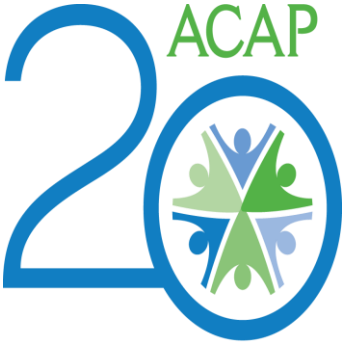


Addressing the Social Determinants of Health (SDoH) Needs of Dual-Eligible Beneficiaries

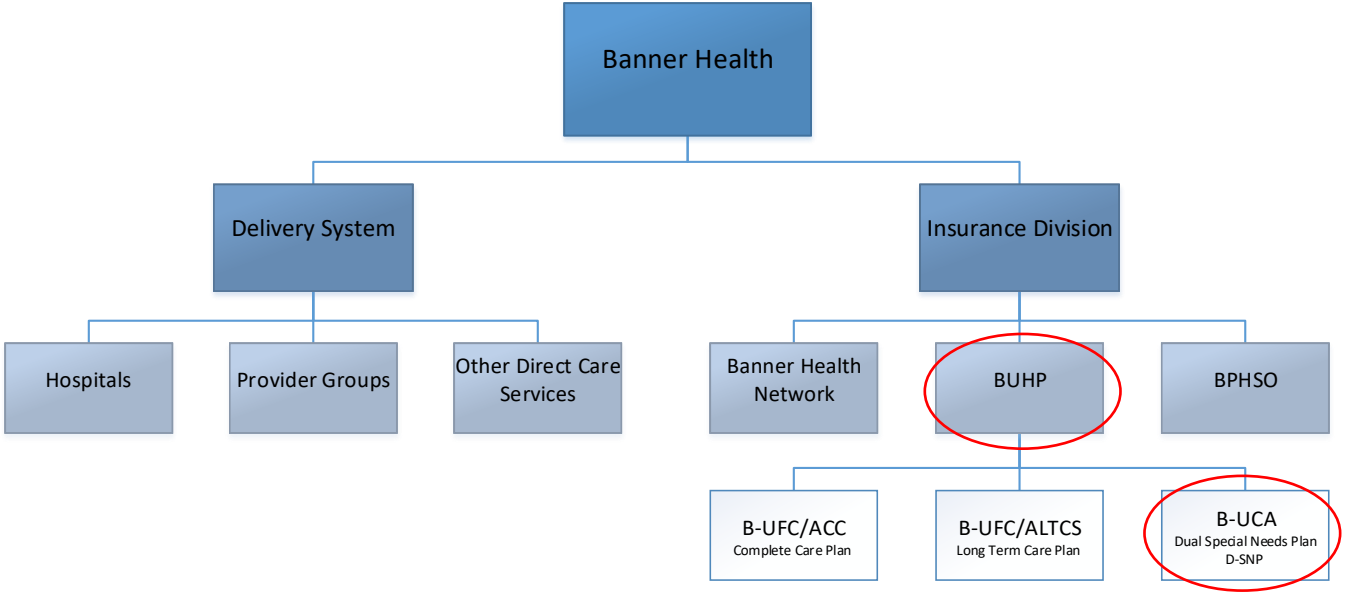
June 26, 2020

James Stringham, VP/CEO
Banner University Health Plans (BUHP)

DSNP/SDoH: Session Topics

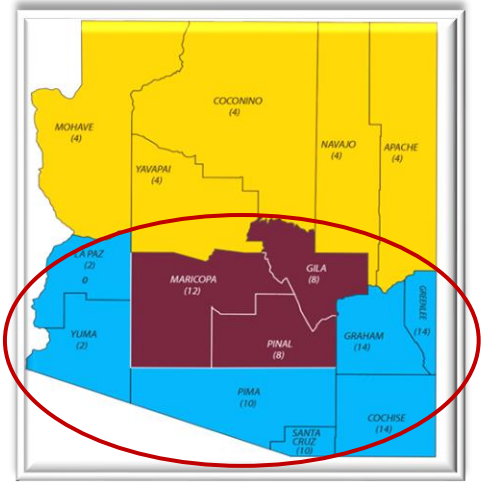
1. Banner University Health Plans (BUHP)
2. Structure to Address SDoH
3. Approach to Address SDoH
4. Factors Affecting Health Outcomes
5. SDoH Planning to Date
6. Case Example – PYX Health

