

Overview: Prospective Case Management



Prospective case management is a new, innovative type of case management. While health care in general has always been reactive—providing care after illness occurs, prospective case management is uniquely *proactive*. It focuses attention and resources on those with health issues which, if addressed early, may not develop into more serious and costly conditions.

Prospective case management provides mentoring and monitoring for those who have previously “fallen through the cracks” because their conditions were not serious enough to require traditional case management or disease management. Now, prospective case management fills this gap in the continuum of care. With prospective case management, the needs of “at-risk” patients can now be appropriately addressed.

Claim and Rx data provide the “referral triggers” that proactively identify at-risk patients for prospective case management. Internal referrals by MedCost nurses can also identify these patients. Participants are contacted, assessed, and monitored for care needs and educational deficits. MedCost nurses provide customized patient education, resulting in better self-management and increased compliance with treatment and medication regimens. Patients are monitored regularly, enabling the early interventions that facilitate optimal health status, or proactive transition to traditional case management to potentially avoid high costs or adverse events.

Prospective Case Management: Case Studies

Ms. B., Age 56 Cirrhosis of the Liver, Diabetes, Overweight

Ms. B. was referred to Case Management in November 2004, following two hospitalizations for GI bleeding. Tests showed that she had mild cirrhosis of the liver, and other problems related to cirrhosis. In addition, Ms. B. had a history of diabetes.

In March 2005, Ms. B. was referred to Duke University Hospital to begin a liver transplant evaluation. At this point she weighed 200 pounds and had a Body Mass Index (BMI) of 40. Duke requires a BMI of 35 or less before a patient can be considered for a transplant. Duke referred Ms. B. back to her physician, and recommended a dietary consult. Ms. B. told her case manager that she was unable to afford the consult, which cost \$165.00 and was not covered by her insurance plan. As an alternative to the dietary consult, the case manager sent Ms. B. several resources dealing with weight loss, low sodium, low calorie, low protein, and diabetic diets.

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MBS “Travel Card” Update (National Access Program)

The National Access “Travel Card” Program is a cost-free way to give members of your health plan nationwide access to providers when traveling outside of your current PPO network coverage area. The “Travel Card” program was created in response to the “what if” questions so often asked by employers and employees alike:

- *What if* a member of my family becomes ill while we are on vacation?
- *What if* my child gets sick while attending college in another part of the country?
- *What if* people who travel for a living—sales reps or trucker drivers, for example—need medical care while on the road?

The National Access Program expands your current PPO options to include a vast number of hospitals, facilities, and physicians across the country. By combining multiple networks to form one seamless, fully integrated national program, members of your health plan can have the “best of

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MBS “Travel Card”

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the best,” with maximum coverage and savings outside of your primary PPO network.

Substantial Savings

During the first 7 months of 2005, 188 claims were submitted on behalf of employees who utilized this benefit. Of these claims, 99 were eligible for discount, and employer savings year-to-date total \$338,415.49.

For more information about the MBS National Access “Travel Card” Program call one of our sales consultants at (800) 217-5097.

Aon Survey: Carolinas Employers Are Impressed With Independent TPAs

The *2005 Southeast Benefits Trend Survey* by Aon Consulting revealed that employers across the Carolinas give high marks to independent TPAs like MBS. There were 81 survey respondents from both North and South Carolina. Here are some highlights from the survey:

Based on their own experience with their current claim administrators, employers gave independent TPAs scores that were “above average” among all respondents in these categories:

- Customer service
- Account management
- Cost effectiveness of administration fees
- Usefulness of the organization’s Web site
- Flexibility in meeting employer needs
- Plans savings from utilization and disease management

Most employers (77.4%) said they currently outsource at least one human resources function. The most common reason for deciding to outsource was “use of experts.” The top three outsourced functions were:

- 401(k), 403(b), or 457 plan administration
- Flex spending account administration
- COBRA/HIPAA administration

Respondents that outsource any HR function said they experienced improvement in these areas:

- Quality (30.9%)
- Service (29.6%)
- Cost management (17.3%)
- Productivity (17.3%)

PCM Case Studies

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In June Ms. B.’s weight reached 218 pounds. She was experiencing a 5-6 pound weight fluctuation every week due to fluid. Ms. B.’s physician placed her on diuretics and instructed her to report her weight to him regularly so that her medication dosage could be adjusted according to her weight. A low protein, low sodium, diabetic diet was also recommended.

Because Ms. B.’s weight was keeping her from a transplant, her case manager referred her into **Prospective Case Management**, which could provide mentoring for weight loss. The same nurse began to mentor Ms. B. in both programs.

Ms. B. told the nurse that she had not been contacting her physician about her weight as instructed because she didn’t see why this was necessary. She stated that she had tried to lose weight and had not succeeded. After a lengthy educational discussion with the nurse, Ms. B. promised to weigh herself twice weekly. She agreed to call her physician if her weight increased more than five pounds. She also said she was willing to try the recommended diet.

The case manager and Ms. B agreed on a weight loss goal of 10 pounds in two months. Since Ms. B. has a pool, the nurse suggested that she exercise by swimming or doing water aerobics. Ms. B. promised to keep a log of her weight loss and has requested a follow-up appointment with her case manager in one month.

Current Status: Ms. B. has lost 12 pounds in six weeks as a result of nurse coaching and mentoring. Ms. B. will remain in both Case Management, to monitor her transplant status, and in **Prospective Case Management** to support her weight loss efforts, with more frequent education from the nurse.



