

The NBCH eValue8 Initiative

*Leveraging Purchaser
Power to Improve
Performance*

*Disease Management Colloquium
By Dennis White, NBCH
May 11, 2006*

Topics

- NBCH
- **eValue8** Initiative
- **eValue8** Stakeholder Benefits
- **eValue8** Components
- Some **eValue8** Disease Management Results

NBCH

- **Membership of nearly 80 employer-led coalitions across the country**
 - Represents over 8,000 employers and 30 million employees and their dependents
- **Focus:** Community-based health care reform

...The Voice of America's employers through local coalitions



What is eValue8?

- A national standardized health plan evaluation process
- A web-based response tool that collects information for local and national comparisons...
- A foundation for continuous quality improvement and value-based purchasing...

...enabling purchasers to think globally, act locally

Why Participate in eValue8?

- Health plan assessment against established national performance expectations
- Benchmark regional vs. national plan performance
- Use as factor in determining employee payroll contributions
- Inform employees of level of quality care they receive from health plans offered
- Provide a data repository of benchmarking data for over 300 health plans nationally
- Provide employee decision tools and guidance
- Provide community-wide forum for plan improvement

Isn't Accreditation Enough?

- **Accreditation is Essential**
- ***eValue8* Differences**
 - Direct leverage of purchasers
 - Transparency
 - Ability to differentiate plans
 - More prescriptive expectations
 - Selection of topics
 - Evidence-based processes
 - Advancing specific reforms
 - Develop and support community initiatives

eValue8 Users: Coalitions

- **Memphis Business Group on Health**
- **HealthCare 21 (TN)**
- **Buyers Health Care Action Group (MN)**
- **Colorado Business Group on Health**
- **Greater Detroit Area Health Council**
- **Michigan Purchasers Health Alliance**
- **Midwest Business Group on Health**
- **Florida Health Care Coalition**
- **Indiana Employers Health Alliance**
- **New York Business Group on Health**
- **MidAtlantic Business Group on Health**
- **Pacific Business Group on Health**
- **Alliance for Health (MI)**
- **Health Action Council of NE Ohio**
- **Hawaii Business Health Council**
- **Virginia Business Group on Health**

eValue8 Users: Employers

- 3M
- Altria
- AFL-CIO Employer Purchasers Coalition (AEPC)
- American Medical Systems
- Andersen Windows
- Argonne National Laboratory
- Barry Wehmiller
- Bemis
- Bristol-Myers Squibb
- Cargill
- Carlson Companies
- Ceridian
- Comerica Bank
- Constellation Energy Group
- Consumers Energy
- Daimler Chrysler
- ELCA
- Exelon-ComEd
- General Mills
- General Motors
- First Midwest Bank
- Ford Motor Company
- Harris Trust and Savings Bank
- Honeywell
- International Truck and Engine
- Jewish Federation of Metro Chicago
- John Crane, Inc.
- Jostens
- Land O' Lakes
- Marriott International
- Maryland Counties: Anne Arundel, Baltimore, Carroll, Harford, Montgomery, Prince Georges
- Maryland Schools: Anne Arundel County, Baltimore County, Harford County, Montgomery County, Howard County, Prince Georges County
- McCormick and Company, Inc
- Medtronic
- Meijer, Inc
- Merck & Co.
- Minnesota Life
- MN Department of Employee Relations
- New York City Transit Authority
- Northwest Airlines
- Olmsted County
- Park Nicollet
- Pfizer
- Pitney Bowes
- Resource Training and Solutions
- Robert Bosch Tool Corp.
- Rosemount
- Securian Financial
- State of Minnesota
- Starwood Hotels and Resorts Worldwide
- Steelcase
- St. Jude
- SUPERVALU
- Target
- TCF Financial
- Tennant
- The Auto Club
- The Bank of New York
- The Northern Trust
- TIAA-CREF
- Tiffany & Co.
- University of Chicago
- University of Minnesota
- US Bank
- Wells Fargo
- Xcel Energy

Participating Health Plans

- Aetna
- CIGNA Healthcare
- United Healthcare
- Humana
- Blue Cross Blue Shield
- Kaiser
- Regional health plans

- *Almost 300 health plans assessed nationally, 100 verified through coalitions*

eValue8 Stakeholder Benefits

- Participating plans
 - Standard expectations from major customers
 - Consolidation of multiple employers = reduction of Requests For Information (RFI)
 - Feedback from purchasers identifying strengths and weaknesses
 - More interaction and input than other RFIs
 - Work with employers directly rather than anonymously through third party

eValue8 Stakeholder Benefits

- Consumers
 - Consumer guide to compare plan performance
 - Strong agenda to provide provider- and disease-specific decision support tools
 - Targeted Quality Improvement initiatives in participating communities

eValue8 Stakeholder Benefits

- Employers
 - Consistency in health plan assessment between markets
 - Comparative plan data within and across markets
 - Evidence-based common performance expectations
 - Accountability to Board, employees
 - Impetus for community-based improvement

Contributing Organizations

- Centers for Disease Control (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Agency for Healthcare Research and Quality (AHRQ)
- National Committee on Quality Assurance (NCQA)
- Joint Commission for the Accreditation of Health Care Organizations (JCAHO)
- URAC
- American Board of Internal Medicine (ABIM)
- The Leapfrog Group
- E-Health Initiative
- Pennsylvania State University
- George Washington University

eValue8 Content in 2006

- **Clinical Sections**

- Chronic Disease Management (Asthma, Coronary Artery Disease, Diabetes)
- Behavioral Health
- Pharmacy
- Prevention and Health Promotion

- **Non-Clinical Sections**

- Consumer Engagement
- Health Information Technology
- Plan Profile (Accreditation and Disparities)
- Provider Measurement
- PPO Operations
- Consumer Directed and H.S.A. Plans

Plan Profile

- Community collaboration (reorganized in 2006)
- Health plan accreditation
- Health disparities
- Purchaser reports and utilization tools
- Efficiency measures
- Innovations

Consumer Engagement

- Practitioner and facility performance and safety information
- Medical cost transparency
- Interactive clinical decision support tools
- Member claims management and financial accountability
- Pharmacy management
- CAHPS measures
- Quality assurance for health information content

Best Practices: Practitioner Performance

Comparative Performance - Microsoft Internet Explorer

Address: http://www.consumerchoice.com/ccs/owa.exe/ProcessEvent?vchPage=ComparativePerformancePage&vchEvent=CompPerfDirector&n

HealthPartners
HealthPartners Primary Clinic

Clinical Quality Measures Optimal Care for Heart Disease

This measure reflects the percentage of members with a diagnosis of coronary artery disease 18 through 75 years of age who have optimally managed risk factors including LDL, lipid-lowering medication, aspirin use, blood pressure and tobacco.

