

Healthcare Solutions that Work

North Bay Business Journal – Healthcare Conference November 11, 2009

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Agenda

• U. S. healthcare challenge

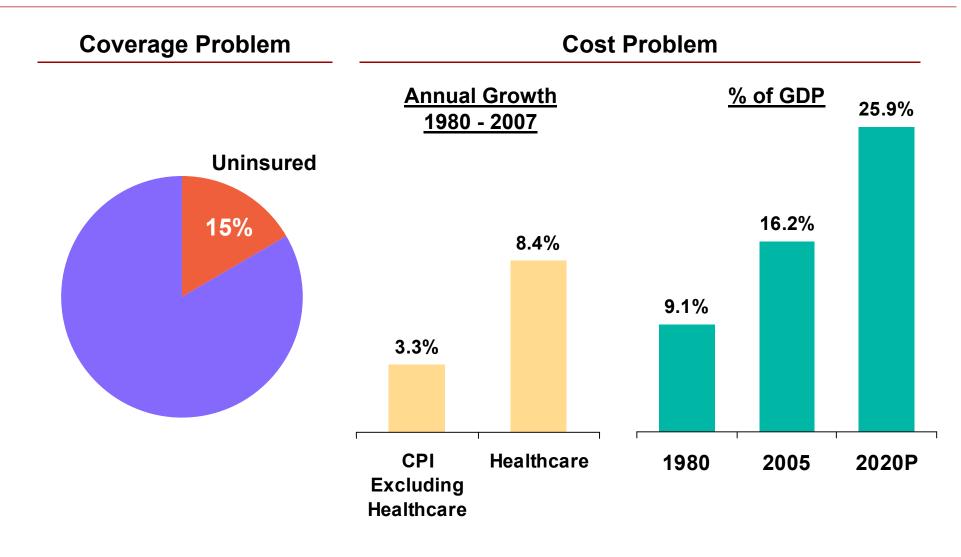
Safeway experience

Policy implications

Safeway Health



America's Healthcare Challenge



Lowering America's Healthcare Cost Requires:

Improving the health of our population

 Improving the effectiveness and efficiency of our healthcare delivery system



A market-based system in combination with universal coverage would address both of these requirements



Root Causes of Escalating Healthcare Costs

- Disconnect between payers and receivers of healthcare
- Insurance policies often lack incentives to change behavior
- Cost and quality transparency is largely absent
- Providers of healthcare have *little incentive to be cost conscious*...paid for services delivered, *not* results
- Too many consumers are not part of the system

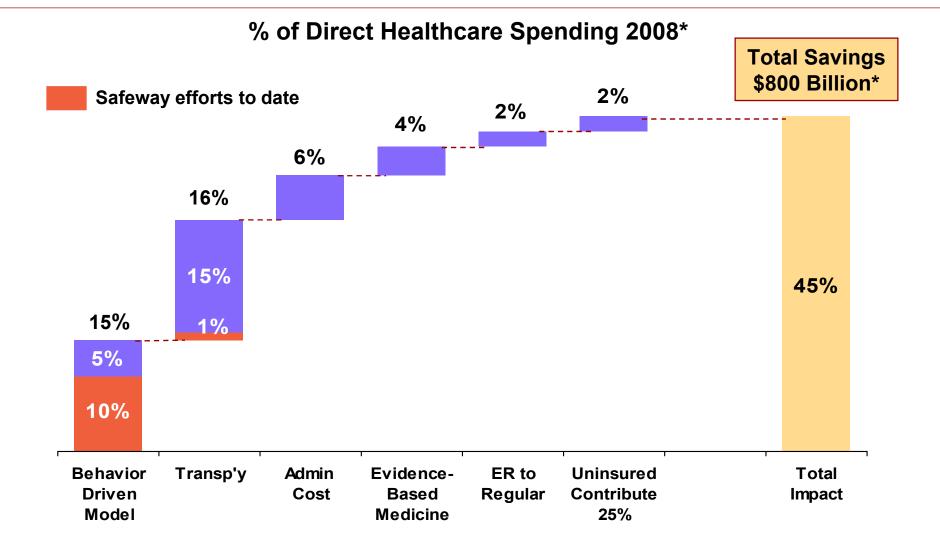


Solving the Problem of Rising Costs

- Create more personal responsibility
- Encourage prevention and wellness by *linking healthy behaviors* to financial incentives
- Provide cost and quality transparency
- Pay more for results and less for services rendered
- Insure everyone no one should be left out



Potential U.S. Healthcare Savings



* 2008 Estimates: Total HC spending ~ \$2.4 Trillion, Direct spending ~ \$1.8 Trillion



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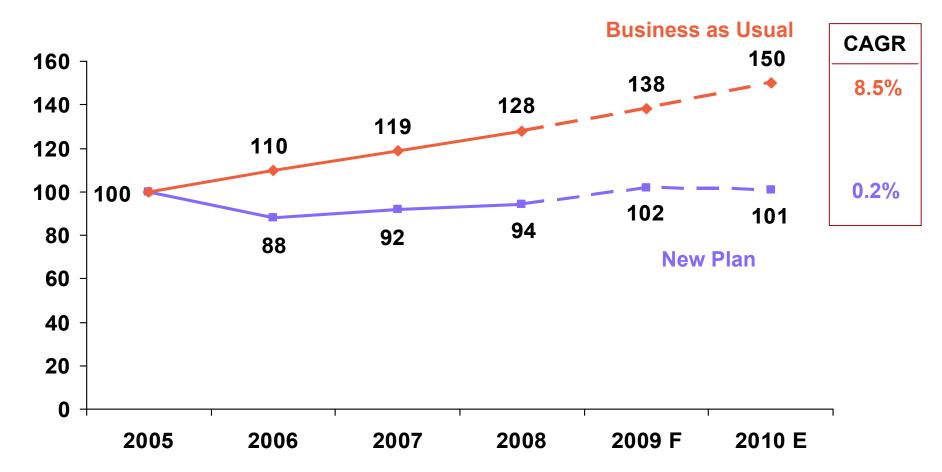
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Safeway's Healthcare Expense Trend*

