



WHITE PAPER

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MOVE THE NEEDLE ON DIFFICULT QUALITY MEASURES: HOW HEALTH PLANS CAN CONTROL HIGH BLOOD PRESSURE

In today's healthcare environment, it has become increasingly important to focus on strategies to improve quality and Health Effectiveness Data Information Set (HEDIS®) scores, which can directly impact the competitiveness of health plans and provider groups, Medicare and Medicaid services, and overall performance. Health plans compete to gain additional stars in the Five-Star Quality Rating System, and having one more star, which indicates higher quality, can make a huge competitive difference.

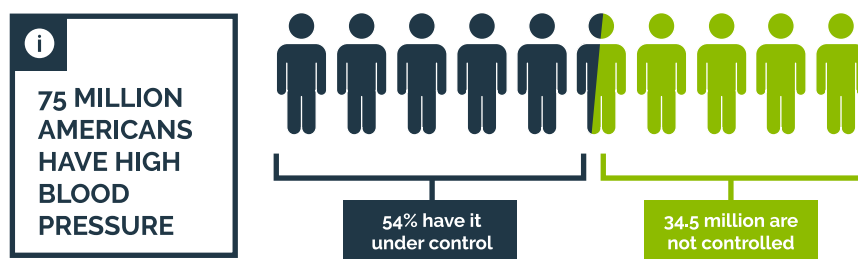
As organizations seek to refine programs and explore HEDIS measures for improvement opportunities, they may want to consider the controlling blood pressure measure. Many health plans struggle to assist members with controlling Hypertension or high blood pressure (HBP). However, once mastered, this difficult measure not only helps plans earn more stars, but it can reduce costs as well.

UNDERSTANDING HIGH BLOOD PRESSURE

There is a high prevalence of HBP in the U.S., making it a significant percentage of any health plan's population. In fact, about one in three people or 75 million adults in the U.S. have HBP. Often called the "silent killer," HBP is a leading cause of heart failure, stroke, renal disease and death. High blood pressure contributed to or was the primary cause of death for more than 410,000 Americans in 2014. It costs the nation about \$48.6 billion each year in healthcare services, medications and missed work days.

Out of the people diagnosed with HBP only about 54 percent have it under control. Taking steps to control blood pressure can add years to an individual's life. It is estimated that if 70 percent of hypertension patients were treated per recommended clinical guidelines to achieve and maintain blood pressure control, considered to be <140/90 mmHg, 46,000 deaths could be avoided each year. Reducing average systolic blood pressure by only 12-13 mmHg could reduce:

- Stroke by 37 percent
- Coronary heart disease by 21 percent
- Cardiovascular disease and death by 25 percent.



Implementing efforts to increase the number of members who have their blood pressure under control is challenging. One of the biggest challenges of managing HBP and improving HEDIS scores, is obtaining the required last reading from an outpatient visit to show measurement. This is sometimes difficult to get if members feel fine and are reluctant to go back to the physician's office for a screening. This reluctance makes it problematic to provide an appropriate level of care as well as ensure that follow-up visits are scheduled and kept.



EXPLORING BEST PRACTICES AND STRATEGIES

To overcome these challenges, health plans may want to consider incorporating best practices and strategies that are designed to enhance patient identification; monitor ongoing activity; increase screenings; and better engage members to ensure ongoing care. By combining a strong commitment to quality efforts and implementing the best practices and strategies identified below, it is possible to move the needle on HBP measures.

- Gain access to quality data and strong analytics. Use it to determine targets, set priorities and deliver interventions that can be used to close gaps in care.
- Focus on improving access to care with alternative sites such as mobile locations and in-home care.
- Engage providers and members through communications, incentives and additional support for greater effectiveness.

ENGAGING PROVIDERS

Working with providers is key to improving quality and member engagement with quality measures. This is particularly important if you want to move the needle on the CBP measure. Clear communication, incentives and supporting clinical practices in their efforts to be successful with quality initiatives goes a long way in laying the foundation for a successful relationship. To get started, health plans should share goals and explain the specific measures where support is needed; whether it is with medication adherence, or education on statins. Providing regular updates and progress reports on those goals can ensure success.



Once goals and measures are clear, plans should help providers identify patients who can benefit from additional support through data and reporting. If the provider does not have an EMR or access to a patient registry, plans may want to make those tools available for continued monitoring and evaluation. Offering data support on a monthly basis and providing a nurse to help the provider's staff better understand the data, can relieve a potential burden and move quality efforts forward. Finally, plans may want to try offering incentives for the clinician and their staff to promote outreach to chronic patients such as those who suffer from uncontrolled hypertension. Using incentives can provide an extra nudge to actively participate in quality advancement activities such as outreach calls or innovative care models, which support improvements in hypertension management.



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Offering to provide a nurse care manager to support outreach calls on behalf of the provider's office is another best practice. Physician offices are busy and a helping hand can go a long way in ensuring success. Many members with HBP can control it by managing diet and nutrition or adhering to medication. However, others struggle to manage HBP and need frequent follow-up visits and blood pressure checks to get it under control. To assist with management efforts, provider engagement and support is key. This is where nurse calls from provider offices can help schedule follow-up appointments; check in with members regarding medication adherence, diet and nutrition; as well as set up regular blood pressure checks.

