

Top five health care trends and supporting analytics



Navigating health benefit
and plan design for 2024

 **HDMS**[®] Health Data
& Management
Solutions



Cost containment amidst industry chaos

Health is everything. We care about health outcomes first and foremost. Yet as businesses we also need to care about costs, so we can ultimately serve more people, better.

What is the best way to design a cost-efficient health and benefits plan while the health care industry experiences rapid change, transformation and innovation?

What analytics should you be looking into given these top trends in health care?

- 1) Quantifying SDoH Impacts
- 2) Measuring Point Solution Value
- 3) Understanding Total Well-Being
- 4) Preparing for Omnichannel Care
- 5) Reversing Deferred Care Habits

Read on to consider top trends in health care and how we can be smart about costs by using some key analytics.

1

Quantify SDoH Impacts

No one thing will immediately create health equity. But lots of smaller efforts will create positive movement in the right direction. This year is a year of creating momentum.

Measured insights can move us from **talk** to **action**, as it relates to health equity. With quantified results, we knowledgeably prioritize and select one or a few places to influence. We have a reasonable focus instead of an overwhelming issue.

We can impact inequities that exist based upon social determinants of health.

Get started!

- ✓ Quantify and communicate where health equity gaps exist.
- ✓ Show how social determinants are measurably manifesting health inequities in the population your organization cares about.



What analytics are useful?

Start by evolving traditional population health analytics and metrics. Investigate familiar reporting metrics by SDoH indices like socioeconomic index, food availability index, transportation index.

Some places to investigate include:

- Non-utilizers **(by average household income range)**
- PCP visits **(by socioeconomic index)**
- ER visits without a PCP visit 12 months following **(by English Language Deficiency index)**
- Cancer stage at first diagnosis **(by Education index)**

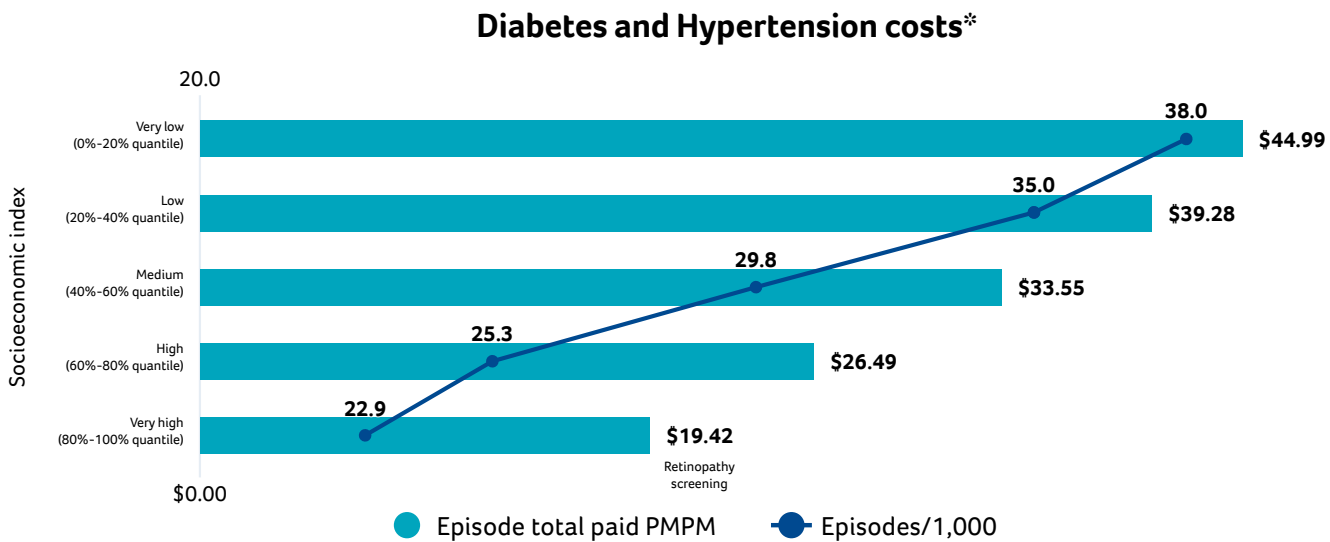
HDMS offers over 25 SDoH and Environmental Factor indices to support both broad and narrow investigations.

