



# Integrating and Supporting Medical Case Management into Primary Care

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Ricky Vaughn, LBSW, MPH

Christopher Bolinger, M.S., CCC-SLP

## Introductions

# Leigh Jarrell Arrington, LBSW

SPCAA Associate Director of Health Services/  
Project CHAMPS Program Director

Leigh Arrington graduated from Baylor University with a Bachelor of Arts in Social Work. She started her career working as a Ryan White Case Manager for SPARC (South Plains AIDS Resource Center) in Lubbock, Texas where she assisted clients by coordinating and facilitating their access to appropriate HIV medical care, primary health care, psychosocial services, housing assistance and other needed social support services. After SPARC, Leigh continued her work as a Ryan White Case Manager at PPAL (Planned Parenthood Association of Lubbock, Inc.) where she also assisted administrative staff in implementing the Ryan White Part B, State Services and HOPWA programs as service providers changed. In addition, she served on both LOMA (Lubbock, Odessa, Midland, Amarillo) and the Pan West Planning Assembly, which previously were the community-based planning bodies for HIV/AIDS prevention strategies and services for the Pan West Area of Texas. Since April 2008, Leigh has worked as the Program Director for Project CHAMPS under South Plains Community Action Association, Inc. As Program Director she is responsible for overall program management and supervises the provision of all Ryan White Part B, State Services and HOPWA services in a 15 county HIV service delivery area. Leigh was instrumental in the grant writing process as well as the development and implementation of the Ryan White Program and accompanying support services for South Plains Community Action Association, Inc.

### **Contact information:**

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## Introductions

# Ricky Vaughn, LBSW, MPH

SPCAA Project CHAMPS Lead Medical Case Manager

Ricky Vaughn is currently the Lead Medical Case Manager for SPCAA Project CHAMPS, the Ryan White provider in Lubbock. He has been working in some capacity in the field of HIV/STD for 11 years. For the last two and a half years, he has been working as part of the AIDS Service Organization as well as serving as a member of the HIV Multidisciplinary Treatment Team through Project CHAMPS' contracted HIV Medical Clinic at the Texas Tech University Health Sciences Center Department of Internal Medicine. After graduating from Texas Tech University, Ricky worked for over two years as a case manager at South Plains AIDS Resource Center providing medical, social, as well as housing services. He then went on to work for the City of Lubbock Health Department for over 5 years as a Disease Intervention Specialist. He identified persons with serologic and laboratory identified positive sexually transmitted diseases and then coordinated referrals for treatment and care. Ricky was also charged with identifying possible contacts and notifying them of the need for testing and possible treatment of the identified infections as well as worked as a back-up clinician in the STD Clinic. While at the health department, Ricky earned his Master of Public Health through Walden University.

### **Contact information:**

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## Introductions

# Christopher Bolinger, CCC-SLP

UMC Acute Care Speech Pathologist/  
Lead Speech Pathologist for HIV Clinic

Chris is an acute care speech pathologist at University Medical Center (UMC) hospital in Lubbock. He previously served as an HIV/STD outreach educator for Lubbock and the surrounding counties. Responsible for providing HIV prevention education, testing services, HIV+ counseling, and HIV outreach events for Lubbock and the surrounding 14 counties. His area of research includes swallowing disorders (dysphagia) in persons with HIV/AIDS. Both Chris and the rest of the UMC speech pathology team seek to improve the patients' quality of life, ability to take PO medication, prevent aspiration of food and liquids, and improve/maintain intake of oral nutrition and hydration.

### **Contact information:**

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# Objectives

- ❖ Describe a process of integrating Medical Case Management into a multidisciplinary HIV treatment team.
- ❖ List possible disciplines and their respective functions in a multidisciplinary treatment team.
- ❖ Identify the roles of the Medical Case Manager in the HIV clinical setting.
- ❖ Describe the importance of establishing, building upon, and cultivating functional relationships between administrators and all agencies involved.
- ❖ Identify barriers and potential solutions.



