

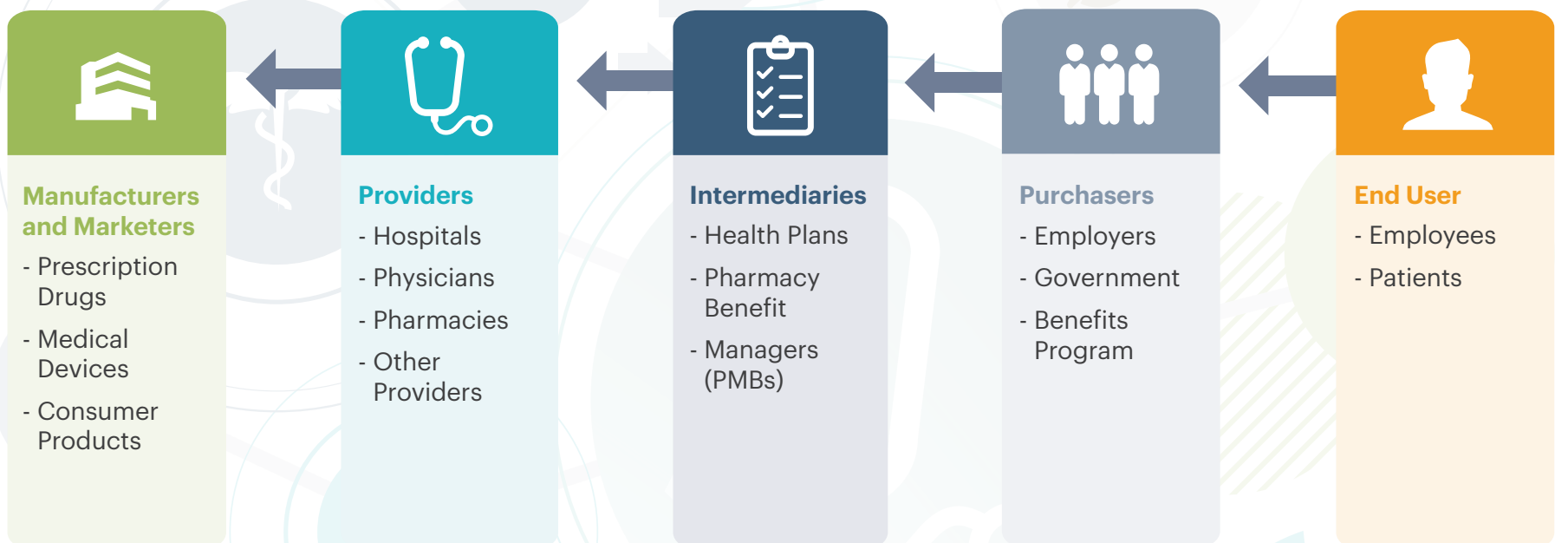
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UPCOMING EVENTS

The North Carolina Chamber is committed to shaping our state's future by providing your business with the most current information available on issues that impact your bottom line. Our signature events provide open, in-depth discussions on vital issues like the economy, education, tax reform, workers' compensation reform, tort reform, environmental regulations and much, much more. Some events offer the opportunity to earn credit hours that meet their industry's standards for continued learning requirements (CLE, CPE, etc.). Join us as we shape North Carolina's future together!



2017 Manufacturing Summit | May 9

The North Carolina Chamber is the exclusive state affiliate for the National Association of Manufacturers, and this year we surveyed industry leaders to help revamp this event. Topics will address the state of manufacturing in North Carolina, trade policies of today and tomorrow, and methods for creating a job-ready workforce that will provide manufacturers with the talent necessary to compete on the global stage.



2017 Cybersecurity Conference | May 24

Broadband and information technology are powerful factors in businesses reaching new markets and increasing productivity and efficiency. However, businesses need a cybersecurity strategy to protect their own business, their customers and their data from growing cybersecurity threats. This event will help businesses learn how to mitigate cybersecurity risks, and identify and prepare for potential threats.



