



**Business Health Care Group  
2017 Annual Meeting: Health Care Forecast: Brighter  
Skies Ahead  
at the Italian Community Center  
October 24, 2017**

**Presentations by:**

- Jeffrey Kluever, Executive Director, Business Health Care Group
- Todd Smasal, Director, Total Rewards, Northwestern Mutual
- John Santa, MD MPH, Director of Dissemination, OpenNotes
- Dirk Steinert, MD, Medical Director for Quality, Specialty Care, Ascension Medical Group Wisconsin

**Executive Summary**

With member employers, providers, brokers/consultants, sponsoring organizations and strategic partners in attendance, the Business Health Care Group (BHC Group) conducted its annual meeting at the Italian Community Center on October 24. The meeting, entitled *Health Care Forecast: Brighter Skies Ahead* was highlighted by a keynote address from Todd Smasal, director, total rewards at Northwestern Mutual.

Jeffrey Kluever, BHC Group's executive director, reported on membership growth, results and the organization's strategic direction. John Santa, MD, MPH, director of dissemination at OpenNotes and Dirk Steinert, MD, medical director for quality, specialty care at Ascension Wisconsin presented information about the OpenNotes initiative and its implementation at Ascension Wisconsin.

The *Leading Change, Creating Value award* was presented to the Milwaukee Health Care Partnership. Also several member employer representatives who serve on various BHC Group committees and subcommittees were recognized.

**BHC Group's Strategic Direction and Results**

Jeffrey Kluever kicked off the meeting with a review of BHCG's strategic direction including:

- Growth and retention
- Engaging member experience
- Operational excellence

### **Growth and Retention**

- BHCG's strong performance in membership growth and the retention of existing member employers is the result of:
  - Innovative employer driven solutions
  - Strong support and engagement from the C-suite and member employer representatives
  - The partnership with UnitedHealthcare
- BHCG increased the size of its footprint in the state, expanding into an additional 11 counties in northeastern Wisconsin
- Membership increased substantially and now stands at over 200,000 members
- BHCG retained 100% of its self-funded member employers
- For 2017, the following employers joined BHCG:
  - Almon, Inc.
  - American Metal Technologies, LLC
  - Bemis Manufacturing Company
  - Inlanta Mortgage, Inc.
  - Krones, Inc.
  - Nordco, Inc.
  - Oldenburg Group, Inc.
  - Wisconsin Aluminum Foundry Company
- For 1/1/18 the following employers are joining:
  - Associated Banc-Corp.
  - The Bon-Ton Stores, Inc.
  - Goodwill Industries of North Central Wisconsin, Inc.
  - Goodwill Industries of Southeastern Wisconsin, Inc.
  - Reinhart Partners, Inc.
- We anticipate additional employers joining 1/1/18 and significant growth is expected during 2018 and for 1/1/19.

### **Engaging Member Experience**

- Favorable results in 2016 vs. historical results –10% reduction in per member per month costs (from \$426 to \$383); favorable results vs. UnitedHealthcare norms – 6.8% below national norm and 11.2% below eastern Wisconsin norm for covered per member per month costs

- Integrated and enhanced customer service and clinical teams support BHCG member employers' employees and dependents
- BHCG's partnership with UnitedHealthcare provides access to a broad network inclusive of high performing Premium providers (measured on quality and cost efficiency), regardless of health care system
  - Tier I and Premium Designation utilization driven by benefit design and/or promotion in 2016, resulted in BHCG Premium providers utilization of 42.8% compared to the UnitedHealthcare national book of business of 38%
  - **BHCG employers had a 16% lower per member per month spend for members highly engaged with Premium providers (claim risk adjusted).**
- BHCG programs and initiatives that engage employees to make better health care decisions include:
  - Engagement Solutions marketing campaigns around Premium designation and Tier I (additional campaigns are planned for 2018)
  - Best Doctors® – BHCG's informed decision making vendor

### **Operational Excellence**

- Enhanced data analytics including:
  - BHCG-specific Virtual Health Plan
  - Consumer Activation Index measured for BHCG employers
  - A project to evaluate Premium designation effectiveness at the provider level
- A renegotiation of the Optum Rx contract, providing an enhanced pharmacy solution
- Advocate4Me:
  - BHCG-dedicated and enhanced customer service unit based in Green Bay
  - Data, robust analytics and technology delivering results
  - 55% of clinical program enrollments are referrals from Advocate4Me
  - Advocates engage members for preventive care screenings and recommended care guidelines

### **Leading Change, Creating Value Award**

The *Leading Change, Creating Value Award* was presented to the Milwaukee Health Care Partnership (MHCP) for their dedication to improving health care coverage, access, care coordination and community health for underserved populations. By addressing these critical health care delivery issues, the MHCP is truly making a difference in the health of our community. Their efforts complement the mission of BHCG to improve the health of our member employers' employees and their families and the community at large.

