

---

# EValue8 Quality Improvement Process: What Makes This "RFI" Different?

---

## Credibility/Stability

A very credible group of experienced purchasers designed the RFI to answer real-world questions that directly relate to health plan quality in terms of purchasers challenges, including high-cost drivers.

### Origin: V8 Group

*Buyers Health Care Action Group (MN)*  
*Central Florida Healthcare Coalition*  
*Gateway Purchasers for Health (St. Louis)*  
*Colorado Business Group on Health (Denver)*  
*Greater Detroit Area Health Council (Detroit)*  
*Health Policy Corporation of Iowa (Des Moines)*  
*Midwest Business Group on Health (Chicago)*  
*Pacific Business Group on Health (San Francisco)*  
*General Motors Corporation*

Over the past 6 years, the RFI has been repeatedly tested, critiqued, and refined by designers, users, and health plan respondents to produce a product that produces state of the art usable information.

### Additional National Users:

*Maryland Health Care Coalition*  
*Hawaii Business Health Council*  
*New York Business Group on Health*  
*Buyers Health Care Action Group*  
*Pitney Bowes*  
*3M*  
*American Express*  
*TIAA-CREF*

The growth of eValue8 is evidence of its practicality and quality. The tremendous clout exerted by this National Coalition of users influences Plans to supply the most extensive and accurate data possible. Positioning within the National Business Coalition on Health assures the stability of eValue8 and encourages Plans to develop

the infrastructure to meet the needs of eValue8 users.

### Local Users:

*Marriott International*  
*Constellation Energy Group*  
*Millennium Chemicals*  
*Erickson Retirement Homes*  
*Public Purchaser Task Force*  
*McCormick and Company, Inc.*  
*Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County, Montgomery County, Prince Georges County;*  
*Schools: Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County, Prince Georges County*

Local Clout gives us attention and response from Plans. (See list of Plan Site Visit attendees). Current users can act as references to the usability and quality of the RFI and its process. Over 90,000 active employees are covered by the Health Plan respondents. This clout also gives MHCC eValue8 purchasers the dominant voice in the regional healthcare system.

For 2004, the eValue8 RFI will include approximately 95 Health Plans across the country. This size obviously serves National Employers by supplying information on a large number of Plans. Perhaps more importantly, the data provides a national Benchmarking system that allows us to identify "Best in Class" performers to teach the way, and a comparison that shows exactly how our local plans stack up: to each other, and to the other 94 plans in the database.

Each year, the national Business coalition on Health conducts an intense central scoring training meeting. Scorers agree on performance levels, and conduct cross-scoring exercises to ensure that scores are fair and consistent.

Expert consultants ensure that the questions are important, realistic, and valid to judge both current performance and the impact of future improvements. The RFI content is extremely detailed and superior to other RFIs. Another important feature is the fact that the content is based on Purchaser Expectations. Because eValue8 originated in the Purchaser community, the questions are not based on public health or academic interests, but real, concrete cost drivers for purchasers.

**Expert Advisors:**  
National Committee on Quality Assurance (NCQA)  
Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)  
Centers for Medicare and Medicaid (CMS)  
Substance Abuse and Mental Health Service Administration (SAMHSA)  
American Diabetes Association  
American Cancer Society

Where appropriate, responses require real-world examples as documentation. Documentation ensures reliability of responses. For example, when plans respond that they supply quarterly patient-specific performance feedback to their physicians, they must submit actual blinded copies of the reports in question.

National Data Bank

Content

Documentation

## Data Collection

The instrument investigates areas with proven impact in plan administration, customer satisfaction, cost control, and health management.

### Areas Covered by eValue8

1. HMO/POS Plan Profile
2. HMO/POS Plan Administration
3. Screening and Treatment of Alcohol Use Disorders
4. Colorectal Cancer Screening
5. Asthma Management Program
6. Cardiovascular Disease Prevention and Management
7. Depression Disease Management
8. Diabetes Management Program
9. Patient Safety

There are other unique features to this process:

#### 1 **Electronic Collection**

The Web-based format makes it easier for plans to respond, improves the objectivity of the scoring, and facilitates data accumulation and analysis.

