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Lifestyle coaching improves health, saves money

Also helps manage chronic disease

Providers and insurers are starting to add lifestyle coaching to the range of interventions they provide to help motivate people to take charge of their own health and make changes in the way they live that help them live healthier, more productive lives.

"Instead of just managing a disease, it's more effective to focus on the whole person and help people make changes in their habits and behavior to improve their overall health, and manage their chronic conditions at the same time," says **Chelsea Anderson**, manager health and wellness for Medica, a health insurance company with headquarters in Minneapolis.

Medica believes that patient engagement will be the cornerstone of healthcare in the future, Anderson says.

"Engaged, empowered members make informed decisions and develop the confidence to participate in their care. Coaching reinforces that behavior and may improve outcomes, lower costs, and increase member satisfaction," adds **Maureen Ward**, Medica's senior director of clinical integration.

EXECUTIVE SUMMARY

Lifestyle coaching focuses on the whole person and helps patients manage their chronic conditions, avoid adverse healthcare events, and live healthier, more productive lives.

- Research at Brigham and Women's Hospital showed that lifestyle counseling in conjunction with routine diabetes care helps patients lower their blood sugar levels, blood pressure, and blood cholesterol level.
- Coaches motivate individuals to change their behavior and improve their health and support them in meeting their goals.
- Coaches work with case managers and disease managers to provide a wide range of support for patients.

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"When people take action to manage their health, they live better, feel better, and have more energy as well as reducing healthcare costs," says **Jennifer Sponholtz**, CHES, wellness coordinator for Advocate Health Care, an integrated healthcare system with headquarters in Oak Brook, IL. "Research shows that people who have support in improving their health can reduce their risk of developing a chronic condition or experiencing an adverse medical event," she adds.

For example, a long-term study by researchers at Brigham and Women's Hospital in Boston concluded that lifestyle counseling, as part of routine care for people with diabetes, helped people lower their blood glucose levels, blood pressure, and blood cholesterol levels more quickly and keep them under control.

"This study shows that persistent lifestyle counseling can and should be a critical piece of any routine diabetes treatment plan. Clearly, it gets people to goals faster than when they are not given continued encouragement and information on how to increase physical activity levels, eat properly, and reduce lipids," says **Alexander Turchin**, MD, MS, senior researcher.

The researchers identified 30,000 people treated at Brigham and Women's Hospital and Massachusetts General Hospital over a 10-year period who received lifestyle counseling in the primary care setting as documented by their healthcare providers. They found that patients who averaged one counseling session every month lowered their hemoglobin A1c level 40% faster, their blood pressure 25% faster, and their cholesterol 30% faster than those who received less frequent counseling.

"We found that the more lifestyle counseling patients received, the sooner they achieved lower blood glucose levels, lower blood pressure, or better lipids control. Patients who received face-to-face counseling once a month or more took an average of 3.9 weeks to reach their target goals for hemoglobin A1c, blood pressure, and cholesterol as compared to 13.5 months for those who received counseling less frequently," Turchin says.

At Advocate Health, the health coaches focus on preventive care while the case managers are more disease-management oriented. "We refer back and forth depending on the needs of each particular patient," Sponholtz says. For instance, if case managers feel that patients have achieved their health goals they may refer them to a health coach for help in changing behavior. "Sometimes the coaches are working with patients with chronic conditions who could benefit from help from case management and they refer them up. The patients can continue to work with the lifestyle coach while working with the case manager," she says. *(For details on Advocate Health's health coaching program, see related article on page 124.)*

Medica's coaching program is one of the health plan's disease management solutions, Anderson says. "We are taking a different way of looking at behavior that drives the condi-

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EDITORIAL QUESTIONS

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

Editor: **Mary Booth Thomas**, (770) 939-8738, (marybootht@aol.com).
Associate Managing Editor: **Jill Drachenberg** (404) 262-5508
Executive Editor: **Russ Underwood** (404) 262-5521, (russ.underwood@ahcmedia.com).
Production Editor: **Kristen Ramsey.**
Senior Vice President/Group Publisher: **Donald R. Johnston**

tion. We are partnering with providers and relying on them to treat the members' conditions and to educate the members on how to follow their treatment plan on a day-to-day basis. The coaches help them make lifestyle changes that will help them manage their conditions and lead healthier lives," she says.

