Case Management ADVISOR™
Covering Case Management Across The Entire Care Continuum

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IN THIS ISSUE

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Community case managers help patients stay healthy at home

Program targets at-risk geriatric patients

At- risk geriatric patients with multiple comorbidities and health-related issues are staying healthier and out of the hospital thanks to face-to-face visits from nurse case managers from the Moses Cone Health Med-Link Community Care Management program.

Med-Link provides a geriatric community case management program for Blue Cross' Blue Medicare members in the metropolitan Greensboro, NC, area. A new case management program for employees and dependents covered by Moses Cone Health System's self-insured health plan was added two years ago. **(For details on the employee program, see related article on page 75.)**

All Med-Link services are free to patients. Blue Medicare pays a per-member per-month fee, and the Moses Cone Health plan pays a flat fee for the employee Med-Link program.

"Patient satisfaction for both programs is greater than 95%, and the program is well known and highly regarded by the local medical community. Med-Link nurses get great satisfaction in knowing they are providing a valuable service and really making a difference in the day-to-day well-being of patients," says **Elizabeth Westwater**, MedLink community care manager director for the Moses Cone health system.

The Med-Link program was developed 10 years ago to provide community case management services for the HMO patients contracted to the Greensboro HealthCare Network, a joint venture between the Moses Cone Health System and Eagle Physicians. Greensboro HealthCare Network is a for-profit organization with risk contracts for Medicare patients.

"Our geriatric community case management services help keep people living at home as long as possible by helping them cope with the medical and psychosocial issues related to aging. We provide medical monitoring, education, support, and advocacy to maintain health, independence, and quality of life," Westwater says.

Patients enrolled in the program tend to stop bouncing in and out of

the hospital, Westwater reports.

"However, it's hard to measure outcomes because the needs of these patients are so intense, and it's a chronically declining population," she adds.

The case managers are registered nurses with experience in working with community-based patients. Most have earned their CCM certification. They visit patients in their homes and provide advocacy and support to prevent and manage conditions and situations that place patients at risk for complex medical problems, Westwater says.

Referrals come from physician offices, from the HMO, and by self-referral. In addition, the program has a nurse case manager who visits hospitals in the system to identify patients who are eligible for the program and gets permission for a Med-Link case manager to follow up with them after discharge from home to assess their needs.

Patients who are eligible for the geriatric program live alone with little or no support, have a history of poor management of their conditions, take multiple medications, and have experienced multiple emergency department visits or hospitalizations.

Many of them have difficulties with activities of daily living and a history of non-adherence with disease management treatment plans. Some have catastrophic illnesses, or chronic medical issues, and need help in managing day-to-day activities.

"People in the program have a combination of issues. No patient has all of them or has just one," Westwater says.

When a patient is referred to the program, the case manager reviews his or her available medical information, then calls the patient and conducts a telephone assessment to determine if the patient is eligible for the program.

The case manager conducts an in-home assessment of the patient's medical and psychosocial needs and develops a care plan that defines the most appropriate interventions.

"The care plan identifies long-term and short-term goals and a timeline to achieve them. Patients and their caregivers are asked to incorporate personal goals into the care plan. The case manager updates and modifies the care plan as needed," Westwater says.

After the initial assessment, the case manager assigns a level of care based on the number of issues that need to be addressed, using criteria that define each level of care.

Patients on Level 1 are new referrals or those with multiple needs who need multiple visits a month. Levels 2 and 3 require less intensive management. Patients at Level 4 are being prepared for discharge from the program, and Level 5 indicates discharge.

During the first month of the program, the case manager sees the geriatric patient in the home two or three times, gradually decreasing the home visits to once a month.

"Patients who are receiving geriatric case management typically need to be followed on a long-term basis because of their complex case management issues. We have a few patients who need just

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Editorial Questions

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

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**.

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a little help in getting things set up, but most are in the program for an extended time," she says.

Many of the geriatric patients need help with medication procurement or referrals to community resources. For instance, they may need a nurse aide to give them a bath or a referral to a program that can help with meals or provide medication assistance.

"We refer patients to community programs for help with everything from transportation to legal issues to weatherization for their homes. We try to find out their financial status so we can determine if they qualify for Medicaid or other assistance programs," she says.

