



ValidationInstitute

2022 Validation Report

Review for: BiolQ

Validation Achieved: Outcomes

Valid through: March 2023



Company Profile



Category:	Health Analytics
Website:	http://www.bioiq.com
Public or Private:	Private
Year Established:	2005
CEO:	Sean Slovenski
Company contact:	sales@bioiq.com

Description:

BioIQ is a healthcare engagement and quality care gap closure company that is redefining the way payers, employers and consumers navigate and connect with the U.S. healthcare system. BioIQ leverages consumer analytics, real-time omni-channel engagement strategies and an extensive ecosystem of healthcare partners to provide a comprehensive view of individuals throughout their health journey and engage them to make better decisions that lead to healthier outcomes.





Claim Assertion for Validation

The claim being validated is that BiolQ will significantly reduce the number of “gaps” in screening for conditions, in the Medicare and commercial populations. (Medicaid was not part of the validation.)

This is accomplished, according to BiolQ, by directing members to a network of 12,000+ retail outlets where their tests can be undertaken, or in some cases facilitating at-home testing. In many cases, they recommend tests that are specifically designed to be done at home.

Their point-of-service offering is complemented by a marketing campaign to encourage testing.





Method / Calculation / Examples

A BiolQ customer -- a Medicare Advantage (MA) plan, accountable care organization, commercial insurer, or self-insured employer -- will attempt to screen members/employees, on the assumption that early detection leads to better outcomes. (This assumption itself is not being proposed for validation.)

Unlike employers, which can do workplace screenings, MA plans don't have the advantage of being able to bring all their members together into one place. They have to rely on members going to get the screenings. Likewise, their incentives are strictly limited by CMS. Therefore, it can be a challenge getting members to undergo those screens. Employers have a different challenge, which is that employees feel (usually without justification) that employers are invading their privacy.

Therefore, many members and employees respectively will decline the screens, when requested by the sponsoring organization. The pool of decliners becomes the pool which BiolQ markets to, a pool from which the "yeses" have already been removed.



Therefore, BioIQ does not get “credit” for people who would have done something anyway. Vendors claiming credit for things that would have happened anyway is classic fallacy in population health.

So BioIQ is validating not its results in getting people to assent, but rather in getting people who have declined to subsequently assent. The figures in the validation therefore apply only to those no-to-yeses. Each percentage represents a changed mind in the tallies below.

The following analyses were performed on BioIQ’s 2018 and 2019 book of business for those clients who shipped kits in 2018 with the goal of measuring gap closure rates over time. Since clients and member populations change year over year, BioIQ has provided the following analyses:

Analysis #1: Book of Business YOY – Results for Clients who shipped kits in 2018 but not necessarily 2019

Analysis #2: Book of Business YOY – Results for Clients who shipped kits in 2018 and 2019

Analysis #3: Cohort Analysis – Results for Members who were shipped kits in 2018 and 2019

Analysis fields for the three analyses and their results are listed in the following tables.

Table 1: Analysis Fields for the Three Analyses

	Analysis#1	Analysis#2	Analysis#3
Inclusion Criteria	<ul style="list-style-type: none"> • Health Plan • Auto Deploy • Commercial / Medicare • A1c, FIT, and Microalbumin Tests • Clients with 2018 Kits Shipped (May Not Have Shipments in 2019) 	<ul style="list-style-type: none"> • Health Plan • Auto Deploy • Commercial / Medicare • A1c, FIT, and Microalbumin Tests • Clients with 2018 & 2019 Kits Shipped (<u>i.e.</u> returning client) 	<ul style="list-style-type: none"> • Health Plan • Auto Deploy • Commercial / Medicare • A1c, FIT, and Microalbumin Tests • Clients with 2018 Kits Shipped • Members Shipped Kits in 2018 and 2019
Members Shipped Kit	Count of Unique Members Shipped Kit at Test Type Level	Count of Unique Members Shipped Kit at Test Type Level	Count of Unique Members Shipped Kit at Test Type Level
Gap Closures	Count of Unique Members that Returned a Kit and Received a Conclusive Result	Count of Unique Members that Returned a Kit and Received a Conclusive Result	Count of Unique Members that Returned a Kit
Gap Closure Rate	Gap Closures / Members Shipped Kit	Gap Closures / Members Shipped Kit	Kit Returned / Members Shipped Kit

Table 2: Results for Analysis#1, Book of Business YOY (2018 vs. 2019)

Test Type	Clients	Members Shipped Kit in 2018	Gap Closures 2018	Members Shipped Kit in 2019	Gap Closures 2019	Gap Closure Rate 2018	Gap Closure Rate 2019
A1c	6	42,424	5,440	41,257	6,170	13%	15%
Commercial	1	1,500	253			17%	
Medicare	5	40,924	5,187	41,257	6,170	13%	15%
FIT	12	397,932	94,207	371,323	89,043	24%	24%
Commercial	4	42,983	9,667	9,989	5,293	22%	53%
Medicare	8	354,949	84,540	361,425	83,750	24%	23%
Microalbumin	5	12,219	2,048	8,441	1,481	17%	18%
Medicare	5	12,219	2,048	8,441	1,481	17%	18%
Grand Total	23	452,575	101,695	421,021	96,694	22%	23%

Table 3: Results for Analysis#2, Book of Business YOY (2018 vs. 2019): Client Must Have Program in both 2018 and 2019

