**Counterpart Health**

November 2024

# Counterpart Assistant Drives Clinical Excellence

Enabling Clover Health to Achieve Industry-Leading HEDIS® Quality Scores

**Executive Summary**

**Counterpart Health has empowered Clover Health to enhance care quality and achieve HEDIS® success through a technology-driven approach to value-based care, leveraging its flagship software platform, Counterpart Assistant:**

- Use of Counterpart Assistant (CA) helped Clover Health PPO Medicare Advantage Plan achieve **4.94 out of 5 Stars** on HEDIS measures for Star Rating year 2025 (MY2023), the top performing HEDIS score for Medicare Advantage plans nationwide.*
- CA drives clinical quality excellence by empowering providers across diverse health systems with actionable clinical insights **at the point-of-care**.
- Beyond the point-of-care, CA empowers value-based care teams to effectively **manage patient populations** through actionable data focused on preventative care.

# Driving HEDIS success using data and technology

Counterpart Health has enabled Clover Health to successfully improve its HEDIS® quality measures over the past several years by leveraging its flagship technology platform, Counterpart Assistant (CA). For Star Rating year 2025 (MY2023), CA enabled Clover Health PPO Medicare Advantage Plan to achieve 4.94 out of 5 Stars on HEDIS measures which significantly contributed to the plan's 4-Star CMS rating. This paper outlines our strategy of leveraging data and technology to empower clinicians and value-based care teams to deliver quality care, using Clover Health as an illustrative case study.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a comprehensive set of quality performance measures widely utilized in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA).[1] Care organizations can improve HEDIS measures through various quality initiatives, focusing on provider and member engagement, and leveraging data from electronic data systems. Success in improving HEDIS measures depends on effectively identifying and addressing care gaps and consistently delivering high-quality chronic disease management across all members, and is critical for preventing complications, hospitalizations, and disease progression.

Significant challenges exist in effectively improving performance on HEDIS measures, particularly in effectively using data and technology to identify care gaps and then engaging providers to address them. Clover Health has addressed these challenges by leveraging CA to enhance clinical care across the plan. CA is designed to aggregate, process, and curate patient data from across the healthcare ecosystem in order to support clinical decision-making for providers at the point-of-care. Providers across Clover Health's network are empowered by CA to access real-time, patient-specific information, including care gaps that can be addressed during clinic visits. After these visits, population health and care teams utilize CA to identify high-risk populations, pinpoint care gaps, and understand access issues at the patient-specific level.

## Value-based care at the Point-of-care

At Counterpart Health, we believe that the foundation of great clinical care is a strong provider-patient relationship that fosters trust, communication, and shared decision-making. Clinical insights and preventive actions are most impactful when delivered within the context of this relationship, where patients are more likely to engage and adhere to recommendations. For these insights to be as effective as possible, they must be delivered at the right place and time—typically in the provider's office and at the point of care, when patients are actively seeking care and open to guidance. Leveraging software technology that empowers providers at these critical moments is essential, enabling timely access to actionable data that supports informed decision-making and improved patient outcomes.

Counterpart Assistant was thus developed as a scalable technology platform designed to empower providers to detect, manage, and prevent disease at the point-of-care, when patients and providers discuss their care plan. The platform ingests large amounts of clinical data from disparate sources and surfaces key clinical insights that are intended to improve patient care and outcomes. CA has a number of clinical insight algorithms designed to address care gaps as shown in Table 1.

These insights are seamlessly delivered at the point-of-care, prompting the clinician to take appropriate action, such as recommending and scheduling a screening test. Examples of these clinical insights in the Counterpart Assistant user interface are shown in Figure 1.

