Total Person Health:
Benefits Shown through Research and Employer Case Study Align
March 2020
Today’s Agenda

- Welcome & Introductions
- Employer Case Study: Disney
- Researcher Case Study: UPMC & PCORI
- Peer to Peer Patient Advocates
- Q&A and Wrap up
- Reminder: Evaluation Survey
Welcome and Introductions

Karen Van Caulil, PhD
**MODERATOR**
President & CEO
Florida Alliance for Healthcare Value

Greg Martin
Deputy, Chief Engagement and Dissemination Officer
Acting Director, Engagement Awards
PCORI
Why “Total Person Health?”

Our wellbeing impacts our health and vice versa

- Physical and mental health are interrelated elements and not distinct ones

- Population health efforts are looking “upstream” into our communities to impact the social determinants of health
  - Health disparities
  - These same factors manifest themselves in the workforce and workplace

- Emerging evidence that both “chronic stress” and "loneliness and isolation" are risk factors

- As significant an impact on our health as tobacco usage
Speakers

William J. Dinger, Jr.
Healthcare Innovation & Labor Support in the Enterprise Benefits Department
The Walt Disney Company

Eva Szigethy, MD, PhD
Professor of Psychiatry, Medicine and Pediatrics
Behavioral Director, UPMC
Chief Medical and Scientific Office
Senior Faculty, UPMC Center for High-Value Health Care,
UPMC Health Insurance Division

Randi Sigal
Co-Founder & Co-Director
IBD Connect

Pam Wein-Levy, BSN, RN
Co-Founder & Co-Director
IBD Connect
Employer Case Study: Disney

William J. Dinger, Jr.
Healthcare Innovation & Labor Support in the Enterprise Benefits Department
The Walt Disney Company
The Walt Disney Company is a multinational media & entertainment company organized along three principal themes and four business segments:

**Content**
- Media Networks
- Studio Entertainment

**Experiences**
- Parks, Experiences & Consumer Products

**Platforms**
- Direct-to-Consumer & International

Over 200,000 Cast Members and Employees in 40+ countries
HMO-like plans (lower out-of-pocket, higher premium contributions, optimized direct contracted networks)

Consumer Choice option (higher out-of-pocket, lower premium contributions, broad carrier network)

Design

HMO-like plans administered by separate TPA
Care management activities allocated between TPA, Center for Living Well and Health Systems
Operations Summary

- Multiple organizations integrated into one seamless resource for eligible Cast Members and their enrolled family members
  - TPA resources to answer questions
  - Labs
  - Behavioral Health
  - Hospital case managers
- 15,000 ft² facility
- 22k+ unique users
- 49k+ visits
- Largest pharmacy in the Southeast

Platform for driving value through integration of services and oversight for population health
Wellbeing impacts everyone’s ability to be at their best. Both health and financial worries can be a struggle for all of us. We need to support our Cast Members as well as their families to help them meet life’s challenges.

- We are moving to a Total Wellbeing model to help us meet our Cast Members where they are
  - How do they want to interact?
  - Where do they want to receive services?
  - What motivates them to take action?
- The more we integrate our services with our partners and close gaps in care we are finding that the need for EAP / Behavioral Health services is growing
- Access was an issue so we partnered with a local provider
  - On Property Resources
    - Co-located within our onsite health facility
    - At various worksites throughout our locations
    - International housing
    - College housing
  - Access in the community within 48 hours
The Need for EAP & Behavioral Health Services

• Languages barriers existed as well
  – EAP / Behavioral Health resources who speak multiple languages
    • Spanish, Haitian – Creole, Vietnamese

• Integration into the care model at our onsite clinic
  – There is a mental health professional on site at all times
  – They do not have any appointments or see patients regularly
  – Their sole focus is to provide support to our medical professional
    • If a possible mental health issue is identified during an office visit they are brought into the exam room right away
    • Can act as a support model for our physicians as they work through complex cases
  – Our hospital partners are now implementing this service at their larger practices
  – We have started to see success with chronic condition improvement due to this model
Researcher Case Study: UPMC