The coaches work with the members to help them become advocates for their own healthcare. They encourage members to develop a good relationship with their primary care providers and teach members to ask probing questions and continue asking until they understand what the provider is saying.

Most people already know what they should be doing to improve their health but they don't necessarily know how to act on it, Sponholtz says. "Coaching gets the individual to the point that they are motivated to take the next step. Anyone, even highly motivated individuals, can benefit from health coaching because everyone needs support in one aspect or another and the coach can help them stay on track," she adds.

Coaches can help people dig deeper into what may be interfering with healthy behaviors and come up with ways to stick to their exercise regimen or diet. "When people work with a coach, they often experience a shift in thinking that motivates them to take control of their health," she says.

Lifestyle coaching takes a lot of intensive work, but it's very effective, even with patients who might not be enthusiastic about following their doctors' recommendations," Turchin says. In the study, the physicians did most of the lifestyle counseling, but the positive effects shown by this study may not be limited to interventions by physicians.

"It is more financially efficient if the lifestyle counseling is conducted by nurses, nurse practitioners, physician assistants or dieticians, as well as in group settings," he says.

The secret to being a successful health coach is to meet people where they are by listening and finding out their focus, Sponholtz says. "Coaches have to turn off their own goals for the conversation and concentrate on what the individual wants to do," she says.

Coaches shouldn't be tempted to start thinking about what they're going to say next while the person they are coaching is talking. "That's not listening actively. Coaches can't be concerned with their own thought processes. They need to trust that the individuals know what will work best for themselves and let go of their own ideas," she says. ■

Coaches help members improve health

Weight loss, lower BMI among the outcomes

Health care costs for participants in a health and wellness coaching program were $19 to $22 per member per month less than for a control group in a study by an independent researcher conducted for Medica, a health insurance company with headquarters in Minneapolis.

In a study of 1,051 participants, members averaged a 6% reduction in weight and a 7% improvement in body mass index. Participants with diabetes reduced their hemoglobin A1c levels by 35%. In addition, 96% of members participating reported overall satisfaction with the program and 90% said that as a result of the program they were more confident in managing their own health, says **Chelsea Anderson**, manager health and wellness for Medica.

The health and wellness coaching program was developed by Medica and launched in the fall of 2008. Nearly 37% of Medica's membership who are invited to the program choose to participate.

"We are making a shift in our approach from managing disease to managing the whole person and focusing on overall health and giving people the skills they need to change their behavior and lead healthier lives," Anderson says.

EXECUTIVE SUMMARY

Medica saved $19 to $22 a month in healthcare costs by members who participated in a health and wellness coaching program compared to a control group.

- Health coaches with a variety of healthcare backgrounds call members identified for the program and enroll them in the program.
- Coaches guide members as they set goals and uncover underlying issues that may interfere with their progress.
- They help members divide their overall goals into realistic goals so they won't tackle too much at a time and become discouraged.

Members eligible for the program are identified through claims, based on their responses to a health risk assessment, and referrals from providers, case managers, the Nurse Line, customer service, or self-referrals.

Once members are identified as eligible for the program, the health plan sends them a mailing followed by two phone calls from a health coach who explains the program and invites them to participate. If members don't respond, the health coach follows up again in six months.

Medica's heath coaches have a variety of backgrounds and include nurses, social workers, psychologists, exercise physiologists, and health educators. They all go through Medica's 200-hour in-house training program developed in partnership with the University of Minnesota's Center for Spirituality and Healing.

