The Connect for Life® Program

Holistic Community Care Driven by Trusted Relationships

Wider Circle®

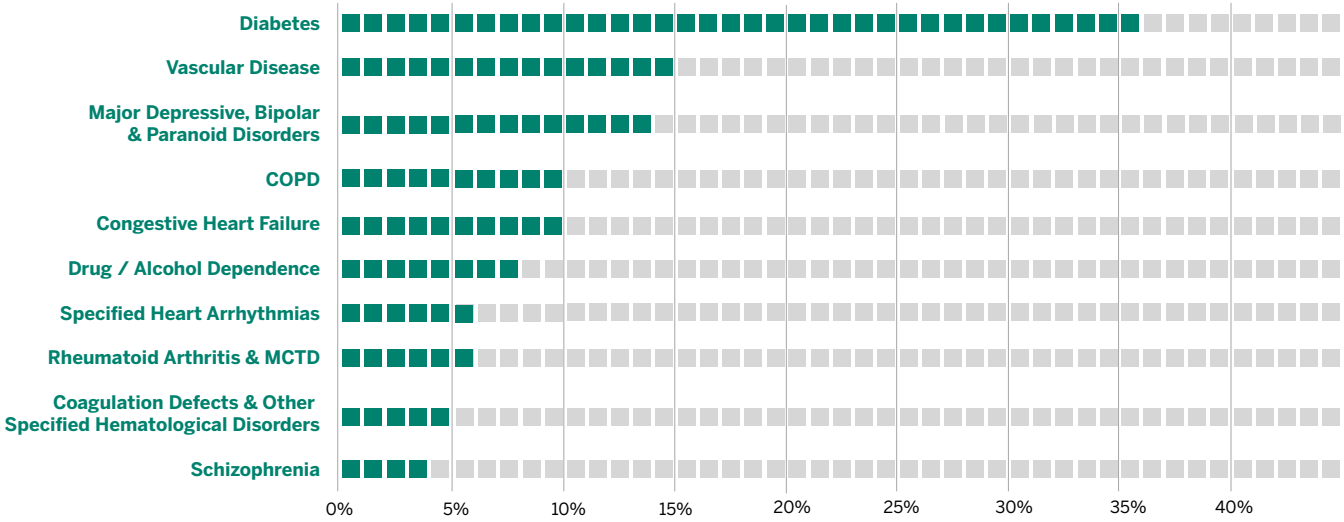
Contents

In the Connect for Life® (CFL) program, Wider Circle forms and manages trusted neighborhood groups of Medicare Advantage & Medicaid Plans members to motivate participants to take better care and address the barriers preventing them from doing so.

Trained facilitators build trusted groups of neighbors in a culturally competent manner by engaging members hand on hand via weekly small-group meetings for six weeks. Facilitators galvanize able members as volunteer ambassadors to help manage each group. Our ambassadors reinforce presence that residents know and trust — our language, our culture, people like us.

The result is a network of neighbors that engenders trust in the system and helps navigate its complexities to improve member experience and clinical outcomes.

Percentage of Wider Circle Dual Members with Each Chronic Condition



> We are only going to be well as a society if we focus on overall wellness and not just disease. Wider Circle plays an essential role in helping health systems fill the gaps in care that are often missed in medicine today by providing members with access to the resources they need in a local setting they can trust.

David Hodges, MD, FACC
CMO and Head of Englewood Healthcare Associates

CFL by the Numbers

Since 2016, Wider Circle has served Medicare Advantage and Medicaid beneficiaries in urban, suburban and rural communities, in four different languages.

