



WOMEN'S WELLNESS
connection

Connect. Get checked. Be well.

Care Coordination for Women's Wellness Connection and Connect to Care

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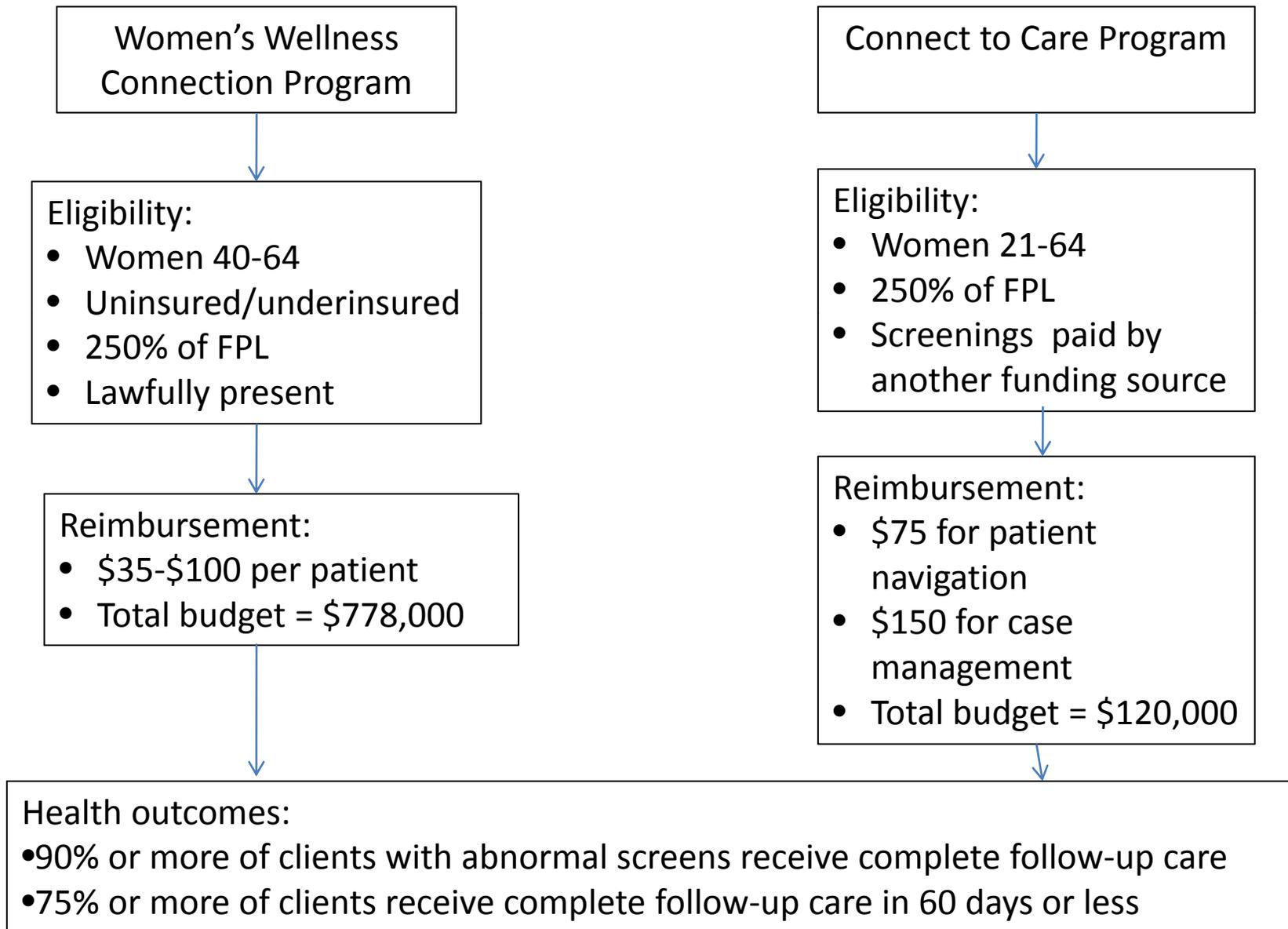
Importance of Care Coordination Services

- Health care reform
- Large amount of scientific literature:
 - Increased screening rates (2,3,6,10)
 - Better follow-up on abnormal screening tests (1,5, 8)
 - Reduced intervals in diagnostic pathway (4)
 - More timely entry into cancer treatment (9)
 - Little or mixed evidence on organizational outcomes, cost assessments, outcome measures and training programs (7)

