

Case Management

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Take a proactive approach to keeping your clients healthy

Case managers have an opportunity to help people avoid chronic illness

As the cost of health care continues to soar, employer groups and health plans are focusing on wellness programs that help people who aren't sick now change their lifestyles and avoid developing chronic diseases, such as emphysema, heart disease, or diabetes.

"The health care system is beginning to take a more proactive, rather than a reactive, approach since we know that preventing illness is much more cost-effective than treating illness," says **Connie Commander**, RN, BS, CCM, ABDA, CPUR, president of Commander's Premier Consulting Corp. and past president of the Case Management Society of America.

"In the past decade, the health care system has offered disease management programs for people with chronic diseases to help them stay out of the hospital, but there haven't been many programs that support people who are trying to stay well and take the next step to quit smoking, start exercising, or lose weight," says **Cary Badger**, MPH, vice president of market development for Regence BlueCross Blue Shield.

"The emphasis among insurers is shifting more to consumer engagement and away from managing the patient. We want to empower the consumers to become an active partner in their health care decisions," Badger adds.

Regence has launched a program called Activate that allows participants who engage in healthy behaviors to earn up to \$600 a year that can be applied to their deductibles and co-pays. **(For details on the Activate plan, see related article on page 51.)**

When health care costs were absorbed by employer groups and the consumer paid significantly lower out-of-pocket expenses, the focus was not on prevention and wellness as it is today. Individual consumers wanted to be healthy but were not financially vested in the process. But now that the health care system is facing a financial crisis and health care premiums are rising, people are paying attention, Commander

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says.

“There is an increasing emphasis on healthy living and prevention in the health care arena. Employers and health plans have been spending a lot of money on unhealthy employees. Now they’re looking at offering programs that can prevent, rather than treat, illness,” Commander says.

The shift in emphasis from curing illness to educating people on how to stay healthy is a great opportunity for case managers to make a difference to their clients, Commander adds.

“As case managers, a lot of what we do is teaching. This gives us the opportunity to share knowledge about healthy choices and give con-

sumers information they can use to motivate themselves and embrace changes,” she adds.

No matter what setting they practice in, case managers have the opportunity to teach their patients or clients about healthy behavior — no matter what the initial reason for the contact, says **Catherine M. Mullahy, RN, BS, CRRN, CCM**, president and founder of Mullahy & Associates, a case management training and consulting company.

“We can’t spend all our health care dollars on sickness. Many practice settings for case managers focus on illnesses, but nurses are grounded in promoting health because of our orientation and education. We have to take a proactive approach and help people stay healthy and avoid needing health care interventions,” she says.

It’s all a part of advocating for your patients, Commander adds.

“Part of the case manager’s goal with an individual with an illness or condition is to empower them to take care of themselves. If we include a wellness component in the self-care education, we can help them improve their outcomes and avoid a recurrence,” she says.

Getting someone to stay well is no different from motivating someone to take their medication for diabetes, Commander adds.

“Most people need a hands-on approach, and we need more case managers on the front line helping people adopt healthy lifestyles,” she says.

Case managers have so many teaching opportunities when they work with their clients, Mullahy points out.

“The entire conversation doesn’t have to be about the illness. They can encourage people to return to normalcy by adopting a healthy way of living,” she says.

Mullahy advocates integrating wellness efforts into disease management and case management programs.

“Whether case managers are capturing people in the initial stages of a chronic illness or assessing them for something like orthopedic surgery, they can educate them about behavior that will keep them healthy,” she says.

For instance, when Mullahy owned a company that provided case management services, her case managers recorded every client’s height and weight, no matter what the diagnosis, and determined his or her body mass index (BMI). If the BMI was not within normal range the case managers counseled patients about healthy lifestyle changes.

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Editor: **Mary Booth Thomas**, (770) 934-1440, (marybootht@aol.com).

Associate Publisher: **Russ Underwood**, (404) 262-5521, (russ.underwood@ahcmedia.com).

Managing Editor: **Jill Robbins**, (404) 262-5557, (jill.robbins@ahcmedia.com).

Production Editor: **Ami Sutaria**.

Editorial Questions

Questions or comments? Call **Mary Booth Thomas** at (770) 934-1440.

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Case managers should take every opportunity to promote wellness by looking for teachable moments and embracing them, Commander says.

