



Drive outcomes with mobile care programs

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With the recently released updates to HEDIS performance measures, stakeholders across the healthcare landscape are organizing resources and implementing strategies to ace their performance scores in 2018.

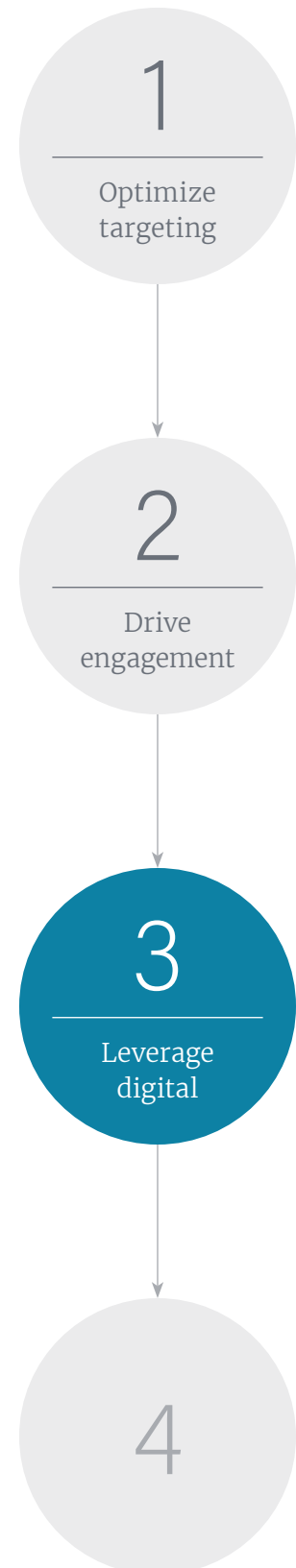
In order to meet evolving industry standards, HEDIS measures now place increasing weight on patient satisfaction and prevention. In fact, **patient satisfaction (CAHPS - 19% of total) and prevention (26% of total) alone account for 45% of the HEDIS scores**. Health plans looking for opportunities to impact these measures are turning to care management—programs intended to support patients in their recovery from acute events and the ongoing management of chronic conditions—to address new HEDIS measures and impact performance on these high value areas. However, as it exists today, care management will require more changes to address the evolving focus of CAHPS and HEDIS measures. Plans are paying attention to see how new technology, workflows, and organizational processes can make a difference for care management.

So, what does **transforming care management** really mean? It starts with putting the needs of patients first, leveraging digital channels to modernize clinical services, integrating siloed interventions, and rigorously measuring impact to drive continuous improvement.

In this 4-part series, **we outline key strategies that health plans can apply to transform care management and improve performance on HEDIS**.

The series will include the following strategies:

1. optimizing targeting for recruitment,
2. driving engagement,
3. leveraging personalized, digital clinical programs, and
4. rigorously measuring clinical services.



What if your members had all of the information about their condition, prescriptions, benefits, appointments—anything and everything related to their health and care—in one place, right at their fingertips?

In many ways this vision is becoming a reality as digital member engagement has become a high priority focus for care management. In our second white paper on improving HEDIS metrics, we discussed the advantages of using a multichannel strategy to engage members over time ([read it here!](#)). A crucial part of sustained engagement is the information that members receive about their health and that care managers utilize to structure interventions.

Embracing a modern approach to engagement demands a new paradigm for care programs altogether—designed for members, delivered digitally, and personalized to meet individuals' needs.

This white paper will examine the application of personalized, interactive, member-facing care programs that amplify the medical risk reduction of care management by putting the right information in members' hands at the right time, in the right format. We'll provide specific examples of care program components and real-time data collection that reshape care team workflows and directly impact performance on new HEDIS measures and overall quality initiatives.

Care programs for *members*

One of the primary frameworks of care management is the care plan. In parallel to the medical record, the care plan is a collection of each member's health history, diagnoses, problems, goals, and interventions that evolves over time. Care plans

function as decision support tools designed to help care managers structure interventions and methods for member support, typically delivered over the phone. While they have been effective to date, the transition to member engagement through mobile and digital channels highlights where care plans are deficient: they are only available to

the care team. In the booming digital age, why not allow members to engage with this information directly?

Multichannel engagement methods present an opportunity to extend part of the care plan directly and digitally to members in a new format adapted for the audience and the channel. We call this new concept a

“care program.” In this section, we outline five best practices for developing effective member-facing care programs. These strategies ensure members receive the information they need to stay on track with their health in a way that aligns with their needs. In addition, well-designed member-facing care programs have proven to dramatically increase care team efficiency by saving clinicians valuable time in relaying information to members. Let’s dive in:



1. Optimize for mobile

Whether its on a smartphone or a tablet, members will most likely access the care program on a mobile device, so it’s important that content is designed with this format in mind. In our experience, this means short form and interactive. Articles that provide information about a condition, medications, or other topics are most engaging when they have less than 400 words; videos with stories from peers or tips from their doctor hold members’ attention when they are less than 2 minutes long. Lastly, interactive components like quizzes, flashcards, and knowledge checks reinforce important concepts and make the content interesting and engaging.



