Payers and Patients: Searching for Value

National Health Policy Forum
July 12, 2013

David Lansky, PhD
President and CEO
PBGH Members

Apple
Facebook
Google
Hewlett Packard
Microsoft
Oracle

...
Rising health care costs

- Eat away at wage growth
- Threaten profitability
- Make employers think about getting out of the job of managing health benefits
Employers considering “exit”

Figure 8. Employers’ confidence that health care benefits will be offered at their organization a decade from now remains low

Source:
Are *purchasers* on a sustainable path?

For large employers, what would “sustainable” look like?

• CPI + 0 premium trend – same for total cost of care?
• Durable reduction in cost-shift (price transparency)
• Ability to continue offering competitive benefits with reasonable consumer incentives
• Confidence in health outcomes
• Confidence in reliable health care system (small variation)
• Competitive marketplace that rewards innovation:
  • New models of care that move away from clinic bricks-and-mortar
  • Practitioners practice at the “top of their license”
  • Competition by ability to improve health
  • Expectation of continuous improvements in outcomes and resource use/efficiency

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Leveraging the ‘market’

• If our goal is to have affordable costs and reliable, continuously improving quality . . . previous strategies have failed.

• *Value purchasing* uses purchasers’ clout in the marketplace to drive the health system towards affordability and quality improvement.
Savings by “Best Performing” Employers

Figure 17. Total health care expense by performance group in 2013

<table>
<thead>
<tr>
<th>$0</th>
<th>$4,000</th>
<th>$8,000</th>
<th>$12,000</th>
<th>$16,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best performers</td>
<td>2,246</td>
<td>2,632</td>
<td>8,380</td>
<td>$13,258</td>
</tr>
<tr>
<td>Low performers</td>
<td>2,617</td>
<td>3,126</td>
<td>9,738</td>
<td>$15,481</td>
</tr>
</tbody>
</table>

Note: Total health expenses include employer and employee portions of the premiums, and employee out-of-pocket costs at the point of care (including deductibles, copays and coinsurance). Best performers comprise 45 companies that have maintained trends at or below the TW/NBGH median trend for each of the last four years. Low performers are based on the highest quartile of two-year average trend.

Source:
## Strategies of “Best Performing” Employers

### Figure 25. New provider strategies are favored by best performers

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Best performers 2013</th>
<th>Best performers 2014</th>
<th>Low performers 2013</th>
<th>Low performers 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase or decrease vendor payments based on specific performance targets</td>
<td>36%</td>
<td>44%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Differentiate cost sharing for use of high-performance networks</td>
<td>13%</td>
<td>31%</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>Use value-based benefit designs (e.g., different levels of coverage based on value or cost of services)</td>
<td>11%</td>
<td>33%</td>
<td>12%</td>
<td>32%</td>
</tr>
<tr>
<td>Offer incentives (or penalties) to providers to improve quality, efficiency and health outcomes of plan participants (i.e., performance-based payments)</td>
<td>22%</td>
<td>47%</td>
<td>5%</td>
<td>28%</td>
</tr>
<tr>
<td>Engage a third party to secure improved pricing for medical services</td>
<td>18%</td>
<td>24%</td>
<td>19%</td>
<td>30%</td>
</tr>
<tr>
<td>Offer incentives (or penalties) to providers for coordinating care and using emerging technologies or evidence-based treatments</td>
<td>16%</td>
<td>38%</td>
<td>4%</td>
<td>21%</td>
</tr>
<tr>
<td>Adopt new payment methodologies that hold providers accountable for cost of episode of care, replacing fee for service</td>
<td>16%</td>
<td>38%</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>Use reference-based pricing in medical plan (e.g., limited level of coverage for a procedure)</td>
<td>9%</td>
<td>27%</td>
<td>5%</td>
<td>21%</td>
</tr>
<tr>
<td>Contract directly with physicians, hospitals and/or ACOs</td>
<td>13%</td>
<td>31%</td>
<td>7%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Includes companies indicating “planned for 2014”

### Source:

The quest for “value”

Value = \frac{\text{Quality}}{\text{Cost}}
The quest for “value”

Value =

United States Government Accountability Office

GAO
Report to Congressional Requesters

July 2011

VALUE IN HEALTH CARE

Key Information for Policymakers to Assess Efforts to Improve Quality While Reducing Costs

©PBGH 2013
The quest for “value”

Value =

What portion of value-oriented payments place doctors and hospitals at financial risk for their performance? Of the 10.9% of payments that are value-oriented, most put providers at financial risk for their performance, though more than 40% offer a potential financial upside only.

