

**eValue8 Meeting**

**March 14, 2008**



**VIRGINIA BUSINESS  
COALITION ON HEALTH**

# PROPOSED DIALOGUE [AGENDA]

## *the Who, Why, What and How*

- **Who** is VBCH, the eValue8 User's Committee, Wellpoint, Sentara, & Cigna?
- **Why** is action needed now, a partnership necessary, and eValue8 useful to our effort?
- **What** are the
  - *outcomes sought by VBCH Employers, Wellpoint, Sentara, Cigna and all of us,*
  - *eValue8 results telling us, and*
- **How** should we use the current and future eValue8 results to develop a credible and actionable plan and then measure and report progress to the outcomes we seek?

## Who - The eValue8 Users Committee

### *The User's Committee:*

- *is comprised of five large employer-members who provided funding for the eValue8 process, three private and two public:*
  - *Landmark Communications,*
  - *Phillip Morris,*
  - *Norfolk Southern Corporation,*
  - *City of Virginia Beach, and*
  - *City of Chesapeake,*
- *represents all VBCH employers who seek cost-effective, safe, high-quality healthcare to maintain a healthy and productive work force and to deliver expected value to our stakeholders.*

## Why is our partnership necessary?

Four major components of the health care table:

1. Purchasers (employers)
2. Patients (employees and dependents on the plan)
3. Providers (physicians, hospitals, providers of care, pharmacy/drug)
4. Plan (insurance companies, TPA's)

## Why is our partnership necessary?

- Purchasers can have a more direct influence on patients and Plans can have a more direct influence on providers.
- Working together provides an opportunity to increase
  - Consumerism in patients
  - Patient compliance with chronic disease management
  - Practitioners compliance with best practices
  - Screenings

## Why is eValue8 useful to our joint efforts?

- *eValue8 is a measurement tool - measurement is essential to any quality improvement process.*
- *eValue8 is credible - developed in consultation w/national multi-disciplined expertise, well tested and professionally analyzed.*
- *eValue8 is cost-effective – replication, simplification*
- *eValue8 is consistent – same language and assessment for all stakeholders over time*
- *eValue8 is comprehensive – covers the complete set of opportunities and challenges of healthcare.*

# Why is eValue8 useful to our joint efforts?

## eVALUE8 is Comprehensive

- *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)*

## Why is eValue8 useful to our joint efforts?

*Employers believe eValue8\* can help us:*

- *align and communicate our expectations*
- *understand how quality performance can be assessed*
- *benchmark how our health plans are achieving against each other and nationally*
- *access data of other health plans*
- *developing community improvement objectives*
- *facilitate evaluation of the complex quality components of bid proposals*
- *guide for non-administrative/non-financial performance guarantees*

## Why is eValue8 useful to our joint efforts?

*Employers believe some of the benefits are:*

- *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*

## What are the outcomes we seek?

*Employers believe care will be improved and costs decreased*

- *better use of systems and information to support care*
- *increased plan collaboration on global initiatives (HIT, Provider rewards)*
- *increased member information to support provider selection and care decisions*
- *Increased care value transparency ( provider cost & quality)*
- *Quality-based provider payment, reward and recognition*

## *How should we use the current and future eValue8 results?*

- Begin the dialogue
  - Healthcare is not the employers' core competency.
  - Complexity and comprehensive nature of the eValue8 results requires a targeted action plan.
- Identify what employers and plans can do together to effect current eValue8 results
  - Propose to use the results to identify a handful of measurable and manageable improvement objectives

## Employer's Proposed Improvement Objectives

1. Improving diabetes identification and care
2. Improving HEDIS results with emphasis on
  1. cancer screenings
  2. comprehensive diabetes care
  3. high blood pressure management
3. Improving Leapfrog participation rates
4. Improving immunization rates
5. Increasing collaboration of Plans to enable HIT interoperability standards

# Objective #1: Improve Diabetes Id and Care

**Comprehensive Diabetes Care:** “Purchasers expect improvement in screening and monitoring programs with proactive intervention with members and practitioners.”

- Diabetic Retinal Exam
- HbA1c Testing
- LDL-C Screening
- Nephropathy Testing

Improvement needed in monitoring of targeted population, communication with practitioners and population, consistent follow-up, support and reporting

## **Objective #2: Improve HEDIS Results**

*Improving HEDIS results with emphasis on:*

- *cancer screenings*
- *comprehensive diabetes care*
- *high blood pressure management*

## Objective #2: Improve HEDIS Results

***High Blood Pressure Management:*** “Purchasers expect improvement in hypertension screening, monitoring and counseling programs with proactive intervention with members and practitioners.”

- ***Healthy Diet Counseling***
- ***Lipid Screening, Counseling and treatment***

## **Objective #3: Improving Leapfrog Participation**

*The Leapfrog Group – VBCH is Regional Roll-out Leader for Virginia since 2003*

- *Hospital Quality & Safety Survey 2007*
  - *4 Years of data in Virginia on:*
    - *Leap 1: Computerized Physician Order Entry (CPOE)*
    - *Leap 2: ICU Staffing of “Intensivists”*
    - *Leap 3: High Risk Treatments*
    - *Leap 4: NQF Safe Practices Score*
  - *Newest Data: Adherence to Never Events Practices*
  - *Transparency:*
    - *30 of 57 Urban Hospitals are “Transparent”*
    - *6 of 31 Rural Hospitals are “Transparent”*

## **Objective #4: Improve Immunization Rates (Children, Adolescent, and Adult)**

- Childhood Immunizations: Currently more than 20% of 2 year olds within the United States and 14% in Virginia are still missing one or more recommended immunizations. This is one of the safest and most effective ways to protect children from a variety of potentially serious childhood diseases.*
- Adolescent Immunizations: Measure estimates the % of enrolled adolescents who turn 13 years old and who had a second MMR, three hepatitis B and one V2V vaccination by their 13<sup>th</sup> birthday.*
- Adult Immunizations-Flu Shot: Measure estimates the percentage of members 50 years of age and older who receive an influenza vaccination during the most recent flu season.*

## **Objective #5: Increase collaboration to enable HIT interoperability standards**

- *Use of HIPAA- compliant or standardized data formats and the integration of the data.*
- *Collaborative activities related to health information networks with stakeholder access to clinical data, inter-plan eligibility management by providers*
- *Indicate HIT applications or tools used for the purposes of improving quality and engaging consumers.*
- *Are there financial, in-kind, or other incentive provided to practitioners to promote their use of standards-based, interoperable IT tools?*

# *Questions after today contact:*

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**Barbara Wallace, EdD, Pres. & CEO  
Virginia Business Coalition on Health**

**Phone: 757.552.0913**

**[bwallace@myvbch.org](mailto:bwallace@myvbch.org)**