



**BlueCross BlueShield  
of Kansas City**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

**Congressional Field Hearing – August 5, 2009  
Committee on Agriculture  
Blake Williamson, M.D., Expert Witness  
Vice President and Senior Medical Director  
Blue Cross and Blue Shield of Kansas City**

**Introduction**

Good morning/afternoon! Thank you for this opportunity to tell you about the breakthrough wellness programs that Blue Cross and Blue Shield of Kansas City has developed for our clients in Kansas City and their employees around the country. Results of these programs to date are very encouraging and show positive health outcomes for those participating. These positive results are the direct result of our company's significant investment in our members – a clear example of the kinds of innovative contributions that only the private sector can provide.

Further validation of our programs comes from the National Committee for Quality Assurance (NCQA), a highly respected organization that evaluates, accredits and certifies a wide range of healthcare organizations. We were recently honored to be the first organization in the country to receive accreditation for our programs under NCQA's Wellness & Health Promotion program. This is a great honor for us, and is leading to even greater innovations on our side.

**Real Results**

Health and wellness initiatives are certainly not new, and many companies and organizations have been in this business for a long time. Results of initiatives have been uncertain to this point.

For members enrolled in our wellness programs, however, the results are real. Our most innovative program, A Healthier You™, has been in place for four years, and we've been able to track 15 large employer groups that have been in the program for all four years. Here are just a few examples of the success we are seeing in this program:

- Aggregate wellness scores from the Health Risk Appraisal have steadily increased several points over the four years, indicating health risk levels are going down.
- Blood pressure levels have decreased.
- Total cholesterol levels have decreased.
- Emergency room visits by A Healthier You participating companies have decreased slightly, while ER visits by non participating companies have increased by 17%.
- The costs associated with these ER visits have also gone up significantly for those not participating in the program.

- Overall medical costs have trended up at a slower rate for those participating in the program (10% increase); non participating companies have seen overall medical costs increase more than 17%.
- We have also seen routine medical exams increase in number, which we believe is a good sign; it shows prevention is on the rise and people are taking care of themselves better.

After an in-depth analysis of the cost outcomes of this program, we feel confident that it has a return on investment of approximately 3 to 1 – for every one dollar spent on the program, the employer will receive three dollars in return in lower employer healthcare costs.

### **Continuum of Health**

Our health and wellness programs target the needs of all our members, regardless of where there are on the continuum of health. Our objective is to keep healthy members healthy, and move those members who have some health risks or chronic health conditions back down the continuum toward the healthy end of the scale. It's a sad fact, five percent of members account for nearly one half of all claims costs, and a vast majority of these costs are the result of unhealthy behaviors and lifestyles.

As a company, we lead the market in service and wellness initiatives. We use health plan tools and data, gathered in our extensive Electronic Data Warehouse, to determine where members are on the continuum and personalize our communication with them. We provide education and resources for members who are healthy, interventions for those who may have a few health risks, and individualized care for those members with chronic conditions or catastrophic illnesses.

### **Overview of Programs**

For those members who are healthy or may have just a few health risks, our A Healthier You worksite program provides personalized counseling and online tools to support healthy behavior and any changes the member may wish to make. Members take health risk appraisals to determine where they fall on the continuum and engage in the appropriate programs that target their needs. Employers receive aggregate results with insights into their employee population's health and recommendations for future engagement.

Members living with chronic health conditions need extra attention to prevent their conditions from progressing in the wrong direction on the health continuum, leading to higher costs. We have developed special programs for members with diabetes, asthma, chronic heart failure, chronic obstructive pulmonary disease, coronary artery disease, depression, rheumatoid arthritis, hepatitis C, and multiple sclerosis. Our Disease Managers, who are also nursing professionals, reach out to these members and help them get control over their conditions.

Finally, for our members with the most critical needs, including life threatening illness or injury and transplant cases, our Cases Management nursing professionals are there to assist them with their highly specialized needs. Interventions are variable based on the member's needs and are developed collaboratively between the nurse and member, fostering a one-on-one relationship and allowing the nurse to serve as an advocate for the member.

**Conclusion**

Blue Cross and Blue Shield of Kansas City believes the future of healthcare cost containment lies in disease prevention, the practice of evidence based medicine, and increased member accountability for lifestyle behaviors and the care of their health. Nationwide, nearly 70% of all healthcare costs are the direct result of the lifestyle choices we make. We believe we have in place the right programs to empower our members to make better healthcare decisions and live longer, happier lives. I've provided more detailed information on the topics I covered today in the packet that you have. I look forward to answering your questions. Thank you for your time today.



FOR IMMEDIATE RELEASE:  
July 23, 2009

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**BLUE CROSS AND BLUE SHIELD OF KANSAS CITY BECOMES NATION'S  
FIRST ORGANIZATION TO RECEIVE NCQA ACCREDITATION FOR  
WELLNESS & HEALTH PROMOTION**

**Washington** – The National Committee for Quality Assurance (NCQA) has granted Wellness & Health Promotion (WHP) Accreditation to Blue Cross and Blue Shield of Kansas City, the first organization in the nation to complete the survey process for NCQA's new program.

“Blue Cross and Blue Shield of Kansas City is a national model for offering purchasers wellness programs that can improve employee health and lower costs,” said Margaret E. O’Kane, NCQA President. “Wellness and Health Promotion Accreditation distinguishes organizations that effectively implement workplace wellness programs, partner with quality vendors, and protect employees’ privacy.”

“We are thrilled to be recognized by NCQA for our wellness programs,” said Brian Burns, Senior Vice President, Health Care Services of Blue Cross and Blue Shield of Kansas City. “Employers today expect value for their health plan dollar and that requires that we do more than just pay claims. Customers want us to be a wellness partner and to help them improve their employees’ health and contribute to a more productive workforce.”

