

Texas HIV Case Management Project

Expert Panel Report

Why look at case management?

Case Management is the foundation of care for HIV positive Texans, facilitating access to life-sustaining medications, creating a path to medical care, serving as an advocate, expanding strengths through education and skilling-building, and supporting people through linkages to services such as housing and food banks. Since we put the system in place over 20 years ago, the environment has changed dramatically: there's new legislation, funding shifts, a stronger evidence base, and we've increased our insight into needs, along with our understanding of best practices. Most importantly, the course of the disease has changed with the many advances in treatment. Examining the case management system, identifying its efficiencies and areas ripe for evolution, are therefore important steps to ensure its continued role in the lives of HIV positive persons.

Where did you begin?

As a starting point to understanding medical case management in particular, DSHS convened a group of community partners in February 2007 to discuss and define the key activities that would be included in medical case management. Through this discussion, we developed and adopted this definition:

Medical case management (MCM) is the provision of services focused on maintaining HIV-infected persons in systems of primary medical care to improve HIV-related health outcomes. Medical case managers act as part of a multidisciplinary medical team, with the specific role of assisting clients in following their medical treatment plan. Medical case managers should not serve as gatekeepers or access points into medical care as the goal of this service is the development of knowledge and skills that allow clients to adhere to the medical treatment plan without the support and assistance of the Medical Case Manager. The Medical Case Manager should be a licensed professional (e.g., RN, LMSW). Programs providing MCM that meet the requirements of this definition with experienced staff may apply for a waiver of this provision. MCM must include a comprehensive assessment of need, the development of a service plan to address client needs, client referral to appropriate providers based on need and service plan, interventions to address client issues such as medication compliance, adherence and risk reduction as well as patient education.

What were the next steps?

While we accomplished a great collaborative beginning, we also understood there were many unanswered questions and issues to explore. For this reason, we laid out a multi-phased plan to research, plan and implement a system of case management for Texas. This first phase focused on information gathering.

How did you gather information?

The workgroup looked into three areas:

- investigated current thinking by surveying 92 articles from professional literature on case management
- visited eight case management agencies, reviewing client charts, interviewing case managers, supervisors and clients, and observing case manager interactions with clients
- interviewed the five Texas Part A and six other states similar to Texas

We synthesized all research in one cohesive report, the [Texas HIV Case Management Project: An Exploration of Current Thinking and Practice.](#)

What is the role of Expert Panel?

When planning the project, workgroup members agreed stakeholder reflection was imperative. This important validation came about in the form of the expert panel.

Within the field, practicing panel members included:

- HIV Case Managers
- HIV Medical Case Managers
- Case Management Supervisors
- An HIV Physician
- Nurses
- Social Workers

With additional perspectives from:

- All areas of the state, urban and rural
- Part B Administrative Agencies
- Texas Part A Administrators

Along with practitioners from:

- Substance Abuse Treatment
- Mental Health Counseling

We asked the panel to review the report and provide recommendations for the HIV case management delivery system in Texas, that is first to be functional in our environment, and with a focus toward medical care access and medical outcomes. The panel came together in early May.

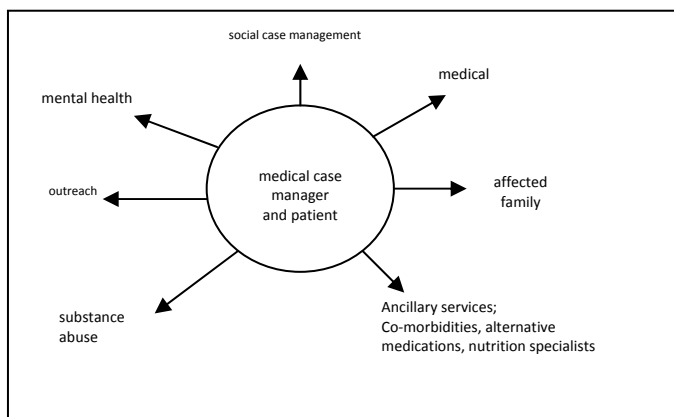
What did the panel say?

Discussion was spirited, in a room filled with individuals passionate about supporting the care of HIV positive people in Texas. Panel members gave feedback on the report, along with concerns and hopes for the existing case management system. Part way through the meeting, we divided into three groups and asked, “if you were to design a system from the ground up, what would it look like”?

