

2016 Report on Health Plan Performance: eValue8™ Results



July 2016



Leading health system improvement

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Introduction

The Washington Health Alliance brings together those who give, get and pay for health care to advance a high quality, affordable health care system for the people of Washington state. The Alliance focuses on improving transparency of the health care system through performance measurement and public reporting. We focus on different aspects of the health care system including physicians and other providers, hospitals and health plans, with three goals in mind:

- **Reducing price.** Overall high cost and unwarranted variation in pricing contributes to making our current health system unsustainable.
- **Reducing underuse of effective care.** When patients receive evidence-based care at the right time, it increases the likelihood that conditions will be identified early and managed and reduces the potential for avoidable complications.
- **Reducing overuse.** More care isn't always better care. Unnecessary tests and procedures contribute to waste in the system, add considerably to cost and increase the risk to patients.

The Alliance produces focused, data-driven reports on health care; our reports help the community we serve determine how well we're doing as a state to reach our goals for quality and value in health care.

For measuring health plan performance, the Alliance uses the national eValue8™ Request for Information (RFI), a tool that was originally developed by purchasers and is now maintained by the National Business Coalition on Health.

Overview of eValue8™

The eValue8 request for information (RFI) asks health plans probing questions about how they manage critical processes that control health care costs, reduce and eliminate waste, ensure patient safety, close gaps in care and improve health and health care.

Health plans provide detail on how they educate, engage and incentivize consumers to promote health and manage chronic illness. Health plans also provide detail on how they measure the performance of and pay providers, and what support they offer to providers to improve quality of care.

Results from the eValue8 RFI are nationally scored and then health plans and purchasers (i.e., employers and union trusts) receive detailed results. These results enable purchasers and consumers to compare each health plan against other plans in Washington state and against national benchmarks for best performance.

It is important to note that the health plans' scores* are determined based on information submitted directly by the health plans. After initial scoring, health plans are given the opportunity to correct or modify information to ensure that scoring is as accurate as possible given that assessment requires completeness of information and the judgment of several experts.

An important part of the process includes face-to-face discussion of the eValue8 findings. Purchasers and health plans meet in person to learn what they can do to align their strategies to maximize the value of the health care investment and, ultimately, improve health and quality of care in Washington.

**Note: What is measured by eValue8 may not equate to the actual experience of an individual with his or her health plan.*

Alliance Objectives in Sponsoring eValue8

The Alliance, on behalf of its members, has worked with the National Business Coalition on Health to conduct a rigorous evaluation of health plans in Washington state using the eValue8 tool in 2008, 2009, 2010, 2012, 2014 and, most recently, in 2016. By sponsoring eValue8 in Washington state, Alliance participants have these shared objectives:

1. **Generate consistency in health plan assessment** that enables transparency of performance and permits comparison within and across markets.
2. **Stimulate improved performance** from health plans.
3. **Enable purchasers and plans to work collaboratively** to organize strategies and structure programs to improve value in our market.
4. **Inform purchasers' procurement decisions** about health insurance for their employees and dependents.

For more information about eValue8 or the results in this report, please contact Susie Dade at the Washington Health Alliance: sdade@wahealthalliance.org

eValue8 2016 Purchaser Sponsors and Participants

The Washington Health Alliance would like to thank the following health care purchasers who sponsored eValue8 in 2016:

Alaska Air Group	Sound Health & Wellness Trust
Association of Washington Cities	Sound Transit
City of Seattle	Starbucks Coffee Company
Davis Wright Tremaine LLP	The Boeing Company
King County	United Association of Plumbing and Pipefitting Industry/HCCMA
Point B Consulting	Washington Business Roundtable
Port of Seattle	Washington Health Benefit Exchange
Puget Sound Energy	Washington State Health Care Authority
SEIU 775 Health Benefits	

Health Plan Participation in eValue8

In 2016, six health plans* participated in responding to the eValue8 RFI:

- Aetna
- Cigna
- Group Health Cooperative HMO
- Group Health Cooperative PPO
- Regence Blue Shield
- UnitedHealthcare

We congratulate and thank these six health plans for their participation in the process, including completing the extensive eValue8 RFI which required a significant time and resource commitment. We applaud them for their commitment to transparency regarding their performance and their willingness to have the summary-level results shared publicly.

*Premera Blue Cross was invited but declined to participate in eValue8.

What is included in eValue8?

The eValue8 RFI includes eight modules as shown below. Questions within each of the modules are weighted differently based on evidence, consensus standards and input from health care purchasers and health plans across the country. The weighting of questions impacts the overall weight (% of total points) of each module as shown on the following pages. The RFI is updated annually to reflect a changing health care landscape.

1. Overall Business Profile
2. Physician and Hospital Management and Performance Measurement
3. Helping Members Get and Stay Healthy
4. Helping Members Be Good Consumers
5. Helping Members Manage Acute or Episodic Conditions and Advanced Care
6. Helping Members Manage Chronic Conditions
7. Pharmaceutical Management
8. Client Support – Data Analysis and Reporting for Health Care Purchasers

The following slides describe what each of these modules covers and the health plan results for Washington state.

Overview of eValue8

As you'll note on the graphic on page 11, more than half (57%) of the overall points available through eValue8 are earned based on how well each health plan provides support to its members. This includes things like:

- Member screening and reminders to identify and then fill gaps in care to help members get and stay healthier;
- Transparent information on price and quality of physicians and hospitals to help members select higher value providers (i.e., higher quality at a lower price); and,
- Availability of tools such as shared decision-making support that explain the risks and benefits of treatment options in an unbiased fashion.

Almost one-quarter of the overall points available through eValue8 are earned based on how well each health plan supports and incentivizes health care providers to improve. This includes things like effective use of contracting and payment to drive innovation and improved performance among health care providers. A very important component here is whether the health plan links provider payment to achieving specific quality outcomes.

Overview of eValue8

- While health plan accreditation (by NCQA and/or URAC) is very important and is measured by eValue8, the impact on overall scoring is relatively small (2.5% of overall points).
- eValue8 scoring does place a relatively heavy emphasis on select HEDIS* and CAHPS** results (see page 12) as these both represent a nationally standardized way of measuring the quality and patient experience performance of health plans.

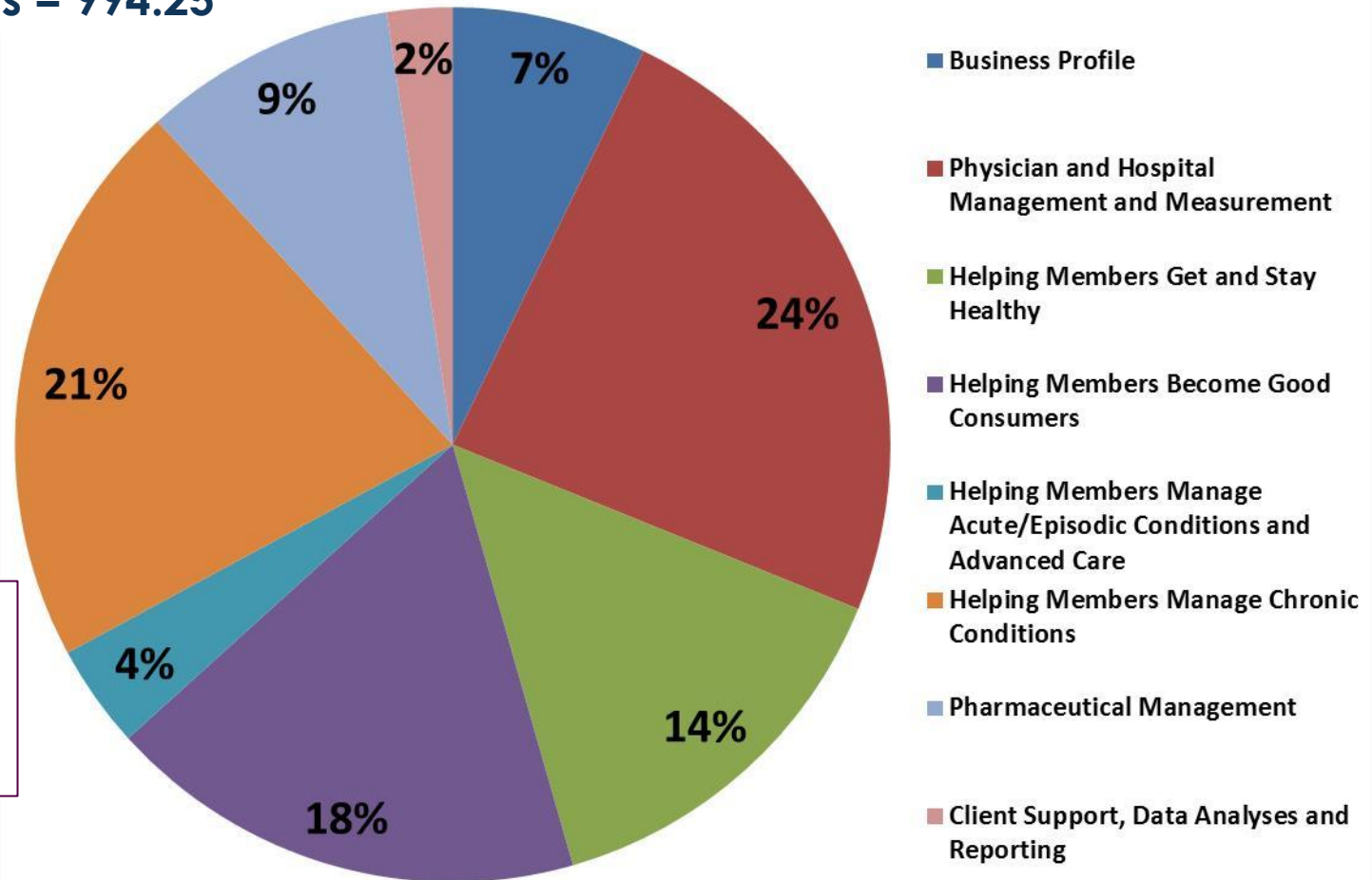
*The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 88 measures across 7 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with their health plan and other aspects of health care. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Overview of eValue8, 2016

