2014 Report on Health Plan Performance: eValue8™ Results

July 2014

WASHINGTON HEALTH ALLIANCE

Leading health system improvement

Introduction

The Washington Health Alliance brings together those who give, get and pay for health care to advance a high quality, affordable system for the people of Washington state. As a purchaser-led, multi-stakeholder collaborative with more than 175 participants, the Alliance serves an invaluable role as a convener of stakeholders in the health care system and in leading health system improvement.

The Alliance focuses on improving transparency of the health care system through performance measurement and reporting on quality, utilization and price. We focus on different aspects of the health care system including physicians and other providers, hospitals and health plans, with three strategic goals:

- **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 the 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 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) owned and maintained by the National Business Coalition on Health.

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 incent consumers to promote health and manage disease. Health plans also provide detail on how they measure the performance of and pay providers, and what support they offer to providers to improve.

Results from the eValue8 RFI are nationally scored and then health plans and purchasers 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 assure 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 (and how it is measured) may not equate to the actual experience of individuals with their 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, and, most recently, in 2014. 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 2014 Purchaser Sponsors and Participants

The Washington Health Alliance would like to thank the following health care purchasers who sponsored eValue8 in 2014:

Alaska Air Group	Puget Sound Energy
Carpenters Trust of Western Washington	Seattle Area Plumbers Health and Welfare Trust / HCCMCA
City of Seattle	SEIU Healthcare NW Health Benefits Trust
Davis Wright Tremaine LLP	Sound Health & Wellness Trust
Eddie Bauer	Sound Transit
King County	Starbucks Coffee Company
Pierce County	The Boeing Company
Point B Consulting	Washington Health Benefit Exchange
Port Blakely Companies	Washington State Health Care Authority
Port of Seattle	Washington Teamsters Health Trusts

Health Plan Participation in eValue8

In 2014, five health plans* participated in responding to the eValue8 RFI:

- **Aetna**
- **Cigna**
- **Group Health Cooperative**
- **Regence Blue Shield**
- **UnitedHealthcare**

We congratulate and thank these five 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.**

Overview of 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 slides. The RFI is regularly updated 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 slide 10, almost 60% 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 to identify and then fill gaps in care to help members get and stay healthier;
  - Price and quality transparency for physicians and hospitals to help members make good choices; and,
  - Availability of tools such as shared decision-making materials or portable personal health records.
- 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:
  - Support for engaging members and care coordination, especially for individuals with chronic conditions that may need more help;
  - Scope of performance measurement for transparency and payment rewards; and,
  - Effective use of contracting to drive innovation and improved performance among health care providers.

Overview of eValue8

- While NCQA and URAC accreditation are very important and are measured by eValue8, the impact on overall scoring is relatively small (~3% of overall points).
- eValue8 scoring does place a relatively heavy emphasis on select HEDIS* and CAHPS** results as these both represent a nationally standardized way of measuring the quality and patient experience performance of health plans.

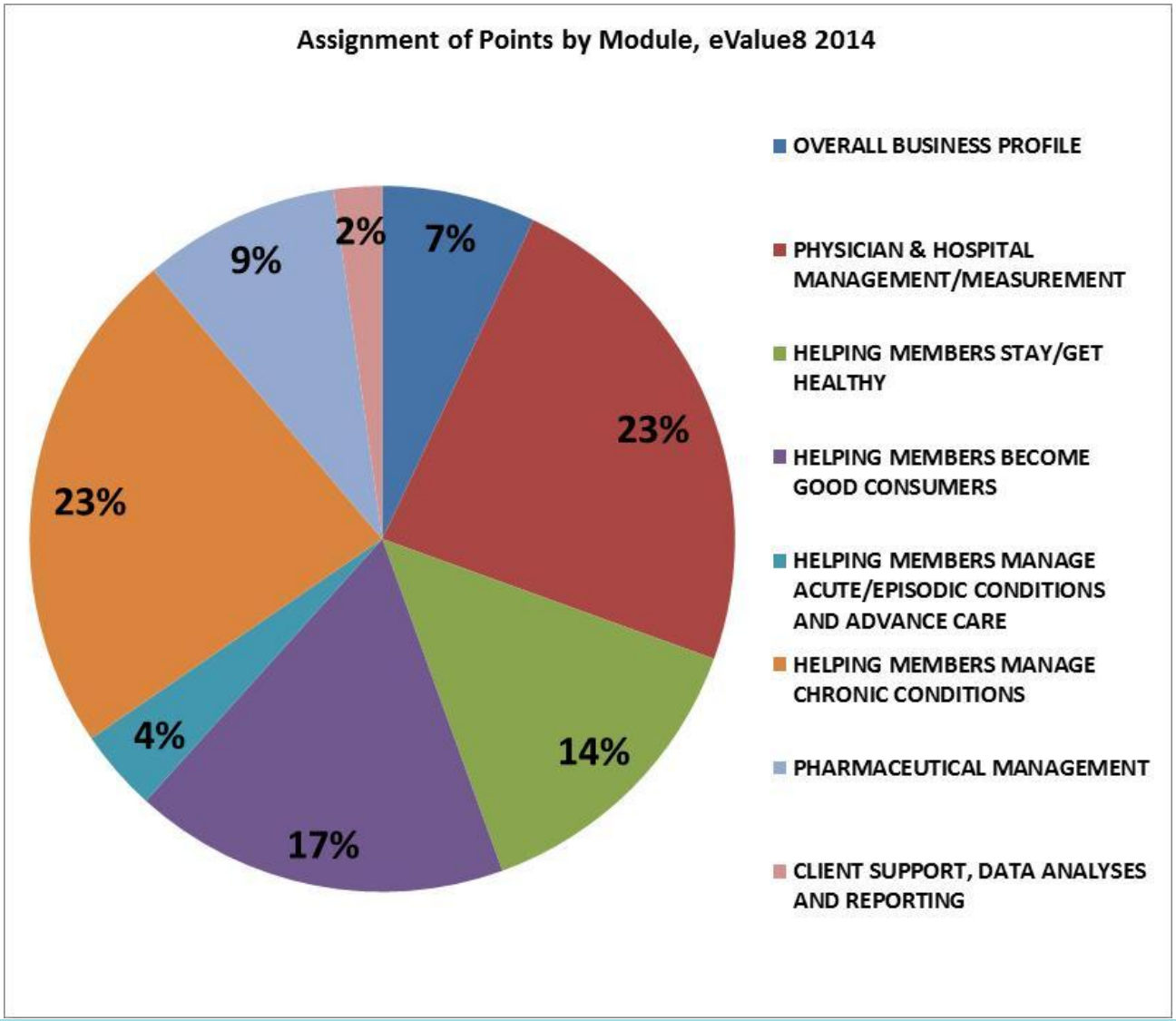
*The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 81 measures across 5 domains of care. Because so many plans collect HEDIS data, 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, 2014

