2008/2009 HEALTH PLAN PERFORMANCE REPORT

MEASURING THE QUALITY OF MARYLAND COMMERCIAL MANAGED CARE PLANS

MARYLAND
HEALTH CARE
COMMISSION

MARYLAND HEALTH CARE COMMISSION

The Maryland Health Care Commission (MHCC) is a public regulatory commission appointed by the Governor with the advice and consent of the Maryland Senate. A primary function of the Commission is to evaluate and publish findings on the quality and performance of commercial managed care plans that operate in Maryland. MHCC publishes annual comparative reports with the cooperation of the health plans and their members. These annual performance reports are the only source of objective, comprehensive, and independently audited information on health plan quality. More information about MHCC and the reports it produces is available at **http://mhcc.maryland.gov.**

ABOUT THIS REPORT

Since 1997, the Maryland Health Care Commission (MHCC) has promoted improvements in health care by reporting information on the quality of care and services provided by Maryland health maintenance organizations (HMOs) and point of service (POS) health plans. This year, MHCC has expanded its report on health plan performance by including data for preferred provider organizations (PPOs). *Measuring the Quality of Maryland Commercial Managed Care Plans: 2008/2009 Health Plan Performance Report* provides Marylanders with an objective source of information to compare health plans on key quality measures relating to health care delivery and member satisfaction.

The goal of this report is twofold: to highlight areas of above average or average performance and to identify areas of performance that need improvement. The report presents two distinct but complementary centers of focus. Quality ratings show whether health plans deliver high-quality care to members and descriptions of wellness programs convey how health plans encourage healthy lifestyles that help prevent the onset or progression of illness.

This report includes

- Performance ratings for each Maryland health plan on a range of clinical health care measures, as well as members' satisfaction.
- Comparisons of Maryland statewide averages with regional and national performance averages.
- Features of HMO, POS, and PPO commercial health plans.
- Information regarding wellness programs and health plan wellness initiatives.

TABLE OF CONTENTS

MARYLAND COMMERCIAL HEALTH PLANS
IN THIS REPORT

This report represents a leap forward in health plan quality measurement. Now, for the first time, Maryland preferred provider organizations have voluntarily released their results for many of the quality measures that HMO and POS plans have been reporting for over ten years. The addition of PPO performance data creates a more complete picture of the quality of care that health plans deliver to Maryland consumers.

By contributing to this effort, the PPO health plans have demonstrated their commitment to the broader goal of improving health care quality through informed health choices by Maryland employees and employers.

This year, seven HMO/POS plans and four PPO plans reported performance data. For this initial release, PPOs were not required to submit data for all measures included in this report.

TABLE 1. HEALTH PLANS REPORTING IN 2008

HMO/POS Plans	PPO Plans
Aetna Health, Inc. -Maryland, DC and Virginia (AETNA)	Aetna Life Insurance Company (MD/DC)
CareFirst BlueChoice, Inc. (BlueChoice)	BluePreferred (PPO)
CIGNA HealthCare Mid-Atlantic, Inc. (CIGNA)	Connecticut General Life Insurance Company (CGLIC)
Coventry Health Care of Delaware, Inc. (Coventry)	
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente)	
MD-Individual Practice Association, Inc. (M.D. IPA)	MAMSI Life and Health Insurance Company (MAMSI Life)
Optimum Choice, Inc. (OCI)	

PROMOTING HEALTH PLAN QUALITY

The measures in this report help Maryland health plans examine and track their progress in delivering high-quality health care. Table 2 compares plans' high performance for all results ranking above the 2008 Maryland state average. The state average was calculated separately for HMO/POS and PPOs. To support PPOs in their voluntary participation during this first year, these plans collected data on fewer measures than HMOs.

Data Sources

Health plan ratings include the combined data for HMO and POS members, except for Kaiser Permanente, whose ratings show HMO data only. PPO data are presented separately because these plans operate differently.

Member Survey: A random sample of health plan members was surveyed about their experiences with their health plan using a standardized survey tool called CAHPS®[a]. An independent company administered the survey.

Health Plan Records: Clinical health care information was gathered from health plan records using a standardized tool called HEDIS®[b]. An independent company checked the health plans' methods for accuracy.

Health Plan Programs: Health plans provided information about their quality attainment programs, quality monitoring methods, and health system improvements using a measurement tool called *eValue8*.

[a] *CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*
[b] *HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*
[c] *eValue8 is a copyright of the National Business Coalition on Health.*

TABLE 2. SUMMARY OF ABOVE-AVERAGE PERFORMANCE

Health Plan	Total Measures with Above Average Scores	Above-Average Scores Within Measure Categories			
		Prevention and Proper Medical Services	Treating Illness	Healthy Minds	Member Satisfaction
HMO/POS plans reported 24 measures in this report					
Aetna	2	1		1	
BlueChoice	5		2	3	
CIGNA	8	3	2		3
Coventry	2				2
Kaiser Permanente	10	5	2	3	
M.D. IPA	2		1	1	
OCI	1			1	
PPOs reported 15 measures in this report					
Aetna PPO	3	3			
BluePreferred	3	1			2
CGLIC	1			1	
MAMSI Life	5	1	1	1	2

WELL-BEING: PROMOTING PREVENTIVE AND PROPER MEDICAL SERVICES

Health promotion and wellness programs encourage adopting a healthy lifestyle and increasing the use of preventive medical services.

Early screenings for cancer, high blood pressure, and high cholesterol are preventive medical services that have demonstrated improved health outcomes. In addition to promoting these services, wellness programs also help lower health threats by educating patients on the proper use of medications, such as antibiotics, and by helping to prevent illnesses from becoming chronic.

Wellness programs generally have a three-part approach to promoting health: knowledge, support, and education.

Knowledge

A common tool used to inform consumers about their risk for disease is a *health risk assessment* (HRA). An HRA is a questionnaire about an individual's health and lifestyle that can identify opportunities for timely intervention.

Support

Health and wellness coaching is a common way for wellness programs to provide support after disease risks are identified through HRAs or other screening methods. Coaching encourages consumers to prevent disease by providing the support to initiate or maintain healthy behaviors and generally focuses on preventing three leading causes of death in the United States: heart disease, cancer, and diabetes.

Education

Self-management tools, which typically target people at high risk for disease, provide education and motivational support. They are interactive and are not simply brochures or reading material.

AETNA: ENCOURAGING HEALTH AND WELLNESS

Aetna and Quest Diagnostics developed a colorectal cancer screening initiative for Aetna members in the Northeast and Mid-Atlantic regions that lasted from October 2007 through July 2008. At the beginning of the initiative, Aetna mailed letters to 68,346 members who were 50 years of age or older and who did not have a colorectal cancer screening test during the previous three years. The letters included a return card that members could use to request a free fecal occult blood test (FOBT) kit to use at home. The test, called InSure® FIT™, has an advantage over older FOBT tests because there is no requirement for a change in diet or medications before using it.

After completing the test, members mailed their kits to Quest Diagnostics, which returned individual results and follow-up instructions. Members with a positive result were contacted directly by a Quest-contracted physician.

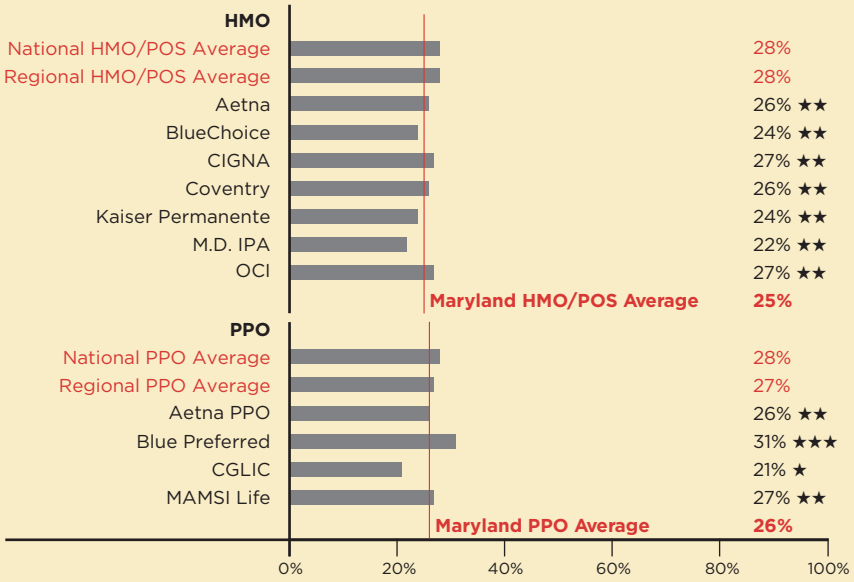
Quest Diagnostics received requests for 16,023 kits and 4,059 completed kits were returned. An additional 1,576 members who requested kits went on to have other or additional colorectal cancer screening procedures and an additional 4,323 members who did not request kits went on to have a screening test. Thus, of the original targeted group, between 12.3 percent and 14.6 percent of the members were screened after the program was implemented.

The Commission takes no position on the claimed motivations, methodologies, or results of this quality initiative.

GRAPH 1

HEALTH PROMOTION AND EDUCATION

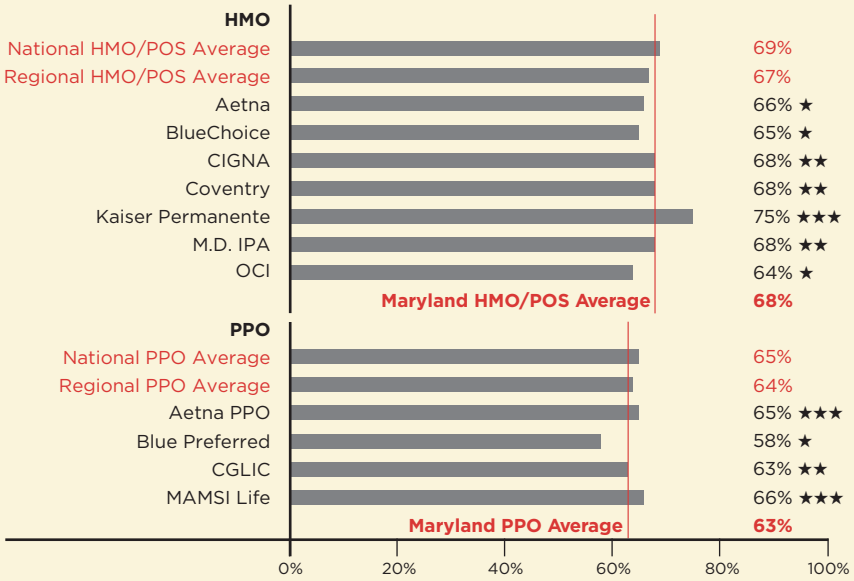
The percentage of adults who said their doctor "always" talks about specific ways to prevent illness.



