Philadelphia Dept of Public Health
AIDS Activities Coordinating Office

From Concept to Reality: Implementing Medical Case Management (MCM) in a Part A EMA

Tuesday, August 24, 2010

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Disclosures

Marlene Matosky, Evelyn Torres, Coleman Terrell have no financial interest or relationships to disclose.

HRSA Education Committee Disclosures
HRSA Education Committee staff have no financial interest or relationships to disclose.

CME Staff Disclosures Professional Education Services Group staff have no financial interest or relationships to disclose.

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Presenters

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  - HIV Clinical Quality Management Coordinator
- Coleman Terrell
  - Health Program Administrator
- Evelyn Torres, MBA
  - Manager, Client Services Unit

Learning objectives

1. Outline how (and what type of) feedback was gathered from the major stakeholders, including clients, to inform the implementation process
2. Detail the specific steps used by PDPH to implement medical case management
3. Discuss evaluation strategies and proposed clinical indicators to be monitored

Overview of the Philadelphia EMA

Overview of Philadelphia EMA

- Nine counties spanning New Jersey and Pennsylvania
- >24,000 people living with HIV
- >$45 million of funding for care, prevention, and surveillance

<u>Ryan White funded services:</u>

- >12,000 people receive HIV medical care
- >8,000 people receive HIV medical case management
- >2,300 people receive oral health care

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Service delivery system

- 66 funded organizations
- 27 funded to provide HIV outpatient/ambulatory medical care
- 26 funded to provide medical case management providers
  - > 8,000 people receive HIV medical case management
  - >2,200 people received an intake

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MCM services in Philadelphia

- ~$8.5 million
- Services are provided by:
  - CBOs
  - ASOs
  - Hospital outpatient ID clinics
  - Stand alone HIV clinics
- 117 FTE MCMs and 35 FTE Supervisors

