

Employee Benefit Plan Review

Care Guidance Extends Beyond Mere Patient Navigation to Support Modern Hospital and Health Plan Challenges

BY CRAIG PARKER

Every healthcare organization has a patient navigation program, or they say they do: Nurse navigation. Care coordination. Patient navigators.

Readmission prevention. Transitions of Care.

There are a lot of names and titles, but one thing they have in common is that the programs usually do not work very well. They are expensive, not scalable or do not actually change patient behavior. If these programs worked, we would not have a trillion dollars of annual healthcare waste and we would not experience avoidable readmissions in any hospital location. These issues remain a reality with a multitude of industry leaders asking themselves this question: “Why are ‘patient navigation’ programs failing to deliver better value-based care results?”

The reason most patient navigation programs are ineffective is because they do not achieve meaningful patient activation. They may focus on engagement, but not true interaction and fail to identify the right patients or talk about the right things for the right amount of time.

If existing patient navigation programs are not working, what is the solution? The answer is right in front of us. Even as the healthcare community has come to talk more about social

determinants of health (SDoH)¹ and non-clinical barriers, healthcare providers are still too focused on events that occur inside the clinic walls.

Providers focus on clinical issues because they are clinicians. However, to achieve better overall results – in outcomes, value, spending, satisfaction and more – patients, their employers and health plan payers need to take a more proactive approach since they can and should expect more. Assuming healthcare providers know how to take non-clinical risk out of the equation for a patient is a bad bet. While some do, not all have the resources or expertise.

Plan administrators and employers should insist upon non-clinical patient interactions programs that proactively identify and solve non-clinical issues before those non-clinical issues negatively impact patient compliance.

VALUE OF OUTSOURCED CARE GUIDANCE

Hospitals and group practices are finding more value and effectiveness by partnering with an outsourced care guidance resource to extend clinical staff and strengthen care management support. The addition of a care guidance program beyond mere navigation efforts provides a unique solution-as-a-service

proposition to comprehensively address many of the operational and financial challenges² that directly affect the entire provider ecosystem. These challenges in current social and economic environments directly and indirectly impact the workforce, prompting benefit professionals, employer health plan sponsors and employee participants and dependents to seek solutions.

Care guidance is a rapidly emerging opportunity that is now in great demand as all stakeholders need support to help navigate the complexities of the U.S. healthcare system. Getting the right care at the right time and the right place is an ongoing challenge. The good news is that care guidance works to accomplish these objectives while concurrently supporting healthcare's "triple aim"³ of improving the patient's healthcare experience, improving quality of care and reducing total costs.

Functioning as a lower cost extension of a hospital's clinical team, specially trained care guides free up labor, time and resources so that providers can focus on providing high-value clinical tasks and patients/health plan participants are able to receive equitable and affordable health care.

CHALLENGES AND OPPORTUNITIES FOR EMPLOYERS AND BENEFIT PROFESSIONALS

Given high competition to attract and retain labor, employers and benefit administrators are under financial and operational pressure to sustain health coverage as an affordable employee benefit. Both plan sponsors and benefit advisors play an important role in ensuring optimal health and wellness for every member of the workforce. This is largely accomplished through the design and implementation of a cost-effective care guidance program that aligns with the best plan strategies, practices and resources, and provide for a higher level of engagement,

activation, support and preventative care.

INCREASE IN HOSPITAL COSTS IMPACT EMPLOYEE HEALTH PLAN AFFORDABILITY AND SERVICES

Controlling healthcare costs while maintaining quality care and the sustainability of critical service lines is an ongoing challenge for community hospitals and large health systems alike. As with any complex organization, hospitals face various pain points depending upon factors such as their location, size, and available staff and resources. Addressing these challenges, and scaling to these factors, often require applying innovative solutions, leveraging data and technology.

Equally – and sometimes even more – important is the collaboration with outsourced sources, such as care guidance, to extend the delivery of quality healthcare that supports the organization's mission, improves operations and enhances financial performance.

This is a delicate balancing act given the reality of increased costs compounded by a surge in national inflation that strain operating budgets. In many regions of the country, the struggle to attract and retain qualified health care professionals, especially with current labor shortages, also remains a constant struggle. The dwindling pool of nurses, doctors and specialists is leading to overworked staff, decreased quality of care and longer wait times to scheduling appointments.

Unfortunately, increased hospital costs also have a negative impact on employers seeking to provide affordable employee benefits. In rural areas, this is particularly troublesome since there are far fewer facilities to meet employer needs. This factor places companies in a compromised position for negotiating direct contracts with a local provider that is able to charge whatever they want in the absence of any competition.

When hospitals set high fees for services and procedures to cover lost revenues or compensate for increased labor, real estate or equipment expenses, employer premiums are bound to escalate. To control the total cost of care and lessen the impact of rising healthcare expenditures on the company's bottom line, employers may adjust employee deductibles and copayments, leaving the workforce with higher out-of-pocket expenses and potentially reducing satisfaction with the benefits package. Limiting coverage for certain hospital services or facilities could also be a disadvantage to employees needing those services.