2. Meet health literacy standards

To ensure accessibility by a broad population of readers, effective health education programs

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deliver content at the lowest reading level possible. Most Medicaid programs have acknowledged this finding by making reading level a requirement for member-facing health education materials. These standards call for short sentences with basic structure and simple words, providing definitions for medical terminology, and breaking down complex concepts into digestible pieces. Visual cues such as bulleted lists, bold font, and color can assist the reader in understanding key concepts.



3. Be holistic

According to the CDC, “80% of older adults have at least one chronic health

condition, and 50% have two or more.” Yet, in our experience, most members are interested in support for weight loss, nutrition, and exercise—tangible lifestyle factors that members can meaningfully change to improve their health. In addition to education about their condition, providing information on key areas of health maintenance like emotional health, safe alcohol use, and pneumococcal vaccinations, which also happen to directly relate to HEDIS metrics, will support the whole person, not just the chronic condition. Effective health education programs deliver this information in the context of the chronic condition, helping the reader to visualize how therapeutic lifestyle changes can have a positive, direct impact on their health.



4. Deliver content over time

Similar to a school curriculum that introduces new concepts and builds on them over time, health education must start with foundational topics and progress as the member’s understanding grows. It’s important to begin with must-know information, like what to do in an emergency, the importance of routine follow-ups, and red flags for the member’s condition. Once an understanding of these foundational concepts has been established, the reader is ready to build on their knowledge

¹ CDC, “Healthy Aging.” Jan 2017. <https://www.cdc.gov/aging/mentalhealth/depression.htm>

by learning about complications associated with their condition, what their medications do, and psychosocial/lifestyle factors that can impact their day-to-day symptoms. In addition, it's best to tie relevant information to real life events whenever possible—for example, introduce helpful meditation techniques after a new diagnosis of anxiety disorder, or provide information about the importance of PCP follow-up after a hospital discharge.



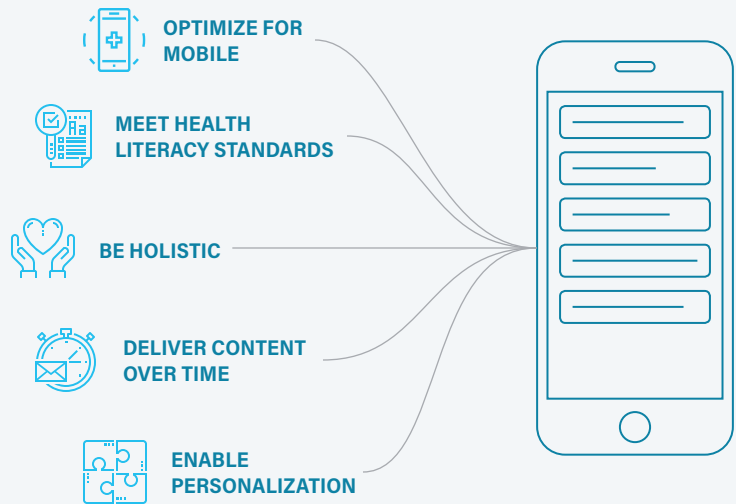
5. Enable personalization

For healthcare, we

know a one-size-fits-all approach will not work, so this is where the expertise of the care team continues to be an essential component of a mobile-enabled care program. Some members will be working towards exercise goals, while others need to focus on medication adherence. The care team must be able to adjust each member's care program to meet his/her unique needs, so educational components should be modular and easy to customize. While technology/mobile channels can be the conduit for presenting information to the member, it's still up to the care team to determine what information to send.

Adhering to these principles for member-facing care programs will generate a positive feedback loop for member engagement; one that is particularly feasible, cost-effective, and scalable via mobile,

5 tactics for engaging care programs



when compared to care managers repeating information to members over and over on the phone.

With health education that is personalized, relevant, and accessible, members will engage more often, feel better supported (satisfied), and learn how to self-manage chronic conditions more effectively. Further, in the context of a therapeutic relationship with their care team, members' interaction with the care program provides the kernel of insight around which the relationship is able to thrive: everything the member does with the care plan matters and informs better care. In turn, member-facing care programs advance the goals of care management and quality improvement overall: effective patient education to reduce complications, avoid readmissions, and improve outcomes.

