Wider Circle

The Impact of a Community-Based Intervention on Utilization, RAF Score, and Member Retention

March 2022

1.0 Executive Summary

Founded in 2016, 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, with the goals of creating trusted peer-to-peer social connections, demonstrating the importance of preventative care, addressing barriers to obtaining care, and improving care navigation.

This report examines 12-month outcomes for health plan members enrolled in CFL compared with matched members who did not enroll. Presented outcomes include unplanned care utilization, associated cost differences, RAF score, and member retention in the health plan.

The results of this analysis are summarized in Table 1.1. Overall, members enrolled in CFL experienced a 26.4% or $216 reduction in average per member, per month (PMPM) costs, compared to control. Drivers of this cost reduction include reductions in non-emergent, emergency, and inpatient utilization, shown in Table 1.1 below. In terms of risk adjustment and appropriate diagnoses, a relative increase of 15.3% was measured in the CFL members' risk adjustment factor (RAF) score. Finally, in terms of attrition, CFL members left the health plan at a 49.4% lower rate than control members.

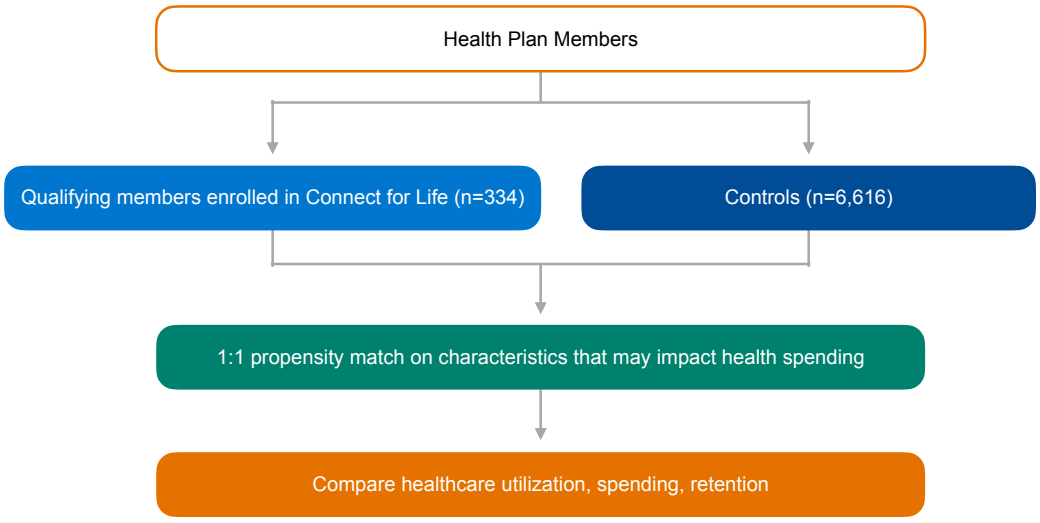
Table 1.1 Differences in outcomes between CFL members and matched control.

Outcome	Difference between CFL members and control
Total cost of care, PMPM	**($216)**
Utilization, relative difference	
Non-emergent ED / 1,000	(29.8%)
ED / 1,000	(4.9%)
IP / 1,000	(12.0%)
Mean risk adjustment factor (RAF) score, relative difference	**15.3%**
Member attrition, relative difference	**(49.4%)**

2.0 Analytic Strategy

To measure the impact CFL had on health spending, inpatient utilization, RAF score, and retention 12 months after program enrollment, we compared members who enrolled with matched members who were similarly eligible but not enrolled in CFL (Figure 2.0.1).

Figure 2.0.1 CFL analytic strategy.



2.1 Subjects

Members were initially selected for enrollment in CFL between January 2018 and June 2021. From the initial cohort of 7,720 members, we defined enrolled members as those who attended at least one event.

The date of first participation in a CFL event was considered their “index” date. CFL members and controls were required to have maintained continuous insurance eligibility for 12 months before their index date to assess baseline resource utilization, and for at least 12 months after their index date, during which outcomes were measured.

2.2 Matching Procedures

To create comparison groups that were as equivalent as possible, CFL members were matched to potential controls on characteristics relevant to health spending and resource utilization using a two-stage process.

Table 2.2.1 Selected characteristics of CFL members and controls after matching.

	Control	Intervention
Age, mean years	76.1	76.3
Female, %	72.5%	72.2%
Charlson Comorbidity Index, mean	2.25	2.35
Base annual healthcare spending, mean	$10,900	$10,100

