

2018 Health Care Trends



aetna[®]

Introduction

Despite the United States' position as an economic powerhouse at the forefront of the tech boom, our health lags behind some countries.

World Health Organization¹ (WHO) figures show that our average life expectancy is lower than 30 other countries, including Switzerland, Australia and Canada. But the tide may finally be turning, with a monumental shift in how we approach health care, towards a personalized approach that focuses on each individual and all aspects of their well-being. Rather than concentrate solely on treating people when they're sick, health care providers are placing a greater emphasis on keeping them healthy. Instead of visiting clinical facilities for the majority of their care, people are using technology to monitor their health and receive treatment in their homes.

Doctors, hospitals and health companies now have insight into all factors that can affect patient health – from lifestyle to income to genetics. And they are using that information to connect people to a wide range of health and social services within their communities.

The Aetna 2018 Health Care Trends Report explores the key factors driving this shift: New strategies that yield better results from our country's investment in health care; innovative ways wearables could reduce spending on chronic diseases; the role of diversity in shaping a new health care system; how health companies can help conquer the scourge of opioid addiction. Read on to see how the development of these trends in the years to come can result in healthier communities, happier individuals, and better health outcomes for all.

1. World Health Organisation – Global Health Observatory data http://www.who.int/gho/mortality_burden_disease/life_tables/situation_trends_text/en/

Section 1

Moving to Value-Based Care:

A More Complete Approach to Health

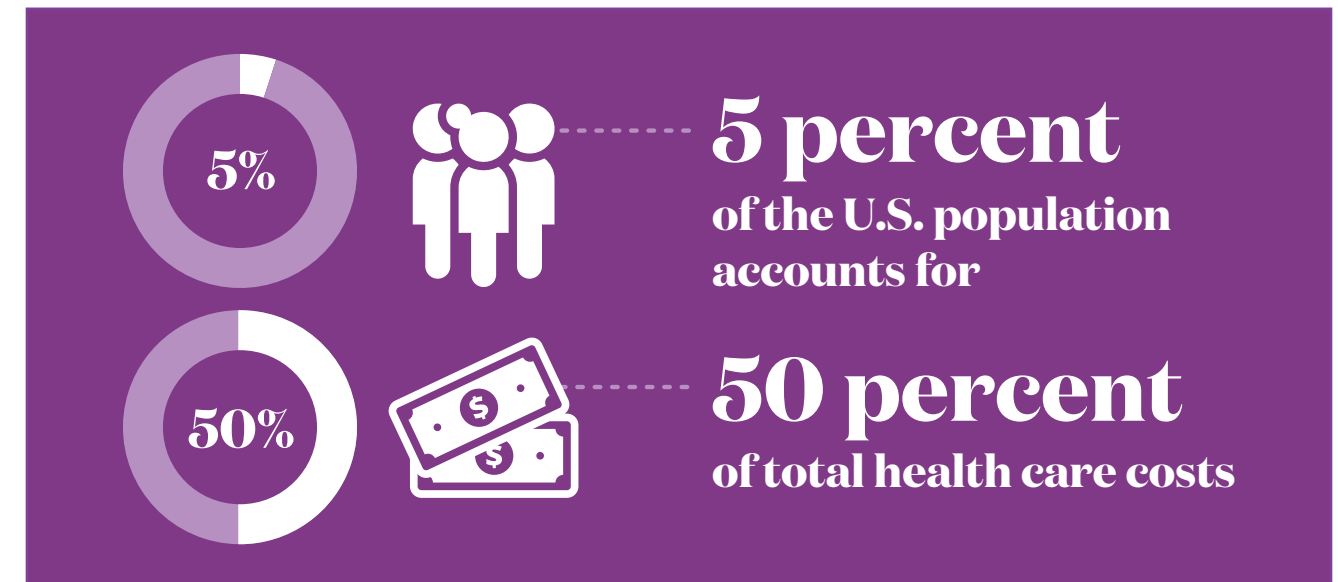


Moving to Value-Based Care: A More Complete Approach to Health

The U.S. spent nearly \$3.4 trillion on health care² in 2016, yet we achieve worse results and a lower life expectancy than most other developed countries. The challenge lies in converting investment into better results for individual health care consumers, rather than looking at people as statistics. It's easy to say, but what does that mean in practice?

Enter value-based care. Rather than focusing on the quantity of care, the value-based model pays for quality. The core idea is paying for treatments and services that lead to better outcomes and a better experience for health care consumers.

Some five percent of the U.S. population accounts for 50 percent of total health care costs³, often because they spend long periods in hospitals while seeing little improvement. With value-based care, the team caring for patients among that five percent may recommend home-based care, which would address patients' needs at a similar level but offer a better quality of life at lower cost. It's this adaptability to individual needs and a focus on results that puts value-based care ahead of other models.



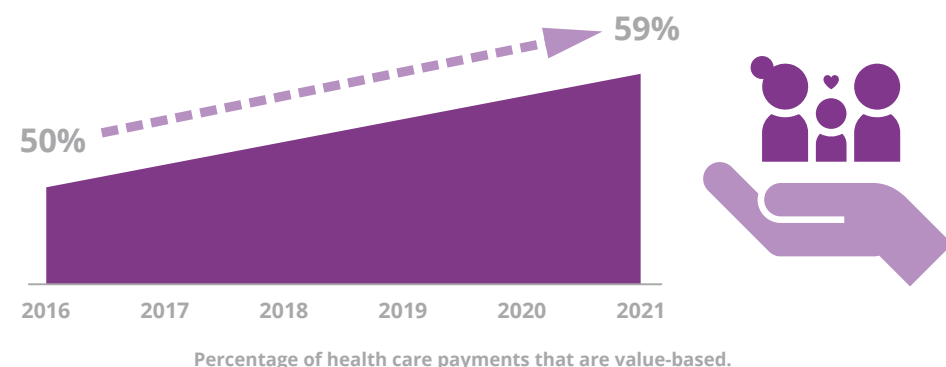
2. Centers for Medicare and Medicaid Services – National Health Expenditure Projections 2016-2025 <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>

3. Department of Health and Human Services – Medical Expenditure Panel Survey https://meps.ahrq.gov/data_files/publications/st354/stat354.shtml

“We’re looking for ways to work directly with health care providers and potentially eliminate the need for multiple third-party vendors.”

Brigitte Nettesheim,
President of Transformative
Markets for Aetna

Value-Based Care Models are on the Rise



**“For consumers,
health has a much
broader meaning that
requires a new
concept of value.”**

Brigitte Nettesheim, President of
Transformative Markets for Aetna

January 2015:

U.S. Department of Health and Human Services announces ambitious goals for reforming Medicare payments for hospitals and physicians that would make 30 percent of payments through alternate payment models by the end of 2016.

March 2016:

HHS administration announces that it has achieved that goal almost a year ahead of schedule. The further goal is 50 percent by 2018.

March 2016:

The nonprofit Integrated Health care Association (IHA) and California's Office of the Patient Advocate (OPA) releases a multi-payer public report card to provide side-by-side assessments of physician organization performance on all three key aspects of value: clinical quality, patient experience, and cost.

January 2017:

U.S. medical schools and graduate programs introduce training courses for care providers that reflect shift to value-based care.

