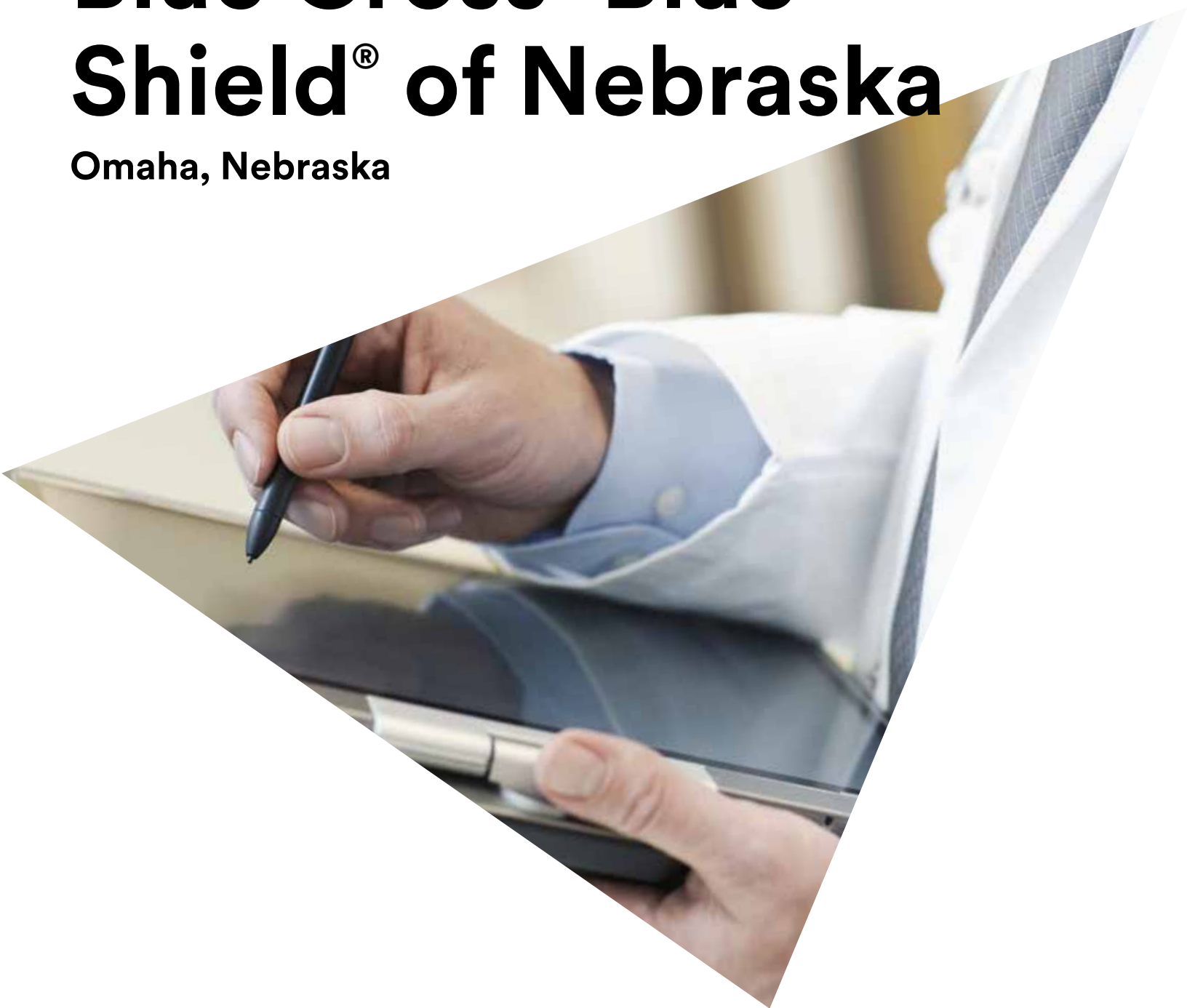
3M Science. Applied to Life.™

3M Health Information Systems

Case study:

Blue Cross® Blue Shield® of Nebraska

Omaha, Nebraska



"We weren't always reaching the right members. In the past, we identified at-risk members by looking for those who had come from the hospital after an acute illness or catastrophic event. But, when 3M showed us our list of persistent high-need members, we realized, 'This is a completely different population than we're used to serving.'"

