San Francisco Health Service System
Health Service Board

Emerging Trends in Care Coordination and Management

August 8, 2019
Understanding the Member Experience in the Healthcare System

What are potential member support programs at various touchpoints in health care journey?

Our focus today: the member as patient
Evolution of Care Coordination and Management

2000s
- Case Management
  - Focused only on high cost claimants
  - Provided by the health plan
  - Financially focused

2010s
- Care Coordination
  - Passive disease management programs
  - Provided by the health plan or a third-party vendor (with or without an incentive)
  - Disease focused

Emerging (2020s)
- Population Health Management
  - Holistic care management and coordination
  - Provided by the health plan or a third-party vendor
  - Individually focused on holistic well-being based on the individuals needs
What is Population Health Management?

- Population Health Management means:
  - Proactive application of strategies and interventions…
  - To defined cohorts of individuals…
  - Across the continuum of health care delivery…
  - In an effort to maintain and/or improve the health of the individuals within the cohort…
  - At the lowest necessary cost

*Care coordination and management is key to the success of a full spectrum Population Health Management program.*
What are the Goals of Care Coordination and Management?

- **Member Experience**: Simplify the experience and elevate perceived value of benefits.
- **Program Navigation**: Optimize use of programs and resources and track impact to direct ongoing program management.
- **Health Improvement**: Improve member health and reduce health risk factors.
- **Provider Selection**: Increase utilization of best providers based on cost and quality outcomes.
- **Cost and Outcomes**: Reduce cost trend and improve health outcomes.
- **Clinical Guidance**: Improve care and treatment decisions and reduce waste.
Best Practice Care Coordination and Management Programs

- The ultimate goal of a successful population health management program is to support members in living longer, better lives

Source: [https://www.healthcatalyst.com/insights/4-population-health-strategies-drive-improvement](https://www.healthcatalyst.com/insights/4-population-health-strategies-drive-improvement)
The Continuum:

Live and Digital Care Coordination and Management

<table>
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<th>Goals</th>
<th>Simplify the experience</th>
<th>Elevate perceived value of benefits</th>
<th>Improve productivity</th>
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<tbody>
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<td>Increase engagement in programs</td>
<td>Improve health outcomes</td>
<td>Reduce healthcare cost trend</td>
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- **Live**
  - What does my plan cover?
  - Find the right doctor
  - Help with bills and forms
  - Understanding treatment options

- **Digital**
  - Connect to Employer Resources
    - Health plans
    - Care management
    - Behavioral health
    - Expert opinion
    - Telemedicine
    - Transparency
    - Prescription drugs
    - Enrollment management
    - Enrollment management
    - Well-being
    - Onsite services
    - Customer service

**Consumer Engagement**

- Health Data
- Consumer Data
- Campaigns

**Connect to Employer Resources**
Differentiators Among Care Coordination and Management Vendors

Health plans offer multiple care coordination and management models which vary across the spectrum of live and digital modalities above.
Differentiators Among Care Coordination and Management Vendors

Health plans offer multiple care coordination and management models which vary across the spectrum of live and digital modalities above.

Live
- Care Provider Navigation
- Clinical Care Manager
- Benefits Advocate
- Extension of Live Support

Digital
- Benefits Hub
- Consumer Engagement Engine

Live and Digital modalities are categorized as Core capability and Limited capability.
Care Coordination and Management Example

Member Services
- Program Navigation and Problem Resolution
- Clinical Guidance
- Provider Selection
- Health Improvement
- Provider precertification and UM/CM
- Refer to Third Party Solutions

Member

Providers

Telephonic Care Advocate
### Enhanced Care Management
- Health plan driven.
- Member focused.
- Continue member services.

### Facilitated Care Management
- Partial carve-out, vendor driven, member / physician focus.
- Interface with health plan member services, parts of UM management and vendor ecosystem.

### Guided Care Management
- Carve-out, vendor driven, member / physician focus.
- Replace health plan member services, DM/CM, measuring the outcomes based on specific impactable condition care.
- Interface with vendor ecosystem.

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**Consider various approaches as SFHSS develops the 2022 Request for Proposal.**