



MAHP Medical Director's Forum

August 10, 2021

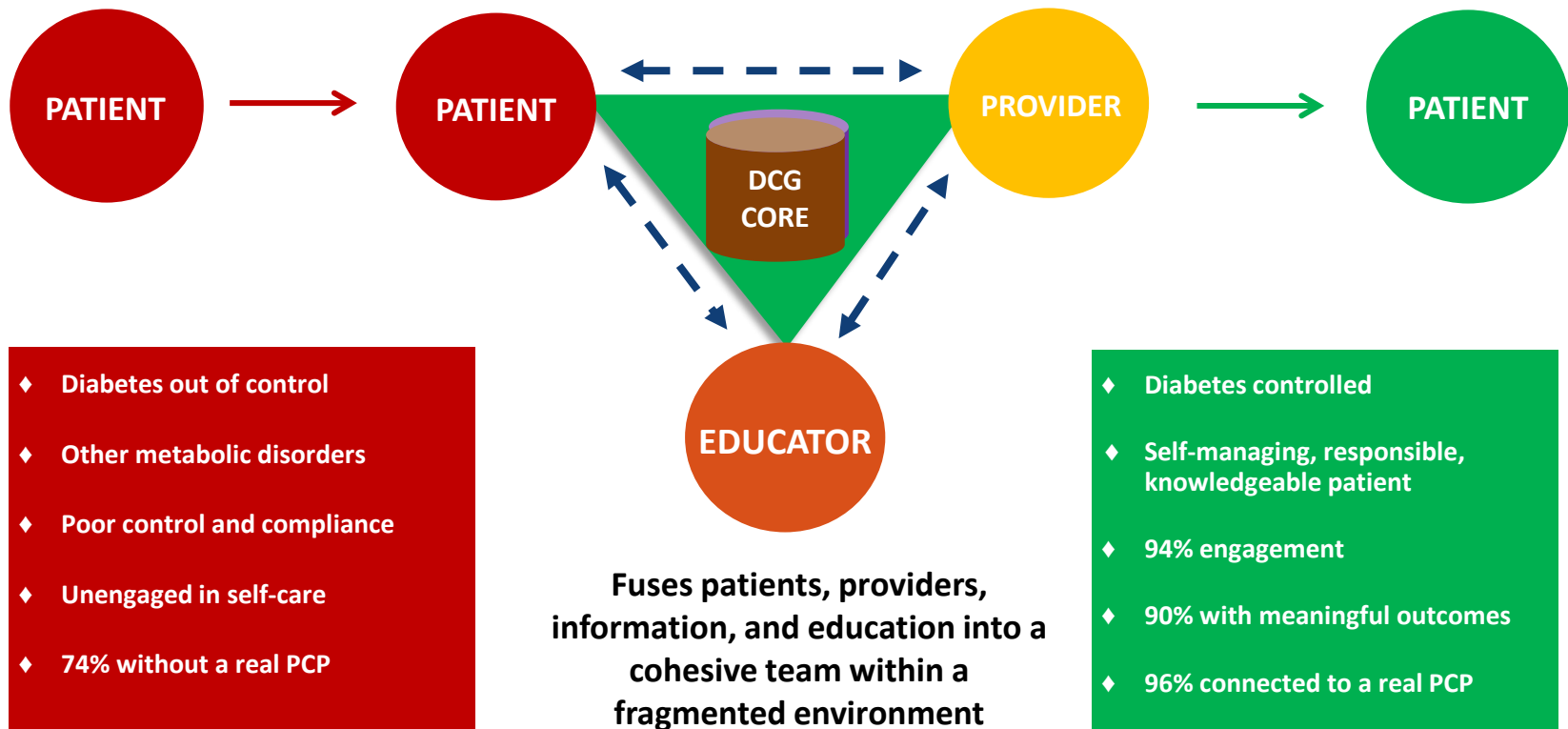
8/11/2021

Innovative Partnership with Vigilant Health



- Unique partnership to manage our Medicaid diabetic members
- Began in 2019
- Capitated arrangement (PMPM)
 - Excludes inpatient, pharmacy, other

Clinical Model



How It Works

Unique Clinical Model

- Behaviorally based, team-centered
- Primarily educational for all involved
- Barrier solving
- Highly personalized
- Integrates the patient with the local health care community
- Provides time
- Creates self-management and high levels of engagement
- Simple to execute