Member-generated data

We've described how valuable member-facing care programs can be for delivering health education to members, but that's only half the story. The second clear advantage of member-facing care programs is the potential to collect data—both metadata about how patients engage with the program as well as member-generated data like biometrics, answers to survey instruments, and patient reported outcomes (PROs). The following examples demonstrate various use cases for collecting data that enable more proactive care and directly impact quality outcomes.

BIOMETRICS

Measuring biometrics such as blood glucose, blood pressure, weight, oxygen saturation, and pain scales can be useful for monitoring health conditions where the biometric is a

direct indicator of health status or progress. When members record measurements manually or through device integration (many of the latest devices on the market can connect through Bluetooth to a mobile device) or enable passive data tracking, self-management efforts are enhanced, and the care team receives trackable health data on which to base their interventions. For example, if the care manager observes a pattern of suboptimal blood pressure control, she can discuss these findings with the member, set a goal for better control, assist with arranging any needed clinical follow-up, and help the member work towards improved blood pressure control over time.

SURVEYS & SCALES

Another option for data collection via mobile is to use validated survey instruments and scales. These evidence-based tools are appropriate for gathering important information about current health status and patient-reported outcomes by asking members simple questions. The format may be multiple choice, slider (e.g. 1-10 scale), yes/no, numeric, or free text. Since many survey instruments are approved for mobile delivery, this approach can generate high quality datasets for research studies on a wide range of data points. Additionally, PROMIS (Patient-Reported Outcomes Measurement Information System)³ instruments

allow for delivery in sections, so a long survey (e.g. 12 questions) can be broken into three sets of four questions, which prevents survey fatigue and minimizes non-response.

SCREENING & GAPS IN CARE

Perhaps most relevant for quality outcomes, survey instruments can also be utilized to assess members' status on recommended health maintenance screenings and gaps in care. The 2018 updates to HEDIS metrics include several screenings that are ideal candidates for mobile delivery, including:

- Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions (FMC)

PROMIS Depression screening to support DSF measure for HEDIS

This measure reflects the percentage of plan members 12 years of age and older who were screened for clinical depression using a standardized tool, and, if screened positive, who received follow-up care within 30 days. This measure is one of three intended to address the needs of patients throughout the spectrum of care for depression: screening, ongoing monitoring, and response to treatment².



SURVEY QUESTION TO THE PATIENT

In the past 7 days, I felt I had nothing to look forward to:

Never

Rarely

Sometimes

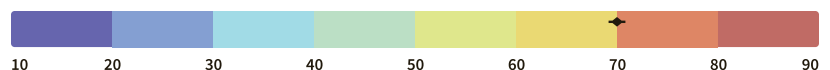
Often

Always



PATIENT'S SURVEY RESPONSE PATTERN

Multiple responses of **Often** or **Always** will trigger an alert.



ALERT FOR THE CARE TEAM

This patient's T-score on the PROMIS Depression survey is two or more standard deviations higher than the mean. This score is worse than average based on self-reported negative mood, views of self, and social cognition, as well as decreased positive affect and engagement.

² "NCQA Updates Quality Measures for HEDIS 2018." NCQA, National Committee on Quality Assurance, www.ncqa.org/newsroom/details/ncqa-updates-quality-measures-for-hedisreg-2018?ArtMID=11280&ArticleID=85&tabid=2659.

- Depression Screening and Follow-Up for Adolescents and Adults (DSF) — *see visual on previous page*
- Unhealthy Alcohol Use Screening and Follow-Up (ASF)

Countless other screenings can be delivered through survey instruments, resulting in faster identification, education, and closure of gaps in care. If a member responds affirmatively that they have received that screening, their real-time response circumvents the protracted timeline of claims processing. On the other hand, if the member reports they have not had the screening, then the ability to intervene is proximate and relevant to the member's needs. Furthermore, **delivery of data collection instruments can be automated at a regular, ongoing cadence, relieving the care team of significant outreach and documentation burden.** Access to this member-generated data enables rapid support from the care team that drives satisfaction and positively impacts clinical outcomes.

Alerts for the care team

One question you might be wondering is, “why do patients keep entering this data?”

The answer is simple: if this information goes into the digital ether without a clear objective, members will eventually stop entering it because it makes no

difference whether they add it or not. However, when this information has a dedicated recipient on the other end—the care team, real clinicians who can understand the data in context due to their existing relationships with members—the data gains a tangible purpose. When members see how their responses are used and feel their input contributes to the quality of their care, they will continue to make an effort to share it. We have seen this virtuous cycle at work; now let's explore what it looks like in depth.

