Better management of SNF population yields positive clinical and financial results

Health plans that are losing money in their Medicare Advantage business could be overlooking a small subset of their population who are driving a disproportionate amount of cost: beneficiaries who reside in skilled nursing facilities (SNFs). By promoting more intense attention to this institutionalized population, plans can drive better care and outcomes, as well as reduce costs. An East Coast health plan is achieving significant value from the Optum® CarePlus Institutional program, which identifies and closes gaps in care.

More than two million Medicare beneficiaries live in skilled nursing facilities. Although these individuals represent a small percentage of the population, they are among the oldest and frailest, generating nearly two times the medical expense of non-institutionalized Medicare beneficiaries.¹

Within a one-year study period, these SNF residents had high rates of emergency room visits and hospitalizations. Fifty-one percent of the SNF population had one or more ER visits (compared to 28 percent in the same community)² and 38 percent of SNF residents had one or more hospitalizations (compared to 19 percent in the same community). These high-intensity services propel costs skyward.

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In a one-year study:
51% of the SNF population visited the ER at least once

Compared to:
28% of Medicare beneficiaries in the same community

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1. Optum
2. Optum
3. Optum
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Excessive ER visits and hospitalizations are a result of several SNF realities. Facilities are challenged by highly complex residents who often deteriorate rapidly in the setting of limited staffing and fragmented care. Physicians busy in outpatient clinics rarely have time to prioritize these highly vulnerable nursing home residents, and visits tend to be short and superficial in nature. These time constraints sometimes lead to miscommunication and care coordination concerns, resulting in undesirable outcomes.

**Putting care management in place**

The core principal of the Optum CarePlus Institutional program is giving nursing home residents a high level of personal attention and filling a gap not met by traditional fee-for-service primary care providers. Closing this gap reduces unnecessary hospital admissions and ER visits. This patient-centric model also has the following hallmarks:

- CarePlus advanced practice clinicians have relatively small caseloads to ensure they have time to provide much-needed care and support
- In working with the health plan, eligible nursing home residents are identified and enrolled into the CarePlus Institutional program
- CarePlus clinicians perform initial comprehensive assessments followed by routine visits and visits for any significant change in condition
- Management of clinical, environmental and psycho-social conditions reduces hospitalizations
- Advance care directives are consistently established through discussion of disease trajectory and goals of care
- Advanced practice clinicians provide 24/7 telephone support using an integrated care management system and electronic health record
- Frequent communication and collaboration with all stakeholders in care including physicians, nursing staff, patients, families and ancillary services providers

**Who is the typical Optum CarePlus Institutional member?**

The typical Optum CarePlus Institutional patient is 84 years old; 75 percent are female and 64 percent have advanced cognitive impairment. Further, these patients, on average, need help with four out of five activities of daily living (bathing, dressing, feeding, toileting and mobility), and take 9–11 routine prescription medications. They typically have eight or more chronic conditions, including such end-stage conditions such as heart failure, chronic obstructive pulmonary disease (COPD), dementia, diabetes with complications, and visual and hearing impairment. These characteristics present a unique subset of the Medicare Advantage population, more advanced in age and more physically and mentally fragile than their counterparts in the community. By recognizing that these patients have specialized needs, the CarePlus program works with SNF staff to diagnose early signs and symptoms of an exacerbation of their chronic illnesses and to coordinate customized care plans for these individuals.

For example, a CarePlus nurse practitioner might be helping to care for a patient with advanced cognitive impairment who develops difficulty swallowing, a common end-stage symptom of many dementias. This condition can lead to diminished appetite (and weight loss) as well as aspiration of food, drink or saliva, which can cause acute onset of fever, coughing and shortness of breath, and often results in the patient being transferred to the hospital.

CarePlus advanced practice clinicians are trained to anticipate complications such as aspiration pneumonia in this scenario and to build out a care plan with the patient, family, SNF staff and the attending physician. The care plan likely would include early advance care planning and interventions consistent with previously stated goals of care to focus on maintaining comfort in the SNF, which could include administering fluids, antibiotics, and extra visits from the nurse practitioner and the facility staff, ultimately leading to higher quality of care, enhanced coordination and a better outcome.
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**Successful implementation of a patient-centric care model**

An East Coast health plan was experiencing increased Medicare spend along with a decrease in their Medicare membership. They discussed this issue with Optum, which gathered member data and conducted an analytical assessment of the health plan’s SNF population to further evaluate the hospital admissions and skilled nursing days this population was experiencing.

