Why are Social Determinants of Health & Digital Member Engagement Important?

Arizona Medicaid Innovation Challenge

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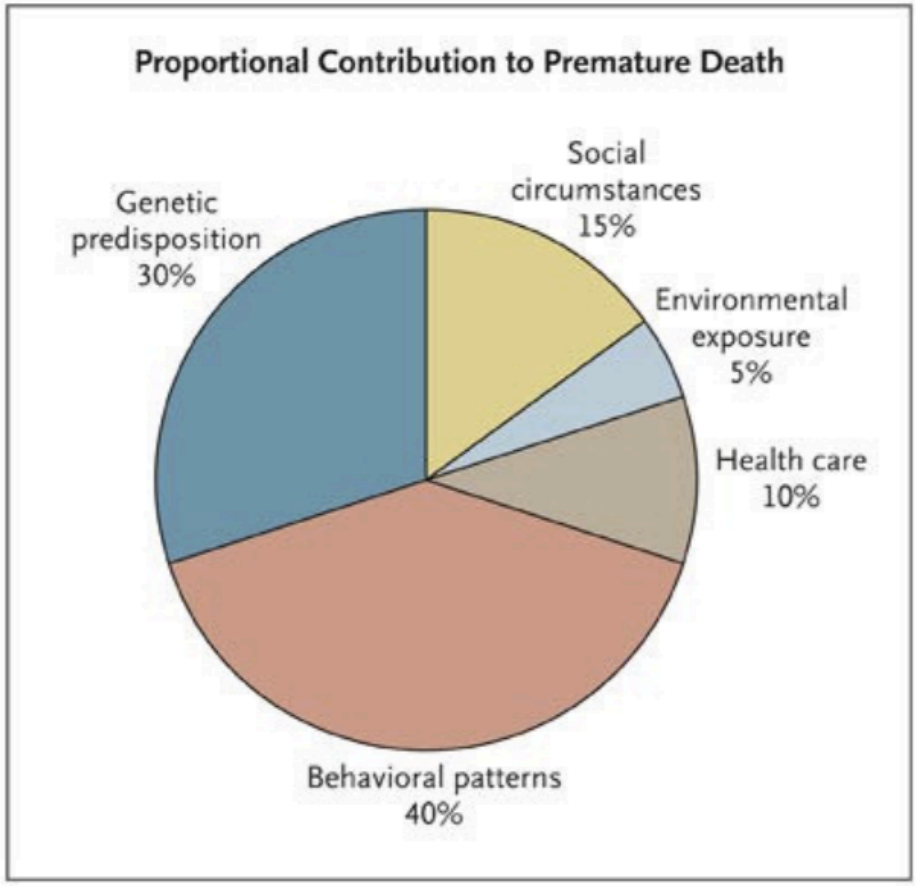
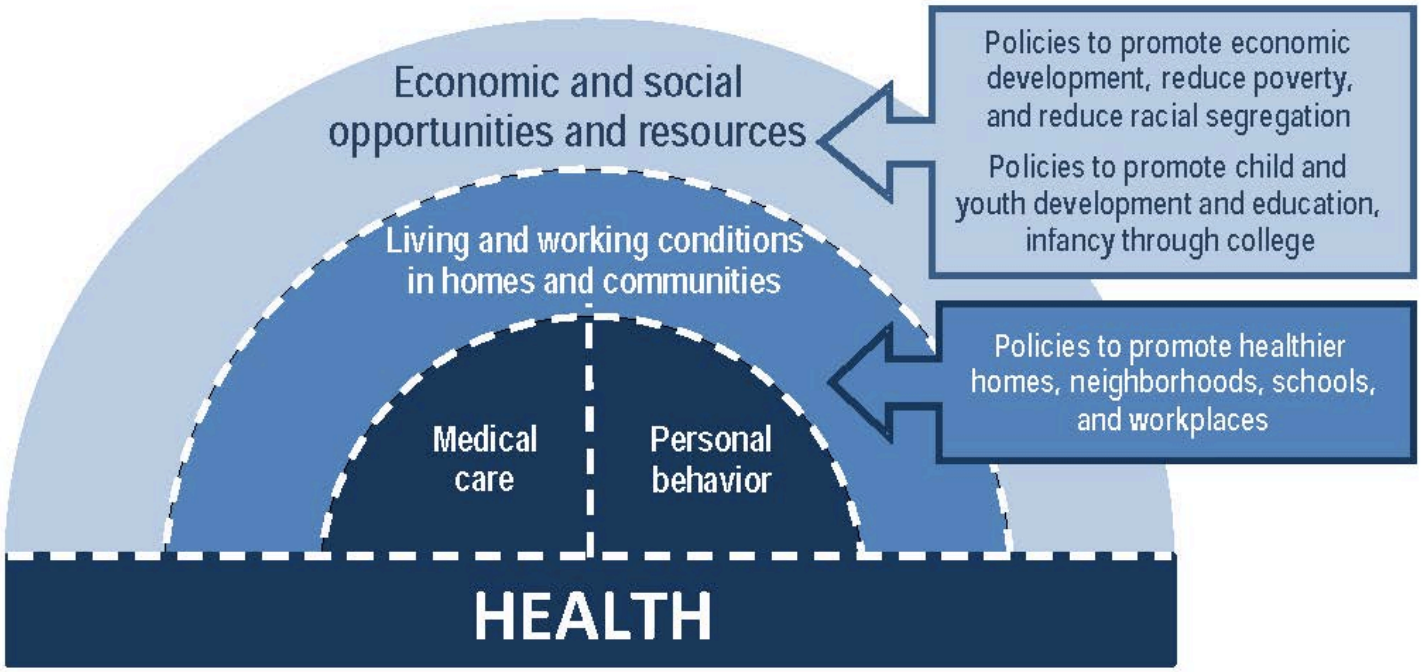
SOLERA

