

City Of Milwaukee

Wellness and Prevention Committee Recommendation Regarding 2011 Request for Proposal for Screening, Measurement, Health Advocacy/Coaching and Disease Management

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EXECUTIVE SUMMARY

What is the Recommendation of the Wellness and Prevention Committee?

As a result of a thorough request for proposal (RFP) process and evaluation, including interviews with finalists, the Wellness and Prevention Committee recommends the following:

Enter into a three-year contract, with an option to renew for two more years, with Froedtert & Community Health Workforce Health to provide Screening, Measurement, Health Advocacy/Coaching and Disease Management services.

Who Was on the Wellness and Prevention Committee?

The Labor / Management Committee included the following persons:

- MPA, Mark Buetow and Dale Bormann;
- DC#48, Ken Wischer and Dan Panowitz;
- Local 215, Allen Jansen;
- Staff Nurses' Council, Nancy Burns;
- TEAM, Maurice Lyles;
- Association of Municipal Attorneys, Beth Conradson Cleary;
- Local 494 Electrical Group, Feliks Zajackowski;
- Management, Dennis Yaccarino, Troy Hamlin, and Michael Brady.

Assisting the City team were the following individuals:

- Douglas Ley, Senior Vice President, Willis
- Clete Anderson, Vice President, Willis

The City retained the services of Willis to assist in the following:

- Assist the committee in reaching consensus regarding overall program design,
- Assist in the preparation of the RFP,
- assist the Wellness and Prevention Committee in evaluating the carrier responses and making recommendations,
- conduct financial analyses, and
- draft this final report.

How Did the Wellness and Prevention Committee Reach This Recommendation?

Selection Process

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The City of Milwaukee realizes the impact that maintaining health and assisting people with chronic health conditions has on controlling the cost of the health benefits provided to City employees and their families.

The selection process stems from agreements the City reached with its unions. These agreements allow for different employee contributions based on the employee's use of tobacco and participation in a health screening process. The health screening process involves employees and their spouses completing a health risk assessment, being measured (height, weight and blood pressure), having blood drawn and from the data obtained producing a confidential personal wellness profile.

Employees and spouses will then have access to a staff of health professionals who will assist them in understanding their current health status and provide City-specific programs to help people with chronic disease.

Since participation in the programs beyond the measurement and blood work is voluntary, support by labor for the process and the vendor chosen will be vital to the success of the program.

Based on input from the committee that began meeting in December 2009, a request for proposal (RFP) was drafted laying out the requirements and objectives for the respondents. Once the RFP was agreed upon by the team, it was e-mailed to 22 firms that were known to provide these types of services. The firms were given roughly a month to respond. Written questions from the firms and the responses to those questions were combined and provided to all firms. Proposals were due back by June 21.

After the RFP was released but before the responses were received, the team met and set the scoring weights for evaluating proposals. Here are the scoring weights chosen by the committee.

Points	Topic
10	Confidentiality/Privacy/Compliance Issues
10	Screening/Measurement/Reporting Requirements
10	Health Advocacy and Coaching Requirements
6	Disease Management and Support to Case Management Requirements
8	Marketing, Communication, Promotion Requirements
6	Data integration/Management Considerations
6	Monitoring Program Effectiveness
6	General Service and Other Administrative Issues
8	Customer Focus and experience with City, County and/or State governments
70	Total Qualitative Points
30	Total Quantitative Points

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100	Total Points
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Because of the nature of the services to be provided, a strong emphasis was placed on the qualitative responses, 70 points out of 100. The scoring weights were sent out to the vendors the day the proposals were due so that they would know the criteria for evaluation but not be able to build their proposals around the scoring.

The City received proposals from the following vendors:

- Aurora Health Care / US HealthCenter
- Avivia
- Columbia St. Mary's
- Froedtert & Community Health
- Health Check 360
- Health Coaches
- Health Fitness
- Health Solutions
- HealthFair / U.S. Preventive Medicine
- Wheaton Franciscan Health

The Health Coaches proposal was deemed nonresponsive because it neither responded to the questionnaire nor provided any fee quotes so no further review of its proposal was made.

This left nine responsive proposals. From July 6th through July 9th the team met to review the proposals. The team began reviewing the responses to each of the sections outlined above. Those responses were scored by the team. All of the proposals were reviewed before taking into account their fees to assure that services provided would meet the City's needs. In this circumstance a low fee might well go with a proposal that was unacceptable because it did not provide the depth or breadth of service required by the City.

While not an explicit requirement going into the process, the review of the proposals made it clear that a local organization that knows Milwaukee and can provide personnel for face-to-face coaching was a very important need identified by the team.

The four finalists with the highest qualitative scores were in alphabetical order:

- Aurora Health Care / US HealthCenter
- Columbia St. Mary's
- Froedtert & Community Health
- Wheaton Franciscan Health

The four finalists were invited for interviews on June 9. Each was provided ahead of time a list of standard questions that would be asked. The team would also ask other questions based upon the discussion. The vendors were told that they would not be asked to make a presentation and should bring team members who would be assigned to the Milwaukee account should they be hired so the team could meet them.

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After interviewing each vendor, the team ranked the interviews. Columbia St. Mary's and Froedtert & Community Health were ranked the highest of the four. Because there were additional questions and concerns regarding the respective responses, both were asked back for another interview on July 14. Question specific to each were prepared ahead of time but were not shared with Columbia St. Mary's or Froedtert & Community Health. Those questions were asked as well as others that arose based upon the discussion.

After completing the second interview the team held a discussion and then voted. Froedtert & Community Health was chosen unanimously by the twelve team members as the vendor to be recommended to the City.

The analysis and comparison of the financial responses was a difficult task. The way in which the respective vendors configured their fees made their projected total annual fees highly variable depending on the assumptions of what percent of City employees would have a Health Risk Assessment (HRA) performed, and then of those what percent continued on with coaching. A vendor that had a relatively low total annual estimated fee at low participation could have a much higher relative total fee at higher participation, and vice versa. Or one vendor's fees may stay relatively flat for the duration of the contract, while another's might increase steadily.

After modeling a number of different combinations of participation assumptions, the team decided that the financial comparison should be based on the average annual cost for the next three years assuming 90% of the 10,400 eligible adults would take the HRA, and of those 25% would continue on with some form of coaching and assistance.

Based upon this comparison Froedtert & Community Health Workplace Health has estimated fees of roughly \$1.3 million annually.

One should note that if the fees paid to the firm are lower than anticipated it would be a bad sign because it would mean lower employee participation than anticipated, and employee engagement in the program is key to success.

This is the first step in a journey to control the increasing cost of the City's health benefits. This effort will be ongoing, not a one-time surge of activity, and will require a good change in the mindset of City employees. Long term results of successful engagement will be improved health of City employees and reduced cost of healthcare.