



**Business Health Care Group
2020 Annual Meeting: A Forum for Good
at the Fiserv Forum
January 28, 2020**

Presentations by:

- *Jeffrey Kluever, Executive Director, Business Health Care Group*
- *Dana Richardson, Chief Executive Officer, Wisconsin Health Information Organization (WHIO)*
- *Asvin Srinivasan, Senior Director, GNS Healthcare*
- *Paul Mueller, MD, Vice President – Southwest Wisconsin, Mayo Clinic Health System*
- *Dave Osterndorf, BHC Group Strategic Consultant, Partner & Chief Actuary, Health Exchange Resources*

Employer/Health System-Provider/GNS/WHIO Panel Discussion:

- *Moderator: Dave Osterndorf, Health Exchange Resources*
- *Panelist: Janet Lucas-Taylor, Senior Director Employee Benefits, Northwestern Mutual*
- *Paul Mueller, MD, Mayo Clinic Health System*
- *Asvin Srinivasan, GNS Healthcare*
- *Dana Richardson, WHIO*

Executive Summary

With employers (members and non-members), providers, brokers/consultants, strategic partners and other stakeholders in attendance, the Business Health Care Group (BHC Group) conducted its annual meeting at the Fiserv Forum on January 28, 2020. The meeting, entitled *A Forum for Good*, was kicked off by a presentation from Jeff Kluever (BHC Group's Executive Director) who reported on BHC Group successes in 2019.

Successes include: membership growth and retention; the initiation of the statewide *Physician Value Study*; health system engagement; BHC Group's best in class strategic partnerships; the launch of the *Delivering Value Series* symposiums; the development of a medically homeless communications campaign; and the alignment of the organization's goals and objectives with health care stakeholders. Also discussed were the BHC Group focus on data initiatives, the most

recent member employer cost results and the mission to demonstrate responsible corporate citizenship.

WHIO CEO Dana Richardson provided an overview of WHIO and indicated that its role is to provide all stakeholders with access to health care data to improve the quality, safety and cost efficiency of care, including the use of the data for the *Physician Value Study*. Asvin Srinivasan, GNS Healthcare, shared a detailed look at the *Study's* methodology and high level results. Dr. Paul Mueller of Mayo Clinic Health System shared insights into how the *Study's* results can be used by health care organizations to better understand the value (quality and cost) of care they are providing and to facilitate discussions with physicians. Dave Osterndorf, BHCG's chief strategic consultant and actuary then explained the study was conducted – to determine if there is an opportunity for health systems and employers to further improve the quality of care and reduce the overall cost of health care.

Dave Osterndorf moderated a panel discussion of stakeholders to get their thoughts on the mission, process and potential of the *Physician Value Study* and field attendee questions. Panelists included Janet Lucas-Taylor from Northwestern Mutual, Dr. Mueller from the Mayo Clinic, Asvin Srinivasan from GNS and Dana Richardson from WHIO. The panelists affirmed the Study uses unique methodology and is a valuable use of WHIO data. The results will give providers access to performance data they didn't have before and be used to help keep people healthy. The data can also be used to introduce new treatment platforms and confidently inform patients what value means to encourage them to seek care from high value providers.

The *Leading Change, Creating Value Award* was presented by BHCG's Executive Steering Committee Members Cara Olson of Sendik's Food Markets and Tina Kowalczyk of Schreiber Foods. **WHIO data contributors** were presented the award in recognition of their commitment to improving health care transparency, quality and cost efficiency through information-driven decisions.

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BHCG Year in Review

Jeff Kluever, Executive Director, BHCG

Celebrating success

In 2019 BHCG experienced **significant membership retention and growth**. The organization increased BHCG membership through both full memberships and best in class strategic partner standalone memberships, resulting in **more than a quarter of a million total lives represented by BHCG member employers**.

Effective January 1, 2020, BHCG membership accounts for more than **200,000 covered lives accessing UnitedHealthcare**, more than **53,000 covered lives accessing Navitus Health Solutions** and more than **33,000 covered lives accessing Quantum Health**.

