Applied Research Works, Inc.
COZEVA®

Leveraging Health Tech to Improve Health Equity:

Best Practices and Operational Considerations

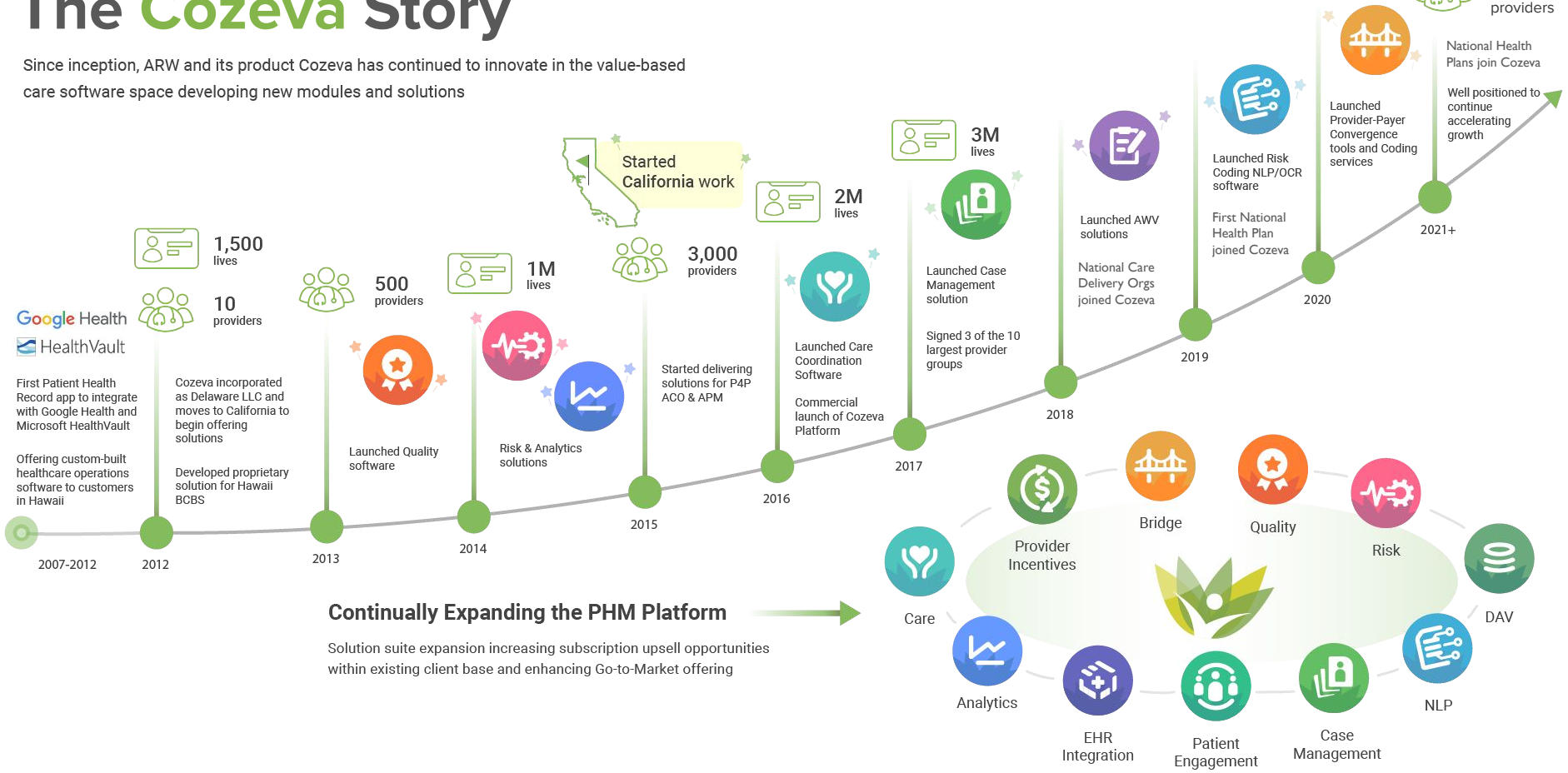
Presenter:

Khanh Nguyen, PharmD
Chief Executive Officer

Wednesday, July 19, 2023 | CAHP

The Cozeva Story

Since inception, ARW and its product Cozeva has continued to innovate in the value-based care software space developing new modules and solutions



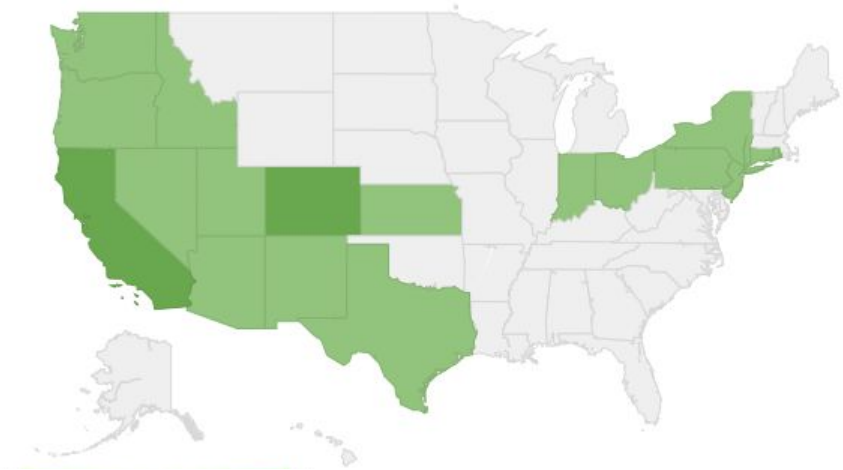
Serving Clients Across 18 States

The Operating System for Value-based Care

62 Clients (Health Plans/MSOs/CDOs)

46K+ Providers

16M+ Lives



Cozeva Clients Achieve High Performance

Performance Highlights for Provider Organizations (POs) Clients

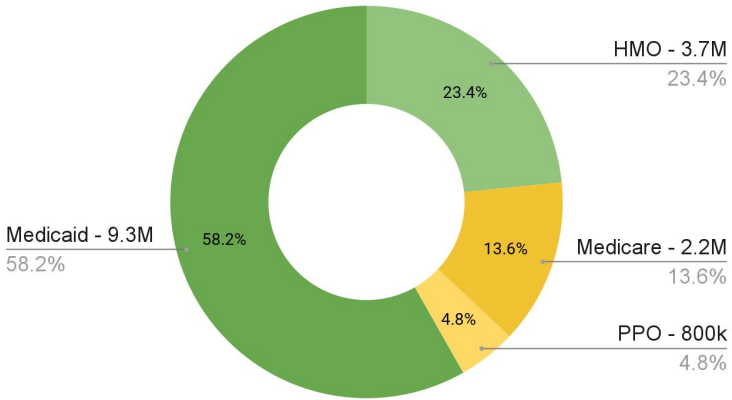
52%+ achieved 2022 Integrated Healthcare Association Excellence in Healthcare Award

100% passed NCQA supplemental data audit for Quality Program submissions

4 Stars average performance for all Medicare Advantage
80% of POs on RISK module achieved ≥ **4 Stars**
65% of POs on RISK module achieved ≥ **4.5 Stars**

80% achieve America's Physician Group Standards of Excellence **Elite Status**

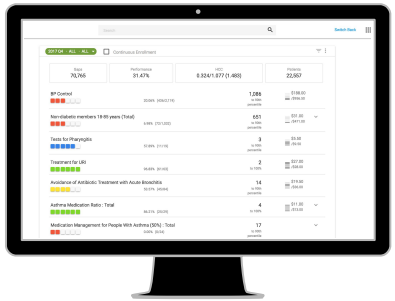
Serving Different Populations



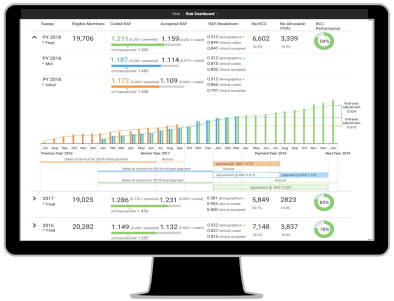
Enhance Performance With Cozeva

A one-stop shop solution designed with the healthcare administrator & clinician experiences in mind to deliver high quality care

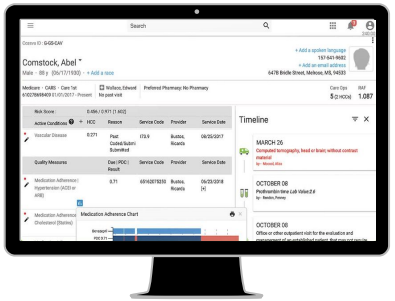
Clinical Quality
Comprehensive and actionable analytics



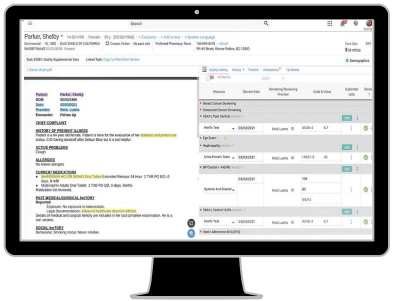
Risk Adjustment
Improve patient care and financial earnings.



