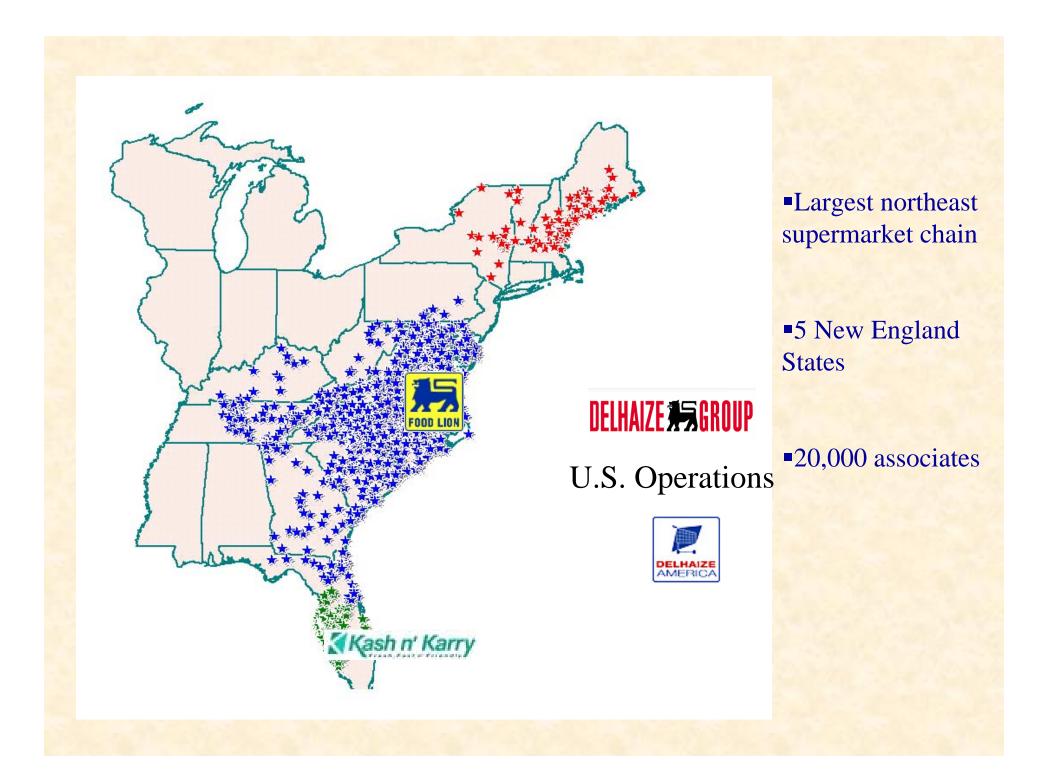
# **Consumer Driven Healthcare**

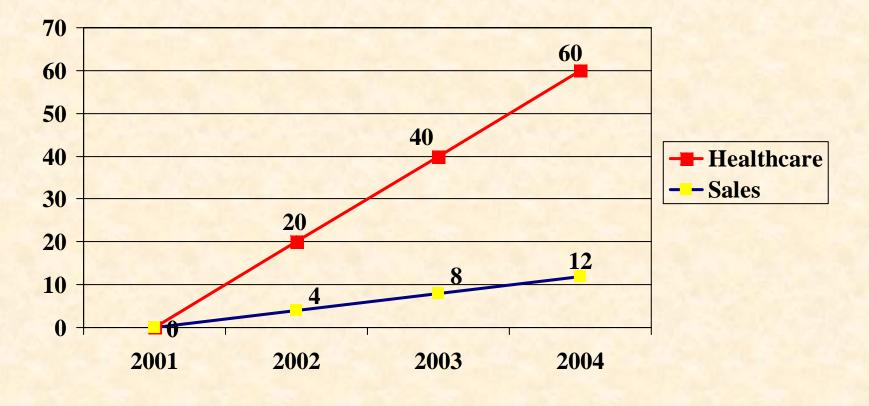
Peter Hayes *Hannaford Bros. Co.* September 15, 2003





#### Healthcare Environment Current Climate

#### **Accumulated Percentage Increase**



#### **Health Care Environment**

## "Quality of Care"

P

## "Crossing the Quality Chasm"





•Low quality health care in the U.S. is costing nearly \$400 billion a year, or about 30 percent of the total \$1.3 trillion spent annually on medical expenditures in the U.S., according to a study to be released Tuesday in Chicago.

•From medical errors and unnecessary treatments to misused drugs and bureaucratic waste, new research suggest such problems compromise quality medical care and each year cost private employers between \$1700 and \$2000 per insured worker.

Chicago Tribune - Bruce Japsen - June 11, 2002



#### **Institute of Medicine Report –**

#### **March 2001**

- "The US healthcare system is in need of fundamental change...Healthcare today harms too frequently, and fails to deliver its potential benefits routinely"
- "The performance of the healthcare system varies considerably. It may be exemplary, but often is not, and millions of Americans fail to receive effective care."
- "A highly fragmented delivery system that largely la clinical information capabilities results in poorly des characterized by unnecessary duplication of services ACTIVEHEALTH times and delays."



