BUILDING QUALITY INTO YOUR CARE MANAGEMENT PROGRAM

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Care management programs are at the core of the employee health and wellness continuum. To be effective, however, they require a number of disciplines working in tandem—utilization management, case management, disease management—to drive a culture of health, disease prevention, wellness and aid in chronic condition management.

It is important for both employers and vendors to play an equal role in building an effective care management program. Here's where they can really shine.

Role of the Employer: Getting Maximum Value

To ensure maximum value, employers should incorporate the following components into their care management program.

Senior Management Endorsement – Leaders should visibly support a "culture of health" by completing a health assessment or joining a care management, disease management, or wellness program. This goes a long way in attracting employee attention to the cause. The management team should reinforce the organization's commitment, on a regular basis, to wellness, preventive health, and assisting those with chronic diseases in managing their illness.

Wellness Champions – Organizations should engage "wellness champions" in each geography or division to take the lead in wellness activities and successfully encourage active participation. They can create competition among employees in wellness goals such as cumulative weight loss and exercise minutes, with rewards going to the winning teams.

Incentive/Disincentive Strategy – This is arguably the most important activity to promote program success. There are multiple success stories, including employee contribution reductions, value-based plan designs, special deposits in FSA accounts, etc., that work well when linked to an organization's culture and values. While initially these strategies reward participation, over time they must reward ongoing coaching or achieved outcomes.

Ongoing Communication – Many employers make the mistake of communicating health management programs only during open enrollment, when competing messages can reduce impact. Frequent and persistent communication needs to occur throughout the year and be part of the organization's culture. Likewise, it is important to publicize stories about employees who have had success with a coach or nurse via the organization's intranet or newsletter.

Cafeterias and Vending Machines – For employers with company cafeterias, adjusting the selection and pricing of food supports a culture of health. Many have used red/yellow/green signage to reflect calorie or fat content, lowered prices on healthy food and raised prices on unhealthy choices. Similarly, introducing fruits and low-fat alternatives in vending machines supports an overall healthy strategy.

Role of the Vendor: Getting Maximum Value

When choosing a case management, disease management, or wellness vendor, employers should look for use of the following best practices:

Data Acquisition – The vendor must be able to organize medical claims, pharmacy claims, health assessment data, disability data and lab data, if available, in a person-centric manner to facilitate a 360-degree view of every member in the program. Ideally, when a nurse logs on to the system and retrieves a case for review, he or she will see a summary page providing a quick snapshot of everything relevant to the patient: current program information, medical claims, health assessment data, family information, and all related vendor contacts.

Tool for Identification and Stratification – The vendor incorporates the data above into an effective predictive modeling tool that allows easy identification of people at high risk, or with gaps in care, that will most benefit from coaching, case management, or disease management. The tool should have sophisticated clinical rules to differentiate between a well-controlled diabetic and a diabetic who is either poorly controlled or extremely ill (on dialysis, for instance). The tool should produce a financial and clinical score that can be tracked over time and assign risk scores to different geographies or particular divisions, encouraging competition to promote better health and compliance.

Enrollment – The vendor must excel in the critical and difficult process of enrollment into the appropriate program (e.g., disease management, wellness coaching, case management), paying particular attention to scripting, timing of outbound calls, letters of program introduction, and use of telephonic technology.

Vendor performance in this area is critical, as the "reach" rates and enrollment rates in the industry are poor. Most, if not all, use enrollment specialists, non-clinical staff who typically have some background and training in telemarketing or some germane call center experience. Staff members with a clinical background are clearly advantageous to answer program benefit questions when they arise and to facilitate a warm transfer if needed to other program resources.

Engagement – Once someone has consented to join a care management program, an overly long assessment to answer questions about health history, medications, family history and the like will no doubt limit further involvement. Typically, the first 15 minutes of a coaching or nursing call means the difference between success, failure, and perceived value.

Truly successful care management programs feature member interactions using the proven science of behavioral change. We know that at least 50% of the outcome of a chronically ill patient is tied to behavior, so it is important to closely examine the vendor's use of nurses and coaches who are trained in behavioral science.

Evidence-Based Medicine – The most competitive care management firms demonstrate use of evidence-based medicine and are successful in closing gaps in care that erode savings and quality of care. The vendor's system should automatically identify aberrancies in care to alert the nurse/coach of important dialogue to have with the patient and potentially the attending physician. Lastly, the vendor should demonstrate how the coaches, patients, and physicians are interacting to support a successful outcome for the patient.

Reporting and Analytics – The vendor should provide timely reports of financial impact, clinical improvement, patient satisfaction, and serve as an ad hoc consultant to help identify potential program enhancements on a quarterly basis. The focus should be on reducing hospital admissions, emergency room visits and hospital readmissions, with an expected rise in pharmacy claims and office visits as patients become more compliant with treatment plans.

Improvement in clinical parameters, largely self-reported, should mean reductions in HbA1c, LDL cholesterol and other important clinical measures, depending on the disease state. For wellness programs, look for a reduction in risks per employee through online and telephonic coaching and self-reported successes in weight loss, blood pressure, cholesterol, and smoking cessation.

Effective Utilization Management – When properly executed, standard components of inpatient utilization management, including inpatient precertification, concurrent stay review, and discharge planning, can provide value and cost savings for total program performance. However, utilization management for outpatient activities such as outpatient surgery, MRIs, CT scans, etc., can vary widely by geography and medical practice. In some regions, this review can add value, whereas in others where medical practice patterns are more efficient, it can add expense and little value.

Health Advocacy – High-performing health management vendors offer robust health advocacy using a multidisciplinary approach to support members with clinical, navigational and administrative needs. Members have a trusted source to answer their questions about current health issues, navigational support to select network specialists and arrange appointments, and administrative support to respond to questions about benefit statements or hospital bills.

The Bigger Picture: Ongoing Wellness and Prevention

If all physicians complied with evidence-based medicine, and all patients complied with wellness and prevention activities and, when sick, took their medications appropriately, a care management program would not be necessary. Unfortunately, this is not the case. The trick is to minimize the amount of dollars and resources dedicated to assisting chronically ill employees and redirect them into ongoing wellness and prevention programs. Long term, this is the only strategy that will work.

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