

Case Study

Group Number 2

P3CM™ by AIMM results in improved health care quality, enhanced benefits, and keeps claims costs flat during the second year of services for Group 2



2006

Health Plan Case Study

P3CM™ by AIMM results in improved health care quality, enhanced benefits, and flat claims costs for the Group Number 2 Health Plan in 2005.

Business Situation

Group Number 2 was a self-funded health plan trust that encompassed 14,000 employees, spread out over more than 70 US locations and at least 10 international locations. In 2004, Group Number 2, formerly Johnson Controls, was experiencing large claim expenditures and was projecting a \$2.1 million shortfall on \$12 million in claims. The company made a bold move to partner with Ault International Medical Management (AIMM) to take control of the skyrocketing costs of health care claims. After several years of collaborative effort, annual claims costs have been held to a flat growth rate, hard dollar savings consistently increase, and the plan has been financially able to fund significant benefit and service enhancements. The plan continues to perform well within the target in terms of Admissions per 1000, Average Length of Stay, etc... High-dollar claimants continue to be individually managed through Case Management. Claims Data Mining shows that significant strides have been made in patients obtaining evidence-based Gold Standard of care for their chronic health conditions. AIMM has also made significant system enhancements which have increased the volume of interventions that can be taken on behalf of the plan without increasing the cost to the plan. There has been no increase in the cost of AIMM services since the inception of the contract.

Solution Description

Three years ago the plan investigated several medical management companies to locate a colleague who could address their health plan and cost challenges. After exhaustive analysis, Ault International Medical Management (AIMM) was selected to partner with the health plan to provide P3CM®, a unique Patient-Centric Comprehensive Care Management model of medical management services. The P3CM® service targets improving health care quality through patient education and empowerment as a means of decreasing the self-funded health plan's claims costs. The program provides the individual member with the information, resources, support, and assistance needed to ensure that the health care they receive meets the evidence-based, best-in-class, standard of care. Instead of being either "opt-out" or "opt-in", the Group Number 2 health plan requested an "outreach" type of program. The usage of evidence based clinical care guidelines was instituted allowing the health plan to realize opportunities for immediate impact and reinvest saved resources into additional services. As the years have progressed, Group Number 2 has added additional interventions such as preventative health coaching and enhanced claims data mining. Ensuring health care quality is the means of ensuring that health plan claim expenses are controlled. Regrettably, in 2006 patient health risk assessment surveys were abandoned as a tool to identify lifestyle behavior modifications that could be made in order to enhance the likelihood of future good health. The ramifications of this decision have not yet been identified.

Results

After initiation of Medical Management through AIMM, the plan was able to visualize the depths of the plan's deficits. The alliance has solidified over three years, and 121 Quality Related Measures (QRM) have improved or remained stable. A few measures appear falsely negative (i.e., increased number of female reproductive organ cancers). These may actually be due to the improved compliance with seeking preventative screenings and diagnosing disease while there are still treatment options. These measures were not counted in the 121 QRM improvements as complete information is not yet available.

Through educational materials, reaching out to members and Registered Nurse involvement, QRM improvements are a hallmark of this program. Members are clearly taking more active roles in their health care. Extended doctor office visit rates for those with chronic disease have increased incredibly. For example, members with COPD and a long office visit in last 12 months has improved by one third. Members with diabetes and members with asthma doubled their rate of long office visits. Finally, members with CHF improved their personal time with their providers by 300%. Extended office visits in the chronically ill population are seen throughout quality circles as a time for detailed education and assessment. Members have time to ask questions and report any symptoms of interest. These visits act as prevention for complicated patients; prevention is known to be imperative to holding down medical claims costs.

AIMM RNs take pride in providing support and education to members. The conversations often appear free-flowing to the member but are actually structured by evidence-based questionnaires shown to elicit information needed to guide members in their course of health. An example is the interventions undertaken with diabetic patients. Diabetics receive a great amount of attention from the RNs. It should be noted that with this focus, several diabetes-related QRM improved. Patients with diabetes are having annual eye exams 31% more frequently. They are following up to have their lab work closely monitored. Their serum creatinines are drawn annually at a rate improved by 17% since 2004. Their annual micro or macro albumin screening rate has more than doubled and their lipid profile rate improved by 157%. Diabetics with a HgbA1c test in last 12 months improved by over 160%. Diabetics with semiannual HgbA1c testing improved 195%.

