



California Association of Health Plans

NTT DATA
Services



Social Determinants of Health Considerations for Health Plans

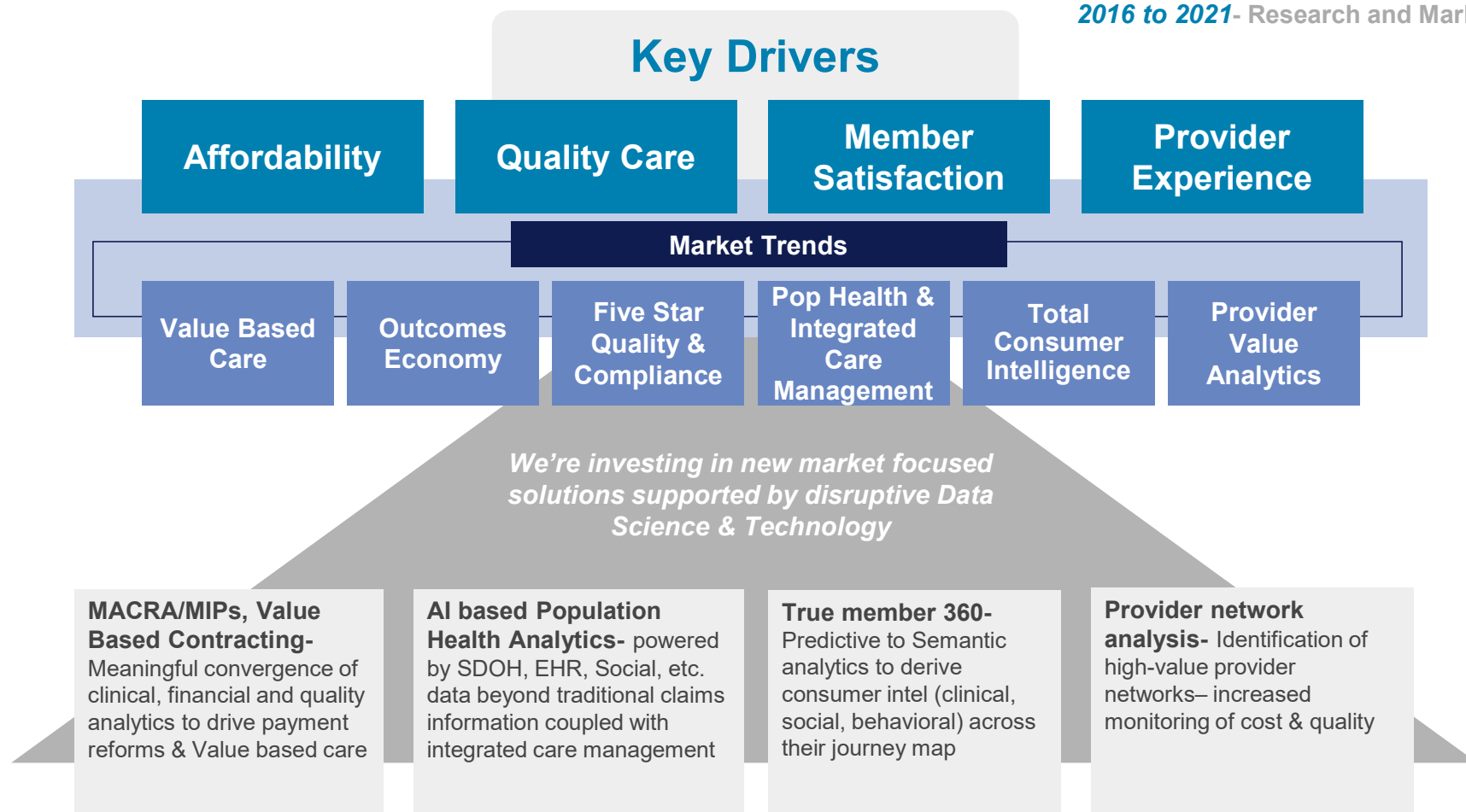
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Trends in Health Plans

Key Drivers and Market Trends

The healthcare analytics market is expected to reach USD 24.55 Billion by 2021 from USD 7.39 Billion in 2016, at a CAGR of 27.1% from 2016 to 2021- Research and Markets, 2017



