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CORRESPONDENCE MEMORANDUM

DATE: March 29, 2010
TO: Group Insurance Board
FROM: Bill Kox
Division of Insurance Services
SUBJECT: HEDIS[®] and CAHPS[®] Performance in 2008 and Disease Management Initiatives

This memo is for informational purposes only. No Board action is required.

How this Report is Structured

This report provides a summary of how quality indicators were collected in 2009 for measured year 2008. Highlights from the following sources are detailed in this document:

- The Healthcare Effectiveness Data and Information Set (HEDIS[®]) submitted by the participating Health Maintenance Organizations (HMOs) to the Department of Employee Trust Funds (ETF).
- The Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) data collected by ETF through Internet and mail surveys.
- How HEDIS and CAHPS results were used.
- Progress on the Low Back Pain Subcommittee.
- The 2009 Disease Management Survey Results collected by ETF from all participating health plans.

In addition to the highlights provided in this report, detailed HEDIS and CAHPS results, as well as a further description of the 2009 Disease Management survey collection process, are detailed in the two attachments that are referenced in this memo.

HEDIS[®] Description

HEDIS[®] is the most widely used set of performance measures in the managed care industry and is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization. The purpose of HEDIS[®] is to improve upon the quality of care provided by organized delivery systems by providing measures designed to increase accountability of managed care.

Reviewed and approved by Tom Korpady, Division of Insurance Services.

Signature _____

Date _____

Board	Mtg Date	Item #
GIB	4.13.10	8D

CAHPS Description

The CAHPS survey was developed collaboratively by several leading health care research organizations such as the Agency for Health Care Research and Quality (AHRQ), the Harvard Medical School, RAND, Research Triangle Institute and Westat. Each year, ETF contracts with a vendor to survey state employees and retirees about their experiences with their health plans.

How HEDIS and CAHPS Results were Used

Once again, HEDIS and CAHPS results were used to give credit to high-performing HMO plans during the negotiation process. Medical Associates received the highest score overall for quality and achieved the highest score for the HEDIS and CAHPS portion of the composites separately. The highest ranking health plans were as follows:

- (1) Medical Associates Health Plan
- (2) GHC Eau Claire
- (3) Security Health Plan
- (4) GHC South Central

Anthem, Humana and UnitedHealthcare received the lowest scores and continue to underperform year after year.

Performance based on the quality composite system used in health plan negotiations was published in the *It's Your Choice Decision Guide* booklets. Health plan performance was noted by a four-star rating system for the following composite areas:

- **Overall Quality** (HEDIS and CAHPS)
- **Wellness & Prevention** (HEDIS and CAHPS)
- **Behavioral & Mental Health** (HEDIS and CAHPS)
- **Disease Management** (HEDIS only)
- **Consumer Satisfaction & Experiences** (CAHPS only)

Please refer to pages 66 and 67 of the state *Decision Guide* (Attachment #1) for the complete results of the quality composite.

In 2008, 43 percent of respondents reported that they use the information published in the *It's Your Choice* booklets to make a health plan selection. In addition, the health plans use the HEDIS and CAHPS results along with other reports from ETF for quality improvement purposes.

HEDIS

Overall, participating HMOs continued to score higher on HEDIS measures than HMOs nationwide for the 2008 measurement year. Participating HMOs performed better than the national average on measures such as Appropriate Treatment for Children with Upper Respiratory Infection, Appropriate Testing for Children with Pharyngitis, Childhood Immunizations, Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screenings, Comprehensive Diabetes Care, Controlling High Blood

Pressure, Follow-up after Hospitalization for Mental Illness, Timeliness of Prenatal and Postpartum Care and Well-Child Visits.

The six HEDIS star rating areas include:

- Cancer Screenings
- Appropriate Use of Antibiotics
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Cholesterol Management for Patients with Cardiovascular Conditions
- Annual Monitoring for Patient with Persistent Medications

Grouping HEDIS scores into these finer categories allows ETF to recognize more specifically the strengths and weaknesses of participating health plans. No health plan performed better than average in all six HEDIS areas while one health plan (Anthem) performed worse than average in all six areas. Please refer to pages 70 and 71 of the report card section of the state *Decision Guide* (Attachment #1) for complete results by health plan.

