Understanding the Health Outcomes Survey

The Health Outcomes Survey (HOS) is a crucial assessment tool used by the Centers for Medicare & Medicaid Services (CMS) to evaluate the health status and care effectiveness for Medicare Advantage (MA) beneficiaries. Conducted annually, the HOS measures physical and mental health outcomes over a two-year period, focusing on key areas such as physical functioning, mental health, chronic condition management, health risks and behaviors, and patient experience. These metrics are essential for determining the CMS Star Ratings for MA plans, which impact reimbursement rates and the plan's attractiveness to potential beneficiaries.

The annual Health Outcome Survey is conducted from July through November every year. The survey asks members about their experience with their primary care provider and whether their provider addressed the risk factors during their visit.

What plays into Star Ratings?

Several aspects of the HOS directly influence the CMS Star Ratings, including:

1. **Improving or maintaining physical health and activity**: Patients are asked if their provider talked to them about exercise/physical activity or if they were advised to change their activity level.
2. **Improving or maintaining mental health**: Patients are asked if they have had emotional problems such as depression or anxiety, the severity of the problem, and if their provider has offered treatment options.
3. **Reducing the risk of falling**: Patients are asked if they had problems with balance, walking, or falls and if their provider has done anything to help.
4. **Improving bladder control**: Patients are asked if they have had problems with urinary incontinence, the severity of the problem, and if they talked to their provider about it or were offered treatment options.

High performance in these areas leads to better star ratings, translating into significant financial and reputational benefits for healthcare providers and their affiliated MA plans.

What providers can do to improve HOS results:

Healthcare providers can significantly influence Health Outcomes Survey (HOS) results through the following strategies:

1. **Enhance communication and patient engagement.**
    - Patient education: Educate patients about their conditions and treatment plans, providing clear instructions and educational materials.
    - Regular follow-ups: Schedule regular check-ins to monitor patient progress and promptly address any concerns.
    - Open dialogue: Encourage patients to ask questions and express any worries about their health.
2. **Focus on preventive care.**
    - Screenings and vaccinations: Ensure timely screenings and vaccinations for patients, and diligently track and follow up on preventive care measures.
    - Chronic disease management: Develop comprehensive care plans for chronic diseases, emphasizing medication adherence and promoting lifestyle modifications.
3. **Improve care coordination.**
    - Collaborative approach: Work closely with other healthcare professionals to provide cohesive care by sharing information and aligning treatment strategies.
    - Care transitions: Pay special attention to transitions of care, such as hospital discharges, to ensure continuity and prevent readmissions.
4. **Enhance patient experience.**
    - Empathy and respect: Treat patients with empathy and respect to foster a positive patient-provider relationship and significantly improve patient satisfaction.
    - Responsive care: Be responsive to patient needs and preferences, addressing concerns promptly and adjusting care plans as necessary.
5. **Utilize technology.**
    - Health monitoring tools: Encourage the use of health monitoring devices and apps to help patients manage their conditions and stay engaged in their care.

By integrating these practices into daily routines, healthcare providers can meaningfully impact the health outcomes of their patients and the success of their Medicare Advantage plans. This not only leads to better health and quality of life for Medicare beneficiaries but also contributes to higher CMS Star Ratings, ensuring financial and reputational growth for healthcare providers.