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Connecting Care Teams

5 Ways Health Plans Can Accelerate the Move to Value-Based Care

2020 was a year like no other.

Health plans faced unprecedented challenges brought on by the rapid spread of COVID-19. Not only did the pandemic change the way we lived and worked, but it also changed the way we approached care. Never has the industry seen dynamic forces drastically reshape healthcare trends, including utilization, coverage, and spend. Fewer care visits, changing value-based contracts, and the need for greater value has transformed an already highly competitive and complex landscape.

As the industry continues to adjust to a new normal, many organizations can expect to feel the lingering impact for years to come. There is continued confusion among health plans, providers, and members as to when and where care should take place. Even more challenging is determining treatment for members with chronic conditions or special needs when they delay or forego care. These delays in determining diagnosis and treatment, combined with lags in critical health data, could have a profound impact on future health and financial outcomes.

The bottom line: Health plans face a difficult road ahead and simply going back to business as usual won't cut it. The transition to value-based care and the need for real solutions that empower both health plans and providers to lead change is upon us. In fact, the Centers for Medicare and Medicaid Services (CMS) projects that by 2025, 100 percent of Medicare providers will be in two-sided risk arrangements with Medicaid contracts and commercial payers following suit.[1] The shift to value-based care is positioned to accelerate and the healthcare industry must strive to gain deeper insights that support high-quality, affordable care.

In the following report, we outline five key areas payers should consider to remain competitive and continue their work towards value-based care:

Real-time Visibility: Proactive insights into patient status to expedite care, enhance planning, and drive change

Health Risk Identification: Assessing clinical risks for the purposes of planning and resource allocation

Connectivity: Integration of health IT systems to facilitate true interoperability

Collaboration: Supporting care coordination and enhancing collaborative relationships to proactively close care gaps, improve quality metrics, and reduce adverse events

Member Engagement: Outreach strategies that elevate the patient experience and improve engagement

No. 1

Real-time Visibility

Proactive insights into patient status to expedite care, enhance planning, and drive change

A collaborative, value-driven care environment relies on every care partner being on the same page: health plans, hospitals, specialists, community-based organizations, and so many more, including their clinicians, administrators, and billing teams. Most healthcare data, however, is outdated, disparate, and siloed in various technologies. All too frequently, information is lost in the shuffle — administrative teams spend hours cold-calling members to fetch critical information, authorize care, and update records. This hinders health plans' ability to effectively support positive discussions between providers and members, as well as to drive quality and financial performance across the care continuum.

Technology that enables real-time member health visibility by extracting clinical and other relevant data and delivering essential notifications to the point of care can make an enormous difference: Healthcare providers will not waste hours pecking away at a database or need to make calls or send faxes to receive authorization to perform a lifesaving operation. For providers and payers participating in value-based care arrangements, including accountable care organizations (ACOs), real-time visibility enables everyone to have equal access to needed information, such as when a patient is transferred from a hospital to a skilled nursing facility, creating the ability to manage the members' clinical needs and total cost of care. For other downstream care team members, or stakeholders, having visibility means knowing that nothing critical — such as frequent emergency department (ED) utilization due to co-occurring physical and behavioral health needs, or known medication allergies — is missed.

Having real-time visibility across the care continuum also helps to ensure patients have access to the right care at the right time, which is consistently an ongoing challenge for many healthcare stakeholders. When members seek care from different providers in various settings, key information often goes missing, resulting in duplicative or low-value care. Since both payers and providers continually gather member health data, it's important they remain on the same page, regardless of where the member is in their healthcare journey.

One of the ways to improve access to care is to leverage nationwide information technology networks that connect each care entity in the delivery chain (e.g., emergency department, post-acute, behavioral health, etc.) and provide real-time visibility to all of them simultaneously. This enables each member of the patient's care team to share and access important insights that help to:

- **Ensure appropriate care and setting(s)**
- **Minimize conflicting or duplicative care**
- **Support transitions of care**
- **Offer a more accurate diagnosis or treatment plan**
- **Prevent admissions and readmissions**
- **Facilitate timely interventions**
- **Reinforce post-discharge follow up**

Moving forward, health plans would be wise to invest in technology that supports sharing real-time, bi-directional alerts and notifications. This enhanced functionality takes the guesswork out of care management and more accurately identifies where patients are in that moment, which members are at risk, why they're at risk, and who can benefit from outreach. With this information at their fingertips, both health plans and providers can work better together, which leads to greater success.

The use of nationwide information technology networks can flag potential problems and redirect patients toward appropriate options — from social services to behavioral health providers.[2]

Every minute counts when a patient's outlook and outcome are on the line: Solutions that enable true visibility can make a big difference.

