Map for Module 5 – Healthcare Trends

Healthcare Trends and Case Management

Overview

This module covers current trends and programs in healthcare that affect the case management profession. These include the utilization of technology in care management systems and the role of the hospitalist in the managed care environment. Differences between disease management, population management, and demand management programs are outlined, and the role of the case manager is identified in each. Finally, the impact of Complementary and Alternative Medicine (CAM) on patient care and on case management is covered.

The importance of using resources within the World Wide Web is reinforced. You are encouraged to use your browser and follow the links to related sites. In addition, the WebQuest graded assignment aides you in this exploration.

> Be sure that you have read the Module 5 – Independent Reading Assignments before continuing with this Module.

Objectives

At the end of this module, the student will be able to:

- Define Telemedicine and state why it is important in the future of the case management role.
- Discuss the differences between demand management and disease management.
- State the role for case management in disease management systems.
- Define the Hospitalist and the benefits and draw backs of a hospitalist system.
- Discuss the future of CAM, and how it affects the case management process.

Telemedicine

> "…is the use of medical information exchanged from one site to another via electronic communications for the health and education of the patient or healthcare provider and for the purpose of improving patient care."
> *American Telemedicine Association*

Telemedicine uses information and telecommunications technology to transfer medical information for diagnosis, therapy, and education. This information may include the following: medical images, live two-way audio and video, patient medical records, output data from medical devices, and sound files. The growth of telemedicine over the next five to ten years may have a profound and revolutionary effect on the delivery of medical care throughout the world.

New applications are making it practical for direct communications between patient and provider and physician and specialist. In this way, telemedicine can bring superior medical services directly to the patient. It can empower consumers by bringing healthcare to the patient rather than the patient to the provider. By providing direct links between the general practitioner and major medical centers, it can also sustain the education of the physician.

Source: ATMEDA, (1999). Telemedicine: A Brief Overview White Paper; Developed for the Congressional Telehealth Briefing.

American Telemedicine Association (ATA)

The rapid growth of telemedicine is a worldwide phenomenon. However, the growth of telemedicine has not been uniform, either geographically or across all types of healthcare services. A nationalized healthcare system combined with the presence of many remote communities have spurred many countries in other parts of the world to invest in telemedical systems that link hospital centers with smaller clinics in remote villages.

Scandinavia, especially Norway, was one of the first areas to widely deploy telemedicine. Extensive projects using telemedicine to deliver healthcare have also been established in France, the United Kingdom, Japan, Australia and Canada. Many other countries are in the process of setting up their own programs. Lesser-developed nations have shown a keen interest in using telemedicine to improve access to high-quality healthcare, but lack either a telecommunications infrastructure or the resources to pay for such access.
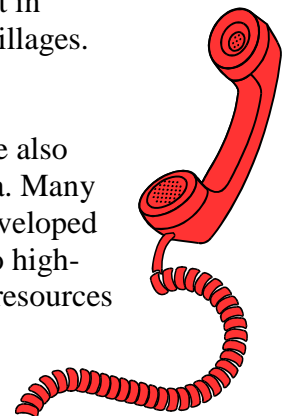
Source: ATMEDA, (1999). Telemedicine: A Brief Overview White Paper; Developed for the Congressional Telehealth Briefing.

The ATA is a nonprofit association established in 1993 that promotes greater access to medical care via telecommunications technology.

You can visit the Website at: http://www.atmeda.org .

Telephonic Case Management

Benefits:

- Decreased costs of CM services
- Increased case load possibility
- Quicker service
- Efficient use of CM resources
- Greater patient compliance
- Enhanced client access to services

With Telephonic Case Management, services are provided over the phone or through correspondence, faxes, e-mail or electronic transfer. Telephonic systems are primarily found in insurance-based case management systems and in some population and disease management programs.

In these systems, case managers must rely on information obtained from varied sources. They must be skilled in asking direct pertinent questions and have an assertive nature to persevere when information is difficult to obtain. They must also be good communicators and problem solvers.

