

MEDICAL CASE MANAGEMENT

Key Discussion Topics for the Medical Case Management Workgroup

Document key:

- The number following each topic indicates the number of votes for that item as “important to address in the near term / could make a positive difference in my work”
 - Page numbers following each topic refer to the Case Management Assessment Report (http://dhrpc.org/tasks/sites/default/assets/File/PDF%27s/DHRPC_DOHRCasemanagementAssesment_2010.pdf)
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1. **Acuity (10 votes).** Acuity assessment ensures that the program is focusing on individuals who are most in need of case management services. The acuity score is directly related to the type and/or intensity of services the case manager provides to the participant. Acuity is reassessed over time and the participant’s services are adjusted to address the level of assessed need. In some locations, Acuity-based caseload systems assign workload based on participant need, rather than the number of participants. (pages 18-26)
2. **Self-Management (5 votes).** Through health literacy and disease management education, individualized goal setting and self advocacy support the case manager assists the participant to become a full and active participant in their own health care. (pages 34-36)
3. **Adherence (5 votes).** Through adherence assessments and screening, coordination of services, psychosocial support, crisis management and education, case managers assist all providers to communicate a consistent adherence message to the participant and assist the participant to adhere to their medical and service treatment plans. (pages 36-39)
4. **Coordination of Care and Services / Case Coordination and Conferencing (5 votes)** (*Note: the group asked that these two items be combined*). Through facilitation of the organizations providing services and assistance in the sequencing of appropriate health care services in the most cost-effective manner, case managers improve the quality of care in order to promote optimal outcomes for all parties involved. Additionally, they provide quality health care along a continuum, decrease fragmentation of care across many settings, enhance the participant’s quality of life, and help contain costs. (page 3, pages 29-33)

Case Coordination - includes communication, information sharing, and collaboration, and occurs regularly with case management and other staff serving the client within and between agencies in the community.
Case Conferencing - a formal, planned, and structured event separate from regular contacts. The goal is to provide holistic, coordinated, and integrated services across providers, and reduce duplication. (pages 30-33)

5. **Resource Knowledge (4 votes).** The case manager must be aware of the resources available, both within the system of care and in other social and medical systems. Most participants enter into case management services with a lack of knowledge about the services in the care system or larger community. It is important that the case management system have a way to educate the case manager about services within the TGA, but also in other systems of care and services. (pages 39-41)

(Note: the group asked for specific reference to be made to information sharing and a release of information for further exploration under this item.)

6. **Treatment Plan (2 votes).** The case management plan (i.e. service plan, treatment plan, service linkage plan) sets the foundation for strong service delivery. Well-developed plans lower the risks of failing to complete treatment tasks and the delivery of inappropriate care. Case reviews are central to the treatment planning process. Case managers need to be skilled in: conceptualizing the participant's needs, counseling skills to turn the biopsychosocial assessment into an action plan, and be able to engage the participant to buy into the planning process.
7. **Transition Planning (1 vote).** Through regular assessment and psychosocial support, case managers ensure that the participant is functioning in society at the most appropriate level, they assist in returning the participant to work (or other meaningful activities, depending on their condition), and they also determine when services, including case management, are no longer needed. (page 3)
8. **Biopsychosocial Assessment.** Through the utilization of early biopsychosocial assessment tools, the case manager ensures that services are generated in a timely and cost-effective manner. (pages 15-18)

(Note: The group identified this item as one that's working well and where some general improvements could yield immediate and important results.)

9. **Access to Care and Services.** By facilitating and coordinating timely and appropriate health services, the case manager assists the participant in achieving an optimal level of wellness and functioning. (pages 26-34)
10. **Quality of Care.** Through continual assessment of the participant's situation and care, case managers ensure they are connected to and adhere to the proper treatment needed, and that the treatment is implemented in an efficient way and avoids duplication of other services the participant is already receiving (Powell & Tahan, 2008).
11. **Training.** Case management training is necessary to establish a solid knowledge base for all case managers. Training may include: Biopsychosocial Assessment; Acuity Assessment; Treatment planning; System and Resource Knowledge; Utilization management & Case Conference / Collaboration; Health Literacy/Self Management assessment; psychosocial support and understanding of mental health and substance abuse issues. (pages 41-45)
12. **Supervision.** In addition to certification, some HIV Programs have recognized that the work of case management requires a clinical aspect of supervision and requires that the supervisor have, at minimum, a master's degree in social work or a related discipline. In addition, some sites have also required documentation that the supervisor and case manager discuss every participant involved in the agency program, either annually or every six months. (pages 45-49)

Additional ideas, issues and thoughts that were raised during the July 19, 2011 MCM Workgroup meeting include:

- The importance of terminology (what is self-managed, what are provider's definitions v. what participants understand, etc.)
- Whether the ultimate goal of case management is to help clients achieve self-management?
- Developing a mechanism for providers to share issues and problems with the system so that they can be addressed