Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

Value-based contracting and health management overview

State Employees Health Plan Task Force Presentation

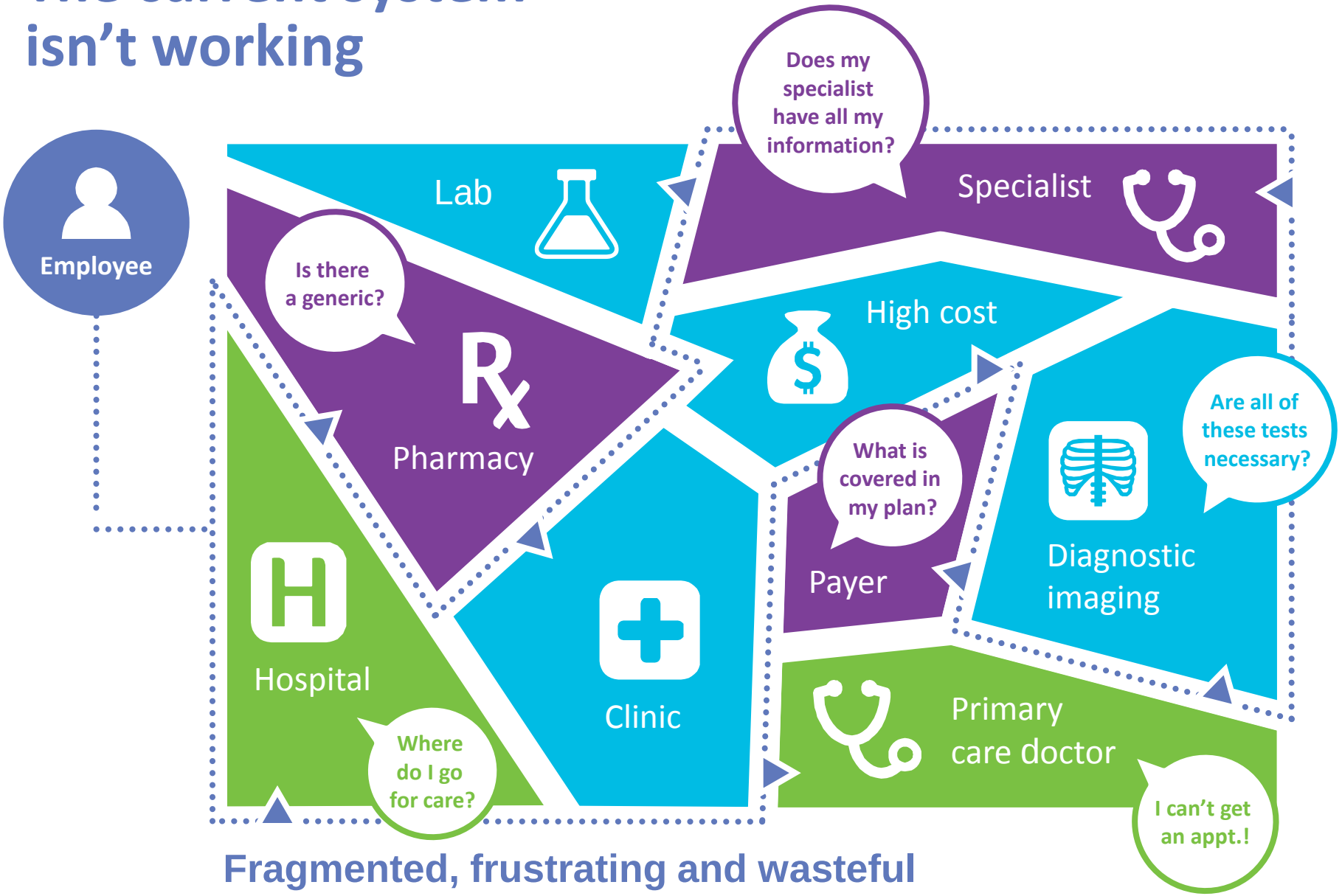
October 8, 2015

90.25.147.1 (4/15)

Today's conversation

- Value based contracting
- Health and disease management
- Member payment estimator