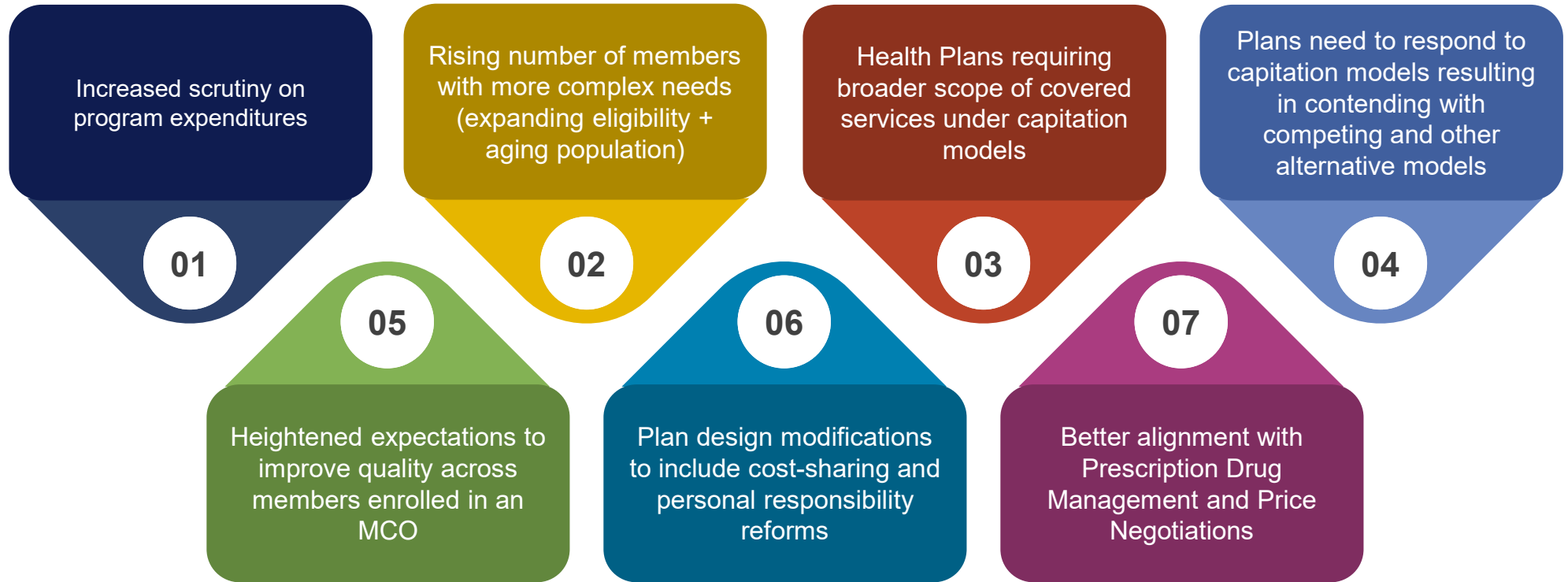
MACRA/MIPs, Value Based Contracting-
 Meaningful convergence of clinical, financial and quality analytics to drive payment reforms & Value based care

AI based Population Health Analytics- powered by SDOH, EHR, Social, etc. data beyond traditional claims information coupled with integrated care management

True member 360- Predictive to Semantic analytics to derive consumer intel (clinical, social, behavioral) across their journey map

Provider network analysis- Identification of high-value provider networks– increased monitoring of cost & quality