Because there is no visual contact between the case manager and the client and/or information source, the case manager must be able to carefully maneuver through often difficult conversations while maintaining a positive rapport.

Though the cost benefits of this system are many, it is often viewed as impersonal by the client.

Criteria for On-Site vs. Telephonic Case Management

ON-SITE CASE MANAGEMENT

- Case is catastrophic
- Dollar limits are high
- Many treatment providers and other interested parties are involved
- The patient/family requires education and individual counseling

- Observation of the patient is desirable
- Attending physician or other treatment providers are unresponsive

TELEPHONIC CASE MANAGEMENT

- Referral source is concerned about cost containment
- Case is likely to be short term and non-catastrophic
- No case manager is located in patient's area
- Case manager has already established good rapport with treatment providers
- Rapid decision making needs to take place
- Dollar limits and time frames are short
- Patient/family have good communication skill

When deciding whether or not to employ an on-site case management system versus a telephonic system, there are several things that must be considered.

In reviewing the two lists above, the general differences are that onsite case management is best for complex critical cases and cases where there are many different care givers and family members involved. Telephonic systems work well for disease management systems with strict protocol, systems where contact with patients is short-term or there is a need for a great geographical coverage necessary for one case manager. Today, many programs use a combination of onsite and telephonic case management.

The Hospitalist

> *"A new kind of doctor; a specialist who oversees the care of people while they are in the hospital. He's also helping to keep costs down."*
>
> Brink, S. (1998).
> "The Hospitalist."
> US News & World Report,
> 125 (4): 48-56.
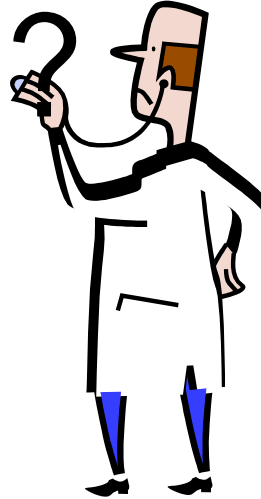
A hospitalist is a doctor who is responsible for making inpatient visits, and passing on any medical information to the primary-care physician. The number of physicians specializing in inpatient care, or hospitalists, in the United States has grown from several hundred in 1995 to more than 2,500 in 2000. One-third to one-half of all U.S. hospitals contract with hospitalist Doctors to provide services.

Some believe this growth reflects the impact these physicians can have on increasing the efficiency of inpatient resource utilization, reducing average length of stay (ALOS), and improving the quality and consistency of inpatient care.

A hospitalist program is most likely to achieve continued success if the system is structured so that financial rewards are distributed fairly among all the participants.

"The hospitalist model of inpatient medical care raises compelling ethical challenges for practicing physicians. Hospitalists are physicians who specialize in caring for patients in the hospital. Under this model, responsibility for care is transferred from the primary care physician to the hospitalist when a patient is hospitalized. Hospitalists do not typically have a close relationship with the patient and may feel different obligations to their patients in matters of confidentiality and resuscitative care, compared to the patient's primary physician. "

Pantilat, S., Alpers, A., and Wachter, R. (1999). **"**A New Doctor in the House: Ethical Issues in Hospitalist Systems." JAMA, 282(2): 171

Differing Opinions
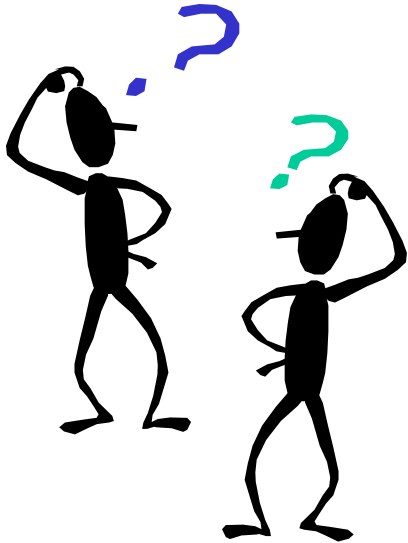
Benefits:

- Hospitalist has more experience dealing with acute medical conditions
- Hospitalist understands the hospital system and need for care efficiency.
- Hospitalist is more available to treat changes in medical condition quickly.
- Hospitalist's time is dedicated to the care of the hospitalized patient - no office patients.

