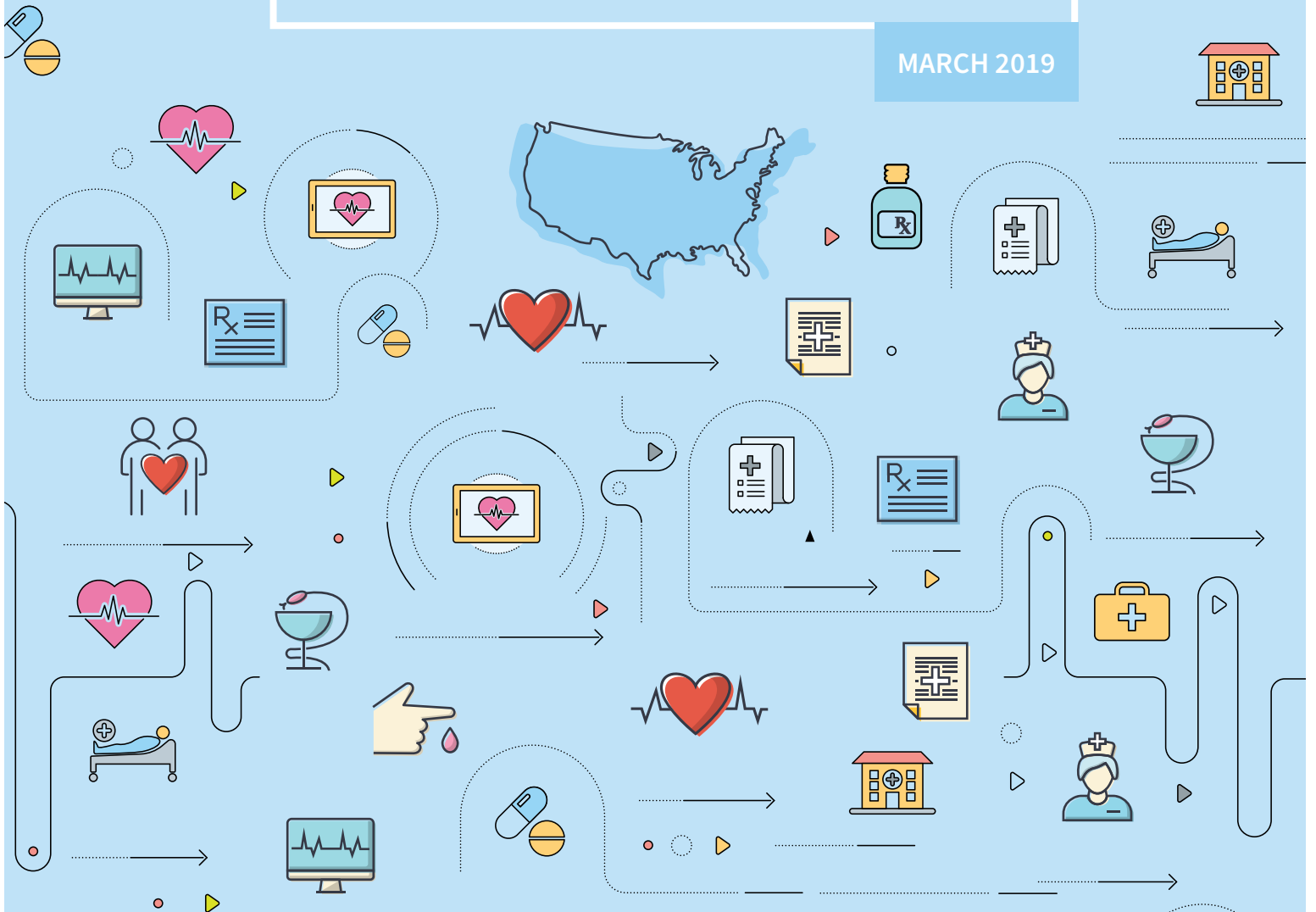


WHITE PAPER

Why knowing your patients and members can improve quality ratings

Using identity data to improve HEDIS scores and Star Ratings by improving patient care and quality metrics

MARCH 2019



WHY KNOWING YOUR PATIENTS AND MEMBERS CAN IMPROVE QUALITY RATINGS

In order to effectively impact patient care, you first have to know where patients are and how to reach them. The incentive to do so falls on healthcare organizations of every kind—health plans, providers and pharmacies—not just to improve outcomes but to improve quality ratings and the bottom line.