Role of Non-Healthcare Determinants



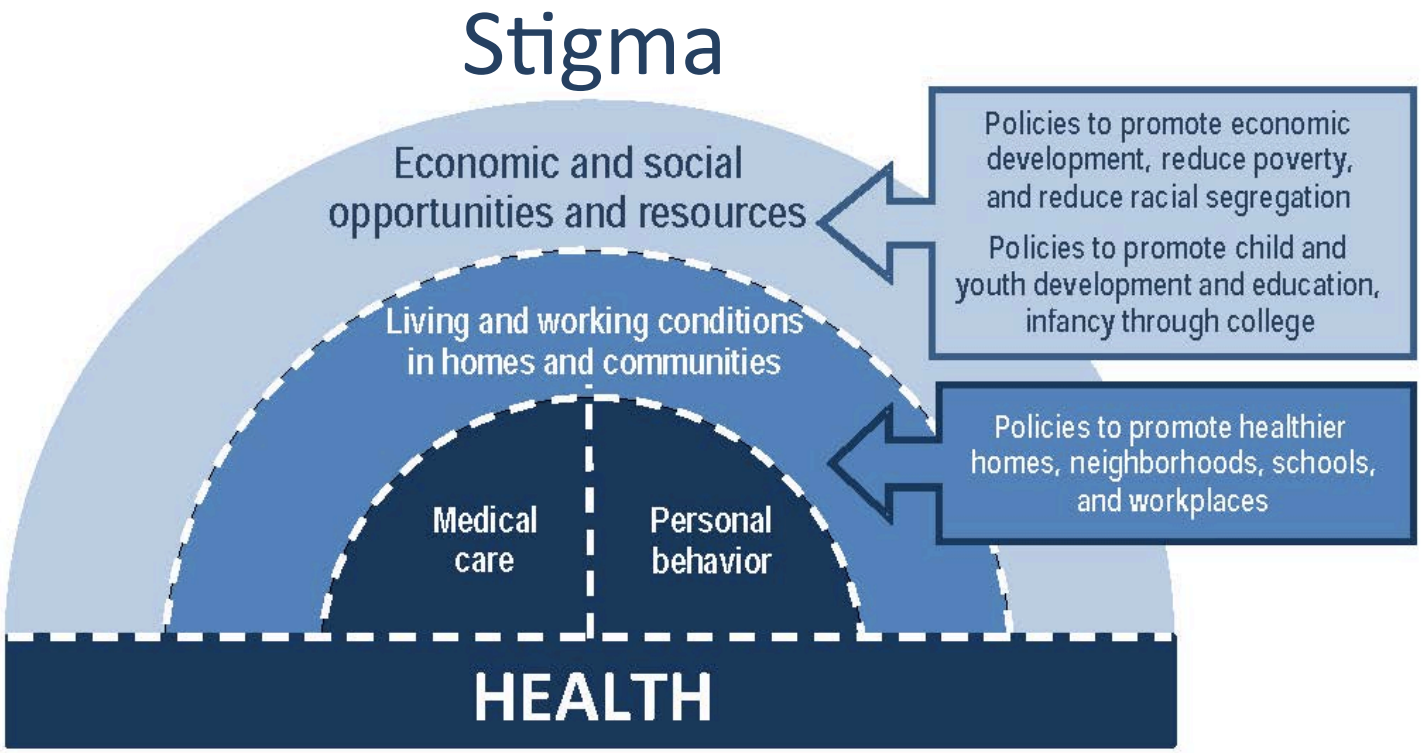
Source: Schroeder. NEJM. 2007. Adapted from McGinnis et al.

Role of Social Determinants of Health



Source: Braverman P et al. Broadening the Focus: The Need to Address the Social Determinants of Health. AJPM. 2011. 40(1):1.

