



Directing Health Plan Members to the Most Appropriate Care Supports MLR

When health plans consider implementing a nurse advice line, two different approaches come to mind. From low touch to high touch, nurse advice lines are designed to meet the needs of the health plan. Some nurse advice lines are low touch and others feature strong member redirection.

But like many other health care industry products and services, nurse advice lines and their perceived value have changed. Years ago, nurse advice lines were critical to the success of health plans; more recently price is a deciding factor in purchasing decisions.

We typically see nurse advice lines falling into two areas:

- **Low touch:** Inexpensive check-the-box service to satisfy accreditation needs.
- **High touch:** Supports quality improvement by directing callers to appropriate health care resources.

While the reasons to implement a nurse advice line are quite different, the line that directs members to appropriate care is undergoing something of a renaissance in the health care world. We see this happening because a nurse advice line that improves quality of care for members has the added benefit of lowering costs for the health plan and, importantly, may qualify as quality improvement activities under the medical loss ratio.

More payers see the value and the potential cost savings of using nurse advice lines to direct members to the right care at the right time at the right place. Doing so supports the member and complements a health plan's need to appropriately address medical loss ratios. The determination of "quality improving activities" under the medical loss ratio is measured after the fact and may vary when used in different settings and circumstances. Health plans will need to consult legal counsel to determine when its activities are primarily designed to improve quality of care under the medical loss ratio rules.

Directing members to appropriate care

Not all nurse advice lines are designed to accomplish the same thing. A nurse advice line with a strong redirection component is necessary to improve quality of care. The sometimes unexpected, but always potential byproduct of a strong nurse advice line is lower health plan costs. This is accomplished by directing callers to the most appropriate care and supporting quality improvement.

In some cases, members who want to go to the emergency department (ED) should. Other times a member presents with what appears to be a minor affliction having no intention of going

to the ED, but is directed there because of the symptoms described. Alternatively, there are many opportunities for callers to use less intensive care even if the member's first impulse is to do the opposite.

When we can take advantage of these alternatives, the member gets appropriate treatment and the health plan saves money and resources by ensuring the member is cared for appropriately. With provider office visits costing up to \$98 depending on the complaint and ED visits averaging \$1,265, it makes sense for health plans to control these costs. A heart attack, for example, may be less costly when caught early before it leads to long in-patient stays and rehabilitation. Among women, a heart attack costs approximately \$1 million over a lifetime because of inpatient hospitalizations, medicines, lost productivity and time away from work.

A strong nurse advice line that positively impacts cost and resource use has an added benefit: doctors and the nurse advice line give essentially the same recommendations. A 2003 study published by the Archives of Pediatrics & Adolescent Medicine looking at the advice given by UCLA physicians and a nurse advice line found the advice virtually the same. The randomized, controlled trial found that:

- 11.4 percent of callers in the physician group and 10.7 percent in the nurse advice group were advised to seek emergency department or urgent care;
- 19 percent of callers in the physician group and 18.7 percent in the nurse advice group were advised to seek office care; and
- 69.6 percent of callers in the physician group and 70.6 percent in the nurse advice group were advised to perform self-care.

What are your intentions?

Every caller has pre-intent. Callers know where and when they want to be seen, whether it's going to the ED, urgent care or meeting with a health care professional. But after talking with a nurse, the caller may be directed to a different level of care. Sometimes the caller needs more intensive care, other times less. Many times, in fact, it should be less. Anywhere from 14-27 percent of ED visits are for non-urgent conditions more appropriately handled at a health care facility providing less intensive care with the potential to save approximately \$4.4 billion each year.

In our own year-long study of more than 460,000 nurse advice line calls, we learned 29 percent of callers intended to seek care at the ED, 9 percent planned on visiting urgent care and 13 percent wanted to take care of the issue at home. The remaining callers sought other remedies, such as an appointment with a provider.

Getting callers to the phone

Using a nurse advice line to direct members to appropriate care gets us halfway there. The other half is reaching the right members and getting them to call when they should, which supports quality improvement. We can use claims to identify members with high costs and potentially inappropriate health care facility use. We then target these members and encourage use of the nurse advice line. Compelling messages promoted through different channels can drive members with emerging health issues to call a nurse advice line. In general, having high-cost, high-risk members call ensures a positive impact on the outcomes of this group.

Now that they're on the line

The opportunity to make an impact arrives once the member talks to the nurse. Using years of clinical experience and expertise, the nurse helps the caller understand more about the emerging condition and makes a recommendation to get the member the right care at the right time. Our research shows many callers are directed to more appropriate types of care better suited to the symptoms they describe. The following—the result of more than 460,000 calls—looks only at members directed to the ED, to urgent care or to perform self care.

Of the 29 percent originally seeking ED care, nurses recommended:

- 16 percent seek care at the ED
- 14 percent seek urgent care
- 29 percent perform self care

Of the 9 percent originally seeking urgent care, nurses recommended:

- 7 percent seek care at the ED
- 14 percent seek urgent care
- 38 percent perform self care

Of the 13 percent originally seeking self care, nurses recommended:

- 8 percent seek care at the ED
- 9 percent seek urgent care
- 42 percent perform self care

Another study showed callers were satisfied with the nurse recommendations even when it differed from the caller's intent. More than three quarters who followed the recommendation said the medical condition was resolved and 95 percent of all callers said the recommendation was appropriate when asked several weeks later.

These statistics support the idea that directing members to appropriate care isn't punitive; rather members access the right care at the right time at the right place with the help of a nurse. Health plans looking to take advantage of a nurse advice line's full capabilities—strong member direction to appropriate care and the resulting cost savings and improvements to quality of care—should consider implementing a full-fledged nurse advice line and heavily promoting the service to the group driving health care costs. **CDHC**

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