

American Institutes for Research: Employer Engagement Learning Collaborative

Learning Session #1: Understanding Your Audience Summary

Participants

- **AIR:** Pam Dardess, Allison Fratto, David Schneider, Lee Thompson, Jessica Waddell
- **Alliances:** Albuquerque, Minnesota, Oregon, Puget Sound, South Central Pennsylvania, Western New York, and West Michigan
- **NPO:** Katherine Browne, Deborah Roseman

Goals: The goals for the Learning Session were to:

- Develop a common understanding of the EELC—expectations and outcomes
- Learn about the employers' perspective—including drivers—to inform how your Alliance engages with employers
- Learn about the phases of engagement
- Share experiences and examples to promote peer-to-peer learning

I. Employer Engagement Experiences

1. South Central Pennsylvania (Robin Rohrbaugh)

- *Characteristics of employers:* Largest employers are healthcare, manufacturing, and services industries. Some companies are being sold to national organizations and others are moving out; some nationally based manufacturing; many employers have less than 250 employees.
- *Previous outreach:* Worksite wellness on-site, but didn't resonate well; not much interest in AF4Q.
- *Upcoming outreach:* On Tuesday, October 25, hold a meeting with employers to discuss payment reform; keynote speaker from IBM. For first time ever, more employers than providers are attending the event (opposite of previous experiences); hope to have employers sign up to learn about worksite wellness and hold on-site sessions about utilizing healthcare. To recruit employers, spent time preparing, working with local business leader(s) to solicit friends to increase attendance; business leader to business leader communication instead of invite coming from unknown healthcare leader worked well.

2. Western New York (Maureen Millane)

- *Overarching goals:* Working with physicians to enhance access to care; empowering people in community to take ownership of their own wellness; shape conversation with government leadership; convince employers to become more engaged.

- *Largest employers:* State of New York, University of Buffalo. Have many small business entrepreneurs, but they don't have time to engage with the Alliance. We still need to make the business case to the largest employers. Annual 2-day conference; usually between 80-100 people; all major players. Bring in national speakers; get insurers and others but not many employers.
- *Outreach efforts:* Hold an annual 2-day conference, usually between 80-100 people; all major players. We bring in national speakers; get insurers and others, but not many employers. Largest barrier to attendance is time, and value proposition (how will attending impact bottom line today?)—need to make case to them.

II. Reasons for Employer Engagement

Example from the Field: University of Minnesota as Users of Public Reports

Laura Bloom and Carrie Coleman: Member of Alliance board was Employer Benefits person for University of Minnesota; he facilitated initial connection. The funding to provide a financial incentive to employees was a one-time occurrence; has not been repeated. The reason for engagement was that it aligned with Board Member's personal goal/vision ("alignment of interests"). While he is no longer on the board; we would like to transfer the idea to other employer engagement efforts.

- See Minnesota's [Employer's Communications Toolkit](#) to learn more about how both the University and the State have used public reports with their employees.

III. Roles of Employers

Example from the Field: "[Own Your Health Campaign](#)," King County, Puget Sound

John Gallagher: King County goes across the first three categories

- Users of products and services – Consumer engagement campaign and our data report (Community Check-Up)
- Strategic partners - Leaders among purchasers and help shape direction of group
- Stakeholders – Campaign was developed in partnership with them

IV. Discussion: Identifying the "Right" Employers

Example from the Field: Business Health Advisory Group, Albuquerque—Identifying employers

Pat Montoya and Jennifer Kemp:

- When Pat started with the Alliance, she reached out to 2 largest employers: City of Albuquerque and Sandia Labs. Pat knew contact at City of Albuquerque. The City contact made connection to person at Sandia Labs; when spoke with the person there it was "music to her ears" because they were in process of reassessing/redoing employee

benefits. Both organizations were very patient and sat through beginning of alliance/coalition formation, though it wasn't really meeting their needs. They stayed at table, however, because knew nothing like this existed within the community. They saw a framework, vision, and plan. City and Lab representatives were very supportive; suggested other businesses to contact. We had a list of influential business leaders in community, and added to it (compiled list of 300-500 people). After sending out invitations, we had 70 or so people attend our first meeting (see the bullet below).

- We held a meeting with employers and brought in Andrew Webber (National Business Coalition on Health) to discuss business health coalitions; from that meeting, we generated core group of 20+ employers.
- Next step was bringing in Donna Marshall from Business Health Coalition in Colorado; generated discussion upon realization of what others did in an environment similar to ours, and that even CEOs stepped forward.
- We have established a core group of 20 employers that said they are not at a point where they can form a coalition like the Colorado one, but they created an Advisory Group— 15-20 members meet each month; Harold Miller attended the last meeting. The group is mostly HR Benefits people, and we are reaching out to other representatives.