Test Type	Clients	Members Shipped Kit in 2018	Gap Closures 2018	Members Shipped Kit in 2019	Gap Closures 2019	Gap Closure Rate 2018	Gap Closure Rate 2019
A1c	3	37,805	4,955	41,257	6,170	13%	15%
Medicare	3	37,805	4,955	41,257	6,170	13%	15%
FIT	8	328,554	81,685	371,323	89,043	25%	24%
Commercial	2	4,754	2,574	9,989	5,293	54%	53%
Medicare	6	323,800	79,111	361,425	83,750	24%	23%
Microalbumin	3	10,308	1,841	8,441	1,481	18%	18%
Medicare	3	10,308	1,841	8,441	1,481	18%	18%
Grand Total	14	376,667	88,481	421,021	96,694	23%	23%

Table 4: Results for Analysis#3, Cohort Analysis - Cumulative Closure Rate

Test Type	Clients	Members Shipped Kit in 2018 & 2019	Gap Closures 2018	Cumulative Gap Closures '18-'19	Gap Closure Rate 2018	2 Year Cumulative Closure Rate
A1c	2	1,012	143	219	14%	22%
Medicare	2	1,012	143	219	14%	22%
FIT	6	35,699	8,106	10,940	23%	31%
Medicare	6	35,699	8,106	10,940	23%	31%
Microalbumin	2	282	54	79	19%	28%
Medicare	2	282	54	79	19%	28%
Grand Total	7	36,993	8,303	11,238	22%	30%

Stars are not awarded on a fractional basis. Rather they are awarded discretely, with threshold values to reach the next Star level. This means that proportionate increases in compliance will not automatically generate a proportionate increase in Stars. In some cases, if (for example) a 4-Star rating is near the 5-Star threshold, a small increase in compliance would gain the extra Star. Conversely, if a 4-Star rating is barely above the 4-Star threshold, even a large increase in compliance wouldn't breach the 5-Star threshold.

Based on the discrete nature of STAR levels, BiolQ can commit to a full STAR increase for a Medicare contract when the compliance / screen rate is at the following thresholds.

FIT	
Starting STAR Level	Compliance Screen Rate
1	24%
2	49%
3	64%
4	73%
Micro	
Starting STAR Level	Compliance Screen Rate
2	76%
3	94%
4	96%
Alc	
Starting STAR Level	Compliance Screen Rate
1	25%
2	53%
3	67%
4	82%

Findings & Validation

Specifically, the three tests validated are:

1. The Hb a1c test.
2. The aforementioned FIT for colon screening.
3. Microalbumin. This test is recommended only for people who are at risk for chronic kidney disease or kidney failure. So the “n” is lower than for the other two, but the importance of identifying these members for early intervention is much higher.

Normally the Validation Institute does not use subjective words like “best,” and even though we will use that word here, we will qualify it.

BioIQ is, to our knowledge, the best tool to use in order to encourage recalcitrant employees and Medicare members to complete recommended screenings. While representing our considered opinion, this adjective is not covered by the Validation Institute’s Credibility Guarantee.

Objectively, the following statements are valid and covered by the Credibility Guarantee:

1. The methodology used to calculate the reduction in missing screens is valid.
2. The amount of the reduction is valid.
3. The screens listed below are recommended by the US Preventive Services Task Force.
4. BiolQ screens may be done at USPSTF-recommended intervals unless different intervals are requested by the client.
5. In the case of the Fecal Immunochemical Test (FIT), the interval is one year, vs. the colonoscopy interval of 10 years for people with a previous “clean” screen. This annual frequency for FIT, as a future validation will show, provides greater efficacy than the colonoscopy every ten years. It is non-invasive so there is no chance of complications.
6. While the second-year gap closures are lower than the first year, it is the case that employees/members who fail to get their screenings when requested by the program sponsor/carrier and then fail to get their screenings after one round of requests by BiolQ are going to be the most recalcitrant. Therefore, the correct measure is to look at the cumulative 2-year reduction in non-compliance.
7. No claims of cost-effectiveness are associated with these three validations, for the time being. It is the case that Medicare rewards greater compliance with higher Stars scores, which is economically advantageous.



Validation and Credibility Guarantee

BiolQ's service has achieved validation for Outcomes. Validation Institute is willing to provide up to a \$25,000 guarantee as part of their Credibility Guarantee Program. To learn more, visit

<https://validationinstitute.com/credibility-guarantee/>

Savings

Can reduce health care spending per case/participant or for the plan/purchaser overall.

Outcomes

Product/solution has measurably moved the needle on an outcome (risk, hba1c, events, employee retention, etc.) of importance.

Metrics

Credible sources and valid assumptions create a reasonable estimate of a program's impact.

Contractual Integrity

Vendor is willing to put a part of their fees "at risk" as a guarantee.



Limitations

It is possible that some portion of the no-to-yeses might have changed their mind on their own, but it is very unlikely they would have done so in numbers approaching the numbers seen in the above tallies.



Validation Expiration: March 2023

CERTIFICATE OF VALIDATION

Applicant:

BioIQ

2300 Windy Ridge Parkway, Suite 850S
Atlanta, GA 30339

Claim:

BioIQ will significantly reduce the number of “gaps” in screening for conditions, in the Medicare and commercial populations.

Validation Achieved:

Validated for Outcomes

Award Date:

March 2021

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About Validation Institute

Validation Institute is a professional community that advocates for organizations and approaches that deliver better health value - stronger health outcomes at lower cost. We connect, train, and certify health care purchasers, and we validate and connect providers delivering superior results. Founded in 2014, the mission of the organization has consistently been to help provide transparency to buyers of health care.

Validation Review Process

Validation Institute has a team of epidemiologists and statisticians who review each program. The team focuses on three components:

- Evidence from published literature that a similar intervention had similar results.
- The reliability and credibility of the data sources.
- The rigor of the approach to calculating results.

To achieve validation, the program has to satisfy each of these components. VI's team then summarizes the review into a report which is publicly available. Details of VI's review are available with the program's permission.