

Electronic Case Management Tracking System: A Tool for case managers and managers

Kathy Gaddis, LICSW, PIP Tiffiny Hall, LMSW Joanna Hawkins, LMSW Alfredo L Guzman, MSHI, MEng

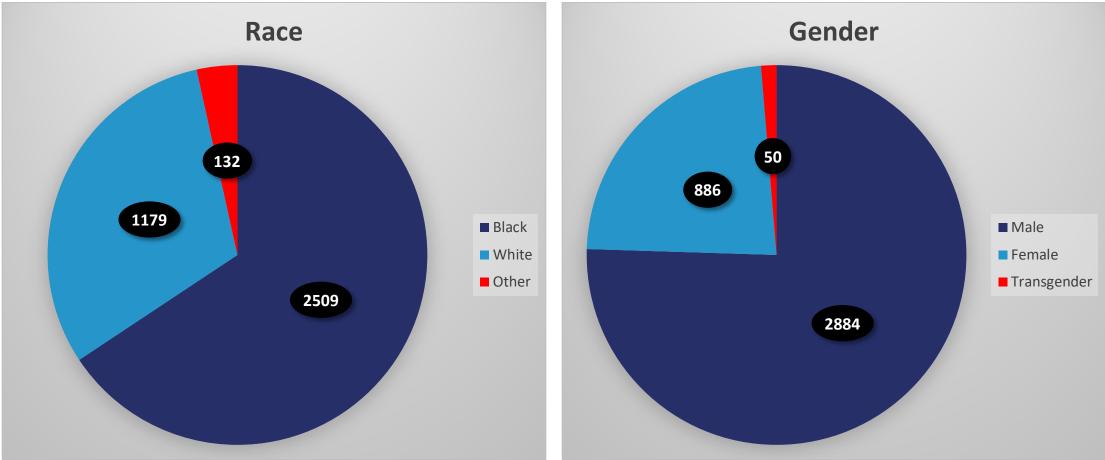




- Identify benefits of providing case managers tools to manage their caseload.
- Identify key factors to develop an electronic tracking system for case management.
- Understand UAB 1917 Clinic's electronic tracking system.







VIRTUAL

Services Provided



Medical Services

- HIV Primary Care
- Women's Health
- Psychiatry
- Neurology
- Nephrology
- Dermatology
- Endocrinology
- Chronic Pain Management
- OBOT (Office-based Opioid Treatment)
- Dental

Comprehensive Services

- Pharmacy
- Case Management
- Mental Health
- Nutrition
- Education
- Support Groups
- HIV Testing
- Health Education/Risk Reduction/ Outreach
- Volunteer Opportunities & Advisory Boards

2014 CM Challenges

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

- Large caseloads: 340-450
- Crisis driven
- No stratification for those at higher risk of falling out of care
- Unable to identify patients who had fallen out of care
- Patient information was not consolidated



Two Strategies to Address Challenges



- 1. Identify the most vulnerable patients by risk stratification and develop a responsive case management system.
- 2. Gather information from multiple data sources and deploy a **unified tracking system** to manage high caseloads and implement this case management system.



Case Management at 1917 Clinic

4 Levels of Case Management



Intensive

- Monthly contact
- Complete Social Service
 Assessment every 6 months

Supportive

Complete Social Service
 Assessment every 6 months

Intermediate

- Quarterly contact
- Complete Social Service
 Assessment every 6 months

Annual

Complete Social Service
 Assessment annually

Eligibility Criteria



- Intensive (one or more of the following)
 - HIV Viral Load greater than 1000
 - 2 or more "no show" visits
 - Request from any person on the medical team (provider, nurse, case manager, patient, dietitian, etc.)
- Intermediate (one or more)
 - Transitioning from Intensive
 - Request from team

Eligibility Criteria



- Supportive (one or more)
 - Income less than 400% of the Federal Poverty Level (FPL)
 - More than one identified goal in social service assessment
- Annual (one or more)
 - Income more than 400%
 - Only one goal identified in social service assessment

11

Purpose of Case Management Contacts

BUILD RELATIONSHIPS

Intervention may include:

- Upcoming medical appointments
- Assessing barriers to care
- Medication Adherence
- Strengths based focus
- Motivational Interviewing







1917 Social Work Dashboard

A secure web-based software system to assist case managers and managers in providing services in a more consistent and efficient way



