

# The NBCH eValue8 Initiative

*Leveraging Purchaser  
Standards to Improve  
Performance*

*Presentation to VBCH Members  
Dennis White, NBCH  
March 15, 2007*

# Discussion Topics

- NBCH
- Member Initiatives
- Some Relevant Recent Events
- **eValue8** Initiative
- **eValue8** Stakeholder Benefits
- **eValue8** Components
- Q & A

# NBCH

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

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



# NBCH

## *Products and Services:*

- *eValue8*
- BTE Initiative
- Leapfrog Regional Roll Outs
- PBM Preferred Vendor Program
- Asheville Model
- College for Advanced Management of Health Benefits

# Member Initiatives

- Community Collaboration
  - Inter Plan
    - Physician performance measurement and reporting
    - Pay for Performance
  - AQA, HQA, Charter Communities
  - Disease-specific
    - Diabetes
    - Cardiovascular (including CICV)
  - Health Information Technology
- Provider Performance Reporting
  - Hospital – Leapfrog Plus
  - Physician
- Data Aggregation
- PPO Formation & Ownership
- Other Group purchasing (Rx)

# Some Relevant Recent Events

- Growth in public-private collaboration
  - Statements by Leavitt & McClellan
  - Current public-private collaborative forums
    - NQF
    - P4P, AQA, HQA pilots
    - Coalition-specific (NYBGH, BHCAG, PBGH)
- President's Executive Order (Aug 22)
  - Commits federal government to principles of value-based purchasing
    - Support Health Information Technology
    - Provide Quality Information
    - Provide Price Information
    - Promote quality and efficiency

# Some Relevant Recent Events

- President's EO: Private Sector Parallel
  - Statement of commitment for Fortune 500
  - Toolkit
    - Commitment letter
    - FAQ
    - Health plan contract language
    - **RFI core questions**
  - Corporate contact and rollout strategy

# What is eValue8?

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

*...enabling purchasers to think globally, act locally*

# What does eValue8 Do?

- Align purchaser standards and expectations
  - Increase the signal strength for desirable plan capabilities and investments
  - Reduce the chaos of hundreds of purchaser requests for information
- Captures plan performance against evidence-based processes
- Benchmark regional and national plan performance
- For purchasers
  - Plan selection beyond price and network; defensible in the Board room
  - Basis for employee incentives (payroll contributions)
  - Basis for year-over-year improvements for selected plans
- Highly interactive placing plans face-to-face with largest customers
  - Coalition led
  - Verified responses
  - Site visits with multiple purchasers discussing strengths and weaknesses
  - Follow-up to track progress
- Provide a data repository of benchmarking data for over 300 health plans nationally
- Provide employee decision tools and guidance
- Provide community-wide forum for plan improvement

# eValue8 Users: Coalitions

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



# eValue8 Users: Employers

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

# Participating Health Plans

- Aetna
- CIGNA Healthcare
- United Healthcare
- Humana
- Blue Cross Blue Shield
- Kaiser
- Regional health plans
  
- *Almost 300 health plans assessed nationally, 100 verified through coalitions*

# eValue8 Stakeholder Benefits

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

# *eValue8* Stakeholder Benefits

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

# *eValue8* Stakeholder Benefits

- Purchasers
  - Consistency in health plan assessment between markets
  - Evidence-based, defensible common performance expectations
  - Basis for performance guarantees, contract monitoring
  - Basis for beneficiary incentives
  - Impetus for community-based improvement
  - Comparative plan data within and across markets

# Contributing Organizations

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

# eValue8 Content

- **Clinical Sections**

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

- **Non-Clinical Sections**

- Consumer Engagement
- Provider Measurement
- Plan Profile (Accreditation, HDHP)

# Plan Profile

- Health plan accreditation
- Purchaser reports and utilization tools
- Cost trends
- EO: Health Information Technology
- High Deductible Plan Management
- Innovations

# Consumer Engagement

- EO: Availability of physician and hospital performance and safety information (**transparency**)
- EO: Medical cost **transparency**
- **Interactive clinical decision support tools**
- HIT & **Personal Health Records**
- Member claims management and financial accountability
- Pharmaceutical management
- CAHPS measures

# Best Practices: Personal Health Record

PAMFOnline

**PAMFOnline**  
Your Direct Connection to Personalized Health Care

Palo Alto Medical Foundation  
A Sutter Health Affiliate

4/28/2005- Welcome, Emily My Chart. (\*\*DEMONSTRATION\*\*) [back](#) [home](#) [log out](#) [help](#) [Exit Demo](#)

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

**Prescriptions**  
[Renew](#)

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

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

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

**Change/Update**  
[Address](#)  
[Personal Preferences](#)  
[Password](#)

The data for the result components that you selected are displayed below. Adjust the date range to display more or less data. Enter the dates in the format of mm/dd/yy or you can use "t" or "T" to specify today's date (t-1 to specify yesterday, etc). Use the Chart, Line Graph and Bar Graph buttons to see different views of the data.

