

HuronHealthcare

Dyad/Triad-What's the most Effective Case Management Model for You?

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Objectives

- Define dyad and triad models of case management
- Describe the pros and cons of the two models
- Discuss the differences in staffing the models
- Identify the outcome and process metrics for successful case management

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Definition of Case Management

American Case Management Association

The ACMA's official definition of Case Management, as approved by our membership in November of 2002, is as follows:

"Case Management in Hospital/Health Care Systems is a collaborative practice model including patients, nurses, social workers, physicians, other practitioners, caregivers and the community. The Case Management process encompasses communication and facilitates care along a continuum through effective resource coordination. The goals of Case Management include the achievement of optimal health, access to care and appropriate utilization of resources, balanced with the patient's right to self determination."



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Best Practice CASE MANAGEMENT

- Case Management focuses on ensuring that all patients receive the highest quality care in an efficient and cost-effective manner

Care Coordination
What needs to be done to meet treatment goals and transition patient to the next level of care?

Utilization Management
Is the patient receiving clinically necessary services in the most cost-effective setting?

Discharge Planning
Where can the patient's post-hospital care needs be met most effectively and are there resources?

Psychosocial Assessment
Are psychosocial issues identified and interventions developed to support care progression and discharge planning?

Participants in CM

- Case Managers (CM)
- Social Workers (SW)
- CM Assistant
- Physician Advisor (PA)

Outcomes of Effective Case Management

- Utilize resources appropriately
- Resolve barriers to discharge
- Secure financial reimbursement
- Communicate care plan to patient and family
- Reduced LOS

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How should the staff be assigned?

Unit Based

- Pros:
 - More efficient
 - Nursing relationships
 - Available to the health care team
 - More timely awareness of changes in condition
 - Easier to coordinate the progression of care
- Cons:
 - Working with many physicians
 - May have multiple service lines to know about unless the physician teams are also geographic

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How should the staff be assigned?

Service Based

- Pros:
 - Focus on one clinical area
 - Relationship with the physicians in the specialty
 - Knowledgeable of protocols and pathways for specialty
 - More knowledgeable of medical necessity criteria
- Cons:
 - Relationship with nurses if patients not well co-located
 - Less efficient if patients not well co-located
 - May not be readily available to the health care team

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How should the staff be assigned?

Physician Based

- Pros:
 - Good relationship with the physicians assigned to
 - Understanding of the physician's practice patterns
 - May be specialty based
 - Help the assigned physicians to understand the role of CM
 - Able to round with physicians in the assignment
 - May work well for certain specialties (trauma, hospitalist)
- Cons:
 - Relationship with nurses if patients not well co-located
 - Less efficient if patients not well co-located
 - May not be readily available to the health care team

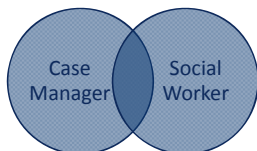


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Case Management Models

Integrated Dyad Model

Case Manager <ul style="list-style-type: none"> • Utilization management • Discharge planning • Patient flow • Patient progression • Care coordination • Variance tracking • Quality management 	Social Worker <ul style="list-style-type: none"> • Psychosocial interventions • Discharge planning for high-risk and complex cases • Community resources
Case Management Assistant <ul style="list-style-type: none"> • Provide completed review to payer • Obtain and document authorization numbers • Assist with simple transition planning • Give IMM and Observation letters • Complete clerical tasks as needed 	



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Responsibilities

INPATIENT CASE MANAGER

- Collaborate with other members of the healthcare team to ensure patient receives the **right care, at the right time, in the right place...using the right resources**
- Provide expertise and oversight of plan of care as patient moves through the care continuum
- Perform clinical reviews to determine medical necessity and appropriate level of care on admission and throughout the stay
- Facilitate progression of patient to the right level of care
- Accountable for discharge plan
- Initiate timely referrals to Social Work for patients with psychosocial issues and collaborate to identify an appropriate discharge plan
- Responsible for identifying barriers to care progression and escalating cases as appropriate
- Communicate and collaborate with the patient and patient's family




