

The New Health Care Consumer

Engaging Consumers in Decision-Making

Amy Downs

December 5, 2014



Three Takeaways

- Consumers have more choices regarding their health insurance and care.
- Consumers need transparent information and options to make decisions that maximize value.
- We are still learning how to engage consumers in health care and coverage decisions.

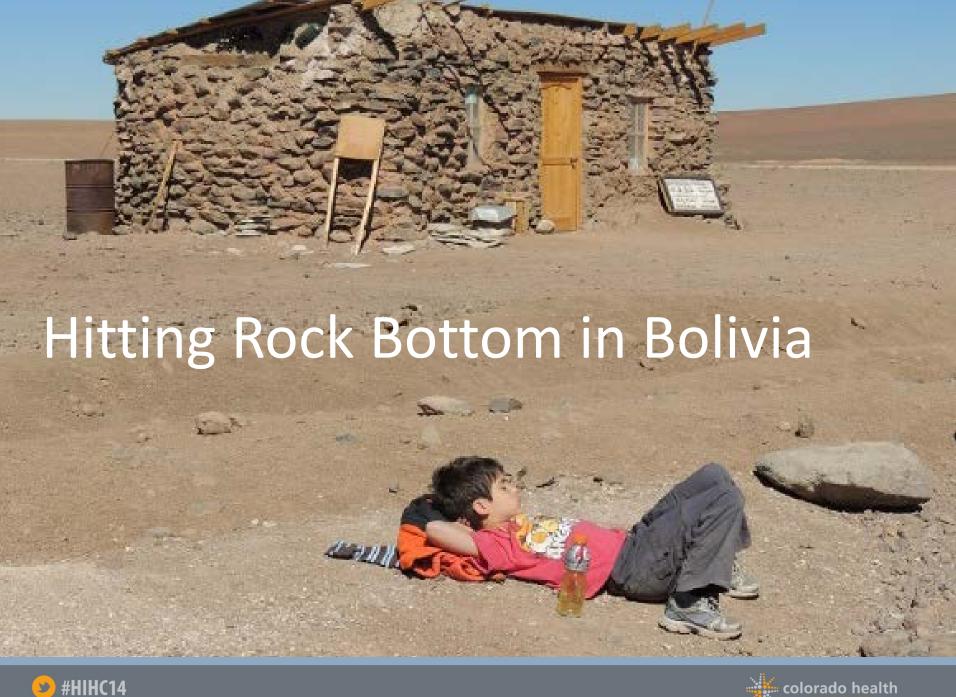


















The New Retail Market

Traditional Market

Retail Market

Limited platform for comparison

Creation of exchanges for comparison

Passive employers, price insulated employees

Greater employer engagement, price sensitive employees

Defined benefit

Defined contribution

Disruptive for employers to switch plans

Individuals can switch plans seamlessly

Lower deductibles

Higher deductibles

Broad provider networks

Narrow provider networks



Trend #1:

From Limited to Expanded Tools for Comparison

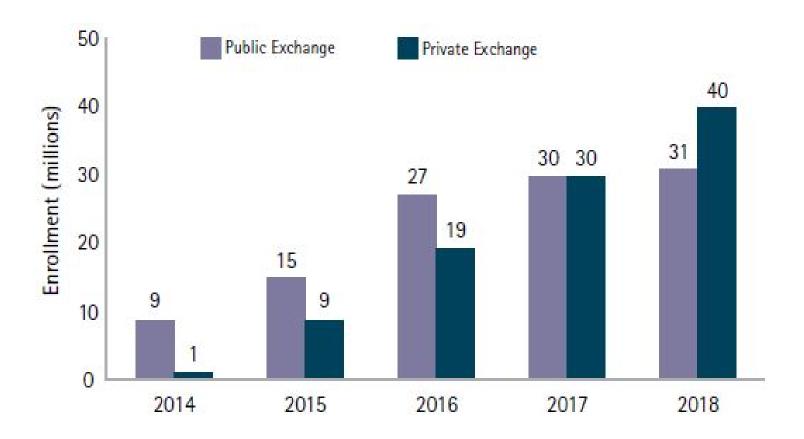








Exchange Projections: 71 Million People By 2018



SOURCES: Congressional Budget Office, Accenture





Trend #2:

