Wellframe

Rigorous measurement & continuous improvement

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.

1

Optimize
targeting

2

Drive
engagement

3

Leverage
digital

4
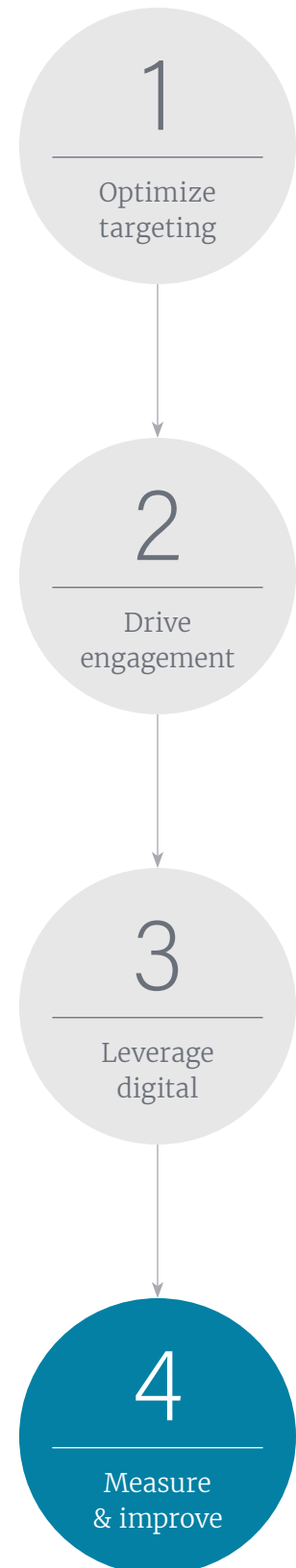
Measure
& improve

Data, analytics, metrics, reporting—they're more than just buzzwords. As health plans digitize, measurement is becoming an increasing priority in order to quantify every aspect of the business and demonstrate tangible value. This is especially true for care management programs, where evaluation practices have traditionally been unable to quantify impact.

In our last white paper we discussed member-facing care programs that can not only deliver relevant and personalized health education, but also collect vast amounts of data on patient activity, patient-reported outcomes (PROs), metadata, and more (read it here!). Because **digital care management transformation introduces significantly more data, it enables novel evaluation from patient care and data-driven support, to care team performance and efficiency, to overall program metrics, outcomes, and return on investment (ROI).**

Though it may appear overwhelming, it's possible for organizations to harness this data and more effectively quantify value. And in this last segment of our 4-part series on care management transformation to enhance HEDIS performance, we present a clear path to follow. We'll explore various measurement strategies that organizations can implement to demonstrate the merits of rigorous evaluation and continuous improvement—efforts that are imperative for achieving better outcomes and driving quality-based revenue.

Disrupt the data & measurement void

Many traditional care management programs have a data challenge: data may not be available or it may not be utilized effectively. Without access to the right data, resources to focus on it, and expertise to analyze it, **care management programs are unable to measure impact and communicate business value.** As a result, they

have trouble attracting attention and investment from executives. Care managers, supervisors, and leadership trudge along with the status quo, lacking the insights to drive iterative improvements to the program and the financial support for growth. Executives are often hesitant to know the details, or expect that care management is necessary infrastructure regardless of performance. And so they rarely prioritize rigorous measurement of care management—until now.

As health plans transform care management programs into digitally-optimized data collection powerhouses, the ability to measure, evaluate, and improve performance creates a major opportunity. As described by renowned management guru Peter Drucker, "you can't manage what you don't measure." At every level of care management, data is becoming more accessible than ever before—opening the door for data-driven decisions that can improve the service from bottom to top.

Measure outcomes that matter

So, what will those improvements look like—and what measurements should you prioritize? As we know, many factors influence outcomes, from the number of patients enrolled in care management, to engagement rates over time, to quantifiable value created across dimensions such as patient experience, cost, and quality. However, for a program undergoing change, **thorough process measurement and management are essential to build toward downstream outcomes such as HEDIS scores.**

First, it's important to define success relative to outcomes that matter. Then, choose the right metrics to back them up. In our experience,

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the granularity of measurement typically parallels the frequency and scale of the metrics in question. For example, measuring patient activity lends to daily or weekly review and improvements at the individual level, while evaluating operational workflows and efficiency metrics is suited to weekly and monthly evaluation and enhancements at the care team level. Considering overall program effectiveness, outcomes,

and performance is appropriate for quarterly and annual analysis, and holds the potential for wide-ranging advancement at the program level.

