Five Considerations for Evaluating Next-Generation **Care Management Solutions**

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Meeting the Evolving Needs of Comprehensive Value-Based Care

Preventing care gaps, identifying admission risks, reducing clinical variation, and conforming to value-based compliance measures are important aspects of value-based care. If not managed properly, they all raise the risk of increasing costs.

Health plans and state Medicaid agencies face challenges from several growing trends, including:

- **Providing value-based care delivery and reimbursement.** To succeed, organizations must have access to advanced analytics from a shared infrastructure of applications and data.

- **Addressing non-medical determinants of health.** There is growing focus on social determinants of patient health. These include factors like employment, income, education, and family circumstances, as well as patient behaviors, such as exercise, alcohol and tobacco use, and environmental influences like housing, transportation, and water quality.

- **Generating data analytics to support risk contracts.** Healthcare organizations entering risk-bearing arrangements must integrate core clinical and financial datasets to form the foundation for basic cost analysis and risk stratification. Advanced analytics are also required to identify patient populations for targeted interventions.

Care managers now face heavier caseloads, juggling operational delivery for more patients while also supporting strategic initiatives like improving health outcomes and reducing medical and administrative costs.

As organizations continue to advance care management, they are seeking modern solutions that enable proactive, hands-on approaches to engaging members, targeting at-risk populations with appropriate interventions, and reducing costs with actionable analytics. When assessing member-centric solutions to improve overall care delivery, consider evaluating them against five essential capabilities:

1. Comprehensive member view
2. Seamless coordination across stakeholders
3. Robust reporting & actionable analytics
4. Intuitive workflows & flexible business rules
5. Streamlined implementation & customer support

Comprehensive Member View

Effective care management systems offer care managers a consolidated 360° view of members' information, including demographics, lab results, pharmacy records, cost and utilization data, social determinants of health, and behavioral health data. This level of visibility supports holistic insights across the care continuum, enabling care managers to quickly identify and address gaps in care.

Holistic care management solutions should provide comprehensive member views that enable care managers to:

- Monitor prior authorizations, inpatient stays, and concurrent and retrospective reviews

- Focus on coordinating care since it takes less time to manage care plans

- Dive deeper into patient records and facilitate patient interventions

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Seamless Coordination Across Stakeholders

As populations grow, care managers face more complex care management needs. For example, the National Committee for Quality Assurance (NCQA) accreditation requires organizations to proactively approach the health of members by rapidly identifying at-risk members, determining gaps in care, and targeting appropriate interventions.

Forward-thinking care management solutions can help multidisciplinary care teams deliver care more efficiently than ever before by:

- **Tailoring patient interventions.** Address the specific needs of high-risk groups through personalized approaches to plan targeted interventions, initiate case management referrals, and seamlessly manage interdisciplinary care teams across multiple sites.

- **Managing holistic patient care.** Care managers can perform comprehensive individual member assessments and monitor coordinated interventions in real-time as new and relevant patient information emerges.

- **Exceeding standards and regulatory requirements.** Solution providers should continually review NCQA standards, standards of practice from the Case Management Society of America (CMSA), CMS Medicare Advantage requirements, and various state Medicaid requirements to understand the actions needed to meet evolving standards and regulations through industry best practices across the care continuum.

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## Robust Reporting & Actionable Analytics

Actionable analytics are the key to advancing the Quintuple Aim — improving patient and provider experiences, enhancing population health, reducing costs, elevating care quality, and promoting health equity. Leading organizations are adopting frameworks such as Johns Hopkins Adjusted Clinical Groups system, which predicts member health based on existing medical and demographic data, and New York University's Emergency Department Algorithm (NYU-EDA), which categorizes visits to the ED based on primary diagnosis codes to assess the urgency and appropriateness of the visit. Analyzing clinical and financial population data helps stakeholders identify savings opportunities, better serve members, and drive behavior change.

When considering advanced analytics modules, care managers and directors should seek solutions that enable real-time insights so they can:

- **Spend valuable time where it's most impactful.** Conducting a comprehensive review of performance analytics — including medical and pharmacy claims, lab results, prescriptions, health records, non-medical data, and eligibility information information — can help care managers optimize resource utilization and drive impactful, data-driven decisions.

- **Predict patient care quality and outcomes.** Using key metrics such as operational and clinical risk, admission and readmission risk, Medical Hierarchical Condition Categories (HCC), social risk, and current risk adjustment factors, care managers can better identify and stratify members based on potential risk to help prioritize and support targeted interventions.

