

Priorities for Health Care

What does the Behavioral
Health Workforce Need
to Address Priorities

How Should it be Financed

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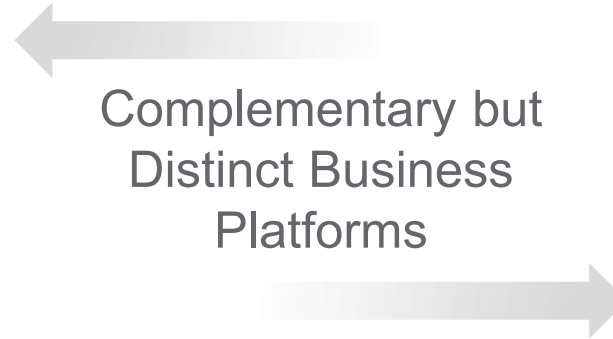
UNITEDHEALTH GROUP

A DISTINCTIVELY DIVERSIFIED ENTERPRISE



HEALTH BENEFITS

Helping People Live Healthier Lives



Complementary but Distinct Business Platforms



HEALTH SERVICES

Making the Health Care System Work Better for Everyone

FOUNDATIONAL COMPETENCIES

Clinical Care Insight

Technology

Data and Information

OUR UNITED CULTURE

Integrity

Compassion

Relationships

Innovation

Performance

Health care priorities

1. Expansion of WHO's covered and WHATs covered
 - Coverage of non-traditional benefits that improve outcomes and reduce cost e.g., peers and social determinants of health
 - Health care has a 20% impact on health but gets 80% of dollars; behaviors and SDoH impacts 80% but gets 20% of dollars
2. Whole person, integrated care of physical, behavioral and social determinants of health
 - Team based care
 - Integrated funding
 - Integration and consolidation of regulatory agencies
 - Integration and consolidation of required reporting
3. Sufficient, capable workforce
4. In person and technology enabled clinical services that are safe, effective, affordable and convenient
 - Understand consumer's and their family's definition of healthier
 - Earlier identification of needed supports and services; development of a single, integrated and shared POC
 - Delivery of evidenced based care
 - Better care coordination
5. Elimination of clinical and administrative waste; health care waste is estimated at 25%–30% or \$800 billion to \$1 trillion/year
6. Key performance indicators that measure volumes, nature of engagement/intervention and outcomes as determined by consumers, payers and regulators; accountability for results

Workforce needs



State level convening, planning and financing to determine state priorities.



How can each entity maximize the value of their contribution?



Regional/community collaboration to determine local priorities.



How can technology enable/support people, programs and processes?



Who are the entities that have an ability or obligation to meet these needs?



What are the skills, training and education needed to maximize the value of the people that deliver services and manage programs?

Growing abundance of AI building blocks



Computing power

Today our smart phones hold millions of times more computing power than the cutting edge computers NASA used to send Neil Armstrong to the moon in 1969.

UnitedHealth Group invests more than \$3.3 billion a year in IT and innovation.



Deep learning

A machine learning technique that learns features and tasks directly from data.

UHG has more than 70 experienced AI experts working full time to expand our AI capabilities.



Lots of data

The internet has led an explosion of all kinds of digital data: text, images, videos, clicks, purchases, tweets, etc.

- UHG has health and demographic information on more than 200 million people world wide, for some going back 40 years; data includes: 6.5 billion medical procedures, 18 billion lab results and 6 billion diagnoses.
- UHG processes almost 1 trillion digital transactions a year.
- We manage health benefits for more than 130 million people in 130 countries.
- The UHG workforce includes more than 85,000 clinical professionals.

AI enables care delivery and makes admin services more efficient

Startups focused on behavioral health raised a record \$273 million during the first half of 2018, according to Rock Health. More than half of these startups have tools that are virtual or on-demand.

More than 30,000 apps available related to mental health, according to an August 4, 2018 article in *Modern Healthcare*.

Most of these are currently available at little or no cost offering easy access at the convenience of consumers.



AI enabled solutions can also:

Help engage consumers and their families

Facilitate assessments

Identify gaps in care

Enhance communications among clinicians, consumers and health plans

Perform many of the administrative tasks that people do; reducing admin costs

How should investments in workforce be financed?

Start with who is paying today.



- **Federal** amounts are known and not very changeable in the short run.
- **State** funding is known and is a little easier to change.
- **Local government** is paying for non-covered services such as law enforcement, school based services, housing and other SDoH.
- **Medicaid MCOs** are increasingly willing to cover non-traditional services as the value of doing so becomes more clear.
- **Employers and individuals.**
- A **variety of entities** provide grant funding.

Medicaid MCOs are engaging in activities to address social determinants of health

In 2017, 19 states required Medicaid MCOs to screen beneficiaries for social needs and/or provide enrollees with referrals to social services

Six states required MCOs to provide care coordination services to enrollees moving out of incarceration, with additional states planning to implement such requirements in 2018

91% of MCOs reported activities to address social determinants of health, with housing and nutrition/food security as the top areas of focus

The most common activities MCOs reported engaging in were:

- Working with community-based organizations to link members to social services (93%)
- Assessing members' social needs (91%)
- Maintaining community or social service resource databases (81%)
- Using community health workers (67%)
- Using interdisciplinary community care teams (66%)
- Offering application assistance and counseling referrals for social services (52%)
- Assisting justice-involved individuals with community reintegration (20%)

Source: 2017 Kaiser Family Foundation Survey of Medicaid MCOs

Future funding



Health care in general and behavioral health in particular includes a variety of priorities and programs that focus on a particular clinical/treatment model, special populations or pet projects of individuals or foundations.

This can result in a fragmented and complex system of care.

Like the state of Oregon did years ago for its Medicaid program, it may be time for states and communities to determine their highest priorities, work with entities funding the variety of programs today to invest in a combined fund that develops a more integrated, coordinated and capable system of care.

Thank you.

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