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In-home health evaluations help drive better outcomes for Medicare Advantage (MA) members

Presented By:

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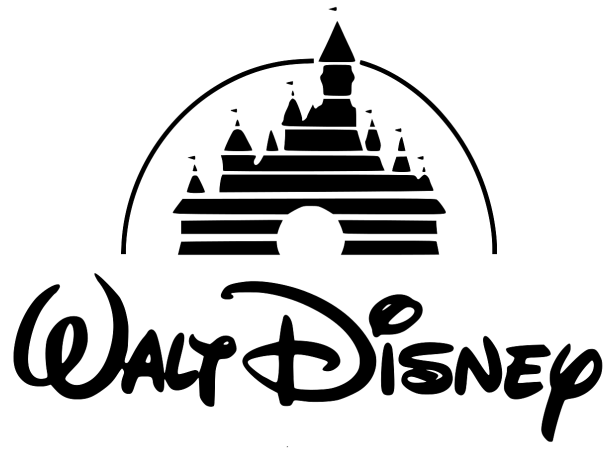
Peter Yates, VP, Care Coordination Products – **Signify Health**

Today, all companies need to adopt a customer-first approach in both the way they think and what they do.

Innovating, rethinking, and redesigning products and services through the eyes of the customer is crucial for delivering a compelling and meaningful experience.

NETFLIX



TRADER JOE'S

RISE

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Exceptional member experience has a strong, long-term link to value for both members and health plans

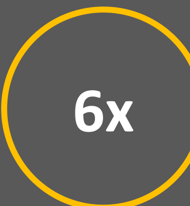
Key takeaways

97% of those members who were highly satisfied with their **Signify Health IHE** say they'd want another in the future

Exceptional member experience has a strong, long-term link to value for both members and health plans. Those who are highly satisfied are:

more likely to **renew their coverage** with their plan

more likely to **recommend their health plan** to a friend or colleague



more likely to **say their IHE has improved their health**

Survey objective: Gain insight into Medicare aged members' experience to identify what really matters to them, and prioritize opportunities to improve across their health care journey

Sources of insight: Between March 29 and April 17, 2023, Signify conducted a survey of members and non-members, and age-ins (60-64 years old) with a sample size of 10,284 sourcing 8,282 from member email lists and 2,002 from a paid external panel (500 age-ins 60-64 and 1,502 non-members 65+ years old).

By focusing on the moments that matter across the member journey we are able to deliver a consistent and delightful experience

Learning/Awareness	Scheduling	Preparing for Visit	Visit	Follow-up
- How well do members understand what an IHE is? - Do they know why we are contacting them? - Do they understand the benefits of having an annual IHE?	- Can members schedule using the channels they prefer? - Is the process easy? - Do they have the ability to choose times that work well for their schedules?	- Do they get reminded frequently enough? - Is it clear what they need to to to be ready for the appointment? - Do they feel comfortable letting someone into their home?	- Does the provider take the time to listen to them? - Does the provider communicate their care needs in a way they can understand? - Does the provider perform additional tests?	- Does my PCP get the results from my visit? - Does anyone follow-up to address any of my health concerns?

Top reasons of not scheduling IHEs
Critical to message these drivers to members

	Signify Health can help overcome scheduling barriers
Loyalty to existing care providers	• IHE supplements the member's relationship with their PCP • Test results shared with members, their PCP, and health plan • Assist with Care Coordination to help ensure members connect with their existing PCP or Specialists or connect with new ones
Lack of understanding	• Member education • IHE access offers opportunity to capture insight only attainable in the home • Advanced understanding on members health - SDOH, environmental hazards, safety, review of medications
Care setting	• Convenient in-home assessment from a licensed clinician • Virtual IHEs available • Member self-scheduling available

I see my primary care every three months. So I don't need anybody coming to my house.

I've been saying, "No." It's weird for me because I don't want to feel old.

In-home care is for people with mobility or transportation issues.