Average of all care networks for this measure is: 42%

Click on the care networks link to find out more about that care network

Allina Medical Clinic	45%
Aspen Medical Group	29%
Buffalo Clinic/Monticello Clinic	n/a
Camden Physicians Ltd	50%
Cannon Valley Clinic - Mayo Health System	n/a
CentraCare Clinics	48%
Children's Physician Network	n/a
Columbia Park	30%

Contact Us

CareSystemDetailPage

Start | Inbox... | Cons... | Ques... | Docu... | Micr... | Ques... | Healt... | Co... | Internet | 8:08 AM

Health Information Technology

- Community collaboration (RHIO)
- Standards for data transactions
- Practitioner support
 - Member eligibility and cost/coverage, plan policies, claims
 - Online support for referrals, lab/radiology ordering and results
- Outpatient electronic prescribing
- Member support
 - Facility selection
 - Member-provider connectivity
- Personal health record
- Practitioner incentives for HIT adoption

Health Information Technology (cont.)

- Member support
 - Provider selection (search) based on preferences
 - Email consultations
 - Personal health records constructed from claims
 - Connection between member circumstances and clinical programming
 - HRA results connection to disease mgt
 - “Push” messages based on chronic conditions and needed services

Best Practices: Personal Health Record

PAMFOnline

PAMFOnline

Palo Alto Medical
Foundation
A Sutter Health Affiliate

Your Direct Connection to Personalized Health Care

4/28/2005- Welcome, Emily My Chart. (**DEMONSTRATION**)

[back](#) [home](#) [log out](#) [help](#) [Exit Demo](#)

My Health Record

[Health Summary](#)
[Recent Visits](#)
[Test Results](#)
[Tests Ordered](#)

Prescriptions

[Renew](#)

Appointments

[Request](#)
[Upcoming/Cancel](#)

Messaging

[Inbox](#)
[Messages Sent](#)
[Archive](#)
[Renew Messaging](#)
[Send Msg to MD/RN](#)

Questions

[Billing](#)
[Non-medical](#)

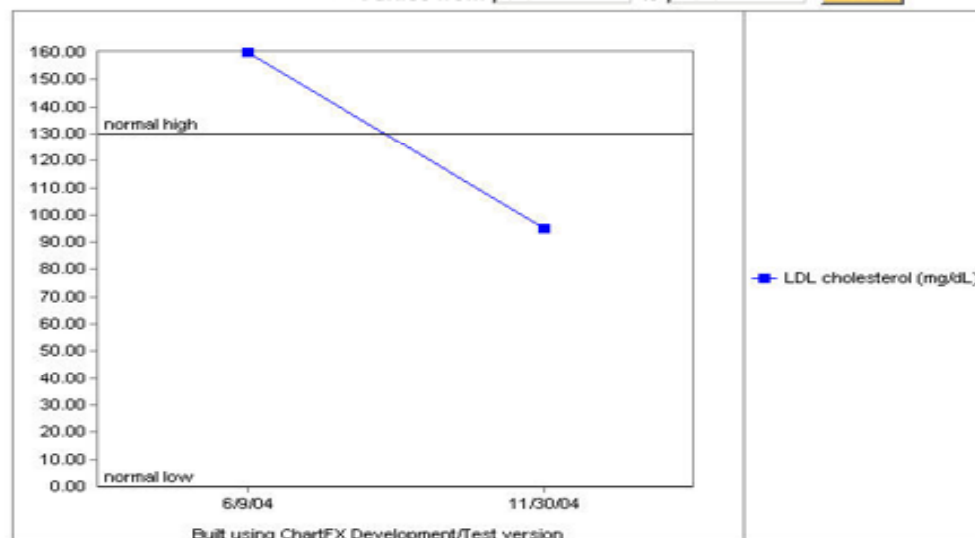
Change/Update

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Select data to view: 10 most recent values

Values from 9/7/2004 to 12/6/2004



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Pharmaceutical Management

- Formulary management
 - Structure
 - Tiering
 - Exception process
- Efficiency
 - Generic use rates
 - Utilization management
- Specialty pharmacy program
- Outpatient quality and safety
 - Antibiotic prescribing (HEDIS rates and collaborative efforts)
 - Prescribing conflicts and adverse events
 - Pharmacy safety (ISMP or other survey)

Prevention and Health Promotion

- Worksite wellness
- Risk factor education (children & parents)
- Health risk assessments
- Cancer screening
- Immunizations
- Prevention and treatment of tobacco use
- Obesity
 - Member education and identification
 - Member support programs available
 - Practitioner support

Behavioral Health

- Depression screening and management
- Alcohol screening
- Member support (depression only)
- Clinical guidelines
- Practitioner support
- Performance results
 - HEDIS indicators
 - Non-HEDIS measures

CDM: Asthma, CAD, Diabetes

- Member identification
 - Member support
 - Interventions used, participation rate
 - Practitioner support
 - Comparative and member-specific data
 - Performance measurement
 - HEDIS indicators
 - Non-HEDIS measures (clinical and non-clinical)
- *Basis for CDM is Wagner Chronic Care Model*

Chronic Disease Management

- Member support
 - Matching level of need with services
 - What types of support with what participation?
 - Education
 - Missed service reminders
 - Counseling
 - Outbound call support
 - Care plan tracking
 - Drug review
 - Etc.

