Quality Chasm Focus Group
Case Management Perspectives Meeting Summary
June 15, 2004

The Institute of Medicine (IOM) recently published the report, *Crossing the Quality Chasm*, in which it issued a challenge to all sectors of health care to "adopt as their explicit purpose to continually reduce the burden of illness, injury, and disability, and to improve the health and functioning of the people of the United States." [1,2] The IOM contended that while medical science and technology have achieved rapid advancements, the health care delivery system is unable to translate this scientific progress into high quality care for all Americans. Health care too often harms patients and fails to deliver potential benefits.

The IOM proposed six "aims for improvement" - dimensions in which the current health care system functions below optimal levels. The IOM called for the aims to be embraced by *all stakeholders* within health care. A heath care system that achieves major gains in these six dimensions will provide better patient care that represents a substantial improvement over today's system. These six aims and a brief definition of each are summarized below:

Six Aims- Health Care Should Be:	***Definition***
Safe	*Avoid injuries to patients from care that is intended to help them.*
Effective	*Provide services based on scientific knowledge to all who could benefit; refrain from providing services to those unlikely to benefit (avoid underuse and overuse, respectively.)*
Patient-centered	*Provide care that is respectful of and responsive to individual patient preferences, needs, values; ensure that patient values guide all clinical decisions.*
Timely	*Reduce waits and potentially harmful delays for both those who receive and those who give care.*
Efficient	*Avoid waste of equipment, supplies, ideas, and energy.*
Equitable	*Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geography, or socioeconomic status.*

I. Panel

In June 2004 URAC convened a focus group of case management (CM) leaders. The group was identified by the Case Management Society of America (CMSA), and included members of the Board of Directors for CMSA and other influential CM leaders. The focus group consisted of 20 attendees. Panel members discussed their awareness of the IOM *Quality Chasm* report, the role and relationship of each of the six aims to case management, and the direction of future efforts in case management to support the six aims.

II. Awareness of IOM Six Aims

Case managers' awareness of the IOM's six aims varied from very limited exposure to active institution of the six aims in the case management (CM) practice setting. The hospital setting provided the most direct exposure as a result of ongoing quality initiatives. Many leaders noted that CM is often

[1] Crossing the Quality Chasm. 2003 National Academy of Sciences http://books.nap.edu/catalog/10027.html
[2] Berwick DM. A user's manual for the IOM's 'Quality Chasm' report. Health Affairs 2002;21(3):80-90

offered as part of an integrated medical management approach, including disease management (DM). DM often offers more direct activities relating to the six aims, since increasing adherence to effective standards of care is a core principle of DM.

Case managers noted that the intent of the six aims align closely with CM principles as outlined by CMSA's Case Management Standards of Practice. The IOM report serves as a guideline and educational platform that could be incorporated into CM and used as a tool to raise the level of understanding of the importance of the six aims. The issue of safety represented the most highly visible of the six aims in the CM setting. Improving system equity and patient-centered activities are also high priority functions for CM.

III. Current Case Management Activities and Opportunities that Relate to IOM Aims

The discussion focused on each of the IOM's aims and how they relate to case management practice. While substantial overlap is inherent in the six aims, individual aims create unique issues for CM. Key issues raised by the CM participants include:

a. Safety

- CM often approaches the safety issue by focusing on medication use, errors, compliance and adherence. However, CM has the potential to offer additional safety efforts, such as identification of inappropriate care, facilitation of best practices, coordination between multiple care providers, etc.;
- CM also provides a "safety net" to patients across the continuum of care, particularly during transitions of care. For example, CM coordinates patient care issues during transitions from hospital to home or to rehabilitation. These safety nets are often reactive, but could be proactive as well, precluding transition dangers in advance;
- Benefit design is important in fostering the ability of CM to adequately address all aspects of patient safety, particularly those beyond medication issues.

b. Effectiveness

- Effectiveness is a top-level priority that will drive the rest of the system. Safety lapses are a symptom of an ineffective system. Systems should be designed on the science of effectiveness, which will then flow down to safety improvements;
- Case management enhances the ability to incorporate evidence-based practices into the continuum of care. Development of clear evidence-based CM pathways and best practice guidelines will optimize the value of CM;
- Case managers need an improved understanding of both under- and over-utilization of health care services as drivers of effectiveness. They need tools and methods to address these issues in care planning for patients;

- Measurement is key to understanding effectiveness. Meaningful outcomes and other measurement parameters are needed for CM. Pay for performance and public reporting are tools for getting providers of all types to the table and making measurement meaningful.

