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

January 2012: Vol. 23, No. 1
Pages 1-12

IN THIS ISSUE

■ Help patients take responsibility for their health . . . . . .cover
■ Wellness incentives pay off for health plan 3
■ Community gets involved in disease prevention 4
■ Creating rapport with patients and families 5
■ Pitfalls and opportunities in healthcare reform 6
■ CMSA keeps CMs in the spotlight 7
■ Eliminating cost sharing influences events 8
■ New communication technologies hold promise 9
■ Technology can lead to best practices 10
■ Written instruction reinforces teachings 11

Financial disclosure:
Editor **Mary Booth Thomas**, Executive Editor **Joy Dickinson**, Managing Editor **Felicia Willis**, and Nurse Planner **Margaret Leonard** report no consultant, stockholder, speaker's bureau, research, or other financial relationships with companies having ties to this field of study.

Higher costs and fewer dollars put a new emphasis on wellness

CMs have opportunity to make a difference

Faced with rising healthcare costs and declining healthcare dollars, providers and payers alike are putting a new emphasis on wellness and prevention, and case managers should fit right in.

The healthcare industry, long dependent on increasing the bottom line by providing more services to patients, is focusing on outcomes and keeping people out of the hospital and the emergency department, says **B.K. Kizziar**, RN-BC, CCM, CLP, owner of B.K. & Associates, a Southlake, TX, case management consulting firm. "I'm beginning to see an emphasis on keeping people healthy rather than just curing them when they get sick," she says. "Case managers in all areas of practice are becoming educators in terms of providing information on how their clients or patients can take an active part in their own healthcare."

Karen J. Bray, PhD, RN, CDE, vice president, clinical care services for Optima Health, the managed care division of Sentara Healthcare, a Norfolk, VA-based healthcare system agrees. More employers are interested in preventive and wellness programs than ever before, Bray says. "It's hard to measure, but there is data that suggests that in addition to lowering the cost of healthcare, wellness programs improve productivity because employees are absent less and more engaged at their work," she

EXECUTIVE SUMMARY

In today's healthcare market, payers and providers are focusing on keeping people healthy and out of the hospital.
• Employers are expressing an interest in preventative and wellness programs.
• Educating people in healthy behavior is an important part of case management practice.
•Case managers have the opportunity to educate patients on overall wellness in addition to coordinating an individual episode of care.
• Wellness assessments should include the family, their cultural beliefs, and healthcare literacy.

AHC Media

says.

Because of its commitment to keeping people healthy, Optima Health has developed Mission: Health, a program for Sentara employees that offers incentives when they manage their diseases and adopt healthy behaviors. *(For details on Mission: Health, see article on p. 3).* "We know that 20% of people account for 80% of healthcare spending, but we also feel an obligation to help people with risk factors, lead healthy lifestyles, and stay healthy," Bray says.

The emphasis on wellness and prevention offers opportunities for case managers, who have always tried to motivate people to do the right thing for their health, says **Mary Beth Newman**, MSN, RN-BC, CMAC, CCP, MEP, CCM, program manager of case management at WellPoint Centers of Medical Excellence, based in Mason, OH, and president of the Case Management Society of America (CMSA), with headquarters in Little Rock, AR. Many employers are putting initiatives into place to give employees a break on the cost of health insurance if they have blood work done, take an online health risk assessment, and engage in health coaching if it's indicated, she points out.

"Health coaching is another opportunity for case managers," Newman says. "Case management always involves educating and supporting the person and helping them reach the best level of health and wellness attainable."

Healthcare providers are going to have to engage patients in taking responsibility for their own health, Kizziar adds. "People can no longer be passive recipients of healthcare. Patients are going to have to become responsible for maintaining what level of health they have, and they have to have the information they need to do it," she says. As they work with patients, case managers should move beyond just talking to them about their current episode of care, Kizziar says. They should seize the opportunity to involve them in adapting healthy habits, she says.

Taking a holistic approach to healthcare and focusing on the entire person, not just the disease or the episode of care, is part and parcel of case management practice, Newman adds. "Case management interventions always involve education, and it should be more than just taking care of the problem at hand. Case managers should look at a person's medical, psycho-social, and environmental issues and help them [reach] the level of health and wellness that is attainable," she says.

Kizziar gives the example of a case manager working with a patient recovering from a severe injury who is a smoker. "We know that nicotine impedes the healing process and that patients with traumatic injuries and bone fractures should be encouraged not to smoke," she says. "Case managers don't have to harp on other reasons [that] smoking is bad. They should tie their message into the patient's interest, in this case that the fracture will heal more quickly without nicotine."

