



NIGHTINGALE
PARTNERS

presented to



Maryland
INSURANCE ADMINISTRATION

May 27th, 2021



Speaker Bio



JOHN GORMAN

Chairman and Founder

Founder and Chairman of Gorman Health Group and former Clinton appointee to the Health Care Financing Administration (now CMS). Board member at Health Alliance Plan in Detroit, MI and advisor for Premier Health. Serial health care entrepreneur with 12+ successful ventures and exits. Active investor and innovator.

GORMAN
HEALTH GROUP

A Convey Health Solutions Company





Table of Contents

- I. Data Sources
- II. Supporting Evidence
- III. The Five Steps of Successful SDOD Interventions



Insurance Data Sources

Data sources for SDOH are abundant and distributed across numerous stake holders. When combined, these sources can create a comprehensive view of a population or individual's medical, behavioral, socioeconomic and psychosocial profile.

Data Source	Data Type	Pros	Cons
Internal Health Plan	<ul style="list-style-type: none"> • Claims • Health Risk Assessments (HRA) • Electronic Health Record (EHR) • Behavioral health screening • Annual wellness visits • Member service calls • Employees 	<ul style="list-style-type: none"> • Ability to gather point of care information or infer from other data sources 	<ul style="list-style-type: none"> • Lack of standard collection method across industry • Limited out of network data
External Provider/Health System	<ul style="list-style-type: none"> • Z-Codes • School Health Centers • Employees 	<ul style="list-style-type: none"> • Identifies persons with potential health hazards related to socioeconomic and psychosocial circumstances 	<ul style="list-style-type: none"> • Structure of data is not comprehensive and not widely adopted • Prevalent inaccuracies and differences in collection method
External Private	<ul style="list-style-type: none"> • Data Vendors • Community Based Organizations (CBOs) 	<ul style="list-style-type: none"> • Well organized and collated (vendors) • Variety of non-medical data points 	<ul style="list-style-type: none"> • Costly to acquire and access (vendors) • Interoperability between CBOs and between CBOs and plans/providers
External Public	<ul style="list-style-type: none"> • Community Health Assessments (CHA) • Public health • Government (CDC, HHS, BLS, etc.) 	<ul style="list-style-type: none"> • Contains information such as geo-zone, housing, education, employment, and transportation. 	<ul style="list-style-type: none"> • Rarely reported at the individual level • Dated data collection and methods
External Direct from Consumer	<ul style="list-style-type: none"> • Surveys • Patient Reported Outcomes (PROs) • Social Media • Biometrics • Consumer activity 	<ul style="list-style-type: none"> • Real-time and current data points • Best source of psychosocial data 	<ul style="list-style-type: none"> • Prevalent self-reporting bias



Evidence for Improved Outcomes

NP uses evidence-based or evidence-informed interventions. To this end, we are constantly adding to our library of research to stay equipped with the latest in social-healthcare integration.

Researchers and Publication	Year	Type	Method	Results	Link to Study
Feinberg, Passaretti, Coolbaugh, Lee, & Hess NEJM Catalyst	2018	Medically Tailored Meals	In 2016, Geisinger Health System sought to combat diabetes in Pennsylvania. Their partner, Fresh Food Farmacy, delivered 175,000 meals and provided each patient with 15 hours of nutrition education.	Over 18 months, Geisinger recorded a >40% decrease risk of and an 80% reduction in cost for patients, from an average of \$240,000 pmpy to \$48,000 pmpy.	
Pruitt, Emechebe, Quast, Taylor, & Bryant Population Health Management	2018	Peer Support	A national Medicaid and Medicare Advantage health plan coordinated social supports for their members through an internal peer-based call center.	Members with their social needs met experienced a \$2,443 PMPY savings in health care expense.	
Nichols & Taylor Health Affairs	2018	NEMT	Applied the Vickney-Clarke-Groves mechanism to evaluate the economic value of addressing transportation.	Researchers found \$4B in annual savings with traditional NEMT in Medicaid and an incremental \$537M in annual savings when scaled nationally.	
Christiansen & Morning University of Nevada, Nevada Health & Human Services Report	2017	CHW	Researchers evaluated a community health worker (CHW) operated by a managed care organization for a Medicaid super-user population in Las Vegas, NV between 2015 and 2017 using a pre-/post-intervention evaluation.	Researchers found a 1.8:1 overall ROI on the adoption of a CHW program resulting in an average 8% overall cost.	
National Institute of Diabetes and Digestive and Kidney Diseases	2002	Behavioral Health	The NIDDKD studies the impact of lifestyle changes and medication adherence on preventing type 2 diabetes.	Researchers found lifestyle changes reduced participant risk of developing Type 2 diabetes by 58% and medication by 31%.	

