HCGC Webinar Series: Using Healthcare Research to Empower Employers

Thursday, March 12, 2020
During the Webinar:

• Please “mute” your phone and/or computer to reduce background noise.

• If you have a question please use the chat feature in Zoom or hold it until the Community Discussion at the end of the webinar.
Welcome to our Presenters

HCGC Presents:
Using Healthcare Research to Empower Employers

Thursday, March 12th, 2020
10:00 - 11:30 AM

Join us for a Webinar Featuring

Margaret Rehayem
Director, Initiatives and Programs
National Alliance of Healthcare Purchaser Coalitions

Patty Starr
President & CEO
Health Action Council

Healthcare Collaborative of Greater Columbus
HCGC Overview

Our Mission

To improve the quality, delivery, and value of healthcare and the overall health for all people in the Columbus region.

Our Vision

Optimal health for all people in the Columbus region.

What We Do

Using a collaborative process, we are:
- Fostering shared learning and communication,
- Collecting and sharing aggregate health data, and
- Scaling knowledge and innovation.
HCGC Supporters

Columbus Medical Association

pcori
CardinalHealth
Osteopathic Heritage Foundations
OAIPH
The City of Columbus
Columbus Public Health
UnitedHealthcare
Central Ohio Primary Care Foundation
OhioHealth
Aetna
Abbott
Anthem

100% of our Board of Directors & Staff

Individual & Corporate Donations

Healthcare Collaborative of Greater Columbus
One of over 30 Regional Health Improvement Collaboratives (RHICs) across the country

HCGC is a non-profit organization with multi-stakeholder governance, fully supported by grants, sponsorships and project work.
HCGC is also focused on work to improve health disparities and engage employers as key healthcare stakeholders.

**Health Disparities:** HCGC’s mission is designed to serve “all people.” However, we are acutely aware that total population measures can hide wide-ranging disparities among different portions of our community. HCGC is committed to seeking opportunities to close health disparity gaps.

**Employers as Key Healthcare Stakeholders:** HCGC’s focus on healthcare value requires consideration of the cost component of healthcare. Employers play a special role in funding our current healthcare system. HCGC has experienced that the wide variety in the Central Ohio’s self-insured and fully-insured employer market makes singular employer strategies impractical. HCGC seeks opportunities to address cost issues whenever possible.
HCGC and Employers

• HCGC President and CEO published in Columbus Business First making the case for why employers should care about healthcare value:

• The social determinants of health such as substance abuse (opioid epidemic) and the lack of access to reliable transportation, childcare and housing all have a direct impact on productivity and employee turnover.
HCGC and Employers

“Data can be an important part of the equation when making informed decisions about cost-effective solutions to improve healthcare quality, efficiency and value. The Healthcare Collaborative has demonstrated success in quality improvement and data collection with healthcare providers, from transparently reporting quality measures for more than 800,000 lives in Central Ohio to managing health management tools and resources like the Central Ohio Pathways Hub, a model for connecting vulnerable residents with community resources.”-Carrie Baker
HCGC and Employers

- Considerations:
  - Increase in type-2 diabetes—a rising cost-driver for healthcare purchasers
  - Overutilization of the emergency room
  - Behavioral health resources and screening to avoid crisis situations for employees

These and other health related issues should be addressed by understanding the workforce and the non-health related barriers to wellness
HCGCs Work with PCORI

- In late 2018, HCGC applied for and later received a Eugene Washington Engagement Award for Dissemination of PCORI Research

- From the start:
  - HCGC staff “fine-tooth-combed” the PCORI research with our project focuses in mind, providing feedback
  - PCORI received our feedback very openly, applying our suggestions
HCGC’s Work with PCORI

• A mutually beneficial project: Disseminating HCGC research
• HCGC staff dove into PCORI research, creating an editorial calendar for dissemination for each month and for our diverse project work
HCGC’s Work with PCORI

In 2019, HCGC Disseminated 50+ national research studies to 7 unique audiences:

- HCGC Website
- HCGC E-Newsletter
- HCGC Webinars & Regional Learning Sessions
- HUB E-Newsletter
- Quality Improvement Learning Group
- PFAC Participants and Learning Group
- CPC+ Practices
HCGC’s Work with PCORI

2019 Regional Learning Session Series on Population Health

October 9, 2019 Regional Learning Session: Data-Driven Population Health

Agenda

Speaker Bios

HCGC Slides by HCGC Staff

Clinisync Slides by Dan Paoletti

HCGC Quality Transparency Report with SDOH Data Integrated

PCORI Addressing Disparities One-Pager
HCGC’s Work with PCORI
E-Newsletter and Social Media

Patient Centered Outcomes Research Institute
Featured Article

Health Risks for Each Individual, Not for the Average Patient

Study results often predict the benefit a treatment could have for the average patient. A PCORI-funded project is using personal health characteristics to move beyond averages and predict the benefit a treatment could have for individual patients.

By Blake Whitney, Senior Editor

When retired aluminum industry technologist John Schultz went for a check-up with his longtime Monroeville, Pennsylvania, physician in 2018, he got some worrying news. “He said that my BMI [body mass index] was creeping up, that my blood pressure was creeping up, and that if I continued on the path I was on, it could lead me straight to diabetes,” Schultz said.
Community Health Data
Drives Enhanced Benefit Design

March 12, 2020
Factors that Impact Health and Health Outcomes

- **Genetics** — The impact of heredity and the variation of inherited characteristics.
- **Lifestyle** — The personal choices each employee makes that enhances or undermines their health.
- **Employer-Sponsored Benefits and Education** — The access employees have to quality care and their motivation and ability to use it effectively.
- **Consumer Engagement** — The depth of interaction a population has with its health resources.
- **Community Influencers** — The geographically specific issues and attributes that contribute to health challenges.
Communities Where Your Employees Live Influence Health Outcomes

Social Determinants:
- Community Engagement
- Health Literacy
- Individual Engagement
- Addictive Behavior
- Healthy Communities
- Insurance
- Obesity

Community Outcomes:
- Life Expectancy
- Well-Being
- Avoidable Utilization
- Care Match
- Patient Goals
- Evidence-Based Care
- Preventive Services

Health System Attributes:
- HIT Adoption
- Integration
- Payment Incentives
- Care Access

Employee Health Outcomes
Understanding the Communities

... Where employees are being hired

**Community Spending**
The high costs of health services can burden communities and create financial hardship for individuals.

**Social Determinants**
Communities’ resources and attitudes can have a large impact on individual health.

**Health System Attributes**
Affordable and quality health care requires a health system prepared to supply it.

**Community Health Outcomes**
The path to health can be measured by looking at the treatments people receive to see if care was appropriate and necessary.
Understand Each Community’s Unique Needs

Community Spending
- All Markets: 49%
- Columbus, OH: 30%
- Cleveland, OH: 50%
- Des Moines, IA: 100%
- St. Louis, MO: 80%
- Akron, OH: 40%
- Orange County, CA: 60%
- Los Angeles, CA: 20%
- Houston, TX: 40%
- Atlanta, GA: 60%
- Cincinnati, OH: 60%

Social Determinants
- All Markets: 56%
- Columbus, OH: 50%
- Cleveland, OH: 60%
- Des Moines, IA: 90%
- St. Louis, MO: 50%
- Akron, OH: 70%
- Orange County, CA: 70%
- Los Angeles, CA: 20%
- Houston, TX: 30%
- Atlanta, GA: 40%
- Cincinnati, OH: 60%

Health System Attributes
- All Markets: 71%
- Columbus, OH: 80%
- Cleveland, OH: 100%
- Des Moines, IA: 90%
- St. Louis, MO: 80%
- Akron, OH: 40%
- Orange County, CA: 90%
- Los Angeles, CA: 50%
- Houston, TX: 50%
- Atlanta, GA: 60%
- Cincinnati, OH: 80%

Community Health Outcomes
- All Markets: 53%
- Columbus, OH: 30%
- Cleveland, OH: 40%
- Des Moines, IA: 70%
- St. Louis, MO: 90%
- Akron, OH: 40%
- Orange County, CA: 90%
- Los Angeles, CA: 60%
- Houston, TX: 60%
- Atlanta, GA: 70%
- Cincinnati, OH: 50%

Legend:
- Worst
- Best
Within each domain, there is variation in health care outcomes and spending.
Markets with higher rates of college graduates and median household incomes demonstrate stronger consumer engagement in health care decisions.

