

NEMS Care Management Programs

Best Practice Conference
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NEMS Overview

NEMS RBO/MSO

Formed in 2000 with
1 MCP, 3k members
Professional Risk

As of 2021 there are
4 MCPs, 56k members
Professional Risk

NEMS -
FQHC since 1971, providing
Primary, Specialty, Dental,
BH, Vision, Lab, Imaging, HE
and Pharmacy Services

14 Clinic Sites

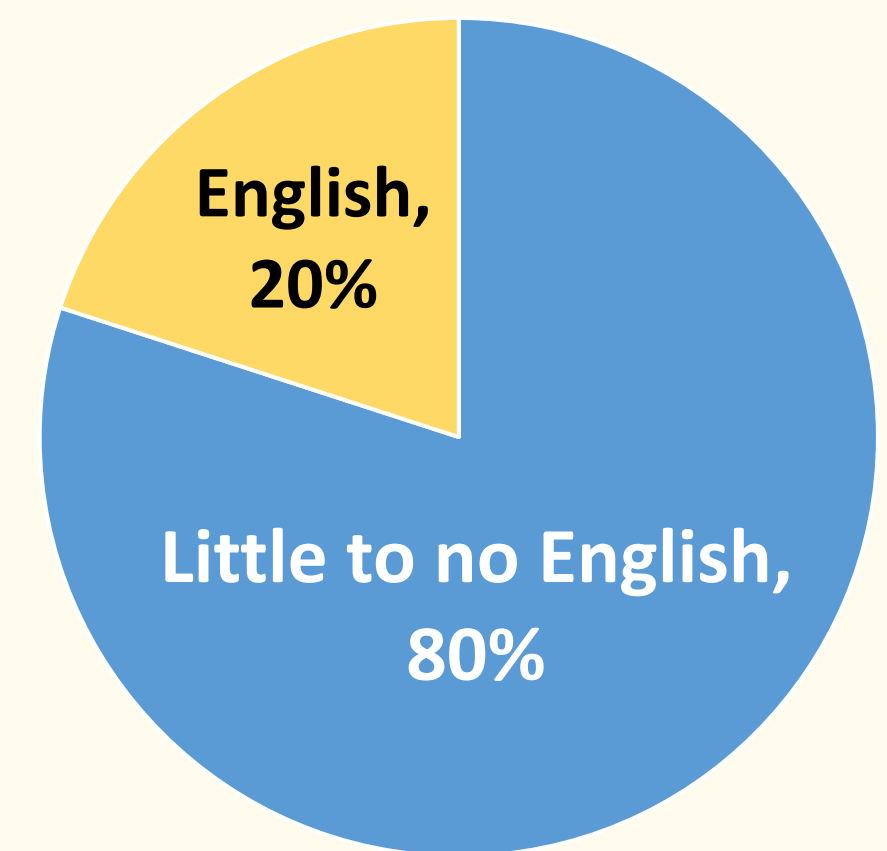
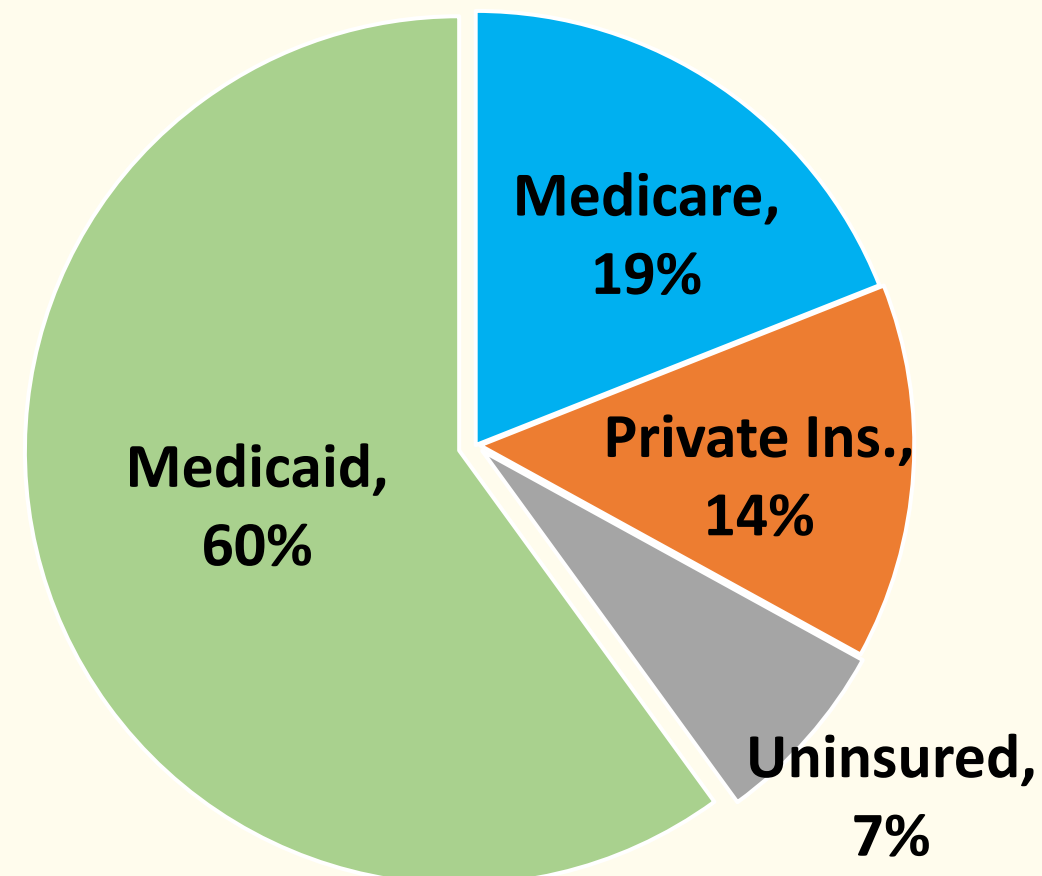
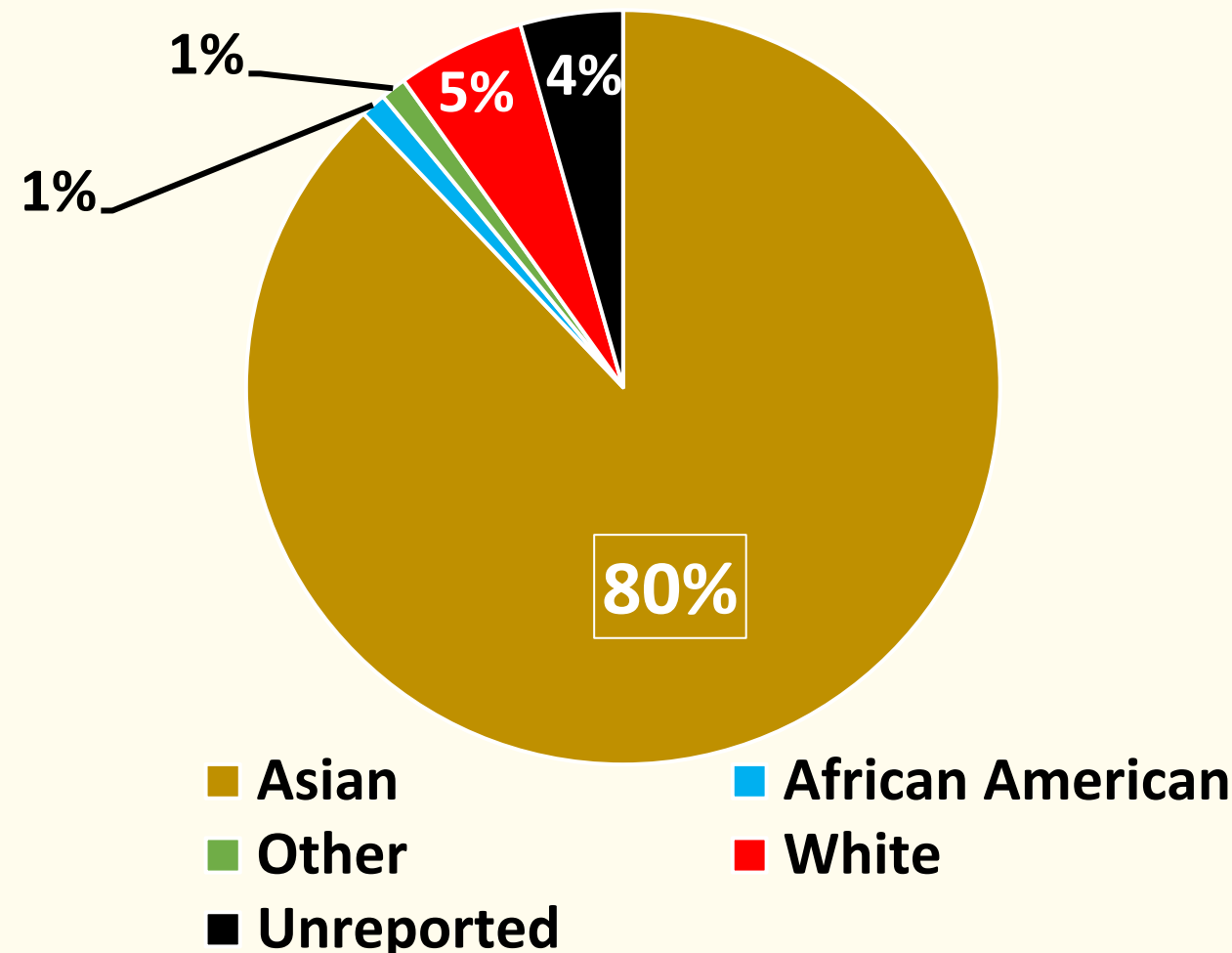
67+k
Patients

326+k
Encounters

NEMS PACE

Started in 4/2021
60+ Participants

Full Risk
All-Inclusive Care for
Dual-Eligible



Evidence to Support Care Management Needs

**4 MCPs totaling 56k members
Professional Risk**

**80% Better Served in
Language other than
English**

**Medicare Chronic Care
Management Program**

Goals of NEMS Care Management Program

- ✓ **Improve Patient Health Outcomes**
- ✓ **Reduce Unnecessary Healthcare Cost**
- ✓ **Improve Patient Experience**

**Handhold Patients as they Navigate through
the Complex Healthcare System**



NEMS CM Program Implementation

	CM Criteria & Activities	2011	2012	2013	2014	2015	2016	2017	2020
1	Health Needs Assessment	✓	✓	✓	✓	✓	✓	✓	✓
2	CCS Aged-out Transition	✓	✓	✓	✓	✓	✓	✓	✓
3	In-pt Post Discharge Assessment	✓	✓	✓	✓	✓	✓	✓	✓
4	UM review for chronic condition		✓	✓	✓	✓	✓	✓	✓
5	Stop Loss per paid claims data		✓	✓	✓	✓	✓	✓	✓
6	Care Coordination for Referred Services			✓	✓	✓	✓	✓	✓
7	Inpatient Stay > 10 days			✓	✓	✓	✓	✓	✓
8	2 or more Inpatient Admits in 6 months				✓	✓	✓	✓	✓
9	Acute Re-admit within 30 days				✓	✓	✓	✓	✓
10	Avoidable ER visit				✓	✓	✓	✓	✓
11	Frequent ER Flyer					✓	✓	✓	✓
12	RN Home Visit Post In-Pt discharge					✓	✓	✓	✓
13	Monitor Referral Tracking Activities						✓	✓	✓
14	Medical Interpretation Services							✓	✓
15	Medicare Chronic Care Management								✓

**Identifying
Patients**



**Staffing
Structure**



Training



**Operation
Standards**



**System
Configurations**



NEMS
Best Practices
CM Structure
and
Operations

Multiple Sources to Identify Patients

❑ From UM review:

- ✓ Frequent services requested and high-cost utilizer.
- ✓ Patients aged-out from state sponsored programs.
- ✓ Multiple admits, same DX re-admit, long in-pt stays.

❑ From Claims Adjudication:

- ✓ Avoidable ER visit, Frequent ER flyer;
- ✓ Patients reaching Stop-Loss threshold;
- ✓ Claims paid with high dollar, etc.

❑ From Post-discharged RN Home Visit.

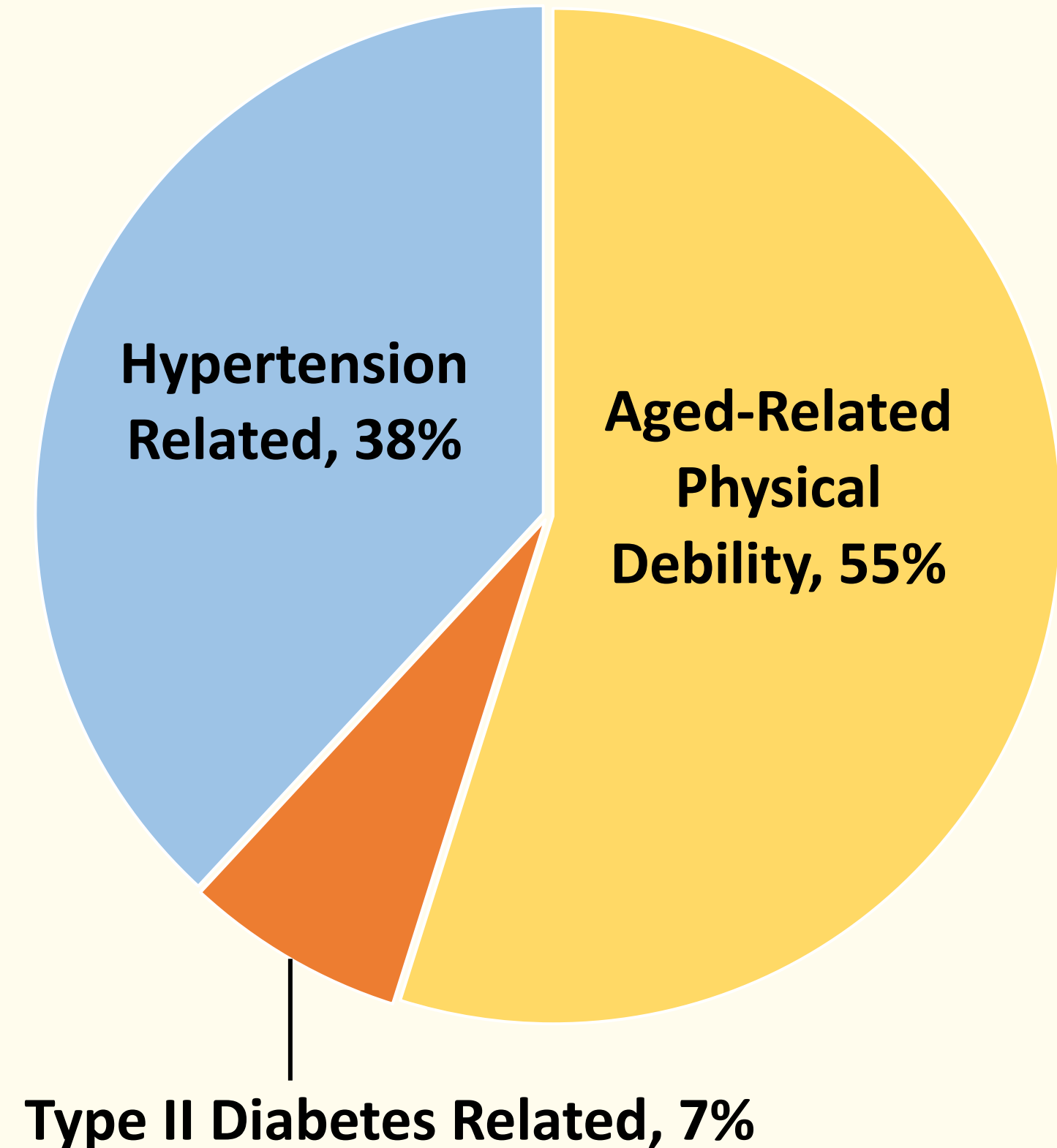
❑ From Health Needs Assessment (HNA).

❑ Member or caregiver self-referred.

❑ From Provider referrals.

❑ Managed Care Plan referrals.

**Top 10 Primary Condition Groups
of Members Enrolled in CM Program**

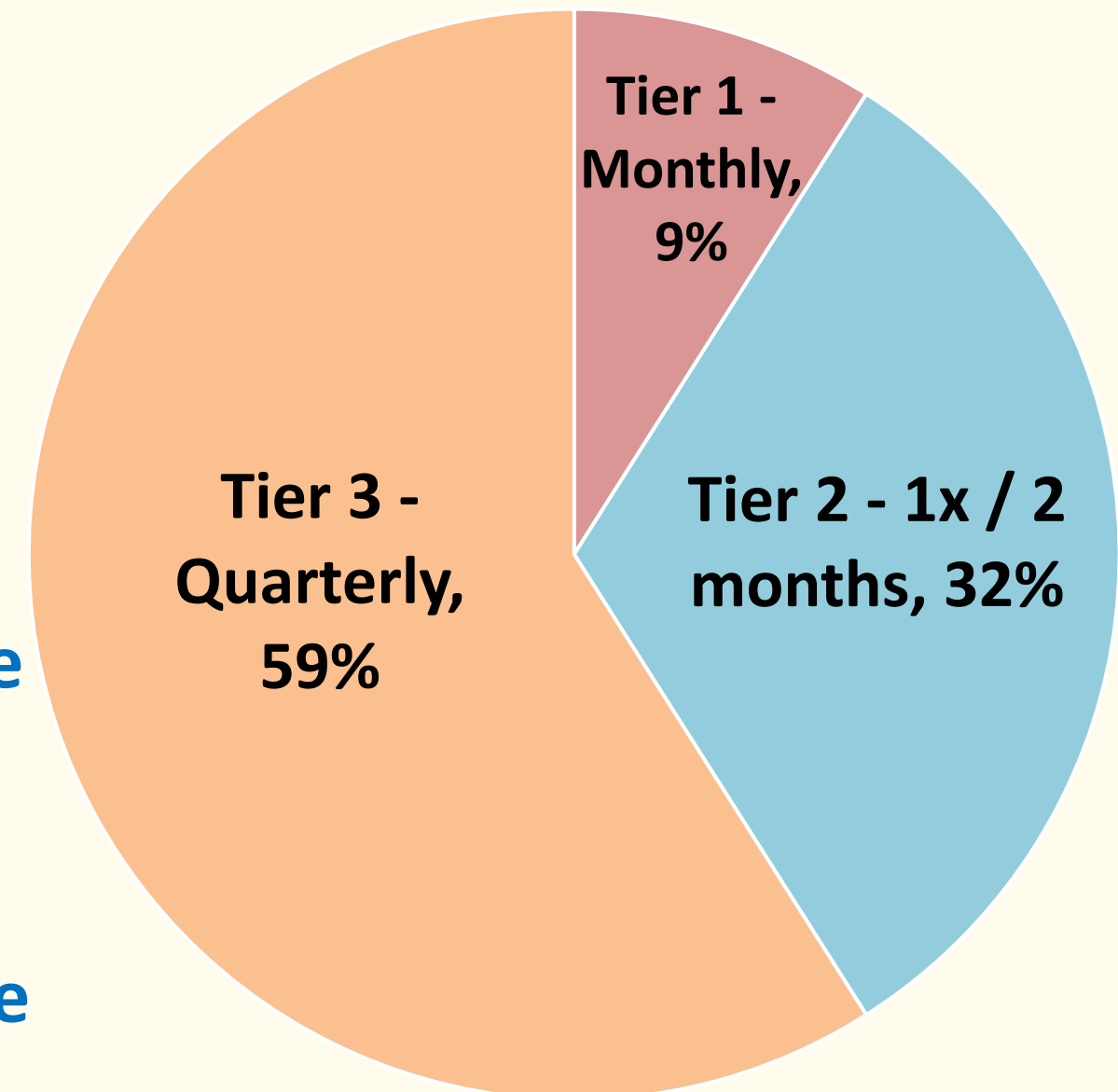


CM Staffing and Caseload

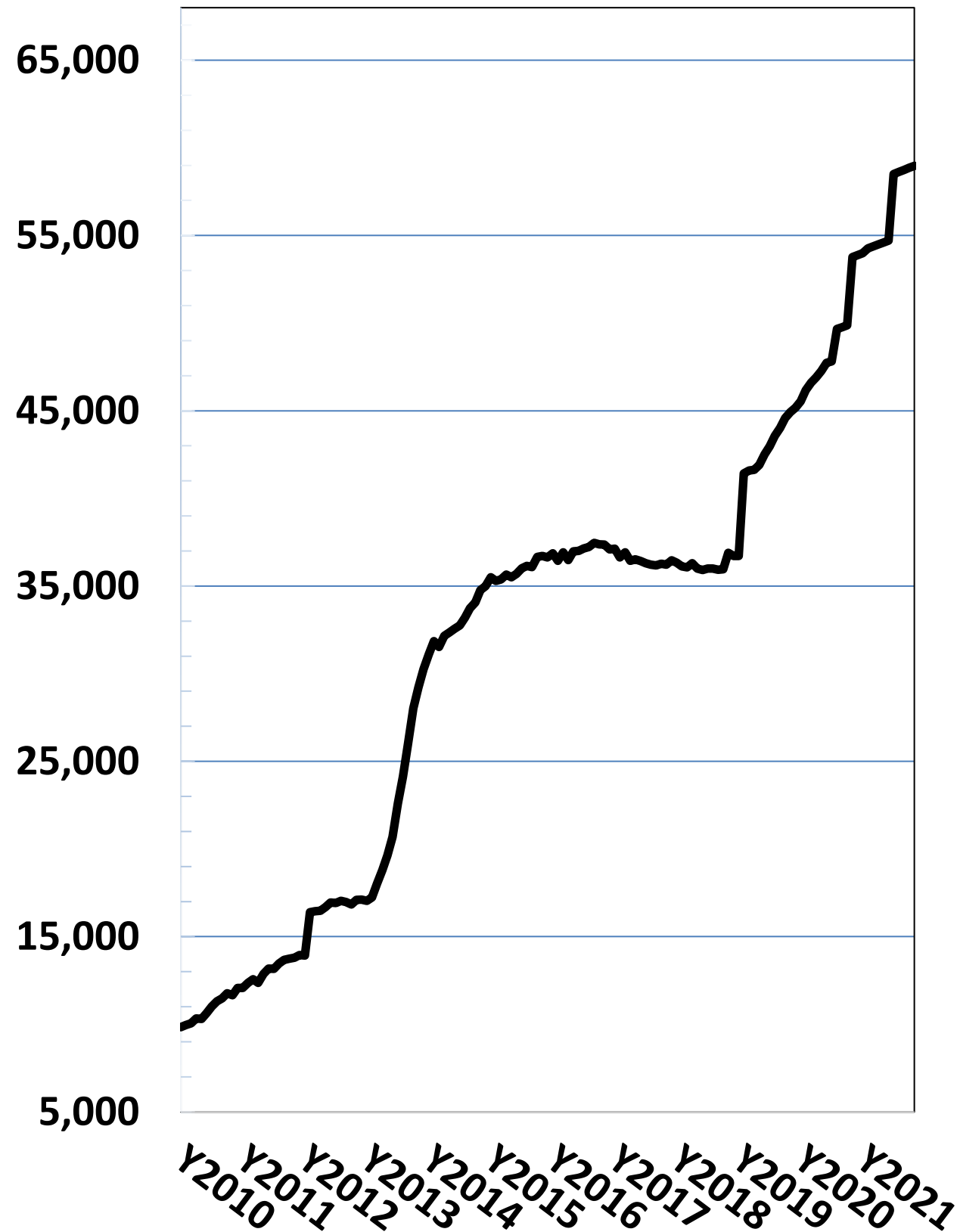
Current NEMS CM Team Composition:

- ✓ Non-licensed FTE = 18
- ✓ Licensed FTE = 3
- ✓ Current Active Cases = 4,165
- ✓ Caseload: Tier-design based on patients' needs, engagement and behavior.

- Basic CM focus on member activation, managed care services and network education, aged-out program transition, etc.
- Complex CM focus on modifiable risk factors, include assessment and planning, care coordination, coaching of self-management, connection to community resources, etc.



**RBO Membership Growth
2010-2021**



Staffing and Caseload Model is Adjusted Based on Growth & Need

CM Program Category	2018 Staff	2019 Staff	2020 Staff	2021 Staff	# of Patients Served Since 2018
Medicare CCM Program (condition focused)	9 FTE	13 FTE	15 FTE	21 FTE	3,397
Medicaid CM Program (utilization focused)					1,927
Care Transition (post acute-discharge)					4,241
Basic Care Management & Coordination					7,134
Complex Case Management					85
TOTAL					16,784

Before

Program Improvements from Lessons Learned

Now

Structure:

- ❑ Multiple teams and departments to provide CC/CM services (Provider, Nursing, Pharmacy, Health Ed, PHC, etc.), aimed to engage patients by all staff at any time possible.
- ❑ Documentation is done in EHR or Excel.

Issues:

- No common goals; each dept has its own specific focus and workflow; lack of oversight; siloed approach; no fluid communication, lacking collaboration across departments.
- No standard manual or guidelines to follow; no standard training during staff turnover.
- Documentation is either not done or incomplete; each dept requested specific customizations to the template. Mostly free text fields

Results:

- Low enrollment; high # of delivered services resulted with low # of reportable or billable services/encounters.

Structure:

- ❑ One Centralized CM Team. Team coordinates with clinical staff to enroll pts & provide CM services.
- ❑ Majority of services are documented in separate CM system, which is integrated with EHR.
- ❑ Created standard documentation templates and radio buttons that cover 98% of CM activities; eliminated free texting option.
- ❑ Detailed Program Manual including caseload, eligibility criteria, call scripts, toolkits and templates specific to conditions and outcomes.

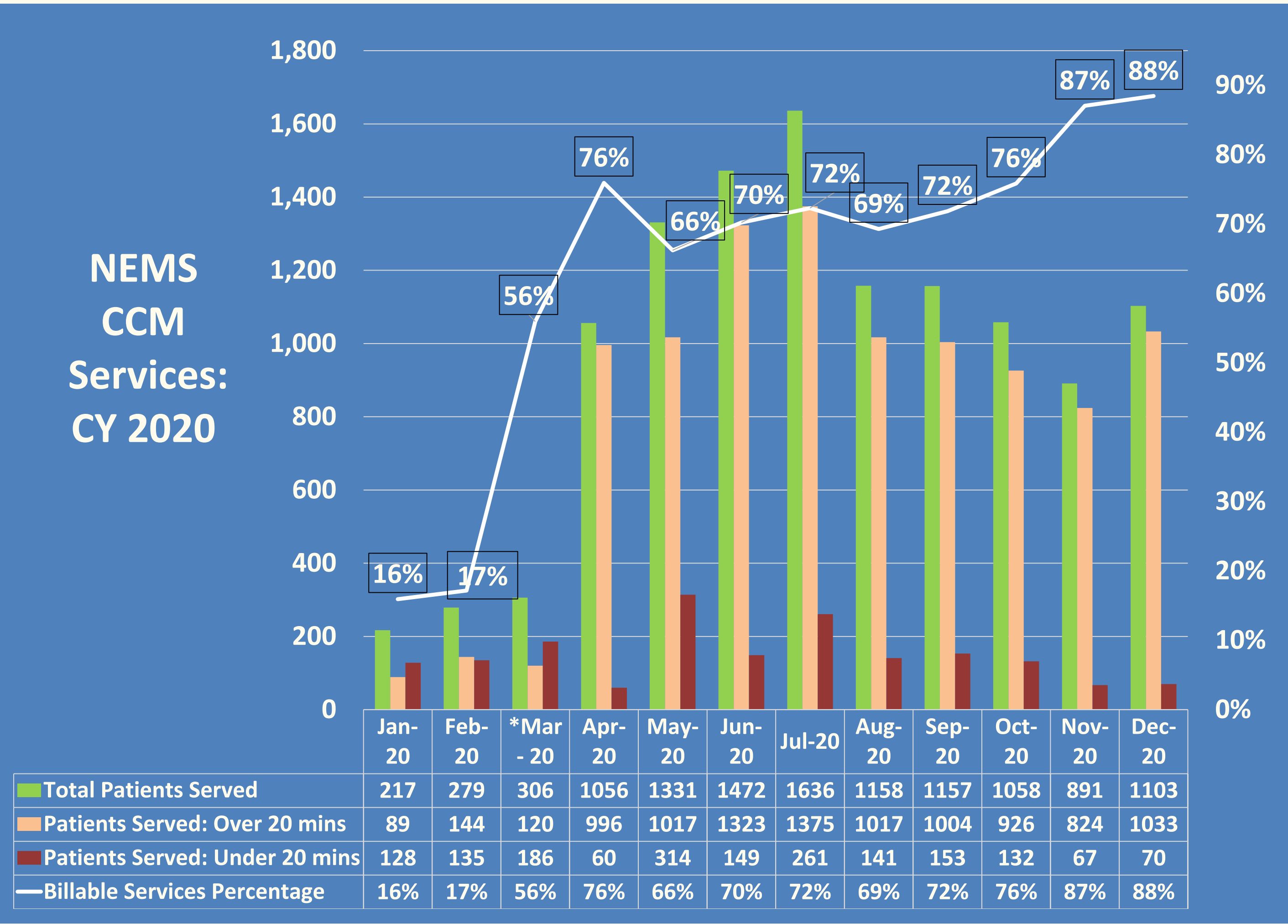
Results:

- Clear goals, oversight, protocol, and structured training to staff with clear expectations.
- More accurate capturing of CM activities and reporting/billing of program services;
- Increase in productivity, patient enrollment, engagement of services and patient satisfaction.

How does Standardizing Operations and System Configuration Effect CCM?

In late-March 2020, the Medicare CCM program was restructured with a standardized approach which let to:

- ✓ Increased in Enrollment and engagement.
- ✓ Increased in number of patients served.
- ✓ Increased in the percentage of billable services

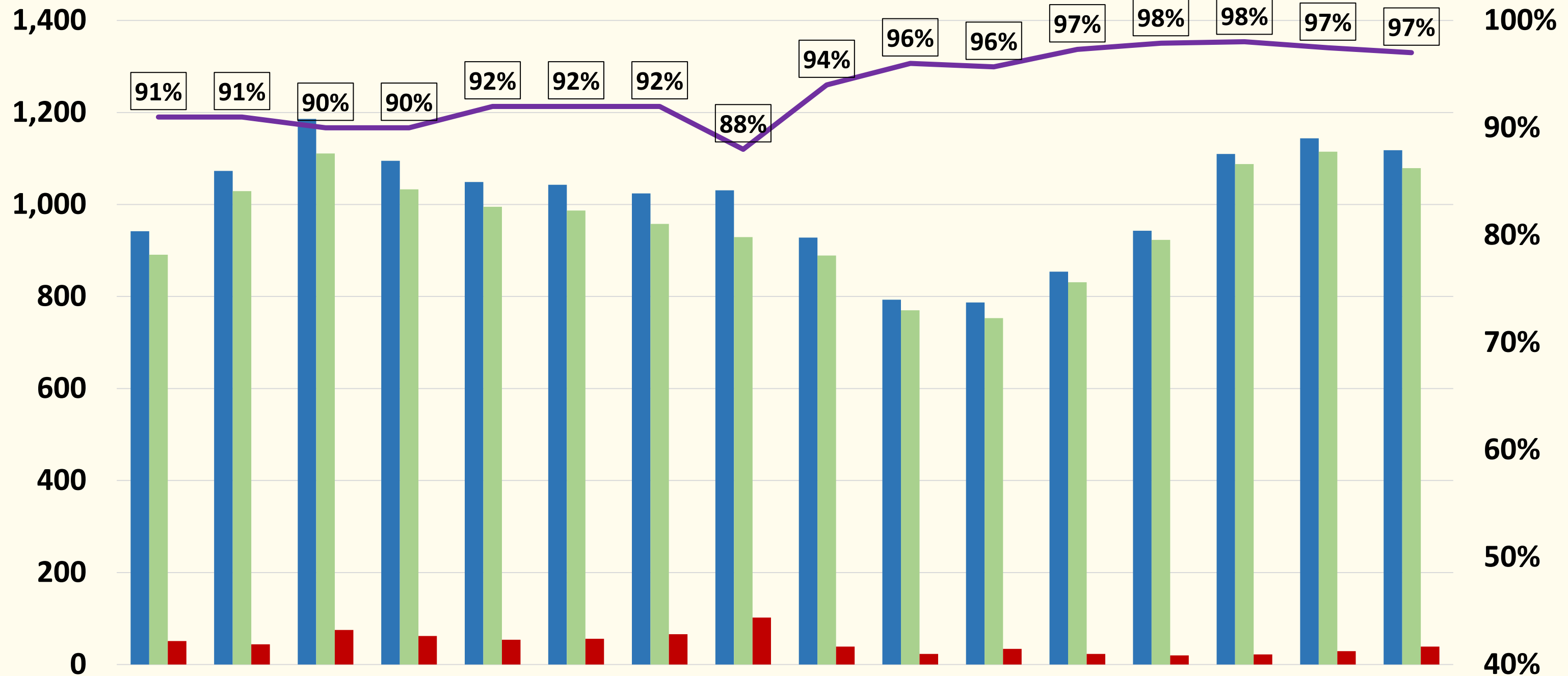


NEMS CCM Services: Jan 2021 – Mar 2022

Today, NEMS is averaging:

❖ **1,000+** CCM patients served per month


❖ **97%** of CCM services are billable per month



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Total Patients Served	942	1073	1186	1095	1049	1043	1024	1031	928	793	787	854	943	1110	1144	1118
Patients Served: >= 20 mins	891	1029	1111	1033	995	987	958	929	889	770	753	831	923	1088	1115	1079
Patients Served: Under 20 mins	51	44	75	62	54	56	66	102	39	23	34	23	20	22	29	39
Billable Services Percentage	91%	91%	90%	90%	92%	92%	92%	88%	94%	96%	96%	97%	98%	98%	97%	97%

CCM standardized workflows have continued to be effective to date!

Communication Materials to Engage Providers, Staff, and Patients




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Enhanced Care Management Provider Guide

Enhanced Care Management (ECM) provides systematic coordination of services and comprehensive care management for Medi-Cal members with high care needs, such as SMI/SUD, members transitioning from care facilities or those experiencing homelessness.



ECM CORE SERVICES

 Outreach and Engagement	 Comprehensive Assessment & Care Plan	 Enhanced Coordination of Care	 Identify Homeless Status & Refer to Housing Support
 Health Promotion	 Comprehensive Transitional Care	 Member and Family Supports	 Referral to Community & Social Supports

Key Talking Points: Explaining ECM to your Patient

- Extra care and supports at no additional cost.
- Will not lose Medi-Cal coverage or change Medi-Cal status when enrolling in ECM.
- Patient centered. Problem focused. Professionally trained care team to assist member in navigating through the healthcare system.
- Member can stop ECM services at any time.

For ECM Enrollment, Contact NEMS MSO Case Management Team

NEMS Case Management Contact Information:

- ECM/ CM Program Hotline: 415-352-5179
- NEMS ECM / CM Email: CaseManagement@nems.org
- Business Hours: Monday-Friday 8:30 am- 5:30 pm

*ECM provides additional support to help your patient and connect them to services they need to stay healthy

NEMS Rev. 11/2021

NEMS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

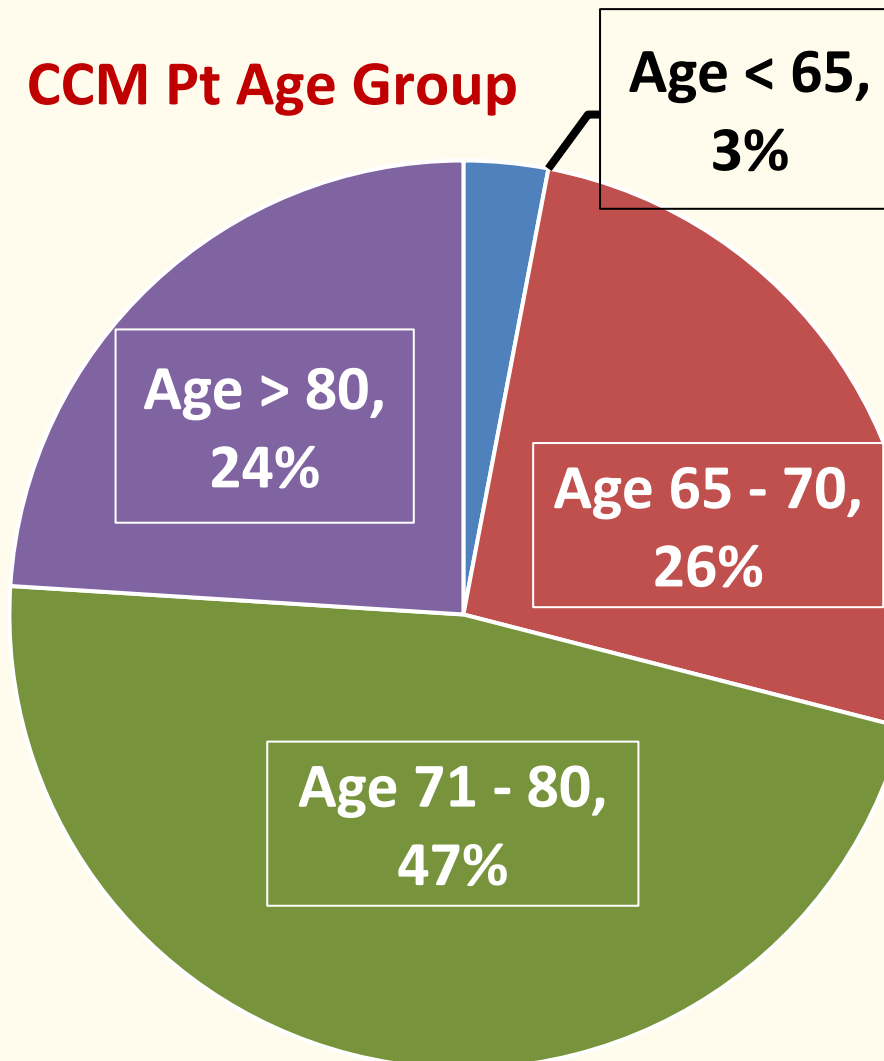
Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

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Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).

of Medicare Patient Ever Enrolled in CCM = 4,136 (44%)
Remained Enrolled = 32%

CCM Pt Age Group





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Chronic Care Management Program

If you are a Medicare beneficiary and have at least two (2) chronic conditions, such as Asthma, Diabetes, Hypertension, etc., you may be eligible to join our Chronic Care Management (CCM) Program at no cost. This covered benefit will provide you with a care team to help support you in managing your health.



Why should I join the CCM Program?

The CCM Program gives you personalized and connected care to help you better manage your health. Members of your care team will:

- Help you keep track of your health care needs;
- Work together to find preventative care solutions to keep you healthy; and
- Check in with you regularly to keep you on track and focused on your health care goals.



Who is part of my CCM care team?



If you're interested in enrolling or learning more about NEMS' CCM Program, talk to any member of your primary care team.

Patients enrolled in CCM report better health outcomes and management of their conditions

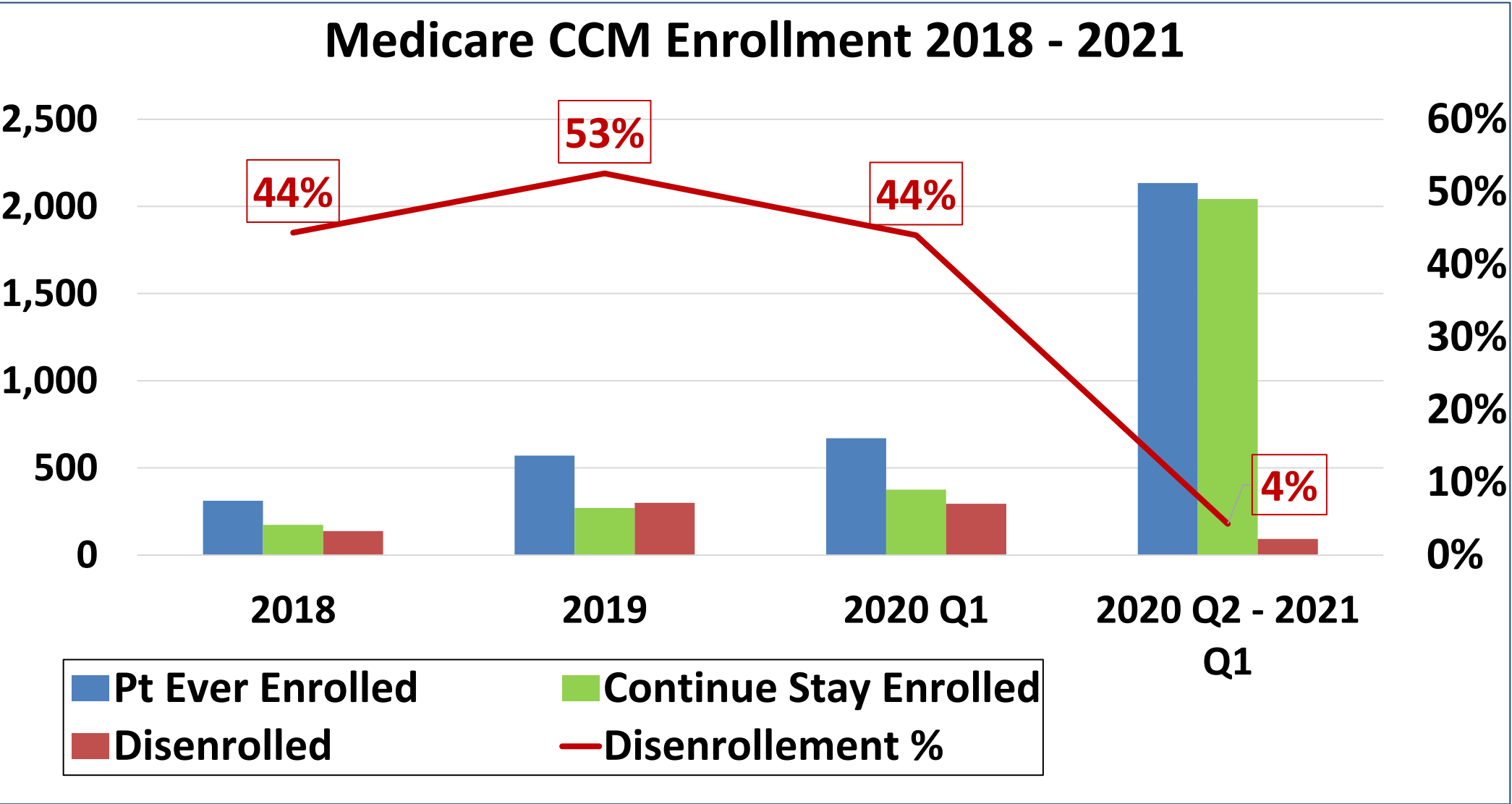
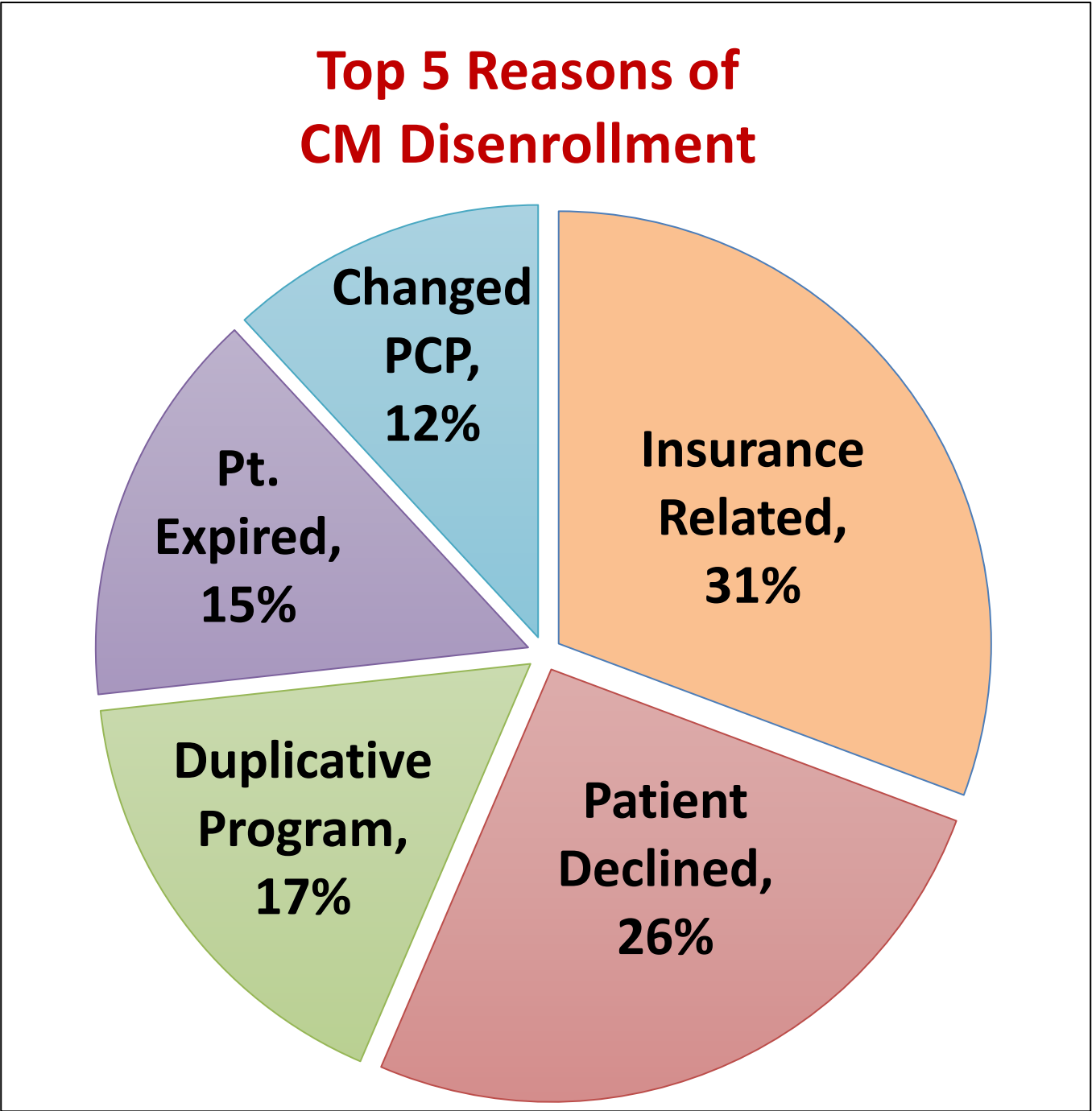
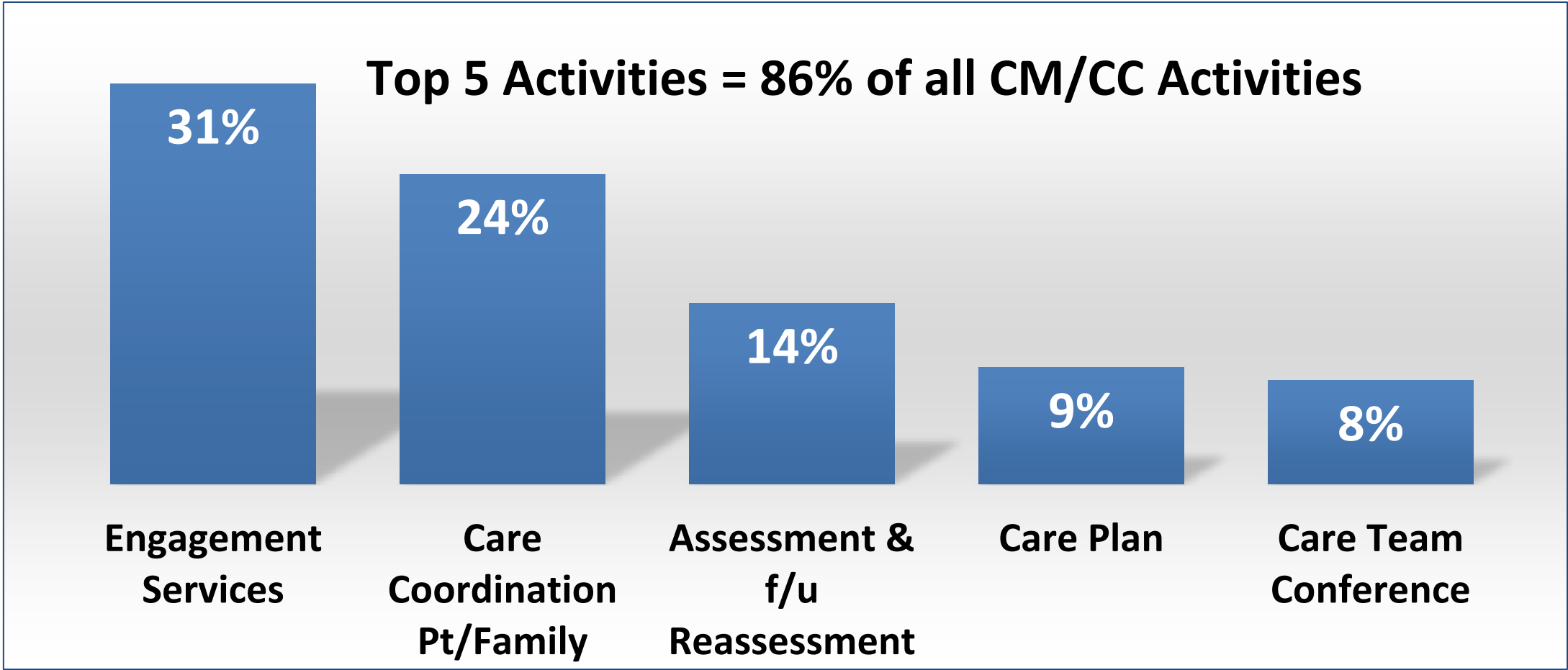
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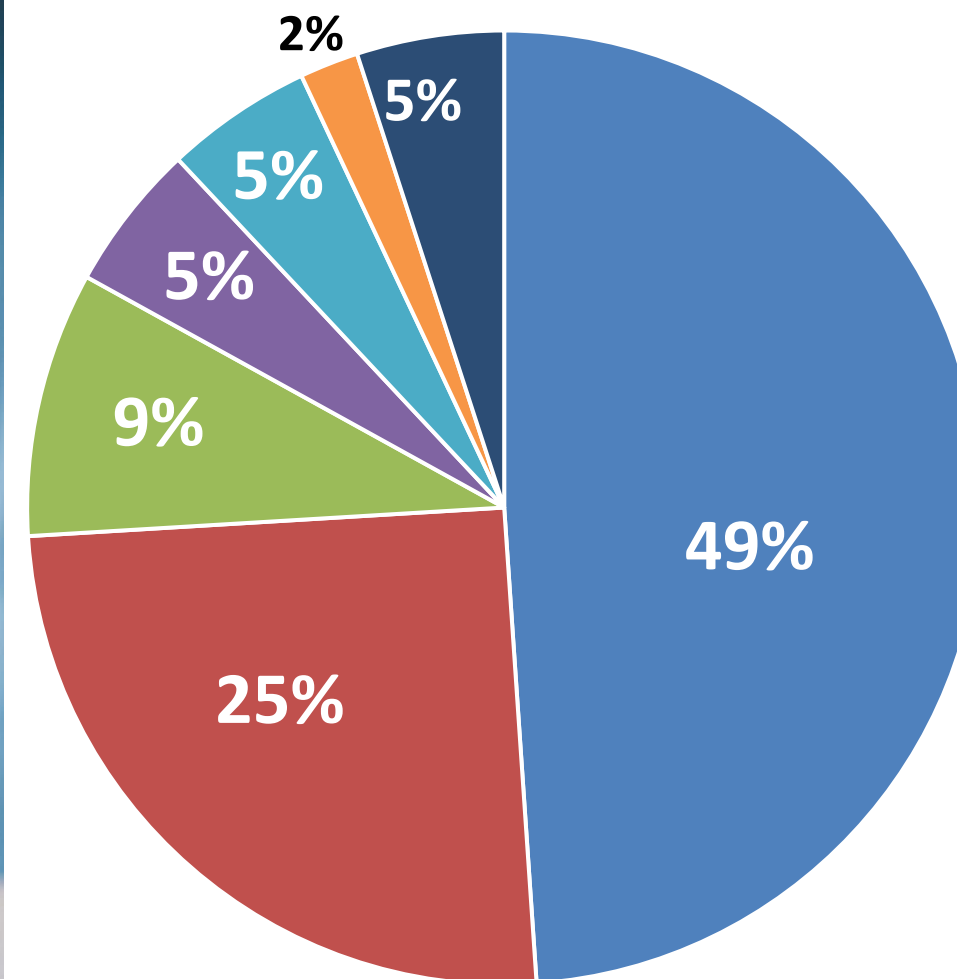
