

You Can't Have One Without The Other:

Making Health Plan Data
Analytics Work For Provider
Organizations

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About Anthem Inc.

Anthem is a leading health company dedicated to improving lives and communities, and making healthcare simpler.

- Through its affiliated companies, Anthem serves more than 118 million people, including more than **45 million within** its family of health plans.
- Delivering health beyond healthcare, Anthem is expanding from being a partner in health benefits to a lifetime, trusted health partner.
- **One in eight Americans** receives coverage for their medical care through Anthem's affiliated plans.
- We offer a broad range of medical and specialty products.

Our Mission

Improving Lives and Communities. Simplifying Healthcare. Expecting More.

Our Vision

To be the most innovative, valuable and inclusive partner.

Our Values

Leadership
Community
Integrity
Agility
Diversity



What We Will Cover

- ✓ Prevalence of SUD as we emerge from the COVID-19 Pandemic
- ✓ Current Landscape of SUD Treatment Services Available
- ✓ Role of Payment Innovation
- ✓ Big Data
- ✓ Using Big Data to Make Informed Decisions

The Substance Abuse and Mental Health Services Administration (SAMHSA): 2020 National Survey on Drug Use and Health (NSDUH)*

- ✓ **Increase in amount of substances other than alcohol**
- ✓ **Those with pre-existing depression experienced heightened depression**
- ✓ **Increase in thoughts of suicide**

*<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

Anthem: State of the Nation's Mental Health*

*<https://www.stateofthenationsmentalhealth.com/>

The pandemic and other stressors like social injustice, elections, and the economy have had a negative impact on mental health.



Half of adults say that worry or stress related to the pandemic has had a negative impact on their mental health¹

4 in 10 adults reported having symptoms of anxiety or depression in 2021 – up from 1 in 10 in 2019²



42% of people under 30 are experiencing anxiety and depression symptoms³

46% of parents have noticed a new or worsening mental health condition for their teen since the start of the pandemic⁴

However, there hasn't been a corresponding increase in the number of people seeking mental health treatment.

Anxiety and PTSD were among the few mental health diagnoses that increased in 2020 compared to 2019.



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Anthem: State of the Nation's Mental Health*

*<https://www.stateofthenationsmentalhealth.com/>

Among children, teens, and older adults, diagnoses and treatment have decreased.

Compared to 2019, treatment for mental health diagnoses have decreased:

↓10%
young children
(under age 12)

↓5%
adolescents

↑1%
Baby Boomers

↓5%
adults age 75+

When populations encounter more stress, it's logical to expect trends for mental health diagnoses to increase, but for many — including our nation's most vulnerable, children who were learning virtually and isolated older Americans — that hasn't been the case.



Just as we don't hesitate to help others get the COVID-19 vaccine to protect themselves from the virus, we shouldn't hesitate to protect someone from the mental health side effects of the pandemic, which is just as important as it is for physical health.

Compared to 2019, there have also been fewer diagnoses among these populations:

ADHD diagnoses declined by:

13% young children
(under age 12)

8% adolescents

Depression diagnoses declined by:

3% Baby Boomers

3% adults age 75+

Dementia diagnoses declined by:

8% adults age 75+

Mental health providers anticipate long-lasting effects for their patients.

55% of mental health providers believe the pandemic has had a large impact on the behavioral health of the average American



2/3 believe their patient's mental health was worse in the second six months of the pandemic (September 2020 – March 2021) vs. the first (March 2020 – August 2020)

Nearly **3 in 4** mental health specialists and primary care doctors estimate mental health repercussions from the pandemic will last 3+ years

70% say patients are more willing now to proactively bring up mental health care issues during appointments



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How to Recognize a Substance Use Disorder*

- ✓ Does the person take the substance in larger amounts or for longer than intended?
- ✓ Do they want to cut down or stop using the substance but can't?
- ✓ Do they spend a lot of time getting, using, or recovering from the substance?



- ✓ Do they have cravings and urges to use the substance?
- ✓ Are they unable to manage responsibilities at work, home, or school because of substance use?
- ✓ Do they continue to use a substance, even when it causes problems in relationships?

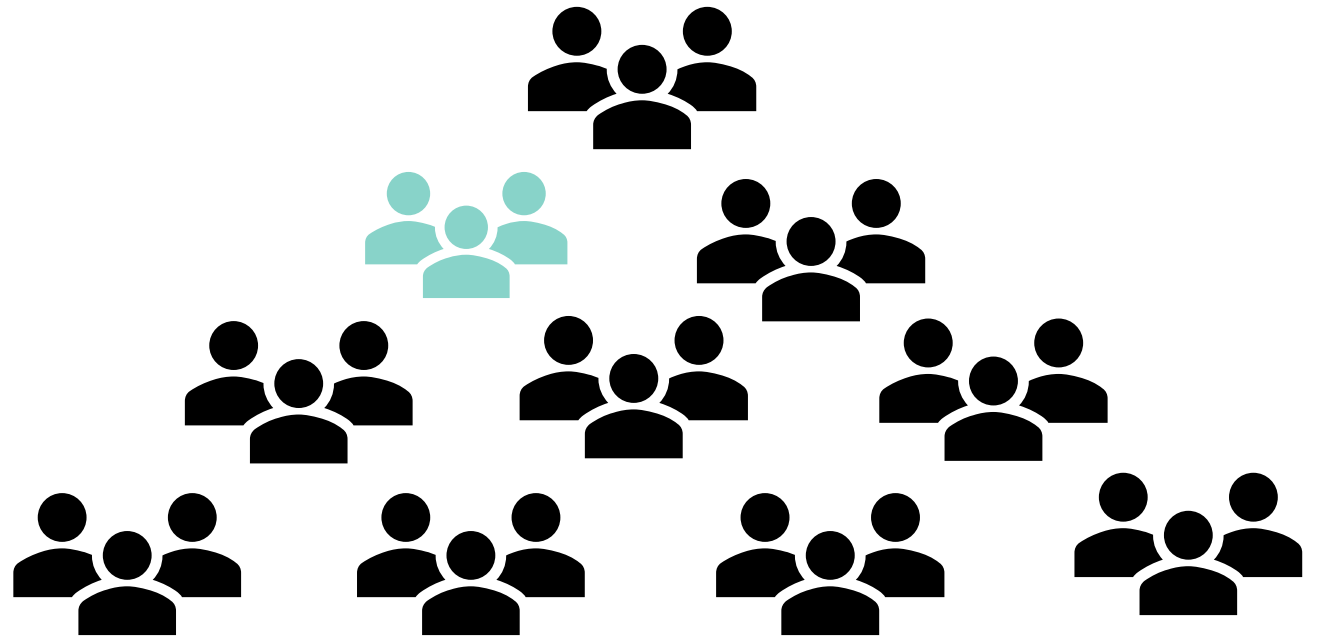
- ✓ Do they take more of the substance to get the wanted effect?
- ✓ Have they developed withdrawal symptoms, which can be relieved by taking more of the substance? (Some withdrawal symptoms can be obvious, but others can be more subtle—like irritability or nervousness.)



- ✓ Do they give up important social, recreational, or work-related activities because of substance use?
- ✓ Do they use substances again and again, even when it puts them in danger?
- ✓ Do they continue to use, even while knowing that a physical or mental problem could have been caused or made worse by the substance?

We know...

Among individuals with
a substance use
disorder, only **1 in 10**
people will engage in
treatment



**How do people find
addiction treatment?**

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Common Sources of Information



Google or other
Internet search



Referral



Existing locator
services



Advertisements or
other marketing



Word of mouth

Finding appropriate addiction treatment is challenging

Personal Challenges:

- Stigma
- Fear
- Uncertainty

Systems-level Challenges:

- Limited unbiased information
- Glossy advertisements and predatory marketing
- Patient brokering schemes
- No clear indicators of quality

Current Landscape of SUD Treatment

- ✓ **Fractured and “Siloed”**
- ✓ **Devoid of Outcomes Data**
- ✓ **Inconsistent Service Delivery**
 - ✓ **Difficult to Access**

What treatment services should you look for?

