SDOH from the Theoretical to the Practical:

A Story of Success at Innovista

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NAVIGATING YOUR SUCCESS

agenda

- Innovista Health Solutions
- The Road Ahead
- SDOH Program for Medicaid
- SDOH Program for Commercial Diabetic Population
- Reporting

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About Innovista Health Solutions

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NAVIGATING YOUR SUCCESS

Our Mission:

Helping Providers succeed in value-based care by developing strong relationships, delivering innovative solutions and driving exceptional performance

Innovista is a wholly-owned Subsidiary of Health Care Service Corporation (HCSC) with headquarters in Oak Brook, IL.

Innovista's chartered purpose was to create a comprehensive independent service partner to aide and support physicians as they navigate the transition from FFS → Value → Risk; with the infrastructure, tools, programs and staff to manage all payer product lines.

Innovista began operations in 2014 and was created as a service partner to help physicians and medical groups respond to the reality of value-based/shared-risk payment models across the healthcare landscape.

Innovista is a certified Management Service Organization (MSO) for both BCBS of Illinois and Humana.

payer partners

product portfolio

Payers

21

Payer Agnostic

- Commercial Value
- Commercial Risk (partial & global risk)
- MSSP
- Medicare Advantage (partial & global risk)
- Medicaid
- Private

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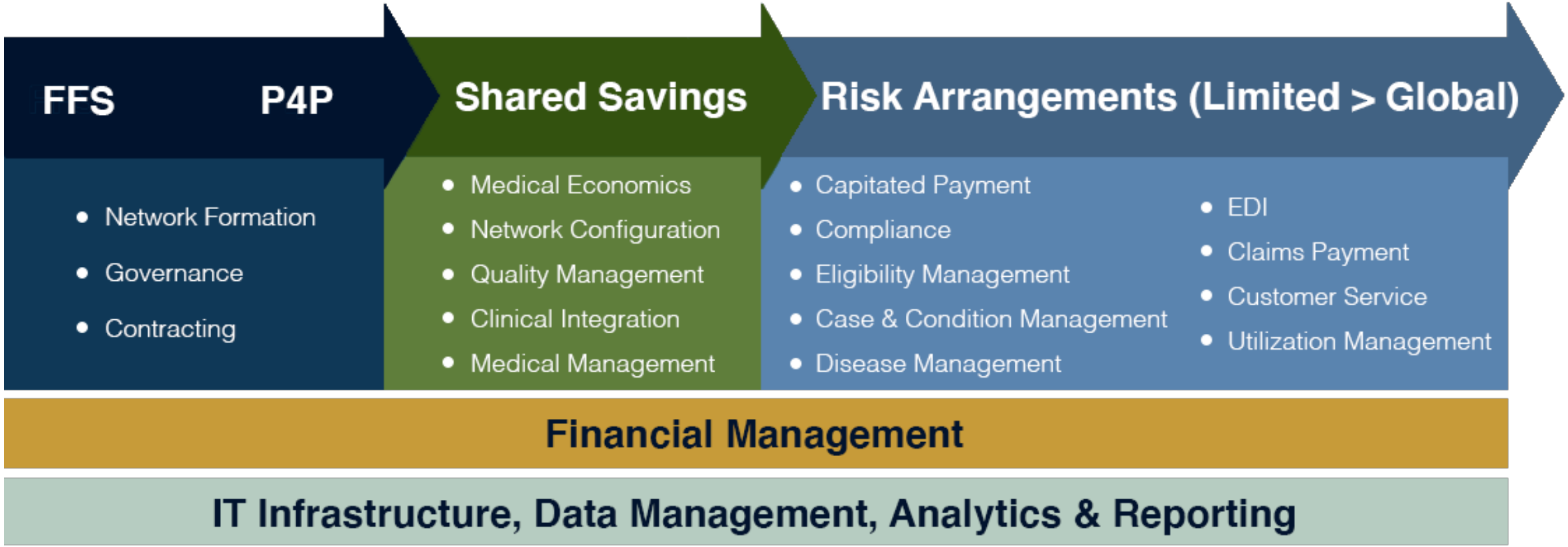
enablement across the risk continuum



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The Road Ahead

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a hard road ahead…especially for independents

provider concerns

Recruitment Pressure

Hospitals & Payers Aggressively Competing for New Graduates

Loss of Control

Consolidation reduces independence

Aging MDs

Rapidly Aging Workforce

Declining Rates

New payment structures stress cash flow

Administrative Burden

New rules require significant investment in IT, finance and administrative resources

