

MX CASE STUDY: REDUCING “CHART CHASES” FOR QUALITY MEASURES



Manifest MedEx (MX) — a nonprofit health information network serving all of California — is helping the state’s health leaders reach their goals of improving healthcare, enhancing health, and reducing costs. MX delivers real-time information to help providers care for more than 19 million patients, enabling a healthcare system that is patient-focused, affordable, and high value. We are making informed care the standard across California.

MX RESULTS

MX tools delivered critical patient-level data to a rural Northern California health plan with 350,000 members resulting in:

- A **54% decrease** in the total number of “chart chases” the plan had to conduct, from 26,000 chases representing about 13,000 hours of work by contract nurses in 2018 to 12,000 chases in 2019.
- **Nurses now focus their efforts on patient care**, not combing through patient records.
- **Improved relationships with local providers**, who were previously skeptical of monthly “gap” reports that were based on incomplete data. The plan reports that their local providers now “see us working in partnership with them instead of trying to point fingers at them.”

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Each year at this time, health plans play an unwanted game of “chart chasing” with their provider partners. It is a time and resource intensive effort that is painful for health plans and providers alike. Typically health plans deploy armies of nurses to go out to doctors’ offices and comb through medical records to extract information needed for quality scores.

One Northern California-based health plan took a unique approach to address healthcare data extraction and curation issues that were impacting their quality performance. Facing rapidly intensifying quality reporting requirements, this health plan sought out strategic partners to help gather crucial patient-level data.

This health plan faced unique challenges in ensuring the quality of care for its members. Major roadblocks included access to care issues and a lack of resources to invest in upgraded electronic record health (EHR) systems which hampered providers’ ability to send the plan the clinical data they needed to track key quality measures.

In 2018, the health plan hired a team of contract nurses to manually obtain needed patients records. This process was labor intensive and disruptive, often involving a drive to and from a providers’ office to upload, review or copy records, hours of work to search for the relevant chart data, and a painstaking process to manually upload data into the plan’s Healthcare Effectiveness Data and Information Set (HEDIS) engine. In 2018, the team conducted a total of 26,000 “chart chases,” representing about 13,000 hours of work by contract nurses to close these gaps in data.

Heading into 2019, the plan undertook several quality improvement initiatives to advance their performance

on key measures and reduce the effort needed to collect clinical data. One critical part of this initiative was a monthly feed of clinical data from their data extraction and curation partner, Manifest MedEx (MX) a nonprofit health information network serving California.

Each month, MX now sends an aggregated report that includes key clinical data – such as lab results, encounters, immunizations, and diagnoses. They establish data connections with providers’ EHR systems, extract needed information from these feeds, and format the data so it can be incorporated directly into the plan’s HEDIS engine to calculate performance on key measures.

Even with just half of their providers participating, the total “chart chases” the health plan completed declined by half in 2019 (a number they expect to decrease even more as they obtain more data).

Better clinical data also improved the plan’s relationships with providers, who were initially skeptical of monthly “gap” reports they received from the plan for various quality measures. The reports were often inaccurate because they reflected incomplete data. The clinical data from MX improved the accuracy of the gap reports and made providers more willing to partner with the plan to improve quality of care.

For this mission-driven health plan streamlined access to clinical data was key to reducing the time and burden of the dreaded chart chase. Nurses could focus their efforts on patient care, not combing through patient records. And the plan could partner with doctors to improve care, instead of wasting time arguing about inaccurate gap reports.