LexisNexis® RISK SOLUTIONS

Health Care

Help Your Members: Provide Quality Improvement Initiatives Before It's Too Late

SEPTEMBER 2020

Life as we knew it took an abrupt shift in March. Due to COVID-19, we've seen schools move online, small businesses close, more than five million people lose health insurance due to furloughs and permanent job losses[1], and almost one in five Americans move to new locations (so far).[2]

At the same time, people with chronic conditions like COPD, diabetes and congestive heart failure have been avoiding medical settings for routine tests and screenings for fear of exposing themselves to the virus. These individuals make up the 5% of the population that accounts for 50% of annual medical expenses in a normal year.[3] By avoiding routine care, your members may be getting sicker and experiencing poorer overall health outcomes, which would then negatively impact your plan's quality ratings. Even if there are concessions for 2020, these negative health outcomes could impact quality ratings for years to come, if conditions worsen too much now.

That is why *now* is the time for health plans to invest in data and analytics tools that will bolster strategic population health management quality initiatives. Combining social determinants of health (SDOH) data with existing care management programs can bolster the effectiveness of those programs and help improve health outcomes. Not to mention, licensing new solutions for use within an existing quality improvement or care management program may be considered a medical expense to help better manage medical-loss-ratios before the end of the year.

Data and analytics solutions can be used to turbocharge population health management in two ways: (1) improving individual patient outreach (and, thus, engagement), and (2) helping to predict which patients within your member populations may need additional care (and/or whose care may need to be prioritized once the COVID-19 pandemic is over).

Improving patient outreach

Certain 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] Looking at year-over-year claims data for mammograms, April 2020 saw an 87% reduction in the number of mammograms performed compared to April 2019, and a 52% reduction when comparing May 2020 to 2019. On top of that, new breast cancer diagnoses have declined as much as 30% during the pandemic.[5] We know that it is not likely that breast cancer has spontaneously declined 30% in a year; which means diagnoses have just been delayed. 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. If they can reach these patients, plans can explain safe ways to visit medical facilities, discuss alternative options to hospitals (where available), and communicate other messages that can decrease concerns for patients and encourage them to get the screenings that could save their lives.

Traditionally, patient data erodes at an estimated rate of 3% per month.[6] It is 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, and the pandemic seems to have accelerated the rate of this data erosion. This year, since the pandemic, it is estimated that 20% of all Americans, 1 in 5, have either moved to a new home/location or know someone who has.[7] More than ever, it's imperative that payers ensure that they have the most up-to-date contact information for their members—not only to share information about services that are available for preventive healthcare (i.e., telehealth options), information about testing coverage, and best practices for maintaining health during COVID-19, but also for routine communications.

> Access to current data allows payers to continue encouraging engagement in health/wellness programs and to facilitate care management programs and other quality initiatives for members with chronic conditions that still need to be treated and monitored in the midst of the pandemic.

Identify and predict patients who need interventions or prioritized care

Members are avoiding medical facilities for fear of catching COVID, and many are also struggling in ways related to their social determinants of health. Job loss has led to financial strain. Social isolation can be a contributing factor to many diseases, and we are all being told to be socially distant. Previously mundane activities like going to the grocery store for basic necessities or to the pharmacy to pick up medications have become risky. As members face these increased social determinants of health barriers, while avoiding medical care, the likelihood grows that their health will worsen.

Health plans can take action to help mitigate the negative impacts of these new social determinants of health barriers by incorporating SDOH data into care management programs and quality initiatives. Socioeconomic health attributes—clinically-validated social determinants of health factors that correlate to health outcomes—can be used within healthcare analytic models, such as socioeconomic health scores, to improve line of sight into the influence that environmental, economic and community factors have on care management outcomes.[8] These attributes can be used to understand why certain members are likely to be at risk for negative health outcomes, and which social determinants of health barriers the members face that health plans may be able to proactively address via quality and care management initiatives to help them improve those outcomes.

From helping you to predict which of your members should have their care prioritized in order to avoid more negative health outcomes later, to understanding why these members are at-risk, to knowing how to get in touch with your members, the most important takeaway is that **now** is the time for healthcare organizations to bolster their population health management programs and quality initiatives with data and analytics to improve the effectiveness of those programs. It's no secret quality initiatives are considered medically relevant expenses that help your organization to optimize medical loss ratio requirements. Enhance the effectiveness of those quality programs by building in critical, data-driven insights in order to best provide care your members need!

LexisNexis® Risk Solutions has the data and analytics tools payers need to strengthen existing population health management programs.

Sources:

[1] https://www.nytimes.com/2020/07/13/us/politics/coronavirus-health-insurance-trump.html#:~:text=WASHINGTON%20%E2%80%94%20The%20coronavirus%20pandemic%20stripped,according%20to%20a%20new%20analysis.

[2] https://www.pewresearch.org/fact-tank/2020/07/06/about-a-fifth-of-u-s-adults-moved-due-to-covid-19-or-know-someone-who-did/

[3] https://www.healthsystemtracker.org/chart-collection/health-expenditures-vary-across-population/

[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] Information taken from MarketView data pulled September 2020

[6] http://blogs.lexisnexis.com/healthcare/2018/10/hedis-scores-booster-shot

[7] https://www.pewresearch.org/fact-tank/2020/07/06/about-a-fifth-of-u-s-adults-moved-due-to-covid-19-or-know-someone-who-did/

[8] https://risk.lexisnexis.com/products/socioeconomic-health-attributes

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

LexisNexis® RISK SOLUTIONS | Health Care

About LexisNexis Risk Solutions