



# Dallas-Fort Worth Business Group on Health



*Sponsored by the Dallas-Fort Worth Business Group on Health and  
the National Business Coalition on Health with support from Pfizer, Inc.*

**July 2013**

*Helping employers unlock the full value of health benefits*

The **Dallas-Fort Worth Business Group on Health (DFWBGH)** has a history of leadership and collaboration with health care stakeholders from throughout the community to enhance the value and quality of care in DFW. DFWBGH offers its members premier educational programs and workshops, valuable peer networking opportunities, access to cutting edge information on benefit design and health care purchasing, as well as participation in ground breaking demonstration projects. The **Texas Health Strategy Project (THSP)** was one such demonstration project. Launched in August, 2010, THSP engaged seven DFW employers to use a structured, data-driven process to assess employee health priorities in order to design and implement targeted value based interventions to achieve better health in their organizations.

#### **Participating Employers**

- Brinker International, Inc.
- City of McKinney
- City of Mesquite
- Energy Future Holdings
- Federal Reserve Bank of Dallas
- Hagggar Clothing Co.
- Interstate Batteries, Inc.

The Texas Health Strategy Project was an extension of the national American Health Strategy Project (AHSP) launched in five markets by the National Business Coalition on Health (NBCH) in cooperation with Pfizer Inc. Participating DFWBGH employers committed to engage in the 30-month project and implement one or more interventions using the AHSP model's value based approach to benefits and wellness design and implementation. Participation in group learning opportunities and peer-to-peer networking created an environment of idea generation and mutual accountability, motivating employers to expand their definition of value based design and develop creative solutions or enhance existing programs to address their employees' health needs. Measurement and evaluation planning played a key role throughout the project to help focus employers on desired outcomes and add rigor to the intervention planning process. All seven employers reported advancement toward self-defined population and business health goals and objectives.

DFWBGH and the seven participating employers are pleased to share their experiences through this project summary and employer case studies.

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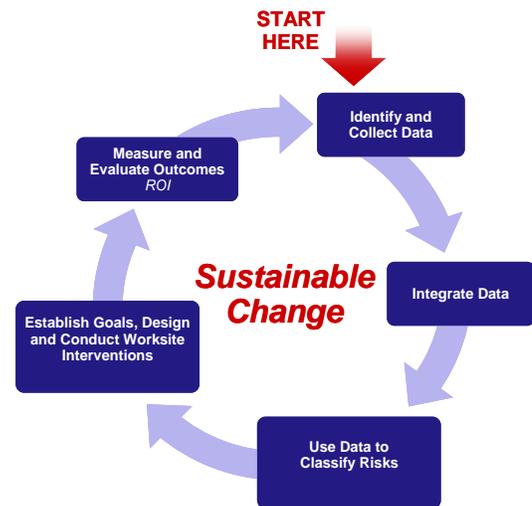
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## Background

### Genesis of the Project

In 2008, the Mid-America Coalition on Health Care (MACHC) and 16 of its employer members, with support from Pfizer, formed the Kansas City Collaborative (KC<sup>2</sup>) to create a systematic, sustainable process to support strategic planning and efforts in health. Output from this collaboration included tools, education and skill building to help employers integrate this systematic approach to benefits and wellness program design within their organizations.

In 2010, the American Health Strategy Project was developed to leverage and adapt the tools and methods originally developed through KC<sup>2</sup>. DFWBGH was one of five NBCH-affiliated coalitions chosen through a competitive application process to become early adopters of AHSP to help employers improve the health of employees and their families, promote wellness and prevention, and manage health care costs by using and testing the AHSP model in different health care markets. The geographically dispersed pilots were conducted by local coalitions and their employers with hands on support from Pfizer Inc, which provided financial, technical, analytic and clinical support. The AHSP model empowered employers with knowledge and tools necessary to achieve sustainable change in how they approached and managed benefits by incorporating process improvement into health strategies.



