Leveraging Health for Better Outcomes



Overview

New Board of Directors



Buck Consultants Caterpillar [Michael Taylor MD] City of Cincinnati City of Springfield Or Detroit Regional Chamber of Commerce Genesis Health System Goodyear/Whirlpool Group Health Cooperative Bob Holben ~Gulfstream Peter Hayes ~Hannaford Health Alliance Med Plans Horizon BCBS NJ Humana IBM **IHP/Battle Creek**

Intercare Solutions Johns Hopkins HealthCare Journal Communications Greg Judd Jack Mahoney ~ Pitney Bowes **Cyndy Nayer** Partners in Care Plumbers and Pipefitters Local 525 H/W Fund Premera BC/Vivacity Quad/Graphics; QuadMed **Quest Diagnostics** State of Colorado Univ of Colorado Health Sciences WellPoint Whirlpool Yum!

The Work of the Center

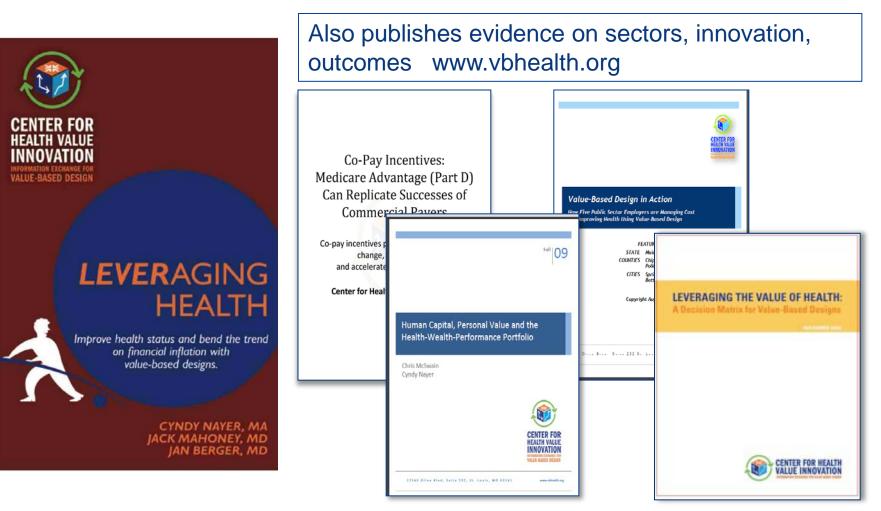


Our mission is to drive the value of every dollar invested in health

- Our goal is to identify and link innovators and innovation that broaden the boundaries of health value
- Our work is focused on defining value, creating relevance to shareholders and stakeholders, and improving the health and economic viability of communities



Center publishes the first book on levers of VBD; white papers, evidence





The Value of Health is Our Economic Survivability



Our question must be: How much health is that dollar delivering?

- VBD is an ENGAGEMENT TOOL that engages the EMPLOYEE (consumer) and the EMPLOYER (plan sponsor) and the PROVIDER (clinician)
- VBD focuses on OUTCOMES: Better Performance
- VBD has remarkably changed and matured
 - Data Design Delivery DIVIDENDS
- VBD is driven by data that drives the suite of performance tuners: LEVERS
- VBD is sustainable and applicable at the small-large employer AND at the community level
- VBD builds the Health-Wealth-Performance Portfolio©