Why?

Quantified metrics specific to your population of interest do 2 things:

1. It makes the problems more real, and specific enough to unpack.
2. It provides a baseline to measure improvements, after changes are in place or barriers are addressed.

How do chronic condition costs and prevalence vary by socioeconomic index?



This is just one example of how condition prevalence and cost vary by social or environmental factors. Get the same analytics for other chronic conditions or utilization patterns, like ER visits.

A lower socioeconomic index indicates higher social and economic disadvantage.

There are

65% more members with diabetes + hypertension

in this low socioeconomic population segment vs. this very high segment.



Now what?

Organizations have shared it has been easier to obtain organizational attention, develop collaborative partnerships with other parts of the organization, and prioritize next steps when armed with data-driven facts. Use analytic facts that show how SDoH influence health care decisions and costs within your specific organization.

* These results are specific to a single employer's population. Results vary by population.

2

Measure Point Solution Value

Point solutions have enhanced health benefits programs and filled in gaps in the health care system. A point solution could be focused on weight management, mental well-being, musculoskeletal health or fertility, as examples.

Picking a point solution that is right for your organization is hard enough. Next, you need to know what value is truly being delivered.

Basic metrics like visits or logins do not necessarily equate to value.

What is a point solution?

A general term for specific health care solutions targeted for a condition or area of wellness.



What analytics are useful?

The unique value a point solution delivers is best measured by comparing cohorts and understanding associated or influenced changes. What are some ways to measure these things?

Using cohorts, compare costs and indicators of continued health engagement behaviors for members who use the point solution as compared to those with the same conditions who do not, but do utilize some care services.

Do you see differences across:

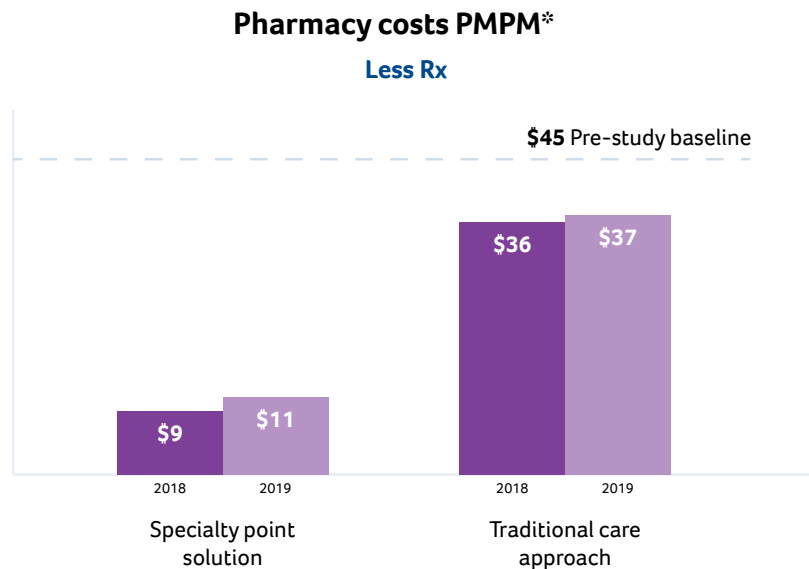
- **Rx duration and dose** for MSK (or depression, anxiety, hypertension, etc.), for 12 months following a new diagnosis?
- **Average leave duration** for comparable conditions and severity. Any additional leave within 6 (or 12) months?
- **Follow-up care after return to work** or a condition milestone (number of PT visits, a PCP visit within 12 months).
- **Gaps in care** for care or prevention services (like screenings)

Why use cohorts?

The tricky part of measuring point solutions is that a population usually contains a subset of motivated members. **These people would be engaged and successful with either traditional approaches or an alternative approach.**

Cohorts allow you to understand the additional lift and value which the point solution uniquely delivers.