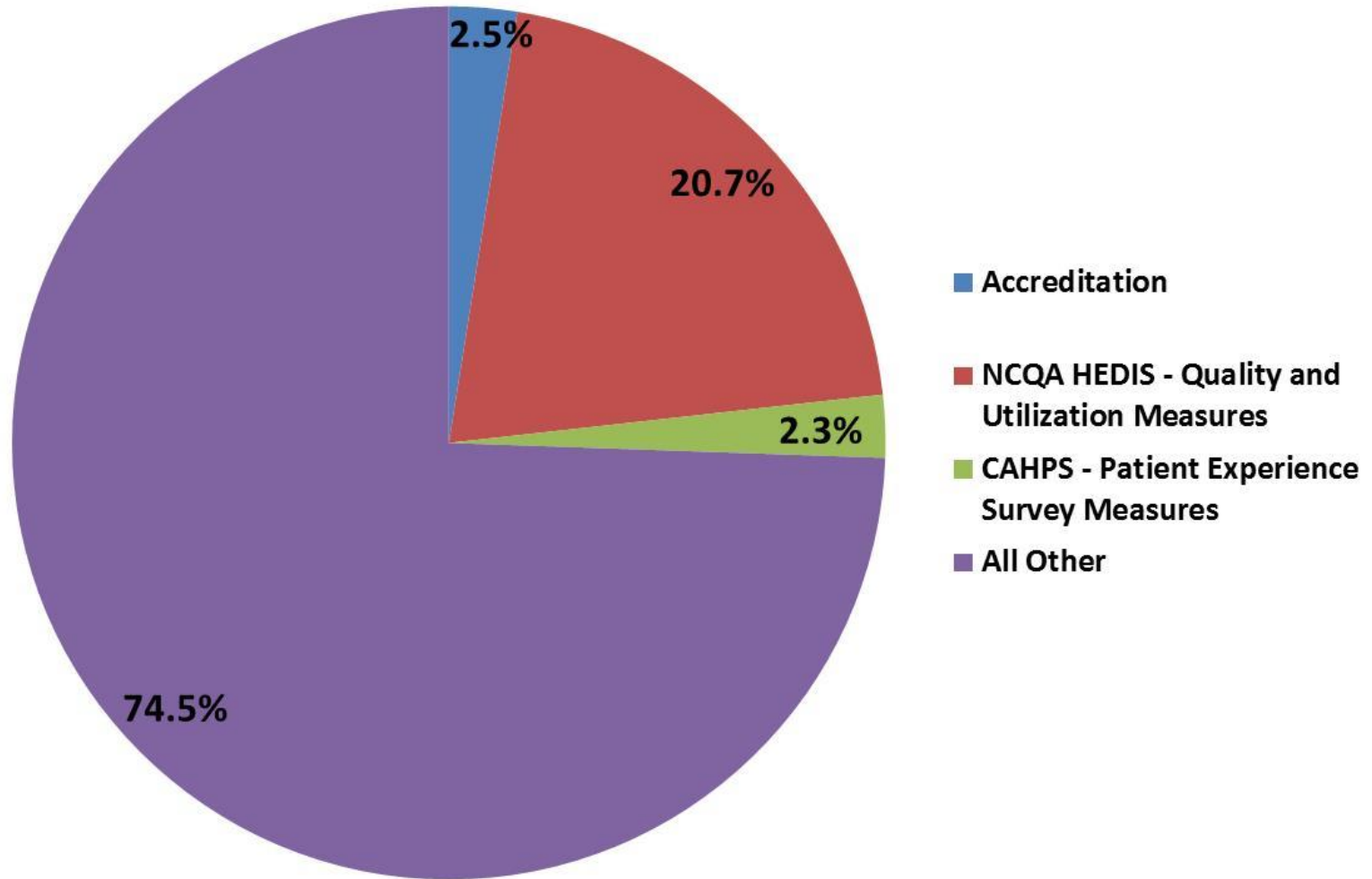
eValue8 2016: Assignment of Points by Module

Total Points = 994.25



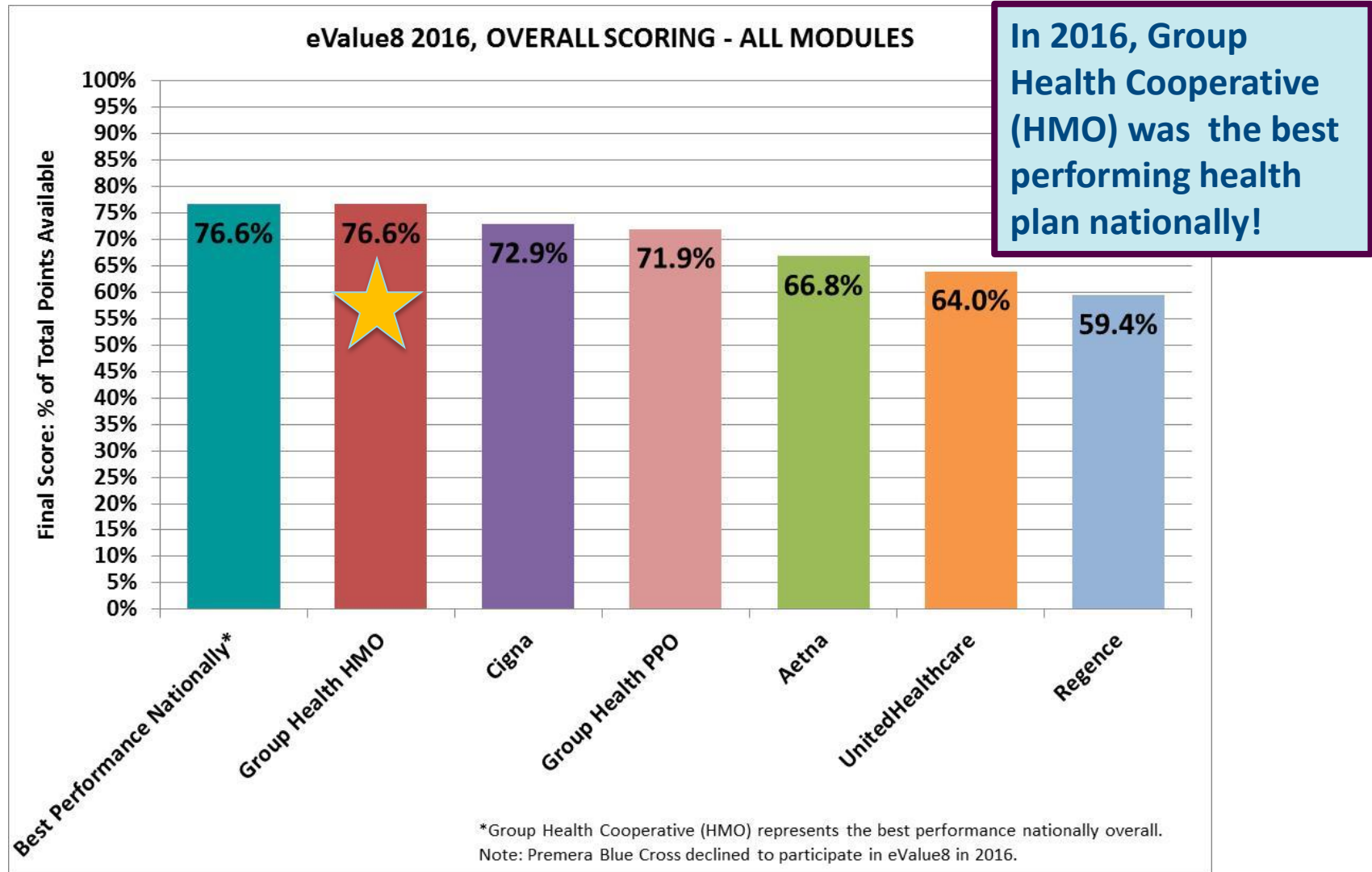
Member Support
("Helping
Members") Total =
57%

**eValue8 2016: Weighting of Health Plan Accreditation, HEDIS and CAHPS
(as a % of total points available in eValue8 RFI)**