"Inpatient pediatric medicine may benefit from the establishment of hospitalist physicians to coordinate the hospital care of children in concert with the child's primary care pediatrician. A hospitalist model has been implemented in some communities to improve the quality and reduce the cost of care for hospitalized patients by coordinating inpatient care among hospital care specialists. Hospitalists may be more effective than pediatricians, who primarily provide outpatient care".

Ballet, P. & Wachter, R. (1999). "The Hospitalist Movement and its Implications for the Care of Hospitalized Children." Pediatrics, 103(2): 473.

Disease Management and Population Risk Management

> Disease management is still a newly emerging approach in healthcare, with many definitions and models. It may be thought of as the next step beyond case management.
>
> Siefker, 1998

Healthcare Organizations use disease management to hold down healthcare costs. The tools include utilization review, evaluation of medical necessity, and ongoing wellness programs. One drawback to a disease management system is that the effort focuses on the disease, not on the whole person, and often focuses on treating the disease and its complications versus health prevention. Focusing only on the disease can be problematic because patients with complex diseases also have many other issues, or comorbidities. To be successful, these programs must focus on the entire patient to bring about effective medical and utilization outcomes.

Population risk management, on the other hand, considers a different approach. In this model, an entire employee population (or demographic population) is managed. Population risk management brings together the elements of utilization review, demand management, disease management, case management, wellness programs, risk assessment and outcome reporting. These programs also include comprehensive data collection to ensure positive outcomes, and in seeing the patient as a whole being.

Differing Views of Disease Management

> Disease Management is "a proactive approach to the management of a disease process. Provides guidelines and intervention that include both patient and provider education. Goal: to treat a given disease with improved outcome and reduced cost."
>
> American Association of Managed Care Nursing, 1998

Case Management View:

> *"the integration of services across continuum of care to treat a given disease with goals of improved outcomes and reduced costs."*
> *Ward and Rieve, Journal of Care Management, 1995*

Managed Care View:

> *"Managing the behaviors of recipients, providers, and system of healthcare delivery across continuum of care based on natural course of disease."*
> *Eichert, 1996*

Brief History

Early disease management roots:

- Pharmaceutical benefit management; defined drug regime for specific conditions, but not for the entire spectrum of care
- Control costs $

Disease management has evolved to:

- Broad, comprehensive program
- Care across multiple settings
- Integrated network of providers
- Treat condition with a planned clinical pathway

At this time, some of the diseases proven to be well managed with disease management programs include the following: coronary artery disease (CAD), congestive heart failure (CHF), diabetes, chronic obstructive pulmonary disease (COPD), asthma, and hypertension.
There are many programs documented in the literature showing positive outcomes in both quality and cost.

Developing Disease Management Programs

- Effectiveness
- Client self-management
- Development of DM programs
  - Extensive research on positive outcomes/best protocols
  - Recruit physician champions
  - Measures include:
    - Utilization outcomes for all enrolled in program
    - Patient satisfaction and perceptions of general health and well-being
    - Specific clinical outcomes for the program

Eight steps for case managers to consider when putting disease management program into practice:
1. Identify clients at risk
2. Create clinical pathways
3. Identify patient population eligibility for services and benefits
4. Assure customized services are in place
5. Implement program with the consent of all parties
6. Follow-up to measure or adjust plan, prevent acute problem flare-ups
7. Put in place--Continuous Quality Improvement process of outcomes

8. Evaluate financial issues and negotiating risk

Healthcare Informatics

Using computers in healthcare can improve the quality and effectiveness of care and reduce costs. However, adoption of computerized clinical information systems in health care lags behind use of computers in most other sectors of the economy.

