Bold Goal
2019 Progress Report

Social determinants of health
More Healthy Days
Business and clinical integration
Community partnerships
Our Bold Goal is a health and business strategy dedicated to improving the health of the communities we serve 20 percent by 2020 and beyond.
With community partners and physician practices, we are creating evidence-based, scalable and financially sustainable solutions to population health problems at a local level. We track our progress using the U.S. Centers for Disease Control and Prevention (CDC) assessment tool, Healthy Days, which measures self-reported mentally and physically Unhealthy Days of an individual over a 30-day period.

The Office of the Chief Medical Officer
PopulationHealth.Humana.com
#MoreHealthyDays

¹www.cdc.gov/hrqol/hrqol14_measure.htm
We are making progress

Social, environmental and economic factors influence about 70 percent of what makes people healthy. Given this, we must focus on not only clinical challenges but also the social needs that impact an individual’s whole health. This is why we announced our Bold Goal four years ago and why it continues to be a key strategy for our organization.

With about 10,000 people aging into Medicare each day, and nearly 77 percent of Americans 65 or older living with two or more chronic conditions, we knew that our business needed to evolve to meet the growing needs of our members. Disease is a natural part of aging, but barriers outside of the clinical setting such as a lack of transportation, access to healthy food, hunger and loneliness can exacerbate those conditions.

As we shift from an insurance company with elements of health to a health company with elements of insurance, we are focused on five areas that we’ve found to be most impactful in helping to improve health and aging: primary care, home health, pharmacy, behavioral health and social determinants of health. We don’t see these as stand-alone areas; the greatest value comes through their connectivity, which is the core of our integrated care strategy. It’s also the way we strive to conduct everyday interactions with our members.

For instance, last year we enhanced our capabilities and introduced social determinant screenings to our care managers and pharmacists as part of our clinical model for healthcare services. We also made tools available to support primary care physicians and clinicians across Bold Goal communities, helping them screen and solve for food insecurity, social isolation and loneliness. Through our Bold Goal, in partnership with nonprofit organizations, businesses, government leaders and healthcare professionals, we are working to identify the root causes of poor health and build a stronger healthcare ecosystem that meets people where they are.

In this year’s Progress Report, you will see that in our seven original Bold Goal communities, Humana Medicare Advantage members had a statistically significant 2.7 percent reduction in Unhealthy Days in 2018. In fact, in San Antonio, Texas, Humana Medicare Advantage members saw a 9.8 percent reduction in Unhealthy Days, which means they are halfway toward their Bold Goal. With the help of internal business partners, physician practices and community-based organizations, we screened over 500,000 people for food insecurity and loneliness and connected those who screened positive to community resources. We set a new goal of screening 1 million people by the end of 2019. In addition, we welcomed our new Chief Medical Officer, Dr. William Shrank, to Humana, and we thanked Dr. Roy Beveridge for his years of service leading the Bold Goal effort.

Improving population health is a long-term investment and journey—and we are fully committed. As we move toward 2020, we are making plans for the future. We want to thank the dedicated organizations and people who have been with us since the beginning. We look forward to working with you toward 2020 and beyond—and to giving back more Healthy Days to every community, employee and member we serve.

Bruce Broussard
President and Chief Executive Officer, Humana

Caraline Coats
Vice President, Bold Goal and Population Health Strategy, Humana

Footnotes:
2 Shroeder S, NEJM. 2007
5 CDC www.cdc.gov/hrqol/pdfs/mhd.pdf
Highlights from our 2019 Bold Goal Progress Report
2018: a year of ideas, successes and new opportunities

Since 2015, Humana Medicare Advantage members* in Bold Goal communities continue to have more Healthy Days than those in non-Bold Goal communities.

In San Antonio, Humana MA members experienced a 9.8 percent reduction in Unhealthy Days (UHD); they are halfway toward their Bold Goal of being 20 percent healthier.

We scaled social determinants of health screenings, impacting thousands, and connected those in need to community resources.

Humana employees achieved their Bold Goal in 2018 gaining 2.3 million more Healthy Days between 2012 and 2018.

2018 screened
500K+ people

2019 goal: 1 million people screened

*Humana contracts with CMS under the Medicare Advantage program to provide a comprehensive array of health insurance benefits—including wellness programs, chronic care management and care coordination—to Medicare-eligible persons under HMO, PPO and private-fee-for-service, or PFFS, plans.
Your ZIP code can mean more to your health and life expectancy than your genetic code. This is why we have focused the last several years on addressing food insecurity, loneliness and social isolation. Drawing from our internal member data, we found that, on average, a Humana Medicare Advantage (MA) member who is food insecure may experience 26.6 Unhealthy Days (UHD), while an MA member who has loneliness may experience, on average, up to 24.4 UHD.

