Using Data to Drive Quality Outcomes for 33,000 Health Plan Members

An Interview with Mihriban Gursoy Brickner, Senior Vice President, Quality and Clinical Operations for VNS Health Health Plans

VNS Health has been getting consistently strong quality ratings for its health plans. What do you attribute this to?

That's true—our 4.5 Star rating for our Medicare Advantage plans is the highest in New York City and Long Island, while our Medicaid Managed Long Term Care plan is one of highest-rated MLTC plans in New York State. And SelectHealth, our HIV Special Needs Plan, has a viral load suppression rate that is significantly above the statewide average. I attribute these successes first and foremost to VNS Health's executive leadership. Our CEO, Dan Savitt, emphasizes the importance of quality to other leaders and to the entire organization and he's also made quality central to the VNS Health strategy.

How has this top-level commitment impacted VNS Health's day-to-day operations?

It's paved the way for us to create a real culture of quality at VNS Health, including a strong focus on transparency and accountability. We have over 33,000 health plan members and a hundred quality measures related to clinical outcomes, member satisfaction and experience, and operational excellence—and we

monitor these measures closely. Every business lead knows what their metrics are. And we've taken that a step further by making sure all team members understand what their role is in helping to drive and improve our quality outcomes. We report our quality performance monthly, and if an area is falling short, we develop a strategy for improving it.

So you're saying that data drives quality outcomes?

Absolutely. Data helps us prioritize our initiatives and make decisions. We gather this data from different sources—including care managers, home health aide agencies and, of course, the member's primary care physician. The data from these touch points is what we use to manage each member's health and experience.

How do you encourage plan members to see their primary care physicians?

Getting an annual visit with their primary care provider is critical to ensure that our Medicare members are receiving quality care. We employ a few different strategies to make sure members engage with their providers. Helping coordinate member care and schedule appointments is a core function of our care management teams, so they play a key role in linking members with their providers. In addition, we offer a rewards program for our Medicare members where they can receive money for completing different care activities, including an annual check-up. We also have a partnership with the VNS Health Care Management Organization, and that has really helped in this regard. Another key strategy involves our use of value-based payment arrangements with providers. If a member gets an annual check-up and has a good experience, the physician can

receive an incentive payment. This approach gets the provider involved in encouraging members to make and keep appointments.

What is your biggest challenge going forward?

I like to view any challenge as an opportunity. Two come to mind: There are industry-wide changes taking place both in New York State and in the Medicare Advantage environment. To be successful as these changes roll out, we need to continue to demonstrate one of our organization's core values, agility. The second opportunity I foresee relates to the members in our new Medicare Advantage plans, EasyCare and EasyCare Plus. They have different membership needs than the members of VNS Health Total, our integrated Medicare-Medicaid plan, and we need to be more creative in how we engage them. In Quality, our job is to ensure that our plan members have high-quality care and a positive member experience—and that means meeting them wherever they are, and engaging with our members in ways that work for them.

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