


**Shifting the Paradigm: Moving from a Social to
 Medical Case Management System**
Ryan White HIV/AIDS Program Grantee Meeting
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Outline

1. Overview
2. Paradigm Shift: Social to Medical
3. Preparing for the Shift- Using Data
4. DEMO of Web Technology
5. Implementing and Monitoring



Overview -Purpose of Workshop

- The purpose of this workshop is to discuss and share lessons learned by the Phoenix EMA in addressing a medical case management model.
- To discuss core service areas and the need for EMAs to respond to the shifting priorities of the Treatment Modernization Act.
- The workshop will also address the emerging trends in addressing the needs of minority populations.
- To explore how designing your Quality Improvement Process is critical to support this shift as well as true change throughout the system of care.



Learning Objectives

1. Participants will gain a better understanding of the rationale behind the growing shift from a social case management model to a medical case management model.
2. Participants will see how needs assessment data can be used to support decisions around system design
3. Participants will develop an understanding of the importance of incorporating cultural competency strategies early in the implementation process to ensure that services are relevant to minorities.

Questions that we will answer

- What is HRSA 's new interpretation of Medical Case Management and what do they expect from you?
- What impact will these new expectations have on your role as administrators?
- Why is this a good thing?
- How do we enhance your existing care continuum to improve clinical outcomes?
- Why is measurement via Quality Improvement so important in this shift?

Partnership with Phoenix EMA and TWG Team

- The Phoenix EMA contracted with the TWG to assist in the development a medical case management curriculum and technical assistance trainings.
- The Phoenix EMA had 4 new case management providers commence services who predominately serve communities of color.
- For this workshop, we have Jennifer Hawkins from the Phoenix EMA, Pat Balducci, Michael Becketts, and Duane Taylor

Paradigm Shift: Social to Medical

- With HRSA's emphasis on the 75%/25% rules, the definition and emphasis on medical case management has changed.
- Medical Case Management must have performance outcomes that lead to documented linkages to primary medical care, substance abuse, mental health and other core services.
- Moreover, the role of the case management has shifted from a supportive role of linking people into care to a clinical management role of being keeper of the client's care plan.

Medical Case Management

- Historically Case Management focused on helping HIV positive patients with issues such as limited entitlements, lifestyle concerns, and ultimately death and dying
- However, today the overall goal of HIV Case Management is to assist patients gain access to primary care; involving:
 - Treatment Adherence
 - Assessing medication regimens
 - Substance abuse treatment
 - Mental health treatment
 - Other related care concerns.

HRSA HIV Mandates

Public Health Service Guidelines under Part A define services to include:

- Provision of integrated primary care services
- Outpatient and ambulatory health care
 - HIV specialty care
 - Substance abuse and mental health treatment
 - Oral health
 - Home health
 - Hospice care
 - Treatment Education
 - Prophylaxis/treatment for opportunistic infections

HRSA HIV Mandates (Continued)

Comprehensive treatment services

- Treatment education
- Prophylaxis treatment for opportunistic infections

Case management services

- Navigation of integrated primary care system
- Prevent unnecessary hospitalization
- Expedite discharge as medically appropriate
- Link to support and health services that enhance access to and retention primary care
- Promote health and quality of life

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HRSA HIV Mandates (Continued)

Outreach activities and Early Intervention Services


- Identify and link individuals aware of status (not in care)
- Identify and link individuals not aware of status

Support and health services

- Enhance access to and retention in primary care
- Promotes health and quality of life

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So it has shifted...
NOW WHAT!



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Preparing for the Shift

- Comprehensive Assessment
 - System Assessment-CQI/Standards of Care
 - Data Assessment-Needs Assessment
 - Population Demographic Assessment
 - Provider Readiness/Provider Awareness

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Preparing for the Shift

- Creating Implementation Plan
 - Diagnostic Assessment
 - Creation of Case Management Curriculum
 - Development Training/Educational-Case Conference
 - Assessing Implementation

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Comprehensive Assessment

- Understanding the current standards of care and working closely with the CQI Team to assess these standards. Further, ensuring that your provider indicators are going to be aligned with demonstrating HRSA expectations.
- Data Drives Decisions- Needs Assessment Review-The Phoenix EMA has amazing data resources.
- Provider buy-in and readiness

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Phoenix EMA

- Discuss Standard of Care/CQI Role
- Discuss Data Robustness
- Needs Assessment 2005

Standard of Care/ CQI Role

- Case Management Standards of Care offers framework for service delivery
- Current Medical Case Management service delivery is based on HRSA changes
- CQI assessment of current practices ensures HRSA guidelines are followed

Standard of Care/ CQI Role

- Medical Case Management measures are reported on a bi-annual basis
- Provider chart reviews are conducted annually
- Corrective Action Plans are developed to address Medical Case Management deficiencies

Data Robustness

- Current data tracking allows for nearly real time tracking of service delivery
- CAREWare tracking of services allows AA/QM to view trends of utilization or under utilization of services. Providers can be contacted sooner to address shifts in service delivery.

