



COVERING CASE MANAGEMENT ACROSS THE ENTIRE CARE CONTINUUM

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**AHC** Media

## Case managers can join the fight against obesity epidemic

*Providers, insurers shift focus to prevention*

**A**merica's obesity epidemic is getting a tremendous amount of attention these days. You hear on the television news and read in the newspaper almost daily about how Americans need to lose weight and get fit.

According to the Centers for Disease Control and Prevention, more than one-third of adults in the United States (78.6 million) are obese and about 17% of children ages 2 to 19 (12.7 million) are obese.

The annual healthcare cost of obesity is nearly \$200 billion, or nearly 21% of medical expenditures in this country, according to The Campaign to End Obesity, a Washington, D.C.-based organization.

There's some good news on the horizon, according to **Richard Hamburg**, deputy director of the Trust for America's Health. The Trust for America's Health and the Robert Wood Johnson Foundation issue an annual report, "The State of Obesity: Better

### EXECUTIVE SUMMARY

An alarming number of adults and children are obese, but the problem seems to be making slight declines as health plans and providers focus on preventing, rather than treating, the condition.

- Obesity takes a toll on the health of individuals, affecting every organ in the body and causing a wide variety of adverse health effects.
- According to an annual report by The Trust for America's Health and the Robert Wood Johnson Foundation, obesity rates went up in just six states in 2013.
- Health plans and providers are offering weight loss programs to overweight individuals, particularly those in underserved communities.

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Policies for a Healthier America.”

“We’ve put out this report for 11 years and seen a steady rise in obesity rates among adults and children. For a number of years, rates were going up in all 50 states. This year, we saw a significant rise in obesity rates in just six states: Alaska, Delaware, Idaho, New Jersey, Tennessee, and Wyoming,” Hamburg says.

According to the report, obesity rates are highest in the South and among African-Americans, Latinos, and lower-income, less educated Americans. The report found that more than one in 10 children become obese as early as ages 2 to 5.

“Obesity is an escalating problem in the United States. Some studies suggest that it’s leveling off, but one in three children and adolescents are overweight and obese, and more than half of them are likely to be overweight as adults,” says **Dennis Carrillo**, MPH, health promotion specialist at Health Net in Los Angeles.

Some adolescents are being diagnosed with a variety of conditions, such as diabetes and hypertension, that used to affect just adults, Carrillo says.

“The prevalence of overweight and obesity is increasing and involves both genders, all age groups, all classes, and all income and educational levels,” says **Catherine M. Mullahy**, RN, BSN, CCRN, CCM, president and founder of Mullahy and Associates, a Huntington, NY, case management consulting firm.

Obesity affects essentially every organ system in the body, and the relative risk of death and disease increases disproportionately as weight increases, she adds.

Obesity can cause a wide range of adverse health effects, including coronary heart disease,

hypertension, type 2 diabetes, high cholesterol, stroke, cancer, sleep apnea, osteoarthritis, and gallstones, according to the National Institutes of Health.

But the good news is that diabetes and pre-diabetes can be rolled back by relatively small changes in physical activity and weight, Hamburg says.

“You don’t have to run 20 miles a week to make a difference,” he adds.

Traditionally, the healthcare system has focused on caring for people who already are sick, but that’s starting to change, Hamburg points out.

“Now instead of focusing on what to do after someone develops a chronic condition, the healthcare system is starting to focus on what to do to stop that from happening and to mitigate the effect. We’re seeing good examples of what’s being done to get the obesity epidemic under control,” he says.

Providers and health plans are working with the underserved community and teaching them to self-manage their health, he says. In the workplace, employers are offering incentives to promote weight loss, such as giving employees savings on their healthcare cost if they participate in wellness programs, he says.

For instance, Capital District Physicians’ Health Plan (CDPHP) has offered its Weigh 2 Be program to its members at locations throughout the area it serves for several years and has recently launched a website that offers weight management tools to the public at large. The Albany, NY, health plan offers employer groups the option of a similar program in the work site as well as one-on-one meetings with registered dietitians and personal trainers. *(For details on the CDPHP*

programs, see page 136.)

