

Managed Care is Dead.... Long Live Managed Care A quick history and overview of America's private health insurance plans

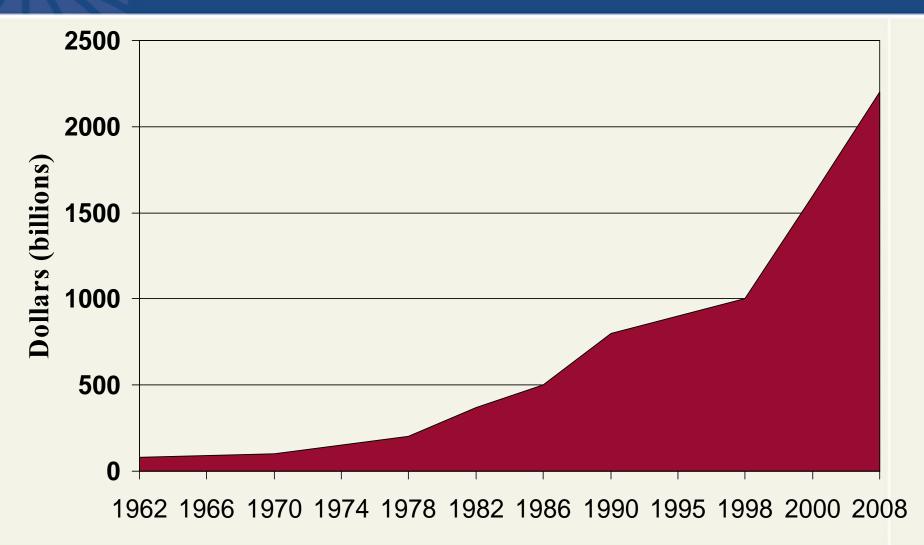
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At lightning speed, this primer session will:

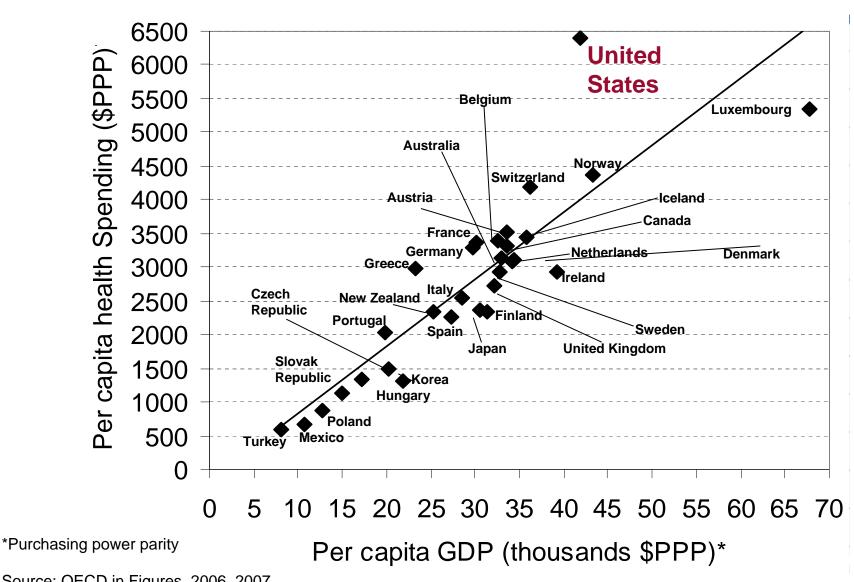
- Provide a brief history and nuts-and-bolts overview of health insurance and managed care in the US.
- Highlight some reasons for and effects of the recent "Managed Care Backlash."
- Help provide a context for understanding health care reform proposals presented at this conference.

