Wider Circle

Addressing Social Determinants of Health in Today's Healthcare System

An Innovative Approach to Improving Healthcare Outcomes for Vulnerable Populations and Lowering Costs

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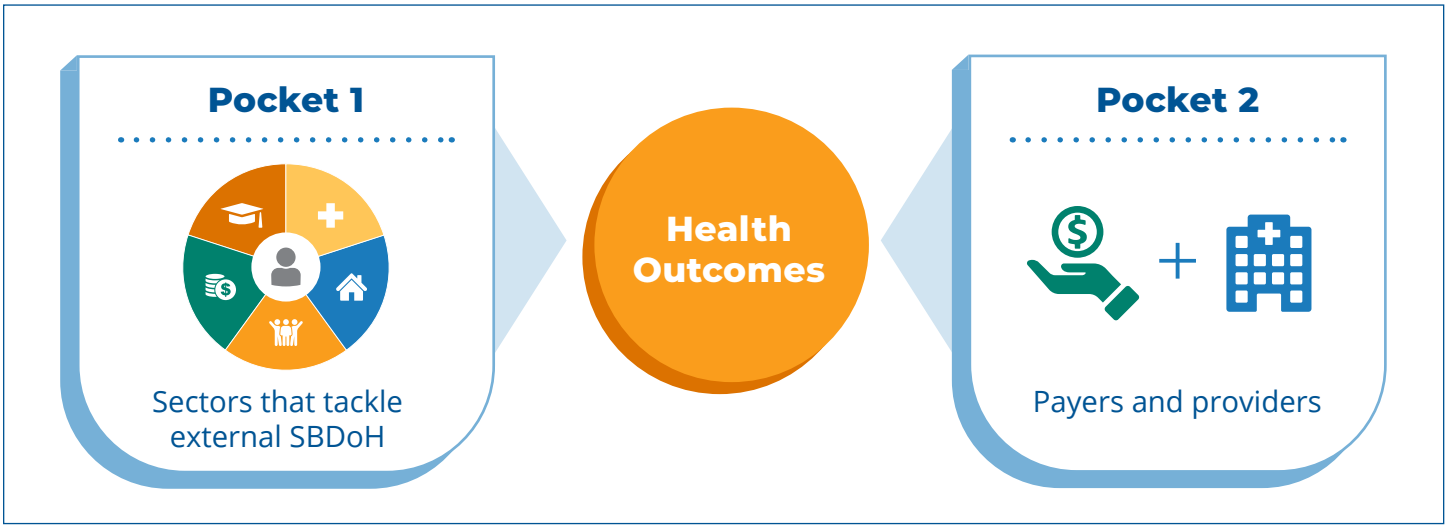
1.0 Executive Summary

As healthcare providers navigate the shift to value-based care and other alternative payment models, payers and regulators are beginning to acknowledge the impact that social and behavioral determinants of health (SBDoH) can have on improving a person's wellbeing and lowering healthcare costs.[1] SBDoH are defined as the behaviors and conditions in the places where people live, learn, work, and play — such as housing, food insecurity, education, transportation and loneliness — that affect a wide range of health and quality of life risks and outcomes.[2] In addition, SBDoH disproportionately affects seniors and lower-income communities both in the US and globally.[3]

Even though SBDoH are increasingly seen as an underlying driver of up to 30–80% of variation in health outcomes[4] — and health plans, managed care organizations and risk-bearing providers all have members that are affected by these factors — the complexities of the current healthcare system do not support a widespread model for payers and providers to address and directly reimburse for providing SBDoH related services. This is essentially a "wrong pockets" problem, where one or more organizations or sectors (i.e., the payer and provider) are best positioned to make an investment and deliver an intervention to address an issue but cannot directly benefit from the investment. This leads to underinvestment by either sector to tackle the issue straight-on because they cannot capture the value they may drive from it.[5]

Working with plans and risk-bearing providers to address SBDoH in a holistic, scalable fashion not only positively impacts health outcomes, but improves health equity and access to care for all. **This whitepaper explores an innovative vendor partnership model grounded in community-based intervention that is proven to improve health outcomes, lower costs and address health inequities for our most vulnerable and disadvantaged populations, allowing for both provider and payer to capture measurable value from their investment.**

Key Contributors to Health Outcomes



Ideally, Pocket 1 and Pocket 2 benefit from their investment in addressing SBDoH. This is not the case in today's healthcare system, resulting in underinvestment by Pocket 2.