For instance, when you are working with diabetics to get their conditions under control, educate them about healthy habits that can help their children avoid developing the disease, she says.

“When case managers work with a client, they can take the opportunity to talk to the entire family about healthy activities,” she says.

Hospital case managers are particularly challenged to approach patients with wellness information because the patients whose care they manage are very sick, Mullahy says.

“We need to create a balance between getting people out of their medical crisis and promoting good health,” Mullahy says.

Keep in mind that when people are recuperating from a serious illness or injury, it may not be the best time to tell them that an unhealthy lifestyle was what put them in the hospital, Mullahy warns.

However, a health care crisis can plant the seeds of healthy lifestyle changes, she adds.

“It’s more effective to ease people into a healthy lifestyle as they are headed toward the road to recovery,” she says.

Patients may promise themselves that if they get through the crisis, they’ll change. Case managers need to be aware that while these promises are well intentioned and patients may be able to sustain their commitment for a time, they may fall back into their usual habits, she says.

It’s wise for a case manager working with a patient who says he’s learned his lesson and plans to exercise and watch his diet to recognize that human behavior is likely to take him back on the same road, Mullahy says.

“Congratulate them and encourage them for their resolve to mend their ways, but recognize that their commitment may diminish over time and reconnect with them to continue to reinforce their good habits,” she suggests.

No matter what setting in which they practice, case managers have the opportunity to refer their clients to programs that can help them stay healthy, Mullahy says.

“Most case managers are not in the business of wellness, and often their caseloads don’t allow them to spend a lot of time on healthy behavior, but they still can educate patients about the wellness and fitness plans available through their hospital, their health plan, their employer, and in the community in hopes of moving them into a

healthy way of living,” Mullahy says.

Some resources may include wellness programs offered by health plans and employer groups, hospital-sponsored weight reduction, smoking cessation, or aerobics programs as well as low-cost programs at community agencies such as the YMCA and online programs such as Weight Watchers.

Health plans and employer groups are offering health promotional programs, including discounts for gym memberships or weight loss programs or economic incentives to enroll in a healthy living program, as well as wellness and prevention pieces, in addition to disease management and case management programs, Commander points out.

“Now that people are experiencing higher deductibles and co-pays, we may find that they are going to try to stay healthier and avoid going to the doctor’s office. All of us in the health care field know that when people access the system, it costs a lot of money. Now, we have to come up with ways to motivate individuals to have a healthy lifestyle,” she adds. ■

Members earn rewards for healthier lifestyles

Points can be applied to deductibles, co-pays

As part of its efforts to promote healthy living and save health care dollars in the long run, Regence BlueCross BlueShield is rewarding members for adapting healthy lifestyles.

The company has introduced Activate, a self-managed health care plan that allows members to earn points for engaging in healthy behaviors and convert the points to Member Choice Funds, which they can use to pay deductibles, co-pays, or other out-of-pocket expenses.

“Employers today want to help their employees adopt healthier lifestyles. Activate encourages members to become active partners in their health care and rewards them directly for that behavior,” says **Cary Badger**, MPH, vice president market development.

Members enrolled in Activate can collect up to \$600 a year in Member Choice Funds that can be applied to their deductible or co-pay.

Members automatically get 200 points when they complete a health risk assessment.

They can earn additional points for 75 different activities, ranging from enrolling in a smoking cessation or weight loss program to getting a flu shot or attending a healthy cooking class to visiting web sites that offer healthy living advice. If they log on to the sites through myRegence.com, their visits are automatically tracked and added to their personal choice account.

The program primarily works on the honor system. If a member reports participating in an activity that qualifies, he or she accumulates the points.

If members don't use their personal choice points, they roll over to the next year.

Regence introduced the program at a time when many employer groups are offering their employees health care plans that have higher deductibles and co-pays than in the past.

A \$1,500 deductible is not uncommon among employer groups insured with Regence, Badger says.

"When people know they will be rewarded for healthy behavior, it makes the increased deductibles and co-pays easier to accept," he adds.

To help employees stick with their healthy behavior, the Activate program, along with other Regence plans, offers members access to a health coach, a 24/7 nurse line, and the Special Beginnings maternity management program. In addition, they belong to the Regence Advantages program, which offers discounts on hearing aids, fitness club membership, weight management programs, and other health-related activities. Regence members have access to health coaching and online nurse advice even if they don't sign up for the Activate account on myRegence.com. **(For details on how the health coaching program works, see related article, right.)**

The wellness program is integrated with disease management and case management.

