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SDOH and Wellness Initiatives

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Changing how we think about "traditional" wellness

- Focused wellness/population health programs driving health outcomes
- Focused SDOH programming:
  - Food Insecurity
  - Transportation
  - Housing
  - Resource Center
- Research and business planning
- Community based programming
- Better align objectives with program design
- ROI/VOI and plan to capture metrics that measure financial and clinical impact

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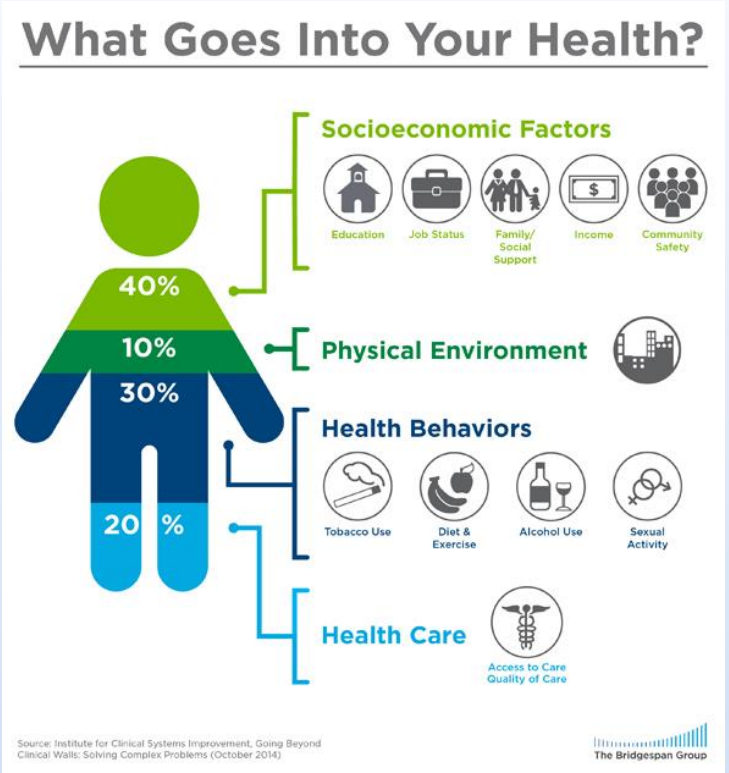
Multiple factors impact employee health

Four areas impact health:

- Socioeconomic Factors
  - Education
  - Job status
  - Family/social support
  - Income
  - Community safety
- Physical environment
- Health behaviors
  - Tobacco use
  - Diet and exercise
  - Alcohol use
  - Sexual activity
- Healthcare



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Moving services to the community

Transportation

Housing

Food Insecurity

Addiction

Addressing Social Determinants of Health

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Segmenting the population

Analytics segment population using data from

- Claims
- Diagnoses
- Emergency dept. use
- Multiple conditions
- Diagnostic-related group scores (DRGs)
- Cost of care

Special needs and high risk

Care management for complex, co-morbid, moderate rising risk and specialized conditions

Moderate risk and moderate rising risk

Care management for lower acuity, chronic conditions

Low risk: Wellness and episodic care management

Care gap closure; efficient and effective episode delivery, risk not stratified

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Our population health team provides care at the appropriate level and setting

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Employer-focused approach

- Identify data and analytics used to drive program design and assess outcomes/success
- Identify key stakeholders and develop solutions to barriers when implementing value-based programs or comprehensive wellness programs
- Identify areas to incorporate best practices and innovation into current wellness programming
- Provide resources and team of highly trained professionals

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Using data analytics to drive program design and outcomes

- Collect baseline data
  - Health assessment, employee/employer survey data, top 10 claims by cost, utilization, ER and admissions, chronic condition prevalence, biometric data, productivity, etc.
- Measure success
  - Employee/participant satisfaction
  - Behavior change
  - Clinical outcomes
    - Improved biometric data, tobacco quit rates, decreased risk
- Engagement
  - Participation in wellness programs/challenge
  - Enrollment in health coaching/health management
  - Connectivity with primary care
- Financial trending (pmpm)
- ***Adapt program based on findings***