70,000 plan **beneficiaries** covered

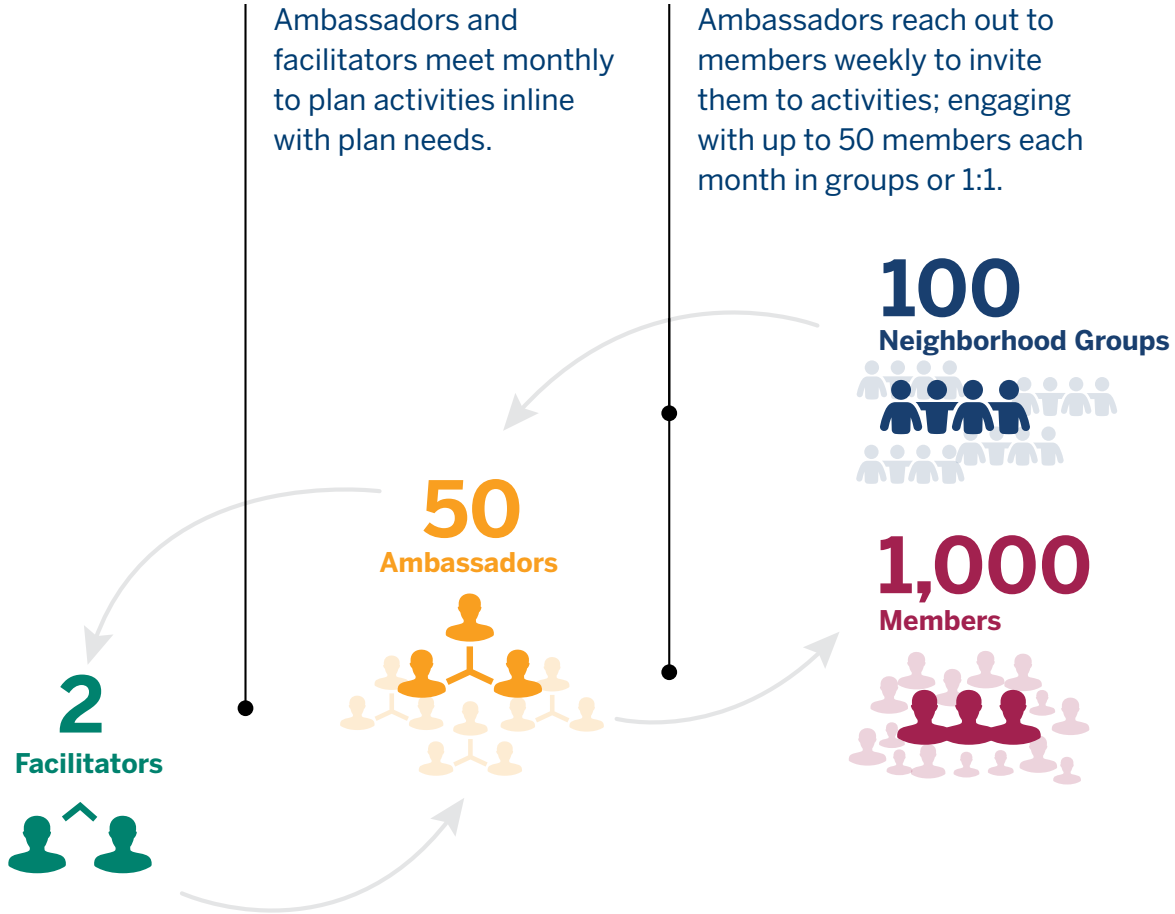
7,000 members in **12 counties** actively participate in the program

61% members have at **least one** chronic condition

40% members have at **least two** chronic conditions

A Community in Action: The Story of Fresno

Fresno County in California's rural heartland is the third poorest county in the state, with residents experiencing lower access to quality care than residents living in coastal communities. In early 2018, we began knocking on doors to invite neighbors to come together and talk about how to get the care they deserve. Within one year, the Fresno Connect for Life community engaged 1000 members, led by 50 volunteer community ambassadors and 2 facilitators.



Together our facilitators and ambassadors:

- Met members in-person up to **20 times** each year
- Managed and reported to sponsor case management team up to **10,000 cases** relating to benefit navigation, HEDIS gap closure, or an impediment to accessing care like food insecurity or transportation
- Offered **5,500 course** hours in health education, benefit navigation and group physical activity

Studying the Impact of Our Community Care Model

In 2018, Wider Circle partnered with one of the fastest growing Medicare Advantage and Special Needs Plans to measure the impact of the CFL program on quality of care, cost of care and the plan membership experience. We evaluated Caucasian, Hispanic, African American and Asian members living in urban, suburban and rural communities in eight California counties. Program participants were matched to controls using propensity matching across demographic and disease burden dimensions, balancing intervention and control groups for measurement.

Methodology

Populations
matched on Age, Gender, and Charlson Comorbidity Index utilizing propensity Scoring Methodology and 5:1 matching

Time in plan
Minimum of 12 months post-Connect for Life attendance

Populations

- Medicare Advantage Members N = 3,036
- Dual Eligible Members N = 2,028
- Under 65 years old N = 258

Program measures
created using logic and code sets defined by NCQA for HEDIS quality measures (2018 edition)

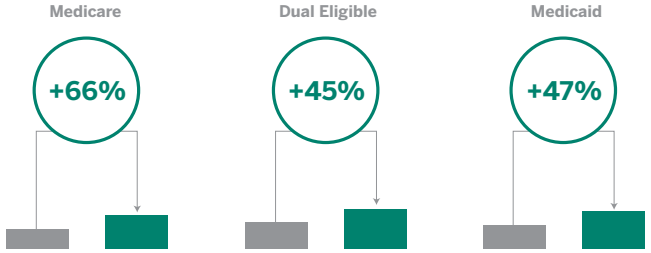
Prevention Impact

In each community, our facilitators and ambassadors educate members on effective benefit navigation and preventative care. Together we build a "care community at home" encompassing their primary care physician, the community resources available to them, the specialists they may need and their CFL neighbors. As neighbors support one another on this wellness journey our community is able to close the loop and ensure members engage with the resources they need.

