

# Modernization of Case Management: Lessons from the Road and on the Ground

**Holly Hanson and Biz McChesney**

Part B Program, Bureau of HIV, STD, and Hepatitis, Iowa  
Department of Public Health

**Matt Bennett**

Coldspring Center for Social and Health Innovation



# Disclosures

Presenter(s) has no financial interest to disclose.

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# Learning Objectives

1. Compare learner's system/organization with established best practices in case managing HIV
2. Conceptualize the role of training in the development of case management capacity
3. Identify how the Iowa Part B Grantee has utilized training and structural changes to ensure clients/patients are getting the level and quality of services they need



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# “On the Road again” with HIV Case Managers!



# A Nerd tries to figure out what HIV Case Management really is or needs to be!





# The consistency I've found!!



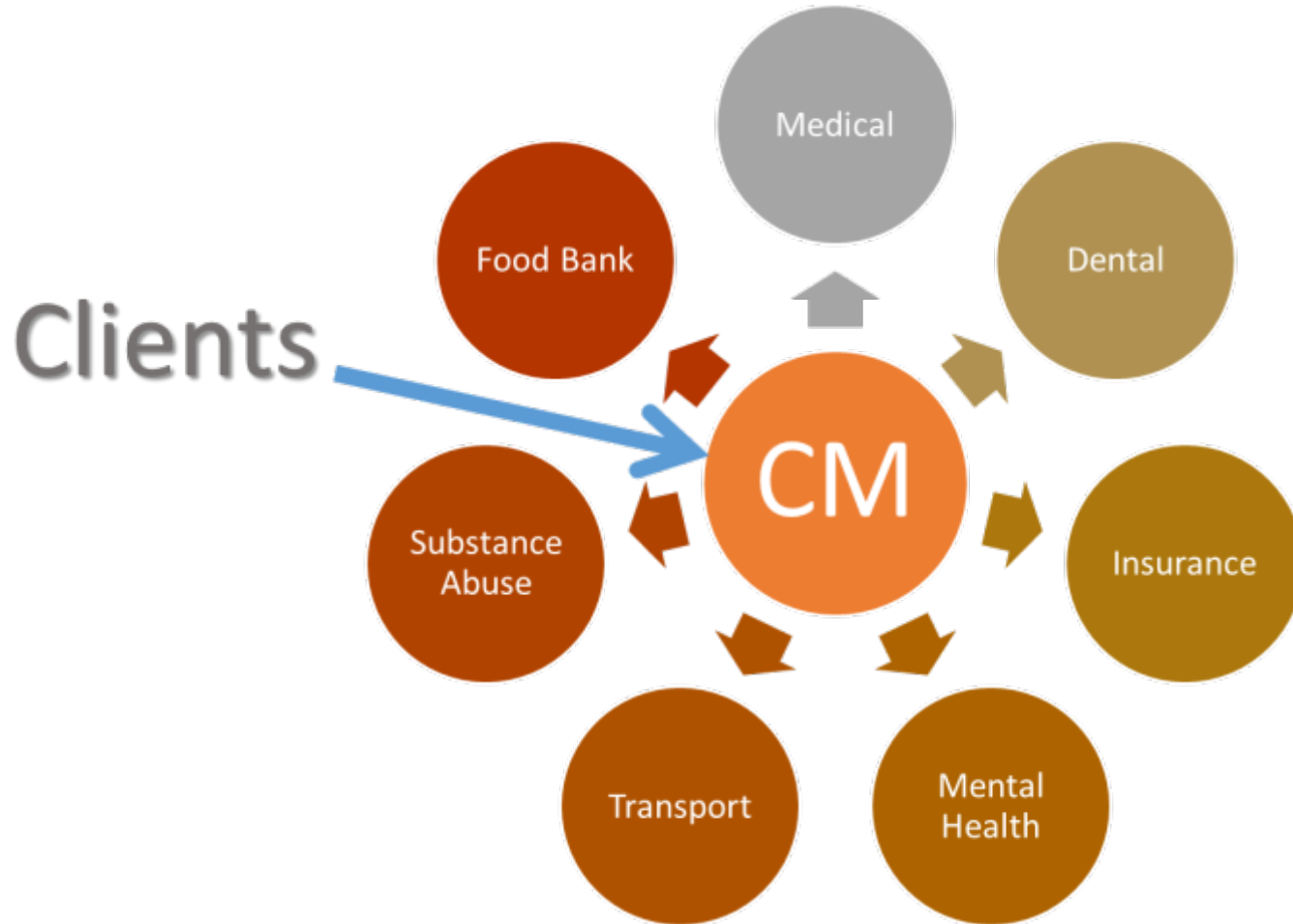
# Impact of Well Positioned Case Managers

