



White Paper

# COVID19

## Impact & Mitigation Strategies for Payer Quality Improvement 2021

June 2020

 **CitiusTech**

# COVID19 IMPACT & MITIGATION FOR PAYER QUALITY IMPROVEMENT

This analysis is targeted to precisely qualify the impact on 2020-21 Quality Improvement owing to the 'new normal' incited by COVID19.

Socio-economic uncertainties, behavioral changes and altered human interactions, operational failures at both payer and provider ends, over-burdened clinical systems, enterprise budget freeze, regulatory relaxation and rise of virtual care; all will have direct and indirect impact on payer quality management & quality improvement for 2020-21 and will extend cascading effect on future years.

## Drivers of Quality Management and Improvement

### ▪ Socio Economic Uncertainty

- Increase in unemployment
- Rise in uninsured population
- Lower per capita income

### ▪ Behavioral Alterations

- Anxiety and fear

- Unattended medical conditions

- Lower prescriptions and refills

### ▪ Operational Unpreparedness

- Surge in Medicaid and exchange enrollment
- Rise in un-paid claims
- Less emphasis on clinical record maintenance

### ▪ Enterprise Budget Freeze

- Margin optimization and lean teams
- Run-n-maintain investments

### ▪ Over-burdened Clinical Systems

- Long waiting times for other medical care
- Avoidance of necessary medical visits
- Avoidance of elective procedures
- Lower supplies of drugs and controlled substances

### ▪ Regulatory Relaxation

- Quality submissions called off for 2019- 2020

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## Key Assumption

The key underlying assumption is that HEDIS Quality management program will not change significantly. CitiusTech expects the Future of HEDIS guidance as laid out by NCQA to stay ASIS, including proposed changes on timeline shift, the move to FHIR-based standards and digital measures, and increased focus on electronic data collection.

## Methodology

Each of the 89 NCQA HEDIS measures for 2020 were evaluated for their measure type (Higher is better/ Lower is better), inclusive data need (outpatient visit, hospitalization, drug prescription, immunization details, lab orders, etc.) along with the corresponding lookback history of the data (1 year, 2 years, 5 years, 10 years, etc.). Based on the above, the potential positive/negative impact due to COVID19 (and associated environmental factors) has been determined along with the degree of severity (high, medium, low). Impact qualification scenarios are as follows:

1. Measure belong to the type 'higher is better' and which are essentially anchored on outpatient or ambulatory visits within current year 2020-21, gets qualified as high negatively impacted measures
2. Measure belong to the type 'higher is better' and which are anchored on outpatient or ambulatory visits done within previous years (up to 10 years) gets qualified as high moderate to low negatively impacted measures based on longevity of lookback
3. Measure belong to the type 'Lower is better' and which are essentially anchored on outpatient, ambulatory visits, ED and hospitalization usage, opioid usage, antibiotic prescriptions within current year 2020-21, gets qualified as high positively impacted measures
4. Measure levels impacts are aggerated at the corresponding domain for this analysis representation

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## Overall Impact

When viewed through lens of NCQA HEDIS® 2020 measure-set, almost three-fourth of the measures are driven by the outcome of outpatient or ambulatory visits. Therefore, it is expected that 74% of the quality measures may be negatively impacted and experience moderate to high performance rate decrease compared to prior years on account of low preventive care and ambulatory visits.

On the flip side, 15% of quality measure may realize moderate to high rate increase on account of improved (reduced) utilization - low re-admissions & lower rates of un-necessary screening and drug abuses. 11% experience-based measure are expected to remain largely un-impacted and may produce marginal variation in performance.

