CSG Medicaid Leadership Academy

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Focusing on life outcomes and knowledge development, skilled professionals with support from digital assets (data, applications, AI) proactively respond to member social and health needs.

TODAY - Unaware and Not Engaged

AGE 26
Loses job when unable to find childcare

AGE 27
Moves into homeless shelter

AGE 30
Daughter taken into custody by Child Protective Services

AGE 32
Severe depression and feeling of hopelessness

AGE 33
Falls into pattern of substance abuse

AGE 35
Becomes pregnant again, but can’t stop using fentanyl

AGE 36
Son born underweight and with Neonatal Addiction Syndrome (NAS)

TOMORROW - Resilient, Supported and Self Sustaining

AGE 26
Has stable job and childcare

AGE 28
Has GED and stable housing

AGE 31
Supports daughter and enrolls her in preschool

AGE 33
With more free time, enrolls in nursing school

AGE 35
Gets full-time job as a nurse, and no longer needs Medicaid

Lori is a 25 year old, pregnant single mother living in transitional housing. She suffers from anxiety and post-traumatic stress disorder stemming from childhood abuse. She didn’t graduate high school and can only find part-time, minimum wage jobs with rotating shifts. She frequently has difficulty finding child care to cover her unpredictable working hours and has trouble holding a steady job as a result. Lori frequently eats fast food because it’s cheap, convenient, and familiar. Combined with lack of exercise, Lori’s poor diet has contributed to obesity and gestational hypertension.
Journey map’s identify areas where “predictive analytics” can be applied to build trust, transfer knowledge and create sustainable change with each member in a unique and meaningful way.
Unique Persuasion Profiles developed from enriched longitudinal data and machine learning tools inform the “next best action”
Key aspect of Dr. Jeffries’ plan is for Lori to monitor weight gain and the potential for gestational diabetes. Caritas provides an internet-connected scale and blood glucose monitoring device that collects Lori’s weight and blood glucose levels throughout her pregnancy and send data to Caritas through the using Azure FHIR IoMT API.

Lori receives outreach from Jim, via phone call to set up regular, weekly appointments.

Lori attends natural childbirth, contraception, and lactation classes using Teams Telehealth to ensure better outcomes for mother and baby and lower overall healthcare costs.

One recommendation is to join a mothers’ support group, made up of women being treated for OUD (opioid use disorder) who are pregnant or who have recently given birth. Lori joins the group on a weekly Teams video chat, as part of her OUD treatment plan.

Using a Teams Telehealth conference, Jim and the Physician, Dr. Jeffries, can work with the Patient to keep track of recommendations.

Power BI dashboard is referenced to find a local obstetrician, using Caritas Atlas, who has the best outcomes for high-risk patients.

Lori delivers an 8-pound 5-ounce baby girl, Eliza, through normal delivery. An IUD is placed in-utero immediately.

Lori is connected to a dietician on the Caritas mobile app who helps her with food choices and receives food delivered through a partner on Caritas health platform.

In her last trimester, Lori’s buprenorphine was increased because of cravings; this is a common occurrence in pregnancy, the AI pathway anticipated the possibility of such an increase and did not require prior authorization for the dosing change.

As a learning organization, Caritas ingests all longitudinal data, complex data from multiple sources, onto their health platform, to be able to continue to use sophisticated analytics that drive the best maternal and neonatal outcomes. The goal is to ingest such data in order to continuously update and modify algorithms given new treatments (like for Hepatitis C), new data inputs (as more IoMT devices come online), and new knowledge (from the medical literature) in order to create informed, personalized patient pathways.