How is our mental health solution influencing prescription needs, refills and costs?



The employer has been able to serve increasing health needs

related to anxiety, depression, and a few other conditions. They meet a broader set of member needs with an effective and cost-efficient targeted approach.

This employer's study found a mental health point solution resulted in lower prescription costs driven by reduced need and duration. By digging into demographics and conditions, the study further clarified the ideal profile and conditions the point solution served.



Now what?

Define one or more health objective(s) to track against. Assess and compare value in year 2 and 3 (and beyond where possible). There can be dramatic drop offs after initial introduction, the classic honeymoon effect. Inversely, programs may really take off after a slower start.

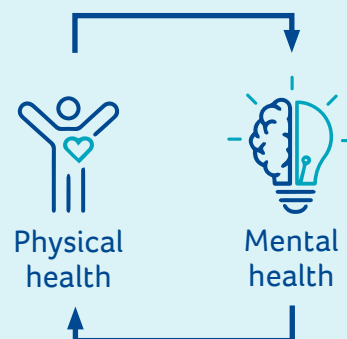
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3

Understanding Total Well-Being

Benefits and plan design consider health needs across physical, mental, emotional and financial dimensions. Investments to better support people across all these dimensions easily add up. Point solutions are often a key part of total well-being design.

Analytics show where additional well-being costs are offset by reducing the costs associated with poor health or improving productivity and retention.



- ✓ Look across health dimensions.
- ✓ Create cohorts and isolate costs to surface inter-relationships.
- ✓ Use analytics to illustrate the importance of supportive and effective mental health care.

What analytics are useful?

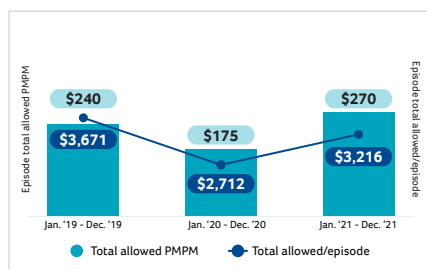
The presence of a mental health condition can be shown to drive increased costs around medical conditions. The cost comparisons below show only the costs of the medical condition. The cohorts are defined by the presence (or lack of) a specified mental health condition, as a comorbidity.

Some places to investigate include:

- What is the **cost of diabetes** with versus without depression as a comorbidity?
- What is the **cost of hypertension** with versus without anxiety as a comorbidity?
- What are the **top conditions** for the population segment **with low food access**?
- **How does attrition differ** between low and high well-being benefit utilizers?

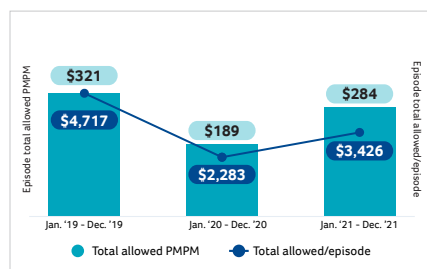
What is the annual cost to treat diabetes?*

Without comorbidity



Members with diabetes but **no** mental health or substance use disorder conditions*

When depression is a comorbidity



Members with diabetes **and** depression

+\$13 PMPM in 2021

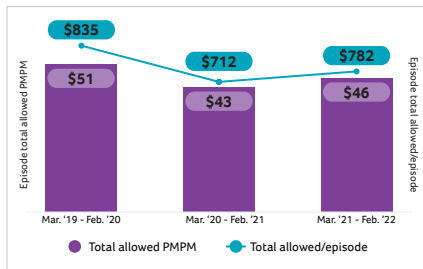
Diabetics without vs. with depression for cost of diabetes alone

* These results are specific to a single employer's population. Results vary by population.

How does mental health influence physical health care costs?

