

WISCONSIN AIDS/HIV PROGRAM NOTES

January 2010

The Changing Tide of Wisconsin HIV Case Management Services: An Emerging Focus on Medical Case Management

Leslie Anderson, Life Care Services Coordinator, AIDS/HIV Program, Wisconsin Division of Public Health

Case management is a critical part of the HIV service delivery system. This article highlights HIV case management services in Wisconsin and introduces a proposed model of case management which incorporates medical case management for persons living with HIV.

Background

The National Association of Social Workers (NASW) defines case management as “a method of providing services whereby a professional social worker assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client’s complex needs...”¹

Since the initial passage of the federal Ryan White legislation in 1990, case management services have been available to persons living with HIV across the country. In 2006, the federal Ryan White Treatment Modernization Act had significant changes to Part B (the portion of funding allocated to states) including a requirement that 75% of funds be earmarked for “core medical” services. These services include:

- medical care;
- oral health care;
- mental health care;
- AODA services; and
- medical case management.

Supportive services, including psychosocial (non-medical) case management, may account for the remaining 25% of funds. The new legislation shifted the emphasis on case management services by focusing on the medical model of care coordination.

The federal Health Resources and Service Administration (HRSA), which oversees Ryan White funding, defines medical case management as “...a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component

¹ National Association of Social Workers. NASW standards for social work case management. [monograph in the Internet]. June 1992 [cited 2010 Jan 5]. Available from : http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp.

January 2010

of medical case management... Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments..."²

Some key characteristics of medical case management include:

- coordination and follow-up of medical care,
- provision of treatment adherence counseling, and
- focus on retention to care services.

Case management in Wisconsin

The Wisconsin AIDS/HIV Program currently funds 14 agencies through combined federal (Ryan White, Part B) and state (Life Care Services) funding totaling \$6,136,423. In 2009, over \$2.7 million (44.7% of the combined funding) supported case management services. HIV case management services in Wisconsin are directed at achieving several important goals:

- integration of services across an array of service settings
- early access to, and maintenance of, comprehensive health care and social services
- continuity of care
- enhanced independence
- increased self-advocacy and personal empowerment
- increased knowledge of HIV disease
- prevention of disease transmission and delay of HIV progression
- increased quality of life

The AIDS/HIV Program has committed resources to further ensure quality case management and the achievement of case management goals through the following efforts:

Professional HIV Case Manager Training and Certification Program

The purpose of the certification program is to:

- support professional development of staff providing case management services;
- tailor and enhance training opportunities for case managers; and
- develop case management skills and competencies related to core medical services.

² Health Resources and Services Administration. U.S. Department of Health and Human Services. HIV/AIDS programs: service definitions for the Ryan White HIV/AIDS Program. Core services and support services. [cited 2010 Jan 5] Available from: <http://hab.hrsa.gov/manage/CMSDefined.htm>.

January 2010

Case managers must acquire at least 32 hours of continuing education annually to remain certified. Currently, 34 of 45 Ryan White funded psychosocial case managers have been certified.

Practice Standards and Administrative Guidelines

Newly revised standards and guidelines emphasize core medical services and care coordination. Performance measures require reporting of case management outcomes of all referrals for core medical services and follow-up on client attendance at core medical appointments.

Wisconsin Acuity Index (WAI) tool

A revised acuity tool emphasizes core medical services by “weighting” core medical services more heavily than supportive services. Clients receive more in-depth case management support from case managers when a client’s acuity score reflects insufficient or inconsistent engagement in core medical services.

Goals of implementing medical case management

The recent efforts focused on quality improvement of case management have been laying the foundation for medical case management in Wisconsin. Medical case management implementation is directed at achieving the following goals:

Greater emphasis on improved health outcome

Medical case managers are responsible for comprehensive care coordination. In addition to addressing social support needs of clients, medical case managers will establish quarterly contact with all core medical providers. This will result in case managers being well informed about the client’s individualized treatment plan. Case managers will provide treatment and medical adherence counseling which will complement the care management team’s efforts directed at improving client health outcomes.

More focused and tailored case management services

Use of the revised acuity tool assists case management organizations in focusing resources more effectively and tailoring case management services to meet client-specific needs. An acuity index level assigned to each client determines the frequency of contact as well as the type of case management services provided (medical, supportive, or brief services).

Increased rates of “graduation” from case management services

The medical model addresses the issue of prolonged client engagement in case management. Treatment advances over the past 15 years has resulted in most persons with HIV living longer. Some case management clients have maintained an

January 2010

established tie to case management services regardless of demonstrated need. Refocused goals of case management now emphasize graduation from case management services for those who are capable of self-management. This will be accomplished through ongoing evaluation and use of the case management acuity tool as well as client engagement in a series of education modules on self-management.

