

CARE MANAGEMENT

Lexicon of Terms

Care Management – A primary care based intensive outpatient care program for predicted highest - cost or at-risk members (patients at high risk or rising risk for poor outcomes at high costs). Care is proactive and guided by an iterative care plan shared with the patient and across the care team.

Care Team – Members of patient’s medical home which may include PCP, RN, LPN, MSW, and Pharmacist, supported by Medical and Physician Assistants and Health Navigators.

Care Manager (CM) – Usually registered nurse (RN) who is responsible for assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet the medical, behavioral health and psychosocial needs of a patient and their family.

Patient Engagement – Where the care team collaborates with health care administrators and works closely with the patient to improve and maintain patients’ health according to the care plan and patient goals.

Self- management – Where a patient is able to see potential areas of need regarding their health and decide on and implement actions to improve health status.

Patient Activation – The patients’ willingness and ability to take independent actions to manage their health and healthcare. This is very similar to self-management and can be used to adjust care plan.

Clinical Guideline – Also called a clinical guideline, clinical protocol or clinical practice guideline, this is a document with the aim of guiding decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare.

Clinical Pathway – Also known as care pathways, critical pathways, integrated care pathways, or care maps, these are tools used to manage quality in healthcare and in standardization of care processes.

High Risk Candidates – High risk patients contained in an eligibility population file with risk score flagged as meeting threshold as well as high utilizers and high cost members added from claims data or referred by their PCPs for care management.

High Utilizer – Individual with High Utilization, usually patients whose complex physical, behavioral, and social needs are not well met through the current fragmented health care system.

Milliman Advanced Risk Adjuster (MARA) – The risk scoring tool which makes overall predictions about future total claim cost.

Risk Score – A method to classify and predict healthcare risk for individuals, and predicts future healthcare resource consumption for each particular patient based on past experience. Uses a prediction model that incorporate information on clinical conditions based on data from medical records or claims databases, in addition to demographic information (gender and age).

Risk Thresholds – For both the Boeing and PEBB patients, we use Prospective MARA (pMARA) score when available with a Risk score of 2 or more for designated cohort, and Risk score 8 or more for attributed cohort. For Premera AHS patients, we use the Optum risk score to identify “top 5%”.