No. 2

Health Risk Identification

Assessing clinical risks for the purposes of planning and resource allocation

Managing the cost and care associated with chronic conditions remain a top priority for health plans. According to the Centers for Disease Control and Prevention (CDC), 90 percent of the $3.8 trillion spent annually in the U.S. is for individuals with chronic conditions and mental health conditions.[3] In addition, more than 65 percent of non-dual Medicare beneficiaries live with two or more chronic conditions and are more likely to need emergent care.[4]

Accordingly, the shift to value-based care is prompting payers to seek a more holistic view of the risk factors affecting their members. For example, knowing your members' likelihood of developing a chronic disease, like diabetes and related complications, can create opportunities to engage earlier with those at greatest risk for disease progression, hospitalizations, higher costs, and adverse outcomes.

Risks can be influenced by several factors, including:

- **Age and gender**
- **Insurance type (public vs. private)**
- **Environment**
- **Overall health (BMI, tobacco use, history of cancer)**
- **Social determinants of health (SDOH)**
- **Behavioral health diagnoses**
- **ED utilization patterns**

Considering the soaring costs for managing chronic disease, payers must leverage better solutions to identify patients at higher risk of hospitalization and poor outcomes. To effectively monitor groups or individuals across the care continuum, more data sharing and collaboration is needed between payers and providers. Specifically, what's needed is technology that pulls together multiple sources of data to improve both risk stratification and risk adjustment, which captures the data needed to plan and care for an individual within the population.

With the use of smarter admission/discharge/transfer (ADT) notification platforms, which synthesize multiple risk factors and dispatch only the most critical notifications to the point of care, health plans and providers can partner to identify, stratify, and adjust risk — which, in turn, can improve engagement, member services and, ultimately, clinical and financial outcomes.

Case Study

A Blues plan serving the Pacific Northwest implemented Collective Medical's platform to improve risk-management activities.

Prior to implementation of the platform, the plan was only able to engage 10% to 20% of members identified for case management, either because they did not have accurate phone numbers or because the engagement attempt was outdated. Once the health plan went live with the Collective platform, case management engagement rates grew 60% to 80%, because case managers had constant access to updated member contact information, including real-time notifications about members and their emergency encounters. The plan was able to prevent acute hospitalizations and help mitigate adverse events through increased engagement with high-risk individuals.

As this case study illustrates, adopting technology to reduce health risks is an investment that will pay returns for months or years to come.

No. 3

Connectivity

Integration of health IT systems to facilitate true interoperability

Interoperability begins with the premise that information should flow freely, facilitating data to travel from point A to point B. Yet, while much of the discussion around interoperability often centers around Electronic Health records (EHRs), true interoperability extends beyond health records. True interoperability includes *all* collective information, pulled from disparate sources, such as outpatient rehabilitation facilities, community behavioral health centers, or the public education system. It reflects the ideal of seamless connectivity, regardless of technology. In the coming years, this "true" interoperability will be necessary to function — not just a "nice" to have.

In April 2021, the CMS Interoperability and Patient Access[5] rule went into effect, kicking off the official transition of EHR specifications to the HL7 Fast Healthcare Interoperability Resources (FHIR) standard, which will ease the job of transmitting data to the point of care. And under the Conditions of Participation requirement within the 21st Century Cure Act, hospitals are required to alert downstream providers — primary-care providers, post-acute facilities, etc. — when a patient has been admitted or discharged.

Moving forward, payers should ensure their technology platforms are updated to align with new standards, and that they are leveraging technology networks to aggregate and share data with their care partners. IT infrastructure must be nimble enough to work across all platforms used by all care partners. To support true interoperability, data can't just be accessible — it must also be actionable. Payers shouldn't have to seek updates on high-risk patients. Hospital ED staff should be alerted to an individual's police record or emergency utilization patterns when they exceed a certain threshold.

No. 4

Collaboration

Supporting care coordination and enhancing collaborative relationships

As of early 2021, nearly 44 percent of hospital CFOs said they expect the pandemic to drive an increase in collaborative partnerships across the healthcare ecosystem[6]. This increase is fueled by other factors, too, such as regulations easing barriers to information exchange (e.g., CFR 42, Part 2) and legislation such CMS' Collaborative Care Model (CoCM), which incentivizes collaboration between primary-care and behavioral health providers[7].

Nevertheless, collaboration challenges remain, such as the willingness and ability for all healthcare stakeholders to work together. Caregivers often struggle with the limitations imposed by payers, while payers are focused on streamlining care — and may not understand how a common procedure or practice supports a value-centered paradigm.

These challenges can lead to serious disruptions in care, problems with care transitions and redundancies in care delivery.

