SCAN HEALTH PLAN™

Fact Sheet

Program *for* Advanced Illness (PAI)

What

The Program for Advanced Illness (PAI) program provides telephonic case management for members at any stage of an advanced illness. The program is holistic in its inclusion of physical, psychosocial, cultural and spiritual aspects of care. PAI may be offered in conjunction with curative therapies being performed by direct care providers. Delivered by a dedicated team of Registered Nurses and Master's prepared social workers, the program is supported by an interdisciplinary team of nurses, social workers, gerontologists, a Board Certified Palliative care physician and a Behavioral Health Specialist.

Who

SCAN provides case management to members in advanced stages of illness and their caregivers. Diagnoses may include, but are not limited to: CHF, COPD, cancer, end-stage dementia. Members are identified through referral from SCAN case management departments, physicians, medical groups, members, caregivers, families and predictive modeling.

Why

- To assist members in documenting advance care plans as well as goals of care and ensuring that documentation of the member's goals are accessible to family and medical providers
- To help members/caregivers manage pain and symptoms
- To reduce unnecessary or unwanted treatment and utilization
- To assist members in coordinating their care and obtaining needed services
- To increase member satisfaction

How

The program begins with an assessment to understand member's goals, current condition or clinical status, documentation about their goals of care, and pain and symptom management. The case manager can then educate the member/caregiver about advance care planning which includes education and completion of advance directives and clarifying goals of care and treatment preferences. Caregivers are an important focus of this program. Staff will educate and support the caregiver and facilitate access to needed services for both the member and the caregiver.

When

For members referred in to case management, an assessment is initiated with 5 business days or sooner. For urgent referrals, case management is initiated within 2 business days. Cases will remain open as long as member/caregiver have unmet needs and/or need assistance with conveying goals of care. The program follows up with family members two weeks to one month after the member's death to see if bereavement or other services are needed.

Please send completed referral form via e-mail to CMReferral@scanhealthplan.com. Please use file encryption that is password protected or fax form to (562) 989-5212. For questions regarding case management enrollment please contact our referral coordinator at (562) 308-4373.