

# ValueEngine™ Practice Section 2:

## Data and Quality Management

**Below are common foundation practices** that address data and quality management within value-based health management. Compared to the best-practice goals stated below, rate each foundation practice as either below, meets, exceeds, or not implemented.

### Best-Practice Goals

- The organization is able to collect, assemble, and interpret:
  - health-related data.
  - productivity-related data.
  - data sources such as employee-user surveys to help guide planning and policy decisions.
- The organization is able to integrate health- and productivity-related data to determine the total cost of employee health.
- The organization is able to use data sources in guiding health benefit design, creating policies, and assessing quality in order to measure the total value and total return of health management initiatives.

### Foundation Practices

1. Our organization works closely with our health plan(s), pharmacy benefit manager, disability carrier, workers' compensation, and other third-party stakeholders (e.g., wellness vendors, disease management, employee assistance) to help define data requirements and other quality assurance measures.
2. At a minimum, our organization is able to measure and report the total average direct healthcare cost per covered life per year and the costs of short-term/long-term disability, and workers' compensation claims by leading conditions.
3. At a minimum, based on industry and/or regional benchmarks, our organization is able to compare our cost experience for the following measures: total average direct healthcare cost per covered life per year and the costs of short-term/long-term disability and workers' compensation claims by leading conditions on an annual basis.
4. Based on health risk assessments, our organization is able to stratify the distribution of risk using the following or a similar criteria:
  - Low risk: 0–2
  - Medium risk: 3–4
  - High risk: 5 or more risk factors
5. Our organization measures “unique” participation rates in all sponsored health management programs (e.g., health risk assessments [HRAs], preventive screenings, health coaching, disease management, incentive-based programs) by eligible employee/dependent and is able to track “serial” participation at a minimum of 12, 24, and 36 months.
6. Based on the categories below, our organization collects a variety of data sets that represent the total costs of health on our organization.

**Check all that apply:**

- Disability claims
- HRAs
- Pharmacy costs
- Safety
- Other(s)
- Employee surveys
- Medical claims costs
- Presenteeism
- Sick days
- Employee turnover
- Participation rates
- Retention rates
- Workers' compensation claims

Not Implemented  
Below  
Meets  
Exceeds

0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15

*Continued* ▶

# ValueEngine™ Practice Section 2:

## Data and Quality Management

### Foundation Practices (continued)

Not Implemented  
Below  
Meets  
Exceeds

7. Our organization measures presenteeism rates for targeted health conditions—based on the conditions listed below.

**Check all that apply:**

- Anxiety
- Arthritis
- Asthma
- Back and neck pain
- Cancer
- Congestive heart failure
- COPD\*
- Coronary artery disease
- Depression
- Diabetes
- Fatigue
- GERD†
- Headache/migraine
- High cholesterol
- Hypertension
- Irritable bowel syndrome (IBS)
- Obesity
- Other chronic pain
- Sleeping problems
- Other(s)

8. Our organization measures presenteeism rates for work/life-related stressors.

9. Our organization uses a data warehouse that provides an integrated data management system that combines our health- and productivity-related costs to measure the average total health cost per covered life.

10. Through a data warehouse, our organization integrates health- and productivity-related costs to measure the average total cost of specific health conditions.

11. Based on the conditions listed below, our organization works closely with our health plan and/or pharmacy benefit manager (PBM) to measure, integrate, and interpret medication adherence rates (e.g., medication possession ratio) for leading chronic health conditions.

**Check all that apply:**

- Asthma
- Congestive Heart Failure
- COPD\*
- Diabetes
- Depression
- Hypertension
- Migraine
- Other(s)

12. Our organization works with our health plan(s) to assure quality standards through the implementation, measurement, and compliance of HEDIS measures‡ (e.g., National Committee for Quality Assurance guidelines) within their respective provider networks.

13. Based on our data management system, our organization is able to identify and target the chronic health conditions that have the greatest potential for reducing total costs and improving the total value to all stakeholders.

14. Our organization has established a standard “health management scorecard” that reports key *value-markers* related to health and productivity measures (e.g., total average healthcare cost per covered life/year, disability, presenteeism) to our senior management.

Not Implemented	Below	Meets	Exceeds
0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15
0	5	10	15

\*Chronic obstructive pulmonary disease    †Gastroesophageal reflux disease    ‡Healthcare Effectiveness Data and Information Set

### Calculating Your Practice Section Score

1. Total the scores in each respective column from both pages. Record on these lines.
2. Total all column scores. This is your *gross score*. Divide the gross score by 210. \_\_\_\_\_ /210= \_\_\_\_\_
3. Multiply your answer by 100. This is your adjusted *Practice Score*. \_\_\_\_\_ x100= \_\_\_\_\_
4. Place your Practice Score in this box.

Also record this score on the ValueEngine™ *Benchmarking Summary Worksheet*.