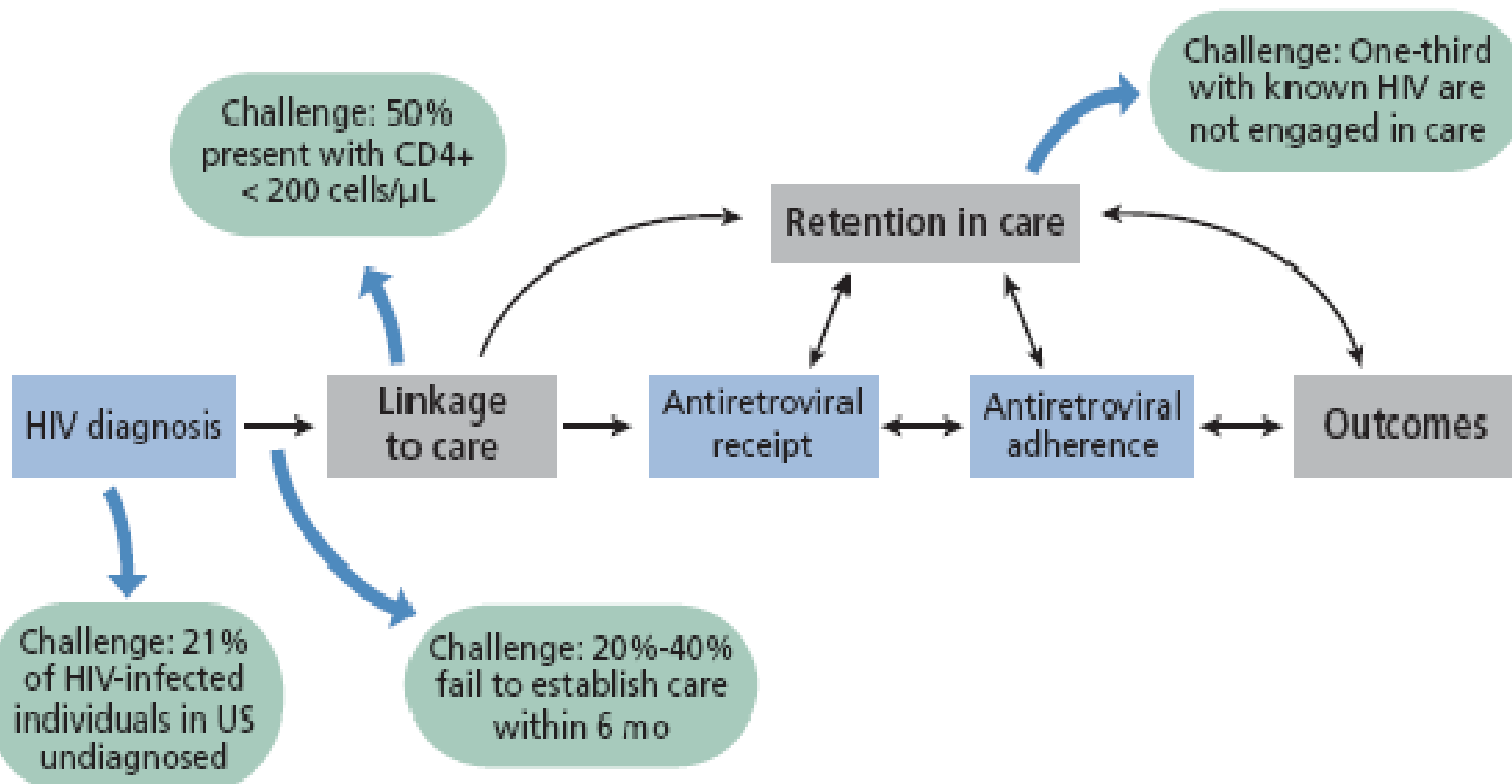
MCM model

- Broker model with emphasis on:
  - Facilitating access to and retention in medical care
  - Providing treatment adherence counseling
- Standards of Care and outcomes have been established for MCM services
- Client Services Unit is the central point of access for individuals requesting case management
  - Tracking entry and retention in medical care since 2001

Grantee goals for MCM

- 100% of case management clients in HIV medical care
- Increase collaboration and communication between the medical and MCM providers
- Clearly define the role of the case manager
- Increase retention and follow-up of clients' HIV medical care by case managers

