# Health Plan Performance: eValue8™ 2018 Results

March 2019



WASHINGTON HEALTH ALLIANCE
Leading health system improvement

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# Introduction

The Washington Health Alliance brings together those who give, get and pay for health care to advance a high quality, affordable health care system for the people of Washington state. A key focus of the Alliance is improving transparency of the health care system through performance measurement and reporting. We focus on different aspects of the health care system including clinics and medical groups, hospitals and health plans, with three goals in mind:

- Reducing underuse of effective care. When patients receive evidence-based care at the right time, it increases the likelihood that conditions will be identified early and managed and reduces the potential for avoidable complications.
- Reducing overuse. More care isn't always better care. Unnecessary tests and procedures contribute to waste in the system, add considerably to cost and increase the risk of physical, emotional and financial harm to patients.
- Reducing price. Overall high cost and unwarranted variation in pricing contributes to making our current health system unsustainable.

The Alliance produces focused, data-driven reports on health care in Washington state; our reports help the community we serve determine how well we're doing as a state to reach our goals for quality and value in health care.

**For measuring health plan performance**, the Alliance uses the national eValue8™ Request for Information (RFI), a tool that was originally developed in the late 1990's by several large coalitions and large employers like Ford Motor Company, General Motors and Marriott International, and is now maintained by the National Alliance of Healthcare Purchaser Coalitions.

# Overview of eValue8™

The eValue8 RFI asks health plans probing questions about how they manage critical processes that can help to control health care costs, reduce and eliminate waste, ensure patient health and safety, close gaps in care and improve health and health care.

Health plans provide detail on how they educate, engage and incentivize consumers to promote health and manage chronic illness. Health plans also provide detail on how they measure the performance of and pay providers and hospitals, and what support they offer to providers to improve quality of care.

Results from the eValue8 RFI are nationally scored and then health plans and purchasers (i.e., employers and union trusts) receive detailed results. These results enable purchasers and consumers to compare each health plan against other plans in Washington state and against national benchmarks for best performance. It is important to note that what is measured by eValue8 may not equate to the experience of a particular individual with his or her health plan.

The health plans' scores are determined based on information submitted directly by the health plans based on the health plan's programs and initiatives as of June 30, 2018. After initial scoring, health plans are given the opportunity to correct or modify information to ensure that scoring is as accurate as possible given that assessment requires completeness of information and the judgment of several experts.

An important part of the process includes face-to-face discussion of the evalue8 findings. Purchasers and health plans meet in person to review the results and learn what they can do to align their strategies to improve health and health care in Washington.

# Alliance Objectives in Sponsoring eValue8

The Alliance, on behalf of its members, has worked with the National Alliance of Healthcare Purchaser Coalitions to use the eValue8 tool seven times: 2008, 2009, 2010, 2012, 2014, 2016 and, most recently, in 2018.

By conducting eValue8 in Washington state, Alliance participants have these shared objectives:

- Generate consistency in commercial health plan assessment that enables transparency of performance and permits comparison within and across markets.
- Stimulate improved performance from health plans.
- Enable purchasers and health plans to work collaboratively to organize strategies and structure programs to improve health care value in our state.
- Inform purchasers' procurement decisions about health insurance for their employees and their dependents.

For more information about eValue8 or the results in this report, please contact Susie Dade at the Washington Health Alliance: sdade@wahealthalliance.org

# eValue8 2018 Purchaser Sponsors

The Washington Health Alliance would like to thank the following health care purchasers who sponsored eValue8 in 2018:

| | |
|---|---|
| Association of Washington Cities | Port of Seattle |
| The Bill & Melinda Gates Foundation | Puget Sound Energy |
| The Boeing Company | Seattle Chamber of Commerce |
| Carpenters Trust of Western Washington | SEIU 775 Benefits Trust |
| City of Seattle | Sound Health and Wellness Trust |
| Davis Wright Tremaine LLP | Starbucks Coffee Company |
| King County | Washington Health Benefit Exchange |
| Pacific Health Coalition | Washington State Health Care Authority |
| Point B | Washington Teamsters Welfare Trust |

# Health Plan Participation in eValue8

In 2018, six health plans* responded to the purchasers' invitation and responded to the eValue8 RFI:

- Aetna PPO
- Cigna PPO
- Kaiser Permanente Washington HMO
- Kaiser Permanente Washington PPO
- Regence Blue Shield PPO
- UnitedHealthcare PPO

We congratulate and thank these six plans for their voluntary participation in the process, including completing the eValue8 RFI which required significant time and resources. We applaud them for their commitment to transparency regarding their performance and their willingness to have the summary-level results shared publicly.

*Premera Blue Cross was invited but declined to participate in eValue8.

# eValue8 2018 – Participating Health Plans

This year, the plans that participated in eValue8 cover over 2 million commercially-insured individuals in Washington state.

| Health Plan | Commercial Lives in This Market (as of June 30, 2018) | Lives as % of Total Plan Nationwide (Commercially-insured) |
|---|---|---|
| Aetna | 392,696 | 1.9% |
| Cigna | 193,261 | 1.4% |
| KP-WA* HMO | 350,235 | 3.6% |
| KP-WA PPO | 154,385 | 1.6% |
| Regence Blue Shield | 703,112 | 42.5% |
| UnitedHealthcare | 261,743 | 1.0% |

*Kaiser Permanente Washington

# What is included in eValue8?

The 2018 eValue8 RFI includes the following seven sections (referred to as “modules”). Questions within each of the modules are weighted differently based on evidence, consensus standards and input from health care purchasers and health plans from across the country. The weighting of questions impacts the overall weight (% of total points) of each module. The RFI is updated annually to reflect current evidence and a changing health care landscape.

1. Overall Business Profile and Accreditation Status
2. Physician and Hospital Performance Measurement and Management
3. Helping Members Get and Stay Healthy
4. Helping Members to Become Good Consumers
5. Helping Members Manage Acute or Episodic Conditions
6. Helping Members Manage Chronic Conditions
7. Pharmaceutical Management

The following pages describe each module and the health plan results for Washington state.

# Overview of eValue8

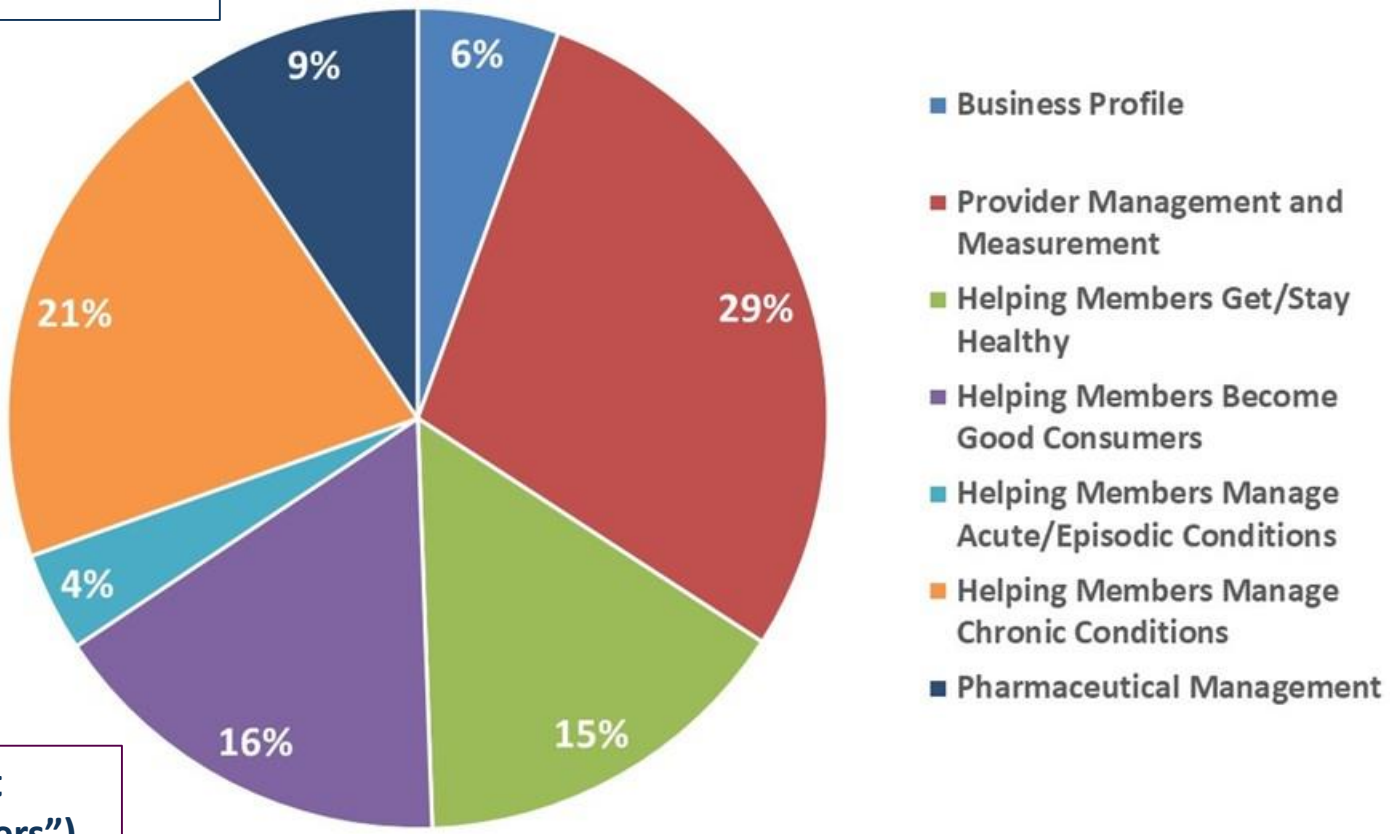
As you'll note on page 10, more than one-half (56%) of the total points available through eValue8 are earned based on how well each health plan provides support to its members. This includes things like:

- member screening and reminders to identify and then fill gaps in care to help individuals get and stay healthier;
- transparent information on price and quality of physicians and hospitals to help members select higher value providers (i.e., higher quality at a lower price); and,
- availability of unbiased and evidence-based tools to enable members to evaluate the risks and benefits of treatment options and participate in shared decision-making.

Almost one-third of the total points available through eValue8 are based on how well each health plan supports and incentivizes physicians and hospitals to improve, such as contracting and payment innovations and feedback on opportunities for improvement. A very important component is whether the health plan links provider payment to achieving specific quality outcomes, in addition to targets related to cost and utilization.

# Overview of eValue8, 2018

**Total Points = 484.5**




**Member Support ("Helping Members")**
**Total = 56%**

# Overview of eValue8

While health plan accreditation by the National Committee on Quality Assurance (NCQA) and URAC is very important and is a component of eValue8, the impact on overall scoring is small (approximately 5% of total points).

eValue8 scoring places a relatively heavy emphasis on select HEDIS® * and CAHPS® ** measure results as these represent a nationally standardized way of measuring health plan quality and patient experience.

*The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool used by more than 90 percent of America's health plans to measure performance. Approximately 190 million people are enrolled in health plans that report HEDIS results. Altogether, HEDIS consists of over 90 measures across six areas. Because so many plans collect HEDIS data and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.

**Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers and patients to report on and evaluate their experiences with their health plan and other aspects of their health care. CAHPS surveys are developed by the U.S. Agency for Healthcare Research and Quality (AHRQ) and are used to compare health plans, hospitals, and physician groups. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess.

# 2018 eValue8 Results

**The following material includes each health plan's overall results, followed by results for each of the seven modules in eValue8:**

- **Business Profile and Accreditation Status**
- **Physician and Hospital Management and Performance Measurement**
- **Helping Members Get and Stay Healthy**
- **Helping Members to Become Good Consumers**
- **Helping Members Manage Acute or Episodic Conditions**
- **Helping Members Manage Chronic Conditions**
- **Pharmaceutical Management**

# Summary of Current Accreditation Status

| Plan | NCQA | URAC |
|---|---|---|
| Aetna | Accredited (Dec 2019)<br>Physician Quality<br>MBHO | Pharmacy Benefit Mgt<br>Specialty Pharmacy |
| Cigna | Accredited (Sept 2020)<br>Physician & Hospital Quality<br>MBHO | Pharmacy Benefit Mgt<br>Specialty Pharmacy<br>Case Management |
| Kaiser Permanente Washington HMO | Commendable (June 2019) | Pharmacy Benefit Mgt |
| Kaiser Permanente Washington PPO | Accredited (June 2019) | Pharmacy Benefit Mgt |
| Regence Blue Shield | Commendable (Sept 2019) | Pharmacy Benefit Mgt<br>Specialty Pharmacy |
| UnitedHealthcare | Accredited (Nov 2021)<br>Physician Quality<br>MBHO<br>Case Management | Pharmacy Benefit Mgt<br>Specialty Pharmacy |

MBHO = Managed Behavioral Health Organization

# Summary of HEDIS Results

Below is a summary of the health plans' HEDIS performance on 58 measures, comparing each plan's results to national benchmarks. Ideally, plan results would be at the national 75th percentile or higher on each measure.

| Health Plan | Very Good | Good | | Needs Significant Improvement | |
|---|---|---|---|---|---|
| | Above the 90th Percentile* | Between the 75th and 90th Percentiles* | Between the 50th and 75th Percentiles* | Between the 25th and 50th Percentiles* | Below the 25th Percentile* |
| Aetna | 3 | 12 | 13 | 21 | 9 |
| CIGNA | 2 | 12 | 13 | 21 | 10 |
| KP-WA HMO | 16 | 15 | 16 | 7 | 4 |
| KP-WA PPO | 6 | 13 | 15 | 20 | 4 |
| Regence | 1 | 12 | 20 | 24 | 1 |
| UHC | 1 | 9 | 26 | 19 | 3 |

*Percentiles are based on national health plan performance (source: NCQA Quality Compass).

# Summary of Overall CAHPS Results

| Health Plan | Rating of All Health Care (% of 9+10) | Rating of Health Plan (% of 9+10) |
|---|---|---|
| Aetna | Below 25th | Below 25th |
| CIGNA | Between 25th and 50th | Below 25th |
| KP-WA HMO | Below 25th | Between 25th and 50th |
| KP-WA PPO | Below 25th | Below 25th |
| Regence | Between 50th and 75th | Between 50th and 75th |
| UnitedHealthcare | Below 25th | Below 25th |