Of course its all about the money -- US health care spending: 1962-2008



Source: HCFA, CMS Year 3

Health spending vs GDP in OECD nations: The US is the outlier

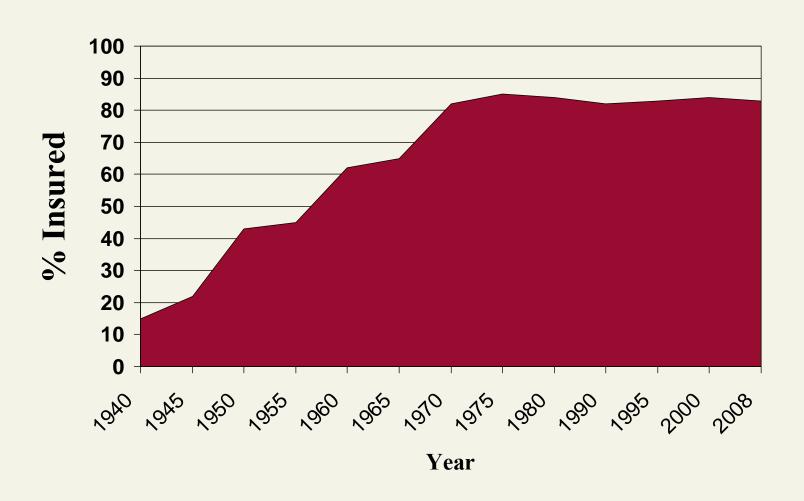


Source: OECD in Figures, 2006, 2007

Alternative approaches for financing / organizing health care

- Government employed providers
- Government "social insurance"
 - Mandatory buy-in
 - Entitlement for special populations
- As "benefit" of employment
 - Insurance
 - Direct care or access to contract providers
- Union/worker collectives
- Privately purchased health insurance
- Out of pocket / private pay
- Charity care

Proportion of Americans with health insurance: 1940-2008



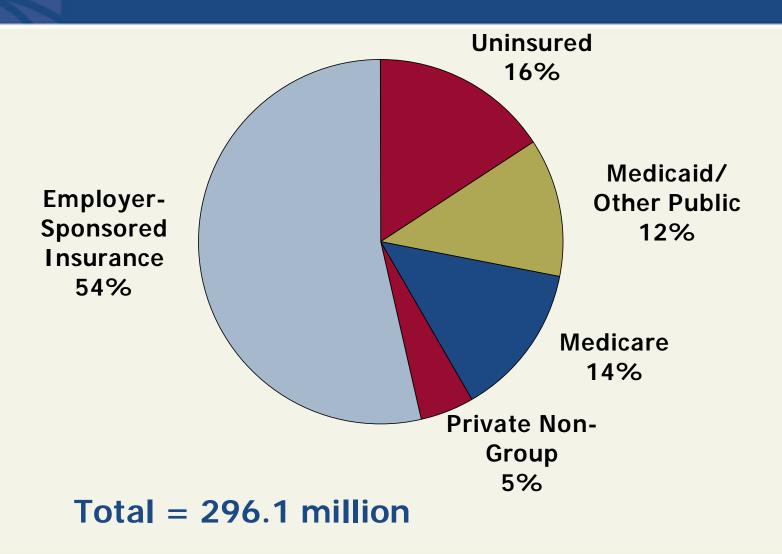
US Health Insurance: Some Historical Highlights

- 1930's -- Blue-Cross/ Blue Shield and Hospital Association.
- 1930's Prepaid-Group Practices (PGPs) and Union/Employers
- 1950's Commercial insurers get into the act
- 1960's -- Federal "great society" Medicare and Medicaid
- 1970's The "Health Maintenance Organization" (HMO)
 Act (the unholy alliance of AMA sponsored IPAs and union friendly PGPs)

