



Case Management
... establishing its patch

DAN HOOK

CEO

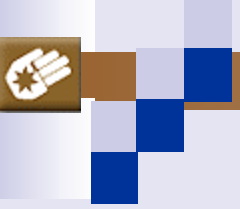
AUSTRALIAN HEALTH MANAGEMENT GROUP



My task

To State:

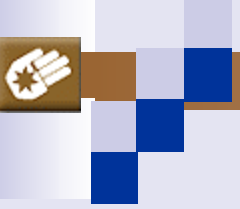
- The value proposition of the discipline of case management, especially as it relates to disease management
- Potential settings for the discipline in the future



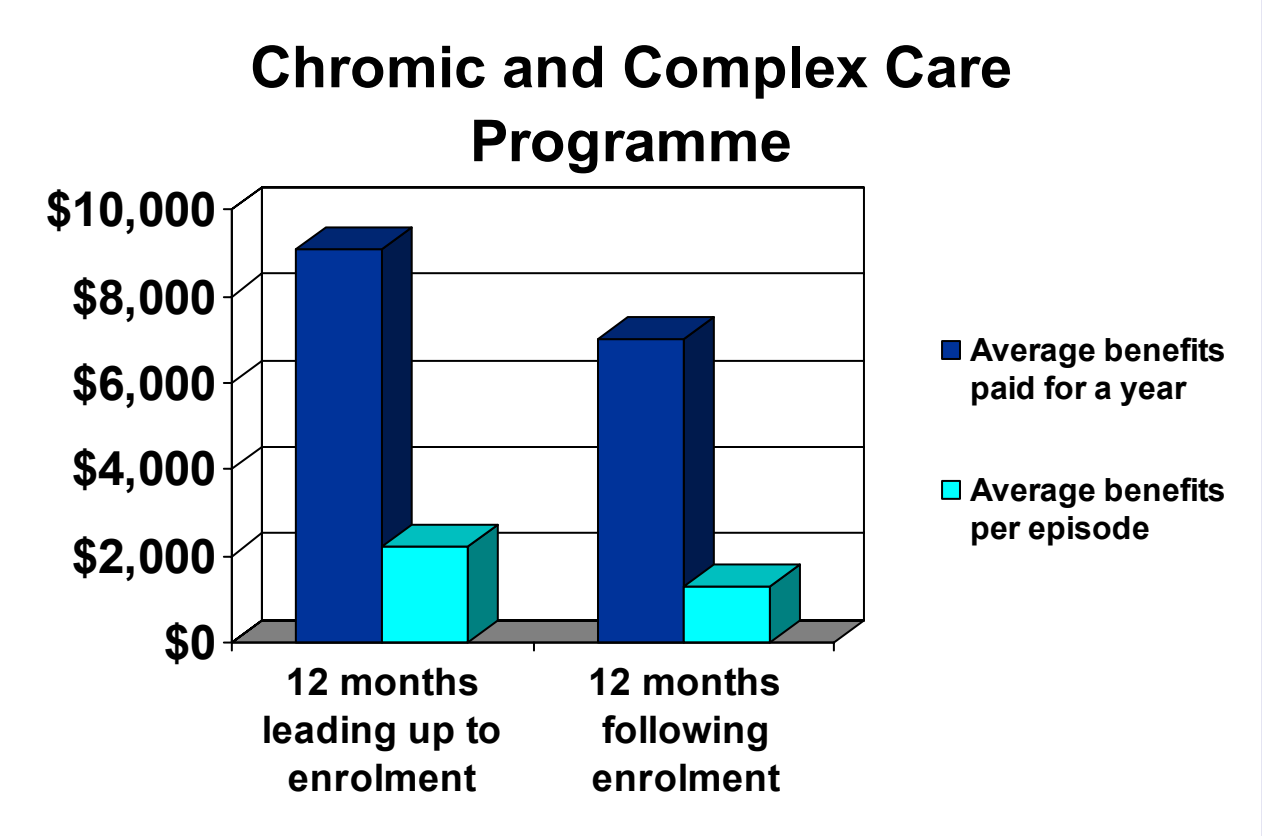
AHMG experience

- Offered telephonic case management for 6 years:
 - Assisted discharge
 - Enhanced care (multiple co-morbidities)
 - Disease management
 - Health risk management

- In the “payer market”

