

## **New PBGH Issue Brief, podcast examine how employers can improve the quality and lower the cost of the specialty care used by their employees**

A new PBGH Issue Brief and podcast featuring PBGH CEO David Lansky examines how employers can work with providers, plans and consumers to reduce the cost and improve the quality of the high cost specialty care -- such as joint replacements -- used by their employees. PBGH urges purchasers to consider six "dials" they can "adjust" to achieve better value health care, including: measuring outcomes; supporting consumer education; supporting provider feedback systems; pushing for payment reform; using consumer incentives and supporting professional standards. Read the Issue Brief and listen to the podcast at [www.pbgh.org](http://www.pbgh.org).

## **PBGH works with senior HHS officials, state leaders to help consumers choose health plans in the new exchanges**

Drawing from a recent study of more than 125,000 visitors to PBGH's online Health Plan Chooser, a web-based decision-support tool, PBGH has fresh insights into the type of information and tools consumers need to choose the right health plan. Working with the Department of Health and Human Services (HHS), PBGH is inviting states that are sponsoring health exchanges to participate in an initiative to develop and test consumer plan choice services. Last month, PBGH joined senior HHS leaders and decision scientists in Washington, DC to share preliminary insights and recommendations for policymakers contemplating plan choice services. The conversation continues this month with a number of states (that are pursuing federal funding to assist them with exchange implementation) when they meet in Denver, CO.

A complete Issue Brief summarizing the findings and recommendations for both policymakers and HR leaders can be found at [www.pbgh.org](http://www.pbgh.org).

## **Purchasers and Consumers continue to press for high standards for Accountable Care Organizations**

Responding to the recently released draft government regulations for Accountable Care Organizations (ACOs) PBGH is repeating a steady mantra: raise the bar for ACOs. These new models of care will change the status quo, improving the quality and affordability of health care only if we require them to be patient-centered,

### *PBGH Leaders in Action*

**Ann Boynton, Deputy Executive Officer of CalPERS, a PBGH member,** will lead the organization's new Center for Innovation to identify market trends and consider new products. She was previously Deputy Executive Officer for Benefits Administration.

**Cadence's Group Director of Global Benefits Cindy Conway** was appointed to NCQA's Purchaser Advisory Council. Cadence Design Systems, Inc. is a member of Silicon Valley Employers' Forum, a PBGH member.

On May 6th, **PBGH CEO David Lansky** will join health care leaders at the annual CAPG conference to discuss the employer perspective on health care reform and strategies for value based purchasing.

**CalPERS Assistant Executive Officer Kathleen Billingsley** will also attend the CAPG Conference to present on what purchasers want from ACOs.

**PBGH Board of Directors Chair Paul Fearer** attended the first official meeting of the California Health Insurance Exchange Board on April 20th in his capacity as a member of the Exchange Board. Learn more about PBGH's work to create exchanges that work at: <http://www.pbgh.org/key-strategies/advancing-value-based-policy/35-exchanges-that-work>

**PBGH Senior Advisor David Hopkins** shared his insights on what is driving rising hospital costs with the SF Board of Supervisors on April 28th. Learn more at [www.pbgh.org](http://www.pbgh.org)

outcomes focused and pay for care based on quality. Read more about the purchaser perspective at:

<http://healthaffairs.org/blog/2011/04/22/accountable-care-organizations-an-opportunity-to-transform-care/>

### **California Quality Collaborative has record turnout at physician learning session on quality improvement**

The California Quality Collaborative (CQC), a program of PBGH, Aetna, Anthem Blue Cross, Blue Shield of California, CAPG, Health Net, Novo Nordisk, and UnitedHealth Group, identifies and shares proven innovations in ambulatory (outpatient) care to physicians, medical groups and hospitals throughout California. At its April 5th workshop, CQC had record turnout from physician groups and independent practice associations eager to learn about how to measurably improve clinical care and patient experience measures, particularly for Medicare Advantage patients. CMS has established a significant pay-for-performance program in Medicare Advantage. "This was an important and unique opportunity for collaboration among physician groups and health plans, as they shared their insights on how to improve quality," says Lance Lang, MD, Clinical Director for CQC. Over a third of physician organizations plan to continue working with CQC to improve quality in this area in the months ahead. To learn more about this and other CQC learning opportunities, visit [www.calquality.org](http://www.calquality.org).

[www.pbgh.org](http://www.pbgh.org)

#### ***About PBGH***

Pacific Business Group on Health is one of the nation's top business coalitions focused on health care. Our 50 large purchaser members spend billions of dollars annually to provide health care coverage to more than 3 million employees, retirees and dependents in California alone. PBGH is a respected voice in the state and national dialogue on how to improve the quality and effectiveness of health care while moderating costs. Partnering with the state's leading health plans, provider organizations, consumer groups and other stakeholders, PBGH works on many fronts to promote value-based purchasing in health care.

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