Why Employers Got Involved In Health Care in the US

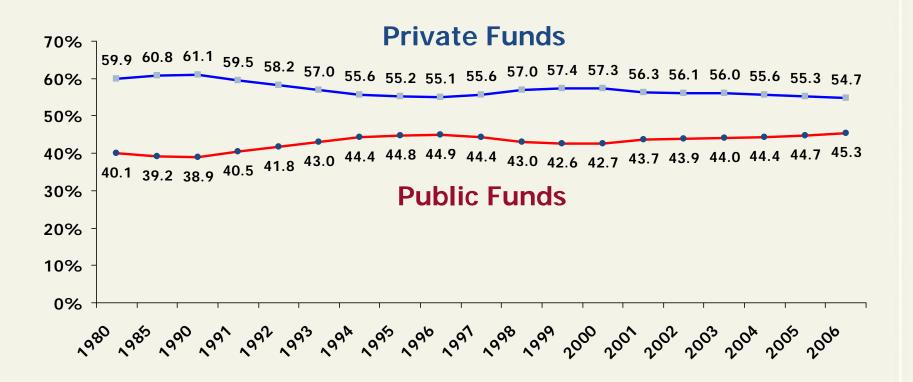
- Healthy employees are productive employees
- European immigrant / union expectations
- Tax advantage
- Attracts good employees
- Employers filled the vacuum in the 1930-50's, (now "stuck" in this role).

Health Insurance Coverage in the U.S., 2006



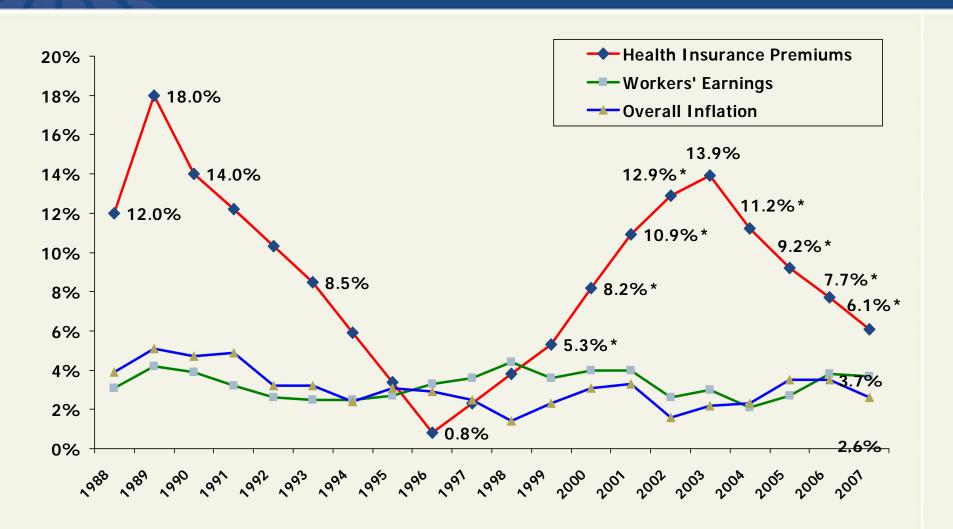
Most Americans get health insurance "privately," but the public sector bankrolls almost half of all care

(% Distribution of Personal Health Expenditures by Payer, 1980-2006)



Source: Kaiser Family Foundation calculations using NHE data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group,

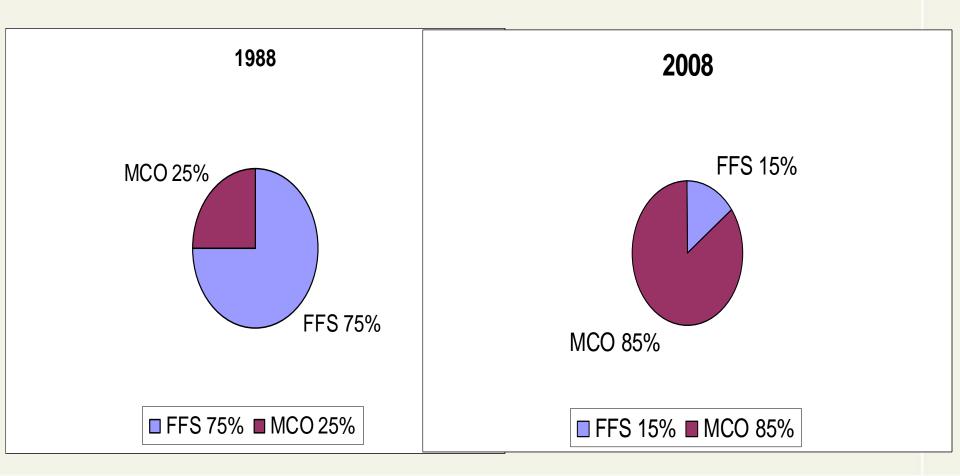
The Most Important Chart in this Presentation: (Private Health Insurance Premiums, Worker's Earnings and General Inflation, 1988-2007)



The "Rise and Fall" of Managed Care is Embodied in this Trend Line

In the late 1980's the bankrollers of the system said enough was enough, and the era of "managed care" was born. HMOs and their techniques served as the model.

