CASE MANAGEMENT: WHAT'S THE FUSS?

By:

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CASE MANAGEMENT: WHAT'S THE FUSS?

- "I might only spend 15 minutes with the doctor every 3 months, but my case manager calls me in between to see how I'm doing, remind me of doctor's appointments, and to see if I need anything. We have a relationship."

- An HIV-positive consumer, Nashville, TN

CASE MANAGEMENT: WHAT'S THE FUSS?

- We are all case managers
  - Navigate medical systems
  - Navigate employment systems
  - Navigate other systems

  - *ADVOCACY-LINKAGE-REFERRAL*

CASE MANAGEMENT: WHAT'S THE FUSS?

- Case Managers don't have all the answers to all the questions; what we can do is refer to someone who does. *Ericka Ligon, as told to Bob Settles- February, 2010*

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- ADVOCACY, LINKAGE, REFERRAL
- *Medical Case Management vs. Non-Medical C.M*
  - *Community Case Management*
  - *Outreach Case Management*

- *Core Medical Service vs. Support Service*

CASE MANAGEMENT: WHAT'S THE FUSS?

- *Medical Case Management:* must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through an ongoing assessment /reassessment of the client and other key family members' needs and personal support systems. Medical case management may also include the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized care plan; (3) coordination of services required to implement the care plan; (4) continuous client monitoring to assess the efficacy of the care plan; and (5) periodic reevaluation and adaptation of the care plan, at least every six months, as necessary during the enrollment of the client.

CASE MANAGEMENT: WHAT'S THE FUSS?

- *Non-Medical Case Management:*
- Advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. *Non-medical case management does not involve coordination and follow-up of medical treatments.*

CASE MANAGEMENT: WHAT'S THE FUSS?

- Definitions are tied to funding:
  - Core medical services (Part C) require at least 75 percent of funding; This includes *Medical Case Management-* NOT *Non-medical Case Management.* That is a *support* service
- FY 06 Allocation reports for Part B programs indicated 33% of state and consortia funding went for CM services

CASE MANAGEMENT: WHAT'S THE FUSS?

- HIRE PROFESSIONALS:

- BSW
- MSW
- Experienced Case Managers
- Nurses
- Other medical professionals
- *** Paraprofessionals and peers for CM holds promise but more research is needed before efficacy can be claimed* (Bedell, Cohen and Sullivan)
- **** There continues to be much debate and wide variation with regard to educational levels, credentials, and experience required of CM's*

- Professional CM for the following reasons:

CASE MANAGEMENT: WHAT'S THE FUSS?

- WHAT DO CM'S DO?
- Attorney (legalities of eligibility for care)
- Insurance Agent (understanding of Medicare/Medicaid/ADAP)
- Teacher (Safer Sex practices, how to put on a condom)
- Accountant (Understand client's assets related to eligibility)
- Pharmacist (medical formularies, adherence counseling)
- Health-care expert (Know the language of health care)
- Counselor (recognize mental health sxs-where to refer)
- Social Worker (understand community resources and systems)
- Realtor (understand HOPWA and eligibility requirements)
- Crisis Negotiator (Suicide lethality, crisis referrals, interjection)
- Financial Advisor (how to budget finances- spend down)

CASE MANAGEMENT: WHAT'S THE FUSS?

- MEDICATIONS

- Medicare: Eligibility , where do clients apply, how do they apply, what is a donut hole, what is the best plan, how often does a client enroll; SSDI/Presumptive Eligibility
- Pharmaceutical Assistance Programs: Eligibility, filling out forms, getting doctors' signatures, submitting application.
- Medicaid: State eligibility requirements, how to apply-SSI
- Community Health Centers
- Community Drug Banks
- ADAP/HDAP
- Other RX resources

CASE MANAGEMENT: WHAT'S THE FUSS?

OUTCOMES:

- Study at Carnegie Mellon/Blue Shield (2/07') shows that a patient-centered case management program (PCM- MCM) resulted in 38% decrease in hospital admissions, and reduced costs by more than $18,000 per patient (for people with complex/advanced illnesses)
- Helps patients select services
- Helps patients consider different treatment options
- Helps patients avoid ER and unnecessary hospitalizations
- MCM: Home visits
- Team approach
- MCM: Follow-up phone calls

CASE MANAGEMENT: WHAT'S THE FUSS?
OUTCOMES

- Studies show effectiveness of CM to reduce unmet needs for support services such as:
  - Housing
  - Income assistance
  - Health insurance
  - Substance Abuse Treatment
  - Medication Adherence
  - Improved biological outcomes

CASE MANAGEMENT: WHAT'S THE FUSS?

- CM's must establish relationships with local HIV medical providers
- Must establish relationship with other HIV providers
- Must be able to connect with other human beings at the most basic level of humanity-caring empathically and genuinely

CASE MANAGEMENT: WHAT'S THE FUSS?

- Psychosocial Assessment
- *Acuity Scale
- Care Plan

CASE MANAGEMENT: WHAT'S THE FUSS?

- OPTIMUM CASE LOADS
- Research: The CMSA (Case Management Society of America) and NASW (Nat'l Assoc of Soc Workers): Optimal outcomes can be accomplished when caseloads are right sized and *weighted for complexity and acuity
- Sample of grantee case loads
  - Acuity
  - ARV's and better understanding of the disease allow people to live longer/better
- Aging population
  - Emerging population with HIV

CASE MANAGEMENT: WHAT'S THE FUSS?

- ***EXAMPLES OF CASE LOAD NUMBERS:***
- Maricopa (Phoenix): Part D subcontractors: 35-40 and 75-94; Part A-50
- UKMS-Wichita: Part B/C: >200; "rest of CM's in state avg. 30-50"
- OUHSC: part B: 70-90; Part D: >100
- Cincinnati Health Network: Part B: 35-50; IDC: up to 40; Area CM's in Kentucky: appx . 60 per CM
- Care Alliance (Cleveland): 92
- Ursuline-Youngstown: Part B (recommends 60-80 but carrying 82); Part C: 100
- Portsmouth, Ohio: Part C: 75-80; Part B: 45-50
- El Rio (Tucson): 250 each CM

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- More on case load numbers:
- Allnurses.com (1/26/10) asked for a response to the following question: What is the max case load for disease specific case managers with cases high in complexity/acuity?
- 50
- 40-45
- 30-40
- 30-50
- 14-28
- Two respondents thought 50 'was the magic number'

- The AIDS institute recommends no more than 15-20 clients per individual case manager. For a team model (three members) the number recommended is 30-35

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