Blueprint for HIV Treatment Success



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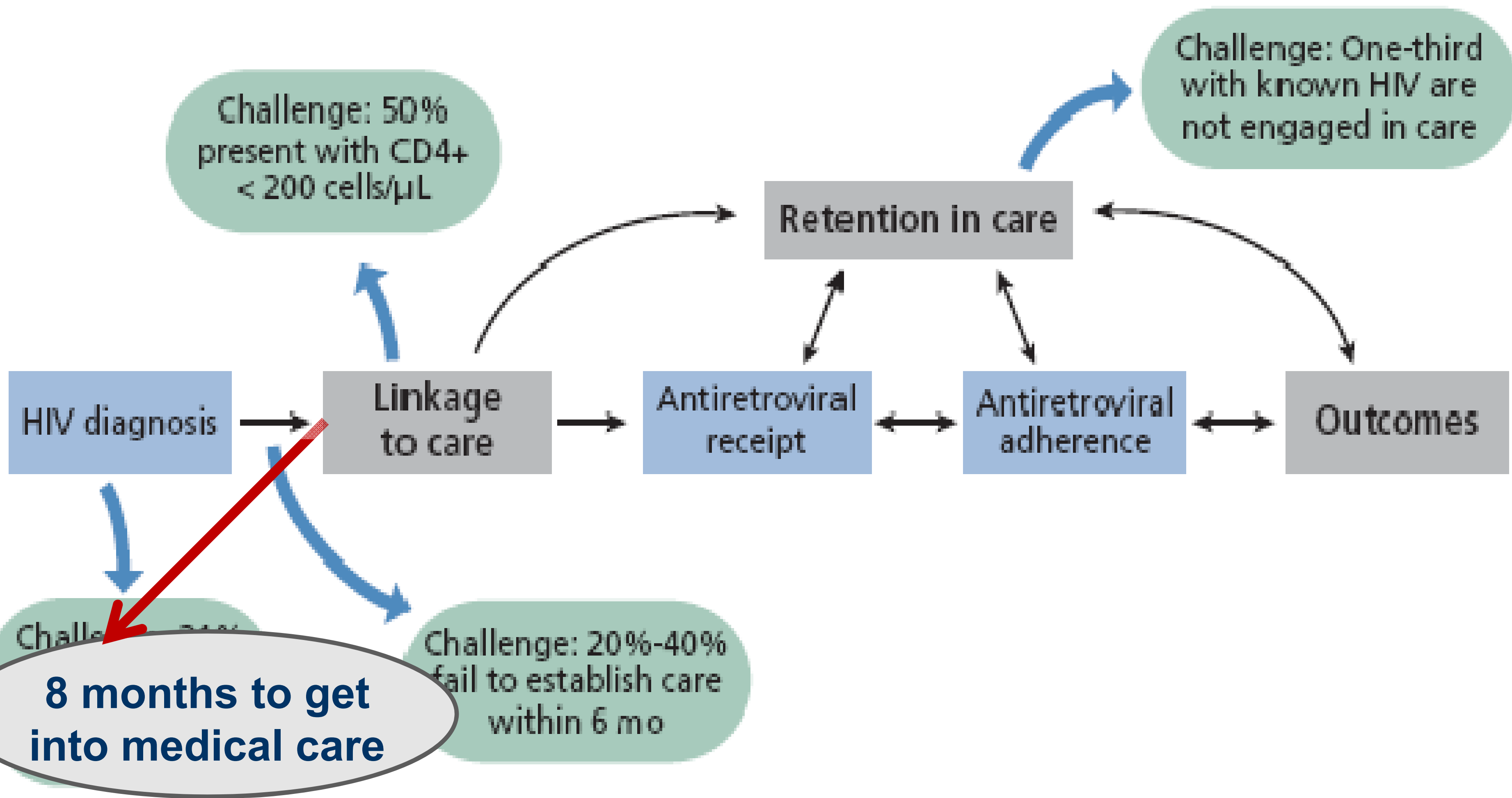

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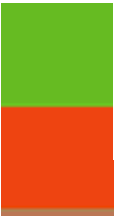

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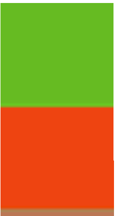

36-38% are diagnosed with AIDS within 12 months of HIV

Challenge: One-third with known HIV are not engaged in care

Retention in care

HIV diagnosis → Linkage to care → Antiretroviral receipt ↔ Antiretroviral adherence ↔ Outcomes

12,000 clients receive Ryan White HIV med care

within 6 mo

8 months to get into medical care

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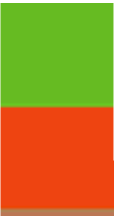

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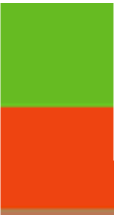

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20% fall out of care/year

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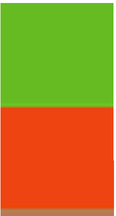

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854 care outreach clients between Mar09-Feb10

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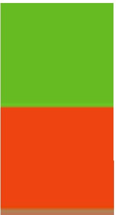

Medical Case Management

36-38% are diagnosed with AIDS within 12 months of HIV

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Challenge: One-third with known HIV are not managed in care

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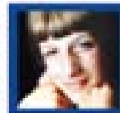
Implementation strategy

Implementation strategy

- Identify and solicit feedback from key stakeholders
- Internal AACO committee
  - Plan and implement MCM
  - Ongoing review of change process
- Extensive training and technical assistance
  - The Philadelphia Case Management Coordination Project in collaboration with the PA/MidAtlantic AIDS Education and Training Center