Legislative Environment

Policy reform lurches create uncertainty regarding strategy

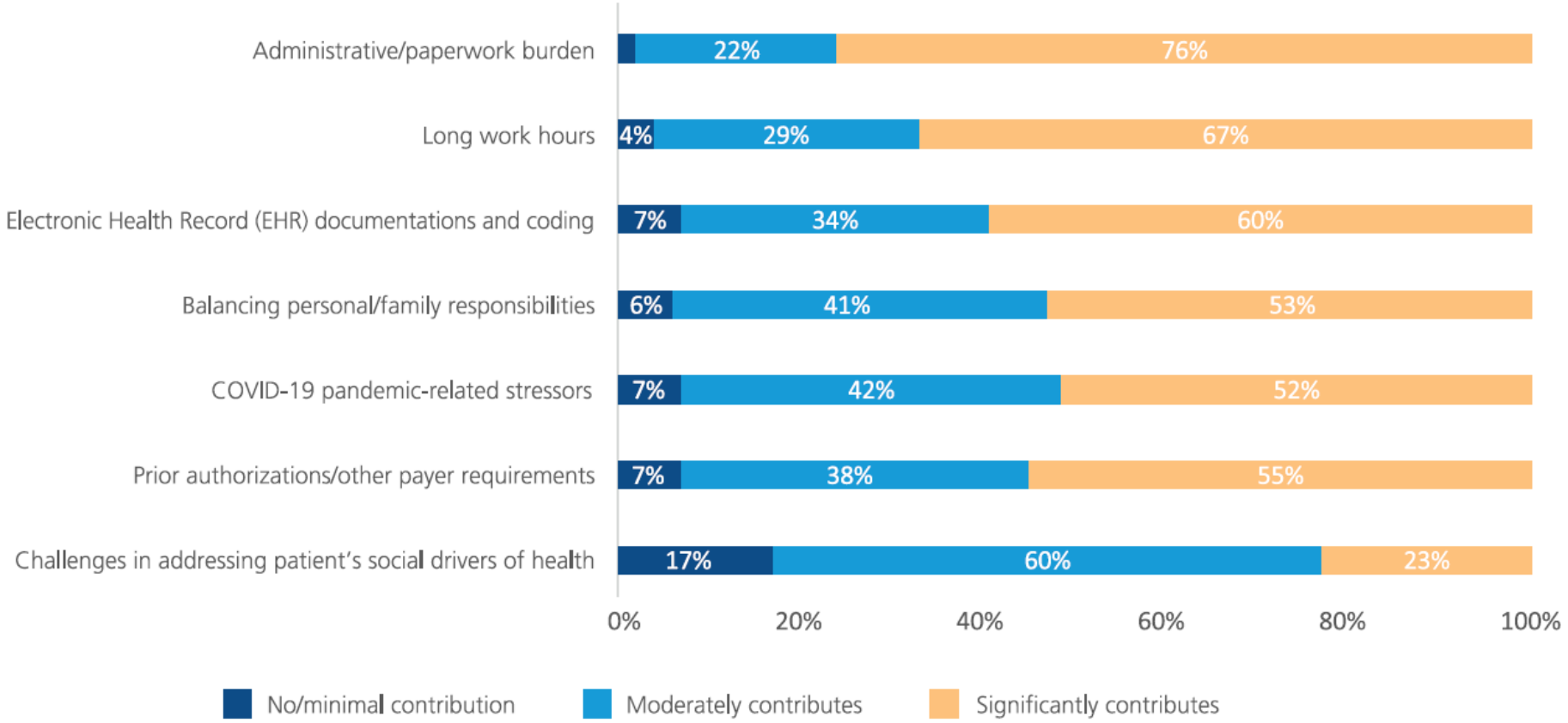
primary care 2.0

delivery enhancement

	Primary Care 1.0	Primary Care 2.0
Clinical Model	Physician-centric	Team-centric
Workforce	Physicians, NPs, APNs and PAs	Physicians, NPs, APNs and PAs plus psychologists/counselors, dentists, optometrists, pharmacists, nutritionists, health coaches and financial counselors
Setting	Office	Office, Retail, Employer clinic, Virtual, Home, Beyond Primary/Facility/Acute (Post-Acute)
Key Partnerships	Insurers	CINs, Insurers, PSPs, Home Health, Post-Acute, Outpatient Services, Labs
Panel Size	1000-2000/ physician	5k-10K / team
Payment Model	Fee for Service	Full/Partial Capitation + risk share bonus
Results	Productivity (visits)	Productivity (visits) plus outcomes, efficiency and patient experience

physician burnout

The Physicians Foundation's 2022 Survey of America's Physicians



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Social determinants are why $1.7 trillion is spend on 5% of patients. as much as 50% of the costs for 5% of the population. – HIMSS & Healthcare IT News Pop Health Forum. (October 2017)

Eighty six percent of current health care spending is related to chronic conditions, with the SDOH having an impact on 60% of outcomes. – HIMSS & Healthcare IT News Pop Health Forum. (October 2017)

In children 5 years of age and younger, poverty was the most likely social complexity risk factor to prompt an emergency department visit. - Arthur KC, et al. Ann Fam Med. 2018;doi:10.1370/afm.2134.

Since the onset of the PHE declaration, Medicaid and CHIP enrollment increased by over 15 million people (20%) to a record high of over 80 million enrollees. - Webinar: Preparing for the end of the Public Health emergency. Sellers Dorsey. (n.d.).

Nearly nine in 10 physicians (87%) reported they would like greater time and ability to effectively address their patients' SDOH in the future. – New survey examines effects of SDOH on doctors, patients. AAFP Home. (2022, April 27).

