

We're all in on outcomes. Here's proof.



Lyne
MOBE
participant

MOBE[®]

More than a decade ago, the Institute for Healthcare Improvement established the Triple Aim, recommending the industry do **three things** simultaneously to optimize health system performance:

- Improve population health
- Enhance the care experience
- Reduce costs

That's a tall order, and there are conversations about **two more aims** that may be critical to making noticeable change in health care:

- Improve the well-being of health care workers
- Advance health equity

There's no debating the importance of paying attention to these things, and they're sizable challenges. Whether named as a "quintuple aim" or not, pursuing each is warranted. The good news is that MOBE inherently and intentionally addresses all five challenges—**successfully**.

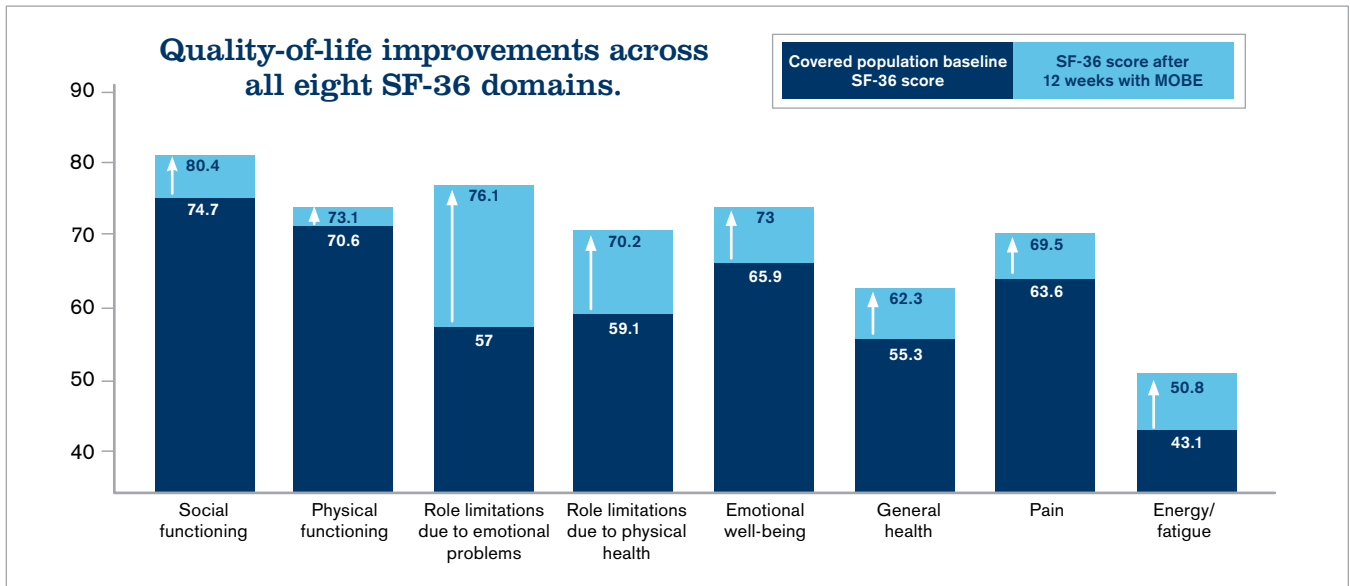
Where can MOBE make the most significant difference?

Individuals identified for intervention by MOBE's proprietary algorithm make up the target population. They typically use many low-intensity health services—like physician visits and prescription meds—but still fail to achieve clinical health goals or reduce their health care spending. On average, members of this group see a physician every two weeks and fill a prescription weekly, and nearly 25% take six or more medications prescribed by multiple providers.

There are significant opportunities to lower costs and improve care, and MOBE developed an intervention that does both. As a result, people who work with MOBE have better physical health and mental well-being outcomes.

1 MOBE improves the physical and mental health of those who participate.

MOBE uses the Rand 36-Item Short Form Health Survey (SF-36), a validated tool that allows individuals to self-report on their quality-of-life improvements as a proxy for health status. The SF-36 has been used since the early 1990s by health professionals worldwide to measure outcomes. Its eight domains examine vitality, physical functioning, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health.



SF-36 scores on a scale of 0-100, with 100 being most favorable.

