

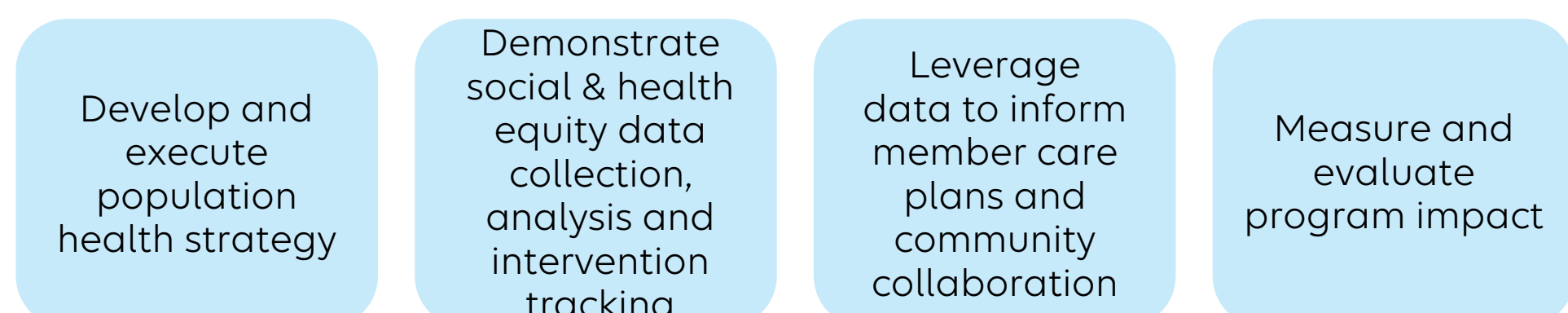
Abstract

Elevance Health is dedicated to advancing health equity with an integrated whole-health approach that considers physical, behavioral, and social factors. We combine disparate clinical, social, and demographic data within an enterprise-wide social and health equity data foundation to support a suite of complementary population health analytics tools. The ingested data attributes are based on shared, industry accepted common definition that align with data governance and interoperability standards. Associates can then act on data-driven insights from these tools to develop meaningful, health outcome-oriented strategies for reducing health disparities. This poster highlights our enterprise efforts, use cases, and lessons learned to expand the collection and use of comprehensive, interoperable, and standardized data for all lines of business.

The Need for Whole Health Data and Analytics

Since 2020, Elevance Health has invested resources to develop a social and health equity data foundation plus analytics tools.