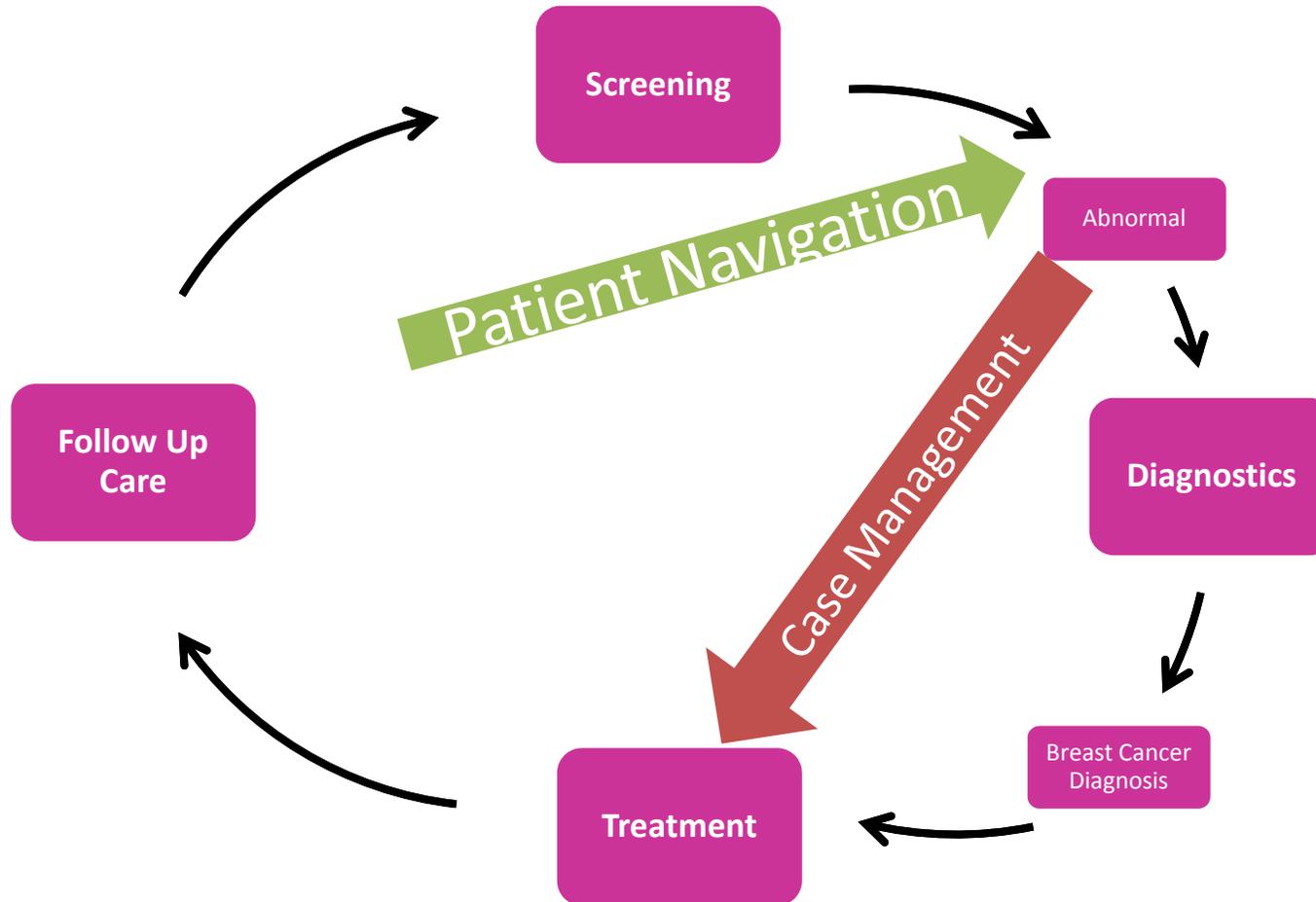
Certification or Training Programs

- Commission for Case Manager Certification (CCM) <http://www.ccmcertification.org/>
- American Case Management Association (ACM) <http://www.acmaweb.org/section.asp?sID=16>
- Case Management Society of American, Rocky Mountain Chapter <http://www.cmsacolorado.org/>
- Colorado programs