2.3 Outcomes

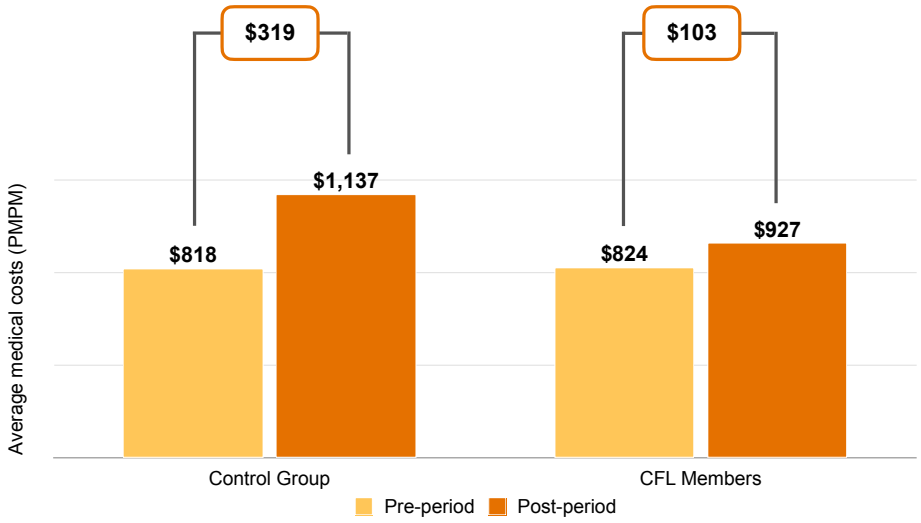
Within the propensity-matched cohorts, administrative claims and eligibility data were used to evaluate utilization, costs, RAF, and enrollment during the measurement period. PMPM health spending was measured using total paid amounts to assess medical utilization.

3.0 Findings

3.1 Impact on Cost of Care

The impact of CFL on cost of care is summarized in Figure 3.1.1. Overall, CFL members demonstrated a 26.4% reduction in PMPM medical costs, using a difference-in-differences measurement approach. This translates to a statistically significant net cost reduction of $216 PMPM in the CFL group (p = .04).

Figure 3.1.1 Average PMPM medical costs, control compared to CFL members.



26.4% reduction in PMPM medical costs

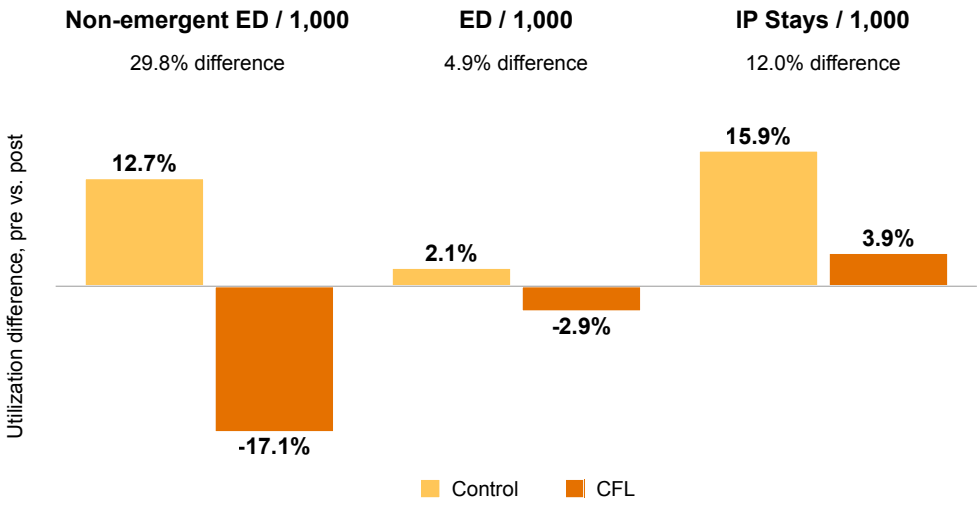
or

$216 PMPM in medical cost savings (p=.04)

3.2 Impact on Inpatient Utilization

The impact of CFL on utilization is demonstrated across three categories, shown below. In terms of non-emergent ED utilization, the CFL group showed a 29.8% difference compared to control. Non-ED utilization is defined here as those conditions for which a treatment delay or at another care site (e.g., outpatient office or clinic) would not increase the likelihood of an adverse outcome[1]. In terms of emergent ED utilization, the CFL group demonstrated a 4.9% difference. Inpatient utilization was 12.0% lower in the CFL group than the control group and was statistically significant at p = .01. Each of these results were calculated using a difference-in-differences approach, as shown in Figure 3.2.1 below.

Figure 3.2.1 Utilization, control vs. CFL members.



