Focusing on the Social Determinants of Health at UnitedHealthcare Going beyond clinical health

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FOCUSED ON HOW PEOPLE INTERACT WITH HEALTH CARE



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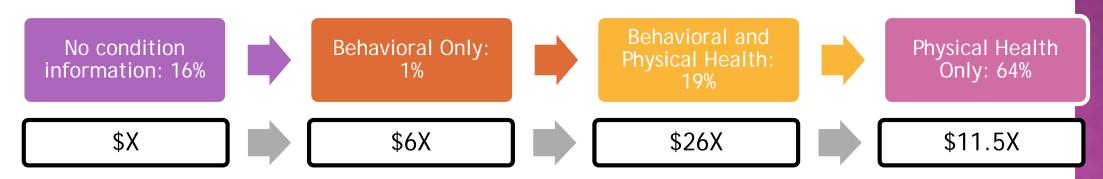
BEHAVIORAL HEALTH?

Medical and Behavioral disorders can create & exacerbate each other

- Anxiety → Drinking → Liver Disease
- COPD → Sedentary Lifestyle → Depression

Medical and Behavioral comorbidities have been shown to:

- Have higher readmission rates
- Have materially greater healthcare expenditure, specifically medical
- Have lower life quality and expectancy
- Have greater avoidable ER visits and hospital admittance rates



INCORPORATING BEHAVIORAL ATTRIBUTES

Behavioral Ownership examples

- Expanding current variables (system utilization, program engagement, etc.)
- BH program enrollment and engagement
- Rx adherence for behavioral maintenance drugs
- Counseling and therapy
- EAP usage
- Social Ownership (ties to family and friends, participation in social activities)
- Hobbies (mindfulness and self-help)
- Risk Assessment questions
- Substance use disorder complications
- Homelessness, sexual violence, domestic violence often identified here

AREAS OF FOCUS

- Maternity Health coaches
- Housing Navigator
- Neonatal services support
- Alachua Dental Clinic in collaboration with the Department of Health and the University of Florida and serving the north central Florida region.
- Wellpass Clinical Texting
- Wellness Recovery Action Plan (WRAP) app helps people manage their symptoms, communicate their needs, identify, prepare and manage triggers, create advance directives and a post-hospitalization plan.

- Social responsibility
- Join for me A Weight Management Program for Kids and Teens
- Community Grants for food insecurity
- 4H partnership
- KidsHealth® http://kidshealth.org/UHCCommunityPlan/en/ teens/rape-what-to-do.html?WT.ac=t-ra%20-%20catgirls

SOCIAL RESPONSIBILITY

- \$196 M given to 2200 organizations by employees
- 1.25M employee volunteer hours in 2016
- 1850 scholarships awarded totaling \$13M
- \$2.4M awarded in honor of employee volunteers

MATERNITY CASE MANAGEMENT

- Focus on healthy moms who have never had a C section
- •Identify moms with SUD
- Social determinants screenings
- BH screening

FAMILY ADVOCACY PROGRAM/POST-DISCHARGE SUPPORT/CM

Acuity level of infant will align with in home support.

Low acuity infant

Care Manager: Family Advocacy CM and case escalation to MD as necessary.

Interventions:

- · Assist with removal of barriers to care
- Verify all follow-up appointments are kept

Case length: As needed up to 30 days

Moderate acuity infant

Care Manager: Family Advocacy CM and case escalation to MD as necessary.

Interventions:

- · Verify all follow-up appointments are kept
- Ensure equipment is utilized appropriately/discontinued as needed
- · Confirm medications are filled/taken,
- Educate re: discharge instructions; confirm they are followed
- Encourage and provide available support
- Reduce readmissions
- Support HEDIS gap closure
- Coordination w/ WPC and CHW's if necessary

Case length: As needed up to 90 days

High acuity infant

Care Manager: Family Advocacy CM and case escalation to MD as necessary.

Interventions:

- · Verify all follow-up appointments are kept
- Ensure equipment is utilized appropriately/discontinued as needed
- Confirm medications are filled/taken,
- Educate re: discharge instructions; confirm they are followed
- Encourage and provide available support
- Reduce readmissions
- Support HEDIS gap closure
- Coordination w/ WPC and CHW's if necessary
- Care coordination w/ other providers PDN, social services, other agencies
- DME care coordination
- Warm hand-off to CM or WPC depending on acuity of infant

Case length: As needed up to 15 months

HEDIS:

Goal of ensuring all well child and immunization visits are completed timely (Note: infant's immunizations are delayed due to their acuity)

Algorithm to identify babies with missed appts/immunizations

- If baby still in NRS CM, NRS CM/SW will intervene to identify barriers and resolve
- If baby no longer in NRS CM, alert sent to WPC CHW for intervention