2019 also marked the **rollout of the statewide *Physician Value Study*** that is anticipated to be one of the organization's most significant achievements to date. The first of its kind *Study* will allow BHCG to **engage health systems and providers through direct dialogue in order to work collaboratively on increasing health care value and inform better health care decision-making.**

BHCG continues to expand its portfolio of best in class strategic partners that offer employers **real solutions to the most pressing issues in the health care and benefits arena with access to preferred rates, performance guarantees and exclusive product offerings.** In 2019 BHCG added **Quantum Health** as its consumer navigation and care coordination partner and **Welldoc** for diabetes management.

BHCG also **introduced standalone membership opportunities to employers locally and nationwide** to access BHCG's preferred contracts with all its best in class strategic partners, including Quantum and Welldoc, as well as Navitus Health Solutions for pharmacy benefit management and Best Doctors for informed decision-making.

Last year BHCGG launched its highly successful ***Delivering Value Series* symposiums** that are designed for employers and their advisors, as well as providers and other health care and benefits stakeholders, to gain in-depth knowledge about leading health care topics and employer solutions. Because of the importance of the role of primary care to affect the quality and cost of health care, BHCG also **rolled out its medically homeless marketing and communications campaign**, continuing its **mission to align the needs and goals of all its stakeholders with its initiatives and solutions.**

2019/2020 data focus

BHCG believes in the power of data to inform its journey to bring about increased health care value. While it might seem obvious that a self-funded employer owns its own claims data, **many employers struggle with their health plans or pharmacy benefit managers to get access to their complete data sets.** BHCG has committed significant resources and time to data initiatives and working with partners that understand and share its data philosophy.

With the launch of the *Physician Value Study*, BHCG has placed an **increased emphasis on encouraging organizations to contribute data to WHIO** – strengthening the validity and utility of the database. In addition to the *Study*, in 2020 BHCG will be participating as a **data contributor to the Rand Study 3.0** and will also begin to **develop a BHCG data warehouse.**

Demonstrating responsible corporate citizenship

The activities and initiatives BHCG undertakes are designed to promote and exhibit responsible corporate citizenship on behalf of its member employers. For example, the ***Physician Value Study* results are shared statewide**, so all health systems and providers have the opportunity to use the information and all stakeholders and communities benefit. In addition, the BHCG **opioid**

communications toolkit was made available to all member and non-member employers to help employers raise awareness of the risks of opioids in the workplace.

BHCG's **support of the Sixteenth Street Community Health Centers** continued in 2019 with a \$15,000 contribution from the proceeds of its second annual golf outing. BHCG also served as the presenting sponsor at the Health Centers' annual celebrity roast event. BHCG continues to **extend free BHCG membership to all the federally qualified health centers in eastern Wisconsin.**

Medically homeless campaign

In conjunction with UnitedHealthcare (UHC) and Engagement Solutions, BHCG launched a medically homeless communications campaign. UHC has identified plan members who are currently medically homeless to receive **information that encourages primary care physician relationships through a targeted multi-media campaign.** It features a custom video, home mailers, emails and newsletter content and will be available online free of charge for BHCG member employers.

UMR Solutions

The BHCG UMR pilot that allows any **UMR Key or National Account client to access tiering benefit design through BHCG membership** will be finalized in the first quarter of 2020. BHCG membership fees will be paid by UMR for one year. A **National Account UMR solution that features a standalone membership opportunity with UMR and Quantum** is also being developed.

United Healthcare – historical results

BHCG member employers accessing UnitedHealthcare have seen a 1.2% average allowed PMPM annual trend since 2015. A number of BHCG employers who transitioned to UHC either in 2015 or 2016 have **not had to increase cost sharing for employees** because of the value associated with the BHCG/UHC relationship and the Premium designation program.