For several reasons, it is challenging to address social determinants and health-related social needs in a clinical setting. Many practices have not had resources and tools on hand to screen for them and not all clinicians have embedded processes to refer patients who screen positive to community resources.

Average Unhealthy Days for Humana Medicare Advantage members over a 30-day period

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<tbody>
<tr>
<td>Food insecurity</td>
<td>26.6</td>
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<tr>
<td>Loneliness</td>
<td>24.4</td>
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However, a study published in January of this year in the “Journal of the American Board of Family Medicine” reports that physicians working in clinics that address patients’ social needs were less likely to say they were burned out. Addressing social needs alongside clinical ones is not just good for patients; it’s good for physicians and clinicians as well, largely because it helps them help their patients be healthy.

Practices are beginning to figure out how to address social needs by working with payers and community-based organizations. Given the pivotal moment we’re in now, we need to empower physician practices to identify environmental and social factors that affect their patients’ health and then connect patients with local resources—all in a way that fits into practices’ already crowded set of responsibilities.

John Wales, MD
Past President, Jefferson Parish Medical Society

Given the pivotal moment we’re in now, we need to empower physician practices to identify environmental and social factors that affect their patients’ health and then connect patients with local resources—all in a way that fits into practices’ already crowded set of responsibilities.
Humana is focused on addressing loneliness, social isolation and food insecurity due to their correlation with Unhealthy Days

Of those who experience food insecurity, 66% report having to choose between food and medical care.9

If you are lonely or socially isolated, you are 4x more likely to be re-hospitalized within a year of discharge.10

### Increased risks associated with food insecure seniors

- More likely to be diabetic11
- More likely to have congestive heart failure (CHF)11
- Report at least one activity of daily living (ADL) limitation11

### Increased risks associated with loneliness or social isolation

- Developing clinical dementia12
- Older adults report that they feel lonely13
- Premature death due to social isolation14

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9 Feeding America; www.feedingamerica.org/hunger-in-america/senior-hunger-facts
12 Holwerda et al, 2012 https://jnnp.bmj.com/content/85/2/135
13 www.ncbi.nlm.nih.gov/pmc/articles/PMC4383762/
Loneliness and social isolation
Finding high-touch solutions to address a growing problem

According to an AARP and Stanford University study, social isolation costs Medicare $6.7 billion a year, and it is on the rise.15 Since 1980, reports of loneliness in adults over 45 have doubled from 20 to 40 percent.16 If you are lonely and a senior, you are almost 64 percent more likely to develop clinical dementia,17 and if you are socially isolated, you are 29 percent more likely to die prematurely.18

In 2017, we screened Humana Medicare Advantage members for loneliness using the UCLA three-question loneliness scale and leveraged that data to build a predictive model. We found that Medicare members who experienced loneliness have up to twice as many Unhealthy Days,19 and we used that analysis to create public-facing tools to help educate patients and make it easier for physicians to implement loneliness screenings in their practices.

At the beginning of this year, we launched a plan benefit that includes a Friendly Visitor Program in conjunction with Meals on Wheels, for those Humana Medicare Advantage (MA) members living with chronic conditions and post-acute patients in Louisville, Richmond and Tampa. Social determinants of health do not happen in a vacuum, which is why this pilot combines food delivery and companionship to members.

Last year, we launched a pilot in Tampa, with Papa, a company that connects college students, known as Papa Pals, to older adults. Their role is to be a companion, not a caregiver, and to make a meaningful social connection. Through this high-touch approach, members in the program are saying they feel less lonely and are experiencing more Healthy Days.

Our ‘grandkids on demand’ model started because of a need I saw with my grandfather. Loneliness and social isolation affect millions of older adults across the country—many of them don’t have family or friends nearby to care for their basic needs or to offer companionship. By giving seniors a social connection, we believe we can help those suffering from feelings of loneliness, depression and anxiety and improve their Healthy Days.