A Collaborative Approach to Progress

Value-Based Care

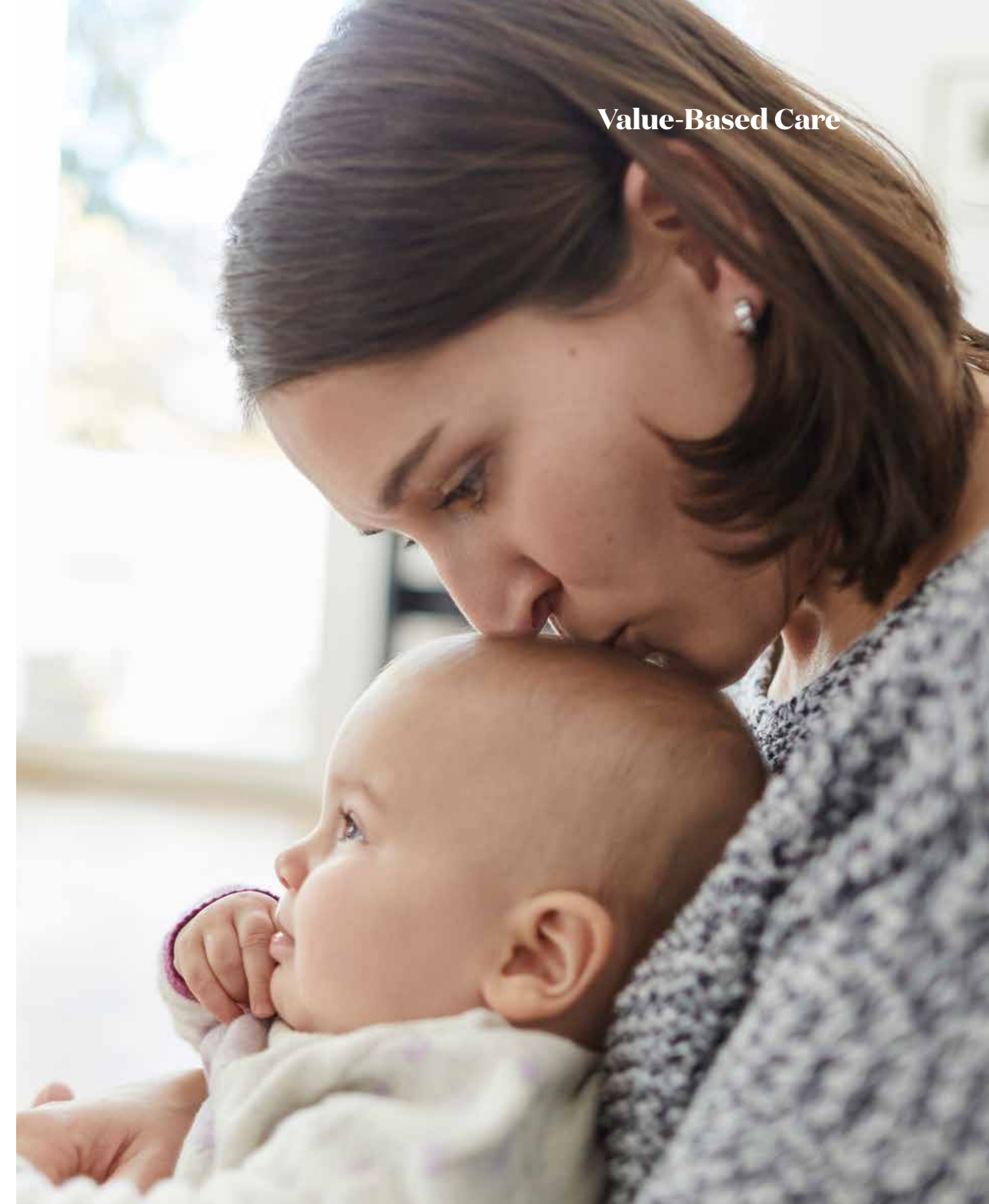
The industry is extending this concept to include other key players in the health system. Aetna is testing comprehensive value-based care programs through new business models, including five joint ventures provider systems:

- Banner Health in Phoenix.
- Texas Health Resources in the Dallas-Fort Worth area.
- Inova Health in northern Virginia.
- Allina Health in Minneapolis.
- St Paul Sutter Health in northern California.

This joint approach allows companies to create a more complete picture of patients' lives and needs, tailoring individual treatment plans that are based on more than just one set of acute symptoms.

"We partner with them, using their clinically integrated networks and affiliated physicians as the platform on which to build a value-based offering for health care consumers," Nettesheim says. "That couldn't happen without economic alignment between the entity paying for the majority of services and the organizations providing those services — being able to say: 'We'll pay for a variety of services, provided we have joint accountability to monitor and assess outcomes.'"

Nettesheim adds: "We're looking for ways to work directly with health care providers and potentially eliminate the need for multiple third-party vendors. It's slightly threatening to those vendors, but what's important is providing convenience and value to the people who actually receive the care."



Best Practice in Focus

In 2016, Aetna and Texas Health Resources created a jointly owned health plan company, Texas Health Aetna, that combines fully integrated care teams, health insurance benefits and administrative services. The partnership features the Southwestern Health Resources network as its core, and more than 500 physicians in the Texas Health Physicians Group.

Texas Health Resources' 69 outpatient facilities include surgery centers, fitness centers, imaging centers and more than 250 other community access points. Hospitals include 16 acute-care facilities and six short-stay, one transitional care and two rehabilitation facilities. The integration of these services and facilities improves the quality of care, as well as overall patient experience.

For example, each member who signs up receives a customized onboarding and welcome pack and video, along with access to a navigation center where they can speak with local nurses and customer service representatives. The aim is to provide local, integrated services to make a member's experience simpler – whether it is about their health plan or care experience.

Value-Based Care



Steps to Alliance Success

Value-Based Care

- Partners concentrate on individual strengths, adding that expertise to the wider initiative.
- Create 50/50 joint ventures, ensuring that each party has a vested financial interest in the venture's success.
- Align goals, vision and strategy.
- Commit an adequate amount of resources and funds to the transformation.
- Focus on membership growth as a critical element. What can we offer that exists only because our companies are working in alignment?

What Comes Next?

“We are in the midst of a revolution in terms of changes to the clinical delivery model. Aetna serves as an aggregator of consumer health services,” says Nettesheim. She identifies three areas key to the success of this endeavor:

- Serve consumers seamlessly as they move through their personal health journeys, including levels of care and care delivery options.
- Work diligently to transform the clinical experience through provider relationships, creating a more convenient and accessible pathway for people through their health care journey.
- Whenever appropriate, keep people in their homes and communities to achieve their personal health goals. In the geographies that include our joint venture health plans, we are building provider and community ecosystems to achieve this.



Value-Based Care

“As the industry moves away from fee-for-service to a value-based care model, we believe true partnerships between the insurance companies and local health systems are the future.”