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Program design and incentives determine participation

	2011	2017
Health assessments completed	347	15,570
Health management	1,402	7,055
Online modules/health coaching initiated	0	5,168
Biometric screenings	1,500	26,606
Percent insured employees participating	<30%	75%

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Key outcomes

- 90% of participants have decreased at least one biometric measure
- Maintained 18% prediabetes compared to national increasing average of 33.9%
- Quit rates 45% compared to <10% national rates
- Over 120,000 pounds lost
- Documented and published reduction in ER and admissions

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Sustained health management outcomes

- Cohort 2012-2017 (5,454)
  - 73% of those who were referred, enrolled and worked with a nurse
    - 67% moved BP to goal range
    - 45% moved A1C to goal range
    - 49% moved LDL to goal range

Wellness survey

11,601 respondents completed the wellness survey in 2017

The Good:

88% Strongly agree/agree the wellness program is a valuable resource for Geisinger employees.

83% Strongly agree/agree they are aware of programs and services offered by wellness

78% Strongly agree/agree the wellness team is helpful in answering their questions and responding to their needs.

89% Strongly agree/agree they know what is expected during participation in myHealth Rewards

Opportunities for Improvement:

41% of respondents didn't know what health coaching is, didn't know what is expected when coaching, or didn't know it was available to them.

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Fresh Food Farmacy

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The Fresh Food Farmacy process

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- Population health community needs assessment
- Health outcomes/premature mortality
- Food insecurity and health implications
- Diabetes: Disease, costs, Tx., and FFF program
- Clinical outcomes
- Financial outcomes

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Food insecurity and diabetes relationship

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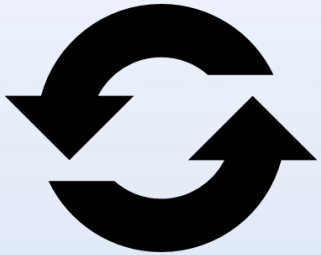
Food insecurity raises your risk for diabetes



Diabetes raises your risk for food insecurity

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Fresh Food Farmacy medical home

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Care team:

- RN health manager
- MTM pharmacist
- Registered dietitian
- Wellness associate
- Community health associate

Provides education and food prescription for patient *and* entire household.

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Pilot patient A1c improvement over 12 months

