HW HealthTeamWorks Workforce_Development

5 Identifying Patients for Episodic Care Management

Introduction & Learning Objectives

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Episodic Care Management is the provision of short-term care management services for patients that are experiencing an acute event, a care transition, or an exacerbation of a chronic condition.

Under normal circumstances, these patients are generally stable and able to manage self-care however the event has compromised that ability.

Learning Objectives

Following the completion of this course, the learner should be able to:

- Clearly describe the circumstances that would determine whether a patient would benefit from episodic care management.
- Apply risk stratification concepts to prioritize patients for episodic care management that adhere to the standards of the practice or organization.

Patients Who Benefit from Episodic Care Management

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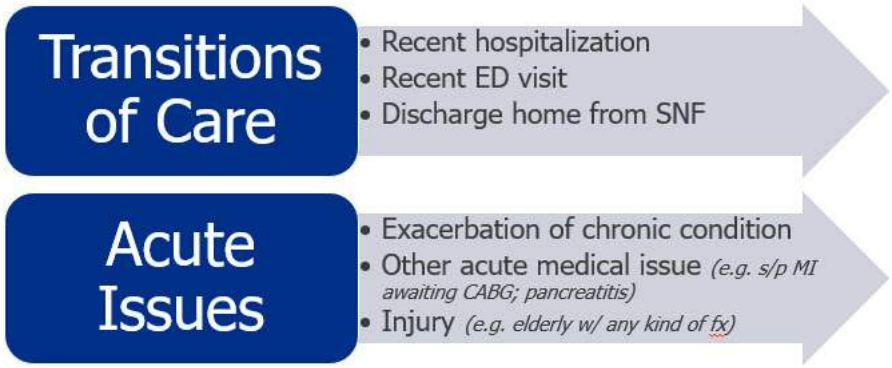
The most common patients identified for ECM are those that are experiencing what is called a "transition in care". These patients are moving from one setting of care to another and, due to this transition, they are at high risk for being admitted (or readmitted to the hospital) for something that is potentially manageable in the ambulatory setting.

Patients experiencing a transition in care are:

- those discharged from the hospital,
- those with an emergency department (ED) visit, and;
- individuals discharged from a skilled nursing facility (SNF).

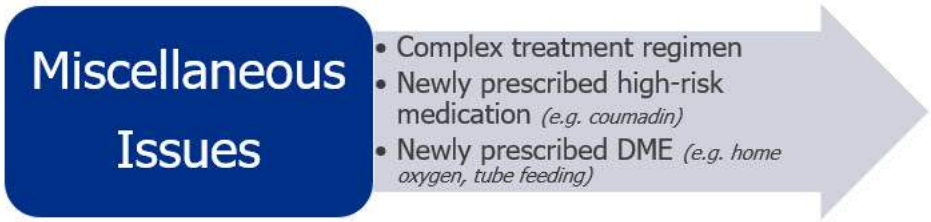


These patients need rapid re-integration back into primary care, to ensure the "seams" of care are closed. Typically, they require 14-30 days of follow up at regular intervals, depending on their risk status and the reason they were seen in the hospital or ED.

The next category of individuals who benefit from ECM includes those experiencing an acute issue that requires extra assistance and TLC.

Examples include:

- Exacerbation of a normally stable chronic condition. These individuals need remote symptom monitoring, coordination with the PCP and possibly the lab or pharmacy, and may need renewed education about nutrition, activity, and other self-management techniques until they are stable again. This type of proactive care can reduce visits to the ED and hospitalization significantly.
- Patients experiencing an acute medical issue (e.g., a hiatal hernia that requires surgery, but surgery is not scheduled for several weeks; or a patient awaiting coronary artery bypass surgery (CABG) post heart attack) will benefit from episodic care management for remote monitoring, support, and education. Again, this population is at risk for ED and hospitalization for issues that may be treatable in primary care, so proactive monitoring provides great value to the practice.
- Patients that have experienced an injury might benefit from ECM. One example is an elderly patient with any kind of fracture.



And the last category is miscellaneous. Not all patients that fall into one of these will need ECM, but it's worth looking at their risk score, psychosocial factors, and family support to determine if the extra assistance of ECM is required.

