Health Plan Performance
Purchaser Guide

Health Plan Performance ▪ Cardiovascular Disease ▪ Diabetes

NORTHEAST BUSINESS GROUP ON HEALTH

eValue8 HEALTH CARE

NORTHEAST
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Northeast Business Group on Health is a network of employers, providers, insurers, and other organizations working together to improve the quality and reduce the cost of health care in New York, New Jersey, Connecticut and Massachusetts. Since its inception, Northeast Business Group on Health, has spearheaded important initiatives, conducted breakthrough research and launched innovative programs that brought meaningful change to the healthcare marketplace for purchasers.

Northeast Business Group on Health gratefully acknowledges the support of Daiichi Sankyo, Inc.

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Dear Colleagues:

On behalf of Northeast Business Group on Health (NEBGH), I am pleased to bring you this Health Plan Performance Purchaser Guide, based on the 2012 eValue8 Request for Information (RFI). The eValue8 RFI is a nationally recognized tool used to measure health plan performance and inform health benefits-purchasing decisions. This Guide offers purchasers and health plans a new way to assess and act on eValue8 results.

Nationwide, employer healthcare costs continue to rise, weigh on corporate balance sheets and undermine global competitiveness. New York-area employers face many of the greatest challenges. Chronic disease rates, costs and the average age of the workforce in the region all exceed national averages.

More than ever before, area employers and health plans need to work together to find innovative ways to engage members and improve outcomes. NEBGH designed this Guide to facilitate this process by offering:

- A detailed evaluation of the region's health plans in key areas;
- Recommendations for improvement and best practices;
- Strategies for reducing the incidence and impact of diabetes and heart disease, chronic illnesses that are prevalent in the region and skew healthcare costs for area purchasers; and
- Specific steps purchasers and health plans can take to improve outcomes and rein in costs.

I applaud the health plans that are featured in this Purchaser Guide. These plans have demonstrated a willingness to undergo the scrutiny of eValue8, and have shown a commitment to continuous improvement, transparency and accountability. That, in itself, is a step forward in quality.

I look forward to working with purchasers, health plans and providers in the region to promote a healthy, productive workforce, improve quality, and increase the value of healthcare investments for employers.

Best Regards,

Laurel Pickering

Laurel Pickering, MPH
President and CEO

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Section 1: Overview
Introduction

As a purchaser of healthcare benefits, you should be able to measure health plan performance in a standardized way that compares how health plans engage your employees and assist their network providers, both essential in determining how to actively drive quality improvements.

The type of detailed information in this Guide will prepare you to both have a robust discussion with your health plan, and to make informed recommendations to your leadership.

This Purchaser Guide has three focuses:

- 2012 eValue8 health plan performance results
- Explanation of what the results mean to the purchaser
- Purchaser's action plan

Additionally, we include information on how health plan performance impacts patients with diabetes and heart disease relevant to each area of health plan performance. There are separate sections discussing the impact of cardiovascular disease and diabetes on employers.

"Health plan purchasing is about a lot of factors — network utilization, discounting, claims accuracy, and infrastructure like the call center, claims intake, web tools and member resources. Important factors include availability of disease and case management, ability to connect outside plan resources such as pharmacy, ability to engage with EAP, the health risk assessment and more. For the employer it's about connectivity – the health plan is part of a puzzle bringing those pieces together holistically."

Marco Diaz
Vice President of Benefits, North America
Thomson Reuters

What is eValue8?

eValue8 is sponsored by National Business Coalition on Health to measure health plan performance. eValue8 asks health plans detailed questions about their strategies to improve healthcare quality and value, including:

- Controlling costs and eliminating waste
- Engaging consumers
- Ensuring patient safety
- Closing gaps in care
- Measuring and paying providers

Based on a detailed analysis of the survey, plans are then given scores in key areas, compared to regional and national benchmarks, and provided with a roadmap for improvement. Plans learn in face-to-face discussions how to meet purchaser expectations and improve healthcare quality and value.

The eValue8 survey is developed with input from purchasers, coalitions, health plans, and the following organizations:

- Center for Disease Control (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- Agency for Healthcare Research and Quality (AHRQ)
- National Committee for Quality Assurance (NCQA)
- Joint Commission for the Accreditation of Health Care Organizations (JCAHO)
- URAC
- American Board of Internal Medicine (ABIM)
- The Leapfrog Group
- HCI3/Bridges to Excellence
- NORC at the University of Chicago
- Pharmacy Quality Alliance (PQA)
- The Disclosure Project

Healthcare purchasers use eValue8 results to:

- Assess health plan performance both regionally and nationally
- Become active purchasers, setting expectations and goals
- Develop strategies for improving the value of their healthcare investments
- Determine health promotion and educational opportunities
- Construct plan contracts, performance guarantees and plan design
- Establish performance goals
- Provide quality information to employees

Executive Summary

The eValue8 Request for Information (RFI) is a nationally recognized tool to assess performance and practices of health plans on a national and local basis. eValue8 has been a catalyst for improved health plan performance, transparency and accountability. Nationwide, 74 plans completed the rigorous RFI. This Guide illustrates the performance of three PPO plans that service NEBGH purchasers and compares them to the best performing national PPOs.

The three PPO health plans include:
- Aetna PPO (New York)
- Cigna PPO (New York and New Jersey)
- UnitedHealthcare PPO (New York and New Jersey)

"eValue8 is really about communicating clearly with plans about employer expectations. The eValue8 meetings offer insights about things plans could be doing, and shows what it looks like when plans do things well."

Tiffany Morant
Americas Health and Welfare
Team Leader, Bloomberg L.P.

Each year after the RFI is scored, individual meetings are held with the health plans to discuss the results. Purchasers are invited to attend and participate in these meetings. They gain insight to which programs are working well, those that need to improve, and develop next steps.

This year, to provide more transparency to the purchaser, results are presented in more detail than in prior years; equipping organizations with crucial information to make more informed decisions and satisfy some of their fiduciary responsibilities. The results are presented by module along with its related components.

There are seven modules:
- Plan Profile collects basic plan information, such as accreditation status, reporting capabilities, claim statistics and provider contracting.
- Consumer Engagement determines how well the plan supports and engages consumers. It addresses tools, interventions, and strategies that purchasers believe should be widely and routinely available.
- Provider Measurement assesses how the plan measures, differentiates and rewards the performance of physicians and hospitals, and the degree to which the plan uses nationally standardized measures.
- Pharmaceutical Management identifies how the plan organizes, administers and manages its pharmaceutical program.
- Prevention and Health Promotion reviews the plan's efforts to prevent illness and keep people healthy.
- Chronic Disease Management focuses on disease management of Coronary Artery Disease (CAD), Diabetes and Chronic Obstructive Pulmonary Disease (COPD).
- Behavioral Health Management evaluates the plan's ability to identify and track members with depression, the programs and services provided, and how the plan manages members across disease states.

Why Health Plan Accountability Matters

"In the past, purchasers, employers and unions were buying for the short term, and weren't as concerned about long-term health issues. Now there's a recognition that you have to look for value in health. You need to encourage employees to get appropriate care. There has been a shift in people's recognition of value and quality – and that is an underlying factor in cost. This tool supports transparency as it provides an opportunity to look at community standards and shared values."

Ruth Antoniades
Executive Director
The Labor Health Alliance
New York City

Chronic diseases cost employers billions in lost productivity and healthcare costs. Chronic disease typically doesn't start suddenly – it develops slowly, fueled by a combination of genetic traits and lifestyle choices.

For this reason, employers have two imperatives when contracting with health plans:

- Help prevent chronic disease by identifying risk factors and helping employees make the changes needed to mitigate them, and;
- Ensure that people in any stage of chronic diseases receive the evidence-based care they need to halt or slow progress to more severe disease.

As this Purchaser Guide illustrates, health plans offer a wide array of programs and services. All are working diligently to engage members, promote health, and measure outcomes. Yet, each plan has strengths and weaknesses. The eValue8 tool delivers information to help employers understand these strengths and identify opportunities for improvement. Health plans are eager to partner with employers to deliver services efficiently and effectively. This Guide will help employers to develop clear priorities and expectations and communicate them effectively to health plans.

Section 2: Results

eValue8 Module 1:
Plan Profile

This section captures information about the health plan operations, including organizational information, types of programs and services, participation in accreditation and certification reviews, support for network providers, and involvement in driving transformation in the healthcare system.