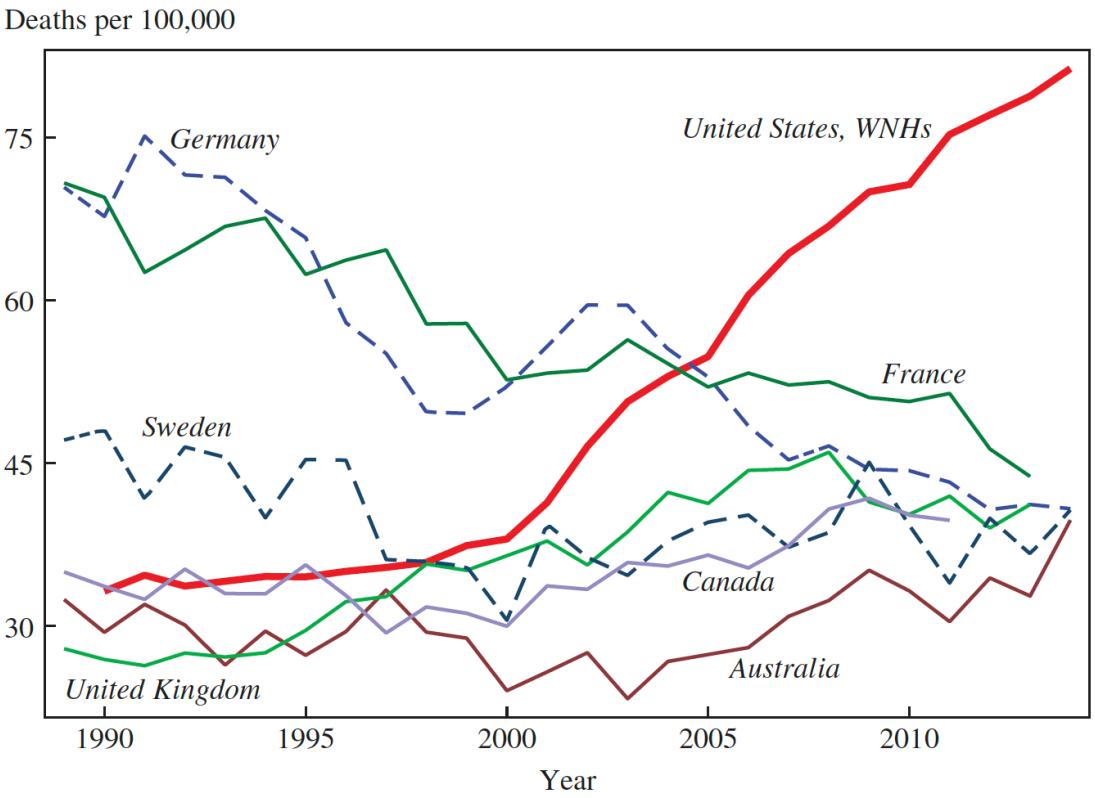
Role of Social Determinants of Health



Source: Braverman P et al. Broadening the Focus: The Need to Address the Social Determinants of Health. AJPM. 2011. 40(1):1.

Long-term, progressively worsening labor market opportunities for whites w/ low education leading to increased deaths of despair

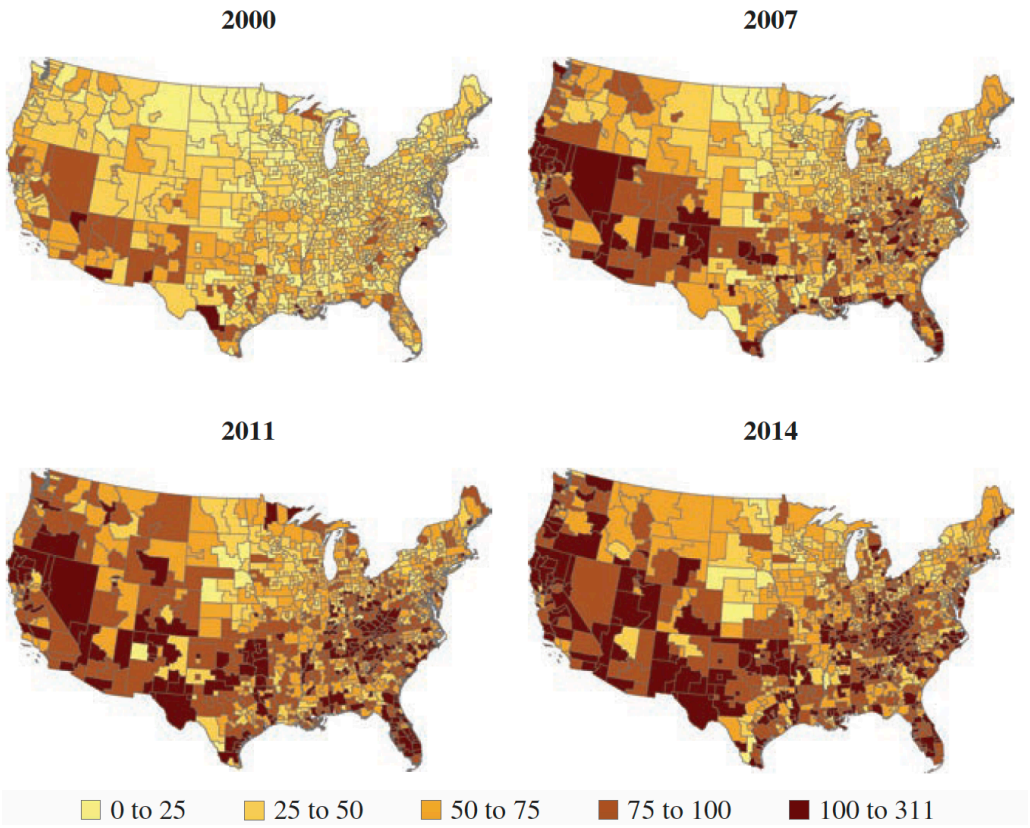
Figure 5. Deaths of Despair by Country for Age 50–54, 1989–2014[a]



