

# Everyone wins

## WEB-BASED INCENTIVE PROGRAM DESIGNED TO REDUCE HEALTHCARE COSTS WHILE IMPROVING STANDARDS

By Brandon Beard – April 16 – 29, 2007

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Healthcare is broken in America, and changing the way doctors, patients and insurance providers think about it is the only way to fix it.

That's the philosophy of Jeff Greene, CEO of MedEncentive, a Web-based incentive program that is designed to reduce healthcare costs while improving care standards.

Greene says the underlying principle behind MedEncentive is to put as many "wins" in healthcare as possible.

"One of the reasons healthcare is broken in America is that the stakeholders often engage in 'winners and losers,'" Greene said, "and when you do that in healthcare, everybody loses."

According to the MedEncentive Website, the program is designed to attach itself to existing healthcare plans – Blue Cross, Medicare, self-insured employers and the like – by engaging in evidence-based medicine guidelines and "information therapy."

The program dispenses these through the MedEncentive Website, [www.medencentive.com](http://www.medencentive.com). And, according to Greene, it works because of a simple system of checks and balances that ensures high patient and physician participation rates through financial incentives.

"Nobody does what we do," Greene said. "The unique thing about us is that we reward the doctor and the patient interactively."

Here's how it works: MedEncentive kicks in when a doctor meets with a patient or files a claim with the patient's insurance. The doctor is asked to provide a treatment guideline for the patient to follow. In turn, MedEncentive sends this information to the patient, who is asked a series of questions. As the patient answers the questions, he or she scores points that can result in partial or total reimbursement of their out-of-pocket expenses. The questions are designed to gauge the patient's understanding of the diagnosis, determine a level of commitment to a plan of care, rate the doctor's level of care and to release the doctor's rating of the patient's compliance.

Greene said the charge for using the service is between \$2 and \$3 per member per month.

One of the company's biggest successes is found in the city of Duncan, which has been on board for more than two years.

Duncan City Manager Clay Shaw said the MedEncentive program saved the city approximately \$100,000 in healthcare expenses during its first year.

“It’s an innovate program that works,” Shaw said.

Shaw says the program has been helpful because patients are able to see their doctors, who explain what they need to do. By following a plan of treatment, which is laid out in layman’s terms on the MedEncentive Web site, a patient is able to participate actively in his or her own care.

“The participant now has a better understanding of what the diagnosis was to start with,” Shaw said. “Normally, the doctor doesn’t have the time to spend that kind of time with each patient.”

In turn, he said, doctors get paid a higher rate of return from the city’s insurance provider by following the established medical protocol.

Shaw said his city has invested the savings resulting in its participation in the program into medical screenings that are free to the insured. He said the screenings are designed to provide early detection for illnesses and conditions so that they may be treated quickly. Shaw also provided each employee who agreed to the screenings an additional half-day of vacation.

“Overall, the employees have been happy because they haven’t had an increase in their insurance rates,” he said. “It’s been two years since we’ve had an increase in our ... rates.”

Greene said the city of Yukon recently has signed on board, as well, and he’s had talks with the Oklahoma Education Association and the Oklahoma Public Employees Association.

Further, the company recently announced the addition of Kempton Group Administrators as a third-party administrator of the program.

“The parties that are critical and essential in having their interests aligned were providers (doctors/providers), patients and the underwriters,” he said. “We went about the task to put ourselves in the shoes of each of those three parties to go about creating that win-win win. And that’s what we did.”