

Driving The Value In Value-Based Care With Consumer Engagement

Educational Whitepaper

I. Introduction

The evolution of reimbursement in the health and human services field is driving substantial changes to how consumers receive treatment – and how they engage in their own wellness and disease management. This new reimbursement change sounds simple - moving from paying for volume to paying for value. But, behind that simple phrase are a host of changes for the organizations that finance and deliver services – changes in financial management systems, population management approaches, and service system integration.

One of the most significant changes is the role of the consumer. For health and human services organizations that are focused on improving value, the engaged consumer is a healthier and happier consumer; The consumer that uses fewer unnecessary system resources. This has brought a new focus on consumer engagement. The challenge for executive teams? How to increase consumer engagement – affordably and effectively.

Today, 41% of primary care organizations are in a value-based payment arrangement. A third of behavioral health organizations, 34% of child and family services organizations, and 14% of intellectual and developmental disabilities (I/DD) and long-term services and supports (LTSS) organizations have value-based reimbursement (VBR) revenue. With the growing number of organizations participating in this new VBR system, executive teams and their staff must understand and embrace strategies centered on personalized consumer care engagement and the tools to adopt for success. Research has shown that robust health care engagement strategies improve consumer care experiences and outcomes – while also improving overall population health.

This new shift focused on consumer engagement and value has required organizations across the health and human services space to think differently about their technology purchasing decisions. Many increasingly opt for technologies that support consumer engagement and provide the robust data analytics necessary to meet new value-based contract requirements.

Health and human services executives are now finding that digital technologies make affordable consumer engagement possible – and can improve competitive advantage in a value-based market.

The Value

The engaged consumer is the healthier and happier consumer; The consumer that uses fewer unnecessary system resources.

This white paper will look at the changing health and human services reimbursement landscape, the link of consumer engagement to value, and how digital technologies can improve both consumer engagement and the value proposition of organizations in the field. This white paper also features a real-world case study of the consumer engagement/value proposition linkage in action.

II. Defining Value In The New Health & Human Services Landscape

“Value” is a fairly new concept in health and human services. No longer measuring on volume, or number of units of service billed, health plans are now focused on value based outcomes, such as a reduced length of stay in acute care, or reduction of emergency service usage. Health home value measures now include items such as depression screenings, diabetes management and blood pressure monitoring, and body weight management. Until recently, it has not been typical to tie any of those measures to cost. However, the new fundamental construct of value – the relationship between the costs of services and the ‘performance’ of that service, has changed the way provider organizations must deliver, and measure effective services.

Measuring Value

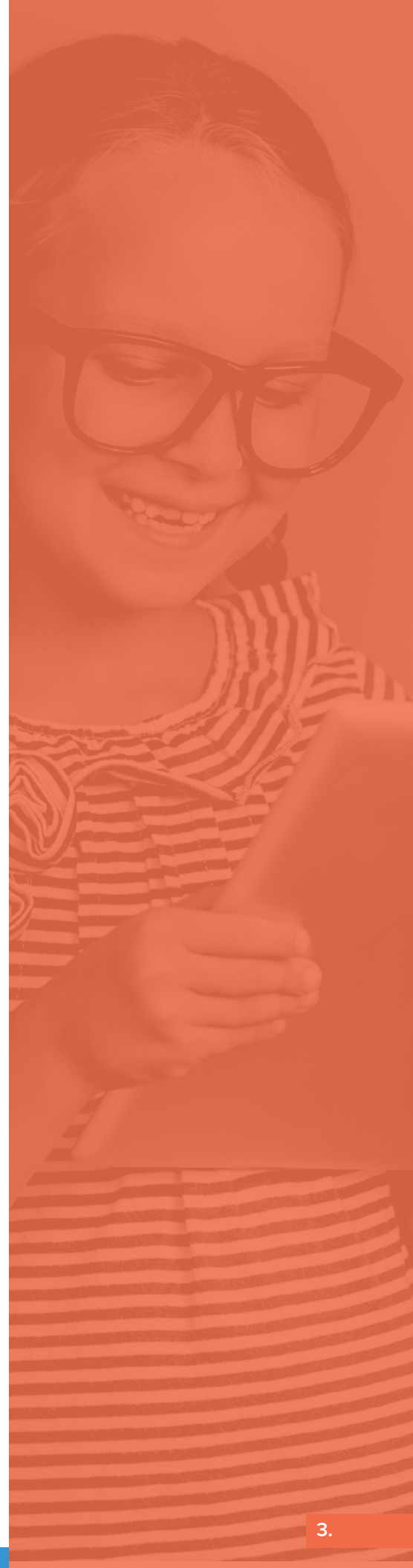
One of the challenges of measuring value, is that while cost is easy to measure, performance is not. And the health and human services field does not have wide agreement on outcome measures or system performance standards. For that reason, there is a wide range of ‘performance measures’ in value-based reimbursement agreements that are used to quantify ‘value’. Many of these originate from measures set by accrediting bodies, such as the National Committee for Quality Assurance (NCQA) and the Joint Commission.

