DC Health Benefit Exchange Authority

For Transmittal to DC Council Health Committee Chairman Vince Gray, a Report:

How Health Insurance Companies Offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River

September 9, 2020

DC HEALTH LINK

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How Health Insurance Companies Offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River

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The Chairman of the Council of the District of Columbia's Health Committee asked the DC Health Benefit Exchange Authority (HBX) to investigate whether health insurers providing coverage through DC Health Link could be part of the solution to expanding access to services (including mental and behavioral health) for District residents residing East of the Anacostia River in Wards 7 and 8 ("East of the River").

In response, the DC Health Benefit Exchange Authority's Executive Board established an initiative led by Board Chair Diane Lewis. The Board Chair worked with each of the health insurance companies that offer coverage through DC Health Link, the District's online health insurance marketplace for residents and small businesses.

CareFirst Blue Cross Blue Shield and Kaiser Permanente offer coverage in both the individual and small group market. Aetna and United Healthcare offer coverage in the small group market. Each company was actively engaged in this initiative.

HBX Chair Diane Lewis and HBX staff met eight times with teams from Aetna, CareFirst Blue Cross Blue Shield, Kaiser Permanente, and United Health Group and HBX staff had more than a dozen additional communications with the insurers. Health plan teams included experts on provider networks and contracting, clinicians including physicians, staff involved in community support efforts, and executives. In these meetings, each health plan highlighted their activities and identified what each could do to contribute to improved access to medical care for the District's residents living East of the River.

Below is information from each of the four companies:

CAREFIRST BLUE CROSS BLUE SHIELD:

Addressing Health Disparities East of the River – A Summary of Actions

In its 83rd year of service, CareFirst Blue Cross Blue Shield offers a comprehensive portfolio of health insurance products and services to 3.3 million individuals and employers in the District of Columbia, Maryland, and Virginia. Below are highlighted actions that demonstrate CareFirst's ongoing commitment to addressing health disparities in communities East of the River with a focus on expanding access to healthcare services, targeting investments to address community health and social needs, and providing COVID-19 relief and support.

Expanding Access to Healthcare Services:

- ***Establishing new access in Wards 7 and 8*** – CareFirst has initiated conversations with a prestigious provider organization to establish new access to primary care in Wards 7 and 8. Key features include in-home primary care and new physical clinic sites. While the focus of this new initiative is currently primary care and behavioral health, the needs of the community will ultimately drive the provision of services. This initiative will also serve as an access point to other services available in the community that address Social Determinants of Health (SDOH). In order to maximize the impact of these clinics, CareFirst may seek support from the District Government and potentially WMATA to locate the clinics for the best possible access for the communities served. CareFirst expects to announce this relationship in September 2020.

- ***Entrance into the Medicaid market*** – In 2020, CareFirst Blue Cross Blue Shield (CareFirst) was proud to acquire Trusted Health Plan, now doing business as CareFirst Community Health Plan District of Columbia (CareFirst CHPDC), a local managed care organization (MCO) serving District Medicaid enrollees since 2013. The partnership brings together the best of both organizations and advances CareFirst's mission to improve health outcomes for individuals by increasing access and affordability to meet healthcare needs at every stage and in every circumstance of life. Through this partnership, CareFirst will be able to extend the wide array of health services available to its current members to the Medicaid population, while increasing the number of providers participating in the Medicaid network to ensure that all residents of the District have access to the high-quality innovative healthcare services they deserve.

- ***Insulin, diabetic supplies at no cost-share for members*** – CareFirst continues to explore ways to advance its mission to provide affordable access to health coverage. As the cost of insulin and other prescription drugs continue to increase, CareFirst announced it will

offer insulin and diabetic supplies coverage to members at $0 out-of-pocket, prior to meeting a deductible in 2021. Beginning January 1, 2021, CareFirst will provide access to preferred brand insulin and diabetic supplies, such as glucometer test strips and insulin syringes, as a covered benefit with no member cost-sharing in plans where CareFirst sets the health benefits and manages the financial risk, referred to as "fully-insured" plans. Removing financial barriers to care will enhance access to diabetes management tools and drugs, ultimately resulting in better health outcomes for our members.