Challenges:

Consumers are changing, as are benefit designs. Consumers have little understanding of the complexity of the system, and they do not have adequate information to support decisions at the point of need. A role for CM is to integrate information and use it in variable ways to make it meaningful for patients depending on their individual circumstances.

Fragmentation of health care services adversely influences effectiveness.

CM needs additional methods to promote patient responsibility to participate in an effective care plan and to adopt necessary care management changes.

c. *Patient-Centeredness*

- Case managers have traditionally focused efforts on a patient's individual clinical needs. However, it is difficult to adequately define a patient's values, needs, and preferences regarding treatment decisions, particularly in the context of predetermined benefit packages;
- Conflicts may arise when patient values/preferences appear to be opposed to effective treatment care plans.

Challenges:

Payers are not fully supportive of the concept of patient-centered care. Payers need to align finances and encourage providers to deliver care.

Finances are not aligned to promote coordination of care. There are no financial incentives for providers to follow through with a patient after their discharge or treatment.

Performance measures are not always aligned between actual quality and patients' perceptions of quality. Measuring satisfaction just measures patient perception based on expectations, not quality. Rating case managers through use of patient satisfaction surveys can add to such conflicts.

CM need performance and patient assessment tools that capture the correlation between quality, outcome and patient preference.

d. *Timeliness*

- Case managers address timeliness by cutting through barriers and red tape. This function is seen most often in the outpatient setting and when care is divided between clinical settings and CMs can assist in coordinating care across providers;

- CMs can help to set priorities in care plans based on patient need and preference, which also promotes timely and effective care.

Challenges:

Most CMs provide service during typical working hours, which may limit their availability to coordinate timely delivery of services when needed by patients.

e. Efficiency

- CM promotes efficient use of service by promoting coordination of care and emphasizing adherence to evidence-based guidelines;
- Adequately defining over- and under-utilization is challenging in all CM situations.

Challenges:

The lack of well-developed "systems" for delivering health care and the current litigious environment promotes over-utilization of services and hampers CM efforts at enhancing efficiency.

Health care lags behind other systems in use of technologies such as smart cards to ensure that information follows the patient. Information is not always available at the point of care or when there is a need for care coordination across health care systems, often resulting in redundancy of diagnostic or other interventions.

f. Equity

- Equity has different levels. CM addresses equity at the general level of access to care by facilitating entry into the health care system. However, access barriers related to geography, lack of health insurance, and homelessness are challenging equity problems;
- Increasing evidence-based care and using CM as a tool to promote the six aims could reduce disparities in treatment and diagnosis.

Challenges:

Educational efforts should be directed at case managers to increase awareness of disparities in health care delivery. CMs could be trained to recognize certain groups as "at-risk."

IV. CM Priorities Among the Six Aims of the IOM

Focus group members discussed which one of the six aims should be of highest priority for organized CM attention. While the group felt that all six aims overlap to an extent, safety and effectiveness emerged as the two critical themes for impacting clinical outcomes. CM can play an active role in helping institute the six aims by promoting increased education on the six aims initiative and developing methods to “translate” the information from the IOM report into CM practice. The group also concurred that CMs should be aware that the CM Standards of Practice align with and support the six aims as well.

V. Future Opportunities for CM

CM leaders identified some of the greatest opportunities in areas such as:

- Identifying areas of predictable risk such as transitions of care and using CM strategically to avert risk;
- Engaging patients more effectively in anticipating care needs and developing and implementing plans of care;
- Helping to define and implement redesign of the information infrastructure so that real-time data supports CM efforts and accompanies patients throughout the health care system;
- Initiating blended patient-centric and population-centric approaches to CM and aligning these initiatives across all service organizations that provide care management (e.g., CM, DM, UM, etc.);
- Define measurable outcomes for CM related to the six aims with quality indicators for each of the aims that can be measured on a day-to-day basis.

VI. Summary

The IOM report highlighting the six aims for improving quality has clear relevance to the role and activities of CM. Many aspects of the six aims are currently incorporated into CM activities. However, the opportunity exists for more complete assimilation of the six aims, which is likely to impact health care outcomes. Actively designing CM program activities, applications, and interventions to more fully encompass the six aims requires a dedication of resources, development of new infrastructure support systems, and a commitment to measuring the outcomes of the change process. Although CM does not “touch” every patient, it represents an important vehicle for advancing the system toward quality care and improved outcomes.