Newly diagnosed patients offer a window of opportunity for case managers because they are likely to be motivated to change their behaviors and take responsibility for their healthcare, Kizziar points out. On the other hand, if someone has been

Case Management Advisor™ (ISSN# 1053-5500), is published monthly by AHC Media, a division of Thompson Media Group LLC, 3525 Piedmont Road N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

POSTMASTER: Send address changes to Case Management Advisor™, P.O. Box 105109, Atlanta, GA 30348.

SUBSCRIBER INFORMATION

Customer Service: (800) 688-2421 or fax (800) 284-3291, (customerservice@ahcmedia.com). Hours of operation: 8:30 a.m.- 6 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday.

Subscription rates: U.S.A., one year (12 issues), $399. Add $17.95 for shipping & handling. Outside U.S.A., add $30 per year, total prepaid in U.S. funds. For approximately 15 CE nursing contact hours, $449. Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at 404-262-5482. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. Back issues, when available, are $67 each. (GST registration number R128870672.)

AHC Media is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity has been approved for 15 nursing contact hours using a 60-minute contact hour. Provider approved by the California Board of Registered Nursing, Provider # 14749, for 15 Contact Hours. This activity has been approved by the Commission for Case Manager Certification for 18 clock hours. This activity is valid 24 months from the date of publication.

EDITORIAL QUESTIONS

Questions or comments? Call Mary Booth Thomas at (770) 939-8738.

Editor: **Mary Booth Thomas**, (770) 939-8738, (marybootht@aol.com).
Executive Editor: **Joy Daughtery Dickinson** (229) 551-9195 (joy.dickinson@ahcmedia.com).
Managing Editor: **Felicia Willis.**
Production Editor: **Kristen Ramsey.**

AHC Media

a diabetic for 20 years and their idea of managing it is to keep doing what they've always done, and go to the hospital occasionally to get the disease under control, the possibility of getting them to change is diminished.

There are some people who are intentionally noncompliant, who have the information on healthy behavior, comprehend it, and still make an educated decision to continue unhealthy habits.

"We have to recognize that this is a decision they have the right to make and put our focus on those who are willing to change, Kizziar says. ■

Healthy employees generate $3.4M ROI

Incentives reward healthy behavior

A program that provides incentives for employees to stay healthy is generating a six-to-one return on investment for Sentara Healthcare, an integrated healthcare provider with headquarters in Norfolk, VA.

The program, titled Mission: Health, offers employees the opportunity to work with health coaches if they have health risk factors and with case managers if they have diabetes, heart failure, and/or coronary artery disease. Participants may receive a discount on the cost of their health insurance and/or funds in a flexible healthcare spending account if they meet certain conditions.

Optima Health, Sentara's managed care division, began Mission: Health four years ago. The health plan also offers a version of the program to employer groups. In the second year of the program, Sentara Healthcare realized a net $3.4 million savings in healthcare costs attributable to Mission: Health, says **Karen J. Bray**, PhD, RN, CDE, vice president of clinical care services for Optima Health. The health plan had been experiencing about an 8% increase in claims each year among its employees. The first year, claims went up an additional 5.7% because many employees found out they had conditions such as hypertension and hypolipidemia, and people with chronic conditions who were not taking their medication started to do so, Bray says.

"The savings came into play in the second year, and we've been able to demonstrate the same kind of savings on an annual basis," she says. Costs have stayed high in pharmacy utilization, but emergency department use and hospital admissions have dropped. About 78% of employees are participating in Mission: Health, Bray says.

Every year, Sentara employees have the opportunity to sign up again for health benefits and complete a personal health profile, which involves undergoing testing for total cholesterol and HDL cholesterol, blood pressure, and body mass index. They also answer questions about tobacco use in the past 90 days and whether they exercise three times a week or more.

The health plan uses the answers to calculate the employees' health risks. Those with a risk of 0 or 1 receive a reduction in the cost of their health insurance that totals about $600 a year. Members who have a risk score of 2 to 5 have the opportunity to work with a health coach to improve their health habits. If they work with the coach at least once a quarter, they also are eligible for the $600 savings.

"We chose to include wellness in our program because we feel that we should address preventive care and wellness as well as illness," Bray says. "We know that with our chronic disease population, we spend a lot of money on a few people, but we also care about the health of all our employees, and we want the people who are healthy to stay healthy," she says.

Employees with diabetes, coronary artery disease, or heart failure are offered the opportunity to call in and be assigned a case manager who will work with them to manage their disease. "We reach out to these members, but we also require them to call in to participate. We want to inject a sense of responsibility and emphasize that this is a program in which the employees have to be involved, and not a program in which the case manager is responsible for taking care of them," she says.

The case manager performs a complete assessment that covers not just the disease but other

EXECUTIVE SUMMARY

Sentara Healthcare has saved $3.4 million in healthcare costs through a program that rewards employees to stay healthy.

