



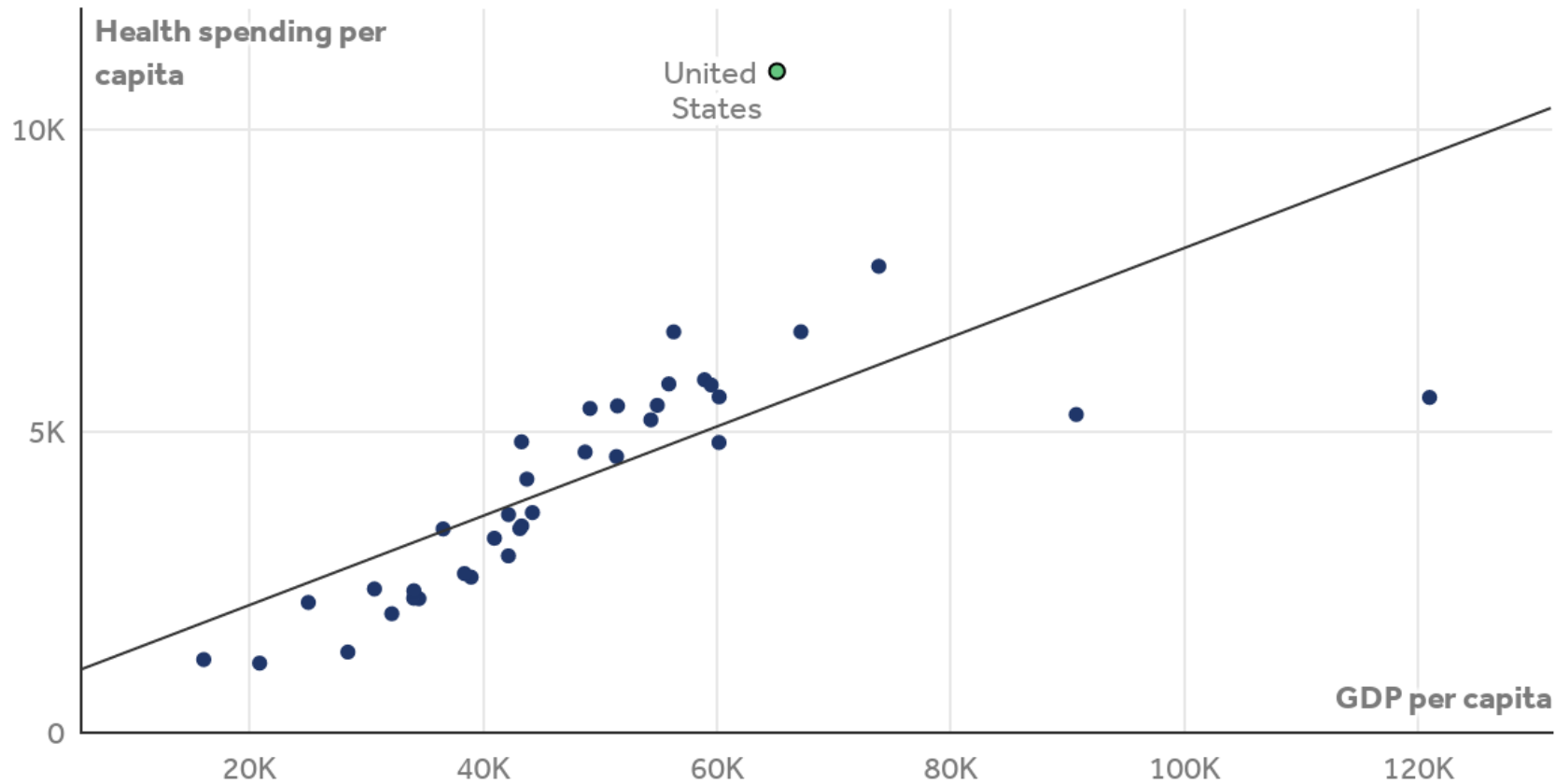
The Opportunities for MIH in Today's Healthcare Landscape

National Mobile Integrated Health Summit

October 5, 2021

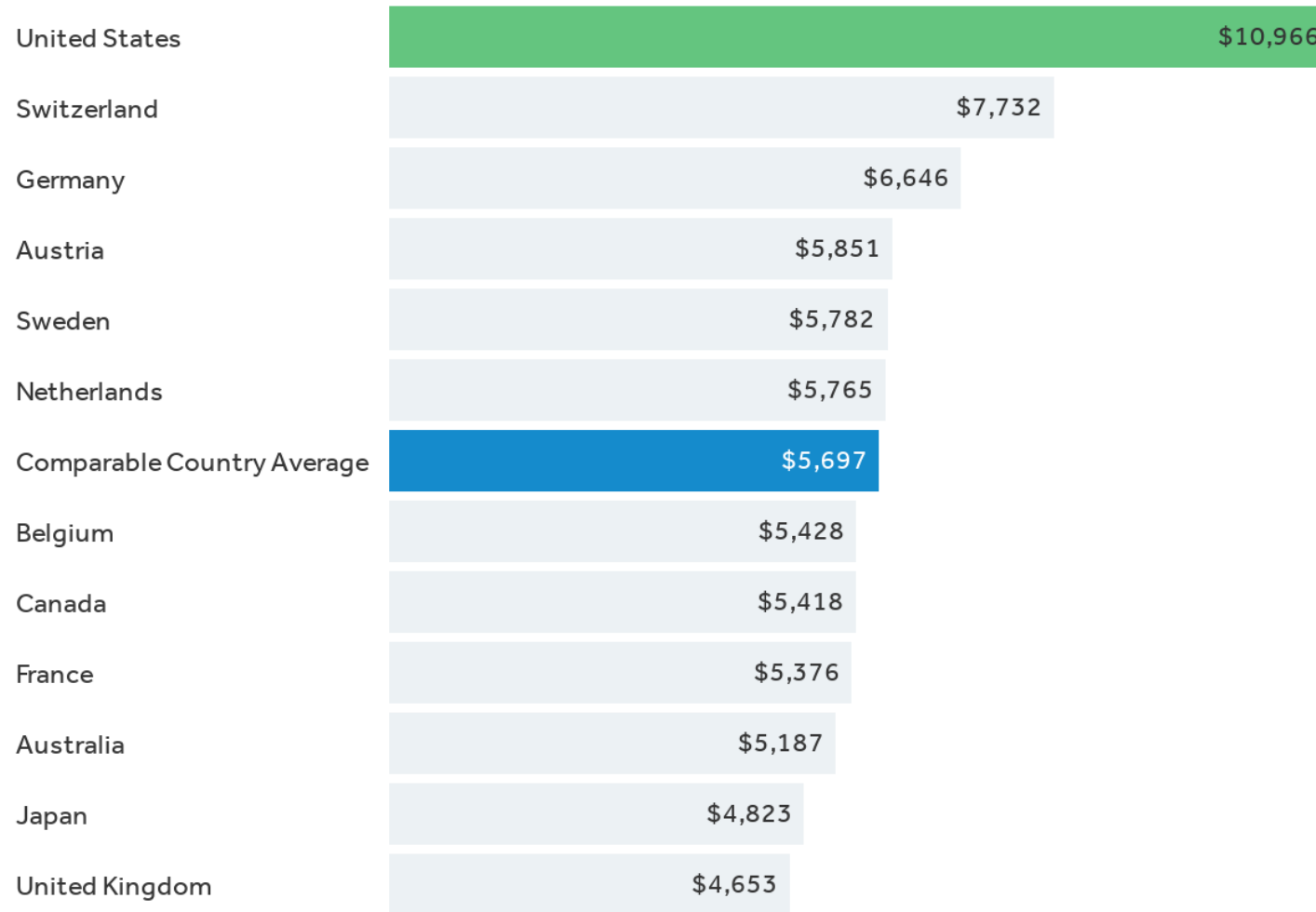
Atlanta, GA

GDP per capita and health consumption spending per capita, 2019 (U.S. dollars, PPP adjusted)



