



Reducing Employee Inpatient Readmissions with Coordinated Care Management:

How HR & Benefits Managers
Can Reduce Expense and
Become Company Heroes

Imagine being allowed to go home after a hospital stay, then shortly after having to return to the hospital because something went wrong. It's an extremely stressful situation for you, your family and your employer too.



As healthcare expenses continue to rise for employers in all sectors¹, readmissions complicate the situation by driving health plan costs even higher. There are also hidden costs. A readmission means:

- the employee, the employee's spouse or a dependent is missing even more work time, impacting productivity and,
- there are possible gaps in care quality and care coordination.

Getting expensive readmissions under control can be done, but it requires a comprehensive approach that emphasizes adequate preparation before medical procedures, thorough post-discharge follow-up care, and effective coordination between utilization management (UM) and care management (CM) teams.

Here's what these three critical strategies in reducing readmissions entail.

Pre-Procedure Prep

A dedicated care management company that offers comprehensive support for pre-procedure preparation can significantly ease the burden on employees, who often juggle busy schedules and may overlook critical details necessary for a smooth medical experience.

More than a third (34%) of HR leaders say that reducing employee inpatient readmissions is one of their high priorities for their organization's benefits plan.²

April 2024 survey by Conifer Health Solutions.

Proactive preparation before a medical procedure is essential for mitigating risks and ensuring successful outcomes. A case manager dedicated to your employees' health can identify and address potential issues that could lead to complications or readmissions.

Effective Pre-Procedure Prep should involve:

- **Detailed health assessments.** Care managers conduct thorough evaluations to identify any underlying conditions, risk factors or comorbidities that might impact the procedure or recovery process.
- **Patient education.** Care managers provide clear, comprehensive information about the procedure, expected recovery timelines and post-discharge care instructions, ensuring employees understand what to expect and how to manage their recovery.
- **Addressing social determinants of health.** Care managers consider potential barriers like transportation and access to support systems, which can significantly impact recovery and adherence to care plans.
- **Medication counseling.** Care managers review the employee's current medications to prevent harmful drug interactions and ensure all necessary medications are brought to the hospital.

By partnering with a care management company, employers can offer their employees the personalized attention they need to prepare effectively for medical procedures. This support not only helps achieve better health outcomes, but also reduces the likelihood of complications and readmissions. Ultimately, a healthier, more supported workforce leads to enhanced productivity and reduced healthcare costs for the company.

Structured transitions of care services that focus on the post-discharge period can effectively reduce readmissions.

Post-Discharge Follow-up and Transitions of Care

The period that immediately follows discharge from an inpatient procedure is a critical time. But common challenges that can occur include difficulty with understanding the discharge instructions, managing medications and accessing necessary support services.

Structured transitions of care services that focus on the post-discharge period can effectively reduce readmissions. These services ensure that patients receive necessary follow-up care, education and support as they transition from hospital to home or other care settings.

Effective post-discharge follow-up should involve:

- **Timely follow-up with the primary care provider and/or the specialist managing the care.** These visits are for reassessing the patient's condition, addressing any concerns and reinforcing discharge instructions.
- **Medication support.** This enhances member safety, optimizes health outcomes and reduces healthcare costs by preventing complications and managing conditions effectively. It involves services like medication safety assessments and medication reconciliations, management and reconciliation to ensure patients correctly and safely take their prescriptions, preventing errors and improving adherence.
- **Coordination with outpatient providers.** Collaboration with primary care physicians, specialists and related outpatient providers ensures continuity of care and an ideal transition from inpatient to back-to-work.
- **Referrals to support services.** Connecting patients with appropriate support services, such as home health care, durable medical equipment (DME), outpatient rehabilitation services or community resources, based on their individual needs.
- **Patient education on self-management.** Providing education and resources to empower patients to actively participate in their care, recognize warning signs and seek medical attention when necessary.

By providing seamless coordination across the continuum of care, a member receives the necessary support to reduce the risk of readmission. It also encourages a member in a quicker recovery.

42% of HR leaders are unsure if their UM and CM vendors communicate effectively.

Coordination Between UM and CM Teams

Effective communication between UM and CM teams is necessary for high-quality, member-centered care. The UM team plays a vital role in early identification of cases, while the CM team handles the preparation and follow-up care. This coordination is critical, especially considering that a certain percentage of admissions are unplanned. Even in an age of abundant data, information flow isn't always as fast as needed, making collaboration between UM and CM essential for seamless transitions of care.