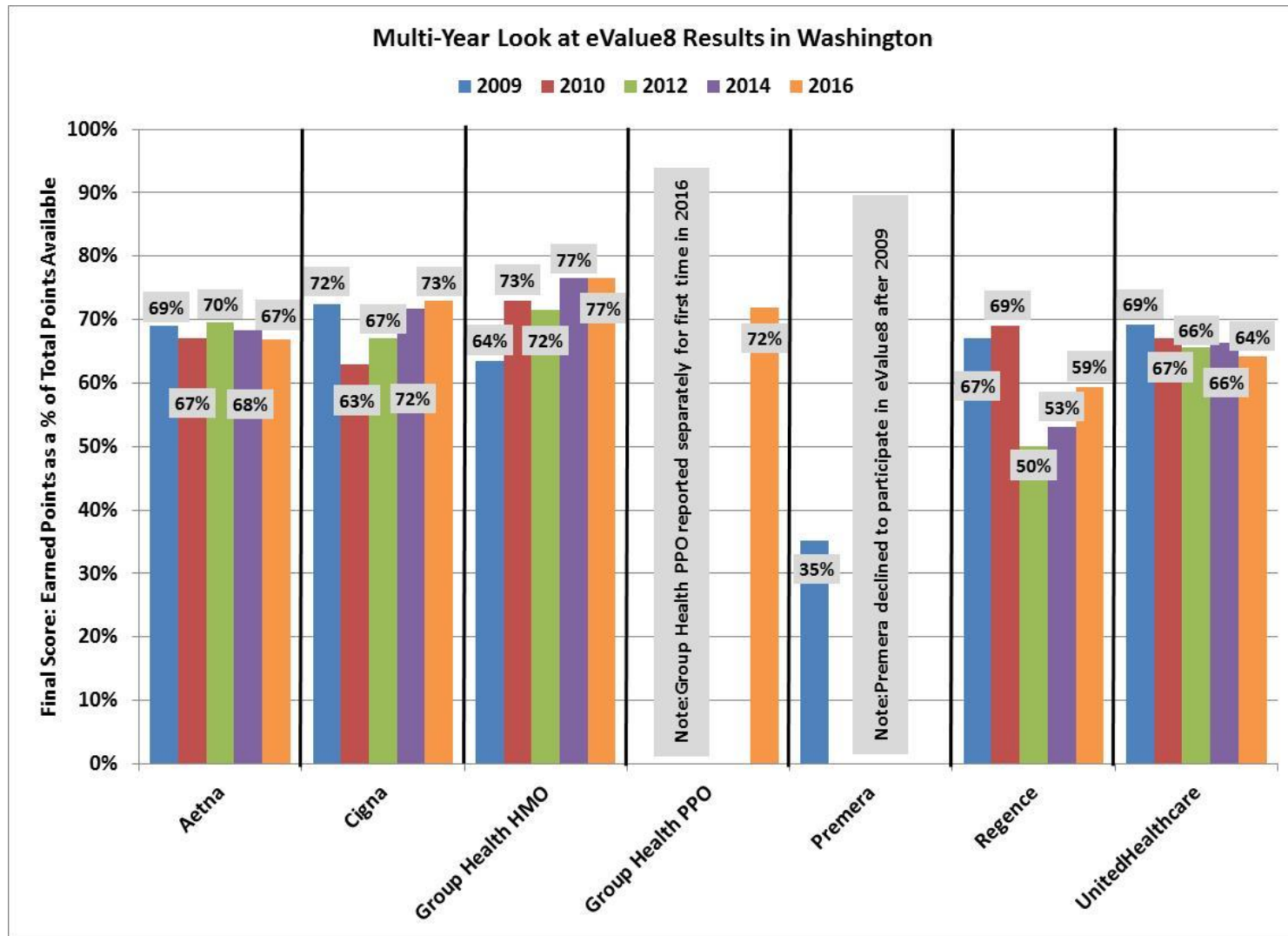


2016 eValue8 Results

eValue8 2016 – Overall Results



Washington eValue8 Results: 2009-2016



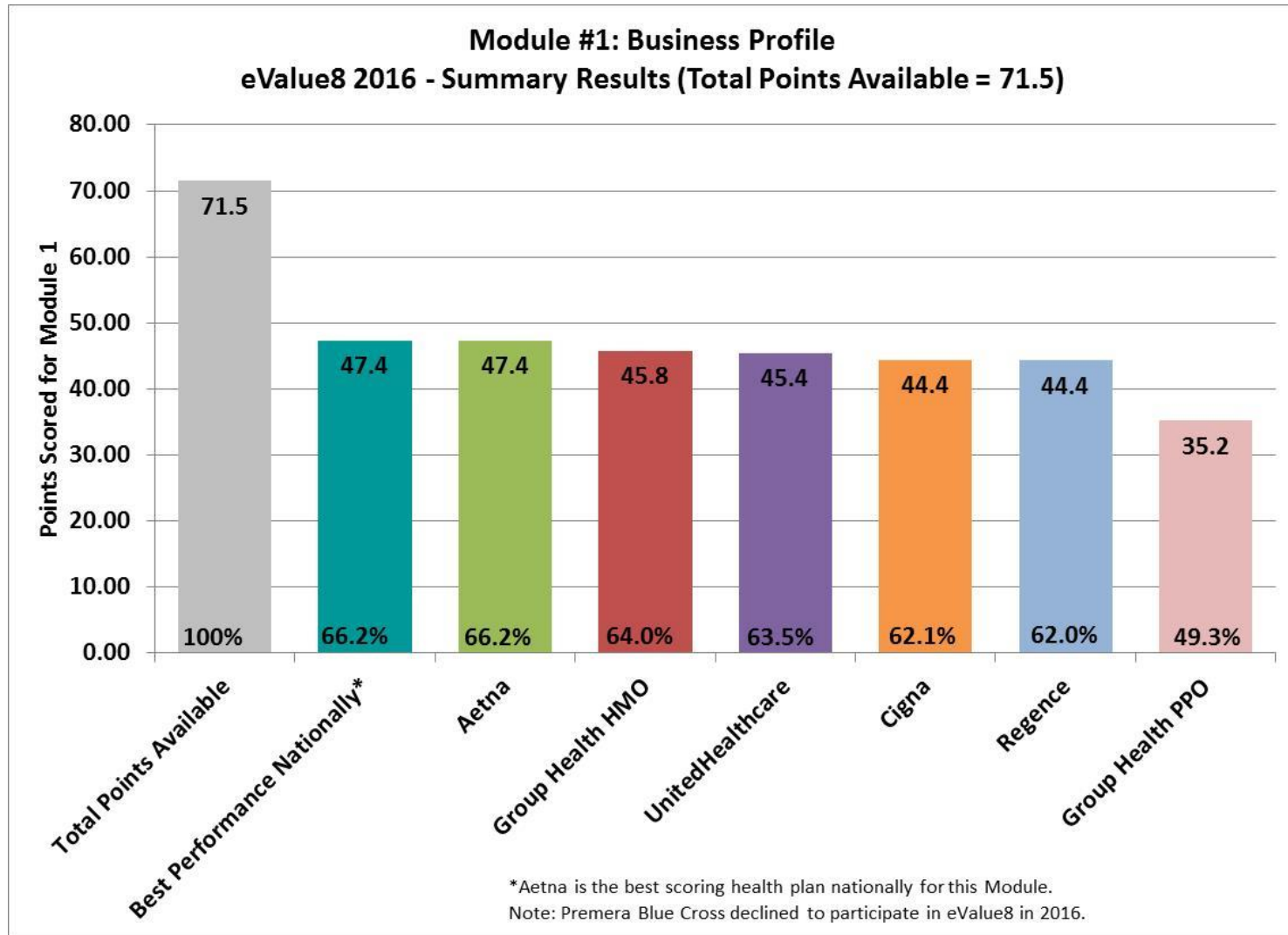
Overview: eValue8 Module 1

Overall Business Profile

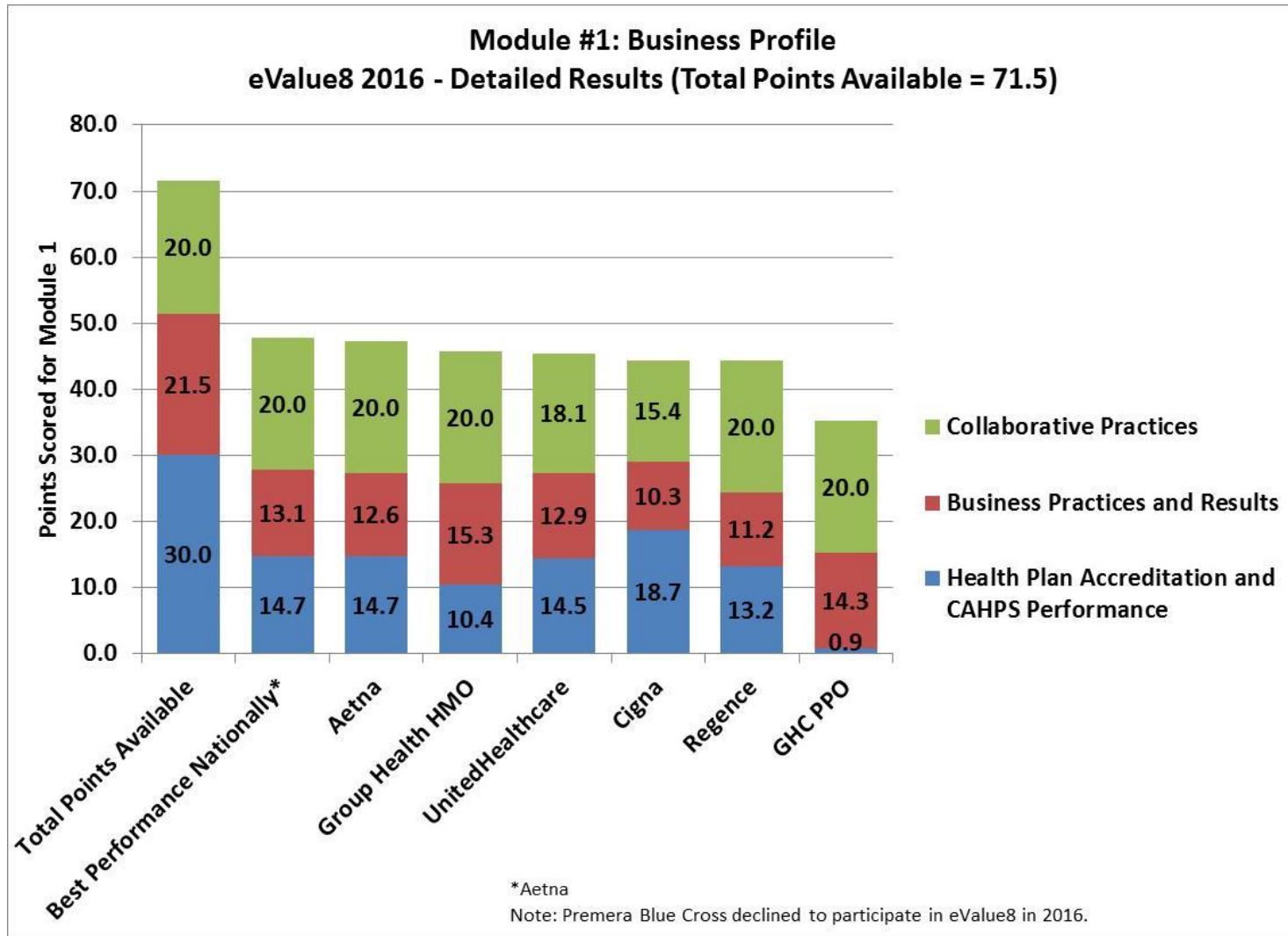
7% of total points in eValue8

What is Included?	Why is this Important?
<p>Health Plan Accreditation (NCQA* or URAC**)</p> <p>CAHPS Rating of Health Plan and Care Delivered (Member Experience Survey)</p>	<ul style="list-style-type: none">• Compares the level of overall accreditation achieved by the health plan as well as accreditation of some of the plan’s specific programs like disease management.• Provides a snapshot of how members rate the health plan and the health care they receive from the plan’s contracted providers.
<p>Health Plan’s Business Practices</p>	<ul style="list-style-type: none">• Evaluates ability of the health plan to address member needs based on race, culture and language and the plan’s use of technology to engage members.• Different measures of “relative resource use” informs you how efficient the plan is in comparison to other plans.
<p>Health Plan’s Level of Collaboration</p>	<ul style="list-style-type: none">• Evaluates the extent the health plan works with other health plans in Washington to measure and improve physician and hospital performance.

Summary Level Results – Module 1



Detailed Results – Module 1



Overview: eValue8 Module 2

Physician and Hospital Measurement and Management

24% of total points in eValue8

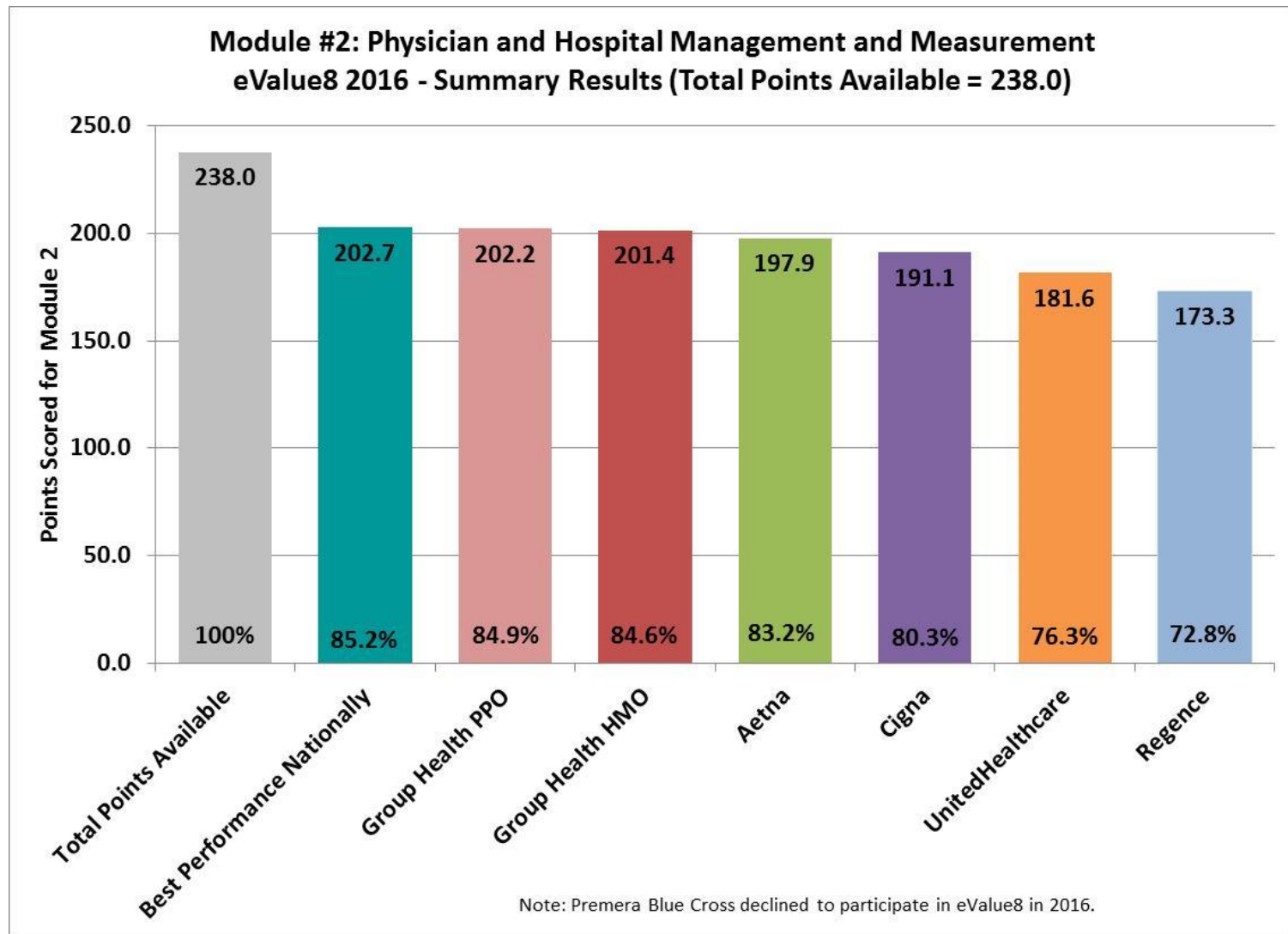
What is Included?	Why is this Important?
Support for Physicians to Help Members Manage Chronic Conditions	<ul style="list-style-type: none">Evaluates how the health plan helps and provides incentives to physicians to identify and treat patients with chronic conditions (heart disease, diabetes, depression, alcohol use).
Policies on Health Care Acquired Conditions and “Never Events”	<ul style="list-style-type: none">Evaluates the health plan’s policies on non-payment and root cause analysis for serious reportable safety events; promotes transparency and patient safety.
Scope of Physician Measurement for Transparency and Performance Rewards	<ul style="list-style-type: none">Evaluates whether health plan’s measurement methodology is sound and how many providers are being measured for quality and efficiency.
Steering Members to Centers of Excellence and Higher Value Physicians and Hospitals	<ul style="list-style-type: none">Evaluates whether health plan includes incentives and benefit designs to promote patient use of higher performing health care providers and Centers of Excellence for cancer care, cardiac care, transplants, joint replacements and bariatric surgery.