Source: A. Case, A. Deaton. Mortality and morbidity in the 21st century. Brookings Pap. Econ. Act. 2017, 397–476 (2017)

Arizona hit particularly hard by suicide, overdose, and alcohol cirrhosis deaths among middle aged whites

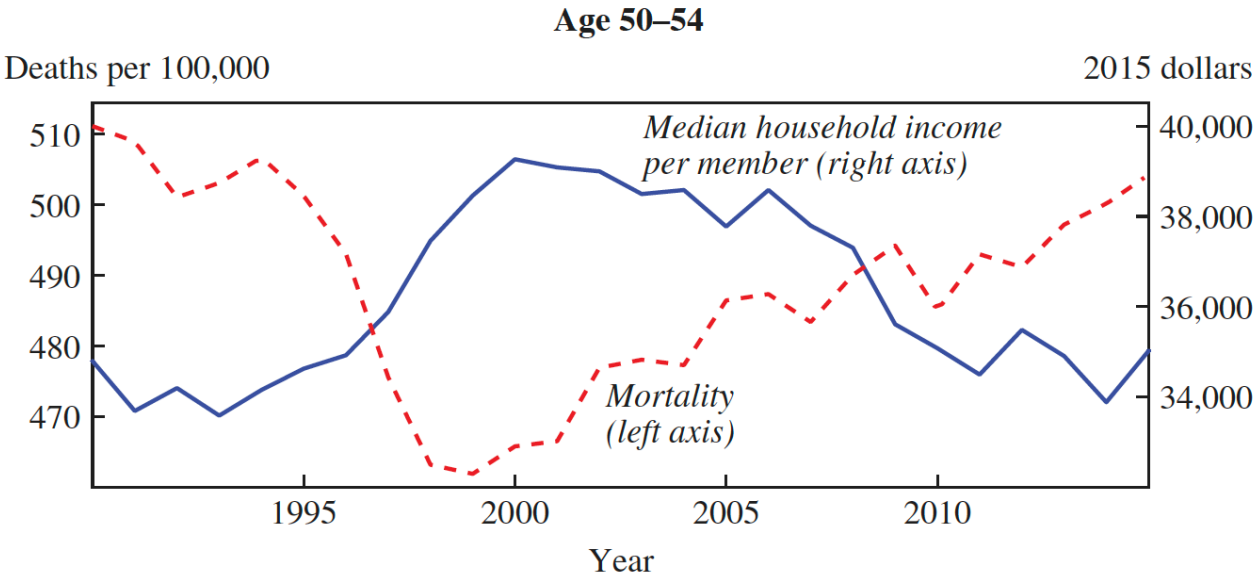
Figure 6. Deaths of Despair for White Non-Hispanics Age 45–54, by *Couma*, 2000–14[a]



Source: A. Case, A. Deaton. Mortality and morbidity in the 21st century. Brookings Pap. Econ. Act. 2017, 397–476 (2017)

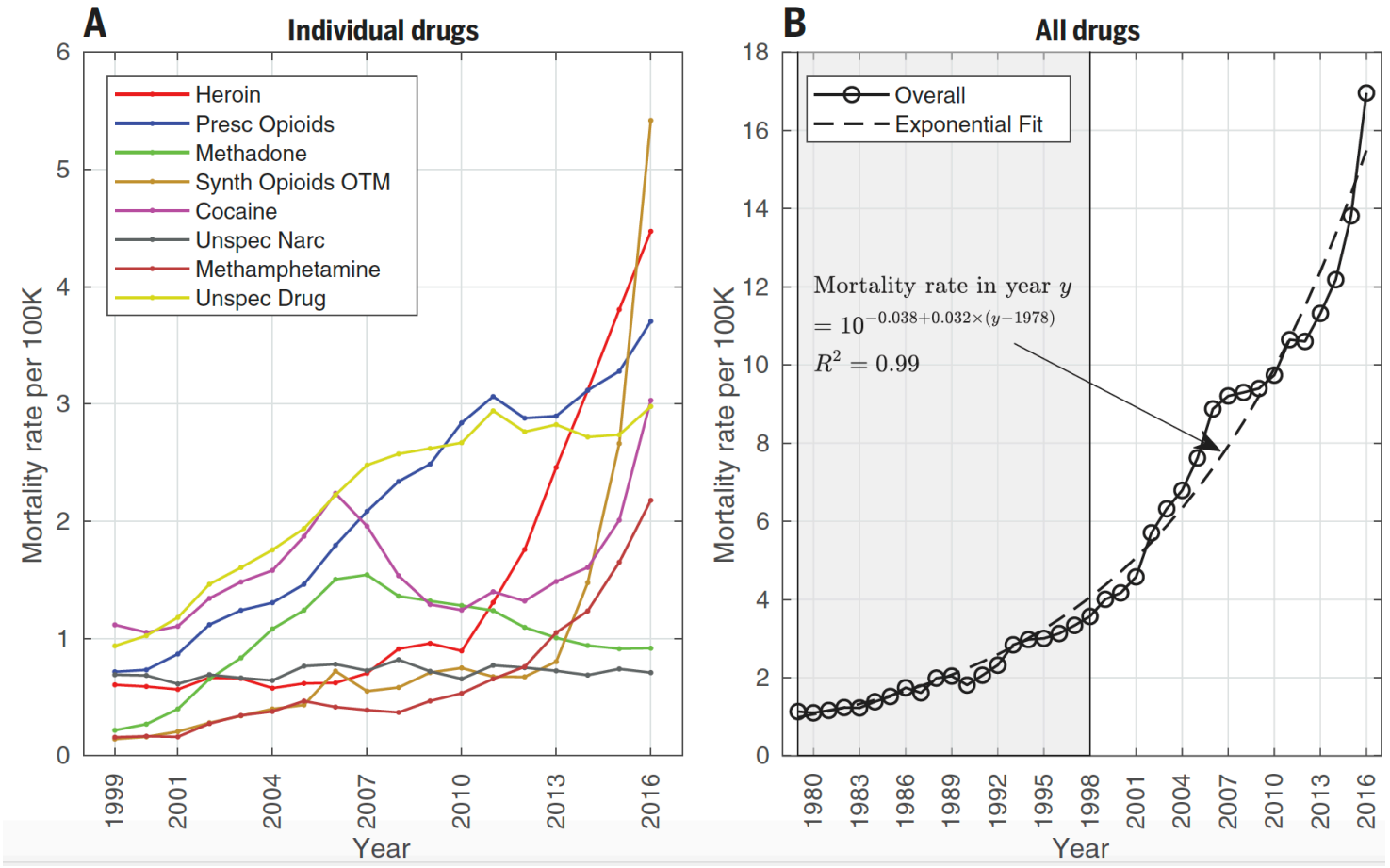
Increasing median family income by about $1000 would help prevent 10 deaths per year