From Defined Benefit to Defined Contribution



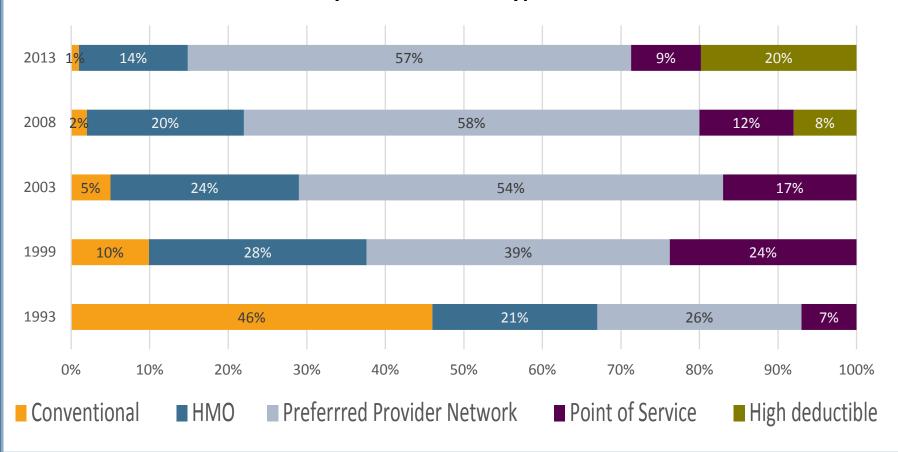
Defined Benefit



Trend #3:

From Price-Insulated to Price-Sensitive Employees

Enrollment by Insurance Plan Type, U.S., 1993-2013



Trend #4:

From Broad to Narrow Networks



Are Consumers Ready?

72%

of retail healthcare consumers are most concerned about affordability

less than 30% are willing to change care settings or

doctors to save costs

NEW DOCTOR

SOURCE: 2012 Accenture Healthcare Consumer Survey

Transparency is the First Step, But It's Not Engagement



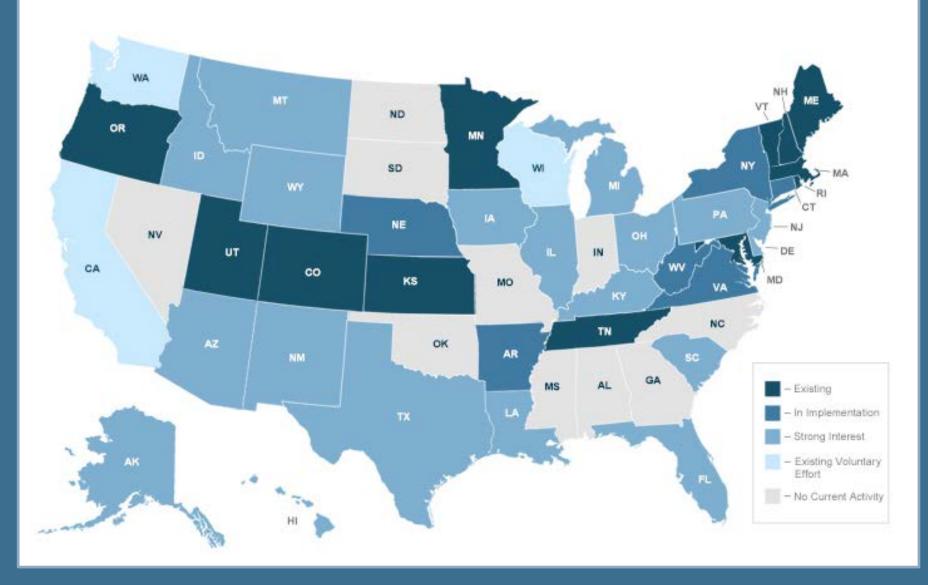
SOURCE: 2012 Accenture Healthcare Consumer Survey