For example, the NCQA Healthcare Effectiveness Data and Information Set (HEDIS), which provides benchmark data on health care quality, currently includes 13 behavioral health measures. The 13 behavioral health measures currently being utilized in the NCQA HEDIS include:

1. Diabetes And Cardiovascular Disease Screening And Monitoring For People With Schizophrenia Or Bipolar Disorder
2. Antidepressant Medication Management
3. Adherence To Antipsychotic Medications For People With Schizophrenia
4. Follow-Up Care For Children Prescribed ADHD Medication
5. Follow-Up After Hospitalization For Mental Illness – 7 Day And 30 Day
6. Use Of Multiple Concurrent Antipsychotics In Children And Adolescents
7. Use Of First-Line Psychosocial Care For Children And Adolescents On Antipsychotics
8. Metabolic Monitoring For Children And Adolescents On Antipsychotics
9. Utilization Of The PHQ-9 To Monitor Depression Symptoms For Adolescents And Adults
10. Follow-Up After Emergency Department Visit For Mental Illness
11. Follow-Up After Emergency Department Visit For Alcohol And Other Drug Dependence
12. Depression Remission Or Response For Adolescents And Adults

Despite the NCQA HEDIS measures being utilized by 90% of America's health plans in the health and human services industry, only one of the six behavioral health measures with available trends data has seen significant improvement, that of children prescribed ADHD medication.

Another example is the Medicare counterpart for measuring quality and performance, the Centers for Medicare and Medicaid Services (CMS) Star Ratings System. The CMS Star Ratings measure the quality of care, customer service, consumer access, and care coordination to determine the effectiveness of Medicare Advantage and Prescription Drug (Part D) plans. Under the CMS Star Ratings System, star ratings for health plans are calculated with data from consumer satisfaction surveys and information provided by Medicare Advantage plans and health care providers. The Star Ratings System includes 32 measures for medical services and 15 for prescription drugs. Of the 32 medical services measures, only one focuses on behavioral health. The Star Ratings System measure for behavioral health - improving or maintaining mental health - has consistently improved between 2014 to 2017 based on average health plan scores.



There are a wide range of 'performance measures' in value-based reimbursement agreements

A third example are the quality measures endorsed by the National Quality Forum (NQF), which is a not-for-profit organization conducting evidence-based measurement endorsement to foster quality improvement. NQF has endorsed 10 quality measures specific to behavioral health that focus on aspects of substance and tobacco use, post-hospitalization care for individuals with mental health conditions, and adherence to antipsychotic medications. The endorsed measures are as follows:

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NCQA)
- Medical Assistance With Smoking and Tobacco Use Cessation (NCQA)
- Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (American Medical Association-Physician Consortium for Performance Improvement)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (CMS)
- Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (SSD) (NCQA)
- Cardiovascular health screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (NCQA)
- Cardiovascular health monitoring for people with cardiovascular disease and schizophrenia (SMC) (NCQA)
- Diabetes monitoring for people with diabetes and schizophrenia (NCQA)
- Follow-Up After Hospitalization for Schizophrenia (7- and 30-day) (NCQA)
- Follow-Up After Hospitalization for Mental Illness (NCQA)

The Future Of Value-Based Reimbursement

Every major payer is moving ahead with value-based reimbursement models of some type.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is one program that has contributed to the rise in value-based care. MACRA rewards clinicians for the value of services provided while streamlining several quality programs under its Merit-Based Incentive Payments System (MIPS), and providing bonus payments for providers' participation in alternative payment models (APMs). Based on scores, organizations may receive positive, negative, or no change to their Medicare Part B payments, and can receive APM-specific rewards along with these adjustments.

