



Does Wichita Need a Health Care Coalition?

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What is your view of health care today?

- “I can’t afford all the health care my employees need.”
- “I’m afraid that in the next six months my family will not be able to afford all the health care we need.”
- “I’ve got bigger fish to fry than worrying about fixing health care.”
- “Health care is broken, but I can’t do anything about it.”
- “Health care is broken. I’m mad as hell, and I’m not going to take it anymore!”



One successful approach to tackling health care

- *“On the cutting edge of building true public-private partnerships to address major, community-wide public health issues”*
- *“No where else in the country – the poster child”*
- *“A model for other communities across the nation”*



29 years of collaboration toward incremental, sustainable, and replicable change in health care

Our Mission

- Improve the health of employees and their families
- Promote employee and community wellness
- Develop strategies for containing health care costs
- Serve as a Community Resource in generating and communicating health care information



Background

- Founded in 1978 as a Civic Council taskforce, and established as a 501(c)(3) charitable corporation.
- Who we are:
 - 60 members
 - 23 member board
 - Current budget of \$450,000
 - 4 employees



What is “Collaboration”

- “A contact sport”
- Bring all components of the health care delivery system into dialogue.
- Address the “tough issues” openly and candidly.
- Agree to tackle those issues where all parties’ interests overlap or where everyone gets equally gored.



Examples of Collaborative Projects

These projects provide some idea of the issues that collaborative health care stakeholders can raise

Which ones apply to Wichita?



