

Guide to Embedded Case Management



Note: This is an authorized excerpt from the *Guide to Embedded Case Management*.
To download the entire guide, go to <http://store.hin.com/product.asp?itemid=4551>
or call 888-446-3530.

The Healthcare Intelligence Network
800 State Highway 71, Suite 2
Sea Girt, NJ 08750

Guide to Embedded Case Management

Contributors

Robert Fortini, PNP, vice president and chief clinical officer at Bon Secours Health System.

Randall Krakauer, MD, national Medicare medical director for Aetna

Lisa Sasko, MA, MBA, director of clinical transformation at Capital District Physicians Health Plan.

Charlene Schlude, RN, CCM, director of case management at Capital District Physicians Health Plan.

Irene Zolotorofe, RN, MS, MSN, administrative director of clinical operations at Bon Secours Health System

Moderator

Melanie Matthews

HIN executive vice president and chief operating officer

Executive Editor

Patricia Donovan

Contributing Editors

Jackie Lyons

Jessica Fornarotto

Cover Design

Jane Salmon

Executive Editor's Note

Welcome to the Healthcare Intelligence Network's *Guide to Embedded Case Management*. Care coordination is at the core of value-based healthcare delivery models like the patient-centered medical home and the accountable care organization (ACO). Healthcare case managers embedded within the physician delivery system help to put a face on care coordination while reducing readmissions and improving quality of care for high-risk populations such as dual eligibles.

Against a backdrop of new market research on embedded case management, the *Guide to Embedded Case Management* provides a primer on the development and implementation of a co-located case management effort, with advice on startup, launch and operations from Aetna, Bon Secours and CDPHP on their embedded case management programs and the benefits they have derived from on-site case management.

The program profiles delve into all aspects of the model — from hiring, training, caseloads and IT for practice-based care coordinators to selecting practices for pilots to readying the primary care practice for a case manager's arrival. Answers to more than 60 critical FAQs are provided.

This guide also provides a complete set of 2012 benchmarks in embedded case management from 152 healthcare organizations.

- ✓ Chapter 1: 2012 Healthcare Benchmarks: Embedded Case Management
- ✓ Chapter 2: Case Managers in the Primary Care Practice
- ✓ Chapter 3: Essentials of Embedded Case Management

Applying the best practices contained in the *Guide to Embedded Case Management* will help organizations to improve the health of their populations while strengthening the infrastructure required to support the industry shift from volume to value and from quality to quality.

Melanie Matthews, HIN executive vice president and chief operating officer

2012 Healthcare Benchmarks: Embedded Case Management

Healthcare organizations who are currently embedding or co-locating case managers at points of care discuss the impact embedded case management has had on healthcare outcomes, utilization and spend.

“Having integrated care management and active engagement with patients who have chronic illness are [benefits of embedded case management].”

> **Physician organization**

“[The most important contribution of the embedded case manager to our organization] is coordination of care.”

> **Hospital**

“Having a transition coach process initiated with face-to-face visits [has had the most significant impact on our populations served by embedded case managers].”

> **Managed Care Organization**

“Patient satisfaction is [the single most important factor of a successful embedded case management program].”

> **Physician organization**



Chapter 1 Table of Contents

About the Healthcare Intelligence Network.....	1-1
Executive Summary	1-1
Survey Highlights.....	1-2
Key Findings	1-2
Program Components	1-2
Results and ROI from Embedded Case Management Programs.....	1-3
Sampling of Most Effective Embedded CM Tool, Workflow or Protocol....	1-3
Methodology.....	1-3
Respondent Demographics.....	1-4
Using This Report	1-4
Responses by Sector.....	1-5
Respondents in Their Own Words	1-9
Greatest Challenge of Embedded Case Management	1-9
Greatest Benefit of Embedded Case Management.....	1-10
Most Impactful Tool, Workflow or Process.....	1-12
Outstanding Embedded Case Management Interventions.....	1-13
Most Important Factor of Successful Embedded Case Management.....	1-14
Most Important Contribution of the Embedded Case Manager.....	1-15
Additional Comments.....	1-16
Conclusion.....	1-16
Q&A: How Aetna Redefines Case Management.....	1-17
Responses to Questions	1-18
Figure 1: All - Utilize Case Managers	1-19
Figure 2: All - Targeted Populations for Embedded Case Management ..	1-19
Figure 3: All - Targeted Conditions for Embedded Case Management ...	1-20
Figure 4: All - When Embedded Case Management is Most Effective....	1-20
Figure 5: All - Identifying Individuals for Embedded Case Management .	1-21
Figure 6: All - Care Sites of Embedded Case Managers	1-21
Figure 7: All - Typical Duties of an Embedded Case Manager.....	1-22
Figure 8: All - Most Important Responsibility of an ECM.....	1-22
Figure 9: All - Average Monthly Caseload of an ECM.....	1-23
Figure 10: All - How Embedded Case Managers Interact with Patients ...	1-23
Figure 11: All - Preferred Education Level	1-24
Figure 12: All - Additional Certification Required	1-24
Figure 13: All - Evaluating an Embedded Case Manager’s Performance ..	1-25
Figure 14: All - Overall Program Impact.....	1-25
Figure 15: All - Program ROI.....	1-26
Figure 16: All - Organization Type.....	1-26
Appendix A: 2012 Healthcare Case Management Survey Tool.....	1-27
About the Speaker	1-32