**Genevieve Caruncho-Simpson,
Chief Operating Officer for
Texas Health Aetna**

Section 2

From Clinic to Community: A Holistic Approach to Health Care

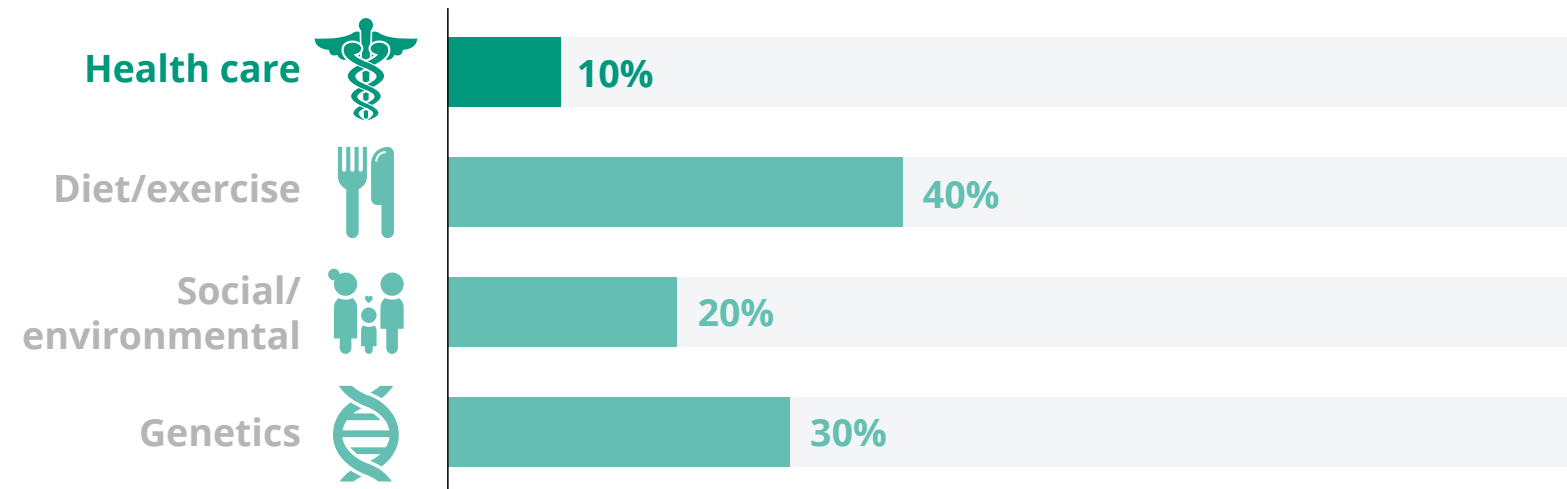


From Clinic to Community: A Holistic Approach to Health Care

Clinic to Community

Improving outcomes requires more than just medical and technological advances. We need a new level of insight into all factors that contribute to a person's health. Research shows that medical care is responsible for a mere 10 percent of preventable mortality⁴. Lifestyle choices such as diet and exercise determine 40 percent; social and environmental factors, such as where a person lives and their education, account for 20 percent; and genetics contribute 30 percent.

Research Shows That Medical Care is Responsible for a Mere **10 percent** of Preventable Mortality



4. Kaiser Family Foundation – Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

From Clinic to Community: A Holistic Approach to Health Care

The goal for our health care system is to ensure that people have access to a range of services within their communities to help them address all these factors, rather than simply treating symptoms.

“We like to say your ZIP code has more impact on your health than your genetic code,” says Garth Graham, MD, MPH, president of the Aetna Foundation and vice president of Community Health. “When someone gets sick, there has been a series of factors that led to that point, going all the way back to the early stages of their life. For example, we’ve found that graduating high school extends your life expectancy by about seven years.”


Health care and disease prevention should start at home, not in the doctor’s office.

Dr. Graham adds: “We can’t underestimate how much our homes define our health. Care is not just medicine, but the food we eat and the healthy activities we participate in.”


Services that play a role in holistic health programs include nutritional counseling, exercise programs and mindfulness activities, such as meditation and yoga. Doctors have increasingly realized that there are important connections between mental and physical health, which is why mental health care and support groups are another vital component of the holistic approach.

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Garth Graham, MD, MPH, President of the Aetna Foundation and Vice President of Community Health




Holistic, Personalized Health Programs Include:



nutritional counseling



exercise programs



mindfulness activities

From Clinic to Community: A Holistic Approach to Health Care

It's also critical for communities to build infrastructure and services that will improve their residents' health and well-being. For example, the Aetna Foundation is a partner in The Healthiest Cities & Counties Challenge⁵, along with key stakeholders such as the American Public Health Association (APHA) and the National Association of Counties (NACo). The challenge offers \$1.5 million in prizes to communities that make significant changes to residents' well-being through community projects. These include initiatives such as planting community gardens, eliminating deserts, and developing parks and outdoor spaces that encourage exercise and recreation. Communities involved in the challenge can also compare findings to hone their own initiatives.

"The big health threats we face today can't be solved by one sector alone," says APHA Executive Director Georges C. Benjamin, MD. "Instead, we need to build partnerships that reflect the many societal factors that impact our health and our opportunity to make healthy choices. Whether it's affordable housing, community violence or safe drinking water, multi-sector partnerships coupled with community-driven leadership have the potential to transform the way we think about good health and well-being."



“The big health threats we face today can’t be solved by one sector alone.”

**Georges C. Benjamin, MD
APHA Executive Director**

5. Healthiest Cities and Counties Challenge <http://www.healthiestcities.org/>

Best Practice in Focus

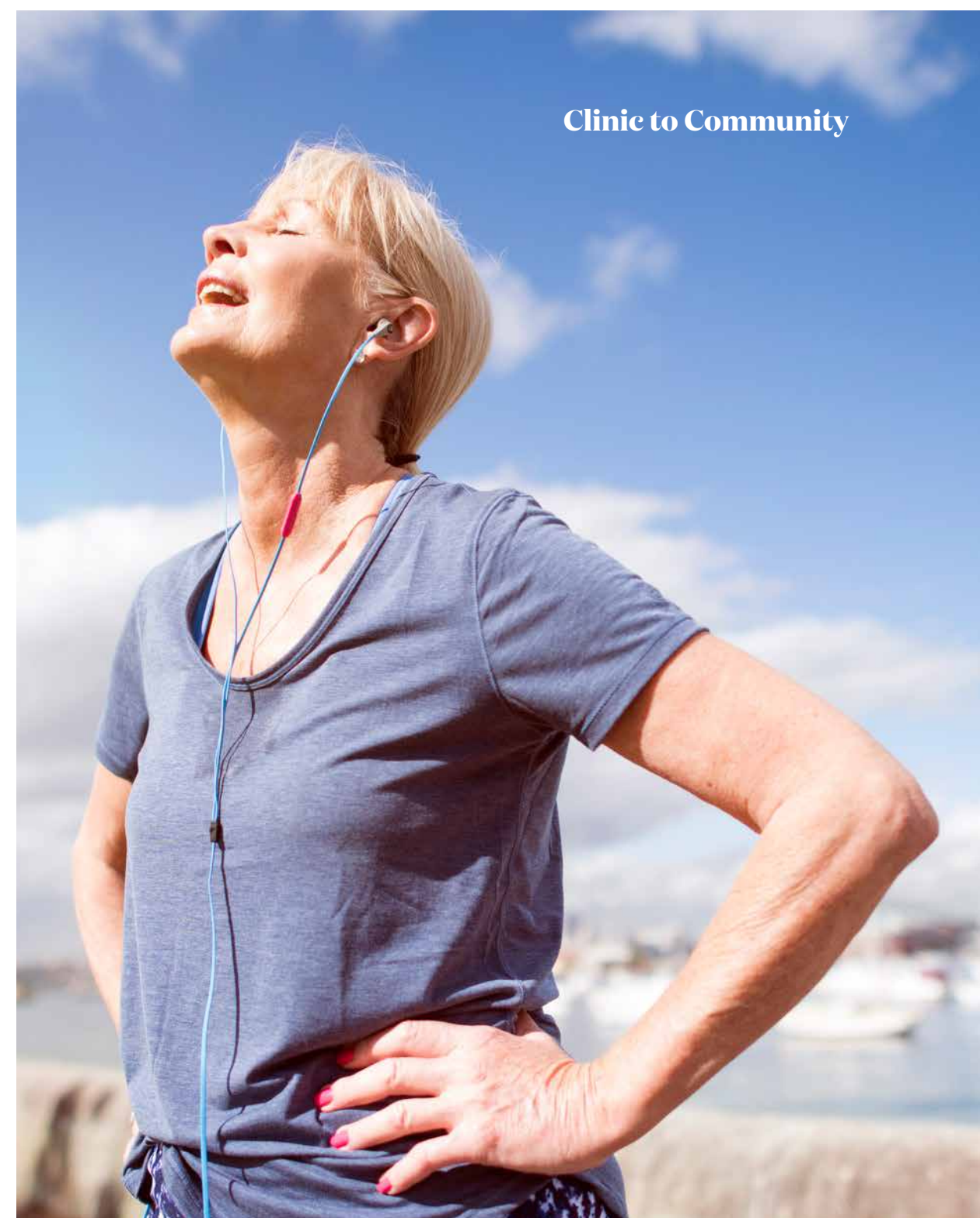
Wichita County in Texas, one of the finalists in the Challenge, is working hard to overcome significant health problems among its population. According to the U.S. Census Bureau and the Behavioral Risk Factor Surveillance System (BRFSS), the adult smoking rate is 21%⁶, the adult obesity rate is 33%, and the physical inactivity rate is only 29%. Additionally, the 2015 Youth Tobacco Survey for Wichita County revealed that 35 percent of junior and high school students reported being in a vehicle at least once in the past week with someone smoking cigarettes. These are all above national averages.

