



Consumer Centric CT V-BID Plan Design



The Shift From Patient to Healthcare Consumer

Imagine a health plan design in which more consumers engage with the health care system—a future that holds the promise of more effective, efficient, and satisfying care experiences and better health outcomes for those individuals and the accountable care populations to which they belong.



Defining Care Collaboration in V-BID

Under value based benefit designs, the patient is encouraged to seek services where the clinical value outweighs the cost and is discouraged on seeking services where the cost far outweighs the clinical value. To achieve the intent of V-BID, collaborative care is required.

Collaborative care entails physicians and other providers using complementary skills, knowledge and competencies and working together to provide care to a common group of patients based on trust, respect and an understanding of each others' skills and knowledge. This involves a mutually agreed upon division of roles and responsibilities that may vary according to the nature of the practice personalities and skill sets of the individuals. The relationship must be beneficial to the patient, the physician and other providers.

The Importance of the Provider – Patient Relationship

At the heart of patient-centric care lies the patient-physician relationship, the importance of which cannot be overstated. Built on the values of trust, empathy, respect and honesty, it is the foundation on which our therapeutic alliance exists.

The V-BID Consumer Advocate perspective on patient-centered care is consistent with the Institute for Healthcare Improvement definition:

“Care that is truly patient-centered considers patients’ cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes patients and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions.

Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients’ hands – along with the tools and support they need to carry out that responsibility.

Patient-centered care ensures that transitions between providers, departments, and health care settings are respectful, coordinated, and efficient.”

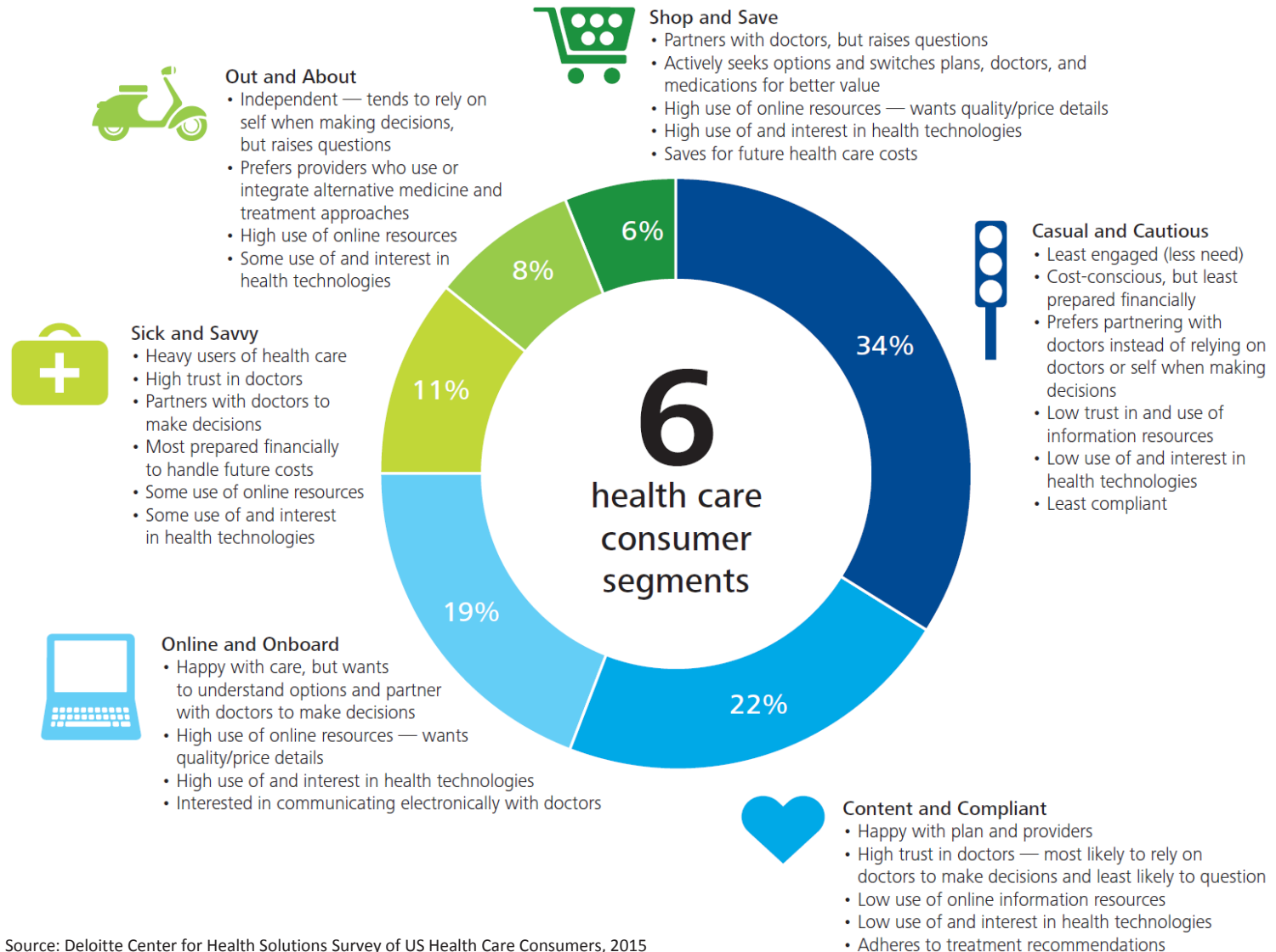
Care Collaboration Guidelines in V-BID

- **Models of collaborative care must be designed to meet the needs of patients.**
- **Models of collaborative care must support the patient-physician relationship.**
- **The V-BID recognizes the value of the physician’s assessment and judgement regarding the appropriate care of their patient(s).** Based on his or her training, competencies and experience, the patient’s physician is best able to synthesize and interpret the evidence and data provided by the patient and the care team, make a differential diagnosis and deliver comprehensive care for the patient. The physician is ultimately accountable to the patient for making definitive clinical decisions.”
- **Collaborative models of practice must reduce fragmentation and enhance the quality and safety of care provided to patients.**
- **It is the patient who ultimately must make informed choices about the care he or she will receive through shared decision-making with their physician.**
- **Entry into and exit from a collaborative care arrangement and/or a disease management program must be voluntary for both the patient and the physician.**
- **Services defined as “low value” must be elective in nature and directed by the patient rather than the provider.**

Care Communication Guidelines in V-BID

- **Effective communication within collaborative care teams** is critical for the provision of high quality patient care.
- Mechanisms must be in place within a collaborative team to ensure that both the patients, and their caregiver(s) where appropriate, **receive timely information from the most appropriate provider.**
- **Effective and efficient communications within the collaborative care team, both with the patient and among team members, should be supported by clear documentation shared with the patient.**
- A common, accessible patient record in collaborative care settings is desirable to ensure appropriate communication between physicians and other health care professionals, to prevent duplication, coordinate care, share information and protect the safety of patients. **The patient's care plan should be in layman's terms and include a self managed action plan for the patient that is understandable and actionable.**
- An integrated electronic health record is highly desirable to facilitate communication and sharing among team members. But more importantly, **patients should have a summary of their current conditions, allergies, medications, care plans, lab results, and recent exams and treatments.**

Healthcare Consumer Engagement – There is No “One Size Fits All”

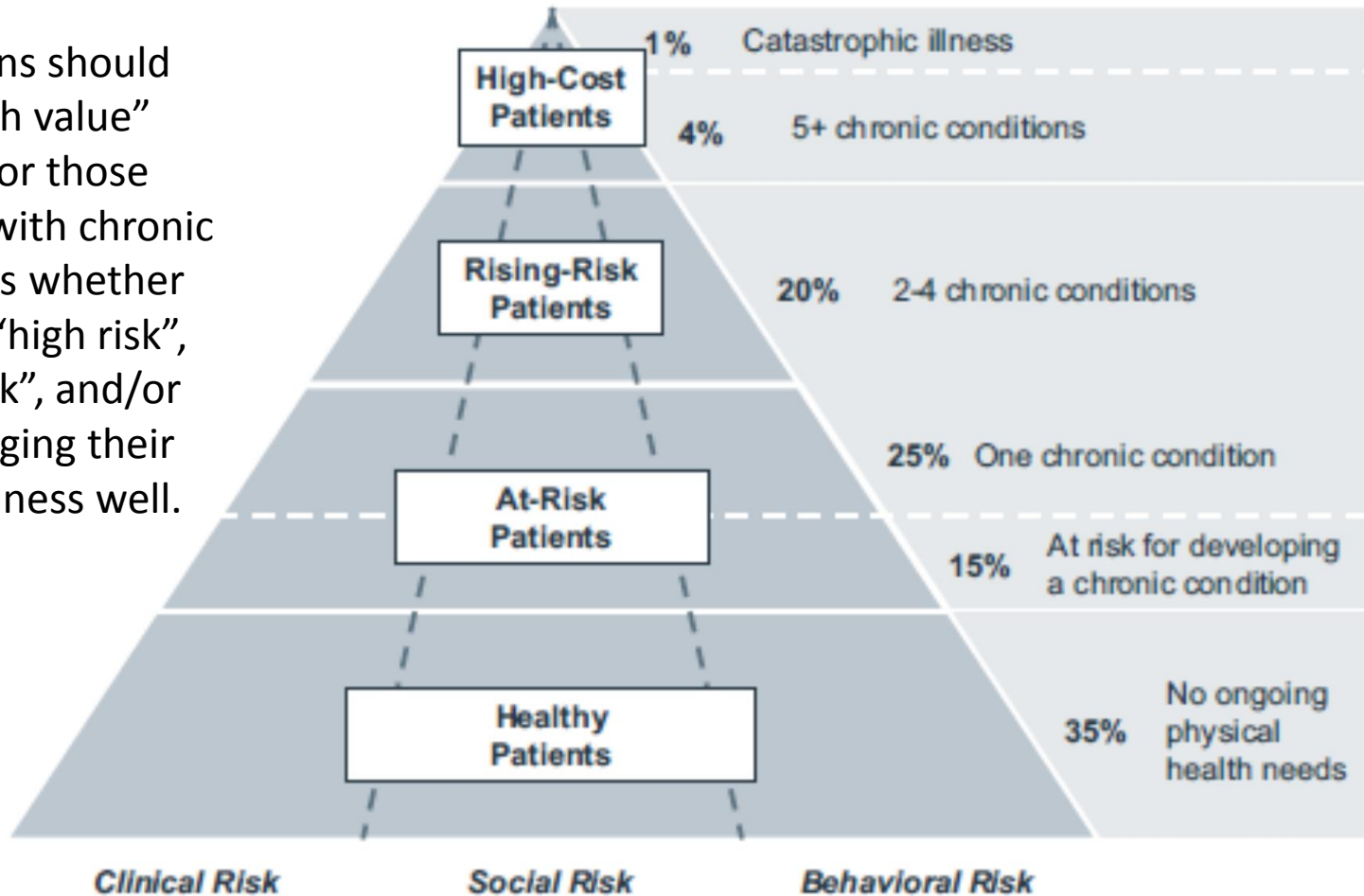


Incentives, Programs, & Tools Consumers Say Would Help Them Change Their Habits And Behaviors And Improve Their Health

