

Medical Management: Controlling Your Health Care Narrative

Having the right guide by your side can help you make strategic decisions when it comes to managing risk, cost, and care outcomes.

From established to evolving or emerging, Nova meets clients where they are in their self-funded plan journey. How do you find the most appropriate medical management solutions for a plan's unique population? **Let's dive in.**

Medical Management Solutions

There are no right or wrong choices on the spectrum of medical management solutions. A health plan's approach to selecting a medical management solution for plan participants should be based on the unique needs of their population, and their comfort with change and/or interest in adjusting the plan design.

The medical management solutions Nova can support run the spectrum. Collaborating with a client and/or broker partner, Nova offers client-specific solutions designed to manage clinical trends and reduce health care spend to improve overall health plan performance.



TRADITIONAL SOLUTIONS

Standard precertification, case management, disease management



CREATIVE SOLUTIONS

Customized strategies to provide solutions to meet disease- and utilization-specific needs*



EXPANDED SOLUTIONS

Including options for medical tourism, shared savings for using lower-cost alternative locations



*Please note: Standard plan design may utilize customized vendors to provide services for a client (selecting a diabetes management program, for example), whereas the innovation tier would focus on customized strategies (identifying individual benefit changes).

Bringing Traditional, Creative, and Expanded Solutions to Life

To meet member and client needs, case management has continued to evolve over the past decade. The most notable change has seen the replacement of a reactive approach with a more proactive case management model.

HOW WE DO IT

Rather than looking at a single disease state or risk factor, **Nova's health plan performance management team identifies the various interlocking pieces that create a larger health care picture.**

Using our data analytics tool and employer-sponsored biometric screening data, we identify at-risk or rising-risk members and proactively assist them through targeted outreach to reach patients before catastrophic conditions occur.



Data Analysis

Traditionally, case management has involved the practice of identifying members with ongoing catastrophic conditions.

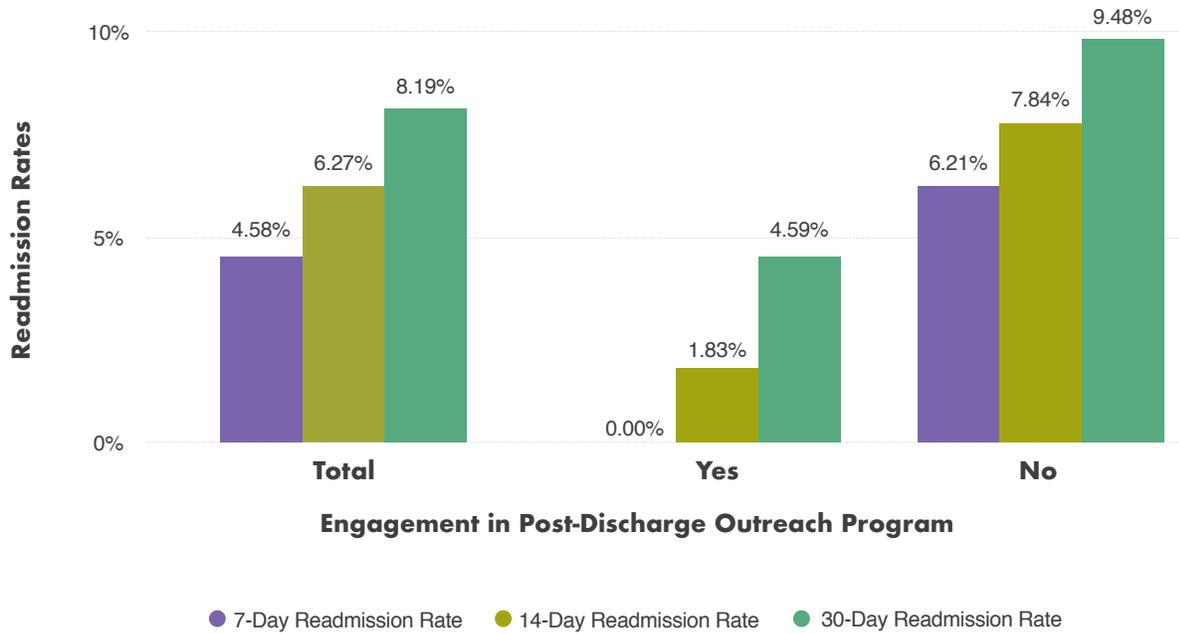
At Nova, our approach is a little more nuanced. By using a detailed analytics process that includes evaluation of claims data, member utilization data patterns, and a variety of risk scoring models, we can look at individuals' health care horizons. This allows us to make note of their risk scores over time and trigger them for outreach when we see incremental changes, thus hopefully avoiding a catastrophic condition.

Assessment outreaches include:

- Utilizing the social determinants of health to identify potential gaps in care that may exist in our diverse populations.
- Reviewing preventive measures members can take, including age-appropriate, CDC-recommended screenings/tests.

By working closely with members, we close gaps in care and help reduce adverse health outcomes, which translates to a healthier plan population and a reduced bottom line.