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) scores and Centers for Medicare & Medicaid Services (CMS) Star Ratings have become widely used tools to measure and improve healthcare effectiveness. They provide employers and consumers with the objective information they need for reliable comparisons of healthcare quality and outcome measures.

Healthcare organizations use HEDIS scores and Star Ratings to:

- Assess the quality of health and drug plans
- Encourage employers to select their plans in a bid for benefits
- Determine which providers should be offered alternative contracts
- Identify gaps in care and develop population-specific interventions and programs to improve outcomes
- Ensure payers, providers and pharmacies have a vested interest in quality care metrics
- Improve reimbursements for value-based care payment models and monitor compliance for incentive programs



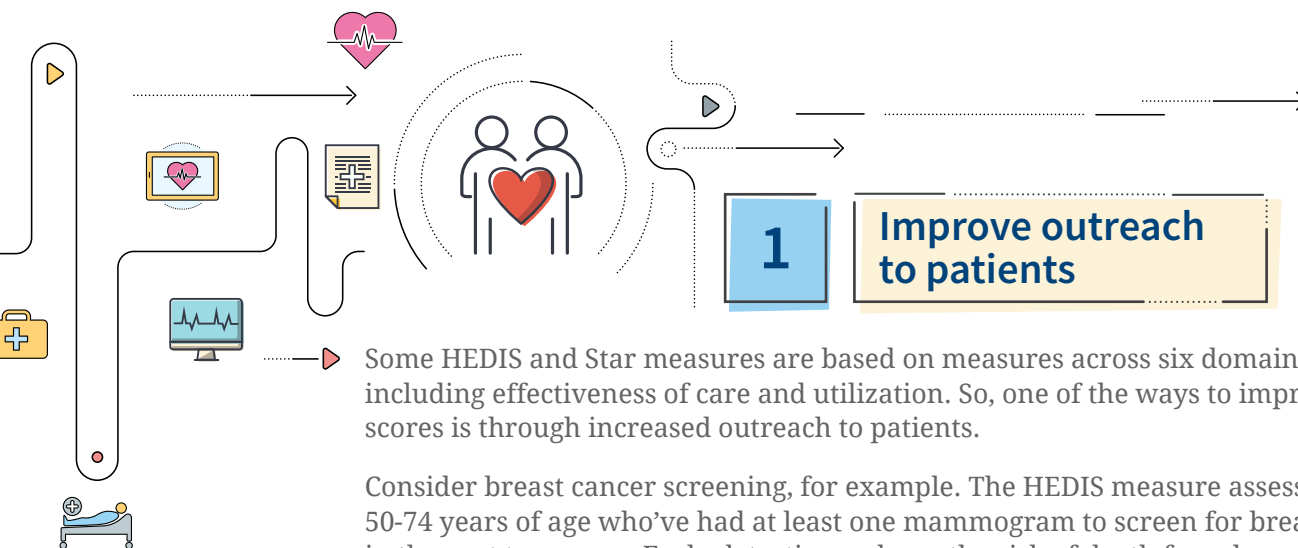
Over 190 million people, 60% of the U.S. population, are enrolled in plans that report HEDIS results¹ and more than 90% of U.S. health plans and 42 of 50 states use HEDIS to assess quality of care.

Nearly 60 million people are enrolled in Medicare, which report Star Ratings.²

45% of Medicare Advantage with prescriptive drug contracts earned four or more stars in 2019.³

It's no surprise that improving those scores has become a priority. Millions of dollars are at stake based on a single metric going up or down even a half point. Fortunately, there are at least four simple measures healthcare organizations can take to move the needle in the right direction.

WHY KNOWING YOUR PATIENTS AND MEMBERS CAN IMPROVE QUALITY RATINGS



Some HEDIS and Star measures are based on measures across six domains of care including effectiveness of care and utilization. So, one of the ways to improve your scores is through increased outreach to patients.