- ***Diabetes treatment and management program*** – In June 2020, CareFirst, along with Onduo, a leading diabetes management company, launched the *CareFirst Diabetes Virtual Care Program*. The program focuses on stabilizing patients who have uncontrolled type 2 diabetes. This national solution connects patients to personalized virtual care, clinical education, and easy-to-use tools and devices to help them better manage their diabetes. The program, which is available at no cost to eligible CareFirst members as part of their health plan, provides clinical expertise to support the treatment plans for patients, including access to certified diabetes educators and endocrinologists to help CareFirst patients achieve better health. The program supplements a patient's current treatment plan and makes sure they have the day-to-day support they may need between doctor visits. Through the program, patients will receive:

    - **Connected devices:** A blood glucose meter with unlimited monthly test strips is shipped to all patients. Some high-risk patients may also be eligible to receive a continuous glucose meter.
    - **Personal care lead:** This individual is trained in general health and wellness, motivational interviewing, and behavior change, and provides one-on-one support to help patients manage their disease through personalized interactions and goal setting.
    - **Telehealth visits:** Endocrinologists and certified diabetes educators are available as needed to provide actionable recommendations and help high-risk patients with managing symptoms.

<u>Targeting Investments to Address Community Health and Social Needs</u>:

- ***Tackling SDOH*** – In recent years, CareFirst has moved deeper and more upstream in our investments. Utilizing an equity lens, we are strategically expanding our focus beyond simply providing clinical care, to include initiatives aimed at addressing SDOH and improving overall community conditions. Our investments have reflected this shift. From 2015 to 2019, CareFirst has invested $10.9 million to address SDOH in the District of Columbia. CareFirst's SDOH investments specifically benefiting residents in Wards 7 and 8 during this period were:

    - **Boys & Girls Clubs of Greater Washington: $340,000** since 2015 to support after-school programming that included academic support and health and wellness classes at Clubhouse #14 (Ward 8);
    - **Bread for the City: $230,000** since 2015 to support access to vision services, the expansion of comprehensive primary and behavioral health services in Ward 8,

and COVID-19 testing;
- **Building Bridges Across the River (BBAR): $60,000** since 2016 to support programming addressing arts, education, and nutrition and to provide emergency food to residents experiencing food insecurity due to COVID-19;
- **Community of Hope: $645,000** since 2015 to support the expansion of comprehensive prenatal care services in Ward 8 including Centering Pregnancy (an evidence-based group care model) and the co-location of behavioral health services at Martha's Table in Ward 8;
- **Family and Medical Counseling Service (Family Medical): $200,000** since 2018 to provide access to comprehensive substance use services including counseling and medication assisted treatment;
- **Mamatoto Village: $200,000** since 2019 to support access to culturally competent prenatal services including health education, care coordination, social support, doula care, and counseling for women of color in Wards 7 and 8; and
- **Martha's Table: $41,000** since 2018 to support educational programming and fresh produce at no-cost for children in families in Ward 8.

<u>Providing COVID-19 Relief and Support</u>:

- ***Regional relief*** – During the course of the COVID-19 pandemic, CareFirst has made significant investments in a series of initiatives aimed at providing relief and support to our members, providers, and communities across the region. These include:

  - **Premium credits** for fully insured small and large group customers;
  - **Premium credits** for fully insured small and large group dental customers;
  - **Waiver extensions** for cost share expenses related to telehealth services and COVID-19 testing and treatment;
  - **Accelerated payments** to support healthcare providers in Wards 7 and 8 experiencing financial strain. CareFirst offered a combination of advance lump-sum payments, increased fee schedules and monthly cash advances for qualifying Patient-Centered Medical Home panels;
  - **Premium deferrals** for members and groups experiencing economic hardship;
  - **Elimination of prior authorizations** for tests or treatments that are medically necessary and consistent with CDC guidance for members diagnosed with COVID-19; and
  - **Establishment of a volunteer program** available for CareFirst's licensed clinicians allowing them to volunteer their time to support direct patient care and alleviate the widespread strain on provider organizations.

