Focusing on Life Quality

Mike Griffin, Senior Vice President of Advocacy and Public Policy
Anchor institutions

Anchor institution characteristics

- Nonprofit or public institutions
- Rooted in place—“sticky capital”
- Economic engines—large purchasers, employers and investors
- Inclusive local hiring
- Inclusive local sourcing
- Place-based investing

$893M+
Contracts and Services

$4B+
Salary and Wages

$1.8B+
Community Benefit
AdventHealth Advocacy
PRIORITIES

Economic and Workforce Development

Behavioral Health

Social Determinants

Access to Care
AdventHealth Manchester
Where are the Hardest Places to Live in the U.S.?

A 2014 data-analysis project compiled six basic metrics to give a picture of the quality and longevity of life in each county of the nation: educational attainment, household income, jobless rate, disability rate, life expectancy and obesity rate.

“Clay County, in dead last, might as well be in a different country.”
Meeting Manchester’s Basic needs

Two Water kiosks provide fresh drinking water to Clay County Residents
Meeting Manchester’s Future Needs

Stay In Clay

SOAR
Creating a Future in Appalachia. Together.
Developing Manchester’s Economy

- 104 people have been placed in Remote Jobs through the EKU Digital Careers Center through Teleworks USA
- Phillips Diversified
  - Received $1 million USDA Rural Economic Development Loan to expand
  - In the past 90 days, they have added 30 new employees.
  - Now in the General Electric portal for contracts and have nearly $30 million in bids.
  - Anticipate the creation of 50-100 new jobs in the next 12 months.
  - Increased revenue/sales an estimated $3 million in 90 days.
Clinical Mission Integration
The *Spiritual Wholeness Screening* is a mission best practice for providing whole-person care – *mind, body and spirit*.

1. Do you have religious beliefs that influence your medical decisions?
2. Do you have someone who loves and cares for you?
3. Do you have a source of joy in your life?
4. Do you have a sense of peace today?

**Spiritual Indicators** *(Galatians 5:22-23)*

- Love
- Joy
- Peace
Spiritually Discerned
The “spiritual indicators” — love, joy and peace — derive from Galatians 5:22-23: “But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law.”

CMI Team Members
AdventHealth hired and trained more than three dozen clinical mission integration team members to support providers in the delivery of outpatient spiritual care.

E-Spiritual Care Center
AdventHealth established the call center to follow up with patients who have spiritual needs, provide support and recommend additional community-based resources as needed.

2 million+
Since the inception of AdventHealth’s clinical mission integration program, more than 2 million patients have received a spiritual wholeness screening.

How it began — 2015
AdventHealth conducted a year-long study, in partnership with Duke University, to examine the attitudes and practices of health care providers as they relate to the integration of spirituality into patient care, while introducing practical strategies for the application of spiritual care in the outpatient setting.

3 Key points
- More than 400 health care providers participated in the study
- A majority of providers are willing to assess the spiritual needs of patients
- Providers who received education and training were twice as likely to regularly conduct spiritual assessments on patients

Spiritual wholeness questions
- Do you have someone that loves you and cares for you?
- Do you have a source of joy in your life?
- Do you have a sense of peace today?
- Do you have religious beliefs that influence your medical decisions?

How it works
The patient is given a spiritual wholeness screening based on key “spiritual indicators” — love, joy and peace — as part of the intake process.

Additional support
Depending on the patient’s needs, additional community-based resources may be recommended, including:
- Family/grief support
- Food bank support
- Housing assistance

A response of “no” or “not sure” to any of the questions triggers a referral.
An e-spiritual caregiver follows up with the patient to discuss their needs and provide support.

A patient visits an AdventHealth outpatient facility.
Extending the Healing Ministry of Christ
Drivers of Health in the Drive to Value
Dr. John Lumpkin
PUrpose
Why we exist
To improve the health and well-being of our customers and communities – we won’t stop until health care is better for all.

