Strategic Measures 6-9

Quality of Healthcare
Access to Healthcare
Affordability of Health Benefits
Wellness of Membership

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CalPERS

Measure 6: Quality of Healthcare

Quality of Healthcare

Health Quality: Plan All-Cause Readmission, 2012

YEAR	CalPERS	National Commercial 25th Percentile	National Commercial 90th Percentile	National Commercial Average
2012	0.79	0.84	0.68	0.83

Table Footnote: The year displayed represents the measurement year.

Health Quality: Plan All-Cause Readmission, 2012

Legend:
- CalPERS
- National Commercial 25th Percentile
- National Commercial 90th Percentile
- — National Commercial Average

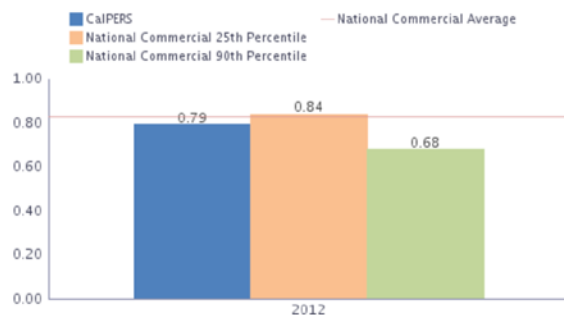Values shown: 0.79, 0.84, 0.68 (for 2012)

Chart Footnote: A lower score is better.

Measure
Quality of health care provided as measured by observed ratio of all-cause readmissions, compared to what would be expected.

Definition & Purpose
Healthcare Effectiveness Data and Information Set (HEDIS) measure to determine the number of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days versus the predicted probability of an acute readmission.

Readmission percentages higher than expected may be due to poor quality health care, such as poor chronic disease management, improper discharge instructions, or missed opportunities to coordinate care better. By using this nationally standardized measure for health care quality, we can compare the quality of care of CalPERS members to regional and national populations.

Glossary

Details & Analysis

Where We Are
CalPERS in relation to thresholds and benchmarks for Measurement Year 2012
- CalPERS score is a relative 6% better than the National Commercial 25th Percentile.
- The National Commercial 90th Percentile is a relative 14% better than the CalPERS score.
- CalPERS score is a relative 5% better than the National Commercial Average.

Data Frequency
Annually for the previous calendar measurement year.

Baseline, Thresholds and Targets
- **Baseline:** 3-year average, once three years of data are available.
- **Thresholds:**
  - The National Commercial 25th Percentile is the minimum performance level, and
  - The National Commercial 90th Percentile is the high performance level.
- **Target:** No target without a 3-year trend of CalPERS data.
- **Benchmark:** The National Commercial Average.

Interpretation of Results
- A single data point can be an anomaly. Three data points are required to minimally represent a pattern to analyze.
- When a 3-year trend is established as the baseline, data interpretations and comparisons will be made.
- A lower score is better for Plan All-Cause Readmission (PCR) measure.
- Use caution when comparing the CalPERS score to thresholds, as percentiles are not spaced in integer fashion. The same percentage-point difference between a CalPERS score and one benchmark may be statistically significant in one case, but not in another.
- Statistically significant score differences will be evaluated annually, once a 3-year trend is in place.

References & Sources

CalPERS | Benefit Programs Policy & Planning

Measure 6: Quality of Healthcare (Glossary)

Glossary

CAHPS®
The Consumer Assessment of Healthcare Providers and Systems is an unusual HEDIS measure, in that it is a survey that many health plans conduct on an annual basis. The healthcare access measure CalPERS uses, the routine-care survey question, is a CAHPS® HEDIS measure.

EQRO
An **external quality review organization** (EQRO) is an external, independent organization that has expertise in collecting, submitting, and analyzing HEDIS data from health plans. CMS requires that EQROs meet competency requirements and have the clinical and nonclinical resources necessary to conduct EQRO-related activities.