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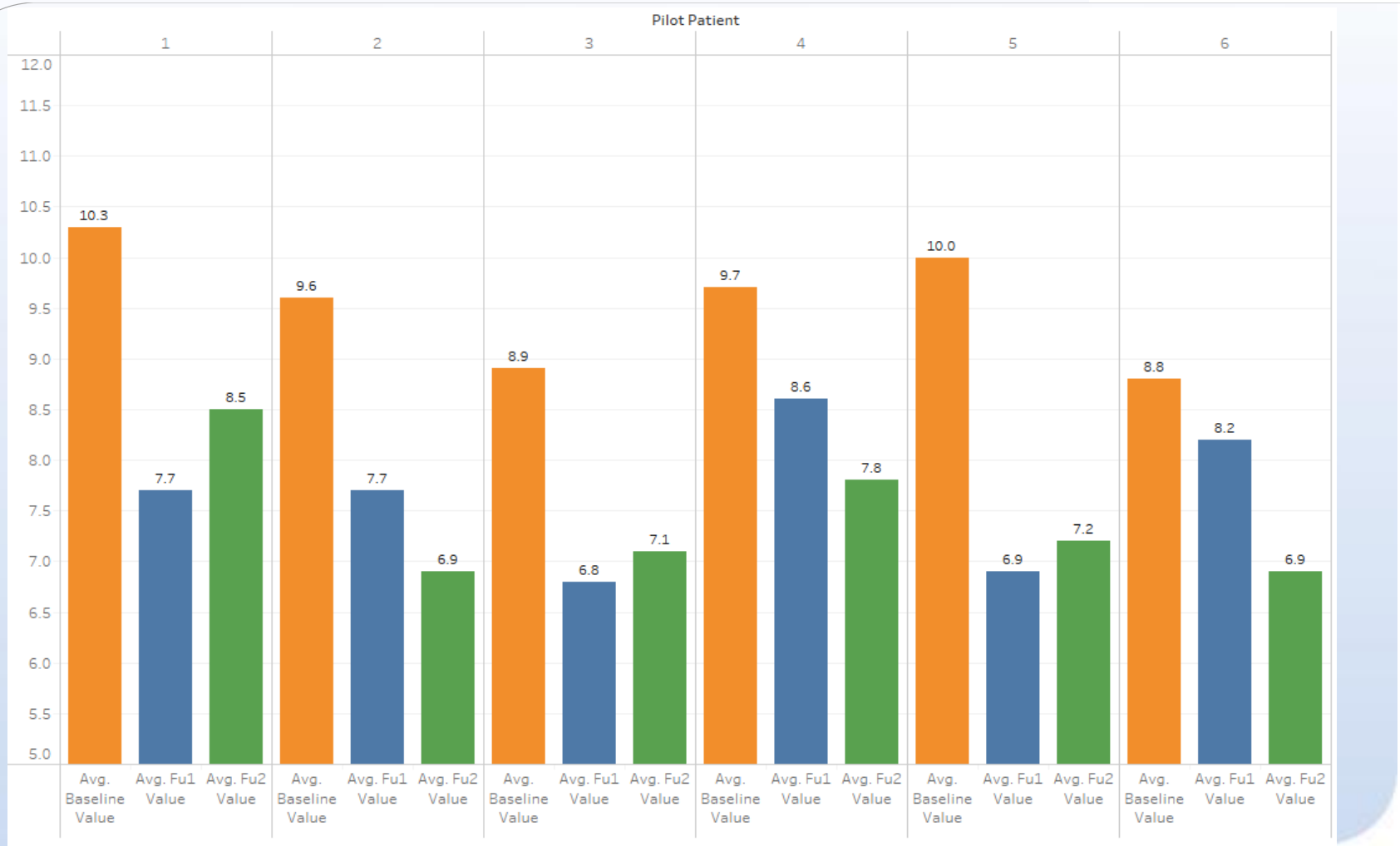

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Average baseline/current reading: A1c