Chronic Disease Management

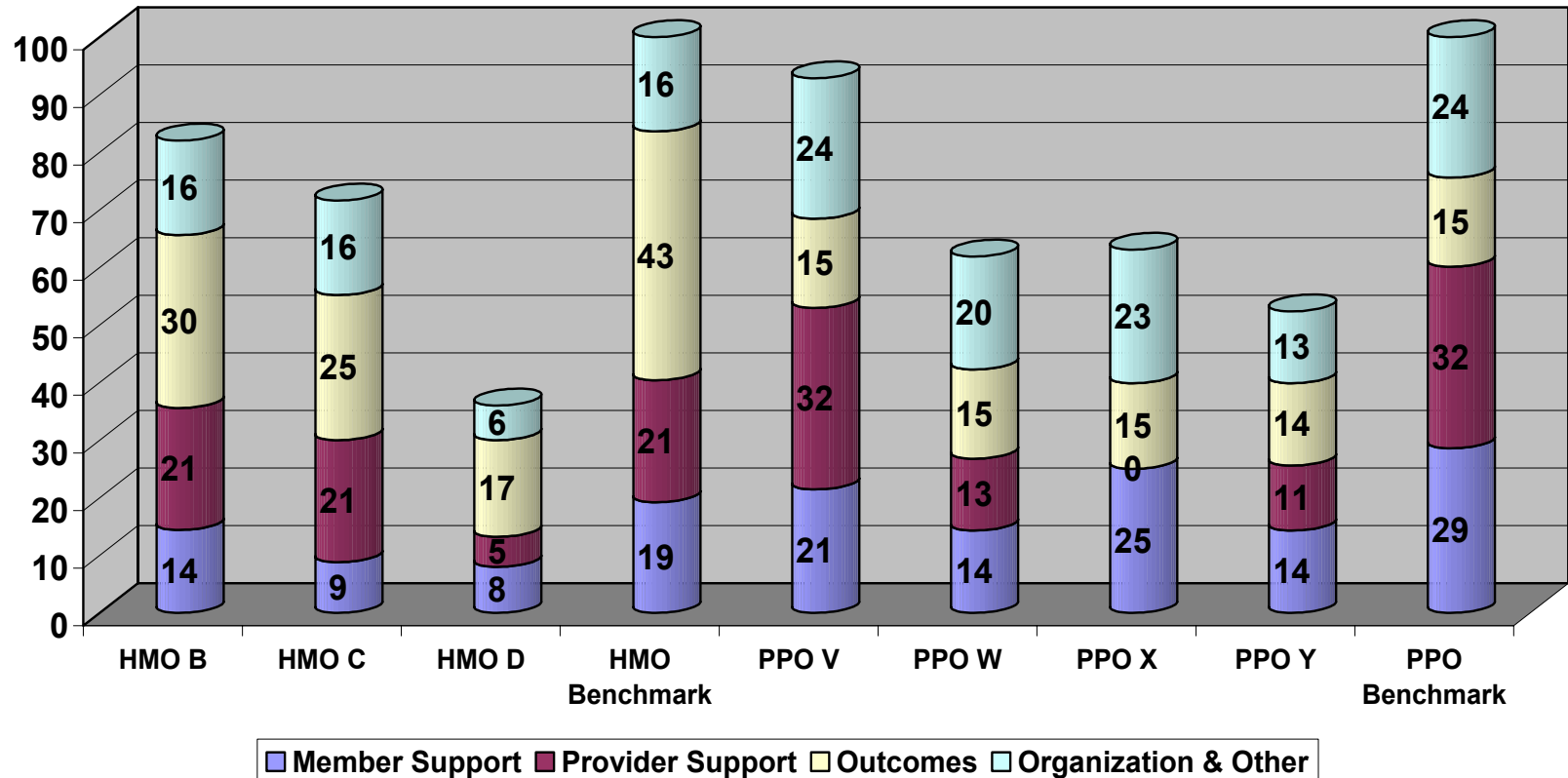
- Practitioner support
 - Patient-specific reminders about missed services
 - Comparative performance reports
- Performance
 - Related HEDIS: Highest score for 90th %ile nationally
 - Supplemental measures (e.g. perceived health status, productivity, absenteeism, program ROI)
 - Plan-specified measures

CDM: HEDIS Measures

- Asthma (20% of overall Asthma score)
 - Appropriate use of medications
- Coronary Artery Disease (40% of overall CAD score)
 - Controlling high blood pressure
 - Beta blocker treatment (2)
 - LDL levels (3)
- Diabetes (65% of overall Diabetes score)
 - DRE
 - HbA1c
 - LDL screening
 - Nephropathy
 - Poor HbA1c control
 - LDL controlled (2)