"Activate builds the wellness component into the overall program. The rewards system allows members to immediately see the results of their healthy behavior," Badger says.

The program is a win-win for the employers, their employees, and the health care system as a whole, Badger says.

"Our Activate program returns money to consumers when they start healthy behaviors. Even though the savings won't materialize quickly for the employer and the health plan, we know that it will lower health care costs in the long run," Badger says.

Employees become active and feel better; they

have fewer illnesses and miss less work, which translates into a healthier bottom line for the company, he adds.

It's hard to calculate an immediate return on investment for wellness programs, Badger points out.

"If a person quits smoking today, we may not see results in his or her health care utilization for 10 years or so, but in the long term, it's the best for the person and the health care system," he says.

Regence's health care cost trends have steadily decreased since 2002 when the company began offering incentive programs that have encouraged their employees to lose weight, quit smoking, and engage in other healthy behaviors, Badger says.

Regence began offering the Activate program to insured groups in mid-2008 and doesn't yet have outcomes data. However, the program has gotten rave reviews from participants, he says.

"Members have told us that they like the idea of receiving immediate recognition for trying to change their health," he says. ■

Coaches help members make lifestyle changes

Emphasis is on keeping them healthy

When members at Regence BlueCross Blue Shield want to lose weight, start exercising, quit smoking, manage the stress in their lives, or get a good night's sleep, help is just a phone call away.

The Portland-based health plan offers health coaching at no charge as part of a suite of member benefits designed to help members maintain a healthy lifestyle.

It's all a part of Regence's emphasis on keeping members healthy now to avoid health care costs in the future, says **Loralee Trocio**, MPH, supervisor health coach program.

The program is available to all Activate members, whether or not they have a chronic condition or any other health care problems. However, the health coaches work closely with the health plan's disease management and case management department to ensure that all the needs of a member are met.

"We emphasize all the different resources

available through their health insurance plan. In some cases, the members may also benefit from working with a disease management nurse, a case manager, or even a behavioral health specialist. If we identify a service the member could benefit from, a referral is made to that program," she says.

The health coaches work closely with other departments at Regence and sometimes co-manage members. For instance, a health coach working with a member with diabetes may refer the member to disease management.

Members who sign up for the Regence Health Coaching Program work one on one with a personal health coach over the telephone or through e-mail on any of five tracks: tobacco cessation, stress management, weight loss and nutrition, exercise, or help with sleep.

"The tracks are determined by the individual based on what the member would want to achieve and the goals he or she wants to set. People have an idea of what they want, but it's a matter of getting specific," Trocio says.

The goal of the program is to give members tools and skills to work toward behavioral changes that promote a healthy lifestyle, which they have defined for themselves. Members typically work with a health coach for twelve 45-minute sessions over a period of three to six months.

The health coaches help the members set "smart goals," which are specific, measurable, action-based, realistic, and timely objectives.

For instance, a general goal is "I'd like to be more physically active."

A "smart goal" is: "I'm going to run two miles after work on Tuesday and Thursday."

"If they are still contemplating changing or implementing an exercise routine, we address their stage or readiness and help them work toward taking action," Trocio says.

The health coach helps the member identify any obstacles he or she has encountered in the past and develop strategies to overcome them. They work with the members to help them become aware of the strengths they can build on while reaching their goal, she adds.

The health coaches have a variety of backgrounds but all have earned verification as a wellness coach.

The health coaches work closely with the case management and disease management departments at Regence and sometimes co-manage members.

For instance, a disease management nurse working with a member with diabetes may refer the member to a health coach.

The disease management nurse would educate the member about how to check his or her blood sugar, how to take insulin, or what specific diet to follow. The health coach would help them set goals around the diet or physical activity recommended by the nurse.

"We partner with each other to meet each other's needs," she says. ■

Demonstration project improves outcomes for ill

CMS work with patients by telephone and face to face

A Medicare demonstration project in Florida that includes both telephonic case management and face-to-face interventions has improved clinical outcomes for beneficiaries who are eligible for both Medicare and Medicaid and have congestive heart failure or any combination of comorbidities that include congestive heart failure, diabetes, and coronary artery disease.

