As the healthcare environment evolves, healthcare providers struggle with the redesign of their care management programs to deliver the more stringent outcomes demanded. Care management is at the heart of identifying and working with patients at risk. It is charged with coordinating the internal care team and external providers to establish a care continuum that ensures smooth transitions and judicious use of scarce health care resources. New processes must be developed in conjunction with the historical functions of utilization review, denials management and discharge planning. With changes to the payment landscape and the transparency of outcomes, care management programs must have a broader focus on readmissions, length of stay, emergency room visits, appropriate level of care and indirect costs.

Differences in terminology and definitions only add to the confusion. In an effort to minimize confusion, care management within this article is defined as, “A process designed to assist patients and their support systems in managing their medical/social/mental health conditions more efficiently and effectively. Case management and disease management are included in this definition.” FTI has worked with numerous healthcare providers to design or redesign their care management programs based on desired outcomes. This process starts with defining the organization’s goals and objectives and requires understanding of what type(s) of outcomes the organization is expecting from these activities. Through years of experience, FTI has identified the top five reasons many programs struggle and how to assist our clients with the delivery of efficient patient care.

1. **LACK OF CARE COORDINATION**

Care coordination is a system wide initiative that begins at the point of entry to the healthcare organization. A Health care system is unable to provide effective care coordination when care management activities are primarily focused on discharge planning and utilization review.

FTI recently worked with a client challenged by increased readmission rates and low patient satisfaction scores. A comprehensive assessment revealed the client had little to no care coordination processes. Social workers were performing traditional social work activities. Registered nurse case managers were performing utilization review with no real care coordination efforts. FTI partnered with this client and redesigned their care management department, streamlining their focus on utilization review and expanding their role into care coordination. Another focus has been to provide assistance to develop multi-disciplinary team rounds (MDRs), which facilitate coordinated care among physicians, nurses and case managers. Implementation of MDRs improves communication and coordination of care. Our experience confirms a forum such as MDRs is essential to delivering safe, efficient and effective care.

2. **INSUFFICIENT OUTCOMES MEASURES AND ACTIONABLE ANALYSIS**

Frequently, organizations are paralyzed by mounds of data that provide no specific focus. Data is available, but dissemination and analysis processes have limitations, including: irregular distribution; no trend analysis; unclear insights; insufficient distribution to essential recipients. It does not identify responsibility or accountability.

A recent FTI client implemented a new electronic medical record (EMR). Following implementation, it became apparent that not all reporting needs were being addressed. The client struggled to pull data from the new system. FTI assisted the client to develop dashboards to track performance on selected key performance indicators (KPIs). Outcomes based on selected KPIs allowed the client to compare its performance to national benchmarks, industry standards and/or best practice metrics for quality.
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utilization and productivity. Monitoring of KPIs aided the leadership team to frequently assess program performance and early intervention to positively impact results.

3. LACK OF DELAY DAYS TRACKING
Efficient care delivery is a primary objective of an effective care management program. Delays in delivering care results in longer lengths of stay and decreased quality and negatively impact the patient’s overall experience. Identifying and tracking delay days by care management has been ineffective due to reporting processes that fail to identify and hold process owners responsible for root cause analysis and process improvement.

An effective delay day program starts with the collection of information which catalogs the quantity and reasons for delays in care delivery and planning within the organization. The program also identifies responsible parties assigned to undertake root cause analyses and perform process improvement activities. FTI has worked with a number of clients to develop a comprehensive delay day program which serves as the catalyst for driving performance improvement through transparent activities shared across the multidisciplinary team.

4. LACK OF A DEDICATED PHYSICIAN ADVISOR
Care management requires the active support of a physician advisor involved in day to day activities. One of these activities involves focusing on peer to peer discussions with physicians on medical decision-making and plans of care. Many hospitals utilize external vendors to meet regulatory requirements and to provide support for compliance activities; however, internal physician advisors are necessary to address care delivery and face to face interactions. Medical directors, other physician leaders, or other nursing or care management leaders do not have the dedicated time required to take on the responsibilities of a physician advisor. The importance of a dedicated physician advisor cannot be minimized. Effective physician advisor activities include, but are not limited to:

- Daily rounds with case managers/social workers
- Attendance at MDRs
- Length of stay/outlier management
- Utilization review
- Care coordination focusing on difficult/complicated discharges
- Partnering with care management leaders on outcomes review and process improvement
- Championing process improvement implementation with peers

Development and recruitment of an internal physician advisor can eliminate reliance on external vendors and provide real time case management support to address concurrent activities.

FTI works with clients to develop a full time dedicated physician advisor role to support care management activities. Our experts help train the physician advisor with a focus on reducing length of stay and resource consumption. We include a formal escalation process for case managers and physician advisors and include the development of tools for the physician advisor to use in tracking interventions. These tools will drive the development of KPIs related to the performance of this role in order to support the return on investment on an ongoing basis.

5. CARE MANAGEMENT LEADERSHIP NOT CLEARLY ALIGNED
Effective leadership is perhaps the most important element in a care management program’s success. Care management leaders must be able to:

- Collaborate with clinical care team leaders to build a coordinated care delivery process
- Ensure regulatory compliance with ever-changing government and payor expectations
- Develop care managers with knowledge and skills to facilitate care team activities
- Establish strong relationships with internal departments and external care providers
- Communicate effectively with physicians and hospital leaders
- Facilitate change to address clinical efficiencies and regulatory requirements

FTI has often seen care management leadership roles filled by internal staff with little to no leadership experience. For these new leaders to be effective, a mentorship program or additional training should be implemented. FTI has worked with several clients to mentor their leaders in these areas, and has delivered improved capabilities within a short period of time.

CONCLUSION
As the dynamic of healthcare continues to evolve due to external drivers such as reimbursement models, changing demographics and shifts in care delivery, providers must change in order to succeed. They will need to build nimble and more effective care management programs that are able to sustain current and adapt to future changes in care delivery. Along with this, providers will need robust technology and reporting processes to manage and monitor day to day activities. FTI has assisted many clients challenged in delivering an effective care management program. When these key issues are addressed effectively, care management programs become more robust and able to deliver desired outcomes in this ever changing landscape that is healthcare.
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REFERENCES

1 US Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ)