

INITIAL OBSERVATIONS FOR RESPONDING TO AND ANALYZING THE IMPACT OF COVID-19

March 23, 2020

Health Data Decisions is actively monitoring the required business activity modifications that the COVID-19 pandemic is mandating for our clients and stakeholders. While we weather this challenge together with our clients, HDD will continue to provide consultative and analytic support in the remote virtual office and data access environment that has always been our standard operating model.

We recognize that our clients will require some creativity to maintain health plan and provider operations during this trying time. Regular wellness activities and health maintenance are no longer the main priority and many patients are already experiencing overwhelming challenges accessing care, getting medications and ensuring proper nutrition as groceries are running out of stock and are already more expensive. Providers themselves face a similar amount of challenges.

It has already become more difficult to treat the conditions which drive HEDIS®, Star Ratings and Risk Adjustment Payments. HDD expects significant disease progression for pre-diabetes, diabetes, mental health, substance abuse, cardiac and pulmonary conditions regardless of hospital bed shortages. We anticipate decreased member satisfaction and confidence as most non-essential procedures will be postponed for many months, if not an entire year or more. Additional challenges will arise from the anxiety, fear and economic uncertainty that members, caregivers and providers will experience.

In the many communications that have been distributed in the past week, CMS has allowed increased flexibility in the provision of health benefits and has invited innovative models via the waiver process to address access to care and care continuity. NCQA typically follows the lead of CMS in these situations. They are already offering relief and flexibility for HEDIS reporting for health plans and for state Medicaid entities who have P4P programs and will likely soon be announcing additional modifications to HEDIS and CAHPS. Some key areas of focus including recommendations are detailed below.

MEMBER ENGAGEMENT AND COMMUNICATION STRATEGY

Prior year member survey results, such as CAHPS, can be leveraged to stratify membership to prioritize outreach to those members that are most likely to feel disconnected or have challenges accessing care. A combination of outgoing communication and increased capacity on phone and chat lines can help facilitate member confidence in their health insurer and providers.

Recommendations

- Dedicate additional resources to the call centers.
- Create a dedicated COVID hotline and online chat functionality; members may need their plan's help to locate healthcare providers with capacity as the pandemic progresses.
- Perform e-mail outreach directing members to health plan and local government resources.
- Identify members that are at high risk for COVID-19 and complications using existing population health and demographic data including SDOH as well as public health surveillance reports.

PROVIDER COMMUNICATIONS AND SUPPLY LOGISTICS

The American healthcare system faces unprecedented demand to perform tests, triage patients, and provide treatment for COVID-19, yet there will not be adequate capacity of facilities, clinicians and medical supplies and equipment in the coming months.

Recommendations

- Health plans are uniquely placed at the intersection of providers, members and state and federal governments, and should start a centralized task force or project team which can leverage all available resources to support providers and help address demand of various parts of the system and alleviate strain wherever possible.
- Consider breaking down barriers with competitors to form health care leadership teams within your state or region to address the unprecedented challenges posed by this pandemic.

MODEL OF CARE CHANGES

Flexibility and agile responses to the rapidly changing health care environment in the face of the COVID-19 pandemic should be the focus of the plan at this time.

Acute care hospitals have been encouraged to delay non-essential procedures and discharge inpatients to skilled nursing (SNF) as soon as possible, particularly in rural areas (see CMS March 17 call transcript).

Recommendations

- Engage with CMS and local regulators on any waiver or exception process that will allow the plan to make changes to their care delivery model.
- Expand paid at-home services via vendor or in-house staff for home assessments, labs, clinical visits, CNAs, personal care attendants and other caregivers to reduce the need for members to interact with other patients in a doctor's office waiting room.
- Focus on continuity of care which is likely to be interrupted; use risk suspecting algorithms to identify and contact members who need maintenance visits rescheduled or transitions to telehealth. Prior utilization patterns can be used to identify members who access a certain mode of care on a recurring basis.
- Review billing arrangements with SNF and rehab facilities to ensure they are fully populating their claims with all relevant clinical and diagnostic information.

TELEHEALTH AND eVISITS

eVisit access has been expanded from members in rural areas to all members. CMS will cover brief visits via telehealth for all beneficiaries even if the eVisit standard isn't met; these visits are now considered equivalent to in-person visits for Risk Adjustment.

Recommendations

- Ensure that members are aware of this option and the benefits vs. in-office care.
- Help vulnerable members get technology set up in their homes to enable eVisits.
- Outreach to providers performing eVisits to educate them on the use of the G2010 and G2012 billing codes which are accepted in the 2020 EDPS model (but not RAPS).



MAINTAINING QUALITY OF CARE

As the U.S.'s health care system's focus turns towards managing the pandemic, chronic and acute episodes will continue to require care. Increasing remote care capability wherever possible will be vital as emergency care takes up an increasing proportion of hospitals' and doctors' capacity. Maintaining social distance whenever practical for members, providers and caregivers is imperative to ensure health and safety. Some care will still necessitate in-person encounters, but the health plan can play a vital role in alleviating capacity pressure by enabling as much care-at-a-distance as possible.

Recommendations

- Support behavioral health providers' efforts to provide telehealth services.
- Ensure mail-order pharmacy and mail-order DME items such as blood pressure cuffs and glucose test strips are available to as many members as possible and that the process is meeting needs.
- Use telehealth to triage members to the most appropriate mode and level of care and help limit unnecessary procedures or encounters.
- Encourage providers' use of telehealth for medication maintenance for chronic conditions.
- Utilize prescription claims data to surveil medication refill patterns and proactively identify and address gaps, especially those that typically result in ER visits or hospital stays.
- Evaluate the feasibility of setting up remote care capability such as BP monitoring, glucose monitoring, and screenings such as Cologuard® which limit the need for an in-person procedure.
- Double down on hospital readmission prevention efforts, as beds become more scarce.

MEDICAL ECONOMIC IMPACT

COVID-19 will have a dramatic impact on the economics of medical care for several years to come. Although there are still many unknowns, plans can and should start to model the financial implications of the pandemic and modify these models as more data becomes available.

Recommendations

- Start to modify utilization projections and associated reserves to account for patterns of care changes at various points of the COVID-19 pandemic and associated response.
- Evaluate the impact of macroeconomic changes on the plan's membership including unemployment, changes in consumer behavior and the impact of social distancing protocols.
- Start developing new benefit and pricing models to adapt to the new economic landscape that the pandemic will drive in the next 6-12 months and beyond.

The team at Health Data Decisions is committed to effectively using data to assist our friends, families, clients and partners in facing the challenges presented by the COVID-19 crisis. I want to thank our staff and clients for all their hard work, dedication and passion to this cause. We would welcome your feedback. You can contact me directly at Mike@healthdatadecisions.com.



HEALTH
DATA
DECISIONS

© 2020 HEALTH DATA DECISIONS

HEALTHDATADECISIONS.COM
(443) 926-6971
INFO@HEALTHDATADECISIONS.COM