A National Trend: All Payer Claims Databases







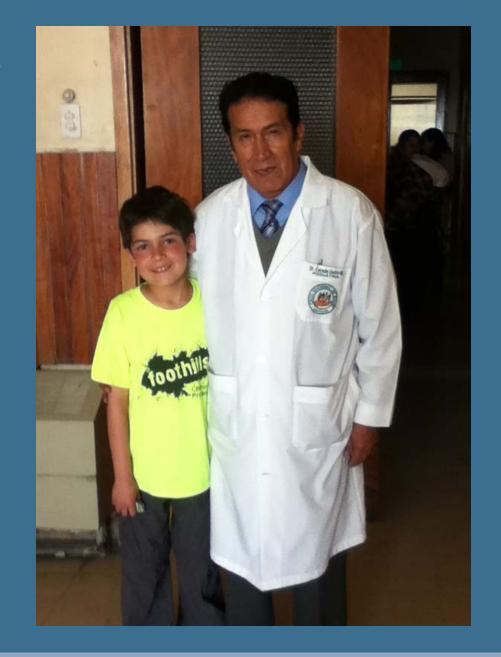
How Much was Nathaniel's Hospital Bill?

A. \$10



B. \$150

C. \$1,000



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- Consumers have more choices regarding their health insurance and care.
- Consumers need transparent information and options to make decisions that maximize value.
- We are still learning how to engage consumers in health care and coverage decisions.









Amy Downs

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The New Health Care Consumer: Engaging Consumers In Decision-Making

Hot Issues in Health Care April 11, 2014

Higher Quality. Lower Cost. A Healthier Colorado.

Who We Are



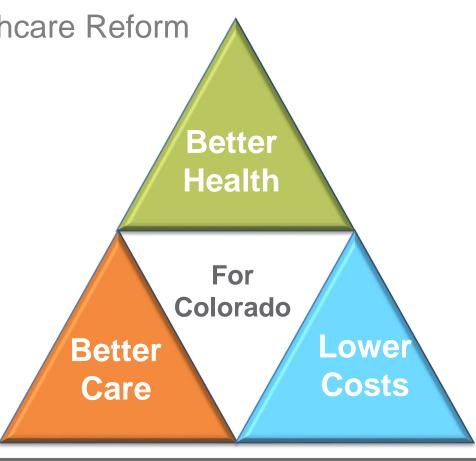
Non-profit, non-partisan organization

Founded through recommendation of Blue Ribbon

Commission on Healthcare Reform

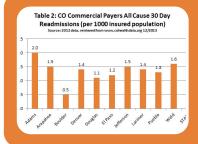
and Governor's office

• Triple Aim Mission:



How We Do It





DATA

 We administer the Colorado All Payer Claims Database, the state's most comprehensive source of health care cost, quality and utilization claims data.



CONSULTING

 We unlock information and insights that guide how health care gets delivered, used and paid for.



CONNECTING

 We bring together organizations and individuals who share our cause, to design and drive collective change.

Who We Do It For







The APCD... is here and its available

So...

how do we collectively make the best use of it to effect positive health care change?



By making it accessible!

(As long as it is appropriate, efficient, value-added, and within privacy/security guidelines)



Why an All Payer Claims Database?

Consumers...



"How much will my knee MRI cost and what are my best options?"

Clinicians and Facilities...



"How do I compare to my peers and demonstrate value?"

Businesses...



"Which health plan provides the best value providers for our premium?"

Legislators and Policy Experts...



"How do
spending and
utilization
compare between
regions?"



Basic Categories of APCD Uses

- Free public site with aggregated county/state-level data
 - Of interest to policymakers, researchers, communities
- Free public site with comparative price/quality info
 - Of interest to consumers, employer purchasers, payers
- Non-public datasets and custom reports
 - Of interest to providers, purchasers, researchers, policymakers



Home

Medical Service Prices State Costs & Utilization

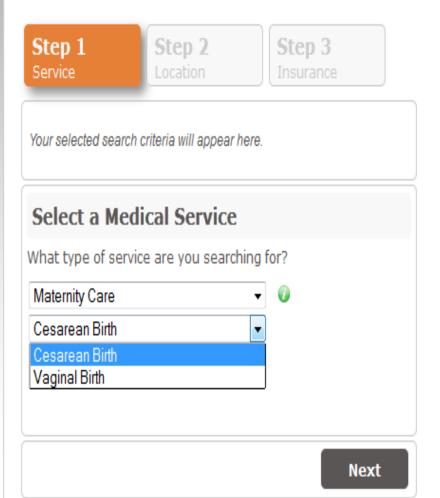
About CIVHC



POWERED BY TREO 3M

Find Prices for Medical Services

Search for comprehensive prices for select hospital-based services.