If patients have complex medical needs and multiple comorbidities, the care managers work with Blue Medicare to set them up with electronic monitoring devices attached to their telephone that alert Blue Medicare when symptoms indicate an exacerbation in their condition.

Blue Medicare alerts the patient's Med-Link nurse, who then makes an acute home visit.

(For more information contact: ***Elizabeth Westwater****, MedLink Community Care Manager Director, Moses Cone Health System. E-mail: elizabeth.westwater@mosescone.com.)* ■

Face-to-face management keeps employees healthy

Chronically ill get help understanding treatment plan

Faced with skyrocketing costs for employees' health care, Moses Cone Health System asked Med-Link to provide community case management for employees and dependents covered by the Moses Cone self-insured health plan.

"The employees typically have more acute needs than the geriatric population. These people have problems in specific areas and have a relatively short length of stay in our program," says **Elizabeth Westwater**, MedLink community care manager director for the Greensboro, NC-based health system.

The typical Moses Cone employee in the program has a chronic illness. They may not be taking their medication properly or don't understand how to take it.

Some have experienced a catastrophic illness or medical event, such as cancer or an automobile accident, and need help understanding their treatment plan and choosing options for care.

Many of the people in the program for employees have financial issues. Some are former employees who are continuing their insurance through COBRA.

"Their health plan may have expensive copays for certain medications or specialist visits or they are on multiple medications. For some of our employees, a $40 copay is a financial hardship. The case managers work with the patients and their doctors to relieve some of the financial burden," Westwater says.

In some situations, employees may qualify for Medicaid or other assistance programs. The case managers help them apply and may refer them to other community resources for everyday needs such as food or utility or rent assistance.

When employees have a history of using urgent care for primary care needs, the case managers help them get set up with a primary care physician.

Med-Link facilitates classes to improve the self-management of chronic conditions such as diabetes, hypertension, and asthma. This year, a healthy pregnancy program was added.

Depending on the situation, the case manager has employees come to the office regularly to have their vital signs monitored and work on complying with their treatment plans.

In some cases, the case managers go to the job site to work with the individual or, if needed, see the patients in their homes. ■

Customized programs help keep employees healthy

Efforts are tailored to the individual

Focused Health Solutions' customized population management programs have generated a 15.7% net savings on medical claims and 30.8% net savings from medical claims reduction and productivity improvement for large self-insured employers.

The Deerfield, IL-based health management firm contracts with employers to provide wellness/lifestyle and disease management programs for their employees.

"These employers know that by keeping their employees healthy, they save health care costs, reduce absenteeism, and benefit the members as well," says **Randy Granata**, RN, BC, MSN,

clinical educator for the company.

The company's disease management programs provide education coaching and health management techniques to individuals with chronic diseases, including cardiovascular disease, hypertension, congestive heart failure, diabetes, asthma, and behavioral health issues.

In addition, the company offers a variety of self-management and personal health coaching programs that focus on managing costly risk factors and prevention of disease.

They are: Start to Stop Smoking; Weight Loss for Life; Reduce the Pressure for anyone with blood pressure above 120/80; Healthy Backs and Necks; Achieving Balance, a stress reduction program; and Exercise for Life for individuals who report less than the recommended 150 minutes of exercise a week.

"In choosing what programs to offer, we looked at the global risk factors that impact chronic diseases and focused on wellness activities that prevent the incidence of chronic disease. We coach employees to improve modifiable health behaviors and focus on prevention before an employee develops a chronic condition," Granata says.

When a company signs on with Focused Health Solutions, its employees are asked to take an online health risk assessment to determine their health care needs and appropriateness for the programs. They are asked if they would like to be contacted by a personal health coach to review the results of the assessment.

The company shares the information it obtains from the health risk assessments and works with the employees only on the aggregate level; employees' individual information remains confidential.

The health risk assessment asks employees for laboratory values and vital signs such as cholesterol and blood sugar readings, blood pressure readings, and body mass index, along with their activity level, personal lifestyle, and knowledge of healthy behavior.

If the information indicates that the employee already has a chronic disease, the company's integrated service delivery model and technology platform transfer the individual to a disease management program. **(For details on the disease management program, see related article, right.)**

"Our model incorporates an assessment of an employee's readiness to change. Our wellness programs use an intensive interactive coaching model that is different from a disease management coaching model. People who are at risk for development of a chronic disease condition participate in weekly coaching sessions in order to improve their health status by changing negative behaviors," Granata says.