Market Demand



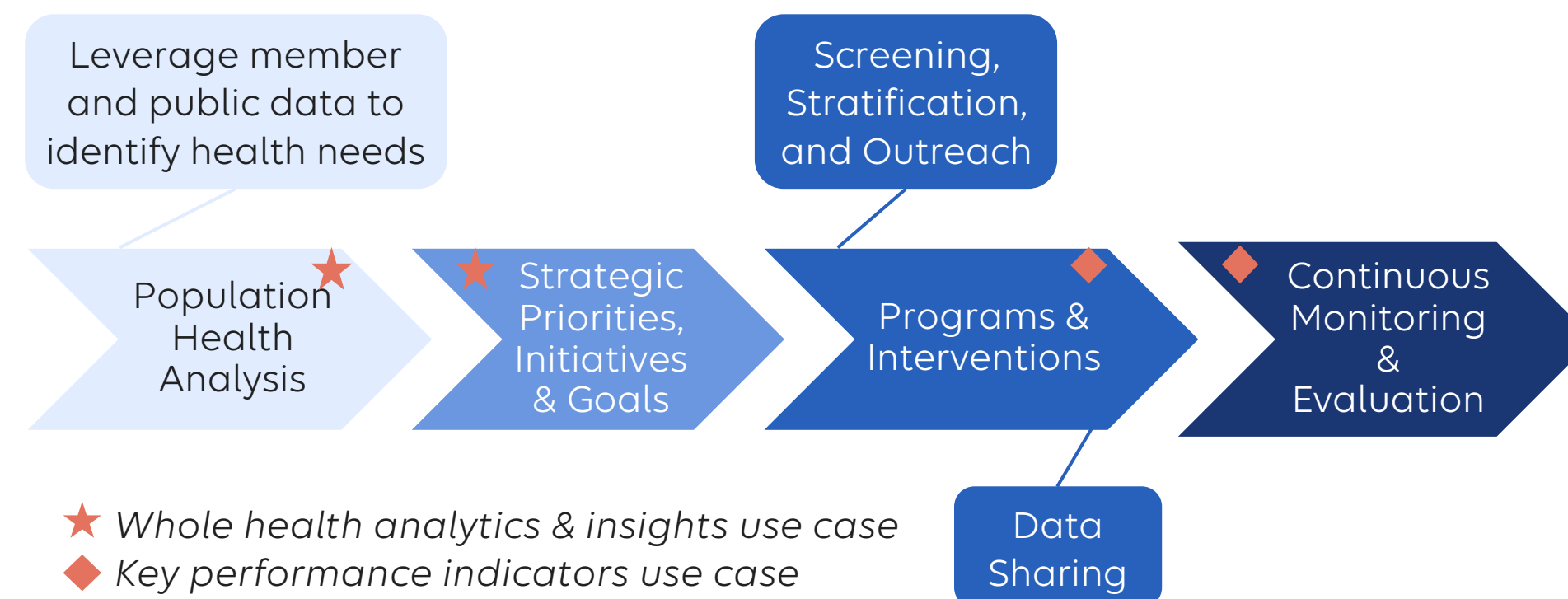
Key Issues

- Siloed data makes scaled comparison difficult
- Not easy to quickly identify health disparities and inequities
- Difficult to use data to prioritize key interventions
- Not easy to understand intervention effectiveness