Index 2005 = 100

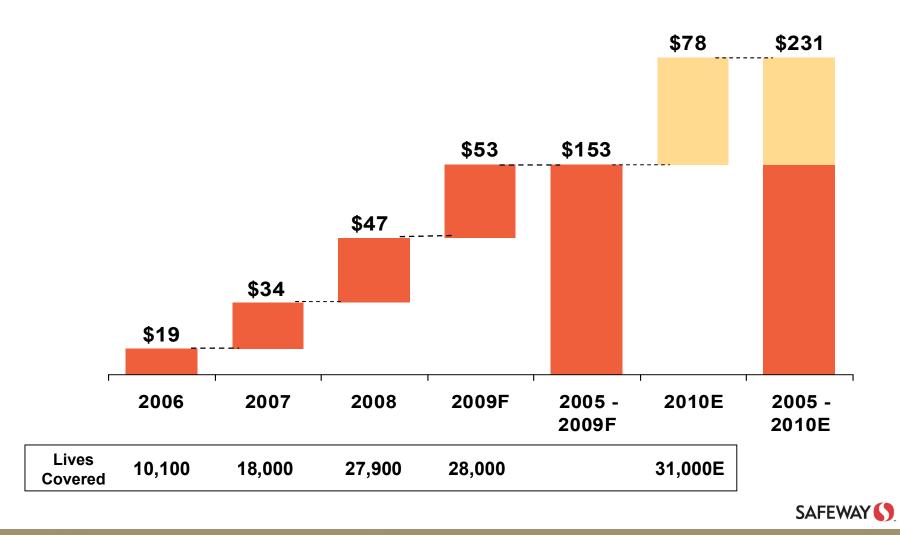


* Per-capita expenses for Safeway non-union EEs moving to new plan from former PPO plan

These per-capita expenses are all-inclusive - Safeway contribution, EE premium and EE out-of-pocket expense

Safeway Healthcare Savings Shared by Safeway and Employees

Savings vs. BAU in \$ Millions



Safeway Results Based on Major Discoveries

70% of healthcare costs are driven by behavior

• *Four chronic conditions* comprise 74% of healthcare costs

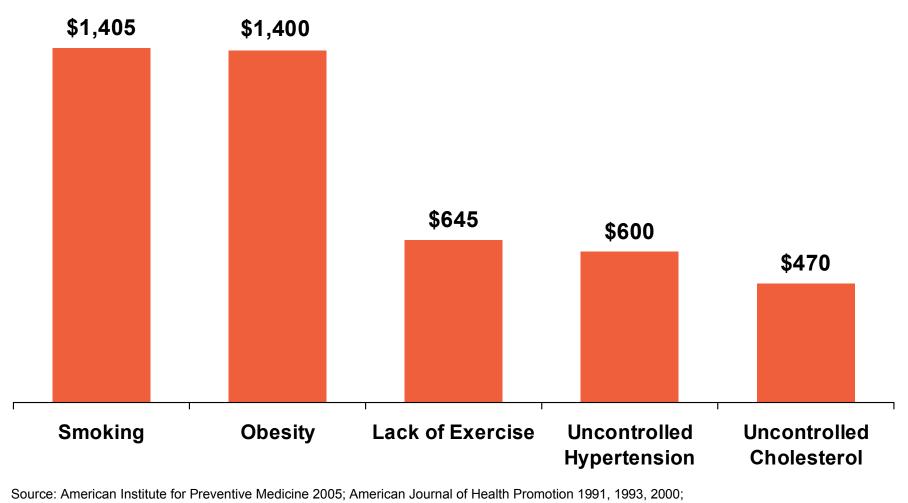
• **Obesity** is a driving factor in all four chronic conditions