Our Understanding of Health Plan Needs Today



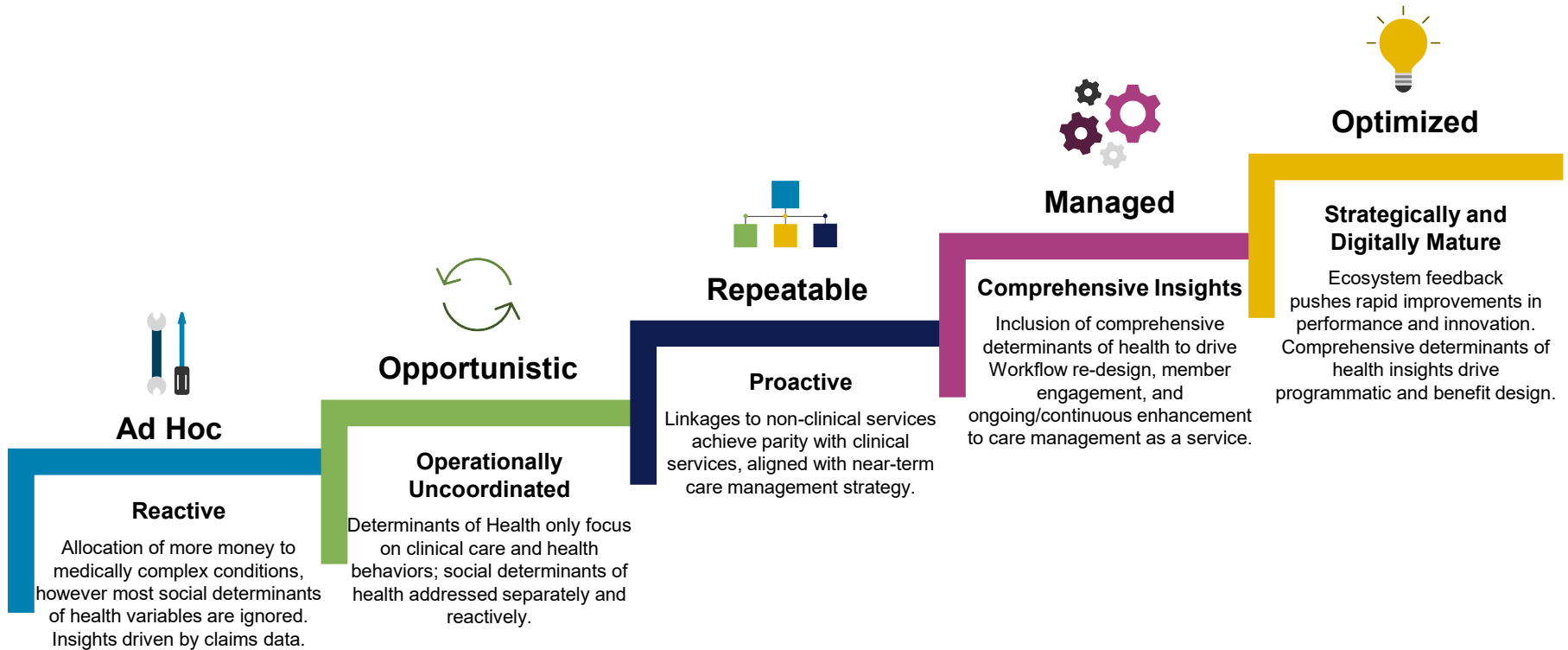
Policy Impact on Care Delivery Transformation

- Growing Pendulum swing on Medicaid Program structure due to interests in alternate financial models to support the program, i.e. use of Block Grants
- Growing interests in Personal Responsibility Reform within Medicaid Program
- Growing number of Medicaid beneficiaries entering into MCO arrangements
- Increasing number of plans entering into risk-based contracts, a shift from the historical trend of PCCM arrangements
- Prescription Drug Reform – proposals from administration and CMS to mandate drug price transparency and rising number of coverage-only generic drug formularies vs. brand name drugs
- Increase in use of 1115 and other waivers to support innovations and expansion of Medicaid coverage for other services, i.e. eligibility expansions and LTSS

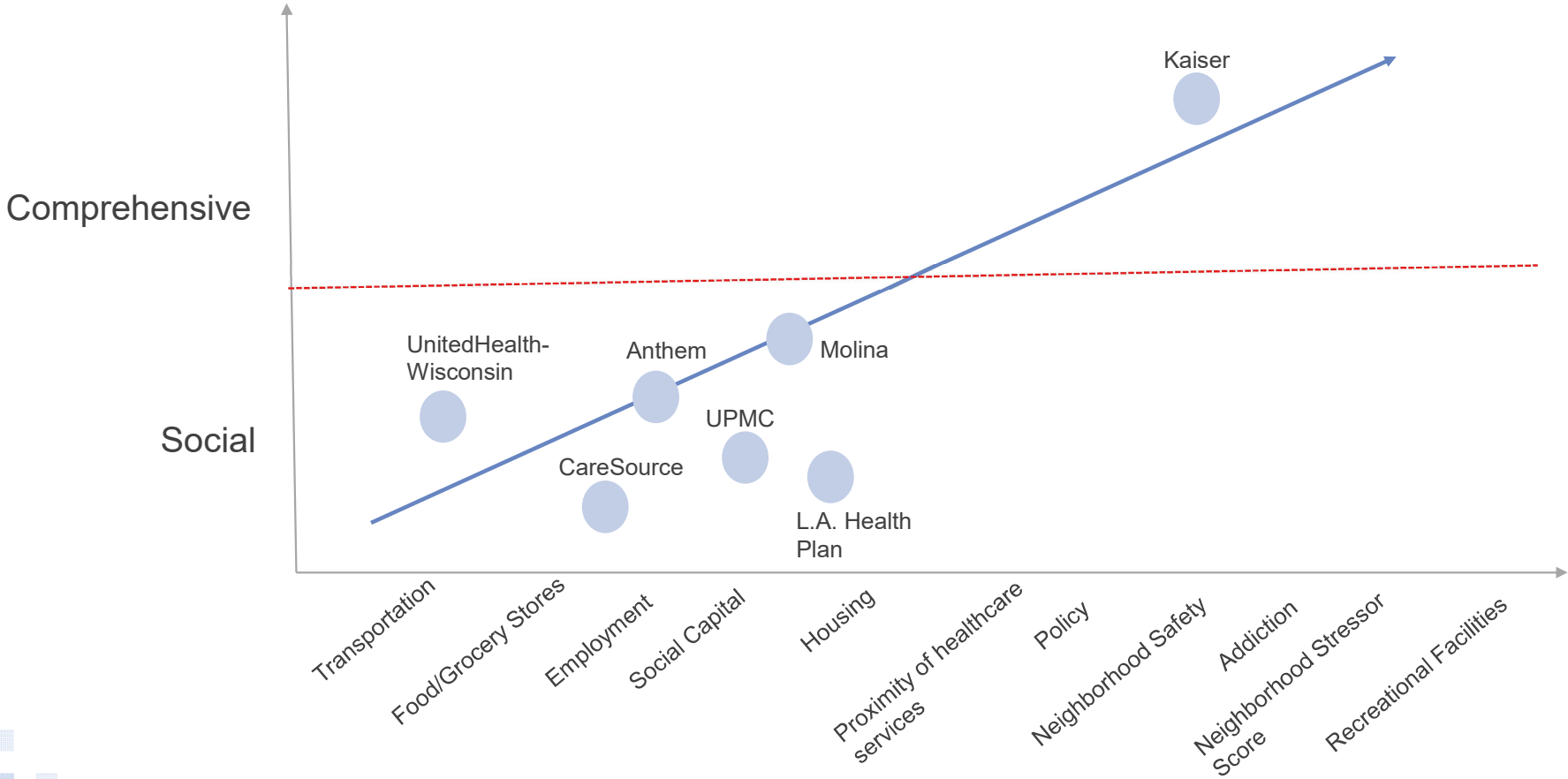
- Modernization of IT Infrastructure
 - Management of IT modernization as CMS now requires States to implement modular, interoperable, Medicaid Enterprise Systems
 - Intended to enable data sharing and interoperability of Medicaid enterprise information
 - Expansion of business process models now requiring interoperability of multiple eligibility systems, automation, and cutting-edge technology to keep up with increasing demands of risk-based financial and delivery models.
 - Seamless, integrated, ecosystem to support membership populations across distinct workflows
 - MITA includes 3 frameworks: Technology Architecture, Business Architecture, and Information Architecture
 - Care Management is a business process area included in the Business architecture, including prior authorization and other UM processes

Application of SDOH in Health Plans

Moving up the Strategic Social Determinants of Health Maturity Continuum



Determinants of Health: Graphical Depiction



Why Maturity of Determinants of Health Matters

Low Maturity



- Intense focus on just clinical factors
- Lack of automation across core case mgmt. functionalities (i.e. referral management, discharge planning, social services linkages)
- Inefficient clinical and non-clinical workflows



High Maturity



- Mutual focus on clinical and non-clinical factors
- Consideration of comprehensive determinants of health to support benefit services and program design
- Enabled automation
- Efficient workflows

Low maturity results in

- Unmet member health needs
- Higher 30-, 60-, and 90-day readmission rates
- Delayed or nonexistent improvements in member's clinical outcomes

High maturity results in

- Proactive identification of member health care needs
- Lower medical loss ratios
- Higher member satisfaction rates
- Proactive identification of gaps in care
- Targeted and intentional interventions to address clinical and psychosocial needs
- Improved clinical outcomes

Delivering the Value of SDOH to Health Plans

Thank you!

Any Questions? Please contact:

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