- ***Supporting local community partners*** – With the advent of the pandemic, CareFirst has had the opportunity to retool our grantmaking process and focus. To support this effort, we interviewed over 60 community partners from across the region to learn more about what they were experiencing on the ground. In response, CareFirst has earmarked an initial investment of $2 million to aid in meeting the immediate health, social and economic needs in our communities. The funds will help close gaps in medical care access, minimize food insecurity, and support the needs of populations disproportionately

impacted during the crisis. CareFirst will do this through two rounds of funding. In the first round of funding, health and social needs were addressed. In the second round of funding (release date to be determined), social and economic needs will be addressed. First round funding was awarded to the following organizations in the District of Columbia:

- **Bread for the City: $75,000** to support *Free Testing and Medical Care to People Living with Low Incomes*;
- **Building Bridges Across the River (BBAR): $50,000** to support *Food Access for Residents East of the Anacostia River*;
- **Latin American Youth Center: $25,000** to support *COVID-19 Community Response* to provide social services to low-income youth and families through direct services such as food delivery, basic care access, case management, and technological support;
- **Dreaming out Loud: $25,000** to support, *Feeding Ward 7 and Ward 8 through COVID-19 and Beyond*; and
- **Pathways to Housing DC: $50,000** to support *COVID-19 Emergency Response* to provide integrated health care services for individuals experiencing and recovering from chronic homelessness.

- ***Community Food Relief Program in partnership with Aramark*** – A partnership was established with CareFirst's cafeteria supplier, Aramark, to provide boxed lunches to people in need throughout the Baltimore area and the District of Columbia. To date, 8,860 boxed lunches have been provided to organizations benefitting District residents such as DC Dream Center and House of Ruth.

- ***Investing in practices returning to the care environment*** – In July 2020, CareFirst announced a new initiative *"Care, delivered."* Through this $5 million public-private sector investment, 1.6 million units of personal protective equipment (PPE), including gowns, gloves, masks, and face shields, will be distributed at no-cost to healthcare and social services organizations in all eight wards of the District of Columbia, Maryland, and Northern Virginia. During the first wave of the initiative, 200 healthcare and social service organizations received PPE, including 35 in the District of Columbia. These organizations include, but are not limited to, community clinics and organizations providing home visiting services to seniors, nonprofits providing services to individuals experiencing homelessness or substance use disorders, and independent primary care practices serving Medicare and Medicaid populations. To date, CareFirst has delivered more than 6,000 gowns, 9,000 pairs of gloves, and 8,400 masks to organizations in Wards 7 and 8 including Martha's Table, Unity Health Care, Family and Medical Counseling Services, and the Boys and Girls Club of Greater Washington.

- ***Supporting increased telemedicine utilization*** – Telemedicine provides a wonderful option for expanding access to care in all geographies. CareFirst has been advocating for practices to adopt telemedicine for years. Physicians and patients were slow to adopt, but the impact of the pandemic in mid-March caused the rapid adoption of audio-video interactions between patients and physicians. Practices that were able to pivot their

business models to fully utilize telemedicine were able to make up a significant amount of their patient volume loss that occurred as a result of the pandemic and patients were able to maintain continuity of care with their physician. To support efforts to pivot, CareFirst established partnerships to fund telemedicine set-ups for small practices through our internal Practice Transformation Team. Several years ago, CareFirst CHPDC provided funding to support a telemedicine program for Mary's Center. CareFirst is currently exploring partnership with the DC Medical Society to fund greater telemedicine access in the District of Columbia. In addition, CareFirst continues to evaluate ways we could best serve our members, accounts, providers and communities during the COVID-19 pandemic– CareFirst is covering telehealth at the same level as an office visit and the types of services that are covered through telehealth are expanded as well. CareFirst is also extending temporary policy to pay providers in eligible specialties (primary care and behavioral) for member-initiated telephone consultations through September 30. At this time, CareFirst is waiving member cost sharing for in-network for out-of-network telehealth visits, related to diagnosis and treatment of COVID-19.