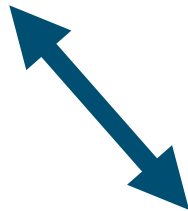


Unique Population Health Platform

- Data: comprehensive and deeply integrated clinical + claims data, scientific quality of analysis
- Deep chronic condition management
- Practical – software tools developed grassroots by providers for providers
- Expectant care navigation, engagement management
- Care of individuals integrated with the care of the Health Plan, understanding the ecosystem of the Plan
- “Doctor for the Health Plan”

Unique Outcomes

- High quality outcomes
- Significant and long-lasting reductions in cost
- Reliable results
- High engagement, especially among the sickest
- Durable healthcare behavior change

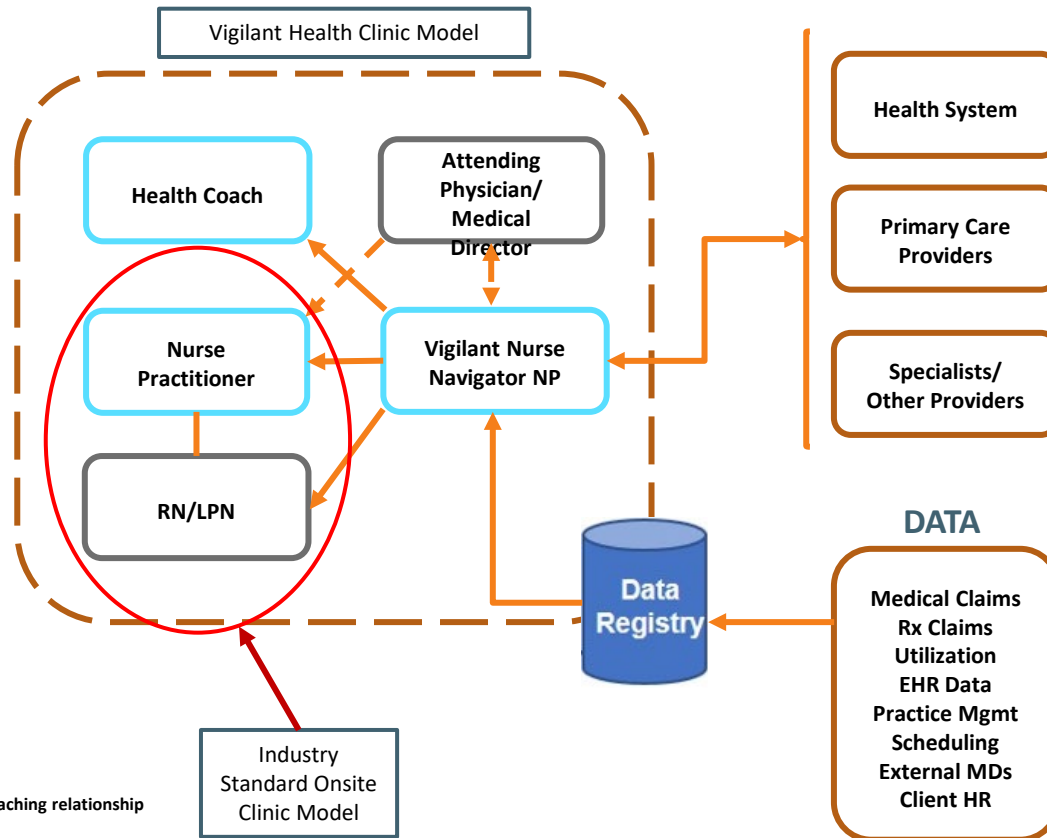


Unique Payment Model

- Removes costs to individuals, no co-pays
- Allows local providers to participate
- Incentivizes delivery of outcomes
- Simplicity
- Transparency



