



Alliance for Health Reform

November 14, 2014

Agenda

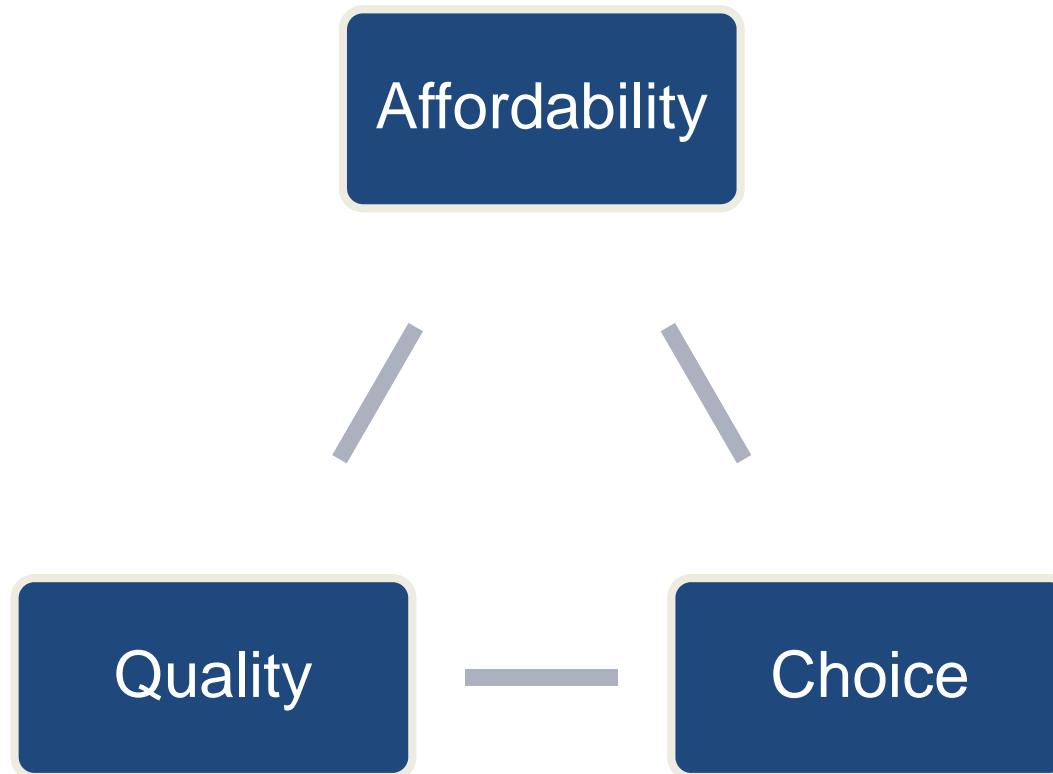