Sustainable Change Model. Source: Kansas City Collaborative

### DFWBGH Reasons for Project Involvement

DFW employers understand how critically important a healthy workforce is to organizational success, and intuitively know the value of offering benefits and wellness programs that remove barriers to access, increase employee accountability, motivate healthy behaviors, and deliver significant savings through better health. Pioneering local employers have been implementing star-quality benefits programs designed to accelerate employee engagement in healthy living, improve health care quality, and achieve targeted health and financial objectives. Even so, DFWBGH member surveys indicate that value-based benefits remain an elusive goal for many employers, with many survey respondents reporting a low adoption rate of value based benefit design strategies. Participation in the Texas Health Strategy Project enabled DFWBGH to bring a proven process and set of tools to DFW employers to help jump start value based benefit (VBB) efforts for those struggling with how to get started, or to provide additional rigor to the decision-making and planning process to take VBB strategies to the next level for those already embracing the value based approach.

*"Faced with continually rising healthcare costs, poor patient outcomes, and an unengaged workforce growing less and less healthy, many Texas employers embrace the idea of a value driven approach to health benefits and wellness programs. But often they don't know how to get started, or how to propel existing value based efforts to the next level. THSP provides employers a structured, data-driven approach for designing health and wellness interventions tailored to their unique corporate cultures, workforce demographics, employee health priorities, company resources, and other influencing factors."*

Marianne Fazen, PhD.,  
Executive Director, DFWBGH

## ***Putting the Model to work***

As with the AHSP, the THSP centered on four core principles to which participating employers subscribed:

- A strong health management team and
- Actionable data
- Will foster healthier, more productive employees and
- Achieve higher value for every dollar invested.

These principles provided the foundation of the model, processes, educational resources and tools used and adapted by the THSP project team to support the DFW employers engaged in the project. Participating employers completed one cycle of the sustainable change process. The overall process and tools are described in this introductory section, followed by a summary of the THSP participants' experience, key insights and discoveries, and intervention results. Individual case studies illuminate each employer's decision-making process, objectives, interventions and results.

### *The Process:*

#### *Phase 1: Baseline Assessment*

In Phase 1 each employer completed a series of surveys, interviews and exercises to stimulate dialog with senior leadership, ensure a common understanding of value-based benefits, and assess the current state of employee health and productivity, available data sources, vendor integration and offerings, and impact of interventions in their organization. The initial assessment included:

- Baseline Survey: A collection of qualitative and quantitative information to begin the assessment process with a focus on key risks, conditions, barriers and initial overview of data management.
- Individual interview with project team: A structured interview collecting qualitative information about leadership support, organizational culture, and determination of value or return on investments.
- Data source identification and mapping: An exercise identifying vendor partners, data reporting frequency and availability, as well as determining information that wasn't available or not well utilized.
- Employer Data Tracker: An electronic data collection tool used by employers to capture their organization's high-level, aggregate data from various sources including medical, pharmacy, worker compensation and disability claim summaries, supportive programming such as employee assistance, disease management, health risk assessments and biometric screening.

The baseline assessment resulted in a unique *Individual Report* for each participating employer to help guide subsequent phases of the project, as well as an aggregate summary of all the data from employers participating in the collaborative initiative. Additionally, this assessment provided a baseline for project evaluation.

#### *Phase 2: Intervention Planning and Implementation*

The second phase of the model guided participants through designing and implementing corporate health related goals and objectives. The THSP project team worked with employers to collectively select a key condition that was meaningful to the majority of participants based on the collaborative findings. Intervention planning was supported by a *Roadmap to Planning Interventions: Guideposts and Examples* – a one page schema outlining the planning process – as well as a *Value Based Benefits Implementation Workbook* with step-by-step instructions for data driven selection of goals and objectives, determining intervention focus and selecting specific interventions and metrics related to the goals.

