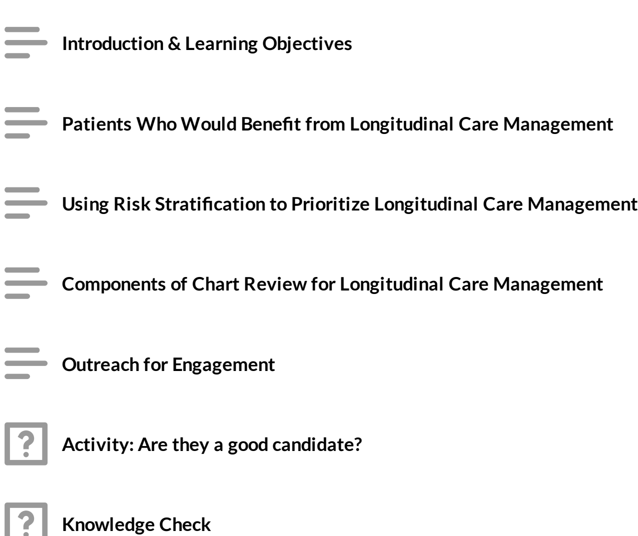
HW HealthTeamWorks Workforce_Development

9 Identifying Patients for Longitudinal Care Management



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Introduction & Learning Objectives

01:05

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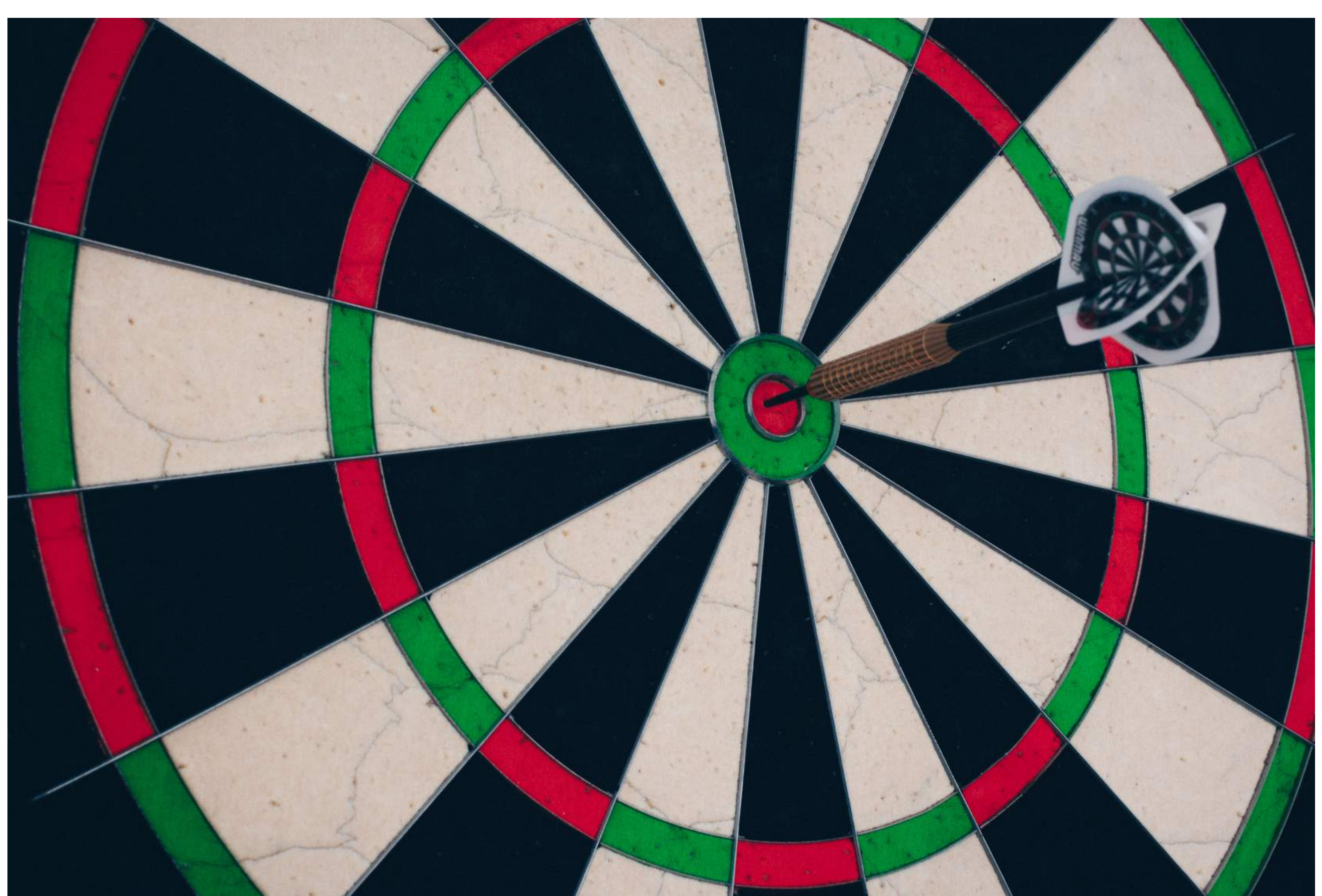