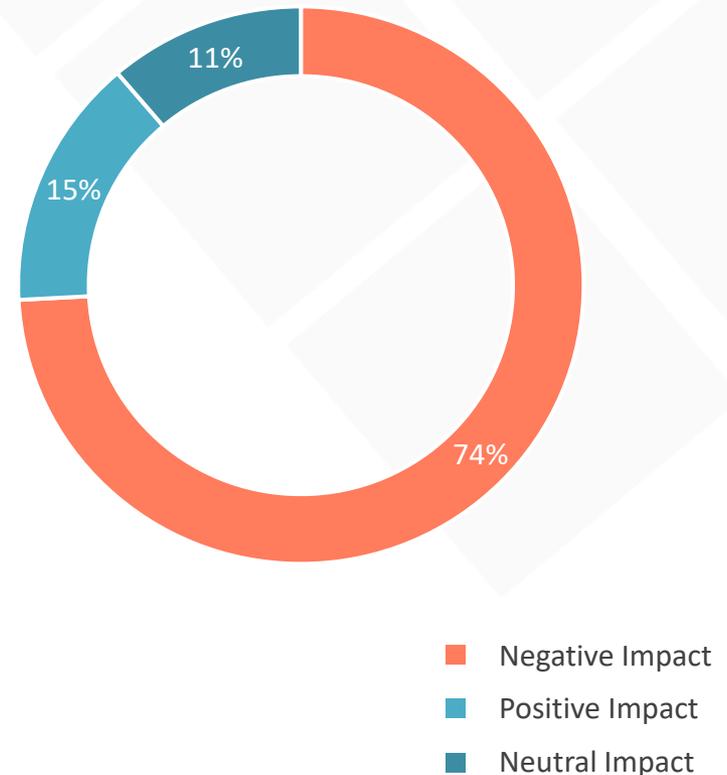


Fig. 1 – Overall Impact on Quality Measures

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## Negative Impact

Behavioral health, preventive and screening, and access / availability of care are the top three domains expected to be negatively impacted. Lower visits, low rate of participation in screenings / lab tests, avoidance of key immunization events, restricted drug supplies, avoidance of in-person therapy sessions, rise in antibiotic prescriptions are all causative factors for this negative impact.

While reporting Q1 results, [CVS and Walgreens](#) have recently confirmed that patients are receiving fewer new prescriptions, starting fewer new treatments and seeing doctors less frequently, a concern especially for patients who have chronic conditions such as diabetes and heart disease, which can lead to costly hospitalizations when not managed consistently. Reference Link

Unchecked preventive care enhances the risk of attaining those clinical conditions many-fold, which may eventually lead to measure denominator spikes and numerator shortfalls in future years, especially in

areas such as diabetes, cardiovascular, musculoskeletal and respiratory conditions. Prenatal / postpartum care for women and well-child visits for newborn are sensitive areas for monitoring.