Point-of-Care Actions
Longitudinal patient record & gap-in-care alerts



Automate Chart Review
Real-time natural language processing



Unleash the power of SDoH data

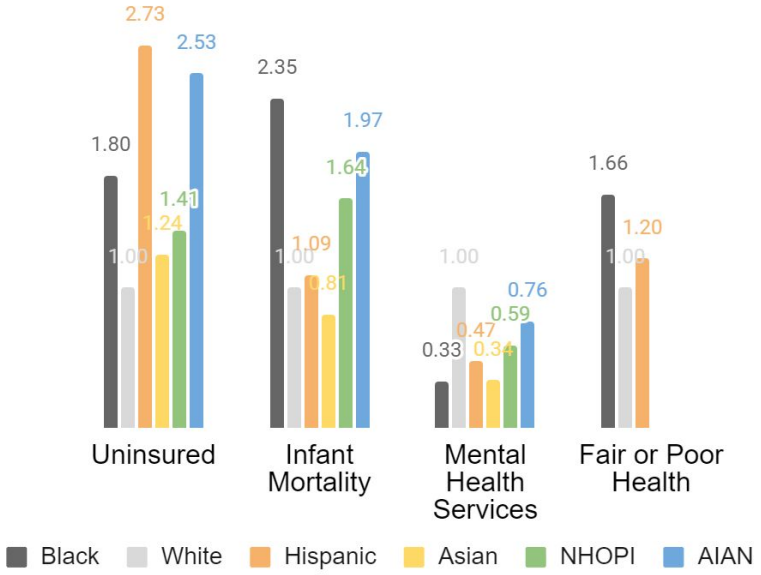
Social Vulnerability Index Overlays
Leverage Social Vulnerability Index data regionally for targeted patient outreach & campaigns

Stratify using SDoH Data
Metrics Engine that can stratify using SDoH data like REL SOGI SVI

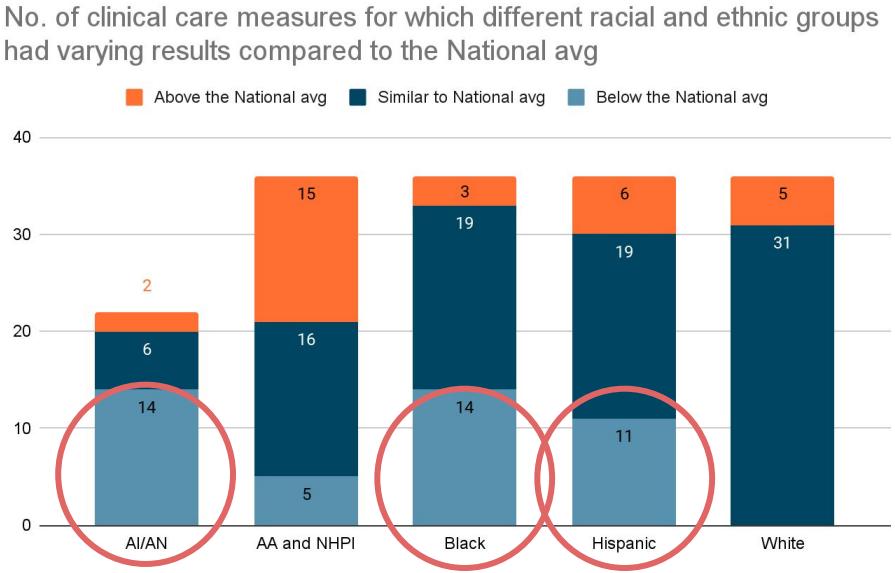
Health Disparities in the US and the Call to Action

Health Disparities Trends from CMS & CDC

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." -CDC



Source: **CDC**



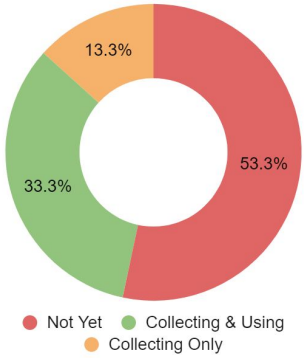
Source: **CMS**

Readiness to Tackle Disparities

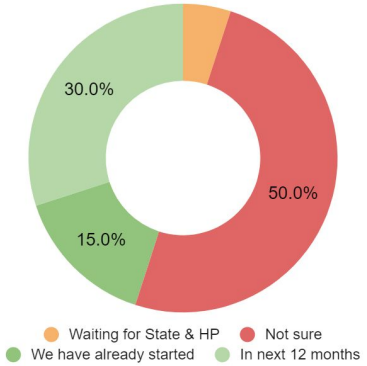
Q4 2022 Cozeva Ecosystem Survey Results:

- **85%** reported **NOT ready** to address health disparities
  - 55% reported not sure when they would be ready
  - 53% reported not collecting any SDoH data
- Utilize SDoH data to implement specific interventions, address care gaps, and drive CM & CBO referrals

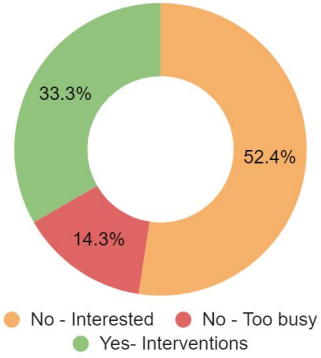
Has your organization started collecting SDoH data?



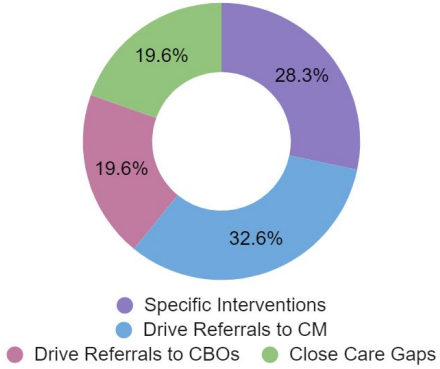
When will you begin identifying & addressing health disparities?



Does your organization stratify rates by REL + SOGI?



How would you utilize SDoH elements in COZEVA?