Managed Care Organization's Approximate Share of the Health Insurance Market in 1988 & 2008



The US Health Insurance / "Managed Care" Models (and approx market share in 2008)

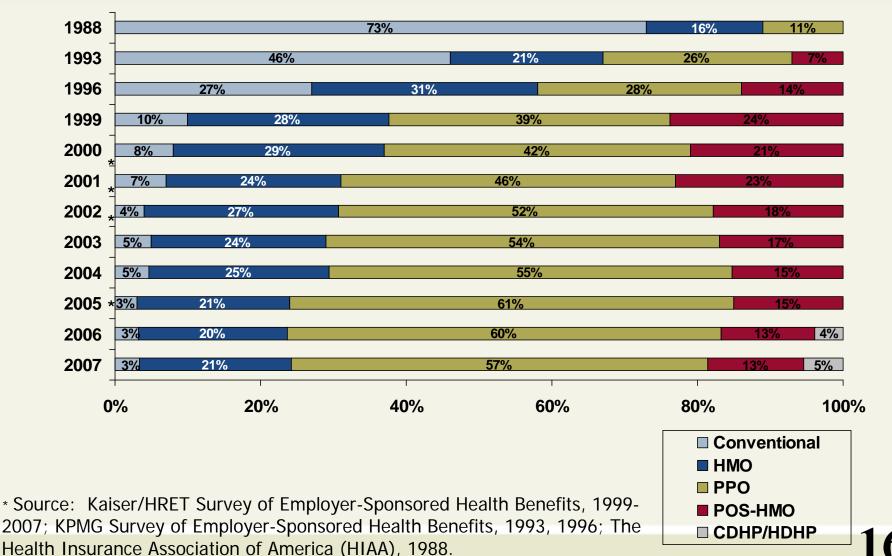
- Traditional Fee-for Service (Unmanaged)
 - 15% (Mainly Medicare)
- Preferred Provider Organization (PPO) and other "loose" managed care plans
 - 47% (includes "consumer defined health plans" / "high deductible health plans")
- Health Maintenance Organization (HMO)
 - 38% (includes "point of service" "open-HMO")

The Key "Ingredients" of Managed Care

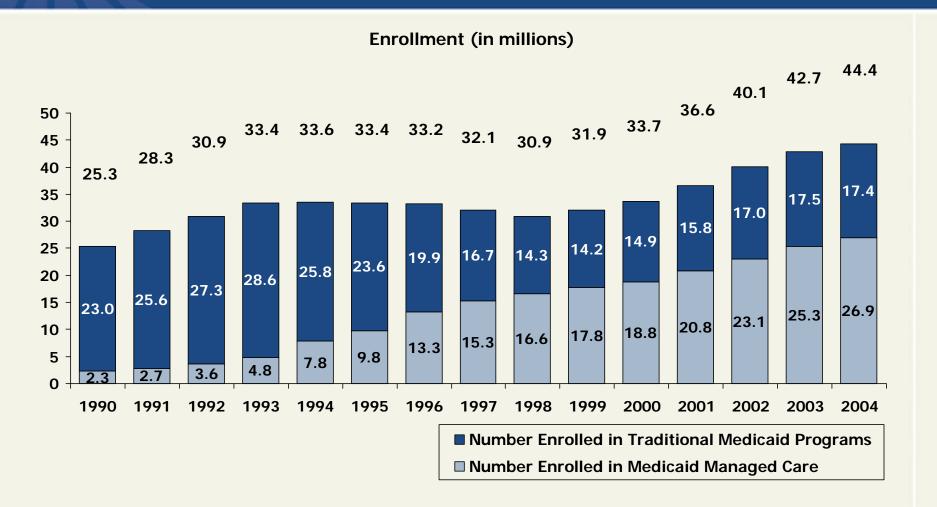
- Care "management"
 - aka, utilization/disease management

