



SCHOOL OF PUBLIC HEALTH

CENTER FOR VALUE-BASED INSURANCE DESIGN

UNIVERSITY OF MICHIGAN

Value-Based Insurance Design: How to Improve Health and Be Able to Afford It

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Value-Based Insurance Design**

www.vbidcenter.org



How to Improve Health and Be Able to Afford It

Key Questions

- **Which services should be delivered in China? ?**
- **To whom should they be offered? 哪些群体应该享受这些服务 ?**
- **Who should provide them? 谁来提供这些服务 ?**
- **At what price? 如何定价 ?**
- **Who should pay? 谁来买单 ?**
- **Should patients contribute? 病人是否应该承担一部分账单 ?**

How to Improve Health and Be Able to Afford It

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It depends..... 视情况而认定

Overview 演讲大纲 -

How to Improve Health and Be Able to Afford It

- **Change Spending Focus from ‘How Much’ to ‘How Well’** 将费用焦点由“多少”转变为“多好”
- **Important Role of Supply and Demand Factors** 供求因素的重要角色
- **New Approach: “Clinical Nuance”** 新方法：“临床的细微差别”
 - **Alternative Payment Models** 付费模型的其他选择
 - **Patient-Centeredness** 以病人为中心
- **Economic Considerations** 经济考虑
- **Alignment of Provider and Consumer Incentives** 将提供者与消费者的动机紧密相连

How to Improve Health and Be Able to Afford It

- **Innovations to prevent and treat disease have led to impressive reductions in morbidity and mortality** 预防与治疗疾病的不断革新已经大大降低了发病率与死亡率
- **Despite evidence of clinical benefit, high-value services are underused across the spectrum of care** 尽管有很大的临床益处，高价值服务在医疗保健范围内并没有被充分利用
 - **Screening Tests** 检查测试
 - **Clinician Visits** 就诊
 - **Prescription Drugs** 处方药
 - **Surgical Treatments** 手术治疗

How to Improve Health and Be Able to Afford It

- **Increases in medical expenditures are the principle health policy focus in US and abroad:** 医疗费用的增长是美国和其他国家健康政策的主要焦点
 - **Government** 政府
 - **Private Industry** 私人企业
 - **Individual Consumers** 个体消费者
- **Little attention is spent on the amount of health we receive for the money spent (value)** 很少有人关注我们从所花的钱上究竟收获了多少健康
- **We must turn our attention from *how much* we spend to *how well* we spend on health care**
- 在医疗保健上，我们必须从关注花了多少钱转为关注钱是否花得有效

Important Role of Supply and Demand Factors

“Supply side” initiatives that attempt to change practice behavior are the principle US health policy strategy aimed at “提供方”主动为改变实践行为采取的行动是美国健康政策战略的目标原则

:

- **Clinicians** 临床医生
- **Clinics** 诊所
- **Hospitals** 医院

Important Role of Supply and Demand Factors

Fee for Service (FFS) is the dominant US payment method 服务费（FFS）是主流的美国付费方法

- **Each service paid separately 每次服务单独付费**
- **Payment depends provider type 付款取决于提供方的类型**
- **Payment not usually based on clinical outcome 付款通常不是建立在治疗效果上**
- **Encourages quantity not quality of care 鼓励数量而非质量**