Overview: eValue8 Module 2

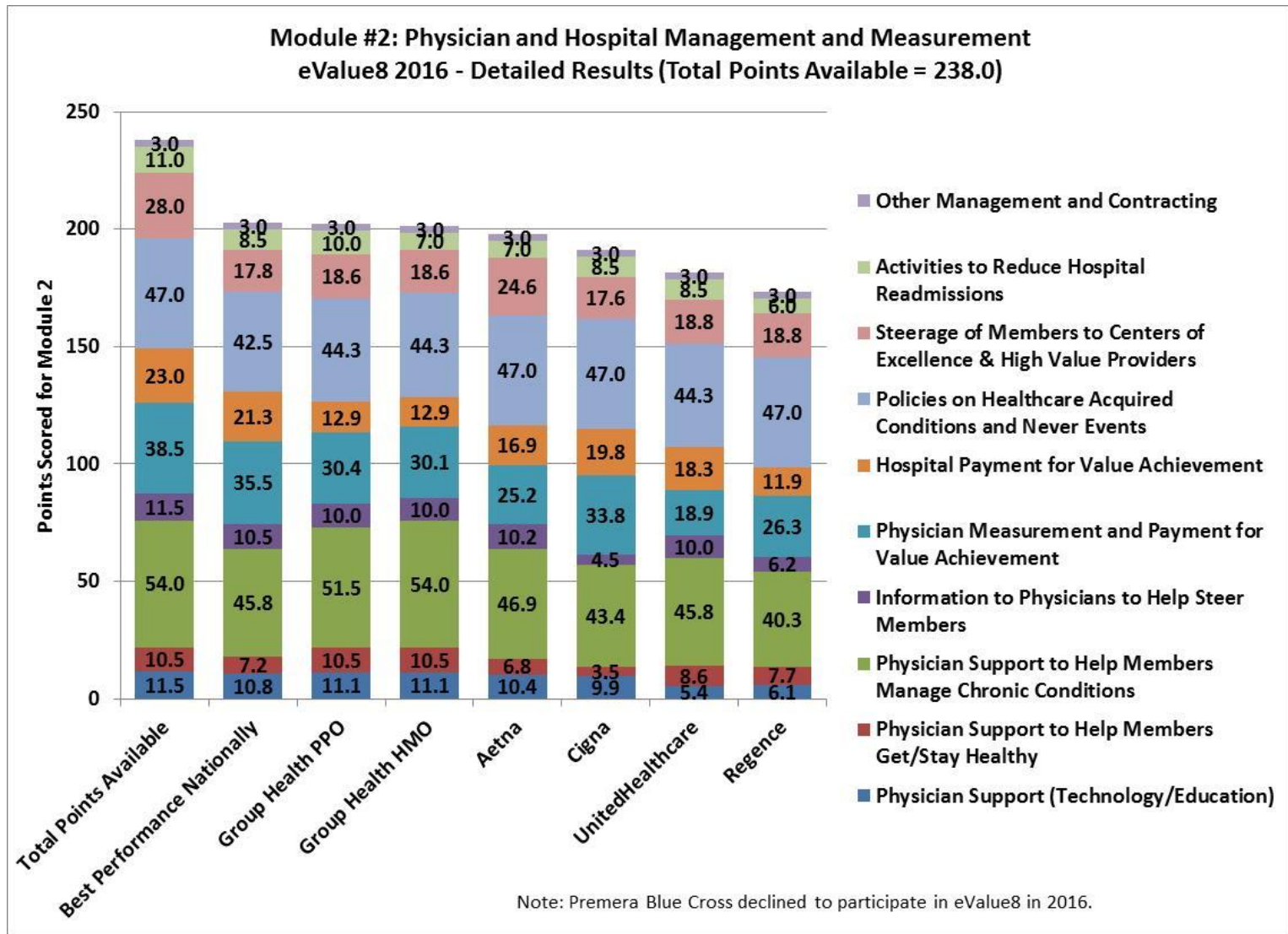
Physician and Hospital Measurement and Management (continued)

What is Included?	Why is this Important?
Paying Physicians and Hospitals for Value (Quality and Efficiency)	<ul style="list-style-type: none">Evaluates what programs the health plan has to align physician and hospital payment with achieving value (including what measures are used to evaluate value).
Support for Physicians to Help Members Get and Stay Healthy	<ul style="list-style-type: none">Evaluates how the health plan helps and provides incentives to physicians to identify and treat patients who are tobacco users or obese.
Management and Contracting	<ul style="list-style-type: none">Evaluates what health plan requires of hospitals in their network and how claims are treated if a member is treated by a provider not under contract.
Physician Support (Technology and Education)	<ul style="list-style-type: none">Evaluates what information and tools are provided to physicians to help them identify patients who need services.
Hospital Readmissions	<ul style="list-style-type: none">Measures how well the health plan performs relative to other plans in reducing hospital readmissions and if health plan tracks condition-specific readmissions.

