



The Path to Higher Quality and More Affordable Care

Three ways that employers can control costs and reduce variation in the quality of health care delivered to their employees.



“As purchasers that fund much of the health care ecosystem, employers have a meaningful opportunity to catalyze system change.”



Table of Contents

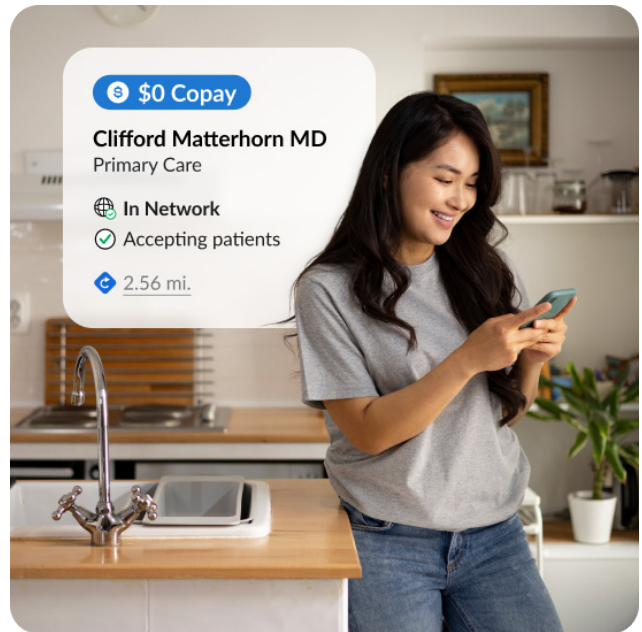
Learn how employers can drive significant change in the healthcare sector by emphasizing quality-focused care.

- 3 Introduction
- 3 Enhanced Transparency and Improved Care Selection
- 4 Optimized Health Care Spend
- 4 Systematic Quality Improvement
- 5 Incorporate Quality Transparency
- 5 Establish Accountable Care Contracts
- 6 Collaborate with Healthcare Organizations and Initiatives
- 6 Conclusion

INTRODUCTION

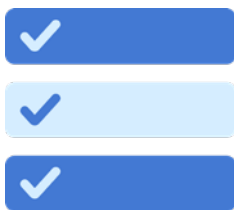
As the healthcare landscape continues to evolve, more and more employers are playing an increasingly crucial role in the type of care that their employees receive. As a result, employers are uniquely positioned to drive meaningful improvements in the quality of care provided to millions of Americans through employer-sponsored insurance (ESI).

This guide aims to define the benefits of leveraging performance data at the provider level and provide a strategic overview of how employers can transform health outcomes for their employees and their families.



BENEFIT 1

Enhanced Transparency and Improved Care Selection

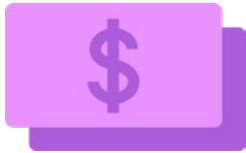


Harnessing provider-level quality data promotes transparency by revealing health care providers' use of proper diagnostic tests, recommendation of appropriate treatments, and overall patient outcomes against national peers. Individual providers are evaluated on how well they follow the latest evidence-based medical standards of care.

This transparency not only enables employers to make more informed decisions when selecting health care plans and providers, but also empowers employees to choose care providers that align best with their health needs. By investing in data integration and making this information accessible to employees, employers empower their workforce to make decisions that optimize their health outcomes.

BENEFIT 2

Optimized Health Care Spend



“In a sample of 809 cardiologists in Ohio, among the top 10% of providers, an average of 73% of their patients are taking these life-saving medications regularly. However, among the bottom 10% of providers, about half as many patients receive the benefits of statin adherence (39%).”

Another advantage of using provider-level quality data is the opportunity it presents to optimize health care expenditures. By prioritizing quality of care over pure cost considerations in health care contracts, employers can promote the delivery of high-value care, reduce avoidable utilization, and improve health outcomes for employees.

BENEFIT 3

Systematic Quality Improvement



Quality measurement and improvement is central to enhancing health care delivery and outcomes. With provider-level quality data, employers can incentivize continuous improvements through long-term accountable care contracts. This approach encourages providers to systematically enhance care quality, close disparities across patient subgroups, and achieve population-wide health improvements.

This is more than just a strategy for incentivizing improvements on specific quality measures. **It offers an opportunity to drive systemic change in the healthcare sector. By setting quality standards, employers can inspire innovation and motivate all healthcare providers to strive for excellence in their practice, ultimately boosting the quality of care across the board.**

Strategies

INCORPORATING QUALITY TRANSPARENCY

One effective strategy for employers is to incorporate quality transparency into their healthcare plans. By providing employees with information about the quality of care delivered by different providers, companies can empower their employees to make informed decisions. This transparency can be achieved by leveraging provider-level quality data and making it accessible to employees.

By presenting this information in a clear and understandable manner, employees can compare providers based on the quality of care they deliver. This encourages competition among providers and incentivizes them to improve their quality metrics in order to attract more employees. Additionally, transparency allows employees to choose providers that align with their preferences and healthcare needs, leading to higher patient satisfaction and better health outcomes.



Drive Incentives for Preferred Providers

Implement programs that guide your employees towards high-quality healthcare providers. By offering incentives such as higher coverage for costs and better outcomes, employers can steer their workforce away from underperforming providers and towards providers who deliver better care.

ESTABLISH ACCOUNTABLE CARE CONTRACT



Another way employers can reduce variation in healthcare quality is by establishing accountable care contracts with healthcare providers. These contracts incentivize providers to take meaningful accountability for quality outcomes, driving them to improve the quality of care they deliver. Providers are contractually incentivized to prioritize quality measurement and improvement over time.

Through these contracts, employers can hold healthcare providers accountable for meeting specific quality measures, such as reducing avoidable utilization and improving preventive care. This approach fosters a culture of continuous improvement and ensures that employees receive consistent, high-quality care. By aligning financial incentives with quality outcomes, accountable care contracts encourage providers to invest in initiatives and strategies that yield positive results in terms of patient care and outcomes.

COLLABORATE WITH HEALTHCARE ORGANIZATIONS & INITIATIVES

Employers can also reduce variation in healthcare quality by collaborating with healthcare organizations and initiatives that focus on improving quality outcomes. By partnering with nonprofit organizations that can provide guidance, policy expertise, and multi-employer scale, employers can leverage their collective influence to drive quality improvement initiatives. These organizations provide guidance, policy expertise, and resources to support employers in their efforts to improve healthcare quality.

Employers can participate in regional centers of excellence established by these organizations, which aim to improve health outcomes through collaboration and shared best practices. Additionally, employers can support initiatives that focus on advanced primary care measures for commercially insured groups, promoting high-performing primary care and ensuring that employees receive comprehensive and effective primary care services.



Conclusion



Employers are currently facing an exciting opportunity to improve the quality of care for their employees with employer-sponsored insurance and to set a new standard for the U.S. healthcare system.

Despite the high cost of employer-sponsored insurance, many members continue to receive low-quality care that drives up unnecessary costs. By leveraging provider-level quality data inside their existing benefits ecosystem, employers can not only take a leading role in creating a health system that delivers high-quality care for employees, but can also significantly control costs across their entire organization.



Embold Health is a doctor-led healthcare analytics company that helps employers identify and guide their members to high-performing doctors, which improves patient outcomes and lowers costs.

Ratings are based on objective clinical performance data of the individual physician against regional peers and latest medical care standards.

Embold's vision is to raise the quality of health care by providing every healthcare consumer in America with actionable, objective doctor quality metrics, empowering them to make smarter health care decisions.

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