



IssueBrief

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COMMUNICATE, ENGAGE, TRANSFORM:

Bon Secours case managers part of a robust team enhancing health care delivery and patient health

Debate still rages about some aspects of health care delivery, but one thing appears to be a given: Truly coordinated care delivered by the right professionals at the right time to the right patient is one solution to the current crisis. The looming question is this: How do we get there?

Bon Secours Virginia Medical Group (BSVMG) of Richmond, Va., is well along that journey. Its approach includes many elements, but at the core are three essential components: consistency, communication and board-certified case managers.

BSVMG comprises more than 372 primary care and specialty practitioners and 45 primary care practices serving more than 400,000 patients. Its medical home initiative, the BSVMG Advanced Medical Home Project, began as a pilot project in June 2010; four practices have earned NCQA recognition as medical homes (Level 3), and the organization may seek system-wide recognition.

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Robert J. Fortini, PNP, VP, chief clinical officer, BSVMG, is the force behind the effort. There is no tinkering at the edges for him: His vision is to re-engineer the system.

Consistency and clarity

Fortini believes strongly in clinical standardization; it is the foundation of BSVMG's practice redesign.

Bon Secours has been acquiring independent physician practices at a rapid rate. In the process, it has been acquiring variability. To mitigate this, Fortini takes a coordinated approach to system-wide practices and protocols (clinical and operational), placing tremendous emphasis on reducing that variability to improve efficiency.

He offered the simple example of the urine dipstick. "There are seven different products on the market. If practice A is using one product and practice B is using another, the results will vary." At Bon Secours, each practice uses the same dipstick, same reagents, same standard operating procedure, same quality controls, same job description for the professionals in the process, etc. BSVMG has also established the same skills competency for all the practices' staffs, leveraging clinical and

nonclinical personnel at the top of their skills, licenses and competencies.

The primary care practice teams include doctors, nurses and embedded professional case managers. Each team does a workflow rehearsal to ensure it is performing care uniformly. There is a daily team meeting to review the schedule and prepare for patients. Across the system, each practice has standard and disease-specific rooming protocols, as well as protocols for medication refill, point-of-care testing, test result follow-up, a post-visit summary for each patient visit, and more. The beauty of such an approach is that, at each encounter, the patient hears the same messages about medication, about self-management, about follow-up. Consistency of practice leads to consistency of message—which leaves the patient clearly informed and empowered.

Accomplishing this level of coordination and consistency demands a prepared and educated workforce. No longer does every decision and every encounter rest with the physician, so it is more important than ever to have the right people in the right roles, Fortini said. Because of this, the board-certified

case manager plays an essential role in the system redesign.

Nurse navigators: Case management to coordinate care

Bon Secours uses embedded case managers (called nurse navigators) as part of the primary care team. Nurse navigators help patients negotiate the health care system. They meet with the patient, simplify the message and—significantly—rehearse the message to make sure the patient grasps it. They provide chronic disease management and education, and/or work with the patient to enhance medication adherence. Navigators have accountability to both the clinical and administrative leadership.

The model, based on the Geisinger ProvenHealthNavigator™ program, uses RNs who are either board-certified case managers or actively working toward certification.

The approach works. Board-certified case managers excel in the role of navigators and require less training than as-yet-uncertified case managers, Fortini said. "We all know case management is a



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science and an art. It requires critical thinking skills and creativity. Experienced board-certified case managers have that skill set and tool box in hand when they arrive.” Working with board-certified case managers makes implementing the team-based model easier for Bon Secours, he said.

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Each navigator works with 120 to 150 patients. Not all patients are assigned a navigator; Bon Secours uses a severity index to plot different levels of management need.

Bon Secours’ approach places a premium on communication and access, especially for the patients assigned to a navigator, Fortini said. Each embedded navigator is equipped with a direct phone line and text-enabled beeper to improve patient access and continuity of care. The same navigator who coached a patient on Monday is available to answer questions on Tuesday.

Bon Secours’ case managers also enhance communication with the team and across the continuum of care by being available to other primary care team members, the hospital discharge planner and even the managed care organization’s case managers. They attend all hospital-based case management meetings and work closely with hospital-based case managers.

Use of the navigators has improved care coordination and efficiency, and it has dramatically increased practice capacity, Fortini said. Part of that, he added, is attributable to the fact that the navigator—like all team members—operates at her or his maximum level of competency and license. This level of competency, coupled with education and training at the outset, helps cultivate physician buy-in for both the medical home approach and the navigators, he added.

Physicians must “embrace these new providers,” he noted. To ensure this happens, he has placed tremendous emphasis on physician education and—significantly—on assuring them they will continue to be in control. One way to provide this assurance is to allow practices to adjust some of the protocols. “This fosters ownership of the process,” he said. It also fosters buying into the team-based model, and he offers physicians guidance on how to best deploy a case manager.

A natural partnership: Team-based care

A board-certified case manager brings the expertise, knowledge

FORTINI’S STRATEGIES AND TACTICS can guide other primary care organizations—and physicians—as they move to use board-certified case managers as part of the team. Among them:

- Refer those patients who require extra time and effort—the “hot spotters.”
- Use registries to generate daily hospital discharge reports; the navigators can then make a follow-up call. Using an in-house risk-assessment tool, they can contact patients with a high risk of readmission and meet with them in person.
- Coordinate with community resources. At Bon Secours, these resources are embedded into the EHR. With a click, the navigator can identify more than 4,000 area resources.
- Do not consider the navigator as another warm body to fill a void. “This is a new type of provider—a costly and valuable one. Do not pull them into the daily workflow or assign tasks that can be handled by other staff. They need to be managing patient populations,” Fortini said. To support that, Bon Secours has a robust float pool.

The entire team needs to understand the scope of what the board-certified case managers should be doing, said Fortini and Sminkey. The physician and the case managers should understand the roles and functions and communicate those to the rest of the team.

Resources for success

AT BON SECOURS, TEAMS ARE CONSTANTLY LEARNING and developing their skills. Workforce development doesn't just happen while teams are being formed; it's a process of continuous improvement. That dovetails with the Commission's commitment to educate and inform various stakeholders, Sminkey said. As organizations adopt and advance those models, the Commission can be a resource to the organization and the primary care provider (as well as the professional and board-certified case manager).

Thought leaders, available through the Commission, are a real-time resource, as are its board and staff. The board-certified case managers are resources to the practice. Increasingly, board certification will become a proxy for quality. As part of this process, case managers must make the case for their profession, Sminkey said. "Know your own value. Board certification is about so much more than mere initials. Talk about it. What are your core competencies? What distinguishes you? Why did you become board certified?"

The Commission also offers a comprehensive informational resource: The Case Management Body of Knowledge™ (CMBOK®) is the first up-to-date, comprehensive, peer-reviewed, online resource for the professional case manager and those interested in the practice of case management. It offers inclusive information in one place, in an easy-to-access, easy-to-use and easy-to-understand, Web-based format. CMBOK is a continuing education and resource tool offering practice and process knowledge to equip today's professional case managers with the tools they need for effective and competent practice.

CMBOK also serves as a resource for other stakeholders. Health care organizations can use it as an aid in staff training and to provide insights into the role and function of the board-certified case manager. This knowledge will help organizations put professional case managers to work in ways that most effectively leverage their training and expertise.

and professional experience needed to serve patients with complex health challenges, but that is only part of the value proposition, said Patrice V. Sminkey, chief executive officer, Commission for Case Manager Certification in Mount Laurel, N.J. "He or she also has the ability to work as a partner in the delivery of health care—especially with primary care physicians."

In the past, professional case managers and primary care providers worked concurrently; increasingly, they work collaboratively.

