


What is Care Management Transformation?



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Care management transformation is aligning the six core care management functions to leading practices and doing as it relates to people, process and technology, and achieving the goals that are set out by the organization to meet the targets.

So the benefits related to care management transformation—and this may vary slightly by provider—but the ones that we see most common is, one, related to excess days. And that's driven as a function of length of stay. It is not uncommon that we see many providers that have excess days of greater than one per discharge. So that significantly impacts capacity, and also impacts the ability to deal with additional admissions.

Number two is clinical denials. So clinical denials: This is where you've taken care of a payer's member and where they have denied you payment. And so this is a loss of revenue for care that the hospitals have provided. In many situations, this is not actually managed concurrently or in the back end of not actually appealing those claims.

And then the third area is appropriate status. This is where a patient really should be an in-patient, but their left in observation status so that there is a significant decrease in the payment and the patient is really getting a higher level of care.