All interventions needed to be:

- Employer specific: Interventions that were feasible within their worksite, were grounded in their data findings from the baseline report, and supported their corporate health strategies and goals.
- Measurable in order to optimize and evaluate outcomes: Process as well as outcome metrics to determine success and or opportunities to adjust the employers' approach were identified as interventions were being planned.
- Evidence-Based: Supported by evidence that would suggest a positive outcome if implemented effectively. Additional tools such as *Intervention Grids* and a *Cardio-Metabolic Road Map* were available from AHSP to support evidence based intervention selection.

Participants chose Business Health and Population Health goals and interventions that were grounded in their specific data. The specific interventions and goals varied among participants, which resulted in a variety of metrics to determine success.

**Business Health Goals** were primarily around making health a core business strategy. Intervention types that supported these goals were focused on:

- **Health Management Team:** Interventions to strengthen teams and cultures were included in this intervention type, such as senior leadership engagement and support; working with department heads, site managers, etc. to improve their understanding of health and how health impacts their workforce; engaging employees in wellness teams and incorporating external vendors or partners more effectively.
- **Actionable Data:** Working with vendors on reporting process, methods, and formats, and removing barriers to and identifying sources for missing data were specific interventions to target this area.
- **Environment or Policy:** Policy and environment play a key role in supporting health. These types of interventions generally were multi-pronged and impacted health at a business level as well as a population health level. Incorporating health and wellness into the company's mission and/or vision statement, policies creating wellness teams, branding benefits and wellness programming and communication, as well as incorporating health goals into performance plans were examples of business health environment or policy interventions.

**Population Health Goals** targeted particular conditions and/or risk areas, and included more traditional types of health and wellness offerings. Intervention types that supported population health were:

- **Employee Engagement:** Incentives and disincentives, communication strategies and changes in offerings or programming intended to boost engagement, participation and ultimately sustained outcomes or results.
- **Benefit Design:** Traditional value based insurance benefit designs which decrease or eliminate co-pays were the most common type of benefit design interventions. They frequently were tied to a desire to improve engagement. AHSP encouraged non-traditional thinking around health and wellness benefits to ensure availability and access to employees who would benefit from the offerings.
- **Environment and Policy:** Policies that created a smoke free workplace, changes in on-site meal, snack and beverage choices, as well as creating infrastructure to support physical activity were typical environment and policy interventions to support specific population health goals.
- **Vendor and Provider Value:** Interventions that defined value and expectations related to key health risks and included support or assistance from health care providers and wellness vendors comprised interventions in this area.

Employers worked in collaboration with their health management teams including key vendors to select interventions and develop implementation plans. Employers then committed to implementing one or more interventions and measuring results. The Intervention Planning and Implementation phase was the longest phase of the project due to the time it takes to implement change.

### *Phase 3: Evaluation*

In the final phase participants measured and determined outcomes from their program efforts by comparing post-intervention with baseline measures and comparing against established goals. Each employer developed their own *Scorecard* using key intervention-related metrics to track and trend progress toward predetermined goals.

Employer interventions were unique as were each of the participant's health related data strategies and metrics. Therefore, not all employers collected the same type of metrics or had the same goals. Evaluation was a fluid process with participants being encouraged to measure what was meaningful to their organizations and to make adjustments as needed. The results presented in this document were summarized categorically and based on an overall metric such as employer-defined goal attainment, rather than focusing on specific results.

### Collaborative Approach:

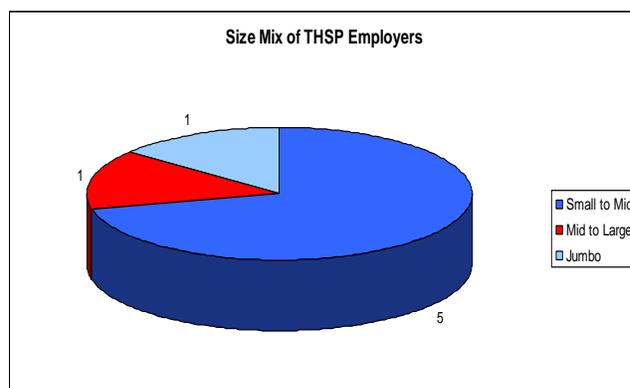
Participants in THSP engaged in a collaborative process involving:

- Employer Action Meetings (EAMs)
  - Group learning about value based benefits (VBB) and approaches to program planning with live, web-based or recorded presentations from VBB thought leaders
  - Training on the use of the AHSP tools and approach
  - Peer-to-peer networking and presentations
  - Group planning sessions bringing together all the employers and their vendor-partners to brainstorm and work on intervention plans in an atmosphere of open sharing and idea generation, with employers “reporting out” to the group to receive peer input to enhance planning.
- “One-on-one” meetings between the THSP project team and individual employers during each of the three project phases to provide assistance with data collection, assess progress, and offer feedback and suggestions throughout the planning and evaluation process.

## Texas Health Strategy Project Summary

### Employer Participant Overview:

- Industry Mix: Finance  
Hospitality/Food Service  
Municipalities (2)  
Utilities  
Wholesale/Retail Trade (2)
- Number of employees: 62,000 full time equivalents
- Number of covered lives: 67,000
- Sector: 3 non-profit; 4 for profit
- Number with labor unions: 1
- Plan Type: 6 Self-insured; 1 fully insured
- # with full replacement HDHP: 2
- Top 3 behavioral risks: Overweight/Obesity, Sedentary Lifestyle, Poor dietary habits
- Top 3 health conditions: Cardiovascular, Musculoskeletal, Diabetes



### Insights and Discoveries:

Collaborative process and peer-to-peer networking facilitated

- Learning new skills and developing ideas for data use, vendor management / partnering, and planning benefits and wellness strategies;
- Affirming what employers had been doing;
- Creating accountability to stay on track with planning and implementation;
- Recognizing the VBB strategies each employer was already using and identifying ways to enhance programming, even for employers who were more advanced in their application of VBB.

Value of identifying, integrating and using actionable data for goal setting, intervention planning, and evaluation

- Creating evaluation plans up front as part of intervention implementation planning phase added more rigor to the process and ensured ability to measure results.
- Expanded definition of ROI beyond financial measures to incorporate value assessment.
- Expanded definition of actionable data to include any data (subjective or objective) that provide insights into employee health risks / priorities and how to motivate healthy behavior.
  - Data do not need to be perfect in order to be actionable. Insights and decisions can be based on what is available, while working to develop better data.
  - For some employers, obtaining more actionable data was a key intervention emerging from the project.
- Development and implementation of a Scorecard provided ongoing focal point for key data, program evaluation, and future goal planning.

Strong health management team

- Expanded understanding of health management team composition.
- Added valuable skills and knowledge from outside the benefits department (e.g. occupational health, on-site clinics).
- Enhanced partnership with and between vendors to improve coordination and cooperation to address the employer's goals and population health priorities.
  - Collaborating for access to more actionable data drove enhanced vendor partnership for some employers, and changes in vendors for others.

Garnering senior leadership support for health as a key business strategy and to foster a culture of health throughout the organization requires specific language and communication

- Benefits related communication to senior leadership needs to advance beyond a review of medical cost trends to identify the health status of the workforce and articulate the business impact of health and wellness on productivity and the bottom-line.
- Targeted communication to middle/departmental/field leadership highlighting the business impact of health on their organizations and goals helps get everyone on board to promote health.
- Challenges posed by a dynamic health care market, and by inevitable leadership changes (both middle and senior management) over the life of organizations, amplifies the importance of building a firm cultural foundation for health as a key business strategy.

