

SPECIAL EDITION ACTION BRIEF



Strategies to Drive Health, Equity and Value in the Workplace

PLAN SPONSOR ROADMAP

USING EVIDENCE TO INFORM HEALTH STRATEGY
AND VALUE-BASED BENEFITS DESIGN

ACTION STEPS FOR PURCHASERS:

1. Identify gaps in care and barriers to attaining optimal health.
2. Leverage evidence-based research in benefit strategies.
3. Partner with coalitions, researchers and others on projects that support health and wellbeing programs and services.
4. Ask healthcare benefits business partners to stay current on best practices; hold them accountable for applying their findings to products and services.
5. Educate benefit plan members about optimal care options.

NOTE: Action steps are recommendations and can be customized by each employer to reflect priorities and available resources.

This roadmap will help healthcare purchasers use evidence-based findings to inform the design of value-based benefits. By leveraging healthcare studies and research, purchasers can spur the early uptake of critical new findings and accelerate the adoption of best practices.

ACTION STEP 1

Identify gaps in care and barriers to attaining optimal health.

By monitoring relevant research, purchasers can identify and advocate for the latest best practices.

Following are recommendations for purchasers to consider:

CONDUCT AN INTERNAL ENVIRONMENT SCAN

Before examining research, understand your employee population metrics, for example:

- ▶ What are voluntary participation rates in health-related programs?
- ▶ What value do employees place on digital health-management tools, including telehealth?



- ▶ How is biometric data trending?
- ▶ How are wellbeing scores trending?
- ▶ How active are diverse employee communities as healthcare consumers?
- ▶ How do preventive care, screenings, and chronic condition care rates compare to industry standards?
- ▶ How are emergency department and hospitalization use trending?
- ▶ What are your company's healthcare cost trends?

Then add workforce-related metrics, such as:

- ▶ Employee satisfaction rates with benefits offerings.

“Despite evidence of clinical benefit, Americans systematically underuse high-value services across the care spectrum. Attention should turn from how much to how well we spend healthcare dollars.”

—A. Mark Fendrick, M.D., director, University of Michigan V-BID Center

The Value of Regional Healthcare Purchaser Coalitions

National Alliance coalition members serve as leaders in their cities, counties, states and regions by:

- ▶ Conducting and/or disseminating research that contributes to better health and lower costs.
- ▶ Uniting public and private purchasers through education and networking.
- ▶ Representing the collective voice of purchasers.
- ▶ Encouraging collaboration with marketplace and community stakeholders.
- ▶ Ensuring the economic vitality of local business economies.

Learn more about coalitions nationwide in the latest [annual report](#).



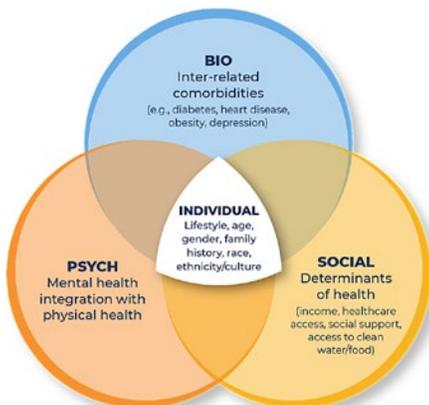
- ▶ Illness-related absence rates and trends.
- ▶ Employee engagement and performance scores and trends.
- ▶ Employee retention rates and trends.

Based on this data, identify possible issues and their remedies. This list becomes the blueprint for the types of healthcare evidence purchasers may want to identify, investigate and monitor.

ACTION STEP 2

Leverage evidence-based research in benefit strategies.

Focusing on patient (people)-centered outcomes (PCO) allows purchasers to go beyond just measuring healthcare cost trends. It enables them also to consider measures such as quality of life; work productivity; preventive health services and screenings; wellness exams; absenteeism; disability time; time away from work; and disparities in how services are implemented, accessed and used. This approach is often referred to as total person health.



The nature of the evidence relevant to healthcare can vary substantially from formal comparative-effectiveness research to longitudinal studies, convenience sampling, focus groups, and data analysis. Different research designs can generate evidence. In general, randomized controlled trials and systematic reviews and meta-analyses are believed to yield the strongest evidence, but other designs—such as case-control and cohort studies—can also offer valuable evidence and insights. Understanding the types of relevant research will help human resources and benefits professionals incorporate PCO and other evidence into benefit strategies.

Research findings can be gathered from a wide variety of sources, including (but not limited to) peer-reviewed publications and websites. The National Alliance does a lot of the heavy lifting for purchasers by issuing *Action Briefs* and sharing news on the [most relevant research](#). The [Patient-Centered Outcomes Research Institute \(PCORI\)](#) also has a well-organized website that allows purchasers and consumers to search by topic.

“Purchasers play a major role in the healthcare employees get in terms of what they cover, but also how they encourage employees to make shared decisions with providers based on evidence-based findings.”

