02 Population Health

Driving local and population health

Being the trusted partner for doctors and health care systems, we’re changing how people interact with the system to make it easier to navigate and keeping the focus on quality outcomes.
Dr. Sunil Budhrani, Chief Medical Officer, Innovation Health
Innovation
Is Transforming Health Care

When Aetna and Inova formed Innovation Health in 2013, we set out to demonstrate that a health insurance company and a health care system, working together, could dramatically improve the quality and delivery of patient care. Today, Innovation Health’s measurable results reveal that health care transformation is well underway.

The Innovation Health approach already is producing 21 percent fewer 30-day re-admissions and a 15 percent decrease in costs.

“Innovation Health combines the strengths of both a health plan and health system. We joined forces to reimagine and transform the way care is delivered locally in the community,” says Dan Finke, senior vice president, Aetna Network and Clinical Services. “It’s a journey, and we’re making a meaningful difference as we go. We’ve been very excited to discover how aligned we are, which allows us to quickly work through issues. We’re focused squarely on the member experience and quality of care. That focus is empowering us to improve care delivery, cost, and overall individual member health.”

Providing health care solutions for Northern Virginia, Innovation Health is part of the growing value-based care trend — paying for quality of care and outcomes rather than quantity. Joint ventures like Innovation Health are proving their value through consistent, measurable results.

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Value-based care also means more efficient and effective coordination between the insurer and the provider to benefit the member. A nurse concierge, for example, can work with physicians to find low-cost alternatives for members with unnecessarily expensive medications. Better coordination makes higher quality, more affordable care possible.

“When we talk with our members and their employers about Innovation Health, we can see the light bulb go on,” says Dr. Sunil Budhrani, Innovation Health’s chief medical officer.

“They get a whole team centered on helping them and supporting them in their journey to health. We sometimes send team members to people’s homes if, for example, a member is diabetic and their blood sugars are trending very high. We’re able to see what our members are experiencing firsthand, in a way that no other insurance model can do. There really hasn’t been a model like this.”

Dan Finke, Aetna Network and Clinical Services
Aetna Medicare
Sets the Standard

If you’re looking for a high-quality Medicare Advantage (MA) plan, there’s no better signpost for your journey than the Centers for Medicare & Medicaid Services (CMS) Medicare Five-Star Quality Rating System. Ratings are based on strict quality measures, and Aetna/Coventry is among the MA providers leading the way.

Aetna Medicare Advantage once again earned high overall star ratings for 2017, building on strong results in years past. For 2017, 93 percent of Aetna Medicare members are enrolled in plans rated four, out of five, stars or higher—an increase of 6 percent from the previous year. Aetna has the highest percentage of Medicare members enrolled in plans rated four or more overall stars among publicly traded companies.*

Star ratings measure MA plans against five individual performance criteria:

• Staying healthy.
• Managing chronic (long-term) conditions.
• Member experience with the health plan.
• Member complaints.
• Health plan customer service.

MA prescription drug plans are rated on individual performance measures that include:

• Drug plan customer service.
• Member complaints.
• Member experience with the drug plan.
• Drug safety.
Aetna Medicare
Sets the Standard

“When it comes to the Medicare population, the star ratings are the most objective measure out there of the progress we’ve made toward our goal of building a healthier world,” says Alan Roberts, head of Aetna Medicare Star Ratings. “We’re achieving a level of quality that members can really feel, be it when they are using our products, engaged with our customer service team, or working on a personalized care plan with an Aetna case manager.”

Aetna’s high star ratings come from a strong commitment to improving health outcomes and simplifying the health care marketplace and experience for our members. For example, Aetna has built into its contracts clinical data goals to drive the use of tools that help providers seize real-time urgent care opportunities. Also, clinical programs are aligned to ensure that Aetna meets members where they are on their health care journey—to make more healthy days possible.

When it comes to customer service, it’s not about just answering questions. Aetna positions itself as a true advocate for members.

Robert Bristow, a retiree from Catawba, NC, talks to beneficiaries at health fairs about MA as a volunteer Aetna/Coventry Brand Ambassador, and he has seen Medicare star ratings come up often in the conversations.

“I think the ratings are very, very important to beneficiaries signing up for the first time and to the retention of existing members,” says Bristow. “Aetna certainly stands out in that respect.”

*Includes publicly traded companies with more than 250,000 MA enrollees.