

## IMPLEMENTATION STRATEGIES

### Steps for Implementing a V-BID Plan

Below is an outline of steps that self-insured employers should take to implement a V-BID plan. These were developed based on feedback from employers currently implementing V-BID plans, as well as tools from the V-BID Center and National Business Coalition on Health.

#### **Assess Employee Needs**

to determine which clinical conditions to target

#### **Discuss program goals with your Health Plan**

to develop a customized V-BID Plan

#### **Choose a V-BID Plan**

to address the clinical needs of employees

#### **Discuss Compliance Measures**

to determine which employees are eligible for incentives

#### **Develop a Communication Strategy**

to share changes in benefit design with employees

#### **Initiate V-BID Program**

to increase the use of high-value services

#### **Evaluate V-BID**

to demonstrate V-BID successes and to maintain support for the program

### **Employer Spotlight**

**Connecticut's State Employee Health Enhancement Program (HEP)** was a voluntary program launched on October 1, 2011, that introduced incentives to align patient costs with the value of care, including the elimination of office visit copayments for chronic conditions and the reduction or elimination of copays for medications associated with the management of chronic conditions, including asthma or COPD, diabetes, heart disease, hypertension, and hyperlipidemia. In its first year, HEP had 98% enrollment and 98% compliance with program requirements. There was also significant improvement in the use of high-value medical services, increasing preventive care office visits by 13.5% in the first year, and increasing the use of preventive screenings, including colonoscopies, mammograms, and lipid screenings.

- [Connecticut's Value-Based Insurance Plan Increased the Use of Targeted Services and Medication Adherence](#), *Health Affairs* June 2016

### ASSESS THE CLINICAL NEEDS OF YOUR EMPLOYEE POPULATION

V-BID plan designs are most effective when targeted towards an employer's specific employee population. **Health plan administrators and pharmacy benefits managers** have access to medical and pharmacy claims that they can analyze to determine disease prevalence and risk factors among members.

Get to Know Your Employees!

Biometric screenings and health risk assessments can help you determine which services are most valuable to your employees.

Analyzing this data will help identify areas of risk for increased health care spending due to health conditions that can be improved through enhanced treatment adherence and/or behavior change.<sup>10</sup>

**Health plan administrators** can also collect these data through employee biometric screenings and health risk assessments. The first V-BID component in the V-BID template recommends incentivizing certain biometric and mental health screenings, which may be used to collect additional data on the population. **Employers should work with health plans** to use this information to determine

which clinical conditions to target and which additional high value services or supplemental benefits to incentivize in order to have the most impact. Involving a clinician in this assessment is recommended to identify opportunities for intervention and improvement.

### DISCUSS YOUR OPTIONS WITH YOUR HEALTH PLAN ADMINISTRATOR

Before implementing a V-BID plan, **employers** should discuss their goals with their health plan administrators to develop a customized V-BID program that makes sense for the company. **Health plans** can provide additional guidance on state and federal regulations, and can provide online tools for record keeping and tracking participation.

### CHOOSE A V-BID PLAN TO IMPLEMENT AND DECIDE ON ANY ADDITIONAL BENEFITS

The V-BID template included in this manual provides employers with a recommended core benefits plan design that is based on the evidence supporting high value services, feedback from the Connecticut V-BID Consortium, expert opinion, and those V-BID elements that Connecticut employers are currently implementing. The goal of this template is to offer self-insured employers recommended V-BID benefits, while allowing for flexibility by providing additional options that may be incorporated into a plan design. Based on the result of their analyses, **employers should work with their health plan administrators** to choose which conditions to target and/or which additional benefits to incentivize.

#### Employer Spotlight

By reducing copayments for services relating to diabetes and promoting the use of minimally invasive surgeries through their V-BID initiative, **Hannaford Brother's Company** employees were able to improve their diabetes biometric testing results and shift the standard of care for surgery to minimally invasive procedures.

- [V-BID Landscape Digest](#), V-BID Center 2009

### DETERMINE A METHOD FOR MEASURING COMPLIANCE WITH RECOMMENDED SERVICES AND PROGRAMS

In order to determine which employees are eligible for incentives, **health plan administrators** need to know which employees participated in the required services or met required targets. Many plans recommend using an automated method instead of self-report, such as healthcare claims analysis. If incentives are based on compliance, **health plan administrators** can use claims data to identify which members complied with recommended services and are eligible for incentives. If incentives are based on outcomes, the health plan administrator will need to determine a mechanism for the provider to communicate whether targets were achieved, as claims data would not contain this information. Tracking compliance with recommended services should be the role of the health plan administrator, or a third party. Employers should not have access to their employees' health information in order to protect employee confidentiality. Some employers that make HSA contributions use a third party contractor to track employees' service utilization or outcomes, and then only tell the employer the incentive amount for each employee.

Communication is Key!

Plan for at least 5 employee touch points to share upcoming changes to health benefits.

*Please note:* If services are delivered by a provider other than the members' primary care physician, such as an on-site clinic, records should be sent to the member's usual source of care as soon as possible for care coordination purposes, when the patient has granted consent.

