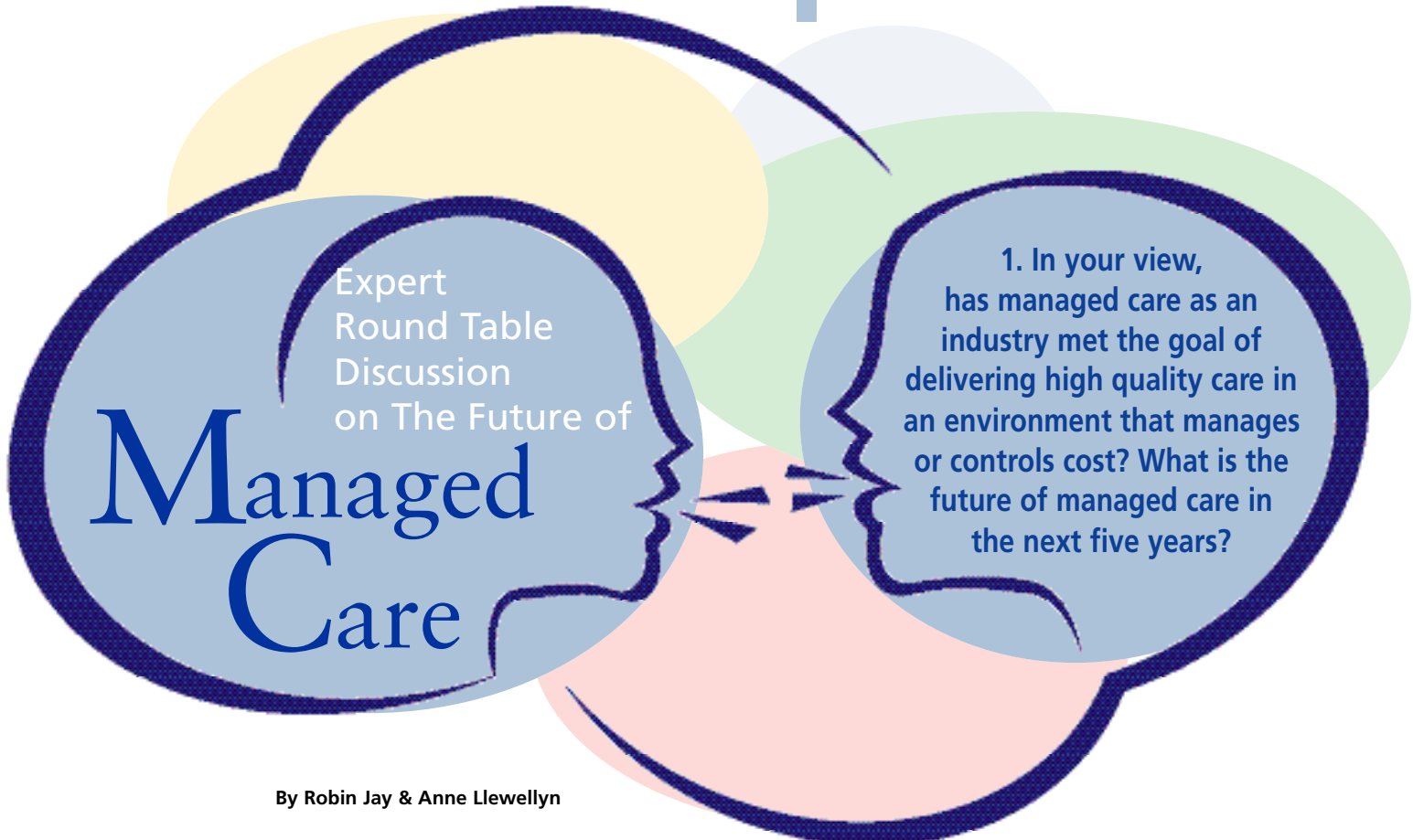


case *in* point

Improving your practice, your career and your life



By Robin Jay & Anne Llewellyn

Most healthcare professionals would agree that utilization management, case management and disease management will continue to play a growing role in the future of managed care.

To help gain perspective on how managed care and these management tools have impacted healthcare to date and what goals they have yet to reach, *Case in Point* arranged a roundtable of experts to comment on the matter. Our three panelists include Harlan Levine, MD, Chief Clinical Officer at OptumHealth Care Solutions; Alan P. Spielman, President and CEO of URAC; and Catherine Mullahy, President of Mullahy & Associates, LLC, a case management training and advisory service. May their insight inspire you.