57% of value-oriented payments are “at risk”
43% of value-oriented payments are “not at risk”

Only 11% of all hospital payments
6% of all outpatient specialist payments
6% of all outpatient PCP (primary care physician) payments are value oriented

2020 GOAL 20%
2013 10.9%
The denominator: cost
The denominator: cost

The $2.7 Trillion Medical Bill
Colorconopies Explain Why U.S. Leads the World in Health Expenditures

By ELIZABETH ROBERTHAN, Published June 1, 2013

Angiogram  Colonoscopy  Hip replacement  Lipitor  M.R.I. scan
$914  $1,185  $40,364  $124  $1,121

CANADA  SWITZERLAND  SPAIN  NEW ZEALAND  NETHERLANDS
$35  $655  $7,731  $6  $319

Source: 2013 Comparative Price Report by the International Federation of Health Plans. The average prices were calculated by an anesthesiologist, a private in the United States, but unusual in the rest of the world.

MERRICK, N.Y. — Denise Yaszulski's recent colonoscopy at a surgical center near her home here on Long Island went smoothly: she was whisked from pre-op to an operating room where a gastroenterologist, assisted by an anesthesiologist and a nurse, performed the routine screening procedure in less than an hour. The test, which found nothing worrisome, racked up what is likely her most expensive medical bill of the year: $6,985.

That is fairly typical: in Keene, N.H., Matt Meyers's colonoscopy was billed at $7,963.96. Maggie Christ of Chappaqua, N.Y., received $9,452.84 in bills for the procedure. In Durham, N.C., the charges for Curtis Davis came to $12,959.87, which included a polyp removal. While their insurers negotiated down the price, the final tab for each test was more than $5,000.
The denominator: cost
The denominator: cost

The $2.7 Trillion Medical Bill
Colorimetry: Why U.S. Leads the World in Health Expenditures
by: Elizabeth Posner
Published: June 1, 2013

Angiography

AVG. U.S. PRICE
$914

AVG. CANADA
$35

Cost

That is fairly typical of Maggie Christ of Charlotte, N.C., who had a biopsy
removal. While that was more than $5,000.

Source: 2012 Comparative Price Report by the Network for

FACEBOOK
TWEET
GOOGLE
E-MAIL
PRINT

Healthwatch

THE HILLS Healthcare Blog

Wide differences found in what hospitals charge patients for same procedures
by: Eric Tarbet

The federal government released stunning figures Wednesday showing

 dramatic variations in what hospitals charge Medicare for routine procedures.

The Medicare agency reported that medical claims for the same procedure

can differ by as much as millions of dollars, even within the same city — a
situation that has long been criticized.

Health and Human Services Secretary Kathleen Sebelius said the new

data will help fill a major “gap” in patient knowledge, Wednesday’s report
part of a larger federal initiative to encourage healthcare price transparency.

“Currently, consumers don’t know what a hospital is charging them or their
insurance company for a given procedure, like a knee replacement, or how
much of a price difference there is at different hospitals, even within the same
city,” Sebelius said in a statement.

HHS announced Wednesday that it will give $10 million to states to encourage

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Safeway: applying the concept to lower cost services

Colonoscopy Cost Per Procedure – Greater SF Bay Area MSA
CalPERS: applying the concept to hip/knee replacements

- Price varies from $15,000 to $110,000 (commercial PPO population)
- Anthem Blue Cross and CalPERS established a threshold of $30,000 – reference price – for a standard inpatient hip/knee replacement procedure
- Increased volume of procedures at low-cost hospitals by ~19%
- Amount paid per surgery ~26% lower in program
- Non-participating hospitals lowered price by 38%

