

ACTION BRIEF

Employer Strategies that Drive Value



PATIENT-CENTERED VALUE

ADVANCING THE EMPLOYER'S ROLE IN HEALTHCARE QUALITY AND SAFETY

ACTION STEPS FOR EMPLOYERS:

1. Treat workforce health as an organizational asset.
2. Integrate primary care, mental health and social determinants of health (SDH).
3. Involve third party administrators (TPAs) and health plans.
4. Use National Quality Forum (NQF) measures.
5. Educate and involve employees.

EMPHASIS ON PATIENT-CENTERED CARE

Seismic shifts toward lower costs and better outcomes are possible when employers commit to advancing patient-centered value as a central component of their health benefits strategy. This involves integrating value into the patient journey, supporting whole-person healthcare, and advancing measurement approaches to enhance benefits and drive unnecessary and inappropriate care from the system.

This was the framework for discussions among coalition leaders, employers and other healthcare stakeholders when they convened in June 2019 for the National Alliance of Healthcare Purchaser Coalitions Leadership Summits. Gopal Khanna, Director of the Agency for Healthcare Research and Quality (AHRQ), which provided a grant in support of the Summit, emphasized that improving patients' lives by delivering high-quality, safe and high-value care is a number one federal priority ([view video here](#)).

HOW EMPLOYERS CAN TAKE ACTION

1. Treat workforce health as an asset

Research evidence can be used to drive healthcare value, yet a National Alliance survey of coalition directors indicated they believe only 30% of

“To truly claim the mantle of consumer-centric, stakeholders must meet consumers where they are, recognize the barriers many consumers face, and actively work to reduce consumers’ burden of interacting with the health system.”¹

— Lynn Quincy, Director, Healthcare Value Hub

employers “use research to inform their planning.” This is a serious deficiency that can be addressed by demonstrating the usefulness of research evidence in planning and implementing benefit and workforce wellbeing strategies.

CFOs have been expanding their perspective about health-related information that would be useful for workforce health investment decisions, according to the Integrated Benefits Institute. In addition, there is a growing body of literature that cites a broader set of social factors that are determinants of health. It is important to link workforce health, absence and employee performance to key benefits and business metrics,



EMPLOYERS CAN CONTRIBUTE

to supporting the Agency for Healthcare Research and Quality (AHRQ) recommendations agenda to advance patient-centered care:

- **IMPROVE** care for Americans living with multiple chronic conditions.
- **ELIMINATE** diagnostic errors and unnecessary and inappropriate services.
- **PROVIDE** actionable data and analytics to policymakers.

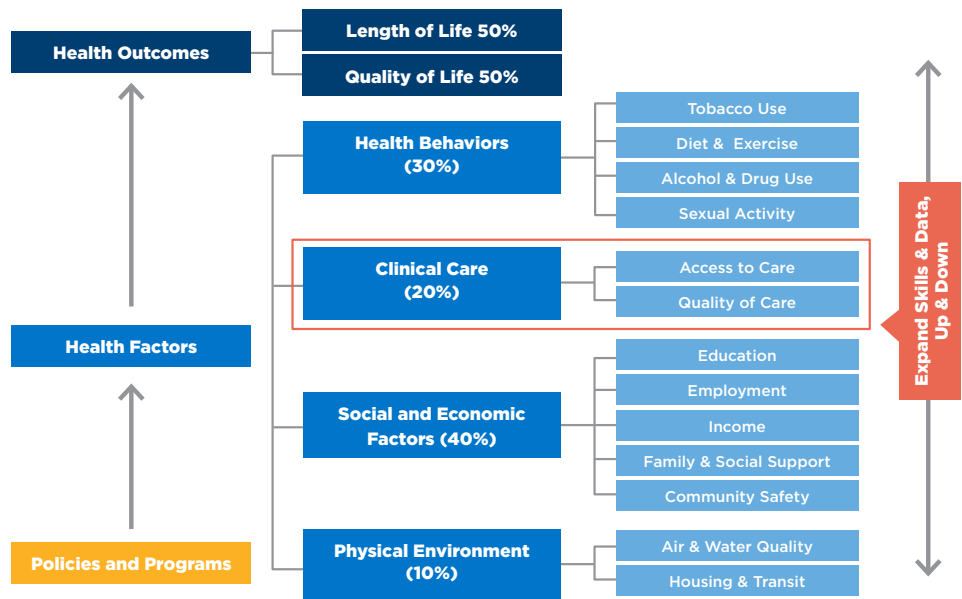
“Engaging C-suite and human resource/benefits leaders in discussions about the value of investing in workforce health as a business asset can ultimately lead to favorable impact on measures of business performance.”

*—Bruce Sherman, MD,
Chief Medical Officer, National Alliance*

which includes not only the cost of healthcare benefit programs, but also workers’ compensation and wage replacement during employee absence.² A key component to include in this analysis is community health — the social and economic factors and the physical environment where employees and their families reside. Supported by research evidence, all of these metrics, when seen as a business asset, can be better framed as an investment in workforce health rather than just a cost.

To make the case for investment in workforce health, human resource and benefits professionals need to understand

Social Determinants of Health



how workforce health and wellbeing are related to business performance, which includes factors such as company profitability, stock price, revenue-per-employee, and related business metrics.