Top reasons for having the IHE

Critical to message these drivers to members

	Signify Health can seamlessly integrate with your communication plan
Covered by insurance	$0 out of pocket cost for members
Convenience	In-home care or virtual
More time / better care experience	• More time to listen, establish trusted member connection • Capture SDOH data • Diagnostic tests

Convenient health assessments, offered to health plan members at no extra cost that offer a better care experience with a licensed clinician are the top reasons for people to have IHEs

Tell me the benefit. What am I getting out of this? And what are you (health plan) getting out of this?

I felt like the doctor spent more time with me and allowed me to ask a lot more questions than my doctor does.

I felt like there was not a rush to get the IHE done.

Communication from the health plan is the most effective way of making members aware of the IHE

	Signify Health can seamlessly integrate with your communication plan
My health insurer	Health plan co-branded materials leads to higher completion rates
Printed information sent by regular mail	Our new Health Plan Toolkit enables plans to easily promote the IHE to their members
Email	Multi-modal outreach includes email, text, and social media

I always open stuff (mail and emails) from my insurance company.

Our MA plan offers financial incentives to do so [IHEs]. I was unaware of that until a friend brought it to my attention.

As member demographics change, so do their preferences, and we need to proactively adapt to their needs

	Telephone with a live person	Email	Online (e.g., website)
65+ channel preference	**62%**	**17%**	**8%**
60 - 64 channel preferred	**56%**	**15%**	**12%**

Signify Health's member self scheduling option is an appealing option to a growing percentage of MA members

I would prefer emailing. If I wasn't home and they left a message, I would return it.

I'd rather have an email than a phone call. You get more information about the meaning of the evaluation than you would on the phone.

Having diagnostic and preventive screenings during the In-home Health Evaluation (IHE) **adds significant value**

Highly satisfied members are

74%

more likely to consider additional in-home health services*

Members who received Diagnostic Preventive Services during the in-home visit were more satisfied with the IHE than members who did not[2]

Signify Health diagnostic and preventive services performance

~75% of members accepted a diagnostic test & lab collection as part of the IHE**

~22% of screenings performed found abnormal findings**

790K diagnostic tests performed in 2022**

Overall, it's a positive thing to have multiple tests done [during the in-home visit]

* Signify Health. Data on file as of October 2023.
**Signify Health Consumer Experience Study. McKinsey & Company. May 19, 2023

Exceptional member experience
Long-term value to you and your members

Reach more members by overcoming common scheduling barriers with education, care coordination support, convenience, and overall value to the member

Leverage and message what members value in the IHE including $0 out of pocket cost, in-home and virtual options, extended time with a licensed clinician provider

Raise greater member awareness with aligned, co-branded, and multimodal member communications

Meet members' scheduling preferences with more options including co-branded emails and online self-scheduling options

Optimize members' willingness for additional in-home health services by offering more diagnostic and preventive screenings

Highly satisfied members are…

more likely to
renew their coverage

more likely to **recommend their health plan** to a friend or colleague

more likely to **say their IHE has improved their health**

Signify Health Consumer Experience Study. McKinsey & Company. May 19, 2023

Poll question #1

What strategy is your organization prioritizing in 2024 to improve member experience?

1. In-home health services
2. Improved communications
3. Better new member onboarding
4. Provider coordination or selection
5. Self-service support options
6. Health plan benefit navigation assistance
7. Provider engagement programs
8. Incentives

In-home screenings create opportunities to close multiple care gaps and impact Star measures

Diabetes is one of the most serious public health problems our nation has ever faced[1]

Diabetes

is the No. 1 cause of kidney failure, lower-limb amputations, and adult blindness[2]

Symptoms of type 2 diabetes in older adults[3]

- Feeling tired
- Increased hunger or thirst
- Losing weight without trying
- Urinating often
- Having trouble with blurred vision
- Skin infections or heal slowly from cuts and bruises

Prevalence

42% of people with diabetes are 65+[4]