Typically, members choose to talk with the health coach frequently in the beginning, tapering off to once a month. In the beginning, phone calls typically last 40 minutes to an hour and gradually drop to 20 to 30 minutes.

Members work with the same health coach for the duration of the program. When members begin the program, they take the Patient Activation Measure, which assesses their knowledge, skills, and confidence in managing their own health. The coaches use the information to personalize the program as they work with the members to set goals and support them in meeting their goals.

"Some members have very specific goals. Others may need guidance on how to set a goal. The health coaches work with members to set realistic and achievable goals," says **Michelle Murdock**, senior director, clinical operations.

For instance, if members want to lose weight, the health coach helps them zero in on what success looks like and what intrinsically motivates the member.

"The coaches take the role of guiding the individuals so they can divide their main goal into smaller, realistic goals, rather than tackling a huge goal and becoming discouraged," Murdock says. For instance, if weight management is a goal, instead of focusing on activity and improving their diet at the same time and becoming overwhelmed by the challenge, the member might start with becoming more active. And instead of the goal being to run in a 5K race, a sedentary member might start out just walking around the block, then gradually increasing the distance and the pace.

"A lot of times, we have found that the members' perception of themselves is a factor," Anderson says. For instance, a member may have been an athlete in his teens and 20s but hadn't worked out regularly for 10 years. Starting out to work out at his former level of intensity is not a realistic goal so the coach guides the person to come up with a smaller goal and gradually increase the level of activity.

"The issues they work on are based on the individual. On the surface, the problem may seem to be related to activity, but there may be some underlying factor such as finances or other stressors," Anderson says. In some cases, the coach may identify depression as a problem and will get the member to the right support either through Medica Behavioral Health or the member's primary care physician.

The coaches recommend best practices for condition management and provide the members with supplemental tools and information such as websites and organizations that offer information on managing diseases.

If members have complex conditions that need additional management, the coaches refer them to the health plan's case management program for intensive support. ■

Wellness solutions include health coaching

Coaches are trained to motivate participants

Based on the positive outcomes of a health coaching pilot for its employees with diabetes, Advocate Health Care, an integrated healthcare system based in Oak Brook, IL, now offers health coaching to its patients, employees, spouses, and employer groups as part of its comprehensive wellness solution.

When the health coaching program was piloted with patients with diabetes in 2006, participants reduced their LDL cholesterol by an average of 10 points and their hemoglobin A1c by one point. The health coaching program now targets patients with diabetes, asthma, and/or cardiac disease but doesn't turn away

anyone who wants to participate, says **Jennifer Sponholtz**, CHES, wellness coordinator. Sponholtz, who works in the Advocate Medical Group division supervises and trains Advocate Health Care's lifestyle coaches, all of whom work from their homes and counsel their clients by telephone.

In the first year that Advocate added a weight-loss component to the program, participants reduced their body mass index (BMI) by an average of 0.8 in the first year. "Studies show that for every one-point drop in the BMI, the company saves $202 per employee per year," Sponholtz says.

The lifestyle coaches work closely with the organization's case managers and disease managers to provide whatever assistance patients need. "Our goal in this program is to provide the best outcomes for our patients using any kind of support we can provide," Sponholtz says.

Advocate's lifestyle coaches include health educators, nurses, dieticians, and exercise physiologists. All have at least a bachelor's degree in a healthcare field. Some have master's degrees.

All lifestyle coaches go through intensive training on how to engage individuals who are resistant to change. They complete the Intrinsic Coaching Development Series, offered by Intrinsic Solutions Group. The course is a series of classes and mentoring sessions that teach the coach how to support people in improving their health by helping them come up with their own goals.[1]

"Instead of giving suggestions on how people can become healthier, the coaches guide them in deciding what they want to do. When people have that 'a-ha' moment about what is important to them, they are more likely to act on it," she says.

The coaches also are trained in motivational interviewing, which helps them identify the clients' readiness to change. "We find that a combination of intrinsic development training and motivational interviewing creates a balanced approach for coaches to be successful when working with individuals," Sponholtz says.

