



# Optimize targeting & outreach to set up for HEDIS success

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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.

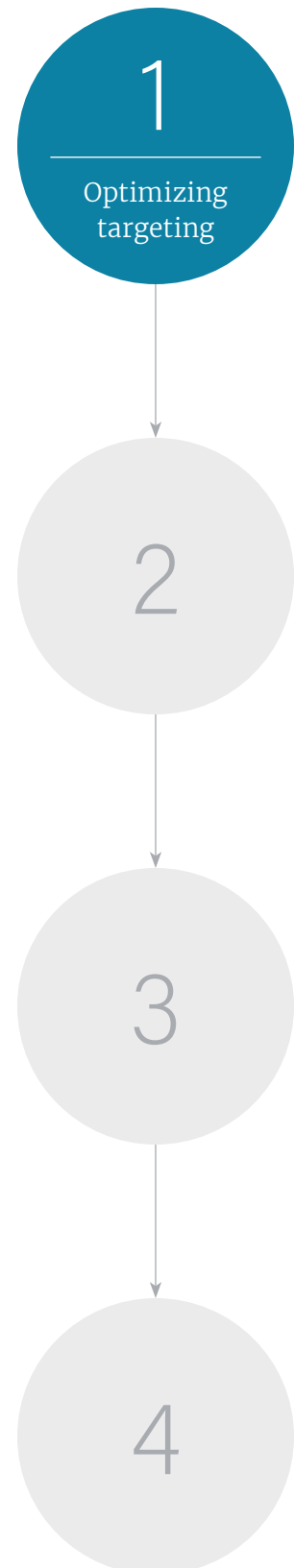
In order to meet evolving industry standards, HEDIS measures now place increasing weight on patient satisfaction and prevention. In fact, **patient satisfaction (CAHPS - 19% of total) and prevention (26% of total) alone account for 45% of the HEDIS scores**. Health plans looking for opportunities to 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.



The first step in supporting members is to identify the individuals who need (or will need) the most support. Most health plans use a variety of approaches to segment the population in an effort to determine level of risk that they can act on. These efforts underpin initiatives across the plan, from cost savings and quality improvement to patient satisfaction and prevention, all of which eventually manifest in quality and performance scores.

This white paper will discuss how modernizing your care management programs leads to enhanced upstream targeting methods that expand your reach for downstream benefits to HEDIS. We'll explore effective new models for integrated targeting and multichannel recruitment techniques that set a strong foundation for digital care management to succeed.

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## Traditional methods for targeting

In most health plans, members are identified through two useful but unsynchronized paths for targeted outreach and support. These efforts are usually driven by separate teams in siloed parts of the health plan, or may be outsourced altogether.

Let's take a look:

On one hand, predictive risk analysis based on **cost patterns** informs intervention targets for cost savings initiatives. These efforts estimate whether a member will be high- or low-cost in the coming months or years. We see many plans offer services based on risk tier, for example, to all of the high-risk members in their plan. Then, disease-specific outputs from the model

inform the program for which the member should be targeted. Most of the time, a care manager will see this member on an outreach list, make a phone call, and (if they reach the member), offer to help with the issue. The overall goal, of course, is that support will lead to better health outcomes and reduced costs over time.

On the other hand, the same population is analyzed on **quality risk factors** such as gaps in care or transitions in care that inform intervention targets for quality initiatives. These efforts model the population against priority HEDIS measures, propelled by the knowledge that an increase in one measure could be the difference in a year of growth or decline for the entire business due to sales revenue,

Medicare bonus payments, or other topline sources. Once identified, members are contacted by the quality team, reminded about the gap, and encouraged to visit their PCP. The purpose of this outreach is to nudge members towards the key actions that help the plan perform well on priority quality measures.

So in summary, both groups build independent segmentation models, identify separate (though likely overlapping) target members, and then reach out to their respective populations in pursuit of distinct goals. Spelled out, it's easy to see how this fragmented approach leads not only to inefficiency, but also to a disjointed, confusing experience for members, especially when an individual falls into multiple target groups.

# Intersection of cost and quality

What if, instead, health plans merged these efforts into one streamlined initiative that would provide real value to members and simultaneously accomplish the plan's cost and quality goals? When these separate targeting processes are synchronized, plans can take advantage of parallel improvements in efficiency and effectiveness to overhaul outdated segmentation modeling.

With modern care management infrastructure and smart use of already available data, cost and quality efforts can intersect to create a more powerful, integrated model for targeting. Each member in the plan can be evaluated for potential impact across **all sources of value**, with innumerable benefits, including:

- Approaching the member with their holistic needs in mind, rather than the transactional service

- reflected in both methods above.
- Empowering care managers to focus on building a supportive relationship with the member first, then addressing needs as they arise.
- Providing the right data, so that care managers can flag a gap in care with the member or their physician in the process of helping them manage their health.

