Los Angeles County
California Children's Services
Nurse Case Management Redesign Project

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Basic Tenets of CCS

CCS Program:

Covers a diverse set of medical conditions

CCS Patients/Families:

Need care coordination on a care continuum spectrum and not just of the CCS medically eligible condition (MEC)

CCS Case Management Model:

Traditionally, the same for everyone and directed mostly at the CCS medically eligible condition (MEC)

LA County CCS Experience: The Problem

- **Serve:** 47,000 clients in the general program; 5,000 in the MTP
- **Process:** 2500 new referrals a month
- **Case load/mix:** -average of 650 cases/nurse
  -random assortment of CCS MEC's
- **Complexity and acuity of CCS Condition:**
  ~60%: acute and likely to resolve ≤ 1 year
  -or-
  chronic but straightforward to case manage

  ~40%: chronic and complicated to case manage
- **Ratios:** intuitively, anecdotally and objectively measured to be a problem for CCS patients, families, providers and staff

The Project: Launched 2.10.14

- **Target Group**: 4000 cases
- **Sort by complexity of case management need & assign a health status group** medical record review by MD; considered the CCS MEC and co-morbid needs; group classification ranged from 1-9 (see packet)
- **Assign to team of 9 nurses:** 4 with complex cases
  1 with Medical Therapy Program case load
  4 for less complex cases
- **Target case loads/nurse:** 250 for complex cases; 750 for less complex
- **Vary interventions**: based on complexity of need and health status group
- **Record case activities:** required development of new software

The Project: Case Management Interventions

Complex cases

1. Introductory call; detailed needs assessment; identification of a medical home
2. Authorizations and referrals
3. Ongoing interventions
4. Quarterly review
5. Annual review; objective analysis of the interventions and overall health of the patient

Less Complex Cases

1. Introductory letter
2. Authorizations
3. Responses to inquiries
4. Confirm program eligibility after 1 year; case closure if the condition resolved

Preliminary Findings: Through 2.9.15

Measure/Variable	Complex	Less Complex
• Cases Handled: 4493	• 1229 (166 closed)	3264 (1152 closed)
• Case Load Per Nurse	• 246	527
• HSG: initial assessment	• 5 – 60% 6 – 20%2	2 and 3
• ICD-9 Categories	• Top 4: 1. Endocrine 2. Nervous system 3. Congenital anomalies 4. Complicating factors	Top 2 1. Perinatal/NICU 2. Accidents
• Complaints/Inquiries	• 2 (likely not accurate)	30 (likely accurate)

Preliminary Findings: Through 2.9.15

Measure/variable	Result
• Nurse satisfaction with the model	• 100% satisfaction but repetitious for nurses with the less-complex cases
• Data collection and entry by nurse	• 60% of workday
• Quality of care coordination and case management	• Improved: as evidenced by -identification of medical homes -completion of initial assessments -resources: provided; documented -sibling support: provided; recorded
• Family satisfaction with the model	• Repeat surveys pending -anecdotal feedback is positive
• Patient health outcomes	• Will be assessed in the 2nd year • Data to assess is available

Emerging Conclusions: The Model Works!

- Stratification of patients by the CCS medically eligible diagnosis is **not** sufficient to predict the level or type of case management needed

- Stratification by complexity of need allows for
  1. Overall: capture of the patient's full needs and meaningful data
  2. Patients: improved access to the level of case management needed; opportunity to assist in accessing other systems of care or need
  3. Staff: improved workload distribution, efficiency and morale
  4. CCS Providers/Families: efficiencies captured by CCS, translate into better service for and by CCS providers
  5. Could be considered as a way to assess eligibility for CCS program

- Replicable in other county CCS programs

Emerging Conclusions: To Be Successful

- Stratification and ICD9/10 assignment:
  1. Standardized but can be simplified
  2. Based on upfront review of current records by medical staff with appropriate training in the definitions and ICD 10 coding

- Data base and software: to track the patients and interventions
  1. An essential investment
  2. CaMP: overall very pleased with its data capture; needs revisions to reflect case management workflow; limited data importable from CMS Net
  3. The potential exists to identify industry best practices

- Enhanced clerical support and training: to ensure the best use of medical personnel time

Does This Model Address CCS Redesign Goals?

Goal	Performance of the Redesign Model
• Patient/Family Centered Care: Whole Child	1. Allows authorization of primary care related to the CCS medical condition 2. Easily assumed by CCS if permitted by legislative authority
• Improved Care Coordination: Through an Organized Delivery System	1. Demonstrated 2. Provides framework upon which other linkages could occur – medical homes; children's hospitals; medical therapy program/units
• Maintenance of Quality	1. Ensures authorization of CCS paneled providers & Special Care Centers 2. Provides framework to investigate CCS patient and population specific health outcomes

Does This Model Address CCS Redesign Goals?

Goal

- Streamline Care Delivery
- Builds on Lessons Learned
- Cost-Effective

Performance of the Redesign Model

1. Demonstrated improved efficiency of CCS
2. Provides framework to investigate best practices in pediatric case management

1. Potential to link with existing medical home projects and pilots caring for the medically complex child

2. LA Co. CCS experiences
   -LA County CCS nurse case managers stationed at children's hospitals
   -Direct case management provided at the medical therapy units (26 in LA Co.)
   -Health Plan Partnership meetings

1. Adequacy of nursing staff
2. Use of clerical staff
3. Data base/software needs