HEDIS
The **Healthcare Effectiveness Data and Information Set**, developed and maintained by the National Committee for Quality Assurance (NCQA), is a set of performance measures used to assess the quality of care provided by managed health care organizations. (HEDIS was formerly known as the Health Plan Employer Data and Information Set.)

HPL
The CalPERS score for a HEDIS measure can be compared to a threshold equal to at least the 90th percentile of the National Commercial score for the same measure. This threshold is the **High Performance Level**.

MPL
The CalPERS score for a HEDIS measure can be compared to a threshold equal to no more than the 25th percentile of the National Commercial score for the same measure. This threshold is the **Minimum Performance Level**.

NCQA
The **National Committee for Quality Assurance** is a not-for-profit organization that assesses, through accreditation reviews and standardized measures, the quality of care provided by managed health care delivery systems. NCQA reports the results of these assessments to employers, consumers, public purchasers, and regulators, ultimately seeking to improve health care provided within the managed care industry.

Quality Compass
NCQA's annual publication, **Quality Compass**, provides comparative performance information on hundreds of Commercial, Medicaid, and Medicare health plan submissions as well as national, regional, and state benchmarks. The online database provides up to three years of performance trend for HEDIS and CAHPS® measures of publicly reporting plans.

Close

Measure
Quality of health care provided as measured by observed ratio of all-cause readmissions, compared to what would be expected.

Definition & Purpose
Healthcare Effectiveness Data and Information Set (HEDIS) measure to determine the number of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days versus the predicted probability of an acute readmission.

Readmission percentages higher than expected may be due to poor quality health care, such as poor chronic disease management, improper discharge instructions, or missed opportunities to coordinate care better. By using this nationally standardized measure for health care quality, we can compare the quality of care of CalPERS members to regional and national populations.

Glossary

Details & Analysis

Where We Are

CalPERS in relation to thresholds and benchmarks for Measurement Year 2012
- CalPERS score is a relative 6% better than the National Commercial 25th Percentile.
- The National Commercial 90th Percentile is a relative 14% better than the CalPERS score.
- CalPERS score is a relative 5% better than the National Commercial Average.

Data Frequency

Annually for the previous calendar measurement year.

Baseline, Thresholds and Targets

- **Baseline:** 3-year average, once three years of data are available.
- **Thresholds:**
  - The National Commercial 25th Percentile is the minimum performance level, and
  - The National Commercial 90th Percentile is the high performance level.
- **Target:** No target without a 3-year trend of CalPERS data.
- **Benchmark:** The National Commercial Average.

Interpretation of Results

- A single data point can be an anomaly. Three data points are required to minimally represent a pattern to analyze.
- When a 3-year trend is established as the baseline, data interpretations and comparisons will be made.
- A lower score is better for Plan All-Cause Readmission (PCR) measure.
- Use caution when comparing the CalPERS score to thresholds, as percentiles are not spaced in integer fashion. The same percentage-point difference between a CalPERS score and one benchmark may be statistically significant in one case, but not in another.
- Statistically significant score differences will be evaluated annually, once a 3-year trend is in place.

References & Sources

CalPERS | Benefit Programs Policy & Planning

Measure 7: Access to Healthcare

Access to Healthcare

Access to Routine Healthcare, 2013

YEAR	CalPERS	National Commercial 25th Percentile	National Commercial 90th Percentile	National Commercial Average
2013	86.1	81.8	88.7	84.1

Table Footnote: The year displayed represents the measurement year.

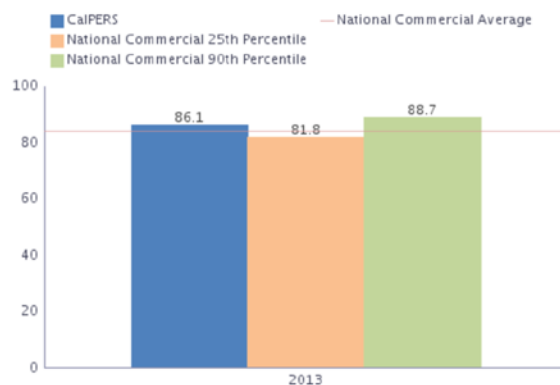### Access to Routine Healthcare, 2013

Chart Footnote: A higher score is better for this survey-question measure.