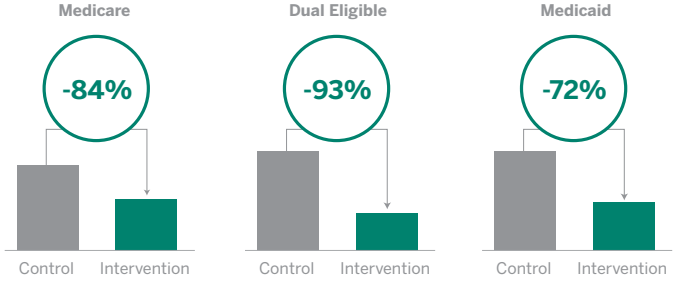
> My circle helped me find a doctor that I really like, and they even come with me to my appointments. I have seen the doctor this year much more than in prior years.
>
> **Connect for Life Member**
> *Fresno, CA*

Increased Engagement with Preventative Care

Groups of friends create group dynamics that engender consistent adherence and engagement. As members take more interest in their health to fit in the group, ambassadors provide local network information to enable effective engagement.



Medicare, Dual-Eligible and Medicaid participants exhibited a **66%, 45% and 47% increase in engagement with preventative and ambulatory care** compared to similar beneficiaries who did not participate in the program.



Medicare, Dual-Eligible and Medicaid participants exhibited a **84%, 93% and 72% decrease in urgent care** use compared to similar beneficiaries who did not participate in the program.

Our Model in Action: Annual Wellness Visits

Our members care for each other's well-being, so when it comes to the Annual Wellness Visit, they assist one another with completing the Health Risk Assessment and scheduling their checkup appointments. Our Fresno chapter took it one step further in April 2019. Local ambassadors integrated an Annual Wellness Drive and education into their chapter potluck meetings throughout the month. Members unable to attend received a visit from an ambassador.

92%
MEMBERSHIP

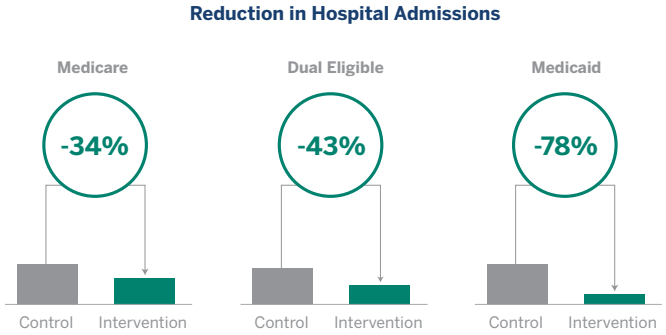
Ambassadors spoke in person with **92% of membership** within 30 days.

14%
MORE AWVs

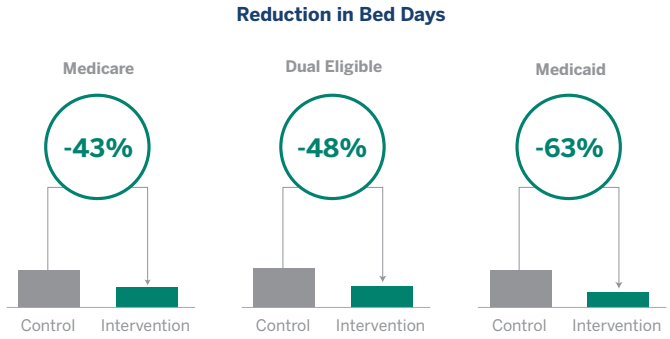
Members conducted **Annual Wellness Visits 14% more frequently** than their counterparts doubling the CA FFS rate.

Outcomes Impact

With personal hand on hand engagement, education and an emphasis on preventative care, CFL program members enjoyed a healthier year and less hospital days.

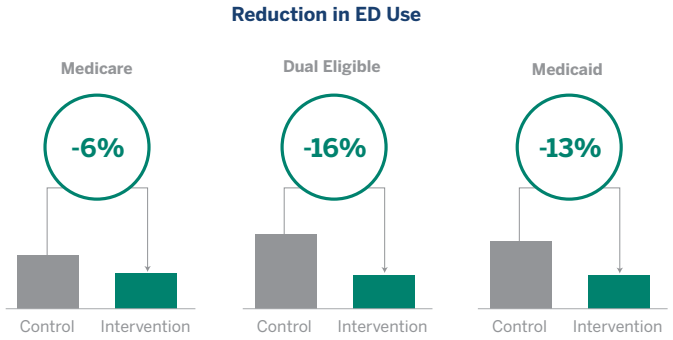


Members of CFL communities throughout California were **admitted to the hospital 34%, 43% and 78% less** as compared to Medicare, Dual Eligible and Medicaid plan beneficiaries who were not CFL members.