GRAPH 2

BREAST CANCER SCREENING

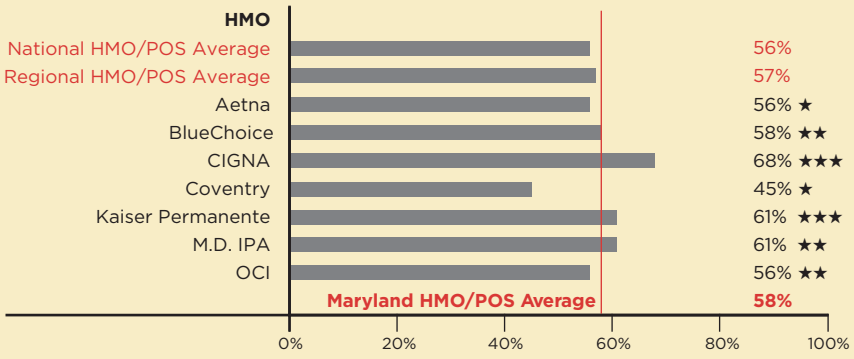
The percentage of women 40–69 years of age who had a mammogram in 2006 or 2007.



GRAPH 3

COLORECTAL CANCER SCREENING

The percentage of adults 50–80 years of age who received a test for colorectal cancer.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Data Source: Health Plan Records or Member Survey.

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

ENCOURAGING HEALTH AND WELLNESS: SAFE USE OF ANTIBIOTICS

Mug the Bug, Soothe the Symptoms

Antibiotics do not fight the germs that cause colds, flu, and most instances of sore throat. Too often prescribed in these instances, germs once treatable with antibiotics have become stronger and more resistant to the help these drugs are intended to provide. **Antibiotic resistant infections** are harder to treat, last longer, and may require more visits to the doctor.

People become sick when their immune systems cannot repel the attack of invaders. The two types of invaders, bacteria and viruses, work differently. For single-celled invaders—bacteria— antibiotics "mug the bugs" by killing or preventing the growth of these living organisms. Viruses are non-living particles that cannot live on their own. Although the symptoms from cold and flu caused by viruses are bothersome, they do not respond to antibiotic treatment. Treatment, such as more fluids, to soothe the symptoms from viral infections can help you to feel better as the illness runs its course.

Taking Antibiotics Safely

- Understand when antibiotics should be used
- Don't pressure your doctor for antibiotics to treat viral infections
- Take antibiotics exactly as prescribed
- Never take someone else's antibiotics

http://www.mayoclinic.com/health/antibiotics/FL00075

Taking antibiotics for viral infections — such as a cold, cough, the flu, and acute bronchitis —

- Will not cure the infection
- Will not keep other individuals from catching the illness
- Will not help a person feel better
- May cause an unnecessary harmful side effect

http://www.cdc.gov/Features/GetSmart/

Prevent the spread of infection— Wash your hands

KAISER PERMANENTE: ENCOURAGING HEALTH AND WELLNESS

Kaiser Permanente of the Mid-Atlantic States physicians' and clinical staff have put forth a strong effort to ensure that antibiotics are used wisely and prescribed only for patients who would benefit from them. In particular, the cautious use of antibiotics by clinical staff includes appropriate testing for children with pharyngitis (sore throat) and not giving antibiotics to children with upper respiratory infection and for adults with acute bronchitis unless medically indicated.

For patients who have a sore throat, a "rapid strep test" is administered before they see the doctor, who can use the test results and patient examination to decide on the best treatment.

Posters in exam rooms and informational flyers educate parents and adult patients about why antibiotics are not always the best course of treatment and explain the difference between viral infections and bacterial infections.

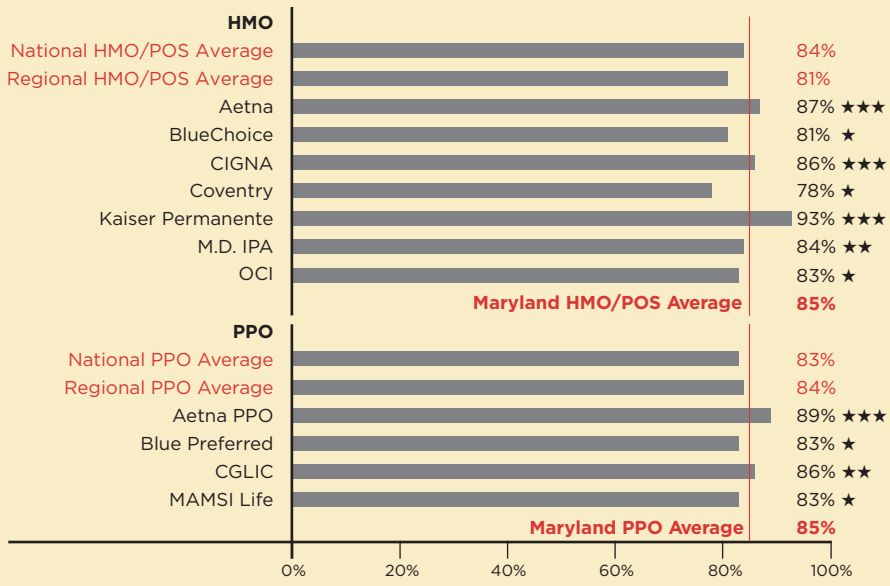
Physicians receive training on effective communication with patients that emphasizes listening, evaluating, empathizing, educating and sharing in treatment decisions. While listening to and acknowledging the concerns of patients and parents, doctors can explain why antibiotic treatments are often not the first treatment choice. The focus is on improving the patient's condition while avoiding the risks from antibiotic overuse, such as developing antibiotic-resistant germs, unnecessary side-effects and potential allergic reactions.

The Commission takes no position on the claimed motivations, methodologies, or results of this quality initiative.

GRAPH 4

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

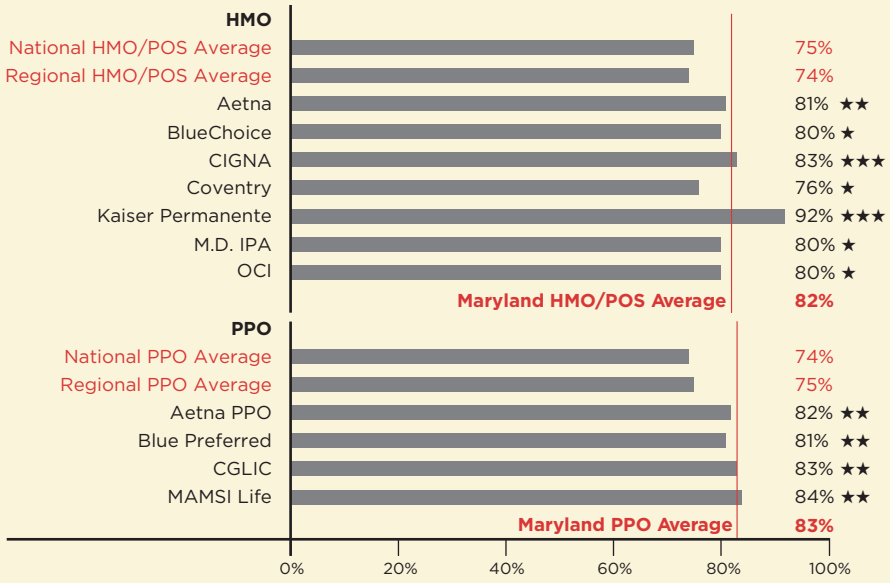
The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not given an antibiotic. A higher rate indicates better performance.



GRAPH 5

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (SORE THROAT)

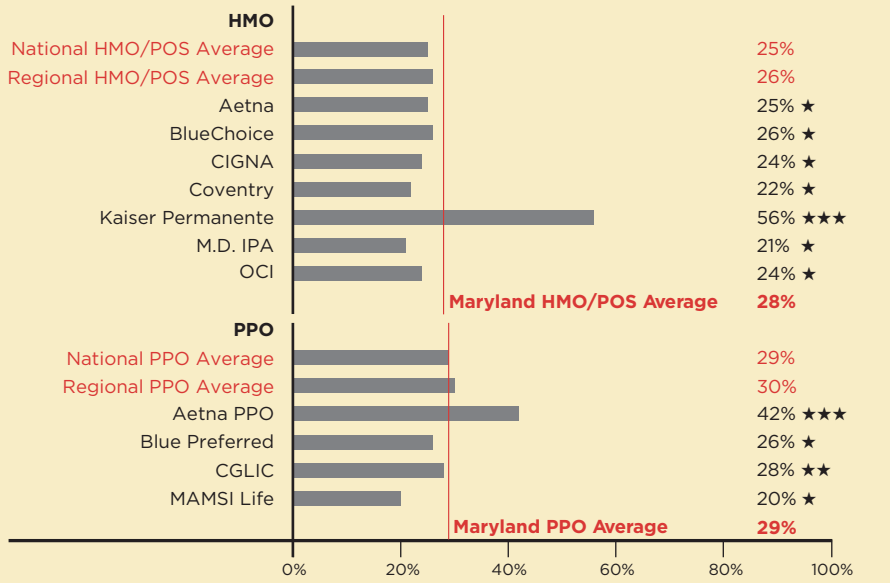
The percentage of children 2–18 years of age who received appropriate testing for a sore throat. A higher rate indicates better performance.



GRAPH 6

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not given an antibiotic prescription. A higher rate indicates better performance.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Data Source: Health Plan Records

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

WELL-BEING: TREATING ILLNESS

Chronic illness can be prevented or identified and managed through screening, education, and other tools commonly used in wellness programs.

Chronic Illness in Maryland

It is estimated that among Maryland adults:

- 62% are **overweight** or obese
- 37% who have had their **cholesterol** checked were told it was high
- 29% have been told they have **high blood pressure**
- 17% are **smokers**
- 8% have been diagnosed with **diabetes**

Source: The 2007 Behavioral Risk Factor Surveillance System.

