

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

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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

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

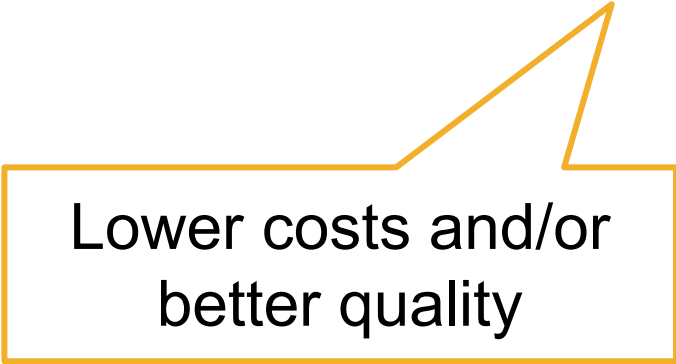
Health Maintenance Organizations are capitated (fixed payment per patient) and responsible to cover all care for that fixed payment. HMO's key distinction is closed provider network primarily funded by capitated payments.

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

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

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

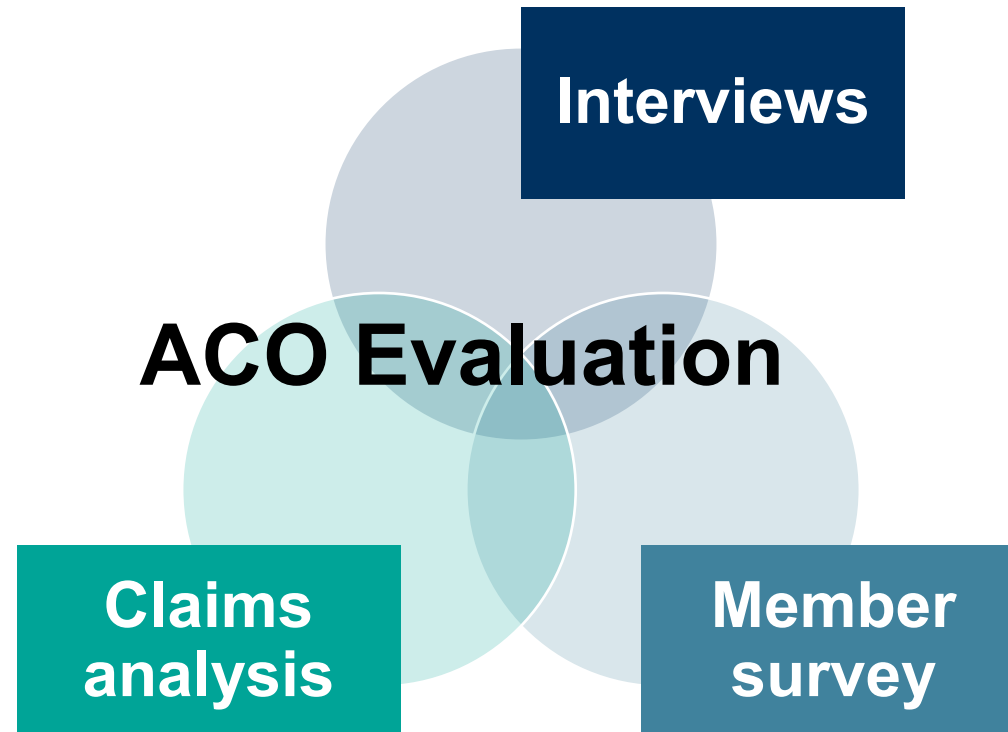


We did not make comparisons between all SFHSS health plan options

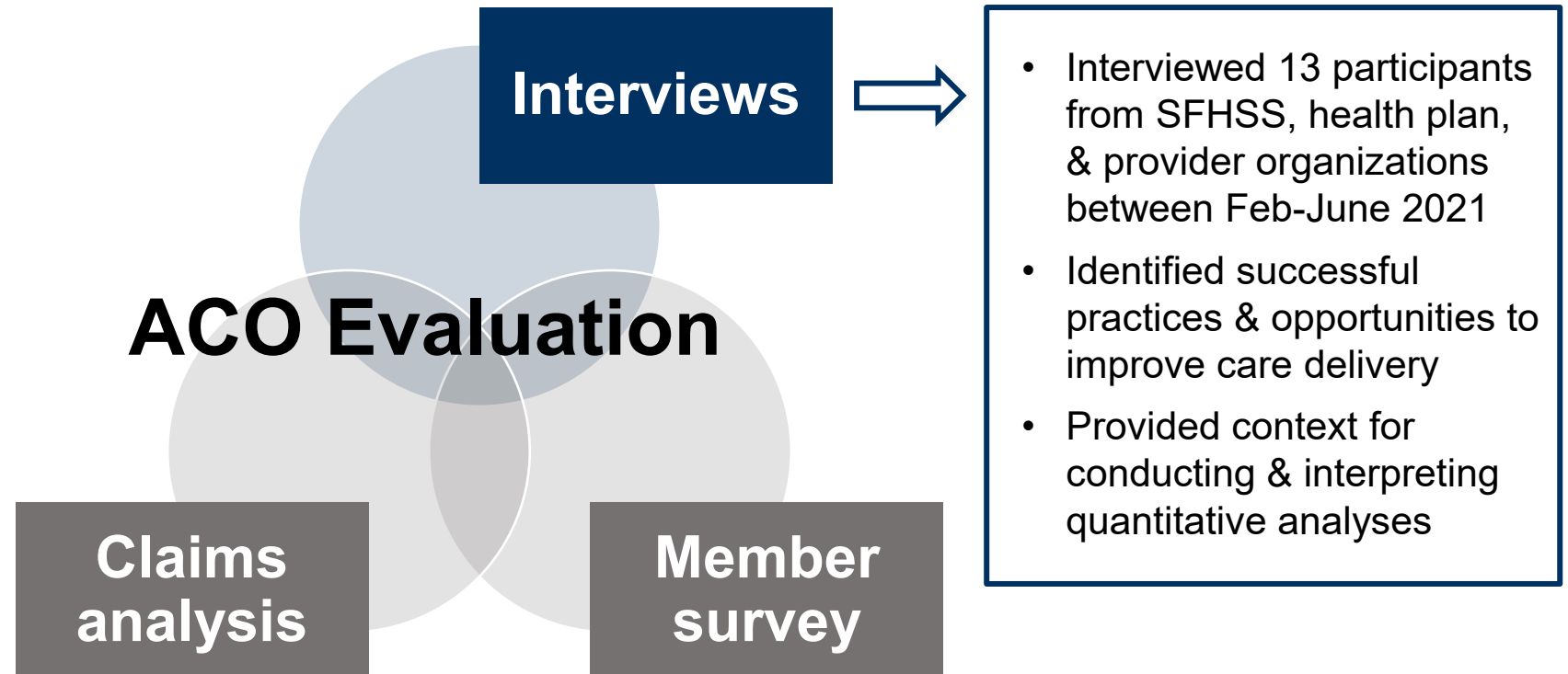


We did not draw conclusions about how these plans perform compared to other, non-SFHSS health plans

UC Berkeley used 3 methods to analyze value of the high-performance and broad-network health plans