PRIORITIES TO ADVANCE HEALTH EQUITY AND RESOLVE NON-CLINICAL CARE BARRIERS

In this pressure-cooker financial and competitive environment, another key concern comes into play: the role of social determinants and greater recognition of the non-clinical factors that influence an individual's ability to access care and adhere to treatment. Patients who are at-risk based upon characteristics of SDoH frequently require amplified levels of activation and monitoring that cannot be addressed within the typical hospital's resource capacity and clinical scope limitations.

When non-clinical factors, which account for 80% of patient issues,⁴ are not promptly addressed and effectively resolved, they can lead to health deteriorations, higher rates of clinical service utilization, extended hospitalizations and readmissions and a higher total cost of care.

HOW CARE GUIDANCE WORKS

Care guidance program rests largely on specially selected and tech-enabled "care guides" who work to establish a peer-to-patient connection with patients and their families. This human-led approach builds trust, enhances a patient's ability to communicate and helps to uncover

issues that pose barriers to care. The support of care guides then works to resolve these issues and assist patients in the ongoing process of their care.

Optimally, care guides are equipped with scalable, technology platforms that provide structured workflows and use evidence-based disease and condition-specific protocols to proactively identify and resolve practical and non-clinical barriers experienced during their care.

A patient activation platform that augments a hospital's care management workflow and automates protocols helps uncover both non-clinical and clinical issues and barriers. With this technological support, care guides ensure that non-clinical issues get promptly resolved, and clinical issues are immediately escalated to proper clinical care teams.

The human element of care guidance is important as automated technology cannot be a replacement for the human aspect of patient interaction. This is especially true considering the limited abilities certain patients have in accessing digital health technologies, and potential use impairments among disabled, disadvantaged and senior populations. The right mix of human and tech elements, integrated together, support personalized and meaningful peer-to-patient relationships and personalized communication in providing patients and their families with the connected support they need to stay on track and engage in the management of their condition throughout their care continuum.

CARE GUIDANCE GOES BEYOND MERE NAVIGATION

Healthcare experts highlight the need for healthcare systems to implement an expanded and extended care guidance solution that goes beyond mere patient navigation. A structured, proactive approach enables organizations to comprehensively address multiple pain points, resolve barriers to care associated with SDoH, and overcome operational challenges to patient management.

A scalable solution moves the needle forward for providers, payers and patients.

Compared to the general concept of traditional patient navigation performed by nurses or care coordinators, modern care guidance goes well beyond a mere support role in terms of scope and function. A highly structured approach prioritizes the patient, offering the “human touch” of trained care guides that results in more manageable and cost-effective care with better health outcomes. This translates into fewer hospital readmissions, saving money for both plan participants and their employers.

Care guidance is an evolution of patient navigation that combines a systemized assessment to support disease-specific clinical conditions with its tech-enabled, human-led solution. The integral role of care guidance serves as an extension of a hospital's clinical team to support a range of activities, including facilitating pre- and post-discharge and continuation of care. Commonly performed tasks are scheduling follow-up appointments, helping patients understand and adhere to their treatment plans and ensuring their medication compliance.

Modern care guidance that is technology-enabled represents the most advantageous patient engagement solution. Care guides integrate seamlessly to extend a health system's care management team with objectives to minimize clinical resource utilization, maximize patient experience, advance health equity and enhance value-based care and reimbursement.

A successful care guidance program renders a return on investment (ROI) through improved efficiencies, reflected by reduced time and resource allocation and elimination of overutilized clinical care teams. Care guidance is of especially high value in alleviating non-clinical tasks and its support of navigating patients through the complexities of the care continuum.

CARE SUPPORT COVERING EMPLOYEE PARTICIPANTS AND DEPENDENTS

Care guidance in the context of employee health plans refers to a service or program designed to help employees, their dependents and families better understand and navigate their healthcare benefit coverage and care options. Care guides serve to assist with providing clear information that leads to informed decisions, appropriate care and optimal use of health plan resources.

Care guidance can be offered as part of an employer-sponsored health plan or provided by third-party vendors specializing in health. The specific services offered can vary widely, depending upon the employer's goals and the resources available. Primary support tasks include:

- *Assistance with Provider Selection:* Care guides can help employees choose healthcare providers within their plan's network. They can also provide information on the quality and cost of different providers to aid in decision-making.
- *Appointment Scheduling:* Care guidance services offer assistance with scheduling doctor's appointments, preventive screenings and other healthcare services. This helps employees access care more efficiently.
- *Cost Estimation:* Care guides help estimate the out-of-pocket costs associated with specific medical procedures or treatments. This information is valuable when planning for healthcare expenses.
- *Chronic Condition Management:* For employees with chronic health conditions, care guidance can include personalized support on managing one or multiple conditions. This may involve connecting people with disease management programs and resources.

- **Healthcare Advocacy:** Care navigators serve as advocates for employees when dealing with insurance companies or health-care providers. They can help resolve billing issues, disputes or denials of coverage.
- **Wellness and Prevention:** Employee health plans often include wellness and preventive care benefits. Care guidance promotes these services and encourages good health practices.
- **Mental Health Support:** In addition to physical health, care guidance extends to mental health services. Care guides help find therapists, counselors or support groups.
- **Emergency Assistance:** In cases of medical emergencies, care guides provide assistance on where to find immediate care and what to expect in terms of coverage and costs.