KAISER PERMANENTE:

The leadership of DC Health Link (the Exchange) asked participating health plans, including Kaiser Permanente, to considers steps that plans and the Exchange might take to improve health access and health outcomes in DC Wards 7 and 8.

While all acknowledge this is a multi-faceted challenge, our comments below focus on specific areas the Exchange leadership and staff asked us to consider.

Expanding Virtual Care. An effort KP has had underway since the beginning of the COVID-19 pandemic is an expansion of virtual care. We have dramatically increased the proportion of care that we are able to provide over smartphones or as video visits on laptops. As we have 're-opened' in-person care at our medical centers that serve our members in the District in recent weeks (and throughout the Mid-Atlantic region in surrounding MD and VA), the proportion of primary care that is provided through these virtual means has dropped somewhat from its peak, but it still vastly greater than it was last year.

In Wards 7 and 8 specifically, our physicians have completed over 5,300 primary and specialty care visits via video through July 2020. (Most video visit care is delivered via the KP secure patient portal "app" that we provide for member smartphones, which allows for video/audio interaction alongside real-time access to the patient medical records.) This is a significant volume. (Recall that our total membership in Wards 7 and 8 is about 12,500.) As a point of comparison, monthly video visits were fewer than 100 in January of this year, and in the May-July period, averaged over 1,300 per month.

As our members become familiar with this approach to receiving care, it is clear they regard it as a great convenience and satisfier – the ability to get care wherever they are without having to visit a provider's office, whenever such a visit is appropriate. *Importantly, these virtual visits continue to be available to our members, for any purpose or diagnosis, at no charge.* (The exception would be the handful of members who are enrolled in HSA-qualified high deductible plans, for which federal rules require cost-sharing be charged.)

Addressing Health Outcomes Disparities. The residents of Wards 7 and 8 are a diverse population. Our Health Plan membership nationally comprises nearly 40 percent people of color, has linguistic diversity exceeding 130 languages, and a total workforce composition that reflects (and often exceeds) the diversity of the communities we serve. Accordingly, we are committed to providing culturally competent care to reduce disparities in health outcomes.

Regrettably there are many opportunities for improvement. For example:

- *Hypertension*. About one third of Americans have Hypertension (high blood pressure), and barely half have this condition under control, despite it being the primary cause of nearly half of all strokes in the United States. Hypertension is also straightforward and inexpensive to treat. It is also much more prevalent in the United States among African Americans and Latinos, and a significant factor driving higher rates of heart attack and stroke among those groups.

- *Colorectal Cancer*. Colorectal cancer is another example where comparatively simple and inexpensive interventions such as annual screening for those over 50 can make a momentous difference in health outcomes. It is third most common cancer in the United

States. Nationally, there are significant disparities in screening rates and health outcomes according to race and ethnicity, with African Americans experiencing a 30% higher death rate than whites, according to the CDC.

- *Diabetes*. Similarly, diabetes is the 7th leading cause of death in the United States. Nationally, it kills at higher rates among African Americans and Latinos than among whites. While it's treatment and control is considerably more complex than the other conditions mentioned above, it is a disease that high quality health care can vastly improve.