U.S.
compared to
other
countries

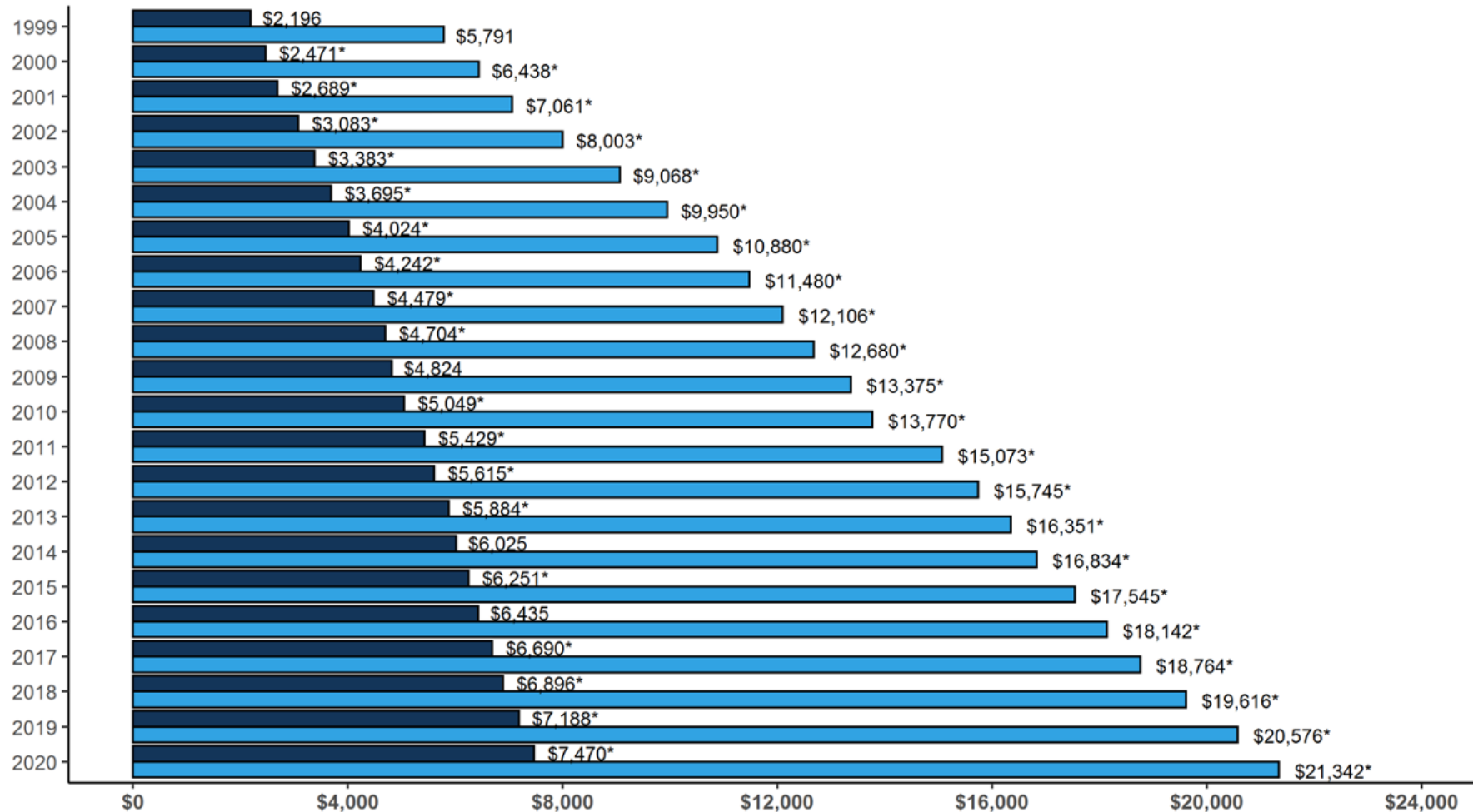
Health consumption expenditures per capita, U.S. dollars, PPP adjusted, 2019



U.S.
compared to
other
countries

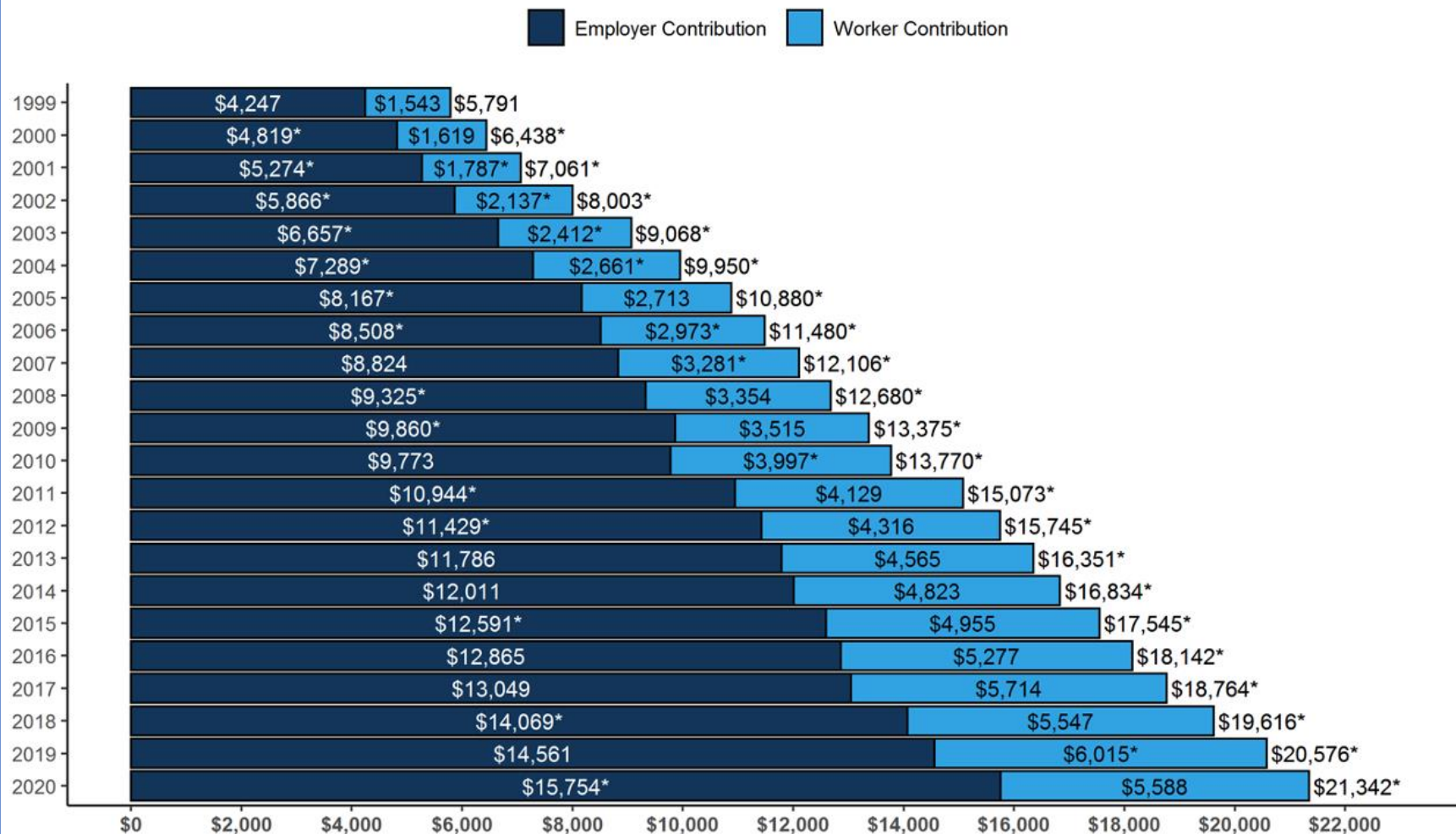
Average Annual Premiums for Single and Family Coverage, 1999-2020