Longitudinal Care Management (LCM) is the provision of care management services for patients experiencing significant clinical, mental/behavioral, and/or psychosocial issues that may impair positive health outcomes. How do you determine if a patient is a good candidate for LCM? In this course, we will discuss methods for risk stratifying patients and how to introduce LCM in your practice.

Learning Objectives

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

- Properly describe the circumstances that would determine a patient would benefit from Longitudinal Care Management.
- Apply two-step risk stratification to prioritize patients for Longitudinal Care Management that adheres to the standards of the practice or organization.
- Compare several examples of patients who may or may not benefit from Longitudinal Care Management.

Patients Who Would Benefit from Longitudinal Care Management

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Patients may need LCM anywhere from several months to a year or longer. It is relationship-based, patient-centered care that is tailored to the unique needs of the patient.

- Chronic condition, with declining function (e.g. MS, ALS)
- Combined medical, behavioral, & psychosocial challenges
- Frail elderly

COMPLEX CARE NEEDS

- Diabetes
- COPD
- HF & other cardiac
- HTN with ensuing complications
- Liver Disease
- Renal Disease

LONG-STANDING UNCONTROLLED CHRONIC CONDITION

- Stroke
- Dementia
- Traumatic Brain Injury

COGNITIVE CHANGES THAT IMPAIR FUNCTIONING

There are several reasons a patient may benefit from LCM:

- Complex care needs (individuals with a combination of medical, behavioral, and psychosocial challenges)
- Uncontrolled chronic condition with a pattern of ineffective self-management (Diabetes, COPD, HF, etc.)
- Cognitive changes that impair functioning (e.g. dementia, traumatic brain injury) .

It’s also important to note that patients with high utilization of services are commonly targeted for Longitudinal Care Management. In more cases than not, these individuals will benefit from the service. However, in your work with these patients, it will be imperative to dig into the patient’s history and patterns to understand the reason behind high utilization. The high utilization is merely a SYMPTOM of other issues and, more likely than not, these other issues are rooted in medical, behavioral, and social concerns.