- Vertical integration / coordination of independent providers
- Financial risk sharing with providers and consumers

Types of health plans have shifted over the years (employer based plans)

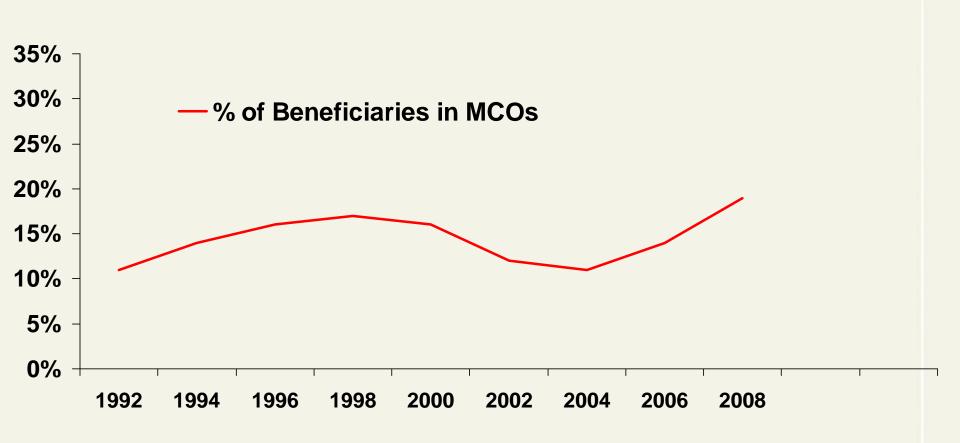


Private managed care plans care for the majority of Medicaid / S-CHIP enrollees (Trends '90-'04)



Source: KFF

Medicare's Private MCO ("Medicare Advantage") Enrollment has Waxed and Waned



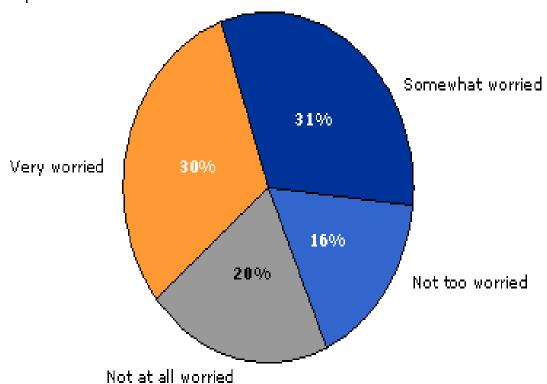
Source: CMS

The managed care backlash and public perceptions

US Consumer Perceptions

Worry About Health Plan Being Mainly Concerned About Saving Money

How worried are you about your health plan being more concerned about saving money for the plan than about what is the best treatment for you?

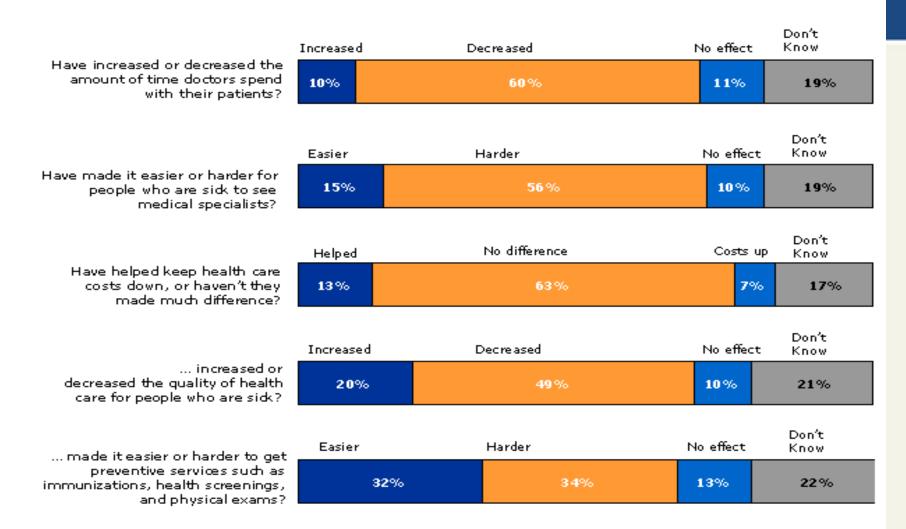


Note: Based on adults with health insurance. Don't know responses not shown.

