

The Balance Sheet of Health

In this episode, David Snow, Founder, Chairman and CEO of Cedar Gate Technologies, talks about value-based care, the importance of data when employers make health care choices, and how being proactive with preventive care is key in the post-pandemic era.



David Snow

Founder, Chairman, CEO of Cedar Gate Technologies

Topics Addressed in the Episode

- Why value-based care is so important in the post-pandemic era
- Ways employers can use data to make proactive health care choices that buffers rising costs

Key Highlights

On Value-Based Care

- “Value based care is really a way of paying for care that aligns the interests of the delivery system with the interests of both the payer and the patient, meaning better outcomes cost and quality”.
- “What are the mechanisms in value-based care that do that? One is called primary care attribution. That's where primary care doctors are the doc's who are responsible at the patient level, they make sure the patient's getting the preventive care and make sure the patient is being well managed when there's chronic problems identified, by the way, chronic and complex disease is 75% of total cost of care in healthcare..”

On The Role of Data in Healthcare Benefits Management

- “When you need the powerful analytics at the employer level, when you need the powerful analytics at the preparer or provider level, the payer and provider need a lot more actuarial and underwriting math than, say, an employer does. Our employers tend to look for more

benchmarking to understand and they also like to understand how to incent referrals to the right, right providers, and understand how they can incent with benefit design better behaviors both on the delivery system side as well as on the patient side. But we have all those analytics.”

- “There are some powerful strategies, one that works extremely well, is understanding your employees care patterns, you know, who are they going to for their care? When we run analytics on the orthopods in a geographic area, there's always a bell curve of performance, both in terms of cost and quality. There are always superstars or to the left of the mean of the bell curve, both in terms of cost and quality. But do you know who they are? Are you ultimately creating the incentives for your employees to use those providers versus those that are consistently to the right of the meat? Why are they to the right of the meat? What do I mean by that? Well, cost and quality go hand in hand.”

- “Here are things that I think are critical if you align properly with a primary care capability, one is preventive care, proactive preventive care, making sure an attributed population to that primary care office knows

what your high risk for so do you need colorectal screening annually [...], I can tell you most doctor's offices in the community, they wait until you call them they're not chasing you and making sure you do what you should do from a preventive point of view. That's a missed opportunity."

- "The second thing is the majority of simple chronic disease is managed by primary care, asthma, type two diabetes, sometimes you need an endocrinologist type talk, but most of the time as a primary care doctor, how proactive is the are the primaries relative to managing that disease to keep people out of the most expensive setting, you can see in the data who is and who isn't... you can also to the extent they've shown that they outperform you can skew benefit designed to have more of your attributed employee base using those facilities."