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HCTTF Releases Guiding Principles on Consumer Engagement in Benefit Design

WASHINGTON (Oct. 30, 2018) – The [Health Care Transformation Task Force \(HCTTF\)](#), a consortium of leading health care payers, providers, purchasers and patient organizations dedicated to accelerating the industry’s move to value, today released guiding principles to help the health care industry and policymakers better integrate consumer needs and preferences into benefit design.

“Incorporating the holistic consumer perspective into health insurance benefit structures is a critical step toward a true value-driven health care system,” said Fran Soistman, Executive Vice President, Government Services at Aetna and Chair, HCTTF. “Our hope is that these principles will help inform the health care community and help drive toward the goal of people-centered, value-driven health care.”

“This work is truly a product of HCTTF’s unique collaborative, multi-stakeholder perspective,” added Jeff Micklos, Executive Director, HCTTF. “It reflects an ongoing commitment by our payer, provider, purchaser, and patient advocate members to find the best ways to engage consumers from the beginning of their interactions with the health care system.”

The benefit design principles are built on cutting-edge work done by leading HCTTF payer members. “Consumers expect simple, accessible and affordable experiences with their health care, just as in sectors like banking and retail,” said Mai Pham, Vice President, Provider Alignment Solutions at Anthem. “These principles are a way to keep consumers at the center of our work to move to a value-based health care system.”

Each of the principles has specific elements that provide clear direction on how best to engage individuals in the benefit design and care delivery process. “This guidance offers a welcome new perspective on how to put consumers at the center of benefit design,” remarked Katie Martin, Vice President for Health Policy and Programs, National Partnership for Women and Families. “It strikes a thoughtful balance between consumer needs and industry value priorities.”

Principle highlights include:

1. True systemic transformation requires redesign that puts consumers at the center of every part of the care redesign process. Payers, providers, and purchasers should use modernized ways of obtaining consumer input and offer effective decision-making support tools.
2. Payers, providers, and purchasers should collaborate to create high-performance networks that enable people-centered care. Value-driven networks should directly incorporate input from consumers in their design, including a focus on outcomes and consumer experience.
3. Organizations should develop multimodal communication strategies that will simultaneously educate and engage beneficiaries around payment and care delivery options.
4. Value-based arrangements should include explicit accountability for member experience and outcomes.
5. An ideal network and benefit structure centers primarily around the needs of the individual, balanced with the needs of the purchaser, payer, and provider. Benefit design should be conceived through the consumer perspective.
6. Organizations should operate systems that promote use of people-centered Health IT. Consumer interfaces should prioritize simplicity, clarity, and transparency.

For more information about the report visit: <http://hcttf.org/consumer-engagement-in-benefit-design-principles/>

ABOUT HEALTH CARE TRANSFORMATION TASK FORCE

Health Care Transformation Task Force is a unique collaboration of patients, payers, providers and purchasers working to lead a sweeping transformation of the health care system. By transitioning to value-based models that support the Triple Aim of better health, better care and lower costs, the Task Force is committed to accelerating the transformation to value in health care. To learn more, visit WWW.HCTTF.ORG.

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