



Improve plan performance By Measuring Diversity, Equity, and Inclusion

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We are hearing from...



Allen Saunders
Business Partner Services, HDMS



Dr. Rani Aravamudhan
Head of Clinical Advisory Services, HDMS



Jason Elliott
Vice President, Customer Experience, HDMS

Today



Let's talk about it

- Analytics to support DEI conversations
- Traditional analytics, adapted for DEI
- 3 simple steps you can do now
- Digging into mental health

Which problem are we solving?



Typical challenges impacting plan performance

- PCP utilization is down
- Preventative services are down
- High chronic condition prevalence
- ER visits are high



Analytics help us understand who we design for.

DEI experts can help apply these insights

Analytics reveal differences by job type (hourly vs. salaried)

- A. I can't take time off from work for all these appointments.
- B. I can't afford the deductibles and co-pays.
- C. I don't have a relationship with a PCP that I can trust

Fact check: Utilization

Who is not seeking care?

Non-Utilizers of Medical / Rx benefits over time						
Job Family Groups	2019 Non-Utilizers	% Non-Utilizers 2019	2020 Non-Utilizers	% Non-Utilizers 2020	2021 Non-Utilizers	% Non-Utilizers 2021
Hourly	8,881	10.14%	8,698	10.05%	8,723	11.14%
Salaried	5,331	8.72%	5,603	8.12%	6,331	9.32%
Summary	14,213	9.56%	14,301	9.20%	15,054	10.30%

Job Family Groups	Race Groups	2019 Non-Utilizers	% Non-Utilizers 2019	2020 Non-Utilizers	% Non-Utilizers 2020	2021 Non-Utilizers	% Non-Utilizers 2021
Hourly	Asian	538	12.46%	507	13.08%	615	14.62%
	Black or African American	1,636	13.97%	1,594	14.82%	1,423	14.55%
	Hispanic or Latino	799	12.85%	784	12.60%	771	13.63%
	Other Minorities	217	13.51%	204	11.89%	187	13.20%
	White	5,693	8.93%	5,313	8.68%	5,727	10.01%
Salaried	Black or African American	677	11.91%	654	12.22%	909	12.47%
	Other Minorities	121	10.97%	141	9.96%	175	12.16%
	Asian	531	12.59%	483	10.58%	527	11.49%
	Hispanic or Latino	338	10.07%	391	9.15%	513	11.49%
	White	3,665	7.83%	3,695	7.18%	4,208	8.39%
Summary		14,213	9.56%	14,301	9.20%	15,054	10.30%

~14% (Black, African American)
VS.
~9% (White)

One step deeper, with the right data...

1 Dashboard with classic metrics

Let's look at *low back pain*

Reporting Period	Jun '20-May '21	Jun '19-May '20
Episodes/1000	22.9	20.9
Claimants/1000	21.8	19.9
Allowed PMPM	\$0.50	\$0.47
Allowed/Episode	\$262.55	\$268.84

2 We see costly patterns

Let's look at *low back pain*
by income cohorts

Reporting Period	Jun '20-May '21			Jun '19-May '20		
Low Income 2020	Yes	No	Low Income Delta	Yes	No	Low Income Delta
Episodes/1000	31.91	22.49	41.90%	31.37	20.32	54.37%
Claimants/1000	30.4	21.4	42.36%	29.8	19.3	54.14%
Claimants	1,331	21,017	(93.67%)	1,682	18,857	(91.08%)
Allowed PMPM	\$0.84	\$0.49	74.03%	\$0.77	\$0.45	70.05%
Allowed/Episode	\$317.73	\$259.07	22.64%	\$293.70	\$266.62	10.15%

We see measured disproportionate results across income cohorts
and cases cost 22% more

Relating to Plan Performance

Overall Costs*: Low back pain claims - across 2 income cohorts

*Medical + Rx	This year (June 2020 - May 2021)			Prior year (June 2019 - May 2020)		
	Low income?			Low income?		
	Yes	No	Equity gap	Yes	No	Equity gap
Episodes/1000	31.9	22.5	41.9%	31.4	20.3	54.3%
Claimants/1000	30.4	21.4	42.3%	29.8	19.3	54.1%
Allowed PMPM	\$0.84	\$0.49	74.0%	\$0.77	\$0.45	70.1%
Allowed/Episode	\$318	\$259	22.6%	\$293.70	\$266.62	10.2%