Physicians, care managers, and other clinical staff refer patients for the program, or patients can self-refer. Employer groups can risk stratify their population to identify which employees should be offered the opportunity to work with a coach.

Advocate employees and spouses undergo a comprehensive screening each year to assess their health status. If the screening identifies risk factors, the individual can work with a health coach to earn an insurance based incentive. This year, the company offered HMO members who completed the program a $200 incentive toward healthcare expenses for HMO members who participate. PPO members were offered $600 toward their deductible.

Once the patients are identified for the program, Advocate either sends them information on the program and invites them to participate or calls them to enroll them.

When participants enroll, they answer questions about their goals, their personality, and decision-making habits. The information is entered into a coaching system developed by Advocate, which matches the individual with a coach whose skills meet their need. Advocate developed the coach match process based on the Myers-Briggs Type Indicator, Sponholtz says.

"All our coaches have different skill sets. Our technology applies a filter so that only coaches that match the individual's criteria show up in the system," she says.

During the initial phone calls, the coaches work with the participants to determine goals. Common goals include smoking cessation, weight loss, diabetes management, and making behavioral changes such as increasing physical activity, improving nutrition, and managing stress.

"The important thing is to help the individual identify his or her goals, and not to impose the goals of the coach on them," Sponholtz says. For instance, the coach may say, 'Your doctor recommended you for this

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EXECUTIVE SUMMARY

Advocate Health Care in Oak Brook, IL, targets patients with diabetes, asthma, and/or cardiac disease in its health coaching program.

- Coaches go through intensive training on how to engage individuals who are resistant to change and learn motivational interviewing to determine an individual's willingness to change.
- The company matches the needs of participants with the skills of the coaches.
- Instead of making suggestions, the coaches guide patients in deciding what they should do.

program because you have diabetes but that doesn't mean we need to talk about controlling your diabetes. You may have another goal in mind and we can start there.'

"If people aren't motivated to change their diet or lose weight, they won't want to talk about it and may just go through the motions. We look at what they want to do and help make lifestyle changes to meet that goal," she says.

REFERENCE

1. For more information on intrinsic coaching, see: http://intrinsicsolutionsgroup.com/ ■

MDs, pharmacists partner to manage chronic conditions

Education is a key to medication adherence

Northwestern Memorial Physicians Group in Chicago is partnering with Walgreens to counsel patients with chronic illnesses on their disease and medication and to support them in following their medication regimen. So far, patients in the pilot have increased their medication adherence on five different drugs by 5%.

"As primary care providers, we are always looking for innovative ways to help manage the health of the population we serve, and one of the best ways is to collaborate with an organization that has a similar mission and values. We know that chronically ill patients often need extra help in understanding their disease and why they need to take their medications. We chose to work with Walgreens because a large percentage of our patients go to Walgreens to get their prescriptions filled," says **Seamus Collins**, director of business development and physician affairs for Northwestern Memorial Physicians Group.

The physician group is a wholly owned subsidiary of Northwestern Memorial Hospital. Walgreens has partnered with the hospital for several years to provide prescriptions to patients being discharged through a bedside delivery program and operates an outpatient pharmacy in a medical office building on the hospital campus.

Patients eligible for the program are employees of Northwestern Memorial or Walgreens and use Northwestern Memorial Physicians Group for primary care, as the program is still in the pilot stage. They are automatically enrolled in the program but always have the choice of opting out.

"The potential for this type of partnership is immense," says **Lyle Berkowitz**, MD, the medical director of information technology and innovation for the physician practice. "Like many primary care groups, we often see our chronic care patients only around four times a year, so having these pharmacists as part of our care team means that we can easily double the number of interactions with them, which can improve education, as well as serve as an early warning system when there are problems," he adds.

