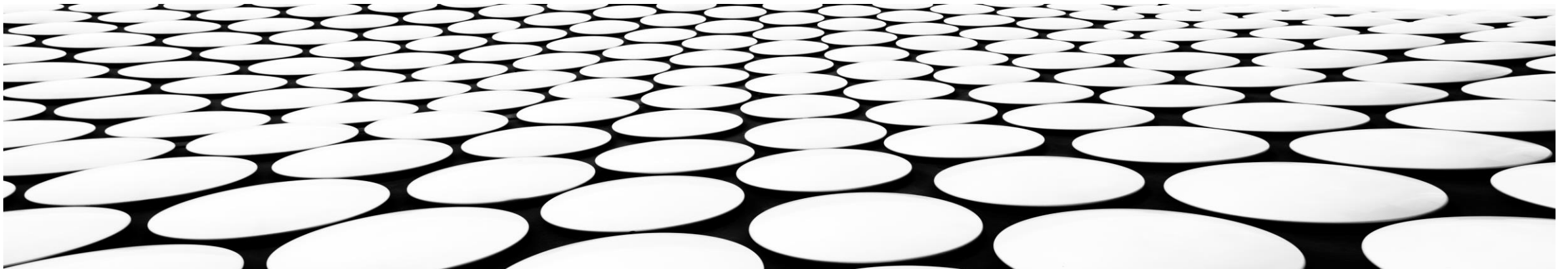

PROFESSIONAL CASE MANAGEMENT AS A VALUE PROPOSITION

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ASSISTANT PROFESSOR, MOUNT ST. MARY'S UNIVERSITY – LOS ANGELES**



OVERVIEW



This presentation explores the importance of recognizing the value that professional case management practice brings to our healthcare system. Participants will be introduced to the concepts of relevancy, quantified value, and unique differentiation within the context of professional advocacy.

OBJECTIVES

- Identify and explain the key components of the value proposition
- Apply the value proposition to professional case management and the CMSA Standards of Practice
- Create an “elevator speech” that advocates your role as a professional case manager





What you are not
changing
you are choosing.

Read that again.



OUR NEW PARADIGM:

**THE FOCUS OF HEALTHCARE
HAS SHIFTED FROM
INDIVIDUAL INPUTS TO
POPULATION OUTCOMES.**

WHAT IS VALUE?

- *Your definition of **value in everyday life** ...*
- Your definition of **healthcare value** ...
- Your definition of **case management value** ...

V
(VALUE)