The county will address students' academic and health outcomes using the Coordinated School Health Program model, a holistic program designed to address all aspects of children's development. In addition, the Health Department is educating residents about the dangers of secondhand smoke with a social media campaign. And Wichita's 5-2-1-0-8 Worksite Wellness program, a campaign across workplaces all over the county, aims to tackle inactivity and obesity.

This multi-pronged approach shows the value of organizations working together to take a wider view on health issues.

6. Tobacco Prevention and Control Coalition – Narrative-Form Needs Assessment Outline http://www.uttobacco.org/public/uploads/files/general/Wichita_TPCC_Needs_Assessment_Narrative_Outline_FY201.docx

Clinic to Community



The Worksite Wellness Program Encourages:



5

fruits and/or
vegetables
a day



2

hours or
less of
recreational
screen time
a day



1

hour or more
of physical
activity a day



0

sugary
drinks, more
water



8

hours of sleep

Steps Towards Truly Holistic Care

Clinic to Community

- Assess community needs.
- Inform research and influence clinical decisions.
- Allocate community resources.
- Determine the effect of policies.



What Comes Next?

The future of health care will be a world away from the current system that typically treats people only after they become sick. Doctors will diagnose a person's risk factors for many chronic health issues by evaluating genetics, lifestyle, environmental factors and social circumstances. Then providers will create a comprehensive care plan that is supported by a care manager within the person's community. These care managers will be long-term partners, providing support between doctor's visits, and connecting people with local services that help them live happier, healthier lives.



Clinic to Community

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Section 3

From the Hospital to the Home:

The Health Care Technology Revolution



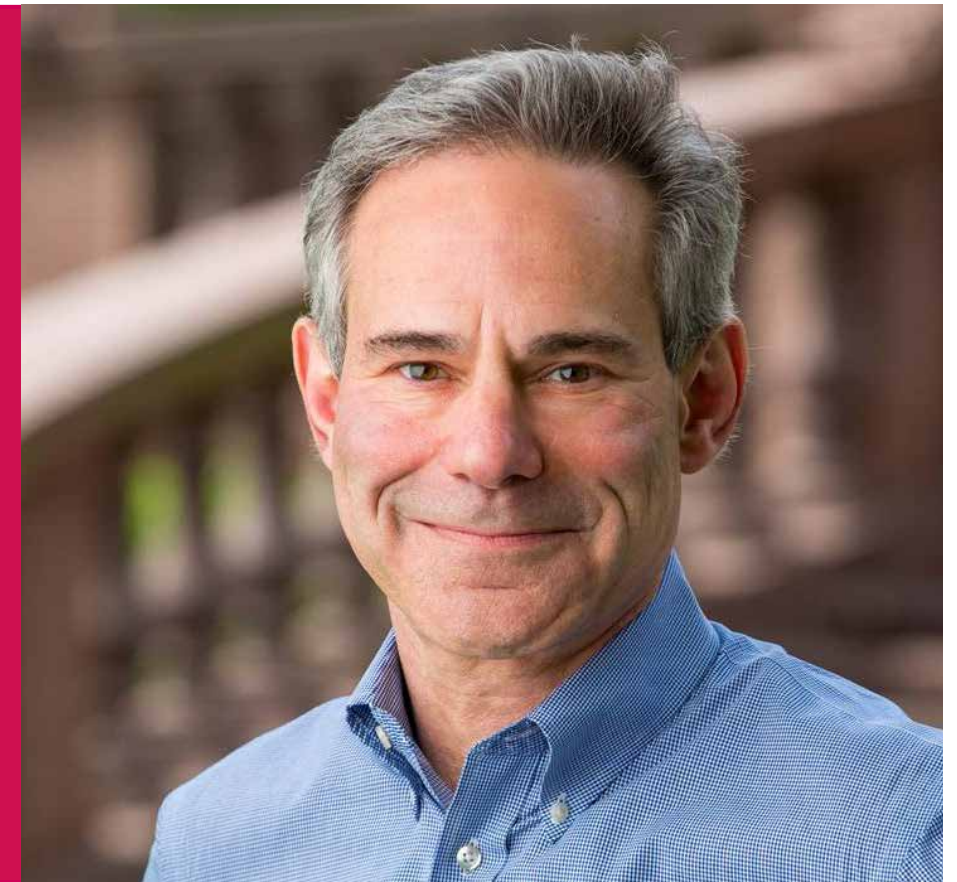
From the Hospital to the Home: The Health Care Technology Revolution

From the Hospital to the Home

Analysts estimate that by 2018, 65 percent of interactions with health care facilities⁷ will occur via mobile devices, and that's just a small element of the changes to come. New technology, including wearables and telehealth platforms, will allow key aspects of care to move out of clinical settings. These changes offer patients greater independence, improved convenience, and new opportunities to tailor treatments to their personal needs.

“We’ll see people get a lot more care from home, thanks to technologies such as remote monitoring and telehealth.”

David Edelman,
Chief Marketing Officer of Aetna



7. Forbes – Top Five Digital Transformation Trends In Health Care <https://www.forbes.com/sites/danielnewman/2017/03/07/top-five-digital-transformation-trends-in-healthcare/#3f7e7db72561>

From the Hospital to the Home: The Health Care Technology Revolution

From the Hospital to the Home

Wearables that track heart rate and physical activity are increasingly popular tools in wellness programs that extend beyond the home into the workplace. A study by Springbuk found that 35 percent of 2017's "Healthiest Employers" ⁸ use wearables in their wellness programs. This includes Aetna, which offers discounted Apple Watches to all 50,000 of its employees.

**35 percent
of 2017's "Healthiest
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wearables in their
wellness programs.**



8. Springbuk – Healthiest 100 Employers in America <https://www.springbuk.com/our-insights/healthiest-100-magazine-2017/>

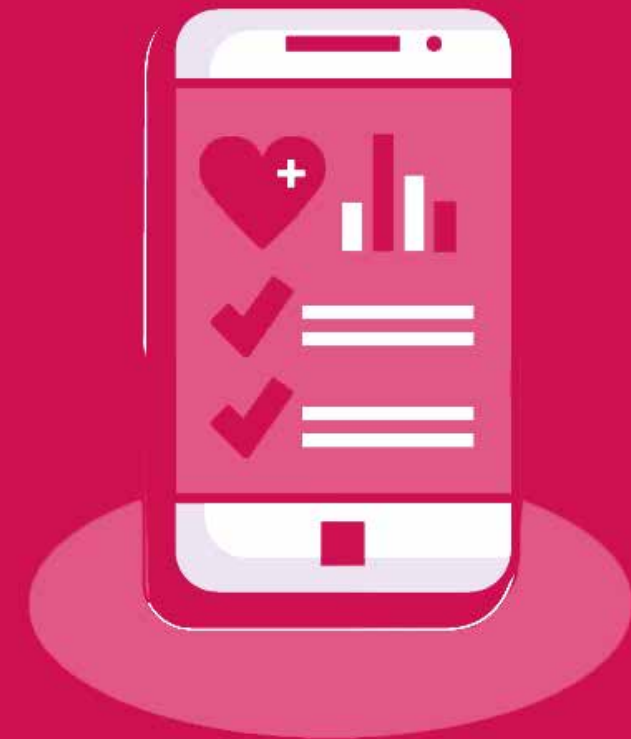
From the Hospital to the Home: The Health Care Technology Revolution

From the Hospital to the Home

Tracking steps is great for someone looking to boost their fitness, but to truly benefit people suffering with chronic conditions and other serious ailments, data needs to be collected strategically. “There’s this whole wave of data, but what does it mean?” Edelman says. “We have to bring more intelligence into the interpretation of the data. And we need applications that are purpose-driven, tied to specific conditions and interconnected with other applications and devices to give us answers we can use.”