Possible uses for e-health systems include the following: ongoing development of a personal health record for patients, secure online messaging and scheduling, licensed online clinical content for patients, and an online, health risk assessment tool.

Although the term is vaguely defined, and used in several different ways, "e-health" is defined as electronically facilitated clinical and service functions outside the realm of purely business and financial transactions.

E-health transformation is turning out to be a delivery system challenge as well as a technological challenge. In many cases, there is a mismatch between the products and services that vendors have been creating and the wants and needs of their provider and insurer clients. Fragmented Products and services occur, though some vendors are attempting to create solutions that are broader and more comprehensive than individual tools.

The lack of a true electronic medical record (EMR) in most patient care organizations is severely hampering progress in a wide variety of areas, from development of a personal

When a physician orders a test by computer, it can automatically display information that promotes cost-effective testing and treatment.

Beneficial Uses of Informatics

- Alert physicians to abnormal and changing clinical values
- Generate reminders for physicians
- Integration of patient record, research plans, and knowledge databases for complex problems
- Use of the computer and databases to compare expected results with actual results to help physicians make decisions
- Patient ability to obtain information to aide in making difficult decisions and to contact experts and support groups

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Components of good e-health systems:

- Provide a uniform format
- Protect confidentiality through the use of strong safeguards
  - Patient rights
  - Provider rights and other concerns are being addressed
- Prevent of inadvertent disclosure or alteration of computerized medical records

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All e-health initiatives hold some potential for real improvements in patient care and clinical practice. Those that integrate underlying processes, add broad value, or address underlying health system issues, such as reimbursement, may bring the kind of breakthroughs that will move the healthcare system forward.

All of these concerns are addressed in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Health Insurance Portability and Accountability Act (HIPAA)

> **HIPAA Health Insurance Reform: Title I**
> Protects health insurance coverage for workers and their families when they change or lose their jobs. Visit this site to find out about pre-existing conditions and portability of health insurance coverage.
>
> **HIPAA Administrative Simplification**: **Title II**
> Requires the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data. Adopting these standards will improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care.

The HIPAA legislation mandated regulations that govern privacy, security, and electronic transactions standards for health care information. HHS has published final regulations related to electronic transactions and privacy. Other final and proposed regulations occurred in 2001. Together, these regulations require major changes in how healthcare organizations handle all facets of information management, including reimbursement, coding, security, and patient records.

These regulations will have a far-reaching impact on every department of every entity that provides or pays for healthcare.

Supplemental Reading

Website: http://cms.hhs.gov/hipaa/
This is the government website with large amounts of specific information about the HIPPA regulations.

Fitzmaurice, M. & Rose, J. (2000.) **"**What Physician Executives Need to Know about HIPAA (Health Insurance Portability and Accountability Act): Cutting to the Chase." The Physician Executive http://www.ahcpr.gov/data/hipaa1.htm

Criteria for Evaluating Internet Health Information

The Internet contains a wealth of information about case management. Subscribing to free online newsletters provides weekly updates on important practice issues directly to your computer. The greater the comfort and skill the case manager has with "surfing" the Internet, the easier it is to keep up to date on professional, clinical, and policy issues.

Additionally, patients now are using online medical information reference sites. It is important to keep informed about the leading sites that relate to your specialty and to able to effectively evaluate any information brought to you by a patient.

When evaluating a site look for the following

> **Credibility:** includes the source, currency, relevance/utility, and editorial review process for the information.

> **Content:** provides accurate and complete information, and an appropriate disclaimer provided.

> **Disclosure:** includes informing the user of the purpose of the site, as well as any profiling or collection of information associated with using the site.

> **Links:** evaluates according to selection, architecture, content, and back linkages.

