

**Deloitte.**

# How Changes in the Health Care Landscape Can Impact Medical Professional Liability

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1:15PM

# Agenda

Transparency

Big Data

Healthcare Delivery and Structure

Social Media

Gamification

Where are we heading?

Q&A

Transparency

# Transparency

- Hospitals putting prices online
  - Surgery Center of Oklahoma

**“A list of what is NOT included in the fee is as follows:**

Any diagnostic studies necessary prior to the surgery such as lab, MRI, X-rays, consultations with specialists to determine medical risk/management, physical therapy and rehabilitation.”

- States enacting legislation
  - Requiring reporting to State
  - Require responding to inquiries
    - (MA – 1/1/2014)
- HCI3.org: Only 2 states receive “A” on transparency
  - WA and MN for Quality
- Leapfrog



Cardiovascular			See All
Procedure/Surgery	Cost	Contact	
Femoral-popliteal bypass graft with saphenous vein <sup>i</sup>	\$10,700*	Request a Specialist	
Pacemaker (Powerpack) Change (includes device) <sup>i</sup>	\$7,600*	Request a Specialist	
Pacemaker Placement (includes device/leads) <sup>i</sup>	\$11,400*	Request a Specialist	
Primary Dialysis Arteriovenous Fistula (without graft material) <sup>i</sup>	\$5,850*	Request a Specialist	

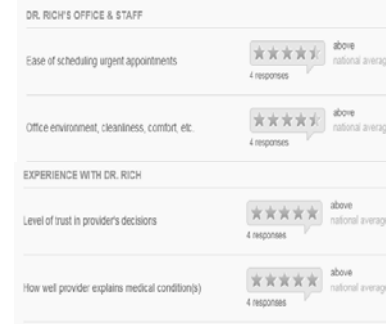
Selected Hospital Only	Lourdes Medical Center	St. Francis Hospital Federal Way, WA 98003	EvergreenHealth Kirkland, WA 98034
Number of Discharges	24	101	406
Average Length of Stay	2.3 Day(s)	1.8 Day(s)	1.9 Day(s)
Average Charge	\$11,737	\$17,533	\$12,331
Median Charge	\$11,208	\$15,421	\$10,673
Median Age	26	28	30
Percentage Male	0%	0%	0%
Percentage Female	100%	100%	100%

Care Results		
Only a rating is reported for the following surgical procedures or conditions.		
Click column headers to sort Condition	Compared to Expected Rate	
Blood Clots After Surgery	Same	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
Hip Fracture Surgery	Same	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
Pressure Ulcer	Same	<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>
Vaginal Delivery Without Instrument	Better	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>

Big Data

# Big Data in Healthcare

- Online pricing
- Patient Satisfaction



- EHR

*Billing Data (ICD9, CPT)  
Medications*

*Lab Results  
Clinical Notes*

*X-Rays*

- CMS is measuring quality of care using 33 measures in 4 key domains:

- Patient/caregiver experience (7 measures)
- Care coordination/patient safety (6 measures)
- Preventive health (8 measures)
- At-risk population (i.e., Diabetes (6 measures), Hypertension (1 measure), Ischemic Vascular Disease (2 measures), Heart Failure (1 measure), Coronary Artery Disease (2 measures))