The use of smarter technology networks to facilitate collaboration, dispatch urgent notifications about high-risk patients, and deliver critical information to the point of care can improve coordination, cost savings, and transitions of care — critical for health plans to support the care continuum.

Health plans also need to ensure they are putting enough resources into preventive, and proactive, care, to help close these care gaps, reduce adverse events, and improve member outcomes and outlook.

Healthcare organizations need to ensure they have the tools and processes in place to support their current and future collaborative processes.

For example, technology that pulls together valuable information from disparate care plans and care pathways and integrates it in a way that's easy to understand — in a member-centric format — will ease many of these challenges.

No. 5

Member Engagement

Outreach strategies that elevate the patient experience and improve engagement

Member engagement is something nearly every health plan struggles with, especially health plans that work with diverse member populations that have specific needs or barriers. There are other factors, too, which affect engagement: some consumers do not trust or understand their insurance benefits, have had a difficult experience in the past, or think it will cost them more in the short term if they interact with medical professionals more frequently. For many people, their current circumstances — in addition to the pandemic — may also influence their judgment or interfere with their desire or ability to seek preventive care.

But with CMS shifting the weight of its Medicare Advantage Star ratings to focus more heavily on patient experience, health plans are facing new pressures to engage with their members in an effective way that drives quality improvement and outcomes.

Here, too, technology can offer a more holistic view of the member by layering other pertinent information, such as a member's health risks, health history, and lab work. This member-centric approach facilitates a more proactive engagement strategy by recognizing the member's unique situation and using the best messages and channels.

Case Study

Aspire Health Alliance, which specializes in providing behavioral health services as part of a Medicaid accountable care organization (ACO) program delivered by MassHealth (the state's Medicaid system), struggled with engaging members and ensuring they received the care and services they needed during times of crisis. Keeping up with patients in the ED was challenging.

In 2018, Aspire partnered with Spectrum Health systems to form the South Shore Community Partnership, using Collective's platform to successfully implement the Behavioral Health Community Partner (BHCP) program.

The platform was set up to notify care managers every time a patient was admitted to a hospital or changed from one healthcare setting to another: All BHCP providers could opt to receive real-time notifications when their patients landed in the ED.

This singular ability enabled case managers to reach out to patients at critical touchpoints.

> We found that if we can meet patients while they're in an ED, experiencing an acute crisis, they're more likely to be engaged in the moment because they need something.

Deborah Jean Parsons
Director of Integrated Care at Aspire.

By engaging proactively on the front end, providers and payers are collectively more effective at preventing hospitalizations and other adverse events.

The right collaborative partnerships between health plans, members, and providers can help to reduce hospitalizations, decrease the total cost of care, and drive better outcomes — all while enhancing the member experience.

When patients are happy with their health plan, because they're receiving the best possible care in the best possible setting, aided by advanced technology and communications, everyone wins.

Achieving Value-Based Success with Connected Care

As the healthcare industry continues to rapidly evolve, health plans must place additional emphasis on sharing accurate member information with providers at the point of care to support value-based care goals.

A care management strategy, supported by real-time, bi-directional technology, provides both health plans and providers with increased visibility into member activity, care, and utilization trends, as well as opportunities to optimize quality programs and value-based care coordination.

With so much at stake, health plans should seek out a proven partner that can complement their care management efforts and increase provider collaboration through real-time insights and communication.

1. https://www.medicaleconomics.com/view/value-based-care-after-covid-19-what-healthcare-leaders-need-to-know
2. http://www.wsha.org/wp-content/uploads/FINAL_Washington-State-Hospital-Association-Collective-MQI-Training-7.9.2020-1.pdf
3. https://www.cdc.gov/chronicdisease/about/costs/index.htm
4. https://www.commonwealthfund.org/publications/journal-article/2018/oct/fragmented-care-chronic-conditions-overuse-hospital
5. https://www.cms.gov/files/document/cms-9115-f.pdf
6. https://www.bdo.com/insights/industries/healthcare/2021-healthcare-cfo-outlook-survey
7. https://pubmed.ncbi.nlm.nih.gov/32290809/

About Collective Medical , a PointClickCare company

With a suite of fully integrated applications powered by cloud-based healthcare software, Collective Medical, a PointClickCare company, leads the way in care coordination by helping care providers and payers connect, collaborate, and share data within their network.

The recent joining of Collective Medical with PointClickCare enables the companies to provide diverse care teams across the care continuum real-time patient insights at any stage of a member's healthcare journey. Health plans and ACOs across the country, as well as more than 21,000 long-term and post-acute care providers and over 1,300 hospitals collaborate using PointClickCare and Collective Medical today.

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