—Michael Thompson, president and CEO, National Alliance of Healthcare Purchaser Coalitions

ACTION STEP 3

Partner with coalitions, researchers and others on projects that support health and wellbeing programs and services.

Purchasers can go beyond dissemination to participate in demonstration projects, research and other efforts to enhance employee benefits. To begin, purchasers can contact their local coalitions, state and local public health entities, and relevant departments of academic institutions (e.g., public health, health management, graduate programs, etc.).

Purchasers benefit from participation in research studies, which enable them to:

- ▶ Gain first-hand knowledge of healthcare issues affecting employees and their families.
- ▶ “Test drive” a new benefit design offering or member-engagement strategy before making a permanent change.
- ▶ Provide underlying data for problem issues.
- ▶ Provide a study population.
- ▶ Document how health and wellbeing services improve outcomes.

ACTION STEP 4

Ask healthcare benefits business partners to stay current on best practices; hold them accountable for applying their findings to products and services.

Accountability plays a crucial role in healthcare. **Providers** are accountable to patients for diagnosis and care and for putting the patient's best interests first.

Health plans are accountable to covered purchasers for contract deliverables and the financial structure of plan design reimbursements. **Purchasers** are accountable to covered employees and family members for providing high-value healthcare benefits.

Here are specific ways purchasers can build a team of research monitors:

1. Ask health plans for data to create baselines of the most frequent diseases and conditions, the costliest, and those causing the most disruption to employees and their families.
2. Assign staff to monitor healthcare research and report changes or updates in treatment protocols, medications, and ongoing support relevant to the employee population.
3. Meet with health plans at least quarterly to discuss population health issues, costs, and how new research findings impact plan design and medical guidelines.

4. Prepare for annual negotiations with health plans by compiling lists of potential changes in coverage or treatment that new research supports.
5. Track and evaluate how research-based changes to health plans affect healthcare costs and employee satisfaction with benefit plans.
6. Report findings regularly to senior management.

ACTION STEP 5

Educate benefit plan members about optimal care options.

Health plan benefit participants often do not understand how to use their benefits, evidence-based findings, or the healthcare system to achieve optimal health.

Purchasers can drive the adoption of evidence-based best practices by:

- ▶ Ensuring executive leaders, managers, supervisors, and champions at all levels understand what and how to communicate to various employee communities.
- ▶ Optimizing all organizational communication channels to inform, educate and engage.
- ▶ Sharing created or curated content that is personalized, highly visual, and compelling.
- ▶ Providing incentives for choosing high-value care.

Health Conditions Most Affecting Health Benefit Costs

Here are some top health issues facing purchasers. All could be improved by applying updated health research findings:

BIRTHING

Nearly a third (31.7%) of babies in the US are delivered via C-section. This is more than twice the rate recommended by the World Health Organization.

CANCER

Cancer treatment alone accounts for 12% of purchasers' total medical costs in the US. Newly researched, sophisticated therapies that can be delivered in a doctor's office or at home are cutting costs and improving outcomes.

CARDIOVASCULAR

Premature death, heart disease, stroke, and their risk factors account for \$330 billion each year in medical expenses and lost productivity. Purchasers are putting research into action by sponsoring blood pressure and cholesterol checks and tobacco-cessation programs, and by rewarding physical activity and improved nutrition.

DIABETES

Purchasers are spending an estimated \$327 billion on costs related to diabetes. Workplace programs emphasizing prevention, modest weight loss, stress management, and physical activity help reduce costs.

MENTAL HEALTH

Sometimes called the "hidden chronic condition," global economic losses related to mental health disorders between 2011 and 2030 are estimated to total \$16.3 trillion; nearly equivalent to cardiovascular disease and higher than other chronic conditions.

MUSCULOSKELETAL

Musculoskeletal disorders (MSD) not only result in a significant human cost of lost wages, reduced quality of life, and potentially impaired mental health, but they remain one of the top financial costs to employers.

OBESITY

Obesity is a key driver in disease, disability, lost productivity, and reduced lifespan. Purchasers are adopting holistic strategies to treat obesity as a disease.



CASE STUDY

Using Healthcare Research to Inform Health Plan Negotiations

The benefits manager of a large, self-insured employer noted an increase in employees seeking weight-loss surgery. Metrics showed some employees received gastric bypass and others received sleeve gastrectomy. Some patients experienced complications or negative results. The employer identified weight-loss surgery as an issue to explore by reviewing medical research.

Using keyword research, the employer's internal researcher:

1. Clicked on the PCORI link for [diabetes](#).
2. Scrolled down and clicked on "Comparing Two Types of Weight Loss Surgery."
3. Clicked on "Download Evidence Update for Patients."

The internal researcher discovered these findings:

1. People lost more weight with gastric bypass than with sleeve; however, more people who had gastric bypass needed additional surgeries and hospitalizations, and more people with sleeve had their diabetes return.
2. The research also reported better outcomes when patients received support from clinicians and peer groups.
3. Patients treated at accredited weight-loss centers experienced fewer harmful results.