Source: JC Robinson, K MacPherson; Health Affairs, 31, no.9 (2012):2028-2036
<table>
<thead>
<tr>
<th>State</th>
<th>Level of Transparency</th>
<th>Scope of Providers</th>
<th>Scope of Price</th>
<th>Scope of Services</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Both Practitioners &amp; Facilities</td>
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</tbody>
</table>
Cost Calculator Helps Consumers Identify High Value Plans

- Users make better choices when:
  - Cost calculator estimates annual costs
  - Most cost-effective plan is defaulted

Johnson et al. (2012)
### Kaiser Inpatient Hospital Pricing: Active Employees

#### 36% 7-year hospital utilization decline

#### +87% 7-year unit cost charge increase for hospital

<table>
<thead>
<tr>
<th>Renewal Based on Reported Claims</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tr>
<td>Hospital cost per day (2006 charged unit cost)</td>
<td>$4,580</td>
<td>$5,085</td>
<td>$6,271</td>
<td>$7,162</td>
<td>$7,796</td>
<td>$8,779</td>
<td>$8,706</td>
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<tr>
<td>Hospital days per 1000 (2006 utilization)</td>
<td>268.8</td>
<td>256.2</td>
<td>243.2</td>
<td>211.4</td>
<td>222.9</td>
<td>191.9</td>
<td>187.7</td>
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<tr>
<td>Hospital cost charged per day (year over year trend)</td>
<td>-2%</td>
<td>11%</td>
<td>23%</td>
<td>14%</td>
<td>9%</td>
<td>13%</td>
<td>-1%</td>
</tr>
<tr>
<td>Hospital days per 1000 (year over year trend)</td>
<td>-9%</td>
<td>-5%</td>
<td>-5%</td>
<td>-13%</td>
<td>5%</td>
<td>-14%</td>
<td>-2%</td>
</tr>
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</table>
Kaiser Renewals 2010-2012

Between 2010 and 2012, Kaiser projected medical service costs for active employees and early retirees that were higher than actual costs by an average of 13%. This resulted in $87 million profit margin for Kaiser.

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical Service Charges Paid by HSS</th>
<th>Actual Medical Service Costs</th>
<th>Difference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>$201M</td>
<td>$181M</td>
<td>$20M</td>
<td>10%</td>
</tr>
<tr>
<td>2011</td>
<td>$218M</td>
<td>$185M</td>
<td>$33M</td>
<td>15%</td>
</tr>
<tr>
<td>2012</td>
<td>$240M</td>
<td>$206M</td>
<td>$34M</td>
<td>(14%)</td>
</tr>
</tbody>
</table>
Variation in Costs by Physician Group
Critical requirements to get to costs…

• Agreement on units to be priced:
  • premium
  • episode
  • individual units of service

• Understanding of input costs

• Transparency to purchaser and consumer – including:
  • disclosure of provider prices (addressing gag clauses, all-payer claims databases)
  • adoption of effective decision aids (such as cost calculators)
What’s quality – to consumer?

• **Decisions to be made**
  • Which health plan to choose (e.g., in exchange)
  • Which doctor to choose; separate PCP from specialist
  • Which drug to take
  • Which treatment to undergo or test to get

• **Dimensions of quality to consider**
  • Following “evidence”, best medical practice
  • Getting good results (outcomes)
  • Safety
  • Patient experience

• **Understandable and relevant?**
  • Composites, roll-ups, tailoring, specificity
Outcomes variation by hospital - England

Case-mix adjusted average health gain after knee replacement – Oxford Knee Score

Max score=48. Pre-op mean= 18.5 (severe pain)
What’s quality – to purchaser?

**Decisions to be made**
- Which health plan(s) to contract with?
- Which provider networks to offer to employees?
- What provider payment arrangements to use, including pay-for-performance, gainsharing, etc.?
- What services to pay for? CER, HTA
- What requirements to negotiate?
- How to evaluate performance?
- Which additional services to provide?
- What incentives to provide to employees?