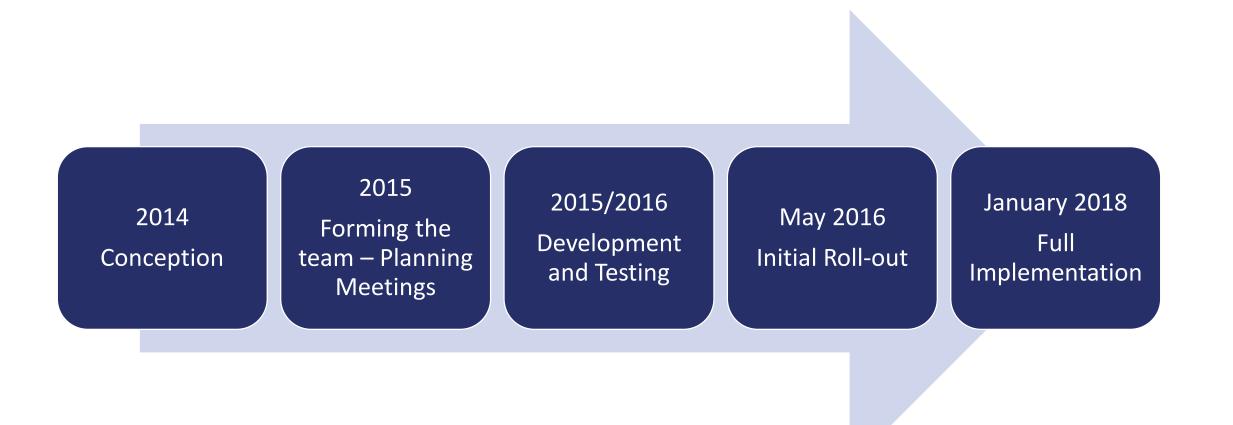
Team





Timeline





Conception



• A Tool for case managers

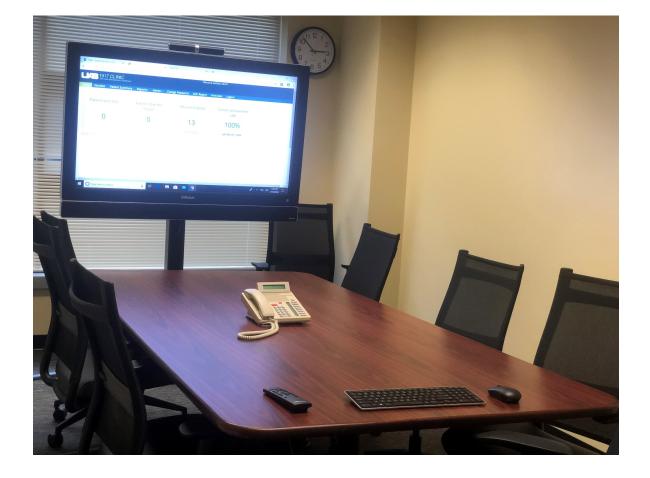
- Pull information from multiple systems to one place
- Organize and consolidate information (Read only)
- Create a list of notifications for case management requirements
- Help case managers successfully reach the benchmarks

A Tool for managers

- Assess the caseload intensity and distribution.
- Human Resource Management
- Recognize case managers who are successfully reaching benchmarks and share best practices
- Identify challenges and need for support

