Delivering Better Health Care Solutions at a Lower Cost

The health care system in America costs individuals and families too much for the uneven quality of care they receive. It’s time to ensure that our expenditures — estimated at $2.8 trillion in 2012 alone — result in access to high-quality health care for everyone. To reach this goal, the health care system must adopt innovative payment systems with aligned incentives, implement proven care coordination approaches and standardized performance measures, empower consumers to nurture their own health and make informed decisions, and leverage data and technology to increase transparency and improve care delivery. Doing so will bring forth a sustainable, modern delivery system that reflects America’s ingenuity and the diversity of today’s health care landscape.

Modernize Provider Payments to Reward Better Patient Outcomes

- Incent the delivery of high-efficiency, high-quality care by adopting solutions, such as UnitedHealth Group’s Premium Designation Program, that identify providers who exceed quality and efficiency standards, share timely performance data with the provider to promote continuous improvement, and support financial incentives for better quality and cost outcomes. Conversely, withhold provider payments for services yielding poor outcomes, such as hospital-acquired infections and avoidable readmissions.
- Apply successful payment approaches, such as bundled payments, to public programs and foster quality outcomes by paying for a total episode of care that’s consistent with evidence-based guidelines. These approaches not only equip providers with timely and accurate information, but also hold providers accountable for the entire episode of care.
- Expand innovative shared risk/shared reward provider payment models, such as Accountable Care Organizations, across the public and private health care sectors to incent providers to ensure quality outcomes.
- Support the use of incentives to foster growth of the primary care workforce and encourage appropriate utilization of primary care providers through intelligent benefit design for consumers.

Implement Proven Care Delivery Models to Drive Better Care Coordination

- Modernize Medicare and Medicaid benefits to include proven patient-centric innovations yielding better patient outcomes, such as diabetes detection and prevention programs, patient-centered medical homes, institutional preadmission initiatives, transitional case management programs, and advanced illness programs, in order to incent high-quality care and achieve program savings through increased coordination.

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2 Ibid.
• Incorporate team-based coordination models, such as UnitedHealth Group’s Evercare program, into the post-acute delivery system in order to improve the health of vulnerable individuals and enhance system efficiency.

• Redefine scope of practice laws to allow providers, such as nurse practitioners, to make full use of their diverse skill sets, resulting in greater access to primary care for consumers.

• Establish a national, secure registry for collecting evidence-based medicine practices and disseminating the most advanced care guidelines to providers to inform each patient encounter.

• Adopt new approaches to improving community health and wellness, including new partnerships among states, schools, community organizations, and employers to increase care coordination and promote a culture of well-being.

Empower Consumers to Make Informed Decisions about Their Health Care

• Equip consumers with tools, such as UnitedHealth Group’s myHealth Care Cost Estimator, to obtain personalized cost estimates and quality data about providers prior to seeking care.

• Provide consumers with incentives, such as premium or cost sharing reductions, rebates or benefit enhancements, for making positive health choices, such as establishing a primary care provider, utilizing cost and quality data to inform treatment decisions, performing specific health-positive activities or achieving certain health goals, consistent with Value-Based Insurance Design (VBID).

• Adopt proven private sector technology solutions, such as UnitedHealth Group’s Health4Me app, to assist consumers in accessing their own health information and improve their experiences with the health care system.

• Incorporate patient-centric best practices into the care setting, such as shared caregiver-patient decision-making, to drive better health outcomes.

• Support access to and the use of Health Savings Accounts and Flexible Spending Accounts to encourage consumers to spend their health care dollars more wisely.

Use Data and Technology to Modernize our Infrastructure and Achieve Better Care and Savings

• Increase the flow of data across care settings by expediting interoperability standards, creating “open domain” concepts, and prohibiting vendors from blocking the electronic flow of data across care settings in order to increase coordination and maximize patient outcomes and health care resources.

• Apply advanced techniques, such as predictive modeling, to reduce improper payments and prevent fraud, waste and abuse.

• Adopt 21st century information solutions to analyze the full spectrum of data, including demographic, claims and comprehensive patient-level encounter data, so as to identify gaps in care programs, prescribed courses of treatment, and evidence-based, targeted interventions.

• Implement information exchange standards that allow for secure sharing of patient identifiable information, regardless of operating platform, so as to increase clinical collaboration across rural regions and with urban providers.

• Remove barriers, such as licensing restrictions and reimbursement hurdles, for using telehealth solutions in order to bring the right care to consumers, regardless of their location, thereby promoting greater integration and coordination of care with health information technology.

• Foster the use of nationally standardized quality and performance measures, endorsed by a multi-stakeholder body, to inform reimbursement decisions and drive continuous improvement.

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