The health coaches schedule appointments to speak with the individuals in the program on a weekly basis. In some instances, the employer allows the employee to work with the health coach during working hours.

The coaches work with participants to set three "smart goals" they can meet on a weekly basis and work with employees to develop strategies for reaching the goals.

"'Smart goals' are specific, measurable, achievable realities, and time-bound. Personal health coaches work with each person to set goals that are meaningful for them and that represent small steps to lasting behavioral change," she says.

For instance, a goal might be to walk for 15 minutes a day or to eat additional fruits or vegetables during the week.

Participants receive a "care kit" with tools and educational materials they can use to meet their goals.

"Our goal is to educate the employees about the process of making lasting changes in their lifestyles and to give them the tools to make the changes," she says.

Employees work with a personal health coach for 14 weeks and receive periodic maintenance telephone calls after completing the program.

Depending on an individual's risk factors, he or she may take health risk assessments up to four times a year. This gives the employee the opportunity to participate in an additional coaching program.

For instance, if an individual succeeds with the smoking cessation program and qualifies for the weight loss program, he or she can work on losing weight in the second round of coaching.

(For more information, contact: ***Randy Granata****, RN, BC, MSN, clinical educator, Focused Health Solutions. E-mail: randy.granata@focusedhs.com.)* ■

Take personalized approach to disease management

Interactions are geared to needs of the individual

A customized disease management program for self-insured employers has resulted in an average 36% reduction in total cholesterol levels

for employees in the coronary artery disease program, a 21% reduction in hemoglobin A1c levels among individuals in the diabetes program, and a 51% improvement in blood pressure readings for participants in the hypertension program provided by Focused Health Solutions Inc.

"A close working relationship between the RN disease management coaches and the program participants is key to the success of the program. We have made a concerted effort to design our programs in a more patient-central manner and less in a disease-specific manner. Our nurses focus their interactions with participants so they adopt the best practices of self-care and are motivated to improve their health," says **Randy Granata**, RN, BC, MSN, clinical educator for Focused Health Solutions programs.

The RN coaches are experienced clinicians who are trained in listening skills and interviewing techniques.

"The reality is that all patients can choose whether or not to follow the recommendations of a health care professional. Addressing patient motivation is the key if we want to improve self-care efforts," she says.

When an employee qualifies for a disease management program, he or she works with a disease management nurse who conducts an additional assessment of the employee's overall risk.

The individual's acuity or overall risk level determines the amount of time the nurses spend working with the participant and increases with the acuity of the individual.

The program utilizes an opt-in model, which means that individuals are motivated to participate, she points out.

When employees enroll in one of the disease management programs, a nurse assesses them to determine how well they are doing in terms of self-care and where the gaps in care occur.

The nurse coach obtains the patient's medication program and clinical data, such as laboratory values; determines how well the employee is adhering to his or her treatment plan; assesses behavioral gaps in the area of self-care; and develops a collaborative plan with the employee.

For instance, if the employee has hypertension, the nurse determines if he or she monitors blood pressure regularly. They find out if someone with asthma uses a peak flow monitor regularly, has filled his or her prescription for a short-term reliever medication, and has an asthma action plan.

The interventions are member-specific and based on gaps in care and health care behavior.

In addition to the regular telephonic coaching sessions, the nurses e-mail their clients educational information related to the issues they are addressing. For instance, if an employee isn't taking his or her medication, the nurse sends a link to information that stresses the importance of medication compliance for that particular condition.

The company provides participants with the tools they need to monitor their health. For instance, it sends people with asthma a peak flow monitoring device and the nurse teaches them how to use it.

Members who are at the highest risk level are provided with a telemonitoring program that enables them to transmit secure biometric data to their nurse.

"They use the equipment to transmit information daily, and we use it to trend how they are doing and gear our interventions to meet their needs," she says. ■

Prevention is key to influenza pandemic

CMs should help their clients stay healthy

The most important thing that case managers can do in case of a pandemic, or even an outbreak of influenza, is to educate their clients on disease prevention, says **Isela Luna**, RN, PhD, director of nursing at Pima County Health Department in Tucson, AZ.

"Prevention, prevention, prevention. That's the most important thing we can do. We need to make sure that everyone we come in contact with is educated about the disease and takes steps to stay healthy," she adds.

