

Population Assessment 2021

Responsible Staff:

Dr. Diane Bohner, MD Clinical Operations Director-CareVio

Michelle Passaretti, MSN, BSN, RN, CCM Corporate Director, CareVio

Jami Jones, MSN, RN Director CareVio Contracts, Quality & Performance Improvement

Kris Livingston, BS, MBA, RHA, CPHQ, LSSGB, CPHI Senior Project Manager, Contracts, Quality & Performance Improvement

Greg Fisher, MBA, MSN, RN, CHC Quality/Performance Improvement Program Manger

Megha Arora, MBA Manager, Population Health Analytics

Kristi Cubin, MBA Health Data Scientist, Population Health Analytics

Kundan Kunapareddy Business Intelligence Developer, Population Health Analytics

George Rockett
Data Analyst, Population Health Analytics

CareVio Population Health Assessment

Table of Contents

١.		P	opulation Assessment Overview	5
II.		D	ata Sources	5
	A.		CareVio Data Sources	6
	В.		Delaware Population 2022	7
	C.		U.S. Census Bureau	7
	D.		Modern Language Association (MLA) Language Map	7
	Ε.		Geocoding	7
Ш		K	ey Findings by CareVio Population By:	7
	A.		Gender	8
	В.		Age	8
		1.	. Total Population	9
		2.	. Claim Information by Age	9
	C.		Line of Business (LOB)	10
	D.		Race	11
		1.	. Total Population	11
		2.	By Line of Business	12
	E.		Ethnicity	13
		1.	. Total Populations	13
		2.	By Line of Business	14
	F.		Primary Language	15
		1.	Population by Primary Language	15
		2.	Primary Language by Line of Business	16
	G.		Top 20 Physical Health Conditions	17
		1.	Population – Top 20 Physical Health Conditions	17
		2.	. Top Clinical Categories by Line of Business	19
	Н.		Children and Adolescents (ages 2-19)	21
		1.	. Children and Adolescent Population – Top 20 Physical Health Conditions	21
		2.	. Children and Adolescents Clinical Category by Line of Business	22
	١.		Social Determinants of Health	23
		1	Total Population	23

2.	By Line of Business	. 24
3.	Language Literacy among Members with SDOH Needs	. 25
4.	Medicaid – SDOH Needs from PowerChart	. 26
	Members with Disabilities	. 26
, 	Members with Serious and Persistent Mental Illness	. 27
1.	Total Population	. 27
2.	By Line of Business	. 27
	Other Subpopulations	. 29
1.	Comprehensive Case Management (CCM)	. 29
2.	High Risk Congestive Heart Failure (CHF)	. 33
3.	High Risk Diabetes	. 35
4.	High Risk Chronic Obstructive Pulmonary Disease (COPD)	. 38
5.	High Risk Pregnancy	. 41
/ 1.	Population Assessment Heat Map	. 44
	Executive Summary	. 46
Op		
	References	. 50
	3. 4. 1. 2. 3. 4. 5.	3. Language Literacy among Members with SDOH Needs 4. Medicaid – SDOH Needs from PowerChart 5. Members with Disabilities 6. Members with Serious and Persistent Mental Illness 7. Total Population 7. By Line of Business 7. Other Subpopulations 7. Comprehensive Case Management (CCM) 7. High Risk Congestive Heart Failure (CHF) 7. High Risk Diabetes 7. High Risk Chronic Obstructive Pulmonary Disease (COPD) 7. High Risk Pregnancy

CareVio© (CareVio) is an innovative care management organization that includes an interdisciplinary care coordination team comprised of Medical Directors, nurse care managers, social workers, pharmacists, respiratory therapists, and support staff who work to support primary care and specialist physicians in caring for their patients. CareVio's objective is to provide real-time robust clinical analytics and performance measurement to assist the primary care physician in improving quality, health outcomes, and member experience, while lowering cost and optimizing resource utilization. All phases of care are addressed, especially those transitions of care, that are typically difficult to manage.

CareVio collaborates with providers in acute, post-acute, urgent, and community settings. In addition, CareVio partners with community resources to identify health equity opportunities within our servicing area. CareVio recognizes the value of the National Committee for Quality Assurance (NCQA) Accreditation for Health Plans and other organizations and its rigorous standards to improve the quality of care provided to the members served. Our programs, policies and procedures are NCQA compliant and accredited, providing nationally recognized care management services to members within contractual populations living in Delaware, New Jersey, Maryland, and Pennsylvania.

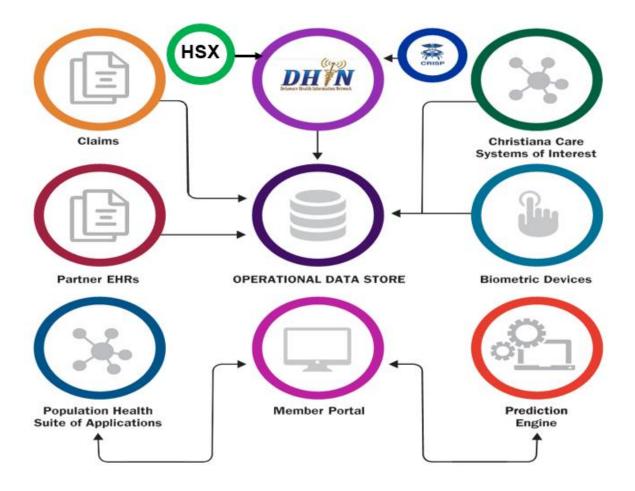
CareVio's mission is to deliver caring, compassionate, quality care and engage patients in their health and wellness journey. Our main service area is identified as the three counties in Delaware: New Castle, Kent and Sussex. In Sussex County, the population of those individuals >= 65 years of age is 27.0%, while the majority of New Castle County's population of is 18-64 years of age, representing 63.2% (State of Delaware, 2022).

I. Population Assessment Overview

CareVio's Population Assessment evaluates member demographics, health conditions, cultural/linguistic needs, Social Determinants of Health, health equity opportunities. CareVio utilized the following data sources: payer claims, clinical systems data from electronic health platform records, and health information exchanges. In addition, CareVio gathered and analyzed data from secondary sources, such as United States Census Bureau data. Denominators and numerators used in the calculations were based on standard definitions which were vetted through detailed review and guidance by the CareVio Clinical Operations Director. This analysis focused on targeted populations, subpopulations, disease management programs, and Social Determinants of Health (SDOH). The objective of this assessment is to ensure that CareVio activities and resources address its member needs.

II. Data Sources

CareVio's Population Assessment involved the collection and descriptive analyses of several secondary data sources. An example of the Operational Data Store Components is shown below.



Secondary Data Sources: The following sources of secondary data were used to analyze and develop CareVio's 2021 Population Assessment. CareVio used the most up-to-date version of each data set; however, there may be a slight variation in data reporting periods. Furthermore, receipt of complete claims data for 2021 may be outstanding prior to completion of this assessment.

A. CareVio Data Sources

- (1) CareVio Claims and Encounter Data: Claims and encounter data for the entire member population were obtained from CareVio's internal medical and administrative databases. The data in this report represents claims and encounter data received by CareVio from service providers for dates of service between January 1st through December 31, 2021.
 - (a) Methodology: Descriptive analyses of CareVio's findings with claims and encounter data were performed
- (2) PowerChart data: Data entered into PowerChart was utilized to capture data not readily available from claims.(PowerChart is a secondary data source Electronic Health Record)
- (3) Program Data: Data entered into the CareVio Electronic Health Platform was utilized specifically for sub-population data and analysis.

