Value to Health Plan Members of a Comprehensive Patient Navigation and Customer Support System

AcademyHealth ANNUAL RESEARCH MEETING

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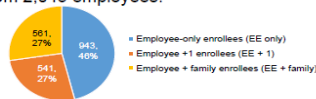*University of California, Berkeley   †University of California, San Francisco

RESEARCH QUESTION

What is the value to consumers of a comprehensive patient navigation and customer support system, which has been demonstrated to improve health plan value and increase member satisfaction?[1]

POPULATION STUDIED

- Survey was sent to >35k benefit-enrolled employees of a single large organization; responses were received from 2,045 employees:

561, 27% — Employee-only enrollees (EE only)
943, 46% — Employee +1 enrollees (EE + 1)
541, 27% — Employee + family enrollees (EE + family)

- 50 years old on average
- 59% identified as female
- Majority white (39%) or Asian/Pacific Islander (31%)
- 77% reported holding at least a four-year degree
- 41% reported annual household income ≥$150k

PRINCIPAL FINDINGS

The navigation and support feature was ranked *third most important* of seven attributes surveyed, following paycheck premiums and deductibles. Patterns were consistent across all three employee segments.

Willingness to pay (WTP) for the "moderate" (vs. "low") level of this feature ranged from *$59.80 (EE only) to $185.03 (EE + family) per month*. WTP for the highest level (vs. "moderate") ranged from an additional $30.55 (EE only) to $100.54 (EE +1) per month.

Model certainty ranged from 0.653 to 0.680, indicating that estimated values were about two-thirds of the way between what would be expected by chance (0) and a perfect fit (1.0).

STUDY DESIGN

We conducted a *choice-based conjoint (CBC) experiment* to mimic the available health plan options and "real-world" health plan selection process of a large employer, following guidance from the International Society for Pharmacoeconomics and Outcomes Research.[2]

CBC Definitions

Attribute: A hypothetical set of factors used by a respondent (e.g., employee) to choose a health plan

Level: A hypothetical set of values that each attribute can take in the research

Choice: A set of options from which a respondent is asked to choose, comprised of randomly-ordered attributes with randomly-selected levels (see example at far right)

Willingness to pay: The value, measured in dollars, that respondents place on a level, calculated from the choices they make

Summary of Attributes & Levels

Attribute	First Level	Second Level	Third Level	Fourth Level
In-network deductible*	None	• $250 *[EE only]* • $500 *[EE +1]* • $750 *[EE + family]*	N/A	N/A
Out-of-network coverage	Yes	No	N/A	N/A
Specialist self-referral	Yes (you decide for yourself if you want to see a specialist)	No (primary care authorization required to see a specialist)	N/A	N/A
Paycheck contribution (premium)*	• $0 *[EE only]* • $0 *[EE +1]* • $160 *[EE + family]*	• $25 *[EE only]* • $40 *[EE +1]* • $200 *[EE + family]*	• $30 *[EE only]* • $60 *[EE +1]* • $300 *[EE + family]*	• $200 *[EE only]* • $400 *[EE +1]* • $700 *[EE + family]*
Retail pharmacy cost (varies by drug tier)	Low ($5 or $15 per prescription)	Moderate ($10, 25, or $50 per prescription)	N/A	N/A
One login for digital access to care & claims	Yes	No	N/A	N/A
Health plan advocacy support	Low • No proactive outreach • No live advocacy support • No digital health tools	Moderate • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • No digital health tools	High • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • Digital health tools to facilitate patient advocacy	N/A

* Levels vary based on # of dependents

Experimental Design

- Attributes were identified by the employer's leadership as those most relevant to health plan selection for their employee population
  - *Cost* attributes included paycheck premiums, in-network deductibles, and retail pharmacy costs
  - *Plan design* attributes included specialist self-referral, non-emergency coverage for out-of-network care, one login for digital access to care and claims, the comprehensive patient navigation and customer support system
- Respondents were shown 15 choice sets, each with three hypothetical health plan options from which they were asked to select the plan they would prefer, assuming that any attributes not shown were the same for each plan *(see example at top right)*

Estimation

- WTP was estimated using Hierarchical Bayes analysis in Sawtooth Software to model preferences for each respondent (10k preliminary iterations for convergence and 10k draws per respondent, averaged for estimation)
- All attributes were modeled as part-worth utilities with the exception of paycheck premiums (modeled as linear)

Sample Choice Posed to Respondents (EE only)

Please review the features of the three hypothetical health plans shown and select the health plan you would prefer. Assume that any features that are not explicitly shown, such as health plan quality or member satisfaction ratings, are the same for each.

If these were your only options, which would you choose?:

	Health Plan A	Health Plan B	Health Plan C
In-network deductible	$250	$250	None
Out-of-network coverage	Yes	No	Yes
Specialist self-referral	Yes (you decide for yourself if you want to see a specialist)	Yes (you decide for yourself if you want to see a specialist)	No (primary care authorization required to see a specialist)
Paycheck contribution (premium)	$0	$200	$30
Retail pharmacy cost (varies by drug tier)	Moderate ($10, 25, or $50 per prescription)	Low ($5 or $15 per prescription)	Low ($5 or $15 per prescription)
One login for digital access to care & claims	No	No	Yes
Health plan advocacy support	High • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • Digital health tools to facilitate advocacy	Moderate • Proactive outreach to close care gaps • Live advocacy support (e.g. outreach, patient activation, transitions of care) • No digital health tools	Low • No proactive outreach • No live advocacy support • No digital health tools
	Select	Select	Select

CONCLUSIONS

Health plan consumers view the comprehensive patient navigation and customer support system as a benefit for which they are willing to pay.

This is meaningful because the feature also increases health plan quality and member satisfaction and generates savings through more appropriate utilization. Health plans should consider investing in a comprehensive patient navigation and customer support system as a "win-win" feature to improve value.

ACKNOWLEDGEMENTS

REFERENCES

1. Brown TT, Hague E, Neumann A, Rodriguez HP, Shortell SM (in review). "Impact of a Selective Narrow Network with Comprehensive Patient Navigation on Risk Scores, Expenditures, and Enrollee Experiences".
2. Bridges JFP, Hauber AB, Marshall D, et al. Conjoint Analysis Applications in Health—a Checklist: A Report of the ISPOR Good Research Practices for Conjoint Analysis Task Force. Value in Health. 2011;14(4):403-413. doi:10.1016/j.jval.2010.11.013

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