What eValue8 Measures	What Employers Expect	What it Means to Diabetes and Heart Disease Care
Services	• Offer array of plan types (PPO, CDHP, HMO, etc.), products (self-insured, insured, etc.) and services (24/7 nurse line, care reminders, etc.). • Identify if service is standard or buy-up.	• Providing array of services and programs to meet the needs of diabetics and heart disease patients will assist them with their complex needs, conditions and lower cost.
Compliance Review and Accreditation	• Participate in external review and oversight by National Committee for Quality Assurance (NCQA) and/or URAC. • Programs such as wellness, disease management (DM) or provider performance measurement should also be accredited or certified.	• Accredited health plans drive better health outcomes and coordinated care.
Provider Management	• Physician and hospital networks provide discounted fees and savings to purchasers and members. • Networks are managed and align with access, cost and quality strategies as well as comply with credentialing requirements. • Contract with non-participating professionals providing services at in-network hospitals. • Provide incentive payments for improvements in quality, safety and efficiency.	• People with diabetes and heart disease need access to both primary care and specialty care providers. Having these providers in-network means lower out-of-pocket costs to people with chronic disease. • Improving efficiency of care by reducing preventable admissions and infections, benefits all members and particularly those who interact most with the healthcare system.
Purchaser Support	• Robust and accessible purchaser reporting to support strategy and health improvement management activities. • Provide reports that shows how many are enrolled, participate and comply to health improvement programs.	• Patients who are identified and engaged in health management programs have better outcomes.
Health Information Technology	• Promote use of electronic records and communications to improve efficiency and safety.	• Patients have reduced risk of errors, greater ease of sharing information with multiple doctors and improved coordination of their care.
Racial, Cultural and Language Competency	• Identify members' racial and cultural makeup and have programs in place to meet their cultural and language needs.	• Patients benefit when they can communicate effectively with providers and have culturally appropriate information.

EMPLOYER ACTION ITEMS

Ask plans to increase:

- ☐ Electronic prescribing by a specified percentage.
- ☐ Use of incentive payments tied to plan and hospital performance on diabetes, heart disease and hospital safety.
- ☐ Behavioral health network access.
- ☐ Member and physician office information on race, ethnicity and language and to show how they use this information to provide culturally competent care.

eValue8 Module 1: Plan Profile

All reporting plans showed relatively similar scores for their racial, culture and language competency. Plans had programs that addressed diverse needs.

FINDINGS:

- Cigna NY with 80% of available points is the best performing health plan in the New York area in the Plan Profile module.
- All New York-area health plans are accredited, by a national standard-setting organization, NCQA, but not all plans seek accreditation for specific programs, such as disease management.
- Aetna NY PPO outperformed other plans in the area of access to physicians and purchaser reporting. The plan also performed in the top quarter of all plans in NCQA measures of efficiency all Relative Resource Use measures.
- New York-area plans scored poorly on offering technical assistance and incentives for providers to adopt electronic health records. No plans were awarded eValue8 points in this category.

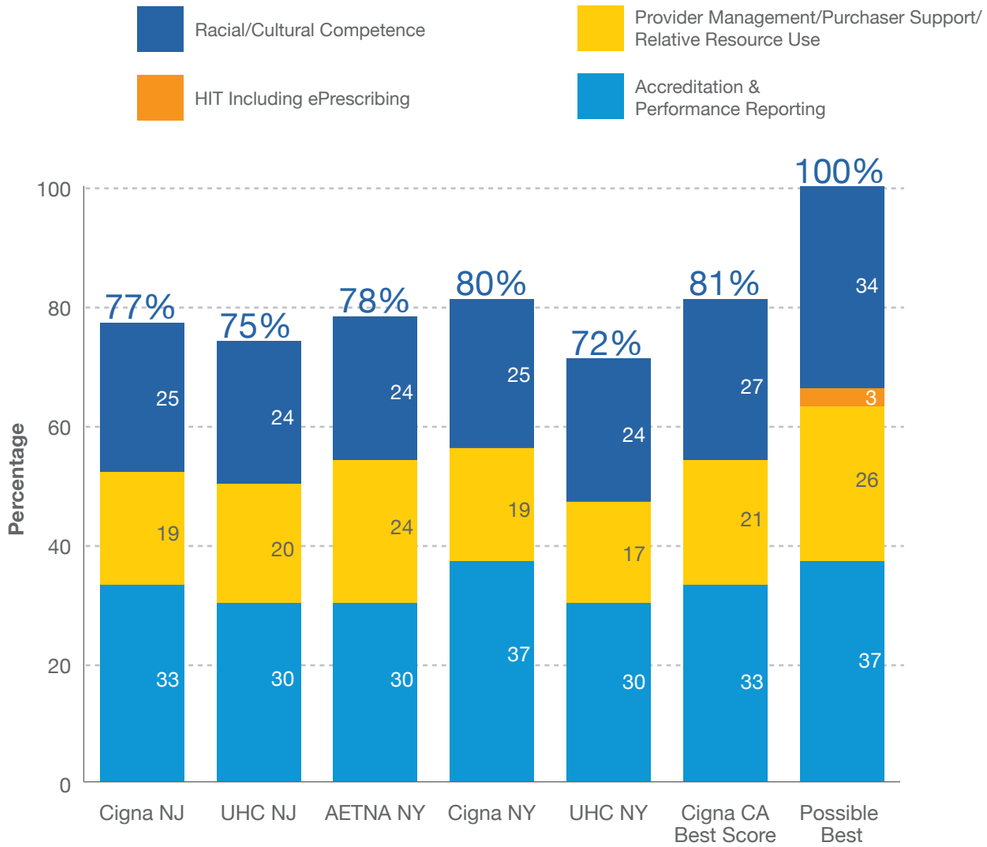


Figure 1: Plan Profile Results

Percentages have been rounded to the nearest whole number.

eValue8 Module 2:
Consumer Engagement

"Consumer engagement" describes the actions plans take to encourage members to maintain healthy lifestyles, adhere to medications and treatments, and guide members to high-performing physicians and hospitals. These programs help members get involved in improving their health and become active in purchasing healthcare services.[1]

What eValue8 Measures	What Employers Expect	What it Means to Diabetes and Heart Disease Care
Plan Design Alignment	• Benefit designs that have variable co-pays or deductibles, based on the patient needs and actions.	• Reduced co-pays for condition-related medications and exams could increase compliance.
Practitioner Information and Connectivity	• Help members find physicians who provide quality, culturally competent care. • Adoption of technologies that help patients get care (e.g., offering websites for choosing physicians or covering web-based "consultations".)	• Not every physician or practitioner delivers the same quality and scope of services. Some have better tools for managing complex needs. Doctors that are a good "fit" may be better positioned to support the patient.
Hospital Choice Support	Tools to help patients: • Choose hospitals with the best outcomes. • Estimate out-of-pocket and overall costs for hospital stays. • Financial incentives should be provided to direct patients to better-performing hospitals.	• Hospitals vary widely in both cost and quality. One hospital may have very good outcomes in orthopedics, but not heart surgery. Patients need to know which hospitals offer the best treatment, preventive services, and the lowest readmission rates. • Patients need comparative information to make choices about hospital safety.
Shared Decision-Making and Treatment Support	• Tools to help patients research and select treatment options. • Hospice and "end-of-life care" options so patients can choose care that fits their wishes.	• Patients are more likely to comply with treatment, change behavior and be satisfied with care if they are active in selection.
Electronic Personal Health Record (PHR)	• Patient assistance with adopting personal health record. • Accessing plan information and entering new health information. • Promotion of portable records that send reminders for needed services.	• People with CAD and diabetes often have complex medication regimens and need to track health indicators. A PHR helps the patient keep all the information in one place, and share information with primary and specialty physicians.
Claims Management and Price Transparency	• Communicate with members about the cost of care, and how to control out-of-pocket costs. • Enhance cost calculator tools to include member benefit design relative to co-pays, deductibles and out-of-pocket maximum.	• People with chronic diseases use more services and have higher costs. Health plans can help these patients get better results and value by offering information comparing providers and hospitals, plus costs.
Performance Measurement	• Use of CAHPS' standardized patient experience survey to track plan performance in key areas: getting needed care quickly, customer service, and treatment option support and communications.	• Chronic disease patients use more providers and services, and must have access to quality care where they feel respected and supported.

EMPLOYER ACTION ITEMS

Ask plans to:

- ☐ Offer tools that help patients select providers and treatments based on side-by-side comparisons and measures of effectiveness.
- ☐ Increase the use of patient Personal Health Records by a specified percentage each year. Also ask plans to demonstrate how the PHR is linked to health plan programs.
- ☐ Help patients understand the treatment costs by being transparent about prices and offering cost calculators and other tools.
- ☐ Increase efficiency in every area by reducing waste, using more efficient providers and hospitals, and preventing dangerous and costly complications.
- ☐ Improve patient experience scores through CAHPS by a specific percent each year.

[1] See for example readings on Robert Wood Johnson Foundation's website, "Experts Identify Ways to Spur Consumer Engagement in Health Care" http://www.rwjf.org/pr/product.jsp?id=23077.

The healthcare system can't require people to engage in better health practices. However, health plans are increasingly using incentives to promote better health and discourage unhealthy behaviors.

