



## GOVERNMENT HEALTH IT

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### **A case for case management**

**By John Moore**

Many people view Medicaid as a glaring example of what's wrong with the U.S. health care system. Among other criticisms, they contend that, as a fee-for-service system, it rewards overtreatment instead of preventive care.

The Centers for Medicare and Medicaid Services is tackling the problem by awarding grants for projects that focus on transformation, encouraging new technologies for patient-centered medicine and offering incentives for doctors to adopt health information technology.

Simple automation is another potent weapon. About half of states are already turning to case management and database tools to find opportunities to save time and halt the spread of disease, said Lynne Dunbrack, program director of health payer research at Health Industry Insights, an IDC company.

“We are actually seeing states take a very proactive role in care management,” she added.

Pennsylvania's Department of Public Welfare offers case management and disease management as part of its Access Plus initiative for participants in the state's medical-assistance programs. The department has won praise for incorporating population health and disease management into a system that was once bogged down in cumbersome, manual processes.

Recently, Harvard University's Ash Institute for Democratic Governance and Innovation ranked Access Plus among the top 50 programs in its 2008 Innovations in American Government Awards.

Harvard cited the program for taking “the incentives for prevention and disease management found in managed care and [adapting] them to fee-for-service settings.”

Analysts see case management as one of the essential ingredients for bringing Medicaid out of the business dark ages.

“Generally, case management has been recognized by the public health community as a valuable tool for better management, leading to improved quality of service, greater patient safety and, of most importance, reduced costs,” said John Cook, a health IT consultant at Suss Consulting.

#### Targeting catastrophic illness

When the Department of Public Welfare launched a case-management program in 2004, its goal was to coordinate care for patients with complex and catastrophic illnesses. They included patients who had undergone organ transplants, pediatric patients with complex diseases, wound-care patients, patients with traumatic injuries and high-risk neonatal patients.

But as the program grew, so too did the need for automation, particularly on the clinical side.

Dr. David Kelley, chief medical officer of the state’s Office of Medical Assistance Programs, said case managers started out with little in the way of infrastructure.

“We really needed a case-management tracking system that [would] help us identify certain patients for case management, help to track patients over time, and help to track potential cost savings or cost avoidance,” Kelley said.

The system also needed to handle care plans, he added.

“We didn’t have anything that was purely clinical-based,” said Jean Whitehead, lead nurse case manager at Pennsylvania’s Bureau of Fee-for-Service Programs.

Manual processes also slowed the department. “We were doing assessments on hard copy and putting case notes in Word and using Excel spreadsheets,” she said.

In early 2007, the department deployed case-management software from Casenet as part of a contract with Affiliated Computer Services to build a medical management review system. The Casenet solution automates assessments, referral management and care planning.

It allows clinicians to store assessment notes in a central database rather than in multiple places and has cut the time it takes to perform those assessments from nearly two hours to as little as 30 minutes. It also speeds the creation of care plans. A task that once took about 45 minutes now takes less than 15 minutes.

Use of Casenet “has dramatically reduced the amount of documentation time,” Whitehead said.

#### Predictive modeling

Saving time is important because managers’ caseloads will increase as the department brings more patients into the case-management fold. In September, it will go live with a predictive modeling application that helps identify medical-assistance recipients who are at risk for major health issues.

The software — Impact Pro from Ingenix — could generate as many as 1,000 referrals a month, Whitehead said. The department will initially target patients with high-risk pregnancies, postpartum depression and HIV/AIDS.

Impact Pro, which the department is installing with the help of a Medicaid Transformation Grant, will integrate with the case-management system.

When high-risk clients are identified, their records will flow into the Casenet system, along with referrals from other sources, including a McKesson disease-management system that can, for example, flag a patient with diabetes who is a candidate for intensive case management.

Case management has already decreased the length of inpatient stays and allowed more time for patient outreach, Whitehead said.

In the past year, managers have handled an average monthly caseload of 1,429, with high-risk maternity cases accounting for 589 of them and the remainder falling under general case management, she added.

Access Plus employs 25 case managers, 15 of whom are generalists who can work with any age group and condition. Six are assigned to high-risk maternity cases, two track high-risk neonatal patients, and one covers behavioral health. The state plans to hire additional case managers to handle the expected influx of recipients identified via Ingenix.

The Casenet tool shows how many cases each manager has been assigned and whether they are classified as intensive, intermediate or maintenance. That information helps administrators balance caseloads among managers.

“I could see how many case managers have high-intensity patients who require a lot more time than the maintenance-level needs,” Whitehead said. “It’s a very good management tool.”

Overall, the system lets caseworkers help more people receive the services they need, she added.

“It’s amazing the number of people who think they have to do it on their own,” she said. “From the clinical standpoint, I think we’ve been able to provide a lot of people with support and help coordinate their care.”

But although automated case management saves money, that was not the state’s chief motivation. “The main reason for doing it is for better care coordination and improving the quality of care,” Kelley said.

## **Sidebar:**

### **Identifying high-risk patients**

Pennsylvania is one of a number of states that are seeking to improve care and reduce costs through case management.

The state's Department of Public Welfare deployed Casenet's case-management software a year ago and is integrating it with other systems to identify patients with particular health care needs and develop intervention plans.

"Casenet will be integrated with the prior-authorization system and will receive claims information," said Jean Whitehead, lead nurse case manager at Pennsylvania's Bureau of Fee-for-Service Programs. "The benefit to this model is a member-centric view."

Casenet will also link to Ingenix's Impact Pro predictive modeling software and McKesson's disease-management tool.

The McKesson system will focus on recipients with specific diseases, while the Ingenix tool "allows for identification of recipients based on their expected risk scores so you are able to intervene proactively," Whitehead said.

Shelby Solomon, a senior vice president at Ingenix, said the company is building a dataset and collecting claims information on Medicaid recipients in Pennsylvania. It will run that data through specialized software that analyzes claims and highlights patients with certain health risks based on a particular episode of illness, condition or medical procedure, he added.

— John Moore