Shatterproof National Principles of Care[©]



#1. Routine screenings in every medical setting



#5. Coordinated care for every illness



#2. A personal plan for every patient



#6. Behavioral health care from legitimate providers



#3. Fast access to treatment



#7. Medication for addiction treatment



#4. Long-term disease management







#8. Recovery support services beyond medical care

Payment Innovation



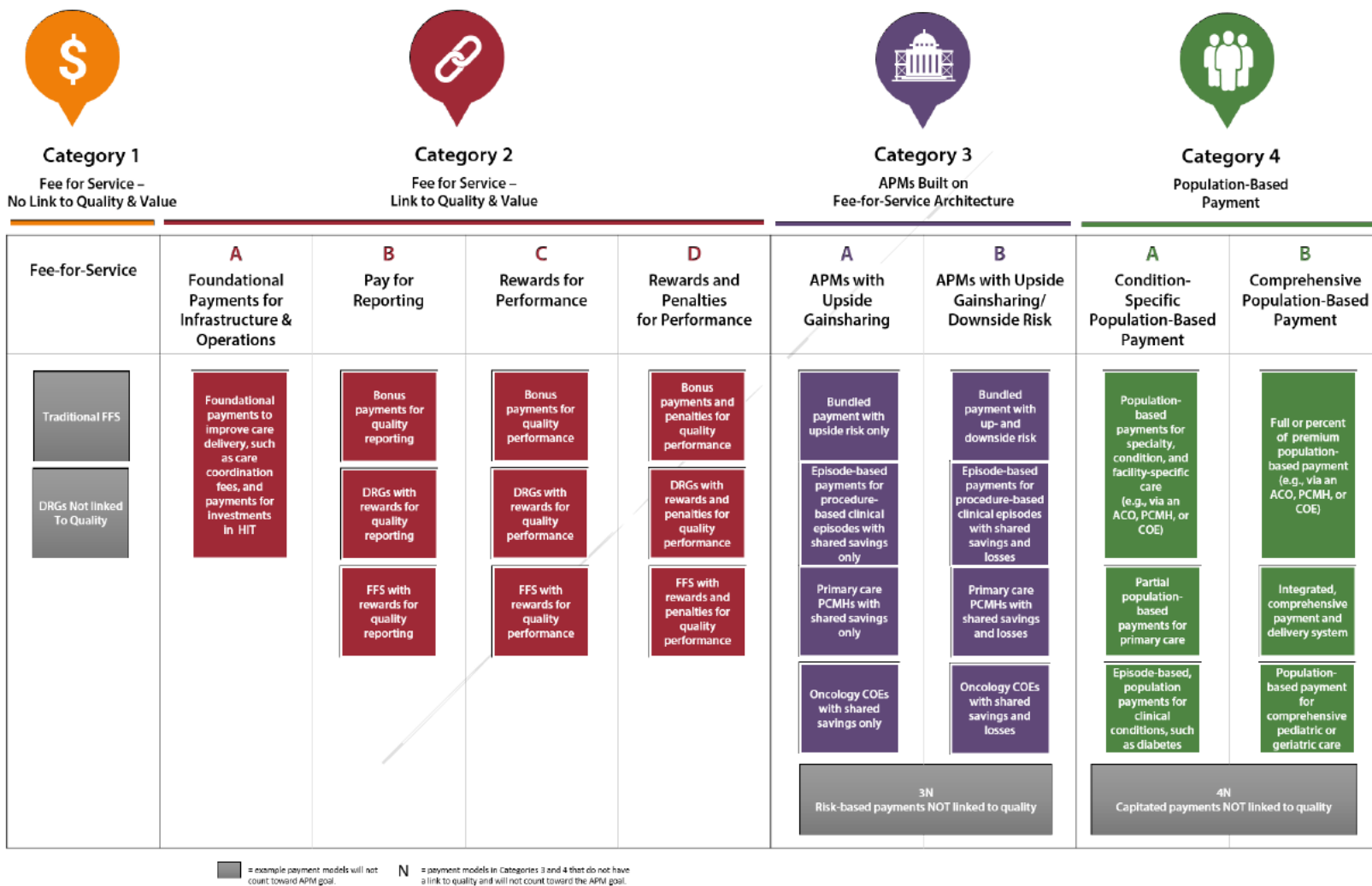
Alternative Payment Methodologies (APM)

			
CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE	CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION – BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality

- Health Care Payment Learning & Action Network (HCP-LAN) has identified 4 main categories of contracting in a Value-Based Purchasing Framework.
- Focus is to move spending into contracts that fall into Categories 3 & 4.
- The ideal contract structure is one that incentivizes providers to manage both cost & quality.
- Payment should not be triggered by service delivery and linked just to volume.
- Payments should be population-based, and drive innovation across all aspects of a member's care.

Alternative Payment Methodology (APM) Framework

Figure 4. APM Framework



Data

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Big Data



Leveraging National and Local Statistics

- Federal Government Agencies
- State Government Agencies
- Local Agencies

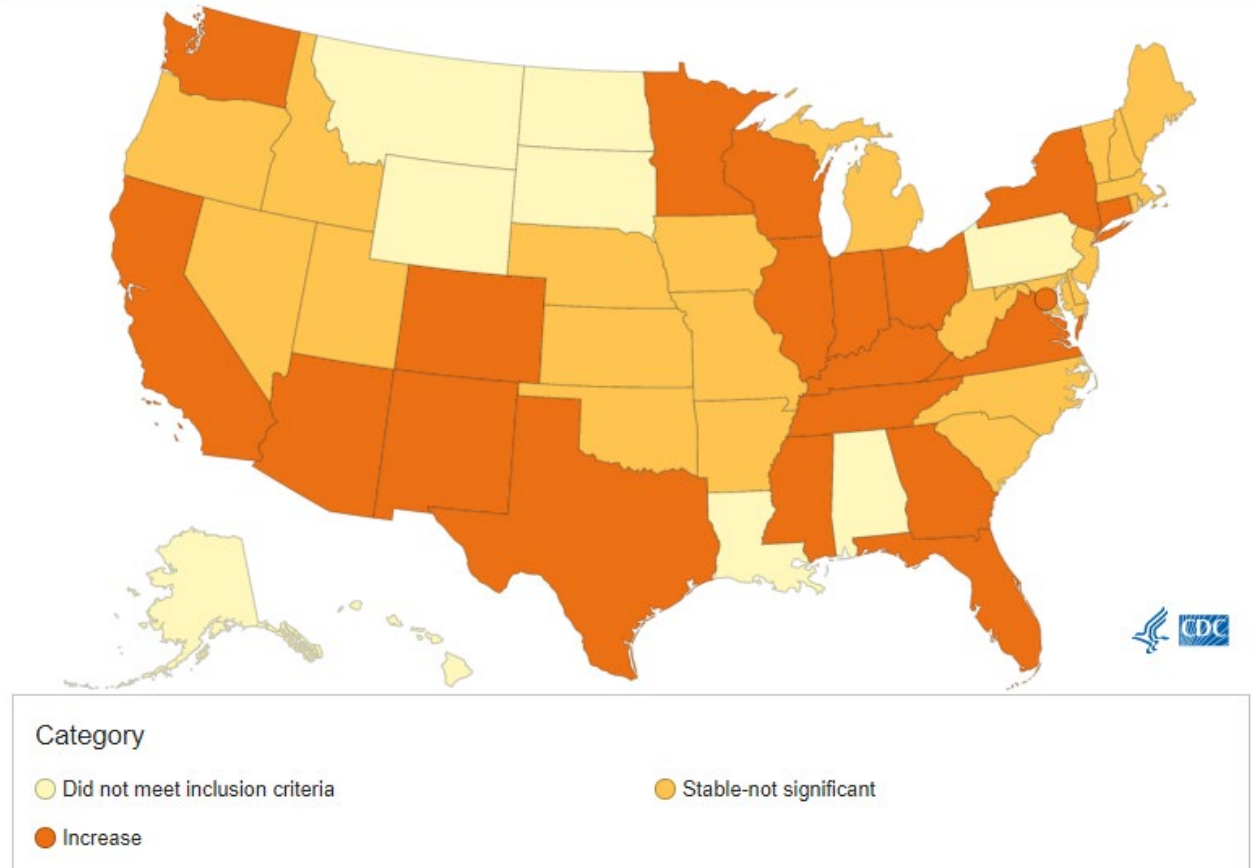
“Hotspotting” – Government Agency Data

- What is the Data Source?
- Are the Data Sets Complete?
- Utility of “Hotspotting” Reports