# Brief History of HIV Services in the Lubbock HSDA



# South Plains Community Action Association, Inc.

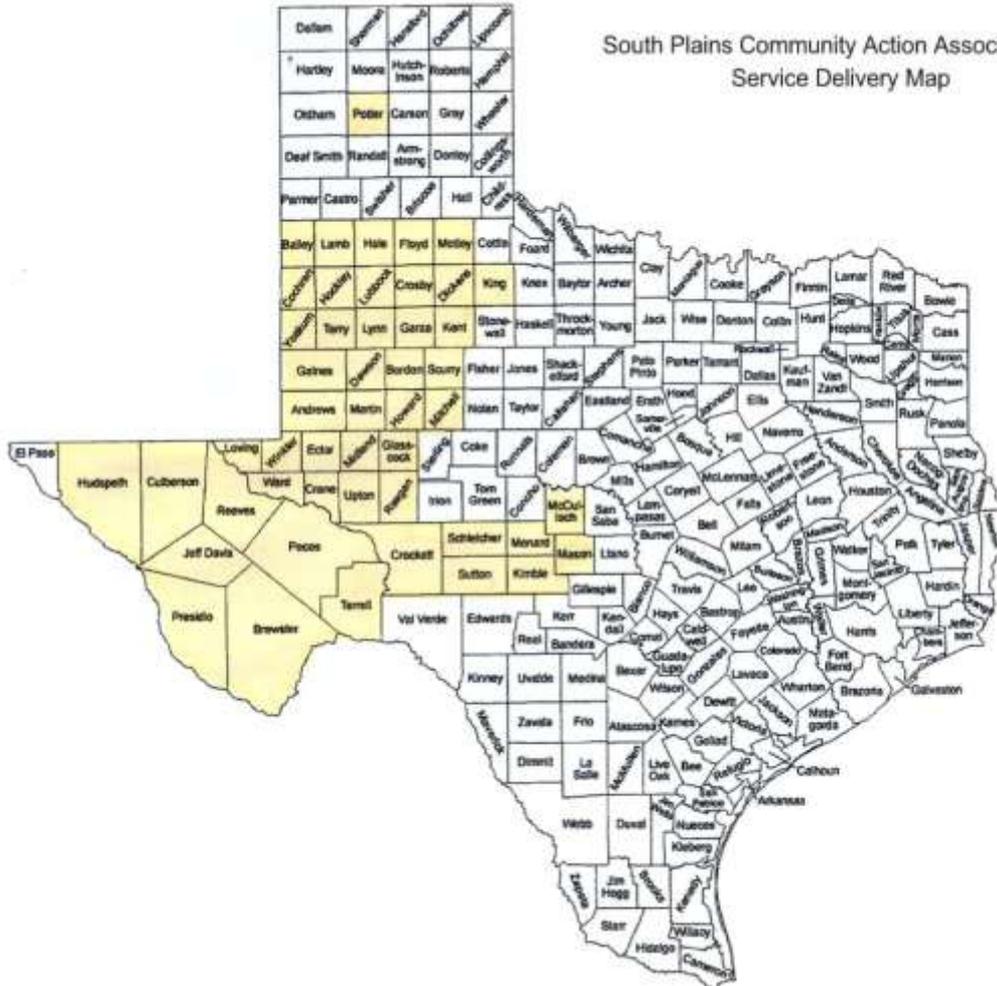
- ❖ Originally created as part of the “War on Poverty” this program was launched by the Economic Opportunity Act of 1964.
- ❖ South Plains Community Action Association, Inc. is a 501(c)3 non-profit corporation which administers federal, state, and local contracts for health and human services to clients in 49 counties in the South Plains of West Texas.
- ❖ The agency develops community services and implements the delivery of those services in a manner which is sensitive to the rural philosophy of the Texas South Plains area. South Plains Community Action Association programs are operated through funded contracts for service, and are operated in selected communities based on the availability of those contracts.