Accepting the award on behalf of the MHCP were Bernie Sherry, senior vice president, Ascension Healthcare/Wisconsin Ministry Market executive and Joy Tapper, executive director, MHCP.

### **Keynote Address: Choose Well. Be Well. – Engaging Employees, Todd Smasal, Director Total Rewards, Northwestern Mutual**

- Northwestern Mutual's goal is to influence and change the way health care is delivered in our community, directing its members to seek care from providers that practice medicine with a focus on quality and cost efficiency
- Northwestern Mutual (NM) introduced its first consumer driven plan in 2005, with full replacement following in 2013. In 2014 they began to look for a better solution that better served their members.

### **Introduction and early results of UnitedHealthcare's Premium provider/Tier I program**

- UnitedHealthcare's Premium designation program:
  - Promotes access to quality, cost-efficient health care
  - Uses evidence-based standardized measures to assess the quality and cost efficiency of the care a physician provides – quality is measured first; when quality is met, cost efficiency is measured
  - Is available in 164 markets in 44 states
  - Includes primary care physicians and specialists (16 different specialties and 46 different subspecialties)
- Premium providers outperform their peers based on lower average complication rates, procedure re-dos and costs
- In 2015 NM introduced UnitedHealthcare's Premium provider program and tiered benefits to encourage the use of Premium providers and freestanding facilities (e.g., MRI providers)
- As part of the introduction, NM launched an extensive communications campaign to educate members about the program and how to identify and utilize Premium providers. Subsequent communications campaigns were developed in 2016 and 2017.
- Members highly engaged with Premium providers have **lower** medical costs, fewer emergency room visits/1000 and fewer inpatient admissions with fewer days in the hospital
- In 2016 overall utilization of Premium providers was 54.4% – progress, but not success

### **Next steps – plans for 2018**

- To enroll in the NM Premium Plan, with lower premiums, deductibles and out-of-pocket maximums, a member must designate a Premium, Tier I provider as their primary care physician

- NM will modify co-insurance percentages to encourage higher utilization of Premium care providers and will not provide out of network coverage
- To encourage the use of Best Doctors for second opinions, NM will contribute additional dollars to a member's HRA
- NM's goal for 2018 – 65% utilization of Premium providers

## **OpenNotes Overview, John Santa, MD, MPH, Director of Dissemination, OpenNotes**

### **What is OpenNotes?**

- Initiated in 2010, OpenNotes is a philanthropy funded patient movement to give patients access to their medical providers' notes via secure patient portals. It is not a specific vendor product or software.
- Presently 90 health care organizations in 48 states have implemented OpenNotes with more than 19 million people registered on portals with access to their notes
- More than 90 other health care organizations have implemented OpenNotes, but have yet to submit their data
- In Wisconsin seven organizations have implemented OpenNotes and others are piloting the initiative
- Notes:
  - Are written by a clinician during or after a patient appointment; many patients do not know what notes are or that they even exist
  - Are part of the patient's medical record and are shared with other clinicians as needed
  - Ideally contain details of the clinician's thinking and plans for care

### **Reasons for patients having access to their notes**

- Patients with access to their notes report:
  - Taking better care of themselves
  - Having a better understanding of their health and medical conditions
  - Having a better remembering of the plan for their care
  - Feeling better prepared for visits
  - Feeling more "in control" of their care
  - Doing better with taking medications as prescribed
  - Want continued access to their notes (99%)
- Notes are a patient safety tool. When patients review their notes they do find errors in some cases
- Sharing notes can reduce malpractice claims because it:
  - Builds trust and assists in communication between patient and provider
  - Decreases errors

- Caretakers appreciate OpenNotes even more than patients. It gives them a better idea of what is going on with their loved ones
- Notes are part of the emerging world of “connected” care. They communicate information and build relationships on a continuous basis.

