
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 2000-02

Date:

Fee-for-service [02] Experience-rated HMO [02] Community-rated [02]

SUBJECT: Family Centered Activities by FEHB Health Carriers

The Office of Personnel Management (OPM) has encouraged health carriers participating in the Federal Employees Health Benefits (FEHB) Program to expand their “Family Centered Health Care Initiatives.” This was spurred by the Vice President’s 7th Annual Family Reunion, which focused on families and health, as well as our belief that family centered care is both effective and efficient. Earlier in 1999 we asked participating carriers to tell us about positive activities they are undertaking. This letter summarizes what was reported and it provides a source of possible activities carriers could adopt.

The main activities employed by FEHB carriers, some of which were underscored by the Patient’s Bill of Rights, include the following:

- Coverage of childhood immunizations as provided in the American Academy of Pediatrics’ guidelines;
- Expanded coverage of cancer screenings;
- Relaxed referral requirements to allow more access to a specialist without return visits to a primary care doctor for another referral;
- Waived copayments for maternity care; and
- Enhanced efforts to educate members about disease prevention and control.

Other carrier activities are listed in the enclosure to this letter. We encourage you to build upon your efforts to expand your family centered health care practices. The expansion of family centered activities by our participating carriers is important. The family has significant influence over an individual’s health and well being. Because of this influence, families must be respected and supported in their roles as care givers and decision-makers. Please use the enclosure as a resource in building upon your family centered care activities.

We encourage FEHB carriers to tell us more. Please call Mr. Eric Figg at 202/606-0745 or email to edfigg@opm.gov.

Sincerely,

(signed)

Frank D. Titus
Assistant Director
For Insurance Programs

Enclosure



Family-Centered Activities

Family-centered activities are an important way to better serve FEHB enrollees. When developing or enhancing the services you provide, consider the following activities reported by other FEHB Carriers.

Prevention

- Chronically ill members may select a specialist as their primary care doctor.
- A diabetes program identifies members, through claims processing and referrals from case managers, to receive educational materials and diabetic supplies. One carrier reported monitoring lab results to assist in this identification process.
- A breast cancer prevention program where the carrier sends cards to remind members to get an exam. The carrier also issues self-administered breast exam instruction cards to hang in the shower. The carrier's newsletter prints reminders on the importance of preventive services.
- Carriers mail periodic reminders urging members to get preventive health services. Examples include reminders to newborns and one year old children listing the immunizations that are due; reminders to women emphasizing OB/GYN physicals and mammograms (when age appropriate); and reminders to men to emphasize prostate screenings and other male related issues.
- Carriers reported sponsoring community events and programs to promote physical fitness, such as a junior tennis challenge, soccer games, health runs, and a wellness festival.
- One carrier reported providing the spouses of pregnant members with a beeper during the last weeks of pregnancy.
- One carrier reported the development of a test designed to give employees of a company the opportunity to receive feedback on how lifestyle impacts their overall health outlook.
- A 24-hour health information telephone line for use by plan members.
- A Healthy Babies program was reported that provides guidance and support to women from pre-pregnancy through post-partum care. This program is designed to promote better maternity care, reduce the number of premature births and educate expectant parents. At times there are "give-aways" that might include some of the following:
 1. A book called "From Here to Maternity";
 2. A "Mother's Calendar" that gives helpful advice to the pregnant mother;
 3. A subscription to "American Baby" magazine; and
 4. A free baby monitor upon completion of an educational program.



- One carrier reported a high-risk elderly case management program where enrollees age 65 and over complete an evaluation. The plan then determines a patient-specific risk factor. Patient's deemed as "high-risk" are referred to a family practice team. This team provides follow-up care that is specific to the patient's assessment results.

Disease Management

- Many carriers reported the use of case management to coordinate the relationships between members, providers and the carrier, or to track the medical services given to chronically ill members. One carrier defined case management as "developing a plan of care for the individual member including goals and educating the care management system on strategies to work with the individual."
- Carriers reported programs for disease control, most commonly for asthma and diabetes. Family members may share in the education of disease control.

Goals for one carrier's asthma program include:

1. Appropriate utilization of medications; increase the number of moderate and severe persistent asthmatics who use the appropriate combination of short or long acting B2 agonists and inhaled corticosteroids;
2. Increase the number of members who have home peak flow meters;
3. Increase the number of members who know how to utilize a peak flow meter;
4. Reduce the need for hospital and emergency room utilization and their associated costs;
5. Improve the quality of life for asthma patients by increasing their control over the prevention and management of asthma exacerbations; and
6. Educate patients to develop a partnership with their provider in the management of their asthma.

For asthma, another carrier provides the following free of charge:

1. Actual classroom training,
2. Peak flow meters,
3. Home visits by asthma trained home call nurses,
4. Quality of life surveys/assessments to decrease acute attacks and reduce severity levels,
5. Organized activities sponsored by the American Lung Association,
6. Toll free phone lines for prerecorded asthma information and nurses answering asthma related questions, and
7. Case management for members with severe symptoms.