Health Net has developed a telephonic coaching program, Fit Families for Life, for children and adolescents ages 6 to 20 who have a body mass index at the 95th percentile, which classifies them as obese. The Los Angeles-based managed care plan also offers a home edition of the Fit Families for Life program for members and offers weight management classes to

community-based organizations.

“We try to do as much as we can to empower the whole family and instill healthy habits. Healthy eating isn’t just the responsibility of one person. It’s something that can benefit the whole family,” Carrillo says. *(For details on the program, see the article below.)*

When case managers work with obese patients, they have many opportunities to make a huge

difference in their lives, Mullahy says.

“By providing advocacy, education, and emotional support, we can create a more positive continuum of care. Case managers can be invaluable in identifying core areas of intervention that are appropriate based on the client’s readiness to change and can collaborate with the client and the healthcare team to determine a goal-directed plan of care,” she says. ■

## Weight-loss program involves the entire family

*Everyone benefits from healthy habits*

When young, obese California Medicaid beneficiaries enroll in Health Net’s weight management program, a health coach involves the entire family in the program, called Fit Families for Life.

“We encourage the entire family to take on healthier habits. Everybody benefits from this program, not just those who need to lose weight,” says **Dennis Carrillo**, MPH, health promotion specialist with Health Net’s Health Education Department.

The telephonic coaching program focuses on children and adolescents, ages 6 to 20, who have a body mass index at the 95th percentile, which classifies them as obese, Carrillo says. The Los Angeles-based managed care plan also offers a home edition of the Fit Families for Life program for members and offers weight-management classes to community-based organizations.

The coaching program is new, and no formal outcomes information is available. However, some participants

have reported losing four or five pounds by the end of the program, Carrillo says.

“Because they are children, we want them to maintain their weight as they grow,” he says. Some have lost 10 to 14 pounds, he adds. “It depends on where the family is in being ready to make changes in their lifestyles,” he says.

The telephonic coaching program is open only to obese young people referred by their physicians, but the home edition of the program is open to any member who requests the materials.

Participants in all Fit Families for Life programs use a workbook to guide them through the five sessions on adopting a healthier lifestyle. They also receive a cookbook, an exercise band, and a DVD.

“The DVD goes into detail on how to make healthier meals, how to reduce portions, and include fruit and vegetables in the diet. It also includes 10-minute exercise sessions, including floor exercises, standing exercises, chair exercises, and how to use the stretch band for strength training,” Carrillo says.

### EXECUTIVE SUMMARY

Health Net’s Fit Families for Life program offers members five sessions on adopting a healthier lifestyle along with a cookbook, an exercise band, and a DVD.

- Children and adolescents who have a body mass index in the 95th percentile are targeted for a telephonic coaching program that gives participants the opportunity to earn \$10 on a gift card for each of the five sessions they complete.
- The program covers nutrition, making healthy choices, the importance of exercise, and the consequences of obesity and is tailored to the needs of each individual family.
- The health plan also offers a home edition of the program to all members and offers a series of free weight management classes to community-based organizations in 12 counties where it provides Medi-Cal benefits.

The health coaches are registered nurses with backgrounds and training in nutrition. They are supported by registered dietitians.

Providers are encouraged to refer the highest-risk members to the coaching program and to include additional information on comorbidities and other issues that need to be addressed.

Once members are identified, the health coach reaches out to the family, informs them about the program, and enrolls them. In the majority of cases, the coaches talk to the mother, who makes the decisions about the types of food included in meals. If the member is older, the coach does direct coaching with the teen.

The program covers nutrition, making healthy choices, the importance of exercise, and the consequences of obesity.

The coaches have five telephonic sessions with the families, often over a period of months. During the initial call, the coach assesses the participants' level of understanding on topics such as reading labels and healthy meals. The coach conducts

another assessment later in the program to determine how much progress has been made.

"We made the program telephonic to remove as many barriers as possible. The Medicaid population is hard to reach. We try to catch them at opportune moments and engage them in the program," Carrillo says.

The coach tailors the program to the family's needs. "When they talk to older kids, the coaches discuss how to recognize what triggers negative behavior. For instance, when someone is feeling depressed or unhappy, they may find comfort in food. When there are special occasions such as holidays, people may use that as an excuse to overeat. The coaches make the teens aware of these possibilities and go over a variety of ways to avoid them," he says.

