



# Improving Value Through Consumerism and Transparency

What are Employers Doing?

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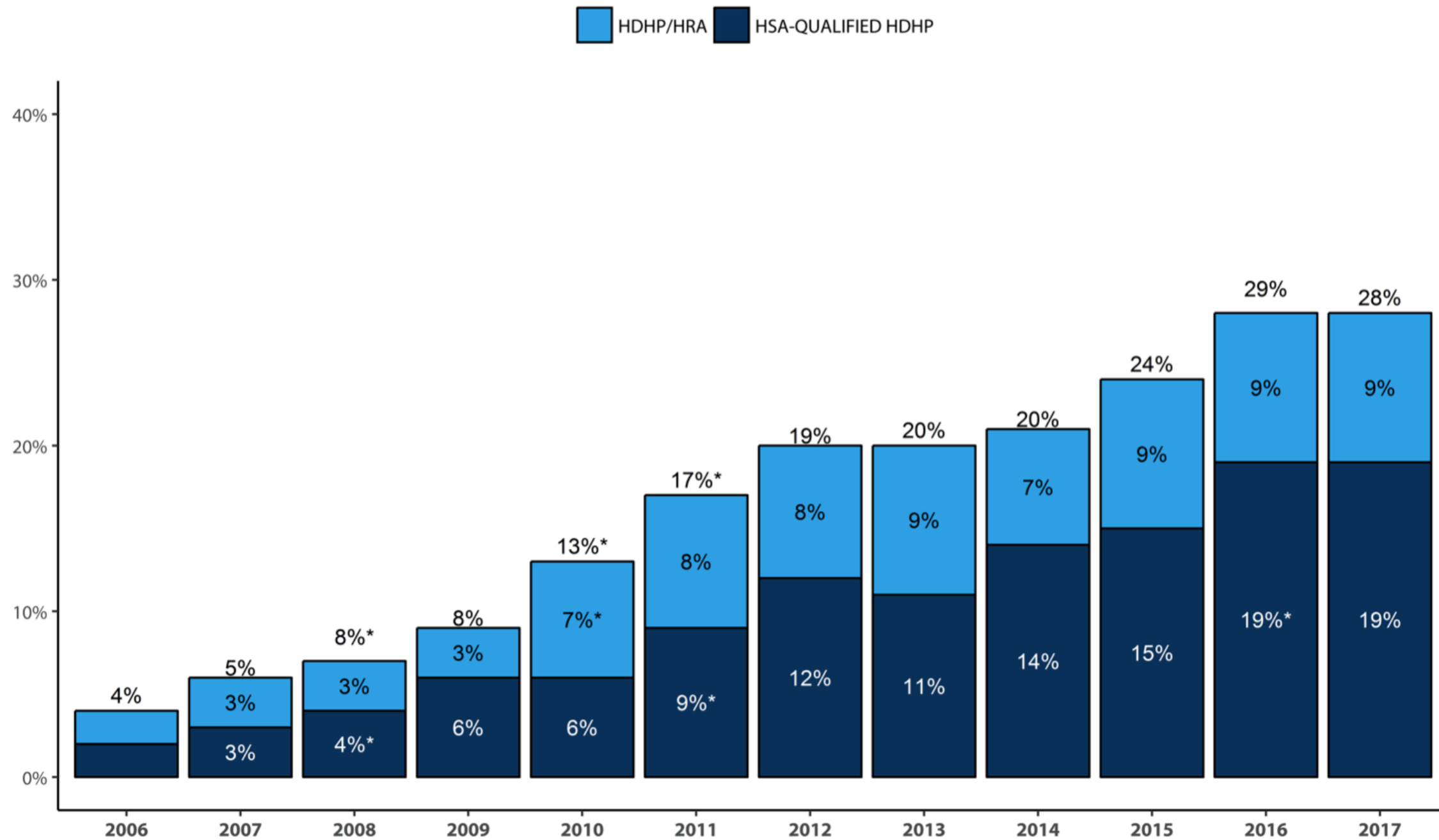
**PBGH**

PACIFIC BUSINESS  
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# PBGH Members