Care Coordination Overview



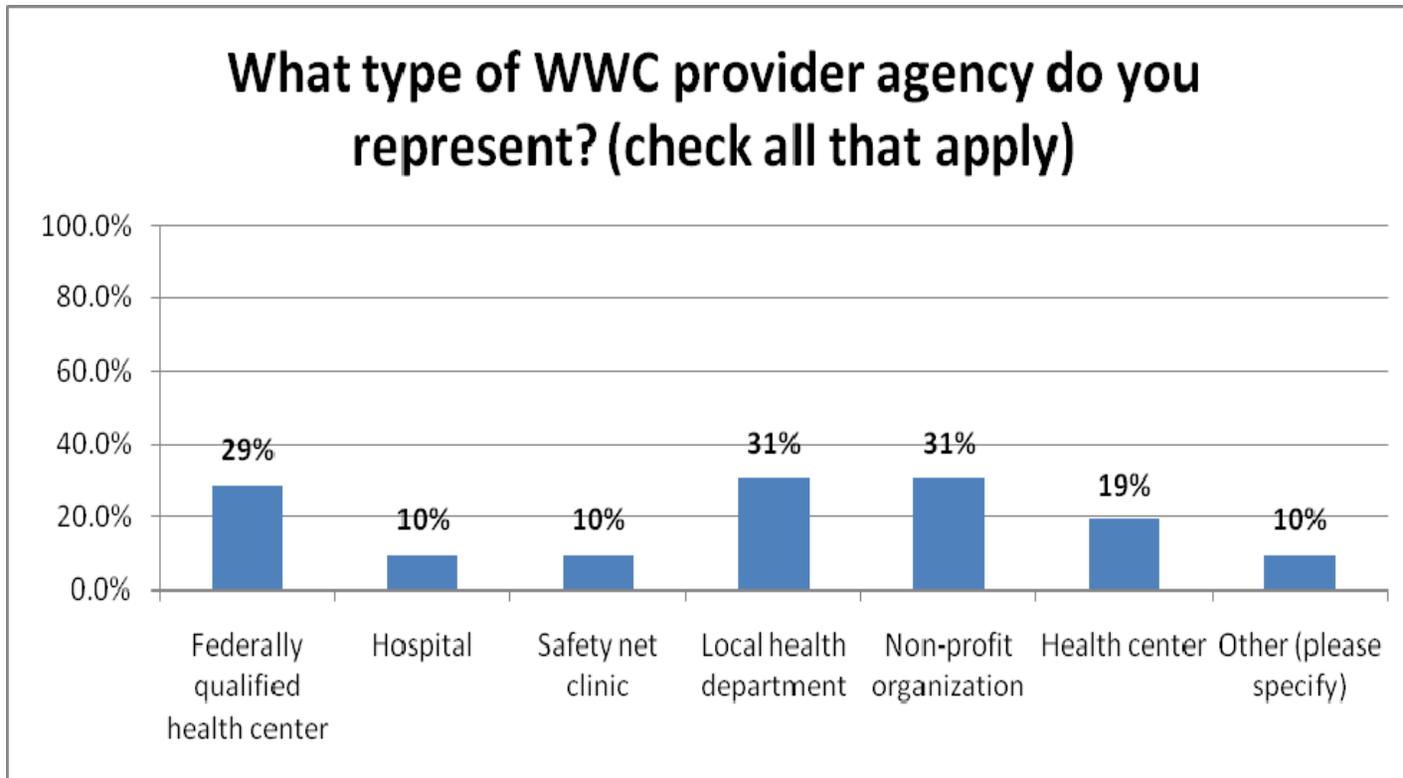
Continuum of Care



Services Offered

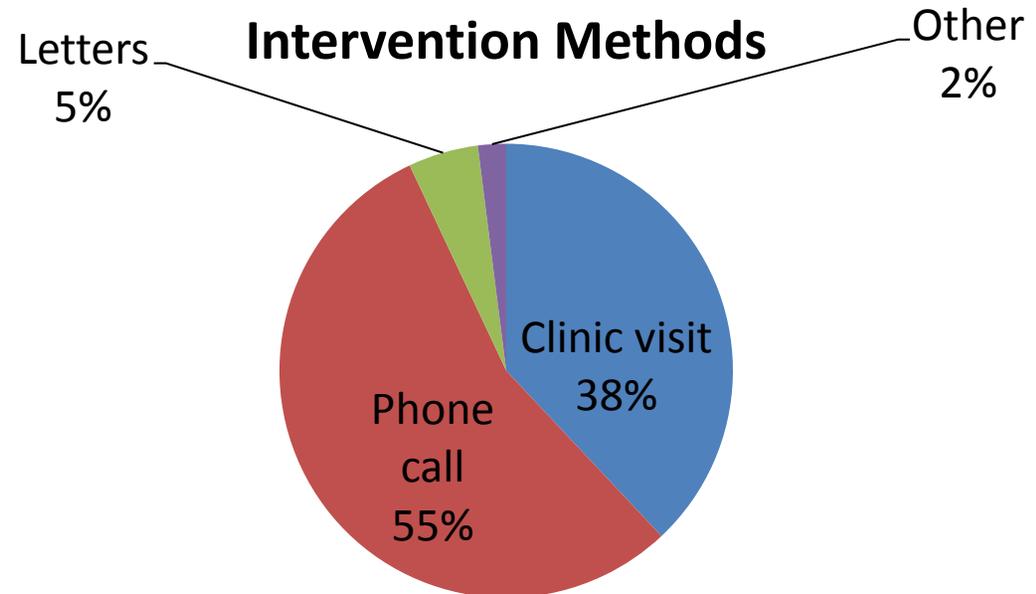
- Barriers identified and overcome
- Access to care through enrollment in various programs
- Clinical assessment – need for screens, diagnostic pathways
- Clinical coordination - schedule appointments, make referrals, consult with other clinical professionals
- Accompany to appointments
- Arrange for interpreters
- Provide patient education, advocacy and/or coaching
- Work with patient's support system/family
- Provide emotional support

