



## ***Testimony for the Joint Medical Oversight Committee***

***December 15, 2022***

Chairman Romanchuk, Vice-Chair Patton, Ranking Member Antonio and members of JMOC, thank you for the opportunity to discuss innovative approaches in the Medicaid system. My name is Jackie Lewis and I am the Executive Director of Complex Care Products for the UnitedHealthcare Community Plan of Ohio – here on behalf of Scott Walters, our plan CEO who is unable to attend today.

UnitedHealthcare Community Plan of Ohio (UHC) is committed to improving the health and lives of the members we are privileged to serve. We are united behind our mission: to help people live healthier lives and make the health system work better for everyone. UHC is a dedicated partner to both the state and local communities and we leverage our extensive national and enterprise experience to create solutions that meet the needs of Ohioans. Challenges exist in addressing the health of Ohioans and we are committed to helping our state partners meet the needs through innovations, research, and interventions.

### **Social Isolation and Loneliness**

In 2022, UHC started a new program to address companionship and tackle loneliness and social isolation for our dual Medicaid and Medicare, or MyCare, population. This membership tends to experience high levels of loneliness, particularly with those living in rural areas. That coupled with the isolation impact so many experienced due to COVID, prompted our desire to meaningfully address isolation, companionship, and social determinates of health (SDoH) needs that can be prevalent in this vulnerable population.

This program offers a mobile platform featuring an empathetic and interactive chatbot members can engage with 24/7. In addition, the program offers a human intervention component, a “Compassionate Support” staff that provides ongoing telephonic support, resources, referrals, and companionship to our members. Through the app, the empathetic chatbot will check in on members, provide insights, humor, practical techniques, and uplifting support whenever members want interaction. For members without a mobile device/tablet or those who prefer a person-to-person experience, the program offers the Compassionate Support team over the phone. These team members are trained advocates led by a Behavioral Health professional to provide telephonic ongoing support and companionship with the member. Both through the automated chat and over the phone with the Compassionate Support team, members are offered screenings for loneliness, depression, and SDoH which may lead to member referrals to resources and services to address member’s individual needs, as well as linkages directly to their assigned UHC case managers ensure coordination of care and engagement are met. The program provides members with ideas on healthy activities, wellness reminders, SDoH resources and referrals, and most importantly ongoing companionship.

Initially a subset of our MyCare population were targeted for inclusion in the program, specifically members with a loneliness, depression, anxiety or similar BH indicators that were identified through claims and HRA assessments. The goal is to expand to include members with recent inpatient discharges

or frequent ER visits, members with chronic conditions, and those who live in more rural areas and may be experiencing social isolation.

High-level stats since go-live:

### **Member Utilization**

- 788 members enrolled and engaged (442 engaged via app / 346 engaged telephonically)
- 75% of members between 45-74 years of age

### **Loneliness & SDoH Needs and Assessment**

- Since launch in Dec 2021, there has been a reduction in members who score lonely (UCLA-3 Loneliness Assessment). In Dec, 66% members scored lonely, and as of October we have seen a 17% reduction in members who score lonely. Over half of those scoring lonely indicate feeling “isolated from others” or “left out”
- 42% of members indicate SDoH need
  - 65% of those with SDoH need also scored lonely on UCLA-3 Loneliness Assessment tool
  - SDoH needs ranked: #1 Food; #2 Housing; #3 Transportation
  - 95% of identified needs were resolved by resources in the moment

### **Satisfaction**

- 91% members surveyed said they were satisfied with the program
- 85% members surveyed felt more connected to their health plan

### **Early outcomes**

- Enrolled member experienced a 16% decrease in ER visits and 2% increase in physician visits post enrollments

Thank you for the opportunity to discuss ways we are innovating for the benefit of our members and their health care experiences. Happy to answer any questions at the end of the panel.