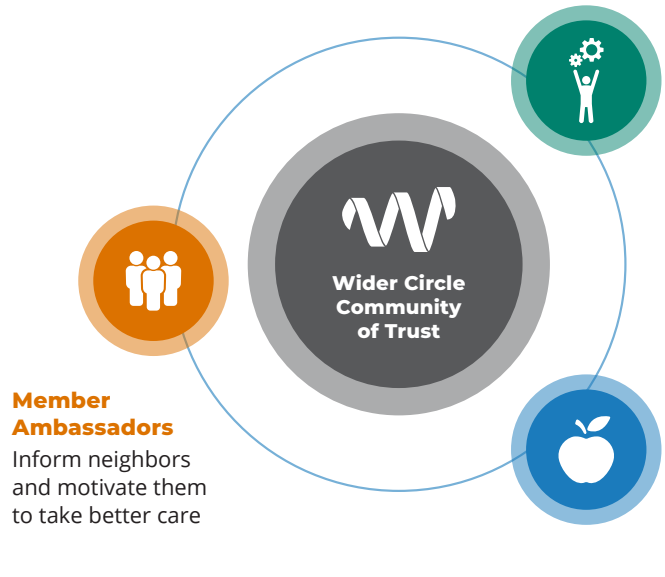
2.0 Community-based Intervention as a Path to Greater Health

It's Tuesday morning and "Ms. Chapani" checks in to her primary care physician's office for a long overdue visit. She is a single mother on a fixed income, struggling to keep a roof over her family's head. Ms. Chapani has worsening type 2 diabetes, often misses her appointments and has unpredictable medication adherence. Fast food is her go-to because she must prioritize gas money to get to work over healthier, pricier meal choices. She is isolated, beginning to show signs of depression and her child is acting up at school. All of these things are compounding her health condition, but there is little her physician can do within the existing system except provide some education and hope she has time to fill another dose of metformin that is covered by her insurance.

Nearly all of us know of a patient like Ms. Chapani, either in our personal or professional lives. There are simply too many barriers that her current care program is not set up to address, yet these very barriers are preventing her from living a happier, healthier life. This is where community-based intervention can play a critical role.

Building and being part of communities structured around shared identity and purpose has been shown to have a significant impact on SBDoH. Wider Circle is a population health company that deploys a live, community-based intervention called Connect for Life® (CFL) to vulnerable and underserved communities on behalf of managed care organizations and healthcare providers. In the CFL program, Wider Circle community engagement specialists form and manage groups of members within a given neighborhood and recruit volunteer ambassadors to motivate their fellow members to take better care of their health and wellbeing. The goal is to create trusted peer-to-peer social connections, demonstrating the importance of preventative care, addressing SBDoH and barriers to obtaining care, and improving care navigation.

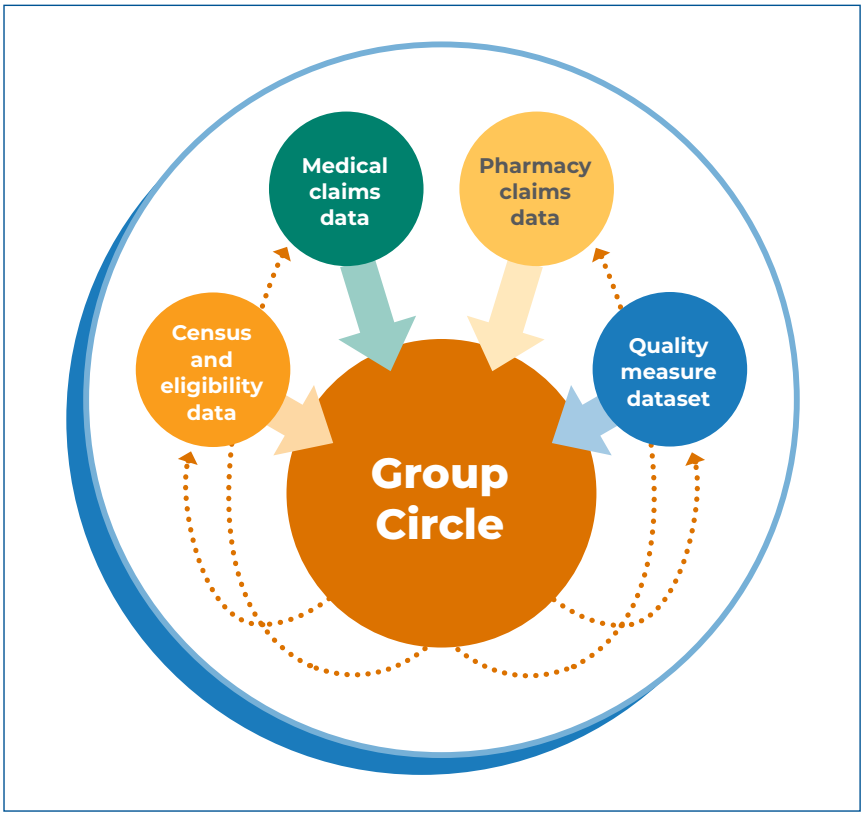
The peer-to-peer engagement forum maximizes influence by allowing individuals to socially connect in comfortable ways with credible information sources, while becoming more astute consumers of health services in their own local context. The group cohesion and trust of those care communities improve efficacy of care management programs by increasing and sustaining the motivation of participants to take better ownership of their health.



Small groups of twelve enrollees participate in consecutive in-person, hour-long meetings led by a facilitator who is sourced, trained, and managed by Wider Circle. Throughout the member journey, Wider Circle leverages the psychology of influence through using data to group similar individuals together and hiring local facilitators so they have culturally competent, consistent group dynamics that can pressure levers that drive better health. Members become part of a larger community after completing their weekly meetings in the smaller group setting. As a part of that larger community, they are invited to participate in health promotion meetings, group physical activities, or peer-to-peer local information exchanges about disease specific wellness resources. Local chapter members are encouraged to rotate as activity leaders and integrate new chapter members into their community.