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top challenges impacting physicians time and ability to address their patients' SDOH

The Physicians Foundation's 2022 Survey of America's Physicians

- Limited time during patient visits to discuss social drivers of health - **89%**
- Insufficient workforce to navigate patients to CBO - **84%**
- Inadequate information about availability or how to access community resources - **77%**

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SDOH

Social determinants of health (health-related social needs) encompass a wide range of factors

Source: Deloitte

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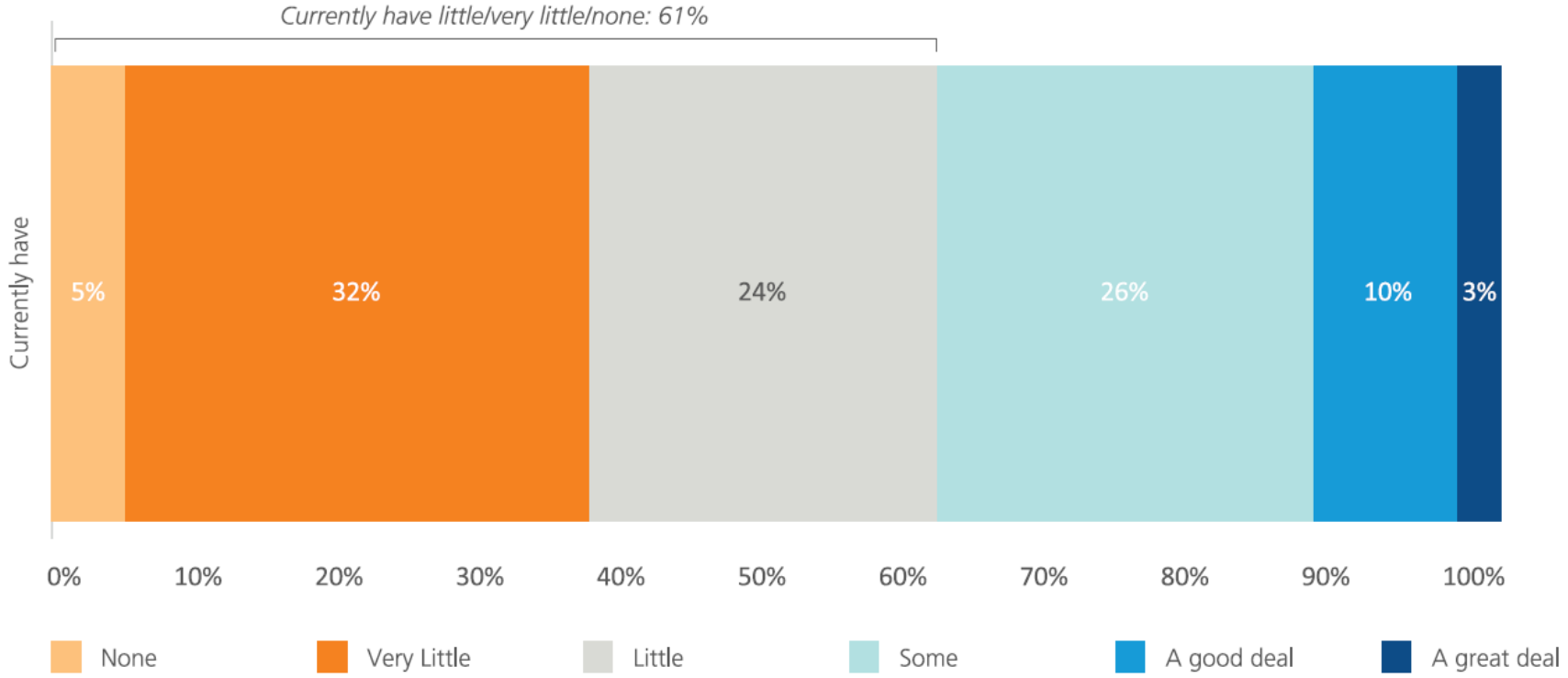
how much time and ability do you, as a physician, CURRENTLY have to effectively address your patients' SDOH?

The Physicians Foundation's 2022 Survey of America's Physicians



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SDOH

Primary care physicians (81%) are significantly more likely than specialist physicians (75%) to report access to community resources being impactful.

Investing in community capacity (81%), investing in technological and human capacity (81%) and screening patients (81%) are the top three strategies physicians identified as the most important to support themselves and other physicians in addressing patients' SDOH.

89% of Physicians strongly agree that the economic disruption caused by the coronavirus pandemic is likely to exacerbate the social conditions that cause poor health

86% Physicians request reimbursement of physician-directed efforts to address SDOH. In fact, the top 4 solutions suggested by physicians included including SDOH in payment policies.