Consider breast cancer screening, for example. The HEDIS measure assesses women 50-74 years of age who've had at least one mammogram to screen for breast cancer in the past two years. Early detection reduces the risk of death from breast cancer and can lead to a greater range of treatment options and lower healthcare costs.⁴

Healthcare organizations can use outreach to increase the number of women in their target age group who come in for mammograms to improve this HEDIS score. But first they'll need to identify those patients and then contact them. That's easier said than done.

Many healthcare organizations are currently operating with surprisingly inaccurate or incomplete patient data.



According to Boston Consulting Group, a plan's enrollment contact information can be anywhere from 10-50% inaccurate,⁵ depending upon the line of business (with Medicaid being the worst).

The problem with data quality goes beyond data entry errors. Patient data erodes at an estimated rate of 3% per month.⁶ It's in a continual state of flux as individuals change jobs, phones, addresses and even their names (marriages and divorces). The process to keep records current is both cumbersome and a drain on resources.

Additionally, many newly insured patients who were outside the medical administration mainstream prior to the Affordable Care Act and Medicaid expansion, have now entered the system with limited medical history and personal information.

Often the best solution is to work with a data partner that has the data sources, analytics and technology to identify and correct addresses and phone numbers or even supplement contact data with email addresses.

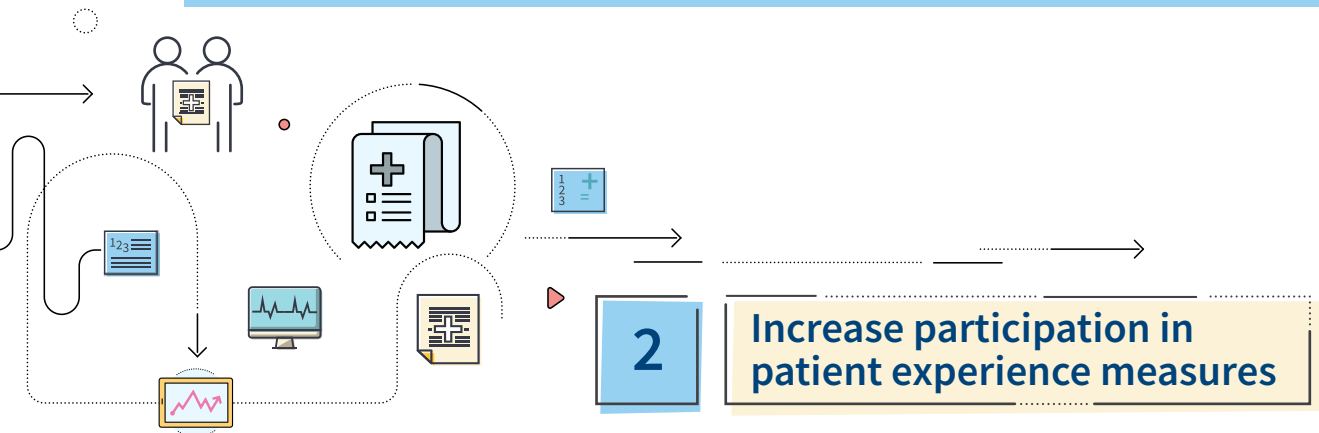
With optimized patient data, healthcare organizations can begin the process of contacting patients in the target group to remind them about the importance of preventative screenings.

WHY KNOWING YOUR PATIENTS AND MEMBERS CAN IMPROVE QUALITY RATINGS

The same approach to patient outreach can be used to encourage patients to obtain immunizations, such as flu and pneumococcal vaccines (another HEDIS measure). It can also be applied to disease management programs, such as for patients with diabetes and high blood pressure. By identifying and contacting patients with the disease, healthcare organizations can better provide information about available services, follow-up on aftercare, schedule office visits and monitor progress.



The ability to communicate with patients and perform effective outreach has the potential to improve HEDIS scores while contributing to meaningful improvement outcomes that impact other quality program ratings.



- ▶ Patient experience measures, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, offer another opportunity to improve HEDIS scores and Star Ratings. Since its launch in 1997, this survey has become the national standard for measuring and reporting on the experiences of consumers with their health plans.

For providers, the CAHPS survey is a direct reflection of the move to healthcare consumerism. Patients pay attention to CAHPS scores to determine where to receive care, and lists like *U.S. News Best Hospitals* base their annual ratings, often read by consumers, on these scores.