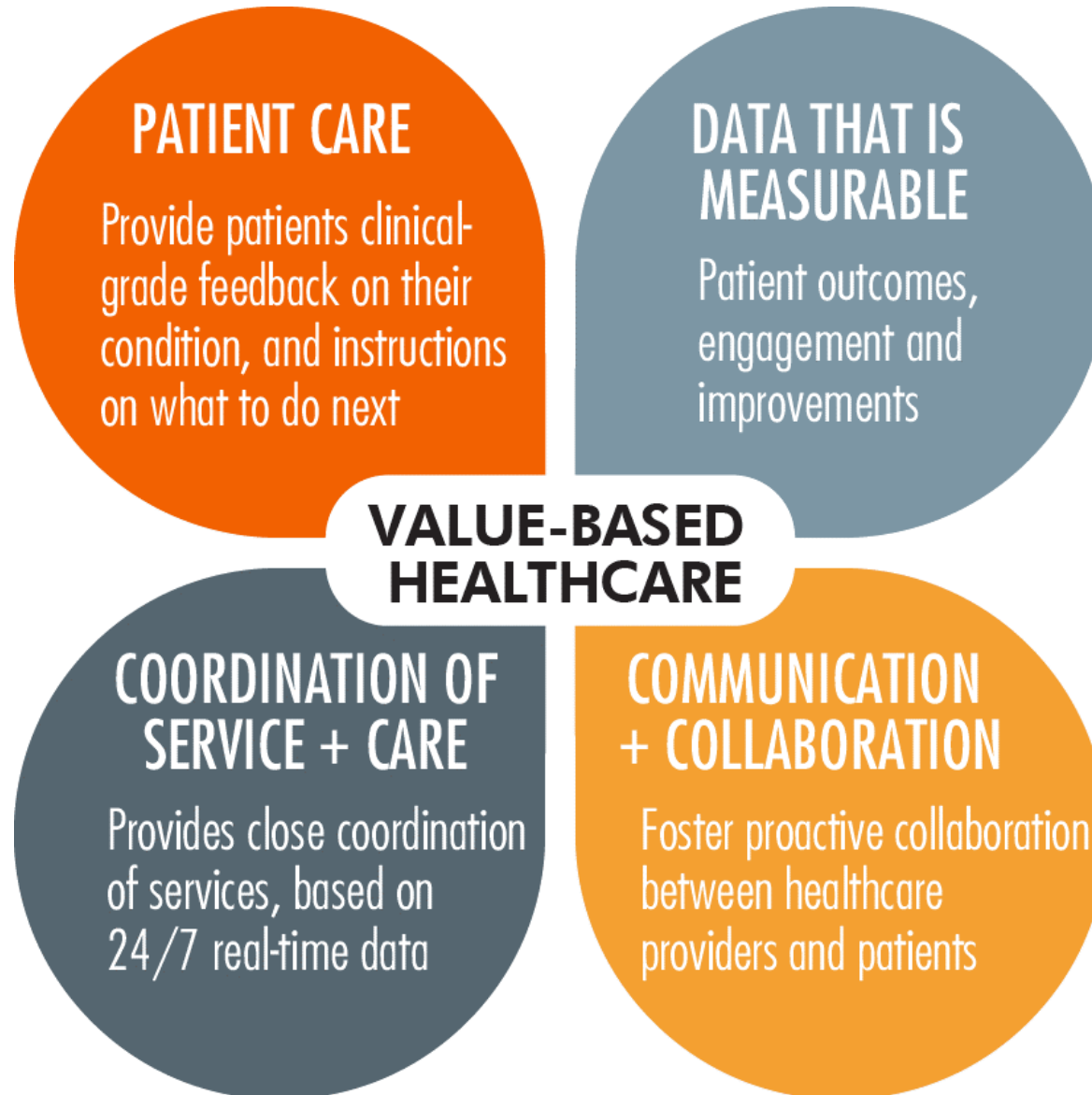
=

Q
(QUALITY)

+

S
(SERVICE)

\$
(COST)