Solutions

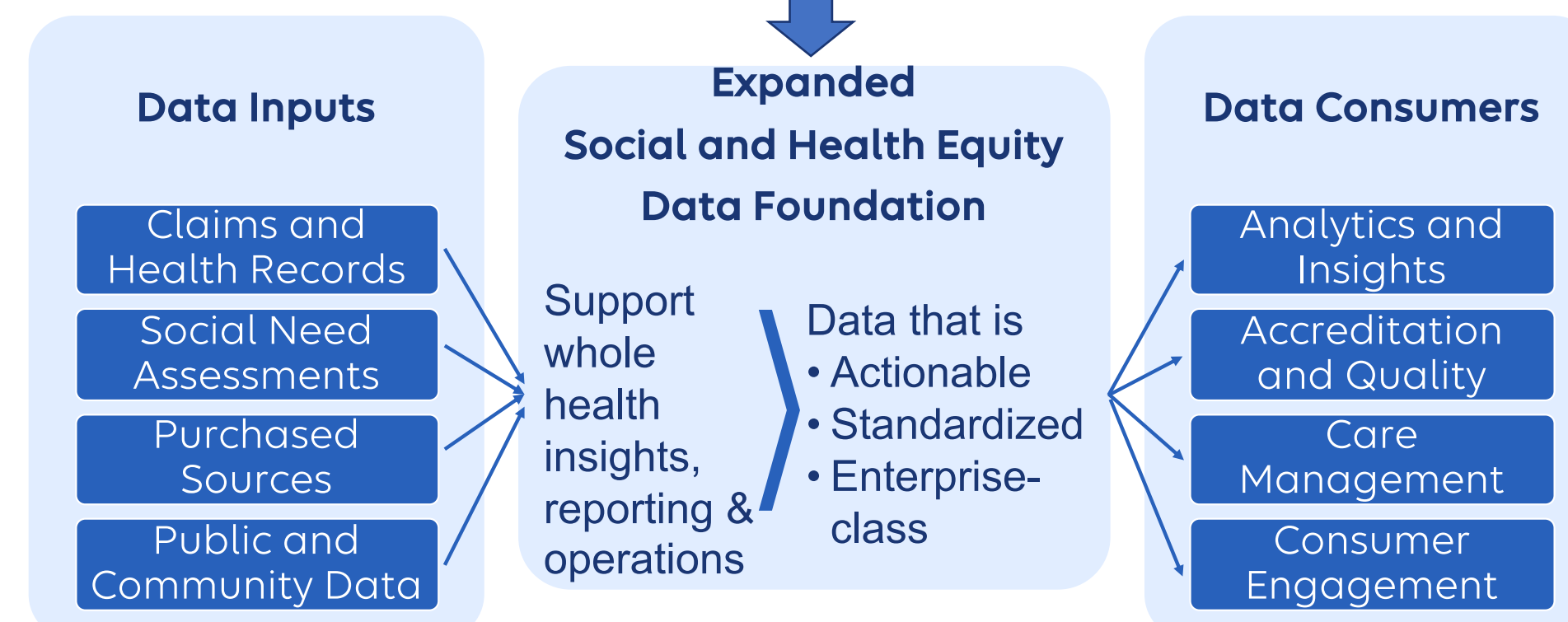
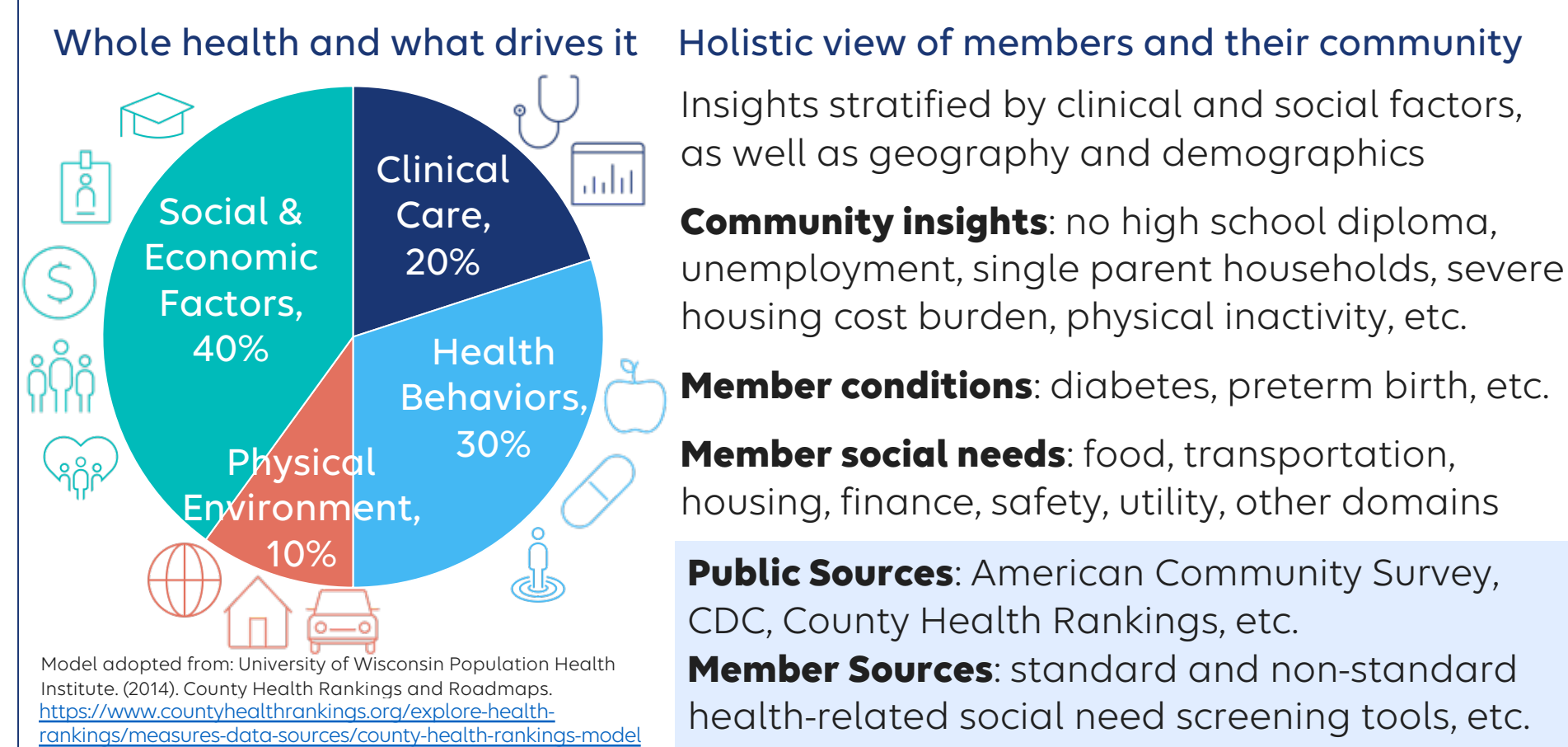
- Centralized whole health data and analytics tools
- Integrated clinical, social, and demographic data
- Easily identify populations with greatest risk to inform interventions
- Possible to evaluate program impact over time