Implementation timeline

2007

- Anonymous Survey of Case Managers and Supervisors

2008

- Focus group of case managers located at medical provider sites
- RFP for MCM services
- Internal committee formed

Implementation timeline

2009

- Client Survey
- January – Presentation for agency directors
- May – Presentation for program managers
- June – Training for supervisors
- September – Two day training for new case managers and supervisors
- October – Training of established case managers
- October – Implementation new standards

Key stakeholders

- Government:
  - RW Treatment Modernization Act of 2006
  - Pennsylvania Dept of Health/Part B (CM standards)
- Clients
  - Anonymous survey (n=574)
  - $10 gift card
- Medical case managers and supervisors:
  - Anonymous web-based survey
  - Sent to 138 respondents with a 84% response rate

Key stakeholders

- MCM providers:
  - Issued a 2008 RFP
- Outpatient/ambulatory medical providers:
  - Quarterly quality management meetings with medical providers
  - Service provisions requiring release of medical documentation to CBOs/ASOs
  - Focus group with the six medical providers who were funded for case management

Client survey results: Comfort

- I feel comfortable with my case manager going to my HIV medical visits
  Mean Score = 4.33
- I feel comfortable with my case manager speaking to my HIV medical provider about me
  Mean Score = 4.42
- I feel comfortable talking to my case manager about my HIV medicines
  Mean Score = 4.51
- I want my case manager involved in my HIV medical care
  Mean Score = 4.41

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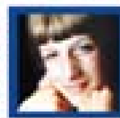

Client survey results: MCM's role

- Helps me to understand the importance of HIV medical appointments
  - Mean Score = 4.54
- Helps me solve problems that keep me from going to my HIV medical visits
  - Mean Score = 4.16
- Helps me schedule my HIV medical visits
  - Mean Score = 2.76
- Goes to my HIV medical visits with me
  - Mean Score = 1.93

Grantee MCM committee

- Cross disciplinary team
  - Client Services Unit (CSU)
  - Information Services Unit (ISU)
  - Program Services Unit (PSU)
- Focus on priority areas
  - Treatment adherence/health literacy
  - Linkage/retention in medical care
  - Supervision
- Tasks
  - Identify responsibilities and roles of medical case managers
  - Identify key implementation activities for CSU, ISU, & PSU
  - Develop MCM contractual standards
  - Provide ongoing monitoring of implementation

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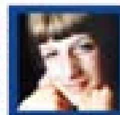

Stakeholders' input

- AACO internal MCM Committee incorporated the information gathered from Part B CM standards, RFP, case managers, client surveys and other sources into:
  - Contractual standards
  - Role and responsibilities of the medical case managers
  - Policies and procedures for MCM funded providers
  - Training

MCM expectations

- HIV medical treatment, follow-up and treatment adherence incorporated as part of key activities of
  - Assessment
  - Planning
  - Coordination of services
  - Monitoring
  - Re-evaluation/re-assessment
  - Documentation

Assessment contractual standards

- Each client receives a standardized comprehensive assessment within 30 days of client's referral from the Client Services Unit
- Clients will be reassessed on a yearly basis using the standardized comprehensive assessment

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Adherence contractual standards

- The client's adherence to HIV treatment must be assessed during the initial assessment and every 3 months
- Treatment adherence activities are implemented for individual clients based on identified barriers
- The CASE Adherence Index questionnaire must be utilized

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Health literacy contractual standards

- Health literacy is assessed as part of the initial comprehensive assessment and on an annual basis thereafter
- Use one of three validated tools
- Medical case managers develop strategies to assist clients with health related information, based on health literacy tool, and assessment findings

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SCP contractual standards

- SCP developed with client upon completion of comprehensive assessment and yearly reassessment
- Standardized form must be utilized
- SCP must be updated every three months in a face-to-face visit with the client
- Progress notes (DAP) as a result of each face-to-face or phone contact with the client should reflect:

Medical info. contractual standards

- At initial assessment and every 6 months obtain from HIV medical provider:
  - Dates of HIV medical visits
  - Dates and values of CD4
  - Dates and values of viral loads
  - Most recent HIV medications prescribed
- Keep documentation in client's file utilizing MCM flow sheet

Supervision contractual standards

- At minimum: face-to-face supervision once every 2 weeks
- Supervisory session outcomes are documented in the progress notes with the supervisor's signature
- Supervision log provides dates and names of clients discussed during supervision
- Sign off after review of the client's service care plan
- Reviews MCM's case load
- Ensures MCM conducts HIV medical follow-up
- Retain a supervision log with dates and names of supervisees
- Sign off on the MCM flow sheet

MCM challenges

- MCM required to be familiar and comfortable with HIV disease and progression
- High case loads
- Staff turnover at MCM agencies
- Collaboration between CBO/ASO's and medical providers
- Waning enthusiasm
- Limited health literacy among clients

Key factors in implementation

- Input from the key stakeholders
- Multidisciplinary grantee team
- Standardized forms
- Training of all levels of staff at MCM providers
- Ability to measure success
- Patience
- Emphasize the benefits to the client

Tools and standardized forms

Assessment

Areas covered in the assessment:

- Demographics
- Identification
- Medical information
- Medical status
- HIV medical care
- Medications
- Medication adherence
- Health literacy assessment
- Domestic violence
- Financial status
- Living arrangement
- Support system
- Legal issues
- Mental health
- Suicidal/homicidal ideation
- Drug/Alcohol history
- Secondary prevention
- Summary

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Validated health literacy tools

- Test of Functional Health Literacy in Adults (TOFHLA):and Short Test of Functional Health Literacy in Adults (S-TOFHLA)
  - Evaluate numeracy and reading comprehension
- Rapid Estimate of Adult Literacy in Medicine (REALM)
  - Evaluates reading comprehension
- Newest Vital Sign
  - Evaluate numeracy and reading comprehension

Service care plan

Short Term Goals	Action Steps		Target Date	Outcome 1	2	3
HIV Disease Mgmt	Clt:	1. Attend all scheduled appointments with ID provider.				
		2. Undergo lab tests and pap smears as prescribed.				
		3. Adhere to medication regimen, if indicated.				
		4.				
	CM:	1. Address barriers to HIV medical care.				
		2. Monitor health status & HIV medication adherence.				
		3. Monitor clt's HIV medical appointments.				
		4.				
Manage Disease of Addiction	Clt:	1. Adhere to D&A treatment program.				
		2. Utilize sober supports (meetings, sponsor).				
		3.				
		4.				
	CM:	1. Address barriers to treatment.				
		2. Monitor treatment compliance.				
		3. Provide harm reduction support.				
		4.				

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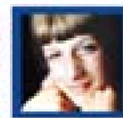

Service care plan

Short Term Goals	Action Steps		Target Date	Outcome 1	Outcome 2	Outcome 3
Maintain an Optimal Level of Emotional Health	Clt:	1. Adhere to MH treatment program (psychiatric evaluation, therapy, support group, medications).				
		2. Utilize support services.				
		3.				
		4.				
	CM:	1. Address barriers to treatment.				
		2. Monitor treatment compliance.				
		3.				
		4.				
Referral Services	Clt:	1. Adhere to referrals (housing, transportation, etc.).				
		2.				
		3.				
		4.				
	CM:	1. Address barriers to services.				
		2. Monitor linkages to services.				
		3.				
		4.				