Employers utilizing the Premium program with a plan design that supports greater use of Premium physicians have higher utilization of those physicians than employers without an incentive plan design. **If each BHCG member employer achieved at least 50% utilization of Premium care providers it would result in \$6.9 million in annual savings.** The value associated with employees who receive **more than 75% of their services with Premium physicians is a risk adjusted PMPM that is 16% lower.**

Navitus Health Solutions – significant pharmacy spend savings

Employers implementing the BHCG/Navitus PBM program have reported **smooth transitions without “employee noise” and significant pharmacy spend percentage savings** in the double digits, representing hundreds of thousands of dollars. As more BHCG member employers participate in the BHCG/Navitus program, the BHCG-negotiated PMPM fee will go down.

Quantum Health – decreasing waste

The addition of Quantum's single point of contact advocacy, care and medical management to the BHCG portfolio of best in class strategic partners **will help participating employers decrease waste and spending and drive plan members to Premium providers**. Inpatient admissions, inpatient lengths of stay and costs of cases are reduced while primary care visits and preventive services are increased.

Best Doctors/Welldoc – participation continues

Participation in **Best Doctors continues to move forward with 10 BHCG member employers participating and benefiting from BHCG-exclusive enhanced core offerings**. Kohler Co. and Sendik's Food Markets are participating in the **Welldoc pilot program through UnitedHealthcare** and several other employers are considering participation in the program in the near future.

BHCG/WHIO/GNS Physician Value Study

The *Physician Value Study* is monumental for the state of Wisconsin and BHCG feels fortunate to be able to share the results with all stakeholders. The *Study* represents the beginning of the journey toward better health care value. Its **goals are to support health system performance improvement, inform employer benefit design and better health care decision-making with steerage to high value providers**. BHCG is committed to replicate the study in 2020. The *Study's initial results have been shared with leading stakeholders*, key health care analytics and executive health care leaders.

Rand Study

BHCG worked with UnitedHealthcare to determine if there was an opportunity to become data contributors to this national hospital transparency report. As a result, a **majority of BHCG member employers are contributing data for the 3.0 study along with The Alliance**. Rand will be presenting at the BHCG Delivering Value Series symposium in May.

WHIO Overview

Dana Richardson, Chief Executive Officer, WHIO

Mission

WHIO is an all payer statewide Wisconsin claims database whose **mission is to improve the quality, safety and cost efficiency of health care in the state**. As a public/private partnership, it provides unbiased data and information to all health care stakeholders. It's the **largest data source in Wisconsin** with 4.2 million covered lives and \$100B in charges covering all settings, all services and all professionals.

WHIO data can be used in a number of ways, such as planning, policy and resource allocation, R&D, performance improvement, benefit plan design, consumer engagement, and developing alternative payment models.

WHIO 2.0

WHIO 2.0 features cloud computing and big data technologies, **combining clinical data with claims data** in 2020 that will provide additional information. WHIO currently offers three products: **Intelligence Bank** (data files) provides standard integrated data and enhanced data; **Applied Insights** produces provider reports designed for management; and **Custom Analytics**.

WHIO data and the *Physician Value Study*

BHCG and GNS selected WHIO's data for the *Study* because of its **volume and depth** and its capability to **evaluate both quality and cost**. It also provides **standardized data elements such as episode treatment group bundles** including time elements and risk adjustment and **uses normalized pricing with national standards** so health systems are compared fairly.

The results of the study will be **used to provide physician level value scores for primary care and select specialists** and **will be distributed across the state to multiple organizations** through a reporting portal. Providers and health plans will be contacted in the near future about how to obtain the results.

Physician Value Study: Results

Asvin Srinivasan, Senior Director, GNS Healthcare

Introduction to GNS Healthcare

GNS was founded by physicists and has **been applying causal machine learning to health care** for the past 20 years. Its artificial intelligence is designed to **run simulations from models and ask multiple "what if" questions** (e.g., "What happens if patients were to see these providers instead of those providers?")

Study objectives & methodology

The *Study* looked at the **quality and efficiency of each PCP** and **how value varies** across practice groups and aggregates to the system level. It **evaluates the savings potential of moving patients to higher performing providers** and what the clinical care patterns are that differentiate PCPs. It also determines the savings potential in **select specialty areas**.