Single Coverage Family Coverage



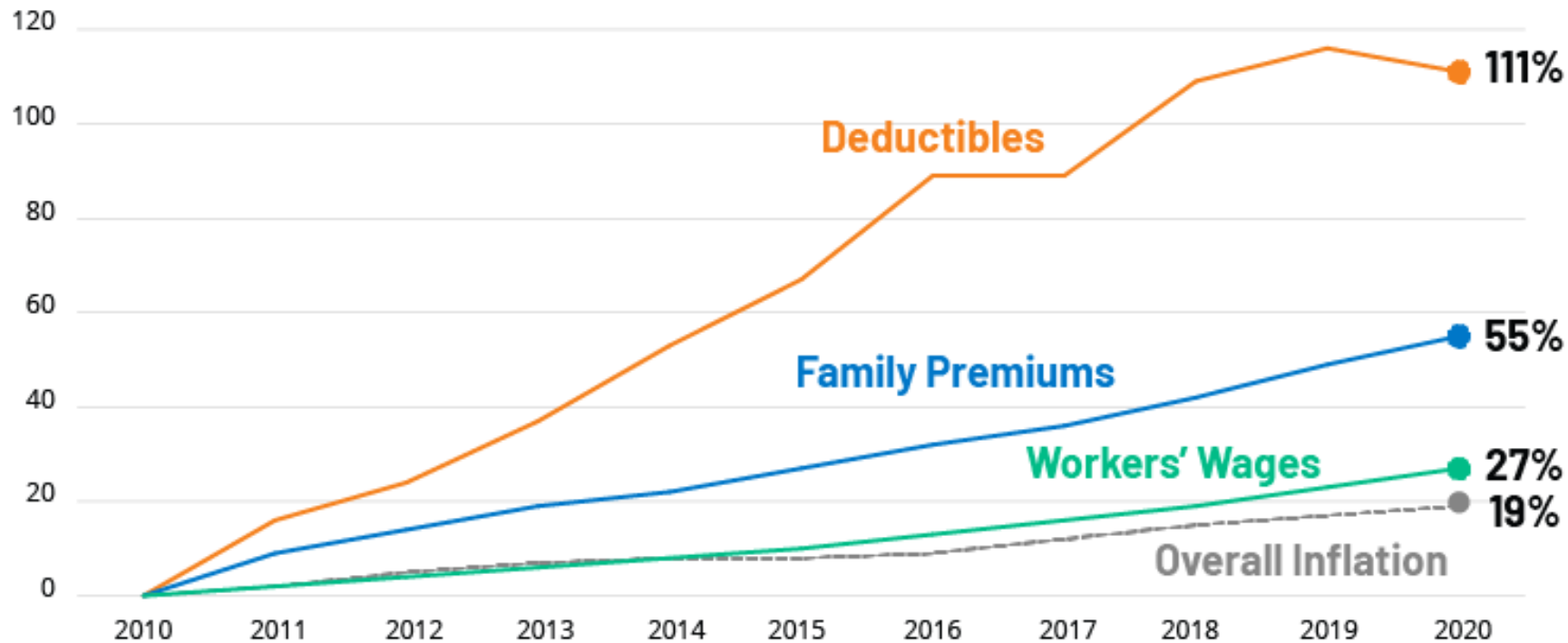
Commercial
Insurance
Trends

Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2020



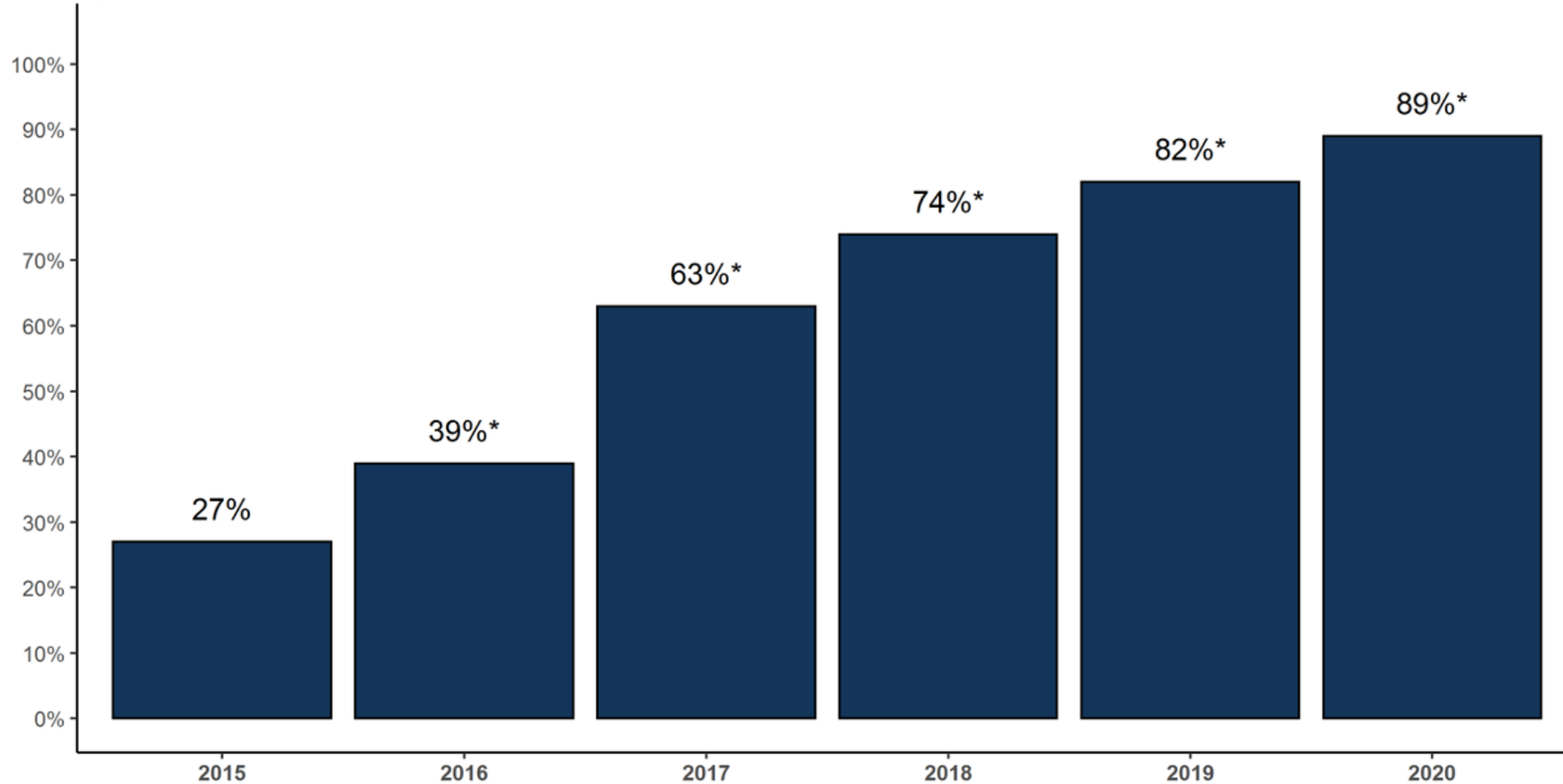
Commercial Insurance Trends

Employer Premiums and Deductibles Have Risen Much Faster than Wages Since 2010



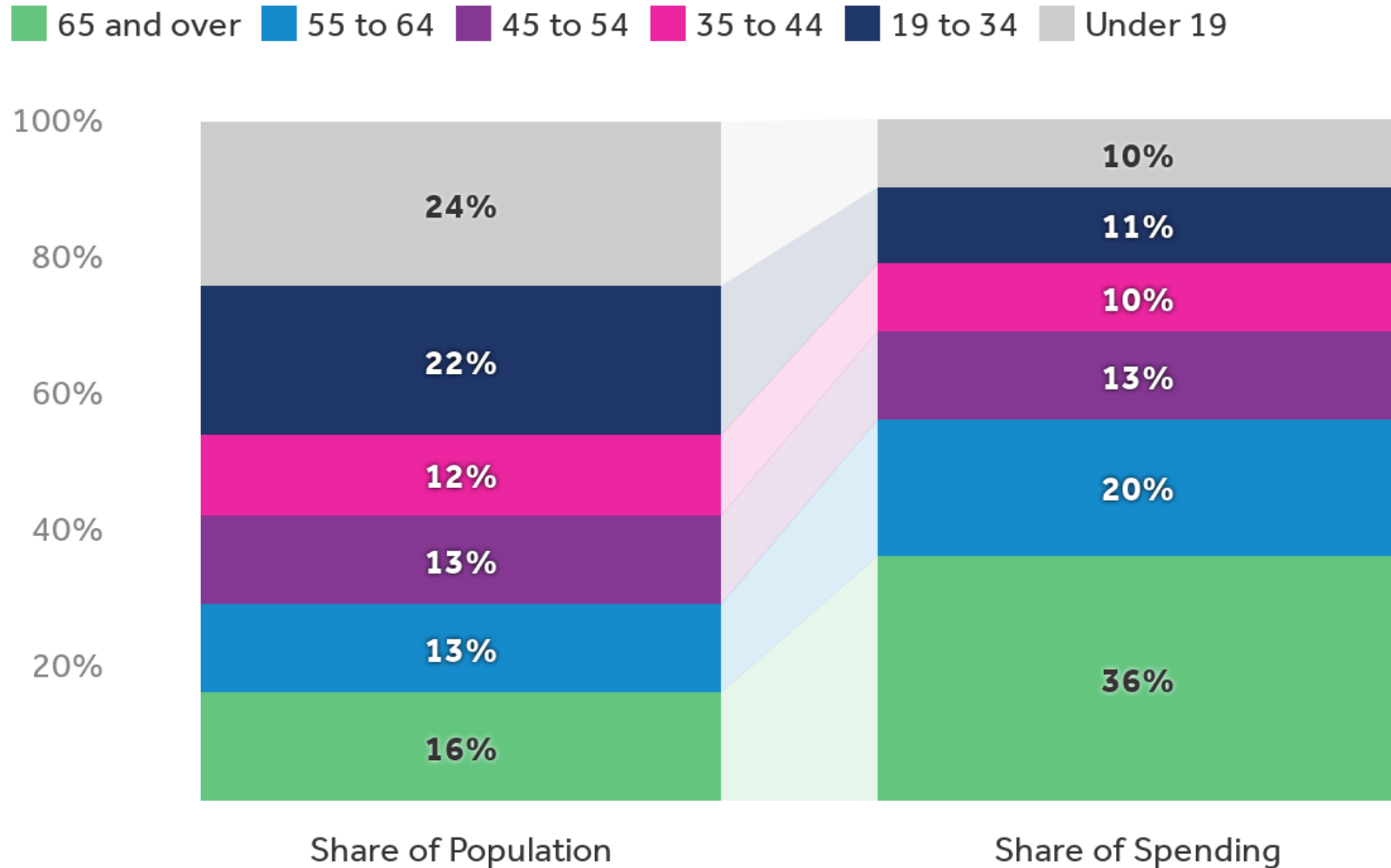
Commercial
Insurance
Trends

Among Large Firms Offering Health Benefits, Percentage of Firms Whose Plan with the Largest Enrollment Covers Telemedicine, 2015-2020