- Employees are asked to take a personal health profile that stratifies them according to their risk for an adverse healthcare event.
- Employees with little or no risk save on their healthcare premiums.
- Employees who sign up for a health coach or who participate in case management receive other financial incentives.

health and psychosocial issues. The case manager then develops a care plan and a behavioral plan that the member agrees to follow. Employees are required to work with their case manager at least once a quarter, but they most make contact more often.

Members who work with a case manager earn an additional $460 deposited to a flexible healthcare spending account if they meet all the evidence-based criteria for managing their condition. For example, diabetics should see their doctor twice a year, have two hemoglobin A1c tests and an eye exam, and take their medication right 80% of the time. The health insurance company mines its data to determine if employees are filling their prescriptions. If the computer indicates employees are not filling their prescriptions regularly, the health plan asks them to prove it. Some employees have military benefits and fill prescriptions at the base. Others take advantage of flat rates for prescriptions at local pharmacies.

The case manager has the final say in whether the employee gets the incentive. "We train them to be very objective about it," Bray says. "The idea is not to make sure everybody gets the money, but to make sure they are successful in managing their disease."

Bray attributes much of the success to the financial incentives members receive for taking an active role in their healthcare. "Good health should be its own reward, but the reality is that people do what they are incentivized to do, and incentives go a long way toward getting them to participate in improving their health," she says. ■

For healthy change, take message to community

Strategies for disease prevention programs

In September 2011, world leaders held the first General Assembly at the United Nations (UN) to address chronic disease, which caused an estimated 36 million deaths worldwide in 2008. The declaration written by these leaders identified unhealthy behaviors such as smoking, excessive drinking, lack of exercise, and poor diets dominated by fast food, as the leading cause of cancer, diabetes, and heart and lung disease. The UN hopes to have a plan of action to promote healthy lifestyles by the end of 2012.

In the United States the Centers for Disease Control and Prevention (CDC) reported this summer that education that results in healthy behaviors is needed to improve the lives of Americans. According to the CDC, people who don't smoke, exercise regularly, eat a healthy diet, and drink moderately are 63% less likely to die at an early age. When people practice the four behaviors, the risk of death from cancer and heart disease is about two-thirds lower.

Healthcare institutions should be leaders in delivering messages on healthy behavior because they have the expertise, says **Barbara B. Mintz**, MS, RD, assistant vice president, wellness at Newark (NJ) Beth Israel Medical Center. However, the education cannot be completed within the four walls of the hospital because people only come there when they are sick.

"The challenge is to execute successful programs that reach our community to prevent disease," Mintz says. "Treating disease is so much easier because they come to us. To prevent disease, we have to be in the community."

This step is done at Beth Israel Medical Center by taking programs piloted at the healthcare institution out into the community. For example, a weight loss program with education on lifestyle changes, named the Beth Challenge, was first offered to employees. Now it is being used in the community setting offered through churches and worksites. The KidsFit program developed to address childhood obesity was implemented within the medical center and is now part of school curriculum. *(For more information about programs with children, see related story, p. 5).*

Because children within the community can weigh 300 pounds or more at 12 years old, treating obesity after the fact was not the answer, says Mintz. Now two dietitians are teaching school children how to eat healthy in the environment in which they live, where access to fresh fruits and vegetables is limited. Also, they are teaching children how to exercise within their home, when streets are not safe, by creating indoor obstacle courses or using stairs.

Source

• **Barbara E. Mintz**, MS, RD, Assistant Vice President Wellness, Newark (NJ) Beth Israel Medical Center. E-mail: bmintz@barnabashealth.org. ■

Children bring messages home

It has been widely reported that Americans as a whole need to improve their health across the board. Children in schools are a captive audience, says **Olajide Williams**, MD, MS, chief of staff of neurology and associate professor of clinical neurology at Columbia University Medical Center in New York City and founder and director of Hip Hop Public Health. This organization has an office at Columbia University Medical Center and at Harlem Hospital and works within school curriculum to change health behaviors.

For example, a school-based educational program on healthy eating and living aimed at children in middle school also engages parents by involving them in homework activities, such as tracking meals or learning about daily caloric expenditure.

"It is very hard to engage this group [working parents], but we think we have a way to do it through their children. They don't have time to manage their risk factors because they are so busy and challenged, but through their children, we can bring a lot of things to their attention," says Williams.

Children need to be excited and motivated about the intervention in order to follow through with the parental engagement, he says. The program generates this level of excitement by engaging children through hip hop music and culture using a multimedia approach that includes short animated features, comic books that complement the animation, and video games. The resources and curriculum are produced in-house.

"Piggyback on what is already a part of their life and culture," advises Williams. "Use what they are comfortable with and what they already love as a tool to empower them. I don't really see this as rocket science; we are basically using what the youth are already crazy about and use it effectively."

Source/Resource

To learn more about the Hip Hop Public Health program, contact:

• **Olajide Williams**, MD, MS, Chief of Staff of Neurology, Associate Professor of Clinical Neurology, Columbia University Medical Center, Director Hip Hop Public Health, New York, NY. E-mail: ow11@columbia.edu.