**Additional dimensions**
- Population outcomes – risk reduction, productivity
- Choice and “consumerism”
- Simplicity of decisionmaking
- Minimal “noise”
Quality Data Today

• **Federal programs are key**
  - Hospital Compare
  - Physician Compare
  - PQRS, Meaningful Use, Value-based payment, ACO measures

• **Local and specialty programs are source of innovation**
  - Massachusetts Health Quality Partners
  - Minnesota Community Measurement (and state law)
  - California Healthcare Performance Initiative
  - California Joint Replacement Registry
  - American Academy of Ophthalmology recommendations
  - International examples…

• **Significant shortfall in needed measures**
  - Patient outcomes
  - Care coordination
  - Appropriateness of care
  - Patient engagement and activation
  - Efficiency and resource use
Purchaser strategies on provider payment

Goal: incent providers to utilize evidence-based practice, manage to outcomes, increase transparency, provide appropriate care, seek efficiencies, compete on value

- Towards global payment – episodes, ACOs
- Primary care medical homes
- Advanced medical homes – intensive outpatient care program
- Pay for performance
- Registries to document value of specialty care
- Reducing effects of market consolidation
- Catalyst for Payment Reform:
  - Contract language for plans
  - Scorecard on payment transition
  - Reports on state transparency, market consolidation
Free Cardiac And Spine Surgery For Walmart Employees At Six Hospitals

Starting next year 1.1 million US Walmart employees and their dependents will be eligible for free heart, spine, and transplant surgery at 6 highly regarded health care organizations. Walmart employees will have no out-of-pocket costs, including travel, lodging and food for the patient and a caregiver.

On Thursday the company announced that its “Centers of Excellence” program, which had previously provided free transplants to Walmart employees, would expand to include heart and spine surgeries. Here are the six health care organizations involved in the program:

- Cleveland Clinic in Cleveland, Ohio
- Geisinger Medical Center in Danville, Pa
- Mayo Clinic sites in Rochester, Minn., Scottsdale/Phoenix, Ariz., and Jacksonville, Fla.
- Mercy Hospital Springfield in Springfield, Mo
- Scott & White Memorial Hospital in Temple, Texas
- Virginia Mason Medical Center in Seattle, Wash

In a tweet, noted writer and surgeon Atul Gawande said, “this will change
Better information to support consumer and purchaser decisions

1. Identify higher value specialists and encourage their use through:
   - pay for performance
   - episode payment
   - reference pricing
   - tiered networks
   - value based benefit design

2. Increase selection of cost-effective technology (implants)

3. Increase patient engagement in cost-conscious decisions – choice of hospital, surgeon, treatment
Better information to support consumer and purchaser decisions

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   Better information to support consumer and purchaser decisions

   **EXAMPLE FROM CALPERS REFERENCE PRICING MATERIALS FROM 2012**

   **Designated Facilities**

   **Adventist Medical Center**
   **Alvarado Hospital LLC**
   **Arogyo Grande Community Hospital**
   **Arroyo Grande Memorial Hospital**
   **Bakersfield Memorial Hospital**
   **Bartin Memorial Hospital**
   **Bakersfield Memorial Hospital**
   **Balsam-San Medical Center**
   **Community Hospital of the Monterey Peninsula**
   **Dameron Hospital**
   **Desert Regional Medical Center**
   **Denver Healthcare Center**
   **El Camino Hospital**
   **Enloe Medical Center Inc**
   **French Hospital Medical Center**
   **Fresno Surgical Hospital**
   **Good Samaritan Hospital – San Jose**
   **Good Samaritan Hospital – Los Angeles**
   **Hoag Orthopedic Institute**
   **Huntington Memorial Hospital**
   **John F Kennedy Memorial Hospital**
   **Kaiser Delta Medical Center**
   **Loma Linda University Medical Center**
   **Long Beach Memorial Medical Center**
   **Mercy Medical Center – Redding**
   **Sutter Health Hospital of Sacramento**
   **O’Connor Hospital**

   Hospitals highlighted have joined the California Joint Replacement Registry (CJRR) supported by PBGH. The registry is designed to collect and share data to provide credible feedback to orthopedic surgeons, hospitals and patients about their treatment decisions, quality of care, and patient outcomes. CalPERS recognizes these hospitals and surgeons for their commitment to the long term goal of improving treatment decisions and care delivery for patients receiving joint replacements.