Vigilant Model



VH Nurse Navigator

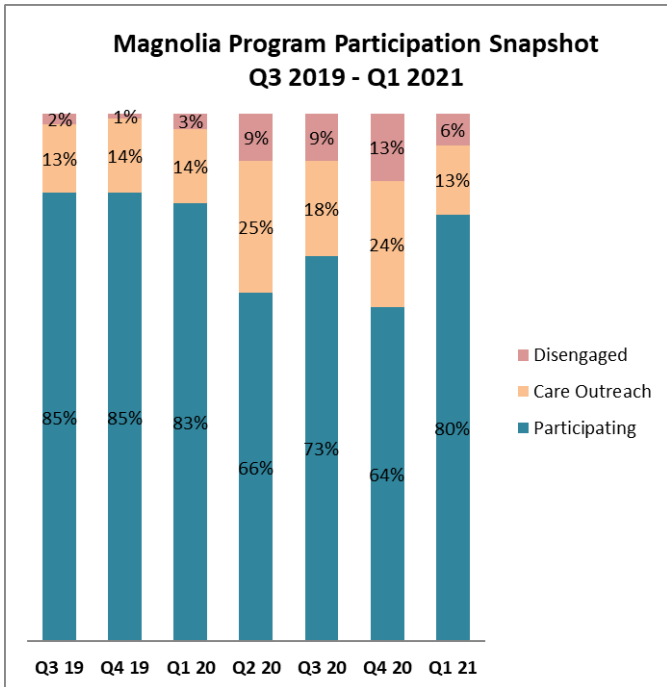
- ✓ Using data from the Registry and plans of care enabled by VH software, the VH NN assists members with their goals and coordinates care of members with the Clinic Team and external providers.
- ✓ Serves as implementer for the Employer Health Management Program.

Vigilant Health Staffing

- ✓ Nurse Navigator NP
- ✓ Clinic NP
- ✓ MD / Community physician / clinic medical director (20%)
- ✓ RN or LPN
- ✓ Health Coach

Participation

Program Participation Snapshot



(Note - Though the program shifted to a mix of in person and virtual appointments at the outset of the pandemic, participation process algorithms are heavily affected by the lack of a physical presence to draw labs and verify biometrics.)

	Enrolled	Participating				Managed Engagement			
		Fully Participating	%	F/u Needed, Appt Scheduled	%	Care Outreach	%	Disengaged	%
Q4 2019	247	180	73%	30	12%	34	14%	3	1%
Q1 2020	341	209	61%	74	22%	49	14%	9	3%
Q2 2020	498	264	53%	65	13%	122	25%	47	9%
Q3 2020	512	315	62%	57	11%	94	18%	46	9%
Q4 2020	545	293	54%	54	10%	129	24%	69	13%
Q1 2021	504	334	66%	73	14%	67	13%	30	6%

Compliant w Program

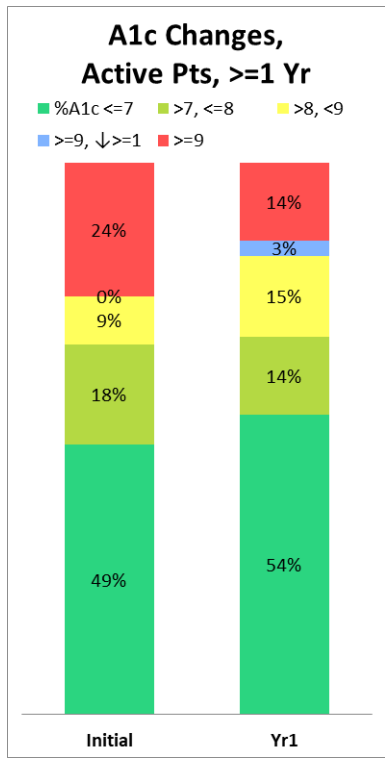
Needs follow up for specific indication, pt has responded by scheduling appt

Needs follow up for specific indication, in communication and pt making efforts to rectify

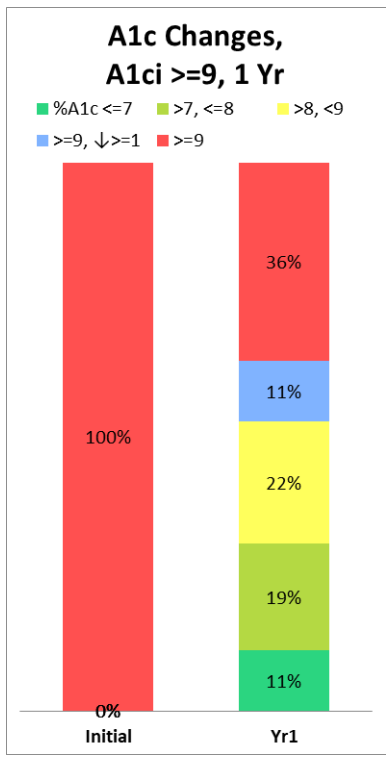
Needs follow up for specific indication, but pt not following through w appts or unable to contact

1. COVID has had a profound effect on participation in this vulnerable population, beginning Q2 20.
2. In parallel with the prior slide, there was some recovery in Q3 which was erased by the second pandemic peak in Q4.
3. All participation metrics however significantly improved in Q1. With the exception of the Disengaged (6%) all are back at normative values. The Disengaged list decreased by more than half.
4. Though the Medicaid population continues to perform similarly to other groups in most other aspects (utilization, engagement, clinical outcomes, and economic outcomes), the response to COVID in terms of recruitment and retention, especially the latter, has been quite different.

