How Focusing on the Health Outcomes Survey (HOS) Can Improve Your Practice



Each summer, the Health Outcomes Survey (HOS) assesses the ability of an organization to maintain or improve the current physical and mental health status of its members. Administered by the Centers for Medicare & Medicaid Services (CMS) between July and November, HOS interviews a random sample of a plan's Medicare members. The results help evaluate how members view their current health status and if providers addressed their health concerns. Two years later, the same respondents receive a follow-up survey on maintaining or improving physical and mental health.

But what does HOS mean to you?

You directly impact patients' lives! Your dedication in improving patients' health does not go unnoticed. We appreciate all the work you do to manage the health of our members.

HOS asks members to detail their interactions with their physicians. To better connect with patients, think about integrating these tips into your daily activities.

1 Improving or maintaining physical health

Engage with patients before they even check into the office by planning ahead. Implement a pre-visit checklist to better address past issues or concerns the patient has raised during previous visits. Dedicate time to review a patient's health history before his/her appointment time. Find out the patient's upcoming appointment schedule and have his/her lab work results available. By having results available during the appointment, patients can be part of the decision-making and are more likely to follow treatment recommendations.

Providers can use our Quality Improvement Checklist as needed. Download it at HPPlans.com/checklist.

2 Improving or maintaining mental health

Consider using depression screening tools like the Patient Health Questionnaire (PHQ-9) to identify early signs of depression. Ask questions to assess if a patient's mental health affects daily activities, such as, "Do you have a lot of energy?" or, "How much of the time has your physical or emotional health interfered with social activities?" When appropriate, refer Jefferson Health Plans' members to a behavioral health resource by calling Magellan at 1-800-424-3704. Please note that a referral is not required for behavioral health services.





Monitoring physical activity

Implement a standardized functional assessment tool—an industry-wide survey tool or list of questions—to monitor patients' physical activity. Ask pointed questions such as, "In the past seven days, did you need any help from others to perform everyday activities, like bathing or dressing?" Remember to submit the CPT2 code for functional status assessment, 1170F, on the claim.

All Jefferson Health Plans Medicare members have access to the SilverSneakers® fitness center network. Members also can choose to join the Kroc Center in Philadelphia. Plus, our Wellness Partners program includes free events and activities for members, which can help increase socialization, reduce stress and enhance overall well-being. Jefferson Health Plans currently offers virtual classes and continuously adds virtual and in-person classes and events throughout the year.

Learn more at **HPPlans.com/WellnessPartners**



Improving bladder control

Initiate the discussion of bladder control with patients and ask if it has affected their daily life or sleep. Recommend exercises and discuss treatment options. Inform patients there are many ways to control or manage the leaking of urine, including bladder training exercises, incontinence products, medication and surgery. If you determine a patient would benefit from seeing a urologist, kindly refer your patient. Please note that referrals are not required.



5 Reducing the risk of falling

Talk to patients about the risk of falling so that you can initiate interventions to prevent injuries. Ask patients if they have fallen in the past 12 months or if they have any problems with balance or walking. Share tips with patients about how they can prevent falls, such as standing up slowly, installing handrails in the shower, monitoring side effects of medicine, limiting alcohol intake and using an assistive device to walk if they feel unsteady.



More details about HOS measures can be found at hosonline.org.



For more information, contact the Providers Services Helpline at **1-888-991-9023** or contact your Network Market Manager (NMM).

Jefferson Health Plans is the marketing name for Health Partners Plans, Inc., and includes the following lines of business: Jefferson Health Plans (Individual and Family Plans; Jefferson Health Plans (Medicare; Health Partners (Medicaid); and KidzPartners (CHIP). If information in a communication pertains to a specific line of bussiness, Jefferson Health Plans will specify within the content.

1-888-991-9023 1101 Market Street, Suite 3000 Philadelphia, PA 19107 **JeffersonHealthPlans.com**

