

# Texas HIV Case Management Project

## *Envisioning Systems to Improve Outcomes*

### *the call to change*

The Texas HIV services program's purpose is to provide access to medical care for all Texans living with HIV. Medical Case Management (MCM) is vital to connecting HIV positive individuals to medical care systems and ensuring those individuals remain engaged and adherent to treatment and treatment plans. Over 62,000 Texans are living with HIV, one third of which are currently not receiving medical care for their HIV disease. Of the roughly 30,000 clients who receive services from Ryan White program providers in Texas, 75% are enrolled in some form of case management. As the numbers of Texans living with HIV increase and as efforts to engage individuals who are not enrolled in care into medical care escalate, the current systems of case management, many of which are already operating above ideal capacity, will no longer be sustainable without expanding those capacities. Expanding those systems will require additional financial resources, which, in an environment of limited funding, will require redirecting financial resources away from other client services.

The examination of case management practices conducted by DSHS found, during a review of client charts, that 48% of those client charts reviewed indicated that the client had been engaged in case management for 6 or more years. Interviews conducted with clients engaged in case management found that 62% of those interviewed had less than monthly contact with a case manager and the most frequent reason for contact was the routine updating of paperwork.

Envisioning new systems of case management in which clients are enrolled based on defined need for the service, which acknowledge that not all HIV positive individuals will require MCM and that sustainability relies on promoting self-management for those clients who are able will reduce the financial resources needed to provide this service and slow the necessary expansion. Without these elements, the current MCM system will become overburdened and individuals with the greatest need for these services will not receive the necessary level of support due to unmanageable case loads for case managers. It is for these reasons that DSHS has engaged in the evaluation of the current system and envisioning the system put forth in this paper.

### *maintaining people in care*

The care of individuals living with HIV/AIDS is difficult and involves the coordination of many complex systems. Enrolling and maintaining individuals in medical care is the core priority of any system of care; to achieve this priority an understanding of the individual's needs within his environment and how those needs interact to prevent

accessing medical care is paramount. For some individuals, getting basic needs met, such as housing or food, take priority over seeking medical care. This is particularly true when the individual is not experiencing any symptoms related to HIV/AIDS. For 20-60% of the people living with HIV/AIDS, compounding these basic needs is entanglement with substance abuse or mental health issues. MCM must address these confounding and complex needs by increasing the competency of the individual to access and navigate the various resources available within a community. MCM is the process of working with the client to identify, understand, prioritize and coordinate solutions to these issues on a continuing basis; recognizing that the resolution or treatment of one may uncover other needs.

### ***certification***

MCM is a process or service provided by a medical case manager. In the past, the credentials of the individual providing the service have often defined MCM. MCM should be defined by the various activities of the service which are delivered by a trained individual who demonstrates the knowledge and skills necessary to effectively provide those activities. As MCM encompasses an array of strategies and responses, it is imperative to establish a minimum competency for persons providing this service. Tahan (2005) describes certification as an opportunity for case managers “to distinguish themselves as having the educational background, experience, skills, knowledge and competencies to perform the multifaceted and complex job of a case manager today, and perform it more competently.”

A panel of experts, convened by DSHS concluded that a certification process should be developed to ensure those delivering the activities under MCM have the knowledge, skills and abilities required to assess clients, interact with medical staff, understand medical needs, facilitate care plans, identify community resources and address a host of issues which could interfere with the client’s ability to adhere to medical care. As no single licensed field fully captures the complete nature of MCM as a service, the certification process must be cross-discipline in nature. The certification process should be skills-based, with competencies both written and observed in practice. This proficiency should extend beyond the initial training process.

### ***a holistic and team approach***

MCM is a complex service that involves various aspects of care and therefore must utilize a holistic approach. In order to fully assess and support the client, a medical case manager must have the skills to recognize and utilize numerous people, elements such as community resources and client strengths. The client care plan must consider not only the medical needs of the client but also account for the client's physical and social circumstances. This approach requires examination of the interconnectedness of the

client's personal issues; the impact of these issues on the client's medical outcome; and the environmental strengths that may be engaged to improve medical outcomes.