Other Medicare programs focus on improving clinical outcomes and consumer experience in hospital systems.

Hospitals participating in these systems become at risk for payment reductions based on performance scores and rankings against other hospitals, and Medicare isn't the only one adopting value-based care, the commercial space has reported implementation of some mix of VBR and fee-for-service by 90% of payers and 81% of hospitals.

Medicaid has adopted service delivery models such as accountable care organizations (ACOs), certified community behavioral health clinics (CCBHC), health homes, and other care models to provide various forms of care coordination or coordinated care aimed to improve quality outcomes. The health home model of care delivery focuses on coordinating care through a population-based integrated care model that targets consumers with chronic conditions. The health home model has a strong focus on behavioral health and substance use treatment, social support, and other services including nutrition, home health, coordinating activities, etc. Regardless of the care delivery model, these organizations are increasingly at financial risk for improving outcomes for today's complex consumers.

Health plans are also increasingly adopting value-based reimbursement models, such as bundled payments and pay-for-performance with fee-for-service reimbursement systems. Currently 93% of health plans have behavioral health provider partner models that operate a fee-for-service model incorporating pay-for-performance components. These arrangements typically reward or penalize a provider for their reports on quality measures. Bundled payments are any type of payment that groups consumer costs for a specific acute care episode into a single payment. These arrangements are currently utilized by 95% of commercial health plans.

The strategic issue for health and human service organizations is staying ahead of the VBR wave. The question is how to set up the administrative and service delivery models with the right technology mix to maximize performance – efficient and effective services with a great consumer experience.

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III. Measuring Value using Active Consumer Engagement

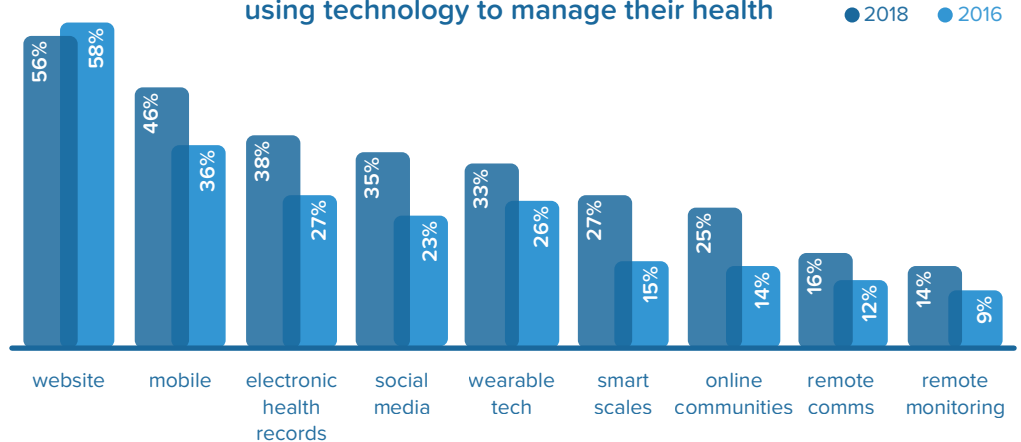
In order to improve the 'value' of services provided, health and human service executives have become more interested in consumer engagement. The reasons are simple. 'Engaged' consumers have better health outcomes. Engaged consumers have a better experience and are more satisfied with their service systems. Engaged consumers have lower costs.

So what is consumer engagement and how do you create 'engaged consumers'? Consumer engagement as it relates to health care refers to the involvement and active participation of consumers in the treatment and management of their health and wellbeing. Consumer engagement is key to engage them in their care and collect meaningful user data to improve outcomes for value-based arrangements. This data collection can be simple if you have the right process and technology in place.

