



How Senior Whole Health of New York Is Using HHAeXchange Care Insights to Prevent Member Risk Escalations with Early Detection Technology



As healthcare moves to a value-based care approach, payers need timely, cost-effective ways to monitor member trends, capture critical change-of-condition information, and track the quality metrics that correlate with value-based payments and improved member outcomes.

Case management assessments take time to schedule, and can occur too infrequently, making it difficult to identify new or heightening risk factors in a timely manner. Quality of care needs often go undetected, putting members at risk for adverse outcomes, unnecessary ER visits or admissions/readmissions.

CHALLENGE

Senior Whole Health of New York is a managed long-term care (MLTC) plan and subsidiary of Molina Healthcare, one of the nation's largest providers of managed healthcare services. Prior to HHAeXchange, Senior Whole Health had been tracking its member population via a manual process of monthly "touch calls", where case managers would identify potential risks based on calls with members.

Despite adopting a value-based program early on, Senior Whole Health was struggling with this approach for two main reasons:

1. **Timeliness of member observation data:** Because touch calls could only be conducted monthly, many social determinants of health (SDOH) factors and risks fell outside of the call window, resulting in missed opportunities to mitigate unidentified and prevent unnecessary ER visits and readmissions.
2. **Structure and consistency of the member observation data:** The monthly touch calls did not provide caregivers the structure and guidance that they needed to effectively report member observation data to the care management team in a manner that not only provided necessary alerts, but observations over time.

APPROACH

In 2021, Senior Whole Health ran a pilot across 111 members with HHAeXchange Care Insights. Care Insights is an innovative, easy-to-use solution that helps payers improve health outcomes through real-time change in condition alerts and intelligent monitoring of member population health analytics.

Care Insights provides caregivers with an easy-to-use technology to capture in-home change in condition, home environment, and SDOH observations, creating additional visibility at the member, risk cohort, and population levels. With this collection of timely observations, care management teams can reduce adverse, costly events such as emergency room visits, hospital admissions, and skilled nursing facility admissions.

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Using Care Insights, Senior Whole Health created six unique cohorts and developed custom questions tailored for each cohort. Layered on top of these cohorts were alert management workflows that assigned different priority levels and triaged alerts based on reported observations. Caregivers would be prompted with a specific cohort's questions directly at the point of care.

SOLUTION

Today, Senior Whole Health collects daily real-time feedback from its caregiver base. This has driven improved visibility, oversight, and transparency with a monthly average of 150 alerts reported out of roughly 3,350 total observations. As a result, on average 4% of observations result in a flagged alert for follow-up or further action.

"It's an enhancement to our overall process and has driven significant benefits already in this pilot phase alone," said Simone Godette, Director of Quality at Senior Whole Health of New York.

"Moving to Care Insights has allowed us to reduce our overall time to identify risks because we're able to get more frequent insights into member health without the administrative burdens. Today, we average about 150 alerts (monthly), and they are all prioritized by cohort. HHAeXchange makes the process manageable so we aren't inundated and can better handle alerts and take care of potential escalations," said Qiyen Chen, Manager of Health Services at Senior Whole Health of New York.

To learn more about Care Insights, visit
hhaexchange.com/care-insights

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