



For Your Benefit

Public Employees Benefits Board (PEBB) Program

Making health care decisions

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Good medical decisions require good information. Your health care provider should give you information about:

- Your condition and why making a decision is important.
- Treatment options, and the benefits and risks of each option.

Ideally, benefit and risk information would come from good research studies, as results from poor quality studies may be unreliable. You should feel comfortable asking your provider to describe the quality of scientific evidence or medical literature that supports each treatment option. Treatments based on your provider's experience are usually less reliable than those based on high-quality medical studies and national guidelines. At times, you may have to wait for your provider to review the medical evidence before making treatment recommendations that are right for you. Your health issues, special circumstances, values, and preferences should all inform your health care decisions. You should share your feelings about the options

with your health care provider, including whether you wish to delay the decision by closely watching your condition or doing more research.

Another important consideration is your preferred decision-making style, which may be different with different health issues. There are three main medical decision-making styles—autonomous, provider-directed, and shared.

Autonomous decision-making is when you have obtained the information you need to make a decision, and want to make the decision independently.

Provider-directed decision-making means the health care provider makes the decision based on what he or she thinks is right for you. These kinds of decisions often happen in situations where urgent actions must be taken—for example, if a patient has a sudden loss of heart function, otherwise known as a cardiac arrest. However, even in less urgent situations, you may ask your provider to make a choice for you.

Shared decision-making is often the best decision-making choice for the care that is best for you in most circumstances. Shared decision-making occurs when you and your provider discuss your health issues, the options, and come to a decision together.

The quality of the scientific research on the type of care you and your provider are considering may help guide patient decisions. If the evidence quality is good, then predicting what may happen to you is more reliable. Where the scientific evidence is lacking or of uncertain consistency or reliability, there are more uncertainties about the benefits versus risks. You should feel comfortable asking your providers about the quality of the medical science supporting their treatment recommendations.



Or there may be several equally reasonable alternatives. For example: A patient has had symptoms of depression for three months. There is good evidence that the patient will benefit by taking medication. However, the patient may prefer counseling (which the benefits are shown with equally good evidence) to avoid any side effects from medication. Another option is to make lifestyle changes, such as reducing stress and increasing physical activity and postpone decisions about drugs or other therapies.

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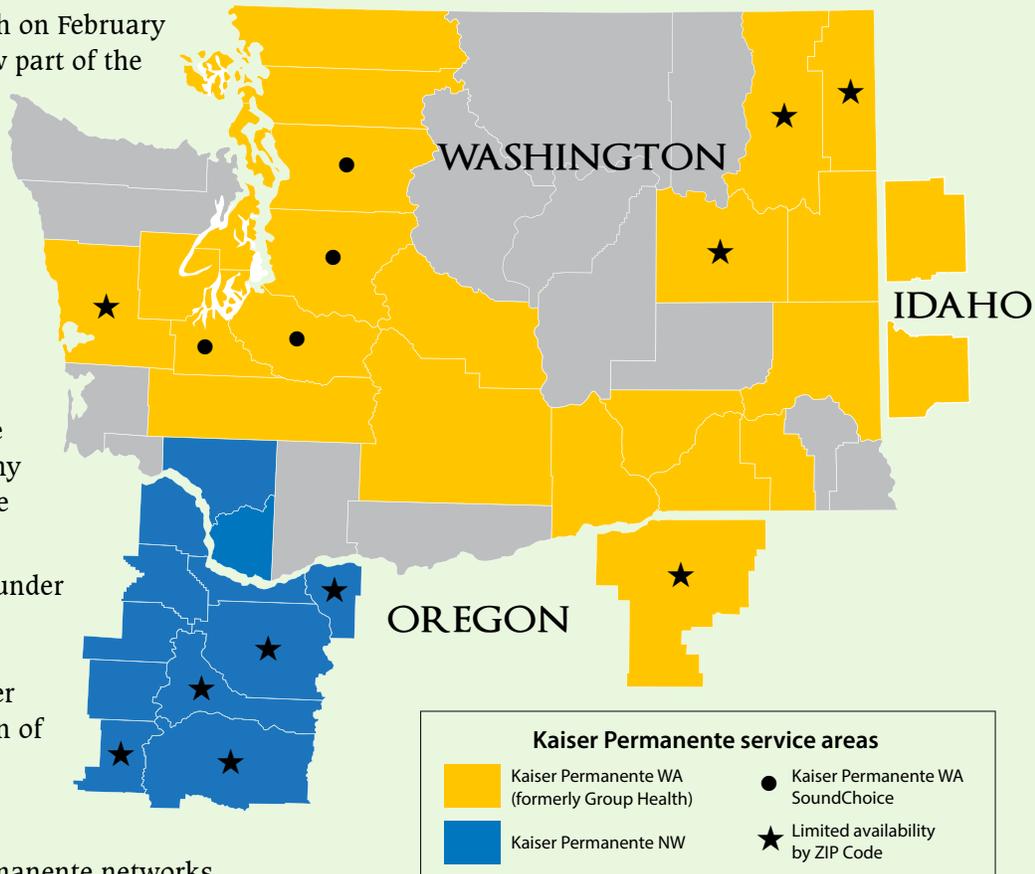
Washington State
Health Care Authority
 Public Employees Benefits Board
 1-800-200-1004 • 360-725-0440
www.hca.wa.gov/public-employee-benefits