#### 2 **Reduction in Plan Clutter**

Along with reducing the clutter in performance expectations for Health Plans, the consolidated RFI reduces the number of RFIs plans must respond to, saving them resources.

#### 3 ***Power of a Consolidated Voice***

Because the RFI is issued by the Maryland Health Care Coalition, Purchasers save valuable internal resources that would formerly been engaged to oversee or implement the process. They are also able to demand attention to detail that no on purchaser could command.

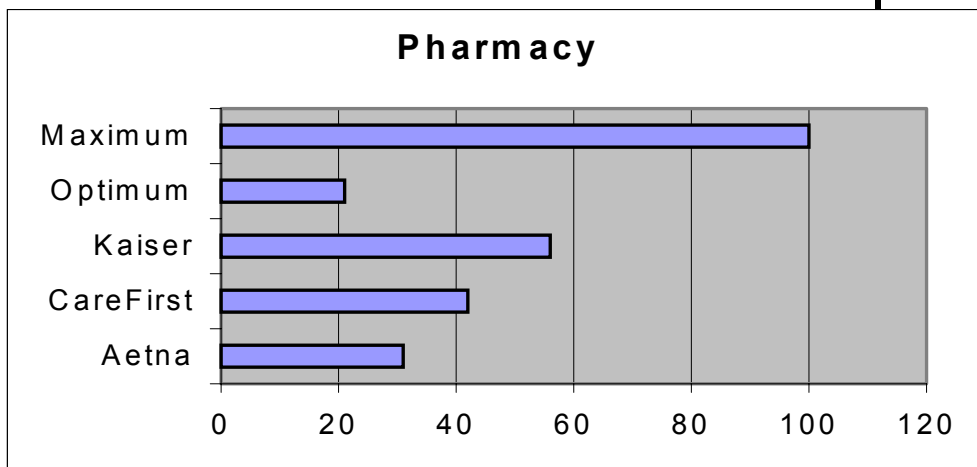
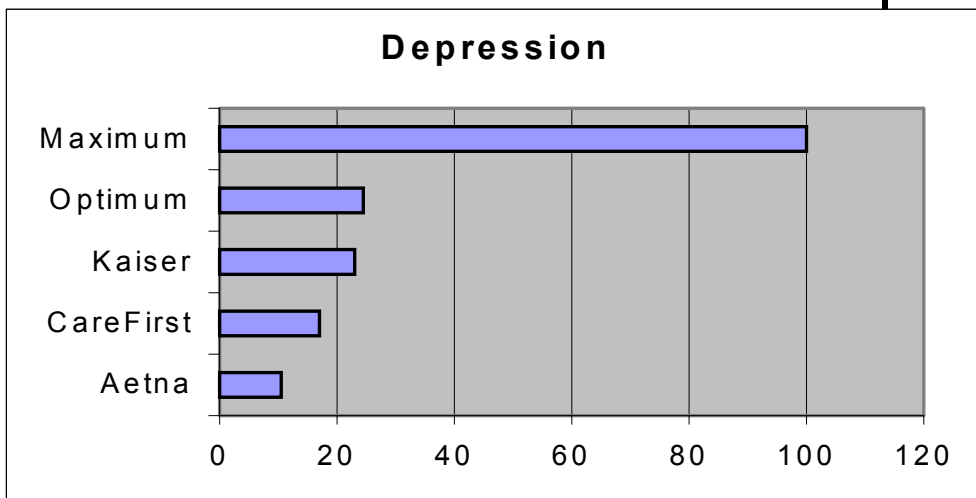
---

