

How purchasers exert leverage on the health care system to drive implementation of the Leapfrog standards depends on how they purchase health care:

- HMOs
 - Add Leapfrog standards to written performance expectations
 - Examples, GM, Greater Detroit Area Health Council
 - Ask about compliance with Leapfrog standards in annual request for information
 - Examples, GM, Greater Detroit Area Health Council, PBGH and others
 - Develop mechanisms to reward or penalize plans that fail to address the standards
 - Examples, performance on the annual RFI that includes the Leapfrog standards is a part of a plans overall quality score that is combined with a cost score and used to determine out of pocket contributions for salaried workers
 - Other possibilities include performance guarantees, giving compliant plans a plaque or letter of appreciation, highlighting plans' performance with respect to Leapfrog in business journals or other media
 - Drop or freeze health plans that fail to comply by a given date (note compliance is an issue here since the standards call for hospitals, not plans to do some thing. One suggestion by Michigan health plans was to consider as compliant plans who were actively participating in regional activities designed to implement Leapfrog, such as the informal collaboration of many of the SE Michigan plans on this issue)

- PPOs
 - Basically use the same approach as HMOs. Any other suggestions?

- Direct contracting with medical groups, health systems or other delivery systems
 - Require a written document that explains how they are going to comply with the standards by 2002 as a condition for contracting
 - Design a bonus program that rewards compliance
 - Performance guarantees or other mechanisms that hold groups accountable if they fail to comply

- Self-insured, fee-for service programs

- This is more problematic. Some ways to get at this are to design ways to track compliance using claims data and then either pay more for compliant providers/hospitals or less for non-compliant. Another way is to suggest they identify their highest volume hospitals and work closely with them to implement the standards. Any other suggestions?
- Purchasing through coalitions
 - Make Leapfrog standards a top priority for the coalition
 - Examples, GDAHC and other coalitions in the “V8” group
 - Use some of the same mechanisms as described in HMO section
- Defined contributions
 - Inform employees, retirees and dependents about the importance of the issues and provide them with some guidance about how they can incorporate compliance with Leapfrog standards in their selection process.

Other ways purchasers can drive the standards:

- Be sure any representative of the company who serves as a hospital, health plan or health system trustee is knowledgeable and able to advocate for the standards
- Recruit other employers to join the effort
- Play a leadership role in establishing local, regional or statewide collaborative efforts that include all stakeholder groups (plans, hospitals, clinicians, consumers)
- Advocate for the standards via their professional organizations
- Inform and enlist employees, retirees, and dependents in the effort.