

Importance of Integrated Utilization and Care Management in an Academically Owned Health Plan

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In early 2017, JHHC created Health Services and embarked on a strategic and thoughtful yearlong integrative process transferring CM from Population Health and UM from Medical Management. The integration created a vehicle improving member care delivery and served as the engine for critical financial performance improvement for the plans' lines of business. After the steering committee's agreement on the sense of urgency for change, through organizational development, guiding principles, strategic themes and goals were established. Vision and mission statements were created and success factors were developed along four areas. Workgroups were formed through self and steering committee selection from within both teams and within each, several critical goals were developed which were ultimately shared with all of Health Services. The Organizational Development (OD) iterative and time-tested process allowed for the identities and cultures within both groups to be understood, valued and integrated in the final strategic themes and success factors. Finally, these themes and factors were shared at the first quarterly Health Service "Gathering".

In fall of 2017, JHHC faced a significant financial shortfall, which threatened its long-term viability. State actuarial plan rate decisions and the failure to effectively and efficiently manage care delivery, necessitated the need to create a \$25M Performance Improvement (PI) Plan for both federal lines of business. The UM Team executed on venue of care and more tightly managed medical necessity and CM Team rebranded its programs and improved staff management successfully meeting the PI Plan.

In sum, the OD facilitated process created a cohesive and integrative UM/CM partnership. This partnership created an environment within Health Services, which allowed for the successful CM rebranding and redeployment as well as improved and effective UM/CM processes critical to the successful implementation of Performance Improvement.

Problem:

Integration of Utilization Management and Care Management within Health Services to improve member care delivery in a cost effective and efficient manner, through implementing tightly managed UM reviews, limiting venue of care, rebranding and evidence based CM models in an environment of declining revenues with rapidly evolving clinical science.

Aim:

The aims of this project are to:

- 1) Integrate UM/CM using OD Techniques.
- 2) Create an environment for successful implementation of the PI Plan

Strategy for Change:

- 1) Determine the "Urgency for Change".
- 2) Develop a "Vision Statement" for Change".
- 3) Develop "Guiding Principles for Change".
- 4) Create UM/CM – Strategic Themes/ Success Factors (SF)
- 5) Develop multi-level cross-functional task groups to operationalize SF.
- 6) Work collaboratively within both teams - staff and leadership teams.
- 7) Maintain transparency involving the entire Health Services Team
- 8) Implement agreed upon change solutions within an agreed upon time.
- 9) There is value in using a crisis to implement effective change.

JHHC – Urgency for Change

We are growing and we need to be scalable.

There is a need to improve efficiency, collaboration and coordination of care, if we are to be a leader and optimize our business as we move ahead.

CM/UM needs to be part of the cost reimbursement structure to be most efficient and effective for our members.

UM/CM – Vision Statement for Change

We will collaborate to create a **holistic, member centered** business unit that is innovative, efficient and **seamless**.

A **singular view** infrastructure will be developed to **promote collaboration** primarily between Utilization Management and Care Management, as well as Pharmacy, Provider Relations and Quality, to **harmonize coordination of care transitions**.

Our efforts will **maximize the strengths** of our individualized specialties in order to **improve the lives of our members, support caregivers and engage the provider community**.

JHHC – Guiding Principles for Change

Member Centered: focus on member experience.

Respect: demonstrate collegiality and collaboration.

Mission and Margin Alignment: scope and efficiencies focused.

Transparency: being honesty and having integrity.

Engagement: empathy and understanding that engages employees and participants in the process of change.

Innovation: flexibility and willing to step out of the comfort zone

Accountability: own what works and what does not; remain committed and follow through.

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UM/CM – Strategic Themes/ Success Factors

Coordination and Collaboration

Establish a clearly defined workflow process

Create ability to actively and to passively share info

Establish the ability to problem solve

Member Centricity

Encourage member's active participation in care

Create a culture of customer service excellence

Provide tools to support our members

Responsiveness to Providers

Establish infrastructure and resources for efficient responses

Engineer systems to require less responsiveness to maintain

Staff Engagement

Address employee input in program and process design

Work with training for documentation execution of changes

Results:

Through a collaborative partnership within all levels of UM/CM Staff and Leadership, change management may be successfully implemented improving procedures, processes and outcomes.

Lessons Learned:

Collaboration, transparency, integrity and trust are critical elements to the successful integration. It is equally important to be persistent, passionate and patient toward advancing processes to completion as well as avoiding indecision and compliancy.

Message for Others:

We believe this approach is transferable to other academic medical centers in this current financial environment to improve clinical care delivery to our members/their patients.