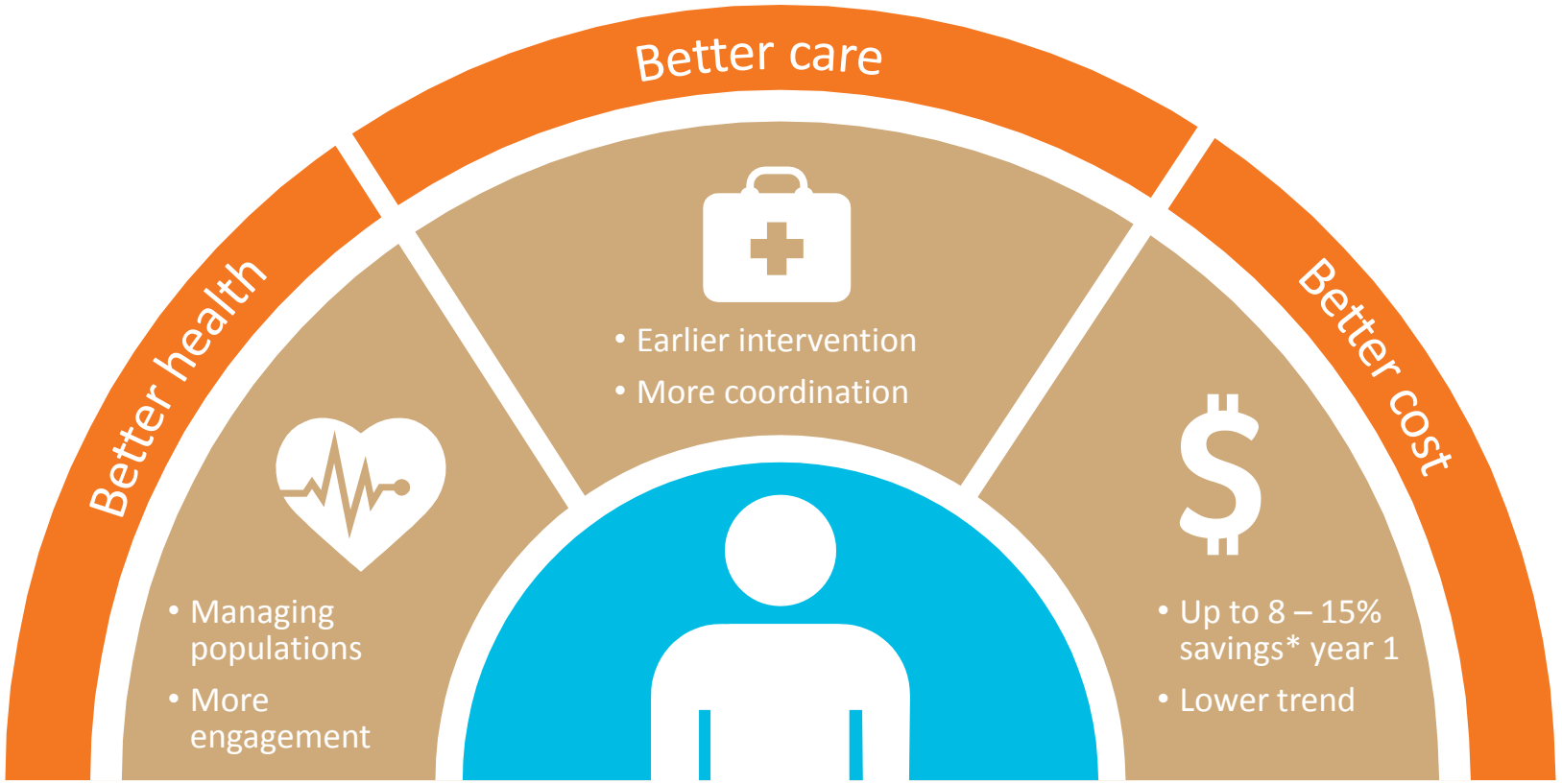
The current system isn't working



Fragmented, frustrating and wasteful

Our vision of transformation

Building a healthier world by paying for **value** not volume

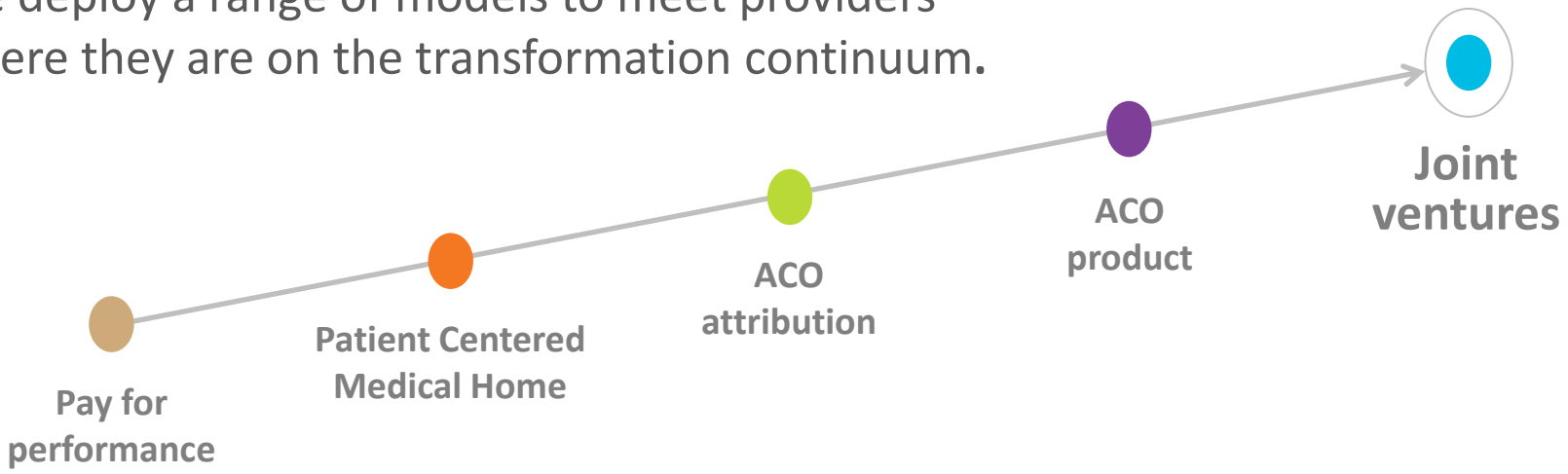


*Actual results may vary since they depend on a variety of factors including ACO plan model.