Eva Szigethy, MD, PhD
Professor of Psychiatry, Medicine and Pediatrics
Behavioral Director, UPMC Chief Medical and Scientific Office
Treating the Whole Person: Multidisciplinary Care in IBD

Eva Szigethy MD PhD
Professor of Psychiatry, Medicine and Pediatrics
Medical Director, IBD Total Care Program
Director of Behavioral Health, UPMC Chief Medical and Scientific Office
Senior Faculty, UPMC Center for High-Value Health Care, UPMC Health Insurance Division
More than **125 regional hospitals/other facilities** and over **11,500 physicians**

Rapidly growing insurance products more than **3.4 M members** and **11,400 employer groups**

**2nd largest provider-owned health plan** in the country

Largest medical health insurer in Western PA with **40% market share** across all covered lives

Largest Medicaid behavioral health MCO in PA

Partnership with UPMC IBD Medical Home that supports innovative services for health plan members
Inflammatory Bowel Disease (IBD) shares many characteristics with other chronic diseases

- Life-long gastrointestinal symptoms often hidden from others

- Inflammatory bowel disease (IBD) ranks as top three expensive chronic medical diseases in most tertiary medical centers.

- Anxiety, depression, and pain are common.

- IBD health care costs double in the presence of behavioral disorders.
Treating the Whole Person with Inflammatory Bowel Disease: The IBD Patient Centered Medical Home (PCMH)

• Coordinated medical-behavioral-wellness care

• Team-based care that is compassionate and culturally sensitive.

• Partnership with UPMC Health Plan: IDFS model in action.

• 890 unique IBD patients seen in the program since 2015 with about 500 active patients per year.
Patient Journey through IBD Total Care PCMH Clinic

- **Scheduler (Engagement)**
  - Nurse Practitioner (TRIAGE)
  - Gastroenterologist (Complex Medical Decision-making)
  - Colorectal Surgeon (Surgery)
  - Nurse (Treatment Plan Medication Management)

- **Scheduler (Engagement)**
  - With what goals can the team help?
  - Dietitian (Wellness & Nutrition)
  - Social Worker (Behavioral and Psychosocial Care)
  - Psychiatrist (Complex Behavior Decision-making)

**BOB: Diarrhea and Pain**
- + Medical Complexity

**BOB: Depression And Disability**
- + Behavioral Complexity

**With what goals can the team help?**
Optimizing Integrated Care with Health Technology: IBD
Total Care PCMH

- Total team visit via telemedicine
- Coaching-enhanced digital tools
- Clinical analytics using EHR
- Remote monitoring of patient-reported outcomes
- Patient-centered
Integration of Digital Behavioral Program into IBD PCMH

Patient is screened at visit for depression and anxiety in clinic waiting room

Clinical team orders digital CBT program directly in electronic health record (EHR)

Patient leaves visit having downloaded the program

Patient uses the program and takes ongoing assessments

Team is kept updated of progress in EHR
The Art and Science of Treating the “Whole Person”: The Art

• Care Coordination

  Providing a supportive wrap-around of clinical & behavioral services helps patients reach their therapeutic goals.

• Total Team Education

  What can providers do or say to help patients feel heard and to connect with their internal resources to manage and transcend challenges.

• Peer Caregiver Support (IBD CONNECT are UPMC peer volunteers with personal experience in IBD who support and educate hospitalized IBD patients and their families and keep them connected to PCMH).

  Helping patients with support, education and connectivity to their care team to improve their “lived experience”.

IBD PCMH: 2 Year Outcomes

- High patient engagement
- High patient satisfaction
- Reduced provider team burnout
- Improved clinical outcomes
- Reduced opioid use
- High engagement in health technology
- Reduced unplanned medical utilization

*Based on clinical team analysis of EHR data.
Regueiro et al., 2017, 2018; Szigethy DDW, 2017; 2018
Goldblum 2019

50.5 % decrease in ER visits total cohort*

*Based on clinical team analysis of EHR data.
Regueiro et al., 2017, 2018; Szigethy DDW, 2017; 2018
Goldblum 2019
Research Partnership: UPMC Center for High-Value Health Care

Established in 2011 as a nonprofit research organization, owned by UPMC, housed within the UPMC Insurance Services Division

