

The Four Rights: Ensuring Patients Get the Right Care at the Right Place at the Right Time for the Right Prices



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The 4 Rights:

Ensuring Patients Receive –

the **Right Care**

the **Right Place**

the **Right Time**

the **Right Price**

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What are the 4 Rights?

an example

New cancer patient about to receive chemo at an inpatient facility:

- After authorizing the biopsy, the CM followed the pathology reports on the biopsy to authorize the therapeutic chemo agents:
 - **The Right Time:**
 - *Getting the biopsy report early allowed the MedWatch CM to be involved immediately in the case and to monitor the treatment plan & care.*
 - Attending physician prescribed a non-standard of care combination of drugs:
 - **The Right Care:**
 - *The MedWatch CM worked with the attending physician to change the drugs to a combination of drugs that was an approved standard of care.*
 - Attending physician wanted to provide care as inpatient:
 - **The Right Place:**
 - *The MedWatch CM moved patient to an outpatient infusion center that was . . .*
 - **The Right Price:**
 - *. . . under a contracted rate.*

What is Case Management?



- **Case Management:**

- Provides oversight and management of high dollar and complex conditions.
- Is typically triggered by a pre-cert admission for inpatient or outpatient care, a payor inquiry, data mining, and/or nurse judgement.
 - *The earlier the trigger, the better the outcome.*

- **Case Managers assist engaged members in:**

- Securing high-quality treatment with in-network or approved providers.
- Orchestrating the coordination of care of the many providers involved.
- Improving adherence to the treatment plan.
- Encouraging behavior changes for better clinical and financial outcomes.

How Case Management Manages the Right Care:

- **Case Example:**

- Patient had a history of anal cancer 5 years earlier, and now has presented with one cancerous lymph node.
 - **The Right Care:**
 - *The MedWatch Case Manger reviewed the treatment plan and found it was egregiously outside of NCCN guidelines and that the proposed treatment would be toxic to the patient:.*
- Reviewed by an oncology physician reviewer who denied the treatment with alternatives provided.
 - Attending physician appealed the case.
 - Additional PA review was done with a peer-to-peer review and still denied. *(Two second opinions)*
- **Outcome:** The correct treatment plan was put in place with a positive outcome.

Why a Member Should Engage in Case Management when needed.

Case Management is:

- A single point of contact for health-related services throughout the continuum of care.
- An advocate/navigator who helps members/patients and their family understand the diagnosis and treatment plan.
- Personal advocate/navigator who provides assistance with:
 - Scheduling medical services.
 - Finding the best provider specific to patient healthcare needs.
 - Controlling the patient's out of pocket expenses.
- Enhanced patient engagement, resulting in:
 - Greater satisfaction.
 - Improved treatment outcomes.

Engaged vs. Non-Engaged

The story of 2 patients with newly diagnosed colon cancer

Engaged Patient

- Member was contacted immediately after a positive biopsy of the colon
- Assessment conducted. Patient had multiple barriers to care including transportation, food insecurity, social support, understanding of the disease process, treatment, medications and prognosis
- Member was engaged with CM, in-network treatment was established, barriers were addressed, education and resources were provided
- **12-month cost: \$135,200**

Non-engaged Patient

- Complications due to unmet healthcare needs:
 - After discharge financial inability to pay for medications resulted in readmission via the ER
 - Side effects with the medications and inability to access PCP/Oncologist resulted in ER visit and readmission
 - Patient obtained chemotherapy and radiation out-of-network
- **12-month cost: \$393,736**

Case Management & Member Engagement



CM without the member engaged is just Claims Management

- **Change the paradigm:**
 - Incentivize the member to agree to Case Management when identified.
 - Educate the HR department and the employees up front on the importance of their engagement with a Case Manager so that when the need occurs there is no question on the process or the value.
 - It is better to have the member work with the CM who has the clinical expertise and knowledge to handle the complex care and resource questions, than to have the HR Department field clinical healthcare related questions.

Other Key Questions Regarding Cancer:

Are Genetics and Genomics the same, and are they needed?

- **Genetics refers to a person's genetic make-up or inherited traits**
 - Genetic tests may help identify a person's risk of cancer and other diseases.
 - 5-10% of cancer is hereditary.
- **Genomics is typically used in reference to a tumor's composition or in terms of cancer-specific mutations.**
 - Genomics generally refers to the study of mutations in genes that may drive various cancer behaviors, from how aggressive it is and whether it spreads to distant locations in the body.

Questions continued:

Should these test be covered by insurance?

- **Genomic Testing** is almost always valuable and useful
 - Testing targets treatment protocols.
 - Results are often required to determine medical necessity of chemotherapeutic agents and treatment.
- **Genetic Testing** is not always valuable, can be severely overpriced, and can frequently be medically unnecessary.

GENOMIC & GENETIC Testing:

- Should be allowed . . .
- . . . but only WHEN MEDICALLY NECESSARY.
 - CAR T-cell therapy is NOT genetic/gene therapy.