HEDIS ratings are tied to the percentage of patients in a health plan who have completed the CAHPS survey. To increase that number, health plans can contact patients to make them aware of the survey and encourage their participation. But, as with promoting breast cancer screenings, healthcare organizations must have accurate contact data in order to reach out to patients.

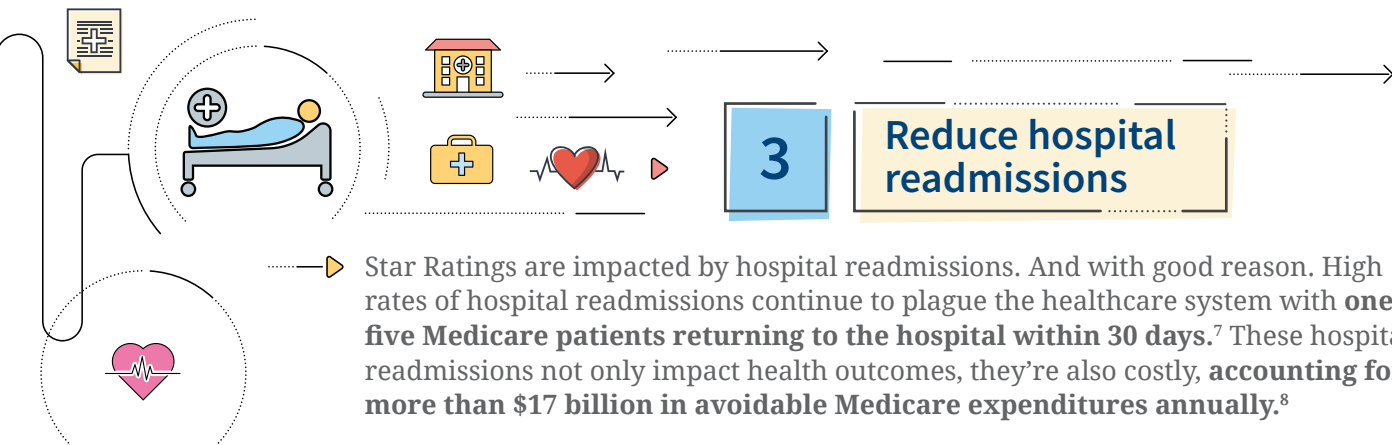
Industry research indicates that a phone follow-up can improve CAHPS response rates by 4 to 20 percentage points compared to mail only.⁵ That's an easy fix with a good return.

WHY KNOWING YOUR PATIENTS AND MEMBERS CAN IMPROVE QUALITY RATINGS

To improve HEDIS scores one large health plan identified a need for more reliable, updated patient contact information. Working with a data partner to append and validate patient data the health plan was able to:



- Confirm 44% of addresses were correct (revealing the remaining 56% that were inaccurate or out of date)
- Update 45% of total files with correct address
- Show only 18% of input phone numbers were correct
- Update phone information on 65% of files



Star Ratings are impacted by hospital readmissions. And with good reason. High rates of hospital readmissions continue to plague the healthcare system with **one in five Medicare patients returning to the hospital within 30 days.**⁷ These hospital readmissions not only impact health outcomes, they're also costly, **accounting for more than \$17 billion in avoidable Medicare expenditures annually.**⁸

A variety of factors contribute to hospital readmissions, including many outside the clinical realm. Recent studies show that social determinants of health (SDOH)—the conditions in which people are born, grow, live, work and age—account for as much as 50% of healthcare outcomes.⁹