-The Physicians Foundation's 2022 Survey of America's Physicians

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hispanic health council

addressing SDOH through CHW

A Call to Action

- Funding
- Case loads
- Recruitment
- Training
- Supervision and mentoring
- Integration into care teams
- Monitoring/evaluation

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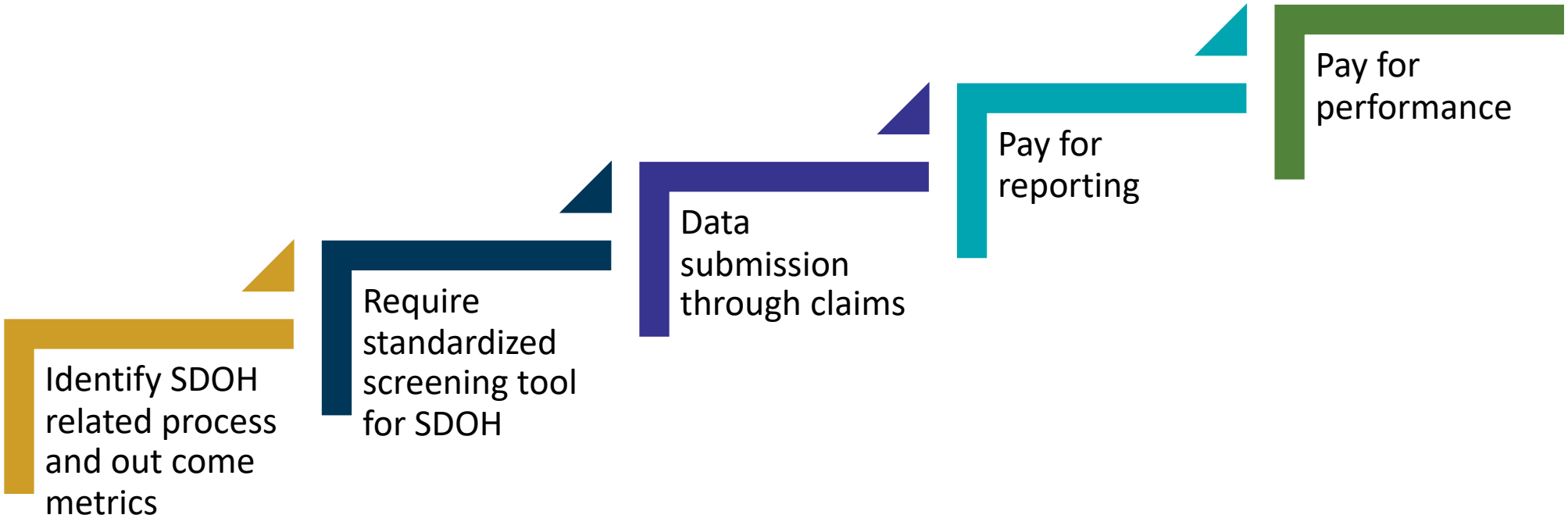
an incremental approach to SDOH

Observations of NCQA and Health Plans



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Solution:

Medicaid SDOH Program

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key initiatives

01 Predictive Analysis & AI (Artificial Intelligence)

- Utilization/Implementation of 3 predictive models & pediatric focus to identify opportunities:
  - Emergency Dept Frequent Fliers
  - Behavioral Health Intensity & Impact
  - Low Continuity of Care

Community Health Workers (CHW) 02

- Build relationships
- Educate on health
- Virtual and physical embedment
- Training

03 SDOH Screening and CBO (Community Based Organization) Referrals

- Standardized tool
- Find Help (Previously Aunt Bertha)