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

Despite challenges ranging from physician and practice buy-in to recruitment and retention, the number of healthcare companies embedding or co-locating case managers in care sites continues to rise. Just over half of respondents to our third annual Healthcare Case Management e-survey said they embed case managers at the point of care; of those 2012 respondents, nearly 60 percent cited the primary care practice as the most likely work site for an on-site case manager.

This benchmark report examines the responses of companies who embed case managers, providing a high-level look at work locations, program components, and the greatest challenges and benefits of this case management strategy. Responses provided by 153 healthcare organizations revealed that case management presence at primary care sites had quadrupled in just the last 12 months, from 14 percent in 2011 to 58 percent this year.

Case managers remained integral parts of the hospital process in 2012, with 52 percent reporting the presence of case managers in hospitals. And this year's respondents said they embed case managers within the community (14.6 percent), the community clinic (12.5 percent), home care (10.4 percent) and long-term care facilities (2.1 percent).

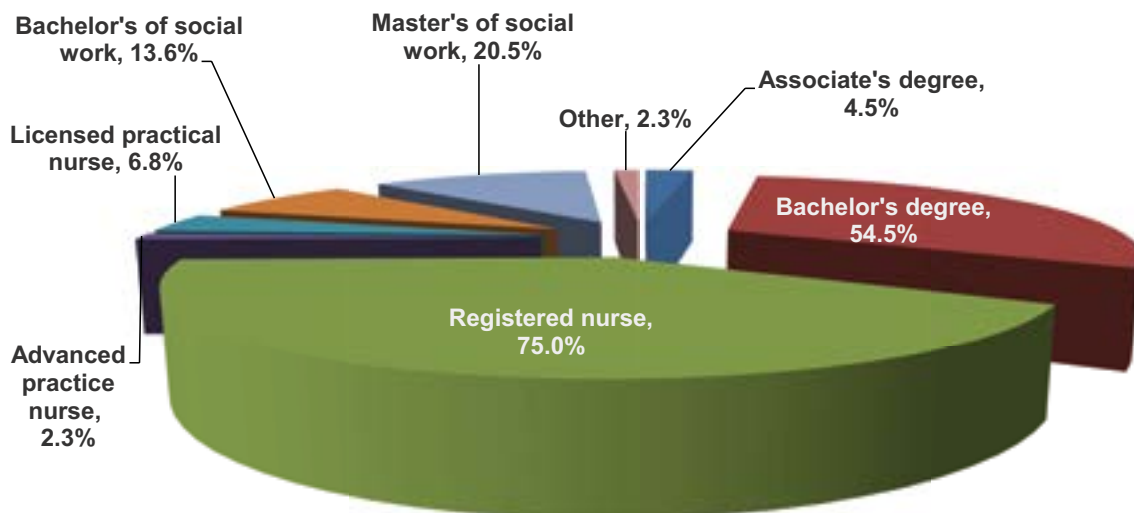
Respondents say the benefits of embedding case managers include improved patient engagement and satisfaction, care continuity and transition management. Robert Fortini, vice president and chief clinical officer at Bon Secours Health System, which launched an embedded case management program in 2009, says embedded case managers actively participate in the medication regimens of geriatric patients to increase medication compliance levels. "That 20 minutes of education that a case manager will perform with an elderly patient about what medications do and how they should be taken are invaluable," he says.

