



Wichita Business Coalition on Health Care

Newsletter

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From the Valued-based Designs workshop

10 Minutes with...Cyndy Nayer

Cyndy Nayer has been passionate about health care and wellness for nearly three decades.

A longtime fitness educator, Nayer spent years developing exercise, fitness and wellness programs for a variety of clients, from individual plans to corporate initiatives, all while expanding her growing interest in health care strategy and finding the key to improving health at all levels.

When Nayer began her consulting career in 1995, she quickly became a leader in consumer-directed health reform and a leading visionary for health transformation.

Today, Nayer focuses her energy on value-based health, which she said must be part of the solution for health care transformation if employers are to survive in this economic climate.

"Value-based benefits design is the rational approach," she said. "I'll probably take it to the end of my career."

Nayer serves as president and chief executive of the Center for Health Value Innovation, a group of employers and payers who embrace evidence, tools and compe-

tency in valued-based decision-making in order to sustain health improvement and better corporate performance.

Nayer, who was a featured speaker at a Wichita Business Health Care Coalition workshop in March, talks about what employers need to do to take control of their health care expenditures and the health costs of their employees.



Cyndy Nayer in Wichita on March 27

How do you define valued-based design?

It is a tool that is part of an evidence-based approach to managing health outcomes. First, we use as much data as we can get our hands on. Then we define the suite of insurance design, incentives and services that will change the behavior that's out of sync with the goal. Behavior change then ensues, but it also means emerging risk comes up — who didn't change their behavior, what can we do about it. And the fourth step is the dividend you have set up on the front

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for more information...



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Center for Health Innovation

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Mark your calendars

MAY
29

WHAT: Annual Meeting: The medical home model and value based benefits -- Wichita's role in shaping the future. Working lunch and panel discussion.

WHEN: 8 a.m. to 1 p.m. Friday, May 29, lunch included

WHERE: Hyatt Regency Wichita

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CALENDAR

Board Meetings

April 13 at KU
May 11 at KU
June 8 at KU
July 13 at KU

Special Events

NOTE: The April 24 data and transparency workshop has been postponed

May 29 - Annual meeting

All board meetings begin at 4 p.m. For latest listings and subcommittee meetings, visit www.WBCHC.com

Valued-based design: Employers will benefit, cont'd.

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end as a success measure, you measure over time to see if you're achieving your goal.

What kind of return can employers expect?

It could be quality improvement, health status improvement or a reduction in financial trend. You have to get some results of some sort in a defined period of time, that's the dividend. In the first year, you usually see a reduction in sick days, a reduction in emergency treatment, and a reduction in inpatient days that are not necessary — all of which are cost savings.

What about cost trends?

You may not see a substantive reduction in the real costs of care in the short term. Because, actually, what you want is to drive people to get the right care, and to get that care may actually escalate some dollars at first. That's why you have to look across all silos. What we're seeing, then, is a 4 percent health cost trend year over year. This is across all difference sizes and sectors. But I want to note all the companies we surveyed are self-insured. I don't have a lot of data yet on fully insured folks.

Employers are being forced to really examine their role in health care solutions.

Until recently, I don't think employers wanted to realize they had any power. That's not a slam. It's not their business. They hired companies to manage that part of their business and they didn't realize it wasn't being managed as effectively as it could have been.

The question is, what were we asking? We were asking for a reduction in health care costs. That does not equate to improved health. Employers weren't asking the right questions and they were getting what they were asking for, but not getting the results they wanted.

But it's time to go forward. Employers have to take accountability. They have to be accountable for the dollars they are spending and ask the right questions, such as, 'How much health will this dollar buy?' instead of 'How much health care?'

How do employers get started?

The first thing we do is gather up claims information and sub-segment it in a variety of ways. Then we compare it to geographically defined population health indicators. I don't want to compare to national norms. I want to know what else is going on in Kansas, in Wichita. If we can't find out, we look at other communities like Wichita. Then we see what other information we can get our hands on. Can we get trends or data on the employers' disabilities days or worker's comp costs? We begin to sub-segment that, and compare to see if there's a story line. That's where we're going to start.