Markets with lower median household incomes and higher poor mental health days demonstrate higher rates of ER use.

Also there are direct correlations between:

- Poor mental health days in a community and consumer engagement in health
- Median household income and compliance with evidence-based medicine for diabetes
Key Findings

- Community health and the health of an employer’s population mirror each other.
- It will take a multi-stakeholder approach to impact the quality and cost of healthcare in a community and within an employer’s population.
- There is solid evidence for an employer to create alignment with internal and external community engagement and to bring humanity back into processes.
Ways to Foster Health Improvement

- Listen to what your employee population is sharing about what is important or a priority to them
  - Coffee time on the back deck
  - Attending a grandchild’s swim meet
  - Cooking family dinner on Sunday
  - Seeing a child graduate
Ways to Foster Health Improvement

- Understand the needs of your employee population
  - Food
  - Education
  - Transportation
  - Safe and consistent housing
  - Child or adult care
Ways to Foster Health Improvement

- Align internal and external community engagement
  - Align management goals with those of a healthy employee population and community
  - Consider offering resources that you offer to the community to those in your employee community
  - Prioritize one initiative to improve health and include it in employee goals
    - Company garden
    - Fresh food in vending machines
    - Funding a volunteer project
Questions
National Alliance:
Lessons Learned from Disseminating Patient Centered Outcomes Research to the Employer Community

Margaret Rehayem
Director, Initiatives & Programs
March 12, 2020
About the National Alliance

The only nonprofit, purchaser-led organization in the US with a national and regional structure

- National Alliance is the umbrella organization for 43 coalitions across the country
- Represents more than 12,000 employers/purchasers and 45 million Americans, spending $300 billion annually on healthcare
- Coalition membership comprises employers of all types and sizes from the private and public sectors and union organizations

MISSION: Driving innovation, health and value for organizations and communities across the country

VISION: To be a recognized force in leading constructive and collaborative change that enables higher value in the healthcare marketplace
National Alliance: Coalition Members
5 Main Priorities

- Define & Drive Value
- Assess & Improve the Market
- Engage & Enable Purchasers
- Partner with & Influence Stakeholder
- Connect & Learn Together
Influencing PCORI Research to Improving Patient-centered Outcomes
National Alliance: PCORI Engagement Awards 2017 -2020

- To discuss overall results of both awards and look at how to leverage learnings and insights
- Discuss how ours and others initiatives can work better and smarter together towards the overall goal of improved patient-centered outcomes

DISSEMINATION AWARD

Project Team
- Administrative Official: Michael Thompson, National Alliance
- Project Lead; Susan Frank, Frank Vision, LLC
- Project Manager: Margaret Rehayem, National Alliance

Advisory Committee
- Chair: Neil Goldfarb, President & CEO< Greater Philadelphia Business Coalition on Health
- Karen Van Caulil, President and CEO Florida Health Care Coalition
- Jack Mahoney, MD, Medical Director Florida Health Care Coalition
- Bruce Sherman, MD, Chief Medical Officer, National Alliance of Healthcare Purchaser Coalitions
- Emma Hoo, Director, Pay for Value Team, Pacific Business Group on Health
- Mark Weinstein, CEO of the Independent Colleges and Universities Benefits Association
- Peggy Schubert, Senior Consultant at Gallagher

CAPACITY BUILDING AWARD

Project Team
- Administrative Official: Bruce Sherman, Medical Director, National Alliance
- Project Co-Lead: Margaret Rehayem, Initiatives & Programs, National Alliance
- Project Co-Lead: Tom Parry, President, Integrated Benefits Institute