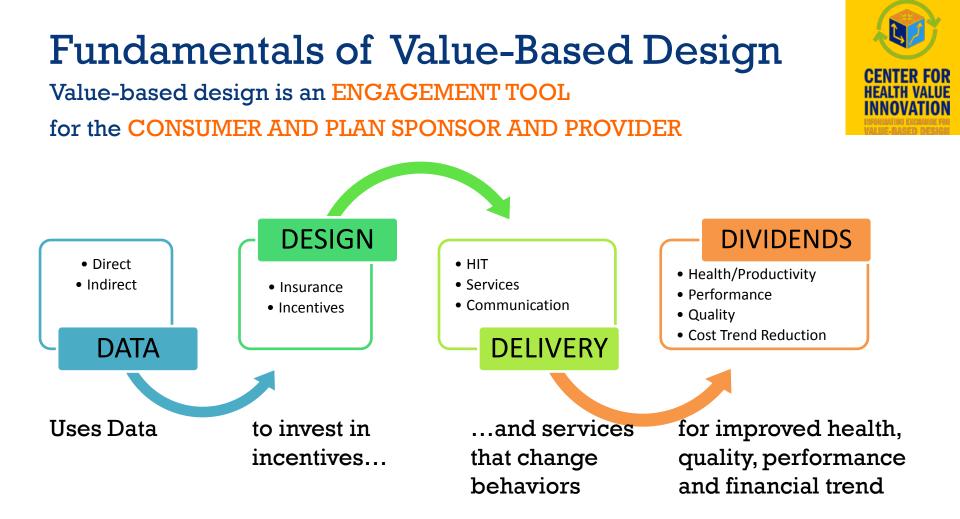


Data, Design, Delivery, Dividends

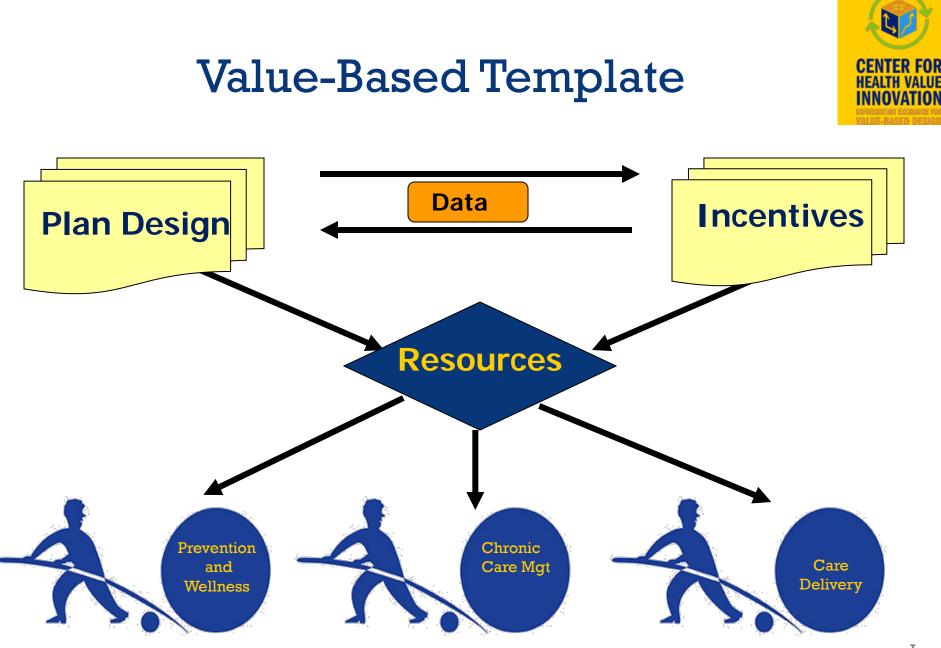
Update on Our Work

LEVERAGING HEALTH

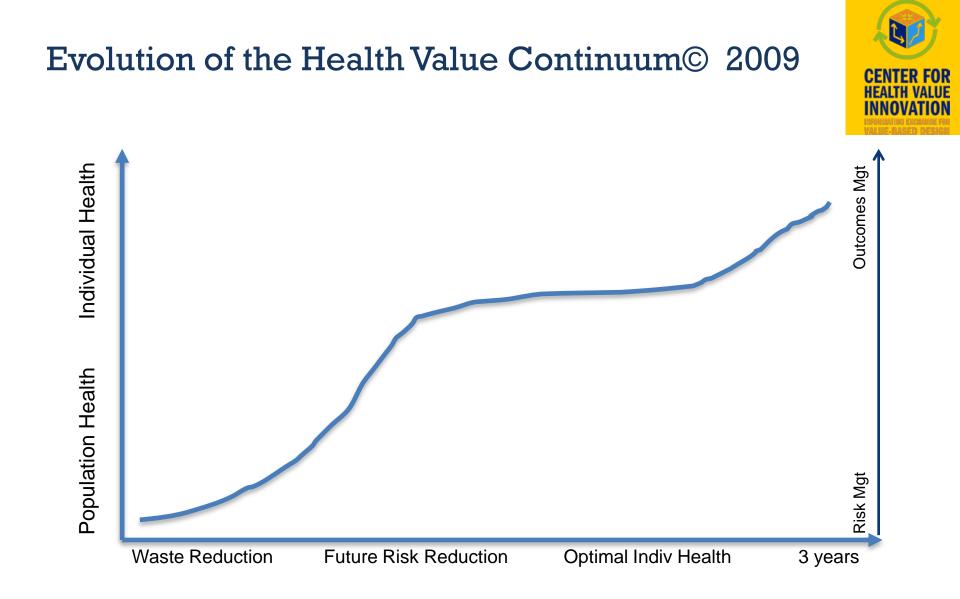
Improve health status and bend the trend on financial inflation with value-based designs.



