The Healthcare Revolution and its Impact on Medicare Advantage

Presented by RAM Technologies, Inc.

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INTRODUCTION [1-4,19,26]

A healthcare revolution is underway thanks to advances in technology as well as patient demand for quality care, convenience and ownership of their data. Against this backdrop, Medicare Advantage carriers are forming partnerships — not only with healthcare providers but also with community groups and businesses — to bring more effective, integrated, holistic care to their members.

New regulatory flexibility in Medicare Advantage has expanded opportunities for payers to bend the cost curve by designing benefits that cover aspects of health previously outside the purview of healthcare, such as access to healthful food, transportation to medical appointments and fitness opportunities.

Moreover, seniors want to live independently, and they want their MA plan to offer services that go beyond conventional healthcare to help them do just that. Consumer demand for convenience is driving innovations such as telehealth and health hubs in retail settings. To take advantage of this opportunity, MA plans must step up their technology game or risk being left behind.

These opportunities, as well as the evolving demands of the market, require new and sometimes unconventional models and partnerships to reshape and revolutionize the experience and delivery of healthcare in Medicare Advantage and beyond.

COMMUNITY PARTNERSHIPS [5,8,10-13]

Medicare spends nearly three times as much per capita on the 13% of beneficiaries who need long-term services and support as it does on the 87% who do not. To help address the needs of this population segment, CMS is encouraging healthcare providers and payers to partner with community organizations through its Accountable Health Communities Model. Community partners include state health departments, local United Way branches, financial education and counseling organizations, the National Council on Aging, Meals on Wheels, YMCAs, foundations, universities and others.

Several health plans have already taken significant steps to improve home healthcare services for enrollees, such as focusing on improving coordination and integration, as well as optimizing EMRs and other technological solutions.

The agency says this model "addresses a critical gap between clinical care and community services in the current healthcare delivery system." It is intended to test whether systematically addressing health-related social needs will ultimately lower costs and the use of care.

Thirty organizations are participating in this five-year program, which involves screening beneficiaries to identify unmet health-related social needs, referring high-risk beneficiaries to community services, helping them access and navigate those services, and encouraging alignment between clinical and community services.

In the Schenectady, N.Y., area, one health plan is partnering with the Alliance for Better Health to invest $800,000 and work with nearly 30 social service groups to help people with housing, food, domestic safety, employment and caregiving needs. Under the partnership, a new technology platform will be used for referrals and to track outcomes.

Other health insurers have formed similar alliances, and some of these community partnerships are showing promising results:

- Local agencies on aging and centers for independent living collaborating with healthcare and social service organizations have reduced hospital readmission rates.

- People who have received daily meal delivery have reported improvements in health and quality-of-life indicators.

- Chronic disease self-management education and fall-prevention programs have been shown to engage and motivate people to become more involved in their care, increase their confidence in their ability to manage symptoms and healthcare, and improve measures related to health status, healthcare and costs.

UNCONVENTIONAL PARTNERSHIPS [3,14-16]

While community service organizations are an obvious choice for extending healthcare into the community, they are by no means the only choice.

Less conventional options being explored by MA plans include a partnership with senior living facilities to offer fall-prevention visits from an occupational therapist as well as post-hospital personal care in the home. Nonmedical home care providers are gearing up for these new types of partnerships, offering in-home assistance to help seniors with daily living needs, fall-prevention equipment and other support.

Meanwhile, a new partnership between an electronic health records vendor and a senior living real estate developer will put primary care physicians, pharmacists, dietitians, chiropractors, and fitness and health coaches in community centers, where they will be readily available to create personalized treatment plans for residents.

Along with in-home assistance, reliable transportation is among the social determinants spurring unconventional partnerships between payers and other organizations. For example, ride-sharing services Uber and Lyft have launched healthcare units and partnered with MA plans, hospital systems and clinics to provide non-emergency transportation to Medicare beneficiaries.

PAYERS ARE MAKING CARE MORE CONVENIENT [4, 18]

As these partnerships bring care to patients, payers and providers are also turning to technology to make it more convenient for people to find healthcare in unconventional locations and take control of their own care.