## **RW HIV Service Providers in Lubbock**

- ❖ South Plains AIDS Resource Center (SPARC)
  - First HIV Service provider in Lubbock
  
- ❖ Planned Parenthood Association of Lubbock, INC (PPAL)
  
- ❖ South Plains Community Action Association, INC/ Project CHAMPS
  - Current HIV Service/Ryan White Provider

## Brief History of HIV Services in the Lubbock HSDA

# SPCAA provides services in 49 counties in the South Plains of West Texas



**SPCAA runs and operates multiple programs within the following 5 Agency Divisions:**

**Health Services Division**

**Housing & Community Services Division**

**Workforce Division/Child Care Services**

**SPARTAN Transportation Division**

**Head Start Division**

# SPCAA Project CHAMPS

## ❖ Service Area:

- The Lubbock HIV service delivery area consists of the following 15 counties: Bailey, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, King, Lamb, Lubbock, Lynn, Motley, Terry, Yoakum.

## ❖ Funding Sources:

- Ryan White Part B
- State Services
- Housing Opportunities for People With AIDS (HOPWA)



# Overview of Initial HIV Clinic Set-up

# Meetings and Negotiations

- ❖ Texas Tech University Health Sciences Center (TTUHSC) Internal Medicine Clinic
- ❖ University Medical Center (UMC) Laboratory
- ❖ UMC Radiology Department
- ❖ TTUHSC Ophthalmology Clinic
- ❖ Pharmacy
- ❖ UMC Speech Therapy Department



# Multidisciplinary Team Approach

Multidisciplinary Team Approach to HIV Care

# Importance of Multidisciplinary Approach

Richard Winn, MD Chief of Infectious Disease TTUHSC



# The Disciplines Involved in Project CHAMPS' TAC Clinic

- ❖ Patient/Client
- ❖ Physicians
- ❖ Residents/Medical Students
- ❖ Nurses
- ❖ Pharmacist
- ❖ Speech-Language Pathologist
- ❖ Medical Case Manager

# Client/Patient

Utilizing a patient centered approach, the patient provides the most valuable information to the team

## ❖ Responsibilities of patient/client:

- Report problems, illnesses, and concerns
  - Diarrhea
  - Nausea
  - Vomiting
  - Thrush
  - Unable to procure medication
  - Loss of insurance
  - Weight loss/gain
  - Number of pills taken per day
  - Adherence to medication and therapy regimen

# Physicians

## ❖ Responsibilities of physicians:

- Address issues related to medical status:
  - Viral load
  - CD4
  - Co-morbidities
  - Side-effects of medication regimen
    - Additional conditions secondary to medication regimen (e.g., hypercholesterolemia)
    - G.I. issues, weight loss/gain, mental health issues, sleep disturbances
  - Drug resistance
  - Physical Exam
  - Sexual history (as part of medical history)
  - Prescribe and alter HIV/AIDS and related medication regimen

# Residents/Medical Students

## ❖ Responsibilities of residents/medical students:

- Obtain basic history and physical examination
- Report concerns/issues and examination findings to the team

# Nurses

## ❖ Responsibilities of nurses:

- Serve as the initial point of contact during the clinic visit for reporting primary concerns or issues
- Document problem list
- Obtain vitals
- Update medication lists
- Administer vaccinations
- Triage nurse available for after hours concerns

# Pharmacist

## ❖ Responsibilities of pharmacist:

- Review ALL current medication regimen
- Determine drug interactions/contraindications
  - Spacing PPI's in an anti-retroviral regimen (ART)
  - Statin interactions in ART
- Recommend alternatives based on interactions/contraindications

