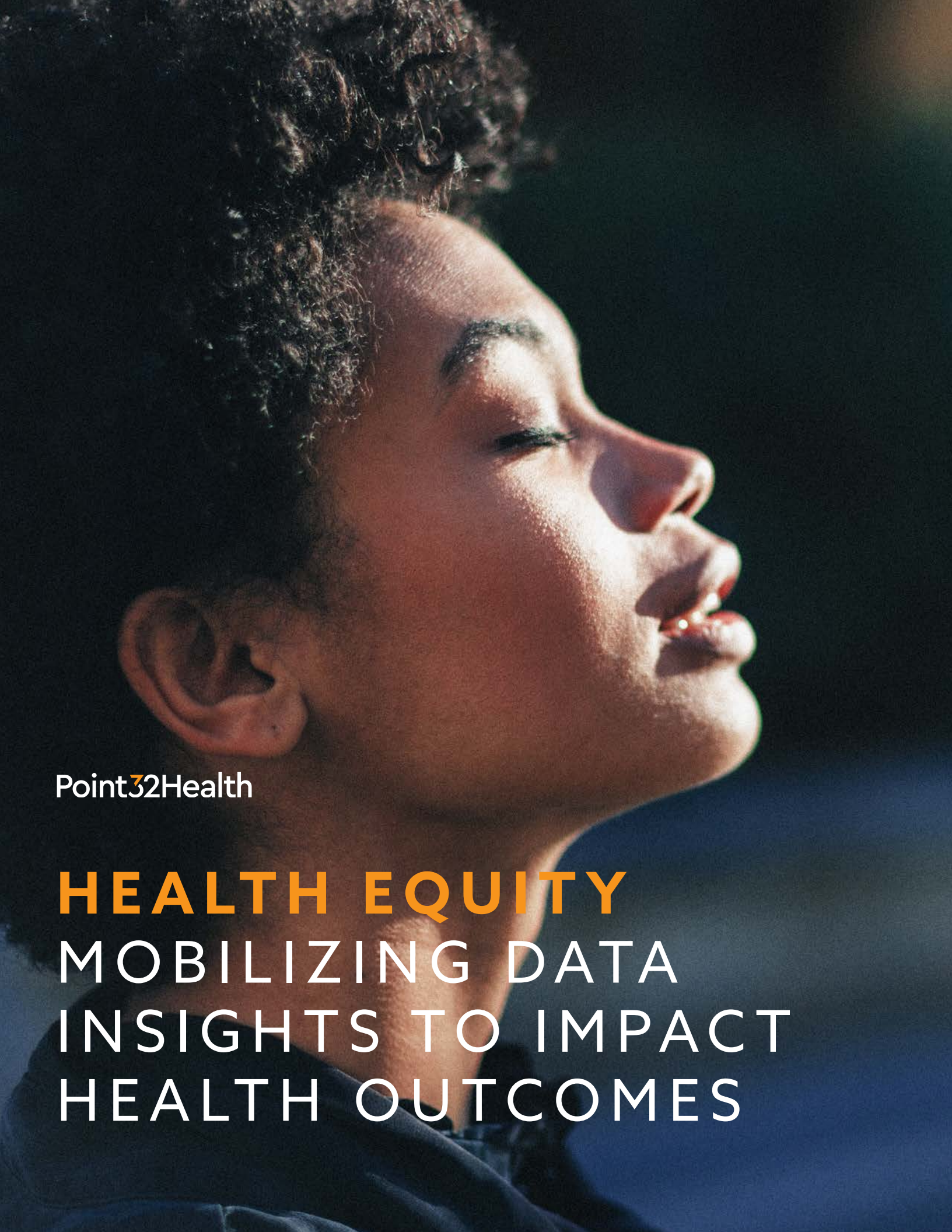

Point32Health

HEALTH EQUITY
MOBILIZING DATA INSIGHTS TO IMPACT HEALTH OUTCOMES

Content

The U.S. health care system is fractured—it works for some, but doesn't work for all.

