

Engaging Employers in Population Health: The Philadelphia Story

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Population Health Forum

January 10, 2018



**Greater Philadelphia
Business Coalition
On Health**

"Building Bridges to Better Healthcare"

Educational Objectives

- 1) To recognize the increasing role that employers, as purchasers of half the nation's healthcare, are playing in driving value improvement.
- 2) To identify specific strategies that business coalitions in Philadelphia and across the U.S. are implementing in pursuit of value.
- 3) To describe how employers can engage with other healthcare system stakeholders to further drive health system performance and value.

Health Insurance Coverage, US Population, 2016

% of Population

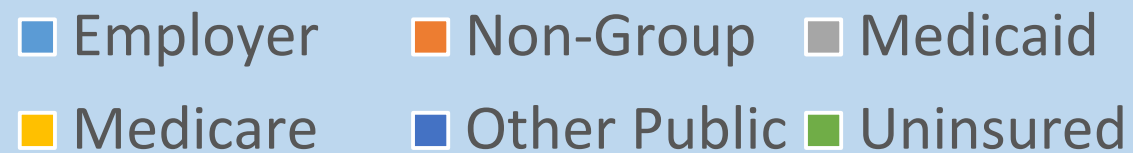
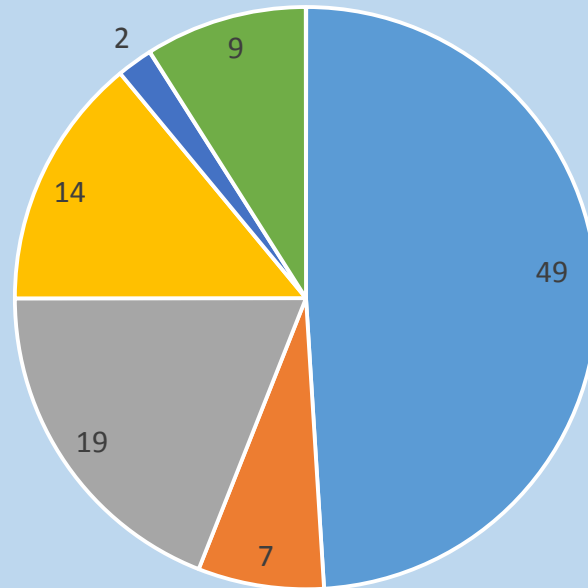
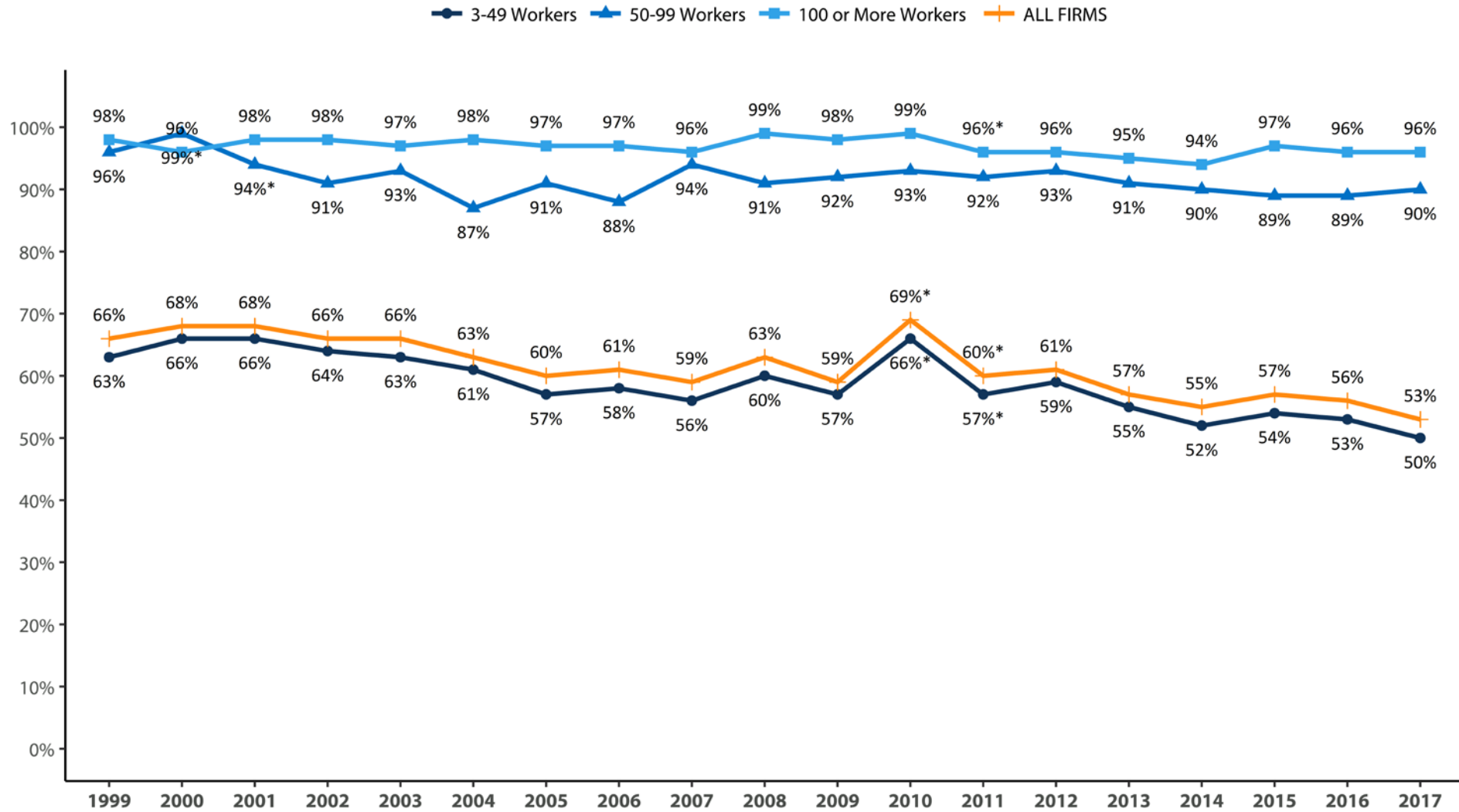


Figure 10

Percentage of Firms Offering Health Benefits, by Firm Size, 1999-2017



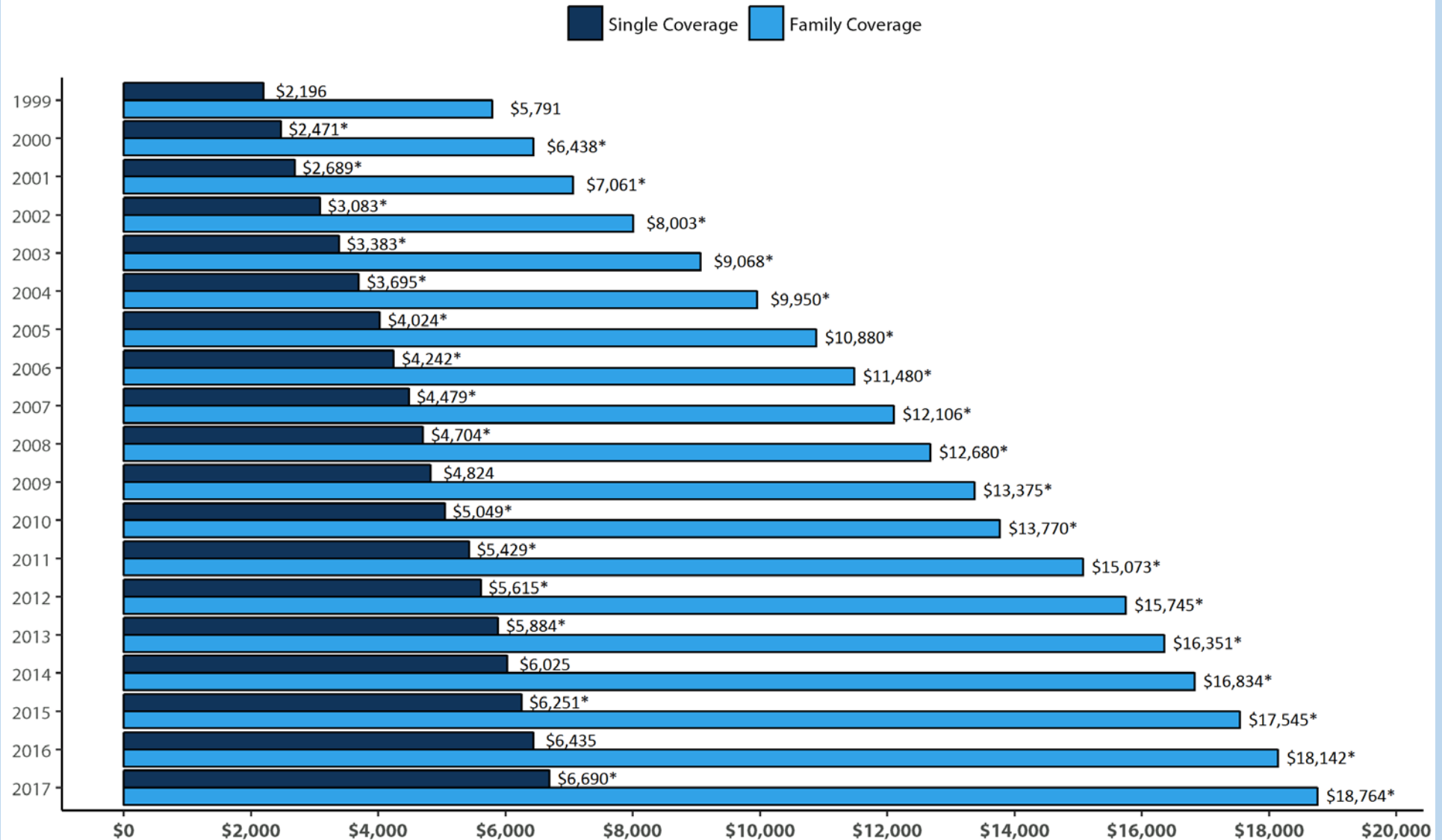
* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

NOTE: As noted in the Survey Design and Methods section, estimates presented in this figure are based on the sample of both firms that completed the entire survey and those that answered just one question about whether they offer health benefits.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 1

Average Annual Premiums for Single and Family Coverage, 1999-2017

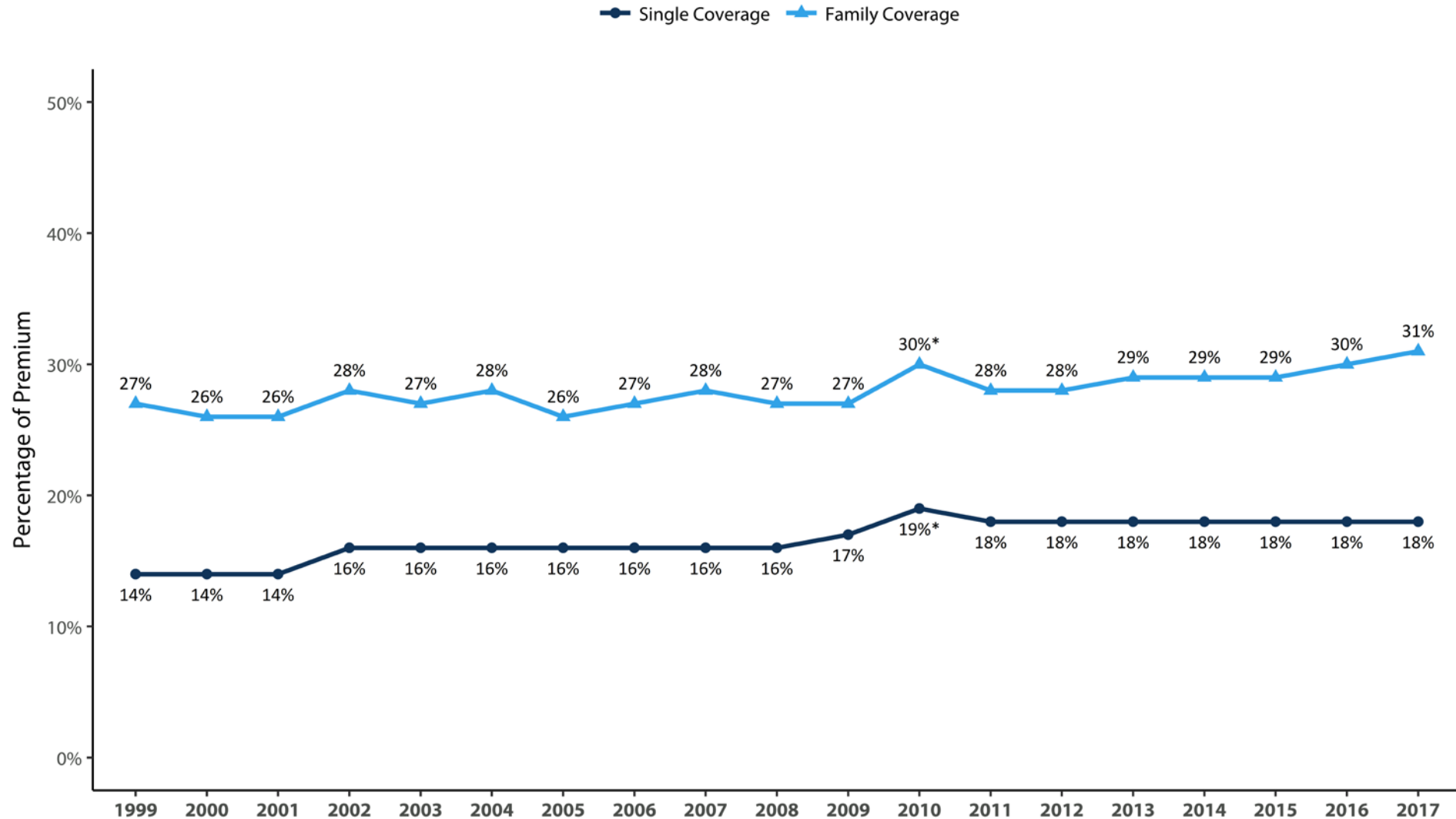


* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 7

Average Percentage of Premium Paid by Covered Workers for Single and Family Coverage, 1999-2017