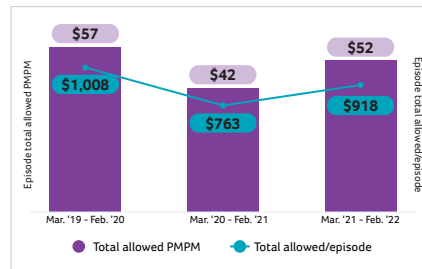
What is the annual cost to treat hypertension?*

Without comorbidity



Hypertensives **without** a mental health or substance use disorder comorbidity*

When anxiety is a comorbidity



Hypertensives **with** anxiety

**+\$6 PMPM
in 2021**

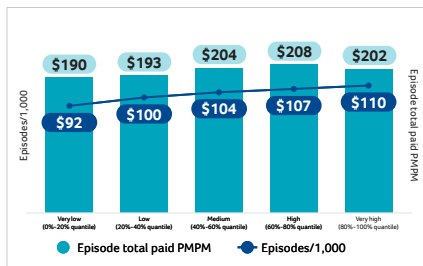
Hypertensives without vs. with anxiety for cost of hypertension alone.

~30%

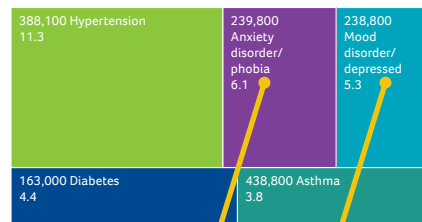
members newly diagnosed with anxiety were also diagnosed with HTN for the first time.

What are the top conditions in food insecure communities across physical and mental health?

Access to food is associated to mood and anxiety condition prevalence.*



Does cost and frequency of chronic condition episodes vary by food insecurity level?*



Unexpected insight: mood and anxiety disorders

Top five chronic conditions in food insecure communities

19%

more episodes/1,000 for 'Very high' vs. 'Very low.'



Now what?

Organizations value an increasing number of dimensions as part of their definition of well-being. To truly manifest a well-being benefits design, build analytics that look across well-being dimensions. Measure the influence of how nurture in one area associates to improvements in another. These examples illustrate looking across mental and physical health. Next, think about financial and emotional well-being.

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4

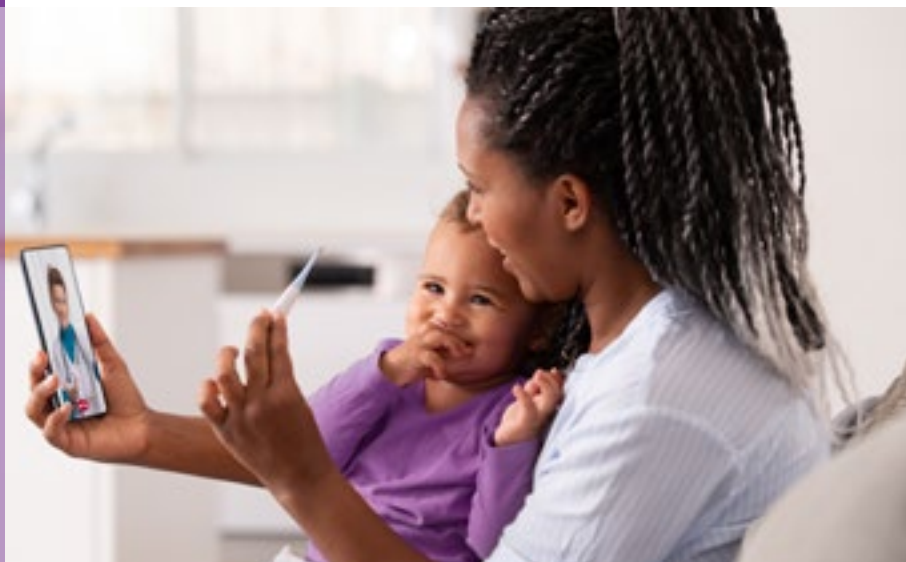
Preparing for Omnichannel Care

Omnichannel care will continue to rise in importance across this year. It reflects the reality that what is considered convenient and affordable will vary across geographies, people and time. The best way to reach and engage with members requires variety and choice.

If we want people to make their health a priority, then easy access to care and innovative approaches are critical.

