

2017 Healthcare Benchmarks

Chronic Care Management



Note: This is an authorized excerpt from *2017 Healthcare Benchmarks: Chronic Care Management*.
To download the entire report, go to <http://store.hin.com/product.asp?itemid=5218> or call 888-446-3530.

2017 Healthcare Benchmarks: Chronic Care Management

In this second comprehensive analysis of Chronic Care Management (CCM) trends, 110 healthcare organizations weigh in on CCM stratification requirements, reimbursement models, promising protocols, and challenges and ROI, among other metrics, via responses to an April 2017 survey by the Healthcare Intelligence Network.

“Clinical outcomes from Medicare Chronic Care Management include stabilizing and/or improvement in patient’s chronic conditions and quality of life. In financial outcomes, we have reimbursement by CMS for CCM efforts.”

> Hospital/Health System

“An application that is run monthly to identify members with a new chronic disease [is our most successful chronic care management strategy].”

> Health Plan

“Direct referral from the healthcare provider enabling a warm handoff to CCM coaches and coordinators [is our most successful chronic care management protocol].”

> Hospital/Health System

“More hands-on value-based care based on the patients’ chronic conditions that gives us more engagement time with our patients to track their health improvements or declines [is a significant outcome of Medicare Chronic Care Management participation].”

> Health Plan



2017 Healthcare Benchmarks: Chronic Care Management

This special report, based on results from the Healthcare Intelligence Network's second comprehensive industry survey on Chronic Care Management conducted in April 2017, is the latest installment in HIN'S Healthcare Benchmarks series.

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About the Healthcare Intelligence Network

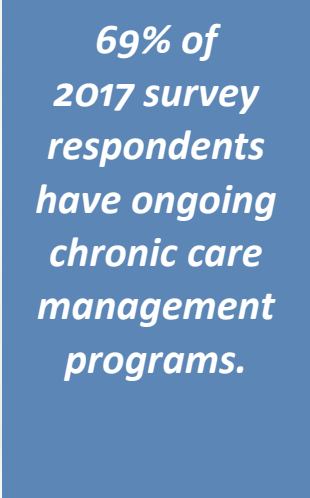
The Healthcare Intelligence Network (HIN) is an electronic publishing company providing high-quality information on the business of healthcare. In one place, healthcare executives can receive exclusive, customized up-to-the-minute information in five key areas: the healthcare and managed care industry, hospital and health system management, health law and regulation, behavioral healthcare and long-term care.

Executive Summary

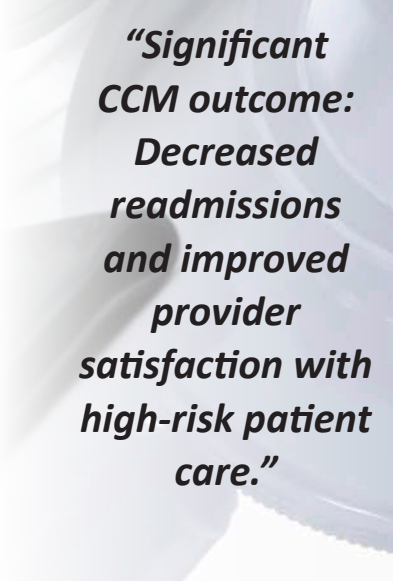
Reflecting the merit of chronic care management (CCM) in the delivery of high-value healthcare, CCM adoption rose from 55 percent in 2015 to 69 percent in 2017, according to HIN's April 2017 Chronic Care Management survey. In the sphere of value-based healthcare, chronic care management (CCM) is touted as a critical component of primary care and population health management that contributes to better health and care for individuals while reducing spending. The majority of CCM outreach continues to be conducted telephonically, say 88 percent of 2017 respondents.

Reimbursement levels for CCM remained steady at 35 percent from 2015 to 2017; however, this second comprehensive CCM survey by the Healthcare Intelligence Network found that 32 percent currently bill Medicare using CMS Chronic Care Management codes introduced in 2015. Although 40 percent of Medicare CCM participants believe CMS's 2017 program changes will reduce administrative burden associated with CCM, more than one-fifth still encounter challenges when it comes to engaging providers and staff in the Medicare program. Three-fourths of 2017's responding CCM programs target either the Medicare population or individuals with chronic comorbid conditions. Management of care transitions is the top CCM component for 86 percent of respondents.

A diagnosis of diabetes remains the leading criterion for CCM admission, said 92 percent, but congestive heart failure (CHF) rose in CCM importance from 81 percent in 2015 to 90 percent in 2017. Use of healthcare claims as the top tool for identifying or risk-stratifying individuals for CCM continues at 2015's 70-percent levels, this year's survey found.



**69% of
2017 survey
respondents
have ongoing
chronic care
management
programs.**



***“Significant
CCM outcome:
Decreased
readmissions
and improved
provider
satisfaction with
high-risk patient
care.”***

Respondent Demographics

Responses to the April 2017 survey on chronic care management were submitted by 110 organizations. Of 78 respondents identifying their organization type, 28 percent were hospitals, 17 percent were health plans, 13 percent were physician practices, 13 percent were disease management or health coaching organizations, 12 percent were independent practice associations (IPA), and 15 percent categorized their organization type as 'Other.'

Using This Report

This benchmarking report is intended as a resource for healthcare organizations searching for comparable data and means to measure implementation and progress. It is also a helpful planning tool for organizations readying initiatives in this area.

