Nurse Case Manager

Measurement of care coordination activities and quality and resource use outcomes when caring for the complex patient with hematologic cancer

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BACKGROUND: The lack of coordination of care for complex patients in the hematology setting has prompted nurse case managers (NCMs) to coordinate that care.

OBJECTIVES: This article aimed to identify the frequency of NCM care coordination activities and quality and resource use outcomes in the complex care of patients in the hematology setting.

METHODS: NCM aggregate data from complex outpatients with hematologic cancer were retrieved from electronic health records at a comprehensive cancer center in the midwestern United States. Total volume of activities and outcomes were calculated as frequency and percentage.

FINDINGS: Care coordination activities included communicating; monitoring, following up, and responding to change; and creating a proactive plan of care. Quality outcomes included improving continuity of care and change in health behavior, and resource use outcomes most documented were patient healthcare cost savings.

KEYWORDS
nurse case manager; care coordination; complex populations; hematology

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MANY LEUKEMIA AND LYMPHOMA DIAGNOSES ARE COMPLEX because of cancer treatment, nonmalignant comorbidities, and needs associated with older adults (Gorin et al., 2017). Patients with complex needs associated with cancer and treatment may benefit from care coordination by nurse case managers (NCMs) (Hickam et al., 2013; Institute of Medicine [IOM], 2011). Care coordination (often by NCMs) is considered one of 20 priorities recommended for national action to transform healthcare systems (IOM, 2011). Decreasing hospitalizations and visits to the emergency department are two benefits when an NCM is a member of the patient's interprofessional healthcare team (Newman et al., 2017). NCMs have roles in the care of patients who are abusing opioids (Sortedahl, Krsnak, Crook, & Scotton, 2018), as well as in oncology care (Grob, Bläuer, & Frei, 2017), primary care (Askerud & Conder, 2017), intensive care (Alfieri et al., 2017), and chronic care (Uittenbroek, van der Mei, Slotman, Reijneveld, & Wynia, 2018). NCM interventions have been evaluated as effective in 81% of studies measuring outcomes, including screening, patient experience with care, and quality of end-of-life care (Gorin et al., 2017).

The purpose of this study was to assess NCM care coordination activities and quality and resource use outcomes associated with caring for complex patients with hematologic (malignant and nonmalignant) cancer. The project's first aim was to identify the NCM care coordination activities (communicating, supporting self-management tools, monitoring, follow-up and responding to change, linking to community resources, facilitating care transitions, aligning resources with patient and population needs, assess needs and goals, and developing plans of care). The second aim was to assess the quality outcomes (patient self-management, patient adherence, change in health behavior, and improved continuity of care) and resource use outcomes (patient healthcare cost savings, prevented admission or readmission to the hospital, and prevented emergency department visit) associated with the care provided by NCMs.

This project is significant in that poor care coordination of patients with cancer has been associated with inadequate symptom control, medical errors, and high healthcare costs (Gorin et al., 2017). Inadequate care