To identify individuals for embedded CM, 72% of respondents use case management assessments.

"Getting the site to agree to co-location is one challenge of embedded case management."

Figure 11: All - Preferred Education Level

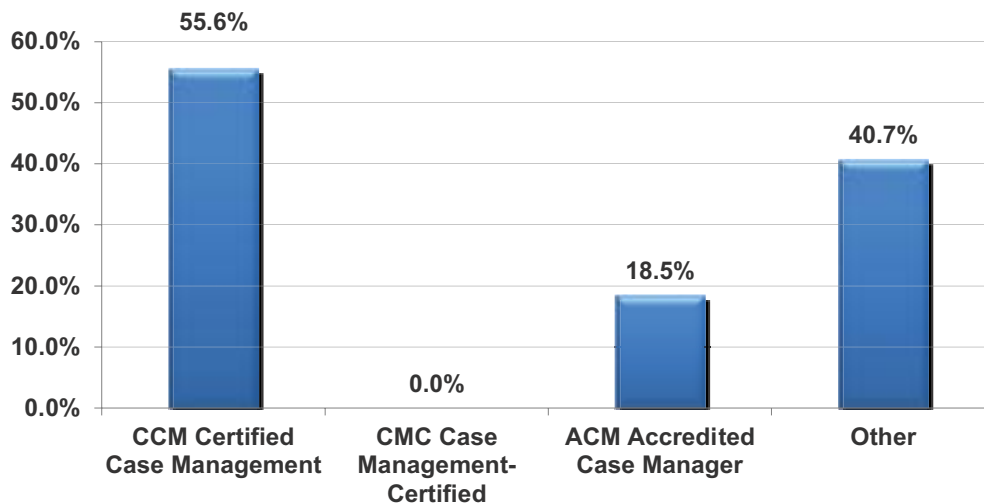
What is the preferred education level of an embedded case manager?



*HIN Case Management Survey
January, 2012*

Figure 12: All - Additional Certification Required

What additional certifications are required of an embedded case manager?



*HIN Case Management Survey
January, 2012*

Case Managers in the Primary Care Practice: Tools, Assessments and Workflows for Embedded Care Coordination

This special report is based on two 2011 Healthcare Intelligence Network (HIN) webinars hosted by Melanie Matthews, HIN executive vice president and chief operating officer.

Speakers

Robert Fortini, PNP, vice president and chief clinical officer at Bon Secours Health System.

Lisa Sasko, MA, MBA, director of clinical transformation at Capital District Physicians Health Plan.

Charlene Schlude, RN, CCM, director of case management at Capital District Physicians Health Plan.

Moderator

Melanie Matthews

HIN executive vice president and chief operating officer

Editor

Patricia Donovan

Contributing Editors

Jackie Lyons

Jessica Papay

Cover Design

Jane Salmon

Chapter 2: Table of Contents

Bon Secours Embedded Nurse Navigators	
Transform Primary Care.....	2-1
Division of Labor in a Medical Home.....	2-3
Three Phases of the Advanced Medical Home.....	2-3
Care Team Formation.....	2-4
Efficient Use of Registries.....	2-6
Identifying Case Loads and Levels of Patient Management.....	2-7
Tools to Support the Embedded Case Managers.....	2-8
Measuring Success Metrics.....	2-9
The Role of the Embedded Case Manager in	
Clinical Transformation.....	2-11
History of the Enhanced Primary Care Program.....	2-11
Steps to Practice Transformation and Payment Reform.....	2-12
Analyzing Savings in a Pilot Practice.....	2-13
Implementing Embedded Case Management.....	2-15
Incorporating the Triple Aim Initiative.....	2-16
Expanding Programs and Practices.....	2-16
5 Criteria for Selecting Practices.....	2-17
Impact of Practice Transformation.....	2-18
Stratification and Prioritization.....	2-18
Primary Day-to-Day Nurse Roles and Responsibilities.....	2-19
Reducing Gaps in Care.....	2-20
Case load and Schedules of an Embedded Case Manager.....	2-20
Collaboration with Pharmacies.....	2-22
High-Risk Populations and Dual Diagnosis Care.....	2-24
Identifying Desired Outcomes.....	2-24
Costs Associated with Embedded Case Managers.....	2-25
Outcomes and Lessons Learned.....	2-26
Q&A: Ask the Experts.....	2-27
Adding RN Case Managers.....	2-27
Training Process for Case Managers.....	2-28
Case Manager Productivity Benchmarks.....	2-28
Completing Pre-Huddle Reviews.....	2-29
Licensing SARG.....	2-29
Case Manager Cost Savings.....	2-29
Physician Incentive Model.....	2-30
Determining Patient Risk.....	2-30
Case Management Certification.....	2-31
Further Case Management Training.....	2-31

