SMARTER HEALTH CARE COALITION: WHO WE ARE

Mission

• Enhance the overall patient experience, focusing on integrating benefit design innovations and consumer/patient engagement within broader delivery system reform in order to better align coverage, quality, and value-based payment goals

Background

• Research and momentum sparked by Professor Mark Fendrick of the University of Michigan, Director of the Center for Value Based Insurance Design and Professor Mike Chernew of Harvard Medical School

Members

• Broad-based and diverse group of health care innovators, including health plans, life science companies, employer groups, provider-related organizations, trade associations, academia centers and professors, foundations, and consumer groups
CURRENT INITIATIVES: MA-VBID DEMONSTRATION

- Coalition supported efforts that advanced a VBID demonstration in Medicare Advantage to begin in 2017
- Model seeks to evaluate whether offering clinically nuanced VBID benefit designs in MA plans would lead to higher quality and more cost-effective care for the targeted enrollees

Benefit Design Structure

- Reduced cost sharing for high-value services
- Reduced cost sharing for high-value providers
- Reduced cost sharing for enrollees participating in DM or related programs
- Clinically targeted supplemental benefits
Currently, HSA-HDHPs are restricted from covering services prior to a minimum deductible being met unless those services fall within a “preventive care safe harbor”

Safe harbor narrowly defines prevention, making it difficult for those with chronic conditions to access appropriate care that would allow them to better manage these conditions and prevent further exacerbations and progression.
BROADER COALITION EFFORTS

- Modernizing the regulatory infrastructure to align with new models and approaches
- Aligning benefits with the delivery system and expand access to non-health services in line with VBID principles
- Advancing population health while addressing the needs of sub-populations and specialization in model attributes
- Providing flexibility in APMs including ACOs to engage people/patients more effectively in how they choose and access care

High quality, high value care

Address regulatory barriers to enable higher value health care
Attain and maintain good health
By adhering to treatment, accessing health and non-health services, etc.

Smarter Health Care

Provider

Payer

Patient engagement to understand value

Innovations in coverage and benefit design

Alternative payment and value-based contracting
INTEGRATING “CARE CONSTELLATIONS” – PARTICULARLY FOR THOSE WITH COMPLEX CARE NEEDS

Need better coordination and alignment both within and across care settings

Acute Care
- Primary care
- Specialists
- Pharmacy
- Diagnostics
- Hospitals

Post-Acute/Long Term Care
- IRFs
- SNFs
- LTCHs
- HHAs
- ALFs/Other housing

Advanced/End of Life Care
- Advanced illness
- Palliative Care
- Hospice