



Rethinking annual assessments:
Identifying and closing gaps in care

Expert presenters

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Annual in-home assessments provide health care services to a segment of the population that does not or cannot access care. These assessments — targeted, multidimensional evaluations that accurately reflect a member's health status and ongoing care needs — help to paint a more realistic picture of member health status and can help members control or treat conditions before they become acute. The result is clinical documentation that supports appropriate payment from the Centers for Medicare & Medicaid Services (CMS).

"The time that is taken in the home assessment is clearly an effective and necessary way to provide answers to questions when there simply is not enough time to ask in the office or clinic setting," according to Dr. Curtis A. Mock, national medical director, Optum.

Speaking at an Optum webinar, "Rethinking Annual Assessments: Identifying and Closing Gaps in Care," Dr. Mock explained that the multiple performance challenges health plans currently face — clinical quality and Affordable Care Act star measures, care

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coordination and management, risk adjustment and the emergence of managed care — are "obvious stressors" that can be mitigated in part by in-home assessments, which allow clinicians to spend time with beneficiaries outside of the acute care setting, take a comprehensive look at their conditions, make more accurate diagnoses, and properly code and document their health care status.

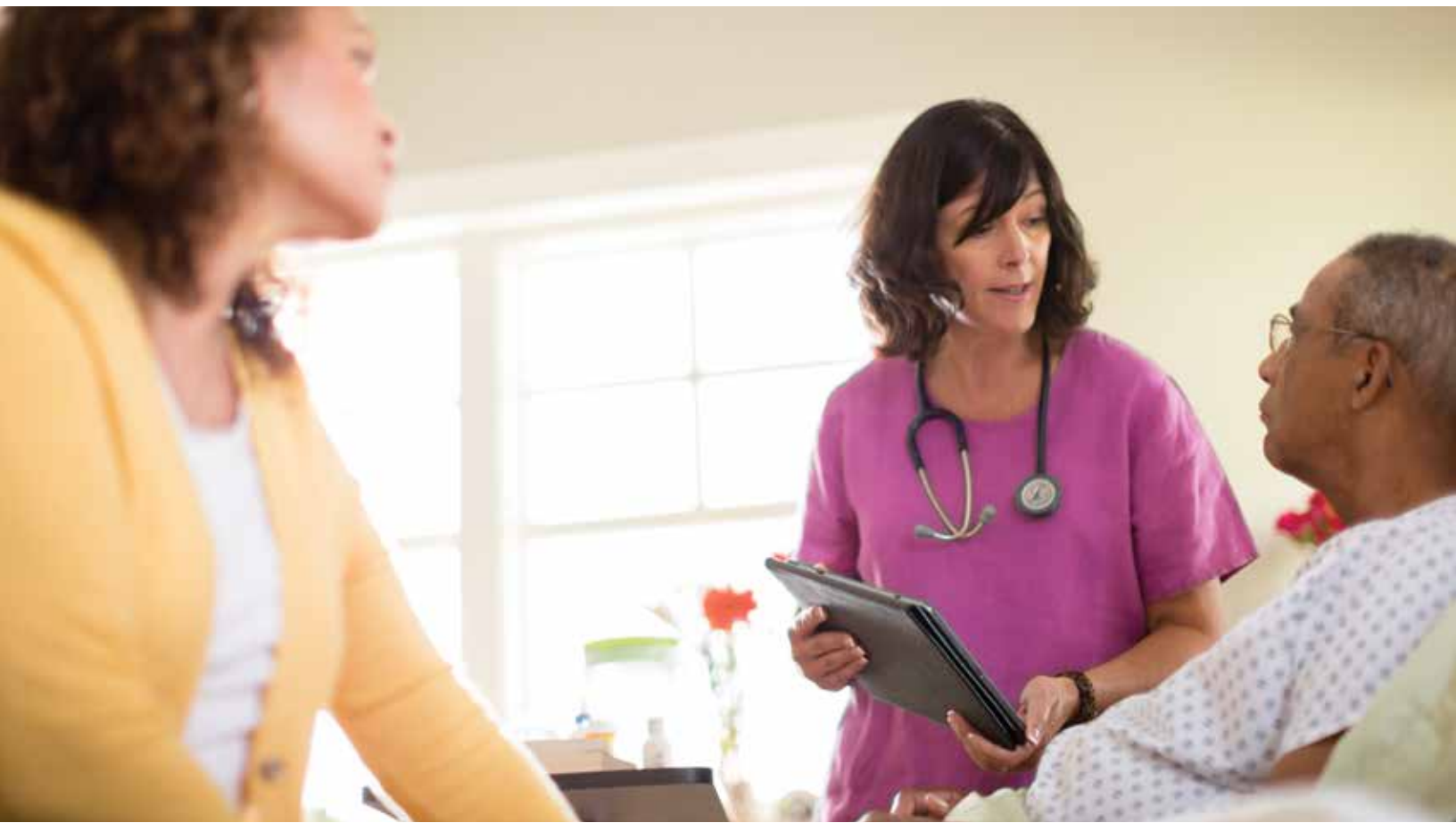
Managing risk requires a prospective framework