Workplace Diversity & Inclusion Conference | June 15

2017 marks the North Carolina Chamber's inaugural Workplace Diversity & Inclusion Conference. This timely, information-packed program covers topics such as inclusive leadership; the multi-faith, multi-generational and multi-gendered workplace; evaluation and accountability for diversity initiatives and more. Content will be valuable for a wide range of organizations and attendees, ranging from the young professional to seasoned executive. Seats and sponsorships are expected to sell out quickly for this event.

REGISTER NOW | Visit www.ncchamber.net/chamber-events

DEVELOPING THE ROADMAP TO VALUE-DRIVEN HEALTH

S. LEWIS EBERT

In his book, *The Coming Jobs War*, Jim Clifton dedicates an entire chapter to examining the need to fix health care if our country is to be competitive for global job creation. He goes as far as to say, “fix health care or destroy job creation.” The data presented is compelling, startling and served as the basis for the North Carolina Chamber Foundation prioritizing health care as a top issue affecting job creation in our state.

North Carolina businesses provide a large percentage of the health insurance for our citizens. Unfortunately, businesses currently have limited ability to control costs and demand higher quality. The state needs a coordinated, comprehensive approach that emphasizes value with outcome measurement. The alternative is to leave our fate to the federal government and market forces that are driving rapidly escalating expenditures.

In a survey of chief executive officers, health care was the number-one issue, but one in which job creators in North Carolina felt they could impact least. Yet, the monumental issues that require transformational change are only solved when business takes the lead. Business has sat back on the sidelines for too long and, in effect, forfeited its responsibility to demand high-quality care with predictable costs (value) from our health care system. More importantly, the dialogue has to change. We must re-establish the true payer of health care, the tax payer. Businesses and individuals who self-insure, buy insurance, and pay local state and federal taxes pay for all health care in our country, in our state and in our local communities.

The North Carolina Chamber has a long-term vision for our state, *North Carolina Vision 2030: A Plan for Accelerating Job Growth and Securing North Carolina's Future*. Released in 2013 and put forth by business leaders, a key pillar of the plan is establishing and maintaining a competitive business climate. Quality and cost of health care sit at the top of the list of issues limiting job growth and hampering competitiveness for businesses in our state.

With that in mind, the North Carolina Chamber Foundation embarked on a three-year initiative to first quantify the current state of health care quality and cost in North Carolina, but to also develop a roadmap to value-driven health and turn health care quality and cost into a competitive advantage for companies looking to locate and grow in our state.

For too long business and health care professionals have talked past one another. Moving forward, establishing a common language is essential. Through a coalition of business leaders from across the state, we are working to do that now.

A value-based system for paying for health care will be critical to our state's future competitiveness. Through our initial work, it became evident that business leaders, inside and outside of health care, had very different definitions for value. Absent a common definition, it was clear that the ability to align interests and address the issues around health care would not be possible.

In order to broach a value-based discussion it was essential to put it in terms that business understands. Bridging the Value Gap by Chuck Reynolds and Jack Nightingale used strategic supply chain management terms, concepts and process to advance the goal. This framework allowed us to develop “The Roadmap to Value Driven Health” study to understand key relationships among health care market stakeholders, focus the stakeholders on a common goal (value), and encourage collaboration.

This piece showcases some of the initial discussions we have had as the North Carolina Chamber Foundation works to develop its Roadmap to Value-Driven Health. I look forward to sharing more as business takes the lead on transforming health care in North Carolina.

Lew Ebert is president and CEO of the North Carolina Chamber, a nonpartisan business advocacy organization that works in the legislative, regulatory and political arenas to proactively drive positive change to ensure that North Carolina is a leading place in the world to do business.



S. Lewis Ebert, President and CEO, North Carolina Chamber

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FIVE STRATEGIES FOR DRIVING SUCCESSFUL CHANGE IN NORTH CAROLINA'S HEALTH CARE VALUE

BY DALE JENKINS, CEO, MEDICAL MUTUAL HOLDINGS, INC.