Questions from the Alliances to Albuquerque

1. What do these employers and leaders see as the benefit to participating?

The attendees/employers/business leaders enjoy sitting with stakeholders apart from negotiating contracts; they see that interaction as value added. Even medical groups and insurance providers were able to connect in ways they had not done so before. Also, they kept hearing Alliance was going to look at cost and quality; that focus on cost draws their attention. The Chamber of Commerce had brought employers together, but their focus is on protecting employers from regulation. We filled a void by providing ways to discuss how to improve employee wellness, with the appeal of lowering health care costs.

2. What was your core message to these employers?

Andy Webber launching with “you all have a role and can be an active participant.” Bringing in Donna from neighboring state was helpful as it was very easy to relate to; she was not seen as outsider; really resonated with employers. We were hoping they would want to form a similar group but employers just weren't at that point so we adapted from where we wanted to go to what works for the group now.

Other Comments from Alliances

- **Western New York:** Our Board is primarily made of health insurance and hospital presidents. We were missing employer participants; have since engaged head of one of top 50 employers in area, and working on increasing non-health representation on board.

Right now we want a business case for large employers to make employees aware of the quality information on our site.

- **South Central PA:** Everyone on the board was on other boards; looked for other lists. Once we get one major employer, then we will try to have that person recruit fellow high-ranking people (peer-to-peer recruitment).

Examples of Employers: Contribute to Alliance efforts under altruism/social responsibility

Oregon: The largest employer is State of Oregon; benefits managed through Employee Benefits Board. If a health plan wanted to negotiate with the Board, they had to supply data to Alliance for public reporting. They haven't done incentives (reducing co-pays, etc), but Board included Alliance in communications, and refers traffic to public reporting website. We have traditionally viewed employers as really important stakeholders. We are working at reducing heart failure and pulmonary disease and improving care for low back pain. Low back pain is a particularly employer-friendly message; talking about not going to specialists or getting lots of imaging, and then resuming normal activities, such as work, as soon as possible. Employers like Intel already doing a pilot project on low back pain.

Other Comments

- **West Michigan:** This format is useful to array possible roles of employers in an Alliance. We are currently exploring role of employer as catalyst/driver for change in community, based on the idea that entities that are paying most of the bills could appropriately be catalysts for change.
- **Albuquerque:** We're starting to move in that direction as well, but not looking for financial support. It's an evolution over time for them to see themselves as catalysts.
- **South Central Pennsylvania:** We're also exploring the "employers as catalysts" path. We are questioning if employers can be in multiple roles/move along this continuum? Could strategic partner move into becoming stakeholder or provider?

V. Phases of Employer Engagement

Albuquerque: We're beyond Phases 1 and 2 (preparing for and establishing the engagement); biggest challenge long term will be maintenance of engagement (phase 3). So many moving parts that are inter-connected, but bottom line is resources (people, time, money).

Example from the Field: West Michigan (Phase I: Preparing for the engagement): CEO Healthcare Summit

Bob Parrish: We called it the West Michigan CEO Healthcare Summit: Invited CEOs of about 50 largest employers (non-healthcare) in West Michigan to introduce them to Aligning Forces for Quality Initiative. Most business CEOs might not be aware of program; idea was thus to hold

half-day meeting hosted by an already active employer. About 40 companies represented by sending 3 types of high-level individuals. It was promoted as a successful kick-off event to begin process of getting employers more engaged. Immediate task was to get CEOs and executives to be open to future specific asks or engaging in specific projects/activities. Immediate next step: gathered data from employers (via form) on who to contact for future engagement.

VI. Brief Recap:

- Personal relationships are important to engaging employers
- AIR can help the Alliances develop messages and a specific “ask” of employers
- In addition to employers playing the role of users, stakeholders, strategic partners, and providers, Alliances also see a role for employers as drivers or catalysts for changes in their communities (for example, payment reform)
- Need for strategies to move along the continuum, particularly with maintaining engagement (Phase 3)
- Next Steps:
 - Breakfast Session at the National Meeting (November 10, 7:00 – 8:15 am)
 - John Gallagher, Puget Sound Health Alliance
 - Ted Rooney, Maine Alliance
 - Learning Session #2 (December 20): Marketing Your Alliance to Employers