Measure
Access to health care as measured by the percent of CalPERS health beneficiaries reporting receipt of routine health care when needed, relative to benchmark data.

Definition & Purpose
The score represents the percentage of CalPERS members who received routine health care as soon as needed in the last 12 months as measured by the CalPERS Health Plan Member Survey utilizing questions consistent with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

In order to ensure the best health outcomes for CalPERS members, routine health care must be accessible when needed. We will assess survey data to obtain CalPERS member perception of access to routine health care.

Glossary

Details & Analysis

Where We Are
CalPERS in relation to thresholds and benchmarks for Measurement Year 2013
- CalPERS score is an absolute 4 percentage points better than the National Commercial 25th Percentile.
- The National Commercial 90th Percentile is an absolute 3 percentage points better than the CalPERS score.
- CalPERS score is an absolute 2 percentage points better than the National Commercial Average.

Data Frequency
Annually for the previous calendar measurement year.

Baseline, Thresholds and Targets
- **Baseline:** 3-year average, once three years of data are available.
- **Thresholds:**
  - National Commercial 25th Percentile is the minimum performance level, and
  - National Commercial 90th Percentile is the high performance level.
- **Target:** No target without a 3-year trend of CalPERS data.
- **Benchmark:** The National Commercial Average.

Interpretation of Results
- A single data point can be an anomaly. Three data points are required to minimally represent a pattern to analyze.
- When a 3-year trend is established as the baseline, data interpretations and comparisons will be made.
- A higher score is better for this survey-question measure.
- Use caution when comparing the CalPERS score to thresholds, as percentiles are not spaced in integer fashion. The same percentage-point difference between a CalPERS score and one benchmark may be statistically significant in one case, but not in another.
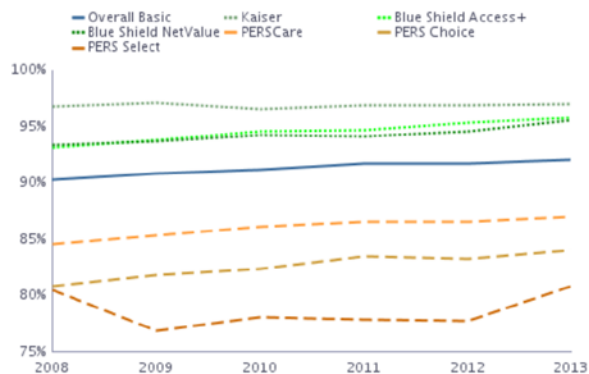- Statistically significant score differences will be evaluated annually, once a 3-year trend is in place.

CalPERS | Benefit Programs Policy & Planning

Measure 8: Affordability of Health Benefits

Affordability of Health Benefits

Actuarial Value of Health Benefits, 2008-2013

CalPERS Plan	2008	2009	2010	2011	2012	2013
HMO's	93- 97%	94- 97%	94- 97%	94- 97%	95- 97%	96- 97%
PPO's	81 -85%	77 - 85%	78 - 86%	78 - 87%	78 - 87%	81 - 87%
Overall Basic	90%	91%	91%	92%	92%	92%

Actuarial Value of Health Benefits by Plan, 2008-2013

— Overall Basic ••• Kaiser ••• Blue Shield Access+
••• Blue Shield NetValue — PERSCare — PERS Choice
— PERS Select

Measure
Affordability of health benefits as measured by the percentage of total average costs for covered benefits that a health plan will cover.

Definition & Purpose
The actuarial value of covered health benefits for CalPERS health plans.