This population of members costs us even more **overall!**

Overall Costs*: All claims - across 2 income cohorts

*Medical + Rx	This year (June 2020 - May 2021)			Prior year (June 2019 - May 2020)		
	Low income?			Low income?		
	Yes	No	Equity gap	Yes	No	Equity gap
Episodes/1000	4,552	3,476	31%	4,371	3,302	32%
Claimants/1000	961	820	17%	914	810	13%
Allowed PMPM	\$866	\$421	106%	\$910	\$401	127%
Allowed/Episode	\$2,283	\$1,454	57%	\$2,500	\$1,457	72%

Relating to Plan Performance – related issues

Preventable ER visits: Low back pain only

*Medical + Rx	This year (June 2020 - May 2021)			Prior year (June 2019 - May 2020)				
	Low income?	Yes	No	Equity gap	Low income?	Yes	No	Equity gap
Claimants/1000		2.6	1.4	85%		3.2	1.5	105%
Services/1000		2.7	1.4	87%		3.2	1.6	104%
Allowed PMPM		\$0.31	\$0.16	89%		\$0.35	\$0.16	118%
Allowed/Service		\$1,367	\$1,358	0.70%		\$1,320	\$1,236	7%

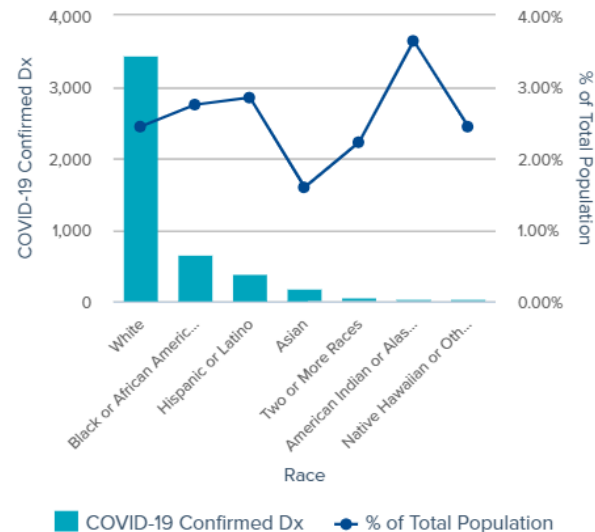
Preventable ER visits

	This year (June 2020 - May 2021)			Prior year (June 2019 - May 2020)				
	<i>Low income?</i>	<i>Yes</i>	<i>No</i>	<i>Equity gap</i>	<i>Low income?</i>	<i>Yes</i>	<i>No</i>	<i>Equity gap</i>
Claimants/1000		138	71	94%		169	84	101%
Services/1000		194	90	114%		242	108	124%
Allowed PMPM		\$30	\$13	121%		\$34	\$15	128%
Allowed/Service		\$1,839	\$1,787	3%		\$1,700	\$1,672	2%

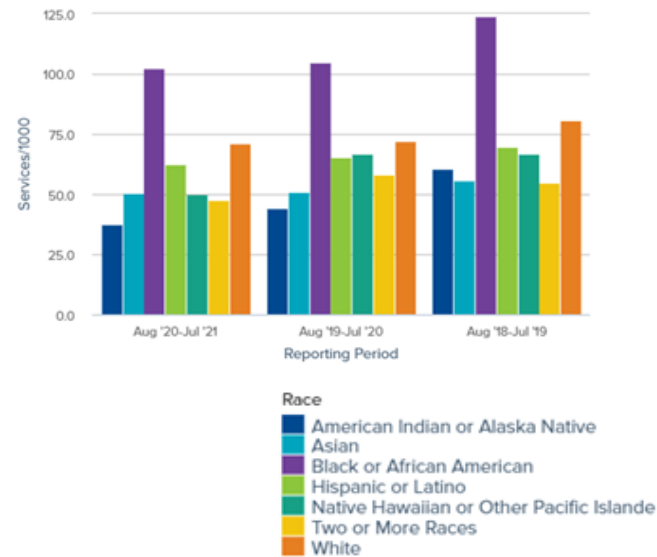
Power of numbers

"This is OUR population. What can we do?"