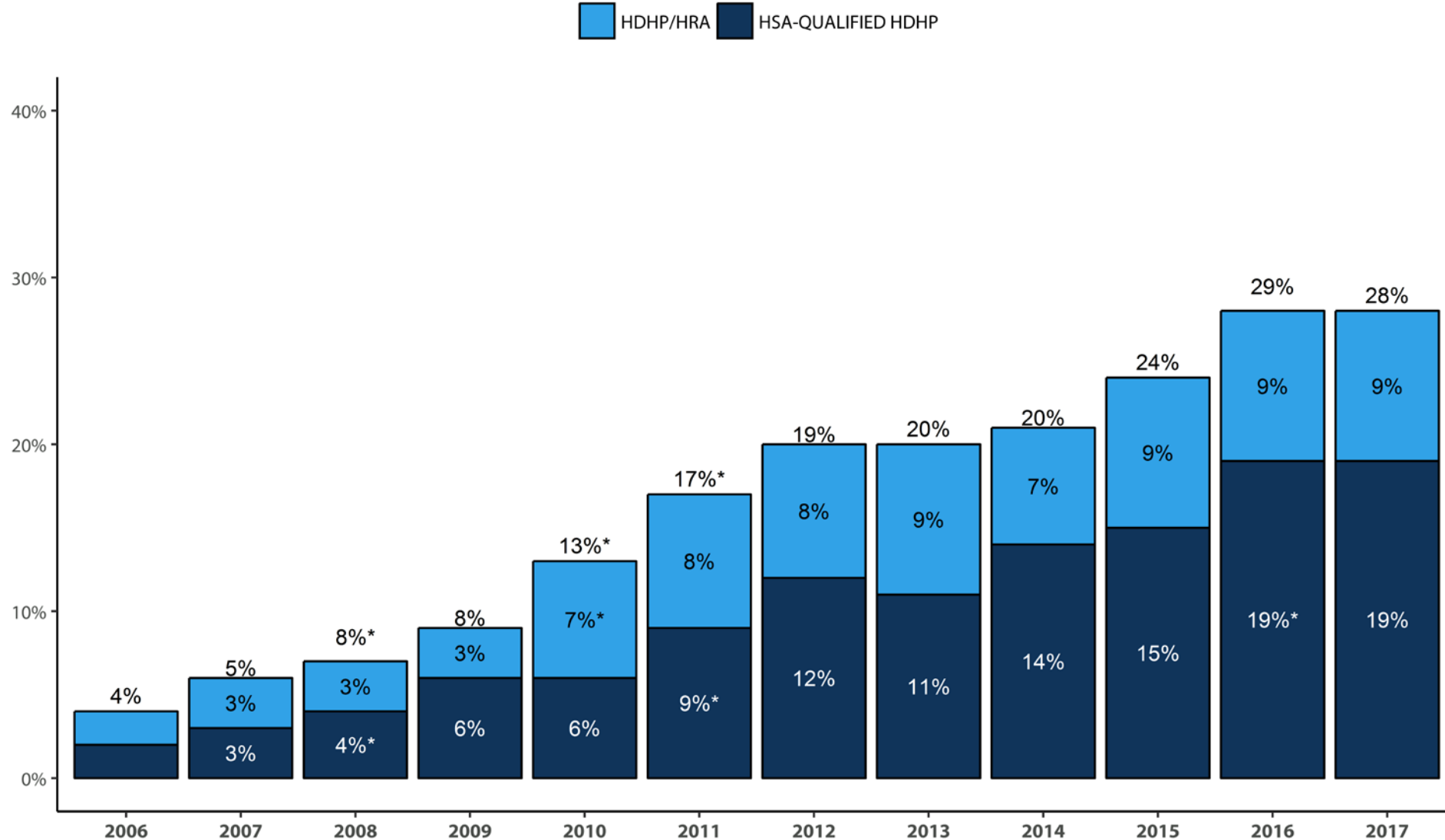


* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Figure 20

Percentage of Covered Workers Enrolled in an HDHP/HRA or HSA-Qualified HDHP, 2006-2017



* Estimate is statistically different from estimate for the previous year shown ($p < .05$).

NOTE: Covered workers enrolled in an HDHP/SO are enrolled in either an HDHP/HRA or a HSA-Qualified HDHP.

SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2017

A Few Quick Reminders About Value (or lack of same)

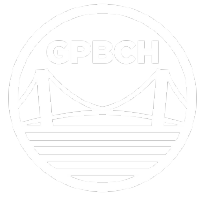
- Per capita spending on healthcare in the US is over \$10,000 (highest in the world)
- 35% of health spending estimated as waste
- 98,000 (or more) deaths in hospitals every year due to medical error
- US continues to rank last (11th) on CMWF “Mirror Mirror” report
- Care guidelines not followed 40-50% of the time



**Greater Philadelphia
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"Building Bridges to Better Healthcare"

- Start-up, fall 2011, launch January 2012
- 46 employer members representing 750,000 covered lives locally, 1.4 million nationally; 43 affiliate members
- Service region includes Southeastern PA (5 counties), Delaware, and Southern NJ (3+ counties)
- Mission: To identify best practices for keeping employees healthy and productive in the work place, but, recognizing that they will still need health care, helping to ensure that care is accessible, affordable, high-quality, and safe