The program, which started in 2005, has been so successful that the Centers for Medicare & Medicaid Services (CMS) has extended its contract with LifeMasters Supported SelfCare, an Irvine, CA-based provider of health improvement services.

"The program has demonstrated cost-effectiveness to Medicare, and our preliminary analysis indicated that we have improved the clinical outcomes for a very difficult-to-manage population," says **Christobel Selecky**, CEO of LifeMasters.

The goal of the program is to reduce preventable utilization with a combination of health coaching and lifestyle changes, Selecky says.

CMS is measuring the outcomes for the group that LifeMasters is managing against a control group.

There are about 28,000 participants in the program.

"We are showing good results in our population compared to the control group and are slightly above break-even for the new cohorts in the program. People who have been in the program since it began in 2005 are getting older and sicker and experience higher health care costs than the new participants," Selecky says.

Participants in the disease management program are followed by nurses in a call center called clinical nurse consultants (CNCs) and/or community-based case managers called community service RNs (CSRNs) who work with the beneficiaries in their homes.

"The team in the field and the team at the call center are extremely tightly integrated and refer back and forth to each other," Selecky says.

Referrals for the program come into the call center where specialists complete an evaluation and determine if the person's care could be coordinated over the telephone or if they need face-to-face care, says **Vicki Manning**, RN, community services RN team manager.

"It's a seamless system. If the clinical nurse consultant at the call center has concerns about one of the participants, they send a referral to the community service RN or social worker to evaluate the participant in their home," she says. **(For details on how the community-based program works, see related article on page 55.)**

"LifeMasters' goal is to manage as many people as possible by telephone because successful programs need to be scalable. However, to ensure that all participants are getting the help they need, different options must be provided," Selecky points out.

About 30% of the participants have had a face-to-face visit with a LifeMasters nurse at least once, but only about 94% of them are followed regularly by the clinical nurse consultants in the call center.

"People tend to have the preconceived notion that a telephonic program won't work with older or underserved participants, but it does work if there is an outlet for other interventions when required," Selecky says.

When CMS sends LifeMasters the names of individuals eligible for the program, LifeMasters contacts the beneficiaries and invites them to participate in the program, then sends a letter to their primary care physicians explaining the program. The participants are assigned a nurse who calls them on a regularly scheduled basis.

"The frequency of contact depends on the severity of the individual's conditions. Many of the participants are not accustomed to focusing on their health, and the nurses may gradually ease them into managing their condition," she says.

Selecky attributes part of the success of the program to a unique method of stratifying participants, a combination of traditional stratification based on utilization and cost of care with the Patient Activation Measure, a tool that assesses

an individual's likelihood to engage in making health care changes.

"In the past, disease management programs have stratified people primarily based on their utilization and the cost of their care. We are being held accountable for reducing health care costs, and we need to give priority to the most severe. However, over the past year, we have implemented a new way of further stratifying participants based on their activation level," she says.

The Patient Activation Measure assesses a person's knowledge, skills, and confidence in playing a role in their own health care and ranks them in one of four activation levels according to their engagement in health care.

"We have researched this method and found that if the nurse tailors the conversation according to what level of activation the person is at, we can make a dramatically different impact," she says.

The nurses use the results of the Patient Activation Measure and the participant's level of severity to gear their encounters, using motivational interviewing techniques.

For instance, patients on Level 1 of the activation scale feel they can make no impact on their own health. Therefore, trying to persuade them to get a lab test may be a waste of time. Instead, the nurses help them understand how they can have an impact on their own health and move them toward the next level of activation.

"Research shows a correlation between the level of activation and actual self-care. If we focus on moving them out of the activation level, they start to show behavior that drives improved outcomes," she says.

"The combination of motivational interviewing and patient activation has resulted in much better retention in the program because the participants aren't frustrated by being asked to do things they aren't ready to do," she says.

Because understanding a participant's current clinical status is important to avoid costly but preventable exacerbations, LifeMasters provides the tools that the participants need to use to take and report their vital signs and symptoms on a daily basis. The congestive heart failure patients receive a scale and a blood pressure cuff, and the clinical nurse consultants teach them to enter data on weight, blood pressure, and other vital signs through the Internet or through a touch-tone phone.

"The information they input goes into our system, where it is measured against national guidelines. If the system flags someone with

signs that could signal a clinical exacerbation, the nurses call them and find out what's going on," she says.