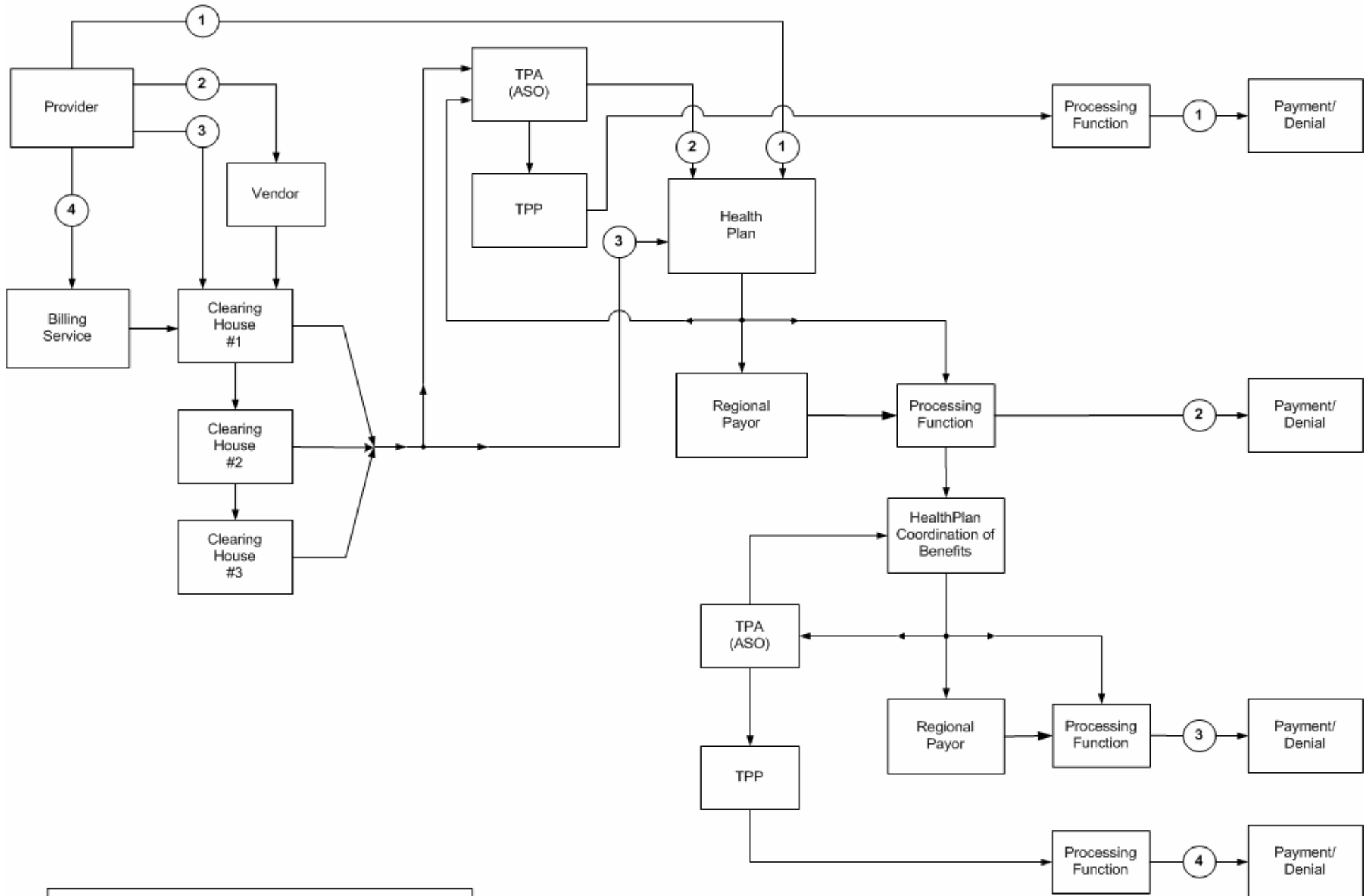
Completed Projects

- **Workers Compensation Initiative**
Returning injured employees to work faster.
- **High Risk Maternity**
Reducing the human and financial costs.
- **Wellness Initiative** – Nation's largest Wellness Network. The nation's only data base on non-profit wellness. HealthyKansasCity.org
- **Health Care Coverage for the Uninsured**
Studying the employers' role in this issue.



Administrative Complexity

Life of an Electronic Claim





Administrative Complexity Projects

- **E-Commerce**

Created electronic solutions to the “top ten hassle factors” between physicians and health plans.

- **Claims Complexity (“late claims”)**

The hottest issue between physicians and health plans. But participating office managers concede: “The reasons for claims rejection are practice errors, not errors by insurance companies.”

HEDIS®

Unique protocol standardizing and streamlining chart review process in physician offices. Affirmed by all health plans in the region.



Patient Safety

1999 Institute of Medicine Study: 98,000 Americans die annually from preventable hospital errors.

- **Leapfrog** KC Uniquely collaborative - “Leapfrog Plus”

- **CMS - Hospital Quality Initiative**

Providing consumers with understandable information about KC hospital quality.

Introduced to KC by CMS COO at 2003 Annual Meeting.
“KC is the poster child for CMS efforts.”

Adopted Statewide by Missouri Hospital Association



Other Community Initiatives

- **Health Care Worker Shortage**

Objective: Resolving patient care workforce shortages through a teacher training Academy.

Joint College/Hospital focus on educational capacity, career promotion and welfare-to-work population.

- **Biological and Chemical Terrorism**

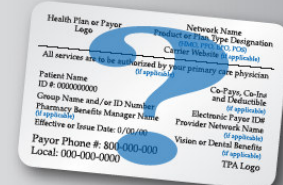
Creating in KC worksites a new level of preparedness for chemical and biological incidents.

Collaborative community taskforce overcoming the present “silo” approach. *“Kansas City is ahead of the curve, a model for other communities.”* Lisa Koonin



Patient Identification Cards

- 50% of claims rejected by health plans are due to patient identification error. 16% are never resubmitted.
- Developed “Best Practice Guidelines” for ID Cards.
- Guidelines adopted by Kansas and being incorporated into national standards.