FINDINGS:

- Cigna NY performed best overall on consumer engagement, with 81% of possible points in the New York area. The highest performing PPO among all eValue8 respondents nationwide was Cigna in Tennessee, with 84.8% of available points.
- Other plans in the New York region received fewer than 80% of available points, indicating room for improvement in consumer engagement strategies.
- Plans scored well on measures of promoting patients' use of personal health records. This will enable members to track their health status and share information with providers – an important step toward improving care coordination.
- Aetna New York performed strongly in providing patients with support making treatment decisions.
- All reported plans can improve their scores on the CAHPS patient experience survey.

eValue8 Module 2: Consumer Engagement

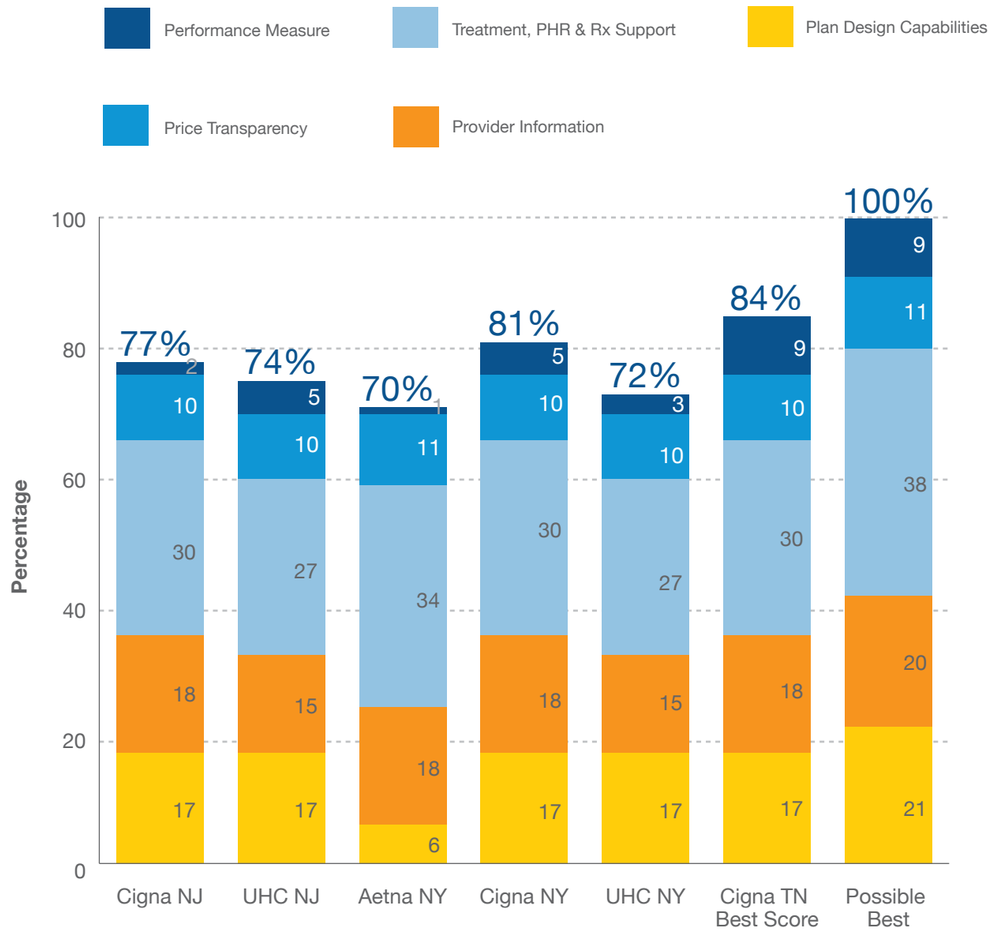


Figure 3: Consumer Engagement Results

Percentages have been rounded to the nearest whole number.

eValue8 Module 3:
Provider Measurement

The quality of care provided by hospitals and physicians can vary greatly. This can result in different rates of complications, readmissions, infections, and other co-morbidities. Health plans have the data to assess hospital and physician performance, and have the leverage to promote better outcomes.

What eValue8 Measures	What Employers Expect	What it Means to Diabetes and Heart Disease Care
Centers of Excellence or High-Performance Hospital Networks	• Use of available strategies to direct members to the best performing hospitals and evaluation of the impact of these efforts in terms of reduced complications and better outcomes (compared to expected or average rates).	• Diabetes and CAD patients are more likely to be hospitalized or need procedures. Patients may have better outcomes if they go to hospitals with more experience, better quality ratings, or lower infection rates.
Hospital Value Differentiation and Incentives	• Development of long-term approaches to improving hospital value, along with immediate action steps. In the short term, health plans should not pay hospitals for preventable complications or hospital infections. • Development of payment strategies that encourage hospitals to improve efficiency and quality in the long term.	• Patients will benefit when hospitals are rewarded for delivering higher quality, safer care.
Hospital Efficiency and Overuse	• Use of data to identify possible areas of overuse and misuse of services. • Development of hospital payment approaches that incentivize hospitals to reduce avoidable complications.	• Diabetes and CAD patients could be exposed to risks or complications. Plans can help ensure that hospitals are as safe as possible for patients with chronic disease.
Hospital Performance Measurement and Feedback	• Use of standardized measures to evaluate hospital performance. • Use of measures such as “Leapfrog Group” to promote hospital safety. • Reports to patients on hospital quality and safety. • Provide hospitals reports that document performance and benchmark against peers.	• Patients need comparative information to make choices about hospital safety. • Patients with chronic diseases are more likely to have better outcomes if hospitals are benchmarked and use standardized quality measures.
Physician/Practice Site and Medical Group/ IPA Value Differentiation and Incentives	• Payment strategies that encourage physicians to improve efficiency and quality.	• Patients will benefit when physicians are rewarded for delivering higher quality, safer care.
Physician Performance Measurement and Feedback	• Measurement of quality for the individual physician, the practice site, or group. • Assurance that measures of physician quality are valid and fair. • Performance reports are provided to physicians to help them improve quality.	• Performance reports will help physicians provide better care and improve outcomes for patients.
Physician Support and Health Information Technology (HIT)	• Support – financially or with incentives – of physicians who adopt electronic health records. • Assistance to primary care physicians on coordinating information with specialists and hospitals using HIT. • Encouragement of physicians to make referrals based on performance.	• HIT can help manage care information for diabetes and CAD patients, with multiple providers and prescriptions. • Patients will benefit when physicians make referrals based on quality, rather than convenience or other factors.
Community Collaboration for Provider Measurement	• Collaboration with other health plans, the state, and the federal Centers for Medicare and Medicaid Services (CMS), to use all available data for measuring and reporting on physician and hospital performance.	• Patients will have access to more information – and can make better choices – if health plans use all available data.

EMPLOYER ACTION ITEMS

Ask plans to:

- ☐ Demonstrate a comprehensive, integrated approach to measuring and promoting hospital quality, using standardized measures and aligning payment methods.
- ☐ Promote use of electronic decision support tools, e-prescribing, and other electronic tools for patient management.
- ☐ Demonstrate increased use of performance payments to providers and hospitals.
- ☐ Improve HEDIS measures for over-used procedures.

This section encourages plans to use data to assess performance, inform providers, and align payments to reward hospitals and physicians that do the best job.

FINDINGS:

- Aetna NY with 75% of available points, is the best performing area health plan in its programs to enhance provider quality. The best-scoring PPO nationwide is Cigna in California, at 79%.
- Capability to measure and report on hospital performance was an important differentiator in this category, as well as the capability to help patients choose high-value hospitals.
- Cigna New York and New Jersey led in using the performance measures to help differentiate physicians based on quality and efficiency and performed better than other PPOs nationally.
- As shown in Figure 5, all NEBGH plans have the capability to pay incentives to providers for better performance.