Transparency is critical to controlling costs



Unhealthy Behaviors are Expensive

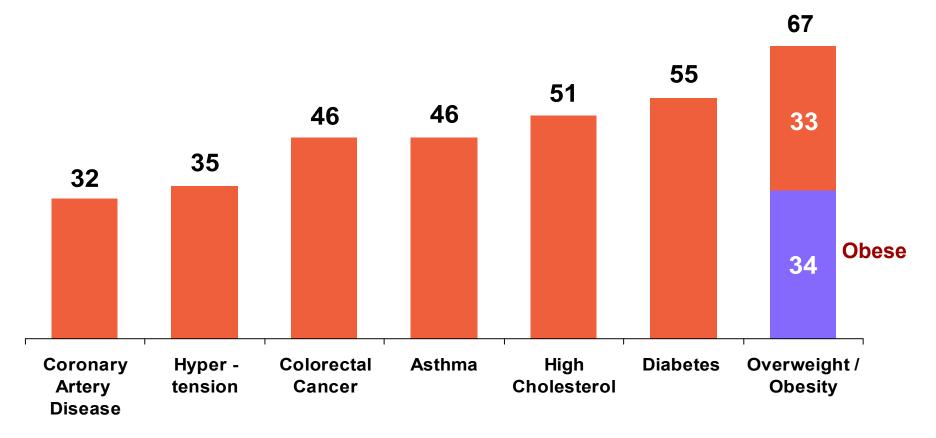
2008 Incremental Cost per Condition



Milliman & Robertson 1995; Safeway analysis

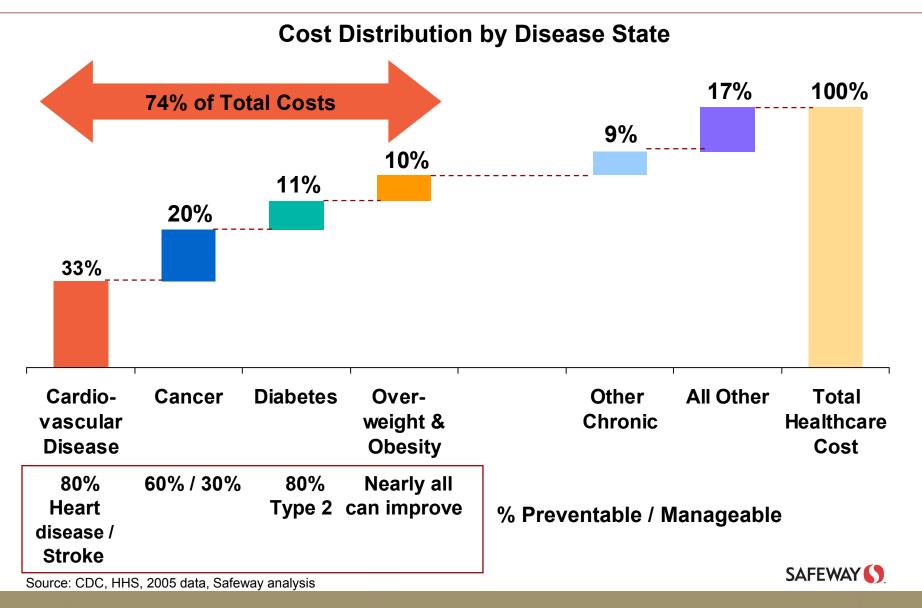
Non-Compliant Behavior is Common

% Non-Compliant with Recommended Care



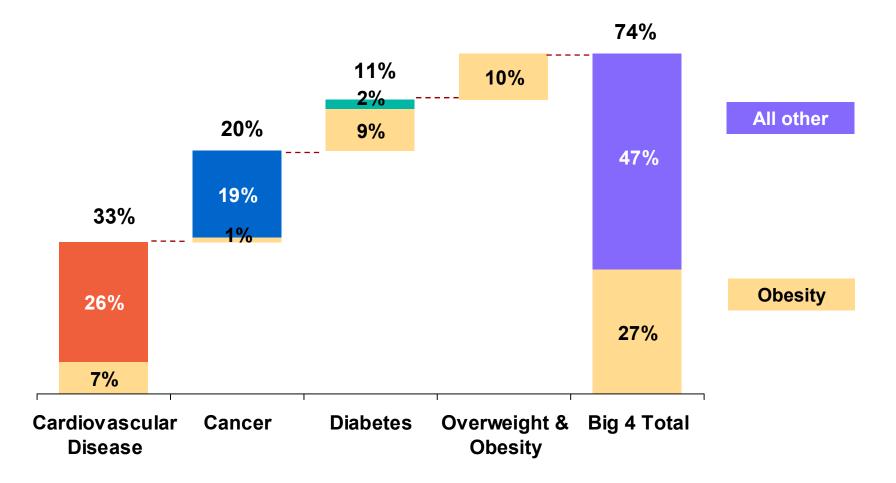
Source: Elizabeth McGlynn, et al, The Quality of Health Care Delivered to Adults in the United States, NEJM, Vol. 348:2635-2645 June 26, 2003 (No. 26); NHANES 2005-06

Four Chronic Conditions Comprise 74% of Costs



Obesity is a Major Cost Driver – Top 4

Top 4 chronic diseases - % of total healthcare spending

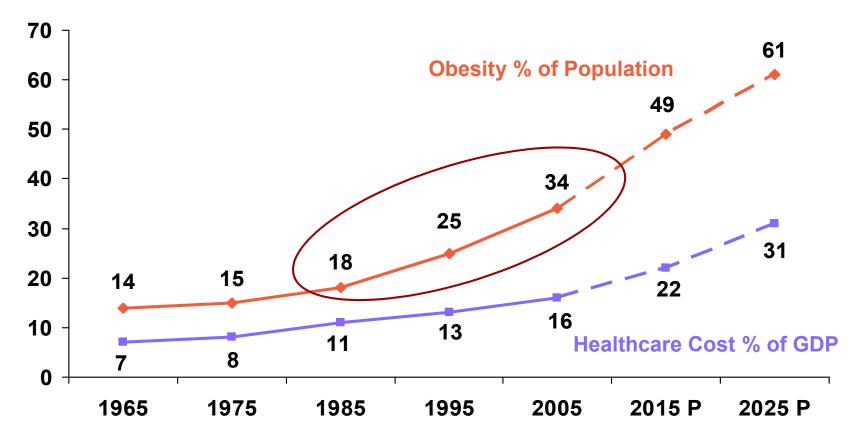


*2008 Estimates: Total HC spending ~ \$2.4 Trillion, Direct spending ~ \$1.8 Trillion

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Total Healthcare Costs and Obesity*

Percent

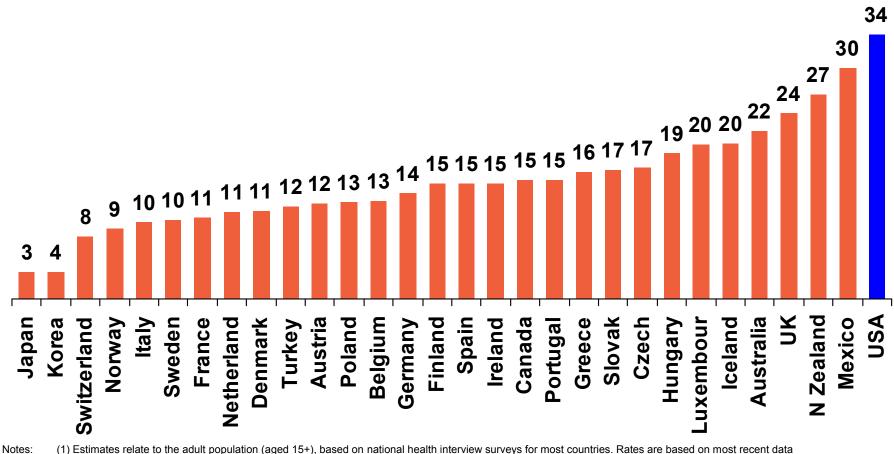


* Sources: Obesity – NHANES, Safeway analysis Healthcare Cost – CMS Office of the Actuary, Safeway analysis

Obesity Prevalence by Country

Obesity Prevalence for Adult Population (Aged 15+) by Country¹

Percent of Population



available, with years ranging between 2003-2007.

