



The U.S. Office of Personnel Management’s “Healthier Americans” strategic goal powerfully aligns the health care portfolio with the aims of the National Quality Strategy. Through contracts with nearly 100 health insurance carriers, plus active collaboration with other Federal Agencies and leading private-sector organizations, the Office of Personnel Management strives to achieve better health, better care, and greater affordability on behalf of 8.2 million Federal employees, Federal retirees, and their families. The Office of Personnel Management’s new initiatives promote healthy lifestyles and extend health insurance coverage to employees of tribal organizations as well as Americans purchasing Multi-State Plan coverage through the Health Insurance Marketplace.

In 2014, the Office of Personnel Management announced a new plan performance assessment framework that links Federal Employees Health Benefits Program carrier success to key measures of clinical quality, customer satisfaction, and resource use. The Office of Personnel Management uses nationally recognized quality measures from the Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems to underscore OPM’s emphasis on preventive service delivery, improving health outcomes, coordination of care, and open communication with patients. Results also assist Federal employees in choosing quality health plan coverage that best meets their medical needs. Through attention to measure scoring, accountability for results, and public reporting, the Office of Personnel Management is becoming a leading purchaser of value-based health care.

Under the Affordable Care Act, three of the most popular Federal Employees Health Benefits Program insurance plans were recognized as setting the national benchmark for essential health benefits. Building upon this experience, the Office of Personnel Management launched the Multi-State Plan Program, which now offers consumers more than 200 plan options through the Health Insurance Marketplace in 35 States and the District of Columbia. The Multi-State Plan Program promotes consumer-friendly coverage and strives to engage enrollees in their care. Before approving each option, the Office of Personnel Management includes all essential health benefits, provides 100 percent coverage of required preventive services, offers an adequate network, and extends equal treatment to all enrollees regardless of health status or preexisting conditions. Multi-State Plans will begin reporting quality measures in 2015. The Agency’s progress toward achieving the National Quality Strategy priorities of prevention, quality, safety, engagement, communication, and partnership is summarized in the chart below.

National Quality Strategy Priority	OPM Progress
<p>Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models</p>	<p>The Office of Personnel Management actively supports delivery system reform by incentivizing performance on key measures of clinical quality, customer service, and resource use.</p> <p>Twenty-seven (27) Federal Employees Health Benefits plans were recognized for exemplary performance on quality measures in 2014, and 13 plans achieved “most improved” designation.</p> <p>As the Federal Employees Health Benefits Program implements delivery system reform, the Office of Personnel Management is conscious of affordability concerns. In 2014, for the fourth year in a row, the average premium increase was below 4 percent.</p> <p>Carrier Letter 2014-10 reinforced accreditation requirements and updated timelines for all Federal Employees Health Benefits Program health plans.</p> <p>For 2015, Multi-State Plan purchasers may select new delivery system options offered through contracts with <u>Consumer Operated and Oriented Plans</u>.</p>
<p>Making care safer by reducing harm caused in the delivery of care</p>	<p>As 2014 results show, Federal Employees Health Benefits plans are reducing hospital readmission rates as a way to make care safer. Likewise, data indicate that plans are attentive to reducing harm as evidenced by performance on the “Imaging for low back pain” measure.</p>

National Quality Strategy Priority	OPM Progress
<p>Promoting effective communication and coordination of care</p>	<p>The Office of Personnel Management distributed tobacco cessation and blood pressure control messaging to 100 Federal Agencies through the Worksite Wellness Community of Practice home page, discussion board, and listserv.</p> <p>Multi-State Program Issuer Letter 2014-004 emphasized a commitment to quality measurement and its use by consumers to make informed decisions about their coverage.</p> <p>The Multi-State Program developed educational materials to increase health literacy. Materials highlight enrollee coverage, wellness and preventive care, available subsidies, understanding networks, and reconsideration of denied claims. See Figure 1 below for an example.</p>
<p>Working with communities to promote wide use of best practices to enable healthy living</p>	<p>The Office of Personnel Management joined the Million Hearts® Message to Millions, sharing tweets, Facebook postings, blogs, and other social messaging about controlling high blood pressure to reduce the risk of heart attack and stroke.</p> <p>The Office of Personnel Management partnered with the Department of Defense to highlight Tobacco cessation benefits. Tobacco cessation benefits and tips for quitting were also featured in <i>FEDManager</i>, a weekly e-newsletter with 100,000 subscribers.</p> <p>The Office of Personnel Management began recruiting a Multi-State Plan Program Advisory Board to exchange ideas and provide recommendations regarding plan design, branding and marketing, and network adequacy.</p>