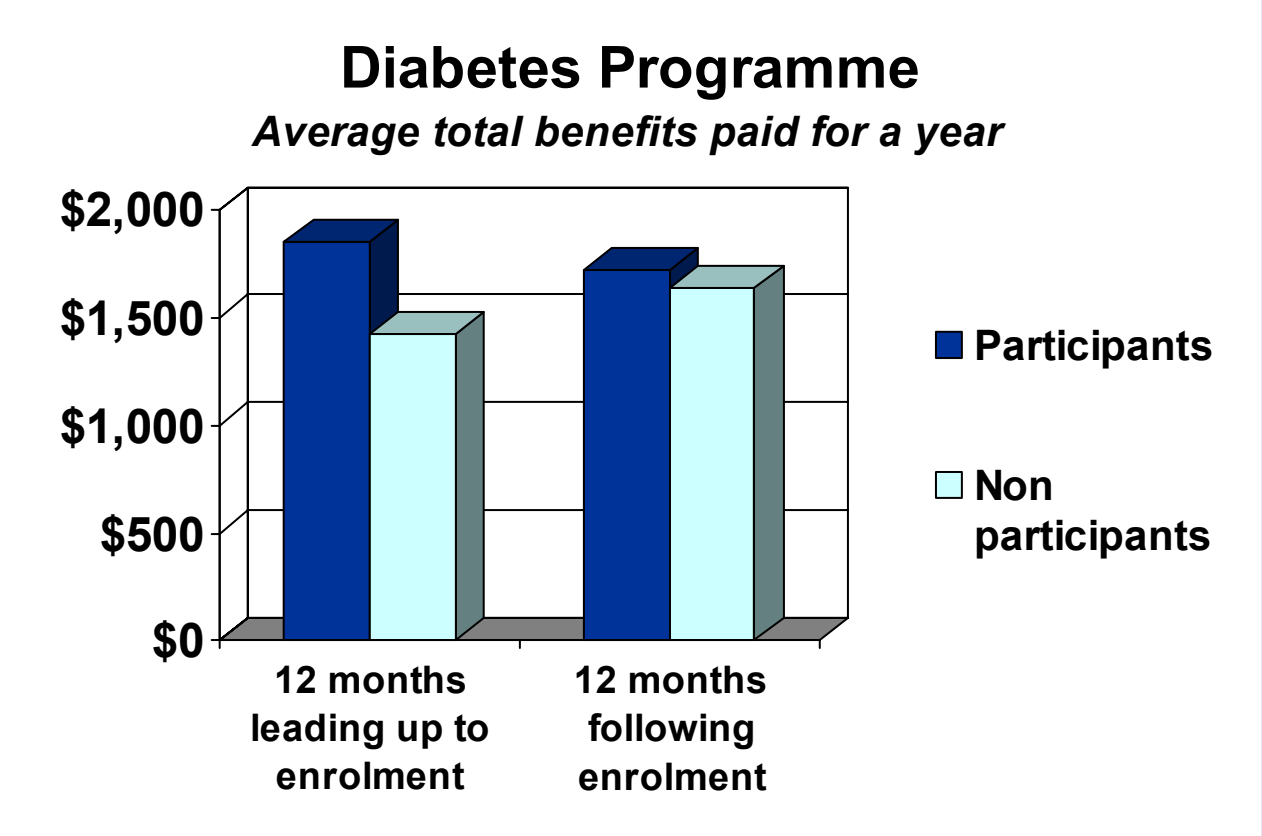


Sample of results



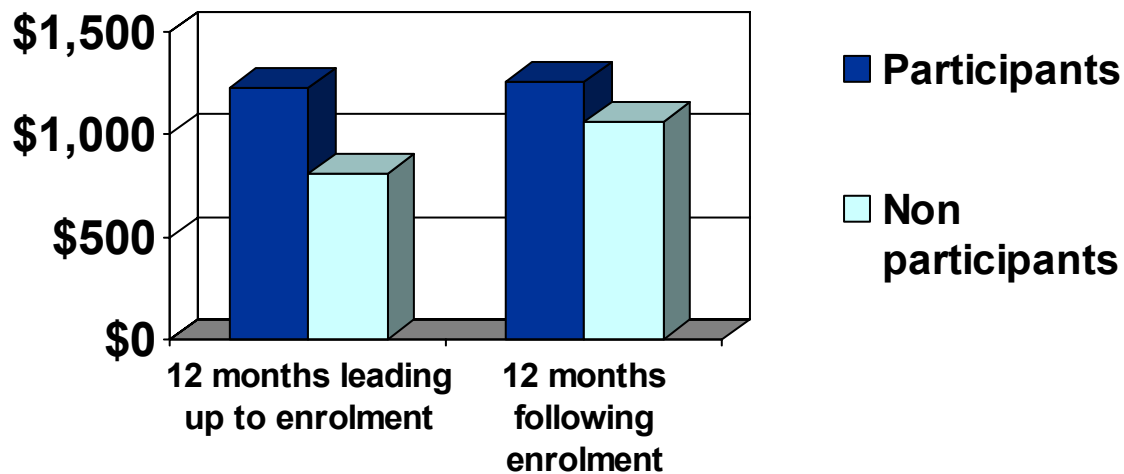


Sample of results



Sample of results

Arthritis Programme
Average total benefits paid for a year





Learnings

- Costs are an outcome not a driver

To manage cost, need to manage health status



Excess Healthcare Cost Ratios Associated with Excess Health Risks By Age Group Among Those Without Disease

<i>Age cohort</i>	< 45 years			45 - 64 years			65+ years		
<i>Risk</i>	Low	Medium	High	Low	Medium	High	Low	Medium	High
<i>Total Costs</i>	1.00	1.27	2.39	1.04	1.60	2.96	2.22	4.05	6.82