Blake Williamson, M.D., Vice President and Senior Medical Director with Blue Cross and Blue Shield of Kansas City, said, "Our goal is to provide a broad range of screening and support tools to program participants to help them achieve their goals for improved health and wellness. The success of integrating our “A Healthier You” program into our other programs

is proven by the results that we are seeing. After just three full years in the program, participants are seeing lower levels of blood pressure and cholesterol, a decreased number of emergency room visits, and lower overall medical costs."

NCQA's WHP Accreditation program is a comprehensive assessment of key areas of health promotion, including how wellness programs are implemented in the workplace, how services such as coaching are provided to help participants develop skills to make healthy choices and how individual health information is properly safeguarded. Fifteen other organizations from around the country have committed to being reviewed for WHP Accreditation in 2009.

"We applaud the efforts of Blue Cross and Blue Shield of Kansas City. Being the first entity in the country to reach this status speaks volumes about its strong commitment to improving the health of its members and of our community and to initiatives that will help hold down future costs," said Carolyn Watley, President, CBIZ Benefits & Insurance Services of Kansas City.

Organizations interested in WHP Accreditation are encouraged to contact NCQA Customer Support at (888) 275-7585

NCQA ([www.ncqa.org](http://www.ncqa.org)) is a private, non-profit organization dedicated to improving health care quality. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA accredits and certifies a wide range of health care organizations and recognizes physicians in key clinical areas. More than 7 in 10 Americans enrolled in health plans are in an NCQA-Accredited plan. NCQA is committed to providing health care quality information through the Web, media and data licensing agreements in order to help consumers, employers and others make more informed health care choices.

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## Integrated Health and Wellness Programs at BlueKC

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### Background

At Blue Cross and Blue Shield of Kansas City (BlueKC), we are proud of our products, services, and the innovative approaches we have developed to better serve our community. It is these innovations in care and the personalized programs we provide that we believe have led us to become the leading health insurer in our service area, covering almost one million members.

Our health and wellness program was the first in the nation to receive external validation through objective, third party Accreditation by the National Committee on Quality Assurance (NCQA) under its Wellness & Health Promotion standards on June 1, 2009. NCQA Accreditation is important to help employers and others compare wellness programs using standardized results and select a wellness program with demonstrated value and quality

"Improving the health of Americans is not just a worthy society goal, it is essential to our nation's economic health as well," said NCQA President Margaret E. O'Kane in a press release announcing NCQA's annual report on July 31, 2009. "To bend the curve of health care costs and improve the quality of care in this country, wellness needs to be front and center."

Over the past decade our organization has built an integrated care management program that delivers programs and services to all members in all stages of the continuum of care – from the healthy to the catastrophically ill. The reality is 30 percent of the population account for approximately 90 percent of the total medical costs.<sup>1</sup> The continuum is fluid, however, and individuals can move back and forth across the continuum making it critical to both monitor and intervene on behalf of the entire population at all times.

As a health plan we are in a unique position to address this continuum. Our data sources are best in class, providing one of the most complete pictures of an individual's health status.

The BlueKC data warehouse includes:

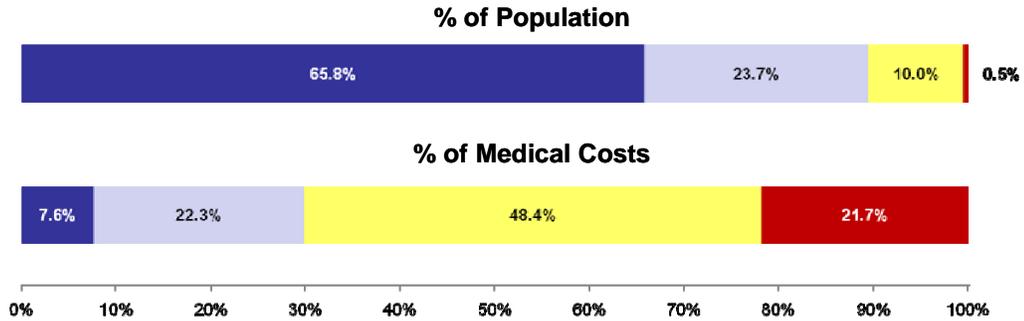
- Mental health claims,
- Lab claims and results,
- Clinical notes,
- Pharmacy claims,
- Medical claims,
- Dental claims,
- Health Risk Appraisal records, and
- Biometric screening results including blood pressure, BMI, cholesterol and glucose.

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<sup>1</sup> Blue Cross and Blue Shield of Kansas City claims data 2008.

**Managing the risk of members has substantial implications for medical costs**

Primary Risk State	<b>Generally Well</b>	<b>At Risk</b>	<b>Chronic</b>	<b>Catastrophic</b>
	Extremely Healthy → Healthy → 1-2 Risk Factors → >2 Risk Factors → Single Disease → Multiple Diseases → Trauma / Transplant, etc.			
Med Costs/ Member	<b>\$0 - \$1,000/ year</b>	<b>\$1,000 - \$5,000/ year</b>	<b>\$5,000 - \$50,000/ year</b>	<b>&gt; \$50,000/ year</b>



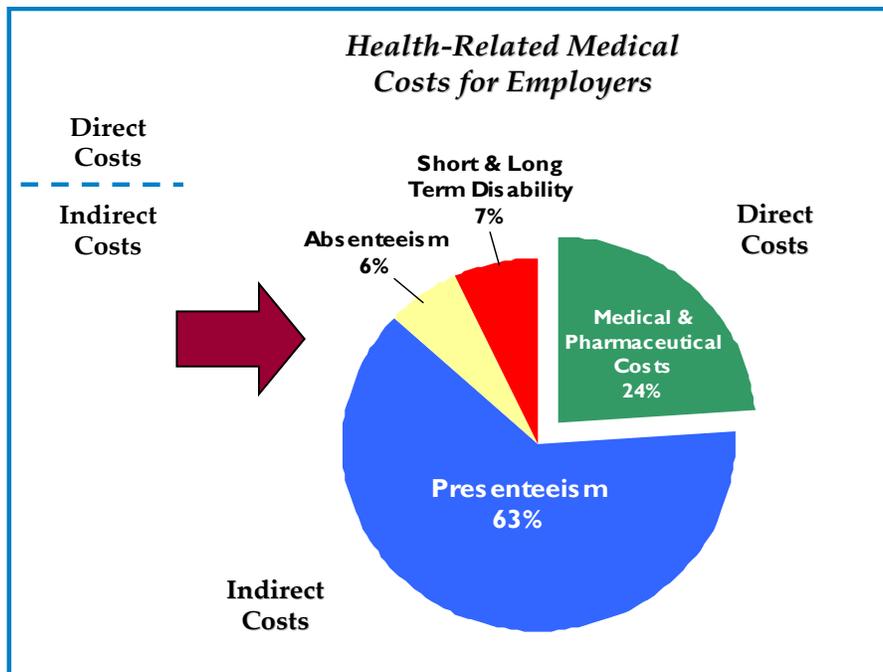
**1/3 of the population represents over 90% of total medical costs**

Note: Figures based on BCBSKC Fully Insured Book of business from June 2007 – May 2008 <sup>1</sup>

Specialized data mining tools allow BlueKC to continuously monitor these data sources to identify the specific risks and unique characteristics of every member. Based on this information, we have developed integrated program, interventions and resources, utilizing multiple modalities (print, online, telephonic, and in person) to provide personalized education and support that empower members to make informed decisions about their health and lifestyles.

In addition, through our behavior management subsidiary, New Directions Behavioral Health, our blended approach to physical and mental health is unique and the lessons learned from years of cognitive behavioral therapy and medication management have enhanced the coaching component of the A Healthier You program.

We also recognize the important role of the employer in helping members achieve their best health. Healthcare costs to employers are significant and extend well beyond those directly related to health insurance, medical and pharmaceutical costs. They also bear the costs of short and long term disability, absenteeism, and presenteeism.



Our employer partnerships include on-site health screenings, on-site education and support programs, aggregate reporting of lifestyle risk factors, and the development of wellness incentives, including premium differentials, that work. These employer partnerships make a big difference. Three year results demonstrate improved overall wellness scores, an increase in the number of individuals obtaining a routine physical exam, fewer inpatient days, a decrease in emergency room utilization, and lower overall costs.

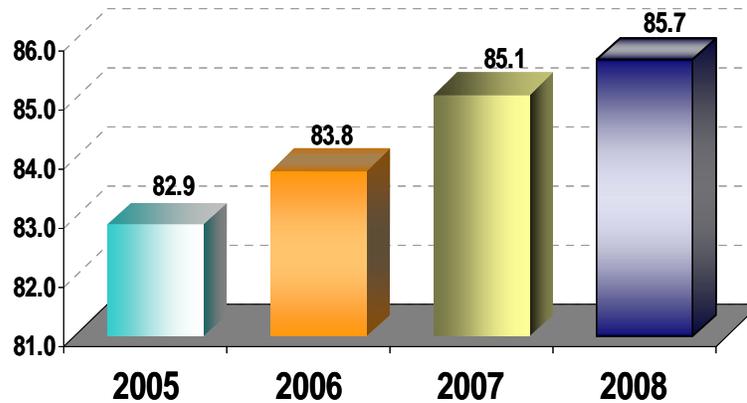
As a local health plan, we also look to our community physicians to provide input and help to guide the programs we develop. Our wellness and disease management programs are no exception. BlueKC engages physicians from all areas of practice through regular meetings and collaborative communication. Our community physicians share our goal of an “empowered and engaged member.” This approach is evident across our programs.

**Keeping healthy people healthy**

This is BlueKC’s approach. We encourage all members to complete an annual Health Risk Appraisal (HRA). The HRA provides the individual with information on what they are doing well and areas of lifestyle and health they may wish to improve. The member is then introduced to interactive and online health content and resources specific to their risks.

As people age, their wellness scores naturally decline due to age risk alone. This theory has been well documented by Dr. Dee Eddington at the University of Michigan. Our employer-based wellness program, **A Healthier You™**, is demonstrating that through the right mix of education, coaching and support, this natural decline can be delayed and improved wellness scores can be achieved.

*A Healthier You (AHY) groups have shown improved Aggregate Wellness Scores since its inception in 2005*



Prevention is also an important component to keeping healthy people healthy. We educate members about the importance of preventive health care such as mammograms, Pap tests, and routine physicals. Using claims data, we send out targeted reminders based on demographic risk factors such as age and gender to members who may be due for these preventive services.

### **Lifestyle education**

Healthcare costs are expensive and working to manage them is critical to our mission at BlueKC. And, these costs are directly impacted by individual behavior choices more than anything else. In fact, up to 70 percent of health costs are influenced by poor lifestyle decisions. These behavior choices include:

- Sedentary living,
- Poor diet,
- Obesity, and
- Tobacco use.

These behaviors lead to cancer, stroke, heart disease, and diabetes.

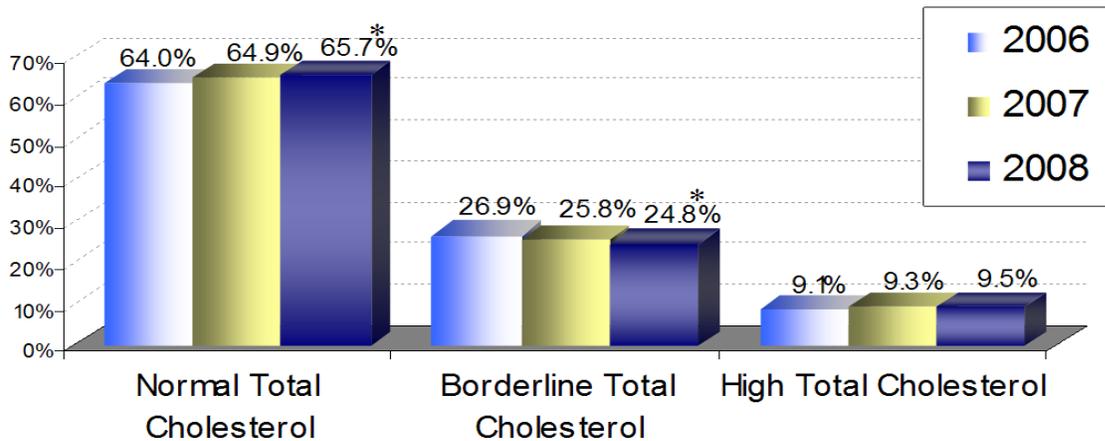
We can try to blame the rising cost of healthcare on factors such as aging baby boomers and expensive technology, but the reality is that we are individually accountable for our lifestyle choices. That's why BlueKC is focusing many resources on lifestyle education – helping members understand how their personal choices affect their health and the health of their family and empowering them to make the necessary lifestyle changes to enjoy a healthy active life.

To this end BlueKC provides:

- Online resources and interactive programs for fitness, nutrition and weight management and stress,
- Health Risk Appraisal that provide an overall wellness score and help people quantify their level of risk and the lifestyle opportunities that may help improve their risk,
- Worksite biometric screenings to provide members with important information about early clinical risks such as high blood pressure, high cholesterol, and glucose that can be improved through a healthy lifestyle,
- Telephonic lifestyle coaching to help members set goals and address the lifestyle factors negatively impacting their health, and
- Worksite programs for weight management and nutrition, smoking cessation, and stress management provide a convenient, supportive and friendly environment to engage members in positive lifestyle change.

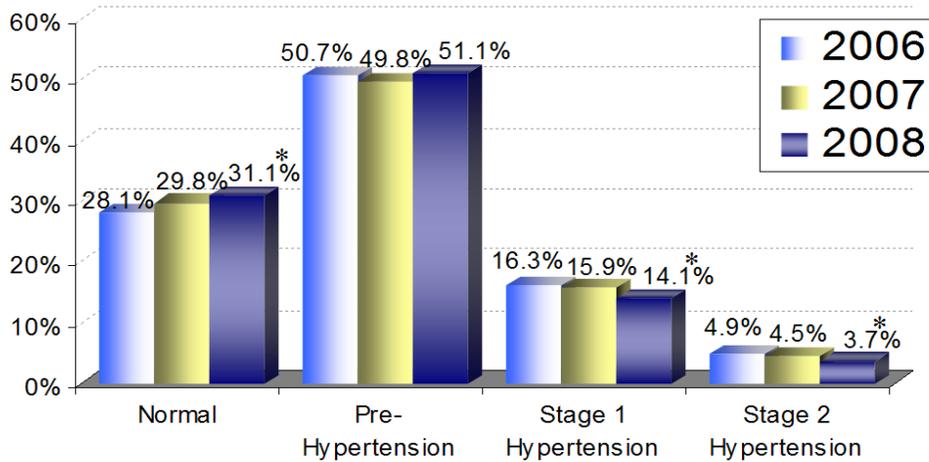
While it is too early for BlueKC to measure actual reduction in disease from our wellness and lifestyle offerings, we are monitoring some important early indicators. These include a reduction in ER utilization, improvements in specific clinical risk factors such as blood pressure and cholesterol, and our initial results demonstrate a direct, positive impact. Overall medical costs have trended up at a slower rate for those participating in the program (10% increase); non participating companies have seen medical costs increase more than 17%.

### Cholesterol Risk for Groups in AHY 2006 - 2008



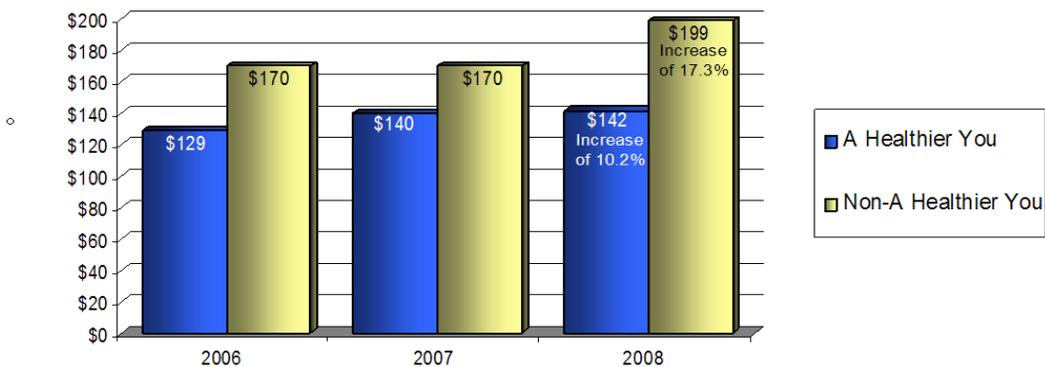
\* Indicates a statistically significant increase or decrease from beginning year to end year.

## Hypertension Risk for Groups in AHY 2006 - 2008



\* Indicates a statistically significant increase or decrease from beginning year to end year.

