Population Health Forum

The Role of Employers and Business Coalitions in Improving Health Care

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November 13, 2013

Neil Goldfarb presented at a recent Forum regarding the growing movement of business coalitions and their role in improving health care. Goldfarb is President and CEO of the Greater Philadelphia Business Coalition on Health (GPBCH), an employer-led non-profit organization established in 2011 with the mission of developing best practices for maintaining a healthy workforce, and ensuring that when employees do need health care it is safe, high-quality, and affordable. Goldfarb was previously Associate Dean for Research in the Jefferson School of Population Health where he focused on healthcare quality and value. He also served as Director of Ambulatory Care Improvement for the Jefferson faculty practice plan.

Goldfarb began his presentation by pointing out the drivers of the high cost of health care and identifying the problem of achieving “value” for the dollars spent. He discussed the historical context of value-based purchasing strategies which have included a number of components such as: collecting and publicly reporting information on quality and costs of care; redesigning benefits to promote high-value services; payment reform and provider incentives (pay for performance); consumer education; and promotion of employee health and productivity.

GPBCH falls within the umbrella of The National Business Coalition on Health, a member organization dedicated to value-based purchasing of health services through public and private purchasers. There are 52 coalitions throughout the US representing over 7,000 employers. Some of these coalitions are geared toward transforming their local markets, and that’s where Goldfarb feels that GPBCH can play a role. This is the first time that the Philadelphia region has had such a coalition, which currently consists of 30 employer members, representing 350,000 covered lives in the region, and 32 affiliates.

Goldfarb feels it is important to identify best practices for keeping employees healthy and productive in their workplace while recognizing that employees will in fact need quality health care, regardless of wellness programs that might be in place.

GPBCH’s work largely is conducted through 5 member work groups: Member Education; Primary Care; Transparency; Value-based Insurance Design; and Employee Health and Well-being.

Member education has included a number of workshops and conferences on various topics including: diabetes; patient-centered medical homes; patient safety initiatives; best strategies for employee wellness; and health care innovation.

A great deal of activity takes place in the employee health and well-being space. The coalition serves to help members learn from one another and create new initiatives. GPBCH has formed the Diabetes Prevention Learning Collaborative which is a part of the Philadelphia Health Initiative. Members are currently developing a region-wide corporate challenge in conjunction with the American Heart Association. Goldfarb emphasizes the need to create the culture of health and awareness.

Primary care is of particular concern to the Coalition. Goldfarb wants to ensure that employers and employees have access to information about primary care provider quality, and while Patient-Centered Medical Homes (PCMH) appear to improve coordination and quality, the Coalition recognizes that not all high-quality practices have achieved PCMH designation. A HEDIS-based metrics for employer tracking of primary care utilization is in development, and a primary care thought leader summit is planned for the future. Goldfarb is also concerned about understanding the service coordination between worksite clinics, retail clinics, urgent care centers, and traditional primary care.

There is a trend toward value-based insurance design (VBID) and realigning plans to encourage use of high value benefits. GPBCH is in partnership with the Philadelphia Department of Public Health and the Jefferson School of Population Health to work on a value-based insurance design for smoking cessation, blood pressure, and lipids. Another project involves the development of an employer-based pilot study of the need for VBID and its potential impact. GPBCH will be working with benefits consultants and health plans to discuss the challenges and strategies for VBID implementation.

Goldfarb is committed to ensuring that the issue of transparency is at the forefront of the employer agenda. He described the work of the Leapfrog Group which is focused on collecting and reporting data on hospital safety. He believes this is critical in ensuring that both
employers and employees have access to and understanding of quality health care. “When information is made public, hospitals accelerate the rate of change,” states Goldfarb. With a regional roll-out in progress, GPBCH will create educational tools to help the employer to educate the employee or consumer about Leapfrog. Goldfarb further explained, “we want to drive transparency at all levels of the healthcare system.”

For more information on GPBCH contact Neil Goldfarb at ngoldfarb@gpbch.org

REFERENCES
