
Project Humanize

**Incentivizing Health: A
Hackathon
Team 5**

Overview

1. Defined by patient experience in choosing care
2. Use systems already in place (Medicare payment system, Accountable Care Act/Medicare Advantage plans)
3. Meld them into a new national standard that supersedes existing insurance (similar to Swiss system)
 - a. Like Medicare Advantage for All

Stakeholders

Patients

Providers (physicians, hospitals)

Payers

Government

Community Health Centers/Clinics

Social Support Services

Model

- 1. System is centered around the patient: patient pays the premium and selects the insurance plan that best fits their needs**
 - a. Insurance as non-profit utility: Minimum defined insurance package, add-ons are available on top that patient could pay for with additional services**
- 2. Price regulation - uniform fee schedule, transparency (like Medicare prospective payment systems)**
- 3. Government subsidy for lower income patients (premium support), risk-adjustment for sicker patients – increases access**
- 4. Capitated payments tied to health outcomes (keep the money you save)**
- 5. ACO model for all stakeholders in reducing costs, improving outcomes and providing incentives**

What does Success look like

1. Patients are free to select insurance that meets their needs, no matter their income or current health state
2. System removes current problem of cross-subsidies and discrimination due to type of insurance (e.g., private insurance vs. Medicaid)
3. Incentive to provide preventive care—capitated payments to providers reward prevention and provision of appropriate care
4. Flexible and universal EHR informs the system of treatment outcomes and provides accountability
 - a. Patients select providers based on satisfaction and quality ratings
 - b. AI-based system reach into patient records can help the patient select a provider that knows how to treat a patient like them

Key Considerations

- 1. Alternative payment models**
 - a. Patient-centric competition
- 2. Equity and inclusion**
 - a. Low-income patients are included in standard baseline care
 - b. Promote diversity among providers
 - c. Providers and Payers are competing for patients
- 3. Redefining value**
 - a. Patient decides what is of value for them
 - b. Facilitating building trusted patient-provider relationships

Key Considerations

1. Social influences

- a. Health coaches to provide key social, healthcare support
- b. Patients engaged in care in the physical/virtual community

2. Technology

- a. EHR and interoperability in facilitating care
- b. Mobile app to cultivate and curate patient-provider relationship, visual storytelling
- c. AI-based Registry to assist patients in selecting providers and care based on patient characteristics, patient reported outcomes, satisfaction, quality of care ratings and traditional outcomes
- d. Telehealth to eliminate geographic restrictions (audio/visual) and text based options, race agnostic
- e. Remote patient monitoring and home health care

Team 5

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