Andrew Parker
Founder and CEO, Papa

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16AARP, assets.aarp.org/rgcenter/general/loneliness_2010.pdf
17Holwerda et al, 2012 https://jnnp.bmj.com/content/85/2/135
19Humana Internal Data poster presentation, APHA 2018
Food insecurity
Food insecurity exists in every community we serve

According to Feeding America, in 2017, **12.5 percent of Americans were food insecure, but in six of our seven original Bold Goal communities, food insecurity was above the national rate and still is.** If you are a senior and food insecure, you are 65 percent more likely to be diabetic, 19 percent more likely to have high blood pressure, 57 percent more likely to have congestive heart failure, and 66 percent more likely to have had a heart attack. People experience food insecurity when they have limited or uncertain access to enough food to live a healthy, active life.

This year, we published a study with the Hunger Action Alliance in Tampa, “Food Insecurity and Health Related Quality of Life: A Cross Sectional Analysis of Older Adults in Florida, U.S.” (December 2018). The findings suggested that older adults are highly susceptible to being food insecure and that the primary care setting is an ideal place to identify their need.

In Knoxville and Kansas City, our partnership with Walgreens resulted in thousands of patients being screened for food insecurity, regardless of their health plan. Those who screened positive were given information on local food resources and on additional state and federal benefits they might qualify for.

This January, in Broward County, we completed our 12-month food insecurity randomized control trial with Feeding South Florida and Conviva's Continucare and MetCare medical centers. We were testing a high-touch, clinic-based intervention that included mobile food distribution, case management and health education. We plan to publish results at the end of this year.

In collaboration with Humana’s Bold Goal, Walgreens Healthcare Clinics in the Kansas City area now screen all patients for food insecurity and provide resources to those in need. We appreciate the opportunity to participate in this important work. Food insecurity impacts both physical and mental health. Our nurse practitioners are excited to work with a company that is focused on removing barriers to the health and well-being of our patients and communities.

Deborah Prior, ARNP, FNP-BC
Assistant Area Director Clinic Operations, Kansas City/Topeka/Lawrence/Wichita, Walgreens

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23 www.tandfonline.com/doi/full/10.1080/03670244.2018.1559160
We continue to use and evolve the U.S. Centers for Disease Control and Prevention health-related quality of life Healthy Days tool to track and measure population health.

HEALTHY DAYS 4-QUESTION SURVEY

1. Would you say that in general your health is excellent, very good, good, fair or poor?

2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

3. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?
In 2018, Humana Medicare Advantage (MA) members in our original seven Bold Goal communities saw a significant 2.7 percent reduction in their Unhealthy Days since their baseline. We know that for each Unhealthy Day a patient reports, it is equivalent to 10 hospital admissions per thousand patients, and that there is a potential $15.64 per member per month higher medical cost associated with having an Unhealthy Day. This indicates that there is a long-term potential for cost savings that could result from improving individual Healthy Days.

In those communities that did not see significant improvements, three factors influenced the trends: the complex health status of new members joining the population, social determinants of health, and higher mentally Unhealthy Days versus physically Unhealthy Days. While we have significant experience supporting people with chronic conditions through care management programs, we know that we can do more to address behavioral health and social needs.

Performance of our seven original Bold Goal communities (2015–2018) – Humana Medicare Advantage members

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As our Bold Goal communities continue to improve their Healthy Days, it’s inspiring to see the number of partners who are still engaged in this work. It takes all of us working together to improve population health and it is with their contributions that we are seeing more Healthy Days in the communities we serve.

Angie Wolff, RN, BSN
Director, Bold Goal Population Health Strategy, Humana
Baton Rouge, Louisiana
Strong local leadership helps address social needs of seniors

From 2015 to 2018, Humana Medicare Advantage (MA) members in Baton Rouge had a 5.1 percent reduction in Unhealthy Days. MA members with disabilities saw a 5.8 percent reduction; low-income members saw a 4.9 percent reduction; and those living with diabetes saw a 3.7 percent reduction in Unhealthy Days. About 16 percent of the population in Baton Rouge lives in areas with limited access to healthy foods and grocery stores,25 and one in seven people struggles with hunger.26 Humana and the Mayor’s Healthy City Initiative came together in 2016 to help unify the community around health goals. The community is focused on helping residents get active, eat healthy and access preventive care. Baton Rouge is an example of how strong community leadership and a locally led coalition can provide a solid foundation for improved health and Healthy Days by supporting people where they are.

