

CCBH Case Study for Session 1.02, 2.02

Engaging Employers, Business Coalitions,
and Health Plans in Your Community:
Achieving Sustainable Results

Specifics and Goals

- ❖ Doctors: 1557
- ❖ Pharmacies: 35 (4 large chains)
- ❖ Hospitals: 18
 - Grouped in 4 systems
- ❖ Population: 650,000
 - 40% employer insured
 - 30% large employers
 - 70% small employers (Business coalition in formation)
 - 25% Medicare
 - 25% Medicaid
 - 10% uninsured
- ❖ The goal is to ensure long-term viability of the system, and in order to do this, a governance structure will be established, while financial incentives for providers will be aligned with improved health outcomes and supported through a % of cost-savings realized by purchasers and payers.

The Panel

Facilitator:

- ❖ Francois De Brantes, GE Corporate

The Expert Panelists Include:

- ❖ John Blair, MD - Taconic IPA
- ❖ Mark Frisse, MD - Vanderbilt University
- ❖ Andrew Webber - National Business Coalitions on Health
- ❖ Dale Whitney – United Parcel Service (UPS)
- ❖ Martin-Jose Sepulveda, MD - IBM
- ❖ David Hopkins, PhD – Pacific Business Group on Health

Business Model Used

- ❖ A business model will be used that enables it to become self sustaining by generating large savings in health care costs, the benefits of which can be shared broadly with employers, providers, purchasers, payers and suppliers, all of whose participation is critical to implementation of this approach.
- ❖ Purchasers and payers will pay a set enrollment fee for participation and then be expected to pay a percentage of savings achieved back into the project.

Overview of the Project

- ❖ This Data exchange project will demonstrate that health outcomes can be improved and health care services can be delivered more cost-effectively through provider access to patient records and decision support at the point of care.
- ❖ Technology applications will be developed to enable sharing of information among health professionals, with safeguards to ensure patient confidentiality and access only to authorized users.
- ❖ Integration of evidence-based decision support will enhance patient safety and care outcomes by reducing errors, fraud and duplication of treatment.
- ❖ Provider input will be sought to ensure usability and functionality, and financial incentives will be offered for participation in the system and improved patient outcomes.

Implications for Employers and Payers

- ❖ To convince employers and payers to invest in healthcare information infrastructure to reduce the cost of care in their community.
 - Develop a business model that focuses on reducing the cost of care for the community
 - Provide employers and payers with clear and credible financial projections and ROI analysis that illustrates the amount and timing of the savings that will be achieved
 - Include them in the long-term planning to get their buy-in early
 - Develop quality improvement programs that meet the specific needs of employers

Questions to Address

- ❖ Will employers make an investment in reducing the cost of healthcare that may not bring a return for two to three years?
- ❖ How is quality important to employers? Are they only interested in cost reduction?
- ❖ Are employers at a crisis point where they are willing to invest in more of a systemic change?