Source: OECD Health Data, http://www.oecd.org/document/16/0,3343,en_2649_34631_2085200_1_1_1_100.html

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Philosophy for Behavior Incentives

- Individuals are responsible for their own behavior*
- Health plans should be free to charge individuals the full cost of their behaviors
- When consumers bear the true cost, they are motivated to change
- The result will be improved health, higher productivity, and lower healthcare costs



*But not their genetics

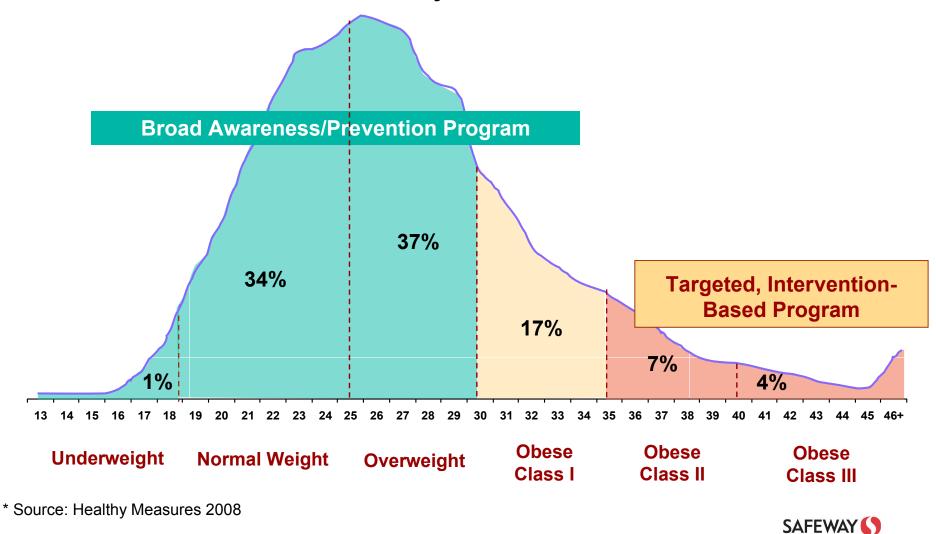
Safeway Healthy Measures

74% Participation

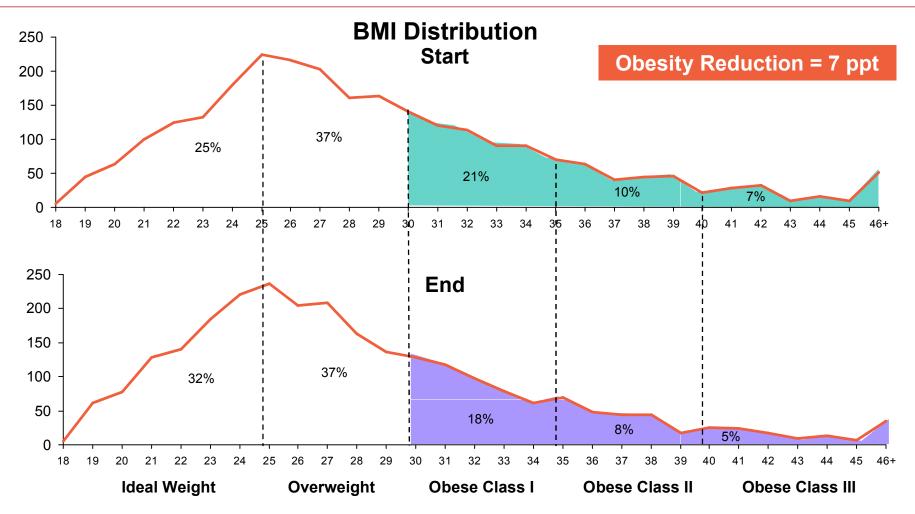
- Four key measures offered to all employees
 - Weight
 - Tobacco use
 - Blood pressure
 - Cholesterol
- Participation to earn lowest healthcare premium
 - Voluntary
 - Employees and spouses
- 78% of participants rate program good, very good, or excellent
- Most common suggestion More incentives!
- Reviewed and praised by U.S. Department of Labor

Safeway Obesity Challenge

2008 Safeway BMI Distribution*



100 Day Challenge – Behavior Change



Source: 100 Day Challenge data as of 08/20/09.

Includes BMI information for 78% of current participants, 74% of enrolled participants.

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Healthy Weight Commitment Foundation* Tackling Obesity Nationwide

Over 40 food manufacturers and retailers working together

Comprehensive approach to battling obesity

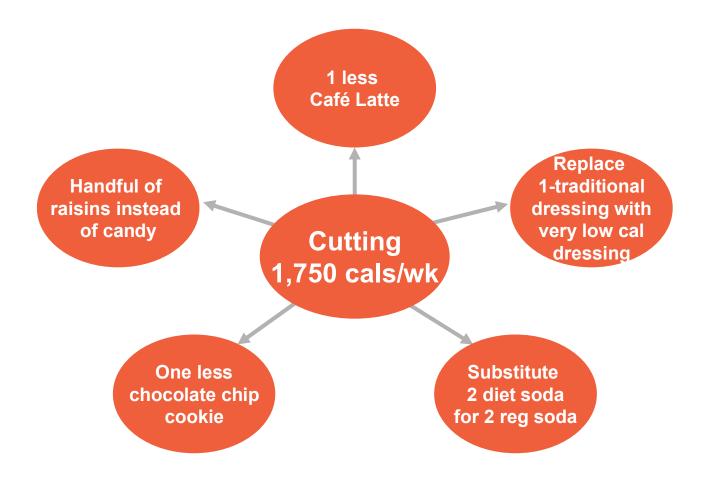
• Focused on individual consumers, in schools, and in the workplace

