

7 imperatives for improving quality measures

Developing a comprehensive member engagement strategy.

Executive Summary

Healthcare payers are facing tremendous challenges, from escalating pressure to increase administrative efficiencies to shifting regulations and new legislation. One of the most impactful mega-trends is the cumulative impact of healthcare consumerism, chronic disease and quality measurement. The advent of health insurance exchanges have amplified members' demands for proactive, personalized experiences, just when the needs for population health management and quality measure compliance are driving increased engagement. Limited nursing staff resources and overburdened IT teams only add to the complexity of this paradigm shift.



Quality measurement

While health plans aren't experiencing the proliferation of measure sets and associated direct rewards that providers are, the importance of quality measurement has still been substantially elevated. NCQA's HEDIS continues to be the measure set of record for employers and consultants, the cornerstone of national consumer report cards and magazines, and the most prominent accreditation tool.

Simultaneously, the value of Medicare Advantage Star ratings continues to escalate. Bonuses are now only available to plans that achieve a 4- or 5-star rating. However, the revenue implications of allowing consumers to join a 5-star plan at any point during the year, instead of just during open enrollment, remains to be seen.

Overall, the goal is to advance the quality and efficiency of the U.S. healthcare system by continuously measuring and providing reporting on the delivery of patient-centered care. More than ever, financial gain is being tied to an objective that we can all support: improving the health and well-being of our population.

Member engagement

In today's digital world, consumers have easy, instant access to information. They've come to expect the organizations with which they do business to proactively engage them. Communication should be personalized, timely and relevant. Further, to be effective, such information must arrive via the channel—email, text, voice, smart phone app, etc.—that they prefer. So, as their membership numbers swell, improving quality measure outcomes requires health plans to evolve their engagement strategies and interact with members according to their preferences.

7 imperatives for success

Having a comprehensive strategy for targeting specific measures and engaging members is essential under models that increasingly emphasize quality care.

Through our experience working with leading payers and population health managers and our expertise driving better outcomes for Fortune 1000 companies, Nuance has defined seven imperatives for improving quality measure performance. Leveraging these essential steps will allow plans and their members to thrive in this new era of healthcare.

Imperative 1: Find common ground

As you plan to improve quality measure performance, select a core subset of measures to be the focus of your program. Establishing the right target measures will allow you to maximize your outcomes.

There are more than a thousand quality measures in use across a variety of programs nationwide. To find focus, it's fast becoming a best practice to identify measures that are common to multiple rating, accreditation or "pay for quality" programs and, therefore, have the largest business impact. We recommend building a matrix to easily understand which measures may be the most important to your organization.

Begin by building a simple table. Columns should represent an inventory of the measure sets in which your organization participates.

List all of the measures for which your organization is held accountable, or must report on, down the left-hand side and populate the cells to indicate which measure applies to each program, removing any duplicate rows. Finally, give each measure a prevalence score by summing up the number of populated cells in each row, and then "data sort" based on that criterion.

Once complete, you'll be able to easily identify a unique subset of measures that represent good opportunities for your organization to leverage resources and maximize incentives.

Determine quality measure prevalence

Measure	Star	HEDIS			Prevalence
		Commercial	Medicaid	Medicare	
Reducing the risk of falling	1			1	2
Childhood immunization status		1	1		2
Chlamydia screening in women		1	1		2
Colorectal cancer screening	1	1		1	3
Plan all-cause readmissions	1	1		1	3
Annual flu vaccine	1	1	1	1	4
Diabetes care - blood sugar controlled	1	1	1	1	4
Controlling blood pressure	1	1	1	1	4

Sharpen your focus

As you analyze your "Measure Matrix," remember to consider whether you'll need to customize your approach to meet the unique needs of specific populations (e.g., Medicare, Medicaid, individual/family or commercial), which diminishes the cost-saving efficiencies.

Imperative 2: Forecast impact

Projecting the potential impact of your efforts on outcomes will help you to further refine and prioritize your list of target measures—look for specific measures that offer the greatest potential to impact member compliance on a broad scale. The rate of compliance with some measures may be easily impacted by outreach efforts through staff members, online advertising, or automated outreach programs. However, engagement efforts may not be enough to “move the needle” against measures that require changes in clinical practice, such as avoiding overuse of bone scans for low-risk prostate patients. You may also want to consider the impact on resources, as well as the ease of tracking and reporting results.