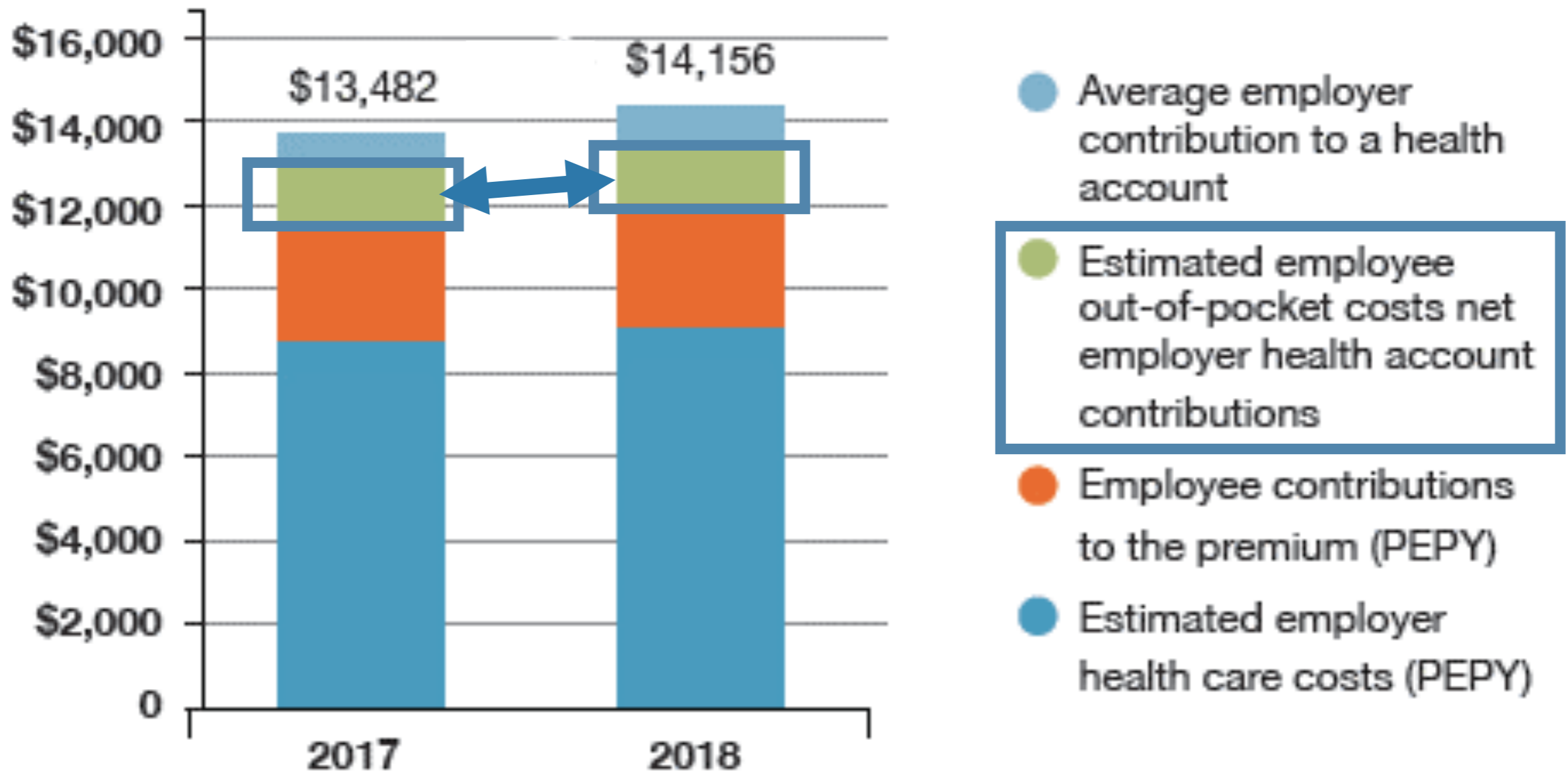


# Large employers embrace consumerism but...

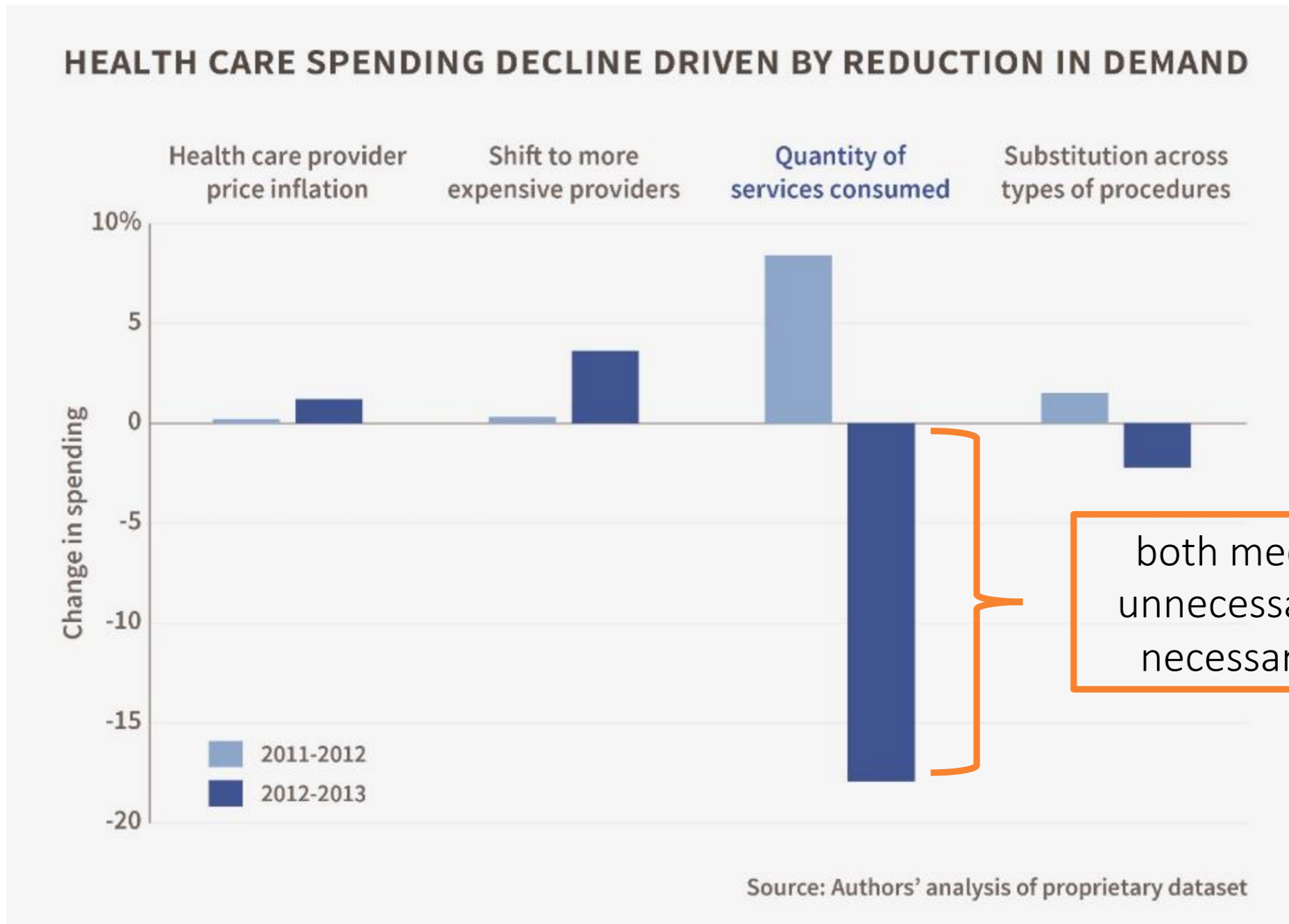


Source: Kaiser/HRET 2017 Employer Health Benefits Survey.

# With limits...



Source: National Business Group on Health, Large Employers' 2018 Health Care Strategy and Plan Design Survey.



Source: 2015. ZC. Brot-Goldberg et al. "What Does a Deductible Do? The Impact of Cost-Sharing on Health Care Prices, Quantities, and Spending Dynamics," NBER Working Paper 21632, October 2015.