- Systems with CM vs. those without
  - Facilitate healthy weight loss
  - Improve heart rates
  - Decrease morbidity & mortality rates
  - Decrease depression
  - Decrease in chronic pain
  - Decrease stress
  - Increase client satisfaction
  - Increased quality of life





# What Research say Works!



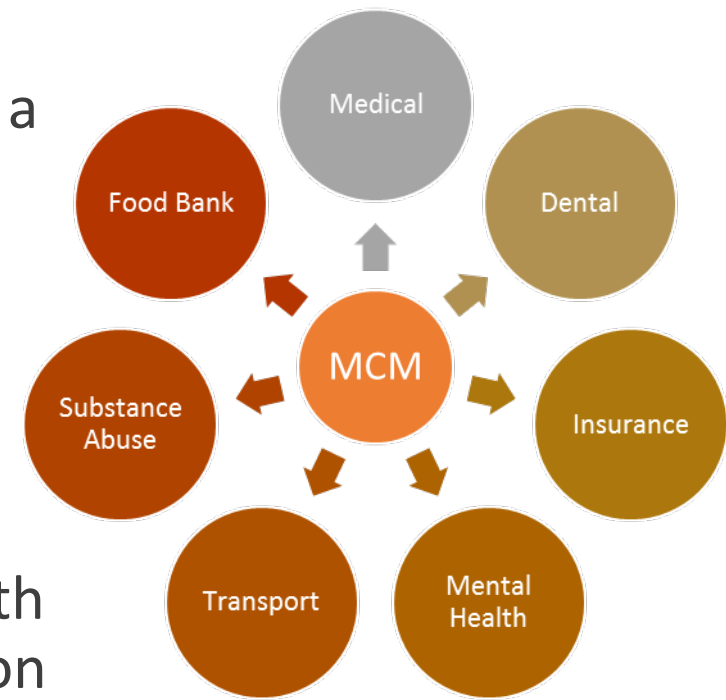
# CM as Multidisciplinary Leader

- Must...

- Have the medical knowledge to sit as a peer with medical staff
- Be trained in necessary assessments
- Have facilitation skills to lead multidisciplinary team

- Objectives:

- Ensure acuity of needs is matched with services – limit over & under utilization
- Make the client experience as seamless as possible
- Ensure adherence to ALL prescribed treatments



# The Assessment: Acuity

- Acuity and Services
  - Determines amount of contact
  - Determines case load size
  - Determines level of professional as case manager
- Acuity determines reassessment and service planning



Rizzo & Abrams, 2008; Claiborne & Vandenburg, 2001

# The Work: Self-Management

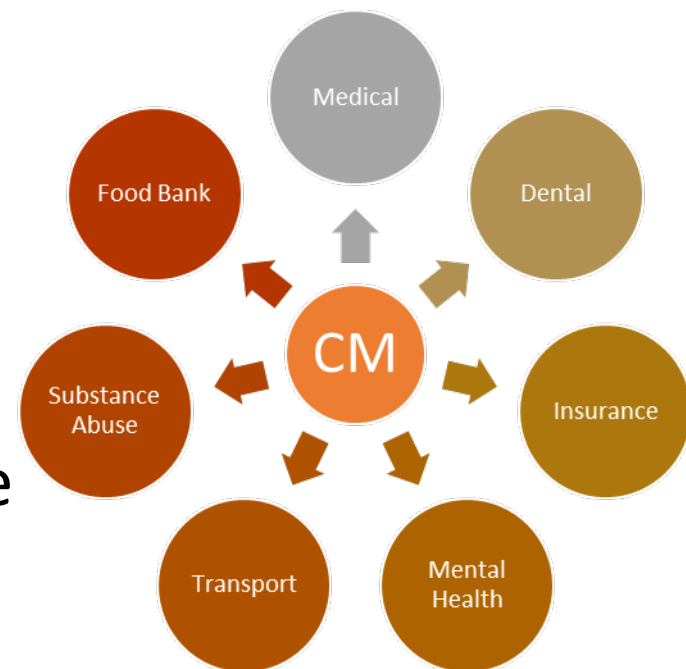
- Health Literacy: The capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions
- Adherence: Following the recommended course of care by following all prescribed treatment for the entire course of care
- Psychosocial Support
  - Exploring personal meaning of HIV
  - Confront denial and depression
  - Lifestyle changes