GAPS IN CARE ADDRESSED BY

### Counterpart Assistant Clinical Insights

| |
| --- |
| Follow-up after ED Visit for Patients with Multiple Chronic Conditions |
| Osteoporosis Management in Women who had a Fracture |
| Controlling High Blood Pressure |
| Eye Exam for Patients With Diabetes |
| Diabetes Care – Blood Sugar Controlled |
| Plan All-Cause Readmissions |
| Statin Therapy for Patients with Cardiovascular Disease |
| Colorectal Cancer Screening |
| Transitions of Care |
| Medication Reconciliation Post-Discharge |
| Kidney Health Evaluation for Patients With Diabetes |
| Breast Cancer Screening |
| Statin Use in Persons with Diabetes |
| Medication Adherence for Diabetes Medications |
| Medication Adherence for Hypertension |
| Medication Adherence for Cholesterol |
| Improving Bladder Control |
| Reducing the Risk of Falling |
| Annual Flu Vaccine |

Table 1

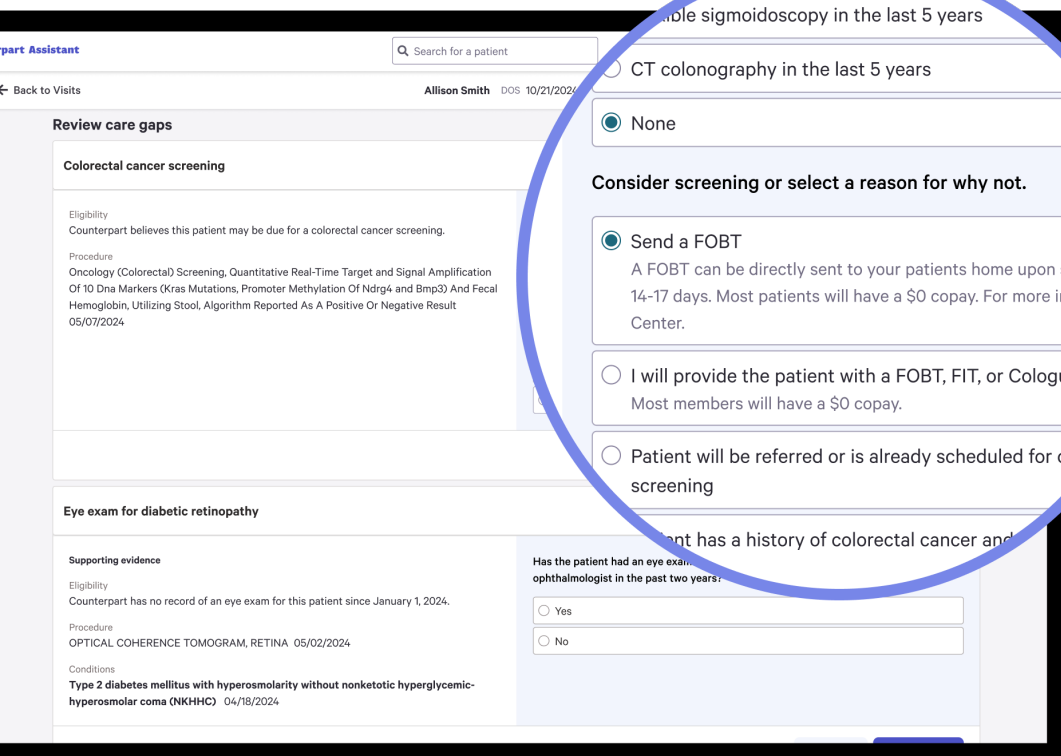Fig 1. Examples of Gaps in Care Insights in Counterpart Assistant

An illustrative example of closing a gap in care is colorectal cancer screening in the Medicare population, a critical preventive measure since early-stage treatment can result in a 90% survival rate after five years.[2] Many patients remain unscreened as recommended, with NCQA data in 2022 showing screening rates of only 68.6% in Medicare HMO and 69.3% in PPO plans.[3]

Counterpart Assistant helps providers identify patients due for colorectal cancer screening and address this gap proactively at the point-of-care. If Counterpart has no record of an eligible patient having undergone a colonoscopy in the past 10 years, a sigmoidoscopy or CT colonography in the past 5 years, or a fecal occult blood test within the last year, Counterpart Assistant generates a clinical insight highlighting the potential need for screening.

