What Are the *Hidden* Opportunities in Population Management?

Course #140910 | CPE Credit: 1.0 | Level: Basic to Intermediate | Prerequisites: None

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**Agenda**

- Introducing Vitreos and GlobalHealth
- Payer Challenges
- Predictive Risk and ‘Hidden’ Opportunities
- Mover Analysis
- Utilization Management Objectives
- Outreach Program structure and learnings
**Introducing Vitreos and GlobalHealth**

- **VitreosHealth**
  - Predictive Risk Analytics Company
  - Based in Dallas
  - “Most Promising HealthTech 2013 – Finalist” by HealthTech Conference in Mountain View, CA

- **GlobalHealth**
  - Oklahoma-based health maintenance organization for Oklahoma’s state and federal government employees
  - Emphasizing patient-focused care with a low monthly cost, without sacrificing high quality
  - Over 50K insured lives and growing rapidly

- Vitreos-GlobalHealth partnership since 2013

**Regional Payer Challenges**

- Managed care plans (Small & Mid-size) with membership less than 500,000
- Signing more risky patients through exchanges as a result of Affordable Care Act
- Are interested in collaborative relationships with providers for managing costs
- Do not have resources to build and maintain predictive risk applications like the large national health plans.
- In addition, most of these organizations can not afford to maintain extensive BI teams in-house
## Risk Stratification of Members

### Member Type
- New - Exchange
- Existing

### Data Sources
- Health Risk Assessments
- Claims
- EHR
- Practice Management
- Demographic

### Risk Scores
- Clinical Risk
- Historical Utilization
- Compliance
- Socio-economic
- Access
- Well-being

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### Vitreos Risk Scores

Vitreos Risk Scores = State of Health (DSM-5 CLINICAL RISK) + Utilization Risk + Compliance Risk + Associated Care Risk + Socio-economic Risk + Well-being Risk

**Non-Clinical Risk Factors**
- Costly Interventions
- Admissions
- Readmissions
- ER Visits
- Diabetes
- CAD
- CHF
- Asthma
- COPD
- DVT
- COPD
- Pediatric
- Asthma
- Diabetes
- Obesity

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Which non-clinical factors impact the “High Utilizers” Category?

Traditional Models mainly focus on these categories

Hidden
3,648 Members
Clinical Risk: 10.5
PMPM: $279
Spend: $12 mm

Critical
768 Members
Clinical Risk: 12
PMPM: $6,001
Spend: $44 mm

“Unknown”/Relatively Healthy
5,505 Members
Clinical Risk: 3.1
PMPM: $307
Spend: $20 mm

“High Utilizers”
566 Members
Clinical Risk: 3.4
PMPM: $4,128
Spend: $28 mm

2012
Members: 10,507
PMPM: $850.5
TCC: $104 mm

2013
754 Members
Clinical Risk: 10.4
PMPM: $370
Spend: $31.8 mm

Mover Analysis

2012 (Hidden)
3,648 Members
Clinical Risk: 10.5
PMPM: $279
Spend: $12 mm

2013 (Critical)
1,011 Members
Clinical Risk: 13
PMPM: $6,087
Spend: $80 mm

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Mover Analysis

Hidden
- 3,648 Members
- Clinical Risk: 10.5
- PMPM: $279
- Spend: $12 mm

Critical
- 788 Members
- Clinical Risk: 12
- PMPM: $437
- Spend: $44 mm

High Utilizers
- 5,429 Members
- Clinical Risk: 3
- PMPM: $356
- Spend: $33.4 mm

“Unknown”
- 5,505 Members
- Clinical Risk: 3.1
- PMPM: $307
- Spend: $20 mm

2012 Members: 10,507
PMPM: $850.5
TCC: $104 mm

2013 Members: 11,038
PMPM: $1,187
TCC: $157.2 mm

2014

15% Population moved from left to right in 12 months to create additional 35% Cost.

Value Proposition

“Hidden Opportunity”
- 4079 Members
- Spend: $14.6 mm

“Critical”
- 1,247 Members
- Spend: $56.5 mm

“Unknown/Relatively Healthy”
- 5,168 Members
- Spend: $20.9 mm

“High Utilizers”
- 766 Members
- Spend: $33.4 mm

2013 Members: 11,280
TCC: $127.4 mm

2014

Expected population migration to HR/HC: 14%
Expected Cost Impact: $21 mm

Potential Savings based on our benchmark results: $11,000,000
Comparison – Movers vs. Non-Movers