26 million adults 65 or older have prediabetes[5]

37 million people in the U.S, or **11%** of the population have diabetes and of those, **29 million** have been diagnosed[1]

Signify Health's diabetes prevalence **~30%** or **1.1 million** lives

Health disparities

Hispanic and non-Hispanic Black adults, and American Indian/Alaska Native adults, are disproportionately affected by diabetes and have prevalence rates of diagnosed diabetes greater than 10%[1]

1. https://www.cdc.gov/diabetes/about/index.html
2. https://www.cdc.gov/diabetes/basics/diabetes.html
3. https://www.nia.nih.gov/health/diabetes-older-people#:~:text=Symptoms%20of%20type%202%20diabetes%20may%20include%20feeling%20tired%2C%20increased,slowly%20from%20cuts%20and%20bruises
4. https://www.kff.org/other/state-indicator/adults-with-diabetes-by-age/?currentTimeframe=0&selectedDistributions=ages-18-44--ages-65-74&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
5. https://www.cdc.gov/diabetes/data/statistics-report/index.html

Diabetes is the most expensive chronic disease in the U.S., but early diagnosis and treatment can help[6]

~61% of all health care expenditures attributed to diabetes are for health resources used by the population aged ≥65 years[7]

Diabetes is reported in **1 in 5** Medicare beneficiaries age 65 and older and is associated with over **60%** higher out-of-pocket prescription costs compared to those without diabetes.[9]

Most common complications among Medicare beneficiaries 65+ w/type 2 diabetes[8]

Kidney disease
Congestive heart failure
Stroke

Reducing the risk of these 3 conditions could lower economic costs for the US healthcare system and improve quality of life for older adults.[8]

~50-60% of patients with elevated HbA1c levels are not adherent to their diabetes treatment plan[10]

40% reduction in risk of eye disease, kidney disease, and nerve disease is possible through better blood sugar management[10]

Early diagnosis and treatment of diabetes complications could help slow the progression of diabetes complications, reducing medical costs.[8]

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6. https://www.cdc.gov/diabetes/resources-publications/research-summaries/diabetes-complications-costly.html
7. https://diabetesjournals.org/care/article/41/5/917/36518/Economic-Costs-of-Diabetes-in-the-U-S-in-2017
8. https://www.upmc.com/media/news/070722-diabetes-medicare-advantage-plans
9. https://journals.sagepub.com/doi/10.1177/1932296816678263
10. https://www.cdc.gov/diabetes/pdfs/library/Diabetes-Report-Card-2019-508.pdf

Diabetic retinopathy affects one-third of adults over age 40 with diabetes[11]

Diabetic retinopathy (DR)

is a common complication of diabetes and the leading cause of blindness in American adults[13]

Early symptoms[14]: None

Later symptoms[14]:

- Blurry vision
- Floating spots in your vision
- Blindness

Prevalence[6]

12,000 - 24,000

new cases of diabetic retinopathy each year

Undiagnosed[14]

As many as 50%

of patients are not getting their eyes examined or are diagnosed too late for treatment to be effective[12]

Cost

Diabetes-related blindness costs the nation about **$500 million** annually[12]

11. https://www.cdc.gov/visionhealth/determinants/index.html
12. https://www.cdc.gov/visionhealth/pdf/factsheet.pdf
13. https://www.cdc.gov/visionhealth/basics/ced/index.html#a5
14. https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/diabetic-retinopathy

Early diagnosis of DR and timely treatment reduce the risk of vision loss

Comprehensive Diabetes Care (CDC) - Eye Exam

NCQA Certified Logic[16]

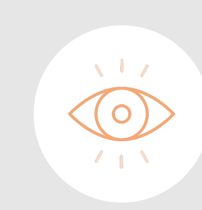
- Age: 18-75
- Identified as a member w/ diabetes
- Hemoglobin A1c (HbA1c) testing

Star Ratings methodology

% of plan members with diabetes who had an eye exam to check for damage from diabetes during the year.

