Best Practices: Access Case Management

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Objectives

• Identify key components of an effective staffing structure to support case management points of entry
• Describe key points of entry requiring support and how they are best managed
• Explain how an automated system can streamline and improve documentation related to points of entry case management
Sentara Healthcare

• 125-years, not-for-profit organization
• 11 hospitals; 2,572 beds; 3,825 physicians on staff
• 13 long term care/assisted living centers
• LTACH
• 4 Medical Groups (650+ Providers)
• Optima-453,118 member health plan
• Sentara College of Health Sciences
• $4.9B total operating revenues
• $5.4B total assets
• 25,000+ members of the team

The Sentara Care Coordination Model

Our patients

Sentara Hospitals

Access Care Coordinators

Resource Management Center

VPMA's Physician Advisors

Unit Based Care Coordination Team

Multidisciplinary Teams

Continuum of Care Providers
Inpatient Redesign First Step in Improving Ability to Support Broader Efforts
Multifaceted Case Management Approach at Sentara Healthcare
Crafting a Comprehensive Case Management Strategy

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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</thead>
<tbody>
<tr>
<td><strong>Resource Management:</strong></td>
<td><strong>Care Coordination Dyad</strong></td>
<td><strong>Enhanced Technology:</strong></td>
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<tr>
<td>Centralized corporate office conducts utilization review, discharge planning</td>
<td>Social worker and care coordinator paired to improve coordination of care, staffing ratios re-evaluated to ensure adequate support</td>
<td>Case management system evaluation underway</td>
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<tr>
<td><strong>Access Coordination:</strong></td>
<td><strong>Revitalized Multidisciplinary Rounds:</strong></td>
<td><strong>Post Acute Partnerships:</strong></td>
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<tr>
<td>Case managers embedded at all points of patient access (e.g., ED, OB, etc.) to ensure appropriate level of care provided</td>
<td>Representatives across different clinical disciplines collaborate to conduct joint rounds and create a patient-centered care plan¹</td>
<td>Case management leaders will collaborate with post-acute care providers to improve transitions, information exchange, unnecessary transfers</td>
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<td><strong>Medical Necessity Reviews:</strong></td>
<td><strong>Care Coordination Dyad Model:</strong></td>
<td><strong>Care Coordination Practice Council:</strong></td>
</tr>
<tr>
<td>VPMA advisors, with support from external agency, reviews cases, interfaces with medical staff</td>
<td>Social worker and care coordinator paired to improve coordination of care, staffing ratios re-evaluated to ensure adequate support</td>
<td>New cross-continuum committee will integrate inpatient, ambulatory-based, and health plan case managers to improve communication and best practice sharing</td>
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Sentara Guiding Principles for Design

- Ensure operations drives design decisions
- Design with the patient/member in mind
- Understand/adopt best practices as the standard
- Improve clinician care-giving and safety by streamlining processes
- Simplify work and minimize hand-offs
- Work toward a paper-free environment
- Enter information once, share many
- Maintain common look and feel for users of all modules
- Eliminate loop-holes: use system as designed
- Examine “Ripple Effect” of every design decision
- Apply 80/20 rule (Pareto principle)
- Meet or exceed identified benefits
A world where reporting is a by-product of the required documentation of the work performed to ensure Sentara HealthCare is compliant with the Center for Medicare & Medicaid Services Conditions of Participation and Payer Contracts.

Implementation Timeline Overview

- Contract finalized October 2012
- Build started in November 2012
- Staff training began January 24, 2013
- Phase 1 Live February 13, 2013
  - Focus was utilization management
  - Access role in hospitals
  - Resource Management Center
  - Physician Advisors (VPMAs and E.H.R.)
  - Appeals and Denials
Implementation Timeline Overview

• Phase 1A Live March 18, 2013
  – Readmission Worklist Monitoring
  – Avoidable Delays

• Phase 1B Live April 1, 2013
  – Communication with Registration, PFS via MCCM

• Phase 1C Live July 15, 2013
  – Detailed readmission assessments
  – Communication between Care Coordinators/Social Workers and Discharge Facilitators

Implementation Timeline Overview

• Phase 2 in Design 4th Quarter 2013/1st Quarter 2014
  – Discharge Planning – Care Coordinators and Social Workers
  – Discharge Planning Extract
  – Uni-directional Interface from Epic flowsheet rows to MCCM ADA’s
  – New HL7 Posting Program
  – Single Sign on from Epic