FFS payment is not aligned with the goals of evidence based medicine

FFS付费方式与精准医疗的目标并不一致



Important Role of Supply and Demand Factors

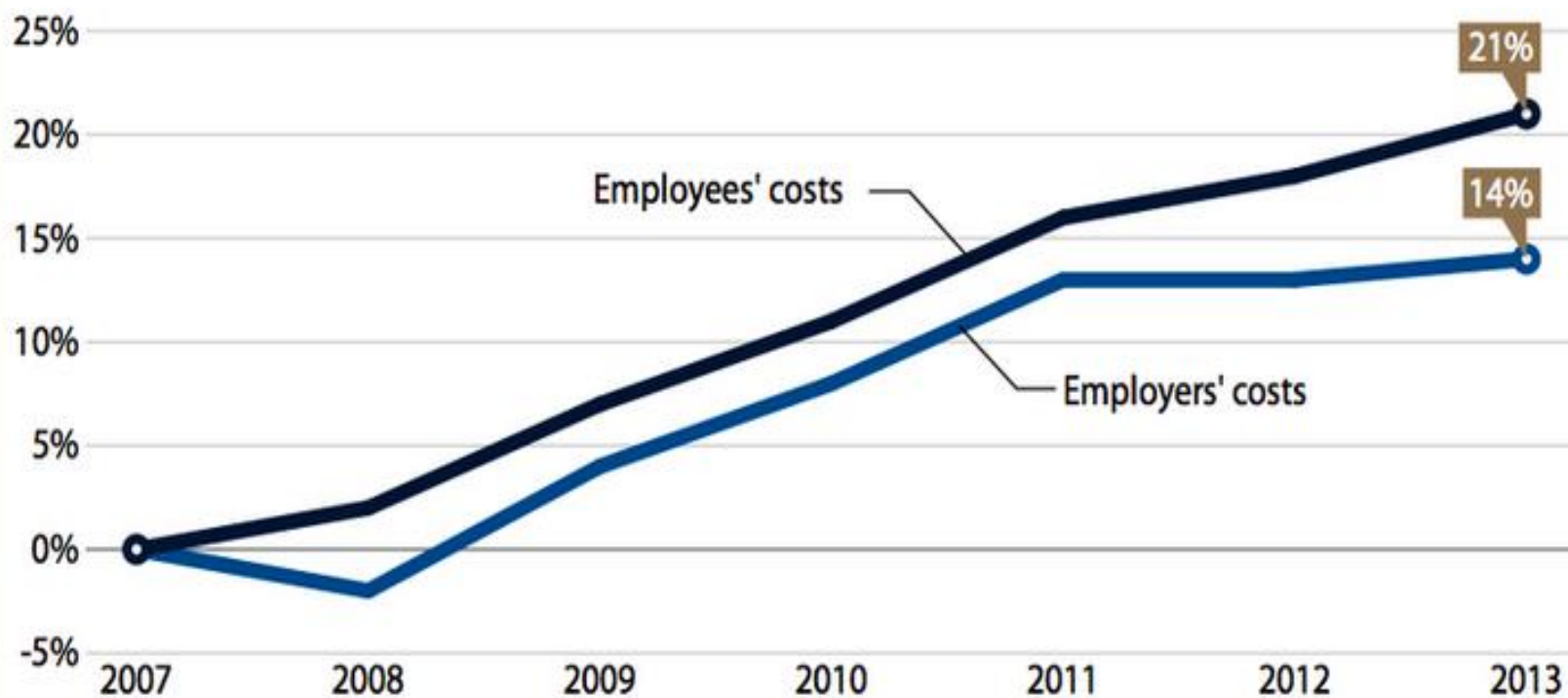
“Demand side” initiatives aimed to change patient behavior also play an important role in US health policy strategies 旨在改变病人行为的“需求方”的主动行为也对美国健康政策战略具有重要影响

- **“Patient-Centeredness” - the consideration of personal preferences in treatment decisions** “以病人为中心”—在治疗中考虑个人偏好
- **Patients are being asked to pay a greater percentage of their health care costs** 病人被要求在治疗过程中承担更高比例的费用

In Setting of “Patient- Centeredness”, US Consumers are Paying a Greater Percentage of their Health Care

在建立以病人为中心的医疗过程中，美国的消费者正在承担比过去 更高比例的费用

Change since 2007 in employees' and employers' health care costs per enrolled employee, in 2013 dollars



Source: Authors' calculations based on Health Care Cost Institute, "Out-of-Pocket Spending Trends (2013)" (2014), available at <http://www.healthcostinstitute.org/files/IB%209%2010-28-14.pdf>; personal communication from Amanda Frost, senior researcher, Health Care Cost Institute, Washington, D.C., October 28, 2014; Agency for Healthcare Research and Quality, "Medical Expenditures Panel Survey: Insurance Component," available at http://meps.ahrq.gov/mepsweb/survey_comp/Insurance.jsp (last accessed January 2015). See Appendix A for details.

Pathway to Better Health and Lower Costs

Inspiration 达到更好的医疗更少的花费的途径

“I can’t believe you had to spend a million dollars to show that if you make people pay more for something, they will buy less of it.”

Barbara Fendrick (my mother)

“我简直不敢相信你需要花费一百万美金去证明当人们需要为某样东西花的钱越多，他们就会买的越少。

Barara Fendrick (我的母亲)”

Impact of Increases in Consumer Costs on Health Care Utilization

A growing body of evidence concludes that increases in consumer costs leads to a reduction in the use of essential services, worsens health disparities, and in some cases leads to greater overall costs. 越来越多的证据显示病人花费的增加会减少一些必要的医疗服务的使用，扩大了健康悬殊并且在某些情况下导致整体费用更高。

Goldman D. *JAMA*. 2007;298(1):61–9. Trivedi A. *NEJM*. 2008;358:375-383. Trivedi A. *NEJM*. 2010;362(4):320-8.. Chernew M. *J Gen Intern Med* 23(8):1131–6.

The New York Times Business Day

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ECONOMIC VIEW

When a Co-Pay Gets in the Way of Health

By SENDHIL MULLAINATHAN
Published: August 10, 2013

ECONOMISTS specialize in pointing out unpleasant trade-offs — a skill that is on full display in the health care debate.

[Enlarge This Image](#)



We want patients to receive the best care available. We also want consumers to pay less. And we don't want to bankrupt the government or private insurers. Something must give.