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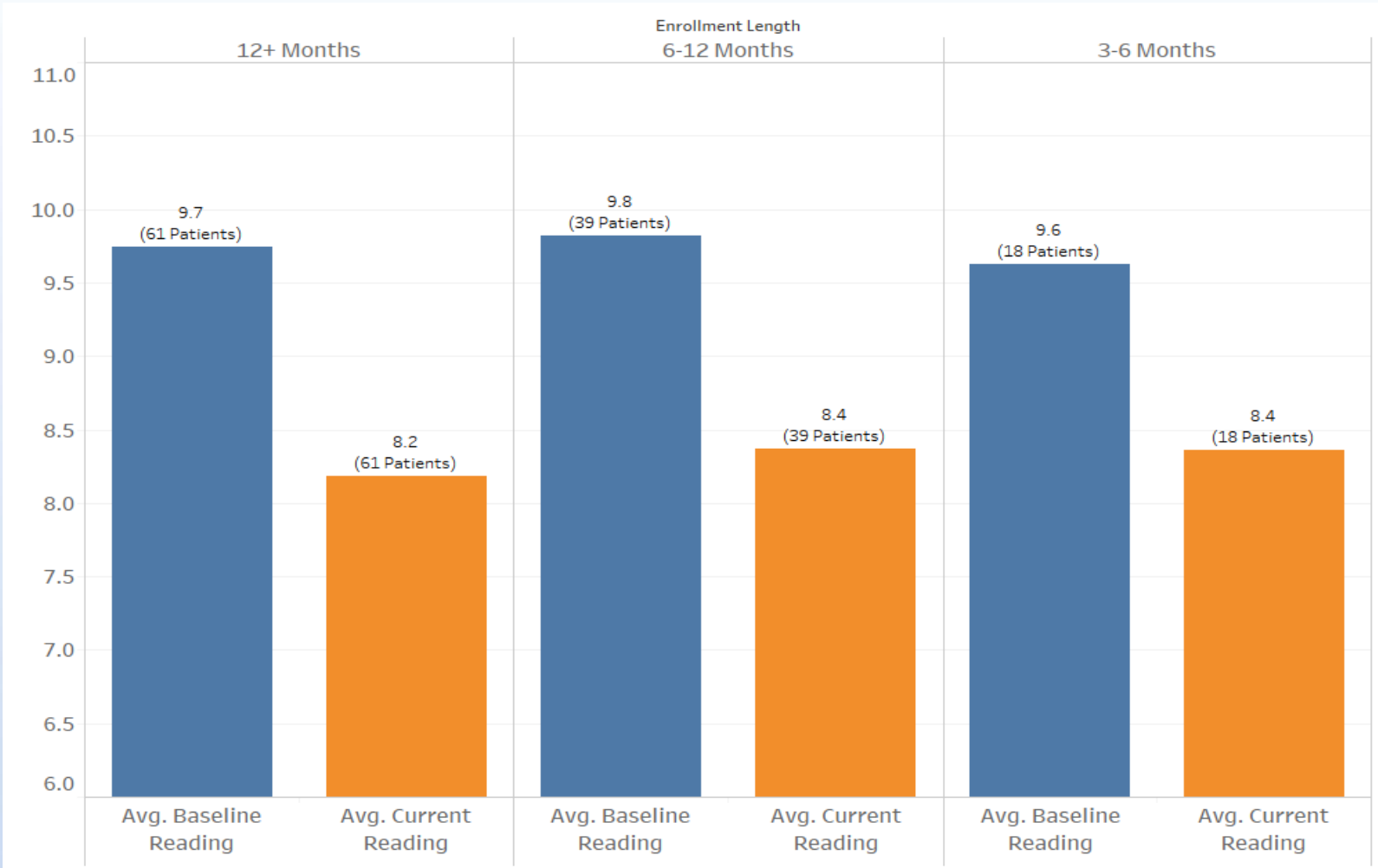

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Average decrease from baseline to current

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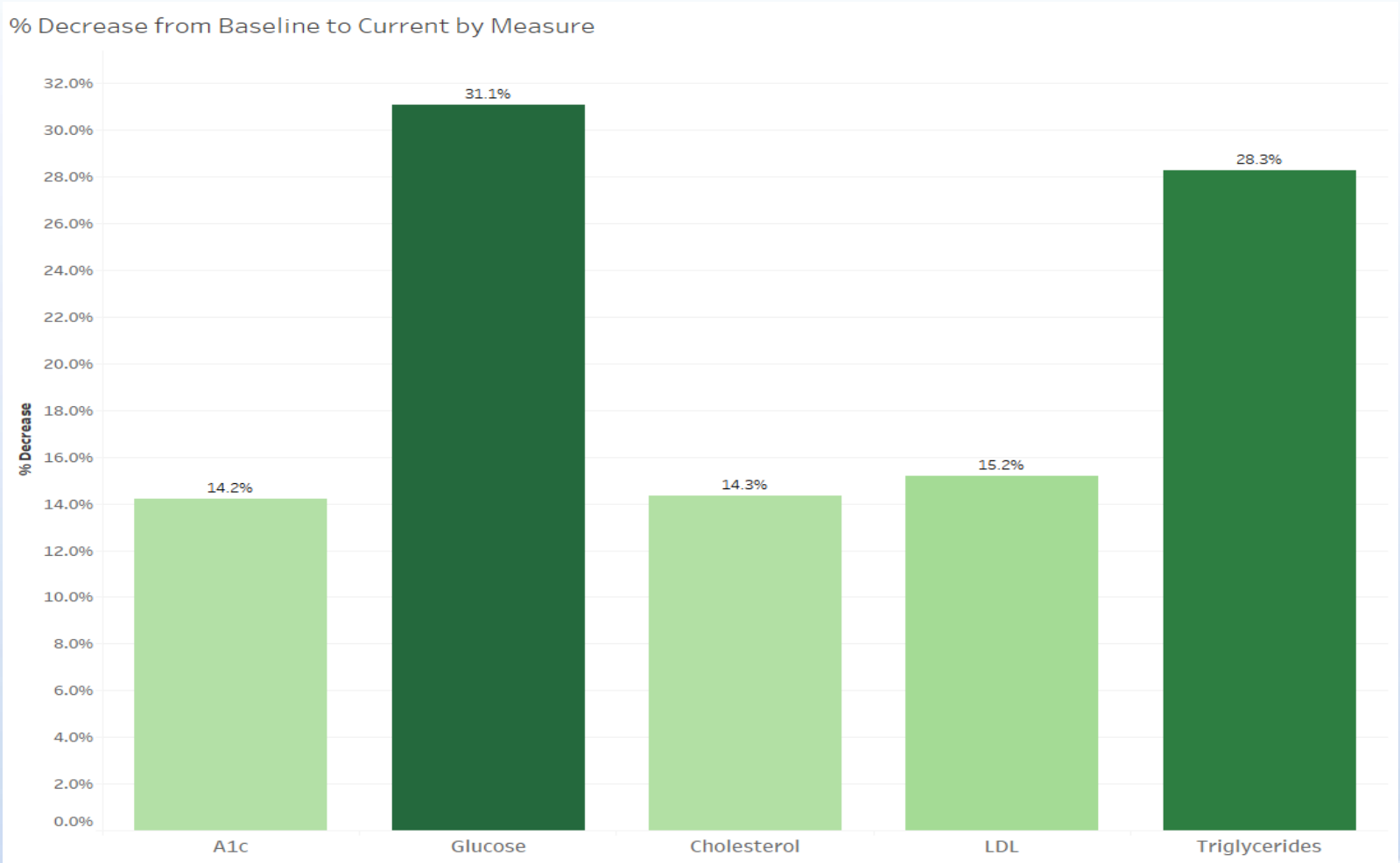