It's a natural partnership. As do primary care physicians, professional case managers take a holistic person-centered approach, focusing on the patient, not the disease or health event. "We work with Joe Smith, who has diabetes—not a diabetic named Joe Smith," she said. "Case managers have always taken this approach, and primary care operates in the same way. The timing now—in the era of health care reform and new models of care—brings visibility to and creates opportunity for this new partnership, which is synergistic and natural."

It ultimately comes down to coordinating care, and that's what board-certified case managers do. "We don't want to forget that care coordination is synonymous with case management," Sminkey said. "This is a primary, complex function that should be done and/or facilitated by board-certified case managers, regardless of care or practice setting, regardless of health event, regardless of health condition. Appropriate implementation of care coordination is essential to ensuring the best health outcomes for the patient."

Building patient relationships: Trust is key

The navigator makes the connection and must then cultivate a personal relationship with the patients. Phone calls are good for initiating contact—and they are less costly, Fortini noted. If you truly want to change a patient's behavior, however, you need to create rapport. "You cannot



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do it with a simple, one-time phone call; it's got to happen over time, repeated contact, ideally even face to face."

Granted, much of the personal contact between the navigator and patient *is* by phone, but "we encourage navigators to bring in patients," Fortini said.

At Bon Secours, the navigators handle discharge follow-up and assessment; using an in-house risk stratification tool, they identify patients at high risk of readmission. The navigators focus their efforts on these patients—and others with multiple chronic conditions.

Making that determination is a core element of what board-certified case managers do, Sminkey explained. They screen, assess and stratify risk. A critical aspect of care coordination is assessing needs. The board-certified case manager has the skill to determine which patients

require that intense, face-to-face contact.

Making contact: Progressing toward excellence

With these patients, a trusting relationship with the navigator can change behaviors, Fortini said. The task may be as simple as chatting with the patient and helping set up pillboxes for the week. "Once you make that connection with Mrs. Smith, she's going to take the blue pill every morning," he said.

Nevertheless, even with a stellar team in place, patient communication sometimes proves disappointing. For instance, the primary care teams strive to make contact with patients once they are discharged, but making that initial post-discharge contact can be tricky. Many patients don't respond to the program's three post-discharge calls or the letter. Even with that four-tier effort,

Fortini estimates they reach only 40 to 45 percent of the patients they try to contact. At that rate, nearly 5,400 patients have been contacted. "You can't *not* try," he said.


Out of those contacts, 1,217 appointments were scheduled. Within 30 days of discharge, there were only 93 hospital readmissions, a rate of 1.73 percent. "That's a very impressive number," Fortini said, noting the national average of 30-day readmissions tops 10 percent.¹ "That lower rate of readmission speaks to the bottom line of the value of the navigator."

Sminkey is not surprised at the success. "It validates, at the primary care practice level, that investment in professional case management is happening, and that it is working. It provides a measure of credibility—for payers, the primary care physician, administrators, the government, who can all understand this: Professional case management works."

Sustainability and costs

Bon Secours' approach is part of a national ongoing transformation, one driven not only by regulatory changes but also by the growing recognition that the status quo is untenable and unaffordable. The advance of ACOs and medical homes, declining reimbursement, the expected tidal wave of newly

¹ A June 2011 AHRQ statistical brief, *All-Cause Readmissions by Payer and Age, 2008* (<http://www.hcup-us.ahrq.gov/reports/statbriefs/sb115.pdf>) places the 30-day readmission rate at 11.7 percent for all payers.



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insured patients and the shortage of primary care physicians—all these factors drive the need for transformation.

In the past, a single physician with a medical assistant would manage a panel of 2,000 patients. Today, that physician needs an empowered, engaged team to be able to manage a 4,000-patient panel, said Fortini. “That’s just the grim reality of it. We must deliver care more effectively, more efficiently to larger numbers of patients. We have to get away from fee for service and move toward fee for value.”