Sample Comparative Chart: CDM

2005 eValue8 Results Chronic Disease Management



Michigan Consumer Guide

QUALITY MEASURES



NCQA ACCREDITATION STATUS	DOCTOR COMMUNICATION & SERVICE	ACCESS & SERVICE	STAYING HEALTHY	GETTING BETTER & LIVING WITH ILLNESS
An independent group of health professionals — the National Committee for Quality Assurance (NCQA) — developed quality standards and ways to measure the quality of HMOs. NCQA accreditation applies to HMOs and is considered to be one measure of the health plan's performance.	Measures how well the plan's doctors communicate, whether service in the doctor's office is courteous and helpful, and how patients rate the overall care they receive from their personal doctor and specialists.	Measures how easy it is for patients to get the care they need quickly, and how helpful and informative the plan's customer service functions are and how well complaints are handled.	Measures how well the health plan helps people avoid illness through preventive care, reduction in health risks and early detection of serious illnesses.	Measures how well the health plan helps people recover when they're sick or injured and how well it helps the quality-of-life of people with chronic conditions (such as diabetes or heart disease).
Not Accredited	★★	★★	★	★★
Excellent	★★★	★★★	★★★	★★★
Excellent	★★★	★★★	★★★★	★★★★★
Excellent	★★★	★★★★★	★	★★★★★
Excellent	★★★	★★★	★★★	★★★★★
Excellent	★★★★	★★★★★	★★★★★	★★★★★
Excellent	★★★	★★★	★★★★★	★★★★★
Accredited	★	★★	★	★
Excellent	★★★	★★★★	★★★	★★
Excellent	★★★	★★★★	★★★★★	★★★★
Not Accredited	★★★★	★★★	★★★	★★★
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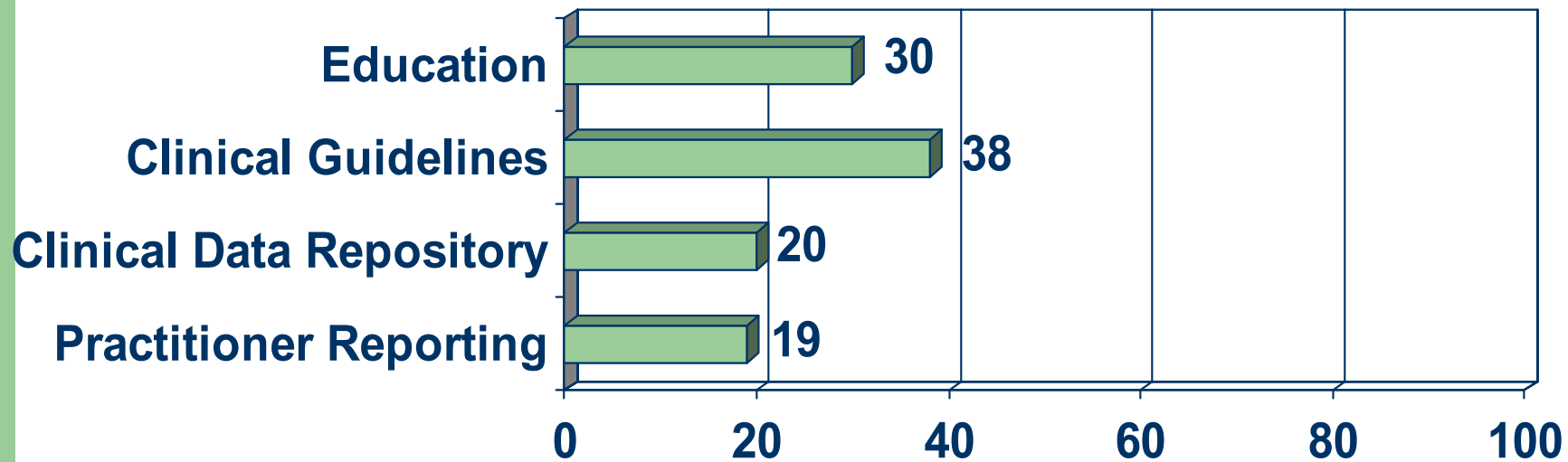
MICHIGAN PARTICIPATING HMOs

Strengths & Opportunities

#	Section	Results	Comment
	HMO Consumer Engagement and Support 2005 Health Partners	66%	
1	Instructions and Definitions		
2	Member Support: Access	58%	The Plan's member experience of care is above the 90th percentile for absence of delays in health care due to plan approvals, above the 75th percentile for getting necessary care and below the 50th percentile for getting a satisfactory doctor or nurse. Highest scores are available for performance above the 90th percentile.
3	Member Support: Practitioner Information	78%	The Plan offers a wide array of information in its practitioner directory, provides further information about its maintenance and organization, and has a process to assure its accuracy. The Plan provides an impressive array of practitioner group-specific performance indicators. Evidence of the indicated practitioner-specific cost profile was not provided. More credit is available for additional practitioner information.
4	Member Support: Facility Performance and Patient Safety Information	91%	The Plan provides limited educational information about the Leapfrog standards and provides both hyperlinks to Leapfrog and a summary rating in its tiered list of hospitals. The tiered list of hospitals displays a wide variety of hospital-specific performance measures. The combination of these indicators and hospital cost indicators are used to construct the hospital tiers and there exist benefit design-based member incentives to use the higher performing hospitals. The Plan provided both newsletters and pamphlets providing information about safety and the importance of members becoming actively involved in their care, including questions to ask about recommended treatments and pharmaceuticals. The Plan provided information about hospital-