Figure 14. All-Cause Mortality and Median Household Income per Member for White Non-Hispanics, 1990–2015



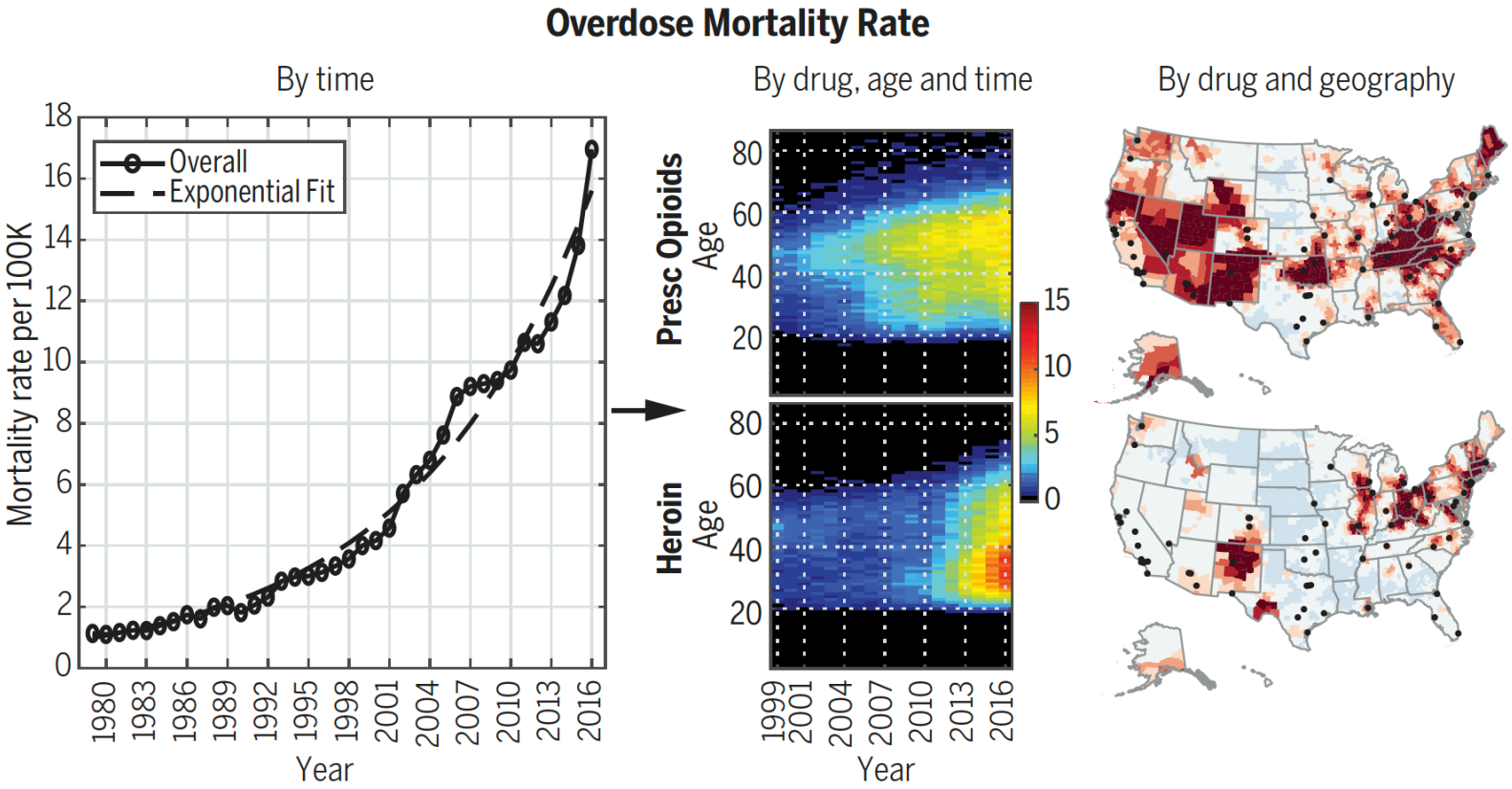
Source: A. Case, A. Deaton. Mortality and morbidity in the 21st century. Brookings Pap. Econ. Act. 2017, 397–476 (2017)

