

Association Experiences with Business Coalitions

Query by Laurie Liles, May 2012

State		Comments
California	Duane Dauner	<p>The Pacific Business Group on Health, based in San Francisco, is a statewide coalition of large businesses. It has been active and aggressive in negotiating/influencing health insurance premiums for more than 15 years. They continually push for transparency, changes and policies that (usually) do not address the underlying or real causes of health care costs. They have relied on cutting deals on behalf of large employers and chasing fads of the month rather than working collaboratively to change the public policies, payment levels, incentives and alignments that are necessary to reform health care. They operate independently from the state Chamber but tend to communicate with the state pension agency (CalPERS) on many proposed policies, programs or initiatives.</p>
Delaware	Wayne Smith	<p>We have a structure called the Delaware Health Care Commission that encompasses a lot of what is in the principles you attached. For statute see: http://delcode.delaware.gov/title16/c099/index.shtml. This was formed a long time ago, but under another era's similar pressure to reduce cost / improve quality. Candidly, it has had only a few victories over the years – our loan repayment program for doc relocation and it incubated our state-wide HIE. It has mostly served as a debating / discussion society. At times that is all it does. At times when pressure builds to “do something” about an issue, the Health Care Commission will do a study, vote on recommendations and then move onto something else or fall back on debating / discussion. Recently, our Governor has given the Commission the role of implementing national health care reform so it has been busier. It was the body that looked at exchange options and is doing a lot of discussion about Medical Homes currently (notice I said discussion – this mainly involves inviting groups/entities that are planning or implementing medical homes to present to the Commission). It is a unit of state government but an independent commission. Commissioners include Chamber of Commerce members as well as the CMO of my largest health system. In thinking about the principles you attached, they looked very similar to what the established goals of our Health Care Commission were when established. I would say the Health Care Commission has been a safety valve and that has some value. By having this structure present, it has given Governors and the General Assembly a place to park issues for study when those issues are hot. It also gives the business community a continuing voice on the types of issues that you are facing with your business community. That has served to educate some of the Chamber of Commerce types as to the difficulties in wrestling with these issues as well as give them a forum when business types decide they want to “do-something” about health care issues. That has been very valuable.</p>
Illinois	Maryjane Wurth	<p>In addition to the State and Chicago Chambers, there is also the Midwest Business Group on Health, a collective of roughly 100 employers. They have focused primarily on health benefit and HR issues but have also done work on workplace wellness and other ways to reduce health premiums. They don't take on a policy or advocacy role per se and operate pretty independently. Overall, they have been receptive to meeting with and working with the association as appropriate. IHA has an excellent relationship with our Illinois State Chamber and they went out to bat for us opposing Medicaid cuts and supporting property tax exemption -- we did a few op-ed pieces together and plan to do more going forward.</p>
Louisiana	John Matessino	<p>We have had one in our state for several years. Business CEOs have turned it over to their HR staff and as such the organization does not have much influence.</p>
Maryland	Carmela Coyle	<p>We do not have one of these in Maryland.</p>
Massachusetts	Lynn Nicholas	<p>Ditto Betsy in NJ. In addition, one of our general business associations, in support of health reform, has embarked on a program to help employers do more innovative benefit design and implement programs designed to improve employee health with an endpoint to help do their part to reduce the cost of care. BTW, we now have a health reform “next phase” bill out of the Senate and House debate on their version starts next week. After the Conference process and the Governor's expected support, I'll share what happened.</p>

