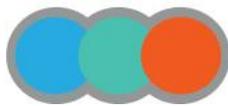




EXTENDED CORPORATE HEALTH STRATEGY



BUSINESS CASE STUDY: General Electric (GE)

Company Overview

Sector: Manufacturing (conglomerate: includes but is not limited to aircraft engines, gas, health care, electrical distribution, oil, software, etc.)

Number of Employees: 131,000

Headquarters: Fairfield, CT

2013 Earnings: \$16.9 Billion

Initiative Overview: GE Healthymagination, Cincinnati Health Communities Initiative

Geography: Cincinnati, OH

Time Frame: 2009-2012

GE Extending Corporate Health Strategy in Cincinnati

The General Electric (GE) U.S. employee benefit programs cover more than 500,000 workers, their spouses and children, and retirees. GE has been feeling the growing pressure imposed by rising medical costs. GE recognized it had to go beyond the four walls of the workplace and into the community to create sustainable change by addressing the following challenges: 1) Standard delivery models failing to address disease prevention, chronic conditions and care coordination; 2) Fee-for-service payment system of incentives among all stakeholders; 3) Insufficient transparency in quality and cost information to evaluate the performance of providers and hospitals and help patients make informed healthcare decisions; 4) Inadequate information technology infrastructure to address the above factors. In 2009, GE designed and implemented a comprehensive intervention, the Healthy Communities Initiative, which built on existing models of collaboration to improve health care delivery in the Cincinnati metropolitan area.

Community Choice

Cincinnati has the highest concentration of GE employees, dependents and retirees in the US, and a strong civic culture with a history of business-community partnerships. In Cincinnati, GE insures the health of about 27,000 lives.

Goals

Community	Business
<ul style="list-style-type: none"> • Invest in primary care and experiment with patient centered medical homes (PCMH) • Secure funding for an interoperable exchange to deliver information at the point of care and inform measurement and quality improvement among physicians, health systems, and federally qualified health centers • Strengthen evidence-based care for chronic conditions • Gather consumer feedback about healthcare quality via a web-based information platform • Explore ways to pay for healthcare based on value, not volume 	<ul style="list-style-type: none"> • Build a competitive advantage by taking steps to further improve employee health and productivity while placing company healthcare costs on a more sustainable trajectory • Capitalize on size and scale as a large employer to partner with other key opinion leaders in piloting innovative solutions • Drive future growth for GE’s diverse healthcare businesses by bringing to market new products and services that enable better care at lower total cost

Executive Leadership Engaged Stakeholders & Facilitated Cross-Pollination:

GE established a Stakeholder Council to reach decisions impacting current and potential multi-stakeholder projects. For example, they deliberately selected measures for tracking health progress in Cincinnati to align with what CMS had issued for evaluating Accountable Care Organizations (ACOs) so Cincinnati would be well-positioned for future work with CMS on multi-payer programs. GE made Craig Osterhues, a healthcare manager at GE Aviation, available to the community as a loaned executive for two years, enabling cross-pollination of skills between the private and public sectors. Other stakeholders included:

- **Employers:** Ethicon Endo-Surgery, GE, Kroger, Macy’s, Procter & Gamble Local agencies: The City of Cincinnati, Hamilton County Public Health, United Way of Greater Cincinnati
- **Health Plans:** Anthem, Humana, UnitedHealthcare
- **Provider organizations:** Cincinnati Children’s Hospital Medical Center, Mercy Health, St. Elizabeth Healthcare, The Christ Hospital, Health Network, TriHealth, UC Health
- **National partners:** NCQA, The Robert Wood Johnson Foundation, U.S. Department of Health and Human Services

Evaluation Framework

In 2012, GE secured RAND Health Advisory Services to evaluate progress of the first three years of the initiative. RAND analyzed community health data and claims data of GE’s workforce, dependents, and retirees in Cincinnati to evaluate the Triple Aim progress. RAND also compared health and behavioral risk factors, employment status, and health care utilization for the Cincinnati metropolitan area with 15 other major metropolitan statistical areas with similarly sized populations.

At baseline (2006-2009), Cincinnati residents had a smaller mean number of weekly hours missed from work per person per year over the course due to illness, a lower self-reported health status, more office-based primary care visits, more emergency department (ED) visits, more prescription drug fills, and larger total health care costs, and were more likely to be obese and to binge drink than populations in 15 reference cities. However, the prevalence of chronic conditions among Cincinnati residents was similar to the prevalence among residents in the reference cities, validating the use of the reference cities.