Launched at National Press Club – October 5, 2009

* Food industry initiative; Safeway is Co-Founder

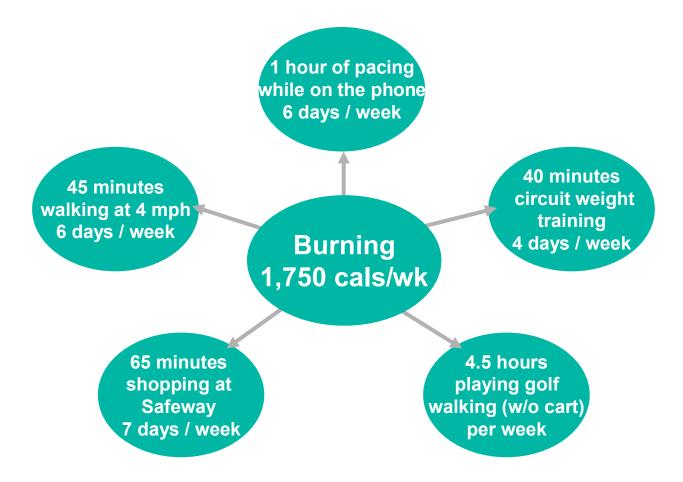


1,750 Less *Calories In* **per Week** Many ways to achieve the goal – 250 / day



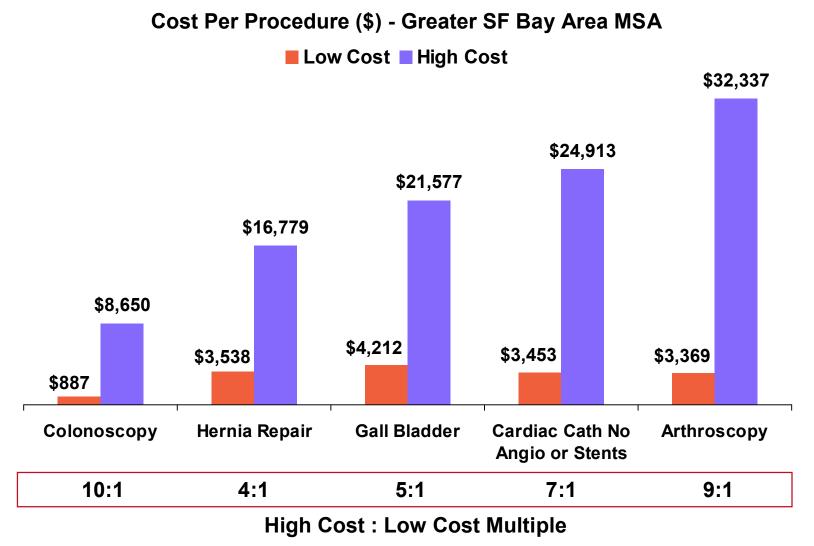
Keep the volume and taste, not the calories

1,750 More *Calories Out* per Week Many ways to achieve the goal – 250 / day



Add activities incremental to normal movement

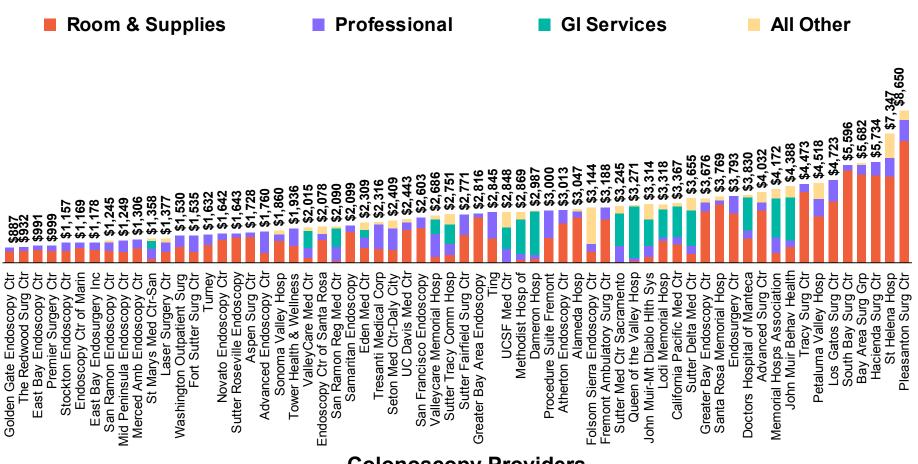
Transparency Matters



Source: Safeway data and analysis - non-bargained employees

Colonoscopy

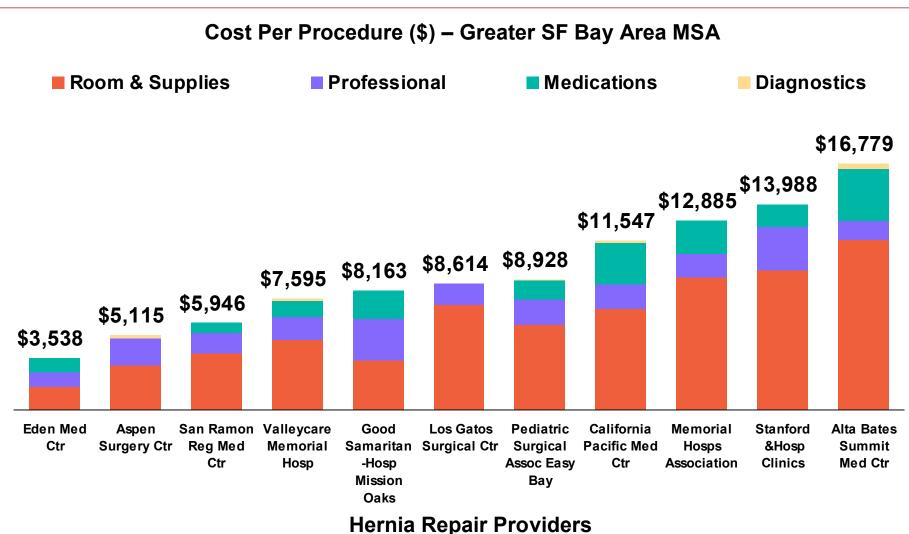
Cost Per Procedure (\$) – Greater SF Bay Area MSA