WHIO data from 2017 was used. **Evidence-based medicine (EBM) measures were available** and one year of data was used for chronic conditions. The Study **did not rate any physician with less than 100 observations** overall to strengthen reliability and reproducibility. **Twenty-six episode treatment groups (ETGs) were evaluated** using a minimum of 30 observations per ETG per physician with a weighted average on the 26 disease states as the overall score. **3,760 PCPs and nearly \$1.4 billion in total costs** were evaluated across all 26 diseases.

[Wisconsin Physician Value Study Overview & Results](#)

Physician Value Study: Health System Perspective

Paul Mueller, MD, Vice President – Southwest Wisconsin, Mayo Clinic Health System

Health care value

We all want high quality health care at lower costs that offers outstanding patient experience and more consumer-based patient care that is cutting-edge and convenient. However, the **U.S. health care system is based on volume versus value**. The environment is changing as different methods have been introduced, such as ACOs and narrow networks, risk-based contracts, etc. Evaluating physicians for value has been difficult and cumbersome. **Physician performance has largely been focused on things like clinical and academic productivity** and continuing education requirement fulfillment. Recently more activity has occurred around adherence to quality measures and best practices.

Assessing physician performance

Finding the best measure for value can be challenging. Physicians always question the data and there are **questions about how to reward high performing physicians and address low performers**. Other challenges include problems with electronic health record interoperability, compensation and reimbursement structure driving behavior and physician shortages (however, it's easier to move low performers to high performers than it is to hire new physicians).

Physicians are competitive but generally altruistic. Physician accountability can be achieved through inspection – “people do what you inspect, not what you expect.” **Dramatic change in behavior is possible through transparency.**

Physician Value Study opportunities

The *Study* would complement, not replace, current performance data and would provide **feedback for performance improvement plans and, ultimately, better patient care**. The data will become more relevant as health systems and reimbursement change from volume to value – which is morally imperative. The data can also **inform medical education and generate hypotheses for research**. However, the tendency of physicians to overtreat (“just do something”) and use the latest technologies (“if you have it, they will use it”) must be taken into account.

Physician Value Study: Employer Perspective & BHCG Strategic Plan

Dave Osterndorf, BHCG Strategic Consultant, Partner & Chief Actuary, Health Exchange Resources

Physician Value Study

BHCG is **focused on how to direct patients to higher value providers**. There is significant savings potential in doing so as evidenced by the *Patient Value Study's* initial results. However, **we need more high value providers and employers must use plan design and incentives** in employer plans to get patients to make better decisions to make change worth it. We need better access to the data and **employers must push claims payers and other providers of data to provide it**.

Strategic plan

BHCG's **strategic plan is focused on analytics and informed guidance** (improving people's decision-making) as a way to make the biggest impact on health care value. The *Physician Value Study* allows us to get better information to identify high and low value providers to **begin a dialogue with providers about the quality and cost of health care services** and inform contracting and clinical initiatives and improve provider relationships.

We need to take actions to get patients to consume (and providers to supply) only necessary high value services. **Employers should make positive changes to create opportunities for everyone** in this process, it can be hard and uncomfortable, but it is necessary.

Panel Discussion

Moderator: Dave Osterndorf

Panelists: Janet Lucas-Taylor, Northwestern Mutual; Paul Mueller, MD, Mayo Clinic Health System; Asvin Srinivasan, GNS Healthcare; Dana Richardson, WHIO

Q: Is the Physician Value Study really unique and cutting edge?

A (Srinivasan): This is the first time an employer has sponsored a study. The methodology is unique – it is usually used in diagnostics.

Q: Is this a valuable use of WHIO data?

A (Richardson): We can do things with big data we weren't able to do in the past. We didn't have the power or analytics to tackle the scale and complexity of 3,700 doctors evaluated on 26 different conditions and multiple metrics. Being able to apply these methods to a database like WHIO is really significant – we need this data.

