color



Color's Cancer and Cardiac Prevention & Screening Program

Designed to reduce the two highest costs contributing to your healthcare spend.

Heart Disease is the leading cause of death in New Jersey, followed by Cancer.1

We know that both are very treatable through prevention, risk awareness, and early diagnosis and that survival rates and employer costs are directly impacted as a result. When caught early, your staff reap the benefits of a healthier workforce — survival rates increase dramatically and treatment costs go down. Early detection through screening is one of the most effective levers an employer can pull to reduce the impact cancer and cardiac conditions have on an organization. Yet many employers manage cancer prevention and education programs on their own or don't do anything at all because they expect carriers to provide these services proactively — **but screening rates still fall far below desired utilization.**

Color's Cancer and Cardiac Prevention and Early Detection Program is designed to identify risk and catch cases and conditions earlier when it is easier and less costly to treat. We bring populations up to recommended screening guidelines and provide wrap-around clinical services and support for hypertension, hyperlipidemia, breast, cervical, colorectal, lung, and prostate cancer.

Here's why our preventive approach works:

1. Drives clinical **outcomes**

Identifying people with unknown health risks:

of participants screened had an increased risk for breast, ovarian, colorectal, and related cancers, based on personal or family history and/or genetic testing

Detecting health conditions earlier:

47% of participants from a union population who had never been diagnosed with high cholesterol were found to have a "high" LDL level (≥ 100 mg/dL)

Higher pull through for continuity of care:

82% of participants scheduled a follow-up appointment with a clinician within one month of receiving their Color results

2. Drives higher member engagement

Increase utilization for hard-to-reach populations:

20% utilization in a large union population, representing 4X higher utilization than other wellness benefits

Increase utilization for distributed workforces:

49% utilization among eligible employees at a Fortune 1000 clothing company

Positive participant experience:

4.7 out of $5 \star \star \star \star \star \star$

Average patient satisfaction score

3. Decreases population risks

Identify members that are at elevated risk, and ensure they are on the right screening program based on high-risk guidelines:

for example, we identify smokers who are at a 15-30x higher likelihood of developing lung cancer and enroll them in smoking cessation programs.



Here's how our preventive approach works:

Assess and educate members about their risks

We first develop a personalized risk assessment for each member to identify gaps in their care. Next, we use our Care Advocate team to drive engagement and make the screening process as simple as possible through the use of hotlines, personalized action plans, and education that address the common barriers to screening.



Remove complexities of screening

Our personalized plans consider risk and gaps in care to provide members with appropriate, available, and accessible screenings. Where possible, we provide at-home tests to screen for cardiometabolic conditions, cervical, colorectal, and/or prostate cancer. When in-person screening is needed, we help members find, schedule, and complete in-network care.

Support members during and post-diagnosis

If a member receives an abnormal result, our clinicians will promptly reach out to explain the result, next steps, and make themselves available for any questions. They support members with finding a provider for further testing and treatment, in the event of a diagnosis. Our care team provides personalized education on available benefits and resources, helping enroll members in all applicable benefits available to them. Our clinicians coordinate directly with PCPs, oncologists, and/or second opinion services that are offered by the employer or sponsor. Additionally, we provide access to Color group based mental health programs to support those with a new diagnosis, caregivers of people undergoing treatment, and survivors of cancer.



Deliver the right preventive behaviors

We provide coaching, support, ongoing education, and clinical care to promote evidence-based preventive care interventions that lower cancer risk — whether it's helping members lose weight, stop smoking, increase physical activity, or manage stress.

Frequently Asked Questions

The Color Difference

What sets Color apart?

Color's Cardiac and Cancer Prevention and Early Detection program gets ahead of the 2 highest cardiometabolic conditions and 5 highest-burden cancers including breast, lung, prostate, cervical, and colorectal by focusing on prevention and screening. Our goal is to bring your entire population up to recommended screening guidelines—and with over a decade of experience in driving member engagement, we have proven our ability to drive 4x higher utilization compared to other wellness programs for our customers.

No other provider in the market offers a preventive screening program across multiple cancers and cardiac conditions that is as accessible and affordable as ours. And with the option to integrate clinical genetic testing for hereditary cancer risk, we offer a more complete view of member health risks.

How is Color different from virtual primary care providers?