Engaged consumers have **15% fewer readmissions**

Engaged consumers experience **17% fewer medical errors**

Healthcare consumers are increasingly using technology to manage their health



'Engaged' consumers have better health outcomes

Research has shown that active consumer health care engagement results in improvements to care experiences and outcomes, especially across two-way engagement strategies. Engaged consumers have been shown to have 15% fewer readmissions and 17% fewer medical errors. Connected-care models that allow communication among the consumer and care teams for positive consumer engagement improves consumer satisfaction and reduces the likelihood of rehospitalization by 39%. In a recent 2015 study, 60% of consumers and 70% of consumers with chronic conditions reported utilizing technology to monitor health conditions changed their behavior. This form of consumer engagement offers better outcomes through allowing consumers to view their own health information.

Engaged consumers have a better experience

Engaged consumers want to be involved in their care. With 48% of consumers preferring to make care decisions with their doctors, enabling this collaborative approach to care creates a positive care experience for consumers. Engaging consumers in the treatment through mobile technologies, web applications, wearables and other innovative technologies improves the ability to collect real-time data for more timely intervention.

With the shift to value-based care which relies heavily on data and data analytics, it's not just clinicians who think consumer engagement is crucial to success. Provider organizations' outcomes measures need to rely on the self-reported data submitted by consumers on their own health outcomes, quality of life, or functional status, which increases the need to have engaged consumers. The behavioral health measure included in CMS STAR ratings, "improving or maintaining mental health", comes from consumer satisfaction surveys. Consumers are encouraged to view STAR ratings when selecting a provider, so having engaged consumers that think positively of your organization is important.

Engaged consumers have lower costs

By increasing consumer engagement, consumers are more likely to make better care decisions and adherence to treatment plans – improving total cost of care. Research shows consumers who perceive their clinicians as truly listening to them were 32% less likely to be readmitted. The majority of clinicians (84%) have increasingly expressed their belief that consumer engagement is beneficial.

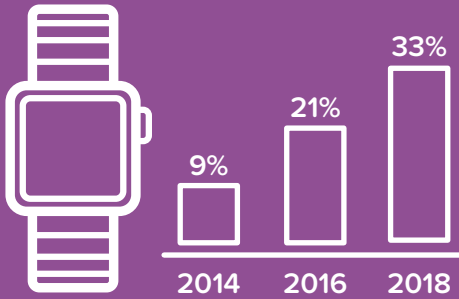
If consumers are engaged in their services, data related to outcomes is easily collected for analysis through self-reporting tools. These tools include real-time updates on a consumer's mood and risk for relapse, demographic and social determinants of health data, various scores on mental health assessments, and even feedback on the effectiveness of current treatment plans. With the increased understanding of social determinants of health — such as housing conditions, socioeconomic status, social barriers, geographic location, and education attainment — contributing to a consumer's health and well-being, the ability to collect this data allows care teams to further personalize treatment plans based on a whole person view of the consumer. This increased knowledge of a consumer's social determinants of health can help care teams develop solutions to avoid barriers to care that may exist to improve health outcomes and the quality of care delivered.

By actively engaging consumers, care teams have increased access to real-time data and communication which leads to positive interventions and reported higher quality care. This data can also allow care teams to provide preventative care when it matters most. Organizations should not minimize the importance of consumer engagement in driving the value of the services they deliver.

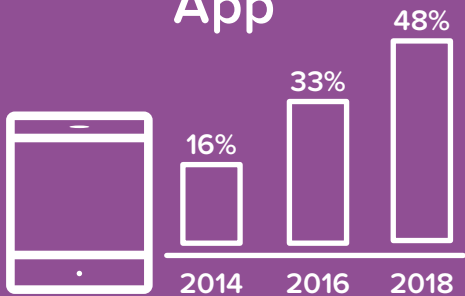
Research shows consumers who perceive their clinicians as truly listening to them were **32%** less likely to be readmitted.

Significant increase in use of health apps and wearable devices

Wearable Tech



Mobile / Tablet App



IV. Digital Technology: Supporting Health Care Every Step Of The Way

One of the key questions in looking ahead at consumer engagement strategies is how to make them both effective and affordable. That is where digital technologies play a critical role.

Before the widespread adoption of digital technologies, consumer engagement was a labor-intensive and expensive proposition. In 2016, CMS offered a person and family engagement strategy that encouraged the implementation and utilization of electronic health records and web-based platforms to provide education materials and personal health information to consumers. All of these various strategies, while some still used in some aspect today, were costly to implement and required time, training, and clinician willingness to implement successfully.