The debate centers on how to make these trade-offs, and who gets to make them. The stakes are high, and the choices are at times unseemly. No matter how necessary, putting human suffering into dollars and cents is not attractive work. It's no surprise, then, that the conversation is so heated.

What is a surprise is that amid these complex issues, one policy sidesteps these trade-offs.

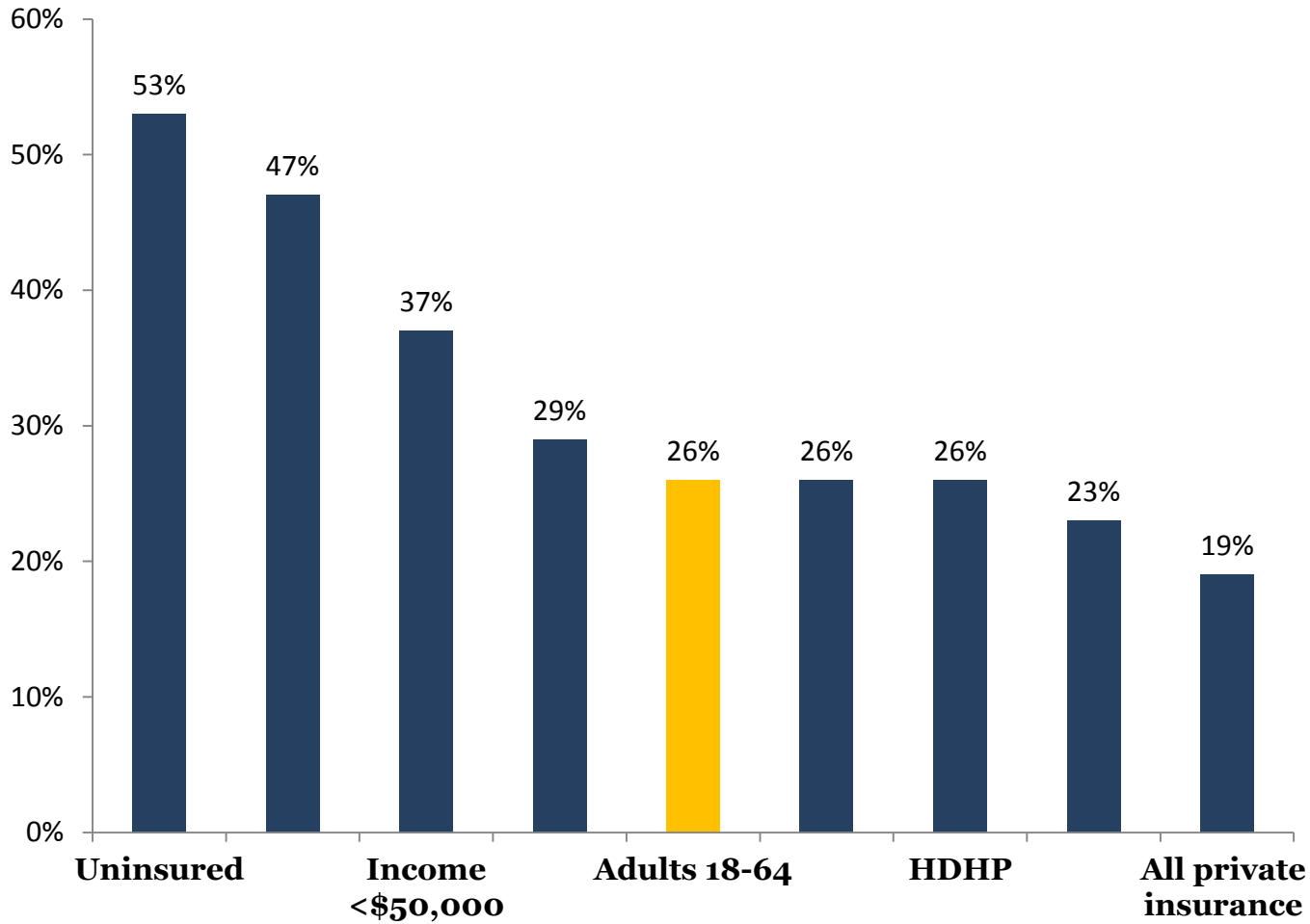
Minh Uong/The New York Times

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THE GRAND BUDAPEST HOTEL

1 in 4 Americans Report Problems Paying Medical Bills

1/4的美国人表示很难负担医疗费用



Source: Kaiser Family Foundation/New York Times Medical Bills Survey



Understanding CLINICAL NUANCE