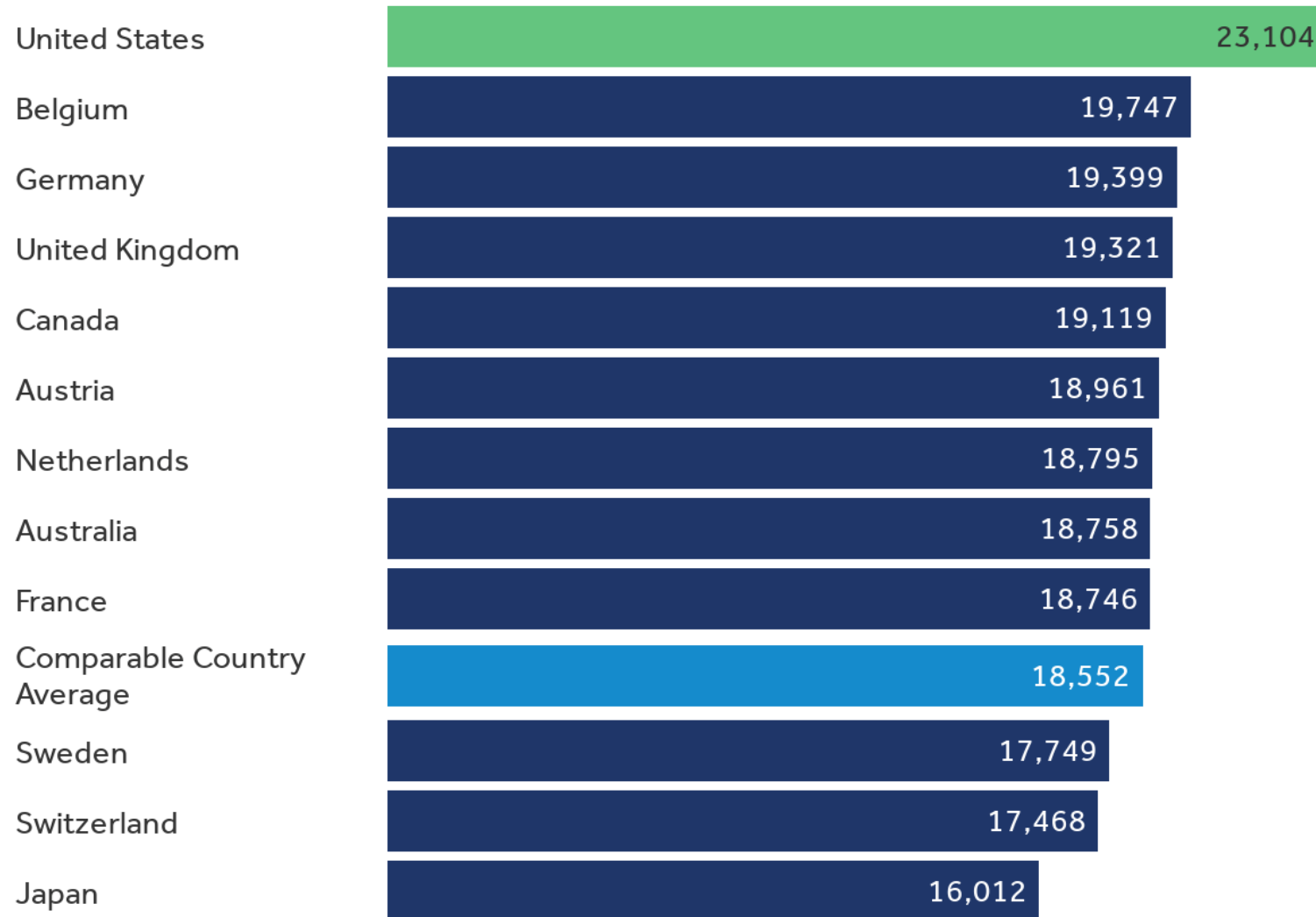
Commercial
Insurance
Trends

Share of total health spending by age group, 2016



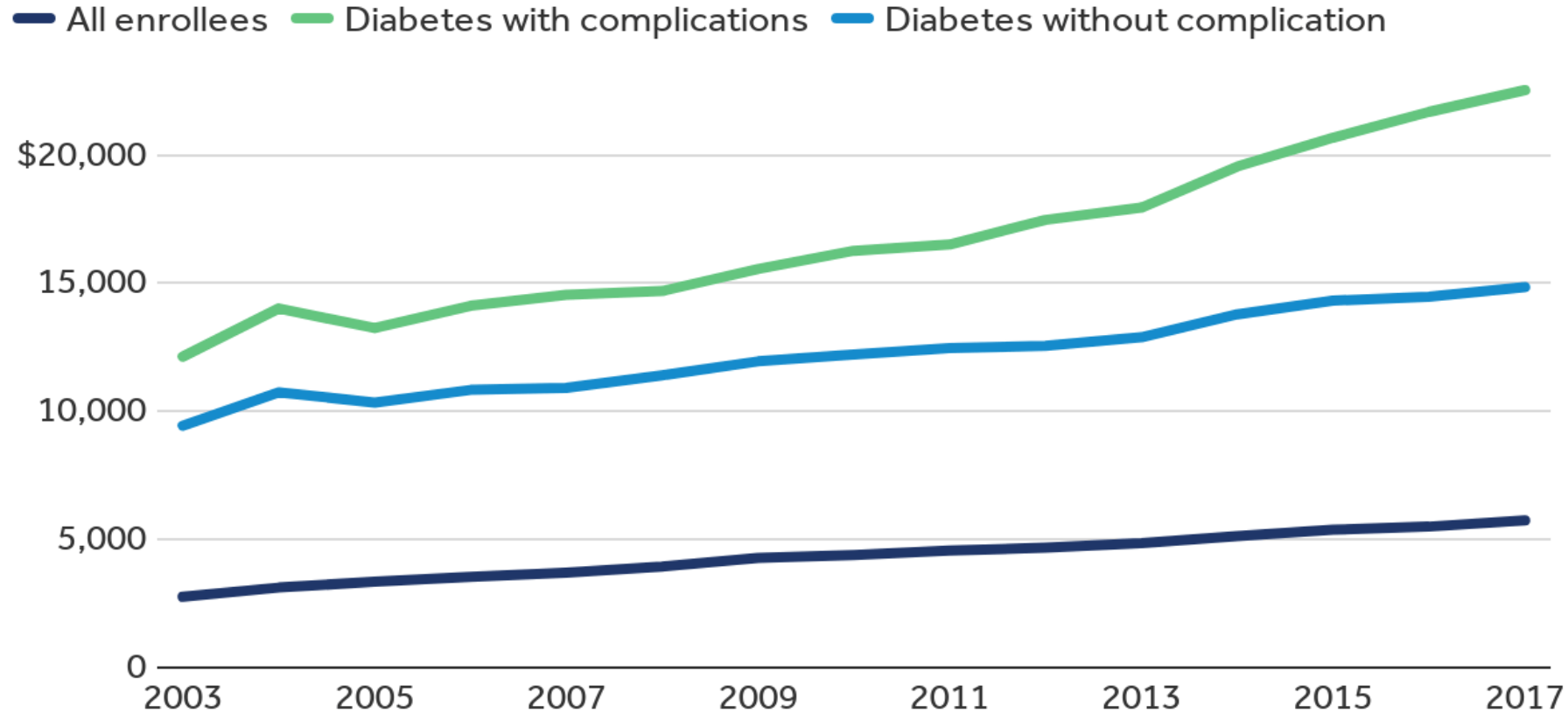
Demo-
graphics &
Cost

Age standardized disability adjusted life year (DALY) rate per
100,000 population, 2015