In the early weeks of the current H1N1 influenza outbreak, Pima County health officials confirmed more than 113 cases of flu and one death, that of a 13-year-old boy whose family members also contracted the disease.

The health department sent nurses on home visits to test for possible cases of H1N1 influenza in high-risk individuals.

"All of the cases we tested in the homes turned out to be negative. This is good prevention work and it relieved the family members of the person who was sick," she says.

Since there currently is no vaccine available for the H1N1 flu, the most important thing that case managers can do is to help their clients avoid exposure to the disease, says **Connie Commander**, RN-BC, BS, CCM, ABDA, CPUR, president of Commander's Premier Consulting Corp.

Commander has been a national speaker for a pharmaceutical company presenting training for case managers on how to prepare for a pandemic.

"Case managers are really instrumental in educating their clients about infectious disease. It all goes back to the wellness piece that we all promote. The best thing the case managers can do is help prevent people from becoming ill in the first place," Commander says.

That's what case managers at Hudson Health Plan in Tarrytown, NY, are doing as they talk to their clients, reports **Margaret Leonard**, MS, RN-B, C, FNP, senior vice president for clinical services.

The case managers have been reinforcing information in the health plan's newsletter by educating their clients about the importance of good hand-washing techniques, covering their mouth when they cough, and other preventive measures, she says.

"Throughout the company we're reinforcing those measures. We have put up hand-washing signs and strategically placed bottles of hand sanitizers for our staff to use," she says.

Educate people about keeping their personal space and staying out of crowds if there is an influenza outbreak so they aren't exposed to the disease, Commander says.

First and foremost, educate your clients to stay home from work or school if they feel ill and to contact their doctor if they are exposed to the flu or start experiencing flu-like symptoms, and do the same for your co-workers, she suggests.

When people are exposed to the flu, they have a 48-hour window in which to take an anti-viral medication that will lessen the symptoms, she adds.

Case managers who work with their clients telephonically don't have the ability to take vital signs and view the signs and symptoms the person is experiencing but they can listen and advise their clients on what steps to take, points out **Catherine M. Mullahy**, RN, BS, CRRN, CCM, president and founder of Mullahy & Associates, a case management training and consulting company.

If your clients report flu symptoms, refer them to their primary care provider, and if you have any sense that they are seriously ill, urge them to go to the emergency department, she says.

Some flu-like symptoms could be due to allergic rhinitis and not a cause for a panic, Mullahy points out.

It is particularly important for case managers to educate chronically ill patients with multiple comorbidities or people who have a catastrophic illness or injury on what to do if a flu outbreak occurs, Commander says.

"Teaching preventive measures may not be the initial focus of the treatment plan, but case managers still need to teach their at-risk patients how to stay healthy and avoid exposure if a flu pandemic occurs. If someone has a chronic illness or is recovering from a catastrophic illness or injury, they certainly don't need to become ill with the flu," she says.

Whether you're a telephonic case manager or someone who sees clients face to face, you can play a valuable role in the case of an influenza outbreak by ensuring that your clients are educated about the disease, its symptoms, and what they can do to lessen their exposure, Mullahy says.

"As part of the health care system, case managers have a responsibility not to be in a panic mode. Their role is to keep their clients informed about the flu and refer them to reliable sources for information," Mullahy says.

This means keeping up to date on bulletins and other information from the Centers for Disease Control and Prevention and your local health department to ensure that the information you are passing on is valid and based on evidence-based practice, she adds.

The initial outbreak of the H1N1 virus in the United States appears to have been mild, but it is an indication that people need to be prepared for future outbreaks that may be more severe, Commander says.

Be aware that a pandemic is likely to have the same impact on your community as a major natural disaster such as a hurricane or an earthquake.

"A pandemic can shut down the infrastructure. Schools and restaurants may be closed, and there may be shortages if the warehouse and delivery people are sick and can't come to work. It all goes back to wellness. We don't want people to get the flu in the first place," she says.

At Hudson Health Plan, the case management team is trying to encourage people to be a little more prepared in case there is a pandemic, Leonard says.

"We don't want people to panic, but we want to get away from the idea that this is no big thing. There were several schools closed down in New York City because of the flu. This is the first time in a long time there has been any reason to take such steps. We all need to be prepared for whatever may come about in the future," she says.

