

From Reactive to Proactive

Care gap closure maturity model



When it comes to care gap closure, not all strategies operate the same way.

Most health plans fall into one of four maturity levels, each representing a different degree of visibility, coordination, and control.

The key to improving performance? Understanding the signals your current approach is sending.

LEVEL 1

Reactive

Searching for the signal

"We're always reacting to deadlines. By the time we identify care gaps, there's barely time to act."

What it looks like:

- ☒ Seasonal chart chases and end-of-year scrambles
- ☒ Multiple spreadsheets from different vendors
- ☒ No single source of truth for care gap lists
- ☒ Teams constantly reconciling conflicting data
- ☒ Little visibility into what's actually working

Common challenges:

-  Providers receive last-minute requests
-  Member outreach feels random or duplicative
-  Program performance is hard to measure
-  Audit prep becomes a stressful scramble

Typical approach:

Point solutions, manual processes, consultant-led seasonal campaigns

LEVEL 2

Systematic

Establishing signals

"We have processes in place, but they don't always connect."

What it looks like:

- ☒ Regular outreach campaigns throughout the year
- ☒ Vendors supporting specific programs
- ☒ Some workflow automation
- ☒ Defined roles and responsibilities
- ☒ Routine reporting cadence

Common challenges:

-  Quality and risk programs operate separately
-  Care gap lists don't fully align across vendors
-  Providers receive data too late to act at the point of care
-  Care gap closure verification requires manual effort

Typical approach:

Campaign management tools, separate quality and risk vendors, periodic dashboards

LEVEL 3

Coordinated

Connecting the signs

"We're starting to see the full picture."

What it looks like:

- ☒ Multi-channel coordination across members, providers, and records
- ☒ Unified care gap analytics across quality and risk
- ☒ Providers engaged through multiple touchpoints
- ☒ Cross-team collaboration and shared goals
- ☒ Ongoing performance monitoring and optimization

Common challenges:

-  System integrations require ongoing maintenance
-  Not all provider groups have real-time access to gap data
-  Member engagement isn't fully personalized
-  Evidence collection still requires manual follow-up

Typical approach:

Integrated platforms, EHR connections, cross-program analytics

LEVEL 4

Integrated

Operating with full visibility

"Care gap closure is built into how we operate."

What it looks like:

- ☒ Always-on operations with real-time data updates
- ☒ Care gap alerts embedded directly into provider workflows
- ☒ Verified closure with audit-ready documentation
- ☒ Predictive insights for proactive intervention
- ☒ Continuous optimization based on results

What this enables:

-  Providers act on care gaps without leaving their workflow
-  Members receive timely, personalized outreach
-  Quality and risk teams work from the same source of truth
-  Evidence collection happens automatically
-  Audit readiness is built in, not bolted on

Typical approach:

Fully integrated platforms with EHR connectivity, closed-loop reporting, and automated evidence capture

The Difference Between Chasing Gaps and Closing Them

As health plans mature their approach, the signal becomes clearer:

More visibility. More coordination. More control.

The question is: where does your gap closure strategy stand today?

Ready to Move Beyond Reactive Gap Closure?

See how an integrated approach can help your team close more gaps with less effort.

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