Interviews aimed to learn how health plan & provider organizations work together



Claims analysis looked at trends in healthcare utilization and spend

ACO Evaluation



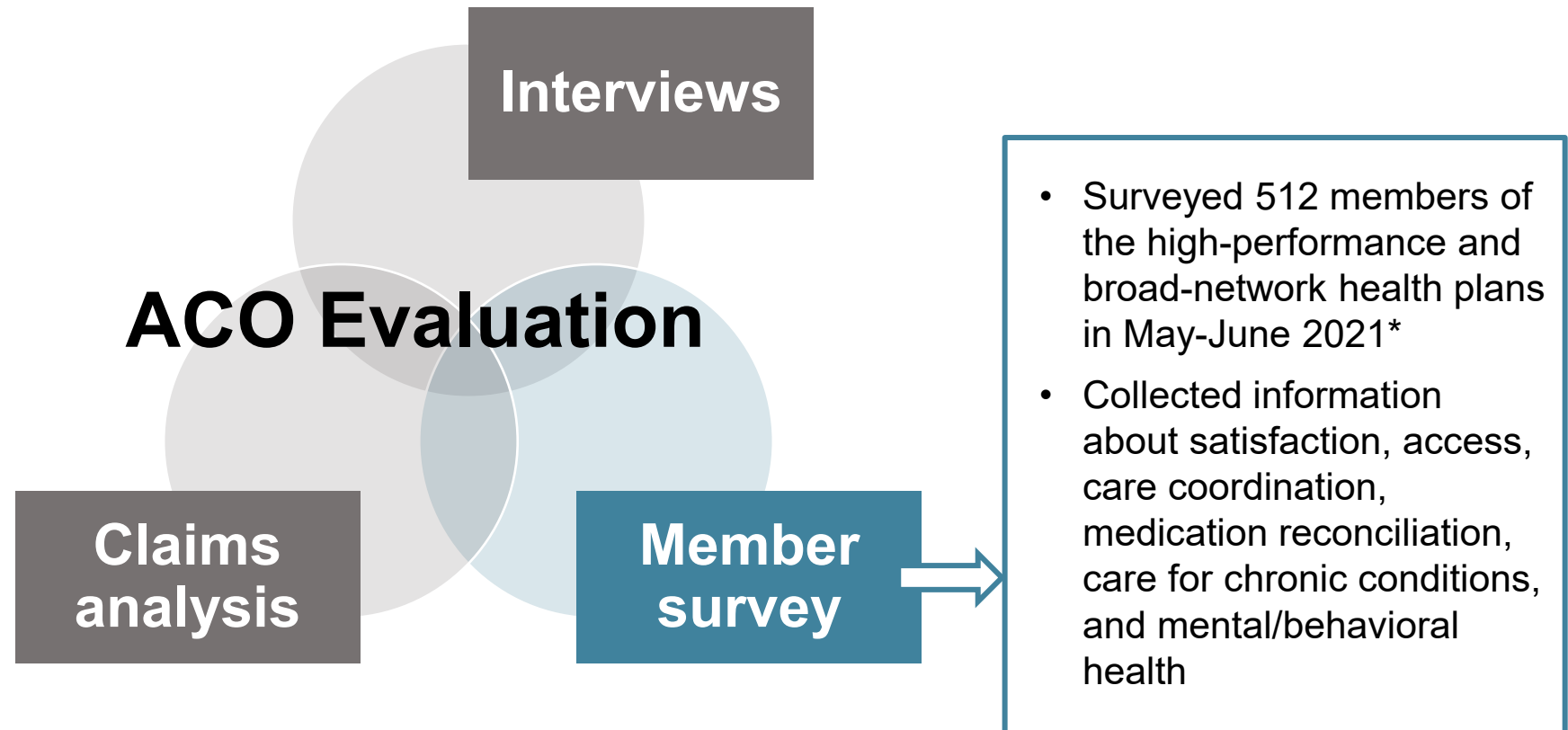
Interviews

Member survey

Claims analysis

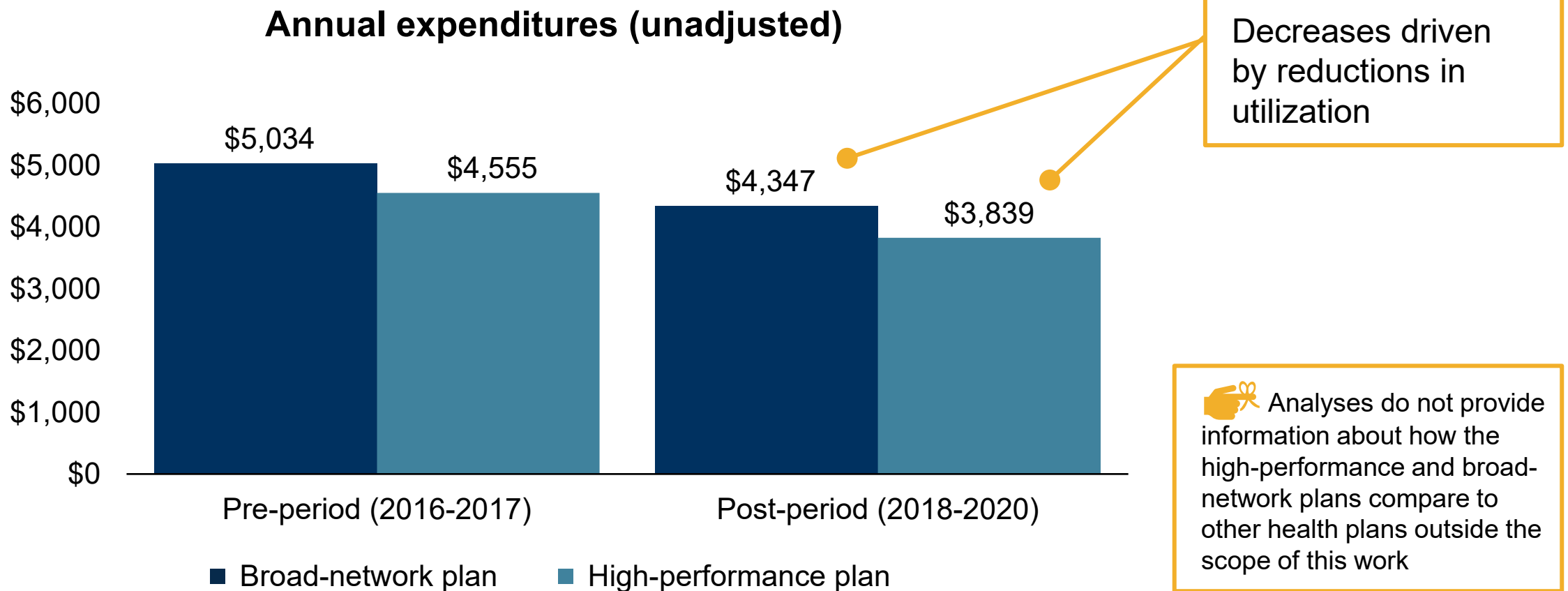
- Collected claims & enrollment data for 24,555 high-performance and broad-network plan members across 2016-2020
- Analyzed trends in risk scores, utilization, expenditures, and access

A survey of high-performance and broad-network members characterized the care experience



* 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

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)