VALUES
How we show up
People First
Every Customer Matters
Show Grit
Think Data
Innovate to Elevate

STRATEGY
How we will achieve and deliver our goals
Enhance Our Core
Advancing Our Existing Business
Expand Beyond
Pushing Our Business Further

FOCUS
How we work
Continuously Improve
Deliver Value to Our Customers
Invest to Evolve

BRAND PROMISE
How we bring Our Purpose to life for our customers
Pushing health care further.
The Move to Value

Blue Premier

2021 Estimate: 1.2M Members receiving care from PCP’s in value based agreements
“The choices people make are determined by the choices they have”

Risa Lavizzo-Mourey
Former President and CEO
Robert Wood Johnson Foundation
Drivers of Health

- Food
- Transportation
- Social Isolation & Loneliness
- Housing
Current DoH Initiatives

- FNS/SNAP Enrollment Assistance
- Food Delivery and Health Coaching
- Integrated Companion Support
- Eat Well - Produce Prescription
Not everything that is faced can be changed. But nothing can be changed until it is faced.

James Baldwin
- The New York Times Book Review
January 1962
BCBSNC has pledged to advance health care equity for our members and communities through fearless leadership and collaborations with providers, communities, and policy makers to eliminate “the avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically”*

*WHO - Definition
Methodology

Measures
- Addressing access to care, outcomes, process, affordability/experience, and internal Race, Ethnicity and Language data quality
- Each measure is composed of multiple indicators – reliable, valid, and tested
- All measures weighted equally, using preliminary 2020 data for the testing

Disparities
- Racial Disparity – comparison of white vs. non-white
- Economic Disparity – comparison of county development tiers (from NC Dept of Commerce)
Our purpose:

To improve health and wellbeing of our members and community - we will not stop until health care is better for all
Magellan Digital Experience

VARUN CHoudhary MD, MA, DFAPA
SVP, CMO BEHAVIORAL HEALTH
MARCH 2021
Adaptable Technology Approach to Expand Access to Behavioral Health

**Outpatient Care and Care Coordination**
- Telehealth
- Trucare

**Generating Content**
- Smartscreener

**Fastest growing category**
- Collaborative Care

**Access**
- Virtual MAT
- Mightier
- Collaborative Care
- D-CBT

**Connect**

**Inform**

**Treat**

**Diagnose**
Our unique platform includes the following components to streamline the member experience:

- **DCBT Programs**: Interactive programs and mobile applications that deliver evidenced-based cognitive behavioral therapy to teach skills to overcome behavioral issues.

- **SmartScreener**: Algorithm-driven arrangement of well-validated clinical scales identify participants with behavioral health symptoms, and tracks their improvements.

- **Clinical Follow Up**: Population surveillance alerts our case managers when a member indicates high risk through our online assessments.

- **Live Chat**: Dedicated chat platform that provides patients with instant support to their questions from our clinical team.

- **Provider Search**: Online Portal that locates professionally trained counselors that provide the one-on-one support patients may need.

- **Online Library**: Online health itineraries that are packed with clinical articles that aid patients through their behavioral issues.
Best-in-class Digital Tools

WELL-BEING
Build and maintain well-being
- Digital well-being workspace for learning, tracking and communication
- Evidence-based self-care and DCBT to improve daily coping and resilience
- Data powered proactive nudges, recommendations and reminders

ONGOING SUPPORT
Anywhere, anytime in your pocket
- Check-in with a mental health concierge for in-the-moment clinical support, guidance and scheduling
- Start a coaching relationship to mentor your progress

NAVIGATION
Personal care fit for you
- Deep matching to the best fit level of care and clinician fit for you, across the behavioral care continuum
- Support coordinating and managing your care across providers, benefits, life and community resources

Powered by AI+AI personalized health signals and engagement engine
Collaborative Care Model: The most evidence-based integrated care model

**How it works**

**Key Principles**
- Team care
- Evidence-Based
- Measurement-guided
- Practice-tested
- Population-based
- Accountable care

**Predictive Analytics**
Identify patients to participate in Collaborative Care

**Primary Care Provider (PCP)**
Screen, prescribes, refers to CM

**Psychiatric Consultant**
Reviews caseload with CM; recommends tx modifications

**Care Manager**
Coordinates care and registry review with psychiatric consultant

**Registry**
Magellan’s Comprehensive Support System for Mental Well-being
The impact of Alzheimer’s disease on quality of life