Find Costs and Utilization by Geography

Search for health care costs and utilization of services by county and ZIP Code 3.

Choose one of the most viewed selections.

- Total Cost of Care (TCC)
- TCC Compared to Expected (C2E)
- Percent Generic Scripts
- 30 Day All Cause Readmissions (per population)
- ER Visits
- Diabetes Prevalence
- Asthma Prevalence
- Illness Burden

Total Cost of Care

represents the total dollars paid for all health care services received by an individual such as hospital, clinic, physician visits, and prescription costs. Amounts paid by both the insurer and by the individual in the form of copays, deductibles and other cost sharing mechanisms are included. The results are displayed as a total dollars per person for the year. The rate represents the population living in that geography, not where the services were received.





View Map

View Report

View all Maps or Reports



Montezuma

La Plata

Archuleta

Home

Medical Service Prices State Costs & Utilization

About CIVHC





Maps Reports Resources Filter the Claims Data: **Display Results:** Select criteria below to filter the data from the APCD. Select how you would like the results displayed. Type of healthcare metric: Type of payer data: Show data for: View by: Show metric as: \checkmark All Current Payers Total Cost of Care (TCC) County V Actual value What's this? What's this? 2009 2010 2011 2012 What's this? % change from previous year Click on up to three areas on the Map below, for detailed reporting. Data Sheet Export Counties selected for reports: Map Sedgwick + No areas selected. Logan Jackson Larimer Moffat Phillips Weld Routt Create Report Morgan Ħ Summit Help Total Cost of Care: \$3,117 Yuma Rio Blanco Washington All Current Payers Index for Total Cost of Care: Adams Compared to Expected (C2E) Total Cost of Care C2E: 39 % Completeness Score (C-score) Arapahoe Eagle County Garfield Index Total Cost of Care (TCC) Douglas Kit Carson Elbert Pitkin Lake Legend Park Mesa Lincoln Total Cost of Care Teller Delta Dollars Per Person Per Year El Paso Cheyenne Chaffee Gunnison Less than \$2,400 Fremont Kiowa Montrose \$2,400 to \$2,600 Crowley Pue blo \$2,600 to \$2,800 Ouray Custer Saguache \$2,800 to \$3,000 San Miguel Bent Prowers Otero \$3,000 to \$3,500 Dolores Sán Juan Huerfano Greater than \$3,500 Rio Grande Alamosa No Data

Las Animas

Costilla

Conejos

Baca

Colorado All Payer Claims Database

Home

Maps

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Resources

About CIVHC

CIVHC POWERED BY 75 TREO

Export

ADMINISTERED BY

Filter the Claims Data:

Select criteria below to filter the data from the APCD.

Type of healthcare metric: not applicable for reports

Type of payer data: Private Insurer Only ▼ What's this?

Male

1 - Child (0-17)

Show data for: 2009 2010 2011 2012 **Display Results:**

115%

28%

\$3,437

\$2,815

Select how you would like the results displayed.

Eagle

View by: County What's this? Selected Areas: Denver Summit

modify

95%

72%

\$2,381

\$1,693

Report

Download Data

Category:

Total Cost of Care ▼

Total Cost of Care Total Cost of Care Trend Graph



Snapshot Reports

Total Imaging Services



Report Filters

Comparative

Compared to Expected (C2E) ▼

man a s	Cost of Care	
	Comme me Comme	
1 1 1 2 1 1		
LOLGII	COSL OI CAIC	

	De	nver	Ea	agle	Su	mmit	State	
Completeness Score	C4 0.75		C2 0.69		C2 0.74		C2 0.78	
Illness Burden Score								
	Actual	C2E Dollars	Actual	C2E Dollars	Actual	C2E Dollars	Actual	
▼ Dollars Paid Per Person Per Year								
Total Cost of Care	\$2,383	3%	\$3,728	90%	\$3,834	73%	\$2,700	
Inpatient Facility Cost	\$369	9%	\$696	138%	\$786	124%	\$490	
Outpatient Facility Cost	\$573	2%	\$1,142	126%	\$1,017	78%	\$709	
ER Facility Cost (subset of Outpatient Cost)	\$164	6%	\$136	4%	\$192	39%	\$157	
Professional Cost	\$786	7%	\$1,390	109%	\$1,541	109%	\$881	
Ancillary Cost	\$113	23%	\$113	40%	\$107	14%	\$112	
Rx Cost	\$542	-8%	\$387	-10%	\$382	-20%	\$508	
% Generic	30%	1%	31%	-5%	30%	-9%	31%	
▼ Dollars Paid Per Person Per Year by Gender/	Age							
Female	\$2,717	3%	\$3,767	70%	\$4,286	56%	\$3,010	
1 - Child (0-17)	\$1,466	11%	\$1,734	43%	\$2,097	2%	\$1,380	
2 - Young adult (18 - 34)	\$2,279	5%	\$3,040	63%	\$4,037	76%	\$2,478	
3 - Mature adult (35 - 64)	\$3,512	1%	\$4,922	77%	\$5,064	58%	\$3,957	

