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# Engaging Consumers in Benefit Design

February 5th, 2019



# Agenda

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- Welcome
- Guidelines for engaging consumers in benefit design
- Anthem's approach to consumer engagement
- Landscape for value-based insurance design in 2019
- Q&A

# Speakers



**Jeff Micklos**  
Executive Director



**Hoangmai (Mai) Pham, MD**  
Vice President, Provider  
Alignment Solutions



**Mark Fendrick, MD**  
Director, Center for Value-Based  
Insurance Design

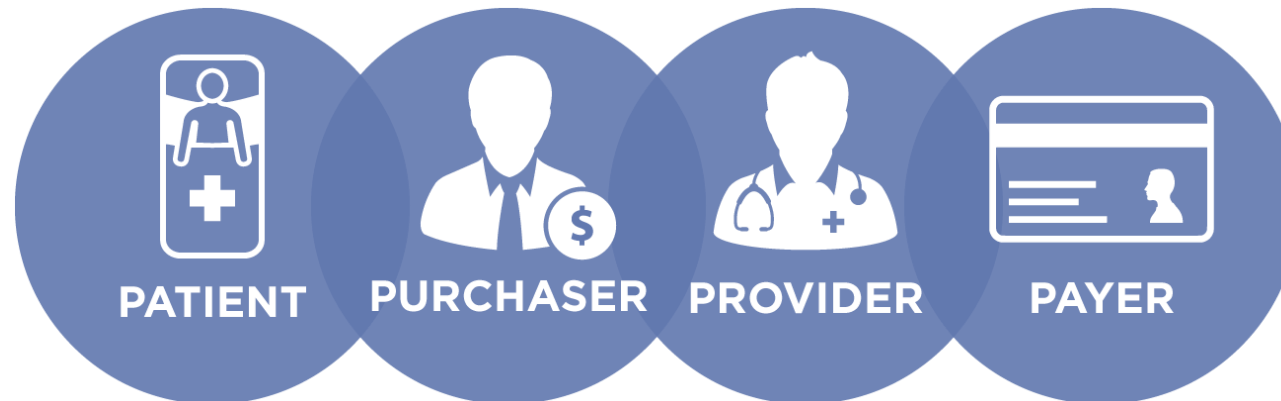


# Who we are: Our mission to achieve results in value-based care



**The Health Care Transformation Task Force** is an industry consortium that brings together patients, payers, providers, and purchasers to align private and public sector efforts to clear the way for a sweeping transformation of the U.S. health care system. We are committed to rapid, measurable change, both for ourselves and our country.

**We aspire to have 75% of our respective businesses operating under value-based payment arrangements by 2020.**



# Our Members: Patients, Payers, Providers and Purchasers Committed to Value



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# Background

- Developed by the Task Force's Advanced Payer-Provider Partnerships Work Group to support the organization's goal of supporting person-centered care
- Multi-stakeholder perspective on consumer engagement in benefit design, driven by payers and providers and informed by patient advocates and purchasers
- Intended to help guide payers and providers as they develop blueprints for redefining benefit design through the consumer lens



## Guiding Principles on Consumer Engagement in Benefit Design

Incorporating the holistic consumer perspective into health insurance benefit structures is a critical step toward a true value-driven health care system. True systemic transformation requires redesign that puts consumers at the center of every part of the care redesign process. The Health Care Transformation Task Force developed the following six principles to guide payers, purchasers, and providers in their efforts to better integrate consumer needs and preferences into care design. While these principles are written with a commercial audience in mind, they also contain elements that are applicable to public payer-centric organizations.



**Payers, providers, and purchasers should utilize modernized ways of obtaining consumer input. They should also offer effective decision-making support tools that help facilitate greater partnership with consumers in navigating the health care ecosystem, including but not limited to obtaining information, coverage, engaging in care, reporting outcomes, and paying for services.**

- People-centered, value-driven health care incorporates consumer insights and health care, quality of life, and well-being needs to drive greater engagement in decision-making. It prioritizes inclusivity, transparency, and the recognition of consumer diversity. Organizations should build upon existing evidence-based tools<sup>1</sup> that effectively engage consumers and identify communication/knowledge gaps in continuum of coverage, care delivery, and payment.
- Payers and purchasers should make available and encourage the use of tools and information that help consumers choose coverage that meets their current and future needs.
- Organizations should use simple data analysis techniques – such as rapid-response surveys, consumer journey mapping and consumer subgroup archotyping – to provide insight into consumer needs and behavior.
- Consumer governance structures, such as advisory councils or consumer participation in existing governance structures, should be used as appropriate to inform benefit and care delivery redesign. In some instances, existing structures such as unions and employer trusts as well as the distribution channel/brokers who represent them can serve this purpose; however, these entities must be vetted for impartiality and fairness to consumers.