Many of these measures have been reported by members as requests they made to their providers. It should also be noted that several negative outcomes (amputation, ER visits, open wounds) declined from 93-100% down to 0%. A member who is educated and feels empowered will advocate for themselves and expect their healthcare to meet the Gold Standard. Previous to this alliance between AIMM and Group Number 2, members of another high risk group were not receiving the high level of care owed to them. Now members with CAD have seen a 184% improvement in the rate of lipid profile testing. A higher number of members with CAD are receiving their annual flu vaccine. Prior to AIMM, no one with CAD received an annual flu vaccine. Educational campaigns have improved those with asthma complying with annual flu vaccinations by 79%. Emergency room visits are costly and often times, unnecessary. When members have a strong, working relationship with their providers as well as a basic knowledge of what is emergent and what can be addressed at their PCP office, emergency room (ER) visits drop. During this review period, women with pregnancy-related ER visits dropped from 94% to 3%. Another costly leak of claims dollars is prescription costs. From 2005 to 2006 the cost of prescription drugs has gone down by over \$1.50 PMPM. While not a huge reduction, the fact that there have been no other PBM related changes seems to indicate that medical management interventions are also impacting the use of prescriptions.

AIMM provided 26,000 medical management activities to members of this health plan in 2006. These activities touched individuals who received exclusive care from highly trained registered nurses. These nurses have been trained not only to educate the member on the condition that identified them but also on any other particulars that present themselves through thorough evaluation. Utilization Management was able to save 39.5 days requested by providers as well as to decrease length of stay for the Group Number 2 population from the national average of 699 total days to 323.5 total authorized days, an improvement over national average of 54%.

Case Management activities continue to increase over the previous years with 100% of those identified for case management participating. These members have the additional benefit of registered nurses knowing the complexity of their illness and being present to advocate for those who are unable to do so for themselves. Seventeen cases were open in 2006. Nearly half (8) of those carried a diagnosis of cancer. Additionally, this group's data was recently reviewed by a well-known international company which specializes in the development, manufacture, and sale of instruments used to perform minimally invasive surgeries. The reviewer had hoped to uncover a need for patient and physician education about the option to utilize minimally invasive surgical procedures in lieu of open surgical procedures. However, after review it was determined that AIMM's Utilization Management services were already ensuring that minimally invasive procedures were being adequately identified and utilized when appropriate.

Disease Management yielded an astounding 24,527 nursing activities in 2006 up from 7,194 nursing activities in 2005. 1702 patients participated in the program. This program, although disease-oriented, gets to the heart of all the issues surrounding the members' health status. Nurses provide a thorough assessment and institute verbal education as well as written information to support patients in their quest to become efficient, empowered health consumers. These consumers reach out to their providers and ask intelligent questions based on the education they receive from AIMM. These members are strongly believed to be responsible for the majority of the 'good health' decisions made in 2006. These decisions yielded the improved QRM noted early in this text.

AIMM has made system enhancements to begin incorporating absence management data into the medical management process for 2007. In the near future AIMM will enhance our on-line services to include an opportunity for plan members to self-request patient education materials (which will also trigger RN follow-up to the member). In the past we have discussed providing members with a benefit spending summary. This remains an excellent idea, but one that has not been instituted by AIMM clients.

The plan has made some important changes in language and coverage in 2006. Over 40 benefit enhancements were made in 2006, all of which were paid for by the claim cost reductions previously experienced by the Group Number 2 health plan. This means that ALL preventative health services, as well as ALL evidence-based clinical services for the care of chronic conditions are covered by the health plan at 100%, yet the overall claims cost trend for the health plan remains virtually flat. This plan has also improved benefits for mental health visits and chiropractor visits. These changes were hoped to promote continued progress toward identifying problems early on in their natural history and preventing additional damage.

Change is on the horizon for the Group Number 2-AIMM alliance. This relationship was convened in hopes that it would bear fruit of lower turnover and would ultimately improve fiscal outcomes for Group Number 2 and its members. It is clear those goals have been accomplished. There is no longer an urgency to control claims costs, and the focus has been shifted to one focusing on how members of the health plan can be empowered to be as healthy as possible. It is certain that the results have matured and that this is now known to be an effective, quality model of what health care can be in this country given, aggressive, evidence-based, Gold Standard medical management.

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P3CM™ Utilizes Evidence-Based, Best-In-Class, Clinical Criteria and Standards to create Wise Consumers of Health Benefits within the Health Plan's Population by a revolutionary approach to blending/integrating: Utilization Management * Catastrophic Case Management * Light Case Management * Maternity Management * Transplant Coordination * 24/7 "Nurse-On-Call" Telephone Triage * Disease Management * Wellness Management * Claims Data Mining/Predictive Risk Modeling * Health Risk Assessment Surveys

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