



# Trusted Partners

*An interview with Humana's Bruce D. Broussard*



**B**ruce D. Broussard is president and chief executive officer at Humana, one of the nation's leading health and well-being companies. Under his leadership,

Humana has created an integrated care delivery model centered on improving health outcomes, driving lower costs, enhancing quality, and providing a simple and personalized member experience. He has a wide range of executive

leadership experience in publicly traded and private organizations within a variety of healthcare sectors. Prior to joining Humana in 2011, he was Chief Executive Officer of McKesson Specialty/US Oncology, Inc. At US Oncology, Bruce served in a number of senior executive roles, including Chief Financial Officer, President, Chief Executive Officer, and Chairman of the Board. *Group Practice Journal* interviewed Mr. Broussard about how payers and providers can work together to create value-based care.

**GPJ:** *As the President and Chief Executive Officer of Humana, how do you view the current relationship between provider organizations and payers, particularly during the transition to risk and value?*

**Broussard:** Provider and payer relationships are getting stronger because we've focused on building a platform of trust, which is the essential element for any provider to have a successful transition to value. Our customized approach to help providers transition to value puts their needs first and moves at their pace and allotted resource level. Today, Humana partners with approximately 52,000 providers who serve 2 million of our Medicare Advantage (MA) members in value-based care agreements. In addition to changing the way we work with providers, we ourselves are changing into an integrated care delivery company that provides clinical services.

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**GPJ:** *What role do health insurers play in advancing high performance health and transforming the delivery system?*

**Broussard:** Health plans will play a key role in harnessing the power of data analytics to leverage patient medical claims to help physicians and clinicians deliver personalized care in moments of influence. Data analytics will also evolve to further incorporate the social determinants of health, like food insecurity and social isolation.

**GPJ:** *How has Humana partnered with providers, including AMGA members, to improve care and lower cost?*

**Broussard:** Humana is proud of the strong value-based relationships we've built with physicians and clinicians to serve our MA membership, which has resulted in healthier outcomes, improved quality, and lower costs. In 2016, 1.65 million Humana MA members, on average, served by value-based providers experienced fewer hospital inpatient admissions and fewer ER visits than members in standard MA settings.<sup>1</sup> By improving health and enhancing quality, we also reduced costs by 15% compared to fee-for-service Medicare.

**GPJ:** *What kind of capabilities do multispecialty medical groups have to have in place to succeed in a value- or risk-based contract?*

**Broussard:** An important capability is a fully interoperable health system that enables the specialist to easily and securely share patient data with the patient's primary care physician. In a value-based agreement, the PCP is coordinating the patient's care, and it's critical that they have a holistic view of the patient—from clinical services performed, to up-to-date prescriptions, as well as social barriers to health. Medical technology will provide patient data in real-time, but having that data in an actionable format to address unhealthy behavior is also an important capability for success.

**GPJ: AMGA members are balancing competing priorities in a challenging payer environment where both value and volume are rewarded. What advice do you have for medical group and health system executives as they navigate the move to value in collaboration with payers?**

**Broussard:** Fee-for-service was the model for the 20th century. Value-based care is the model for this one. The episodic nature of the fee-for-service system is not designed to support the holistic approach that's necessary for addressing a patient's unhealthy behavior and lifestyle in a preventive manner. My advice is to allow time to make the transition from

volume to value, invest in infrastructure and technology, and create an organizational culture that embraces the move toward a successful value-based model.

**GPJ: AMGA's risk survey indicates that AMGA members expect MA revenues to equal payments from fee-for-service Medicare in 2019. How should AMGA members partner with the MA payer community to successfully bring value to patients?**

**Broussard:** Patients want quality care at an affordable cost that helps them feel free and relevant in their lives. Payers need to ensure that coordinated care models deliver a consumer experience that's focused on helping patients

improve their total health in a system built to serve them, not one where they get lost navigating through repetitive forms and excessive materials. The Centers for Medicare & Medicaid Services is also responding to patient needs and is incentivizing payers and providers who increase consumer satisfaction, coordinate care, and improve quality through the Five-Star Quality Rating System.

**GPJ: Your general session at AMGA's 2018 Institute for Quality Leadership is titled "Redefining Health Care: Improving Outcomes and Simplifying the Experience." What do you hope meeting participants will take away from your remarks?**

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**Broussard:** Humana is here to help support your practice in your path to value and your efforts to improve your patients' outcomes and experience. We believe that the right type of value-based care model will usher in a new era of care for

seniors and enable physicians to spend more time with patients. Humana can be your trusted partner in your transition to value as we provide you with improved processes as well as tools and resources to ensure you know the total health of your patients. We want you to be successful and for our members to have improved outcomes with an increased sense of freedom and relevancy to their families and communities. [GRU](#)

## References

1. Humana. 2017. Humana Announces Its Inaugural Medicare Advantage Value-Based Care Report. Press release, November 14, 2017. Accessed August 8, 2018 at [press.humana.com/press-release/current-releases/humana-announces-its-inaugural-medicare-advantage-value-based-care-re](http://press.humana.com/press-release/current-releases/humana-announces-its-inaugural-medicare-advantage-value-based-care-re).

**Hear more from Bruce Broussard at the AMGA Institute for Quality Leadership, November 13-15, 2018, in San Antonio, Texas. For details, visit [amga.org/iql18](http://amga.org/iql18).**

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