In about half the cases, the nurse identifies a behavioral reason for the out-of-bounds event and uses the call as a teaching moment. For instance, a patient might be having symptoms of an exacerbation because of non-adherence to the drug regimen. If the nurse can't determine a behavioral reason for the problem, the system creates an alert that is faxed to the physician for follow up.

LifeMasters has tested combinations of approaches with participants to see which method works best in getting people to participate at the appropriate level.

"We know from our own research that if you compare people who have a regular relationship with a nurse to people who get just a newsletter and periodic follow-up, there is an improvement of several hundred dollars per member per month in cost savings. Obviously, it is worth it for us to deploy a lot of resources to find ways to engage patients," she says.

Different approaches include sending an introductory piece to a family member or physician instead of the participant and whether to have a nurse or a non-nurse make the first call.

"We have good enrollment and good engagement in the program. Research has led us to expect that about 20% of participants in our standard populations would be highly engaged and willing to monitor their vital signs and interact with the nurse on a regularly scheduled basis. In this group, about 35% are highly engaged, a substantial percentage for this population," she says. ■

Face-to-face interventions help chronically ill

George is a 67-year-old man with diabetes, cardiac problems, and asthma who takes more than 10 medications. He is insulin- and oxygen-dependent, lives alone, and is illiterate.

When Vicki Manning, RN, began visiting George in his home as part of the LifeMasters Supported Self-Care Medicare demonstration program for dual-eligible beneficiaries with multiple chronic illnesses, it took several sessions to build up enough rapport for George to admit that he never learned to read and write.

Using pictures and drawings, Manning taught

George about his illness and how to manage his medication and treatment regimen.

She drew symbols on his medicine bottles and on a chart to help him learn when to take each medication.

After six months of regular visits, George was able to take his medication regularly. He could monitor his blood pressure and heart rate and follow the parameters set by his physician to call in to the doctor's office when they reached a certain level.

He could check his blood sugar and give himself a regular dose of insulin as well as following a sliding scale to increase or decrease the dose based on blood sugar.

"I taught him how to access community services in his area and to visit a food pantry or call a hotline when he needs help paying his electric bill," says Manning, now team manager for LifeMasters' community services RN team.

George's story illustrates the effectiveness of face-to-face encounters in empowering people with multiple complex conditions to take charge of their own health care.

The majority of participants in the LifeMasters' demonstration project are managed by call center nurses, called clinical nurse consultants.

The community services RNs (CSRNs) are called in when the participants have a positive score on a frailty screening that identifies that they may be at risk, when they have had a recent fall, have been hospitalized, have vision or memory problems, take multiple medications, report an increased need for assistance in the home, or have multiple complex conditions.

The CSRNs also visit participants who do not have telephones and arrange for them to have free wireless telephone service that they can use for emergencies and telephonic intervention.

"If we get them stabilized, then they can be followed through the call center," Manning adds.

When participants are hospitalized, the CSRN visits them in the hospital and collaborates with the discharge planning team to ensure a smooth transition home. When participants are in a skilled nursing facility or assisted living center, the CSRNs visit the participants in the facility and partner with the staff to manage the care of the patients.

When a participant is referred to the community services RN team, a nurse makes a home visit to determine the person's needs and level of ability to self-manage his or her care.

"We look at medication adherence, functional

ability, safety, housing, financial concerns, nutrition, transportation, and any care deficits and support systems. Our goal is to give participants the education and support they need to empower them to take an active role in their care," Manning says.

The dual-eligible Medicare and Medicaid population faces tremendous hurdles in learning to manage their own health care, Manning says.

Participants in the program are low income and often have problems paying for housing and food, let alone their medication or the healthful foods that are recommended for people with their chronic conditions, she says.

Many don't go to their physician appointments because they don't have a way to get there.

The nurses work as a team with social workers to identify community resources that can provide medication assistance, transportation to medical appointments, and help with housing or utilities. They assist the participants in identifying unnecessary expenses in their budgets, such as paying top rates for phone service when less expensive service is available.

"We work to meet their basic needs such as food and shelter before we tackle the medical issues. We are creative in helping participants find the resources they need. If we get food on the table, then perhaps they'll be open to monitoring their blood pressure," Manning says.

The nurses tailor the in-home visit to the participants' needs, their abilities, and their support system. Some require weekly visits; at a minimum, the nurses visit the participants at least every 30 days.

