2020-21 Strategic Measure Summary

Measure Title:	Chronic Disease Prevention and Management
Executive Owner:	Donald Moulds
Strategic Goal:	High-Quality Affordable Health Care
Strategic Objective:	Ensure our members receive high-quality care
Associated Initiative(s):	Update health plan contract measures; Clinical quality improvement programs; Health data quality management; Health equity

Status:	Under Development
Numeric Status:	TBD

Description:	More than half of all Californians suffer from one or more chronic diseases and the rate continues to increase. Accompanying this increase are associated direct costs such as hospitalization, medical care and treatment supplies, and indirect costs, such as disability and lost time from work.
	Diabetes, high-blood pressure, and obesity are the three highest prevalence chronic diseases among CalPERS health care members. This composite measure evaluates the quality of diabetes, hypertension, and obesity treatment and prevention reported by our CalPERS health plans. The measure utilizes the following three Healthcare Effectiveness Data and Information (HEDIS) measures reported by our health plans to create the composite result:
	Diabetes Care: Hemoglobin A1C management
	Hypertension: Controlling High Blood Pressure
	Obesity counseling
Baseline:	71% (covering experience in 2019)
Target:	75%
Refresh Frequency:	Annually, July
Reporting Range:	Not applicable at this time.
Thresholds:	On-Target: 75% or above
	At-Risk: 50 – 74.9%
	Off-Target: Below 50%

Status Narrative:
As of July 2020, this is a new strategic measure and performance data will be available in July 2021.

Performance Trend Chart:
The performance trend chart will be provided in July 2021 when this measure is fully built out and performance data is available.

2020-21 Strategic Measure Summary

Measure Title:	Behavioral Health Quality
Executive Owner:	Donald Moulds
Strategic Goal:	High-Quality Affordable Health Care
Strategic Objective:	Ensure our members receive high-quality care
Associated Initiative(s):	Behavioral health access and quality

Status:	Under Development
Numeric Status:	TBD

Description:	Mental health disorders are among the most common health conditions Californians face as one in six California adults experiences a mental illness of some kind; one in 24 has a serious mental illness that makes it difficult to carry out major life activities; and one in 13 children has an emotional disturbance that limits participation in daily activities. In 2018, $349 million was spent on mental health disorders for Basic health plan members; the most common mental health condition was depression.
	This composite measure evaluates the quality of behavioral health prevention and treatment delivered to CalPERS health care members. It utilizes the following three Healthcare Effectiveness Data and Information Set (HEDIS) measures reported by our health plans to create a composite result:
	Depression management
	Mental health acute care follow-up
	Substance use treatment and engagement
Baseline:	To be determined.
Target:	75%
Refresh Frequency:	Annually, July
Reporting Range:	Not applicable at this time.
Thresholds:	To be determined.

Status Narrative:
As of July 2020, this is a new strategic measure and the data to develop the baseline and thresholds will be available by July 2020. Performance data will be available in July 2021.

Performance Trend Chart:
The performance trend chart will be provided in July 2021 when this measure is fully built out and performance data is available.

