





Addressing SDOH in Different Populations





Join the conversation: @PQAalliance #SDOH



CARING FOR THE WHOLE PATIENT

SOCIAL DETERMINANTS OF HEALTH November 19 - 20 • Arlington, VA





A Bold Goal: Addressing the Needs of the Whole Person

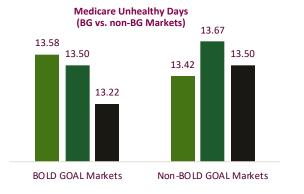
Angela Hagan, MPA, PhD Associate Director, Population Health Insights Bold Goal, Office of the Chief Medical Officer

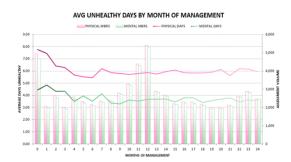
Bold Goal | Office of Population Health Populationhealth.Humana.com #MoreHealthyDays 20% healthier by 2020 and beyond



Healthy Days helps us track, trend and triage the health of populations









Population health surveillance

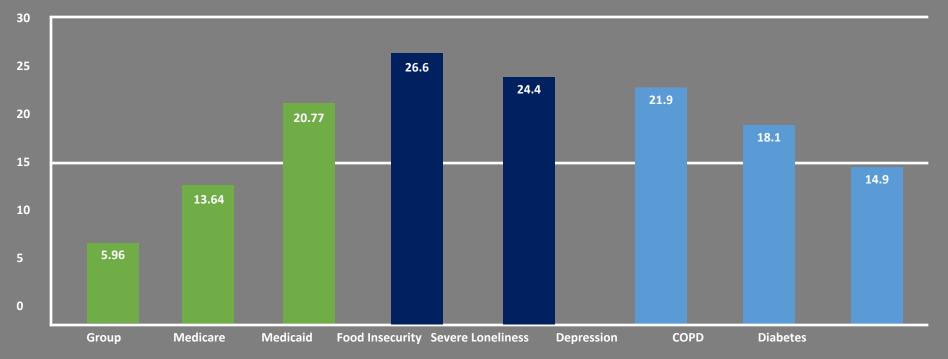
Outcome measures

Enables proactive intervention

We measure the mentally and physically Unhealthy Days of our members

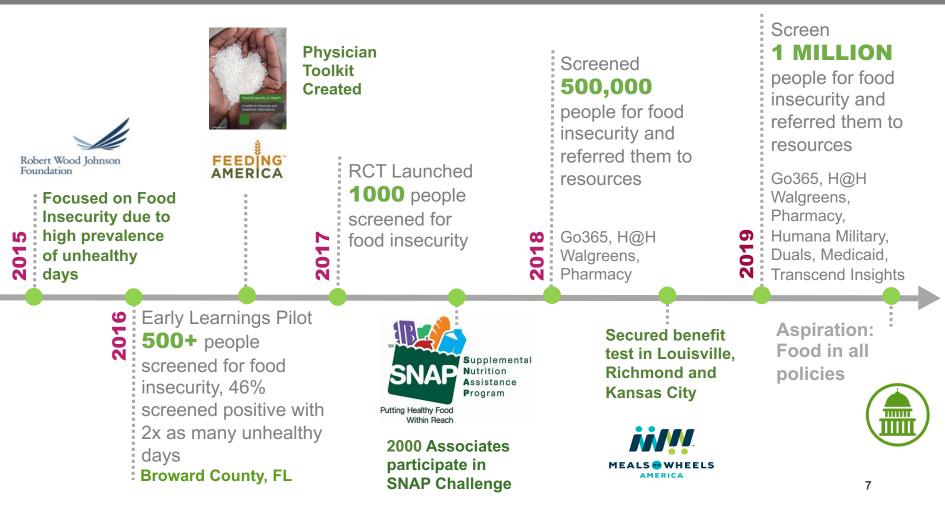
Social determinants of health have a greater impact on Healthy Days

AVERAGE UNHEALTHY DAYS



Healthy Days is Measured in Unhealthy Days (UHD)

SCALING FOOD INSECURITY



SCALING LONELINESS AND SOCIAL ISOLATION



SDOH Tool - zoom in[™]



zoom in offers advanced SDOH heat map functions along with an integrated community resource directory <u>https://zoomin.humana.com/</u>



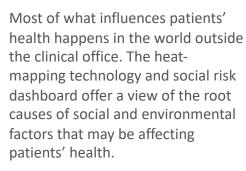
What we did

Why

we did

it

We created a tool to address patient health both inside and outside the doctor's office by identifying the health-related social need of patients and pinpointing the resources closest to their home to address those needs. Brought dozens of geospatialbased variables into the Enterprise Data Ecosystem for the first time via APIs.