Visit the web site at hiphoppublichealth.org. ■

Create rapport to engage patients

Include family members in the assessment

When it comes to helping their patients or clients learn to take responsibility for their own healthcare, the first thing case managers have to do is to get to know them and become familiar with their family situation, says **B.K. Kizziar**, RN-BC, CCM, CLP, owner of B.K. & Associates, a Southlake, TX, case management consulting firm.

"I am still seeing case managers who rarely talk to or engage patients and family members," Kizziar says. "There's no way you can motivate someone to change their behavior and adopt healthy habits if you don't develop a rapport with them. The only way to determine how to approach someone about healthy habits is through dialogue, and case managers can't do that if they have their nose in the chart doing file reviews."

A case management assessment should include an assessment of the family and home environment, she says. "The only way we know what we're dealing with is to assess the patient and family. When we don't conduct an indepth assessment, we have no idea how to approach the patient and family," Kizziar says.

When someone is sick or has just been diagnosed with a chronic condition, it's a good time to get the family engaged because they're very interested in getting the family well. "Seize the opportunities that arise to educate clients and family members on healthy behavior, Kizziar say. For example, if you are working with a newly diagnosed diabetic, it's likely that if they go back to a home environment where everybody else is eating the same foods as always, they'll find it difficult to stay compliant. You have a good opportunity to talk with the family members about the importance of a healthy diet for the patient, which could carry over into a healthier diet for everyone in the family.

When you conduct your assessment, look at the family, their income level, and their understanding of health and nutrition. Are they eating fast food because it's convenient, because it's cheap, or because the person responsible for meals works long hours and never cooks?

Find out what kind of habits that family has and what culture has to do with it, then make recommendations that promote healthy behavior but are not contrary to the patient's culture, Kizziar says.

"Case managers need to do research and put some thought into how culture affects a patient's health habits and determine how to speak to their needs without trying to change everything about them," she says. For instance, the Hispanic culture typically includes a diet of beans, tortillas, and other starchy foods, Kizziar points out. "You can't tell them not to eat tortillas but you can work with them on adding more vegetables and fruits into their diet," she says.

Assess your patients' healthcare literacy or level of understanding, how they view their responsibility for their health, and if they are aware that they can make an impact. Don't use technical terms. Speak in a language your clients can understand.

"You can talk to someone over and over, but if you aren't at their level of understanding, it's not going to be effective," Kizziar says. ■

Problems, challenges on the horizon

Layoffs, opportunities are the norm

Depending on where you live, the changing healthcare environment could mean opportunities or challenges, case managers across the country say.

Some case managers who have been laid off in a downsizing move by their employer are having trouble finding a job. On the other hand, in areas where accountable care organizations (ACOs) and patient-centered medical homes proliferate, case managers might have their choice of jobs.

It's an exciting time for case managers and an opportunity to build the professions, says **Cheri A. Lattimer**, RN, BSN, executive director of the Case Management Society of America (CMSA), with headquarters in Little Rock, AR. Lattimer predicts a bidding war for case managers as the demand increases.

"There's already a workforce shortage, and the demand for good case managers is only increasing," she says. "Case managers may be recruited away from their current job by a higher salary or bonus structure. We believe there will be salary increases that are justified because of the extent of the services expected from case managers."

All of the initiatives being promoted by healthcare reform call for care coordination, points out **Margaret Leonard**, MS, RN-BC, FNP, senior vice president for clinical services at Hudson Health Plan in Tarrytown, NY. "Care coordination is mentioned frequently in the Patient Protection and Affordable Care Act," Leonard says. "We are in demand, and people know who we are. It's no longer a question of who is a case manager."

In New York State, some case management jobs are being eliminated by hospitals, but the case managers are finding jobs in health homes, ACOs, or at health centers. "Case managers are at a premium, and a lot of organizations are looking for case managers. I don't see the job market shrinking or salaries going down," Leonard says.

Rather than major raises, more companies are increasing benefits, including paying for case management certification courses and memberships in professional organizations, Leonard says.

In the Midwest, particularly in the health plan industry, some case management jobs are being eliminated because of streamlining efficiencies, says **Mary Beth Newman**, MSN, RN-BC, CMAC, CCP, MEP, CCM, president of the CMSA. "As health plans are focusing on transitions of care and readmissions, they're finding new ways to cut staff in the name of efficiency and cost savings," Newman says.

She tells of a case manager who was named Case Manager of the Year by her peers in the local CMSA chapter. The next week, she was laid off by the health plan where she worked because of budget cuts.

Some health plans have switched to automated reminder calls rather than having case managers call the members. Some tasks that case managers typically perform, such as screening members for acuity, are being outsourced to off-shore companies as well, Newman says. "They're not actually outsourcing case management, but there are pieces of what case managers used to do that are being outsourced," she says.

