



MHSP Executive Summary

Background

In 2008, the Mid-America Coalition on Health Care (MACHC) and 16 diverse employer members launched a data-driven, value-based initiative called the Kansas City Collaborative (KC²) in an effort to better understand the complete picture of their unique population's health. Over a period of three years, the Collaborative helped participating employers create a continuous improvement process that allowed them to evaluate their company's benefit design strategies and programs.

In 2010, the National Business Coalition on Health (NBCH), under a grant from Pfizer, Inc., solicited the involvement of five additional coalitions as pilots. The objective was to determine if other markets

could replicate the KC2 project. The new initiative, called the American Health Strategy Project (AHSP), set out to improve the health of covered populations and to better manage health benefit costs. Participating coalitions were encouraged to adopt and enhance the KC2 model to meet and support the needs of employers in their markets. They were given hands-on and financial support from Pfizer, Inc. for technical, analytical and clinical services.



The Midwest Health Strategy Project (MHSP)

The Chicago-based, Midwest Business Group on Health (MBGH) was selected as one of the AHSP pilots and called their pilot the Midwest Health Strategy Project (MHSP). The purpose of the pilot was:

- To educate employers on the value of understanding their own data to make more informed decisions regarding effective interventions that target the health improvement of their covered populations
- To evaluate internal business processes that support a company's existing health management strategy and develop key enhancements that allow for a more effective approach
- To support employers as they work to align appropriate incentives for desired behaviors and remove barriers to health care for their employees

Participating Employers

The following seven employers volunteered to complete the MHSP pilot:

- Ace Hardware Corporation
- · City of Gary
- Edward Health Services Corp.
- Jewish Federation of Metropolitan Chicago
- OfficeMax
- Rush University Medical Center
- Wolters Kluwer

MHSP Employer Activities

Educational activities, called Employer Action Meetings, were conducted quarterly throughout the project. During these meetings, MBGH provided education about value-based purchasing and offered a confidential and open environment where facilitated peer-to-peer discussions occurred. When appropriate, national experts were brought in to provide information on specific topics. The activities developed for each meeting supported participants through the following three modules: (1) Baseline assessment, (2) Intervention planning and implementation, and (3) Outcomes and Project Evaluation.

Midwest Health Strategy Project Tools

As part of the pilot, MBGH worked with participating employers to enhance the following set of tools initially developed under KC2:

Baseline Assessment Module	Implementation Module	Outcome Evaluation Module
Online Baseline Survey Employer Interview Guide	Business and Population Health Intervention Models	Intervention Scorecard Dollarizing Metrics
Data Source Identification Mapping Template	Guide to Business & Population Health Objectives	Donarizing Metrics
Employer Data Tracker	Intervention Grids	
MHSP Individual Company Report	Intervention Implementation Worksheets	
Community Report		

MHSP Outcomes

The Outcomes and Project Evaluation module provided employers time to determine the results of their programming efforts. Data were gathered and analyzed to measure the outcomes for both the population health and business process goals developed in this module. Utilizing the company-specific scorecard, employers tracked key intervention-related metrics and determined their progress. Below is a summary of the many successes achieved through population health, business goals as well as adoption of many value-based approaches.

Population Health Outcomes

- Five employers were successful in implementing a value-based benefit design strategy
- Six employers enhanced their communication strategy to support improvement in employee engagement
- Overall participation rates for disease management programs greatly increased for one employer, and three employers increased participation rates in their annual health risk assessment (HRA)
- Three employers saw positive shifts in health risk status and clinical values from the results of their HRA in 2012 compared to 2011

Business Process Outcomes

- Two employers were successful in utilizing wellness champions to engage their employees in health and wellness activities
- Five employers enhanced the value of their health management teams by fostering better engagement with senior leaders, enhancing their overall work processes and/or providing a more effective way to unify all members to accomplish a mutual goal
- Four employers implemented branding strategies to enhance communication of their health management programs and services
- Three employers analyzed and streamlined their vendor partnerships, which allowed for better access to and integration of their data
- Four employers reviewed and analyzed current contracting with their vendors, which enhanced their ability to access their data in formats that provided better usability
- Two employers put processes in place that better utilized internal health resources for employees and their families



Adoption of Value-based Benefit Strategies for Employees

The employers adopted a variety of value-based benefit design strategies, including the following:

- 100% coverage for preventive services up to \$500
- Premium credits for completion of a health risk assessment
- 50% Rx discount for participation in wellness programs
- Premium differential for smokers vs. non-smokers
- Cash incentives with participation in different wellness activities
- Tiered pharmacy benefit plan for certain chronic conditions (i.e. diabetes drugs on lowest tier)
- Outcomes-based incentive strategy for achieving certain health risk ranges

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