1
00:00:00,090 --> 00:00:04,860
We have actually been in value-based care probably longer than many other payers.

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00:00:04,860 --> 00:00:11,310
We started 11 years ago now. We just finished the 10th year of the patient-centered medical home program,

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00:00:11,310 --> 00:00:20,610
which was a program started 10 years ago that was focused to help providers to focus on achieving better outcomes,

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00:00:20,610 --> 00:00:27,600
on cost of care and quality of care. And we have been very successful in that program.

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00:00:27,600 --> 00:00:35,730
We have been able to help to keep the cost trend from going higher than it otherwise would have gone by aligning the interests of our

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00:00:35,730 --> 00:00:44,580
employer groups and our insured customers with those of primary care physicians who have a tremendous amount of influence over cost.

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00:00:44,580 --> 00:00:49,950
And we couldn't--if we're gonna continue to operate that primary care, patient-centered medical home program.

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00:00:49,950 --> 00:00:55,230
It's important. And we have a lot of we're fortunate in the mid-Atlantic to have a lot of really wonderful independent

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00:00:55,230 --> 00:01:02,160
primary care practices that want to continue to have aligned interests with the communities that we serve.

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00:01:02,160 --> 00:01:06,900
But that's not enough. We wanted to expand our value-based programs.

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00:01:06,900 --> 00:01:16,110
And beginning in early 2019, we set about designing new programs for large health systems that employ a lot of primary care physicians,

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00:01:16,110 --> 00:01:20,610
specialists at inpatient/outpatient facilities. There's a lot of cost there.

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00:01:20,610 --> 00:01:26,550

And we thought that if we brought them into similar arrangements where they were receiving data on

14
00:01:26,550 --> 00:01:32,190
the population that they're responsible for and we're able to identify patterns and identify areas,

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00:01:32,190 --> 00:01:39,300
they could intervene to get better results for the population, that we would get better results over the entire book of business.

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00:01:39,300 --> 00:01:47,370
So we created the Accountable Care Organization models and have some early success bringing some of those health systems into those models.

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00:01:47,370 --> 00:01:52,830
The contracts are fantastic. They really create a new way of partnering.

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00:01:52,830 --> 00:01:57,720
You know, it's been referred to in the industry as pay-vider, where payers and providers get together and

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00:01:57,720 --> 00:02:03,390
come up with new ways of looking at their work and looking at their responsibility to patients,

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00:02:03,390 --> 00:02:09,600
consumers, members and whatever you'd like to call our folks. So it's been a really great experience.

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00:02:09,600 --> 00:02:17,100
Now, we didn't want to leave out our independent specialty groups, so and there's an awful lot of activity with our independent specialty groups.

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00:02:17,100 --> 00:02:26,250
You think about our obstetricians around musculoskeletal with orthopedic surgeons, colonoscopies with gastroenterologists.

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00:02:26,250 --> 00:02:32,370
So there's an awful lot of activity there and it drives a lot of cost for our employer groups every year.

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00:02:32,370 --> 00:02:38,850
So we wanted to get them focused on opportunities for improvement and provide them with some incentive to improve as well.

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00:02:38,850 --> 00:02:44,340
So we created Episode of Care models that are sometimes called bundles.

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00:02:44,340 --> 00:02:53,460
They're groups of claims that measure together. You can see how a particular surgeon or practice is performing over time.

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00:02:53,460 --> 00:02:57,870
And as they improve over time, they have opportunities to earn incentives.

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00:02:57,870 --> 00:03:03,960
So we've been pretty busy. These partnerships have reall--we've built a new team.

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00:03:03,960 --> 00:03:08,130
We've had to build a new administrative infrastructure to be able to administer these contracts.

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00:03:08,130 --> 00:03:11,850
It's been a very exciting time and the conversations are fantastic.

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00:03:11,850 --> 00:03:22,080
And we're beginning to see the big ship of healthcare begin to turn and think differently about delivering services to members.

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00:03:22,080 --> 00:03:25,140
We've also been expanding our networks.

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00:03:25,140 --> 00:03:34,860
We have it introduced as we've moved into the Medicare Advantage business and moved into the Medicaid managed-care business that has necessitated

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00:03:34,860 --> 00:03:40,410
operating new networks to serve our communities, and coming in 2022

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00:03:40,410 --> 00:03:47,400
we'll have a new network specifically for our self-funded employer groups, for folks that are coming into Medicare.

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00:03:47,400 --> 00:03:51,840
They'll be able to purchase an employer group waiver product from CareFirst.

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00:03:51,840 --> 00:03:56,550
And that'll be a fantastic addition so that we can continue to care for those members,

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00:03:56,550 --> 00:04:01,590

not just during the years when they're employed in a commercial organization or government organization,

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00:04:01,590 --> 00:04:10,470
but when they retire, we'll be able to care for them as well. That's in addition to our Medicare Advantage HMO, which launched January 1st, 2021.

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00:04:10,470 --> 00:04:14,000
So a lot of activity in value-based care.

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00:04:14,000 --> 00:04:19,260
A lot of activity and entering new market segments and a lot of activity in new networks for commercial,

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00:04:19,260 --> 00:04:25,056
some of which are being introduced to the market now and others that are on the roadmap for the next several years.