## Overall Medical Costs Paid PMPM A Healthier You vs Non-A Healthier You Groups



### Chronic disease education, coaching and support

At BlueKC our objective is to improve the health of every member – no matter their present status. When it comes to members with chronic disease our **Healthy Companion™** program provides the education, coaching and support necessary to help individuals better understand and manage their health condition.

One of the things we are most proud of is the very personal touch we provide to each of the members that touch our clinical programs. BlueKC provides an in-house disease management program based on a one-on-one nurse model. This means a member is assigned to a specific nurse to speak with for all of their disease-specific needs creating a trusting, caring relationship. Our nurses are trained in special motivational interviewing techniques to better

engage the member and develop goals based on the member's own priorities. Member satisfaction ratings for BlueKC nurse calls are over 90 percent.

The integration provided by our programs allows nurses to easily refer members for lifestyle coaching when they have indicated a desire to address one or more of these risk factors. For example, our nurses often set a member up to talk to a health coach to assist them with smoking cessation or schedule a consult with our in-house dietician to help address questions or concerns about their eating habits.

In addition to nurse coaching, our chronic disease programs include quarterly educational newsletters and standard of care reminders. These low-touch services are provided to all members identified with a chronic condition regardless of their level of risk.

This high-touch, integrated approach has been both cost-effective and popular among our members, employers, and physicians.

### **Acute events in the lives of our members**

Sometimes members face events that require hospitalizations or intense use of other healthcare services. These events often require healthcare services from multiple and different entities in the system. Today, movement across entities in our health care system regularly leads to poor outcomes because of a lack of coordination of care for the patient between these entities. Our program includes strategies that facilitate coordination of care and transitions from one entity to another and insure that appropriate services are delivered in appropriate settings. During these times we also evaluate the services being rendered for safety and clinical effectiveness.

Members with significant acute care needs are engaged in a very personalized way. Our team focuses on engaging members to better understand the various medical treatments available, prognosis and outcomes.

Our recently deployed post-discharge program recognizes the inherent risks associated with the transition from an inpatient setting to a home setting. Case managers initiate outbound calls to identified members within two days of discharge from hospitalization in order to assess the member's condition at home, reinforce discharge instructions, review medication management, address self management strategies, educate members on how to handle physician follow-up visits and, if appropriate, refer the member to additional BlueKC case management or disease management services. Our nurses utilize not only their own clinical expertise and programs available here at BlueKC to assist the members, but can also connect the members with additional programs and services available in the community that can help members get the resources they need. Early anecdotal results from this program are very positive – through BlueKC's engagement, the members have avoided serious complications and readmissions.

## **Catastrophic injury and illness**

Accidents happen. Serious illnesses can strike quickly and require intensive, critical medical interventions. BlueKC case management assists these members and their families through anticipatory and proactive support. Like our disease management nurses, members and their families work directly with one case management nurse. The intent is to assist the member and his/her family in finding the information necessary so they can be confident in the healthcare decisions they are making. Interventions planned collaboratively by the nurse and the member are highly variable, based on member needs. The case management nurse will develop an individualized care plan, coordinate benefits, aid in treatment and discharge planning, and generally assist in navigating the complex health system. This process fosters a one-on-one relationship where the nurse is able to serve as an advocate for the member.

In addition to the traditional case management services, at BlueKC, all members entering case management are routinely screened to identify depression or medication non-adherence, two common barriers to optimum health outcomes.

By facilitating necessary and appropriate care, promoting medication adherence, and avoiding preventable complications that could lead to readmissions, BlueKC's Case Management program has been able to demonstrate improved health status for these members, as well as a respectable return on investment in 2008 of about 3:1.

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## **Health and Wellness as a Community Approach**

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### **Childhood Obesity Prevention**

BlueKC has worked with regional collaborators to develop and expand Pre-Kindergarten to Grade 12 school-based programs for physical activity, nutrition, and nutrition education. From identifying resources to meet School Wellness Policies as part of Coordinated School Health Programs to pilot programs with school districts and Head Start delegates, Blue KC has collaborated on numerous projects to prevent childhood obesity.

Best practice guides, toolkits, training and program evaluation manuals have been produced and disseminated to physicians, school administration and staff, and community program grantees through sponsored lunch and learns, mini-conferences, booster trainings, coalition meetings, regional forums and mailings. BlueKC also sponsored an award winning, six-part series and a special with public television on physical activity and nutrition in schools.

Currently, a project entitled "Generation XL: Physical Activity Across the School Day" is in production. This program encourages physical activity through: biking and walking to school; promoting school yard gardens; changing Physical Education's philosophy to moving more kids more of the time; enhancing the recess experience, especially before lunch; inserting movement into the curriculum; and invigorating before and after school programs through joint use arrangements.

## **Adolescent Immunization Collaborative**

One of BlueKC's Community Wellness projects, the greater Kansas City area Adolescent Immunization Collaborative (AIC), achieved significant results in improved immunization rates and school-entry readiness over a three-year collaborative. Adolescent immunization rates for BlueKC's commercial and Medicaid HMO members improved nearly four-fold during this time. Also, for the three area schools in the pilot, non-compliance of students with immunizations declined (improved) nearly 90% from 2006 to 2007 with the BlueKC-supported interventions.

The Collaborative received national attention in 2008 when it was chosen for presentation at the Centers for Disease Control and Prevention's National Immunization Conference in Atlanta, Georgia, and was honored by URAC with the Gold Award in the Health Plan category in its first "Best Practices in Consumer Empowerment and Protection," as well as an Honorable Mention for Patient Safety.

## **Medical Services for Head Start Children**

BlueKC was the proud recipient of the "Outstanding Community Partnership Award" in February 2009 from the Missouri Head Start Association (MHSA) for its collaborative efforts to increase childhood health screenings and treatment rates from 15 percent to 80 percent; its education efforts to remove barriers to better health for this population; and its sponsorship and data-sharing activities. As a result of the success of BlueKC's agreements with Head Start, this process has been replicated by MAHS to place similar arrangements with each of the four Managed Care Plans within Missouri HealthNet for Kids.

