



## Better Care Navigation

### **Situation and Complication**

Care navigation is a great concept – helping employees make informed decisions about the best choice for their clinical care. It's not surprising that most big carriers offer care navigation services or that private equity firms have invested billions of dollars in the leading independent providers. However, as highlighted in our previous newsletter, there is a problem – care navigation services are not supporting employees at the right time with an effective approach.

Members are not familiar with their “one size fits all” benefits, which are in daunting reference manuals describing all the available benefits and the utilization processes for their plan. Compounding the problem of members' unfamiliarity with their benefits and how to use their plan, is a lack of desire to consult their health plan when seeking clinical advice. Patients tend to turn to their primary care providers, friends, family, and online search and social media for healthcare decision support in lieu of consulting their health plan\*. While these sources of information may be helpful, they are unlikely to be familiar with the clinical resources available to a particular member through their health plan.

The challenge – how to make employees aware of their care navigation and healthcare resources when they need them, i.e., when they will be likely to engage, AND before they are well into their diagnostic and treatment pathway, when little can be done to positively affect the journey.

### **Solution**

To redress this problem, we are reimagining care navigation to focus on timely outbound communication versus sanguine inbound communication. Claims data provide a wealth of information about who needs to be engaged – recent hospital admissions, rising expenditures, advanced diagnostic procedures, etc.

Imagine you are confronting an emerging health episode, and your navigation service calls to remind you there is a well-resourced, clinically-trained advisor ready to help you. Or maybe, because you have a range of risk factors, they already have a working relationship with you. The probability of engagement

increases substantially. The probability of better outcomes increases substantially. The probability of happy employees increases substantially.

And what if you already have a solution in place? You can augment what you have and make it even better.

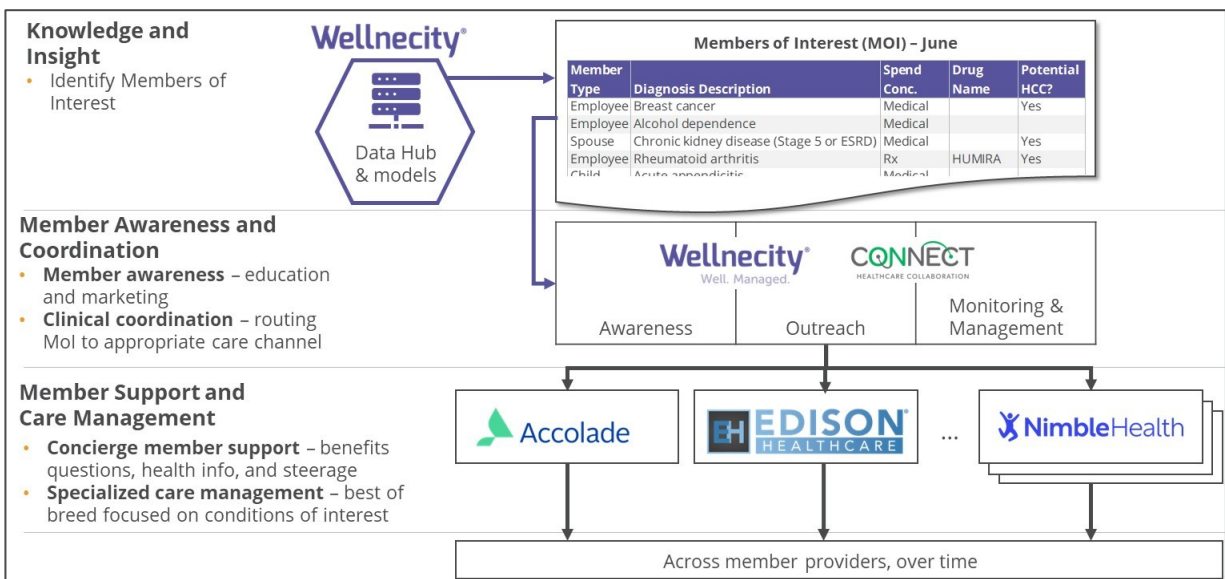
### Wellnecity Example

A Wellnecity client had deployed a national Center of Excellence (CoE) and a nationally recognized care management service. Unfortunately, only ~10% of eligible members were availing themselves of the superior care resources available via the CoE program. In our role, as plan manager, Wellnecity worked with the client to develop a solution – this solution became the foundation of our outbound care navigation approach, described in the graphic below.

First, we ingested the claims data to identify leading indicators for impending eligible procedures, i.e., if a member had a biopsy, there is a reasonable chance that person could benefit from treatment at Center of Excellence. Second, we partnered with a human-centered nurse advocacy team (not a call center) to develop an effective approach to outreach. Armed with a clinical perspective on the benefit of Centers of Excellence, employees were not only aware of their options, but fully informed about their benefits and willing to listen.

Now almost 50% of eligible members take advantage of this benefit – resulting in better care and lower cost for the employee, and better plan performance for the employer.

### Wellnecity outbound care navigation approach



\* For example, see Power team's [survey](#), "It's Your Health - Who Do You Trust?"