VBD is focused on OUTCOMES



Jan-Feb 201



Nayer, Clinical Therapeutics, 2009



The Economy Affects Health Behaviors; compliance, adherence and persistence is at risk

- 26% have had problems paying medical/health bills
- 6 out of 10 have skipped recommended treatment, exams, etc.
- <u>l out 5 workers is uninsured</u>
- Pressure at public level is increased

- Do we know who these folks are?
- Can we identify these folks AND/OR those at risk?
- Can we create incentives that keep people insured and engaged?
- Can we create communities of health and incentivize them to "stay the course?





Decision Matrix Follows the Health Value Continuum examples of levers

Solve for:	Waste Reduction	Future Risk Reduction	Individual Health Competency	
	Underuse/ Overuse/ Misuse	Compression of Morbidity	Decision Support for Health-Wealth- Performance	
Prevention and Wellness	Remove barriers to primary care	Incentive for early risk reduction	Incentive for use of PHR	
Chronic Care Management	Remove barriers to chronic care	Incentive for adherence	Incentive for counseling	
Care Delivery	Guide to efficient care site	Incentive for care coordination	Disincentive for ER use	



Application Value-Based Design: Modeled Savings with Applied Data

Target Productivity Savings Levels	\$ F	Productivity Gains	Added Workdays	% Increase in Human Capital Growth	FTEs
1%	\$	118,469	212	0.06%	0.8

Adherence will drive value through productivity gains, reduced financial trend

Modeled with IBI



Value of Health is Driven by Sustainable Behavior Change

- Quality Improvement effort to develop predictability, alignment in care, and transparency for choice
- Risk management focus to reduce inefficiencies and variability in care and outcomes
- Challenge in plan design v incentives leads to innovative use of levers
- Alignment of incentives between delivery system and consumer decisions reduces friction
- Communication that is visible, public and promotional
- VBD = PCPCC = Outcomes that drive sustainable behavior change and predictable reduced trend

Nayer, Mahoney. Journal of Compensation and Benefits Mar 09



EAP and Behavioral Health Are Important Components of VBD

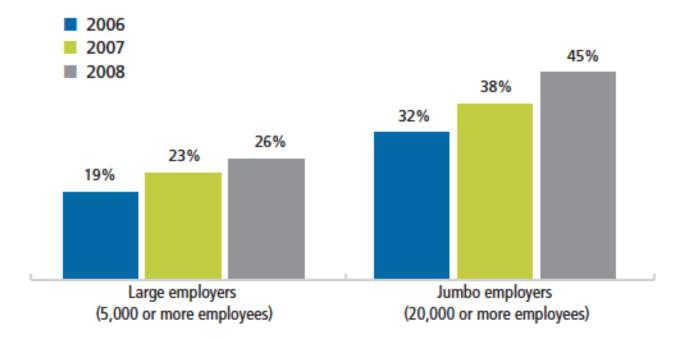
- Economics and perceived instability in the at-risk population can interfere with the commitment, concern, and cost indicators of adherence.
- EAP and behavioral health supports can ID and re-set employees who may be at risk and reassure their progress
- From APA's Partnership for Workplace Mental Health Survey
 - 90 percent provide mental health coverage
 - 31% report depression is the major cost driver
 - 3% say their own workforce is at risk for depression

Excerpted from Nayer, Mahoney, J Comp and Ben 2009



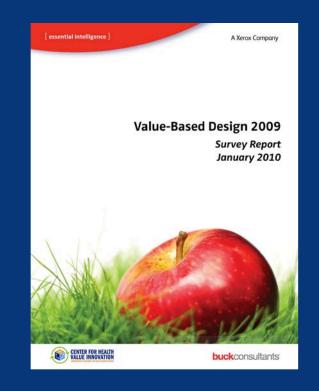
Behavioral Change is the Key to Sustainable Value

Percentage of employers using incentives



Source: Mercer's 2008 Annual Survey of Employer-Sponsored Health Plans

Executive Summary





- Objective: Understand the experience of companies with value-based designs in place for 2 or more years
- Over 100 companies responded
 - Represent over 1 million employees
 - Jumbo to small, public/private, nonprofit and governments-as-employers
- Levers cover all 3 domains
 - 87% Use levers in prevention and wellness
 - 60% Use levers for chronic care management
 - 26% Use levers for guidance to appropriate care delivery
- NOTE: some numbers may not add up to 100: this could be due to rounding errors or because companies were allowed to choose more than one response

VBD Are Economically Sustainable...