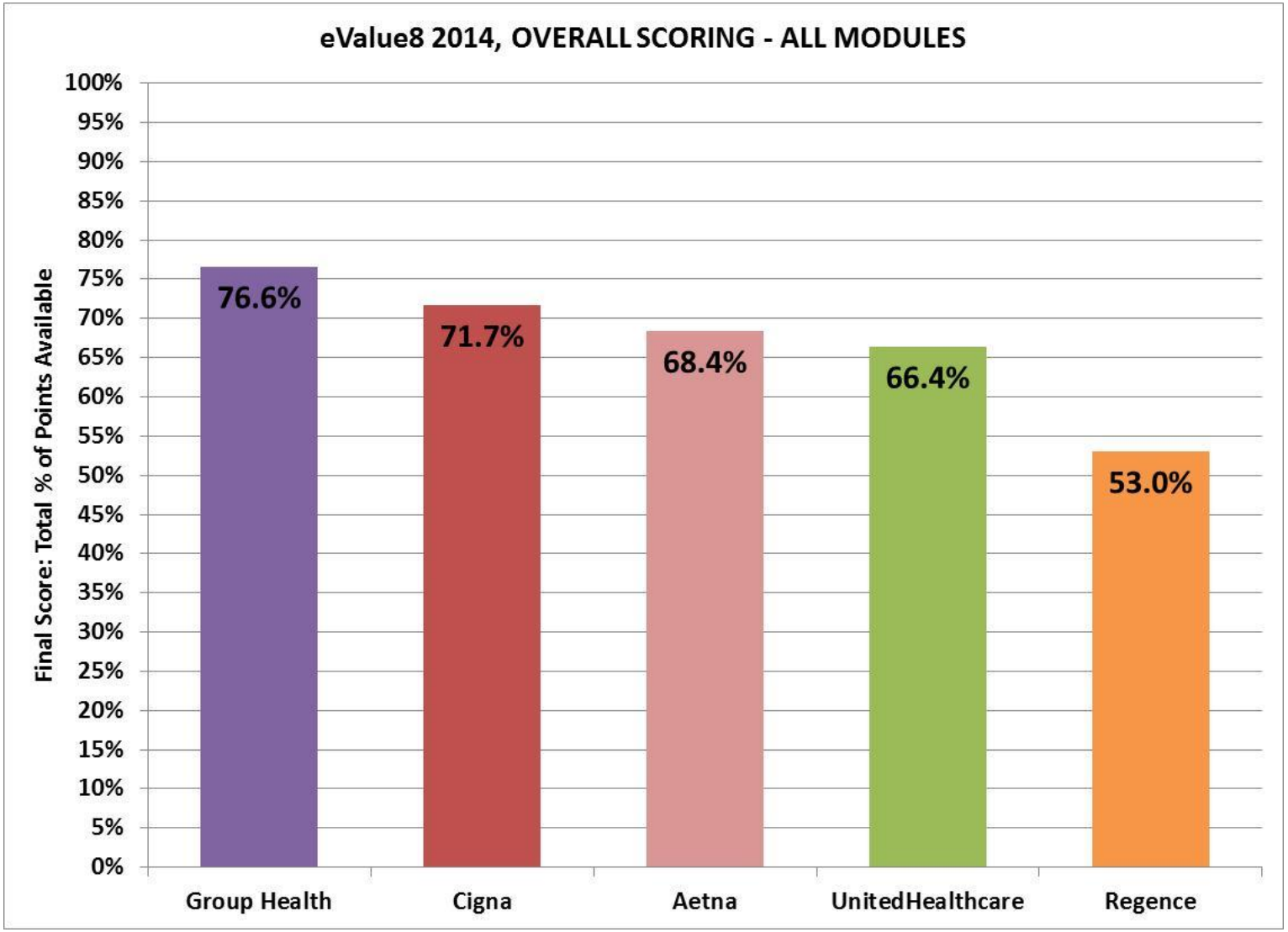
Total Points = 1014.25

Member Support
Total = 58%



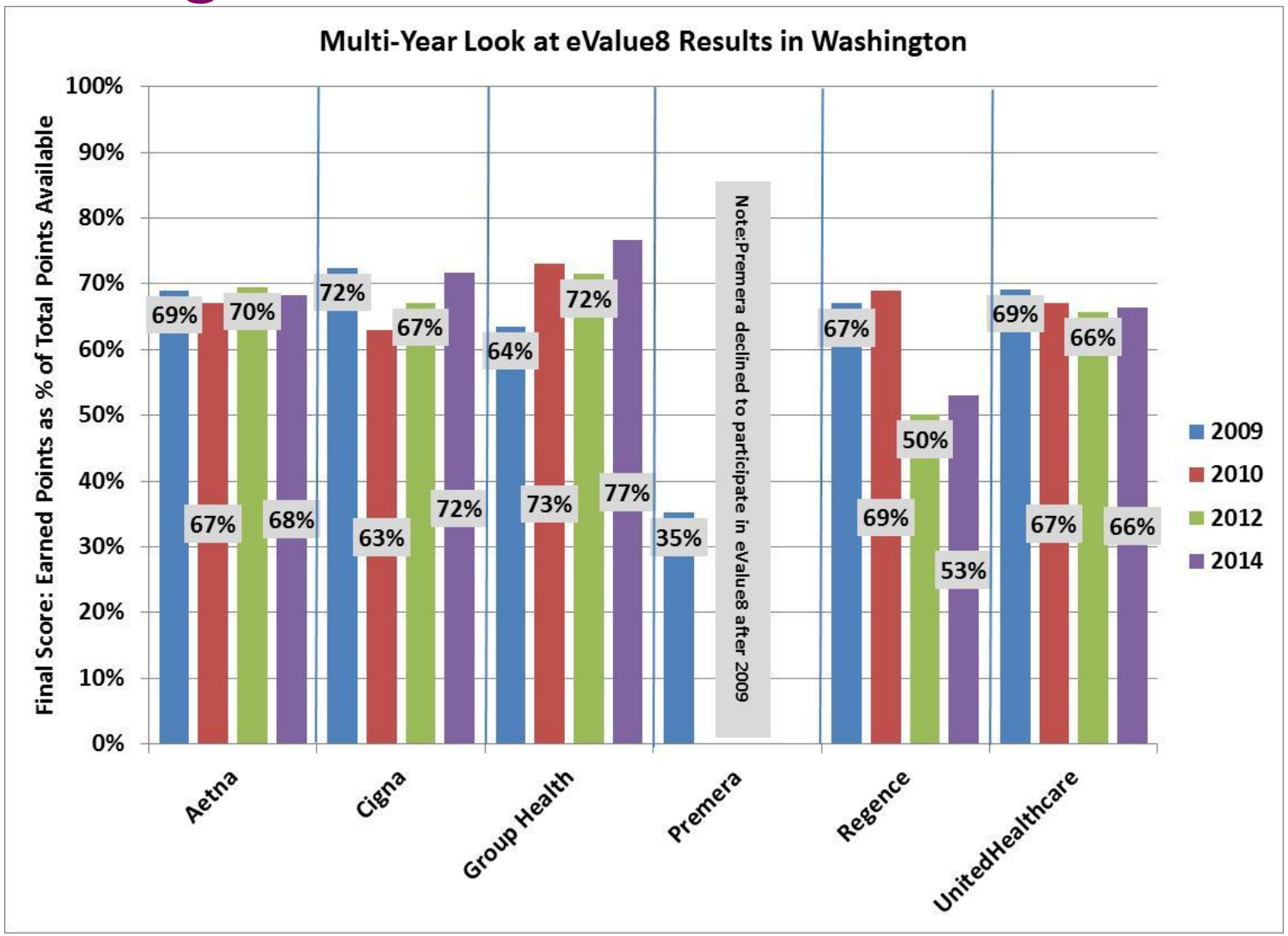
2014 eValue8 Results

eValue8 2014 – Overall Results



Note: Premera Blue Cross declined to participate in eValue8 in 2014

Washington eValue8 Results: 2009-2014



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eValue8 was also completed in 2008 but, by mutual agreement, results were kept blinded since it was the first year of implementation in Washington.

Overview: eValue8 Module 1

Overall Business Profile

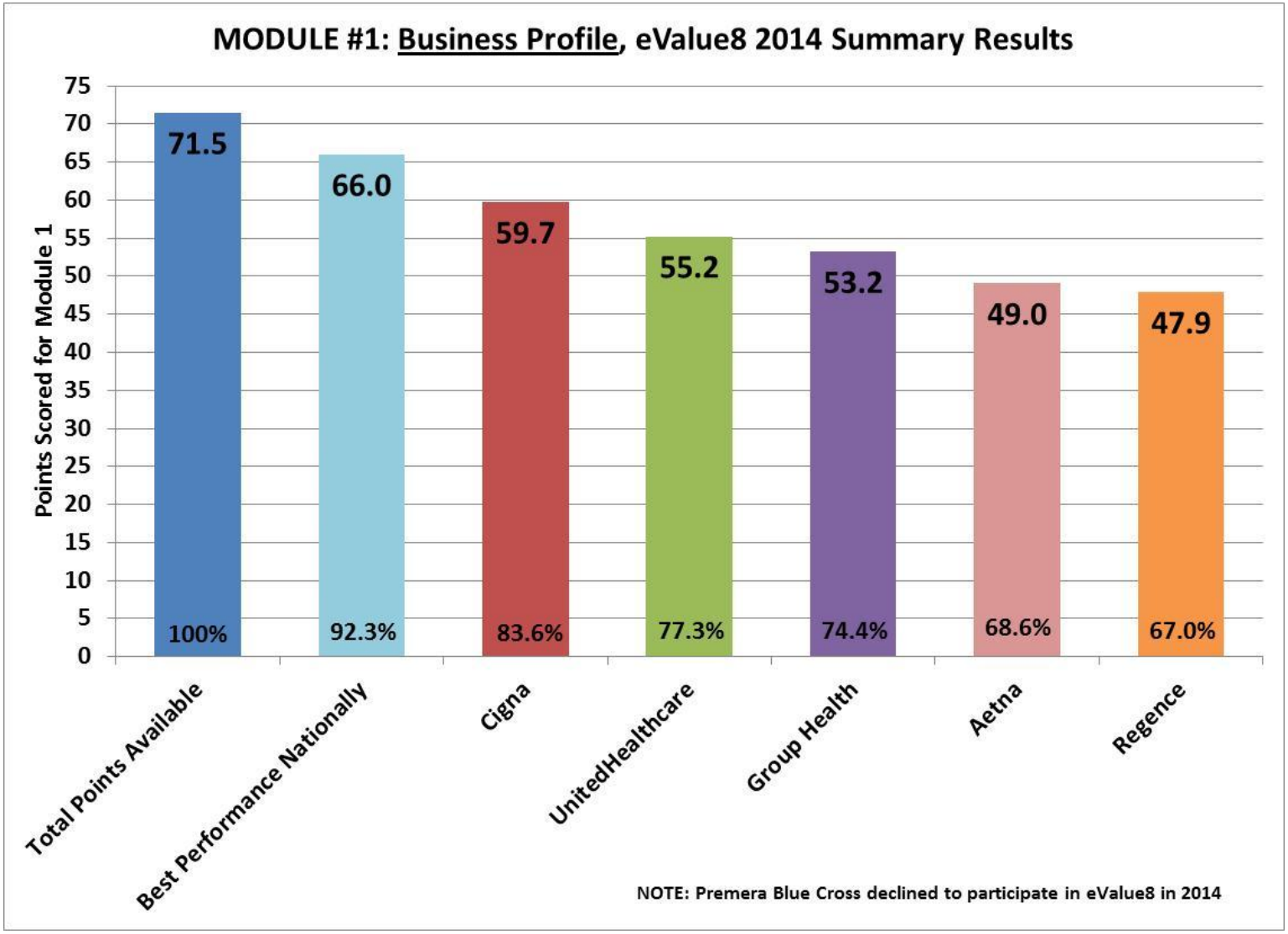
7% of total points in eValue8
Info below shown in order of importance/weighting in module

What is Included?	Why is this Important?
Health Plan Accreditation (NCQA* or URAC**) CAHPS Rating of Health Plan and Care Delivered (Consumer Experience Survey)	• Compares the level of accreditation achieved by the health plan itself as well as 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.
Health Plan's Business Practices	• 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. • A comparison of "relative resource use" informs you how efficient the plan is in comparison to other plans.
Health Plan's Level of Collaboration	• Evaluates the extent the health plan works with other health plans operating in the same region to measure and improve physician and hospital performance.

*NCQA = The National Committee for Quality Assurance; accredited health plans face a rigorous set of more than 60 standards and must report on their performance in more than 40 areas in order to earn NCQA accreditation.

