The TRC multiplier effect:
How operational excellence in transitions of care drives HEDIS and CMS star ratings

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Overview

Many health plans are blind to their members' most critical moments. By the time a plan learns about hospitalizations and discharges, windows of opportunity identified through HEDIS® Transitions of Care (TRC) measures may have already closed. Unaddressed care gaps often lead to preventable readmissions, missed interventions, and poor outcomes.

The good news is that improving operational excellence during transitions of care can create a multiplier effect. Real-time visibility into acute and post-acute movements, as well as automated workflows, empower providers to act in a timely manner. Organizations that master real-time transitions of care intervene before care gaps become crises and unlock performance improvements through provider communication, timely follow-up, and medication reconciliation.

Context

Gabby Kyle-Lion and Fern McCree from NCQA and Nicole Sunder from PointClickCare discussed how TRC measures improve outcomes and the role of technology, organizational alignment and real-time access to data.

Key Takeaways

TRC leverages data to drive care coordination and improve health outcomes.

When care transitions are handled poorly, negative health outcomes often result. HEDIS TRC measures address crucial moments in care transitions and ensure that care teams have the information they need to avoid readmissions or ED visits.

With access to critical data about inpatient admissions and discharges, providers can focus on follow-up care and medication reconciliation. Much of this information comes from medical record review. Information sharing is key to the interventions that reduce the chance of readmission, as well as improve the member and patient experience.

Using different measures simultaneously is key to successful transitions of care.

If health plans treat different measures, including TRC, as siloed projects, they may miss the bigger picture. TRC and related measures shed light on where programs and workflows are breaking down and need improvement. When insights are examined together, they can surface operational gaps more effectively than looking at a single measure in isolation.

Although TRC was initially designed for Medicare populations, it makes sense to apply it more broadly to transitions of care for many populations. To succeed, health plans must ensure that people, processes, infrastructure, technology, change management and incentives are aligned across value-based programming and contracts with the provider network.

> " Transitions of care isn't just one measure. The infrastructure you build to address all aspects of post-discharge information can really improve your bottom line. "
>
> - Gabby Kyle-Lion, NCQA

To boost TRC performance, health plans must focus on multiple areas.

As health plans develop programs to close care gaps, Ms. Sunder shared five recommendations for successfully monitoring, managing and supporting TRC measures:

1. **Collaborate with provider networks in ways that drive the desired action.** Focus on which actions need to occur, as well as how those actions are documented and shared. For example, it's often beneficial when the technology architecture supports panel reconciliation or management.

2. **Remember that quality is influenced by factors like value-based care.** If it's challenging to show progress or evaluate outcomes in value-based contracts, it's usually challenging for health plans to support sub-measure activities and prove that actions occurred.

3. **Think about the shift from a hybrid to digital infrastructure.** Technology, financial and people investments are required to make this transition and drive desired outcomes.

4. **Recognize that organizations are at different stages of readiness.** Not every health plan or provider is at the same level of TRC maturity. It's important to be flexible and proactively support partners that are less sophisticated, as well as those that are comfortable with interoperability, data and technology.

5. **Don't overlook risk stratification.** Different people face different barriers when accessing care. It's critical to proactively use data to evaluate, pivot and support provider networks.

Local successes can serve as a foundation for scaling performance more broadly.

Micro networks at the state or county level often generate great TRC results. Best practices include collaborative work arrangements, meeting on a regular cadence and building trusted relationships. These actions drive better member and patient experiences and outcomes.

It can be challenging, however, for national health plans to reproduce local successes at scale. A proven approach is finding pockets of high performance and using those as the foundation for scalable growth.

> " Transitioning from a mini network to a bigger, scalable strategy is something we've seen work. It's a great way to improve performance on a broader scale. "
>
> - Nicole Sunder, PointClickCare

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Real-time awareness requires more than data access.

Payers and providers must agree on how to prioritize, map and use data to drive shared outcomes. It's also important to standardize data elements. By aligning around key data elements that provide the most robust information, teams can act quickly.

In addition, the technology infrastructure must provide information quickly enough to support better outcomes. Real-time awareness has upstream and downstream components. Both are critical for creating a rapid feedback loop within the workflow. Some health plans focus solely on contracting with their provider networks and sending them the data they need, but they aren't as diligent with hospital contracting. As a result, those health plans miss out on the shared conversations that support internal programs and outcomes.

TRC measures will eventually shift to digital, but there's no need for organizations to wait.

NCQA has plans to transition TRC measures away from the current hybrid methodology and move to NCQA's Electronic Clinical Data Systems (ECDS). Although no definitive time frame has been identified for this shift, it's advisable for organizations to start exploring digital capabilities.

> " As you think about improving your performance, I'd encourage you to think about digital capabilities now. Efforts like standardizing workflows and getting data in a more structured format can add value today. "

-   Fern McCree, NCQA

Additional information

To learn more visit: **NCQA** and **PointClickCare**

Biographies

Gabby Kyle-Lion, MPH
Senior Health Care Analyst
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Gabby Kyle-Lion is a Senior Health Care Analyst at the National Committee for Quality Assurance (NCQA). Gabby leads the development and use of immunization measures targeted towards adults and children for HEDIS® and other programs as well as several other projects related to transitions of care and maintenance of NCQA's measures included in the Quality Payment Program.

Prior to NCQA, Gabby was a manager at the National Quality Forum (NQF) where she helped to facilitate the consensus-based review process for quality measures under Primary Care and Chronic Illness, Geriatrics and Palliative Care, Prevention and Population Health, Renal and Cancer portfolios.

Gabby earned a Bachelor of Science in Public Health in 2019 from the American University and a Master of Public Health focused on infectious disease management, implementation and community practice in 2021 from the University of Pittsburgh.

Fern McCree
Director of Digital Quality Informatics
National Committee for Quality Assurance (NCQA)

Fern McCree is an experienced health care quality and digital strategy leader with over a decade of experience advancing health system transformation through data-driven innovation. Currently serving as Director of Digital Quality Informatics at the National Committee for Quality Assurance (NCQA), Fern leads the development and implementation of digital health solutions that promote interoperability, drive quality improvement, and modernize national measurement frameworks.

Fern has led initiatives spanning digital content strategy, electronic clinical data systems (ECDS) reporting, and the evolution of HEDIS® into a fully digital measurement suite. She has managed and coordinated research, development, and maintenance of quality measures, facilitated cross-sector partnerships, and contributed to national thought leadership on topics including health equity, interoperability standards and digital transformation.

Fern holds a Master of Public Health in Epidemiology from The George Washington University and a Bachelor of Science in Public Health Administration from Temple University. She is a frequent presenter and published author in the fields of health data, quality measurement, and digital health innovation.

Nicole Sunder, LCSW, CCM
Vice President of Solution Design
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Nicole Sunder is a Licensed Clinical Social Worker based in Chicago, IL. She began her career at a local field-based care manager company and has leveraged this work to support the implementation and execution of successful clinical programs including Medicaid, Dual Eligible and Long-Term Services and Supports. Nicole spent part of her career offering consultation and oversight implementing government programs and innovative clinical interventions addressing care management, utilization management, behavioral health, and systems of care, both nationally and within individual state markets. In her current role, Nicole is using her health plan background to bolster the use of care collaboration tools across the care continuum to drive the most meaningful care and quality outcomes.

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