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

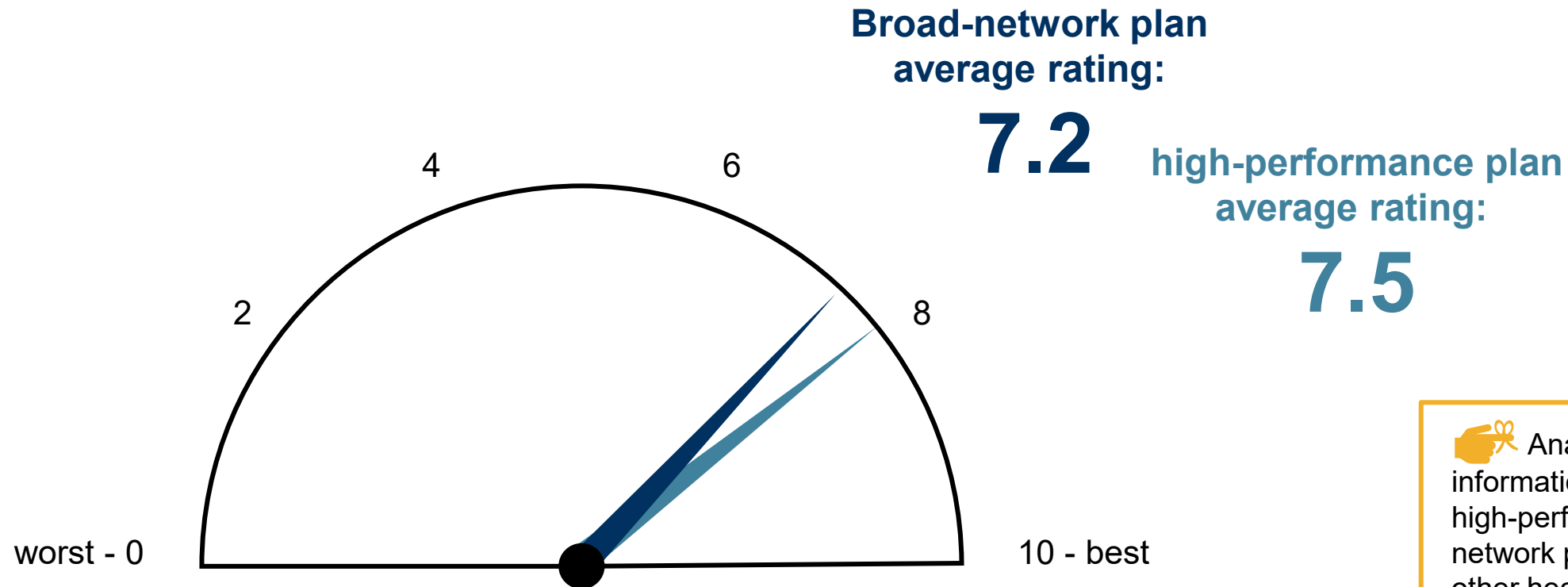
82% got desired referrals*


79% got appointments specialty appointments
in a timely manner*



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



 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

* 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

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

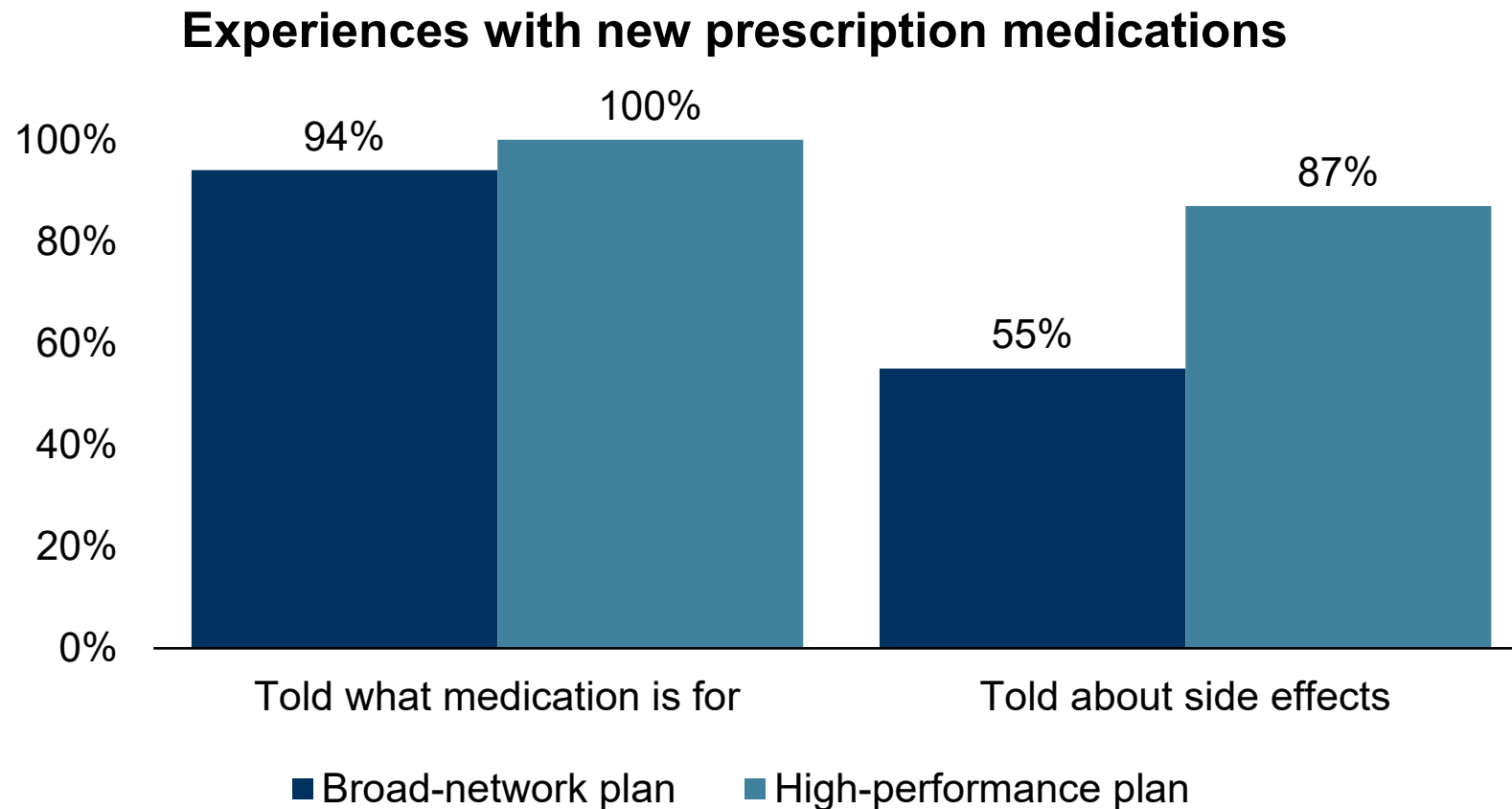
High-performance members were less likely to state:

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



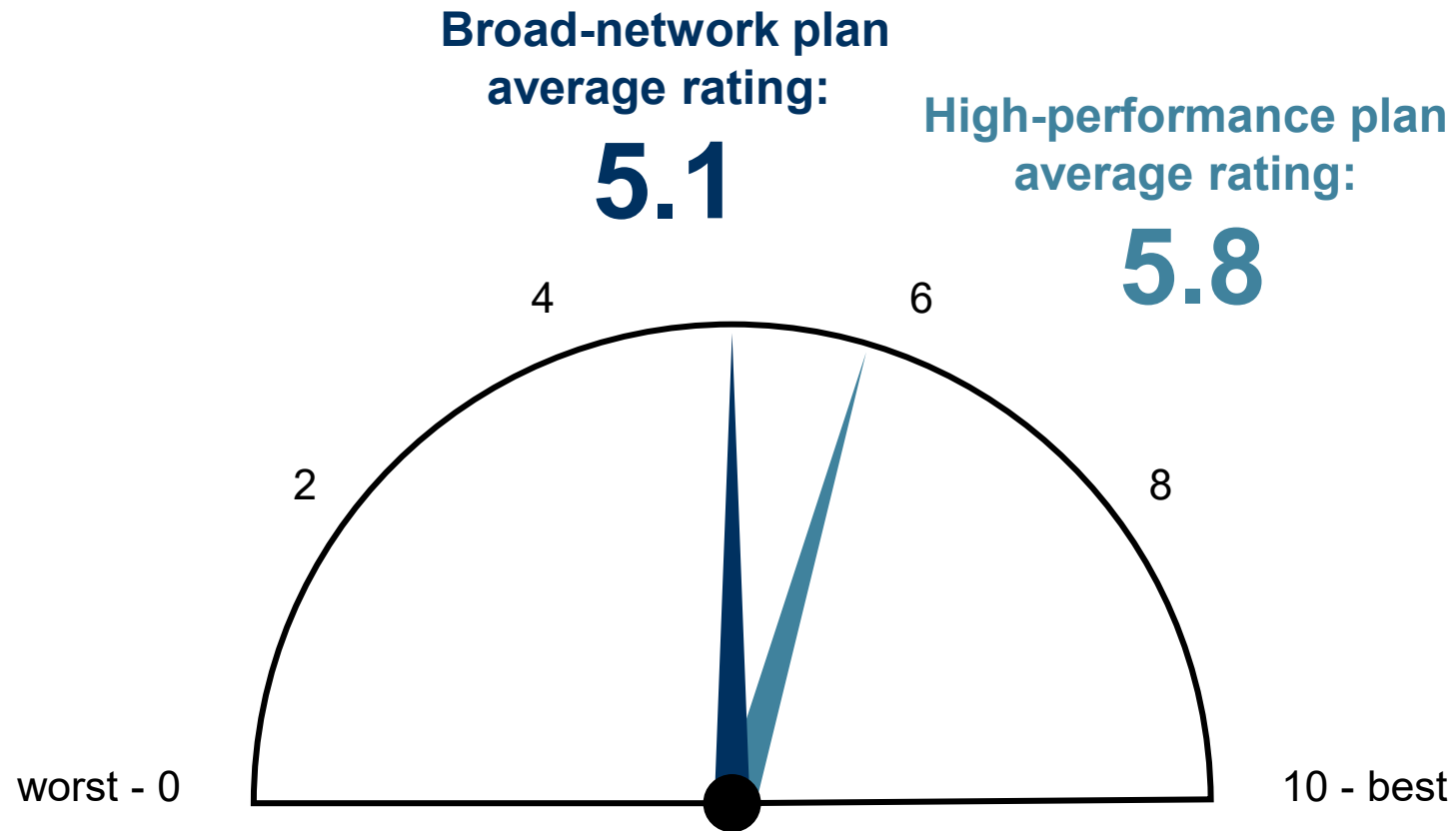
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And in some cases, the high-performance plan performed better member experience measures



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



 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

* 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 20

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*



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?