2020-21 Strategic Measure Summary

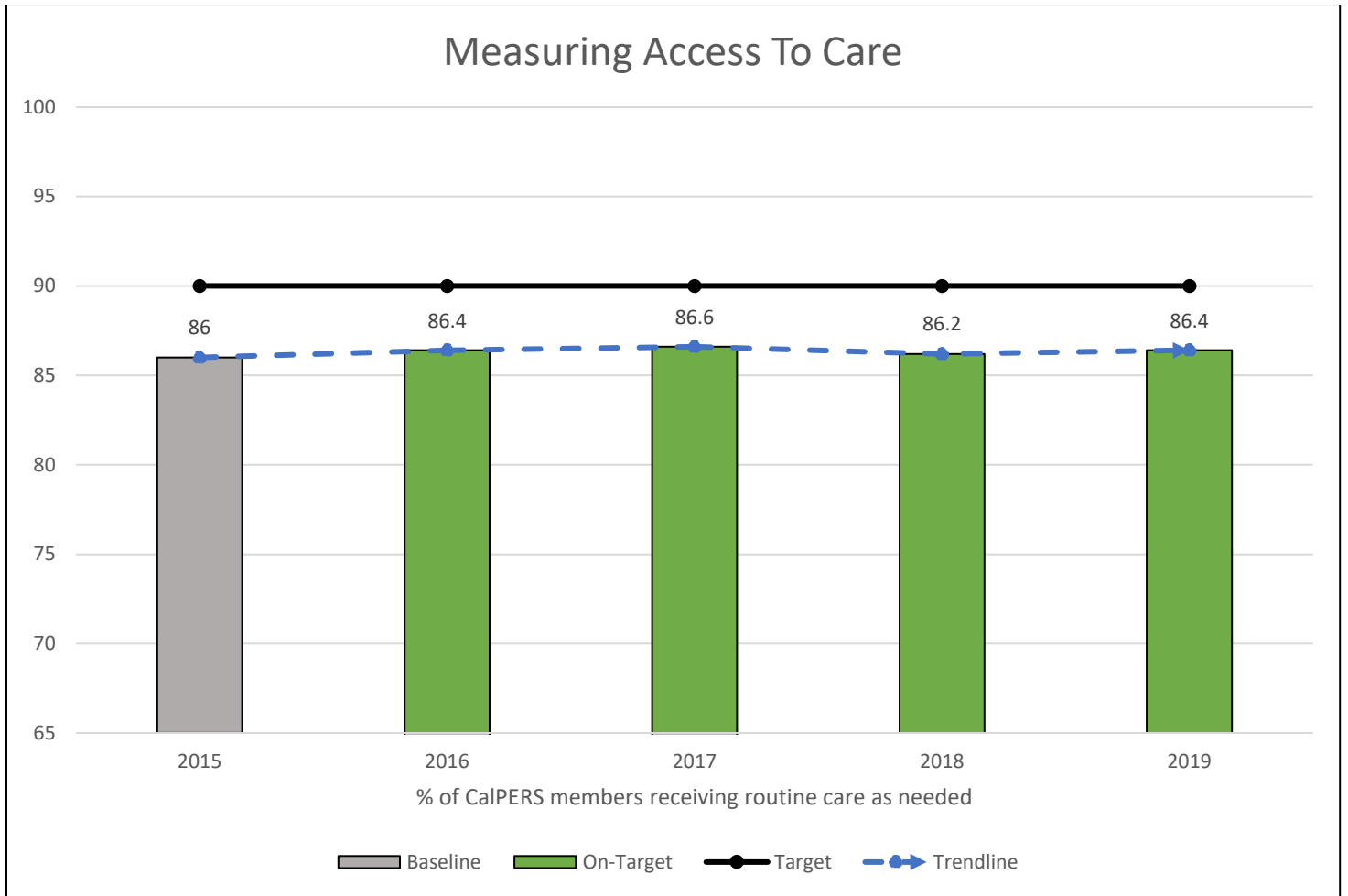| Measure Title:	Measuring Access to Care
Executive Owner:	Donald Moulds
Strategic Goal:	High-Quality Affordable Health Care
Strategic Objective:	Ensure our members have access to care when and where they need it
Associated Initiative(s):	Telehealth access; Behavioral health access and quality; Health data quality Management

Status:	On-Target
Numeric Status:	86.4% (covering experience in 2019)

