

Employee Benefit Research Institute's 67th Policy Forum

Innovations in Employment-Based Health Benefits

PANEL I – Employer Innovations in Health Care Financing and Delivery

AFSCME Council 31's Health Improvement Plan

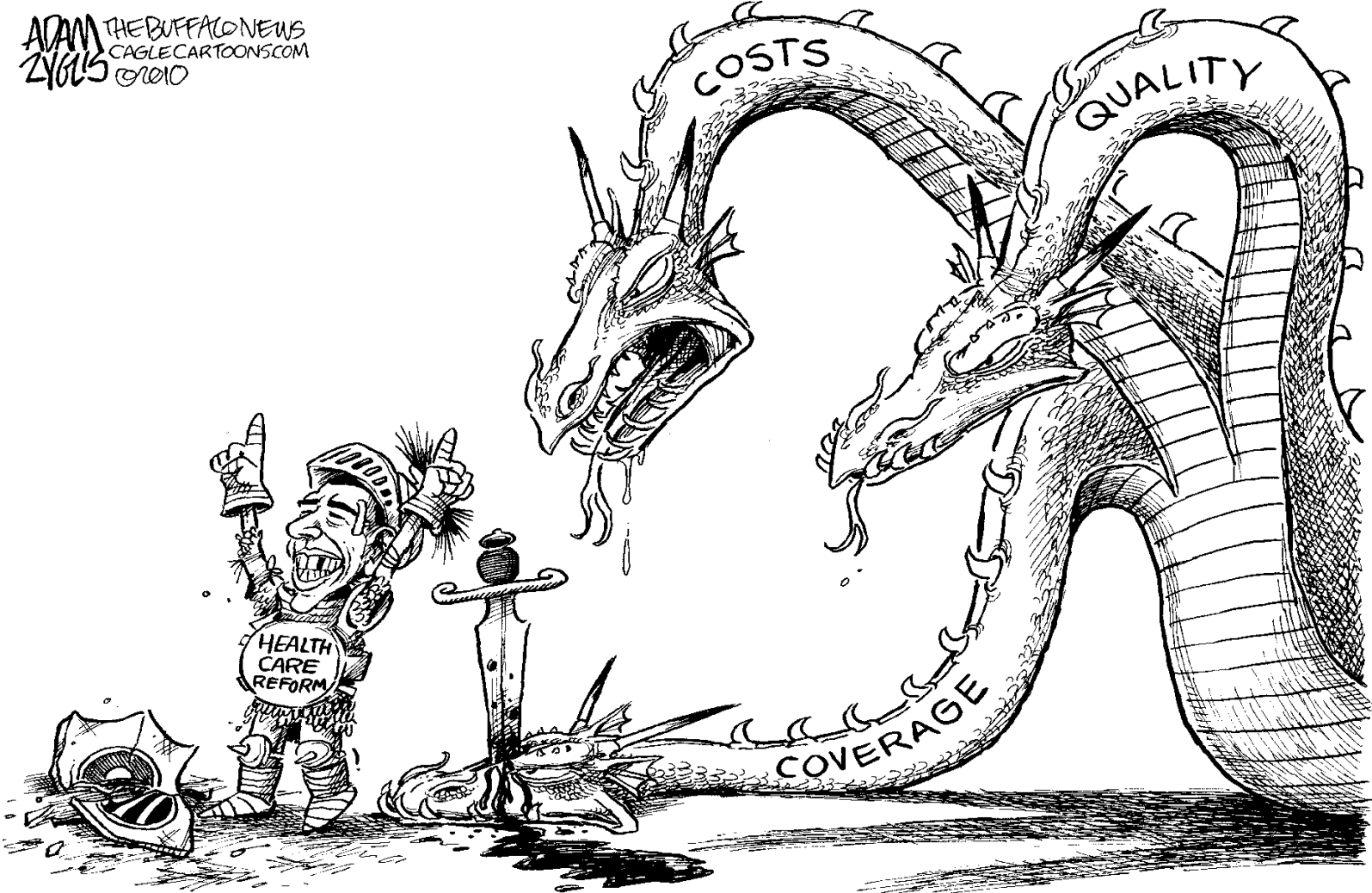
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High Costs and Poor Quality are Alive and Well!

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From Conventional Wisdom to *Disruptive* Innovation

- ❖ For nearly 30 years, plan sponsors have been “encouraging” providers to solve the cost/quality *conundrum* by improving healthcare *value*. How much progress have we made so far and will--and when--PPACA help? Is there something we can do *now* that’s really different?
- ❖ *Disruptive innovation* that offers an unexpected approach to price or quality improvements and turns a market on its head may be worth considering
- ❖ Helping plan participants eliminate many of the *root causes* of appropriately avoidable healthcare they control, can be done *now!* It also satisfies their unmet needs in healthcare--*involvement in decisions, care continuity, communication and respect*--and turns conventional health plans on their heads

Controllable Root Causes of Appropriately Avoidable Costs

- ❖ Over eating, poor nutrition, lack of exercise, smoking and alcohol abuse
- ❖ *Misuse* of expensive new healthcare
- ❖ *Misdiagnosis* and other medical errors
- ❖ *Uncoordinated* healthcare

Core Principles of Disruptively Innovative Value Improvement

Using HIT whenever possible, cause Participants to **Try** to...