## **Community Pilot Project – Patient Experience Survey**

BlueKC has been a community leader in the first of three regional pilots to measure consumers' experiences in physicians' offices. In partnership with the Metropolitan Medical Association, Kansas City Quality Improvement Consortium (KCQIC), BlueKC, United and Aetna partnered with a shared vendor, Consumers' CHECKBOOK, to field a patient experience survey for members and PCPs in the greater Kansas City area in November 2008.

Seven hundred thirteen Kansas City primary care physicians were included and the results can be viewed online at [www.KCQIC.org](http://www.KCQIC.org). Measures of patient experience, particularly with physician communication, have been shown to have a direct correlation to the quality of health care and outcomes.

One week after the consumer site launched, there were over 4000 unique visitors to the web site, showing strong interest from consumers.

## **“PHIT Kids” – Culturally Sensitive Pediatric Obesity Management**

“PHIT Kids: Promoting Health in Teens and Kids” at Children’s Mercy Hospital, the area’s only children’s hospital, sought philanthropic support from BlueKC for the modification of current and future program resources to ensure culturally sensitive educational programming to the diverse patient population that was currently enrolled, or expected to enroll, in this expanded program. The scope of the project also included evaluation of the effect of this modification on patient physical and psychosocial outcomes and patient and parent satisfaction with the program.

Barriers to effective adoption of healthy family habits were explored, and feasible plans were formulated. Patients and families were seen for follow-up based on their unique needs and strengths relating to successful weight management. Results of this program were statistically significant for reducing BMI and reducing post-program weight regain when compared to controls. In this effort, quality of care was improved for this underserved, high risk target population.



### **About Blue Cross and Blue Shield of Kansas City...**

Blue Cross and Blue Shield of Kansas City has been serving customers' health insurance needs in the Kansas City area since 1938, and provides a variety of group and individual health plans to nearly one million members in northwestern Missouri and Johnson and Wyandotte counties in Kansas. It has projected annual revenues of \$2 billion and employs 1,000 area residents.

In addition to providing dependable, affordable health plans to the community, the company has developed the region's most comprehensive health and wellness program for its members. A Healthier You™ is designed to effectively help our members become more accountable for their health and educate them to lead healthier lifestyles. This program continues to grow, with more than 210 large businesses participating, representing more than 130,000 individual members.

As the only local, not-for-profit commercial insurance company in Kansas City, Blue Cross and Blue Shield of Kansas City's commitment to the community runs deep. As a long-time member of the community, it believes strongly in the idea of giving back, and investing time and dollars to keep area neighborhoods and school districts strong and children healthy. Annually, the company provides \$3 million to a variety of community initiatives serving this objective.

Fulfilling its commitment to advance educational excellence, the company is proud to support member school districts as they provide a strong educational experience for the children in the Kansas City area. The company has awarded nearly a quarter of a million dollars annually to our member school districts since 2003. Through this financial support, educators can achieve their objectives for their students.

Nationally, Blue Cross and Blue Shield is the leading health insurance organization, serving 100 million people across the country. One in every three Americans carries a Blue Cross and Blue Shield card in his or her wallet.

For more information on our company, please visit our newly redesigned Web site at [www.BlueKC.com](http://www.BlueKC.com).

*Blake J. Williamson, M.D., M.S.*

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Dr. Williamson is an accomplished clinician and senior healthcare executive. His background includes more than 10 years of full time management and leadership experience in positions of progressive responsibility including line and operational duties for hospital system departments with over 300 staff. He has lead and managed integrated health systems, managed care organizations, and physician practices as well as being involved in healthcare consulting.

Dr. Williamson is a visionary leader and a creative thinker with a collaborative, approachable style who gets things done effectively through teams. His skills include:

- An ability to identify effective strategy then develop necessary financial and business planning steps that create organizational commitment and successful change.
- A unique ability to meld clinical objectives with business goals in practical, workable solutions within fiscal and operational constraints.
- A skill with analysis that turns data into information then identifies what needs to be done in achievable steps and an ability to inspire team members to accomplish the necessary tasks.
- The knowledge and ability to apply quality improvement techniques and achieve superior outcomes within systems.
- Understanding of clinical process and workflow and demonstrated skills in building systems, which create more efficiency, use resources wisely, improve bottom line performance for systems, outcomes for patients and add value for payors.
- Established skills in utilization management that assure appropriateness and improve communication between payors and providers.
- A broad skill set of leadership, management, and facilitation techniques.
- An ability to plan and manage projects.
- Personal integrity, perseverance, strong self-motivation, compassion and empathy.

Dr. Williamson's clinical, leadership, management, and operations experience gives him a unique perspective and the skills to create innovative approaches to the problems and opportunities faced by today's health care organizations.

Recent project involvement and accomplishments include:

## **Planning and Business Development**

- Successfully created a system that tracks and reports variation from best identified practice decreasing days per thousand for a Midwest payor.
- Designed and implemented a strategic and business plan for a physician group practice associated with an integrated health system that increased the revenue base 30% in 3 years.
- Assisted in the development of a strategic information strategy for a Pacific Northwest hospital system. The project included the selection and implementation of clinical and financial decision support systems.
- Developed and built a vertically integrated healthcare system in the Midwest. The system, a joint venture between a major insurer and several area hospitals, grew from nothing to include 70 physicians in 23 clinics and 3 HMO's (a commercial, Medicare replacement, and Medicaid products) with 125,000 members.
- Developed an integration vehicle between an academic medical center a community integrated health system and its physicians that focused on measurably improving quality, cost, and access for patients to major clinical programs.
- Developed and established a contracting and medical management strategy between a Pacific Northwest hospital and its community physicians that resulted in more favorable contracting terms and better managed care performance for both groups.
- Developed and implemented the medical management functions for a commercial, Medicare replacement, and Medicaid HMO products for a Midwestern managed care organization.
- Facilitated the development of a strategic plan for a 2 hospitals in the upper Midwest that were merging and combining clinical and administrative systems and processes. The plan included the establishment of a new mission and vision and the development of key initiatives to be accomplished over the next 12 – 18 months.
- Developed feasibility studies, selected sites, developed architectural plans collaboratively with physicians, secured necessary internal and governmental approvals, and built 3 new physician clinics totaling over 50,000 square feet with \$16,000,000 in construction costs.