eValue8 Module 3: Provider Measurement

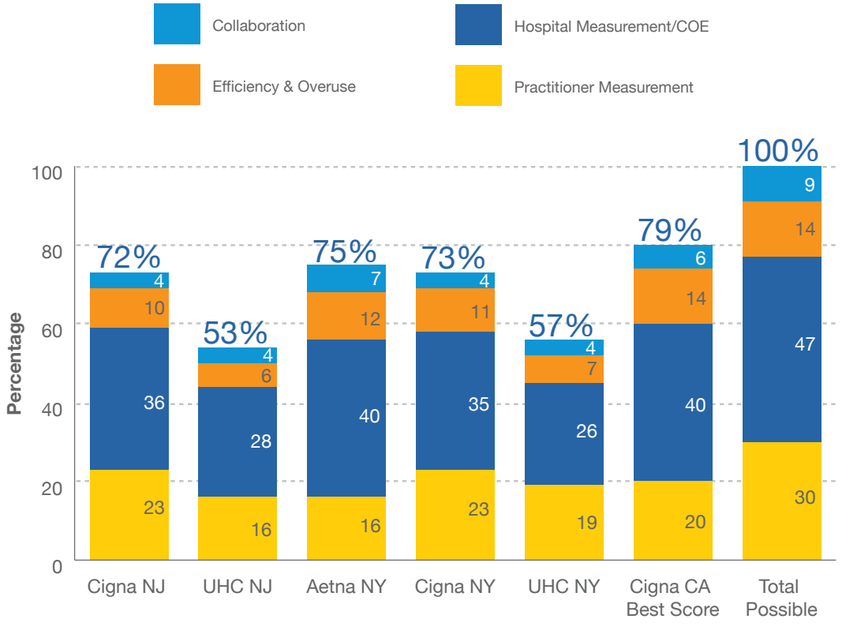


Figure 4: Provider Measurement Results

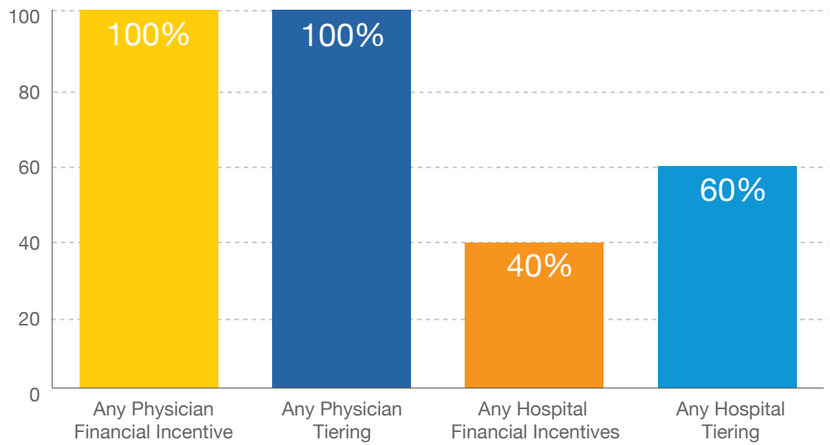


Figure 5: NEBGH Plans' Use of Financial Incentives and Plan Design

Percentages have been rounded to the nearest whole number.

eValue8 Module 4:
Pharmaceutical Management

Medications are a crucial element in the treatment of chronic diseases. Yet, because of cost, side effects or a lack of understanding, patients often do not take or stick with essential medications. By making medications affordable, offering incentives and working with patients and providers, health plans can improve adherence and health outcomes.

Using claims data, health plans can analyze and improve pharmaceutical use and safety, and identify gaps in care. For example, plans can look for codes showing a diagnosis of heart disease or diabetes, and alert the patient's physician if the appropriate medication is not being prescribed, dispensed or refilled. Plans also use these systems to detect dangerous drug combinations and overuse or misuse of antibiotics, narcotics and other drugs.

What eValue8 Measures	What Employers Expect	What it Means to Diabetes and Heart Disease Care
Program Organization	• Provide retail, mail-order and specialty pharmacy programs that encourage appropriate use, safety and compliance oversight. • Report the percentage of prescriptions dispensed "on formulary," indicating that the plan has a diverse and appropriate selection of medications in its preferred pricing plan. • Provide programs that highlight for patients "high-value" medications that are clinically important to improving health.	• Effective management of pharmaceutical services means that patients with chronic diseases have access to the most appropriate medications, thus increasing prescription compliance and effectiveness. • Value-based insurance initiatives reduce the costs, increase adherence and prevent avoidable complications.
Efficiency and Appropriateness	• Agreements and systems to promote lower-cost generic medications where clinically appropriate. • Align drug usage with population health needs and demonstrate reduction of antibiotic overuse.	• Use of appropriate generic medications lowers member out-of-pocket costs. • Health plan tracking of drug use trends can help ensure appropriate treatment of members with CAD and diabetes.
Quality and Safety	• Plans to measure and influence patient safety and adherence to prescribed regimens.	• People with chronic disease have higher rates of pharmacy use and a higher risk of interactions and errors. Health plan programs should prevent errors and promote the consistent use of appropriate drugs to manage conditions.

EMPLOYER ACTION ITEMS

Ask plans to:

- ☐ Effectively manage pharmacy programs, directly and in collaboration with carve-out vendors and network pharmacies.
- ☐ Improve dispensing of generic medications by a specified percentage, particularly where the employer's benefits design promotes generic use. In therapeutic categories where plans are not consistently promoting available generic substitutes, ask for data showing the value of branded drugs in managing chronic diseases.
- ☐ Expand communications with patients and providers on gaps in pharmaceutical care.
- ☐ Engage in Centers for Disease Control and Prevention and other national initiatives on drug safety and appropriate antibiotic use.[1]

[1] See CDC. "Preventing Antibiotic Resistance – We All Have a Role to Play" www.cdc.gov/Features/AntibioticResistance/

Health plans have opportunities to improve efficiency by promoting use of lower-cost, equally effective generic medications. This saves patients and payers money while achieving the same treatment effect.

FINDINGS:

- Plan performance in this category is surprisingly low. No plan in the New York area exceeded 50% of available points, and none approached the benchmark plan, Cigna in Washington state, which scored 74%.
- Health plans showed the largest gaps in the area of appropriateness of medication and efficiency, with all of the New York plans receiving less than 35% of available points. This reflects health plan activities to promote generic medications. This is heavily influenced by market dynamics and purchaser preferences.
- Health plans better identified members who are not taking their medication and safety issues when they used automated information systems.

eValue8 Module 4: Pharmaceutical Management

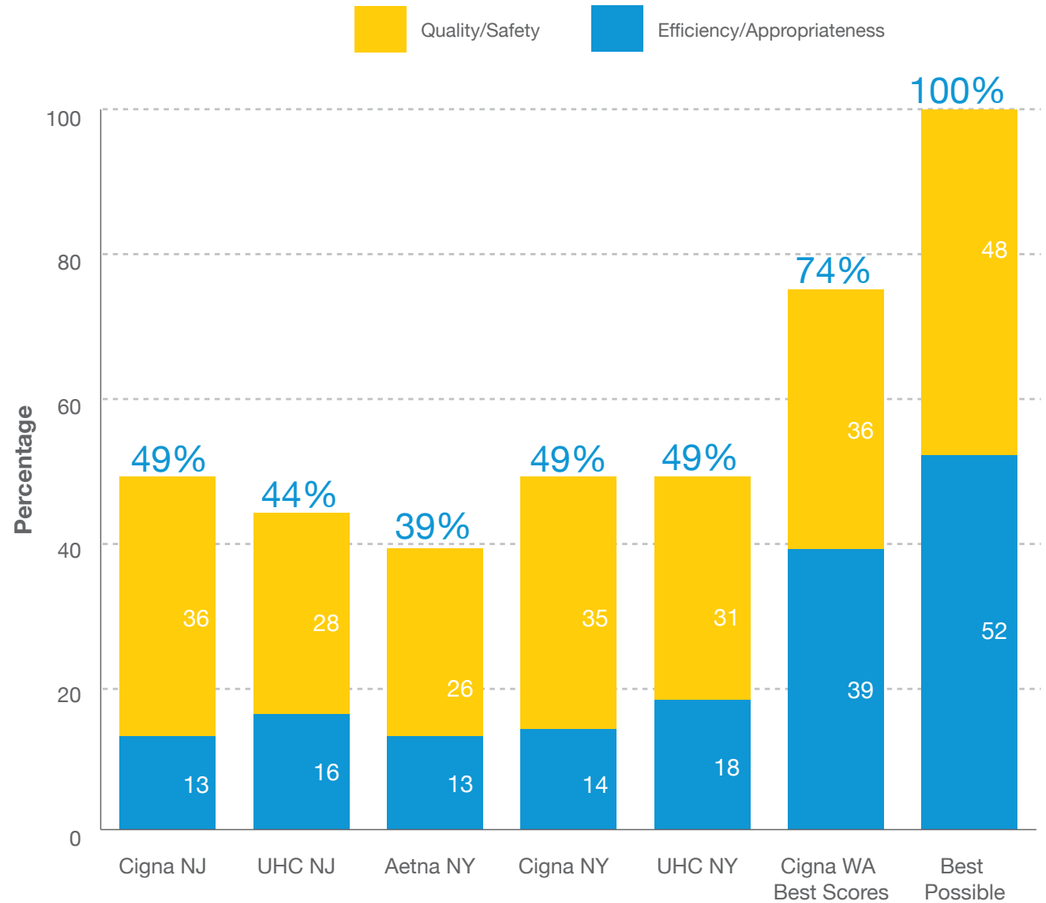


Figure 6: Pharmaceutical Management Results

Percentages have been rounded to the nearest whole number.

eValue8 Module 5:
Prevention and Health Promotion

Health promotion programs help keep well members healthy and prevent those with emerging illness from getting sicker. Risk assessment tools help plans identify members in need of health promotion services, encourage healthy behaviors and improve handoffs to needed services.

The CDC says that clinical preventive health services – such as immunization, cancer screenings and smoking cessation programs – are also a good buy.