KEY NICU REDESIGN CONCEPTS

- Clinical intake for all NICU admissions
- ✓ Focused UM
 - Utilize UM resources where impact can be realized based on contract type (Per Diem, DRG, etc.)
- ✓ Enhanced Family Advocacy & Discharge Planning for NICU babies
 - Coleman Model
 - Discharge planning and CM support by RN and/or SW:
 - Aligned to 4 pillars (right care, right provider, right lifestyle, right medication)
- ✓ New First year of life program
 - NICU babies: Family/caregiver education, advocacy and support
 - Ongoing case management up to 15 months based on need
 - HEDIS gap identification and intervention
- ✓ Improved provider experience
- ✓ Enhanced communication/collaboration with health plans



MEMBER JOURNEY AND RESOURCES

Member Journey

Healthy First Steps Pregnancy Neonatal Resource Services NICU Infant (Inpatient)

Neonatal Resource Services NICU Graduate CM & Well Child (post NICU)
(1 month - 15 months)

Management Approach

Maternity Care Management

New redesigned program launched 4/1

- CHW support for physician search, appt, scheduling and barrier removal
- Market RN support

Integrating HFS CM and UM programs with NRS team to foster collaboration:

- Timely notification of expected or actual NICU admission
- HFS RN educates and promotes benefits of NICU program
- Simplify member experience

Contractual Based UM

UM Reviews based on:

- · State contracts for payment configuration: DRG or Per Diem with or without leveling and outliers
- Gestational age
- APR-DRG LOS targets
- Discharge Planning
- Algorithm to predict outliers

CM & Discharge Planning

- Complex case support (stratify cases low, mod and high)
- In patient case management
- Discharge planning before discharge (Coleman)
- Discharge support post discharge (Coleman) with ongoing case management
- Collaboration with RN/MD telephonically
- Same RN or SW provides inpatient and outpatient CM to ensure smooth transition and maintain relationship with family

CM & FYOL

- Acuity based case management for complex NICU babies
- Clinical education and support
- Algorithm to trigger intervention for missed appt./immunization for all NRS babies up to 15 months of life
- Whole Person Care CHW integration

What is MyHealthLine?

MyHealthLine is a <u>no cost</u> capability combining the federal Lifeline benefit with a comprehensive digital strategy administered through text that empowers UnitedHealthcare members to stay connected and better manage their health.

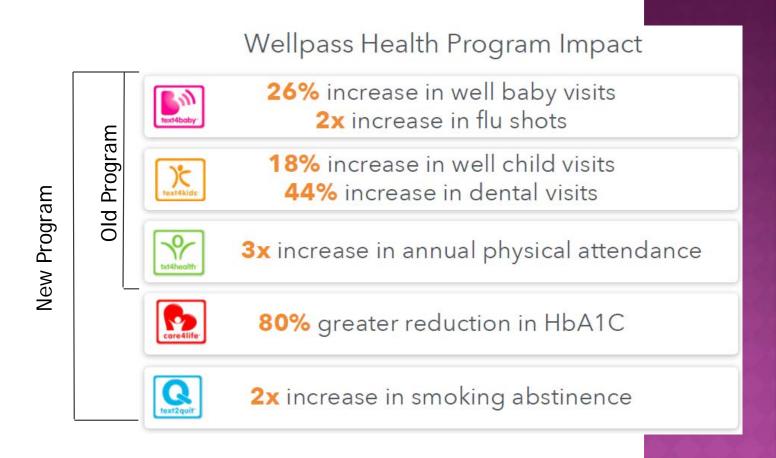
- Free smartphone device or bring your own device options for members through three mobile carriers
- Five text campaigns: Text4baby, Text4kids, Text4health, Text2quit, and Care4life
- Secure Mobile App: Wellpass allows condition specific messaging and person-to-person text
- Program Libraries: 30+ additional pre-populated campaigns focused on specific conditions such as depression, asthma, hypertension, and childhood obesity
- Custom Messaging: Health plans can create their own messages for population health or targeted at population subsets or individuals (i.e. promoting a community event for members in a particular zip code, exam or immunization reminders based on age)

Enrollment in Wellpass Health Programs

Members can be enrolled in a suite of proven, automated test-based health programs.

Programs aligned with HEDIS quality goals.

Real-time access to member data for myHealthline users, aggregate data for all others



Wellpass Health Programs are offered for free to people forever.

Interactive Messaging Campaigns AND/OR Person-to-Person Messaging

Automated, interactive messaging campaigns can be used to support a variety of messaging needs to targeted or broad populations:

- Welcome and Onboarding
- Benefit and Service Notifications
- Incentive Program Notifications
- Appointment & Medication Reminders
- Gap in Care Alerts
- Marketing and Administrative Messages (community events, transportation, Nurseline)
- Re-Enrollment/Re-Determination Reminders
- Promotion of Health Plan App
- Other Needs/Services

KIDSHEALTH®

https://kidshealth.org/UHCCommunityPlanMississippi/en/teens/rape-what-to-do.html?WT.ac=ctg