ENGAGING MEMBERS

Engaging members is essential to closing gaps in care and improving health. Effective communication, implementing incentive programs, and using technology and other resources such as population health management and wellness programs, all play an important role in engagement. For example, a great place to start is the use of analytic modeling to identify individuals with the most gaps as well as those most likely to engage and improve.



Personal nurse outreach can then be used to alert and educate members about benefits and resources such as screening, counseling and support. Newsletters, brochures and annual reminders can serve as additional reinforcement. Technology such as phone apps, text campaigns, IVR and mobile alerts can serve as follow-up communications to help members schedule appointments and obtain recommended screenings.

In addition to the provider's office, population health management and wellness programs can deliver education and personal support to further engage and empower members to take a more active role in their health. With support from a nurse care manager, these programs can help the members better manage symptoms, control blood pressure and reduce the risk of developing other chronic conditions.

Using incentives can have a significant impact on engagement as well. Patient incentives such as a \$25 gift card, reduced premiums or partial reimbursement of gym fees can successfully encourage healthy behaviors such as periodic blood pressure checks. Making sure individuals receive incentives in a timely fashion will provide a boost in satisfaction as well. Using this method can yield significant increases in hypertension control in a short period of time. However, plans need to ensure the incentives are within regulatory guidelines.

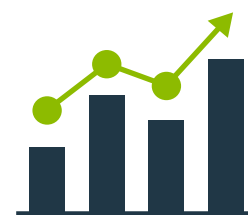
IMPROVING ACCESS TO CARE

Another way to engage members in their health is to make healthcare more convenient and provide alternative sites of care. Getting access to care can be especially challenging for Medicare and Medicaid beneficiaries. Physical mobility, access to transportation and lack of childcare and the finances to pay for childcare can all be barriers to accessing care. Offering in-home care, mobile health and alternative sites of care (i.e. community centers, churches, workplace) can help break down these barriers and provide opportunities for screenings, counseling and support. Mobile health and alternative sites can also serve as a group visit and a means of “peer support” providing encouragement and opportunities to talk about symptom management with peers.

USING DATA AND ANALYTICS TO DRIVE QUALITY

With the right data analytics tools health plans can identify patients, share reports with physicians, perform patient outreach, improve member engagement and provide additional support. However, obtaining the right data, analyzing it and sharing it with others can present health plans with a challenge, especially considering changing HEDIS measures and the growing complexities of reporting. One way to overcome this is to adopt a technology approach specifically designed for quality management – one that can monitor, evaluate and measure quality against HEDIS requirements such as hypertension control. This approach needs to include data and reporting, care gap identification, MMRV and population health support.

Quality departments need a way to import claims and clinical data from multiple sources into a web- based portal for regular review and monitoring. The capability to import real-time data as well can provide an extra layer of actionable information. To successfully mine the data, software and technology tools should offer multiple views and drilldown capabilities into the data and generate reporting which can provide further insight into quality improvement opportunities. Member auditing capabilities are needed as well to better measure quality against HEDIS requirements.



Health plans need the ability to track and trend member-level data over time to proactively identify care gaps (such as blood pressure screenings) throughout the year. Measuring in a year-to-date matter enables greater visibility into ineligible members and members who have met the requirement and those who still need to meet it. This enables timely interventions and improves efficiencies so plans can focus on members who need interventions the most. Member-level data can empower care managers and providers with more actionable data to help them perform patient outreach and improve clinical performance for stars and HEDIS. Provider level reports are important as well and can be used to benchmark performance against peer results to boost quality improvements at the provider level.



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To further improve quality, technology is needed to access real-time updates from physician charts so measure rates can be evaluated to determine progress. To accomplish this, the health plan needs to be able to make high- volume medical record retrieval requests to providers through direct feeds and electronic files. Members with chronic conditions require more education and support to manage their conditions. With that in mind, technology is needed to allow for patient identification and informed decision making to drive interventions. To further drive efficiency, tools that integrate and enrich all data sources into a single reporting database system can further enable identification, stratification, intervention and outreach. As a result, members can receive the personal education and support when they need it most.

GENERATING RESULTS

Many health plans have achieved significant results using the wellness, technology and analytic efforts identified, to improve difficult quality measures.

Presbyterian Healthcare Services

18 percent increase in
hypertension control
(2012-14)

WinMed Health Services

7 percent increase in
hypertension control

Kaiser Permanente Northern California

45 percent increase in
hypertension control
(2001-13)

As health plans continue to refine quality programs, they will experience higher reimbursements and increase revenue flows. With best practices and tools in place, they can expect to see significant improvements in year-over-year results of their members' care as well better overall health plan performance.

Sources:

Centers for Disease Control, Blood Pressure Facts, 2018.

Million Hearts Facts: Saving Millions of Lives by Working Together, American Heart Association, 2013.

Health and Human Services, Million Hearts, 2013 Hypertension Control Champion: Presbyterian Healthcare Services, 2014. Health and Human Services, Million Hearts, 2013 Hypertension Control Champion: WinMed Health, 2014.

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Centauri Health Solutions reimagines and builds a healthcare system that makes a real difference in the lives – and work – of those who count on it. We increase access to, and the delivery of, proper care by providing hosted software solutions, eligibility enrollment services, data-driven services, and data management designed specifically for risk adjustment and quality-based revenue programs



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