Advisory Committee
- Chair: Michael Thompson, President & CEO, National Alliance
- Wayne Burton, MD former Global Corporate Medical Director, American Express
- Pat Montoya, previously Director of New Mexico Coalition for Healthcare Value
- Ned Kusti, MD, Corporate Medical Director, US Steel Jon Rankin, President, North Carolina Business Group on Health
Dissemination Award

Overview
DISSEMINATION PROCESS OVERVIEW
PCORI WEBSITE – EMPLOYER PORTAL

DEVELOPMENT IN PROGRESS

NEXT STEPS:
• Review by National Alliance team complete
• Feedback meeting scheduled
• Revisions to site by PCORI
• Second draft to be sent to both Advisory Committees early 2020
• Go live first quarter 2020
Capacity Building Award

Overview
Grant Objectives

1. Assess the employer community to identify current employer practices, their effectiveness, challenges and needs in supporting high-quality care and engagement in supporting evidence-based, high-quality care.

2. Develop a benefits evaluation framework that highlights key employer considerations in their overall strategy; Identify key decision points where evidence can be utilized and refine the framework based on the results of the employer survey and other grant activities.

3. Develop an action plan that realigns stakeholder efforts to better meet the needs of these key end-user. The action plan will include:
   - Identify “employer-focused” outcome/process measures that can be shared with the PCORI Research Community and other healthcare stakeholders
   - Provide recommended actions for both upstream and downstream impact
   - Inform the dissemination of qualified tools/trainings/programs to better align research community approaches with the health management needs and goals of the employer community.
Employer Survey: 200 Total Respondents

**Job Level**
- 39% Manager
- 15% Vice President (or SVP or AVP)
- 3% Chief Medical Officer
- 3% Chief Human Resources Officer
- 4% Chief Executive Officer/President
- 3% Chief Financial Officer
- 2% Chief Operating Officer
- 1% Other C-Suite
- 1% Director (or AD)

**Areas of responsibility**
- Disability benefits: 80%
- Wellness/wellbeing programs: 80%
- Medical benefits: 76%
- Disease/care management programs: 75%
- Pharmacy benefits: 73%
- EAP: 72%
- Leave management programs: 68%
Framing the Research

**Context:** There is a growing movement for health care practitioners and researchers to incorporate patients’ perspectives, preferences and values when considering care options. Employers can play an important role in shaping patient-centered care and achieving better outcomes.

**Research Questions:**
1. What are employers trying to achieve through their health programs?
2. What sources of information they rely upon for program decisions?
3. How do they judge success? What partners do they rely upon?
4. How confident are they that their programs are achieving patient-centered results?
"Very important" health benefits policy goals/guiding principles

<table>
<thead>
<tr>
<th>Objective</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping employees improve and sustain productivity</td>
<td>91%</td>
</tr>
<tr>
<td>Ensuring health benefits are affordable to employees</td>
<td>90%</td>
</tr>
<tr>
<td>Effectively communicating benefits to employees</td>
<td>90%</td>
</tr>
<tr>
<td>Managing health care/Rx expenses</td>
<td>90%</td>
</tr>
<tr>
<td>Improving employees' ability to function</td>
<td>84%</td>
</tr>
<tr>
<td>Improving value on investment of health benefits</td>
<td>84%</td>
</tr>
<tr>
<td>Recruitment/retention of talent</td>
<td>80%</td>
</tr>
<tr>
<td>Align with enrollees’ needs, values and goals</td>
<td>79%</td>
</tr>
<tr>
<td>Reducing illness-related absences</td>
<td>72%</td>
</tr>
<tr>
<td>Helping employees become smarter</td>
<td>71%</td>
</tr>
<tr>
<td>Reducing the incidence of disability leaves</td>
<td>60%</td>
</tr>
</tbody>
</table>
"Very confident" that benefits ... 