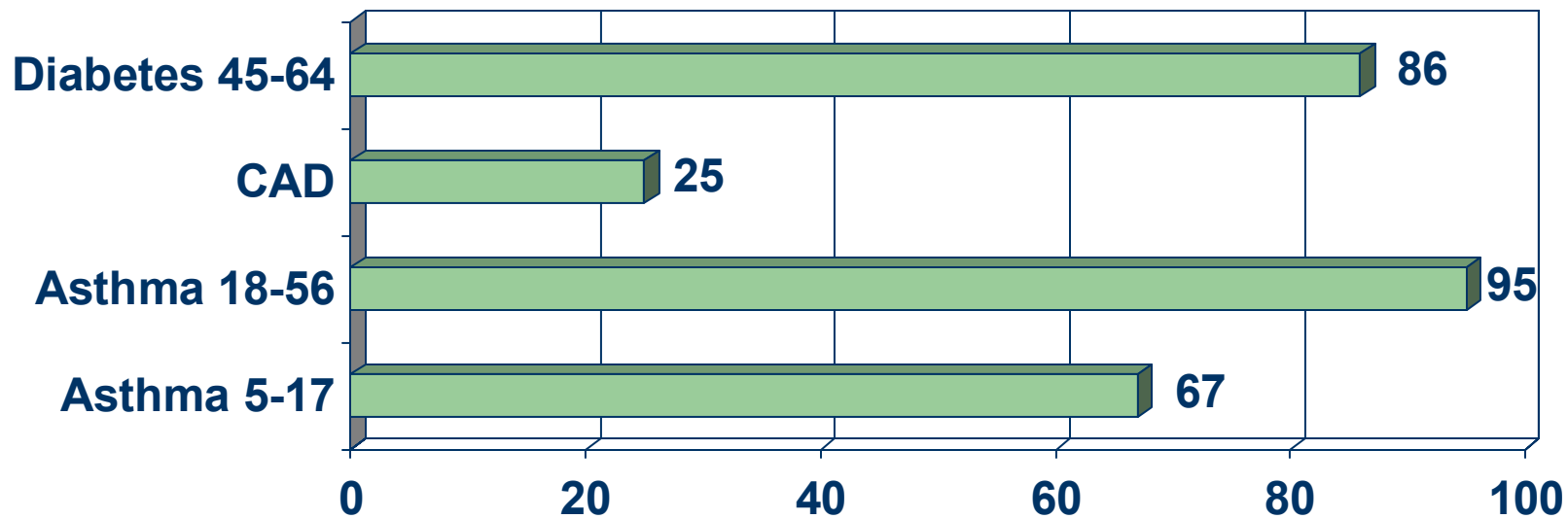
CDM Results

Collaboration



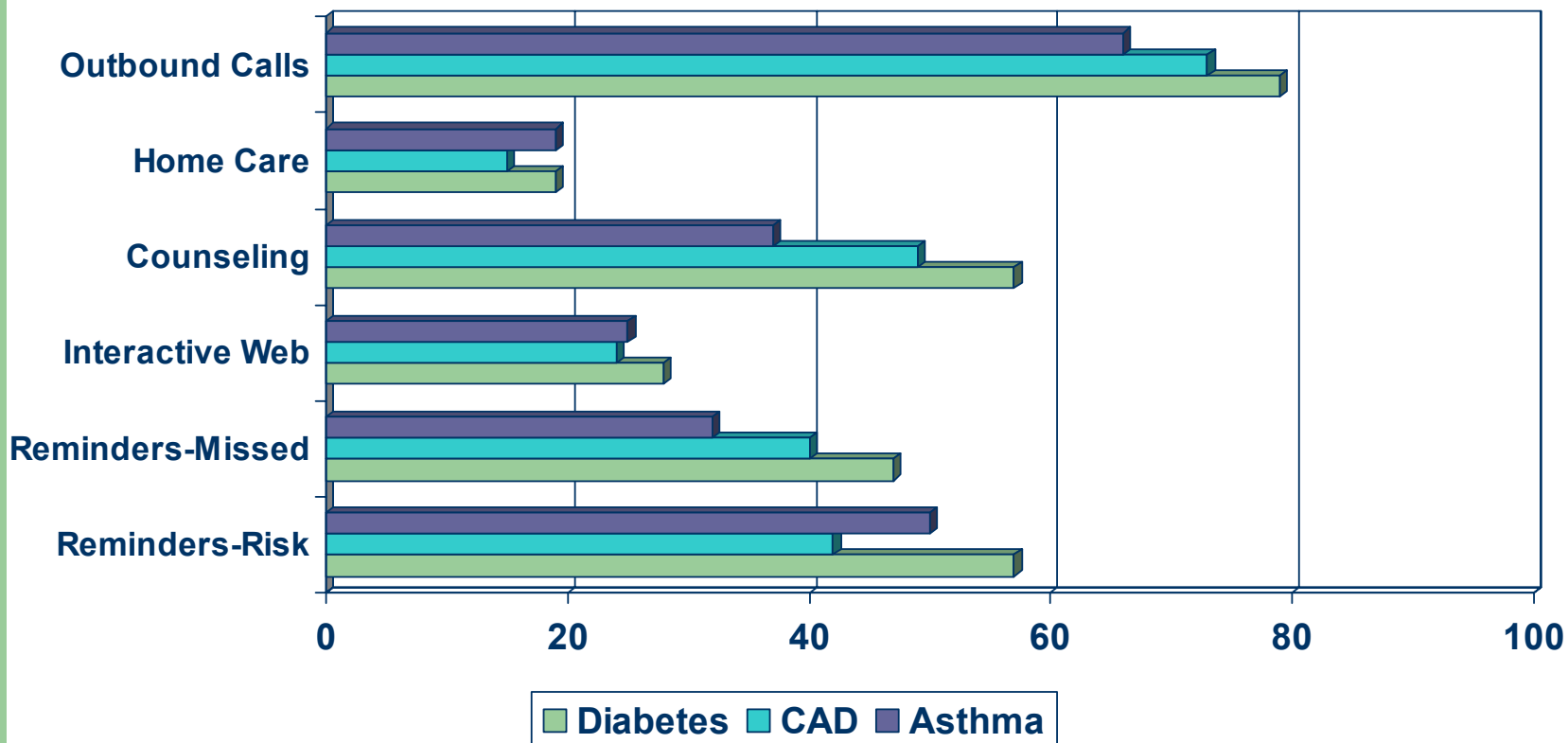
CDM Results

Member Identification: % of CDC/AHA Rate



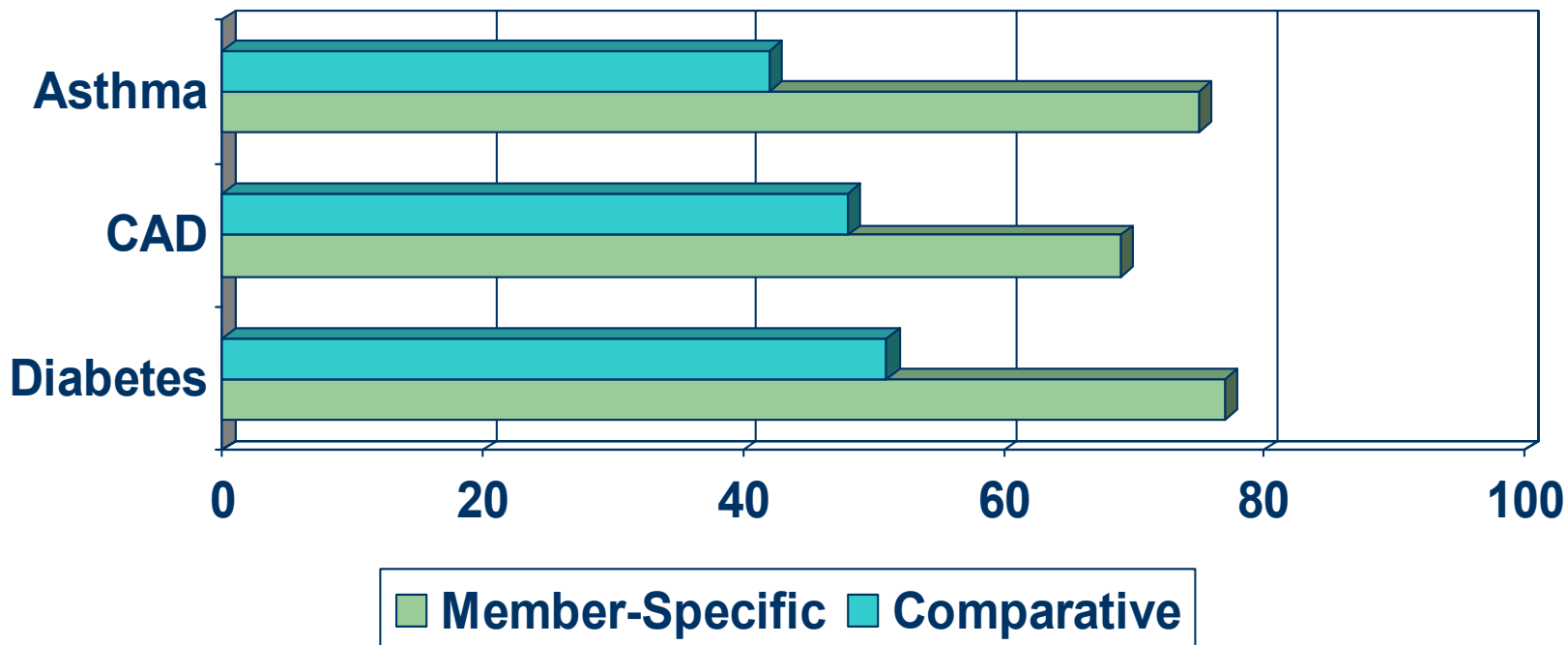
CDM Results

Member Interventions



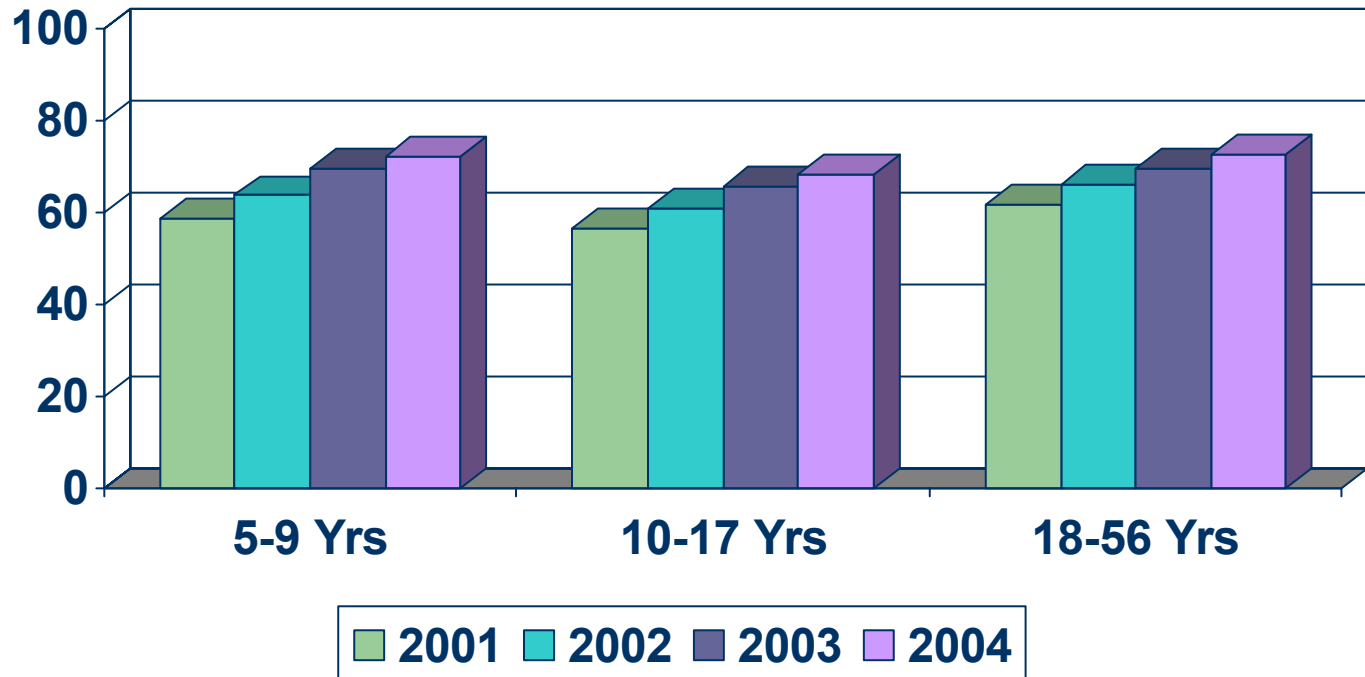
CDM Results

Practitioner Support: Reports



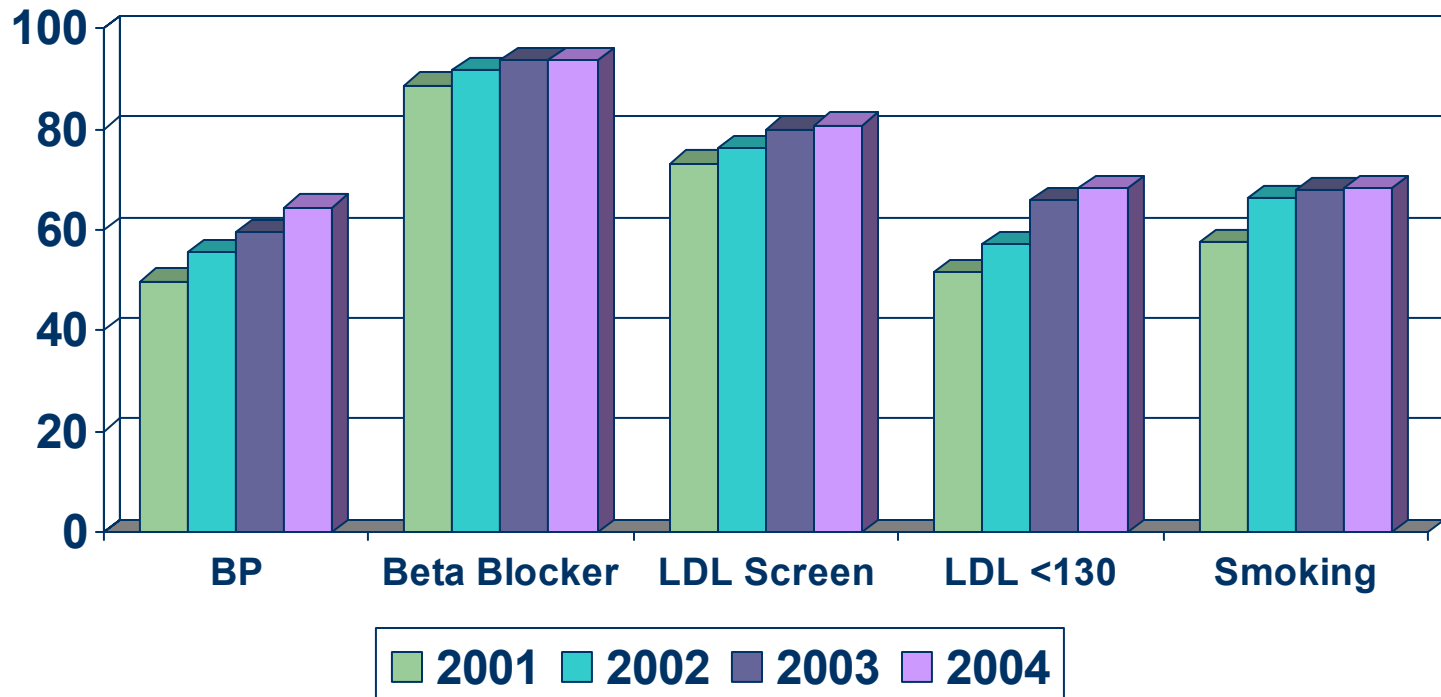
CDM Results

Asthma HEDIS: Appropriate Medication



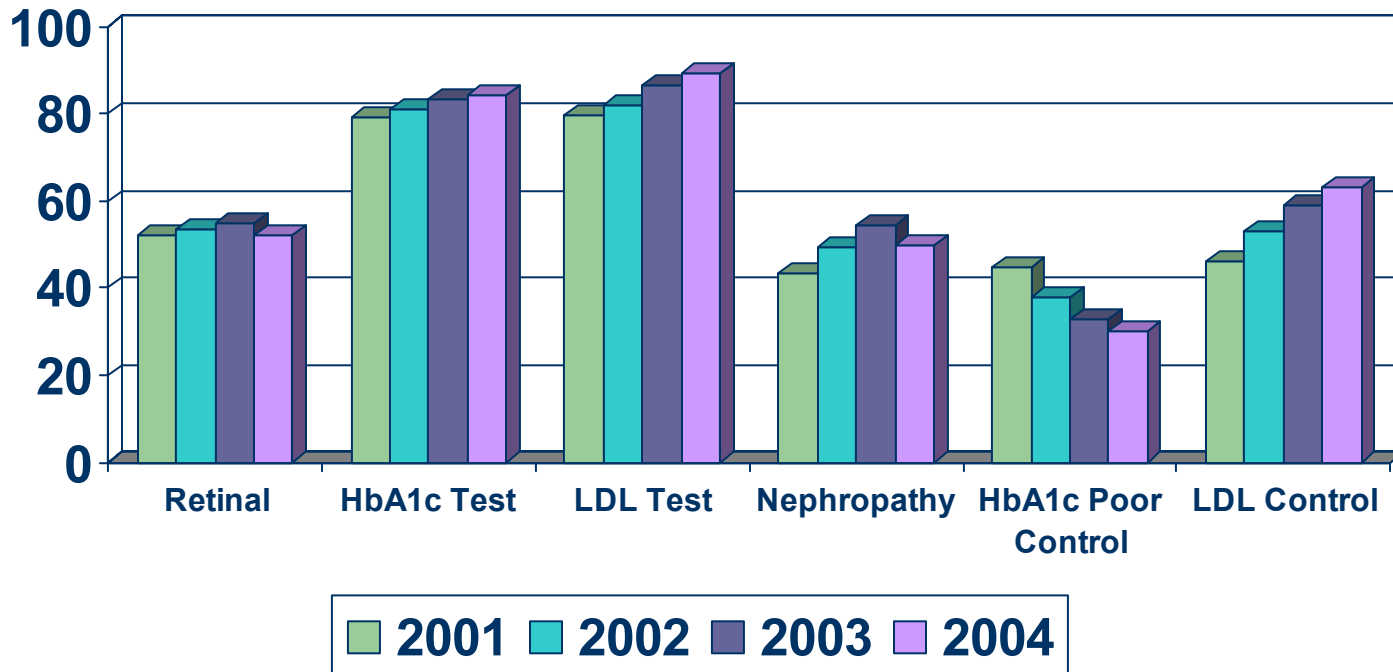
CDM Results

CAD HEDIS



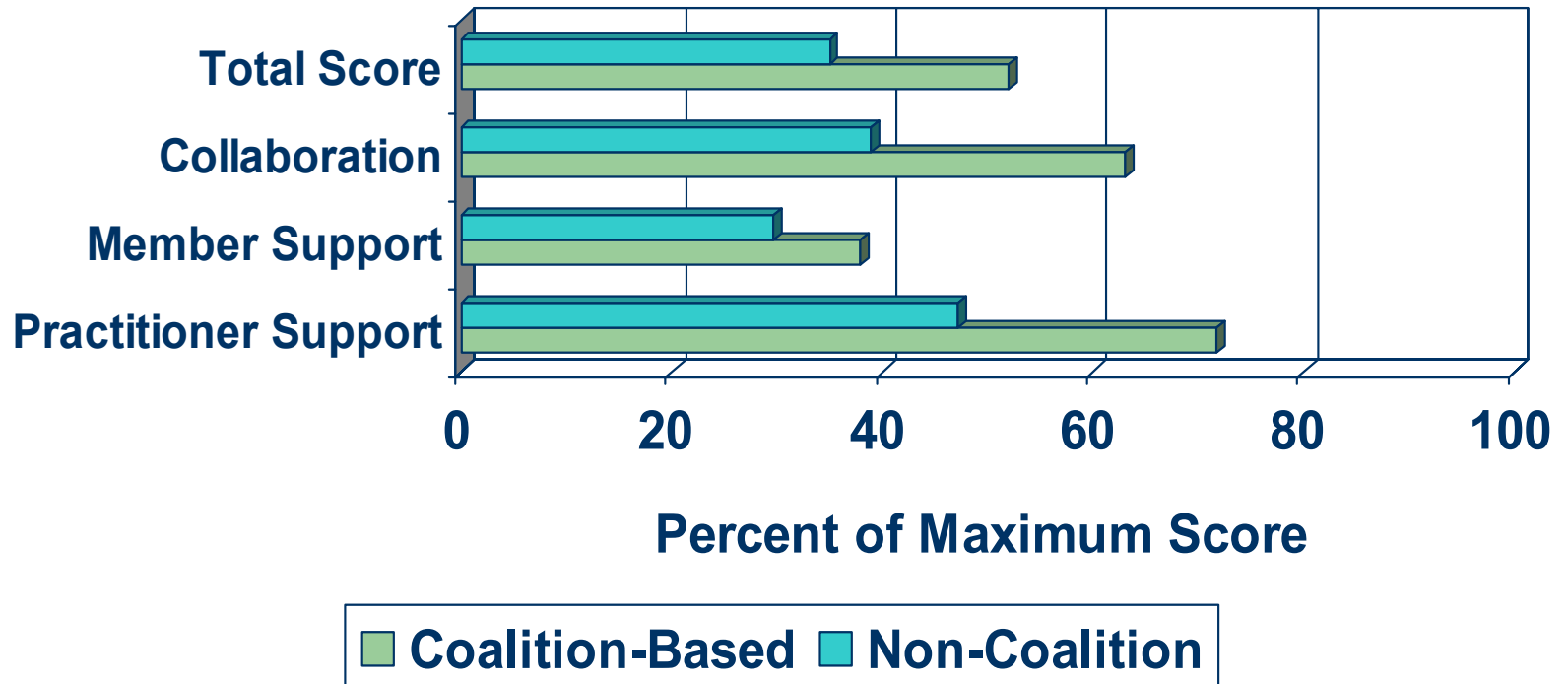
CDM Results

