MEDvu Case Study: Chronic Care Management

MEDvu Leverages Mobile Technology and Practice Workflow Tools to Transform Care Management

Solution Highlights

Company Profile
Leveraging decades of experience in sophisticated performance measurement and analysis, MEDvu is committed to improving patient care through innovation and a determination to support the needs of patients and clinicians.

Solution
MEDvu™ mobile-based Care Management application delivers a high-performance solution that meets our clients' demands for integrated and expandable healthcare solutions.

Benefits
MEDvu's flexible platform allows healthcare organizations to streamline workflow, comply with regulatory requirements, and most importantly – improve patient care & outcomes

Technology
Native mobile architecture
Objective patient monitoring tools to measure balance, cognition and reaction time
Subjective health assessments to track overall health and condition-specific measures
Expert System with configurable alerts and patient status dashboard

MEDvu – Chronic Care Management Case Study

Practice Profile: Internal Medicine Practice in Southern California with Large FFS Medicare Population – Approximately 360 patients eligible for CCM
Patient Profile: Medicare patients who meet the criteria (two or more chronic health conditions) for enrollment in the CCM services program. Patients enrolled in CCM are invited to use MEDvu and are given instructions for downloading the free application to their smartphone.
Example Patient:

- Hx – 75yo female with mild cognitive impairment and a history of minor falls in the home
- Dx – CHF and mild depression
- MEDvu Experience:
    - MEDvu Daily Monitor – patient enters her weight each day so her physician can be alerted to a significant weight gain.
    - Weekly MEDvu Sessions – patient is guided through a series of objective tests to measure balance (postural sway), working memory and reaction time. In addition, the patient is asked a series of assessment questions to track symptoms of depression and management of her heart failure. The results of each weekly session are uploaded to the MEDvu practice dashboard.

Practice Workflow:

- Each morning the MA reviews the MEDvu practice dashboard to quickly identify any patients who may be at risk and in need of follow up. The MA can "drill down" on any patient to view clinical alerts and all patient entered information from the MEDvu app.
- At risk patients are referred to the PA. The PA reviews the patient's MEDvu results and contacts any patients who may be at risk to evaluate their current status.
- The MD uses MEDvu trend analysis to get a historical perspective of key clinical indicators and see a moving average to easily identify overall trends in the management of the patient's condition.
- The practice tracks patient interactions (including time spent on MEDvu - up to 60% of credited time) to bill for the appropriate CCM services.

Documented Benefits to Practice:

- **~$40 PP/PM** reimbursement per enrolled CCM patient (Using CPT codes 99487, 99489 & 99490).
- **~300%** projected increase from baseline in reimbursement for PA/NP patient visits due to practice efficiency gains from automation & workflow enhancements.
- Working at "**top-of-license**" increased job satisfaction and optimized billable encounters for all clinical staff.