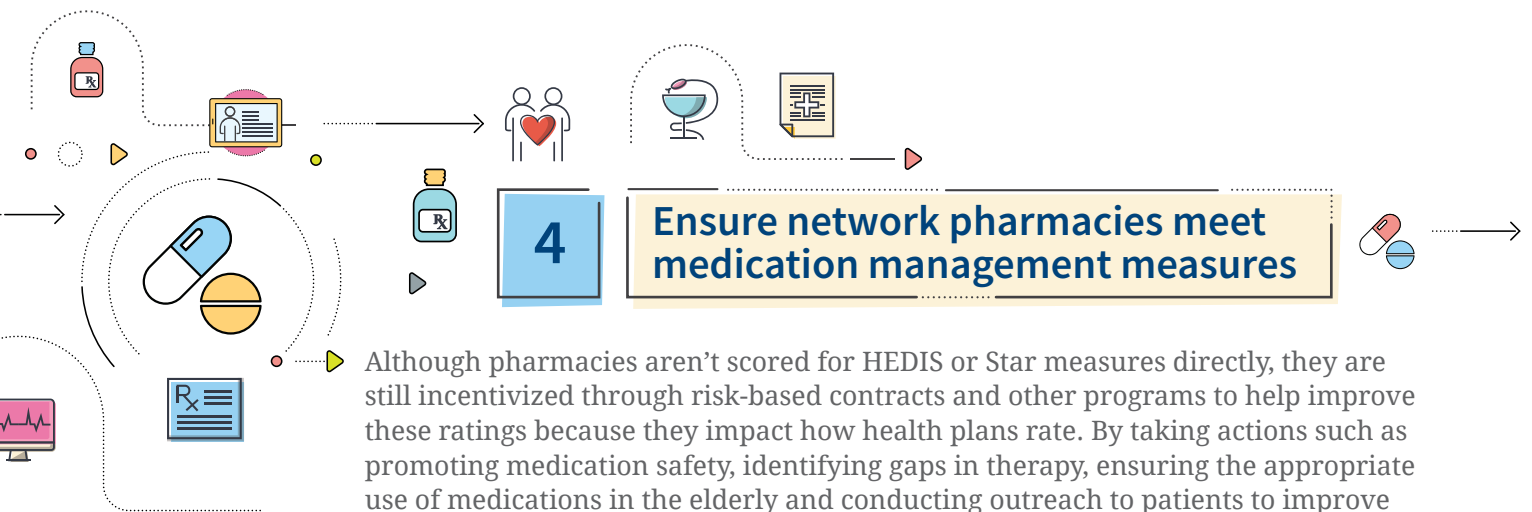
SDOH are direct risk factors for a large number of negative health outcomes that can result in hospital readmissions. If health plans and providers can identify who's at risk, they can be proactive in providing services for better outcomes.

Patient Outcome Scores, such as Observed-to-Expected Readmissions or Observed-to-Expected Emergency Department (ED) Utilization (frequent flyers) can be improved by using scores built on SDOH data alone or combined with claims data. For example, a 30-day Readmission Risk Score built on socioeconomic attributes can help predict which patients are at highest risk for readmission and which social determinant barriers are contributing most to that risk. This allows care managers and providers to address the whole person and not just their disease to best reduce the likelihood of readmission.



The move to reduce readmissions is critical for health plans and provider organizations to have a better chance of getting their patients out of the readmission revolving door when they have access to SDOH data to drive successful intervention strategies.

If care managers and providers can identify their high-risk patients, they can direct special attention toward them, customizing their aftercare, prioritizing outreach and allocating resources accordingly, which will ultimately reduce ED visits and hospital readmissions.



Although pharmacies aren't scored for HEDIS or Star measures directly, they are still incentivized through risk-based contracts and other programs to help improve these ratings because they impact how health plans rate. By taking actions such as promoting medication safety, identifying gaps in therapy, ensuring the appropriate use of medications in the elderly and conducting outreach to patients to improve medication adherence, they're able to improve overall patient health, which ultimately affects scores.

Among the specific pharmacy quality measures that factor into health plans' Star Ratings are:

- High-risk medication use
- Diabetes treatment
- Medication adherence for oral diabetes medications
- Medication adherence for hypertension (in patients with diabetes)
- Medication adherence for cholesterol

Pharmacies can look to data, such as a medication adherence score based on SDOH, to proactively identify those patients likely to not meet certain medication adherence thresholds. Then, through outreach, care coordination and alignment with social services, they may be able to improve patient engagement and medication adherence among their pharmacy population.