It is now easier to recognize the strong and weak health plans in each area. For example, when it comes to providing appropriate cancer screenings, no health plan stands out as doing a particularly better job than the rest, while GHC SCW and MercyCare stand out as doing a better job at appropriately managing the use of antibiotics. Medical Associates, the health plan that received the highest overall composite rating (HEDIS and CAHPS) perform well in Disease Management (Comprehensive Diabetes Care, Cholesterol Management for Patients with Cardiovascular Conditions, and Controlling High Blood Pressure), while performing slightly below average in Appropriate Use of Antibiotics, Cancer Screenings, and Monitoring Patients with Persistent Medications. Security Health Plan did well across the board, scoring slightly or significantly better than average in five of the six HEDIS areas (the exception was Appropriate Use of Antibiotics).

CAHPS

Overall, members rate higher levels of satisfaction with the **health care** they receive than with their **health plan** and are particularly pleased with their personal doctor. In more specific areas of operation, members had good experiences with How Well Doctors Communicate and with Getting Care Quickly. GHC Eau Claire and Gundersen Lutheran received the top scores in How Well Doctors Communicate while GHC SCW, Health Tradition and Medical Associates received the top scores in Getting Care Quickly. Complete results for the ratings of satisfaction with Health Plan, Healthcare, Personal Doctor and Specialists are available on page 68 of the report card section of the state *Decision Guide* (Attachment #1).

Getting Care Needed and Customer Service were the composite areas that received the lowest scores overall. Humana Western and WPS Patient Choice received the lowest score for Getting Care Needed. Anthem, Humana and UnitedHealthcare received the lowest scores for Customer Service.

Although overall satisfaction with health plan and health care remained stable between measured years of 2007 and 2008, some health plans did experience shifts in satisfaction levels. Even though members in GHC SCW and Network Health Plan indicated satisfaction levels that were statistically higher (four stars) than that of all health plans, they significantly improved from the previous year. Similarly, although satisfaction levels with Humana Western remain significantly lower (one star) than satisfaction levels with all health plans, Humana Western did achieve a significant gain in satisfaction levels with health plan and health care from the previous year. Humana Eastern, which achieved slightly above average (three stars) satisfaction with health care, also achieved a significant increase from the previous year.

In addition to the four questions rating the health plan, health care, primary doctors, and specialists, six composite areas were examined in this study:

- Getting Care Quickly
- Shared Decision Making
- How Well Doctors Communicate
- Claims Processing
- Customer Service
- Getting Needed Care

Results for these composite areas can be viewed on page 69 of the report card section of the State Decision Guide (Attachment #1).

In addition to the analysis included in the report card, ETF's survey vendor, Synovate, will be providing percentile rankings for the four rating and six composite areas listed above. This gives health plans an idea about how their performance compares to that of health plans nationally. Additionally, Synovate will conduct a key driver analysis order to provide each health plan with information about how certain factors may be important potential drivers of health plan satisfaction should there be a favorable change in member experience with a particular factor, such as getting information they need about how their health plan works. Also, this analysis shows health plans in which areas it is important to maintain a positive experience in order to improve overall satisfaction. This custom analysis will be provided to each health plan along with some guidance on key areas each plan should focus on.

Subgroup of Low Back Pain

In 2007, staff developed a comprehensive disease management survey to assess what health plans were doing to provide quality care and contain costs. The survey results showed that the health plans had very different abilities to deliver and measure quality of care. One such area in which there seems to be a high level of variance in managing

care is in treating lower back pain. Thus, in consultation with medical consultant Dr. John Hansen, staff created a work group of representative health plan medical directors to work on quality of care and cost of care in the area of lower back pain. To date, the subgroup has met three times and has collaborated with external groups such as the National Committee for Quality Assurance (NCQA) and the Wisconsin Department of Health Services on the measures used for this initiative. Dr. Hansen has provided the subgroup with detailed information about the HEDIS measures used to gauge health plan performance on avoiding unnecessary MRIs, rates of back surgery and relative resource usage for members with low back pain. He also presented blinded health plan results to the group. ETF will continue to work with the subgroup in 2010 to better define how these measures can be used to create an incentive program to improve the quality of care and contain costs associated with treating low back pain.

