

# *MEDICAL CASE MANAGEMENT IMPROVEMENT PLAN*

Kick-Off Meeting  
**July 12, 2011**

# Agenda:

- Welcome and Introductions
- Medical Case Management in the TGA
- Case Management Assessment
- MCM Improvement Planning Process
- MCM Improvement Plan Discussion

# Medical Case Management in the Denver TGA



In 2009, DHRPC asked DOHR to conduct a system assessment due to several issues:

- Large caseloads
- Needs assessment identified barriers to accessing case management services
- HRSA new title and definitions
- DHRPC special consideration - \$100,000 for CM category to decrease caseload sizes

# Case Management Assessment



# National Survey

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## DOHR Case Management Report Findings



# Models of CM: Qualifications

- Nurse
  - Nurse Case Managers in role as Medical Case Managers
  - Nurse/Social Work combined case management
  - Clinic based case management (especially by nurse case managers)
- Masters Level Case Managers
- Utilization of “Paraprofessionals”
  - Peer
  - Support Staff

# Models of CM: Needs and Acuity

- Short-Term/One Time
- At-Risk Youth
- Recently Released
- Home Based
- Substance Abuse/Mental Health
- Definitions based on acuity
- Case load determined by acuity



# Case Management & Chronic Disease:

Looking to Similar Systems  
for Answers

# Chronic Disease Management Programs:

- Ways to identify clients who would benefit from care.
- Evidence-based guidelines for care and medication.
- Treatment that includes strong coordination between physician(s), case managers and other social service providers.
- Client education (may include prevention and behavior modification programs).
- Quality management programming, including: evaluation of results, patient satisfaction surveys and utilization review.
- Routine reporting and feedback between the patients and providers.

# Characteristics of MCM:

Enhancing Health Outcomes

# Role of Acuity:

- Acuity Tools
  - Formal Assessments
  - Subjective ranking of needs
- Acuity and Services
  - Determines amount of contact
  - Determines case load size
  - Determines level of professional as case manager

# Coordination of Care:

- Determine medical necessity and appropriateness of care.
- Identify patterns of overutilization, underutilization, and inefficient scheduling of resources.
- Assist in the coordination of care.
- Promote quality client care and optimal outcomes.
- Facilitate appropriate, safe, timely, and effective discharge.
- Provide education concerning the utilization management program to providers.

# Self-Management:

- Ability to partner with provider to manage treatment, symptoms, psychosocial concerns and lifestyle connected with a chronic disease
- Important that the client understands the disease
- Health literacy

# Adherence:

- Adherence Involved the Utilization of:
  - Behavioral contracting
  - Skills training
  - Self-monitoring
  - Prompts and reminders
  - Self-efficacy enhancement
  - Social support
- Psychosocial Support:
  - Exploring personal meaning of HIV
  - Confront denial and depression
  - Teaching of coping skills
  - Group peer support

# Resource Knowledge:

- When resources are high there is less collaboration, creativity, and flexibility
- When resources are low collaboration, creativity, and flexibility increase unless;
  - If organizations take a competitive stance
  - If organizations set up exclusive networking
- Bounded provider networks – referrals made on case manager's experience

Harley & Rainey, 2003



# Training:

- Critical Skills:
  - Assessment of acuity
  - Treatment planning
  - Utilization management facilitation
  - Resource knowledge
  - Teaching health literacy/self management
  - Psychosocial support
- Case Management Qualifications
- Case Management Certifications

# Supervision:

- Clinical Supervision
  - Masters level clinician
- Case Review
- Administrative Supervision

# Wrap Up:

## Questions and Comments

# The MCM Improvement Planning Process



# Scope of Work:

- Reviewing assessment and other key documents
- Hosting kick-off meeting
- Conducting informational interviews (MCM and other core service providers)
- Coordinating with CDPHE and DOHR

# Scope of Work:

- Developing recommendations and cost analysis
- Writing and presenting report
- Working with MDASC and MCM committee throughout the process

# Immediate Next Step:

Schedule and meet with case management supervisors or program coordinators

# Discussion





# Table Discussion Questions:

- What are your thoughts on the process we've outlined?
- What concerns do you have about changes to the MCM system?
- What opportunities do you see to make the system more effective and/or efficient?

# Wrap-up and Next Steps



# Questions:



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What's *your* bottom line?

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