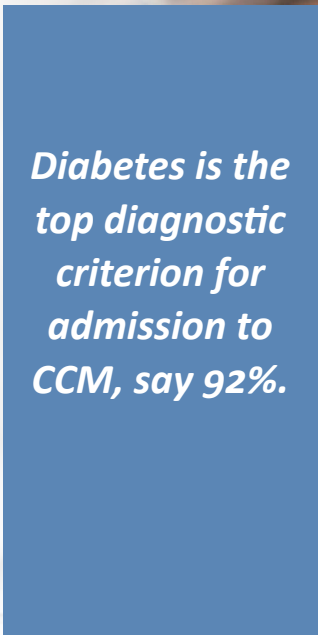
The initial charts and graphs presented here represent results from all respondents; images in subsequent sections depict data from high-responding sectors. (Figure titles include the segment they represent: for example, All, Health Plans, Hospitals, etc.)

Often, one of the largest responding sectors is composed of respondents identifying their organization type as "Other." In general, we do not depict results from this segment because it represents a wide range of organization types, including consultants and product vendors. However, you will always find a graph indicating the demographics of respondents.


Here are some additional tips for using this report:

- ✓ See how you measure up: Scan this report for your sector, and see how your program compares to others. Note where you lead and where you lag.
- ✓ Evaluate your efforts: Think about where you have been focusing your efforts in this area. Look for trends in the data in this report. Look for benchmarks set by your sector and others.
- ✓ Set new goals: Use the data in this report to set new goals for your organization, or to raise the bar on existing efforts.
- ✓ Use it as a reference book: Keep this report accessible so you can refer to it in your work. Use these data to support your efforts in this area.

If you have questions about the data in this report, or have feedback for our team, don't hesitate to contact us at info@hin.com or 732-449-4468.



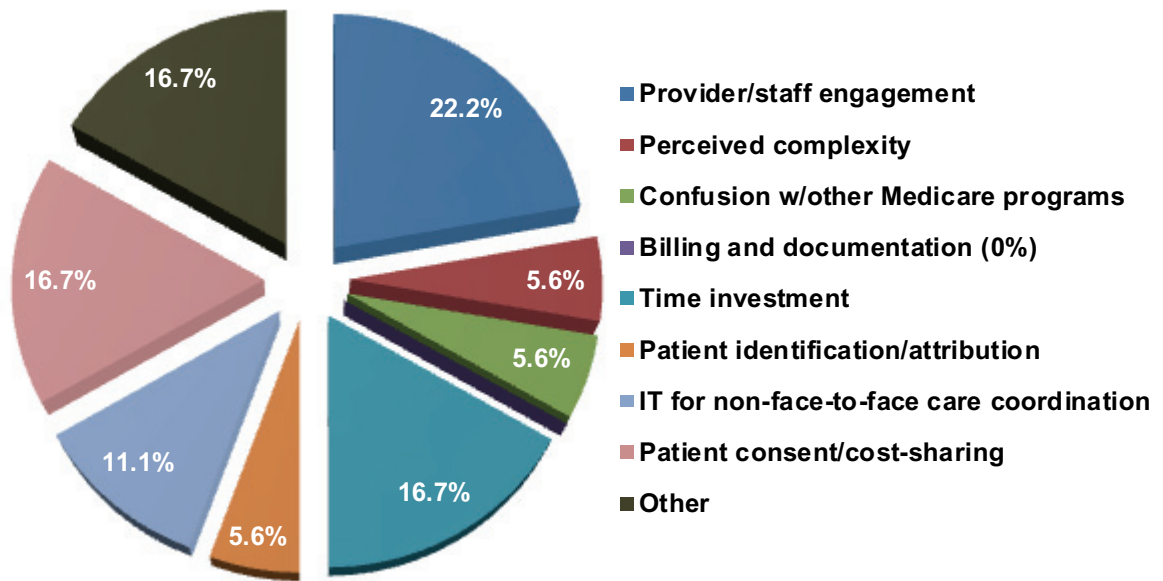
Diabetes is the top diagnostic criterion for admission to CCM, say 92%.



“Greatest CCM success: Increasing patients’ quality of life and ability to manage their chronic diseases at home.”

Figure 11: All - Medicare CCM Hurdles

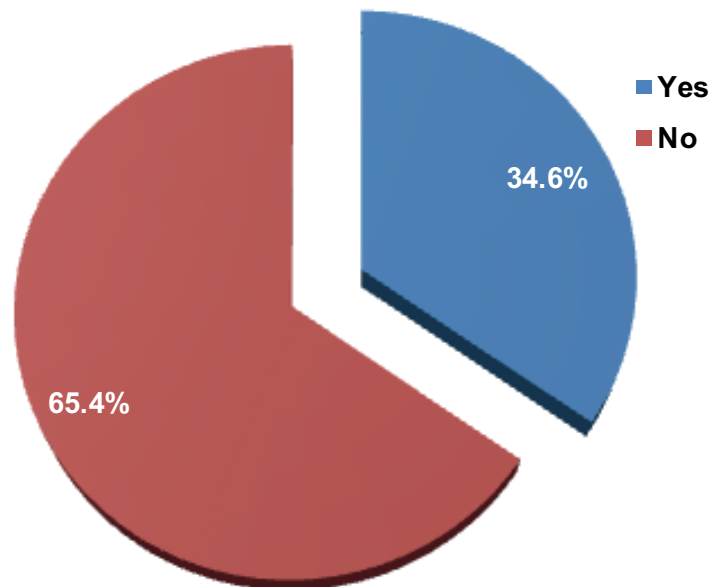
What is the greatest hurdle associated with Medicare Chronic Care Management?



*HIN Chronic Care Management Survey
April, 2017*

Figure 12: All - Non-Medicare CCM Reimbursement

Outside of the Medicare Chronic Care Management program, are you reimbursed for CCM?



*HIN Chronic Care Management Survey
April, 2017*

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