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Improve your Star Ratings with high-touch strategies

The Five-Star Quality Rating System is an important part of the Centers for Medicare and Medicaid Services' (CMS) strategic goal to improve the quality of care and general health status for members. While there are a lot of uncertainties in the health care market, and the Medicare Advantage market in particular, one thing is certain: Star Ratings are important to Medicare plans.

The Star Rating System helps inform Medicare enrollees as they compare health plans. Any plan rated four Stars or above receives quality bonuses from CMS. This further enhances a plan's ability to add more benefits, services and resources to support their members' health and well-being.

As a leader of Medicare Advantage health plans, you're aware of the business imperative to earn an overall rating of at least four stars. More to the point, you want to earn that rating, or higher, because doing so represents the highest levels of service for your members.

Tracking by condition is the tradition — but it's time for change

According to a recent CMS study about fee-for-service Medicare members, 60% of them have had a diagnosis across three physical or mental conditions. With these conditions at such a high number per member, that's a formula for fragmented care and limited communication between care providers and services. Historically, those models have been tracked by condition and lacked cohesion.

Traditional models aren't meeting today's need to share effective knowledge between clinicians and care providers for three or more different treatment plans. Many health plans are realizing that now is the time for a smart and holistic approach. They're finding they can positively impact member engagement, compliance and satisfaction — and improve Star Ratings in the process.

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From fragmentation to focus – for better care

The increase in comorbidities among Medicare Advantage members requires a much higher degree of focus on case management and coordinated care. Especially during these times of intense change, health plans that want to see a steady improvement in Star Ratings need to combine a high-touch model with strategically developed initiatives.

Health plans that treat the whole person using a high-touch model find that integrating care activities delivers the right services at the right time for their members. Patients are visualized at the center of care instead of the focus being on the system.

High-touch care features multidisciplinary teams that work together to address a wide range of factors affecting a patient's health. But first, it must become standard practice for quality measures to be identified across multiple disease states. Plans that transition from the one-and-done mentality to an ongoing approach to care will bring multifaceted and cost-effective care to patients who require significant levels of care.

Activities designed to improve health outcomes and care coordination

High-touch care isn't necessarily about constant interaction between the patient and the provider. It also means care that's delivered in the way that resonates with the patient. It means communication at the right time, with the right people, and using that information to provide safe, effective care to the patient. It's care coordination at its finest.

This is where provider engagement becomes even more crucial. Much of your plan's Star Ratings are linked to the patient-provider experience. Contact your provider network to learn what kind of support your plan can provide to impact the high-touch approach to care.

The best care coordination navigates the often-disjointed landscape of current health care systems. It needs to be driven by primary care physicians and specialists, which is key to improving health care outcomes for patients. Coordination involves organizing care activities and sharing that information with the care team.

Health plans can collaborate closely with care providers to support patient access and health through:

Data sharing

Year-round electronic chart collection

Quality incentives

Field-based practice resources

It's vital to deliver a personalized experience that helps Medicare members and their caregivers more easily navigate health care. Doing this requires removing barriers that might otherwise be a burden as patients seek to manage their complex health needs, complete recommended preventive care and make the most of their health.

Take the holistic approach to improve quality health care outcomes

Each day, 10,000 people are aging into Medicare, and chronic diseases remain a major challenge for this aging population.[1] With multiple conditions affecting a large number of them, it's imperative to consider treating the whole person. A holistic approach to managing multiple comorbidities and chronic diseases aids in reducing acute care episodes.

Implementing a holistic approach can help improve health outcomes and quality measures for Medicare Advantage members. The Optum® HouseCalls program uses a few modalities that can help improve health care outcomes, including:

- **Using high-touch care models** to help encompass the whole person. HouseCalls provides patients with the choice of receiving a yearly clinical wellness visit from the comforts of home.
- **Conducting preventive screenings,** offering a way to proactively identify issues in the early stages and possibly reduce hospitalizations.
- **Addressing social determinants of health** and understanding the cultural and social environments of their patients helps health care providers coach them and effect behavioral change. With HouseCalls, clinicians are in the home and can see patients in their natural environments.

Optum HouseCalls

HouseCalls is an annual in-home clinical assessment for members of participating health plans. The assessment can improve performance on key Star measures and delivers an **86% Star gap closure rate.**[3]

The potential impacts from COVID-19

A recent CMS report referenced the concept of "patients over paperwork."[2] With the impact of COVID-19, flexibility has become the guiding light to patient interactions and putting their needs first. Thus:

- The value of member-centric care delivered through telehealth services during the pandemic may lead to long-term telehealth expansion in the future
- There's been an increase in safety measures for clinical employees and health plan members to mitigate the risk of spread
- Certain benefit requirements have been relaxed during the pandemic

Proving your high-quality plan with Stars

As the Medicare Advantage market continues to grow and mature, points of differentiation between health plans continue to narrow. Medicare Star Ratings are one of the most effective ways to differentiate your plan in the market because they verify that your organization provides high-quality care.

It's now more important than ever for health plans to proactively manage their Star performance measures in order to improve and achieve a four-star rating and beyond. It starts by putting patients at the center of care.

Our Stars experts

At Optum, our HouseCalls team understands the value of Stars.

John Willis
Stars Market Operations Director, Optum

John is responsible for the execution and oversight of Star Ratings projects for product lines including HouseCalls, Optum At Home, ISNP and Post-Acute Care.

Kim Picard
Stars Lead, Optum

Kim is responsible for the management, execution and oversight for all Star and HEDIS ratings initiatives for the HouseCalls business.

To hear more about improving Star Ratings through high-touch strategies, watch a recap of the webinar Paths to Star Rating Improvement.

To learn more, visit optum.com/housecalls

Sources

1. Centers for Medicare & Medicaid Services. CMS announces new streamlined user experience for Medicare beneficiaries. cms.gov/newsroom/press-releases/cms-announces-new-streamlined-user-experience-medicare-beneficiaries. October 1, 2018. Accessed March 22, 2022.
2. Centers for Medicare & Medicaid Services. Physicians and other clinicians: CMS flexibilities to fight COVID-19. ttuhsc.edu/compliance/documents/billing_documents/covid-19-physicians-and-practitioners_april30.pdf. April 29, 2020. Accessed March 22, 2022.
3. 2021 Optum HouseCalls program data.

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