Increased coordination of care for individuals with multiple co-morbidities and those who are medically unstable

Under medical case management, case managers conduct more intensive care coordination for clients with multiple co-morbidities. For example, clients who have a high level of demonstrated need (based on multiple diagnoses such as mental health and AODA issues, hepatitis C infection) will be medically case managed and receive intensive intervention and follow-up.

Proposed Wisconsin HIV Case Management Model

The new case management model will maintain a tiered service delivery system and will incorporate medical case management as the most intense level of service delivery. Clients at the lowest tier (Level 0) will not be enrolled in case management services and will instead be designated as “brief services” clients. For clients who qualify for formal case management, services will be tailored in accord with their case management acuity index. An acuity index level of 3 indicates that a client should receive medical case management, the most intense service level. The case manager/supervisor has discretion to enroll the client in medical or supportive case management services for clients at acuity level 2. Clients who receive an index level of 1 are enrolled in supportive case management services, the least intensive service level.

Current Wisconsin case management Practice Standards define general responsibilities for case managers. Because of the complexity of medical case management, case managers providing medical care management are required to assume additional responsibilities beyond those defined in current Practice Standards. These additional tasks and responsibilities are outlined in the following table.

January 2010

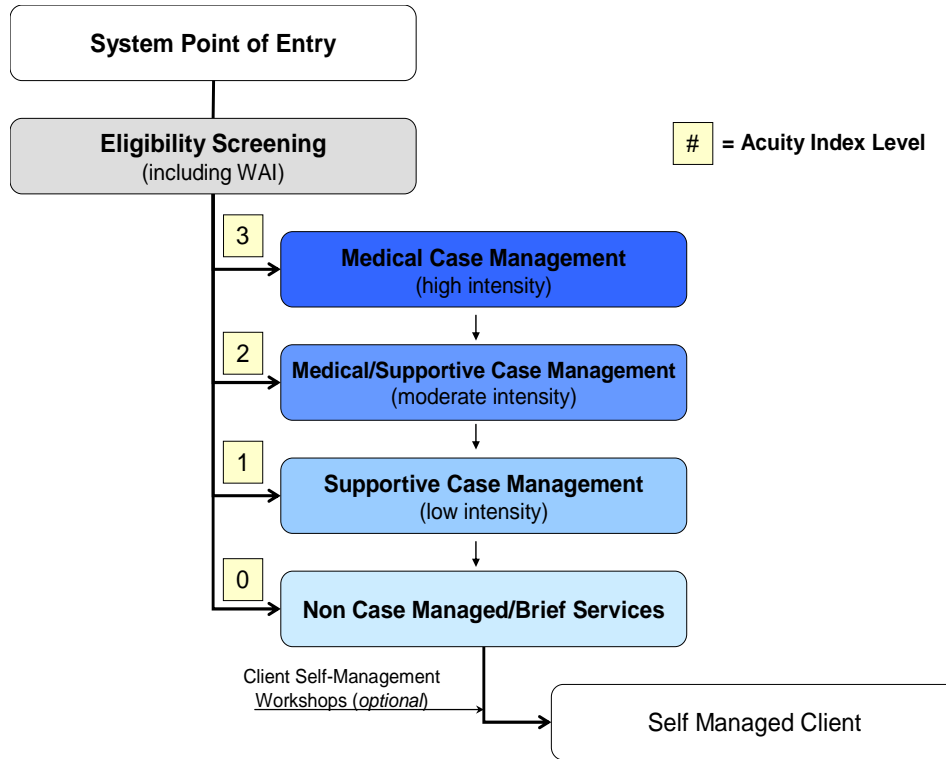
Proposed Medical Case Manager Responsibilities

Task	Interpretation
Pre-appointment meetings	Medical case manager (MCM) meets with client prior to each HIV-related medical appointment (<i>in person or via phone within 1 week prior to appointment</i>).
Attendance at 25% of HIV-related medical appointments	MCM attends 25% of all HIV-related medical appointments with prior authorization from the client (<i>if client refuses, a waiver must be signed</i>).
Quarterly case conferencing with core medical providers (<i>comprehensive care coordination</i>)	MCM organizes quarterly case conferencing with core medical providers (<i>in person or via conference call</i>) or has direct contact with each of the providers quarterly.
Quarterly treatment adherence counseling	MCM provides quarterly treatment adherence counseling or treatment readiness assessment with client.
Quarterly monitoring of CD4/VL labs	MCM reviews client lab work quarterly to assist care team in monitoring treatment compliance.

Once engaged in case management, client needs will be systematically re-evaluated until the client has reached a level of stability that warrants graduation from case management services. At this point, clients will be offered the opportunity to enroll in a chronic disease self-management series that will provide education on topics such as treatment management and self-advocacy. The following diagram illustrates the service sequence of the new Wisconsin HIV case management model, reflecting tiered services based on eligibility screening and case management acuity assessments.