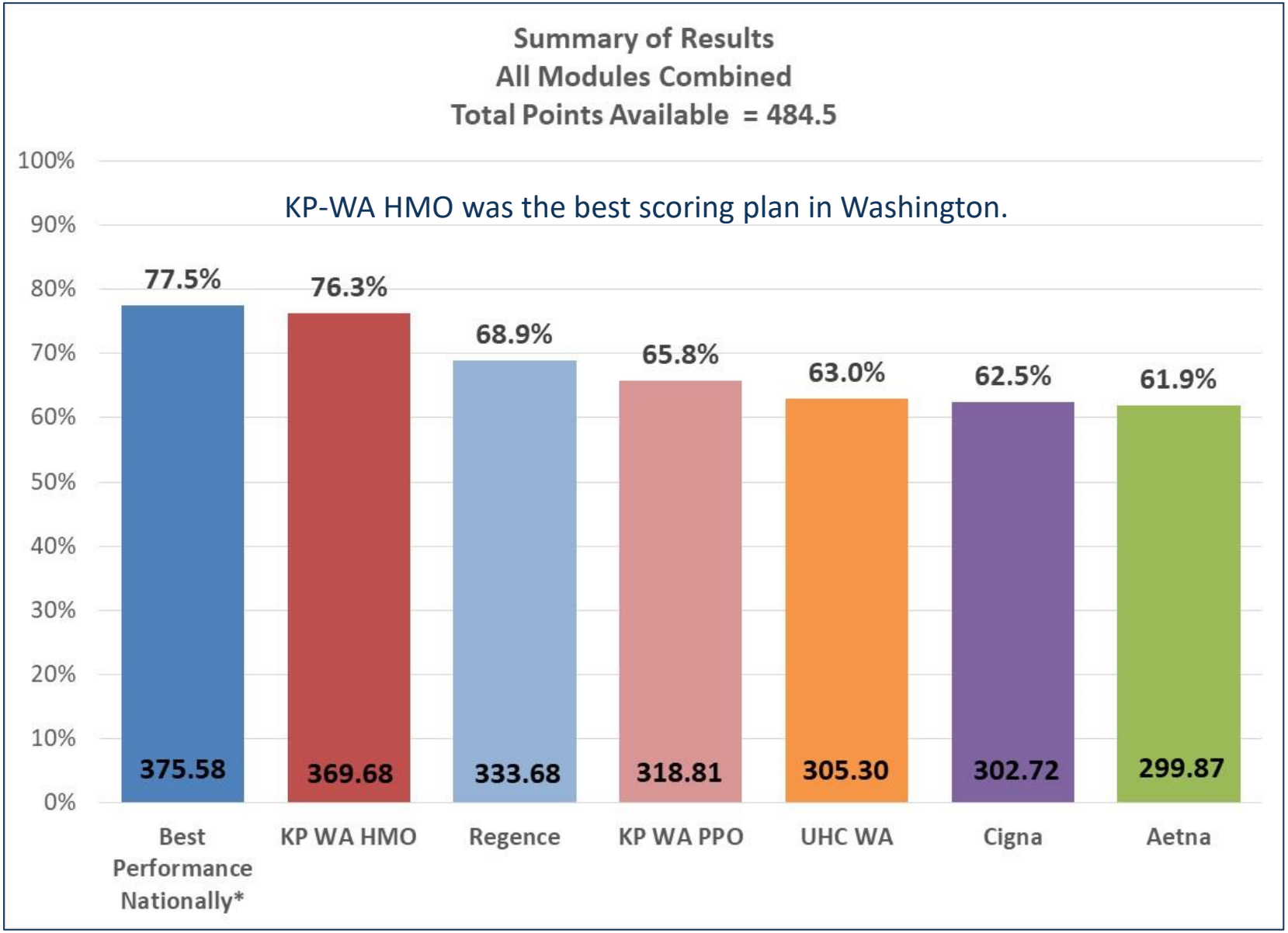
These two measures evaluate overall member/patient experience with (1) the health care they received through physicians and hospitals in the health plan's network, and (2) the health plan itself. The "% of 9+10" refers to the percentage of survey respondents that award the plan a top score on a scale of 0-10, with O being the worst health care/health plan and 10 being the best health care/health plan. "Below 25th" means that the plan's results on this particular measure are below national 25th percentile scoring. Ideally, plan results would be at the national 75th percentile or higher on each measure.

# Summary of All CAHPS in 2018 eValue8

Below is a summary of the health plans' performance on 12 CAHPS (patient experience) measures, comparing each plan's results to national benchmark performance for each measure. Ideally, plan results would be at the national 75th percentile or higher.

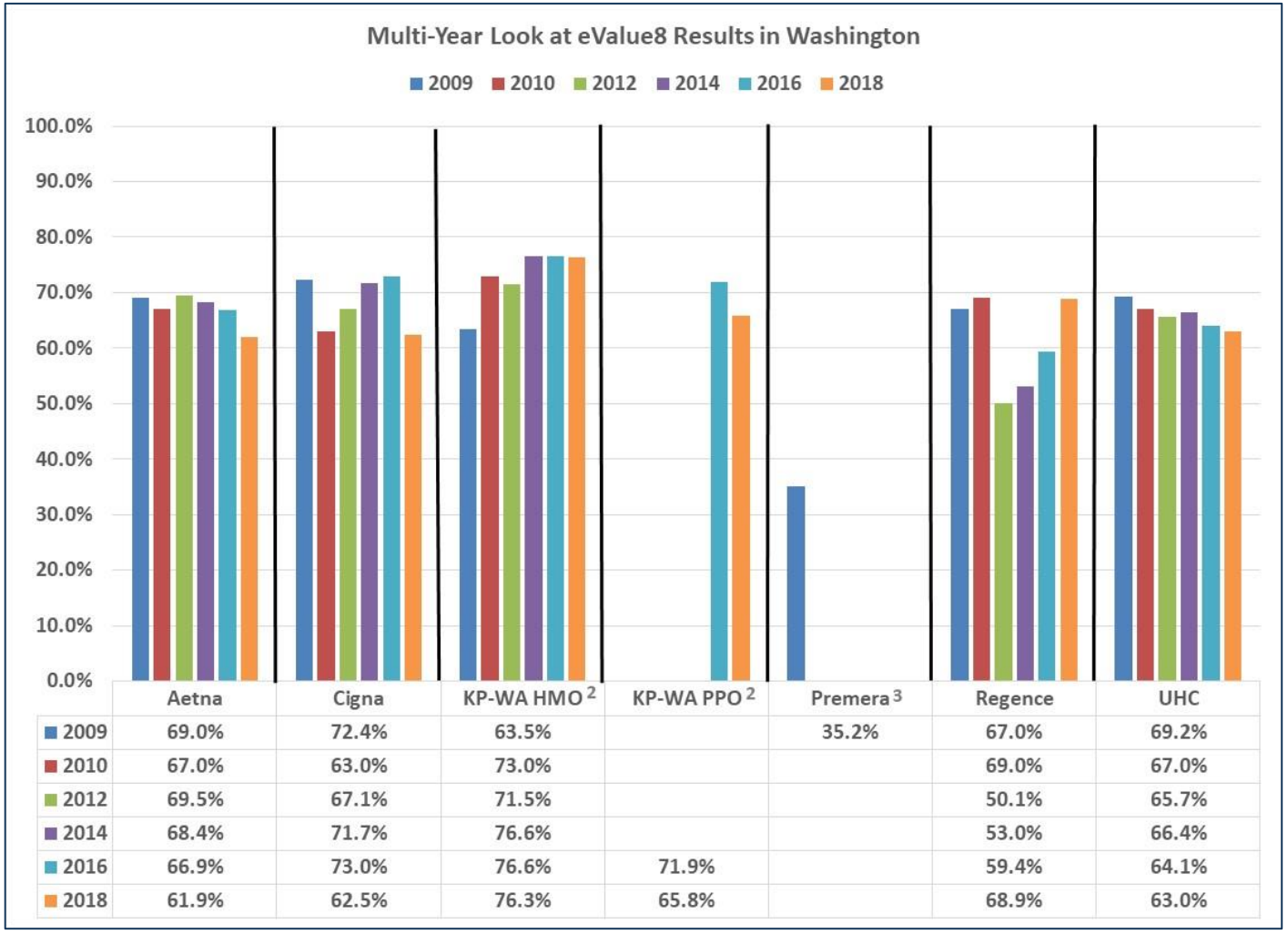
| Health Plan | Very Good | Good | | Needs Significant Improvement | | |
|---|---|---|---|---|---|---|
| | Above the 90th Percentile | Between the 75th and 90th Percentiles | Between the 50th and 75th Percentiles | Between the 25th and 50th Percentiles | Below the 25th Percentile | Insufficient Sample Size to Report |
| Aetna | 0 | 0 | 1 | 1 | 6 | 4 |
| CIGNA | 0 | 1 | 0 | 1 | 3 | 7 |
| KP-WA HMO | 0 | 0 | 1 | 4 | 4 | 3 |
| KP-WA PPO | 1 | 0 | 0 | 1 | 7 | 3 |
| Regence | 0 | 1 | 3 | 3 | 5 | 0 |
| UHC | 0 | 0 | 1 | 1 | 3 | 7 |

*Percentiles are based on national health plan performance (source: NCQA Quality Compass).




The numbers shown in the bars are the points earned.