- **Prevent** health problems and detect them as early as possible
- **Communicate effectively** with health professionals
- Competently use **effective** healthcare
- **Co-coordinate** healthcare while being diagnosed or treated for an acute problem or when experiencing a chronic condition

Our Innovative *Platform* Strengthens the Doctor-Patient Partnership

Plan Sponsors



Tracks compliance, population health factors and cost and value of health improvement

Service Providers Supported by HIT

- **HPN:** Screens, provides HRAs, compiles health data for PHR, educates & trains, prescribes health effort, tracks compliance, links evidence based information and provides “intrinsic” health coaching
 - **HCS:** Predictive modeling, “intrinsic” care counseling, data for PHR
 - **TPA:** Pays claims, secures stop loss coverage, provides financial reports
 - **EAP:** Behavioral health counseling
 - **PBM:** Prescription drug access, drug UR
 - Provider network delivers healthcare
 - Risk protection
- +
- Serious Incentives!

Teaches and supports use of effective doctors, evidence based health and healthcare information, to achieve better health and care outcomes



Effective Patients

- Improve/maintain health
- Have a personal health team
- Use Self Care and early detection
- Communicate effectively and learn to use HIT
- Choose and respect quality providers and effective healthcare
- Self manage and co-coordinate care
- Prepare advance directives and do EOL planning



Effective Doctors

Provides more effective patients and information about them

- Demonstrate clinical expertise
- Are good communicators and partners
- Respect patient influence over health status and care use
- Respect patient values and preferences
- Use innovative, effective healthcare and HIT
- Have wisdom and good judgment
- Value and reinforce Effective Patients

AFSCME Council 31's Health Improvement Plan in 2006

- ❖ **Self insured PPO plan, TPA administered**
- ❖ **Collectively bargained**
- ❖ **400 participants**
- ❖ **Voluntary wellness**
- ❖ **Generous benefits, no participant contributions**
- ❖ **6th year of double digit claim cost increases**
- ❖ **Significant cost shifting to employees was “on the table” but management and the union were open to innovative alternatives**

The Paradigm Shift for 2007—*“Shock Therapy”*

- ❖ We asked participants to contribute more to their 2006 plan with *effort*, not money
- ❖ One plan became two: the Health Improvement Plan (“HIP”, the 2006 plan renamed), and a lesser--*but much more costly* --Standard Plan
- ❖ HIP enrollees contracted to work on improving their health and learning how to improve their use of healthcare.
note: HIP is NOT a “bone fide Wellness” Plan-We incentivize effort, not outcomes!
- ❖ Each individual adult chose their own plan (over 90% chose HIP)
- ❖ Strong management commitment to make HIP help “bend the plan’s cost curve” by improving participant health and use of healthcare

The Benefit Choice Today

	<i>HIP Benefit</i>	<i>Standard Benefit</i>
❖ PPO Deductibles:	\$250 HIP	\$500 Standard Plan
❖ Coinsurance:	90% / 80%	80% / 70%
❖ Annual OOP Limits:	\$1,250	\$2,500 Standard
	<i>Double for family and non PPO</i>	
❖ Lifetime Limits:	\$2 million	\$1 million
❖ Contributions	Employee	1.5% of salary
	Spouse	3.0%
	EE + Spouse	4.5%

The “Tools” We’re Using

- The agreement
- The “Platform”
 - ❖ The Website (HPN WorldWide-HPN)...A *Virtual* Medical Home
 - ❖ The Personal Health Improvement Prescription (PHIP)--(HPN)
 - ❖ *Intrinsic* Healthcare Counseling and Coaching--(HPN and Health Care Strategies-HCS)
 - ❖ 1st generation Personal Health Record (PHR)--(HPN and HCS)

The Agreement's Key Features

1. “The key feature of the Health Improvement Plan (HIP) and a *condition of participation* is the **commitment of each adult participant ... to follow a personalized Personal Health Improvement Prescription (PHIP)**. The PHIP ... will require each adult participant to complete a Health Risk Assessment and a wellness screening which includes a blood draw, blood pressure and other common screenings...
The PHIP may also identify a set of health improvement priorities for each adult participant (based on personal health information and ongoing research in prevention, health care and other health related fields) **that may require** the:
Completion of **specific learning programs**;
Use of Health Care Counselors and/or relevant health and health care support services made available by the Health Improvement Plan when illnesses, conditions, injuries or risks are present sufficient to warrant such support services; and
Other actions to improve personal health and health care.

2. The PHIP requirements **and priorities will vary for each person**. For example, if a person is in good health, the PHIP will include completing specific learning programs and other actions to promote effective prevention, risk reduction, early detection and self management of health problems. For a person with existing health problems, the PHIP may initially focus on actions to improve the management of the specific health problem(s). In any event, the main goal of the PHIP, nurses and available support is to encourage and help each person optimize what they doing each year to improve their health and reduce health risks.

