About the Bipartisan Policy Center

- Established in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole and George Mitchell
- The only Washington, D.C.-based think tank that actively promotes bipartisanship
- Works to address the key challenges facing the nation, including those related to economic policy, energy, housing, immigration, national security, and health care.
- BPC combines politically balanced policymaking with strong, proactive advocacy and outreach.
- See [www.bipartisanpolicy.org](http://www.bipartisanpolicy.org)
About the CEO Council on Health and Innovation

- Comprised of chief executives of some of the nation’s largest employers who are taking actions to improve the health and wellness of individuals and achieve higher quality, more cost-effective, patient-centered care.

- CEO Council member companies are sharing their innovative strategies for and inviting other employers to join their commitment to:
  - Improve the health and wellness of individuals;
  - Improve the health of communities; and
  - Improve the health care system.
Members of the CEO Council on Health and Innovation

- Dominic Barton, Managing Director, McKinsey & Company
- Brian T. Moynihan, CEO, Bank of America Corporation
- Mark T. Bertolini, Chairman, CEO, and President, Aetna
- Scott P. Serota, President and CEO, Blue Cross and Blue Shield Association
- Alex Gorsky, Chairman and CEO, Johnson & Johnson
- Patrick Soon-Shiong, MD (Co-chair), Chairman and CEO, Institute for Advanced Health
- Muhtar Kent (Co-chair), Chairman and CEO, The Coca-Cola Company
- Gregory D. Wasson, President and CEO, Walgreen Co.
- Lowell C. McAdam (Co-chair), Chairman and CEO, Verizon Communications
Members of the Health Care Advisory Board

- Errol Alden, MD, Executive Director and CEO, American Academy of Pediatrics
- Patricia Babjak, CEO, Academy of Nutrition and Dietetics
- Nancy Brown, CEO, American Heart Association
- Ray Chambers, Special Envoy for Financing the Health Millennium Development Goals and For Malaria, United Nations
- Richard D. Cordova, President and CEO, Children’s Hospital Los Angeles
- Delos M. (Toby) Cosgrove, MD, President and CEO, Cleveland Clinic
- Larry Hausner, Former CEO, American Diabetes Association
- Douglas Henley, MD, Executive Vice President and CEO, American Academy of Family Physicians
- Rod F. Hochman, MD, President and CEO, Providence Health & Services
- Shalom Jacobovitz, CEO, American College of Cardiology
- Michael Riordan, President and CEO, Greenville Health System
- John R. Seffrin, Ph.D., CEO, American Cancer Society
- Marla J. Weston, PhD, RN, CEO, American Nurses Association
Overview of the CEO Council Report:

Building Better Health: Innovative Strategies from America’s Business Leaders
Key Components of the Report

Report is Organized Around Three Areas:
1. Improving the health and wellness of individuals
2. Improving the health of communities
3. Improving the health care system

Report Contains Following For Each Area
1. An Overview
   • Benefits
   • Common challenges and key imperatives
   • Menu of employer actions
2. Individual Strategies that CEO Council Members Have Used to Drive Improvement
3. Commitments and Calls to Action
4. Employer Resources
Why Employers? Why Now?

- The U.S. spends more on health care per capita than any other nation in the world, representing nearly one-fifth of all U.S. spending—or $2.8 trillion.
- Despite spending more per capita on health care than any other nation, we rank poorly even on the most basic measures of good health.
- Private sector employers—together with their employees—bear about 45 percent of the cost of the nation’s health care expenditures.
- The CEO Council believes that the health of the nation is vital to maintaining American competitiveness in the global marketplace today and for the next generation.
- America’s business community has always been an effective driver of change and progress.
Improving the Health and Wellness of Individuals

Call to Action

To improve the health and wellness of individuals, employers should implement comprehensive health and wellness programs for employees that address the following needs and begin tracking and sharing outcomes to promote learning and improvement:

- Nutrition and physical activity
- Tobacco cessation
- Emotional and behavioral health
- Condition management, including chronic disease management.
Improving the Health and Wellness of Individuals
Menu of Employer Actions: Immediate-Term

1. Broadly share strategies and best practices for addressing common challenges—such as employee engagement—to assist with successful implementation among employers, and share the impact of various strategies on health outcomes, costs, productivity, absenteeism, employee motivation, and employee satisfaction.
Improving the Health and Wellness of Individuals
Menu of Employer Actions: Near-Term

2. Prioritize and accelerate the adoption of comprehensive health and wellness programs that address the following needs:
   - Nutrition and weight management
   - Physical activity
   - Smoking cessation
   - Emotional and behavioral health
   - Condition management, including chronic disease management

3. Leverage the use of electronic and social media tools to increase accessibility of, interest in, ease of use of, and adoption of health and wellness programs:
   - Online educational resources and programs
   - Interactive tracking tools, such as those that track medications
   - Self-monitoring tools, including those that connect with personal devices
   - Online communities to provide peer support
   - Online “coaches” to increase accessibility of support
   - Patient access to information contained in electronic health records
4. Implement incentives to increase employee adoption of health and wellness programs
5. Modify benefit design to encourage preventive activities
6. Make preventive activities, such as screenings and immunizations, more accessible by bringing them on-site periodically
7. Support a smoke-free workplace
8. Begin tracking, evaluating, and sharing on an aggregate basis specific outcomes of health and wellness programs—including those related to health outcomes, costs, productivity, absenteeism, and employee satisfaction—to facilitate learning and improvement. In the first year, strive to use common metrics such as the following, building in additional metrics over time:

- Biometric measures, including blood glucose, blood pressure, and cholesterol levels, as well as obesity
- Behavioral measures, including those related to nutrition, physical activity, and tobacco use
- Emotional and behavioral health measures, including those related to stress and depression
9. Collaborate with other employers in the evaluation of health and wellness programs to contribute to the evidence base and advance effective implementation in the field.
Improving the Health of Communities
Call to Action

To improve the health of communities, employers should begin to understand and support the health of communities by reviewing metrics already being captured in the following areas and collaborating with local public- and private-sector leaders on programs designed to promote improvements in any or all of the following:

- Health behaviors, with a focus on physical activity, nutrition, and tobacco use
- Clinical care and health outcomes, with a focus on access to care, preventive services, and prevalence of chronic disease
- Social and economic factors that have been shown to improve the health of communities, with a focus on education, housing, access to nutritious foods and beverages, and childhood poverty.
Improving the Health of Communities
Menu of Employer Actions: Immediate-Term

1. Understand the health of communities in which you have employees by reviewing metrics already being captured in the following areas:
   
   – Health behaviors, with a focus on:
     • Physical activity, nutrition, and obesity, for both adults and children
     • Tobacco use
   
   – Clinical care and health outcomes, with a focus on:
     • Access to care, including the percentage of uninsured and access to primary care
     • Preventive services, including the percentage of adults and children who have received appropriate immunizations and the percentage of adults, as applicable, who have received appropriate diabetic, blood pressure, and mammography screenings
     • Prevalence of chronic disease, including percentage of individuals with diabetes, heart disease, and cancer
   
   – Social and economic factors that have been shown to improve the health of individuals and communities, with a focus on education, housing, access to nutritious foods and beverages, and childhood poverty
Improving the Health of Communities

Menu of Employer Actions: Near-Term

2. Commit to and develop plans for improving the health of communities, working in collaboration with local public- and private-sector leaders and focusing on one or more of the above-identified areas.

3. Join forces with other employers to establish national goals for community health improvement focusing at a minimum on the above-identified areas.
4. Collaborate with local public- and private-sector leaders, including schools, to support and implement programs that will improve health in at least one community, focusing on one or more of the above-identified areas.

5. Build community health into decision-making regarding selection of new sites for expansion.
Improving the Health Care System
Call to Action

To improve the health care system, employers should make value-based purchasing a factor in their choice of health plans for their employees. For example, employers should:

- **Partner with health plans to:**
  - Increase the share of provider payments that are value-based and promote delivery system innovations that have been shown to deliver value
  - Promote reporting of meaningful performance data focused on quality, efficiency, productivity, patient engagement and satisfaction, and health outcomes
  - Support stronger relationships between individuals and primary care providers

- **Support employee and beneficiary health care decision-making** by increasing the transparency of performance information, providing consumer education tools, and implementing value-based benefit design.
Improving the Health Care System
Menu of Employer Actions: Immediate-Term

1. Assess the broad array of current requirements for and levels of performance associated with providers in the markets where coverage is offered

2. Assess current payment models used by public- and private-sector payers to reimburse providers in covered markets

3. Partner with health plans to offer coverage options for practical technology-enabled care delivery tools that have been shown to improve access and outcomes, which may include telemedicine and remote patient monitoring
4. Promote demonstration of value through measurement, continuing to move toward a collection of meaningful performance measures associated with cost, quality, prevention, and the patient experience of care

5. Measure and increase the percentage of payments to providers that are based on value and outcomes rather than volume

6. Promote electronic information-sharing among providers, laboratories, and patients to support improvements in the cost, quality, and coordination of care, and encourage interoperability of electronic health records to support such information-sharing

7. Identify the health plans that offer telemedicine options during open enrollment
Improving the Health Care System Menu of Employer Actions: Near-Term

8. Support stronger relationships between individuals and primary care providers

9. Promote transparency of clinicians’ (1) performance on a range of meaningful performance measures, including those associated with cost, quality, prevention, and the patient experience of care; (2) ability to electronically exchange clinical information with other providers for transitions of care; and (3) ability for patients to electronically access and use information contained in their health records

10. Promote the development of educational resources, guides, and tools to support employer implementation of strategies to improve the health care system
11. Continue to measure and increase the percentage of payments to providers that are based on value and outcomes rather than volume.

12. Educate employees about meaningful differences in performance among providers and implement value-based insurance design coupled with transparency tools to support beneficiaries in seeking care from high-value providers.
What’s Next?

1. Conduct outreach and raise awareness among employer community
2. Engage employers to take action; highlight their leadership
3. Facilitate information sharing on outcomes of health and wellness programs to drive learning and improvement
4. Conduct pilots to gauge the scalability of innovative strategies that have been shown to be successful in individual companies
5. Support successful implementation
Wrap-up

For More Information go to:
- www.healthinnovationcouncil.org

Thank You!
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