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

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### 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.

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

Local Clout gives us attention and response from Plans. Over 90,000 active employees are covered by the Health Plan respondents. This clout also gives MABGH eValue8 purchasers the dominant voice in the regional healthcare system.

### Partnership with the Maryland Health Care Commission

MHCC will be posting the eValue8 summary scores on the MHCC website, and issuing press releases and other support documents.

**HOWEVER, ONLY EVALUE8 PURCHASERS CAN PARTICIPATE IN SITE VISITS, AND VIEW COMPLETE EVALUE8 COMPARATIVE ANALYSIS! (For sample analysis, see page 8.)**

### Content

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.

#### Expert Advisors:

- |  |   |
|--|---|
| • Centers for Disease Control (CDC)                                  | • Joint Commission for the Accreditation of Health Care Organizations (JCAHO) |
| • Centers for Medicare and Medicaid Services (CMS)                   | • URAC  |
| • Substance Abuse and Mental Health Services Administration (SAMHSA) | • eHealthInitiative (eHI)   |
| • Agency for Healthcare Research and Quality (AHRQ)                  | • The Leapfrog Group  |
| • National Committee on Quality Assurance (NCQA)                     | • Pennsylvania State University   |
|  | • George Washington University  |

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.

## Documentation

## Data Collection

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

### Subjects Covered by eValue8

- Profile: Collaboration Accreditation/Disparities
- Consumer Engagement
- Provider Measurement
- Pharmaceutical Management
- Prevention & Health Promotion
- Chronic Disease Management
- Behavioral Health

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**

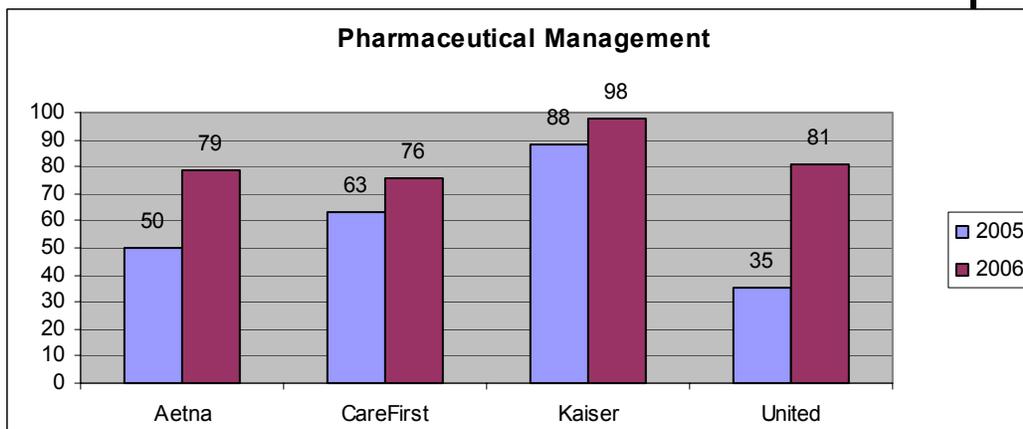
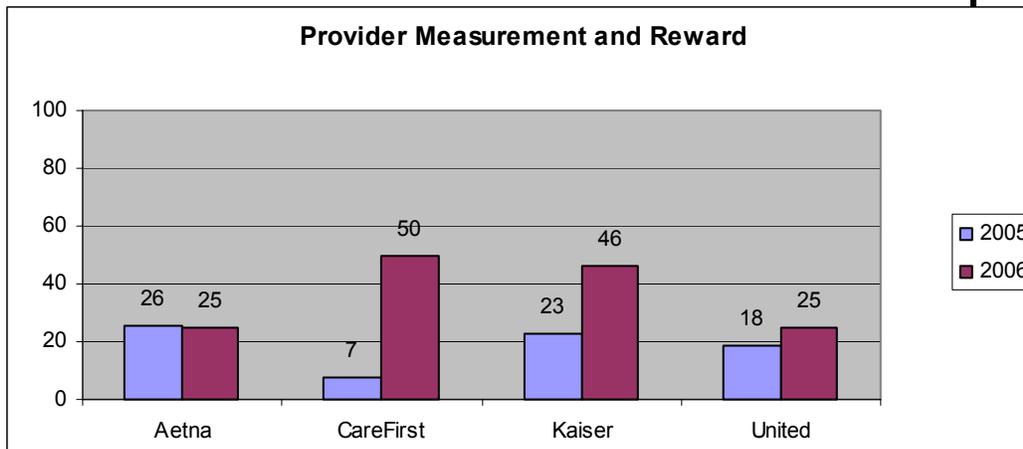
Because the RFI is issued by the MidAtlantic Business Group on Health, Purchasers save valuable internal resources that would formerly have been engaged to oversee or implement the process. They are also able to demand attention to detail that no one purchaser could command.

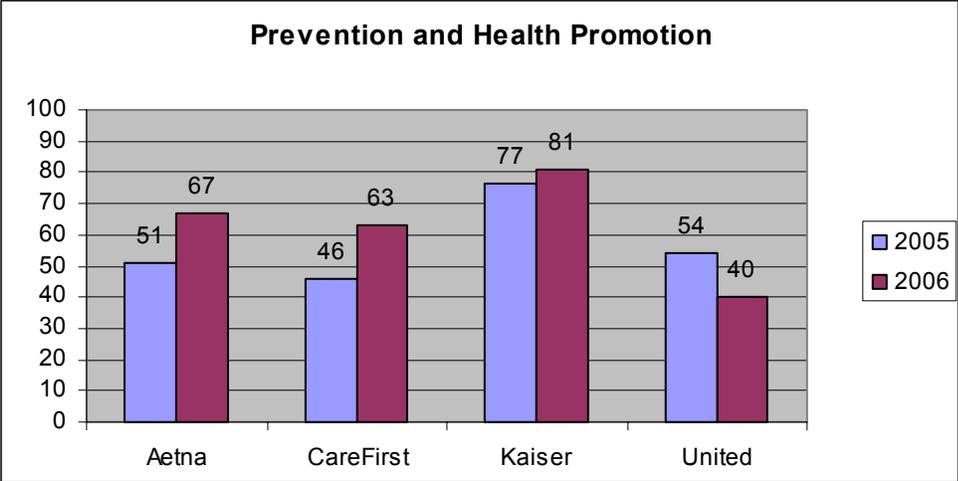
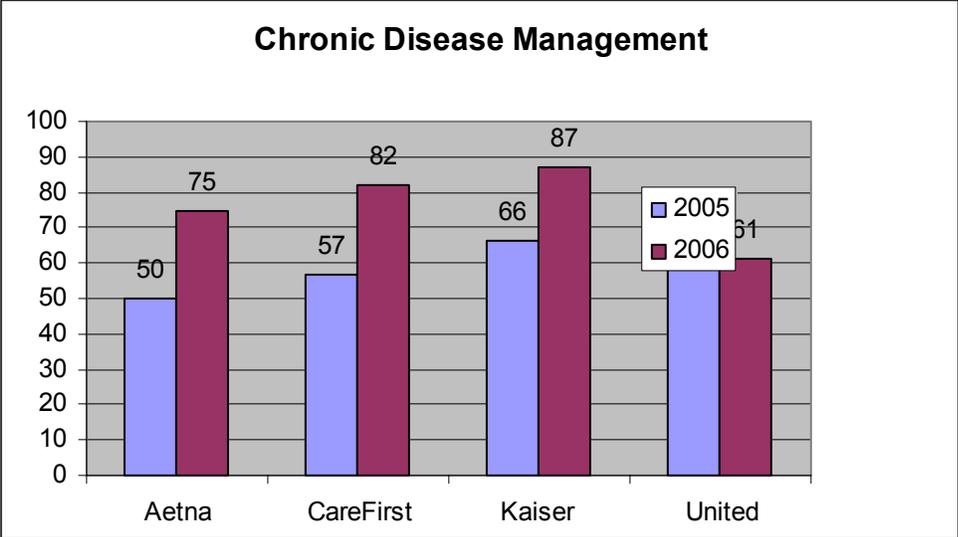
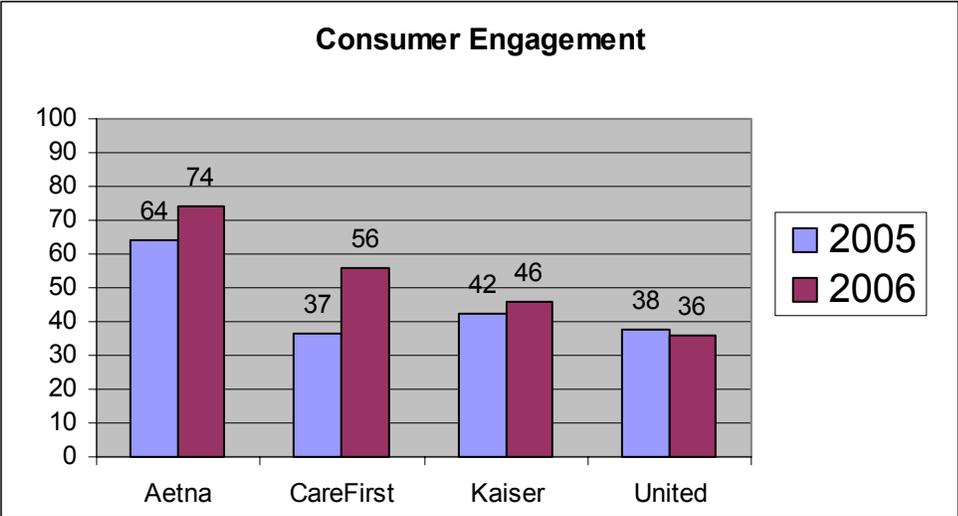
# The Real Difference: Quality Improvement

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 MidAtlantic scores from the 2005 eValue8 process:

Scoring and comments are provided by the MidAtlantic Business Group on Health, with input from Purchaser participants. It's important that we meet with those who can implement change, so MABGH requires attendance by Health Plan Medical Directors, Pharmacy Directors, Quality Improvement Directors, Behavioral Health Directors, and other senior clinical decision-makers.

## Evaluation Meetings





## Community Results

As a result of the eValue8 process, the 4 dominant plans in our region are working together in three areas:

1. Improve practitioner compliance with Cardiovascular Guidelines. Aetna has taken the lead in the area of improved compliance with Cardiovascular Guidelines. The plans will focus on the joint endorsement of a Hypertension Guideline, either promoting an existing external guideline, or “branding” a Regional Guideline, as in the Regional Diabetes Guideline.

***Cardiovascular disease and its complications are the highest medical cost category for almost all employers. Improving evidence-based care saves money.***

2. Provider Performance Differentiation and Reward CareFirst BlueCross BlueShield has taken the lead in working to Differentiate and Reward Providers high quality healthcare providers. From the guidelines being promoted above, and/or the existing Regional Diabetes Guidelines, the group will identify particular measures that will benefit all plans, and reward providers for superior performance with regard to those measures. ***CareFirst has committed over \$1.3 million to a pilot of the Bridges to Excellence Physician’s Office Link: the first health plan in the country to take this program on independently of employer sponsors. 82 Physicians 50,000 patients were certified in the first year. Automating Physician’s offices is fundamental to Management of chronic disease.***

***Subsequently, Aetna MidAtlantic has launched the Diabetes and Cardiovascular programs on their entire HMO book of business!***

3. Alcohol Screening and Referral Kaiser Permanente is taking the lead in working to identify and jointly promote a guideline, screening tool, and brief intervention, targeted in Emergency Rooms and Urgent Care Centers. The plans will provide training and materials to improve Health Provider comfort with using the screening tool and brief intervention, and referral when necessary.

***In the DC metropolitan area workforce alone, George Washington University researchers project that there are more than 250,000 workers who use alcohol in hazardous or dependent ways. An additional 350,000 family members of workers have serious alcohol problems. Approximately 35% of patients presenting in Trauma Centers have an***

***alcohol or substance abuse issue. This project will lay the foundation for a sustained employer and health plan effort to improve treatment access and cut unnecessary costs from failing to address this major public health problem.***