Source : University of Michigan; October 2002



Learnings (continued)

- Establishing accepted clinical protocol is the easiest part of the process
- The participant is an effective agent of change with clinicians
- Sustainable health gain depends upon self management



Learnings (continued)

- Information is critical to self management
- Need to move from a medical model to behaviour change model



Medical Model vs Behavioural Model

■ Medical Model

- The expert tells the client what they need to do

■ Behavioural Model

- The coach assists the client to achieve what they want to achieve



Behavioural Model Program

- Identification through HRA / Questionnaire
- Enrolment and Goal setting
 - Behavioural
 - Management
 - Based upon the client's preparedness for change
- Follow up calls at 2,6,12,26 weeks
- Second HRA at 12 months

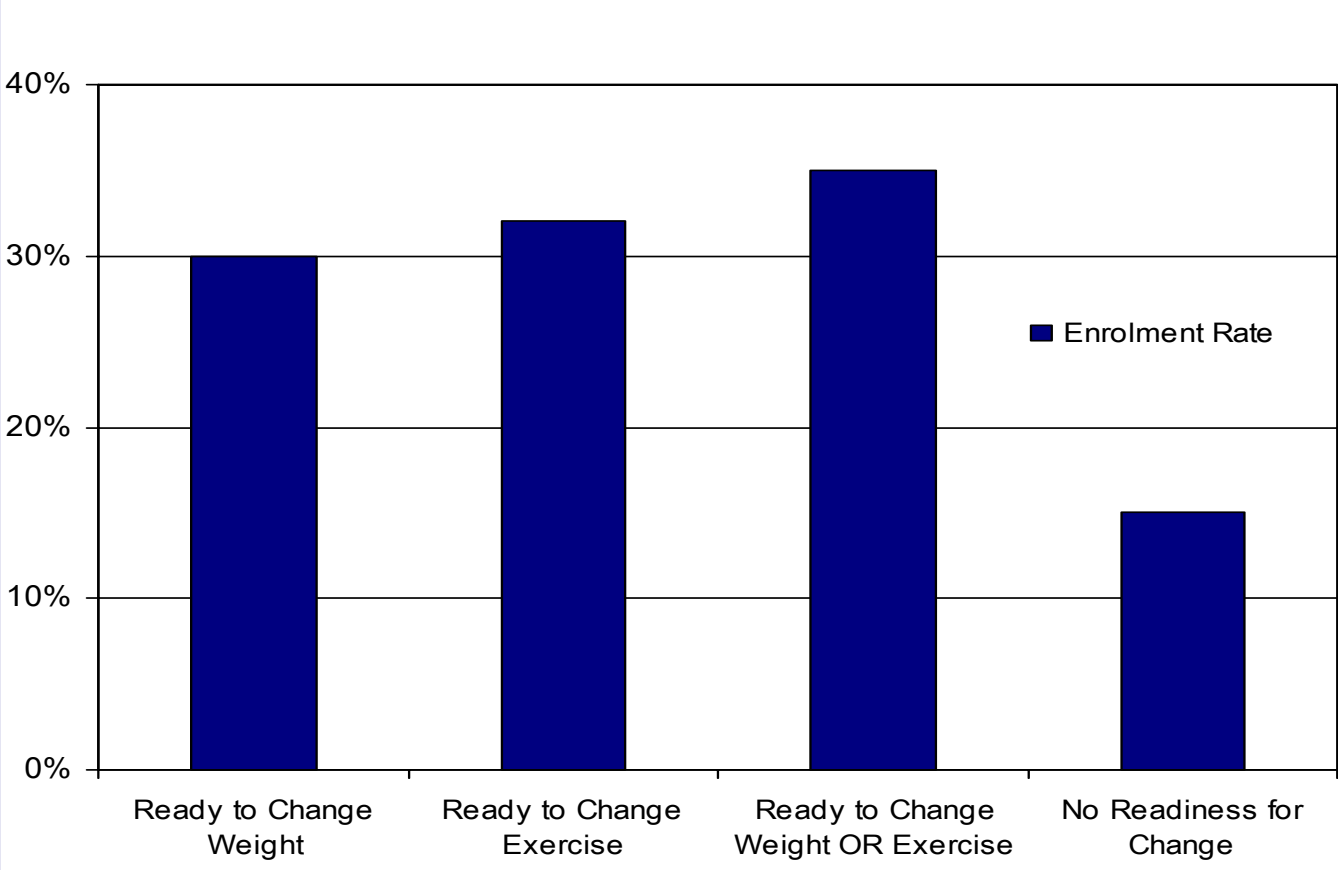


Some results

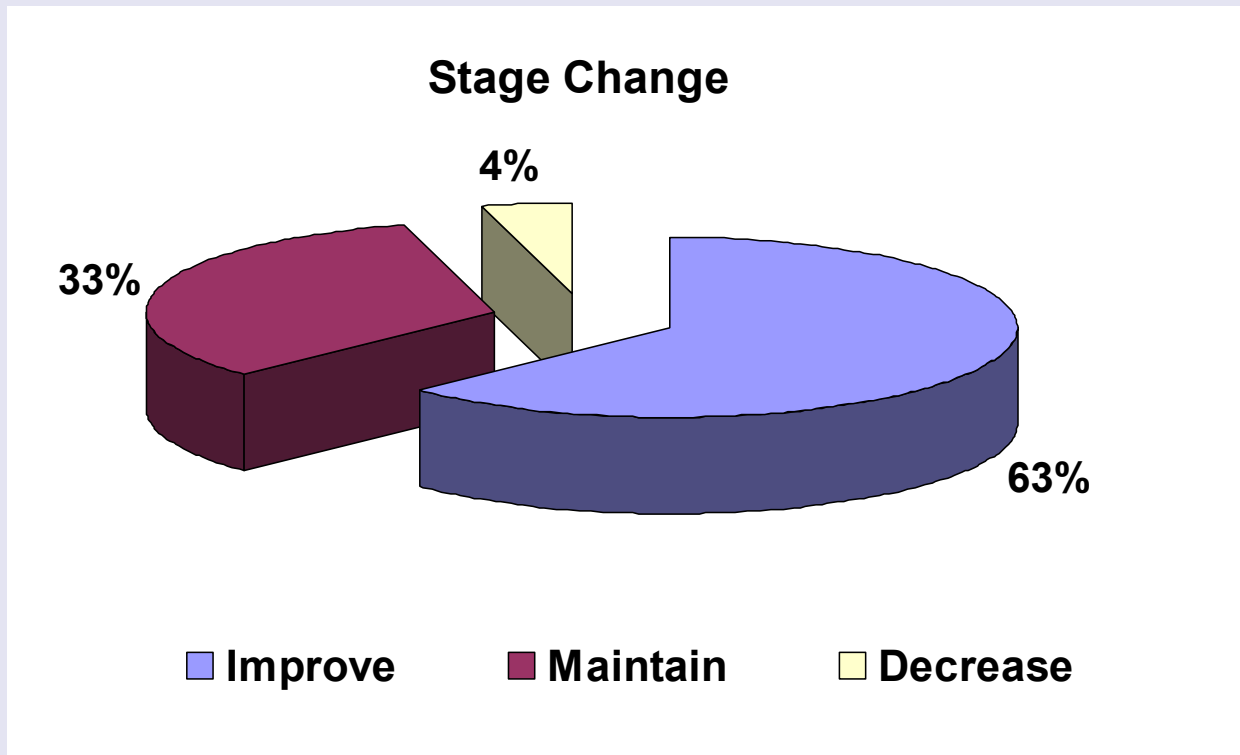


Readiness for change

Readiness for change is a precursor for enrolment

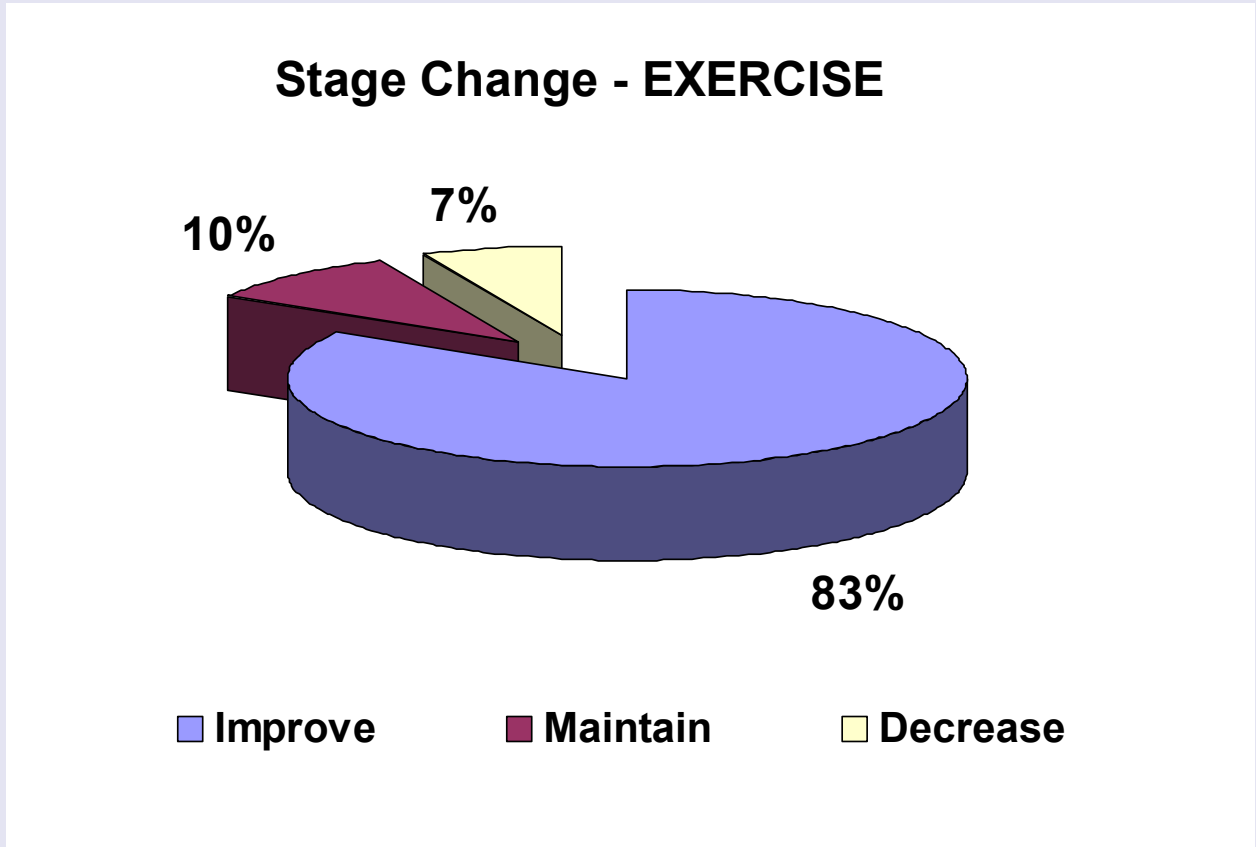


Scaled goal results





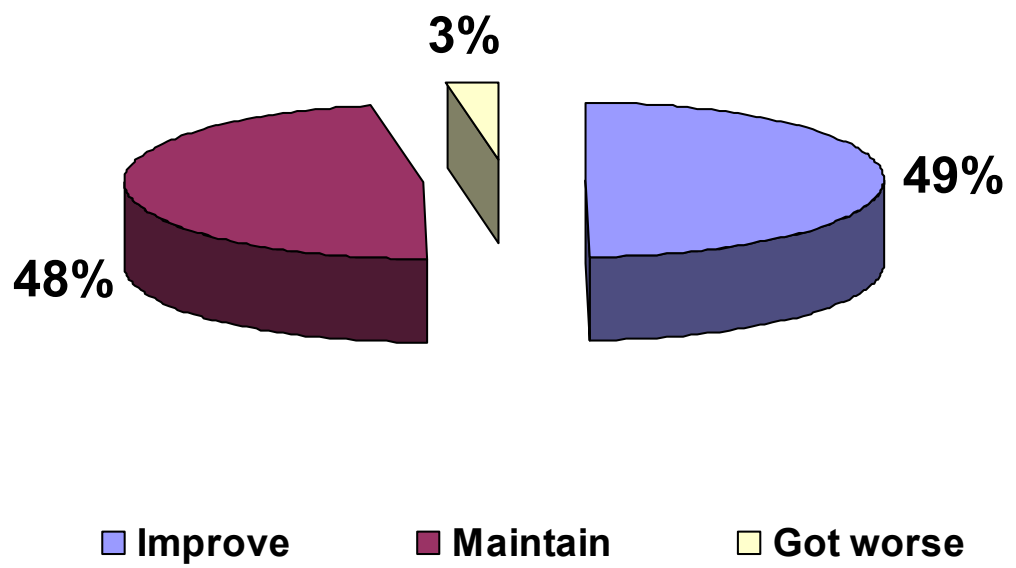
Exercise goals

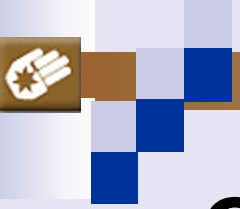




Weight loss goals

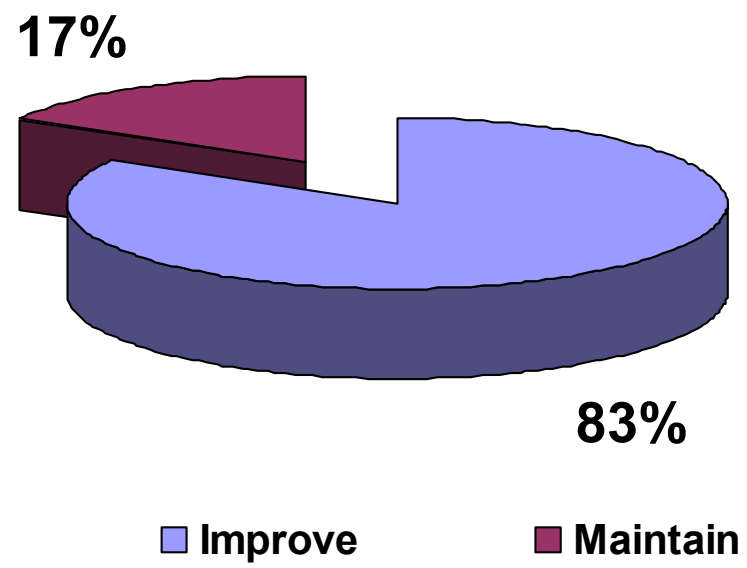
Stage Change - WEIGHT LOSS

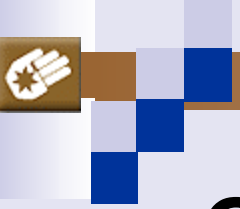




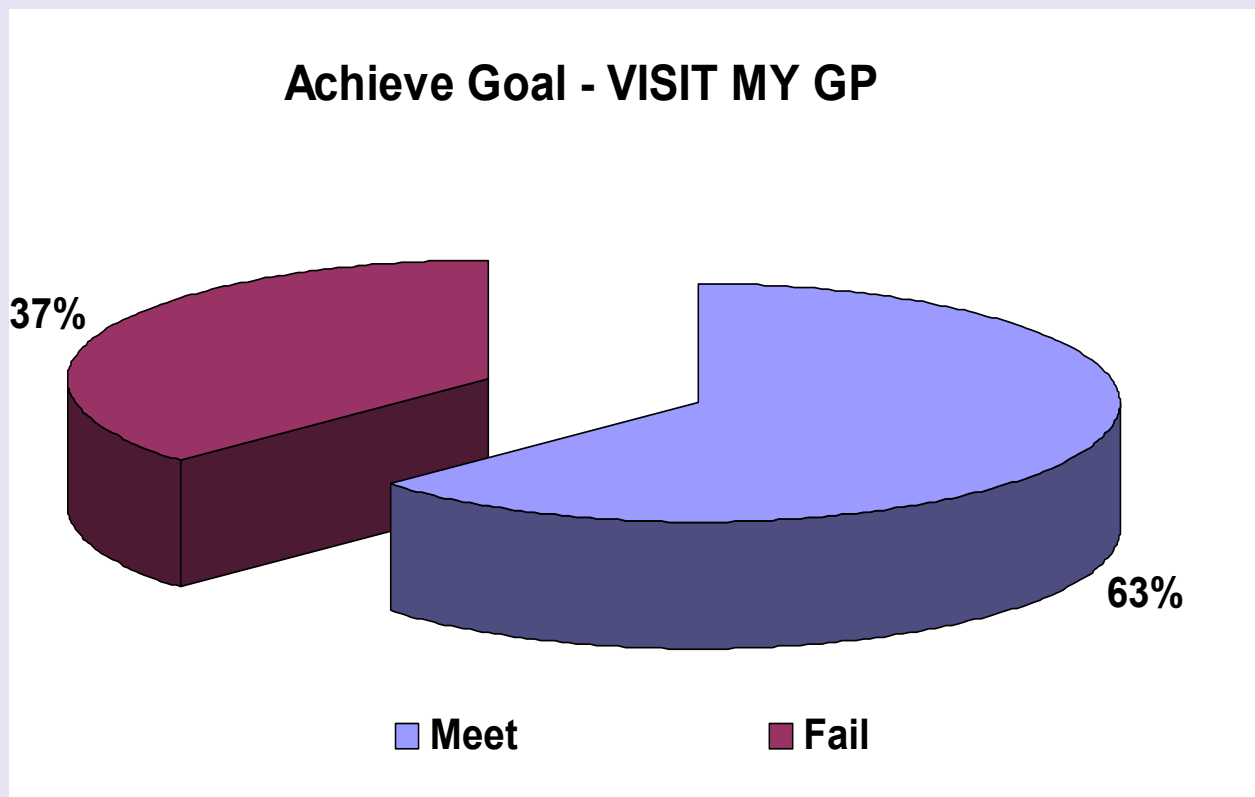
Quit smoking goals

Stage Change - QUIT SMOKING





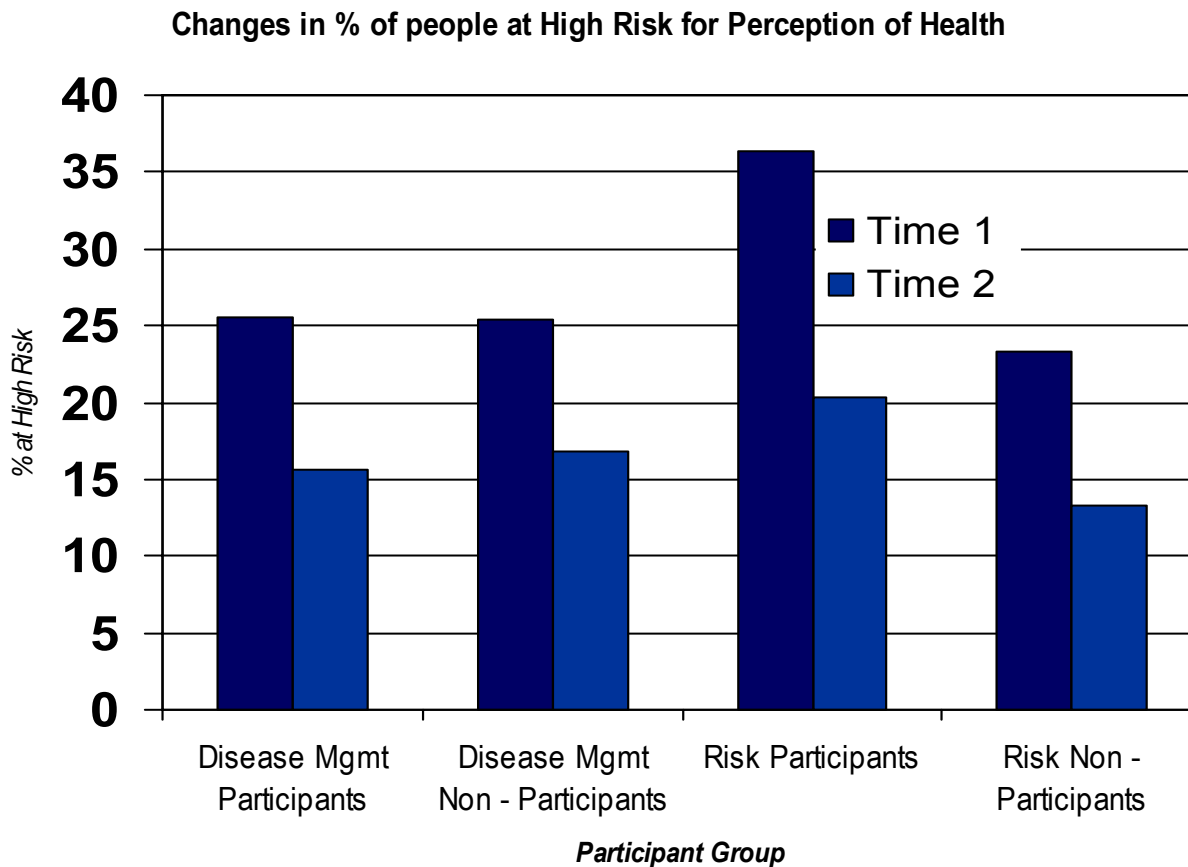
GP visits - goal achievement



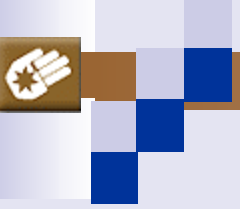


Highlights of Risk Changes

Perception of Health Risk for under 55s