> Design: encompasses accessibility, logical organization (navigability), and internal search capability.

> **Interactivity:** includes feedback mechanisms and means for exchange of information among users.

> **Caveats:** clarifies whether site function is to market products and services or is a primary information content provider.

Source: *Assessing the Quality of Internet Health Information*. Summary. Agency for Health Care Policy and Research, Rockville, MD, and Mitretek Systems, McLean, VA. http://www.ahrq.gov/data/infoqual.htm .

Supplemental Reading

Benkowski, S. (September 2000). Empowering patients with e-health. Continuing Care Online: http://www.ccareonline.com

Complementary and Alternative Medicine

What are CAM Therapies?

The National Center for Complementary and Alternative Medicine (NCCAM) at the National Institute for Health (NIH) considers alternative medicine to consist of practices outside of the "typical" or dominant system for managing health and disease.

Types of CAM

- Chiropractic medicine
- Acupuncture
- Meditation approaches
- Metaphysical approaches
- Chinese medicine
- Herbal medicine
- Massage therapy
- Reflexology
- Aromatherapy

Major Domains of Complementary and Alternative Medicine

Alternative Medical Systems: Involves complete systems of theory and practice that have been developed outside of the Western medical biomedical approach. Divided into four subcategories: acupuncture and oriental medicine; traditional indigenous systems; unconventional western systems, naturopathy.

Mind-Body Medicine: Involves behavioral, psychosocial, social and spiritual approaches to health. Divided into four subcategories: mind-body systems; mind-body methods; religion and spirituality; social and contextual areas.

Biologically-Based Therapies: Includes natural and biologically-based practices, interventions, and products. Many overlap with conventional medicine's use of dietary supplements. Divided into four subcategories: phytotherapy or herbalism; special diet therapies; orthomolecular medicine; pharmacological, biological and instrumental interventions.

Manipulative and Body-Based Systems: Refers to systems based on manipulation and/or movement of the body. Divided into three subcategories: chiropractic medicine; massage, and bodywork; unconventional physical therapies.

Energy Therapies: Involves systems that use subtle energy fields in and around the body for medical purposes and bioelectromagnetics, which use unconventional use of electromagnetic fields for medical purposes.

Growth in CAM Therapy Use

Statistics on consumer use of CAM:
–12 visits to CAM providers annually
–7 visits to conventional providers annually
–Out-of-pocket:
1993 - $13 billion annually
1997 - $27 billion annually

Physicians refer patients to CAM therapists, most notably to acupuncturists (43%), followed by chiropractors (40%), and massage therapists (21%) (Astin, et al, 1998).

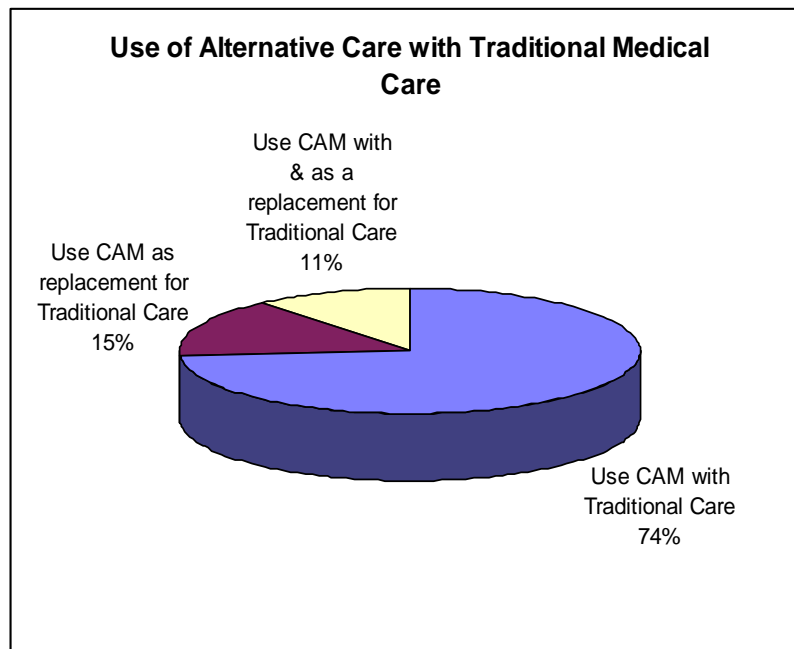95% of medical schools include CAM in their programs

Driving Forces for CAM

What is fueling the move to complementary care?

