

New England Quality Care Alliance

Braintree, MA

Large distributed physician network drives quality patient outcomes from robust population data

Dr. Michael Cantor, Chief Medical Officer of New England Quality Care Alliance in Braintree, Massachusetts, needed a tool that would assist his organization in delivering its vision of comprehensive, innovative, high quality and affordable care – especially after signing a payer contract emphasizing cost, utilization, and quality metrics.

Better known by its acronym, NEQCA, the Tufts Medical Center affiliated physician network now counts nearly 1,800 multi-specialty physicians spread amongst 460 practices throughout Massachusetts that are responsible for the quality care of 475,000 patients.

Software Alone Wasn't Sufficient

NEQCA was an early adopter of technological solutions to systematic quality and care management and initially hired an outside firm to build an internal population management tool. Patient data was stored in several locations and not easily accessible. It required several confusing steps to analyze complex data sets, and population reports could only be generated manually. As the organization began to scale up the amount of patient data and a deployed care management model the tool turned out to be too difficult for the care providers to use.

In short, the software built to aid physicians in delivering quality outcomes, understand and improve their clinical and operational productivity, and help achieve new reimbursements became a hindrance.

The final straw was when the patient management software irreparably crashed as NEQCA attempted to more than double the number of new patients (about 50,000) in the system. "It was a disaster," says Cantor.

At a Glance

- 1800 Physicians
- 80% of practices comprise one or two physicians
- Multi-specialty
- 16 local care organizations
- 460 practice locations
- 600 users of athenahealth Population Health

Issues

- New payer contract combines per-patient global budget with significant performance incentives based on quality measures
- Manually tracking patient quality metrics
- Existing patient management software had difficulty analyzing complex data sets, requiring a significant time investment to use.
- Difficult to identify at-risk patient populations who were the costliest to treat
- Low visibility on patient outcomes, claims, and billing data.

Solutions

- athenahealth Population Health

Results

- Generate higher reimbursements through improved quality bonuses
- Automatically track compliance and performance against contractual quality goals
- Improve patient quality metrics by 50%
- Influence at-risk patient behavior at the point of care

New Network-Enabled Service a Refreshing Change

That's when NEQCA turned to athenahealth and worked closely with them to help develop what has become athenahealth Population Health a vendor-agnostic, cloud-based service that transforms population health data into a single, consolidated workflow for care teams, allowing providers and staff to monitor and manage patient populations more easily while ensuring quality care and quality-aligned revenue.

NEQCA now has more than 600 athenahealth Population Health users to analyze and seamlessly distribute patient information across its network, an impressive feat considering the use of more than 30 different EMR systems.

"Without the tool set, we wouldn't be able to understand where the patients are getting their care, what kinds of care they are getting at what facilities and by which physicians," says Cantor. "We wouldn't understand how much money we're spending in certain areas, where there may be opportunities for us to be more efficient, and to potentially improve things, like reducing readmissions."

The Power of Actionable Patient Data

Patient populations needing certain care, for example breast cancer screenings, are identified by providers through the population health management tools and then contacted to schedule an appointment. Once that appointment has been completed, quality metrics are tracked in the system via the claims data.

NEQCA care managers drive improved patient outcomes using data to stratify and target those at highest risk. "Our care managers reach out to patients who we identify to be at risk for increased illness in the future and engage and empower those patients to better manage their health today," says Cantor.

NEQCA also more easily supports chronic care and disease management, understands cost, and utilization trends, which in turn allow the physicians to identify areas to improve the clinical integration of care, opportunities for utilization improvements, and maximize the network's pay-for-performance agreements.

"It's hard to improve quality, let alone sustain improvements in existing quality measurements, let alone continue to make improvements in other quality areas," says Paul Aseltine, NEQCA's manager of informatics, but the various tools within athenahealth Population Health allow the network to understand where the opportunities exist for improving patient care and take action to drive constant quality metric improvements.

The Quality scores that NEQCA is measured on by its health plan partners have improved by 50% since adopting athenahealth Population Health, he adds.

"What makes it so powerful is the sheer amount of data available through the system," says Aseltine. "It makes our work faster because it makes it easier to look across an entire slice of the population and then distribute that data in a safe and easy way."

That pro-active population management strategy has resulted in increased revenue and quality bonus funds earned, says Cantor.

Care Plans Improve Patient Lives

When another NEQCA partner was unable to continue delivering on the organization's needs, they worked with athenahealth to develop a care management module to continue to drive its care management programs in a coordinated way.

Care plans, developed by care managers working with patients are given to patients at the conclusion of their visits. The plans help empower their patients to become more independent and take control of chronic illness, such as diabetes, hypertension, or obesity. "If we can take their goals and break them down into small steps it makes it really easy for patients," says Jeanne Kelly, one of NEQCA's nurse care managers.

Small steps are necessary because it takes time to help some patients change the behaviors that led to chronic illness to begin with. Equally important is helping those patients stay motivated through the long haul to reach their health goals. "To watch [a patient] walk into the office beaming and looking so happy and excited to be here because they know when they get on that scale they've lost weight makes you feel good," says Kelly. "You go home and you say, 'wow, that was awesome today!'"

The population health management tools help care managers support patients and communicate effectively with physicians and other care team members, Kelly says. Because of that, care providers, like Kelly, are freed up to devote more of their time and efforts to develop care plans for at-risk patients. "Keeping us on track helps to keep the patients on track," says Kelly. "We're so busy all the time, but [athenahealth Population Health] has just made our lives easier and in turn makes our patients' lives easier. It gives us more time for our patients."

With athenahealth Population Health's management feature set in its tool belt, NEQCA delivers a higher quality patient experience and higher quality patient outcomes, all at a lower cost. But, seeing those patients improve their health one small-step at a time makes it all worth it, adds Kelly.



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These results reflect the experience of one particular practice and are not necessarily what every athenahealth client should expect. Because each client uses the information provided by athenahealth Population Health in different ways to improve its operations, comparative results are not available to show average performance improvements.