That's because access to affordable, high-quality care is not the same for everyone. This is due to "systemic differences in the opportunities groups have to achieve optimal health," or, namely, health inequity.

These differences in opportunities could be determined by our background such as gender, gender identity or race. Or even where we live or what job we have. If we can afford to take off work for a doctor's appointment, and if we can find transportation to get there. If the doctor speaks our language, or if we can even afford the appointment at all.

Today, health inequities are far too common in the U.S. And that's having dire effects on individuals who, because of their circumstances, are at the most risk—with delays in preventative care, diagnosis, and treatment, worse outcomes and preventable deaths.

These inequities are avoidable, but providing everyone with the same resources or opportunities won't be enough. Where health **equality** focuses on the same for everyone, health **equity** means recognizing that each person has different circumstances and needs the right resources and opportunities for them, rather than the same ones for all.

The paradox of not "needing" care.

$320 billion

Approximate annual cost of inequities in the U.S. health system.[1]

$1 trillion

The unaddressed cost by 2040.[1]

One of the root causes is that health care works to lower costs. Not needing to use health care benefits means costs go down, right? Some health care experts believe this, but it's often wrong. Instead of focusing on reducing usage, health care organizations should encourage preventative care.

The truth is, when individuals don't get the appropriate care they need when health issues are most treatable and solvable, outcomes are worse, and their future health care costs increase exponentially. That's a matter of life and death. And that affects all of us—socially and financially.

Health inequities account for billions in total annual health care spending and thousands for members. According to recent studies, inequities in the U.S. health system cost approximately $320 billion in annual health care spending, signaling an unsustainable crisis for the industry. If unaddressed, this figure could grow to $1 trillion or more by 2040. The projected rise in health care spending could cost the average American at least $3,000 annually, up from today's cost of $1,000 per year. This isn't going to work.

1. https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html

It doesn't have to be this way.

- What if we knew more?
- What if we could predict better?
- What if we could guide people more accurately to the appropriate care when time is most critical?
- And what if we could pinpoint doctors that will understand them better, too?

While the system may be fractured, the right approach can heal it.

Point32Health

Building on 90 years of combined experience serving communities where we live and work, and with a background in research and academia, Point32Health is focused on creating opportunities for true health equity—where everyone has a fair and just opportunity to attain their highest level of health and be their best selves.

ACCREDITED NCQA HEALTH EQUITY

First in New England

Point32Health believes that advancing health equity will mean centering care on access and compassion—for everyone.

That's what Point32Health, a New England-based health plan, is working to do—through a proprietary solution to bring about necessary change—and to save lives above all. It requires knowing members and communities in a way that is dynamic, relevant and actionable. By removing stigma, discrimination and barriers through deeper knowledge and empathy. Traditionally, health care solves for and manages chronic conditions through its learnings from member data. A new and better approach will mean integrating an equity lens into data and analytics—in all we do.

It's a commitment that's reflected in its National Committee for Quality Assurance (NCQA) Health Equity Accreditation—the first and only to achieve such accreditation in the New England region. This expertise means making bold moves and innovations that ensure development of forward-thinking approaches to data and policies that benefit all members.

Point32Health is investing in advancing health equity analytics and focused initiatives, which are the key to understanding members, their needs and their diverse communities. As a regional health care organization, we have a unique understanding and empathy for those communities because we live and work in the same communities we serve.

Knowledge is power to make smart changes.

Where most national health plans analyze data at a state or county level, to truly solve for health inequity, we have to go down to a census-block level, which means looking at member data from neighborhood to neighborhood and block to block. This type of measurement is twice as granular as the traditional approach of analyzing census tracts. That results in being able to better pinpoint the medical, behavioral health and social needs of each neighborhood and each member.

Additionally, most health plans do not consider or have not collected a member's sexual orientation and gender identity (SOGI), which means overlooking an important factor in more equitable data analytics. To fill this gap in data collection, we are actively investing in collecting and integrating valuable new sources of data such as SOGI.