What eValue8 Measures	What Employers Expect	What it Means to Diabetes and Heart Disease Care
Worksite Health Promotion Programs	• Partnering with the employer on worksite health initiatives, including chronic disease management programs. • Demonstrated member engagement.	• Employees can control many risk factors. For members with chronic diseases or risk factors, worksite activities can complement their care.
Health Assessments (HA)	• Health Assessments, including promotion and tracking of their use, and offering of incentives. • Integration of data from the plan into the HA, and from the HA into health management programs.	• A personal health assessment identifies health risks and allows early intervention.
Cancer Screening Programs and Results	• Member alerts regarding the need for preventive screenings. • Program results exceed target levels. • Measurement of physician performance and gaps in care.	• People with chronic diseases need routine health screenings, particularly if they have cancer risk factors such as obesity or smoking.
Immunization Programs	• Coverage of all CDC-recommended immunizations and to exceed immunization coverage targets. • Member alerts regarding the need for immunizations.	• Adult immunization is a cost-effective way to prevent complications for members with chronic diseases.
Prevention and Treatment of Tobacco Use	• Comprehensive tobacco cessation programs and collaboration with practitioners to improve treatment referral and measure results. • High performance on HEDIS smoking cessation measures.	• Smoking is one of the top “modifiable” risk factors for heart disease and diabetes. • Smoking cessation is one of the most important interventions for people with heart disease and diabetes.
Obesity	• Identification of obese members. Provider documentation of BMI and weight-management interventions. • Evidence-based weight-management programs, including pharmaceutical and surgical treatments. • Report HEDIS and other indicators of effectiveness.	• Obesity is another preventable contributor to diabetes and heart disease. Treatment ranges from lifestyle improvements to surgery. Weight loss can reverse pre-diabetes and surgical weight loss can often reverse type 2 diabetes.
Obstetrics, Maternity and Child Health Care	• Healthy pregnancy programs offered to members before conception. • Provide support in managing pregnancy and screen for alcohol and tobacco use. • Effective results on HEDIS pregnancy and child health indicators.	• This section is not directly related to heart disease or obesity, though women with these conditions would have higher risk of maternal complications.

EMPLOYER ACTION ITEMS

Ask plans to:

- ☐ Report on the number of members screened for preventable conditions, either in the provider office, in a disease management program, or through a health risk assessment.
- ☐ Show improvements in both screening and engaging members.
- ☐ Set specific objectives for improvements in health plan screening and treatment of tobacco use.
- ☐ Define community partnerships that can collaborate on weight management programs and assist in identifying and engaging obese members.
- ☐ Align employer benefits with recommended preventive services and adopt incentives to increase use.

The most effective health strategies for preventing chronic disease are lifestyle choices: eating healthy, not smoking, exercising and maintaining a healthy weight.

FINDINGS:

- Health plans in the New York region under-performed compared to the top-scoring plan, Tufts Health Plan in Massachusetts, which scored 77% on prevention and health promotion. UnitedHealthcare New York is the best-performing plan in the NY region, with 66% of possible points.

- Aetna NY and Cigna NY were the top area performers in obesity services. Plans need to improve capability to measure obesity rate and monitor obesity program participation at the local levels. Obesity is a major public health concern and health plan actions can influence this precursor of diabetes and other chronic conditions.

- Plans differentiated in their performance in getting members screened for cancer. UnitedHealthcare New York performed best in getting members screened for breast, cervical and colorectal cancer.

eValue8 Module 5: Prevention and Health Promotion

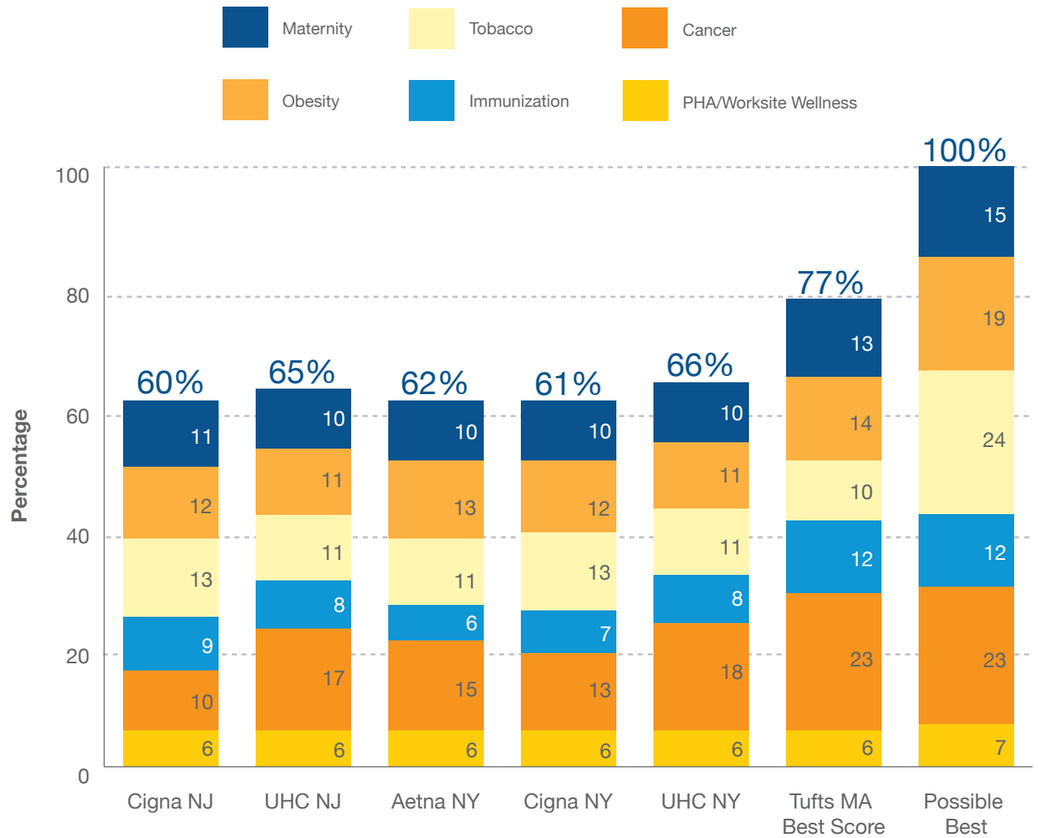


Figure 7: Prevention and Health Promotion Results

Percentages have been rounded to the nearest whole number.

eValue8 Module 6:
Chronic Disease Management

Chronic disease is one of the most pervasive drivers of cost and lost productivity for most employers.[1] With an aging, heavier and more sedentary population, chronic disease trends are projected to rise. By reaching members who are sick and preventing further health problems, plans can reduce costs.

Disease management (DM) and other health plan activities can help prevent admissions and readmissions.[2] To head off chronic diseases and complications, employers are using DM, coupled with wellness and health promotion efforts.

This module focuses on diabetes, coronary artery disease (CAD) and chronic obstructive pulmonary disorder (COPD).

What eValue8 Measures	What Employers Expect	What it Means to Diabetes and Heart Disease Care
Program Coordination	• Disease management programs that coordinate care for all of the patient's conditions, not just a specific disease state. • Identification of risks such as depression, alcohol and tobacco use, and coordinated care for all conditions that influence outcomes.	• People with diabetes or heart disease often have more than one condition, which must be addressed in an effective plan of care. • Chronic diseases are often accompanied by depression or substance use, which may complicate management or reduce treatment adherence.
Member Identification and Support	• Identification of chronically ill members in need of enhanced care. • Member communications to address clinical topics that improve care. • Diverse outreach tools such as phone calls and reminders to improve medication adherence. • Monitoring of claims and other data to identify and act on gaps in care, such as lack of certain tests or medication refills.	• Treatment adherence is critical for patients with CAD and diabetes. Plans need to find the best ways to reach and engage patients. • Patients who adhere to drug regimens will have better control of their condition and fewer complications.
Practitioner Support	• Monitoring physicians on quality measures and provide "actionable" feedback. • Providing physicians with quality benchmark and patients gaps-in-care reports. • Enhanced "medical home" programs where available.	• Patients will benefit when providers deliver evidence-based treatments. • Over time, patients with CAD and diabetes should be able to compare and "shop" for the best providers.
Performance Measurements: CAD, Diabetes, Other Conditions	• Improvements in all performance measures and performance in the highest percentile of plans in the region and nationally.	• HEDIS indicators show the percentage of eligible patients receiving evidence-based treatments for CAD and diabetes. This is essential information for payers and patients in choosing a plan. (See information in this report on CAD and Diabetes pages on 38-41.)

EMPLOYER ACTION ITEMS

Employers:

- ☐ Adopt incentives or performance guarantees related to disease management program performance and improve HEDIS measures.

Ask Plans to:

- ☐ Commit to specified improvement in member identification for chronic disease management and for member engagement in chronic disease management programs.
- ☐ Implement programs to prevent hospitalizations or reduce readmissions in high-risk members.

[1] Loeppke R, Taitel M, Haufle V, Parry T, Kessler RC, Jinnett K. Health and productivity as a business strategy: a multiemployer study. J Occup Environ Med. 2009 Apr;51(4):411-28.

[2] Epstein AM, Jha AK, Orav EJ. The relationship between hospital admission rates and rehospitalizations. N Engl J Med. 2011 Dec 15;365(24):2287-95.

“Curtiss-Wright believes strongly that partnering with our healthcare members to assist them with management of their chronic diseases, including hypertension and diabetes, is critical to assuring our healthcare plans offer affordable, high-quality services. We are always looking for ways to foster higher levels of employee engagement in our DM programs, most recently moving to a “Customized Care Management Unit” collaboration within our health plan. We look to outreach more purposefully, targeting those individuals who could most benefit from engaging with DM or care management, and more efficiently utilizing our available health plan resources.”