Where do other stakeholders come in?

Now it becomes a partnership with health plan. A partnership for health improvement.

The plans have been very interested. They're listening, responsive. The whole thing in valued-based benefits is that all stakeholders in the supply chain have to be aligned. You've got to have the provider, the clinician, the doctors at the table. The disease condition management folks. Not only that, they all have to be willing to share information on the matter. Not contracting information, but they have to be able to share patient-level information in order to improve health.

What is the take-home message?

Employers need to work as a collaborative community. This will get them more leverage, they'll support each other's bravery and trepidation, and together change the dynamics in their community. And that's really what they want.

“The question is, what were we asking? We were asking for a reduction in health care costs. That does not equate to improved health.”

Our strategic priorities

The Wichita Business Coalition on Health Care will focus on the following priorities:

- **Framework for Common Understanding and Improvement** – developing common understanding and common language among the members of the Coalition
- **Utilization** – understanding and addressing regional variations and implications for cost, quality and value
- **Transparency** – understanding the basis and drivers of both cost and quality
- **Disease Management/Risk Identification** – understanding and addressing specific health issues among employees, including wellness, prevention, early identification, and chronic disease management.
- **Value-Based Benefit Design and Purchasing** – increasing accountability better aligning incentives for each component of the health system (patient, employer & provider)
- **Infrastructure and Participation** – the Coalition will also focus on expanding participation and funding to support a strong and sustainable organization which can accomplish the vision and mission.

In recognition

The Wichita Business Coalition on Health Care would like to thank the following companies for their contributions and in-kind support toward the success of the Coalition.

	The Wichita Metro Chamber of Commerce
	Syndeo Outsourcing
	Foulston Siefkin
	University of Kansas School of Medicine-Wichita
	Wichita State University

YOUR COALITION AT WORK

WBCHC 2009 INITIATIVES				
	Value-Based Benefits / eValue8	New Models of Care	Transparency Initiative	Data
Overview / Purpose	Leverage eValue8 tool for: <ul style="list-style-type: none"> • Focused discussions between stakeholders - Benefits design to bridge cost and quality strategies - Roles, responsibilities, capabilities of each stakeholder in delivering "value" - Tools for employers to build into health plan benefit structures 	Pilot project to implement one or more provider-based models with corresponding reimbursement strategy to deliver higher quality and lower cost.	Focus group / Structured interview process to assess decision making process and corresponding gaps in information among both employees and employers making benefits decisions.	High level analysis of regional claims data to assess utilization and cost drivers: <ul style="list-style-type: none"> -By disease state -By type of care -Quality indicators (i.e. potentially preventable hospitalizations)
Activity	<ul style="list-style-type: none"> •Health plan evaluation tool •Workshops •Annual Meeting •Site visits 	<ul style="list-style-type: none"> •Steering group and sub-groups •Employer focused sub-group •Provider focused sub-group •Annual Meeting •Pilot project development •Workshop on Roll-Out 	<ul style="list-style-type: none"> •Structured interviews •Data Analysis •Report preparation/Publication •Workshop on results 	<ul style="list-style-type: none"> •Data acquisition •Data analysis •Report development •Workshop on results

Spotlight on...

Calhoun County Pathways to Health

Highlighting successful and innovative coalitions around the country

WHO THEY ARE

The Calhoun County (Mich.) Pathways to Health aims to improve health care statistics related to chronic disease in Calhoun County by:

- Engaging a multi-stakeholder group of like-minded community leaders to address the issue
- Creating a process for transformational care at the physician practice level
- Identifying and removing barriers to care.

The program developed out of Integrated Health Partners, a joint venture physician hospital organization of the Battle Creek Health System and Calhoun County Physicians Organization Inc., which in 2006 began a chronic disease initiative with Blue Cross Blue Shield of Michigan.