For these and other conditions, our culturally competent care approach addresses such issues as:

- Communication: Creating bilingual and multilingual literature and signage, and providing both on-site and telephone language interpreters specially trained in health care.
- Culture awareness: Creating a culturally competent workplace by educating providers on issues, health concerns, and customs of various populations, including sensitivity training in topics such as race and sexual orientation.
- Special needs: Targeting diverse populations with our programs in culturally competent care, located in the communities where they can be most effective and addressing concerns most pertinent to that population.

To further serve the needs of our ethnically diverse membership, we established the Institute for Culturally Competent Care. By training providers and staff, assessing member needs, and developing targeted materials and measurement tools, we have instituted best practices in culturally competent care throughout our facilities.

KPMAS has several programs in place to diminish health disparities in our patients. We track A1c control performance on African and American and Latino populations for our diabetic patients and track performance on hypertension control for our African American patients under 50. By comparing these rates to our whole population, we ensure we are improving health outcomes for all patients. <u>These statistics are reported monthly at the service area, medical office building and provider level</u>.

KPMAS has also led rapid improvement efforts in flu immunization rates for self-identified black and LatinX patients during the 2019-2020 flu season. By targeting these patients with culturally-specific messaging we were able to increase the immunization rate of those populations by over 5%.

Disparities in health outcomes is not an easy problem to solve. Barriers to reducing disparities persist in health systems throughout the nation. Such barriers include socio-economic differences, cultural and language differences, variations in health literacy, and different clinical aspects. Kaiser Permanente's approach to reducing disparities addresses each of those barriers, and includes programs like cultural competency training, offering of language-concordant caregivers and enhanced interpretation pilots, creating materials to lower health-literacy patients, and ensuring that we are following the best evidence-based care practices for our members.

However, it has often been said that "you can't improve what you don't measure." We encourage the DC Exchange to consider its role in promoting reductions in health outcomes

disparities, including by promoting collection of relevant data. With data in hand, one approach to addressing this real and ongoing issue in American health care could be to ask all carriers to identify one specific goal, such as, to cite one example among many possibilities, reducing the disparity in colorectal cancer survival rates among African Americans and Latinos as compared to whites, and to annually report on steps the carrier is taking through its provider network to make progress, perhaps on a pilot basis. This goal setting and reporting should include the number and proportion of members affected by the identified efforts, and the results over the measurement period using longstanding and accepted HEDIS measures.

Does this matter? We believe it does. The five-year survival rate from colorectal cancer diagnoses among all adults in the mid-Atlantic states region is 65% among whites, but 58% among African Americans. As a result of sustained effort to improve screening rates regardless of race, for Kaiser Permanente, there is now *no difference* in the five-year survival rate from colorectal cancer by race – it is 82% for both African Americans and whites. For another example, the mortality rate in the mid-Atlantic states area for all adults from diabetes is 26.5 per 100,000 among whites versus 33 per 100,000 among African Americans. For Kaiser Permanente mid-Atlantic members, the mortality rate is 18 for whites and 19.6 for African Americans – still a difference, but significantly less than in the region's overall population.

Increasing Providers Located In Wards 7 and 8. Because Kaiser Permanente is an integrated delivery system, with our Permanente Medical Group providing virtually all care to our members, including about 12,500 KP members who reside in Wards 7 and 8, this is a difficult challenge. Simply put, to increase providers in a geographic area, we must have membership in sufficient numbers to support those providers. We continue to evaluate opportunities for adding new medical offices in Wards 7 and 8, and the areas immediately adjacent. For us, a key component of sufficient membership is the ability for KP to participate in the DC Medicaid Program. In several states, KP participates in the Medicaid program and has a very substantial membership. We view such participation as fulfilling our social mission as an organization. However, in other states, the terms of participation established by the states make it implausible for integrated delivery systems such as KP to participate.

We look forward to the opportunity to participate in DC's Medicaid program under terms that work for a unique organization such as ours, in the next procurement cycle. Such an opportunity would greatly increase our ability to add provider capacity in Wards 7 and 8.