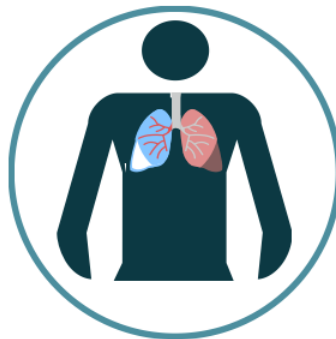
#1

Clinical Services Differ
in the Benefit Produced

不同的医疗服务各有价值



Office
Visits



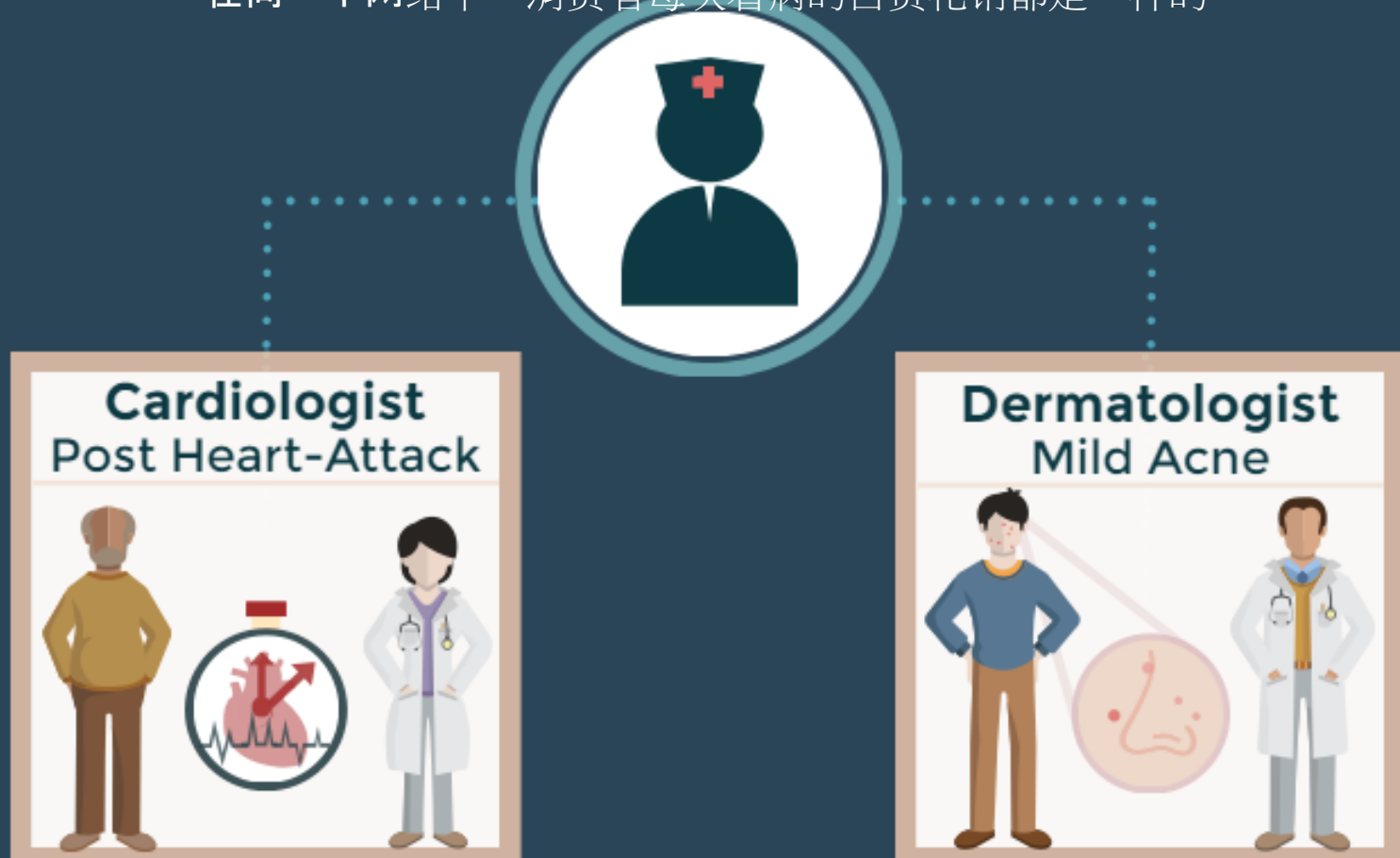
Diagnostic
Tests



Prescription
Drugs

Consumer out-of-pocket costs are the same for every clinician visit within a network

在同一个网络中，消费者每次看病的自费花销都是一样的。



Consumer out-of-pocket costs are the same for all diagnostic tests

消费者做所有检查的自费花销都是一样的。



Blood Sugar Monitoring



CT Imaging for Back Pain



Consumer out-of-pocket costs are the same for drugs within a formulary tier

同一处方等级中，消费者购买药品的自费花销都是一样的。



Statins



Anti-Depressants



Toenail Fungus Rx



Heartburn Treatment



#2

The Clinical Benefit Derived From a Service Depends On...