MCM is the coordination of the efforts of the doctors, nurses, support staff and others who contribute to the stability of the client. Medical case managers must be part of the larger system that involves understanding the physician treatment plan and coordinating with those persons in the medical office or community who offer education and services to the patient. Medical case managers must have a working knowledge of current medications, ordered treatments and tests, as well as community resources available to address barriers the client is encountering, in order to meet the objectives of the care plan and improve the well-being of the client. The medical case manager is central to assuring the client is meeting goals and understands the care needed and outlined in the physician's treatment plan.

### ***the goal of independence***

Clearly defined needs such as poor treatment adherence or unstable life circumstances should be used to determine enrollment into medical or non-medical case management services. Not all clients require the same level of support and as most clients do not need this assistance indefinitely, MCM should have an end-point at which the client has developed the knowledge and skills necessary to manage their care.

Medical and non-medical case management are not the provision of one-time services and are not gate-keeping or brokerage mechanisms for providing necessary resources. The role of these services is to assist clients in identifying needs and barriers. Medical case managers, through the mechanisms of advocacy, assistance and education, support the client in accessing community resources to meet those needs and reduce barriers. Clients who do not need ongoing assistance with managing their medical care do not need to be case managed if they require insurance co-payments or other vouchers only. Rather, their ongoing independence should be praised and encouraged. As the client gains self-efficacy, the involvement of their medical case manager should decrease.

MCM should involve long-term planning to facilitate client independence. Medical case management must increase clients' knowledge and skills in understanding how to navigate the larger community systems of care, as the Ryan White Program is not a system unto itself but is integrated and complements these broader community systems of care and support. This can be accomplished through training and educating clients in self-advocacy, disease management and resource availability. Local and regional areas must construct all medical and non-medical case management systems to ensure the goal of these systems is improved client empowerment, self-determination and eventual independence from the case management system.

### ***the case for screening***

Closely linked with HIV disease are mental health and substance use issues, and screening for these co-occurring conditions is part of the MCM process. Medical case managers, utilizing validated tools, must conduct screening activities consistently and appropriately across each region.

Treatment for mental health and/or substance abuse issues can play a major role in a client's success with HIV treatment regimens and remaining in care. For these reasons, medical case managers must be skilled at effectively screening clients for these issues and, when appropriate, working with clients on accepting and entering appropriate treatments.

Medical case managers must also assess the client's sexual behavior. Reducing sexual risk connects to the goals of MCM as it essentially reduces self-harm and increases self-care. It is also crucial to decreasing transmission of HIV disease to others.

### ***system access***

The doorway of medical case management should not be the only entry point to services. As clients can be engaged in the system in an array of ways, clients must be able to access medical care or other services through many different avenues. Regional or agency-based policies and practices should be constructed to help a client continue to receive ongoing support that does not require MCM.

### ***accountability and flexibility***

MCM systems must have clearly defined outcomes which can be monitored to ensure accountability for the delivery of the service is possible. By viewing MCM as a service driven by client need, standard outcomes based on elements of those needs may be developed. The expectations for both providers and clients must be clearly stated and followed. This will strengthen the delivery of service across the state as well as increase the quality and consistency of service delivery by creating accountability measures for the system, the client, the medical case manager and the medical case management supervisor.

While there is a need for standard outcomes and service delivery indicators across all areas of the state, there must be flexibility for local or regional implementation guided by these uniform outcomes and standards. At the regional and local levels, there are variations in the service environment that must be considered when implementing new MCM systems. Uniform outcomes and indicators will guarantee the consistency of service across the state while allowing for variation in delivery methodology across regions and localities.

### ***conclusion***

It is the goal of the HIV Care Program to provide access to the services necessary for the health and well being of HIV positive Texans. As the number of individuals living with HIV disease continues to rise and as more of these individuals begin to rely on the services provided under these programs, the limitations of service availability must be addressed. Only by revising the existing systems of access and care can the HIV care program accommodate this increasing need. As MCM is a cornerstone to these systems, it is necessary to examine and alter this service in such a way as to promote the optimal capacity to serve these individuals. Through development of a certification process that holds as fundamental the understanding of client empowerment and independence through education, training and skills development medical case management can facilitate the abilities of these individuals to engage in managing their HIV disease and navigating the complex support networks available in their communities.

Tahan, H.A. (2005) Clarifying certification and its value for case managers. *Lippincott's Case Management*, 10, 14-21.