(For more information, contact: ***Connie Commander****, RN, BS, CCM, ABDA, CPUR president of Commander's Premier Consulting Corp. E-mail: c.1st.consulting@sbcglobal.net;* ***Margaret Leonard****, MS, RN-B, C, FNP, senior vice president for clinical services, Hudson Health Plan. E-mail: mleonard@HudsonHealthplan.org;* ***Catherine M. Mullahy****, RN, BS, CRRN, CCM, president and founder of Mullahy & Associates. E-mail: cmullahy@mullahyassociates.com.)* ■

Are workers panicked? Put these facts in their hands

Get the word out immediately

What is the best way to communicate with employees during the H1N1 crisis? Every way.

"Utilize every venue possible," says **Tamara Y. Blow**, RN, MSA, COHN-S/CM, CBM, FAAOHN, manager of occupational health services at Altria Client Services in Richmond, VA.

Get out your message using e-mail, bulletins, verbal updates, and daily blurbs. "If you work in manufacturing, use the existing infrastructure such as daily work team meetings," advises Blow. "And the best way to get the information out so that rumors won't spread is to get it out immediately."

Contact company sites without worksite clinics to ensure that they also receive communications, says Blow. "Also, advise employees to check their state health department's web site. This is especially important for corporations with multi-state locations."

Kay N. Campbell, EdD, RN-C, COHN-S, FAAOHN, president of the American Association of Occupational Health Nurses, says give employees continuous updates on these items:

- what the H1N1 virus is, how it is transmitted, and the current state of the global pandemic plan and what that means;
- how they can plan for child care options if schools are closed;
- an emphasis that employees should not to come to work if they are feeling ill with fever, nausea, or vomiting;
- ways for employees to prevent themselves from getting sick: frequent hand washing, avoiding large crowds, covering your nose when sneezing, getting rest, and generally taking care of yourself.

J. David Clyde, MD, president and CEO of Atlanta-based Spinnaker Medical Consultants International, recommends giving each employee these steps to stay healthy, which are based on advice from the Centers for Disease Control and Prevention (CDC):

1. Cover your nose and mouth with a tissue when you cough or sneeze, and throw the tissue in the trash after use.
2. Wash your hands often with soap and water, especially after you cough or sneeze.
3. Alcohol-based hands cleaners are also effective.
4. Avoid touching your eyes, nose, or mouth to avoid spreading the germs.
5. Avoid close contact with sick people.
6. Avoid travel to areas with known cases of swine influenza.
7. Stay home and avoid contact with others if you develop symptoms of influenza to avoid spread of the virus in the workplace.

It's also important to give good advice to business travelers to help them avoid exposure areas and the possibility of personal illness, along with the possibility of spreading a disease back into the workplace. "Prevention is always better than dealing with an exposure and the business impact that an illness can have on a company," says Clyde.

Campbell also says that you should begin preparations for seasonal flu vaccination right now. "It is a good time to market this program for increased participation," she says. "Remind employees of the vaccine they took last year and what types of flu it protected them against, and the value of vaccination. Promote when and where the vaccinations will be given in the fall." ■

Metabolic syndrome costs more than you think

Of a cohort group of 5,455, 21% of employees participating in Intel Corp.'s "Health for Life 3-Step Wellness Check" were moved from high

risk to low/moderate risk during the program's first year.

"We are watching this trend into Year 3 and are now seeing a Year 1 to Year 3 transition of 23% and a Year 2 to Year 3 transition of 9%," reports **Patti Clavier**, BSN, RN, COHN-S, senior project manager of Intel Corp.'s Global Health for Life Wellness Program. "These are all very positive signs."

Metabolic syndrome affects almost one-quarter of the U.S. workforce and is linked to increased absenteeism and a higher risk of cardiovascular disease and type 2 diabetes, according to a new study of 5,512 employees of a large financial services corporation.[1]

Metabolic syndrome is defined as having at least three of these disease risk factors: a waist circumference more than 40 inches for men and 35 inches for women, high triglyceride levels, reduced levels of high-density cholesterol, high blood pressure, and high glucose levels.

However, "we believe that having just one condition can contribute to serious disease," adds Clavier. "If more than one condition occurs, the risk is even greater."