Where Services are Offered



Intervention Methods

- Phone calls
- Letters
- Certified letters
- Clinic visits
- Home visits
- Other: text messaging, emails, social media

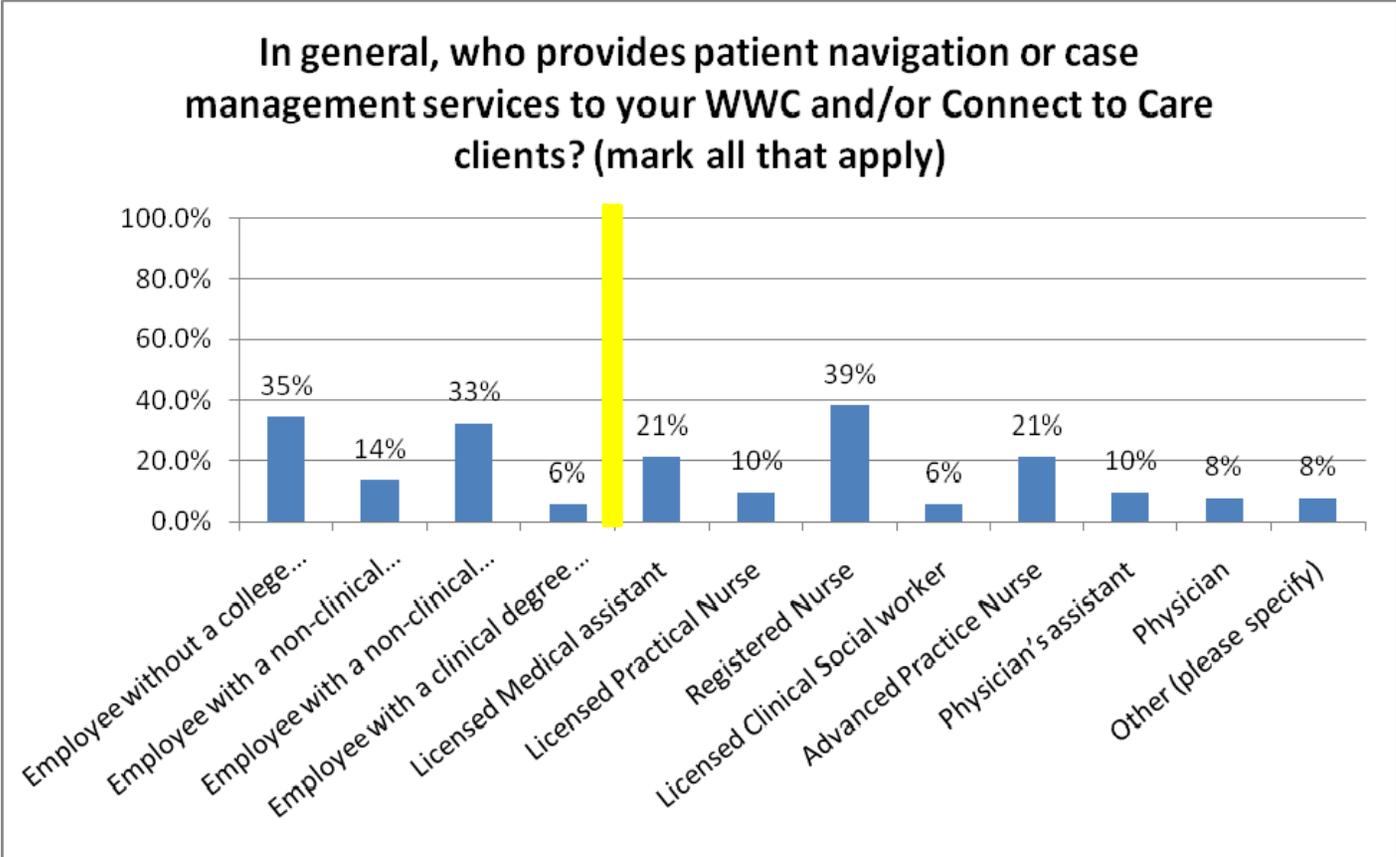


Intervention Outcomes

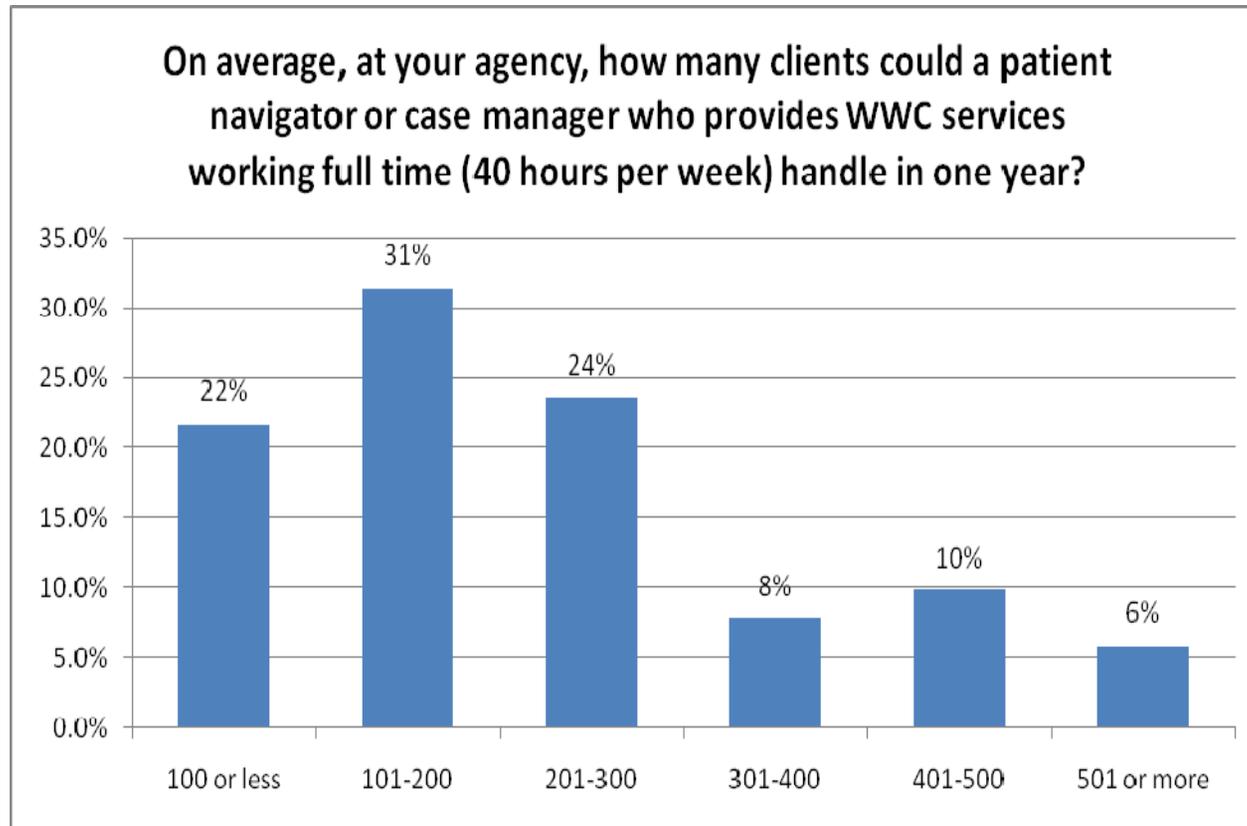
Core Indicator Development Survey (n=109, 2009)

- Number one reason for failing indicators was inaccurate or untimely data entry
- Average number of contact attempts: 2.02
- Average time from first abnormal screen to first intervention: 34 days
- Average time from first abnormal screen to third intervention: 62 days
- Response received 42% of the time when certified letter is sent
- In response, implemented lost to follow-up policy and data entry timeliness policy

Role Identification



Case Load Distribution



Connect to Care Status

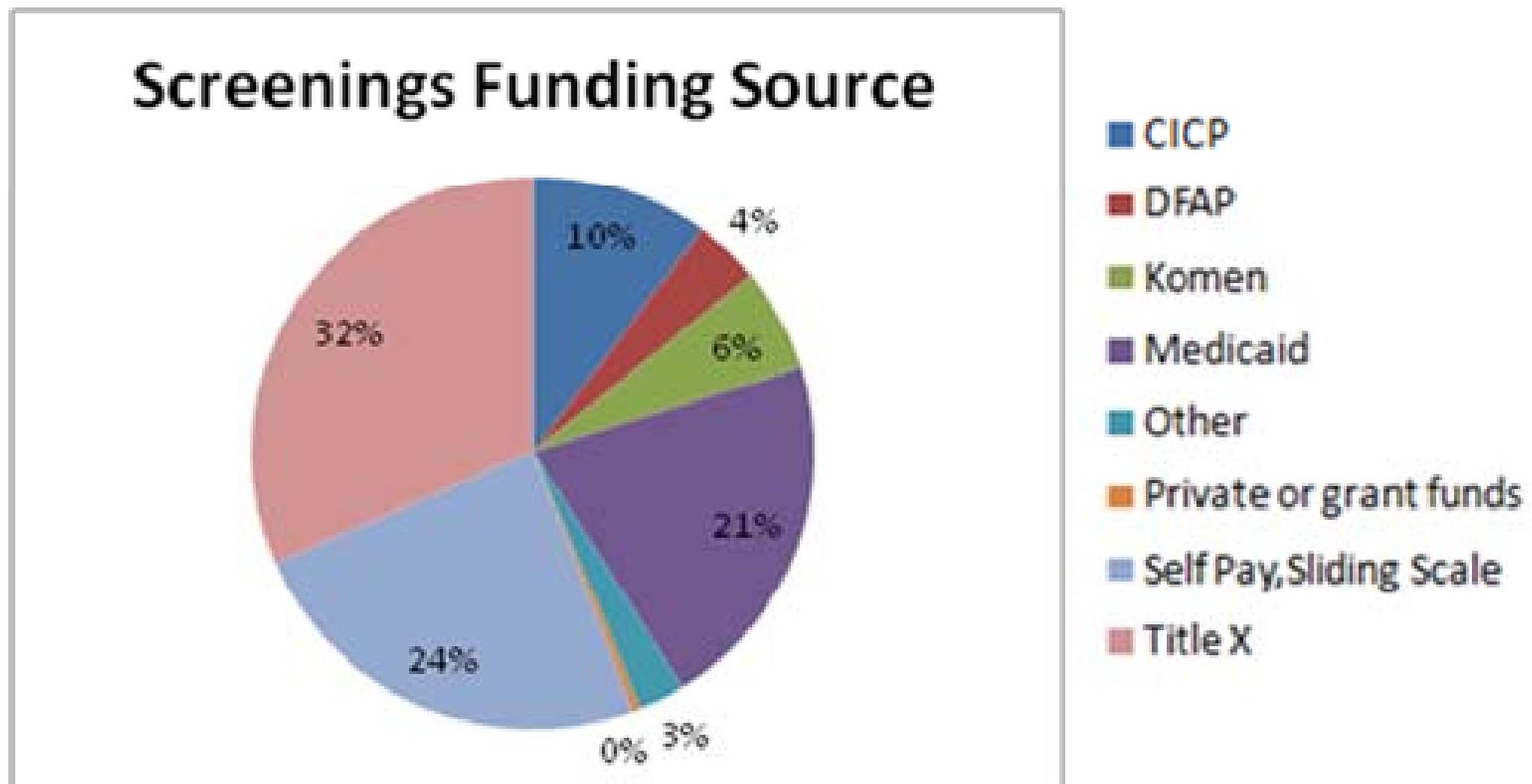
- Established Clinical Scholars Program
- Established contracts with six Connect to Care grantees
- Learning some important lessons
- Served 1015 women
 - 875 provided with patient navigation
 - 146 provided with case management

Quality Assurance Metrics

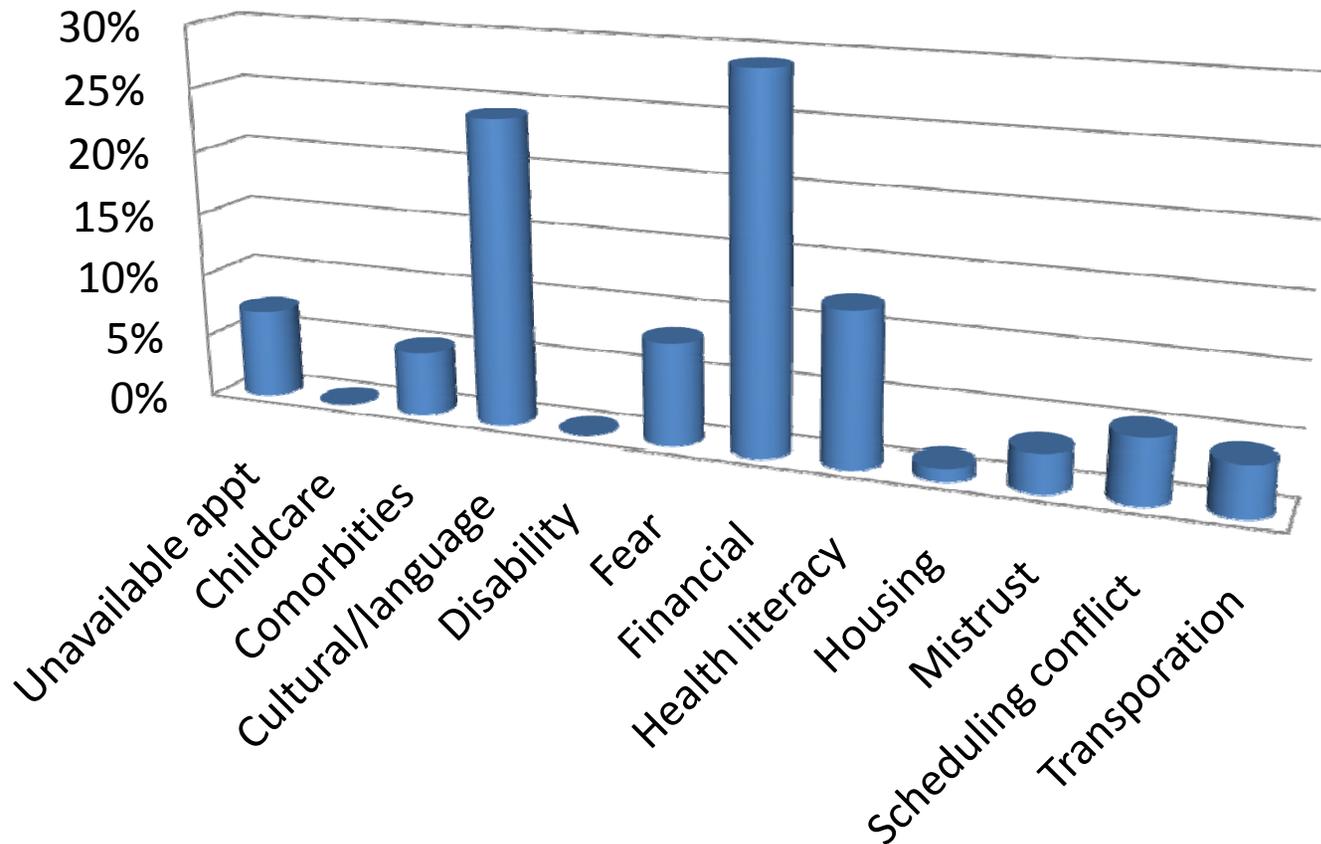
- 90% or more of women will receive complete follow-up care after an abnormal breast or cervical cancer screening (**currently met for breast, not for cervical**)
- 75% or more of women will receive this completed follow-up within 60 days or less (**currently met**)
- 90% or more of clients will receive the first case management intervention within two weeks of the first abnormal screening (**currently met**)
- 90% or more of clients will receive three case management interventions before being considered lost to follow-up (**currently met**)
- 35% or more of clients 50-64 who have a CBE complete mammography (**currently met**)
- Timely entry into treatment