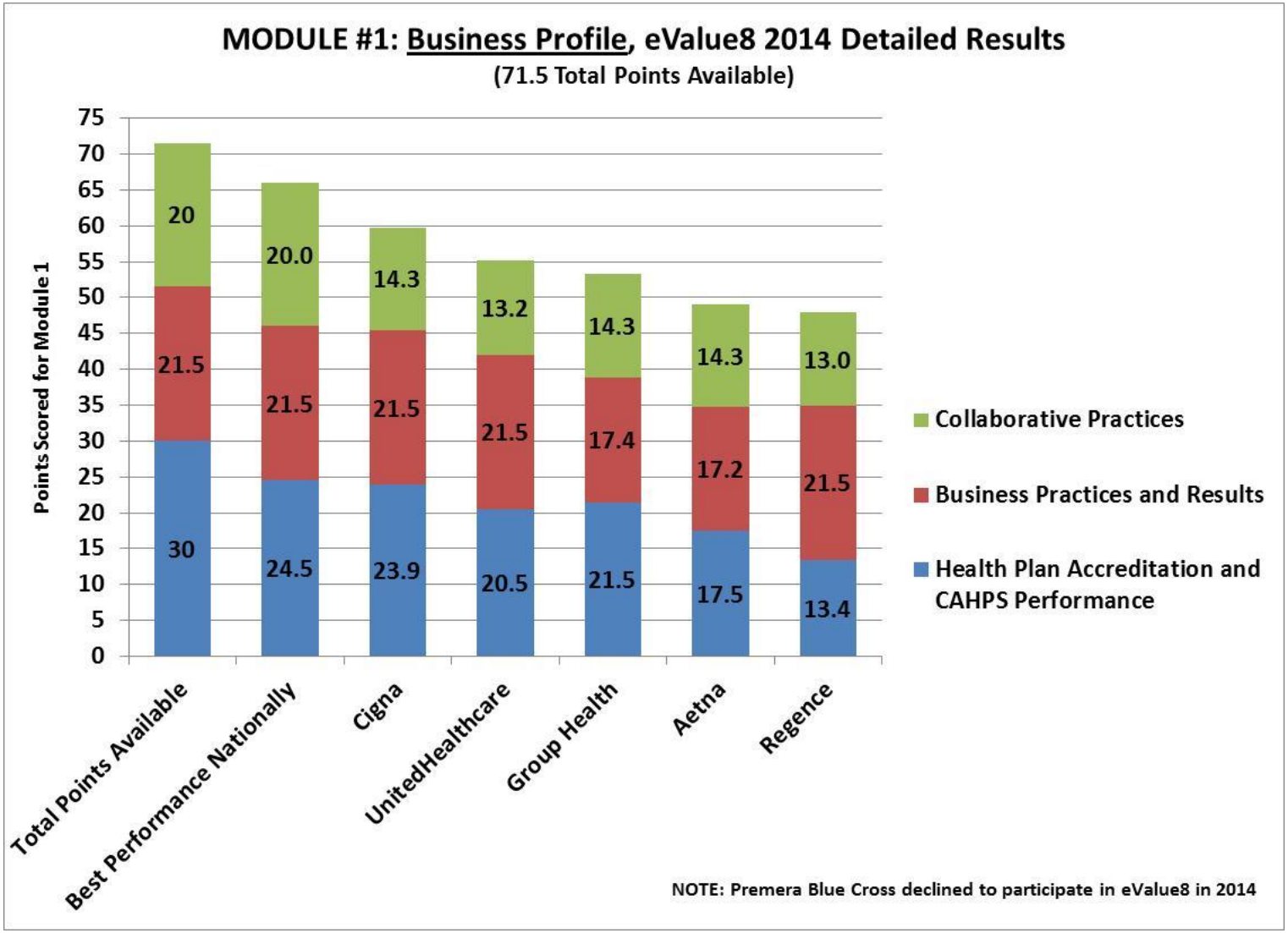
**URAC accredits many types of health care organizations including health plans. Accreditation can include the entire organization or can focus on quality within a single functional area, e.g., case management.

Summary Level Results – Module 1



Note: % shown is earned points as a percentage of the total points available in this module

Detailed Results – Module 1



Overview: eValue8 Module 2

Physician and Hospital Measurement and Management

23% of total points in eValue8
Info below shown in order of importance/weighting in module

What is Included?	Why is this Important?
Support for Physicians to Help Members Manage Chronic Conditions	• 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 Healthcare Acquired Conditions and "Never Events"	• 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	• 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	• Evaluates whether health plan includes incentives and benefit designs used to promote patient use of higher performing health care providers and Centers of Excellence.
Physician and Hospital Payment Programs for Value (Quality and Efficiency)	• Evaluates what programs the health plan has to align physician and hospital payment with achieving value (including what measures are used to evaluate value).

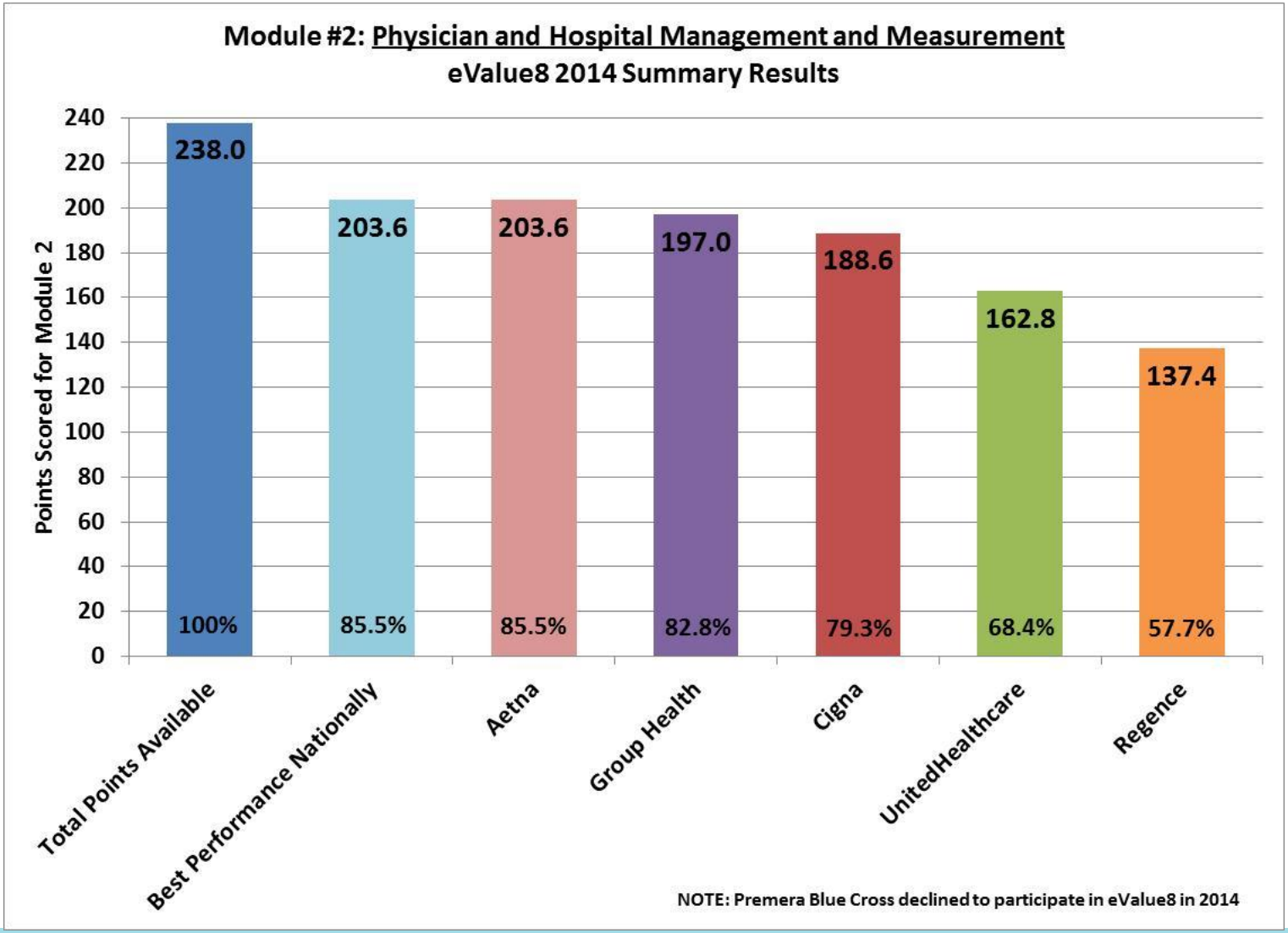
Overview: eValue8 Module 2

Physician and Hospital Measurement and Management (continued)

23% of total points in eValue8
Info below shown in order of importance/weighting in module

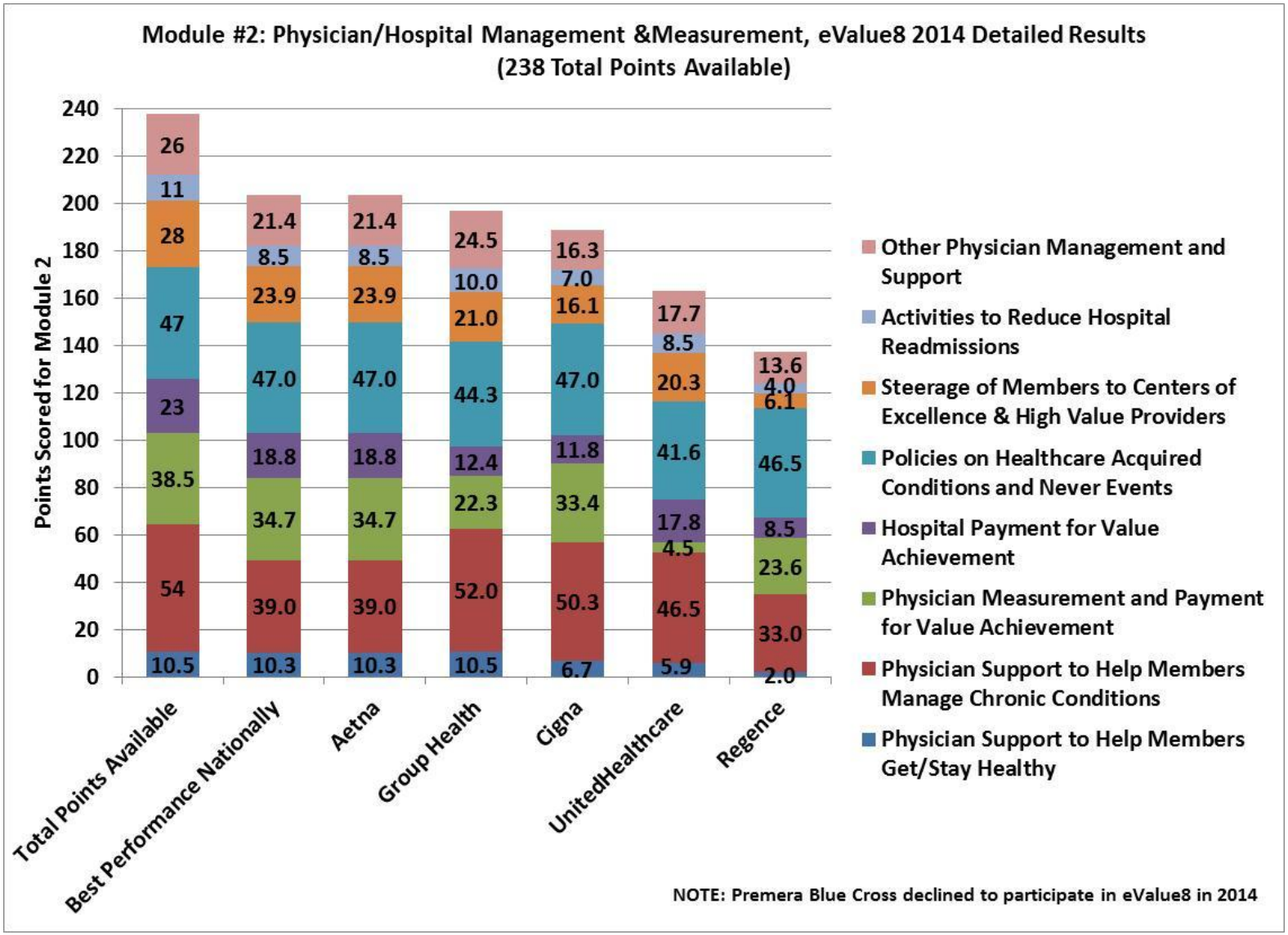
What is Included?	Why is this Important?
Support for Physicians to Help Members Get and Stay Healthy	• Evaluates how the health plan helps and provides incentives to physicians to identify and treat patients who are tobacco users and/or overweight.
Management and Contracting	• Evaluates what health plan 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 Educations)	• Evaluates what information and tools are provided to physicians to help them identify patients who need services.
Hospital Readmissions	• Measures how well the health plan performs relative to other plans in reducing hospital readmissions and if health plan tracks and condition-specific readmissions.