When a clinical insight such as colorectal screening is delivered by Counterpart Assistant, providers are empowered to engage patients in discussions about the importance of screening, arrange tests, and ensure follow-up. To facilitate this even further, within the CA insight a provider can choose an in-home fecal immunochemical test (FIT) test as an action to be sent to a patient's home, if clinically appropriate; CA routes this request automatically to the Clover Health plan's operations team to then send an appropriate FIT test to their address. This process demonstrates how Counterpart Assistant empowers clinicians not only with timely, actionable information, but also can seamlessly connect to interventions to close the gap.

This strategy of technology enablement at the provider point-of-care has been instrumental towards success in closing gaps in care. In the case of colorectal cancer screening, we analyzed screening rates between eligible patients who had at least one visit in 2023 from a primary care provider who used CA in connection with the visit (the "CA Cohort") versus eligible patients who received at least one primary care visit that year but none supported by CA (the "Non-CA Cohort").* Examining this measure alone, we found that colorectal cancer screening rates were higher in the CA Cohort by 11.3% (91.6% vs 80.3%). This difference in screening rates between cohorts is substantial. Consider, for example, the impact on Clover's PPO plan-wide performance if the CA Cohort received screenings at the lower 80.3% rate that the Non-CA Cohort did. In this hypothetical scenario, the overall PPO plan performance would have dropped to 79.6%, equating to only 4 stars on the measure— a 1 star reduction relative to the plan's actual performance.

When analyzing the full HEDIS data measurements for measurement year 2023, we estimated similar differences between CA Cohorts and Non-CA Cohorts in several measures (Table 2 and Figure 2), particularly in the areas of diabetic eye exams (78% rate for the CA Cohort v. 72.7% rate for the Non-CA Cohort), breast cancer screenings (83% rate for CA Cohort v. 80.0% rate for Non-CA Cohort), and ER follow-ups (72.8% rate for CA Cohort v. 70.4% rate for Non-CA Cohort).

| Measure | CA Cohort Performance | Non-CA Cohort Performance | CA v. Non-CA Cohort Performance Differential | Actual Full Plan Performance | Hypothetical Full Plan Performance Replacing Performance Rate for CA Cohort w/ Non-CA Cohort Rate | Hypothetical Full Plan Measure Rating Replacing Performance Rate for CA Cohort w/ Non-CA Cohort Rate | Actual Full Plan Measure Rating |
|---|---|---|---|---|---|---|---|
| Breast Cancer Screening (BCS-E) | 85.7% | 80.8% | 4.9% | 83% | 80% | 4 | 5 ⬈ |
| Controlling High Blood Pressure (CBP) | 89.8% | 89.2% | 0.6% | 89% | 88.3% | 5 | 5 |
| Colorectal Cancer Screening (COL) | 91.6% | 80.3% | 11.3% | 86% | 79.6% | 4 | 5 ⬈ |
| Diabetic Eye Exams (EED) | 77.7% | 68.7% | 9.0% | 78% | 72.7% | 3 | 4 ⬈ |
| Follow-up after ED Visit for Patients with Multiple Chronic Conditions (FMC) | 72.8% | 66.8% | 6.0% | 73% | 70.4% | 5 | 5 |
| Blood Sugar Control (HBD, A1C < 9%) | 89.4% | 88.0% | 1.4% | 93% | 91.9% | 5 | 5 |
| Osteoporosis Management in Women who had a Fracture (OMW) | 81.4% | 78.7% | 2.7% | 78% | 77.6% | 5 | 5 |
| Plan All-Cause Readmissions (PCR) | 8.0% | 8.0% | 0.0% | 8% | 8.3% | 5 | 5 |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) | 93.6% | 92.4% | 1.2% | 94% | 92.8% | 5 | 5 |
| Medication Reconciliation Post-Discharge (MRP) | 93.2% | 89.2% | 4.0% | 92% | 91.2% | 5 | 5 |
| Transitions of Care (TRC) | 82.6% | 78.90% | 3.7% | 85% | 84.6% | 5 | 5 |