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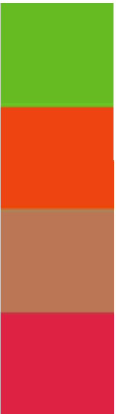
Service care plan



Short Term Goals		Action Steps	Target Date	Outcome 1	2	3
Risk Reduction	Clt:	1. Adhere to risk reduction plan (condom utilization, disclosure, lower risk sexual practices, safer injection drug use, etc.)				
		2.				
		3.				
		4.				
	CM:	1. Assess for high risk behaviors.				
		2. Provide HIV prevention education.				
		3. Address barriers to reduction of high risk behaviors.				
		4.				
	Clt:	1. 2. 3.				
	CM:	1. 2. 3.				

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CASE Adherence Index

1. How often do you feel that you have difficulty taking your HIV medications on time? By *on time*, we mean no more than two hours before or two hours after the time your doctor told you to take it.
   Never (4); Rarely (3); Most of the time (2), All of the time (1)

2. On average, how many days per week would you say that you missed at least one dose of your HIV medications?
   Everyday (1); 4–6 days/week (2); 2–3 days/week (3); Once a week (4); Less than once a week (5); Never (6)

3. When was the last time you missed at least one dose of your HIV medications?
   Within the past week (1); 1–2 weeks ago (2); 3–4 weeks ago (3); Between 1 and 3 months ago (4); More than 3 months ago (5); Never (6)

Score:
>10 = good adherence
≤10 = poor adherence, follow-up suggested

AIDS. 2006 October; 18(7): 853–861

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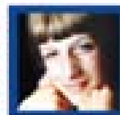
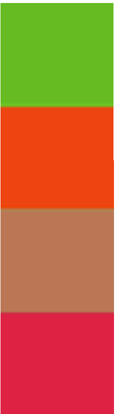


Flow sheet

VISITS	Standard	Date	Date	Date	Date	Date
Face-to-face MCM	Every 3 months					
HIV medical	Every 3-6 months					
Oral health	Annually					
Emergency room	Not applicable					
Hospitalization	Not applicable					

Flow sheet



LABS & SCREENING	Standard	Date/ Value	Date/ Value	Date/ Value	Date/ Value	Date/ Value
CD4 count	Every 3-6 months					
HIV viral load						
♀ client: Mammogram *Starting at 40 years old*	Annually					
♀ client: Cervical cancer screening *Starting at 18 years old or when sexually active*	Annually					
Treatment adherence counseling	Quarterly					
Risk reduction counseling	Quarterly					
Mental health screening	Annually					
Substance abuse screening	Annually					

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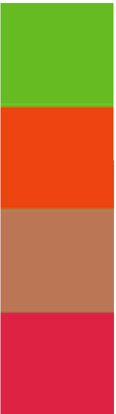
Flow sheet



HIV MEDICATIONS	Start	Stop	HIV MEDICATIONS	Start	Stop

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Flow sheet

DOCUMENTATION		Standard	Date	Date	Date	Date
From HIV medical provider	HIV medical visits	Every 6 months				
	CD4 count					
	HIV viral load					
	HIV ART					
Comprehensive assessment		Annually				
Service care plan		Quarterly				
Insurance		Annually				

Flow sheet

REVIEW	Date	Supervisor's Signature
January – March	/ /	
April – June	/ /	
July – September	/ /	
October – December	/ /	

HIV medical care follow-up

Indicate with a ✓.which of the following medications the client is current prescribed.

Medication	Current (✓)	Medication	Current (✓)	Medication	Current (✓)
NRTI (ART)		Integrase Inhibitor (ART)		PCP Prophylaxis (OI Prox.)	
Combivir		Isentress		Atovaquone	
Emtriva		Entry Inhibitors (ART)		Bactrim	
Epivir		Fuzeon		Dapsone	
Epzicom		Selzentry		Pentamidine	
Retrovir		Protease Inhibitor (ART)		PCP Treatment	
Trizivir		Aptivus		Atovaquone	
Truvada		Crixivan		Dapsone	
Videx		Invirase		Pentamidine	
Viread		Kaletra			
Zerit		Lexiva		MAC Prophylaxis/Treatment	
Ziagen		Norvir		Azithromycin	
NNRTI (ART)		Prezista		Clarithromycin	
Intelence		Reyataz		Rifabutin	
Rescriptor		Viracept		Ethambutol	
Sustiva		Fixed-Dose Combinations (ART)		Notes:	
Viramune		Atripla			

