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CLOSING GAPS IN CARE

Five Ways to Improve Quality and Boost Star Ratings

By Justin Bellante

The U.S. healthcare system is gradually changing from a fee-for-service model to value-based payment designs. This means that health care providers are compensated based on their ability to improve the health of a covered population as the broader healthcare system seeks to define health to a common set of standards.

But how do you measure success? The Centers for Medicare and Medicaid Services (CMS) developed the Five Star Quality Rating System to hold health plans, hospital systems, and other types of providers accountable for quality, as well as to educate consumers by making the performance data more transparent. Health plans offering Medicare and Medicaid Services must comply with Star ratings, a subset of the Healthcare Effectiveness Data and Information Set (HEDIS) ratings. Higher quality equals better member health.

One dimension of this rating system involves tracking risk factors related to diabetes, hypertension, cardiovascular disease, obesity, and other chronic conditions—as well as the take-up of flu vaccinations. Health plans must identify at-risk members and make sure that they receive necessary tests, vaccinations, and treatments. They must also help members fulfill annual screening objectives as recommended by the Unites States Preventive Services Task Force (USPSTF).

While the directives are clear, engaging millions of noncompliant members is an immense challenge. Interoperability and automation are required to make these healthcare reform measures feasible, scalable, and sustainable. HEDIS program administrators need technology to automate repetitive functions, manage the patient experience, as well as exchange health data among physicians, labs, and other healthcare stakeholders.

Lets look at five key areas where technology can help automate HEDIS compliance activities to improve Star ratings related to diabetes management, colorectal cancer screening, heart disease, and flu vaccinations.

1. Member Outreach

Conducting population health screening programs is a multi-step process. The health plan has to identify noncompliant members, reach out to their physicians, generate lab requisitions, coordinate lab testing, create electronic health records, and integrate the data into their information systems to demonstrate compliance.

A **complete healthcare quality platform** automates this cycle. The health plan simply supplies an eligibility file containing information about members who are out of compliance. After loading that information into the healthcare quality system, noncompliant members receive instructions for signing up for a program that will help them complete targeted objectives and close gaps in care.

2. Screening

Meeting HEDIS and Star requirements often involves lab testing, along with the documentation of clinical values in an auditable way. Health plans need a way to screen members on a large scale. Of particular importance are tests that screen for colorectal disease (such as the iFOBT FIT kit), diabetes (A1c and Fasting Blood Glucose tests), kidney disease (microalbumin), and cardiovascular disease (a complete lipid panel).

Convenience is the key to compliance. That's why successful programs offer several methods for gathering biometric data. Patients should have options for where they want to have their lab work done. They might choose to get screened via a home test kit, at a nearby lab or pharmacy, or with help from a caregiver. Regardless of which method they choose, they should enjoy a cohesive experience for ordering tests, scheduling appointments, receiving reminders, and viewing results.

3. Communications

A healthcare quality platform that closes gaps in care must be able to automate communication. This includes contacting noncompliant members by sending a series of invitations, alerts, and reminders by phone, mail, email, SMS, mobile, and Interactive Voice Response (IVR) mediums. Delivering a seamless and positive user experience will increase member engagement by making it easy to connect and navigate each step in the gap-closure processes.

4. Reporting

A healthcare quality platform collects wellness data from biometric screenings, creates electronic health records, and passes pertinent data to all pertinent constituents including physicians, health coaches, disease and care management programs, health plans, and health services companies. These activities are documented via reports. Members should have easy access to their lab results and care results online or via paper mail. They should also receive targeted recommendations for discussing their results with a primary care physician.

5. Data Management

The most important component in the HEDIS compliance process is a versatile data hub for securely managing and exchanging health data. All data management practices must adhere to pertinent security regulations, such as the HIPAA guidelines governing personally identifiable information. They must occur in a standardized and auditable format that can be used to populate multiple health information systems and electronic medical records. The platform should also generate aggregate program data so that administrators can monitor population health trends and design better gap closure programs in the future.

Bending the Cost Curve

The Accountable Care Act (ACA) is shifting payment structures and radically changing incentive structures. Many prominent health plans, Accountable Care Organizations, and Medicare Advantage programs are stepping up their efforts to close clinical gaps in care—an important requirement of the Affordable Care Act and an essential component of fee-for-value initiatives. Health plans and health care providers need technology that can engage members in screening and preventive services so they can increase their quality ratings. Rather than simply treating people who are sick, population health management has become the favored approach for bending the cost curve. Healthcare providers are rewarded for improving health status since increases in Star ratings improve member health and directly impact the bottom line.

Summary

As healthcare quality programs have gained momentum, the need for data management, quality measurement, and results tracking has never been greater. Health plans value programs that can measure and improve population health. They want to help their members detect, mitigate, and circumvent chronic conditions such as diabetes, cancer, and heart disease.

To make these quality programs work, health plans must be able to automate patient outreach, health screening, results reporting, and member compliance. A complete healthcare quality platform engages patients, connects them with their personal physicians, generates lab requisitions, streamlines the biometric testing process, and delivers results to all pertinent stakeholders. Most importantly, it supports prevailing standards for gathering health data, managing that data to ensure it meets industry-accepted formats, and transforming that data into secure electronic health records.

As health plans invest in technology to improve their offerings, they will not only increase revenues, but also gain an advantage in attracting new enrollees—all while continuously improving quality. Market leaders utilize a targeted approach that engages members, links them with their physicians, and supplies all necessary compliance data to meet Medicare Advantage, HEDIS, and Star requirements.

Find a Good Partner

BioIQ simplifies the HEDIS-compliance process with a closed-loop system for contacting members, guiding them through the health screening process, generating lab results, creating electronic health records and integrating the data with many types of information systems. Participating organizations simply supply an eligibility file containing information about members who are out of compliance. BioIQ contacts these members and makes it easy for them to sign-up, online or over the phone.

Each participant receives simple instructions for getting screened at a nearby lab, via a home test kit, or with help from a caregiver. These members can view lab results through a secure portal and receive targeted recommendations for discussing their results with a primary care physician. To drive participation, BioIQ sends a series of

invitations, alerts, and reminders by phone, mail, email, SMS, mobile, and Interactive Voice Response (IVR) mediums.

With BioIQ, the participant experience and the corresponding data are always in sync. The BioIQ technology platform automates healthcare quality processes. These processes are the foundation of good member health, both for individuals and for populations.

About the Author

Justin Bellante is the chief executive officer at BioIQ, a healthcare technology company based in Santa Barbara, California. Since the company's inception in 2005, he has helped guide BioIQ from initial concept to well-established company. He has solidified corporate direction and strategic partnerships, developed the BioIQ wellness technology solution, and built a culture that is passionate about innovation in healthcare. Today, thousands of employers and some of the nation's largest health plans use BioIQ's mature technology platform to measure individual and population health, manage health data, and improve compliance with healthcare quality standards.

Prior to joining BioIQ, Mr. Bellante developed novel materials and testing platforms for Microelectromechanical Systems (MEMS) while pursuing his Ph.D. at the University of California, Santa Barbara. He was also a researcher in the Radiation and Reliability Physics organization at the Sandia National Laboratory and at the Microfabrication Facility within Case Western Reserve University (CWRU).