Health care in America is in a time of transition. In the past, the system focused on the needs of employers and health care providers, insulating the end user, the patient, in many health coverage decisions. And, while employers and providers are essential partners in the health care system, now is the time to further engage patients and develop solutions to help them be motivated and active users of health care.

Spurring this new shift is the growth of consumer directed health plans. According to the Kaiser Family Foundation 2013 Health Benefits Survey, 20 percent of covered workers were enrolled in high-deductible health plans, a type of CDH plan, up from 13 percent in 2010. In addition to CDHC adoption, health care reform encourages consumer engagement as a means to help moderate costs and also help patients make better choices.

The health care law — at its core — is designed to expand access to more affordable health care coverage. This change requires more collaboration among payers, providers and consumers. For payers, individuals will become an even more important audience as those without work-based insurance coverage will now have greater access to individual health care coverage. Accountable care organizations require doctors, hospitals and other clinicians and providers to work collaboratively to ensure that patients get needed care, in a manner that is effective and cost efficient. Reimbursement models are shifting to reward those that offer the highest quality of service at the most appropriate cost.

As a result, new tools have emerged that give patients easy-to-understand cost and quality information that will help them better navigate the health care system. These tools are the first step in making consumers savvy shoppers. They are essential to helping consumers thrive in the environment where they are responsible for a greater share of their health care dollars, and, as a result, purchasing decisions. Health care needs to make it easy for consumers to “shop” for health care through online and mobile information prior to and at the point of care.

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One company is focused on consumerism as a means to provide more knowledge for patients at various points along the health care spectrum. Cambia Health Solutions, a nonprofit total health solutions company, is investing in and building companies that change the way people use and experience the health care system. Cambia is working to transform health care by:

- Making health care more affordable and accessible by creating people-focused products and services that deliver superior value and are easy to understand.
- Increasing consumers’ engagement in their health care decisions by providing information and tools that foster and reward relationships with providers, and that address relative risks, benefits and costs of treatment plans.
- Offering a diverse range of services and products that not only encourage but confer upon consumers’ greater power to assume a sense of personal accountability in their overall wellness, the ability to achieve optimal health outcomes, and to secure the financial wellbeing of their families.

The Direct Health Solutions division within Cambia is dedicated to improving quality of care, supporting access to affordable health care, inspiring accountability, expanding choice and encouraging consumerism. With consistent growth, there are currently 22 companies in the DHS division and all worthy of mention. However, hubbub health, HealthSparq and Wellero exemplify support and resources available along the spectrum.

Leverage a novel way to stay well. The best way to avoid increasing health care costs is to stay healthy. Employers know this and have been investing significant time and money on corporate health and wellness programs for years, yet two-thirds of the U.S. population remains overweight or obese. With 50 percent of a person’s health status being attributed to behavioral choices, employers are footing the bill for decreased productivity and higher rates of absenteeism to the tune of $13,000 per hourly employee per year, demonstrating the traditional wellness model is not working.

Fortunately, a combination of evidence-based science and technology provides a new approach to corporate wellness; one that takes a completely different and more productive path at initiating behavioral changes in employees. The gamification concept leverages social networks and technology to engage employees to make lasting behavioral changes; recognizing that members of communities motivate other members, and successful behavioral change happens when people turn new, small and easily implemented actions into long-term habits.

hubbub is a corporate wellness platform that leverages social dynamics and gamification to best motivate healthy behaviors. It matches employers and individuals with health-focused challenges that encourage them to improve wellbeing through fitness, healthy nutrition and overall life balance. For added social support, users can invite their friends and family for free to join a range of challenges from quitting smoking to committing to more family meals. hubbub enables interaction between co-workers, friends, family and other users with similar goals and interests.

In September of 2012, Goldenwest Credit Union in Utah chose hubbub as its wellness solution. To date, 98 percent of the company’s employees have whole-heartedly embraced...
hubbub and use it regularly. Of their 400 employees, 393 have completed 13,500 wellness challenges, logging 519,000 minutes of exercise. Having the right tools to motivate and maintain the interests of Goldenwest Credit Union’s busy employees was crucial, and hubbub’s online gamification platform was the answer to the credit union employees’ wellness needs.