- Perception of Health is a key indicator of Drawing Rates
- All groups showed a reduction in the % at High risk for Perception of Health
- Participants groups showed a bigger reduction in high risk than non participants.



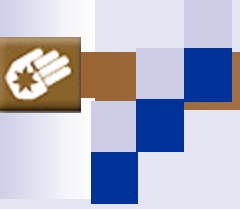
Learnings (continued)

- Each clinical discipline brings its strengths and weaknesses to case management
- Besides cost, what outcomes should be measured is still unclear
- Outcomes subjected to more scrutiny than traditional delivery models
- Little development of IT systems



Learnings (continued)

- Managing variances between individual practitioners essential for commercial sustainability
- Requires sophisticated systems
- Case Management is a discipline in its own right, with its own core competencies
- There is insufficient academic and vocational training available



Learnings (continued)

- IT WORKS!!!



Looking to 2010 and beyond

- What is case management's value proposition?
- What will be the core competencies of the discipline?
- Who will pay for the discipline?



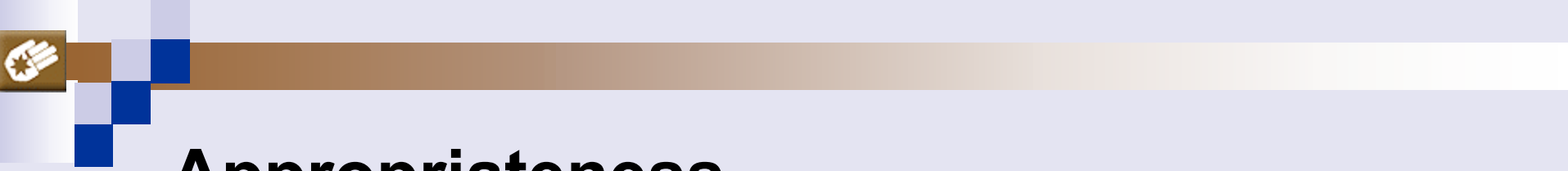
Value Proposition

- Appropriateness
- Advocacy
- Self Management



Appropriateness

- Appropriate:
 - Clinician
 - Treatment regime
 - Setting
 - Time



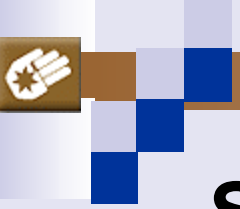
Appropriateness

- Not a clinical audit
- More a resource management mindset
- Measures:
 - Impact of the treatment on the whole person
 - Quality of life into the future
 - Future management of the consequences of the illness



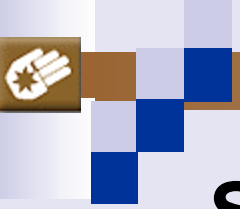
Advocacy

- Navigating the health system is a challenge even for health professionals
- Appreciating the strengths and weaknesses of:
 - Clinical disciplines
 - Care settings
 - Outcome measures



Self Management

- The significant differentiator
- The forward looking component of the experience of illness and treatment
- Must be holistic
 - This is at odds with much clinical training which is specific in its focus



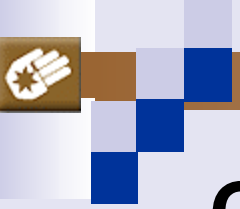
Self Management

- Critical entry point for a preventive mentality and the beginning of personal responsibility
 - The real key to future cost containment
 - The single best predictor of health care costs is self perception of health status



What will be the hallmark of the relationship between professional and client?

