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Utilization of Population Management Strategies by a Health Advocate

Presentation to the

Disease Management Summit

Dr. Julie A. Meek / May 13, 2003

THE HAELAN® GROUP

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Presentation Overview

- Increasing importance of health advocacy
- What the literature says about best practices
- Critical success factors in terms of the intervention modalities
- Critical success factors in terms of staffing ratio's and workflow
- Benchmarks for success

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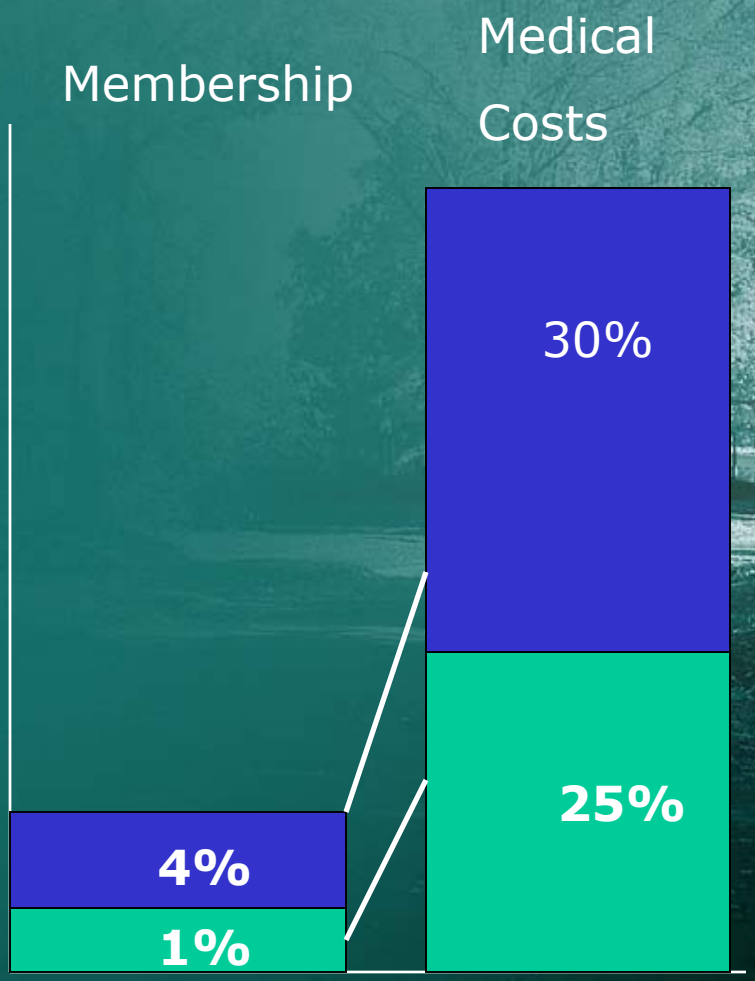
Finding the People You Can Help

- **Shift from traditional focus of authorizing benefits to focus on high-risk ID and earlier provision of care & support of physician care**
- **Predictive modeling & effective health advocacy essential to this approach**



Data Source: Nussbaum, DMAA, 10/02.

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Population Health vs. Disease Management

- **Population-based care management identifies members on the basis of risk of higher resource utilization**
  - **Requires predictive model for case identification**
  - **High-risk members have various co-morbidities and other drivers of illness/deterioration in health**
- **Disease management defines members by presence of a diagnosis**
  - **Uses less sensitive claims'-based data mining models**
  - **Does not differentiate those who are impactable through health advocacy**