# Washington eValue8 Results: 2009-2018[1]




| | Aetna | Cigna | KP-WA HMO [2] | KP-WA PPO [2] | Premera [3] | Regence | UHC |
|---|---|---|---|---|---|---|---|
| 2009 | 69.0% | 72.4% | 63.5% | | 35.2% | 67.0% | 69.2% |
| 2010 | 67.0% | 63.0% | 73.0% | | | 69.0% | 67.0% |
| 2012 | 69.5% | 67.1% | 71.5% | | | 50.1% | 65.7% |
| 2014 | 68.4% | 71.7% | 76.6% | | | 53.0% | 66.4% |
| 2016 | 66.9% | 73.0% | 76.6% | 71.9% | | 59.4% | 64.1% |
| 2018 | 61.9% | 62.5% | 76.3% | 65.8% | | 68.9% | 63.0% |

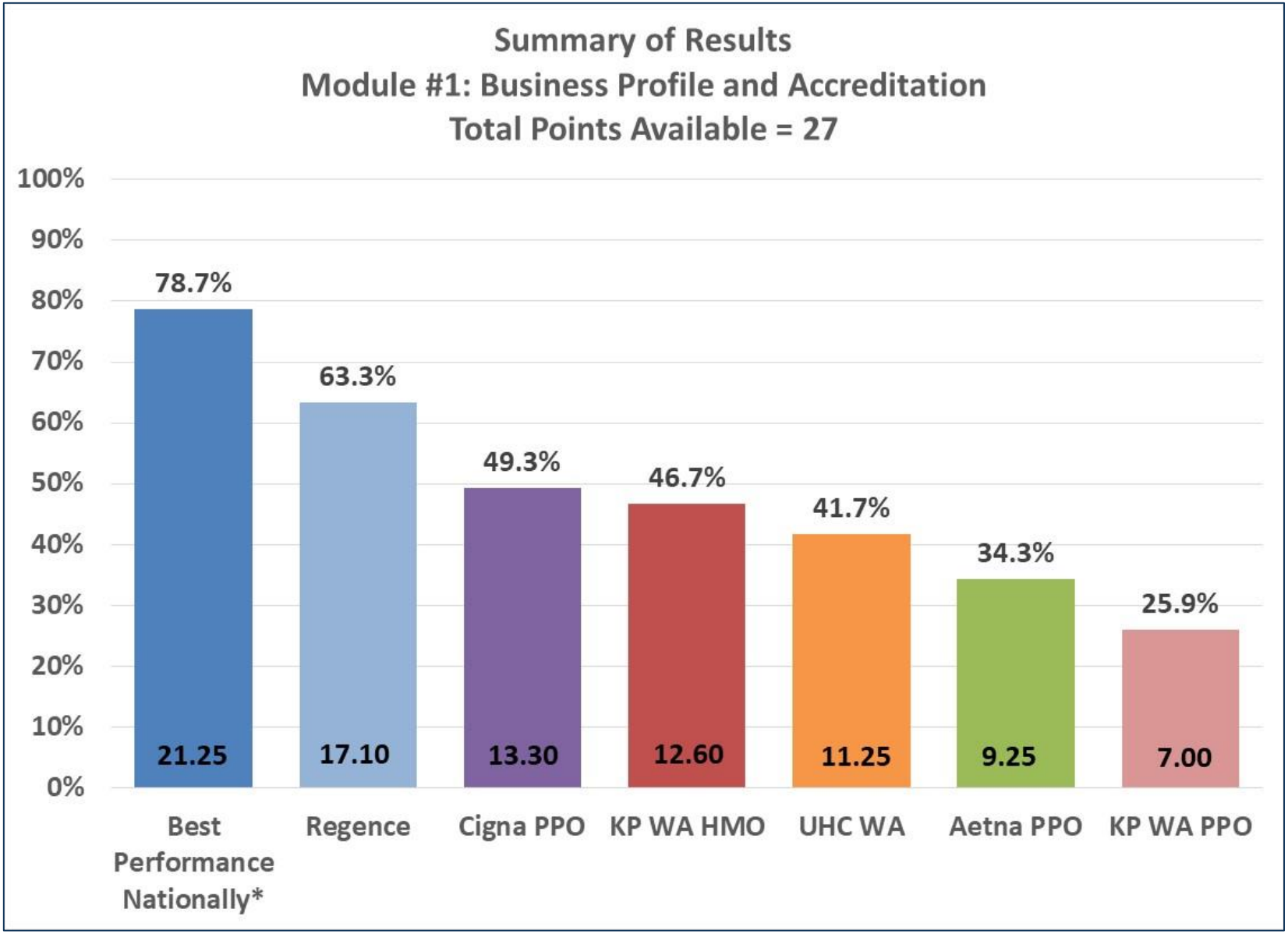
[1]eValue8 was completed in 2008 but results were kept blinded since it was the first year of implementation in Washington.
[2]KP-WA was previously known as Group Health Cooperative. KP-WA PPO reported separately for the first time in 2016.
[3]Premera Blue Cross has declined to participate since 2009.

6% of total points in eValue8

# Module 1:
# Overall Business Profile and Accreditation

| What is Included? | Highlights of Top Performing Health Plans |
|---|---|
| Accreditation and CAHPS Performance on Select Measures<br>(93% of points in module 1) | • Accreditation level of "commendable" or better<br>• PHQ certification* (both physician and hospital)<br>• Accreditation for case management<br>• Strong performance (>75th and 90th percentile) on CAHPS rating for Overall Health Plan and Health Care (see page 15) |
| Collaborative Practices<br>(7% of points in module 1) | • Plan participates in national and state collaborative activities that include, for example, adoption of common measure sets, multi-payer medical homes, CMS payment innovations, CDC National Diabetes Prevention Program, etc. |

*NCQA's Physician and Hospital Quality (PHQ) Certification program evaluates how well health plans measure and report the quality and cost of physicians and hospitals.