The health plan offers participants \$10 on a reloadable gift card for each successful coaching call. "They can earn up to \$50 on the gift card, but we do limit what they can buy. They can't buy alcohol or tobacco, and we hope they will use it for healthy items at selected retailers," he says.

Participants in the coaching program are offered a text messaging option. If they consent, the health plan sends them weekly messages to support their goals, such as reminders to read the food labels and encouragement to keep exercising.

Some of the participants in the home edition of the program are referred by their physicians, but many self-refer, Carrillo says. The families watch the DVD and follow along in the workbook.

Among the 1,000+ Medicaid members who finished the home-based, family edition of the program in 2013, 72% of respondents said they were reading food labels more often, 89% said they eat more fruits and vegetables, and 78% said they maintained or increased their level of exercise.

Health Net offers Fit Families for Life workshops or a series of classes in English and Spanish to community-based organizations in 12 counties where it provides Medi-Cal — California's Medicaid program — benefits as long as they can provide a space. The classes are free and include all of the materials. ■

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## Health plan brings weight management to members in the community

*Classroom program promotes exercise, healthy meals*

Capital District Physicians' Health Plan (CDPHP) is expanding its Weigh 2 Be weight-management program in hopes of reducing the rise in preventable diseases caused by obesity.

The Albany, NY, health plan has offered the Weigh 2 Be program to members in the community for a number of years and has recently

launched the Weigh 2 Be website that offers the community access to weight-management tools.

The Weigh 2 Be program is one of nearly 300 free community wellness programs the health plan provides for its members each month, says **Elizabeth Martin**, MS, CHES, director of population health and wellness for CDPHP.

The programs are offered across the health plan's entire service area in spaces provided by healthcare provider offices, fitness centers, and other community-based organizations.

An average of more than 600 CDPHP members register for the Weigh 2 Be program in the community each year. "We feel

that being able to offer this multi-session program in the community gives members options to learn in person about physical activity, meal planning, and other weight loss techniques so they can develop a realistic plan to make behavior changes,” Martin says.

The classroom program includes information about the importance of being at a healthy weight, why body mass index is important, and ways to increase physical activity. Participants learn how to set long-term goals and develop strategies to meet the goals, says **Therese Gadowski**, RD, CBN, CDE, health promotion specialist with CDPHP.

Participants receive materials during each class and learn how to set goals and make lifestyle changes to meet them.

“We try to meet people where they are and encourage them to start out gradually. We encourage a minimum of 150 minutes of aerobic exercise a week, but we don’t expect that from someone who hasn’t been exercising,” Gadowski says. For instance, if a person has difficulty walking down his driveway, Gadowski may suggest that he start out walking to the mailbox and gradually build up to walking one city block. When the

class discusses weight loss, some people may want to start the process by focusing on not gaining weight and gradually move to trying to lose weight, she adds.

“Participants get the support they need week-to-week to lose weight and maintain their weight loss,” Gadowski adds.

Although the classes are group sessions, many participants ask for individual help. “The members of the class serve as a support system for other participants. We make general recommendations, but people feel comfortable asking about their specific situation and we can give them some additional suggestions,” she says.

A session on nutrition includes reading food labels, portion control, and healthy meal choices. Another session deals with the importance of exercise, she says. The health plan provides pedometers and encourages participants to set a goal of 10,000 steps a week. Participants receive resistance bands for strength training and learn exercises with the bands.

“We teach mindful eating and stress management. So many Americans are multitasking while eating. They eat in front of the TV, while working, or while sending text

messages on their phone and their brains don’t receive the signal that they are consuming a meal, which can lead to overeating. We teach them to recognize that healthy habits can be negatively affected by stress and poor sleep habits,” she says.

Members who need support with weight loss are encouraged to call CDPHP’s Health Coach Connection, a help line available 24 hours a day, seven days a week. The line is answered by registered dietitians and nurses. They help members set goals around diet and exercise and help them create healthy meal plans. “The health coaches are not conducting proactive outreach around weight management, but members often call on a regular basis for support,” Martin says.