   Hospitals highlighted in green are in the process of joining the CJRR.
1. Identify higher value specialists and encourage their use through:
   - pay for performance
   - episode payment
   - reference pricing
   - tiered networks
   - value based benefit design

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Better information to support consumer and purchaser decisions

EXAMPLE FROM CALPERS REFERENCE PRICING MATERIALS FROM 2012

<table>
<thead>
<tr>
<th>Designated Facilities</th>
<th>Designated Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adventist Medical Center</td>
<td>Placentia Linda Hospital</td>
</tr>
<tr>
<td>Alvarado Hospital LLC</td>
<td>Queen of the Valley Medical Center</td>
</tr>
<tr>
<td>Arroyo Grande Community Hospital</td>
<td>San Antonio Community Hospital</td>
</tr>
<tr>
<td>Bakersfield Memorial Hospital</td>
<td>San Joaquin Community Hospital</td>
</tr>
<tr>
<td>Bastien Memorial Hospital</td>
<td>Santa Monica UCLA Med</td>
</tr>
<tr>
<td>Cedars-Sinai Medical Center</td>
<td>Santa Rosa Memorial Hospital</td>
</tr>
<tr>
<td>Community Hospital of the Monterey Peninsula</td>
<td>Sierra Vista Regional Medical Center</td>
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<tr>
<td>Dameron Hospital</td>
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<td>Desert Regional Medical Center</td>
<td>St Agnes Medical Center</td>
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<td>Eisenhower Medical Center</td>
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<td>El Camino Hospital</td>
<td>St John’s Hospital And Health Center</td>
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<td>French Hospital Medical Center</td>
<td>St Jude Medical Center</td>
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<tr>
<td>Fresno Surgical Hospital</td>
<td>St Mary’s Medical Center</td>
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<td>St Vincent Medical Center</td>
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<td>HealthPark District Hospital</td>
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<td>Hoag Orthopedic Institute</td>
<td>Thousand Oaks Surgical Center</td>
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<tr>
<td>Huntington Memorial Hospital</td>
<td>Torrance Memorial Medical Center</td>
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<tr>
<td>John F Kennedy Memorial Hospital</td>
<td>Twin Cities Community Hospital</td>
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<tr>
<td>Kaweah Delta Medical Center</td>
<td>UC Davis Medical Center</td>
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<tr>
<td>Loma Linda University Medical Center</td>
<td>UC Medical Center – Orange</td>
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<tr>
<td>Long Beach Memorial Medical Center</td>
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</tr>
<tr>
<td>Mercy Medical Center – Redding</td>
<td>Valley Presbyterian Hospital</td>
</tr>
<tr>
<td>Memorial Hospital of San Francisco</td>
<td>ValleyCare Medical Center</td>
</tr>
</tbody>
</table>

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Hospitals highlighted in green are in the process of joining the CJRR.

March 29, 2013

RE: Participation in the California Joint Replacement Registry

Dear Hospital Contact:

Thank you for your interest in the Blue Distinction Centers for Knee and Hip Replacement® program.

Our partnership with you focuses on enhancing clinical quality for your patients and for our members. Blue Shield values the use of clinical outcomes registries as an important tool in identifying best practices, decreasing complications, and improving patient outcomes. The California Joint Replacement Registry (CJRR) www.caljjr.org is well positioned to help California hospitals and orthopedists do exactly that. The CJRR, a collaborative effort with the California HealthCare Foundation, the California Orthopaedics Association, and the Pacific Business Group on Health, now has participation from many of the state’s leading orthopaedic programs and their hospitals. Blue Shield would like to encourage you to join the CJRR this year.
### Intensive Outpatient Care Program: Personalized care for the chronically ill

**IOCP Boeing Pilot results as published on Health Affairs blog 2009.10.20:**

<table>
<thead>
<tr>
<th>Measure compared to baseline</th>
<th>Result</th>
</tr>
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<tbody>
<tr>
<td>Health care costs of pilot participants versus control group</td>
<td>- 20.0%</td>
</tr>
<tr>
<td>Hospital admissions</td>
<td>- 28%</td>
</tr>
<tr>
<td>Improvement in mental functioning of pilot participants</td>
<td>+ 16.1%</td>
</tr>
<tr>
<td>Participants feeling that care was “received as soon as needed”</td>
<td>+ 17.6%</td>
</tr>
<tr>
<td>Average number of patient-reported workdays missed, 6 months</td>
<td>- 56.5%</td>
</tr>
</tbody>
</table>
Intensive Outpatient Care Program: Personalized care for the chronically ill