## The Real Difference: Quality Improvement

---

Purchasers attend evaluation meetings in May-June each year. In those meetings, the plans' own scores, with reasons for the scores, are shared and discussed with the plans on a detailed basis. Aggregate, blinded comparisons with other local Health Plans and National Benchmarks are also shared, for purposes of comparison and discussion. Below are sample scores from the 2003 eValue8 process:

### Evaluation Meetings



## Goal-Setting Meetings

Scoring and comments are provided by the Maryland Health Care Coalition, with input from Purchaser participants. It's important that we meet with those who can implement change, so we require attendance by Health Plan Medical Directors, Pharmacy Directors, Quality Improvement Directors, Behavioral Health Directors, and other senior clinical decision-makers. (See 2003 Attendance.)

About 60 days after the scoring discussions, Purchasers will meet with Health Plans to set goals for improvement. The MHCC prescribed Goals are selected from MHCC recommendations, and suggestions from purchaser participants. In addition to Goals prescribed by MHCC, plans are required to present 1-4 self-directed goals, complete with timeframes and criteria for success. Goals are related to high-cost health drivers, and innovative projects.

In 2003, the plans were asked to address four general areas:

- Provider Compliance with Cardiovascular Guidelines
- Provider Differentiation and Incentive
- Aggregate Diabetes Data
- Patient Safety/Leapfrog

In addition to these common goal areas, the plans submitted their own goals in areas such as Cultural Sensivity/Diversity, Alcohol Screening and Referral, Depression Management, and others. (See Sample 2003 Goals\*)

## Results

As a result of the 2003 eValue8 process, the 4 dominant plans in our region are working together on two projects:

- 1 Improve practitioner compliance with Cardiovascular Guidelines.  
The plans convened a planning forum in the first week of May with co-sponsors including the American Heart Association, the DC Department of Health, the DC Medical Society, the Delmarva Foundation for Medical Care, and the Maryland Hospital Association. (See 2004 Cardio Attendance.) The Forum will produce Common Regional Guidelines, tools to aid providers in following guidelines, as well as tools and data to help them achieve the guideline goals. ***Cardiovascular disease and its complications are the highest medical cost category for almost all employers. Improving evidence-based care saves money.***

## 2 Regional Diabetes Registry

The plans have initiated conversations with the Maryland Health Care Commission to use currently submitted data to provide aggregate performance reports to physicians in this region. This is a first step to differentiating providers for incentive purposes, and even to creating a state-wide diabetes registry. **Potentially avoidable diabetic hospitalizations for amputation, nephropathy, and ketoacidosis cost \$65 million in Maryland last year. Without data, quality will not improve.**

Here are a few of the plans' individual goals:

- Aetna is initiating "Quality Interactions", a patient based training on cross-cultural care, with their own employees. The program should be 75% completed in the first quarter of 2004. **When employees can communicate effectively with the plan, they get better results, and you save time.**
- CareFirst is performing a feasibility study for having a single performance based reimbursement program for PCPs and specialists. Recommendations should be ready by July of 2004. **When healthcare providers are rewarded for superior performance, healthcare improves.**
- Kaiser Permanente is developing decision support in their new electronic medical record emphasizing treatment in accordance with cardiovascular guidelines. The metrics for success will be % LDL tested, % LDL in control, and % Hypertension in control. The program will be implemented by July 2004. **The savings related to controlling cholesterol and blood pressure is well-documented. Electronic Medical Records are crucial to improving these, and many other health conditions.**
- Optimum choice is implementing an alcohol screening guideline and education program. **Between 20 and 37 percent of all emergency room trauma cases involve alcohol use, and between 20 and 25 percent of all persons hospitalized with an injury have identifiable problem drinking or alcoholism. Detecting and reducing alcoholism significantly reduces cost.**

For 2004, MHCC is looking forward to setting additional goals for improvement, and improving the level of accountability.