Development Team

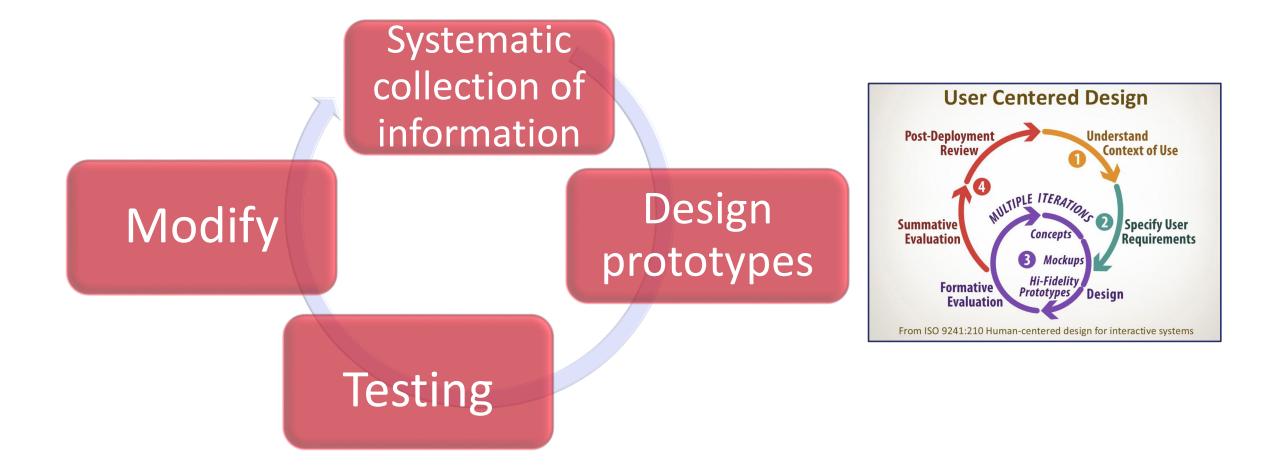




- Information Systems Analysts
- Social Workers/Case Managers
- Data Managers
- Medical Providers

Design Development





Initial Challenges



- Case managers were not prepared for high number of "past due" notifications
- Case managers did not understand that the high number of "past due" notifications demonstrated the need for the tool
- Eligibility for Intensive case management was too broad
- Unreliable and inconsistent data



VIRTUAL

- Full implementation of Social Work Dashboard
- Modify stratification for "Intensive Case Management" based on case manager feedback
- Set goal of 80% successful contacts (Achievement Rate)
- Develop strategies to allow case managers to focus on patients who had "past due" notifications

- Case managers started hearing patient's appreciation
- Patients were reengaging in care

January 2018

Keys for an Electronic CM Tool



- Collaboration between users, clinical staff, and informatics experts
- Increased user input during development, implementation, and testing leads to greatest potential for success
- Secure web-based software system
- Accurate and dependable data
- User friendly interface
- Ability for case managers to easily see worklist and progress
- Leadership support
- Financial resources
- Personnel

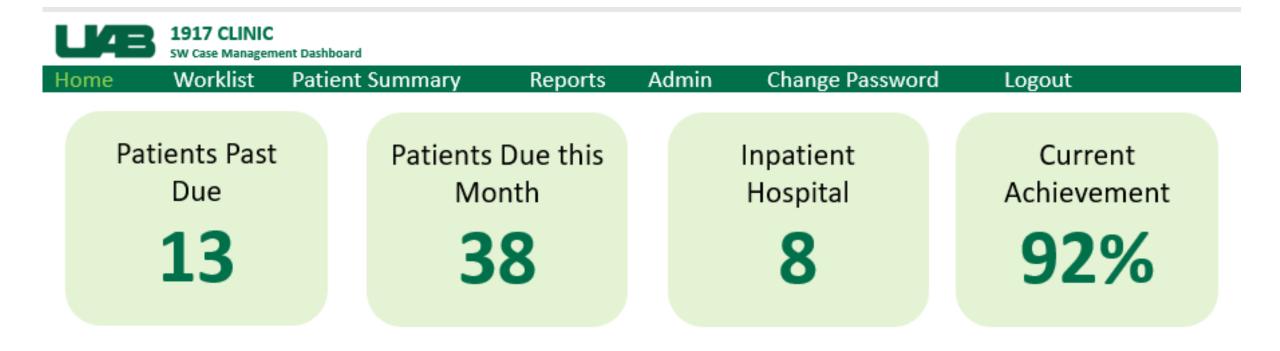
Benefits to Case Managers



- Identifies patients needing assessments and/or case management contacts
- Patient information is consolidated in one place (saves time)
- Allows for easy identification of patients without scheduled appointments
- Highlights important lab values
- Easily creates list of patients on a case manager's caseload and the level of case management

Navigation Banner





Worklist Notifications



Allows case managers a method to identify those patients they need to contact for assessments or case management contacts

<u>Status</u>	MRN	<u>Name</u>	<u>CM Level</u>	<u>Notification</u>	<u>Completed</u>	<u>Due</u>	Next Appt	<u>Notes</u>	<u>Close</u>
	12345	Adams, John	Supportive	Assessment	10/22/19	4/22/20	5/21/20	(1)	
	12346	Smith, Ruth	Intensive	Case Management	11/22/20	5/22/20	5/21/20	(2)	\otimes
	12347	Willis, Tony	Annual	Assessment	9/22/20	3/22/20	5/21/20	(0)	\otimes