Table 2

* Data analysis included only independent PCPs (i.e., the analysis excluded visits with clinicians employed by Clover Health or its affiliates)

## Empowering care teams to address gaps in care between visits

Counterpart Assistant empowers value-based care teams at Clover Health to proactively address care gaps between visits, ensuring members receive the support they need to manage their health. Through real-time data and actionable insights, care teams use CA to identify high-risk populations, highlight care gaps, and recommend patient-specific interventions. This enables value-based care teams to proactively reach out, schedule appointments, and provide patient-specific guidance, improving overall care continuity and outcomes.

One of CA's standout features is its ability to leverage predictive analytics to identify members potentially at risk of developing chronic conditions or experiencing adverse health events. For example, by analyzing risk factors like high blood pressure or obesity, CA flags members who may benefit from early interventions. Care teams review this data and can then provide tailored resources and support to help patients manage their risk factors and prevent chronic disease onset.

CA also enhances care coordination by identifying members who have unmet care needs and identifying potential barriers to access. For instance, the software platform is able to highlight patients who are eligible but overdue for critical screenings like mammograms or colonoscopies. Care teams who review this data are further empowered with information regarding potential barriers; for example, the patient may be having difficulty establishing regular care with a PCP or may not be following up on a referral for a subsequent screening procedure. By identifying potential barriers to access, care teams can then engage these members with specific tailored interventions that ensure gaps in preventive care are closed.

> " I appreciate the care gaps CA provides. The tool helps me stay proactive in managing my patients' health by flagging if patients are overdue for a check or test, before they become critical.

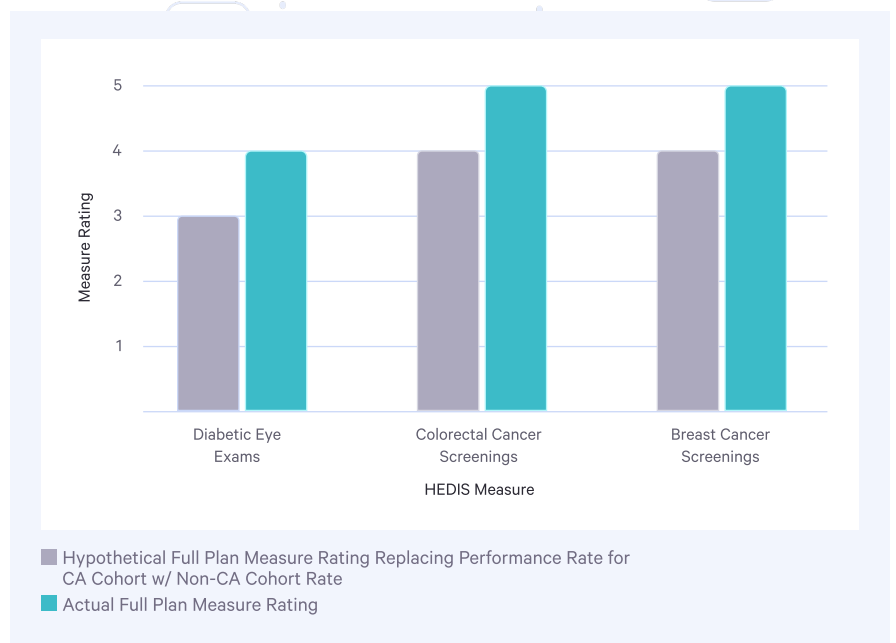— Dr. David Yorio, DO,
*Yorio Family Medicine*



Fig 2

Legend:
- Hypothetical Full Plan Measure Rating Replacing Performance Rate for CA Cohort w/ Non-CA Cohort Rate
- Actual Full Plan Measure Rating