These examples might include:

- Patients undergoing a complex treatment regimen (e.g., osteomyelitis or bone infection, with ongoing IV antibiotics either at home or through an infusion center; long term wound care or wound vac)
- Patients newly prescribed a high-risk medication (e.g., coumadin, a blood thinner)
- Also, patients that have been newly prescribed certain durable medical equipment (DME). This doesn't apply to a patient that just received a new cane or walker, it's really referring to DME that is more "life-saving". Like home oxygen or home enteral therapy.

How Long Should Patients be in Episodic Care Management?

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Nurses that are new to the care management role in primary care often ask the question:

"How long should I keep a patient enrolled in episodic care management?"

The answer isn't straightforward. On average, patients will require anywhere from a few days or a week, up to four to six weeks. Certainly, the more complex a patient is, the more time they will need to be followed.

Patient Type	Average Length of time in Episodic CM
Recent hospitalization	30 days
Recent ED visit	1 week (1 outreach, possibly 2)
Discharge home from SNF	30 days
Chronic condition exacerbation	2 – 6 weeks
Acute medical issue	2 – 6 weeks
Injury	1-6 weeks (Wide variance, depending on the injury)
Complex treatment regimen	Duration of regimen (may need to enroll in Longitudinal CM)
Newly prescribed high-risk medication	30 days
Newly prescribed DME	1-4 weeks

**These are estimates only; each patient and their response to care is unique and therefore will require personalized planning/adaptation to needs*

This table provides some average estimates for the length of time to follow patients in ECM. Keep in mind these are only ballpark estimates, and the unique concerns of each patient should drive the plan.

- Most patients discharged from the hospital or a SNF should be followed for 30 days, with a standard assessment and protocol that is followed.

- Most patients discharged to home from the ED only require 1 outreach – sometimes 2, to assess for symptoms and determine if the patient needs to be seen by the PCP.
- For patients experiencing an exacerbation of a chronic condition like diabetes or COPD or CHF and those experiencing an acute medical issue – there can be considerable variance in the amount of time they will need to be followed, depending on how severe the exacerbation or acute issue is, if new medications are being prescribed, and many other factors to consider.
- For patients with an injury or on a complex treatment regimen, again, there is a fair amount of variance here. Patients on a complex treatment regimen should be followed for the duration of the treatment, or until it is evident that they are self-managing and have appropriate follow up.
- Newly prescribed high-risk medication should be followed for 30 days to determine the patient's response to treatment. This will allow for early intervention if needed.
- And last, patients being prescribed new DME such as new home oxygen, or perhaps a tube feed – or those with a new colostomy or urostomy and needing to use an appliance that's fitted well so the skin doesn't break down – can benefit from ECM. If a patient is receiving basic DME like a cane or walker or elevated toilet seat, it's generally not necessary to follow them in ECM.

As you become familiar with common scenarios, you will most likely develop your own process to follow for different types of patients and you will likely develop another process for patients that turn out to be more complex than the usual scenario you see. For example:

- A patient discharged from the hospital with a diagnosis of pneumonia and sent home with oral antibiotics
    - A standard time frame for this would be about 30 days in ECM.
    - If the patient is not responding to treatment, and requires additional interventions, you may need to keep following them for another week or two.

Using Risk Stratification to Prioritize Patients for Episodic Care Management

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Using your practice's risk stratification methodology to segment the highest priority patients for ECM is important, especially if the practice has a large panel of patients and only one Care Manager.

As you recall, we talked about risk stratification in the first course and shared two different examples of risk stratification methods.