Members of the outsourcing companies' call cen-

EXECUTIVE SUMMARY

The world of case management is changing as organizations move toward accountable care and patient-centered medical homes and, in some cases, lay off case managers due to declining revenue.

- Healthcare reform promotes care coordination, which is good news for case managers.
- In some areas, case managers are at a premium, and jobs are easy to come by. In others, case manager positions are being eliminated as organizations outsource some of the services.
- In the future, case managers might find themselves with job titles that include healthcare navigator or health coach.

ter staff are calling patients to make sure they have appropriate follow-up care and have filled their prescriptions. If there is a red flag, they are transferring the call to a case manager at the health plan, Newman says.

Because of cutbacks in case management staff, most case managers in Newman's area are more concerned about keeping their jobs than they are about salaries going up, Newman says. "Salaries are inching up, not increasing significantly," she says.

There are a lot of job opportunities for case managers, but it may not be called "case management," Newman says. "They may be called health coaches or patient navigators, and the job may not be in the traditional sense of a case management job," she says. "Case managers have got to take the time to learn what is going on and the opportunities that are available for them."

In the Southwest, there are not a lot of job openings, and many case managers are sticking to their positions, says **B.K. Kizziar**, RN-BC, CCM, principal of BK & Associates Case Management Specialists, a Southlake, TX, consulting firm. Providers in the area are just beginning to talk about forming ACOs and patient-centered medical homes, she says. "The evolution of case management into transition care management and collaboration among levels of care are just beginning to cause some ripples in this area," Kizziar says.

At the same time, many employees have to pay more for their health insurance, she reports. For example, one Texas healthcare system has developed a tiered benefit plan in which the employee's contribution to insurance benefits is determined by healthcare risk. "I see more and more employers opting out of the healthcare benefit altogether," Kizziar says. "We as employees expect healthcare benefits, but in this economy, employers can't afford it, at least not at the same level."

Organizations also are cutting back on paying for continuing education, certification, and conference attendance, she says. "Case managers are going to have to assume responsibility for their own professional development," she says. ■

New delivery models offer opportunities

CMSA keeps case managers in spotlight

New initiatives being developed as a result of healthcare reform, such as the patient-centered medical home and the accountable care organization, are new models of care delivery, but the concepts are not new to case managers, says Mary Beth Newman, MSN, RN-BC, CMAC, CCP, MEP, CCM, program manager, case management, WellPoint Centers of Medical Excellent, based in Mason, OH, and president of the Case Management Society of America (CMSA) with headquarters in Little Rock, AR.

"Patient-centered care has always been a core element of care management, but now, with healthcare reform, new eyes and ears are open to it," Newman says. "There are a lot of new partnerships and collaborative efforts under way to improve the care that patients receive, and care coordination is the key to all of them. Case managers are the ones who know what this is all about, and we have an opportunity to provide input and direction on key issues."

One of Newman's goals as president of CMSA is to ensure that the organization has a direct effect on the transformation to the new models so that the case management efforts are led by appropriate licensed and qualified professionals. "Although there's room for people with different levels of education in the new care coordination models, case managers have a responsibility to make sure that true case management, as defined by case management standards of practice, is provided by professional case managers. Non-clinicians cannot be a substitute for licensed case managers," she adds.

CMSA is educating members through its web site and local chapters about the evolving healthcare system and what it will mean to them. "A lot of opportunities have fallen in our laps with healthcare reform and all the new models of patient care, but case managers can't take advantage of them if

EXECUTIVE SUMMARY

The Case Management Society of America (CMSA) is working to keep providers, consumers, and lawmakers aware of the advantages of case management as well as keeping case managers aware of new opportunities in healthcare.

- One goal is to make sure case management efforts are led by licensed, qualified professionals.
- The organization is providing feedback to the Centers for Medicare and Medicaid Services as well as other organizations involved in healthcare reform.
- Next year, CMSA will roll out a Career Knowledge Pathway that will provide customized direction and education for case managers who want to move to the next level in their career.

they don't understand them," Newman says.

CMSA is working on partnerships with key organizations in the healthcare arena, professional associations, accrediting bodies, and government and regulatory agencies to provide input, she says. CMSA leaders are providing information and feedback on the new innovative models proposed by the Centers for Medicare and Medicaid Services (CMS) through its new Innovation Center (http://innovations.CMS.gov) and met with CMS officials last November to discuss the current proposals. The organization nominated **Hussein Tahan**, DNSC, RN, president of International Healthcare Management and Consulting, a New York-based case management consulting firm, to chair one of the key committees at the National Quality Forum, and he was elected, Newman says.

