Health Homes in Supportive Housing
Case Management vs. Care Coordination
Presentation by
The Center for Urban Community Services

Presenters:
Carolyn Baginski, Program Director
Venus Alfaro, Care Coordinator
What is a Health Home?

- A virtual home

- A care coordinator coordinates care for high utilizers of Medicaid to improve their health care and help them stay out of the hospital and emergency room

- Aligned with the triple aim - improve care for individuals, improve outcomes, and reduce costs
Case Management vs. Care Coordination - Paradigm Shift

- Why CUCS needed to make a paradigm shift
- How CUCS made the paradigm shift
- Paradigm shift exercise with the staff
<table>
<thead>
<tr>
<th>ACTIVITY / FUNCTION</th>
<th>SUPPORTIVE HOUSING CASE MANAGEMENT</th>
<th>CARE COORDINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus of Work, Nature of the Relationship</td>
<td>As generalists, a big, broad relationship, almost akin to a family member is the goal</td>
<td>Focus is on efficient, impactful, practical health care interventions, focus on communication/rapport with client not on broad relationship</td>
</tr>
<tr>
<td>Practice is...</td>
<td>Process driven</td>
<td>Results driven</td>
</tr>
<tr>
<td>Scope of Work</td>
<td>Do whatever is needed</td>
<td>Coordinate areas impacting health care</td>
</tr>
<tr>
<td>Goal</td>
<td>Assist client to live a “full &amp; satisfying life”</td>
<td>Improve client’s health care and health outcomes</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Accessible to clients</td>
<td>Accessible to providers/collaterals (more time at desk, available to doctors on cell phone)</td>
</tr>
<tr>
<td>Mode of Interaction</td>
<td>Face to face interactions are preferable and expected; 90% face to face and 10% telephonic</td>
<td>Telephonic interactions are the expectation &amp; the norm, unless circumstances require face to face; 85% telephonic and 15% face to face</td>
</tr>
<tr>
<td>Nature of Interactions</td>
<td>Emotionally charged, exploratory interactions</td>
<td>Interactions are purposeful, direct, concrete and task oriented</td>
</tr>
<tr>
<td>Successful Relationships</td>
<td>Deeply rooted, trusting relationship with client</td>
<td>Good communication and ability to quickly establish effective connections with a broad range of people and professionals</td>
</tr>
<tr>
<td>Keys to Work</td>
<td>Emotional connection with client</td>
<td>Tenacity in outreaching and influencing collaterals, advocacy, obtaining practical, concrete benefits</td>
</tr>
<tr>
<td>Starting Point</td>
<td>Start where client is, address broad range of issues they might bring up</td>
<td>Focus on health care needs and issues impacting healthcare - start where client is within health care context</td>
</tr>
<tr>
<td>Motivational Focus</td>
<td>Motivational interventions are broad and long term</td>
<td>Motivational interventions are short term and focused (exclusively on health care related needs)</td>
</tr>
<tr>
<td>Caseloads / Reimbursement Rate</td>
<td>Small caseloads / $11,888 per yr. or $1,000 PMPM</td>
<td>Large caseloads / $2,400 per yr. or average of $250 PMPM</td>
</tr>
<tr>
<td>Proximity to Clients</td>
<td>Work in their home, as a result face to face access is easy but clients can find proximity oppressive and anxiety provoking</td>
<td>Good distance from clients homes, making face to face interaction a challenge but reduces clients anxiety</td>
</tr>
<tr>
<td>Intensity of Contacts</td>
<td>Regular, intensive, contact is considered the best practice</td>
<td>Need to be strategic with regard to time management, minimal contact with clients is accepted/expected</td>
</tr>
<tr>
<td>Nature of Contacts</td>
<td>Contact with client is required regardless of need</td>
<td>Contact is need driven and based on providing a minimum of 1 core service a month</td>
</tr>
</tbody>
</table>
### Case Management vs. Care Coordination cont’d

