

MEDICARE ADVANTAGE NEWS

ConnectiCare MA Case Management Program Cuts Readmissions, Costs

A multifaceted program ConnectiCare developed to reduce hospital readmissions and costs among its Medicare Advantage members has succeeded in both regards while also improving patient care, according to Lauren Williams, vice president, medical operations. She detailed results of the program used by ConnectiCare, a subsidiary of insurer EmblemHealth, at the Medicare Advantage Congress, sponsored by Global Media Dynamics, in Washington, D.C., June 28.

The 3.5-star-rated ConnectiCare MA plan has about 31,830 members, up sharply since 2008, Williams noted. About 24.8% of ConnectiCare's MA members, in a pattern similar to that of many other MA plans, have a primary diagnosis of coronary artery disease, while 26.5% have diabetes.

To deal with those and other conditions, ConnectiCare uses what Williams called a "comprehensive case management model." One approach among several used to identify members who are high risk, she explained, is administering a health risk assessment (HRA) telephonically to members within 90 days of enrollment. So far in 2011, according to Williams, 73.7% of MA members have completed the HRA within that time frame, up from 70.8% in 2010 and 67.4% in 2009.

In addition to the HRA, ConnectiCare uses claims algorithms and discharge reports to identify members for outreach purposes. About 25% of ConnectiCare's MA population, said Williams, is identified as being at high clinical risk. This, in turn, leads to comprehensive case management assessments, and development of a "holistic" case management plan that may include condition management programs, complex case management and end-of-life care, she added. Williams noted that members may self-refer for comprehensive case management.

'Single Point of Contact' Is Seen as Key

A key element in ConnectiCare's approach, she said, is identifying a "single point of contact" for members in this program, rather than having members approached by multiple nurses.

In order to reduce the risk of readmission, ConnectiCare aims to have a case manager contact the member within two days of discharge from a hospital. The case manager conducts a "medication reconciliation," notifies the patient's primary care physician of the admission and discharge, and checks within 14 days of discharge to ensure the patient has a follow-up medical appointment. Other components, Williams said, include making "liberal use of home care" and enrolling qualified patients in specialty

ConnectiCare's Results on Key Chronic Condition Management Measures

HEDIS Measure	ConnectiCare's 2010 Results	65th Percentile or 4 Star threshold ****	85th Percentile or 5 Star threshold *****
Cholesterol management for patients with cardiovascular conditions: LDL-C (i.e., "bad cholesterol") screening	90.8%	85%	93%
Controlling high blood pressure	72.13%	63%	74%
Hemoglobin A _{1c} control (<9)	89.29%	80%	87%
Eye exam (retinal performed)	84.91%	64%	75%
LDL-C screening performed	92.21%	85%	89%
LDL-C control (< 100 mg/dl)	67.15%	53%	61%
Medical attention to nephropathy	89.05%	85%	90%
Blood pressure control (<140/90 mm/Hg)	80.05%	63%	74%
Annual monitoring for patients on persistent medications (MPM) total	92.32%	90%	92%

SOURCE: Presentation by Lauren Williams of ConnectiCare at Medicare Advantage Congress, June 28, 2011.

care-management programs, such as for heart failure and end of life.

The results outlined by Williams suggest the programs are having the intended effects. The MA plan's 30-day all-cause readmission rate, according to Williams, declined to 6.58% in the first quarter of 2011 from 9.39% in the first quarter of 2010 and 8.1% in 2010's fourth quarter.

On HEDIS measures for chronic condition care (see table, below), she said, ConnectiCare far exceeds the standards for four-star plans in CMS's ratings in such areas as lipid screening and control performing retinal eye exams, and control of high blood pressure and hemoglobin A_{1c} levels (in diabetics).

The MA plan has had success on the end-of-life care planning side as well, including increasing hospice admissions per thousand members and hospice average length of stay, Williams said.

ConnectiCare partners with Votiva Health to use proprietary claims algorithms to identify members "dealing with advanced illness planning needs," and couples that with direct referrals it gets (including from case managers) and clinical data from the assessment process, Williams explained. The goals include showing a "high degree of sensitivity" concerning the difficult discussions about the most appropriate and beneficial time for hospice.

The results of such interventions, noted Williams, include a 12% increase in hospice average length of stay between the third quarter of 2009 and the same period of 2010 and a 5.5% increase between the fourth quarters of those years. Average claims per decedent the month prior to hospice fell 37% from the third period of 2009 to the same period of 2010, while the fourth-quarter drop was 18%, she reported.

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