Colonoscopy Providers

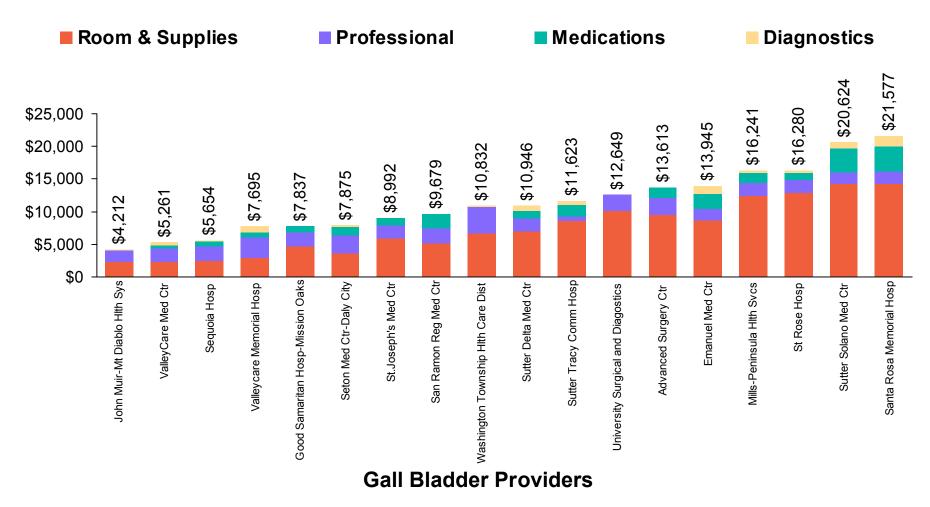


Hernia Repair



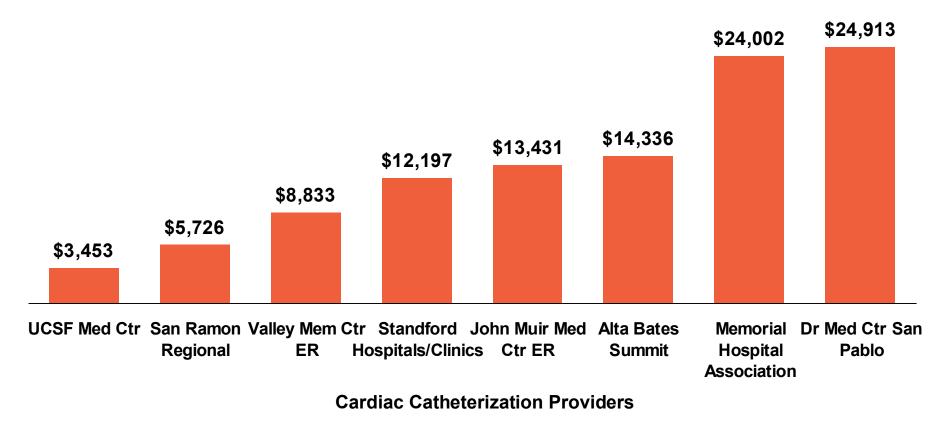
Gall Bladder

Cost Per Procedure (\$) – Greater SF Bay Area MSA



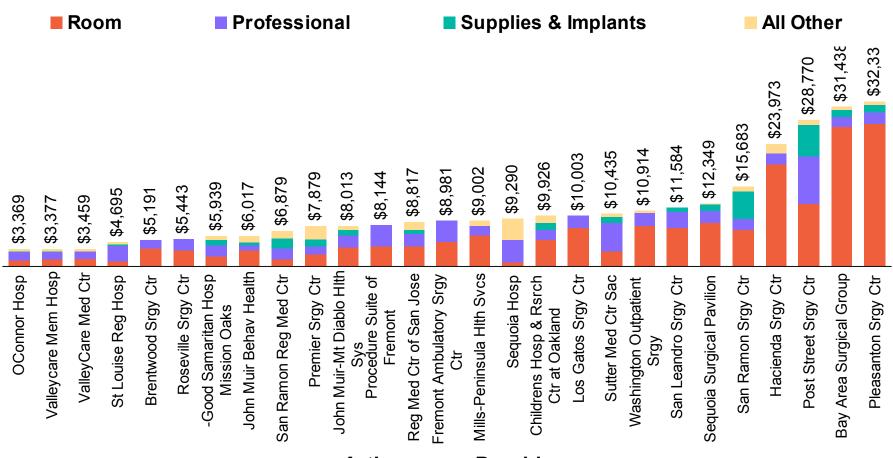
Cardiac Catheterization – <u>No</u> Angioplasty or Stents

Cost Per Procedure (\$) - Greater SF Bay Area MSA



Arthroscopy

Cost Per Procedure (\$) – Greater SF Bay Area MSA



Arthroscopy Providers

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Holistic Approach – Genuine Focus on Employee Health & Wellness

- Free fitness center and gym membership discounts
- Care management, wellness, 24-hour nurse line
- Healthy foods discount in cafeteria
- *CareConnect* program for breast and prostate cancer
- Cancer fundraising since 2002 more than \$100 million to date
- Engagement in policy discussion

Slide showing major elements of the Safeway health plan is omitted





Core Principles for Healthcare Reform

- Market-based healthcare system
- Universal coverage with individual responsibility
- Financial assistance for low income
- Healthier behavior and incentives
- Equal tax treatment





CAHR Membership

- Aetna
- Alex Lee Inc.
- Bashas
- Blue Shield of CA
- Brookshire
- Bumblebee Seafoods
- C&S Wholesale
- CIGNA
- Clorox
- Coca Cola
- CVS / Caremark
- Del Monte Foods
- Edison International
- Eli Lilly
- GAP Stores
- General Mills
- Giant Eagle
- GlaxoSmithKline
- HCA
- Health Net
- Heinz