Source: Kaiser Family Foundation Health Poll Report survey (conducted October 4-9, 2005)

Views About Managed Care's Impact

During the past few years, do you think HMOs and other managed care plans...



Source: Kaiser Family Foundation Health Poll Report survey (conducted August 5-8, 2004)

Consumers Don't Really Understand Why Health Care Costs are Rising

Percent who say each is a "one of the single biggest factors in rising health care costs":

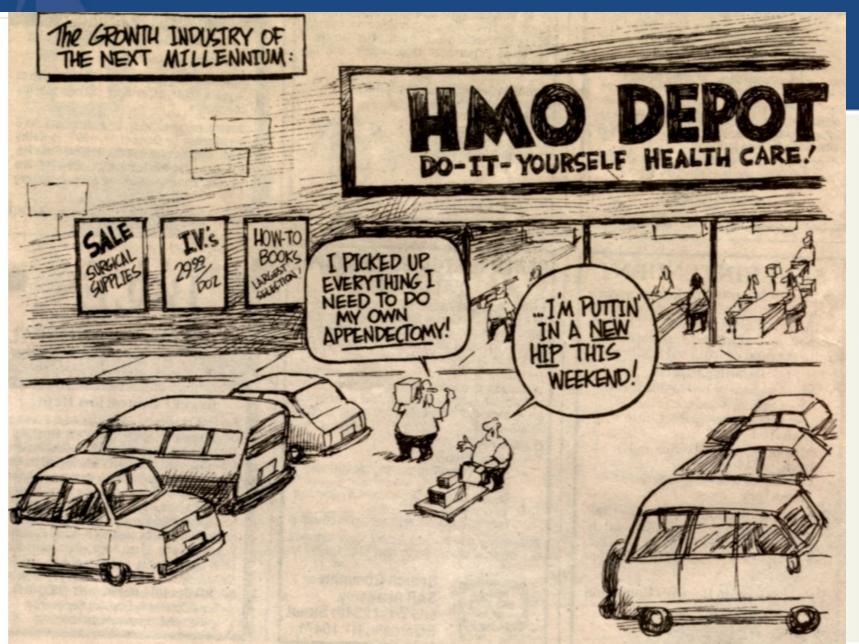
Drug/insurance companies making too much money	50%	
Too many medical malpractice suits	37%	
Fraud and waste in the health care system	37%	
Doctors/hospitals making too much money	36%	
Administrative costs in handling insurance claims	30%	
People getting treatments they don't really need	30%	
People needing more care due to unhealthy lifestyles	29%	
Use of expensive new drugs/treatments/technology	28%	
The aging population	23%	
More people are getting better medical care	12%	22