**Payers, providers, and purchasers should collaborate to create high-performance networks that enable people-centered care.<sup>2</sup> Value-driven networks should directly incorporate input from consumers in their design, including focusing on desirable outcomes and consumer experience.<sup>3</sup>**

- The term “high-performance network” is defined as one that incorporates cost, utilization, and multi-stakeholder accountability while delivering on higher quality. Examples of effective quality metrics include patient-reported outcomes, 360-degree peer feedback for physicians, and established measure sets such as HEDIS.

# Engaging Consumers in Benefit Design: Six Guiding Principles



1. Payers, providers, and purchasers should utilize modernized ways of obtaining consumer input. They should also offer effective decision-making support tools that help facilitate greater partnership with consumers.



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.



3. Organizations should develop multimodal communication strategies that will simultaneously educate and engage beneficiaries around payment and care delivery options.



# Engaging Consumers in Benefit Design: Six Guiding Principles



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. Elements of 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. Consumers should have on-demand access to meaningful information.

# 1

## Modernize consumer input mechanisms

- Incorporate consumer insights and health care, quality of life, and well-being needs
- Encourage the use of tools that help consumers choose coverage that meets their current and future needs
- Use simple data analysis techniques to provide insight into consumer needs and behavior
- Used consumer advisory councils or consumer participation in existing governance structures to inform benefit and care delivery redesign

# 2

## Create high-performance networks

- Incorporate cost, utilization, and accountability while delivering on higher quality
- Emphasize upfront transparency around cost structure and pricing
- Reduce health disparities by ensuring members' access to culturally competent and high-quality providers
- Enable consumers to access the full range of necessary services without delay
- Create financial guardrails to protect medically complex patients
- Coordinate coverage for medical services with behavioral health services

# 3

## Develop multimodal communication strategies

- Ensure that consumers receive the necessary information and education to proactively navigate the challenges of payment responsibility and fully understand their benefits
- Providers should be able to see and easily compare service costs at the point they are making decisions about care (e.g., at the point of service)
- Embed plan design into EHR records can help clinicians and patients jointly navigate payment as part of the care plan

# 4

## Accountability for member experience

- Payers should have accountability for member experience at the enrollment and payment stages
- Providers should have accountability at the care delivery stage
- Incorporate consumer feedback into periodic measurement and continual improvement processes
- Collaborate with consumers to design effective outcomes and experience measures

# 5

## Center benefits around the needs of the individual

- Use designs that incentivize beneficiaries to seek appropriate preventive, diagnostic, acute and maintenance care from high quality providers at the right place and time
- **Do not** use penalties to incentivize consumers
- Encourage consumers to establish and maintain a primary care provider relationship
- Provide ability for consumers to opt in to high-performance networks
- Promote improved care coordination and reduced duplication of services



## Promote people-centered health IT

- Consumer interfaces should help nudge consumers toward high-value products and evidence-based decisions
- Update designs to reflect current consumer needs
- Provide consumers with two-way access to their own health data
- Incorporate intelligent design features that help effectively educate/engage consumers

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# Engaging consumers in their health

