BHCG BUSINESS HEALTH CARE GROUP

DELIVERING VALUE SERIES

COVID-19 Update – Support for Return to Work
2019 BHCG Virtual Health Plan Results
Social Determinants of Health

May 28, 2020

Welcome

Jeffrey Kluever

Executive Director

Business Health Care Group

Presenters:
UnitedHealthcare

Ellen Sexton
Katherine Bisek
Bruce Weiss, MD
John Elliott

Delivering Value Series

COVID-19 Update

May 28, 2020

UnitedHealthcare®

BHCG BUSINESS HEALTH CARE GROUP

Leading change. Creating value.

May 2020

Our Challenge: Return to Work

7 factors for a safer and healthier return to the worksite.

As employers across the country begin planning their return to the worksite, a deliberate strategy can help make it a safer and healthier transition for everyone.

Return to Work with ProtectWell

The ProtectWell platform supports re-entry back to work by providing employers, their employees, colleagues and families confidence that recommended employee self-reported symptom checking, clearance to return to work and ongoing guidance is in place. It also offers employers workforce planning support through dashboard views and reporting.

Confirm your region is ready

Prepare your worksite

Prepare your employees

Begin RTW protocol

Adherence

Register your employees and establish employer dashboard reporting

Check and communicate guidance (stay at home, clearance to work)

Daily check in clearance for employees with reporting and workforce management for employers

No additional cost, in 2020 // Fee in 2021

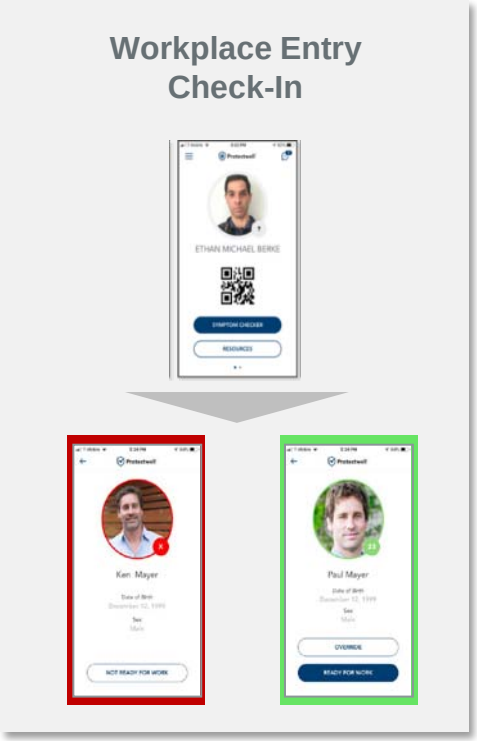
Return to Work with ProtectWell

Digital suite supporting employer's return-to-work plan:

Employee app
Self-reported symptom checker used daily before work with instructions based on answers, location check-in QR codes for entry

Workplace entry checker app
QR code scanner assigns green/red employee work status

Employer Console
Employee data entry, customize messaging, self-configure approach, reporting



ProtectWell Checker – Work Check-in

1

Employee responsible for check-in uses app and phone camera to scan QR code for arriving workers.

2

Confirmation received that employee is/is not cleared to enter the worksite based on symptoms and testing status. In addition to the clearance issued by the system, employers using the system can manually override the clearance if the employee exhibits symptoms upon reporting to the worksite.

Note: We are providing general information only, which is subject to change, and not medical, legal or human resources advice. Consult with your professional advisors on designing and implementing your return to work program.

The Benefits

ProtectWell is different:

- **Integrated health support and health verification**
- **Simple, speedy and seamless experience for easy everyday use**

Help employers manage extraordinary challenges in an extraordinary time

- Caring for employees
- Planning
- Resource management

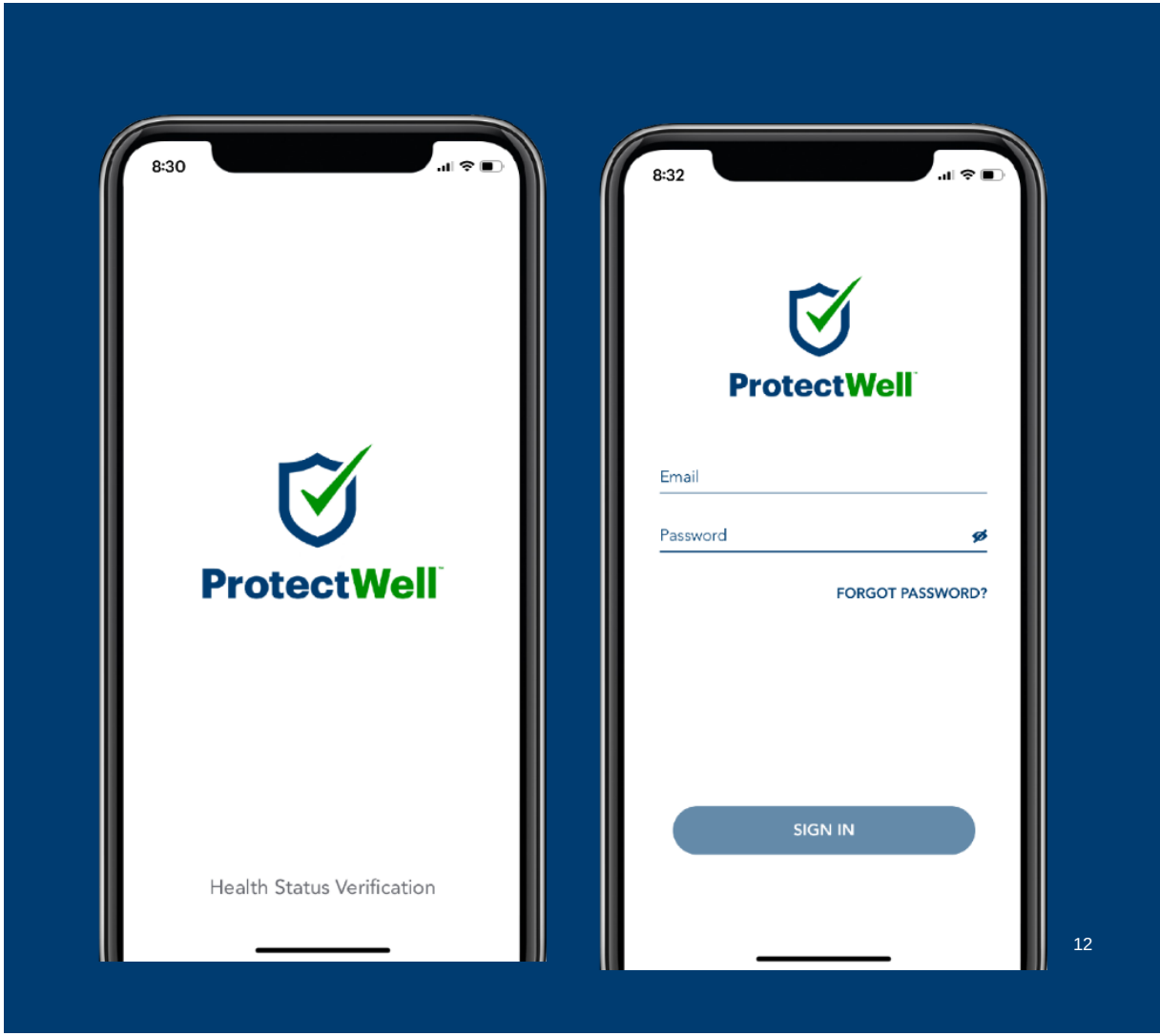
Guides employees with daily reminders for responsible actions


Demo

UNITEDHEALTH GROUP®

ProtectWell™

Demo



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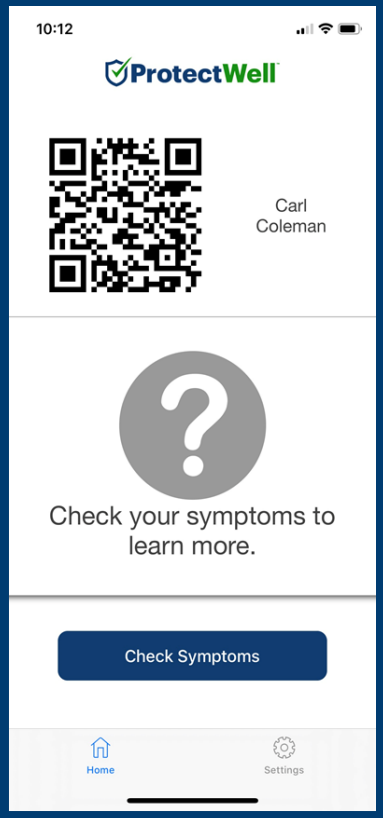
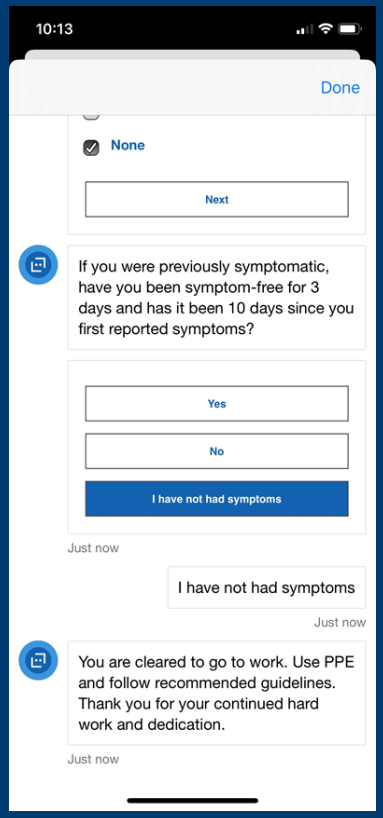
ProtectWell™

Demo





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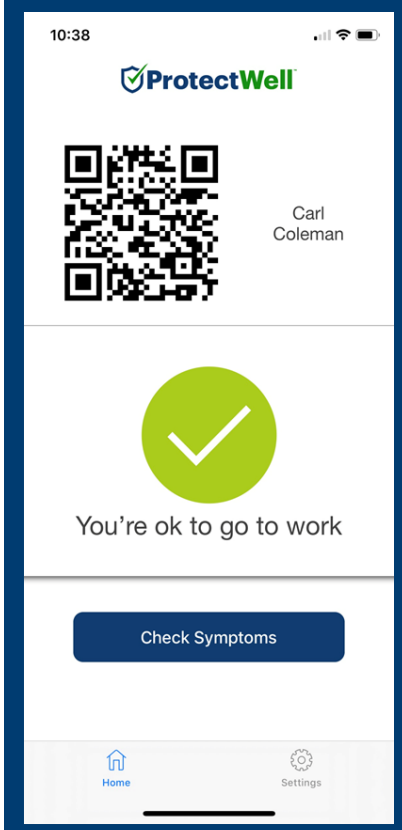
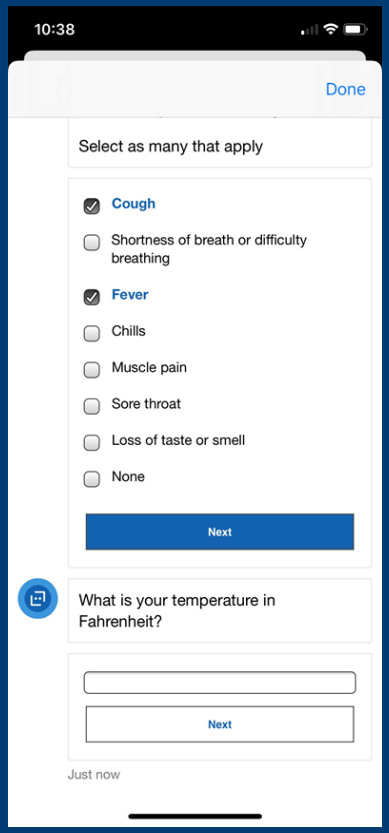
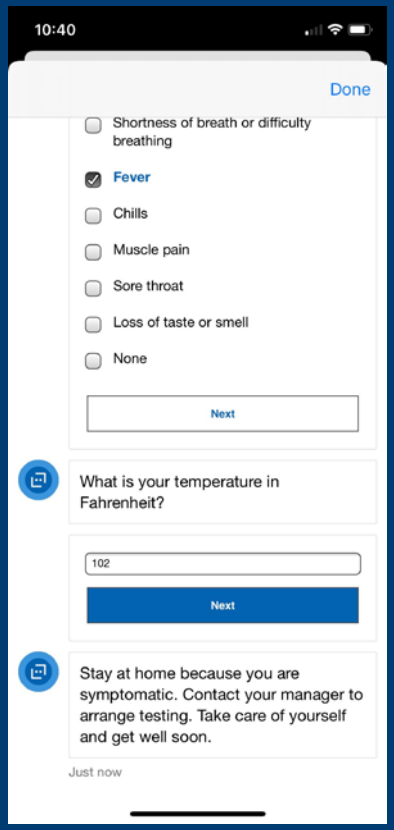
ProtectWell™