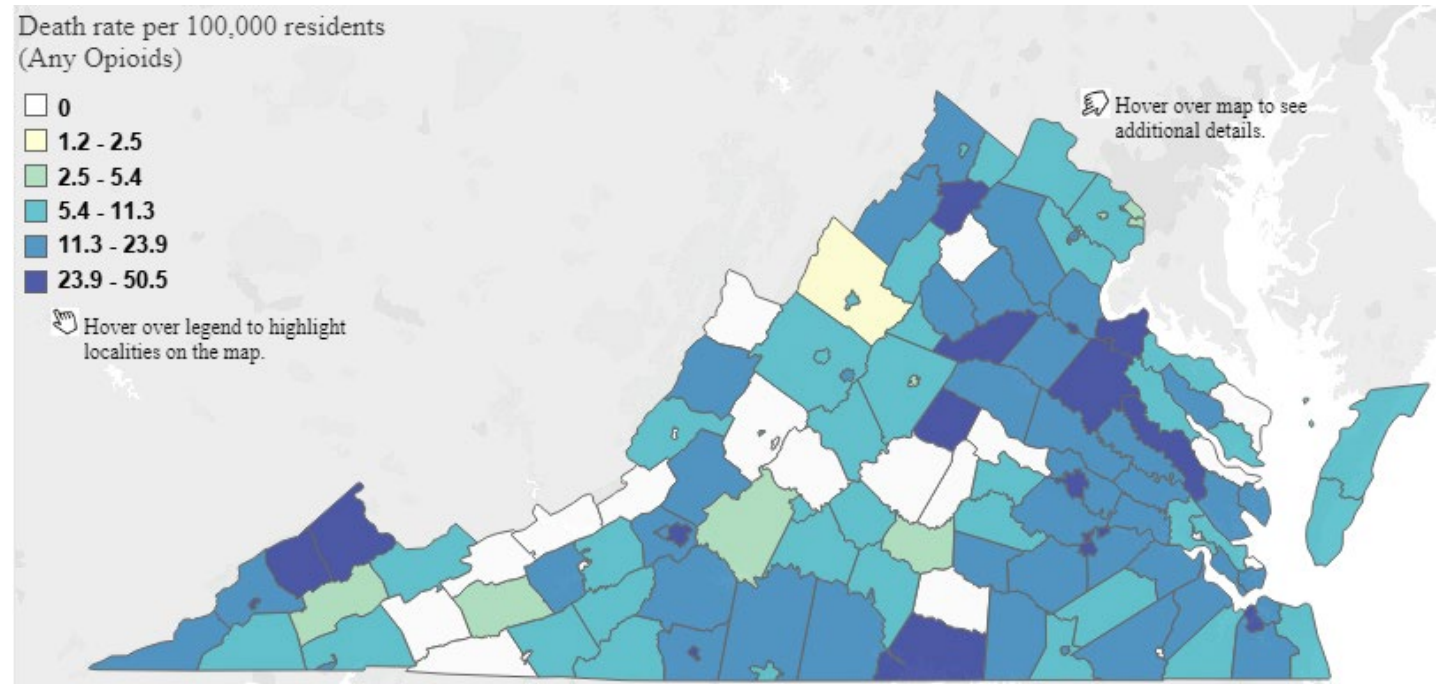
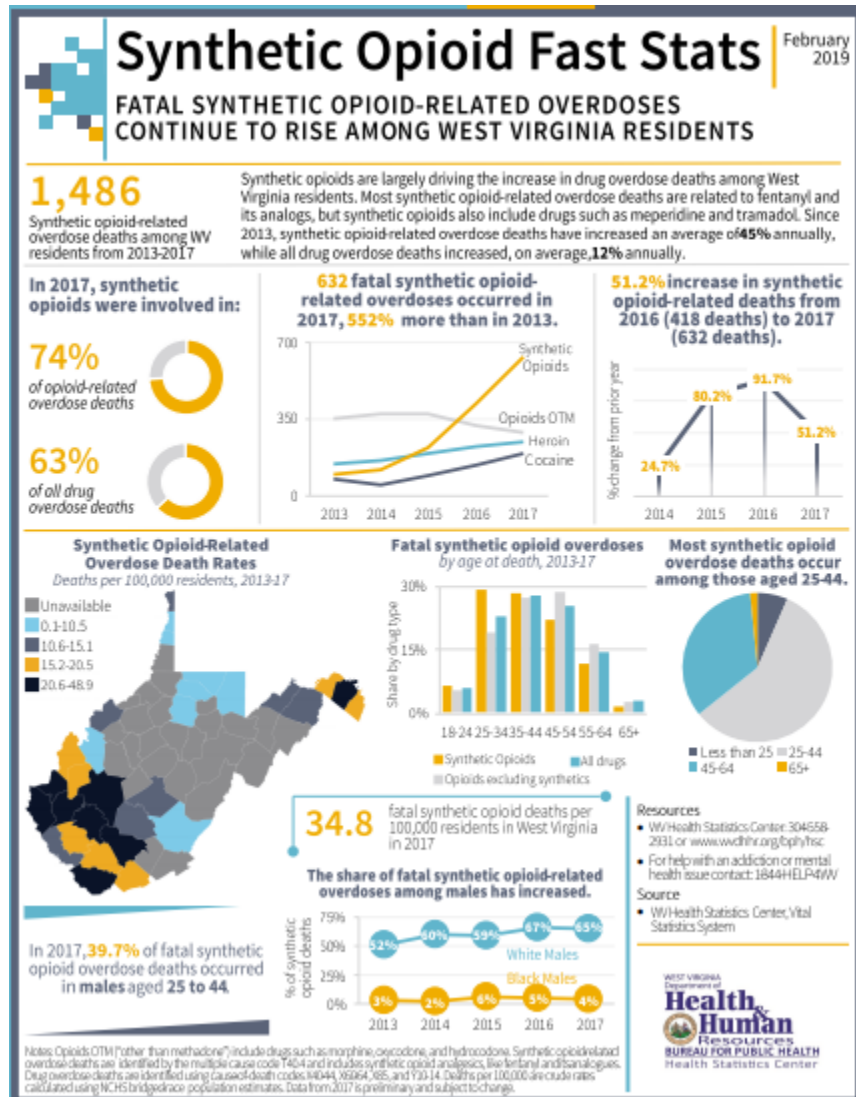
2018–2019

CDC.gov: <https://www.cdc.gov/drugoverdose/deaths/synthetic/index.html>

Changes in drug overdose death rates involving synthetic opioids by select states, United States, 2018 to 2019