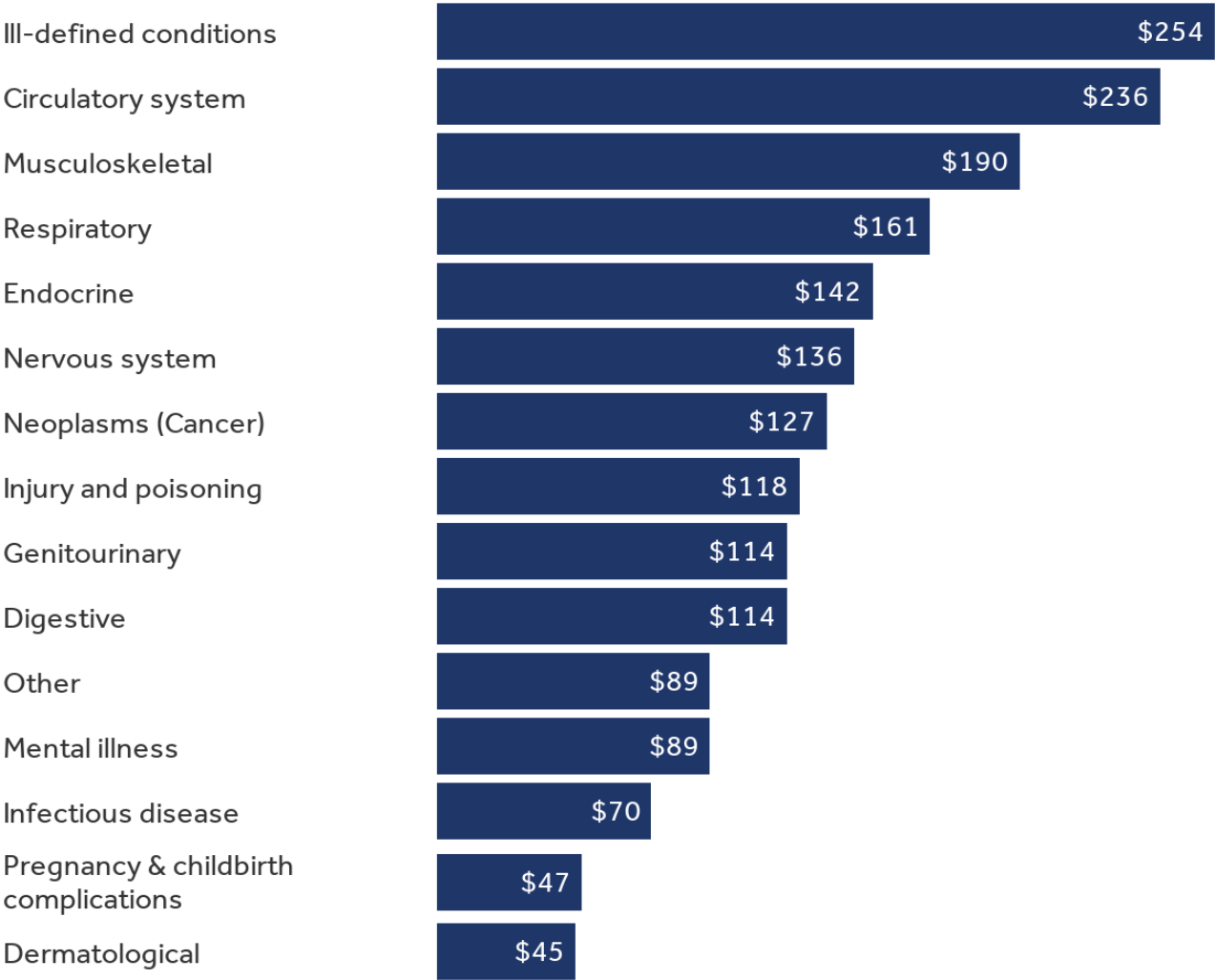
U.S.
compared to
other
countries

Total average annual spending for people with health coverage from a large employer, by diabetes diagnosis, 2003-2017



Disease &
Cost

Total medical services expenditures in US \$ billions by disease category, 2013



Spending on dental services, nursing homes, and prescriptions that cannot be allocated to a specific disease not included above.

Disease & Cost

Waste in the US Health Care System



HEALTHCARE SPENDING:
WHAT ARE SOURCES OF WASTEFUL SPENDING? HOW DO WE ADDRESS IT?

54 UNIQUE PEER-REVIEWED PUBLICATIONS



Analysis

6 DOMAINS OF WASTEFUL SPENDING

- FAILURE OF CARE DELIVERY
- FAILURE OF CARE COORDINATION
- OVERTREATMENT OR LOW-VALUE CARE
 - PRICING FAILURE
 - FRAUD AND ABUSE
- ADMINISTRATIVE COMPLEXITY

71 ESTIMATES

ESTIMATED TOTAL COST OF WASTEFUL EXPENDITURE:

\$760-935 Billion

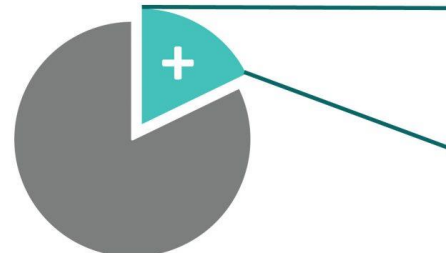
(ADMINISTRATIVE COMPLEXITY LARGEST CONTRIBUTOR)

ESTIMATED POTENTIAL SAVINGS:

\$191-282 Billion

This is 17.8% of the nation's GDP

\$3.85 trillion
goes towards US healthcare annually



■ Healthcare ■ Other

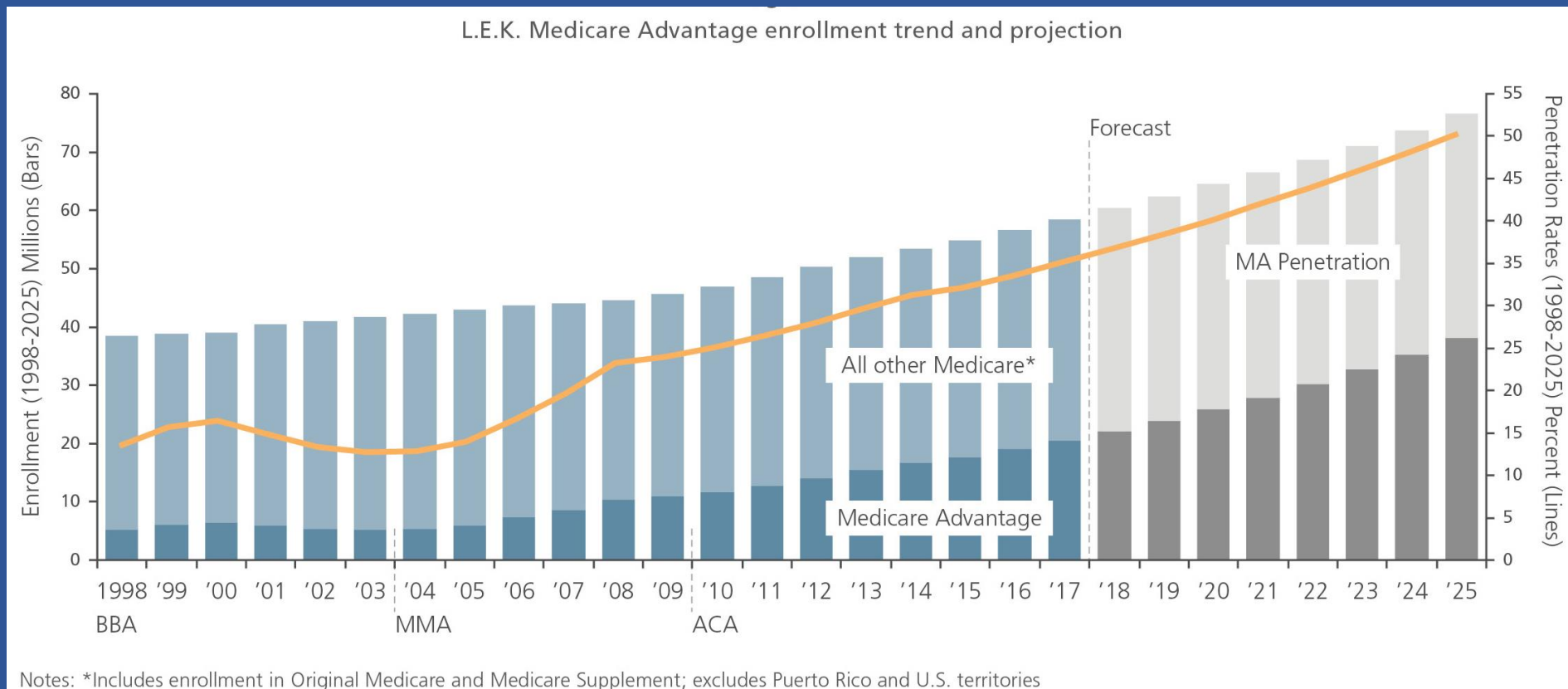


25% of this expenditure can be attributed as wasteful



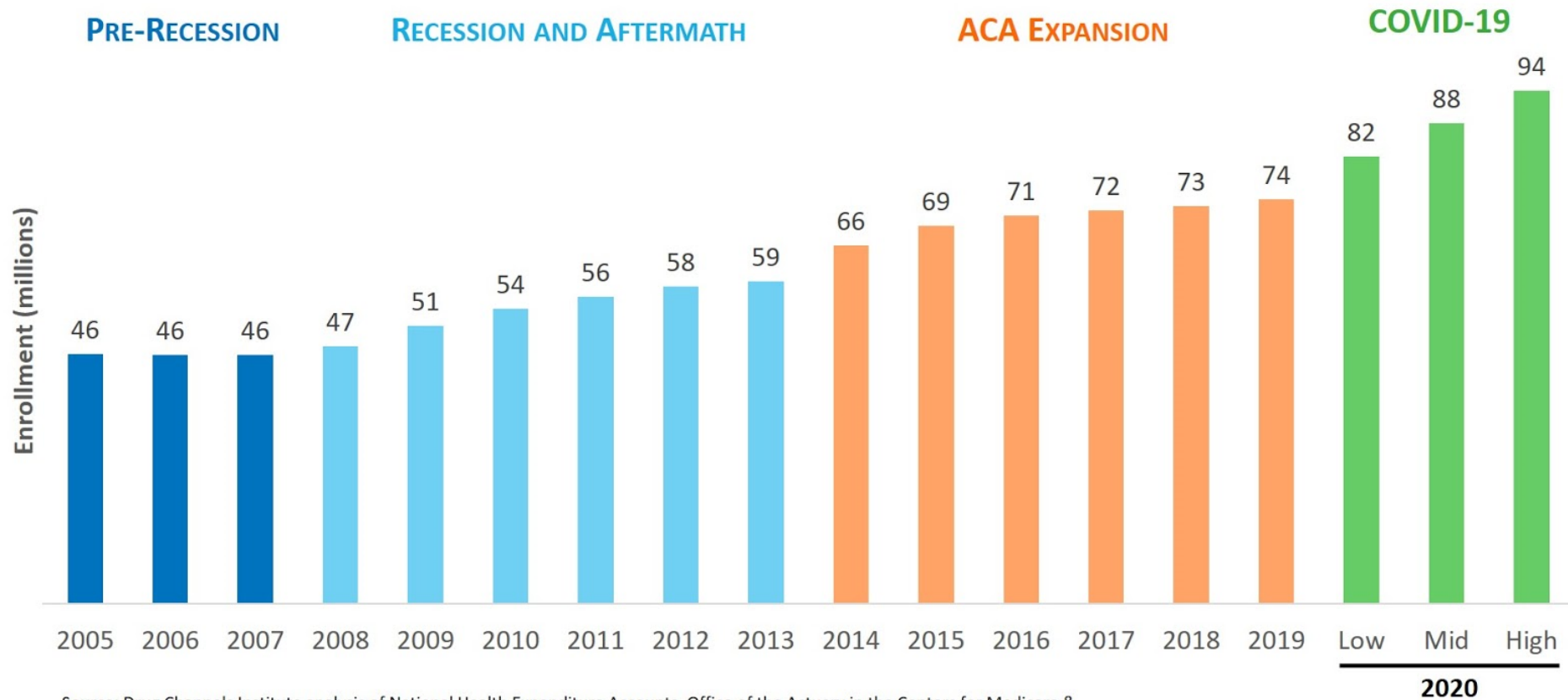
25% of total US health care expenditure is attributed to wasteful spending