4-Star Cut Point Goal*

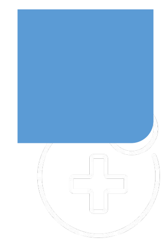
≥ 71% to < 79%



More than 50% of people with diabetes will develop diabetic retinopathy[14]

Regular eye exams and timely treatment could prevent **Up to 90%** of diabetes-related blindness[15]

Members can **lower their risk** of developing diabetic retinopathy by controlling their diabetes.[17]



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14. https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/diabetic-retinopathy
15. https://www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm
16. https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/
17. https://www.mayoclinic.org/diseases-conditions/diabetic-retinopathy/diagnosis-treatment/drc-20371617

* 2023 Star Rating Cut Points, change annually

Analysis Affirms: In-Home Health Evaluations lead to improved diabetes care in the Medicare Advantage demographic

Analysis compared outcomes for plan members who received an in-home health evaluation (IHE) to members who were identified as:

Engaged - Received annual wellness visits (AWV) with their primary care physician (PCP)

Unengaged - Neither received an IHE or an AWV; no usage of a PCP or Specialist in 6 months prior to the IHE/control effective date

	Engaged cohort	Unengaged cohort
Sample sizes	576,000 members	42,000 members
Sample sizes specific to diabetes-related care:	65,000 members	3,000 members

Signify Health Proof Points Analysis. October 2023.

Diabetes Care Eye Exam and HbA1c Testing both increased in the IHE cohort compared to the non-IHE **unengaged** cohort

IHE cohort vs Engaged control

Members receiving an In-home Health Evaluation had:

1.5% higher gap closure rate in Diabetes Care Eye Exam than engaged members

9.3% higher gap closure rate in HbA1c Testing than engaged members

IHE cohort vs Unengaged control

Members receiving an In-home Health Evaluation had:

6% higher gap closure rate in Diabetes Care Eye Exam than unengaged members

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Signify Health Proof Points Analysis. October 2023.
Signify Health. White paper. Analysis Affirms: In-home Health Evaluations lead to improved diabetes care in the Medicare Advantage demographic. November 2023.

Health plan clients are looking to Signify Health to deliver more diabetes focused services for their members

“We are looking at additional [home health] vendors just for closing care gaps - but we’d really like to utilize Signify resources. I would like us to at some point get to a **quality focused visit** that potentially sits outside of the healthy home visit.”

Director, Member, Provider, and Specialty Programs

“Members get confused [with multiple vendors] so to the extent that we can leverage Signify to handle these care gaps during the health home visit and, if the IHE already occured, then picking up with a **follow-on Signify visit will benefit the member** and everyone’s goals.”

Director of Medicare Operations / Prospective Revenue Integrity

“We’ve been looking at building a **focused second visit after the home health visit** and want to use Signify while you’re in the home, if possible.”

Lead Consultant, Stars Strategy

Enhanced experience drives engagement from at-risk members needing diabetes screenings

Members

Improved access and convenience

- Access Enables members' to complete necessary diabetes screenings conveniently at home
- Consolidate potentially multiple PCP/Specialist visits into one convenient in-home screening

Health literacy and care management

- Help members get head of disease progression and complications before symptoms present
- Educate members of their current health condition and ways to manage
- Capture additional insights impacting their health not attainable via PCP in-office visit

Health Plans

Quality care delivery

- Close multiple care gaps and impact Star measures beyond DEE - such as Kidney Health Evaluation for Patients with Diabetes (KED), Blood Pressure Control, and Member Experience
- Optimize delivery via add on to the In-home Health Evaluation (IHE), and as a separate diabetes focused visit
- Proven ability to expand quickly through partnership with diagnostic/laboratory focused vendors

Cost containment

- Accurate documentation of diagnosis, including retinopathy and chronic kidney disease for appropriate MA reimbursement
- Potential utilization and efficiency savings by partnering with comprehensive home health vendor