Summary Level Results – Module 2



Note: % shown is earned points as a percentage of the total points available in this module.

Detailed Results – Module 2



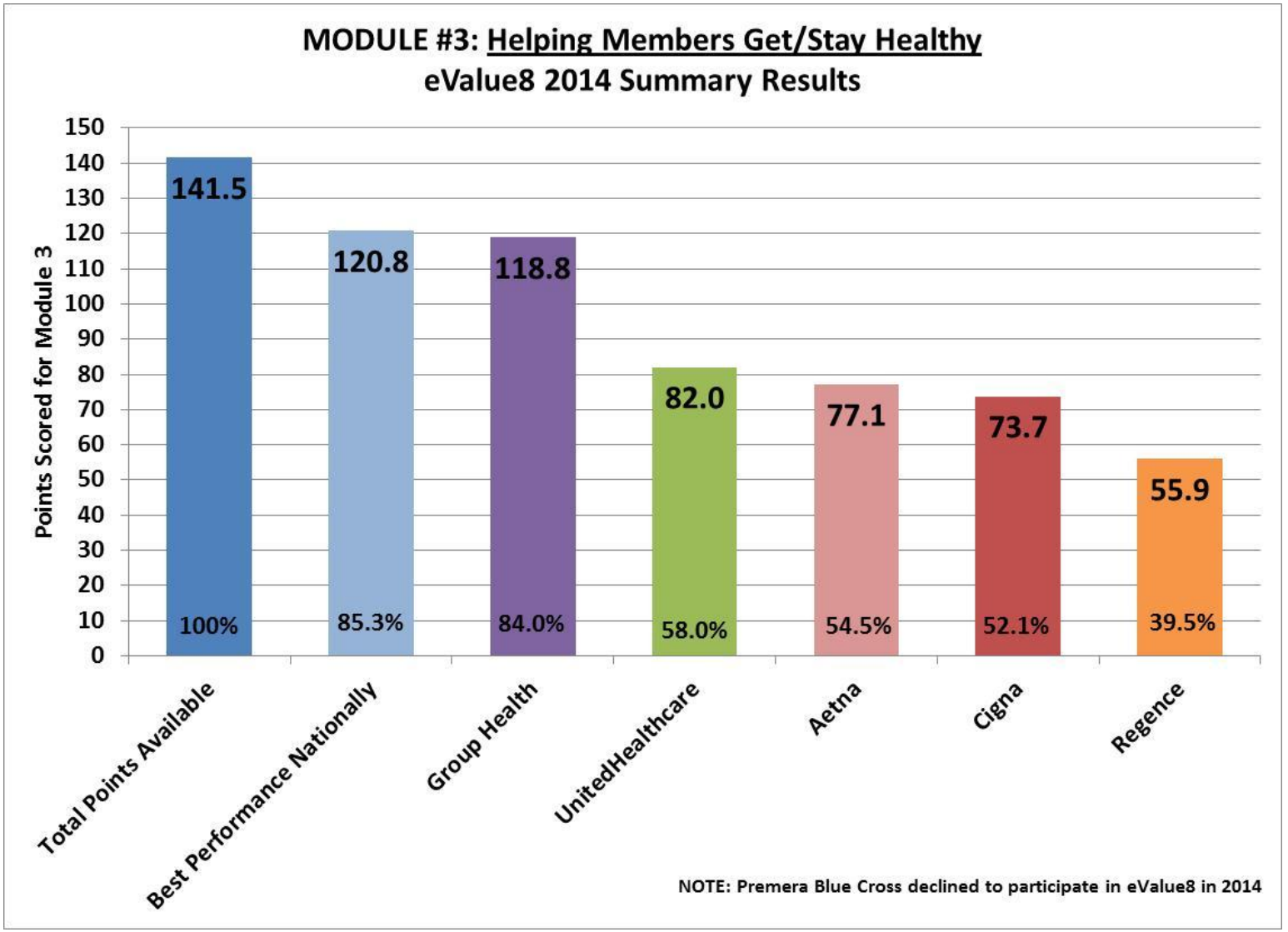
Overview: eValue8 Module 3

Helping Members Get and Stay Healthy

14% of total points in eValue8
Info below shown in order of importance/weighting in module

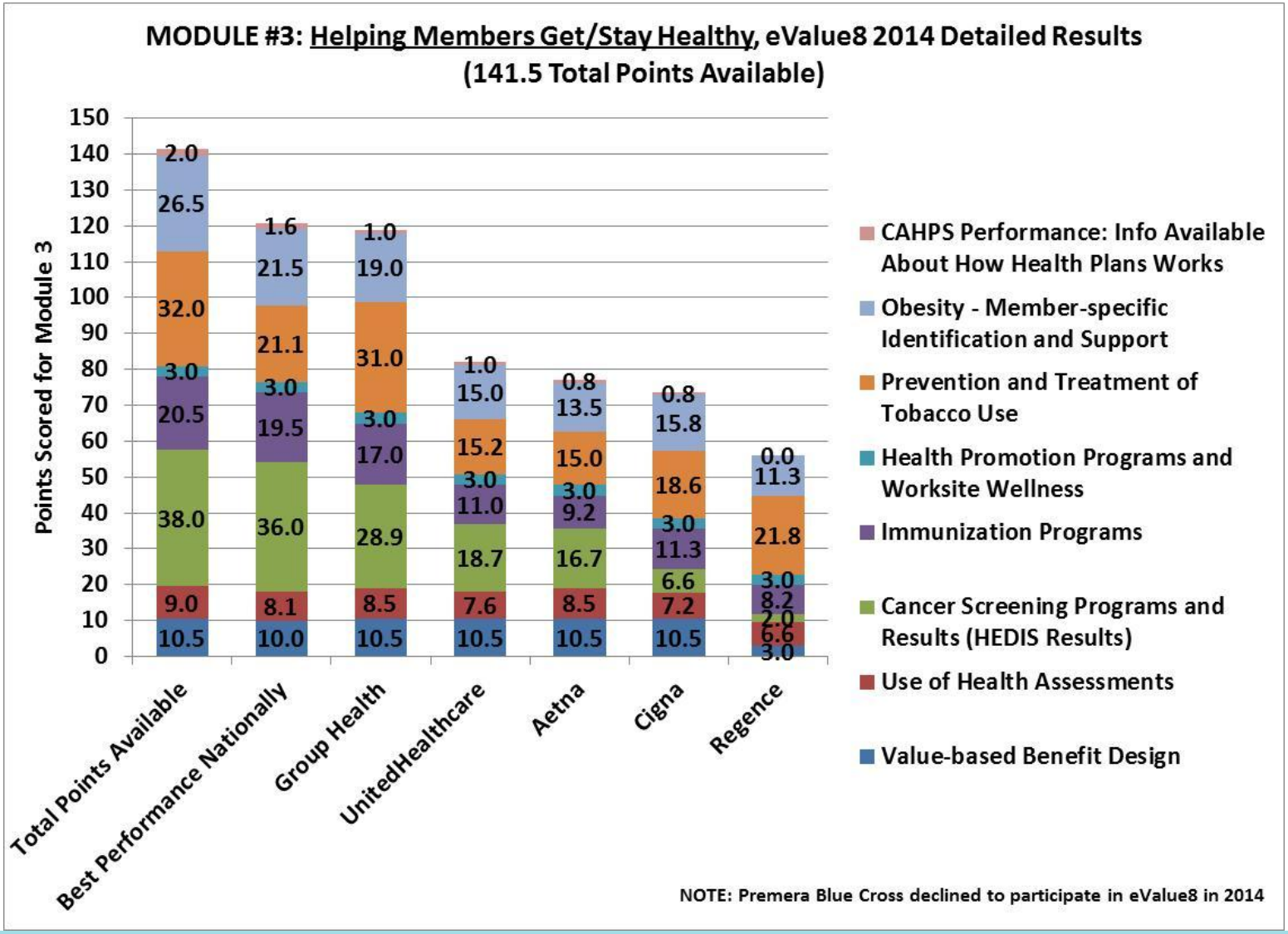
What is Included?	Why is this Important?
Programs and Results • Cancer Screening • Immunization	• Reports on plan's HEDIS results for breast, cervical and colorectal cancer screening and children, adolescent and adult immunizations. • Evaluates whether the health plan provides member-specific reminders based on eligibility and missed services.
Prevention and Treatment of Tobacco Use	• 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	• 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	• Assess the health plan's efforts to promote healthy behaviors through benefit designs, including reducing financial barriers.
Health Assessments (HA)	• Evaluates how comprehensive, automated and actionable the HA capabilities are, including the health plan's strategy to maximize completion rates.
Health Promotion Programs and Worksite Wellness	• Assesses worksite programs and materials offered to employers.

Summary Level Results – Module 3



Note: % shown is earned points as a percentage of the total points available in this module.