Demo





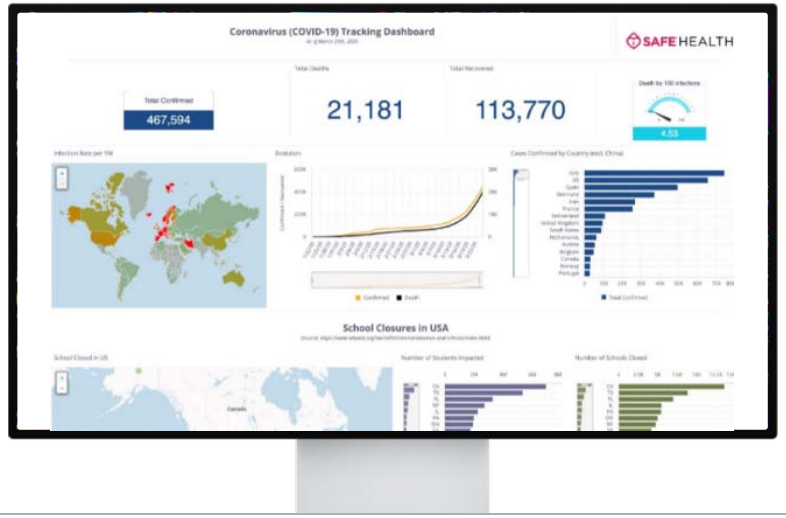


Additional Resources

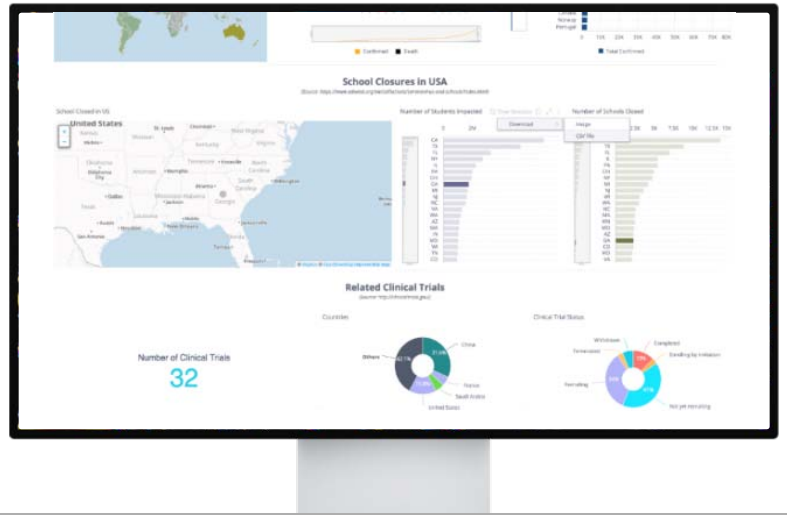
Additional resources available within the app from CDC.

Employer Reporting and Admin Console

Summary:



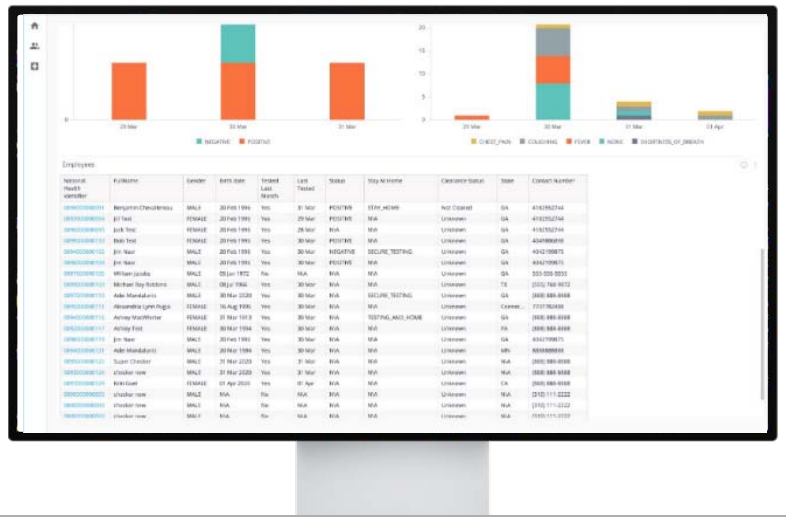
Example Screen 1



Example Screen 2

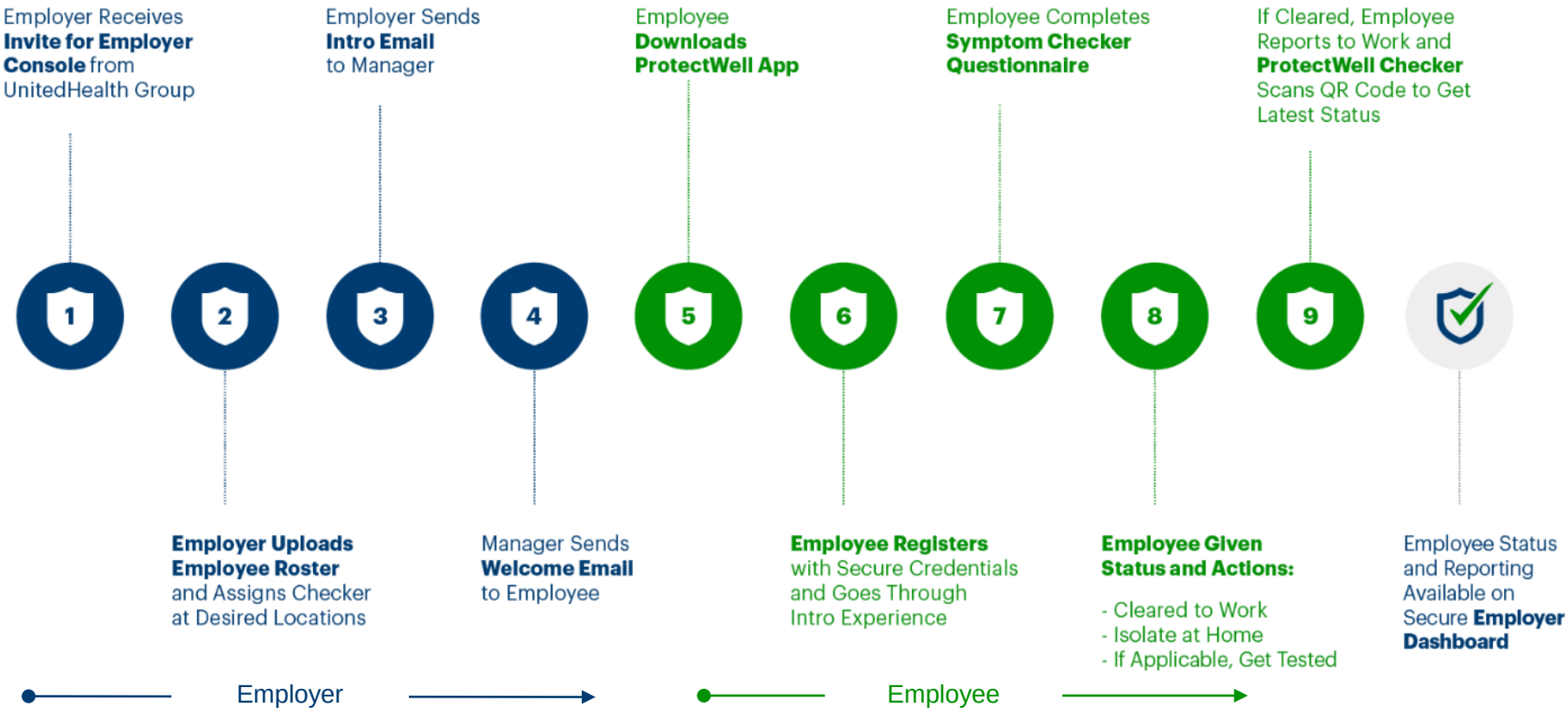
Employer Reporting and Admin Console

Employee Detail:



Example Screen 1

The ProtectWell Journey



Discussion and Next Steps

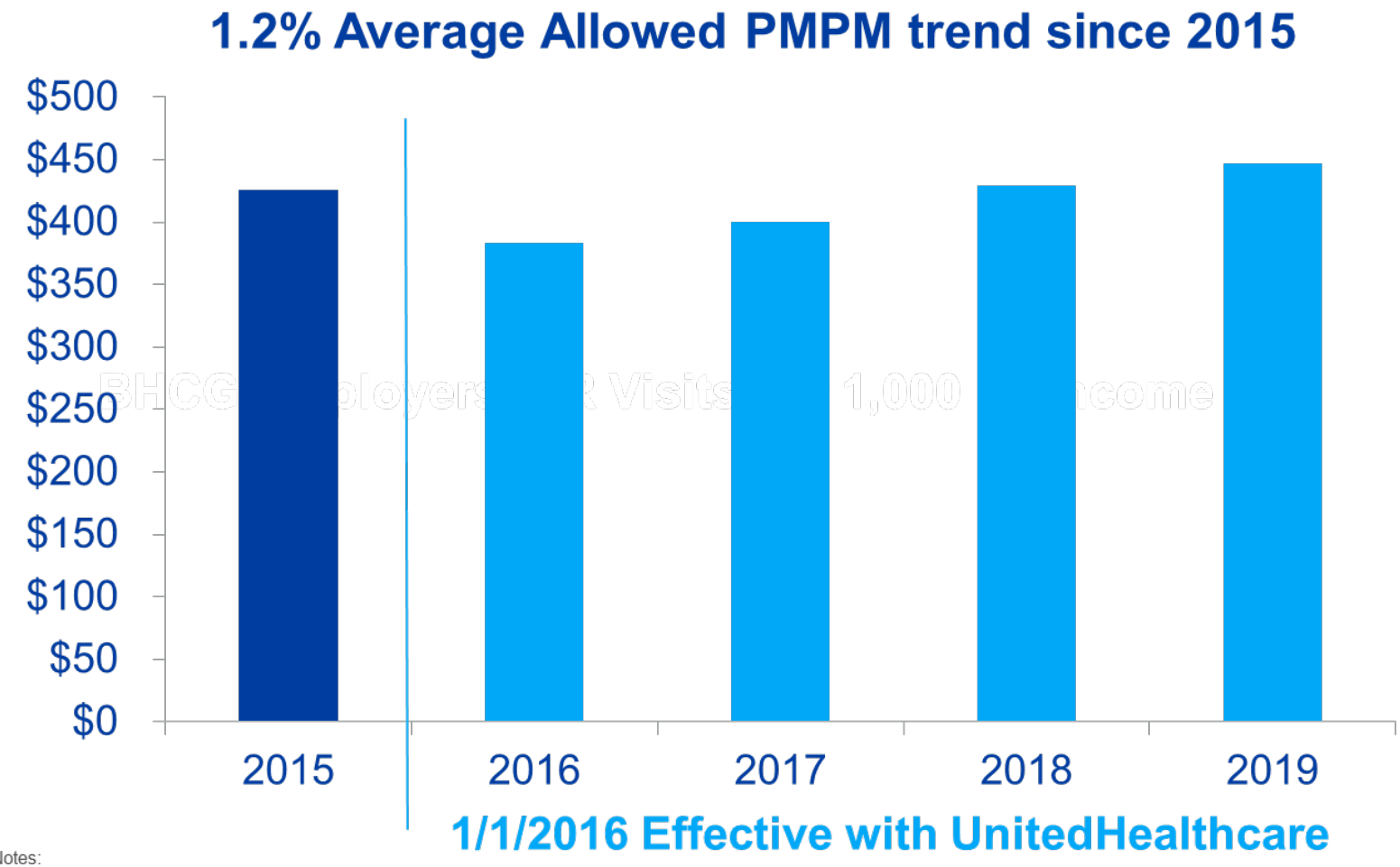
Steps to Go Live

Steps necessary to go-live

1. Determine components of interest and where this occupational health solution would live in your organization / operationalize with potential first use sites for feedback (phased rollout)
2. Execute Partner agreement
3. Admin Console Set up
4. Employee Roster Submitted
5. Roster Q&A
6. Configuration Points Determines and Content submitted for those points
7. Testing of configured app
8. Employer to Employee communications finalized
9. Employee invitation to download app sent to Employees
10. **GO LIVE**

Highlights of BHCG & UHC Employer Results

BHCG Employers: Historical Cost Performance



Notes:
Source: Third-party validation of Total ASO Group PMPMs. Core ASO Group trends calculated by Humana. Includes medical costs only, not pharmacy costs
*2015 estimated. Pulled from BHCG website.

Informed health decisions start with UnitedHealth Premium.

- For over 15 years, physicians in the UnitedHealth Premium® program have been measured against criteria for providing quality and cost-efficient care.
- Performance of individual physicians is evaluated using over 220 specialty-specific performance measures.
- **Resources to help employees and their families find a quality physician and help reduce costs:**
  - Online tools
  - Telephonic outreach
  - Communications
  - Incentive plans

Premium Care Physicians for all 16 specialties evaluated have a:

7.24%

lower cost of care than non-Premium Care Physicians.[2]

Premium Care Physicians performing knee replacements had

31%

fewer average redo procedures.[1,2]

45 **states**
with physicians in 16 specialties representing 47 subspecialties.

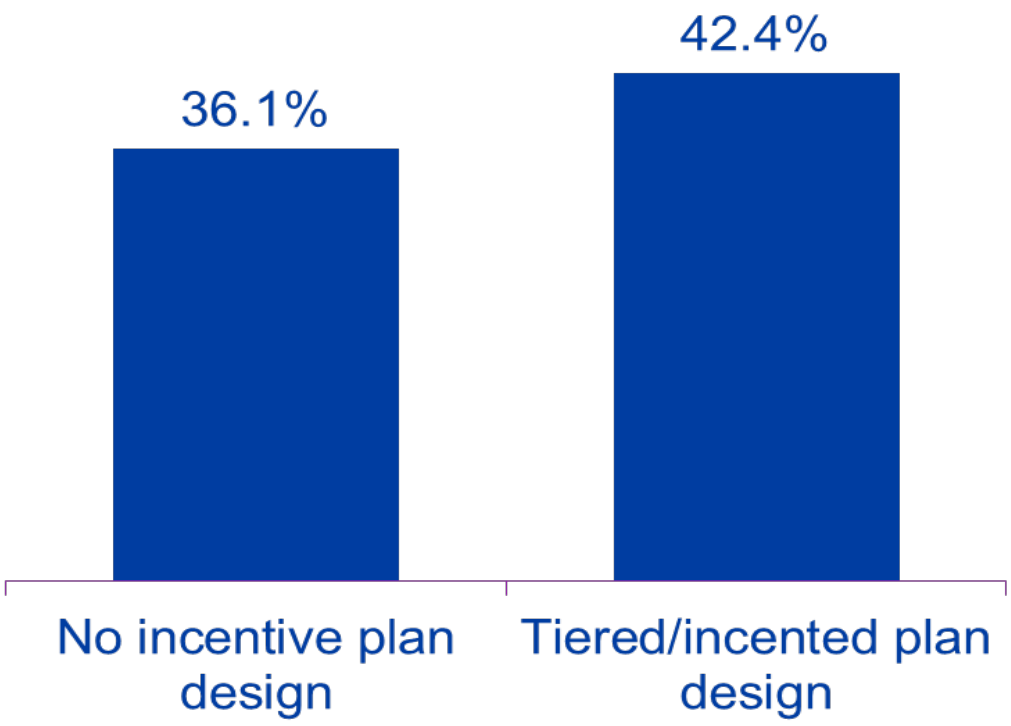
Easy to find on myuhc.com®.
Premium Care Physicians have two blue hearts next to their name.

- [1]UnitedHealth Premium Care Physicians are designated for Quality & Cost Efficiency. [2]Savings estimates based on 2019 UnitedHealthcare Network (Par) Commercial Claims analysis for 172 markets. Figures are based on book-of business results and represent the national average expected cost differential between Premium Care Physicians and non-Premium Care Physicians for entire episodes of care. Actual savings achieved will vary by customer depending on geographic availability and customer-specific service mix. All figures and estimated savings represent historical performance and are not a guarantee of future savings.

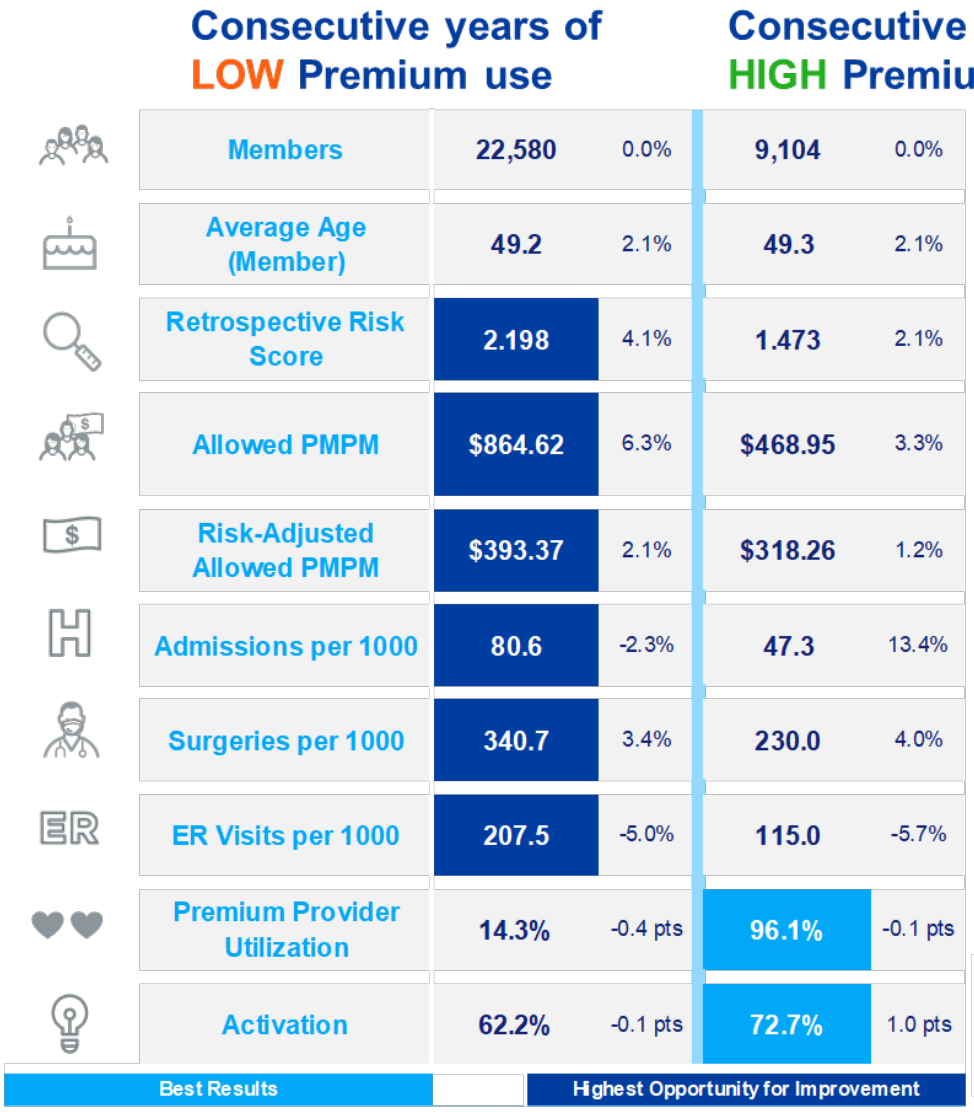
BHCG Employers: Value of Tiered Benefit Plans

Plan Design Matters:

Employers with a plan design that supports greater use of Premium Physicians have higher utilization



BHCG Employers: Value of Premium Designation



Risk adjusted PMPM is 19% lower

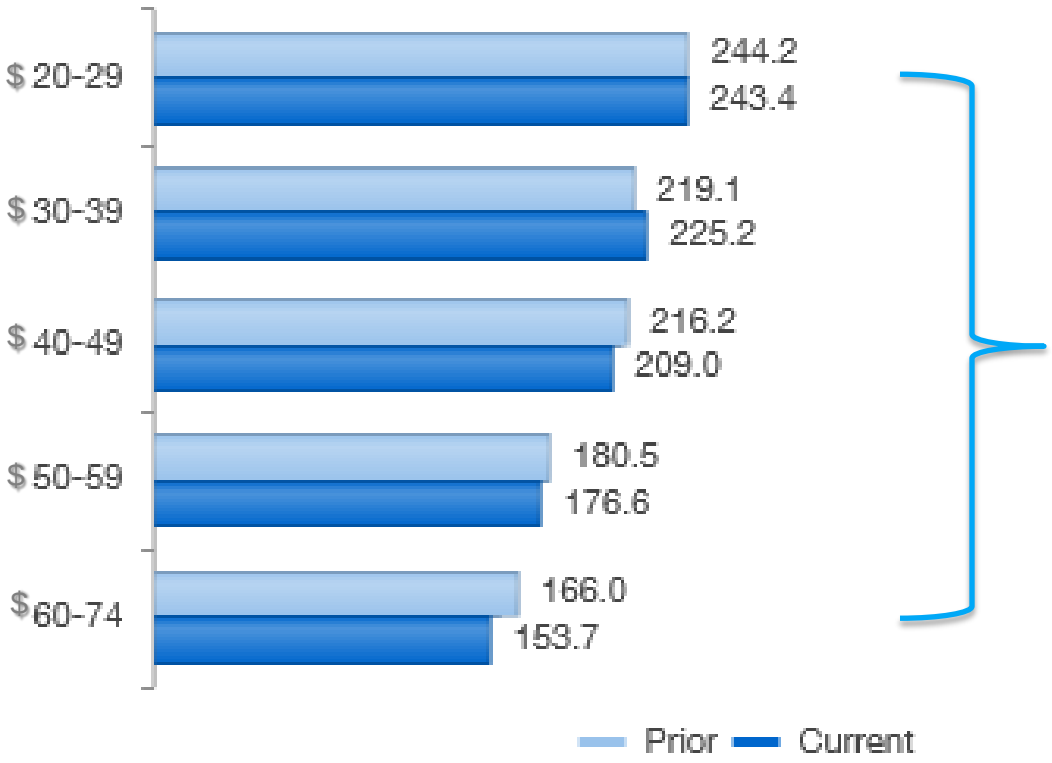
41% fewer admits

32% fewer surgeries

45% fewer E.R. visits

Consecutive Low:
Member had Low Premium use in both 2018 & 2019.
Consecutive High:
Member had Low Premium use in both 2018 & 2019.
Risk Adjusted: Risk is based on Retrospective Risk Score

