

We Need Help! Integrating a Care Manager Into Your Practice

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Poll Question

Where is your program in the process of care management?

- A. Thinking about hiring a care manager
- B. Have started the process to obtain funding for a care manager
- C. Started the process of hiring care manager
- D. Already have a care manager, but could refine what they do
- E. Confident in hiring and utilizing a care manager

MidMichigan Journey

- 12/2007 Faculty member attends PCMH conference
- 2008-2009 Faculty PCMH champion brings PCMH ideas to hospital administration
- 2009-2010 Faculty champion, office manager, and few administrators form PCMH executive team for hospital/health system

MidMichigan Journey

- 2009-2011 PCMH executive team works with physician champions from around Michigan and within local industry to help educate hospital administration about why PCMH is important
- 2010-2011 Largest local employer asks health system to focus on quality and cost containment in meaningful way
- 2011 Residency becomes first BCBS designated PCMH within health system

MidMichigan Journey

- 2010-2012 PCMH executive team arranges local PCMH presentations with outside experts discussing need for care management
- 2012 Speaker from MiPCT discussed a goal of 1 care manager per 1000 patient lives for their initiative
Administration considering joining ACO

MidMichigan Journey 2012-2013

- BCBS PCMH designation contingent upon expanding PCMH capabilities
- Already had practice-supported dietician, social worker, registry assistant and Medicare wellness coach
- 7 of 100 capabilities directly dependent upon care manager
- Next logical step to ask administration for support for care manager
- Asked for nurse care manager if we were to participate in ACO-hired October 2013

What we learned

- Important to build strong PCMH/quality foundation
- Leverage success of other quality/cost initiatives
- Multidisciplinary leadership team useful
- Educated local business leaders can be great allies as they shop for quality health products
- Persistence

Poll Question

Where do you see the most need for a care manager in your office?

- A. Transitions of care
- B. Direct resident education
- C. Coordination of ancillary services
- D. Wellness coaching
- E. Home visits
- F. Other

Nurse Care Manager

- Nurse in our system for 32 years
- Has been with the practice since October 2013
- Fully embedded within our practice full time (40 hours/week)

Care Manager Duties

- Transitions of Care
 - Attends morning report
 - Receives outside ADT information
 - Coordinate with inpatient MSW/case manager
 - Supervise TCM calls
 - Discuss with outpatient physician if necessary

Care Manager Duties

- Referrals from multiple sources
 - Providers
 - Nursing staff
 - Homecare
 - Inpatient case management
 - Patient
- Looks for patients who may need extra help

Care Manager Duties

- Patient coaching
 - Poor control of chronic disease
 - Setting goals
 - Support other ancillary services
 - Home nursing
 - Diabetic center
 - CHF clinic

Care Manager Duties

- Home visits
 - Accompany residents on home visits
- Educational conferences
 - Monthly practice PCMH meeting
 - Residents
 - Other care managers in the system
 - Administration

Care Manager Typical Day

- Attend morning report with residents
- Contact inpatient social workers/case managers
- Review all patients of practice seen in ED or as inpatient in the hospital (ADT information)
- Follow up with any nursing home discharges
- Supervise distribution of calls regarding above
- Phone calls/patient visits

Patient Story

Successes and Limitations



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Interaction with Resident Education

- Morning Report
- Referrals/consultation
- Monthly PCMH Meetings
- Home Visits
- PCMH Required Rotation
- Care Management Elective

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Morning Report

- Care manager
 - Provides significant background
 - Discusses how plan of care disrupted
 - Discusses how plan of care can be improved
- Residents
 - Identify new patients that may need services
 - Discuss how plan of care can be improved

Referrals/consultation

- Many patient visits scheduled for resident and care manager at same time
 - Collaborate on best timing of visit
 - Share information
 - Care manager usually able to spend more time
- Walk in referrals available if care manager available
- Many patients meet care manager with their doctor to foster team concept

Referrals/consultation

- High utilizing patients have usually already spoken with care manager
- Provides notes for resident physician prior to visit
- Prior to visits, discuss pharmaceutical choices and compliance

Monthly PCMH Meetings

- Care manager presents areas where she can be better utilized
- Discusses success stories
- Discusses patients all residents on call need to be aware of
- Discusses plans for appropriate utilization if applicable

PCMH Required Rotation

- During rotation residents must spend time with care manager to learn what the role is
- Discuss proper case management referrals
- Must understand role of care management in our office and how they could incorporate in future

Care Management Elective

- Required in outpatient PCMH area of concentration
- Understand how a practice keeps track of ADT information on patients
- Learn to make transition of care calls
- Arrange home visit if applicable
- Learn more about motivational interviewing

Poll Question

How do you envision paying for a care manager?