- Desire for control over personal health
- Aging of the population: health maintenance/managing chronic health conditions
- Baby boomers and self-care
- Cost of physical and mental health care and limitations of managed care plans
- Further integration of other cultural practices
- Mass media, the World Wide Web, advertisements, and word-of-mouth reports

In response to CAM Trends

In March 2000, the White House Commission on Complementary and Alternative Medicine Policy was created for the purpose of:

- Education and training of healthcare practitioners
- Research to increase knowledge
- Reliable and useful information
- Appropriate access to and delivery of CAM

Use of Alternative Care with Traditional Medical Care

Use CAM with
& as a
replacement for
Traditional Care
11%

Use CAM as
replacement for
Traditional Care
15%

Use CAM with
Traditional Care
74%

Implications for Case Managers

Alternative care has the following implications for case managers:

- Advanced health assessment integrating CAM, including risk assessment (Ullrich & Hodge model)
- Knowledge in CAM therapy types for patient advocacy & safety
- Identification of client's expected outcomes with CAM use
- Proactive plans of care for clients choosing to use CAM therapies
- Referral to professional team member(s) as appropriate for questions & follow-up across care continuum
- Documentation including CAM use information

The following are two very useful and informative sites:

National Center for complementary and Alternative Medicine--
http://www.nccam.nih.gov

American Holistic Nurses Association-- http://www.ahna.org

Conclusion

Healthcare and Case Management activities continue to improve due to the increasing ability to exchange information about patients and to provide various methods of treatments. As our ability to exchange information increases, it is important to assure the confidentiality of information to our clients, as well as provide them with the most appropriate treatment for their conditions.

Complementary and Alternative Medicine may offer additional relief for patient conditions, and by using Disease Management Programs, may help to ease or eliminate the issue altogether. In addition, with the advent of the Internet, many patients and families access online medical information. Responsible Case Managers must be able to evaluate sites for accuracy/usefulness.

This concludes the first course in the Case Management Program. Most of these topics in this Introduction to Case Management will be covered, throughout the certificate program. You are encouraged to review the various links and references to explore areas that are of particular interest.

Supplemental Reading

Parkman, C. (July/August 2001). "Alternative Medicine: The Mind Body Connection. Continuing Care Online," http://www.ccareonline.com

Now please complete the Module 5 Exercises:

Module 5 Exercise: WebQuest

Complete the WebQuest. The WebQuest is available by clicking on the Assignments link in the Course Menu. Answer the questions in a word document sites as listed. Turn this assignment in by clicking on the Assignment Dropbox link in the Course Menu.

This assignment is worth 15 points.

Module 5 Final Paper: Case Management Model

This assignment has **two parts**: Model Schematic and Paper

1. Develop a schematic of a case management system. This can be a modification of your current system, or a model you create. The model should illustrate the integration of key roles. (15 points)

2. Your paper should be 2-3 pages in length and include: (20 points)

- Definition of the model and its components.
- Discussion of how the model integrates roles.
- Explanation of how the model works.
- Identify and explain any barriers you anticipate.
- Your beliefs regarding an optimal case management model.

Turn this assignment in by clicking on the Assignment Dropbox link in the Course Menu. Note: the Schematic can be hand written and faxed to the instructor, or submitted in PowerPoint via the assignment drop box.

This assignment is worth 35 points.