



Shared responsibility for health

When providers, payers and consumers work together, improving health becomes a team effort. Informed, engaged, and empowered providers and consumers can share responsibility and decision-making for care, while coming to joint agreements on how the individual wants to improve or maintain positive health behaviors.

Shared responsibility for health results from:

- Shared decision-making. Providers use shared decision-making as a standard of care with patients and their family members, as appropriate, as well as strategies that activate patients to take charge of their health and any chronic condition needing management.
- Health plan members taking a health risk assessment. This is one of the first key steps in becoming involved in one's own health outcomes.
- Benefits that provide incentives for preventive care and healthy behavior, and support the use of evidence based services. This can include low- and no-cost services for evidence-based screenings, well-child visits and other preventive services. Incentives can be used for personal health behaviors and improved health status using evidence-based strategies relating to diet, exercise, smoking and medication use. Services that are not evidence-based would be more expensive, while evidence-based services would cost less.
- Consumer and community engagement and collaboration. Involving consumers and community members in advising health plans and practices through consumer advisory councils, and regular opportunities for feedback from consumers improves opportunities for shared responsibility for health. Additionally, collaboration with other entities such as public health, non-profits, and local government improves opportunities for shared responsibility for the health of the community.

What it means for

The health plan

- ✓ Healthier, more involved health members.
- ✓ Cost savings achieved through healthier members and providers' use of higher quality, evidence-based services.
- ✓ Better knowledge of members' health through assessments; allow the plan to focus on interventions when and where needed.

The purchaser of health benefits

- ✓ Cost savings achieved through healthier members and use of higher quality, evidence-based services and preventive services.
- ✓ Healthier employees who are more engaged in their health.

Your employees

- ✓ Better health through incentives, awareness and ownership of one's own health.
- ✓ Individual savings and improved health by using preventive care and evidence-based services.