- **Evaluate performance at a glance.** Custom dashboards enable new levels of efficiency, visibility, and scalability by allowing teams and leaders to easily design and generate reports, track key benchmarks across multiple areas, meet regulatory and compliance standards, improve operations, and promote quality outcomes.

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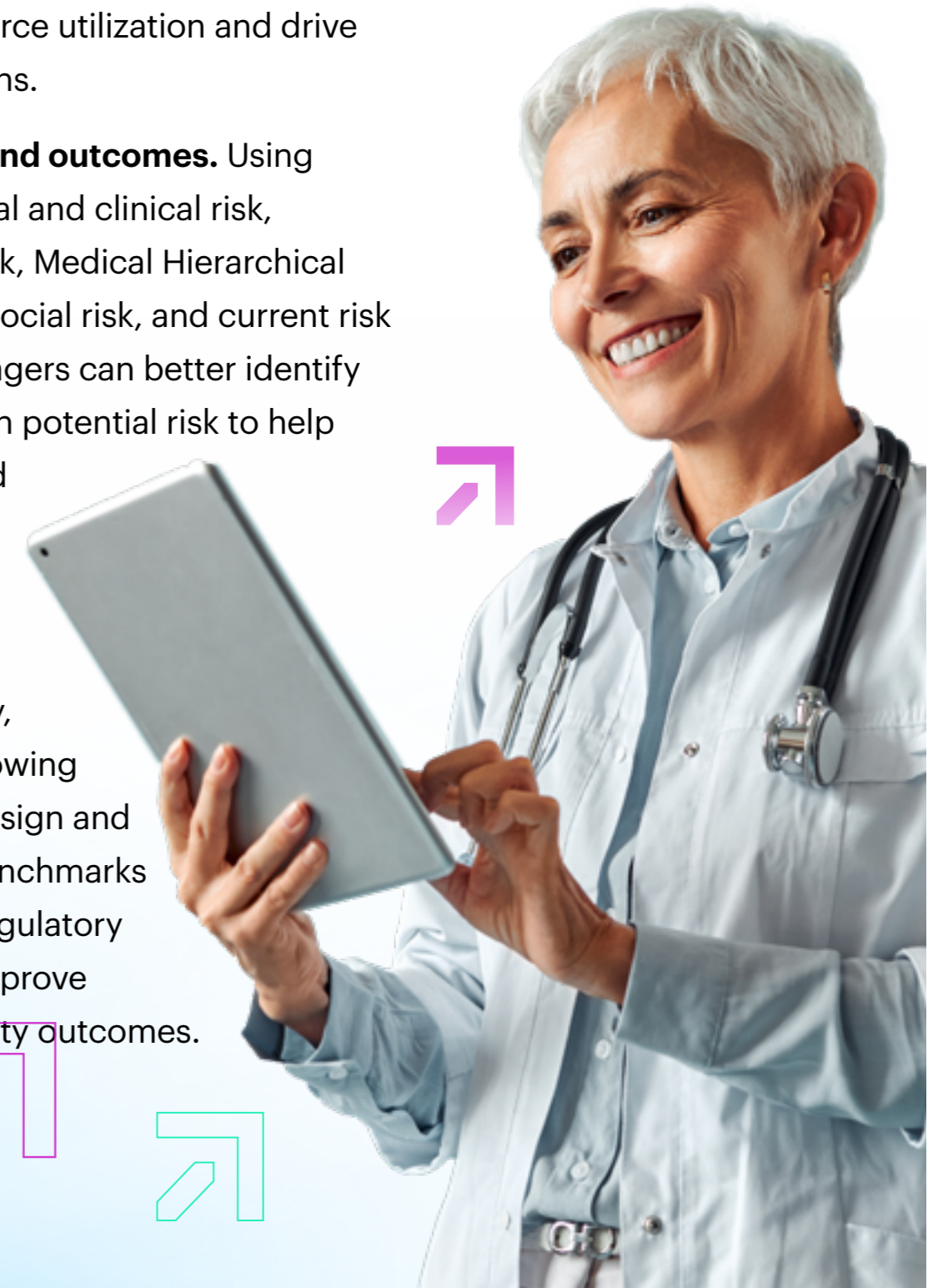
Intuitive Workflows & Flexible Business Rules

Software systems often operate in silos, requiring care managers to navigate overly complex workflows and processes. Next-generation care management solutions provide the flexibility to adapt to health plan-specific needs, evolving regulatory standards, and changing medical records management practices.