- Hershey
- Humana
- Illinois Tool Works
- InnerLink
- Jax Markets
- KKR
- Kaiser Permanente
- Kimberly Clark
- Kohl's
- Kraft Foods
- Kroger
- Land 'O Lakes
- Lund Food Holdings
- Merck
- McKesson
- Medtronic
- Morgan Stanley
- Norfolk Southern
- PG&E
- PepsiCo
- Pfizer

- Playtex
- Price Chopper
- Procter & Gamble
- Publix
- Raley's
- RenderX
- Rockwell Automation
- Rockwell Collins
- Roll International
- Safeway
- Schnuck's
- Smucker
- SuperValu
- Unified Western
- United Healthcare
- United Supermarkets
- USAA
- Wakefern
- Wegmans
- Winco Foods
- Wrigley

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Key Elements for Effective Healthcare Reform

	Elements to be Included	Elements that should NOT be Included
•	Individual mandate / universal coverage	 Public option
	 Insurance Exchanges Subsidies for low-income individuals Elimination of Medicare & Medicaid inefficiencies Equal tax treatment 	Small business waiverFood taxes
-	Personal responsibility for healthy behavior	
	Transparency on cost and quality	

Financing Healthcare Reform

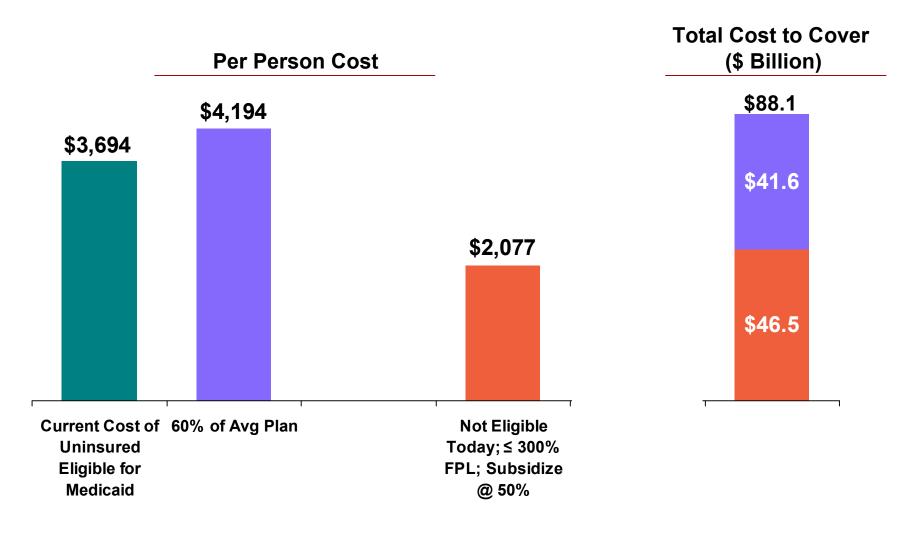
- Cost to cover uninsured lower than commonly thought
- Savings more than sufficient to finance healthcare reform
- Government must enable the savings
 - Individual mandate
 - Mandatory transparency
 - Increased HIPAA limits for behavior
- Phased approach or transitional payroll tax on all employers
 - Natural incentives to use transparency and behavior
 - Capture savings and offset the tax



Uninsured Population - 2009

	Millions	
Status Today	47	Proposed Status Under Reform
Eligible for Medicaid, CHIP	12	Pay 60% of average cost policy
Not eligible, need assistance Income ≤300% FPL	26	Subsidize; partial payment from individual Average subsidy = 50% of 60% of average cost policy
Can afford coverage Income >300% FPL	9	Individual mandate; no subsidy
Undocumented residents	7	Individual mandate; no subsidy