Analytics let you investigate:

- Who uses what type of care and for what? – Care services, demographics, time
- Hyper-personalization of care communications
- Engagement and gaps in care with and without digital or app tools in between visits



What analytics are useful?

We can break omnichannel care into smaller classes of analytic investigations:

1 Care delivery

Where and how is the best way to deliver care or a mix of care services across locations, including virtual care? How do technology improvements help – for instance apps or messaging reminders with links and helpful next steps at fingertips?

2 Communication preferences

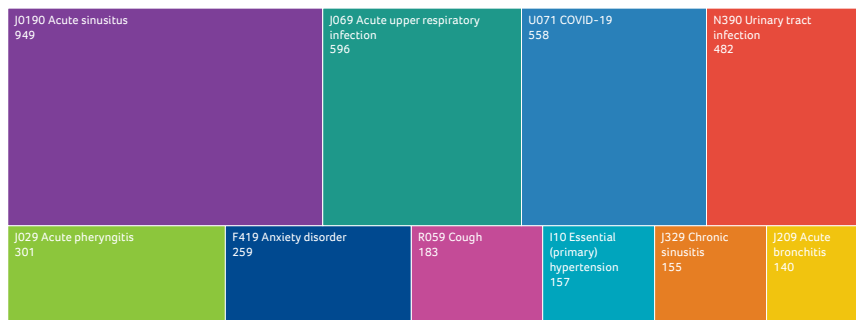
What's best to effectively raise awareness and engage people in a varied care delivery plan?

Explore why members consume care through different channels.

The chart shows that 949 members in this population sought virtual care for acute sinusitis and 596 members for respiratory infections. Next, explore if these are initial or follow-up visits.

Can you expand care engagement that is more convenient and affordable with a plan design that optimizes for this pattern?

Telemedicine medical claims*



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MUST-HAVE ANALYTICS AND WHAT THEY TELL US...

How can we encourage continuous care with omnichannel strategies optimized for cost and convenience?

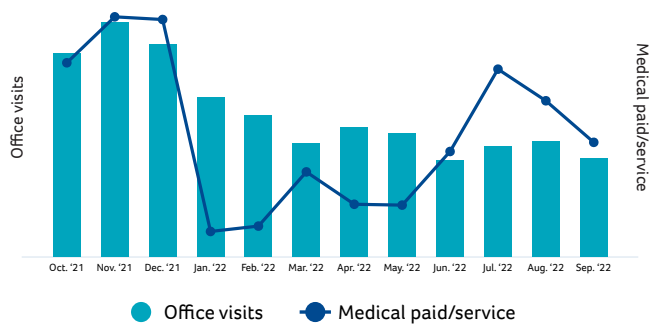
Investigate how care is consumed across sites for the same set of conditions. Use analytics to explore how care can be improved for those members where engagement gaps are noticed.

The analytics below show differences in utilization and cost across virtual care and PCP office visits.

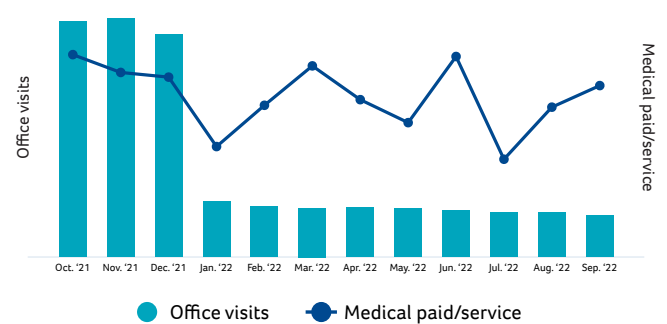
Below, we see members with diagnoses who have not utilized care for their known conditions. Can we re-engage or better serve their needs with additional convenience options to reduce long-term high costs?