A diabetes program attempts to achieve intensive control by monitoring blood sugars and HgbA1C, frequent insulin injections or insulin pump, so diabetic members will experience a



decrease in the rate of complications directly related to abnormalities in the blood sugar. Other outcomes expected include:

1. Reduction in hospitalizations;
 2. Reductions in emergency room visits;
 3. Maintenance or improvement of member's quality of life;
 4. Increased member knowledge of their disease;
 5. Effective utilization of resources, both medical and financial; and
 6. Appropriate primary care response to problems identified by the member.
- One plan reports its "Chronic Care Project" incorporates a team approach that uses population-based health assessments, risk stratification, and proactive outreach to deliver patient and family centered care.
 - One carrier reported that using case management, some hospitalizations have been shortened and home convalescence has been possible because of close communication between the carrier, home health nurses, patients, and family caregivers.
 - A fee-for-service carrier reported its disease management vendor acts as a liaison to make sure patients get appropriate care and follow their care plan. The vendor works with the health plan to make sure essential, health maintaining services are accessible to the patient.
 - One carrier reported a program of provider-level drug utilization reporting, allowing the health plan and participating providers to more effectively manage prescribing patterns, including cost and abuse potential factors.
 - A smoking cessation program that identifies which stage of the quitting process the smoker is in, then offers different ways to quit smoking: "cold turkey," gradual reduction in the number of cigarettes smoked, or nicotine replacement therapy. A personal "quit guide" provides feedback tailored to the smoker's needs. There is a toll-free phone number for counseling and support.
 - A hypertension management program works with the carrier's doctors to develop and coordinate (via teleconference) guidelines on treating this disease.
 - A depression program that is a cooperative effort between one carrier and a vendor that provides the following:
 1. Work site education,
 2. Mailing of materials,
 3. Provider education, and
 4. Specialized case management.
 - A back and neck pain program where the carrier coordinates a medical team approach with each patient to provide aggressive pain management.



- One carrier reported a “transplanting Health” program to assist eligible members who require a blood component, such as a bone marrow or organ transplant, in an effort to make receiving a transplant less difficult. The program promotes continuity of care through ongoing education, monitoring and early identification of potential problems by nursing professionals.

Member Education

- Carriers have quarterly new member meetings to share information about disease control.
- A “Timely Tots and Pregnancy Education” program where mothers-to-be get pregnancy risk assessment to decrease premature deliveries. Maternity nurses develop an obstetrical profile. Health problems are screened. Member’s questions are answered. There is follow-up education and mailings. The carrier operates a 24-hour hotline. Case managers work with the doctors of expectant mothers who do not sign-up for the program.
- Educational services are a key part of carrier’s efforts to extend family centered health care to members. Education activities for all members include:
 1. Newsletters with articles focusing on health education, and reminders to get timely immunizations and preventive screenings,
 2. Specific educational pamphlets are included in packets to new mothers, displayed in the carrier’s primary care doctor’s offices, or mailed upon request,
 3. Reminder phone calls for adolescent immunizations, and
 4. Targeted newsletters and focused mailings for certain high-risk members.

One carrier reported producing a newsletter that contains general health information and guidance on how to navigate through the health plan, such as how to use Member Services, and examples of treatments that need a referral. The plan produces this newsletter three times a year.

- Classroom education can be effective in assisting the family to be healthier. Specific topics reported by carriers include:
 1. Childbirth preparation,
 2. Adult CPR,
 3. Nutritional programs for seniors,
 4. Smoking cessation,
 5. Weight reduction, and
 6. Stress management.
- One carrier reported that its participating doctors sponsor seminars about various diseases and diagnoses.
- One carrier reported sponsoring a series of 30-second radio announcements called “An Apple A Day” to educate the general public about health awareness and prevention.



Other

- One carrier reported coverage of inpatient hospital stays for a patient in a home hospice situation to provide a respite for family members.
- A few carriers reported coverage of travel expenses for family members of a patient receiving a bone marrow transplant in a clinical trial.
- Some carriers provide health club discounts.
- Most carriers rely on their doctors to keep track of member's medical conditions. A few are more proactive and monitor patient care themselves, take steps to encourage members to obtain certain care, coordinate care with the doctors, and attempt to educate the family as well as the patient. One HMO reported employing a disease management vendor. The vendor acts as a liaison to make sure the patient gets appropriate care, remains compliant with their care plan and works with the carrier to make sure essential, health maintaining services are accessible to the patient (sometime accomplished through extra contractual benefits). A fee-for-service carrier reported employing a managed care vendor to train the carrier's customer service personnel to look for signs that a member is in need of social services and then to refer the member to agencies that provide those services.