



UnitedHealthcare

Addressing Social Determinants of Health by Stabilizing and Empowering members with Complex needs through Housing + Health initiatives



United
Healthcare®

1% of the population generates 20% of the total health care cost in the U.S.*

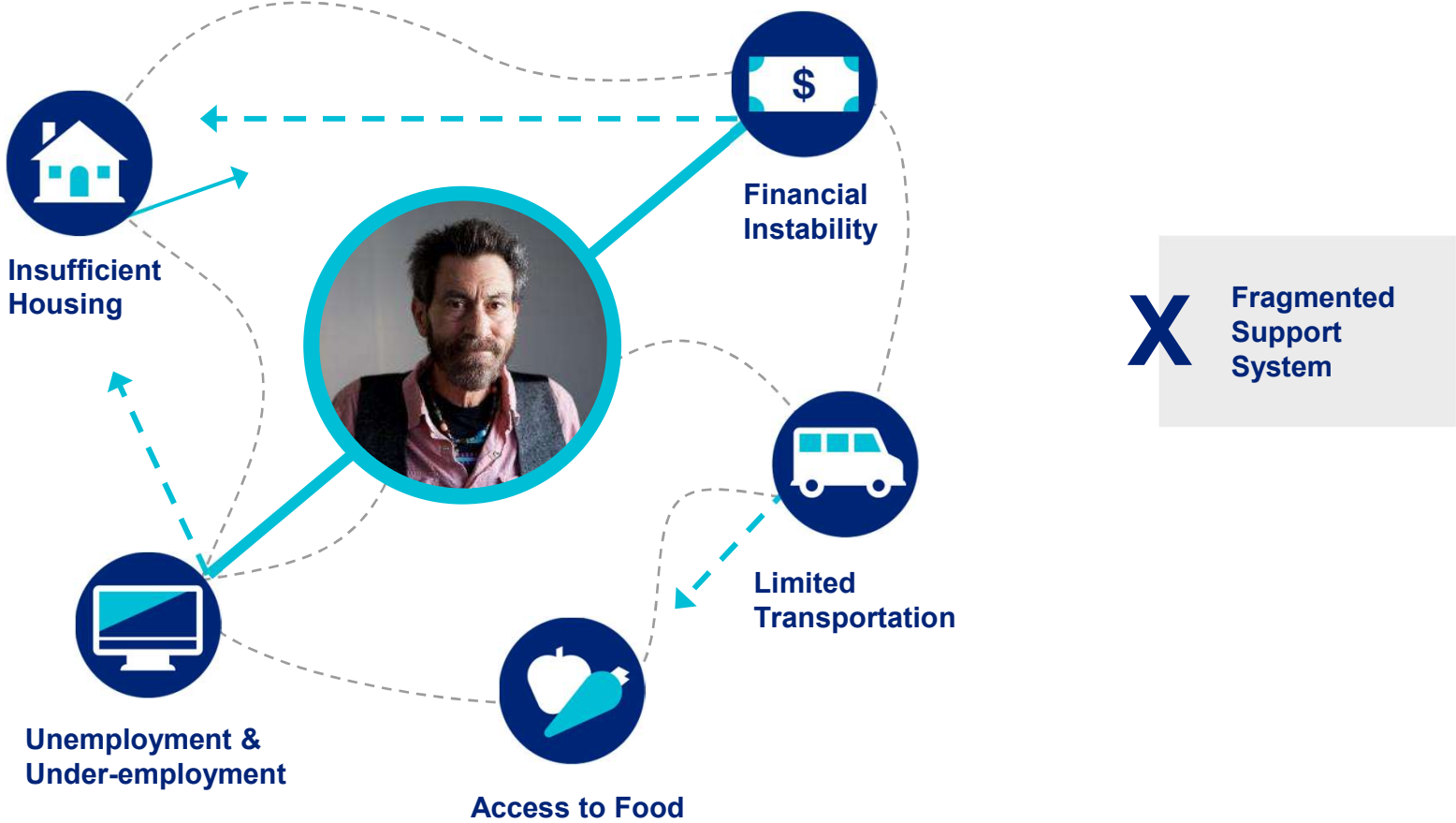
- Health care utilization doesn't always equal good health.
- Drivers are multidimensional and diverse: complex and chronic medical and behavioral health issues, trauma, and social disparities.
- Improving health outcomes and breaking the utilization cycle necessitates:
 1. A whole-person approach, and deep understanding of the root causes
 2. An advanced care philosophy
 3. Better care at lower cost for those with the greatest need



*Mitchell, E. M., 2016. *Statistical Brief #497: Concentration of Health Expenditures in the US Civilian Noninstitutionalized Population, 2014*. Agency for Healthcare Research and Quality.