4%

16%

\$3,697

\$1,662

\$2.037

\$1,805

A pound sign [#] indicates that the data for this metric is not currently available.

A dash [-] indicates that the index was not calculated due to suppression of the value.

Importance of Price Transparency for Consumers

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What if you knew how much health care services actually COST?







Initial Release CO Medical Price Compare

- Started with elective hospital procedures
- Price/Quality information for four inpatient services:
 - Vaginal Birth
 - Cesarean Birth
 - Hip Replacement
 - Knee Replacement



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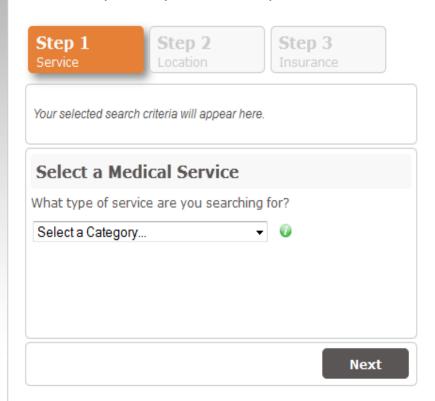






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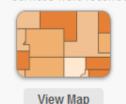
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View all Maps or Reports

How to Use this Website

This website provides transparent price, quality, cost of care and utilization information across Colorado.

Where Does this Data Come from?

The information on this website comes from claims data submitted to the Colorado All Payer Claims Database (APCD) by health insurance plans. The CO APCD currently

New Insights & Testimonials

Letter of Commendation for CO Medical Price Compare

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POWERED BY TREO 3

Start > Search Results

Search Criteria

Vaginal Birth; University of Colorado Hospital (80045); Private Insurance

Search Again

Vaginal Birth

Note that Saint Joseph Hospital and Good Samaritan prices for private insurance are lower in part due to a high percentage of Kaiser patients which only reflect hospital payments. Additional bills for the provider and other services are not included. To view non-Kaiser prices at these hospitals, se... Show More

Search Results

Showing 1 to 9 of 9 entries

Display Fac	cilities ▼ within 10 miles ▼ Hospit	al Quality	Patient Perspective	Display as: Table		
Show 10	▼ entries			Sear	ch by Name:	
Type ≎	Provider	\$	Distance 🕡 🔺	Estimated Price 🥡 💠	Patient Complexity 🥡 💠	
Facility	University of Colorado Hospital		0 mi.	\$8,603	Medium	
Facility	Kindred Hospital Aurora		1 mi.	**	**	
Facility	The Medical Center of Aurora		4 mi.	\$8,151	Medium	
Facility	Rose Medical Center		5 mi.	\$8,919	Medium	
Facility	Presbyterian/St. Luke's Medical Center		7 mi.	\$7,212	Medium	
Facility	Exempla Saint Joseph Hospital		7 mi.	\$5,186	Medium	
Facility	Denver Health		8 mi.	**	**	
Facility	Porter Adventist Hospital		9 mi.	**	**	
Facility	Swedish Medical Center		10 mi.	\$8,047	Medium	

Calculate My Estimated Price

×

Use this calculator to provide an estimate of your price for this service at this facility. Please review the <u>disclaimer</u>.