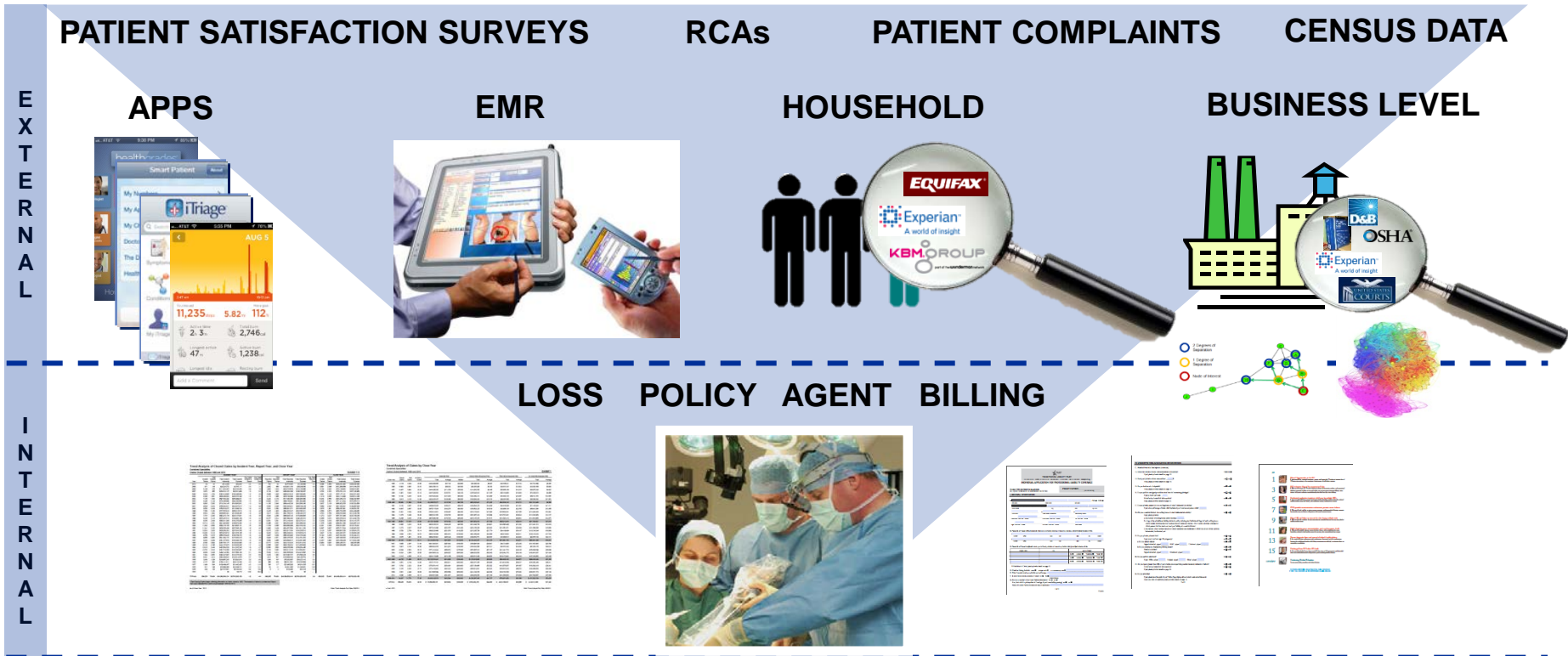


- External 3<sup>rd</sup> Party data





# Big Data For MPL



**Physician Panel**

- Age
- Health

**ACO/Practice**

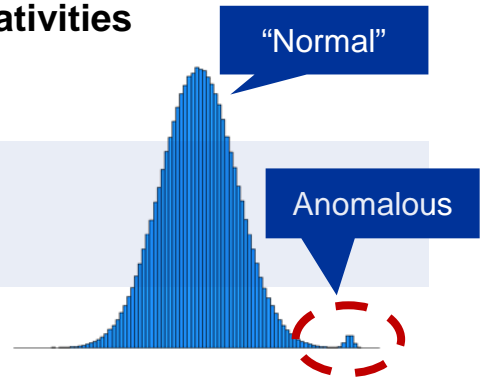
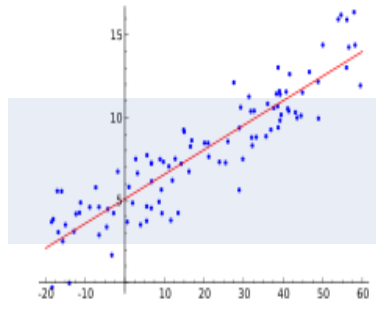
- OPE
- CMS measures

**Physician Relativities**

- Prescribing
- Procedure

**ENHANCING PREDICTIVE MODELS FOCUSED ON UNDERWRITING, CLAIMS, RISK MANAGEMENT AND PATIENT SAFETY**

$$Y = \beta_0 + \beta_1 * X_1 + \beta_2 * X_2 + \dots + \beta_n * X_n$$



# Healthcare delivery and structure



# Liability Implications from Changes in Structure and Delivery



- Clinical Decision Support Systems
  - Documentation implications
  - Information overload
  - Exercising clinical judgment
- EHR
  - Alert fatigue
  - Chart cloning
- Back to managed care
  - “Healthier” population
  - Reimbursement management
- Pressure on docs/nurses

## UPMC Fosters ‘Personalized Medicine’ with \$100 Million Investment in Sophisticated Data Warehouse and Analytics

**PITTSBURGH, Oct. 1, 2012** – What if a doctor could easily predict which treatment would be most effective and least toxic for an individual breast cancer patient, based on her genetic and clinical information? What if an intelligent electronic medical record could flag patients at risk for kidney failure, based on subtle changes in lab results? Or what if physicians could tell from the medical records of a large population of patients when the next outbreak of flu might occur and have the right kind and quantity of vaccine ready?