Our goal: transform to a value-driven health system

Across the country, Aetna has 28% of spend in value-based models. We plan to surpass 50% by the end of 2018 and 75% in 2020.

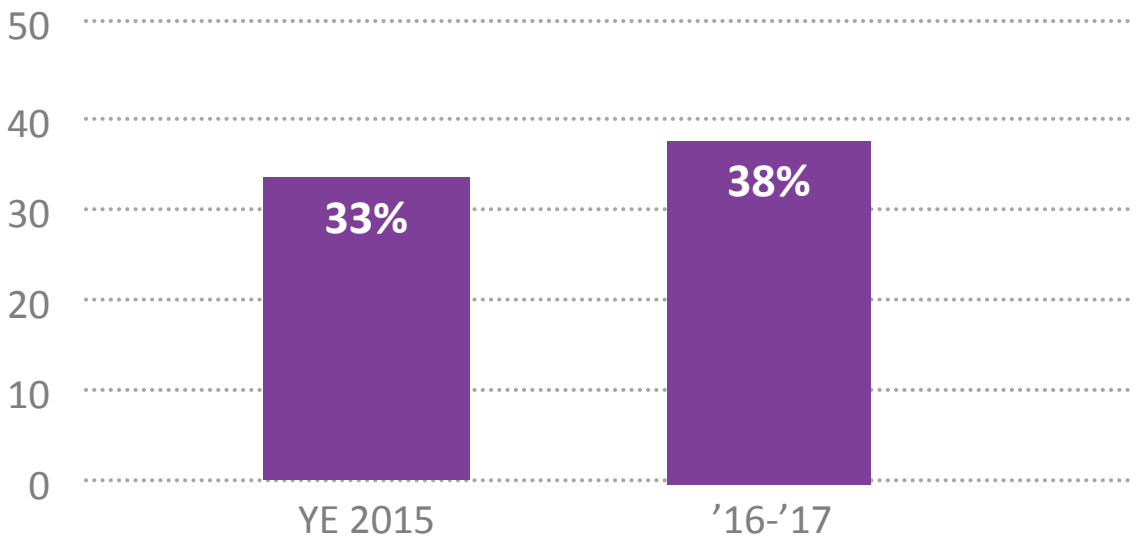
We deploy a range of models to meet providers where they are on the transformation continuum.