When our members do get sick, the community rallies around them to provide support and visit them at the hospital. Members of CFL throughout California were **discharged from the hospital 43%, 48% and 63% sooner** as compared to Medicare, Dual Eligible and Medicaid plan beneficiaries who did not participate in the program.

Outcomes Impact



Effective engagement with preventative care should reduce Emergency Department use. Our members leverage their support group and Annual Wellness Visit to form a care plan and are **using the ED 6%, 16%, 13% less** than Medicare, Dual Eligible and Medicaid plan beneficiaries who did not participate in the program.

> Keeping members out of the hospital is a top priority. Wider Circle helped us drive meaningful gains, reducing admissions by more than 30%.
>
> **Jeff Davis, CEO, Universal Care**

Better Member Experience

A neighborhood circle of friends who all belong to the same plan is a forum where members solve problems together - without which would have caused them to switch plans.

As members make friends and build trust with their community, their membership experience with the plan becomes richer and an emotional layer is added to it.

88
NPS

Members reported a Net Promoter Score of 88, indicating a very high level of plan and program satisfaction.

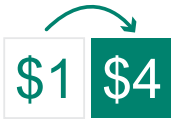
-37%
DISENROLLMENT

Participating in a CFL community reduced member voluntary disenrollment by 37%.

Cost Impact

While prevention spend increased when members became more engaged with their primary care physicians and completed more screenings, forming an Individual Care Plan and leaning on their CFL community members for support throughout the year translated to significant acute care cost savings.

CFL's positive impact on plan member experience drove gains in retention, contributing to increased revenue for our sponsors.



In total the CFL program generated ~$126 in savings PMPM, returning on average $4 for each $1 invested in the service.

Areas of Demonstrated Program Savings	Savings	Savings Drivers
Inpatient Days Improvement	$49.02	Member education/activity/social network
RAF Revenue Improvement	$3.33[1]	AWV condition identification
Care Management Driven Expense Improvement	$0.05	AWV condition identification
Falls Reduction (Hip Surgeries Avoided)	$1.50[2]	Med recon; member activity
Advanced Care Planning Impact on EOL Costs	$6.94[3]	Advanced care planning
Member Attrition Reduction	$65.00[4]	Program satisfaction
Total Estimated Program Annual PMPM Savings	**$125.84**	

[1] For every 1% Wider Circle is able to improve AWV rates, this translates to a 0.1% RAF improvement in the participating population, representing roughly $1 PMPM. See https://www.healthcatalyst.com/success_stories/hcc-risk-adjustment-coding-allina-health for logic.

[2] Based on assumption that 1 in 10 falls result in a hip injury and surgery, each hip surgery avoided in the program population is equivalent to $4 PMPM, and therefore each fall avoided is $0.40 PMPM. In 2019, Wider Circleavoided falls for a $6 PMPM savings rate.

[3] In a recent Aetna study of a Medicare population, Dr. Baquet-Simpson et al reported costs of $14,600 in the last 90 days of life, with a program savings of over 15% (slightly over $3,000 over 90 days). With Medicare population mortality rates typically near 5% and an estimated impact of 50% the Aetna result on this 5% subset, we estimate that each percent improvement in AWV compliance is associated with $6.25 PMPM in EOL-related savings. See https://www.ncbi.nlm.nih.gov/pubmed/31180268

[4] For every 1000 members it engages, Wider Circle retains 78 members that would have left the sponsor, contributing $65 PMPM to the sponsor revenues.

Conclusion

Traditional payer and provider contracting is not optimized to address the complete array of social determinants of health issues that manifest in the community. The Connect for Life program demonstrates the potential of a physical, hyper-local platform to engage disenfranchised and older Americans who often feel socially isolated. The relationships built in every neighborhood group continuously inform and motivate participants to connect with plan and non-plan resources available in their community, addressing their unique health needs and extending their independence at home.

Trusted Delivery Network

- Durable channel for peer-to-peer engagement, motivation, and support
- Strong relationships lead to action; access to care resources and increased preventative measures
- Enables delivery of trusted health information, interventions, referrals, and advocacy
- Drives satisfaction and retention; results in reduced social isolation

Improves Resilience

- Reduced social isolation improves health status and resilience
- Resilient individuals experience slower onset and progression of risks and diagnoses
- Reduces utilization and improves quality for Health Plans
- Generates loyalty to social groups and Health Plans; results in stronger trusted networks of engaged members

Wider Circle®

Learn more at widercircle.com