Identifying and Designing the Right Care Management Program: Insights from ACOs

Taressa K. Fraze

Laura B. Beidler

The Dartmouth Institute for Health Policy and Clinical Practice

Geisel School of Medicine

Dartmouth College

Health system leaders and providers are increasingly focused on how to deliver high-quality, efficient care for people with complex clinical needs. Robust care management programs are an evidence-based approach to improving care delivery for people with complex health needs. Care management programs can offer intensive, patient-tailored coaching that improves care delivery by creating patient care plans, coordinating care across providers, and addressing patient needs.

Providers under Accountable Care Organization (ACO) contracts may be especially likely to develop care management programs because they are incentivized to increase care efficiency. Further, because providers in ACO contracts are often new collaborators, they may engage in care delivery redesign as a function of those new relationships.

Despite a strong evidence base for care management programs, health system leaders and providers may experience challenges when designing and implementing approaches to care management.

We describe four care management models ACOs are using to offer practical, on-the-ground insights to help health system leaders identify and design care management programs.

Introduction to Care Management Models

We conducted 39 interviews with executives, management staff, and front line clinicians at 18 ACOs to learn how they deliver care for individuals with complex health needs.

Key Activities in Care Management Models

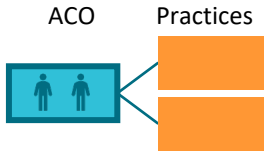
Care planning:
Developed care plans in collaboration with patients.

Coaching patients:
Helped patients develop and meet their health goals.

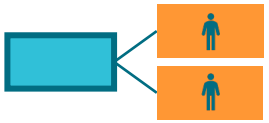
Meeting social needs:
Identified patients' social needs and referred them to outside services.

Coordinating care:
Helped patients schedule specialist care and organized results from appointments and tests.

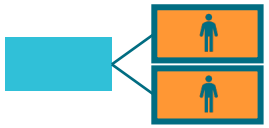
Care Management Models



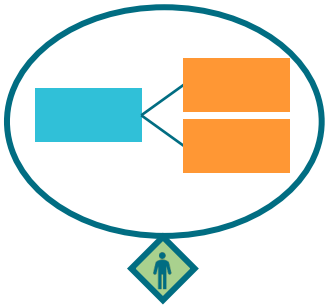
Designed, managed, and staff located at the ACO-level.



Designed and managed at the ACO-level with staff embedded in practices.



Programs independently developed and managed by practices.

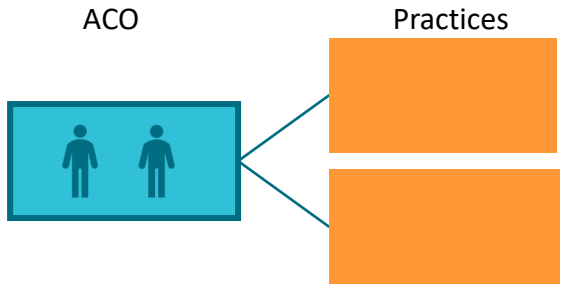


Programs managed and implemented by an external service.

Care Management Designed, Managed, and Located at the ACO-level

Care management staff are located and supervised at the ACO-level rather than within practices. Care management activities are developed and implemented by the ACO, sometimes with little practice involvement. For example, some ACOs employ teams of care managers who work remotely and are assigned to support geographical regions.

- Providers may refer patients to the care management team but may not directly communicate with care managers.
- Care management workflows are developed and managed at the ACO-level.
- Since staff are managed at the ACO-level, they typically contacted patients via telephone or travel to meet patients at other locations such as patient homes, primary care offices, or coffee shops.



Benefits

ACOs can directly enroll patients:

ACO leaders and staff have greater control over which patients participate and may not need provider approval.

Easier to standardize:

ACOs can standardize care across all practices without creating extra burden on providers.

Creates value for providers:

ACOs can offer a service to improve patient care that requires little effort from providers.

Challenges

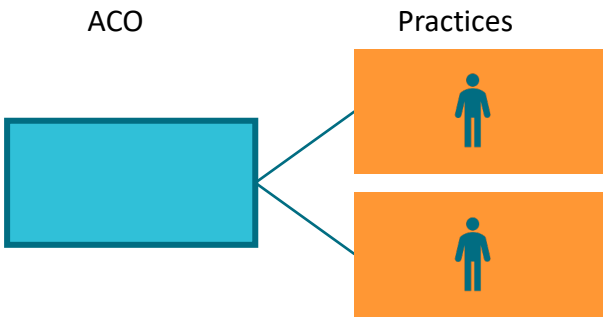
Limited integration with primary care:

Providers may not know if their patients are enrolled in care management nor be aware of the program details.

Care Management Designed and Managed at the ACO-level with Staff Embedded in Practices

ACOs may employ their own care management staff and locate them within primary care practices.

- Staff are managed at the ACO-level and are assigned to support one or more specific primary care practices.
- Care management activities are typically still developed and managed at the ACO-level to maintain standardization on key program activities.
- Care managers have varying levels of integration with the practice – some use the practices only as a location to physically meet with patients while others are more integrated in practice-based care teams.



Benefits

In-person transition to care managers:

Providers can personally introduce patients to care managers.

More informed providers:

Providers may have a better understanding of care management processes.

Adapt to practice needs:

Can adapt programs to meet practice needs while still standardizing key components.

Creates value for providers:

ACOs offer a service to improve patient care that requires little effort from providers.

Challenges

Care managers' scope of work:

Practices may want care managers to perform functions outside their scope of work.