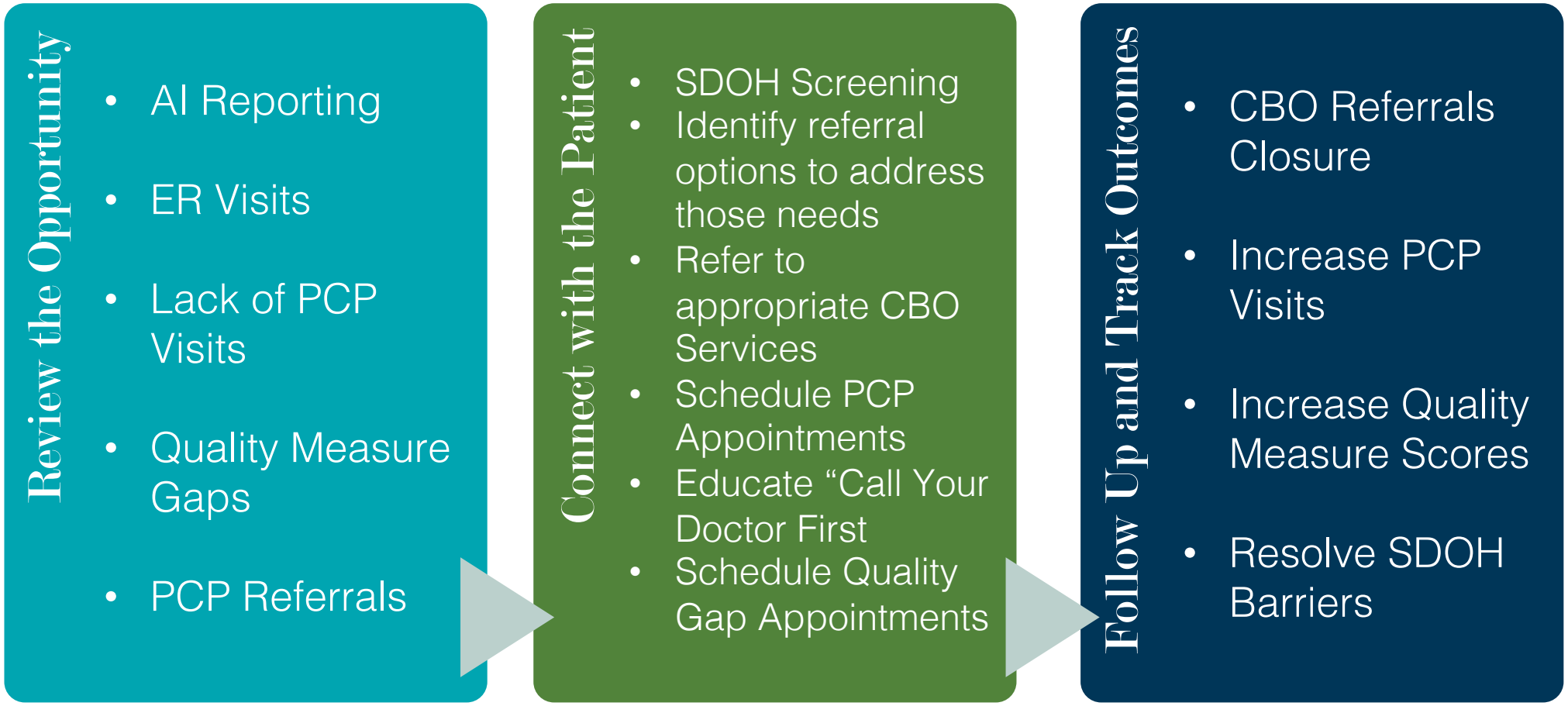
CBO Development 04

- Innovative design for bridging partnerships between the medical community and local Community Based Organizations (CBO).
- Decreasing Social Determinants of Health
- Improving community presence

05 PCP Support & Education

- Ongoing updates for HEDIS coding
- Coordinating CHW outreach

CHW workflow



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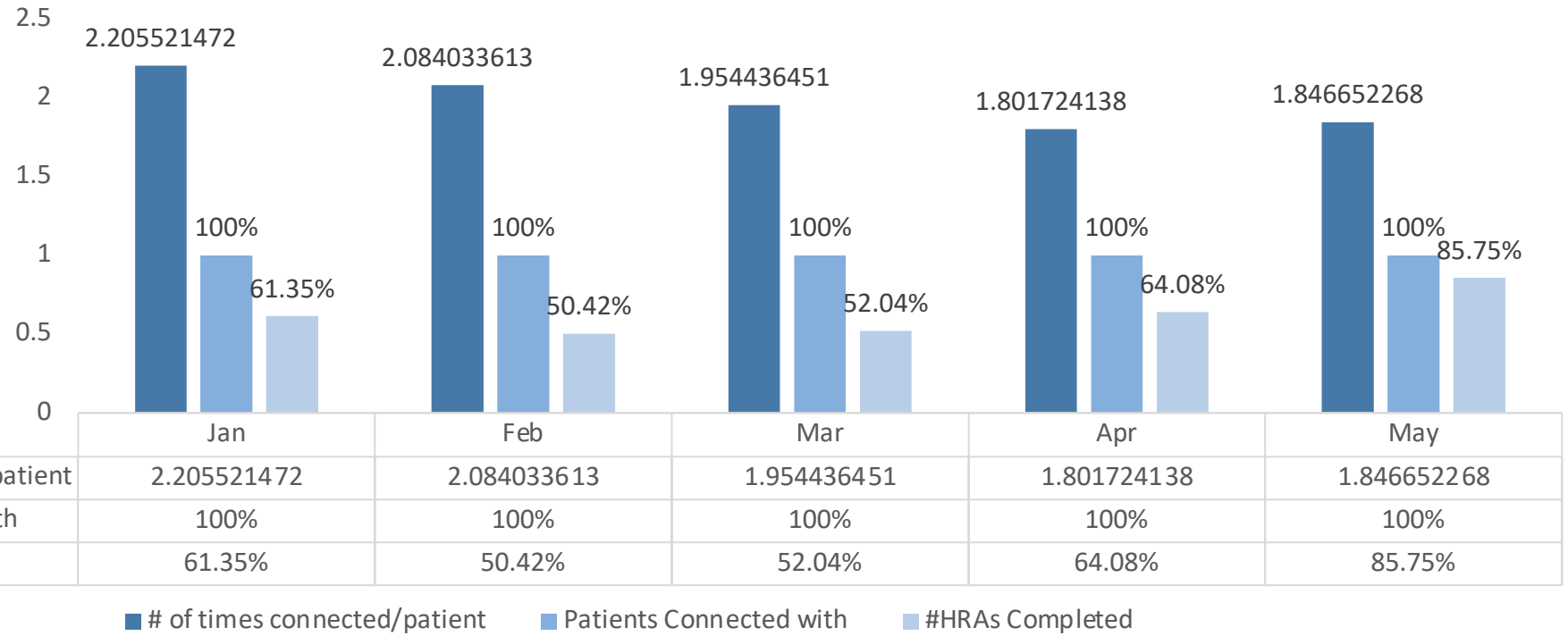
community health worker activity



	Jan	Feb	Mar	Apr	May
# of times connected/patient	2.205521472	2.084033613	1.954436451	1.801724138	1.846652268
Patients Connected with	100%	100%	100%	100%	100%
#HRAs Completed	61.35%	50.42%	52.04%	64.08%	85.75%

