A Managed Care Approach to High-Risk Screening and Case Management in the Elderly

HMO INNOVATIONS

SHERRY L. ALIOTTA, RN, BSN, CCM
National Director, Case Management

Prudential Health Care

RONALD E. AUBERT, PhD, MSPH
Senior Health Care Analyst

Prudential Center for Health Care Research

HENRY B. KIRBY, MD, JD
Vice President, Medical Services Southwest Region

Prudential HealthCare SeniorCare
Atlanta, Ga

Effective Clinical Practice. 1998;1:93–94.

Objectives/Goals

The primary purpose of health risk screening is to identify persons who are at high risk for substantial deterioration in their health status because of an existing medical condition. Risk screening presumes that intervention will alter the natural history of declining health status. Traditional case management focuses on intervention after illness has occurred. Recent trends in case management of high-risk Medicare members include identifying members who are at risk for exacerbation of their illness and those whose condition or environment is likely to render them ineffective at self-management or unable to follow a medical regimen. The underlying assumption is that a decline in health status can be prevented in selected members if they are more closely managed and monitored. If this assumption is correct, the potential for improving quality of care and quality of life while decreasing medical costs is great.

The Prudential Health Care Plan of California, Inc., in cooperation with The Prudential Center for Health Care Research®, is conducting research on whether early identification of declining health in the elderly and subsequent case management can result in better health outcomes. The goals of the intervention are to enhance quality of care, maximize appropriate utilization of services, increase member satisfaction, and decrease unnecessary medical costs.

Program Details

High-risk health screening is designed to identify members at risk for declining health status and subsequent high-volume and high-cost utilization. New and existing members are randomly assigned to an early detection and intervention group or a control group (4022 to date). Members in the intervention group receive a telephone call from a trained health screener and are given a screening questionnaire validated in previous studies (1).

If the member has a high risk score, he or she is referred to a nurse for case management assessment and confirmation of high-risk status. Control group members are managed traditionally as a result of hospitalization or an extended hospital stay. Thus, no member with demonstrated need goes without case management. However, the intervention group receives earlier interventions intended to prevent morbid conditions. Details on high-risk status, social support, and caregiver status are identified during case management assessment and are obtained only on members identified as being at high risk.

The case management assessment process (Figure 1) evaluates members previously identified through high-risk health screening as being potentially at high risk for high-volume and high-cost utilization because of chronic illness. Evaluation of suitability for case management and identification of risk factors are standardized processes. Customized case management interventions are then implemented.

Members who are identified as being at high risk through the screening process and are found to have problems amenable to case management intervention are entered into the case management program. As part of this program, these members have an individ-

This paper is available at ecp.acponline.org.

© 1998 American College of Physicians–American Society of Internal Medicine

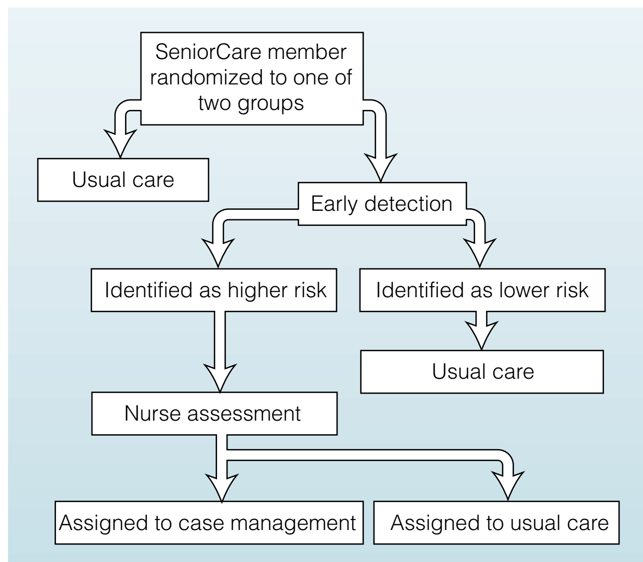

FIGURE 1. Screening and case management for Medicare beneficiaries enrolled in the Prudential HealthCare SeniorCare℠ study.

ualized program of care developed in collaboration with their primary care physician and are monitored by case managers to ensure effectiveness. We monitor the various interventions used by the case managers and track these interventions systematically. This enables us to identify the measures that are most effective in resolving various problems identified for intervention by the case managers.

Case managers complete the process of case selection, identification, and assessment by using the methods described in the Case Management Society of America Standards of Practice (2). Health and social problems are identified by using a defined list and nomenclature and are entered into a database developed for the study. Reports are generated that allow us to evaluate and monitor member progress and case manager effectiveness. Case managers record their findings and an estimate of case management intensity and severity of the illness at the onset of the patient's care. We hope that such documentation will allow us to analyze the effectiveness of case management decision making. In addition, we hope to be able to identify factors that may predict the level of case management resources required for a specific type of patient. This would greatly enhance the ability of organizations to determine staffing levels and case loads.

We have initiated weekly rounds during which we review patients who have been assessed and accepted into case management the previous week. We also discuss the various health and social situations and potential problems that may arise to assure identification of all issues. Interventions are discussed, and we report on the impact of interventions suggested at previous meetings.

Expanding the roles and responsibilities of existing staff can be a great opportunity if the staff have the right skills and are motivated to make the change. However, care must be taken to provide appropriate support in these new roles. Program supervisors may need to reassign or recruit experienced staff if needed.

Costs

At this time, it is difficult to estimate the costs of such a program as the proposed pilot. However, we are tracking costs as part of the study and will have an estimated cost for implementation in a health care system by the end of the study. For the pilot, program costs include health-screener salaries and nurses' salaries and benefits. Staffing ratios will be estimated by the number of high-risk members identified, the number of members accepted into case management, and the length of time that the member's case is managed.

Evaluation

To date, 2069 members have been screened and evaluated for case management. Three hundred fifty-six (17.2%) members were identified as being at high risk. Of the 234 members assessed by a nurse, 85 (36%) were accepted into case management. The most common reason for not accepting a patient into case management was that the current level of care was considered appropriate (89%).

The following outcome measures will be used to evaluate the program: member retention as a measure of satisfaction, number of hospital admissions and readmissions, total length of hospital stay, number of skilled nursing facility days, and total costs of medical care.

Recommendations to Others

If this screening process is found to be effective at identifying members who benefit from case management, it will be considered for implementation in all Prudential HealthCare® plans. In addition, costs of the screening program will be measured and weighed against the improved outcomes resulting from early intervention. The cost-effectiveness of the study and proposed approaches to improve screening efficiency may be useful for other managed care organizations with Medicare populations.

References

1. Boult C, Dowd B, McCaffrey D, Boult L, Hernandez R, Krulewitch H. Screening elders for risk of hospital admission. J Am Geriatr Soc. 1993;41:811-7.

2. Case Management Society of America. Case Management Society of America Standards of Practice. Little Rock, AR; 1995.

Correspondence

Ronald E. Aubert, PhD, MSPH, Prudential Center for Health Care Research, 2859 Paces Ferry Road, Suite 820, Atlanta, GA 30339; e-mail: ronald.aubert@prudential.com.