Risk Factors and Chronic Disease

People's behavior, environment and family history can influence their chance of developing cardiovascular disease, diabetes, and chronic obstructive pulmonary disease (COPD). The influence that each factor plays in chronic disease development varies from person to person.

People with chronic diseases can benefit from health promotion and wellness programs that target their needs, such as the Maryland P3 Program (Patients, Pharmacists, and Partnerships), which focuses on collaboration between the patient, the employer or payer, and the pharmacist—all of whom are encouraged to communicate with each other, and to provide updates on any change in treatment or care. The program's goal is to improve overall health of employees, leading to a reduction in health care costs, and a healthier workforce.

CIGNA: ENCOURAGING HEALTH AND WELLNESS

CIGNA Well Aware for Better Health® offers CIGNA participants disease management for chronic conditions, including COPD and asthma. Program participants are identified through claims, physicians, CIGNA HealthCare nurses and self-referrals. Participant resources include a welcome kit with an introductory letter and an asthma or COPD workbook; a welcome call that includes a general health assessment; ongoing coaching by Well Aware clinicians; access to online resources; and educational mailings. Pharmacists who are part of the Well Aware team provide support on medication management and adherence.

Well Aware also provides care guidelines through a physician Web site and physician mailings with information on patient compliance with treatment plans.

Well Aware is working hand-in-hand with a new program, CIGNA Well Informed, which sends letters to patients and their physicians about possible "gaps" in care, such as an overdue screening; a lab test that raises a concern; or a concern about medications. These gaps are often tied to one of the outcome measures.

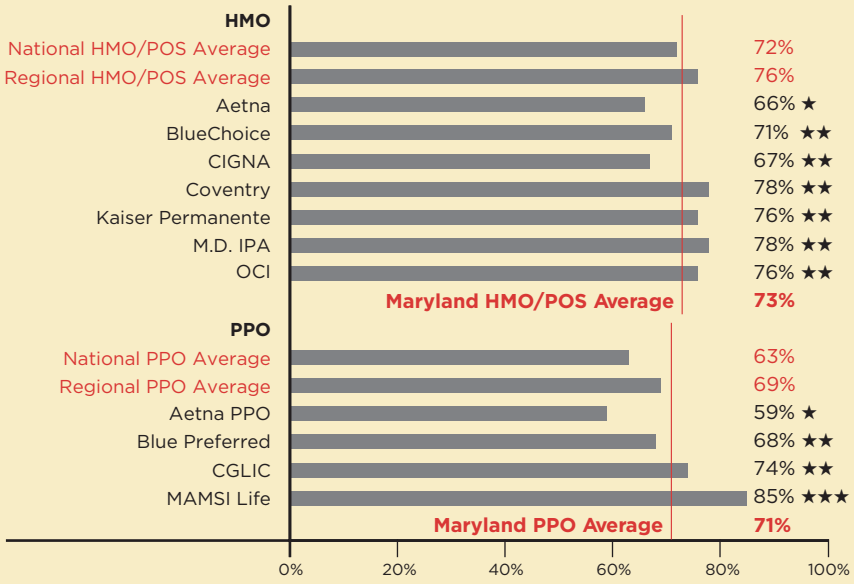
The multidisciplinary, clinical approach of the Well Aware Program, working in collaboration with community physicians, has resulted in year-over-year improvement in respiratory outcomes.

The Commission takes no position on the claimed motivations, methodologies, or results of this quality initiative.

GRAPH 1

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

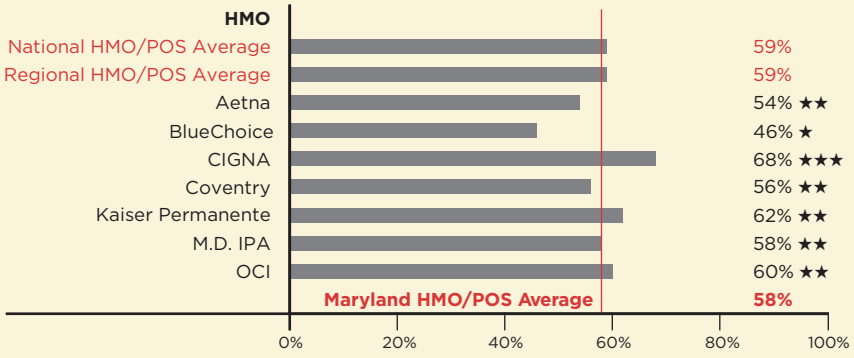
The percentage of members 18 years of age and older who were hospitalized due to a heart attack and received a beta-blocker medication for six months after being discharged.



GRAPH 2

CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIO-VASCULAR CONDITIONS

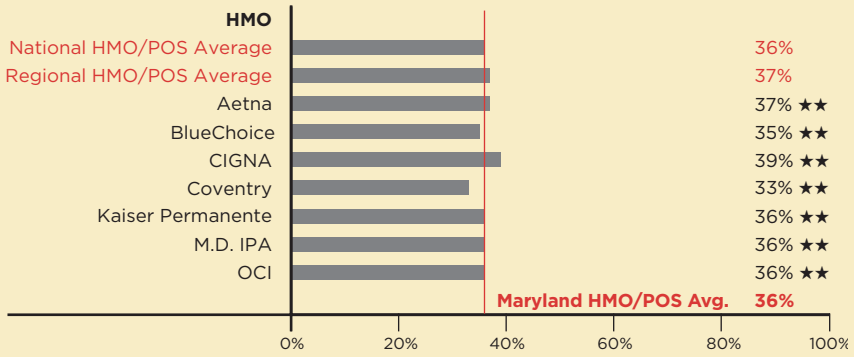
The percentage of members 18–75 years of age who were discharged from a hospitalization that was due to a cardiovascular condition, or who were diagnosed with a certain cardiovascular condition, and had cholesterol levels tested and controlled (less than 100mg/dL).



GRAPH 3

USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

The percentage of members 40 years of age and older with newly diagnosed or newly active COPD who received appropriate testing, using spirometry, to confirm the diagnosis.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Data Source: Health Plan Records

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

ENCOURAGING HEALTH AND WELLNESS: MARYLAND PROGRAMS

Nutrition and Physical Activity/Obesity Prevention (NPAO) Program† works with partners in the state to reduce the burden of obesity and chronic disease. The NPAO Program monitors and helps evaluate the Maryland Nutrition and Physical Activity Plan, which provides strategies to encourage healthy eating habits and an active lifestyle among MD residents. For more information, visit http://www.fha.state.md.us/cphs/npao.cfm.

Maryland Heart Disease and Stroke Prevention (HDSP) Program works through local health departments and statewide partners to address risk factors for heart disease and stroke, and promote awareness of the warning signs of heart attack and stroke. For more information, visit http://www.fha.state.md.us/cphs/hdsp.cfm.

Body Sense, developed by the Maryland Department of Health and Mental Hygiene's Center for Health Promotion, Education, and Tobacco Use Prevention, targets female teen smokers to teach them about the health-related risks of smoking and provides support for quitting and maintaining a smoke-free lifestyle. For more information, visit http://www.fha.state.md.us/ohpetup/mch_bodysense.cfm.

Living Well—Take Charge of Your Health‡ is a chronic disease self-management program held at various community settings, which covers topics such as techniques to deal with stress, fatigue, pain and isolation; exercise to improve strength, flexibility, and endurance; appropriate use of medications; communicating with family and health care professionals; nutrition; and evaluating new treatments. For more information, visit http://www.mdoa.state.md.us/programs.html.

† These programs are implemented by the Maryland Department of Health and Mental Hygiene and funded by the U.S. Centers for Disease Control and Prevention (CDC).

‡ This program is funded in part by the Maryland Department of Aging and by a private foundation and is available to Baltimore County residents.

UNITED HEALTHCARE: ENCOURAGING HEALTH AND WELLNESS

UnitedHealthcare disease management solutions are designed to help consumers improve self-care, identify warning signs and access resources for assistance, thereby reducing the need for urgent and emergency services. The plan reinforces and supports physician treatment plans and helps consumers prepare for doctor appointments to ensure they get the most out of their visits. In addition, the plan helps eliminate unnecessary or repeated procedures, reduce complication rates and improve medical outcomes.

The diabetes program provides the information consumers need to manage their condition, maintain a healthy lifestyle, and follow recommended treatments and drug regimens.

Diabetes Interventions

- Inbound and outbound nurse calls
- Guidance to UnitedHealth Premium® physicians and facilities, centers of excellence and other network physicians and facilities
- Referrals to network pharmacies, information about generic drugs and mail-order prescriptions
- Medical director outreach to treating physicians to discuss planned procedures and appropriate treatment alternatives
- Member educational materials, health logs, reminders, tracking tools and online behavior change programs

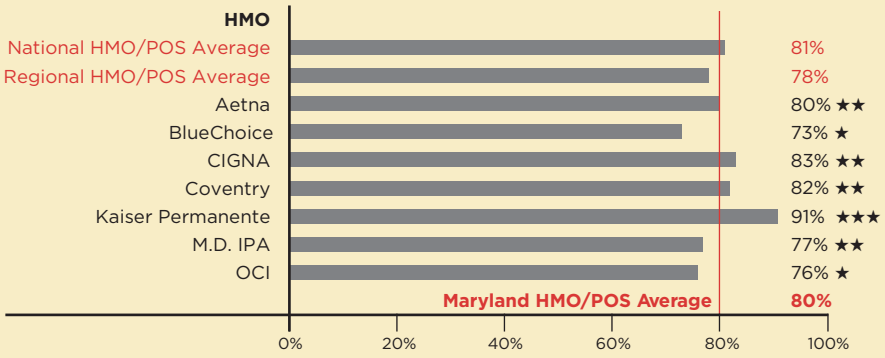
The Commission takes no position on the claimed motivations, methodologies, or results of this quality initiative.

Note: M.D.IPA and OCI are owned and operated by Mid-Atlantic Medical Services, LLL (MAMSI, a regional holding company and subsidiary of UnitedHealth Group, Inc.)