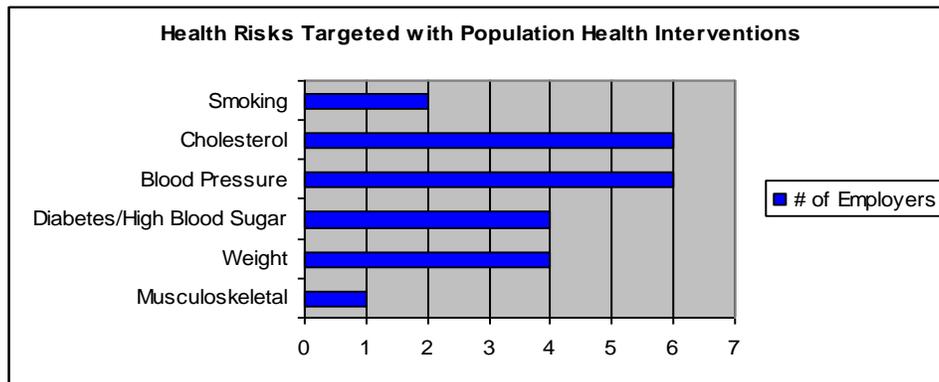
**Summary of Results:**

All THSP employers were encouraged to use the four core AHSP principles to develop and implement meaningful population and business health strategies driven by data and observations in alignment with their organizational goals. The following chart summarizes the types of interventions initiated by THSP employers, categorized by the core principles.

Use of Interventions to Address the Four Core Principles:	# of Employers
<b>Build Stronger Health Management Team (Business Health)</b>	<b>6</b>
▪ Enhance vendor partnership	3
▪ Enhance cross functional planning	3
▪ Senior leadership support for health as a key business strategy / fostering a culture of health	5
<b>Obtain more Actionable Data (Business Health)</b>	<b>2</b>
<b>Have Healthier, more Productive Employees (Population Health)</b>	<b>7</b>
▪ Health Promotion – general population wellness / prevention	6
▪ Primary Prevention – target at risk, but pre-chronic condition	3
▪ Secondary Prevention – target those with conditions	4
<b>Obtain Higher Value for Health Care Investment (Population Health)</b>	<b>7</b>
▪ Value based benefit design	6
▪ Educate & engage employees in optimal use of health care	4

## Population Health Strategies

The seven THSP employers decided on cardio metabolic risk (CMR) as the focus of their population health intervention planning. Baseline surveys identified CMR as one of the top three population health priorities for all seven employers: six THSP employers listed overweight / obesity or BMI, and five listed eating habits among their top three behavioral risk factors. Musculoskeletal issues also made the list of top three conditions for six of the employers. One employer initiated a musculoskeletal pilot project as one of its interventions. The following chart illustrates the health risks THSP employers targeted with interventions implemented through the project.



CMR reduction interventions included:

- Expansion of weight and CMR reduction programs through enhanced communication/promotion, incentives or on-line access to encourage employee participation (4 employers).
- Enhanced drug benefits to reduce or eliminate co-pays for maintenance or preventive medications on generic or preferred lists (2 employers).
- Premium differentials for tobacco users (2 employers).
- Incentives for annual physicals or screening including premium differentials, zero co-pays for physical exams, wellness points, or contributions to health savings accounts (3 employers).
- On-site access to primary care (1 employer).
- Introduction or expanded use of care advocacy programs to counsel and guide employees to high value care providers (4 employers).

Many of the population health interventions chosen by THSP employers could be characterized as pilot projects used to test program offerings with a limited portion of the employee population to assess impact on employee health and determine potential for program expansion to a larger segment of the employee population. In addition, the THSP employer cohort of seven was small and their interventions and measurement metrics sufficiently diverse that summarization of results across the entire cohort is difficult. However, all seven employers achieved measurable or observable results from interventions initiated during the THSP project. The following summarizes the types of interventions used and the results for employers using common metrics.

### Improved risk status

- Two employers using the same CMR reduction program which included pre- and post biometric screening saw a 30-31% reduction in Metabolic Syndrome (migrating from “3+” to “2 or less” risk factors). N = 113.
- Three employers which track risk status change for a consistent cohort who receive annual biometric screening reported between a 4 and 13 percentage point reduction from unhealthy to healthy risk status (healthy is defined as “2 or fewer risk factors”). N = 1,835.