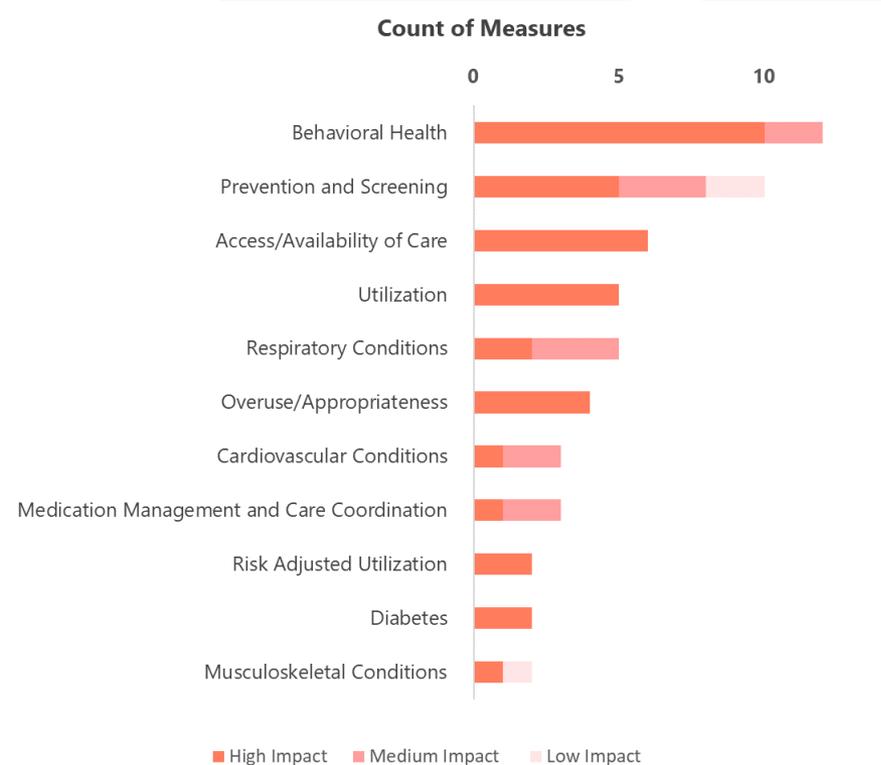


Fig. 2 - Factors Causing Negative Impact

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## Positive Impact

Overuse / appropriateness, utilization and risk-adjusted utilization domains will witness positive rate improvement. Lower participation in elective procedures, well vetted hospitalizations, reduction in unnecessary screenings, rise of telehealth as an alternative are positively influencing these measure categories. Opioid prescriptions and opioid dispensing will also witness a positive change owing to low outpatient visits and restricted supplies of controlled drugs due to manufacturing shortfalls. Current situation has also led to exponential adoption of virtual healthcare.

As reported during Q1 results, [Aetna](#) experienced up to 6x increase in virtual visits for urgent care situations. National pharmacy giants are witnessing up to 50% rise in online prescriptions while home delivery of prescriptions grew up to 10X.

In 2020, NCQA adopted Telehealth as a valid data source for nearly 30% of the HEDIS measures. Evidently such adoption will see further rise for 2021.

Health insurers and providers need to strengthen this alternative mode of care together in terms of clinical and claims documentation to improve the quality scores effectively.

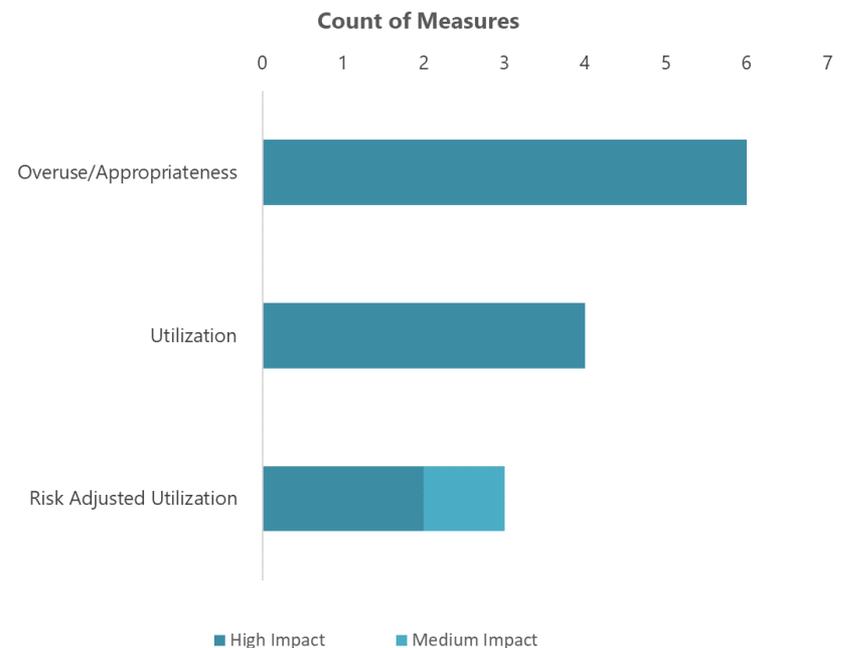


Fig. 3 - Factors Causing Positive Impact

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## Drivers of Impact

Each of the 89 HEDIS measures when analyzed for the potential causes which may likely impact their negative and positive performance swing on account of COVID19, clearly:

- **63% of the measures are impacted through lessened outpatient and ambulatory visits**
- **97% of those impacted measures will be swinging the quality NEGATIVELY**

While COVID19 adversities are undoubtedly driving the above listed impacts, socio-economic factors, which are also incited by COVID19 are actively bubbling the overall impact.