SDoH and Equity is Evolving

New Measures

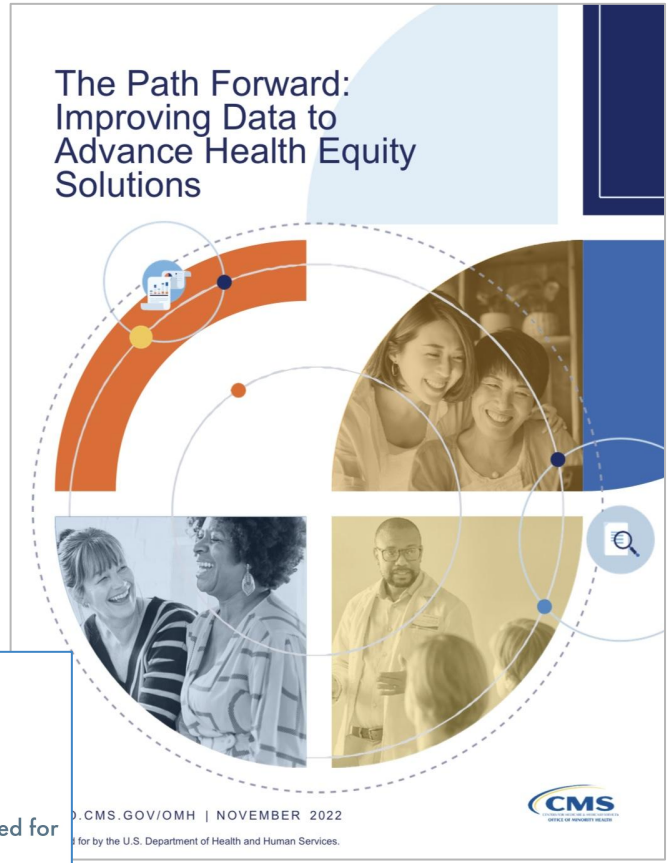
- MY2023 - Social Needs Screening and Intervention (SNS-E)

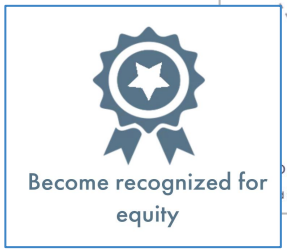
Evolving Expectations

- Health Policy Goals
- Members & their Changing Needs
- General Public / Emerging Expectations
- Return Expectations from a Value Perspective

Designations

- NCQA Health Equity Accreditation
- NCQA Health Equity Plus Accreditation





To move the needle... we have to start with DATA.

CMS explores sources of data gaps within the Medicare program *(November 2022)*

Table 2. Current State of Sociodemographic Data Across CMS Programs

Sociodemographic Data Type	Current State of Collection*			
	Fee-for-Service Medicare**	Medicare Advantage***	Medicaid and CHIP†	Marketplace®‡
Sex	●	●	●	●
Geography	◊	◊	○	◊
Language	○	○	○	○
Disability Status	○	○	○	○
Income	◊	◊	◊	◊
Race/Ethnicity	○	○	○	●
Sexual Orientation and Gender Identity	-	-	-	-

Key: ● Collected aligned to 2011 HHS standards ○ Collected with standards and/or completeness issue(s)
◊ Collected with no major issues, no adopted standard - Not collected

* The data elements included in this table are the same as those prioritized in Executive Order 13985 and the CMS Framework for Health Equity, and do not encompass all data elements that could be collected or improved.[1,3] This table does not reflect quality and completeness issues in all cases.

** Data received from SSA and collected via surveys detailed in the sections below.

*** Data collected from Medicare Part C/D enrollment form and various surveys detailed in the sections below, supplemented as needed with SSA data from Fee-for-Service Medicare.

† Data reported from states in the Transformed Medicaid Statistical Information System (T-MSIS).

‡ Data collected from the Marketplace programs using Healthcare.gov platform. Because CMS does not closely regulate data collection on State-Based Exchanges, this table shows data collected on the Federally-Facilitated Exchanges only.

The next section describes specific sociodemographic elements summarized in the table above and concerns about certain categories of socioeconomic data, highlighting the issues CMS will aim to address in the future.

Source: **CMS**

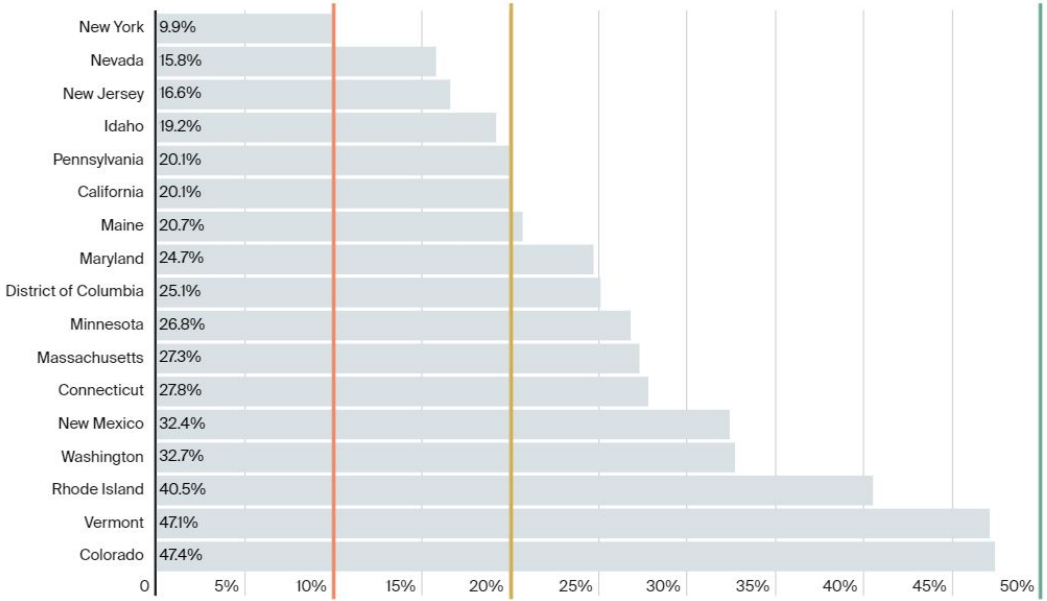
Marketplaces Failing to Capture Essential REL Data

Improving data collection will help marketplaces target efforts to improve health equity

Percent of Enrollees with Missing Race or Ethnicity Data

- In State-Based Marketplaces
- During 2022 Open-Enrollment Period
- High Level of Concern for Impeding Analysis

Source: **The Commonwealth Fund**



– Missing data for 10% or fewer of enrollees are low concern for impeding analysis.
– Missing data for 10% to 20% of enrollees are medium concern for impeding analysis.
– Missing data for 20% to 50% of enrollees are high concern for impeding analysis. (Missing data for more than 50% of enrollees is unusable data).

Measurement in Health Equity

Take inventory of what you currently have

Sources of Data:

- **New** Data
- **Existing / Internal** to your Organization
- **Existing / External** to your Organization

Enrollment / Eligibility
Claims / Encounters
EHR / Medical Records
Supplemental Data

New Data Inputs:

- **Mining**: you have it but you don't know you have it
- **Enrollment**: asking better questions, store & share
- **Clinical Operations**: EHR, case management, utilization management, pop-health, in-home assessments, member engagement
- **Government Sources / US Census Bureau**:
  - Census Data
  - Surveys Incremental to Census Activities
  - "Other Sources"

Where the Equity Baseline Comes From

Proposed Changes to Existing Measures for HEDIS®[1] Measurement Year (MY) 2023:
Expansion of Race and Ethnicity Stratification In Select HEDIS Measures

Direct Data - Data collected directly from members method reflects members' self identification & is the preferred data source

Examples:
Surveys, Health risk assessments, Disease management registries, Case management systems, EHRs, CMS/state databases which would include Enrollment information **furnished by enrolling entities**

Indirect Data - Plans may choose to report race & ethnicity data supplemented by indirect methods

Detailed Comments:
Values include alternative data sources such as nationally representative data obtained from databases (eg, American Community survey) where **race or ethnicity value is inferred** based on their primary location of residence, or the combination of geographic data with methods such as surname analysis.