At Stamford, CT-based Pitney Bowes, a variety of programs address metabolic syndrome as well as the individual syndrome components. Some examples:

— A weight management program focuses not only on weight loss, but also on the impact that healthy habits such as good nutrition, regular exercise, and quitting tobacco use have on metabolic syndrome.

— A "Living Well with Diabetes" online module teaches participants about their condition, metabolic syndrome, and how to reduce their risk factors.

— An educational program titled "Learn & Earn Health Care University" teaches employees about the components of metabolic syndrome and how to reduce their risk. For completing the course, employees receive a $100 Visa gift card.

— Many employees have the opportunity to complete on-site biometric screenings that screen for all metabolic syndrome components. Employees are educated about their risks, ways to reduce their risks, or how to prevent risks and stay healthy.

Elysa Jacobs, MS, RD, manager of the company's corporate health improvement programs, says, "We are currently expanding our screening program, with six more on-site screenings scheduled. In addition, we encourage employees to be screened by their physician. Our health plans cover preventive screenings at low or no cost."

Move employees to low risk

Intel's "Health for Life 3-Step Wellness Check" screens an employee's weight and blood pressure and includes a blood draw to assess lipids and fasting blood sugar. All this information is entered into a health risk assessment (HRA).

Participating employees are given resources to manage their individual medical and/or lifestyle risks. These include online monitoring tools for blood pressure and body mass index; online resources to support weight loss, physical activity, and nutrition; and onsite and telephonic health coaching. These steps occur:

1. Once the employee has received information from the Wellness Check on biometrics and blood draw results, the HRA is completed.

2. The employee then is eligible for health coaching, onsite and in person. "The coach reviews the HRA results and helps the employee form goals around behavior change," says Clavier.

Depending on the risks identified and whether the employee is interested, ongoing sessions with the health coach are offered. "They can opt-in to a six-month module for additional coaching sessions around a specific topic, such as nutrition, weight loss, exercise, or stress management," says Clavier. **(See story on another company's metabolic syndrome programs, below.)**

Reference

1. Burton WN, Chen C-Y, Schultz AB, et al. The prevalence of metabolic syndrome in an employed population and the impact on health and productivity. *J Occup Environ Med* 2008; 50:1,139-1,148. ■

Programs have impressive participation

Metabolic syndrome targeted

Weight management and other components of metabolic syndrome are the target of many wellness programs at Warrenville, IL-based Navistar.

"We have telephonic coaching, online modules,

and disease management programs that focus on multiple areas including hypertension and diabetes," says **Dan Pikelny**, MA, MBA, director of health and productivity.

Each year, Navistar's employees fill out a health risk appraisal, which includes questions on metabolic syndrome. Participants are connected with programs to help manage their risk factors. **Dawn Weddle**, the company's wellness and behavioral health manager, says, "Our third-party providers for disease management and health assessment contact employees who meet certain risk criteria to enroll them in behavior change programming."

An "opt out" model is used, with all employees who meet risk criteria automatically enrolled in disease management interventions. Paper-based educational materials are used for those at lower risk, and telephonic consultations are used for those at highest risk.

"High-risk employees are also contacted by our health assessment vendor to enroll in telephonic health coaching," says Weddle.

Here are three of Navistar's metabolic syndrome programs:

— **Spring Tune-Up.** "Participation in this six-week nutrition-based behavior change program has shown substantial growth since it was first launched in 2002," Weddle reports. Employees earn points for eating healthy and engaging in physical activity. More than 2,000 employees now participate, which represents 21% of the eligible population. "Due to the current economic climate, we have reduced the incentives for this year's program," notes Weddle. However, in the past, all employees who achieved 2,000 points were put in a grand prize drawing to attend a NASCAR event, including transportation and hotel accommodations.

— **Trucking Across North America** (TANA)."This 13-week team-based exercise competition celebrated its 15th anniversary in 2008," says Weddle. Teams of five to 10 employees earn "mileage" from exercise, recreational, wellness, and volunteer activities. "TANA has become part of our corporate culture and has realized year-after-year participation growth." In 2008, this program attracted more than 4,000 employees, representing 30% of the eligible population. For signing up, employees receive a free workout DVD. At the end of the program, employees are given a water bottle, and members of the winning team receive a $50 American Express gift card.

— **Body Overhaul**. In January 2009, this 12-week weight loss competition was introduced as a pilot program at two facilities, with 21% and 26% participation, respectively. Incentives, such as a lunch bag, water bottle, or T-shirt, will be provided for sustaining the weight lost during the program.

