



**Wichita Business Coalition
on Health Care**

MEMBER FORUM
Common Language / Common Framework for Improvement
September 15, 2008

DRAFT SUMMARY

Overall Purpose and Event Overview

The Forums are specifically intended to address the Coalitions strategic priority of Common Language / Common Framework for Improvement. The purpose is:

- *To increase the level of communication, understanding, and respect among the various stakeholder groups participating in the Coalition.*
- *To increase understanding of each stakeholder's perspective on key health care issues.*
- *To develop a foundation for further development of Coalition efforts to address cost and quality issues in the region.*

This first Forum was a two hour event intended to initiate and facilitate discussions between the various members from each stakeholder group involved in the organization, finance, and delivery of health care in Wichita.

This event was the first of an on-going series of Forums which will each build on this concept and provide a constructive format for members to gain a deeper understanding of the complex issues involved, particularly with regard to understanding the perspectives of each stakeholder.

Format

This first Forum event was a two hour event, with a focus on utilizing various scenarios to facilitate discussion between Coalition members. The scenarios, along with a list of the key issues each was intended to address are attached. The participants were divided into five groups, each with a member designated as a facilitator. They were asked to review their group's scenario and address the following:

1. List the specific reasons why this situation occurs from the perspective of each of the stakeholders (employer, employee, physician, hospital, health plan, others)
2. Describe a more ideal process and outcome for the scenario
3. Discuss and list the ways the system needs to change to achieve a better result in these types of situations ("*Better*" = *lower cost, higher quality, more efficient*), including specific implications for each stakeholder.

Each group was then asked to share their discussions with the entire group. A summary of the issues discussed in each group are listed below.

Results

Perspectives and Roles – *Why these situations occur and the issues involved from each stakeholder's perspective*

Employers

- Often a lack of involvement on the part of employers in designing plans that effectively address desired employee behavior about health and seeking health care, as well as ways to modify behavior appropriately through plan design
- The lack of education and provision of appropriate information to employees by employers about benefits, true costs of care, and how and when to appropriately access health care services

Employees

- Limited accountability and responsibility with regard to health care costs
- Lack of information and knowledge regarding the health system and how to make better choices
- Lack of information and knowledge of health care costs and appropriate care

Physicians

- A system which rewards **%treatment+** and does not adequately promote wellness
- A system which often does not provide continuity of care across multiple settings and providers
- The practice of **%Defensive+medicine** due to concerns about liability
- Lack of information / breakdowns in sharing information between physicians, especially primary care to specialty
- Physician office settings not always adequately structure to handle conversations with patients in private settings

Hospitals

- Complexity and difficulty in sharing and communicating cost information due to networks, discounted fees, etc.
- Complexity involved in providing the broad range of services at the hospital due to the many demands and needs that hospitals must meet
- Difficulty managing emergency and urgent care services within the same setting

Health Plans

- Reimbursement system based on paying for disease / illness
- A lack of continuity because of employers changing health plans and little long-term contracting
- Difficulty in sharing data due to confidentiality and privacy concerns

Better Outcomes and Implications

Employers

- Address entitlement mentality through education / benefits design
- Include more wellness elements with real incentives
- Reinforce to employees the value of health benefits as it relates to maintaining and improving health
- Need better information about providers (cost and quality)
- Need better tools and information to help identify health risks within their population
- Provide health plan options that better align financial incentives for all stakeholders

Employees

- Need to become more connected / take more responsibility for their health and health care
- Need education about how to best access the system, how to effectively interact with physicians about needed services
- Need better ways/education about selecting physicians
- Need standard protocols that are followed by all providers
- Need better information about the cost of health services
- Need access to better phone triage to help seek more appropriate care
- In some cases access to better disease management and different ways to connect with the health system (e.g. follow-up phone calls from nurses)

Physicians

- Reimbursement system needs to change to pay for time to be more involved in helping patients with wellness / prevention
- Need to be able to devote more time to patient relationships
- Facilitate physicians ability to provide effective education
- Physicians need to be able to share more information about costs of services

Hospitals

- Need more consumer convenient options for care (e.g. walk-in clinics/urgent care)
- Need better ways to connect with physicians and medical records outside the hospital
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Health Plans

- Reimbursement system based on paying for disease / illness
- Need to partner with employers on more long-term basis with strategies to minimize future premium increases
- Need to work collaboratively with employers to design plans that improve health
- Need to provide more and better information, including assistance with analyzing information about employee health to create better plan designs
- Provide self-care guides
- Provide health hot-line for consumers

Other

- Consider creation of community accessible tool kits with standardized information about wellness, chronic disease management, self-care, designed for both employers and employees; designed to help all employers and the community; raise the bar with regard to the quality of wellness and prevention information, worksite initiatives, and science based approaches
- Overall reimbursement in the system needs to more appropriately incentivize and reward prevention, wellness, and curative principles, as opposed to only treatment
- More detailed data is needed, both in terms of data available as well as analysis that contributes to understanding and improvement

Summary / Conclusions

This Forum event was the first in what will be a series of events related to the Coalitions strategic priority of increasing communication, understanding, and respect among the stakeholders as all work for better health care in the region. It provided a starting point for beginning to address in this collaborative format the critical health and health care issues that impact each stakeholder.

Future Forums will need to continue to be more specific in terms of issues discussed, as well as needing to be increasingly specific about actions and implications for real change in the community.