NEW PERSPECTIVES IN VALUE-BASED CARE:

Improving Quality Measurement and Reporting in the Age of Pandemics

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Given the precipitous drop in elective and other nonessential care due to the COVID-19 pandemic, and as many hospitals and private physician practices struggle financially.[1] the limitations of fee-for-service models have never been more apparent. Industry experts believe that, post-pandemic, the gradual progress towards a larger share of patient care organization revenues coming from value-based contracts will continue.[2] Organizations looking to make the shift to a value-based model should move carefully and thoughtfully, building systems that encompass quality benchmarks and risk-adjustment rules.[3]

Now more than ever, health systems must adopt effective tools that will enable them to identify care gaps, access data that informs clinical decisions, improve quality and risk adjustment scores and enhance patient outcomes. But the data required for understanding the quality of the care being delivered to patients during this pandemic has been elusive.[4]

As a result, this vital information is not readily available to help clinicians improve care delivery now and for the future. This situation underscores how the current approach to quality and safety measurement remains too labor intensive, often causes substantial data delays and lacks sufficient standardization to allow for rapid data sharing.

This white paper explores how value-based care's quality improvement programs can systematically collect information from providers or patients with the aim of assessing the quality of care provided to improve provider performance, treatment outcomes and efficiency.

PANDEMIC REVEALS WEAKNESS IN QUALITY MEASUREMENT

In March 2020, just as preparations for the COVID-19 pandemic were underway—and it became clear that measuring quality across the U.S. health care system may not be feasible—the Centers for Medicare & Medicaid Services (CMS) granted broad exceptions for collecting and submitting data for Medicare quality programs. Citing the need for hospitals and clinicians to focus instead on a potential surge of patients, it was suggested that data from the first six months of 2020 were not used in any of the current hospital-based performance or payment programs, or from other quality reporting organizations.[5]

The suspension of quality reporting requirements would not have been required if the approach to quality measurement in the United States did not rely so heavily on manual abstraction and human intervention.

The pandemic environment has also highlighted how quality measurements fail to deliver information that can inform decision making at the point of care—where it's needed most.

Many claims-based quality measures, such as the Patient Safety Indicators, have a 12-month lag between the end of the care delivery period and the reporting to hospitals on their performance.[6] Even non–claims-based measures, such as hospital-acquired infection measures, have long delays. For feedback to work it must be timely. What's more, this prolonged delay makes the information less actionable and, during a health crisis, the delay is magnified, eliminating the significant opportunity to learn and improve.

Current quality measures also fail to have sufficient data standardization for the purposes of data sharing. The ability for health systems to compare performance data is critical for optimizing care—such as treating COVID-19. Defined performance measures that could help to understand how, for example, telehealth has affected the quality of care delivered to patients is non-existent.[7] Access to a rapid tool for identifying and disseminating a standardized way of collecting data about new types of clinical information enables health systems to understand and improve performance.

IMPACT ON MEDICARE AND MEDICAID

Medicare

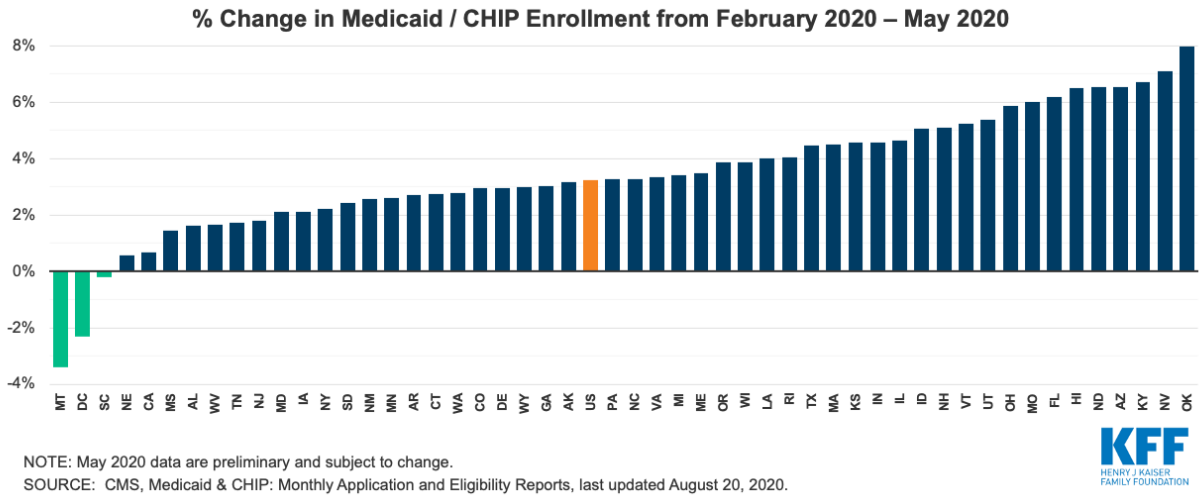
CMS has taken unprecedented action to expand telehealth for Medicare beneficiaries. Early CMS data shows telehealth has been effective for helping people access health care safely during the COVID-19 pandemic.[8] Such transformative changes are likely to remain for the foreseeable future. Currently, CMS is reviewing changes and their early impact on Medicare beneficiaries to decide whether these changes will remain a permanent part of the Medicare program.