Detailed Results – Module 3



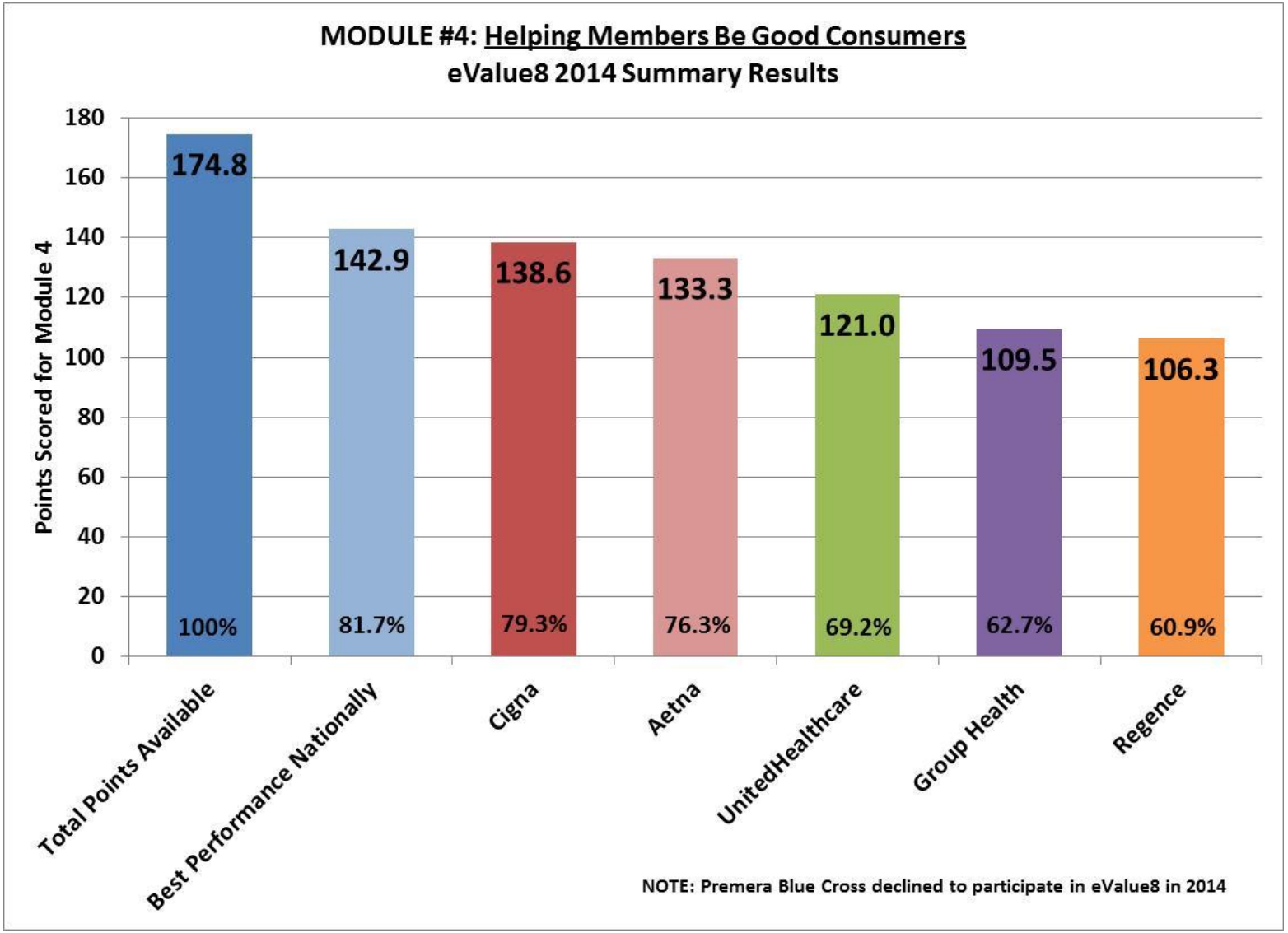
Overview: eValue8 Module 4

Helping Members Become Good Consumers

17% of total points in eValue8
Info below shown in order of importance/weighting in module

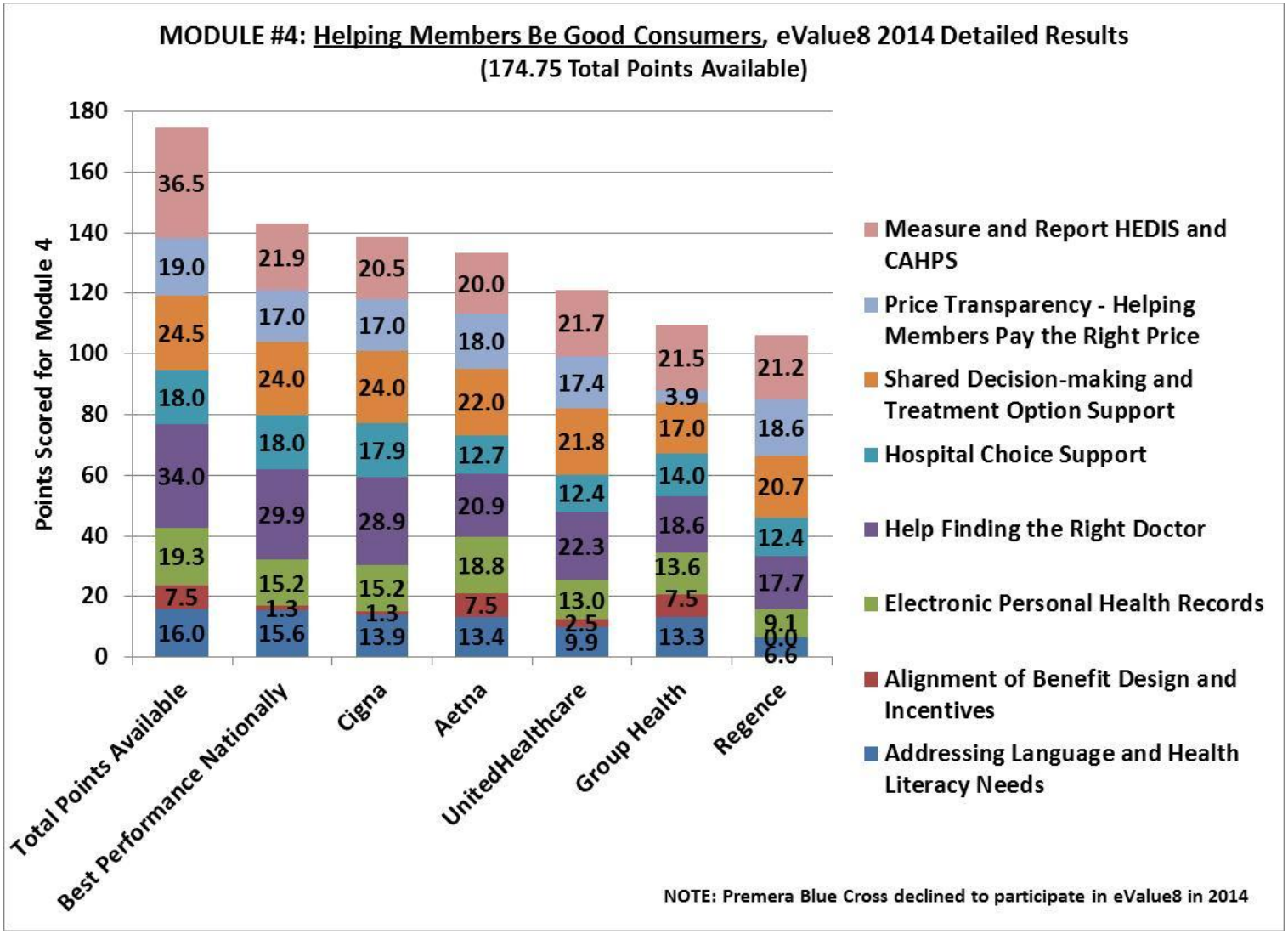
What is Included?	Why is this Important?
Patient Experience	• Assesses consumer experience and satisfaction on three measures.
Help Finding the Right Doctor	• Evaluates what information the health plan gives about the quality of a physician, access to the physician office and appointments; assesses functionality of the selection tool.
Shared Decision-making and Treatment Option Support	• 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)	• Evaluates how well health plan is engaging members to complete and use personal health record and portability of PHR if member changes health plan.
Price Transparency	• 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 more specific and accurate.
Hospital Choice Support	• 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



Note: % shown is earned points as a percentage of the total points available in this module.

Detailed Results – Module 4



Member Experience- 2013 CAHPS Results*

CAHPS Measure (% Always or Usually)	Nat'l 75th %tile	Nat'l 90th %tile	AETNA	CIGNA	GROUP HEALTH	REGENCE	UHC
How often written materials or the internet provide the information needed about how the health plan works?	69.8%	73.8%	62.9%	64.2%	68.9%	59.1%	66.5%
Plan information available on cost (composite)	67.4%	70.8%	63.1%	50.5%	69.2%	67.7%	61.4%
Getting needed care (composite)	90.0%	91.6%	86.4%	84.3%	86.0%	88.4%	87.7%
Getting care quickly (composite)	88.6%	90.2%	86.9%	87.9%	86.7%	87.7%	91.4%
Customer service (composite)	89.9%	92.0%	NA	81.2%	91.2%	NA	82.2%

Score below 75th percentile

Score above 90th percentile

NA: This value displayed when a health plan is unable to report a given measure because the plan did not have a large enough sample or eligible population to report.

*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. The source for data contained on this page is Quality Compass® 2013 and is used with the permission of the National Committee for Quality Assurance (NCQA). Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