Measures the breadth of covered benefits for CalPERS members and when used with other data, can provide guidance on affordability of health benefits.

Details & Analysis

Where We Are

Health insurance plans on the marketplace are categorized into metal tiers – Bronze (60%), Silver (70%), Gold (80%), and Platinum (90%). CalPERS health plans have consistently ranked as Silver or higher.

Data Frequency

Annually from the previous calendar measurement year.

Baseline, Thresholds and Targets

- **Baseline:** 2013 CalPERS basic plan actuarial values range from 96-97% for HMO's and 81-87% for PPO's and is 92% for the overall basic.
- **Thresholds:** TBD
- **Target:** TBD
- **Benchmark:** TBD
  Actuarial values of CalPERS health plans should be competitive with national plans and plans available in the California health insurance marketplace.
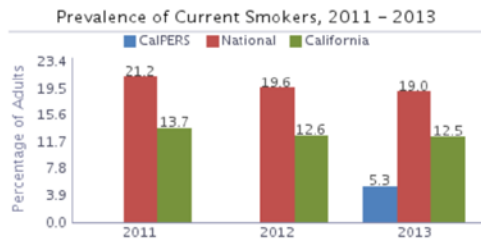
Interpretation of Results

If the actuarial value is too high, benefits may be too rich for the employers to continue to pay long-term. If the actuarial value is too low, members will carry greater burden of their health care costs. Affordability of health benefits, in addition to other strategic measure results, provide context to aid CalPERS decision-making, health plan contract negotiations, and determining optimal strategies to achieving long-term health benefit sustainability.
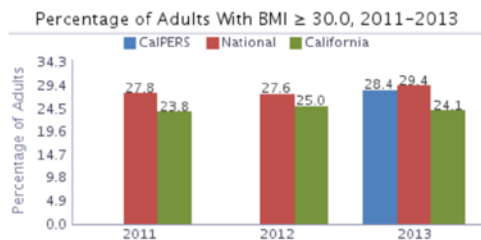
References & Sources

CalPERS | Benefit Programs Policy & Planning

Measure 9: Wellness of Membership

Wellness of Membership

Smoking

Prevalence of Current Smokers, 2011 – 2013

Legend: CalPERS, National, California

Year	CalPERS	National	California
2011	21.2		13.7
2012	19.6		12.6
2013	5.3	19.0	12.5

Y-axis (Percentage of Adults): 0.0, 3.9, 7.8, 11.7, 15.6, 19.5, 23.4

Obesity

Percentage of Adults With BMI ≥ 30.0, 2011–2013

Legend: CalPERS, National, California

Year	CalPERS	National	California
2011		27.8	23.8
2012		27.6	25.0
2013	28.4	29.4	24.1

Y-axis (Percentage of Adults): 0.0, 4.9, 9.8, 14.7, 19.6, 24.5, 29.4, 34.3

Diabetes

Performing Daily Self-Monitoring of Blood Glucose, 2010

Legend: National, California

	National	California
	63.6	58.6

Y-axis (Adults With Diabetes): 29.7, 39.6, 49.5, 59.4, 69.3

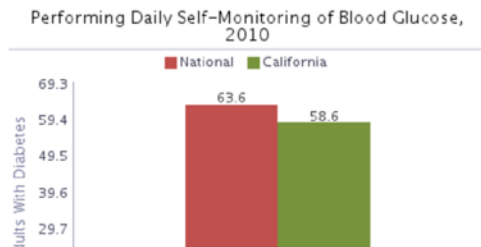### Measure

Wellness of our membership as measured by the percentage of members who smoke, have diabetes, or are obese, compared to state and national data.

Definition & Purpose

The percentage of CalPERS members who smoke, have diabetes, or are obese, using the Centers for Disease Control and Prevention (CDC) definitions. CalPERS members will be assessed using the CalPERS Health Plan Member Survey.

These are risk factors for several chronic diseases that can be addressed by prevention, treatment, and/or management.

