

Data Published in Health Affairs Demonstrates Improved Health Outcomes and Lower Costs Associated with Cigna's Collaborative Accountable Care Program

BLOOMFIELD, Conn., November 12, 2012 - A [study](#) published in the November issue of the leading policy journal *Health Affairs* shows that Cigna's (NYSE: CI) collaborative accountable care (CAC) model has favorable quality of care and total medical cost trends. The study reports interim quality and cost results among three geographically and structurally diverse physician practices in Arizona, New Hampshire and Texas. Results suggest that a shared savings accountable care model with collaborative support from the payer can enable physician practices to take meaningful steps toward full accountability for care quality and efficiency.

Cigna's CAC model, based on principles aligned with accountable care organizations (ACOs), is focused on the "triple aim" of improving health outcomes, reducing medical costs and increasing patient satisfaction. Participating physician groups focus on closely monitoring individuals who are at high risk for adverse health events, including patients with chronic conditions such as diabetes or cardiovascular disease.

The study in *Health Affairs* reports on 2010 results for quality of care and total medical costs at Dartmouth-Hitchcock in New Hampshire, Medical Clinic of North Texas (MCNT), and Cigna Medical Group of Arizona (CMG).

The study showed that CMG's total medical costs for 2010 were significantly reduced (\$27.04 per patient per month) compared with other practices in the same geographic area ($p < 0.10$). Compared with expected costs, Dartmouth-Hitchcock and MCNT achieved performance improvements in their per patient, per month costs (\$1.78 and \$6.56 respectively), although CMG showed a decrease of \$4.94. The study also showed that the three practices out-performed their comparison group peers on all care quality measures, with one exception.

Aggregate risk-adjusted medical costs per patient per month were calculated to evaluate the effect of the initiative on total medical expenditures. Performance improvement was based on the difference between a practice's risk-adjusted expected costs for 2010 and its actual costs in the same year. The study assessed care quality by comparing compliance rates between practices in the initiative and their comparison groups for each patient on 69 evidence-based measures of care.

"The study data confirmed our expectations that physician practices and patients can benefit from accountable care-based models, and underscore previous reports suggesting that Cigna's collaborative accountable care initiative is a viable system to improve quality, drive cost savings and increase patient satisfaction," said Dick Salmon, M.D., Ph.D., Cigna's national medical executive for performance measurement and improvement. "In addition, we saw that participating medical practices increased their success by using registered nurses as care coordinators to oversee the implementation of the CAC program at the facility. In a diverse group of practices where CAC programs have been implemented, we've noticed a positive trend in overall care improvement, particularly with respect to closing gaps in patient care through collaboration and communication."

The CAC initiative, which Cigna launched in 2008, is a shared savings program that offers practices up-front support in their first year of participation and performance incentives for subsequent years. The initial financial support comes in the form of a care coordination payment for investments in infrastructure that will improve patient care while keeping total medical costs down. In subsequent years, practices receive a larger care coordination payment if they meet targets for improved outcomes and lower medical costs.

Critical to the programs' benefits are registered nurses, employed by the physician practices, who serve as clinical care coordinators and help patients with chronic conditions or other health challenges navigate the health care system. Care coordinators from each physician practice are aligned to a team of Cigna case managers to ensure a high degree of collaboration between the medical group and Cigna that ultimately results in a better experience for the individual.

The care coordinators enhance care by using patient-specific data provided by Cigna to identify patients being discharged from the hospital who might be at risk for readmission, as well as patients who may be overdue for important health screenings or who may have skipped a prescription refill. Care coordinators contact these individuals to help them get the follow-up care or screenings they need, identify any issues related to medications and help prevent chronic conditions from worsening.

Care coordinators also help patients schedule appointments, provide health education and refer patients to Cigna's clinical programs, such as disease management programs for diabetes, heart disease and other conditions; and lifestyle management programs, such as programs for tobacco cessation, weight management and stress management.

Cigna also provides CAC physician practices with performance reports that suggest opportunities for improving care quality and controlling costs. For example, the report might show that the practice's patients are heavy users of hospital emergency rooms. This might suggest the need for the practice to offer extended evening or weekend hours to improve patient access to care.

Cigna is now engaged in [42 collaborative accountable care initiatives in 18 states](#), encompassing more than 390,000 Cigna customers and more than 5,500 primary care physicians. Cigna plans to have 100 collaborative accountable care programs in place with one million customers by the end of 2014.

About Cigna

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