Rizzo & Abrams, 2008; Claiborne & Vandenburg, 2001

# The Method: Utilization Review

- Determine medical necessity and appropriateness of care
- Identify patterns of overutilization, underutilization, and inefficient use of resources
- Assist in the coordination of care





# Some Challenges Conclusions and an Attempt to find Solutions!



# Conclusions and Challenges

- Case Managers and warm handoffs
- Case Managers as stand in therapists and substance abuse counselors
- Case Managers as resource databases with personality matching capabilities
- Case Managers as HIV medical experts

# Matt's Wish List

- Money would flow into studying HIV case management to establish universal best practices and drive standards of care
- Technology would be developed (or evolved) to improve and complement case management practice
- We would all realize that psychosocial support and building strong relationships takes time and realistic case load size

# My small contribution: Coldspring Center's MCM Certificate

- **Online**

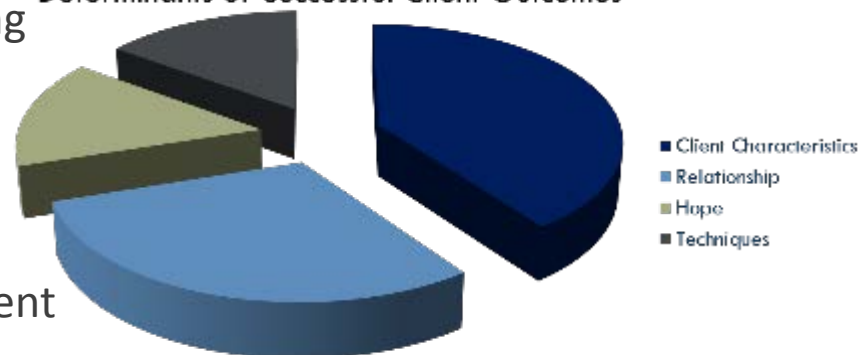
- Structuring the Helping Relationship
- HIPAA and Confidentiality
- Multicultural Approaches
- Understanding and Handling Difficult Situations
- HIV Specific
- Basics and Prevention
- HIV and the Immune System
- HIV Treatment and Medications
- 9 Course Motivational Interviewing Training



