

Dear Alliance Member,

Join Us for the Next Learning Session: April 17, 3:00 – 4:30 pm ET

Health Reform: Opportunities for Strategic Engagement with Employers

- In the April Learning Session we will discuss strategic engagement with small, mid-size, and large employers around key issues in the health care landscape – ranging from wellness programs to payment reform. We will discuss opportunities for Alliances and employers, and lessons learned from the field. The Session will include three presentations followed by group discussion:
- **Jessica Waddell and Juli Goldstein of AIR** will provide an overview of key elements in the current health care landscape, including why employers should care – and how Alliances can help employers navigate and benefit from the changes.
- **Kay Zimmerli and Millicent Cox-Edwards from Kaiser Permanente’s Employer Engagement Initiative (KP HealthWorks)** will share lessons learned from engaging employers around wellness and prevention.
- **Nancy Morris from the Maine Health Management Coalition (MHMC)** will share how they worked with the City of Portland to align benefit plan design with payment reform, highlighting challenges and opportunities, and ways to engage consumers, employers, and payers.

The following examples of employer engagement activities are drawn largely from what we have learned through the Employer Engagement Learning Collaborative (EELC) about the Alliance’s efforts to introduce themselves to employers, demonstrate the value of an ongoing relationship, and involve employers in their work. The examples are organized by the various ways in which Alliances are engaging with employers:

- **Educating employers to access and use comparative information** in public reports and to encourage employees to use the information as well.
 - Maine
 - Minnesota
 - Oregon
 - Cincinnati
- **Helping employers communicate with their employees** about health care quality and cost issues.
 - Puget Sound
 - Cincinnati
 - Memphis
- **Convening employers to identify and address common interests** (e.g., in supporting payment reform efforts in the community), share their perspective, provide input to the Alliance, and eventually, contribute financially to help Alliances become self-sustaining.

News from Alliances

-Puget Sound Health Alliance (PSHA) has engaged another employer, Sound Health & Wellness Trust, for their Own Your Health communication campaign. The Alliance has valued the campaign at \$50,000 – a sizable donation to employers.

-The Health Collaborative in Cincinnati adapted resources from AIR’s [The Communication Toolkit](#) into a series of 10 short, actionable documents to help employers reach out to employees about cost, quality, and making informed health care decisions.

- Albuquerque
- South Central Pennsylvania
- West Michigan
- Detroit
- Oregon
- Minnesota
- Puget Sound

We have also identified a few common opportunities:

- **Identifying receptive employers.** Alliances find that public employers and unions (as opposed to private employers) are more receptive to working with them and often more vested in issues and opportunities to improve the health—financial and non-financial—of their community.
- **Meeting the need for employee communications about quality.** Alliances have observed that some employers do not have the necessary infrastructure in place to educate and communicate with employees around quality and costs issues. This is a gap that Alliances are well-positioned to fill—and many are filling this gap, drawing larger from AIR’s [Communication Toolkit](#) for the communication materials.

The attached materials provide further information about the examples identified above, so please reach out to the other Alliances and to us to learn more. We look forward to hearing from everyone at the April 17th Learning Session!

Sincerely,
The AIR Team

Alliances and Employer Engagement: Examples and Themes

American Institutes for Research

April 2012

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I. Examples of Fostering Use of Comparative Information on Health Care Quality

The Maine Health Management Coalition (MHMC) works with local employers to use quality data to design health plan benefits and encourage informed decision making. Employer members of MHMC include Bath Iron Works, Hannaford Brothers, State of Maine, University of Maine, and L.L. Bean. Many of these employers use quality data provided by the MHMC to encourage and incentivize employees to make informed decisions about where to get their care. The State Employees Health Commission, for example, uses the Alliance's data to tier hospitals and providers based on the quality of care provided. Copayments and deductibles are waived for employees who get their care from hospitals and primary care practices that have a "preferred" status. The tiering has generated competition among the providers and spurred quality improvement efforts across the state.ⁱ While tiering has been applied extensively to prescription drug benefitsⁱⁱ, the use of tiering for physician and hospital services is relatively new but growing.ⁱⁱⁱ

Minnesota Community Measurement (MNCM) works with major purchasers in the state to encourage awareness and use of its quality information. The State of Minnesota embeds links in its open enrollment system to quality information on the Alliance's public Minnesota HealthScores website. At one point, the University of Minnesota offered employees a \$50 stipend to complete a tutorial that contained information on public reporting of quality scores. The University also requires employees to view MNCM's Minnesota HealthScores site during the open enrollment period to encourage informed health benefit decisions, including the choice of primary care providers.