2009 Disease Management Survey

In consultation with medical consultant Dr. Tom Hirsch, ETF has revised the 2009 Disease Management survey to collect mostly closed-ended and precise responses from the health plans for areas that showed up as having a lot of variation in the previous surveys and for very specific clinical interventions in which the literature demonstrates that have positive impacts on member health, experience and satisfaction. Such interventions are included in the following areas: low back pain, shared decision making, end of life care, coordination of care at hospital discharge, and Prior Authorization of Elective High Technology Radiology Studies. The survey also addresses other important areas such as using pharmacy data for disease management purposes and emergency department usage. Please refer to Attachment #2 for a full update on the 2009 Disease Management Survey, including preliminary results on the number of health plans that are currently incorporating key interventions into their disease management activities.

A staff member will be available at the April 13, 2010, Board meeting to answer questions.

Attachments:

Attachment #1: Health Plan Report Card (in state 2010 Decision Guide)

Attachment #2: Update on the 2009 Disease Management Survey

Health Plan Report Card

PLEASE NOTE:
ETF'S WEBSITE
CONTAINS
MORE DETAILED
QUALITY
INFORMATION
<http://etf.wi.gov/>

Health Plan Report Card

This section provides the results of two important annual evaluations of our health plans -- the member satisfaction survey and quality performance measures. We encourage you to review this information and see how your health plan compares with other plans available to you.

*The **Quality Composite** provides a summary of the health plans' quality scores in an overall composite and in the following four areas of care: Wellness and Prevention, Behavioral and Mental Health, Disease Management, and Consumer Satisfaction and Experiences.

*The Consumer Assessment of Healthcare Providers and Systems (**CAHPS®**) is our annual member survey. The survey reveals how members rate their health plan and the health care services they receive. The survey focuses on areas where the people enrolled in the health plans are really the experts about how well their plan is working. *The Department of Employee Trust Funds (ETF) would like to thank the 6,655 members who participated in this year's successful survey.* This important study was administered by Synovate, an independent research firm on the behalf of ETF.

*The Healthcare Effectiveness Data and Information Set (**HEDIS®**) demonstrates health plan performance from a clinical perspective. The measures evaluate whether the health plan delivers the recommended care based on medical evidence to prevent or manage illness. HEDIS measures address health care issues that are meaningful to consumers and purchasers. They measure performance in areas of care where improvements can make a meaningful difference in member's lives and areas that health care systems can take action to improve.

Example of the types of information gathered:

CAHPS: How often did you get care as soon as you thought you needed it?

HEDIS: What percentage of women age 42 to 69 had a mammogram within the last two years?



Health Plan Report Card

Health Plans Included in this Report Card

Note the following about the health plans that were included in this report card:

- CAHPS results were collected by health plan for active state and retiree membership. The survey only includes health plans that were available to state employees and retirees starting on January 1, 2008, therefore no data was collected for Anthem Blue Northeast, a health plan that was offered beginning in January 1, 2009, or for HealthPartners, a new health plan available beginning January 1, 2010. Although data was collected for the State Maintenance Plan (SMP), the results were not included in this report card due to the low number of respondents.
- HEDIS scores include all the HMO insurers that were available to ETF members in 2009. HEDIS data is collected by each insurer for their entire commercial population and is not reported separately by service area or for state employee and retiree membership. No HEDIS data is available for SMP, the Standard Plan or WPS Metro Choice. HEDIS data for HealthPartners was not included in this report card but scores by measure are available on ETF's Website.
- The Quality Composite Rating Chart includes all HMO health plans that were available in 2009 and for which HEDIS and CAHPS data was available. Anthem Blue Northeast was assigned CAHPS scores that were imputed between the other two available Anthem plans for the purpose of calculating the composite scores.



Quality Composite

The following are descriptions of the rankings displayed in the chart on page 67.

Overall Quality Score

The overall score is based on a comprehensive set of CAHPS and HEDIS measures. All the measures that are included in the four areas of focus described below are included in the overall quality score.

Wellness and Prevention Score

This score includes HEDIS measures such as childhood immunizations, well child visits, prenatal and postpartum care, the appropriate use of antibiotics for children and adults, and breast, cervical, and colorectal cancer screenings. This composite also includes questions surveying our members about whether or not wellness information is provided by their doctor.

Behavioral and Mental Health

This score includes HEDIS measures for the treatment of depression and follow-up after a hospitalization for mental illness. This composite also includes survey questions on whether or not members could obtain needed treatment or counseling for a personal or family problem.

