## Dallas-Fort Worth Business Group on Health 13<sup>th</sup> Annual Benefits Forum

### Value in Payer/Provider Partnerships

November 29, 2017

### Texas Health aetna

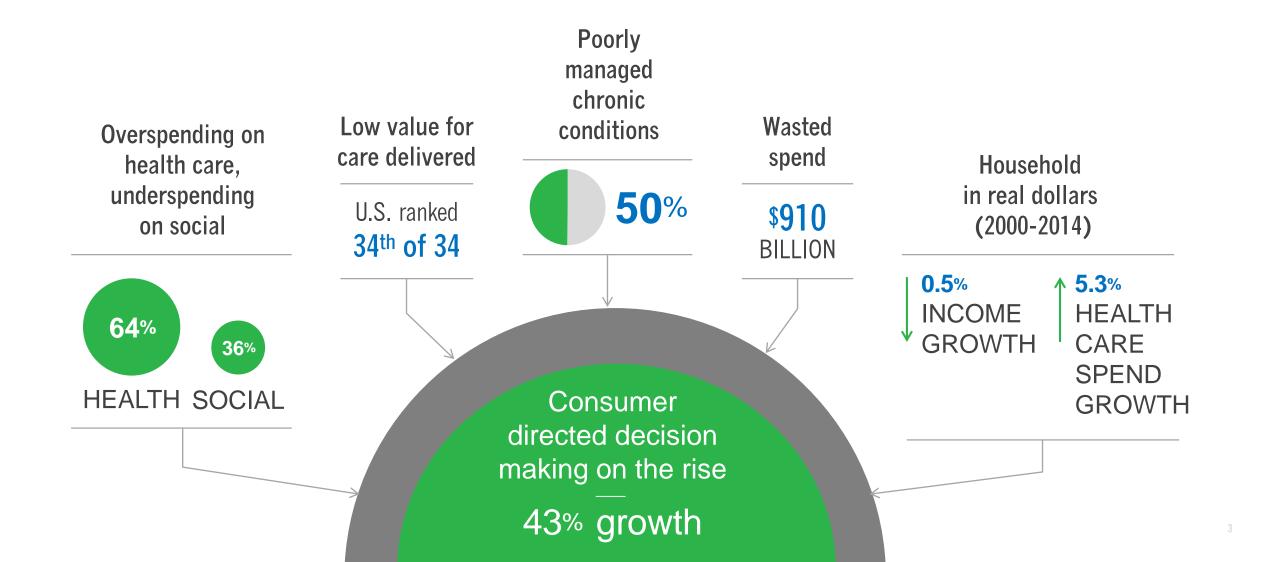
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## Today's agenda

| Time      | Торіс   | Presenters        |
|-----------|---|-------------------|
| 8:10      | Welcome and<br>Introductions  | Marianne Fazen    |
| 8:10-8:20 | Define payer/provider<br>joint venture and<br>employer value<br>proposition | Jeff Cook         |
| 8:20-8:30 | Patient experience and clinical model                                       | Dr. Delanor Doyle |
| 8:30-8:40 | Top employer health care challenges and solutions overview                  | Brian Dickerson   |
| 8:40-8:50 | Panel discussion/Q&A  | All               |

## We Can Do Better



## **Solving for Fragmentation and Confusion**

Dallas / Fort Worth is a fragmented market with care that is not well coordinated across the care continuum

#### Most members in this market are not part of a coordinated care continuum

**38%** unattributed to a PCP in last 2 years

**25%** are attributed to small independent practices

## Lack of coordination results in unnecessary admissions and worse outcomes

**37%** more admissions than well-managed benchmarks

**5%** more admissions than loosely managed benchmarks

#### High total costs at \$445 avg pmpm

The health plan that can provide a simple, coordinated care experience will win.

#### Our clinical model is:

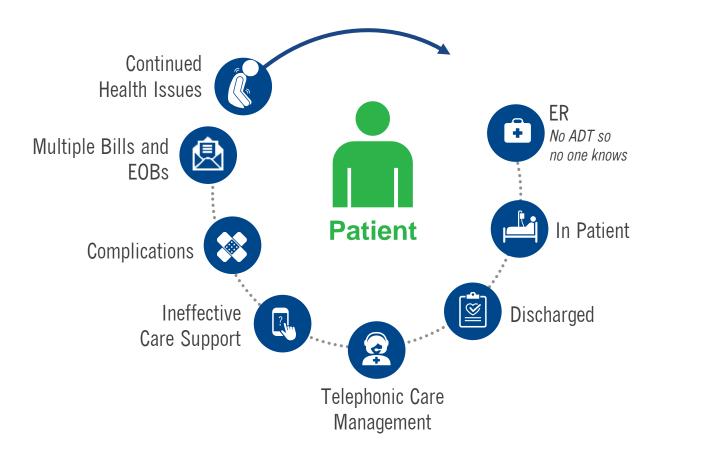
Convenient to access

Connects my care for a holistic view of my needs

#### **Creating:**

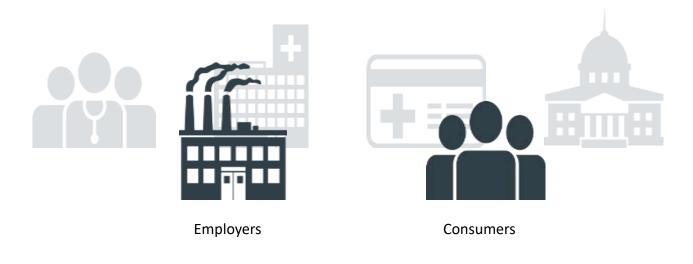
Simplicity Affordability Convenience Connected Care