# Speech-Language Pathologist (SLP)

## ❖ Responsibilities of SLP:

- Evaluate:
  - Swallow function for dysphagia
  - Cognitive function
  - Speech/language function
- Recommendations:
  - Diet modification
    - Liquid consistencies
    - Texture changes
  - Reflux precautions
  - Oral care
    - Mouthwashes for lesions
    - Diet modifications to improve nutrition

# Speech-Language Pathologist (SLP)

## ❖ Responsibilities of SLP (continued):

- Recommendations:
  - Oropharyngeal exercise regimens
  - Nutrition (based upon dietician recommendations)

- Case example





# Roles of the Medical Case Manager

# Client/Patient Advocate

- ❖ Most important role in client-centered approach
- ❖ Comfortable for the client/patient
- ❖ Ensures needs/questions met
- ❖ Promotes health literacy
- ❖ Ensures outside clinic referral and follow-up is completed

# Coordinator/Liaison

- ❖ One point of contact for providers
- ❖ Can communicate with client/patient on behalf of all those involved in outside clinic times
- ❖ Knows vital medical/social aspects involved with a person as well as programmatic logistics
- ❖ Coordinate all other medical subspecialty referrals

# Educator

- ❖ Provide DSHS required education to clients/patients, while focusing on information from the clinic appointment as well
- ❖ Help client/patient understand complex medical terminology and processes
- ❖ Promote client/patient health literacy
- ❖ Educate all staff on client/patient issues and clinical procedures

# Documentarian

- ❖ Develop and implement forms that assist in tracking information, follow-up, education, and all medical information needed for ARIES entry
- ❖ Single documentarian for all client/patient-related information collected
- ❖ Ensure and verify accuracy of medical information brought back from clinic
- ❖ All roads lead back to MCM

# TAC Clinic Flow Sheet



Client \_\_\_\_\_

Client # \_\_\_\_\_ Date: \_\_\_\_\_

## HIV FLOW SHEET

Doctor:  V. Desai, MD  R. Winn, MD  B. Temple, MD

Labs Date: \_\_\_\_\_ CD4 \_\_\_\_\_ CD4% \_\_\_\_\_ VL \_\_\_\_\_ Follow Up \_\_\_\_\_

Other Health: Last PCP appt: \_\_\_\_\_ Last OB/GYN Appt: \_\_\_\_\_ PAP?  Yes  No, Results: \_\_\_\_\_

### Last Annual Labs:

Date	Test	Result	Tx/Explanation

Insurance/Payor: \_\_\_\_\_  Client Showed  Client No-Showed  Client Rescheduled  Client Cancelled

### Prophylaxis:

Acyclovir	Clarithromycin	Fluconazole (Diflucan)	SMZ/TMP (Bactrim DS)
Atovaquone (Mepron)	Dapsone	Itraconazole capsules	Valganciclovir (Valcyte)
Azithromycin	Ethambutol	Rifabutin (Mycobutin)	Other:

### ARTs:

Aptivus	Emtriva	Kaletra	Saquinavir	Viramune
Atripla	Edurant	Lexiva	Selzentry	Viread
Combivir	Epivir	Norvir	Sustiva	Zerit
Complera	Epzicom	Prezista	Trizivir	Ziagen
Crixivan	Intence	Rescriptor	Truvada	Zidovudine (AZT)
Didanosine (DDI)/Videx EC	Isentress	Reyataz	Viracept	Fuzeon
Other:	Other:	Other:	Other:	Other:

Compliance: In last three days, # days taken medicine: \_\_\_\_\_ In last 4 weeks, Percent Compliance: \_\_\_\_\_%

Medication Changes:  Yes  No

What changes? \_\_\_\_\_

Other Medications: \_\_\_\_\_

Compliance: In last three days, # days taken medicine: \_\_\_\_\_

### Vaccines Given:

Hepatitis A Vaccine	Influenza Vaccine	H1N1 Vaccine
Hepatitis B Vaccine Dose _____	Pneumovax	