Patient not prescribed HIV medications:

☐ Not medically indicated ☐ Patient not ready ☐ Patient refused ☐ Other:

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HIV medical care follow-up

HIV medical provider notes to medical case manager
☐ Request for medical case manager to contact medical provider to discuss patient ☐ Other

HIV medical care follow-up

Indicate the dates and results (except for visits) for the following items that occurred in the last 6 months.

Visit, lab or screening	Date/Result	Date/Result	Date/Result	Date/Result	Date/Result
HIV medical visits					
CD4 count					
CD4%					
Viral load					
Cervical cancer screening					

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Monitoring form

Documentation	Ct 1	Ct 2	Ct 3	Ct 4	Ct 5
1. Client contacted by phone within five (5) business days of the referral from Client Services					
2. Certification of HIV positive diagnosis					
3. Has Client received and signed appropriate forms:					
4. Comprehensive assessment completed within 30 days of the client's referral from Client Services Unit which includes the following areas:					
5. Client reassessed annually and new service care plan completed					
6. Service care plan developed at completion of assessment which includes:					
7. Face-to-face contact occurring every three months					
8. If last face-to-face contact 3 months or more is the case pending termination?					
9. Annual home visit					
10. Completed MCM Flow Sheet which includes the following areas:					
11. Treatment Adherence documented in progress notes and service care plan					
12. Evidence that client was assessed for health literacy (utilizing tool such as REALM)					
13. DAP format is used for progress notes					
14. Bi-weekly supervision (face-to-face) as evidenced by supervisor's log and clinical recommendations in progress notes					
15. All referrals given to the client entered into Ryan White CAREWare					

Monitoring strategies

Monitoring implementation of standards

- Were the changes implemented as planned?
  - Required documentation
  - Health literacy
  - Forms (Assessment, MCM flow sheet, etc.)
  - Supervision
  - Amount of contact (face-to-face and home visits)

HAB MCM performance measures

- Percent of HIV-infected MCM clients who had a MCM care plan developed and/or updated two or more times which are at least three months apart in the measurement year
- Percent of HIV-infected MCM clients who had a medical visit with a provider with prescribing privileges two or more times a least three months apart in the measurement year that is documented in the MCM record

Grantee MCM performance measures

- Percent of HIV-infected clients referred to an HIV MCM provider who had a face-to-face MCM visit within 8-10 weeks after the referral from CSU
- Percent of HIV-infected clients active in HIV MCM who are active in HIV medical care after a referral from the CSU within measurement year

Grantee MCM performance measures

- Percent of HIV-infected MCM clients who had the following in the measurement year:
    - Two HIV medical visits at least three months apart (HAB)
    - Oral health visit (HAB)
    - Two CD4s at least three months apart (HAB)
    - Two viral loads at least three months apart
    - Cervical cancer screening (HAB)
    - HIV medications documented

Summary

- Evolution of MCM is directly related to the advances of HIV treatment
- Cannot implement changes over night
- Requires a significant amount of planning and implementation evaluation
- Emphasize positive impact on client outcomes

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Helpful resources

- My Health Tracker
  - www.thebody.com
- Understanding and Addressing Health Literacy
  - www.Nationalqualitycenter.org/qualityacademy
- Unified Health Communication 101: Addressing Health Literacy, Cultural Competency and Limited English Proficiency
  - www.hrsa.gov/healthliteracy/training.htm
- Medication Adherence
  - www.adultmeducation.com
- MCM Training Curriculum
  - www.positiveoutcomes.net

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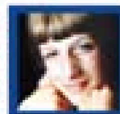

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