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Best Practice in Focus

These technologies are particularly effective when integrated as part of a joint venture. An example is the recent collaboration between Aetna and Innovation Health to test the GoCap®. The device serves as the cap for a diabetic patient's insulin pen, logging each injection. It also connects with the cloud-based application One Drop®, which analyzes such data as blood-glucose levels and medications to guide live coaching based on the person's real-time health information.

The technology empowers doctors to prescribe a personalized set of tools for each individual's needs. Patients now feel able to manage their health at home and in the workplace, while caregivers and care coordinators are armed with vital information that can help people stay healthy.



“The exciting thing about this pilot is that it will allow us to conduct research in a real-world environment.”

**Van Crocker,
President of
Aetna's Business Unit**
That Focuses on Using Data and Technology
to Show the Value of Health Products and Services

Best Practice in Focus

New devices shaping the future of health monitoring:



CardioMEMS

This FDA-approved, implantable device can detect signs of heart failure and notify a person's doctor before a crisis ensues.



Propeller Health

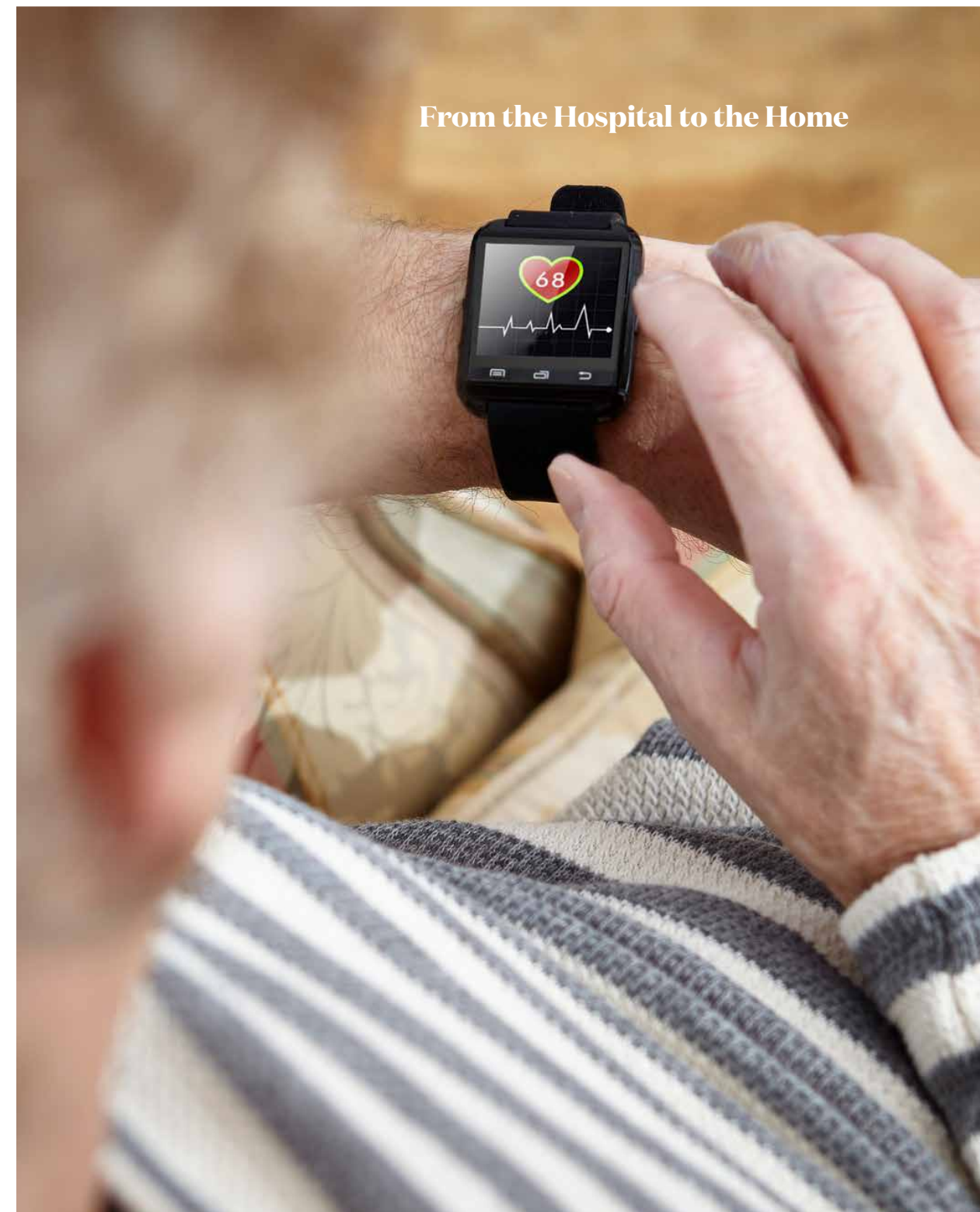
A Bluetooth-enabled inhaler connects to an asthma or COPD patient's smartphone to track the location and frequency of medication use, allowing data analysts to identify potential triggers.



Pip

This small, handheld device uses biofeedback from your fingertips to measure stress levels.