Opioid crisis may be part of a larger, longer-term process with deep roots in “pull” forces like SDOH that accelerate diseases of despair



Source: Jalal et al. Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016. Science 361, 1218 (2018).

Arizona is one of the hardest hits geographies by wave of prescription opioid overdoses, but this is just one of likely several future waves



Source: Jalal et al. Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016. Science 361, 1218 (2018).

PRIDE Study

- PRomoting Integrated Care for Dual Eligibles (PRIDE)
- CHCS and The Commonwealth Fund Project
- 2017 survey of 200 community-dwelling, dually eligible members during in-person visits across 6 health plans

Source: https://www.chcs.org/using-technology-engage-medicare-medicaid-enrollees-opportunities-health-plans/

PRIDE Study Results: Telephones are the most common technology used to communicate with providers

- 67 %: had access to a landline phone
- 62 %: had a mobile phone
- 37 %: had a smart phone that could connect to the internet
- 39 %: had ability to text, but few used this function
- “The survey confirms that technology-based initiatives should augment, not replace, 1:1 telephone or case manager-driven communication with members.”

Source: https://www.chcs.org/using-technology-engage-medicare-medicaid-enrollees-opportunities-health-plans/

PRIDE Study Results: Many members have access to computers and the internet but prefer to use phone to communicate

- 41 % had access to a computer or tablet
- 19 % reported that they had a web cam
- 50% had internet access either in their homes or at another location
- < 50% used computers or tablets to receive health information from their providers
    - 60 % citing security, fraud, and privacy concerns for not using tech to communicate
- 50% talked with their health plan's customer service department over the phone during the past months

Source: https://www.chcs.org/using-technology-engage-medicare-medicaid-enrollees-opportunities-health-plans/

PRIDE Study Results: Most members prefer in-person interactions

- > 50% preferred to visit their providers in-person
- 80 % said that they understand information better when it is presented face-to-face
    - Members reported a desire for “hands on” care and discomfort with using the internet
- 32 % would like the option to have telehealth visits with their providers, especially during inclement weather or if they were not feeling well

Source: https://www.chcs.org/using-technology-engage-medicare-medicaid-enrollees-opportunities-health-plans/

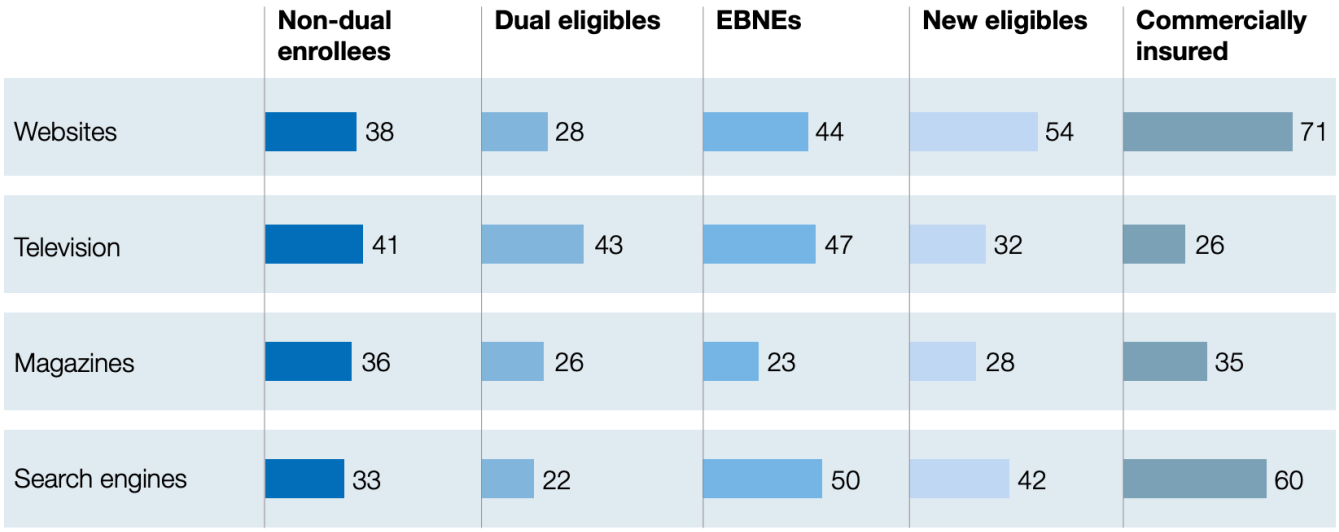
McKinsey Study of Medicaid Consumer Engagement

