IP

Presentation to the

Federal Employees Health Benefits Carrier Conference

March 6-7, 2003

MD-Individual Practice Association, Inc. 4 Taft Court Rockville, Maryland

# Care Management

IP

- Health Plan Advantage
- Medical Coordination
- Care Program Components
- Case Management
- Care Program and Case Management Results

## Health Plan Advantage

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- Integrated Structure versus Carve-Outs
- Build DM Programs
- Risk Stratification using Medical, Pharmacy and Lab values
- Teachable Moments
- Home Health Services including Infusion and Hospice Services
- Primary Care Physician (PCP)



## Medical Coordination

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- Team approach (MA, BH, QI, SPA, Pharmacy)
- New analytic support for Case Management
- Medication compliance
- Partnering with hospitals to improve care
  - Routine meetings with hospital staff to discuss issues
  - Medical errors and patient safety
  - New reports to identify issues
  - In-hospital medical director

# Care Program Components

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- Data Collection -Multiple indicators selected
  - Admissions
  - ER visits
  - Pharmacy claims
  - Lab tests and values
  - Medical claims
  - Physician referral and member self referral



# Care Components continued

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- Interventions stratified by severity
  - Post hospitalization to Case Managers (Level 3)
  - Repeat ER utilizers ( Level 2)
    - Telephonic support and education
    - Utilizing Readiness to Change Model
    - HomeCall
  - Entire population (Level 1)
    - Newsletters
    - Educational mailings
    - Glucometers and Peak Flow Meters
    - Reminders

# Case Management

IP

- Admissions Coordination Team
- Inpatient Nurse Coordinator
- Post-discharge Case Management
- Telephonic Support
- Computerized telephonic support for behavior change based on Readiness to Change Model
  - Diet
  - Exercise
  - Smoking
  - Cholesterol
  - Hypertension



# Case Management

IP

- Use of "best" sub-acute facilities
  - Reduced readmits to acute care from 47% to 19%
  - Neurological Event Project
  - Rehabilitation Project
- Depression screening for all patients with chronic illnesses in Case Management
- New outpatient infusion center as alternative to home or inpatient care
- Disease specific educational materials to members during hospital and post acute facility stays

# Case Management

IP

- Behavioral Health
  - Case Management
  - Hospital and partial hospitalization admissions
    - Follow-up phone calls to schedule appointments
    - Facilitate appointment as needed
  - Urgent care access
  - Improving provider availability
  - Antidepressant compliance initiative



# Asthma

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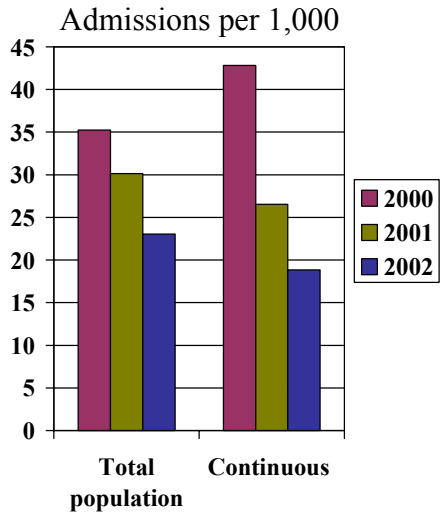
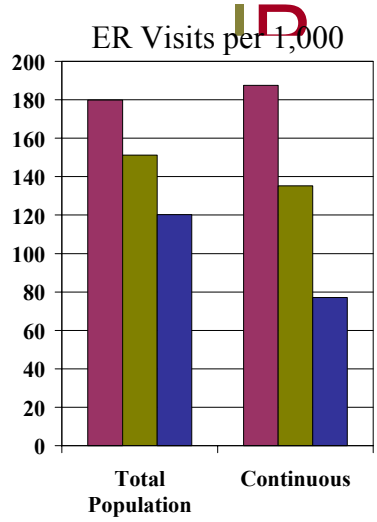
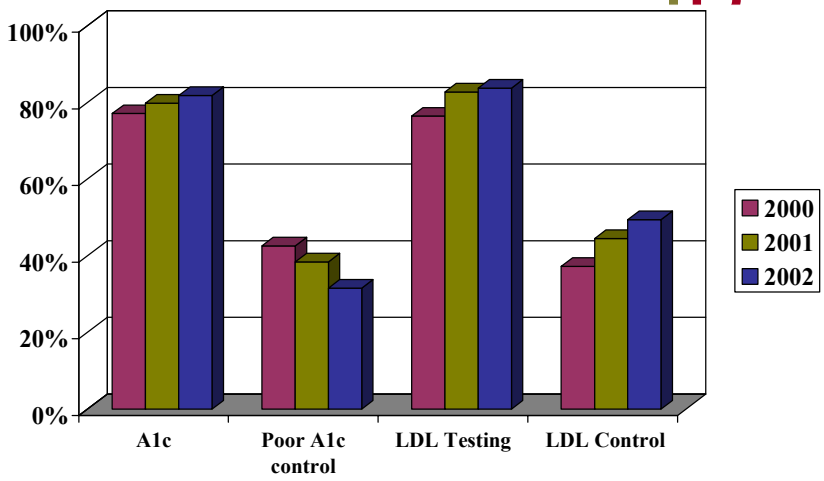





Source: MAMSI QI Department, 2/03

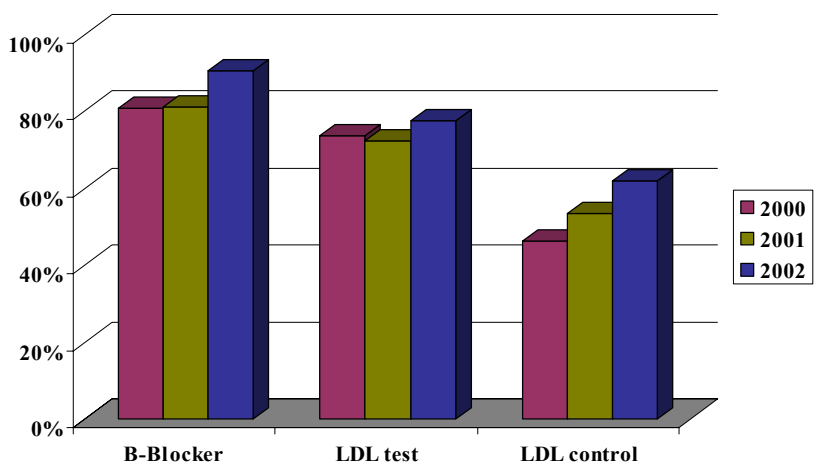
# Diabetes






Source: NCQA Quality Compass ® 2002

# Cardiovascular Results






Source: NCQA Quality Compass ® 2002

# Care and Case Management Program Results

IP

- **Asthma**
  - **42% decrease in hospitalizations**
  - **49% decrease in ER visits**
- **Diabetes**
  - **>10% increase in sugar & cholesterol testing**
  - **>10% increase in diabetic control**
- **Secondary Prevention of Cardiovascular Disease**
  - **>10% increase in medication after heart attack**
  - **>30% increase in cholesterol control**
- **New Prenatal and Neonatal Programs**
  - **>30% decrease in NICU bed days between 2000 and 2002***

***(Source: MAMSI SPA Department, 2/03)**