The team includes bilingual staff who speak English, Spanish, and Creole and who have access to a language line that provides interpreters for a variety of languages.

"Literacy is a huge hurdle in this population, and often, participants have a discomfort level in revealing this information to the staff," Manning says.

One way the nurses address the problem is to put pictures and symbols that the participant can relate to on their medication models so they will know what the medication is for and when to take it.

The nurses and social workers are assigned geographically by zip code and carry a caseload of 40 to 55 participants. They use wireless laptop computers to enter information on the LifeMasters system, which is shared by the call center nurses, giving both instant access to patient information. ■

Take on a bigger role in workers' compensation

Health managers should focus on business component

A newly hired occupational health nurse knew intuitively what she was saving her company, but lacked quantifiable numbers. To come up with hard data to show her worth, the nurse turned to her workers' compensation carrier.

"We put together a report for the nurse that illustrated the frequency and individual and aggregate costs of the company's claims," says **Christine R. Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, senior risk control specialist at PMA Insurance Group's Mount Laurel, NJ, office. "It was clear that lost time and injury claims, with the resulting loss of productivity, had been costing the company a considerable amount of money." The insurer was able to show that since the nurse came on board, the company had seen a 91% decrease in the frequency of claims.

Getting employees back to work more quickly, reducing the frequency of claims, and identifying high-risk areas: To get eye-catching results for any of these areas, you need a solid grasp of the workers' compensation process.

"As the economy continues to change, organizations are looking more and more at the bottom line," says Zichello. "You can actually save money for the company by becoming actively involved in the workers' comp process."

As insurance companies focus more on disability management and the medical aspect of workers' compensation, you need to diversify yourself, says **Denise Zoe Gillen-Algire**, RN, BSN, MBA, COHN-S/CM, FAAOHN, president of the Workers' Compensation Association of New Mexico and practice leader for Integrated Health and Productivity Management at Risk Navigation Group, both in Albuquerque, NM.

"If you are not involved in this realm of the business, you need to be," says Gillen-Algire. "Understand not just the clinical component, but also the business component and the employer's perspective."

Track claims by your company's top injury codes by frequency, and also top injuries by severity in terms of total claims dollars incurred. "The focus should be not only on the frequency and severity, but also on the potential for high-dollar claims," says Gillen-Algire.

You might find, for example, that you usually have more back claims in a particular department or shift. “You can turn that information back into your prevention efforts,” says Gillen-Algire.

If you discover a high-risk area, perform an assessment of what the employees do and how hazards can be eliminated. “Go for the low-hanging fruit,” says Gillen-Algire. For instance, slip-resistant mats can be added to a kitchen area to prevent fall injuries.

To increase involvement in case management of workers’ compensation claims, Zichello advises obtaining certifications in case management from the American Board of Occupational Health Nurses or the American Nurses Credentialing Center. Armed with these skills, you’ll be able to verify medical reasons for employee absences, follow up after absences from work, and assist employees with chronic illnesses. “Case management assists in the safe and timely return to work and results in cost savings,” says Zichello.

New opportunities await

Your workers’ compensation carrier can be your ally when it comes to coming up with hard data to show your worth.

Being well-versed in workers’ compensation also could open up new job opportunities. Early in her career, Zichello was an in-house occupational health nurse for an insurance company. This led to her current position in the risk control department with an insurance carrier.

“We were writing a lot of health care accounts, and I saw the connection,” says Zichello. “As a registered nurse, I know health care and realized that I could make an impact on the bottom line by combining by nursing knowledge and addressing safety issues.” ■

3 things you must know about workers’ comp

“People think of insurance as somebody gets hurt, they submit a claim, they get paid, and that’s the end of it, but there are all different types of programs,” says **Christine R. Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, senior risk control specialist at PMA Insurance Group’s Mount Laurel, NJ, branch office. Here is what you need to know:

• What type of policy has your organization purchased?

Your company might be on a guaranteed cost plan, a retrospective rating plan, or a large deductible plan. Also, you need to know how funds are allocated for premiums. Is there a chargeback for losses to the department?

“With a high-deductible program, it’s your company’s money that is paying for the workers’ compensation bill up to a set amount for a given accident, as opposed to guaranteed cost programs where the money comes from the insurer,” says Zichello.

• What is involved in the overall workers’ compensation process?

