

The Glidepath to Establishing Greater Accountability for Member Experience with Provider Partners

The plan can establish a “glidepath” to establishing greater accountability among providers for member experience. Although the weight of member experience measures in star ratings has spiked quickly, necessitating quick and decisive action among Medicare Advantage plans, the increased weight is not going away anytime soon. Engaging providers in CAHPS and HOS improvement should be approached as a marathon, not a sprint. Plans should plan to thoughtfully engage providers from the beginning, knowing that providers will remain a key strategic partner in achieving high quality member experience in the years to come. We recommend a series of phases to follow from the beginning.



ENGAGEMENT AND AWARENESS: Following the recommended guiding principles below, provide education about the significance and importance of member experience and build awareness of opportunities for providers to engage their panel and address likely negative survey ratings. This phase may last anywhere from 3-6 months, depending on the level of sophistication of the provider. Reporting at this stage should be informational, helping providers to recognize the value of positive member experience and reframe interactions with members as opportunities to impact the perception of their health and the provider’s role in supporting their health. The plan may choose to highlight higher priority areas of member experience (e.g., access-related CAHPS areas or perception of health status) during this initial phase.

IDENTIFYING ACTIONABLE INSIGHTS FROM REPORTING:

Identify opportunities to address expected negative ratings, establish goals, and identify possible strategies to reach those goals. Walk providers through reporting on their patient panel. Ensure that reporting is available on a high enough volume of members to ensure that conclusions are statistically valid. Prepare to walk providers through their panel’s likely experience and answer questions about the data supporting the metrics included in the report. Reporting may be based on actual survey responses or on profiles of the provider’s panel.



REWARDING PROCESS IMPROVEMENT MEASURES:

Where actual survey results are available for measurement, the plan can evaluate member satisfaction and provide feedback to provider groups and/or individual providers. Where actual survey results are not available for measurement, plans can consider recognizing provider efforts through attestation of initiatives. See page 16 for more details about how and when to best leverage different types of member-level member experience data.

EXPAND PROGRAM TO INCLUDE ADDITIONAL PRIORITY AREAS OR DEEPER ACCOUNTABILITY WITHIN EXISTING PRIORITY AREAS:

The plan can consider focusing providers on member experience issues that are of strategic importance to contract performance in initial program rollout. For example, the plan may choose to focus on CAHPS related issues in Program Year 1. Future program years can expand the breadth of member experience issues. For example, the plan may choose to expand the focus to also include HOS in Program Year 2.

PROVIDER-SIDE IMPLEMENTATION PERIOD:

Ensure providers have time to digest reporting and recommended strategies to meet member experience goals. Providers will need to socialize, plan, and implement any new initiatives. This is where having brief, polished reporting with specific recommendations from the plan can help to expedite buy-in and implementation from providers.

- a. NOTE: Planning needs to account for the time it will take for members to be “touched” by implemented provider-side initiatives: Once providers have implemented new initiatives, it will take several months for members to experience the benefit of these new initiatives.
- i. Here is where direct member outreach will impact the panel more quickly, compared to structural or workflow improvements that require interaction with the clinic to experience firsthand. For example, if a provider implements broader telehealth options for their patients, awareness of those expanded telehealth options will reach members that are more engaged with the clinic first. For less engaged members, additional outreach and communication about the new telehealth options will be necessary.
- ii. To shorten the cycle, the plan should encourage providers to execute a communication plan alongside any structural improvements to raise awareness among the panel sooner.

PROVIDER-SIDE YEAR-ROUND ENGAGEMENT WITH THEIR PANEL:

Ideally, providers identify opportunities to integrate member experience with other quality initiatives that touch members. Providers can address likely negative ratings via communications related to other important clinical topics (such as getting appropriate preventive screenings and medication adherence), or “piggybacking” on planned communications and already dedicated resources.