2012 Clinical Risk: Healthy Cohort

2012 HCC Risk: Healthy Cohort

2012 Socio-Economic Risk: Healthy Cohort

2012 Access to Care Risk: Healthy Cohort

Comparison – Movers vs. Non-Movers

Hypertension

CAD

Asthma
### Identifying Movers

1. **Hidden to Critical**
   - Combination of Hypertension, CAD, CHF, Diabetes, Depression
   - Higher Clinical Risk and rate of change of clinical risk
   - High Referral Compliance Risk
   - High Access-to-Care Risk
   - Prior 12 Month ER Visit (Trigger Event)

2. **“Healthy” / Unknown to Critical**
   - Combination of Mental Disease, Joint Disorders, Arthritis
   - High appointment compliance risk
   - High Socio-economic Risk
   - High Access risk
   - Prior 12 Month ER Visit (Trigger Event)
Overarching goals of the program

Achieve triple aim across member population of excellence in quality, cost, and service

- **Targeted outreach** and consistent intervention methods for identified member population
- **Improve member compliance** with respect to physician access, treatment plans, pharmaceutical regimen, etc.
- **Reduce unnecessary services** and avoidable hospitalizations
- **Conduct monitoring** and consistent documentation to best anticipate long-term member healthcare needs

The Five Pillars of Proactive Communication

- **New Member Health Assessments**: To assess new members’ current status and determine whether they have any transition of care needs and/or if they are a candidate for any targeted programs
- **Emergency department follow-up**: To direct member to lower-cost services when available and appropriate; assist member with follow-up care as prescribed
- **Hospital discharge**: To assist with scheduling follow-up care as needed; determine whether member should be targeted for any UM services or programs; confirm that member returned to PCP; provide pertinent wellness materials
- **Complex Case Management**: Focus on stabilizing the member’s condition and costs and transition the member to Disease Management for chronic disease maintenance when applicable
- **Disease/Medication Management**: Focus on diabetes and coronary artery disease; prevention, wellness, compliance, and maintenance of chronic conditions
Member Prioritization

- **Health assessments**: Member responses regarding current diagnoses and other risk factors determine which department they are routed to.
- **Emergency Department/Hospital Discharge**: ranked by severity of condition/procedure; goal of contacting all members within 48 hours of discharge.
- **Complex Case Management**: ranked by disease severity as well as Vitreos clinical risk scores.
- **Disease/Medication Management**: ranked by Vitreos clinical risk score.
- **Medicare members** ranked highest in most departments.

Saying “Yes” Instead of “No”

- Historical employer group management model is to review many requested services and often results in telling the member and provider “no”.
  - Members don’t readily have the ability to switch insurance carriers if they are unhappy with coverage/benefits/etc.
- In the new healthcare environment, this review model may be counterproductive to future growth goals.
  - Members don’t understand their benefits; many have never had health insurance before so they don’t know what to expect, and their perception is often that their plan should cover any/all procedures and services.
  - Historically they may have been frequent emergency department visitors, only receiving care when their condition is critical.
Saying “Yes” Instead of “No”

• To build lasting relationships with members, the plan must be perceived as working in the member’s best interests instead of protecting the plan’s bottom line
  ➢ Instead of saying no: Denying out-of-network or non-emergent emergency department claims
  ➢ Say yes: Educating the member regarding primary care services as well as what type of condition constitutes an emergency

Empowering Members Through Training and Education

• Meet the member where they are
  ✓ Assess member’s current health status, goals, and perceptions
  ✓ Determine how much member can realistically spend on health expenses each month
  ✓ Develop educational/care plans customized to the member’s needs
  ✓ Build and maintain positive relationships with providers as well as members

• Offer member training and educational materials
  ✓ Online resources: Wellness section, provider lookup, medication formulary, low-cost generic listing
  ✓ Educate member regarding lower-cost alternatives such as PCP instead of specialist/urgent care/emergency department, mail-order pharmacy instead of retail, generics instead of brands
  ✓ Encourage member compliance to routine care to help avoid escalation of cost

• Lead members to a positive health care decision and help them take responsibility for their own health
Member Feedback

• “Thank you so much for taking care of me! I used to have (another health plan provider) and they were horrible – I would rate them a 2. But you guys, I give you a 10!“
• “I haven’t had insurance this good since I was in the Union in the 70s. I’ve told several people, ‘you need to get this insurance – it’s the best!’”
• “What you are doing is exceptional; I am overwhelmingly appreciative that you go to such lengths for your members.”
• “GH is strange...in a good way. What you do is different and greatly appreciated and very thoughtful.”
• “I am so happy that you are looking out for me and care for my well-being.”
• “Y’all have been so good to me! Every time I have had surgery, someone has called to check on me, and it makes me feel like you love me! Thank you so much!”
• “It’s because of you that I’m healthier than I have been in 20 years.”