Relative Readmission Index	2-31
Utilizing Evidence-Based Teaching Tools.....	2-32
Observation Stays	2-32
Partnering with Health Plans	2-32
Incentives for Case Management Activities.....	2-33
Utilizing the Model in Specialty Practices.....	2-33
Hospital Affiliations and Influence.....	2-33
Program Implementation and Demographics.....	2-33
Allocation of Care Management	2-34
Case Manager Outreach	2-34
Use of MyChart Patient Portal.....	2-34
Payment Models	2-34
Case Manager Background	2-35
Choosing Case Managers	2-35
Embedded Case Manager Tools.....	2-35
IT Capabilities.....	2-36
Allocation of Staff.....	2-36
Locating Care Managers.....	2-37
Case Manager Communication Methods	2-37
Identifying PMPM Cost.....	2-37
Partnering Case Managers with Newly Diagnosed Patients.....	2-38
Gauging Member Satisfaction and Service	2-38
Patient Cost for Case Management	2-38
Affiliation of Embedded Nurses	2-39
Glossary.....	2-41
For More Information	2-42
About the Speakers	2-45

Case Managers in the Primary Care Practice: Tools, Assessments and Workflows for Embedded Care Coordination

This special report examines two parallel East Coast efforts in embedded case management: Nurse Navigators in Bon Secours Health System's Advanced Medical Home program, and Nurse Case Managers at the heart of CDPHP's Enhanced Primary Care effort.

Following in the footsteps of Geisinger Health System's embedded case manager model, both initiatives are driven by the same core desire to move from a provider-centered to a patient-centered model. Both organizations say the model is helping to reduce hospital readmissions and ER visits and tighten transitions of care for high-risk patients.

Bon Secours Embedded Nurse Navigators Transform Primary Care

Robert Fortini is vice president and chief clinical officer at Bon Secours Health System.

We are going to talk about the Clinical Transformation project underway in the Bon Secours of Virginia Medical Group. We have about 350 employed physicians at 80 locations across Virginia from Virginia Beach into the Richmond area. My team has been charged with transforming the way care is delivered.

BSMG Medical Home Clinical Transformation Project

- ✓ The goal of a PCMH is to improve quality, efficiency and satisfaction for both patients and physicians. This is done by providing prompt, cost-effective, and coordinated access to a comprehensive range of services — to provide a **"System of Care."**
- ✓ To maintain organizational **"Alignment"** with new revenue lines: "Meaningful Use," PQRI, HEDIS, ACO.
- ✓ To improve **"Capacity and Compliance."**

<http://www.emmisolutions.com/medicalhome/pcpcc>

Source: Robert Fortini, Bon Secours Health System

Figure 1 shows something everyone should be familiar with these days — the concept of a medical home. It references the principles of a medical home as crafted by the American Academy of Family Practice (AAFP). It is the basis for a number of different recognition programs, first and foremost the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Recognition program. (See "For More Information.")

Figure 1

Essentials of Embedded Case Management: Hiring, Training, Case Loads and Technology for Practice-Based Care Coordinators

This special report is based on two recent Healthcare Intelligence Network (HIN) webinars hosted by Melanie Matthews, HIN executive vice president and chief operating officer. This report is aimed at CEOs, medical directors, wellness professionals, human resources professionals, disease management directors, managers and coordinators, health plan executives, care management nurses, business development executives and strategic planning directors.