Select data to view:  10 most recent values  
 Values from 9/7/2004 to 12/6/2004

Date	LDL cholesterol (mg/dL)
6/9/04	160.00
11/30/04	95.00

Built using ChartFX Development/Test version

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# Provider Measurement

- **EO: Community Collaboration**
- EO: Performance measurement and feedback
  - Physician
  - Medical group
  - Hospital
- Leapfrog performance
- EO: Differentiation and incentives
  - Lump sum payment
  - Tiered payment arrangements
  - Plan design incentives
- EO: Health Information Technology
- Centers of excellence

# Best Practices: Practitioner Performance

Comparative Performance - Microsoft Internet Explorer

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

HealthPartners Primary Clinic

### Clinical Quality Measures Optimal Care for Heart Disease

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

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

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

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

Contact Us

CareSystemDetailPage

8:08 AM

# Pharmaceutical Management

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

# Prevention and Health Promotion

- Worksite wellness
- Risk factor education
- Health risk assessments
- Cancer screening
- Immunizations
- Prevention and treatment of tobacco use
- Obstetrics and maternity
- **Obesity**
  - Member support programs available
  - Practitioner support
  - Member education and identification

# Chronic Disease Management

- Member identification
  - Member support
    - Interventions used
    - Participation rate
    - Coordination of care
    - Integration of information
  - Practitioner support
    - Comparative and member-specific data
  - Performance measurement
    - HEDIS indicators
    - Non-HEDIS measures (clinical and satisfaction)
- *Basis for CDM is Wagner Chronic Care Model*

# Chronic Disease Management

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

# Chronic Disease Management

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

# Behavioral Health

- Manage Points of Breakdown (after-hour crisis, ER)
- Depression management
- Alcohol screening
- Member support (depression only)
- Clinical guidelines
- Practitioner support
- Performance results
  - HEDIS indicators
  - Non-HEDIS measures and satisfaction