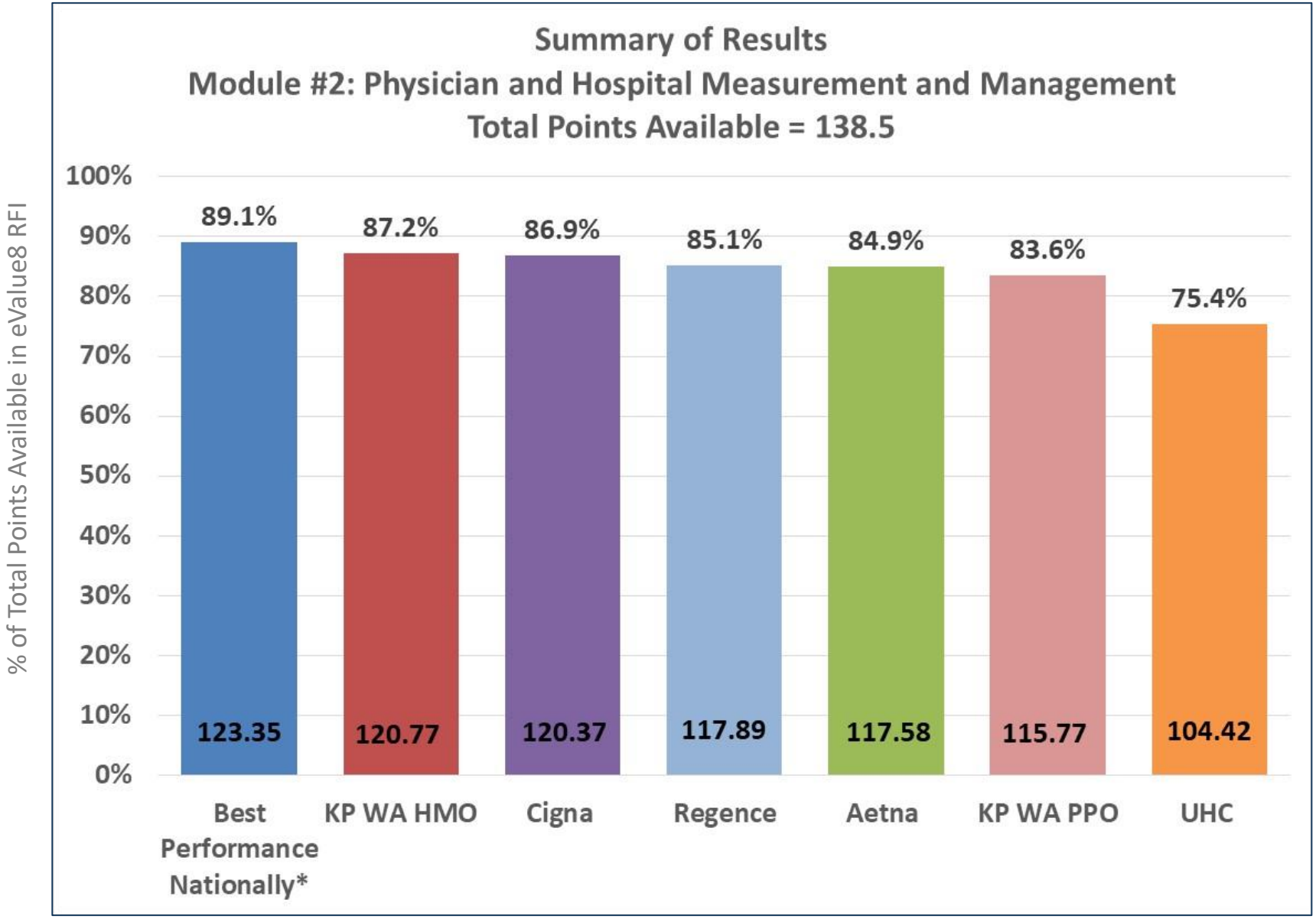



* Nationally scored results as of 1/29/2019, "Best Performance Nationally," subject to change.

# Module 2
# Physician and Hospital Measurement and Management

**29% of total points in eValue8**

| What is Included? | Highlights of Top Performing Health Plans |
|---|---|
| Physician and Hospital Measurement<br>(54% of points in module 2) | • Broad use of evidence-based measures in monitoring and reporting on performance and payment to providers<br>• Adoption of common measure set(s) – state and federal<br>• High level of HEDIS performance – all cause readmissions and ER utilization<br>• High rate for Leapfrog (LF) survey response and more admissions to LF top quartile hospitals and low admission rates to LF lowest quartile hospitals |
| Management and Contracting Including Payment Innovation<br>(21% of points in module 2) | • Presence of ACO/PCMH and/or high-value networks and allocation of payment – market level information<br>• Greater % in VB payments, breadth and depth of non-FFS payment models<br>• Members held harmless when no negotiated contracts are in place |
| Support to Physicians to Help ID and Manage Patients with Chronic Conditions<br>(16% of points in module 2) | • Robust support (educations/information, incentives and practice support) to help physicians identify and manage high-risk medically complex patients, patients with diabetes and depression.<br>• Monitoring of appropriate prescribing for antidepressants and pain medications among PCPs |
| Support to Physicians to Help Patients Stay/Get Healthy<br>(10% of points in module 2) | • Robust monitoring of physicians re: USPSTF recommended screenings<br>• Robust support to help physicians identify and manage patients who use tobacco and those who are overweight/obese |

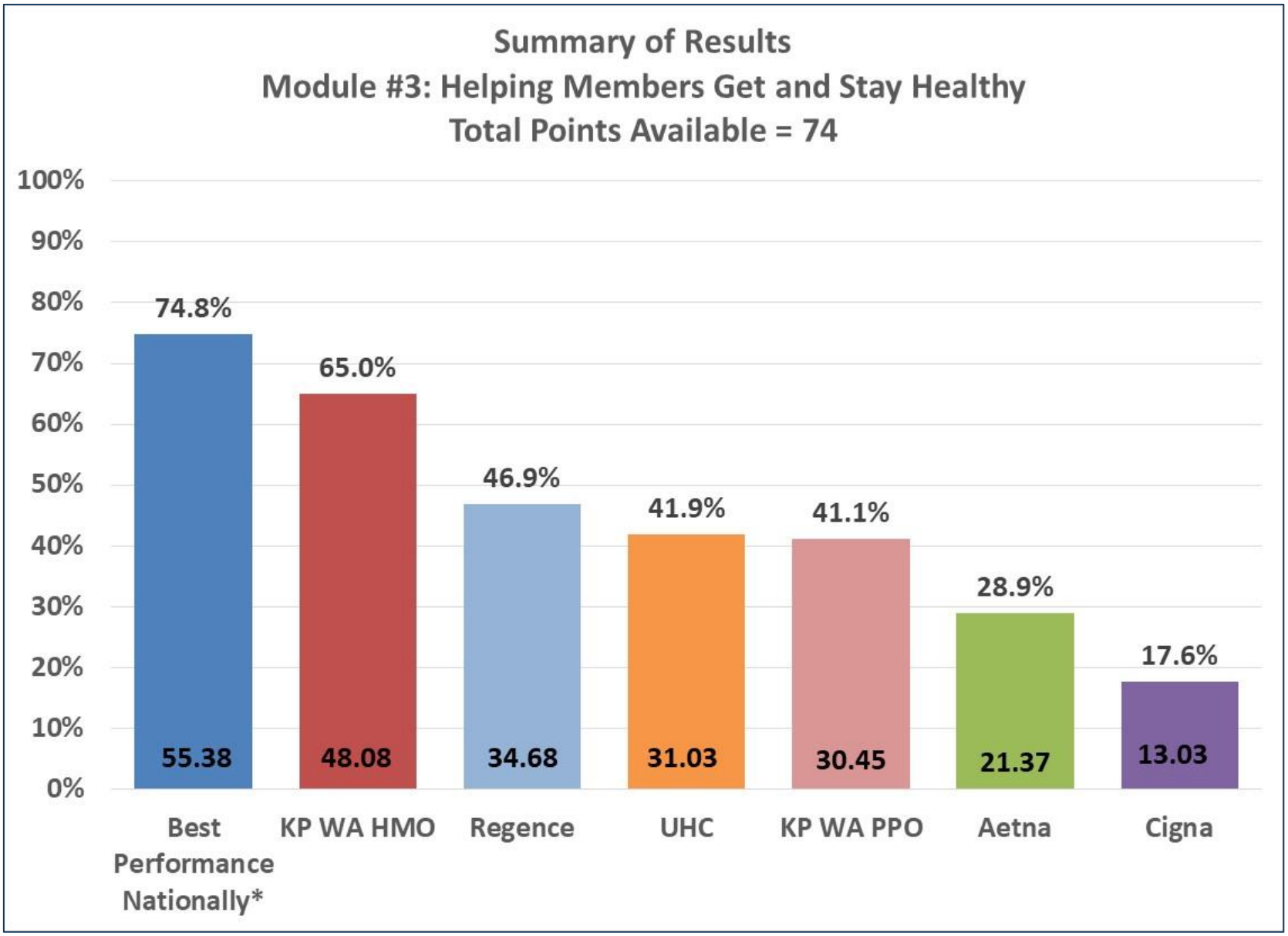



* Nationally scored results as of 1/29/2019, "Best Performance Nationally," subject to change.

15% of total points in eValue8

# Module 3
# Helping Members Get and Stay Healthy

| What is Included? | Highlights of Top Performing Health Plans |
|---|---|
| Prevention Programs<br>HEDIS & CAHPS Results<br>(57% of points in module 3) | • Strong HEDIS performance (>75th and 90th percentile) on cancer screenings and well care<br>• Strong CAHPS performance (>75th and 90th percentile) for health promotion and member communication |
| Tobacco Use and Obesity/Weight Management<br>(43% of points in module 3) | • Market-level identification and engagement of members who use tobacco and who are overweight/obese<br>• Strong CAHPS performance on three tobacco-related measures<br>• Comprehensive tobacco cessation counseling program<br>• Strong HEDIS performance on four obesity-related measures<br>• Comprehensive tracking of outcomes measures |

