Driven by broad shifts in demographics and disease status, age-related chronic and complex medical conditions now account for the largest share of healthcare budgets across the globe. The delivery of health and social care services remains episodic and often concentrated in hospital and speciality settings, leading to the inefficient use of finite health resources. The result is a reduction in the quality-of-care experiences and outcomes for consumers as well as uncontrolled cost inflation as complexity in demand is unmet by ‘traditional’ models of care.

Insurers and consumers are increasingly shouldering the burden of this evolving risk landscape and people with complex chronic illness are often faced with high deductible plans that exacerbate unmet need for care, a process that also makes it harder for insurers to grow their market.

At the same time, in a protracted low-yield environment, life insurers face stagnation in the demand for retirement and long-term savings solutions at the very juncture when this is needed to address the long-term health and well-being needs of ageing populations. As conditions such as dementia and neurological disorders grow in prevalence, there is also a growing need for long-term care (LTC) insurance to support people’s social care needs, but there remain very few solutions.

We outline how health and life insurers can adopt New Care Models (NCMs) to influence care at all life stages seamlessly and to keep cost in check, drawing on the findings of a literature review and 15 high-level interviews with key informants.

NCMs are driven by three major global trends:
- **Shifting disease patterns caused by life style and ageing** resulting in an increase in the number of people living with multiple comorbidities and LTC needs.
- **The rise in the cost of care** resulting in unsustainably high premiums and high-deductible plans and catastrophic costs for consumers.
- **Increased pressure on public finances**, with many policymakers now looking at private-sector collaborations.

What are New Care Models?

NCMs represent an approach to care delivery with a ‘triple aim’ to improve care experiences and health outcomes and encourage more cost-effective service delivery. They employ a variety of approaches that emphasise disease prevention and health promotion, proactive management of people with chronic disease to improve consumer experience, and collaboration across health and social care disciplines to improve health outcomes and address cost inflation. This may involve multi-professional partnerships that coordinate care and support for people with physical and mental health needs, or community-based and home-based alternatives to institutionalisation in hospitals or residential homes.
Table 1: Distinguishing NCMs from conventional healthcare and singular disease-focused models

<table>
<thead>
<tr>
<th>Conventional medical-based care</th>
<th>Disease management programmes</th>
<th>New Care Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on illness and cure with some population health at primary care level</td>
<td>Focus on priority diseases</td>
<td>Focus on holistic care to improve people’s health and well-being</td>
</tr>
<tr>
<td>Relationship limited to the moment of consultation</td>
<td>Relationship limited to programme implementation</td>
<td>Continuous care to individuals, families and communities across the life course</td>
</tr>
<tr>
<td>Episodic curative care</td>
<td>Programme-defined disease control interventions</td>
<td>Coordinated and people-centred care integrated around needs and aspirations</td>
</tr>
<tr>
<td>Responsibility limited to effective and safe advice to the patient at the moment of consultation</td>
<td>Proactive management of a patient’s risk factors to meet targets</td>
<td>Shared responsibility and accountability for population health, tackling the determinants of ill-health through intersectoral partnerships</td>
</tr>
<tr>
<td>Users are consumers of the care they purchase</td>
<td>Population groups are targets of specific disease-control interventions</td>
<td>People and communities are empowered to become co-producers of care at the individual, organisational and policy levels</td>
</tr>
</tbody>
</table>

Source: Adapted from Goodwin et al. 4

The evidence on New Care Models

There is good evidence that NCMs support improved care experiences, favourably influence outcomes and reduce or limit the rise in costs of care. An evaluation of an integrated care programme in Alaska for indigenous communities showed substantial improvement in consumer and staff satisfaction, and a 36%, 42% and 58% reduction in hospital days, emergency department visits and specialist treatment, respectively.5 A global systematic review by Damery et al. reported a 15–50% reduction in emergency admissions, 10–30% reduction in readmission and 1–7 reduced number of days in hospital.6 Another review by Baxter et al. of 167 programmes found strong evidence of improved access to care, patient satisfaction and enhanced perception of quality of care.7 The effects on health outcomes remain more mixed. While some reviews have shown statistically significant improvements in outcomes overall, they have varied by subgroups and the length of the programme8 and in some cases remain unsubstantiated.9

Larger scale models seem to have significant potential to improve quality and reduce cost inflation. The advent of Accountable Care Organisations (ACOs) in the U.S. and other countries10 has been associated with financial savings of between 6–25% when compared to standard practice.11 In part, this success has been as a result of the change in relationship between the insurer/payer and provider – models that bring them closer together into risk-sharing arrangements where pooled funds can be used in innovative ways. However, the varying contexts and ways in which NCMs are implemented make it harder to infer how consistently they can generate positive results.

Enabling New Care Models: The need for a strategic purchaser

We outline five purchasing approaches, each with its strengths, weaknesses and considerations regarding potential to achieve the triple aim:

- **The traditional approach to procurement** where insurers work with a constellation of providers to form a network through multiple contracts;
- **The accountable care approach** where a group of multi-disciplinary providers take on shared responsibility for a defined population using different governance and contractual models with payers;
- **The fully integrated model** where the insurer and providers operate under a single governance structure and a global budget;
- **The direct-to-provider approach** where providers offer a package of services directly to consumers on a subscription basis, often bypassing primary insurers – notable for its implications for insurance sales and coverage; and
- **The consumer-directed payments approach** where policyholders directly buy services they need based on a personal budget.