Group Health's name to change on PEBB's website and publications

Kaiser Permanente acquired Group Health on February 1, 2017. This means Group Health is now part of the nationwide Kaiser Permanente group. As a result, Group Health Cooperative changed its name to Kaiser Foundation Health Plan of Washington.

The PEBB Program is updating its materials to reflect Group Health's name change. In the coming months, you will see the name change on PEBB's website, enrollment guides, forms, and on SmartHealth activity tiles (if you were enrolled in Group Health). In addition, any future PEBB mailings you receive will use the new name.

Kaiser Foundation Health Plans operate under a single brand name, Kaiser Permanente. To differentiate between the two PEBB Kaiser Permanente networks, we will refer to the new Kaiser Foundation Health Plan of Washington as Kaiser Permanente WA. In some instances, we will also add "formerly Group Health" to further differentiate between the two Kaiser Permanente networks.



Here is a list of the new plan names you will see in the updated PEBB materials.

What it's called in 2016	What it's called in 2017
Group Health Cooperative	Kaiser Foundation Health Plan of Washington (Kaiser Permanente WA)
Group Health Options Inc.	Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente WA)
Group Health Classic	Kaiser Foundation Health Plan of Washington Classic (Kaiser Permanente WA Classic)
Group Health Consumer-Directed Health Plan (CDHP)	Kaiser Foundation Health Plan of Washington Consumer-Directed Health Plan (Kaiser Permanente WA CDHP)
Group Health Medicare Advantage	Kaiser Foundation Health Plan of Washington Medicare Advantage (Kaiser Permanente WA Medicare Advantage)
Group Health Medicare Plan	Kaiser Foundation Health Plan of Washington Medicare Plan (Kaiser Permanente WA Medicare Plan)
Group Health Original Medicare	Kaiser Foundation Health Plan of Washington Original Medicare (Kaiser Permanente WA Original Medicare)
Group Health SoundChoice	Kaiser Foundation Health Plan of Washington SoundChoice (Kaiser Permanente WA SoundChoice)
Group Health Value	Kaiser Foundation Health Plan of Washington Value (Kaiser Permanente WA Value)

The names may be similar, but the networks are still separate

Now that PEBB has two Kaiser Permanente networks, you may wonder if you can access in-network services from both. The answer is no. The networks do not cover the same areas. Kaiser Permanente WA serves the Puget Sound, Central and Eastern Washington, and parts of Idaho and Oregon. Kaiser Foundation Health Plan of the Northwest (now called Kaiser Permanente NW) serves Clark and Cowlitz counties in Washington, and Western Oregon. The names may be similar, but the networks are still separate and have not changed with the acquisition. You must continue to receive non-emergency services within your current plan's network.