Chart axes: Measure Rating (y-axis, 1–5), HEDIS Measure (x-axis: Diabetic Eye Exams, Colorectal Cancer Screenings, Breast Cancer Screenings)
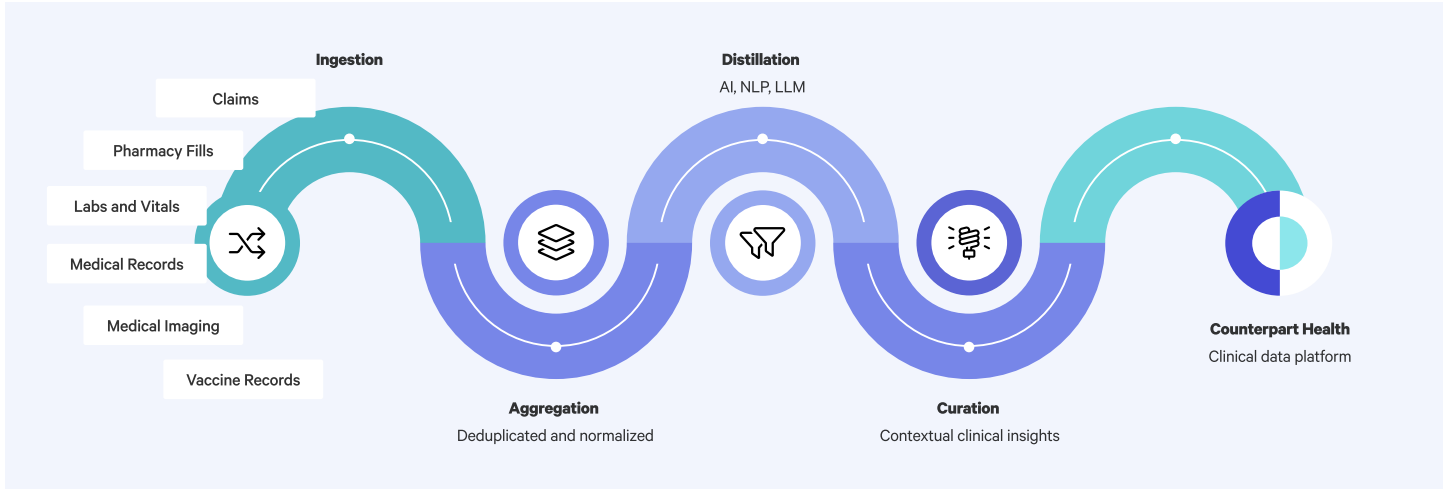
## Leveraging disparate data across the healthcare landscape to accurately identify gaps in care

Counterpart Assistant generates actionable insights through three key steps in our data pipeline: aggregation of health data streams, distillation of the data to clinical evidence, and curation of the clinical evidence to generate clinical insights.



**Aggregation** of healthcare data from multiple data sources is critical to create an accurate and comprehensive view of a patient's health status. CA consolidates data from over 100 data sources across the healthcare ecosystem and includes medical and pharmacy claims, electronic health records (EHRs), admission/discharge/transfer (ADT) data, lab and imaging data, financial and administrative records, and clinical records from Health Information Exchanges (HIE). Data ingestion is performed on a frequent and often a near real-time basis in order to ensure timely clinical data. The combined data is then normalized, sanitized, and stored in a central clinical data service that is ready for downstream ingestion.

**Distillation** of the aggregated clinical data into clinical evidence is the next crucial step. Despite progress in establishing interoperability standards such as FHIR and HL7, a significant portion of health data, such as physician notes and imaging reports, still remains unstructured and difficult to machine interpret in its raw format.[4] To address this, CA utilizes proprietary AI algorithms to extract clinical evidence from data and documents, applying technologies such as natural language processing (NLP) and large language models (LLMs) to derive clinical meaning from the various unstructured data. Counterpart Assistant leverages the clinical concepts and diagnoses to then create distinct elements of clinical evidence, such as documentation of a procedure, test, or laboratory being executed.