The health plan’s in-house case management program works closely with the obesity initiatives and makes outreach to members with complex problems.

The health plan presents similar programs through employer groups and offers the option of a six-week or three-week program. “Most of the employer groups choose the three-week program. We know from a health education and behavior change standpoint that people need more than three weeks of lessons to change their behavior, but this starts the process and gives people the knowledge they need to live a healthy lifestyle and lose weight,” she says.

In 2013, the health plan presented its Weigh 2 Be program at employer groups 21 times, with an average of 15 to 25 members participating at each work site.

In addition, CDPHP offers employer groups one-on-one meetings with registered dietitians and personal trainers for their employees in the workplace. “A lot of employees have been interested in

## EXECUTIVE SUMMARY

Capital District Physicians’ Health Plan is expanding its Weigh 2 Be weight-management program as part of its efforts to improve the health of the community and reduce the rise in preventable diseases caused by obesity.

- Members may attend Weigh 2 Be classroom programs facilitated by a health promotion specialist at community locations throughout the service area.
- The health plan has launched the Weigh 2 Be website, which allows members to complete the program online and offers the community at large access to weight-management tools.
- CDPHP offers the Weigh 2 Be program to employer groups at the work site and offers employees a chance to consult one-on-one with a registered dietitian or personal trainer.

meeting with a dietician or personal trainer. This is typically a one-time consultation that lasts 15 to 20 minutes,” she says. The consultations may be in connection with a class or as a stand-alone service for employer groups.

The Weigh 2 Be program also is available online. The website is open to the public and includes tips and tools for weight management, healthy recipes, and other weight-loss information, but only members can enroll and receive support. “The

online program is a way to engage members who don’t have time to attend a program. When they register, they begin to receive e-mails with tips and resources to help them achieve their weight-loss goals,” Martin says. The program also allows members to track workouts and food choices. In 2013, about 2,400 people registered online.

Members who join Weigh 2 Be online are eligible to receive a rebate of up to \$65 if they complete 10 weeks of a weight management

program. Last year, 650 people mailed in the request for a rebate.

As part of its efforts to improve the health of the community, Capital District Physicians’ Health Plan has partnered with the Capital District YMCA and Hannaford Supermarkets and opened a Healthy Living Center in a Hannaford store. The center offers exercise programs, one-on-one health coaching, health education classes, massage therapy, chronic disease education, and CDPHP’s Weigh 2 Be program. ■

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## Nurses support at-risk women through pregnancy, early childhood

*Home visits include check-ups, education*

**F**irst-time mothers who are at risk are getting support through the pregnancy and until their children are two years old through the Nurse-Family Partnership at Le Bonheur Children’s Hospital in Memphis, TN.

The program, which started in 2010, is part of a national program to support low-income women in their homes to help them have healthy pregnancies and give their children a good start in life, says **Marilyn Smith**, RN, BSN-CLC, supervisor of the Nurse-Family Partnership.

The program is free to participants. It is implemented by Le Bonheur and funded by a grant from the Tennessee Department of Health and a private foundation, she says.

The team at Le Bonheur includes five nurses, an administrative assistant, and Smith. “There is the possibility of increasing to eight nurses,” Smith says. Each nurse works with up to 25 clients. The

nurses who work with the mothers have bachelor’s degrees and go through a week-long intensive training course at the Nurse-Family Partnership headquarters in Denver.

Many of the participants in the program are teenagers and don’t have a good support system, Smith says.

Women in the program must be first-time mothers who meet poverty guidelines, live in Shelby County, and must enroll before the 29th week of pregnancy. “We like to enroll them as early as possible so we can have the maximum impact,” Smith says. Participants are eligible for Medicaid and/or the Special Supplemental Nutrition Program for Women, Infants, and Children.

Participants are referred to the program by past or current participants, community pregnancy testing agencies, health departments, social service agencies, and school guidance counselors. If women don’t meet the guidelines for the Nurse-Family Partnership, they are referred

to the Early Success Coalition, a group of local and state, private and public agencies that provide services that promote the healthy development of children.

When a woman is referred to the program, either Smith or the administrative assistant calls her, explains the program, and makes sure the woman wants to participate. “The program is totally voluntary. The client has to agree to participate,” Smith says.