Diabetes HEDIS



CDM Results

Coalition-Verified vs All Other



CDM Results

- What are some reasons for better coalition-based performance?
 - Longer experience with the program
 - Internal organization, lining up appropriate staff
 - Better understanding of questions and metrics
 - More at stake (face-to-face with largest customers)
 - More interactivity
 - More time to align with expectations
 - Investment in structural and process expectations

What *eValue8* is *NOT*

- Plan design consultation
- Disruption analysis
- Geo-access analysis
- Price negotiation and premium analysis
- Actuarial analysis
- Consulting regarding employer-specific use of RFI data

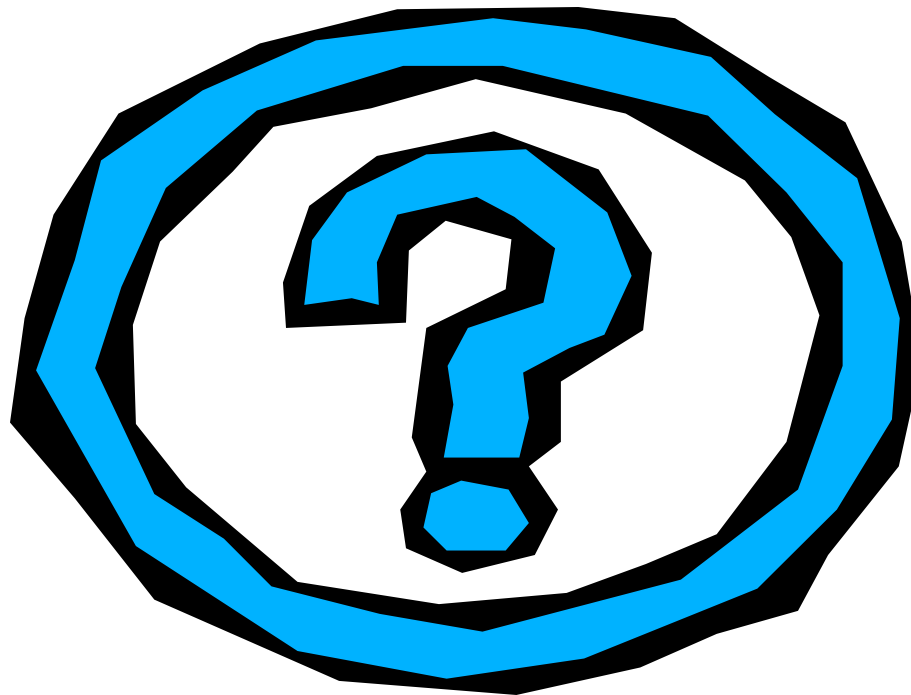
Conclusion

- **eValue8** is a cost-effective way for employers to fulfill their fiduciary responsibilities of plan selection and performance evaluation.
- **eValue8** provides a high-leverage, collaborative mechanism to address the underlying problems in health care that contribute to high cost, waste and uneven quality.

Closing the Quality Gap

- Using systems and information to support care
- Increasing collaboration
- Increasing consumer engagement in provider selection and care decisions
- Expanding transparency to all levels
- Structuring payment systems to reward excellence
- Raise health plan awareness of purchaser expectations supporting continuous improvement

Questions, Discussion



Provider Measurement

- Contracting strategies
- Differentiation and incentives
- Leapfrog performance
- Centers of excellence
- High performance networks
- Performance measurement and feedback
 - Physician
 - Medical group
 - Hospital