- Consumer Priorities
- The Challenges
- Plans Driving Value
- Ongoing Efforts

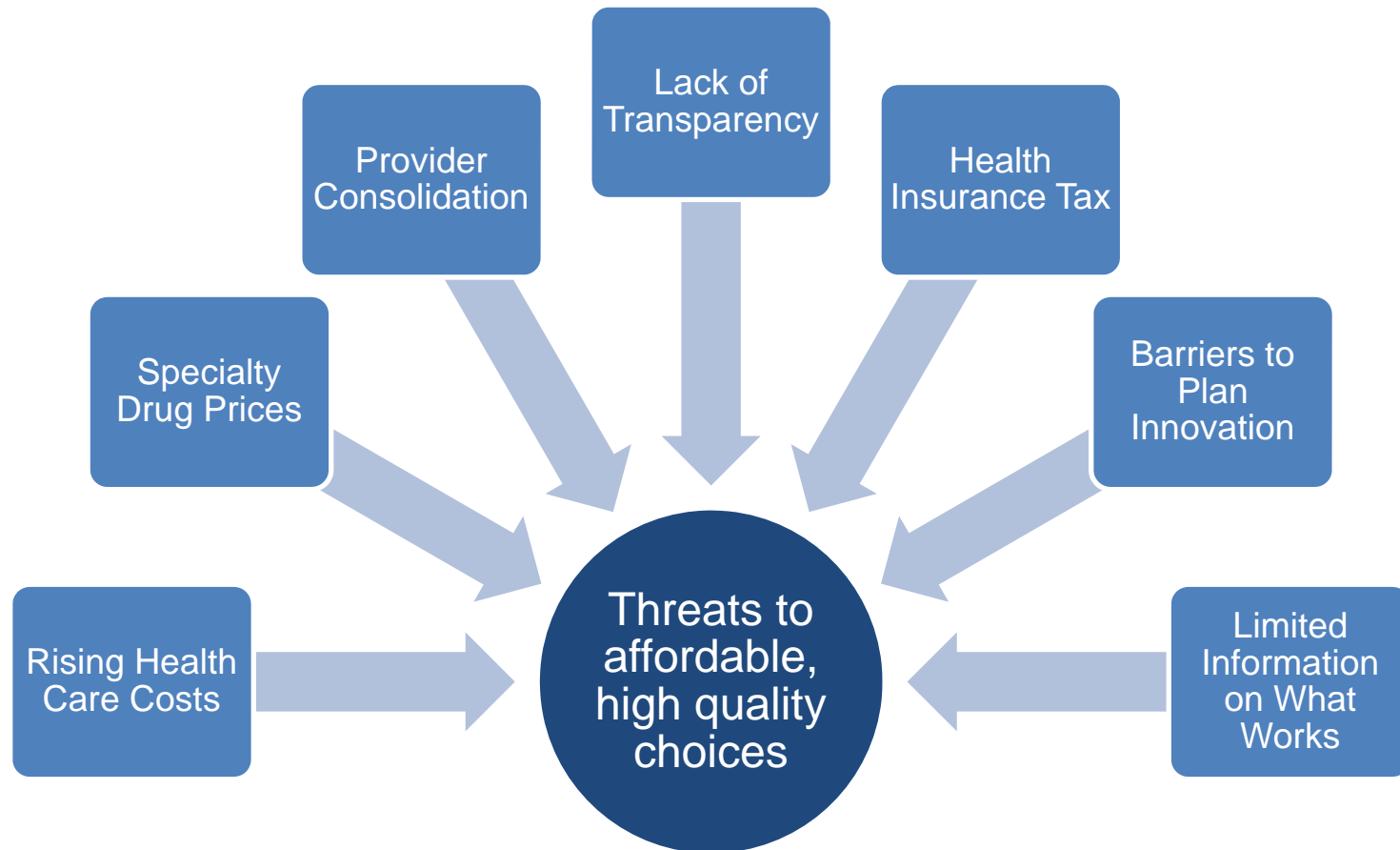