Imputing Race/Ethnicity

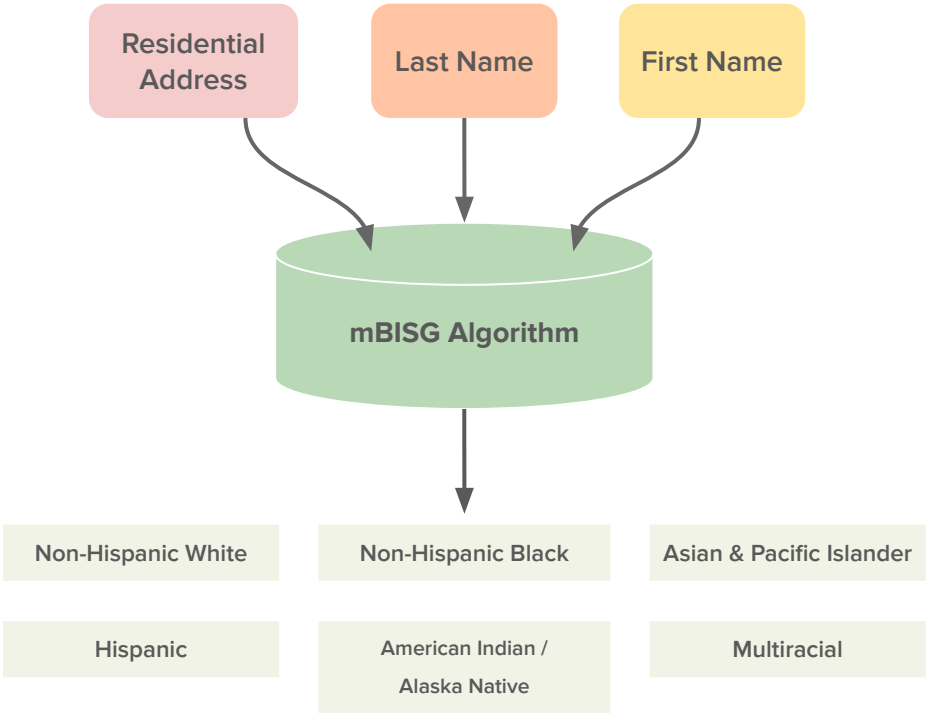
Modified Bayesian Improved Surname Geocoding (mBISG)

mBISG method is the **most well-validated** & widely used racial & ethnic **data estimation method**

Endorsed by the National Academy of Medicine & other entities such as CMS

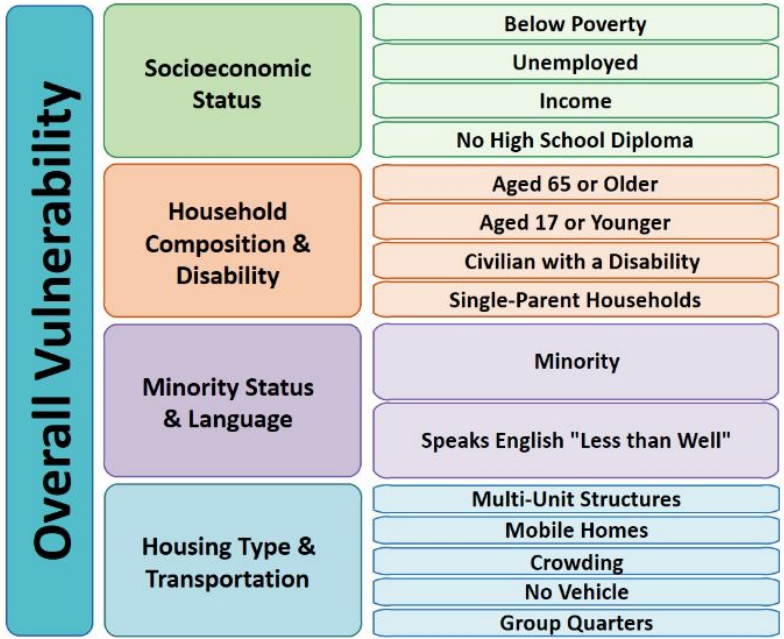
- **>0.9 C-statistic** (Concordance Statistic)

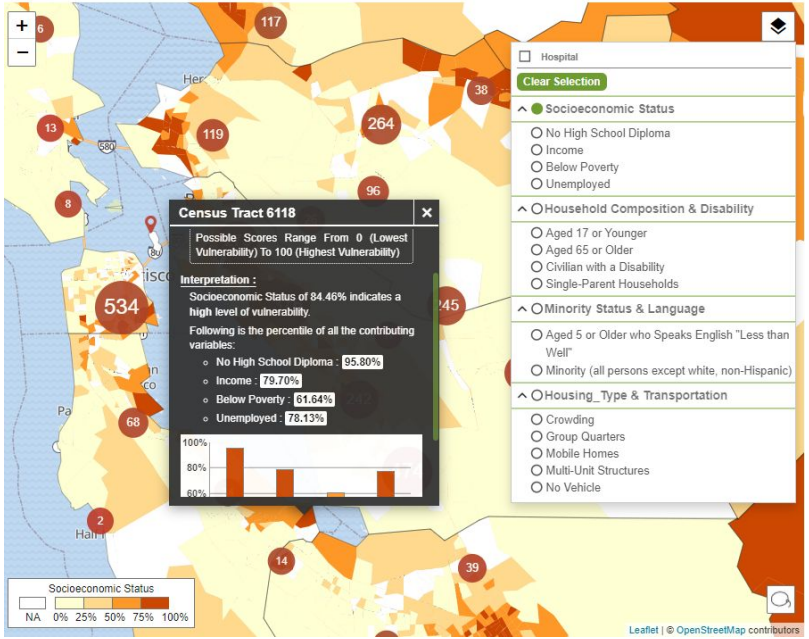
$$p(r|s,f,g) = \frac{p(r|s)p(f|r)p(g|r)}{\sum_{r=1}^{6} p(r|s) \cdot \ p(f|r) \cdot \ p(g|r)}$$



Leverage National Social Risks & Indexes

Navigate community risks by overlaying your members on CDC SVI GeoMaps





Actionable Predictions

From Anticipated Level of Engagement to Anticipated Level of Support

Engagement

Past Patterns +
14 SDoH Domains

Anticipated Level of engagement

Patient Engagement Score

- High
- Medium
- Low

Support

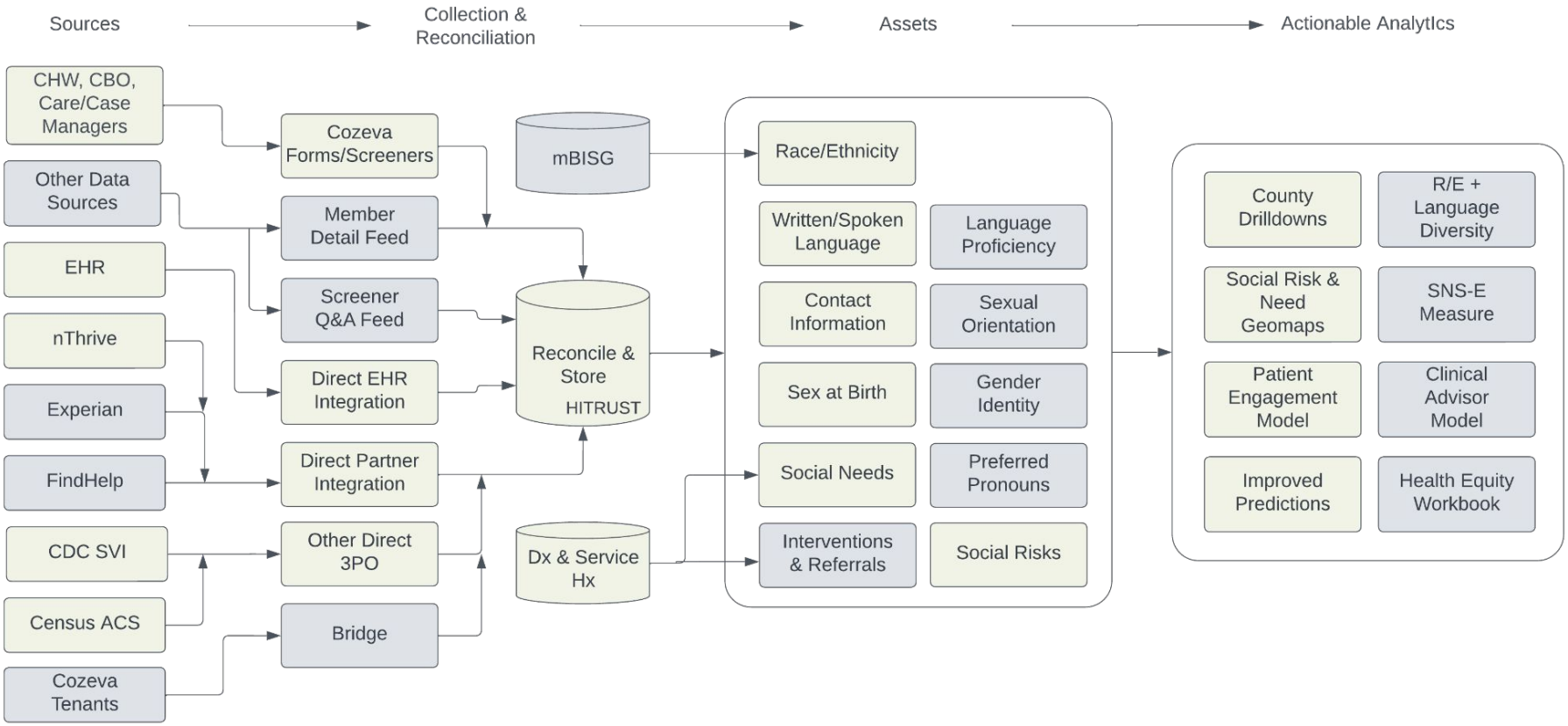
Anticipated Level of support

Clinical Risk

Care Support Need

- High
- Medium
- Low

Cozeva Health Equity Data Stream



Race Ethnicity Data Completeness & Disparity Trends for 2022 & YTD 2023

Race Ethnicity Data Completeness

*Rand mBISG Model and Data Captured in Cozeva for **2022***

Preliminary Observations:

REL data **missing for ~60% of population** & varies greatly between provider orgs, health plans, & LOBs

Imputation model is a requirement to supplement REL data gap & understand your population

Imputation accuracy highest for White > Asian > Black/African American > American Indian/Alaskan Native

REL Data Source	Number of Members	% of Total Members
Direct Data	6,507,458	41.2%
Imputed Data	9,302,102	**58.8%**
Total	**15,809,560**	**~ 100.0%**

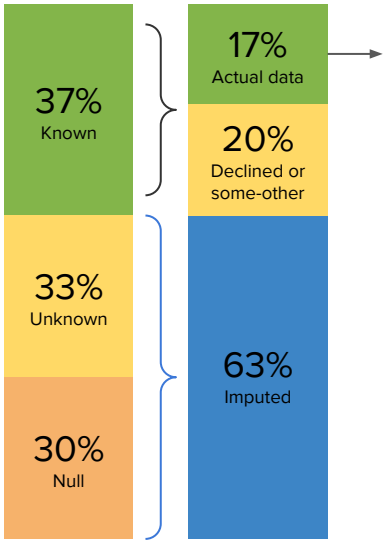
Accelerate Race Ethnicity Stratification (RES)

Race Ethnicity Completeness

*Cozeva data for **2023 YTD** shows imputation accuracy increases when volume of "actual" RE data increases*