Disease Management

This score includes HEDIS measures that address treatment and screenings for members with acute cardiovascular conditions, hypertension, diabetes, chronic obstructive pulmonary disease, and asthma. This composite also includes a measure that addresses monitoring members who are on persistent medications of interest.

Consumer Satisfaction and Experiences

This composite includes CAHPS scores that measure member satisfaction with their health plan and the health care they receive and whether or not they believed their health plan improved from the previous year. The composite also includes questions about member experiences such as getting needed care, getting care quickly, health plan customer service, finding and understanding information, ease of paperwork, and how claims were processed.

Quality Composite Rating Chart

Understanding the Scores for the Health Plans:

- ★★★★★ 4 stars: **well above** the average of all health plans (by **more than** one standard deviation)*
- ★★★★ 3 stars: **above** the average of all health plans (by **less than** one standard deviation)*
- ★★★ 2 stars: **below** the average of all health plans (by **less than** one standard deviation)*
- ★ 1 star: **well below** the average of all health plans (by **more than** one standard deviation)*

Please see previous page for descriptions of the Quality Composite Ratings.

PLAN NAME	Overall Quality	Wellness & Prevention	Behavioral & Mental Health	Disease Management	Consumer Satisfaction & Experiences
ANTHEM BLUE NORTHEAST	★	★	★★	★	★
ANTHEM BLUE NORTHWEST	★	★	★★	★	★
ANTHEM BLUE SOUTHEAST	★	★	★★★★	★	★
ARISE HEALTH PLAN	★★★★	★★	★★★★	★★★★	★★★★
DEAN HEALTH PLAN	★★★★	★★	★★★★	★★★★	★★★★
GHC OF EAU CLAIRE	★★★★★	★★★★	★★★★★	★★★★★	★★★★
GHC OF SCW	★★★★★	★★★★★	★★	★★★★	★★★★★
GUNDERSEN LUTHERAN	★★★★	★★★★	★★★★	★★★★	★★★★★
HEALTH TRADITION	★★★★	★★★★	★	★★★★	★★★★
HUMANA EASTERN	★	★★	★	★	★★
HUMANA WESTERN	★	★★	★	★	★
MEDICAL ASSOCIATES	★★★★★	★★	★★	★★★★★	★★★★★
MERCYCARE	★★	★★	★★★★	★★	★★
NETWORK HEALTH PLAN	★★★★	★★★★★	★★★★	★★★★	★★★★
PHYSICIANS PLUS	★★★★	★★★★	★★	★★	★★★★
SECURITY HEALTH PLAN	★★★★★	★★★★	★★★★★	★★★★★	★★★★
UNITEDHEALTHCARE NE	★	★★	★★★★	★	★★
UNITEDHEALTHCARE SE	★	★★	★★★★	★	★
UNITY COMMUNITY	★★★★	★★★★	★★	★★	★★★★
UNITY UW HEALTH	★★★★	★★★★	★★	★★	★★★★

*The standard deviation measures the difference between an individual health plan's score and the average score of all health plans. We are more certain that health plans with four stars have performed better than average and health plans with one star have performed worse than average. We cannot conclude that health plans with three stars or two stars have performed differently from the average.

CAHPS Overall Rating Chart

Understanding the Scores for the Health Plans:

- ★★★★ 4 stars: **well above** the average of all health plans (by **more than** 1.96 standard deviations)*
- ★★★ 3 stars: **above** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★★ 2 stars: **below** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★ 1 star: **well below** the average of all health plans (by **more than** 1.96 standard deviations)*

This chart shows results for individual survey questions for which members were asked to rate their health plan, health care, primary doctor and specialists. 10 is the "best possible" rating and 0 is the "worst possible" rating. Health plan scores were adjusted for age, education level, and self-reported health status.

↗ means that a health plan had a statistically significant improvement in their score from 2008 to 2009.

↘ means that a health plan had a statistically significant decline in their score from 2008 to 2009.

