## **HFS**



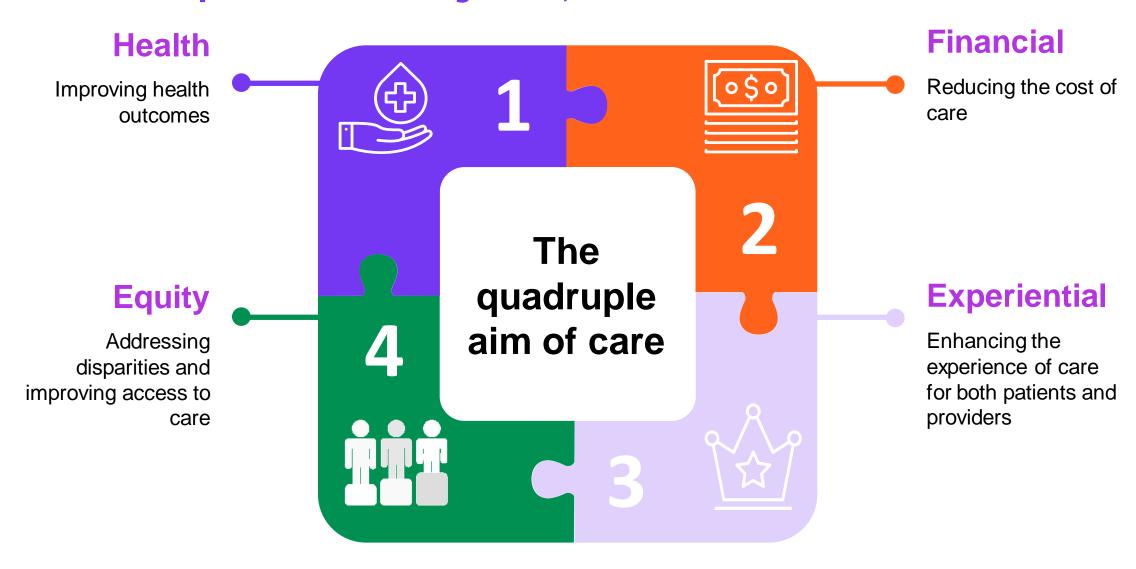
# Let's get real about disrupting healthcare as we know it

May 9, 2024

#### PRESENTED BY:

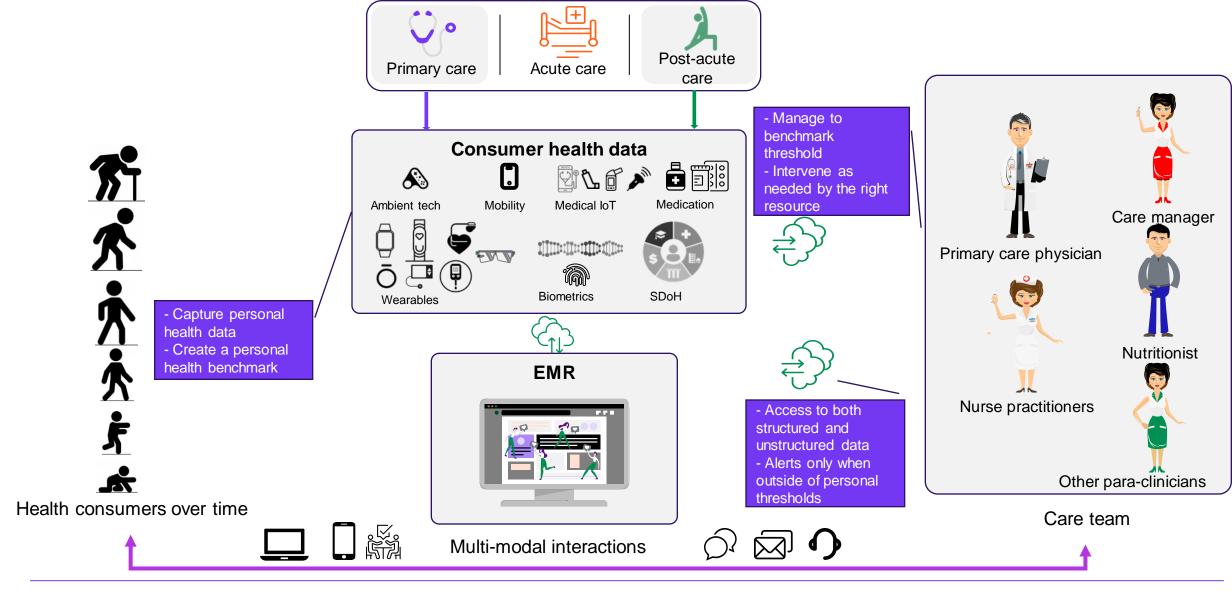
Rohan Kulkarni, Executive Research Leader – Healthcare and Life Sciences

# The quadruple aim is heading in the wrong direction and there is no plausible way out, unless...



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## The journey — creating a new viable pathway to better health and healthcare



## The payment: making it simple, inexpensive, and helps improve outcomes

	Individual insurance plans		Subscriptions
Annual	Typical	High deductible (HDHP)	Individual
Average premiums	\$5,724	\$1,715	
Average deductibles	\$1,763	\$1,600	
Average subscription			\$1,200
Total cost to consumer	\$7,487	\$3,315	\$1,200

- The average health insurance benchmark premium (silver plan) on the US exchange marketplace is \$477 per month in 2024; the average deductible is \$1,763.
- The combination of subscriptionbased primary care and a high deductible health plan (HDHP) could translate into savings of about \$3,000, or 40% lower than the benchmark plan for an individual.
- Out of pocket on medications with insurance can be higher than retail price on Mark Cuban Cost Plus for some drugs.

Clinicians DO NOT need incentives to care for their patients | Value-based is a risk management construct

Data: Kaiser Family Foundation, Government Employees Health Association (GEHA) Source: HFS Research, 2024



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#### The outcomes — drive to improved quadruple aim outcomes

Quadruple aim	Goals	Target outcomes (sample)
HEALTH	Improving health outcomes of individual consumers and the community.	<ul> <li>Better management of chronic conditions – A1C levels, blood pressure</li> <li>More health conversations than care discussions</li> </ul>
2 FINANCIAL	Reducing the total cost of care without impacting health outcomes or experiences.	<ul> <li>Transparent costs that are total &amp; complete</li> <li>Slow the rate of cost increases.</li> </ul>
EXPERIENTIAL 3	Enhancing the experience of care for both patients and providers.	<ul> <li>Increase conversations between docconsumers to reduce patient attrition</li> <li>Allow clinicians to care; improve health outcomes + remain in the profession</li> </ul>
EQUITY	Addressing disparities, improving quality, and expanding access to care.	<ul> <li>Increase access by eliminating or reducing barriers like PA, UM</li> <li>Leverage tech to improve documentation &amp; reduce errors</li> </ul>



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