Total SDOH Patient Enrollment is 2,015 2022 YTD

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CBO referrals

Most popular needs by category

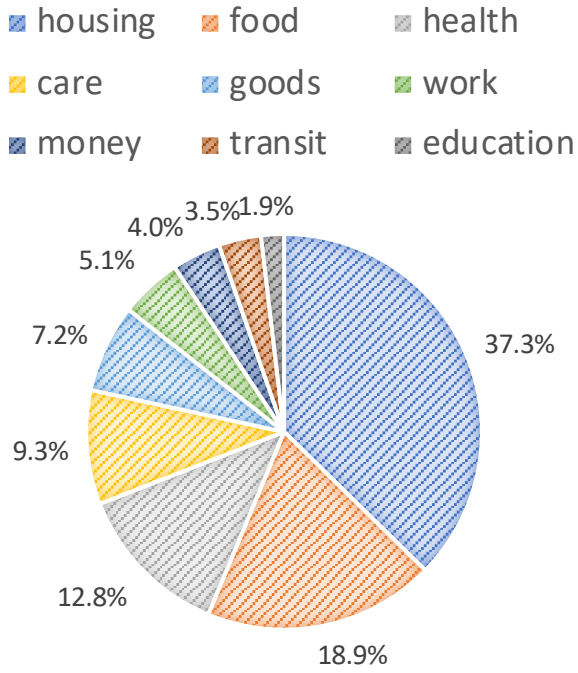
2020

1. Housing
2. Food
3. Health
4. Care
5. Goods

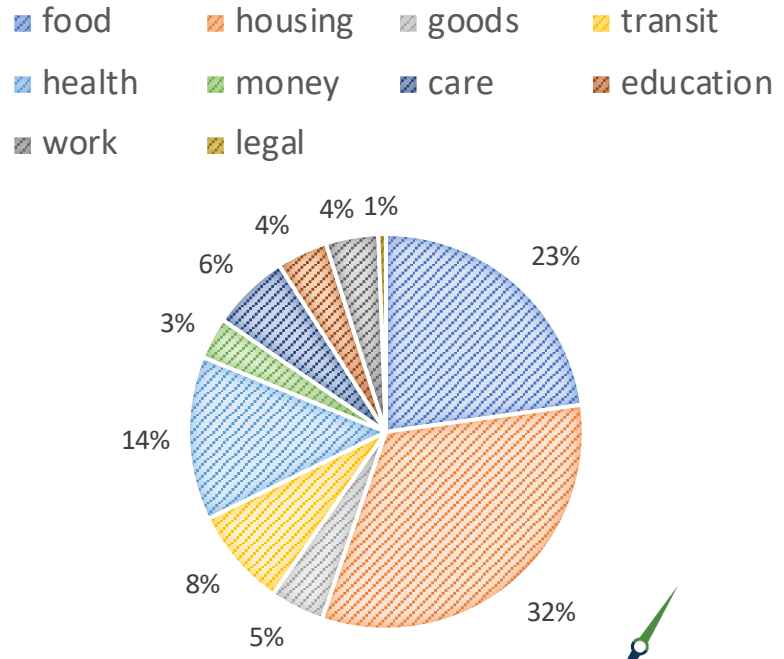
2021

1. Housing
2. Food
3. Health
4. Care
5. Work

2020 CBO REFERRALS



2021 Q2 CBO REFERRALS



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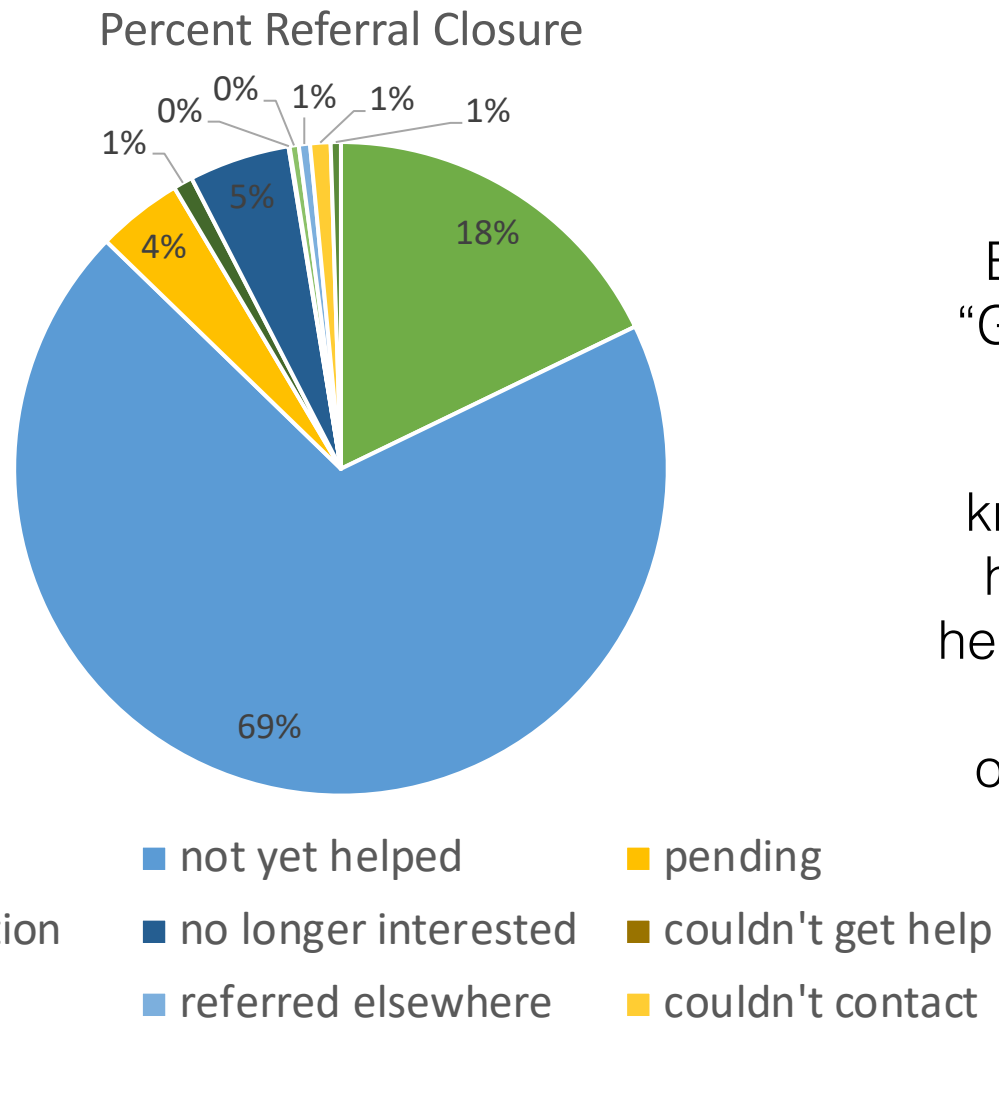
CBO referrals and gap closures