• Phase 3 – Official Dates TBD
  – Bi-directional interface between Epic and MCCM
  – Bi-directional interface between HBOC and MCCM
  – Continuum Modules
Access Care Coordinators

- At the **access points of the hospitals**, RNs assess patients to determine medical necessity and provide transition planning
- Guidance provided to physicians *before* the order to “admit” is written
- 24/7 coverage as appropriate

Driving Forces for Change

- Center for Medicare and Medicaid Services (CMS) Conditions of Participation
- Medicare Benefit Policies
- Recovery Audit Contractors (RAC) Program
Managing “The Doors”

Impact of the Decision to “Admit”
New Model - New Processes

- Easy identification of potential admissions
- Availability of Care Coordination to review cases before an order is written
- Guidance for Physicians to write the correct order
- Assurance order is written before service is rendered

Getting it “Right” the First Time

- Initial order in EPIC
  - “Admit to Inpatient”
  - “Place outpatient in observation services”
  - “Bedded outpatient” – new concept
- Changing the order
  - Increases work
  - Changes Medicare billing
  - Can affect revenue negatively
Challenges

- Electronic Health Record order entry
- Building working relationships with ancillary areas, especially OR and Cath Lab
- Perception of increasing throughput time for admission process
- Identification of patients requiring overnight stays
- Education opposite of old though processes
- Staffing the correct days and hours

Goals

- Compliance with Conditions of Participation
  - Decrease use of Condition Code 44
  - Decrease use of Provider Liable billing (Medicare 121)
  - Improve accuracy of Observation status to allow for billing and appropriate patient notification
- Decrease write off of Medicare Inpatient only accounts due to missing orders
- Prevent inappropriate admissions
**MCCM**  
**Morrisey Concurrent Care Manager**

- Use of Work lists
- Documentation guidance through templates
- Data gathering through Additional Data Answers (ADA’s)
- System use by all areas of Care Coordination Model
- Imbedded criteria (InterQual)
MCCM Worklist

- **Schedule work list** – identified accounts meeting criteria in the rule
- **Active work list** – accounts the access coordinator is actively performing reviews

**Function of Work Lists**

- **Schedule work lists** are auto-populated based on rules which look at patient types and planned procedure dates
- Cases are moved from Schedule list to the Active list by Access Coordinators
- **Active work lists** are used while case is being “worked”
Emergency Room Review

Access User Defined Checklist
Operating Room User Defined

Emergency Room User Defined
Interventional Area User Defined

User Defined from Case Summary Activity

- Answering “yes” creates a MN review on a case not automatically identified by the MCCM Rule
- The case is then added to the corresponding “Scheduled” work list.
Challenges with Automation

- Auto-creation of special Medical Necessity reviews
- Identification of the appropriate cases
- Multiple work lists for Access Coordinator to manage

Keys to Successful Implementation

- Staff buy-in and active participation in the design of system
- Interdepartmental relationships, including physicians
- Automation of the documentation process – use of MCCM
- Reporting becomes a by-product of the required documentation
**Keys to Successful Implementation**

- Establish process for reporting issues and requesting modifications
- Make modifications as issues are identified by end users
- Constant evaluation of compliance with defined workflow in new model
- Well defined procedures and job aids for workflow
Staff Satisfaction

• “The MCCM software has allowed for better tracking, fewer fallouts and more timely reviews in comparison to our previous technology. This technology has allowed a smoother Access process.”
  Tabitha Hapeman, RN, BSN, Team Coordinator

• “Going from a system that required me to create my own case that took 11 steps to the easy access to complete an emergency room MN Review from a work list is a great improvement in our process.”
  Lakesha Chapman, RN, BSN, Access Coordinator

• “I don’t like computers but receiving my physician advisors review request is very user friendly in MCCM compared to our old system. If I can do it anyone can!”
  Scott Miller, MD, Vice President Medical Affairs

Summary

• With the help of technology we can continue to improve the access work flow.

• Through the use of reports based on work flow documentation we can provide feedback to the areas of access to the hospital to assure the correct orders are written the first time.

• Through technology we standardize best practices across facilities and eliminate variation.
QUESTIONS?