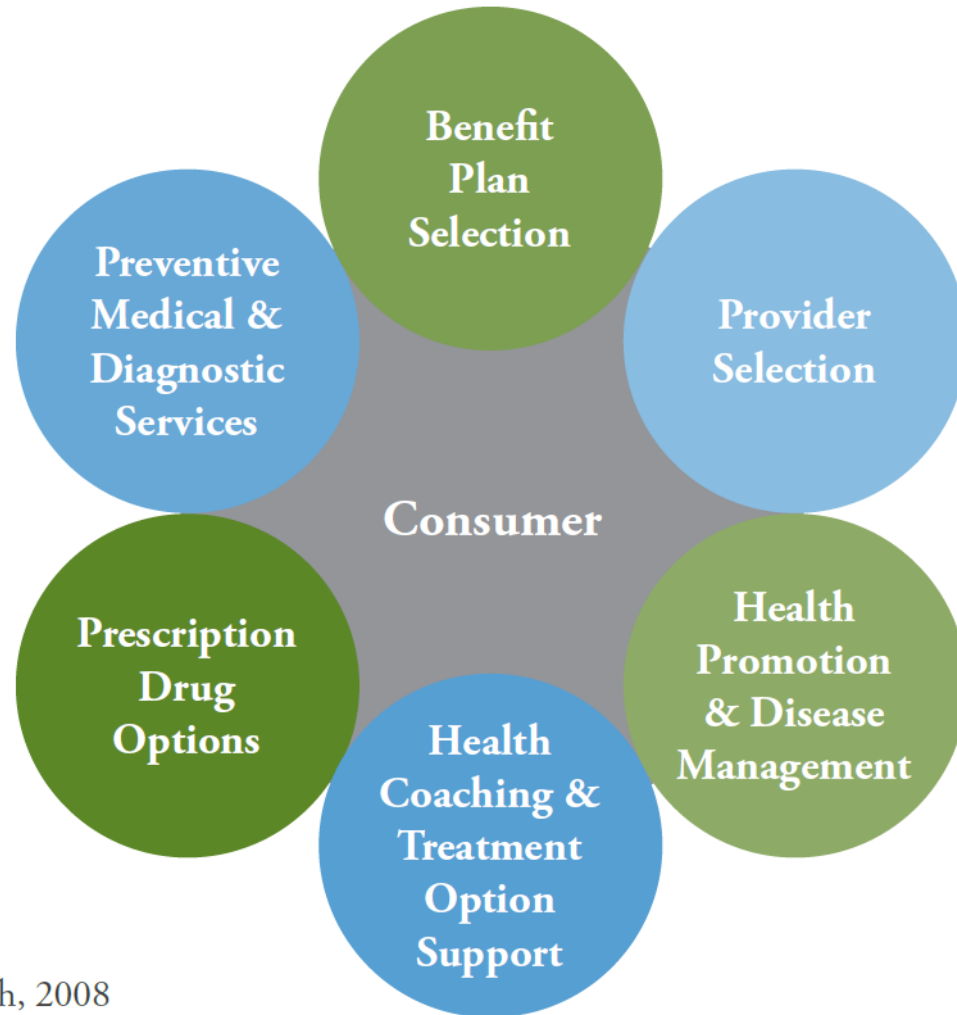
	Total sample	Major chronic condition	Online and Onboard	Sick and Savvy	Shop and Save	Out and About	Content and Compliant	Casual and Cautious
Premium discount for participating in health improvement/wellness/fitness programs	46%	47%	62%	62%	54%	53%	49%	27%
Incentives (financial, rewards points, discounts) for participating in wellness or disease management programs	42%	44%	59%	52%	48%	47%	44%	25%
Discounts on costs of getting care/attending programs (e.g., transport, parking, child care)	38%	47%	52%	46%	48%	45%	39%	23%
Information about quality when choosing doctors and hospitals	42%	50%	58%	56%	45%	49%	46%	23%
Information about costs when choosing providers or treatments	42%	48%	59%	55%	51%	55%	41%	25%
Care plans and programs to assist with chronic conditions by providing information, reminders, and self-monitoring tools	35%	50%	50%	46%	45%	41%	38%	19%
Prevention/wellness programs that provide information, reminders, and self-monitoring tools	34%	44%	49%	45%	46%	39%	36%	19%
Premium discount for wearing a health monitoring device that sends personal data to an individual's doctor or health plan	34%	40%	48%	46%	41%	39%	35%	21%
Rewards points for uploading personal health data from devices worn on the body	31%	32%	45%	36%	43%	35%	29%	19%
Secure websites to access records, schedule appointments, order Rx refills	40%	50%	61%	50%	47%	44%	41%	23%
Service (texting, mobile, online) giving customized health alerts or information	25%	36%	38%	27%	42%	26%	24%	14%
Mobile phone apps to access records, schedule appointments, order Rx refills	24%	32%	36%	23%	42%	27%	21%	15%

Healthcare Consumer Risk Stratification

V-BID Plans should offer “high value” services for those patients with chronic conditions whether they are “high risk”, “rising risk”, and/or are managing their chronic illness well.



Vision for Consumer Centric V-BID Design



Guiding Principles for a Consumer Centric CT V-BID Program: Plan Design

- **Service:** Reduce financial barriers to a high-value service for all patients, (e.g., statins or cholesterol tests, no matter which patients use them.)
- **Clinical Condition:** Reduce financial barriers to a high-value service (e.g., diagnosis, medication, treatment, or program based on available scientific evidence) for patients with a history of the condition
- **Condition Severity:** Reduce financial barriers specific to high-risk or rising risk patients
- **Level of Engagement:** Reduce financial barriers if patients show willingness to engage in behaviors that improve their health and care, (e.g., waive or reduce copayments or coinsurance for high-risk members who would actively participate in a condition management programs)
- **Reward Mechanism** (e.g., a gift card is mailed if an individual completes a cancer screening) - Incentives are applied equitably

Guiding Principles for a Consumer Centric CT V-BID Program: Plan Design

- **Alignment of Benefits and Incentives for Physician-Patient Alignment:** An example would be a benefit that provides for care management for chronic conditions, similar to the CMS chronic care management CPT, paired with an incentive for chronically ill patients engaging in the care management program.
- **Incentives for Specific Services for All Members Should be Simple:** As an example: The benefit could provide 100% coverage for preventive care and early diagnostic testing regardless of age or clinical status. Communications to providers and patients would advise both the clinical and age-specific guidelines. The V-BID plan would measure the success of the providers and health plans based on the clinical and age-specific guidelines, not attainment of 100% of patients receiving the service.
- **Health Navigation Services and Coordination of Community Services:** Access to health plan and community services should account for psychosocial needs, geographic differences, and socioeconomic needs. Achieving V-BID success requires access to “high value” services and health navigation resources across the continuum of care, not simply home health services.