But digital technologies are improving the ability of consumers to engage in managing their health – and decreasing the cost of that engagement. The 4 key factors to consider when selecting and implementing digital technologies for consumer engagement and value-based reimbursement success include:



1. Personalize

Can the technology be personalized to each consumer with person-centric care plans, engagement strategies, and supports incorporated?



2. Connect

Does the technology support and allow connection across all aspects of care (i.e. EHR integration, among and between care teams, with the consumer)?



3. Measure

Can the technology collect large quantities of data, conduct complex measurement outcomes, and identify outcome trends?



4. Optimize

Does the technology support optimization of care – including changes in care plans, improvements in outcomes, and the utilization of preventative care?

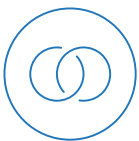


Personalize

It is critical for provider organizations to select a digital technology that includes a personalization component. The technology needs to be flexible and adaptable to each consumer and the consumer populations being targeted and served. By providing a personalized tool, provider organizations enable care teams to develop and utilize care plans to each individual consumer. These technologies also allow clinicians and care teams to tailor interactions specific to each consumer and alter the types of interactions used based on interactions occurring.

The platform should also include the ability to translate into other languages for consumers who have limited to no English language proficiency. This ability to translate into other languages reduces frustration and burden during treatment planning for consumers and encourages a more active role in their care, while also collecting valuable outcomes data despite the potential language barrier.

Along with flexibility with care plans, engagement and interactions, and language, technology should be able to be personalized to provide consumers with daily living supports tailored to their specific needs. With research proving consumer engagement is a key component in improved outcomes, provider organizations implementing personalized technologies are better positioned to engage consumers in managing their own health and wellness.



Connect

The right digital technology needs to support connected-care – connection with your EHR, Connection across devices/technologies used, connection with and among care teams, connection to individuals. Connection, in all aspects, is key for success in a data- and value-oriented reimbursement system. Provider organizations should prioritize a platform that can easily integrate with Health Information Systems (HIT) such as electronic health record (EHR), Care Coordination or Population Health Management systems to ensure consumers and care teams aren't required to complete duplicative data entry or experience gaps in data available. Care team members can easily be overwhelmed with data entry tasks, so the ability to incorporate a platform that HIT interoperability and the information collected from consumers reduces the amount of data entry needed.

Digital technologies provide a unique, cost effective solution for organizations to improve consumer engagement and value

The inability to stay connected to consumers once they leave the office has long been a detriment to health outcomes. With the right technology platform, care teams can engage consumers and keep them connected, providing self-report data that can prompt specific interventions regardless of the time or consumer's location. This increased connections also allows care teams to connect consumers with their health data. Clinical teams that incorporate consumer engagement technology into their every-day workflow and service delivery models are further able to personalize care plans to improve outcomes.

Along with enabling interventions, these technology tools can be leveraged to model consumer-generated data for real-time consumer-reported outcomes measurements. This allows care teams to share outcome results with consumers, so they can see the impact of their measurements. This feedback often drives technology adoption and usage which further engages the consumer in their own health care – ultimately improving health outcomes and reduce unnecessary costs.



Measure

With the right digital technology, provider organizations can easily collect, measure, and report on quality and performance outcomes for value-based contracts. These technologies must have the ability to collect data from various sources and calculate measurement outcomes based on that data. Provider organizations looking to compete in value-based contracts need these competencies, as well as the ability to identify trends in data and outcomes. This ability to identify trends allows care teams to understand the data collected and act on concerning trends before negative issues occur. These added competencies negate the use of costly care services for issues that could have been prevented with the right tools in place. The ideal technology enables provider organizations to determine the value of services being delivered and identifies trends in consumer outcomes, all in real-time.



Optimize

Digital technologies need to enable the optimization of care. A simple, yet flexible platform can incorporate personalized care plans for each consumer, offering various reminders and notifications to assist with treatment goals – contributing to improvements in outcomes. Mobile, consumer engagement technologies allow remote care teams to refine care plans for high-need, high-cost complex care consumers to address concerning trends seen through consumer-reported data before a crisis situation arises. The ability to stay connected also allows for better communication between consumers and care teams. Better communication and connection between consumers and care teams can improve consumer satisfaction scores and reduce the likelihood of rehospitalization and readmittance – reducing health care costs and improving outcomes.