## Today in the DFW Market...



High Cost, Complex, Fragmented Care

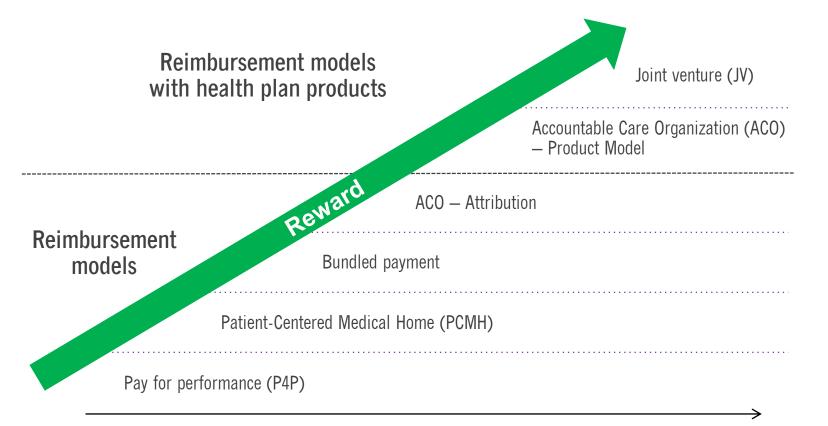
## Bottom-line: The market is prime for disruption by traditional and non-traditional health care organizations that are able to deliver better value.



Competition at the wrong level has been exacerbated by the pursuit of the wrong objective: reducing cost...The right goal is to mprove value (quality of health outcomes per dollar expended).