BHCG Employers: ER Visits Per 1,000 by Income



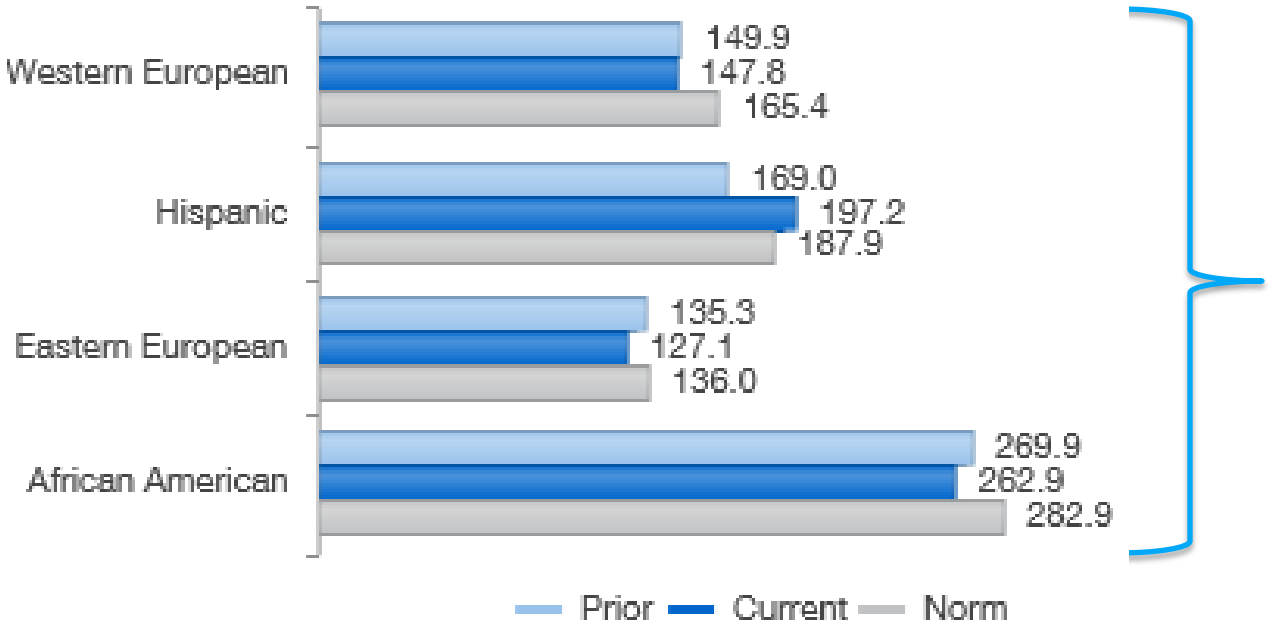
As a family's average income increases, the rate of ER utilization per 1,000 declines

Data Parameters

Current: 1/1/2019 through 12/31/2019, paid through 2/29/2020
Prior : 1/1/2019 through 12/31/2018, paid through 2/28/2019

Claims experience is 97.9% complete and excludes Medicare Primary Members

BHCG Employers: ER Visits Per 1,000 by Ethnicity



For BHCG and UnitedHealthcare's book of business, African American populations have the highest ER utilization

Data Parameters

Current: 1/1/2019 through 12/31/2019, paid through 2/29/2020
Prior : 1/1/2019 through 12/31/2018, paid through 2/28/2019

Claims experience is 97.9% complete and excludes Medicare Primary Members

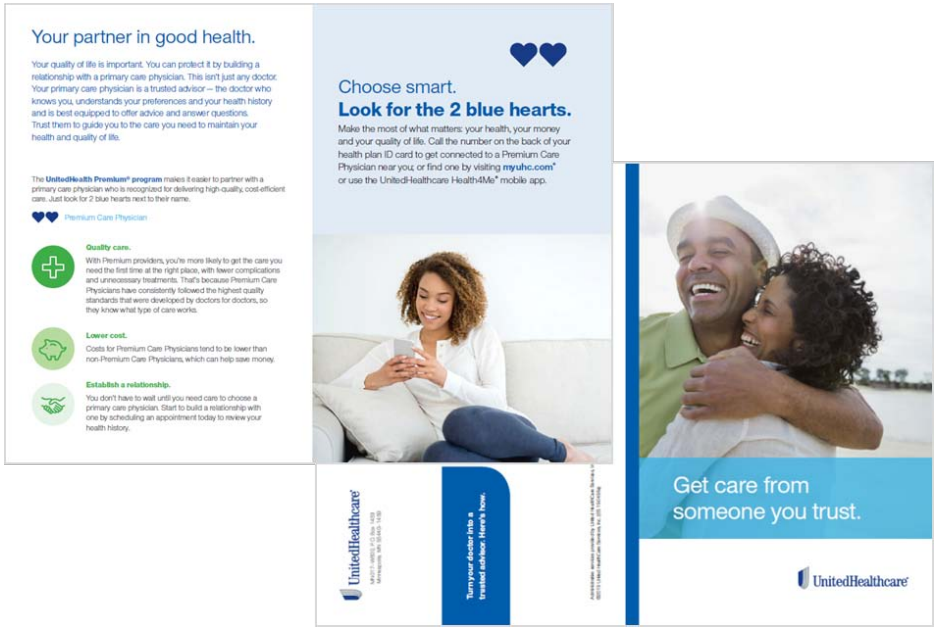
BHCG Employers: Medically Homeless

Medically Homeless- No PCP Visits (1/2018 – 12/2019)

- 24.9% of males ages 40+ did not have a wellness visit
- 15.0% of females ages 40+ did not have a wellness visit

Home Mailers

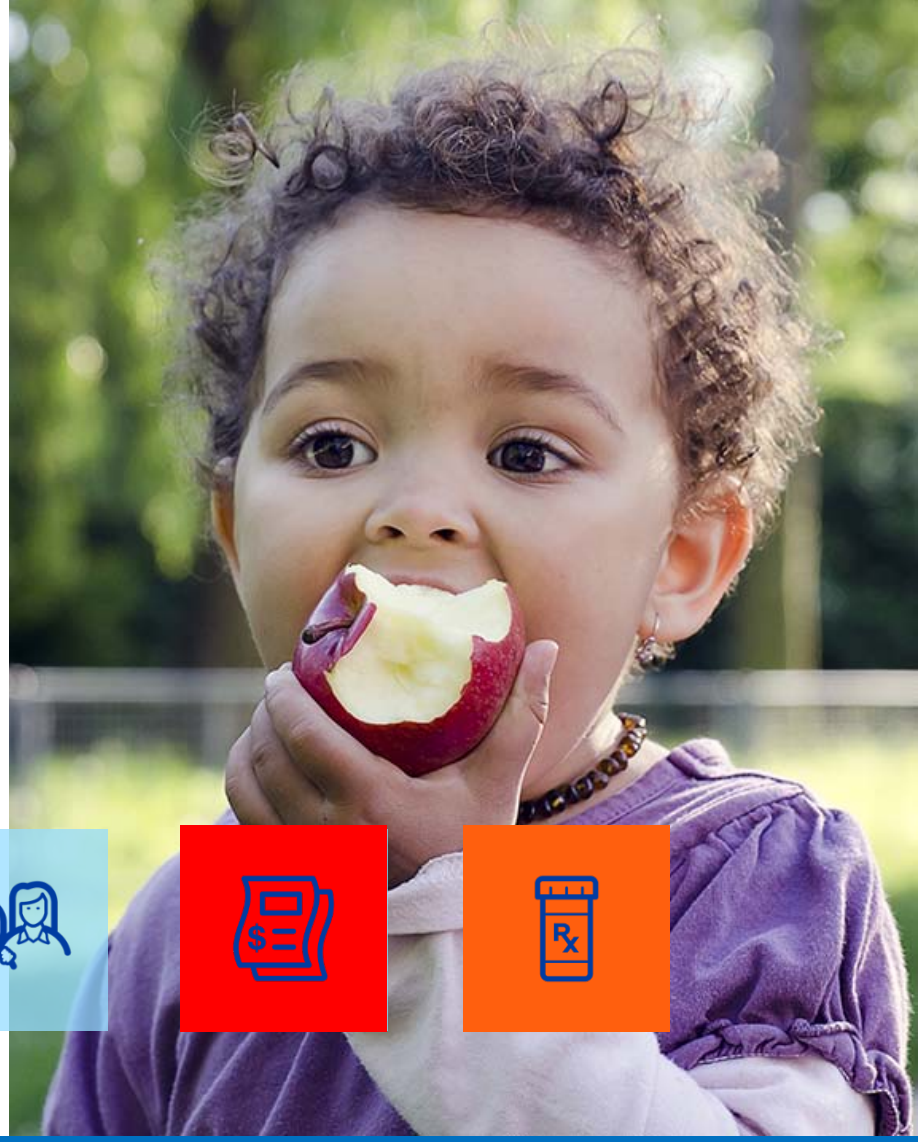
Audience: All Medically Homeless employees and spouses/DPs



In fall of 2019, UnitedHealthcare and BHCG conducted a custom campaign to more than 14,000 members to promote a primary care relationship for the medically homeless