Covered adult participants may choose **not to meet the requirements** of the PHIP following enrollment in the Health Improvement Plan (HIP). In such case, the participant **will be ineligible for continued participation in the HIP** and the only AFSCME health benefit plan option available will be the Standard Plan,

3. Examples of valid reasons for being declared ineligible for the Health Improvement Benefit Plan shall include:
 - a. Failure to complete the PHIP-related **Health Risk Assessment and wellness screening**;
 - b. Failure to designate a **primary health care provider** (“main doctor”);
 - c. Failure to complete **PHIP prescribed training or e-learning lessons**;
 - d. Repeated unjustified **failure to use the Health Care Counselors** and/or other relevant health and health care support services and resources made available by the Plan when risks, illnesses, conditions, diseases or injuries are present...”

The Website

Pathways to Health
Health • Family • Work • Wealth • Life

Council 31
AFSCME



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Search for symptoms, etc.



Welcome to the new *Pathways to Health* site design — for the better health, health care & well-being of you and your family. Many improvement ideas came from the *Does It Work?* survey in 2009. Please share your thoughts about the new design, tools &/or other ways to improve it via the [Feedback](#) button below.



Thanks for all you do to make a difference!

My Info & Results

Welcome: Henry Demo

You have no unread messages

PHIP/To Dos for 2010

Screening/HPA Results

My HealthReach Workbook

Claim Info • Allied

My Account/Password

Key Resources & Centers

Symptom Checker

Health Centers & e-Learning

Smart Decisions - 160+

Other Common Topics

Search - Symptoms & more

Care Counselors • 800-582-1535

PSP Info • 800-647-8776

Other Support & Links

News & Alerts

Phone Support

Benefits Info & Links

















Feedback

AFSCME Council 31

AFSCME National

Administration Center

The PHIP

Legend			
 = Done	 = Partially Done	 = Not Done	 = N/A
Have & use support as required & needed	By When	Status	Links
1. Call the Care Counselor when required; return calls and follow-up as advised	All Year	How the nurses can help	When are calls required?
2. Call the Health Coach when required; return calls and follow-up as advised	All Year	How a coach can help	Health coach info
3. Use your health books, doctor visit tools, online tools and other resources.	All Year	Keep them handy	Go to online tools
Enter key contact info – update yearly and when information changes	By When	Status	Links
4. My primary care doctor's CURRENT contact info	11/30/2010		Enter Information
5. My CURRENT phone numbers, home address and email address	11/30/2010		Enter Information
Practice good early detection	By When	Status	Links
6. Complete the Health Power Assessment (HPA)	04/30/2010		Do HPA Results
7. Complete the wellness screening	04/30/2010		Sign-Up Results
Learn, refresh and update core knowledge & skills	By When	Status	Links
8. Pass key catch-up lessons from 2007-2009 (for new HIP members)	11/30/2010		View Lessons
9. Pass group lessons in 2010	11/30/2010		View Lessons
10. Pass lessons & smart decision tools as requested by your health coach	11/30/2010		View Lessons
Review your health, claims & care risk data and take action as needed	By When	Status	Links
11. View your HealthReach Workbook	11/30/2010		View Workbook
12. Have weight in a healthy range or commit to working on it	11/30/2010		Action Options & Support Details
13. Get sufficient aerobic exercise each month			Click to document Details
14. Be a non-smoker or commit to trying to become one	11/30/2010		Click to document Tips, tools & support
Status of All Criteria =			

HIP Participants' Accomplishments Since 2006

- ❖ ***They've*** bent the cost curve; average monthly claims costs have been less ever since 2006 and 10% less overall
 - ❖ ***They*** report fewer lost work days and less stress
 - ❖ ***They*** say HIP has helped them get better healthcare
 - ❖ ***Their*** health status has improved
 - ❖ ***Fewer*** are at risk for high blood pressure and cholesterol
 - ❖ ***63% of smokers*** (as of 2006) use less or no tobacco
 - ❖
- AND, in September, ***they*** were awarded an Honorable Mention C. Everett Koop National Health Award for 2010

What's Next?

- HIP is a work in progress; as healthcare changes so will HIP and the Platform (the Plan Design is the **Reason to** Change: the HIT Platform is the **Engine for** Change)
- Currently, we are concentrating on developing more tools to support participants in communicating with providers and making **effective** healthcare decisions
- Our version of Value Based Benefit Design called “sculpting” is being tested to encourage plan participants to become better seekers and users of effective healthcare
- We are seeking to work with employers, providers and other organizations who believe as we do that without effective patients, healthcare inflation and quality will remain compromised
- We all must activate plan participants as co-creators of healthcare value, and at Council 31 we began four years ago!

Someday...

“When patients participate more actively in the process of medical care, *we can create a new healthcare system with higher quality of services, better outcomes, lower costs, fewer medical mistakes and happier, healthier patients.* We must make this the new gold standard of healthcare quality and the ultimate goal of all our improvement efforts.”

*Charles Safran, MD, Chief, Division of Clinical Informatics,
– Beth Israel Deaconess Medical Center*