

## Astrata's Digital Analytics Reporting for Surveillance and Intervention

### KEY BENEFITS

- **Timely Intervention:** An important subgroup of HEDIS measures are time-bound, such as OMW and FMC, as well as a number of the behavioral measures. Intervening early is critical, but for most Health Plans that intervention window is shortened by the claims process. Astrata Monitor identifies members in the denominator ahead of their claims, and tells you who are "true gaps" so you have the time you need to intervene.
- **NLP Tuned for Clinical Environments:** Astrata's NLP is designed and tested in clinical environments with high accuracy and precision.
- **Standardized at the Top of the Spec:** Nuances of spec interpretation can lead individuals and teams to be too cautious, leaving hits on the floor. Astrata's NLP is coded to the HEDIS spec, verified by our auditing partners, and engineered against both real cases and "manufactured" edge-cases to flag every allowable event.
- **Fitted to an Agile Workflow:** Like all of Astrata's products, Monitor supports an agile workflow. Quality teams receive daily Monitor reports in a manageable, easily absorbed stream, instead of a flood of bulk claims data. Outreach is not only more timely and relevant for the member; it can lead to higher quality encounters and an easier-to-manage, more engaging process for the intervention team as well.

### TIMELY OUTREACH & INTERVENTION FOR HARD-TO-MOVE MEASURES

Star ratings for measures like OMW (Osteoporosis Management in Women Who Had a Fracture) are notoriously difficult to move. That's because Quality teams rely on claims data that appears weeks after the event, when outreach efforts face significant friction. For patients, the fracture has healed and they've moved on with their lives -- who wants to come back to the hospital for bone-density tests and medication? For OMW and measures like it (FUA, FUI, FUH, FUM and TRC), **timely** outreach and intervention is key.

Astrata's analytics team hypothesized that members in the OMW cohort are more likely to get imaging and medication when contacted sooner post-discharge. Astrata's Monitor report identifies OMW gaps weeks before claim, allowing early outreach, QI intervention, and increased compliance. Our studies show that 59% of members contacted earlier in their treatment -- within 9 days of a fracture -- scheduled bone density scans, compared to 39% of those identified from claims data. Outreach teams reached the same percentage of patients in both cases, but earlier outreach increased the likelihood that patients would return for further treatment.

	Standard Process	Astrata Process
Reached	49.5%	49.3 %
Scheduled	39%	59%
Time from fracture to QI	57 days	9 days

#### FASTER, MORE EFFECTIVE OUTREACH AND INTERVENTION

**Astrata Monitor** is an NLP-driven early-intervention reporting tool that analyses clinical events in the medical record, and flags members in the relevant cohort as soon as relevant events appear.