# **The New Paradigm** <sup>®</sup>

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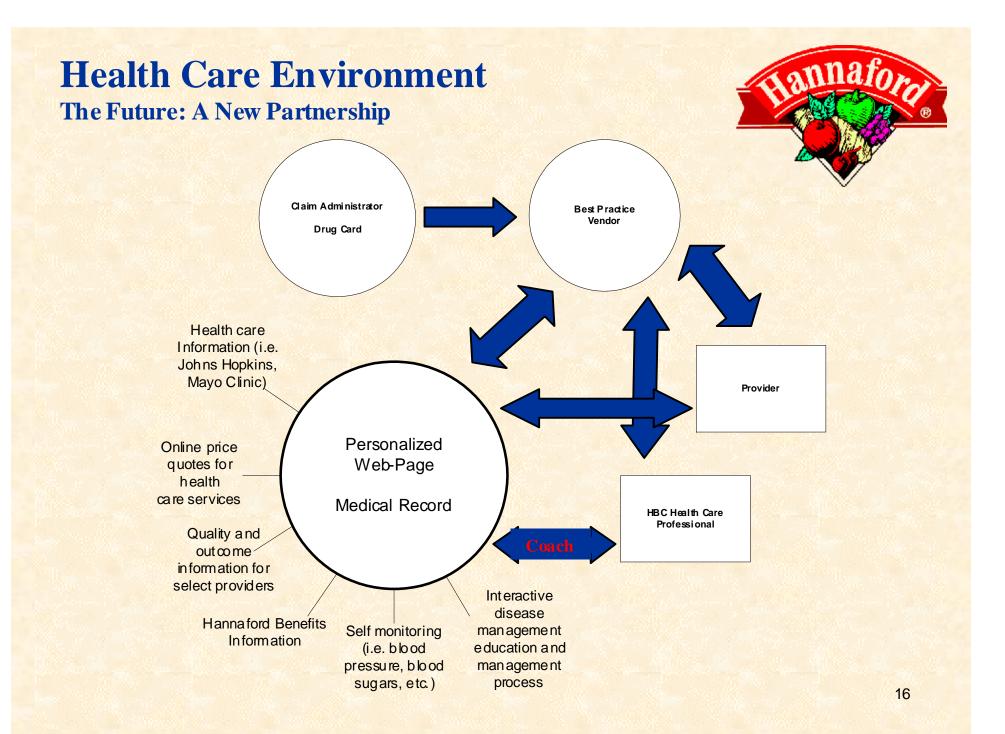


### **Health Care Environment**

**The Future: A New Partnership** 

#### Strategy

- Partner with providers (physicians, hospitals, plans, care systems, communities, etc.) to leverage benefit design, technology and information systems to achieve the following:
- Focus and identify "best practice protocols" to achieve better and more consistent outcomes.
- Connectivity between the patient, health care providers and Hannaford's Wellness Resources.
- Create incentives to encourage associates to select and utilize the highest value providers (as measured by quality and price considerations).

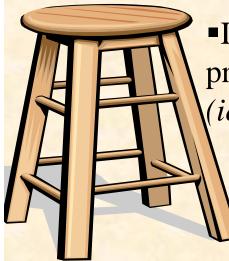




#### **Patient Centric**

Delivery evidence based medicine (AHM, PKC knowledge couplers, etc..)

 Patient coaching/mentoring to fully informed decision making about treatment paths (*i.e.*, *Health Dialog etc.*.)



Information about outcomes and costs of individual providers/facilities for the selected treatment option (*ie, Healthgrades, subimo, healthshare, etc..*)



### **Actual Results of**

## **Consumer Driven Plan**

Enrollment, retention and growth has exceeded expectations, showing employee responsiveness to consumer-driven healthcare

- 17% enrollment 2002
- 25% enrollment 2003
- 92% member retention from 2002 much higher than Hannaford norm
- Most lost members left Hannaford vs. switching plans



## Actual Results of Consumer Driven Plan

#### **Demographics:**

- 18% larger contract size (2.4 versus 2.0)
- 9% lower average age (29.5 versus 32.4)
- 3% higher female population



**Actual Results of** 

## **Consumer Driven Plan**

#### **Claims:**

•22% higher utilization maternity and newborn services

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Prior claims experience was 38% lower than the average

2002 Claim trend for non-Definity only 8%

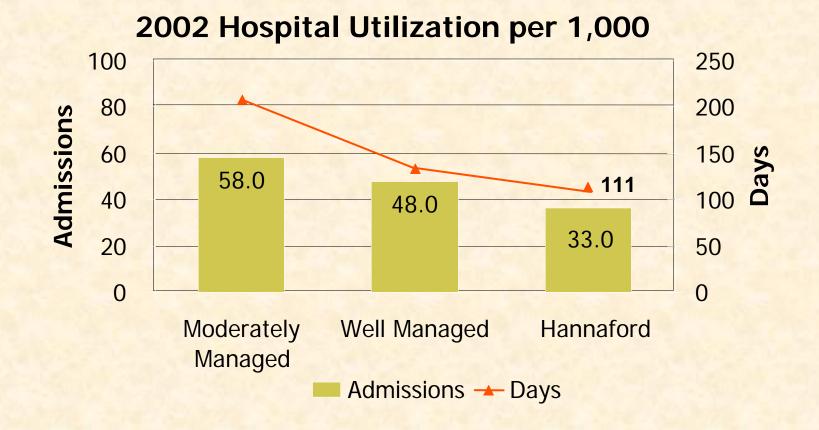
# 2002 Hannaford Experience

(based claims thru 6/30/02)





## Plan Design Is Not Driving Higher In-Patient Utilization



#### **'onsumer Driven Healthcare**

#### **Final Observations**

- Highest employee satisfaction with plan and benefit offering
- Creates win-win scenario. Increased consumerism saves employer and employee money
- Additional analysis needed to determine if quality of care is impacted.