To learn more, here are recommendations from **Moniaree Parker Jones**, RN, MSN, COHN-S, CCM, a Birmingham, AL-based legal nurse consultant. Jones also is a former senior occupational health nurse in the Alabama/Mississippi regional office of State Farm Insurance Co. and worked as the sole occupational health nurse at Georgia Gulf Corp., a chemical plant in Plaquemine, LA.

— Attend training given by the National Institute for Occupational Safety and Health. (For more information, go to niosh-erc.org. Click on “Search all courses by topic” and then select Workers’ Compensation and submit.)

— Attend local occupational health meetings and the national conference held by the American Association of Occupational Health Nurses. (For more information, go to www.aaohn.org. Under the “Continuing Education” heading, click on “Symposium & Expo.”)

— Contact your state workers’ compensation office.

• What data are available from your insurer?

Denise Zoe Gillen-Algire, RN, BSN, MBA, COHN-S/CM, FAAOHN, president of the Workers’ Compensation Association of New Mexico, says, “If you have never worked for an insurance company, you are not aware of all the data they have available.”

Use your workers’ compensation carrier or third-party administrator to obtain information on specific and aggregate claims data, such as lost time claims, claims by area and/or department, specific cause of injuries, as well as totals incurred for medical and indemnity, in aggregate as well as by claim.

Many workers’ compensation carriers or third-party administrators provide a web portal to their clients. At that portal, you can run numerous reports regarding your claims data and access

detailed notes on a given case from the insurance side. Using this information, you can work collaboratively with the adjuster. For example, if you notice that an employee stated that light duty was not available, you can go to the supervisor to confirm if it is, in fact, available, and inform the adjuster on how the company can accommodate the employee.

"This puts you all on the same page," says Gillen-Algire. "You may be aware of additional information to help manage that loss." ■

Which of these 3 plans is your company on?

Here are definitions of three types of workers' compensation insurance policies, according to **Christine R. Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, senior risk control specialist at PMA Insurance Group's Mount Laurel, NJ, branch office:

- **Guaranteed or fixed cost plans.** As the name implies, these "guarantee" a "fixed" premium that the organization will pay for a policy regardless of the frequency or severity of losses that occur during the policy period. The guaranteed cost premium for most large organizations is based on standard industry rates, subject to state approval, that are adjusted upward or downward based on an organization's past loss experience.

"This practice is known as experience rating and carriers use it to determine an organization's 'experience modification factor,'" says Zichello.

"Ultimately, the main advantage to these plans is the fixed premium. An organization knows exactly how much its insurance will cost."

- **Incurred loss and paid loss retrospective programs.**

In retrospectively rated insurance programs, the premium is determined at the conclusion of the policy period based on the actual incurred loss experience for the year. With incurred loss programs, the retrospective premium is adjusted annually until all claims are paid and closed, and the ultimate program cost to an organization can be limited on a specific maximum basis.

"While paid loss programs also determine the premium retrospectively until all claims are paid and closed, they also offer installment plan payment options to reduce an organization's initial cash outlay," says Zichello.

- **Large deductible programs.**

Under these programs, organizations identify loss exposures, retain them, and formulate a plan to pay for and handle those retained losses. "In other words, organizations maintain their risks as opposed to transferring them to an insurance carrier," says Zichello.

Organizations may purchase excess insurance from a carrier in order to transfer the risk of the high-severity portion of their losses. For example, an organization might have a high deductible up to \$500,000. Should one claim exceed that cost, the amount over \$500,000 would be paid to the excess insurance carrier.

"When an organization has a large deductible plan, it generally obtains certain services that an insurance company would normally provide as part of the insurance program, such as risk control and claims administration," says Zichello. ■

Prove that thousands of dollars were saved

'Dollars talk,' especially in today's economy

Getting more involved in workers' comp is your "chance to show cost savings to upper management," says **Moniaree Parker Jones**, RN, MSN, COHN-S, CCM, formerly a senior occupational health nurse in the Alabama/Mississippi regional office of State Farm Insurance Co.

"The occupational health nurse, after all, is probably the one person most familiar with the worker's health. This fact alone makes all the difference in worker care," says Jones. "He or she is also the best resource for objective case management."

Although you save the company money every day — sometimes significant amounts — you might fail to "put it on paper and show it to the right people," says Jones. "This one area of documentation could save jobs, possibly even the occupational health nurse's job. It is time nurses become better at documenting what they do. Otherwise it may go unnoticed or someone else will take the credit."