Then one of the nurses meets with the woman in person in her home, or occasionally at other locations of the client’s choice.

During the visit, which typically lasts an hour and a half, the nurse and the client start to get to know each other, she says. The nurse starts to educate the client on how to have a healthy pregnancy, answers any questions, and works with the client to set goals.

After that, the nurse visits the client for an hour to an hour and a

half at least every two weeks until the birth. When the mother and baby get home, the nurse visits every week for six weeks, then every two weeks until the baby is 21 months old, then monthly until the child is 24 months old, she says.

“The client determines who will be in the home when the nurse visits. It may be the baby’s father or it may be the client’s mother, grandmother, aunt, and other family members,” Smith says.

At each visit, the nurse monitors the client’s vital signs and conducts an assessment, looking for signs of complications of pregnancy such as pre-term labor and pre-eclampsia, and refers the client to her physician when appropriate.

“We provide some hands-on nursing, but we do not replace obstetrical care. We make sure the clients also see their doctors for recommended prenatal care. We are there to be the eyes and ears of the physician and to alert them when the client’s condition warrants it,” Smith says.

At each visit, the nurse educates the woman on a variety of subjects involving healthy pregnancies and child care. Topics may include how to eat right, the effect of alcohol and

drugs on the fetus, how to recognize signs of preterm labor, how to get the home ready for the baby, how to involve family members, and how to communicate with your physician, Smith says. They help the clients set

**“OUR GOAL IS TO SUPPORT OUR CLIENTS THROUGH THEIR PREGNANCIES AND HELP THEM GET WHAT THEY NEED...”**

short-term and long-term goals for the pregnancy and the birth of the baby.

The nurses conduct depression screenings and refer clients who screen positively for depression management. They support the women with addiction issues, encouraging them to seek treatment, help them line up community resources such as housing assistance, and assist them in lining up schooling or job training. “The

nurses are a referral source for whatever issues the clients are dealing with,” Smith says.

In the third trimester, the nurses start educating the clients on what to expect during labor and delivery and on the benefits of breastfeeding.

The nurses visit the baby and mother in the hospital. “We’re almost part of the family by then,” Smith says.

After the mother and infant get home, the nurse assists with breastfeeding, teaches the mother how to calm a crying baby, educates the mother on postpartum care, and covers other topics based on the mother’s wishes and the child’s age and development.

“The program includes interactive activities during which the nurses work with the mothers as they interact with their babies,” Smith says.

The nurses are not home care nurses and if the baby is sick, they advise the mothers to call the pediatrician or take the child to the emergency department, she says.

As the baby grows, the nurse starts promoting safety in the home and outside the home, Smith says. They give tips on how to choose a safe childcare provider, how to provide positive discipline, normal growth and development, and help the clients work toward their goals of getting back in school or getting a job.

When one teenage client said she was struggling with chemistry class, the nurse made tutoring the client on chemistry a part of each visit. As a result, the client got a good grade in chemistry class, Smith says.

“We take an individual approach with each client. Our goal is to support our clients through their pregnancies and help them get what they need to stay healthy and care for their child,” Smith adds. ■

## EXECUTIVE SUMMARY

Through the Nurse-Family Partnership at Le Bonheur Children’s Hospital, low-income women who are pregnant for the first time are getting support in their home throughout the pregnancy and until the child is two years old.

- Registered nurses meet with the women in their homes at least every two weeks until the baby is born, check for signs of complications, and educate the women on how to have a healthy pregnancy.
- The nurses educate the women on a variety of subjects involving healthy pregnancies and child care and visit them in the hospital after delivery.
- After the mother and infant get home, the nurse teaches the mother how to care for an infant, assists with breastfeeding, and, as the baby grows, educates the mother on topics that are relevant to the child’s age.

# CMS flu shot reporting raises thorny issue of vaccination status of hospital workers

*Immunization rates will be open to public scrutiny*

Patients will soon be able to check the influenza vaccination rates of healthcare workers at the nation's hospitals through Hospitalcompare.gov, a website of the Centers for Medicare & Medicaid Services (CMS). That specter of public reporting has helped spur the rising rates of flu vaccination in hospitals, but it will also reveal the continuing problem of tracking the vaccination status of doctors, advanced practice nurses and physician assistants who are not hospital employees.