Mental health investigation*

Telehealth or virtual care visits
for mental health evaluation or therapy



PCP visits for mental health eval or therapy

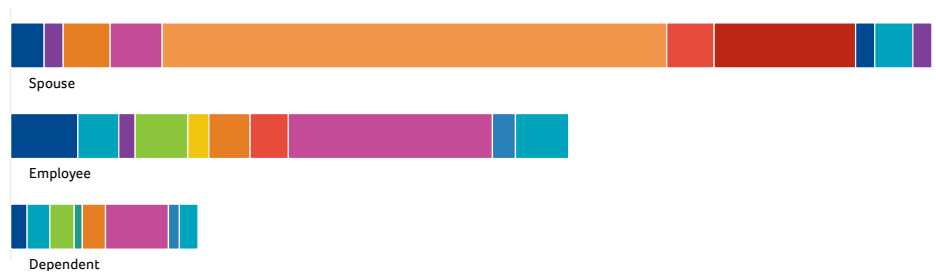


Top 10 mental health/substance abuse diagnoses without PCP or therapy visit in past 12 months*

3-digit principal diagnosis

- F10 Alcohol related disorders
 - F11 Opioid related disorders
 - F12 Cannabis related disorders
 - F17 Nicotine dependence
 - F19 Other psychoactive substance related disorders
 - F31 Bipolar disorder
 - F32 Depressive episode
 - F33 Major depressive disorder, recurrent
 - F41 Other anxiety disorders
 - F43 Reaction to severe stress, and adjustment disorders
 - F52 Sexual dysfnct. not due to a substance or known physiol. cond.
 - F64 Gender identity disorders
 - F80 Specific developmental disorders of speech and language
 - F82 Specific developmental disorders of motor function
 - F84 Pervasive developmental disorders
 - F88 Other disorders of psychological development
- ▲ 1/2 ▼

Medical claimants



Now what?

- Look at the complete set of care resources.
- Use your analytics to show your carrier opportunities to increase convenience for your population.
- Find pockets of high utilization or engagement.
- Collaborate or pilot new ways to reach and engage your members using a broader mix of delivery options and see where new successes exist.

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5

Reverse Deferred Care Habits

The pandemic created delayed, deferred, and foregone care. We know things have recovered somewhat. We also see utilization trends that tell us not everyone is seeking the care they need.

What are the impacts long term – are we adequately preparing as people re-enter the health care system? Are they sicker because of delays in preventative services?



Get started!

- ✓ What are the trends in preventative services for your population? Electives?
- ✓ What do new diagnosis metrics and patterns look like?

What analytics are useful?

Start with analytics that provide insight into the degree to which your population experienced delayed care, and the degree to which it has recovered. Use 2019 as a baseline for 2021 and 2022. Dig into specific areas of preventative services, wellness visits, screenings, and new diagnoses for key conditions.

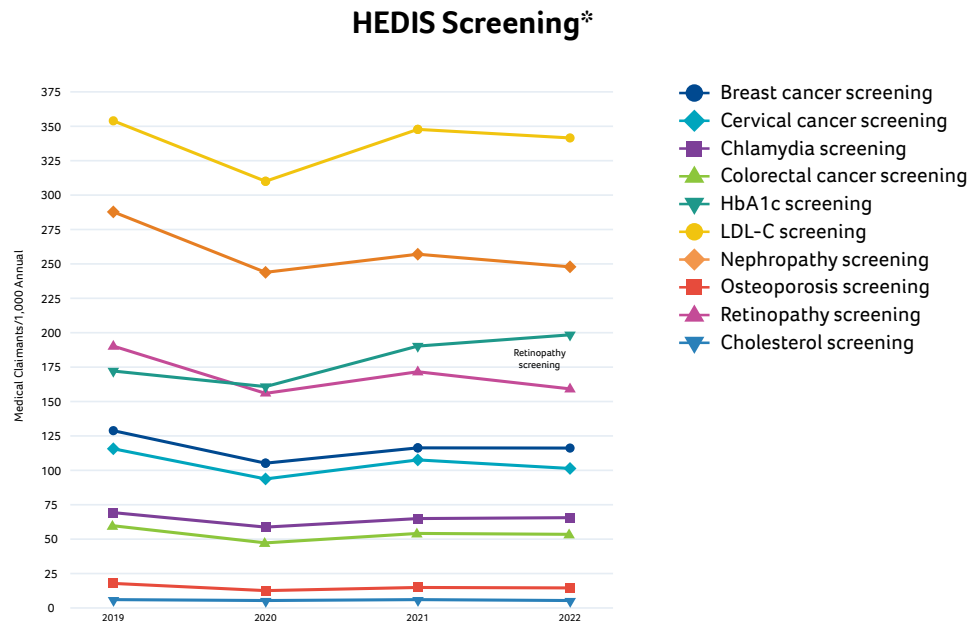
Make sure you look a little deeper to understand any demographic swings or patterns.