Value-based contracting penetration in Delaware

% of spend under value-based contracting

(Current projections)



As a point of comparison for 2015, VBC % of spend in the Philadelphia Metro area is 69%

Our ACO results are transformational

5%
reduction in medical trend (Banner)[1]

50%
fewer impactable bed days (Carilion)[2]

22%
reduction in high-tech radiology use (Memorial Hermann)[2]

28 – 64%
Increase in patients reaching goals for blood pressure and cholesterol levels (NovaHealth)[3]

For the second year in a row, providers recognized Aetna for its flexibility in accountable care collaborations. Praised as durable, versatile and agile, and cited for giving providers the ability to explore new paths with confidence.

– KLAS ACO Payers 2014 Report
Leading healthcare IT research

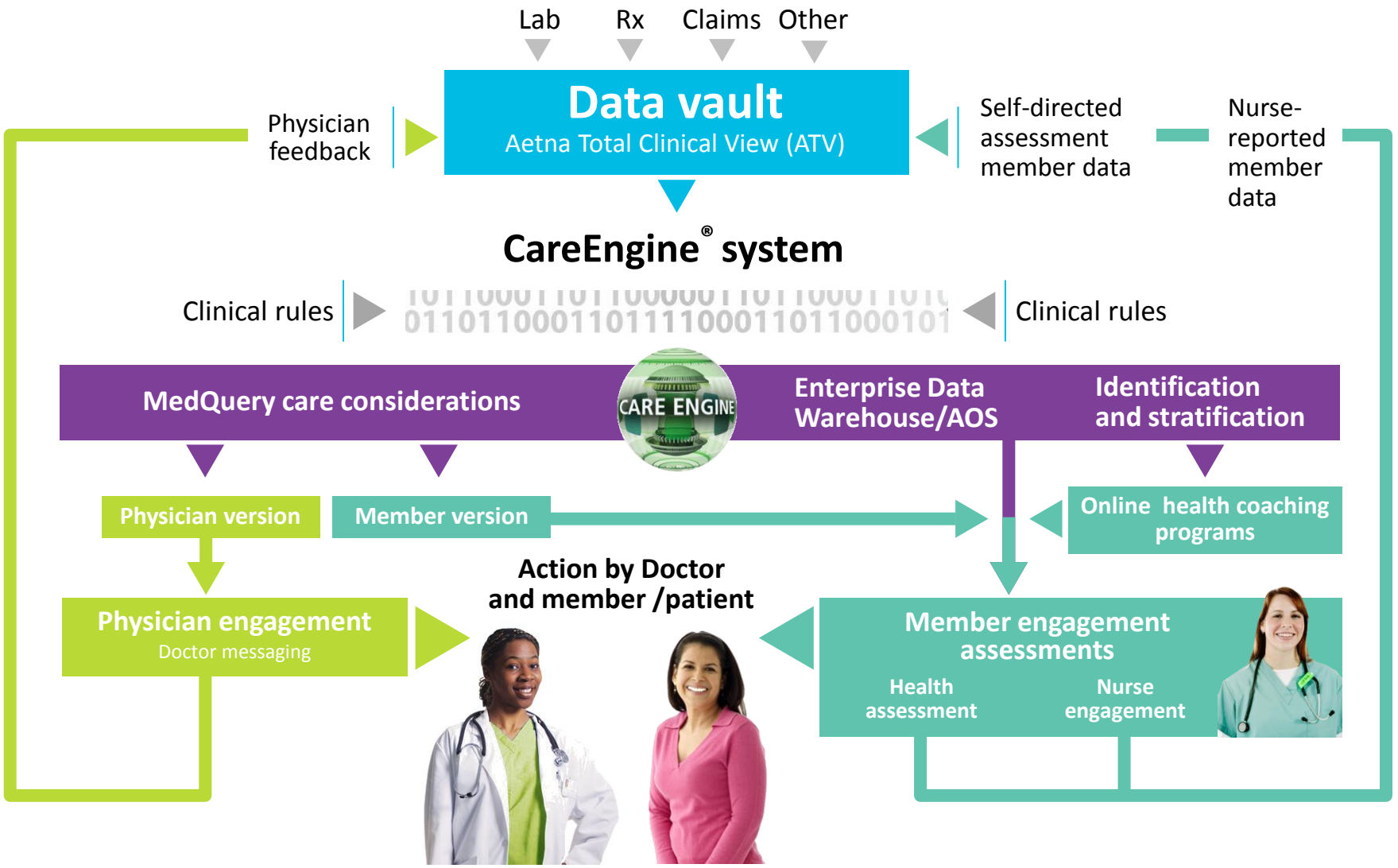
[1] https://news.aetna.com/news-releases/lower-costs-more-proactive-care-in-aetna-and-banner-health-network-accountable-care-collaboration/
[2] Aetna analytics, 2013 costs
[3] "Payer-Provider Collaboration in Accountable Care Reduced Use and Improved Quality in Maine Medicare Advantage Plan," Aetna and NovaHealth, Health Affairs, Volume 31, Number 9, September 2012