CHANGES MADE TO VBD PROGRAM IN LAST YEAR DUE TO ECONOMIC DOWNTURN*

Optional enrollment in disease management programs in order to obtain lower costs of drugs/care

Passed more of the prescription drug cost sharing for brand drugs to the covered life

Removal of any employer prescription drug cost sharing for brand drugs

Passed more of the prescription drug cost sharing for generic drugs to the covered life

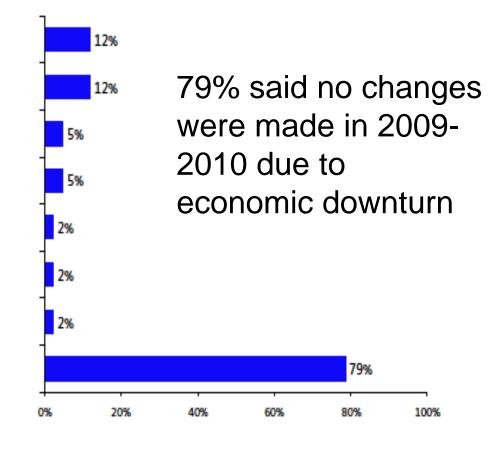
Mandatory enrollment in disease management programs In order to obtain lower costs of drugs/care

Removal of any employer prescription drug cost sharing for generic drugs

Other

No changes made

n = 42



...VBD Will be Sustained

CENTER FOR HEALTH VALUE INNOVATION

ANTICIPATED CHANGES TO VBD PROGRAM FOR NEXT YEAR*

Increase cost sharing for prescription drugs, pass more of the cost of brand drugs to the employee

Mandatory enrollment in disease management programs

Increase cost sharing for prescription drugs, pass more of the cost of generic drugs to the employee

Optional enroliment in disease management programs

Pass total price of prescription drug to the employee (for generic drugs)

Pass total price of prescription drug to the employee (for brand drugs) 28%

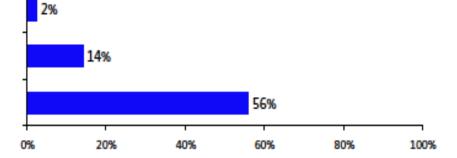
7%

7%

5%

5%

56% said no changes due to the economic downturn were anticipated for the next plan year



Other

No changes anticipated

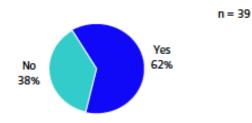
n = 43

*Respondents were allowed to select more than one answer.

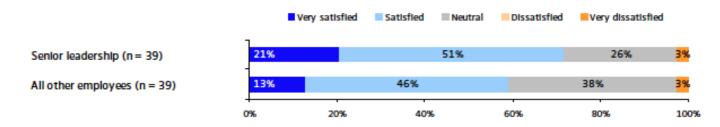


Those That Have C-Suite Support Report the Most Satisfaction from Their Employees

CEO/SENIOR LEADERSHIP VISIBLE IN PROMOTING HEALTH MANAGEMENT AND WELLNESS AT WORKSITE



EMPLOYEE SATISFACTION TOWARD THEIR VBD PROGRAMS





Plan Sponsors Use Levers to Promote Prevention and Wellness (Individual Health Competency)

COMPONENTS OF PREVENTION/WELLNESS PROGRAM*

Prevention: yearly screening exam cost share is waived, paid at 100%, or is considered outside of the deductible Insurance premium incentive for completion of a Health Risk Assessment (HRA)

Prevention screens cost reduced: age/gender appropriate

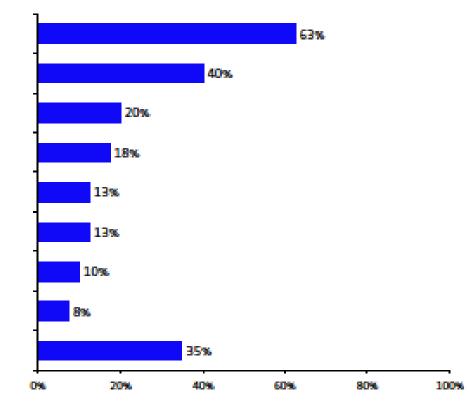
Insurance premium incentive for completion of a biometric screen