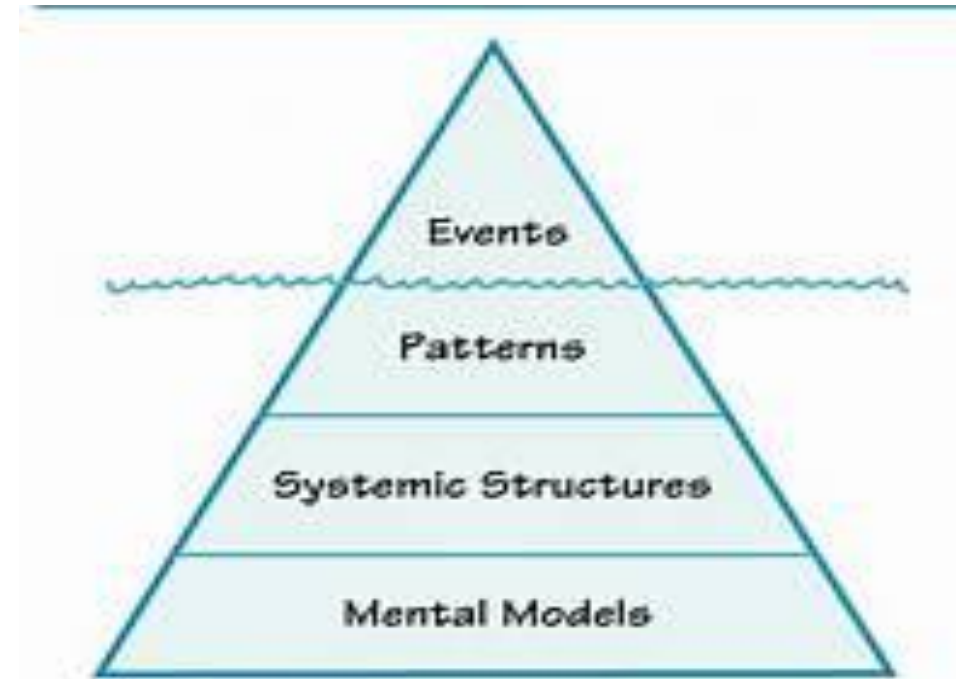
VALUE PROPOSITION



- A value proposition is:
 - A **cost** vs. **benefits** equation
 - Continuously evaluated by your stakeholders
 - A perception by others
 - It is what you bring to the table (or not bring to the table)
 - It answers WIIFM – What's In It For Me?

CASE MANAGEMENT APPLICATION CONNECTING THEORY TO PRACTICE

- Provide a Higher Level Systems Perspective.
- Move from Micro-Thinking to Macro-Thinking.
What is the Greater Impact?
- Reinforce the Importance of Interdisciplinary Approaches to Care Delivery.
- Possibility thinking.



Clack, J., 2017

CMSA STANDARDS OF PRACTICE



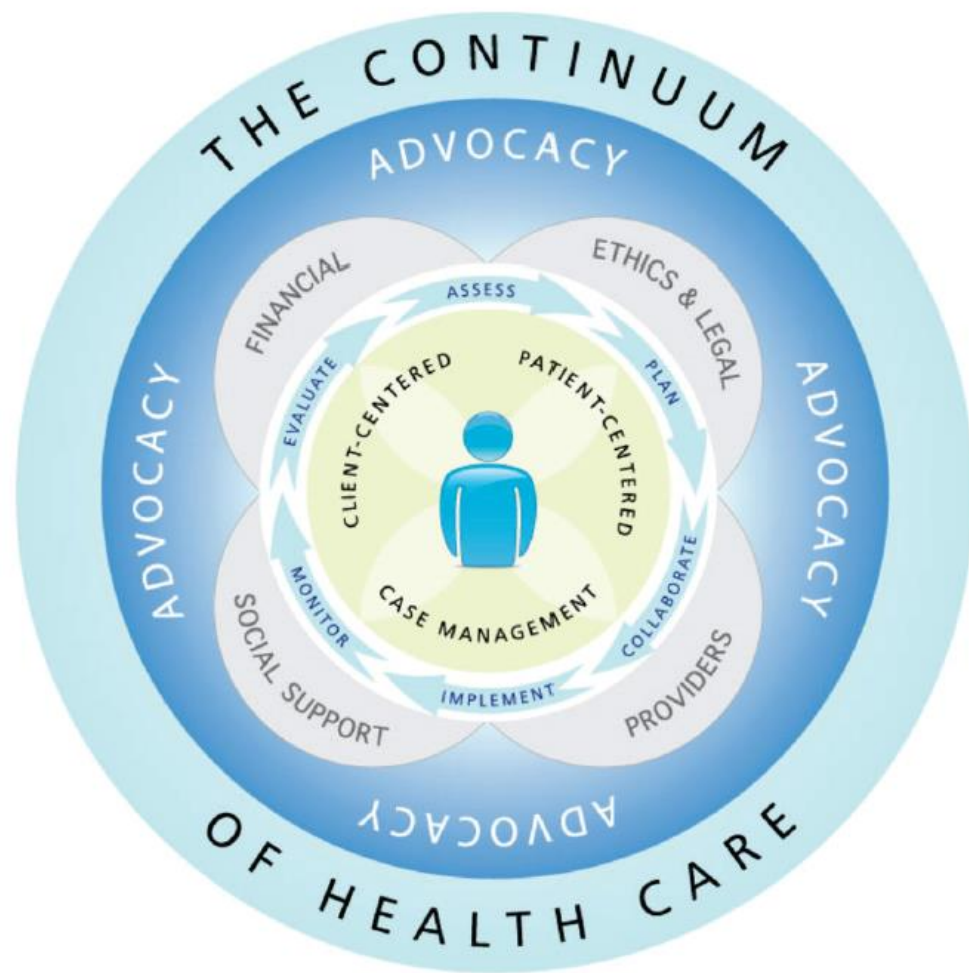
Standards of Practice for Case Management