All of these changes, Fortini said, have created the need for a new provider. “I believe, and we here at Bon Secours Medical Group

believe, the RN case manager should fill that niche.”

Making the business case

The team-based medical home pilot efforts are still in the early stages, and the BSVMG program needs to become sustainable without pilot funding. Fortini meets regularly with payers, all of which have indicated interest. He is engaged with employers as a board member of the Virginia Business Coalition on Health. The funding follows the transformation, however. “You can’t have the conversation unless you have a product to bring to the table,” Fortini said. “The pilot has allowed us to begin the conversation. That’s a

value proposition that cannot be ignored and will bear fruit.”

Fortini does have a product to take to the table—and a strong business case. Taking the team approach to care increases the number of access points for patients. Team members can address questions and concerns, using evidence-based guidelines and protocols. Patients working with a navigator know where to turn to get answers.

As a result, the visit itself becomes more efficient. Fortini has seen patient cycle time—from registration to checkout—drop significantly. “It now takes 40 minutes to get in and out, instead of 60—with no diminution of care. That means more room for another patient.”

Increased access points and improved visit efficiency allow physicians to increase panel size, which enhances the bottom line. Despite larger panel sizes, patients have *better* access than before, Fortini said.

The right person doing the right thing at the right time bolsters operational efficiency, but “you can only do it by adding the right people,” Sminkey warned.

CCM[®]: The case manager gold standard

To become board-certified, case managers must hold a current, active and unrestricted licensure or certification in a health or human services discipline that allows the professional to conduct an assessment independently, as permitted within the scope of practice of the discipline. They must also have a minimum of 12-24 months of case management employment experience. Eligible case managers may then sit for the Commission’s research-based examination. For complete details on earning the CCM credential, please visit www.ccmcertification.org.

Using professional case managers as navigators has had tremendous impact: Bon Secours is attempting to essentially double its panel sizes in the pilot while improving access and quality. “It’s profound what they are doing,” she said.

Professional case managers enhance access in ways beyond fostering operational efficiency; they make sure the patient is at the right place at the right time, receiving the right care. This can involve coordinating with other team members, connecting with community resources, addressing barriers to care (e.g., financial, logistical, etc.). In fact, at Bon Secours the navigators can identify more than 4,000 area resources through the electronic health record. (To better understand how team-based care delivers patient-centered care, see figure 1.)

Communication, consistency, quality

The use of board-certified case managers enhances communication and coordination, and it also supports Fortini’s commitment to consistency and clarity in other ways. The CCM credential ensures quality and consistency: In any health care setting in any location, board certification guarantees that the individual case manager has the core skills and competency to do the job.

There’s a clear expectation of board-certified case managers across practices: no confusion, no misconceptions, no unwarranted expectations.

This clarity not only helps employers; it also serves the individual board-certified case manager, the team, the patient and the health care organization. Individual board-certified case managers know their role and function, which allows them to prioritize their tasks. They know where they belong. Their fellow team members know what to expect of them. As case-loads grow, case managers know what to expect. That leads to less confusion, less duplication of functions—and ultimately lower costs and better care.

“Everyone benefits when patients reach their optimum level of wellness, self-management and functional capability: the patients being served, their support systems, the health care delivery systems and the payers,” said Sminke.