Improving health, and lowering spend, means treating the whole person and their circumstances.



Defining the problem: extreme complexity



Medical

- Chronic wounds
- Diabetes
- Heart failure
- Kidney failure
- Pain syndromes
- Stroke
- Ventilator dependence



Behavioral

- Anxiety
- Bipolar
- Borderline personality
- Major depression
- PTSD
- Schizophrenia



Social

- Disabled
- Food insecurity
- Justice involvement
- Transportation
- Unstable housing
- Unemployed or under-employed



Substance Use

- Alcohol
- Cocaine
- Opioids
- Prescription medication
- Stimulants



Functional

- Dressing
- Eating
- Paralysis
- Personal hygiene
- Toileting



Life Expectancy and Age

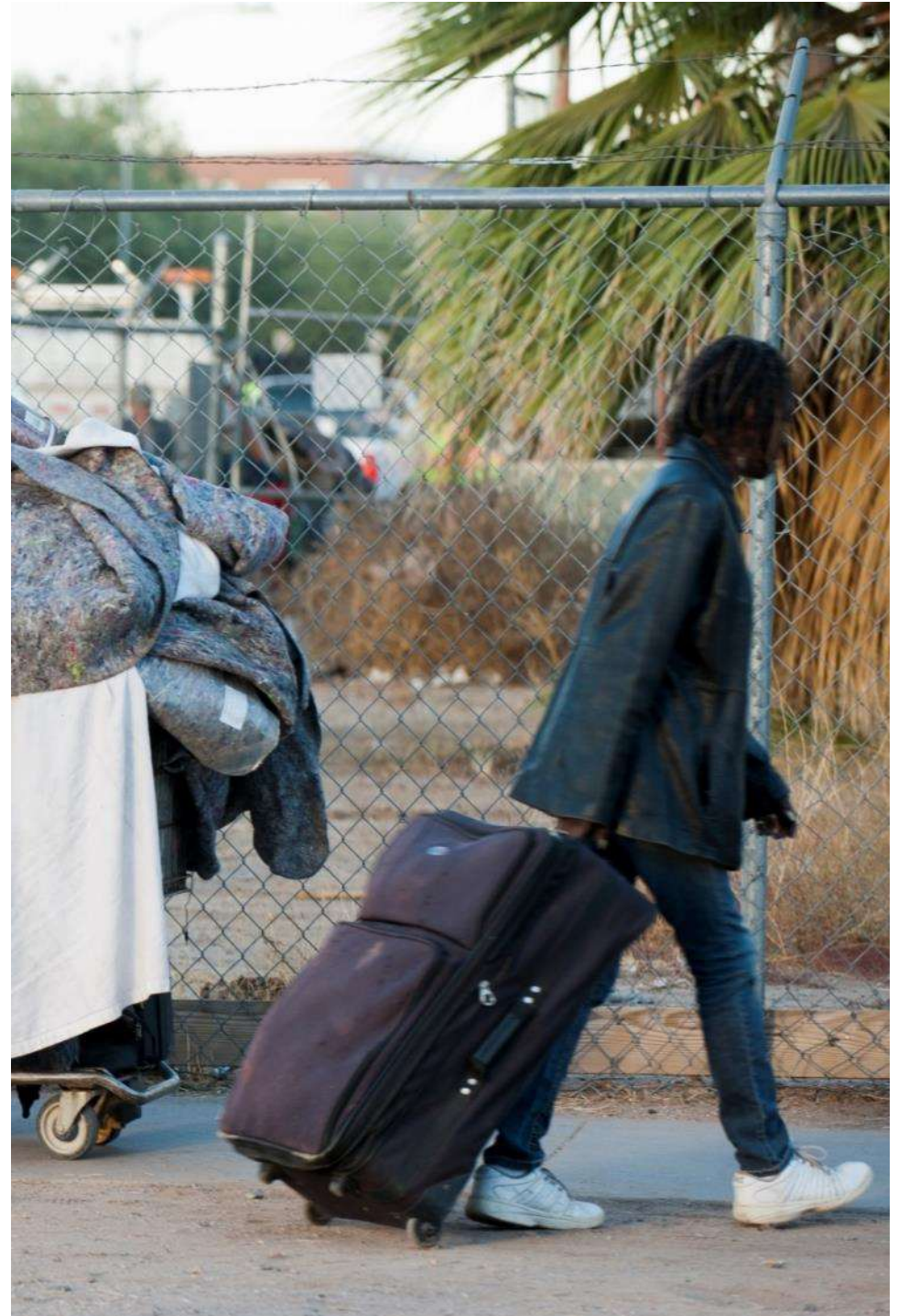
- Hospice
- Palliative care



In 2016 a trend was discovered that guided our vision.