GRAPH 4

DIABETES CARE: MEDICAL ATTENTION FOR KIDNEY DISEASE (DIABETIC NEPHROPATHY)

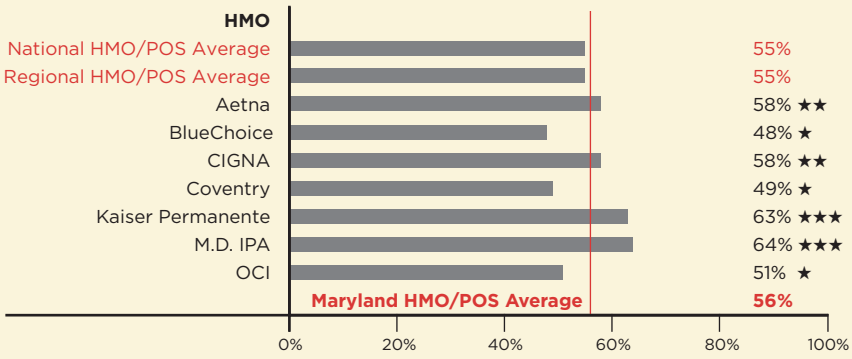
The percentage of adult members with diabetes who were checked or treated for kidney disease, known as "diabetic nephropathy."



GRAPH 5

DIABETES CARE: EYE EXAMS

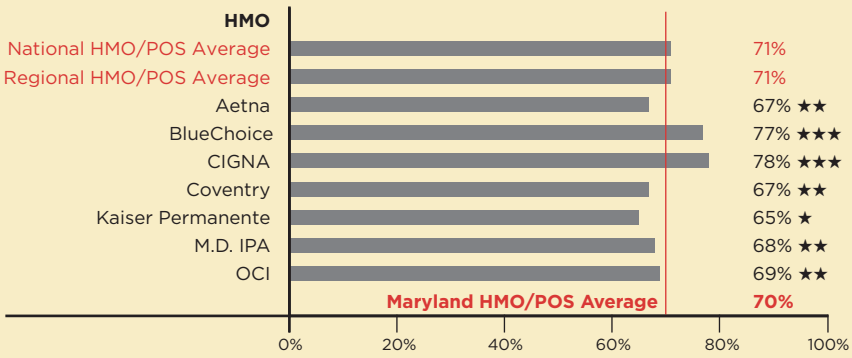
The percentage of adult members with diabetes who had an eye screening for retinal disease in 2007 (or in 2006 if the retinal exam was normal).



GRAPH 6

DIABETES CARE: BLOOD GLUCOSE (SUGAR) CONTROL

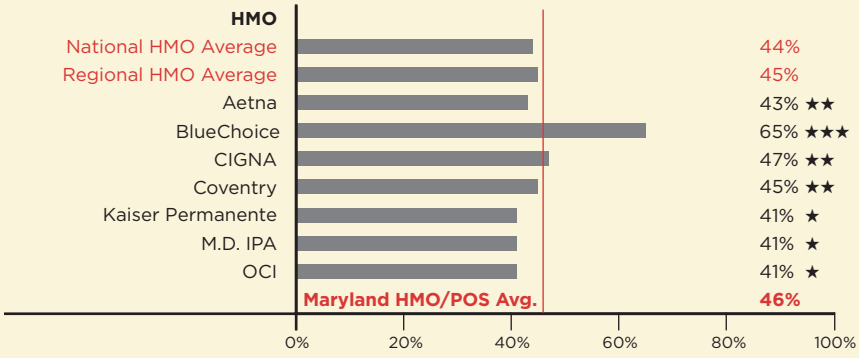
The percentage of adult members with diabetes whose blood sugar (HbA1c) level is in control (less than 9%).



GRAPH 7

DIABETES CARE: CHOLESTEROL CONTROL

The percentage of adult members with diabetes whose cholesterol (LDL-C) level was less than 100 mg/dL.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Data Source: Health Plan Records

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

WELL-BEING: HEALTHY MINDS

Good mental health is important to overall health and to the ability to carry out daily activities.

Wellness Programs to Improve Mental Health

Good mental health is just as important as good physical health. Recognizing this, many employers offer wellness programs that can help their employees change behaviors that negatively affect mental health, helping them deal better with work and family stress.

Some programs also help manage alcohol and drug abuse by offering assessment, referral, consultation and counseling. These services are provided through several types of programs.

- **Employee Assistance Program (EAP)** is usually provided by employers. Some programs focus only on substance abuse problems; others cover a wide range of employee and family problems. EAPs often include proactive prevention and health and wellness activities, as well as problem identification and referral, and some are actively linked to the employee health benefit structure.
- **Member Assistance Program (MAP)** is provided by labor unions. MAPs cover a range of prevention, problem identification, referral, and counseling activities for employees and their dependents.
- **Peer Assistance Program (PAP)** is generally sponsored by employers or unions and use trained peers to work with troubled employees to address substance abuse and other problems, but within certain rules and limits.

CAREFIRST: ENCOURAGING HEALTH AND WELLNESS

CareFirst BlueChoice recognizes how important appropriate treatment of members diagnosed with mental health disorders is to their well-being. CareFirst BlueChoice collaborates with Magellan Health, Inc. to promote effective antidepressant medication management and follow-up after hospitalization for mental illness through provider and member interactions.

Antidepressant medication management interactions include educating members about depression; engaging members in their treatment; telephone outreach; and coaching. Doctors are encouraged to follow evidence-based clinical practice guidelines to support appropriate drug treatment and therapy and are given educational tools about depression to distribute to patients. These strategies help lower the recurrence of depression.

Follow-up after hospitalization focuses on engaging members in the discharge planning process, including:

- Educating members about the importance of aftercare follow-up
- Member and hospital team input
- Helping members get appointments
- Providing post-discharge support and individual outreach, particularly for members who are identified as being at risk for noncompliance.

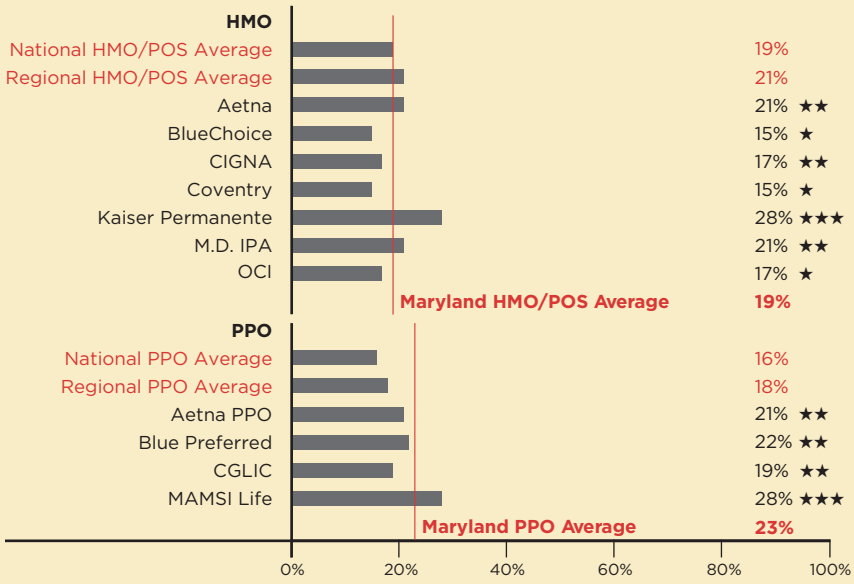
These efforts help to maintain the positive effects from hospitalization, reduce the risk of relapse, and minimize readmissions.

The Commission takes no position on the claimed motivations, methodologies, or results of this quality initiative.

GRAPH 1

ANTIDEPRESSANT MEDICATION MANAGEMENT: PRACTITIONER OVERSIGHT

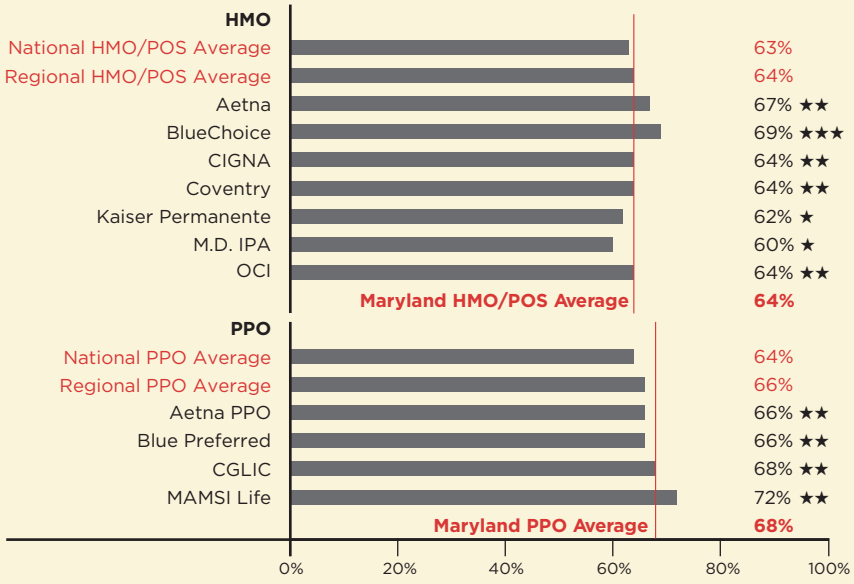
The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and had at least three follow-up contacts with a practitioner.



GRAPH 2

ANTIDEPRESSANT MEDICATION MANAGEMENT: ACUTE PHASE TREATMENT

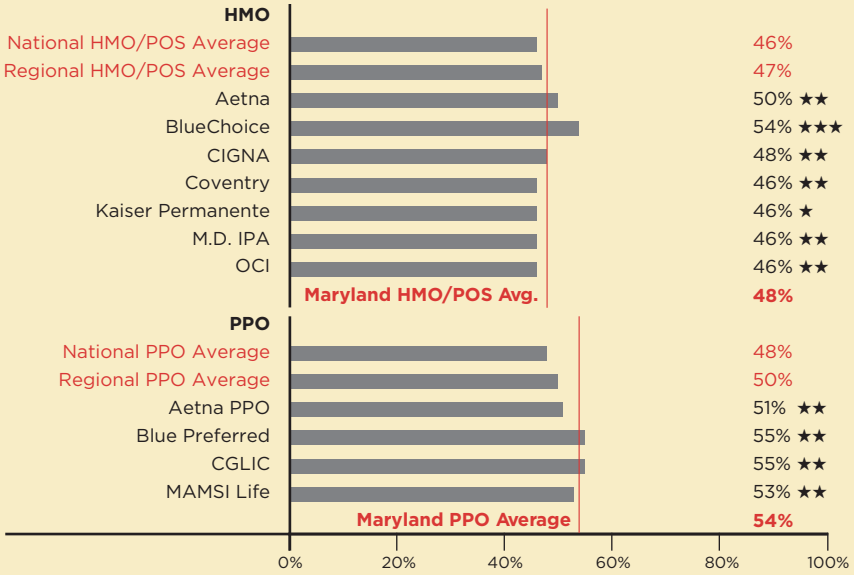
The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant drug for 12 weeks.