YEARS



DEMOGRAPHICS

Address: 1234 Smith Road Zip: 35294 City: Birmingham Phone: (205) 969-9599

State: AL

Date of Birth: 01/01/1981

SSN: 425-99-9999

	Patient Summary				
DEMOGRAPHICS	СМ				
Address: 1234 Smith Road	CM Level: Intensive-minimal monthly contact				
Zip: 35294 City: Birmingham State: AL	Nurse Practitioner/Fellow: Raper, James CRNP				
Phone: (205) 969-9599	Attending: Saag, Michael MD				
Date of Birth: 01/01/1981	Nurse: Upton, Karen				
SSN: 425-99-9999	Social Worker: Penney, Candace, LGSW				
1917 ASSESSMENT	CD4 & VIRAL LOAD				
Date of Last 1917 Assessment: 4/19/2018	Most Recent CD4: 133				
Date of Most Recent Income: 4/19/2018	Most Recent CD4 Date: 4/9/2020				
Date of Most Recent Residency: 4/19/2018	Most Recent VL: 19,093				
Most Recent Primary Contact: 4/19/2018	Most Recent VL Date: 4/9/2020				
Ryan White Eligible: Yes					
VISITS	ADAP & HEALTHPLUS				
Next PC Appointment: 07/18/2019	Effective Date: 3/17/2015				
Last three Primary Care HIV Visits:	Status: ADAP Approved				
09/10/2019 No Show	Last 3 Pickup dates for ADAP Medications:				
10/8/2019 Arrived	1/22/19				
4/19/2020 Arrived	3/22/19				



Case managers can easily view:

Ryan White Eligibility

1917 ASSESSMENT

Date of Last 1917 Assessment: 4/19/2018 Date of Most Recent Income: 4/19/2018 Date of Most Recent Residency: 4/19/2018 Most Recent Primary Contact: 4/19/2018 Ryan White Eligible: Yes

Medical Appointments

VISITS

Next PC Appointment: 07/18/2019 Last three Primary Care HIV Visits: 09/10/2019 No Show 10/8/2019 Arrived 4/19/2020 Arrived



Case managers can easily view:

Level of CM and Team

CASE MANAGEMENT / MEDICAL TEAM

CM Level: Intensive-minimal monthly contact Nurse Practitioner/Fellow: Raper, James CRNP Attending: Saag, Michael MD Nurse: Upton, Karen Social Worker: Penney, Candace, LGSW

Lab Values

CD4 & VIRAL LOAD

Most Recent CD4: 133

Most Recent CD4 Date: 4/9/2020

Most Recent VL: 19,093

Most Recent VL Date: 4/9/2020



Case managers can easily view:

Insurance information

NSURANCE							
Primary	Date	Secondary	Date				
Blue Cross/ Blue Shield	2/1/2019	APIC	2/1/2019				

Case management goals

TARGET GOALS	
Area of Focus	Goal
Medical Goal	Obtain medication
Transportation	Attend medical appointments utilizing UBER Health

Auto populated Forms



- Checklist for Ryan White Eligibility
- ADAP forms
- Authorization to Release information

Select forms you would like to print: Assessment Summary Checklist New/Full ADAP/HPAL Community Release ADPH Release BCBS Authorization of Disclosure Checklist Partial CER Checklist MEDCAP BCBS Dental							
Blank Forms ONLY							
Printers: BBRB Work Room 1917 Social Worker Front Desk Main Pod 1917 Research							
Print Back To Patient Summary							

Benefits to Managers



- Easily view number of patients on each case manager's caseload and on each level of case management
- Use as a tool to view and evaluate caseloads
- Identify when case managers may need assistance and/or support
- Provide tangible data to administrators to inform progress of case managers and make staffing decisions

Standard Report (PCAR)



Patient Contact Achievement Rate (PCAR)

<u>Social Worker</u>	<u>Current</u>	<u>April</u>	<u>March</u>	<u>Feb</u>	<u>Jan</u>
Rashundra Allred	80% (308)	90% (308)	92% (312)	91% (312)	90% (312)
Shanika Hall	87% (330)	86% (330)	84% (329)	92% (329)	83% (327)
Tiffiny Boyd	88% (347)	83% (347)	80% (350)	76% (353)	75% (353)

Standard Report (Caseload)