Homeless vs. averages of all members in Maricopa County, Arizona:

- Used the ER nearly 9x more
- Admitted nearly 6x the average
- Spent more than 3x more



Housing + Health goes beyond traditional care to remove barriers—social and clinical.

- Evidence-based solution to **stabilize members with complex socio-clinical needs, curb health care costs, and improve outcomes**
- Addresses the underlying issues that resulted in homelessness
- Transitional apartment or congregate housing
- Integrated physical and behavioral health care, and end-to-end care management
- 1:1 support from an expert interdisciplinary team
- Wraparound services that empower and enable— health coaching, goal planning, employment navigation, non-emergent transportation, addiction recovery support, ongoing guidance after graduation

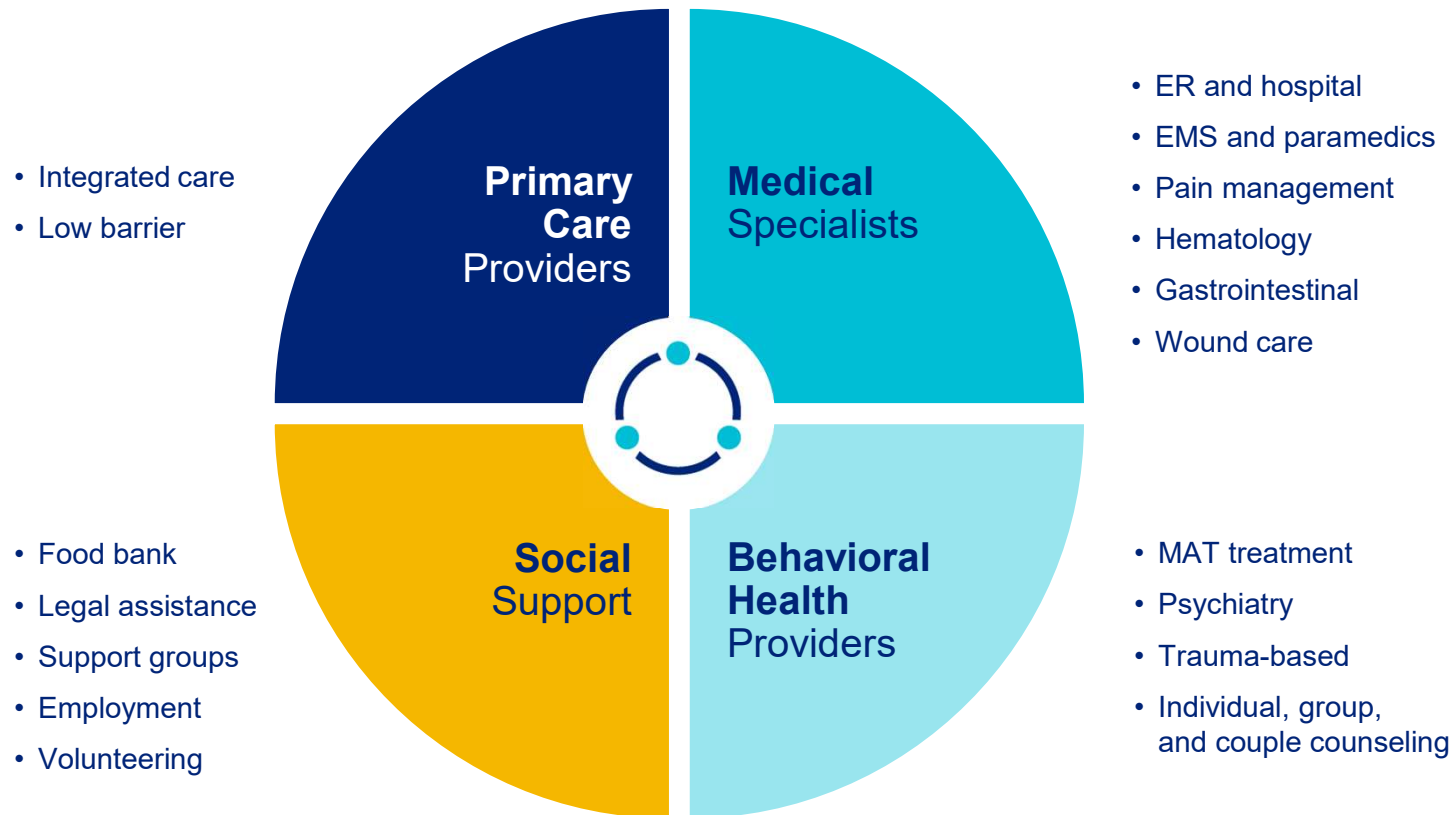


Goals For Members

- Stabilized physical and mental health
- Reduced ER utilization, hospital admissions and readmissions
- Reduced total cost of care
- Improved health outcomes
- Self-sufficiency
- Personal goals achieved or within reach