某项服务的临床受益取决于



Who
receives it



Who
provides it



Where
it's provided

Clinical benefit depends on **who** receives it

临床受益取决于医疗服务的接收方

Example: Screening for Colorectal Cancer



Screening
Recipients



First-degree
relative of colon
cancer sufferer



**Exceptional
Value**

Average risk
50 year old



**High
Value**

30 year old with
no family history
of colon cancer



**Low
Value**

Clinical benefit depends on **where** it is provided

临床受益取决于医疗服务的提供地点



**Ambulatory
Care Center**



\$

Hospital



\$\$\$

Implementing Clinical Nuance

Value-Based Insurance Design

Sets cost-sharing to encourage greater utilization of high-value services and providers and discourage use of low-value care

- **Successfully implemented by hundreds of public and private payers**
- 价值保险已经被几百家公共、私人购买者成功实施



FOLLOW THE MONEY

From 'One Size Fits All' To Tailored Co-Payments

June 16, 2004

University of Michigan researchers say a patient drug should depend on how much he or she will pay. The move that would likely lower costs.

How to Improve Health and Be Able to Afford It

- **The transformation to evidence-based medicine has important implications for how clinical services will be delivered and paid for** 转型精准医疗将会对如何提供、支付医疗服务产生重大影响

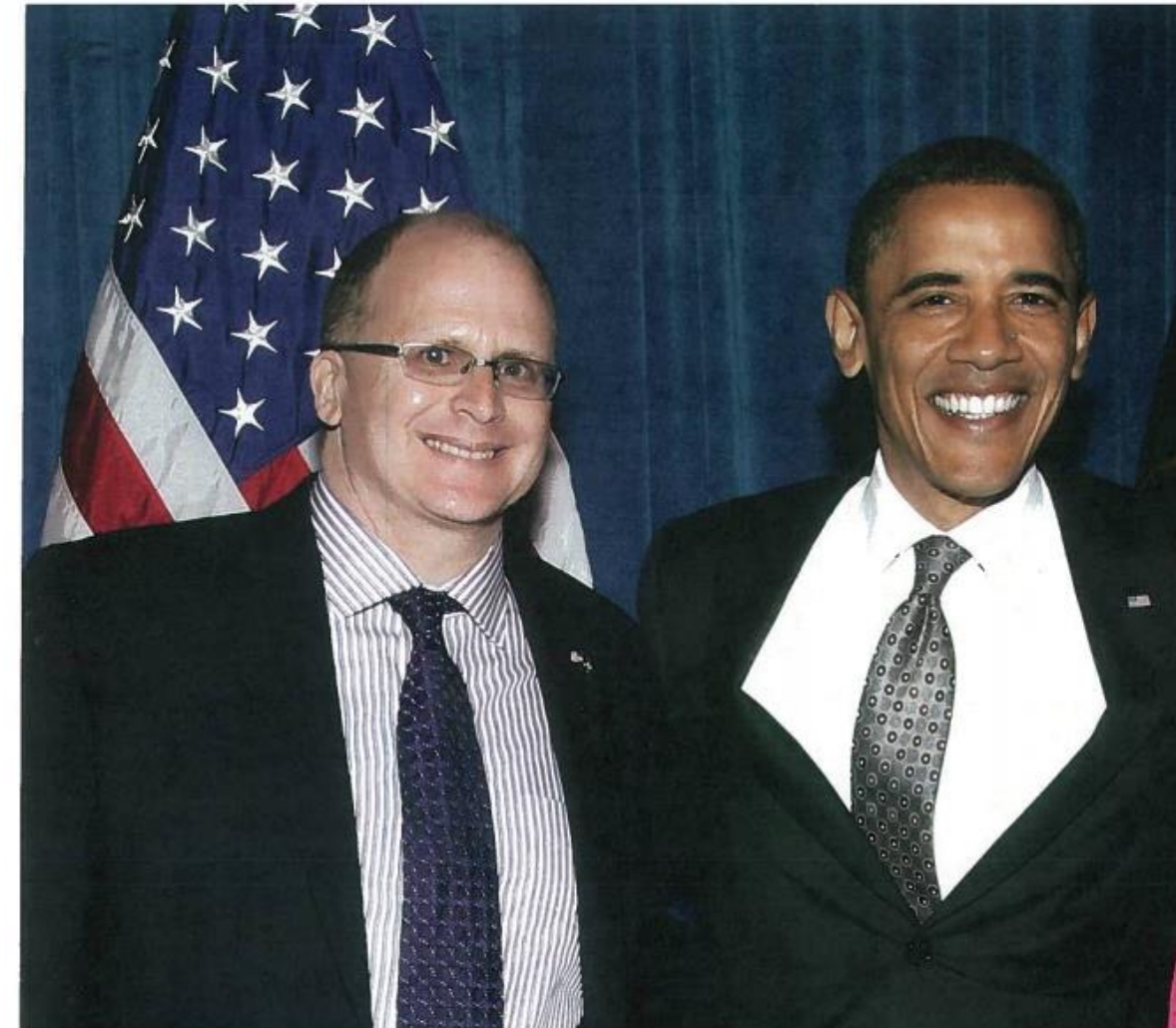
Delivery of Evidence Based Medicine:

Positive Outcomes for Key Stakeholders 精准医疗，精准提供：主要利益相关者能得到的好处



Putting Innovation into Action: Translating Research into Policy

- **Patient Protection and Affordable Care Act**
- **Medicare**
- **State Health Reform**
- **High Cost Drugs**
- **Payment Reform**



Patient Protection and Affordable Care Act: Selected Preventive Services Provided at NO Consumer Cost

Over 137 million Americans have received expanded coverage of preventive services 超过一亿三千七百万美国人接受了超范围的预防服务

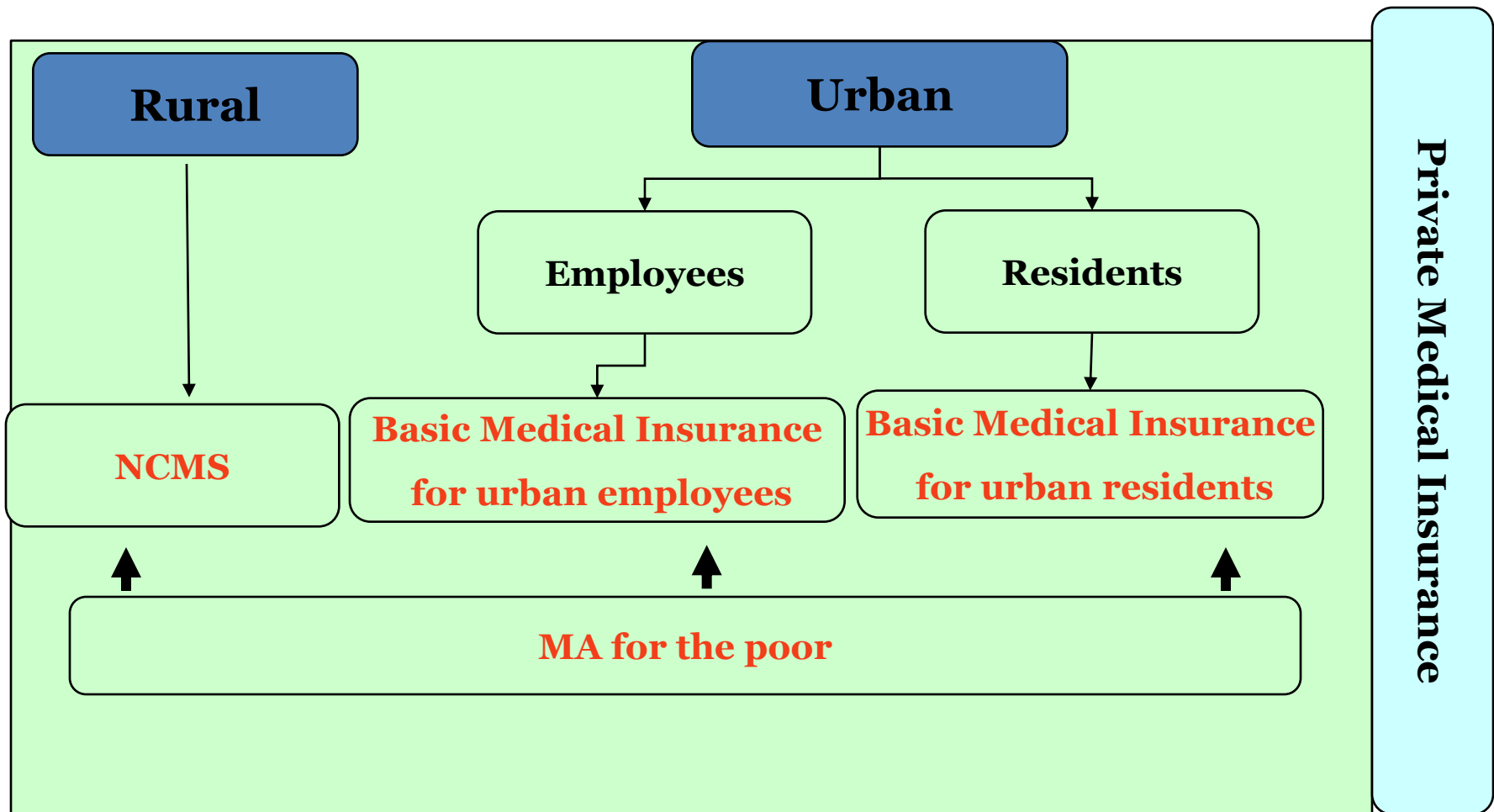
- **Screenings and counseling receiving an A or B rating from the United States Preventive Services Taskforce (USPSTF)** 接受检查、咨询服务，从美国预防服务工作组得到A或B的评级
- **Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP)** 由免疫工作咨询委员会推荐的疫苗接种