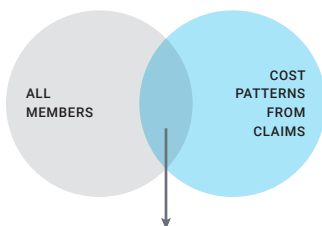
Let's explore this opportunity through the lens of the diabetic population, particularly those with multiple comorbidities. Diabetic members are frequently among the highest cost members in the plan. Additionally, diabetes treatment measures alone account for more than 12% of the HEDIS score. Remember, now you're segmenting the population for risk factors around cost *and* quality/gaps, so with a refined target list, care managers go to work calling high risk, high cost diabetic members to enroll in supportive services. Many of

these members will have additional, unrelated gaps in care that your system should be able to surface for the care manager; keep in mind that diabetes treatment measures aren't the only ones that matter for HEDIS scores! With the right population on the outreach list and the right information at their fingertips, care managers will be able to comprehensively assess and support the neediest members.

As a result, the care management service you're already offering starts to influence more behaviors and create broader value to the plan. The pivotal point here is this: the value of the intervention increases considerably when care managers can offer support in managing care and strongly influence HEDIS measures at the same time. Once we know how valuable it is for a member to receive a service, it's far easier to optimize the strategy for outreaching and onboarding those members.

## Cost model

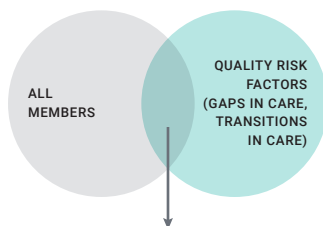
FOR COST SAVINGS INITIATIVES



Members who are high cost may decrease utilization patterns due to self-management

## Quality model

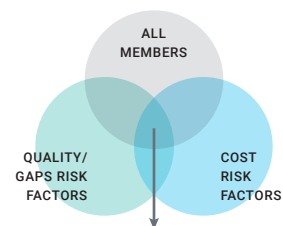
FOR QUALITY IMPROVEMENT INITIATIVES



Members who have one or more high priority gaps in care may complete recommended screenings

## Integrated model

FOR COST & QUALITY OUTCOMES FROM DIGITAL CARE MANAGEMENT



Members who are most in need are supported holistically, leading to cost savings and improved HEDIS scores

These diagrams show the effects that HEDIS weights and care management overlap might have on your organization's priorities.

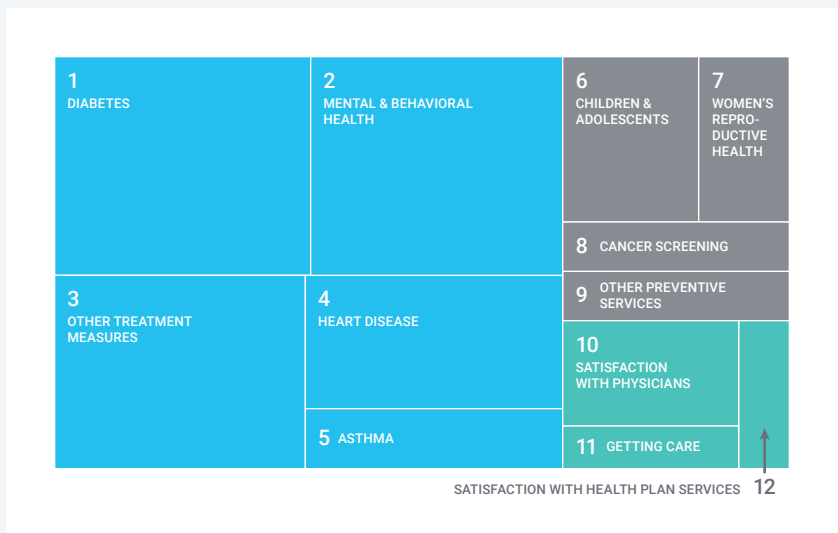
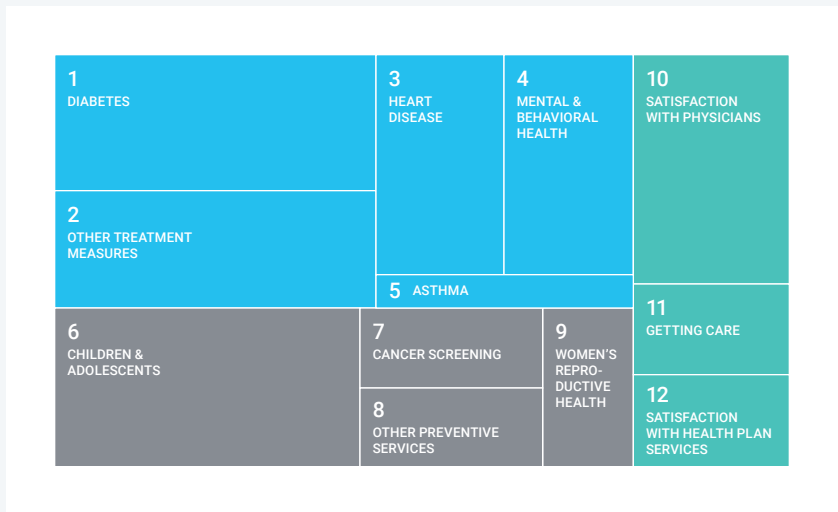
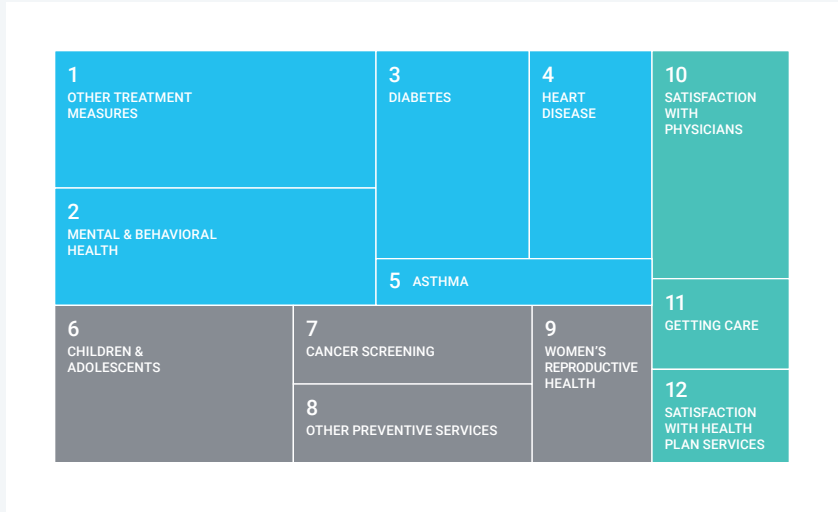
The first diagram weights each of the 48 measures equally, showing a broad set of areas that the organization may choose.