To ensure the Wider Circle programs are effective across various populations, Wider Circle combines continuous learning and real time feedback with individual claims, pharmacy, census and quality data to create a data lake that can identify clusters of similar individuals likely to form loyal groups. This allows for not only targeted intervention, but the ability to compare interventions to control groups in a scientifically rigorous manner over a 12–24 month period.

Data-Driven Grouping Model



Wider Circle combines continuous learning and real time feedback with reported data to inform clustering of similar individuals likely to form loyal groups.

3.0 A Proven High Touch Approach to Improved Health Outcomes for Hard-to-Reach Individuals

Through retrospective cohort studies, Wider Circle has found that individuals who participate in their intervention have better health outcomes and cost less to manage. ED and Inpatient utilization decreases, member retention and satisfaction increases, and health outcome gaps are closed and improved. This holds true whether the participant is a Medicare, Medicaid or a Dual Eligible enrollee and across populations who are typically underserved where there is inequity in health service access and delivery.

CASE STUDY 1: SOUTHERN CALIFORNIA

In a mixed population in Southern California, members enrolled in Wider Circle demonstrated a considerable shift to lower levels of acuity. When measuring the percentage of care provided in the care settings of Outpatient/Ambulatory, Home, Hospital and Emergency as a percentage of total care Wider Circle members increased their use of outpatient services by 4.9% in this setting while reducing hospital services by almost 9% during the same timeframe (2018–2019). A matched cohort increased hospital services (+6%) and decreased outpatient (-2.9%).

4.9%

increased use of outpatient services

~9%

reduction in hospital services

CASE STUDY 2: NORTHERN CALIFORNIA

In a mixed population in Northern California, when comparing Wider Circle members against matched controls Wider Circle observed a 7% difference (lower) PMPM with lower emergency (-3.7%) and lower non-emergent ED usage (-11.6%). These cost reductions existed even with increased compliance across quality measures such as Advanced Care Planning (+8.6%), Functional Status Assessment (+14.5%), Medication Reconciliation (+15.1%) and Pain Assessments (+21.4%).

7%

lower PMPM

3.7%

lower emergency usage

CASE STUDY 3: MICHIGAN

In a study of 2,236 Medicaid enrollees in Michigan participating in the Wider Circle CFL program for 6 months or more, there was an observed decrease in healthcare costs (6%) with an accompanying increase in preventative care modalities (Access to Care, Cervical Cancer Screenings, Eye Exams, and Flu Vaccines). 72% of the intervention cohort represent minority populations and roughly 1 in 7 were enrolled due to disability.

6%

decrease in healthcare costs

increase in preventative care modalities

"Empowering members to take care of each other leads to higher retention. 5% of our members become volunteer ambassadors and we see 80% annual retention of all CFL members."

– Miguel Loyola, Community Engagement Lead, Wider Circle

4.0 Conclusion

As more and more states look to run their Medicaid programs via cohesive managed care models, tech-enabled community care organizations like Wider Circle are uniquely positioned to help such organizations tackle complex Medicaid and dual eligible populations in addition to their proven work in existing Medicare markets, targeting those populations with complex social and behavioral issues and addressing health inequities.

By providing a service with which payers and providers can directly contract, Wider Circle also solves the "wrong pockets" problem. They give health actors a lever to address complex health related issues in a scalable fashion that would otherwise be extremely difficult to influence. Now patients like Ms. Chapani have a better chance of living healthier and longer, in a setting they know and trust, and providers have peace of mind that their disadvantaged patients are properly managing their health issues.

MEMBER STORY

Addressing Grief, Depression, and Personal Wellness with Alicia

Member Alicia credits Wider Circle for saving her life. She became deeply depressed following her brother's death and due to the daily toll of caring for her chronically ill husband.

As a result of ambassador calls from fellow members and WC facilitator Dulce's classes and sustained engagement, Alicia and her husband report that their depression has lifted. Today they are re-engaged with their personal/mental health and preventative care. Alicia states that no other company has demonstrated the care for them that comes with this program.

"We experience joy and connection, and Dulce is even teaching us how to eat healthier. Please don't ever end the Connect for Life program. Because of it, I know my health is the most important thing. We need this program! It has lifted our lives."

– Alicia, Wider Circle member

Wider Circle works with health plans nationally to deliver unique hyper-local care programs that connect neighbors for better health. The company's trusted, peer-based delivery network has been proven to drive resilience, improve member experience and engagement, and reduce hospitalizations.

Today, Wider Circle offers its innovative in-person and virtual programs to more than 320 communities nationwide.

To learn more, contact:

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1 https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-address-social-determinants-health-improve-outcomes-lower-costs
2 https://www.cdc.gov/socialdeterminants/index.htm
3 https://journals.sagepub.com/doi/abs/10.1177/1073110520958876
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