B. Delaware Population 2022

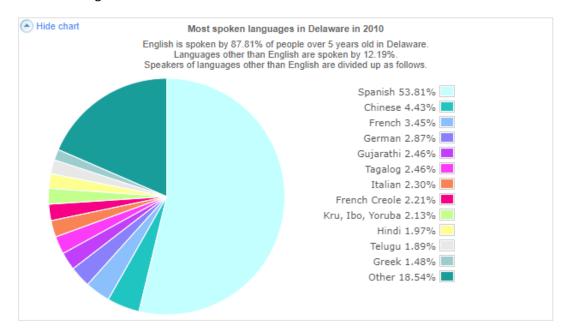
- (1) Delaware's median age is 39.6 years of age, with a slight gender gap of 51.6% females vs. 48.4% males (2021 World Population by Country, 2022).
- (2) Black or African American population ranked second in the entire state population accounting for 22.18%; while those with the racial composition of white was ranked at 68.75% (2021 World Population by Country, 2022).
- (3) The total population of Delaware identified as 91% Non-Hispanic ethnicity, while 9% identified with an ethnicity of Hispanic (State of Delaware, 2022)

C. U.S. Census Bureau

(1) Data pulled from the 2020 Delaware Census (U.S. Census Bureau: Delaware Census, 2020) identified that the total approximate population of Delaware was 989,948. Data showed that the greatest populated area was New Castle County, followed by Sussex County, and Kent County which has the smallest population of the three counties.

D. Modern Language Association (MLA) Language Map

(1) According to the MLA Language Map, English is the predominant language spoken throughout Delaware, followed by Spanish. The graph below notates the languages spoken other than English.



E. Geocoding

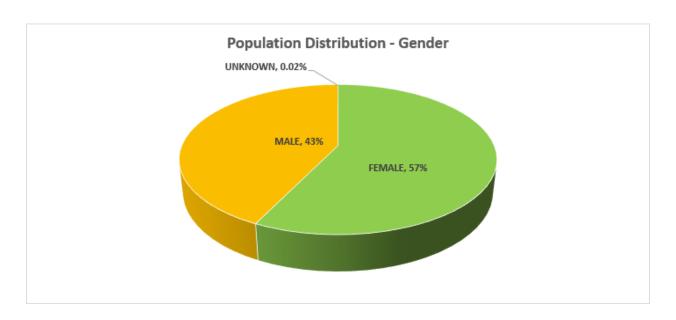
(1) Claims data was analyzed utilizing a geocoding map to identify areas within the CareVio population relating to zip code location. These analyses will be discussed further into this report.

III. Key Findings by CareVio Population By:

Data Source: CareVio Claims Data

A. Gender

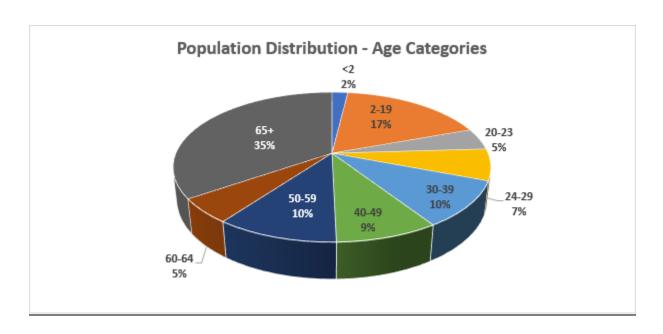
Gender Code	Gender	PLR Mbr Count	PLR Mbr %
F	Female	68,574	57%
М	Male	51,212	43%
U	Unknown	27	0.02%
		119,813	100.00%



B. Age

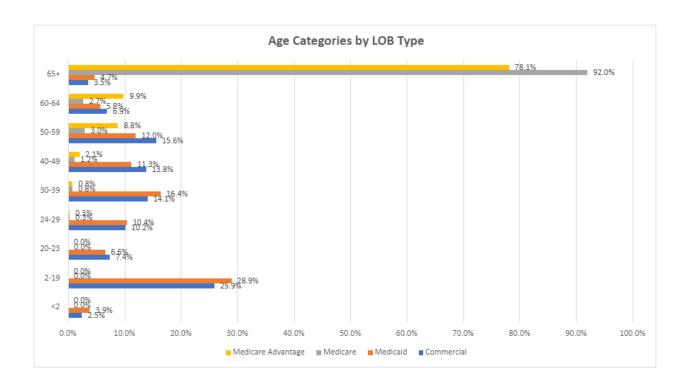
Mbr Age Distribution	PLR Mbr Count	PLR Mbr %
Age < 02	2,298	1.9%
Age 02-19	20,975	17.5%
Age 20-23	5,554	4.6%
Age 24-29	8,118	6.8%
Age 30-39	11,932	10.0%
Age 40-49	10,586	8.8%
Age 50-59	12,557	10.5%
Age 60-64	6,359	5.3%
Age >= 65	41,434	34.6%
TOTAL	119,813	100.00%

1. Total Population



2. Claim Information by Age

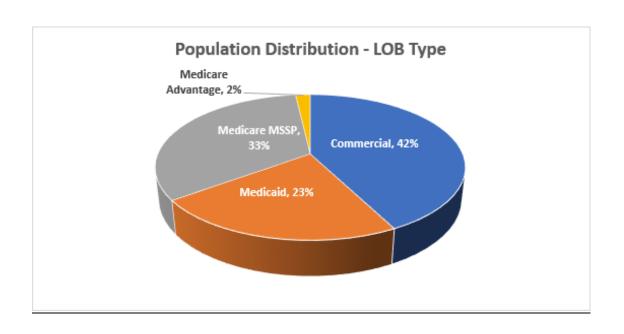
Mbr Age Distribution	Commercial	Medicaid	Medicare	Medicare Advantage	TOTAL Mbr Count
Age < 02	2.5%	3.9%	0.0%	0.0%	2,298
Age 02-19	25.9%	28.9%	0.0%	0.0%	20,975
Age 20-23	7.4%	6.6%	0.0%	0.0%	5,554
Age 24-29	10.2%	10.4%	0.3%	0.3%	8,118
Age 30-39	14.1%	16.4%	0.8%	0.8%	11,932
Age 40-49	13.8%	11.3%	1.2%	2.1%	10,586
Age 50-59	15.6%	12.0%	3.0%	8.8%	12,557
Age 60-64	6.9%	5.8%	2.7%	9.9%	6,359
Age >= 65	3.5%	4.7%	92.0%	78.1%	41,44
TOTAL	100%	100%	100%	100%	119,813



C. Line of Business (LOB) Data Source: CareVio Claims Data

CareVio Population Distribution by Line of Business (LOB)

LOB	PLR Mbr Count	PLR Mbr %
Commercial	50,782	42%
Medicaid	27,014	23%
Medicare	39,847	33%
Medicare Advantage	2,170	2%
TOTAL	119,813	100.00%

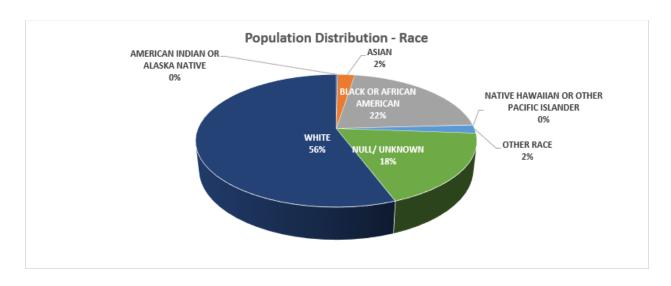


D. Race

Data Source: CareVio Claims Data

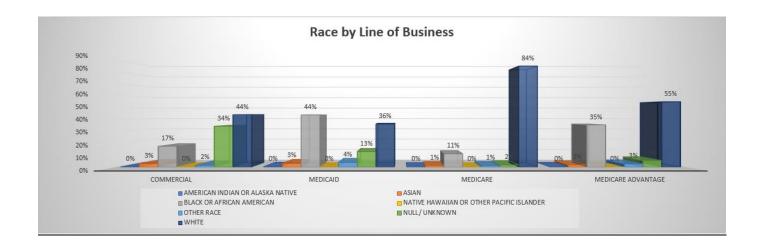
1. Total Population

Race	PLR Mbr Count	PLR Mbr %
American Indian or Alaska Native	247	0%
Asian	2,810	2%
Black or African American	25,794	22%
Native Hawaiian or Other Pacific Islander	65	0%
Null/Unknown	21,694	18%
Other Race	2,418	2%
White	66,785	56%
	119,813	100.00%