## **Operations & Management**

- Integrated physician operations, resource/case management, and managed care contracting across an integrated system in multiple sites in the Northwest. (Estimated impact of \$1 million annually).
- Assisted in planning and implementation of a project to integrate and consolidate the organizational structure of a Pacific Northwest regional healthcare system. Estimated impact on the organization of the entire project is \$10,000,000 over 3 years.

- Selected then implemented a physician practice management system for a 50-physician primary care group practice.
- Assessed and redesigned the medical management areas of a Southern California hospital improving effectiveness of process and use of staffing resources. This program will have a positive impact on the organizations bottom line of over \$1 Million annually. The program will also be used to set patient expectations and improve satisfaction of patients and medical staff.
- Developed operational changes in a 50-physician group practice associated with an integrated delivery system in a Pacific Northwest health system leading to \$2,000,000.00 in savings annually.
- Reorganized physician practices in an integrated delivery system in the Northwest into a model with increased control as well as accountability for financial and operational results for physicians of the practice.
- Designed and implemented production driven physician compensation plans for employed physicians in an integrated system which included incentives for quality, efficiency, patient satisfaction, and group leadership. The favorable impact on the organization's bottom line in improved productivity and expenses was 10% of collected practice revenues annually.
- Developed physician profiling tools for a managed care organization in the Midwest. The tool included quality and utilization measures. These profiling tools led to a substantial improvement on quality and utilization.
- Developed and implemented strategies for identifying the need for physicians in a community, established systems for physician recruitment, placement of physicians into practice, and physician retention. Successfully recruited and placed over 90 physicians in practices in communities.
- Established a community process for recruiting that involved 350 community physicians and two hospitals. This latter process successfully recruited 12 physicians in shortage specialties for the community.
- Participated with the Foundation for Medical Excellence's (Portland, OR) Institute for Medical Leadership in the development of a program to train physicians for leadership roles. The program was designed in collaboration with the American College of Physician Executives and marketed to physicians in the Northwest.

## **Clinical Process Redesign**

- Worked with a 70-physician group practice to achieve a 15% reduction in the total expense of caring for a group of HMO patients adding \$9 Million annually to the bottom line of an integrated delivery and financing system in the Midwest.
- Developed models that predict and measure cost, utilization, and clinical outcomes for several disease management programs. These models included identification of best practice, assessment of existing practice compared to best practice, assessment of the impact of moving to best practice, an assessment of disease management program operations and other factors.

- Involved in developing disease management models for CHF, Diabetes, coronary artery disease programs and programs for blind and disabled Medicaid members.
- Developed and implemented new medical management strategies for an IPA in the Pacific Northwest. These strategies included ways to manage inpatient days, out patient referrals, and the creation of reporting capabilities.
- Developed and implemented a pre-utilization screening process for Medicare HMO members newly enrolling for a major Midwest insurer. The process identifies high-risk members then targets them for case management and disease management interventions. Estimated impact 20% of costs associated with caring for this sickest population, as well as better outcomes and higher satisfaction for these members.
- Created and implemented a process that facilitates more effective delivery of care across the continuum of an integrated system. This new process expedited transitions from the acute inpatient setting to lower cost settings and improved the financial performance in the system as a whole.
- Developed and implemented a high-risk case management process based in the primary care physician's office improving patient satisfaction, physician satisfaction and utilization.
- Developed a CHF program for an integrated delivery system that lowered readmission rates for this problem to near zero in 6 months.
- Created an authorization and physician teaching program that improved appropriate ordering of MRIs for the brain, and spine.
- Trained numerous organizations on the development, implementation and applications of evidence based clinical guidelines for one or all of the following purposes: improving quality, decreasing cost, improving patient satisfaction, improving medical record documentation, and decreasing denials from managed care organizations.
- Assisted various organizations in the development of guidelines including CHF, coronary artery disease, management of knee pain, and management of shoulder pain guidelines.

## **PROFESSIONAL EXPERIENCE SUMMARY**

DATE	TITLE/ACTIVITY	ORGANIZATION
2006 – present	Vice President & Senior Medical Director	Blue Cross and Blue Shield of Kansas City
2003-2006	Vice President & Medical Director	Blue Cross and Blue Shield of Kansas City
<p>BCBSKC is a managed care company with over \$1 billion in annual revenue, over 800,000 members, and 1000 employees. This position is an officer for the corporation. Duties include development and implementation of departmental and cross departmental initiatives.</p>		
2000-2003	Healthcare Management Consultant	Milliman & Robertson, Inc. Seattle, Washington

**Milliman USA** is a firm of 700 consultants and actuaries and 1700 employees with offices around the world serving the full spectrum of business, governmental, and financial organizations. Milliman has practices in benefits, pension, & compensation; Health; property / casualty; life and financial areas.