The panel came to 21 consensus points, with overarching themes of what a case management system looks like: the process by which clients engage with the system; how staff operates within the system, and what outcomes are expected. Key components included ensuring easy access into the system for clients and matching client needs with the appropriate level of case management; ensuring that services which fall under medical case management are readily available in every region and are implemented in a consistent manner by qualified staff; and ensuring that coordination occurs among all the agencies clients access, including those outside of the Ryan White care system.

The remaining pages of this report detail these key consensus points across the entire spectrum of discussions that occurred during the two day meeting. We decided to group these thoughts around topic area, rather than order of importance. Also included with the text are each of the models put forth through the small group work.

Systems Perspectives



Team One CM model

Empower the patient to optimize medical care and improve quality of life through integration of services in a multidisciplinary team. The patient needs tools to move forward to live their life and feel good

The case management system should be client centered

Care plans should be individualized, with the case management system focused on enhancing self efficacy and autonomy so the client can obtain and maintain needed medical care and social support services on his/her own.

Medical case management is a process

Credentials of the individual providing the service have often defined medical case management. When we view medical case management as a process, the necessary activities become the defining elements of the service. Medical case management

processes must include a comprehensive assessment of the client's needs, a service plan developed in coordination with the client's medical providers as well as education and treatment adherence interventions as necessary. Shifting the focus to the activities involved and the systems processes through which those activities are provided allows the opportunity to explore the provision of these activities through a variety of methods and individuals.

There is a role for non medical case management within the care system

Clients will continue to need non-medical case management on an episodic basis. Clients will experience life events which may not threaten their medical outcomes, but still require assistance in accessing necessary services to assist them through these events.

There must be flexibility for local or regional implementation guided by uniform outcomes

At the regional and local levels, there are variations in the service environment that must be considered when implementing new medical case management 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.

Information technology must be available to everyone to access shared information

In a secure manner, local or regional areas should share information between medical case management and medical care systems to reduce redundancies and unnecessary requirements on clients. Technology could also be used to appropriately share information outside of the traditional HIV care system structure.

Case Management and care providers must collaborate

For medical case management systems to succeed in assisting clients, collaboration between the medical case management system and the medical care system must be established. A common understanding of the client's situation and environment is vital to the development of a holistic care plan.

Medical case management must use a holistic approach

The client care plan must consider not only the medical needs of the client but also account for the environment of the client. This approach should examine the interconnectedness of the client's environmental issues; the impact of these issues on the client's medical outcome; and the environmental strengths that may be engaged to improve medical outcome.

Access must be easy for clients

No wrong door approach - client should be able to gain access to services from any point

Not all clients need case management and clients do not need case management forever; for most/many clients, case management should have an end-point

Both medical and non medical case management should be understood as services based on client need for those services. Medical and non-medical case management

should not be used as gate keeping or brokerage services for accessing other needed services. Clearly defined needs such as poor treatment adherence should be used to determine enrollment into medical or non medical case management services.

Outreach to clients who have been lost to care is a component of case management in order to connect and maintain the client in medical care

Routine parts of any case management system ensure clients maintain medical care. This includes prevention measures to ensure clients do not drop out of medical care, follow-up procedures for clients lost to care, and outreach to those clients not enrolled in care.

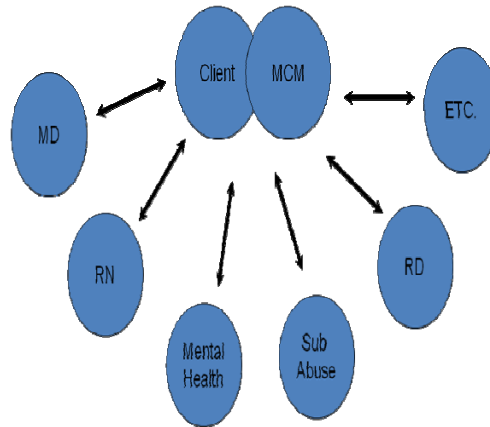
Process Perspectives

Providers should use acuity to guide contact frequency and intensity

Acuity assessment should be a standard practice in case management systems to manage case loads and the frequency of client contact. By increasing the use of acuity measures, case loads should be made so that high need clients are seen most frequently and receive the highest level of case management intensity. Periodic acuity measures will also indicate changes in client need and case load.