Waste in U.S. Healthcare



Government Programs

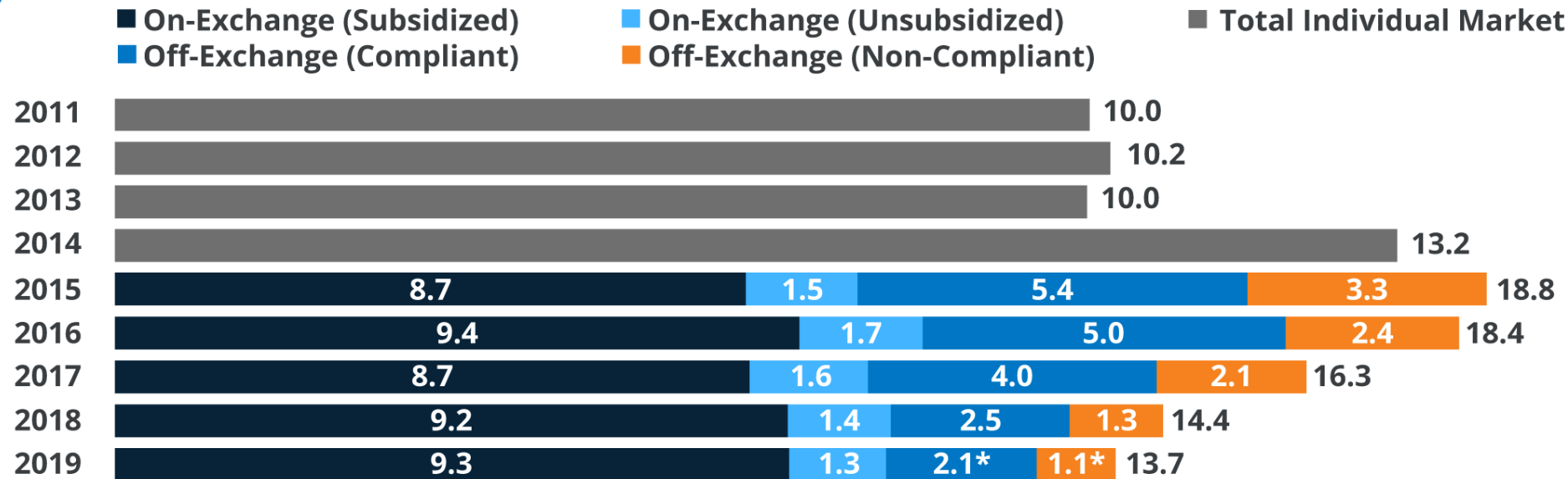
Medicaid Enrollment, 2005 to 2020E



Government
Programs

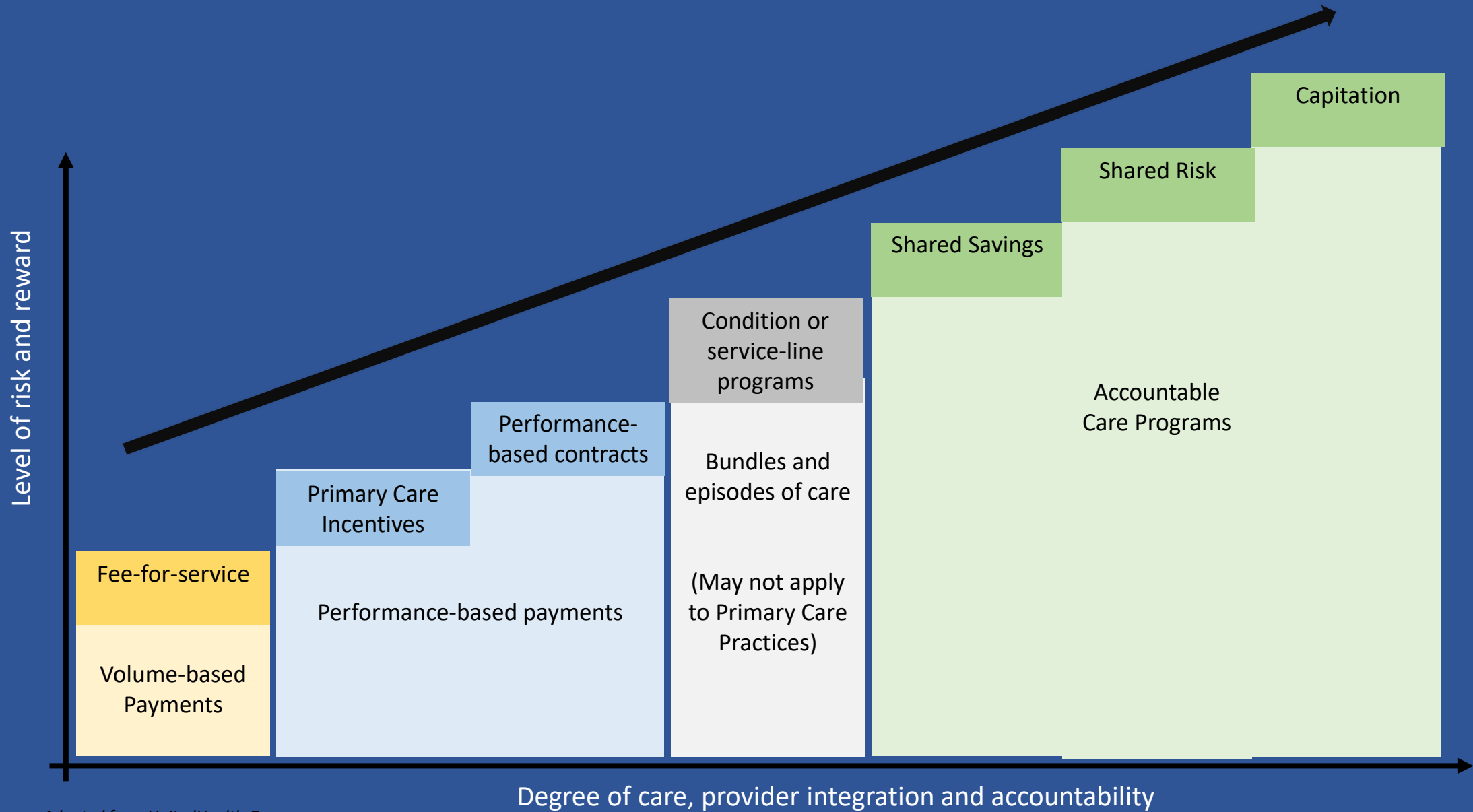
Individual Market Enrollment Dipped Slightly in 2019 After Repeal of Individual Mandate Penalty

First Quarter Individual Market Enrollment, 2011 – 2019 (in Millions)



Government
Programs

Value-based continuum



Source: Adapted from UnitedHealth Group

Direct Contracting Entity (DCE) Model

Background

- Direct Contracting Model (Direct Contracting), together with the Primary Care First Model and the updated Medicare Shared Savings Program ENHANCED Track, are part of the CMS strategy to use the redesign of primary care to drive broader delivery system reform to improve health and reduce costs.
- The model builds off the Next Generation Accountable Care Organization (ACO) Model and innovations from Medicare Advantage and private sector risk sharing arrangements.



A scenic landscape featuring a two-lane asphalt road that curves gently through rolling hills. The road is marked with a dashed yellow center line and solid white edge lines. The surrounding fields are a mix of green and golden-yellow, suggesting late summer or early autumn. In