National Quality Strategy Priority	OPM Progress
<p>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with Cardiovascular disease</p>	<p>Federal Employees Health Benefits Program tobacco cessation benefits offering counseling and tobacco cessation medications at no out-of-pocket cost were featured topics at National Prevention Council meetings and Webinars.</p> <p>The Office of Personnel Management co-hosted a session with the Executive Director of Million Hearts on “Healthier Federal Families, Healthier Americans” at the Healthier Federal Workers symposium. Content focused on reducing heart attack and stroke rates through improved control of high blood pressure, diabetes, and tobacco use.</p> <p>Federal Employees Health Benefits Program Carrier Conference speakers highlighted preventive services to reduce cardiovascular risk, obesity, and diabetes. Panelists discussed U.S. Preventive Services Task Force recommendations and opportunities to include the Centers for Disease Control and Prevention’s Diabetes Prevention Program as a covered benefit.</p> <p>Federal Employees Health Benefit Program plans were urged to adopt Million Hearts hypertension control protocols as part of their improvement efforts. Many plans also offer reduced out-of-pocket costs for antihypertensive medications and home blood pressure monitoring devices.</p> <p>The Office of Personnel Management and the Substance Abuse and Mental Health Services Administration co-developed resources to facilitate Federal workforce conversations about mental health and increase awareness of Employee Assistance Programs, the National Suicide Prevention Lifeline, and health insurance coverage of mental health services.</p>
<p>Ensuring that each person and family is engaged as partners in their care</p>	<p>Over 1 million Federal Employees Health Benefit Program members receive care from Patient-Centered Medical Homes; 48,000 receive care from practices participating in the Centers for Medicare & Medicaid Services Comprehensive Primary Care Initiative.</p>

In the coming year, the Office of Personnel Management will continue to support delivery system reform, using the Federal Employees Health Benefits plan performance assessment to incentivize key health outcomes and care coordination. The Office of Personnel Management anticipates collaborating closely with plans to identify and share best practices aimed at improving care for all ages, from timely prenatal care and well-child visits to the control of hypertension and diabetes. This fall, the Office of Personnel Management will begin publicly reporting results on Plan All-Cause Readmissions, a top-priority measure worth a greater weight toward each plan's performance award. The Office of Personnel Management's measures also strongly encourage plans to be attentive to mental health, especially prompt follow up after mental health hospitalization. By late September, plans will provide an updated status on patient safety programs and health information technology adoption, as well as the extent of their participation in payment reform. This information will help the Office of Personnel Management design initiatives to continue the improvement trajectory in 2016.

The Office of Personnel Management also looks forward to expanding the Multi-State Plan Program into new States and partnering with additional issuers. The Office of Personnel Management is pleased to work with Multi-State Plan issuers as they collect, analyze, and submit data relating to the Health Insurance Marketplace's Quality Rating System, Enrollee Experience Survey, and Quality Improvement Strategy. In 2015, we will establish a consumer-focused Multi-State Program Advisory Board to serve as forum for interactive dialogue informing policy development, quality initiatives, and outreach activities.

Finally, we expect to take a tangible step toward greater transparency, with all Federal Employees Health Benefits Program carriers making convenient access to information about cost sharing for covered prescription drugs available to both current and prospective enrollees.¹ We also expect Multi-State Program issuers to reinforce transparency by publishing timely updates to provider directories. The provider directories display which providers accept new patients, along with provider location, contact information, specialty, and professional affiliations. In support of the National Quality Strategy Health Information Technology lever, provider directories will be available on issuer Web sites in a machine-readable file format, allowing the creation of user-friendly aggregated information sources.

¹ <http://www.opm.gov/healthcare-insurance/healthcare/carriers/2015/2015-02.pdf>.

Multi-State Plan Program Outreach

Figure 1. We created this postcard for new Multi-State Plan enrollees to highlight important aspects of their insurance coverage, including wellness and preventive care, the appeals process, and a point of contact for questions.

