

**Yes, You Can...**  
**Change & Improve The Model of  
HIV Case Management  
In Your State/EMA/TGA**



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**Agenda**



- **Managing Change:** Overview of the basics
- **Real Life Implementation in Oregon:** Change process & methodology used to change the HIV Case Management model in Oregon
- **Lessons Learned:** What worked & what would we do differently
- **Facilitated Discussion**

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**Presenters**



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National Quality Center (NQC) and Betah Associates

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Program Manager  
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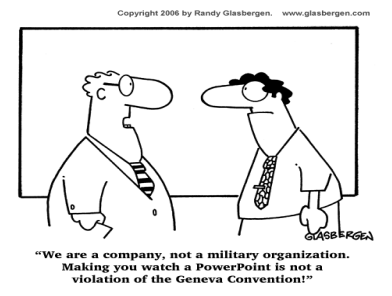
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**Just Because....**



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"We are a company, not a military organization. Making you watch a PowerPoint is not a violation of the Geneva Convention!"

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**Managing Change**

Excellent firms don't believe in excellence – only in constant improvement and constant change.

- Tom Peters

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**Managing Change**

The Nature of Change:

- **Present situation** is where we are now.
- **Desired future situation** is where we intend to be in the future.

Between the two situations a **change** takes place.

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## Managing Change

### The Nature of Change:

- **Transitional period** is the time during which the changes take place. It is the most critical period in managing change.
- **Strategies to achieve change** are the ways in which we decide how to handle the changes.



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## Managing Change

### The Nature of Change:

- **Resistance or obstacles** are essentially challenges to be overcome during the move from the present situation to the desired situation.
- **Available time** to give effect to the changes. It is important that during any period of change, available time be taken into account in formulating strategies.



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## Managing Change

### Pitfalls to Avoid:

- Lack of vision.
- Failure to plan ahead.
- Failure to account for available time.
- Failure to recognize how much and exactly what kind of training will be needed.
- Failure to inform key stakeholders.



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## Managing Change

**Pitfalls to Avoid:**

- Failure to calculate the additional workload that would be generated during the transitional period.
- Failure to recognize that the allocation of work during the transitional period would need to be defined carefully – too many jobs were left to chance.


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## Managing Change



**Pitfalls to Avoid:**

- **Inappropriate Empowerment**
  - **Warning Signs:**
    - Providing so much empowerment that leadership and management are diluted.
    - Providing so little empowerment that traditional practices are not challenged.
    - Providing "phantom" empowerment that's here today, gone tomorrow.




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## Managing Change

**Pitfalls to Avoid:**

**Defining "Empowerment":**

Empowerment means removing bureaucratic boundaries that box people in and keep them from making the most effective use of all of their skills, experiences, energies, and ambitions.





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**Managing Change**

**Pitfalls to Avoid:**  
**Defining “Empowerment”**

It means allowing stakeholders to develop a sense of ownership over parts of the process that are uniquely their responsibility, while at the same time demanding that they accept a share of the broader responsibility and ownership of the whole process.



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**Managing Change**

**Pitfalls to Avoid:**

- **Rationalization of the process**  
(Change is instituted to protect certain activities, turf and people.)
  - **Warning Signs:**
    - Forcing processes and work flows to match the design of the existing organization.
    - Seeking ways to justify the status quo.
    - Achieving only incremental improvements.
    - Avoiding the elimination of processes and people.
    - Preserving traditional structures and tasks.



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**Managing Change**

**Key Obstacles to Change:**

- **Limitations of resources.**
- **An increasing workload, some routine and some generated by the change process, aggravating problems of limited time.**
- **Lack of clear objectives and of authority for making decisions, and difficulty in obtaining decisions from higher levels.**



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## Managing Change

### Key Obstacles to Change:

- Resistance to change.
- Lack of positive motivation for staff participating in the change.
- Problems of communication – up, down and across... and all around.



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## Managing Change

### Key Obstacles to Change:

- Large groups with differing levels of knowledge, experience and competence that may aggravate the problems of communication and motivation and slow down the change process.
- Geographic separation of stakeholders.
- People's differing attitudes to change and to specific changes.



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## 8 Simple Rules for Change Management

1. **Accept that change will occur.**
2. **Get out in front of it.**
3. **Champion it.**
4. **Include all stakeholders.**
5. **Write it down!**
6. **Manage expectations.**
7. **Measure it!**
8. **Trust the process.**



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**Accept that change will occur.**  
*(Whether you like it- or want it to – or not!)*

- Fiscal realities
- Legislative realities
- Epidemiology realities
- Staffing changes/ turnover
- Physical plant disruption/ relocation
- You name it!



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**Get out in front of it.**



**Pay attention to “the writing on the wall.”**



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**Champion it.**

- With authority: who can commit to making it happen?
- With belief that it can happen.