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26www.feedingamerica.org/find-your-local-foodbank_greater-baton-rouge-food-bank
Broward County, Florida
Efforts to meet the needs of a growing senior population

Since 2015, Humana Medicare Advantage (MA) members in Broward County have experienced a 3.5 percent increase in Unhealthy Days. Those struggling with depression saw a 12 percent increase, but MA members with a disability reported a 3.9 percent reduction in Unhealthy Days. An influx of new members with higher mentally Unhealthy Days and depression may explain the increase. However, the work Humana and the Health Advisory Board for Broward County have done around food insecurity may have helped those populations most in need, especially during times of disaster. In 2018, Humana and Feeding South Florida provided nutritious food to more than 13,000 Broward County residents at 65 mobile food distributions. They also facilitated Broward’s first Food Insecurity Summit in order to expand community understanding of social determinants and their impact on health and outcomes. A top priority for Humana and Broward’s Health Advisory Board for 2019 is to address mentally Unhealthy Days and food insecurity in seniors, which, according to a recent community report, are a growing population with mounting need for social and financial assistance.

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28 Internal - MHS/CHD Q2 2017
29 Feeding America, www.feedingamerica.com/map-the-meal-gap/by-county
Over the last few years, Humana and the Knoxville Health Advisory Board have been focused on addressing poverty and diabetes. Knox County ranks higher than the national average in diabetes, 12 percent versus 11 percent, and according to data from the U.S. Census, 26.5 percent of people in Knoxville are living in poverty. This focus has led to positive trends in low-income Humana Medicare members, who experienced a 2.9 percent reduction in Unhealthy Days in 2018. However, overall Healthy Days in Humana Medicare Advantage members in Knoxville slowed to a 1.5 percent reduction in Unhealthy Days since their 2015 baseline. The slower progression in overall MA members was due in large part to new members with high mentally and physically Unhealthy Days.

In 2018, Humana’s Knoxville Board of Directors, in partnership with the Knoxville Health Advisory Board, held three poverty simulations that included the University of Tennessee College of Nursing, South College and Emerald Academy. This effort to address poverty and Unhealthy Days will continue this year, as well as deepen their work around food insecurity and social isolation.

14% Knox County food-insecure residents

26.5% of people are living in poverty

IN KNOXVILLE

Knoxville, Tennessee
Solutions specific to low-income communities
Since 2015, Humana Medicare Advantage (MA) members have seen a 1.5 percent increase in Unhealthy Days. While the overall number is still statistically flat, MA members across four priority conditions—diabetes, depression, chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF)—saw a significant reduction in Unhealthy Days. In 2018, the Louisville Health Advisory Board launched an Essential Needs Navigation Pilot with Family Health Centers to assess lower-income individuals for basic non-clinical health needs. In addition, the board’s Behavioral Health Committee trained more than 2,200 community volunteers in Question, Persuade, Refer (QPR), an emergency response designed to help prevent suicide. Louisville ranks 11th out of 50 peer cities in rates of suicide.33 Louisville’s Health Advisory Board and Humana will continue to work on suicide prevention and improving respiratory health, as well as address food insecurity, loneliness and social isolation with both physician and community partners.

33 City of Louisville, louisvilleky.gov/events/qpr-suicide-prevention-training
34 Internal – MHS/CHD Q2 2017

Louisville, Kentucky
The intersection of chronic conditions and non-clinical needs
Humana Medicare Advantage (MA) members living in New Orleans saw a 3.9 percent reduction in Unhealthy Days from 2015 to 2018, and MA members living with diabetes showed a 6 percent decline. Medicare Advantage members also saw improvements across several priority conditions: Those living with CHF saw a 9 percent improvement, and the population living with COPD improved 6 percent. MA members living with depression, however, continue to see increases in Unhealthy Days. The New Orleans Health Advisory Board and Humana have been focused on promoting physical activity and healthy eating throughout the city with their continued partnership with FitNOLA. In 2019, they are exploring opportunities to educate and engage healthcare professionals around additional social determinants of health and how they impact chronic conditions such as diabetes and depression. They are also working with the American Heart Association to build health literacy and advocacy programs in one of New Orleans’ most underserved neighborhoods.

23.4% of those living in Orleans Parish are food insecure35

In areas served by Second Harvest Food Bank of Greater New Orleans, 1 in 7 struggles with hunger36
San Antonio, Texas
Strong community collaboration for better health

Humana Medicare Advantage (MA) members living in San Antonio saw a 9.8 percent reduction in their Unhealthy Days, which means they are halfway toward their Bold Goal. While San Antonio, in general, still faces high rates of obesity (27 percent) and physical inactivity (22 percent),37 Humana MA members saw Unhealthy Days improvements in populations with diabetes, disability and low-income subsidies.* New members in San Antonio tended to be healthier, driving both mentally and physically Healthy Days improvements. San Antonio is our first Bold Goal community and has built a strong foundation for improving health with community partners. Since 2015, the San Antonio Health Advisory Board and Humana have remained committed to setting shared goals and standards to improve community health, and the efforts are working. This year their focus will be on social determinants screening standardization and continued test-and-learn interventions.