Banner University Health Plans (BUHP)



Banner University Health Plans (BUHP)

Product	Focus	Approximate Enrollment
Banner-University Family Care (B-UFC/ACC)	Complete Care (formally Acute)	228,006
Banner-University Care Advantage (B-UCA)	Dual Eligible Special Needs Plan (D-SNP)	15,480
Banner-University Family Care (B-UFC/ALTCS	Arizona Long Term Care System (ALTCS)	6,815
	Total	**250,301**



- ☐ Northern GSA
- ☒ Central GSA
- ☒ Southern GSA

80% aligned on the ACC and 97% aligned on ALTCS.

As of 5/01/2020

Banner University Health Plans

Structure to Address SDoH

- SDoH Incorporated in Key DSNP Documents
  - i.e., MIPPA Agreement, Model of Care
- Dedicated Team Members Focusing on SDoH
  - System of Care Team (i.e., Peer/Family, Housing, Court/Jail Liaisons, Employment, Tribal and Veterans)
- Collaborative Relationship in the Community
  - Integrated Community Neighborhoods
  - Community Based Organizations
- Flexible Funding Approaches with Providers
  - Targeted Investment Payments, reward for quality, PMPM/case rate
- Supportive Tools and Technology
  - e.g., Health Information Exchange and PYX Health

Approach to Address SDoH

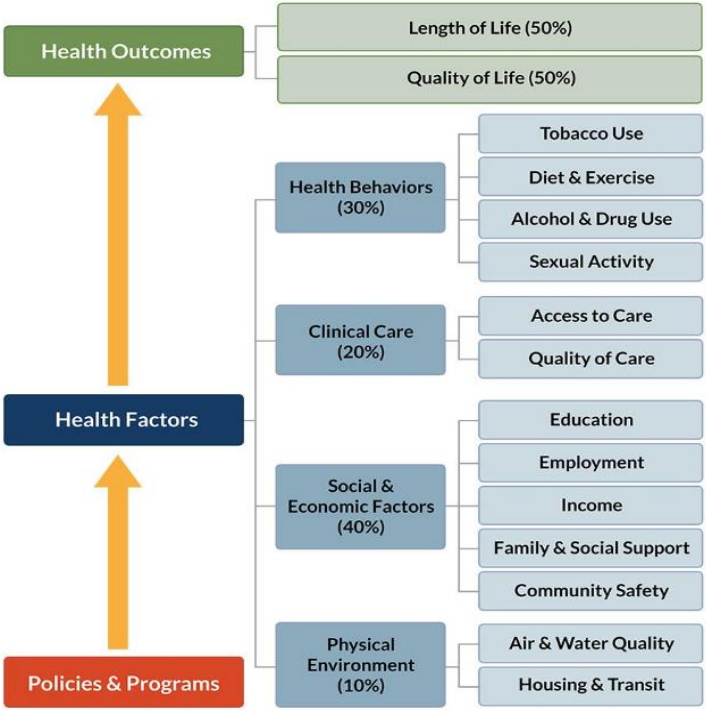
Collaboration is Key

- AHCCCS
- MCOs
- Member Engagement
- Accountable Care Organizations
- Community Base Organizations
- Health Information Exchange (Health Current)

AHCCCS Whole Person Care

- Focus on SDoH as a driving force impacting health care outcomes
- Opportunities to engage community stakeholders to address:
  - Transitional Housing
  - NEMT with focus on food and employment
  - Social Isolation
- Leverage Health Current (AZ HIE)
  - Screen for social risk
  - Refer to community resources

Factors Affecting Health Outcomes



Banner University Health Plans

SDoH Planning

- Consistent screening with evidence based tools
- Integrated workflows to leverage information and address needs
- Regionally specific community resource directory
- Member specific and aggregate data analytics
- Exploring platform to simplify screening and connection of members to resources – closed loop (through Health Current)
- Desired impact:
  - 30% hospital readmission reduction
  - 46% reduction in post-acute spend for high utilizers
  - 89% resolution rate of identified social needs
  - 14 times faster time to assistance for social needs

Case Example: Pyx Health

Loneliness affects everyone.