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Care Gap Summary

bundle_name	measure_description_short	Applicable Patients	75th Percentile	4 Star Cutpoint	5 Star Cutpoint	Baseline	Current	Change	
ADULT_PREV	AAA Screen Completed	6				75.00%	60.00%	-15.00	↓
	Alcohol Status	158				97.44%	99.36%	1.92	↑
	BMI	158				99.36%	99.36%	0.00	→
	Colonoscopy in last 10 years	106				58.42%	80.58%	22.17	↑
	Glucose in last 3 years	4				75.00%	100.00%	25.00	↑
	Lipid Screen in last 5 years	136				97.74%	100.00%	2.26	↑
	Lung Cancer Screen in last year	12				25.00%	50.00%	25.00	↑
	Mammogram in last 2 years	84				75.90%	82.93%	7.02	↑
	PAP Smear in last 3 years, 5 if HPV tested	71				50.70%	79.71%	29.01	↑
	PHQ Questionnaire	158				26.14%	35.06%	8.92	↑
	TD/TDap Vaccine in last 10 years	158				71.15%	78.21%	7.05	↑
DIABETES	BP In Goal	104	74.31%			84.69%	87.00%	2.31	↑
	Eye Exam in last year	157	78.44%	72.00%	81.00%	54.97%	72.26%	17.29	↑
	Foot exam in last year	157				49.01%	90.32%	41.32	↑
	HBA1C in Goal	157	73.01%	73.00%	80.00%	5.30%	23.87%	18.57	↑
	Influenza Vaccine	121				57.02%	Null	Null	→
	Patient on Moderate/High Intensity Statin	157				66.67%	75.48%	8.82	↑
	Pneumococcal Vaccine	157				72.85%	80.00%	7.15	↑
	Smoking Status: not a smoker	157				74.83%	74.84%	0.00	↑

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Care gap compliance baseline vs current