- Advocate
- Change Agent
- Counsellor
- Consultant
- Coach



Core Skills

- Source of relevant information:
 - Condition specific
 - Clinical treatment options
 - Care setting
 - Psychosocial

- Negotiator

- Behaviour change specialist



Who will pay for case management services?

- Payers of health care services
 - Government
 - Private Health Insurance
 - General Insurance

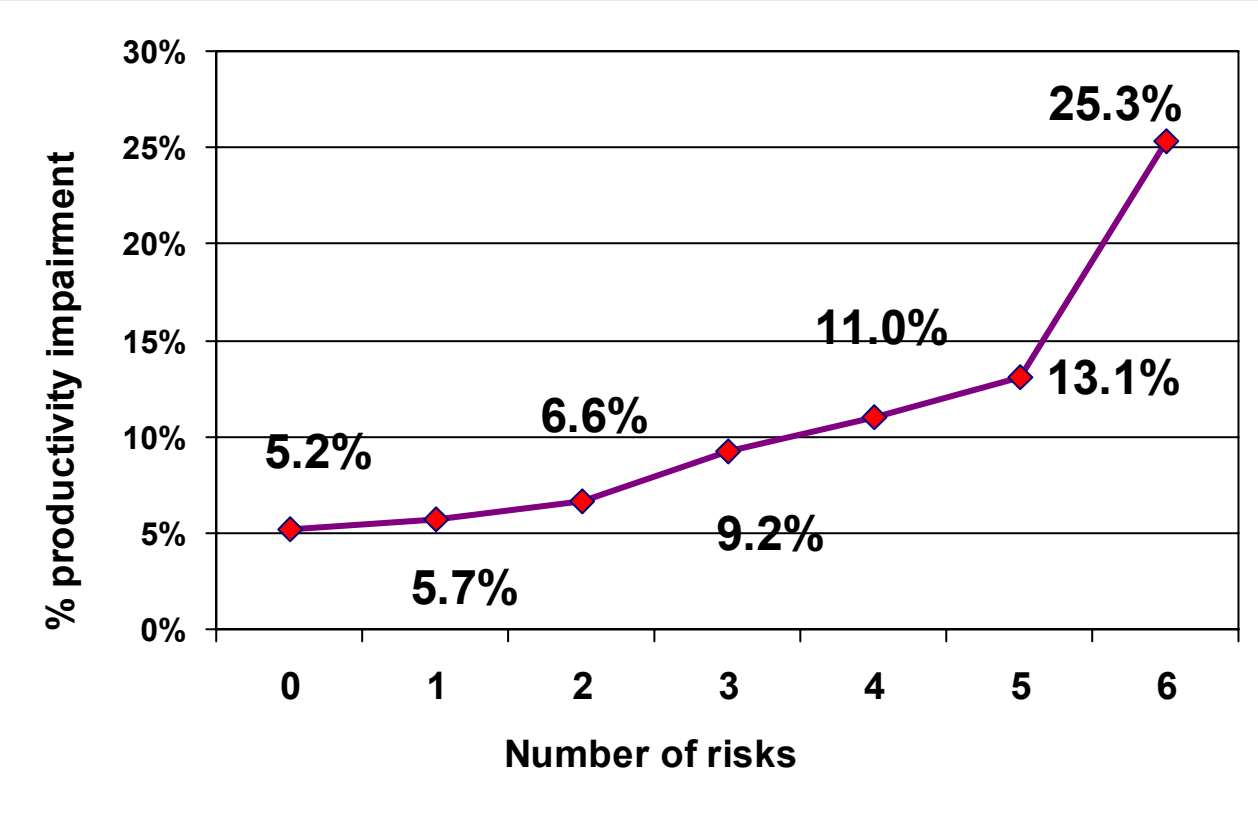
- Corporates



What are the benefits of managing health risks and disease to employers?



% Productivity Impairment by Number of Total Health Risks in past 7 Days



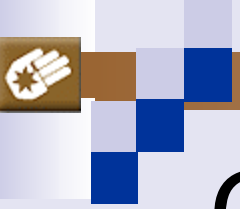
Aetna & Wellmed – n=2,267. Worker’s Productivity & Activity Impairment Scale WPAI



The impact of health on productivity & absence - a snapshot of the evidence...

	Hours lost in productivity per week	Hours lost in absence per week
Diabetes	8.72	2.64
Digestive disease	9.72	6.24
Smoking	3.56	0.58

Source: Burton et al JOEM (Assumes an annual salary of \$52,000)



Conclusion

In 2010, the case management “patch” will be defined by:

- Ensuring the appropriateness of health services
- Offering proactive advocacy services
- Being an agent of change for clients
- Employment by health care payers and corporates