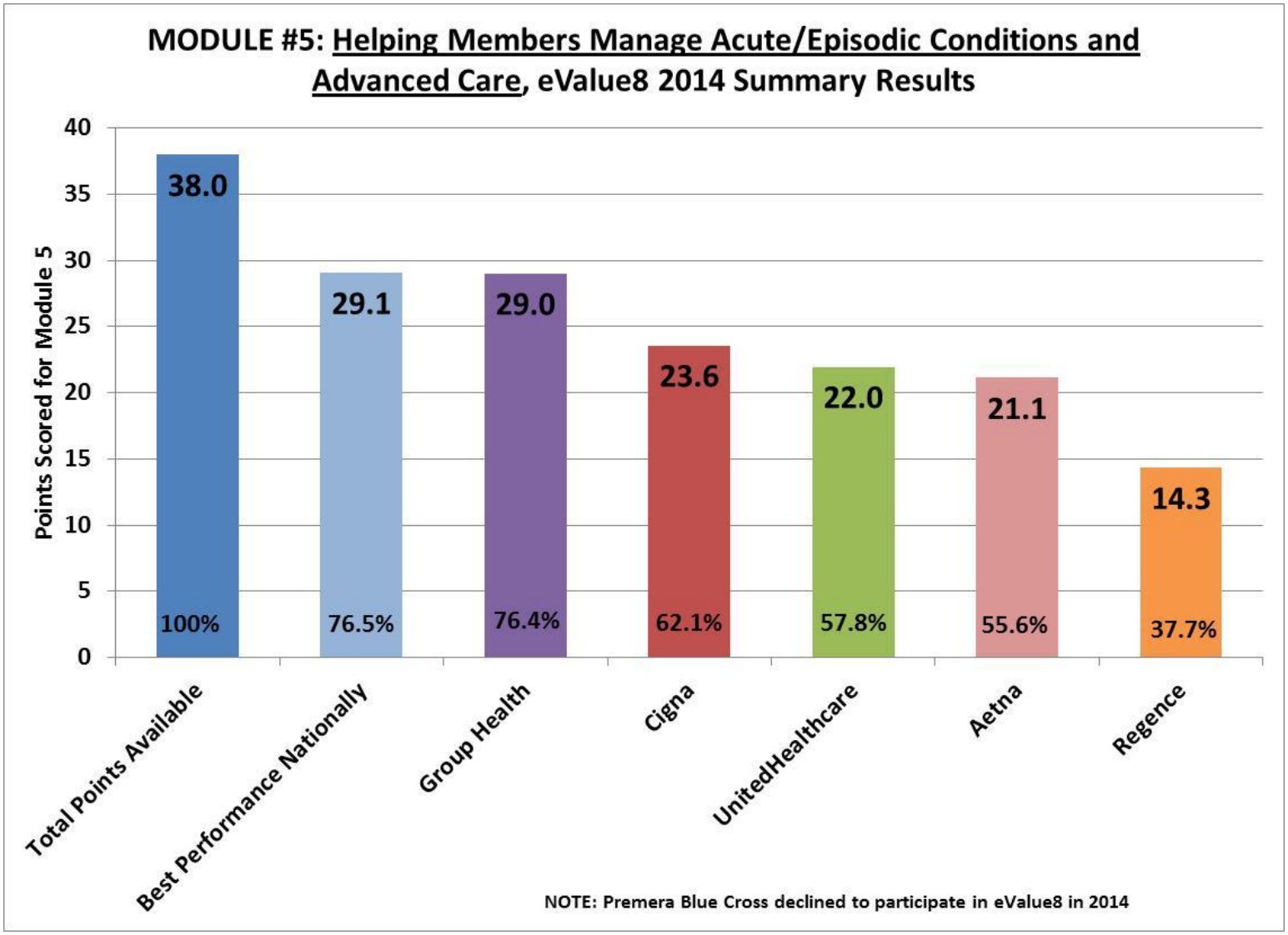
Overview: eValue8 Module 5

Helping Members Manage Acute Conditions and Advanced Care

4% of total points in eValue8
Info below shown in order of importance/weighting in module

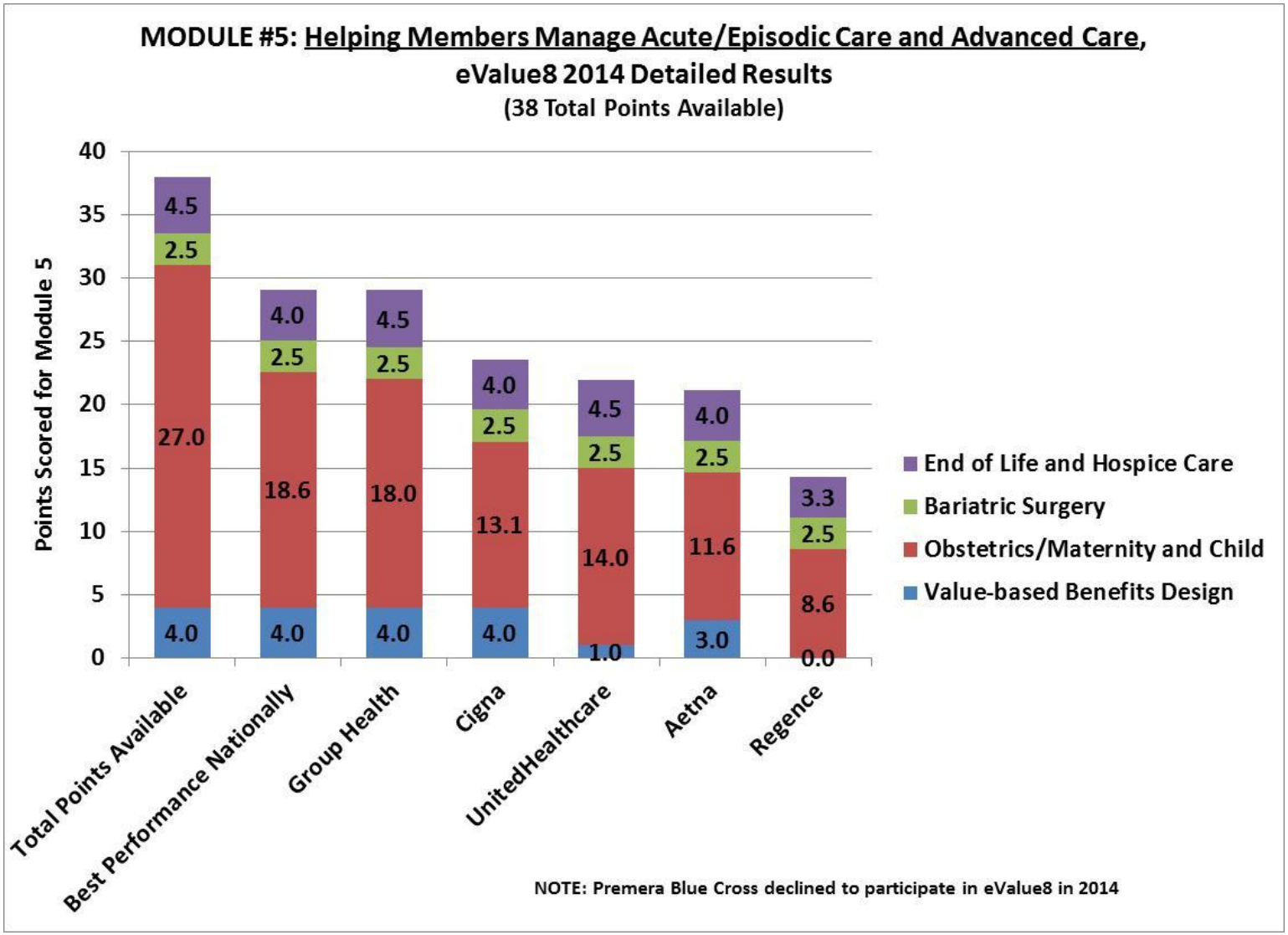
What is Included?	Why is this Important?
Obstetrics/Maternity Care	• Assesses how health plan promotes and supports activities directly linked to healthier birth outcomes, e.g., preconception counseling, monitoring C-sections and elective delivery rates, NICU admissions, and tobacco and alcohol use screening.
End-of-Life and Hospice Care	• Evaluates how the health plan engages members and their families in end-of-life care and hospice care.
Value-based Benefit Design	• Evaluates health plan's efforts to promote value-based benefit designs to encourage members to assess different options in managing acute conditions.
Bariatric Surgery	• Assesses health plan criteria and policy for covering bariatric surgery.

Summary Level Results – Module 5



Note: % shown is earned points as a percentage of the total points available in this module.

Detailed Results – Module 5



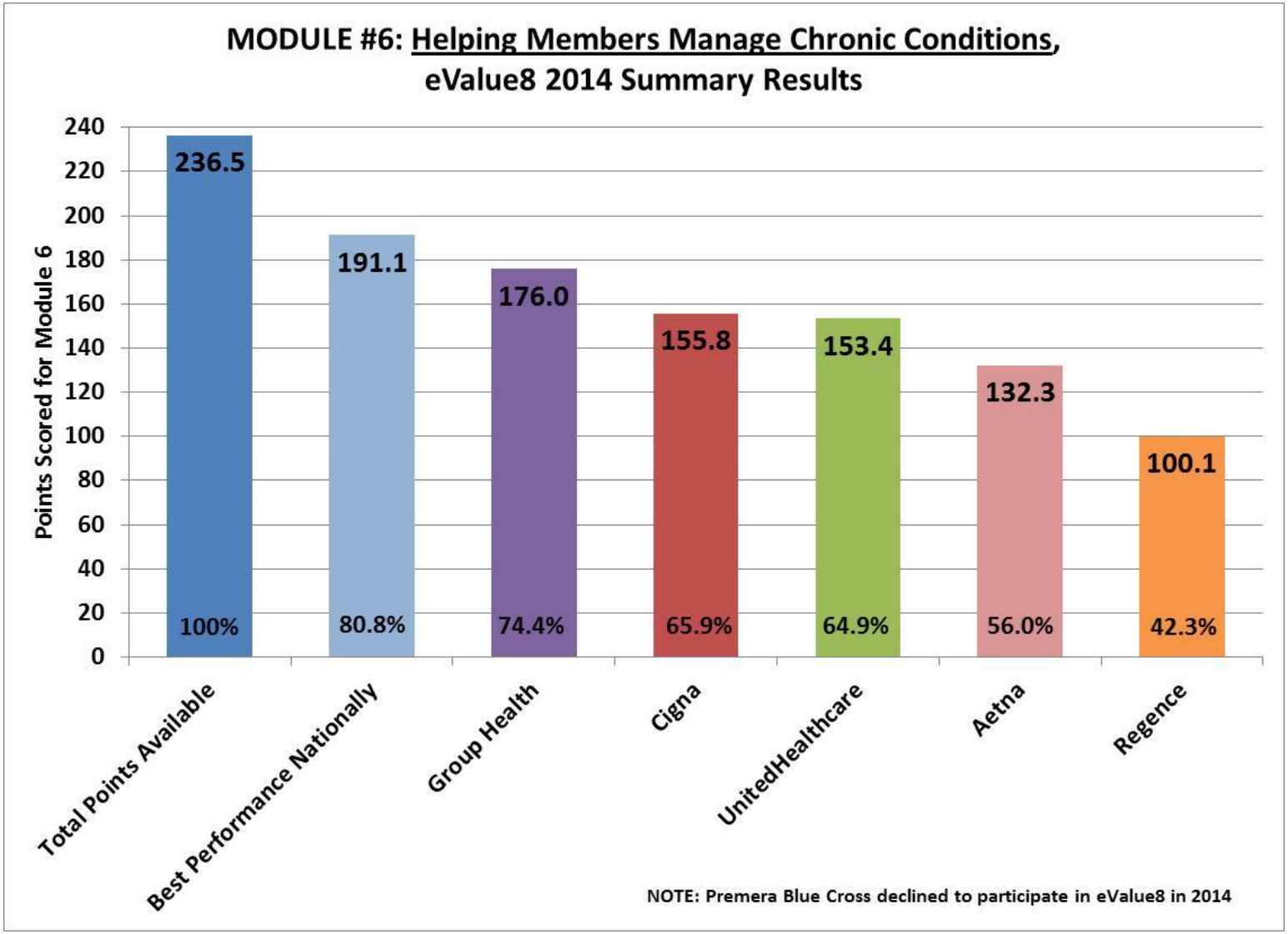
Overview: eValue8 Module 6

Helping Members Manage Chronic Conditions

23% of total points in eValue8
Info below shown in order of importance/weighting in module