2023 YTD Race Data

6.9M+ members across POs and HPs



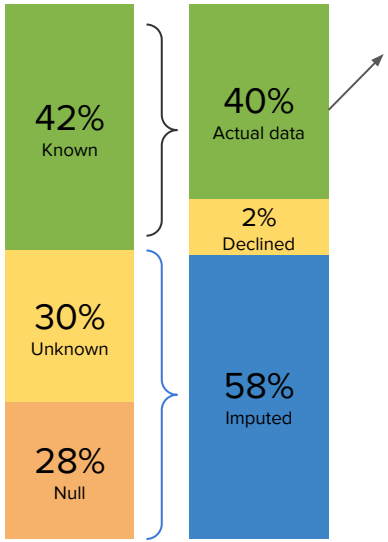
Imputation tested on 17% actual data

63% accuracy

Imputation accuracy for **white population is highest (74%)**

2023 YTD Ethnicity Data

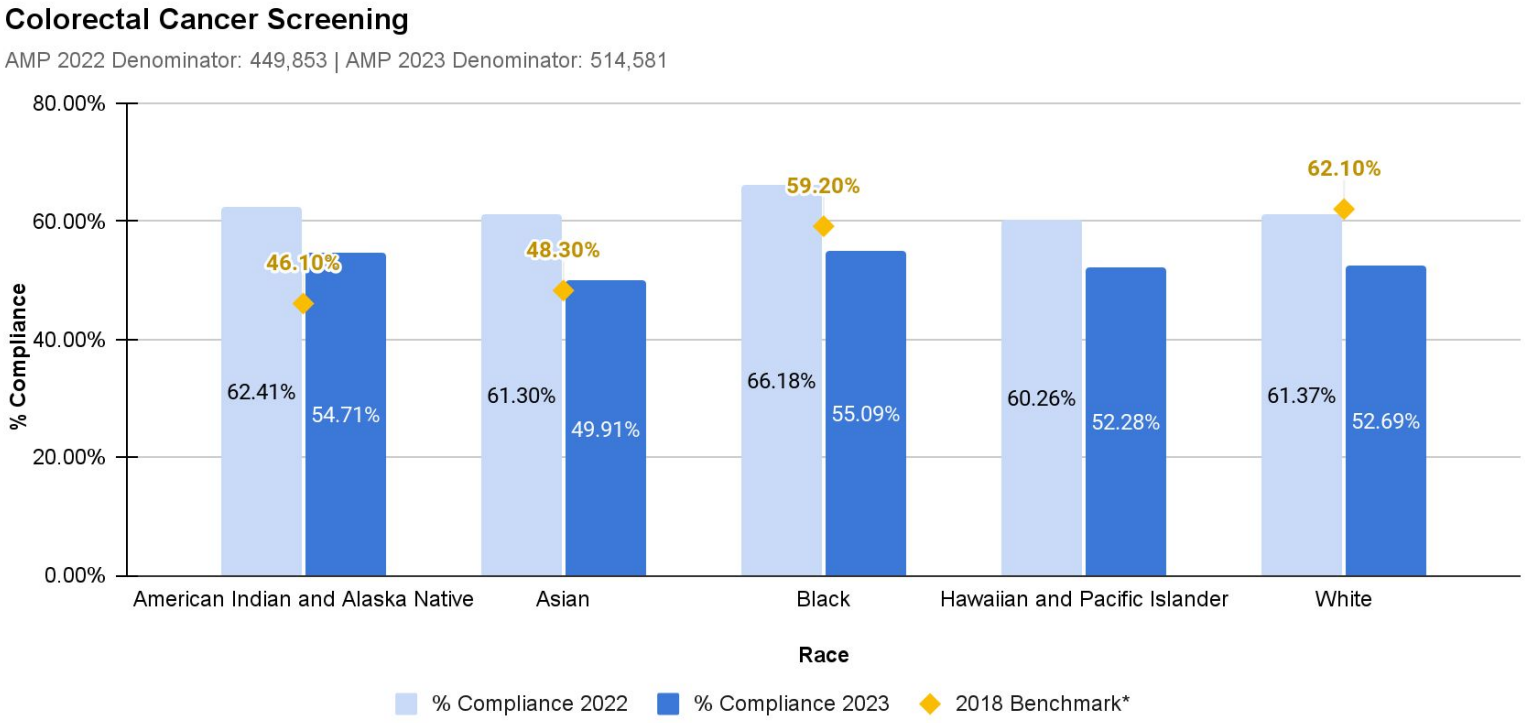
8.4M+ members across POs and HPs



Imputation tested on 40% actual data

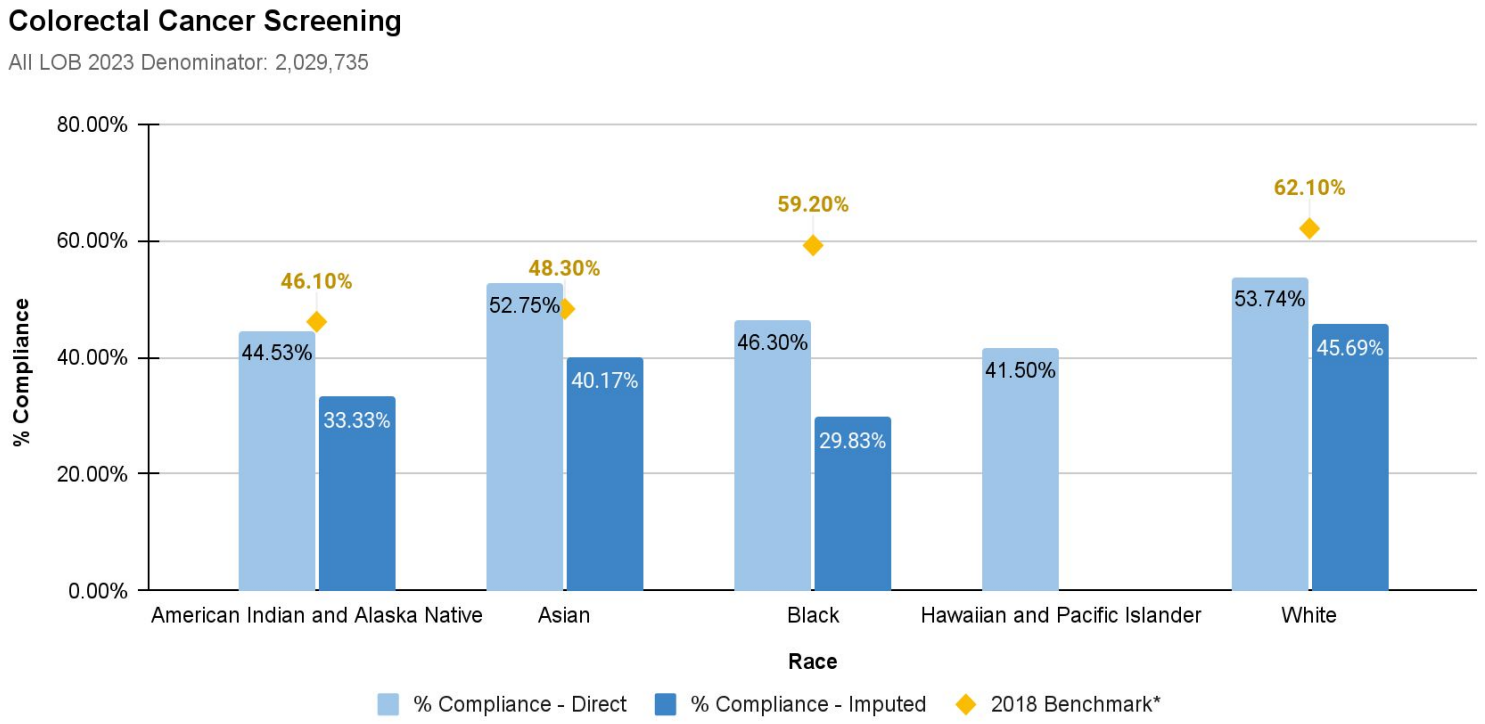
80% accuracy

Colorectal Cancer Screening: Race Stratification



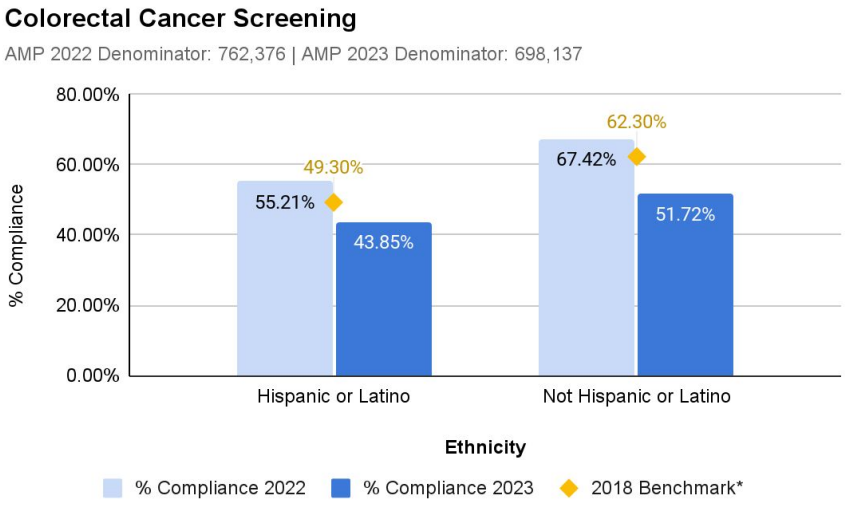
*National Center for Health Statistics. Health, United States, [2019]: Figure [35]. Hyattsville, MD. [2019]. Available from: https://www.cdc.gov/nchs/hus/data-finder.htm.

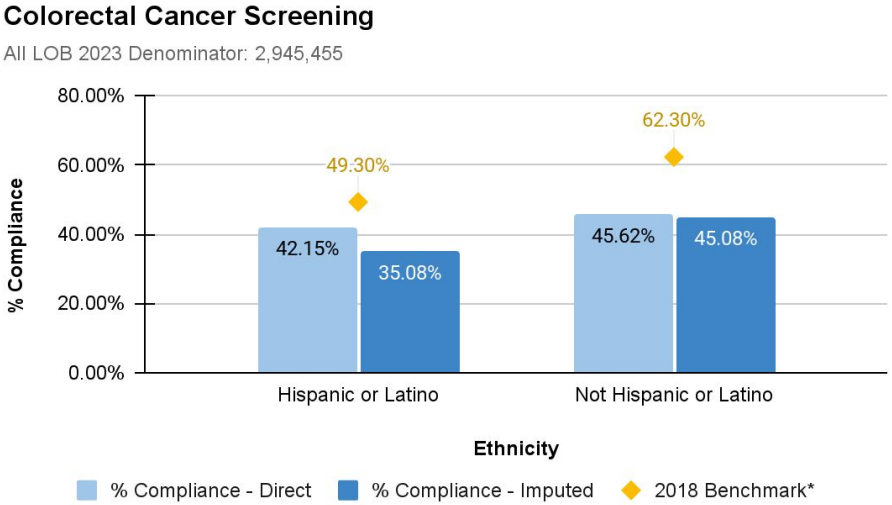
Colorectal Cancer Screening: Direct vs Imputed Race



*National Center for Health Statistics. Health, United States, [2019]: Figure [035]. Hyattsville, MD. [2019]. Available from: https://www.cdc.gov/nchs/hus/data-finder.htm.

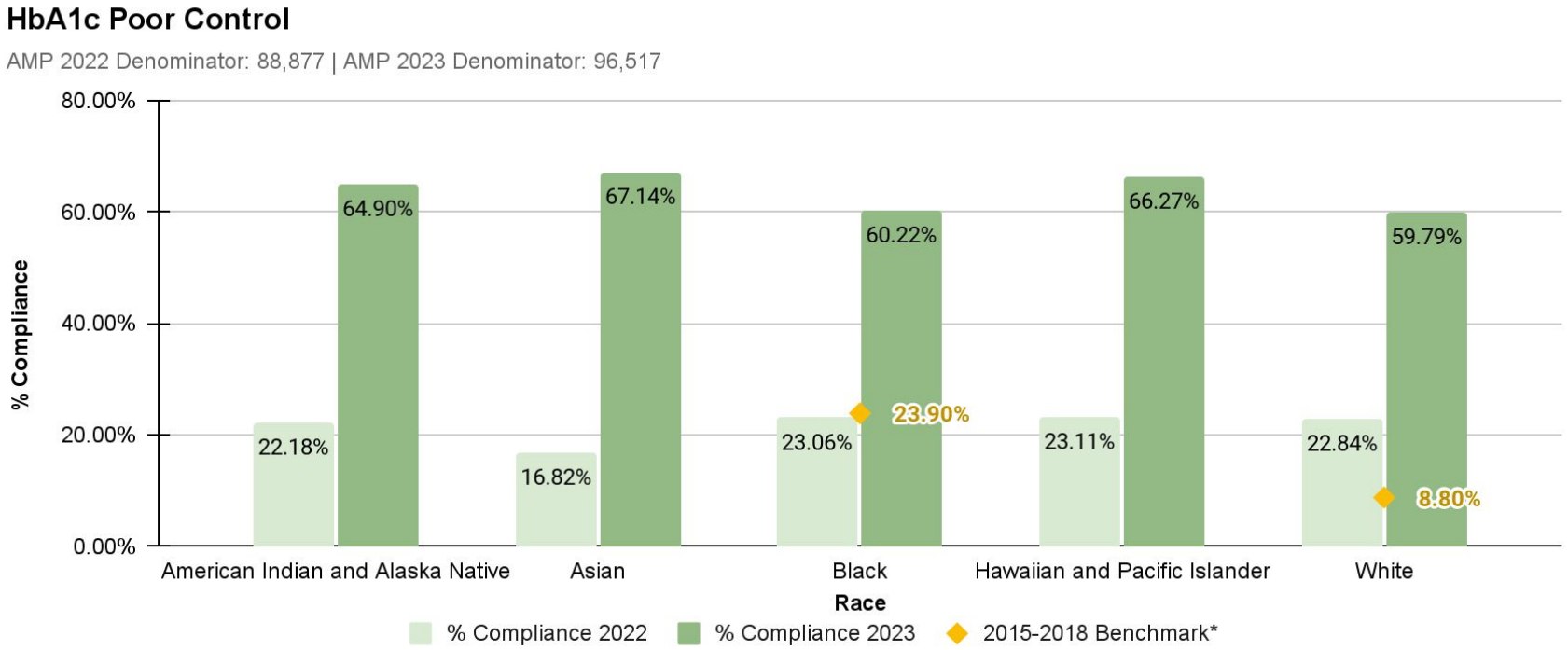
Colorectal Cancer Screening: Ethnicity Stratification