The New York Times

"…associated with a reduction in life span similar to that caused by smoking 15 cigarettes a day and even greater than that associated with obesity."

AARP®

"…over one-third of adults in the US are chronically lonely – meaning more than 2.6 million of them may suffer from ongoing loneliness."

"Among midlife and older adults earning less than $25,000 per year, 50% are likely to be lonely."

BECKER'S HOSPITAL REVIEW

"…found that 80 patients accounted for 5,139 ED visits in one year, at an estimated cost of $14 million… loneliness as the number one factor for these ED visits…"

"...loneliness potentially increases a person's risk of mortality by 45%. That statistic makes loneliness more dangerous than air pollution, obesity and excessive alcohol use."

hfma

Let's wage a war on loneliness and social isolation.

PYX: Member Supported Care Circles

- App: Interactive solution that helps address social isolation and loneliness
- Allows members to select persons important to them - a Care Circle
- Interactive technology, **gauges member's mood, overall status-** using evidence based screeners for: Depression/PHQ-9, Anxiety/ GAD-7, Loneliness, SDOH
- Tracks Self Reported Outcomes of Health Measures (**SROHM**)
- Supportive messaging
- Provides alerts to **Care Circle** when member's responses may be outside expected norms

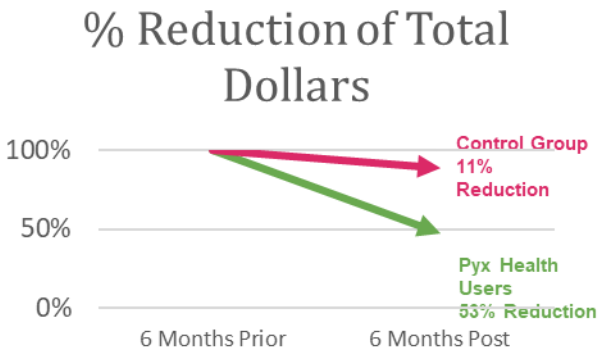
Mobile enabled/app

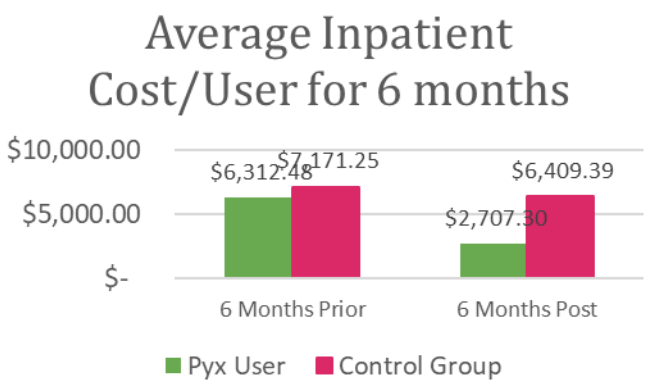
- **Geo Fencing** opt-in allows Care Circle to be alerted when the member enters an ED, Urgent Care, or Crisis Center
- Real time supports
- **Creates Autonomy** for those in transitions
- Supplements traditional case/care management
- **COVID-19: Leveraging Technology so social distancing doesn't turn into social isolation**

PYX: Implementation Update and Outcomes

- Focus has included:
  - Transitions: DC from BH and PH hospital and BHRF
  - High cost high risk members through care management
  - Members with or at risk for anxiety, depression, loneliness, SDOH
  - Provider member engagement as a supplement to traditional services
- **COVID-19:** Opportunity to Leverage technology - social distancing doesn't have to turn into social isolation and loneliness
- Early outcomes:
  - Small studies have been very positive
  - Significant reduction in costs post PYX use
  - Significant reduction in hospitalization
  - Member satisfaction:
    - 2/3 of members feel more connected to their health care team
    - 93% say they feel healthier
    - 90% go to PYX when they need help

PYX: BUHP Case Example





$281,000 overall reduction in costs post 6 months initiation of PYX

On average $3600 reduction in inpatient spend 6 months post utilization of PYX

On average $862 reduction in 200 member control group

Banner University Health Plans

Questions