Although North Carolina continues to top competitive leaderboards as one of the best places in the world to live, work and raise a family, health care outcomes for North Carolinians remain below average. We have many well-respected physicians, hospitals, health care delivery networks and other provider organizations in the Tar Heel State, but the nonprofit United Health Foundation ranked North Carolina's overall health care climate as just 31st out of all 50 states in 2015.

The business community continually taps health care as one of its top concerns—but also the one issue over which they say they have the least control. For this reason, and the continued evolution of North Carolina's economic landscape, the North Carolina Chamber Foundation commissioned a study conducted by the Benfield Group, a national health care research firm, to analyze the current health care challenges in North Carolina. From this study came the "Roadmap to Value Driven Health," which provides a framework for actionable solutions to make North Carolina a top-ten state for health and health care value.

The study identified the following three key takeaways:

- North Carolina's current climate of fragmented care and accountability is unacceptable.
- The business community and its fellow stakeholders on the health care supply chain must engage and collaborate in order to achieve comprehensive health care reform.
- As the number-one purchaser of health care coverage, both in the state and across the country, employers have an essential role to play in driving the conversation. As the individuals with the most skin in the game, it is incumbent upon the business community to step up and help drive successful change.

The roadmap outlined by the North Carolina Chamber Foundation's study pointed to several case studies spanning various geographic regions that have achieved significant successes through employer-driven initiatives. Whether these initiatives were implemented at the local or state level, each had five common strategies for facilitating successful change. In order for North Carolina to become a top-ten state in health care value—something the state needs to accomplish to remain competitive—the following five strategies must be executed by the drivers of change.

1 | PLACE THE CENTRAL FOCUS ON IMPROVING QUALITY AND VALUE

For any health care initiative to be successful, there must be a solid foundation that places a central focus on improving trust, quality and value in health care delivery, coverage and financing. Because health care relies on an intricate chain of stakeholders, suppliers and customers, there must be a shared definition of value that characterizes a common purpose. This ensures that all stakeholders clearly understand from the outset that value-focused collaboration is necessary.

How is this value-focused collaboration achieved?

Stakeholders must come to a consensus as to what "value" truly looks like. They must engage other stakeholders whose voices are essential to the discussion, and those who must help manage customer and supplier relationships and leverage success to expand collaboration. Measuring value is equally critical, with progress being defined as providing better outcomes for the same costs, the same outcomes for lower costs, or—the best of both worlds, and the ultimate goal—better outcomes at lower costs begin to take shape.

2 | BUILD A COMPLETE "BRIDGE" TO HEALTH CARE VALUE

Now is the perfect time to pursue a visionary approach to health care, as nearly all medium and large-sized communities across the country are affected in some capacity by a health care value gap. In many areas, there is at least one organization attempting to bridge these gaps, and as the study shows, some are already achieving success. In order for North Carolina to remain competitive and not be left behind by other states vying for new growth, the state must act now to build a complete "bridge" to health care value.

As illustrated in the study, if physician accountability and patient accountability are seen as two gates at opposite ends of a bridge, the connecting cables that support those gates are aligned incentives and accurate measurement and reporting of values. Technology infrastructure makes up the surface deck that allows information to be shared between physician and patient. This "bridge" would help close the health care value gap by bolstering the physician and patient accountability required for improving patient health and lowering costs of care.

3 | THINK BIG, BUT START SMALL

The health care supply chain is a complex collection of moving parts. In order to effect any meaningful change, the business community and stakeholders must think big. However, before monumental reforms can be realized, change needs to start on a small scale. In practice, this means initiatives should pursue an ambitious vision but take a practical approach to implementation.

As is the case with any movement to change an established, complex institution, success will not be achieved overnight. Working toward the big picture but starting small will allow those implementing change to build upon early achievements and ultimately reach much higher thresholds of success for North Carolina's health care system.

