Coordinated Care—
Fix for a Fractured System

Workplace wellness programs can add to the fragmentation of the health care system—or employers can take steps to try to ensure care is coordinated with employees’ health care providers.
The three big problems that dominate discussions of health care in the United States—rising costs, poor quality and limited access—are driven to a large extent by one central flaw: the fragmented nature of our health care delivery systems.1

In fact, calling American health care a system is a misnomer, since our country’s health care is not delivered through an integrated system, but through a loose network of providers, suppliers, payers, educators and public health organizations. This kind of fragmented care is not only more expensive, it is often extremely ineffective and drives waste.2

Corporate wellness programs—which often add another layer of care to an already fragmented marketplace—can fill a tremendous need by focusing on coordinated health care.

So, what does coordinated care look like? A Canadian study asked this question of patients who registered for short-term, home health care services after being discharged from a hospital.3 The patients identified three key components of coordinated care: communication, knowledge and consumer focus.

Communication between the physician and the patient clearly is the foundation for good care, but consumers in the study also wanted their providers to communicate with each other to ensure that information about their diagnosis, treatments, procedures, medications and the services recommended would follow them from one care setting to another. Patients wanted their care individualized and their special needs recognized. A significant finding was that patients often found themselves coordinating their own care by passing along critical
Treatment information from one provider to the next. While the patients recognized that they needed to play a significant role in caring for themselves, they wanted their providers to be key players on their team. These consumers understood the need to be engaged in their ongoing health care, but they also said they needed more information and resources from their providers to monitor and manage their conditions effectively.

Research like this illuminates one of the fundamental reasons companies are implementing wellness and disease management programs. Employers see the workplace—where the majority of employees’ waking hours are spent—as an ideal place to help employees identify health conditions and risks and get the assistance needed to become better self-care givers through robust education and health coaching. Without coordinated care, many well-intentioned workplace wellness programs further fragment the health care system and consumers by adding yet another experience.

Opportunities for Workplace Wellness and Disease Management Programs

Most disease management programs emphasize adherence to disease treatment protocols rather than focusing on the person experiencing the disease. Programs that are narrowly focused on managing a specific disease state cannot easily create an integrated care experience that encompasses prevention, mental health, multiple morbid conditions and acute, here-and-now concerns. Employers can
change this by adopting a “whole person” approach—which is atypical for traditional disease management programs. A whole-person approach addresses education and behavioral support for all risks and is not based on an arbitrary outbound calling schedule.4

Typical disease management and wellness programs follow this sequence of three events:

1. A file of paid medical or pharmacy claims, which is used to identify high-risk, high-cost individuals by parsing the data with proprietary algorithms, is provided to the disease management or wellness vendor.

2. Contact information for identified high-risk, high-cost individuals is fed into an automated dialing system that places calls to targeted individuals. The phone rings until someone answers it.

3. Answered calls are transferred to an enrollment coordinator, who confirms that the targeted individual has been correctly identified and then invites the employee to “participate” in a disease management or health coaching program based on claims-identified risk factors or diagnosis (for example, the employee may be enrolled in a diabetes management or weight-management program).

More often than not, these types of employee programs are operated on an opt-out basis, meaning the employer or health plan will pay fees for everyone identified as being high-risk or high-cost until that individual actively notifies the vendor he or she is not going to participate. Vendors justify this approach because they must continue to expend resources to recruit or retain targeted individuals for the health coaching programs.

These disease-centric programs are often disconnected from the employer’s health plan, provider networks, and the participant’s personal physician, pharmacist and other care providers. As a result, disease-specific treatment plans are created but not shared with the primary care physician or other appropriate providers unless the participant happens to share the care plan. Selecting a wellness provider with the intent and capabilities to integrate with an employee’s primary care physician, pharmacist and designated specialists is a key component of a coordinated program. The “whole person” and integration-focused wellness provider has the capability to capture and export biometrics, health assessments, coaching interaction records, pharmacy data and care plans to the appropriate providers or network of providers. This data supports the participant initially and sets the stage for ongoing communication with the provider as the care plan is implemented.

In addition, traditional disease management program protocols seldom require employees’ medication history to be collected. When it is collected, that information is seldom reviewed by a licensed pharmacist to optimize the therapy and cost. In the words of Kurt Strange, M.D., Ph.D., a professor at

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**takeaways >>**

- Fragmented care is more expensive, often ineffective and wasteful.
- The workplace can be the ideal place to help employees identify health conditions and risks and get the assistance needed to become better self-care givers through education and health coaching.
- Disease management programs often are disconnected from the health plan, provider networks and the employee’s personal physician, pharmacist and other providers.
- Employers may want to try to ensure that health coaching focuses on the person, rather than the disease.