**Curation**, the last stage, involves extracting clinical insights from the accumulated clinical evidence. These clinical insights are generated through the evaluation and organization of the clinical evidence within the framework of clinical standards of care and practice guidelines. This process allows for the identification of clinical gaps in care at the patient level, leading to the creation of actionable insights for clinical review.

In the present-day world of patient care, practitioners face overwhelming daily workloads, leaving them with limited time to thoroughly review each patient's data. Counterpart Assistant maximizes the value of the data through the process described above and by striving to present only the most pertinent and significant clinical insights. By striving to provide clinicians with a holistic and timely view of a patient's health status, CA can help facilitate more informed decision-making and improve the quality of patient care.

## Using a transformative technology platform to achieve success in value-based care

Counterpart Assistant represents a transformative tool in the pursuit of value-based care success, enabling providers and care teams to proactively address gaps in clinical care and improve patient outcomes. By leveraging advanced data aggregation and AI-driven insights, the platform delivers timely, actionable information directly to the point-of-care, empowering clinicians to make informed decisions and engage patients in meaningful discussions about their health. Previously, CA use has been demonstrated to be associated with earlier diagnosis of disease states such as diabetes,[5] chronic kidney disease,[6] and correlated with improved medication adherence[7]. As discussed in this article, CA has also been a critical tool that has driven positive impact for Clover Health in clinical care quality and HEDIS success through the following key takeaways:

Counterpart Assistant generates actionable clinical insights through aggregation, distillation, and curation of health data streams and leveraging proprietary AI technology.

Counterpart Assistant takes a unique technology-enabled approach at the provider's point-of-care, delivering clinical insights directly into the patient-provider conversation.

Counterpart Assistant empowers value-based care teams to effectively manage patient populations through actionable data focused on preventative care.

As demonstrated in the Clover Health case, the use of Counterpart Assistant has helped enable success in key HEDIS measures, including higher screening rates for colorectal and breast cancer, better chronic disease management, and improved care coordination. The success of this technology-driven approach underscores the importance of integrating real-time data with clinical decision-making. By streamlining workflows, identifying high-risk populations, and facilitating early interventions, Counterpart Assistant not only helps providers close care gaps but also supports the broader goals of value-based care— improving quality while reducing costs. As healthcare continues to evolve, platforms like Counterpart Assistant will play a critical role in helping organizations meet regulatory standards, enhance patient care, and thrive in an increasingly data-centric environment.

[1] Jacobs, Donald M., and Jim Peterson. "A Tool for Evaluating Healthcare Plans from a Quality Perspective: HEDIS." Healthcare Information Systems. Auerbach Publications, 2002. 209-222.

[2] American Cancer Society. "Survival Rates for Colorectal Cancer." Cancer.org, https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html. Accessed 15 Oct. 2024.

[3] National Committee for Quality Assurance. "Colorectal Cancer Screening (COL)." NCQA, https://www.ncqa.org/hedis/measures/colorectal-cancer-screening/. Accessed 15 Oct. 2024.

[4] Data analysis included only independent PCPs (i.e., the analysis excluded visits with clinicians employed by Clover Health or its affiliates).

[5] Adnan, Kiran, et al. "Role and challenges of unstructured big data in healthcare." Data Management, Analytics and Innovation: Proceedings of ICDMAI 2019, Volume 1 (2020): 301-323.

[6] Clover Health. "Clover Assistant Use and Diagnosis, Treatment, and Progression of Diabetes."https://www.cloverhealth.com/clinicalcare/diabetes. Accessed 15 Oct. 2024.

[7] Clover Health. "CKD: Early Diagnosis and Outcomes."https://www.cloverhealth.com/clinicalcare/ckd. Accessed 15 Oct. 2024.

[8] Clover Health. "Improving Medication Adherence." https://www.cloverhealth.com/clinicalcare/medadherence. Accessed 15 Oct. 2024.