



Case Study

CareGroup Health System Successfully Improves HEDIS Performance with MedVentive

CareGroup Health System is an integrated network of four Harvard Medical School teaching hospitals and their over 2,000 physicians. CareGroup is a heterogeneous system; its physicians practice in a variety of settings ranging from community health centers to hospital-owned groups or private practices. Electronic medical record systems are used in some, not all, of the network practices.

In the late 1990s, HEDIS-based bonus programs became a fixture of payer contracts in the Boston area. Public reporting of network HEDIS results followed a couple of years later. Achieving the highest possible HEDIS scores suddenly became important to ensure optimal reimbursement under payer contracts and successful performance for public reporting. In 2005, insurance products that included higher co-pays for physicians with lower HEDIS scores appeared, further strengthening the case for HEDIS improvement.

Until 2003, the only feedback physicians received on their quality performance was annual HEDIS report cards from local health plans. The payers also provided lists of patients out of compliance with HEDIS metrics, but the lists

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were often delivered late and frequently included patients that physicians had already identified as ineligible for the recommended intervention (e.g., a pap smear in a patient with a prior hysterectomy).

CareGroup recognized the need for a better approach. CareGroup physicians wanted all their patients needing interventions included in one report, not in separate reports from each insurer. They wanted to be proactive, yet they were concerned about being overwhelmed with reports that included large numbers of patients who required intervention all at one time.

MedVentive Leads the Way

To answer these needs, MedVentive developed the *Quality Intervention Module* of the *Physician Management Intervention System*. Like all MedVentive solutions, QIM uses monthly claims downloads, then identifies patients as they become out of compliance for HEDIS metrics. Physicians no longer have to wait for an annual report.

For the first release of MedVentive PMIS, HEDIS-based claims measures that were in local payer performance bonus programs or scheduled to be publicly reported were chosen. Because QIM reports monthly on a focused set of measures, the average physician at CareGroup typically gets under five notifications a month. Thus, the overwhelming, yearly payer “HEDIS defect list” became a thing of the past.

In addition, if a patient is not eligible for a HEDIS intervention, physicians provide that feedback to MedVentive, and the physician is never requested to perform that intervention for that patient again. MedVentive also provides consolidated feedback to health plans regarding ineligible patients so their HEDIS reports are also corrected, saving physicians additional work.

The *Quality Intervention Module* was also used to audit bonus settlements with the health plans, ensuring that CareGroup physicians were properly rewarded for the high quality of care they provided.

The Ultimate in Flexibility

MedVentive needed to support different models of implementation across the CareGroup network. Some physician groups wanted to conduct HEDIS outreach to physicians and patients themselves, others wanted central IPA administrative staff to mail out letters or make phone calls.

MedVentive has architected PMIS to support multiple outreach models. It captures patient addresses and phone numbers, so central staff can efficiently perform outreach using MedVentive’s intervention system if the physicians want to delegate this work.

Like all MedVentive applications, the *Physician Management Intervention System* is delivered over the Internet, easily accessible by all who need to work with it. Physician managers at CareGroup can look up, at any time, the current performance of individual physicians or groups in their network on HEDIS measures. This up-to-date profiling gives CareGroup leadership the information they need to successfully negotiate quality bonus programs and pay-for-performance contracts.

Proven Impact

In the most recent round of public HEDIS reporting in the Boston area, CareGroup units, having implemented MedVentive’s system, were among the top performers.

CareGroup units received the majority of funds available through payer HEDIS bonus programs.

Performance at the local 90th percentile was achieved by at least one unit in each category. CareGroup units also received the majority of funds available through payer HEDIS bonus programs.

MedVentive is now working to expand the measures reported by QIM to drive further improvements in quality of care and track disease-specific performance in greater detail.