4 | PURSUE REAL "WIN/WIN" PARTNERSHIPS WITH OTHER STAKEHOLDERS

Many stakeholders have not traditionally viewed themselves as part of a supply chain, often approaching relationships with a zero-sum mentality. While this challenge is not unique to North Carolina, it is one that we must overcome. Stakeholders can no longer feel that one party's gains come at another's expense.

To do this, employers must pursue real "win/win" partnerships, while also promoting "win/win" interactions among stakeholders along the supply chain. Putting into practice the lessons learned in successful supply chain management from efficient industries, like automotive manufacturing, to help implement more effective, collaborative solutions for the health care industry would help establish these "win/win" partnerships.

Successful collaborations provide clear "wins" for all stakeholders and incentivize them to maximize efficiency, while closing the gaps along the supply chain that are their individual responsibility. As this is implemented, special attention to engage and support physicians should be an area of emphasis. This type of stakeholder outreach must be pursued in order to bring successful health care changes to fruition.

5 | ENGAGE STRONG LEADERS TO DRIVE THE INITIATIVE

Effective leadership is an essential ingredient to any visionary initiative, bringing passion, pragmatism and the power to persuade others to get involved. Achieving comprehensive health care reform hinges on the guidance of strong leaders.

North Carolina's innovative spirit, the Research Triangle Park, thriving cities, leading companies and world-class public and private universities are all fertile grounds for strong, forward-thinking leadership. Our leaders are grounded in the complex challenges facing North Carolina and make up the perfect combination of forces to drive the successful change needed to achieve comprehensive, collaborative, value-focused health care reform.

It's no secret that there are many challenges facing successful health care initiatives in the Old North State. However, the five strategies outlined to drive successful change are fundamental to tackling those challenges. Health care is a critical component of North Carolina's continued growth and prosperity, and as such, the business community and stakeholders who make up the health care supply chain must come together to drive tangible, comprehensive solutions to the health care obstacles facing the state and its people. The journey to transform North Carolina into a top-ten state for health care outcomes is already underway, and by working together, the business community and its fellow stakeholders can make the shared vision for world-class health care value a reality for all North Carolinians.

TRANSFORMING HEALTH CARE: A ROADMAP TO VALUE

BY CAROLINE BARNHILL

For more than 100 years, the health care system in the United States has been largely driven by a fee-per-service model where patients are charged for the services provided. The system has been largely criticized for giving a financial incentives for doctors and medical care providers to provide more, and perhaps unnecessary, treatments because payment is dependent on the quantity of care... not the quality of care.

Skyrocketing health care costs have caused significant burdens upon businesses tasked with providing pricey insurance options to their employees and patients struggling to pay the premiums required to care for themselves and their families.

And despite being home to some of the nation’s top hospitals and medical research institutions, health outcomes for North Carolinians continue to fall below the national average. The Commonwealth Fund, a New Yorked-based foundation that promotes effective health care practices, recently released its health rankings reports, naming North Carolina 35th, behind 33 other U.S. states and the District of Columbia.

Many business owners and other key stakeholders believe it is imperative that the health care community in North Carolina come together to achieve comprehensive health care reform strategies that provide high-quality health care for the state’s citizens.

VALUE-DRIVEN HEALTH CARE

Across the country, groups are exploring how to move from a fee-per-service model to one that focuses on high-quality, value-based care. This more integrated approach requires greater transparency to the consumers - giving them the incentive to choose health care providers based on value, which in turn should drive companies across the health care supply chain to provide better quality care at an affordable price in order to remain competitive.

Carl Armato, chief executive officer of Novant Healthcare, one of the area’s larger health care providers with more than 15 hospitals and 250 physicians practices across the southeast, uses the phrase “right place, right time, right price” to describe how

their company tries to meet the need of patients. It requires some creativity, he says, and his own employees have served as a test case.

“We started a new population health approach with 39,000 of our own team members and their dependents that would help people with follow-up care, wellness/prevention and screenings,” Armato says. “The result was we’re one of the few organizations that bent the cost curve toward the customer. We saved \$10 million off our projected costs of what we thought we we’re going to spend on our team members, and \$1.5 in actual cost savings from 2015.”