Lesson 3 of 8

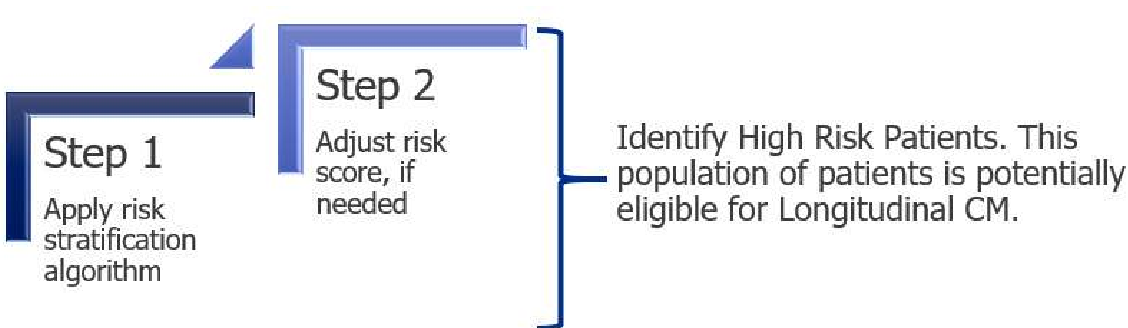
Using Risk Stratification to Prioritize Longitudinal Care Management

Click to Play Audio

As you recall from “Identifying Candidates for Care Management”, risk stratification is foundational to all of the work you do in Care Management. Having an effective process to risk stratify all empaneled patients will be key to your success in not only identifying the patients that may benefit from LCM, but it also helps with prioritizing those patients.

Remember for LCM, the key is to focus on the high-risk patients. This is the population that will benefit most from your interventions.

If your risk stratification tool provides a "score" in addition to their risk level, you can also use the risk score to prioritize within the high-risk group.

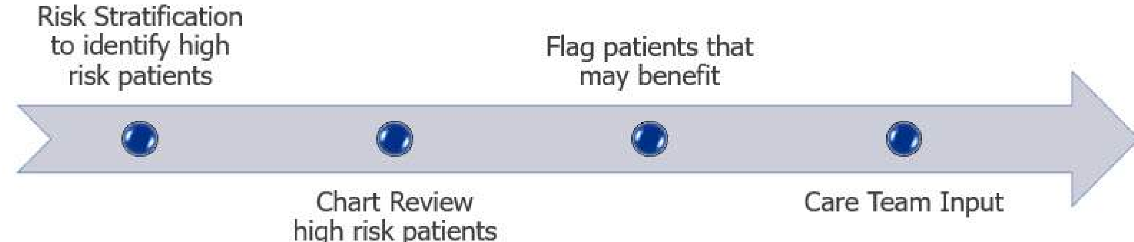


For example:

- John Doe – high risk – risk score is 16 (out of 20)
- Sheila Jones – high risk – risk score is 13 (out of 20)
- Charles Smith – high risk – risk score is 20 (out of 20)

In this example, prioritize your chart reviews with the highest risk score first, and use reverse chronological order to work your way through the list. This means you would prioritize chart reviews (and deployment of services if the patient qualifies) in this order: Charles, John, then Sheila.

If your practice does not have a process to risk stratify the patient panel, it will be important to work with the team to get one implemented. Care Management is a very expensive resource that should be reserved for the patients that are most likely to benefit. And an effective risk stratification methodology will enable you to do just that!



Once you know who the high-risk patients are, start by completing a chart review for each patient. You're looking to find patients that fall into any of the three categories we mentioned earlier:

1. Complex care needs
2. Long-standing uncontrolled chronic condition
3. Cognitive changes that impair functioning

As you complete the chart review, flag the patients that you believe may benefit from LCM. If you do not have an easy process to flag patients in the EHR, you can simply print a list of the high-risk patients and highlight the ones you believe may benefit.

After you have identified potential candidates, meet with the provider and/or care team to gather their input. Providers and care teams know which patients will be amenable to CM services, which ones need it the most, and which ones are least likely to engage. Gaining their guidance and buy-in will help to enhance engagement from everyone involved.

A couple of additional things to point out before moving on:

- Some practices, when they're getting started in this work, choose to have the Care Manager focus on a single condition that's prevalent in the high-risk population (like diabetes or COPD). This strategy is perfectly acceptable, especially if you're brand new to ambulatory care and this is a new role for the practice. By taking a strategic and timed approach like this, you will gain consistent experience working with one condition while developing protocols for the work that can then be applied to other conditions.