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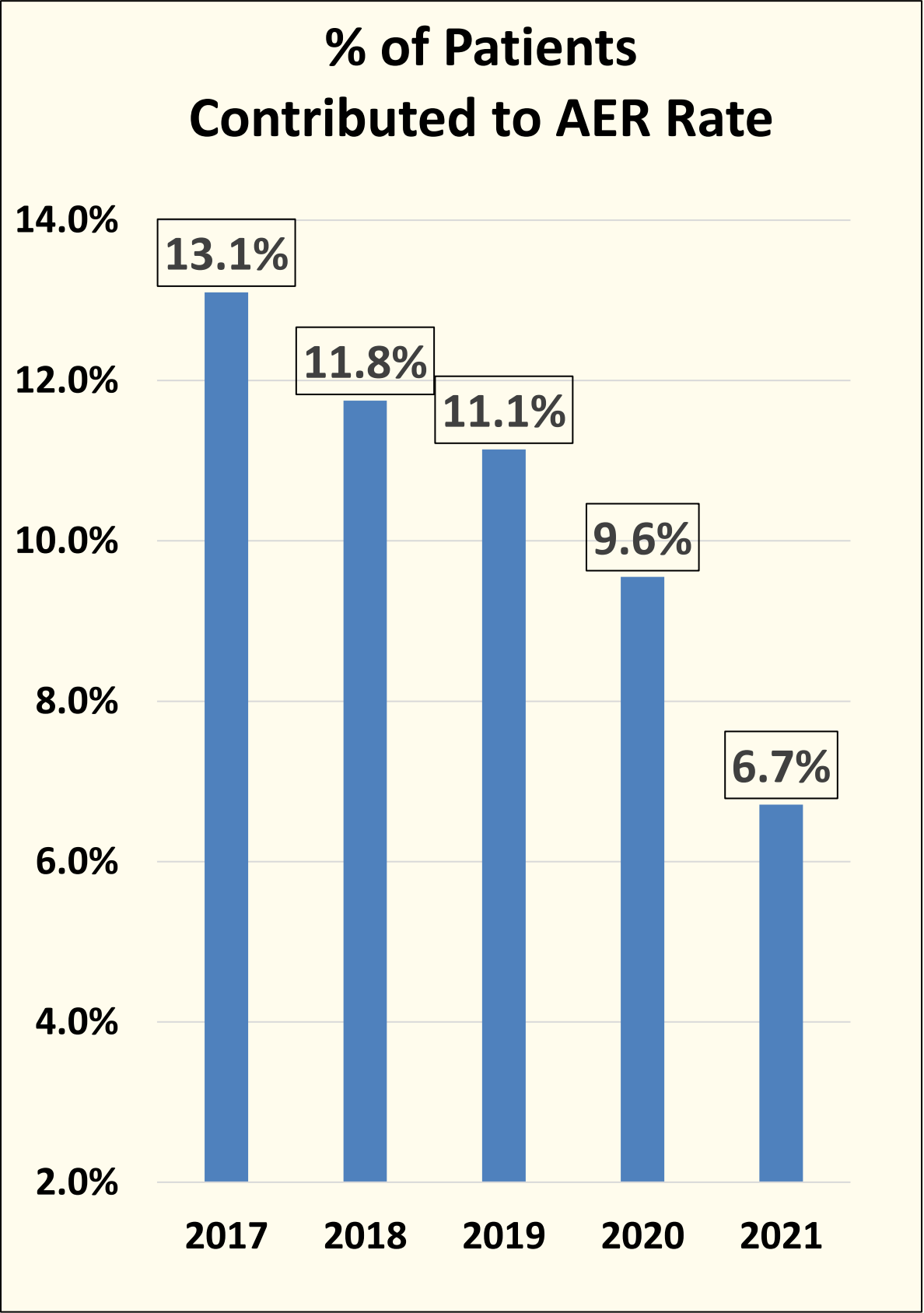
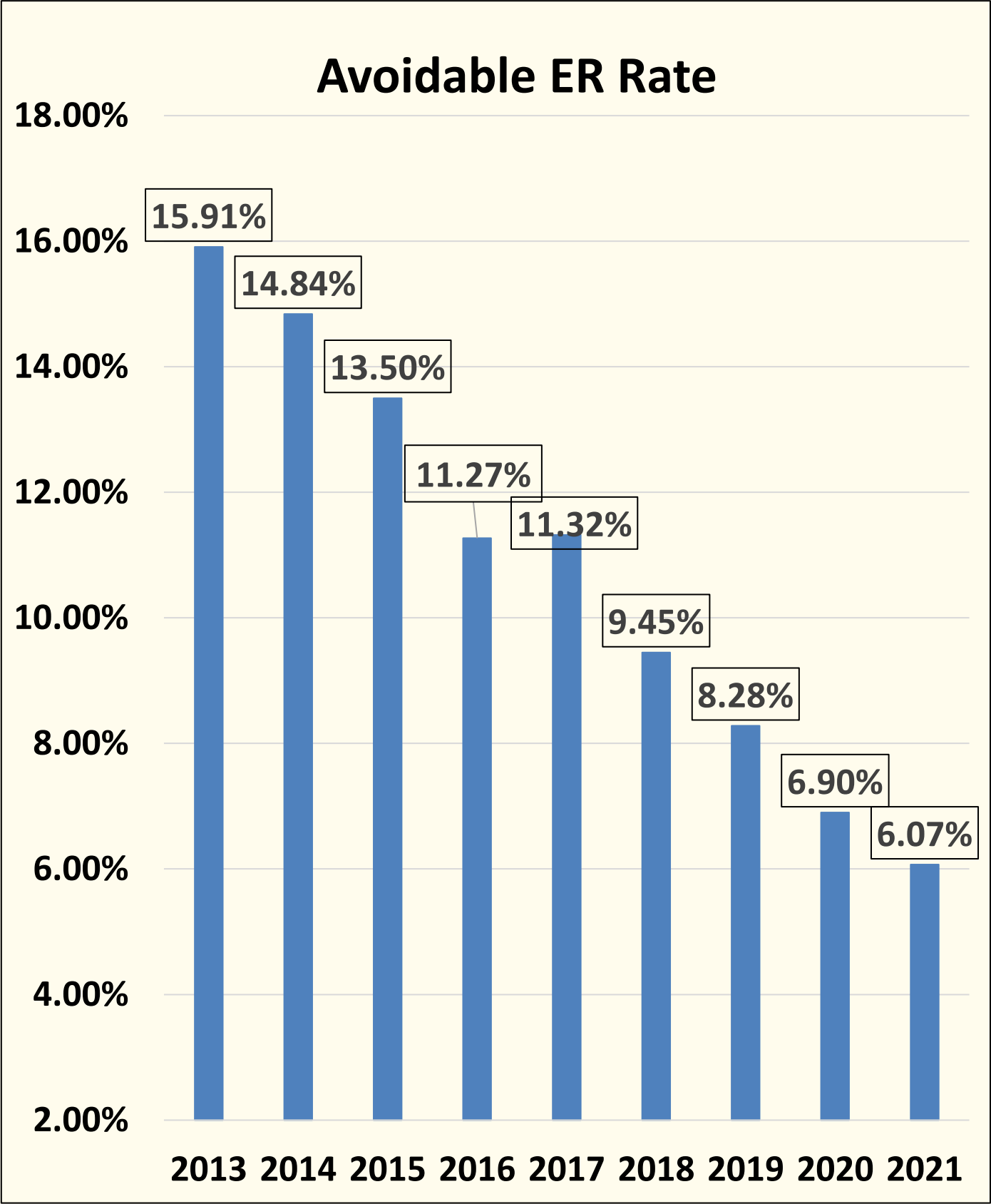
Patient Engagement is Key for Successful CM. Effective and consistent trainings increase CM Enrollment & Continued Engagement.

