



Stages of the Continuum of Care

By George Pfeiffer, Co-Senior Editor

Traditional worksite health promotion initiatives have focused on primary and secondary prevention models. Common intervention tools include self-care education, preventive screenings and risk assessment, and risk-reduction interventions that focus primarily on lifestyle factors such as physical activity, smoking cessation and weight reduction.

Though these strategies can demonstrate long-term cost savings, the realities of escalating health-care costs and the impact on organizational profitability and productivity call for a much broader, integrated approach to health and medical management. This is becoming especially critical in light of an aging work force and the link between age and a higher frequency of chronic conditions.

A second concern is the inappropriate use of health resources for unnecessary medical visits, tests and procedures due in part to poorly informed consumers who lack the information and support for participating in the decisions that affect their health.

One approach that helps an organization get a better picture of its utilization and current management strategies is to map the organization's

intervention initiatives and, if possible, their relative costs within a continuum format. This planning technique can provide both a macro view of an organization's current health-management strategies pro-

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grammatically, culturally and from a benefit and policy perspective and from a micro perspective, for specific interventions. This method also can help organizations identify their buckets of risk that represent specific disease categories and their relative cost exposures.

Continuum Management

The model depicted on Pages 24 and 25 is an adaptation of original work conducted by Donald Vickery, M.D., at the Travelers Center for Corporate Health Promotion in the late 1980s. The present model combines treatment options into one stage and uses different stage descriptions.

The core of the continuum concept is that the health-care system can be viewed as a continuum or progression from those services that promote general well-being and functional independence to those that attempt to resolve a physical or mental problem. There exist critical junctures or opportunities to provide appropriate services and intervene in the disease process, thus eliminating or reducing the need for more critical services. Thus, early intervention reduces and/or delays the demand for more critical interventions.

As an individual or cohort migrates through the continuum, the resources — that is the people and money — required to address the health problem increases and treatment options grow more complex. Thus the coordination of care becomes more critical in assuring appropriateness. Also, the farther

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Continuum Management Analysis

Program: (check one)

Continuum Management 101

Begin With Your Program Goals

Before you look at your organization's total health-management initiatives, begin with your department. This will help you become familiar with the continuum-management concept before you solicit input from other functions.

Step 1. Revisit your overall mission, goals and objectives. Use the appropriate box. This will help serve as a reality check once you have completed Steps 2 and 3. How well do your initiatives match your overall mission, goals and objectives?

Step 2. Identify core programs. Within each continuum stage, list your current core services and programs that best apply to that stage. For example, health fairs or health-risk appraisal programs would be most appropriate in the first intervention stage. Keep in mind that some core programs can span the entire continuum. For example, self-care communication initiatives can provide information and support for primary prevention, medical self-care, informed medical decision-making and chronic-disease management.

Step 3. Identify organizational and employee benefit supports. Identify benefit and organizational supports that are currently in place. For example, does your health benefit plan cover preventive health screenings? Does your benefit plan require precertification review for specific procedures? Does your organization provide any incentives for program compliance?

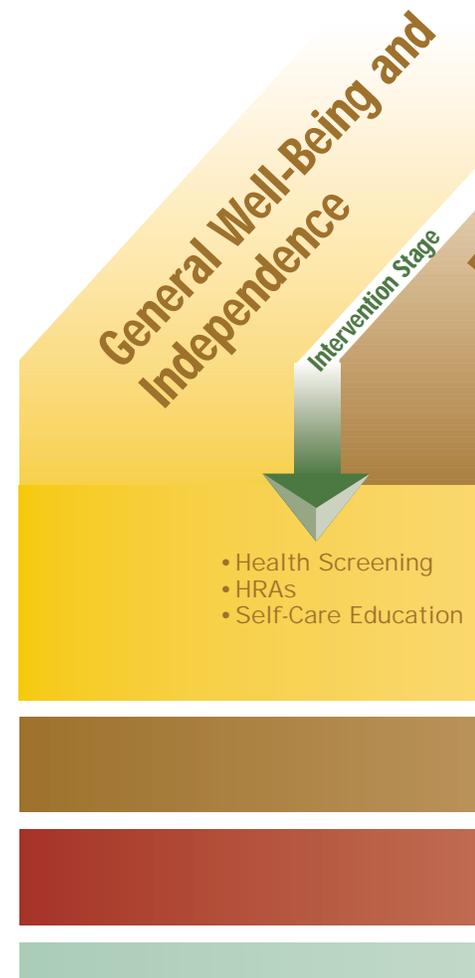
Step 4. If possible, estimate programming and utilization costs. For each stage, determine what your total health promotion program costs are per employee. Also, if self-insured, determine your organization's total expenditures for each continuum stage. For example, what are the total charges for ambulatory medical visits, hospitalization, surgical, life insurance payouts and so on?

