Research Brief

STUDIES SUMMARY

Overcoming Barriers and Closing Care Gaps Among Older Adults and Hard-to-Reach Members

Overview

Completing annual exams and screenings is an important part of prevention and managing one's health, particularly as we get older. Actually following through on these tasks requires a lot of an individual—first, understanding the importance of prevention and condition management, then finding a provider, scheduling a visit, getting transportation to and from the visit, and maintaining the motivation to follow through with it all. Digital care navigation support can help, but most often the solution to closing the loop and fully supporting members is through real human connection.

Papa has worked closely with its clients to target specific care gaps that health plans care most about, including those related to CMS Star Ratings. By leveraging Papa's social care navigators and Papa Pals, who become active in members' homes and important allies in their health journeys, health plans are better equipped to reduce negative outcomes and higher costs associated with unmet needs.

Because of the trusting relationships members build with Papa, they are more open to accepting help and feel supported as they follow the necessary steps to complete preventive healthcare visits and screenings. Over a series of case studies, we've demonstrated the power of this trust and goodwill and the impact it has on improving health outcomes.

When just a 1% improvement can make the difference in reaching the next Star measure threshold, every closed care gap matters, and that's especially true among harder-to-reach populations.

Improving Cancer Screening Rates Among Older Adults

Papa Deployment

SummaCare, a regional health insurance plan, partnered with Papa to offer companion care to its Medicare Advantage (MA) members in 2021. SummaCare was interested in improving cancer screening rates and provided Papa with member-level open care gap data on eligibility files. Papa Pals provided reminders to members who had unfulfilled cancer screenings and offered help scheduling appointments or driving members to appointments if requested.

Population

MA members with an unfulfilled breast cancer or colorectal cancer screening test.

Outcomes

5.4% increase in breast cancer screening rate

3.7% increase in colorectal cancer screening rate

Methodology

SummaCare members who used at least 30 minutes of Papa services in 2021 and had historical claims data from 2019 were included (n = 1,420). A 1:1 matched non-Papa cohort was created using a validated risk scoring model. From these cohorts, members meeting the Healthcare Effectiveness Data and Information Set (HEDIS) technical specifications for cancer screenings were identified for analysis: breast cancer screening (Papa n=130; non-Papa n=130), colorectal cancer screening (Papa n=267; non-Papa n=270). See study abstract for full details.[1]

[1] McNamara KC, Armao A, Towsley K, Rudy ET. Companion Care Associated With Improvements in Cancer Screening Rates Among Older Adults. Presented at Academy Health Annual Research Meeting; June 26, 2023; Seattle, WA. https://academyhealth.confex.com/academyhealth/2023arm/meetingapp.cgi/Paper/57307

Closing Chronic Condition Care Gaps Among Rural Members

Papa Deployment

A national health plan wanted to close Stars-related chronic condition care gaps among members living in rural Mississippi. The health plan provided Papa with member-level open care gap data on eligibility files so Papa could appropriately support these members. Members received proactive assistance from social care navigators and access to use Papa Pal visits as they saw fit.

Population

MA members with a diabetes or hypertension diagnosis and at least one open Stars-related "Managing Chronic Conditions" care gap.

Outcomes

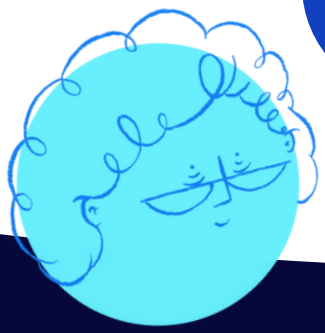
99%
of members received social care navigation support

92%
of members completed visits with Papa Pals

6%
increase in composite care gap closure rate

Methodology

Results reflect outcomes for the Papa treatment group (n=202) compared to a propensity matched control group (n=202) (p-value <0.01). Forty-six different variables were used for propensity score matching. Care gaps of interest included 10 different Stars-related "Managing Chronic Conditions" measures. For analysis purposes, all open care gaps were summed together to create a composite care gap measure for each group.



"I was lost when I couldn't drive and get to the places I needed to go. It was a blessing to have Papa during this time. I don't think I ever missed an appointment. The Papa Pals have always been there to help me get where I need to go."

Annie S.
82 years old
Laurel, Mississippi

Increasing Home Health Visits Among Difficult-to-Engage Members

Papa Deployment

A national health plan wanted help engaging hard-to-reach members in completing home health visits. Papa led an outreach campaign using social care navigators to contact these members, explain the importance of a home health visit, and assist with scheduling the visit. Once members agreed to a visit, social care navigators scheduled visits using a three-way phone call between the member and home health vendor.

Population

MA members enrolled in Papa whom the plan had already tried to reach or engage with regarding a home health visit, but were unsuccessful.

Outcomes

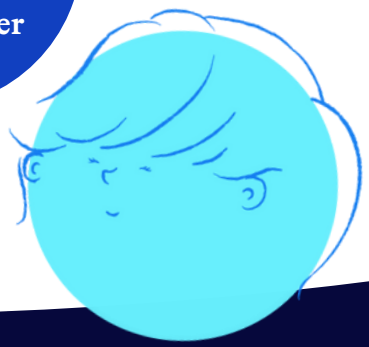
83% of members were reached by social care navigators

23% of members were scheduled for a home health visit

Methodology

Pre/post analysis of health plan identified members who were already enrolled with Papa (n=312).

"I spoke with a member who was very happy to hear from Papa. Member had a stroke and is extremely forgetful. She would like to schedule a home health visit so we conferenced with the plan's vendor and scheduled one for tomorrow. Member is unable to use her hands to write, so we sent the member a text with visit details and phone numbers. Member was grateful for all the assistance."



Papa Social Care Navigator