Let’s forecast the potential impact of external member outreach efforts for two different measures on a scale of 1 to 5, with 5 being the highest:

– **Colorectal cancer screening.** Increasing the number of colonoscopies that are provided has the potential to impact the health of a significant segment of your membership. It is reasonable to believe that implementing a member outreach program could result in a significant increase in colonoscopies. Tracking member communication and reporting outcomes is straightforward.

Impact potential: High (5)

– **Management of urinary incontinence in older adults.** The process of identifying target members and establishing a program to improve outcomes is much less precise for this quality measure. Members must first report urinary incontinence, triggering a conversation with their providers, after which treatment is coordinated. The number of treatment contingencies, the minimal effect of education and outreach and the complexity of reporting make this measure challenging to address.

Impact potential: Low (1)

Add an “Impact” column to your Measure Matrix and record the impact potential of each measure. Then multiply the total Prevalence score by the Impact score to create a combined ranking that reflects the total potential effect on outcomes. Sort the individual measures by this Measure Rank to identify those that offer the strongest opportunity.

Rank measures on their reward score

Measure	Star	HEDIS			Prevalence	Impact	Measure Rank
		Commercial	Medicaid	Medicare			
Reducing the risk of falling	1			1	2	1	2
Childhood immunization status		1	1		2	3	6
Chlamydia screening in women		1	1		2	4	8
Colorectal cancer screening	1	1		1	3	5	15
Plan all-cause readmissions	1	1		1	3	4	12
Annual flu vaccine	1	1	1	1	4	4	16
Diabetes care - blood sugar controlled	1	1	1	1	4	4	16
Controlling blood pressure	1	1	1	1	4	3	12

Imperative 3: Align your priorities

Before you finalize your quality measure targets, take a moment to be sure that they align with your organization's mission, goals and ongoing initiatives.

If your plan for improving quality measure performance can be positioned as a means of achieving an existing and understood goal, then it will be easier to build support, enthusiasm and participation in your efforts. Introducing a new focus will create a second—and possibly competing—set of priorities and will require you to fight for mindshare. Success lies in alignment.

For example, if your organization's 2015 initiatives include a focus on women's health, then measures such as mammograms or prenatal care programs will be in line with established priorities. Attempting to focus staff on improving performance around diabetes or readmissions may prove to be more difficult.

It's also important to engage cross-functional representation from across your organization as you begin planning your initiative. Then, before finalizing a target list of measures, brief staff on your analysis and findings. You'll want them to feel that they've had a voice in the process from start to finish so you can count on their support as you introduce and implement your program.

Imperative 4: Engage your members

To successfully engage members in managing their health, it's important to communicate why the action you're recommending is important. Do this well and you'll have better success improving adherence, increasing member satisfaction and driving better health outcomes.

Whether the goal is to schedule more cancer screenings, improve compliance with diabetic eye exams, or increase vaccination rates, consider taking both a macro and a micro approach to member engagement.

- **Macro.** Use broad communication tools—your website, contact center, outdoor advertising, direct mail, etc.—to educate members about the importance of particular services, who needs them, and how to access them. Topics may include increasing awareness of various screenings, which populations are at risk for certain conditions, and where to go to schedule a procedure or get more information. If your targeted quality measures are aligned with your key initiatives, it may be easier to leverage these broad channels on a regular, ongoing basis.
- **Micro.** Ensure that those in contact with your chronic or at-risk member—whether nurses, health coaches, or other representatives—take the time to discuss why various services and programs are important and how the member will benefit. Be sure that staff are aware of which members need which services, preferably through a system of record flags/fields.

Imperative 5: Leverage member preferences

As much as optimal care is defined as the right care, at the right time and in the right setting, optimal member engagement should be considered the right message, at the right time, via the right “channel.”

Interacting with members through the communication channel they prefer will make your outreach more effective. Today, it’s as if each generation has a preferred mode of communication. Seniors tend to favor calls, those in mid-life respond well to email and the under-30 set have embraced text messages and online channels. Socio-economic drivers, such as low-cost text messaging, may also determine communication preferences for certain member populations, such as Medicaid beneficiaries.