Health Plan
Patient/Member
Identification Card

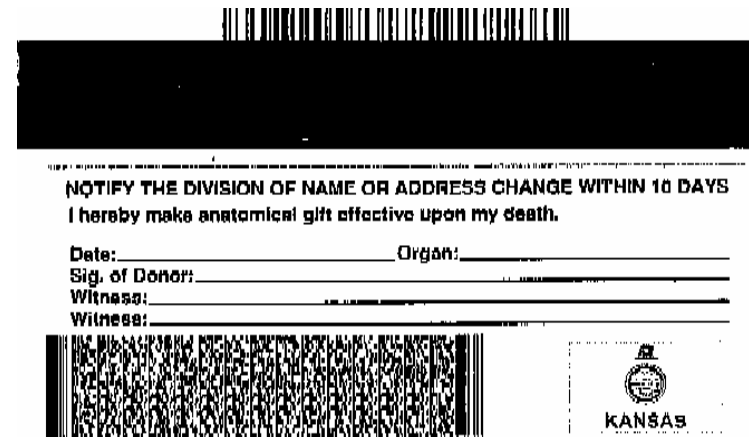
**BEST PRACTICE
GUIDELINES**

OCTOBER 2004



Advanced Patient Identification Cards

- Kansas is the national pilot site for WEDI, CORE, CAQH
- Standards – How does provider get confirmation of eligibility?
- Technology – Mag Stripe or Bar Code? “Smart Cards” next?





Modifiable Risk Behaviors

“How can we address those things our employees are doing to themselves?”



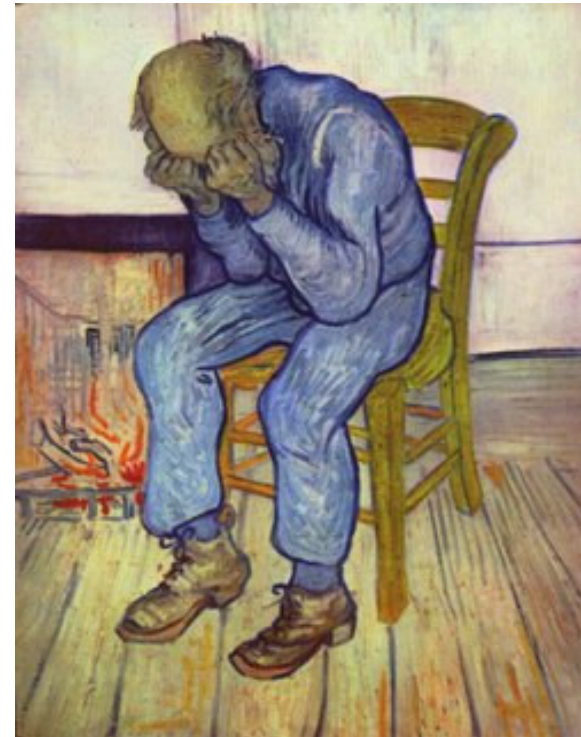
Modifiable Risk Behavioral Project

- 50% of deaths, 70% of medical spending attributable to behavioral health risks.
- In 1998 surveyed a sample of 45,000 employees & dependents to identify health risks. Wm Mercer analyzed data.
- Employers decided to address depression.
 - Their first or second largest health disorder, but the most undiagnosed.
 - Direct and productivity costs of depression are huge - \$44 billion in US in 1993.



Community Initiative on Depression

- Launched by US Surgeon General in 2001.
- 15 employers, 140,000 lives firm-wide.
- Initiatives focused on Worksites, Health Plans, Physicians and the Community.
- Goals:
 - To decrease stigma associated with depression.
 - To create an infrastructure for the appropriate diagnosis and treatment of depression.