Description:	Percentage of CalPERS health care members who answered "Usually" or "Always" to the Health Plan Member Survey (HPMS) question, "In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctors' office or clinic as soon as you needed?" This measure provides the percent of CalPERS health care members responding that they received routine care as soon as they needed it in the last 12 months. This metric represents the perception of CalPERS members' access to care when needed. A higher percentage is considered good. Factors that can influence this measure include enforcement of contractual requirements and collaborative efforts with CalPERS health plan partners. Measure trend: • 86.4% (covering experience in 2016) • 86.6% (covering experience in 2017) • 86.2% (covering experience in 2018) • 86.4% (covering experience in 2019)
Baseline:	86.0% (covering experience in 2015)
Target:	90%
Refresh Frequency:	Annually, June
Reporting Range:	January 2019 – December 2019
Thresholds:	On-Target: 85% or above At-Risk: 80 – 84.9% Off-Target: Below 80%

Status Narrative:

As of June 2020, this measure was reported at 86.4% and was On-Target. Updated performance data will be available in June 2021.

Performance Trend Chart:

Measuring Access To Care

% of CalPERS members receiving routine care as needed

Baseline   On-Target   Target   Trendline

2020-21 Strategic Measure Summary

Measure Title:	Member Experience
Executive Owner:	Donald Moulds
Strategic Goal:	High-Quality Affordable Health Care
Strategic Objective:	Ensure our members have access to care when and where they need it
Associated Initiative(s):	Telehealth access; Behavioral health access and quality; Update health plan contract measures

Status:	On-Target
Numeric Status:	83.9% (covering experience in 2019)

Description:	Percentage of CalPERS health care members who answered eight or higher on a zero to 10 scale, with 10 being the best health care possible, to the Health Plan Member Survey (HPMS) question, "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?" This metric represents the percentage of CalPERS health care members who rated their health care as positive. A higher percentage is considered good. Factors that can influence this measure include enforcement of contractual requirements and collaborative efforts with CalPERS health plan partners.
Trend:	Measure trend: • 81.9% (covering experience in 2016) • 83.6% (covering experience in 2017) • 82.2% (covering experience in 2018) • 83.9% (covering experience in 2019)
Baseline:	80.3 % (covering experience in 2015)
Target:	85%
Refresh Frequency:	Annually, June
Reporting Range:	January 2019 – December 2019
Thresholds:	On-Target: 82% or above At-Risk: 80 – 81.9% Off-Target: Below 80%

Status Narrative:

As of July 2020, this strategic measure was previously the Rating of Health Care Key Performance Indicator (KPI). Targets and thresholds were newly created to align with the National Committee of Quality Assurance (NCQA) benchmarks. Updated performance data will be available in June 2021.

Performance Trend Chart:
The performance trend chart will be provided in the next reporting cycle.

2020-21 Strategic Measure Summary

Measure Title:	Health Care Premium Affordability
Executive Owner:	Donald Moulds
Strategic Goal:	High-Quality Affordable Health Care
Strategic Objective:	Ensure the care we provide is affordable
Associated Initiative(s):	Increase competition; Risk mitigation; Pharmaceutical strategies; Update health plan contract measures; Health data quality management

Status:	Under Development
Numeric Status:	TBD

Description:	This measure evaluates the year-over-year change in total premium costs for the CalPERS Health Benefits Program against a benchmark trend developed by Mercer. Data for the benchmark trend is based on experience reported by insurance companies in Oliver Wyman's Carrier Trend Survey and includes experience for over 145.3 million lives.
	Factors that can influence trends include member utilization, unit costs, new technologies, cost-shifting from public payers and leveraging of member cost sharing. Innovations and efficiencies such as promoting efficient hospital plan networks, value-based purchasing and integrated health models help mitigate medical trend increases.
	The target and thresholds are updated on an annual basis and are dependent upon data reported by insurance companies as well as changing conditions in the health care market place.
Baseline:	To be determined.
Target:	To be determined.
Refresh Frequency:	Annually, June
Reporting Range:	Not applicable at this time.
Thresholds:	To be determined.

Status Narrative:
As of July 2020, this is a new strategic measure and the data to develop the baseline, target, and thresholds will be available by March 2021. Performance data will be available in June 2021.

Performance Trend Chart:
The performance trend chart will be provided in June 2021 when this measure is fully built out and performance data is available.