2. By Line of Business

	Commercial	Medicaid	Medicare	Medicare Advantage
American Indian or Alaska	201	00/	00/	0%
Native	0%	0%	0%	
Asian	3%	3%	1%	2%
Black or African American	17%	44%	11%	35%
Native Hawaiian or Other				0%
Pacific Islander	0%	0%	0%	
Other Race	2%	4%	1%	3%
Null/Unknown	34%	13%	2%	5%
White	44%	36%	84%	5%
TOTAL	100%	100%	100%	100%

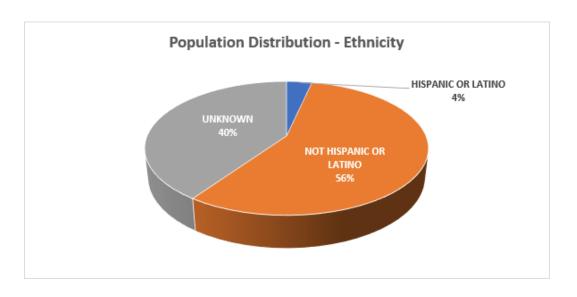


E. Ethnicity

Data Source: CareVio Claims Data

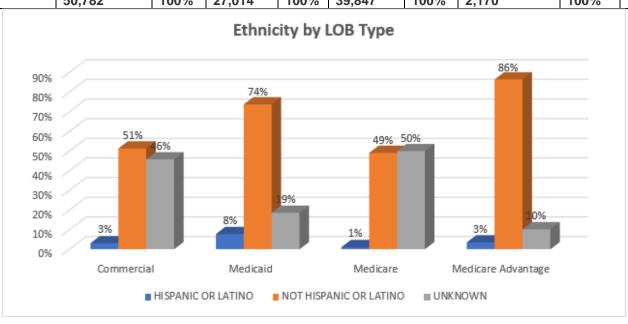
1. Total Populations

Ethnicity	Member Count	Member %
Hispanic or Latino	4,140	4%
Not Hispanic or Latino	67,336	56%
Unknown	48,337	40%
TOTAL	119,813	100%



2. By Line of Business

	Commercial	%	Medicaid	%	Medicare	%	Medicare Advantage	%	TOTAL
Hispanic or Latino	1,558	3%	2,090	8%	417	1%	75	3%	4,140
Not Hispanic or									
Latino	26,020	51%	19,909	74%	19,533	49%	1,874	86%	67,336
Unknown	23,204	46%	5,015	19%	19,897	50%	221	10%	48,337
TOTAL	50,782	100%	27,014	100%	39,847	100%	2,170	100%	119,819



F. Primary Language

Data Source: CareVio Claims Data

1. Population by Primary Language

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Primary Language	Member Count	Member %
English	76,872	64.16%
Unavailable	41,714	34.82%
Spanish	612	0.51%
Mandingo	138	0.12%
Arabic	116	0.10%
Slovenian	71	0.06%
Bengali	73	0.06%
Korean	48	0.04%
Vietnamese	40	0.03%
Hindi	23	0.02%
French	21	0.02%
Urdu	17	0.01%
Gujarati	21	0.02%
Russian	11	0.01%
Turkish	12	0.01%
Tagalong	8	0.01%
Italian	8	0.01%
Swahili	3	0.00%
Greek	1	0.00%
Other	2	0.00%
Polish	2	0.00%
TOTAL	119,813	100.00%

2. Primary Language by Line of Business

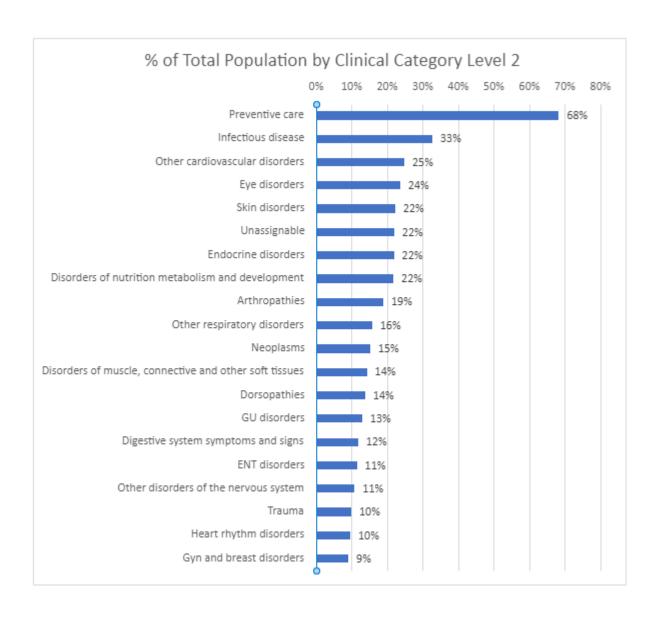
Language	Commercial	Medicaid	Medicare	Medicare Advantage	Total
English	62.28%	83.04%	52.25%	91.66%	64.16%
Unavailable	37.31%	14.43%	46.99%	6.59%	34.82%
Spanish	0.25%	1.13%	0.39%	1.11%	0.51%
Mandingo	0.02%	0.32%	0.11%	0.05%	0.12%
Arabic	0.01%	0.39%	0.01%	0.05%	0.10%
Slovenian	0.01%	0.12%	0.08%	0.05%	0.06%
Bengali	0.06%	0.13%	0.01%	0.23%	0.06%
Korean	0.01%	0.10%	0.04%	0.00%	0.04%
Vietnamese	0.00%	0.10%	0.03%	0.14%	0.03%
Hindi	0.01%	0.04%	0.01%	0.00%	0.02%
French	0.02%	0.04%	0.01%	0.00%	0.02%
Urdu	0.00%	0.05%	0.01%	0.00%	0.01%
Gujarati	0.00%	0.03%	0.03%	0.09%	0.02%
Russian	0.00%	0.02%	0.01%	0.00%	0.01%
Turkish	0.00%	0.04%	0.00%	0.05%	0.01%
Tagalong	0.00%	0.02%	0.01%	0.00%	0.01%
Italian	0.00%	0.00%	0.02%	0.00%	0.01%
Swahili	0.00%	0.01%	0.00%	0.00%	0.00%
Greek	0.00%	0.00%	0.00%	0.00%	0.00%
Other	0.00%	0.00%	0.00%	0.00%	0.00%
Polish	0.00%	0.00%	0.01%	0.00%	0.00%
Total	100%	100%	100%	100%	100%

G. Top 20 Physical Health Conditions

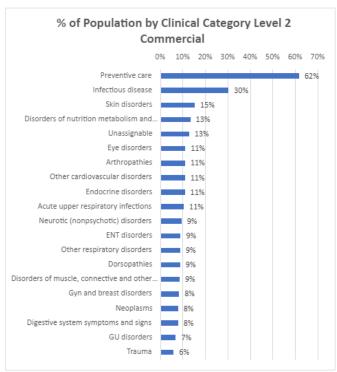
Data Source: CareVio Claims Data

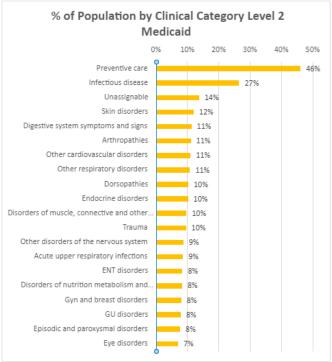
1. Population – Top 20 Physical Health Conditions