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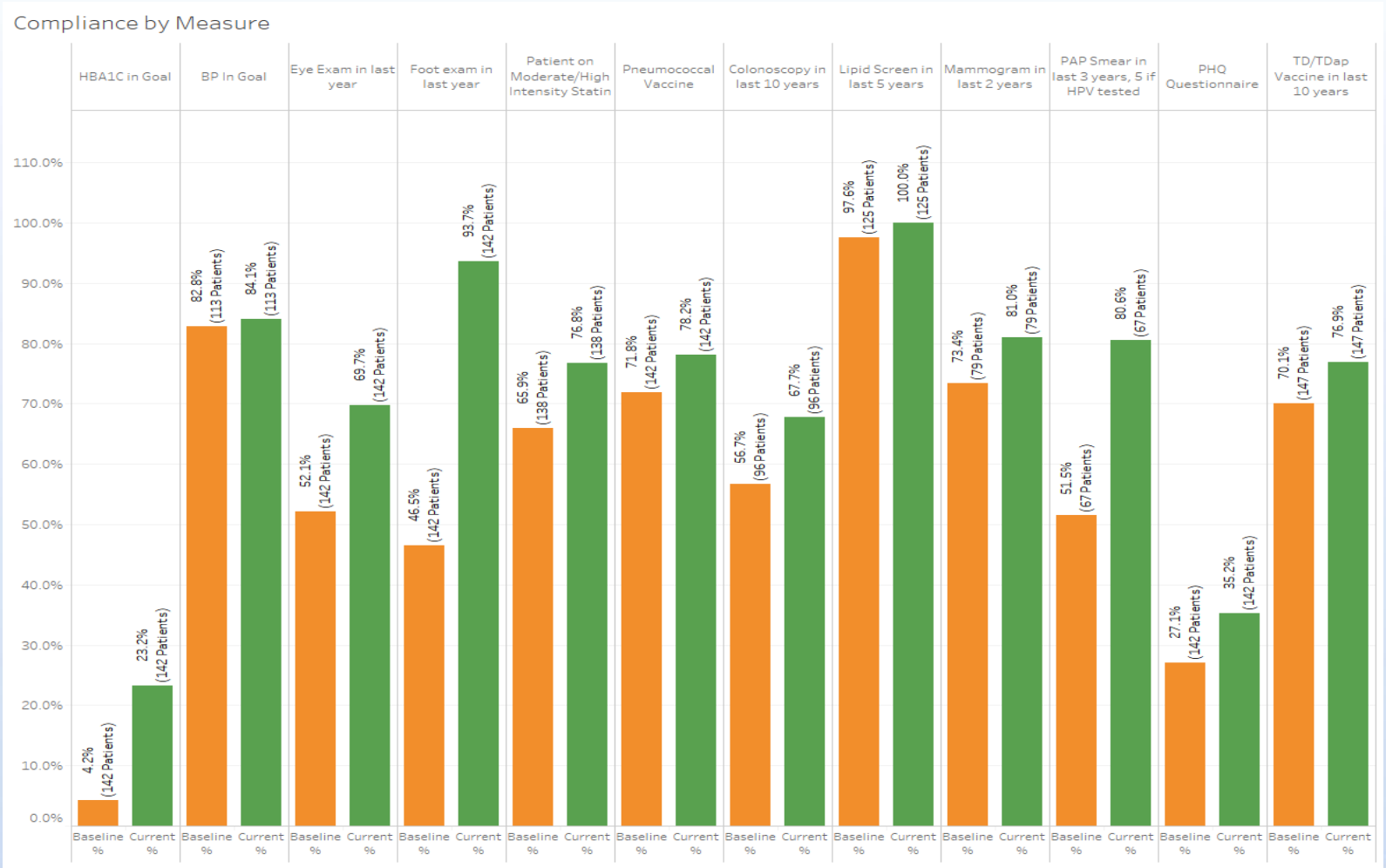