### Increased participation in biometric screening and preventive care

- One employer reported that in the first year of requiring employee annual physical exams (versus an exam every two years), 86% of employees obtained a physical exam.
- Another employer reported that in the first year of required biometric screening of employee plan members there was a 24% increase in the screening participation rate (from 55% to 68%).
- A third employer reported that in the first year of operation over 40% of the targeted population used new on-site clinic services and over 60% of the clinic encounters were for preventive care.

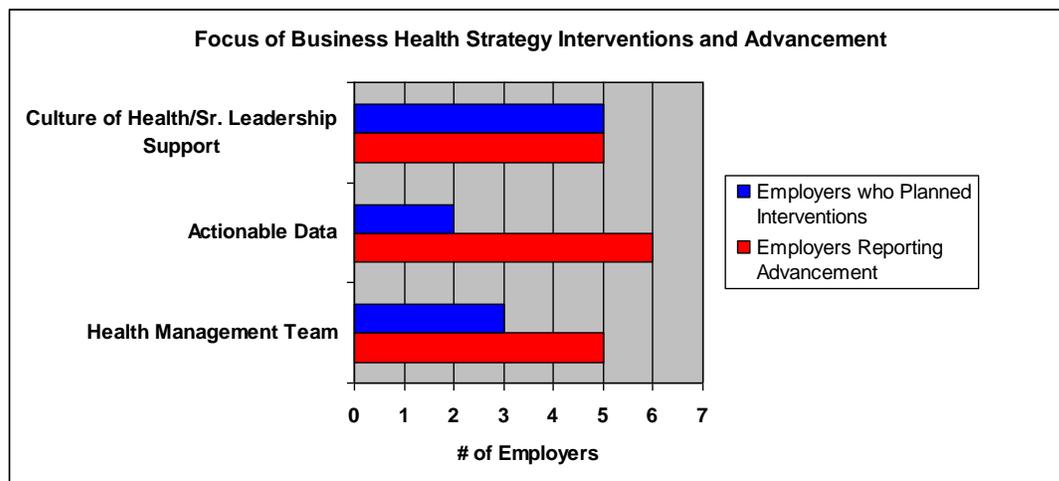
### Tobacco cessation

- One employer reported that in the first year of a premium differential for employee tobacco users, 68 employees completed a tobacco cessation program within 6 months to avoid the premium increase. Self-reported employee tobacco use decreased 49% in the second year that employees were required to sign affidavits declaring whether they used tobacco.
- A second employer introduced a tobacco premium differential and documented a quit rate of 29% (4 of 14 participants) for employees participating in a pilot on-site program.

### Business Health Strategies

Baseline assessment revealed that THSP participants' senior leaders supported a value based approach, with all of the participants stating that they had previously implemented some sort of value based benefit. Strengthening health as a key business strategy at all levels of their organizations still was identified as a need for most of the employers. Additionally, access to actionable data was recognized as a barrier with employers only able to provide an average of 55% of the items requested on the Employer Data Tracker. Few organizations had a strategy for measuring ROI or had formal data integration efforts.

All but one of the employers decided to include business health strategies among their interventions, however all seven internalized the core principles related to business health and by the end of the project reported new insights and advancement in business health among their key learnings and results.



Employers fostered a culture of health throughout their organizations by retooling HR communications to senior management, expanding beyond health care cost trends and premium reviews, to highlight population health priorities and articulate the impact of health on the bottom line. Additionally, targeting communications to departmental and field management to show impact of health on their operations was a focus.