Alan Spielman
President and CEO of
URAC

DR. LEVINE: Managed care today helps people get access to the right care, in the right place, at the right time, and to meet the needs of complex patients. Although variation in care exists by region and specialty, the acceptance of evidence-based medicine (EBM) continues to grow. This broader recognition by physicians and facilities will continue to drive increases in quality care and better health outcomes. The future of managed care will be more consumer-centric, with a continued emphasis on improving quality and removing unnecessary cost.

What the future looks like is summarized in a statement by Secretary of Health and Human Services Michael O. Leavitt, published in the 2006 edition of *America's Health Rankings*

(www.unitedhealthfoundation.org/shr.html). He describes the future as being a "value-driven" health-care system that combines science, performance assessment, consumer decision-making and health information technologies. Proactive managed care companies, such as OptumHealth Care Solutions, are focused on integrating these elements to support consumers, physicians and purchasers.

ALAN SPIELMAN: Managed care has improved quality of care and an organization's ability to manage costs, but in our fragmented healthcare system, we're a long way from having any particular model that delivers the consistently high quality care and efficiency we all desire.

In the future, I certainly think technology will drive major changes. It will enable integration of managed care services in ways that we haven't seen before. The whole concept of integration across several dimensions of healthcare management will take hold, and I see it coming in three forms:

- greater integration of client service offerings in managed care organizations;
- greater integration organizationally, both in staffing and in systems; and
- greater integration of data. This holds major promise when you consider use of medical, drug and laboratory data for improvements, as well as health-risk assessment data and information coming from disease-management programs.

We saw these trends emerging in URAC's survey and report, *2005 Trends and Practices in Medical Management*. This threefold integration will enable us to design more effective interventions and provide more feedback to physicians and patients.

CATHERINE MULLAHY: I think it would be difficult even for the architects of managed care to agree that we are delivering high quality care and controlling costs. Healthcare costs continue to rise at an annual rate of 10-15 percent. This increase served as the "tipping point," if you will, that signaled the need for the creation of this revolutionary concept we call managed care, which now represents a \$2 trillion industry. That's good for the industry, but not for consumers. Especially when you consider that more than 43 million Americans remain uninsured for healthcare coverage.

Additionally, because the incidence of obesity and type II diabetes has reached epidemic proportions in both adults and children, the *quality* of care being delivered needs to be questioned.

I think the future of managed care depends on a new consumer-driven model of healthcare, one which emphasizes high quality of care, accessibility of care to all Americans and promotes case management as a patient-centered *and* cost-sensitive tool. Many states are advocating alternative health plans that mimic the universal health plan model. Maine's plan is failing to meet its objectives and I suspect other states will have difficulty following the universal model. Michael Moore's film, *Sicko*, is calling for a single-payer health-care system, with the federal government serving as the insurer. This, too, seems inconsistent with the American way.

I truly believe the future of managed care depends on a kinder, gentler form of healthcare, but one which recognizes that patient-centered, consumer-driven healthcare and cost-effectiveness are not mutually exclusive. To the contrary, I'm convinced that if we empower case managers (whether they are nurses, social workers or other professionals) to serve as patient advocates in this consumer-driven environment, it would create a win-win for all parties concerned.

2. How do you see utilization management changing as a tool to ensure effective use of healthcare resources?

DR. LEVINE: Utilization management can be an effective trigger to help identify someone who also needs case management. In general, the focus should not be solely on utilization management, but also on helping people get access to the right care, at the right time, in the right place. Doing so requires use of predictive modeling and obtaining information from a variety of sources, such as health risk assessments, to assist an individual before the need for a costly intervention.

The sooner an intervention can take place in the continuum of care, the smaller and less costly that intervention needs to be and the many times larger the leverage in improving the outcome. Improving information flow and empowerment to patients before chronic disease sets in, before physicians and hospitals are chosen, before treatment decisions are made, and before procedures are planned enhances the overall experience and result, while decreasing costs.

ALAN SPIELMAN: Utilization management is a significant component of managed care and continues to grow. One of the findings of our 2005 Medical Management survey is that advances in technology, including the use of predictive modeling and other methods of data analysis, are creating opportunities for utilization management to be targeted to yield the greatest impact with the most complex cases. We continue to see utilization management solidly situated as a proven technique.

CATHERINE MULLAHY: While UR/UM will



Catherine Mullahy
President of Mullahy
& Associates

Dr. Harlan Levine
Chief Clinical Officer
at OptumHealth
Care Solutions

undoubtedly continue to manage the use of healthcare resources, I believe that we have already witnessed and will continue to see a shift away from the “mother may I?” approach (which is so time-consuming and administratively onerous for physicians, patients and insurers), to one which will manage less of the “routine” occurrences, leaving decision-making for treatment between patients and their physicians. I also think the shift will further help identify the high-cost, complex patients and refer them appropriately to case management, disease management or other programs for an improved outcome.