80% MedEx Savings

\$2,443 PMPY Savings

\$4B Medicaid Savings

1.8x ROI

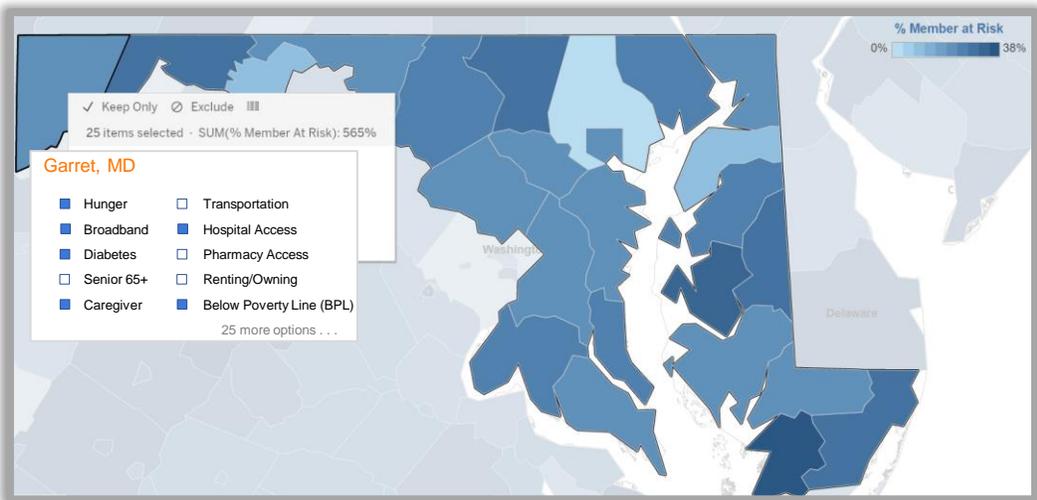
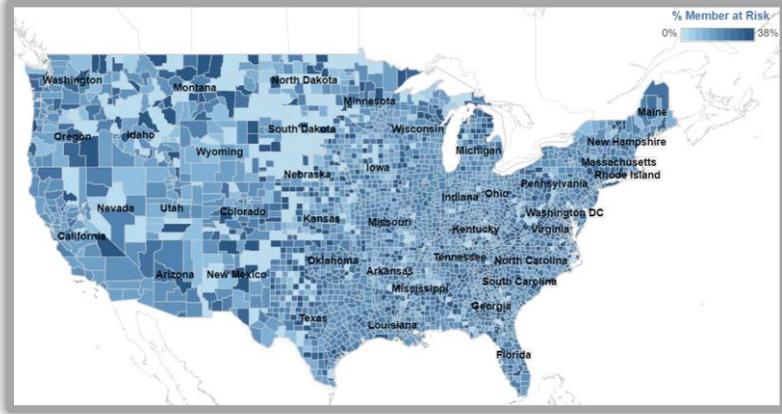
58% Reduced Risk



Identifying Areas of Greatest Need

Partnering with analytics providers to analyze payer and provider health records in combination of existing publicly available data allows for the precise identification of social need from the county, ZIP code, and individual level.