By moving away from being a passive claims processor to become a ‘strategic payer’, insurers can correct the common misalignments found between financial flows and provider incentives.

Many of these purchasing approaches reward value over volume by balancing care between costly hospitals and speciality clinics and less costly primary/community-based settings.

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5 WHO 2015.
6 Damery et al. 2016.
7 Baxter et al. 2018.
8 Rocks et al. 2020.
9 Liljas et al. 2019.
10 Reich et al. 2012.
11 Pimperl 2018.
Table 2: The potential strengths and weaknesses of NCMs

<table>
<thead>
<tr>
<th>Models of care</th>
<th>Traditional approach to procurement</th>
<th>ACO-prime contractor</th>
<th>ACO-prime provider</th>
<th>ACO alliance</th>
<th>Fully integrated</th>
<th>Direct to provider</th>
<th>Consumer-directed payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact criteria</td>
<td>Improving health outcomes</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Low / Medium</td>
</tr>
<tr>
<td></td>
<td>Potential consumer market</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Potential consumer attractiveness</td>
<td>Medium</td>
<td>High (to groups with specific needs)</td>
<td>High (to groups with specific needs)</td>
<td>High (to groups with specific needs)</td>
<td>High (to groups with specific needs)</td>
<td>High (to groups with specific needs)</td>
</tr>
<tr>
<td>Provider management capability</td>
<td>Low</td>
<td>High</td>
<td>Very High</td>
<td>Medium / High</td>
<td>Very High</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Influence over care utilisation patterns</td>
<td>Low / Medium</td>
<td>High</td>
<td>Very High</td>
<td>Medium</td>
<td>Very High</td>
<td>Very High</td>
<td>Low / Medium</td>
</tr>
<tr>
<td>Required new organisational capability</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>Medium / High</td>
<td>Very High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Risk to insurer</td>
<td>High</td>
<td>Low / Medium</td>
<td>Low / Medium</td>
<td>Low / Medium</td>
<td>Low</td>
<td>N/A</td>
<td>Low / Medium</td>
</tr>
<tr>
<td>Potential for cost containment</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Very High</td>
<td>Medium</td>
<td>Low</td>
</tr>
</tbody>
</table>

Source: The Geneva Association

Findings from stakeholder interviews

Improving customer experience is the most common rationale for implementing NCMs, closely followed by the need to evolve business models to tackle cost inflation. Life insurers in particular show a strong pivot towards health solutions to address mortality in risk-based products and the high cost of comorbidities in long-term savings products. NCMs have a strong predisposition towards service innovation, i.e. expanding the range and scope of service, with only a few matching them with the use of new governance and contracting models to make the most of the new services offered. While many NCMs are new, there are promising indications that they improve the customer experience and reduce the need for costly care.

While overall buy-in for NCMs by consumers and providers is favourable, there is a need to: a) balance consumer preference for choice with service standardisation to make NCMs competitive; and b) dedicate time to improving provider understanding of NCM objectives and associated benefits.

New market opportunities afforded by NCMs include the use of data to improve existing products, the ability to package and sell new competencies enabled by NCMs, improving risk thresholds through better targeting to previous untapped groups and diversifying from risk-based products to service-based products. Marketing and distribution are the most commonly cited functions in the insurance value chain influenced by NCMs, helping to open up untapped customer segments. However, the sophistication of NCMs is still unsupported by traditional distribution channels, which remain transactional.

NCM scalability depends on: 1) conducive regulatory environments, with a focus on licensing rules for life insurers, data protection and provider market reform; 2) collecting, storing and analysing data to allow targeting and monitoring of NCMs in real time; 3) leadership and cultures that enable companies to take risks and allow longer-term horizons for NCMs to mature; and 4) a concurrent focus on key supply-side aspects, such as provider management and payment reforms, to ensure NCMs do not fall short in delivering the desired outcomes.
**Recommendations**

- Insurers need to **enhance the value proposition** of NCMs to go beyond the simplistic notions of choice and convenience. The current narrative should evolve to reflect the triple aim to promote its value to consumers, distributors, providers and internally within companies.

- Insurers need to **become a strategic orchestrator** of services. They will need to shift away from just paying claims, start assuming the role of a ‘strategic payer’ and ensure a favourable supply-side condition that can fulfil the promise of NCMs made to policyholders. This entails stratifying the risks to understand the pressure points; building the foundations to start sharing risks with providers; shifting towards value-based payment; and planning the journey incrementally using a maturity model.

- Insurers need to **capture the opportunities afforded by the convergence of life and health products and solutions**. NCMs provide an opportunity to create a seamless cradle-to-grave system. As both life and health insurance solutions try to expand by becoming attractive to new market segments and ensuring enough cross-subsidisation in their risk pools, it paves the way for a joint health-life service proposition. Internally, insurers would need to identify the strategic touchpoints of the two business lines. Pooling, analysing and sharing data in real time as well as a joint marketing and distribution plan are the obvious starting points. Externally, they need a clear plan that navigates the issues around health licences, price caps, provider and payment reforms and the local ethical and legal climate before engaging with policyholders.

**Figure 1: Recommendations for insurers**

- Enhance the value proposition of NCMs
- Assume the role of a strategic payer
- Create a cradle-to-grave joint health-life proposition

**Source:** The Geneva Association

**References**