The most striking difference from traditional care management is a major increase in inbound, member-generated data. For care teams worried they may not be equipped to handle this information influx, we offer this solution: Let technology do

Let technology do what it's good at—processing and displaying data. This, in turn, enables novel workflows that set up the care team to do what it's good at—caring for members.

what it's good at—processing and displaying data. This, in turn, enables novel workflows that set up the care team to do what it's good at—caring for members. Properly configured, this system can redefine care team workflows around members' real-time needs, questions, and survey responses.

Member-generated data and the information infrastructure to intelligently act on it, in fact, drive a fundamental shift towards needs-based workflows. With unprecedented insight into members' needs, the care team focuses on medically complex members who are experiencing high-risk issues in real-time. Alerts yield information for the care team based on the member's response against predefined thresholds, and can

provide evidence-based decision support designed to improve key health outcomes. For example, when a member responds to a given survey with an answer that indicates increased risk or an opportunity for a targeted intervention, the care team will be notified. As a result of this sequence and the immense decrease in data latency, the member will receive support in a timely fashion.

Member-facing, digital care programs hold the key to unlock benefits for members and care teams alike. This novel method of information delivery and data collection revolutionizes the information care teams are

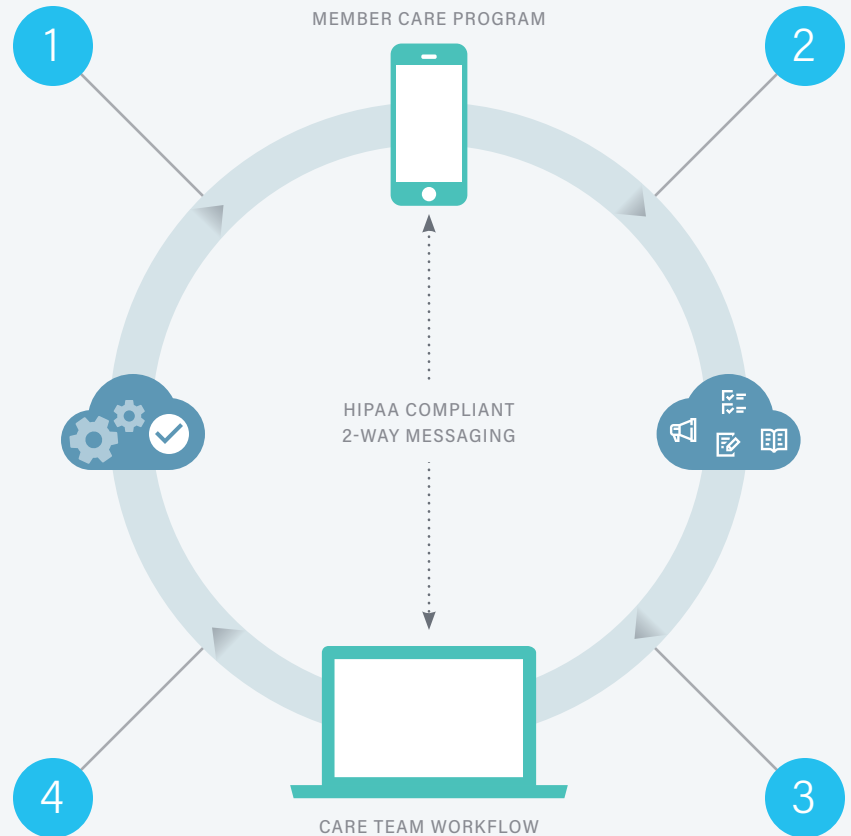
able to see and use, and in turn reshapes their entire workflow around members' real-time needs. For members, the positive feedback loop they experience when they engage with their care program results in more touchpoints with the care team and promotes long-term retention. Ultimately, this transformation advances the ability for care management to impact quality metrics like HEDIS through improved insight, ability to intervene, and effective, sustainable member support and engagement.

In the final segment of our series on transforming care management to impact HEDIS performance, we'll examine how the data from member-facing care programs and needs-based workflows stimulates a new generation of measurement, evaluation, and continuous improvement to amplify cost savings and clinical outcomes. Stay tuned!

Virtuous cycle of member engagement

1
Interactive, personalized care program delivered via smartphone or tablet

2
Member reports in a survey that she is having trouble picking up her medications



3
Care manager receives alert and sends a message to offer support

4
Care program adjustment: care manager adds monthly reminder to pick up prescriptions

3
Care manager receives alert and sends a message to offer support

About Wellframe

Wellframe partners with leading health plans to transform care management and member engagement. Our mobile-enabled care management program optimally extends existing care management systems and resources to provide members with ongoing guidance and support, when and where they need it. Wellframe's data driven approach delivers proven results including improved member experience, reduced medical spend and increased efficiency.



TECH-ENABLED



DATA-DRIVEN



PATIENT-CENTRIC