



The Critical Role of Data Connectivity in Health System Change

Dan Mendelson, Founder November 20, 2019

Affordability Challenge Drives Consumer Sentiment

issue for Democrats (45%) & Republicans (30%)

67%

of consumers filing bankruptcy cited healthcare as primary reason

84%

of consumers believe drug prices are unreasonable

90%

of consumers support Medicare price negotiation

40%

of Americans have saved enough to cover a \$1,000 emergency

102M

Americans have a pre-existing condition

of employees are offered a high deductible plan

57% \$13K

Average employee health benefit cost

Greater Proportions of Healthcare Costs are Being Passed on to the Patient

Higher Premiums

41%

Growth in average deductibles since 2014

Increasing Co-Insurance

38%

Americans who are "very worried" about affordability of surprise medical bills

\$20,576

Average annual HMO premium for family of 4 (5% YoY)

Higher Deductibles

67%

Increase in average annual employee payments towards coinsurance (2006–2016) Surprise Medical Billing

Source: Claxton G. Increases in cost-sharing payments continue to outpace wage growth. P-KHST. 2018: https://www.healthsystemtracker.org/brief/increases-in-cost-sharing-payments-have-far-outpaced-wage-growth/. Kaiser Family Foundation. "Data Note: Americans' Challenges with Healthcare Costs." 2019. https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs/. Cubanski J. "How Will The Medicare Part D Benefit Change". 2019. <a href="https://www.kff.org/medicare/issue-brief/how-will-the-data-to-the-market-brief/how-will-the-data

Increase in the Uninsured – Also an Affordability Issue

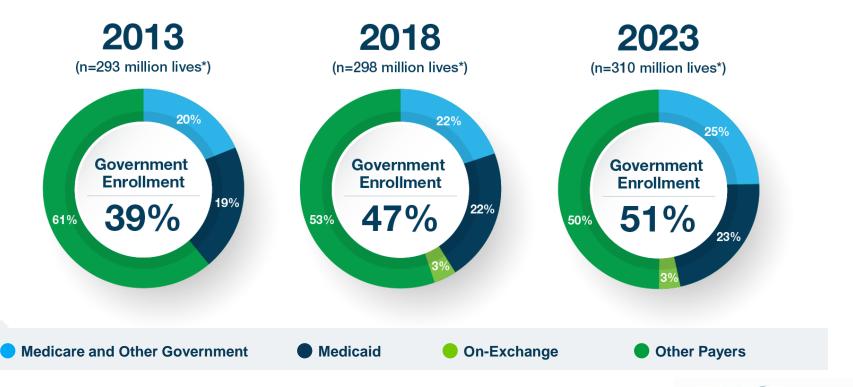
The Uninsured Rate, 2008–2018





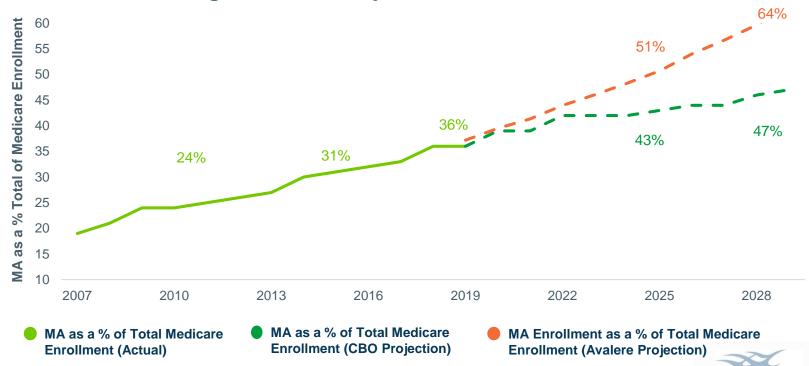
Slippage has provided a catalyst for the political debate on expanding public coverage (e.g., Medicare Buy-In, Public Option, Medicare for All).

The Government's Role as a Payer Is Growing



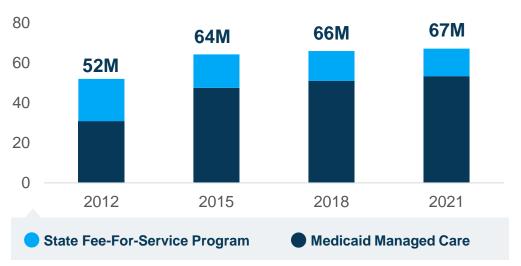
Capitation Becoming the Dominant Form of Medicare

Medicare Advantage Growth Projections /



Plans Already Dominant Form of Medicaid

Projected Medicaid and CHIP Non-Dual Enrollment (In Millions), 2012–2021



43%

of all births were covered by Medicaid in 2018

7 States

have more than 58% of children born into Medicaid

Source: Avalere Medicaid Managed Care Enrollment Model, updated January 31, 2018. Totals may not sum to 100% due to rounding. Enrollment for MMCO with State Formulary Control includes MMCO enrollment in states that carve out the drug benefit from MMCO contracts or that require MMCOs to follow a state-generated drug list.

