

Medicare Health Outcomes Survey Provider Tip Sheet



Superior recognizes the importance of partnering with providers who serve Superior HealthPlan Medicare Advantage (HMO and HMO SNP) and Medicare-Medicaid Plan (MMP) members to improve patient care and raise quality scores on Medicare Health Outcomes Survey (HOS) measures. The HOS is sent to a random sample of patients between April and July each year to evaluate physical and mental health status and other health-related topics, and then the HOS is repeated two years later to determine outcomes. Provider interactions with their patients have a direct impact on the rating of HOS measures. The following table displays the five HOS measures included in the annual Medicare Star ratings with some tips to improve performance. Increased awareness of these measures can help guide discussions of these topics with patients.

Measures	Recommendations
Improving or maintaining physical health: Percentage of patients whose physical health was the same or better than expected after two years.	<ul style="list-style-type: none"> Routinely assess patients' pain and functional status using standardized tools. Provide interventions to improve physical health, such as disease management, pain management and referrals to physical therapy or case management, as indicated. Practice self-management support strategies, including goal setting, action planning, problem solving, and follow-up to help patients take an active role in improving their health.
Improving or maintaining mental health: Percentage of patients whose mental health was the same or better than expected after two years.	<ul style="list-style-type: none"> Routinely assess whether emotional problems (depression, anxiety, addiction) negatively affect your patient's daily or social activities. Refer patients to behavioral health services or manage depression treatment as indicated. Refer patients to Web-based programs, such as myStength.com, that provides a range of evidence-based mental health self-care resources. Integrate motivational interviewing to improve treatment engagement and mental and physical health outcomes.
Monitoring physical activity: Percentage of patients who discussed exercise with their doctor or other health-care provider and were advised to start, increase or maintain their physical activity within the year.	<ul style="list-style-type: none"> Routinely assess patient's current physical activity level. Discuss health benefits and advise patients to start, maintain or increase physical activity as appropriate for their individual health status. Develop physical activity plans with patients that match their abilities – use the <i>Let's Get Active Rx</i> pad to provide written activity guidelines. Encourage participation in fitness and exercise programs as appropriate. Gym membership may be a benefit of their health plan or encourage use of local community resources. Refer patients with limited mobility to physical therapy to learn safe and effective exercises.
Reducing risk of falling: Percentage of patients with falls, walking or balance problems who discussed these topics with their providers and received treatment within the year.	<ul style="list-style-type: none"> Routinely assess fall risks by asking patients about falls, gait and balance problems and document discussion for patients on the <i>My Wellness and Prevention Checklist</i>. Provide fall prevention interventions, such as promoting regular exercise and strengthening and balance activities (tai chi, yoga), performing regular medication review to evaluate for medications that increase fall risk, promoting regular eye exams, and providing educational materials about fall prevention. Promote home safety, such as recommending removal of throw rugs and clutter to reduce tripping, installing handrails on stairways and grab bars in the bathrooms, use of non-slip mats in the tub or shower, use of nightlights to keep halls and bathrooms well lit, and keeping frequently used items within easy reach.
Improving bladder control*: Percentage of patients with urinary incontinence who discussed the problem and treatment options with their health-care providers.	<ul style="list-style-type: none"> Routinely assess problems with urinary incontinence (UI) in the last six months and document discussion for patients on the <i>My Wellness and Prevention Checklist</i>. Evaluate the severity of the condition, the impact of UI on patient's quality of life, and involve them in decisions about treatment options for behavioral (such as bladder training and pelvic muscle rehabilitation), pharmacological and surgical therapies. Have informative brochures and materials visible and available for patients to use as discussion starters for this sensitive topic.

*The *Improving bladder control* measure is under revision and will not be reported in the 2016 or 2017 Star ratings; the measure is temporarily moved to the Display page.

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