Micro-Curated Networks Collaborate to Deliver Better Complex Care



Our approach puts Housing First and the member at the center of whole-person health.

- Person-centered and trauma-informed
- Stable housing and wraparound care with no preconditions
- Core elements: identification, stabilization, goal setting, working goals, and self-sufficiency
- Addresses the underlying issues that resulted in long-term homelessness
- Proven to reduce total cost of care and improve health outcomes
- Less burden on health care delivery system



Medically stable and participating in a workforce development program.



Pre-Intervention

- **\$20,000** average monthly cost of care
- **1** ER visit
- **10** inpatient admissions
- **81** inpatient days



Post-Intervention

- **\$400** average monthly cost of care
- **0** ER visits
- **0** inpatient admissions
- **0** inpatient days



Data-driven, fully integrated, and centered on Housing First principles.



Housing + Health Complete



Scattered Site
Milwaukee, WI



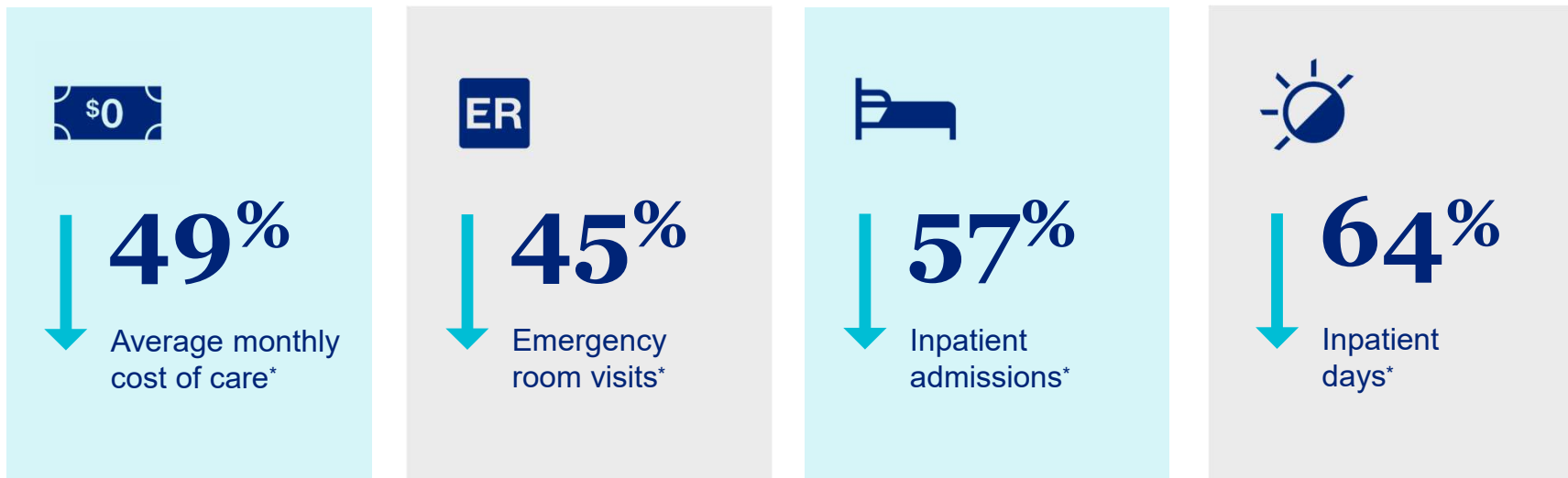
Congregate Home
Reno, NV



Single Site
Phoenix, AZ



A unique approach that's driving down health care spend and supporting better outcomes.



*Results are averages as of March 2020 for 246 members in Arizona and Nevada who met the eligibility requirements for the analysis. Utilization is based on per 1,000 members. Paid claims data is limited and improvements for members may lessen as additional paid claims become available. Regression to the mean analysis narrows the reduction of cost of care for members by 10-20%.





Questions? Thank you.