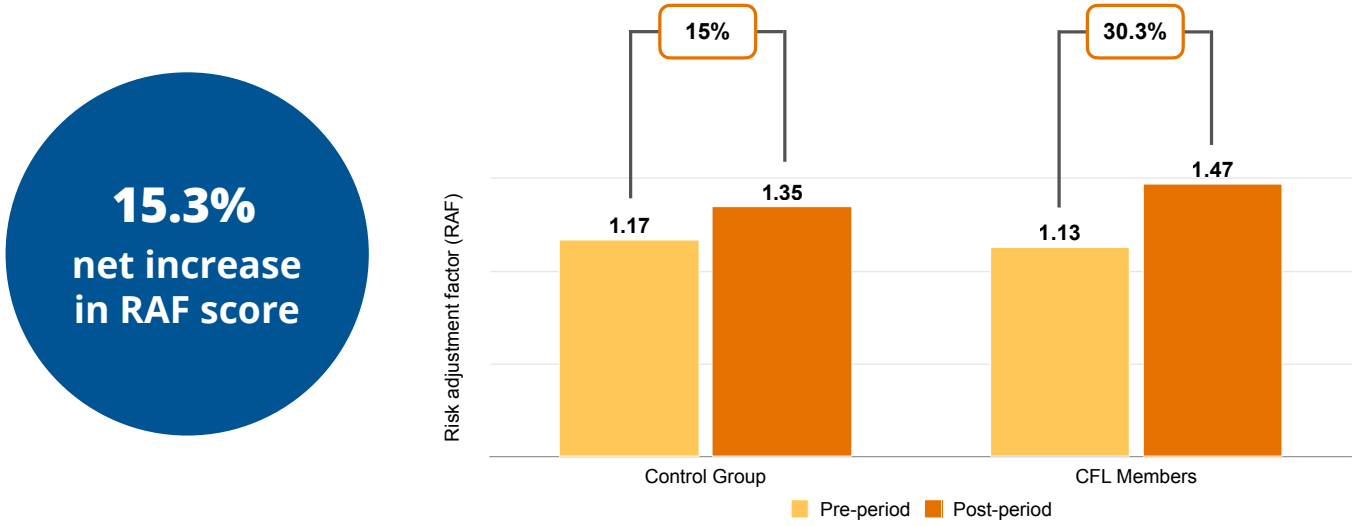
[1] Characteristics of Non-Emergent Visits in Emergency Departments: Profiles and Longitudinal Pattern Changes in Taiwan, 2000–2010.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6603954/

3.3 Impact on RAF Score

The impact on member RAF scores is summarized below. CFL members experienced a 15.3% increase in RAF score than the control group, shown in Figure 3.3.1.

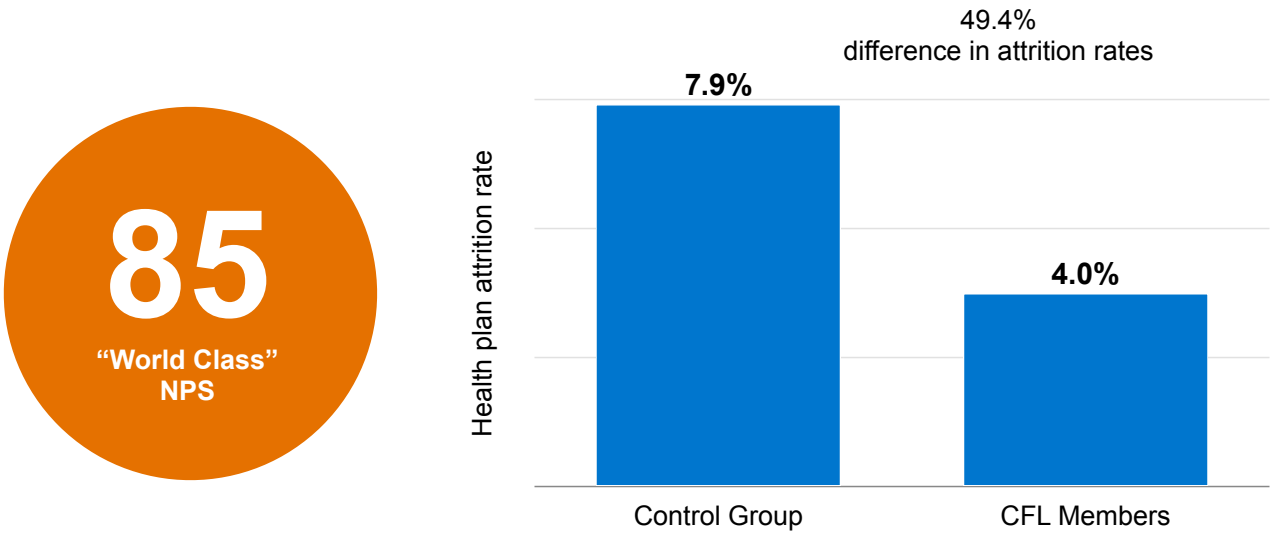
Figure 3.3.1 Risk adjustment factor (RAF) score, control vs. CFL members.



3.4 Impact on Member Experience and Retention

In terms of member experience, the results of member surveys measuring Net Promoter Score® for CFL members demonstrated an NPS of 85, defined as "World Class". In terms of retaining members in the health plan, the CFL cohort demonstrated a 49.4% lower attrition rate compared to the control group.

Figure 3.4.1 Net Promoter Score and health plan member attrition rate, control vs. CFL members.



4.0 Conclusion

This analysis describes the 12-month effects of Connect for Life on health plan members in terms of utilization, cost, RAF scores, and retention. Our findings suggest CFL is helping members avoid unplanned, acute care utilization, driving appropriate diagnoses via completed annual wellness exams, and lowering member attrition due to increased care navigation support.

5.0 Limitations

The measurement of this real-world intervention was limited by the difficulty in distinguishing the impact of CFL from other services offered to members concurrently. However, any bias from such programs should be small due to the propensity matching approach of the study, making both the control group and intervention group equally likely to receive such services.

Wider Circle

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, visit www.widercircle.com