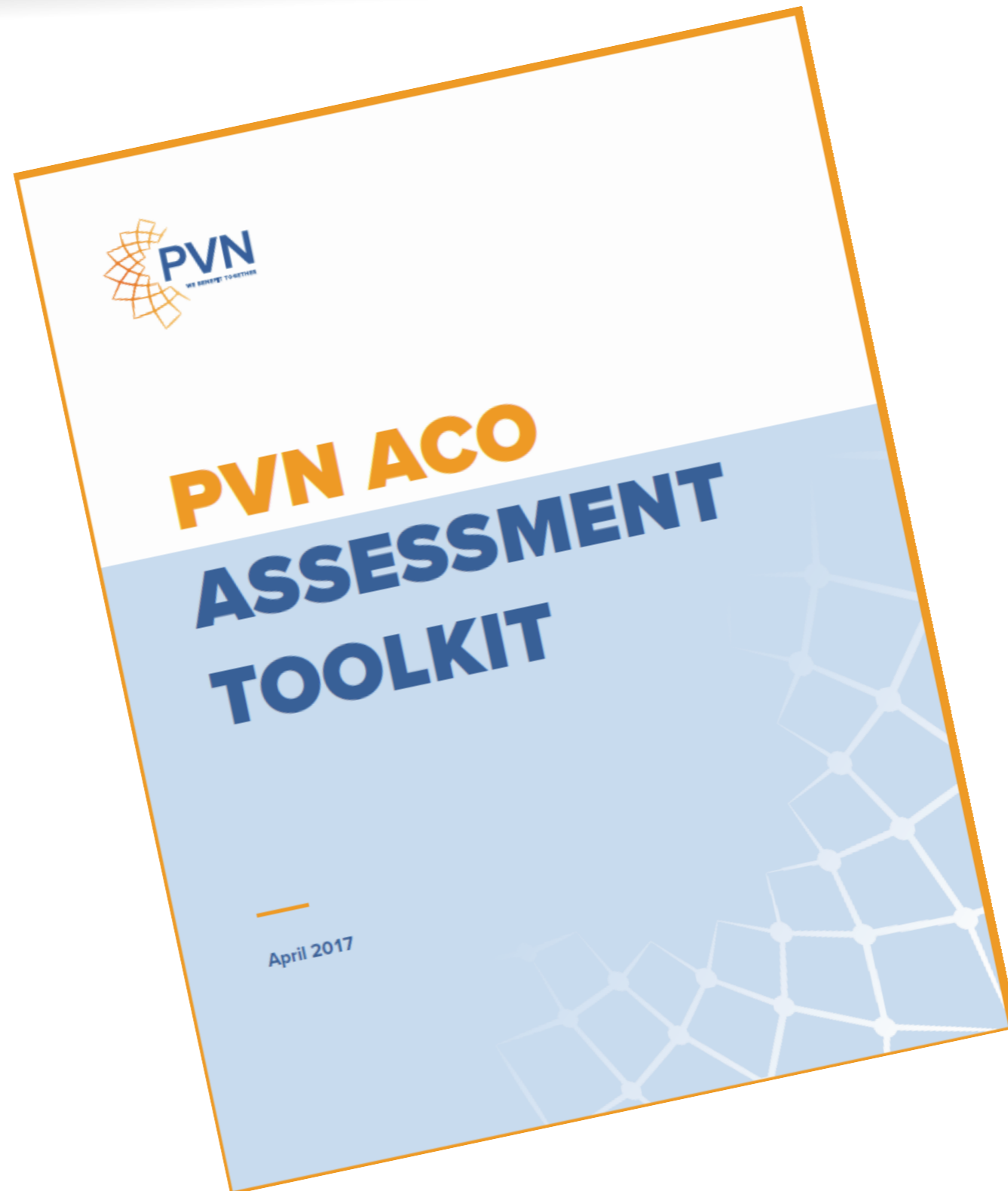
# So what are employers doing?

1. Using vendors
2. Working with delivery systems
3. Consumer/employee engagement guides
4. Publishing information
5. Promoting public transparency policies

# 1. Using transparency vendors


- 86% of senior executives in the largest firms say increasing price transparency is key to improving value in health care.
- Most effective when paired with meaningful quality measures.
- Unhappy with transparency tools currently available.