AETNA:

CVS Health/Aetna and DC Health Benefit Exchange

Wards 7 and 8 Access Discussion

Demographics and Telemedicine

- Approximately 8 percent of Aetna's commercial membership residing in Wards 7 and 8 utilized telemedicine in the first half of 2020. That utilization is below the market average of 14.5 percent. This data would suggest we have an opportunity to do some member education.
- Breakdown by gender of fully insured, commercial telemedicine users in Wards 7 and 8: 67 percent Female vs 33 percent Male.
- 50 percent of telemedicine users are between the ages of 40-59
- About 75 percent of the procedure codes for telemedicine were for evaluation and management as well as mental health services

The following chart shows Capitol Market (DC, Maryland, and Virginia) telemedicine use over the last 18 months. While this is not specific to DC we believe the trend applies across the market, including DC.

Access in Wards 7 and 8

CVS Health Aetna is very pleased to continue conversations with the DC Health Benefit Exchange and potentially work with other carriers to brainstorm ideas and develop alternatives to helping to expand access to care in Wards 7 and 8. Below are three areas we will continue to explore internally as potential options to expand access east of the river in DC.

Member cost-sharing for telemedicine benefits.

Aetna has been providing its members with access to telemedicine services at no or reduced cost during the COVID-19 pandemic. While we do not currently have plans to continue this indefinitely, we will explore plan design features that continue to provide the convenience that telemedicine offers.

Transportation benefits.

Currently, Aetna's case managers use their judgment to determine when it is appropriate to provide transportation benefits to members who are unable to get to an important medical appointment due to transportation challenges. In certain instances, Aetna case managers will arrange for a ride-sharing service or taxi service to transport the member to the appointment.

We can explore whether expanding access to transportation benefits in a way that enhances access to care for Aetna members in Wards 7 and 8 may be feasible.

Making #TimeForCare in the midst of a pandemic.

During the pandemic, many people are putting off accessing important care resulting in a dangerous wave of secondary impacts. CVS Health has launched #TimeForCare, a call to action encouraging individuals to prioritize all their health care needs. The campaign educates members on the importance of seeking preventive care and ongoing treatment for chronic diseases, emotional well-being support, and maternity care. Some existing Aetna benefits available for free that may be underutilized are:

- Flu shots
- Tobacco cessation counseling and nicotine replacement therapy or other quit aids
- Home blood pressure monitors
- Screening for colorectal cancer with convenient, in-home test starting at age 45
- Helpline for mental wellbeing programs and resources through Aetna Resources for Living
- Maternity support for high-risk pregnancies including preeclampsia prevention

We can work with trusted healthcare providers, community and faith-based organizations and institutions to promote #TimeForCare in Wards 7 and 8.

<u>Addressing Social Determinants of Health in Wards 7 and 8</u>

CVS Health Aetna is pleased to collaborate with DC Health Benefit Exchange, other carriers, and community stakeholders to help Wards 7 and 8 to address social determinants of health (SDOH) including racial inequality as a root cause affecting SDOH. These factors are highlighted by the disproportionate impact of COVID-19 on Black communities, with increased rates of infection, hospitalization, and death. CVS Health has committed to use its influence to

be a force for good in communities across the country by advancing employee, community and public policy initiatives that address inequality faced by Black people and other disenfranchised communities. Below are two current initiatives that can be explored for addressing social determinants of health:

Destination:Health.

CVS is expanding focus on addressing social determinants of health through Destination:Health. Some examples include increasing investments in affordable housing, addressing food insecurity, and implementing workforce initiatives to provide employment services and training. Destination:Health can be a conversation starter for collaborative strategies to deploy in Wards 7 and 8.

Project Health.