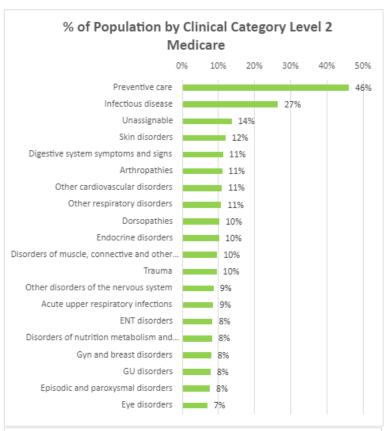
Claim Line Condition Name	Claim Member Count	Claim Member %
Preventive care	81,819	68%
Infectious disease	39,164	33%
Other cardiovascular disorders	29,742	25%
Eye disorders	28,335	24%
Skin disorders	26,630	22%
Unassignable	26,307	22%
Endocrine disorders	26,209	22%
Disorders of nutrition metabolism and development	26,040	22%
Arthropathies	22,634	19%
Other respiratory disorders	18,834	16%
Neoplasms	18,209	15%
Disorders of muscle, connective and other soft tissues	17,116	14%
Dorsopathies	16,513	14%
GU disorders	15,502	13%
Digestive system symptoms and signs	14,127	12%
ENT disorders	13,726	11%
Other disorders of the nervous system	12,981	11%
Trauma	11,849	10%
Heart rhythm disorders	11,519	10%
Gyn and breast disorders	10,854	9%

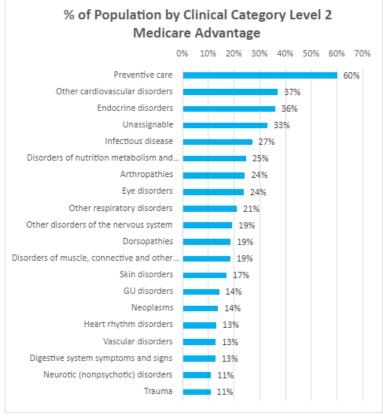


2. Top Clinical Categories by Line of Business





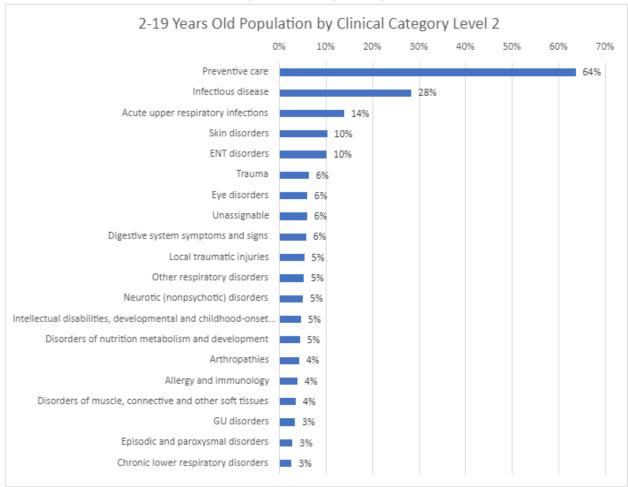




H. Children and Adolescents (ages 2-19)

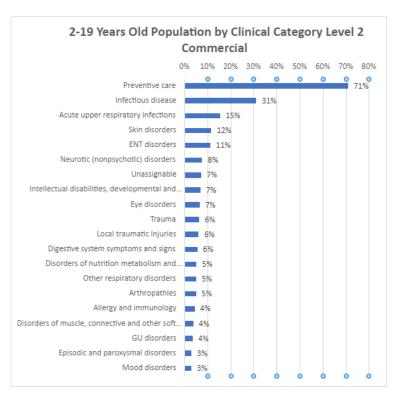
Data Source: CareVio Claims Data

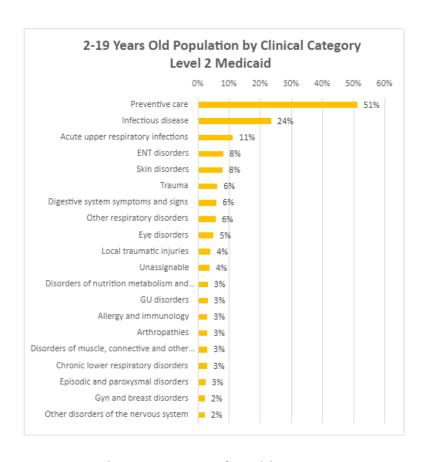
1. Children and Adolescent Population – Top 20 Physical Health Conditions



2. Children and Adolescents Clinical Category by Line of Business

Data Source: CareVio Claims Data





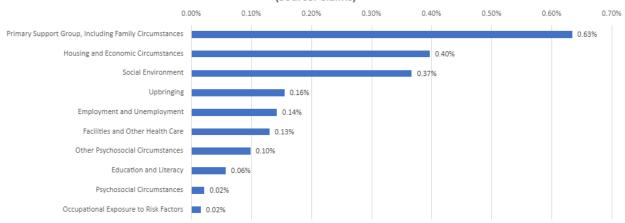
I. Social Determinants of Health

Data Source: CareVio Claims Data

1. Total Population

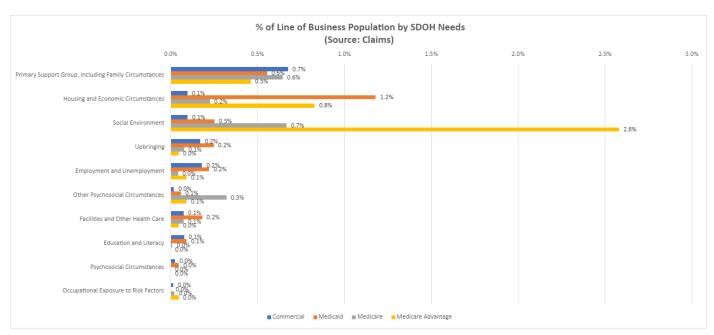
Social Determinants of Health	PLR Mbr %
Primary Support Group, Including Family Circumstances	.0.63%
Housing and Economic Circumstances	0.40%
Social Environment	0.37%
Upbringing	0.16%
Employment and Unemployment	0.14%
Facilities and other Health Care	0.13%
Other Psychosocial Circumstances	0.10%
Education and Literacy	0.06%
Psychosocial Circumstances	0.02%
Occupational Exposure to Risk Factors	0.02%
TOTAL	2.03%

% of Total Population by SDOH Needs (Source: Claims)



2. By Line of Business

SDOH Needs	Commercial	Medicaid	Medicare	Medicare Advantage	Grand Total
Primary Support Group, Including Family Circumstances	0.7%	0.6%	0.6%	0.5%	0.63%
Housing and Economic Circumstances	0.1%	1.2%	0.2%	0.8%	0.40%
Social Environment	0.1%	0.3%	0.7%	2.6%	0.37%
Upbringing	0.2%	0.2%	0.1%	0.0%	0.16%
Employment and Unemployment	0.2%	0.2%	0.0%	0.1%	0.14%
Other Psychosocial Circumstances	0.0%	0.1%	0.3%	0.1%	0.13%
Facilities and Other Health Care	0.1%	0.2%	0.1%	0.0%	0.10%
Education and Literacy	0.1%	0.1%	0.0%	0.0%	0.06%
Psychosocial Circumstances	0.0%	0.0%	0.0%	0.0%	0.02%
Occupational Exposure to Risk Factors	0.0%	0.0%	0.0%	0.0%	0.02%
TOTAL	1.5%	2.9%	2.0%	4.1%	2.03%