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Nevada	Bill Welch	<p>in addition to the position papers my staff sent you from the two primary Chambers in the state who have committees which focus on health care as I read Duane's response I wanted to add the following. Nevada does have two self funded health plan coalitions in the state which represents a multitude of public (city and county) government agencies, unions and small business. Together they represent the 2nd largest payer group in the state. They very much follow the same approach as described by Duane's comments. Originally they came to hospital community indicating they wanted to work with us but as we learned it was really only so they could say they had reached out to us as they pursued their real agenda in the Nevada legislature. Beginning in the 2001 Nevada legislative session they have pushed more anti hospital legislation than any other group we have come up against: ban on balance billing, mandated E.R. rates, rate controls, mandated discount for uninsured/underinsured, every aspect of transparency (clinical and financial including corporate office), staffing ratios, C.O.N., requirement for hospitals to annually perform community assessments including planning for addressing any needs identified regardless of whether service traditionally hospital based (example: would be unmet general dental services), business taxes (including hospitals), limiting collection efforts of hospital on patient balance due to two years and the list goes on. Did agree to support us on increased funding for Medicaid but only if we signed off on the above- we declined their support. We have attempted to work with the Coalition with very little success. I will say that for the most part the local chambers have been good to work with but I suspect that is because our hospital leadership has been very active in those organizations. I would encourage efforts to work with the coalition but be cautious.</p>
New Hampshire	Steve Ahnen	<p>We do not have a very active business/purchasers coalition in New Hampshire...it consists mainly of some large purchasers in the state (the state of NH, the university system of NH, a group that provides insurance to municipalities, schools and county governments and a labor/management partnership that provides health benefits to public employees throughout the state; there are no providers at the table and generally no large, private businesses participating either). a few years ago, they developed a scorecard ranking hospitals on cost, quality and safety. it hasn't gotten much use and frankly hasn't been updated (first one was done in 2009). they claim that their effort is modeled after an effort in Maine, although that effort, as best i can tell, has a broad cross section of stakeholders, including hospitals, at the table. here's a link to their website: http://www.nhpghscorecard.org/. Two of our chief complaints have been their use of the leapfrog survey as a proxy for safety...only 4 of our 26 hospitals participate in it; and we have serious questions about the health cost index they use as a proxy for costs. if it were truly a collaborative effort, which we've encouraged and offered to help create, i think it could be useful. but that's not where we are at this point. the statewide business and industry association does have health care as a major focus, but have not been overly engaged on the details of health policy.</p>
New Jersey	Betsy Ryan	<p>We do not have such an organization in NJ. Our state Chamber and State Business and Industry Association are very involved in healthcare and insurance issues on behalf of their members, but no separate employers group focused on healthcare, wellness, quality etc to date</p>

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		<p>We have a variety of large business groups, one in NYC and one statewide.. However, the one most focused on healthcare is the Westchester County Association (has IBM, Pepsi and other large companies). . . They developed a superb relationship with the Northern Metropolitan Association. They were key to providing business support for a lot of our managed care reforms (especially re payment delays and denials etc). Kevin Dahill is the HANYS staff person, who also serves as the CEO of both the Nassau-Suffolk (NSHC) and the Northern Metropolitan Association (NMHA). He is now attempting to mirror some of the business success in the latter region (just north of NYC , 1/2 way up the Hudson River) to the Long Island region (East of NYC). . .The two metros, now working more closely, term themselves the "Suburban Alliance" for purposes of exacting some influence, as suburban interests, over the otherwise more dominating presence of NYC in the Capital here in Albany and in D.C. Their hope is that the business community will blend more smoothly with the hospitals agenda through the work of Kevin with the Westchester County Association. The effort with business has led to the joint endorsement of NMHA becoming an association based peer review organization with business involvement; the "taming" of the insurance industry to a considerable degree; more discussions of retaining patients in the suburban regions; and some more anxious and recent concerns about business involvement in regional health planning on the supply side. If you want an in depth discussion with Kevin as to how this operates and the pros and cons of this level of collaboration, I'll be happy to facilitate but feel comfortable calling him directly if you wish. Again, Kevin in wearing three hats. . .CEO of NMHA; CEO OF NSHC, and an Executive VP of HANYS. Another glutton for punishment, his number is 845 562 7520</p>
New York	Dan Sisto	
Oklahoma	Craig Jones	Betsy's answer has described the same situation here in OK
		<p>As with so many things, all politics are local. So not sure if our experience in Oregon offers any useful ideas but here it is in a nutshell: We got the three big business groups to charter a statewide group of healthcare leaders to take on the issues of cost reduction and quality improvement. This group, the Oregon Health Leadership Council, has its own governance structure, membership dues and 2 staff and is self directed toward accomplishing the challenge established by the business community: Bend the cost curve to bring health cost increases in line with CPI + 1 or 2. The group is made up of hospital and health system leaders, every domestic insurer writing policies in the state, along with the 2 national plans who have any presence, and large physician practice/IPA members. We also have the Director of the state Health Care Authority, as the largest purchaser. This has proven to be the best thing we've ever done as he is a part of our work and thus supports it at all levels of government. While the OHLC views the business community as our sponsors, we are completely self directed and governed. The OHLC has an executive committee and is chaired by 2 members, with hospitals being guaranteed a chair role and the second role rotating between a plan and physician rep. I am on the executive committee by writ of the by laws, as is my colleague at the medical association. The concept of the business community was both insightful and magnanimous: We will develop the stretch goal and then let those that know healthcare far better than we do figure out a way to cut their own switch. They get regular (quarterly) updates and see themselves as holding us accountable toward progress against the goal of cost take out.. This has been one of the most remarkable entities Ive been a part of birthing and while it has meant that OAHHS has ceded some policy making and thus control to a larger group, it has also strengthened the relationships across al players. IN fact, we now have a much larger advocacy footprint by turfing given issues to the OHLC to front vs. us doing it on our won. Very powerful positive side effect. Here's the website to give you a little more detail. Please call with any follow up questions. http://www.orhealthleadershipcouncil.org/</p>
Oregon	Andy Davidson	
Pennsylvania	Carolun Scanlan	<p>Such a Coalition has just formed in Philadelphia. Attached please find a draft press release that they shared in December. They are focusing on getting hospitals to commit to Leapfrog Group standards which given all of the other quality and patient safety initiatives underway seems redundant at this point. We have so indicated that to them. We understand that they may be releasing a report indicating which hospitals are participating and how they fare against Leapfrog standards. Since this group is relatively new, we do not yet have a sense of just how much influence it may have.</p>