- 1 Analyze
- 2 Scan
- 3 Design
- 4 Capitalize
- 5 Launch



SAMPLE DASHBOARD

Cohort Characterization

1,991 Full Cohort | 544 Elevated Risk Individuals

Age Breakdown By Gender

Business Impact

\$15,991,106 Total Access Cost | \$2,450 Per Capita Access Cost

MEMBER	ELV RISK	LOW RISK	DIFF
PHARM	\$106,271	\$138,875	\$296 (18%)
PHARM	\$13,856	\$11,406	\$2,54 (18%)

Utilization Comparison

TYPE	ELV RISK	LOW RISK	DIFF
Emergency Dept	22.4%	14.7%	7.7%
Readmission	1.7%	0.9%	1.2%
Incident	6.1%	5.2%	0.9%
Primary Care	65.4%	75.2%	9.8%

Intervention Strategy

45% % Higher Specific Complexities | 32% % Higher Clinically Complex

Social Complexity

COMPLEXITY	ELV RISK	LOW RISK	DIFF
Complex	53%	22%	31%
Highly Complex	23%	14%	9%

Clinical Complexity

COMPLEXITY	ELV RISK	LOW RISK	DIFF
Complex	53%	22%	31%
Highly Complex	23%	14%	9%

COMMUNITY OCCURRING CONDITIONS

Cooking Classes

Diabetic Members with Healthy Food Access Challenges

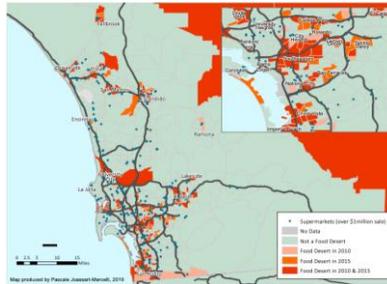
Diabetes-Related Measures

Illustrative Social System Assessment

Since the delivery system is an integral part of the design process, NP assesses the network of community-based resources to identify high-potential programs that can be scaled to meet the increased demand of the targeted interventions.



HEALTHY FOOD ACCESS



- 2 food pantries within 20 radius of members with diabetes
- 200 food pantries in San Diego County
- 28% of Farmers' Markets accept EBT

TRANSPORTATION

- 1 volunteer transportation program
- 4 active transportation vendors
- Some limitations to medically needed transport
- Minimum 2-day advanced scheduling required



HOUSING / SHELTER



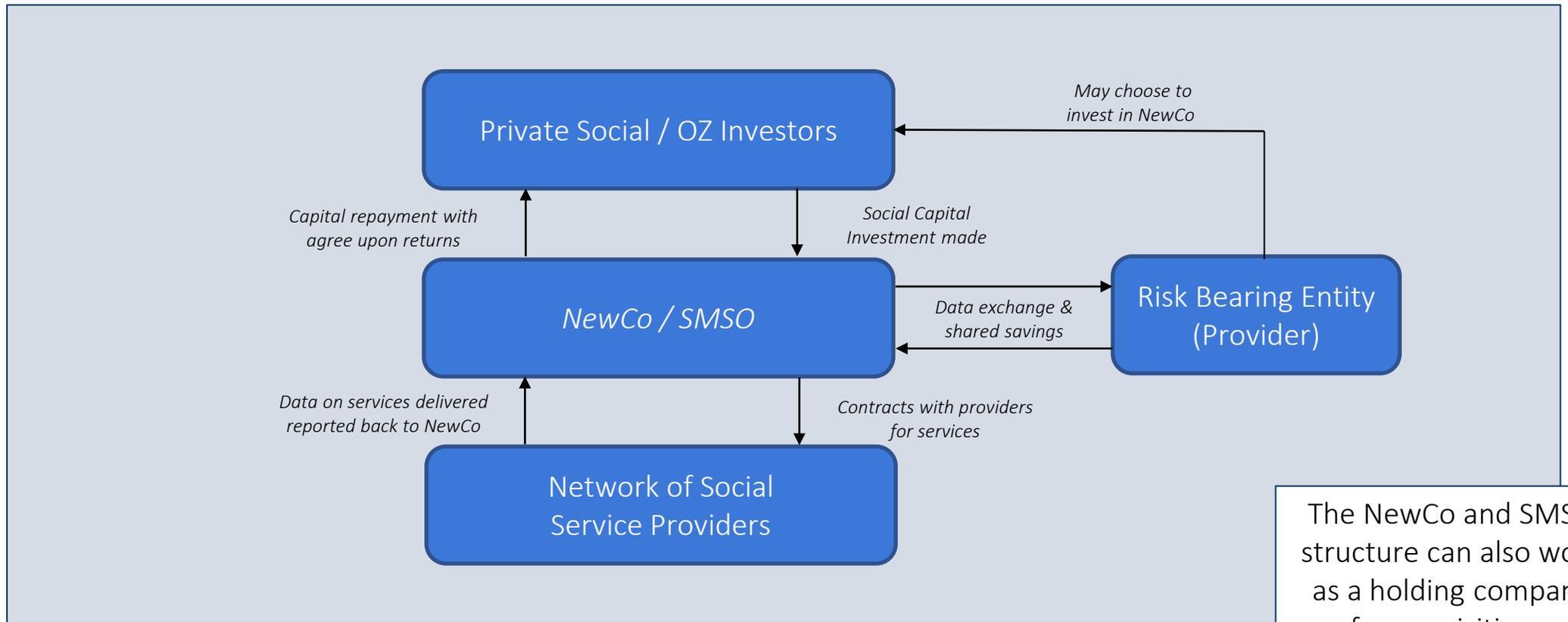
- 57% of households rents their homes
- Renters accounted for 75% of the home loss over the past three years
- Acute shortage of affordable housing disproportionately impact low-income families



