



Article from

## **Health Watch**

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# Letter from the Editor

By Valerie Nelson

It's been December since the last issue of *Health Watch* and this issue has much to share with our readers. I hope that you find this issue as interesting as I do. As always, I want to thank all of our authors who take the time to share some valuable and new information with the broader actuarial community.

A few highlights about this issue:

- Two articles feature new ways of providers interacting with patients. The first, and our cover article, is written by Gayle Brekke and focuses on a direct primary care model. The second, written by Richard Gengler, Irving Steel and Stevan Hobfall, focuses on mental health treatment.
- Other new and interesting content includes Chris Bach's article on innovations in the Medicaid market; Daniel Perlman and Doug Norris' article on Own Risk and Solvency Assessment (ORSA); Daniel Pribe's article on population health; Greg Fann's article on Section 1332 waivers; and Joe Slater's article on self-funding options for small employers.
- There are two articles focusing on activities within the Society of Actuaries (SOA) Health Section. The first is a literature review written by the Behavioral Finance subgroup. The second shares with readers activity that is happening between the Health Section members and the Centers for Disease Control and Prevention (CDC) on preventive care issues.

- And a reader writes in! Dave Ogden has provided feedback on the December 2015 *Health Watch* article, "Examining the Evidence: Blood, Guts, ASOPs and Delivery System Reform."

Happy spring! ■

## 5 NUMBERS

1. Admission for neonatal intensive care unit (NICU) increased 64 to 78 per 1,000 live births from 2008 to 2012 when over half the NICU admissions were for normal weight babies.
2. The three largest causes of U.S. injury death responsible for more than 100,000 deaths per year are motor vehicle traffic crashes, firearm-related injuries and drug poisonings.
3. Range of the cost of knee replacement in Miami from private payers: \$16,300 to \$30,100.
4. Utilization at retail clinics for low-acuity conditions: 58 percent new care and 42 percent substitution.
5. Number of Carbapenem-resistant Enterobacteriaceae (CRE) superbug cases in the United States in 2015: 11.

<sup>1</sup> <http://archpedi.jamanetwork.com/article.aspx?articleid=2381545>

<sup>2</sup> <http://jama.jamanetwork.com/article.aspx?articleid=2488300>

<sup>3</sup> [http://www.nytimes.com/interactive/2015/12/15/upshot/the-best-places-for-better-cheaper-health-care-arent-what-experts-thought.html?\\_r=0](http://www.nytimes.com/interactive/2015/12/15/upshot/the-best-places-for-better-cheaper-health-care-arent-what-experts-thought.html?_r=0)

<sup>4</sup> <http://content.healthaffairs.org/gca?allch=&submit=Go&gca=healthaff%3B35%2F3%2F449>

<sup>5</sup> [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6447a3.htm?s\\_cid=mm6447a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6447a3.htm?s_cid=mm6447a3_e)



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