The Starting Point



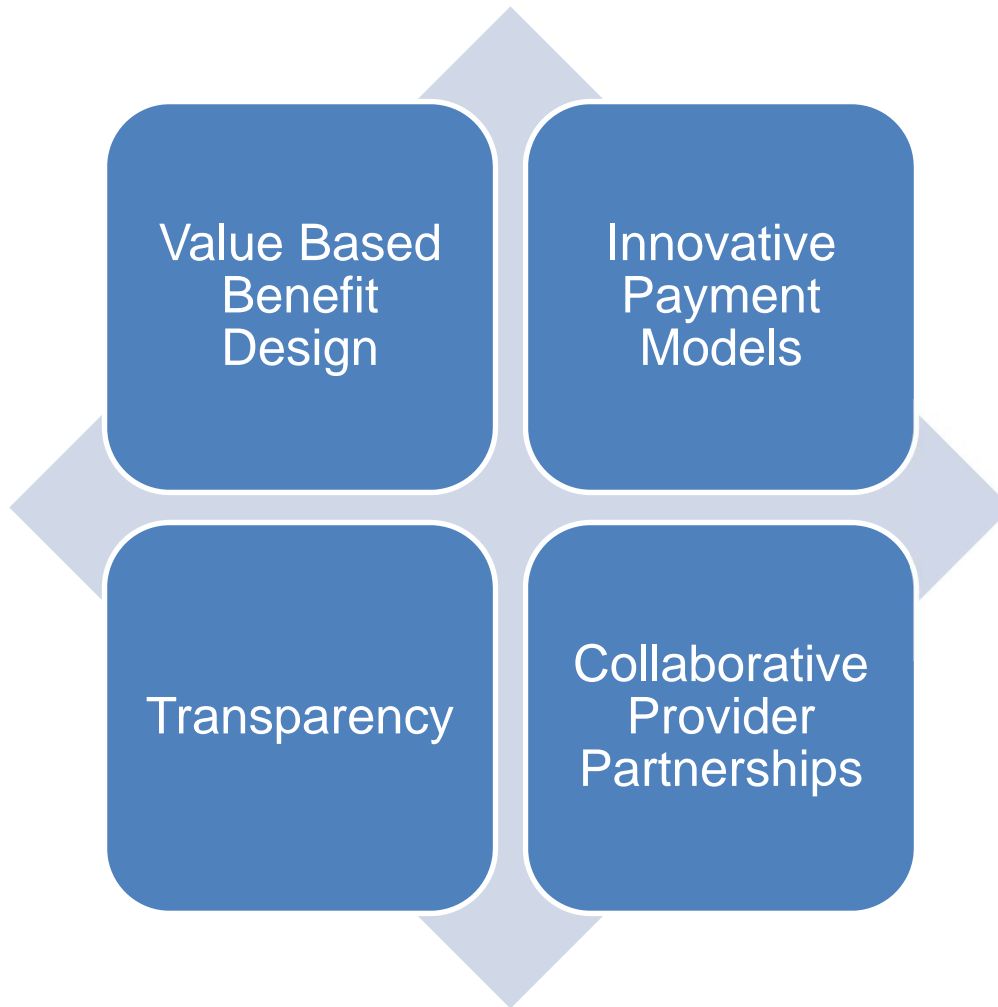
Consumer Priorities:



The Challenges



Plans Driving a Move Toward Value



40%

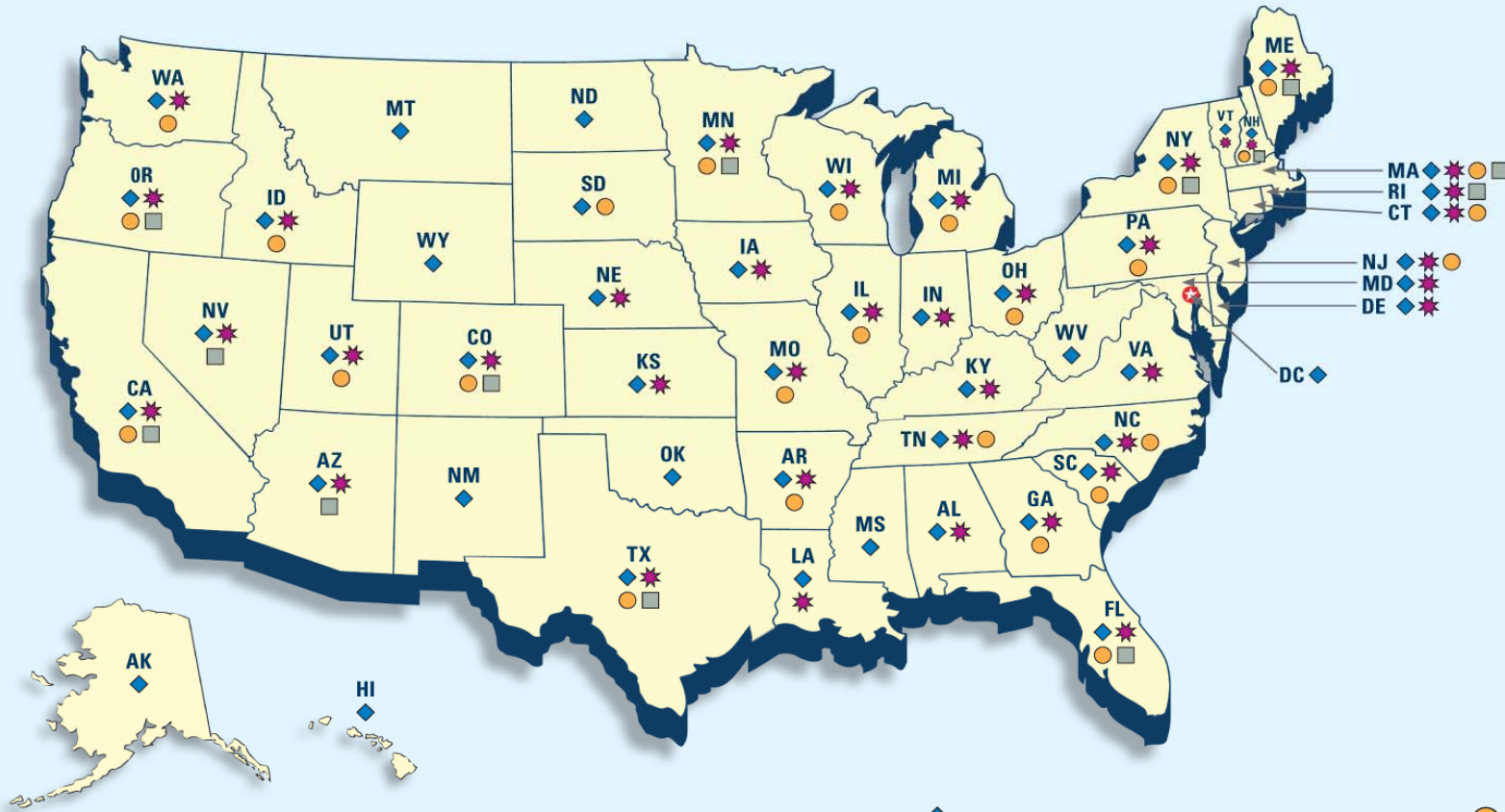
of health plan payments are now value-oriented, compared to 11% in 2013

*Source: Catalyst for Payment Reform 2014 Scorecard

The Reach is Broad



Delivery and Payment Models—Private Sector Initiatives



- Patient Centered Medical Home ◆
- Accountable Care Model Arrangements ★
- Bundled/Episode of Care Payments ●
- Comprehensive/Global Payment ◻

NOTE: Icons may represent multiple partnerships within the state

*The map is current as of June 2014. As new programs are identified the map will be updated accordingly.

The Results



Patient Centered Medical Home

- **Anthem/WellPoint Multi-state PCMH Pilots:**
 - 18 percent reduction in acute inpatient admissions and
 - 15 percent reduction in ER visits
 - 20 percent cost reduction in 2015
- **CareFirst has shown similar results:**
 - 6.4 percent fewer hospital admissions overall
 - \$267 million cost savings vs. projection