Step 5. Assess your status. First, review your program landscape within the continuum format in relation to your mission, goals and objectives. What are your program strengths? Are there program continuity and integration as you move across the continuum? Are there any disconnects? Next, are there any perceived gaps (for example, programming and benefit and policy issues) in your program offerings? Are these gaps real or are there other functions that are primarily responsible for these initiatives and supports? If gaps exist, will filling these gaps contribute significantly to improving service delivery and program outcomes?

Step 6. Address program options. Based on your analysis, what program initiatives do you recommend considering? For example, you determine that there are gaps in your health-risk appraisal or intervention initiatives because there's no integrated approach to assisting high-risk participants. You benchmark successful programs and recommend a program mix that provides participants with options based on their learning style — telephonic lifestyle coaching, Web-based courseware and print self-study modules.

Step 7. Justify, plan, implement. Based on your analysis, what initiatives are you prepared to justify during your next budget cycle? What planning is required to make your case? How do you plan to implement the initiative if it's approved?

Step 8. Layer your analysis. Apply the above exercise to your key interventions to further fine tune your programming.



Overall Dedicated Initiative

Program Name: _____

Mission

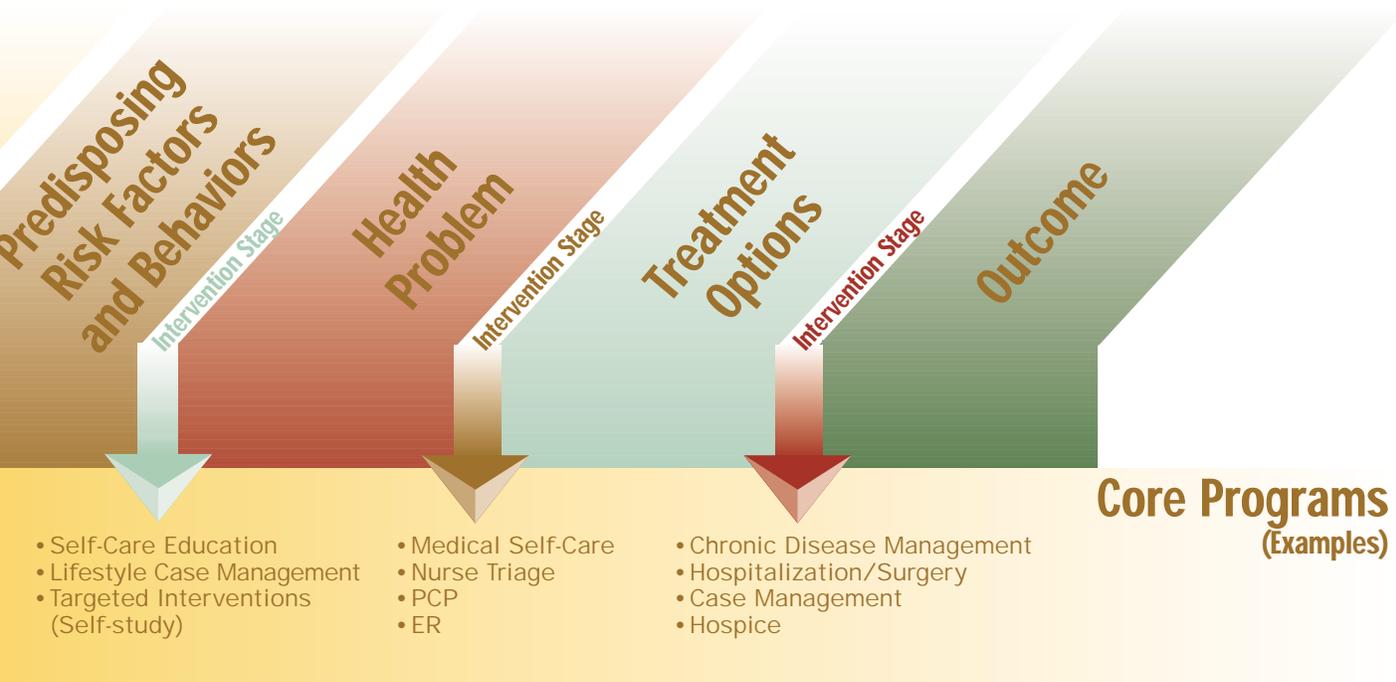
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Goals