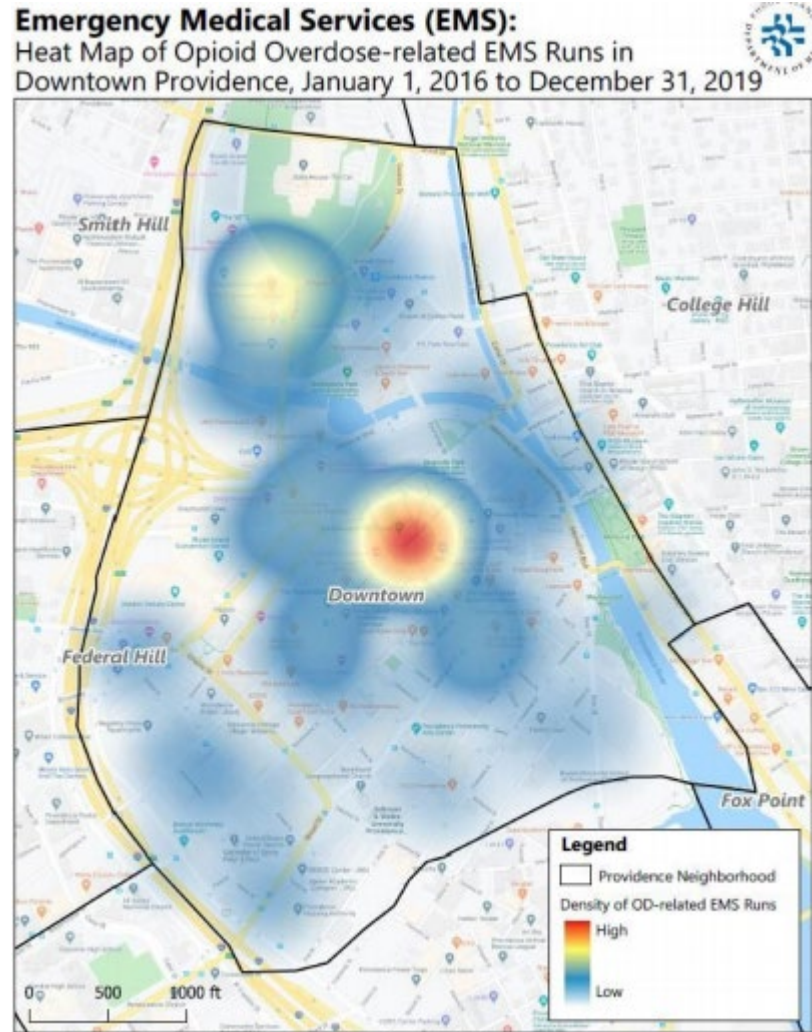


“Hotspotting” – State Specific Data

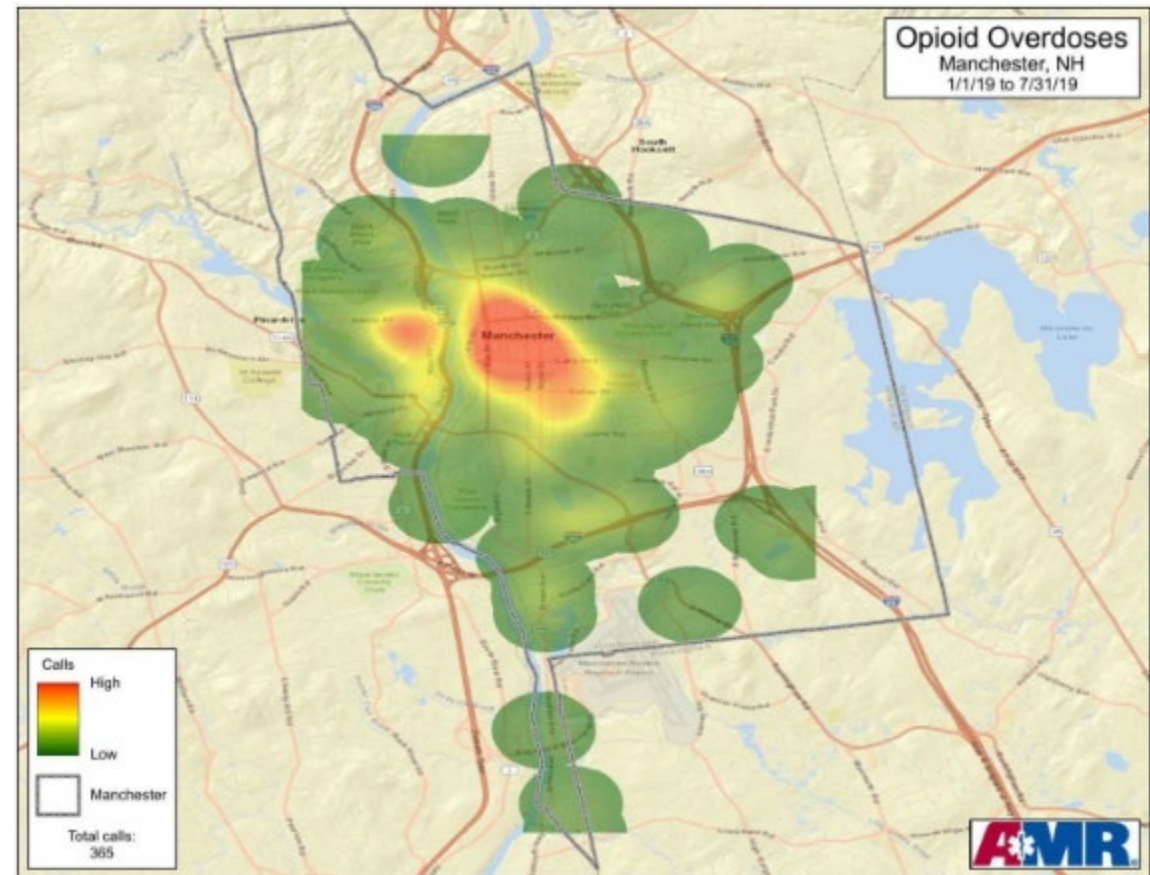


<https://www.vdh.virginia.gov/opioid-data/deaths/>

“Hotspotting” – Local (Municipal) Data



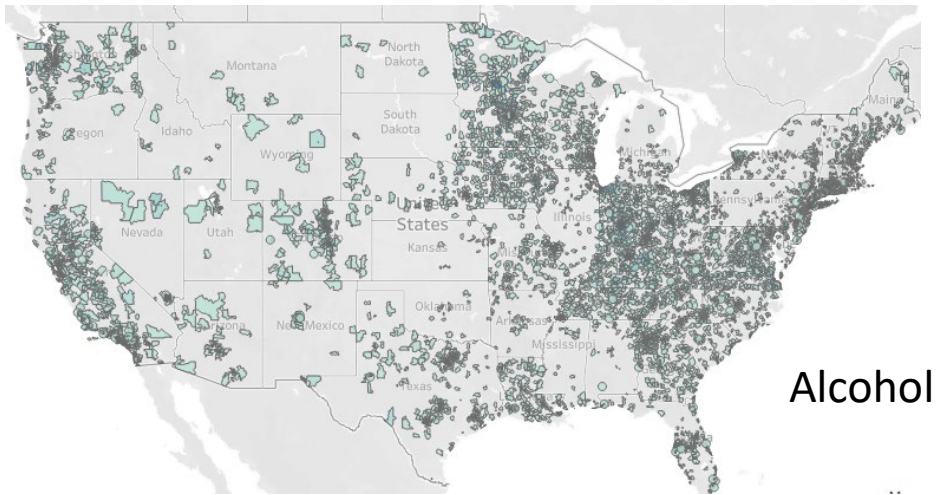
<https://riphi.org/wp-content/uploads/2020/10/02903-overdose-report.pdf>



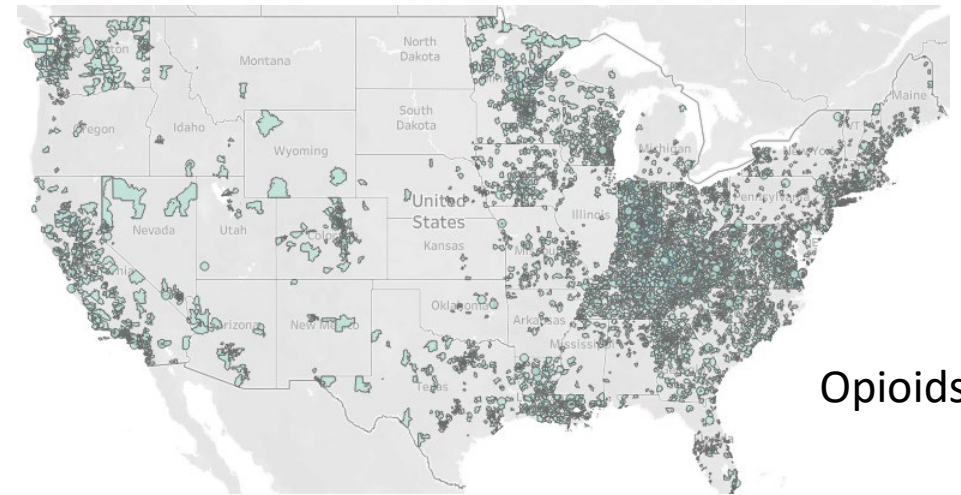
https://www.unionleader.com/news/safety/overdose-deaths-in-manchester-up-year-to-date/article_b1f14124-9e90-59c8-a6ee-89007e60fd22.html