The second uses the existing HEDIS measure weights, emphasizing a few small subsets such as Diabetes Care and Consumer Satisfaction.

The third diagram further weights the measures by the expected value of a clinical intervention like care management. This further emphasizes chronic disease measures like Diabetes, Heart Disease, Asthma, and others.

**Key**

- Treatment
- Prevention
- Consumer satisfaction



## Multi-channel recruiting and messaging

After identifying the target members, the next step is effective outreach and recruitment. As an increasing variety of marketing options emerge, it's essential to assess various channels and combinations for effectiveness. In our experience, the most effective approach is to measure each by efficiency rather than pure volume—that is, in **the relative number of members reached and the cost of contact for each outreach**. For example, telephonic channels may be more effective in enrolling members once reached, but the cost-efficiency is modest given the low contact rate and significant opportunity cost of staff time to for multiple attempts to reach a member.

Expanding to marketing channels such as direct mail, email, and digital

marketing can simultaneously expand the reach of member enrollment while reducing the cost of delivering more frequent touches. The sweet spot where effectiveness intercepts efficiency is often where these channels are used in combination; an integrated campaign can calibrate the cost of enrollment by evaluating the cost-efficiency of each channel to reach any given member. The

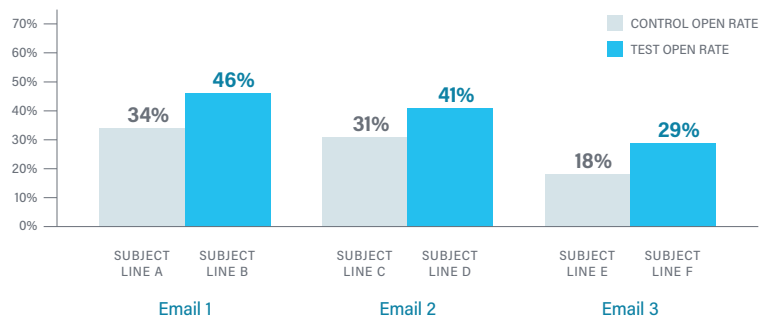
differential cost of enrollment of certain member populations should be proportional to the priority of those member populations.

In addition to channel effectiveness, the messaging components within each piece all contribute to whether members will engage. This may include:

- Subject lines in emails
- Calls to action
- Body content
- Direct mail approaches
- Phone-based approaches

Digital campaigns in particular are well suited to rapid-cycle testing and optimization, such as A/B testing email subject lines to increase open rates and adapting copy to drive enrollment rates. Developing these elements and iterating on successful versions will make a big difference in response rates.

### Impact of rapid-cycle A/B testing on email campaign effectiveness



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Stay tuned for the next part of our series on the digital care management connection to HEDIS! We'll explore how health plans can take advantage of mobile technology to drive tangible outcomes in care management and HEDIS performance.

## 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**