GPBCH Employer Members



GPBCH Affiliate Members



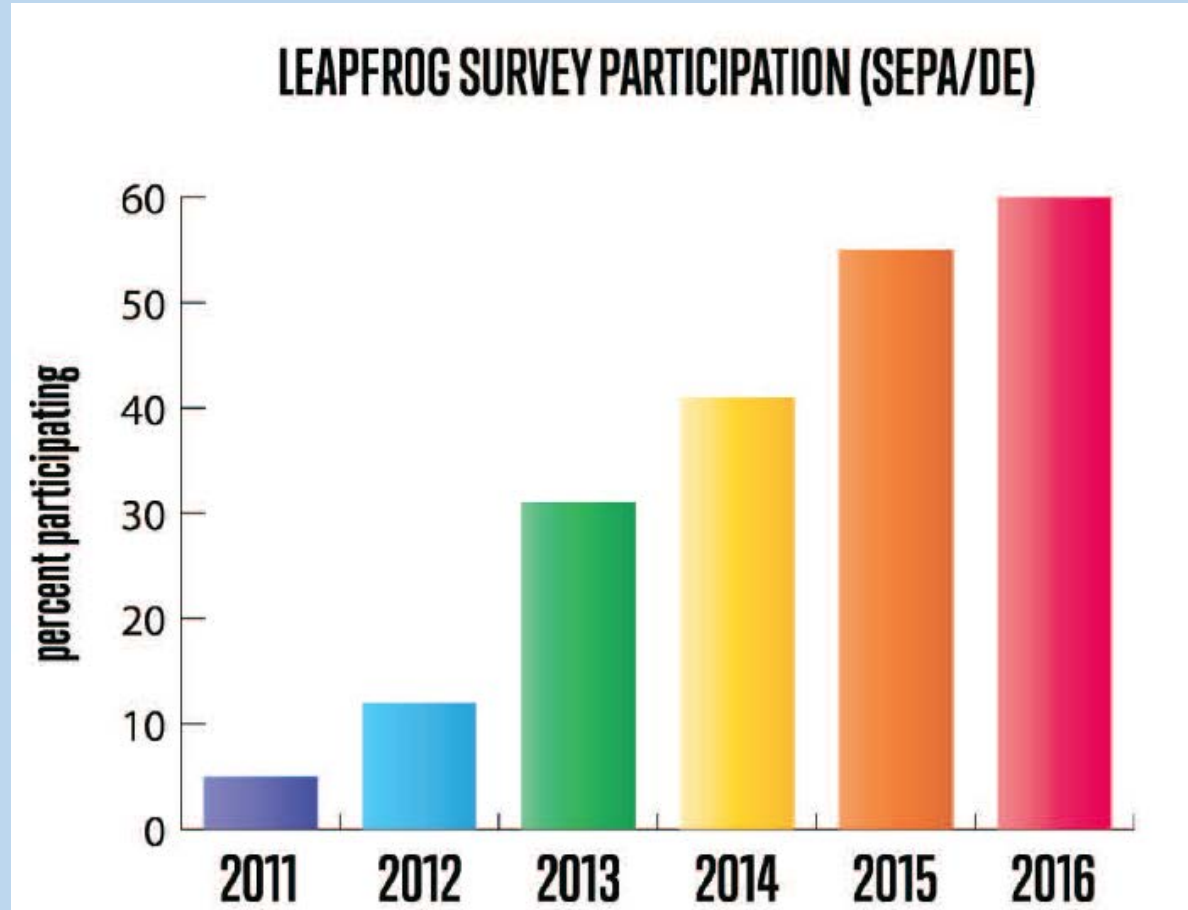
Member Education Programs

- Monthly in-person education programs, e.g.
 - Genomics and personalized medicine
 - Population Health approach to diabetes management
 - ACO landscape in the Greater Philadelphia region
- Annual Conference (next event June 5, 2018)
- Annual Wellness Summit, topics have included
 - Stress management and the Opioid epidemic
 - Preventing cancer, diabetes, and cardiovascular disease
 - Employer strategies for addressing behavioral health
- Semi-Annual Employers-Only forums