Susan Beaton, *senior director, Nurse Care Management and Clinical Policy, Blue Cross Blue Shield of Nebraska*

Snapshot of Blue Cross® Blue Shield® of Nebraska

Blue Cross Blue Shield of Nebraska (BCBSNE) has been providing health insurance coverage to Nebraskans since 1939. The plan serves over 700,000 members. Since 2010, BCBCNE has been engaged in innovative approaches to transforming health care.

They started by employing risk-adjusted payment methodologies, using **3M™ All Patient Refined DRGs (APR DRGs)** and the **3M™ Clinical Risk Groups (CRGs)**. Today, BCBSNE is also employing 3M's value-based payment models that focus on population health through care management strategies.

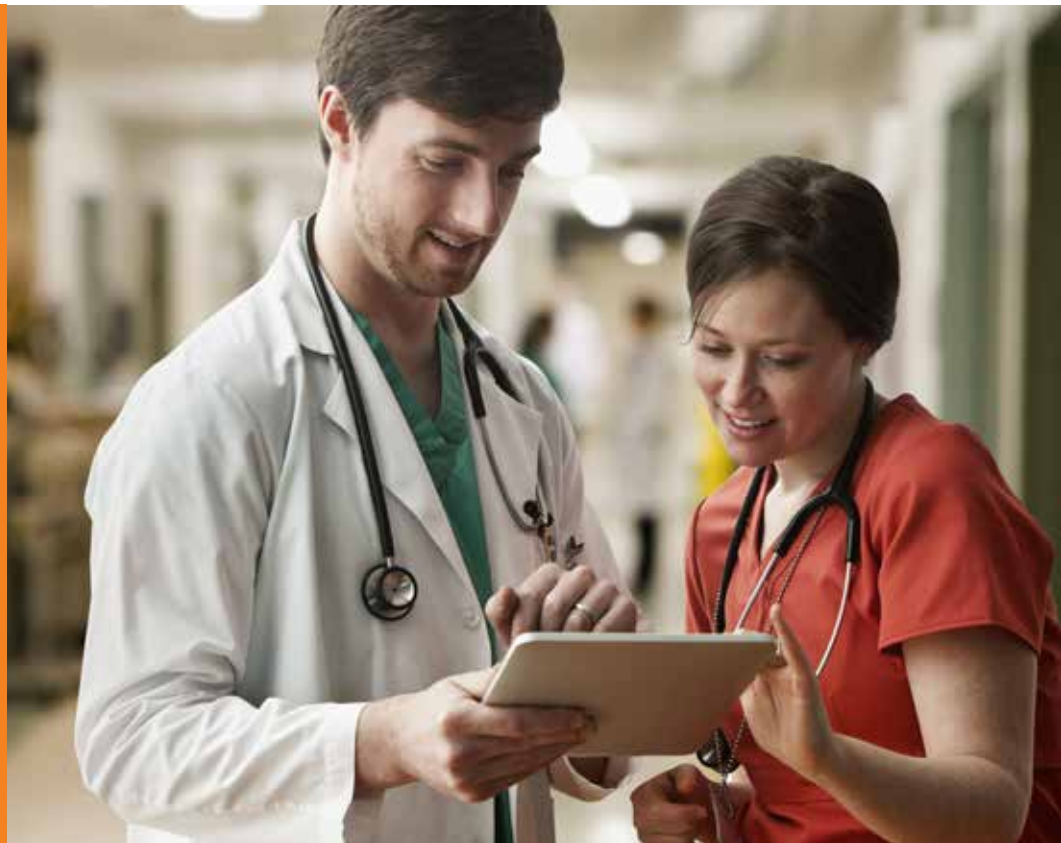
Less time with data, more time with members

For a number of years, BCBSNE lacked comprehensive and actionable data analytics to strengthen their care management program and impact health care value. To identify at-risk members, BCBSNE's care management nurses and analytics team would manually examine claims data for hospital costs, utilization trends and catastrophic events—a resource and time-intensive process.