Technology has made these outbound channels—automated calls, emails, texts and smartphone push notifications—cost-effective options for your member engagement strategies. Every day, Fortune 500 companies in the airline, banking, utility and retail industries employ the right channel, or an orchestrated set of channels, to successfully engage and motivate millions of their customers. Many also leverage personalized messages and learned preferences for language and the best contact time to improve their reach and outcomes.

Imperative 6: Evaluate and adjust

It’s essential that you continually measure and adjust strategies over time to drive the best outcomes. You can’t just “set and forget” your outreach approach.

If response to a program encouraging members to get a flu immunization is low, evaluate whether your message is both educational and compelling. Are you being specific enough about the action that you want them to take? Is there an easy way to locate facilities and hours directly from your message? Are you using the right channel to reach your Medicaid population? Taking all of these factors into account will enable you to adjust your approach over time to achieve a better response.

Whenever possible, make your message relevant to each member. Use claims, lab and/or encounter data when available to identify members with specific gaps in care and remind them specifically that, “according to your data,” they are due for a colorectal cancer screening. Over time, this kind of specificity and personalization will instill trust in your program and help to create the kind of member engagement you want.

Imperative 7: Assess and extend

Before you begin to implement a quality measure program, establish your methodology for assessing its success. Determine what information you'll track, how often you'll report, and to whom.

First, establish a performance baseline for each measure you're targeting, a stated goal and an estimated timeline. This planning will allow you to easily assess your progress. If possible, now is a good time to benchmark your compliance against peer organizations.

Next, determine the key indicators that you want to measure. Consider both demographic and channel performance metrics. These may include:

- Age
- Gender
- Zip code
- Line of business—Medicare, Medicaid, commercial, individual/family
- Audience size (denominator)
- Program cost
- Postcards mailed, response rate
- Email sent, opened, links clicked, services scheduled
- Automated voice messages delivered, interaction rate, transfer rate, result
- Website visits, bounce rates

Tracking the right indicators will allow you to assess what's working—which populations respond best, over which channel, at what cost, etc. Based on performance data, you'll be able to test and evolve your outreach strategies over time, optimizing them by population to increase your member engagement rates.

Finally, decide how you will report results. Consider frequency, audience, and format. For those actively engaged in executing quality measure programs, you may want to informally report detailed results every month, so key learning can be quickly shared and leveraged. Broader staff updates and reports of high-level, directional results could be distributed quarterly to communicate progress and maintain enthusiasm. Updated benchmarking, as well as more formal published results, could occur on an annual basis.

As you begin to see results and obtain success, consider sharing your experiences and best-practice findings with a wider external audience.

Permissions Matter

Be mindful that you must have a patient's "express consent" to contact them on their mobile phone—by voice or text—to be in compliance with federal regulations.

To learn more, please visit:

www.contactcompliance.com

Take the first step today.

It's both an exciting and challenging time in the healthcare industry.

As we move away from payment models that reward volume-based, transactional treatment toward an “accountable care” approach, a landmark opportunity is created: to be rewarded for providing better care and improving the overall health of our membership.

A truly inspiring idea. After all, contributing to the health of our communities is the reason for our industry's existence.

Unfortunately, adapting to the new “accountable care” paradigm is not without challenges. We must overcome these challenges if we wish to be successful in changing the system and our organizations for the better.

To help with imperatives 4 and 5, Nuance Communications is providing its [Patient Engagement Research Report](#). It includes the results of a national 1,000-patient survey that highlights the channels and messages that patients prefer, as well as an overview of what your peers are doing today.



About proactive engagement

Nuance works with the nation's leading brands, improving the reach and effectiveness of their customer service and collections campaigns. We deliver results by blending the scalability and efficiency of cloud-based automation with sophisticated personalization based on known preferences and previous response patterns. Orchestrating the use of channels most preferred by consumers – voice, text, email, mobile application and live agent– further ensures cost-effective results. Fortune 500 companies who build loyalty based on their service, trust Nuance to proactively engage one in five Americans each year with the right information at the right time. Follow us on Twitter: @NuanceEnt

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