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**Include all stakeholders.**



- Who are they all?
- Where & how do you find them?
- How will you engage them?
- How will they know it made a difference?



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**Write it down!**

- Process Documentation
- Product



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**Manage expectations.**

(Yours, mine & ours...)

**You know this already:**

- SMART Objectives, etc.
- Good group skills!



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**Measure it!**

A reasonable approach to:

- Outcome Objectives
- Outcome Documentation

*Tell your story!!*



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**Trust the process!**

*It becomes all about*



*The Art of the Possible.*



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**Case Management Best Practices**

**PROCESS**

- *Evidence-based Work-flows & Guidelines:* For all case management activities (assessment, care planning, monitoring and education.)
- *Team Approach to Case Management:* Holistic team includes RNs, LSWs and other experts.



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**Case Management Best Practices**



**PROCESS**

- *Local Case Managers:* Nurses or LSWs co-located and coordinating with physicians.
- *Telephonic Care Coordinators:* Cost-effective, centralized intake, triage and coordination.

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**Case Management Best Practices**



**SYSTEMS INFRASTRUCTURE**

- *Acuity and Risk Stratification Tools*
- *Case Management Cost and Outcomes Tracking Systems*

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**Case Management Best Practices**



**SYSTEMS INFRASTRUCTURE**

- *Risk Identification, Improvement Opportunity Identification and Predictive Modeling Systems/Tools*
- *Electronic Documentation & Tracking Systems: To link providers with case managers and administrators*

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**Case Management Best Practices**



**PROGRAM MONITORING**

- *Use of a Balanced Score Card Approach with multiple categories of relevance:*
  - *Health Outcomes*
  - *Operational Effectiveness*
  - *Return-on-Investment and Cost-Efficiency*
  - *Satisfaction (Client and Provider)*

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**Case Management Best Practices**



**PROGRAM MONITORING**

- *Use of electronic data and automated performance monitoring systems (as much as possible)*



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**The Oregon (Part B) Change Model**



**10 STEPS TO CHANGE**

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**The Oregon (Part B) Change Model**



**Drivers for Change in Oregon**

- New federal legislative requirements
- Changing disease management needs for PLWH/A
- Address regional disparity in access through centralized resources
- Focus on measurable outcomes improvement
- Local public health financial stresses

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**The Oregon (Part B) Change Model**



**10 Steps to Change.....**

Step #1: Gather the data



- Client utilization
- Outcomes
- Program costs
- Quality Management Program
- Qualitative & Quantitative
- Needs Assessment

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**The Oregon (Part B) Change Model**



Step #2: Listen to consumers & case managers



- Client satisfaction survey
- Case management satisfaction survey
- Case manager key informant interviews

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**The Oregon (Part B) Change Model**



Step #3: Make the case

- Analyze & summarize the data
- Prepare a "Need for Change" report
  - ✓ What have clients told us?
  - ✓ What have case managers told us?
  - ✓ What does the data tell us?
  - ✓ What has HRSA told us?
  - ✓ What else do we know?
- Begin informing stakeholders "change is coming"




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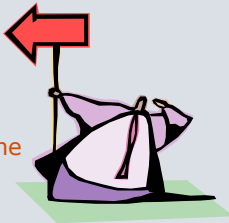
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**The Oregon (Part B) Change Model**



Step #4: Transition Plan  
Sections:

- Goals
- Proposed Changes
- Risks
- Transition Time Line
- Transition Team




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**The Oregon (Part B) Change Model**



Step #4: Transition Plan

- Transition Team
  - ✓ Large enough to get broad diversity of expertise and ideas.
  - ✓ Small enough to accomplish something.
  - ✓ Bring in "outside" experts – from outside your program (we brought in experts from out of state.)

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**The Oregon (Part B) Change Model**



Step #4: Transition Plan

- Transition Team
  - ✓ Make sure you have key stakeholders & "opinion influencers" from the jurisdiction.
  - ✓ Stay flexible and LISTEN to the Transition Team.
  - ✓ Take their recommendations seriously, even if they are different than you expected.