Dr. Brian Caveney, chief medical officer of Blue Cross and Blue Shield of North Carolina, says the shift from fee-based services to a value-based system will take time and will require a cultural shift of how people view health care.

“It will take years for the system to evolve. This is an industry that represents a fifth of the U.S. economy and has a complex web of stakeholders. We need to be thoughtful and deliberate to get it right, says Caveney.

“For employers, wanting value means ‘I’m sick of paying so much for my employees’ health care.’ No one in the supply chain of health care – physicians, hospitals, insurers, drug companies or wheelchair manufacturers – is raising their hand and volunteering to take a pay cut. So we are working hard to measure quality, manage appropriate utilization, engage our members and providers, and reward better outcomes. That’s hard and that’s a huge cultural change that needs to happen,” he continues.

GETTING CREATIVE WITH HEALTH CARE

Some companies, like The Biltmore Company in Asheville, N.C., are trying new approaches to bring value-based health care to their employees. In 2012, the company decided to launch an on-site health care clinic, along with other wellness offerings, to try to improve the health and well-being of their employees and their families.

“We offer disease management programs, workers compensation visits, pre-employment screenings and other minor urgent care offerings,” says Vicki Banks, vice president of human resources for The Biltmore Company. “We’re constantly trying to find ways to bring the services our employees need to them. The success of the clinic has been great - we had more than 4,000 visits last year alone.”

Blue Cross and Blue Shield of North Carolina, the company’s third-party administrator, partners with The Biltmore Company to provide reporting in an effort to identify additional opportunities for adding value to the program. By reviewing trends associated with provider choice, disease states, outpatient services and prescriptions, employers can create programs and support systems that produce healthy outcomes. Combined with consumer tools and education, the company’s employees become empowered in making health care decisions based on quality and cost.



Having an on-site clinic saves the company money since they don’t have to process claims through insurance the way they would if they were working with the average doctor’s office down the street. The company pays monthly for the services and the doctor’s care.

“We’ve been able to pass those savings onto our employees. Over the last six years, we’ve only had to increase premiums by two percent,” says Banks. “It’s been such a success that we’ve been able to expand services - like hearing tests and physical therapy - to our employees and their families.”

BARRIERS & OPPORTUNITIES

One major barrier health care companies face is working within a fragmented system - and the loser is the patient. Doctors and clinicians work to treat individual issues, but there is no collaboration to help treat the overall health of a person.

But the answer is not creating one mega health system that controls the market, says Caveney. “The system is extremely complex. There are thousands of diseases, diagnostics and medications, with new treatments being developed every day. And we should cheer for that, because that means research and innovation will improve our collective outcomes. But no single doctor or patient can possibly keep up with it”, Caveney says.

“What we need is a better framework to align incentives based on health performance outcomes across the supply chain. We need to start getting patients to take better care of and advocate for themselves. And we need to provide more guidance for people who can’t advocate for themselves. It’s always going to be complex, but we need to help people so they don’t feel so frustrated, lost and cheated by the system.

Companies like Quest Diagnostics are using information technology tools to improve patient care by tying health performance outcomes to financial incentives.

“We have a program that we manage for accountable care organizations and other risk-bearing providers to help improve screening rates for colon cancer,” says Dr. Jay Wohlgemuth, senior vice president and chief medical officer of Quest Diagnostics. “A successful program may help identify more people at risk for this cancer while also positioning the organization to qualify for financial awards for achieving value-based quality measures.”

Another issue that leads to fragmentation is a regulatory environment that prevents collaboration among health care providers, says Armato.

“There is a lack of cooperation we see among competitors and independent physicians. We’re all forced to duplicate services and efforts,” Armato says. “For example - the electronic health records system. We’ve all spent between \$600 million and \$1 billion on creating those systems. If we would have been allowed to work on that together, and collaborate rather than compete, that money could have gone back into the revenue cycle. That’s a lot of dollars that could have been redeployed for unmet health care needs like the behavioral health system, which has suffered.”