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Prospective Case Management Case Studies

MS. P., Age 47

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Diabetes, High Blood Pressure, High Cholesterol, Depression

Ms. P. was referred to **Prospective Case Management** because she was taking numerous medications for several conditions. When contacted by a nurse, Ms. P. agreed to enroll in the program.

Ms. P.'s initial assessment revealed a seven-year history of type 2 diabetes as well as high blood pressure, high cholesterol, and depression. Additional diagnoses were obesity and a history of an eating disorder.

Ms. P. stated that she was checking her blood sugars every 3-4 months, rather than daily, as she had been instructed to do. In addition, she was not following a diabetic diet and was not exercising. The nurse mentor discussed the need for better self-care to prevent complications. The nurse and Ms. P. agreed upon the following goals for the upcoming month:

- Begin a 1200-calorie diabetic diet
- Weigh weekly and record
- Perform weekly glucose monitoring and record
- Lose 5 pounds in one month

To assist the patient in meeting the goals, the nurse provided educational materials on diabetes, high blood pressure, weight

loss, and a sample 1200-calorie diabetic diet. A one-month follow-up phone appointment was scheduled.

By the time of the follow-up appointment, Ms. P. had reviewed the educational materials and was trying to adhere to the diet. She was also working with a dietitian. Despite these measures, she had gained 2 pounds. She was, however, keeping a weekly log of her blood sugars, which were normal. The nurse discussed the food choices Ms. P. had made and recommended alternatives that would help her meet her goals. A low fat diet was suggested, in addition to the diabetic diet. Exercise was also recommended and additional goals were developed.

Current Status: During Ms. P.'s most recent phone appointment, she reported having met her interim goals. She was exercising in a pool twice weekly and monitoring her blood glucose three times a week. Glucose levels remained normal and were slightly low at times. Ms. P.'s care under **Prospective Case Management** will continue with the same pattern: reassessment, long and short-term goal setting, and measuring progress toward goals.

Ms. L., Age 44

Multiple Sclerosis

Ms. L. was diagnosed with multiple sclerosis in August 2004. She was referred to the **Prospective Case Management** program in October 2004 due to her diagnosis and the need for Rebif, an injectable medication. Rebif costs about \$1,200 a month, and Ms. L. couldn't afford to begin treatment.

The nurse case manager contacted a PPO provider, who was able to send Rebif to the patient by mail order. Ms. L. was instructed in self-administration, and began treatment in October. Her symptoms of extremity weakness and numbness improved. The case manager conducted a full assessment of Ms. L. by phone and determined the patient also had a history of Crohn's disease, currently in remission.

The nurse contacted Ms. L. on a monthly basis. In December, Ms. L. reported a co-pay of \$303 for Rebif, which created a financial hardship, despite the medication coming from a PPO provider. The nurse researched alternative funding resources, and found a foundation that assists MS patients with medications. Ms. L. contacted the foundation, which agreed to cover the cost of her co-pay, allowing her to continue treatment without interruption.

The case manager set the following goals for Ms. L., which have all been met:

- Obtain medication at a cost-effective rate
- Understand the need for treatment regimen
- Proper utilization of medication and medical resources
- Prevention of hospitalization for medication administration

Current Status: The patient needs a better understanding of the MS disease process. This goal is addressed during each patient contact by reinforcing educational information.



Sales Consultant Showcase



Michael Cornwell Director of Sales & Marketing

Background: Mike has been with MBS from its inception in 1998, and played a role in planning the company. Prior to his MBS career, Mike operated a family business throughout the '70s and then worked as the northern region operations manager for a national company from 1979-1983. From 1983 until he came to MBS, Mike worked as an insurance agent, representing life, health, and accident product lines. Today Mike serves MBS as the Director of Sales and Marketing.

Best part of the job: "People," says Mike, make his role at MBS highly enjoyable. He especially likes "the interaction with such a diverse group of people and the gratification of helping businesses and people address the problem of rising health care costs."

MBS Role: As the Director of Sales and Marketing, Mike is responsible for the sales, underwriting, and client services staff at MBS. "The MBS distribution system," he notes, "is driven by the broker and consulting community."

Education: Bachelor of Science, Business Administration, University of North Carolina at Chapel Hill; ChFC, American College.

Memberships: North Carolina Association of Health Underwriters; Main Street Methodist Church in Kernersville.

Enjoys: Mike likes to spend time with his family, and especially enjoys his two grandchildren. He also enjoys saltwater fishing and boating, golf, following college athletics, and doing yard work.



B. W. "Buck" Strader Senior Sales Consultant

Background: Buck came to MBS in August of 2003 as part of MBS' acquisition of Piedmont Administrators. He began his extensive career as a claims examiner with Pilot Life Insurance. Buck's experience includes claims department management, long-range financial planning services management, and group sales department management.

Best part of the job: Buck says, "The best part of being a member of the MBS team is the opportunity it presents to consult with and advise clients, prospects, and brokers on the advantages of self-funding benefits. The new services and reporting tools we have in place make this opportunity even more exciting."

MBS Geographical Focus: Buck concentrates primarily on the central, western, and southeastern Piedmont of N.C.

Education: Bachelor of Arts, Psychology and Sociology, Guilford College; UNC Chapel Hill Executive Program.

Memberships: Past president, Triad Association of Health Underwriters; current secretary/treasurer of the North Carolina Association of Health Underwriters.

Enjoys: Buck has volunteered at the Samaritan Soup Kitchen in Winston-Salem for 15 years. He serves on the board of directors of Group Homes of Forsyth County. He enjoys golf and "golf with a shotgun" (sporting clays). Buck says his "most fulfilling" activity is acting. Currently, Buck uses his acting skills in a troupe of characters for Kids Zone, a children's ministry at his church.