MOBE participants from a large employer population completed the SF-36 survey. After 12 weeks of working with MOBE, they reported significant improvements. They reported far fewer role limitations due to emotional problems and notable improvements in their ease of performing everyday physical activities and in their overall energy and vitality.

2 MOBE enhances the care experience—participants confirm.

There's growing awareness that health is about far more than what happens at the doctor's office. It's about having the capacity, motivation, and know-how to make changes. Virtually every aspect of life—physical, social, and emotional—shapes a person's health journey and medical outcomes. MOBE bridges the time between doctor visits and complements the medical care a person is receiving.

Each participant is paired with a dedicated MOBE Guide who connects with them for 30 minutes, typically once every week. The Guide works with the participant to create and achieve goals around lifestyle behaviors.


MOBE Pharmacists, all licensed PharmDs, also connect one-to-one with participants to help them understand their medications, make recommendations to improve safety and achieve optimal results, send a detailed summary to providers, and follow up.



“ MOBE takes the abstract thinking and makes it tangible, measurable, and achievable. I can't expect my doctor to handhold me through situations. We have more progress check-ins about how things are going than I can with my own doctor...and just being able to speak out loud candidly from the comfort of home is super helpful. ”

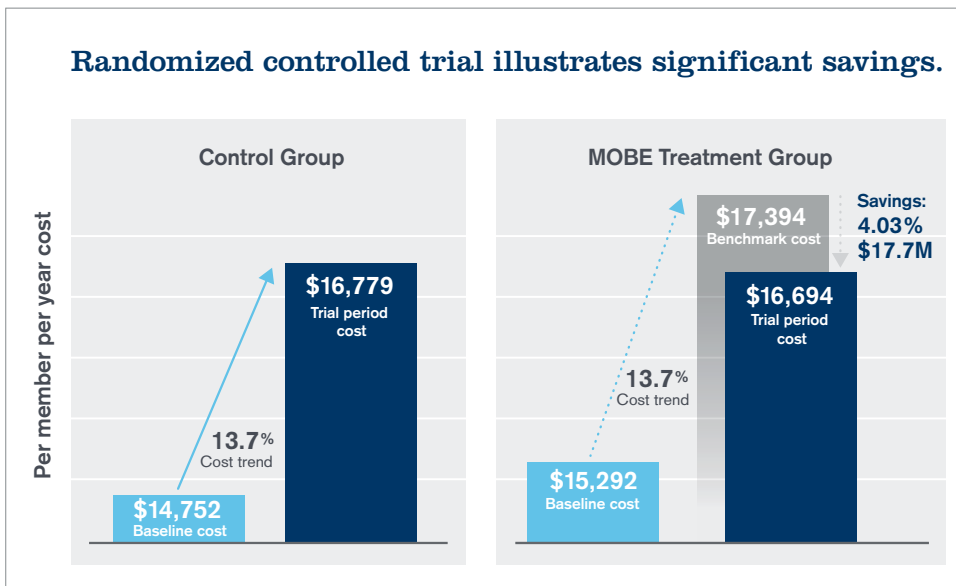
Regina
MOBE participant

MOBE participants have reported high satisfaction with their MOBE experience in ongoing surveys.

 Self-reported satisfaction with MOBE.	TOP 2 BOX % (Strongly Agree or Agree)*
Overall, I am satisfied with my MOBE Guide.	97%
Overall, I am satisfied with my MOBE experience.	90%
My MOBE Guide supports me in building motivation to achieve my health goals.	96%
As a result of engaging with my MOBE Guide, I have started to think about my health and well-being differently.	89%

3 MOBE reduces utilization and costs by improving individual health outcomes.

In partnership with a large U.S. health insurance company, MOBE executed a randomized controlled trial with 50,000 health plan members. Twenty-five thousand members based in Texas and Illinois were randomly assigned to a treatment group and offered MOBE services. The other 25,000, a control group, had no access to the services.



Over two years, the treatment group experienced a reduction in cost that was over 4%, resulting in **a savings of \$17.7M** attributable to working with MOBE.

Additional analysis showed savings resulted from lower spending on inpatient care, outpatient care, physician services, and prescription drugs. Decreased usage drove the cost savings, not restricted access or lower prices.

4 MOBE improves the well-being of individuals experiencing stress and burnout, including health care workers.

Numerous health care workers have benefited from working with MOBE. And although anecdotal, the impact is undeniable.