Michael Porter, 2004

## A range of options for cost-effectiveness - based on balancing risk and integrated care



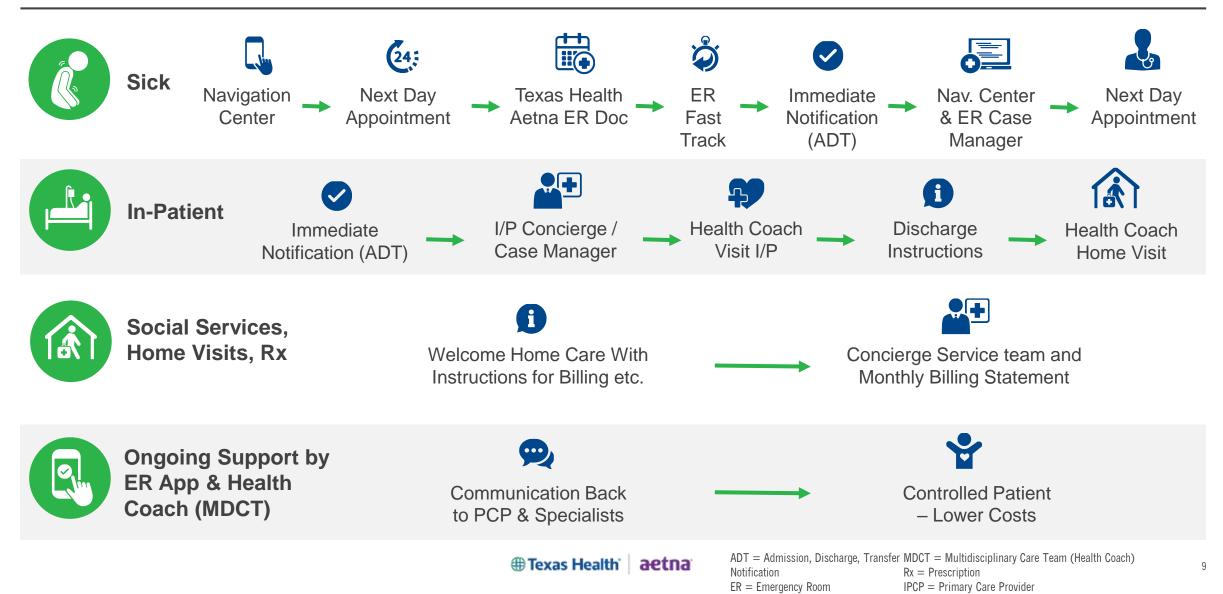
Risk

### **Best of both worlds**

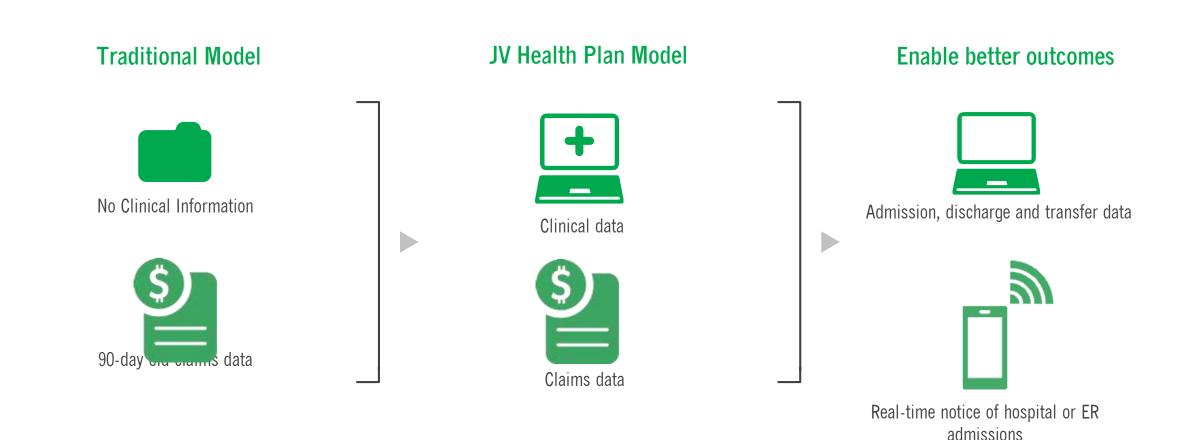


Local, clinically integrated delivery system focused on local population health Major health plan with national presence, emerging capabilities and investment in local market A new, local health plan hyper-focused on delivering quality, affordable care to consumers

## End-to-end care continuum coordination (health plan + health system)



### **Predictive analytics from clinical and claim data**



## **Integrated clinical care**

#### Local ground coordination:

#### • Hospital admissions

Case managers and social workers to guide patients through their inpatient stay

#### • Outpatient transitions

Social workers, nurses and interdisciplinary care team to ensure seamless patient discharge via in-home assessment and accommodations

#### • Emergency room avoidance

Efficiencies to help members avoid the ER or help them transition to next-day appointments

#### • Local ER Physician virtual care and texting

24/7 access to simple care, prescription needs and care navigation

#### • Multi-disciplinary care teams

Utilizes professionals of various clinical backgrounds for intense care coordination in the home or inpatient setting or where most strategic or convenient for the member



## Holistic care teams focused on those most at risk

Our care teams can focus on the top **5%** of patients that generate more than **50%** of costs.

We provide on both clinical care and in home social assessments and accommodations.

## Personalization through data and analytics



## 24/7 Care Connection

 $\left( \begin{array}{c} \cdot & \mathbf{J} \\ \cdot & \cdot \end{array} \right)$ 



Male | DOE 1/19/1979 | Age 38

with my leg and lim hoping you can help

Of course, 7m Dr. Lawrence Hum, and thet'swhat I'm here for-what's going on with

Well, I noticed it was starting to hurt a couple days ago, but I thought it was because I was standing a lot. It's hurting more today and it's red and swollen.

It's my left lower leg, below my knee. I noticed it's worse today and that's why I

Sean Cain

me.

your leg?

Sean Cain

Sean Cain

contacted you.

AUG 8TH 2017

## City of Fort Worth / Southwestern Health Resources Partnership

Brian Dickerson, Director of Human Resources, City of Fort Worth



## **City of Fort Worth Challenges and Goals**

#### Multi-year health care challenges include:

- Average annual trend exceeded +6% for several years creating a shortfall in the healthcare budget and financial strain for the City.
- Excessive stand-alone emergency room usage 1/3 encounters were unnecessary
- Utilization of primary care is too low.

#### Goals include:

- Find a sustainable balance for employees, retirees and the organization
- Premium costs that are affordable and sustainable
- Provide employees and retirees with a high level of care that will keep them safe and healthy

#### **2018 and forward solutions include:**

- Plan choice Health Center and Consumer Choice HSA
- Construct three clinics and develop five more virtual clinics fully staffed/same-day/next-day appointments
- Primary care is free for Health Center Plan enrollees, and low cost for Consumer Choice HSA
- Tiered physician network
- Communication and mandatory enrollment

## City of Fort Worth & Southwestern Health Resources Partnership

|                                | Features  |
|--------------------------------|---|
| Health Center                  | <ul> <li>Three DEDICATED health centers supplemented by satellite clinics</li> <li>Able to rapidly grow access to City members at all SWHR primary care clinics and CVS clinics (not free to members)</li> <li>Meet metrics of same/next day sick visits, 5-minute wait times, patient satisfaction, etc.</li> <li>3% escalator per year</li> </ul> |
| Pricing Considerations         | <ul> <li>Texas Health branded hospitals, Ambulatory Surgery Centers and radiology centers</li> <li>Will make THR a low cost referral destination for City of Fort Worth</li> </ul>  |
| Utilization Management Savings | <ul> <li>Integrated population health management featuring care management, disease management, navigation analytics</li> <li>Range based on 50-100% clinic plan intake</li> <li>Guaranteed savings in excess of utilization saving will be paid to City of Fort Worth at the end of plan year (verifiable through UHC)</li> </ul>                  |

# Thank you