NURSE CASE MANAGEMENT REDESIGN PROJECT: LOS ANGELES COUNTY CCS

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BACKGROUND

- CCS is legally mandated to cover a diverse set of medical conditions that can either be acute or chronic and complex or non-complex

- CCS patients and their conditions require intervention on a care continuum spectrum with differing needs for care coordination and case management depending on
  - -Diagnosis
  - -Stage in the disease process
  - -Age of the patient
  - -Individual or family circumstances

- A single model of case management is applied to the predominant CCS eligible condition, regardless of its acuity, chronicity or severity

- **Under this model, the most needy are underserved**

PERSPECTIVE

- **Los Angeles County CCS**: as of the 1st quarter of 2014, was serving ~45,000 clients in the general program and ~5000 in the MTP
- **Rapid Eligibility for Case Management Team (RED Team):** processed ~8000 new referrals in the 1st quarter of 2014
- **Average nurse case manager case load:** 500-650
- **Case load mix:** random assortment of patients with complex and non-complex conditions
- **Analysis of a sample of 2000 patients in April 2013:**
  ~60% - acute and likely to resolve in 1 year or less or chronic but simple
  ~40% - chronic and complicated
- **Conclusion:** we could do better; we had to do better

PREMISE

- **Sorting** CCS patients by the *complexity* of their CCS condition and adjusting the number of complex cases a NCM is assigned could allow for more efficient and effective use of the NCM's time

- **Assigning** a health status group to each patient would better define which case management interventions should be applied to a particular case

  The Clinical Risk Group Classification System assigns patients to one of nine groups based on whether or not the condition is acute or chronic, affects one or multiple organ systems, or is severe, complicated and/or progressive.

  Reference: Identifying and Classifying Children With Chronic Conditions Using Administrative Data With Clinical Risk Group Classification System: Ambulatory Pediatrics 2002; 2:71-79

- **Applying** different case management interventions based on complexity of need and health status group could allow for standardization of case management activities and identification possible best practices

THE PILOT MODEL

- 4000 CCS patients were sorted into 2 groups based on the CCS medically eligible condition and anticipated complexity of case management needs

  -**Non-complex/level I:**

  1. A CCS MEC expected to resolve in 1 year or less
     Ex: femur fracture; mastoiditis; meets NICU criteria
  2. A CCS MEC that is chronic condition that typically only requires a single SAR
     Ex: high blood pressure; scoliosis; strabismus
  3. At risk status
     Ex: diagnostic hearing; failed NBMS

  -**Complex/level II:** all others

  1. A CCS MEC that is complex
     Ex: brain tumor; ALL; sickle cell disease
  2. A CCS MEC with multidisciplinary needs, including specialized DME
     Ex: SHNL; cleft palate; diabetes

- Each patient is assigned a health status group (HSG) from 2 to 9

- Patients are being tracked for 1 year

THE PILOT TEAM

- **Orange team**:
  - 8 nurse case managers
  - 1 nurse supervisor
  - 1 nurse manager
  - 1 physician consultant
  - 2 clerks

- **Case load:**
  - 4 nurses have been assigned 750 level I cases
  - 4 nurses have been assigned 250 level II cases

- **Data bases:**
  - Case management program (CaMP)
  - Excel documents
  - CMS Net

THE PILOT ACTIVITIES

- **Case management activities**

1. **Non-complex**: basic case management activities

   -Introductory letter

   -Authorizations

   -Responses to any family or provider inquiries

   -Case closure after one year if the condition resolves

2. **Complex**: expanded case management activities

   -Introductory call with a detailed needs assessment

   -Authorizations and referrals, including care of the whole child

   -Ongoing interventions depending on what the patient needs

   -Quarterly review of the patient's status and progress

   -Annual review with an objective analysis of the success of the interventions and overall health of the patient

THE REGULATIONS

- All patients in the pilot are assessed for program eligibility according to CCS regulations
- All patients in the pilot are receiving all medically necessary CCS program benefits from CCS paneled providers and Special Care Centers
- Any pilot patient needing expanded case management activities is transferred to a level II NCM

EXPECTED OUTCOMES

- **Overall**: improved case management for all patients in the CCS program

- **Specifically**: collecting data that may help answer these questions
    1. What interventions work or don't work
    2. Where inefficiencies exist in our systems
    3. Whether or not CCS is meeting the needs of our patients, families, providers and staff

PILOT ASSESSMENT

- **Baseline data**

1. Systems of care
   - -Patient satisfaction surveys
   - -Physician and nurse satisfaction surveys
   - -Authorization processing time

2. Patient specific:
   - -Medical home
   - -Special care center
   - -Transition services
   - -Medical therapy program referral
   - -Hospitalizations
   - -Primary care visits
   - -School attendance
   - -Home health services
   - -Pharmacy and medical supply access
   - -Indicator of disease control: if one exists

PILOT ASSESSMENT

- **During the pilot**

  -Complaints/inquiries: parents, providers
  -Authorization processing time
  -MTU referral time
  -Accuracy of initial level assignment

- **Completion of the pilot and annual review**

  -Patient and staff satisfaction surveys
  -Pilot population changes in the model
  -All patient specific measures including review and reassessment for level of complexity and health status group

SO FAR SO GOOD

- **February 10, 2014**: pilot team commenced work
- **March 10, 2014**: non-complex team accepted new cases
- **May 6, 2014**: MTP patients integrated into the pilot
- **Late May**:
  1. Complex team to accept new cases
  2. Integration of Nursing Intervention Classification (NIC) 4th edition numerical coding system into CaMP
  3. Application of more refined and specific interventions based on an algorithm in development that sorts the patients by complexity and health status group and considers health care utilization patterns
  4. Complete analysis of patient and staff surveys
- **June 2014 and onward:**
  1. Generate initial reports
  2. Consider application of expected positive outcomes to the caseloads of the non-pilot general program nurses
- **Preliminary results:** interesting and encouraging!

CONCLUSION

The Nurse Case Management Redesign Project

A ***vision*** for case management

that we hope will be part of a

greater vision of what CCS could be in the future