Medical Case Management Services

2012 Service Area Review Summary

HRSA Core Medical Service

Essential Service—Continuum of Care

Comprehensive Plan—YES

Medical Case Management Services - a range of client-centered services, including Treatment Adherence, that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments (Inreach or Clinical Retention) is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized care plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan at least every six months as necessary during the enrollment of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication. **Treatment Adherence Services** – includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. These programs are designed to help people adhere to their HIV/AIDS treatment regimen. Will include working with Pharmacist and/or nurse, and may also include counseling, peer support, and provision of equipment/supplies such as beepers, pillboxes, etc.

There are currently 5 contracts with metro providers and 1 contract with greater MN providers to serve 1,208 and 45 clients respectively.

DATA SUMMARY HIGHLIGHTS

In the Path to Care Study, 54% of respondents reported that their medical case manager (or social worker) plays a key role in keeping them connected to HIV medical care.

In the Path to Care Study, of those who discontinued care, 31% of respondents report that the help of a case manager was a notable factor in helping them reconnect to a provider.

In the CAEAR Coalition/NAPWA HIV Consumer Needs Survey, when asked "Which services have made a difference in your ability to start receiving care and to continue receiving that care", Case Management was ranked number five (tied with housing subsidies).

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 39% of the 514 respondents indicated that they had not met with a case manager to help them coordinate their HIV/AIDS care within the past year. Of those who had not seen a case manager in the past year (n=199), only 16 people (8%) indicated that they needed to see a case manager. The barriers or reasons listed by those 16 people included case manager unavailable to meet/unresponsive (5), didn't know who to call (4), personal issues (3), did not qualify, don't trust case manager, and homeless/hard to access.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 56% of the 556 respondents indicated that their case manager was where they most often sought help with questions about paying for or getting health care. In addition, 82% of the 536 respondents indicated that they had used a case manager as a source of information about HIV services. No other source of information rated higher than the case manager. Seventy-four percent of the 438 individuals who had used a case manager as a source of information for HIV services found the case manager "very helpful" and another 20% found the case manager somewhat helpful.

In addition to the contracts listed above, there are 3 treatment adherence contracts, 1 clinical retention contract, and 1 adult foster care contract serving 2,038, 187, and 31 clients respectively.

In FY 2011, $136,800 of the Medical Case management allocation was Minority AIDS Initiative funding.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
4 out of **26** service areas	**14** out of **25** service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	$2,340,400	(3%)		
2010	$2,406,100	<1%	$2,253,506	94%
2009	$2,409,125	27%	$2,381,171	99%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	2,536	37% (n=6,814)	61% (n=4,131)
2009	2,107	32% (n=6,552)	57% (n=3,700)
2008	1,819	29% (n=6,221)	39% (n=4,713)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=514)		
Accessed Service in last 12 Months - n=315 or 61%	Did NOT Access Service in last 12 months - n=199 or 39%	
	Did not Need service n=183	Needed service, but unable to access n=16
	92%	8%

Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

HRSA Support Service

This box indicates whether the service area is a **core medica**l or **support** service on HRSA list of allowable services

Essential Care Service—Continuum of Care

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

Comprehensive Plan—YES

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

ALLOCATIONS HISTORY

Data in this table is from the Planning Council Allocations tables.

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

UTILIZATION HISTORY

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

ASSESSMENT OF NEED

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%