CMSA continues to promote the value of case management and to raise awareness of the contribution that case managers make, not just to healthcare professionals, but to purchasers and recipients of case management services, she says. "Purchasers, such as employer groups, who contract for case management services, are primarily interested in cost reduction and savings," she says. "We know case managers affect the cost of care by ensuring that patients get evidence-based care in a timely manner and by helping individuals keep their conditions under control, and stay healthy and out of the hospital."

The organization is working with the Bureau of Labor Statistics (BLS) to create a new occupational classification for case managers. "As we have worked with Congress on the Affordable Care and Patient Protection Act and other initiatives, lawmakers have asked how many case managers are in their states. That's a question we can't answer because there is no case manager classification in the BLS. RNs and social workers are clearly classified, but case mangers as we know them are not," she says.

To help individuals understand what they need to do to move to the next level of case management or to enter the case management field, the organization is creating a Career Knowledge Pathway. **Teri Treiger**, RN-C, MA, CCM, CCP, a case management consultant based in Holbrook, MA, and immediate past president of the CMSA, is leading the development of the online program. Phase I is expected to be available in June 2012.

"Case managers are at different stages in their career in terms of experience and training. They want to know what they need to do to move to the next level. The Career Knowledge Pathway will guide them," Treiger says.

For example, consider a nurse with 20 years experience who wants to go into case management or a new nursing school graduate who wants to be a case manager. "Their needs are different," she says. "One has extensive clinical experience and the other has none, and there are people at all levels in between who want to be case managers and need to know what they need to do to get started."

The Career Knowledge Pathway will be an online program that contains tools that allow people to input their experience and career goals and create a customized curriculum based on their unique goals, needs, and backgrounds. CMSA will provide online training to help them meet their goals.

[The Case Management Society of America's Resource Toolbox, available to members, is a collection of more than 100 white papers, websites, and other resources for case managers. Visit www.cmsa.org and click on "Resource Toolbox."] ■

Eliminating co-pays may reduce more events

Could this influence revascularization?

The use of specific medications following a heart attack has been shown to reduce cardiovascular events and mortality, however; while highly effective, the rate of adherence to these medications is poor. Researchers from Brigham and Women's Hospital (BWH) evaluated whether eliminating co-payments for these medications would increase adherence and improve outcomes in patients who have had a heart attack. The study is published online in *The New England Journal of Medicine*.[1]

"The elimination of co-payments for certain medications following a heart attack resulted in improved patient adherence to the medications and positively impacted rates of major vascular events," said **Niteesh Choudhry**, MD, PhD, lead author of the paper and a researcher in the Division of Pharmacoepidemiology and Pharmacoeconomics at BWH as well as an Associate Professor of Medicine at Harvard Medical School, Boston, MA. "While the elimination of cost sharing did not significantly alter the trial's primary end-point, which included revascularizations along with vascular events, the intervention was successful in reducing rates of important clinical outcomes, lowering the amount that patients spent on medications and other non-drug health ser-

vices, and did not increase overall health care costs."

Choudhry and colleagues found that the rate of the combined endpoint of major cardiovascular events or revascularization was not significantly improved by the elimination of copayments for prescription medicines. However, when all events were considered, and not only first events, rates of this outcome were reduced significantly by 11% in the intervention group. They also report that when taking revascularizations out of the equation, rates of first vascular event were reduced significantly by 14% and the individual outcomes, which include the rates of readmission for another heart attack, angina, heart failure and stroke, were all reduced. Additionally, total healthcare spending for patients during follow up did not significantly increase, and out-of-pocket costs for patients were lower in the intervention group, a relative reduction of 26%.

"This research shows that by eliminating co-pays for patients who are prescribed medications that are proven to be effective, patients will use them more. In this specific study, adherence to these medications increased four to six percentage points," Choudhry said. "Even with this improvement, overall adherence to these medications is very low, with less than half of patients who are prescribed these medications actually taking them. While cost-related underuse represents 'low-hanging fruit' and the intervention we evaluated appears cost-effective, more work is needed to identify other effective strategies for increasing adherence as a way to improve patient care and simultaneously lower the cost of providing care to these patients," Choudhry said.

REFERENCE

1. Choudhry N, Avorn J, Glenn R, et al. Full coverage for preventive medications after myocardial infarction. *NEJM* 2011; 365:2088-2097. ■

Mixed reactions to management program

The U.S. healthcare system, with a focus on outpatient visits for acute problems, might not be supporting patients with chronic illness in their everyday lives to manage their health. Newer communication technologies hold the promise of better collaboration between doctors and patients and improved chronic disease management. However, a new study[1] reveals mixed reactions by patients with type 2 diabetes to a mobile phone and Web-based disease management program.

Researchers affiliated with the University of Washington, Seattle, and a local HMO expanded an existing web-based diabetes care program to allow patients to wirelessly upload blood-glucose values through mobile phones, communicate through e-mail with a care manager, and access their shared medical record from the Wii game system at home. Participants were trained to access the system through a smartphone, personal computer, and through the web on the Wii. After three months, each of the eight patients was interviewed about his or her experiences.