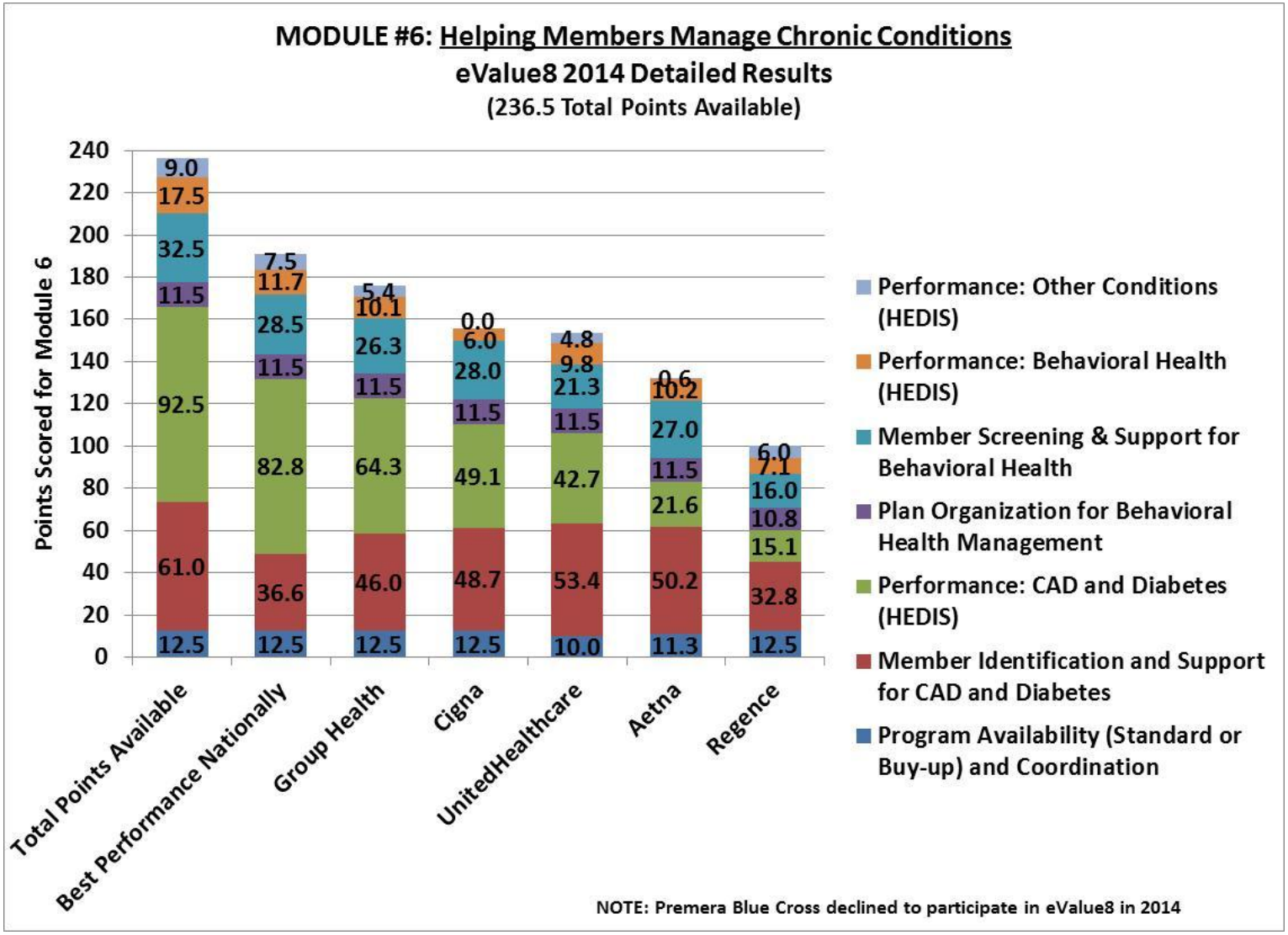
What is Included?	Why is this Important?
HEDIS Performance Results	• Reports on plan's HEDIS results for heart disease, diabetes, behavioral health and COPD.
Member Identification and Support for Heart Disease and Diabetes	• Evaluates how the health plan identifies eligible members with heart disease 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	• 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	• 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	• 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



Note: % shown is earned points as a percentage of the total points available in this module.

Detailed Results – Module 6



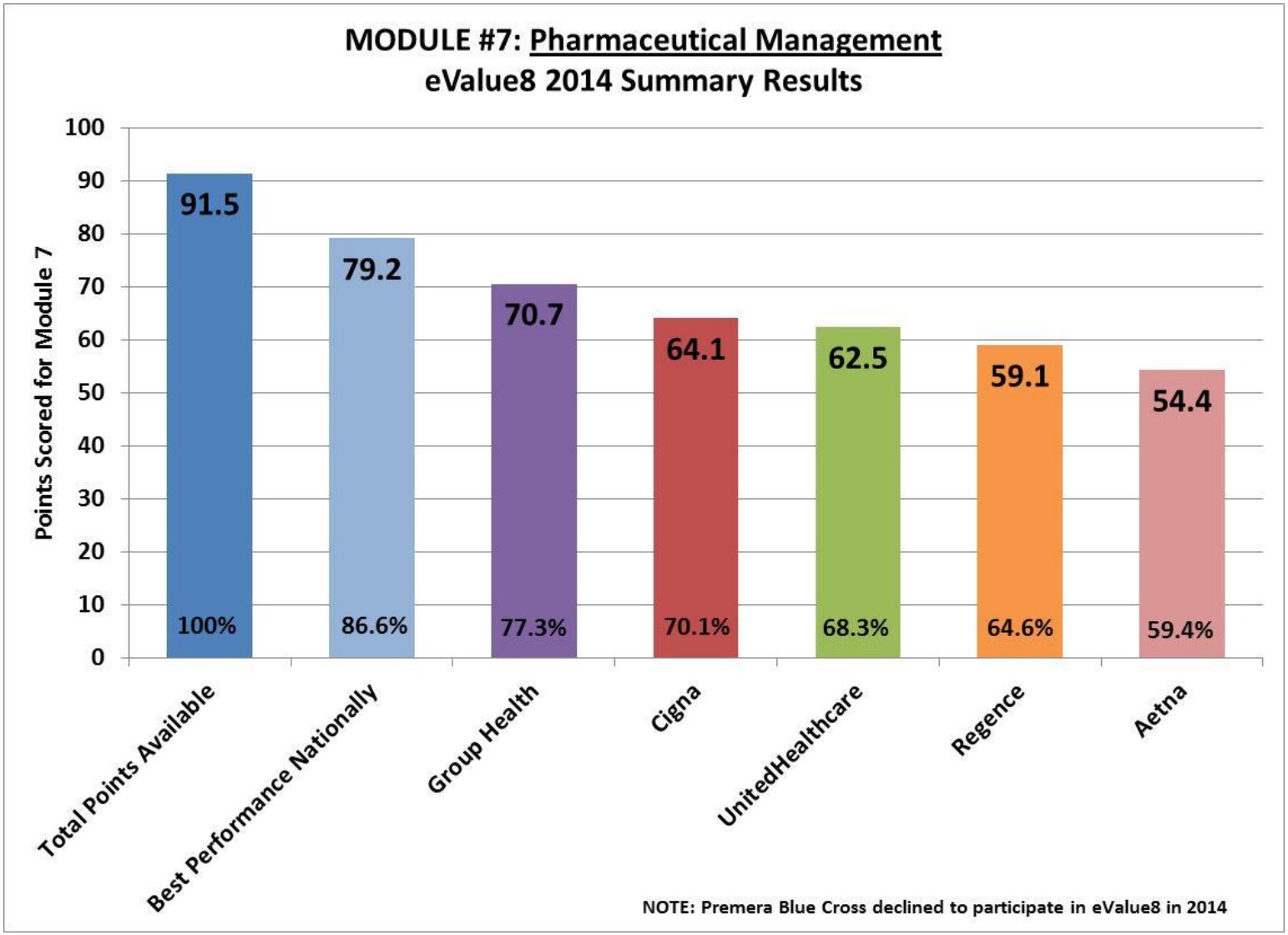
Overview: eValue8 Module 7

Pharmaceutical Management

9% of total points in eValue8
Info below shown in order of importance/weighting in module

What is Included?	Why is this Important?
Quality and Safety of Outpatient Prescribing	• Evaluates the health plan's use of information to influence patient safety and adherence to prescribed medication regimens. Includes HEDIS results on quality and safety in prescribing.
Generic Prescribing and Appropriate Drug Use	• 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	• Assesses the health plan's programs to address the costs and appropriate utilization of specialty pharmaceuticals.
Value-based Formulary	• 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



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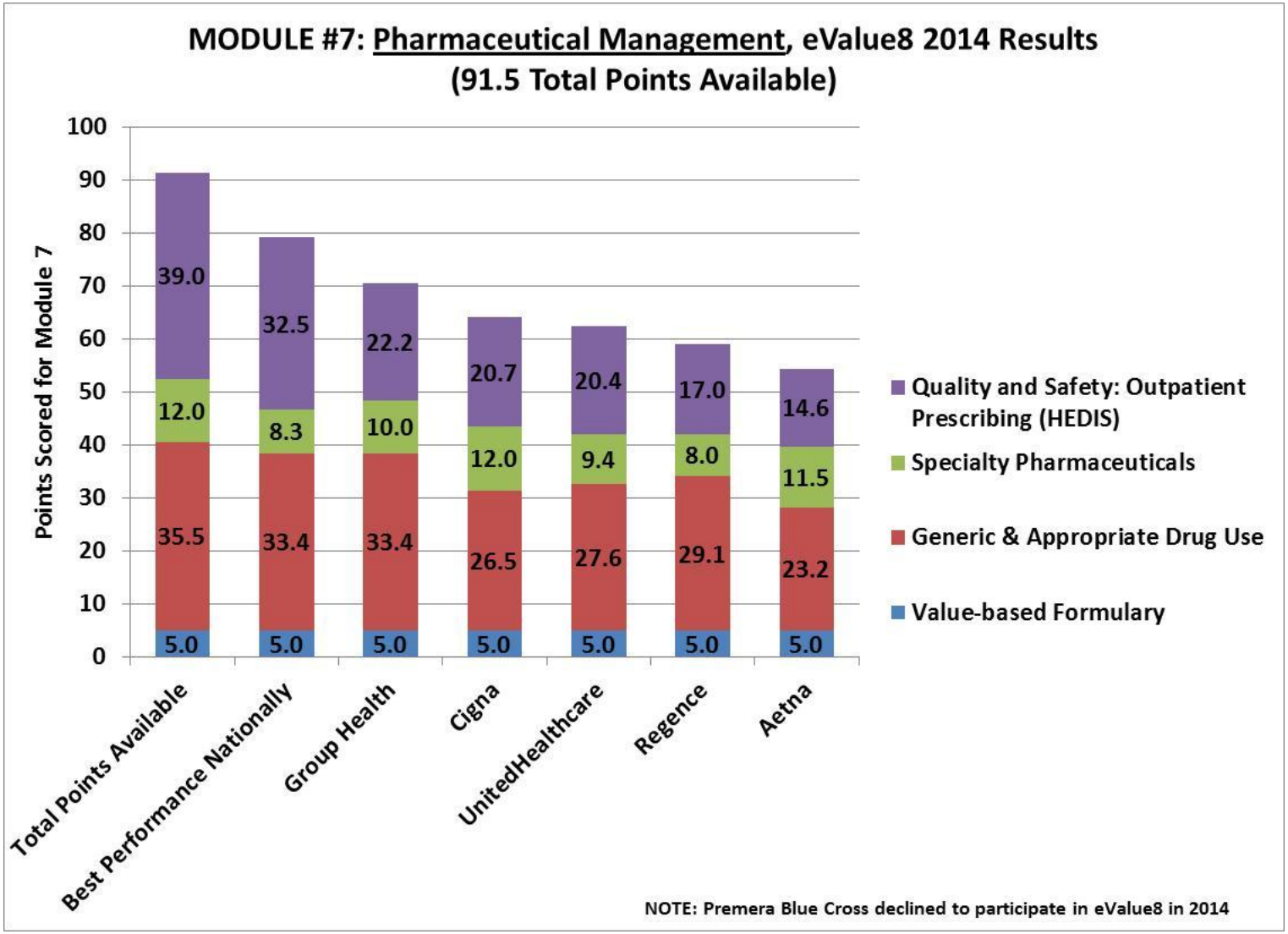
Detailed Results – Module 7