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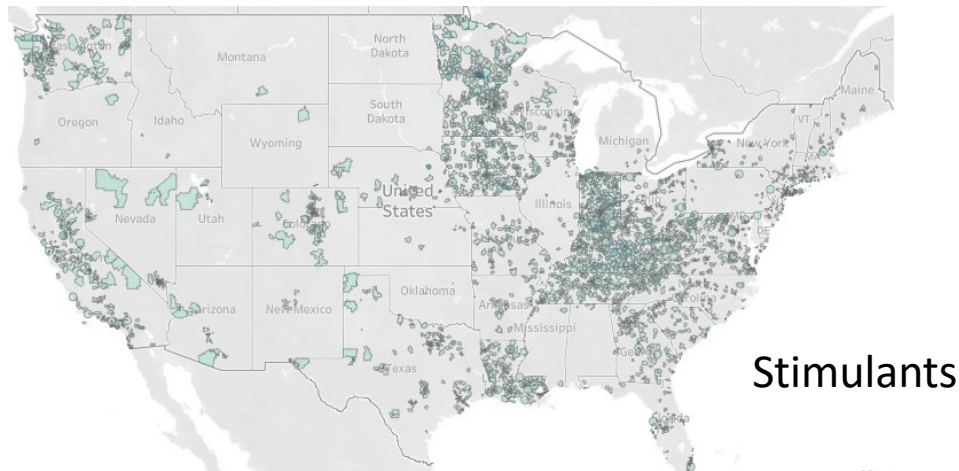
“Hotspotting” – Payer Data



Alcohol



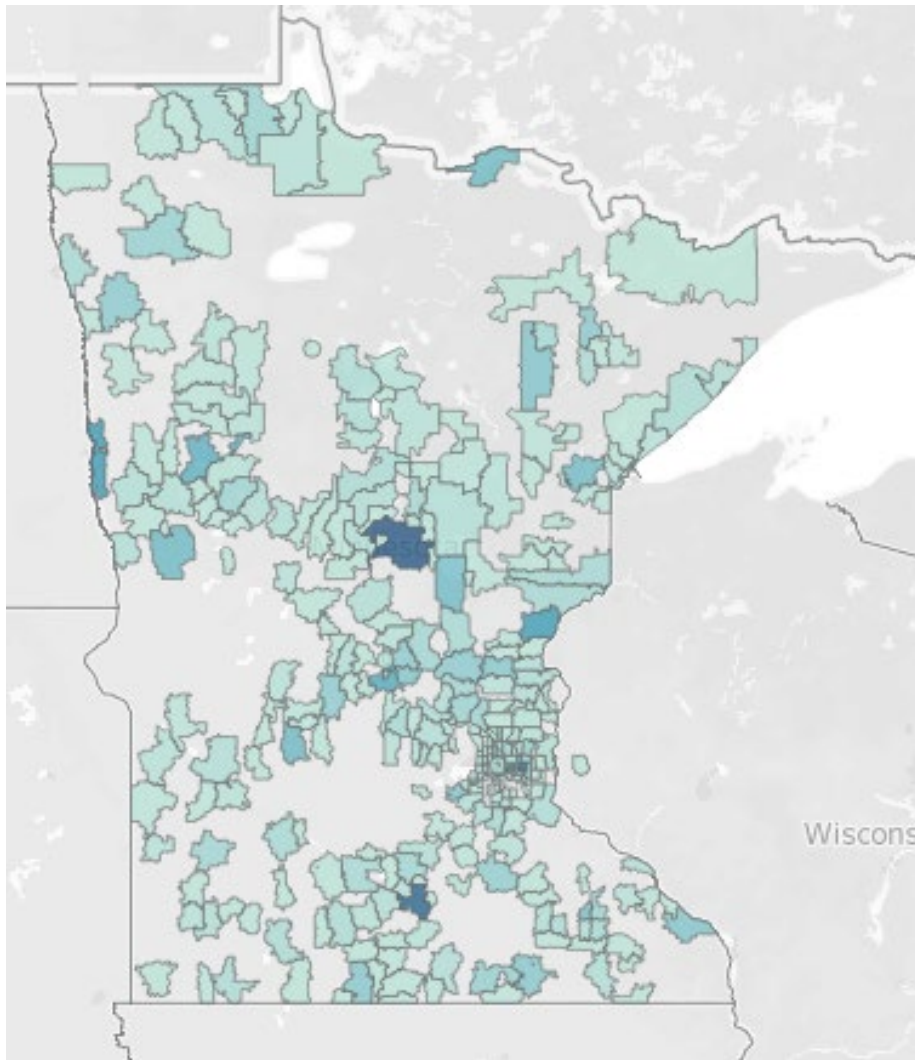
Opioids



Stimulants

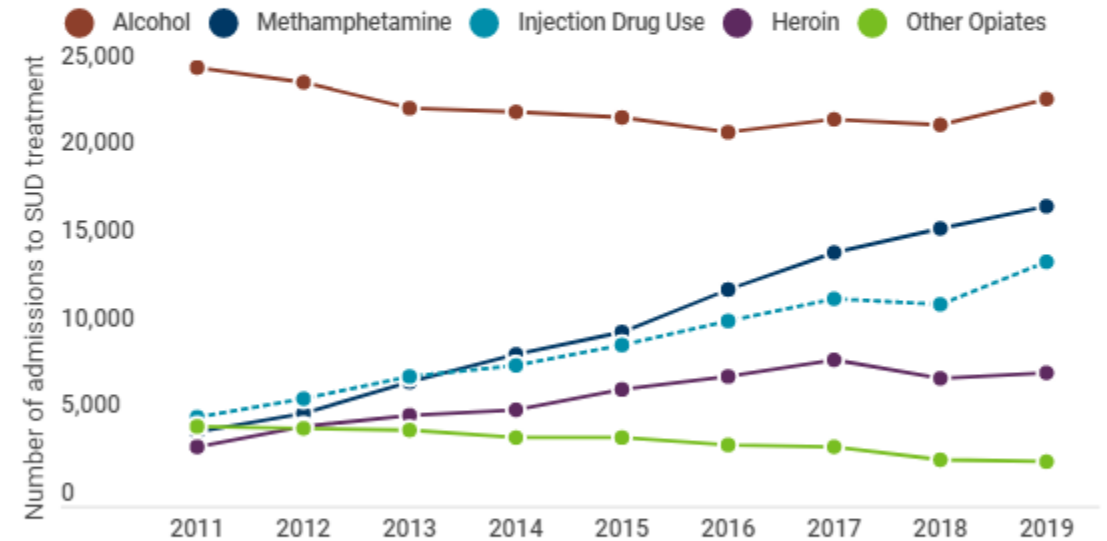
- **SUD Related Claims for Sept 2021**

“Hotspotting” – Data Consistency



Alcohol remains the primary substance used at admission to substance use disorder treatment for adults in Minnesota. In 2019, methamphetamine was the second leading substance used at admission to treatment.

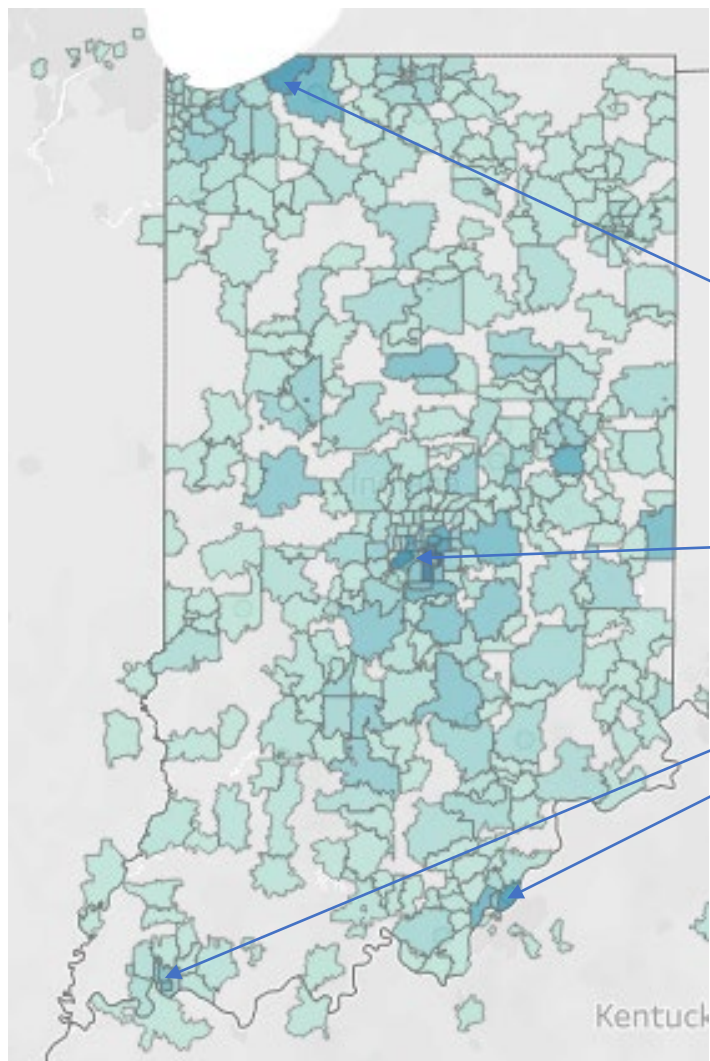
Hover over data points to view number of treatment admissions for the year.



