

April 30, 2014

Via electronic submission:

<https://ftcpublic.commentworks.com/ftc/healthcaresworkshop/>

Federal Trade Commission
Office of the Secretary, Room H-113 (Annex X)
600 Pennsylvania Avenue NW
Washington, DC 20580

Re: Health Care Workshop Project No. P131207

Dear Sir or Madam:

UnitedHealth Group is pleased to provide the Federal Trade Commission (“Commission”) with comments relative to the questions posed in the Commission’s request published at 79 Fed. Reg. 10153, on February 24, 2014.

UnitedHealth Group is dedicated to making our nation’s health care system work better. UnitedHealth Group’s workforce of 160,000 people serve the health care needs of more than 85 million people worldwide, funding and arranging health care on behalf of individuals, employers and government. Our core strengths are in care management, health information and technology. As America’s most diversified health and well-being company, we not only serve many of the country’s most respected employers, we are also the nation’s largest Medicare health plan – serving one in five seniors nationwide – and one of the largest Medicaid health plans, supporting underserved communities in 24 states and the District of Columbia. Recognized as America’s most innovative company in our industry by *Fortune* magazine for five years in a row, we bring innovative health care to scale to help create a modern health care system that is more accessible, affordable and personalized.

As the nation’s largest and most diverse health care company, UnitedHealth Group is uniquely situated to comment on several areas raised in the commission’s questions. For example:

- Our benefits company, UnitedHealthcare, contracts with nearly 820,000 physicians and care professionals and approximately 6,000 hospitals and other care facilities nationwide while serving our members across commercial, federal and state benefit exchanges, Medicare and Medicaid markets.

- Since 2006, UnitedHealthcare has published its own Premium Designation program where individual physician-level quality and cost-efficiency information is available on its public website at www.myuhc.com. Additionally, since 2011, UnitedHealthcare has published this same information together with price estimates based upon the member's benefits at http://www.uhc.com/individuals_families/member_tools/myhealthcare_cost_estimator.htm.
- OptumHealth™ is a pioneer in supporting telehealth services through its Now ClinicSM program, <https://www.mynowclinic.com/>.
- OptumInsight™ provides health information through exchange and related analytic services across the country, <http://www.optum.com/providers/clinical-performance/connectivity-interopability/health-information-exchange.html#>.

We look forward to further discussing our experience with the Commission as it investigates the state of health care competition throughout the implementation of the Affordable Care Act and the American Restoration and Reinvestment/Health Information Technology for Clinical Health Act.

Given our breadth of experience, we provide the following comments:

I. Changes in the Healthcare Delivery System: Market Power and Consolidation

During the workshop, two themes emerged that deserve commentary. First, the healthcare system requires not just incremental improvement, but more transformative modernization to improve quality, affordability and the patient & family experience. Both ARRA/HITECH and the Affordable Care Act, as well as the evolving health care marketplace, have catalyzed changes in local markets, such as the formation of larger care delivery systems and new physician-hospital alignments. As these changes occur, it is important that the advantages available to organizations with greater access to data, human and financial capital, and new payment/delivery models (all of which can benefit consumers and enhance competition) are not overshadowed by excess market power that raises costs and reduces competition. We suggest the Triple Aim (Better Health, Lower Cost, and Improved Quality) should be used as a guide to judge the relative benefits and drawbacks of market-specific changes such as provider consolidation. The Triple Aim should be polestar used to guide assessment of whether an increase in market power was appropriate.

Second, and furthermore, with the Triple Aim as the guide, we share some of the concerns expressed by workshop commentators that large integrated provider organizations may continue to rely on their general “brand” reputation, unconnected to valid and transparent data about quality, patient experience, cost efficiency or health outcomes. Therefore, UnitedHealthcare supports the Commission’s efforts to add concepts such as the Triple Aim as well as consumer response to transparent information to their assessment of competition in a given market.

II. Quality Information

UnitedHealthcare has provided consumers information on individual provider quality and cost efficiency¹, generated using claims data, since 2006 in our UnitedHealth Premium[®] physician designation program.

As of the most current 2014 release, we are reporting quality and efficiency scores for nearly 300,000 physicians across 25 specialties using more than 200 measures. The information we publish is available through the provider search function on www.myuhc.com[®], and through our member mobile application, UnitedHealthcare Health4Me[™]. Premium designation information is available about physicians in more than 40 states. Consumers can see rolled-up scores in a format designed to be understood by them. This year, we also expanded the availability of a tiered benefit structure in which consumers pay a lower copayment or coinsurance amount for choosing a Premium designated “Tier 1” physician. We also explain the program’s methodology, and the limits of that methodology, to the public.