GRAPH 3

ANTIDEPRESSANT MEDICATION MANAGEMENT: CONTINUATION PHASE TREATMENT

The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant drug for at least 180 days.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

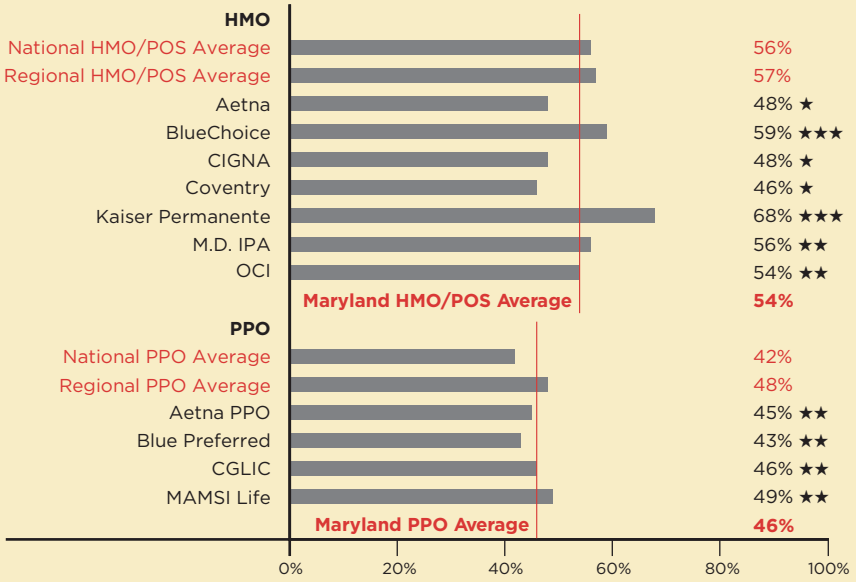
Data Source: Health Plan Records

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

GRAPH 4

7 DAY FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

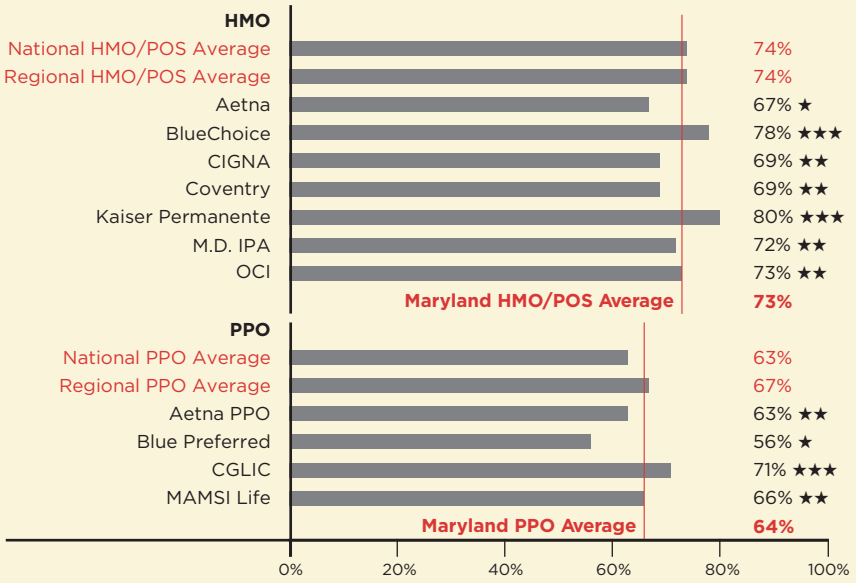
The percentage of members 6 years of age and older who were hospitalized for a mental disorder and were seen by a mental health practitioner within 7 days of leaving the hospital.



GRAPH 5

30 DAY FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

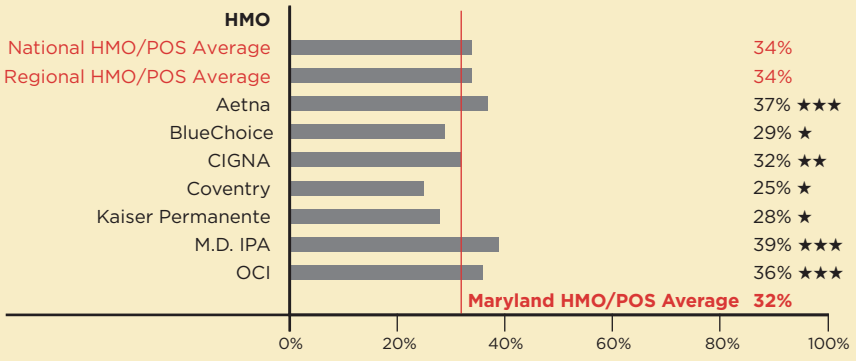
The percentage of members 6 years of age and older who were hospitalized for a mental disorder and were seen by a mental health practitioner within 30 days of leaving the hospital.



GRAPH 6

INITIATION FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION-DEFICIT HYPER-ACTIVITY DISORDER (ADHD) MEDICATION

The percentage of children 6–12 years of age who were given a prescription for ADHD medication and had one visit with a mental health provider within 30 days of being given the prescription.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Data Source: Health Plan Records

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

WELL-BEING: MEMBER SATISFACTION WITH WELLNESS PROGRAMS

A survey of a cross section of employed adults in the United States showed that nearly all (99%) of those who participate in wellness programs in employment settings find them helpful.

Wellness Programs and Member Satisfaction

There is not a lot of available research to show how wellness programs influence health plan members' perception of the care they receive from their health plans. Even though wellness programs have generally moved away from health care settings and into the workplace, there are few findings about the satisfaction of those who participate in employer-sponsored wellness programs. Nevertheless, a 2003 survey of employed adults in the United States found that nearly all (99%) of those who participate in wellness programs in employment settings find them "very" or "somewhat" helpful.

Enrollees Benefit from Wellness Programs

Some preliminary studies have demonstrated positive results from wellness programs. For example, early data from a smoking cessation program offered by a Cleveland plan showed a short-term quit rate of 40–45 percent among a group of program participants who used both nicotine replacement therapy and smoking cessation counseling. Another review of small, medium and large business private sector worksite wellness programs showed that participating employees had significantly reduced risk factors for heart disease and stroke, such as high cholesterol and high blood pressure.

COVENTRY: ENCOURAGING MEMBERS SATISFACTION

Coventry Health Care of Delaware (CHCDE) uses a variety of techniques to provide quality service to its members. In the area of customer service, CHCDE has enhanced its staff to improve response time and to assist members in understanding how to request or obtain services, resolve claims, complete appeals, understand their benefits, and find a provider.

Members with chronic conditions, such as diabetes, require not only timely care but consistent, supportive care. CHCDE operates all core processes of its disease management program to deliver seamless services that consist of utilization management, case management, and disease management. Using this integrated approach allows clinical staff to have the complete picture of the member, including any co-morbid conditions.

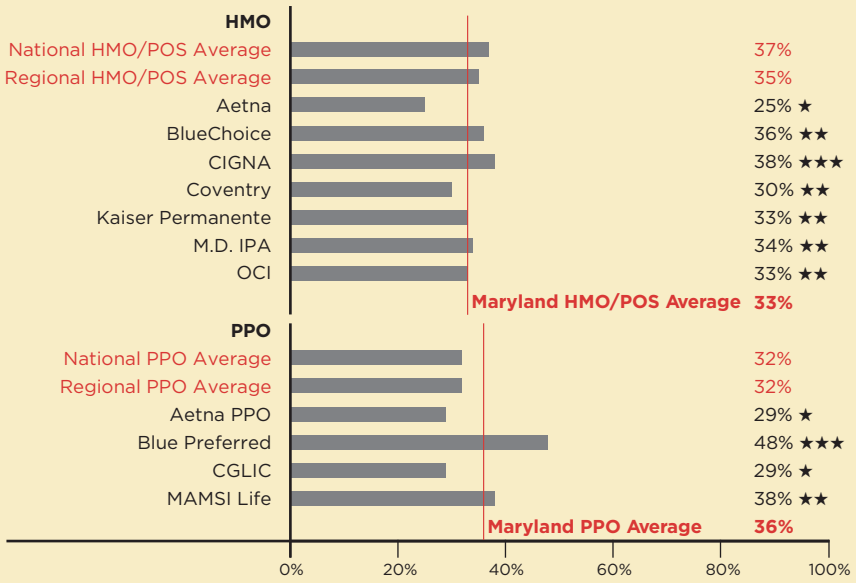
The disease management program emphasizes early outreach to develop a singular point of contact with the member and physician and to partner with the member and physician in achieving best outcomes. CHCDE contacts all members who have a condition managed through our program; whether that contact is a mailing/postcard or a phone call from a licensed healthcare professional depends on the member's needed level of support.

The Commission takes no position on the claimed motivations, methodologies, or results of this quality initiative.

GRAPH 1

RATING OF HEALTH PLAN

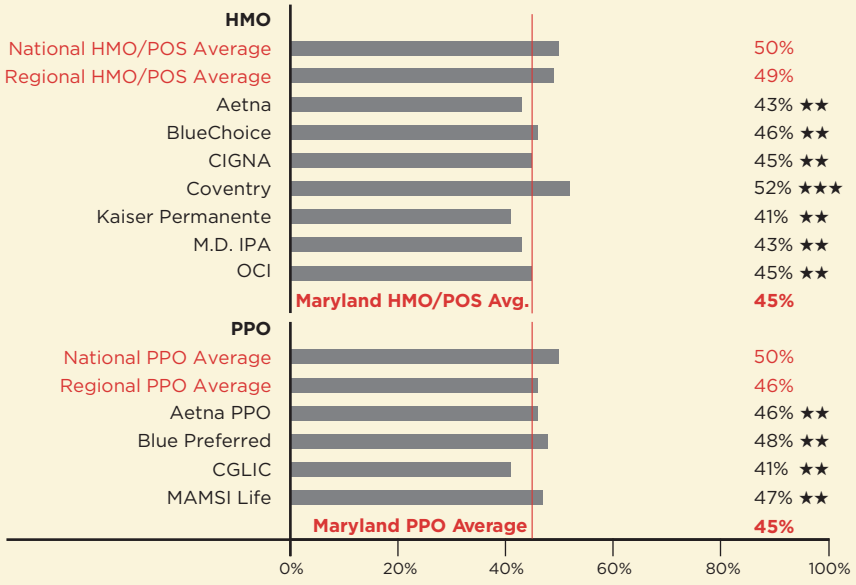
The percentage of members who rated their health plan "9 or 10" on a scale of 0–10, with 10 being the "best health plan possible."