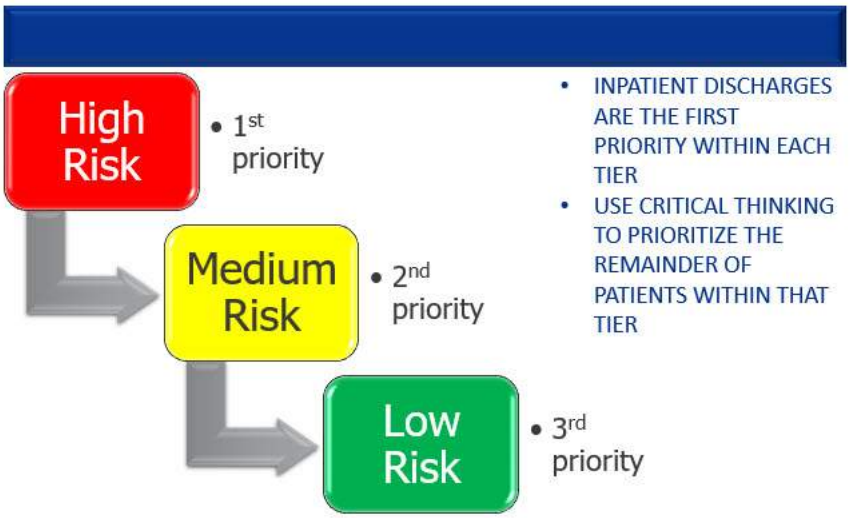
The key to understanding is that risk stratification is an important aspect of ECM. It serves a few functions:

1. It will help you to know which patients are the highest priority (e.g. high-risk).
2. It will also help you prioritize the work across the team, to ensure all patients that NEED ECM will receive it.
3. It may also give you an idea of the type of care you may need to provide during the ECM process.

For example, if your practice uses a 5-tier (or more) method, the patients in the highest tiers may be at end of life, or so complex that end of life discussions need to take place. This knowledge can provide immediate direction for the Care Manager.

Please note that practices using a 3-tiered method probably cannot rely on that trick, because the high-risk group will likely encompass a broader population.

You have many competing priorities and responsibilities as a Care Manager; phone calls from patients, staff questions because you're a trusted and knowledgeable leader, and you're possibly asked to provide education to patients with a new diagnosis or to perform tasks because someone is out sick. Because of the many responsibilities, it's imperative you use risk stratification and any other resources available to prioritize the work.



When identifying priority patients for ECM,

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1. FIRST, follow the flow of risk tiers: start with the highest risk patients and work your way down to the lowest risk patients. This might seem like stating the obvious... but it helps to have this reminder, especially for care managers who are super busy and struggling to figure out how to approach this work.

2. Within the risk tiers, it's helpful to start with the inpatient discharges. These are typically the patients that are most at risk for adverse events, poor outcomes, and readmission.

3. Next, within that tier, you will outreach to the ED discharges and other patients that have been referred to you.

Follow this process through each tier to work your way through the tiers.

You might be thinking, "okay, this is all well and good, but what am I supposed to DO with these patients?" We will cover that topic in a future course, Developing Your Processes and Workflows.

Test Your Knowledge

Question

01/05

What circumstances determine if a patient could benefit from ECM? (Choose all that apply.)

- [ ] Exacerbation of an acute condition that had been stable.
- [ ] Recent ED visit for a minor head contusion.
- [ ] A patient experiencing a transition of care.
- [ ] The patient just began using a cane for the first time.

Question

02/05

The most common candidates for ECM tend to be those who are experiencing recent transitions in care.

- ◯ True
- ◯ False

Question

03/05

When determining how to prioritize tasks for risk stratifying patients, the recommended order is:

- Begin with those in the low-risk tier so that you can quickly reduce the size of your panel.
- Start with high-risk, then evaluate medium risk patients and finally the low-risk tier
- You don't need to risk stratify.

Question

04/05

All patients who are enrolled in ECM receive care for the same amount of time.

- ◯ True
- ◯ False

Question

05/05

Which of the items below fall into the Miscellaneous issues category? (Choose all that apply.)

- [ ] Complex treatment for a relatively simple medical issue.
- [ ] A recent wound that required 10 stitches.
- [ ] The prescription of high-risk medications.
- [ ] The patient is using complex durable medical equipment.

Activity Instructions

Practical application of what you are learning helps with skill development and retention. We have created an activity that will guide you in that type of application.

- [ ] Visit https://www.healthteamworks.org/resource/essentials-care-management-activities-and-resources.
- [ ] Find and download the activity assigned for this course.
- [ ] Complete the activity. You are encouraged to work with your team to complete the activity.
- [ ] Email the completed activity to caremanagement_nachc@healthteamworks.org.
- [ ] Make sure to add the Course Activity Title you are submitting and your full name to the Subject Line of your email.
- [ ] You will receive feedback on your completed assignments.