Physicians from Northwestern Memorial and pharmacists from the Walgreens clinic worked together to develop the program, says **Ron Weinert**, vice president of health system services for Walgreens. They chose to concentrate on patients with one or more of four chronic conditions — diabetes, asthma, hypertension, and hyperlipidemia. "Patients with these conditions typically need a lot of support in adjusting to and following their medication regimen," Weinert says.

The physicians and pharmacists collaborated to develop an intervention plan for each disease that includes a series of sessions and questions designed to help patients better understand their disease and adhere to their treatment plan.

The physician group sends a list of eligible patients to the pharmacy every other week. When a person in the program comes into a pharmacy to pick up a prescription, the phar-

EXECUTIVE SUMMARY

Northwestern Memorial Physicians Group in Chicago and local Walgreens pharmacies have partnered to help patients adhere to their medication regimens.
- Patients with diabetes, asthma, hypertension, and hyperlipidemia are eligible for the program.
- Pharmacists get a list of eligible patients and meet with them when they come into the pharmacy to pick up prescriptions.
- If patients report problems with medications or have questions about their conditions, the pharmacist alerts the physician office.

macy's electronic system alerts the pharmacist. "We welcome the individual into the program, explain additional services, and start the process of educating them on their disease and how to become adherent," Weinert notes.

Each time the patients in the program come into the pharmacy, the pharmacist goes over the patient's prescriptions, educates them on their disease, and asks a series of questions to determine whether the patients understand their conditions and if they are following their treatment plan. A report of the meeting is sent to the care coordination team at the physician practice.

If the answers indicate that the patient is having problems or doesn't understand something, or hasn't taken the medication as prescribed, it triggers an alert to the physician's care coordination team, who notify the physician via the electronic medical record.

"The care coordination team at the physician practice functions as an intermediary between the pharmacy and the physicians. They don't make clinical decisions but they get the physicians the information about the patients in a format and manner that is easy to interpret and react to," Collins adds.

Once the physician has been notified about a problem, he or she may call the patient to clarify what is happening and answer any questions or may ask the care coordination team to schedule an appointment. "All of these actions then create a higher-quality experience for patients," Collins says. ■

Reap the rewards of non-targeted HIV screening

Routine screening policies have many benefits

While the Centers for Disease Control and Prevention (CDC) in Atlanta has been calling on EDs to routinely test patients for HIV since 2006, the practice is hardly widespread. Even among EDs in urban areas, where the prevalence of HIV is relatively high, cost remains a significant barrier to this type of screening. Hospital administrators point to administrative hurdles and, in some cases, provider pushback as often complicating efforts to implement the kind of non-targeted, opt-out screening policies that the CDC recommends.

However, some of the EDs that have pushed through these obstacles and implemented routine HIV screening practices are beginning to see positive results from their efforts. What's more, new technologies are bringing the cost of HIV testing down, and experts suggest that once an infrastructure is in place to carry out routine HIV screening, there are opportunities to leverage these resources for additional gains.

Reduce the stigma

Even with funding assistance from the CDC, it took a year for the ED at the University of Alabama at Birmingham (UAB) to implement a non-targeted, opt-out approach to HIV testing, explains **James Galbraith**, MD, a physician in the UAB Department of Emergency Medicine and the testing program coordinator. "That [timeline] is pretty common anytime anyone attempts to initiate any type of high-volume testing in the ED," says Galbraith. "We ran our first test in August of 2011, and we have been testing 24/7 since then without any pauses or breaks."

The way it works is that any patient aged 19 to 64 who presents to the ED for care will be asked during triage whether he or she has ever been tested for HIV, and if so, what the result of the last test was, explains Galbraith. If the test result was negative for HIV, the nurse will inform the patient that UAB offers a free and confidential rapid HIV test for all ED patients, and that the patient should let her know if there are any questions or concerns, or if the patient wishes to decline the test.

"The nurse then allows patients to take in the information, and what we have found is that only about 13% of patients decline the test," says Galbraith. "In other models where hospitals have used pieces of paper, or registration people have gone into the triage room to ask the patients these questions, there is a much higher opt-out rate. In some cases, it is as high as 80%."

