



Inspire



Healthcare lessons learned from Fantasy Football

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The NFL season is just around the corner and football fans are eager to watch games and in many cases cheer on their own fantasy football teams. Fantasy sports, especially football, has been one of the fastest growing segments of the economy. Today fantasy sports is thought to be a \$70 billion-dollar market. Fantasy football is more than a game, today it is a way of life for many people. Are there lessons in fantasy football that could be applied to how we interact with healthcare?

The primary lure of fantasy football is how it enhances watching football by transforming the casual fan from viewer to “active participant”. According to Forbes.com, an average fantasy football manager spends 3 hours a week managing their fantasy teams. If even a fraction of that effort was directed to managing a person’s healthcare, imagine what the difference could be. This article is not trying to equate the value of healthcare to that of fantasy football, but rather glean some lessons from a pastime that has become very popular.

Before diving into the similarities between fantasy football and the healthcare system it is important to have a basic knowledge of how fantasy football works. Fantasy football is a game where fantasy team owners use an electronic interface to compete with other fantasy team owners. Few people will ever have enough money to own a real sports team, but fantasy football allows the user to choose a team and see how it does against other teams. Each owner in a fantasy football league chooses from the same pool of players and assembles their team of players. Each team has a limited number of spots, and each of them needs to fill certain roles. For instance, in most fantasy football leagues an owner will choose: 1 Quarterback, 1 Running back, 2 Receivers, 1 Tight End, a kicker, and a defense.

How are players chosen to be on an owner’s roster? Players are drafted by the owner, with selections based upon historical statistics and/or projected future performance. On occasion players are also chosen because the owner “just likes them”. After the rosters are chosen and the actual NFL season starts, players score points based upon how their team members actually perform in their real NFL games. If a player plays well, they can score a lot of fantasy points. If a player does not do well and they score less points, they are in a potential situation of being dropped from a fantasy team. Occasionally there are players that are not on a roster that do well and owners attempt to find ways to adjust their roster to accommodate the players on their teams (Free Agency).

At the end of the season there are winners and losers in fantasy football based on the performance of the players on the roster. Unlike healthcare, winners in fantasy football normally only get bragging rights over friends, while winners in healthcare get healthier and even worse losers could pay the ultimate price, death.

Five Lessons to be applied to Healthcare

1. In fantasy football the owners (users) pick the best players out of a pool of all players

Wouldn’t it be helpful if the users / managers of healthcare care could easily look at the statistics of providers to see how often they have done certain procedures, and what percentage of the time the outcome was positive. Just like a fantasy football manager will look at the opponents their quarterback will be playing the following week, shouldn’t the consumer of healthcare similarly be able to see statistics on how the doctor has handled a certain condition or how often they have seen it. In addition, a user/manager should have a clear and concise way of filtering out providers that have not performed in the past. This process should be done by the provider group, the member, the hospital, the insurance company, and in some cases even the states.

Lesson Learned – *Useful healthcare information needs to be made available in a usable format that can make sense to most end users to help them make good choices.*

2. Fantasy Football Players are ranked by historical / projected statistics

Fantasy Football has a regimented and easily understood ranking system to compare different players. In healthcare, there are very limited sources of information for the public to view ranking information to compare doctors, hospitals, or insurers. Yes, there are websites that give out grades, but many end users often wonder if those grades are accurate and unbiased. One example of a ranking system that we believe could become the new gold standard is MPIRICA (<https://www.mpirica.com/>). They have created a user-friendly, formula driven scoring platform that is based on outcomes.

The data described in the previous lesson could be enhanced to include a ranking system that would help the end user understand the data. By ranking the stakeholders, there would be an implicit level of accountability and competitiveness in the market that would most likely increase their statistics and in the end the quality of healthcare.

These same rankings would also be used by the other stakeholders such as hospitals and health plans as a way to design networks, contract with doctors, and for creating value based payments arrangements.