End goal of increasing "Got Help" referral status

Largest barrier is not knowing if patients were helped or not ("Not yet helped") Lack of response from patient or organization referred to

YTD data as of 6/8/2022

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Solution:

SDOH Program in Commercial Diabetic Population

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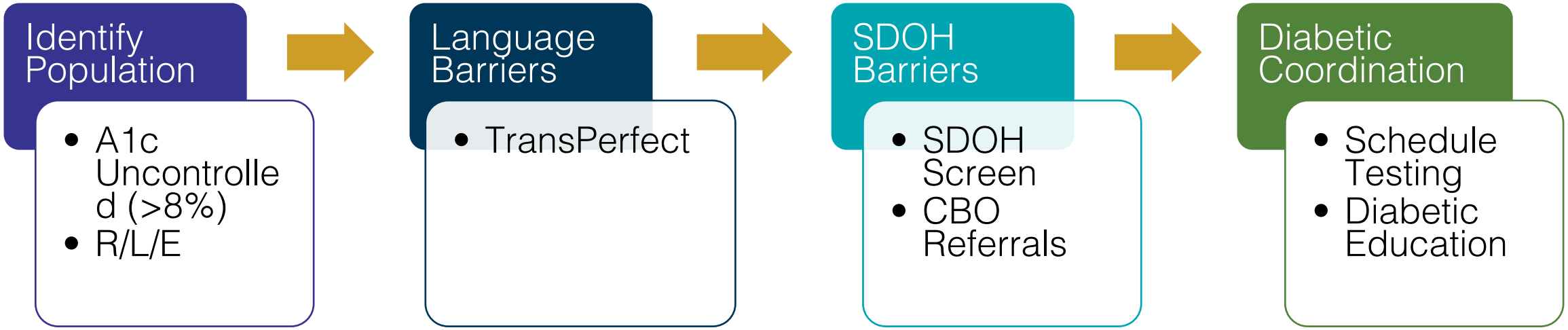
SDOH program for diabetic population



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A1c Control

By Race/Language/Ethnicity

Race, Ethnicity, & Preferred Language

Race	Member Count	% of Total
Asian	15	1.6%
Black or Africa	71	7.5%
Not Reported	69	7.3%
White	788	83.6%
Total	**943**	**100.0%**

Ethnicity	Member Count	% of Total
Hispanic or Latino	187	19.8%
Not Hispanic or Latino	687	72.9%
Not Reported	69	7.3%
Total	**943**	**100.0%**

Preferred Language	Member Count	% of Total
Arabic	4	0.4%
Chinese	1	0.1%
English	727	77.1%
French	1	0.1%
German	2	0.2%
Greek	1	0.1%
Hindi	5	0.5%
Italian	3	0.3%
Not Reported	44	4.7%
Other	2	0.2%
Polish	6	0.6%
Russian	5	0.5%
Spanish	139	14.7%
Tagalog	2	0.2%
Urdu	1	0.1%
Total	**943**	**100.0%**

Overall: 67.6% controlled (n=637), 25.6% not controlled (n=240), 6.8% not tested (n=66)