Team Two CM model:

Case manager should work with multidisciplinary team to address the client in a *wholistic* approach. Client should be an integrated part of the team. System should embrace concept of “independent/stability” assisting the client to achieve the highest functional level as possible



Use centralized case management intake and eligibility determination; it should be a single point, non-repeated with documentation shared across service areas.

At a local or regional level, systems should be put in place to reduce the redundancies in documentation that currently occur. Single points of intake may be structured as a single provider responsible for all intake and eligibility activities or multiple agencies that share client information. The later would require that all agencies have access to client data in order to prevent duplication in required documentation.

Systems should use a multi-disciplinary team approach, with case reviews to foster communication so the client as a whole is assessed with all needs taken into account when developing the care plan.

Systems should be structured to ensure that communication occurs not only between the individuals responsible for the primary medical case management of the client and the medical staff, but also with partner agencies that support the client’s needs.

Medical case management systems should occur in team structures in which multiple perspectives on client issues are brought forth for consideration and resolution.

All clients should undergo screening for mental health and substance abuse

Systems should ensure that all clients, regardless of enrollment in medical or non medical case management are screened for mental health and substance abuse issues.

Assessments and screenings should occur in a consistent manner that assures quality – quality screenings should be determined at a local/regional level.

Screening instruments should be determined at a local or regional level to ensure the appropriateness of the instrument with the systems in place. Screening processes should ensure consistency across providers in order that shared information and streamlined client referral and service delivery occur. This will reduce redundancies in rescreening and stress on both the client and the system.

Access to client medical records is imperative to providing medical case management

Medical case management systems must be structured in such a way as to foster relationships between the medical care providers and the individuals responsible for delivering the medical case management services. Medical case management cannot occur if those responsible for the service delivery have no knowledge of the client's medical needs or medical care plan.

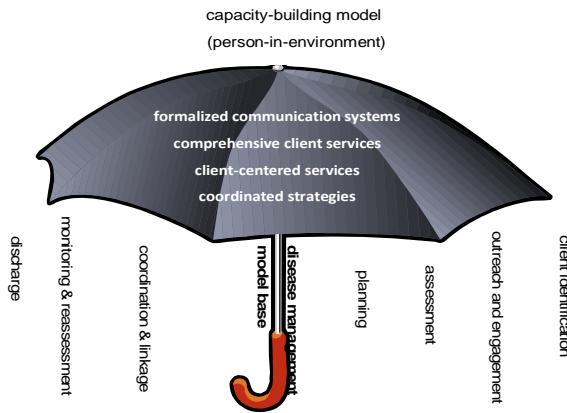
Staffing Perspectives

Medical case managers must be certified; the certification process should be skills-based, with competencies both written and observed in practice; proficiency must be standardized; training should be both initial and ongoing

A certification process should be developed to ensure those responsible for delivering the medical case management service have the knowledge, skills and abilities required to assess clients, interact with medical staff, understand medical needs and care plans and address issues which interfere with the client's ability to adhere to medical care. As no single licensed field fully captures the complete nature of medical case management as a service, the certification process should be cross discipline in nature.

Supervisors must have clearly defined roles, responsibilities and expectations.

Supervisors are expected to be knowledgeable of medical case management service delivery, be supportive of that delivery and able to assist in problem-solving on difficult client situations. Supervisors must be actively involved in building the capacity of case managers by providing appropriate mentorship and training to increase staff skills and knowledge. Supervisors should also evaluate agency systems objectively and periodically to enhance and increase organizational capacity.



Team Three CM model:
A strengths-based approach where case management is a process with key components that requires intense collaboration between the medical case manager, the case manager, the physician and the nurse practitioner

Outcome Perspectives

There is a need for uniform outcome standards and service delivery indicators

Medical case management systems should have clearly defined outcomes which can be monitored to ensure accountability for the delivery of the service. The expectations for both the case manager and clients should be clearly stated and followed, strengthening service e delivery, service quality and consistency.

Medical and non medical case management should foster client empowerment, independence and self determination

Local and regional areas should construct all medical and non-medical case management systems to ensure the goal of these systems is improved client empowerment, independence and self determination. The system should assist clients in such a way as to increase the client’s self reliance and eventual independence from the medical or non medical case management system.

What’s the next step?

This report concludes Phase One, the information-gathering arm of the project. Phase Two, which began late July 2009, will involve planning the strategies to meet these goals, including: working with partners around the state to create a certification process for case management, revisiting existing standards and policies, plus defining standards of care specific to medical case management.