Details & Analysis

Where We Are

Starting with measurement year 2013, CalPERS changes were incorporated on the CalPERS Health Plan Member Survey to gather data related to the wellness of CalPERS membership. The information collected is designed to be comparable with state and national data. The annual survey results will contribute to these measurements providing essential baseline risk factor data.

Data Frequency

Annually for the previous calendar measurement year.

Baseline, Thresholds and Targets

- **Baseline:** Results of the CalPERS Health Plan Member Survey for prior years does not provide sufficient data for a current baseline. Baselines will be established for each risk factor utilizing the CalPERS Health Plan Member Survey data.
- **Thresholds:** TBD
- **Target:** More information needs to be gathered and may depend on baseline data.
- **Benchmark:** National and state estimates using the CDC definitions.

Interpretation of Results

Usage of survey data is challenging as the method may not be sensitive enough to observe change and interventions for prevention, and management of chronic diseases may take a number of years to impact even the prevalence data. However, chronic disease control and prevention can dramatically reduce long-term health care costs. These measures will allow CalPERS to assess risk factor prevalence and potentially target different groups for interventions through engagement of members, employers, and health care providers.

Smoking Prevalence

5.3% of members compared to 12.5% of California adults are current smokers. Amongst CalPERS members, 3.3% smoke every day and 2% smoke some days. Overall rates of smoking for men and women were similar (5.7% and 5.0%, respectively).
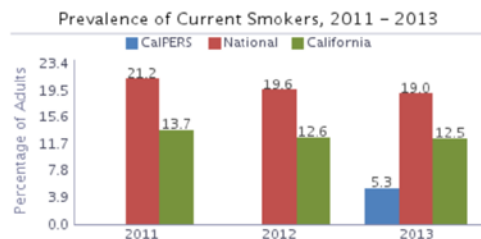
Obesity Prevalence

28.4% of members compared to 24.1% of California adults have a BMI of ≥ 30.0. BMI is a screening tool and commonly utilized for population assessment of overweight and obesity. It can be used to compare one's weight status against that of the general population. The overall
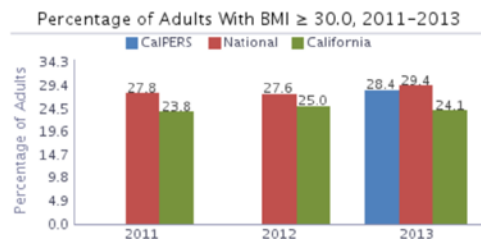
Measure 9: Wellness of Membership
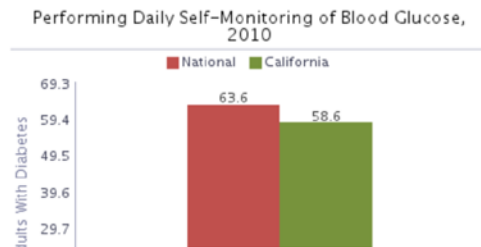
Wellness of Membership

Smoking

Prevalence of Current Smokers, 2011 – 2013

Obesity

Percentage of Adults With BMI ≥ 30.0, 2011-2013

Diabetes

Performing Daily Self-Monitoring of Blood Glucose, 2010

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Obesity Prevalence

28.4% of members compared to 24.1% of California adults have a BMI of ≥ 30.0. BMI is a screening tool and commonly utilized for population assessment of overweight and obesity. It can be used to compare one's weight status against that of the general population. The overall CalPERS population average BMI is classified as overweight.

Diabetes Prevalence

For individuals with diabetes, daily self-monitoring of blood glucose levels is amongst multiple important preventative care practices that help reduce diabetes related complications. CalPERS data for percentage of members with diabetes performing daily self-monitoring of blood glucose levels will become available starting with the 2014 measurement year.

References & Sources

Measure 9: Wellness of Membership

Weight Status Distribution of CalPERS Population, 2013

CalPERS | Benefit Programs Policy & Planning