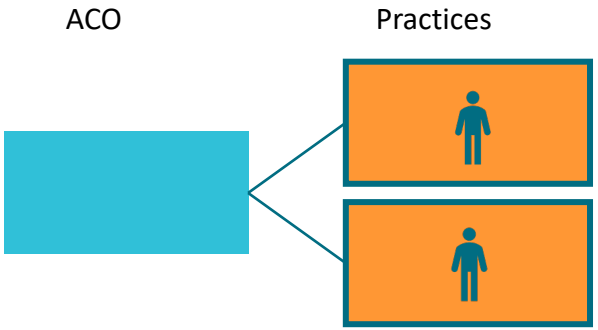
Provider input on care management:

Providers may have little input into the care management activities implemented within practices.

Care Management Programs Independently Developed and Managed by Practices

In some ACOs, primary care practices administer their own care management programs.

- Practices may have their own care management programs when the centralized ACO was not able to offer those resources.
- Practices may want to continue care management programs they established before joining the ACO.
- These programs vary in both services offered and intensity of follow-up.
- In some cases, a practice might conduct their own care management program in parallel to the ACO-managed program.



Benefits

Tailor programs to practice needs:

Practices can adapt and develop programs to meet their specific patient or organizational needs.

Maintain practice independence:

Providers who join ACOs may wish to maintain a greater sense of control, decision-making, and independence within their practices.

Challenges

Uneven access to care management:

Some patients in the ACO may have access to care management while others may not.

Lack of standardization across the ACO:

The quality of care management programs may vary between practices within the ACO.

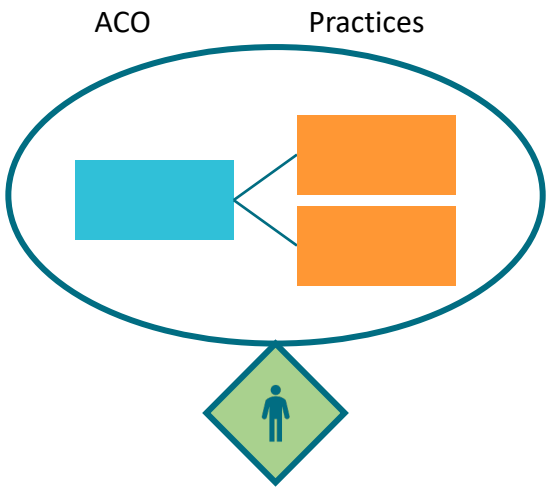
Increase administrative costs:

Administrative costs may increase since some management activities might be duplicated across the ACO.

Care Management Programs Managed and Implemented by an External Service

Some ACOs contract with independent companies to implement care management activities.

- Independent, external companies offer off-the-shelf programs that ACOs use to provide routine care management activities.
- External services might also offer more innovative activities such as daily phone calls or use of technology for home-based patient monitoring.
- Some ACOs have staff who follow up with patients when the external service noticed a potential concern.



Benefits

Ease of development and implementation:
Programs do not require significant ACO staff time.

Standardization across patients:

Programs are standardized and highly structured for enrolled patients.

Challenges

Lack of integration with practices:

Providers may not know their patients are enrolled and there may be little feedback with providers on care management activities.

Lack of flexibility:

ACOs and providers may have very little ability to tailor or adapt the program to meet their patient or organizational needs.

Which Care Management Model to Implement?

Care Management Designed, Managed, and Located at the ACO-level

- High levels of provider buy-in for care management.
- Part of a larger system or managed by a third-party administrator.
- Leadership has influence and capacity to administer care management programs.
- ACOs composed of smaller practices may benefit from shared resources.

Care Management Designed and Managed at the ACO-level with Staff Embedded in Practices

- Larger practices may have sufficient patient panel sizes to support a full-time care manager.
- Organizations that place a greater value on face-to-face care management activities.
- ACOs with providers who want to be more involved in care management activities, but do not need to develop or lead programs.

Care Management Program Independently Developed and Managed by Practices

- Primarily composed of independent providers, allowing practices to maintain their own care management programs.
- Practices have legacy care management programs.
- ACOs with practices that have strong existing resources to leverage.
- ACOs that have not invested heavily in ACO-level leadership and staff.

Care Management Programs Managed and Implemented by an External Service

- ACOs without centralized staffing resources.
- A contracted service can provide care management without investing in staffing or altering provider workflows.
- ACOs that want to quickly implement a care management program. Care management programs take significant effort to develop, implement, and manage.

Implications of Care Management Models

ACO Composition and Leadership

- ACOs comprised of independent practices may not have the infrastructure, resources, or leadership to implement standardized comprehensive care management.
- Practices may need to first invest in ACO-level leadership and management before investing in ACO-wide care delivery transformation.
- Policymakers should consider how they can empower small provider practices to develop care management programs given challenges with staffing, patient panel size, and financial resources.

Care Delivery Reforms

- ACOs experienced challenges with reimbursement for care management activities such as time patients spent with care managers and home visits.
- Policymakers should focus on levers that can improve patient care regardless of buy-in from providers. For example, some ACOs lacked buy-in for required care plans which could limit how effective the care plans were at improving patient outcomes. Conversely, requirements such as same-day scheduling may benefit patients even if buy-in is low.

Financial Alignment

- Chronic Care Management billing is challenging – only ACOs with significant resources and those that were savvy on billing incentives met requirements. ACOs often relied on new software or an external company to meet requirements.
- ACOs were motivated to enhance billing – ACOs described activities developed because of requirements for Chronic Care Management billing and annual wellness exams.
- Policymakers could consider developing incentives that small practices can utilize without investing substantial upfront resources.