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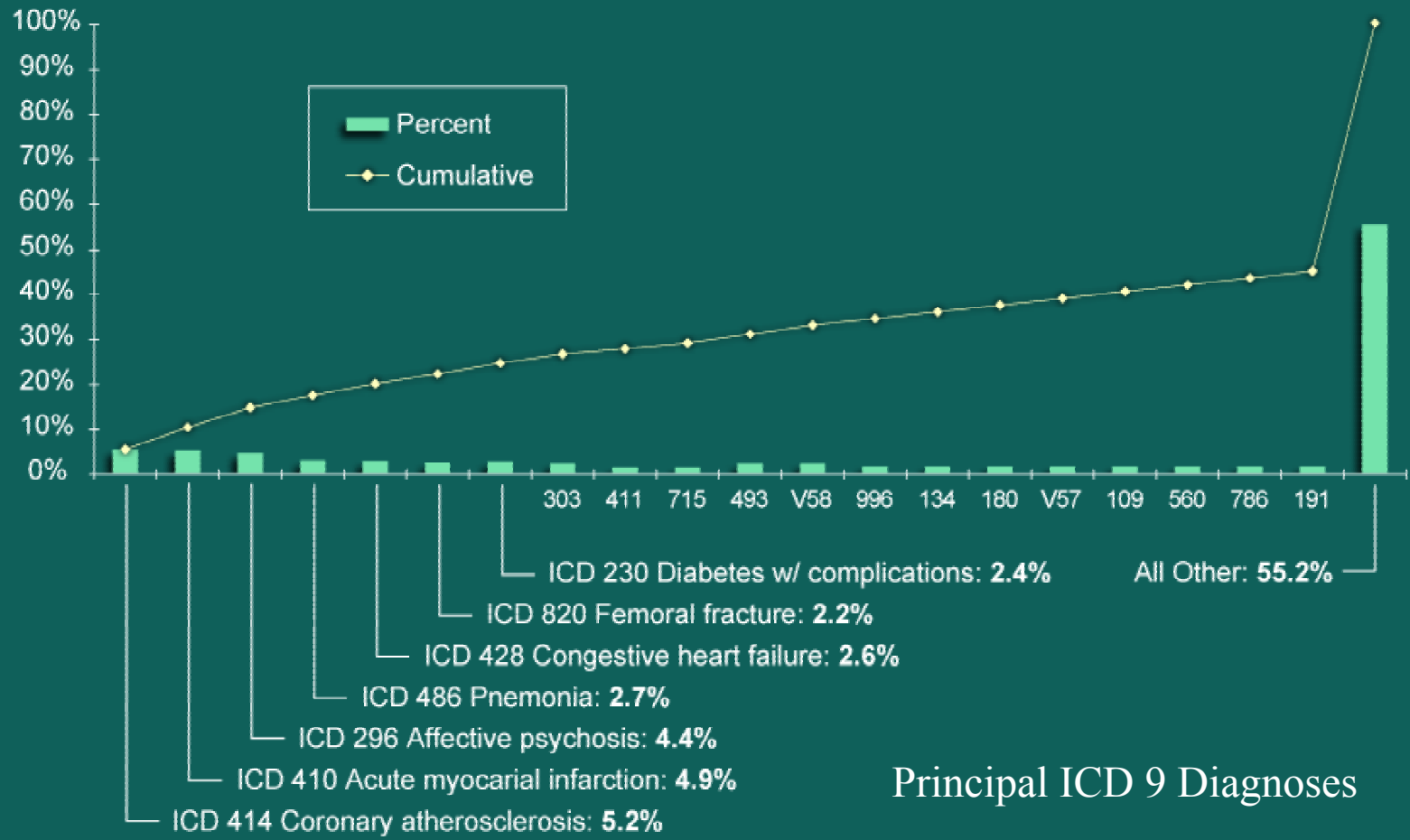
Pareto Chart of Principal Diagnoses Among Managed Care Members At Risk for Future High Utilization



Principal ICD 9 Diagnoses

Forman SA, Kelliher M. Status One: Breakthroughs on High Risk Population Health Management. Jossey Bass Publishers, San Francisco 1999

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Characteristics of High-Risk Population

- At increased risk for high resource use and poor outcomes within the next 6-12 months
- Co-morbidities common interacting with a number of social/psychological drivers
- Often not known to physician or health plan
- Higher risk for absence, lowered productivity, risk of injury

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Characteristics Of Successful High-risk Care Management

- **Educated and experienced care managers with depth of experience in coaching/care coordination**
- **Assessment, goals and action planning, continued relationship with care manager, reassessment and readjustment**
- **Proactive and early identification with targeted intervention**

Chen, A. et al. , “Best Practices in Coordinated Care”. Mathematica Policy Research: Princeton, NJ, HCFA 2000, ref No 500-95-0048(04)/MPR, 8534-004.

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Characteristics Of Successful High-risk Care Management

- **Self-management support including behavior change, building self-reliance, skill building in situational stress management**
- **Decision support…guidelines, appropriate level of care, care coordination**
- **Information systems that coordinate care; link to community services**

Wagner, EH et al. “A Survey of Leading Chronic Disease Management Programs: Are They Consistent with the Literature?”, Managed Care Quarterly 7(3), 56-66, 1999.

