

North Carolina State Health Plan

April 25th, 2024

Agenda

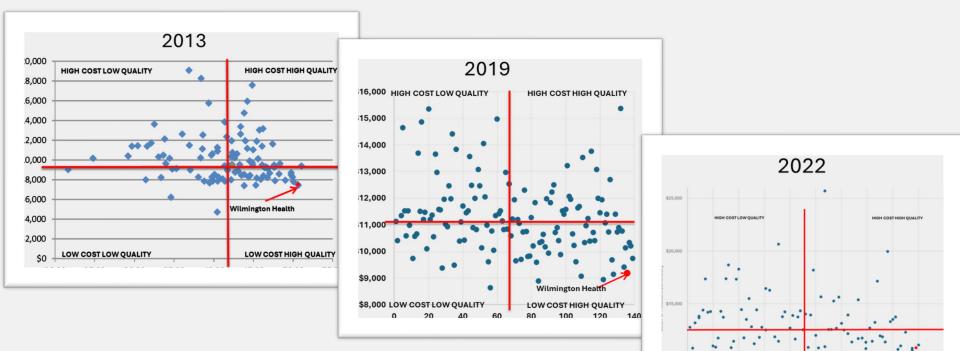
History Wilmington Health Performance Scalability

History

Focus

- Move to high quality primary care
- Reduce Costs
- Transparency
- De-risking the State Health Plan

Meaningful Savings and Unprecedented Quality



\$10,000

LOW COST LOW QUALITY

LOW COST HIGH QUALITY



Pilot

- Wilmington Health and apree health form Wilmington Coordinated Care
- Total cost of care risk
- All SHP (non retirees) members in 4 county area (~30K members)
- Target members not attributed to low cost, high quality primary care

Engagement + Primary Care = Total Outcomes

4. INTEGRATED NETWORK

Integrating with a broader network to manage comprehensive care • plans that may require specialist or hospital based care.

3. EXTENDED CARE TEAM

Maintaining ongoing touchpoints with the person through use of navigators, coaches, and clinical care managers.

Telephonic RN Triage
Post-discharge Follow-up
ER Frequent Utilizer

1. ENGAGEMENT

Leveraging our understanding of the person to engage them in their health and care.

Digital Ads (TV & Social)
Mail to Home
Worksite Communications
Targeted Outbound Calls

2. PRIMARY CARE

Managing a person's whole health, both in-person and virtually.

Extended care teams
Focus on gap closure in visit
High-quality referrals

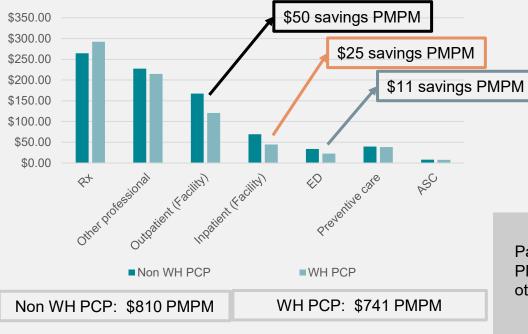
2023 Performance

Meaningful Savings Achieved

\$1,052 Essavings in a patien year managed by V		
apree engagement tactics drive patients to WH	WH increases preventive care and improves quality Management drives lower use of high cost care Most significant savings seen for sickest patients	
Steering high risk patients to WH	PMPY savings driven by reduction in high-cost service utilization	

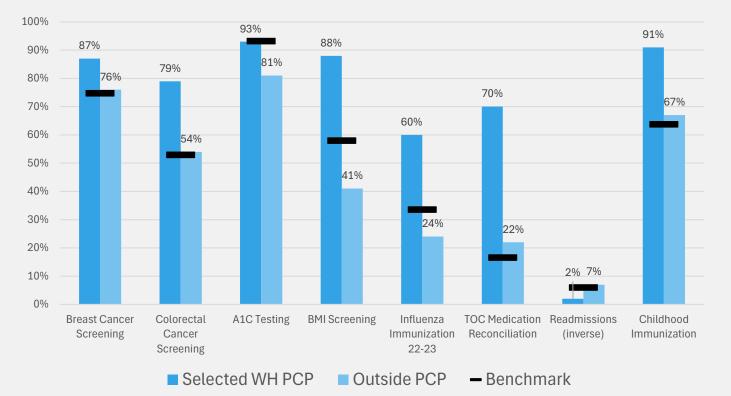
Sources: Internal difference in difference study comparing WH PCP cohort to non-WH PCP cohort, aligned with actuarial analysis and cost modelling

WH Continues to Drive PMPM Savings



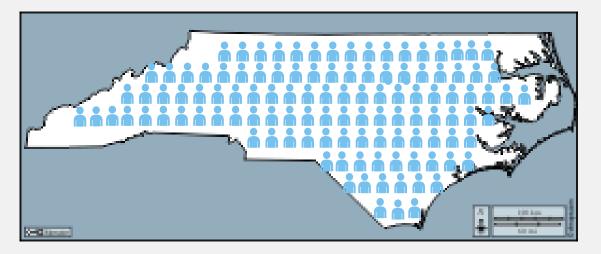
Key Takeaways Patients attributed to a WH PCP save \$69 PMPM compared to patients attributed to any other PCP in the market.

WH Drives High Quality Care



Scaleability

Scalability



Key Takeaways

- Allows for traditional ACO models with attribution
- Engagement and steerage to high-quality, low-cost primary care for the unattributed
- Engagement and steerage to high-quality, low-cost specialist
- De-risk the SHP by shifting total cost of care risk

Discussion