By the numbers

274 communities can be explored

Up to 7 data layers can be simultaneously combined

4 dozen+

unique indicators and growing

6

broad resource categories with dozens of subcategories

Thank you

Populationheath.humana.com #morehealthydays







A Silent Risk



Centers for Disease Control and Prevention. National diabetes statistics report: estimates of diabetes and its burden in the United States, 2017. Atlanta, GA; US Department of Health and Human Services, Centers for Disease Control and Prevention, 2017. https://www.cdc.gov/diabetes/data/statistics/national-diabetes-statistics-report.pdf 30.3 million Americans with diabetes

84.1 million Americans with prediabetes

9 out of 10 adults with prediabetes are unaware they have it



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The Great Mission

Healthy People 2020

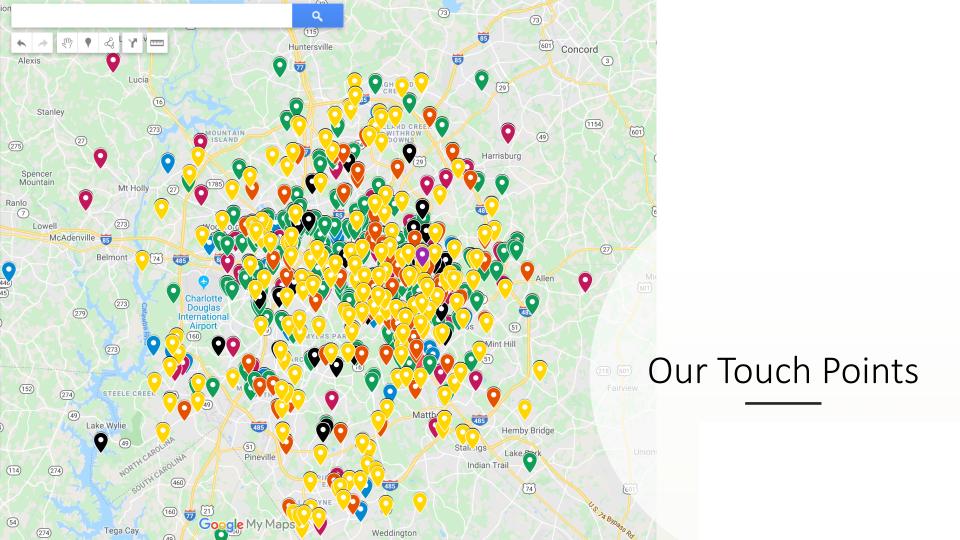


Access to Patients = Our Value

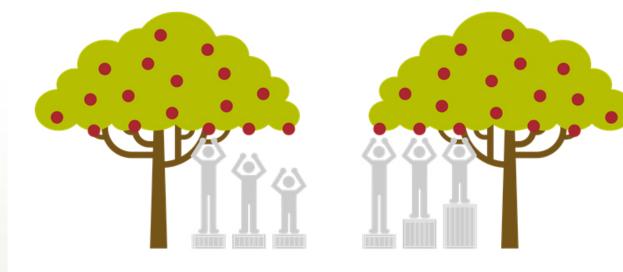


Pharmacy Times. Pharmacists as Influencers of Patient Adherence. Available at: https://www.pharmacytimes.com/publications/directions-inpharmacy/2014/august2014/pharmacists-as-influencers-of-patient-adherence-. Accessed September 23, 2019.





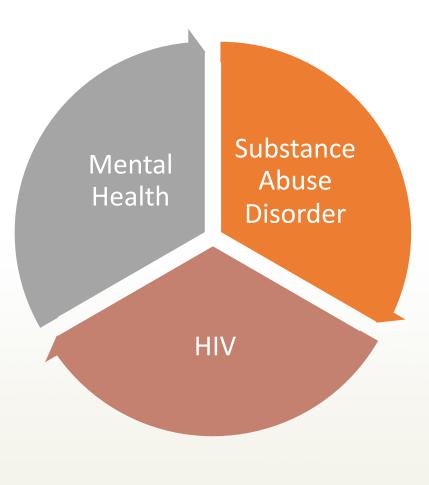
Quality? ≠ Equity



Equality sounds fair.

Equity <u>IS</u> fair.







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Multiple Performance Measures Report 11/14/2019

Selection:

| Code: | Name: | Numerator: | Denominator: | Percent: |
|----------|--|------------|--------------|--------------------------|
| HAB13 | Syphilis screening | 162 | 176 | 92.05% We've Reached Our |
| Core01 | HAB: HIV viral load suppression | 154 | 177 | 87.01% |
| CORE03++ | HIV medical frequency (any service 24-18 months) | 51 | 130 | 39.23% |
| HAB03 | CD4<200 with PCP prophylaxis | 5 | 5 | 100.00% |
| HAB16 | Gonorrhea Screening | 106 | 111 | 95.50% |
| HAB09TGA | Hepatitis C Screening TGA | 174 | 177 | 98.31% |
| _Core02 | HAB: Prescription of antiretroviral therapy | 175 | 177 | 98.87% |
| HAB15 | Chlamydia Screening | 107 | 111 | 96.40% |
| HAB10 | HIV risk counseling | 171 | 177 | 96.61% |
| HAB14 | TB Screening | 166 | 175 | 94.86% |
| Core03 | HAB: HIV medical visit frequency | 49 | 109 | 44.95% |

Follow-up

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