Cigna Achieves Goal of 100 Collaborative Care Arrangements Reaching One Million Customers

BLOOMFIELD, Conn., July 08, 2014 - Cigna (NYSE: CI) has been at the forefront of the accountable care organization movement since 2008 when it launched its first patient-centered initiative in New Hampshire. Building on the company's success with that early initiative and others like it in Arizona, Texas and other states, the company in 2012 set an ambitious goal to have 100 Cigna Collaborative Care arrangements with large physician groups in 2014 that would reach one million customers. Last week, Cigna achieved that goal with the addition of 11 arrangements in seven states.

"We're thrilled that we've reached the milestone of 100 Cigna Collaborative Care arrangements with some of the most forward-thinking large physician groups in the country," said Alan M. Muney, M.D., Cigna's chief medical officer. "The leaders of these organizations are fully committed to collaborating with us and recognize the value of delivering better health, affordability, and experience."

Results

In places where it's been introduced, Cigna Collaborative Care is helping to improve the health of Cigna customers while holding the line on medical costs. The programs are helping to close gaps in care, such as missed health screenings or prescription refills, reducing unnecessary use of hospital emergency rooms, increasing the number of preventive health visits and improving follow-up care for people transitioning from the hospital to home.

Among the arrangements that have been operational for two or more years:

- 73 percent have met targets for improving quality
- 73 percent have met targets for controlling total medical cost
- 55 percent have met targets for both quality and total medical cost.
- On average, these arrangements have demonstrated 3 percent better than market average total medical cost and 2 percent better than market average quality.

Among arrangements that have been operational for at least one year:

- 63 percent have met targets for improving quality
- 50 percent have met targets for controlling total medical cost
- 37 percent have met targets for both quality and total medical cost
- On average, these arrangements have been at par with market average total medical cost and 2 percent better than market average quality.

"These results, especially the strong performance by our most mature arrangements, show what's possible through sustained collaboration over time," Muney noted. "In order to have achieved substantial impacts on quality and affordability, these medical groups have implemented best practices across their physician and clinical support teams to use the new information and resources from Cigna that are available to help them. We think we're working with the right organizations that have what it takes to be successful."

Six Keys to Success

- Sharing useful patient information: Cigna has claims data with information about individuals that physicians often don't have; for example, listings of patients who have been admitted to the emergency room, or patients who have been treated by a Cigna network doctor in another state.
Sharing this information with the collaborative care doctors enables them to have a more complete picture of their patients' health and helps identify which of their patients might require outreach and follow-up care.

- **Cigna's predictive modeling capabilities**: Predictive modeling helps identify patients who are being discharged from the hospital who might be at high risk for readmission. Identifying these patients presents an opportunity to develop a post-discharge care plan that could include home care and outreach from the collaborative care doctor's office.

- **Embedded care coordinators**: Typically a nurse who is employed by the collaborative care physician group, the care coordinator helps patients with chronic conditions or other health challenges navigate the health care system. Care coordinators use Cigna's patient-specific data to see who is being discharged from the hospital, who may be overdue for important health screenings or who may have skipped a prescription refill. They help patients get the follow-up care or screenings they need, identify potential complications related to medications and help prevent chronic conditions from worsening. They also help patients schedule appointments, provide health education and refer patients to Cigna's clinical support programs that help individuals manage diabetes, heart disease and other chronic conditions, or help with tobacco cessation, weight management or stress management.

- **Communication and collaboration**: Cigna clinical staff, including medical executives and nurse clinicians, meets frequently with physician group management and patient care teams to explain optimal use of Cigna's patient-specific information to improve patient health. The Cigna team makes recommendations to improve program management, planning and execution, and identifies key actions that care coordinators should focus on.

- **Clinical integration**: Cigna's case managers are aligned to specific collaborative care physician groups and develop strong working relationships with the care coordinators. This ensures that the physician group has easy access to the breadth of Cigna tools and services, such as case management and chronic condition management, to complement the patient-facing care that the physician group provides. This leverages resources of both organizations to help Cigna customers get the care they need when and where they need it.

- **Aligning incentives to performance**: Cigna Collaborative Care physician groups earn additional "pay for value" reimbursement when they achieve targets for both quality and affordability.

Effective July 1, the newest members of Cigna's network of collaborative care arrangements are:

- **In Connecticut**: Northeast Medical Group (NEMG), a physician group affiliated with Yale New Haven Health in New Haven. [http://yalenewhavenhealth.org/nemg/](http://yalenewhavenhealth.org/nemg/)

- **In Georgia**: Harbin Clinic, a multi-specialty medical practice in Rome. [http://harbinclinic.com/](http://harbinclinic.com/)


- **In Illinois**: Presence Health Partners, a physician-led network of health care providers affiliated with Presence Health, the largest Catholic integrated health system based in Illinois. [http://www.presencehealth.org/](http://www.presencehealth.org/)

In Tennessee: Primary Care Partners LLC, an independent, physician-led network of primary care providers serving patients in the Tri-Cities region, including Kingsport, Johnson City and southwest Virginia. www.sofha.net and www.mrfm.net


In Texas: Village Family Practice, a family medical practice in Houston. https://www.villagefamilypractice.com/

In Washington: EvergreenHealth Partners, a clinically integrated network of more than 500 physicians and health care professionals affiliated with EvergreenHealth in Kirkland. www.evergreenhealth.com

The 100 Cigna Collaborative Care arrangements with large physician groups span 27 states, reach more than one million commercial customers and encompass more than 39,000 doctors, including more than 19,000 primary care physicians and more than 20,000 specialists.

Cigna Collaborative Care is one component of the company's approach to physician engagement for health improvement, which also includes the innovative Cigna-HealthSpring® care model for Medicare customers. Today, more than 1.3 million Cigna and Cigna-HealthSpring customers benefit from 265 engaged physician relationships across 31 states, with more than 66,000 doctors participating, including more than 25,000 primary care physicians and more than 41,000 specialists.

About Cigna

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