While it is important to be transparent with patients so that they know you will be testing them for HIV, you also want to make the process as routine as possible, explains Galbraith. "The less routine you make the offering, the less likely it is that patients are going to want to participate in the testing," he says. "We

reduce the stigma attached to HIV testing by saying that we want to test everybody."

In one year of conducting 20,000 HIV tests, the ED has confirmed diagnoses in 72 patients; this is in an ED that sees about 63,000 patients a year, says Galbraith. He observes that the prevalence may seem quite small, but a positive diagnosis is made every three or four days at UAB, and most of these patients have not yet developed AIDS.

"It becomes cost-effective downstream for a hospital to be getting these patients linked into care, making this more of a manageable chronic disease rather than dealing with end-of-life issues, multiple ICU stays, and all of these expenses," adds Galbraith. "The mathematical models that the CDC has done suggest that if the prevalence in your community or your population of patients is greater than 0.1%, then this approach is cost-effective."

Identify patients early on

One of the reasons why expanded testing programs are important is because treatments for HIV have become so effective, explains **Michael Saag**, MD, director of the UAB Center for AIDS Research. "Especially when you find people early and get them into care, they will live a normal lifespan, so the trick is finding people soon after they have been infected and getting them early into care," he says. "In addition, once these patients are in care and their viral load is suppressed with treatment, they don't transmit the virus to other people, so we have both a personal health benefit and a public health benefit."

In the early stages of an HIV infection, there are usually no symptoms, so unless you are testing patients, you are not going to know they are infected, adds Saag. "Most people who are at risk for HIV don't define themselves as being at risk, so they don't even think to get tested," he says. "The ED is a great place to do testing because several studies have shown that among people who ultimately got admitted to the hospital from the ED for an AIDS-related condition, on average they had three to five ED visits in the year prior to their admission when they were never tested for HIV."

If these patients had been tested, they would have been diagnosed sooner, and that hospitalization down the road could have been averted, stresses Saag. "It is not just these patients and their families who are affected. This affects anyone who might have had contact with them down the road and picked up the infection, so the ripple effects are pretty profound."

Identify resources for follow-up care

However, Galbraith emphasizes that the benefits of expanded testing are lost if adequate resources are not in place to provide these patients with effective follow-up. "You really need to have these places identified and have a strategy in place to link these patients into care," he stresses. "The longer patients have to wait for their first appointment or the longer they have to wait for their confirmatory results, the less likely they are to follow-up."

To make these connections quickly at UAB, Galbraith hired a linkage care coordinator whose primary responsibility is to call all patients who have tested HIV positive on the next business day after they have received counseling in the ED. "The patients are also given the linkage care coordinator's phone number so they can call in," says Galbraith. "An encouraging sign for us is when the patient leaves the ED and calls the linkage care coordinator right away."

A disproportionate percentage of patients with HIV are "extremely under-served," adds Galbraith. "They don't have health insurance, they don't have care, and they may not have a phone," he says. "Their mind is set every day on food, shelter, and water; HIV is very low on the priority list, so the easier you can make [accessing care] for them, the better the chance you have of getting the benefit of screening."

Before the HIV testing program began at UAB, Galbraith communicated with all of the HIV care resources within the community to discuss how they would care for an influx of newly diagnosed patients in terms of logistics and funding. "In the first year, we have had 72 new cases, and we were able to handle it just fine," he says.

While the patients identified as having HIV will definitely benefit from being connected to care at an early stage, any cost savings from the screening program will take time to realize. "We won't potentially see the effects of

expanded testing for 3, 4, or 5 years, when these patients would otherwise develop AIDS," notes Galbraith. In addition, he suggests there is a preventive effect from screening because if people know they have HIV, they can take steps to insure that they do not pass the disease on to others. Public health experts estimate that roughly 20% of persons who have HIV are not aware that they have the disease.