Equipped with this information, the benefits manager was able to hold an informed discussion with the health plan about changes to coverage for obesity treatment. The resulting changes improved employee success, reduced health complications, and decreased time away from work.

Diversity in Research Studies Helps Dismantle Unequal Access and Differential Care

Including ethnically, racially and culturally diverse groups in health/medical research is crucial to:

- ▶ **Reverse health disparities, such as the higher chronic-condition morbidity and mortality rates experienced by particular groups.**
- ▶ **Understand challenges in serving diverse employees and families.**
- ▶ **Ensure all patients get the care they need to live healthier lives.**
- ▶ **Align benefits with the needs of specific employee communities.**

African Americans and Latinos make up 30% of the US population and account for only 6% of all participants in federally funded clinical trials. Asian Americans account for 5.7% of the US population but are represented in 2% of US-based clinical trials. Without a diverse group of individuals participating in research, researchers will not know whether the results can be applied to all people equitably. Purchasers can help address unequal access and differential care by supporting and/or participating in balanced research studies.



LEARN MORE:

- ▶ [Advancing Health Services Research to Eliminate Healthcare Disparities](#)
- ▶ [Reducing Disparities in Health Care](#)
- ▶ [FDA to Eliminate Health Disparities in Clinical Trials and Research](#)
- ▶ [Why Inclusion and Health Equity Matter in Clinical Research](#)

Examples of How Evidence-based Research Can Change Employer Approaches to Benefits

Colorectal Cancer Screening

OBJECTIVE

To determine whether more frequent testing/screening following surgery for colorectal cancer results in the earlier identification of tumor recurrence than less frequent surveillance.

METHODOLOGY

Patient-centered, risk-stratified surveillance of 8,529 patients with Stage I, II and III colorectal cancer, after curative resection. Compared high and low frequency of screening via CT scans and blood tests.

FINDINGS

Facilities with more frequent surveillance did not detect recurring cancers any earlier than facilities with less frequent surveillance, suggesting more frequent testing provided no health benefit.

SAVINGS

\$77 million in payer savings.

131,600 hours of employee absenteeism avoided.

\$25 million lower patient costs.

Low-risk Chest Pain

OBJECTIVE

To refine a decision aid for follow-up care of patients who come to the emergency department with chest pain but who are at low risk of acute coronary syndrome.

METHODOLOGY

Two groups of patients received different treatment: One group was admitted to the hospital; the other was placed in an observation unit for cardiac testing.

FINDINGS

No difference in health outcomes within 30 days.

SAVINGS

Over five years, 1.4 million patients could opt not to stay in the hospital.

800,000 would not receive a stress test.

\$4.8 billion in savings.

Obesity Lifestyle-based Treatment

OBJECTIVE

To measure the effectiveness of high-intensity, lifestyle-based counseling for obesity, delivered in primary care clinics over a 24-month period.

METHODOLOGY

The study compared patients who received weekly, intensive lifestyle counseling, along with other treatments for obesity, to a similar group receiving treatment options but not the intensive lifestyle counseling.

FINDINGS

Those receiving the intensive lifestyle counseling lost 4.5% more weight, had lower total cholesterol and higher healthy cholesterol, and saw improvements in quality-of-life measures.

SAVINGS

Employees with obesity cost employers an estimated \$8.65 billion a year in lost productivity, presenteeism, insurance claims, and short- and long-term disability. New total person health approaches, such as intensive lifestyle counseling—along with pharmacology, mental health support, and surgical options—can improve outcomes and save purchasers money, while improving the lives of employees and their families.



LEARN MORE

- [PCORI library of resources](#)
- [National Alliance PCORI resources](#)

RESEARCH RESOURCES

- [Agency for Healthcare Research and Quality](#)
- [Centers for Disease Control and Prevention \(CDC\)](#)
- [Centers for Medicare and Medicaid Services \(CMS\) Quality of Care Center](#)
- [Employee Benefit Research Institute](#)
- [Health Enhancement Research Organization](#)
- [Integrated Benefits Institute](#)
- [JN Learning](#)
- [The Leapfrog Group](#)
- [University of Michigan Center for Value-Based Insurance Design](#)



ACKNOWLEDGMENT

National Alliance acknowledges support from the Patient-Centered Outcomes Research Institute (PCORI).

ABOUT PCORI DISSEMINATION GRANTS

Dissemination Initiative funding supports projects that help organizations and communities plan for or actively bring pertinent PCORI-funded research findings to their specific audiences, including relevant patients, clinicians, communities, and others, in ways that will command their attention and interest and encourage use of this information in their healthcare decision-making.

FOR MORE INFORMATION

Contact: Margaret Rehayem, vice president, National Alliance of Healthcare Purchaser Coalitions, 202-775-9300 x170, mrehayem@nationalalliancehealth.org



1015 18th Street, NW, Suite 705 • Washington, DC 20036

(202) 775-9300 (phone) • nationalalliancehealth.org

twitter.com/ntlalliancehlth

<https://www.linkedin.com/company/national-alliance/>