Supporting your health and wellness objectives

We offer a variety of programs that support health, disease management and member engagement

- Aetna Health Connections Disease Management and Patient Safety programs
- Aetna Healthy Coaching
- Member Payment Estimator

Technology is central to our approach



Disease management program flow

Active monitoring with nurse engagement

Identification and stratification

Aetna Opportunity Score validates disease conditions and assigns a health improvement opportunity score to the member

Engagement

Members assigned to program engagement levels aligned with their needs

Opportunity to improve care

Member needs assessed by nurse, addressing identified gaps in care

Actions

Nurse uses “whole member” approach. Actions tailored to member needs

Plan sponsor reporting

Collect results – activity and outcomes

Evidence that disease management works

Improvements

in clinical measures for Disease Management program members

with vascular conditions:

7.6% **increase** in use of lipid lowering agents

7.9% **increase** in cholesterol monitoring

5.9% **increase** in appropriate use of aspirin or platelet inhibitors for nurse engaged members

Improvements

in clinical measures for Disease Management program members

with diabetes:

15.4% **increase** in retinal eye exam

6.1% **increase** in HbA1c monitoring

9.2% **increase** in kidney disease screenings

6.7% **increase** in use of ACEI/ARB in Diabetic Nephropathy

Source: Aetna DM Clinical Outcomes Report for clinical outcomes reporting period January1 - December 31, 2013.

Holistic coaching to meet wellness goals

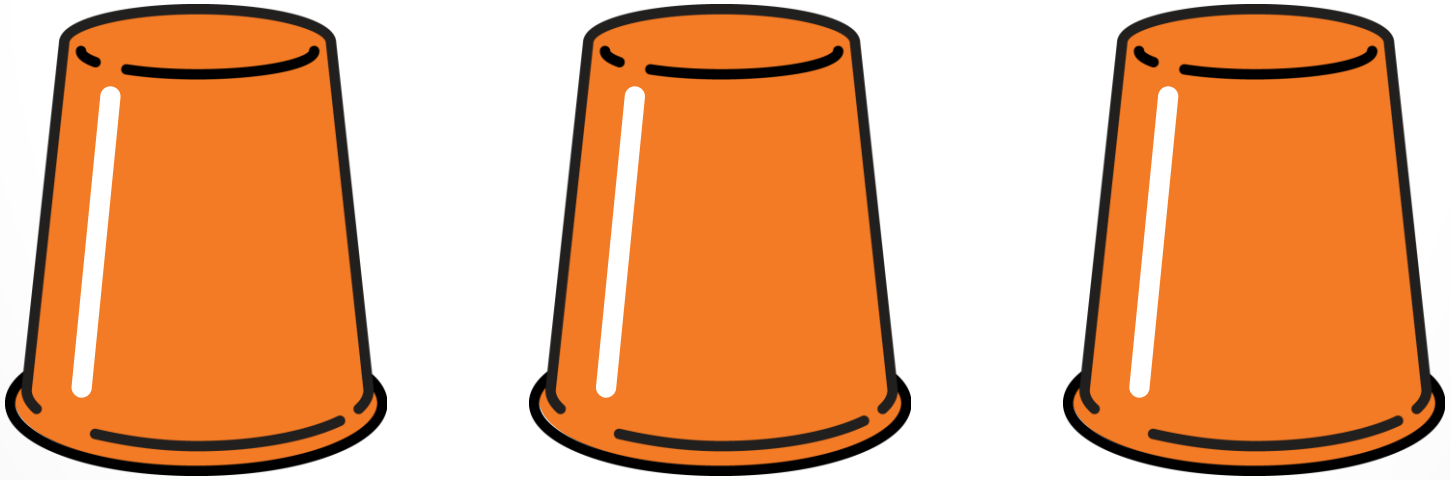
Healthy Lifestyle Coaching (HLC)
Coaching model empowers employees and inspires behavior change