In a second project in Northern California:
Cost per person per month down by 16%
- 44% reduction in hospital admissions
- More preventive visits
- Less outpatient surgery

<table>
<thead>
<tr>
<th>Measure compared to baseline</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care costs of pilot participants versus control group</td>
<td>- 20.0%</td>
</tr>
<tr>
<td>Hospital admissions</td>
<td>- 28%</td>
</tr>
<tr>
<td>Improvement in mental functioning of pilot participants</td>
<td>+ 16.1%</td>
</tr>
<tr>
<td>Participants feeling that care was “received as soon as needed”</td>
<td>+ 17.6%</td>
</tr>
<tr>
<td>Average number of hospital admissions</td>
<td>- 16%</td>
</tr>
</tbody>
</table>
Major tools of value purchasing

• Require insurance plans to assemble networks that yield value based on track record and continuing transparency

• Contract directly with providers and services that have track record or performance requirements that reflect value

• Provide transparency about cost/quality to consumers, and let them shop with their own money – perhaps with subsidy by employer or gov’t (exchanges, reference pricing, managed competition)
Keys to success

• Price transparency (at the unit of interest)
• Quality transparency (at the unit of interest)
• Market oversight to ensure balance of market power by buyers and sellers (multiple sellers, multiple buyers)
  • If too much consolidation on provider side in a geographic market, they can dictate price and other terms (including non-transparency, contract requirements)
  • If too much consolidation on buy side, they can dictate price and other terms (limits on federal procurement of Rx, hesitation towards active exchanges)
• Informed consumers – with tools they can use to make judgments
How public policy can advance value

• Require price transparency for a useful bundle of services
• Require disclosure of provider-level quality data
• Standardize definitions of episodes, etc.
• Define and invest in national data infrastructure
• Act as active purchaser in federal and state programs, including implementation of value-based payment
• Redefine “market consolidation” and enact appropriate regulatory and enforcement resources
• Re-examine (carefully) regulatory regime that inhibits innovation:
  • Scope of practice
  • Coverage mandates
  • Staffing ratios
  • Access requirements
  • Licensing/telemedicine requirements
Challenges to “Value Purchasing”

• Payer and provider consolidation limits purchaser power
• Employers’ (and public sector) fear of “disruption” limits willingness to act
• Employers’ need for large networks and “essential providers” limits willingness to purchase selectively
• Patient and consumer beliefs about health care limit employer willingness to challenge behaviors
• Need multi-faceted strategy …
Advancing Value Purchasing

• **Public sector**
  - Setting standards & definitions
  - Investment in measurements, data infrastructure – public good
  - Enforcement of transparency
  - Public programs as active purchasers
  - Market monitoring and regulation

• **Private sector**
  - Innovative payment experiments
  - Innovative consumer benefit designs
  - Innovative consumer outreach and communications (e.g., apps, social media)
  - Evaluation and rapid cycles

• **Public and private alignment is critical**
  - Measures
  - Provider payment methods and signalling
  - Public education and incentives
For more information please visit:

- Learn more about the Pacific Business Group on Health and our effort to improve the quality of health care while moderating costs at [www.pbgh.org](http://www.pbgh.org)

- Links of special relevance for state exchanges:
  - [http://www.pbgh.org/exchange](http://www.pbgh.org/exchange)
  - [http://www.pbgh.org/component/content/article/4-engaging-consumers/216-supporting-consumers-decisions-in-the-exchange](http://www.pbgh.org/component/content/article/4-engaging-consumers/216-supporting-consumers-decisions-in-the-exchange)

- Learn more about our work to bring employers, consumers and labor organizations together to improve access to publicly reported health care performance information at [www.healthcaredisclosure.org](http://www.healthcaredisclosure.org)

- Learn more about our efforts to reform payment at [www.catalyzepaymentreform.org](http://www.catalyzepaymentreform.org)