Jared Lewis
Manager, Benefits and HRIS,
Curtiss-Wright Corporation

FINDINGS:

- Plans demonstrated relatively low performance in this module, which was weighted heavily to reflect performance on HEDIS[3] chronic disease indicators.
- Cigna NY performed best on chronic disease management strategies, with 77% of available points (compared to the top scorer at 88%). The plan delivered the best results for diabetes and CAD measures, although there is still room for improvement.
- Plans performed well on supporting members and offering a coordinated approach to managing their health.
- UnitedHealthcare New York excelled in management of COPD. The plan outperformed others nationally on HEDIS results measuring COPD treatment.

[3] See Glossary on p.44

eValue8 Module 6: Chronic Disease Management

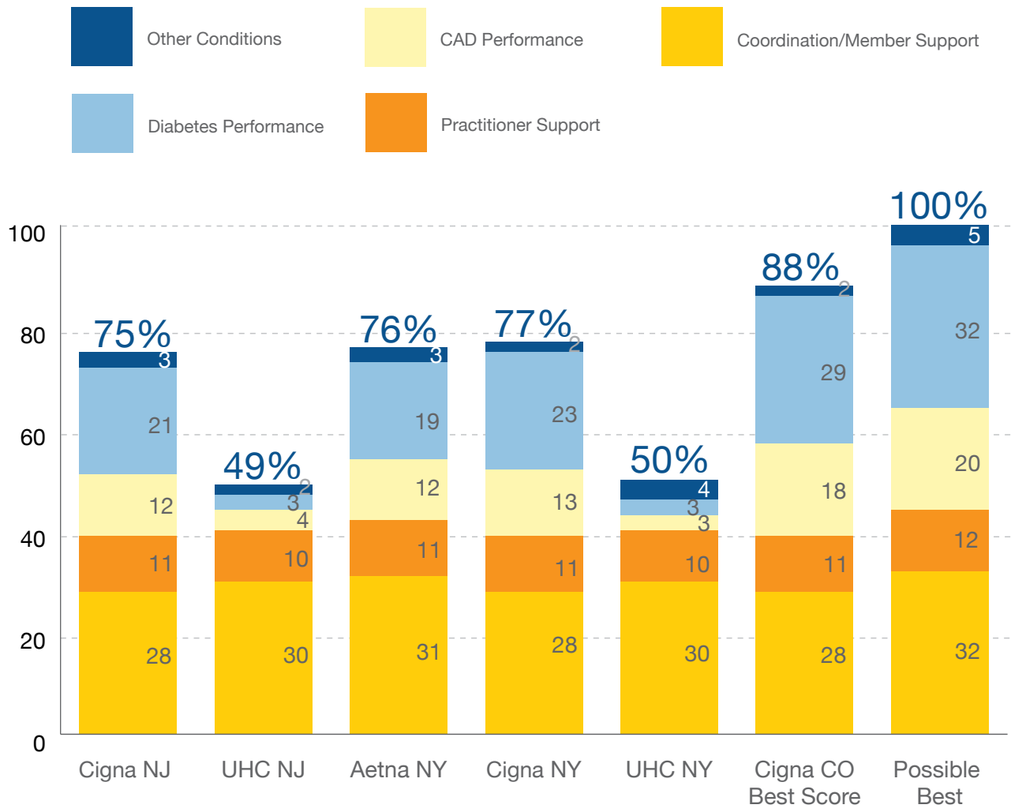


Figure 8: Chronic Disease Management Results

Percentages have been rounded to the nearest whole number.

eValue8 Module 7:
Behavioral Health Management

Mental health issues have an important impact on chronic diseases and on employee productivity. People with chronic diseases are more likely to suffer from depression, which can interfere with their ability to care for themselves and result in poor health outcomes.[1]

Health plans should ensure that members are screened for behavioral health problems, particularly those that could interfere with chronic disease management. Plan tools such as pharmacy and claims information systems can be deployed to identify members in need of additional mental health support, services or follow up.

What eValue8 Measures	What Employers Expect	What it Means to Diabetes and Heart Disease Care
Plan Organization	• Collaboration with accredited behavioral health vendors if the service is carved out. • 24-hour access to behavioral health services. • Promotion of provider use of validated screening tools for depression and alcohol use.	• Members with CAD and diabetes need care that is coordinated across medical and behavioral care.
Member Screening	• Identification of members with alcohol or depression problems and tracking of the number of people screened and treated.	• Screening and treatment for depression is an important element of care for diabetes patients and CAD.
Member Support	• Member outreach to engage them in care. • Programs to improve medication compliance for depression and co-morbid problems. • Intervention programs to improve behavioral health care.	• As with chronic disease management programs, behavioral health programs need to identify and engage members and improve outcomes.
Practitioner Support	• Physicians' involvement in behavioral healthcare programs. • Reports to physicians on quality of care, and identification of action items. • Quality initiatives around appropriate prescribing of antidepressants. • Reimbursement for necessary behavioral interventions, including alcohol screening and treatment.	• Patients benefit when plans support physician efforts to deliver the best evidence-based care.
Performance Results	• Good performance on HEDIS measures or demonstrated ongoing meaningful improvement.	• Helping patients to manage depression improves self-management for chronic disease.

EMPLOYER ACTION ITEMS

Ask plans to:

- ☐ Provide incentives for better screening and treatment for behavioral health problems, particularly in primary care settings.
- ☐ Show clear processes in managing patients with both behavioral health and medical needs.
- ☐ Show improvements in depression screening and treatment for members with chronic diseases.
- ☐ Improve HEDIS indicators for alcohol screening and depression care.

[1] Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the World Health Surveys. Lancet. 2007 Sep 8;370(9590):851-8.

This module examines depression and alcohol overuse and the most common breakdown in the provision of behavioral health services.

FINDINGS:

- Cigna NJ with 84% of available points was the top-performing PPO nationally. The plan performs well in screening members, supporting both physicians and members in managing behavioral health conditions, improving care and achieving good scores on performance benchmarks.

- Member and practitioner support are heavily weighted in this section. Although UnitedHealthcare scored well overall, it was the lowest of New York-area plans in member support. This indicates room for improvement in assuring members are taking medication and compliant.

eValue8 Module 7: Behavioral Health Management

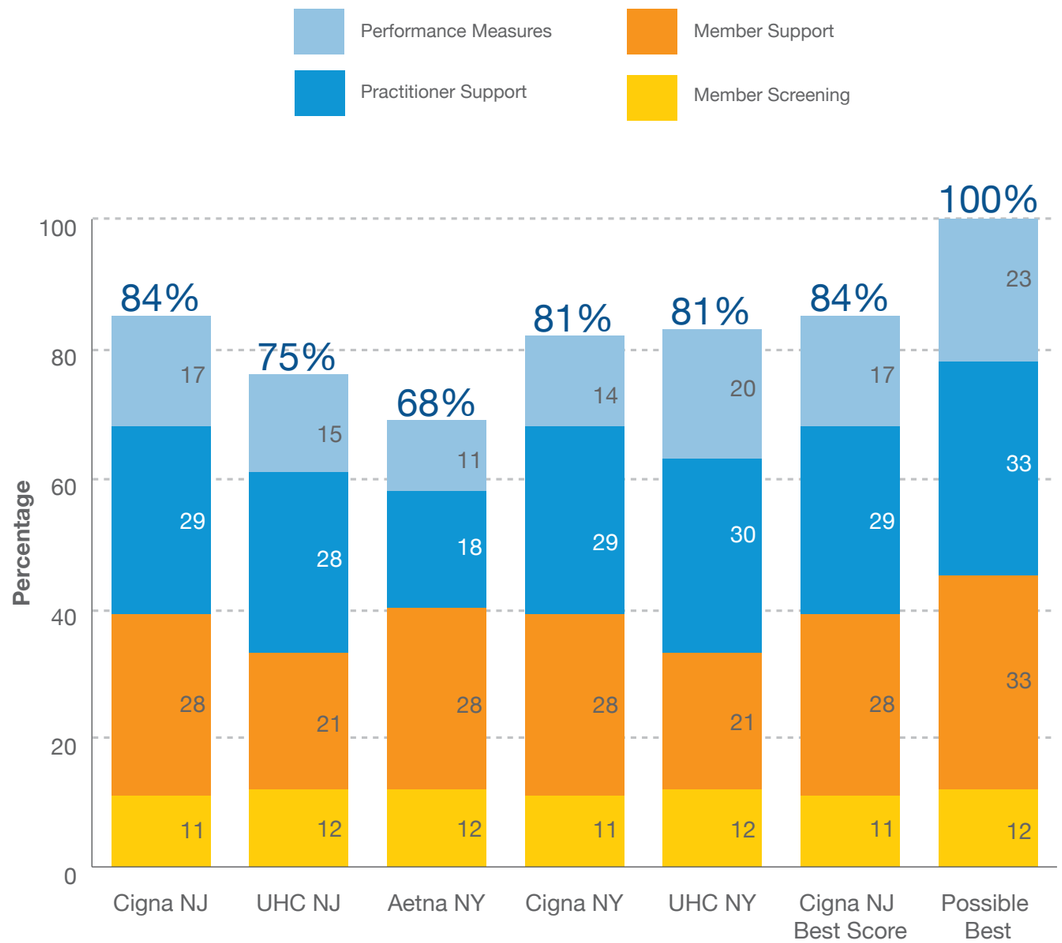


Figure 9: Behavioral Health Management Results

Percentages have been rounded to the nearest whole number.