2. Integrate primary care, mental health, and social determinants of health: Embracing whole-person healthcare

The benefits of integrating primary care, mental health, and social determinants of health (SDH) are significant. Chronic and serious conditions such as cardiovascular disorders, depression, and diabetes lead the global burden of disease; mental health disorders are the leading cause of disease burden in the US³ and a critical component of whole-person health.

To increase access to high-quality, affordable care, it’s important to meet people where they are. For example, 75% of mental disorders occur by age 24; 16% of employed Americans have depression.⁴ Clinical care comprises only 20% of the factors that influence consumer health and wellbeing. In addition, health behaviors (30%), social and economic factors (40%), and the physical environment (10%) influence total health.⁵

Employers can expand their

Workforce Health Related to Business Performance

A portfolio of companies recognized as award winning for their approach to the health and safety of their workforce outperformed the stock market, suggesting that building a culture of health and safety provides a competitive advantage in the marketplace, according to a study published in the *Journal of Occupational and Environmental Medicine*.

understanding of SDH in the context of whole-person health relative to workforce engagement and performance by addressing specific SDH issues outside and within the workplace. Doing so will ultimately improve employee wellbeing and business outcomes. Employers should pay particular attention to low-wage workers in this analysis.⁶ Primary care clinicians are optimally positioned to provide this level of care. Employers play a critical role in ensuring access to primary care by engaging with health plans, and business, provider, public and government stakeholders to set expectations for access and evidence-based care.



3. Partner with TPAs, health plans and other vendors

To advance patient-centered value for the workers and their communities, employers should forge contracts to partner with vendors and hold them accountable for their commitment and performance. Requiring TPAs, health plans and other vendors to provide detailed data on physicians and facilities, procedure volumes, process measures, costs and outcomes is critical. For example, Qualcomm's approach in assessing market dynamics and engaging in a thoughtful and rigorous analytic process led to selecting a provider for its direct contract accountable care organization (ACO), which yielded strong enrollment results and improved health care quality and patient experience.⁷

To achieve desired results, employers should require the following from vendors:

- ▶ Provide timely and detailed claims data per employer requirements.
- ▶ Build specific data reporting requirements into vendor contracts and include financial performance guarantees.
- ▶ Disclose components of provider contracts: a) quality and safety

measures used to identify top performing physician and facility providers, including centers of excellence; b) how providers are held accountable for performance; c) financial incentives, such as risk sharing.

- ▶ Provide procedure volumes and costs at the physician and facility level to identify unnecessary or overused procedures and opportunities for steerage.
- ▶ Identify and/or provide consumer physician and hospital selection tools that integrate quality, safety and benefits plan-specific price information.

Employers should also ask vendors how they are supporting community health through their programs and identify opportunities to collaborate on initiatives to benefit their workforce and the communities where they reside.

4. Use National Quality Forum (NQF) measures

Using NQF measures to assess current workforce health status, identify important healthcare quality measures, and finding opportunities to improve outcomes is increasingly important. NQF-endorsed measures

“Identifying healthcare value is intrinsically linked to being able to interpret research evidence and recognize whether methods and findings are reliable and valid. Having a better understanding of research can strengthen benefits decision making and population health.”

— Neil Goldfarb, President and CEO, Greater Philadelphia Business Coalition on Health

are considered the gold standard for healthcare measurement in the US. Expert committees comprised of patients, providers and payers evaluate measures for NQF endorsement. The federal government and many private sector entities use NQF-endorsed measures above all because of the rigor and consensus process behind them. The NQF leads quality improvement projects on a variety of topics across major focus areas including patient experience and functional status, prevention and population health, patient safety, mental/behavioral health and substance use, and SDH.

Additionally, in this current environment of rising healthcare costs for employers and consumers, growing popularity of value-based arrangements, and ongoing challenges with chronic condition management, it is critical that coalitions and their employer members offer input on healthcare quality measures that are important to total rewards and population health programs.



RESOURCES FOR EMPLOYERS:

- [AHRQ video on safe and high-value care as a number one federal priority](#)
- [AHRQ Question Builder](#)
- [Altarum Healthcare Value Hub](#)
- [CDC's 6 | 18 Initiative: Accelerating Evidence into Action](#)
- [Choosing Wisely: Promoting conversations between patients and clinicians](#)
- [Integrated Benefits Institute: Health and productivity challenges for lower-wage workers](#)
- [Patient-Centered Outcomes Research Institute: Improving Outcomes Important to Patients](#)
- [National Quality Forum](#)
- [Leapfrog Group: Raising the bar for safer healthcare](#)

5. Educate and involve employees

Data shows that 75% of employees say, "I trust my employer." While employers think about cost and quality, it's also important for them to consider the patient journey and build upon employee trust to promote enhanced engagement that leads to healthier outcomes.

People want to see clinicians who are trustworthy, affordable and accessible; however, they may not be aware that provider quality can vary widely.

In fact, only **27%** of consumers have used online ratings of "bedside manner" or wait time; **22%** viewed online ratings of clinical quality; and just **14%** use data on the cost of care to select a doctor.⁹

To enable employees to make informed healthcare choices that can lead to better

access, improved outcomes, and lower costs, employers can use their role as trusted resource to provide this critical information to employees and their families. AHRQ, *Choosing Wisely*[®], the Leapfrog Group, and transparency tools such as Healthcare Bluebook are all consumer-friendly, practical resources. Employers might also consider removing low-cost barriers to care such as parking fees and paid time off to support improved patient access and time management.

ENDNOTES

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