

## Evaluating Case Management

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## Evaluating Case Management

- Case management has several definitions and processes
- Evaluation of it includes several steps:
  1. Define case management and its components or elements
  2. Determine the goals and objectives to be achieved through the process
  3. Review the health care delivery system to ensure it supports the definition, process, and goals

## Case Management Defined

- A systematic process that provides coordinated, sequenced care along a continuum to a cohort of patients diagnosed or suspected of having TB through case finding, assessment, problem identification, planning, implementation, variance analysis, evaluation and documentation to ensure optimal TB treatment outcomes within acceptable time frames.

– NJMS Global Tuberculosis Institute

## Critical Concepts

- The case manager is responsible and accountable for a cohort of patients from initiation to completion of treatment, change in diagnosis, or death
- It is a patient-centered, proactive approach to care
- A multi-disciplinary team approach is utilized and is critical to the process; the case manager is the “head” of the team

## Critical Concepts - 2

- It is a systematic approach designed to allow patients to experience care along a continuum rather than in fragments
- The case management process includes eight elements and specific activities are carried out in each element

## Goals of TB Case Management - 1

1. Individuals diagnosed or suspected of having TB are reported to the county TB Program within 48 hours.
2. All reported TB cases are interviewed within three days to obtain relevant information regarding diagnosis, treatment, bacteriology results, symptom history, other co-existing diagnoses, radiographic results, occupation, residency, and identification of high/medium priority contacts.
3. All TB patients receive appropriate dosages and regimens of TB medications according to the 2003 CDC/ATS/IDSA Treatment of Tuberculosis document.

## Goals of Case Management - 2

3. Sputum conversion is documented within three months of initiation of treatment for all pulmonary TB cases.
4. Drug susceptibilities are known for all TB cases who have bacteriology results indicative of *M. tuberculosis*.
5. HIV status is obtained for TB cases within the first two months of treatment.
6. A second interview is done in the place of residence within 14 days after the patient is discharged from the hospital or following the first interview.

## Goals of Case Management - 3

7. All identified contacts receive a TST or IGRA within two weeks of identification. Those with a positive TST or IGRA test indicative of LTBI are medically evaluated and placed on treatment, if indicated, within 30 days.
8. Treatment completion occurs within 12 months for all TB cases sensitive to Isoniazid and Rifampin.
9. Treatment completion occurs with 24 months for all TB cases diagnosed with MDR-TB.

## Intermediate Outputs

1. TB case/suspect is assigned to a case manager when the report is received.
2. TB interview and identified contacts are reviewed by case manager within 5 days.
3. Infectious TB cases are identified and remain in respiratory isolation or home isolation until no longer contagious.
4. DOT is provided to all pulmonary TB cases, and others as indicated from initiation of treatment to discharge.
5. TB cases and contacts keep regularly scheduled MD appointments/medication refill appointments.

## Intermediate Outputs - 2

6. Sputum is collected monthly for all pulmonary cases during the course of treatment
7. A multi-disciplinary approach to patient care is used and documented.
8. Barriers to treatment are identified and removed or diminished
9. Incentives and enablers are utilized to improve adherence.
10. A plan of care is developed with input from all team members and the patient. It is changed if needed.

## First Element - Case Finding

- Criteria for case management must be defined by the organization
- Early identification of patients is important
  - Hospital surveillance
  - Collaboration with private providers & CBOs

## Second Element - Assessment

- Data collection on a timely basis
- Clinical assessment of the patient
  - Assessment of the patient's biophysical/psychosocial health problems, spiritual needs, cultural beliefs and lifestyle, knowledge and beliefs about TB, and barriers to TB treatment
  - Conducted in hospital, clinic, and field

## Assessment

- Assessment is an ongoing and continuous process
- Information should be obtained from all individuals involved in the patient's care
- Assessment is both objective and subjective
- The plan of care is based on the assessment
- Assessment includes individual patients and cohort

## Third Element - Problem ID

- Identification of the actual or potential health problems specific to the patient or cohort of patients.
- It involves multiple-disciplines
- Problem identification is equivalent to the nursing diagnosis
- Errors in problem identification will lead to unsuccessful interventions and outcomes