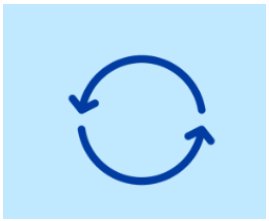
Free to BHCG members

Improving Outcomes by Addressing Social Conditions



Our Hypothesis
Initiated January 2017

By building an infrastructure around social determinants of health, we can…



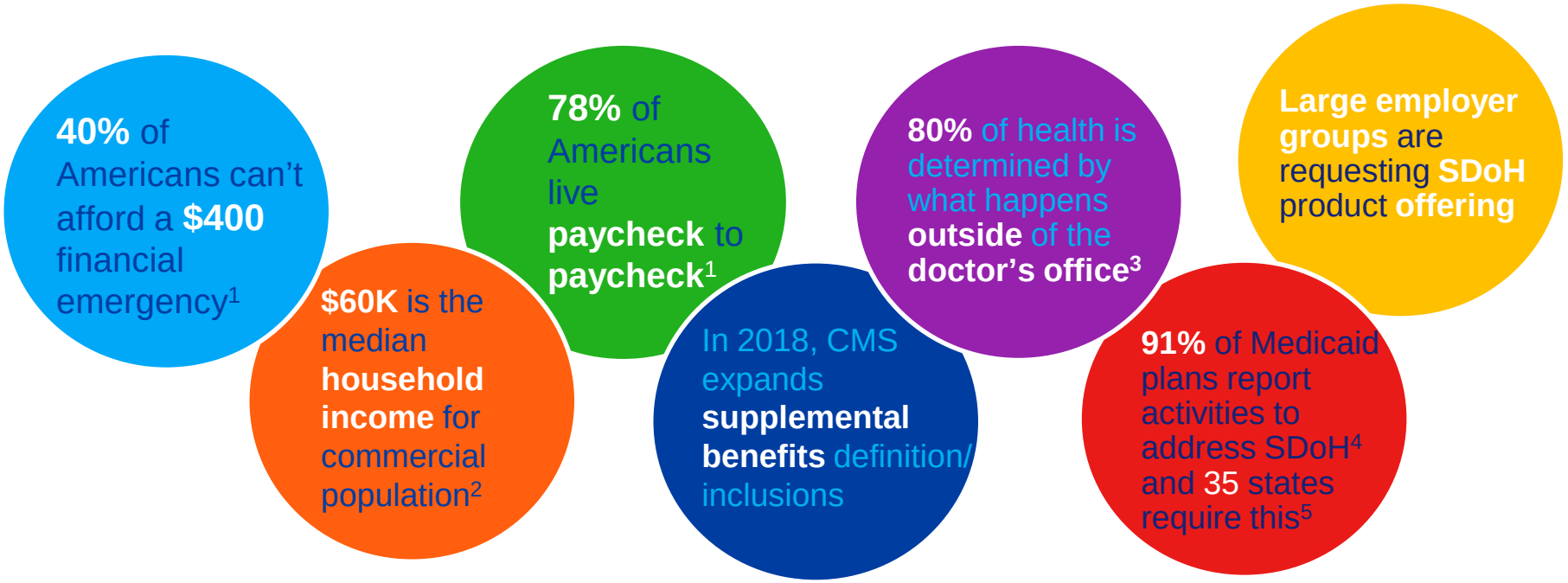
Redefine health to consider the whole person – not just medical care

Remove barriers that limit access to care and address health disparities

Improve overall health and well being of all vulnerable populations

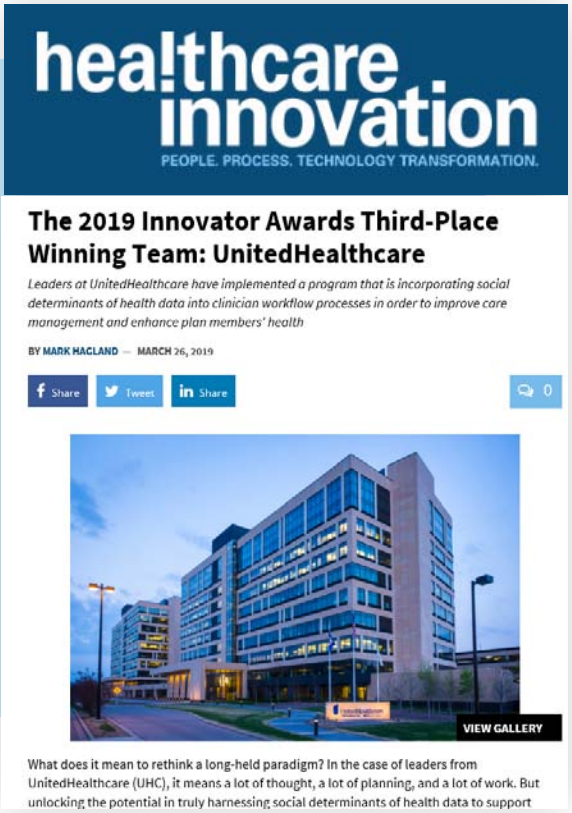
Concurrent Happenings
Socioeconomic and Health Care

As we pursued our SDoH work, related findings/changes validated the need for SDoH inclusion in health care.



1 https://www.federalreserve.gov/publications/files/2017-report-economic-well-being-us-households-201805.pdf
2 Data USA; U.S. Census Bureau, 2017
3 Robert Wood Johnson Foundation, County Health Rankings, "Relationships between Determinant Factors and Health Outcomes"
4 Kaiser Family Foundation, "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity"
5 Source: "2019 Medicare Advantage Growth Outlook", Web Conference, Advisory Board, April 2019

Driving Innovation & Transformation Across the Industry



healthcare innovation

PEOPLE. PROCESS. TECHNOLOGY TRANSFORMATION.

The 2019 Innovator Awards Third-Place Winning Team: UnitedHealthcare

Leaders at UnitedHealthcare have implemented a program that is incorporating social determinants of health data into clinician workflow processes in order to improve care management and enhance plan members' health

BY MARK HAGLAND — MARCH 26, 2019

Share Tweet Share 0

VIEW GALLERY

What does it mean to rethink a long-held paradigm? In the case of leaders from UnitedHealthcare (UHC), it means a lot of thought, a lot of planning, and a lot of work. But unlocking the potential in truly harnessing social determinants of health data to support

Recognized for incorporating **social determinants** into clinician workflow to improve care management and enhance health

First payer in *Healthcare Innovation* (formerly *Healthcare Informatics*) history **to receive** this award

Imputed Market Price™ Valuation Tool

The Imputed Market Price™ (IMP™) represents the **value to the consumer** if they purchased the service out of pocket.

Our pioneering, patent-pending tool provides an **estimated market value** for social services that **can be used to....**

Show financial value of social referrals to members

Support the triple aim through the lowering of costs and improvement of quality through holistic interventions

Serve as the gold standard for social determinant of health valuation

Create reporting for providers and social organizations as to their value on social referrals

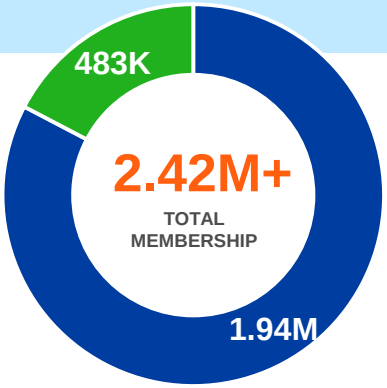
Some of our Strategic Partners in Addressing SDoH

What We've Accomplished to Date

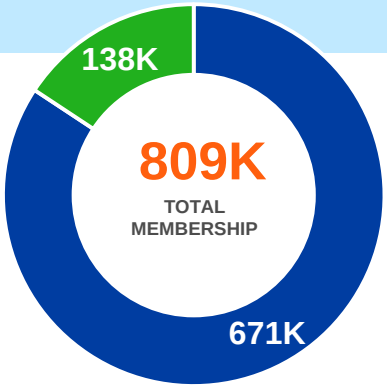
Data from 1/1/2017 (inception) – 11/30/2019

UnitedHealthcare

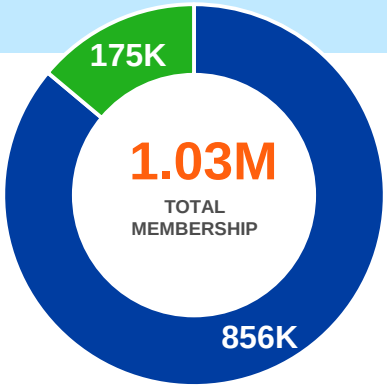
of members who identified at least 1 SDoH



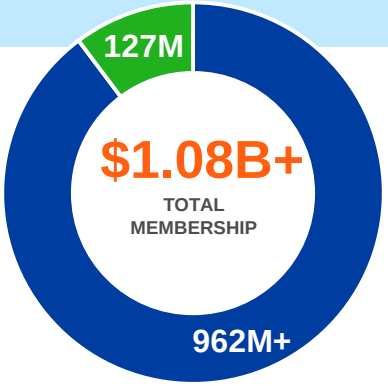
of members referred



of referrals provided



Imputed Market Price™ valuation (to members)



Medicare & Retirement (Medicare Advantage (MA) and Dual Special Needs (DSNP) members)

Community & State Dual Special Needs (DSNP) Membership

Data source: National Strategic Partnerships (NSP), August 2019.

Wisconsin United Healthcare Members

Identification, Referrals, and Top Fulfillments of SDoH

These statistics are for known Medicare Advantage and Dual Special Needs members that have self-identified to United Healthcare that they have a SDoH barrier to care and where UHC has assisted with referrals

	Inception (1/1/17) – 12/31/2018	Jan- Nov 2019
SDOH Barriers identified by members: Total # of SDoH **barriers*** identified by members	28,957	26,532
SDOH Referrals to members: Total # of **referrals** to members (social, MSP and LIS)	9,802	6,255

*"SDoH barriers": factors that impede a member's access to care, e.g., lack of transportation; "SDoH non-barriers": factors that do not impede access to care but affect health, e.g. veteran status

Imputed Market Price™ (IMP™) of Referral Services:

Since inception of the program UHC has provided with almost **$17M** in member value

Net Promoter Score:

73

Based on global NPS standards any score above **70** is considered "World Class"

Wisconsin SDOH Pilot

Ellen Sexton

Extraordinary Trends in Healthcare

UnitedHealthcare COMMUNITY & STATE

Chronic diseases account for 86 percent of the nation's healthcare costs

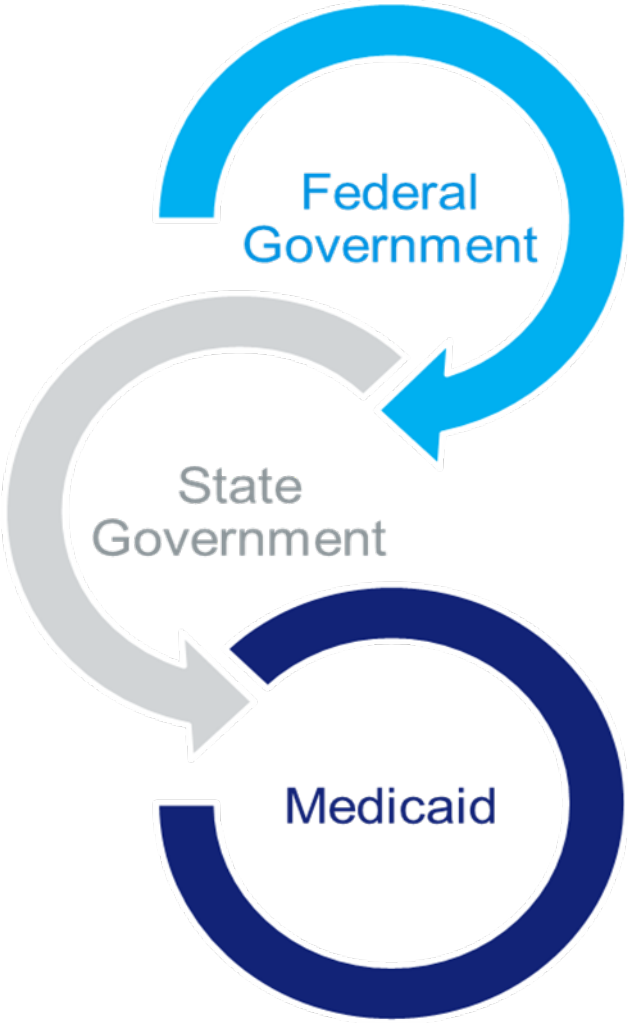
Diabetes prevalence 50% increase in the past 15 years