Section 3: A Prescription for Better Care

Diabetes Care Profile

Diabetes is one of the most costly and physically devastating chronic diseases in the U.S. Type 1 diabetes results from the inability of the body to produce insulin, a hormone needed to move glucose (the body's energy source) from the bloodstream into cells. Type 2 diabetes usually occurs later in life and is often associated with obesity. In type 2 diabetes, the demand for insulin outstrips the body's ability to produce it, eventually burning out the insulin-producing cells of the pancreas. Type 2 diabetes is largely preventable with diet and exercise. Unfortunately, the trend is going in the wrong direction. Type 2 diabetes, along with obesity, is on the rise in the U.S., including among children.

CDC estimates that 8% of the population has diabetes. Of these, 19 million are diagnosed and 7 million have it but have not been diagnosed. In addition, an estimated 79 million people over the age of 20 have pre-diabetes, the set of metabolic changes that signal the probable onset of type 2 diabetes. Diabetes slowly damages the nerves and blood vessels of the body. With proper treatment, the damage can be delayed or avoided. With inadequate or no treatment, people experience the dramatic and life-threatening symptoms of high or low blood glucose. Longer term they will get heart disease, kidney and eye damage, and breakdown of the nerves and blood vessels in the feet and legs.

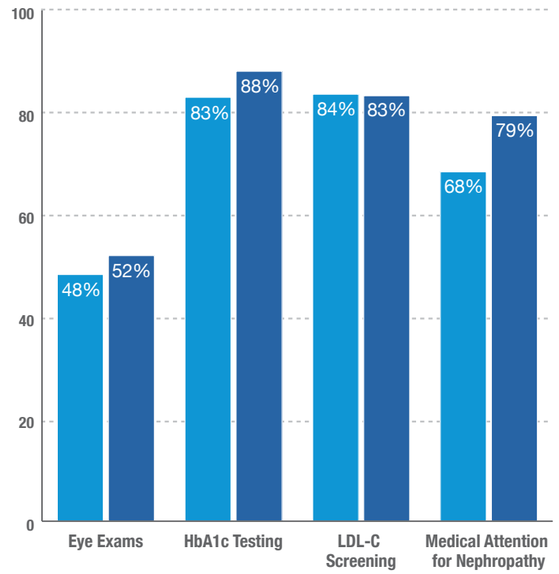
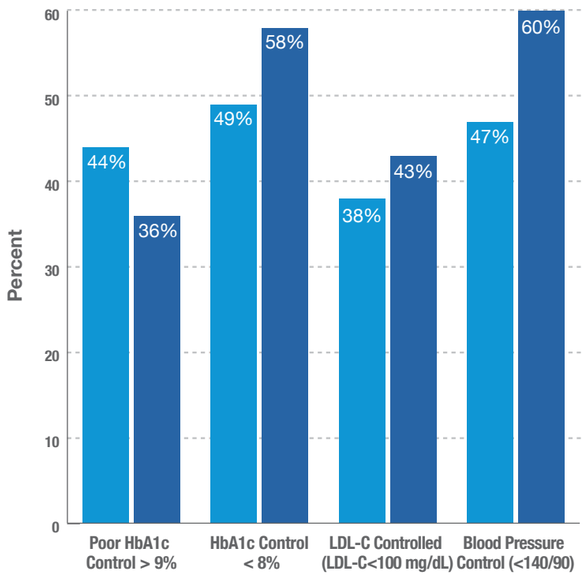


Figure DC1: HEDIS Diabetes Measures Process Related



NEBGH Plans

Other Plans

Figure DC2:HEDIS Diabetes Performance Measures Outcome Related

Percentages have been rounded to the nearest whole number.

What Should be Done

Employers need to do everything they can to prevent diabetes, and mitigate the consequences of diabetes in employees who have it. Employers need to leverage health plan activities to ensure the best possible diabetes plan. Employers and plans should work together to:

- Promote healthy lifestyles through education on diet and exercise.
- Identify risks along with health information and engagement needs of members by using a health risk assessment (or personal health assessment).
- Engage members in treatment adherence by offering information, benefits and incentives to motivate high-priority health activities.
- Support providers in the delivery of the best care by measuring what they do, educating them on what to do, and rewarding them for doing it.
- Measure performance: How many people are at risk? How many people are reached? How many people are treated appropriately? Constantly raise the bar on performance.

The most effective "evidence-based care" for patients with diabetes includes medication and testing to control the patient's blood sugar and prevent complications. Essential treatment elements and goals measured as part of NCQA's HEDIS set include:

- Annual eye exam
- Smoking cessation
- Cholesterol screening
- Quarterly hemoglobin A1c testing
- Hemoglobin A1c less than or equal to 7
- LDL-cholesterol control
- Blood pressure control

How Plans are Doing

eValue8 enables purchasers to compare plan performance. Figures DC1 and DC2 shows how New York-area plans are doing on key diabetes indicators compared to other PPO health plans nationwide. While New York plans are doing similarly or slightly better than other plans on many measures, on clinical indicators of HbA1c, cholesterol, and blood pressure control, HEDIS results are lower.

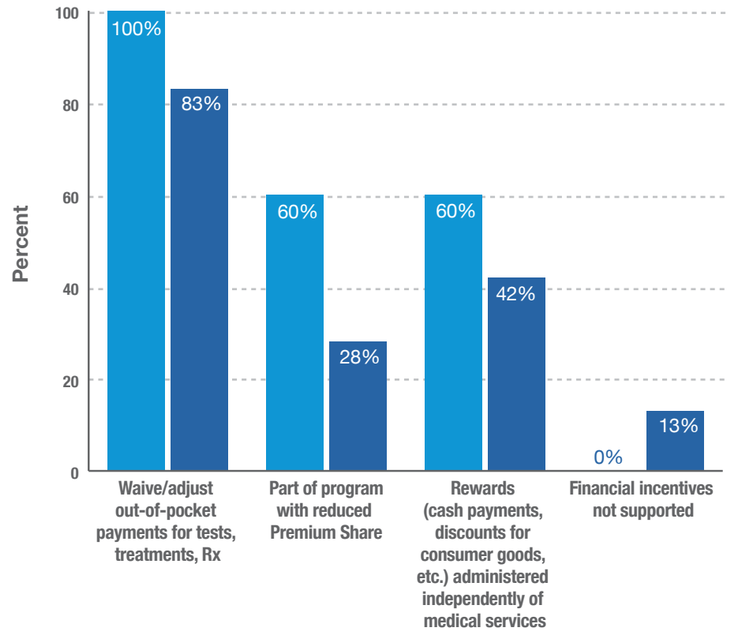


Figure DC3: Diabetes Financial Incentives

Cardiovascular Disease Care Profile

Cardiovascular disease (CVD), also known as heart disease, is a set of related conditions that affect the heart, blood vessels and blood pressure. Coronary Artery Disease, or CAD, is the most common form of CVD, and can lead to chest pain and heart attack. The conditions included under the umbrella of CVD include:

- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Coronary artery disease (CAD)/chest pain
- Myocardial infarction (also called heart attack or MI)
- Congestive heart failure (CHF)

As people age, they are more susceptible to heart disease. While age and family history can't be changed as risk factors, many other risk factors for heart disease are controllable through healthy behaviors. The behaviors – exercise, weight management, and nutrition choices – that delay or prevent heart disease are solidified in the working years. Almost 40% of the working age population between the ages of 40 to 69 has some type of cardiovascular disease. Thus for employers – whatever the demographics of their employees – preventing and effectively managing heart disease is a good investment.

Percentages have been rounded to the nearest whole number.