Project Health provides free health screening events at CVS Pharmacy locations nationwide, focused within communities with large multicultural and uninsured populations. Project Health offers an array of free comprehensive health assessment screenings, including body mass index (BMI), blood pressure, glucose and total cholesterol screenings, which can help detect risk for chronic conditions like diabetes, hypertension, and heart disease, which disproportionately impact Black people and other communities of color. The screening events feature further information on weight management, diabetes resources, and smoking cessation programs. Increased investments in Project Health will strengthen CVS Health's continued commitment to improve access to health care and help prevent cost from being a barrier to important preventive services. Increasing Project Health activities in Wards 7 and 8 is one approach we can raise with the organization to determine what may be feasible to help expand access in this area.

UNITEDHEALTH GROUP:

UnitedHealth Group is a diversified health care company dedicated to helping people live healthier lives and helping to make the health system work better for everyone. UnitedHealth Group offers a broad spectrum of products and services through two distinct platforms: UnitedHealthcare, which provides health care coverage and benefits services; and Optum, which provides information and technology-enabled health services. UnitedHealth Group employs nearly 1,000 people in the District and we remain committed to working with District leaders, employers and individuals on solving healthcare challenges in the community.

In the District of Columbia, UnitedHealthcare partners with DC Health Link to offer benefits to employers as well as Congressional members and staff. In addition, UnitedHealthcare offers Federal and District Government employees benefits and continues to offer Medicare Advantage, Part D, Medicare Supplement Plans, and Retiree Services as well as Dual Eligible Special Needs Plans (D-SNPs). Genoa Healthcare (a UnitedHealth Group company) also has a presence in the District. Genoa is the largest provider of pharmacy, telepsychiatry, and medication management services for individuals with behavioral health and other complex, chronic health conditions. Our pharmacies are located in community mental health centers, which serve individuals living with serious and persistent mental illness or addiction.

District residents living east of the Anacostia River continue to struggle with access to healthcare. This challenge is magnified by other factors impacting overall health and well-being collectively referred to as the social determinants of health. Housing security may be a major factor in one's health. If you don't have a safe place to stay, it may be difficult to feel secure or manage your overall well-being. In order to help address these needs, UnitedHealthcare recently announced an additional $100 million investment in affordable housing — This brings the company's total contribution to $500 million and will create 100 apartments at Anacostia Gardens.

In addition, UnitedHealthcare provided short-term investments to Federally Qualified Health Centers (FQHCs) to assist them in building capacity that will both impact the short-term needs of the community as well as enable FQHCs to support longer-term changes in care delivery. We are continuing to evaluate opportunities to collaborate with FQHCs and other community-based providers in the District, as we know that these providers are uniquely positioned to provide high-quality, community-based, and structurally competent services in medically underserved areas. This includes exploring ongoing partnerships with Unity Health Care and Healthcare for the Homeless in Wards 7 & 8.

Finally, UnitedHealth Group has launched an innovative new therapy that combines wearable technology and customized personal support to help improve the health of people living with type 2 diabetes. The therapy — known as Level2 — helps eligible participants gain real-time insights about their condition and, for some, successfully reduce spikes in blood sugar levels or even achieve type 2 diabetes remission. Level2 equips eligible participants with integrated tools that include a mobile continuous glucose monitor (CGM), activity tracker, app-based alerts and one-on-one clinical coaching. These tools help encourage healthier lifestyle decisions, such as

food choices, exercise and sleep patterns. In the future, UnitedHealth Group may offer the Level2 model to support people with other chronic conditions beyond type 2 diabetes.

UnitedHealth Group appreciates the opportunity to partner with DC Health Link and the Exchange's Board leadership on issues impacting the community such as access to healthcare, housing security and solutions to health challenges such as diabetes.

SUMMARY:

The DC Health Link health plans that serve District residents and small businesses are taking steps to improve access to medical care for residents East of the River.

CAREFIRST BLUE CROSS BLUE SHIELD:

PROVIDER ACCESS: Establishing new access to primary care in Wards 7 and 8; newly entering the District's Medicaid market; expanding coverage for more types of telehealth services and covering telehealth at the same level as office visits; Covering member-initiated telephone consultations for primary care and behavioral health providers through September 30; Waiving member cost sharing for telehealth visits related to diagnosis and treatment of COVID-19 at this time.