"Plans are in place for our Body Overhaul teams to weigh in at the three- and six-month post-program marks," says Weddle. ■

Higher costs seen for unhealthy behaviors

A large study of members of the Arkansas State and Public School Employees Health Plan finds that health care costs are higher for those who report they are obese, are smokers, or are physically inactive. All three behaviors are risk factors for medical conditions including heart disease and diabetes.

Although the findings are not startling, this study took in an unusual site for such research and demonstrated that personal health habits are a big indicator of costs, says lead author **Rhonda Hill**.

"If we can continue to build on this research, we can use it to both understand our health behaviors and risks and to identify what programs our members need to improve their health," says Hill, a prevention specialist with the Arkansas Center for Health Improvement in Little Rock.

Each self-reported risk factor increased annual costs compared to those for members who were normal weight, did not use tobacco, and were active five or more days a week. The average annual increase in cost was 13% higher for people who said they smoked, 45% higher for those who were obese, and 33% higher for the inactive. The annual increase was 75% higher for those who were obese and inactive. Those who said they had all three risks had 86% higher annual costs on average than those with no behavioral risks.

Participants who admitted they had high risks had average annual health care costs of $4,432, but average annual costs were $2,382 for those who did not. Costs also more than doubled for people ages 55 to 64 who said they smoked, were overweight, and inactive compared to those in the same age group who said they had none of those risky behaviors.

The study, which included more than 43,000 participants, appears online and in the June issue of the *American Journal of Preventive Medicine.*

Robert Zirkelbach is a spokesperson for America's Health Insurance Plans, a health insurance trade association in Washington, DC. "This study highlights the significant cost impact of unhealthy behaviors. Our industry has prioritized this issue and has implemented innovative programs to encourage healthier lifestyles."

Such programs include providing incentives for healthy behaviors, such as extra days off work for meeting exercise and weight goals, which the Arkansas health plan offers, he said. "This type of research is essential to understanding the key drivers in rising health costs." ■

Chronically ill who smoke need added help to quit

Individuals with serious illnesses, including cancer, heart disease, and chronic obstructive pulmonary disease, make up a disproportionately high segment of current smokers and are also among the most addicted to tobacco use. Despite their strong addiction, more than one-third of these individuals are likely to give up smoking and remain smoke-free for at least six months if they receive a combination of smoking cessation medications and are allowed to continue taking these medications for a longer period of time, researchers at the University of Medicine and Dentistry of New Jersey (UMDNJ) report.

In their study, the researchers randomly assigned 127 smokers with predefined medical conditions to one of two groups. The first group received nicotine patches for a standard 10-week treatment period. The second group received a combination of nicotine patches, nicotine inhalers, and bupropion, an antidepressant medication commonly prescribed for treating tobacco dependence. After 26 weeks, 35% of those who received the combination therapy had quit smoking, compared to just 19% of those who received the nicotine patch alone. The results of this study appear in the April 7 edition of *Annals of Internal Medicine.*

"Common sense would tell you to quit smoking if you have a serious disease, but more than half of smokers who are newly diagnosed with cancer continue to smoke," said study author **Michael Steinberg**, MD, MPH, assistant professor of general medicine at the of the University of Medicine and Dentistry of New Jersey (UMDNJ) -Robert Wood Johnson Medical School in New Brunswick and medical director of the Tobacco Dependence Program at the UMDNJ-School of Public Health in New Brunswick. "Our research illustrates how terribly addictive tobacco is, but that addiction can be overcome if treated appropriately."

Current product labeling discourages combining nicotine patches with other forms of nicotine replacement and strictly limits the recommended length of time these products should be used. At the same time, treatment for tobacco dependence is not usually reimbursed well by insurance companies. Both are mistakes, Steinberg contends.

"People with serious illnesses who smoke will live longer and have a better quality of life if they receive aggressive treatment for their tobacco dependence," Steinberg said. "Insurance companies will bristle at paying for six months of nicotine therapy, but will turn around and allow benefits for 50 years of prescription statin medications to control cholesterol. Tobacco dependence should be considered like any other chronic illness and, with the right amount of therapy, people can remain tobacco-free for good." ■

My QuitLine iPhone app can help smokers quit

Smokers can turn to their iPhones to help them quit smoking with evidence-based treatment through a free application downloadable from iPhone or iTunes. The application links users to the National Cancer Institute's quitline service where they speak to a live quitline coach or use live text to get advice on quitting.