Includes: Tobacco cessation, weight management, stress management, nutrition/healthy eating ,physical activity and well-being/preventive health.

Consumerism - seeing is “saving”

We provide full transparency to real-time access to key information

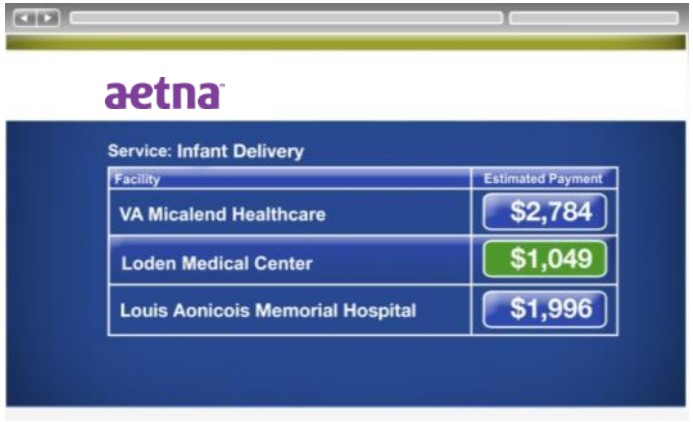
- Direct, open self-service
- Clear comparisons of cost and care
- Benefit details specific to the State of Delaware plans



The power of health in members' hands
Understanding what to do is the first step

The power to choose wisely

- Average $170 savings for members using **Member Payment Estimator** (MPE)*
- Real-time cost estimates based on the member's health insurance and benefits plan
- Compares up to 10 in-network doctors, hospitals, or facilities at a time for over 550 common services and procedures



MEMBER PAYMENT ESTIMATOR

Offering important health information, however and wherever members need it, to help them make smart decisions

Example: Member needs an MRI

Select the type of service needed

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Example: Member needs an MRI

Your actual out-of-pocket expenses by provider

Start a New Search

Check Coverage & Benefits

View Hospital Quality Information

We are here to help

ASK A QUESTION

E-mail us

More contact options

Estimate what you'll pay for health care

Cost Estimate

Print Estimate

This estimate is for: SUBSCRIBER
Date of Estimate: 04/10/2013 02:33 PM
Service: **MRI of the Lower Back without Contrast (Dye)**

MRI of the Lower Back without Contrast (Dye). This includes both the scan and reading of the MRI -- if both are done onsite. Some facilities send scans elsewhere to be read. This results in an extra cost. Please contact the facility for more details.

Facilities Near 10001:

How did we select these Facilities?

Facility	Facility Type	Distance	You Pay
Provider Name Provider Address 1 Provider Address 2 Provider City, State Zip Phone: (999) 999-9999 Facility Details	MRI Center	xxxx mi Map	**$2,018.00** Cost Details
Provider Name Provider Address 1 Provider Address 2 Provider City, State Zip Phone: (999) 999-9999 Facility Details	Radiology Center	xxxx mi Map	**$671.00** Cost Details
Provider Name Provider Address 1 Provider Address 2 Provider City, State Zip Phone: (999) 999-9999 Facility Details	Radiology Center	xxxx mi Map	**$768.00** Cost Details
Provider Name			

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Thank you

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