the distance, hills are covered with trees showing vibrant autumn foliage in shades of yellow, orange, and red. The sky is a pale blue with soft, white clouds. The overall atmosphere is peaceful and open.

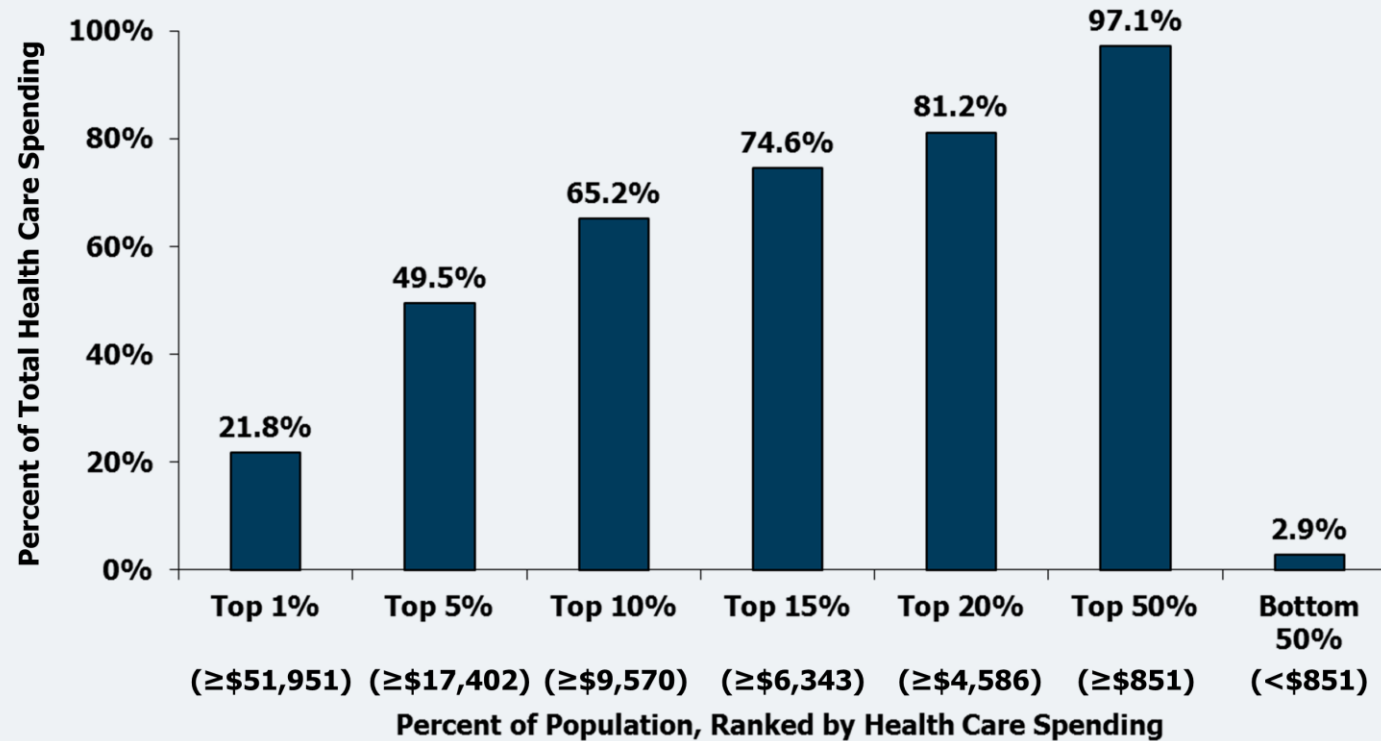
Mobile Integrated Health
and the road ahead . . .

MIH and the road ahead . . .

- Patient Experience and Engagement
 - Timely Access to Care
- Clinical Quality
 - CMS STARS Program, HEDIS
 - Chronic Condition Management
- Cost Efficiency
- Risk Adjustment

Open Discussion

Concentration of Health Care Spending in the U.S. Population, 2009



Note: Dollar amounts in parentheses are the annual expenses per person in each percentile. Population is the civilian noninstitutionalized population, including those without any health care spending. Health care spending is total payments from all sources (including direct payments from individuals and families, private insurance, Medicare, Medicaid, and miscellaneous other sources) to hospitals, physicians, other providers (including dental care), and pharmacies; health insurance premiums are not included.

Source: Kaiser Family Foundation calculations using data from U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), Household Component, 2009.