The Conifer Health Solutions survey revealed a concerning lack of coordination between UM and CM vendors during transitions of care, with 42% of HR leaders unsure if their UM and CM vendors communicate effectively. This gap can lead to fragmented care, inefficiencies and higher readmission rates, highlighting the necessity for better integration between these teams.

A Better Alternative

Leaving all these things in the hands of your third-party administrator (TPA) or administrative services organization (ASO) may not be the best strategy. Many TPAs and ASOs aren't actively looking out for your company's best interests.

This is because the care management program that many TPAs and ASOs offer is usually part of a bundled benefits program and can be nearly impossible to carve out in a way that enables accurate measurement of results.

These programs can isolate care management expenses, including coordination of services and management of high-risk employees, so they're able to track outcomes to the specific program elements. This level of detailed analysis provides transparency in ways bundled care management programs can't.

For example, maybe the highest-risk employee health plan members need to be transitioned into a longer-term care management program.

Misaligned TPA and ASO incentives are the reason many companies are choosing stand-alone care management programs like Conifer Health Solutions that focus solely on getting results.



6 Must-Haves for Choosing a Care Management Partner

1. **ROI transparency:** Care management program vendor should be able to conduct a detailed cost-benefit analysis on the program outside of other services. Your vendor partner should not include provider rate changes so that employers can see how the changes may have impacted the care management program ROI.
2. **They measure program engagement:** Distributing pamphlets, sending emails and conducting benefits meetings should not be counted as engagement in a vendor's ROI analysis. Genuine engagement should be based solely on employee interest and activities.
3. **Coordination with your stop-loss provider:** The best care management partners share information with an employer's stop-loss insurance carrier.
4. **Design targeted programs based on risk assessments:** Multiple assessment models can be used to identify members at the greatest risk of poor outcomes and high costs. The most effective vendors will be able to perform both retrospective and prospective analyses to identify and target these employees.
5. **They go beyond utilization and episodic care management:** Most chronic conditions are related to lifestyle choices, which means an effective care management program will have a solid educational component. While acute event recovery should be a part of the program, it must go further to help employees make sustainable lifestyle improvements.
6. **Tailored solutions:** Employers typically have a varied population with varying health needs. A one-size-fits-all approach to care management will be ineffective. Look for a vendor that will customize solutions to your unique population, goals and requirements.

Why Conifer Health Solutions?

Conifer Health Solutions offers cost-saving comprehensive care management programs, including case management, disease management and transitions of care services, which can help reduce readmissions by providing coordinated care and support.

Conifer Health Solutions' approach includes:

- ✓ **Robust data analytics and reporting.** Leveraging data aggregation with comprehensive reporting and analytics capabilities to track key metrics, risk stratification, identification of areas for improvement and measuring the impact of care management initiatives.
- ✓ **Care management.** Because coordinated care isn't one-size-fits-all, there's a range of care management services, including case management, disease management and transitions of care services, all tailored to individual patient needs.
- ✓ **Dedicated care teams.** These teams include personal health nurses, case managers, disease management and care coordinators who work closely with patients to provide personalized support, education and care coordination.
- ✓ **Utilization management services.** Ensuring appropriate utilization of healthcare resources through robust prior authorization, concurrent review and discharge planning processes, and
- ✓ **Integration of UM and CM services.** Collaboration between UM and CM teams the way it ought to be — ensuring a cohesive and coordinated approach to patient care.

By partnering with Conifer, you can benefit from a holistic care management solution that addresses the critical components of reducing readmissions and enhancing care coordination, ultimately leading to improved patient outcomes, increased employee satisfaction with their health benefits and cost savings for your organization and your employees.

To learn more about how Conifer Health Solutions can support your organization's goals of reducing readmissions and improving care coordination, visit ConiferHealth.com or explore Conifer's online [Knowledge Center](#) (select Population Health Management).

Sources

1. <https://www.uschamber.com/health-care/how-employers-are-tackling-rising-health-care-costs>
2. HR Morning (2024). Conifer Health Solutions Survey [Industry Survey]. <https://discover.coniferhealth.com/hubfs/VBC-HR%20Morning-ConiferResults-22Apr24.pdf>



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