How to Improve Health and Be Able to Afford It

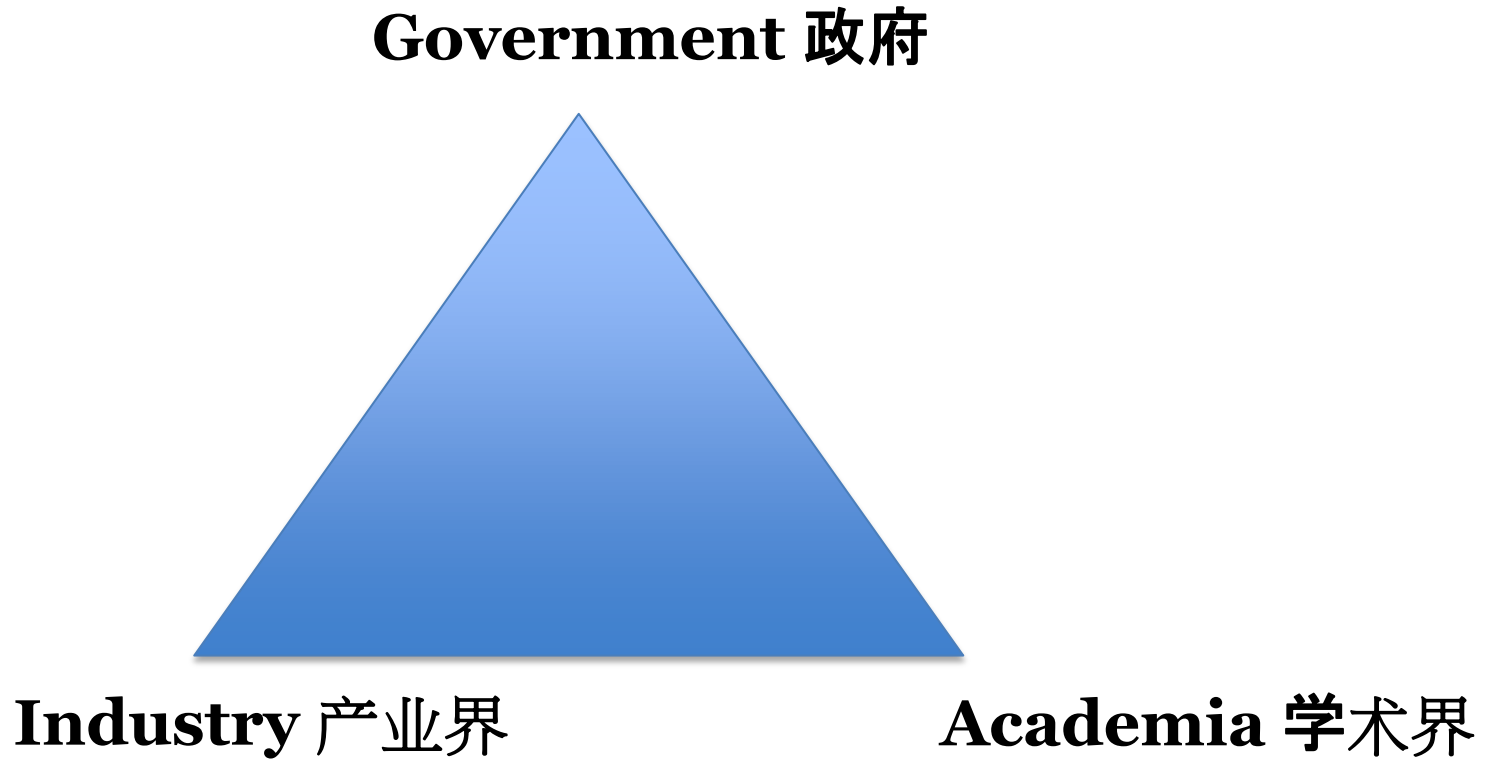
Clinician and patient incentives for precision medicine should aim to get the right service, to the right patient, at the right time, by the right clinician, at the right price 鼓励医生与病人采用精准医疗应该致力于将正确的医疗服务在正确的时间由正确的医生以正确的价格提供给正确的病人

China Medical Insurance Reform (3 + 1 Insurance Scheme, April, 2009)