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<tr>
<td>Support Network</td>
<td>Little time spent with family, support network</td>
<td>Mobilizing available family, support network, is crucial</td>
</tr>
<tr>
<td>Influence of Medical Professional</td>
<td>Work is not guided by medical professional</td>
<td>MD or NP guidance is critical to work</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>Medical field is one of many areas a CM needs to have a basic level of understanding, not crucial to success</td>
<td>A foundation of medical knowledge and health care systems is critical for staff, crucial to success</td>
</tr>
<tr>
<td>Escorting to Appointments</td>
<td>Escort as needed</td>
<td>Escort only under very specific circumstances, when deemed absolutely necessary and the CM is not available. Escorting not provided as routine practice</td>
</tr>
<tr>
<td>Insurance / Managed Care Relation</td>
<td>MCO liaison generally not significant</td>
<td>Understanding MCO is very important, MCO liaison is often significant and can have a dramatic impact</td>
</tr>
<tr>
<td>Supervision</td>
<td>Supervision is “clinical”, the relationship is one of the deliverables</td>
<td>Supervision is goal and outcome - focused on time management, prioritizing tasks, monthly billable services and achieving healthcare goals</td>
</tr>
<tr>
<td>Nature of Reimbursement</td>
<td>Payment received regardless of services provided</td>
<td>Only reimbursed for providing 1 of 5 approved services and documenting appropriately in a given month</td>
</tr>
<tr>
<td>Progress Notes</td>
<td>Notes do not support billing and are not tied to the billing process</td>
<td>Notes must support billing, have to use billable service language in the note itself. Notes have to be tied to service plan which needs to use billable service language as well</td>
</tr>
<tr>
<td>Worker Satisfaction</td>
<td>Relationship with clients is source of worker satisfaction, nurtured by frequent face to face interactions</td>
<td>Results and goals achieved, concrete accomplishments are source of job fulfillment</td>
</tr>
<tr>
<td>Understanding of Role</td>
<td>Well developed &amp; defined over years of experience</td>
<td>New, experimental, unsettled, and constantly changing; we have no history or experience to call upon. Using trial and error to lay the foundation as we go</td>
</tr>
<tr>
<td>Outside Perception</td>
<td>Perceived as well developed and effective</td>
<td>Buzz around the role, new &amp; critical to health care reform. Medical professionals may see CC as being a part of the medical world, an insider with shared goals with whom they're willing to collaborate</td>
</tr>
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</table>
Focus of Work / Nature of Relationship

**Case Management**
- As generalists, a big, broad relationship, almost akin to a family member is the goal

**Care Coordination**
- Focus is on efficient, impactful, practical health care interventions, focus on communication / rapport with client not on broad relationship
Case Management

- Process driven
- Do whatever is needed
- Assist client to live a ‘full and satisfying life’
- Start where client is (ie address broad range of issues they might bring up)

Care Coordination

- Results driven
- Coordinate areas impacting health care
- Improve clients health care and health outcomes
- Focus on health care needs and issues impacting healthcare - start where client is within healthcare context
Case Management
- Accessible to clients
- Face to face interactions are preferable and expected, less telephonic
- Emotionally charged, exploratory interventions

Care Coordination
- Accessible to providers / doctors / collaterals
- Telephonic interactions are the expectation, less face to face
- Interactions are purposeful, direct and task oriented
Successful Relationships / Keys to Work / Motivation

Case Management
- Deeply rooted, trusting relationship with client
- Emotional connection with client
- Motivational interventions are broad and long term

Care Coordination
- Good communication / ability to quickly establish connections with broad range of professionals
- Tenacity in outreaching / influencing collaterals, advocacy, obtaining practical benefits
- Motivational interventions are short term and focused (exclusively on healthcare related needs)
Proximity, Intensity, and Nature of Clients Contacts

Case Management
- Work in their home, face to face access is easy but clients can find proximity oppressive and anxiety provoking
- Regular, intensive contact is considered best practice
- Contact with client is required regardless of need

Care Coordination
- Good distance from clients home
- Need to be strategic with regard to time management, minimal contact with clients is accepted/expected
- Contact is needs driven and based on providing a minimum of one core service per month
**Time Management**

**Case Management**
- 85% of time with clients both new and established
- 15% of time with collaterals

**Care Coordination**
- New clients - time is 50% with providers/collaterals and 50% with clients
- Established clients - time is 80% with providers/collaterals and 20% with clients
Influence of Medical Professional / Medical Knowledge/ Insurance Managed Care Relationship

Case Management

- Work is not guided by medical profession
- Medical field is one of many areas a CM needs to have a basic level of understanding, not crucial to success
- MCO liaison generally not significant

Care Coordination

- MD/NP guidance critical to work
- A foundation of medical knowledge and healthcare systems is critical for staff, crucial to success
- Understanding MCO’s is important, MCO liaison is often significant and can have dramatic impact
Case Management

- Build trust
- Money Management
- Medication Management
- Make sure housing is secure

Case Coordination

- Educate client about ER vs. PCP
- Keep specific focus on Care Coordinator role
- Connect client with providers in the community
- Keep all providers in sync
Thank You