PLAN NAME	How people rated their HEALTH PLAN	How people rated their HEALTH CARE	How people rated their PRIMARY DOCTOR	How people rated their SPECIALIST
AVERAGE - All Health Plans	8.10	8.40	8.68	8.23
ANTHEM BCBS NORTHWEST	★	★★	★★★	★★
ANTHEM BCBS SOUTHEAST	★	★	★★	★★
ARISE HEALTH PLAN	★★★	★★★	★★★	★★★
DEAN HEALTH PLAN	★★★★	★★★	★★★	★★
GHC OF EAU CLAIRE	★★★★	★★★★	★★★	★★★
GHC OF SCW	★★★★↗	★★★★	★★	★★★
GUNDERSEN LUTHERAN	★★★★	★★★★	★★★★	★★★
HEALTH TRADITION	★★★★	★★★	★★★	★★★
HUMANA EASTERN	★★	★★★★↗	★★	★★★
HUMANA WESTERN	★↗	★↗	★★	★★
MEDICAL ASSOCIATES	★★★★	★★★★	★★★★	★★★
MERCYCARE	★★	★★	★★	★★★
NETWORK HEALTH PLAN	★★★★↗	★★	★	★★★
PHYSICIANS PLUS	★★★★	★★★	★★	★★★
SECURITY HEALTH PLAN	★★★★	★★★	★★	★★↘
STANDARD PLAN	★★★★	★★★	★★	★★↘
UNITEDHEALTHCARE NE	★★	★★★	★★	★★
UNITEDHEALTHCARE SE	★	★★	★★	★★↘
UNITY COMMUNITY	★★★	★★	★★★	★★
UNITY UW HEALTH	★★★★	★★	★	★★★
WPS METRO CHOICE	★	★	★★★	★★

*The standard deviation measures the difference between an individual health plan's score and the average score of all health plans. We are more certain that health plans with four stars have performed better than average and health plans with one star have performed worse than average. We cannot conclude that health plans with three stars or two stars have performed differently from the average.

CAHPS Overall Rating Chart

Understanding the Scores for the Health Plans:

- ★★★★ 4 stars: **well above** the average of all health plans (by **more than** 1.96 standard deviations)*
- ★★★ 3 stars: **above** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★★ 2 stars: **below** the average of all health plans (by **less than** 1.96 standard deviations)*
- ★ 1 star: **well below** the average of all health plans (by **more than** 1.96 standard deviations)*

This chart shows results for a composite of survey questions that asked members how often something occurred ("Always", "Sometimes", "Usually" or "Never") regarding Customer Service, Claims Processing, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Shared Decision Making (between the member and the doctor). Health plan scores were adjusted for age, education level, and self reported health status.

↗ means that a health plan had a statistically significant improvement in their score from 2008 to 2009.

↘ means that a health plan had a statistically significant decline in their score from 2008 to 2009.

PLAN NAME	Customer Service	Claims Processing	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Shared Decision Making
AVERAGE - All Health Plans	3.37	3.42	3.35	3.50	3.64	3.47
ANTHEM BCBS NORTHWEST	★	★	★★	★★	★★	★★
ANTHEM BCBS SOUTHEAST	★	★	★★★★	★★	★★	★★
ARISE HEALTH PLAN	★★★★	★★★★	★★★★	★★★	★★★★	★★★★
DEAN HEALTH PLAN	★★	★★★	★★	★★	★★	★★
GHC OF EAU CLAIRE	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
GHC OF SCW	★★★★	★★★★	★★★★↗	★★★★	★★★★	★★★★
GUNDERSEN LUTHERAN	★★★★	★★★★	★★★★	★★★	★★★★	★★★★
HEALTH TRADITION	★★★★	★★★	★★★★	★★★★	★★★★	★★★★
HUMANA EASTERN	★	★	★★★★	★★★	★★★★	★★
HUMANA WESTERN	★↗	★	★	★★★★↗	★	★
MEDICAL ASSOCIATES	★★★★	★★★	★★★★	★★★★	★★★★	★★↘
MERCYCARE	★★	★★★★	★★	★	★★★★	★★★★
NETWORK HEALTH PLAN	★★★★	★★★★	★★★★	★★	★	★★
PHYSICIANS PLUS	★★★	★★★★	★★	★★	★★	★★★★
SECURITY HEALTH PLAN	★★★★	★★★★↗	★★★★	★★★	★★★★	★★
STANDARD PLAN	★★★	★★	★★★★	★★★	★	★★★★
UNITEDHEALTHCARE NE	★	★	★★★★	★★★★	★★	★★
UNITEDHEALTHCARE SE	★	★	★★★★	★★★★↘	★★	★★
UNITY COMMUNITY	★★★★	★★★	★★	★★★	★★★★	★★★★
UNITY UW HEALTH	★★★★	★★★★	★★	★	★★★★	★★★★
WPS METRO CHOICE	★★	★	★	★★★★	★★	★★

*The standard deviation measures the difference between an individual health plan's score and the average score of all health plans. We are more certain that health plans with four stars have performed better than average and health plans with one star have performed worse than average. We cannot conclude that health plans with three stars or two stars have performed differently from the average.

