



Pension and Health Benefits Committee Agenda Item 4d

March 20, 2018

Item Name: Population Health Report

Program: Health Benefits

Item Type: Information Consent

Executive Summary

This information item provides an update of activities by California Public Employees' Retirement System (CalPERS) team members regarding Population Health Management (PHM). CalPERS team members in collaboration with the health plans developed the PHM dashboard report. Each year the plans submit their own PHM dashboard which is used to verify the PHM dashboard generated from Health Care Decision Support System (HCDSS).

Strategic Plan

This agenda item supports the 2017-2022 Strategic Goal of Health Care Affordability by improving the health status of members.

Background

In the CalPERS 2013-2015 Business Plan, one initiative was to "Standardize health plans' approach to population health management across the continuum of care for active and retired members." Measuring progress in PHM requires a dashboard of relevant data. Over the past year, CalPERS team members have refined the PHM reporting requirements in the dashboard. This involved reconciling data from HCDSS and data directly from the health plans.

Analysis

This year, the analyses include three major changes: comparisons over time; comparisons of data across health plans; and comparisons of Preferred Provider Organization (PPO) and Health Maintenance Organization (HMO) data with benchmarks. Clinical data for individual health plans are still best represented by PHM dashboards submitted by individual plans because only health plans' individual PHM reports contain complete hybrid Healthcare Effectiveness Data and Information Set (HEDIS) measures. Health plans typically contract with third party vendors to generate hybrid HEDIS measures, and the contractual relationship with the third-party vendor may prohibit the plan from sharing this information with HCDSS. Nevertheless, an advantage of HCDSS data for the dashboard is that standardized data definitions can be applied across all health plans.

Depression, cesarean section, and hypertension are this year's focus in the Population Health Dashboard for prevalence rates. Depression and cesarean section were selected because they were included in the original 2017-22 Strategic Measure proposals. Hypertension was chosen because it is a chronic condition that could lead to other chronic conditions, such as coronary artery disease and heart failure. Attachment 1 is the dashboard comparing all Basic health plans

in 2015 versus 2016. Depression has decreased from 5.17 to 4.82 percent; however, additional work in gauging the quality of mental health treatment that members are receiving still needs to be performed. Hypertension is higher among the plans with a higher average age (Attachments 2 and 3), but has decreased from 8.25 to 7.27 percent. Cesarean section delivery rates have increased to 29.0 percent in 2016 from 28.8 percent in 2015; however, this is an aggregate average and includes elective C-sections and C-sections that were performed for high-risk deliveries, which is inconsistent with national and state health objectives.

Breast cancer screening, acute phase antidepressant adherence, and imaging studies for low back pain are this year's focus on Population Health Dashboard for HEDIS-like rates. Breast cancer screening was selected because early detection for breast cancer can improve the prognosis for members. Acute phase antidepressant adherence was chosen because it is an indirect measure to determine whether members are receiving treatment for their major depression. Imaging for low back pain was chosen, as the issue of low back pain is an ongoing project with Smart Care California (SCC). Attachment 4 compares our PPO and HMO plans with the publicized National Committee for Quality Assurance (NCQA) HEDIS commercial averages for the 2015 calendar year. CalPERS HMO breast cancer screening is at 80.69 percent, compared to the average of 73.2 percent. Work is still needed to determine methods in increasing our PPO plans' rate of 69.06 percent; however, the CalPERS percent is close to the commercial average of 69.6 percent. Members' acute phase antidepressant adherences for major depression are at 73.14 percent for PPO and 73.47 percent for HMO, which are above national benchmarks. Appropriate utilization of imaging studies for low back pain¹ for our PPO plans are at 82.69 percent and HMO plans are at 85.32 percent. These are both higher than the NCQA HEDIS commercial averages of 74.9 percent for PPO and 75.4 percent for HMO.

CalPERS team members will continue to review with each health plan their respective PHM dashboards. In addition, CalPERS team members will investigate how health plans can improve their claims and encounter data submission rates for hybrid HEDIS measures, with a goal of having the information available through HCDSS. Laboratory values continue to be a "work in progress" with respect to HCDSS, since laboratory values will require additional work to upload. Finally, over the next year, CalPERS team members will develop methodologies for PHM dashboards for Medicare plans and will explore improvements to the current measures, such as limiting C-section rates to first-time, low-risk births (consistent with national and state health objectives).

Benefits and Risks

Not applicable.

Attachments

Attachment 1 - PHM dashboard for all Basic Health Plans, 2015 and 2016

Attachment 2 - PHM dashboard for Basic PPO plans, 2016

Attachment 3 - PHM dashboard for Large Basic HMO plans, 2016

Attachment 4 - PHM dashboard for Basic PPO and HMO Plans compared with Benchmarks, 2015

¹ This measure excludes members with recent cancer, trauma, intravenous drug abuse, and neurologic impairment. Utilization of imaging studies for low back pain is an inverted rate, meaning it is the percent of members who appropriately did not receive imaging for low back pain. A higher rate is better, as it means there will be less unnecessary usage of low back pain imaging, thereby decreasing in the incidence of false positives for members.

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