Only 62% of licensed independent professionals received their flu vaccine in the 2013-2014 flu season, according to the reports of 4,254 hospitals for the CMS quality measure, but that figure is skewed by significant under-reporting. Vaccine status was unknown for about one-third (35%) of licensed independent professionals in the hospital reports.<sup>1</sup>

"They're a very mobile population. They're doing work at a number of facilities," says **Megan C. Lindley**, MPH, deputy associate director for science at the Immunization Services Division of the National Center for Immunization & Respiratory Diseases at the Centers for Disease Control and Prevention in Atlanta. "They're not necessarily at the facility all the time and they don't necessarily know when they're going to be at the facility."

When the measure was developed, hospitals expressed concerns about tracking non-employees. The criteria will be reviewed in 2015, but licensed independent practitioners are likely to remain an important

group because of their close patient contact, Lindley says.

"It continues to be a real balancing act between something that is feasible for hospitals and [a measure] that is comprehensive," she says.

Doctors and nurses report very high levels of influenza vaccination. In an Internet panel survey conducted for CDC, 92% of physicians, 91% of nurses and 90% of nurse practitioners and physician assistants said they received the vaccine in the 2013-2014 season.<sup>2</sup>

Health professionals were recruited for the survey through previous Internet panels and Medscape membership. CDC has been conducting Internet surveys to gain more rapid information on vaccination trends, says Lindley.

So are doctors and other licensed professionals receiving their vaccines but failing to provide documentation to all the facilities at which they work? Or does the Internet survey overstate their vaccination status?

"You've got motivated people who are taking time to complete the survey," says **Dee Tyler**, RN, COHN-S, FAAOHN, executive president of the Association of Occupational Health Professionals in Healthcare (AOHP). "I suspect that's the correlation with such a high vaccination rate."

Employee health professionals often struggle to obtain physician participation with other initiatives, such as tuberculosis screening, she says.

CDC's National Healthcare Safety

Network, which collects the data from CMS, shows high compliance among those physicians, advanced practice nurses and physician assistants who do report. Some 95% of licensed independent practitioners whose vaccine status was known had received the flu vaccine.

To track flu vaccination status, EHPs often work with the medical credentialing office or the medical staff office. Another option may be to tap into vaccine registries, says Tyler. Some states, such as Wisconsin, California, Georgia, Tennessee, and Delaware, maintain registries of both child and adult immunizations that are available to health providers.

## Hospitals hit Healthy People 2020 goal

While hospitals still struggle with vaccination of licensed independent practitioners, they have achieved high rates of employee vaccination — with or without a vaccine mandate.

Overall, 91% of hospital employees whose vaccine status was known had received the influenza immunization. That exceeds the Healthy People 2020 goal of 90% influenza immunization of healthcare workers.

More than half (58%) of healthcare workers in hospitals reported that their employers require the flu vaccine. Vaccine coverage was 80% among those who said their facilities offered free onsite vaccination for more than one day.

"We have seen voluntary

vaccination programs that have had very high, successful vaccination rates,” says **Mark Catlin**, health and safety director for Service Employees International Union (SEIU) in Washington, D.C. “They make it easy for people to get vaccinated. They provide good education. They do the things that encourage people to get vaccinated.”

Public reporting of vaccination rates gains the attention of hospital administrators, who make a stronger commitment to the efforts, says **William Schaffner**, MD, professor of preventive medicine at Vanderbilt University in Nashville, TN, and past president of the National Foundation for Infectious Diseases.

“They provide more resources and encouragement to occupational health and infection control,” he says. “They let everyone in the institution know that this is what’s now expected and that helps drive [participation] up.”

Mandatory policies clearly play a role in the rapid rise in vaccination rates among hospital employees. In facilities with a requirement, 98%

of healthcare workers are vaccinated, according to the Internet survey.

Mandates also may be a factor in differences among states. For example, Rhode Island requires all healthcare workers to receive the flu vaccine or wear a mask during influenza outbreaks. Hospitals reported a vaccination rate of 90% of employees and 88% of licensed independent practitioners.