Summary Level Results – Module 2



Detailed Results – Module 2



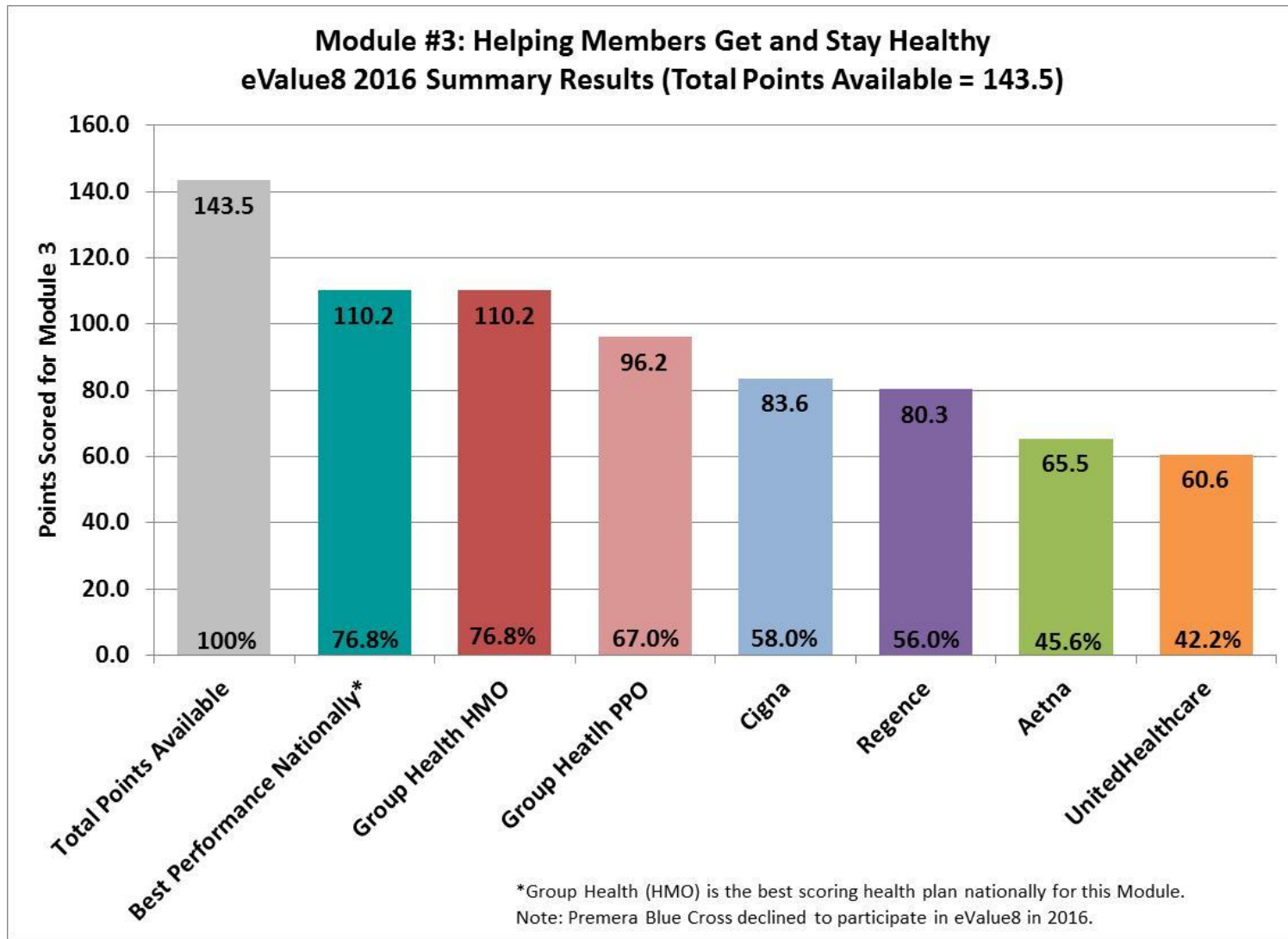
Overview: eValue8 Module 3

Helping Members Get and Stay Healthy

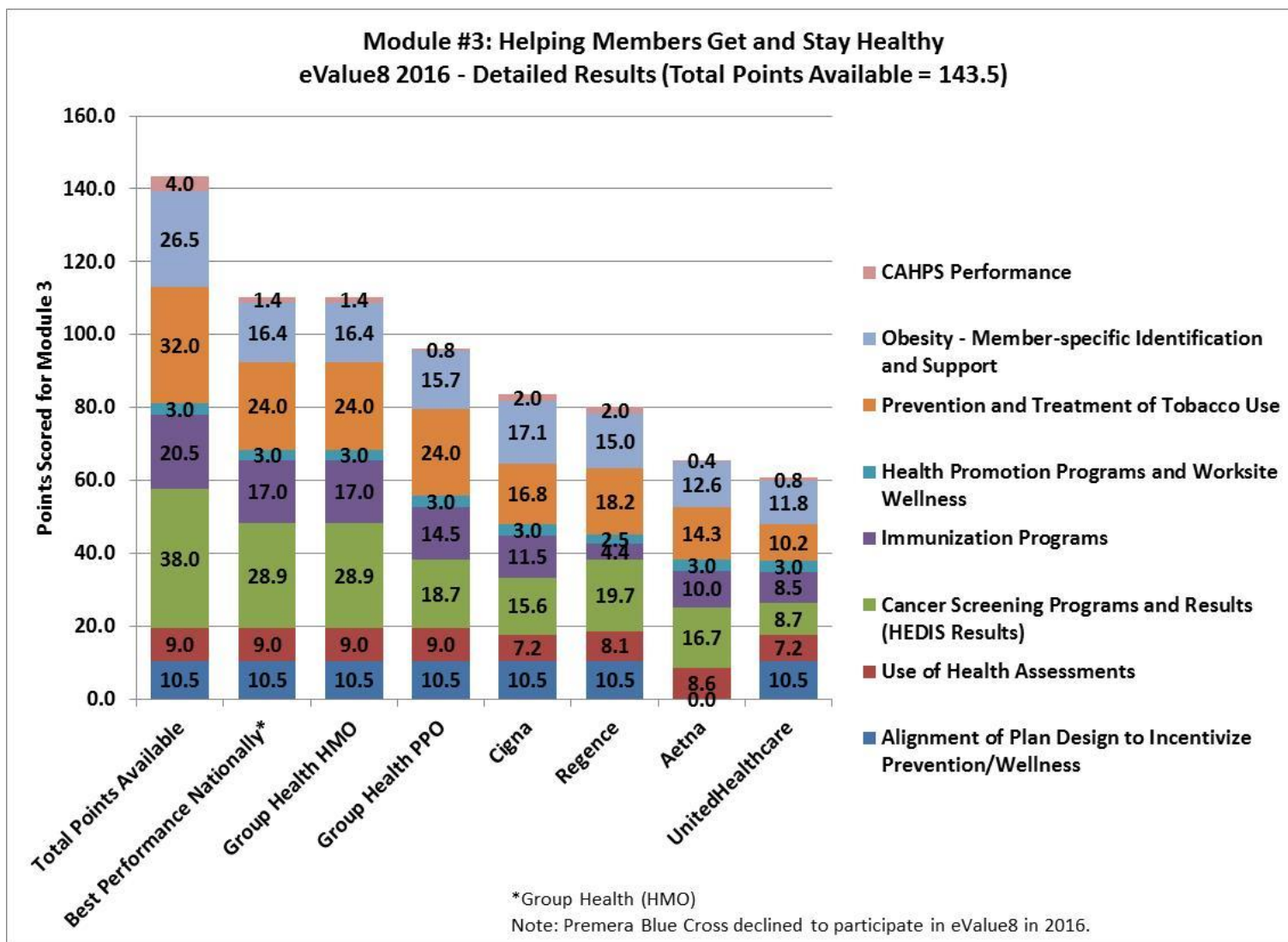
14% of total points in eValue8

What is Included?	Why is this Important?
Programs and Results <ul style="list-style-type: none">• Cancer Screening• Immunization	<ul style="list-style-type: none">• Reports on plan's HEDIS results for breast, cervical and colorectal cancer screening <u>and</u> children, adolescent and adult immunizations.• Evaluates whether the health plan provides member-specific reminders based on eligibility and missed services.
Prevention and Treatment of Tobacco Use	<ul style="list-style-type: none">• Evaluates how members are identified for programs designed to support tobacco cessation; evaluates how well the plan engages members in their programming and how they track results.
Obesity	<ul style="list-style-type: none">• Evaluates how members are identified for programs designed to support weight reduction; evaluates how well the plan engages members in their programming and how they track results.
Value Based Benefit Design	<ul style="list-style-type: none">• Assess the health plan's efforts to promote healthy behaviors through benefit designs, including reducing financial barriers.
Health Assessments	<ul style="list-style-type: none">• Evaluates how comprehensive, automated and actionable the Health Assessment capabilities are, including the health plan's strategy to maximize completion rates.
Health Promotion Programs and Worksite Wellness	<ul style="list-style-type: none">• Assesses worksite programs and materials offered to employers.

Summary Level Results – Module 3



Detailed Results – Module 3



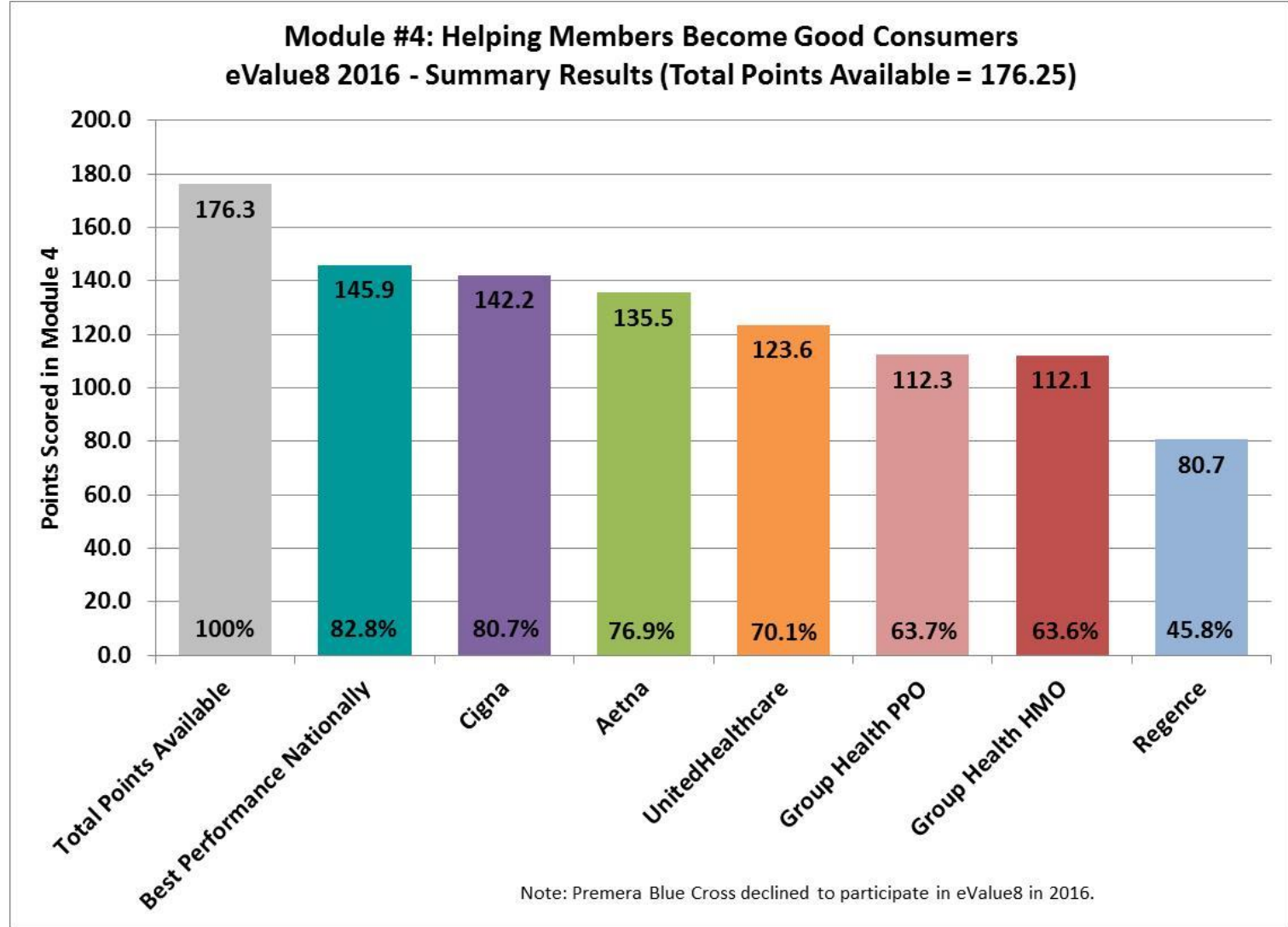
Overview: eValue8 Module 4

18% of total points in eValue8

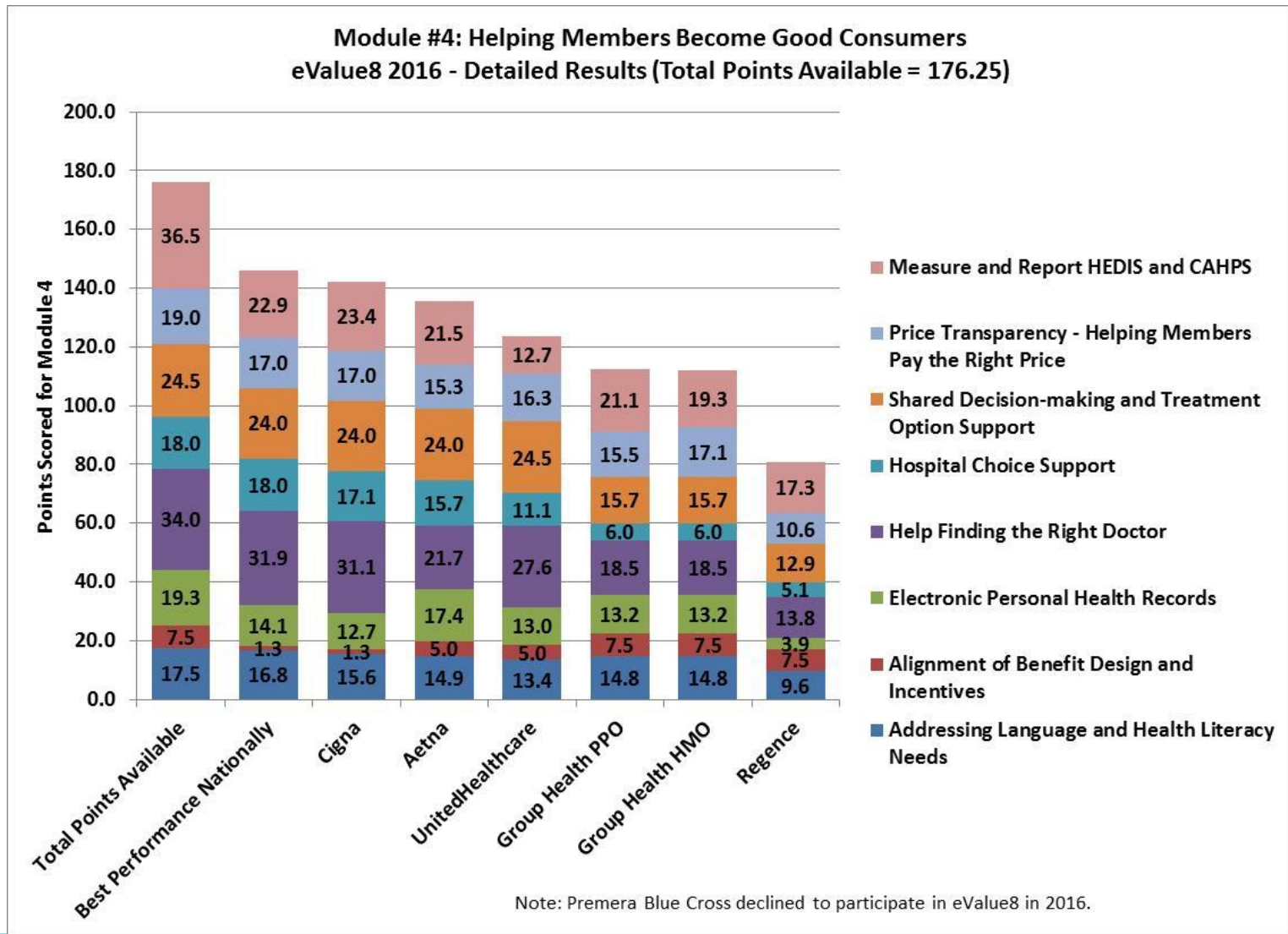
Helping Members Become Good Consumers

What is Included?	Why is this Important?
Patient Experience	<ul style="list-style-type: none">Assesses consumer experience and satisfaction with the health plan.
Help Finding the Right Doctor	<ul style="list-style-type: none">Evaluates what information the health plan gives about the quality of a physician, access to the physician office and appointments; assesses functionality of the selection tool.
Shared Decision-making and Treatment Option Support	<ul style="list-style-type: none">Determines the types of resources available to support members in making treatment decisions; assesses content/functionality/specificity of the tool(s).
Electronic Personal Health Records (PHR)	<ul style="list-style-type: none">Evaluates how well the health plan is engaging members to complete and use personal health record and portability of PHR if member changes health plan.
Price Transparency	<ul style="list-style-type: none">Evaluates the health plan's efforts to help consumers be better able to assess the financial aspects of their health care choices; more credit given for information that is specific and accurate.
Hospital Choice Support	<ul style="list-style-type: none">Evaluates what information the health plan gives about the quality and patient safety at different hospitals; assesses functionality of the selection tool.