## Fourth Element - Planning

- The plan is based on the assessment and problems identified
- The plan includes interventions, education, anticipated behavioral outcomes
- It is important to determine the roles and responsibilities of the multi-disciplinary team in the plan

## Planning

- A good plan will always include patient participation and commitment from each team member
- Negotiation must be part of any plan
- The case manager is responsible for the overall plan - documentation, monitoring, and ensuring change to meet new realities

## Fifth Element-Implementation

- Includes provision of services, and/or assurance that services are provided according to the *plan*
- Requires educating, coordinating, monitoring, reporting, locating, referring, negotiating, documenting, and advocating for the patient
- Continual assessment and negotiation

## Sixth Element - Variance Analysis

- Variance - A discrepancy between the anticipated and the actual patient outcomes
- Variance analysis is an on-going activity and changes in the interventions and plan may result from variances that occur
- Variances should not be considered as failures

## Seventh Element - Evaluation

- Evaluation of specific patient outcomes and cohort analysis is important
- Review of variances will allow the case manager to identify the frequency of clinical, operational, or system problems
- Chart review forms and/or clinical performance measures may be used to evaluate the process

## Goal Matrix

- One tool to evaluate performance measures is the Goal Matrix: Uniform Clinical Performance Measures for TB Nurse Case Managers\*
- The Goal Matrix has 15 goals related to what should be achieved during the TB case management process
  - Each goal is scored as either unacceptable, inadequate, expected or standard, good, or outstanding performance

\*Developed by Judy Gibson, RN, CDC

## **Eighth Element - Documentation**

- Documentation is the measuring rod of the case management process
- Includes assessment, plan, variances, and evaluation
- Provides important information relative to the patient's care
- Supports outcomes, and can be utilized to facilitate positive changes

## **Case Manager's Skills & Knowledge - 1**

- Proficient written and oral communication skills
- Technical knowledge and the ability to understand and evaluate specific diagnoses and treatment regimens
- Critical thinking processes to identify and prioritize problems from provider and patient perspective

## **Case Manager's Skills & Knowledge - 2**

- Ability to assess situations based on a theoretical framework
- Knowledge of standards of care and treatment outcomes
- Ability to identification the best resources for the desired outcomes
- Knowledge of community resources and financing mechanisms

## **Case Manager's Skills & Knowledge - 3**

- Competency in negotiation and conflict resolution practices
- Team building skills
- Cultural sensitivity and knowledge
- Conversant in language and terminology
- Managerial knowledge and experience
- Assertive diplomacy
- Ability to act as a counselor to patients

## Case Manager's Qualifications - 1

- Educational background may vary depending upon the resources available
- Nurses are educated in case management via the nursing process
- If non-nurse, the individual should be a college graduate with experience in community health

## Case Manager Qualifications -2

- Regardless of credentials, case management requires complex activities requiring multiple skills and knowledge
- Therefore, an individual should have knowledge and experience in the following:
  - Public health concepts and practice
  - Supervision and/or management
  - Tuberculosis

## Organizational Support

- Organization should be structured to allow the case manager to function effectively and efficiently:
  - Includes flexibility in work day for team members
  - Authority to establish roles of team members vis a vis the patient's plan of care
  - Ability to delegate tasks or activities to team members

## Advantages of the Case Management System

- Sets a standardized system for establishing an appropriate plan of care
- Patient care is based upon an assessment and identification of problems; interventions and actions are based on achieving desired outcomes

### Advantages of the Case Management System - 2

- Establishes a framework to coordinate the necessary resources and services for the patient's benefit
- Provides necessary feedback to health care providers on the team with subsequent increase in knowledge, motivation, and professional growth

### Advantages of the Case Management System - 3

- Systems of evaluation are integrated in the case management process
- It provides for the evaluation of
  - specific patient outcomes
  - specific health care worker effectiveness, reliability, efficiency
  - program objectives
  - clinical and outreach services

### Advantages of the Case Management Process - 4

- It allows the Program Manager to:
  - Collect data pertaining to cohorts of patients
  - Analyze the variances of the plans of care to determine gaps in health care system, need for additional services or resources, or reorganization of existing resources
  - Address variances to improve care, outcomes and achieve program objective

### Overall Success

A successful case management process is one that is satisfactory to both the patient and case manager.