## 2. Working directly with delivery systems





1. Leadership and governance
2. **Member identification and engagement**
3. Provider engagement and feedback
4. Quality measurement and improvement
5. Care management and population health
6. Network management and financial model
7. Prescription drug management
8. Health IT, data integration, and reporting



## Promoting High Value Primary Care: An Action Guide for Employers

Strengthening primary care can provide a foundation for employer-driven efforts to **lower health spending, enhance patient experience, and improve population health outcomes.** The empirical evidence on the contribution of primary care to improved cost and quality outcomes in the United States is compelling.

Similarly, several employers have discovered that encouraging stronger relationships between patients and their primary care physician pilots that target enhanced access and delivery have yielded important lessons for other purchasers looking to lower costs and improve quality through primary care benefit design changes, provider payment reform, consumer engagement, and changes in public policy.

**1. Change your benefit design to encourage stronger relationship between patients and a primary care physician**

- Employers should encourage employees to select a primary care provider, or personal physician, even if they are in a PPO. Many employers already do this, and some are even mandating PCP selection at open enrollment. Beginning January 1, 2017, Covered CA is mandating that all members choose a PCP, otherwise one will be assigned to them by their health plan. Some health plans assign an actuarial value to this practice in fully insured products.
- In addition to encouraging PCP selection, employers should also create benefit designs that encourage PCP utilization.

# Questions to Ask When Choosing a New Primary Care Provider: Signals of High Value Primary Care

## E-access to records and care team

- Will I be able to see my medical record online?
- Can I message my doctor or care team through email/online portal?

## Team-based care

- Is there someone other than the doctor who can help me with tasks like refilling medications, learning about a condition, or managing a chronic disease?

## In-office procedures

- Can the doctor and care team do the following in the office: freeze a wart, inject a knee with cortisone, conduct women's health procedures, such as inserting an IUD?

## Population health management

- Will someone from the care team contact me to help remind me when screenings or regular blood tests are due before my next appointment?

## 24/7 access

- Is there a doctor, nurse or other person available to speak to me after hours? Does that person have the ability to access my medical record?

## Care coordination

- Do you have a method of staying informed when I receive care outside of the clinic, such as care received from the Emergency Department or specialists?

## Appointment access

- Do you hold appointments in your schedule every day for same day visits?

## Mental health services

- Do you have onsite counseling services to help patients who are experiencing stress or emotional problems, or ways to help patients with referrals to a counselor?



Search performance data by doctor's last name, practice address or specialty. Enter as much information as you know. It is not necessary to use all search options.

**Search for Doctors by Last Name:** ⓘ

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# 5. Working with Policymakers

Purchaser Lesson	Policy Implication
<p>Changing consumer incentives is a complement to—not a substitute for—changes in provider incentives.</p>	<ul style="list-style-type: none"> <li>• Relying primarily on HDHPs is not an adequate strategy for reorienting the U.S. healthcare system toward value. Federal programs must continue to test and spread innovative provider payment models in addition to consumer financial incentives.</li> </ul>
<p>Cost-sharing reductions for high-value services for specific patients with chronic conditions can be effective in improving care and reducing the total cost of care.</p>	<ul style="list-style-type: none"> <li>• Allow employers and insurers to reduce or waive consumer cost-sharing requirements in HDHPs if the beneficiary is accessing high value services.</li> <li>• Allow Medicare Advantage plans more flexibility to experiment with VBID for patients with chronic conditions.</li> </ul>
<p>Good information on price, quality, and patient experience is essential to enable consumers to choose high-performing providers and evaluate treatment options.</p>	<ul style="list-style-type: none"> <li>• Ensure health plan enrollees (starting with those in the exchanges, and FEHBP) have meaningful and useful quality information and price calculators that include plan- and provider-specific, total costs and expected out-of-pocket costs for common inpatient and outpatient procedures and conditions.</li> </ul>
<p>Good information on price, quality, and patient experience is essential to enable employers and insurers to design value-based insurance offerings.</p>	<ul style="list-style-type: none"> <li>• Support the creation of aggregated databases that pool data from various sources, including clinical data from providers and hospitals as well as insurance claims data, to provide information regarding aspects of quality, efficiency, and price. Data collection and reporting standards and processes should be harmonized across states in order to minimize the administrative costs of data reporting for providers and insurers.</li> </ul>

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