Download data [Drug Overdose Data Sources](#)

Source: Minnesota Department of Human Services, BHD, DAANES

Hotspotting Utility– Data Informed Decisions



Questions to consider:

- Who are our **contracted providers** in these regions?
- Are there **opportunities for partnership** to address rates of opioid overdose
- What **local resources** are available for our members in these communities?
- Are there opportunities for partnership/support for **harm reduction** and/or **prevention** efforts?

Data Informed Decisions



DILBERT

by Scott Adams



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Members Impacted by Social Drivers: Geographic Distribution

Address State
(All)

County Name
(All)

Social Driver
Food Insecurity

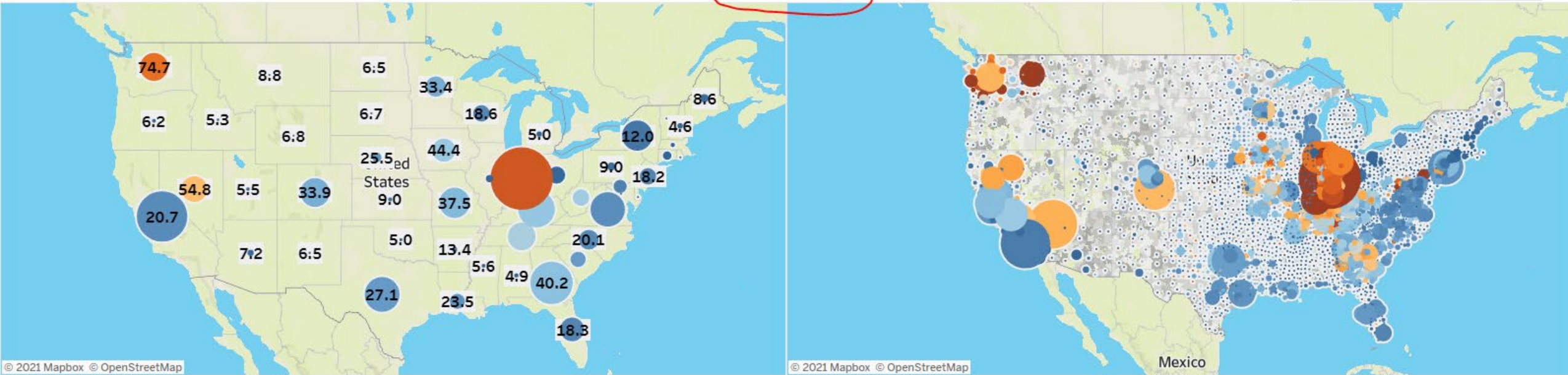
Member's Product Lines
(All)

Age Group
(All)

Self-Attested Race-Ethnicity
(All)

Circle size denotes total members in group.

Food Insecurity



All data shown represents members with known social driver indications between 11/1/2020 and 10/31/2021. All spend and diagnosis information is within this same date range. This data was last refreshed on 11/8/2021 and is refreshed monthly.

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Members Per K
1.0 100.0

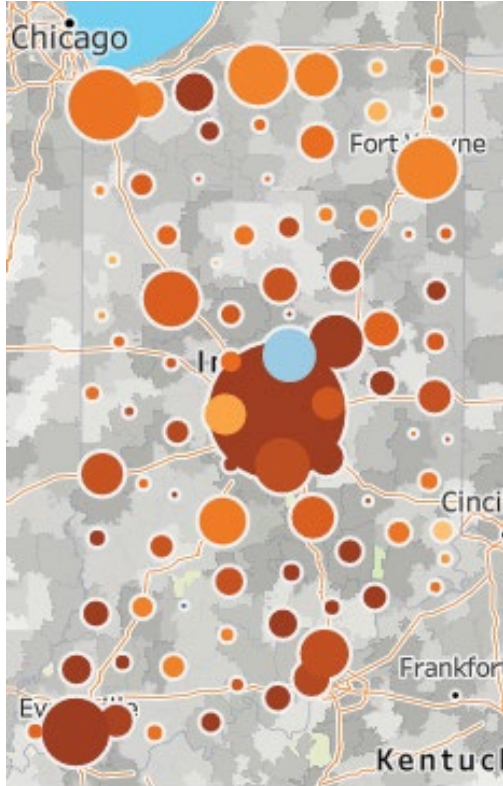


2018 Population
0 to 499
499 to 1,640
1,640 to 5,010
5,010 to 18,000
18,000 to 123,000

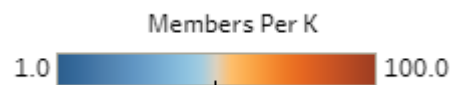
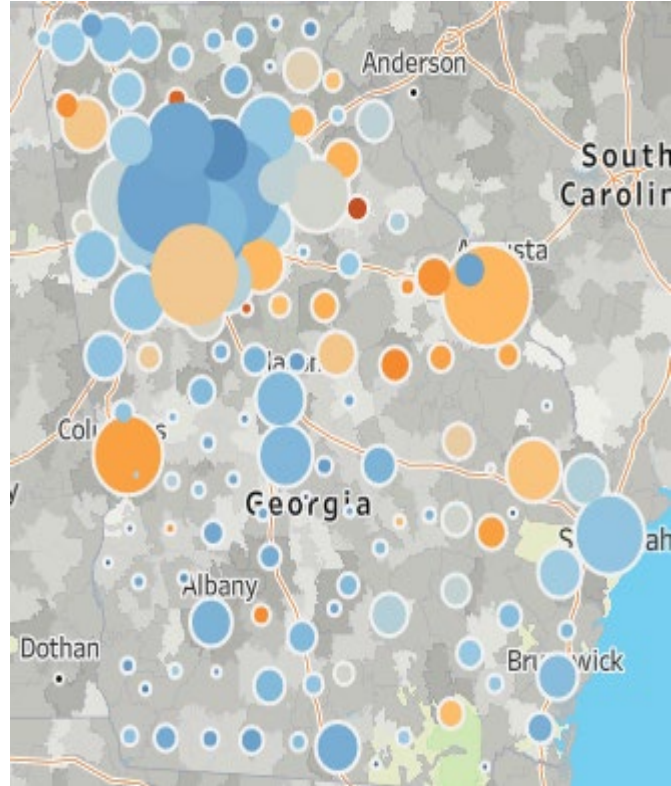
Developed and maintained by
Quality Data Mgmt