Data Robustness

- Fine tuning a referral tracking system - Providers will be required to track internal and external referrals in CAREWare. AA/QM can mine data and assess referral trends and future needs.

Needs Assessment 2005

- Needs reported by gender indicated the following:
78% of women surveyed indicated a need for case management services and 61% of men surveyed indicated a need for case management service. Case management was identified as one of the top rated services by both genders.

Phoenix EMA

- Discuss Provider Mix
- Demographics
- Buy-In

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Implementation Plan

- Perform Diagnostic Assessment
- Develop a Comprehensive Technical Assistance
 - Case Scenarios/Web Cast Series
 - Virtual Portal
 - Online Tools
- Development of Medical Case Management Curriculum
- Trainings-Face to Face
- Creating Linkages and Integration of services with other programs and providers
- Evaluation Assessment

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Diagnostics

- Diagnostics are individual meetings with providers to examine how their operations are performing. It is a mechanism to assist us in understanding your infrastructure, resources, comfort with medical case management functions and familiarity with entitlement programs.
- It should be viewed as an ability to showcase your program and the EMA.

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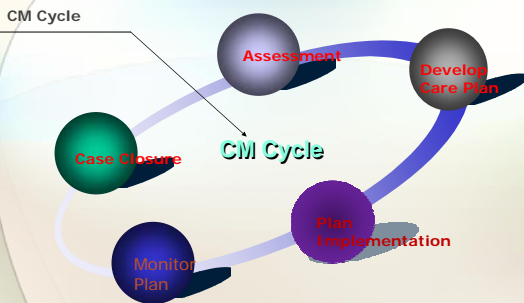
Case Conference Scenarios/Web-Cast

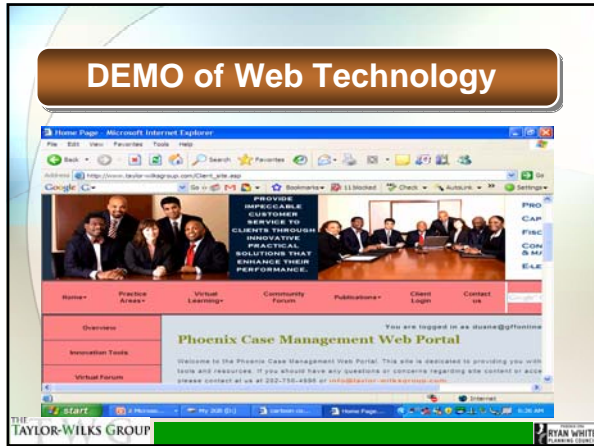
- Case Conferences are a mechanism for us to share best practices with one another on providing case management services to our clients.
- Case Conferences have various scenarios that we will work on solving together.
- Interactive Exercises- We have performed them monthly

Tips for Creating Effective Web-Cast

- Utilize your existing content/resources that you have already developed. (e.g. Toolkit)
- Select one provider for webcast-Cost Varies by provider
- Options-Live Webcast vs. Recorded
- Purchasing Web-cast from others or Partner to Share Resources
- Multi-Media Files are Free, however, you may have train your members to utilize this technology.

Case Management Cycle





Implementation and Evaluation

- Commitment and Buy IN are the hardest part, however, now you must examine if the program has been implemented effectively and is it measureable.
- Create Easy Tools that are linked to performance
 - CQI Process- Performance Tools
 - Standards of Care
- Chart Review and Referral Tracking-across service categories.

Opportunities

- Provides EMAs/TGAs with the opportunity to improve and support quality clinical care and improved patient outcomes
- Enables providers with the ability to gain new skill sets and create more effective dialogue with clinicians, pharmacist and specialist.
- Supports patient focused care by allowing more cohesive services to be provided which will hopefully reduce the number of patients that “slip through the cracks”

Barriers

- Change is always hard and resistance will be met
- It may be viewed as punitive in nature at the beginning.

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Contact Information

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