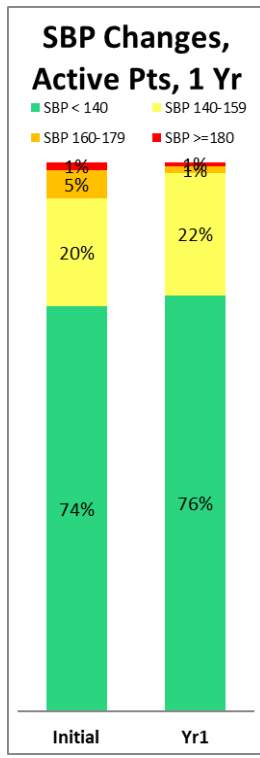
Clinical Outcomes



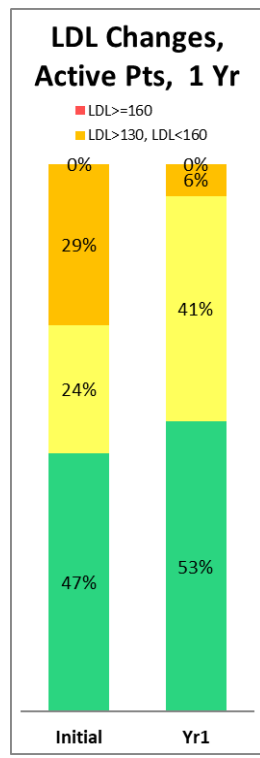
	Initial	Yr1
N =	149	149
Avg A1c =	7.7	7.4
Avg Visits =		4.6



	Initial	Yr1
N =	36	36
Avg A1c =	10.7	9.2



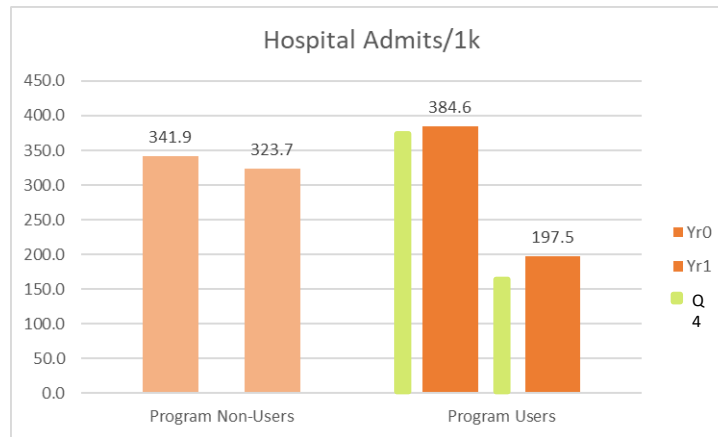
	Initial	Yr1
N =	153	153
Avg SBP =	133	131



	Initial	Yr1
N =	26	26
Avg LDL =	107	96

- Fig. 1-4: Year 1 outcomes for the 157 sequential program members completing one year of treatment.
 - Note: A relatively large number at baseline have good A1c and BP control (much better than many commercial groups), which speaks very well of Magnolia disease management efforts.

Hospital Admission Outcomes

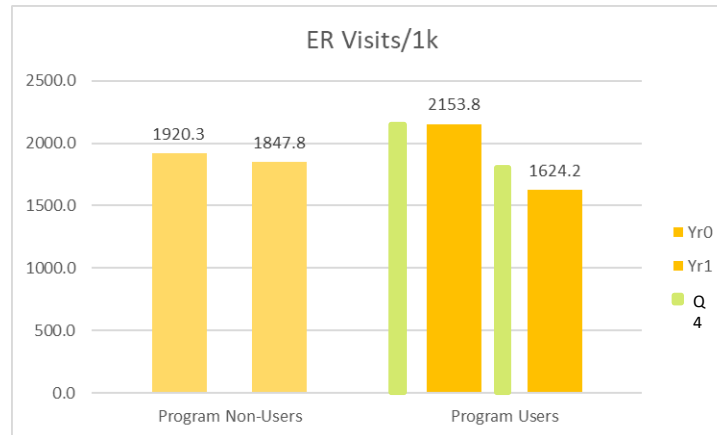


1. Yr 1 Hospital Admit Outcomes for the 157 sequential one-year completers to date.
2. Program Users experienced a 49% reduction in Hospital Admits/1k compared to their rate prior to the program.
3. Program Non-Users experienced an 5% reduction in Hospital Admits/1k.
4. Steep Hospital admission reductions persist in the program group. Baseline use rate/1k is similar between Program Users and Non-Users.
5. Note that as COVID appears on both sides of the analysis therefore the contrast in outcomes should be independent of COVID effect.