Choose the right care when care is needed. While it’s important to maintain health, everyone requires medical treatment from time to time. Understanding cost and quality information can help patients make the right decision. Studies show that health care costs for the same procedure in the same market can vary by more than 100 percent. Arming patients with transparent, understandable information about the cost and quality of their health care options will help them make smarter decisions — ones that could save the country up to $36 billion per year.

HealthSparq develops integrated software solutions to empower patients to shop for health care services by comparing treatment costs and provider quality. The cloud-based platform leverages medical insurance claims data and quality measures linked together with community reviews and discussions to empower patients to make smart, informed health care decisions.
To measure the effect of using price transparency tools on health costs, HealthSparq commissioned a study with one of its customers, the largest health insurance company in the Pacific Northwest. The study reviewed medical claims for treatments related to hernia conditions, digestive conditions and women’s health from plan members for two years (November 2010–2012), and examined the cost savings generated when patients shopped for health care services online before obtaining treatment using HealthSparq’s Treatment Cost Estimator tool. Study evaluators compared the place-of-service costs associated with these three conditions, comparing those who used the TCE tool versus those who did not use the TCE tool to make treatment choices, controlling for age, gender, state, member benefit level, condition severity and assessment of future risk. The study found that the group who shopped for health care services using the TCE tool realized savings of more than $400,000. The evaluators then looked at what the cost savings would’ve been if all members treated for these conditions had used the TCE tool and behaved the same as actual TCE users. The result showed a potential savings of nearly $50 million over the two year period, demonstrating that when patients do have access to cost-comparison transparency tools to choose the right care, the results are powerful.

Maximize office visits by reducing the administrative burden and tracking medical care. After choosing the right care and visiting a provider’s office, the payment process can often be an administrative burden for both patients and providers. Patients are often frustrated about having to repeatedly fill out the same paper forms, accounting for too much time in the waiting room and not enough time with the health care provider. Paperwork consumes as much as a third of a physician’s workday. Having become physicians in order to work with patients, doctors instead find themselves facing piles of charts and billing forms.

Wellero is a free mobile health care payment app that enables patients to easily understand their complex benefits, as well as easily check-in and check-out of their provider’s office all through their smartphone. The solution includes a powerful back-end system to allow secure access to personal insurance information and can apply an individual’s unique benefits on the spot. Designed to allow for broad access and use, Wellero is a plan-agnostic health care tool that can serve as a payment platform for all, regardless of membership affiliation or provider network. Wellero offers a variety of payment channels right from the smart phone to match existing and future provider workflows including direct point of sale, traditional medical paper billing, credit card on file and payments based on insured claims.

For an individual, their experience with Wellero begins at the time of scheduling, spanning from check in to check-out. At the time of payment, Wellero can reduce the paperwork and confusion around the payment of medical bills, alleviating the frustration of receiving “mystery medical bills” weeks after seeking treatment. For health care providers, Wellero offers a better way to capture copays and co-insurance revenue due at the time of care, reducing claim denials, administrative costs while staying better connected to their patients. As a powerful education and adjudication platform, Wellero ensures a best-in-class health care navigation and payment experience that makes health care simpler, faster and more effective for consumers and providers.

Making health care consumerism work. In order for health care consumerism to gain momentum, people need to keep learning — about how health insurance works, how to choose a physician, what questions to ask their physicians, and how their lifestyle choices impact their health care costs. If consumerism leads to increased engagement, increased accountability and better outcomes, then we can expect better care, healthier people and lower costs for everyone.

A person who is engaged in their health care knows how their behaviors impact their costs — just like almost any purchasing decision. As well, since consumers know that lifestyle can make a difference in how much they pay for their health services, they are incentivized to make better choices — taking prescriptions as directed, exercising, managing chronic conditions and eating healthily.

Placing consumers at the center of the health care delivery system ensures that everyone wins. Businesses have lower health care costs due a healthier and more productive workforce. Doctors, hospitals and other providers have informed patients who will ask questions about care treatment plans. Health plans gain members who understand how their benefits work, and communities are enriched through a healthier and happier population that is committed to wellness.

Lower per-capital health costs attract businesses to communities. Better outcomes improve the stability of the workforce. And the relentless pursuit of value in a community by its health care system spurs economic vitality and job creation.

Igniting consumer engagement starts by recognizing that consumers want to engage the health system directly and purchase health services with the same energy and passion they use when selecting cars and homes — or anything else for that matter.