Funding Sources

Connect to Care, FY2011 Preliminary

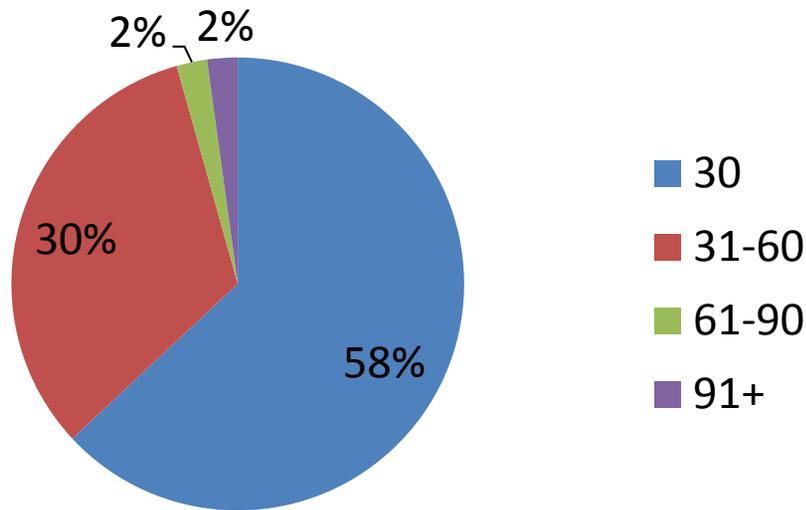


Barriers Identified and Overcome in Case Management

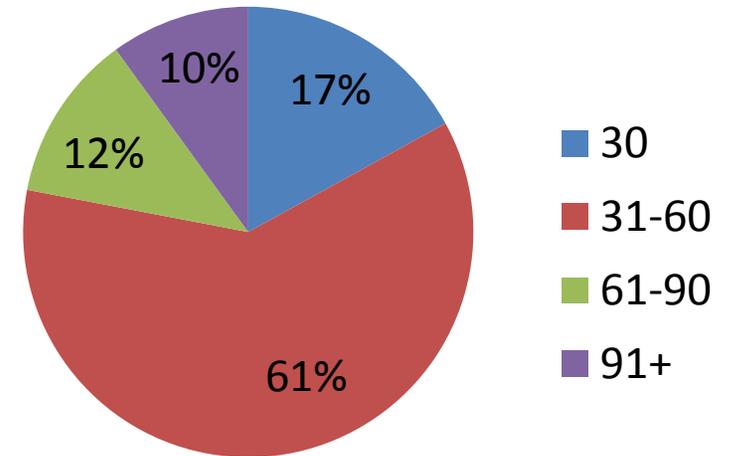


Overall Time Spent

Patient Navigation Time (minutes)



Case Management Time (minutes)