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South Carolina	Thornton Kirby	South Carolina has a Business Coalition on Health, and our relationship with that group has evolved from slightly hostile in its formative years to a much more collaborative one. They initially started out using Leapfrog data to critique (and criticize) hospitals, but they've become convinced we are trying to make change and they're working with us on most issues.
Tennessee	Craig Becker	We have two business coalitions in Tennessee – one in Memphis and one in Knoxville. There have attempts in our other urban areas to get ones started but to no avail. The Knoxville Business coalition has morphed into a Leapfrog Group and tries to publicly embarrass the local hospitals into joining by threatening to publish negative data. Alcoa (which used to be headed by Paul O'Neil, who is now a patient and employee safety guru – should give you some idea about the focus of this group) is the driving force, but has many of the area businesses involved. A few hospitals have joined but most haven't. It is run by a former hospital exec who knows the buttons to push. I would say we and my members have an adversarial relationship with that group. The Memphis Business Coalition is driven by the Chamber and by FedEx. The executive director is someone who tries to work cooperatively with everyone. The coalition is cost and quality focused and we actually have a good relationship with them. They are working with the area hospitals to come up with innovative ways to cut costs. FedEx was an early proponent of LEAN and has helped my members utilize LEAN principles in the patient safety/quality/cost arena. We have on occasion worked with them providing data at the request of our members, who all belong. All this to say, we have business coalitions as bookends and both couldn't be farther from each other in terms of how they work with my members. Much of it depends on who is running the coalition and what agenda they have. For our Memphis coalition, it is all about cooperation, for our Knoxville one it is all about confrontation. It is a roll of the dice.
Texas	Dan Stultz	We have really 3 active groups in Dallas , Houston and San Antonio ,although San Antonio callas itself something else. They are very insurance driven groups and spend more time with their agents and their issues than any organized advocacy plan. Dallas also has a good group, but lost a key leader when one of the major employers let their managed care HR folks go to DC . We have had good relationships with all 3 groups ,albeit all very different The San Antonio group is a regular on our speakers circuit . the large groups take time in pre-session times to listen like an editorial board, but I would say their advocacy effort in healthcare has been good and relatively friendly. Or hospitals are very active in them as major employers and major businesses.
Vermont	Bea Grause	Vermont similar to NJ. Very active Chambers. We do have a "Business Roundtable" that is a not for profit coalition of business leaders. The Roundtable does focus on healthcare reform as a top agenda item, but they are a very small operation. As such, they mainly seek to educate business leaders and often loop us in to help with that effort. Works for me so far because I get to "tell our story" in a non-hostile environment.
Virginia	Larry Sartoris	A regional coalition that hasn't done much.
West Virginia	Joe Letnaunchyn	WV is similar to NJ and other states. The State Chamber and Business & Industry Council focus on health care issues, but in an informal way. The Chamber has a health care committee composed of our member CEOs and others, but they focus primarily on legislative issue and some policy discussions. Other than that, there are no formal groups.
Wisconsin	Steve Brenton	We have active business coalitions in Milwaukee and Madison. Their senior executives are actively involved in 3 specific multi-stakeholder activities...1) WI Collaborative for HC Quality (clinical performance improvement); 2) WI Health Information Org –an APCD; and WI Statewide Health Info Exchange – HIE. These activities have been highly collaborative and very positive. Feel free to call for more information.