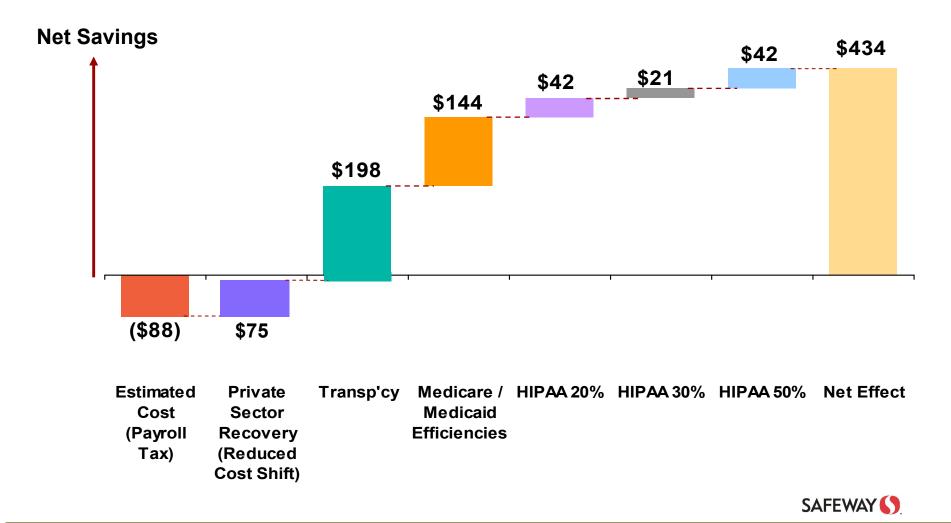
Cost to Cover Uninsured



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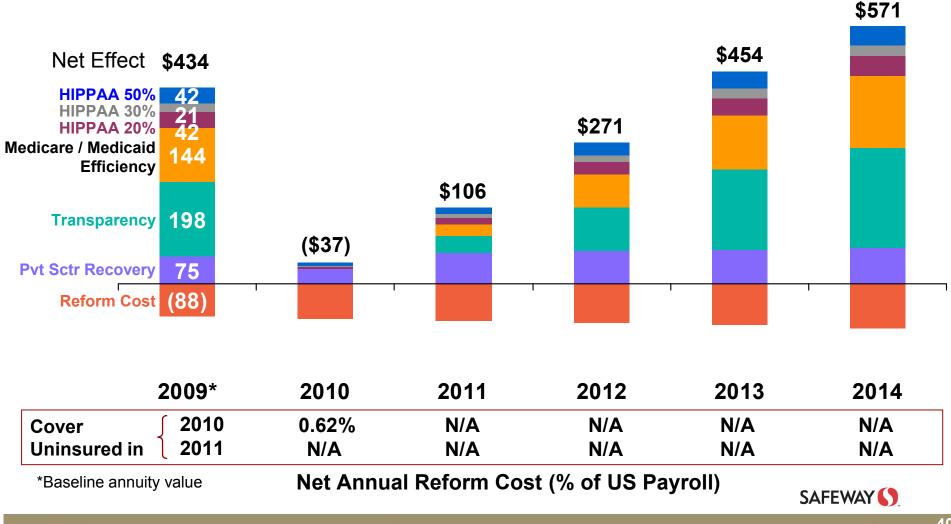
Financing Healthcare Reform

2009 Baseline Annuity Values - \$ Billion



Financing Healthcare Reform

2010 to 2014 Values - \$ Billion



Why This Approach is Good Policy

- Establishes an appropriate benefit for today's uninsured, and achieves universal coverage
- Finances reform completely and generates a surplus
- Provides powerful financial incentives to the private sector to implement key reform elements in their own organizations . . .
 - Behavior incentives
 - Transparency
 - Evidence-based medicine
 - . . and more than offset the effect of a payroll tax quickly
- Normalizes Medicare service levels and adjudication nation-wide

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Safeway Health Concept

- Partner with client organizations
- Replicate the Safeway experience
- Strengthen the client's healthcare paradigm
- Reduce healthcare costs
 - Plan design medical
 - Plan design Rx proprietary tools
 - Transparency
- Share savings achieved

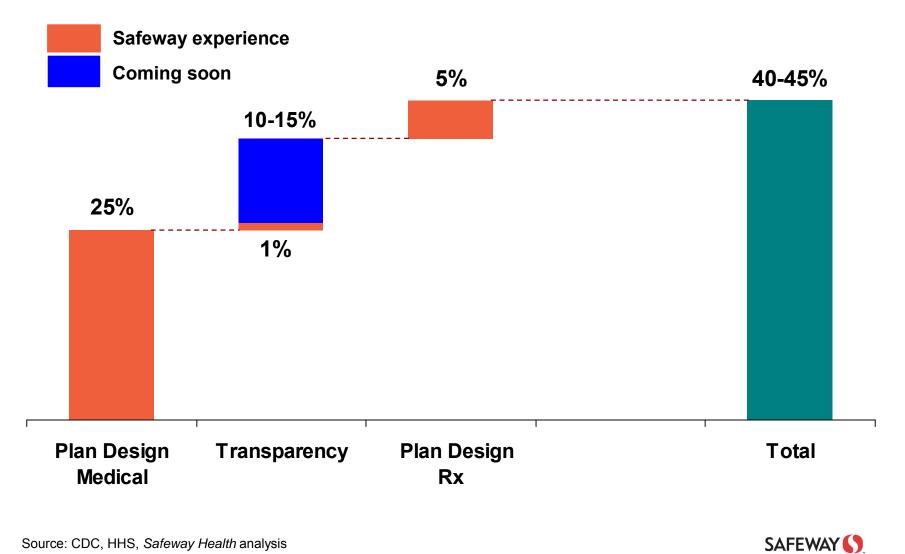


Re-Designed Healthcare What's it Worth For Individual Companies?

- Lower, sustained per capita healthcare costs
- Healthier employees
- Improved productivity
- Safeway Health a vehicle for achieving results



Safeway Health Cost Savings Potential



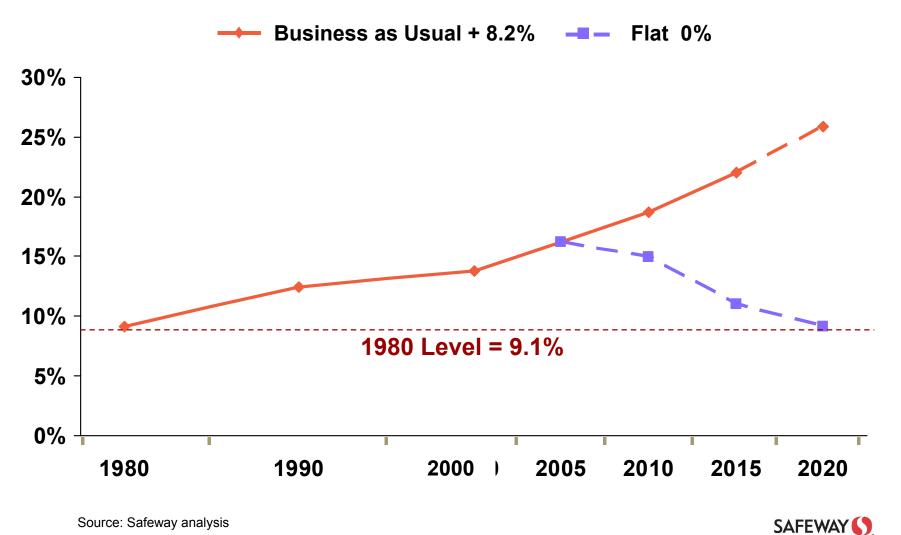
Re-Designed Healthcare What's it Worth For the Nation ?

- Savings more than sufficient to fund today's uninsured
- Healthier citizens
- Market forces in healthcare; lower costs and trends
- Improved U.S. competitiveness in global markets



Healthcare Costs as Percent of GDP

Healthcare Annual Cost Growth Scenarios



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