Participants expressed the following themes: connecting with the nurse practitioner was valuable, wirelessly uploading data from glucose meters was easy, the program increased health awareness, smartphone features were frustrating, and accessing the program through the Wii was not useful. The researchers concluded that some individuals are receptive to using web-based and mobile communication services to help manage diabetes. However, the technology can add frustrations to self-management if there are technical problems, such as those that arose from using older and perhaps less user-friendly smartphone models. This study was supported by the Agency for Healthcare Research and Quality.

REFERENCE

1. Lyles C, Harris L, Le T. Qualitative evaluation of a mobile phone and web-based collaborative care intervention for patients with type 2 diabetes. *Diabetes Technology & Therapeutics* 2011; 13:563-569. ■

Encourage communication with your patients

The Agency for Healthcare Research and Quality (AHRQ) has launched an initiative with the Ad Council to encourage clinicians and patients to engage in effective two-way communication to ensure safer care and better health outcomes.

For nearly a decade, AHRQ has encouraged patients to be more involved in their healthcare, and this new initiative builds on previous public education campaigns AHRQ has conducted under contract with the Ad Council around the theme "Questions are the Answer." This phase of the initiative features new public service ads directed at

clinicians with the message that a simple question can reveal as much important information as a medical test. Research shows that better communication correlates with higher rates of patient compliance with treatment plans. This improved compliance can lead to better blood sugar control for patients with diabetes, for example.

"We know that when patients and clinicians communicate well, care is better. But in today's fast-paced healthcare system, good communication isn't always the norm," said AHRQ Director **Carolyn M. Clancy**, MD. "This campaign reminds us all that effective communication between patients and their health care team is important and that it is possible, even when time is limited."

An original series of new videos on the AHRQ web site features real patients and clinicians discussing the importance of asking questions and sharing information. Several patients discuss how good communication helped them avoid medication errors or obtain a correct diagnosis. Clinicians emphasize the benefits of having their patients prepare for medical appointments by bringing a prioritized list of the questions they wish to cover.

Bill Lee, a patient from Baltimore, who is featured in one of the videos, said, "I used to think, he's a doctor, who am I to ask a question?" Lee, who has suffered 10 heart attacks since 2004, noted that good communication is the key to successfully managing his heart disease and diabetes. "If I had not started asking questions of my doctors, I honestly think I'd be dead today," he said.

The web site also features new resources to help patients be prepared before, during, and after their medical appointments. The resources include:

- An interactive "Question Builder" tool that enables patients to create, prioritize, and print a personalized list of questions based on their health condition.
- A brochure, titled "Be More Involved in Your Health Care: Tips for Patients," that offers helpful suggestions to follow before, during, and after a medical visit.
- Notepads designed for use in medical offices to help patients prioritize the top three questions they wish to address during their appointment.

The brochure and notepads are available for cobranding. Organizations that wish to promote patient and clinician communication and safer and better health care may use the materials for their members, employees, and patients. Materials can be found at www.ahrq.gov/questions in the "Tips and Tools" section.

The new ads for clinicians will run in donated space in print and online medical and allied health journals, including *The New England Journal of Medicine, The Journal of the American Medical Association, American Family Physician, Annals of Internal Medicine, Journal of the American Academy of Physician Assistants,* and *The Journal for Nurse Practitioners.* The print ads will reach a combined audience of more than 2 million clinician readers, can be found at www.ahrq.gov/questions/psas.htm.

Resource

Agency for Healthcare Research and Quality. Web: www.ahrq.gov/questions. Select "Patient and Clinician Videos" ■

There is no need to reinvent the wheel

Technology can uncover best practice

Technology is beneficial to people designing programs to impact the health behaviors of their patient population base, says **Jason L. Bittle**, community health improvement coordinator at Hanover (PA) Hospital Wellness and Education Center.

"We can look at best practices in similar community settings, contact those key people who can help replicate the program, and facilitate best practices in our own communities," says Bittle.

He advises people in the field of community education to check out this web site *(see Resource, p. 11)* from the Department of Health and Human Services. This web site provides community health status indicators so healthcare professionals in "peer counties" might be able to uncover reasons for rate differences in such matters as risk factors for premature death and share information about model programs. In addition with the ability to perform an Internet search, you can find complete narratives of programs and their contacts, then replicate in your own program without reinventing the wheel, says Bittle.

Best practices can be found with a computer-based literature search that uncovers the articles with the best research protocols. For good information, look to the web sites and journals of accrediting agencies, says Bittle. For example, with a background in fitness, he often uses information disseminated by the American College of Sports Medicine. Technology can help you determine how clean the research is, says Bittle. For example, you can find who out paid for the study, whether the authors have a conflict

of interest, if they are considered creditable in their fields, or if they have other work that can build upon the subject matter.