The Evolution of the Standards
The Definition of Case Management
Philosophy and Guiding Principles
Case Management Practice Settings
Components of the Process
Standards of Case Management
Acknowledgements and Glossary

Revised 2016

- Value Proposition Linkage to the CMSA Standards of Practice
 - Implementation and Coordination of the Case Management Plan of Care
 - Monitoring and Evaluation of the Case Management Plan of Care
 - Facilitation, Coordination, and Collaboration
 - Outcomes
 - Advocacy



DEVELOP A BUSINESS CASE



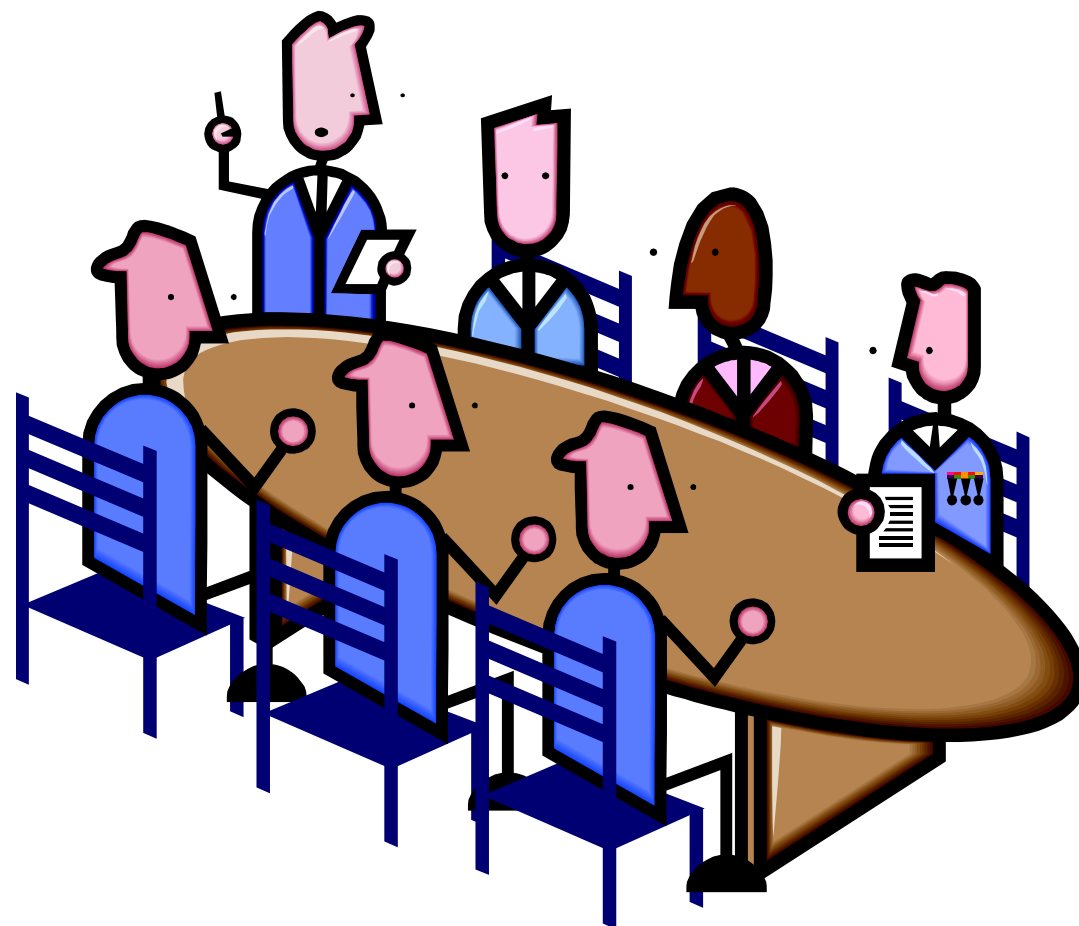
- What is the Situation
 - Objective Baseline Metrics
- What are the Resources Needed
- What are the Obstacles
 - Financial Requirements
 - Strategic Requirements
- What is the Proposed Solution
 - Availability of Evidence-Based Practice
 - How Long Will it Take
- What are the Anticipated Outcomes

DEVELOP VALUE PROPOSITION BASED ON A FUTURE STATE – WHERE WE ARE GOING ... ?

