

Health Homes in Supportive Housing Case Management vs. Care Coordination

Presentation by
The Center for Urban Community Services

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Rebuilding lives together

What is a Health Home?

- A virtual home
- A care coordinator coordinates care for high utilizers of Medicaid to improve their health care and help them stay out of the hospital and emergency room
- Aligned with the triple aim - improve care for individuals, improve outcomes, and reduce costs

Case Management vs. Care Coordination - Paradigm Shift

- Why CUCS needed to make a paradigm shift
- How CUCS made the paradigm shift
- Paradigm shift exercise with the staff

Case Management vs. Care Coordination

ACTIVITY / FUNCTION	SUPPORTIVE HOUSING CASE MANAGEMENT	CARE COORDINATION
Focus of Work, Nature of the Relationship	As generalists, a big, broad relationship, almost akin to a family member is the goal	Focus is on efficient, impactful, practical health care interventions, focus on communication/ rapport with client not on broad relationship
Practice is...	Process driven	Results driven
Scope of Work	Do whatever is needed	Coordinate areas impacting health care
Goal	Assist client to live a "full & satisfying life"	Improve client's health care and health outcomes
Accessibility	Accessible to clients	Accessible to providers / collaterals (more time at desk, available to doctors on cell phone)
Mode of Interaction	Face to face interactions are preferable and expected; 90% face to face and 10% telephonic	Telephonic interactions are the expectation & the norm, unless circumstances require face to face; 85% telephonic and 15% face to face
Nature of Interactions	Emotionally charged, exploratory interactions	Interactions are purposeful, direct, concrete and task oriented
Successful Relationships	Deeply rooted, trusting relationship with client	Good communication and ability to quickly establish effective connections with a broad range of people and professionals
Keys to Work	Emotional connection with client	Tenacity in outreaching and influencing collaterals, advocacy, obtaining practical, concrete benefits
Starting Point	Start where client is, address broad range of issues they might bring up	Focus on health care needs and issues impacting healthcare - start where client is within health care context
Motivational Focus	Motivational interventions are broad and long term	Motivational interventions are short term and focused (exclusively on health care related needs)
Caseloads / Reimbursement Rate	Small caseloads / \$11,888 per yr. or \$1,000 PMPM	Large caseloads / \$2,400 per yr. or average of \$250 PMPM
Proximity to Clients	Work in their home, as a result face to face access is easy but clients can find proximity oppressive and anxiety provoking	Good distance from clients homes, making face to face interaction a challenge but reduces clients anxiety
Intensity of Contacts	Regular, intensive, contact is considered the best practice	Need to be strategic with regard to time management, minimal contact with clients is accepted / expected
Nature of Contacts	Contact with client is required regardless of need	Contact is need driven and based on providing a minimum of 1 core service a month

Case Management vs. Care Coordination cont'd

<u>ACTIVITY / FUNCTION</u>	<u>SUPPORTIVE HOUSING CASE MANAGEMENT</u>	<u>CARE COORDINATION</u>
Support Network	Little time spent with family, support network	Mobilizing available family, support network, is crucial
Influence of Medical Professional	Work is not guided by medical professional	MD or NP guidance is critical to work
Medical Knowledge	Medical field is one of many areas a CM needs to have a basic level of understanding, not crucial to success	A foundation of medical knowledge and health care systems is critical for staff, crucial to success
Escorting to Appointments	Escort as needed	Escort only under very specific circumstances, when deemed absolutely necessary and the CM is not available. Escorting not provided as routine practice
Insurance / Managed Care Relationship	MCO liaison generally not significant	Understanding MCO' is very important, MCO liaison is often significant and can have a dramatic impact
Supervision	Supervision is "clinical", the relationship is one of the deliverables	Supervision is goal and outcome - focused on time management, prioritizing tasks, monthly billable services and achieving healthcare goals
Nature of Reimbursement	Payment received regardless of services provided	Only reimbursed for providing 1 of 5 approved services and documenting appropriately in a given month
Progress Notes	Notes do not support billing and are not tied to the billing process	Notes must support billing, have to use billable service language in the note itself. Notes have to be tied to service plan which needs to use billable service language as well
Worker Satisfaction	Relationship with clients is source of worker satisfaction, nurtured by frequent face to face interactions	Results and goals achieved, concrete accomplishments are source of job fulfillment
Understanding of Role	Well developed & defined over years of experience	New, experimental, unsettled, and constantly changing; we have no history or experience to call upon. Using trial and error to lay the foundation as we go
Outside Perception	Perceived as well developed and effective	Buzz around the role, new & critical to health care reform. Medical professionals may see CC as being a part of the medical world, an insider with shared goals with whom they're willing to collaborate

Case Management

- As generalists, a big, broad relationship, almost akin to a family member is the goal

Care Coordination

- Focus is on efficient, impactful, practical health care interventions, focus on communication / rapport with client not on broad relationship

Case Management

- Process driven
- Do whatever is needed
- Assist client to live a 'full and satisfying life'
- Start where client is (ie address broad range of issues they might bring up)

Care Coordination

- Results driven
- Coordinate areas impacting health care
- Improve clients health care and health outcomes
- Focus on health care needs and issues impacting healthcare - start where client is within healthcare context

Case Management

- Accessible to clients
- Face to face interactions are preferable and expected, less telephonic
- Emotionally charged, exploratory interventions

Care Coordination

- Accessible to providers / doctors / collaterals
- Telephonic interactions are the expectation, less face to face
- Interactions are purposeful, direct and task oriented

Case Management

- Deeply rooted, trusting relationship with client
- Emotional connection with client
- Motivational interventions are broad and long term

Care Coordination

- Good communication / ability to quickly establish connections with broad range of professionals
- Tenacity in outreaching / influencing collaterals, advocacy, obtaining practical benefits
- Motivational interventions are short term and focused (exclusively on healthcare related needs)

Proximity, Intensity, and Nature of Clients Contacts

Case Management

- Work in their home, face to face access is easy but clients can find proximity oppressive and anxiety provoking
- Regular, intensive contact is considered best practice
- Contact with client is required regardless of need

Care Coordination

- Good distance from clients home
- Need to be strategic with regard to time management, minimal contact with clients is accepted/expected
- Contact is needs driven and based on providing a minimum of one core service per month

Case Management

- 85% of time with clients both new and established
- 15% of time with collaterals

Care Coordination

- New clients - time is 50% with providers/collaterals and 50% with clients
- Established clients - time is 80% with providers/collaterals and 20% with clients

Case Management

- Work is not guided by medical profession
- Medical field is one of many areas a CM needs to have a basic level of understanding, not crucial to success
- MCO liaison generally not significant

Care Coordination

- MD/NP guidance critical to work
- A foundation of medical knowledge and healthcare systems is critical for staff, crucial to success
- Understanding MCO's is important, MCO liaison is often significant and can have dramatic impact

Case Management

- Build trust
- Money Management
- Medication Management
- Make sure housing is secure

Care Coordination

- Educate client about ER vs. PCP
- Keep specific focus on Care Coordinator role
- Connect client with providers in the community
- Keep all providers in sync

Thank You