Community Initiative on Depression:

A few of the things we've learned

- **Employers**
Respond to economic data and are seeking benefit design best practices
- **Employees**
Are less stigmatized than presumed
Do not understand their mental health benefits
Respond best to health messages tailored to corporate culture
Are comfortable dealing with personal health information on the Internet
- **Health Plans**
Less than 1% of claims may include depression diagnoses



Community Initiative on Depression:

A few of the things we've learned

- **Physicians** have many misconceptions:
 - Believe they won't get paid
 - Don't understand the availability and role of EAPs
 - Don't understand how employers and plans deal with employee/member depression
- **Non Mental Health Specialists** (Cardiologists, Obstetricians, Oncologists) can effectively initiate treatment for depression.
- **Mental healthy Disability** is a fundamental flash point between employers and psychiatrists.



Community Initiative on Cardiovascular Health and Disease

- Successor to the Community Initiative on Depression
- 14 Employers, 400,000 lives firm-wide
- Four Year Initiative – 2006-2009
- Goals:

Improve **Worksite** CV wellness and secondary prevention outcomes for employees and dependents

Reduce health care and lost productivity costs

Coordinate worksite focus with **Clinical** efforts of providers, health plans and public health

Improve **Community** awareness of CV risk factors and secondary prevention

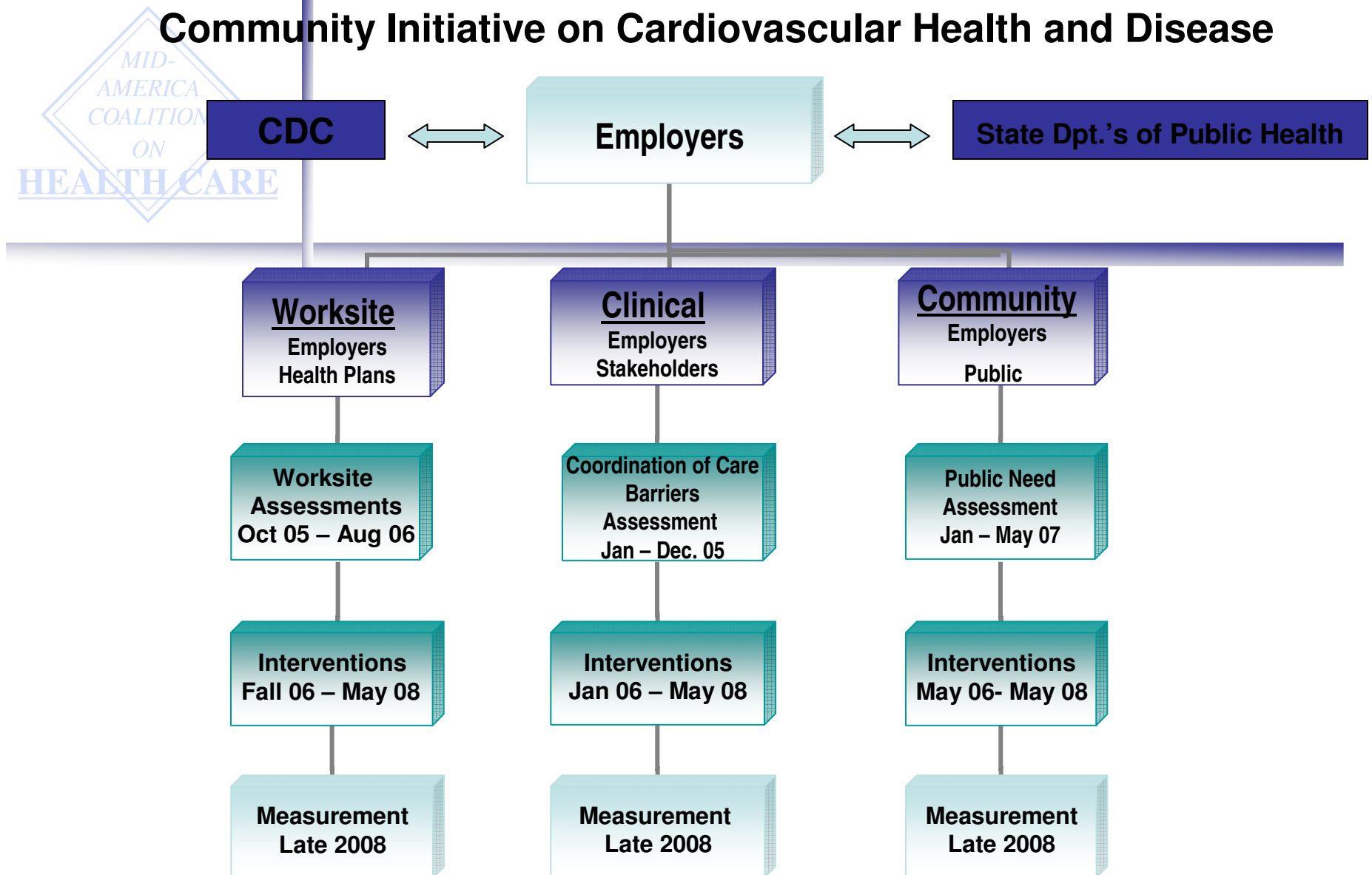




Community Initiative on Cardiovascular Health and Disease

- **The CDC's National Pilot** – *Heart/Healthy – Stroke/Free Worksites* and public-private partnerships
- **Partners:**
 - State Departments of Health – Kansas and Missouri
 - Employers, IHPM
 - Clinicians, AAFP, AHA, PhRMA
 - Health Plans
 - Pharmaceutical Industry
- **Focus**
 - Hypertension, Cholesterol, Smoking, Physical Inactivity, Nutrition +Diabetes

Mid-America Coalition on Health Care Community Initiative on Cardiovascular Health and Disease