	Estimated Price
Your Contribution	\$3,115
Insurance Contribution	\$2,462



Hospital Quality Indicator Summary

Hospital Quality Indicator Summ	ary					
				Search:		
	t on	Colon Procedures Surgical Site Infection Rate	Pressure Sore Rate	Post-surgical Blood Clot (DVT) / Lung Artery Clot (PE) Rate	Postoperative Bloodstream Infection (Sepsis) Rate	1
Facility Name 🔺	· .	Compared to National Average 2011-2012	Compared to State Average 2012	Compared to State \$	Compared to State Average 2012	,
St. Vincent Hospital		***	***	***	***	
Sterling Regional MedCenter		***	Average	Average	Average	
Swedish Medical Center		Average	Worse than Average	Worse than Average	Average	
The Medical Center of Aurora		Average	Worse than Average	Average	Worse than Average	
The Memorial Hospital at Craig		***	Average	Average	***	
University of Colorado Hospital		Better than Average	Average	Average	Average	
Vail Valley Medical Center		***	Average	Average	Average	
Valley View Hospital		***	Average	Average	Average	
Wray Community District Hospital		***	Average	Average	***	
Yampa Valley Medical Center		***	Average	Average	Average	
Yuma District Hospital		***	Δverage	***	***	

CIVHC

Wide Variation in Prices Exist

- Price Variation is substantial, and not necessarily tied to better outcomes
- Knee Replacement \$25,000 to \$58,000
- Hip Replacement \$25,000 to \$36,000
- Uncomplicated Vaginal Birth \$5,500 \$11,000
- Cesarean Sections \$10,000 \$15,000



Consumer Focus Group Testing

- Held two Focus Groups prior to release of initial consumer site in July 2014, will conduct more focus groups in 2015
- Lessons Learned:
 - Consumers want as much information as possible and are hungry for information. Quality, cost calculator, illness burden, all important.
 - Terminology is a challenge. Many consumers didn't understand terms like commercial insurance, illness burden, etc. Have to simplify and give lots of explanation.
 - Would like site to be offered in other languages.

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Next Phases (planned for 2015)

- 10-15 more procedures
- Ambulatory Surgery Centers
- Endoscopy Centers
- Free-Standing Diagnostic Facilities
- Physician Group level outpatient services
- Improve functionality, descriptions, search options based on focus group testing



CO APCD – Sample Non-Public Users/Uses

- GI group: Structure bundled payments
- State Division of Insurance: Informed changes to geographic rating areas
- Consumer advocacy group: Identify lowest negotiated rates at hospitals to inform negotiations for uninsured
- Researchers:
 - Assess cost savings from integrated primary/behavioral health
 - Develop consensus approach to measuring total cost of care in primary care

Issues/Challenges



- Self-funded data
- Medicare restrictions
- Hospital concerns
- National competition

Stakeholder Engagement and Governance



- "No surprises" approach to get buy-in/input from stakeholders early and often
- APCD Advisory Committee:
 - Legislative mandate
 - Broad representation
- Data and Transparency Advisory Committee
- Data Release Review Committee
- Stakeholder Groups:
 - CO Hospital Association and Ambulatory Surgery Center Association
 - CO Medical Society, Local Medical and Specialty Societies, Nurses, Community Health Centers
 - Consumer Groups, Policy Shops, etc.
 - State Government Agencies

Consumer Engagement – next steps



- Additional round of Consumer Focus
 Groups/Feedback to begin in January 2015
- Reach out to employers, physician groups and other organizations to promote website and make available through their digital sites
- Work with digital development orgs to create apps (e.g. ER visit prices combined with wait times and driving directions) or other tools and resources

CIVHC is considered the "model" for other states to follow



- Quasi Public-Private organization
- Strong Governance Model
- Stakeholder Transparency focus versus solely for internal state use.
- Public and Non-Public Use
- Sustainability Model
- Focus on Accessibility
- Expanding data set and uses
- Overarching requirement Must benefit Coloradoans

In summary...



Colorado did it right! -

But... needs are evolving with continued enhancements and changes required

We have to...

- Make the information more accessible
- And in a manner that will be meaningful to each healthcare stakeholder group to achieve the Triple Aim

(And remember it must be appropriate, efficient, value-added, and within privacy/security guidelines)

Contact Information



- Ana English, CIVHC CEO aenglish@civhc.org
- Join our email list (www.comedprice.org home page, or civhc.org home page)
- Follow CIVHC on social media:
 - **B** @CIVHC_News
 - Facebook.com/CIVHC
 - in LinkedIn (linkedin.com/company/2096991)