# Sample Analysis: Weight Management

## eValue8 Weight Management Scores and Analysis

Expectations	Max	Plan A	Plan B	Plan C	Plan D
Purchasers expect Plans to educate members on the health risks of obesity, identify and target members who can benefit from treatment, and track success results from program efforts. Credit recognizes member specific identification and support.	10.5	The Plan offers an obesity program that is plan wide and available to all commercial members. Some elements are provided as an employer option to purchase. The program targets children, adolescents and adults, but is not built into other disease management programs. Use of the NHLBI guidelines is recommended. Members are identified through self-referrals, HRA's, survey and DM nurse or case manager contact. Web and printed educational materials are provided as a standard product offering and other self-management tools, counseling and affinity programs are available as a buy-up option. Participation numbers are not tracked. Provider support is limited to the provision of a BMI calculator and easy access to plan policies and programs. Outcomes measures are tracked, including participation rates, percent change in BMI and a reduction in comorbidities.	The Plan uses a comprehensive set of sources to identify members in need of weight management support. Just under 5% of the population have been identified as obese. Of these members, 5% participated in the Plan's program. All interventions are included as a standard program offering. Educational materials, self-management support, group classes, family counseling and in-person nutritional counseling are provided to adults and children. Telephonic health coaching is available only for adults. Participation information was not reported for most interventions. Practitioners are supported through distribution of screening tools, identification of available programs for members, list of members identified as overweight and follow-up reports on patients who participated in a program for adolescents. The Plan tracks percent change in BMI, the percent of members losing a percentage of body weight and percent of obese members enrolled in the program. Longer term success in maintaining weight loss is not measured.	The Plan offers an obesity program to all members. It is opt-in for those members not being treated for obesity as part of a DM program, and opt-out for those being treated in conjunction with DM. The program targets adults, children and Hispanics and is built into other DM programs via both identification tools and interventions. The Plan recommends use of the NHLBI guidelines. Members are identified for the program by self-referral, HRA, and surveys or other DM information. Members are not identified by PCP referral or claims data. The Plan does not track the members identified as obese, although it did identify 453 members participating in the weight management program in December 2006. The Plan was able to identify number of participants for self-management support tools, telephonic coach, and in-person counseling. These are provided as standard benefits. Plan offers but does not track participation in affinity programs. Interventions not offered are benefit coverage of FDA drugs, group sessions or classes, and family counseling. Support to practitioners included	The Plan will offer an "opt-in" obesity program in 2007 that will be available as an employer option to purchase. Although credit could not be provided for 2006, the information below describes the program. The program targets adults and children and is connected to other DM programs via referral. The Plan recommends use of the NHLBI guidelines. Members are identified for the obesity program by PCP referral, self-referral, HRA, claims data, and DM program information. The Plan offers as an option to purchase self-management support tools telephonic coach, family counseling, in-person counseling, and affinity programs. Prescription weight loss drugs are not offered. Support to practitioners will include distribution of BMI calculators, CME credit, treatment guidelines, identification of available member support, list of obese members, periodic reports on program participants, and comparative performance reports. The Plan does not provide education about screening children. The Plan tracks percent change in BMI, percent members losing % of body weight, percent of obese members enrolled in programs, percent of members maintaining weight loss, reduction in comorbidities and ROI. Plan activities related to bariatric surgery include education, provider selection support, COE approach, mandatory pre-surgery counseling, mandatory wait-
			OPPORTUNITY -- Enhance outcome measurement and offer comparative performance reports to physicians.	OPPORTUNITY - Opportunities for improvement include stronger practitioner education and support, as well as tracking of outcomes measures related to obesity.	

**MidAtlantic Business Group on Health eValue8 RFI  
2009 eValue8 Statement of Intent**

This will confirm our intent to participate in the 2009 MidAtlantic Business Group on Health *eValue8* evaluation of MidAtlantic health plans staffed by MidAtlantic Business Group on Health in partnership with the National Business Coalition on Health, on behalf of participating purchasers and plans.

Purchasers use the results of the annual health plan evaluation process for a variety of purposes, including decision support for the selection of plans to offer employees, rate negotiations, employee incentives to select the best performing plans and providers, and the promotion of active dialogue and partnership with health plans in continuous quality improvements.

The cost of participating: \$995  
Member Price: \$745

As a MABGH eValue8 Partner, you can expect:

- The distribution and evaluation of a single Request for Information (RFI) document to United Healthcare, CareFirst BlueCross BlueShield, Kaiser Permanente, MidAtlantic, and Aetna, Inc., MidAtlantic.
- Health plan evaluation with weighted scored results, based upon performance expectations and metrics which identify financial and clinical best practices. These plan comparisons can be used in plan selection and premium negotiations.
- Plan specific Strengths and Opportunities for Improvements for use in plan purchaser dialogues promoting focused plan improvements and at each purchaser's option, performance guarantees.
- Opportunities for site visits and first hand investigation of plan performance and in depth dialogue with plans clarifying purchasers' expectations.
- Access to local and national benchmarking scores through the ie-engine analysis tool.

\_\_\_ YES, it is my intention to participate in MABGH eValue8 in 2007.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

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