Population of China



Collaborations Key Predictor of Success 合作至关重要



How to Improve Health and Be Able to Afford It

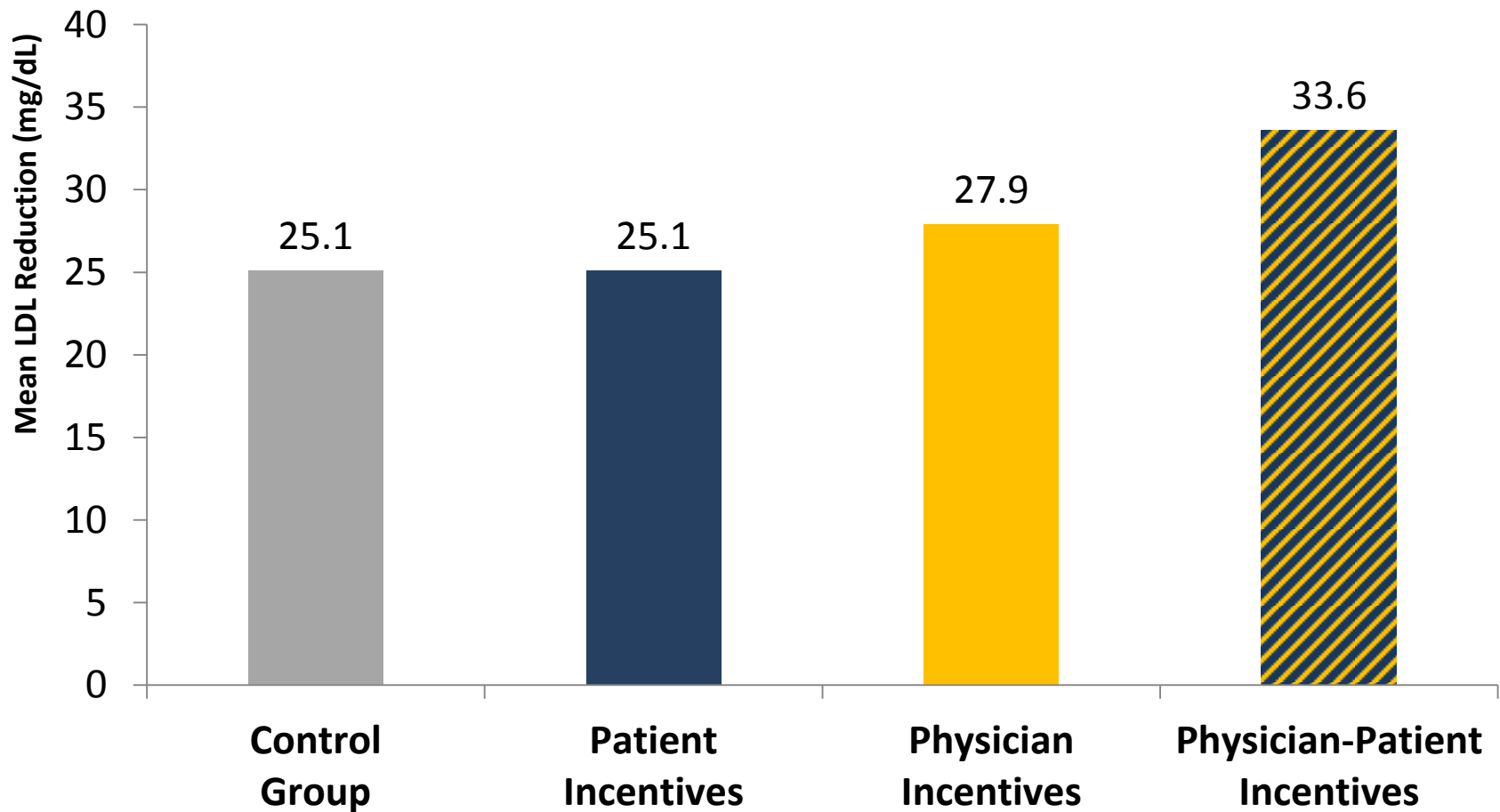
“Supply side” initiatives must change incentives to from volume to value: “提供方” 必须主动将使用精准医疗的动机由量变为质

- **Comparative Effectiveness** 比较效果
- **Health Information Technology** 卫生信息技术
- **High Performing Delivery Systems** 高性能传送系统
- **Alternative Payment Models** 其他付费模式

How to Improve Health and Be Able to Afford It

“Demand side” consumer incentives should be aligned with those of their clinicians to ensure that care provided is patient- centered, high quality and cost-effective “需求方” 消费者的动机应该与其医生的动机达成一线，以确保以病人为中心的、高质量的、划算的医疗保健服务

Impact of Aligning Physicians and Patients: Financial Incentives to Lower Cholesterol 将医生与病人 结盟的影响：降低胆固醇的金钱激励



Source: JAMA. 2015;314(18):1926-1935



How to Improve Health and Be Able to Afford It

The alignment of clinically nuanced, provider-facing and consumer engagement initiatives is a necessary step for precision medicine to meet the “Triple Aim” of improving quality of care, enhancing the patient experience, and containing cost growth

为了实现提升医疗保健服务、改善患者体验和保持医疗费用增长“三重目标”，精准医疗必须要将医疗细微差别、提供方和消费方的动机统一一线。

Thank you!

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www.vbidcenter.org