- 2014 survey of 1,100 consumers (immediately before Medicaid expansion)
  - Current Medicaid members (both dual eligibles and those covered by Medicaid alone)
  - Currently eligible for Medicaid but not enrolled (EBNEs)
  - Will be eligible for Medicaid beginning in 2014 (new eligibles)
  - Commercially insured individuals

Source: https://healthcare.mckinsey.com/sites/default/files/MCK_PayorBook_100-110_Medicaid_R6.pdf

More preference for technology among new eligible and commercially insured consumers than existing enrollees and duals

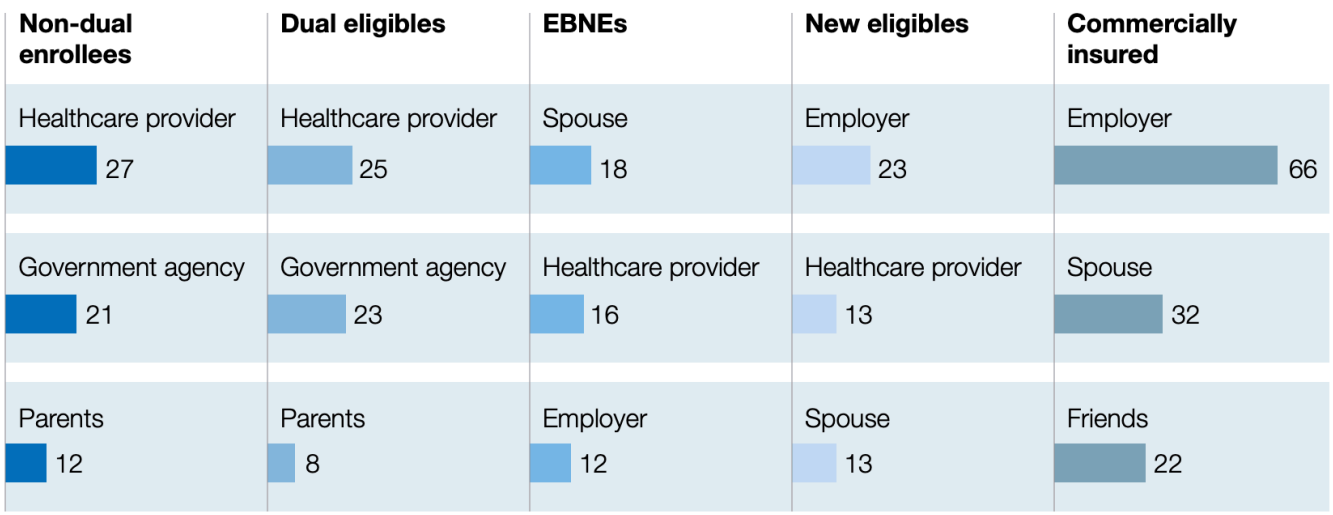
Sources used to learn about health-related topics, %



Source: https://healthcare.mckinsey.com/sites/default/files/MCK_PayorBook_100-110_Medicaid_R6.pdf

Providers are the biggest influencer of Medicaid consumers

Most important party relied on for decisions about health insurance enrollment, %



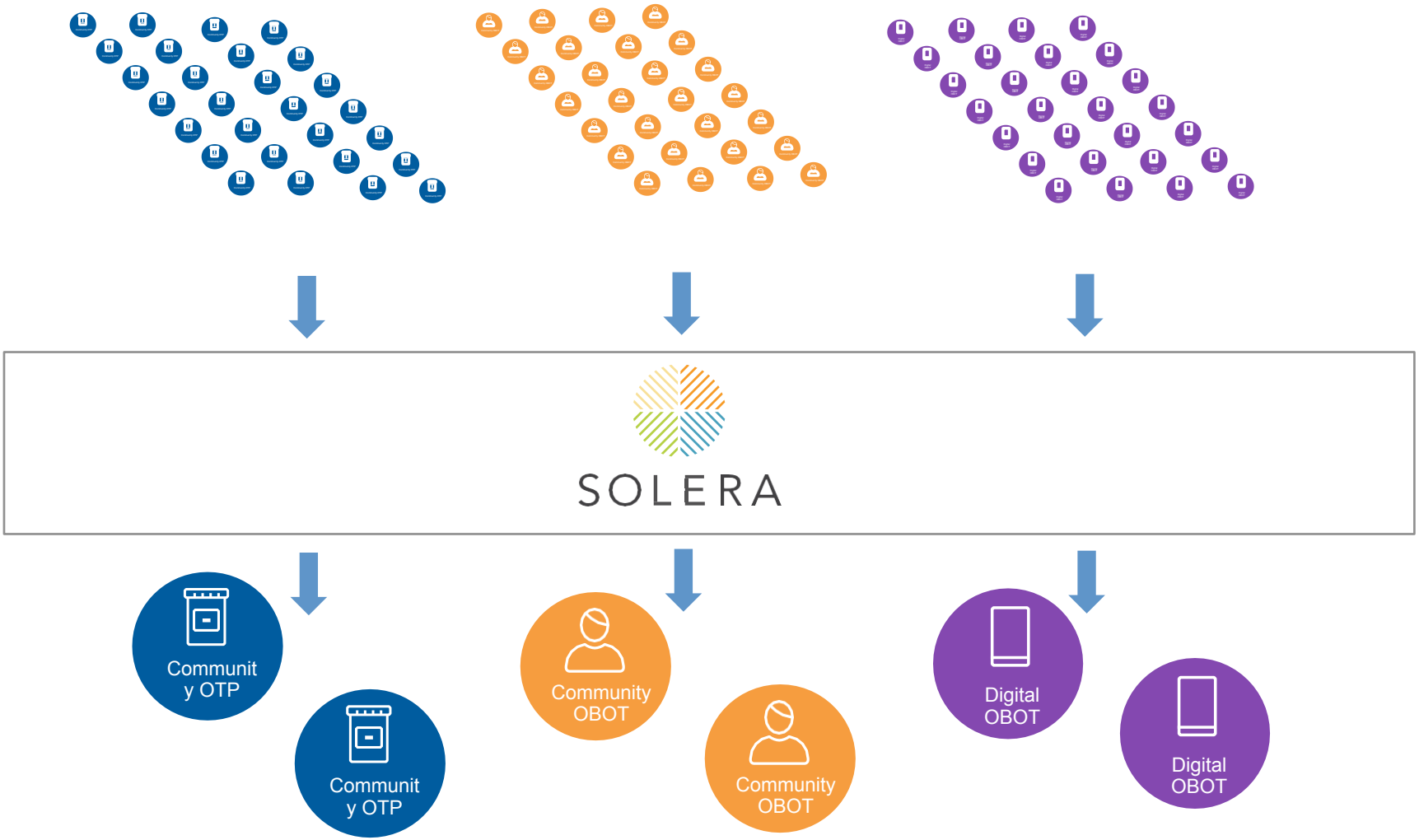
Source: https://healthcare.mckinsey.com/sites/default/files/MCK_PayorBook_100-110_Medicaid_R6.pdf