Retrospective risk adjustment can be difficult, Dr. Mock said, because CMS adjusts payments to Medicare Advantage plans according to the health status of their members. If risk adjustment services are not utilized, roughly 40 percent of chronic conditions are not being captured, which results in an unrealistic view of member needs.

Prospectively analyzing and identifying proactive engagement strategies will influence member and provider behavior to bridge the chasm between the care that members truly need and the care they currently receive, Dr. Mock indicated. "Providing the best care for each of our members — when they need it and at the lowest cost — means providing only the care they need in tandem with direction and support...in their home" and not in the emergency room, he said.

A prospective service system should do the following, according to Dr. Mock:

- Identify risk, quality and gaps in care.
- Conduct member outreach and engagement, which may be a challenge, "but is critical to performance."
- Engage providers with actionable intelligence, because "communicating to primary care physicians about results and details that they may not know and the steps taken in the home can make a significant difference in outcomes."
- Capture and submit accurate data that is consistent with CMS compliance requirements. This is "critical to the process" for transparency and optimal staging.
- Manage financial performance. "In-home assessments help to control bottom-line costs because clinicians can identify members at greatest risk to receive prospective reimbursement and treat early those conditions that are triggers to larger care problems and costs."



Member selection and preparation for in-home exams are key

Plans should focus their in-home assessment efforts on those members who can best utilize the intensive services these visits can provide. For example, proposed member selection criteria for 2014 include members who have a risk adjustment score of 0.5 or above based on member suspect data, members with certain health status attributes, and new health plan members and Medicare beneficiaries. Examples of health status attributes that should be considered when identifying targets for in-home assessments include, but are not limited to:

- Members without visits since January 1 of the prior year
- Members with an ER visit within the last 12 months
- Members with a hospital admission within the last 12 months
- Members with medication adherence gaps
- Members who have received a diagnosis of schizophrenia, dementia or Alzheimer's disease since the prior year
- Members who have not had an annual exam in the past 12 rolling months

"Those members who have not accessed care recently should be assessed to determine whether there is illness brewing that has not been identified," Dr. Mock told webinar attendees. "It is a missed opportunity if that member is not brought into the care fold."

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To maximize the in-home assessment, Dr. Mock advised plans to "pre-populate the right program with detailed background for the clinician going into the home, including a list of any known conditions, surgeries and pharmacy claims," and to confirm that

Payers also should be aware that many ambulatory care-sensitive conditions — including the top three diagnoses for hospital admissions for members 65 and older (congestive heart failure, kidney/urinary tract infection and pneumonia) — are those that often can be identified and addressed by the in-home assessment physician.

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gaps in care are not only identified, but closed. “It’s not only about grabbing that code, but about helping that member by making referrals and designating next steps,” he said. (For a more detailed look at this process, see Figure 1.)