Perhaps utilization rates look stable, but beneath the surface barriers to care are masked by higher utilization in other population segments. Look at utilization rates by social determinants of health indices to cross-check trends.

What do you do with analytic results?

- Recommend ideal care services based on what is working with similar member characteristics
- Provide hyper-personalized care communications
- Improve engagement in gaps in care with digital touch points in between visits

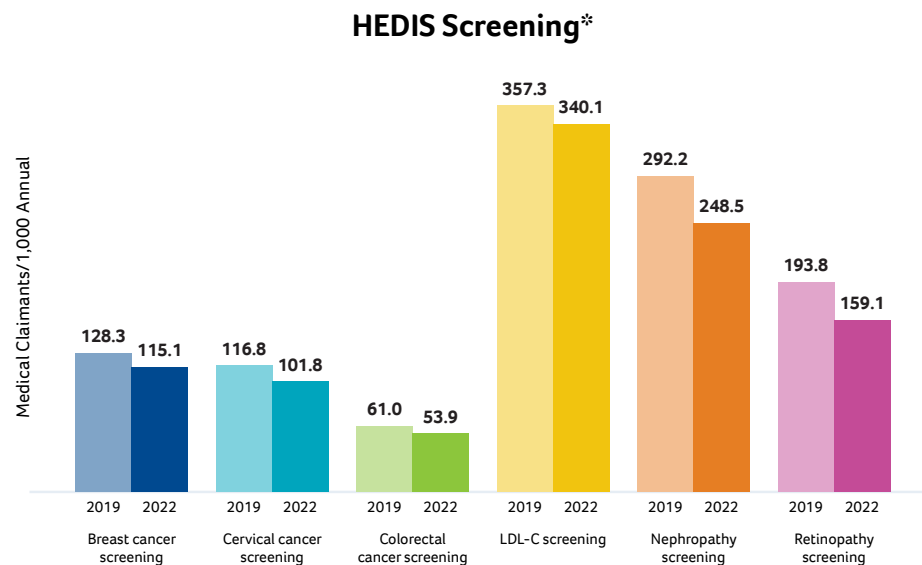
Where do we see deferred care patterns?



Deferred care today drives up long-term costs.

Once you have analytics that show you where deferred care is occurring, dig into conditions or services and investigate the rising risk. Is there evidence that members are entering the health system sicker? Can you target and engage members not utilizing care?

How much have services not yet fully recovered?



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TO SUMMARIZE:

Here's what strategic organizations are doing with health analytics:

- 1) Quantifying SDoH Impacts
- 2) Measuring Point Solution Value
- 3) Understanding Total Well-Being
- 4) Preparing for Omnichannel Care
- 5) Reversing Deferred Care Habits

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HDMS Fast Facts

HDMS is a CVS Health company.

HDMS provides analytics solutions for users of health care data. Employers, health plans, brokers, consultants.

HDMS processes 19,000+ data feeds and files.

People use HDMS solutions for:

- Strategic benefits design
- Plan performance
- Population health investigations
- Standardized reporting

HDMS enriches data:

- 40+ industry methodologies
- 7+ predictive models
- 25+ SDoH indices – get started with member-level address data

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About HDMS

Health Data & Management Solutions (HDMS) creates and operates industrial strength health analytic environments for strategic benefits design. Companies with whole-person health cultures and Total Rewards programs use health analytics to continuously improve costs and outcomes with data-driven decisions. HDMS is a CVS Health company. For more information, visit www.hdms.com.