10,000 people turn 65 every day

$3.4T

Annual spending on health care will increase 30% over the next decade

Medicaid in Brief



Who Medicaid Covers

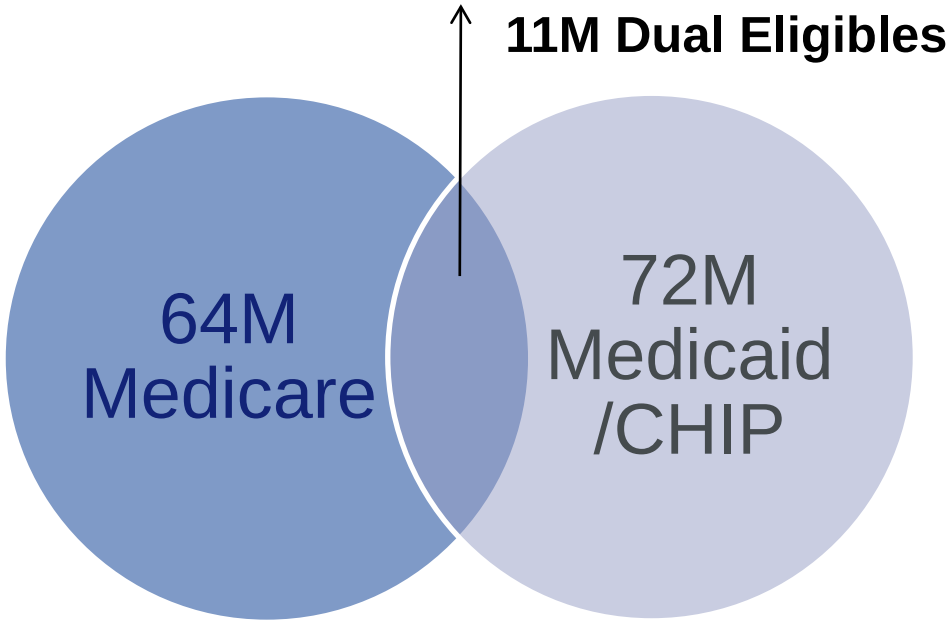
- Low income families and in expansion states childless adults
- 65+ with low incomes or disabilities
- Disabled not qualified for Medicare
- Children
- Pregnant women

Structure in Brief

- State and federal funding
- Majority managed care
- Substantial fee for service
- Carve out for certain services e.g., behavioral, pharmacy
- Long-term services and supports

Medicare is not Medicaid

Medicare is a federal program that provides health coverage for individuals aged 65 and older as well as those with long-term disability and/or end-stage renal disease (ESRD). The program primarily covers acute, short-term care that requires the skills of a medical professional. As a federal program, Medicare eligibility and core benefits are consistent in every state, although private plans administered by Medicare Advantage organizations may provide additional benefits.



Factors Affecting Health

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40%

- Job Opportunities [3]
- Safety [3]

[3]

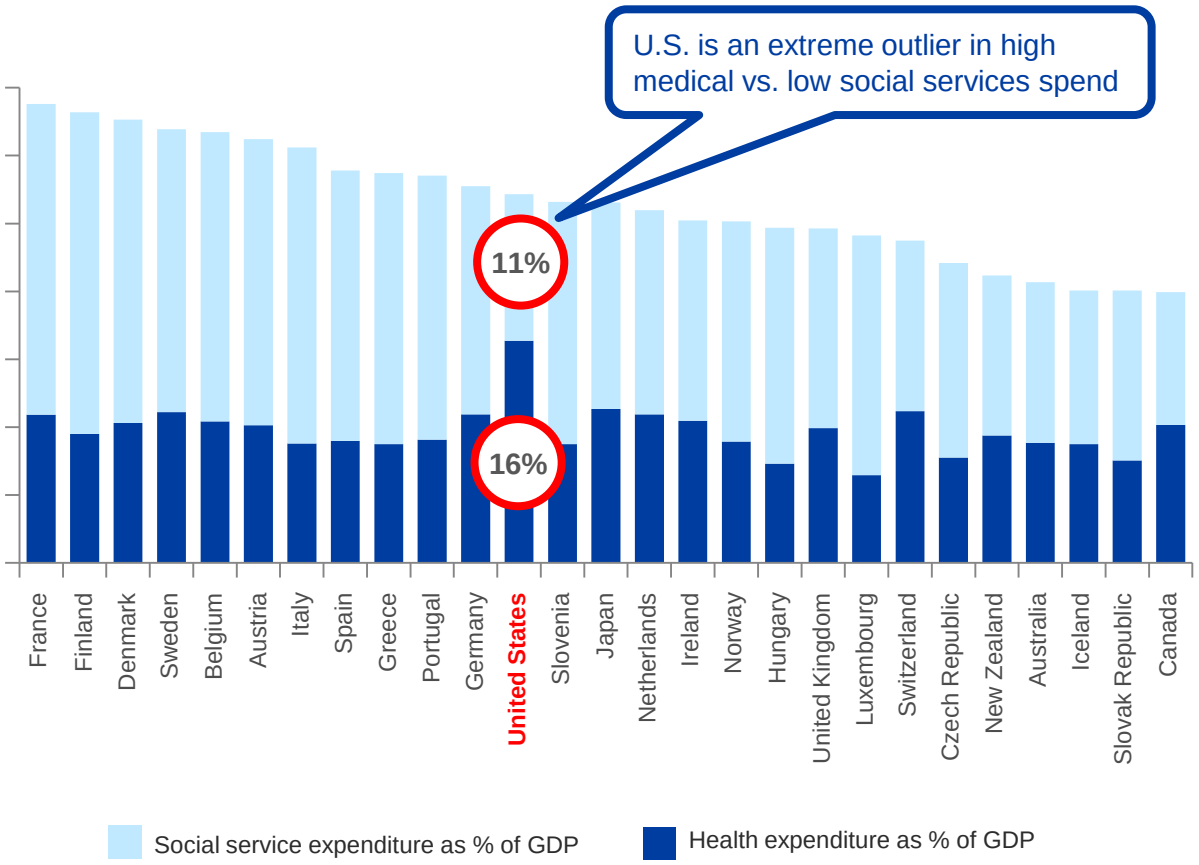
10%

Physical Environment
(Environmental quality)

Social Factors Drive Health Care Spending

UnitedHealthcare COMMUNITY & STATE

Spending on Social and Health Programs by Country (2013)



Source: OECD, CDC, CMS. From *The American Healthcare Paradox: Why Spending More Is Getting Us Less* by Elizabeth H. Bradley and Lauren A. Taylor.

Importance of Caring for the Whole Person

UnitedHealthcare COMMUNITY & STATE

Today's Medicaid populations include an increasing number of individuals with behavioral health diagnoses and social service needs, in addition to existing chronic health conditions. To effectively serve the needs and improve the health of these populations, we must address the whole person.

Almost 1/3 of those with medical health conditions also have behavioral health conditions.

2X

Co-morbid individuals have total expenditures **almost 2x** of those without co-morbid medical and behavioral diagnoses.

Beneficiaries with behavioral health diagnoses account for almost half of total Medicaid expenditures.

Areas of Extreme Complexity

UnitedHealthcare COMMUNITY & STATE

Medical

- Age
- Diabetes
- Heart failure
- Kidney failure
- Pain syndromes

Social

- Homeless
- Hungry
- Unemployed
- Disabled
- Criminal record
- No transportation

Mental Health

- Schizophrenia
- Bipolar disorder
- Factitious disorder
- Borderline personality disorder

Substance Use

- Alcohol
- Heroin
- Cocaine
- Prescription medication

It is estimated that in the U.S., 13 to 27 percent of ER visits annually could be managed in alternative settings such as primary care clinics, which could result in savings of $4.4 billion in medical costs

myConnections

- The myConnections “Housing First Plus” program is designed to support the UHC mission, *to help people live healthier lives and to make the health system work better for everyone.*

- The “Housing First Plus” model integrates a Housing First approach with **intensive, Trauma-Informed** and **Person-Centered care management services** for Members with complex medical, behavioral and social needs who require a wide variety of resources to effectively manage their health and **improve quality of life**.

Pilot Overview - Better Care at Lower Costs Begins With Housing

UnitedHealthcare COMMUNITY & STATE

Problem

- Members who are homeless or precariously housed are more likely to over-utilize ED and inpatient stays, under-utilize appropriate care (preventative care, behavioral health) and are difficult to case manage

Solution

- Using a housing first approach, UHC will secure permanent supportive housing for 10 members with a housing need (“Pilot members”) and wrap them with the medical, behavioral and social services they need

Goals

- Improve member health, create a pathway to self-sufficiency and reduce member overutilization of health services and costs

Housing + Health Delivers Lower Spend and Improved Wellbeing

UnitedHealthcare COMMUNITY & STATE

Since October 2017, 248 high-risk, high-cost Medicaid members have been housed in Arizona, Nevada and Wisconsin.*

44-51%
Average monthly cost of care

33-43%
ER visits

55%
Inpatient admits

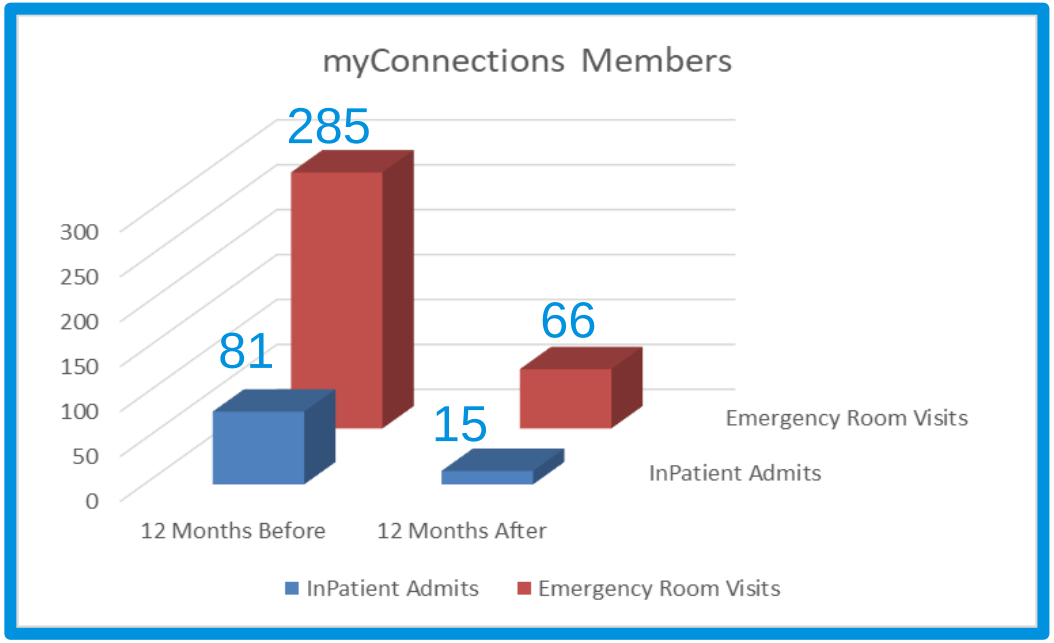
67%
Inpatient days

*Results are based on members who met the eligibility requirements for the analysis. Utilization based on per 1000 members. Paid claims data is limited and improvements for members may lessen as additional paid claims become available. These results do not consider regression to the mean, which is expected to be higher as total claim costs increase.