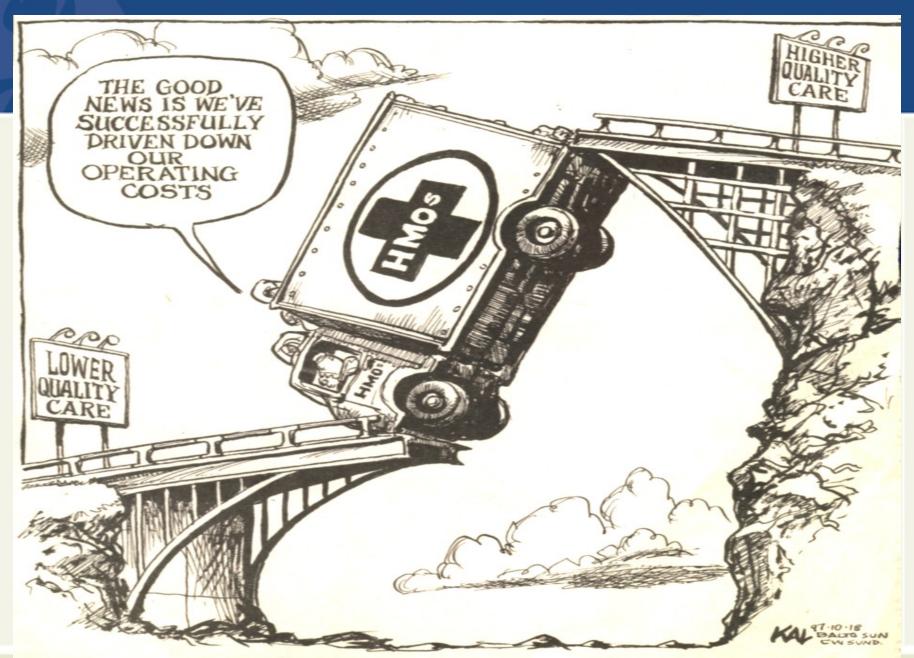
The "backlash" has not had much impact on MD / MCO financial relations (Trends in Physician Contracting and Managed Care Revenue, 1996-2005)

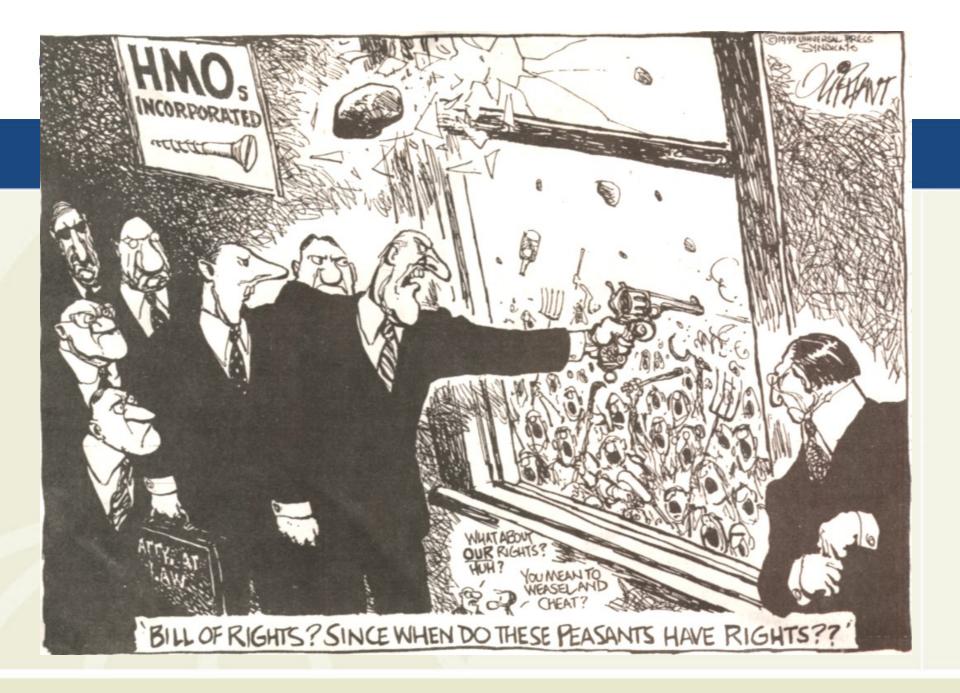
	1996-97	1998-99	2000-01	2004-05
Physicians with No Managed Care Contracts	9.4%	8.6%	9.2%	11.5%*
Average Number of Managed Care Contracts Among Physicians with ≥1 Managed Care Contract	12	13	13	13
Physicians with No Managed Care Revenue	5.7%	5.2%	5.8%	8.6%*
Revenue from Managed Care Among Physicians with ≥1% Managed Care Revenue (Mean)	42%	45%	45%	44%

Source: Center for Studying Health System Change, Community Tracking Study

^{*}Change from 2000-2001 is statistically significant at p<.001.







The three decades of private health insurance: The solutions must be here somewhere??