Speakers

Dr. Randall Krakauer, MD, national Medicare medical director for Aetna
Irene Zolotorofe, RN, MS, MSN, administrative director of clinical operations at Bon Secours Health System

Moderator

Melanie Matthews

HIN executive vice president and chief operating officer

Editor

Patricia Donovan

Contributing Editors

Jackie Lyons

Jessica Papay

Cover Design

Jane Salmon

Chapter 3 Table of Contents

Recruiting, Training and Case Load Management for Bon Secours Nurse Navigators.....	3-1
Attributes of a Nurse Navigator	3-1
Orientation and Training of Nurse Navigators	3-3
Deep Dive on Medication Adherence.....	3-4
Resources and Tools.....	3-5
Supporting the Hospital Discharge.....	3-7
Disease Management and Risk Stratification.....	3-8
Using Registry Reports.....	3-9
Medication Management.....	3-9
Case Loads for Embedded Case Managers	3-10
Results from Nurse Navigator Efforts.....	3-12
Demonstrating the Value of the Embedded Case Manager for the Medicare Population.....	3-13
Differentiating the Medicare Population.....	3-14
Physician Partner Collaboration Model.....	3-16
Dedicated and Embedded Case Managers.....	3-17
Payments for Quality Metrics.....	3-18
Transitioning to Accountable Care.....	3-19
Q&A: Ask the Experts.....	3-21
Staffing Ratios in a Multi-Site Physician Network.....	3-21
Functions of the Virtual Case Manager	3-21
Additional Sites for Embedded Nurse Navigators.....	3-22
Clinical Ladder Program.....	3-22
Structure and Population for Group Visits.....	3-22
Selecting Practices for Embedded Case Management.....	3-23
Case Management ‘Hot-Spotters’	3-23
Identifying Transitions of Care Patients.....	3-23
When to Increase Case Loads.....	3-24
Telemonitoring for Heart Failure Patients.....	3-24
Getting Physicians to Embrace Embedded Case Management.....	3-24
Business Case for Hosting a Case Manager	3-25
Financial and Quality Benefits of Practice-Based Case Management.....	3-25
Preparing the Practice for a Case Manager	3-26
Criteria for Practice Selection	3-26
Funding the Embedded Case Manager.....	3-26
Background of Embedded Case Managers	3-27
Transitioning from Telephonic to Embedded Case Management	3-27
Embedded Case Manager’s Role	3-28

Identifying Practices for Participation	3-28
Aetna IT Requirements for Embedded Case Management.....	3-28
Patient Contact.....	3-29
Case Managers in the ER	3-29
Incentives for HRA Completion	3-29
Measuring Satisfaction	3-29
Characteristics of Top-Performing Practices	3-30
Home Visits.....	3-30
Case Management for Advanced Illness	3-30
Evaluating Compassionate Care	3-31
Embedded Case Management for Non-Medicare Business.....	3-31
Ensuring Case Management Follow-Up	3-31
Providing Patient Data.....	3-32
Identifying Patients for Compassionate Care.....	3-32
Embedded Case Management and ACOs.....	3-32
Assignments for Embedded Case Managers.....	3-33
Glossary.....	3-34
For More Information	3-34
About the Speakers	3-36

Essentials of Embedded Case Management: Hiring, Training, Case Loads and Technology for Practice-Based Care Coordinators

Ever since Aetna began placing nurse care coordinators in primary care practices in 2007, the payor has clearly demonstrated the value of embedded case managers working side-by-side with physicians serving its Medicare members.

Likewise, several years ago, Bon Secours Health System started embedding case managers within practices, putting them to work as nurse navigators for patients with complex needs or for those experiencing transitions of care. This special report documents the experiences of Aetna and Bon Secours in the recruitment, education, workload management and health IT support of practice-based case managers.

Recruiting, Training and Case Load Management for Bon Secours Nurse Navigators

Irene Zolotorofe, RN, MS, MSN, is administrative director of clinical operations at Bon Secours Health System.

There are many case management topics relevant to the current healthcare industry, but one in particular is nurse navigators. Identifying, recruiting and orientating nurse navigators, as well as providing them with ongoing training and educating them in case load management, are all vital aspects of a nurse navigator program.

When I first started the nurse navigator program in 2010 with Bon Secours and our team, we had nobody. We were starting from the ground up, from scratch. As I started looking and working with our nurses and our practices, we began honing in on certain attributes that we would seek in our nurse navigators.

Attributes of a Nurse Navigator

One of the attributes we look for in our nurse navigators is the ability to think critically, followed by a strong nursing foundation. Next, we look for self-starters with the ability to work independently. There is not much infrastructure in place when you are starting up a new program, so you need nursing staff that have this background, who can 'ride the wave' and work independently as you try to figure