Beyond that, we must cross-analyze that more granular data and arm health care teams with a visual expression of that data —that considers demographic and socioeconomic factors as well as clinical and behavioral health. As a result, we can help members in more specific and relevant ways. Providing this kind of clear and actionable data visualization to not only care managers, but also every individual within the health care organization, supports more informed interactions with members and better decision-making throughout the entire organization.

Point32Health's proprietary Social Inequity Index (SII) tool, is a robust tool that was developed to measure social vulnerability on a 10-point scale to identify disparities in an easy-to-understand way; a higher score indicates a member is at higher risk for inequitable health outcomes due to social needs.

The SII puts preventative care before cost—because health is greatly impacted by social determinants. And preventative care lowers costs in the end.

Scores can be assigned at the member level and members can be grouped at the census block level, to predict which members to prioritize for proactive outreach through Point32Health's population health management analytic tool: The Enterprise Segmentation and Stratification Tool, or ESS.

Multiplication, not Addition

Many national health care plans utilize Artificial Intelligence (AI) to better predict which members to target based on the cost associated with that member. It works to lower those costs by engaging members in proven ways. The inherent issue with this approach is that it identifies commercial, Medicaid, and Medicare members based on how expensive they are to their employer or to taxpayers. Although this sounds positive, in reality, because this model begins with cost, it fails to identify members who are avoiding care, and will cost more to employers, and taxpayers, in the long run.

The ESS population health tool is compiled through a "segmentation stratification" approach.

- **Segmentation = high-level classification**

  What are they dealing with when it comes to their health?

- **Sub-segmentation = granular classification**

  What conditions do they have? What age are they?

- **Clinical complexity score = measuring more complex needs**

  Do they see their doctor often enough?

- **Social inequity index = measuring health inequity risk**

  Do they have transportation to see their doctor?

The ESS is more than a cost analysis consideration when prioritizing outreach. It's a fully integrated solution that allows for multidimensional analytics from all sides: looking at over- and under-utilization, an overreliance on reactive rather than proactive care, social determinants of health and the absence of care—not just the cost — when making decisions on who to reach out to and when.

Members are assessed across all stages of life, geographies, demographics and medical/behavioral health needs. For example, the ESS can identify members with a high number of comorbidities, who have not recently filled an expensive but necessary medication, and find potential correlations on why that might be by cross-analyzing high socioeconomic needs.

This level of analysis is vital in understanding populations and effective interventions. Because the fact is: all members should have some level of cost associated with their health care because that indicates members are receiving essential care—whether that cost is an annual check-up or managing a chronic condition.

This approach can help a health plan's care managers match and prioritize members to the correct and most effective interventions. So when we reach out to a member, we know how to guide the conversation to help them access the kind of care they want, need and can afford. In the long-term, that means fewer gaps in care, healthier lives, healthier communities and fewer unnecessary illnesses and deaths.

Right here. Right now.

The best time to get started is always right now. The health care system has to work in unison to improve data collection and close equity gaps through a uniform approach. Even if the current data we have access to is not entirely perfect, we can't wait for it to be. The gold standard of data collection will take time, and it's something we have to begin working toward now.

Better is possible for every individual when it comes to achieving one's optimal health. Getting there means constantly working differently to push past the status quo and actively working to break down systematic barriers that impact equitable care.

Business as usual isn't working. And we have to lean on more than innovations that cut costs today. We have to take a new approach to health equity data and make investments that will pay more dividends down the road.

We should address health inequity because it's the right thing to do. And it's also the smartest thing to do. If we don't act now on addressing and solving health care inequity, its enormous price tag will grow even larger. And as a society, that's an outcome we can't afford.