Lesson Learned – *All Healthcare stakeholders (Hospitals, Providers, Insurers...) need to be ranked in an easily understood and universally accessible format that allows for easy comparison to their competition.*

3. In a well-managed Fantasy Football team underperforming players are dropped

When a fantasy football player fails to perform, they are often dropped from a team's roster. Having worked in healthcare care for nearly 15 years it is amazing how often I hear hospitals and health plans say "we keep some of the providers around just because they have always been there". This attitude would sink a fantasy football team and in many ways, has negatively affected the healthcare system today. Under performing providers are often protected because of time and usage and fear of litigation, not because they are good at what they do.

This also applies to the end user (i.e., the patient) in that they should feel comfortable to drop a provider because that provider is no longer performing as they deem sufficient. In most cases, there are other providers in the network that could be used as an alternative, but the patient may not know that or really be able to compare them head to head with readily available metrics. I once heard it said that "every Thursday you need to quit something". This quote is important because it is so easy to just keep doing what you are doing without regard to what other options are out there. Fantasy football teams have limited roster spots and the healthcare system needs to make it a priority to manage rosters so that the best providers are also the ones that are the most accessible to the members.

Lesson Learned – *All Healthcare stakeholders including the member needs to constantly assess the players around them and drop ones that could be negatively affecting outcomes.*

4. Fantasy Football owners monitor and manage their teams regularly to maximize outcomes

This comes down to a platform for the users to access their information. As a fantasy football team owner you can manage your team on a computer, smart phone, tablet, or in some cases your cable TV box. Healthcare is not that user friendly. Technology wise healthcare is behind the curve, and in some cases embarrassingly so. Only a small subset of members can even schedule an appointment without calling a phone number. Yet nearly 40 million individuals playing fantasy football can add and drop players, communicate with other managers, and research up to the minute statistics on their smart phones.

Just as it is important for members to be able to research providers, it is also important that there is an efficient manner for providers to research other providers. Primary care physicians drive most the healthcare dollar, and thus properly equipping them with technology to easily manage their patients through better metrics, networks options, and quality could reduce costs while increasing quality.

With the advent of the public exchanges some healthcare interactions have become more technological and transparent. Processes such as picking a benefit plan, comparing insurers, and understanding potential out of pocket costs are less of a black box and more interactive.

Lesson Learned – *The Healthcare system needs to make it a priority to increase technology investments that will make interacting with healthcare easier for all involved.*

“ Members need to take more responsibility for their healthcare and be ready to invest time and effort to push innovation.”

5. In Fantasy football, it takes time and effort to win

Mother Theresa once said, “Yesterday is gone. Tomorrow has not yet come. We have only today. Let us begin.” This quote directly ties to what it really will take for healthcare to truly change. The system needs to start today at making itself better, stop looking at the past, and start pressing on towards the future. Members need to take more responsibility for their healthcare and be ready to invest time and effort to push innovation. On average, fantasy football managers spend over three hours a week managing their teams. If every person could put that same amount of effort into managing their own health, success would be attainable. That does not mean that everyone would be healthy, but rather that the system would work better and all stakeholders involved in the system would have higher chances of seeing positive outcomes.

More time spent interacting with healthcare would increase communication with doctors and patients. The more time that is spent looking at quality might influence the way healthcare is consumed. The more time that an individual member spends working on their own health the more likely they are to become healthier.

Lesson Learned – *It is going to take time and effort by all stakeholders increase the effectiveness of the healthcare system.*

Conclusion

Even though the healthcare system and Fantasy Football do not have that much in common in their intended impact to society, there are several lessons that can be learned to positively impact healthcare. Fantasy Football has been designed as a game, while the healthcare system is a pathway to increase the health and welfare of our society. The primary item that healthcare needs to learn from fantasy football is to find a way to get the stakeholders, especially the member, more involved and informed. There will be less decisions made with your heart, like drafting a wide receiver from your favorite team, and more decisions made that have higher chances of leading to positive outcomes. Managers of fantasy football teams treasure and manage their rosters. The more healthcare stakeholders that are willing to intimately care about their healthcare system, the better off it will be for all.

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