"The CDC's argument is if you wait until the epidemic gets much worse before you start a screening strategy, it is going to get much more out of control. This is a means of prevention by getting these patients identified," explains Galbraith.

Provide training to clinicians, staff

There is no question that implementing a non-targeted screening program of this size and scope requires additional personnel. In addition to the linkage care coordinator, Galbraith has brought on a project coordinator to handle the financial end of the program and three dedicated lab personnel to carry out the roughly 20,000 HIV tests per year required.

Galbraith acknowledges that getting the ED physicians on board with the program was challenging because many were concerned about the time it would take to counsel patients with a positive diagnosis, and many were also uncomfortable taking on that role. "I did sessions on how to counsel, and I had counselors from our HIV clinic come over and train everybody about the initiative," he says. "We also trained the nurses about the initiative and the rationale behind it. All these things took several months before we implemented the screening."

While some EDs have attempted to put the responsibility for HIV testing on a single person, there is no way to operate such a program on a 24/7 basis, observes Galbraith. "We use what is called a hybrid model, which means that the burden of this testing program on our department is shared throughout," he says. "The physicians are responsible for providing the results of the tests, the nurses are responsible for collecting the samples as well as the triage questions, and the lab staff process all the samples. It is a team effort in the ED."

Galbraith adds that new, fourth-generation HIV tests can detect HIV at an earlier stage than previous tests, they can deliver results within 30 minutes, and they have reduced the per-test cost by more than half.

Initially, UAB's testing program was funded just through 2013, but because of the success the program has achieved in identifying patients with HIV and linking them into care, the CDC has now extended its funding through 2016. Galbraith explains that the contract UAB has with the CDC is basically reviewed every three years, and he is hopeful that the funds will continue even after 2016. "If the funding went away, we would struggle to offer this type of screening, and would probably have to resort to more of a targeted approach or go back to a diagnostic strategy," says Galbraith.

Consider future benefits

Once the infrastructure and processes are in place to support HIV screening in the ED, the approach can easily be applied to other diseases as well, says Saag. In fact, the ED at UAB has already begun to apply the same testing approach to identifying patients who have hepatitis C and then linking them into care. "Rather than starting from scratch, once you have an HIV screening procedure in place, it is relatively straightforward to add this in, and a positive result can be managed in exactly the same way."

The potential health benefits and cost savings are significant, Saag says. "There is a revolution going on right now in hepatitis C therapeutics. Within the next five years, I think we will be curing hepatitis C in up to 90% of the people who have the infection," he says. "This has already started to happen, so [these improvements] will significantly trim health care expenditures and prevent long-term complications like cirrhosis of the liver and liver cancer."

SOURCES

• **John Galbraith**, MD, FACEP, Physician and Testing Program Coordinator, Department of Emergency Medicine, University of Alabama, Birmingham, AL. E-mail: jimgalbraith@gmail.com.

• **Michael Saag**, MD, Director, Center for AIDS Research, University of Alabama, Birmingham, AL. Phone: 205-934-5191. ■

Seeing the forest and the trees

Transparency a key difference

If a health system wins a major national quality award, it must be doing something right, but also something different from other organizations, right? Ask one and likely at some point, a spokesperson will says something about focusing on the patient and striving to improve. But not everyone.

"What healthcare organization isn't patient centered?" asks **Tamera A. Parsons**, the vice president of quality and patient safety for Mountain States Health Alliance, a Johnson City, TN-based system that includes 13 hospitals in Tennessee and Virginia that won the National Quality Forum National Quality Healthcare Award. "What organization hasn't shown improvement in quality and safety while the whole nation is watching?

"I'm sure we did this because we have the right principles and processes. But I also think that we have found the value of integration. We have our guidelines and our processes and our people, but it is not about tasks, but about incorporating those values into everything at every level," says Parsons.