When employers see certain treatment costs increase, they implement direct care delivery solutions to bolster coverage in their health plan and add support when traditional care falls short. This is and has been the case for other health areas such as musculoskeletal, diabetes, and behavioral health. Cancer and cardiac conditions are now in the top 5 costs to employer healthcare plans which means that more needs to be done to mitigate the increasing costs from later-stage diagnoses, incidence increases, or higher treatment costs. Which is why we've designed our solution to integrate and support primary care physicians (PCPs) and ensure that patients receive critical preventive services in a timely and low-cost fashion. Color is not intended to replace the relationship of the patient's primary care provider, and instead augments their access. 40% of U.S. adults don't have a primary care provider; for those individuals, we address that gap through our Care Advocacy team, which links participants to and helps them book with an in-network PCP. For members who have a PCP, all screening results and clinical visit notes can be shared back to the PCP with the member's permission.

Frequently Asked Questions (cont'd)

The Color Difference

Why are Care Advocates important?

Color's Care Advocates ensure a positive member experience, driving utilization. They act as an extension of your client's team, taking the work off of a benefits manager. Our advocates help anyone and everyone on the plan access the benefit correctly and navigate personalized care.

They can do things like help members find in-network and available providers, support with scheduling and appointment follow-through, and help members enroll in other plan-sponsored benefits they might not otherwise know about. If the employer offers Care Navigation with another vendor, our Care Advocates will ensure high-risk members are aware and linked through a warm handoff to their services.

How do you address health equity concerns?

Equity gaps in workforces are typically due to basic issues of cost — both financial and time. Most people aren't even aware of the recommended cancer screenings they need. Even for those who are, complying with them is tough. For example, an hourly-wage factory worker both loses wages from missed work and has the impact of a co-pay to see a doctor for a referral or prescription to recommended, covered screenings.

By definition, health inequities are also systematic differences in the opportunities groups have to achieve optimal health due to biases and inconsistencies in protocols. Color applies a consistent standard of care and makes screening compliance easier, regardless of socioeconomic status. We remove cost barriers to referrals and prescriptions for covered screenings, make screenings available (including through at-home or worksite screening kits) for people on their own time without taking time off work, and offer night and weekend Support and Care Advocacy through a hotline. Also, we know how to work with diverse populations so your client's members will get tailored, culturally-sensitive education and awareness programs, particularly where there are higher-risk populations or cultural concerns regarding invasive screenings.

Frequently Asked Questions (cont'd)

The Color Difference

How do you support care for those diagnosed?

In the event that a member receives an abnormal result, our clinicians will proactively reach out to the member, making themselves available to answer any questions. The clinician will explain what the results mean to help the member feel supported and confident on next steps. From there, the clinician will help them find a provider if further testing or treatment is required. The clinician can also connect the member to other resources — for cancer diagnoses, these may include support groups or second opinion services that are offered by the employer or sponsor; for cardiac health diagnoses, these may include weight loss programs, diabetes management programs, and more. And for dependents who may be processing their loved one's cancer diagnosis, we can help them get connected to mental health resources, screening support, or get them started on their own hereditary risk assessment to understand whether they are predisposed to certain cancers.

How does Color work with health plans or third party-administrators?

We know that employers are already investing heavily in their health plans and other covered benefits — which is why we help drive utilization of in-network care and educate employees about their benefits and other employer-sponsored programs. In fact, many of our customers have expanded plan coverage and are really not seeing the uptake they want — so our Care Advocates are trained to point members, when necessary, to relevant benefits and help them enroll in any covered programs. Beyond this, Color can share aggregated data back to the employer to help support gap analysis and give visibility into utilization rates. And finally, we can also support claims billing on any at-home screenings we offer. If you connect us to your carrier, we can set rates with them to pass through these charges as claims.

What is required to implement?

Getting started is simple — all that we require is an eligibility file, some information on your existing benefit programs so that our Care Advocates connect members to the most relevant offerings and finally, some insights into how your population prefers to be communicated with to inform our approach to member engagement. From there, we develop a custom communications plan to drive utilization. For example, we know that some populations don't have email addresses and prefer non-digital ways of receiving information. We will organize onsite visits to meet the individuals at their worksite or a common gathering place. We can also set up peer-to-peer engagement programs, driving influence through other members. We can make any worksite location a screening distribution point, stocking testing kits for HPV, prostate cancer, and colorectal cancer that can easily and inexpensively be picked up by employees, without any staffing overhead needed. These are just a few examples of methods we know work in driving engagement and the right outcomes.

Color is a leader in distributed healthcare and clinical testing. Color makes population-scale healthcare programs accessible, convenient, and cost-effective for everyone.

Want to learn more?

Get in touch with our team of experts at learnmore@color.com or go to color.com



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