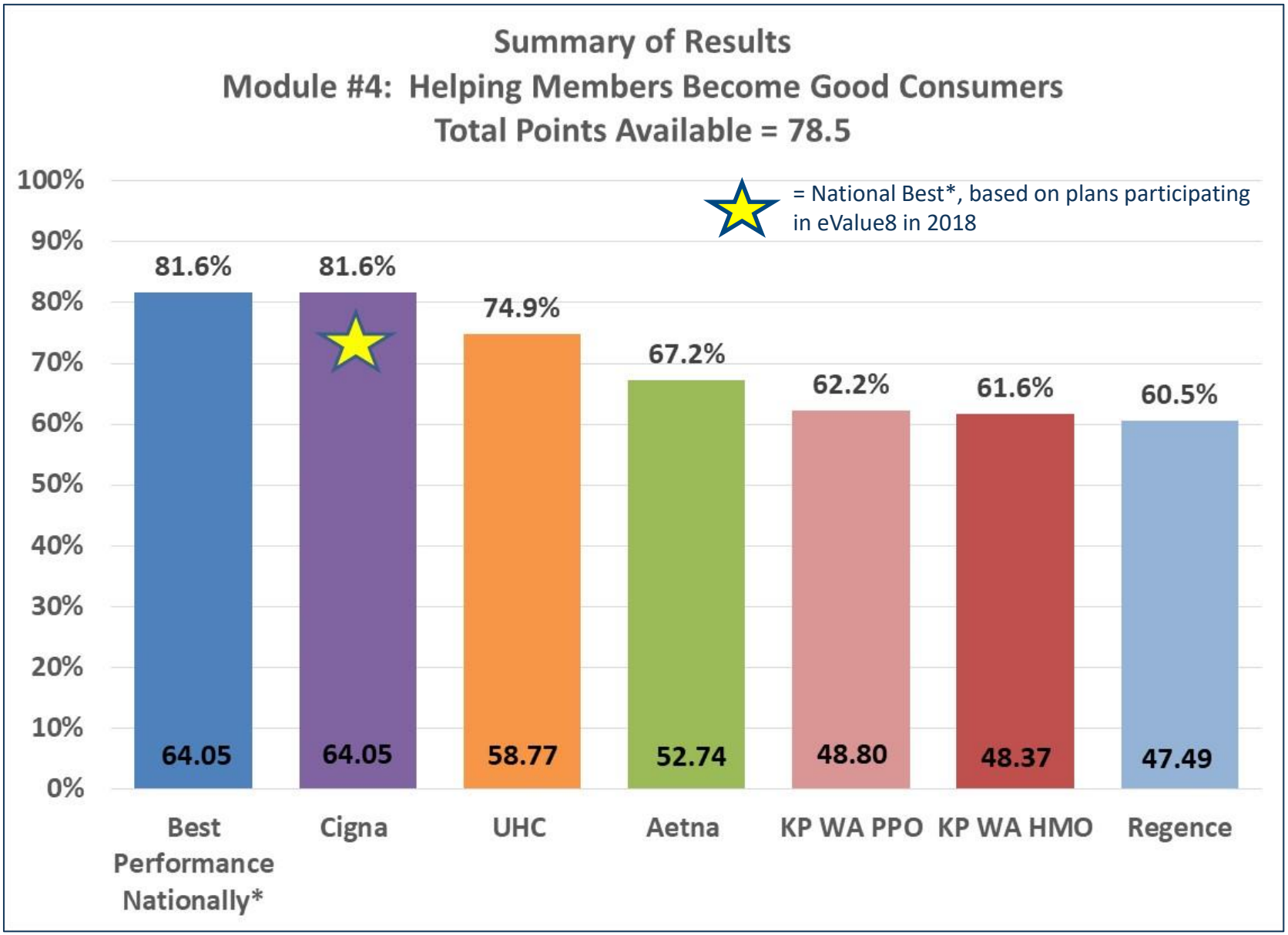



* Nationally scored results as of 1/29/2019, "Best Performance Nationally," subject to change.

# Module 4
# Helping Members Become Good Consumers

**16% of total points in eValue8**

| What is Included? | Highlights of Top Performing Health Plans |
|---|---|
| HEDIS & CAHPS<br>(38% of points in module 4) | • Above 75th percentile performance on HEDIS measures related to overused procedures<br>• Above 75th percentile on CAHPS composite measures (getting needed care, getting care quickly, customer service, shared decision-making) |
| Shared decision making and treatment option support<br>(36% of points in module 4) | • Use of personal health technology (e.g., mobile apps, devices, social media)<br>• Scope of treatment option support (online, telephonic) and evaluation to improve use<br>• Activities to ID members that would benefit from shared decision-making |
| Help finding the right care<br>(15% of points in module 4) | • Activities to address health literacy<br>• Robust online physician selection tool(s)<br>• Scope of promoting and use of telehealth |
| Price transparency<br>(11% of points in module 4) | • Accessible and easy to use cost calculator to compare costs of alternative treatments, physicians, hospitals, facilities, drugs, etc.<br>• CAHPS result on health plan's cost tool (ease of use, answers questions) |



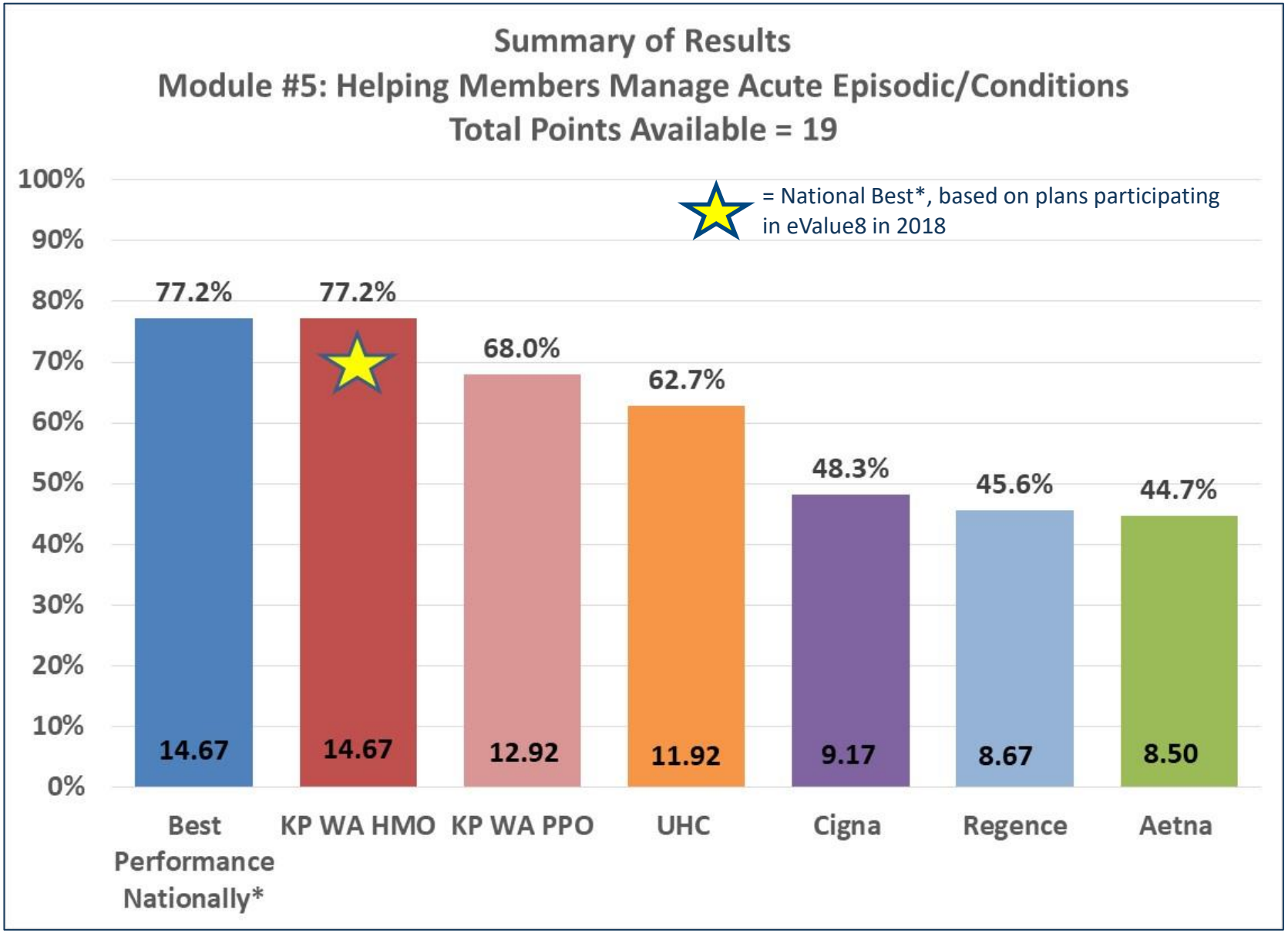

* Nationally scored results as of 1/29/2019, "Best Performance Nationally," subject to change.