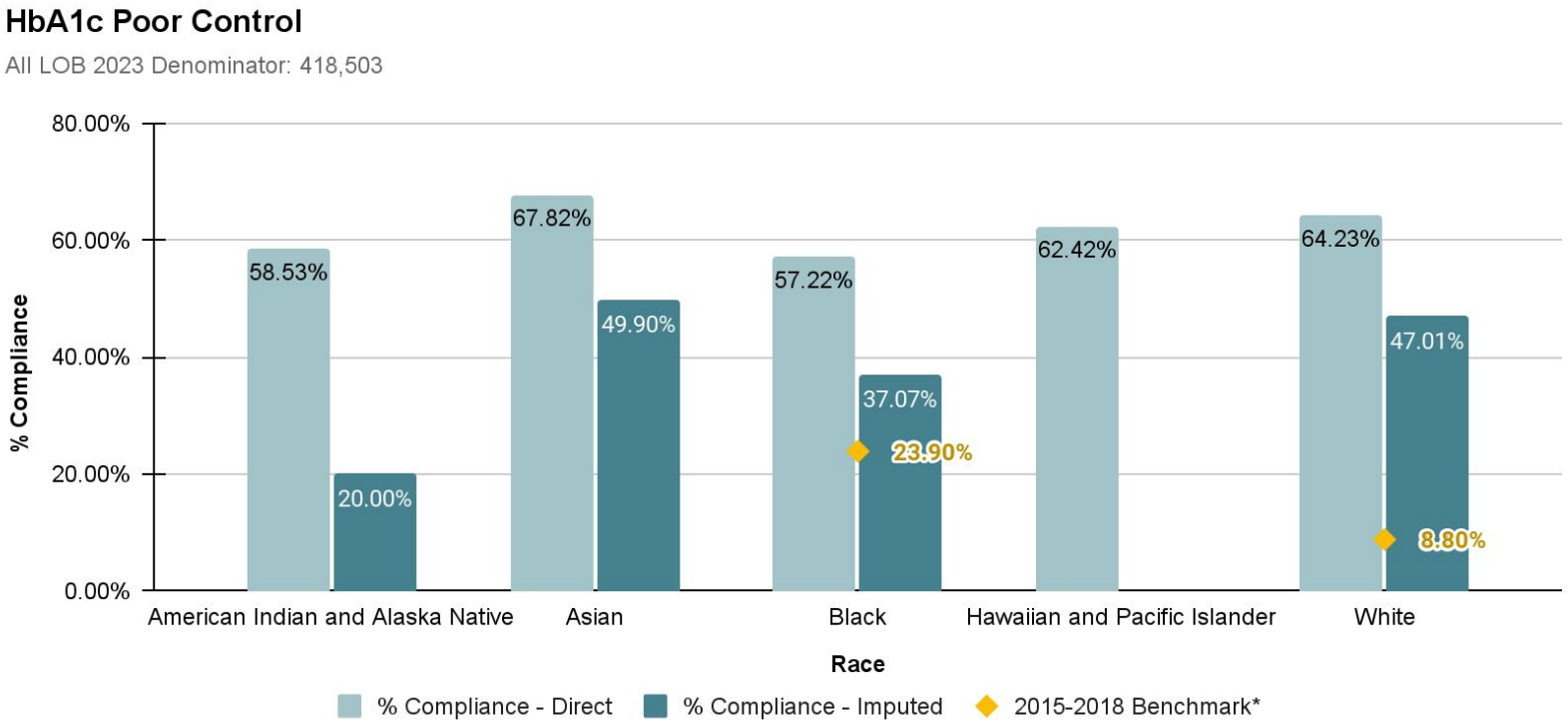
*National Center for Health Statistics. Health, United States, [2019]: Figure [35]. Hyattsville, MD. [2019]. Available from: https://www.cdc.gov/nchs/hus/data-finder.htm.

Diabetic HbA1c Poor Control: Race Stratification



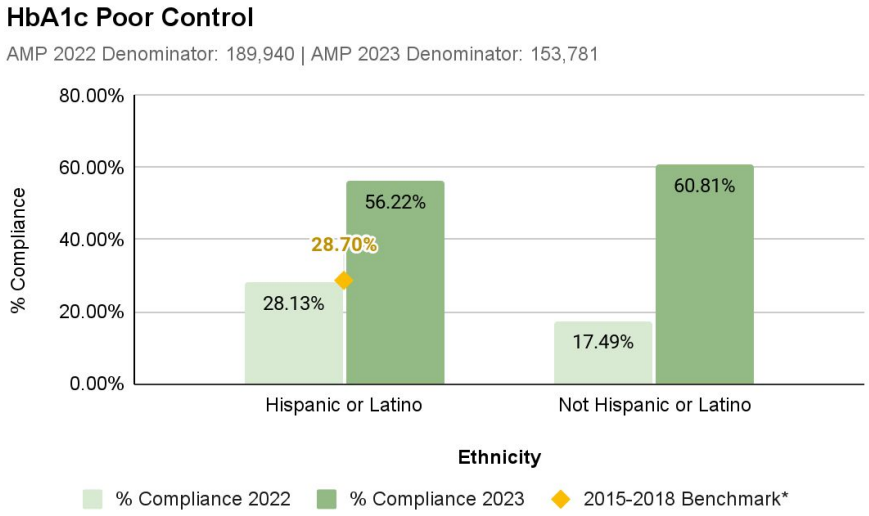
*National Center for Health Statistics. Health, United States, [2019]: Figure [14]. Hyattsville, MD. [2019]. Available from: https://www.cdc.gov/nchs/hus/data-finder.htm.

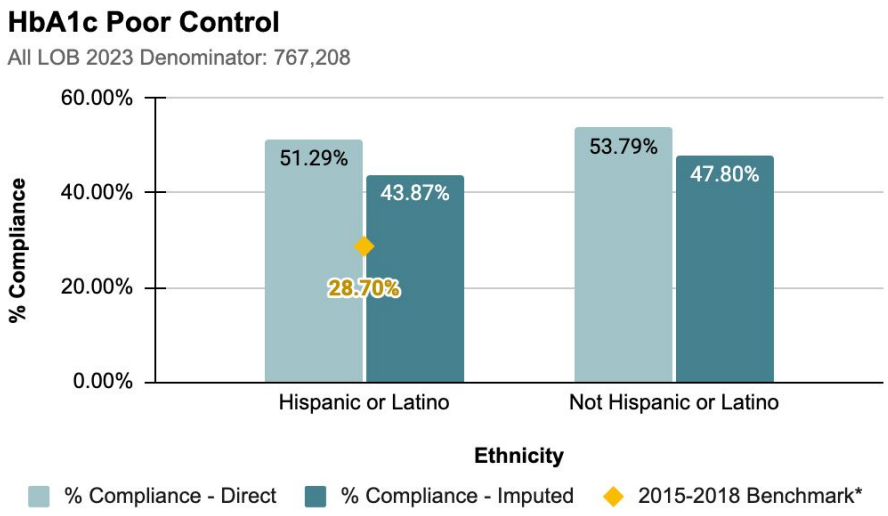
Diabetic HbA1c Poor Control: Direct vs Imputed Race



*National Center for Health Statistics. Health, United States, [2019]: Figure [14]. Hyattsville, MD. [2019]. Available from: https://www.cdc.gov/nchs/hus/data-finder.htm.