Q: How do we make the data actionable? What should we expect of health systems/providers and what should we expect from employers?

A (Dr. Mueller): When presented with low performer data, it's a moral imperative to address this gap – we must share, maybe consider retraining, etc., for low performers. This is data we didn't have before. We must increase the value of care to provide better patient care.

Health systems want to openly partner with employers to keep people healthy. The data can be used to introduce new treatment platforms – we have actually shut down programs if the value is not there. It could also be supportive of telehealth and novel treatments.

Q: Northwestern Mutual really encourages the use of high value providers. How do you see the Study results being brought forward?

A (Lucas-Taylor): We are hopeful this type of data can help us more confidently inform patients about what value means and get consumers to go to high value providers, encouraging them over time. It will also help us open a dialogue with the provider community – “how can we help with improving the quality of health care in the community?” Perhaps through Centers of Excellence or contracting, etc.

Audience questions

Q: Where does physical therapy come into the equation when looking at things like knee replacement?

A (Srinivasan): Physical therapy evidence was somewhat mixed. We have seen pockets of overprescribing of PT. We have to look more carefully and dig deeper next time.

Q: We have had three decades of looking at “top docs.” Morally, how can the health systems have people get treatment by some of the lowest performers in the system?

A (Dr. Mueller): How do you determine who those doctors are? We are talking about quality, safety and efficiency, when it gets down to the departmental level, they are monitoring for complaints and outcomes. Are contracts being terminated? That’s on us – what can we do to teach that individual? It’s about adherence to best practices – physicians are amenable. There is a lot of monitoring and then they are let loose. Have we done a good enough job of monitoring?

A (Richardson): Providers have a schizophrenic payment system. We see it in Medicare and some health plans that have contracts that aren’t consistent. Providers are caught between fee for service and value-based – at what point do doctors make the transition? Are there responsible ways to accelerate the transition to value-based contracting?

Q: Was the size of the system a factor in the Study results?

A (Srinivasan): We didn’t see large systems consistently in the top or bottom – there was no pattern, size didn’t matter.

Q: With regard to people making better choices, what kind of strategies are you implementing to steer patients?

A (Lucas-Taylor): We have used the Tier 1 program with steerage for a number of years. Steerage has achieved 72% of Premium care provider utilization but only 54% of total care dollars. We still have a long way to go. It can be disruptive – people don’t like to be told what to do – but we have used strong communications campaigns with UHC and now UMR. We have launched Quantum and work with them and their care coordinators to help get people to Tier 1 providers.

The *Study* data will be very beneficial on the specialty side. There is lots of confusion and frustration on how to seek care which is why we went to Quantum. There is tremendous value is helping people navigate and keeping people feeling secure. The higher risk the condition, the easier it is to steer – PCPs are harder.

A (Dr. Mueller): There is the question, do high volume providers provide the best care? Cardiologists with high volume perform better, as well as orthopedic surgeons. For example, in certain locations we have decided not to do certain procedures because we don’t have enough volume and don’t have the confidence in our ability to achieve the best outcomes.

Leading Change, Creating Value Award

Presenters: Cara Olson, Sendik’s Food Markets; Tina Kowalczyk, Schreiber Foods

Congratulations to WHIO members contributing data in recognition of their commitment to improving health care transparency, quality and cost efficiency through information-driven decisions as WHIO data contributors.

- **Dean Health Plan**
- **Group Health Cooperative of Eau Claire**
- **Group Health Cooperative of South Central Wisconsin**
- **HealthPartners**
- **Medical Associates Clinic Health Plan of WI**
- **MercyCare Health Plans**
- **Navitus Health Solutions**
- **Network Health Plan**
- **NueGen, LLC (Shared Services organization, formerly WEA Trust & Health Tradition)**
- **Quartz Benefits**
- **Security Health Plan**
- **The Alliance**
- **UnitedHealthcare of Wisconsin**
- **WI Dept. of Employee Trust Funds**
- **WI Dept. of Health Services**
- **WPS Health Insurance**

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