Whole Health Management Analytics Framework



★ Whole health analytics & insights use case
◆ Key performance indicators use case

Traditionally Focused on Using Clinical Care Data: 20% of Health
Addition of Community Risks and Social Needs Data: 80% of Health



Gravity Project: Ongoing alignment of social data domains and specifications
Data Governance: Standardizing data and implementing security controls

To improve whole health, we use a complementary suite of analytics tools for different audiences with different privileges.

Data-Driven Insights to Inform Interventions

Ex. Drill Down by Demographics to Identify Subgroups for Outreach

| Summary | Demographic View | Actual Membership | California 2022 | Diabetes | Diabetes + Food Insecurity | Actual Membership % Pop. |
|---|------------------|-------------------|------------------|----------|----------------------------|--------------------------|
| Prevalence By Race/Ethnicity | | | | | | |
| Race/Ethnicity | % Membership | Condition | Condition + Need | | | |
| Native Hawaiian or Other Pacific Islander | 0.33% | 8.63% | 0.03% | | | |
| Other | 2.13% | 8.28% | 0.01% | | | |
| American Indian or Alaska Native | 0.48% | 7.84% | 0.02% | | | |
| Black or African American | 3.92% | 6.98% | 0.04% | | | |
| Hispanic or Latino | 32.84% | 6.42% | 0.03% | | | |
| Asian | 15.29% | 6.20% | 0.01% | | | |
| White | 45.01% | 5.09% | 0.01% | | | |
| California Plan All LOBs | | 5.86% | | | | |

Minorities make up more than half of the membership and show disparity in diabetes prevalence compared to Whites and California Plan overall average.

Prioritize minority groups with higher prevalence and greater membership for interventions.

Role-based access to data is systematically enforced to grant permissions based on each associate's assigned duties.

Key Takeaways

- Alignment with standard industry requirements** - Designing whole health data foundation, analytics/insights tools, and interventions with regulatory and accreditation requirements in mind to get buy in and adoption – guide decision making on resource allocation and data governance
- Data-driven approach to affect program outcomes** - Having a centralized repository with streamlined reporting helps users better understand health disparities and deploy targeted interventions to reduce gaps in care – Personalize care more holistically beyond what traditional insights offer
- Engagement at organizational and community level** - Aligning the organization's priorities with community giving and engagement strategies can maximize efforts to improve health equity – focus on areas with the greatest opportunities for improvement, leverage the power of many to scale impact

Acknowledgements

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