Post-Discharge Outreach Program



Nova measures the rates of readmission at 7, 14 and 30 days post-admission for two populations; those who engaged in Nova’s transitional care program compared to those who were unresponsive to Nova’s outreach. A total of 415 individuals were included in this program. The overall engagement rate in this program was 26.3 percent.

Nova also measures the cost avoidance associated with the readmission savings. “Averted Admission Savings” summarizes cost avoidance attributed to the absence of readmissions after 30 days for programs where Nova had successful interventions with members after inpatient discharge to home. To calculate this cost avoidance, Nova multiplies a 13.9% probability to all-cause readmission at 30 days (cited by H-CUP & AHRQ) by the average cost of Nova’s medical admission (approximately \$20,000 medical stay; therefore \$2,780 for each admit saved.)

“Potential Admission Savings” summarizes the cost avoidance that could be attributed to the absence of readmissions after 30 days, assuming 100% success with post-discharge outreach.



Admission Counts

DC to Home	415
7 Day Readmission Count	19
14 Day Readmission Count	26
30 Day Readmission Count	34



Averted Admission Savings

\$289K



Potential Admission Savings

\$384K

MEMBER SUCCESS STORY

Using data gathered by our health plan performance management team, a Nova Registered Nurse (RN) conducted an outreach call with a rising-risk member. While reviewing CDC-recommended age-appropriate screenings and tests, our RN identified the member had not completed her annual mammogram. Nova's RN discussed the importance of the screening and assisted in answering questions the member had regarding the mammogram, helping to educate her, and put her at ease.

Two months later this member was again identified as an at-risk patient. The triggering event — a breast cancer diagnosis. After receiving her annual mammogram, which she had scheduled shortly after the initial call with Nova, the member was diagnosed with stage one breast cancer. Thanks to a proactive approach, the member required minimal surgery and treatment.

Upon reconnecting with Nova, this member expressed gratitude for our proactive approach. **Without this outreach, the member's condition may have progressed to the point where a more rigorous form of treatment was needed.**



Incorporating Behavioral Health

Nova's emphasis on the whole-person approach includes integrating behavioral health into the equation.

We recognize health takes a variety of forms. We find identified medical cases often include the need for behavioral health resources. In this instance, the case is sent to an RN focused on behavioral health for further outreach and assessment.

Nova performs a review of facility claims from hospitalizations or ER visits, professional claims from office visits, as well as Rx or prescription data to identify members that have a higher probability of having a mental health condition benefit from support through Nova's behavioral health team.

Behavioral health outreaches include:

- Behavioral health emergency room outreach, which is provided by our nursing staff when a member presents to the emergency room with a behavioral health diagnosis (including substance use issues).
- Post-chronic illness diagnosis outreach, which addresses higher levels of anxiety and depression associated with a chronic illness diagnosis. It is designed to help patients find a provider, discuss medication options, build coping skills, or find community resources to support their mental health while undergoing treatments.
- Post-behavioral health diagnosis outreach (includes substance use issues), which ensures the member has an outpatient provider and medications (if needed). The RN also ensures the mental and physical safety of the patient, and that they have contact information for local crisis services, a safety plan, support systems, and safe housing.

Additional clinical support:

- Through Utilization Review our RNs ensure patients have appropriate follow up with an in-network provider.
- The reviewing nurse can outreach to the treating facilities and provide direction regarding prior authorization needs or network steerage (if required).
- We provide Case Management referrals during discharge.

If an RN identifies an indication of a possible behavioral or medical health need, regardless of the referral source, Utilization Review, Behavioral Health Case Management, and Medical Case Management work together daily in a collaborative way.

Example of custom outreach program:

- While reviewing emergency room claims data, our case managers identify that a member's utilization of emergency rooms as the primary source of treatment has increased.
- While this can happen for a variety of reasons, it's often an indicator that the member is not properly managed or educated on the spectrum of care options and the associated costs.
- Identified members are connected to Behavioral Health case managers, the Behavioral Health case manager is then able to work closely with member to educate and set them up with a provider who delivers the correct level of care.

Bottom Line

Data analysis combined with clinical outreach drives health plan performance management. A traditional care management solution is critical to managing cost for self-funded plans. A low PEPM administration fee will not offset claims costs where there is not a proactive, robust health plan performance management program. As health care trends continue to evolve, our approach to clinical programming continues to align with changing trends to promote quality, cost-effective, member outcomes driven by evidence-based practice. Traditional medical management programs should incorporate all the aforementioned elements, bar none. Creative solutions incorporate customized outreach programs targeted to a client's unique population and cost-drivers. Expanded solutions for care feature benefits that require member education and steerage.

Employers understand their tolerance for change. They know their employees best. Wherever a client falls on the Spectrum of Health Plan Performance Management Opportunities, they need an experienced partner with demonstrated success that understands all the nuances associated with their specific plan population. With the right partner to engage in conversations, each opportunity for data review provides another opportunity for conversation around improving plan performance and health outcomes.

WANT TO LEARN MORE?

**Join the team at Nova for our recent Spectrum Series:
Medical Management episode [WATCH HERE!](#)**

AskNova@novahealthcare.com | 716.932.5105