But there is a big gap in the IT capabilities within the provider community - which is a major hurdle to the health care community moving to a value-based system. While large, tech-savvy providers like Novant have been able to invest in EHR systems, smaller, rural practices are still lagging behind.

“Moving to a value-based system will be much easier for a company like Novant, than it will be for a two-doctor practice in, let’s say, Transylvania county,” says Caveney.

But, according to Caveney, one of the biggest hurdles the system faces is changing the way people see the health care system.

“Ten years ago when the average person had low copayments and low deductibles, people didn’t think twice about the cost of their medical care costs because their employers were bearing the brunt of it,” Caveney says. “We trained Americans to think that you can get all the health care you want for a \$20 copay. That caused physicians to not pay attention to what things cost, and patients did not ask.

“We need employees and their providers to not see that person’s insurance as someone else’s money to be spent, but rather align incentives among all those groups so everyone wants the same thing, which is better health outcomes at a reasonable price. We need to start getting people to approach their health care dollars in a way that they only seek the care they need and try to get it in a reasonable way. When consumers act that way, and when physicians and hospitals act that way, we’ll know we’ve made incredible strides toward value-based health care.”

Changing the framework so that people feel some ownership over their health and well-being would be a major opportunity to improve the health care system, agrees Banks.

“We need to encourage people to take better care of their health, and there needs to be community-based systems that focus on the overall well-being of its citizens,” Banks says. “When we look at states like Colorado, which is always at the top of the health care rankings, we see people that are very active, and take advantage of their outdoor spaces to hike and bike.”

WE ASKED, THEY ANSWERED:

WHAT IS SOMETHING YOUR COMPANY IS CURRENTLY DOING TO PROVIDE VALUE TO THE PAYER - BUSINESSES AND INDIVIDUALS IN NORTH CAROLINA?

Armato: “We had electronic health records deployed at all our hospitals and clinics so, for the first time, we could see our patients electronically. One example of why this matters is a system we put into place for our patients with diabetes. We have more than 60,000 diabetics we treat. Thanks to electronic health records, we could do predictive analytics and create protocols to change the way we handle diabetic care. The result was we had excellent results lowering the number of patients with poor control, and maintained and increased the number of patients with good or excellent control. That’s what value-based care does. It helps us get proactive in helping people - as opposed to episodic care. When we focus on wellness and prevention, it keeps costs down, which helps the payers.”

Caveney: “Job one for us is negotiating the biggest and best discounts with all supply chain providers on behalf of the businesses we represent. We also work to ensure appropriate care is being delivered to the company paying for it. We decide what we will cover by scouring medical research for evidence that backs it up. It sounds traditional but that brings value to the employer. The employer doesn’t know if their

What is Value?

We asked four experts, across the spectrum of the health care supply chain, to define what “value” means when it comes to health care.

Carl Armato, CEO, Novant Healthcare: “Value should always be defined by the people we serve. For us, we look at the consumer experience. In talking with our customers, quality and safety are very high on the list. In addition to that, they want authentic, personalized experiences with their providers. And lastly, they want to have choices and people that will help them make the best choices in the event of a health care crisis. But value also includes affordability - so we’re working diligently to pass savings on to the customers we serve.”

Dr. Brian Caveney, CMO, BCBSNC: “There are so many different definitions depending on the viewpoint of the stakeholder being asked. One is good clinical quality for the cost you incur. Or more broadly, like Warren Buffett might say, price is what you pay, value is what you get for your money. And those are two very different things. A physician that gives you the rock bottom price but performs a surgery that is not medically necessary – that’s a good price but not value. At Blue Cross, we break it down like this: It’s helping the right patient get the right care from the right provider at the right time in the right site of care for a reasonable price.”