Community Initiative on Cardiovascular Health and Disease

- **Initial Worksite Projects**

Employer Education

Worksite Baseline Assessments

Employee Attitudinal/Receptivity Survey

“Connecting the Dots” – Medical Claims, HRAs, Screenings

Education of Employees on heart and stroke issues

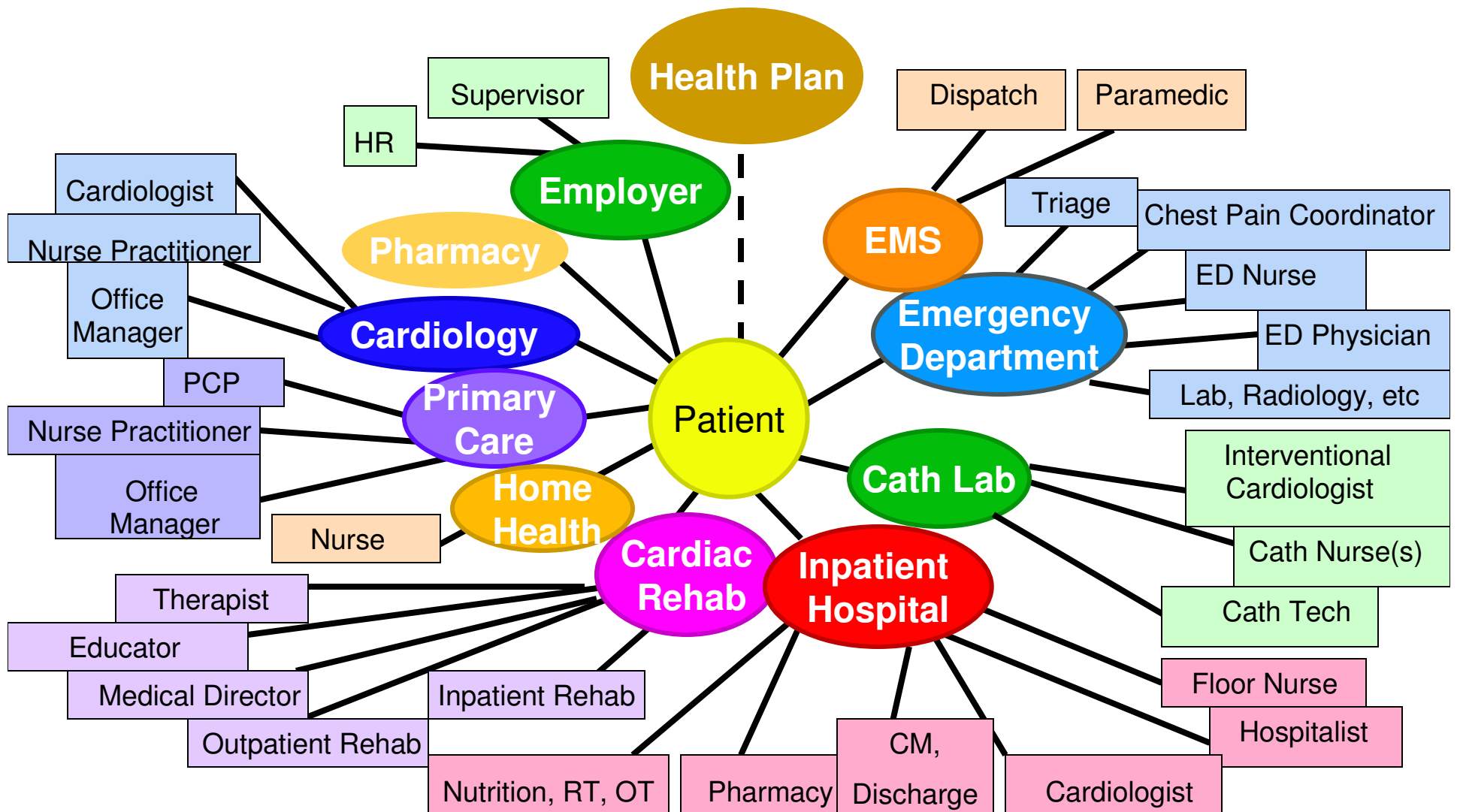


Community Initiative on Cardiovascular Health and Disease

- **Initial Clinical Projects**

Continuum of Care for MI victim – addressing the dozen points of handoff from 9-1-1 to return to work

Coordination of Care: *Navigating the System*





Community Initiative on Cardiovascular Health and Disease

Community projects – leveraging employer engagement in their community

- Employer to employer education
- Supporting local public health efforts
Health Dept, Parks and Rec, Urban Planning School
- Possible Public Campaign: By-Stander CPR



Can the Coalition model work in Wichita?



Establish Partnerships

Who are the necessary partners?

Employers are the key drivers

- Are they willing to work collaboratively?

Health Plans & Hospitals must participate

- Are they willing to work collaboratively?

Government agencies and public health

- Do they understand private sector concerns?

Do all players understand that collaboration is a
“contact sport?”



Key Characteristics

- History of Collaboration
- Favorable Political Climate
- Mutual Respect
- Attainable Goals
- Collaboration = self-interest
- Ability to compromise
- Sufficient Funds
- Trust
- Have a stake in the process
- Flexibility and adaptability
- Appropriate pace
- Clear roles and responsibilities
- Frequent communication
- Shared vision and purpose
- Skilled leadership
- Cross-section of members

Mattessich, 2001



So, what do those “characteristics” mean?

- A long-term horizon for success & clear goals
- Understand “collaboration” and how it can benefit self-interests
- Candor, flexibility, opportunism
- Board commitment and leadership
- Professional leadership
- Adequate funding



Would a similar model work in Wichita?

- Is there a history of collaborative success?
- Who are the key partners?
- Who is the glue?
- What are the roles for each of the participants?



National Initiatives from Local Collaboration

“Thanks to the leadership of the Coalition, Kansas City is on the cutting edge of building true public-private partnerships to address major, community-wide public health issues - these things haven’t been done before.”

David Satcher, M.D., U.S. Surgeon General