GRAPH 2

GETTING NEEDED CARE

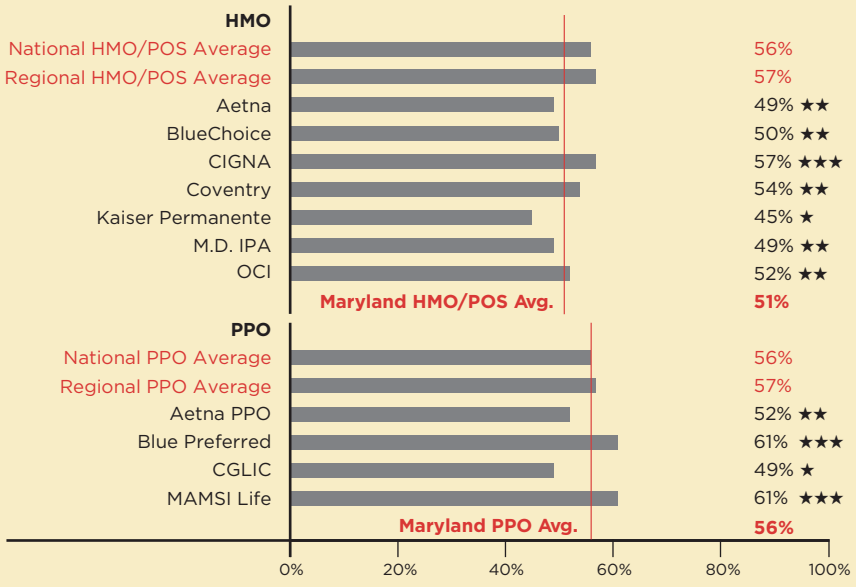
The percentage of members who said it is "always" easy to get appointments with specialists and needed care, tests, or treatment.



GRAPH 3

GETTING CARE QUICKLY

The percentage of members who said they "always" get needed care when they want it and get timely appointments for care at a doctor's office.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

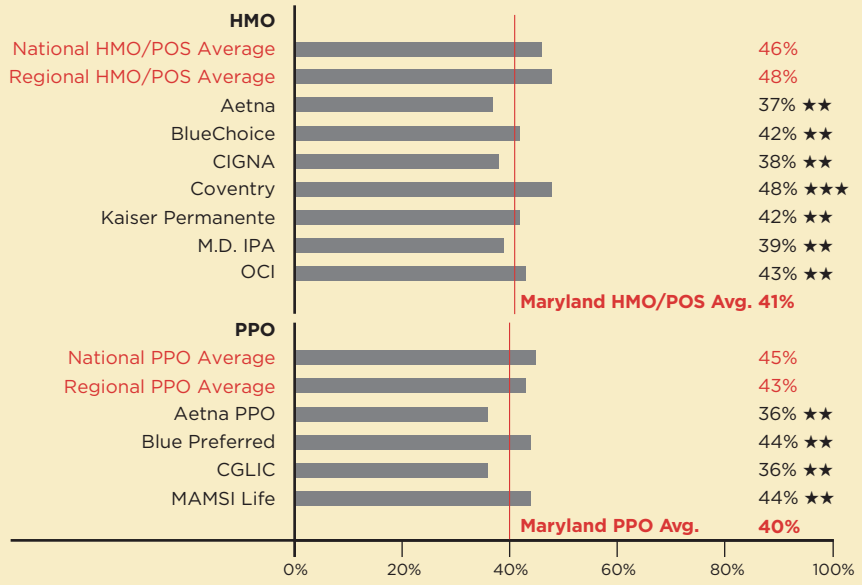
Data Source: Member Survey

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

GRAPH 4

CARE COORDINATION

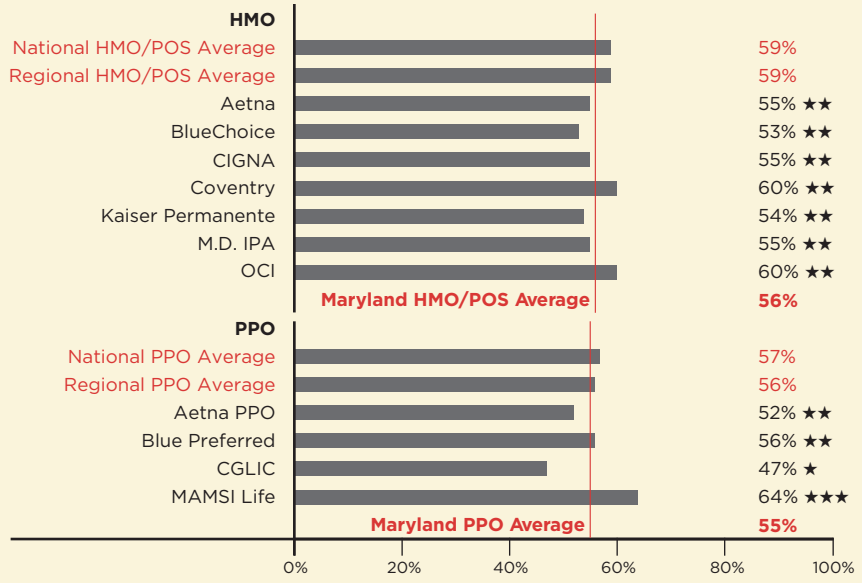
The percentage of members who said their doctor "always" seems informed and up-to-date about the care he or she gives.



GRAPH 5

SHARED DECISION MAKING

The percentage of members who said "definitely yes" when asked if their doctor discusses the pros and cons of treatments and involves them in making the best treatment choice.



PERFORMANCE

ABOVE AVERAGE	★★★
AVERAGE	★★
BELOW AVERAGE	★

Data Source: Member Survey

Stars show "statistically significant" differences between each plan's score and the Maryland average. More stars mean better plan performance.

COMPARISON TO THE REGION AND NATION

The following tables provide insight into how Maryland health plans compare to regional and national performance. The performance scores of four PPO plans (Table 3) and the scores for seven HMO/POS plans (Table 4) have been averaged to create a Maryland average for measures presented on pages 5-17 of this report. These values are compared to the average scores for the health plans in the region (46 commercial HMO/POS plans and 29 PPO plans) and in the nation (330 commercial HMO/POS plans and 181 PPO plans).

TABLE 3: COMPARISON OF MARYLAND, REGIONAL, AND NATIONAL PPO AVERAGES

Measure	Maryland	Region	Maryland Performance Compared to Region	Nation	Maryland Performance Compared to Nation
WELL-BEING: PROMOTING THE USE OF PREVENTIVE AND PROPER MEDICAL SERVICES					
Health Promotion and Education	26%	27%	★★	28%	★★
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	29%	30%	★★	29%	★★
Breast Cancer Screening	63%	64%	★★	65%	★
Appropriate Testing for Children with Pharyngitis (Sore Throat)	83%	75%	★★★	74%	★★★
Appropriate Treatment for Children with Upper Respiratory Infection	85%	84%	★★	83%	★★★
WELL-BEING: TREATING ILLNESS					
Persistence of Beta-Blocker Treatment After a Heart Attack	71%	68%	★★	63%	★★★
WELL-BEING: BEHAVIORAL HEALTHCARE					
Antidepressant Medication Management: Practitioner Oversight	23%	21%	★★	16%	★★★
7 Day Follow-up After Hospitalization for Mental Illness	46%	48%	★★	42%	★★★
Antidepressant Medication Management: Continuation Phase Treatment	54%	50%	★★★	48%	★★★
30 Day Follow-up After Hospitalization for Mental Illness	64%	67%	★★	63%	★★
Antidepressant Medication Management: Acute Phase Treatment	68%	66%	★★	64%	★★★
WELL-BEING: MEMBER SATISFACTION					
Rating of Health Plan	36%	32%	★★★	32%	★★★
Care Coordination	40%	43%	★★	45%	★
Getting Needed Care	45%	46%	★★	50%	★
Shared Decision Making	55%	56%	★★	57%	★★
Getting Care Quickly	56%	57%	★★	56%	★★

TABLE 4: COMPARISON OF MARYLAND, REGIONAL, AND NATIONAL HMO/POS AVERAGES

Measure	Maryland	Region	Maryland Performance Compared to Region	Nation	Maryland Performance Compared to Nation
WELL-BEING: PROMOTING THE USE OF PREVENTIVE AND PROPER MEDICAL SERVICES					
Health Promotion and Education	25%	28%	★	28%	★
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	28%	26%	★★★	25%	★★★
Colorectal Cancer Screening	58%	57%	★★	56%	★★★
Breast Cancer Screening	68%	67%	★★	69%	★
Appropriate Testing for Children with Pharyngitis (Sore Throat)	82%	74%	★★★	75%	★★★
Appropriate Treatment for Children with Upper Respiratory Infection	85%	81%	★★★	84%	★★★
WELL-BEING: TREATING ILLNESS					
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	36%	37%	★★	36%	★★
Diabetes Care: Cholesterol Control	46%	45%	★★	44%	★★★
Diabetes Care: Eye Exams	56%	55%	★★	55%	★★
Cholesterol Management for Patients with Cardiovascular Conditions	58%	59%	★★	59%	★★
Diabetes Care: Blood Glucose Control	70%	71%	★★	71%	★★
Persistence of Beta-Blocker Treatment After a Heart Attack	73%	76%	★★	72%	★★
Diabetes Care: Diabetic Nephropathy	80%	78%	★★★	81%	★★
WELL-BEING: BEHAVIORAL HEALTHCARE					
Antidepressant Medication Management: Practitioner Oversight	19%	20%	★★	19%	★★
Initiation Follow-up Care for Children Prescribed ADHD Medication	32%	34%	★★	34%	★★
Antidepressant Medication Management: Continuation Phase Treatment	48%	47%	★★	46%	★★★
7 Day Follow-up After Hospitalization for Mental Illness	54%	57%	★★	56%	★★
Antidepressant Medication Management: Acute Phase Treatment	64%	64%	★★	63%	★★
30 Day Follow-up After Hospitalization for Mental Illness	73%	74%	★★	74%	★★
WELL-BEING: MEMBER SATISFACTION					
Rating of Health Plan	33%	35%	★	37%	★
Care Coordination	41%	48%	★	46%	★
Getting Needed Care	45%	49%	★	50%	★
Getting Care Quickly	51%	57%	★	56%	★
Shared Decision Making	56%	59%	★	59%	★

eVALUE8 THE PROGRAMS

Managed health care plans use various program practices to improve the quality of care provided and cost efficiency of services. These practices—emphasis on preventive care and disease management, wellness incentives, patient education, and utilization management (assessment of medical need)—form the system of programs that serve the plan's members, provider network, and organization. While the HEDIS quality measurement tool provides a snapshot of how often members receive recommended care, another tool uniquely designed to assess the key components of a health plan's system, *eValue8*, provides consumers with a fuller understanding about the role of the health plan and how its programs stack-up on effectiveness and efficiency.