Poll question #2

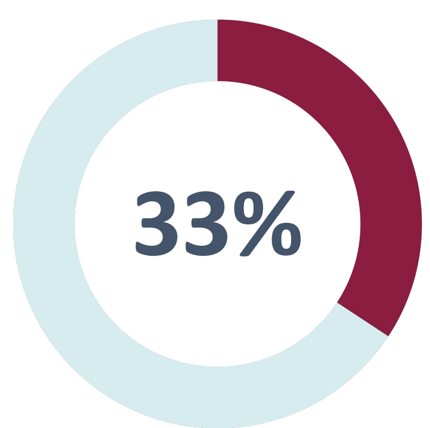
What is your focus for diabetic members/patients for 2024?

1. Telemedicine services
2. Personalized care plans
3. Continuous glucose monitoring (CGM) technology
4. Educational resources
5. Nutritional support
6. Medication management
7. Behavioral health support
8. Physical activity programs
9. Community support

In-home health visits can supplement the members relationship with their PCP, or facilitate connection with a new PCP

Major challenges to your ability to impact members' health and keeping them engaged

Importance of primary care



of Americans do not have a PCP[1]

Regular visits with a PCP and management of chronic health conditions results in **healthier members with lower medical costs[2]**

Prevalence of chronic conditions

About **60%** of Americans have at least one chronic disease, and chronic conditions are the leading cause of death in the U.S.[3]

Nationally, **40%** of adults have two or more chronic conditions[3]

With more than **66%** of all deaths caused by one of five chronic conditions.[3]

Stars and member engagement challenges

The Stars treadmill

More premium is tied to an increasingly difficult grading scale of quality measures every year

Member abrasion

Members flooded with uncoordinated calls from multiple vendors creates frustration and disengagement

1. Hassanein N. A third of Americans don't have a primary care provider, report finds. https://www.usatoday.com/story/news/health/2023/02/28/americans-lack-primary-care-provider-report/11359096002/. February 28, 2023.
2. Oh N, et al. National Library of Medicine. The association between primary care use and potentially-preventable hospitalization among dual eligibles age 65 and over. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9295296/. July 19, 2022.
3. Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). https://www.cdc.gov/chronicdisease/index.htm. Accessed September 12, 2023.

PCP visits per patient Pre- vs Post- increased more for IHE group than **unengaged** cohort

IHE cohort vs Unengaged control

Members receiving an In-home Health Evaluation had:

160 more visits per 1,000 members per year

The increase in PCP visits is most prominent in the month after their IHE; however, it extends throughout the 6 months following the IHE

Claims per month increased for IHE cohort and at a higher rate compared to the unengaged control cohort

+ 0.22 claims per month

or **2,640 more Rx claims** per 1,000 members per year

Signify Health Proof Points Analysis. October 2023.

PCP visits per patient Pre- vs Post- reduced less for IHE cohort vs the **engaged** cohort

IHE cohort vs Engaged control

Members receiving an In-home Health Evaluation had:

400 more visits per 1,000 members per year

PCP engagement following an IHE visit was consistently higher across all levels of socioeconomic status

Low	**0.26** more visits per 6 months compared to unengaged members	or **520 more visits** per 1,000 members per year
Med	**0.21** more visits per 6 months compared to unengaged members	or **420 more visits** per 1,000 members per year
High	**0.11** more visits per 6 months compared to unengaged members	or **220 more visits** per 1,000 members per year

Signify Health Proof Points Analysis. October 2023.

The key to better health is meeting members where they are

Signify Health enables health plans to:

Build Connections:

Signify Health has an unparalleled ability to connect with health plan members. Driven by an industry-leading mobile clinical network of clinicians who are on the road seven days a week, engaging with members, and uncovering their health concerns.

Generate Insights:

Powered by Signify Health's proprietary data and technology backbone, In-home Health Evaluations generate actionable clinical data, empowering health plans to more effectively predict risk and quality gaps – all during a single visit.

