



FUTURE
LEADERS

SIIA Future Leaders Webinar Series: The Ins and Outs of Effective Care Management Strategies

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Speakers



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Topic Definitions

- Care Management:
 - A coordinated, patient-centered approach to healthcare that aims to improve health outcomes and quality of life by ensuring individuals receive appropriate care in the right setting
- Utilization Management:
 - A comprehensive approach to managing healthcare resources to ensure appropriate care, while also controlling costs and improving quality
- Case Management:
 - A collaborative process that helps clients access and coordinate the services they need to achieve their goals. It involves assessing needs, planning services, coordinating care, monitoring progress, and advocating for clients within complex systems. Case managers work with individuals, families, or groups to address a variety of issues, including health, social, and educational needs.
- Disease Management:
 - Use of uses a multidisciplinary team of healthcare professionals to help individuals with chronic conditions effectively manage their health and reduce the impact of their disease. It involves educating patients, coordinating care, and empowering them to actively participate in their self-care.

How it works

- Supporting members in their care journey
- Approving care requests
- Reviewing care plans/requests
- Providing navigation beyond CM
- Population Health management

Provide
Access



Navigate
Health



Manage
Care



Optimize
Care



Manage
Claim



Improve
Decisions



Utilization Management

- Solution use:
 - Focused on utilization of healthcare resources and services, manage costs, and improve overall. Support included prior authorization or prospective review, concurrent review, and retrospective reviews
- Benefits:
 - Avoids delivery of care that is not necessary
 - Supports members and providers by approving care that is necessary and covered
 - Focuses on lowering costs while maintaining high-quality care
- Examples:
 - Specialty Infusion coordination to in-home
 - Reviewing/Approving/Denying IP or Observation stay based on diagnosis, care plan, and outcomes
 - Care coordination for catastrophic care and claims

Case Management

- Solution use:
 - Support members in navigating complex systems, access necessary resources, and improve their overall well-being. Facilitating care including a care plan to align on steps for the member to take that can lead to better health outcomes and increased satisfaction
- Benefits:
 - Member focused
 - Focuses on members overall health and well-being
 - Focuses on lowering costs while maintaining high-quality care
- Examples:
 - Procedure/COE Bundle care delivery
 - High Risk Maternity
 - Diabetes
 - Heart Disease
 - Alzheimer's
 - Cancer

Disease Management

- Solution use:
 - Targeted programs to support members with specific disease that is chronic in nature and costly, focusing on managing a specific disease or condition for a defined population
- Benefits:
 - Population focused
 - Improve the access, safety and quality of care
 - Improve financial cost containment without sacrificing quality or patient satisfaction
 - Enhance efforts to provide health improvement programs on a population basis
- Examples:
 - Diabetes Mellitus
 - Congestive Heart Failure (CHF)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Coronary Artery Disease (CAD)
 - Asthma
 - Hypertension

Value of Care Management

- Enhancing overall patient experience
- Improved member support and outcomes
- Reduced total claim costs from procedures deemed “non-medically” necessary
- Ensuring members have someone to talk to about care needs and questions
- Reduce Stop Loss premium

Resources

- **SIIA Solution Directory:** See Page 36 for Care Management section

[https://www.sipconline.net/files/Directory/NEW_2024_2025_Directory2025WEBnew_\(1\).pdf](https://www.sipconline.net/files/Directory/NEW_2024_2025_Directory2025WEBnew_(1).pdf)

Thank You

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