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5.3% of Humana MA members report depression38
11.1% food-insecure residents39

-9.8% reduction in Unhealthy Days

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37 County Health Rankings, www.countyhealthrankings.org/app/texas/2018/overview
38 Internal – MHS/CHD Q2 2017
39 Feeding America, www.feedingamerica.com/map-the-meal-gap/by-county

*The amount of subsidy depends on the individual’s income compared to the federal poverty level and resource limitations set by the Social Security Act. www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/index.html
Humana Medicare Advantage (MA) members living in Tampa Bay had a 3.8 percent reduction in their Unhealthy Days—a dramatic shift from last year when Unhealthy Days increased. However, mentally Unhealthy Days continue to be a problem in Tampa; in fact, those MA members living with depression saw a 2 percent increase in Unhealthy Days. The Tampa Bay Bold Goal Health Collaborative has been focused on addressing the behavioral health needs of the community. In addition, they are working to improve access to healthy food as well as to alleviate loneliness and social isolation among seniors. Their work with the Hunger Action Alliance and Papa is helping Tampa Bay understand the links between aging and social determinants of health. They have also engaged faith-based organizations, academic institutions and mental health professionals to help create solutions around the rising prevalence of substance abuse and opioid addiction throughout the community.

-3.8% reduction in Unhealthy Days

8.4% of Humana MA members report depression

In areas served by Feeding Tampa Bay, 1 in 7 struggles with hunger

Tampa Bay, Florida
Partnerships to solve for loneliness and social isolation

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40Internal – MHS/CHD Q2 2017
41www.feedingamerica.org/find-your-local-foodbank/feeding-tampa-bay
While Humana Medicare Advantage (MA) members in Jacksonville saw a slight increase in Unhealthy Days from 2015 to 2018, MA members with diabetes saw a 4.1 percent reduction. Humana and the Health Advisory Board worked with TRICARE and Feeding Northeast Florida to connect food-insecure military families to resources, and they partnered with established food distribution sites to promote education on diabetes and chronic diseases. The Health Advisory Board also joined forces with the Mayor’s Council on Fitness and Well-being to establish the Movement for Change to address loneliness and social isolation.

Overall, Humana Medicare Advantage (MA) members in Kansas City saw a slight reduction in Unhealthy Days from 2015 to 2018. Those MA members living with diabetes saw a 2.9 percent reduction, and those with depression saw a 7.2 percent reduction. In 2018, Humana partnered with the VFW and After the Harvest to collect enough food for more than 54,000 meals. Humana also collaborated with Walgreens and other clinical partners to screen more than 15,000 individuals for food insecurity. Kansas City is expanding screenings of social determinants and Healthy Days with physician practices.

Humana Medicare Advantage (MA) members in Richmond saw a 5.9 percent reduction in Unhealthy Days in 2018. Humana is a participating partner in the East End Coalition for Older Adults, which convenes community partners and residents to address social barriers to health such as food insecurity and isolation.

Humana Medicare Advantage (MA) members in Chicago saw a 1.5 percent reduction in Unhealthy Days in 2018. As one of Humana’s newest Bold Goal communities, they kicked off by partnering with JenCare, AgeOptions Area Agency on Aging and the Greater Chicago Food Depository to tackle barriers to health—such as food insecurity and lack of transportation—in Chicago’s older adult population.
Integrating and scaling social determinants of health in our business

Our learnings are changing our culture

Embedding social determinants into care plans

Care managers with our Humana At Home program began screening members for social determinants of health to enhance care management and planning.

“We screen members who are new to our Humana At Home programs for food insecurity and social isolation and loneliness. I work with them individually to build a care plan that includes steps they can take to stay socially connected. For one of my clients, this means attending a weekly grief support group in her community, where she can connect with other seniors who have lost their spouses. I help arrange her transportation through either a friend or a local service to make sure she has a way to get there each week. We also track Healthy Days measures for all of the members we work with, so we can see impacts over time.”