Lorien Abroms, ScD, MA, assistant research professor in the Department of Prevention and Community Health, The George Washington University, Washington, DC, designed the "My QuitLine" application with feedback from the National Tobacco Cessation Collaborative (NTCC). Abroms designed the application after reading an NTCC report about the lack of iPhone applications that link smokers to proven therapies. Abroms studies how new media technologies can be applied for smoking cessation.

"Quitline counseling has been shown to double a person's chance of quitting smoking," she said. "It is important to make sure that in these new media environments, people still receive information about what has been proven to work in quitting smoking and get access to tools that are based on these proven therapies."

iPhone users can find the app by searching "My QuitLine" or "quit smoking" on their iPhone or on iTunes. According to The George Washington University, no other stop smoking applications use products or services recommended as effective by the 2008 Public Health Service Guideline Treating Tobacco Use and Dependence.

Todd Phillips, director of the NTCC, said, "The My QuitLine app finally gives iPhone users access to an evidence-based method to help them quit smoking. The best part is that it is free and proven to work." For more information, go to www.tobacco-cessation.org. ■

Business group on health addresses health disparities

The National Business Group on Health, a Washington, DC-based non-profit association of more than 300 large U.S. employers, has released an Issue Brief, "Eliminating Racial and Ethnic Health Disparities: A Business Case Update for Employers."

The brief is part of a two-year major initiative to help employers reduce racial and ethnic health disparities in the workplace and improve the quality of health care for minority populations.

In early 2008, the business group and the Department of Health and Human Services' (HHS') Office of Minority Health (OMH) announced a two-year effort to strengthen ongoing partnerships and build new business-community coalitions to help reduce racial and ethnic health disparities. One outcome of this initiative was the development of information and tools, including an issue brief, to help employers address disparities.

"Some employers go to great lengths to attract a diverse workforce. But they may not realize that these populations have diverse health needs and may experience different treatments when they seek health care," said **Helen Darling**, president of the National Business Group on Health. "Despite employers' best intentions, the fact is that disparities in health and health care exist, even among employees with equal benefits. We believe this issue brief will be an important tool to help employers take on the challenge of reducing health disparities."

The 18-page brief defines health disparities, identifies the key factors that contribute to disparities, discusses how disparities affect employers, and provides the rationale for employer efforts to address disparities, and explains how employers stand to benefit in direct and indirect costs. The brief also examines the role employers can play as part of the health disparities solution including a

COMING IN FUTURE MONTHS

- How to improve your clients' health care literacy
- Providing case management across cultural barriers
- Overcoming challenges in at-risk Medicaid patients
- Helping the elderly stay safe at home

CE questions

1. All Med-Link services are free to patients.
   A. True
   B. False

2. Which of the following are programs offered by Focused Health Solutions' customized population management program?
   A. Start to Stop Smoking
   B. Weight Loss for Life
   C. Reduce the Pressure
   D. all of the above

3. Which is recommended for occupational health in dealing with the H1N1 crisis?
   A. Give employees as little information as possible, to avoid overwhelming them.
   B. Ensure that the company is planning for flexible working arrangements for parents who may need to stay at home with children out of school.
   C. Consider implementing work site quarantine areas.
   D. Delay your preparations for the flu vaccination season.

4. Which is true regarding employees with metabolic syndrome?
   A. Metabolic syndrome is linked to increase absenteeism.
   B. There is no link between metabolic syndrome and absenteeism.
   C. Employees with metabolic syndrome do not have poorer health than other workers.
   D. Employees are not considered to be a higher risk for diabetes or cardiovascular disease unless all five risk factors are present.

Answers: 1. A; 2. D; 3. B; 4. A.

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 **December** issue, you must complete the evaluation form provided in that issue and return it in the reply envelope provided to receive a credit letter. ■

step-by-step strategy that includes understanding the legal myths and realities surrounding collection of racial and ethnic data. It also covers determining what data to collect, measure, and use, and how to work with employees, health plans, and health care vendors. Health disparities resources for employees and health providers are also included in the brief.

Copies of the brief are available at www.businessgrouphealth.org/pdfs/Final%20Draft%20508. ■