Guiding Principles for a Consumer Centric CT V-BID Program: Plan Design

- **Size And Timing Of Rewards Or Benefit Modifications**
- **Paired with policies that address provider pricing and behavior**
- **Medication Management Support for Adherence**
- **Monitoring Claims And Progress Toward Health Goals**
- **Support Consumer Behavior Change Through Education And Outreach**
- **Has An Accessible Exceptions And Appeals Process**
- **Consumers And Providers Are Part Of An Independent Advisory Board Defining High Value Services**
- **Consumer and Provider Satisfaction Is Measured And Tracked**
- **Mental health parity is established for the services defined as “high value”**

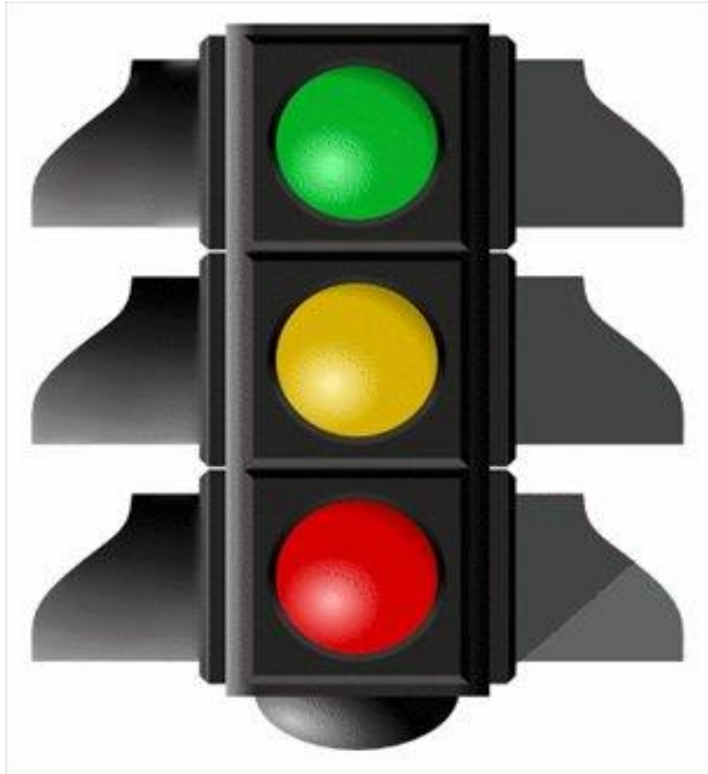
Guiding Principles for a Consumer Centric CT V-BID Program: Network Design

- Offers **Adequate And Meaningful Access To High Quality Providers** Via A Robust Network Across The Geographic Regions They Live
- **Rewards Providers For Delivering Evidence-based Care**
- **Care In The Home, Telehealth, And The Retail Environment Are Included In the V-BID Benefits**
- **Access To Chronic Care Management Supplies And Durable Medical Equipment (DME) – Glucometer, Strips, Etc.**
- **Referral Management – Optometrists, Dme Suppliers, Etc.**

Guiding Principles for a Consumer Centric CT V-BID Program: Care Delivery

- **Access to a Primary Care Physician, Screening, and Preventive Care**
- **Shared Decision-making** Between Consumers and Providers
- **Condition Management Programs**
- **Help Consumers Overcome Non-Financial Barriers to Improved Adherence:**
 - Virtual Care Team Led by the PCP
 - Alternatives To Face-to-face Visits
 - Office Hours After Work Time, Including Weekends And Holidays
 - E-mail And Web Access To Providers
 - 24/7 Care Management and Health Navigation
 - Access To Community Resources, I.E., Services For The Blind, Disabled, Etc.
- **Account for the Social Determinants of Health**, i.e., access to care providers, transportation, etc.

Guiding Principles for a Consumer Centric CT V-BID Program: Consumer Activation & Engagement



Clearing the Path to High
ROI Service Use

Slow Down and Review
Options

Stop and Look at the
Evidence Before
Proceeding

Guiding Principles for a Consumer Centric CT V-BID Program: Consumer Activation & Engagement

- **Trust** – Consumers must feel safe to confide their needs and compliance
- **Monitoring tools to identify health issues early**
- **Programs to educate and engage members** in the management of their condition(s), medications, and therapy side-effects
- **Communicate with the patient in the manner they prefer** – texts, phone calls, e-mails, in-person, etc.
- **Portable medical record**
- **Provides consumers with resources** that explain how value-based insurance works and the tools they need to engage in health care decision making
- **Provide consumer views, via web tools, into available VBID programs**, particularly those programs in which they are eligible for and participating, and views into their status in these programs.