

Shortened courses can avoid weeks of treatments. Among patients who missed work due to treatment, those undergoing short-course radiotherapy took off 41% fewer unpaid hours.[4]

BETTER EXPERIENCE

By reducing the total time spent at a cancer treatment center, hypofractionation improves the quality of life for patients who are in pain, are fragile, lack transportation, or lack caregiver support.

YET IT REMAINS UNDERUTILIZED AND HIGHLY VARIABLE.

Despite progress, the U.S. health care system has room to improve.

- **Adoption has increased steadily.** For example, in invasive breast cancer, use of hypofractionation increased from less than 1% in 2000 to 64% in 2020.[5]

- **Provider patterns vary widely.** While some U.S. oncology practices use hypofractionation in 100% of all appropriate cases, others use it much less than 50% of the time.[6]

- **Certain populations are less likely to receive it.** Black men undergoing treatment for prostate cancer were about 10% less likely than White patients to receive moderately hypofractionated regimens and 22% less likely to receive ultra-hypofractionated regimens.[7]

ACROSS-THE-BOARD IMPROVEMENT REQUIRES A SYSTEMIC APPROACH.

Our program aims to increase hypofractionation across populations and providers via:

- **Policies and high-value pathways** that give preference to hypofractionation in appropriate cases.

- **Clinical decision support** making hypofractionation the default selection when indicated.

- **Targeted outreach and education** to individual providers and practices with lower adherence.

- **Specialty-matched peer-to-peer reviews** that provide the evidence while inquiring about any unique patient factors that may favor the longer conventional regimens. ●

ADOPTION RATES

Between January and March 2024, we worked with our health plan partners and providers to achieve the following adoption rates:

92%	87%	86%	61%
Breast cancer	Skin cancer	Lung cancer	Prostate cancer

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[1] J Clin Oncol. 2020 May 20;38(15):1676-1684. doi: 10.1200/JCO.19.01485. Epub 2020 Mar 2.
[2] Radiat Oncol J. 2022 Dec;40(4):216-224. doi: 10.3857/roj.2022.00577. Epub 2022 Dec 26.
[3] Adv Radiat Oncol. 2024 Jul 15;9(9):101568. doi: 10.1016/j.adro.2024.101568. eCollection 2024 Sep.
[4] International Journal of Radiation Oncology*Biology*Physics, Volume 117, Issue 4, 2023, Pages e3-e4, ISSN 0360-3016, https://doi.org/10.1016/j.ijrobp.2023.08.029.)
[5] Pract Radiat Oncol. 2024 Sep-Oct;14(5):e305-e323. doi: 10.1016/j.prro.2024.04.010. Epub 2024 Apr 27.
[6] Evolent internal data
[7] JAMA Oncol. 2023 Dec 1;9(12):1696-1701. doi: 10.1001/jamaoncol.2023.4267.

Responsible data use for AI

Seven considerations for health plans to manage risks while pursuing the benefits of artificial intelligence.

Brandon Barber
VICE PRESIDENT DATA
SCIENCE, R&D, CLINICAL
INFORMATICS

When it comes to artificial intelligence, health plans today are pulled in two directions. First, they are drawn to the promise of the technologies and excited about harnessing them to drive better health outcomes, decrease provider abrasion, increase efficiency, and more.

At the same time, they are mindful of risks and unknowns, particularly when entrusting an AI vendor with vast amounts of their member data. What is the appropriate level of human oversight? What new patient privacy challenges exist? How can you guard against unintended consequences, such as bias?

While health plans have benefitted from various forms of AI for many years, the rapid maturation of generative AI tools has magnified both the possibilities and the concerns. Plans should ensure their data is used responsibly and regularly engage with partner organizations to mitigate risks. Here are several signs that an organization is taking seriously the need for responsible use of AI.

A CLEAR, ACTIONABLE AI POLICY

One sign that an organization is mature in its AI journey is the existence of an up-to-date AI policy, with a clear governance structure. The policy may guide development processes, performance thresholds, and steps to ensure applications perform at a high level, with minimum risk of harm, bias or hallucinations. Policies also give insight to the organization's stance toward the role of AI and any "red lines." At Evolent, for example, our policy states that AI will never issue adverse determinations or replace the need for clinical oversight and monitoring.