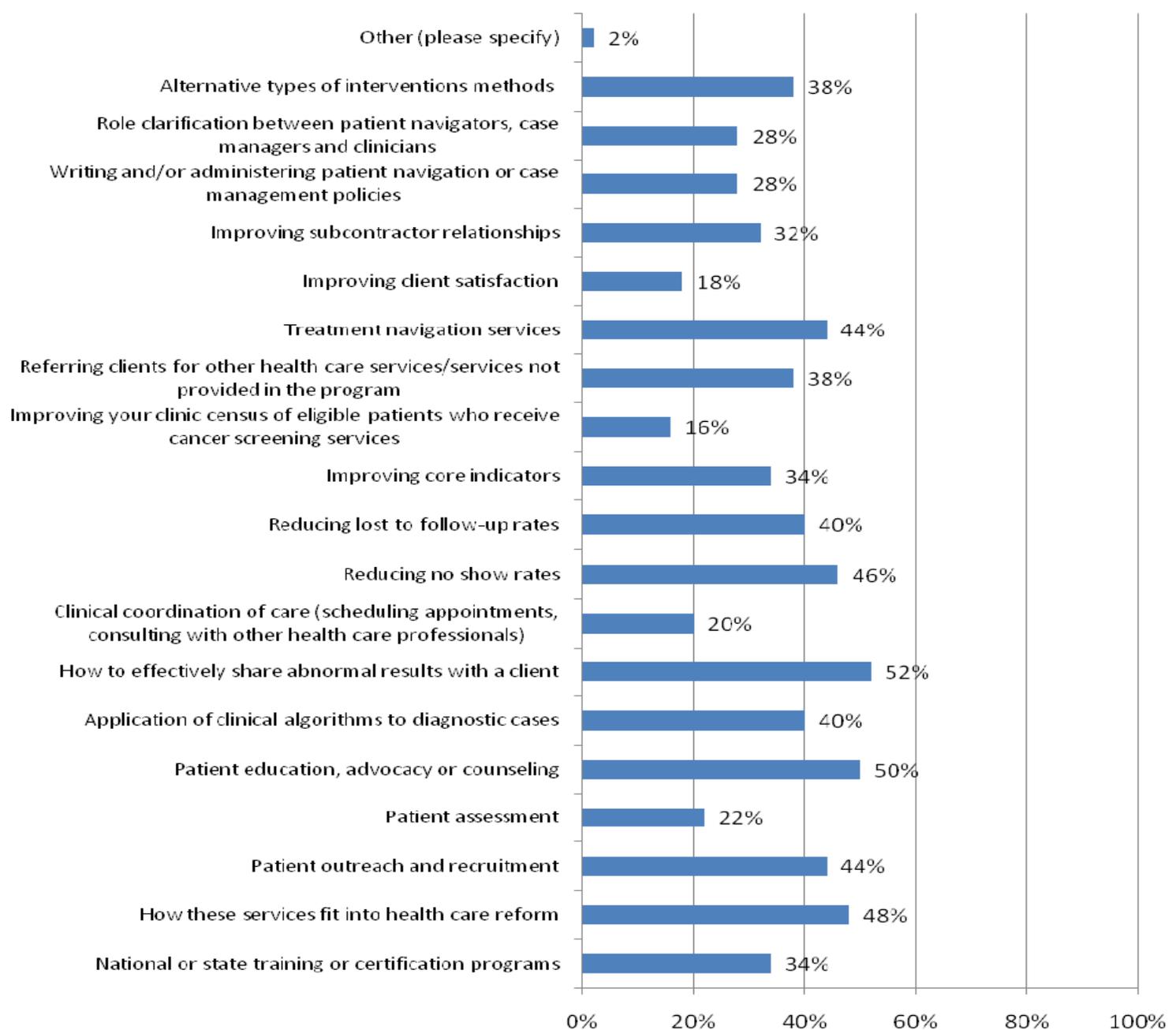


Lessons Learned

- Funding care coordination services when other funders pay for screenings can happen and quality outcomes can be achieved
- Funding for cervical diagnostic services is not widely available
- Role identification, clarification, communication and certification for CHWs, PNs and CMs
- Difficulty closing out cases – we need more categories than just “lost to follow-up” and “refused”
- Identification and data collection of barriers – organizational/system v. individual barriers
- Implementation of clinical guidelines for younger women – setting age limits for the program
- Case managers unable to get medical records
- Documentation and clarification of care coordination interventions

Clinical Scholars

- Purpose: to further develop PH workforce
- Four nurses, some with advanced degrees, represent LHDs and FQHCs
- Developing training
- Delivering training at various venues
- Performing chart audits and attending site visits
- Case conferencing at WWC Medical Advisory Committee meetings



Future Directions

- How WWC program may “look” moving forward
- Better development and management of data tracking mechanisms
- Health plan reimbursement
- Training development and certification programs
- Defining organizational values and capacities
- Focus on outcomes
- Cost assessment

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