### DEVELOP A COMMUNICATIONS PLAN TO EDUCATE EMPLOYEES ABOUT V-BID BENEFITS

Employee communication, education and engagement are key to the success of any V-BID plan design.<sup>11</sup> **Employers** should work with their HR departments to develop a communications strategy before implementing V-BID plan designs. Connecticut employers that have implemented V-BID suggest giving employees ample time to understand the plan before implementing it (this may be up to one year), and communicating the plan design to them repeatedly through different communication methods. **Health plan administrators** should also develop marketing materials for the new plan to be distributed to employees. For more information about communicating plans to employees, see the Communicating Benefits section on page 27.

### IMPLEMENT YOUR CUSTOMIZED V-BID PLAN

Once the **employer and health plan administrator** have decided on a V-BID plan design, **employers** should choose a date for open enrollment that allows ample time to communicate to employees the new plan offering, and for the employer and health plan administrator to iron out all of the details. Once the V-BID plan goes into effect, **employers** should begin the evaluation process to measure program success and employee satisfaction. To learn how to address common implementation barriers, refer to the Frequently Asked Questions section on page 29 and Overcoming Barriers Appendix on page 41.

### DEVELOP AN EVALUATION PLAN AND ASSESS THE IMPACT OF V-BID

It is recommended that **employers work with their health plan administrators** to develop an evaluation plan to measure the impact of the V-BID plan design. This will help the **employer** to track success on certain measures to inform senior management and maintain support for the program. The **employer** should define goals for the program and select specific, quantifiable measures to evaluate its success.<sup>12</sup> Goals may include:

- Increasing preventive screening rates
- Increasing medication adherence among employees with targeted conditions
- Improving certain health outcomes and/or biomarkers

- Reducing emergency department utilization and hospital stays
- Decreasing overall total medical expenditures

**Employers should work with their health plan administrator** on how these metrics can be measured, and on establishing baselines for the selected measures prior to or at the time the plan is first implemented. **Employer Human Resources departments** will be critical to measuring certain metrics, such as reduced absenteeism, whereas **health plan administrators'** claims analysis and data collected from biometric screenings and health assessments will be important for measuring improvement in health outcomes and changes in utilization.

## Best Practices and Lessons Learned

These best practices are based on suggestions from national and Connecticut-based employers currently implementing V-BID plans who participated in individual interviews or an employer focus group.

### USE INCENTIVE AMOUNTS THAT WILL MOTIVATE EMPLOYEES' PARTICIPATION

- Incentive amounts need to be appropriate your specific population and significant enough to motivate people to participate and change their behavior. For example, one national employer found a \$500 annual bonus payment for participation in biometric screenings increased their screenings rate, and Connecticut HEP found that a premium penalty of \$100 per month for not meeting program requirements resulted in high levels of compliance.
- Employers should work with senior leadership and employee leaders to balance providing incentives that are significant to employees and cost-effective for the employer. Requesting employee feedback on V-BID plan design incentive mechanisms can help employers gauge this.

#### Employer Spotlight

**Procter & Gamble's** "Healthy Living Brand" tiered healthcare services and drugs and eliminated coverage for non-essential drugs; doing so resulted in increased enrollment in disease management programs, improved medication adherence rates among employees and decreased overall medical spending of the company.

- "[V-BID Landscape](#)," V-BID Center July 2009

### MAKE SERVICES CONVENIENT FOR EMPLOYEES

- Large employers may offer certain services on-site, such as biometric screenings and health risk assessments to make them convenient for employees and increase screening rates. Employees should follow up with their usual health care provider to discuss screening outcomes.
- Alternatively, employers may partner with a free-standing clinic near their location(s) to offer specific services, such as a national pharmacy health clinic.
- If services are offered on-site or at nearby clinics, the employer should develop a mechanism to send records of these services to the patient's PCP, with the patient's consent, to ensure care coordination. If an employee was recently screened by their PCP, they should not participate in on-site screenings to avoid duplication of services.

### INVOLVE SENIOR LEADERSHIP IN PROMOTING V-BID TO EMPLOYEES

- When possible, messaging to employees should come directly from senior leadership to emphasize the company's commitment to employees' health and integrate V-BID into the company culture.
- Company leaders may promote the plan by indicating that they participate in recommended screenings or a disease/condition management program themselves. For a script to promote V-BID plans to senior leadership, refer to the Toolkit on page 48.

### MODIFY PLAN DESIGNS THROUGHOUT IMPLEMENTATION AS NEEDED

- Plan designs should be modified at least annually as new health risks emerge, and as employees give feedback on the plan. Communicating annual changes to the plan also increases employees' awareness of the plan and may present an opportunity to expand enrollment.
- Plans may be modified to implement more clinically nuanced aspects that may have been too complex to administer before appropriate systems were in place.

### SET REALISTIC EXPECTATIONS FOR REALIZING RESULTS

- It is important to set realistic expectations with senior management about which goals can be achieved and when. While return on investment may take several years to realize, other measures of success, such as increased medication adherence, improved biomarkers, and reduced absenteeism may be realized within several months of implementation.<sup>13</sup>