These are just a few of the scenarios behind [UPMC](#)’s five-year, \$100 million investment in a sophisticated enterprise analytics effort that will foster personalized medicine. Together with technology partners [Oracle](#), [IBM](#), [Informatica](#) and [dbMotion](#), UPMC today announced that it intends to create a best-in-class data warehouse that brings together clinical, financial, administrative, genomic and other information that today is difficult to integrate and analyze. ***Advanced analytic and predictive modeling applications for clinical and financial decision-making are expected to produce better patient outcomes, enhanced research capabilities, continual quality improvements across UPMC, and reduced costs.***

# Social Media

# How Social Media Impacts Claims

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- Use of pictures as proof of fraud or misrepresentation
  - **Social Intelligence to Provide Social Media Analytics Engine to the National Insurance Crime Bureau to Combat Workers' Compensation Fraud – BusinessWire Aug 19, 2014**

**Social Intelligence**<sup>®</sup>

- Use by healthcare professionals
  - HIPAA implications
  - “Expert advice”
  - Use as character assassination
- Lawyers “friending” opposing parties



# Gamification

# Gamification – Incentivizing Healthier Living

“The women can unlock "blocks" in the game by going to those appointments. After they attend key checkups, they can receive rewards, such as gift cards for maternity and baby clothing. **In 2012, the company says, 2,296 members actively used** Baby Blocks pilot, logging 7,098 prenatal appointments and unlocking an average of 3.1 prenatal blocks per member.”

**BUSINESS INSIDER**

Read more:

<http://www.businessinsider.com/gamification-in-healthcare-2013-1#ixzz2xGhSHrzp>



**Baby Blocks™**  **UnitedHealthcare®**  
Community Plan

**Building a healthy future for you and your baby**

Keep both you and your baby healthy throughout your pregnancy and your baby's first 15 months of life. Sign up for Baby Blocks and start earning rewards. It's as easy as 1,2,3.

- 1 Sign up for Baby Blocks.
- 2 Go to your doctor visits.
- 3 Earn great rewards.

[Sign up](#) [Login](#)


**aetna**


 **Corporate Rewards**


Welcome to the Aetna Healthy Actions™ Rewards Program


Get your reward for healthy living!



  
[Go Shop!](#)

  
[Combine Gift Certificates](#)

  
[Check Balance](#)

  
[Contact Us](#)



**GameMetrix**

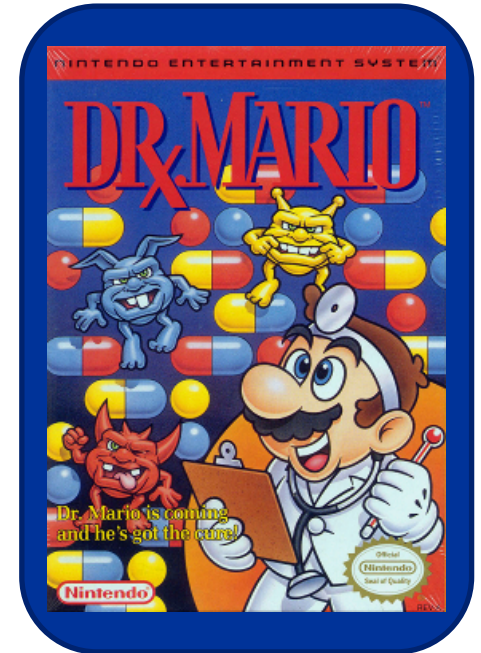
Sports	Total Points	Performance	Fitness	<b>SCORE</b>
10	10	10	10	0
20	To begin, click on a point value.			20
30	30	30	30	Want to win extra points? <a href="#">Click here</a>
40	40	40	40	<a href="#">Survey</a>
50	50	50	50	

“The Aetna Healthy Actions program lets you reward employees and their families for adopting a healthier way of life.

Depending on which Aetna‡ plan is being used, the rewards can be a health fund contribution, an incentive credit or a gift certificate from **GiftCertificates.com.**”

[http://www.aetna.com/employer/commaterials/documents/Roadmap\\_to\\_Wellness/aetna\\_healthy\\_actions.pdf](http://www.aetna.com/employer/commaterials/documents/Roadmap_to_Wellness/aetna_healthy_actions.pdf)

# Gamification – Training Better Healthcare Providers



...a fun way to reinforce medical knowledge in just 3 to 5 minutes a day – **a good fit with busy schedules**. Built-in game mechanics, such as scoring and leaderboards drive user engagement and keep them coming back for more.



...the potential patients/customers will get access to this ranking on the web platform which has been specifically designed for attracting and involve patients “in the game”, and our “gamified” clinician could even link its position on this ranking with its professional profile on LinkedIn.

<http://eyesonscience.com/2012/11/25/gamification-on-medical-devices/>

Where are we  
heading?



## Where Are We Heading?

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- **Exposure base** → Some physician practices that become part of Hospital ACO efforts may unwind these transactions... but not enough to reverse the premiums lost by insurers the past few years
- **Frequency trend** → Flat to slight increase
- **Severity trend** → Continue to increase... especially with a return to the inflation levels of last decade as some predict
- **Interest rates** → Increase... helping boost the historically low investment returns of today and the ratio of Investment Income to NEP
- **Reserve releases** → Two more years of reserve releases before we start to see announcements of adverse development in aggregate
- **Expense ratios** will stabilize as we see fewer rate decreases, a declining impact of PPACA on hospitals acquiring physician practices, and ultimately a **hardening market** in 2017
- **Innovation** → Products, TPA services, partnerships, HPL

Q&A