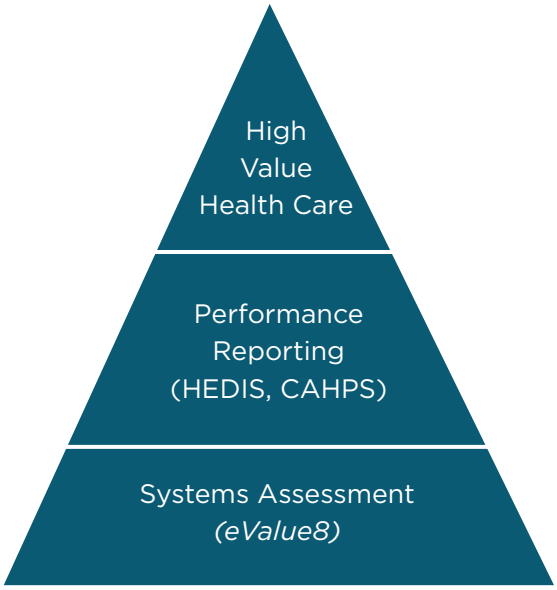
The National Business Coalition on Health (NBCH) produced the *eValue8* tool for the purpose of assessing health plans at the program level. Results gathered from the tool provide an in-depth analysis in seven essential categories.

- Prevention and Health Promotion
- Chronic Disease Management
- Consumer Engagement
- Provider Measurement
- Prescription Management
- Behavioral Health Care
- Plan Profile

MHCC, as part of a two-year pilot, has obtained the current *eValue8* results from the Mid-Atlantic Business Group on Health (MABGH), the local NBCH affiliate for Maryland employers. MABGH invited several major health plans in the region to submit information on their plan management and quality programs using the *eValue8* tool. Of those invited, three plans completed the tool: Aetna, BlueChoice, and Kaiser Permanente.

Measuring Value-Based Health Care

Value in health care is the intersection between quality of care and affordability. In a value-based health care system, buyers of health care (e.g., employers) hold health care providers (e.g., health plans) accountable for both cost and quality of care. Value-focused initiatives emphasize collection of quality of care data, transparency of quality and cost information, and incentives to providers. As illustrated in the figure below, a high-value health plan rests on a foundation of superior clinical results and member satisfaction (as measured by HEDIS and CAHPS) and optimal use of system-level resources (as assessed by *eValue8*). HEDIS, CAHPS and *eValue8* are complementary tools for identifying and rewarding the best-performing health plans and enhancing the overall value for employers and consumers.

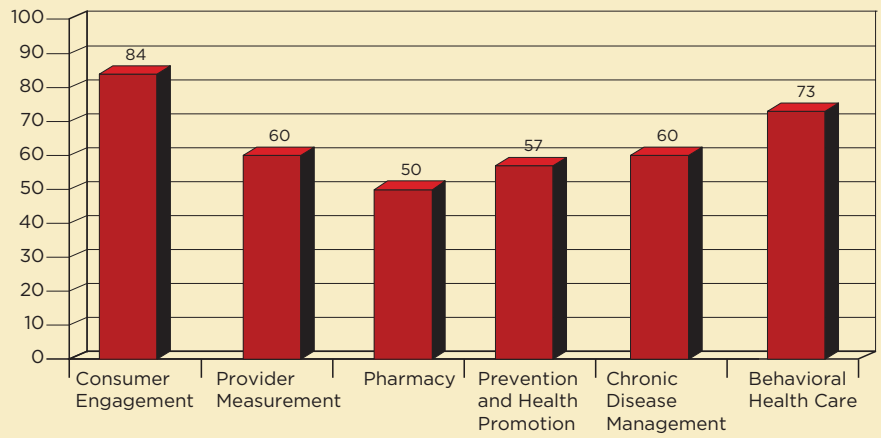


In combination, high rates for *eValue8* program assessment and related clinical measures suggest that health plans have designed and implemented an effective strategy for their members' care.

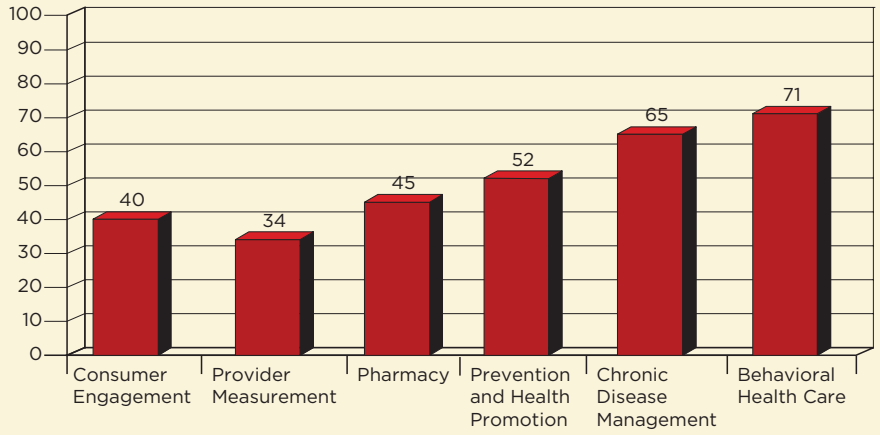
PLAN-SPECIFIC RESULTS

The following charts summarize how each plan performed on six *eValue8* categories. Scores are on a scale of 0 – 100 percent.

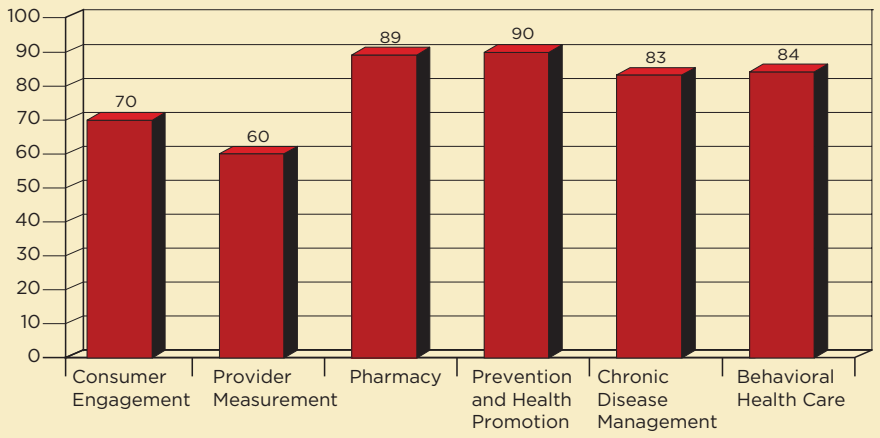
- Plans had similar wide-ranging results across the six categories, with the set of scores for each plan differing by at least 30 points between the highest and lowest values. This degree of variation illustrates the individuality of these areas as well as the capacity for tailoring the programs to support health plans' priorities or initiatives.
- Each plan's highest performance
  - Aetna scored highest in Consumer Engagement.
  - BlueChoice scored highest in Behavioral Health Care.
  - Kaiser Permanente scored highest in Prevention and Health Promotion.



AETNA



BLUECHOICE

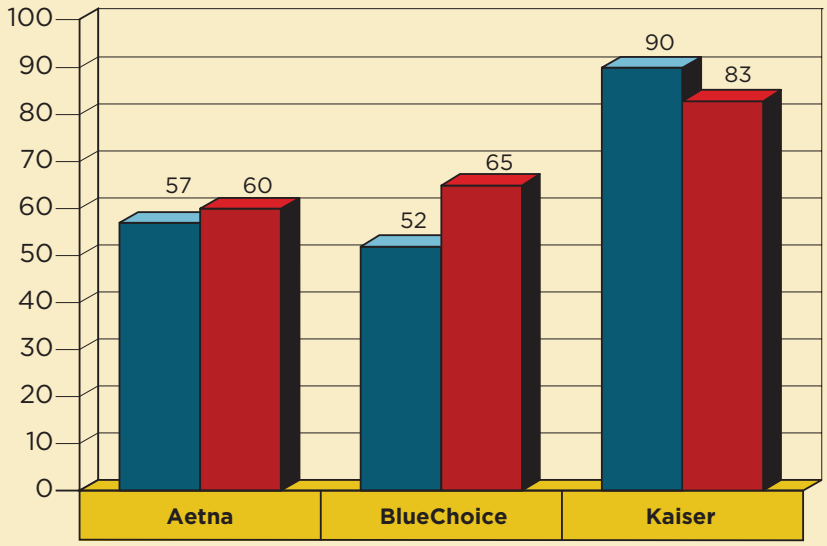


KAISER PERMANENTE

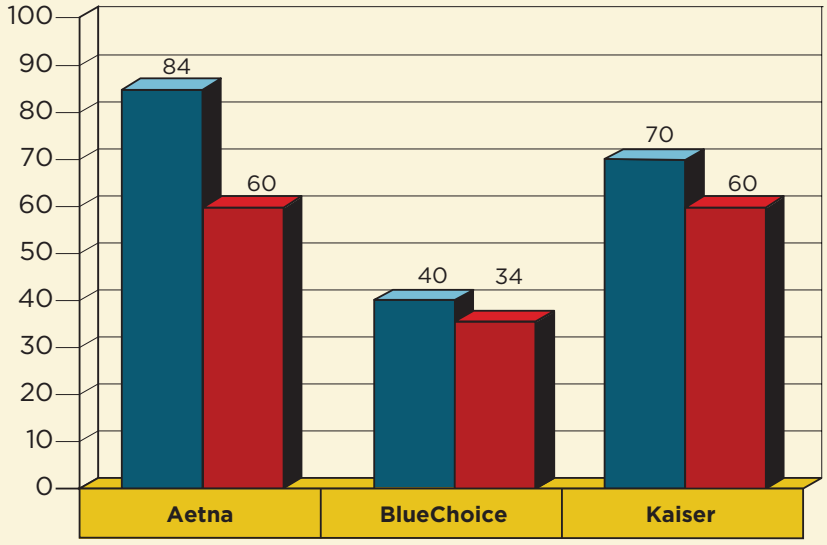
PROGRAM COMPARISONS

The following charts summarize how the plans compared individually and collectively for clinically-focused programs and member-provider activation programs. Scores are on a scale of 0 – 100 percent.