Group Health's premiums, costs, and benefits not changing in 2017

- The Kaiser Permanente acquisition does not affect your 2017 monthly premiums, covered benefits, or out-of-pocket costs (coinsurance or copays).
- You can continue to receive care at the same locations and hospitals you did before the transition.
- You can continue to rely on the same network of doctors and care teams you had with Group Health.
- If you were a member of Group Health at the beginning of March 2017, you should have already received a new Kaiser Permanente WA ID card to replace your Group Health ID card. If you didn't receive an ID card, call Kaiser Permanente WA at 1-888-901-4636. Your ID number is the same, but you'll use your new ID card for health care services.
- For more information on the transition, visit www.ghc.org/html/public/about/kaiser-permanente.

Dealing with multiple options can be difficult. When you are faced with medical decisions, it can be hard to remember everything you discussed with your provider. It is often helpful to ask someone to attend your provider appointments with you and ask your provider for pamphlets, videos, or other tools that summarize the options with pros and cons to help you. These items are called “decision-support” tools.

To get the care that is right for you, it is important to think about your options, the likelihood of the outcomes for each option, your preferences, and the decision style that is best for you.

Delfini Group is dedicated to improved clinical care through the use of reliable and clinically helpful medical evidence. They are authors of the Delfini Evidence-Based Practice Series and creators of the popular training program: How to Read the Medical Literature—A Simplified Approach. Learn more at www.delfini.org. More information for patients is available at www.delfinigrouppublishing.com/patientguide.htm.

What is shared decision-making?

Shared decision-making is a way for patients and their providers to talk about health care choices and decide together what is right for the patient. By engaging patients in decisions about their health, it leads to patients who are better informed about their choices.

Shared decision-making is one of the innovative areas of health care in which Washington State has become a national leader. In 2007, Washington became the first state to pass legislation to launch a shared decision-making pilot project and promote the use of certified patient decision aids.

Kaiser Permanente and the UMP Plus accountable care networks (Puget Sound High Value Network and UW Medicine Accountable Care Network) integrate shared decision-making strategies into their practices, including the use of patient decision aids (PDAs). PDAs are easy-to-use tools that break down complex procedures, options, and health care realities into language patients can understand.

Washington is the first state in the nation to formally certify PDAs. In 2016, the Health Care Authority certified PDAs on maternity care. In 2017, it will review joint replacement and spinal care PDAs.

The state's standards were developed with an international group of researchers, practitioners, and stakeholders to ensure the quality and effectiveness of its PDAs.

To learn more

- Shared decision-making: www.hca.wa.gov/about-hca/healthier-washington/shared-decision-making
- Patient decision aids: www.hca.wa.gov/about-hca/healthier-washington/patient-decision-aids-pdas

RETURN SERVICE REQUESTED

You can sign up for auto or home insurance anytime

The PEBB Program offers auto and home insurance to all PEBB members through Liberty Mutual Insurance Company, one of the largest property and casualty insurers in the U.S.

Unlike many of PEBB's other benefits, however, you can sign up for auto and/or home insurance anytime—not just during the PEBB Program's open enrollment (November 1–30).

Twice a year, Liberty Mutual sends a mailer to PEBB members' homes, reminding them of the benefits of joining them through the PEBB Program such as:

- Discounts of up to 12 percent off of Liberty Mutual's auto insurance rates.



- Discounts of up to 5 percent off of Liberty Mutual's home insurance rates.
- A 12-month rate guarantee.
- Convenient payment options including automatic payroll deduction (employees only), electronic funds transfer, or direct billing at home.

To get an online quote or find more information, visit www.hca.wa.gov/public-employee-benefits and select *Additional benefits* under your member type. Or to speak with a Liberty Mutual representative, call toll-free 1-800-706-5525.



HCA is committed to providing equal access to our services.
If you need accommodation, please call 1-800-200-1004 or 711 for relay services.