Hoangmai Pham, MD, MPH

VP, Provider Alignment Solutions

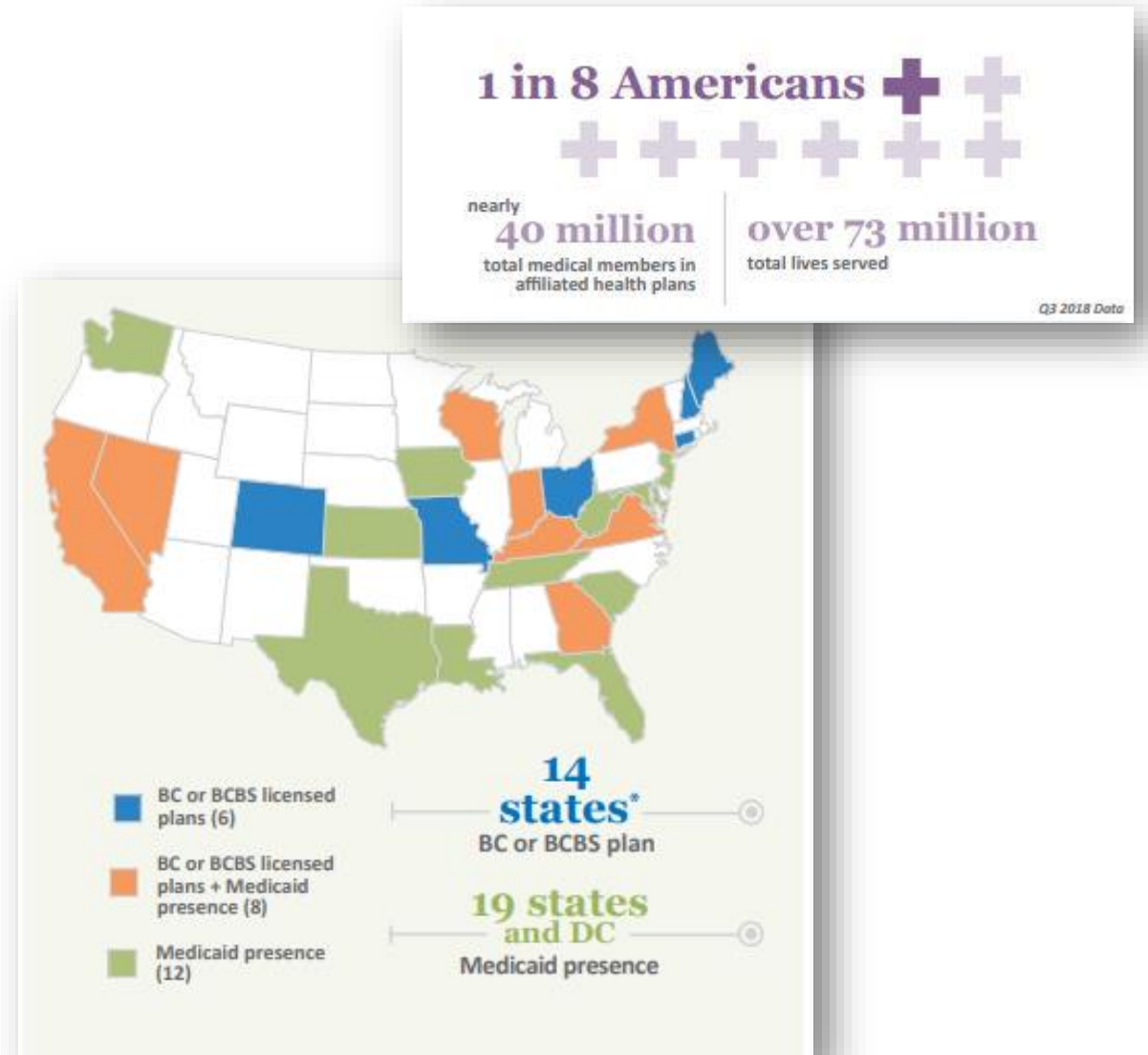
# Our mission:

Improving Lives and  
Communities.

Simplifying Healthcare.

Expecting More.

# Who we serve:



# Building a primary care foundation: Enhanced Personal Health Care

**Enhanced Personal Health Care, Anthem's value-based primary care program, offers thousands of PCPs around the country recognition and payment for delivering patient-centered care, and has allowed them to redesign their care around patients' needs rather than volume of visits.**