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Helping the People that You Find: Critical Intervention Success Factors

Health Perception Science

- Measures gap between how we are feeling and functioning compared to our image of how we should be feeling and functioning

Health Perception Gaps

- Are drivers for individuals to seek medical care
- Add significant predictive power
- Improve impactibility

5 Basic Intervention Pathways

- Physical symptom management
- Chronic condition management
- Stress management & management of stress emotions
- Lifestyle change
- Safety, food, shelter needs

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Health Advocacy: Case Examples

Management of Medical Condition:

58-year old Female. Marble Hill, MO. Diagnosed with Fibromyalgia. On the initial call, she stated that she didn't feel that she was managing her health well. She stated that her physician had given her pain medication but didn't give her a thorough explanation of her medical condition or any options. We sent her a packet of information on how she could better manage the Fibromyalgia and went over this with her. We also gave her two resources: a local Fibromyalgia Support Group and the National Fibromyalgia Network that provides information, educational materials and newsletters. On the follow-up call, she had contacted both resources and felt that the information was a tremendous help and she was managing her condition better without the use of a lot of medication and unnecessary doctor's visits.

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Health Advocacy: Case Examples

Symptom Management:

57-year old female. Sarasota, FL. During our call, she stated that one of her physical symptoms was chest pain and that she had not been in to see her physician in over a year. We discussed the warning signs of a heart attack in women and the importance of seeking medical attention immediately if she experienced these symptoms and the importance of regular exams. She agreed to make an appointment. The Cardiologist found her Stress test and EKG normal, but her blood pressure and cholesterol were high. He gave her medication for this and we sent her some additional information on a low salt, low-fat diet and the importance of regular exercise. On a follow-up call, she stated that she was taking her medication faithfully, eating healthy and had started walking and that the chest pain had diminished.

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Health Advocacy: Case Examples

Stress Reduction:

56-year old female. Nashua, NH. She was experiencing "self imposed" situational stress that was causing neck and shoulder pain. She needed help in controlling her negative thoughts that brought on the stress. We completed the stress emotion worksheet within the Health Action Guide that taught her how to manage stress emotions. We went over the Thought Stopping process and the Work of Worry process and encouraged her to use them when she experienced negative thoughts. We also gave her additional resources: an Anxiety Support Group in her area and the Optum health line if needed. On a follow-up call she spoke very positively and stated that she felt she was on top of her stress and the neck and shoulder pain were gone.

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Health Advocacy: Case Examples

Lifestyle Change:

62-year-old male. Maineville, OH. States that his health problems, (knee pain, high blood pressure and high cholesterol), are directly related to being 50 lbs. overweight. Three years ago he lost the weight and the health issues went away. He gradually gained the weight back and health issues reoccurred. He states that the call he received and the pre-action plan in the Health Action Guide has encouraged and motivated him to lose the weight. He has joined Weight Watchers and has started an exercise program and his blood pressure is back down.

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Critical Success Factors: Build Capacity

- Size of target population
- % of people stratified needing health advocacy
- Build capacity to be at 50 new high risk per health advocate per month
- Example:
  - 10,000 Eligibles deployed at 2,000 per month
  - 200 high-risk per month
  - Requires 4 health advocates

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Critical Success Factors: Build Skill Sets

- Selection criteria of health advocates one of the most important factors in successful PHM programs
  - Varied clinical background; at least 5 years experience as case manager; passionate about the work
- Most need additional training in broadening from a DM approach to a health advocacy approach
- Most need close attention to precepting in the first 3-4 weeks of the project
- Set-up and monitor performance criteria and outreach standards

Critical Success Factors: Build Workflows

- How are members identified as high risk and how will that information be communicated/assigned to health advocates?
- Do you have procedures in place for
  - Number of attempts?
  - Live and answering machine scripts that are HIPAA compliant?
  - Notification letters--pre-call, if no response?
  - Referrals to your internal/external DM programs and/or care coordinators?
- Materials in place for mailings to members covering certain topics of health information?
- Computer capacity/processing speed and documentation procedures?

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Keys to improving enrollment

- Excellent Predictive Modeling
- Excellent staff
- Good procedures
- Commitment to doing the process pieces very well
- Broadening the intervention model from DM to health advocacy

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Success Benchmarks

- 60-70% engagement of high-risk individuals into intervention program
- At least ½ of engaged group receiving more than 1-2 sessions
- Satisfied and retained staff
- Net savings of .5-3% of total premium across entire high & low-risk population