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Objectives

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Organizational/Benefit Initiatives

Relative Program Costs

Program Gaps/Disconnects

Proposed Program Options



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an individual travels through the continuum, the greater the need for informed decision-making between the patient and providers.

In theory, the continuum of care is an appropriate model for managing an individual's or a specific population's health problems. In reality, however, the continuum is more a loosely linked chain of health-related services that are not managed as an integrated system. This model affords an organization the opportunity to audit its current health services, and thus identify strengths, disconnects and gaps in its approaches to health management.

The Benefits of Using This Model
The continuum model provides a platform for a cross-functional approach to health-care management. Thus, stakeholders (occupational health and safety, employee assistance program, employee benefits, health promotion, and contracted managed-care organizations) can work together to assess the effectiveness of their total health-care delivery system. The continuum system also:

- Provides a snapshot on how organizational resources are currently being distributed;
- Acts as a benchmarking tool in assessing current initiatives in comparison to industry standards;
- Reinforces the need for integration of health promotion initiatives within an organization's total health-management strategy; and
- Acts as a planning and problem-solving tool in developing new programs and organizational supports.

Putting the Model to Work
Pages 24 and 25 display the continuum of care along five general stages.

- **General well-being and independence.** An individual or a given cohort are functionally independent and enjoy general health and vitality with relatively low health risks.
- **Predisposing risk factors and behaviors.** An individual or a specific cohort exhibit specific clinical measures (for example, obesity) and/or behaviors (for example, tobacco use) that place him or her at an increased risk for a future health problem such as diabetes or lung cancer.
- **Health problem.** A health event takes place that prompts some type of action. The health problem can range from an acute illness, such as a cold or flu; an emergency, such as chest pain; an accident, such as a cut on the hand; to symptoms that may prompt a physician's visit and further evaluation. The individual makes some decision in relation to his or her health problem to either do nothing, self-treat or seek medical intervention.
- **Treatment options.** Depending on the seriousness of the condition, medical interventions involve different treatment options — medication, surgery or rehabilitation — and venues of care — emergency room, ambulatory care, out-patient surgery services, hospitalization or hospice.
- **Outcome.** Depending on the individual's specific situation, he or she either returns to a state of general well-being and independence, requires on-going treatment and/or rehabilitation, or succumbs to the event.

Start With the Big Picture
Follow the instructions in "Continuum

Management 101." It's recommended that you begin with your total services first. This will give you a basic understanding of your core services and their relationship to managing a specific stage of the continuum. Next, use the same exercise by focusing on a specific intervention such as diabetes management.

| The Five Stages of The Continuum of Care | |
|--|---|
| 1. | General Well-being and Independence |
| 2. | Predisposing Risk Factors and Behaviors |
| 3. | Health Problem |
| 4. | Treatment Options |
| 5. | Outcome |

Summing-Up

By conceptualizing an individual's and a population's health status within the continuum of care, the program manager can evaluate the organization's current initiatives both programmatically and from a benefits perspective. Based on this model, program strengths, disconnects and gaps in service can be identified and addressed cross-functionally. The bottom line? The integrated delivery of services that improve health outcomes and the quality of service.

George Pfeiffer, M.S.E., FAWHP, is co-senior editor of Worksite Health. He is president and founder of The WorkCare Group Inc., Charlottesville, Va. Before founding The WorkCare Group, Pfeiffer was vice president of the Travelers Center for Corporate Health Promotion.