Cost

Because the web infrastructure is shared by members of 16 Coalitions and major National Purchasers, the cost to participate in the MHCC eValue8 process is only \$6000. First time participants enjoy a 25% discount, for a cost of \$4500. Contracting individually with a consulting firm would cost over 10 times as much.

To participate, complete the form in this packet, and return to:

John R. Miller  
Executive Director  
Maryland Health Care Coalition  
PO Box 0866  
Greenbelt, Maryland 20768  
301-552-4237

## 2003 Managed Care Site Visit Attendance

### **Optimum Choice Attendees:**

Susan Goff, Executive Vice President Sales  
Vera Dvorak, MD, Executive Vice President and Medical Director  
Sally Duran, Senior Vice President Quality Improvement  
Susan Sullivan, Vice President, Sales  
Linda Crandall, Senior Director, Sales  
**RITA LINDIE, DIRECTOR CLINICAL INFORMATION**  
Katie Doyle, Manager, Account Management  
Melissa Wessells, Manager QI Compliance  
Henry Photangtham, Manager RFP Sales  
Beth Sammis, Senior Vice President Corporate Communications  
Joyce Trzoniec, Director Medical Affairs, Behavioral Health

### **CareFirst Attendees:**

Bernie Blain: Special Project Manger  
Kathy Kain Childs, RN: Tactical Manager, QI  
T. A. Dadisman, MD: Medical Director, Preventive Medicine and Health Promotion  
Bruce Edwards: Vice President, Networks Management  
Julie Fisher: Information, Management & Analysis Manger  
Donna Gunning, RN: Manager Disease Management Programs & QI Initiatives  
Virginia Lee, RN: Operations Manager, Pharmacy Management  
Tricia Lehmann: Account Manager Major Accounts  
Charles Medani, MD: Medical Director  
Ann Pederson: Account Manager  
Aliza Rothenberg: Director, Strategic Marketing and Analysis  
Karen Schueler: Marketing Project Manager  
Jean Sloan: Sr. Sales Proposal Coordinator  
Elizabeth Stanton, MD: Medical Director, Mgellan Behavioral Health  
Winston Wong, Pharm D: Director of Pharmacy  
Kim Zellers: Sales Proposal Development Manager

### **Kaiser Attendees:**

Larry Oates, MD Acting Medical Director  
Kay Lewis, Vice President, Quality Resource Management  
Brenda Conyers-Sorrell, Director, Behavioral Health  
Kathleen Fierros, Manager, Technical Support, Provider Contracting  
Connie Bushnell, Operations Manager, Membership Services  
Katey Lazarchik, Information Technology  
Stacey Shapiro, Director, Regional Self-Care & Prevention  
Sue Krause, Senior Director, Behavioral Health  
Eileen Hagan, Senior Director, Disease Management  
Alan Friedman, Director, Pharmacy Communications & Professional Affairs  
Bonita Sherman, Senior Account Manager  
Ann Roderick, Director, Account Management  
Arpana Mathur, Proposal Management  
Ann Irving, Patient Safety Officer  
Cindy Holmes, Senior Director, MEIG, Quality & Management  
Burley Johnson, Senior Account Manager

### **Aetna Attendees:**

Richard Fornadel, M.D., Medical Director  
Sam Freeman- Sales VP, National Accounts  
Teresa Gotimer, Business Development Director- National Accounts  
Virginia P. Johnson, Quality Manager-Behavioral Health  
Tom King, Sales Support Manager  
Patricia Mueller, Regional Medical Director  
Michael Reardon, Head of Member Advantage Program  
Richard Reitz, Pharmacy Service Manager  
Carol Rosebrook, Account Executive  
Scott Stauffer, Sales Support Manager