Health promotion goal: OOP reduced by setting and/or achieving goal

Insurance premium incentive for complying with recommended prevention exam

Insurance premium incentive for maintaining a Personal Health Record (PHR)

Mandatory health risk appraisal with compensation



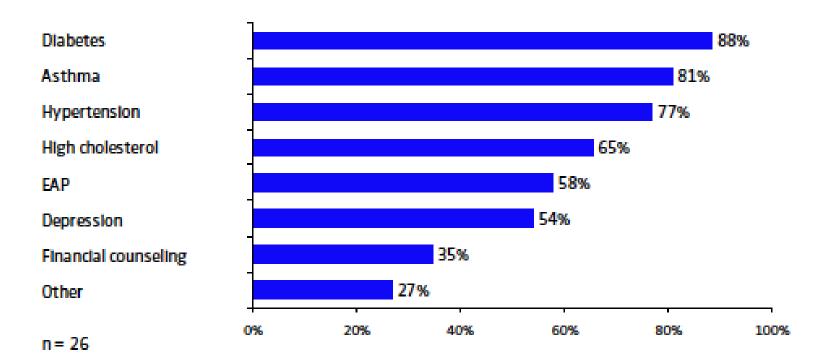
Other

n = 40



Focus on Chronic Care Management

CONDITIONS COVERED UNDER CARE MANAGEMENT PROGRAM*



Care Delivery Levers Match the Reported Results



COMPONENTS OF CARE DELIVERY PROGRAM*

Inclusion of nurse practitioners and walk-in clinics in your provider network

Reduced-walved co-pay for utilizing the lowest cost appropriate site of care (e.g., urgent care, convenient care, onsite services, medical travel)

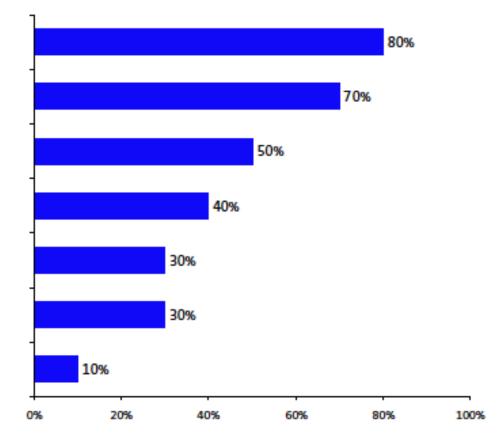
Increased OOP for non-preferred or high-cost provider (e.g., ER)

HSA deposit on behalf of employees, for use of evidencebased and patient-centered practices

Pay for performance/quality improvement/outcomes incentives to providers

Premium reduction for employees, for use of evidencebased and patient-centered practices

Aligned reimbursement to providers for practice change/improvement



n = 10

What Could They Have Done Better? Better Employee Communication and Communication with the Physicians/Pharmacists/Clinicians for Aligned Messaging

WHAT WOULD BE DONE DIFFERENTLY, IF VBD PROGRAM COULD BE DEPLOYED OVER AGAIN*

 Better employee communication/engagement

 Involve physicians/pharmacists/clinicians more thoroughly
and communicate with them more effectively

 Hold vendors accountable for outcomes

 More effective data gathering

 We would not do anything differently

 Insist that vendors share patient-level data

 Faster, more accurate claims handling

 Other

 0%

 20%

53% 36% 31% 22% 11% 8% 8% 20% 40% 60%

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n = 36



What We Now Know...



- No VBD succeeds without a primary focus on prevention and wellness
- All successful adoptions and accelerations of VBD are linked to the level/timing of communications
 - And no one succeeds when only communicating 1 time per year

Acceleration occurs when aligned incentives drive outcomes

- This includes patient-centered coordinated care
- This includes use of community-based assets
- This includes communication no less than quarterly to keep stickiness of behavior change across all stakeholders
- Sustainable and measurable value occurs across silos, into the community (when providers achieve improvement in health and financial outcomes) and into families



Alignment: If Value Is Built on Outcomes, then Purchasing Must Be Built on Outcomes

- Outcomes can be measured by determinants
 - Health (clinical)
 - Wealth (financial)
 - Performance (operational)
- Outcomes-Based Contracting must align incentives between or across the signers of the contract

In Summary...

CENTER FOR HEALTH VALUE INNOVATION

Comparative Effectiveness

- Precision Focused Benefit
- Acuity of resource use

Outcomes-Based Contracting

- Align Incentives
- Accountable Care



Value-Based Designs

• Increase Engagement

Reduce Waste