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**The Oregon (Part B) Change Model**



Step #4: Transition Plan

- Communication Plan
  - ✓ Stakeholders (For example: Consumers, DHS Management, Council of Local Health Officials, Local Health Departments & CBO partners, Oregon HIV Care Coalition, Internal staff, HIV Case Managers)
  - ✓ Method of communication
  - ✓ Frequency of communication

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**The Oregon (Part B) Change Model**



Step #4: Transition Plan

- Communication Plan
  - ✓ Developed talking points, key language and a formal presentation so every single communication stayed "on message." Presentation:
    - Description of current system
    - Stresses in current system
    - HRSA directives
    - General proposed improvements

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**The Oregon (Part B) Change Model**



Step #4: Transition Plan

- Training/TA Plan
  - ✓ Who needs to be trained/TA
  - ✓ What type of training/TA
  - ✓ By when in the process
- Benchmarks of transition process

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**The Oregon (Part B) Change Model**



Step #5: Convene Transition Team

- Two day meeting
- Day One:
  - ✓ Overview of current program/model
  - ✓ Program assessment results
    - Client utilization data
    - System performance data
    - Quality Management data
    - CM Satisfaction Survey results
    - CM Key Informant Interview results
    - Acuity Scale Evaluation




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**The Oregon (Part B) Change Model**



Step #5: Convene Transition Team

- Two day meeting
- Day Two:
  - ✓ Reviewed & summarized data
  - ✓ Reviewed RW Program requirements for Medical Case Management
  - ✓ Identified issues and problems w/ current system
  - ✓ Developed recommendations for improvement

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**The Oregon (Part B) Change Model**



Step #5: Convene Transition Team

- Prepared Transition Team Recommendations Report.
- Reviewed final report via teleconference.



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**The Oregon (Part B) Change Model**



Step #6: Formal Change Proposal

- Prepared formal "HIV Medical Case Management & Supportive Services QI Pilot Project Proposal."
- Presented to DHS Management for approval.

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**The Oregon (Part B) Change Model**



Step #7: Develop Capacity

- Make sure that your system has the capacity to move to the new model.
- RFP for Capacity Building Grant.
- One year to develop capacity.

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**The Oregon (Part B) Change Model**



Step #7: Develop Capacity

- Gather baseline data.
- Define new capacity needs
  - For example, Centralized Care Coordination requires:
    - phone-based services model for centralized intake, assessment and coordination services
    - Related phone call performance indicators – call wait time, call abandonment rate

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**The Oregon (Part B) Change Model**



Step #7: Develop Capacity

- Convene Work Groups to develop necessary programmatic components for new model:
  - ✓Processes
  - ✓Standards
  - ✓Forms
  - ✓Policies & Procedures
  - ✓Guidance

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**The Oregon (Part B) Change Model**



Step #8: Pilot New Model

- Communicate with consumers and providers in pilot region.
- Two year pilot.
- Data...data...data...
- Measure...measure...measure
- Get continuous feedback from consumers and staff

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**The Oregon (Part B) Change Model**



Step #9: Reconvene Transition Team

- Review results of two-year pilot
- Recommend next level of improvements
- Prepare statewide roll-out plan




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**The Oregon (Part B) Change Model**



Step #10: Roll-out Statewide

- Data...data...data
- Measure...measure...measure
- Convene Work Groups regularly to review standards, forms, policies & procedures, etc.
- Continual improvement & change!

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**Lessons Learned**

- **It takes longer than you expect:**
  - June 2006 – First meeting to begin process
  - Dec 2006 – Statement of Need
  - April 2007 – Transition Plan
  - August 2007 – Transition Team
  - April/May 2008 – Capacity Building RFP
  - July 2008 – Begin Capacity Building
  - July 2009 – Pilot Begins




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**Lessons Learned**



- **Proactively address challenges**
  - Case management and outcomes monitoring systems – enhancements may be needed
  - Ideological shift in case manager roles and expectations in the medical model - Intense training and ongoing support is need

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**Lessons Learned**



- **Proactively address challenges**
  - Emphasis on data-driven decisions based on acuity stratification, customized interventions and evidence-based education – new protocols and analytic tools may be needed
  - Links between reimbursement methods and service delivery expectations need to be solidified

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**Lessons Learned**

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**"I need you to find a radically innovative new way to keep everything exactly the same."**



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**Lessons Learned**

- You can never have too much data or information about your system.
- Don't under-estimate the power of historic politics and fear of change.
- Make sure the Transition Team includes anyone who could "bog down" or slow the process.



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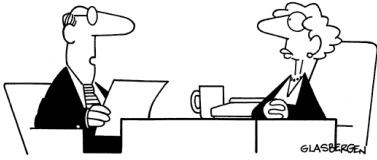
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**Lessons Learned**

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**"My team is having trouble thinking outside the box. We can't agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors."**



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**Lessons Learned**

- The system is actually improving because of the change process (even before the pilot begins.)
- Planning each step is critically important.
- Get resources (staff, consultants, budget, etc.) in place.



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## Lessons Learned

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**"To be understood by another person, one must not authorize validity to the very prospect of invalidation which has the potential to assume its own assumption of deficiency within the very milieu of the message. That is the key to clear and effective communication!"**



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## Discussion

- What challenges & barriers have you experienced in your service areas/jurisdictions to changing and improving your HIV Case Management model?



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## Discussion

- What strategies, ideas and solutions have you come up with?



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The Art of the Possible!



*Thank you!*

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