Summary Level Results – Module 4



Detailed Results – Module 4



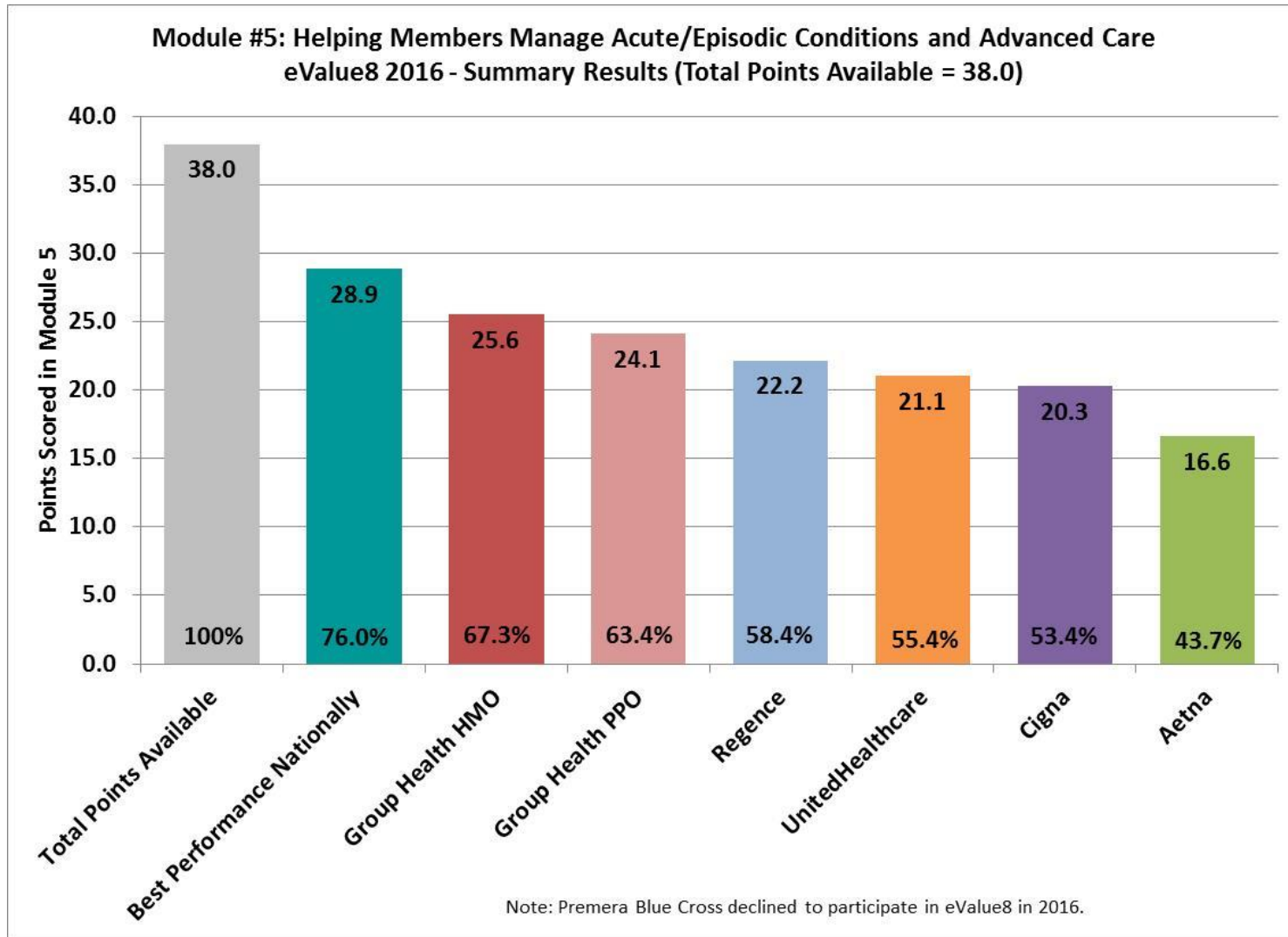
Overview: eValue8 Module 5

4% of total points in eValue8

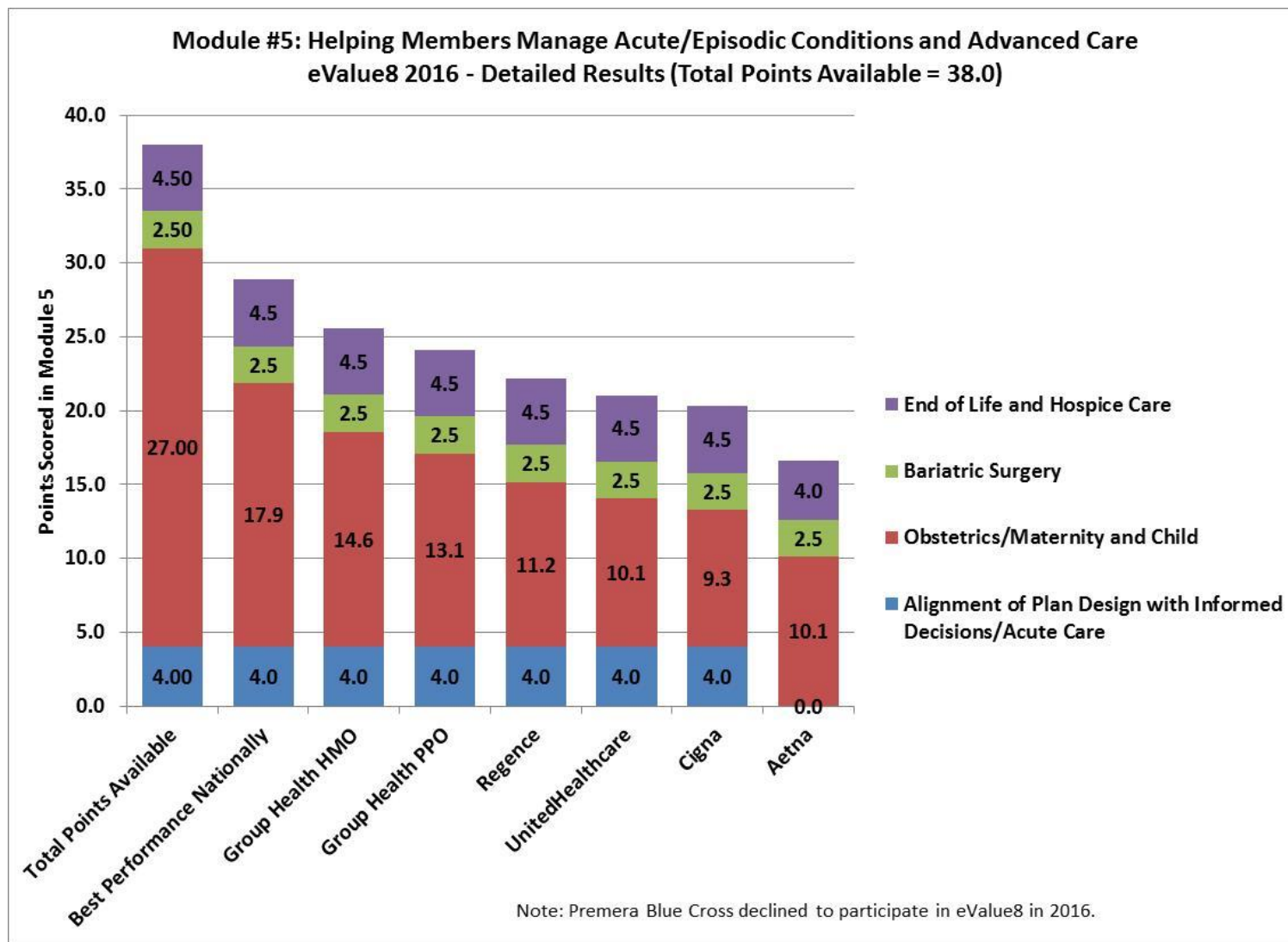
Helping Members Manage Acute Conditions and Advanced Care

What is Included?	Why is this Important?
Obstetrics/Maternity Care	<ul style="list-style-type: none">Assesses how the health plan promotes and supports activities directly linked to healthier birth outcomes, e.g., preconception counseling, tobacco and alcohol use screening, monitoring C-sections and elective delivery rates and neonatal intensive care admissions.
Value-based Benefit Design	<ul style="list-style-type: none">Evaluates health plan's efforts to promote value-based benefit designs to encourage members to assess different options in managing acute conditions.
End-of-Life and Hospice Care	<ul style="list-style-type: none">Evaluates how the health plan engages members and their families in end-of-life care and hospice care.
Bariatric Surgery	<ul style="list-style-type: none">Assesses health plan criteria and policy for covering bariatric surgery.