Worker becomes pain-free

Jones recalls a case involving a man who had sliced off the tip of his finger in an on-the-job accident. "He had seen the company orthopedist and reached Maximum Medical Improvement, as

far as his employer and orthopedist were concerned," says Jones. "The problem was, he could hardly turn the pages of a book without pain. I decided to have this man see a plastic surgeon for a second opinion."

The plastic surgeon felt that the exposed nerve endings were causing the man's pain, which would require a skin graft over the tip of the injured finger. The surgery was performed, and the man's finger became pain-free.

"This allowed him to return to his previous job and live a life not of modified duty or one with constant pain," says Jones. "This one case management action saved the company the loss of a good employee, as well as multiple payments for lost work time wages from the inability to do his trained job. The company did not have to spend thousands of dollars training another individual."

Most of the time, your skills are not known to management, says Jones. "Many employers really don't have an adequate understanding of what we truly are capable of doing for the company," she says. "Dollars talk, and even more so in today's economy."

To demonstrate cost savings, Jones recommends:

- **Track the number of employees coming to you for care.**

If employees would have required a physician visit without occupational health services, compute this cost savings, says Jones.

- **Act as the case manager for injured workers.**

"Ensure that the company provides cost-effective occupational case management for the employee," says Jones.

She recommends negotiating prices for care such as functional capacity evaluations, durable medical equipment, and therapy. Compare these prices to regular rates, and take credit for the cost savings, Jones advises.

- **Work with the physician and employer to get the employee back to work or modified duty.**

Calculate the number of lost time days saved, as a result of your understanding the medical condition and jobs available for modification purposes. "We know that prompt referrals also save on return-to-work time," says Jones.

- **Show "before and after" results for programs.**

Jones once created a report showing the decrease in heat stroke or heat exhaustion cases due to offering employees fruit, energy electrolyte drinks, or popsicles during the summer. "The reduction showed the program should continue and was of benefit," she says.

- **Confidentially inform management of critical issues.**

Employees often feel comfortable speaking to the occupational health nurse or physician because they know the information is confidential, says Jones, and this dialogue sometimes can result in cost savings.

"I remember an anonymous employee reporting that marijuana was being smoked on the night shift on the top deck of a chemical plant," she says. "This valuable information led to drug screening at night and the avoidance of a

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COMING IN FUTURE MONTHS

■ Helping your clients adhere to their treatment plan

■ Opportunities in community-based case management

■ The move toward patient-centered medical homes

■ Providing culturally competent case management

CE questions

16. Regence BlueCross Blue Shield's Activate program allows participants who engage in healthy behaviors to earn up to ____.
- A. \$200
 - B. \$300
 - C. \$500
 - D. \$600
17. Which of the following do Activate members have access to?
- A. a health coach
 - B. a 24/7 nurse line
 - C. Special Beginnings maternity management program
 - D. all of the above
18. For which of the below plans is the company's money paying for the workers' compensation bill up to a set amount for a given accident, as opposed to the insurer's?
- A. Guaranteed cost plan.
 - B. A retrospective rating plan.
 - C. A large deductible plan.
 - D. Any of the above.
19. Which is recommended to demonstrate cost savings?
- A. You should track the number of employees who would have required a physician visit without occupational health services.
 - B. You should avoid negotiating prices for functional capacity evaluations.
 - C. You should not attempt to take credit for lost time saved for facilitating an employee's return to work.
 - D. You should avoid showing "before and after" results unless you can prove that an occupational health intervention was the sole cause of the savings.

Answers: 16. D; 17. D; 18. C; 19. A.

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CE objectives

After reading this issue, continuing education participants will be able to:

1. Identify clinical, legal, legislative, regulatory, financial, and social issues relevant to case management.
2. Explain how those issues affect case managers and clients.
3. Describe practical ways to solve problems that case managers encounter in their daily case management activities. ■

CE instructions

Nurses participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this semester's activity with the **June** issue, you must complete the evaluation form provided in that issue and return it in the reply envelope provided to receive a credit letter. ■

potential nightmare.”

Include information like this in your reports to management. “Just because a report is not expected does not mean you cannot create a memo to the right people summarizing the month or year's events regarding the department,” says Jones. ■