Diabetic HbA1c Poor Control: Ethnicity Stratification





*National Center for Health Statistics. Health, United States, [2019]: Figure [14]. Hyattsville, MD. [2019]. Available from: https://www.cdc.gov/nchs/hus/data-finder.htm.

Health Equity Requirements Across Quality Programs

Race & Ethnicity Stratification in HEDIS Measures

Increasing number of measures added every year with RES requirement

MY2022-23

- Prevention and Screening: **COL (E)**, AIS (E), IMA (E), BCS-E
- Respiratory: AMR
- Cardiovascular: **CBP**
- Diabetes: **HBD**
- Behavioral Health: FUA, POD
- Access/Availability of Care: **PPC**, IET
- Utilization: **WCV**, W30

Bold = RES measure starting MY2022

Proposed MY2024 additions:

- Prevention and Screening: CCS-E, CIS-E, PRS-E
- Diabetes: KED, EED
- Behavioral Health: FUH, FUM, DMS-E, DSF-E, PND-E, PDS-E, COU, HDO, UOP
- Care Coordination: FMC

Source: Proposed Changes to Existing Measures for HEDIS®1 MY 2024: Expansion of Race and Ethnicity (Comments open till 03/13/23)

Health Equity Requirements Across Programs

Measurement / Performance Year	MY 2022	MY 2023	MY2024
NCQA HEDIS (Commercial, Medicaid, Medicare)	**5** Measures	**13** Measures	**27** Measures
Statewide Quality Programs (e.g. IHA AMP)	Increasing Alignment with HEDIS		
CMS MA Stars Rating			**Health Equity Index** (HEI) *CMS Dec 2022 proposed rule*

Health equity accountability in MA starts in **MY 2024** performance with HEI impacting HEDIS, CAHPS, HOS & Part D Measures

Take Action NOW: Implement Health Equity scores to your MY 2023 reporting & dashboards at contract, summary, measure, member & provider levels

Health Equity Accreditation

Cozeva can help operationalize 60% of NCQA's HE and HE Plus accreditation requirements

Health Equity Accreditation		Health Equity Accreditation Plus	
REL + SOGI		**Social Risks + Social Needs**	
HE1: Building diverse staff and promoting diversity among staff	HE4: Practitioner Network Cultural Responsiveness (**30%**)	HE Plus 1: Collection & Analysis of Community & Individual Social Risk Data (**88%**)	HE Plus 4: Program to improve Social Risks & Address Social Needs
HE2: Collecting REL+SOGI (**85%**)	HE5: Culturally & Linguistically Appropriate Services Programs	HE Plus 2: Cross-Sector Partnerships & Engagement (**17%**)	HE Plus 5: Referrals, Outcomes & Impact (**33%**)
HE3: Access & Availability of Language Services (**37%**)	HE6: Reducing Health Care Disparities (**58%**)	HE Plus 3: Data Management & Interoperability (**100%**)	

The rest depends on the services, programs, contracts, and incentives you create to address cultural and linguistic barriers, social risks, and social needs.

What do you need to get ready?

Take Inventory of REL Data Assets	Collect, Store & Share	Incorporate REL in Dashboards at ALL Levels
Track social needs & REL data	Models to impute Race Ethnicity	Implement evolving standards (e.g. CMS Health Equity Scores) at all levels
Quality Metrics Engine producing RES	Predictive model for member engagement	
Report Screening & Intervention Measures	Details on the diversity of your population	Support Race & Ethnicity reporting for new HEDIS measures
Data management of multiple direct & indirect REL data sources	Analytics with county-level, zip code-level drilldowns	

Your Health Equity Dashboard Needs

Foundational to CM, DM, QI, Population Health, Community Health Projects & Programs

Population Diversity

- R/E population diversity Written/Spoken Language
- English proficiency
- SDoH needs (Gravity Project)
- SOGI

Performance Disparity

- Stratify any measure by RE & social factors
- Disparity score by each social factor & measure
- Highlight social factors & measures with largest disparity score

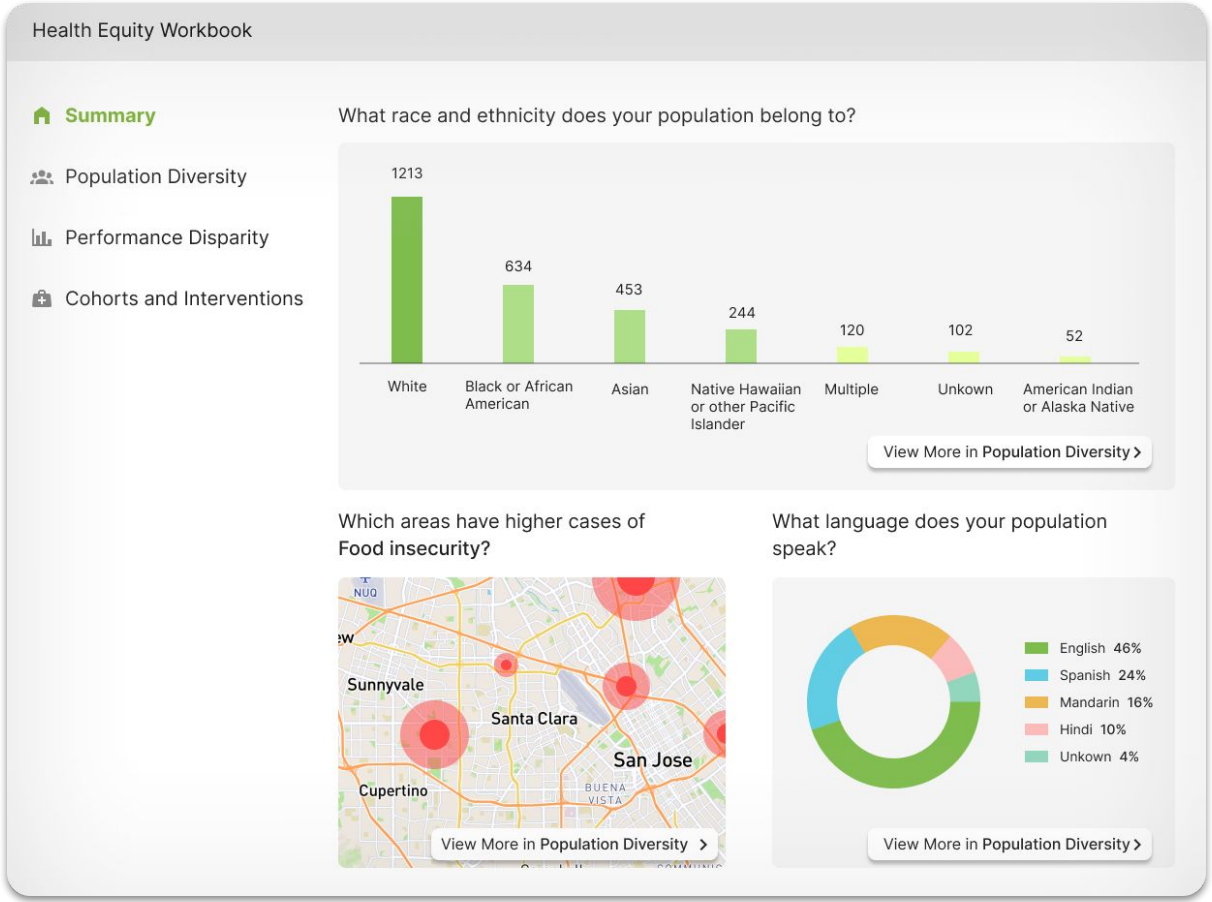
Cohorts & Interventions

- Create cohort of patients with specific social factors & geography
- Track changes in disparity scores for select cohorts

Understand your **members** & what are their **barriers**
Understand your **providers** & what are their **needs** to better serve the population

Comprehensive Health Equity Dashboard

One place for accessing everything related to Health Equity



Applied Research Works, Inc.
COZEVA®

Thank you

Scan the QR code
to follow us on LinkedIn

Visit us on **corp.cozeva.com**

For more information contact **info@cozeva.com**