Value-Based Insurance at Group Health Cooperative

David Grossman, MD, MPH

Group Health Overview

- Founded 1947
- Consumer Governed, not for profit, health plan
- 620,000 Members/patients
- 10,000 employees
- $3 billion operating revenues
- 26 medical centers
- Contracts with 6,000 physicians & 44 hospitals

Group Health's Total Health Plan for Employees

Employer Aims

- Improve productivity through
  - Better health of staff
  - Decreased absences
  - Improved on-the-job productivity
- Decrease health expenditure trend rate

Mechanism

- Incent healthy behaviors and improved chronic disease control through monetary incentives and value-based health benefit pricing
- Reinforce culture of self-awareness, accountability and reporting of health and health behaviors through monetary incentives and culture change

Total Health Design

Value-based copayments

Preventive services: no cost-sharing

Chronic disease cost-sharing decreased for

Planned care visits for selected conditions

Pharmacy

Monitoring devices

Advanced imaging procedures: increased cost-sharing

Worksite wellness and health promotion activities

- Engagement tied to premium offset for 3 years

Health risk assessment annually, AND

Achievement of point threshold

Health points aimed at both healthy and chronically ill staff

Total Health Evaluation

Funded by Agency for Healthcare Quality and Research

- Four year research grant
- Led by GH Research Institute

Study Design

- Quasi-experimental 2 group before/after design
- Repeated measures
- Control group: Kaiser Permanente Colorado employees

Research Evaluation

To assess the impact of the new value-based insurance design on:

PRIMARY: changes over time in employee self-reported

- health status
- absenteeism due to illness and disability
- presenteeism (i.e. lost productivity time at the workplace)

SECONDARY:

- clinical quality scores for chronic illness care and preventive screenings,
- lifestyle behavioral risk factors,
- employee satisfaction with health benefits,
- health services utilization by employees, and
- employer-paid health costs for the employee population.

Challenges in VBID design/implementation

Identification of low-value services

- USPSTF “D” grade recommendations

Equity issues

- Which diseases?

Privacy issues/concerns

- Key engagement of organized labor

Claims adjudication issues

- Linking cost-share to specific populations
- Medications may have multiple uses

Access to high quality medical care

- Synchrony with medical home access

Challenges of VBID research

Limited study design options

Control group selection

Data quality and access

Participant recruitment

Selection bias

Questions?

Visit Cost-Sharing

Waiver of co-pay for 2 visits/year for chronic care

- Coronary Artery Disease
- Diabetes
- Hypertension
- Congestive Heart Failure
- Asthma
- Mental Health (1st ten visits)

Waiver of copay for chemical dependency visits and lactation service visits