Members infected with COVID-19



Rolling Incurred - Inpatient detail Claims PQI (potentially preventable admissions)



Rolling Incurred - Inpatient detail Claims PQI (potentially preventable admissions)

Reporting Period	Aug '20-Jul '21	
Race	Claimants/1000	Allowed PMPM
Black or African American	61.3	\$4.65
White	44.5	\$2.56
Native Hawaiian or Other Pacific Islande	42.6	\$1.14
Hispanic or Latino	39.8	\$3.64
Asian	34.6	\$1.79
Two or More Races	30.1	\$9.17
American Indian or Alaska Native	29.1	\$0.67
Summary	45.3	\$2.90

Build upon existing solutions?

Data can help us make connections to leverage or clone existing solutions

Company reduces costs with coverage on Day 0 vs. Day 90

Partnerships for point of care solutions *(for Medicaid population)*
Expand to qualifying low-income commercial population?

Transportation services (for elderly)
Expand to families in need?

Does the quantified opportunity help create the business case to:

- Pilot a plan design or policy change?
- Extend existing solutions to areas and communities of quantified needs.

Which of the following statements best characterizes your organization's vibe:

(as it relates to diversity, equity, inclusion in health care)

1. We want to proactively define solutions, for our customers.
2. We want to work with our customers and collaboratively build community-based resources and solutions.
3. We want to share data and empower customers to solve problems. We're here to support!
4. We're a blend, but it depends on the type of customer.

Poll question

New Insights and expanded strategies



Expanded insights now

- Measurement strategy impacts
 - *KPIs*
 - *Benefits design stakeholders*
 - *Wellness and care management leaders*

Enabling new insights

- Evolving analytic strategies
 - *Point solution VOI/ROI*
 - *DEI studies*

Learnings from pioneers

How have leading edge plan sponsors begun to incorporate and leverage DEI data?

“These insights confirm what we had suspected and gives us the data to target change.”

Transgender population*:

- 150,000 youth and 1.4 million adults

KPI programs analyzed by:

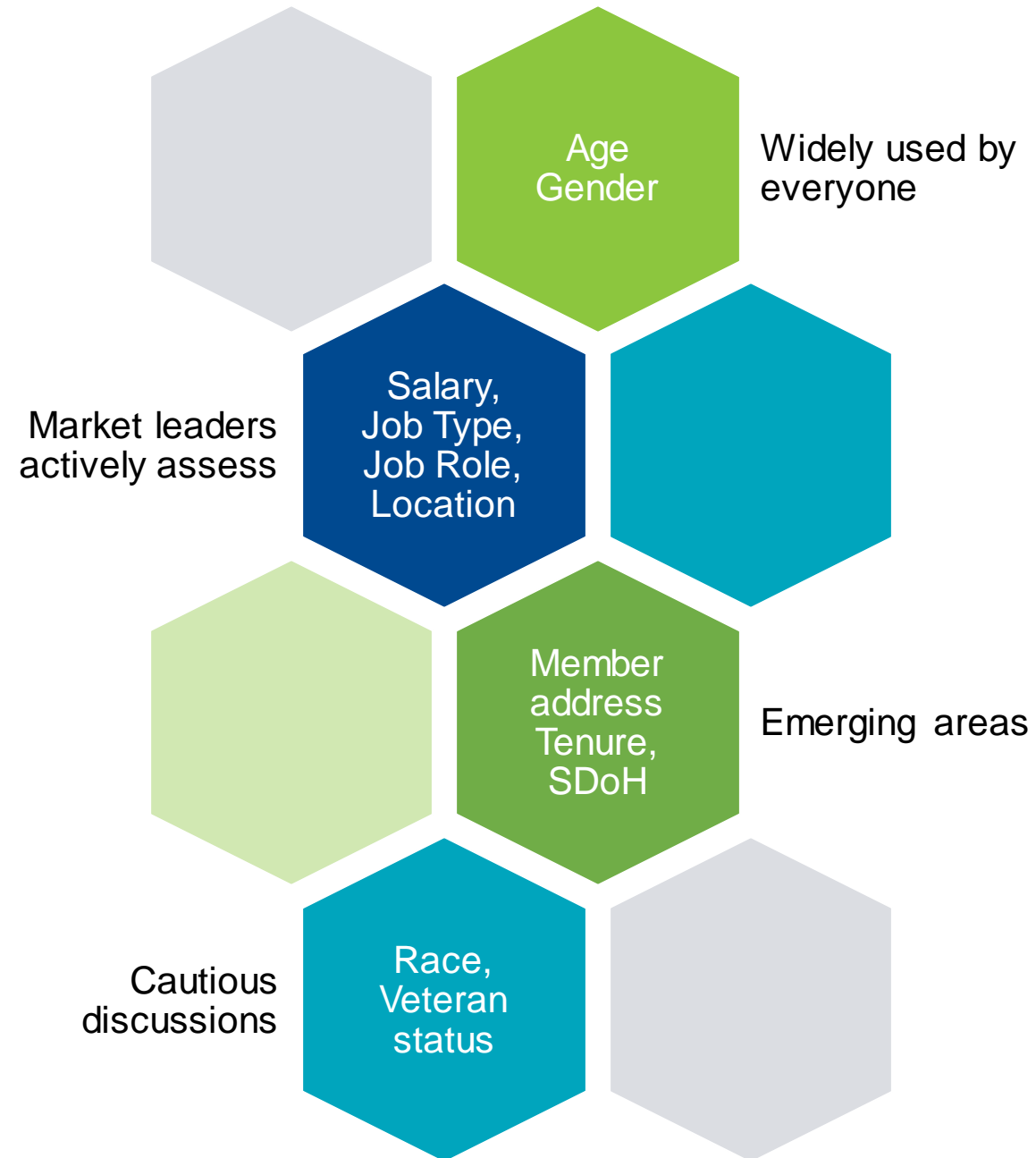
- Race/ethnicity dimensions
- Salary banding
- Job type (hourly vs salaried)
- Coverage Tier



** American Journal of Public Health*

Data availability: it varies!

*Even one more data
element can expand
measurement strategies.*



How to prepare

Inventory data

- Billing vs servicing provider
- Gender field values
- Home address

Identify additional data

- Ben admin partners
- Plan sponsors

Partner with plan sponsors

- Leading edge clients
- Clients with mature or emerging DEI focus
- Plan for compliance runway
- “What’s new?” renewal discussions

Layer in methods and program data

- Low value care
- Access and quality
- Care Management and outcomes
- Point solutions
- HEDIS

Establish improvement cycle

- Plan for evolution
- Apply learnings from leading edge to be adapted to scale

What motivates YOU to use data and surface insights related to diversity, equity, and inclusion efforts?

1. **Costs:** I want to reduce excess costs for my company (or our customers)
2. **Relationships:** I want to retain plan sponsors longer by bringing them better value or care solutions
3. **Alignment:** I want care options to better resonate with diverse members needs
4. **Innovation:** I want to accelerate a movement to an improved approach to healthcare

Poll Question

Essentials of Mental Health Parity

Non-quantitative Treatment limits (NQTLs)

- Referral requirement for Psych visits
- No coverage for Out of Network providers

Quantitative Treatment limits (QTLs)

- Limit on number of Psychotherapy visits
- Higher Copay for Psych visits
- Limit on number of days fill for behavioral health medications

Traditionally, populations opting for plans with limitations on Behavioral health coverage were typically not receiving timely care and likely cost the plan a lot more over time.



Plan design changes and new products

“How many of our plans need to be amended for compliance?”



“How do we serve up new products to address the care gaps incurred thus far?”



Can my child now get counseling for her ADHD?



I can't wait 3 months to see a psychologist.

Can I continue treatment when I travel out of state?

Can we do more for members for MH parity compliance?

Have members “learned” utilization patterns from past plan limits?