- Case Manager Dashboard (Summary of all of the case managers' Caseloads)
- Managers can see overview of the clinic caseloads
- Managers can see details of each case manager's caseload

<u>Social Worker</u>	<u>Past Due</u> Intensive	<u>Total</u> Intensive	<u>Past Due</u> Intermediate	<u>Total</u> Intermediate	<u>Past Due</u> <u>Supportive</u>	<u>Total</u> Supportive	<u>Total Past</u> <u>Due</u>	<u>Total</u> <u>Caseload</u>
Tiffiny Boyd	21	44	7	10	45	264	23	356
Juandolyn Byrd	6	39	0	10	22	262	18	323
Savannah Fails	18	31	3	5	47	254	47	336

Standard Reports (D4C)



- Data for Care (D4C) a systematic way for clinic staff to provide Enhanced Personal Contact (EPC) to patients who have missed past appointments
- EPC is provided before the appointment as a reminder
- EPC is provided to reschedule the appointment if the appointment is missed

					Day of				
<u>MRN</u>	<u>Name</u>	<u>Home Phone</u>	<u>Visit Date</u>	<u>Visit Time</u>	<u>Day of</u> Appointment	<u>AM/PM</u>	<u>Provider</u>	<u>Missed</u>	<u>Risk</u>
					Appointment			<u>Visits</u>	
12345	Adams, John	205-999-9999	8/14/2020	9:00	Friday	AM	Gina Dobbs	2	Intermediate
12346	Smith, Ruth	334-999-9999	8/14/2020	9:30	Friday	AM	Gina Dobbs	1	Intermediate
12347	Willis, Tony	256-999-9999	8/21/2020	11:30	Friday	AM	Gina Dobbs	4	High

Customized Reports



Ability to create reports by selecting any of the following:

- Case Manager
- Nurse Practitioner or Fellow
- Attending physician
- Clinic Day
- Level of case management
- Types of notifications

Added Benefits



- Easy visibility of patients without upcoming appointment
- Social Security Number is easy to find
- Nurses use to complete Medicaid referrals
- Type in a portion of a patient's name and you can view a number of patients with similar names (helps with voice messages that are unclear)
- D4C: Upload reports for other staff to utilize for retention in care efforts

Before and After



Pre Dashboard

- Unable to identify patients who had fallen out of care
- Manually accrue data from multiple sources
- Crisis oriented case management
- No system to track case management requirements
- Inconsistently monitor high risk patients

Post Dashboard

- Easily identify patients who need to be re-engaged
- One quick snapshot of patient data
- Proactive case management
- Automatically track case management requirements
- Visually draw focus to patients at high risk





- Case managers need tools to help them organize their workflow
- The benefits of providing case managers tools to manage their case load:
 - Saves time by consolidating information
 - Provides a method for case managers to implement this model of case management
 - Identifies those most at risk of falling out of care
 - Highlights important lab values





- Utilizing technology can play a key role in improving retention in care and improved health outcomes
- Key Factors needed to develop an electronic tracking system for case management:
 - Collaboration between users, clinical staff and informatics experts
 - Easy to navigate
 - Visible worklist and progress for case managers
 - Accurate and dependable data
 - Secure web-based software system
 - Resources financial and personnel





UAB 1917 Clinic's electronic tracking system

- Incorporates data from multiple sources to help case managers manage their caseload.
- Allows managers to easily view distribution of caseloads and intensity distribution to assist with adequate staffing
- Continues to develop and evolve

Contact Information



Kathy Gaddis Director of Social Services, and Community Engagement kgaddis@uabmc.edu Alfredo L Guzman Director IT Operations aguzman@uabmc.edu

Tiffiny Hall Social Services Coordinator <u>varner@uabmc.edu</u> Joanna Hawkins Social Services Coordinator joannahawkins@uabmc.edu

Thank you!



- Dr. James Raper
- Alfredo Guzman
- Brooke Penney
- Dr. James Willig
- Dr. Scott Batey
- Srinivas Ponna
- Vara Chekkilla
- Suneetha Thogaripally
- Manisha Jaiswal

- Candis Riggs
- David Butler
- Elizabeth Allred
- Ashley Bartee
- Shanika Boyd
- Amanda Byrd
- Juandolyn Fails
- LaKendra Grimes
- Tiffiny Hall

- Joanna Hawkins
- Rachel Hanle
- Savannah Henderson
- Rashundra Hopkins
- Tarae Hornsby
- Vanessa Hudson