One obvious example is telehealth, which enables access to care from anywhere with an Internet connection, whether that's a city apartment, a cabin, a place of worship or a corner pharmacy. Apps and smart devices provided by health plans allow people to take ownership of their care, putting them in touch with dermatologists to diagnose rashes and lesions, alerting providers to pending blood glucose spikes and heart attacks, and enabling access to EHRs.

Telehealth can also play a key role in preventive care as well, and payers are partnering with tech giants to provide devices like free wearable fitness trackers to their members. Additionally, rewards are being offered as incentives when personalized fitness goals are met.

MA plans are also at the vanguard of promoting convenience, bringing healthcare to retail locations like the neighborhood pharmacy. CVS Health and Aetna's new health hub concept is taking the walk-in clinic to the next level, clearing the pharmacy aisles of toys, mops and giftwrap to make room for nutritious foods, mobility devices and clinics that offer testing, treatment and telemedicine. These companies are combining claims data along with advanced analytics to identify members with health risks and guide them to treatment at pharmacies and the new clinics.

MAKING PARTNERSHIPS WORK [1,2,4,18-26]

MA plans are already working with patient-centered medical homes, accountable care organizations, physician groups and other partners, creating a bridge between the payer and a community organization or business. But it doesn't have to stop there. Payers have a real opportunity to lead and shape the healthcare revolution if they can accelerate their evolution from claims processors to care enablers, insight engines and platform builders.

In doing so, MA plans can begin to address the ongoing needs that must be met for these unconventional partnerships to truly thrive, including:

- Strategies to sustain cost savings, improvements and funding

- Accurate and timely measurement of return on investment, resource needs and costs

- Mechanisms to share potential savings between healthcare and social services providers

- Expertise to integrate multiple data sources during healthcare or social services provision

- Data security and privacy

- Patient and provider education and acceptance

Cross-sector partners may face challenges in defining clinical and social workflows and developing an evidence base for projects, but payers can offer incentives for demonstration projects and participation in national collaboratives, learning networks and information clearinghouses.

Payers should be at the forefront of the effort to leverage new partnerships, driving interoperability, data standardization, delineation of responsibility and data speed improvements. Those that do will become the conduit between healthcare providers, community service organizations, state health departments and Medicare beneficiaries.

The most successful MA plans will use artificial intelligence and machine learning to identify and drive effective partnerships, both conventional and unconventional, and provide stable funding for experimentation and real-world evidence of clinical value. Targeted incentives can encourage clinicians to forge their own community partnerships, and multichannel patient outreach can help members take advantage of benefits to maintain wellness and prevent chronic conditions, all while placing downward pressure on the cost curve.
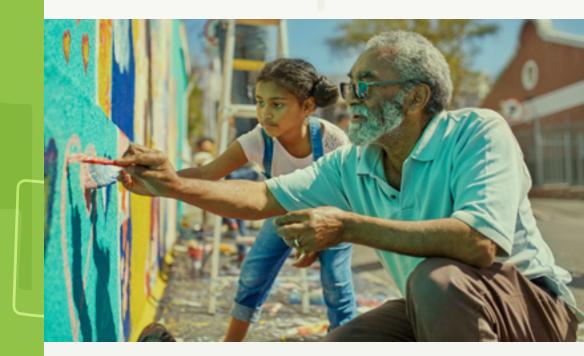
Payer collaboration with community service organizations and businesses is the next step toward a more holistic healthcare system.

Payers can also help get promising healthcare technology through to commercialization by partnering with clinicians and providing an avenue for generating, collecting and analyzing real-world data. Some are already investing in digital technologies that enhance the customer experience, reduce administrative and medical costs, improve member health and boost the bottom line.

LEADING THE HEALTHCARE REVOLUTION

MA plans play a major role in the new healthcare ecosystem, and through technology, data analysis and partnerships, they are key to optimizing patient wellbeing and reshaping the patient experience. Already, they are making it easier for members to age in place, find convenient care, navigate the healthcare system, manage their own health, and own and use their own data.

Payer collaboration with community service organizations and businesses is the next step toward a more holistic healthcare system. Medicare Advantage plan partnerships are poised to have a tremendous impact on social determinants of health as well as the member experience, and embracing these collaborations with supporting technology, advanced payment models and updated plan designs will incentivize and sustain these revolutionary partnerships for years to come.

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