- If your practice has taken a broad approach (meaning – enroll anyone that qualifies), but you're feeling scattered and having difficulty making sense of your work, talk with your manager about the possibility of using a more focused approach (e.g.,

focus on high-risk patients with diabetes) until you are more experienced in your role.

- Trust the care team – If they indicate that a patient is an ideal (or less than ideal) candidate, follow their guidance. They know the patients best and, until you build more confidence in your role, you really want to target working with the patients where you will quickly get engagement and make progress. Success builds confidence! And each patient's success is also your success!

Components of Chart Review for Longitudinal Care Management

When completing a chart review to determine whether or not a patient might be a good candidate for LCM, these are some key areas to look at:

1. First, look at their history to see if they fit into any of the three categories we previously talked about:
   - Complex care needs
   - Long-standing uncontrolled chronic conditions that can improve with CM intervention (DM, COPD, HF, etc)
   - Cognitive changes that impair functioning.
2. Multiple specialists involved in the patient's care?
3. Are they taking a lot of medications?
   - This is a very high indicator for risk, especially if there are multiple specialists involved.
4. Are there any concerning social factors?
   - Little to no support, transportation issues, difficulty paying for medications, other financial issues, housing instability, etc.
5. And what does their utilization over the past 12 months look like?
   - This may provide insight into how well the patient is self-managing, and if they are using the ED for primary care treatable issues.

As you're conducting the chart review, consider if the patient truly needs the service of LCM and if they will benefit from it.

Some patients may meet risk stratification criteria, meaning they're high risk, but may not actually benefit from LCM. Examples of this include:

- [ ] ESRD patients that receive hemodialysis three times a week – oftentimes, these individuals have a social worker through the dialysis center, and they're assessed by a nurse three times a week. Additionally, these patients are mostly managed by their kidney specialist. Sometimes adding in another Care Manager from primary care can complicate things rather than

coordinate. If you have patients in this category, critically assess their need for LCM services. One alternative might be to reach out to the dialysis center and provide the Social Worker/Care Manager there with your contact information for any issues that arise.

☐ Some patients may be high risk and very complex, but they have the support they need in place, like family/caregiver support, home care, DME.

☐ Patients going through cancer treatment fall into a similar category as those attending hemodialysis. You will want to critically assess their care and determine if they would benefit from the additional assistance.

Additional Questions

- Medical history – look for long standing uncontrolled chronic conditions
- Does the patient have complex care needs? (refer to the chart if needed!)
- Any history of cognitive impairment/changes?
- Polypharmacy?
- Multiple specialists involved in patient's care?
- Social factors:
  - Does the patient have support?
  - Insurance? Prescription coverage?
  - Transportation issues?
- What is their utilization over the last 12 months?

Important Tip: You can complete a chart review like this in less than 5 minutes per patient. You're looking for key pieces of data that tell you whether or not they might be a candidate.

It will be tempting to spend a lot of time on these chart reviews, but please hold back from doing this!

The point of this chart review is to simply gather enough information to determine whether or not the patient might be a candidate for LCM.

If you believe a patient will benefit from LCM, flag the chart in the EHR, or highlight the patient's name on the list, and gather care team input on the patients you've flagged. Once you have the list of candidates, begin outreach to determine if the patient is agreeable to participate in LCM.

Outreach for Engagement

01:22

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Unless your practice makes a lot of referrals, much of the work to engage patients in LCM requires cold calling a patient that has been identified through chart review and confirmed as a candidate by the care team.

Cold calls are particularly challenging, so here are a few strategies to try for engaging patients. If you have other strategies that you've tried, please share in a discussion post!

- [ ] If the care team strongly believes a patient would benefit from LCM but are concerned about the patient's willingness to engage, try having the care team member in the practice who knows the patient make the outreach and warm hand-off to the Care Manager. Don't rule out the possibility of front office staff participating in this task. The front office staff are the face of the practice, and sometimes develop strong bonds with the patients.