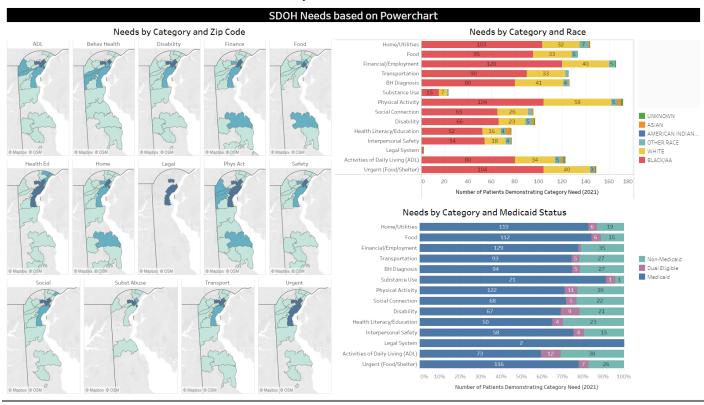


3. Language Literacy among Members with SDOH Needs

Language	Total%
English	76.9%
Unavailable	22.5%
Spanish	0.4%
Other	0.3%
TOTAL	100.00%



4. Medicaid – SDOH Needs from PowerChart



J. Members with Disabilities

Data Source: CareVio Claims Data

	Intellectual Disabilities Member Count	Pervasive and Specific Developmental Disorders	TOTAL
Commercial	53	613	666
Medicaid	73	160	233
Medicare	283	234	517
Medicare Advantage	6	4	10
TOTAL	415	1,011	1426

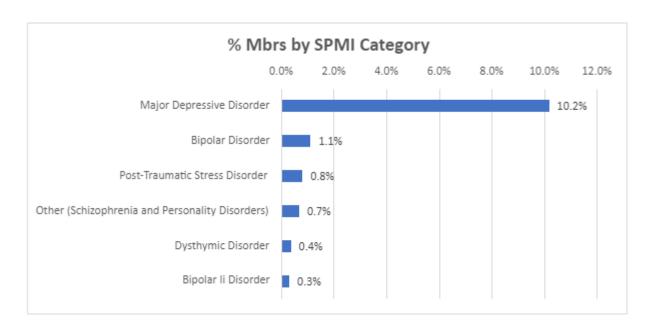
Total Population with Disabilities accounts for 1.1% of total CareVio Population

K. Members with Serious and Persistent Mental Illness

Data Source: CareVio Claims Data

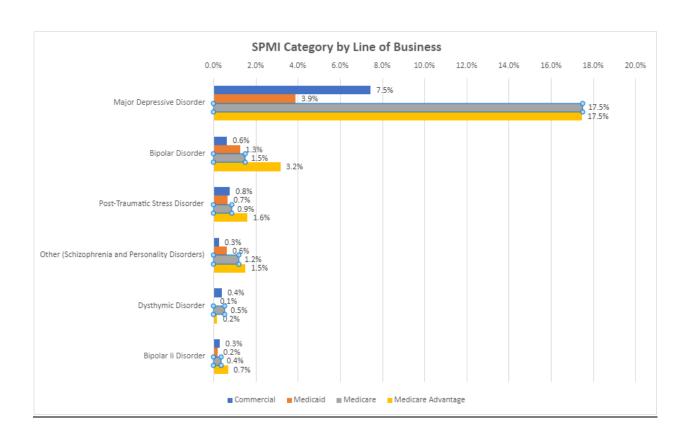
5. Total Population

SPMI CATEGORY	Member Count	% of Total members with SPMI Claims	% of Total Population
Major Depressive Disorder	12,199	87.6%	10.2%
Bipolar Disorder	1,345	9.7%	1.1%
Post-Traumatic Stress Disorder	967	6.9%	0.8%
Multiple (Schizophrenia and Personality Disorders)	821	5.9%	0.7%
Dysthymic Disorder	442	3.2%	0.4%
Bipolar II Disorder	3714	2.7%	0.3%
Members with SPMI Diagnoses (Claims)	13,926		
TOTAL POPULATION (denominator)	119,813	11.6%	



6. By Line of Business

SPMI Category	Commercial	Medicaid	Medicare	Medicare Advantage	Total
Major Depressive Disorder	7.5%	3.9%	17.5%	17.5%	10.2%
Bipolar Disorder	0.6%	1.3%	1.5%	3.2%	1.1%
Post-Traumatic Stress Disorder	0.8%	0.7%	0.9%	1.6%	0.8%
Other (Schizophrenia and Personality Disorders)	0.3%	0.6%	1.2%	1.5%	0.7%
Dysthymic Disorder	0.4%	0.1%	0.5%	0.2%	0.4%
Bipolar II Disorder	0.3%	0.2%	0.4%	0.7%	0.3%



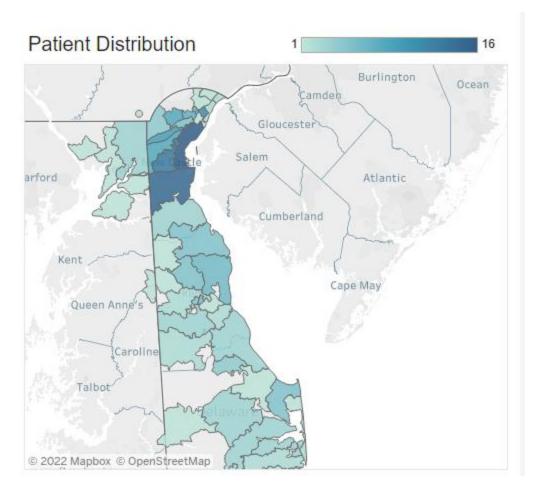
L. Other Subpopulations

Data Source: CareVio Program Data (enrolled in program)

1. Comprehensive Case Management (CCM)

CCM Age Distribution

Enrolled Pgm Desc	Member Age Distribution	Mbr Count	Mbr %
Enrolled Fylli Desc	Member Age Distribution	Wibi Count	IVIDI 70
ССМ	Age >= 65	113	62.09%
ССМ	60-64	20	10.99%
CCM	50-59	27	14.84%
CCM	40-49	12	6.59%
CCM	30-39	5	2.75%
CCIVI	30-39	3	2.13/0
CCM	24-29	3	1.65%
CCM	20-23	0	0%
CCM			
	2-19	2	1.10%
CCM			
	<2	0	0%
TOTAL		182	100%



High Risk CCM Race Distribution

Race	Member Count	Member %
White	122	67.03%
Black or African American	56	30.77%
Other	3	1.65%
Asian	1	0.55%
TOTAL	182	100%

High Risk CCM Ethnicity Distribution

Member Count	Member %
147	80.77%
25	13.74%
5	2.75%
	2.75%
	100%
	147

High Risk CCM SPMI Distribution

SPMI	Member Count	Member %
N/A	108	51.18%
Major Depressive Disorder	70	33.18%
Bipolar Disorder	12	5.69%
Post-Traumatic Stress Disorder	7	3.32%
Schizophrenia	4	1.90%
Schizoaffective Disorder	3	1.42%
Dysthymic Disorder	2	0.95%
Unspecified Schizophrenia	1	0.47%
Personality Disorder	1	0.47%
Other Bipolar Disorder	1	0.47%
Delusional Disorders	1	0.47%
Borderline Personality Disorder	1	0.47%
TOTAL	182	100%

High Risk CCM SDOH

SPMI	Member Count	Member %
N/A	163	87.63%
Social Environment	12	6.45%
Facilities and Other Health Care	4	2.15%
Upbringing	2	1.08%
Primary Support group, Including Family Circumstances	2	1.08%
Housing and Economic Circumstances	2	1.08%
Employment and Unemployment	1	0.54%
TOTAL	182	100%