Hospital Admits by Members w Diabetes

	Program Non-Users Q1 2019-Q1 2021			Program Users at 1 Yr		
	Yr0	Yr1	% Change	Yr0	Yr1	% Change
Hospital Admits	4,623	3,795	-18%	60	31	-48%
Members w DM	13,520	11,725	-13%	156	157	1%
Hospital Admits/1k	341.9	323.7	-5%	384.6	197.5	-49%
(Variance Q4 2020 Hosp Adm/1k)	373.1	332.3	-11%	373.7	160.0	-57%

ER Utilization Outcomes

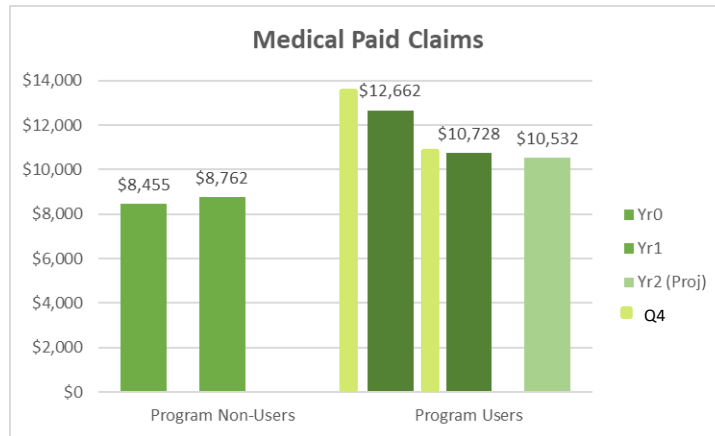


1. Yr 1 ER Utilization Outcomes for the 157 sequential one-year completers to date.
2. Program Users experienced a 25% reduction in ER visits/1k compared to their use prior to the program.
3. Program Non-Users experienced a 4% reduction in ER visits/1k.
4. Note that as COVID appears on both sides of the analysis therefore the contrast in outcomes should be independent of COVID effect.

ER Utilization by Members w Diabetes

	Program Non-Users Q1 2021-Q12021			Program Users at 1 Yr		
	Yr0	Yr1	% Change	Yr0	Yr1	% Change
ER Visits	25,963	21,666	-17%	336	255	-24%
Members w DM	13,520	11,725	-13%	156	157	1%
ER Visits/1k	1,920.3	1,847.85	-4%	2,153.8	1,624.2	-25%
(Variance Q4 2020 ER Visits/1k)	2,095.6	1,777.5	-15%	2,242.4	1,800.0	-20%

Medical Claims Outcomes



1. Yr1 Medical Claims Outcomes for the 157 sequential one-year completers to date.
2. Program Users experienced a 15% reduction (-\$1,934) in Paid Med Claims/Member compared to their rate prior to the program.
3. By contrast, program Non-Users experienced a 4% increase (+\$307) in Paid Med Claims/Member.
4. Note the change in savings from Q4 was entirely due to a change in baseline cost brought by the influx of 57 members into the cohort whose baseline cost was remarkably low (\$2,400 less than prior). There were no exits by high-cost members.
5. Despite this, baseline cost/mbr for Users remains significantly higher than the average cost/Magnolia diabetic member (\$4,207 more), indicating that the program is reaching those with more significant issues.
6. Note that as COVID appears on both sides of the analysis therefore the contrast in outcomes should be independent of COVID effect.

Medical Paid Claims for Diabetes Patients

	Program Non-Users Q1 2019-Q1 2021				Program Users at 1 Yr			
	Yr0	Yr1	Change	% Change	Yr0	Yr1	Change	% Change
Plan Paid	\$114,307,731	\$102,738,214	-\$11,569,517	-10%	\$1,975,247	\$1,684,339	-\$290,907	-15%
Members w DM	13,520	11,725	-1,795	-13%	156	157	1	1%
Plan Paid/Member	\$8,455	\$8,762	+\$307	+4%	\$12,662	\$10,728	-\$1,934	-15%
(Variance Q4 2020 PP/M)	\$8,935	\$8,899	-\$36	0%	\$13,513	\$10,726	-\$2,787	-21%