2009-2012 Impact on Health of GE Employees, Spouses, and Dependents

GE Building Better Healthcare in Cincinnati: Positive Findings of GE Workforce in Cincinnati Compared to GE Workforce outside of Cincinnati

Goal	Methodology	Results
Improving Primary Care through PCMH	Studied claims data in two populations of approximately 1000 members each who were either patients of the original pilot group of 14 practices that achieved PCMH certification in 2009, or part of a matched cohort with similar age, gender and risk score makeup from the Cincinnati market	<ul style="list-style-type: none"> The PCMH pilot population had 3.5% fewer Emergency Room (ER) visits and 14% fewer admissions over the period 2008–2012 The PCMH group showed decreases over the evaluation period in both ER visits and hospital admissions, compared with slight increases for the non-PCMH group Better results for the PCMH population in hospital inpatient bed days and in hospital readmissions. Inpatient admissions per 1000 members decreased from 35 to 32 annually. Inpatient utilization costs have not been significantly affected by the intervention to date (2009-2012)
Quality Improvement in the Care of Pediatric Asthma	Compared claims data for pediatric asthma patients in Cincinnati with patients in the rest of the U.S. (“non-Cincinnati”)	<ul style="list-style-type: none"> Cincinnati outperformed the rest of the nation in improvement in complications, ER visits and hospital admissions for pediatric asthma. This includes 14 less ER visits per 1000 pediatric asthma patients between 2008-2012
Quality Improvement in the Care of Adult Diabetes	Compared claims data for adult diabetes patients in Cincinnati with patients in the rest of the country	<ul style="list-style-type: none"> While HbA1c testing has improved nationally by about 3 percentage points, Cincinnati improved by about 5 percentage points (reaching 80%), Diabetes patients in Cincinnati are experiencing fewer complications: the percentage of diabetes patients with complications in Cincinnati decreased by about .7%, compared to an increase outside of Cincinnati of about .2%

RAND Study: Quantitative Evaluation of the Impact of the Healthy Communities Initiative in Cincinnati: Positive Findings on Cincinnati Residents Relative to Residents in 15 Reference Markets

The analysis is based on a comparison of Cincinnati residents to the residents of 15 other similarly sized communities on each of the outcome measures described.

Data Sources: BRFSS, Current Population Survey (CPS), and the MarketScan Research Database

- **Productivity:** A significant decline in the likelihood of being absent from work, which translated to an estimate 7,281 fewer Cincinnati employees calling in sick over the course of the year
- **Access to Care:** Access to preventive/ambulatory health services increased slightly in both Cincinnati and the reference markets over the course of the analysis period
- **Ambulatory Hospitalizations:** Cincinnati averaged 8.68 ED visits for ambulatory care sensitive conditions over the baseline period, 1.13 fewer visits per year than the reference cities in that period
- **Outpatient Care and Cost:** A significant decrease in outpatient utilization was found in Cincinnati over the first three years of the intervention but no significant change in outpatient costs

Looking to the Future: Impact in Development

The U.S. government selected the region to participate in the prestigious Comprehensive Primary Care (CPC) initiative organized by the Center for Medicare and Medicaid Innovation. This project has the potential to bring \$100 million in incentive payments to primary care doctors who improve the coordination of care for their patients. In December 2014 the state of Ohio, in part due to the excellent work of the Cincinnati project, received 75 million as part of the Center for Medicaid and Medicare State Innovation Model awards. The goal of this project over the next 48 months is for Ohio to transform the state's health care system by rapidly scaling the use of patient-centered medical homes (PCMHs) and episode-based models, and by developing cross-cutting infrastructure to support implementation and sustain operations.

The early results of Cincinnati's efforts over the first 2 years of the project were strong enough that GE expanded its community-level efforts to two additional cities in 2012—Erie, Pennsylvania, and Louisville, Kentucky. GE has also recently partnered with the Clinton Foundation's new Health Matters Initiative to help build healthy communities nationally.

This case study was adopted from a semi-structured qualitative interview and publicly available information. To learn more about the link between workforce and community health and the strategies businesses are implementing to invest in community health, read the Vitality Institute's report "Beyond the Four Walls: Why Community is Critical to Workforce Health."

To access the report and additional case studies, visit www.thevitalityinstitute.org/communityhealth or look us up on social media @VitalityInst #Beyond4Walls.