Despite this effort, they still weren't confident they had a comprehensive patient list that captured those members most at risk. On top of that, their data didn't tell them which individuals were the highest cost—a key factor in their value-based care program.

3M products used by Blue Cross Blue Shield of Nebraska

- 3M℠ Persistent High Need Individuals Predictive Model
- 3M™ All Patient Refined DRGs (APR DRGs)
- 3M™ Clinical Risk Groups (CRGs)



Having already worked with **3M Health Information Systems** to change their inpatient payment system and develop value-based care contracts, BCBSNE turned to 3M's predictive analytics to improve their care management capabilities. BCBSNE set a goal of targeting those members who were costing the most and selected the **3M™ Persistent High Need Individuals Predictive Model**—a tool that delivers analytics for identifying persistent super-utilizers so health plans and their providers can assign resources for the greatest impact on outcomes and costs.

BCBSNE was able to quickly provide their care management nurses with a daily list of at-risk members, allowing the nurses to reach out to more members and offer them more meaningful services. "Instead of spending months and months trying to figure out the right people to reach, we now have a tool that does that for us," says Susan Beaton, senior director, Nurse Care Management and Clinical Policy for BCBSNE.

Uncovering hidden high costs

Traditionally, the trigger BCBSNE used to identify at-risk members had been a catastrophic event that resulted in a hospital stay. But when the medical and analytics teams started to dig into the analytics 3M provided, they found that their at-risk members were a completely different population than they expected. Instead of being members who experienced an acute crisis or a hospital stay, they were members who, over a period of time, had accrued high costs due to the amount and type of services they used within the provider community.

"We found that the members now identified as high-cost would have never hit one of our triggers before," says Beaton. "We never would have seen them. This was a completely different population that was actually hidden from us that we never would have identified without the 3M tool."

Changing processes

Armed with new insights, Beaton's clinical team discovered that their at-risk members required a different kind of outreach than they were used to providing. Because these members didn't suffer an acute crisis, and instead held jobs and went to work every day, BCBSNE learned they had to reach out to them using new technologies, such as email and mobile, and new engagement techniques, including motivational interviewing. "We discovered they really wanted to talk with us, really wanted to engage and learn about their benefits and how to improve their health," says Beaton.

Initially, BCBSNE dedicated two care management nurses to conducting this outreach on the at-risk members list. However, they soon recognized this was an opportunity for all of the nurses to learn the techniques for engaging this newly identified population. They are expanding this new approach to six nurses as well as a population health nurse. "Because we didn't have to spend months going through lists on our own, we were able to reassign those nurses without any additional staff to reach out to the at-risk, high-cost members," says Beaton.

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Focusing care where it matters most

"If I had to cut the 3M tool from my budget, I would not be able to effectively serve the members in our population and assist them in getting good, quality care. I would lose the ability to identify those who need the care the most. I would have to go back to my very old-fashioned way of trying to analyze data and never be able to stay on top of their actual healthcare needs."

Susan Beaton,
Blue Cross Blue Shield
of Nebraska

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Impacting outcomes

BCBSNE has felt the impact predictive analytics can have on improving health outcomes for members.

When one woman with several conditions appeared on their list of persistent high-need individuals, Susan's team expected her multiple sclerosis to be driving her high costs. But when they examined the data, they found the real driver was actually her mental health condition.

Once nurses discovered she had six readmissions in a short period and lacked a regular psychiatrist, they quickly reached out and arranged the care she needed.

"It's been five months now and she has not had one readmission," says Beaton.

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