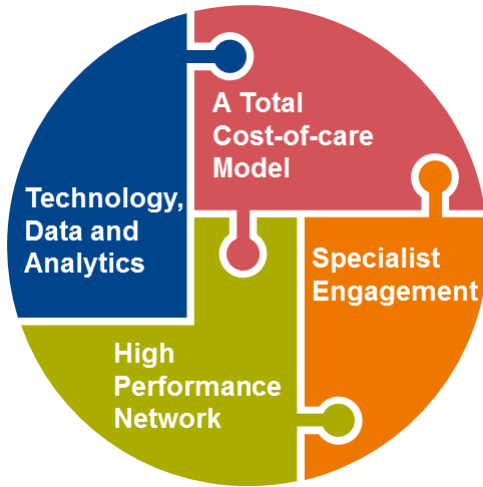
*"I really think it gave us a vehicle to actually practice the type of medicine that we see makes a difference...for the longest period of time it's been fee-for-service. You come to the doctor, and you have a problem, we solve your problem, 'Next.' Now I think that we're doing a better job of keeping people healthy. That paradigm shift -- it's a huge deal."*

– James Kesler, MD, physician at Associates in Family Medicine., Fort Collins, CO.



# Cooperative Care:

## Our next-generation global payment model



*Input from nationally recognized provider groups and key employers drove refinements in our payment model, leading to improved outcomes, cost containment and a differentiated patient experience*

### Total Cost-of-care Model

“A Better Mousetrap”: increased accountability for financial, clinical and experiential outcomes

### Specialist Engagement

Rewards specialists for improving care coordination and outcomes; discourages low-value activity

### High Performance Network

Greater affordability, deeper member engagement and superior member experience

### Technology, Data and Analytics

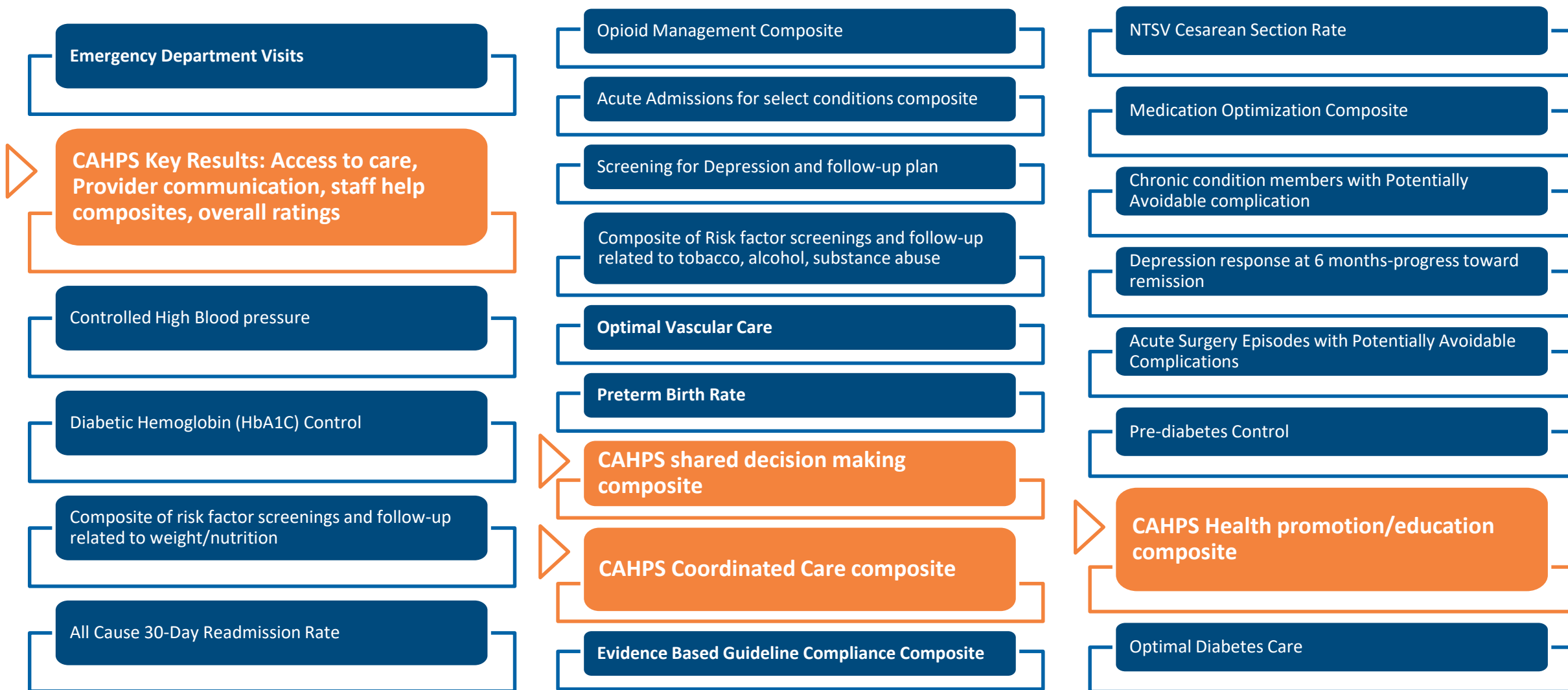
Convenience for patients, better reporting for employers and providers, administrative simplicity

