

## Key Takeaways from the HLTH 2022 Conference

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With over 10,000 people in attendance, [HLTH 2022](#) was inspiring and covered a wide range of subjects from health equity to the future of the digital health investment environment. Some sessions were laser-focused on current developments, but many had forward-looking themes that will be useful to note as 2023 comes into view.

### The State of Mental Health

Speakers from Optum, Talkspace, and Morgan Stanley came together to give an overview of the current market from payor, employer, and provider angles. Significant labor/network adequacy challenges facing mental healthcare platforms were noted, but so were possible solutions including the new Centers for Medicare & Medicaid Services (CMS) coordinated care model and the use of coaches to supplement licensed clinicians. Key amongst the challenges identified is the need to define a single set of benchmarks against which to measure outcomes to align payors and providers. The current variety of Healthcare Effectiveness Data and Information Set (HEDIS), CMS star ratings, and private standards are preventing a more uniform rollout of broader employer and commercial funded plans.

### The Power of Data

Sarah London, CEO of Centene, gave a compelling overview of how, as a managed care organization for state Medicaid programs, Centene has begun identifying the best-targeted solutions for a given population. Centene's data is largely focused on social determinants of health (e.g., food security, transportation) which forms the basis for delivering superior clinical results with a relatively low-cost data collection approach. For example, paying for transportation to allow a patient to see their clinician, or buying prescribed pharmaceuticals for patients to assure access given financial constraints. With this approach, Centene is building a powerful database of top-tier, community-based resources to augment traditional clinical services as a way to drive more value-based care for the Medicaid population.

### Value-Based Care (VBC): Success or Failure?

Representatives of Oak Street, Homeward, Eleanor, and Mayo Clinic discussed how far VBC has come but also how far it has to go to achieve its promise. All recognized how well risk-taking works

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when a targeted population (e.g., rural primary, complex behavioral health, urban Medicaid, primary care) is identified and creative solutions evolve (e.g., mobile clinics). But the scalability of VBC to broader populations with diverse clinical needs remains more challenging. The need to address VBC around the edges as opposed to a single universal solution or program emerged as a theme into 2023.

## **Digital Health: Boom or Doom?**

Are digital health firms ready for a belt-tightening from their investors? Will there be consolidation in the sector? When will the investment and initial public offering gates reopen: '23, '24? These were some of the issues discussed by speakers from OMERS, Morgan Stanley, Zus, and Redesign Health.

The panel generally agreed that the gold rush of '20/'21 ended abruptly this year and that a looming recession and full recovery in valuations and investment momentum will not likely come back until '24. Inevitably, consolidation will occur with me-too companies merging, fueled by very active and large tech and retail players in certain sectors (e.g., One Medical/Amazon, Walgreens/Summit in primary care).

Investors will favor focused strategies that show profits over growth in top-line revenue. The panel suggested a correction, while painful, might actually help the sector overall by allowing dominant models to rise to the top and penetrate at scale with systems, plans, and employers. Business-to-business platforms such as Zus?a utility/tool platform for digital health operator?provide an example of a new niche that may open opportunities for others

## **Substance Use Disorder (SUD) Recovery: A VBC Model that Works**

Cooper Zelnick, Chief Revenue Officer at Groups Recover Together ("Groups"), a national hybrid in-person/virtual SUD recovery operator, discussed how his firm has harnessed the elusive outcomes data requested by payors, showing their treatment protocols improve outcomes (a key metric for SUD patients) for members remaining in treatment after 6 months. That population has a very high chance of recovery long-term versus those that do not complete that term, thereby reducing the total cost of care.

This allows Groups to engage in risk-based contracting using three tools:

1. Free cell phones delivered to all patients to enhance access.
2. Use of tablets for virtual visits to maintain engagement.
3. Use of 360-degree video capacity in online discussions to create a group therapy environment.

Groups' adherence data is three times that of the industry as a whole, providing them with powerful data for plans and employers. The new and innovative strategies discussed at HLTH 2022 confirm that the delivery of health care continues to evolve, and faces new challenges and exciting opportunities beyond the horizon of a public health emergency.

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