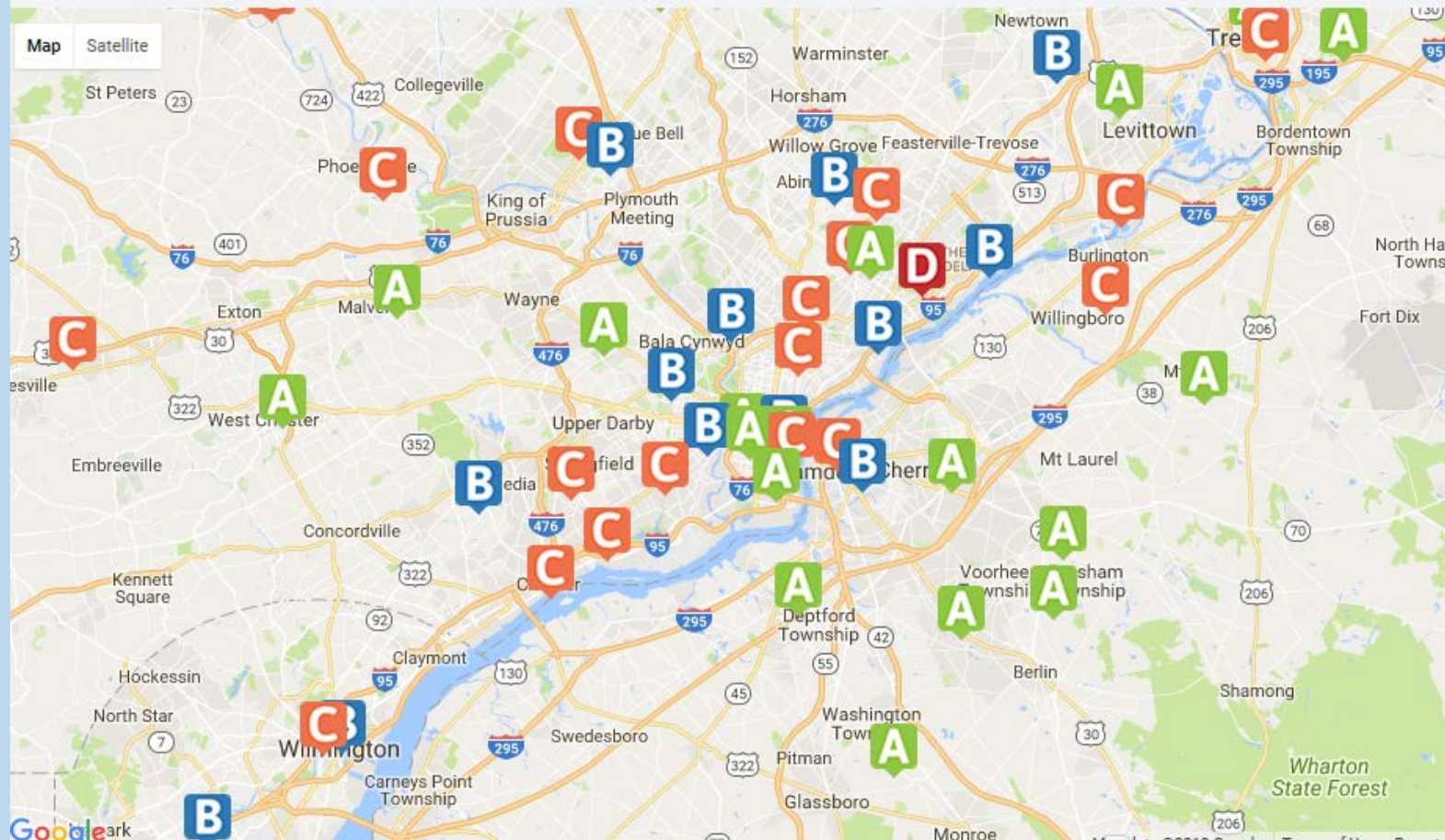
GPBCH Work Groups

- Transparency
- Benefit Design
- Employee Health & Well-being
- Obesity/Diabetes Prevention

GPBCH is the Leapfrog Regional Leader for Southeastern Pennsylvania and Delaware



Understanding Leapfrog Hospital Survey vs. Hospital Safety Grade



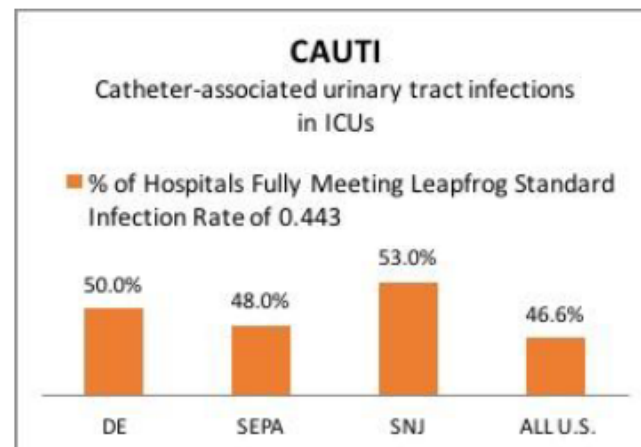
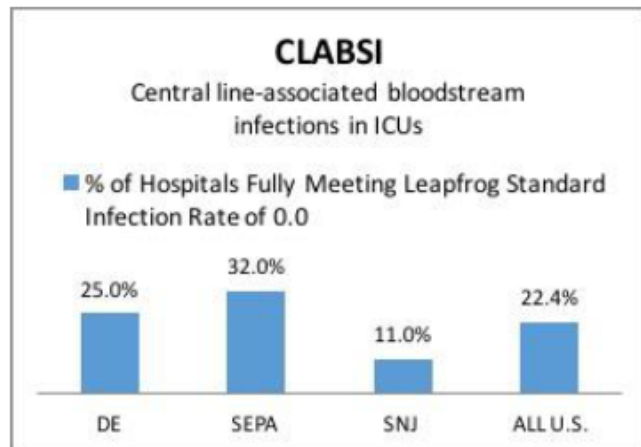
Leapfrog Fall 2017 Hospital Safety Grades

Hospital-acquired Infections - *Some progress, but much more to do*

Every day one out of 25 patients in U.S. hospitals contracts a health care-associated infection.¹ Hospital-acquired infections are complications that are not present when a patient is admitted, but develop as a result of errors or accidents in the hospital, and can lead to longer hospital stays, significant discomfort, and even death.

