

Why focus on care management?

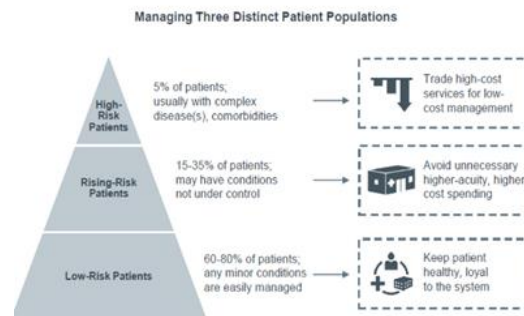
Posted by Elaine O'Brien on 19-Mar-2017

During the Population Health Day @ the European Collaboration Forum 2017 I facilitated the Education Session on Care Management.

This turned out to be an interesting early discussion where we shared different experiences from various countries. Care Management was peppered throughout the ECF below I attempt to bring some of those aspects together.

Why are we focusing on Care Management?

In broad terms a small group (approx. 5%) of patients take up a large proportion of the health and care budget (approx. 60 - 80%) see this described visually in the 'Demand Triangle' shown below. This group of patients are and will grow exponentially due to our aging population & advances in treatments which allows patients to live with multiple comorbidities.



- Initially in Advocate Health on their Accountable Care journey they drove hard at Care Management to the extreme that they employed 100 Care Managers. They realised very quickly that this was a mistake not because of the idea or Care Managers themselves BUT because of the way they went about it. They went to the big solution, changed too quickly causing a resistance reaction from the Physician community - they withdraw and refreshed their approach. Care Management & the role of Care Managers is still the right thing for them, they are now much more considered in how they blend that function and role into the broader health and care team.
- An honest conversation... because we can health care has an intervention approach when in fact if a skilled practitioner listens to what matters to an individual they may not want that intervention that prolongs their life in poor health. For those at the end stage of their life [Dyingmatters](#) research says 'There is a major mismatch between people's preferences for where they would like to die and their actual place of death. Our research shows that around 70% of people would prefer to die at home, yet around 50% currently die in hospital.' I pull this out specifically because of the nature of healthcare carried out in the hospital venue tends to be more interventional.

- Technology enables us to move away from silo style working if we grab the opportunities associated with Interoperability. Rob Goodrich brought this up in our discussion - the need to move from discharge letters to transition plans with a single individual care plan used by all health and care givers wherever they are located. This Australian [article](#) talks about the importance of interoperability in healthcare to enable disparate care givers around a patient contributing to the same escalation prevention plan.

Cerner has a big ambition for Care Management, there are 3 levels:

1. Crunching 'big data' to identify patients at risk to both the patient & carers
2. Advisory Service, supporting our clients in understanding technology's capability in the use and application of 'big data'
3. Care Management as a service, where Cerner provides its people to deliver the Care Management Service to the client's population.

There were other discussion points but in the interest of keeping this short I will stop there! Justine Patterson (our new Population Health Executive) and I would be delighted to continue the conversation so please add your thoughts and views on this developing provision within New NHS Operating Models as they focus on pooling budgets for outcomes driven Models of Care.