4% of total points in eValue8

# Module 5
# Helping Members Manage Acute/Episodic Conditions

| What is Included? | Highlights of Top Performing Health Plans |
|---|---|
| Obstetrics and Maternity (79% of points in module 5) | • Strong performance on HEDIS maternity measures (>75th and 90th percentile)<br>• Comprehensive support for deliveries (e.g., midwives credentialed and available for use as primary provider, systematic screening for postpartum depression, coverage for home health nurse visit post-discharge)<br>• Low elective delivery and C-sections rates; high VBAC* rates at market level |
| Alignment of Plan Design (21% of points in module 5) | • Plan designs/incentives to encourage shared decision-making and use of more cost-effective treatment alternatives |

*VBAC = Vaginal birth after cesarean

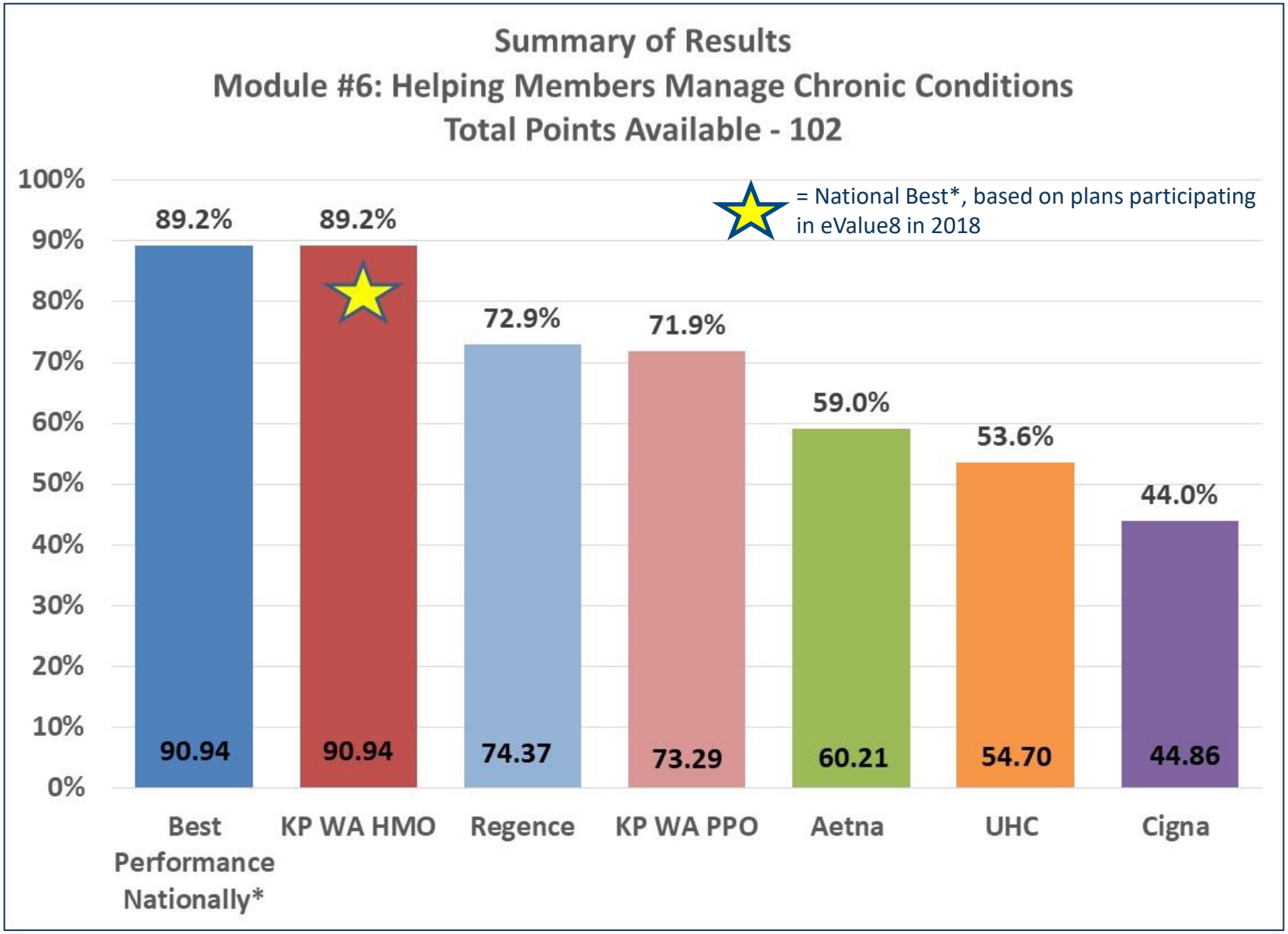



* Nationally scored results as of 1/29/2019, "Best Performance Nationally," subject to change.

21% of total points in eValue8

# Module 6
# Helping Members Manage Chronic Conditions

| What is Included? | Highlights of Top Performing Health Plans |
|---|---|
| HEDIS: CAD and Diabetes (49% of points in module 6) | • Above 75th performance on HEDIS cardiovascular disease (CAD) and diabetes measures |
| HEDIS: Behavioral Health (23 % of points in module 6) | • Above 75th performance on HEDIS CAD and diabetes measures |
| Member engagement - CAD and Diabetes (18% of points in module 6) | • Market level identification and engagement of members with CAD and diabetes<br>• High adherence rates (measured as proportion of days covered) for statins, diabetes medications and high blood pressure medication |
| Member engagement: Behavioral Health (11% of points in module 6) | • Market level identification and engagement of members with depression and substance use<br>• No barriers (fail first policies, limits on duration) to access substance use medications for members identified with Substance Use Disorders |

