Can a high-performance ACO-HMO improve health plan value?

Tim Brown, PhD  timothy.brown@berkeley.edu
Emily Hague, MS  emily.hague@berkeley.edu
Alicia Neumann, PhD  alicia.neumann@ucsf.edu
Can a high-performance ACO HMO improve health plan value?

High-performance: select narrow network and comprehensive patient navigation and customer support system
Can a high-performance ACO HMO improve health plan value?

Accountable Care Organizations are a mechanism to foster efficient & collaborative care for members, with providers accountable for care cost & quality.
Health Maintenance Organizations are capitated (fixed payment per patient) and responsible to cover all care for that fixed payment. HMO's key distinction is closed provider network primarily funded by capitated payments.

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Compared to the existing broad-network mixed ACO HMO with a less comprehensive customer support system
Can a high-performance HMO ACO improve health plan value?

Lower costs and/or better quality
This question has important implications for the SFHSS Board & membership, and beyond

For SFHSS

• Understand impacts of the high-performance HMO ACO
• Learn whether lower-cost health plan option delivers value for members (without sacrificing quality to achieve cost savings)

Broader Implications

• Inform design of health plan options at other organizations
• Contribute to the growing body of knowledge on improving health care value
A caveat: this research only looked at SFHSS member data for two health plans.

We did not make comparisons between all SFHSS health plan options.

We did not draw conclusions about how these plans perform compared to other, non-SFHSS health plans.
UC Berkeley used 3 methods to analyze value of the high-performance and broad-network health plans

- Interviews
- ACO Evaluation
- Claims analysis
- Member survey
Interviews aimed to learn how health plan & provider organizations work together

- Interviewed 13 participants from SFHSS, health plan, & provider organizations between Feb-June 2021
- Identified successful practices & opportunities to improve care delivery
- Provided context for conducting & interpreting quantitative analyses
Claims analysis looked at trends in healthcare utilization and spend

- Collected claims & enrollment data for 24,555 high-performance and broad-network plan members across 2016-2020
- Analyzed trends in risk scores, utilization, expenditures, and access
A survey of high-performance and broad-network members characterized the care experience

- Surveyed 512 members of the high-performance and broad-network health plans in May-June 2021*
- Collected information about satisfaction, access, care coordination, medication reconciliation, care for chronic conditions, and mental/behavioral health

* Survey was sent to 3,024 members and yielded a 17% response rate
Costs for both plans have declined, but decrease was greater for the high-performance network.

*Expenditures exclude prescription medications and mental health care; sample is limited to members continuously enrolled 2016-2020.

Analyses do not provide information about how the high-performance and broad-network plans compare to other health plans outside the scope of this work.
Quasi-experimental analysis

✓ No difference in risk scores between plans  
  (risk scores indicate health status)

✓ No difference in access to care  
  (access is measured over more than one year)
Quasi-experimental analysis

- No difference in cost growth for patients who received any amount of medical care

- 15 percentage-point reduction in the number of patients who were seen for care
  (We attribute this primarily to the comprehensive patient navigation and customer support system)

* Expenditures exclude prescription medications and mental health care; sample is limited to members continuously enrolled 2016-2020
Members across both plans reported largely positive experiences with...

- **Accessing routine primary care**
  - 70% got primary care appointments as soon as needed*

- **Communicating with their primary care provider**
  - 82% got a timely response to emailed questions*
  - 90% stated their primary care provider was well-informed about their health*

- **Accessing specialty care**
  - 82% got desired referrals*
  - 79% got appointments specialty appointments in a timely manner*

* Responses did not statistically differ between the high-performance and broad-network plans

Analyses do not provide information about how the high-performance and broad-network plans compare to other health plans outside the scope of this work
High-performance members are slightly happier with their health plan than broad-network members

In statistical analyses, high-performance members were 7.2 percentage points more satisfied with their health plan than broad-network members even when adjusting for other factors.

Analyses do not provide information about how the high-performance and broad-network plans compare to other health plans outside the scope of this work.
The narrower network did not appear to limit access to specialty care

High-performance members were less likely than board-network members to cite network-related problems with accessing specialty care

High-performance members were less likely to state:

✗ Their desired specialist was not in the network
✗ They encountered approval delays with the health plan
✗ The network did not have enough specialists to choose from
✗ They lacked information about which specialists were in the network

Analyses do not provide information about how the high-performance and broad-network plans compare to other health plans outside the scope of this work
And in some cases, the high-performance plan performed better member experience measures.

Experiences with new prescription medications

- Told what medication is for:
  - Broad-network plan: 94%
  - High-performance plan: 100%

- Told about side effects:
  - Broad-network plan: 55%
  - High-performance plan: 87%

* Differences are statistically significant even when adjusting for other factors

Analyses do not provide information about how the high-performance and broad-network plans compare to other health plans outside the scope of this work.
High-performance members are more satisfied with their plan’s mental health care

Broad-network plan average rating: 5.1

High-performance plan average rating: 5.8

* In statistical analyses, high-performance members were 34.7 percentage points more satisfied with their mental health care than broad-network members even when adjusting for other factors

Analyses do not provide information about how the high-performance and broad-network plans compare to other health plans outside the scope of this work
This work also identified opportunities to improve both health plans

**Mental health care**
57% had problems getting access to necessary mental health services*

**Chronic conditions**
Only 23% were asked if they needed help at home to manage a condition*

**Expanded availability**
56% were unable to access off-hours primary care when they needed it*

* Responses did not statistically differ between the high-performance and broad-network plans

⚠️ These are common challenges and not unique to these two plans
Efforts to further improve these health plans should focus on...

Mental health care
Improving access to and coordination of mental health care

Chronic conditions
Managing chronic conditions, coordinating care, & addressing social determinants of health

Expanded availability
Expanding access to care via off-hours clinics, telehealth, and/or home visits
Key takeaway: the high-performance HMO ACO may indeed offer greater value

Satisfaction is generally high for both members of both health plans, and sustainability efforts to manage costs and utilization across both plans have been successful.

But the high-performance plan performs better on some measures of member experience, at a lower cost.
Questions?