At the same time, we provide detailed information to the *measured physicians* about their Premium designation results and the program. Physicians have an opportunity to review, in a HIPAA-compliant, secure, on-line environment, detailed reports about the patient-level data upon which their Premium designation is based. Physicians have the opportunity to provide additional clinical information relative to their Premium designation result. Physicians can use these reports for their own practice improvement. Medical directors are always available to discuss Premium results with physicians. UnitedHealthcare's program is accredited under NCQA's PQ certification program.

We believe UnitedHealthcare has the largest, longest standing, physician measurement program with public results in the country. UnitedHealthcare continues to make abundant, transparent, actionable information available for consumers and physicians. We think it can be done, and it should be done.

While our program demonstrates that large-scale transparency programs to inform consumer choice and support health system improvement can be developed and deployed, much remains to be done. Consumer activation (the idea of activating consumers to take more personal responsibility for managing their care) is at the top of the list. Standardizing methods and measures across entities also remains a work in progress. There are notable gaps in measures of appropriateness of care, outcomes, and utilization. The Commission has stated publicly that the last time the Commission looked at the impact of prohibitions on physician advertising about quality was in the 1970’s. The science of quality measurement has evolved dramatically in the last 40+ years, and consumer engagement and activation (supported by good information) is

¹ Cost efficiency evaluates the amount, cost, and type of resources used to provide equivalent services at high quality to a physician’s peers on a risk and geographically adjusted basis. For example, it might evaluate the total cost of a patient panel, or case-mix adjusted episodes of care. Online drilldown tools allow physicians to understand such details as use of on-patent medications compared to available generics, and find that use of more on-patent medications compared to one’s peers was not maximally efficient.

critical in a modernized health system, so it may be an opportune time to revisit this area.

III. Price Transparency

In 2011, UnitedHealthcare launched its first cost estimator for members. Since then, our product, called myHealthcare Cost Estimator, has evolved to be an industry-leading member tool, which combines Premium designation results with cost estimates for a number of “shoppable” procedures. Members using the tool have the ability to evaluate different care paths, for example comparing back surgery to physical therapy. Because this product is available only for members, we are able to offer the Commission only a sample on-line video². myHealthcare Cost Estimator is available on-line and through our mobile application, Health4me. It also is currently being studied by Professor Allison Cuellar at George Mason University under a grant from the Robert Wood Johnson Foundation, to assess in part “the impact of the tool availability on provider choice, service utilization, and costs.”

There are many audiences interested in transparent information about health care costs and prices. UnitedHealthcare has focused its efforts on the two audiences it believes are most important. First, consumers, as discussed above. We have focused on consumers because they have the most significant ability to change how healthcare is consumed and delivered.

Our second focus has been to help policy makers at all levels understand *patterns* and *trends* so that they can take appropriate policy actions. For example, in 2011, our commitment to transparency and quality spurred us to collaborate with other health plans, to provide data directly to the independent, nonprofit Health Care Cost Institute, (www.healthcostinstitute.org). We support the use of our data for such collaborative projects that focus on cost measures generated consistent with the Federal Trade Commission and Department of Justice Statement 6, for example through our participation in various state-based voluntary collaboratives. We do agree that price transparency in the form of a “data dump” is not necessarily beneficial, and that the audience and intended effect of the information should be the key factors in determining what information is disclosed. In particular, we believe that consumers find information relative to their own particular situation (such as their actual out of pocket costs based on their own specific benefit plan) more useful than other forms of transparent pricing information.

IV. Barriers and Supports for Innovation

Besides the Now ClinicSM, UnitedHealth Group is on the forefront of a wide range of innovations, including using telehealth technology for behavioral services, <https://www.optumhealthnewmexico.com/consumer/en/telemedicine.jsp>, delivering quality, price, and treatment paths to members in a mobile setting (as discussed above) to the evolution of health information exchange services to flexible, scalable cloud-based services that both exchange and analyze information.

² http://www.uhc.com/individuals_families/member_tools/myhealthcare_cost_estimator.htm.

Consumers, providers and payers alike are seeking to improve the delivery of care, access to primary care, specialty care and improve population health management. This includes extending their care into retail centers, schools and consumers homes. This is predominantly led by technologies that continue to evolve from mobile phones to devices that can feed back patient vital signs to a provider.

Given the great potential and the rapidity of change in these areas, the possible barriers to innovation implied by the Commission's questions are worth further study.

V. Conclusion

In conclusion, thank you for the opportunity to offer our insights and point to some public examples of health care innovation in action. We look forward to the opportunity to discussing these issues with you in the future.

Sincerely,

Richard Migliori, MD