

Jefferson Medical College
Disease Management Colloquium
Philadelphia, PA

Montana's Nurse First Program

A multi-faceted
approach to
utilization control

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- Response to increasing costs and budget constraints
 - All components designed to decrease inappropriate utilization
 - Message to clients is aimed to encourage participation
 - Message to providers is aimed to increase their support of the program

Publicity

- Prior to launch we garnered support within the department and the provider community
- Press release at launch
- Success stories

COMPONENTS

- 24 hour nurse call line to help to identify clients for the Disease Management programs (voluntary with possible move to mandatory)
- Disease management
- “Lock in” program (mandatory)
- Client utilization reports for PCPs

24 hour nurse line

- Available to all Medicaid clients except institutionalized
- Voluntary but clients strongly encouraged to call prior to accessing care
- Media campaign begun prior to launch

Disease Management

- Disease states managed
 - Asthma
 - Diabetes
 - Heart failure
 - Cancer
 - Pain
- All clients identified for the nurse call line are eligible for disease management
- “opt out” program
- An “on the ground” component for clients who can not be managed telephonically

Team Care - “Lock in” Program

- Highest utilizers identified
- Mandated participation
 - One provider (physician or midlevel)
 - One pharmacist
 - One nurse call line
 - One “team” to assist the client to use healthcare resources appropriately
 - Expect disproportionate savings

Team Care continued

- Clients will be required to call the nurse call line prior to seeking Medicaid covered services
- Materials/outreach more stern but maintain the “friendly team” tone
- Clients will remain in Team Care for at least 12 months

Client Utilization Reports

- Reports for all managed care clients
- Managed Care providers will receive semi-annual reports
- Reports will include
 - Clinical measures related to disease states being managed
 - Utilization measures such as ER visits in excess of a set number, multiple pharmacy utilization, etc.

Client Utilization Reports continued

- Provider's will be asked to intervene with clients who need educational interventions
- Department will intervene with clients who need educational interventions
- Department will intervene with providers who have a trend of clients who are over utilizing services

How does this save money?

- 24 hour nurse line – Re-directing to an appropriate level of care
- Disease Management – Avoids crisis management of health care; empowers clients
- Team Care – Educates clients on the correct use of health care resources
- Client utilization reports – Gives providers information to assist them to better manage the care of their clients

Is it all about money?

- DM clients will have better quality of life, less “reactive” healthcare, better clinical indicators
- NTL will allow Montanans in remote areas to avoid unnecessary, long trips to doctor/hospital; provide isolated clients with health information

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- Team Care will educate clients on proper use of health care resources
 - Client utilization reports will give providers tools to better manage their clients care and enhance the “medical home”

Success so far ...

- Too early for “hard numbers”, launched in January
 - High call rate (.30)
 - High symptomatic rate
 - Good re-direction numbers
 - Low “opt-out” rate
 - Team care and utilization reports to launch this fall

Success continued ...

- High level of support within the agency, provider community and media
- High degree of satisfaction with advice given by nurse line and disease management nurses