HEDIS Composite Chart

This chart displays the following quality measures:

- * **Cancer Screenings:** This score includes the following HEDIS measures: Colorectal, Breast and Cervical Cancer Screenings.
- * **Appropriate Use of Antibiotics:** This score includes the following HEDIS measures: Appropriate Treatment for Children with Upper Respiratory Infection, Appropriate Testing for Children with Pharyngitis, Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis.
- * **Diabetes Care:** This score includes the following HEDIS measures: HbA1c Control, Cholesterol Screening and Control, Medical Attention for Kidney Disease, Eye Exam, and Blood Pressure Control.
- * **Controlling High Blood Pressure:** This score examines the percentage of eligible members with high blood pressure who had their blood pressure controlled.
- * **Cholesterol Management for Patients with Cardiovascular Conditions:** This score includes the following HEDIS measures: Cholesterol Screening and Control.
- * **Annual Monitoring for Patients with Persistent Medications:** This single score examines monitoring for the following drugs of interest: Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB), Digoxins, Diuretics, Anticonvulsants.

PLAN NAME	Cancer Screenings	Appropriate Use of Antibiotics	Diabetes Care	Controlling High Blood Pressure	Cholesterol Management for Patients with Cardiovascular Conditions	Annual Monitoring for Patient with Persistent Medications
ANTHEM BLUE	★	★★	★	★	★★	★★
ARISE HEALTH PLAN	★★★★	★	★★★★	★★★★	★★★★	★★★★
DEAN HEALTH PLAN	★★	★★	★★★★	★★★★	★★	★★★★
GHC OF EAU CLAIRE	★★★★	★★★★	★★★★★	★★★★	★★★★★	★★
GHC OF SCW	★★★★	★★★★★	★★	★★★★	★★	★★★★★
GUNDERSEN LUTHERAN	★★★★	★★★★	★★★★	★★★★	★★	★
HEALTH TRADITION	★★★★	★★	★★★★	★★★★★	★★	★★★★
HUMANA	★★	★★	★	★★	★★	★★★★
MEDICAL ASSOCIATES	★★	★★	★★★★★	★★★★★	★★★★★	★★
MERCYCARE	★★	★★★★★	★★	★	★	★★
NETWORK HEALTH PLAN	★★★★	★★★★	★★★★	★★	★★★★★	★★★★
PHYSICIANS PLUS	★★	★★★★	★★★★	★★★★	★★★★	★
SECURITY HEALTH PLAN	★★★★	★★	★★★★	★★★★★	★★★★★	★★★★★
UNITEDHEALTHCARE	★	★★	★	★★★★	★	★★★★
UNITY HEALTH INSURANCE	★★★★	★★	★★	★★	★★	★★

Please see page 67 for a description of the star rating system that was used for this chart.

Attachment # 2: Update on the 2009 Disease Management Survey

Employee Trust Funds (ETF) made significant changes in its Disease Management Survey (DMS) for 2009, addressing three important issues:

- **The Survey Instrument Design** was revised to be easier to use and to collect precise information.
- **The Focus** of ETF was narrowed to better understand health plan participation in important programs that are designed to improve health outcomes. Dr. Tom Hirsch, ETF's medical consultant has authored four white papers (sited in this document) addressing some of the interventions asked about in the 2009 survey. ETF will use the data to collaborate with the health plans and does not intend to use the data for public reporting purposes.
- **In-Depth Follow-Up** with health plans will be based on areas that are of particular interest or concern. This is more efficient than requested in-depth responses from all health plans in all areas.