New Jersey had the lowest vaccination rates: 71% of hospital employees and 39% of licensed professionals.

## Many nursing homes don’t offer free shots

Long-term care continues to lag in influenza immunization, despite the risk to vulnerable elderly residents.

Only 54% of nurses’ aides in long-term care facilities reported that they received the flu vaccine in 2013–2014. About 43% of long-term care workers said their employers didn’t promote or require the vaccine, and 73% said flu vaccination wasn’t

available on-site.

“It’s distressing that administrators of those facilities don’t provide the vaccine on site for free,” says Schaffner. “Those are such elementary aspects of healthcare worker influenza immunization. I was stunned when I read that, frankly.”

Public health authorities and infection control organizations will likely place a new focus on long-term care, he says. Public reporting may eventually be on tap, as well. “All the things that appear to be working in hospitals should apply to long-term care facilities,” he says.

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# Employee health can lead efforts to make hospitals an age-friendly workplace

*Address falls, hearing and vision issues*

**W**ith 5.7 million workers employed in hospitals, population workforce aging trends are hitting the industry hard.

The nursing and nursing aides’ shortages, combined with the demographic trend of older female employees — an average of 47 years for RNs — suggest that nurses and other healthcare workers will need to continue working into advanced age

in the next decade.<sup>1</sup>

These statistics also point to the need for hospitals to be proactive in addressing the physical needs of older workers, who may need accommodations in their workspace to help prevent falls and other injuries. Other changes might include addressing older workers’ lower stamina when it comes to 12-hour shift work and improving

lighting and noise issues that disproportionately impact older staff, says **Kenneth A. Scott**, MPH, former outreach director of the Mountain and Plains Education and Research Center in Aurora, CO. Scott has researched the issue of aging hospital workforces.

Hospitals that overlook this demographic trend and fail to make accommodations for older workers

might experience rising retirement rates among nurses and other staff. Research shows that older nurses are more likely to retire if they experience poor health and perceive their work ability to be declining.<sup>1</sup>

Federal labor data show that hospital workers are among those with high injury and illness rates, and the number of lost work days resulting from injuries and illnesses increases steadily with age. Employees who are 65 and older have nearly three times the median days away from work as those in their early 20s.<sup>2</sup>

“Severity of injury tends to increase with age, regardless of the type of injury,” Scott says.

The U.S. Department of Labor’s data on median days away from work provide a glimpse at severity of injury or illness. The longer they’re away from the job, the longer it is taking them to recover.

Hospital workforces are aging as more healthcare workers delay retirement, and this trend requires employers to adjust their programs and policies to accommodate older workers, Smith says.

While older hospital workers miss more work due to their injuries, they do not have a monopoly on work site injuries.

“Injuries tend to be more and less frequent with age,” Scott says. “Slip and fall injuries tend to be more common with age, and overexertion injuries people suffer while lifting patients tend to be less frequent with increasing age.”

One possible explanation is that hospital workers tend to become less involved with the manual labor aspects of work as they get older, Scott adds.

“If people in their early 20s are doing most of the manual patient transfers, then it stands to reason they’d be more likely to be injured,”

he explains. “Fall injuries have to do with physiological changes that occur with age—balance issues.”

Hospitals should address slip and fall prevention injuries among older employees because it’s a cost-effective strategy, Scott says.

“If we know an injury will be more severe or more costly among older workers then it might change the cost-benefit analysis of implementing a certain technology,” he explains. “A nurse who is 67 years old and who throws out her back while handling a patient might have a much higher workers comp claim and medical costs than would a worker who is 25 years old.”

From an occupational health nurse’s perspective, this suggests a need for patient handling programs and return to work programs, Scott says.

“If there is a return to work program that helps people without pushing them too hard then that might be worth considering by hospitals’ occupational health nurses,” Scott says.

Another way to prevent injuries among older staff is to modify physical working space. Scott offers these suggestions:

• **Focus on age-friendly design.** Hospitals are better designed for older and disabled people than are many work sites, but there still is much they could do to improve their workplaces, Scott says.

“I’d recommend they make changes based on the principals of universal design,” he says.