“ About four months into MOBE, I realized how much better I was doing. I was sleeping better. I was more engaged at work. I've learned that well-being is a journey, and the more well you are, the more resilient you can be. I am essentially recovering from my burnout. I see the importance of MOBE working hand-in-hand with me on my own health care because, as a health care provider, I'm only as good as my own health. It's important for me to have that well-being and wellness. ”

Carol

MOBE participant, pediatric pharmacy clinical specialist



“ I ask every one of the employees I run into going through all the clinics, 'Have you signed up for MOBE yet? I have. And I find it very helpful.' ”

Marie McCormack, MD

MOBE participant, Division Chief of Primary Care at Renown Health



“ I have learned numerous strategies from my MOBE Guide and have truly emerged from this depressive state with a renewed sense of confidence, hope, and the ability to prioritize myself. I am so impressed with the services MOBE provides and happy to share my experience with coworkers who are eligible and can use some help at this challenging time. ”

Lisa

MOBE participant, physical therapist and certified brain injury specialist



5 MOBE is ahead of the curve when it comes to advancing health equity.

Focused on understanding individual needs, MOBE has the ability to monitor eligible populations for disparities and develop solutions to fill gaps. Rather than relying on claims data alone, MOBE has invested in supplemental data that predicts individuals' likelihood of experiencing Social Determinants of Health (SDoH) risk factors.

MOBE created a platform to capture and disaggregate data by race, ethnicity, spoken language, SDoH risk factors, gender, and more to learn more about the population and inform solutions.

After further analysis, MOBE found that certain groups within their population are more likely to deal with several SDoH risk factors. Data from a large health plan's MOBE-eligible population showed that certain groups are more likely to deal with several SDoH risk factors. For example, nearly 40% of MOBE participants identifying as Black are at elevated risk for eight or more SDoH risk factors. The good news: MOBE found that people within the population who identify as Black engage and continue working with MOBE at the highest rates.

The disaggregated data showed that Spanish-speaking participants are more likely to be at risk for health literacy challenges. MOBE took action by looking to the expertise of their Spanish-speaking employee group to provide a more culturally relevant experience.

Disaggregated data showed that people with five or more SDoH risk factors had higher engagement with MOBE than others in the eligible population.

- **17% greater engagement**
- **28% greater retention**
- **43% cost reduction**
- **47% higher NPS**
(Net Promoter Score)
- **3% higher CSAT**
(Customer Satisfaction Score)

MOBE's health equity platform tracks information that matters, such as the prevalence of SDoH risk factors by race/ethnicity and language.

SDoH Risk Factors	ASIAN	BLACK	HISPANIC	WHITE	OTHER	UNKNOWN	ENGLISH	SPANISH
% of total population	(3%)	(4%)	(11%)	(46%)	(16%)	(20%)	(72%)	(6%)
Discord at home	15%	60%	28%	20%	19%	24%	22%	31%
Financial insecurity	13%	63%	39%	18%	15%	32%	21%	45%
Food insecurity	13%	63%	39%	18%	15%	32%	21%	45%
Health insecurity	20%	31%	58%	15%	49%	24%	25%	65%
Housing instability	14%	72%	40%	14%	12%	30%	18%	48%
Loneliness	13%	36%	21%	17%	15%	8%	17%	26%
Low socioeconomic	10%	59%	33%	15%	12%	21%	17%	40%
Transportation	16%	54%	34%	21%	17%	24%	23%	37%
Risk of unemployed	29%	55%	44%	15%	20%	21%	20%	51%
Risk of uninsured	16%	51%	42%	17%	14%	38%	20%	47%

Output from our health equity platform.

MOBE is committed to analyzing differences in health outcomes across groups, looking at data in more ways to find disparities and close gaps. But addressing health inequity is not new to MOBE. The whole-person approach MOBE has used since inception takes non-medical, situational factors into account. Gaining an understanding of a person and everything they're experiencing can ultimately only come from having a relationship and direct conversations with that person—which is at MOBE's core.

Achieve healthier outcomes with MOBE.

MOBE is uniquely equipped to address all the challenges to improving health care that are being discussed in the industry—no matter which are named as aims.

Let's connect.

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“ It's absolutely astounding how my life has changed with MOBE's support... it's wild...I never imagined it could be as positive and influential as it has been.

I really look forward to achieving other long-term goals. I believe I can, and I never believed I could before. ”

Bill

MOBE participant