Medicaid

Recent data suggest that Medicaid enrollment may be increasing amid the coronavirus pandemic, reflecting new enrollment related to changes in the economy and job loss, as well as eligibility and enrollment requirements included in the Families First Coronavirus Response Act (FFCRA). Preliminary data show that since prior to the pandemic all but three states experienced increases in enrollment, as seen in the chart below.[9]

Figure 2

Enrollment from February 2020 to May 2020 increased in all but 3 states.



Source: https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/

Another analysis suggests that job loss and loss of employer-sponsored coverage will result in more people becoming eligible for Medicaid, particularly in states that have adopted the Medicaid expansion in the Affordable Care Act (ACA). As unemployment continues to grow, more people will continue to become eligible and enroll in Medicaid, putting increasing pressure on state budgets.[10]

As of the writing of this paper, approximately 55 million people have filed for unemployment. Fewer jobs, lower incomes and a staggering number without health insurance is leading to an unprecedented surge in Medicaid enrollment.[11] This means that Medicaid will play a key role in helping provide coverage during the developing economic crisis, while placing substantial financial pressure on state budgets.[12] As a result, Medicaid agencies are poised to incur large but uncertain increases in medical expenditures related to the direct effects of the pandemic, combined with many clinicians and hospitals facing financial hardship.

HEDIS® MEASUREMENT REPORTING

Healthcare Effectiveness Data and Information Set (HEDIS®) measures are used by 90% of health plans in the country for health care performance measurement. These measures are critical to the overall healthcare ecosystem because they ensure that payers are collecting and analyzing data as it relates to their performance. In fact, a number of payers started using value-based reimbursement models to help meet HEDIS benchmarks.[13]

The COVID-19 pandemic, however, has impacted this data collection activity. The newly released guidance eliminates the requirement for Medicare Advantage (MA) plans to submit HEDIS 2020 data (for 2019 dates of service), because of the burden placed on health care workers. Instead, CMS says it will use last year's HEDIS performance (measure-level rates and ratings, based on 2018 performance) for the 2021 Star ratings.

EVOKE360: MOVING QUALITY MEASURES FORWARD TODAY

DataLink's Evoke360 is a point-of-care solution that effectively enables providers to identify open care gaps for proactive closure and provides payer-agnostic data to inform clinical, quality and risk adjustment programs for improvements in quality and risk adjustment scores and patient outcomes. This comprehensive population health management solution is designed for payers, providers, accountable care organizations (ACOs), provider groups and managed service organizations (MSOs) that manage quality, risk adjustment and care for patient populations.

Evoke360's robust HEDIS engine is National Committee for Quality Assurance (NCQA)-certified for all 97 measures for 2020 and refreshed annually for the most accurate data. This solution facilitates the transition to value-based care by meeting the need for a complete interoperable population health management solution that aligns the payer, provider and patient with one view and one goal: proactively close care gaps to ensure a complete health status that facilitates an optimal care plan for improving health outcomes.

Evoke360 can ease management of quality in today's uncertain environment by:

- Using analytics to prioritize patient populations
- Harnessing electronic health records (EHRs) to reduce reporting lag
- Providing EHR extraction and data standardization using Continuity of Care Documents (CCDs)
- Using telehealth to drive care delivery
- Generating patient and provider scorecards
- Improving provider engagement and incentives

Evoke360 offers real-time data insights captured from disparate sources, allowing 360-degree visibility into the patient's health status based on information from EHRs, health information exchanges (HIEs), claims, labs, pharmacy and hospital sources. Through the aggregation of data from these sources, users gain real-time data transparency and patient-level drill-down dashboards. These dynamic dashboards also provide collaboration opportunities to break down departmental silos across the organization.

The key to value-based care is to tap into meaningful data and technology applications to efficiently manage patient-centric care that results in improved outcomes and lower costs. A value-based model with high-touch, prevention-focused care is about providing more care that is holistic and patient-centered now to prevent the need for far more expensive care down the road. The result: better outcomes for patients and a better financial situation for primary care providers.

The COVID-19 pandemic has been shining a light on the challenges of quality measurement. Implementing the recommendations for improvement will require a higher level of planning and coordination because the risks of failing to do this are substantial.

Providers who want to remain sustainable are moving toward value-based models and embracing the tools, like those offered by DataLink, to provide the most efficient high-touch care, generate improved outcomes and enable a more secure financial footing.

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About DataLink Software

DataLink Software (DataLink) is a healthcare technology company that empowers better health by enabling payers, providers and risk-bearing entities with real-time data aggregation, EHR connectivity, and dynamic dashboards and reporting. DataLink's intelligent, data-driven solutions drive value by reducing the cost of care, improving quality scores, ensuring risk adjustment accuracy and simplifying healthcare navigation.

DataLink works with the top national health plans and delivers unparalleled results to its clients in the United States and Puerto Rico.

To learn more, visit www.datalinksoftware.com or contact us at info@datalinksoftware.com.

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