For example, one strategy is to take a cut out of the curb on the outside of the hospital, Scott suggests.

“This is something not many hospitals are adopting yet,” he says.

Another strategy is to use slip-resistant floors in more than the geriatric wings. “These floors are

better for older adults, who are more likely to fall, but they can help younger adults, as well,” Scott says.

• **Focus on age-related hearing loss and eyesight issues.** Older nurses and other staff would benefit from plastic magnifying glasses and magnifying sheets that help them read medication labels and instructions, Scott suggests.

“Another issue worth mentioning is background noise,” Scott says. “As people age, their hearing tends to decline, and it makes it difficult for them to concentrate and hear a conversation.”

Also, background noise can interfere with communication for those experiencing hearing loss, he says.

“Some emergency rooms are being redesigned to be better for the older population by eliminating background noise,” Scott says. “It’s better for older patients who may have a difficult time hearing what the healthcare provider is telling them, and it may be better for aging healthcare providers who have age-related hearing loss — or for younger healthcare providers who have hearing loss because their iPods are cranked up too high.”

These types of design strategies are better for everyone, which is what universal design is about, Scott says.

“The goal is to design workplaces that are accessible for everyone,” he adds.

• **Design work schedules to accommodate age-related sleep problems.** “Shift work is an issue because people’s sleep patterns change as they age,” Scott says. “So sometimes healthcare workers have a tougher time working nights than they did when they were younger.”

This is a difficult subject for employee health staff to approach because hospital shift work is

necessary and often based on particular employee issues. But it is worth discussing with managers the possibility of scheduling shifts according to what will work with aging staff.

“Aging is a very personal thing,” Scott says. “When you look at the life of an individual there are things

related to age that you can’t capture with statistics.”

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# How to customize HIPAA training

*Understand how your hospital uses information*

Whether you use an outside consultant or do it yourself, training staff in Health Insurance Portability and Accountability Act (HIPAA) compliance should be customized to your own needs and situation. Consider this advice on how to provide the training that is right for your organization.

- **Understand how your hospital uses protected health information (PHI).** The answer might seem obvious and the same as every other hospital, but look deeper than that, says **Edward Buthesium**, JD, director of the Berkeley Research Group in Philadelphia. Aside from using PHI in direct patient care, consider where that data goes, in what form, and for what purpose. Relationships with vendors that need feedback on their products might involve some transmission of PHI, for example, or physicians might share data with researchers at other institutions. At other hospitals, those situations might not be applicable.

- **Determine your gaps and weaknesses.** Assess how well your current compliance efforts address HIPAA as it applies to your particular institution. A gap

analysis will show where you need to emphasize training more or need to provide a specific type of HIPAA compliance education that might not be included in a generic program.

- **Find a HIPAA expert to customize your education.** The specific training for your staff can be conducted by someone in-house if that person is extremely proficient with HIPAA interpretation,

Buthesium says. A high level of expertise is necessary because a person generally competent in HIPAA might not be able to accurately assess the more detailed, situation-specific parts of the law. Don’t forget to look for experts throughout your parent health system, and if you hire a consultant for the job, make sure that person has more than a general familiarity with compliance details. ■

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## CNE QUESTIONS

- 1. According to "The State of Obesity: Better Policies for a Healthier America," a report by The Trust for America's Health and the Robert Wood Johnson Foundation, more than one in 10 children become obese as early as ages 2 to 5.**  
A. True  
B. False
- 2. How many telephonic sessions do the health coaches have with families of obese children who participate in Health Net's Fit Families for Life program?**  
A. Five  
B. Seven  
C. Ten  
D. Twelve
- 3. Health educators who teach Capital District Physicians' Health Plan's Weigh 2 Be program recommend that participants get how many minutes of aerobic exercise each week?**  
A. 60  
B. 120  
C. 150  
D. 175
- 4. Nurses who work with at-risk, first-time mothers in the Nurse-Family Partnership at Le Bonheur Children's Hospital in Memphis, TN, follow the mothers and babies until the child is how old?**  
A. Six months  
B. One year  
C. 21 months  
D. 24 months

## CNE OBJECTIVES

After completing this activity, 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.



# CASE MANAGEMENT ADVISOR™

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