Newco Framework

When we uncover an investable opportunity, NP structures partnerships with our clients as a NewCo. Sometimes this NewCo will take on non-benefitted as well as related benefitted services. When this occurs, we design a social management services organization (or SMSO).

- 1 Analyze
- 2 Scan
- 3 Design
- 4 Capitalize
- 5 Launch

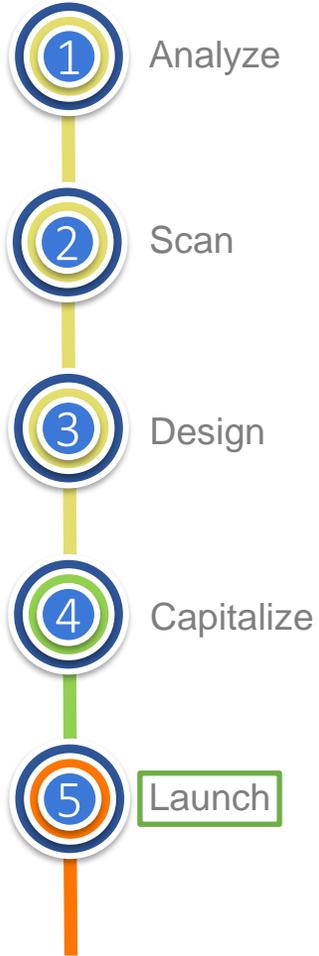


The NewCo and SMSO structure can also work as a holding company for acquisitions.



Launch and Measure Success

Data drives the design of interventions that are hyper-focused on target populations that is then rigorously evaluated using both academic and industry-leading methods across three high-impact areas – member engagement, health outcomes and financial return.



Member Engagement

- Greater member loyalty and length of tenure
- Increases in member selection/plan choice
- Higher NPS scores among providers and members

Health Outcomes

- ▼ Quantifiable lift in HEDIS and STARS quality scores
- ▼ Fewer missed or late appointments
- ▼ Increased compliance with prevention/treatment plans

Financial Return

- Revenue optimization, more risk pool payments
- Fewer liquidated damages and less reliance on EDs
- Higher scoring RFP responses from social innovation



Thank You!

Nightingale Partners Team

JOHN GORMAN

Chairman and Founder

Founder and Chairman of Gorman Health Group and former Clinton appointee to the Health Care Financing Administration. Serial health care entrepreneur with 12+ successful ventures. Active investor and innovator.



JORDAN BUXTON-PUNCH

SVP Investment Strategy

Associate at Cyprum Investment partners with \$500M AUM. Portfolio manager Grief & Co. with \$650M AUM. VP at Growth Opportunity Partners. M&A analyst at Wells Fargo.



PAMME LYONS-TAYLOR, PHD

Chief Innovation Officer

VP Community Impact WellCare, Exec. Dir. WellCare Foundation. Former SDoH executive at UnitedHealthcare and LACare. PhDs in Psychology and Public Health.



GABRIEL HITCHCOCK

Chief of Staff & VP Comms

Serial health care entrepreneur and life scientist. Repeat COO and advisor for new ventures. Former marketing administrator, BioInformatics LLC.