High Risk CCM Disabilities Distribution

SDOH	Member Count
Childhood onset fluency disorder	1
TOTAL	1

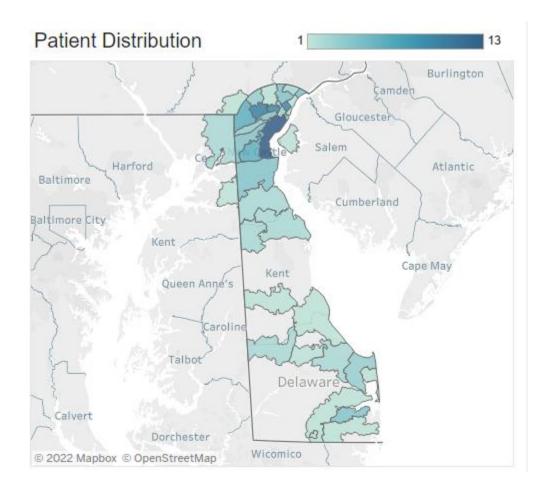
High Risk CCM Member Enrollment by Line of Business

Line of Business	Member Count	Member %
Medicare	122	76.82%
Medicaid	38	17.51%
Medicare Advantage	10	2.73%
Commercial	21	2.94%
TOTAL	182	100.0%

2. High Risk Congestive Heart Failure (CHF)

CHF Age Distribution

Enrolled Pgm Desc	Member Age Distribution	Mbr Count	Mbr %
CHF	Age >= 65	97	82.20%
CHF	60-64	6	5.08%
CHF	50-59	10	8.47%
CHF	40-49	3	2.54%
CHF	30-39	1	0.85%
CHF	24-29	1	0.85%
CHF	20-23	0	0%
CHF	2-19	0	0%
CHF	<2	0	0%
TOTAL	~	118	100%



CHF Race Distribution

Race	Member Count	Member %
White	80	67.80%
Black or African American	34	28.81%
Other	3	2.54%
Asian	1	0.85%
TOTAL	118	100%

CHF Ethnicity Distribution

Ethnicity	Member Count	Member %
Not Hispanic or Latino	102	86.44%
Not Available	12	10.17%
Hispanic or Latino	4	3.39%
TOTAL	118	100%

CHF SDOH Distribution

SDOH	Member Count	Member %
N/A	106	89.83%
Social Environment	6	5.08%
Facilities and other Health Care	2	1.69%
Housing and Economic Circumstances	3	2.54%
Occupational Exposure to Risk Factors	1	0.85%
TOTAL	118	100%

CHF SPMI

SPMI	Member Count	Member %
N/A	89	72.95%
Major Depressive Disorder	26	21.31%
Bipolar Disorder	2	1.64%
Post-Traumatic Stress Disorder	3	2.46%
Dysthymic Disorder	2	1.64%
TOTAL	118	100%

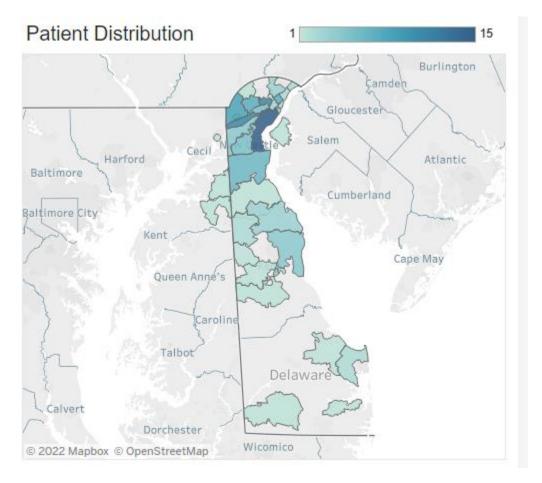
CHF Member Enrollment by Line of Business

Line of Business	Member Count	Member %
Medicare	90	56.90%
Medicaid	19	20.24%
Medicare Advantage	11	21.90%
Commercial	4	0.95%
TOTAL	118	100.00%

3. High Risk Diabetes

High Risk Diabetes Age Distribution

Enrolled Pgm Desc	Member Age Distribution	Mbr Count	Mbr %
Enrolled FgIII Desc	Welliber Age Distribution	Wibi Count	IVIDI 76
Diabetes	Age >= 65	48	42.11%
Diabetes			
	60-64	15	13.16%
Diabetes			
	50-59	27	23.68%
Diabetes			
	40-49	15	13.16%
Diabetes			
	30-39	6	5.26%
Diabetes			
	24-29	1	0.88%
Diabetes			
	20-23	0	0%
Diabetes			
	2-19	2	1.75%
Diabetes			
	<2	0	0%
TOTAL		114	100%



High Risk Diabetes Race Distribution

Race	Member Count	Member %
Tidoo	monipor obuit	Mombol 70
White	49	42.98%
Black or African American	54	47.37%
Other	4	3.51%
Unknown	2	1.75%
N/A	2	1.75%
American Indian or Alaska Native	1	0.88%
Asian	2	1.75%
TOTAL	114	100%

High Risk Diabetes Ethnicity Distribution

Ethnicity	Member Count	Member %
Not Hispanic or Latino	96	84.21%
Not Available	9	7.89%
Hispanic or Latino	7	6.14%
Unknown	2	1.75%
TOTAL	114	100%

High Risk Diabetes SDOH Distribution

SDOH	Member Count	Member %
N/A	110	96.49%
Social Environment	3	2.63%
Primary Support Group, Including Family Circumstances	1	0.88%
TOTAL	114	100%

High Risk Diabetes SPMI

SPMI	Member Count	Member %
N/A	83	66.94%
Major Depressive Disorder	28	22.58%
Bipolar Disorder	5	4.03%
Post-Traumatic Stress Disorder	3	2.42%
Dysthymic Disorder	1	0.81%
Other Bipolar Disorder	2	1.61%
TOTAL	118	100%

High Risk Diabetes Disabilities Distribution

SDOH	Member Count	Member %
Moderate intellectual Disabilities	1	0.008%
TOTAL	114	

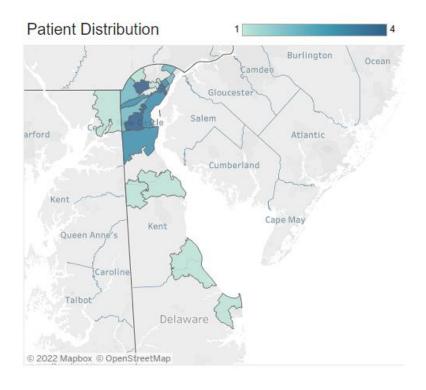
High Risk Diabetes Member Enrollment by Line of Business

Line of Business	Member Count	Member %
Medicare	49	50.77%
Medicaid	29	32.92%
Medicare Advantage	12	5.85%
Commercial	29	10.46%
TOTAL	114	100%

4. High Risk Chronic Obstructive Pulmonary Disease (COPD)

High Risk COPD Age Distribution

Enrolled Pgm Desc	Member Age Distribution	Mbr Count	Mbr %
Zili oliou i gili Doco	Monibol Ago Diotribution	mar oddin	11121 70
COPD	Age >= 65	30	75 %
COPD			
	60-64	4	10%
COPD			
	50-59	6	15%
COPD			
	40-49	0	0%
COPD		0	0%
	30-39		
COPD		0	0%
	24-29		
COPD		0	0%
	20-23	_	
COPD		0	0%
0000	2-19		201
COPD		0	0%
	<2		
TOTAL		40	100%



High Risk COPD Race Distribution

Race	Member Count	Member %
White	29	72.50%
Black or African American	10	25.00%
Other	1	2.50%
TOTAL	40	100.00%

High Risk COPD Ethnicity Distribution

Ethnicity	Member Count	Member %
Not Hispanic or Latino	36	90.00%
Not Available	3	7.50%
Hispanic or Latino	1	2.50%
TOTAL	40	100%

High Risk COPD SDOH Distribution

SDOH	Member Count	Member %
N/A	33	82.50%
Social Environment	4	10.00%
Primary Support Group, Including Family Circumstances	1	5.00%
Housing and Economic Circumstances	2	2.50%
TOTAL	40	100.00%