TRANSPARENCY REGARDING DATA USAGE

If you're collaborating with a vendor using AI, request an inventory of all the applications that will have — or may gain access to — your plan's data. Ask them to document how AI is used in

various processes and what role humans play, if any, in different steps. Find out how your data will be used to develop, train, or enhance an AI application, and if your data will be grouped with data from other clients. (More on that later.)

SAFEGUARDS AROUND SENSITIVE DATA

Data used for AI falls under corporate security and privacy policies. Specific considerations for AI include using only relevant data when training and validating AI-driven applications. Personally identifiable information, like member names and IDs, and other elements that the training model doesn't need, should be excluded from development and calibration processes. Training datasets should be deleted when no longer needed or in accordance with data retention policies, though the code should be retained to retrace development decisions when necessary.

PRIVATE CONNECTIONS FOR GENERATIVE AI TOOLS

Across all industries, an estimated 27% of the data that employees paste into generative AI such as ChatGPT contain sensitive information.[1] Users may think this activity is invisible, but in fact there are risks, like the potential that the information they paste into the tool will become part of the data model and shared with anyone else asking related questions. It's also a direct HIPAA violation to paste protected health information into a public website. To minimize risk, organizations can blacklist public browser-based tools across the enterprise and require employees to go through corporate accounts using private connections. By doing so, their queries are executed within the "four walls" of the organization and there is minimal risk of leaking confidential or sensitive data.

TRAINING YOUR MODELS WITH *YOUR* PLAN'S DATA

It may be tempting to combine one plan's data with others' so AI can learn from the largest possible data set. With more data, models are generally more credible, and relationships will be easier to detect. Alternatively, an organization may not have any data when starting a new relationship and desire to use the partner's book of business dataset. But there are major risks to a one-size-fits-all approach. Utilization patterns and disease burden vary from market to market. You wouldn't want to predict which Medicaid beneficiaries in rural Nebraska have the highest risk of preventable hospitalizations based on a commercial population in New York City. Also, clinical policies vary by plan and by state, meaning that AI models focused on medical necessity review must be "localized."

At Evolent, our policy states that AI will never issue adverse determinations or replace the need for clinical oversight and monitoring.

THOROUGH HUMAN VALIDATION OF AI MODELS

Developing a reliable, high-quality AI application takes painstaking work — repeated training cycles along with validation and testing following each iteration. Traditional performance metrics can help ensure that the models perform at a high level, but human users need to remain at the center of the process. Before releasing an AI tool into a production environment, clinicians should conduct thorough manual review, comparing their answers against those that are machine generated. You not only want to ensure high concordance and that performance

meets expectations, but also ensure that any errors, should they occur, don't cause clinical or financial harm. The tolerance for error, in both the original calibration and human review, should be low — in the low single digits.

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REGULAR MONITORING AND RECALIBRATION

An AI solution that works nearly flawlessly one day won't do so indefinitely. For example, a machine learning model trained on 2020 data, when COVID-19 kept millions away from elective procedures, would likely be poor at predicting knee-replacement surgeries today. Effective AI governance requires ongoing performance tracking and regular evaluation for drift and recalibration — and immediately if underlying conditions change. We additionally recommend adding AI-based applications to reporting dashboards for visibility and conducting regular human audits to ensure actual results continue to meet expectations. Finally, it's important that AI programs monitor for AI risks including bias. Organizations should regularly evaluate the populations they serve to ensure applications do not discriminate and take advantage of automated detection tools when available to minimize maintenance obligations. ●

[1] Coles, Cameron. Shadow AI: how employees are leading the charge in AI adoption and putting company data at risk. Cyberhaven. https://www.cyberhaven.com/blog/shadow-ai-how-employees-are-leading-the-charge-in-ai-adoption-and-putting-company-data-at-risk. Published May 5, 2024. Accessed December 9, 2024.

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Evolent partners with health plans and providers to achieve better outcomes for people with complex health conditions. Working across multiple medical specialties and primary care, we seek to ensure that care plans align with clinical evidence, respect members' goals and preferences, and connect seamlessly across providers and settings. Evolent serves a national base of leading payers, including managed Medicaid, Medicare Advantage and commercial health plans. Through a comprehensive suite of resources — such as high-value clinical pathways, electronic decision support and value-based payment models — we create an ecosystem that helps providers deliver better, more affordable care to their patients. Tens of millions of Americans have access to our clinical expertise through their plans. Learn more about Evolent **evolent.com**