We recommend prioritizing the following types of measurement that enable evaluation at the patient, care team, and program levels. They help to provide directional indicators and define actionable success metrics.

PATIENT INSIGHTS FOR REAL-TIME INTERVENTION

Based on continuous inbound information from individuals' activity on digital care management tools, this data provides insight into patient engagement, health status, gaps in care, alerts, and more. Care managers leverage this data to understand each patient's needs, inform interventions, and provide ongoing support.

Moreover, in digitally-enabled care management programs, these real-time insights enable a dynamic, needs-based workflow for the care team that channels value back to the patient and the program simultaneously. In aggregate, this data provides valuable insight into population preferences, engagement, and satisfaction.

REAL-TIME
Patient activity
Relevant for patients and care teams
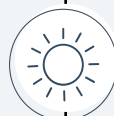
DAILY
Population engagement
Relevant for care teams

CARE TEAM REPORTS FOR WORKFLOW EVOLUTION

Based on care managers' interactions with patients, this data reflects individual productivity. Operational metrics such as recruitment volume, engagement rates, efficiency, and capacity equip supervisors with insights to establish key performance indicators (KPIs) and benchmarks for the team. In turn, supervisors hold staff accountable to their goals and identify trends and best practices to share across the team.

Most importantly, this data empowers supervisors to make data-driven decisions about resource allocation and expertise; the team will begin to change shape quickly as workflows and staffing are optimized around needs and strengths.

PROGRAM REPORTS FOR IMPACT EVALUATION

Based on large-scale, program-wide indicators, this data points to the impact of care management on the population it serves. Data from medical and pharmacy claims combined with data from patients and care teams enable new comparisons of cost and value that characterize overall program ROI. Data may include:

- Self-reported or physician-provided outcomes (screenings, activity tracking, biometric monitoring)

- Care utilization patterns (primary care consumption, preventive care consumption, ED visits, inpatient stays)

- Cost and quality indicators (global cost, inpatient cost, admission/readmission rates, prevalence and closure of gaps in care relative to HEDIS & Stars)

Care management leaders can bring these metrics to executives and employer clients to demonstrate success relative to outcomes that matter to the health plan—whether to improve member experience or influence care in a way that has favorable outcomes for cost and quality—often resulting in major shifts throughout all levels of the program, new sales, and longer customer retention.

WEEKLY
Operations (workflows)
Relevant for care teams and supervisors

MONTHLY
Resources allocation (staff, efficiency
Relevant for supervisors and management

QUARTERLY
Outcomes, program performance, ROI
Relevant for managers & leadership

ANNUALLY
ROI
Relevant for leadership

Apply rigorous, multi-source methods

In order to fully understand the types of measurement discussed above, it's important to recognize the methodology that goes into them—both the data sources and the analytical methods applied to that data. Limitations of traditional data practices stem from incorrect inferences of cause and effect, use of observational data, and inexperience in applying analytical methods. Many methods utilize single data sources that reduce the nuance of real patients or populations to insufficient numbers. However, programs can achieve more reliable and insightful results when they thoughtfully measure data and take a more rigorous approach to analytics methodology.

When you combine multiple analytical frameworks sources, you can better understand any metric. Let's take patient-level data for example. In order to determine the patient's overall value or risk to the plan, you must collectively consider medical cost savings, care utilization patterns, gap closure, retention, satisfaction, and more. By applying **modern statistical and population health methods** across multiple data sources, you can estimate impact on cost and utilization. Propensity score matching allows you to approximate randomization, finding similar groups of patients based on clinical and behavioral characteristics and compare outcomes.