### **What can you do to promote the OpenNotes movement?**

- Spread the word, reassure and encourage the sharing of notes. Ask about your notes.
- Get ready, as an employer, for the era of easy transparency. Eventually patients should (and will) see everything.
- Learn more about OpenNotes at their [website](#)

### ***OpenNotes – Our Journey So Far, Dirk Steinert, MD, Medical Director for Quality, Specialty Care, Ascension Medical Group Wisconsin***

#### **Current reality**

- Consumerism has been making inroads into health care for at least the past decade. A patient’s access to their health record is a driving force behind consumerism.
- Presently in a primary care physician’s 11.4 hour workday, 5.9 hours are spent with the electronic health record
- Nothing is simple about health record information
- Up to half of physician time spent on EHRs and paperwork is related to patient note entries
- Forty-nine percent of physicians' office hours were spent on the EHR and desk work while 27% was spent directly with patients

#### **OpenNotes at Ascension**

- Notes are the patient’s notes, not the provider’s notes
- Communication between provider and patient is in the patient’s best interest. For example, a CSM patient could be anywhere in the world and log into CSM Connect, allowing the treating physician to review notes from previous encounters.
- Columbia St. Mary’s (CSM) started its journey with OpenNotes in 2013
- For providers, early challenges included:
  - Completing notes in a timely manner
  - Writing notes in patient-friendly, respectful language
  - Getting comfortable with transparency
- For patients, early challenges included:
  - Getting comfortable with reading notes via computer vs. paper
  - Security concerns
  - Engaging in their health care, using a new tool

- A Quality Document Committee (QDC) was formed with the goal of improving provider documentation system-wide
- The ultimate goal is improved patient and provider outcomes. OpenNotes can assist with this by:
  - Building stronger relationships with patients and increasing patient engagement
  - Increasing the patient's sense of control of their health care
  - Supporting the caregivers of our patients

## Recognition

Jeffrey Kluever recognized numerous individuals and organizations that have contributed to BHCG's success in the past and will be integral to advancing BHCG's strategy going forward.

A distinguishing feature of BHCG is the active involvement and guidance of our member employers' CEOs. The 2018 C-Suite Steering Committee representatives were recognized at the meeting:

- Steve Booth, Baird
- Blake Moret, Rockwell Automation
- Paul Purcell, Baird
- Susan Schmitt, Rockwell Automation
- Todd Teske, Briggs & Stratton

The invaluable contributions to the organization by the BHCG Executive Steering Committee were recognized. For 2018 the committee will consist of:

- Candace Arentz, Northwestern Mutual
- Jennifer Bergman, Kohl's Department Stores
- Linda Bloomer, Bemis Manufacturing
- Teri Carpenter, Rockwell Automation
- Lisa Mrozinski, Baird
- Frank Pacetti, City of Kenosha
- Dennis Salentine, BMO Financial Group
- Jim Sheeran, MillerCoors
- Ellen Vebber, Briggs & Stratton

The Operational Oversight Subcommittee collaborates with UnitedHealthcare to drive continuous quality improvement of its operations and processes on behalf of employers. Its 2018 members include:

- Linda Bloomer, Bemis Manufacturing
- Melissa Dal Vecchio, BMO Financial Group
- Carla Nelson, Baird

- Lyn Schaetz, Briggs & Stratton
- Kelly Neubauer, Kohl's Department Stores
- Bonny Ryan, MillerCoors
- Derek Stroobants, Direct Supply
- Paula Swafford, Rockwell Automation

The Premium-Tier I Subcommittee is among the highest performing BHCG committees and was recognized for its work collaborating with UnitedHealthcare to enhance the Premium designation program and offer employers additional resources and education to take full advantage of BHCG's exclusive access to the Tier I program.

## Conclusion

- Make your health last: [What will your last 10 years look like?](#) (Heart and Stroke Foundation Canada video)
- BHCG benefits the community in many ways including:
  - Slowing cost trend
  - Improving health care delivery and outcomes
  - Improving health of our community
  - The ability to measure and report what works – and what doesn't
- Our challenge to everyone:
  - Reduce the number of “medically homeless” (those without a designated primary care provider)
  - Increase utilization of Premium-Tier I providers
  - Enhance employees' engagement in their health and health care
- Join us:
  - Benefit from the support and active involvement of member employers
  - Access networking opportunities and exclusive employer solutions
  - Cost of membership may be offset by credits and preferred rates. Our membership fees have remained unchanged for five years.
  - Gain from the power of our partnership with UnitedHealthcare
  - Our work benefits the entire community

[Slides](#) from the presentations are available. Photographs from the event can be found in the [photo gallery](#).