"Usually, we think of change as coming with costs, that doing something will cost more than continuing to do what we are accustomed to doing. But in the case of health inequalities, doing nothing has a cost we should not continue to bear."[1]

– ECONOMIC CONSEQUENCES OF RACISM IN HEALTH

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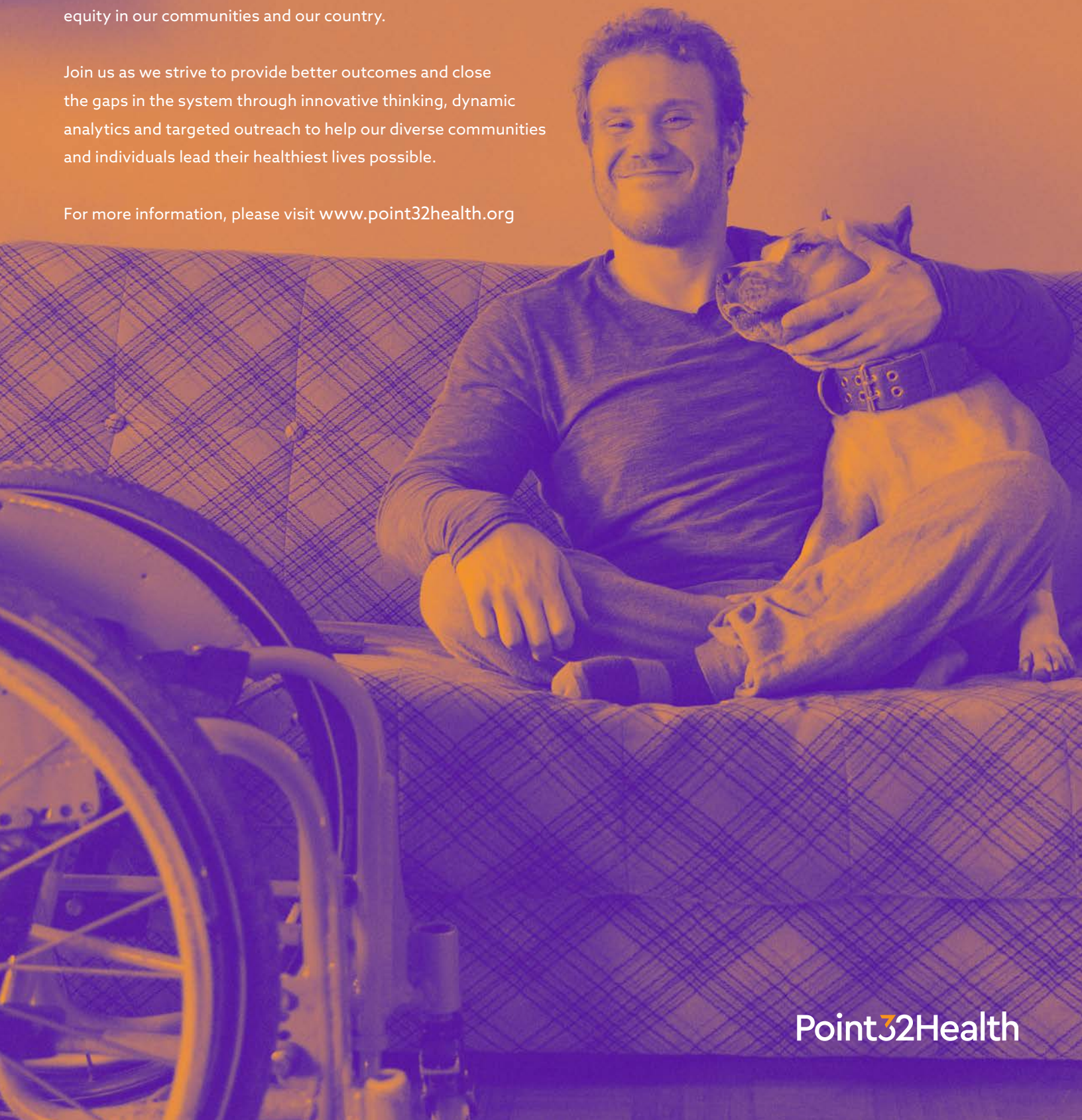
1. https://journals.sagepub.com/doi/epdf/10.2190/HS.41.2.c

Let’s solve this.

Every day, we need to work toward true health equity in our communities and our country.

Join us as we strive to provide better outcomes and close the gaps in the system through innovative thinking, dynamic analytics and targeted outreach to help our diverse communities and individuals lead their healthiest lives possible.

For more information, please visit www.point32health.org



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