The Oregon Health Care Quality Corporation has also fostered a partnership with the state as an employer. The Public Employees Benefits Board (PEBB) links to the Oregon Alliance's public reports of quality information and promotes the resource to members through its newsletter. The PEBB has become one of the Alliance's top 10 referring sites for its public reports.

The Health Collaborative in Cincinnati is engaging employers in the development of quality information by asking for their input into the types of performance information that would be both valuable and actionable for their employees to make more informed health care decisions. The Health Collaborative has conducted a series of interviews with representatives (primarily Human Resource Directors and Benefit Managers) from a range of employers including large, national companies, self-insured companies, and small, commercially insured companies. They will use the findings to inform the addition of hospital quality information to its public reports. Through this early engagement, the Health Collaborative hopes to develop a long-term relationship with employers.

II. Examples of Helping Employers Communicate with Employees about Quality and Cost

The Puget Sound Health Alliance (PSHA) developed a turnkey communication campaign called “[Own Your Health](#)” and is working with two major employers – King County and Sound Health & Wellness Trust, a 55,000-member union trust representing grocery workers – to customize and implement it for their employees. The purpose of the campaign is to help employers communicate with employees on complex topics that can affect employee health—including the importance of having a primary care physician, quality of care, communicating with physicians, and following through on treatment plans. The Alliance has valued the communication campaign at \$50,000—a sizable donation to employers.

In addition to implementing this campaign, King County has used the Alliance’s public reports of quality information to make changes to its benefit packages and reports savings of \$23 million over the course of one year—about \$4,000 per employee.

The Health Collaborative in Cincinnati is working with employers to reach out to and educate employees about cost, quality, and making informed health care decisions. As one step in this process, the Alliance adapted resources from AIR’s [Communication Toolkit](#) into a series of 10 short, actionable documents. The one-page documents address the following topics:

- *What is Quality Health Care?*
- *Using Information about Health Care Quality*
- *Finding Trustworthy Health Information*
- *What is the Right Amount of Health Care?*
- *Being Prepared for Your Health Care Appointment*
- *What to Do During Your Health Care Appointment*
- *Questions to Ask About Prescriptions*
- *Questions to Ask About Medical Tests and Test Results*
- *Questions to Ask About Treatment Options and Surgery*
- *Managing Your Health After Your Health Care Appointment*

Each document refers the reader to Cincinnati’s public reports of comparative quality information (www.yourhealthmatters.org). These documents were incorporated into a [Toolkit](#) for benefits management companies, including Mercer, to share with their employer customers. Employers in the Cincinnati area co-branded the documents and shared them with their employees last fall during open enrollment periods to help them make informed decisions about their health and find quality care. The Alliance is currently in the process of evaluating the toolkit.

Healthy Memphis Common Table works very closely with the Memphis Business Group on Health (MBGH) to reach large employers. Like the Cincinnati Alliance, the Memphis Alliance and MBGH have used the AIR [Communication Toolkit](#) to provide employer members with turnkey materials, including eAlerts and a presentation, to help them educate their employees on a range of topics including what is quality care and how to make informed decisions when selecting health care providers.

III. Examples of Organizing and Involving Employers in the Community

The Albuquerque Coalition for Healthcare Quality developed a Business Health Advisory Group (in 2011) comprised of many of the area’s large employers to identify and share best-practices and promote wellness within their community. Members include the City of Albuquerque, Albuquerque Public Schools, Sandia National Laboratories, Bernalillo County, Public Service Company of New Mexico, and the University of New Mexico. The BHAG has been very supportive of the Alliance; the Alliance is currently exploring opportunities and resources to encourage the Group to take on more initiative and leadership in key areas, including payment reform.