- A. From existing staff pool
- B. Direct patient visits
- C. Value-based insurance contracts
- D. Increased productivity
- E. Other

Funding MidMichigan's Care Manager

- BCBS Patient Centered Medical Home
- BCBS Care Management
- Direct Billing
- Increased Transitional Care Management Costs
- Medicare Shared Saving Program
- CPC+ ?

BCBS Patient Centered Medical Home

- 10% Value Based Reimbursement for PCMH designation
- Designation based on quality and # of capabilities
- 7/100 capabilities related to care management
- Would be more difficult/expensive to obtain without care manager
- 2015 \$36,000: 2016 \$50,000 (est)

BCBS Care Management

- 5% Value Based Reimbursement for billing care management services to designated number of patients
- 2016 \$25,000 (est)

Direct Billing

Code	Reimbursement	How provided	Frequency	Provider
G9001	\$118.55	Initial face to face	1/year/patient	Care manager
G9002	\$59.28	Subsequent face to face	Daily	Care manager, PharmD, LMSW
G9008	\$50.15	Initial referral	1/doctor/lifetime	Doctor
G9007	\$30.09	Doctor discuss with care team	Daily	Doctor
S0257	\$30.00	Advanced Care Planning	Daily	Care manager

Direct Billing

Code	Reimbursement	How provided	Frequency	Provider
98966	\$13.68	Phone with pt 5-10 min	Daily	Care manager, PharmD, LMSW
98967	\$29.27	Phone with pt 11-20 min	Daily	Care manager, PharmD, LMSW
98968	\$42.19	Phone with pt 21-30 min	Daily	Care manager, PharmD, LMSW

Increased productivity

- Increased provider time to see patients
- Increased visits from appropriate ER follow-up patients
- Transitional Care Management generally reimbursed higher than standard office visit

Transitional Care Management

	Medicare	Medicaid	BCBS	Cofinity
99495	\$158.58	\$91.52	\$229.37	\$257.60
99214	\$104.59	\$79.66	\$107.33	\$136.83
Difference	\$53.99	\$11.86	\$122.04	\$120.77

Medicare Shared Saving Program

- First and largest group from our health system in our ACO MSSP
- All cause readmission rate has decreased 16% 2015 to 2016
- Office visits within 30 days of discharge 799 per 1000 over baseline 750 per 1000
- Current cost per member per month down \$438 2015 to 2016

CPC+

- Clinic just notified of admission into Comprehensive Primary Care Plus program
- Makes funds available for care coordination services
- Plan to use the funds for a second care manager focused on chronic disease management

Poll Question

What aspect of care management are you most interested in discussing further?

- A. Obtaining support for a care manager
- B. Job duties of care manager
- C. Role of care manager in resident education

Further Guided Discussion



Summary

- Process of hiring care manager requires concerted effort
- Care manager can fill multiple roles in a practice
- Care manager can provide meaningful resident education
- Multiple funding sources are available for care management services

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



Social Q & A

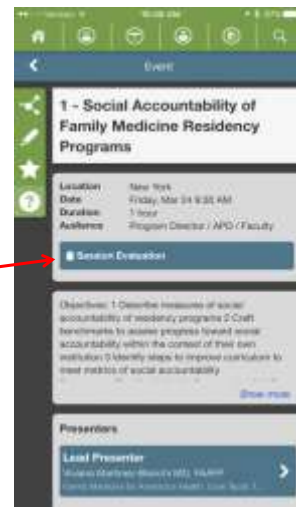
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Please...

Complete the
session evaluation.

Thank you.



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Thank You

Questions?



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