Vaccinations Referrals:  Yes  No Where? \_\_\_\_\_

TB: PPD Placement Date: \_\_\_\_\_ PPD Test Result:  Reactive  Non-reactive PPD Result Date: \_\_\_\_\_

TB:  TB Spot  Quantiferon Gold Result: \_\_\_\_\_

Chest X-ray: Ordered: \_\_\_\_\_ Results: \_\_\_\_\_

### Client Complaints:

\_\_\_\_\_

### Case Conference:

#### Doctor

\_\_\_\_\_

#### Pharmacist

\_\_\_\_\_

#### MCM

\_\_\_\_\_

#### Speech

\_\_\_\_\_

### Lab Work Needed:

CBC	Hepatitis A	Lipid Panel	HIV Genotype
CMP	Hepatitis B	CMV Serology	Virtual Phenotype
CD4/CD8	Hepatitis C	Toxo Serology	HLA-B 5701
HIV Viral Load	RPR	Herpes	CCR5 Tropic Assay

Other Labs: \_\_\_\_\_

Referral for Primary Health Care:  No  Yes, Referral: \_\_\_\_\_  Already Established

Education Provided By:  Doctor  MCM  Pharmacist

HIV Process	Risk Reduction	Diet/Exercise
Adherence	Other Medical (dental, etc)	Other:

Focusing on: \_\_\_\_\_

\_\_\_\_\_ Case Manager Signature

# CHAMPS Referral and Follow-up Form



Project CHAMPS Referral / Follow-up Form		
Client Name:		Date of Referral:
Address:		
Phone Number:		
DOB:	SS #	ARIES ID: 700-0 ____ - ____
<input type="checkbox"/> Follow-up Only (forms, income, etc.)		
Person Making the Referral: _____		
Referral opened in ARIES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Referral Needed:</b>		
<input type="checkbox"/> TAC / CID Related: <input type="checkbox"/> Appointment <input type="checkbox"/> Labs <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Primary Health Care		
<input type="checkbox"/> Mental Health: <input type="checkbox"/> Psychiatry <input type="checkbox"/> Counseling		
<input type="checkbox"/> Substance abuse		
<input type="checkbox"/> Housing/Utility Assistance		
<input type="checkbox"/> Vision: <input type="checkbox"/> CMV Exam <input type="checkbox"/> Vision Screening <input type="checkbox"/> Glasses		
<input type="checkbox"/> Dental: <input type="checkbox"/> Acute issue <input type="checkbox"/> Routine		
<input type="checkbox"/> Other Need Found: _____		
Referred To: <input type="checkbox"/> Ricky Vaughn, LBSW, MPH <input type="checkbox"/> Lauren Corbin, BSW <input type="checkbox"/> Janie Hernandez		
Explanation of referral/Follow-up: What is needed? Why is it needed? Has the client tried any outside resources? How was the need discovered? Etc.		

Follow-Up	
<b>Item for F/U:</b>	
Date of Attempt 1:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Date of Attempt 2:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Date of Attempt 3:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
<b>Item for F/U:</b>	
Date of Attempt 1:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Date of Attempt 2:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Date of Attempt 3:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
<b>Item for F/U:</b>	
Date of Attempt 1:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Date of Attempt 2:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Date of Attempt 3:	Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
<p><b>Note:</b> It is the responsibility of the staff member listed above on this form to follow-up with the client. Staff should verify success or assist in alleviating barriers to success, if possible. Each attempt to address the referral and its barriers and once a referral is completed, the staff will complete this form (sign), document in ARIES, and file in the client chart under Referrals.</p>	
Staff Signature:	Date:

# CHAMPS Status Change Form



<b>Possible Status Change Form</b>	
<b>Client Name:</b>	<b>Date:</b>
<b>ARIES ID:</b>	<b>Phone Number:</b>
<b>Social Security #</b>	<b>DOB:</b>
<b>CHAMPS Staff Making the Notification:</b>	
<b>Notification to:</b> <input type="checkbox"/> Medical CM <input type="checkbox"/> Housing CM <input type="checkbox"/> Social Service CM	
<b><u>Possible Status Change:</u></b>	
<input type="checkbox"/> SURGERY	<input type="checkbox"/> JAIL
<input type="checkbox"/> EMERGENCY ROOM VISIT	<input type="checkbox"/> HOUSING
<input type="checkbox"/> HOSPITALIZATION	<input type="checkbox"/> DENTAL EMERGENCY
<input type="checkbox"/> PREGNANCY	<input type="checkbox"/> MENTAL HEALTH EMERGENCY
<input type="checkbox"/> CHANGE IN INSURANCE OR FUNDING	<input type="checkbox"/> INCOME STATUS CHANGE
<input type="checkbox"/> NEW CHRONIC MEDICAL DIAGNOSIS	
<b><u>Explanation of major event causing possible need to reassess client:</u></b>	
<b><u>CM Notes:</u></b>	
<b>Completed by CM:</b>	
<b>1. Contact client / Review of Documentation</b>	<b>Date:</b>
<b>2. Update Acuity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Change
<b>3. Review Needs Assessment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Change
<b>4. Update Care Plan</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Change
<b>5. Case Note of Decision</b>	<b>Dated:</b>
<b>CM Signature:</b>	<b>Date:</b>

# Reality Check

- ❖ Only person on team that understands the limited budgets of our Ryan White provider and where they are currently
- ❖ Sometimes the doctors eyes are bigger then our budgets, so to speak, educate doctors on what providers can or cannot pay for while ensuring necessary medical needs are met
- ❖ Assist client/patient in understanding why or why not certain things will not work for them, i.e., client wants once a day medications, but has massive resistance due to non-compliance



# Barriers and Possible Solutions

# Supporting Medical Case Management

- ❖ Back-up Then and Now
- ❖ Restructuring of Case Management System
- ❖ Involvement of all Case Managers
- ❖ Physician/Clinical Staff Buy-In
- ❖ Adaptation of procedures to fit changing requirements and expectations

# Balancing Personalities

**Barrier:** When multiple professionals get together, there are multiple opinions, personalities, and professional goals

**Solution:** Utilize a primary point of contact (i.e. MCM) to maintain balance, disseminate information, increase efficiency of communication, and ensure all parties are represented in the decision making process

# Non-compliance

**Barrier:** Non-compliant clients in medication adherence, clinic attendance, and other recommendations present ongoing challenges for Ryan White providers

**Solution:** Utilize a single point of contact (i.e. MCM) to educate, refer, follow-up, and provide adherence counseling for better continuity of care

**Solution:** Mail clinic/lab draw reminders, email alerts, provide phone calls, and send no show letters following missed clinic appointments

\*Sometimes all efforts will not help, be sure to  
**DOCUMENT, DOCUMENT, DOCUMENT!**

# Rural Service Area

**Barrier:** Some clients have to travel long distances to get services on limited income.

**Solution:** Schedule these client appointments later in clinic slots so they can have more time to arrive

**Solution:** Do as much as you can over the phone with clients to avoid multiple trips and do agency paperwork requiring signature during clinic time

**Solution:** Utilize local resources and collaborate with other agencies to facilitate continuity of medical/social supports

# Financial Arrangements

**Barrier:** Billing is a nightmare in any structure. Clinics, labs, specialties, and different departments all have different processes for billing

**Solution:** The Program Director/Administrator and Fiscal Staff should be very involved with and know the billing staff of various subcontracted services departments. The key here is constant communication amongst all agencies, departments involved.

# Administrative Involvement

**Barrier:** Scheduling, contract issues, billing, staff changes, and other issues will arise

**Solution:** Program administrative involvement is key. Accessible program directors, coordinators, clinical supervisors, etc. is imperative to work out “kinks” with contractors

Can you think of any  
other barriers?

Any other questions?



Thank You!!!