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Medical benefits</th>
<th>Wellness/wellbeing programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to employees' ability to function well on the job</td>
<td>51%</td>
<td>27%</td>
</tr>
<tr>
<td>Ensure treatments are affordable to enrollees</td>
<td></td>
<td>46%</td>
</tr>
<tr>
<td>Align with enrollees’ needs, values and preferences</td>
<td></td>
<td>41%</td>
</tr>
<tr>
<td>Improve and sustain good health</td>
<td></td>
<td>40%</td>
</tr>
<tr>
<td>Help enrollees become smarter health care consumers</td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>
Development of Benefits Program Design & Management Framework

**INPUTS**

**Individual**
- Social determinants
  - Psycho-social
- Health status
  - Health behaviors
  - Risk status
  - Chronic conditions
- Demographics (ethnicity, age, gender)

**Organizational**
- Company culture
- Leadership
- Organizational Policies & Practices
  - Leave/disability
  - Personnel
  - Hiring/retention
- Workplace environment
  - Organizational policies & practices

**Community**
- Social determinants
- Community Relationships
  - Public Resources
  - Vendors

**PROGRAMS & INTERVENTIONS**

- Health management programs
  - Disease management
  - Integrated strategies (mental health)
- Benefit programs
- Health plan options & coverage
  - Rx Benefits
  - Network Access (Centers of Excellence)
  - Site of Care (onsite clinics, telehealth)
- Advocacy services
  - Employee Assistance Program
  - Second Opinion
- Health literacy
  - Consumerism
- Online engagement tools
- Management training & engagement
  - Leaders
  - HR
  - Supervisory
- Wellbeing (e.g., nutrition, exercise, financial, sleep)
- Environmental improvement (e.g., healthy food, ergonomics)

**OUTPUTS**

- Individual health & wellbeing
  - Social
  - Physical
  - Financial
  - Mental
  - Intellectual
  - Purpose
  - Individual performance factors
- Employee engagement
  - Productivity
  - Absence
  - Presenteeism
  - Effectiveness
- Organizational performance
  - Sales
  - Expense
  - Turnover
  - Safety
  - Employee experience

**OVERARCHING FACTORS**

- How companies approach data
- Communications & change management
- Technology
- Metrics

[Image: National Alliance of Healthcare Purchaser Coalitions]

Driving Innovation, Health and Value
Lessons Learned in Disseminating PCORI Findings to Employers

• Early PCORI research finding highlighted only the clinical or patient perspective – or on narrowly defined populations
• Research did not directly addressing healthcare issues in a manner that employers consider in their healthcare strategic planning
• In disseminating research findings, it is beneficial to connect the finding with real world practices and expertise to inform and influence the understanding and application of the research
• In various surveys, we learned employers were not very aware of the PCORI research findings but were very familiar with the PCORI tax
• Employers care about shared decision-making that is consumer-focused and yet rarely receive data that highlights how to best support workforce issues (e.g. stigma, etc.)
• Our dissemination efforts have helped build awareness and educate on how PCORI research can inform improvements in health-focused strategies and to highlight both indirect cost implications and social or cultural needs for their workforce
• Our upstream efforts are also helping to highlight collaboration opportunities with national healthcare stakeholders and support realigning efforts in order to better meet the needs of employers and their workforce
Questions?
Community Conversation
Continue to Engage & Thank you!

**Behavioral Economics**
Combining strategies from economics and psychology to help nudge clinicians and patients towards their long-term goals.

Join HCGC for a two-part webinar series on Behavioral Economics featuring:

Jack Stevens, PhD
Psychologist, Nationwide Children’s Hospital
Associate Professor of Pediatrics,
The Ohio State University

**Webinar 1:**
Thursday, April 16th
10:00 - 11:30 AM

Topics:
- Behavioral Economics (BE) background.
- BE work across the country that has been featured in the New England Journal of Medicine and Journal of the American Medical Association Network publications.
- BE strategies to reduce no-shows and late cancellations for health care appointments.

**Webinar 2:**
Thursday, May 14th
10:00 - 11:30 AM

Topics:
- BE strategies to address the opiate crisis and improve pain management.
- Community discussion around other BE topics of interest.

Register Online:
www.hcgc.org/events