The Albuquerque Coalition is currently fielding an online survey to more than 100 local businesses. The results will help the Coalition better understand and address the health care needs of employers and employees, and provide strategic direction to the Business Health Advisory Group. They plan to use the results to identify common areas of interest and to inform the development of resources that the Coalition can offer to help employers and their employees address pressing health care issues in their community.

The South Central Pennsylvania Alliance (SCPA) has taken steps to reinvigorate employer engagement in its community. Faced with dwindling enthusiasm and participation by local employers in the Alliance’s activities, the Alliance focused on recruiting an employer champion: the local United Way president. This contact helped to identify and bring several more key business leaders on board, all of whom helped to recruit additional peers to attend an “invitation only” summit on payment reform convened by the Alliance in October 2011 for employers and providers: *Improving the Quality & Value of Health Care – Employers & Providers Summit*. About 60 invitees attended the summit—including 25 employer representatives, 25 provider representatives and 10 from other organizations based in the community. The Summit featured local innovations, including the Primary Care Patient-Centered Medical Home (PCMH) and payment reform efforts of two large self-insured health plans. Two key outcomes of the Summit include:

- Consensus among employers and providers to work towards a common goal of paying for value and not volume within the next five years, and
- Verbal commitment from six (6) business leaders to form a “SCPA Business Council on Health.”

The Greater Detroit Area Health Council (GDAHC) is working closely with the Healthcare Value Taskforce (HVTF) of the [Automotive Industry Action Group](#). HVTF was recently formed to operationalize the purchasing power of the AIAG. For nearly 30 years, AIAG has successfully brought original equipment manufacturers (OEMs) and suppliers together to address industry issues, increase efficiencies and provide a neutral legal and professional infrastructure that allows collaborative resolutions. In the context of health care, AIAG has focused on addressing issues related to improving efficiency, for example, through Lean and wellness initiatives, but not on purchasing. The HVTF, which is chaired by the Manager of Health Care Plans at General Motors Company, is comprised of AIAG members and other purchasers interested in leveraging collective purchasing power in SE Michigan. GDAHC and the HVTF view each other as key partners to support the respective, yet complementary goals of their organizations.

The Alliance for Health in West Michigan hosted a *CEO Health Care Summit* in 2011 to:

- update CEOs and senior executives of West Michigan businesses and public sector employers about the AF4Q initiative;
- present value propositions for business support of AF4Q; and
- encourage attendees to invest time, financial support, and expertise of staff in AF4Q projects.

The Alliance identified liaisons from attending organizations and subsequently identified a group of about 10 relatively large employers to target in their first wave of employer engagement activities. The Alliance has continued the dialogue with this first group of employers and looks forward to many productive meetings.

The Oregon Health Care Quality Corporation works closely with the Public Employees Benefits Board (PEBB) and the State Education Benefits Board, which purchase health insurance for state employees. Both Boards require health plans that they contract with to participate in the Oregon Health Care Quality Corporation's quality initiative—providing data for public reports.

Minnesota Community Measurement (MNCM) works closely with the State of Minnesota; a state employee (from the Employee Insurance Division, Minnesota Management & Budget) sits on the Alliance's Board of Directors.

The Puget Sound Health Alliance (PHSA) has convened a Purchaser's Affinity Group which meets quarterly to discuss a range of issues including value-based insurance design.

ⁱ Martsof GR, Scanlon DP and Christianson JB. Using Community-Level Quality Measurement to Promote Value in Health Benefit Design: The Experience of Maine's State Employees Health Insurance Program (<http://www.rwjf.org/pr/product.jsp?id=64588>). The Robert Wood Johnson Foundation, August 2009.

ⁱⁱ The Kaiser Family Foundation and the Health Research & Educational Trust. *Employer Health Benefits Annual Survey*. Menlo Park, CA: The Henry J. Kaiser Family Foundation, 2008.

ⁱⁱⁱ Scanlon, D.P., & Martsof, G.R. The Role of Tiered Benefit Designs for Improving Value in Health Care. In Institute of Medicine, *Value in Health Care: Accounting for Cost, Quality, Safety, Outcomes and Innovation*. Washington, DC: National Academies Press, 2009.