myConnections: Statistics

- **Member Info** #
- Total Members 16
- Total Grads 7
- Total Currently Engaged 6
- Total Exited 3
- Total Members off Badgercare now with Employer Insurance 3

myConnections Member Utilization Changes

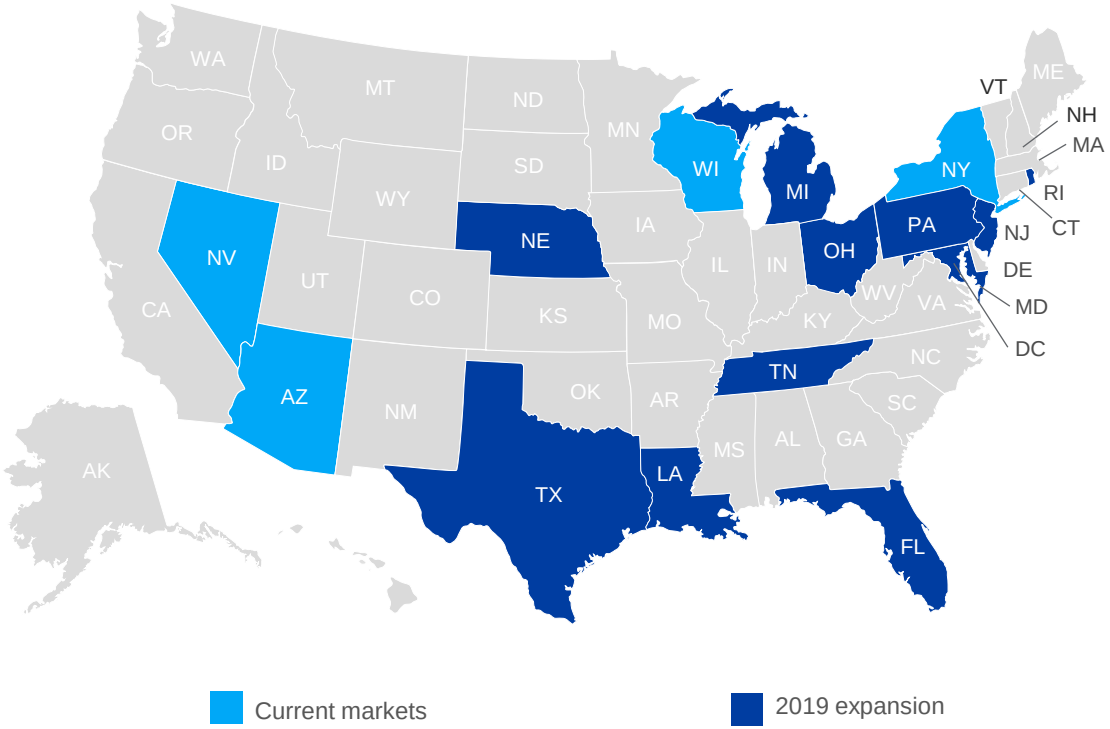


12 Months Before myC IP Admits	12 Months After myC IP Admits	Average % Monthly Decrease	12 Months Before myC ED Visits	12 Months after myC ED Visits	Average % Monthly Decrease
81	15	68% Decrease	285	66	69% Decrease

Better Care at Lower Costs Begins With Housing

UnitedHealthcare COMMUNITY & STATE

By 2020, more than 350 Medicaid members with extreme social, medical and behavioral complexities will be housed. They represent $17.5M in retrospective annual claims cost.



Intensive Wraparound Care Delivered On Site:

- End-to-end care management – medical, behavioral and social services, including direct delivery and linkage to community resources
- Patient-centered health coaching, including goal planning
- Addiction recovery support
- Employment navigation
- Non-emergent transportation assistance
- For members who are medically stabilized and financially equipped, transition to market-rate housing with continued support

Rob's Journey

UnitedHealthcare COMMUNITY & STATE

Medical and Social Needs Assessment:

- Hypertension
- Infectious hepatitis
- Cardiology
- Epilepsy
- Nutritional deficiency and dehydration
- Poisonings and toxic effects of drugs,
- Substance Abuse
- Mood disorder, bipolar
- Homeless
- Unemployed
- No transportation

- **October 31, 2018** Moved In and Met Program Representative
- 2017 Spend: $33,143
- 2018 Spend: $83,742
- 2019 Spend: $444
- 2020 Spend: $390

- Medically stable and economically self-sufficient
- **Graduated: October 1, 2019**

	Pre-intervention 12 Months	Post-intervention 15 Months
Average Cost of Care per Month	$5076	$33
ER Visits	17	3
Inpatient Admits	11	2

Person-centered Plan Created:

- goal planning
- 1:1 health coaching
- Whole Person Care Management
- Section 8 Voucher

ekly Care Coordination

- Connected with County Case Management
- Assistance and approval for SSI

Thank You

Rosamaria Martinez

Vice President of Community Health Initiatives,
Sixteenth Street Community Health Centers

Integration of SDoH Screening in Primary Care

BHCG

5-28-2020

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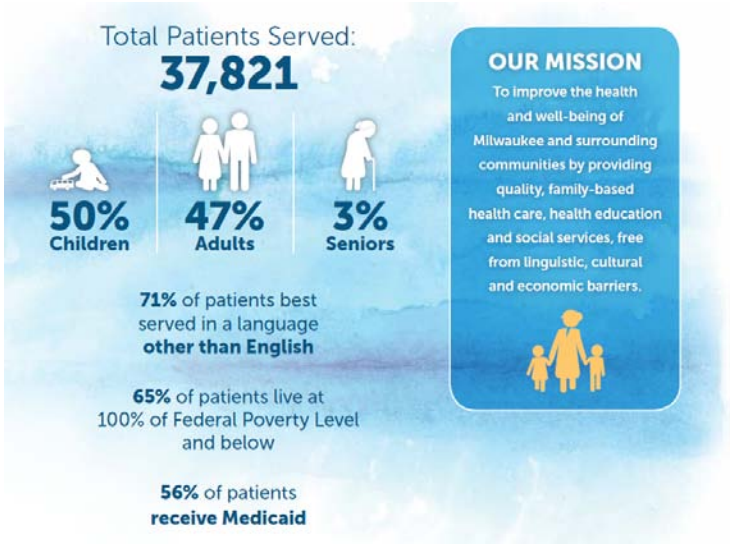
COMMUNITY HEALTH CENTERS

Background

Patient service comparison Medical and BH vs Social Services

- Medical & BH Patients
- Social Servcies Patients



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Funding sources:

- MHCP Health Systems Shared Community Investment Fund
  - To support the research, design and implementation of a Social Services Electronic Health Record pilot.
  - Transfer learnings to other and help inform MHCP efforts to align community-wide care coordination technology, tools and processes addressing the social determinants of health
- Wisconsin Partnership Program (WPP)
  - Improving Health Outcomes by Proactively Integrating Social Determinants Screening into Primary Care Practice.
  - Focus on housing

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Key Concepts

Universal Screening

Tier Level Service Delivery Model

Community Relations & System Change

Technology

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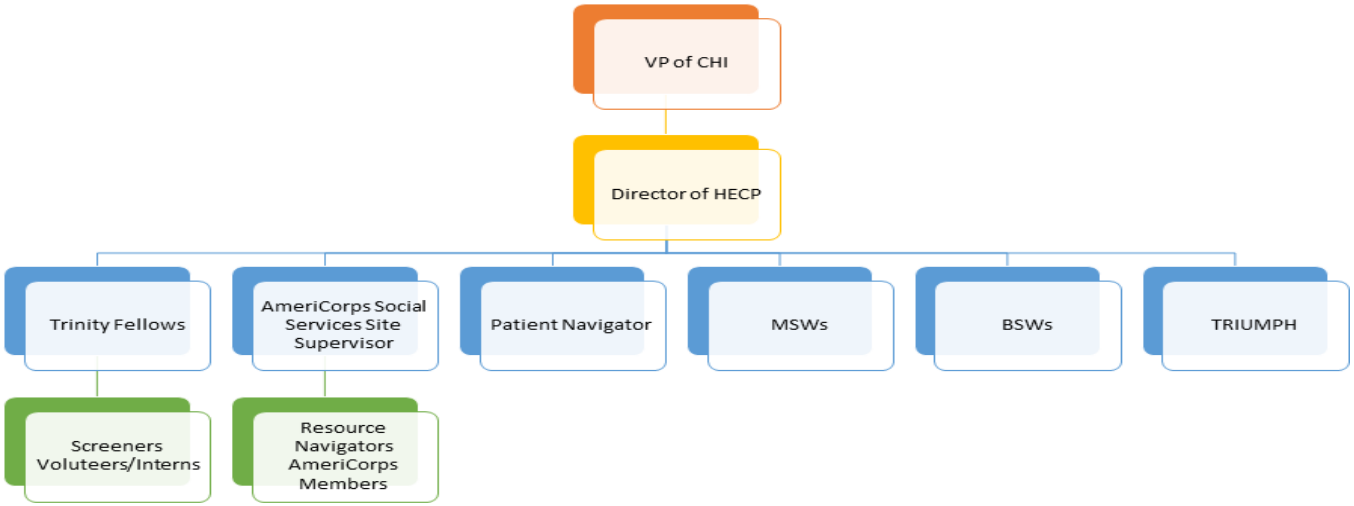
COMMUNITY HEALTH CENTERS

Staffing model



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Scope of Services

Housing

- Emergency and rent assistance
- Housing insecurity, eviction and homeless
- Tenant/landlord issues, nuisances and quality of housing
- Affordable housing

Safety, family, and social relations

- Domestic violence (DV) and intimate partner violence (IPV)
- Sexual assault or abuse
- Abuse, mistreatment control and neglect
- Community violence, social isolation and special needs

Basic Needs

- Food access
- Clothing
- Personal hygiene
- Home items

Advocacy

- Legal representation, civil and criminal
- Immigration
- Disability accommodations
- Advance care planning, guardianship

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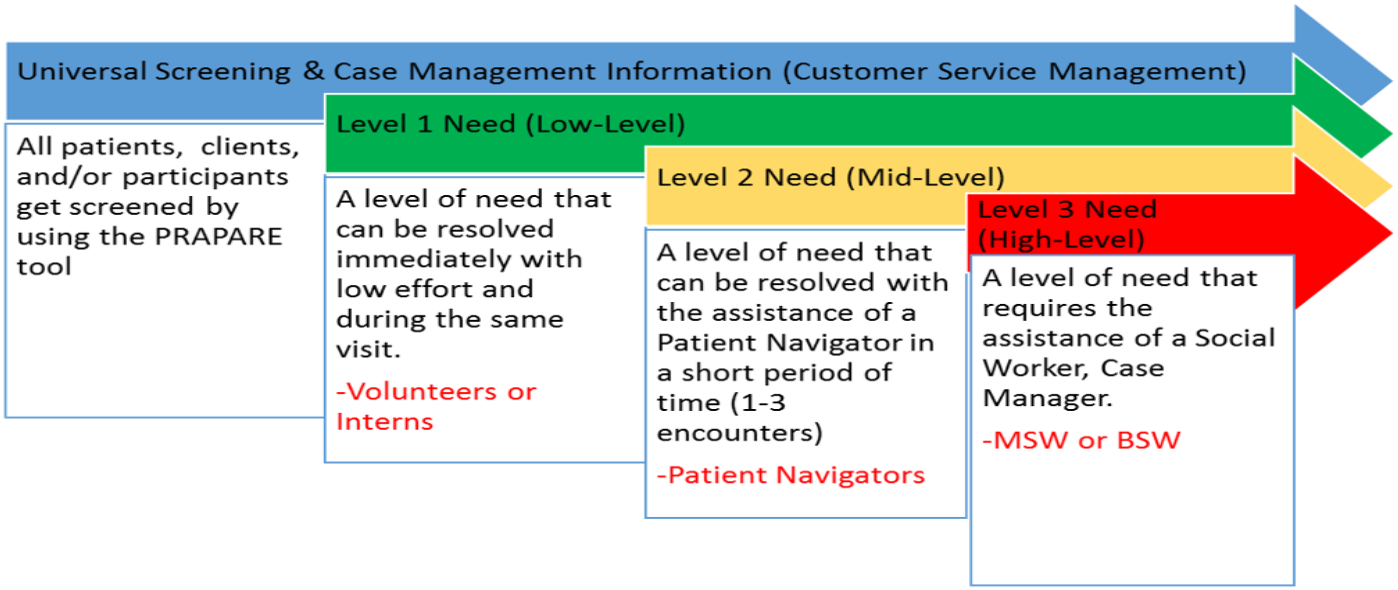
Universal Screening & Tier Level Services



