Case management is a collaborative process that allows health plans to assist the member in accessing care. The traditional focus of case management is on the member's access to services while controlling utilization costs through appropriate use and setting, like decreasing ER visits and inpatient stays. The member is identified by frequent or inappropriate utilization patterns and/or evidence of an acute or chronic disease state. This focus is on treatment of the ill member rather than management of the well member. With this awareness, MDwise identified the need to expand case management to include the primary care physician.

MDwise proactively assigns a case manager to a primary medical provider (PMP) and that case manager has responsibility for the PMP and the members assigned to that PMP. This enables the case manager to identify practice patterns that promote prevention and care alternatives. These best practices are communicated throughout the network. In addition, the case manager’s role as a liaison for the PMP is more real to the physician when case managers assigned to them. This collaborative process brings the health plan, the PMP, and the member together resulting in the cost-effective delivery of quality health care.

In addition to the case manager, another essential component to the program is the provider relations representative who works closely with the case managers. The provider relations representative completes the initial orientation and the case manager follows up after 30 days to ensure understanding of the processes. Each office has a designated provider relations representative along with the assigned case manager. We have found this process of working in tandem to be successful, as it allows for greater retention of information and the physicians have access to both clinical and operational support.

The initial orientation process includes a face-to-face meeting with all interested team members of PMP and OB/GYN offices, including the physician and the assigned provider relations staff. The orientation includes a large variety of information. Some examples of items covered are:

- Provider and member handbooks.
- Provider directories.
- Referral forms.
- Sample of the member welcome packet.
- Certificate of coverage.
- Prescription drug formulary.
- Information on preventative and clinical practice guidelines, case management referral process, and accessibility standards.

The provider relations staff utilizes an office orientation-tracking tool to record all areas that were discussed. This form is forwarded to the case management nurse assigned to the office and the 30-day follow up is completed by the case manager. This meeting is for the case manager to establish a relationship with the office staff and provide a vehicle to review any issues that have been identified to date and reiterate some of the elements of the initial orientation meeting.

If case management determines the office needs further assistance from provider relations, that is communicated to the provider relations staff. Provider relations staff will then follow up with the provider based on needs identified by case managers. Provider relations and case managers will continue work to ensure the providers and their patients have tools and resources they need to be successful.

The overall goal of Provider Health Care Connection is for MDwise to assist the PMP in the managed care arena by being the physician's advocate. The PMP will have resources to support the management of his/her caseload and at the same time resolve and support the individual member’s needs.