The most effective solutions are designed in collaboration with nurses, care managers, and other cross-functional stakeholders. For example, when developing our Gainwell care management system, our product developers sat side by side with care managers and watched them work

"The configurability really helps your team improve their practices. Through this process, we have identified inefficiencies that we realized we could eliminate or streamline."

– Gainwell client, Medical Management Director

over three years. Through this immersive experience, the team was able to mirror and enhance processes that care managers already use while developing an intuitive user interface that streamlines administrative tasks though AI and automation and enables care managers to focus on coordinating the best patient care plans possible. The result: a user-friendly system that empowers people to be productive on day one.

With accessible, customer-centric care management systems, care managers can:

- **Organize workflows by specific criteria.** For example, care teams can sort and analyze claims information or pharmacy data based on selected parameters such as treatment categories, prescription trends, or patient demographics.

- **Automate assessments and generate individual care plans.** Based on predefined business rules, care management solutions should enable intelligent care plans that incorporate critical tasks and care recommendations to ensure consistency, reduce errors, and allow proactive management.

- **Manage the continuum of care with a focus on quality.** Care managers play a pivotal role in routing cases and collaborating with other key stakeholders to plan interventions. By integrating workflows with quality guidelines, care managers can standardize processes, improve consistency in care delivery, and more effectively address gaps in care.

Accelerating Care Management Efficiency Across Systems

One of the nation's largest third-party administrators (TPAs) had been managing more than 500,000 members using an internal database program for documentation, management, and reporting. Using three different systems to manage authorizations, track turnaround times, and utilize guidelines became challenging, requiring IT support any time a new report was generated.

This TPA partnered with Gainwell to address these challenges through our advanced care management solution, achieving measurable results such as:

- **Simplifying processes**, including streamlining a dozen tasks into three statuses in three queues

- **Decreasing claims processing** times from 10 days to three to five days, with some taking less than 24 hours

- **Reducing authorization processing** times from 30 minutes to less than 10 minutes

- **Minimizing training** for new utilization review intake coordinators from six to eight weeks to three to four weeks

"We can handle more volume without significantly increasing the staffing ratio, and we see that trend continuing. We love Gainwell's Care Management solution."

– Gainwell client, Medical Management Director

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Streamlined Implementation & Customer Support

Creating a full picture of member health and care journeys requires interoperability and efficiency across multiple systems. For example, medical reviews traditionally require staff to handle a stream of fax requests, review medical records, consult care guidelines, and communicate the authorization decision. Streamlined, intuitive care management solutions enable care managers to open and complete authorization requests on a single screen, with immediate access to relevant medical necessity guidelines. Advanced automation capabilities can also significantly reduce administrative burden for care managers by optimizing care plan generation and correspondence.

Adopting a modular implementation approach can minimize operational risk while maximizing flexibility for organizations. As efficiencies are identified and processes are functioning smoothly, care teams should seek vendor partners that deliver exceptional customer service and ongoing development opportunities — including training, industry best practices, and a shared commitment to patient care outcomes.

"Before implementing Gainwell's care management solution, we were case managing 200 to 250 members. We're now handling around 700 members. Our case manager is now managing 250 to 300 members. At launch, she was managing around 80. The care management solution has helped her tremendously. She loves it."

– Gainwell client,
Medical Management Director

Success with Next-Generation Care Management

Organizations integrating innovative care management solutions often experience improvements in efficiency, outcomes, and overall performance.

Below are examples of success metrics from Gainwell care management clients:

75%
reduction in task time for clinical entries

250%
increase in members supported by case management

66%
reduction in authorization review time **(from 30 minutes to 10 minutes)** by consolidating five systems

70%
reduction in authorization processing time from **10 days to three days**

300%
increase in throughput, delivering **$25 million** in savings over three years

75%
increase in case manager productivity by streamlining processes and reducing **12 tasks to three tasks**

Empowering Care Managers Through Innovation

Care managers are at the heart of coordinating services across the care ecosystem. To deliver the most impact, they need streamlined care coordination tools, visibility into patient risk, flexibility to meet NCQA standards and regulatory requirements, and data-driven insights. As your organization considers care management solutions, offerings that are intuitively designed, flexible, and interoperable can help create a more efficient and member-centric care system to deliver improved outcomes.

Visit us to learn more information on Gainwell care management solutions at gainwelltechnologies.com.

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