# Cooperative Care Provider Capabilities

Thirteen Cooperative Care capabilities are designed to drive an exceptional member experience.

Clinical	Service	Care Coordination	Payment
<ul style="list-style-type: none"><li>■ eConsults</li><li>■ Provision of telehealth services</li><li>■ EMR Integration</li><li>■ Care compacts</li></ul>	<ul style="list-style-type: none"><li>■ 24/7 Access to Clinician</li><li>■ 24 hour access to PCP appointment for non-routine urgent care</li><li>■ Online scheduling and alternative communication methods</li><li>■ Limited wait time for specialist appointment</li></ul>	<ul style="list-style-type: none"><li>■ Patient Navigator</li><li>■ Behavioral health integration</li><li>■ Care plans and registries</li><li>■ Care management/ Care coordination</li></ul>	<ul style="list-style-type: none"><li>■ Provider compensation model</li></ul>

# Cooperative Care Quality Metrics Tie Success Directly to Consumer Experience



# Building a National High-Performance Network



## QUALITY

Locally relevant metrics



## COST SAVINGS

8-10% savings over BlueCard PPO



## CARE EXPERIENCE

Transparency tools and navigation support



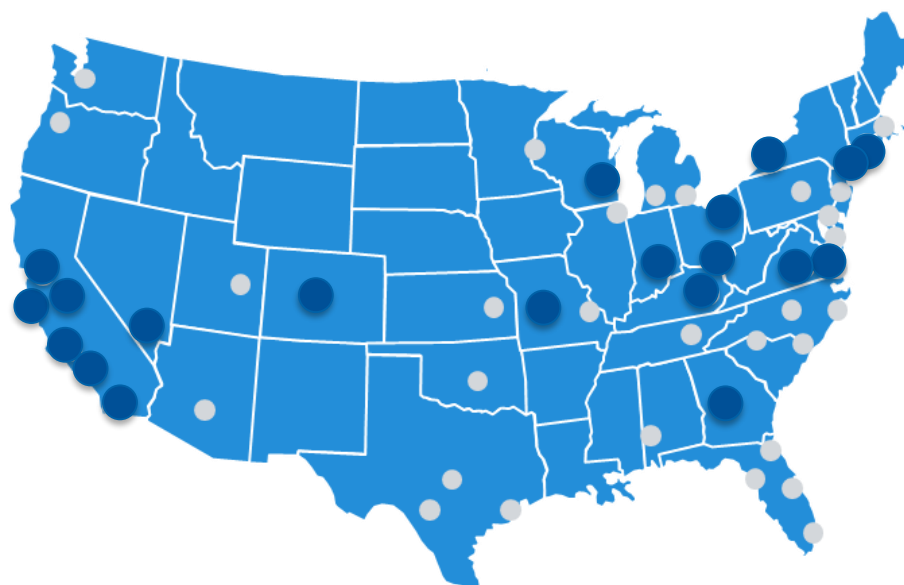
## ACCESS

Adequate coverage ensured



## BENEFIT DESIGN

Narrow network with national portability



Anthem Market



Integrated Blue Market

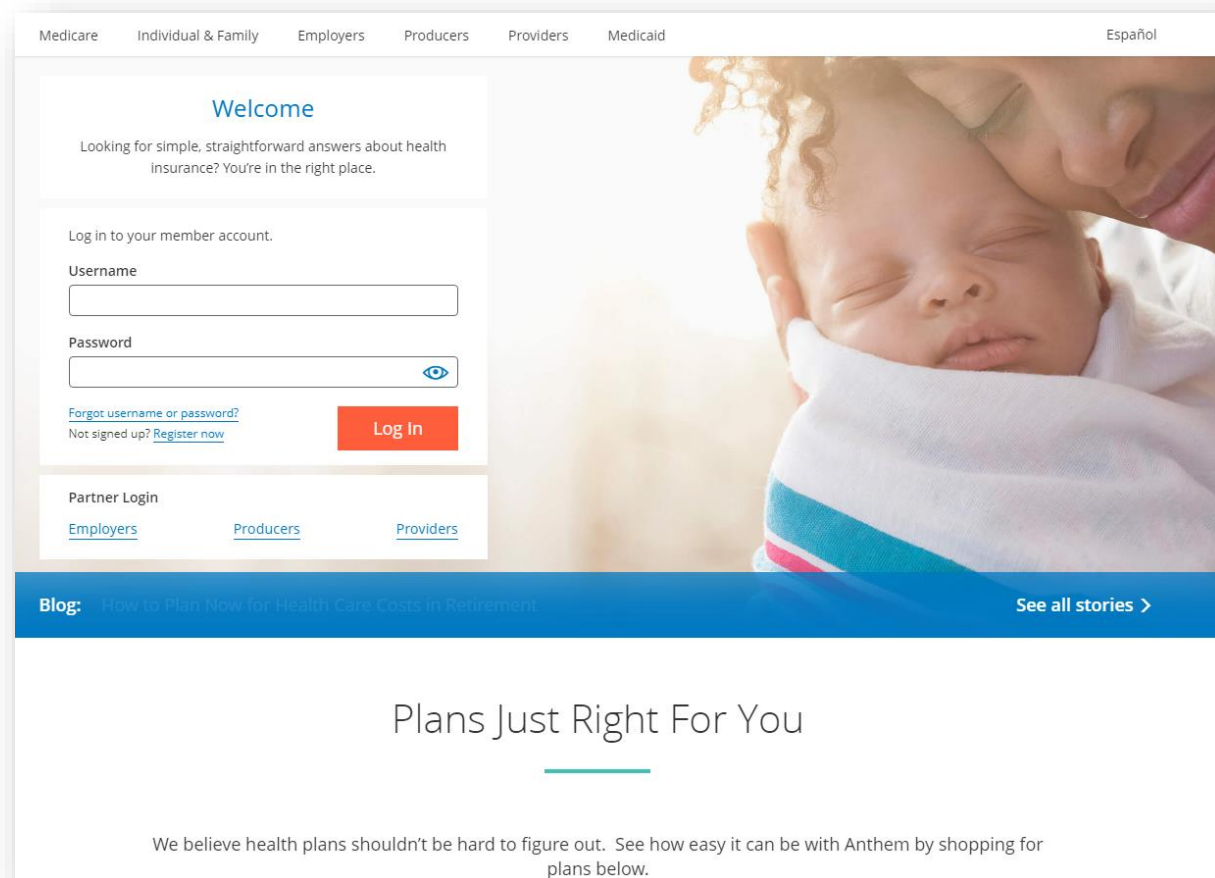
Available for  
1/1/2021



New models add  
8-10% savings

Anthem<sup>®</sup>

# Reimagining the consumer digital experience



- Anthem is working to make it easier for consumers to find what they need more quickly and intuitively when they visit their health plan website or use our mobile tools.
- This will include the ability to locate care, estimate costs and identify high-value providers.
- This work with in turn enable key VBID capabilities and support value-based care elements like PCP selection.



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SCHOOL OF PUBLIC HEALTH

CENTER FOR VALUE-BASED INSURANCE DESIGN  
UNIVERSITY OF MICHIGAN

## Value-Based Insurance Design: Landscape for 2019

Slides available: <http://vbidcenter.org/hcttf-webinar/>

A. Mark Fendrick, MD

University of Michigan Center for  
Value-Based Insurance Design

[www.vbidcenter.org](http://www.vbidcenter.org)



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Questions? Use the Q&A tab on the Zoom webinar screen.

For more information:

[www.hcttf.org](http://www.hcttf.org)