Summary Level Results – Module 5



Detailed Results – Module 5



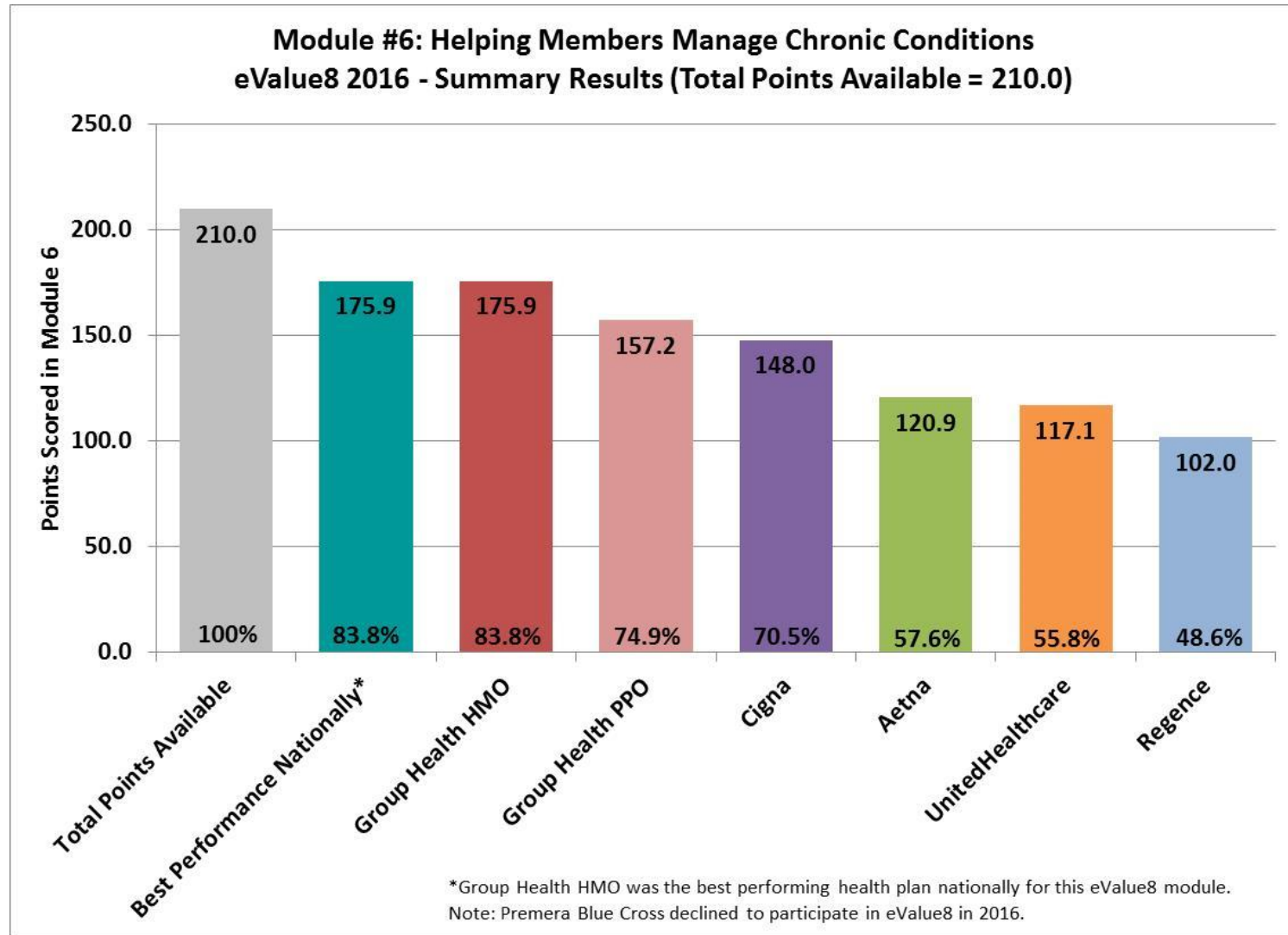
Overview: eValue8 Module 6

21% of total points in eValue8

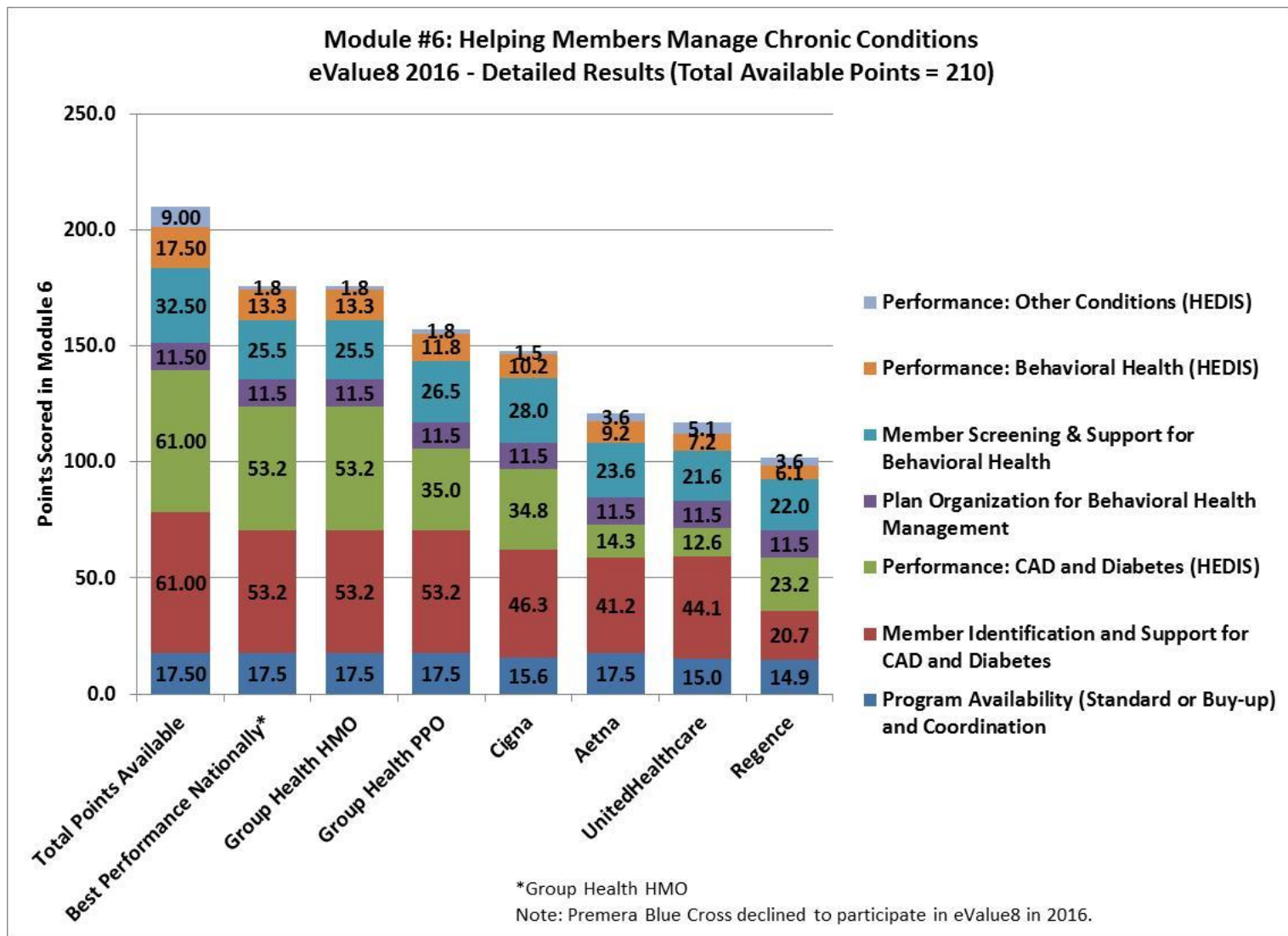
Helping Members Manage Chronic Conditions

What is Included?	Why is this Important?
Quality Performance Results (HEDIS)	<ul style="list-style-type: none">• Reports on plan's quality results (HEDIS) for heart disease, diabetes, behavioral health and COPD.
Member Identification and Support for Heart Disease and Diabetes	<ul style="list-style-type: none">• Evaluates how the health plan identifies eligible members with heart disease and/or diabetes for disease management, what programs the plan has and how many people are participating; emphasizes direct member contact to address specific needs and enhance self-management to improve.
Member Screening and Support for Behavioral Health	<ul style="list-style-type: none">• Evaluates how the health plan identifies eligible members for behavioral health programs, what programs the plan has and how many people are participating; assesses outreach services.
Disease Management Program	<ul style="list-style-type: none">• Evaluates the health plan's ability to manage members with multiple chronic conditions and how easily the programs are accessed.
Plan Organization for Behavioral Health	<ul style="list-style-type: none">• Assesses whether the plan manages behavioral health internally or contracts out to an external vendor; also assesses how well the plan's programs provide for assistance after hours or during crisis.

Summary Level Results – Module 6



Detailed Results – Module 6



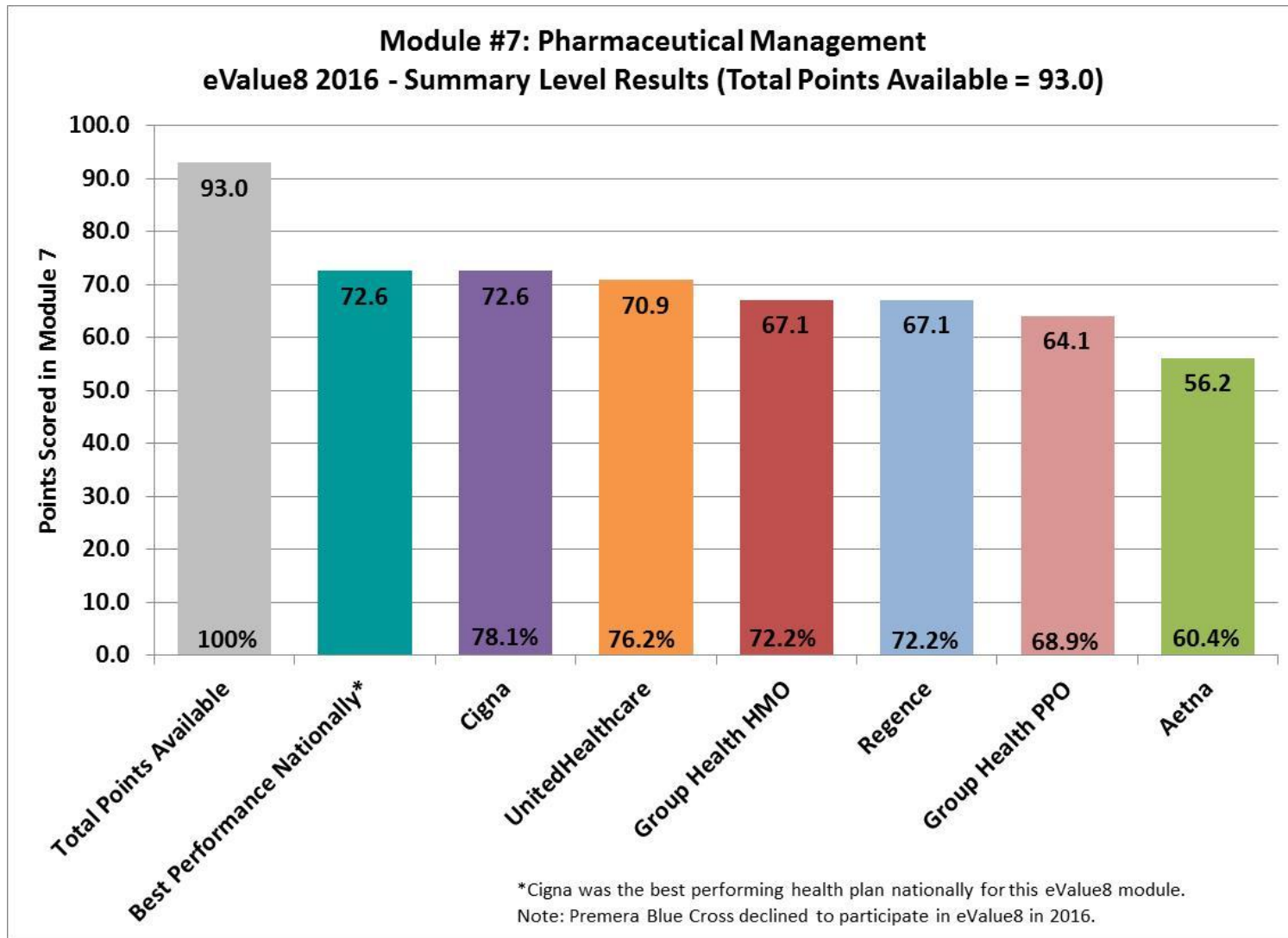
Overview: eValue8 Module 7

Pharmaceutical Management

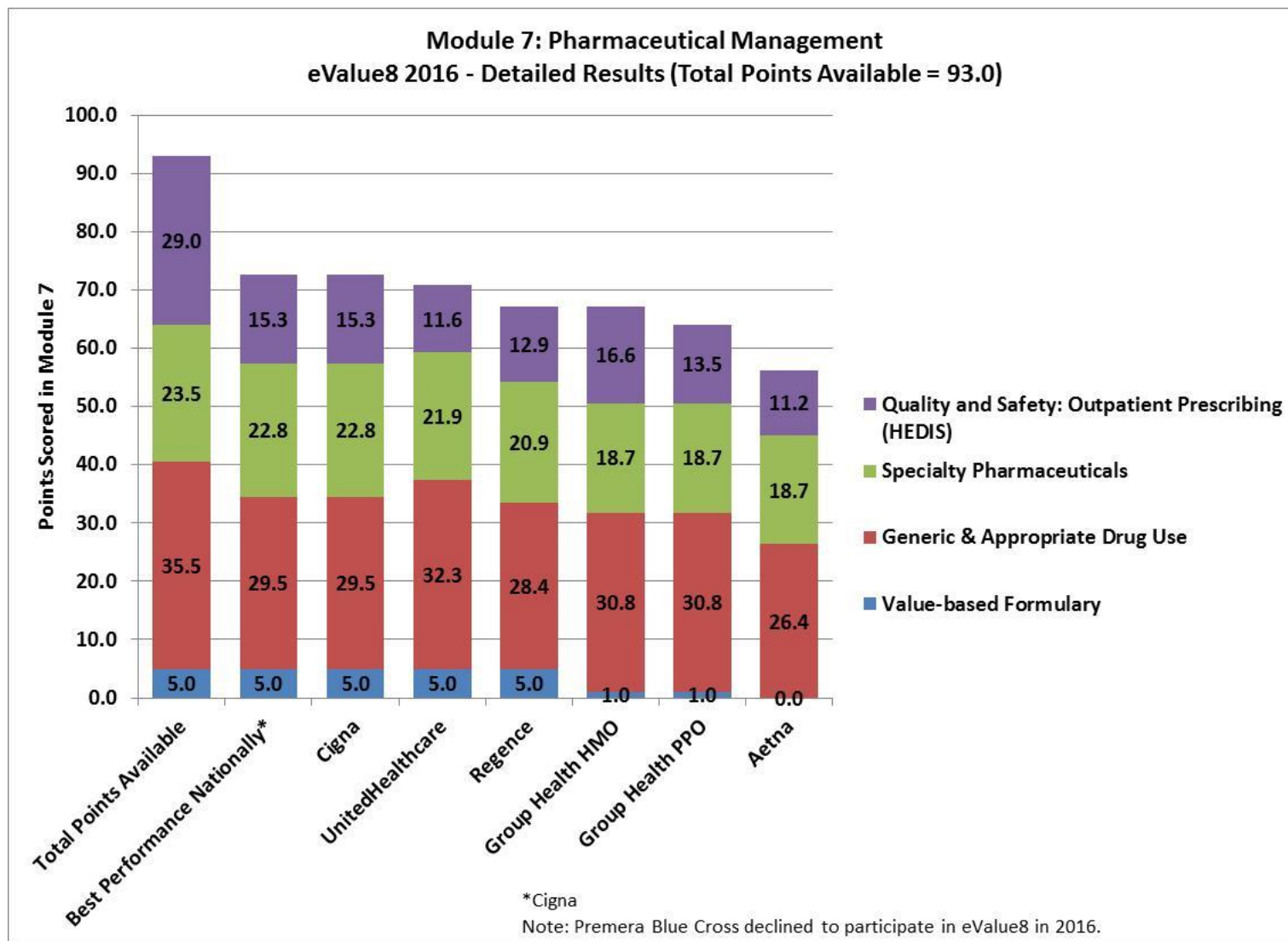
9% of total points in eValue8

What is Included?	Why is this Important?
Quality and Safety of Outpatient Prescribing	<ul style="list-style-type: none">Evaluates the health plan's use of information to influence patient safety and adherence to prescribed medications. Includes HEDIS results on quality and safety in prescribing.
Generic Prescribing and Appropriate Drug Use	<ul style="list-style-type: none">Evaluates how well the health plan promotes generic drugs and demonstrates generic use.Assesses the health plan's strategies for reducing use of drugs that may be expensive when alternatives exist.
Specialty Pharmaceuticals	<ul style="list-style-type: none">Assesses the health plan's programs to address the costs and appropriate utilization of specialty pharmaceuticals.
Value-based Formulary	<ul style="list-style-type: none">Assesses whether health plan has a pharmaceutical formulary based on value with ranking tied to a variable co-pay benefit design.