Vicki Banks, Vice President of Human Resources, The Biltmore Company: “When it comes to value, we’re always considering our employees and their families. It’s a combination of not only health outcomes and how that relates to cost, but also their experience, perceptions and overall well-being. We have to ask, are our employees and their families healthier? Do they have good relationships with their providers and trust them for their care? But also, if they find good health care but can’t afford it, as the employer, we need to take a step back and see what’s driving those costs and try to help them address it.”

Dr. Jay Wohlgemuth, Senior Vice President and Chief Medical Officer, Quest Diagnostics: “In health care, value is measured by quality of care and outcomes both for individual patients and populations. Increasingly, value in health care is also about economics – namely, how cost effective or financially valuable a product or service is. Given limited resources, cost-effectiveness of health care solutions is critical and, in fact, a clinical outcomes issue. Diagnostic information services, which is the core business of Quest Diagnostics, account for two to three percent of U.S. health care costs, but inform the majority of clinical decisions. The insights from this information are also vital to the development of precision medicines targeted to the DNA of a patient. And of course, we support employer wellness programs by helping to identify employees at risk of potential health concerns ranging from diabetes to opioid addiction. At Quest, we like to say that diagnostic information services are at the center of the health care universe because we really impact the delivery and quality of care across the board.”

A NEW PATIENT EXPERIENCE

According to Novant Healthcare CEO Carl Armato, there is a need to change the way Americans, and North Carolinians, see their health care.

“It goes back to the current model is a fee-for-service model, instead of a system that looks at the total care of a person. There are so many people today that don’t have a primary care doctor. About 40 to 50 percent of people don’t regularly see a physician,” Armato says. “We need to focus on wellness and prevention. We need to manage people not just when they’re sick, but be working on ways of preventing it.”

When the sick and injured are without a primary care provider, they are more likely to overuse emergency room services - often in the case of non-emergencies - which can heavily impact medical costs.

Novant recently partnered with Cigna in developing a collaborative care initiative in the Triad and Charlotte aimed at improved health, affordability and patient experience. Novant took a number of measures to reduce emergency room use - including extended office hours, patient education and collaboration with hospitals. The result was an 8.3 percent reduction in hospital admissions and 16 percent fewer emergency room visits.

“There needs to be coordinated care between social workers, referral coordinators, doctors, nurses and pharmacists. We’re starting to find a model that does that,” Armato says.

A big part of the program is implementing clinical care coordinators to help customers with chronic conditions or other health challenges navigate the health care system. Care coordinators use customer-specific data from Cigna and Novant Health to identify individuals being discharged from the hospital who might be at risk for readmission, as well as assist patients who may be overdue for important health screenings or who may have skipped a prescription refill.

Customers also receive health education and have access to both organizations’ wellness and clinical programs, such as disease management programs for diabetes, heart disease and other conditions, as well as lifestyle management programs, such as tobacco cessation, weight control and stress management.

“The system is extremely complex. There are thousands of diseases, diagnostics and medications, with new treatments being developed every day. And we should cheer for that, because that means research and innovation will improve our collective outcomes. But no single doctor or patient can possibly keep up with it.”

- BRIAN CAVENEY

employee really needs a spine fusion surgery or not - but they trust us to help them navigate that. We partner with health care providers to create value-based contracts that provide incentives for improving health outcomes for patients. And for our members, we’re working to help them take better care of themselves by offering wellness programs and disease management, while also giving them transparency tools to become smarter shoppers when it comes to their health care.”

Banks: “The Biltmore Company offers an on-site medical clinic for our employees. We also have wellness fairs every year where we work with local healthcare providers and invite them to come and meet with our people, or things like mammogram days where we offer free mammograms. Our role is to give our employees the ideas and tools to create healthy habits. We are in the hospitality business. We want happy people. So when we have employees who are dealing with heavy things - like sickness - we want to give them the best possible tools to feel like they’re in control of the process, and not just at the whims of their health care provider.”