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**Education**

A Case Study: Instilling a Culture of Wellness CD-ROM.
International Foundation. 2009.

Wellness and Disease Management
For more information, visit [www.ifebp.org/elearning](http://www.ifebp.org/elearning).

**From the Bookstore**

Healthy Employees, Healthy Business: Easy, Affordable Ways to Promote Workplace Wellness, Second Edition

Wellness Programs and Value-Based Health Care, Third Edition
International Foundation. 2012.

Case Western Reserve University, “this unbalance, this brokenness, is at the root of the more obvious health care crisis of unsustainable cost increases, poor quality and inequality.”

For companies that want to reduce health care fragmentation and improve outcomes, a solution begins with a philosophy that promotes a sustainable culture of health. While this culture of health will take time to develop, there are key elements that can change the fabric of an organization for the better.

When launching an employer-sponsored wellness or disease management program, key tactics to employ include:

- **Engage employees to assist in creating the solution.** Start by forming a wellness leadership committee comprised of managers and employees.

- **Create appropriate incentives and/or disincentives to attract individuals to the program.** Make these unique to the organization based on input and knowledge gained from the wellness committee. For some organizations, incentives could include a discount on a gym membership or a deposit in a health savings account. For other companies, monthly massages may be more effective. Some companies limit access to more costly health plans to those who agree to participate. The incentives should align with the goals and be part of a long-term strategy.

- **Make health coaching personcentric rather than diseasecentric.** Healing requires relationships—relationships that lead to trust, hope and a sense of being known. Because health coaches interact with employees more frequently than physicians, the opportunity to form a relationship exists, building the trust needed to inform the health coach of potential underlying factors that may affect employee health. Herding employees into weight-loss programs based on claims or screening data is unlikely to be successful if the root problem is related to being overstressed from caring for a dying parent or a troubled marriage. Understanding employees’ special needs and circumstances by conducting a comprehensive intake assessment and conducting frequent periodic followup appointments enables a health coach to provide appreciated and much-needed support. This approach will also set the stage for future health improvement by building trust and respect to address the more complex issues that can have an effect on health.

- **Create a holistic experience.** A whole-person approach to wellness must incorporate individuals’ physical, social, mental and spiritual goals, as well as their value system within the context of family, work, community and environment. We know that health improvement is difficult to achieve by addressing just one risk at a time because health risks are always intertwined. It is difficult to shed pounds without also improving fitness, managing stress and paying attention to calories, portion sizes and good nutrition.

- **Identify participants based on recent clinician-collected laboratory data rather than medical insurance claims that may be six to 18 months old.**

- **Make sure the program is supported by a strong technology backbone driven by an architecture that connects all participants to the rest of the health care delivery system.** Such a system should allow participants, health coaches, pharmacists and providers to all see the same records and share relevant information, assuming all appropriate release documents are signed. This will lead to a more coordinated care experience for the individual. To protect employees’ privacy and ensure that privacy laws are followed, employers should have access only to aggregate health status data.

- **Expect accountability from everyone.** The participant should be responsible for setting and keeping appointments, as well as adhering to his or her personal wellness vision and plan. If employees aren’t held accountable, they may lose enthusiasm and their focus on improving their health. Awarding incentives based on what employees are expected to achieve is the best way to ensure results. Providers and health coaches should be monitored to ensure they document plans and goals and deliver appropriate services with the highest quality.

- **Finally, offer a variety of interactive options to meet individual preferences, needs, goals and capabilities.** More patients are seeking providers and health care experiences that can be delivered through nontraditional sources like e-mail, text messaging, video interactions and telephone, as well as in-office visits.
Programs with these attributes have been shown to drive high engagement rates, have higher satisfaction rates and produce clinical improvements. According to a 2012 Towers Watson survey, companies can successfully bend the health care cost curve with strategies that combine health improvement, engagement, accountability, coordination of providers, technology and healthy environment. Without these precursors, strong communications and a commitment to coordination of care, bending the upward trends in health care utilization and cost will be difficult at best.

It has been said that the true definition of value is outcomes divided by costs. When outcomes improve, costs go down and value goes up. Employers may want to consider investing more in a program that results in better health outcomes. While the health and wellness features described above may cost a little more, they will also prove to be robust, very personal and highly effective programs. Creating healing relationships that drive sustainable behavior change takes time and effort, but in the end, building a "whole-person" wellness program also helps mitigate some of the problems of health care fragmentation and may be money well spent.

Endnotes


3. A. Harrison and M. Verhoef. “Understanding Coordination of Care From the Consumer's Perspective in a Regional Health System.”


5. Ibid.


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