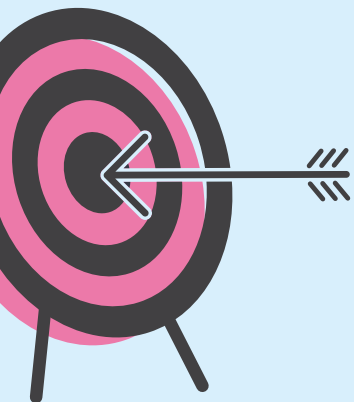
Health plans can assess how their network pharmacies meet medication management and quality measures by reviewing claims data. They can then rework their preferred networks to include only those pharmacies that perform well.

Pharmacies can also influence plan ratings through their critical role in Medication Therapy Management (MTM). Issues like comprehensive medication review completion rates, drug interactions, excessive doses of certain medications and medication adherence can all be measured through claims data. To raise their ratings, health plans can send MTM cases only to those pharmacies with effective MTM services resulting in the best patient outcomes.

Small things can make a big difference

HEDIS scores and Star Ratings impact a health plan's profitability and provider and pharmacy organizations' value-based care incentives. They also bring a new level of transparency to healthcare that can fuel patient empowerment and decision-making. The result is that everyone involved feels enormous pressure and accountability to improve their performance on these quality-of-care measures.

Fortunately, small actions can yield big results. Simple undertakings like cleaning up the healthcare organization's contact data to increase patient outreach can have a major impact. So can deploying analytics that identify at-risk patients for hospital readmissions and ED utilization. And getting pharmacies onboard to help with medication adherence can also have a positive, albeit indirect, effect. With the right strategies, healthcare organizations can boost engagement and improve satisfaction while delivering more value, and most importantly, ensuring quality of care.



Rather than viewing HEDIS scores and Star Ratings as burdensome, healthcare organizations that see them as opportunities to measure and better coordinate care for improved patient outcomes are likely to have a significant advantage in today's increasingly competitive healthcare market.

And, perhaps more importantly, those organizations will be making strides toward important long-term goals to improve population health and decrease medical costs.

For more information, call 866.396.7703 or visit
risk.lexisnexis.com/healthcare

¹ <https://www.ncqa.org/hedis-2018-measures/>

² CMS. Medicare Enrollment Dashboard. Data as of March 2019.

³ CMS. 2019 Part C and D Star Ratings Fact Sheet. https://www.bettermedicarealliance.org/sites/default/files/2019_Star_Ratings_Fact_Sheet_2018_10_09.pdf

⁴ <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

⁵ <http://blogs.lexisnexis.com/healthcare/2018/10/hedis-scores-booster-shot/>

⁶ Donato Diorio, "Data Decay: Why Your CRM Data Sucks," <https://www.ringlead.com/blog/data-decay-crm-data-sucks/>, (May 1, 2014).

⁷ <https://khn.org/news/under-trump-hospitals-face-same-penalties-embraced-by-obama/>

⁸ <https://healthanalytics.com/news/preventable-hospital-readmissions-fall-dramatically-across-us>

⁹ <https://www.lexisnexis.com/risk/downloads/assets/social-determinants-healthcare-pov.pdf>



Health Care

About LexisNexis Risk Solutions

LexisNexis® Risk Solutions harnesses the power of data and advanced analytics to provide insights that help businesses and governmental entities reduce risk and improve decisions to benefit people around the globe. We provide data and technology solutions for a wide range of industries including insurance, financial services, healthcare and government. Headquartered in metro Atlanta, Georgia, we have offices throughout the world and are part of RELX (LSE: REL/NYSE: RELX), a global provider of information-based analytics and decision tools for professional and business customers. For more information, please visit www.risk.lexisnexis.com and www.relx.com.

Our healthcare solutions combine proprietary analytics, science and technology with the industry's leading sources of provider, member, claims and public records information to improve cost savings, health outcomes, data quality and compliance and minimize exposure to fraud, waste and abuse.

This white paper is provided solely for general informational purposes and presents only summary discussions of the topics discussed. This white paper does not represent legal advice as to any factual situation; nor does it represent an undertaking to keep readers advised of all relevant developments. Readers should consult their attorneys, compliance departments and other professional advisors about any questions they may have as to the subject matter of this white paper.

LexisNexis and the Knowledge Burst logo are registered trademarks of RELX Inc. Other products and services may be trademarks or registered trademarks of their respective companies. Copyright © 2019 LexisNexis. All rights reserved. NXR12810-00-0319-EN-US