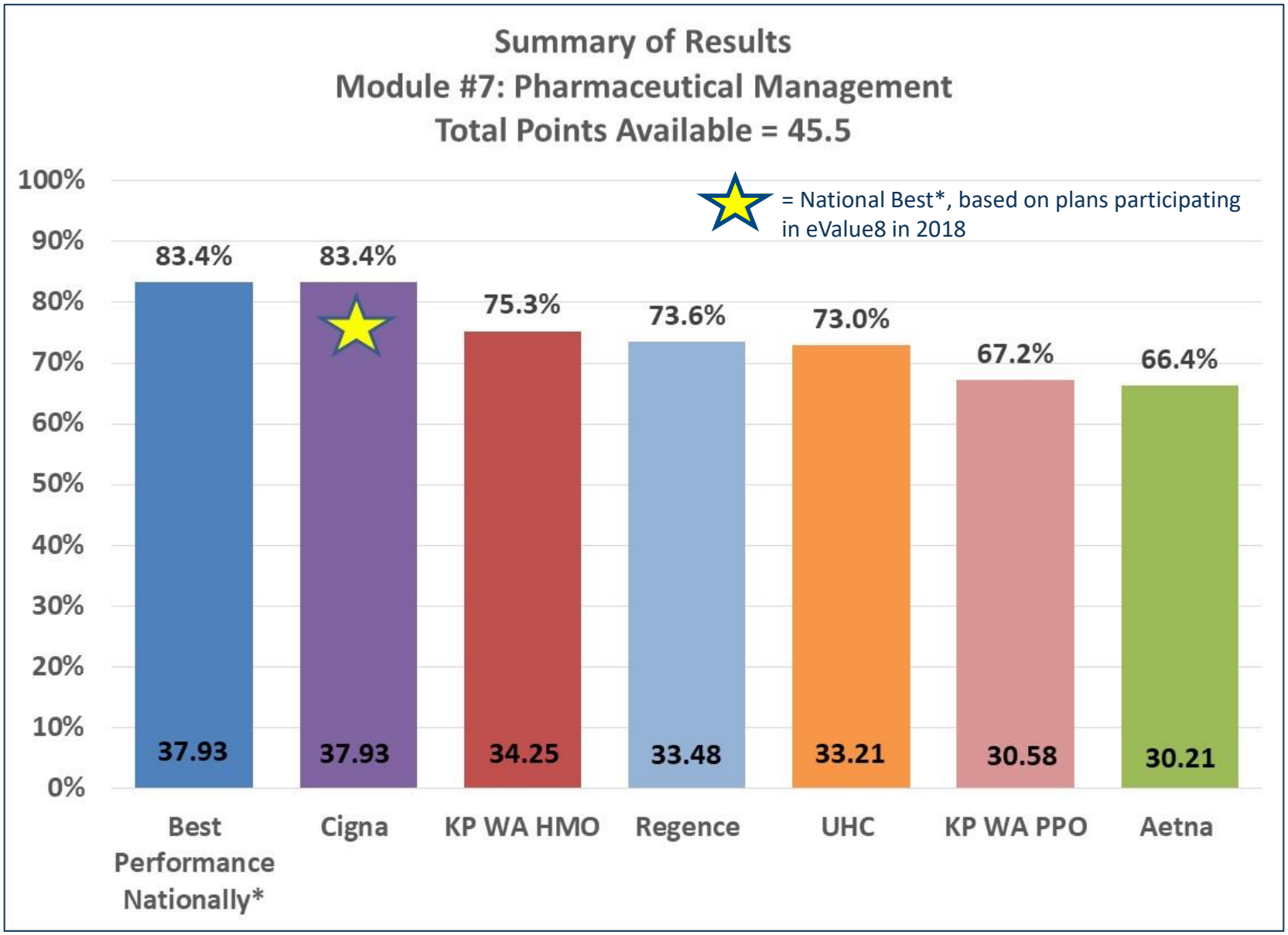



* Nationally scored results as of 1/29/2019, "Best Performance Nationally," subject to change.

# Module 7
# Pharmaceutical Management

**9% of total points in eValue8**

| What is Included? | Highlights of Top Performing Health Plans |
|---|---|
| Quality and Safety: Outpatient Prescribing<br>(42 % of points in module 7) | • Strong performance (>75th and 90th percentile) on 8 HEDIS drug indicators<br>• Monitoring and acting on opioid misuse (use of opioids at high dosage and from multiple providers) |
| Specialty Pharmacy<br>(32% of points in module 7) | • URAC Accreditation for PBM and Specialty Pharmacy<br>• Comprehensive adherence monitoring and closing gaps in care<br>• Tracking spend of Specialty Pharmacy in medical benefit and pharmacy benefit |
| Generic % Appropriate Use<br>(26% of points in module 7) | • High use of generics<br>• >90th percentile in avoiding overuse of antibiotics of concern |




* Nationally scored results as of 1/29/2019, "Best Performance Nationally," subject to change.

# Opportunities for Improvement

**While each health plan differentiates itself with strong programs and results in select areas, the following represent areas of opportunity for *most or all* health plans:**

1. **Improve patient/member experience**
2. **Effectively use health plan contracting and payment to drive higher value**
3. **Improve outreach to engage members and improve health**
4. **Reduce potentially avoidable care and overuse**

# Common Opportunities for Health Plan Improvement

## Patient/Member Experience

Opportunities for health plan improvement:

1. Better support from health plans to help individuals effectively understand and use their benefits – this includes the plan's consideration of members' language, cultural and health literacy needs
2. Share easy-to-use information on provider quality and price information to inform patient choice at the time of decision-making and prior to receiving care
3. Offer web-based, in-person and telephonic support for selecting among different treatment options and shared decision-making with unbiased information
4. Improve access to care, self-management and member convenience through telehealth and innovative web-based applications
5. Ensure members are held harmless where there are no negotiated contracts with in-network hospitals and/or physicians

Why is this important?

Engaging members in managing their health and in making smart, well-informed health care choices is vitally important. To be effective, individuals need easy access to user-friendly information that "meets them where they are," accompanied by personal support and navigation when needed. A member's positive experience as they interface with the health plan is foundational to their engagement. Given the complexity of the health care system, health plans should do everything possible to protect members from surprise balance billing which is known to create significant financial harm to individuals and their families.

# Common Opportunities for Health Plan Improvement

**Using health plan contracting and payment to drive better value**

Opportunities for health plan improvement:

1. Rapidly increase use of value-based payments to providers, including shared risk (payment tied to ALL components of value: quality and appropriateness, efficiency, patient experience and access, and total cost)
2. Ensure there is robust and transparent measurement of health care value, including all the components of value; align with the WA State Common Measure Set and other nationally vetted measure sets
3. Actively use measurement results in feedback reporting to providers and to steer referrals to higher value providers
4. Proactively manage specialty medications which are a very significant cost driver with the potential to get much worse

Why is this important?

Health plans have leverage to impact quality and cost through their contractual and payment arrangements with health care providers. Movement away from legacy fee-for-service (FFS) payment arrangements (pay for volume) is key to achieving higher value. However, as long as a majority of payment is FFS with little or no shared risk based on value, there is no burning platform for providers to change. Value-based payment must be built upon robust measurement of *all value components*, with quality, access and experience being significant factors in addition to efficiency and cost. The cost of drugs, particularly specialty medications, is of significant concern to purchasers and patients alike; the financial impact of medication costs creates significant risk.

# Common Opportunities for Health Plan Improvement

## Improve outreach to engage members and improve health

Opportunities for health plans:

1. Proactively use information available to the plan to close gaps in care:
   - Cancer screening rates for adults
   - Immunization rates and well-care for children and adolescents
   - Evidence-based care and self-management for chronic illness such as diabetes and cardiovascular disease
2. Identify members with depression, substance abuse, obesity and/or tobacco use (including vaping), and significantly broaden health plan interventions to actively engage members in the plan's programs to improve health
3. Improve network adequacy and access for behavioral health services

Why is this important?

Health plans have many programs in place, but uptake and engagement by members is low, placing the cost-effectiveness of those programs in doubt. Getting upstream and identifying and addressing opportunities for prevention is one of the key ways that we will get ahead of the health care cost curve. Access to behavioral health services is critical and should be held to the same standard as other types of health care (e.g., 3 days for urgent care and 14 days for routine care). Health plans have access to information to help identify specific opportunities to intervene with individuals to ensure "upstream" care is delivered.

# Common Opportunities for Health Plan Improvement

## Reduce potentially avoidable care and overuse

Opportunities for health plans:

1. Ensure provider contracting includes performance expectations to reduce the rate of C-sections and potentially avoidable hospital readmissions
2. Utilize health plan information and case management to help patients discharged from the hospital avoid re-hospitalization
3. Dissuade members from using the ER for care that can and should be delivered through primary care and/or urgent care
4. Ensure strategies and payment incentives are in place to reduce overuse of procedures known to be overused; build metrics on overuse into value-based contracting

Why is this important?

Overuse of health care services is rampant in our health care system today. It is creating physical, emotional and financial harm for individuals in addition to contributing to an unsustainable cost trend. We need to work together to tackle this pervasive problem by addressing multiple root causes – financial incentives (profit), culture, patient education, technology, and others. Health plans have leverage to impact overuse and potentially avoidable care through their contractual and payment arrangements with health care providers, and benefit design and education for members.

# About the Washington Health Alliance

The Washington Health Alliance is a place where stakeholders work collaboratively to transform Washington state's health care system for the better. The Alliance brings together organizations that share a commitment to drive change in our health care system by offering a forum for critical conversation and aligned efforts by stakeholders: purchasers, providers, health plans, consumers and other health care partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on measures of health care quality and value. The Alliance is a nonpartisan 501(c)(3) nonprofit with more than 185 member organizations. A cornerstone of the Alliance's work is the Community Checkup, a report to the public comparing the performance of medical groups, hospitals and health plans and offering a community-level view on important measures of health care quality (www.wacommunitycheckup.org).

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