- Generally, within each plan's operations, the two clinically-focused programs received similar scores. BlueChoice showed the largest variation between its clinical programs with a difference of 13 points. Among plans, scores varied from a high of 90 to a low of 52. Both of these scores are associated with prevention programs.
- Programs that engage consumers to become active participants in their health care and those that identify high provider performance varied significantly within and across plans. Aetna had the highest set of scores in this program grouping. The lowest scores were associated with Provider Measurement for all plans.



GRAPH 1:
COMPARISON OF CORRESPONDING PROGRAMS:
CLINICALLY-FOCUSED



GRAPH 2:
COMPARISON OF CORRESPONDING PROGRAMS:
MEMBER AND PROVIDER FOCUSED

GRAPH 1 PROGRAM KEY

PREVENTION & HEALTH PROMOTION

CHRONIC DISEASE MANAGEMENT

GRAPH 2 PROGRAM KEY

CONSUMER ENGAGEMENT

PROVIDER MANAGEMENT

Measure Definitions:

Consumer Engagement
Assesses how the plan provides members with tools and strategies to support personal management of health benefits. Examples of support tools include Web-based practitioner directories, electronic personal health records, and cost estimation tools for medical services and prescription drugs. CAHPS rates on satisfaction with the plan, health care, and access to quick care were included in the overall score to measure the members' perceptions on the effectiveness of these programs.

Provider Measurement
Assesses how the plan measures, differentiates, and rewards provider performance.

Prescription Management (Pharmacy)
Assesses the plan's programs to manage and monitor issues of overuse, underuse, and misuse of prescription drugs. Examples include how plans monitor and take action on prescribing conflicts and manage the outpatient pharmacy network to ensure quality and safety.

Prevention and Health Promotion
Assesses availability and types of programs offered by the plan to screen for cancer, promote health education, and support healthier birth outcomes. HEDIS rates are included in the overall score as a measure of the effectiveness of immunization and cancer screening programs.

Chronic Disease Management
Assesses the breadth of the plan's disease management programs, with specific emphasis on diabetes and coronary artery disease. To determine the effectiveness of member and practitioner support programs, HEDIS rates for the two disease conditions are used to measure program performance.

Behavioral Health Care
Assesses plan's programs to manage depression, screen for alcohol overuse, and other points in the provision of behavioral health services. HEDIS rates are included in the overall score as a measure of the effectiveness of programs to manage alcohol and depression.

ENCOURAGING HEALTH AND WELLNESS: INFORMATION FOR EMPLOYERS

Worksite Wellness Programs Gain Momentum

A recent study by the Center for Studying Health System Change estimated that three chronic diseases—asthma, diabetes, and hypertension—result in 164 million days of absenteeism each year and cost employers $30 billion.

Employers offer wellness programs as a way to engage their employees in making better health choices and improving their health. This in turn increases productivity and reduces absenteeism and associated costs. The Council of State Governments, Healthy States Initiative, reports that currently one third of public and private sector employers with 50 or more employees offer comprehensive wellness programs.

Wellness Programs Produce Gains for Employers

Early evaluations of the effectiveness of worksite wellness programs are positive. A recent analysis published by the *Journal of Occupational Health Psychology* concluded that participation in wellness programs is associated with decreased work absenteeism and increased job satisfaction. These programs lead to a savings of between $3 and $6 for every $1 invested and reductions of more than 25 percent in absenteeism, health care costs and disability or workers' compensation costs.

Addressing the Gap in Enrollee Engagement

Despite the growing popularity of wellness programs, employee participation in them is lagging. While 25 percent of people surveyed in a 2003 Harris Interactive poll believed that their employers offered some kind of wellness program addressing exercise, weight loss, diet and nutrition or smoking cessation, only 9 percent said they actually participated in them. Employees identified privacy issues as a barrier to participation.

As a result, in addition to implementing systems to protect enrollee privacy, many plans offer incentive programs to encourage participation and adoption of healthy behaviors. Incentives include small cash payments to members who complete an HRA; gift cards; gym membership discounts; reimbursement for weight management programs; and in some cases, rewards for positive results.

MARYLAND PERFORMANCE REPORTS

For additional information on health plan quality and performance, visit the MHCC Web site at **http://mhcc.maryland.gov/consumerinfo**.

- *Comprehensive Performance Report: Commercial HMOs, POS, and PPO Plans in Maryland*. Contains more plan-specific rates on HEDIS (clinical) and CAHPS (survey) measures.
- *Measuring the Quality of Maryland Commercial Managed Care Plans: State Employee Guide*. Contains information similar to this report, but covers only HMO, POS and PPO plans available to employees of the State of Maryland.

Publications on the performance of health care facilities are also available on the MHCC Web site at **http://mhcc.maryland.gov/consumerinfo**, including these three Web-based, interactive guides.

- *Maryland Hospital Performance Evaluation Guide*. Compares the quality of care provided by Maryland hospitals.
- *Maryland Nursing Home Performance Evaluation Guide*. Compares comprehensive nursing care facilities and continuing care retirement communities in Maryland on age or functional ability of residents and on measures of quality.
- *Maryland Ambulatory Surgery Facility Consumer Guide*. Provides descriptive information about ambulatory surgery facilities and their services.

DISTINGUISHING BETWEEN HMO, POS, AND PPO PLANS

HMOs, POS plans, and PPOs are health plans with distinct features, as highlighted below. Both HMOs and POS plans use a "gatekeeper" or primary care physician (PCP) who is responsible for coordinating a patient's care. Traditionally, a key difference between HMO and POS plans is that POS plan members do not need a referral from a PCP to see a specialist and may select a doctor who is not in the plan's "network" of physicians—although members' out-of-pocket costs are less when they use an in-network physician.

TABLE 5. HMO VS. POS VS. PPO

Health plan type	HMO	POS	PPO
Access to Primary Care	Members must choose a PCP who manages their care. This physician must be part of the plan's "network" of physicians.	Members must choose an in-network provider, but may also choose an out-of-network provider for higher out-of-pocket costs.	Members do not have to choose a PCP as a gatekeeper; they may choose from in-network or out-of-network providers.
Referrals for specialty care providers	PCPs must provide a referral to see a specialist and other providers.	Members may choose between PCP referral providers or out-of-network providers.	No referrals are needed to seek care from specialists or other health care providers.
Out-of-pocket costs	Annual premiums: Tend to be lower than POS and PPO plans. Cost sharing: Fixed co-payments.	Annual premiums: Tend to fall between HMO and PPO plans. Cost sharing: Fixed co-payments for in-network services and deductibles and co-insurance for out-of-network services.	Annual premiums: Tend to be higher than HMO and POS plans. Cost sharing: Fixed co-payments for in-network services and deductibles and co-insurance for out-of-network services.

(Source: American Health Insurance Plans Consumer Guide: Questions and Answers about Health Insurance www.ahip.org)

PLAN SERVICE AREAS AND CONTACT INFORMATION

Health Plan	Maryland and Adjacent Services Areas (Maryland Jurisdictions Within Each Region Are Listed Below)					Customer Service Information
	Baltimore Metro Area	Washington, DC Metro Area	Eastern Shore	Southern Maryland	Western Maryland	
Aetna Health Inc. HMO—Maryland, DC, Virginia (Aetna)	X	X	Cecil, Kent, Queen Anne's Talbot, Wicomico	X	Frederick, Washington	800-323-9930 8:00 am–6:00 pm Monday–Friday www.aetna.com
	Northern Virginia, Richmond, Roanoke, Hampton Roads					
Aetna Health Inc. PPO	X	X	X	X	X	
	Northern Virginia, Richmond, Roanoke, Hampton Roads					
Carefirst BlueChoice, Inc. HMO (BlueChoice)	X	X	X	X	X	BlueChoice 866-520-6099 BluePreferred 800-321-3497 7:00 am—7:00 pm Monday—Friday 8:00 am–1:00 pm Saturday www.carefirst.com
	Northern Virginia					
Carefirst BluePreferred PPO	X	X	X	X	X	
	Northern Virginia					
CIGNA HealthCare Mid-Atlantic HMO (CIGNA)	X	X	X	X	X	800-832-3211 8:00 am–5:00 pm Monday–Friday www.cigna.com
	Virginia					
CGLIC PPO	X	X	X	X	X	
	Virginia					
Coventry Health Care of Delaware, Inc. (Coventry)	X	X	X	X	Allegheny, Frederick, Washington, Garrett	800-833-7423 8:00 am–5:00 pm Monday–Friday www.chcde.com
	Delaware, Southern New Jersey, Southern Pennsylvania					
Kaiser Foundation Health Plan of the Mid-Atlantic States Inc. (Kaiser Permanente)	X	X	N/A	X	X	800-777-7902 301-468-6000 For the hearing and speech impaired: 301-879-6380 7:30 am–5:30 pm Monday–Friday www.kaiser permanente.org
	Northern Virginia					
MD—Individual Practice Association and Optimum Choice, Inc. HMO (M.D. IPA and OCI)	X	X	X	X	X	800-709-7604 24 Hours 7 Days www.mamsi UnitedHealthCare.Com
	Washington, DC; Virginia					
MAMSI Life	X	X	X	X	X	
	Washington, DC; Virginia					

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