The East Coast health plan knew its Medicare program was plagued by high medical costs, but it could not pinpoint how to fix the problem. The Optum CarePlus analysis showed that the plan was underperforming on its institutional population. The prospect of a program that could help the plan manage their highest risk members held great appeal.

Optum CarePlus Institutional assigned a nurse practitioner to holistically manage the health plan’s nursing home members by working with their families, caregivers and the facilities, making sure that required tests were performed and unnecessary tests or procedures were eliminated. They reconciled medications and controlled and managed conditions in the SNF, which helped members avoid burdensome and costly hospitalizations.

The health plan started seeing changes immediately, as demonstrated by a 74-percent reduction in hospital admissions, and a 90-percent reduction in skilled nursing days across their nursing home members. Further, the SNF staffers were extremely receptive to the Optum CarePlus staff presence and member care coordination.

Elevating care quality and putting the patient first by implementing Optum CarePlus Institutional also allowed the East Coast health plan to reduce costs. Between July 2015 and February 2016, using the Optum program saved the health plan roughly $619,000, with a return on investment of 2.8:1.

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**Optum CarePlus helped an East Coast health plan achieve:**

- 74% reduction in hospital admissions
- 90% reduction in skilled nursing days
- ROI of 2.8:1

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**Patient-centric model: Elevating quality, reducing costs**

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<tr>
<th>Access</th>
<th>Expansive SNF presence and clinical resources</th>
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<td>• 1,500 SNFs nationwide</td>
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<td>• More than 25 years of experience deploying the CarePlus clinical model</td>
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<td>• Optum nurse practitioners are first call, providing extended-hours coverage</td>
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<th>Quality</th>
<th>Integrated care for financial and clinical performance</th>
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<tr>
<td></td>
<td>• Functional and pain assessment; improving or maintaining mental health; flu vaccines; BMI assessments; medication therapy management; identify and address emergent health concerns; medication adherence; advance care planning; and diabetes care</td>
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<th>Outcomes</th>
<th>Accurate documentation drives accurate reporting, improving satisfaction</th>
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<td>• Improved coding accuracy and documentation supports Star/HEDIS measures</td>
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<td>• Health plan access to the Optum EMR for real-time shared management and reporting</td>
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<td>• Quality measures met, tracked and reported on</td>
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<th>Proven results</th>
<th>Significant value, quality improvement and revenue impact</th>
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<td>• Appropriate use in SNF days</td>
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<td>• Reduction in acute admissions and ER utilization</td>
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<td>• Quality improvement, reduction in costs and revenue pickup</td>
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CarePlus makes a difference because of our quality care and experience. Our expertise serving in-facility geriatric and medically complex members, while substantially reducing costs, places CarePlus above the standard fee-for-service care system.

- **Creators of an innovative clinical care model** that enables enhanced care within the SNF. Since 1987, CarePlus (formerly known as Evercare) has been an innovator in changing the approach to clinical care to improve quality care in skilled nursing facilities.

- **Expertise.** CarePlus nurse practitioners and physician assistants provide bedside care and care management to more than 51,000 members in more than 1,500 skilled nursing facilities.4

- **Collaboration.** A key priority for our clinicians is collaborating with facility staff and the member’s primary care physician as well as enhanced communication with members and their families.

- **Avoiding hospitalizations.** Hospitalizations are often traumatic to residents of skilled nursing facilities. Our clinicians are experienced in caring for the geriatric population, working with facility staff and reducing the number of avoidable hospitalizations.

The bottom line is Optum CarePlus Institutional providers give each member a high level of personal attention and fill a gap not met by traditional primary care fee-for-service providers alone. By better managing their high-risk, high-cost population, plans using the Optum program can experience a win-win solution that provides significant clinical value to their SNF members while realizing sizable cost savings.

**Sources:**

3. Based on Optum’s experience.

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**For more information on how Optum can help you, please contact:**

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**Visit:** optum.com