HEALTH DISPARITIES: Launched Diabetes Virtual Care Program for Type2 diabetes; starting in 2021, will waive cost-sharing for preferred brand insulin and diabetic supplies.

SOCIAL DETERMINENTS OF HEALTH: Invested $10.9 million in the District to various organizations to address social determinants of health, some of which is specifically targeted to Wards 7 and 8.

KAISER PERMANENTE:

PROVIDER ACCESS: Expanded telemedicine and virtual visits through smartphones or laptops, will continue to provide telemedicine without cost-sharing as standard benefit; continue to explore participating in DC Medicaid program.

HEALTH DISPARTIES: Created the Culturally Competent Care program to help address disparate health outcomes; have programs to track African American and Latino populations with diabetes and track performance on hypertension control for African American patients under 50; led rapid improvement in flu immunization for self-identified black and LatinX patients during the 2019-2020 flu season. As part of sustained effort to improve colorectal cancer screening Kaiser Permanente patients now see no difference in the five-year colorectal cancer survival rate by race, with significant improvements in diabetes disparities as well.

AETNA:

PROVIDER ACCESS: Providing access to telemedicine benefits with reduced or no cost-sharing currently during COVID-19 pandemic. While that is not planned to extend indefinitely, the company will explore plan design features that continue to provide the convenience telehealth offers.

HEALTH DISPARITIES: The company can explore usage of its Project Health initiative in Wards 7 and 8. This program utilizes CVS pharmacy locations to provide free health screenings which can help detect risk for chronic conditions. The company has a new #TimeForCare campaign which educates members on the importance of seeking preventive care and ongoing treatment for chronic diseases, emotional well-being support, and maternity care and can work with trusted healthcare providers, community and faith-based organizations and institutions to promote #TimeForCare in Wards 7 and 8.

SOCIAL DETERMINENTS OF HEALTH: The company will explore expanding into Wards 7 and 8 with its Destination:Health program which focuses on social determinants of health by investing in affordable housing, addressing food insecurity, and implementing workforce initiatives.

UNITED HEALTH GROUP:

PROVIDER ACCESS: Provides behavioral health and pharmacy services under Genoa Healthcare in the District; funded short-term investments to Federally Qualified Health Centers (FQHCs); evaluating potential partnership with FQHCs in Wards 7 and 8.

HEALTH DISPARITIES: Created Type 2 Diabetes program to provide real-time support to members with Type 2 Diabetes, considering offering model to other chronic conditions.

SOCIAL DETERMINANTS OF HEALTH: Invested a total of $500 million nationwide in affordable housing, of which $8.6 million will create 100 apartments at Anacostia Gardens.

Although each health plan is part of the solution to the problem of no or not enough providers located East of the River, the problem is complex. Health Committee Chair Gray has extensively described and discussed the complexity of provider access. Additionally, Mayor Bowser established a Mayor's Commission on Healthcare Systems and Transformation in 2019 that included health care experts and stakeholders in the District. It made recommendations to the Mayor on the strategies and investments necessary to transform health care delivery in the District of Columbia, with a specific focus on promoting an equitable geographic distribution of acute care and specialty services in Communities East of the Anacostia River. That Commission issued a report in December 2019 with 42 recommendations that can be viewed here.

HEALTH DISPARITIES AND SOCIAL JUSTICE: HBX

As a next step, the HBX Executive Board is establishing a Working Group on Social Justice whose focus will be to examine practices, structures and policies that can be implemented to:

- Expand access to providers and health systems for communities of color in the District;
- Eliminate health outcome disparities for communities of color in the District; and
- Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

The Working Group will include the health insurance companies, medical professionals, hospitals, community health centers, public health experts, consumer and patient advocates, employers, brokers, and others committed to achieving social justice and equity in health insurance coverage.