High Risk COPD SPMI

SPMI	Member Count	Member %
N/A	23	56.10%
Major Depressive Disorder	15	36.59%
Bipolar Disorder	2	4.88%
Personality Disorder	1	2.44%
TOTAL	40	100%

High Risk COPD Disabilities Distribution

SDOH	Member Count	Member %
	0	
TOTAL	0	

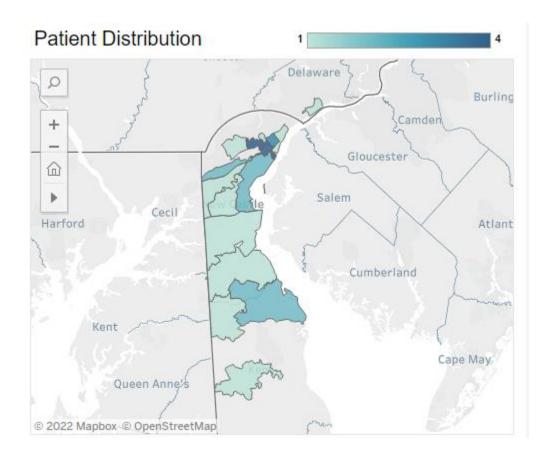
High Risk COPD Member Enrollment by Line of Business

Line of Business	Member Count	Member %
Medicare	29	87.28%
Medicaid	10	11.84%
Medicare Advantage	1	0.88%
Commercial	0	0%
TOTAL	40	100%

5. High Risk Pregnancy

High Risk Pregnancy Age Distribution

Enrolled Pgm Desc	Member Age Distribution	Mbr Count	Mbr %
Pregnancy	30-39	13	48.15%
Pregnancy	24-39	9	33.33%
Pregnancy	20-23	4	14.81%
Pregnancy	2-19	1	3.70%
TOTAL		27	100%



High Risk Pregnancy Race Distribution

Race	Member Count	Member %
White	4	14.81%
Black or African American	18	66.67%
N/A	3	11.11%
Other	2	7.41%
TOTAL	27	100.00%

High Risk Pregnancy Ethnicity Distribution

Ethnicity	Member Count	Member %
Not Hispanic or Latino	21	77.78%
Not Available	3	11.11%
Hispanic or Latino	3	11.11%
TOTAL	27	100.00%

High Risk Pregnancy SDOH Distribution

SDOH	Member Count	Member %
N/A	24	85.71%
Social Environment	1	3.57%
Upbringing	1	3.57
Housing and Economic Circumstances	2	7.14%
TOTAL	28	100%

^{**}Member can be in more than 1 SDOH category

High Risk Pregnancy SPMI

Member Count	Member %
22	73.33%
4	13.33%
2	6.67%
2	6.67%
	100.00%
	22

^{**}Member can be in more than 1 SPMI category

High Risk Pregnancy Disabilities Distribution

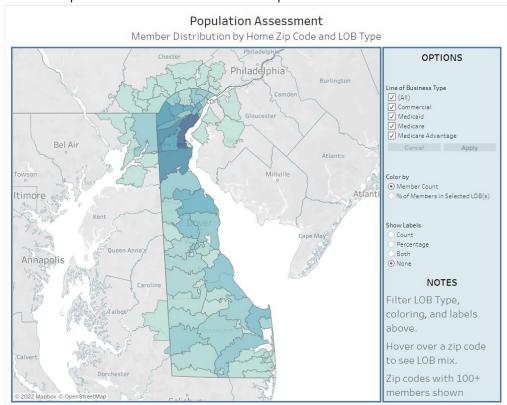
SDOH	Member Count	Member %
	0	
TOTAL	0	

High Risk Pregnancy Member Enrollment by Line of Business

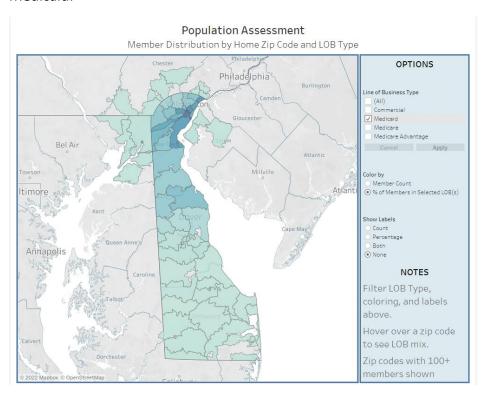
Line of Business	Member Count	Member %
Medicare	1	3.45%
Medicaid	20	68.97%
Medicare Advantage	0	0%
Commercial	8	27.59%
TOTAL	29	100%

^{*}Members can be enrolled in more than one LOB during 2021

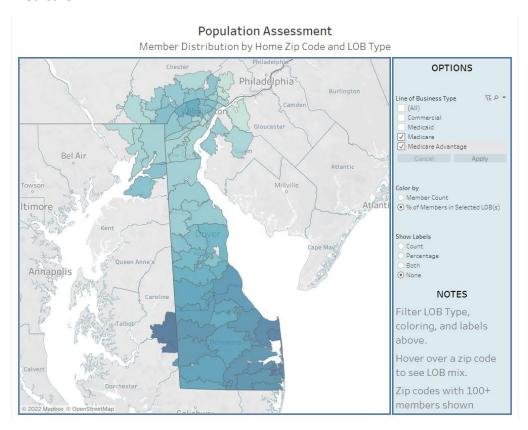
M. Population Assessment Heat Map



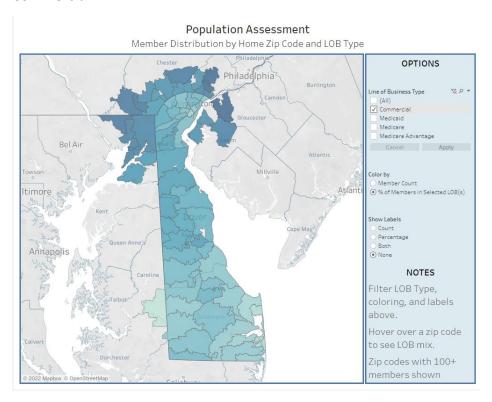
Medicaid:



Medicare



Commercial



IV. Executive Summary

The CareVio Population Assessment for 2021 summarizes the analysis and comparison of CareVio member and regional data. This analysis focused on targeted populations, subpopulations, disease management programs, and Social Determinants of Health (SDOH). Data specific to Delaware was utilized for comparison analyses as the CareVio population primarily resides in the state of Delaware.

The total population for those within the CareVio overall population for 2021 was 119,813 members. Within this population, females were more prevalent than males, aligning with the data supplied from the state of Delaware resources. The CareVio population in 2021 was comprised primarily in the greater than or equal to 65 years of age category. The second most populated age range was 2-19 years old. In the Commercial and Medicaid population, the age range of 2-19 represented the majority of the population. As expected, the Medicare population noted the highest age group of 65 years of age and greater. CareVio members were primarily identified with a race of White, aligning with Delaware statewide data. The second most identified race was noted as African American. Null/Unknown was noted as the third most identified race. The Null/Unknown category represents those who do not wish to respond to race identification. Within the Medicare Advantage and Medicaid population, African American was the most predominant race, while Commercial and Medicare populations identified White as the predominant race. As with the vast majority of analysis depicted above, ethnicity and primary language of the CareVio population aligned with Delaware state data.

An analysis of physical conditions among the CareVio population provided insight to the changes in healthcare since the COVID-19 public health emergency began in 2020. The most frequent number of conditions based on claims data showed that preventative care was a top priority in the year 2021 after the initial COVID-19 shut down. Infectious disease was the second most frequent condition. This result is likely due to the COVID-19 infections secondary to the second and third surges that occurred during 2021. In retrospect, the COVID-19 public health emergency resulted in individuals delaying or avoiding medical care during the period of 2020-2021. The Medicare Advantage population showed that Endocrine and Cardiovascular were the most frequent conditions after preventative care. Similarly, these conditions were also among the top ten most frequently billed claims for Commercial and Medicaid patients.