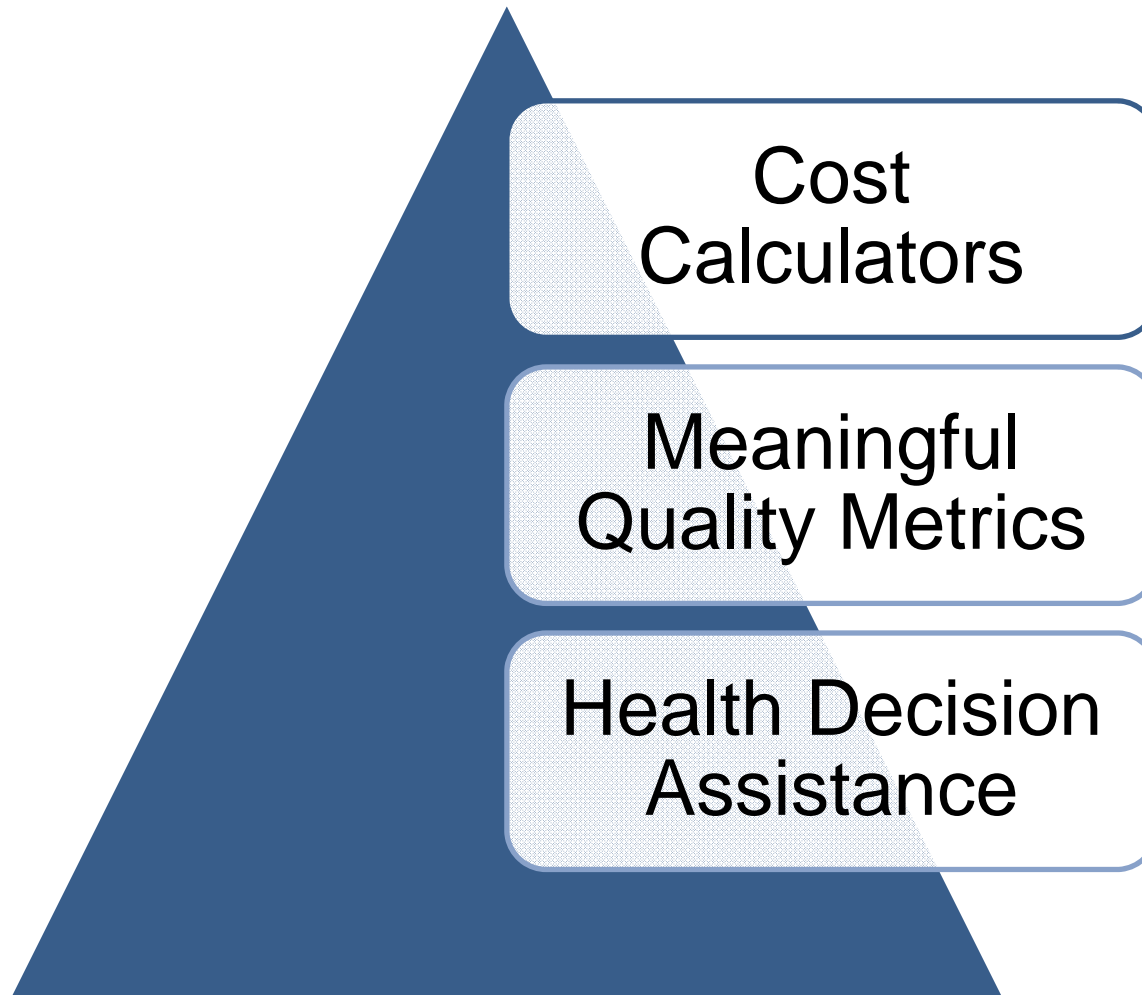
ACOs

- **Aetna Medicare Advantage ACO:**
 - 45 percent reduction in hospital admissions
 - 56 percent reduction in readmissions
- **CIGNA has 58 provider collaborations in 24 states:**
 - 4-5 percent lower costs
 - 50 percent reduction in ER visits

Oncology Specific Payment Models

- **United Health bundled payment:**
 - Saved more than \$33 million without affecting quality of care
- **FloridaBlue launched 2 ACOs dedicated to cancer patients:**
 - 2% cost savings in first year along with improved treatment adherence and decreasing ER visits

Changing the Dynamic of Patient Engagement



Cost
Calculators

Meaningful
Quality Metrics

Health Decision
Assistance

Key Exchange Findings



Affordability

*Premiums for narrower network plans are 5-20% lower compared to broader network plans***

73%

Satisfaction Rate with New Coverage in the Exchange***

Quality

Choice

*“...no meaningful performance difference between broad and narrowed exchange networks based on key CMS hospital metrics.”**

*92% of individuals have access to narrow networks; 90% have access to broad networks**

*McKinsey Report on Networks on the Exchanges (June)

**Milliman, High-Value Healthcare Provider Networks

***Commonwealth Fund, Tracking Trends in Health system performance, July 2014

Next Steps



Interoperability

Performance Measure Alignment

Transparency

Removing Barriers to Delivering Quality Care

Improving the Evidence-Base to Drive Value



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