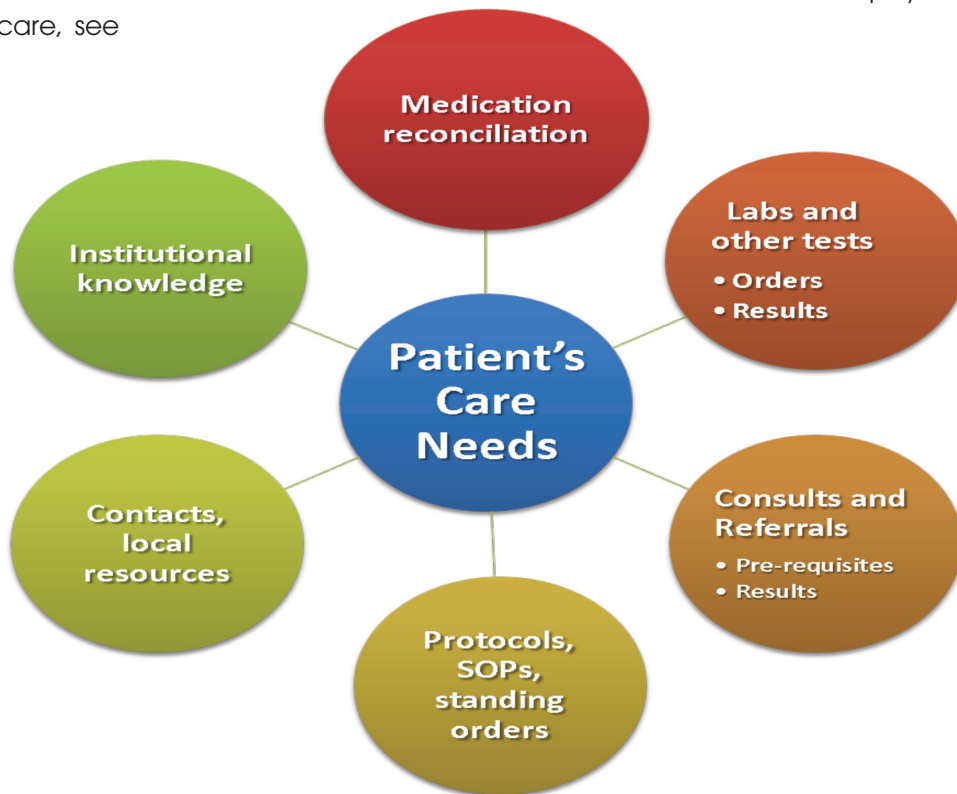


Figure 1.

About the Experts



**Patrice Sminkey, chief executive officer,
The Commission for Case Manager
Certification™**

Sminkey comes to the Commission from URAC, where she most recently served as senior director of sales. Prior to that, she was senior vice president, operations and client management, Patient Infosystems in Rochester, N.Y. She brings a proven track record in operations management in small and large operations, multilevel services and cross-functional teams. She has extensive experience in client management and coordination, including marked improvement in client retention, timely and fiscally sound program implementation and an expanding book of business.

As chief executive officer, Sminkey oversees the management of all activities related to the Commission's operations, including all programs, products and services; and the provision of quality services to and by the Commission. She is a direct liaison to the Commission's Executive Committee. She works with CCMC's volunteer leadership to evaluate and develop potential new products for implementation by CCMC, and she establishes and maintains communication and working relationships with other organizations, agencies, groups, corporations and individuals.

She holds a diploma of nursing from the Chester County School of Nursing.



**Robert Fortini, PNP vice president
and chief clinical officer
Bon Secours Medical Group**

Robert Fortini is vice president and chief clinical officer for Bon Secours Medical Group in Richmond, Virginia. He is responsible for facilitating provider adoption of EMR, coordinating clinical transformation to a patient-centered medical home care delivery model, and facilitating participation in available pay for performance initiatives as well as physician advocacy and affairs. He has extensive experience in operations and clinical policy development, and experience in workflow re-engineering and CQI in ambulatory care.

Before coming to Bon Secours, he served as the chief medical affairs officer at Queens Long Island Medical Group engaged in quality and health IT adoption. He successfully applied for the first Level 3 NCQA-recognized PCMH in New York State. Prior to that, at Community Care Physicians Medical Group, Fortini participated in the successful launch of the Bridges to Excellence Collaborative in Upstate New York. He has 30 years of experience in health care.

He is a graduate of Fordham University and the State University of New York College of Health Professions at Upstate Medical Center in Syracuse.

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