Ivana Rubino
Vice President,
Global and US Alzheimer’s,
Biogen
Dementia and Alzheimer’s disease (AD)

Dementia is a syndrome that has a number of etiologies\(^1\)

**Around 50 million people** worldwide have dementia; this number is projected to more than triple to **152 million** by 2050\(^1\)

AD is the most common cause of dementia and is thought to account for **60–70%** of cases\(^1\)

5.8 million Americans suffer from AD\(^2\)

AD, Alzheimer’s disease; DLB, dementia with Lewy bodies; FTD, frontotemporal dementia; VaD, vascular dementia

AD presents a significant unmet medical need

AD is a progressive neurological disorder resulting in memory loss, behavioral symptoms, and loss of ability to perform daily activities

In advanced stages of dementia patients become completely dependent

No available treatment that alters the course of disease

AD, Alzheimer’s disease
(Accessed March 17, 2021)
AD pathology

As the disease progresses, downstream clinical features of cognitive, functional and behavioral impairments manifest. 

Aβ, amyloid beta; AD, Alzheimer’s disease; NFT, neurofibrillary tangle
Cognitive, behavioral and functional symptoms of AD

- Forgetting recent personal and family events¹
- Losing items around the home¹
- Forgetting recent conversations¹
- Struggle to follow a series of steps¹
- Difficulty performing familiar tasks²
- Impaired perception of objects and faces³
- Impaired concentration¹
- Losing track of thoughts⁴
- Difficulty finding words⁴
- Losing track of a conversation⁴

Basic activities of daily living (BADLs)⁵,⁶
- Bathing
- Dressing
- Grooming
- Toileting
- Eating

Complex activities related to independent living (IADLs)⁵,⁷
- Managing finances
- Driving / using public transport
- Shopping
- Cooking
- Managing medications
- Housework

Depression
Anxiety
Irritability
Apathy
Disinhibition
Agitation
Aggression
Hallucinations
Euphoria⁸

Impact of these symptoms on patient and caregiver QOL

Decline in memory has been linked to QOL in patients and caregivers\(^1,2\)

Neuropsychiatric symptoms including depression and anxiety have been linked to poorer QOL for both the patient and caregiver\(^1,2\)

Decline in motor ability has been linked to poorer QOL for the caregiver\(^1,2\)

QOL can vary considerably among patients and caregivers and is challenging to assess in AD, due to:\(^2–4\)

- Patient variability in AD
- Differences in self-reported and caregiver-reported QOL
- The subjective nature of QOL assessments
- Reliability of self-reported QOL assessments in patients with cognitive impairment
- The impact of external variables

Therefore, it is crucial to capture changes that are meaningful to patients and caregivers\(^5\)

AD, Alzheimer’s disease; NPS, neuropsychiatric symptoms; QOL, quality of life

Assessing these symptoms: capturing what matters most to patients and caregivers

It is crucial that clinical assessments capture what is most meaningful to patients and caregivers, across the AD continuum.

The What Matters Most study, sponsored by AD PACE, surveyed patients and caregivers across the AD continuum and identified key factors that are most challenging to them, including:

1. Memory/forgetfulness
2. Planning
3. Concentration and clear thinking
4. Awareness of day/time/people
5. Communication and language
6. Changes in behavior or personality
7. Dependence

Examples of important changes to patients in the early stages of the disease continuum:

- Forgetting a list of items
- Forgetting names of people and common
- Misplacement of items
- Forgetting dates or appointments
- Forgetting to take medications
- Forgetting dates to pay bills on time
- Confusion regarding date and time
- Change in mood
- Loss of independence
- Loss of ability to follow instructions

References:
Summary

AD significantly impacts the patient and caregivers’ daily lives\(^1\)

Although AD is primarily associated with cognitive deficits, functional decline and changes in behaviours are often the most problematic aspects for both patients and their caregivers\(^2\)

Cognitive, behavioral and functional assessments make it possible to evaluate the impact of the disease on the overall capacity of a patient with AD\(^1\); however, it is important to capture the symptoms that are most meaningful to patients and caregivers in respect to their quality of life\(^3\)

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Thank you