Historical plan utilization

Member mental health services utilization
Compare plans with vs. without limits

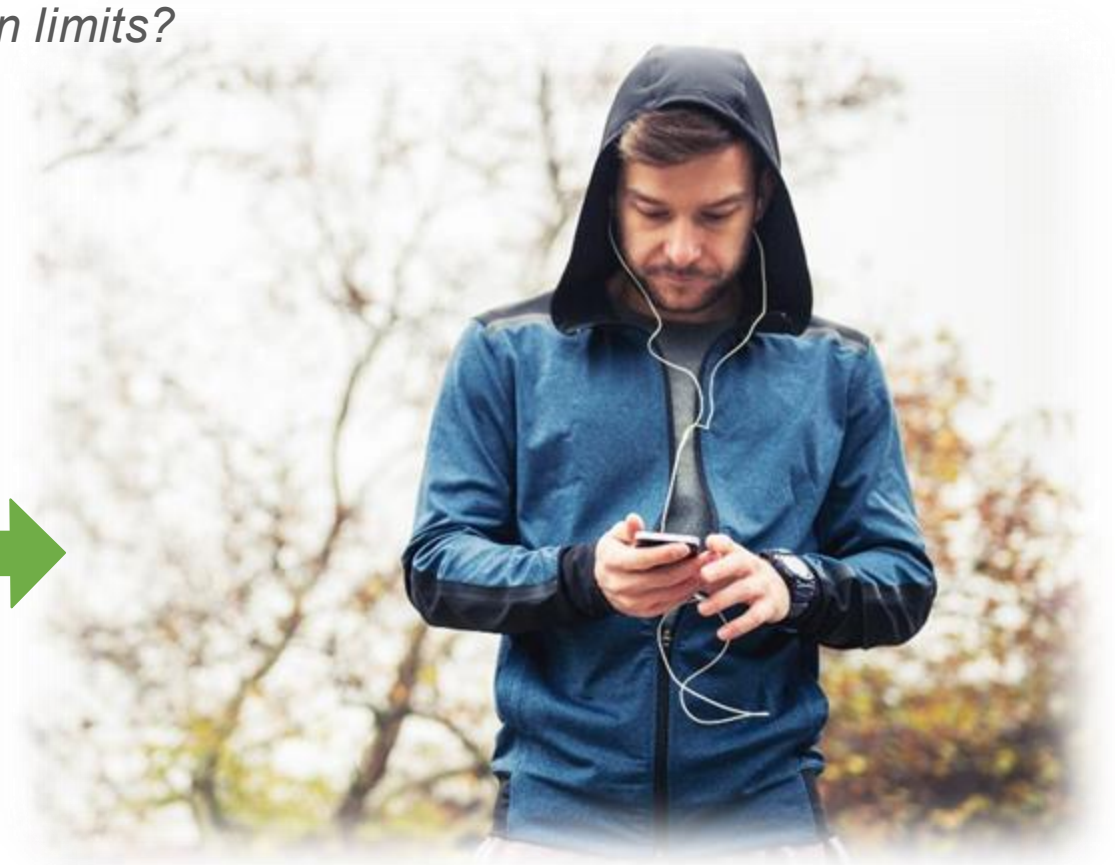
- ✓ Compare members by plan (then)
- ✓ Track cohorts to plans now
- ✓ Compare members now

Current plan utilization

Track these members to today's plan choices.

Compare cohorts

- Do we see equitable utilization or learned, limiting patterns?
- Do members know their benefits have increased?



Let's get after this!

Innovation



*Design health care the way
more members want it*

Reputation



*Attract current and future
customers with your plans
and services*

Costs



Optimize costs with precise actions

Best value



*Identify cross sales for other
product & services; right size the
portfolio mix for each client*

A person with long hair, wearing a brown hat and a dark, textured sweater, is sitting on a large, light-colored rock. They are facing away from the camera, looking out over a vast, hazy landscape at sunrise or sunset. The sky is a warm, golden color, and several hot air balloons are visible in the distance. The overall mood is peaceful and contemplative.

It's not just a vision

rAravamudhan@hdms.com

JrayburgElliott@hdms.com