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Correspondence Memorandum

Date: January 3, 2020
To: Group Insurance Board
From: Renee Walk, Strategic Health Policy Advisor
Office of Strategic Health Policy
Subject: Board Strategy Discussion Follow-Up

This memo is for informational purposes only. No Board action is required.

Background

On November 13, 2019, the Group Insurance Board (Board) discussed an overall strategic vision for its programs, as well as specific areas of focus for those programs for the near future. At this meeting, the Board chose to adopt the Triple Aim presented by the Department of Employee Trust Funds (ETF) as the guiding principle for program development ([Ref. GIB | 11.13.19 | 5D](#)). The Board was presented with several areas of focus previously discussed either by Board members or ETF ([Ref. GIB | 11.13.19 | 6](#)). ETF requested guidance on priorities going forward.

The Board indicated that many of the items listed for consideration were of interest but asked for additional information in order to set priorities. The Board also requested ETF present proposed changes and program ideas in the context of the Triple Aim and develop a tool for the Board to use when evaluating programs in terms of how well they meet the Triple Aim.

This memo summarizes ETF's proposed approach and timeline for investigating Board initiatives. It also provides a draft rubric for the Board's use in evaluating proposals.

Prioritization Methodology

At the November meeting, the Board largely agreed that the areas of focus provided for consideration were important and potentially impactful, and the Board requested follow-up for most these items. ETF developed a prioritization matrix to help provide an initial ranking of the initiatives and help set priorities for staff resources. ETF used the following criteria to give the initial rank order to the initiatives:

- Who requested the change?

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy

Electronically Signed 1/14/20

Board	Mtg Date	Item #
GIB	2.5.20	5

- Are other ETF work units outside of the Office of Strategic Health Policy (OSHP) affected?
- Is more than one vendor affected?
- Is there a limited amount of time to make an impact on the issue being addressed?
- In the short term, would a change cost money or would it save money?
- How many hours of policy research will be needed to fully investigate the project?
- How many hours of data analytics will be needed to fully investigate the project?

The prioritization matrix is provided as Attachment A to this memo.

After scoring answers for the above criteria, other factors and considerations were evaluated, including availability of subject matter experts and staff resources in general, amount of time needed to complete planning and implementation, and timing of Board feedback or approvals as appropriate.

The prioritization process resulted in a development plan that spans from January of 2020 to November of 2021.

Order of Initiatives

The prioritization process discussed above resulted in the following plan for initiative development:

Intervention Concept	Date Work Begins	GIB Meeting Target	Earliest Benefit Change Year
Onsite Clinics	In progress	May 2020	2022
Avoidable Emergency Room Use (Part 1)	In progress	May 2020	2021
Mental Health Parity & Access Analysis	April 2020	November 2020	2022
HDHP Product Plan	June 2020	February 2021	2022
WPE Program Strategy	April 2020	February 2021	2022
Specialty Drugs & Site of Care	August 2020	February 2021	2022
Social Determinants of Health Approach	November 2020	August 2021	2023
Avoidable Emergency Room Use (Part 2)	November 2021	May 2022	2023

Detail on Initiatives

Onsite Clinics

Initial research on onsite clinics and the Group Health Insurance Program (GHIP) was completed in November 2018; a more thorough review is currently under way and will be presented at the May 2020 meeting. This review will consist of a description of relevant literature related to onsite clinic efficacy, considerations for the Board's population, as well as legal and logistical factors that could affect the implementation of onsite clinics for some or all participants.

Avoidable Emergency Room (ER) Use

As mentioned at the November 2019 Board meeting, IBM Watson Health provided initial data analytics related to avoidable ER use. This review splits avoidable ER use into three categories: true emergency, preventable emergency, and inappropriate use of the ER. True emergencies are considered out of scope for intervention for this project. Preventable emergencies are those where the reason for the visit is a true emergency, but the underlying cause could potentially have been prevented (e.g., diabetic ketoacidosis). Inappropriate use of the ER includes conditions that were not emergencies, such as skin rashes, head lice, etc.

In its analysis, IBM Watson Health noted inappropriate use is often best addressed through educational campaigns. Education may also be helpful for the preventable ER group, but their issues may in part be a function of access challenges like limited clinic hours or provider availability. ETF therefore proposes a two-part approach to addressing ER use, starting with an educational campaign, evaluating outcomes, and then determining whether avoidable ER use persists. If so, ETF will propose a second phase of intervention related to provider access in 2022.

Long-Term Initiatives

Work related to the other initiatives will receive an official scope of analysis when that work begins. ETF could present initial scope statements to the Board for review at the first meeting following the start of work, if the Board desires.