The Survey Instrument

ETF created a new survey instrument formatted in a spreadsheet template for health plans to provide data or short answer responses. The 2009 DMS discourages long text answers, thus making it easier for health plans to respond with exactly the information ETF is seeking. ETF collaborated with medical consultant, Dr. Tom Hirsch in order to ensure that that all questions were clear and meaningful. Furthermore, all health plans were encouraged to review a draft of the survey and provide input or ask for clarification, before the requirements were finalized.

For each of the topics below, health plans provided their responses using an Excel spreadsheet template:

- Tab 1: Contact Information and Medical Director/Chief Medical Officer (CMO) Sign-off
- Tab 2: Disease Management Programs
- Tab 3: Disease Management Registries
- Tab 4: Low Back Pain
- Tab 5: Emergency Department Usage
- Tab 6: Benchmarking and Managing Care
- Tab 7: Shared Decision-Making
- Tab 8: End-of-Life Care
- Tab 9: Coordination-of-Care at Hospital Discharge
- Tab 10: Prior Authorization of Elective High Technology Radiology Studies
- Tab 11: Working with Navitus Data
- Tab 12: Using Pharmacy Data for Predictive Modeling and Benchmarking
- Tab 13: Electronic Medical records

Responses from the health plans were due on December 1, 2009, and for the most part, the responses were clear, accurate and easy to understand. ETF's need to ask follow-up questions was minimal.

Understanding Clinical Programs

Although ETF will continue to track HEDIS and CAHPS results as measures of quality clinical care and member experiences and satisfaction, the literature demonstrates that certain interventions that are not directly measured by HEDIS and CAHPS can have a significant positive impact on member health, experiences, and satisfaction. The 2009 DMS included questions about which programs each health plan currently offered or were likely to offer in the near future. In addition, the survey asked health plans about best practices with these interventions with the intention of sharing lessons learned with the other health plans, possibly through a yearly meeting between ETF and the health plans.

The survey requested information regarding the following interventions:

- **Low Back Pain (LBP)**

In an attempt to address the need for appropriate, conservative care for patients with LBP, some healthcare providers are creating LBP Clinics. These clinics are designed to provide quick access to patients with new onset significant LBP. Patients are usually evaluated by specially trained primary care physicians, advanced practitioners or physical therapists that place an emphasis on conservative care. Such clinics typically experience high patient satisfaction while decreasing the utilization of imaging studies and surgical interventions.

3 out of 17 health plans (17.6%) provide LBP Clinics

- **Shared Decision-Making (SDM)**

Studies from the Dartmouth group have demonstrated that providing shared decision-making with patients facing the possibility of a significant medical or surgical intervention leads to improved patient satisfaction, a decrease in litigation and reductions in medical or surgical interventions ranging from 21 to 44 percent.

White Paper: *Shared Decision-Making: Moving Beyond Informed Consent*

3 out of 17 health plans (17.6%) provide SDM programs

- **End of Life Care**

Palliative care and Hospice programs improve patients' quality of life as well as patient and family satisfaction while decreasing medical interventions and cost.

White Paper: Improving End-of-Life Care

**6 out of 17 health plans (35.3%) have hospitals that provide Palliative Care consultation for those hospitalized with a terminal diagnosis
12 out of 17 health plans (70.6%) track their members' average length of stay in Hospice (longer lengths of stay are usually preferable)**

- **Coordination of Care at Hospital Discharge**

"Hand-offs" in medical care is often associated with harmful errors affecting patient care. An important "hand-off" occurs when a patient is discharged from hospital to home. Efforts to better coordinate care at this "hand-off" lead to improved patient and family satisfaction, fewer errors and a decrease in hospital re-admission rates.

White Paper: Improving Coordination of Care: Fewer Errors and Hospital Readmissions, Greater Patient Satisfaction.

8 out of 17 health plans (47.1%) have a Coordination of Care after Hospital Discharge program

- **Prior Authorization of Elective High Technology Radiology Studies**

Utilization of elective CT, MRI, PET scans and nuclear stress tests is continually increasing. Studies have suggested that a significant percentage of these studies are not only unnecessary but also increase exposure to radiation, inconvenience the patient, and result in higher costs.

White Paper: Promoting Appropriate High Technology Radiology Utilization: Elective Outpatient CT, MRI, PET and Cardiology Nuclear Medicine Scans

13 out of 17 health plans (76.5%) prior authorize some or all of these studies.