Biggest levers for state Medicaid leaders, MCOs, entrepreneurs to increase engagement

Multichannel outreach	• **Define new models of outreach** targeted to specific steps in the enrollment journey (e.g., worksite programs) • Create differentiated capabilities for each segment
Network and benefit design	• **Explore opportunities for high-value network creation** (e.g., narrow network, non-physician providers) for each segment
Payor-provider collaboration	• **Create innovative models for outreach collaboration**, particularly for groups that rely on providers for guidance • **Focus on jointly building capabilities**, including care delivery transformations and data analytics infrastructure
Care management	• **Define care management programs tailored by segment** and based on current understanding of consumer behavior (e.g., online self-management)
Technology enhancement	• **Upgrade** to support new member influx, revised eligibility verification, and member tracking • **Develop analytics** to better link clinical and financial metrics and assess risk

Source: https://healthcare.mckinsey.com/sites/default/files/MCK_PayorBook_100-110_Medicaid_R6.pdf

Solera applies validated quality measures to aggregate a fragmented ecosystem of providers



Solera builds, manages, and accelerates value based payment

CLINICAL REFERRAL CHANNELS

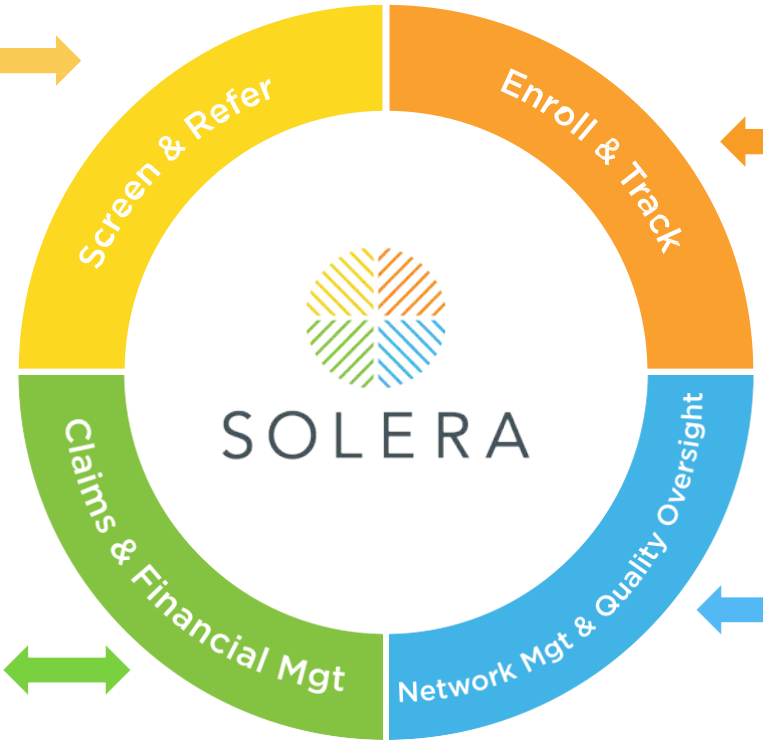
- ID Patients
- Refer to Solera4me
- Receive reports

PAYOR

- One contract
- Performance-based medical claims

PARTNERS

- Deliver program or service
- Receive patients and payments
- Submit activity & outcomes



MEMBERS/ EMPLOYEES

- Engage & match
- Track satisfaction and success

SOLERA PLATFORM

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Thank you!