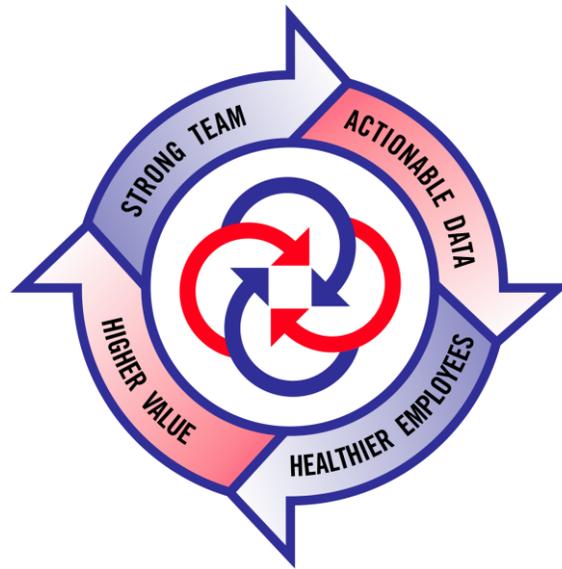
Employers took steps to expand and strengthen their Health Management Teams by including cross functional organizational expertise from outside HR and working toward closer partnership relationships with and between vendors. They worked more aggressively with their vendor partners to articulate data and reporting needs in order to gain access to more actionable data. Many employers remarked that meetings for THSP were the first time their vendors had been in one room together to coordinate efforts, problem-solve and work toward shared goals on behalf of the employers.

All of the THSP employers reported one or more of these Business Health advancements:

- Developed or strengthened executive level health/wellness committees (2 employers)
- Expanded use of internal cross-functional expertise from outside HR (4 employers)
- Incorporated “culture of health” into HR strategic initiatives through company-wide strategic planning process (1 employer)
- Improved vendor/partner relationships (5 employers)
- Better access to actionable data (6 employers)
- More departmental and field management support (2 employers)

**Conclusion:**

The Texas Health Strategy Project assisted participating employers in articulating their business and population health objectives, and enhancing their health strategies. The collaboration and best practice sharing experienced by the employers went to a far deeper and relevant level through this opportunity provided by the Dallas-Fort Worth Business Group on Health.



## Acknowledgements

DFWBGH acknowledges

- The seven DFW area employers at the core of this project: Brinker International, Inc., City of McKinney, City of Mesquite, Energy Future Holdings, Federal Reserve Bank of Dallas, Haggard Clothing Co. and Interstate Batteries, Inc.
- The project team comprised of Karen Wiese (Project Manager, DFWBGH), Becky Brosche (National Director, Employers, Pfizer Inc.) and Bethany Boyd, RPh, PhD (Medical Outcomes Specialist, Pfizer Inc.).
- Sara Hanlon, Vice President, Member Support, NBCH for project guidance and support.
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## About DFWBGH



The **Dallas-Fort Worth Business Group on Health (DFWBGH)** is a coalition of 135 Dallas and Fort Worth area employers and health-related organizations committed to promoting and maintaining a health care delivery system that provides quality, accountability and affordability. With an average workforce of 3,000 employees, DFWBGH employer members represent over 250,000 DFW-based employees and spend over \$2.5 billion per year in DFW on employee health care. To learn more about DFWBGH visit [www.dfwbgh.org](http://www.dfwbgh.org)

*For questions about the DFWBGH DRP Expansion Project, please contact Karen Wiese, DFWBGH Project Manager, at 214-382-3037.*

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## About the National Business Coalition on Health



The National Business Coalition on Health (NBCH) is a national, non-profit, membership organization of 60 business and health coalitions, representing over 7,000 employers and 34 million employees and their dependents across the United States. NBCH and its members are dedicated to value based purchasing of health care services through the collective action of public and private purchasers. [www.nbch.org](http://www.nbch.org)

## About Pfizer Inc.



Founded in 1849, Pfizer is the world's largest research-based pharmaceutical company taking new approaches to better health. Pfizer discovers, develops, manufactures and delivers quality, safe and effective medicines to treat and help prevent disease for both people and animals. Pfizer also partners with healthcare providers, governments and local communities around the world to expand access to medicines and to provide better quality health care and health system support. [www.pfizer.com](http://www.pfizer.com)