Source/Resource

• **Jason L. Bittle**, Community Health Improvement Coordinator, Hanover (PA) Hospital Wellness and Education Center. E-mail: BittleJ@HanoverHospital.org.

Department of Health and Human Services. Web: http://www. communityhealth.hhs.gov. Select state and county in the table on the left side of the page. Next, under "Demographics," select the category you would like data on such as "access to care" or "preventive services use." ■

Written materials are a good reminder

Providing written information for the patient with heart failure to use at home is important for reinforcing what was taught, says **Eileen Brinker**, RN, MSN, heart failure program coordinator at the University of California, San Francisco (UCSF) Medical Center.

Therefore at UCSF Medical Center a binder was created with content written in plain language at the sixth-grade reading level. Because the target population is age 65 and older, the copy is in large font, and lots of clip art and color is used to make it easy to read and understand. The binder is used during teaching sessions on heart failure, focusing on the use of the patient's prescribed diuretic, the importance of weighing daily, avoiding foods high in sodium, and signs and symptoms that require medical attention.

Material has been added or removed to improve understanding, Brinker says. For example, during follow-up phone calls to the patients, it was discovered that patients did not seek medical help when they recognized signs and symptoms of their heart failure worsening because they did not know who to call.

To address this problem, a phone card was developed to list the numbers of the medical team, which is completed before discharge. Phone numbers might be provided for the primary care physician, the home care nurse, and the cardiologist.

Also, four pages covering the main topics were translated into Russian, Chinese, and Spanish to meet the needs of the medical center's highest percentage of non-English speaking patients. Brinker says online resources with similar content for patients who speak other languages are often pulled from www.HealthInfoTranslations.com.

At Lehigh Valley Health Network in Allentown, PA, several types of written materials to reinforce teaching on heart failure are available, says **Paula Robinson**, RN, BC, MSN, patient, family and consumer education manager.

A book called "Living with heart failure home advisor," provides details on self-management at home and has such information as the anatomy and physiology of heart failure, diet, and medication. Although it is written at a seventh/eighth-grade reading level, if an individual has literacy issues and does not state that learning by reading is their preferred style, there are other alternatives.

The teach-back questions used during the teaching sessions can be printed electronically from the patient education section of the Intranet and given to patients to use as a worksheet. Also single-page health sheets

COMING IN FUTURE MONTHS

- Wounded warrior program offers opportunities for CMs
- Embedded case managers gaining popularity
- How your peers are reducing hospital readmissions
- How you can engage your at-risk patients

that convey one concept of heart failure self-management are available through Krames On-Demand. These pages are written at the sixth- to eighth-grade reading level with graphics and are designed for people with poor literacy skills. This variety of written materials helps ensure the right resource is available for patients and families.

Resource

For more information about the Krames electronic patient education delivery system used at Lehigh Valley Health Network in Allentown, PA, go to https://www.krames.com. Click on "Products," then "Krames On-Demand." ■

CNE QUESTIONS

1. According to Mary Beth Newman, MSN, RN-BC, CMAC, CCP, MEP, CCM, program manager of case management at WellPoint Centers of Medical Excellence, when case managers work with patients on one episode of care, what else should they look at when developing a care plan?
   A. The medical history
   B. Psycho-social issues
   C. Environmental issues
   D. All of the above

2. According to B.K. Kizziar, RN-BC, CCM, CLP, owner of BK & Associates, when is the best time to engage someone with a chronic condition?
   A. When he's been hospitalized several times
   B. When he's just been diagnosed
   C. After a physician visit
   D. All of the above

3. Sentara's Mission: Health program deposits funds into a flexible healthcare spending account for employees with heart failure, diabetes, or coronary artery disease if they meet evidence-based criteria for managing their disease and work with a case manager how often?
   A. Once a week
   B. Once a month
   C. Twice a month
   D. Once a quarter

4. True or False: Karen J. Bray, PhD, RN, CDE, vice president, clinical care services for Optima Health attributes much of the success of Sentara's Mission: Health program to providing financial incentives for employees to take responsibility for their health.
   A. True
   B. False

CNE 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 the clinical, legal, legislative, regulatory, financial, and social issues relevant to case management affect case managers and clients.
3. Describe practical ways to solve problems that case managers encounter in their daily case management activities.

CNE INSTRUCTIONS

Nurses participate in this continuing education program and earn credit for this activity by following these instructions.
1. Read and study the activity, using the provided references for further research.
2. Log on to www.cmecity.com to take a post-test; tests can be taken after each issue or collectively at the end of the semester. First-time users will have to register on the site using the 8-digit subscriber number printed on their mailing label, invoice or renewal notice.
3. Pass the online tests with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the last test of the semester, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be e-mailed to you instantly. ■