3. How can professionals in the field of medical management/care coordination meet the changing needs of today’s healthcare system?

DR. LEVINE: The dramatic change taking place in healthcare today is that, increasingly, individuals choose and manage their own healthcare coverage and are more personally involved in making decisions about their own preventive health behaviors. We are meeting this change by embracing the new dynamics of the evolving consumer-centric market. The consumer will determine care delivery relationships and judge the service experience. People’s needs will drive how decision-making information is shaped, how healthcare education and coaching are delivered and how technology platforms are designed. Care management will undergo transformative changes to continue to play its significant role in supporting the consumer with access to timely, affordable, high quality health care solutions.

ALAN SPIELMAN: The two biggest areas where care coordinators can play a role are in care transitions and in better consumer engagement to help them become active participants in their own healthcare.

URAC is participating with the National Transitions of Care Coalition (NTOCC), which is focused on the problem of improving the quality of care as patients shift from one care setting to another. In our siloed healthcare system, the information that is passed from one provider to another is not rich enough and, as a result, the patient’s quality of care often suffers. Much must be done to improve those handoffs, and that’s where care managers are really at the apex of managed care. They are in a wonderful position to make improvements.

The second need is finding ways to engage consumers better in becoming active participants and managers of their healthcare. That’s

where care management professionals again have an important role to play. Major payers and employers are increasingly looking to their health plans and managed-care vendors to be accountable for consumer engagement.

CATHERINE MULLAHY: First and foremost, I think they must start adopting a more proactive attitude that the patient always comes first. This is not an easy task for some who may find themselves as employees in organizations that places profits first. Secondly, they must assume the position of quarterback — a leader who brings the team together to win the game. Thirdly, they must be open to change and not be afraid to embrace new models of healthcare.

Unfortunately, as with any large, unwieldy system, the wheels of progress turn slowly and many are afraid or unwilling to make the changes. Painful as change may be, it’s necessary to facilitate a more positive outcome. These professionals, in addition to being quarterbacks, also must be cheerleaders to help motivate the team by their example and their willingness to try new methodologies.

4. Physicians still have a negative impression of managed care and utilization management.

What can be done to change their perceptions?

DR. LEVINE: It’s important to take a proactive, patient-centered approach to share relevant data with physicians in a way that supports their practice. Managed care companies should see working with the physician community as an integral part of disease management and care coordination. We need to connect with the doctors’ offices in ways that are sensitive to their work flow. We do this through peer-to-peer discussions, traditional data sharing and technology based solutions that include messaging and access to personal health records.

ALAN SPIELMAN: I would disagree to a point with the premise; I don’t think all physicians have a negative impression of managed care and utilization management. Unfortunately, there still persists the misperception that the only point of utilization management is to deny care, when the vast majority of services are approved and utilization management has an important effect on improving quality. It’s about adding a framework of objective criteria and standards to make sure patients receive appropriate care.

Physicians need to hear more often the success stories of the value care managers add so that they can connect the dots in a fragmented healthcare system. A health plan

through utilization management and care management can often bring information to bear that the treating physician would otherwise not know. They can also bring evidence-based guidelines and criteria that point out gaps and quality issues. For the patient, receiving inconsistent and conflicting care information from different providers can lead to suboptimal care. The bottom line is there is much evidence that when physicians are provided information that adds to the care equation and highlights quality issues, they are very appreciative. Care management professionals should do more to communicate the success stories.

CATHERINE MULLAHY: It is somewhat unfortunate that physicians have a negative impression about managed care and utilization management; however, their feelings are not totally unwarranted. When one considers how terribly convoluted the healthcare delivery system has become since the evolution of managed care, the relationship between physicians and their patients has been, in many respects, adversely affected. Treatment is scrutinized, practice patterns closely monitored, and there are “others” in the examining room with them, many of whom lack the qualifications to question the prescribed treatment or to recommend “acceptable” alternatives. There needs to be a movement away from managing “everything,” and instead, formulate collaborative relationships among the stakeholders to assist the physicians (enter the case manager!) in the management of their most challenging, complex and at-risk patients.

In conclusion

While managed care has made great strides in improving quality, delivery and access to healthcare, the conclusion of our roundtable panel is that we, as an industry, must continue to grow toward a more collaborative system that incorporates the tools of UM/CM/DM to ensure patients receive optimal care according to their individual needs. As industry providers, payers and consumers gain increased awareness and understanding of the valuable role case management plays in reaching these goals, the more collaborative and patient-centered our delivery system will become. If you would like to communicate with any of our roundtable panelists, you may reach them at these email addresses:

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