Goals:
• Enhance visibility and promote innovation through stakeholder-driven research partnership
• Support innovation, learning and dissemination through real-world scientific inquiry
• Broadly disseminate findings to ensure stakeholders have access to meaningful and actionable information to improve health care experiences and outcomes

External funding:
• Over 37 million in funded studies
• Seven PCORI contracts since 2012
PCORI Study of IBD PCMH: Overview

Funding
UPMC Center for High-Value Health Care prime recipient of $6.6 million in Patient-Centered Outcomes Research Institute (PCORI) funds

Study Duration:
4.5 years (February 1, 2019 - July 31, 2023)

Multi-Site
UPMC, Cleveland Clinic, Mount Sinai Hospital

Design
Individual randomized controlled trial; mixed-methods approach

Care Approaches
TEAM
TECH
PCORI Study of IBD PCMH: Care Approaches

TEAM Approach
- Engagement & care on-site via clinic team
- Co-located PH & BH services
- Capable, cross-trained team
- Open access scheduling & after hours care
- Multi-disciplinary team care
- Integrated BH & PH IBD management
- Care coordination aligned to patient needs
- Convenient & timely access to services

TECH Approach
- Engagement & care via digital tools
- Digital solutions address whole health
- Remote monitoring for management at a distance
- 24/7 care supported by tech
PCORI Study of IBD PCMH: Study Goals

1. To **compare the impact of two specialty medical home approaches** (TEAM and TECH) on patient outcomes, including IBD and behavioral health symptom severity, functional impairment, health care use, quality of life, and self efficacy

2. To **determine which strategies work best for patient subgroups** based on age, behavioral health symptoms severity, and IBD disease activity

3. To **understand what processed and procedures help with implementation**, what challenges exist, and the potential to scale the specialty medical home model to support patients with other chronic conditions
Summary: UPMC PCMH (team care + heath technology)

- Multidisciplinary team care
- Integrated physical health and behavioral health IBD management
- Treat the “whole person” through the complexities of his/her lifelong disease course
- Convenient and timely access to services
- Care coordination aligned to patient needs

UPMC LIFE CHANGING MEDICINE
The Value of Volunteer Peer Specialist Support Networks: IBD Connect

Randi Sigal
Pam Wein-Levy, BSN, RN
Co-founders & Co-directors of IBD Connect
A SOLUTION: IBD CONNECT

A volunteer peer specialist support network for patients & families with Inflammatory Bowel Disease

- Offers support
- Provides educational and resource materials
- Tracks quality assurance impact
- Restores hope
CONFIDENCE & SECURITY

Interpersonal Support + Resource Materials

\[ \uparrow \text{Confidence} \quad \uparrow \text{Security} \]

= Improved Patient Care

IBD CONNECT

Transition To Home & Life
CONDUIT TO SERVICES

- Patient Advocate
- Education
- Behavioral Health
- Telemedicine
- Caregivers & Peer Support
- Resource Materials & Services
- Specialized Medical Resources
IDENTIFY PATIENT CONCERNS

- Diet and Nutrition
- Medication
- Pain Management
- Sleep Disturbance
- Narcotic Use/Addiction
- Stress Management
- Financial Burden
- Job Security
- Social Isolation
- Intimacy & Fertility
SATISFACTION SURVEY RESULTS

Overall IBD Connect Experience

[Bar chart showing the percentage of responses for Excellent and Very Good categories]
SATISFACTION SURVEY RESULTS

Did Your Outlook Improve after IBD Connect Visit?

![Bar Chart]

- Yes: 80%
- Somewhat: 20%
- Not Sure: 0%
- Not Very Much: 0%
- No: 0%
Discuss Disease with Family/Friends

- Before: 44%
- After: 89%
- p=0.01

Stress Related to Hospitalization

- Before: 56%
- After: 18%
- p=0.001

IMPACT OF IBD CONNECT
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Pop-Up Survey

Your opinion matters to us! Please take a few minutes to complete the survey that will pop-up after the webinar ends. You can also access the survey in the follow up email that you receive from our webinar platform.

Thank you for your participation!