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Indiana

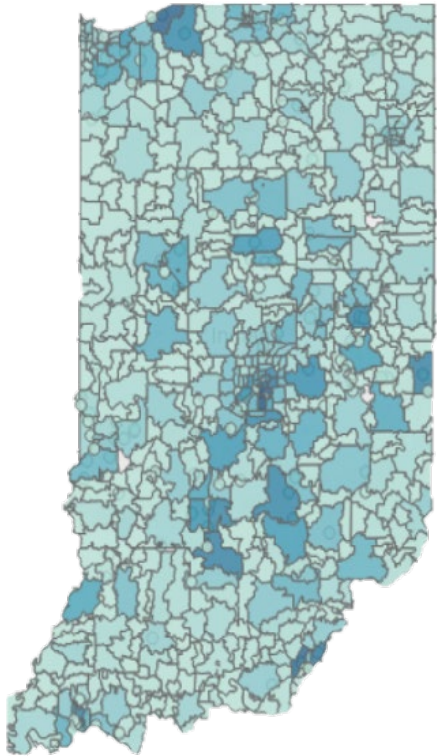


Georgia

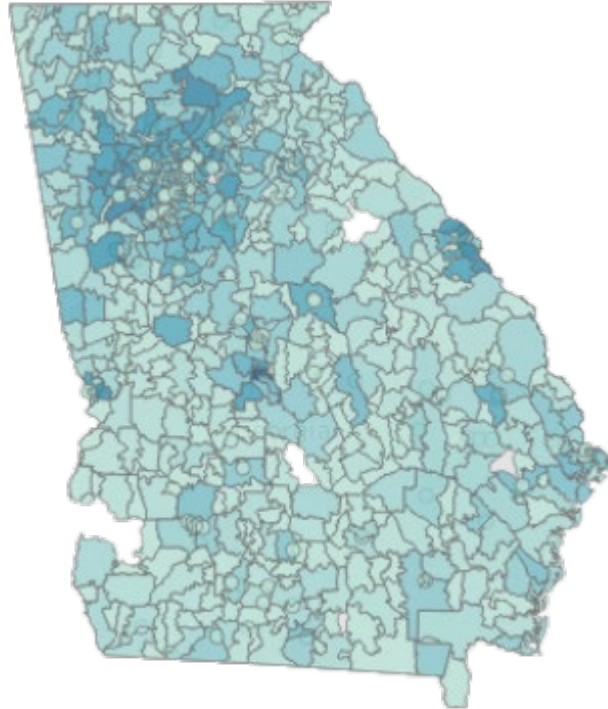


- Anthem members impacted by Food Insecurity
- All lines of business

Indiana



Georgia

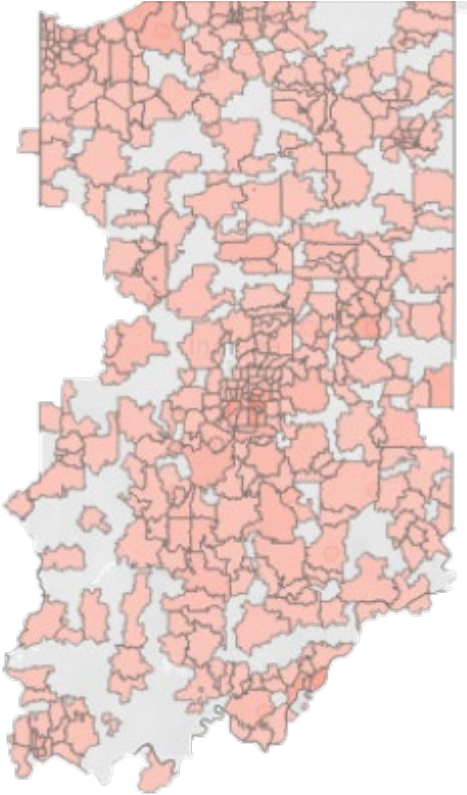


Member Count

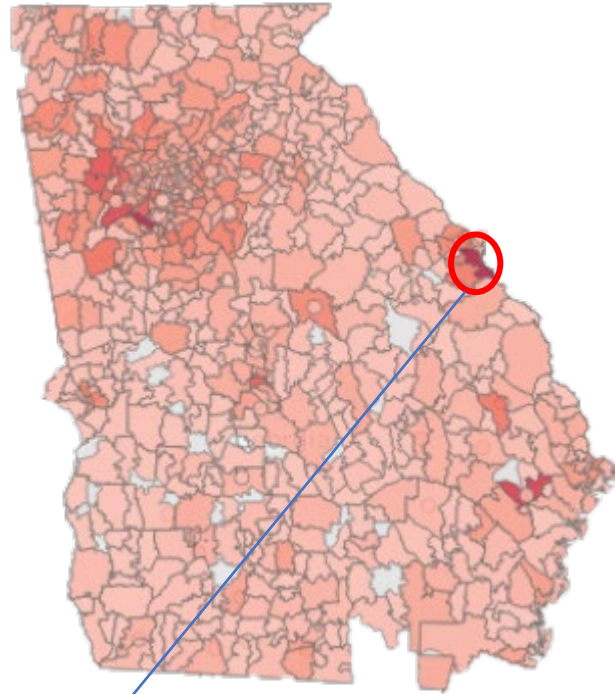
1 900

- Anthem SUD Trends (Jan 2021-Sep 2021)
- Zip Code Level
- All lines of business

Indiana



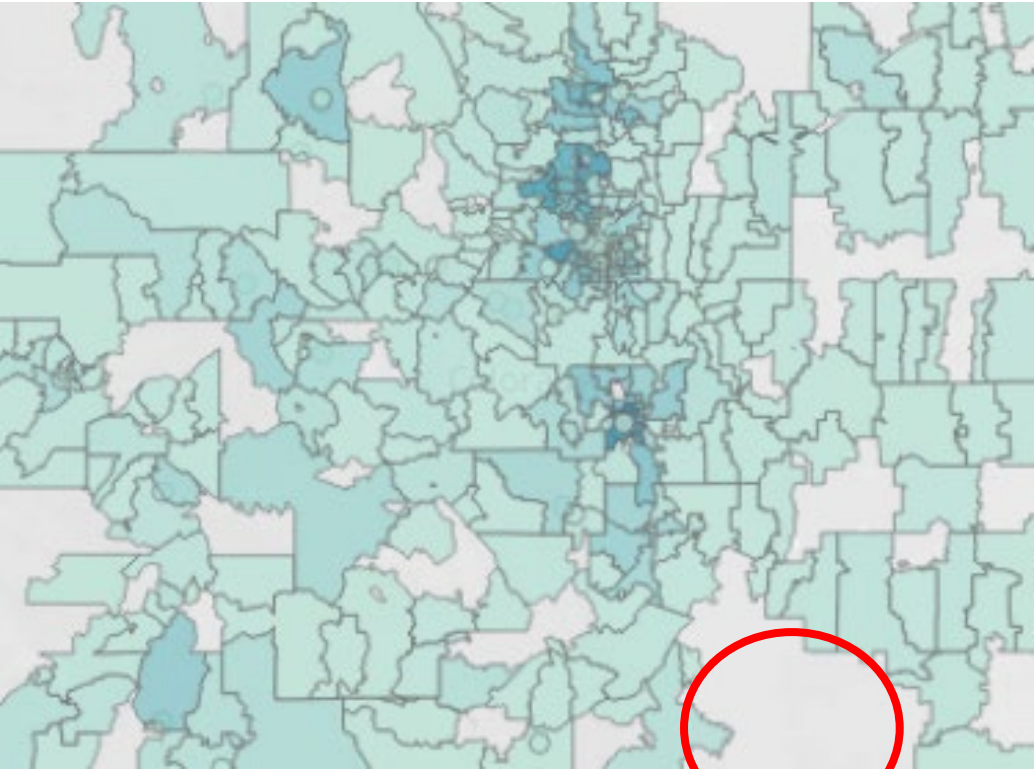
Georgia



Raw count for 30936 = 259

- Anthem Opioid Overdose Trends (Jan 2021-Oct 2021)
- Zip Code Level
- All lines of business