## Sample Action Plan to Address Maryland Health Care Coalition Priorities

<b>Coalition Goals</b>			
<b>Cardiovascular Guideline Compliance</b>			
<b>Action Steps</b>	<b>Time Frame</b>	<b>Measurement Metric</b>	<b>Goal</b>
Develop common practice guideline	4Q2004	Guideline developed	Completion within time frame
Promote assessment of pediatric risk	1Q2004	Practitioner newsletter article	Completion within time frame
Add cardiovascular screening to pediatric guideline	2Q2004	Guideline revised	Completion within time frame
Audit medical records for cholesterol, BP screening	4Q2003	Baseline performance measured	Completion within time frame
Promote web-based risk calculator	1Q2004	Member newsletter article	Completion within time frame
Measure impact of programs	4Q2005	Screening rates	TBD based on baseline measures
<b>Using Data to Differentiate and Reward Providers</b>			
<b>Action Steps</b>	<b>Time Frame</b>	<b>Measurement Metric</b>	<b>Goal</b>
Assess feasibility of high performance network and other approaches to provider selection for network participation	1Q2004	Feasibility assessed; recommendation made	Completion within time frame
Explore feasibility of extending performance based reimbursement programs to regional PPO network	2Q2004	Feasibility assessed; recommendation made	Completion within time frame
Explore feasibility of having a single performance based reimbursement program for PCPs and specialists	2Q2004	Feasibility assessed; recommendation made	Completion within time frame
Assess and improve report card program based on feedback from pilot	2Q2004	Enhancement implemented	Implementation 7/1/04
Add new measures to Specialist Variable Reimbursement Program	1Q2004	Measures included as part of 1Q2004 update to SVRP	Completion within time frame
<b>Consolidated Diabetes Registry</b>			
<b>Action Steps</b>	<b>Time Frame</b>	<b>Measurement Metric</b>	<b>Goal</b>
Promote CareFirst web-based patient tracking	1Q2004	Member newsletter article	Completion within time frame
Continue discussions with Plans, MHCC	2004	Documented meetings	Completion within time frame
<b>Leapfrog</b>			
<b>Action Steps</b>	<b>Time Frame</b>	<b>Measurement Metric</b>	<b>Goal</b>
Develop written patient safety strategy (including Leapfrog)	4Q2003	Documented strategy	Completion within time frame
Convene interested parties (MHCC, Plans)	4Q2003	Discussion initiated	Completion within time frame

**Sample Action Plan to Address Maryland Health Care Coalition Priorities**

**Plan Generated Goals**

**Plan Goal 1: Alcohol Screening**

<b>Action Steps</b>	<b>Time Frame</b>	<b>Measurement Metric</b>	<b>Goal</b>
Audit medical records for alcohol/drug screen	4Q2003	Baseline performance measured	Completion within time frame
Promote use of CAGE screening tool	1Q2004	Practitioner newsletter article	Completion within time frame
Revise preventive services guideline/screenings	2Q2004	Guideline approved	Completion within time frame
Measure impact of programs	2Q2005	Screening rates	TBD based on baseline measures

**Plan goal 2: Colorectal Cancer Screening**

**Action Steps**

<b>Action Steps</b>	<b>Time Frame</b>	<b>Measurement Metric</b>	<b>Goal</b>
Mail information/reminders to targeted members	2Q2004	Number of age-appropriate mailings	Mailing to 100% of targeted population
Promote awareness of screening needs	4Q2004	Member, physician newsletters	Completion within time frame
Measure impact of programs	2Q2005	Screening rates	TBD based on baseline measures

**Plan Goal 3: Depression**

**Action Steps**

<b>Action Steps</b>	<b>Time Frame</b>	<b>Measurement Metric</b>	<b>Goal</b>
Conduct physician focus groups on depression management	October 2003	Focus group report with recommendations	Completion within time frame
Audit medical records for depression screening and treatment	4Q2003	Baseline performance measured	Completion within time frame
Begin implementation of physician interventions (mailings, CME programs)	2Q2004	Numbers of mailings Number of CME programs	TBD based on baseline measures
Measure impact of programs	4Q2005	Screening rates	TBD based on baseline measures