Improve Outcomes:

When unmet care needs are identified, Signify Health coordinates the next best action with health plan members, leading to better health outcomes, gap closure, and a more connected, effective care experience for all.

Provide a data driven **holistic member experience**

Signify Health Care Coordination Pathways

Identify

In-home Health Evaluations provide a true understanding of your members' health status, identifying risk and care gaps

Unmatched reach into the home

2.3M+ completed In-home Health Evaluations in 2022

Activate

Pathway Targeting Logic to activate relevant, modular pathways that map to health plan KPI's and desired results

Reach identified members with certainty

300+ clinical and social data points captured in a visit

Engage

Personalized Plan for each member based on IHE data and health plan provided data determines their next best actions

Connect with your members

~80% Post-visit reach rate

Coordinate

Care Coordinators connect members with resources and providers to support closing gaps from their personalized plan

Coordinate follow-up care

260K

case management referrals, urgent care, appointments scheduled in 2023

Signify Health. Data on file as of October 2023.

Coordinate care with members to drive better outcomes with integrated services that support and educate

The right actions at the right time

Program coordination

PCP follow up appointments

Specialist appointments

New DX follow-up and intervention

Mail order RX

Targeted outreach and scheduling for quality gap closure

Value-based care access

Vaccination

Medication adherence

Unengaged care management

SUPD gap closure

Powered by Signify's unique data and technology platform

Signify Health's Care Coordination Pathways identify, engage and coordinate with members, providers, and partners to ensure appropriate follow up care and quality gap closure resulting in a comprehensive and positive member experience

Value-based care access: Case study

20% of members Signify Health spoke with during the IHE follow-up call, were interested in learning more about connecting with a PCP, including a PCP involved in value based care arrangements
(and Signify Health helped members to make those connections)

more than 50% of members scheduled an appointment during their first call with the PCP

Member Story Spotlight

"Thank you!"

Member who was struggling to find a PCP

Lack of PCP: Member called back to thank us for helping her connect with a PCP as she did not have one and was having trouble finding one

Barriers to Access: Member expressed gratitude to provider who assisted with coordinating transportation to and from her appointment as that had been one of her main barriers to access

Select Member Feedback

"This is perfect timing because my PCP is retiring next month. Would I be able to start coming in after that?"

"I've been thinking about seeing a [PCP] for a while because I've been having some trouble walking lately. I've been meaning to reach out to a doctor, so this is great."

"You have availability before my primary care doctor does. I like my [current] doctor but she's always too busy."

Poll question #3

What is your biggest challenge to better MA care coordination?

1. Fragmented care
2. Data sharing
3. Member engagement
4. Provider collaboration
5. Risk stratification
6. Compliance and regulations
7. Technology integration
8. Resource allocation
9. Cultural and language barriers
10. Transition of care

How Signify Health can help

Resources from Signify Health

- **Access to the home** is our unparalleled ability to engage your difficult to reach Medicare Advantage and Medicaid members conveniently in their home or virtually
- **Omnichannel outreach** via US mail, email, display advertising, text, phone to help prepare the member for the in-home visit
- **In-home Health Evaluations** capture a holistic view of your members' health and include a review of medications, SDoH assessment, and more
- **Diagnostic & Preventive Services** - Detect and diagnose chronic health conditions to extend the value of In-home Health Evaluations and close more care gaps
- **Care Coordination Pathways** helps health plans drive meaningful connections with members:
  - Connecting members back to their care team
  - Engaging members with an attributed provider
  - Addressing medication related concerns
  - Coordinating needs identified as a result of In-home Health Evaluations
  - Scheduling diagnostic and preventive care appointments

Unmatched reach into the home

2.3M+

completed In-home Health Evaluations in 2022

Take the next best action with certainty

300+

clinical and social data points captured in a visit

Coordinate follow-up care

262K

case management referrals, urgent care, appointments scheduled

Signify Health. Data on file as of October 2023.

THANK YOU

RISE®