Obtaining Social Determinant of Health (SDOH) screening data among members requires that this information is being captured during office visits, hospital utilization or while in community settings. This data is not collected commonly in claims, therefore resulting in a low percentage for the total CareVio population. The determinant "Primary Support Group Including Family Circumstances" in the overall population was the most identified. Within this category claims code *Z63.4 Disappearance and death of a family member* was the most reported determinant. This data is likely associated with COVID-19 related deaths. Spousal problems and stressful life events were identified as the 2nd and 3rd highest SDOH in the overall population.

Within the Medicaid population, housing and economic circumstances was the highest determinant reported. Of the 209 homelessness SDOH reported in the total population, 183 were reported in the Medicaid population. Given that claims data is limited, the data source of PowerChart

provided the ability to evaluate SDOH needs by category, race, and Medicaid members. The needs that were identified aligned with the other data obtained for this report; highlighting that the highest need areas were those of low income, known housing inequalities and lack of primary care providers.

There was a total of 79 determinants related to social exclusion, 51 of these were reported in the Medicare Advantage population. This finding directly correlates with the elderly being socially isolated secondary to the COVID-19 pandemic. As noted by Grolli, et al. (2021), social isolation secondary to the COVID-19 pandemic places the elderly population at risk for mental health disorders, specifically Major Depressive Disorder (MDD).

Language literacy was evaluated amongst members reporting SDOH. English was the most common language reported with 'unavailable' noted as the second most common response. This data aligns with the overall total population noting 'unavailable' as the second highest response amongst all claims data. Of the 608 SDOH reports of "Problems related to Medical Facilities and Other Health Care", 100 of these reports were for 'awaiting admission to adequate facility elsewhere'. This reported determinant may be related to the need for admission to post-acute facilities post hospitalization during COVID spikes when facilities were not accepting patients or had limited bed space secondary to outbreaks.

The total CareVio population that identified with disabilities accounts for 1.1%. The most frequent reported disability was related to "Pervasive and Specific Developmental Disorders". Intellectual and Pervasive Disabilities had almost identical data counts for both categories in the Medicare population. This finding may be due to those members receiving disability who spend two years on Medicaid then transfer to Medicare as their primary insurance provider. The members identified with a "Pervasive and Specific Developmental Disorder" were primarily covered by a Commercial insurance. The majority of the diagnoses within the "Pervasive and Specific Developmental Disorder" category, such as Autism, Asperger's affect younger populations. This finding may be due to younger members covered on parental insurance.

Claims data identified that 11.6% of the total member population reported a Severe and Persistent Mental Illness (SPMI) diagnosis. Within that group, the most frequent mental illness identified was Major Depressive Disorder (MDD). Medicare and Medicare Advantage had the highest population associated with MDD. Coupling with the increase in the social exclusion determinant reported since the COVID-19 pandemic began, this is not unexpected.

Within the subpopulations of members enrolled in a different CareVio programs, many commonalities were observed. The breakdown below will provide each CareVio program and common denominators associated within the program population while comparing to the statewide Delaware data and overall CareVio population.

Comprehensive Case Management: Members enrolled in the Comprehensive Case Management programs were most often greater than or equal to 65 years of age, and White. Members in this program primarily resided within the zip codes of 19720 and 19709. MDD was reported most commonly in this population, which aligns with the data previously reported above. Social Environment was the most frequently reported SDOH, which correlates with the higher elderly population, social isolation secondary to COVID, and the increase report of depression.

High Risk Congestive Heart Failure: Members enrolled in a high-risk congestive heart failure program were most often greater than or equal to 65 years of age, and White. Members in this program primarily resided in the zip code of 19720. MDD was frequently reported in this population which aligns with the data previously reported above. Social Environment was the most frequently reported SDOH, which correlated with the higher elderly population, social isolation secondary to COVID, and the increase report of depression.

High Risk Diabetes: Members enrolled in a high-risk diabetes program were most often greater than or equal to 65 years of age, and African American. Members in this program primarily resided in the zip code of 19720. Corresponding to the Delaware Department of Health and Social Services Chronic Disease in Delaware Facts and Figures from 2019 (Delaware Department of Health and Social Services, Division of Public Health, 2019), the greatest population of those living in Delaware with Diabetes are those who are African American and of the age 65 and older.

High Risk Chronic Obstructive Pulmonary Disease: Members enrolled in a high-risk chronic obstructive pulmonary disease program were most often greater than or equal to 65 years of age, and White. Members in this program primarily resided in the zip codes of 19801, 19701, and 19808. According to America's Health Rankings (America's Health Rankings, 2022), Delaware ranks 39th in air pollution compared to the continental United States. The zip codes identified are located among the worst areas of air quality (America's Health Rankings, 2022) in Delaware along with the highest percentage of adult smokers (Pearce, et al., 2019) within that zip code.

High Risk Pregnancy: Members enrolled in a high-risk pregnancy program were most often in the age range of 30-39. Members in this program primarily resided in the zip code 19805. African American and those attributed to a Medicaid insurance plan were of the greatest prevalence.

When evaluating racial bias and health equity, there is direct correlation between specific race and ethnicity in zip codes within Delaware. In Northern New Castle county, zip codes 19805, 19802, 19801 and 19720 have high ratios of non-White residents. CareVio recognizes that to achieve Health Equity in Delaware, these areas require more resources than others. CareVio has embedded Registered Nurse Case Managers within Primary Care Practices where SDOH reports are high, Racial disparities are identified, and Medicaid populations are noted to be more prevalent. Additionally, the lower geographic portion of Delaware, is noted to have lower health equity due to limited access to primary care. "Of the 3 counties in Delaware state, the entirety of Sussex and Kent county and a few areas of New Castle County have been federally designated as 'medically underserved' (Malayala, et al.,2021, p.1). Malaya, et al. (2021) further notes that the highest racially ethnic, lowest economical geographical areas and highest Medicaid populated areas are within the primary care shortage designated areas within the state.

The geocoding heat maps of the CareVio total population assessment provide insight that the most populated zip code is 19720, located in New Castle county. This location reflects a 48.5% Medicaid population as well as a 36% Commercial population. The commercial population is noted to predominantly be located in the northern part of the state where the businesses associated with commercial insurance are located. The Medicaid population primarily resides within inner city zip codes, which are common areas of poverty in the state. Members in Sussex county, the most southern part of the state of Delaware, are largely covered by Medicare and Medicare Advantage.

V. Opportunities for Improvement/Action Plan

The 2021 population assessment findings, clearly demonstrates the need to increase depression and SDOH screening for those enrolled in CareVio programs. These screening tools will enhance CareVio's ability to appropriately refer members to resources. While this data is directly related to the COVID-19 pandemic effects, the opportunity to significantly impact these areas exist.

By increasing connections to those members reporting SDOH to promote Health Equity, the community resource Unite Delaware has been partnered with CareVio since early 2020. The collaborated efforts with Unite Delaware provide the availability to identify a need, completing an electronic referral that meets the need identified with a specific service. Being as though needs are identified not only in clinical environments, but also in community environments, this provides the availability for Community Health Workers (CHW) to seek out community partners within a specified, needed area (Booker & Coombes, 2020). CareVio is planning to expand their community partners in order to meet the growing needs.

CareVio has developed a SDOH needs tool via an electronic dashboard which will be reviewed at least annually. Review of such data/findings will assist us in deploying or modifying existing programs to best meet the population's needs and promote health equity based on the data that is analyzed from the dashboard.

In order to address the medically underserved areas in the state of Delaware, ChristianaCare is expanding services for primary care to those over the age of 65 where the population is the greatest. CareVio will collaborate with the new staff in the practices located in Rehoboth and Milford to better serve the needs of this population.

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