- [ ] If possible, gain permission from the providers on the care team to use their name when cold calling patients for LCM. Try phrases like:

  - "Dr. Smith asked me to reach out to see how you're doing and to see if we can provide some extra assistance to you for ________."
  - "Dr. Brown wanted me to check in with you. How are you doing?"
    - Based on the patient's response, offer to provide LCM support for whatever challenge they've described.

Activity: Are they a good candidate?

Question

01/03

Lisa J. is a 48-year-old married female with 2 teenage children. She has type 1 diabetes and struggles to keep her glucose under control. She has multiple complications including severe nephropathy and recently had a heart attack. She needs a bypass but cannot have surgery until her glucose is under better control. She has a risk score of 14 out of 20 so she's considered high-risk.

At her office visit today, her physician proposed the idea of her participating in LCM to work toward getting her glucose under control, so she can have the surgery. She asked a lot of questions about what's involved in LCM, but ultimately said she'd be willing to consider it.

Should Lisa be enrolled in longitudinal care management?

- ○ YES – definitely enroll in LCM. She's a candidate based on all of the criteria and has also expressed a willingness to participate.
- ○ No

Question

02/03

Chris D. is a 19-year-old male with severe gastroparesis. He has had 27 visits to the ED in the last 12 months and has had 3 hospitalizations in the same 12 months. He has disengaged from primary care, has not been seen in over 18 months. He's had 2 missed appointments and his risk score is 19 out of 20.

The previous CM attempted to engage the patient in LCM, without success as the patient has not returned calls when staff have left messages.

Should Chris be enrolled in longitudinal care management?

- [ ] Yes

- [ ] No - At this point in time, wait to enroll because the patient has been disengaged from the practice and self-care. A cold call to this patient likely will not be successful.

Question

03/03

Walter S. is a 72-year-old, married and caring for his wife (at home) with dementia. He has heart failure which is worsening, with two exacerbations that required hospitalization in the last 4 months. He is getting progressively weak with no identified cause.

He refused short-term rehab after the most recent hospitalization, due to needing to be home to care for his wife. Walter is emotionally exhausted from being a full-time caregiver and has one daughter who lives close by but works a full-time job and has limited availability to help.

He is a retired executive with a good pension and insurance, so he has financial resources but doesn't know where to turn for help. Walter's risk score is 12 out of 20.

At his wife's office visit today, the PCP noticed Walter looked exhausted. After some discussion, he proposed the idea of CM to help 'get things under control', and he agreed.

Should Walter be enrolled in longitudinal care management?

- ◯ Yes – definitely! Enroll both he and his wife in LCM, and work on the care for both of them simultaneously. He needs assistance in providing care for his wife so he has the capacity to care for himself, and he also needs help with managing his HF.

- ◯ No

Knowledge Check

Question

01/05

What is 2-step risk stratification?

- ◯ A method that includes clinician insight to identify the patients who qualify for LCM based on risk
- ◯ An approach to rank the most cooperative patients no matter their condition
- ◯ A way to figure out the care teams who are easiest to work with

Question

02/05

What factors determine if a patient would benefit from LCM? (Choose all that are correct.)

- [ ] Complex care needs
- [ ] One or more uncontrolled chronic conditions
- [ ] A high risk stratification score
- [ ] Cognitive changes with impaired functioning

Question

03/05

When beginning LCM, work with the care team to determine who the most likely engaged candidates are. They know their patients.

- ○ True
- ○ False

Question

04/05

Chart reviews are a necessary step in choosing the best candidates for LCM. How long should you spend on average reviewing each chart?

- 5 minutes
- 15 minutes
- 30 minutes
- 1 hour

Question

05/05

Cold calls are the most often used type of outreach to patients. Strategies for success include: (Choose all that are correct.)

- [ ] The Care Manager should call everyone to see who is interested
- [ ] Try to get the care team involved as they know the patients best
- [ ] With permission, mention that the PCP asked the Care Manager to call
- [ ] Letters are better than calls

Activity Instructions

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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.