As per [Kaiser Family Foundation \(KFF\)](#), almost 31 million people have filled for unemployment between March and May 2020. This unemployed population is rapidly being absorbed through Medicaid or Exchange.

[HMA's](#) updated analysis projects decline in employer-sponsored coverage of 5-27 million contributing for projected increase in the number of people uninsured

to 1-5 million by year's end. A disproportionate share of the newly uninsured are in non-expansion states.

Such population spike will further deteriorate the prevailing low preventive care rates for Medicaid and Exchange. The population drift from employer sponsored plans owing to unemployment will also impact the current commercial quality rates for a health plan negatively.

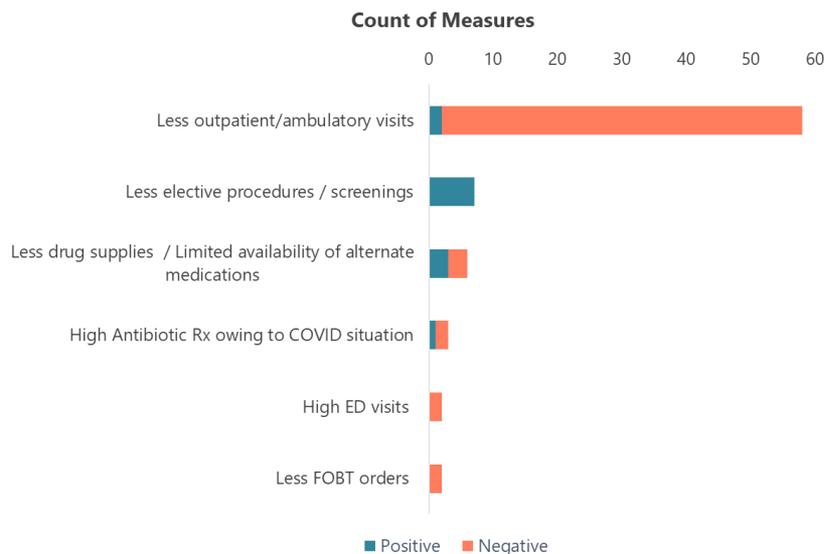


Fig. 4 - Drivers of Impact

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## Key Takeaways

Health plan reporting for HEDIS 2020 has been suspended by NCQA followed by relaxations on several documentation and compliance requirements by DHHS and CMS in reaction to the COVID19 situation. However, this impact will not be contained within 2020 and will be extended to forthcoming years. Possible future impact areas could be:

- 2020 quality data will be clearly an outlier to prior year performances and cannot be benchmarked for 2021 targets
- Quality improvement enterprise targets for 2020 and 2021 need to be re-visited for changes
- Tightening economy and lower quality earnings will further push for leaner quality budgets and constrained resource availability
- National economic changes such as increase in unemployment rates, rising level un-insurance, premium fluctuations, lower cash flows, common sentiments, etc. will certainly influence the overall execution of quality of care

## Future Quality Strategy (Post COVID19)

- 1. Narrow Provider Network Integration:** With falling encounters, focused strategy to integrate with narrower provider network for gathering data across all encounters
- 2. Quality Accounting for Virtual Healthcare:** Work with regulatory bodies and providers to ensure correct coding and record of virtual healthcare for quality accounting
- 3. FHIR-based Real-time Action:** Leverage FHIR interoperability to share gaps-in-care alerts to providers and gather supplemental data in a near real-time model
- 4. Data Science for Outreach Optimization:** Enable data science driven high value population cohorts, that require minimum cost of intervention, with propensity to yield maximum compliance outcome
- 5. NLP for Margin Optimization:** Engage NLP based analytics on clinical charts to augment coding efficiency and optimize team size

# CONCLUSION

COVID19 has virtually stalled the quality improvement journey and has tapered the efforts towards a rising curve. In such times of uncertainty, it is imperative to adopt interoperability, flexibility, configurability, automation, precision, and most importantly change adoption culture across the payer-provider ecosystem through a multiple consultative approach. With the right strategic approach in place, the quality curve may regain momentum and set course towards the planned improvement journey.

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