- Horizontal Integration
- Population Health
 - Community
 - Care Transitions
 - Community Case Management
 - Risk Management
 - Complex Case Management
 - Ambulatory
 - Inpatient Services
 - Care Coordination
 - Resource Center
 - Social Work



YOU ARE EITHER AT THE TABLE ... OR YOU ARE ON THE MENU?



SELECTING THE RIGHT IMPORTANT OPPORTUNITY

- What *is* the opportunity?
 - Is it important/relevant?
 - How long has it existed?
 - Who does this problem affect?
- *How do you know* it's a problem?
 - Is it obvious to most people?
 - Can you prove it is a problem?
- What will fixing the problem *solve*?
 - How does it impact your department/organization?
 - Are there potential cost/resource savings or improved revenue?

What Story
Do You Want to Tell?

What kind of Data
Do You Need
to Tell the Story?

What's In It For Me?

EVIDENCE-BASED PRACTICE



EMORY
CENTER
FOR
HEALTH
IN
AGING

Fall Interventions Plan

Resident: _____ Room: _____

Directions: Check all interventions that apply.

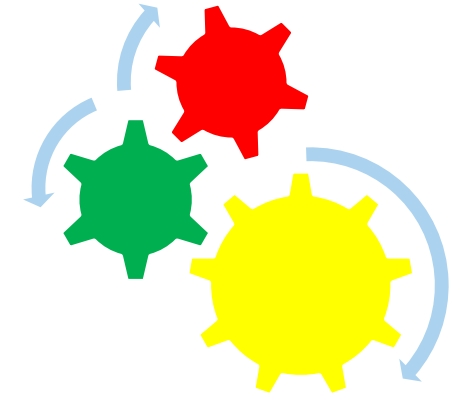
RISK FACTOR	SELECTED INTERVENTIONS	RISK FACTOR	SELECTED INTERVENTIONS
Medications	For changes in psychotropic meds: <input type="checkbox"/> Monitor and report changes in anxiety, sleep patterns, behavior, or mood <input type="checkbox"/> Monitor and report drug side effects <input type="checkbox"/> Behavior management strategies <input type="checkbox"/> Sleep hygiene measures <input type="checkbox"/> no caffeine after 4 pm <input type="checkbox"/> up at night with supervision, <input type="checkbox"/> comfort measures <input type="checkbox"/> pain management <input type="checkbox"/> regular exercise, limit napping <input type="checkbox"/> relaxing bed routine <input type="checkbox"/> individualized toileting at night <input type="checkbox"/> safe bathroom routine For changes in digoxin: <input type="checkbox"/> Monitor apical heart rate; if < 50, notify PCP.	Mobility	<input type="checkbox"/> Increase staff assistance <input type="checkbox"/> early morning <input type="checkbox"/> to and from toilet <input type="checkbox"/> during all transfers <input type="checkbox"/> during ambulation <input type="checkbox"/> other: _____ <input type="checkbox"/> Correct height of bed, toilet or chair <input type="checkbox"/> Keep bed at correct height as marked on footrest or wall <input type="checkbox"/> Use raised toilet seat <input type="checkbox"/> Use cushion in lounge chair <input type="checkbox"/> Lower lounge chair <input type="checkbox"/> Increase bathroom safety <input type="checkbox"/> Use adequate handrails support <input type="checkbox"/> Use easy to manage clothing <input type="checkbox"/> Promote wheelchair safety <input type="checkbox"/> Use individualized, labeled wheelchair <input type="checkbox"/> Check brakes and instruct pt on use <input type="checkbox"/> Seating Modifications <input type="checkbox"/> Use all prescribed seating items <input type="checkbox"/> Other: _____
	Orthostatic Hypotension		<input type="checkbox"/> Low blood pressure precautions <input type="checkbox"/> instruct pt to change position slowly <input type="checkbox"/> instruct pt to sit on edge of bed and dangle feet before standing <input type="checkbox"/> instruct pt to use dorsiflexion before standing <input type="checkbox"/> instruct pt not to tilt head backwards <input type="checkbox"/> provide staff assistance in early AM and after meals <input type="checkbox"/> If medication change: <input type="checkbox"/> take postural VS q day X 3 days. If systolic drops ≥ 20 mm Hg on day 3, notify PCP <input type="checkbox"/> Promote adequate hydration <input type="checkbox"/> TED hose <input type="checkbox"/> Other: _____
Vision	<input type="checkbox"/> Low vision precautions <input type="checkbox"/> use maximum wattage allowed by fixture <input type="checkbox"/> increase lighting in room <input type="checkbox"/> use adequate lighting at night <input type="checkbox"/> add high contrast strips on stairs, curbs, etc. <input type="checkbox"/> use signs with large letters or pictures <input type="checkbox"/> use high contrast to offset visual targets <input type="checkbox"/> reduce glare <input type="checkbox"/> Corrective lenses <input type="checkbox"/> Keep eyewear within easy reach at all times <input type="checkbox"/> Encourage patient to wear glasses <input type="checkbox"/> Other: _____		