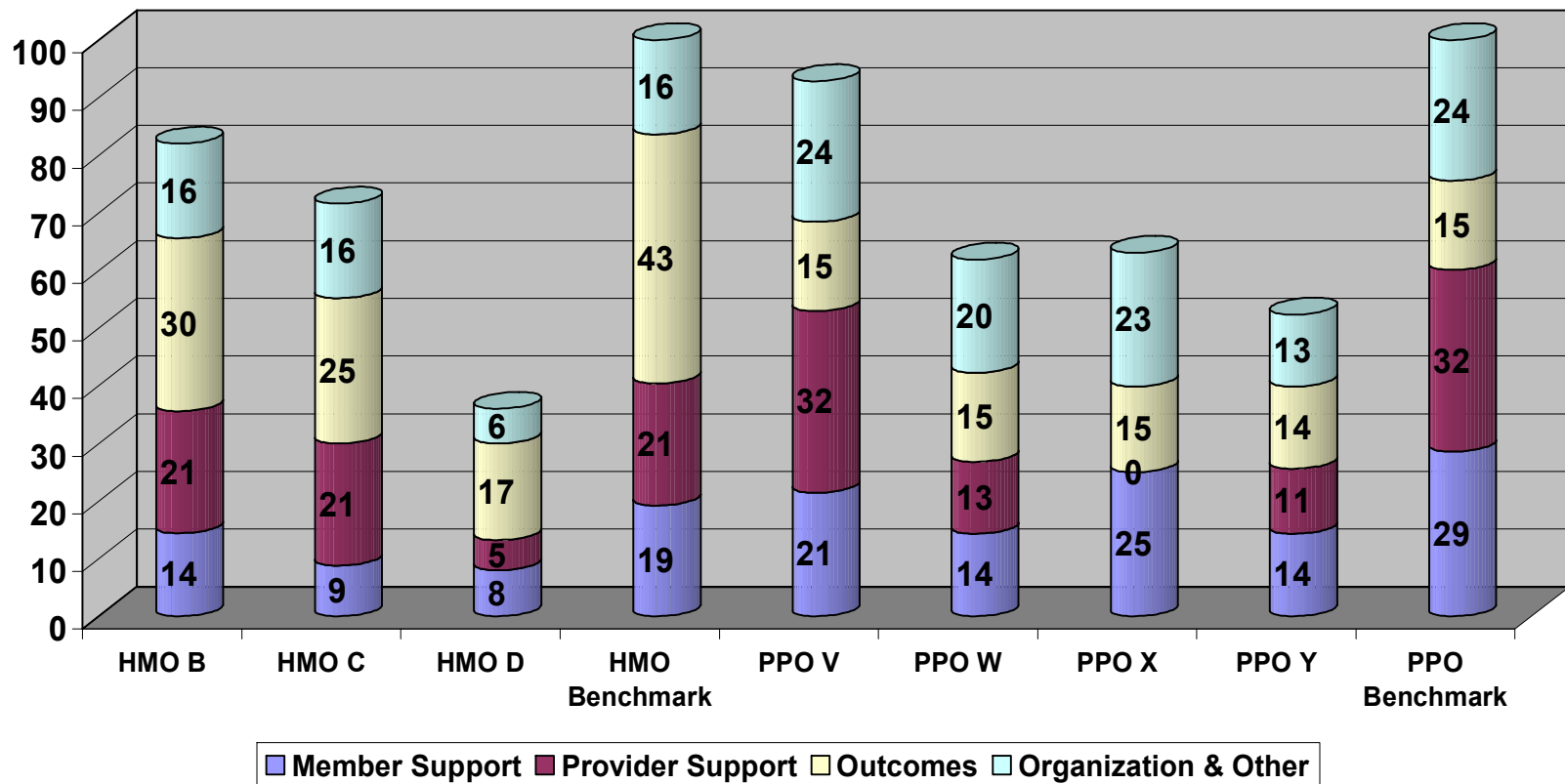
# Timetable and Deliverables

- Process and timetable

- Release RFI & Performance Expectations December
- Plan Q&A conference calls Dec - February
- Plan response submissions February
- Response analysis and scoring March – April
- Plan site visits April - May
- Final plan performance reports May, June
- Process Improvement July – Dec
- RFI & Performance Expectation revision Sept – Dec

# Sample Comparative Chart: CDM

## 2005 eValue8 Results Chronic Disease Management



# Michigan Consumer Guide

## QUALITY MEASURES

	NCQA ACCREDITATION STATUS	DOCTOR COMMUNICATION & SERVICE	ACCESS & SERVICE	STAYING HEALTHY	GETTING BETTER & LIVING WITH ILLNESS
	An independent group of health professionals — the National Committee for Quality Assurance (NCQA) — developed quality standards and ways to measure the quality of HMOs. NCQA accreditation applies to HMOs and is considered to be one measure of the health plan's performance.	Measures how well the plan's doctors communicate, whether service in the doctor's office is courteous and helpful, and how patients rate the overall care they receive from their personal doctor and specialists.	Measures how easy it is for patients to get the care they need quickly, and how helpful and informative the plan's customer service functions are and how well complaints are handled.	Measures how well the health plan helps people avoid illness through preventive care, reduction in health risks and early detection of serious illnesses.	Measures how well the health plan helps people recover when they're sick or injured and how well it helps the quality-of-life of people with chronic conditions (such as diabetes or heart disease).
Etna US Healthcare	<b>Not Accredited</b>	★★	★★	★	★★
Blue Care Network	<b>Excellent</b>	★★★	★★★	★★★	★★★
Care Choices	<b>Excellent</b>	★★★	★★★	★★★★	★★★★★
Grand Valley Health Plan	<b>Excellent</b>	★★★	★★★★★	★	★★★★★
Health Alliance Plan	<b>Excellent</b>	★★★	★★★	★★★	★★★★★
Health Plus of Michigan	<b>Excellent</b>	★★★★	★★★★★	★★★★★	★★★★★
M-Care	<b>Excellent</b>	★★★	★★★	★★★★★	★★★★★
OmniCare Health Plan	<b>Accredited</b>	★	★★	★	★
Paramount	<b>Excellent</b>	★★★	★★★★	★★★	★★
Physicians Health Plan - Mid MI	<b>Excellent</b>	★★★	★★★★	★★★★★	★★★★★
Physicians Health Plan - South MI	<b>Not Accredited</b>	★★★★	★★★	★★★	★★★
Physicians Health Plan - Southwest MI	<b>Not Accredited</b>	★★★	★★★	★★★	★★★
Priority Health	<b>Excellent</b>	★★★★	★★★★	★★★★★	★★★★
The Wellness Plan	<b>Accredited</b>	★	★	★	★★★
Total Health Plan	<b>Not Accredited</b>	★★★	★★★	★	★★

MICHIGAN PARTICIPATING HMOs

# Strengths & Opportunities

XYZ HMO - Consumer Engagement						
2006 NBCH eValue8 RFI Strengths & Opportunities						
Section	Section Name	Scoring Description	Max Points	Plan Score	%	Comments
	<b>Consumer Engagement</b>	This module specifically addresses how the Plan provides consumers with support and what mechanisms are used to foster a high level of consumer engagement by the use of tools, interventions, and strategies that purchasers believe should be widely and routinely available.	100	78	78%	
2	Practitioner Information	Although most Plans make a web-based practitioner directory available to members, the credibility and depth of the data varies tremendously. To support greater consistency and accuracy, the Plan is encouraged to work closely with the recommendations of the NCQA consensus panel on electronic physician directories. Maximum directory credit is awarded for information that is searchable, detailed, well-explained and audited. Another important component of access is the availability of practitioner performance information.	18	17.5	97%	The Plan indicated that its provider directory provides all of the information listed except acceptance of new patients, disciplinary action and mortality rates. Many of the elements are searchable. Attachment Consumer 1 provided displays of physician performance information available including satisfaction survey results, HEDIS results, non-HEDIS results for specific conditions and relative cost profile.

## ***What eValue8 is NOT***

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

# Conclusion

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

# Conclusion: Closing the Quality Gap

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

# Questions, Discussion

Further Information

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