THE NUMEROF 2018 US HEALTH INSURANCE OUTLOOK

Key Action Steps

- <u>Collaborate with providers</u> to improve outcomes, reduce cost and increase value
- Identify providers that can assume accountability and risk
- Develop <u>analytic and influence capabilities</u> required for success in risk-based models
- <u>Demonstrate value</u> tangibly to plan sponsors and members, with a focus on total cost of care
- Engage with consumers differently to reduce membership churn and gain share in new markets

State & Federal Agencies Political and legislative uncertainty creates risk and opportunity. Growth in narrow networks focuses attention on network adequacy. Price, quality transparency rules create pressure for greater value

Continued tension over *drug*pricing. Accelerated

approval of new drugs. New
formulary and pricing
approaches (risk-based and
indication-specific). More
focus and FDA guidance on
RWE and outcomes.

New competitors, models

obviating need for

traditional health

employer *direct*

insurance. Increased

contracting, providers

offering insurance.

Health Insurance

Consumer

Employer

More consumers with higher deductibles will seek greater transparency, competitive prices. More focus on consumer as customer. Emerging opportunities in individual market.

New potential for *risk based pricing* and *collaboration* on outcomes. Emergence of *direct purchase* models, *lower cost product* versions.

Devices

Growing reliance by providers on defined

networks and service level agreements

for standard protocols, data sharing,

outcomes and process alignment.

New

Market

Entrants

Pharma

Post-Acute Physician Hospitals Systems IDNs

More *regulatory demands, burnout,* and *reimbursement hurdles*. More IDN employment, plus wider use of care paths, communication, financial incentives to *align physician interests*.

More direct contracting.

Pressure for greater transparency for employees. Pressure for new, lower cost models delivering outcomes that matter.

More and new forms of *consolidation*. Greater *physician/hospital alignment*. Growing openness to *new payment models, risk assumption, narrow networks and alliances* with payers, employers. More interest in data sharing and outcomes, but still challenged to manage variation.

Opportunity for innovative care models.

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