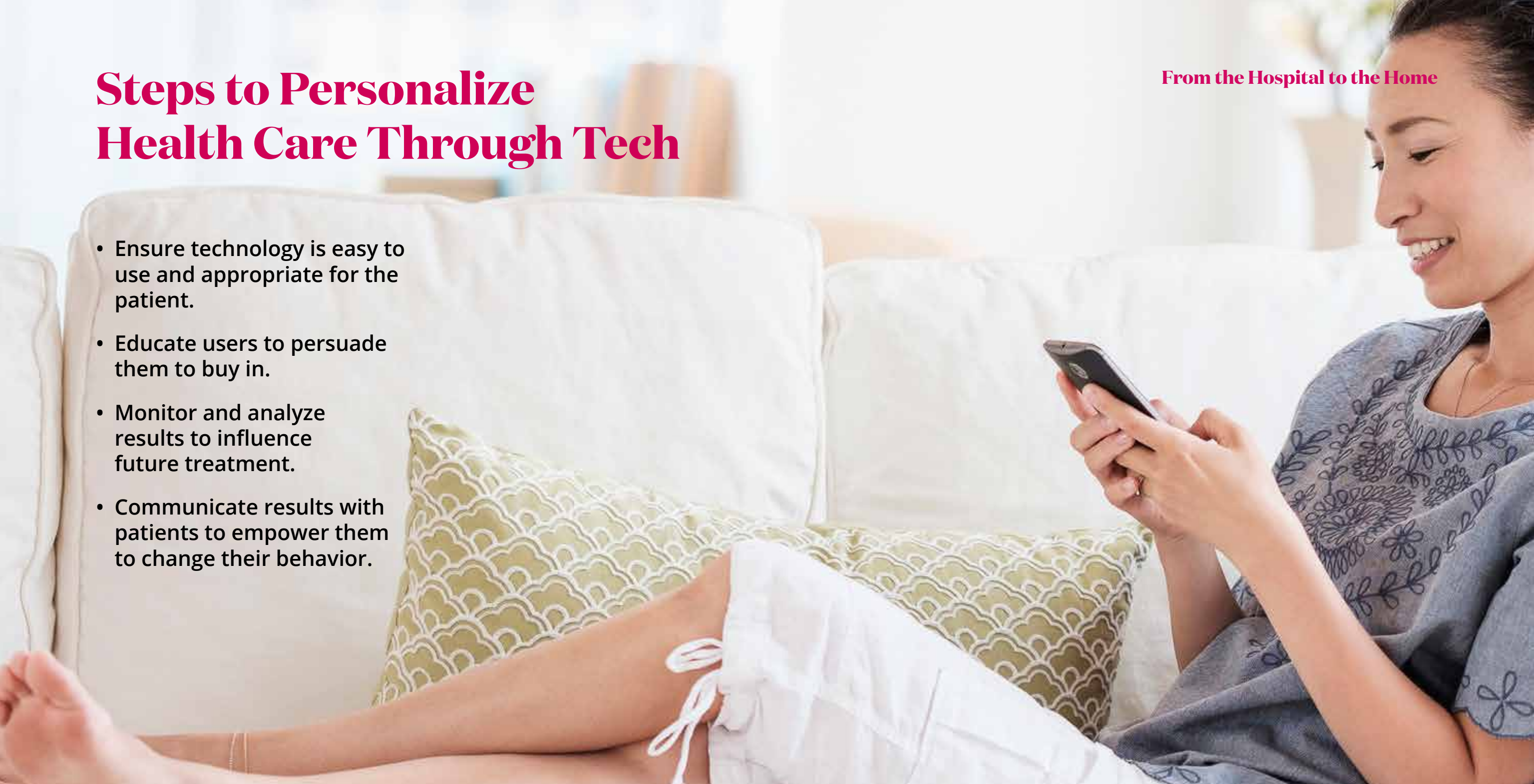
From the Hospital to the Home



Steps to Personalize Health Care Through Tech

From the Hospital to the Home

- Ensure technology is easy to use and appropriate for the patient.
- Educate users to persuade them to buy in.
- Monitor and analyze results to influence future treatment.
- Communicate results with patients to empower them to change their behavior.



What Comes Next?

The next step in wearables will be to make them relevant to people who wouldn't normally use them. "Most people who use a wearable today are already active, healthy and concerned about their health," Edelman says.

"We need technologies that are tied to medicines and tied to specific therapies and conditions that provide people with real solutions to their health issues rather than just functional products."

The opportunity lies in how wearables, big data and artificial intelligence come together to offer solutions that improve the quality of care.



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Section 4

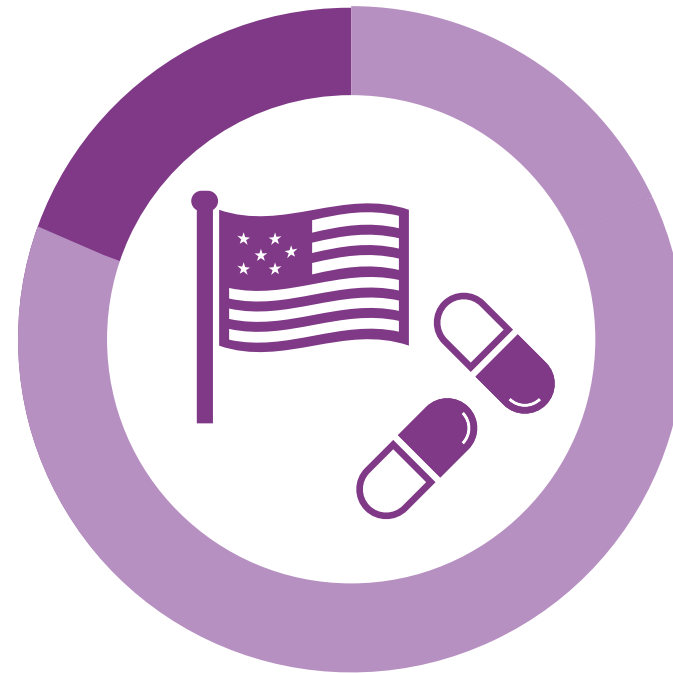
Tackling a Public Health Emergency: Opioid Abuse



Tackling a Public Health Emergency: Opioid Abuse

Tackling a Public Health Emergency

Opioid abuse is one of the biggest health threats facing U.S. citizens, and was recently declared a public health emergency. Americans account for less than 5 percent of the world's population, but take 80 percent of the world's opioid medications⁹. In 2016, more than 46 people died every day¹⁰ from overdoses involving prescription opioids. Efforts to curb the crisis have so far fallen well short, but why? And, more importantly, what can be done to create better outcomes for everyone?



Americans account for less than 5 percent of the world's population, but take 80 percent of the world's opioid medications.

9. NASPER – Facts on Nasper: National Drug Control Policy and Prevention of Prescription Drug Abuse Reauthorization Act of 2010 <http://www.nasper.org/database.htm>

10. Centers for Disease Control and Prevention – Prescription Opioid Overdose Data <https://www.cdc.gov/drugoverdose/data/overdose.html>

Tackling a Public Health Emergency: Opioid Abuse

Tackling a Public Health Emergency

The opioid abuse epidemic stems, in part, from medical professionals overprescribing medications. But it's not just doctors who need to change their thinking. Patients also need to be educated about the risks and responsibilities associated with these drugs. "A lot of physicians would probably prefer to hold a hard line on some of these medications, but patients expect to get prescriptions because that's what they have experienced in the past or that's what their family and friends get," says Dr. Harold Paz, executive vice president and chief medical officer for Aetna.

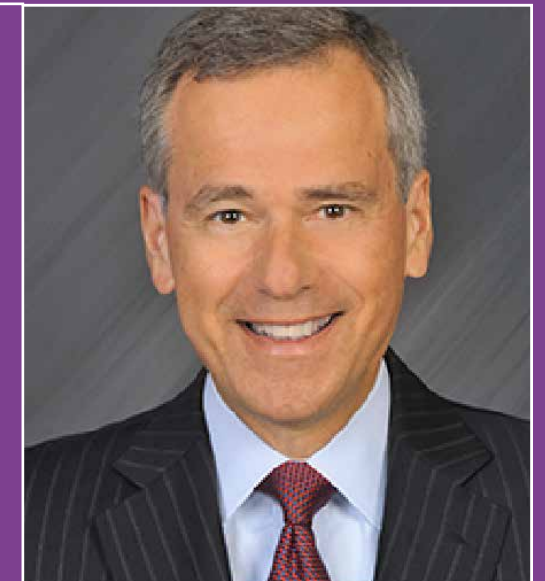
Doctors must be more deliberate about prescribing opioids, instead recommending nonnarcotic medications and alternative forms of pain relief. "A lesson we've learned over the past several years is that opioids should be the treatment of last resort for

acute pain," Dr. Paz says. "We don't have to look very far to see that there are regions of this country where the prescribing of opioids is significantly lower than others." The regions most affected by this opioid epidemic have been rural areas and areas where many people work physically demanding jobs such as mining and manufacturing.

"One reason these areas have higher prescribing rates is that people who do manual or repetitive work can have more joint injury and chronic pain," Dr. Paz explains. "But also, certain urban areas have already experienced waves of illicit opioid abuse in the past, so physicians in those areas tend to have more training and regulation around the prescribing of opioids."