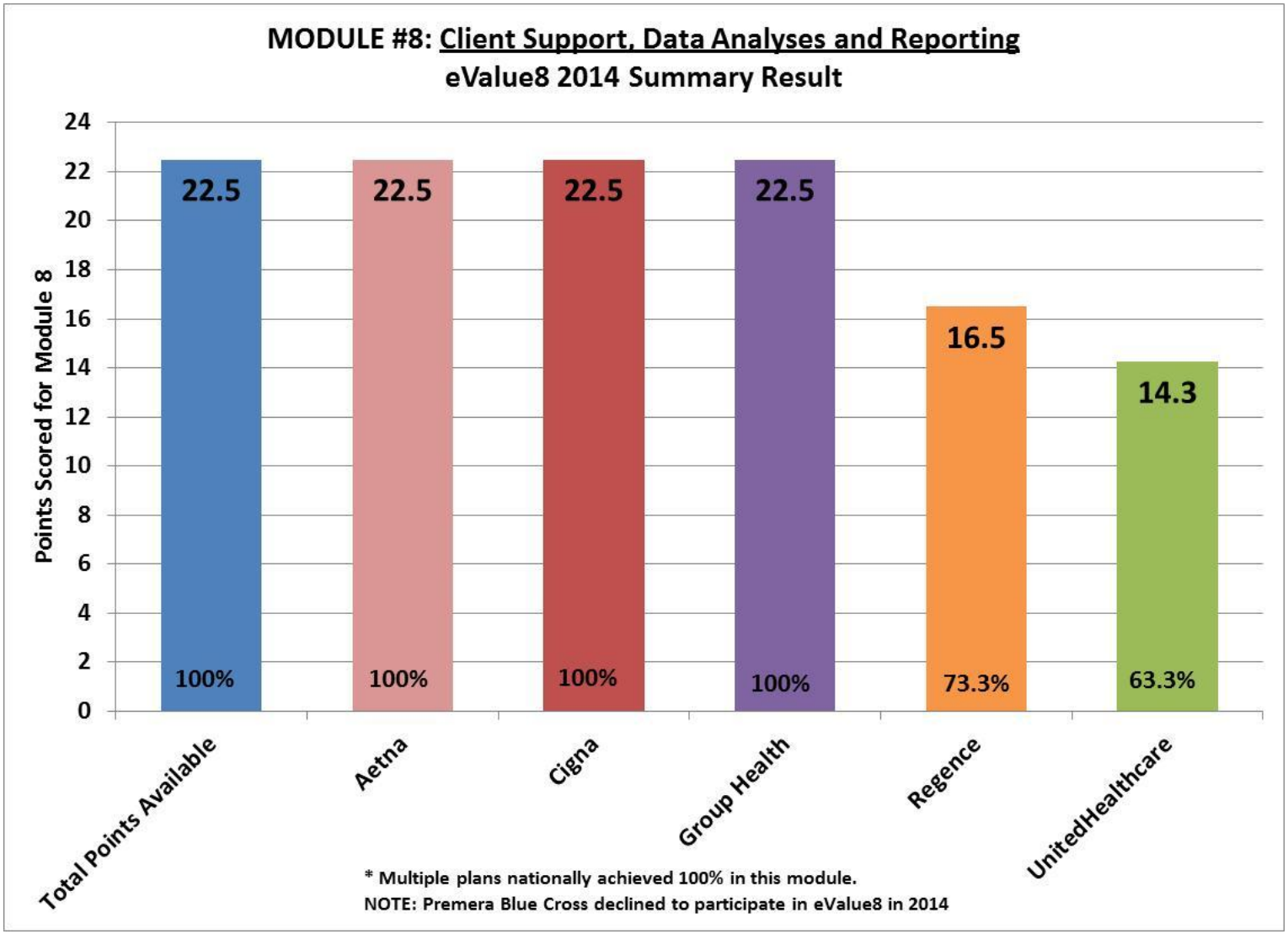
Overview: eValue8 Module 8

Client Support

2% of total points in eValue8
Info below shown in order of importance/weighting in module

What is Included?	Why is this Important?
Data Analyses and Reporting	• Assesses how extensive and accessible the analyses and reporting provided by the health plan is on health and chronic condition management • Evaluates level and manipulability of data that is available to health care purchasers or other intermediaries contracted by the purchaser
Beneficiary Communication	• 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



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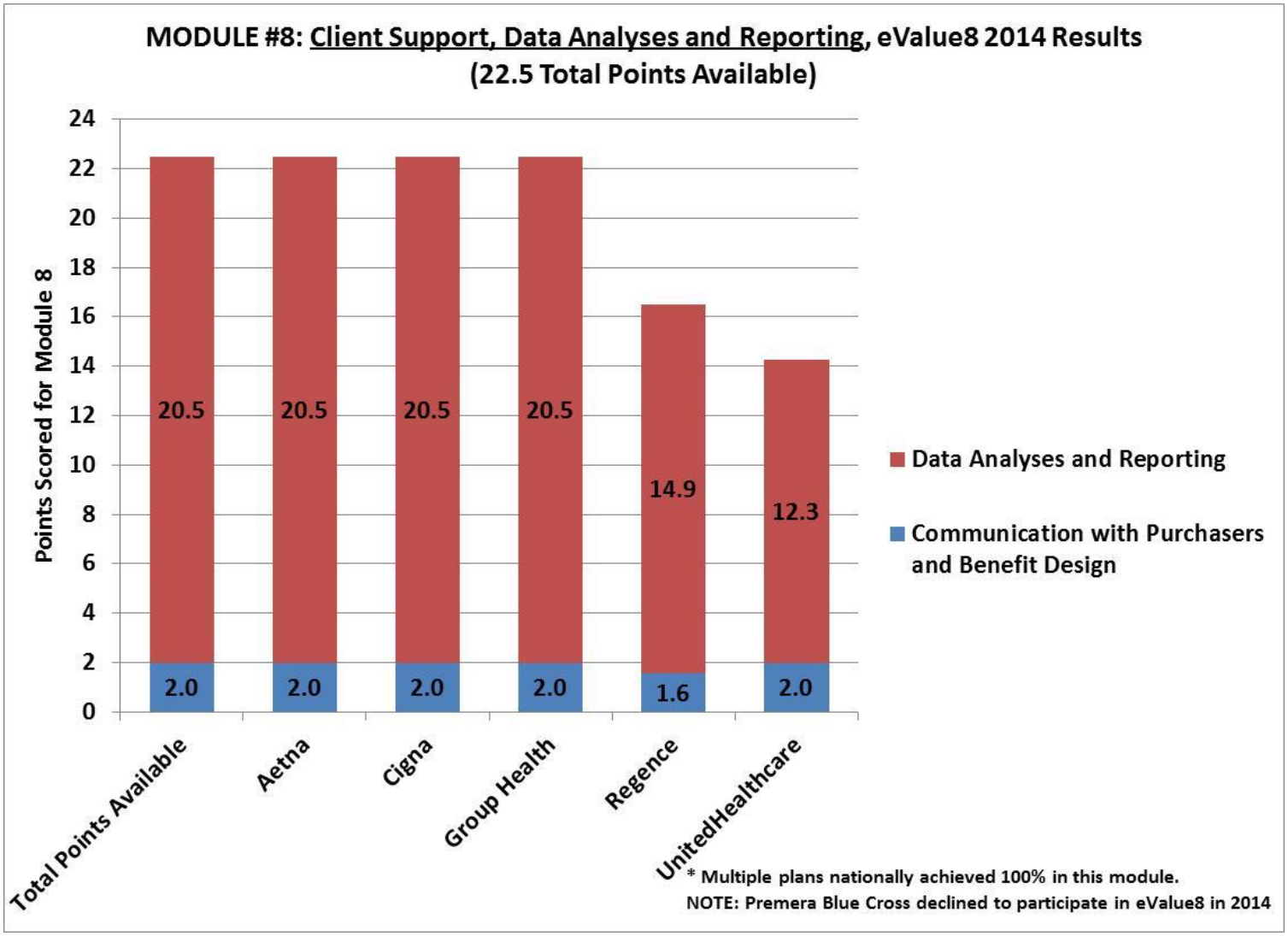
Note: % shown is earned points as a percentage of the total points available in this module

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 for *most or all* health plans:

- **Improve cancer screening and immunization rates, including member reminders.**
- **Improve programs to support members for tobacco cessation and obesity management.**
- **Broaden health plan support for providers to help members manage and coordinate care for chronic conditions such as diabetes, heart disease, asthma, depression and substance abuse.**
- **Improve monitoring and alerts for medication adherence, especially Specialty Pharmaceuticals.**
- **Lower the rate of C-section and raise the rate of vaginal births after Cesarean (VBAC).**
- **Improve member experience with their health plan, particularly on information about how the health plan works and information on costs to the member.**
- **Increase consumer engagement in the use of shared decision-making tools, cost calculators and physician/hospital choice tools (including quality results).**
- **Improve capture of the race/ethnicity/language of both members and health care providers and use the information to improve cultural competency in the delivery of health care.**

For more information, please contact:

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