Wohlgemuth: “Delivering a consumer-friendly experience starts with the locations where people intersect with your organization. Quest strives to make accessing our services as convenient and easy as possible. In North Carolina, for instance, we operate about 40 patient service centers (as well as a full service clinical lab in Greensboro), so a patient has many convenient ways to intersect with us. We also provide mobile phlebotomy services as well as on-site wellness visits where biometric testing is performed for employer wellness programs. And we’ve started to work with telemedicine providers, so that if the physician requires lab testing an order can be placed seamlessly with Quest. Convenient, responsive service is critical as health care becomes more consumer directed.”

IF YOU HAD A MAGIC WAND, WHAT TWO THINGS WOULD YOU CHANGE IN HEALTH CARE?

Armato: “The first would be to stay on the course to value-based care. At Novant, we’re already invested in building the infrastructure to move us from a fee-per-service to value-based system. We can’t stop now. And next would be updating the antitrust laws to provide the high-quality care that’s needed and expected of us. We need to change the rules and regulations so that it lets us collaborate with competitors. It would make us more efficient, and free up some resources so we can invest in behavioral and public health.”

Caveney: “One would be having people begin to think critically about how their health is important long-term – for job opportunities, economic well-being, length and quality of life and more. Health is so important and they need to be responsible for it. We need more citizens to prioritize their health and turn that into positive consumer and lifestyle behaviors. When they do need health care, they should educate themselves, seek appropriate care and then adhere to their doctor’s care plan. Even small gains would have a massive impact on health care affordability. The other part is I’d want complete data interoperability. Getting different electronic health record systems to talk to each other is hard. If we could find a way to do it without costing society a trillion dollars, that would be huge. It would give us visibility to where we have problems in the system and help give physicians insight into what things work and don’t work. We need medicine to become more of a science than an art. We need it to be data-driven and evidence-based. Interoperability would also enable us to build amazing clinical decision support systems for doctors, because even the smartest doctor cannot possibly keep up with the advances being made. That would have huge downstream impact.”

Banks: “A big one would be prescription costs. They’re very expensive - and we work hard to try to manage our prescription costs. I hate having to hear about someone trying to decide between buying food for their family or filling their prescription. And the second thing I’d change is to make sure every consumer knows they have choices in their health care. I want people to learn to ask questions and become their own advocate. They don’t have to just take a slip of paper from their doctor, accept what’s been told to them and not ask any questions. I want people to take part in their health.”

Wohlgemuth: “Preventive care is absolutely critical to a well-functioning health care system. And laboratory testing is often a linchpin of preventive care because it can spur interventions to prevent catastrophic outcomes. Colon cancer, cervical cancer, diabetes, heart disease, sexually transmitted infections and many other conditions, when caught early, can often be treated successfully and for much less cost than for advanced disease. Yet, research shows under-testing is a concern for many at-risk populations. We also need to do a better job of personalizing treatment to the individual patient. The high cost of pharmaceutical drugs captures many of today’s news headlines. But what we don’t hear as much about is that there are now, in many cases, diagnostic tests that can help identify if a patient will respond to a therapy before it is given and treatment time and money is potentially wasted. To change this, the medical community needs to do more to target at-risk populations. Quest provides analytic solutions that help a health system or physician practice identify at-risk patient populations. We can look at our lab data and determine, based on medical guidelines, if certain populations are due for a screening test for cancer or at risk for diabetes, for instance. This not only helps the patient, it also helps the health system or health plan potentially qualify for reimbursement under value-based payment models. It’s a way of closing gaps in care and improving financial performance.”

Who is in Charge of North Carolina's Future?

Do you believe our state is on the right track?

Who has the plan to make North Carolina a world leader in job creation and job retention?

A world leader in education?

Quality of life?

Who has a plan for a strong business climate?

Who has a plan for the millions of people projected to move here between now and 2030?

Are we creating enough private sector jobs?

Are our roads and bridges ready?

What about our schools?

Do we have enough clean water?

Enough energy capacity?

What are we going to do about it?

What are you going to do about it?

North Carolina's business community has a plan.

North Carolina Vision 2030 is a plan for North Carolina to work together to secure our state's future.

Learn more at ncchamber.net/foundation.



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