Why should employers care? Besides resulting in poorer health, these infections cost nearly \$10 billion annually, with one-fifth of this cost coming from central line-associated blood stream infections (CLABSIs), and an additional \$28 million coming from catheter-associated urinary tract infections (CAUTIs). These and other infections are entirely preventable, and some hospitals have made huge strides in reducing infections.

This brief shares aggregate and individual hospital data on five infection measures from the 2016 Leapfrog Hospital Survey for hospitals in Delaware (DE), Southeastern Pennsylvania (SEPA), and Southern New Jersey (SNJ).



Observations about Hospital Acquired Infections

- 50% or less of Delaware, Southeastern Pennsylvania and Southern New Jersey hospitals fully meet the Leapfrog Standard in each of these measures.
- On average, all U.S. hospitals reporting to the Leapfrog Survey perform in ranges of 22% to 47% in meeting Leapfrog Standards.

Page 2 of report listed hospital-specific results on each infection measure

Overall Cancer Care Rating

[Based on Proportion of Measures for which the Hospital was a “Top Performer”]

Hospital Name	Overall Rating
Fox Chase Cancer Center	★★★★★
Hospital of the University of Pennsylvania	★★★★★
Thomas Jefferson University Hospital	★★★★★
2 Stars	
Bryn Mawr Hospital	★★★★
Lankenau Medical Center	★★★★
Paoli Hospital	★★★★
St. Mary Medical Center	★★★★
1 Star	
Aria Health (3 Campuses)	★★★
Cancer Treatment Centers of America at Eastern Regional Medical Center	★★★
Chester County Hospital	★★★
Einstein Medical Center Philadelphia	★★★
Grand View Hospital	★★★
Abington Hospital	★★★

9 hospitals received 2 stars;
12 hospitals received 1 star
(not a “top performer” on
any measures)

Implementing the National Diabetes Prevention Program

Case Studies of Six Organizations' Experiences in the New York Metropolitan and Greater Philadelphia Regions



Report prepared by the Greater Philadelphia Business Coalition on Health for the National Association of Chronic Disease Directors

September 2017



Obesity and Diabetes Prevention Activities

- “Diabetes Prevention Learning Collaborative” as part of the Philadelphia Health Initiative
- National Diabetes Prevention Program member education
- DPP “e-vendor” Summit
- Provider education sessions on obesity management and the DPP
- Assistance (in partnership with NACDD and MedWorks) for individual employers
- To date, 14 GPBCH employer members have implemented at least one DPP cohort; results very positive
- NACDD case studies report

Engaging Businesses for Health 2017 Grantees

In February 2017, the Robert Wood Johnson Foundation announced eight awarded grants examining the dynamic relationship between the innovation and drive of American businesses and entrepreneurs and the needs and health of the communities that support them.

<http://www.academyhealth.org/about/programs/engaging-businesses-for-health>

Project Hypotheses

1. Employees and dependents who come from less healthy communities utilize more ER and hospital inpatient services, and experience higher total claims than those from healthier communities (after adjusting for demographic and clinical characteristics).
2. Presentation of these data findings to business executives increases corporate interest in investing in community health initiatives and partnering with other organizations to understand and address community health improvement opportunities.

Other Examples of Projects

- Development of value-based benefit design recommendations for diabetes, hypertension, lipidemia, smoking cessation
- Employer surveys, e.g. obesity management; vendors used; consumer engagement in wellness programs
- Data analytics dashboards (in partnership with JCPH and HC21): opioids, bariatric surgery, migraine
- Regional report on diabetes care (Sanofi managed care digest)

Additional Projects and Plans for 2018

- Comprehensive approach to diabetes management
- Transparency at the physician/group level
- Managing utilization and costs for worker's compensation
- Identifying oncology-specific measure candidates for Leapfrog
- Promoting Choosing Wisely among employers and consumers
- Healthy Employer Recognition Program



- 50 members, representing 12,000 employer organizations and 45 million covered lives across the United States
- Provides a forum for regional coalitions to exchange information and ideas
- Represents the interests of employers and business coalitions on health at the national level
- Current initiatives include:
 - Member education and affinity groups
 - eValue8 – health plan RFI
 - PBM assessment
 - “Deep dives” on oncology and mental health planned in 2018
 - Well-being initiative
- “Leadership Summits” planned for Dallas, TX, March 14-15

www.nationalalliancehealth.org

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