January 2010

Flow Diagram of the Wisconsin HIV Case Management Model



Proposed implementation plan

The implementation of the new model will occur in five phases:

Phase I: Stakeholder/Community Input (April 2010)

The first phase of implementation begins with stakeholder review of the proposed model and subsequent feedback to the AIDS/HIV Program through a series of vetting sessions. Community members will also be given the opportunity to comment on the model through a separate feedback mechanism.

Phase II: Training (September 2010 – March 2011)

Once the vetting sessions are completed, the AIDS/HIV Program, in collaboration with the Wisconsin HIV Training System and the Wisconsin Site of the Midwest AIDS Training and Education Center (MATEC), will design and begin offering training to current case managers. Ideally, all funded case managers will receive this training in order to be able to provide each services tier to their client base. This will allow clients to remain with the same case manager throughout their engagement in case management services. The training curriculum is currently under development and will involve a minimum of 16 additional training hours and a certification exam.

January 2010

Phase III: Launching the Medical Case Management (April 2011)

Agencies that have certified medical case managers will be asked to implement medical case management. Concurrently, the AIDS/HIV Program will assist these agencies in educating consumers about changes to case management services.

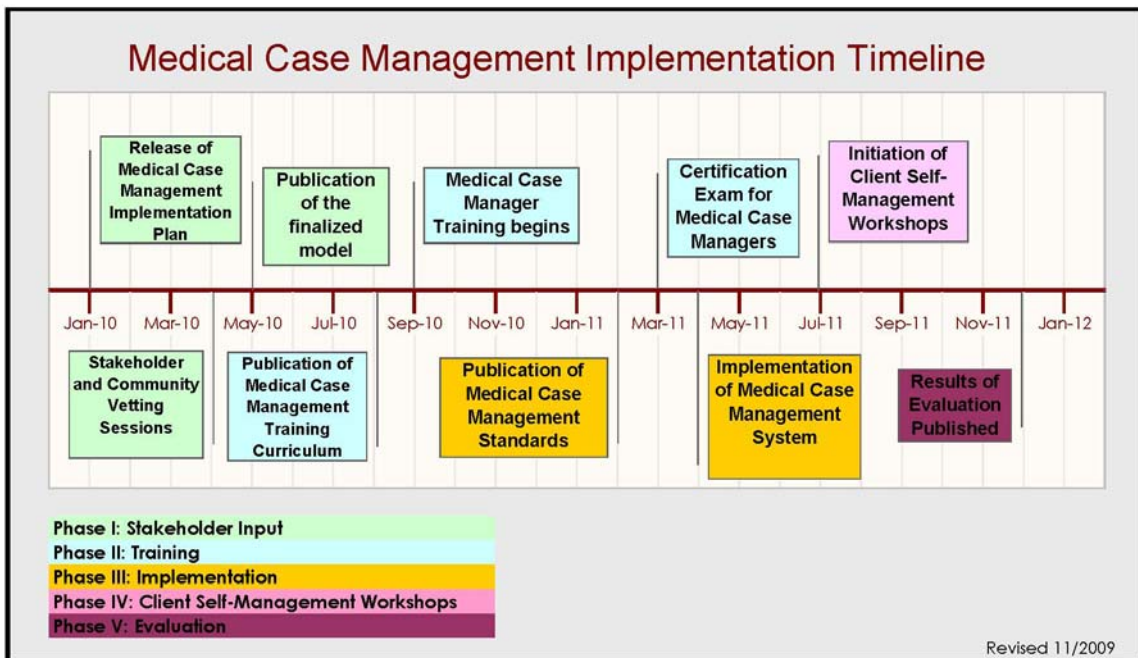
Phase IV: Client Self-Management Training (July 2011)

This phase will focus on providing consumer-oriented workshops that are designed to build knowledge and confidence around HIV self-management. These workshops will be coordinated by the AIDS/HIV Program. The curriculum for these education sessions is currently under development.

Phase V: Evaluation (April 2011 – December 2011)

Following implementation, the AIDS/HIV Program will conduct case manager and consumer feedback initiatives through surveys and/or focus groups.

The following diagram reflects the timeline for implementation of the emerging model of Wisconsin HIV case management services.



Next steps

In the near future, community stakeholders and currently funded agencies will be informed about the vetting session(s) and will be encouraged to attend. The curriculum for medical case manager training will be published mid-year 2010 including training dates and eligibility criteria for participants.

WISCONSIN AIDS/HIV PROGRAM NOTES

January 2010

Ongoing information related to the implementation of the new Wisconsin HIV case management model which incorporates medical case management will be posted to the AIDS/HIV Program website (<http://dhs.wisconsin.gov/aids-hiv/>) as it becomes available. For more information regarding the plan, contact Leslie Anderson, Life Care Services Coordinator at 608-261-8372 or email Leslie.Anderson@wisconsin.gov.