

# Christiana Care, Highmark Health join forces to launch digital health, value-based care JV

Article

**Christiana Care Health System** is [teaming up](#) with health insurer **Highmark Health** to launch a joint venture (JV) focused on curbing rising healthcare costs and advancing value-based care (VBC). For context, ChristianaCare operates a network of primary care, urgent care, hospitals, and home healthcare facilities in Delaware, New Jersey, Pennsylvania, and Maryland, and Highmark offers insurance to over 6 million members. While the JV will start off offering services to Highmark members and ChristianaCare patients but the JV is not an exclusive agreement or merger of the two parties—they plan to commercialize their solutions to other providers and payers down the road.

**This provider-payer JV is one of the first of its kind to meld digital health and VBC—here's how it works:**

- **The JV's Solution Design Center will use data from both the provider and payer to glean insights on how to improve patient health and optimize costs for both entities.** On the provider side, gaining data from an insurance company on patients' social determinants of health (SDOH) can help care teams gain a more holistic understanding of a patient profile to make better more personalized clinical decisions. On the payer side, data-driven solutions can help drive preventative care and encourage patient engagement.
- **The JV's ChristianaCare's Center for Virtual Health will develop and deploy virtual care capabilities to improve patient access to care.** This includes leveraging wearable tech, video visits, secure messaging, data-powered care management, and in-person care to help providers better identify and meet the specific care needs of a patient: For example, opening up telemedicine visits as an additional channel of care delivery can bolster patient-provider communication, and additional data insights from wearables can help providers optimize clinical decision-making. The new models of care will also incorporate data on SDOH to drive VBC.

**This JV gives us a glimpse into where healthcare transformation is headed—a data-driven, digital health-enabled, value-based care system:**

- **While traditional provider care systems have been resistant to VBC models, a JV like this could help them build the infrastructure to make the transition.** Even though 73% of physicians say they try to address SDOH in their clinical decision-making, just 46% actually have access to the data that would allow them to do so, [per](#) a 2020 Deloitte report. Since SDOH heavily influence 80-90% of health outcomes, addressing them is key in a VBC model. Furthermore, if providers are equipped with data-driven insights that optimize quality, efficiency, and cost of care, it would make the transition to VBC more seamless—especially as

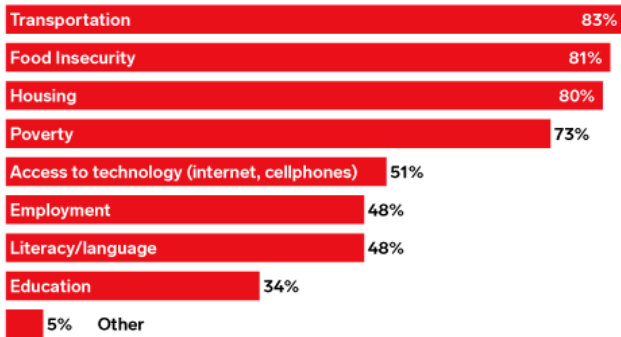
they're confronted with more of an impetus to make the switch to VBC: 41% of health industry leaders say the pandemic caused the industry to shift further away from fee-for-service, [according to](#) a 2020 Xtelligent Healthcare Media report.

- **Payers are huge proponents of the shift to VBC models because they help slash spending, so moving the needle on provider adoption will help them reap these savings. Improved health outcomes for patients means payers pay less for their members' healthcare services.**

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### Social Determinants of Health that Most Impact Health Plans According to US Health Planners, Aug 2020

% of respondents



Note: n=177; plan types represented among respondent organizations included commercial (large group, small group, individual), Medicare Advantage, Marketplace, Medicaid, D-SNP or MMP, and MLTSS

Source: Altruista Health, "2020 Annual Payer Index Survey," Nov 9, 2020

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