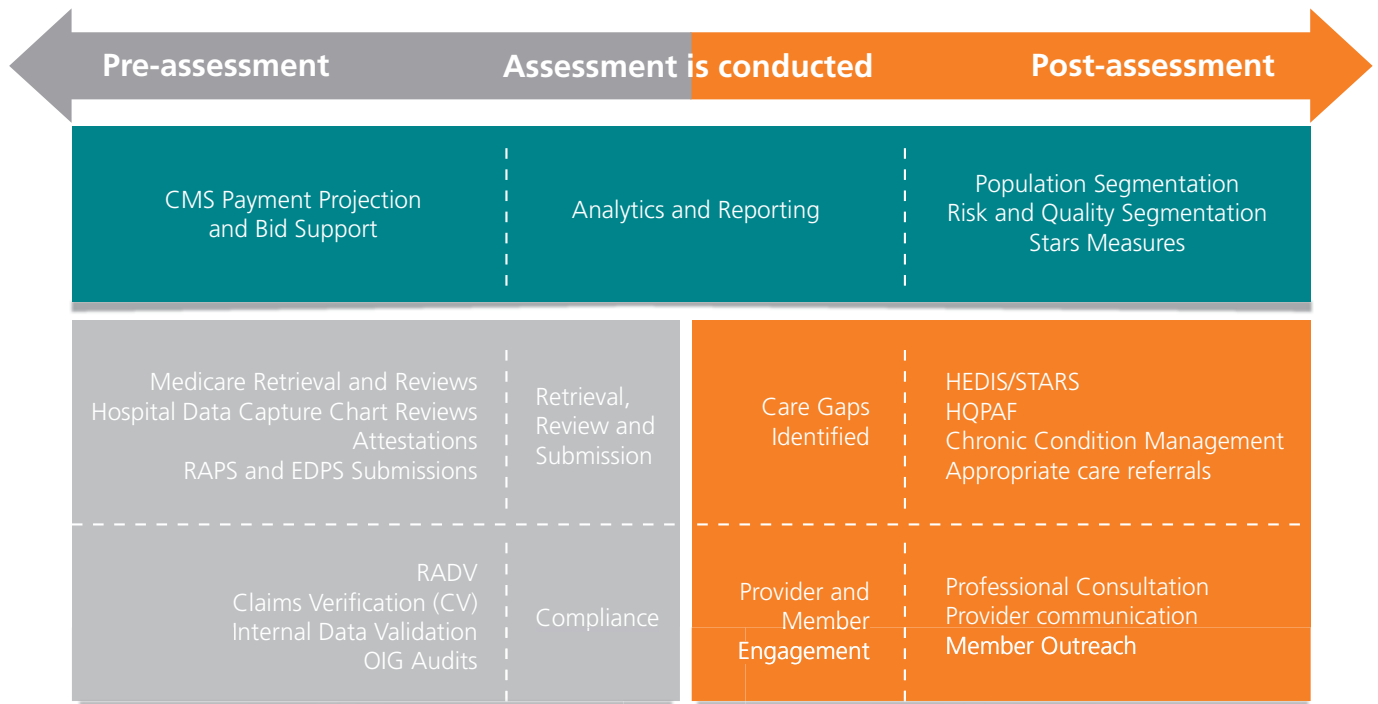
Payers also should be aware that many ambulatory care-sensitive conditions — including the top three diagnoses for hospital admissions for members 65 and older (congestive heart failure, kidney/urinary tract infection and pneumonia)¹ — are those that often can often be identified and treated successfully in the home, Dr. Mock noted.

“The in-home assessment is an opportunity to intervene, educate and act on an issue now in order to avoid unnecessary trips to the

ER and hospital admissions later,” he said. Even more importantly, he added, “when these conditions are treated early enough, we can significantly reduce morbidity.” Indeed, he explained, in-home assessments can have an immediate impact on closing gaps for the HEDIS measures for medication review, functional assessment, pain screening and BMI, and on health outcomes, such as monitoring physical activity, improving bladder control and reducing the risk of falls. Indirect impacts of the core assessment include important health screenings and flu vaccination; areas affected by the full assessment program — referrals, member leave-behinds and primary care physician reports — include controlling diabetes, cholesterol and blood pressure, increasing drug adherence, and improving mental health.

Figure 1

Support through an in-person assessment



Case study shows in-home assessment yields gap closure, cost savings

During the webinar, Dr. Mock presented several case studies of actual patients seen during in-home assessments. One case involved a 70-year-old male diagnosed with stage IV prostate cancer who was suffering from weakness and fatigue, unplanned weight loss and severe foot pain. The foot pain was caused by an open wound that the in-home clinician traced back to the man trying to trim his toenails. The man was shown how to clean and dress his own wound and to avoid the cold water baths he was using to alleviate the pain.

Among other measures, the man also was given a nutritional assessment for weight loss and a care management referral for managing stage IV prostate cancer and comorbidities in a setting of limited resources. "It is noteworthy that as much as \$50,000 could have been saved or averted by early intervention in this case," Dr. Mock said. "Even more importantly, the in-home assessment ultimately did result in gap closure and improving this man's outcome."

Members and payers benefit from in-home assessments

In-home assessments also are important because they:

- Help the clinician obtain details that cannot be known during a traditional office visit (e.g., surroundings, safety risks)
- Allow the clinician to identify conditions that would benefit from early intervention (and thus avoid escalation of the condition that might result in an ER visit or hospital admission)

- Give the clinician the opportunity to provide care management or clinical service referrals to at-risk members in a timely and cost-effective manner.

"In-home assessments provide us with a chance to clarify accurately those conditions that either have been misdiagnosed or missed in diagnosis," Dr. Mock said, adding that "as health care stewards, conducting these assessments — which are both proactive and cost effective — is the right thing to do for members, caregivers and families, as well as for taxpayers."

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¹ Plummer, A., Wer, L.M. & Stocks, C (2011, September) Most Frequent Conditions in U.S. Hospitals, 2011. Agency for Healthcare Research and Quality. Retrieved from: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb162.pdf>

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