As we look ahead, the ‘best practice’ in population health management – and the optimization of value – is likely to include technology-enabled consumer engagement as a critical element.



Consumers participating in the program have a five-year relapse rate of **13%**, compared to a **50% to 75%**

Participant Features

- 24/7 access to the resources of the diversion program
- Submission of required self-assessment forms and documentation of attendance at 12-step meetings, outpatient treatment, support groups, etc.
- Increased access and support
- Video check-ins for participants who need to meet required check points with their case managers or meet face-to-face with the licensing boards to review their progress (rated most useful by participants)

V. Consumer Engagement In Action: The MAXIMUS Addiction Treatment Case Study

2017: MAXMIMUS selected Mozzaz Digital Health platform to provide its consumer engagement solution for California’s diversion program – a voluntary program that offers comprehensive referral and monitoring services to licensed professionals struggling with substance abuse or mental illness – operated through contracts with eight health care licensing boards under the California Department of Consumer Affairs.

Care Management Team Features

- Immediate alerts triggered by certain responses, or lack of responses, for follow-up by care management team members
- Track participant usage data in real-time including:
 - Monitoring and adapting to participant activity as it occurs
 - Sending push notifications and/or messages
 - Conducting check-ins
 - Making immediate updates to available resources
- Structure and maintain care plans
- Schedule activities
- Assign users to specific case managers
- Post and push content and alerts
- Create custom data reports
- Provide peer education and support
- Develop state-level reporting with data generated from the platform
- Daily self-check helps staff to reach out if specific issues were identified (rated most useful by staff)

Goal: Decrease Relapse Rates & Increase Program Participation Through:

- Increasing ease of use and engagement with program participants
- Providing the ability for participants to stay connected and access resources at any time
- Streamlining scheduling
- Reducing the amount of paperwork and telephone calls staff received
- Accessing participant data and feedback in real-time

Results: Voluntary Consumer Engagement Mobile Application Proved Popular - Improved Return-On-Investment For Participants & Staff:

- Participant-reported data increased 42% month-over-month indicating that participants and staff were getting a greater return-on-investment from using the platform to replace paper documentation.
- Drastically reduced the amount of paperwork and number of phone calls program staff receive

The success of California's diversion program illustrates how consumer engagement plays a large part in improving overall performance of care programs. In order to improve performance and obtain the best outcomes for our consumers, provider organizations must ensure they have solutions in place to keep consumers engaged and connected throughout their recovery journey. The diversion program administered by MAXIMUS and combined with the robust Mozzaz mobile platform offers communities an effective model for protecting public health and safety, treating addiction, and helping recovering individuals to return safely to productive lives.

MAXIMUS is a global leader in providing government services using innovative technologies. (www.maximus.com). Mozzaz is a consumer engagement technology platform specializing in complex care (www.mozzaz.com). The detailed case study can be downloaded from their web-sites

VI. Conclusion

Succeeding in a health and human services field focused on value - superior performance for a low cost - is going to require expanding the active role of consumers in the management of their health. This expanded role is not without its costs. Provider organizational investments - new service delivery models, consumer education, and new technology - will be required. But, the data shows that these investments bring a substantial return. Consumer engagement is becoming an essential ingredient for competitive advantage and long-term sustainability of health and human services systems.

With 5% of the United States population accounting for 50% of total health care costs, and increasing momentum from traditional payment models to value based reimbursement contracts, provider organizations also need a strong technology platform to support personalized care plans and adherence to treatment, while decreasing costs. A flexible, integrated technology plan sets the foundation to engage consumers in all aspects of their wellness journey and improve the value of services provided. A personalized mobile technology solution enables increased connection between consumers and care teams, improvements in care and outcomes, and the ability to collect and measure outcomes data to identify trends for intervention. With the right platform that continually drives consumer engagement, your organization will be positioned for success with value-based arrangements.

To download this
whitepaper go to:

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TII KP Session Description

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