CDC National Center for Health Statistics. "Birth Data." 2018. https://www.cdc.gov/nchs/nvss/births.htm

Kaiser Family Foundation. "State Health Facts: Births Financed by Medicaid." October 2019. https://www.kff.org/medicaid/state-indicator/births-financed-

by-medicaid/?activeTab=map¤tTimeframe=0&selectedDistributions=percent-of-births-financed-by-medicaid



Payers Are Increasingly Focused on Addressing Social Determinants of Health

35

States Will Have MCO Requirements Related to SDOHs by 2020

80%

Of Payers Report Taking Steps to Integrate SDOH into Member Programs



Government Wants Delivery System Transformation

CMMI Direction and Focus Areas

"Big Risk, Big Reward"

"Mandatory" is Permissible

Multiple Entry Points for Value Based Contracting Focus on High-Cost Patients and Social Determinants

Increasing
Participation in
Advanced APMs

Market-based Innovation Models

Physician Specialty Models

Prescription Drug Models

Medicare Advantage Innovation Models

State-based and Local Innovation

Mental and Behavioral Health Models Program Integrity

Patient Data Can Provide Real-Time Insights, Save Costs, and Improve Quality of Care

Cohort Evaluation Identify patients with gaps in care

Predictive Analytics
Stratify patients into risk levels

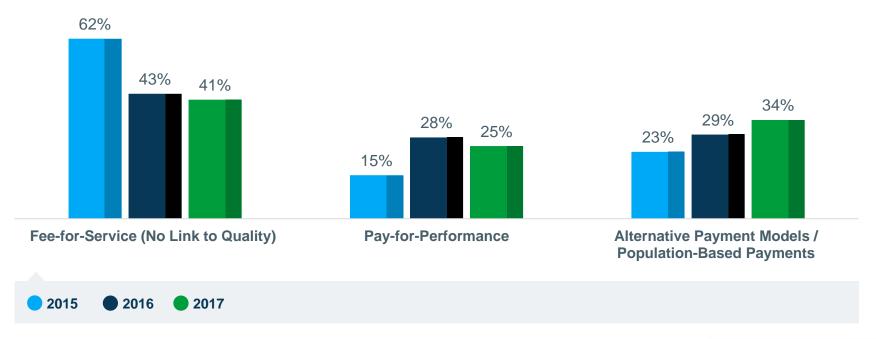
Targeted Intervention

Leverage risk profile to develop interventions

Impact Assessment and Process Improvement Evaluate return on investment

Healthcare Payments Are Increasingly Based on Quality and Value

Payments Tied to Quality and Value HCP LAN Survey,* 2015–2017

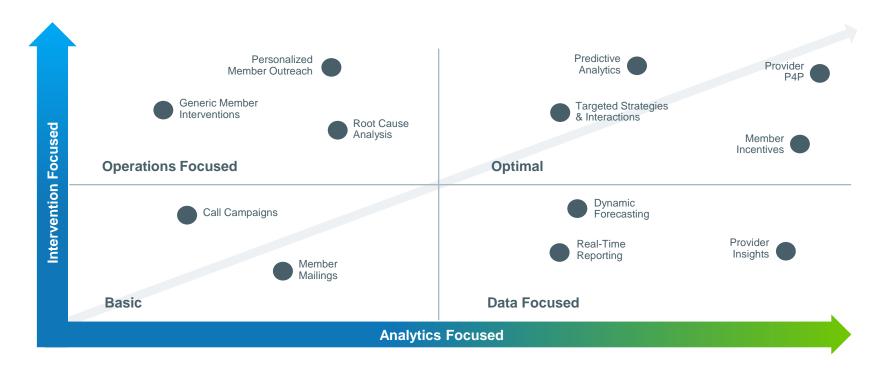


^{*}Data reflects survey of select plans and states. 2015 data reflects approximately 67% of US covered population, 2016 data reflects approximately 84% of US covered population and 2017 reflects approximately 77% of US covered population.

Source: Health Care Payment Learning & Action Network. APM Measurement. http://hcp-lan.org/workproducts/apm-discussion-2018.pdf



Analytics Plays Increasingly Prominent Role in Health Plan and Provider Activities



Health Plans Use Analytics to Drive Population Health Management, Operational Efficiency