Signature: _____

Date: _____

October, 2005

Generally, You Do Not Need to Reinvent the Wheel!



Agency for Healthcare Research and Quality. (2017). Appendix B11: Fall Interventions Plan. <http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspix/fallspxm-anapb6.html>

1	Project Name:	
2	Unit(s)/ Department(s)/ Location(s):	
3	Team Leader:	
4	Champion:	
5	Executive Sponsor (VP):	
6	Quality Arena (Choose 1):	
7	Project Description/Mission:	
8	Problem Statement:	
9	Business Case:	
10	Deliverables:	
11	Goals/Metrics:	
12	Process & Owner:	
13	Project Scope Is:	
14	Project Scope Is Not:	
15	Key Customers:	
16	Expectations:	
17	Milestones:	Completion Dates Below
	Project Start	
	Phase 1	
	Phase 2	
	Phase 3	
	Project Completion	
18	Expected Business Benefits:	
	Hard Costs	
	Soft Costs	
	Revenue	
	Throughput	
	Compliance	
	Intangible	
19	Team Members:	
20	Expected Resources Needed (Internal & External):	
21	Risk Assessment:	
22	Prepared By:	

BUSINESS CASE FOR IMPROVEMENT

Financial Impact of Mechanical Ventilation

- Average acute care cost for ventilated patient: \$2,300 per day⁶
- After 4th day, cost rises to over \$3,900 per day⁷
- Example^{8,9}
 - 400-bed hospital with 40 critical care ventilators
 - \$18 million per year for daily costs
 - 20% reduction could save \$2 million per year

6. Berenholtz SM, Pham IC, Thompson DA, et al. Collaborative cohort study of an intervention to reduce ventilator-associated pneumonia in the ICU. *Infect Control Hosp Epidemiol.* 2011; 12(4):305-314. PMID: 21480481.

7. Lipitz-Snyderman A, Stensvick D, Needham DM, et al. Impact of a statewide intensive care unit quality improvement initiative on hospital mortality and length of stay: retrospective comparative analysis. *BMJ.* 2011;342:d215. PMID: 21282062.

8. Sexton JL, Berenholtz SM, Goeschel CA, et al. Assessing and improving safety climate in a large cohort of intensive care units. *Crit Care Medicine.* 2011;39(5):934-9. PMID: 21297460.

9. Waters HR, Korn R R, Colantoni E, et al. The business case for quality: economic analysis of the Michigan Keystone Patient Safety Program in ICUs. *Am J Med Qual.* 2011;26(5):323-329. PMID: 21856856.