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Responsibilities

INPATIENT CASE MANAGER

- Assess patients with complex psychosocial needs referred from Case Management and other disciplines or identified through case finding
- Provide resources for support related to crisis intervention, life altering illness/injury and non-compliance
- Break down barriers to enable care team to execute care and discharge plan
- Assist with identifying and securing resources in the community for patients with limited support and financial means
- Work collaboratively to coordinate post-hospitalization resources/services for complex discharges and those with psychosocial issues
- Coordinate referrals for protective services and guardianship applications



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Case Management Assistant Role

- Provide prepared clinical information to payer reviewer and obtain payer authorization from websites and logs
- Ensure 1st IMM given and give 2nd IMM
- Provide Observation Letter
- Coordinate Home Health, DME, Transportation (manage referrals through electronic discharge planning tool if applicable)
- Prepare some reports
- Copy charts and/or fax when needed

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Benefits/Challenges of the Dyad Model

Benefits

- One role overseeing the coordination of care for the patient for improved outcomes
- Reduced duplication, fragmentation, and redundancy
- Data collected once for multiple purposes
- Case manager in direct communication with third-party payers and vendors – they know the case
- Increased communication and satisfaction for physicians, nurses, patients/families

Challenges

- Bundles highly time-dependent functions
- If not managed well, can morph into tasks rather than integrated approach
- Staff may prefer one function over the other
- Requires the appropriate number of staff (right caseload) to be successful

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Staffing for Dyad/Integrated Model

- Case Manager – patients
 - Med-Surg 1:18-20
 - ICU 1:20-22 (includes NICU)
 - Mom/Baby 1:35-40
 - Rehab 1:20
 - Psych 1:15 (depends on role and payer requirements)
- Social Worker - beds
 - Med-Surg 1:40-45
 - ICU 1:40 (may include NICU)
 - Mom/Baby 1:40:45 (unless there is a high number of at risk moms)
 - Rehab/Psych Depends on the role
- Case Management Assistant – beds
 - All areas 1:80-100



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Case Management Models

Triad Model

Utilization management: business functions of a case which includes obtaining authorizations, managing level of care/status, medical necessity reviews for admission and continued stay, and concurrent denials.

Case management: clinical functions of a case which includes discharge/transition needs assessments, transition planning, collaboration with care team, and coordination of care across the episode of care.

Social Work: psychosocial functions of a case which includes screening for high-risk issues that would affect progression of care and/or safe discharge, psycho-social assessment, crisis intervention, assistance with complex transition planning and complex processes.



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Responsibilities

INPATIENT CASE MANAGER

- Collaborate with other members of the healthcare team to ensure patient receives the right care, at the right time, in the right place...using the right resources
- Provide expertise and oversight of plan of care as patient moves through the care continuum
- Facilitate progression of patient to the right level of care
- Accountable for discharge plan
- Initiate timely referrals to Social Work for patients with psychosocial issues and collaborate to identify an appropriate discharge plan
- Responsible for identifying barriers to care progression and escalating cases as appropriate
- Communicate and collaborate with the patient and patient's family toward a safe and outcome-based discharge plan



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Responsibilities
UTILIZATION REVIEW NURSE


- Review record on admission to ensure appropriate orders and documentation to support the level of care ordered
- Perform clinical reviews to determine medical necessity, using approved criteria, and appropriate level of care on admission and document the reviews in the case management system
- Provide the clinical review to the payer reviewer when appropriate to initiate payment for the stay
- Obtain the authorization numbers from the payer and document them in the system that generates the claim
- Perform continued stay medical necessity reviews, using approved criteria, at the prescribed intervals (at least every 72 hours)
- Manage concurrent denials by engaging the attending physician to confer with the payer medical director

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Responsibilities
INPATIENT SOCIAL WORKER

- Assess patients with complex psychosocial needs referred from Case Management and other disciplines or identified through case finding
- Provide resources for support related to crisis intervention, life altering illness/injury and non-compliance
- Break down barriers to enable care team to execute care and discharge plan
- Assist with identifying and securing resources in the community for patients with limited support and financial means
- Work collaboratively to coordinate post-hospitalization resources/services for complex discharges and those with psychosocial issues
- Coordinate referrals for protective services and guardianship applications



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Benefits/Challenges of the Triad Model

Benefits

- Consolidates business functions of case management into one role – builds expertise
- Case Managers not inclined to focus on payer functions
- Expanded focus on documentation review and improvement
- May allow for easier coverage of points of entry for initial statusing

