

CASE STUDY

Leading Health Plan Reduces Costs and Improves Care Quality Through Comprehensive Care Management Partner

In today's rapidly evolving healthcare landscape, health plans and other risk-bearing entities are feeling the impact of rising costs of care and variability in the quality of complex procedures and treatments. To combat these emerging challenges, one leading health plan turned to a comprehensive care management solution to help support providers in their delivery of optimal, personalized care.

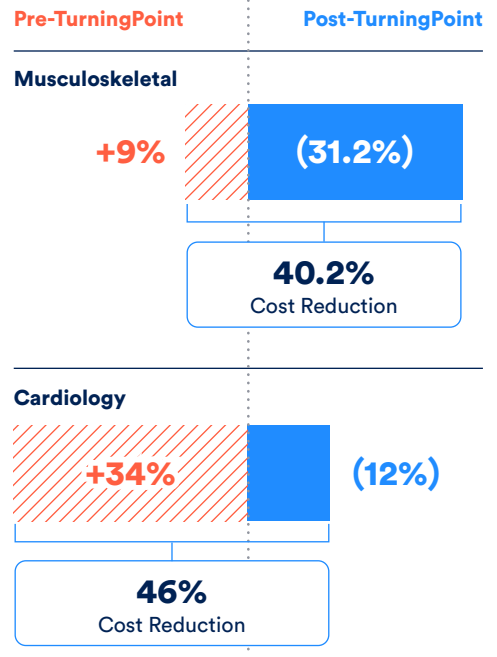
The Impact of Unmanaged Care

The plan recognized that complex-condition spend was unmanaged, which resulted in providers performing costly procedures at rates far exceeding the national average. Furthermore, treatment was being received at suboptimal sites of care, and patient comorbidities were not being considered in treatment decisions, among other impacts to cost and quality. A system that perpetuated a lack of accountability for outcomes meant that patients were not always receiving the care that was right for their specific needs and ultimately increased care costs for all parties. The plan acknowledged the need for a solution that would not only help prevent unnecessary costs of care for patients, providers, and payers, but also reduce the rate of unsafe or unnecessary procedures being performed.



12-Month Total PMPM Cost of Care Impact

PMPM Cost Trends Pre vs. Post TurningPoint



CONTINUED

Success Driven by Our Expert Clinical Management



21%–33%+

Reduction in ER Postoperative Utilization



30%+

Cases with Utilization Behavior Change



24%–50%+

Reduction in Skilled Nursing Facility (SNF) Utilization



68%

Reduction in Hip and Knee Surgical Revision Rates



30%+

Reduction in Patient Readmission Postoperatively

Shifting to Value-Based Care Models

In recent years, healthcare reforms have started to address these concerns by transitioning from the traditional fee-for-service system to value-based care models. This has helped shift the focus from the quantity to the quality of the care being delivered. Because each patient has a unique and complex care journey, the process of utilization management should be flexible enough to determine what quality care means for each patient in order to determine their optimal care plan.

A Transformation in Management of Complex Conditions

After conducting a thorough market scan, the health plan selected TurningPoint as its partner to manage some of its more complex clinical conditions, including its musculoskeletal spend. TurningPoint is the industry leader in complex-condition management, managing more than 30 million members across all 50 states. Its dynamic utilization management strategy, world-class team of clinicians, and sophisticated digital and AI technology helped deliver higher-quality care, improve patient safety, and drive a cost savings of nearly 30%.

The TurningPoint Difference

At TurningPoint, we believe all parties—payers, providers, and patients—can benefit from a synergistic utilization management program. We move beyond traditional denial-based programs to set a new standard for member and provider engagement by optimizing outcomes from diagnosis through recovery. Our full suite of condition risk management solutions includes a variety of clinically backed services in several specialties, including musculoskeletal, cardiology, wound care, sleep management, oncology, and ENT.

Let's work together. Explore our utilization management strategy at www.turningpoint-healthcare.com