- **In-Person or Online**

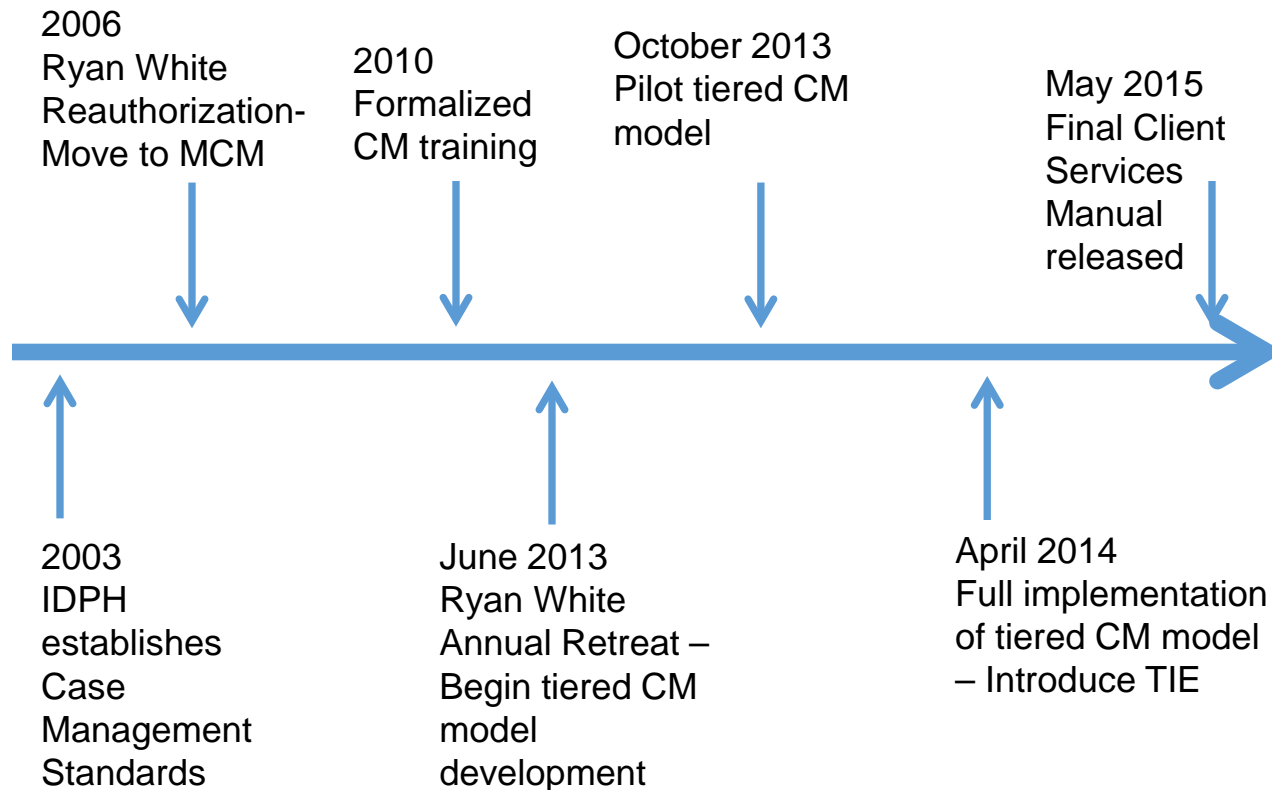
- Motivational Interviewing Skills Building
- Trauma Informed Medical Case Management
- Thrive: Self-Care