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Dr. Harold Paz,
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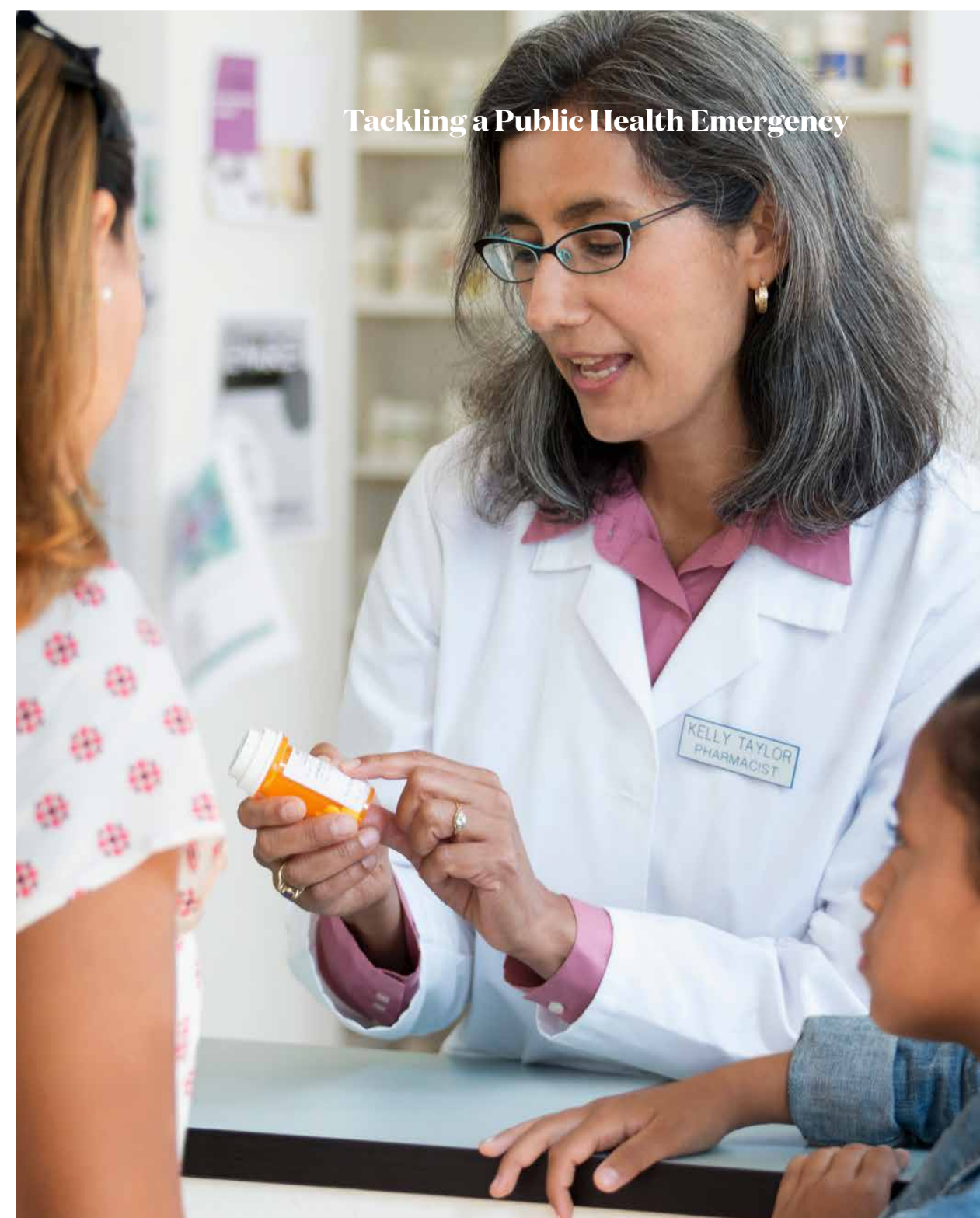


Best Practice in Focus

In 2016, Aetna began analyzing data to identify “super-prescribing” physicians in its network, including dentists, who account for 18 percent of all opioid prescriptions. The goal is to work with these physicians and dentists to bring prescriptions within current guidelines set by the Centers for Disease Control. Aetna also disseminates guidelines written by the American Association of Oral and Maxillofacial Surgeons.

Some physicians and dentists were surprised to learn that they were considered outliers – and skeptical of the data. Aetna talked to these practitioners. This personal approach helped doctors appreciate nuances, and change their prescribing practices. So far, the program has resulted in a decrease in the number of members receiving opioid prescriptions.

Tackling a Public Health Emergency



Steps to Deal With Over-Prescribing

Tackling a Public Health Emergency

- Change the way providers think about treating pain and illness.
- Educate patients that not all pain and sickness can or should be treated with medication.
- Step up drug treatment programs and behavioral therapy for those who already are addicted to opioids.



What Comes Next?

"I don't believe this epidemic will be solved by any one specific approach," says Dr. Paz, "but we need to begin addressing these issues as a collaborative effort."

Such an effort would need health companies to provide strategic guidance, and law enforcement agencies, pharmacies, drug companies, the CDC, and the press, to keep these issues front of mind. We need innovative solutions to make meaningful changes in these public health crises on multiple fronts.



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**Dr. Harold Paz,
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Section 5

Experience and Empathy: Diversity in Health Care



Experience and Empathy: Diversity in Health Care

Experience and Empathy

It's becoming increasingly evident how much diversity and cultural competency among health care professionals can improve patient care. In the U.S., racial and ethnic minorities are disproportionately affected by chronic illnesses. Yet minority groups are underrepresented in health care roles; while 72 percent of the U.S. population is white, more than 80 percent of U.S. health care professionals are white¹¹. This trend continues in boardrooms and offices: minorities constitute just 14 percent of hospital board members and 11 percent of health care executives¹².

The case for diversity is a compelling one, and it's not limited to understanding and communicating with patients from all backgrounds. McKinsey & Company research¹³ shows that organizations in the top quartile for gender diversity are 15 percent more likely to outperform those in the bottom quartile, while companies in the top quartile for ethnic diversity are 35 percent more likely to outperform their counterparts in the bottom quartile. But there is still more that can be done. So, how can we bring about a positive change to ensure better-run health organizations and better service for patients?



Companies in the top quartile for ethnic diversity are 35 percent more likely to outperform their counterparts in the bottom quartile.

11. North Carolina Medical Journal – Improving Diversity in the Health Professions <http://www.ncmedicaljournal.com/content/77/2/137.full>

12. Institute For Diversity In Health Management – Diversity and Disparities: A Benchmarking Study of U.S. Hospitals in 2015 http://www.diversityconnection.org/diversityconnection/leadership-conferences/2016%20Conference%20Docs%20and%20Images/Diversity_Disparities2016_final.pdf

13. McKinsey and Company Organisation – Why Diversity Matters <https://www.mckinsey.com/business-functions/organization/our-insights/why-diversity-matters>

Experience and Empathy: Diversity in Health Care

Language and cultural barriers can often hinder care or dissuade people from seeking treatment. A multilingual and multicultural staff fosters respect and understanding for people of all backgrounds, which – according to The National Institute of Health (NIH) – can make it easier to talk to them about their health. “Cultural respect is critical to reducing health disparities and improving access to high-quality health care,” the NIH says.

The same cultural and communication issues apply to women’s care – doubly so, if the woman is also from a racial or ethnic minority. Although many women do work on the front lines of health care, they – like ethnic and racial minorities – hold a disproportionately small number of leadership and executive roles.

In addition to hiring a more ethnically diverse workforce, it’s important for health care

companies and providers to train all staff members to be culturally sensitive. One such training program is Culturally Competent Nursing Modules (CCNM), which health care workers can access through Think Cultural Health.

The program teaches practitioners how to understand and navigate the cultural attitudes, beliefs, and behaviors that influence the care they deliver. It emphasizes cultural and linguistic competency at every point of contact, while offering an overview of current guidelines for providing language-access services in health care settings and suggesting ways to integrate cultural competence into health care organizations. Aetna is also working tirelessly to increase its female representation in senior roles, which is showing considerable progress. Some 49% of the company’s medical directors are now women.



Experience and Empathy

“Ninety percent of registered nurses are female, and around three out of four medical and health services managers in the U.S. are women. While their influence on health is strongly felt, women still lag behind men in leadership-related roles in health care and compensation.”