– Karen Bales, Humana At Home Care Manager

Helping lower-income members connect to community resources

We partnered with our Medicaid team in a callback program in South Florida because we found that Medicaid members, on average, report more than 20 Unhealthy Days a month. We equipped Humana employees with screening tools for social determinants of health and other social needs.

“Being on the front lines of the Medicaid callback program was a rewarding experience. Every day I helped people get healthier by overcoming barriers that aren’t typically considered part of ‘health care.’ I connected people to their closest food pantry and the transportation to get them there. If someone was seriously depressed, I found help. My job was to bridge the gaps between medical benefits and health.”

– Keishla Marrero, Consumer Service Operations Representative, Humana

Inspiring our workforce

Last year, Humana employees achieved their Bold Goal of being 20 percent healthier, gaining 2.3 million more Healthy Days since 2012. This year, the Associate Well-being Team announced a new goal—to achieve 500,000 more Healthy Days by the end of 2022.

“We’re all incredibly proud of this achievement. Working toward our Bold Goal brought us together and enhanced the energy and drive of our well-being movement. Blazing this trail has been life-changing for many of our employees. Plus it’s given us insight on how to best help our members achieve a better mental and physical quality of life.”

– Tim State, Senior Vice President of Associate Health & Well-being, Humana
Reflecting back: How far we have come

It has been an honor and privilege to have served as Humana’s Chief Medical Officer for the last six years.

When we publicly announced the Bold Goal in 2015, social determinants and health-related social needs weren’t universally understood by our industry, let alone their impact on health outcomes. Today, many of us have worked side by side to address food insecurity, social isolation and loneliness, and we could not be prouder of the solid foundation we have built together.

When we selected San Antonio as our first Bold Goal community in 2014, we were grateful to be offered a seat at the table. We listened to a variety of local leaders discuss the health needs of the community and the barriers to improving health. Since that time, San Antonio has built a strong community coalition, improving the health status of San Antonians by lowering rates of diabetes and premature death, and they have helped Humana Medicare Advantage members improve their Healthy Days by 10 percent.

As the Bold Goal continues to evolve, we recognize that our original seven communities have taught us four guiding principles, which will lead us well beyond 2020:

1. Have patience
2. Behavior change takes time
3. Health does not follow a straight line
4. No one entity can do this work alone

Patience, a willingness to change, flexibility and collaboration: These are the qualities necessary to do impactful work and for Humana to transition from an insurance company with elements of health to a health company with elements of insurance. There is no one-size-fits-all answer to improving population health and addressing the needs of patients, which is why the Bold Goal remains both innovative and exciting.

I look forward to continuing to see progress, improvements in Healthy Days and the solutions you come up with together. It is with deep gratitude that I say thank you for allowing me to lead this work for so many years.

Roy A. Beveridge, MD
Former Chief Medical Officer, Humana

report.sa2020.org
The Bold Goal was one of the initiatives that attracted me to my new role as Humana’s Chief Medical Officer. It is an incredibly ambitious mission that reflects Humana’s overall strategy to improve the health of our members and the communities we serve through integrated care, whole-person health and targeted social and clinical interventions.

To echo Dr. Beveridge—we must have patience. We will continue to put the customer at the center and leverage evidence-based technology and community-enabled solutions. And we will learn to tailor our efforts and outreach to meet our members where they are, focus on the challenges that are most important to them in managing their health, and refine our approaches to address the nuances of every community and population we serve—from seniors, to working-age and lower-income adults and children, to Humana military families.

As we move toward 2020 and plan for what comes next, I look forward to us exploring even farther upstream and outside the clinical setting for ways for people to live their best lives. We must support the next generation of physicians and clinicians in integrating care and with value-based payment models to sustain that approach. We also need to expand our community and national partnerships and gather more evidence to show how addressing the social as well as clinical needs of patients can improve health outcomes.

We absolutely cannot do this work alone. The partnerships forged over the last four years within our business and with community-based organizations, Feeding America, Walgreens, United Way and local and state governments are critical to this effort. Collaboration with the Centers for Medicare & Medicaid Services is essential to support our industry in treating the holistic needs of individuals and patient populations.

As we continue to learn from this work, I believe that Humana is in a prime position to continue to help improve the health and Healthy Days of the communities we serve. For too long, our industry has been focused on treating disease instead of preventing it, and it’s time for a change. I’m excited for a future filled with more Healthy Days, collaboration and integration.

William Shrank, MD, MSHS
Chief Medical Officer, Humana