Determinants of Successful Client Outcomes



Ascia, 2010; Morling, 2008

# Iowa Case Management History



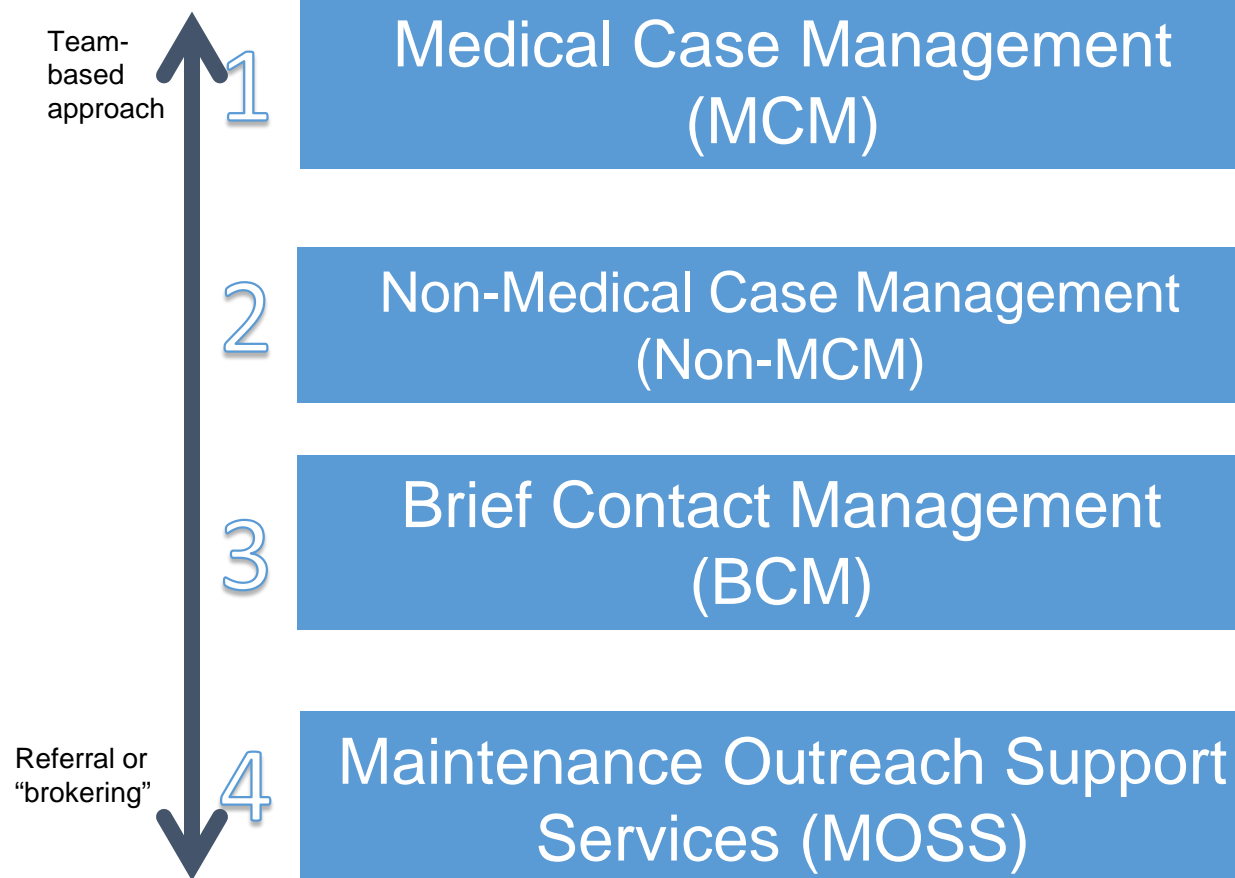


# What is Case Management?

A client focused process that expands and coordinates existing services to clients.



# Iowa Case Management Program



# Acuity Scale

Review ALL levels of Case Management below, select boxes that best reflect client's current situation. The level of Case Management with most boxes selected is the recommended level. If 1 or more boxes are selected under MCM, that is the recommended level of case management.

If client is enrolled in ADAP, client must be enrolled in Level 1, 2, or 3 of Case Management.

## Level 1: Medical Case Management (MCM)

- |  |   |
|--|---|
| <input type="checkbox"/> Newly Diagnosed (w/in 1 year)<br><input type="checkbox"/> Detectable Viral Load<br><input type="checkbox"/> Not in HIV care<br><input type="checkbox"/> Not on ARV's (if recommended)<br><input type="checkbox"/> Medical emergency/hospitalization<br><input type="checkbox"/> Not adherent to ARV's | <input type="checkbox"/> Not adherent to HIV medical appointments<br><input type="checkbox"/> Other medical conditions not addressed(i.e. Hepatitis C, diabetes)<br><input type="checkbox"/> Pregnant<br><input type="checkbox"/> No access to ARV's<br><br>If 1 or more boxes are selected, consider enrollment in MCM |
|--|---|

## Level 2: Non-Medical Case Management (Non- MCM)

- |  |  |
|--|--|
| <input type="checkbox"/> Isolation<br><input type="checkbox"/> No insurance<br><input type="checkbox"/> Homeless/chronically homeless<br><input type="checkbox"/> Current domestic violence and/or abuse<br><input type="checkbox"/> Post incarcerated re-entering<br><input type="checkbox"/> Mental health needs (not being addressed)<br><input type="checkbox"/> Financial needs identified (i.e. utility assistance, HOPWA, etc.) | <input type="checkbox"/> Current substance abuse<br><input type="checkbox"/> Linguistic challenges<br><input type="checkbox"/> Legal issues impeding other areas of life<br><input type="checkbox"/> Transportation needs<br><input type="checkbox"/> Income insufficient to meet needs<br><input type="checkbox"/> Needs frequent assistance navigating the system<br><input type="checkbox"/> No stable support network<br><br>If 1 or more boxes are selected, consider enrollment in Non-MCM |
|--|--|

## Level 3: Brief Contact Management (BCM)

- |  |  |
|--|--|
| <input type="checkbox"/> Moving from other HIV/AIDS Case Management provider<br><input type="checkbox"/> Adherent to ARV's<br><input type="checkbox"/> Adherent to HIV medical appointments<br><input type="checkbox"/> Stable housing<br><input type="checkbox"/> Insurance<br><input type="checkbox"/> No mental health needs or needs being addressed | <input type="checkbox"/> No current substance abuse<br><input type="checkbox"/> Reliable access to transportation<br><input type="checkbox"/> Steady source of income sufficient to meet needs<br><input type="checkbox"/> Maintaining regular dental care<br><input type="checkbox"/> Healthy, stable support network |
|--|--|

## Level 4: Maintenance Outreach Support Services (MOSS)

- ☐ Meets all the criteria of BCM, and does not need AIDS Drug Assistance Program

# Training and Capacity Building

## Regional Collaborative (Iowa, Minnesota, and Nebraska)

- Annual Medical Case Management Certification

  - Online Modules

  - In-person course

- Continuing Education

  - Expanding the HIV Prevention Framework for Gay and Bisexual Men and other MSM, Mental Health First Aid, Financial Health for Case Managers

## Trauma Informed Excellence (next slide)

## Regional Meetings (within Iowa)

- Case managers and other partners

- Linkage, managing case loads, adherence, etc.

