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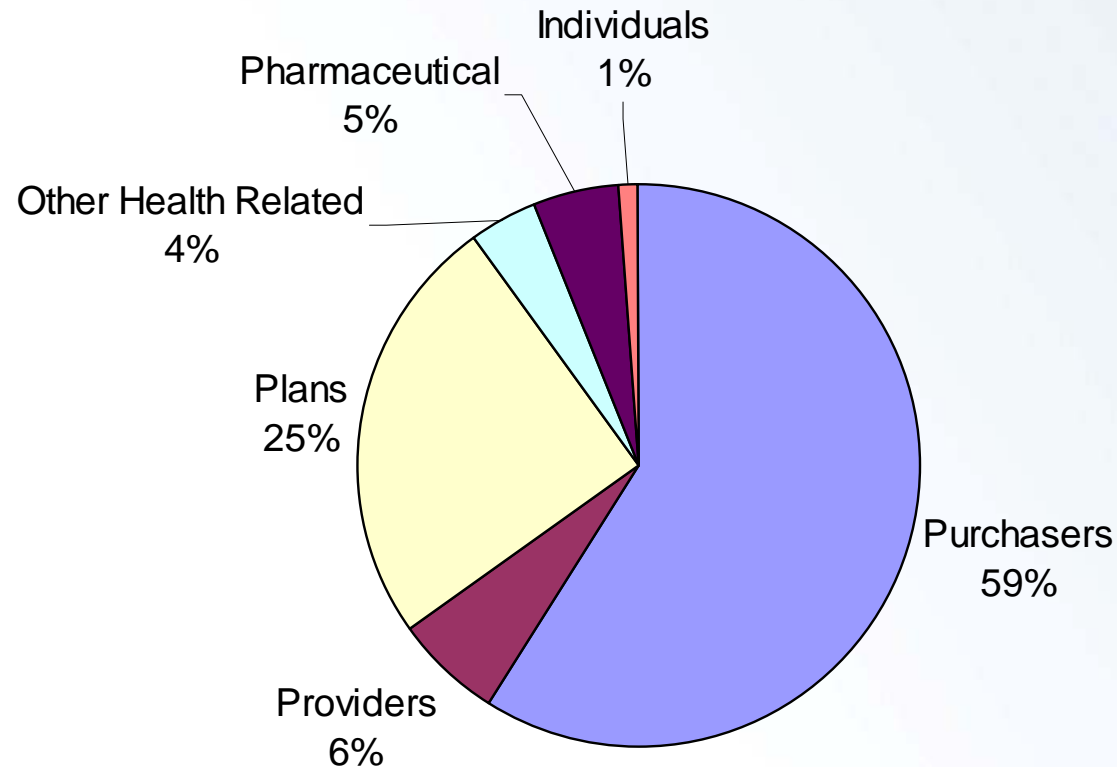
# Partnering with Health Plans: Promising Strategies

AF4Q National Meeting  
November 19, 2009

## The Alliance is a purchaser led, multi-stakeholder regional coalition.

- King County recruited purchasers as well as plans, providers, and consumers to start the Alliance.
- Purchasers hold the majority of Board seats, and Chair must be a purchaser.
- Plans hold 4 of 21 board seats.
- Nearly all regional health plans are members of the Alliance (9).

## Baseline: Current Business Model 2009 Source of Contributions



## Reasons why health plans joined the Alliance in 2004

- See whether anything will happen.
- Respond to expectations of clients or prospective clients.
- Answer objections of physicians to multiple, differing report cards.
- Consider collaboration to improve quality and value.
- Use Alliance to validate and promote self-perceived superior quality.

## Ways Health Plans are involved in the Alliance Today

- Supply data for quality and resource use.
- Make *Community Checkup* available to their members.
- Receive quality report on their own members.
- Participate in Alliance committees, activities.
- Respond to *eValue8™* RFI and meet with purchasers to review results.
- Participate in development of multi-payer provider reimbursement pilot for medical home.

## Health plans are the least cohesive of all the stakeholders, and support varies widely

- Plans compete vigorously with one another.
- Plans don't want a competitive advantage (e.g., analytics) diluted across health plans.
- Plans consider data a strategic asset and don't want to relinquish control without a quid pro quo.
- National plans are frustrated by different measurement and reporting specifications across the country.
- Commonality in functions across plans is hard work and competes with internal priorities.

## Tension over performance measurement and public reporting is being played out between AHIP and NRHI.

- AHIP Foundation has been funded by RWJF to test a model for data aggregation that keeps data and measure calculations at the plans and consolidates results in AHIPF hub.
- Plans want consistent methodologies nationally, control over the use of data, and ability to report results at the individual clinician level.
- Impact of insurance reforms (2010) before universal coverage (2013) and without premium adjustment will challenge plans' financial underwriting for coalitions.

## Coalitions concerned about AHIPF project

- Will health plans stop providing data to the coalitions?
- Will health plans be seen as a trusted neutral source of data by the public?
- How will results be aggregated by medical group?
- Will the distributed approach save money? Will it work?
- Will local providers feel invested in national decision-making?
- Will introduction of new measurements be slowed?

## Opportunities for collaboration between AHIPF and NRHI/Coalitions

- Shared preference for private, voluntary data aggregation over state-mandated all payer data base.
- Coalition access to AHIPF provider portal for patient validation and reconsideration process by clinicians?
- Development of new measures (e.g., composite, specialty, resource use) for adoption by NQF to accelerate transparency.
- Review of results of AHIPF pilots in Florida and Colorado.
- Template for common data supplier agreements.
- Agreement on consistent methods and measures nationally, particularly for new measures.

## Coalitions' use of *eValue8*<sup>TM</sup> for health plan report card is an opportunity (and a threat)

- *eValue8*<sup>TM</sup> is sponsored by the National Business Coalition on Health for an evidence-based comparison of health plans on a consistent basis.
- Site visits offer unique direct contact between plan management and present/future clients, without filter of consultant.
- Purchasers convey their expectations directly to plans.
- *eValue8*<sup>TM</sup> process and public reporting underscores how plans add value.
- Providers appreciate the light being shined on health plans, too.
- Plans that do well can promote it.
- Plans that don't do well discredit the process.

## Multi-payer provider reimbursement pilot for medical home holds promise

- Washington Health Care Authority and DSHS are leading 11 purchasers, 8 plans, and a variety of practices in development of a common medical home reimbursement model.
- Group Health Cooperative and Boeing already demonstrated savings, functional status improvements, and patient satisfaction in single payer medical home pilots in Washington.
- A few practices have other pilots with 1 or 2 payers.
- A payment reform summit held recently by the Alliance gathered input from 100 varied participants.
- If health plans follow through to implement the pilot, this could be the broadest payer effort yet.

## Health plan involvement is critical but challenging

- Purchaser leverage is the lynchpin.
- Diverse health plan market makes collaboration harder.
- Progress can be made. “Keep them in the showroom.”
- Ask what they’d like to do together.

*Transparency. Value. Consumerism.*

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