Leverage natural occurrences to provide another approximate method of randomization that is applicable at the individual level as well as the care team and program levels. For instance, imagine rolling out a new workflow to one team before implementing it across the board, or offering a new service to all full-risk members before extending it to the ASO market. This setup provides a natural set of randomized groups for comparison, similar to having a control group and a "treatment" group. It allows us to discern cause and effect to uncover valuable insights about the treatment—insights that translate into tangible next steps.

By applying these comprehensive, rigorous measurement methods, organizations will be able to paint a holistic picture of member groups that more accurately captures their individual nuance. Moreover, this **measurement methodology** scales easily to quantify and understand a population, care team, or program as a whole.

Quantify to continuously improve

With novel data sources, sophisticated methods, and key metrics at every level of the care management program, health plans will be data-rich. However, data for the sake of data is fruitless; it must grounded in learning and tied to action. When care management programs commit to iteration, innovation, and continuous improvement, the sky's the limit for creating significant value.

Simply put, **rigorous measurement enables health plans to quantify impact and hard ROI**; that is, the value of the program and the service delivered to members in need compared to the cost to operate the program and deliver the service.

Additionally, measurement enables care management to **continuously identify areas for improvement, implement changes, and measure the effect.** The following examples are tangible ways data-driven improvements can take place from the individual patient level up to the executive board room.

$$\text{Impact (ROI)} = \frac{\text{Value}}{\text{Cost}}$$

◄ **Driven by impact on cost, quality/revenue, and retention**

◄ **Driven by services, technology, analytics, and recruitment**

REAL-TIME

Intervene: A care manager noticed one patient's falling medication adherence, and reached out to ask about the issue. The patient explained she didn't take her pills when she traveled on the weekends. The care manager mailed a new pill box, and her patient's medication adherence rebounded to normal.

DAILY
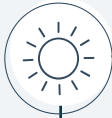
Change: Population reports indicated low comprehension of safe acetaminophen dosage. This finding combined with the risk of misunderstanding medications prompted a change in health education delivered directly after discharge to focus on safe dosing, resulting in an increase in patient-reported level of understanding.

WEEKLY

Scale back: Supervisors reduced the number of care managers focused solely on outreach for gaps in care when they noticed low patient satisfaction compared to a population in which care managers worked with patients more holistically, closed gaps more effectively, and saw higher satisfaction.

MONTHLY

Adjust: Claims and patient self-reports revealed falling attendance at PCP appointments. Care managers addressed this issue by switching to mobile channels to contact members before appointments and increasing the frequency of reminders. Attendance rebounded to a higher rate than the baseline.

QUARTERLY

Reassign: With newly implemented technology, supervisors recognized tech-savvy staff early on and embedded them among less adept peers to share their tactics, bringing the whole group up to speed faster and with more camaraderie.

ANNUALLY

Amplify: After showing thousands of dollars in cost savings per member, executives increased the budget for care management to support increased recruitment efforts and extend care management services to more members in order to double down on those results across a broader population.

Validate increased investment in care management

We've discussed what organizations can do with data to quantify care management at every level, from patient support, to care team efficiency, to overall program effectiveness, and how insightful data contributes to process improvement over time. Yet, the importance of rigorous measurement extends to the top of the organization. With data to demonstrate effectiveness, impact, and value to the health plan—and substantial, positive ROI—executives will pay attention. Care management leadership will be able to not only justify increased investment to grow the program even further, but also apply the same data models to effectively predict the return on additional funding. This major advancement will position care management in an entirely new light for the organization.

Ultimately, measurement allows health plans to make data-driven decisions that elevate the stature of care management from baseline requirement to strategic value center. In doing so, health plans will be able to amplify the effect of care management and extend services to more members, doing

incrementally and continuously better by each member. Achieving these goals creates new opportunities to focus on member support by strengthening provider partnerships, differentiating to employers on service and outcomes, and driving retention and new sales. Through rigorous measurement and continuous improvement towards these goals, health plans are poised to quantify impact and capture significant value from the powerful data of digital care management transformation.

Thanks for following our 4-part series on quality improvement and HEDIS performance. To access the first three segments on targeting and outreach, driving multichannel engagement, and leveraging member-facing care programs, visit us online: www.wellframe.com

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

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