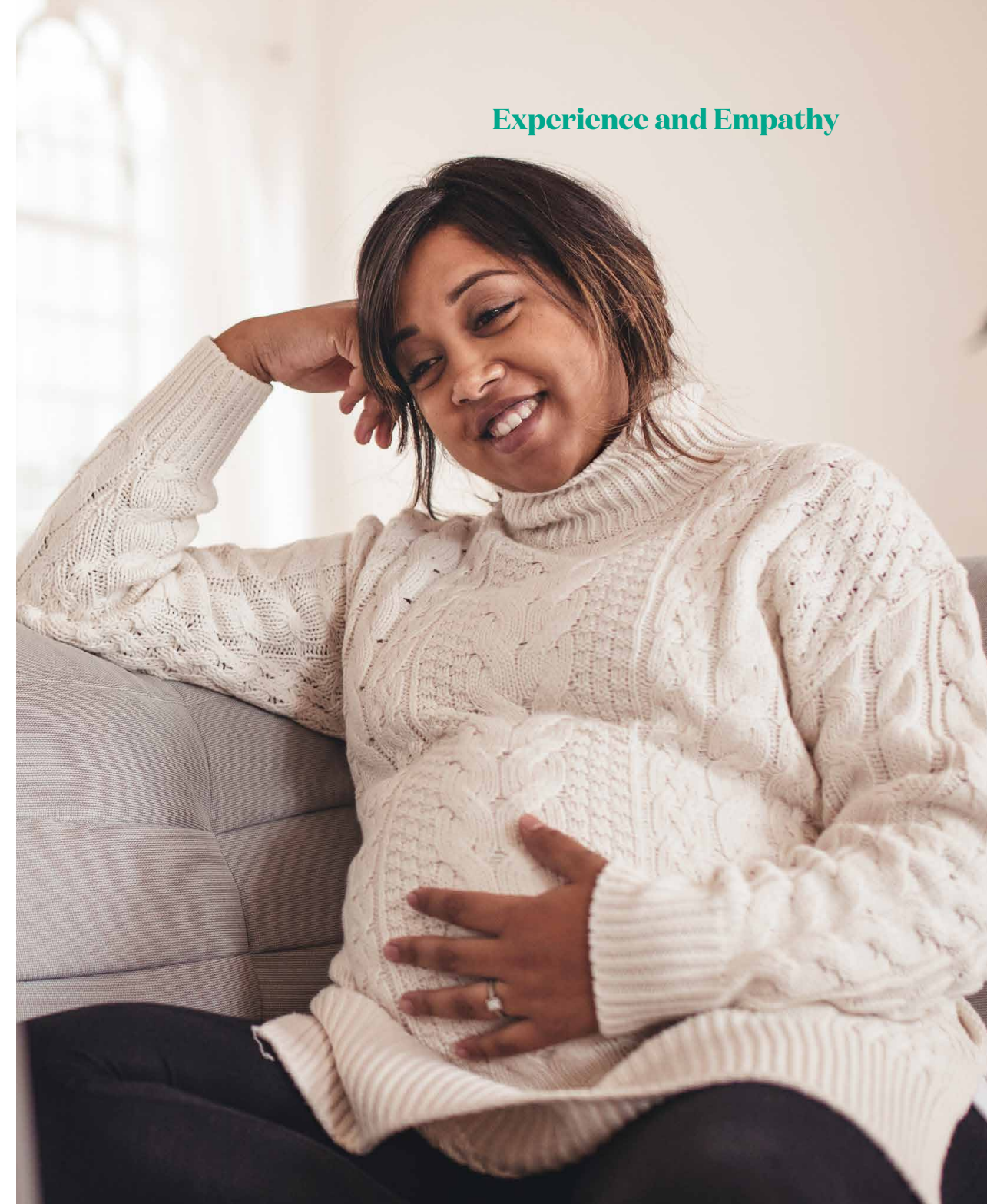
**Karen S. Lynch,
President of Aetna**

Best Practice in Focus

Aetna's Beginning Right® maternity program, which aims to decrease the risk of premature delivery, offers services to help prevent preterm labor for African-American women. These women receive enhanced telephone outreach by nurses trained in cultural competency, as well as preterm labor education provided at members' homes, and culturally appropriate educational materials.

Results show that African-American women enrolled in the preterm labor program are more likely to have full-term babies than women who didn't enroll. More than 12,000 women have enrolled in the program.

Experience and Empathy



Steps to Improve Services for Everyone

Experience and Empathy

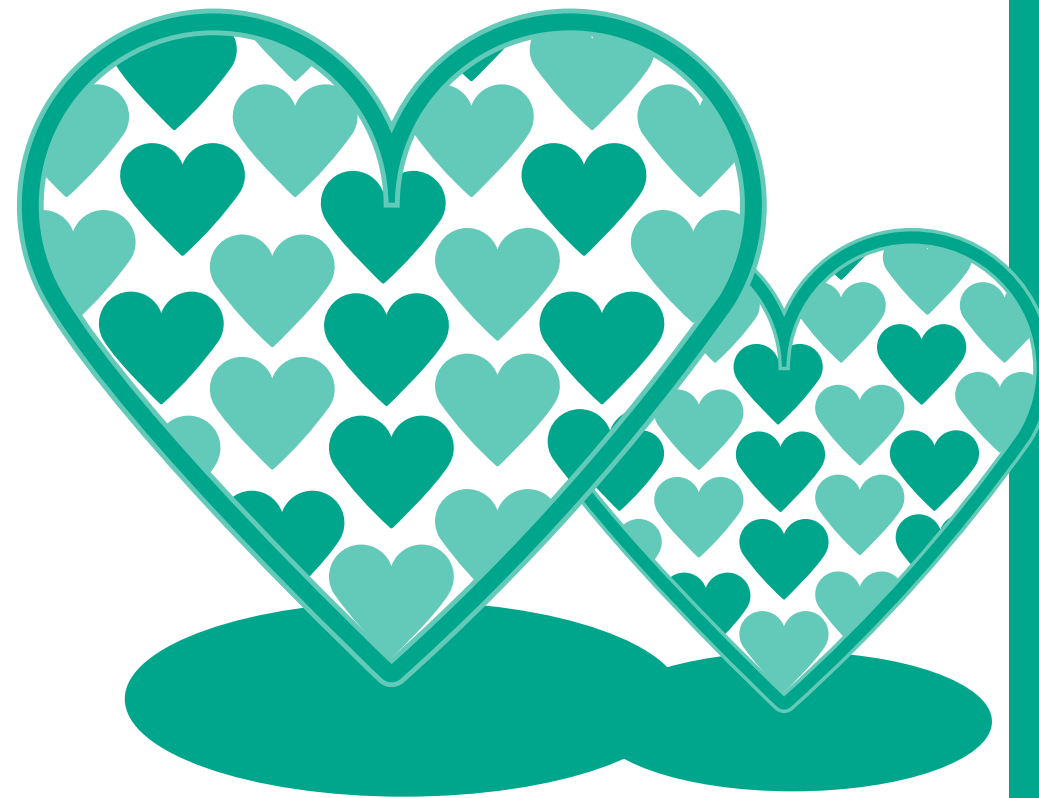
- Employ a more diverse workforce by exploring new ways to advertise job opportunities.
- Analyze data to establish where a lack of cultural competency is creating problems.
- Establish efficient methods to communicate with the maximum number of patients affected.
- Monitor results to establish the effectiveness of initiatives, then amend accordingly.



What Comes Next?

We must promote cultural competency among all health care professionals – not just doctors and nurses, but also executives and health care leaders – to ensure they can meet the needs of patients from all backgrounds with empathy and respect.

Beyond concerns for basic relationships and patient comfort, increasing diversity across all health fields will inevitably lead to innovation in research, administration and treatment – which would benefit us all.



Experience and Empathy

**We must
promote
cultural
competency
among all
health care
professionals –
not just doctors
and nurses.**

Conclusion:

The Route to Success

It's clear that our health care system faces many challenges. But by using data to identify successes and difficulties and shaping future policy with that information, we will be better equipped to overcome these issues and create a more personalized and holistic approach for patients, yielding better results at lower costs.

These factors are key elements that will allow us to move forward and create a better system for everyone:

- **Sharing expertise and data** to create a seamless clinical experience for people, regardless of their health status or circumstances.
- **Putting national health issues into their local context** to ensure they are dealt with in the best way for individual health care consumers, and put the least possible strain on local infrastructure.
- **Analyzing the huge breadth of health care data in new ways** to spot successes and challenges, and move forward with new strategies.
- **Empowering patients to take a greater role in their health maintenance** by introducing technology to monitor and interpret their day-to-day health.





Aetna News

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