1999-2000	President & CEO	Healthcare Innovations Consulting Group Ashland, Oregon
1998-1999	Senior Vice President, Network Development	Asante Health System Medford, Oregon
1996-1998	Executive Director, Southern Oregon Health Trust	Asante Health System Medford, Oregon

**Asante Health System** is an integrated health system with 475 acute beds, 151 nursing home beds, 20 chemical dependency beds, 50 employed primary care physicians, and a home health agency among its family of companies. It is located in southern Oregon. It had 2800 employees and \$335 Million in revenue annually.

The Senior Vice President of Network Development was the senior physician leader in the system. The position was a member of the senior executive staff and reported directly to the president and CEO for Asante Health System. The position provided executive leadership to the Physician / Clinic Operations; Information Systems; Managed Care & Business Development; and Resource & Case Management areas. These areas included 335 employees and an expense budget of over \$41 million annually. The position had 5 direct reports that included 3 managers for physician practices, the system CIO, and the director of Utilization Management for the system.

1991-1996	Vice President, Chief Medical Officer	TriSource Kansas City, Missouri
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**TriSource** was a vertically integrated health care system that is a joint venture between Blue Cross and Blue Shield of Kansas City (BCBSKC), Blue Cross and Blue Shield of Kansas, and several Kansas City hospitals. Started in 1991, TriSource employed 66 physicians in 23 sites around the Kansas City metropolitan area and surrounding communities. Its patient population of 150,000 covered lives consisted of fee-for-service patients, prepaid patients from several insurers, and Blue Cross subscribers in HMO and PPO plans.

The Vice President, Chief Medical Officer was responsible for the medical management of the group practice and three TriSource HMOs (125,000 lives) which included a commercial plan, a Medicare risk product and a Medicaid product. The Vice President & Chief Medical Officer reported to the Chief Operating Officer of TriSource. The position's direct reports included two associate medical directors, two quality improvement positions, the HMO pharmacy director, one analyst, and one intake specialist (case manager).

1989-1990	Vice President	Medical Arts Clinic Minot, North Dakota
1986-1989	Medical Director <i>(Group model HMO)</i>	TeamCare HMO Minot, North Dakota
1984-1991	Family Practitioner <i>Chair, QI Committee, 1987-1991;</i> <i>Chair, Department of Family Practice, 1987-1989)</i>	Medical Arts Clinic Minot, North Dakota

**Medical Arts Clinic** was a 50-physician multi specialty clinic. **TeamCare** was a federally qualified HMO that was a joint venture between the clinic and a local hospital.

1984-1990	Clinical Associate Professor, Family Medicine <i>(20 residents, 175 medical students)</i>	University of North Dakota School of Medicine Grand Forks, North Dakota
1982-1984	Family Practitioner <i>(50 physician multispecialty group)</i>	Wausau Medical Center Wausau, Wisconsin
1978-1980	Private Practitioner <i>(Solo practice in rural health initiative program)</i>	National Health Service Corps Hermitage, Missouri

## **MEDICAL AND MANAGEMENT EDUCATION SUMMARY**

<b>DATE</b>	<b>DEGREE/SPECIALTY</b>	<b>INSTITUTION</b>
1988-1990	Graduate (M.S. in Administrative Medicine)	University of Wisconsin Madison, Wisconsin
1980-1982	Family Practice Residency	University of Iowa

		Iowa City, Iowa
1977-1978	Rotating Medicine and Surgery Internship	Boston Public Health Hospital Boston, Massachusetts
1973-1977	Medical School (M.D.)	University of Nebraska Medical Center Omaha, Nebraska
1968-1973	Undergraduate (B.S.)	University of Nebraska Lincoln, Nebraska

## **OTHER CREDENTIALS**

Board Certified in Family Practice (1983, 1990, 1996, 2003) and Geriatrics (1990)

Licensed to practice medicine in Missouri and Kansas

Diplomate, American Board of Medical Management (1990)

Fellow, American College of Physician Executives (2000)

Member, American Academy of Family Physicians

Member, American Medical Association and local affiliates

Kansas City Family Physicians (*Board of Directors, 1992-1996*)

Recipient, Bush Clinical Fellowship (1988-1990)

Recipient, Kellogg Fellowship, University of Wisconsin (1988-1990)

Doctor Williamson was born on March 28, 1950, in Minot, North Dakota

**Committee on Agriculture  
U.S. House of Representatives  
Required Witness Disclosure Form**

House Rules\* require nongovernmental witnesses to disclose the amount and source of Federal grants received since October 1, 2006.

Name: Blake Williamson, MD, MS

Address: 2301 Main Street; Kansas City, MO 64108

Telephone: 816-395-3630

Organization you represent (if any): Blue Cross Blue Shield of Kansas City

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1. Please list any federal grants or contracts (including subgrants and subcontracts) you have received since October 1, 2006, as well as the source and the amount of each grant or contract. House Rules do **NOT** require disclosure of federal payments to individuals, such as Social Security or Medicare benefits, farm program payments, or assistance to agricultural producers:

Source: Not Applicable Amount: \_\_\_\_\_

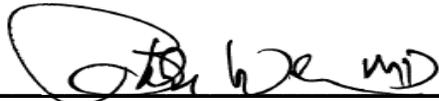
Source: Not Applicable Amount: \_\_\_\_\_

2. If you are appearing on behalf of an organization, please list any federal grants or contracts (including subgrants and subcontracts) the organization has received since October 1, 2006, as well as the source and the amount of each grant or contract:

Source: Not Applicable Amount: \_\_\_\_\_

Source: Not Applicable Amount: \_\_\_\_\_

Please check here if this form is NOT applicable to you: \_\_\_\_\_

Signature: 

\* Rule XI, clause 2(g)(4) of the U.S. House of Representatives provides: *Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to brief summaries thereof. In the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include a curriculum vitae and a disclosure of the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by the witness or by any entity represented by the witness.*

**PLEASE ATTACH DISCLOSURE FORM TO EACH COPY OF TESTIMONY.**