Challenges

- Case Managers become focused on the task of discharge planning rather than coordination of care
- Creates fragmentation and duplication and is task focused
- There is not one person who knows the whole picture
- Leads to 3 people reviewing the record and each potentially calling the physician
- May be more costly and require more staff
- Communication between the Triad members is essential and can be difficult
- UR Nurse may not interact the patient

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Staffing for Triad/Segregated Model

- Case Manager – patients
 - Med-Surg/Rehab 1:25-30
 - Mom/Baby 1:50
 - Rehab 1:25-30
 - Psych 1:25-30 (depends on model for psych)
- UR Nurse - beds
 - Med-Surg/Rehab 1:40-50
 - Mon/Baby 1:50
 - Psych 1:40
- Social Worker - beds
 - Med-Surg 1:40-45
 - ICU 1:40 (may include NICU)
 - Mom/Baby 1:40:45 (unless there is a high number of at risk moms)
 - Rehab/Psych Depends on the role



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Management of Additional Portals of Entry

Emergency Department

- Cover during peak hours
- Assign Case Manager and Social Worker
- CM to focus on documentation for initial status, medical necessity if sufficient information, and identifying patients who can be discharged from the ED with resources
- SW to focus on psycho-social issues and assisting with complex discharges from the ED
- Determine plan for making status decisions during non-peak hours
 - Teach nursing supervisors basic criteria for decision-making
 - Have remote staff to manage admissions for several hospitals

Additional portals to consider

- Heart Cath Lab
- Pre-operative areas (Inpatient Only procedures)
- Other



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Other Considerations

- CDI
- Readmissions
- Core Measures
- HCHAPS
- Present on Admission
- Interaction with Outpatient Case Managers, ACOs, and PCMH00



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Building a Business Case

- Determine staffing needs based on average daily census (ADC) rather than licensed or staffed beds
- Build in non-productive time
- Build in weekends
- Determine average rate for each level of employee
- Create job descriptions that detail what is expected
- Determine hourly vs. exempt
- Create a chart that outlines current staffing and what changes are proposed
- Ensure the staffing proposal includes all areas; avoid presenting the request in stages



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Building a Business Case cont'd

- Compare the proposed staffing to the current budgeted staff
 - Include any vacancies
 - Include all staff in department: director, managers, clerical assistant
- Assess whether there are others in the organization who are doing like jobs or who overlap with the roles in your proposal
- Include metrics that will be impacted and the expected benefit (how will it be paid for; what is the ROI?)
- Ensure the proposal can be tied to the strategic plan of the organization



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Internal vs External Physician Advisor

Internal

- Pros:
 - Known to physicians and hospital staff
 - Can provide ongoing education to physicians and case management staff
 - Able to participate/lead the UM Committee
 - Understands culture of the organization
- Cons:
 - Difficult to find physicians who want to do this work
 - Organized training and education is not readily available outside the hospital
 - Physician may not be comfortable having difficult conversations with their colleagues
 - Complicated to know and keep up with regulatory changes



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Internal vs External Physician Advisor

External

- Pros:
 - Available 24/7
 - Can provide targeted/scheduled education to physicians and case management staff
 - Trained by contracted company on role and regulations
 - Experienced with RAC Appeals to the ALJ level
- Cons:
 - Charge for each case reviewed
 - Not known to the facility physicians; often thought to be the insurance company
 - Not able to participate in the UM Committee
 - Different response from different physician on same case



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Expected Benefits

- Improved patient outcomes
- Enhanced communication with physicians and other members of the health care team
- Decreased LOS and cost/case
- Increased customer satisfaction (patients, families, nurses, physicians, payers)
- Reduced admission, continued stay and technical denials
- Appropriate level of care with reduced rework
- Decreased readmission rates



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Accountability Measures

- Initial medical necessity review within 24 hours of admission
- Initial discharge planning assessment within 24 hours of admission
- Psychosocial assessment within 8 business hours of referral
- Continued stay reviews at least every 48-72 hours
- Documentation of avoidable days/delays
- Participation in multi-disciplinary care rounds
- Participation in Clinical High Risk meetings
- Decrease in status changes
- Physician Advisor referrals
- Responses to Physician Advisor referrals



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