DATA CAPTURES PROVIDE STRATEGIC INSIGHTS

An effective care guidance platform captures SDoH data and disparity-related barrier resolution, exceeding the capabilities of typical electronic health record (EHR) systems which are not specifically designed to facilitate the kind of resolution workflows that are needed to address health equity and SDoH issues. A specialized platform facilitates operational improvement by seamlessly exchanging clinically relevant insights for each patient population.

A platform can automate tasks, in addition to next step process, clinical escalation and barrier resolutions. The automated prompting and workflow design allows care guides to build peer-to-patient relationships, while stacking

non-clinical and clinical assessments in structured reportable data.

Data analytics within the platform provide insight into non-clinical issues, identify probable SDoH risks and facilitate personalized communication. AI and machine learning anticipate patient needs based upon condition-specific protocols that enable care guides to deliver an unprecedented level of vital, just-in-time communication. Led by this intelligence, care guides provide patients with the information they need to engage in the process of their care and empower each consumer to receive a better understanding of their treatment plan and options.

MEETING PRIORITIES OF MANAGED CARE AND ADVANCED PAYMENT MODELS

The priorities of managed care now require healthcare providers to specifically address health inequities, resolve SDoH and reduce hospital utilization and readmissions. Providers who participate in value-based care models have reimbursement incentives and penalties directly tied to quality goals that measure improvements in health equity and patient satisfaction scores.

A number of CMS programs are working to advance health equity, such as the introduction of the Quality Payment Program (QPP)⁵ as a value component to the Accountable Care Organization (ACO) model. No matter which program a provider is considering, the common element is the need to better identify, document and resolve barriers embedded in SDoH and drivers of disparities and advance health equity for all patient populations.

VALUE OF A CARE GUIDANCE PARTNERSHIP

Care guidance is becoming a “must-have” addition to the service line portfolio of health systems, hospitals and provider organizations. It is at the nexus of managed care priorities where care guidance represents an innovative approach to connected care, advancing health equity and delivering high-value, high-quality care.

A care guidance program that is scaled and well-designed offers a truly cost and time effective connected care solution. Providers receive extended clinical and non-clinical support in the context of the “triple aim” of improving the care experience, advancing population health and reducing total cost of care. Patients receive equitable and personalized care; clinical staffs are freed to focus on the tasks within their scope and hospital administrators have an opportunity to improve financial and operational performance. This is where care guidance presents the most value to all shareholders. 🌟

NOTES

1. [https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20\(SDOH,Education%20Access%20and%20Quality](https://health.gov/healthypeople/priority-areas/social-determinants-health#:~:text=Social%20determinants%20of%20health%20(SDOH,Education%20Access%20and%20Quality)
2. <https://www.medicaleconomics.com/view/what-challenges-can-medical-practices-and-facilities-expect-in-2023->
3. <https://www.healthaffairs.org/doi/10.1377/hlthaff.27.3.759#:~:text=In%20the%20aggregate%2C%20we%20call, costs%20of%20care%20for%20populations>
4. <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>
5. <https://qpp.cms.gov/>
6. <https://www.ncbi.nlm.nih.gov/books/NBK2657/>

Craig Parker, the chief executive officer of Guideway Care, may be contacted at craig.parker@guidewaycare.com.

A SOLUTION FOR HOSPITALS

Collaboration between hospitals, providers and care guidance teams supports a triad of care coordination and management. Hospitals and their clinical staff receive the extended support they need from a dedicated care guidance service.

- Reaching and managing more patients, maintaining their continuity of care.
- Removing non-clinical tasks from the workloads of nurses and clinical staff.
- Performing follow-ups and monitoring, conducting follow-up tasks and ensuring that potential issues and barriers are proactively identified and resolved.
- Scheduling appointments, screenings, preventive care and annual wellness visits.
- Ensuring compliance, adherence and medication management.
- Reducing unnecessary service utilization and avoidable readmissions.

EXTENDED SUPPORT TO ALLEVIATE CRITICAL NURSING SHORTAGES

The American Organization for Nursing Leadership’s 2022 Nursing Leadership Workforce Compendium of workplace best practices recommends, among other things, looking for opportunities to offload time-consuming tasks. Nurses engaged in patient navigation and care coordination report⁶ that a significant amount of their workload is burdened by addressing non-clinical patient issues and practical tasks, like scheduling follow-up visits, ensuring transportation and attending to a myriad of SDoH issues. Compounding nurses and clinical staff with burdensome, non-clinical patient tasks lead to burnout, turnover and shortages.

As healthcare organizations experience the profound financial impact of nurse shortages, care guidance is providing an innovative and efficient solution. The addition of a care guidance program beyond mere navigation efforts provides organizations with truly effective supplementary support services, functioning as a lower cost extension of clinical teams and freeing up labor, time and resources so that clinicians can focus on high-value clinical tasks.

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