

A McKesson Perspective: Managing the Entire Patient Along the Care Continuum



Many experts believe that when a patient has an integrated care plan — one in which each person involved with the patient’s care knows what the other is doing — quality goes up, errors go down and costs are minimized. Yet despite the best efforts of the healthcare system, true care coordination is too often the exception rather than the rule.

Promising harbingers of change are in evidence, however. Improving medical management is one of the top 10 issues facing the industry this year, according to Cap Gemini Ernst & Young.

Here, Laura Coughlin, senior director of InterQual® Products, discusses the growing trend of “managing the entire patient” and the important implications it has for the healthcare system.

What does it mean to manage the entire patient?

Case management, as it’s traditionally understood, entails optimally managing the care of sick patients as a way to improve outcomes and reduce costs. It tends to be illness-centric, viewing patients as a single illness or collection of morbidities.

Managing the entire patient expands this definition in two ways. First, care models with an integrated philosophy draw their patients from anywhere along the care continuum; participants need not suffer from chronic or acute conditions to be eligible for closer scrutiny and management. Second, these programs help patients with myriad health needs, offering everything from medication management to education to emotional support.

This sounds a lot like “case management deluxe.”

It goes beyond that. More and more, we’re seeing organizations integrate different patient management functions: combining case management with utilization review and discharge planning, for example, or disease management programs that are starting to target their efforts on high risk patients by providing intensive and customized case management rather than the general population management approaches of the past few years. The walls between these disciplines are coming down, as people realize you can’t effectively manage patients by dividing their care into independent components.

When you start to think of patients holistically, you gain tremendous flexibility. A patient receives whatever combination of services makes the most sense, with the intensity of his or her relationship with the care manager waxing and waning as the patient’s needs change. Health plans must find ways to provide transparent and comprehensive care management to patients and providers. Technology is one of the keys to facilitate this effort. By seamlessly connecting outsourced disease managers to in-house case managers, a comprehensive member record is maintained and communication gaps decrease. Virtually, the left and right hands know what they are doing.

How does a health plan keep tabs on what an individual member requires at any given time?

Automate, automate, automate. No one care manager can keep track of all activities of the thousands of enrollees in any given health plan. Sophisticated technology forms the foundation for this model, but on top of that foundation sits a care manager. So first you need to capture every patient interaction — from a phone call to a lab result to a new prescription — and link that information so that you can then turn it into actionable information. Who has missed her colorectal cancer screening? Who isn’t

complying with his treatment regimen? Who is at greatest risk of developing a chronic illness in the coming year? Who doesn't have the support systems he needs at home to support him after a hospitalization? A huge array of questions need to be answered, and technology does this most efficiently. There's also the issue of bringing functions together, facilitating communication and standardizing processes, as I just mentioned.

But just as important, someone must fill the role as the member's main conduit to the health system. This professional has multiple functions: health manager, system navigator, confidante and educator, to name a few. When it comes to matters of health, people function best when they're in their comfort zone, and part of that comfort is from consistent relationships with caregivers. Evidence supports the fact that patients are more receptive to education and more compliant with their care plans if they're receiving their care and information from someone they know and trust. Technology plays a role here as well by giving that professional the information and processes to be effective across functions.

Where does the physician fit in?

Care management can ultimately enhance the physician-patient relationship when implemented correctly. Here's one example: Say a patient has just been diagnosed with an arrhythmia. The care manager could sit down with him, explain the basics of irregular heart rhythms, and help him come up with a list of questions to ask the electrophysiologist with whom he'll be meeting the following week. Armed with a basic understanding of arrhythmias and a good list of questions, the patient's meeting with the electrophysiologist will be much more productive than it would have been otherwise. The care manager could then follow up with educational materials, check on compliance, flag issues to the patient's primary care physician, and generally support the smooth and complete flow of information to all members of the care team, including the patient. The more the care manager's efforts can be viewed as helping the physician assure quality care for his or her patient, the more amenable physicians will be to care managers participating in the process.

People have been talking about this care management trend for a while. Why is it finally taking hold now?

The managed care marketplace has matured significantly and thus is in transition from an industry that was totally driven by managing costs to one that is equally focused on managing care, and managing it better than it has been managed in the past to obtain better outcomes. Many factors are behind this, including an aging population with more complex needs, the increasing interest in consumer-driven healthcare, and a push from employers for better service and outcomes for their healthcare dollars. The overarching sense is that, for all the money spent on healthcare in the United States, we really don't get what we need from either a quality or a simple caring perspective.

Health plans really hold the keys to affecting change. They have the data needed to form a complete picture of their members' health status, and they have a growing willingness to partner with members, providers, employers and other parts of the healthcare system. They also have become more willing to share that information. For example, plans are starting to share the rules they use to assess the effectiveness of their physician networks and determine compensation, the evidence-based best practice guidelines they use to determine appropriateness of care, the ways employer groups can reduce their healthcare costs, and the information consumers need to make better healthcare decisions.

We are on the cusp of much-needed change in healthcare, and the move to manage the entire patient by leveraging technology to put evidence-based medicine to work is one step in the right direction.

***McKesson Perspectives* examine some of the toughest and timeliest issues at the juncture of technology and healthcare. For more information about McKesson and its solutions, please call 800-522-6780, or visit our Web site at www.CareEnhance.com.**

InterQual is a registered trademark of McKesson Health Solutions LLC.
© 2004 McKesson Health Solutions LLC.