



## ***BHCG-Centivo High-Performance Health Plan Solution***

**Presentations by:**

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### **Executive Summary**

More than 200 employers, providers, brokers, consultants and other stakeholders attended BHCG's first symposium of the 2022 Delivering Value Series via webinar. BHCG and its administrative partner, Centivo, have developed Wisconsin's first high-performance health plan solution designed to deliver quality, affordable health care to employees and their families. Attendees got an overview of the plan's direct partnerships with leading health systems and provider groups to improve health care value and heard details about the plan's exclusive provider networks effective January 1, 2022. An employer and two representatives from a health system also discussed the advantages of the new plan for BHCG member employers and providers.

#### ***Introduction – Jeff Kluever, BHCG Executive Director***

- **High-Performance health plan solution**
  - Culmination of a years-long strategic planning process to reimagine health care
  - Primary care-driven health plan option
  - Implemented by a number of BHCG member employers on January 1
- **A business community and BHCG initiative**
  - Continuation of BHCG's mission to lead change and create value
  - All stakeholders have a vested interest in making WI a great place to do business
- **WI has high quality health care and strong access, but high costs**

- Significant differences in cost-effectiveness not linked to measurable differences in quality
- Health care remains unaffordable for employers, employees and their families; status quo is unsustainable
- Providers recognize we need to take costs out of the system but also maintain a financially viable group of health care providers
  - Need to work directly together
  - Strong primary care relationships help members make better choices
- **Selected Centivo as strategic partner to develop high-performance health plan after a vigorous selection process**
  - Alignment with BHCG's mission
  - Successful track record and competitive and fully transparent fees

## **Ashok Subramanian, Centivo**

- **BHCG led the charge for change**
  - Without BHCG leadership and committed employers, timely change would not be possible
    - Centivo is proud to be a catalyst for change
- **The high-performance model was built for employers – been told for too long change is impossible**
  - “Can’t change provider/member behavior”
  - In short amount of time, with drive and conviction, it’s been shown better value is possible
- **Too many have made financial sacrifices when it comes health care**
  - Data is numbing re. what people can afford vs. their liabilities
    - Went into this to make people’s lives better
  - Centivo conducted health care and financial study (on website)
    - Found people’s own health plan led to deterioration of their mental health
  - The patient, member, employee, family member is in the middle – need to be front and center
- **What does it take to provide access to high value care?**
  - Fully contracted networks (three network structure)
    - Partners engaged upfront about what it takes to drive value
    - Competitive unit cost
    - Commitment to data and analytics – not existing relationships
    - Creating flexibility (for employers and employees)
    - Driving care to providers committed to cost effectiveness without compromising on quality
  - Also includes HPS & Cigna options for multi-site employers who need broader access beyond WI service area (statewide expansion underway)
- **Components of the plan work together for all stakeholders**

- Curated network access at the individual provider level (big change from a health care delivery perspective)
  - Letting data drive whether providers are included (creating transparency to raise the bar and elevate performance)
  - Requires engagement and partnership at the health system level so staff is aware (front desk, etc.); makes member experience better and the plan easy to use
- Focus on total cost of care (total dollar going further – better quality, fewer complications, less recurrence, better results)
  - Not just about a discount upfront and more utilization on the back end – make sure total dollar and patient experience are what is being prioritized on behalf of the business community
- **Can we really change things on the ground?**
  - Early stats – 82% of PCPs evaluated available for activation based on data; thousands of claims, including results on referrals (from most routine to most complex)
  - Employers recognized plan is built for them – their needs put ahead of insurance carriers
- **First cohort of employers to go live is incredibly diverse:**
  - BHCG Executive Steering Committee member employers
  - New BHCG member employers
  - Large employers (tens of thousands of employees); small employers (100+ employees)
- **Case Study – 1,200-employee WI-based car dealer – facing 40% increase**
  - Saw new plan as an opportunity to move forward to address affordability (implemented 1/1)
  - Member behaviors:
    - 85% of employees opted for \$0 deductible plan – they understood:
      - Extremely affordable level of coverage is tied to a network of providers committed to value
      - Care journey starts with a high quality PCP
      - Downstream care needs to be guided/coordinated by PCP team
    - Many employees will embrace the model if given the chance (because of the reality of the lack of affordability of health care)
- **Will expand and enhance the network**
  - Focus on making sure everything a family might need (incl. complex/rare, etc.) is available
  - Look at how to serve more employers in the market
  - Virtual primary care community (not just telehealth, but truly integrated with partners to meet needs of employees)
  - Looking at how to take work being done in the community and tie it to onsite/near-site clinics (have to integrate with what employers have in place and not replace it)
  - Commitment to research, data and analytics will continue

## Janet Lucas-Taylor, Northwestern Mutual

- **Northwestern Mutual's health care benefits goals (highest quality care and providers, support wellbeing and provide comprehensive coverage) required evolving its model**
  - Put employees first – give them the right information to make informed decisions
  - Long history of driving the market
    - Made plan design changes and adjusted employee cost share to manage health care costs
    - 2010 – implemented consumer-driven health plans; BHCG initiative with Humana narrow network
    - 2016 – implemented UnitedHealthcare Premium Tier 1 (driving employees to higher value health care)
    - 2021 – implemented full replacement HSAs, adjusted cost share, tried to boost employee wellbeing
    - Facing 2022 – always adjusting cost share and benefits, no longer viable; excited about BHCG's plan to develop the high-performance health plan
- **Needed to find a way to tell internal constituents what the problem was**
  - Offered a variety of providers (some high cost, some low quality), but members don't have the information before they choose a provider
  - Encouraged leadership and internal team to think about importance of working in partnership to create change and be successful
- **The high-performance plan will:**
  - Send a signal to:
    - National health plans – status quo is not acceptable
    - Providers – we care about quality and will hold you accountable
  - Increase transparency and communication
    - Between health plan, provider, employer and consumer
    - Open dialogue with providers – employer voice
  - Provide better care and outcomes
    - High quality affordable health care for employees and community
    - Focus on increased compliance with evidence-based and preventive medicine
- **Offered BHCG-Centivo plan alongside two UMR plans for 2022**
  - All health plans were high deductible plans with HSAs
  - About 40% of eligible employees selected the high-performance plan/network (more than any other plan)
- **Internal approach helped**
  - Strategic alignment and collaboration with all stakeholder partners; made sure everyone was moving in the same direction
  - Plan design and contribution strategy – stayed with company's guiding principles and employee preferences (didn't move away from high deductible HSA plans)
  - Applied appropriate steerage
    - Wanted combination of sharing savings and philosophical choice of better care (understand the benefits) to drive plan selection

- Communication is key (encourage other employers to communicate often)
  - Employees heard from Centivo re. how the plan works and why NM was doing the things they were doing
  - Invited health plan partners to hold webinars with employees on importance of primary care
  - Held office hours in month before open enrollment
  - Made all communications available to spouses/domestic partners
- Ongoing education and support
  - Dedicated high-performance plan Slack channel
  - Webinar series with Centivo (most common questions addressed)
- **Experience so far has been very positive among employees who selected the plan**

### **Viren Bavishi, DO, Ascension**

- **Primary care is the door opener to health care ecosystem/population health**
  - Have to make it easy for the patient – process with Centivo was done really well; simple (list with numbers) and gets them engaged through appointment; records sent
  - Building trust is important – team-based model
- **Shared decision-making happens in exam room**
  - Opportunity to talk about preventive care; screenings, immunizations
  - Doesn't end after patient leaves; population health info (screenings/metrics) passed to providers through scorecard
    - Give them resources and information they need
- **Have to make the process easy for patients to access care they need (e.g., telehealth)**
  - Especially important after delayed care due to Covid
- **Patient experience is part of team metric**
  - Need to know if we are providing the care patients need
  - Look at it internally and against national benchmarks
  - Good infrastructure to make it work
  - Working with Centivo data is very helpful – makes it easy for both providers and patients so focus is on what we do best

### **Paul Mason, Ascension**

- **Have been waiting for this model for years – want to stand for quality, access and the patient experience**
  - Exciting times; we will be stronger under the new model
  - Because of the hard work focusing on quality and service, will be able to deliver care the way we always wanted to – primary care being the hub of patient experience (no barriers to primary care, financial or otherwise)
- **Shared with team**