Triple Aim Evaluation

The Board also requested a means by which to evaluate how proposed interventions fare versus the Triple Aim vision approved at the November 2019 meeting. ETF will assist in the Board's evaluation by providing a review of how each of the approaches proposed to address the initiatives balance the three tenets of the Triple Aim. Some aspects of this review are easily quantifiable—the cost of implementing a program or modifying a benefit—but some are less so. There may be factors ETF believes are important for the Board to consider that are more qualitative (e.g., member satisfaction or possible reaction to a program). To help Board members balance these considerations, ETF provides the rubric document in Attachment B as a tool for Board members to aid in the analysis of program options.

Board Strategy Discussion Follow-Up
January 3, 2020
Page 4

Staff will be available at the Board meeting to answer questions.

Attachment A: Initiative Prioritization Matrix
Attachment B: Triple Aim Rubric

Attachment A: Initiative Prioritization Matrix

Project Name	Requester?	Other Work Units Impacted?	More Than One Vendor Impacted?	Limited Time to Impact?	Savings v Cost Potential	Policy Time to Research	Data Time to Research	Priority (Point Total)
WPE Program	ETF Staff (1) GIB Request (5) OSHP Leadership (3)	Yes (1)	Yes (1)	Yes (4)	Minor savings possible (2)	40-80 hours (3)	100+ hours (1)	21
Specialty Drug Site of Care	GIB Request (5) IBM Trend Analysis (2) OSHP Leadership (3)	Yes (1)	Yes (1)	No (0)	Some savings possible (3)	10-40 hours (4)	100+ hours (1)	20
Avoidable ER Utilization (Non-Emergency)	GIB Request (5) IBM Trend Analysis (2) OSHP Leadership (3)	Yes (1)	Yes (1)	No (0)	Minor savings possible (2)	10-40 hours (4)	40-80 hours (3)	19
Avoidable ER Utilization (Preventable)	GIB Request (5) IBM Trend Analysis (2) OSHP Leadership (3)	Yes (1)	Yes (1)	No (0)	Minor savings possible (2)	10-40 hours (4)	40-80 hours (3)	19
HDHP Product Plan	ETF Staff (1) GIB Request (5) OSHP Leadership (3)	Yes (1)	Yes (1)	No (0)	No savings apparent (1)	80-100 hours (2)	80-100 hours (2)	17
Mental Health Parity & Access Analysis	ETF Staff (1) GIB Request (5) IBM Trend Analysis (2) OSHP Leadership (3)	Yes (1)	Yes (1)	No (0)	May cost money (-1)	40-80 hours (3)	100+ hours (1)	16
Onsite Clinics	GIB Request (5)	Yes (1)	Yes (1)	No (0)	May cost money (-1)	10-40 hours (4)	<10 hours (5)	15
Social Determinants of Health	ETF Staff (1) OSHP Leadership (3)	Yes (1)	Yes (1)	No (0)	May cost money (-1)	100+ hours (1)	100+ hours (1)	8

Attachment B: Triple Aim Rubric

GIB Triple Aim Program Rubric		
Cost	Quality	Health
	Advanced	
<p>Program will almost certainly result in cost reductions for both members and employers.</p> <p>Includes an estimate of the return on investment for the program</p>	<p>Program will almost certainly lead to higher quality services being received and increased member satisfaction with those services and is designed using an evidence-based model.</p>	<p>Program will almost certainly result in better health outcomes for all members impacted and is designed using an evidence-based model.</p>
	Proficient	
<p>Program has a good chance of reducing costs for either members or employers, while remaining neutral towards the other. Cost strategy may be new in field.</p> <p>Includes an approximate return on investment for similar programs</p>	<p>Program has a good chance of improving quality and satisfaction, though research on the design may be nascent.</p>	<p>Program as a good chance of improving health outcomes for most members impacted, though research on the design may be nascent.</p>
	Acceptable	
<p>Program will not negatively impact costs for members or employers, or may slightly benefit either party. Cost analysis parameters are clearly defined.</p> <p>Includes an estimated cost for the program</p>	<p>Program will not negatively impact quality or program satisfaction, and parameters related to quality are clearly defined.</p>	<p>Program will not negatively impact health outcomes for any group impacted, and parameters related to health are clearly defined.</p>
	Unacceptable	
<p>Program has the clear potential to negatively impact costs for members and/or employers. Program parameters related to cost are uncertain or lacking in specific detail.</p> <p>Does not include cost analysis of any kind.</p>	<p>Program has the clear potential to negatively impact quality of the services received and member satisfaction, and the parameters related to quality are unclear or lack detail.</p>	<p>Program has the clear potential to negatively impact health outcomes for any group of members, and the parameters related to health are unclear, lack detail, or are not rooted in sound theory.</p> <p>Does not include an estimated impact to health.</p>