What does that look like? The organization has 10 patient-centered care guiding principles (for a complete list, see box on this page). Number eight is that transparency is the rule when caring for patients. "It makes a lot of sense that the patient has to be informed at every step of the way about what we are doing, why, and what we expect to happen. But we take it further. We include the patient's 'VIP — very important person' in that transparency. We extend it throughout the whole system so that the scorecard data that I see is given to every single person who has an email address ending in msha.com. We share patient data with accounting and accounting data with nurses. And we put it all up on our website so that anyone can see it."

MSHA is spread across 29 counties in Virginia and Tennessee. Much of the terrain is rural, some rugged. But Parsons says despite the size and complexity of the geography, they work hard to spread the projects and programs that work. Still, deployment is an issue that they continue to work on. "I think that using the Baldrige Criteria for Performance Excellence [http://www.nist.gov/baldrige/publications/hc_criteria.cfm] is helping us do better. If we were perfect, we wouldn't need the criteria, but we aren't, so we do," she says.

The organization uses the Baldrige criteria as its business model, something that makes her peers in other systems start asking questions. "It is completely integrated into our organization. We start from the focus of the customer, not the focus of leadership."

Another thing the organization is doing that's different is focusing on population health management and accountable health. "We are making our focus managing the health of our population, not a single episode of care, and are creating a 10-year plan that focuses on that," Parsons says. "I don't know if it is unique, but there certainly aren't a lot of people doing that."

10 principles of patient-centered care

From Mountain States Health Alliance

- Care is based on continuous healing relationships.
- The patient is the source of control for their care.
- Care is customized and reflects patient needs, values, and choices.
- Families and friends of the patient are considered an essential part of the care team.
- All team members are considered as caregivers.
- Care is provided in a healing environment of comfort, peace, and support.
- Knowledge and information are freely shared between and among patients, care partners, physicians, and other caregivers.
- Transparency is the rule in the care of the patient.
- Patient safety is a visible priority.
- All caregivers cooperate with one another through a common focus on the best interests and personal goals of the patient. ■

Parsons knows there is no destination when it comes to quality, but she feels that this has been a good year for Mountain States. Along with the NQF award, they were honored by Virginia's highest award for performance excellence, Senate Productivity and Quality Award Program for Virginia, an award that hadn't been given out to a healthcare organization since 2009.

For more information on this topic, contact Tamera A. Parsons, Vice President of Quality and Patient Safety, Mountain States Health Alliance, Johnson City, TN. Telephone: (423) 431-6111. ■

COMING IN FUTURE MONTHS

- New employment opportunities for case managers
- Keeping elderly patients safe at home
- Improving transitions between levels of care
- Case management in the medical home

CNE QUESTIONS

1. According to Alexander Turchin, MD, MS, senior researcher at Brigham and Women's Hospital in Boston, patients who received face-to-face counseling once a month or more took an average of 3.9 weeks to reach their target goals for hemoglobin A1c, blood pressure, and cholesterol as compared to 13.5 months for those who received counseling less frequently.
   A. True
   B. False

2. How long does the initial phone call between Medica's health coaches and participants typically last?
   A. 40 minutes to an hour.
   B. 30 minutes.
   C. 20 minutes.
   D. An hour or more.

3. According to Jennifer Sponholtz, wellness coordinator at Advocate Health, the company's studies have shown that for every drop in body mass index (BMI) by participants in a health coaching program, the company saves how much per employee per year?
   A. $250
   B. $200
   C. $202
   D. 600

4. Northwestern Memorial Physicians Group in Chicago is partnering with Walgreens pharmacy to help chronically ill patients follow their treatment plan. What diagnoses do patient eligible for the program have?
   A. Heart failure, chronic obstructive pulmonary disease, asthma.
   B. Diabetes, asthma, hypertension, and hyperlipidemia.
   C. Coronary artery disease, chronic obstructive pulmonary disease, diabetes.
   D. Diabetes, heart failure, chronic renal disease.

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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.

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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%.
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