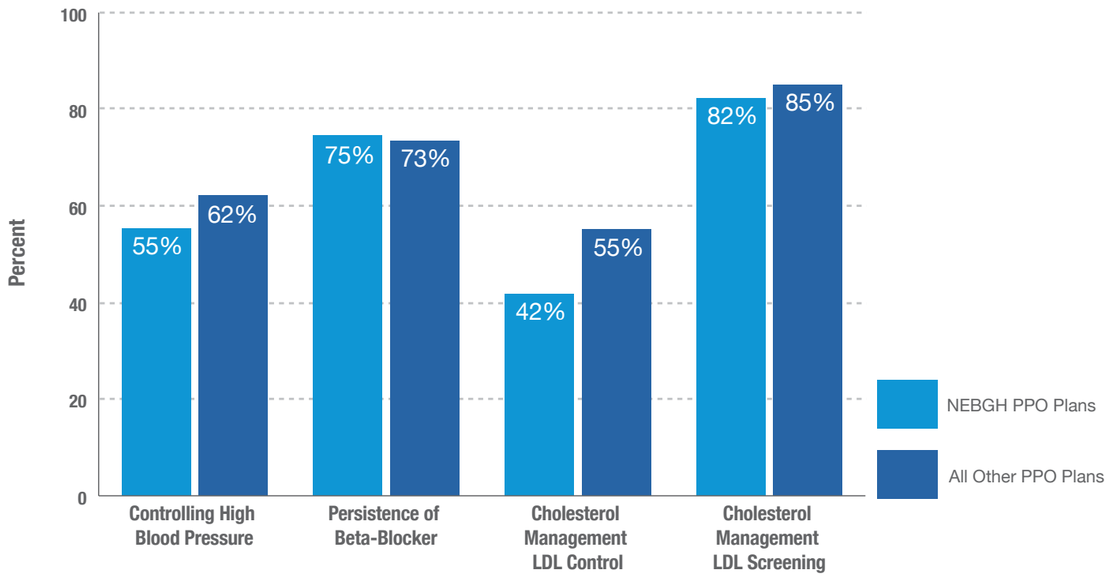


Figure CVD1: HEDIS CVD Performance Measures

Treatment and Prevention Best Practices

Experts recommend treatment for coronary artery disease that includes lifestyle changes, medicines, and medical procedures. Important aspects of care are:

- Smoking cessation
- Physical activity
- Weight management
- Cholesterol control (as measured by total cholesterol and a test called LDL-C)
- Hypertension control
- For people who have had heart attacks, ACE inhibitors and "Beta blocker" medications

Patients who reduce their blood pressure to less than 140/90, stop smoking, change their diet, and take medication to reach a total cholesterol level of less than 200 are at a far lower risk of having a heart attack.

The Quality Gap

Researchers repeatedly find inconsistent use of medications and incomplete control of risk factors. Health plans have an important role in helping physicians to understand and comply with guidelines, and in supporting patients to adhere to treatment regimens. Figures CVD 1 below shows how plans are performing based on HEDIS performance measures for CVD.

How Plans are Doing

New York-area plans perform similarly to other plans on HEDIS results for cholesterol screening and encouraging patients to stick with "beta blocker" medications. They were slightly less successful than others at controlling high cholesterol and controlling high blood pressure. Their lower comparative performance hurt their overall eValue8 scores for CAD.

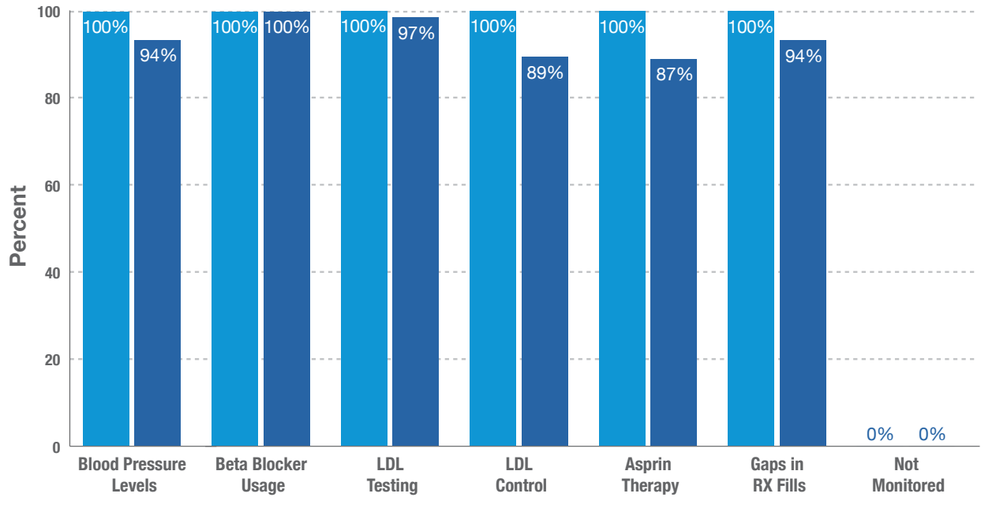


Figure CVD2: CAD Services Monitored by Plans

Appendix: Information Resources for Employers

eValue8 Section	Helpful Resources for Employers
Diabetes	National Diabetes Information Clearinghouse *www.diabetes.niddk.nih.gov*
	Diabetes at Work *www.diabetesatwork.org*
Cardiovascular Disease	National Heart, Lung and Blood Institute *www.nhlbi.nih.gov/index.htm*
	Centers for Disease Control and Prevention (CDC) *www.cdc.gov/heartdisease*
Health Plan Profile Accreditation	National Committee for Quality Assurance *www.ncqa.org/tabid/66/Default.aspx*
	URAC *www.urac.org/docs/policyMakers/ValueOfAccred1001MTF.pdf*
Worksite Health	CDC Healthier Worksite Initiative (also addresses Health Risk Assessments) *www.cdc.gov/nccdphp/dnpao/hwi/index.htm*
	CDC LEAN *Works!* worksite obesity prevention programs. *www.cdc.gov/leanworks*
Consumer Engagement	Robert Wood Johnson Foundation / Academy Health Improving Quality Health Care: The Role of Consumer Engagement *www.academyhealth.org/files/issues/ConsumerEngagement.pdf*
	Consumer Choice in the Health Insurance and Provider Markets *http://www.academyhealth.org/publications/briefdetail.CFM?itemnumber=1780*

eValue8 Section	Helpful Resources for Employers
Provider Performance	AHRQ Talking Quality *www.talkingquality.ahrq.gov/about*
Hospital Safety	Partnership for Patients — Pledge for Employers *www.healthcare.gov/center/programs/partnership/join/index.html*
	The Leapfrog Group – Informing choices, rewarding excellence. *www.leapfroggroup.org*
Payment Reform	Center for Healthcare Quality and Payment Reform *www.chqpr.org*
Information Technology	AHRQ HIT Best Practices Transforming Quality, Safety and Efficiency *www.ahrq.gov*
Pharmaceutical Management	Pharmacy Quality Alliance *www.pqaalliance.org/*
	Generic Drug Use *http://content.healthaffairs.org/content/30/7/1351*
Chronic Disease Management	Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies: Volume 2—Diabetes Care, Structured Abstract. September 2004. Agency for Healthcare Research and Quality, Rockville, MD. *http://www.ahrq.gov/clinic/epc/qgapfact.htm*
Prevention and Health Promotion	A Purchaser's Guide to Clinical Preventive Services: *www.businessgrouphealth.org/benefitstopics/topics/purchasers/fullguide.pdf*
Behavioral Health	Substance Abuse and Mental Health Services Administration The Costs of Depression and Chronic Disease: The Facts *www.promoteacceptance.samhsa.gov/10by10/publications/depressionCosts.aspx*
	CDC Alcohol and Public Health *www.cdc.gov/alcohol/index.htm*
	Mental Health Guide: Improved Mental Health Benefits. Improved Productivity. Healthy Employees. Making the right choices for your organization. *www.nebgh.org/initiatives/publications*

Glossary

Term	Definition
ACO	Accountable care organization – a new type of entity spearheaded by a hospital that agrees to be accountable for both the cost and quality of health care delivered to a population of patients.
AHRQ	The federal Agency for Healthcare Research and Quality, which developed the CAHPS survey, evaluates the “evidence” for healthcare treatments, and provides information on evidence-based care.
CAHPS	The Consumer Assessment of Healthcare Providers and Systems survey developed by AHRQ. This is a “family” of standardized surveys that assesses members’ perceptions of their experiences with health plan, hospital and physician care.
CDC	Centers for Disease Control and Prevention – the federal agency responsible for prevention of chronic and infectious diseases.
CMS	The Centers for Medicare and Medicaid Services – the federal agency responsible for the Medicare and Medicaid programs.
Evidence-based care	Health care that is delivered consistently with the recommendations of experts and available research findings.
HEDIS	A set of measures called the Healthcare Effectiveness Data and Information Set developed by NCQA. HEDIS is a tool used by most health plans to measure performance on important dimensions of care and services.
HIT	Health information technology – refers to electronic records used by hospitals and physician offices to maintain patient information and other technologies such as e-scribing.
HRA (or PHA)	A health risk assessment or personal health assessment – an online or paper-based survey that collects information about health risks (and often concludes with recommendations for reducing health risks).
NCQA	The National Committee for Quality Assurance is an accreditation organization that also develops and implements physician and health plan performance measures.
PCMH	Patient centered medical home – a new model of delivering primary care services that envisions a provider office that is designed to meet and coordinate all of the patients’ healthcare needs.
RRU	Relative Resource Unit – a type of HEDIS measure that evaluates quality and efficiency on a common scale.
URAC	URAC is a healthcare accreditation firm.

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Notes

Notes

Northeast Business Group on Health is a network of employers, providers, insurers, and other organizations working together to improve the quality and reduce the cost of health care in New York, New Jersey, Connecticut and Massachusetts.

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