Summary Level Results – Module 7



Detailed Results – Module 7



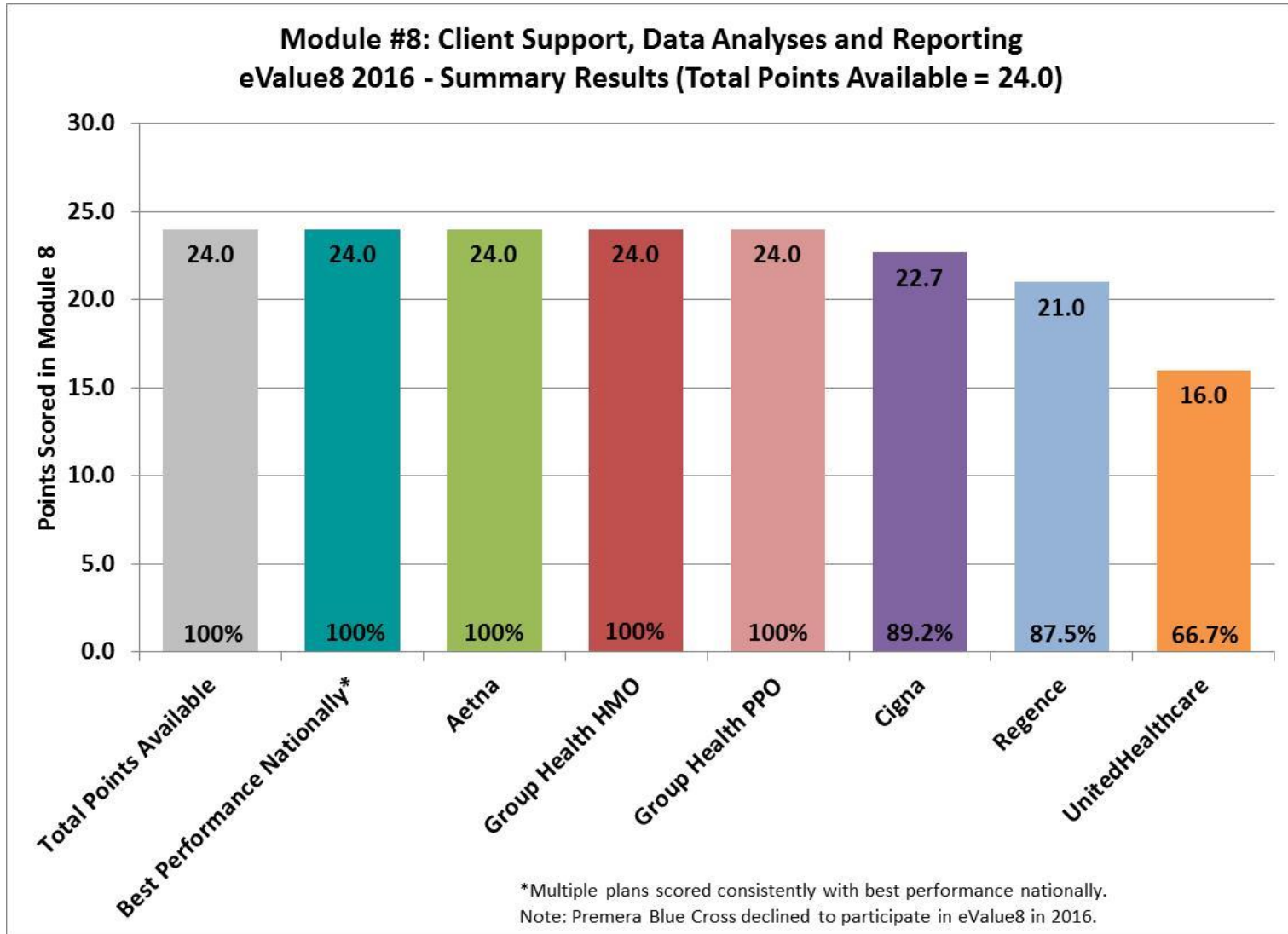
Overview: eValue8 Module 8

2% of total points in eValue8

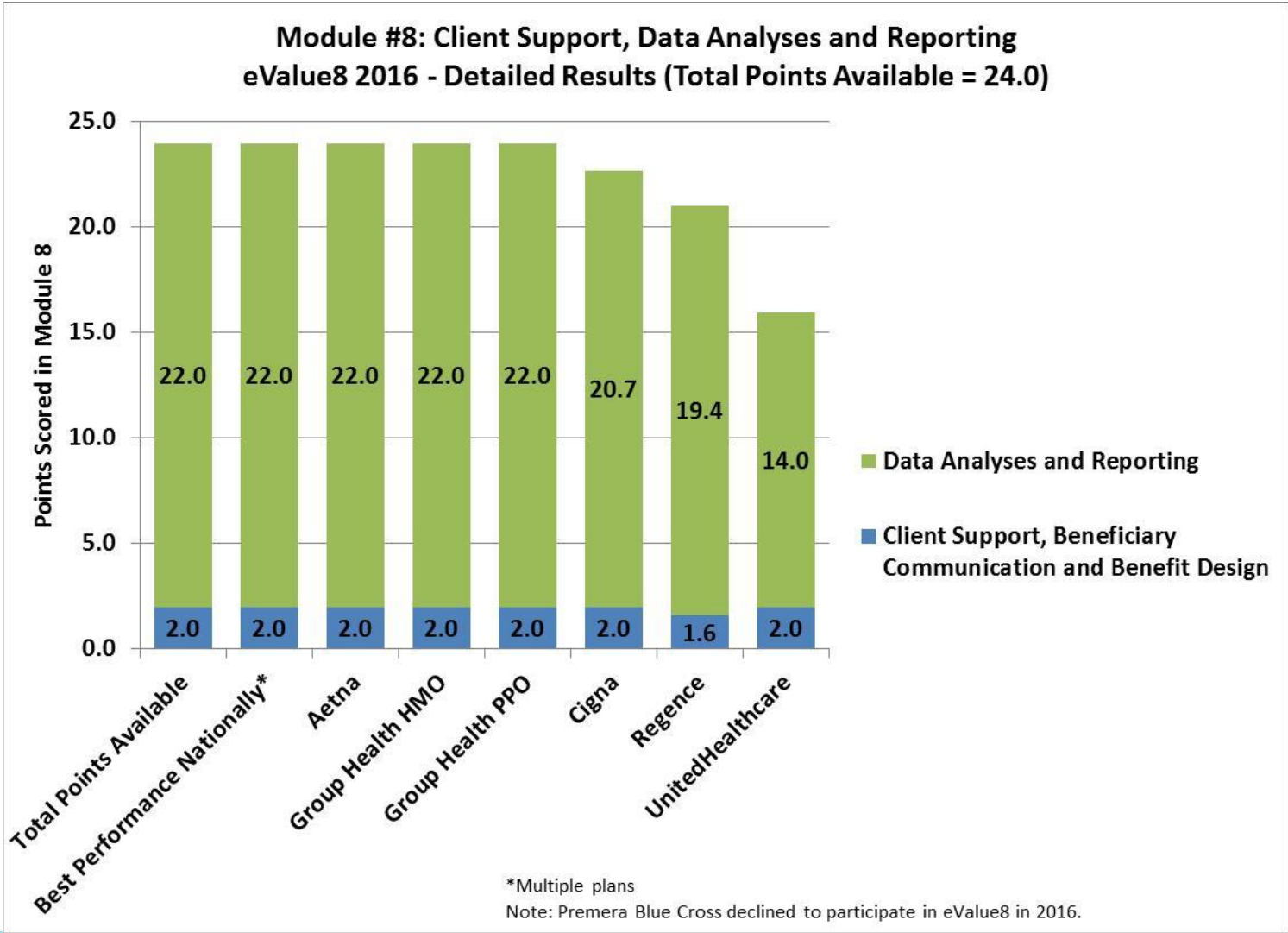
Client Support, Data Analyses and Reporting

What is Included?	Why is this Important?
Data Analyses and Reporting	<ul style="list-style-type: none">Assesses how extensive and accessible the analyses and reporting provided by the health plan is on health and chronic condition managementEvaluates level and manipulability of data that is available to health care purchasers or other intermediaries contracted by the purchaser
Beneficiary Communication	<ul style="list-style-type: none">Evaluates beneficiary communication (including information about member support tools and how to access them) and outreach support offered to health care purchasers

Summary Level Results – Module 8



Detailed Results – Module 8



Opportunities for Improvement

Common Areas of Opportunity for Improvement

While each health plan differentiates itself with strong programs and results in select areas, the following represent areas of opportunity to improve for *most or all* health plans:

- Increase the level of support for physicians for identifying and managing patients with depression, alcohol use, obesity and tobacco use; improve monitoring to ensure physicians are routinely screening for depression and substance use
- Identify members with depression or who use alcohol or tobacco and broaden interventions (and participation in programs) for members
- Improve cancer screening and childhood immunization rates, including member reminders
- Continue to work to reduce potentially avoidable hospital readmissions
- Increase consumer engagement in the use of shared decision-making tools, cost calculators and physician/hospital choice tools to promote more cost-effective treatment selection
- Improve tools available to consumers to select physicians and hospitals; ensure that the quality measures used are obvious and integrate quality and price information into the same tool
- Improve quality results for maternal and child health including lowering the rate of C-sections
- Improve patient experience and satisfaction, especially on overall rating, getting needed care and shared decision-making
- Increase the use of value-based payment to providers (physicians and hospitals), linking payment to specific quality outcomes and total cost of care

About the Washington Health Alliance

The Washington Health Alliance is a place where stakeholders work collaboratively to transform Washington state's health care system for the better. The Alliance brings together organizations that share a commitment to drive change in our health care system by offering a forum for critical conversation and aligned efforts by stakeholders: purchasers, providers, health plans, consumers and other health care partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on measures of health care quality and value. The Alliance is a nonpartisan 501(c)(3) nonprofit with more than 185 member organizations. A cornerstone of the Alliance's work is the Community Checkup, a report to the public comparing the performance of medical groups, hospitals and health plans and offering a community-level view on important measures of health care quality (www.wacommunitycheckup.org).

For more information, please contact:

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