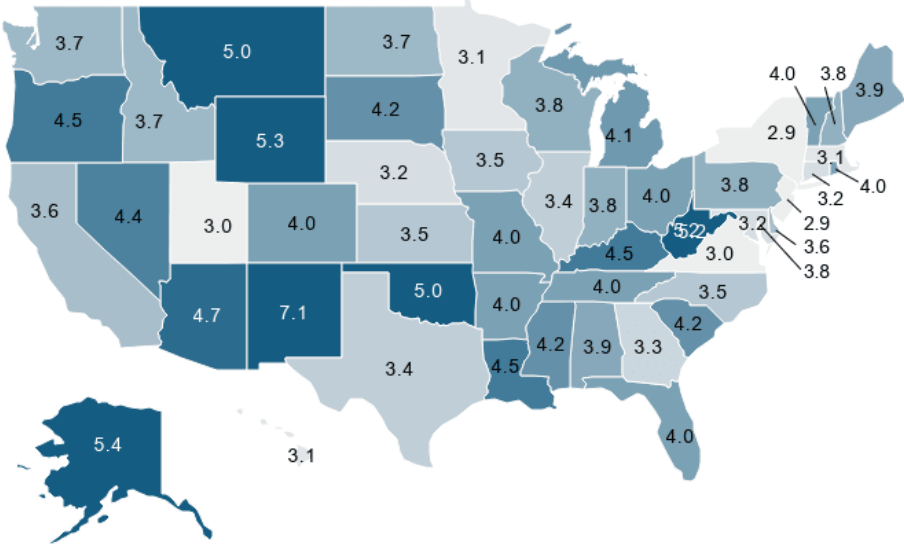
Colorado*



Las Animas County+

<https://cdphe.colorado.gov/workplace-safety/data-and-reports/colorado-health-indicators>

Alcohol-Related Deaths per 10,000 Adults

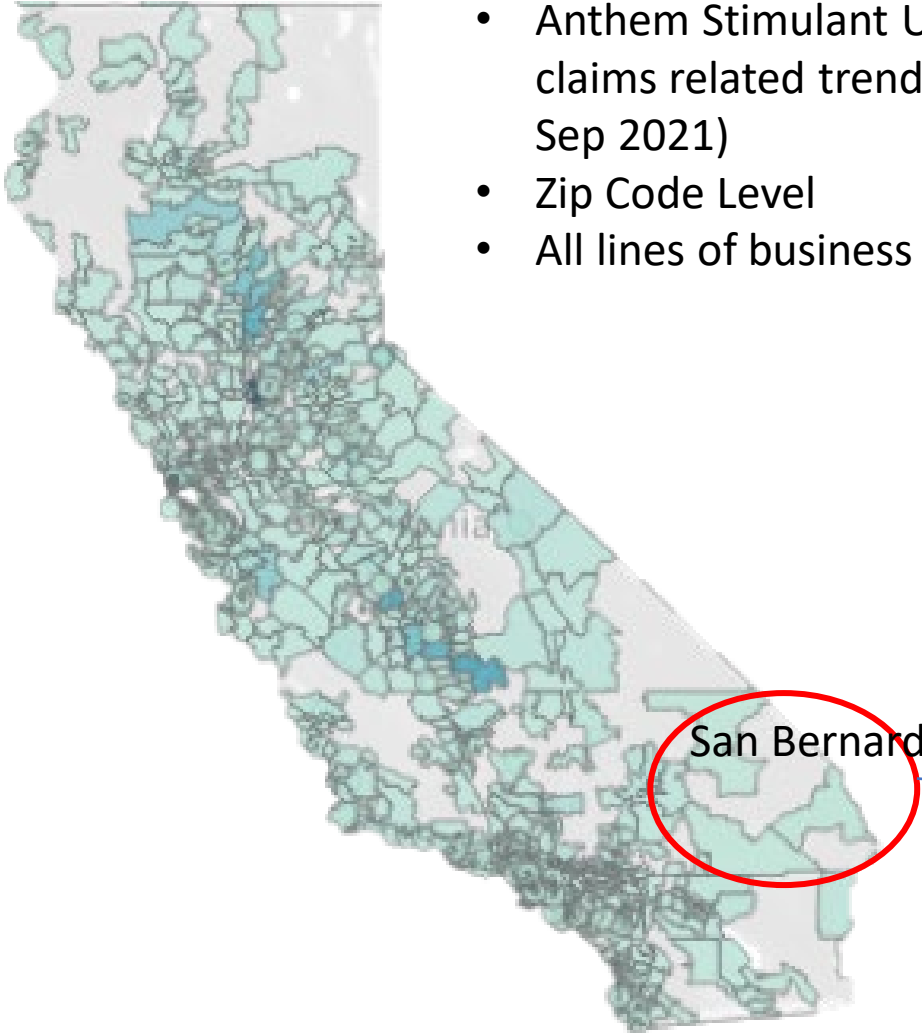


<https://drugabusestatistics.org/alcohol-abuse-statistics/>

- *Anthem Alcohol Use Disorder related claims related trends (Jan 2021-Sep 2021)
- Zip Code Level
- All lines of business
- +Las Animas County: 9.3% of adults report binge drinking (2014-15)

California

- Anthem Stimulant Use Disorder claims related trends (Jan 2021-Sep 2021)
- Zip Code Level
- All lines of business



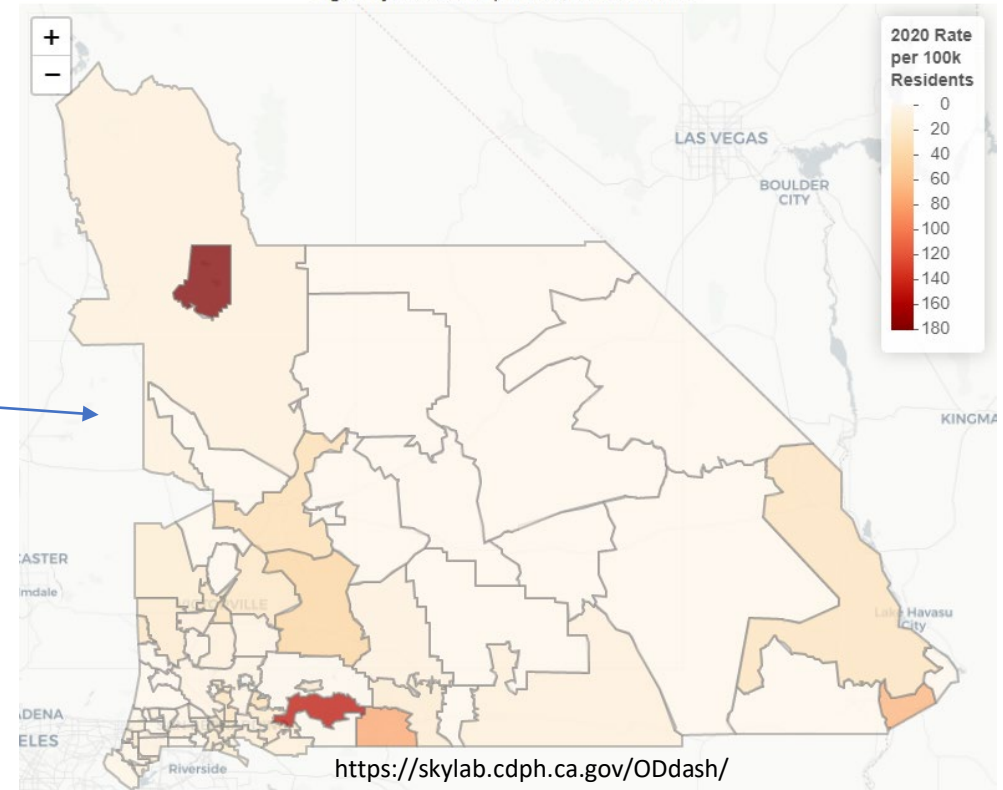
San Bernardino County

Nationally

<https://www.cdc.gov/drugoverdose/deaths/other-drugs.html>

- Approximately 5 million Americans misused prescription stimulants in 2020, which is approximately 1.8% of the U.S. population aged 12 years and older.
- In 2020, 2.5 million Americans aged 12 or older reported having used methamphetamine in the past year.

Psychostimulant with Abuse Potential-Related Overdose Deaths - Total County Population, San Bernardino, 2020
Age-Adjusted Rate per 100,000 Residents



Closing Thoughts

Data Shortcomings

- Reliance on claims data
- Clustering of our membership
- Timeliness

How To Leverage Data Insights

- Identification of gaps
- Potential for Strategic Partnership
- Value Based Reimbursement Potential

To *recap*, we discussed:

- ✓ Prevalence of SUD as we emerge from the COVID-19 Pandemic
- ✓ Current Landscape of SUD Treatment Services Available
- ✓ Role of Payment Innovation
- ✓ Big Data
- ✓ Using Big Data to Make Informed Decisions



Thank You!

Contact Information

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