## Monday Messages

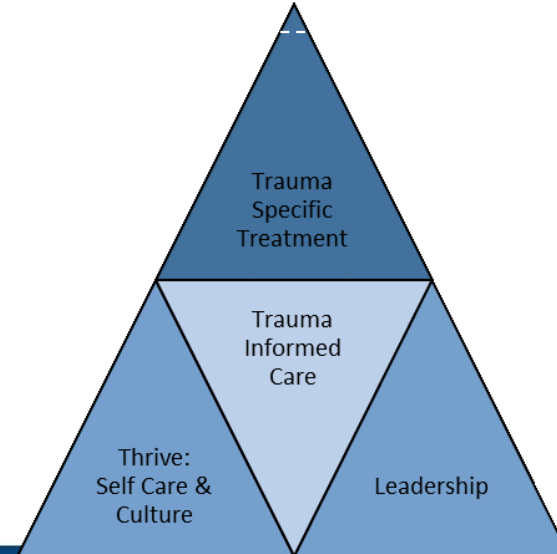
- Weekly e-mail to contractors

- Updates, policy changes, resources, announcements, etc.

# Trauma Informed Excellence

The Trauma Informed Excellence, or TIE, Model was developed to give organizations and systems of care the knowledge and skills to fully integrate the trauma informed paradigm into their operations. There are four trainings in the TIE Series:

1. Thrive: Self-Care & Culture
2. Trauma Informed Leadership
3. Trauma Informed Care
4. Trauma Specific Treatment







Traditional Paradigm	Trauma Informed Paradigm
<ul style="list-style-type: none"><li>➤ Clients are sick, ill or bad</li><li>➤ Client behaviors are immoral and need to be punished</li></ul>	<ul style="list-style-type: none"><li>➤ Clients are hurt and suffering</li><li>➤ Client behaviors are survival skills developed to live through the trauma but are maladaptive in normal society</li></ul>
<ul style="list-style-type: none"><li>➤ Clients can change and stop immoral destructive behavior if they only had the motivation</li></ul>	<ul style="list-style-type: none"><li>➤ Clients need support, trust and safety to decrease maladaptive behaviors</li></ul>
<ul style="list-style-type: none"><li>➤ Manage or eliminate client behaviors</li></ul>	<ul style="list-style-type: none"><li>➤ Provide opportunities for clients to heal from their trauma</li></ul>
<ul style="list-style-type: none"><li>➤ Staff should come to work every day at their best and perform to leadership's expectations</li></ul>	<ul style="list-style-type: none"><li>➤ Leaders need to create strong organizational culture to combat trauma and stress associated with work with traumatized clients</li></ul>
<ul style="list-style-type: none"><li>➤ System of care should be created to minimize short term costs and contain immoral behaviors</li></ul>	<ul style="list-style-type: none"><li>➤ System of care invests in healing trauma, saving money over the long term</li></ul>

# Lessons Learned & Next Steps

- Recipient/Sub-recipient relationship is critical
  - Investing time to repair if necessary
  - Ensuring front line staff understand their role in the big picture
    - Needs to be done regularly
- Pilot Initiatives
  - Choose your go-to folks AND your biggest critics
- Next Steps
  - Developing assessment tools that incorporate the training provided to Case Managers
    - Motivational Interviewing
    - Trauma informed approach
    - Strengths-based approach

# Thank You

Matt Bennett

[Bennett@coldspringcenter.org](mailto:Bennett@coldspringcenter.org)

Holly Hanson

[Holly.Hanson@idph.iowa.gov](mailto:Holly.Hanson@idph.iowa.gov)

Biz McChesney

[Elizabeth.McChesney@idph.iowa.gov](mailto:Elizabeth.McChesney@idph.iowa.gov)