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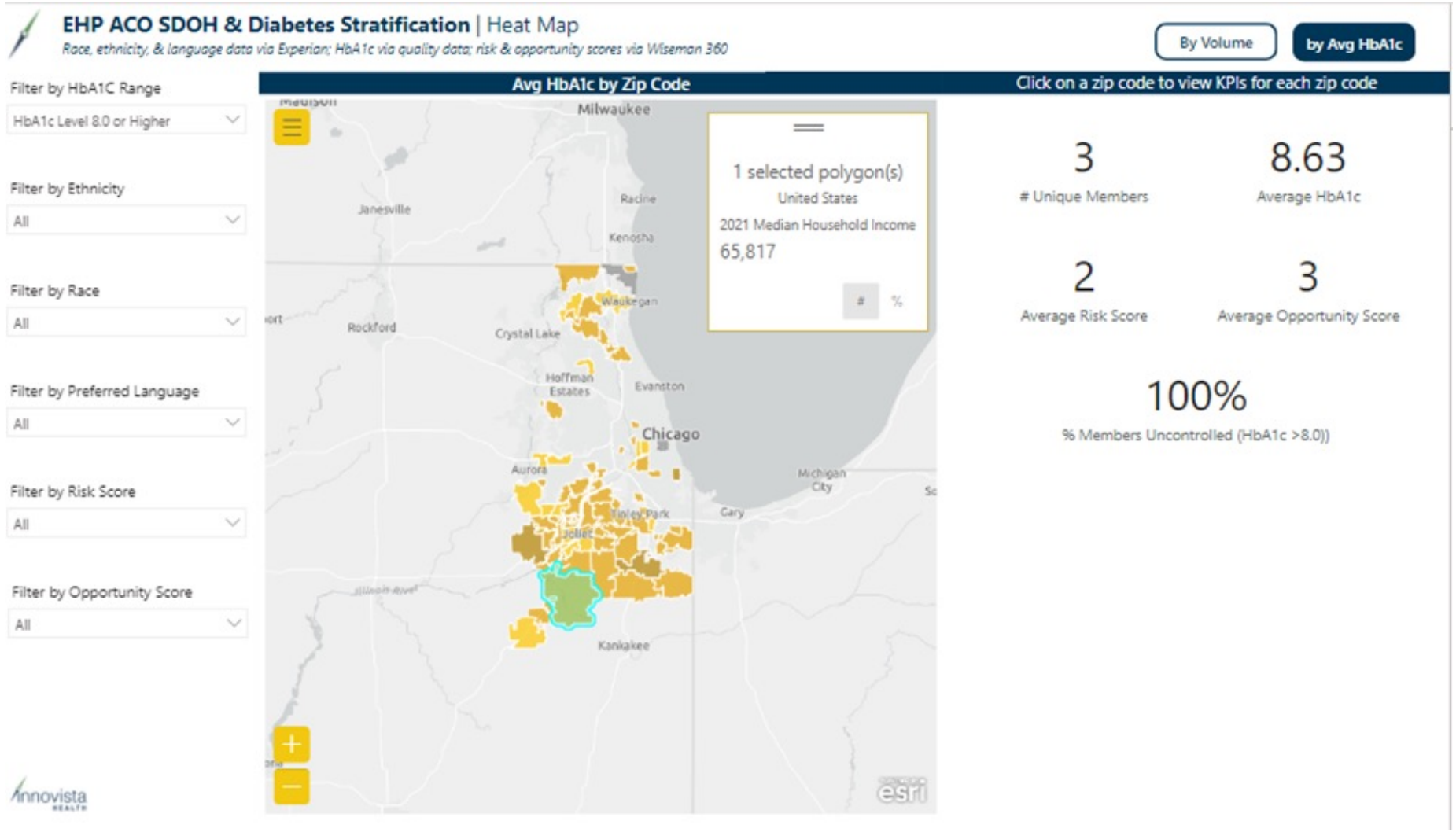
SDOH & diabetes stratification



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outcomes reporting

- Initial reporting:
  - 21 members outreached
  - 5 member opted out
  - 9 members unable to reach
  - 7 members successfully contacted
- SDOH Screenings
  - 6 SDOH negative screenings
  - 1 SDOH positive screening
- SDOH findings by category (food, transportation, etc.)
  - 1 CBO referrals provided for Housing
- DM Program Enrollment
  - 2 members enrolled
- A1C Results
  - 1 member experienced an A1c increase from 8.1 to 8.4
  - 1 member whose A1c was previously not reported now has a reported A1c of 6.1
  - 1 member experienced an A1c decrease from 9.5 to 8.5

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Reporting

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Measure and reporting SDOH

Challenges

- SDOH z-codes submission required through claims
- Burdensome process for physicians when any staff or MSO can assess and code
- Need to integrate SDOH data from other sources, i.e., hospitals, CM teams, to get a comprehensive picture of the patient

Solutions

- Implementation of HIE solves a piece of the puzzle but not bidirectional
- EMR integration with platforms
- Standardized data file submission across payers and providers
- What role does AI play?

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summary

- SDOH clearly impacts the health and cost associated with populations.
- Utilize CHW
  - A team approach with CHW strategy will improve care and measurement.
  - Will reduce the burden on physicians
- NCQA and health plans need to embrace a team approach.
- Measurement is a new requirement that will challenge PCPs.
- Technology, new workflows, and new relationships required to decrease physician burden and solve for SDOH.

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Questions?

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stop by our VBCExhibitHall booth

VBCExhibitHall .com

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Thank you.

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