Collection of SDOH data Promote Health Equity



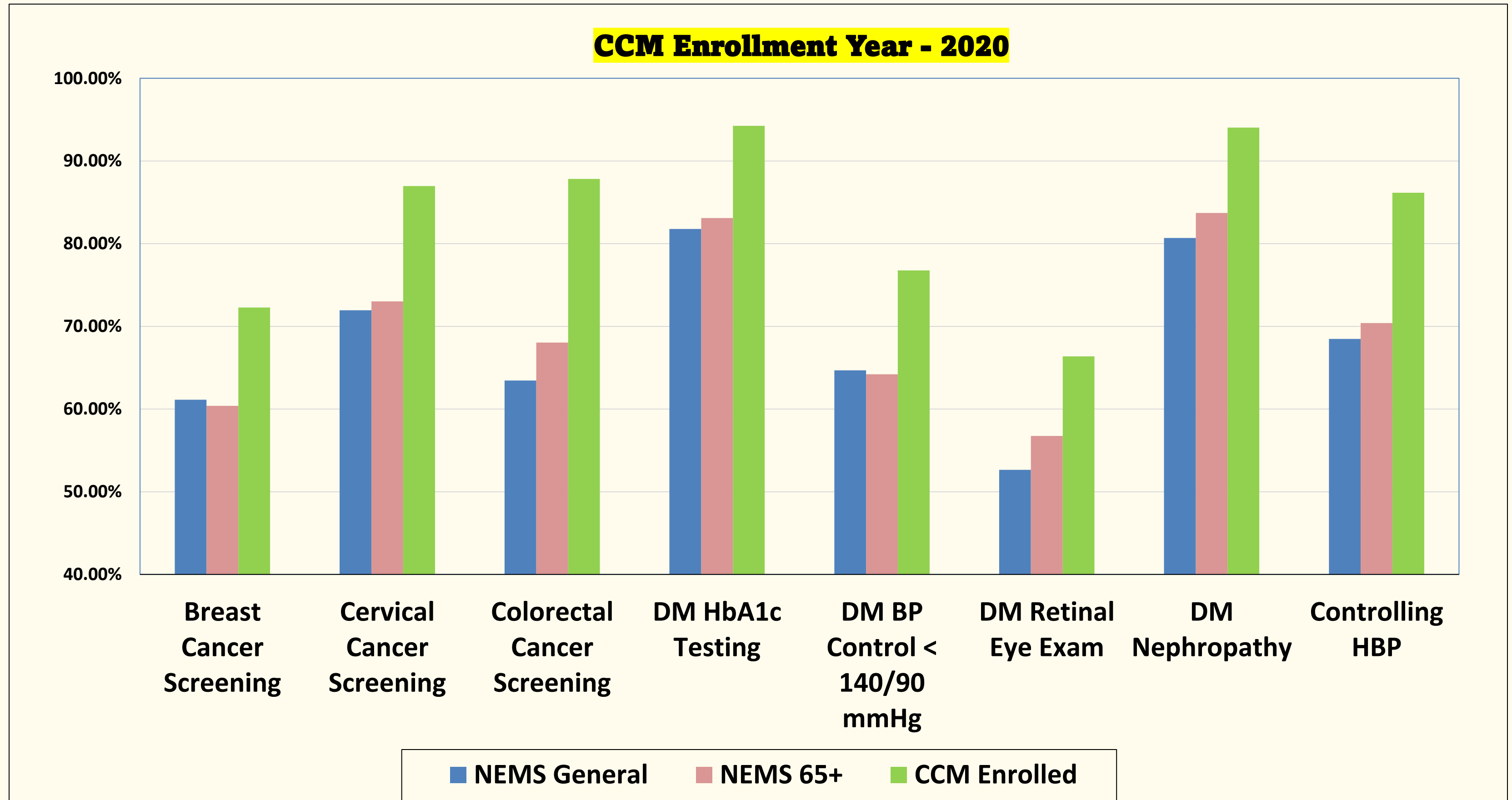
- 49% - Problems related to psychosocial circumstances
- 25% - Problems related to primary support group, including family circumstances
- 9% - Problems related to housing and economic circumstances
- 5% - Problems related to education and literacy
- 5% - Problems related to employment and unemployment
- 2% - Problems related to social environment
- 5% - All Others

Continued Provider Engagement with Proven Results

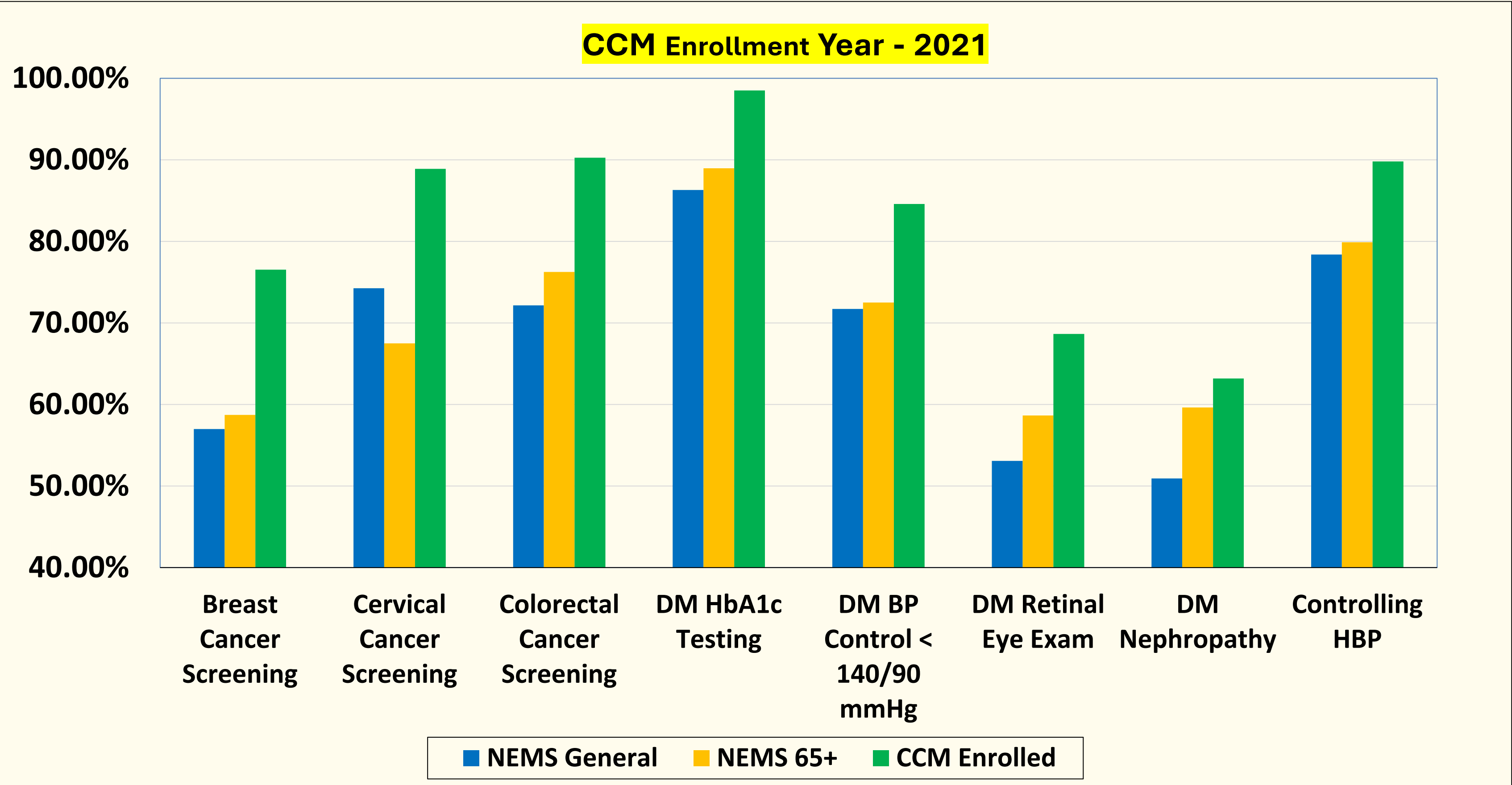


Top 10 AER Claim Dx	
J06.9	Acute URI, Unspecified
N39.0	UTI, Unspecified
M54.5	Low Back Pain
R51.	Headache
J02.9	Acute Pharyngitis, Unspecified
N30.00	Acute Cystitis without Hematuria
J20.9	Acute Bronchitis, Unspecified
H10.9	Unspecified Conjunctivitis
Z76.0	Medication Refill
N30.01	Acute Cystitis with Hematuria

Measuring CM Program Impact: Health Outcomes Using HEDIS Rates



Health Outcomes Using HEDIS Rates – Cont.





Program Challenges

Staff Turnover

- SF Bay Area labor competition and crisis.
- Characteristics searching.
- Training of skills and NEMS.

Patient Engagement

- Takes time to build trust with patients
- SF Homeless and immigration issues

Language Barriers

- CM Team currently has ability to serve in 4 languages
- Access to third party interpreters but not the same as 1:1


Analysis of ROI

- Takes long time to see program results and effectiveness
- Not everything can be evaluated by \$\$\$

NEMS' Continued Commitment to Care Management



- ❑ Continue to Expand CM Services to wrap around NEMS FQHC model to promote Clinical Quality.
- ❑ Continue Focus:
 - ✓ To improve the health of all NEMS patients.
 - ✓ To reduce disparities and promote health equity.
 - ✓ To enhance quality, including patient care experience, in all programs.
 - ✓ To reduce avoidable/unnecessary health care cost.



Thank You!

Questions?



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