Trends Will Shape the Market

	for 2020 and Beyond	Will Determine Impact
Shifting ESRD Beneficiaries into MA	Starting in 2021, beneficiaries with ESRD can enroll directly into MA plans	 How many beneficiaries will choose to enroll in MA? Are payment rates sufficient to cover the cost of care?
Optimizing Provider Network Performance	Plans are increasingly establishing innovative arrangements to drive better outcomes and lower costs	Which providers are most efficient?Which provider groups are most effectively managing care?
Managing Rising Drug Costs	Innovation in pharmaceutical products means the proliferation of novel but high-cost drugs	 How widely do costs associated with particular treatments range across plans? What steps can plans take to manage costs?
Addressing Social Determinants of Health	Plans now have the flexibility to target supplemental benefits to address the social determinants of health, particularly to those with chronic conditions	 Which populations can benefit most from new services How can plans integrate benefits to address social determinants?
Adapting to MA Risk Adjustment Changes	CMS may consider recalibrating the MA risk adjustment model using encounter data	How would this change impact risk scores and payment

Key Outstanding Questions

Providers Use Data Analytics to Position for Risk-Based Paradigm, Drive Business

Quantifying Value to Health Plans

Negotiating Favorable Contracts

Managing the Full Array of Payer Contracts

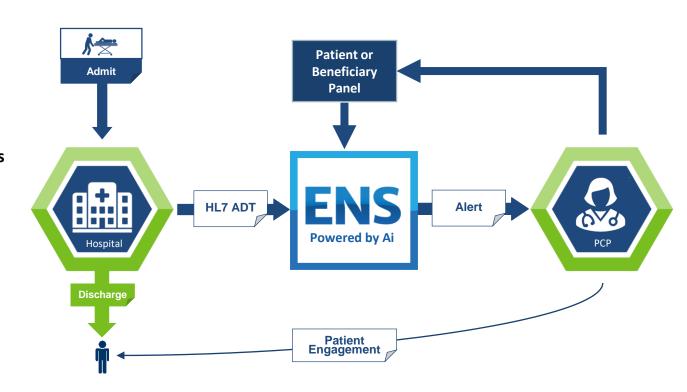
- Leverage Expansive Data Sets
- Evaluate Physician and Facility Performance
- Identify Opportunities for Improvement
- Create High-Value Networks

- Define the Pain Points for Key Payers
- Define the Measures that Matter
- Evaluate Potential Contracting Models
- Craft Win-Win Contracts

- Ingest Complex Data Feeds
- Build Real-Time Monitoring
- Refresh Payer Engagement Plans
- Identify New Areas for Collaboration

How Encounter Notifications Impact Transitions of Care

- Effective care coordination requires awareness and data exchange during a transition.
- CMS has established incentives to improve transitions of care post-hospitalization.
- Real-time notification services enable providers and care managers to engage patients.



Life Sciences Analytics Need to Anticipate Changes



Data Connectivity Central to Patient Centricity



Big Tech Sees Opportunity to Link Big Data Resources to Patient Health Data to Address SDOH

Challenge: Hospitals are beginning to allow tech companies access to EHR data to build digital risk profiles that encompass vast data resources

Google

Prescriptive analytics can reduce preventable harm, manage risk, and personalize interventions

- Implementing AI and machine learning to better understand EHR Data
- Risk over privacy of sensitive health data.

Facebook

Data from social networks can be used to improve patient outcomes

- Exploring suicide prevention, opioid addiction and cardiovascular health
- Advocates concerned over Facebook's use of health data

Privacy and Security Always Critical to Data Agenda

Google partnered with Ascension to collect personal health information of millions of patients to tailor individual care using AI and machine learning

"Project Nightingale" has received public criticism and concern over HIPPA compliance, storage of PHI in the cloud, and general transparency"

- Office for Civil Rights in the Department of Health and Human Services launched an investigation into compliance of Project Nightingale and Google's use of patient data
- Lawmakers have expressed concern, calling for a moratorium on data arrangements like Nightingale, highlighting that Google is already under consent degree for potential data privacy and security violations
- Stakeholders have asked for new legislation that would govern the collection and use of PHI for purposes of delivering care and research

Ridesharing Companies See Opportunity in Non- Emergency Medical Transportation

Challenge: SCI Solutions Estimated The Total Cost of Missed Healthcare Appointments to be \$150 Billion a Year

Lyft

Partnered with EHR vendor Allscripts and medical transportation company LogistiCare

- Non-emergency medical transportation is available to Medicaid beneficiaries in 5 states
- Launched grocery access program in 12 cities

Uber

Launched Uber Health integrated in Cerner EHR and collaboration with transportation company American Logistics

- Uber Health is paid for by healthcare organizations, not at point of service
- Expect roll out in multiple states in the coming weeks, still currently a pilot program

Health System Change and Data Evolution are Linked

Consumer affordability driving political agenda in pricing and coverage

Government payers increasingly favor health plans and integrated systems

Data and analytics driving value creation and quality improvement

Connectivity, privacy, security, and patient centricity will drive evolution

About Us

Avalere is a vibrant community of innovative thinkers dedicated to solving the challenges of the healthcare system. We deliver a comprehensive perspective, compelling substance, and creative solutions to help you make better business decisions. As an Inovalon company, we prize insights and strategies driven by robust data to achieve meaningful results. For more information, please contact info@avalere.com.

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