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WPP Team

DR CULHANE

CLINIC MANAGER

PATIENT SERVICES SUPERVISOR

MA SUPERVISOR

CUPH TEAM

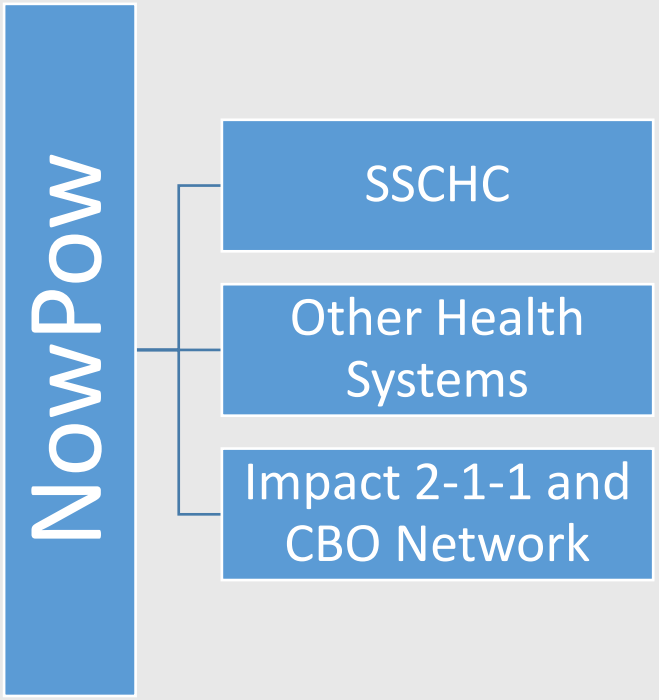
SS TEAM

DIRECTOR OF PATIENT AND COMMUNITY ENGAGEMENT

GRANTS MANAGER

COMMUNITY HEALTH CENTERS

Community Information Exchange



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I — Identify the CIE Vision and Governance

Provides information on establishing the need for a CIE, clarifying the community vision, and creating a governance structure and plan for oversight.

M — Mobilize the Community Network

Covers developing and implementing a strategy to engage partners and foster collaboration through shared values, a common language, and partner engagement.

P — Prepare a Legally Compliant Framework

Highlights the steps necessary to standardize data sharing, and ensure adequate security and privacy measures.

A — Adopt Interoperable and Scalable Technology

Outlines the importance of analyzing existing data systems, establishing a design and technology team, developing a scope of work, and selecting a technology platform.

C — Cultivate Sustainability

Underscores the need to develop and pursue a diversified initial and long-term sustainability strategy based on a clear understanding of costs, potential business models, and clear value propositions for key sectors.

T — Transform the Movement

Emphasizes the role of a CIE in building the regional data sharing ecosystem, contributing to the field of public health, and shaping the conversation through the regional ecosystem, building the field, and shaping the movement through education and advocacy.

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Screening tool

- Housing
- Safety
- Basic needs
- Connecting to friends/ resources
- Legal needs
- Stress

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Screening results

- During the first quarter of 2020 we had 14 volunteers at Chavez and 6 at Parkway and screened 1076 patients
- From Nov 2019 to March 2020 we screened 2218 patients

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Housing

What is your housing situation today?

More Details

Have housing (rent or own or...	1758
Do not have housing (staying...	42
I choose not to answer	38
Other	84

Are you worried about losing your housing?

More Details

Yes	351
No	1457
I choose not to answer	84

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Safety

Do you feel physically and emotionally safe where you currently live?

More Details

Yes	1584
No	287
I choose not to answer	45

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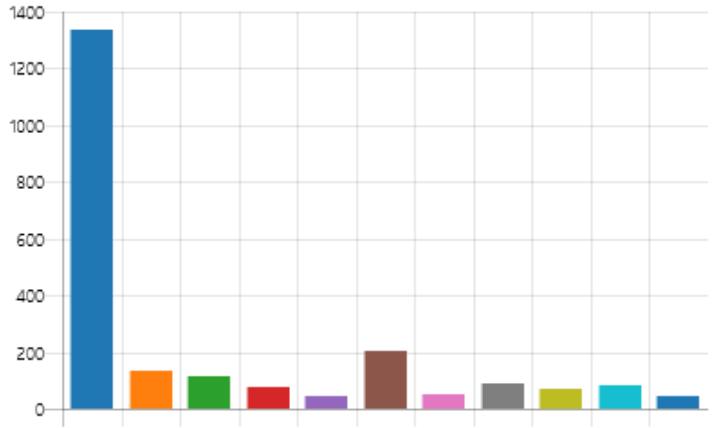
Basic needs

In the past year, have you or the people you live with been unable to get any of the following when it was really needed?

More Details

No	1338
Food	135
Clothing	115
Utilities	76
Child Care	44
Medicine or any health care (...	202
Phone	53
Transportation-Medical	90
Transportation-Regular	70
I choose not to answer	85
Other	47



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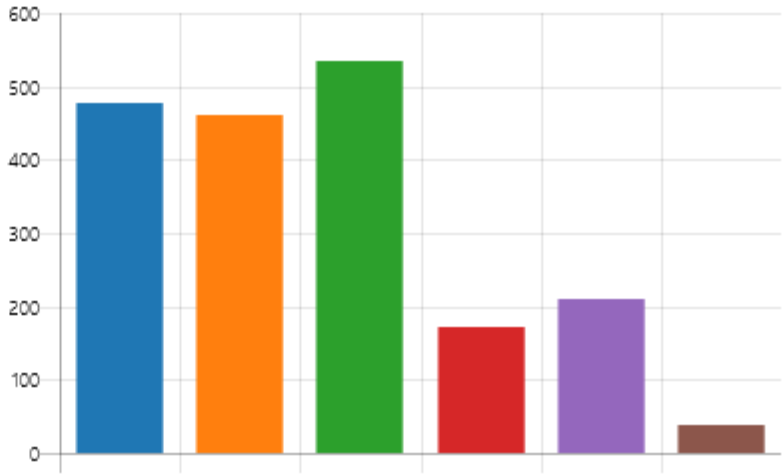
Stress

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

More Details

Not at all	478
A little bit	462
Somewhat	534
Quite a bit	172
Very much	209
I choose not to answer	37



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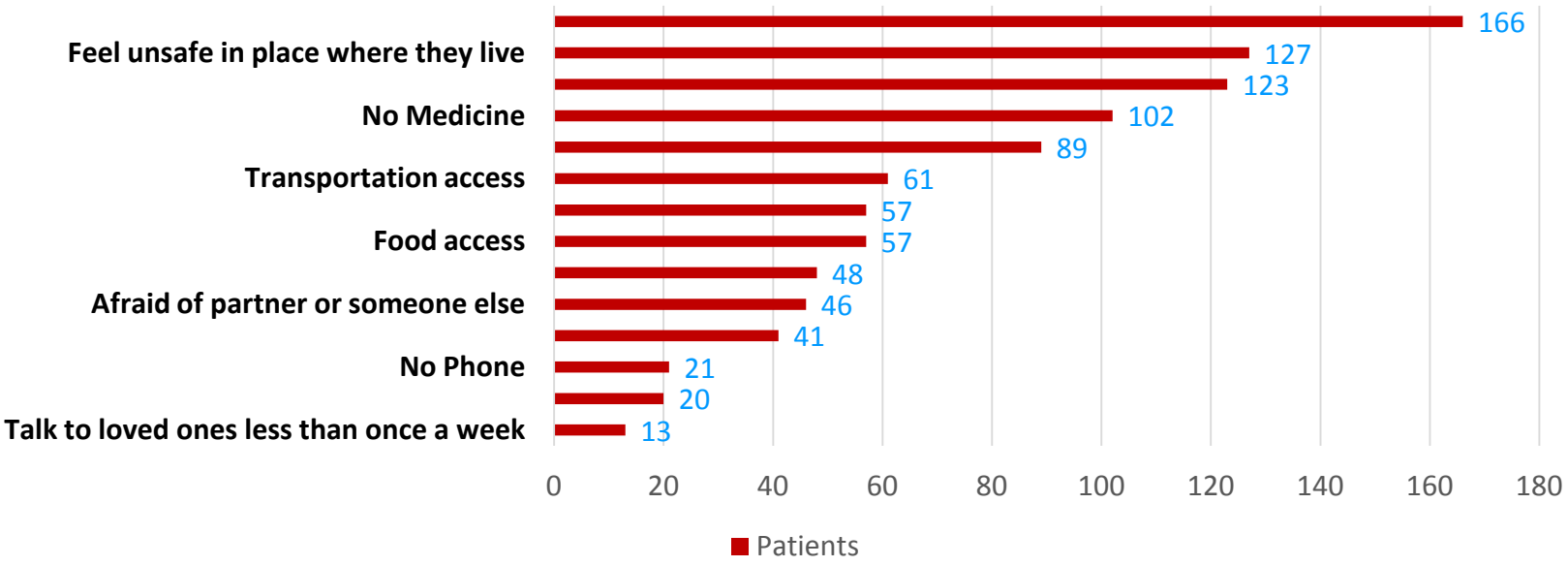
SDoH Screening Results 1st Quarter 2020



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COVID

- SS Staff are working remotely- (Encounters have gone up)
- Problem solve by phone
- Conducting drop-off /pick-up of items when needed (while practicing social distancing)
- Updating resources and sharing with larger staff
- Assisting non-patients
- Relief Funds- Food, Rent, Assistance
- Together
  - BH
  - Financial assistance…

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Upcoming work

DEFINE WORKFORCE CAPACITY/ ALLOCATION (INCLUDING TIME STUDY)

DEVELOP STRATEGY FOR HOW PATIENT VOICE WILL BE INCORPORATED INTO PROGRAM

DEVELOP ONGOING COMMUNICATION PLAN

IMPLEMENT CASE MANAGEMENT TECHNOLOGY (TO INTERFACE WITH INTERGY)

IMPLEMENT PATIENT SATISFACTION SURVEYS AS WELL AS STAFF SURVEYS

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Questions?

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BHCG BUSINESS HEALTH CARE GROUP

DELIVERING VALUE SERIES

Thank You!

A recording of today's webinar, as well as presenters' slides, will be made available. Watch your inbox or visit bhcgwi.org.

Stay safe & be well!