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Utilization Comparison

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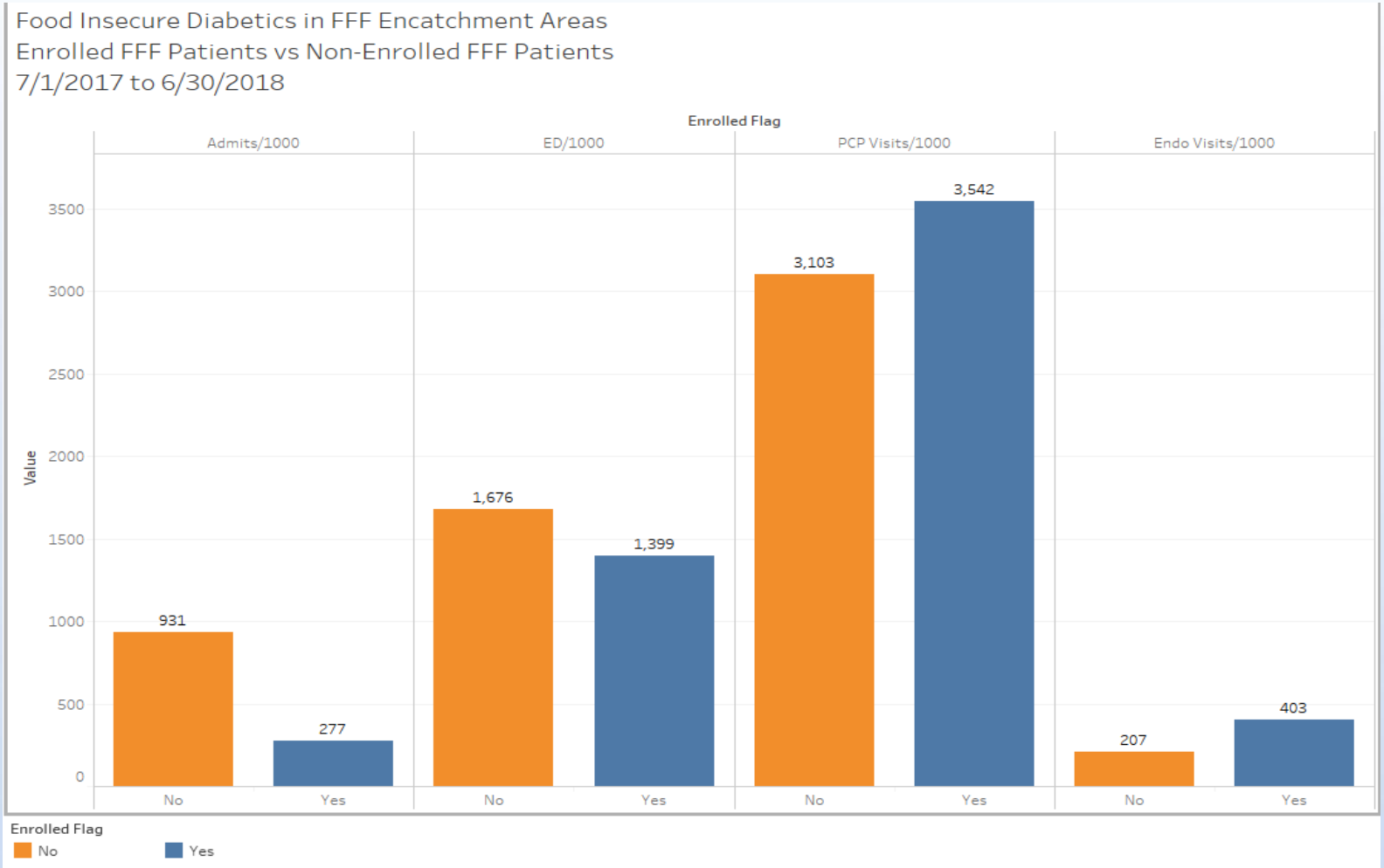

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Summary

- Understand the intersect between SDOH and health outcomes
- Develop customized approaches for your employee population
- Align objectives with program design
- Create a culture of wellness
- Introduce incentives that will drive engagement/outcomes
- Incorporate evidence based programs
- Evaluate and adjust based on data

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Awards and recognition

- National Business Group on Health
  - Best Employers for Healthy Lifestyles
    - Gold 2012, 2013 and 2014
    - Platinum 2015-2018
- DMMA “Outstanding Health Plan” from the nation’s premier disease mgmt trade group
- National Health Equity Award, 2018

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