- Trained all staff – not just selected providers (spent time with non-selected providers about why they weren't selected)
- Celebrated selected providers and talked about provider and patient accountability (high acceptance)
  - The relationship primary care wants – shared accountability and full engagement
- **Set up resources around model**
  - Dedicated scheduling team for consistent experience
    - Single source to call to make it easy for patients and PCP – cornerstone of the model
  - Made sure referral process well understood
    - Primary care has freedom to do all the work, look at referrals and communicate
    - Much better than patients going on their own – can educate and talk about opportunities
    - Referral process is key to success
- **All about how you prepare your team to welcome new patients**
  - EHR reminders
  - Medical record retrieval
  - Reference documents
  - Patient reminders
- **Syncs up well with internal culture of “yes” (access, quality and service)**
  - Work with patients on what needs are through shared accountability and understanding

## Dave Osterndorf, BHCG/Centivo

- **High-performance solution is unique**
  - In terms of alignment, relationships, guidance and education – makes aspirational ideas real
- **Have the data, analytics to do it well**
  - BHCG employers pushed the idea – don't rely on third parties
  - Wisconsin Health Information Organization (WHIO) database
  - Sophisticated [GNS Physician Value Study](#) (who is efficient and meets all the quality metrics?)
  - Data needs to be more transparent – providers have ability to drill down to disease state for comparative analyses and continuous improvement
- **Collaborative process between employers and providers**
  - Puts accountability into the system
  - Making data actionable is where change really happens (give credit to providers – it's challenging, but necessary)
- **Alignment of all elements**
  - Health systems – takes advantage of high performing PCPs to guide care of patients; encourages others to raise their games
  - Benefit plans – structured with benefits that require PCP relationship to guide care (benefit level much different without PCP relationship)

- Centivo puts information from visits back in the hands of PCP teams (missing element of health care in the past)
- Provider contracts
  - Excluding some physicians until brought up to acceptable level
  - Value-based reimbursement model (paying to manage patients well) vs. volume-based approach
- **Patients see value of referral management to get help and information easily**
  - Technology and communication are so much better to facilitate the process (e.g., telehealth, texting, email, etc.)
- **Onsite/near-site clinics can use the data for referrals for better patient management**

## Questions & Answers

**Q: How does individual provider ranking work within a given group when the PCP refers to hospitals of their affiliation? Aren't they all bound by the same contract rates?**

A: The GNS Physician Value Study looks at episodes of care managed by PCPs and looks at their performance relative to the amount of resources they used. It is not based on contractual rates. Really looking at the critical element of cost efficiency (e.g., inpatient vs. outpatient) and then combine with quality data (i.e., evidence-based measures). We recognize they want to keep care in the system, but want to be able to take advantage of the systems' best assets by referring to cost effective physicians resulting in strong outcomes.

**Q. Do you have plans to expand beyond eastern Wisconsin? Are there plans to expand the network beyond physicians with PAs, NPs, etc.?**

A. Yes – looking at expansion to the west (Madison area) and north/north central – having additional conversations right now. The entire state of Wisconsin has been evaluated with use of the statewide WHIO database. The ability to use mid-level primary care practitioners is continually being looked at in the model and how it would fit based on system structure. Primary care practitioners are always under the supervision of a PCP.

**Q. Can onsite/near-site clinics take advantage of the data on high performing specialists and be able to refer to them? Is there a product offering independent of being a Centivo client?**

A. Yes, there is a standalone product available for onsite/near-site clinics to access the Centivo referral portal and data for better patient management. For employers not currently Centivo clients that want to start down the path, it could be a good first step before looking at the network. Any employer can join BHCG at any time to utilize this option.

## Closing remarks – Jeff Kluever

- **Multiple reasons for celebrating success, even in the face of the pandemic – have been able to move forward with strategic partners**
  - Collaboration with providers to drive the successful implementation of the high performance plan
- **Next DVS symposium – March 30**
  - Ability for health systems to utilize WHIO and its scorecard

[Slides](#) or a [recording with slides](#) from the webinar are available for review.