WHAT THEY DO

The initiative has been refining and applying a chronic care model to improve clinical outcomes and the health of its community members and reduce health care costs. It involves collaboration among local health care systems and physician offices, major employers, the municipal government and health plans.

The program is focused on treating and closing the health care delivery gap for diabetes, congestive heart failure, coronary artery disease and asthma. As a result, the initiative has documented aggregate health improvement among its members in several key areas, including: blood pressure (improved by 8.5 percent), HbA1c (a 6.8 percent improvement), and LDL (a 22 percent improvement).

The strength of the collaboration is largely due to effective recruitment

of membership and active engagement of all stakeholder groups; grassroots ownership of the initiative; utilization of key expertise and networking; obtaining funding from multiple sources; and establishing framework for changing front line practices.

KEY PROGRAMS AND INITIATIVES

- **October 2006** - Failed Robert Wood Johnson Aligning Forces for Quality Grant
- **December 2006** -- Utilized relationship with the W.K. Kellogg Foundation to begin networking with MacColl Institute for Healthcare Innovation on implementation of the Chronic Care Model
- **February 2007** - Consultant relationship developed with Mike Hindmarsh, MacColl Institute for Healthcare Innovation
- **February through April 2007** - Recruited local and regional teams for Physician Learning Collaborative (a rigorous, 1-year process)
- **February through April 2007** - Established targets for the initiative
- **October 2007** - Conducted community outreach with presentations to employers, physicians, and other health care entities utilizing the expertise of Jim Mortimer and Mike Hindmarsh.
- **December 2007** - Began consulting relationship with David Hom and Cyndy Nayer with Center for Health Value Innovation – development of Value Based Benefit Design
- **October 2008** - Conducted consumer focus groups across Calhoun County to examine barriers to care
- **December 2008** - Began pilot project with CHVI and employers to launch new Value Based Benefit Design pilot -- employers start in **January 2009**

LEARN MORE: Ruth Clark, executive director of Integrated Health Partners outlined the Pathways initiative in a Regional HealthEconomics Summit in March. Read it here: <http://tiny.cc/pathways>



Wichita Business Coalition on Health Care

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A Mission That Matters

The Vision of the Coalition is to achieve substantive and sustainable improvement in the value received for the health care dollars spent by the region's employers, to enhance the health of employees and their families, and to increase the quality of health care for the community.

The Coalition will engage in substantive and actionable discussions about the region's health care resources in a collaborative model involving all of the key stakeholders.

Members will identify and pursue innovative strategies to decrease health care costs and improve health care quality and efficiency.

The Coalition will help employers understand the cost drivers of health care and develop strategies to increase the value they receive from their health care expenditures.

We will increase information sharing and transparency among and between employers, health plans, physicians, hospitals, and other key stakeholders.

Members

Employers

Butler Community College
Cessna
City of Derby
City of Wichita
Commerce Bank
Conco Construction, Inc.
Foulston Siefkin, LLP
Hawker Beechcraft Corp.
IMA of Kansas
Intrust Bank
U. of Kan. School of Medicine- Wichita
Sedgwick County
State of Kansas
Syndeo
USD 259
Wescon Products
Wichita Independent Business Association
Wichita Metro Chamber of Commerce
Wichita State University
Youthville

Providers

BlueCross BlueShield of Kansas
Coventry Health Care of Kansas
Delta Dental
Galichia Heart Hospital
Kansas Heart Hospital
Medical Society of Sedgwick County

Mid Kansas Physicians Association
Preferred Health Systems
ProviDRs Care Network WPPA
Via Christi Health System
Wesley Medical Center
West Wichita Family Physicians
Wichita Clinic

Other stakeholders

Elrick & Associates
Hardman Benefit Plans, Inc.
Harrington Health
Hilb Rogal & Hobbs
Merck & Co., Inc.
Pfizer, Inc.

Join us as we move forward!

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