APICED Safety Program for Mechanically Ventilated Patients

Source: Agency for Healthcare Research and Quality. (2017). Build a Business Case for Quality Improvement: Facilitator Guide. <http://www.ahrq.gov/professionals/quality-patient-safety/hais/tools/mvp/modules/cusp/build-businesscase-facguide.html>

CALIFORNIA – HOMELESS PATIENTS’ DISCHARGE PLANNING VALUE PROPOSITION CASE STUDY

SITUATION

WHEN DOES LAW TAKE EFFECT?

- Most provisions of the homeless patient discharge planning law take effect in January 2019.
- Hospital Discharge Policy for the homeless is mandatory in January 2019.
- Community Partners Coordination Written Plan and Homeless Patient Log Maintenance in July 2019.

* Applies to all homeless inpatients and ED patients.

UCI Health

NEEDED RESOURCES (PARTIAL)

Newly Required Elements of Written Policy

5. An individual discharge plan must be prepared for each homeless patient
6. “Discharge planning will be guided by the best interests of the homeless patient, his or her physical and mental condition, and his or her preferences for placement”
7. How to identify a post-discharge destination for each patient (more on this later)
8. Maintain homeless log (by July 1, 2019)

UCI Health

CALIFORNIA – HOMELESS PATIENTS’ DISCHARGE PLANNING VALUE PROPOSITION CASE STUDY

OBSTACLES (PARTIAL)

- EMR REVISIONS FOR HOMELESS LOG
- NEED ADDTL SOCIAL WORKER TO MANAGE PROGRAM
- EARLY IDENTIFICATION AT ADMISSION
 - TRAIN ER STAFF
 - TRAIN ADMITTING STAFF
- CLOTHING SUPPLY

PROPOSED SOLUTION (PARTIAL)

- DISCHARGE PLANNING MODULE PURCHASE (\$20,000)
- HIRE 1 FTE SOCIAL WORKER (\$100,000)
- STAFF TRAINING (\$5,000)
- PURCHASE CLOTHING (\$1,500)
- ESTIMATED TOTAL COST \$126,500

CALIFORNIA – HOMELESS PATIENTS’ DISCHARGE PLANNING VALUE PROPOSITION CASE STUDY

SAMPLE VALUE PROPOSITION

- UCI HEALTH IS COMMITTED TO WORKING COLLABORATIVELY WITH COMMUNITY STAKEHOLDERS TO DEVELOP AND IMPLEMENT A STRATEGY THAT ADDRESSES THE DISCHARGE TRANSITION NEEDS OF THE ORANGE COUNTY HOMELESS POPULATION AND COMPLIES WITH STATE REGULATION.
- THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) HAS COMMITTED TO FUND THE PROPOSED CASE MANAGEMENT STRATEGY OVER THE NEXT TWO YEARS THROUGH A WELL PERSON GRANT FROM. THERE WILL BE NO NET COST TO UCI HEALTH DURING THE IMPLEMENTATION GRANT PERIOD.
- OBJECTIVE MEASURES (SAMPLE):
 - THE NUMBER OF MONTHLY HOMELESS ER VISITS/TOTAL ER VISITS
 - THE NUMBER OF MONTHLY HOMELESS PATIENT DAYS/TOTAL PATIENT DAYS
 - THE NUMBER OF MONTHLY HOMELESS PATIENT READMISSIONS/TOTAL READMISSIONS
 - THE NUMBER OF HOMELESS PATIENTS CONNECTED WITH COMMUNITY RESOURCES/TOTAL UNDUPLICATED HOMELESS PATIENT ER VISITS



- Quick Short Conversation
- Introduces Who Your Are
 - What makes you different and interesting?
- Communicates & Demonstrates Value
- Is Engaging
 - Leave them wanting more ...
- Simple & Easily Understood
- Starts Building a Relationship
- Requests Feedback by Asking a Question
- Provides a Way to Get Back In Touch (Business Card)



- Take 5 Minutes to Create your Elevator Speech
- Create Different Elevator Speeches for Different Situations
- Believe in Yourself
- Practice
- Smile (Non-verbal communication is important)



Boston

June 28 – July 3, 2020

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Across the Full Continuum***

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Conference & Expo!

QUESTIONS



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