



# **Multi-Disciplinary Team-Based Care, Session #4, Community of Practice**

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# Disclaimer

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# Case Conferencing Best Practices

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# DOH Guidelines



**Case Conferencing** differs from routine care coordination

- Formal
- Planned
- Structured
- Separate from regular contacts

Usually interdisciplinary:

- one or multiple internal and external providers
- if possible and appropriate, the client and family members/close supports

# Why have case conferences?

## Goal

- Provide holistic, coordinated, and integrated services across providers
- Reduce duplication
- Share information
- Enhance patient care

Clients are receiving services from multiple systems and providers

- One provider/system can't perform all roles/services alone

# DOH Guidelines

## **Case Conferencing** is used to:

- identify or clarify issues regarding a client or collateral's status, needs, and goals
- review activities including progress and barriers towards goals
- map roles and responsibilities
- resolve conflicts
- strategize solutions
- adjust current service plans

# How and when...

- May be face-to-face or by phone/videoconference
- Frequency
  - At entry into program
  - Held at routine intervals
  - Held during significant change
  - Patient/Client decline
  - Patient/Client absence from treatment
- Case conferences are documented in the client's record

# DOH Guidelines: Standards and Criteria

Standard	Criteria
<p>Supportive and/or Comprehensive Case Management providers routinely coordinate all necessary services along the continuum of care, including institutional and community-based, medical and non-medical, social and support services.</p> <p>Case conferencing is utilized as a specific mechanism to enhance case coordination.</p> <p><b>Time Requirement for Case Conferencing: <i>Comprehensive Case Management</i></b></p> <ul style="list-style-type: none"><li>• Required every 180 days at minimum.</li><li>• Recommended as needed.</li></ul> <p><b>Time Requirement for Case Conferencing: <i>Supportive Case Management</i></b> Not required but recommended as needed.</p>	<ol style="list-style-type: none"><li>1. Coordination activities include frequent contacts with other service providers and case managers and are documented in the progress notes.</li><li>2. Evidence of timely case conferencing with key providers is found in the client's records.</li><li>3. The client's right to privacy and confidentiality in contacts with other providers is maintained.<ul style="list-style-type: none"><li>• The client's consent to consult with other service providers is obtained. The providers complies with Article 27-F of the Public Health Law regarding confidentiality of HIV-related information.</li></ul></li></ol>



# Complex Needs Screening Instrument & Case Conferencing Protocol

Prior to the Case Conference Define the Purpose, Process, and Expectations

- When calling a case conference, the organizer should provide the purpose of the meeting to the participants.
- The organizing service provider/administrator is typically the chair of the conference.
- The organizer should ensure that appropriate releases for information sharing/consents are completed prior to the case conference.

# Complex Needs Screening Instrument & Case Conferencing Protocol (cont.)

## Create an Agenda

- Every case conference should have an agenda:
  - given in advance, if possible, to each participant
  - ideally, participants should have an opportunity to contribute to an agenda prior to the meeting
- Keep it simple
- Include: items to be discussed, family/service provider history, meeting adjournment time, time of scheduled breaks (if any), etc.
- Ideally case conferences should be no longer than 90 minutes
- Approximate a time allocation for each item to properly gauge the progress of the meeting
- If there are several items on the agenda, **consider prioritizing the agenda** items before the meeting to ensure that important ones are dealt with first.

# DOH Guidelines: Best Practices

- A case conference form can help document the participants, topics discussed, and follow up needed as a result of a case conference. When distributed immediately to attendees, the form reminds each participant of the roles and activities they've agreed to perform.
- Although more difficult to arrange, a face-to-face case conference can clarify issues or resolve conflicts more directly than conferring with parties separately or by phone. Involving clients in face-to-face case conferences with providers encourages participation and recognizes their role in the process.

# DOH Guidelines: Case Conference Form

- Sample case conference form is available on the New York State Department of Health web site under the category “Clinical Guidelines, Standards, and Quality of Care.”

**Case Management  
Case Conference Form**

Client Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
Chart #: \_\_\_\_\_ Case Conference Date: \_\_\_\_\_

Participants (Name/Position)	Agency/Phone	Face-to-Face or by phone?

Client Present:  Yes  No  
Is there a signed release for all agencies present?  Yes  No  
Purpose of case conference:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Overall assessment of client's status and current needs. Include progress in service plan areas:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plan/actions to be taken, by whom and timeframe:

Agency/Individual:	Agency:	Due date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Management Standards  
Sample Case Conference Form 1.00.00

# DOH Guidelines: Case Conference Form (Simple Ingredients)

- Client name
- Chart number
- Provider name
- Case Conference date
- Participants (same/position/agency/phone number/FTF or tel?)
- Client present?
- Signed release for all agencies present?
- Purpose of case conference
- Client's status and current needs including progress in service plan areas
- Plan/actions to be taken, by whom, timeframe/due dates
- Provider signature and date
- Supervisor signature and date

# DOH Guidelines

- Client name
- Chart number
- Provider name
- Case Conference date
- Participants (same/position/agency/phone number/FTF or tel?)
- Client present?
- Signed release for all agencies present?
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- Supervisor signature and date

# Complex Needs Screening Instrument & Case Conferencing Protocol

## Case Conference Results

**As a result of the case conference, a plan should be developed which identifies:**

- The specific interventions/services to be provided
- Expected outcomes
- Who will deliver the service/intervention
- When those services will be provided
- How the plan will be monitored
- Who will assume the ongoing case management role
- Who will follow up with the family regarding the events of the case conference (if the family did not attend)
- The expectations regarding communication among service providers

Adapted from June 2005 version

# Complex Needs Screening Instrument & Case Conferencing Protocol (cont.)

## Case Conference Results

### After the Case Conference

- Send minutes or a confirmation to all attendees, including
  - information discussed
  - expectations
  - next steps
- Send minutes to service providers who could not attend.
- Minutes should be sent within one week of the case conference to ensure that all parties may have sufficient time to move forward with their responsibilities.

Adapted from June 2005 version



# Discussion Questions

1. What have been the biggest obstacles to using case conferences?
2. Has anyone figured out a way to overcome these particular obstacles to using case conferences?
3. What has made using case conferences easier?

# Implementing & Sustaining Multidisciplinary Team Based Case Conferencing: Challenges & Solutions

- Time demands
  - Consider frequency
- Team members in different locations and agencies
  - Consider phone or tele-conference
- Disagreements/lack of resolution
  - Clarify plan before leaving
  - May require separate conference to work out additional problems
- Poor follow up
  - Identify responsible person for specific tasks
- Cancellations
  - Each team member should consider a substitute/alternate

# DOH Guidelines

Other Sample Forms: may be used as is or adapted

- [Brief Intake/Assessment \(PDF, 103 KB, 10pg.\)](#)
- [COBRA Version Brief Intake/Assessment \(PDF, 138 KB, 11pg.\)](#)
- [Sample Screening Questions... \(PDF, 39 KB, 4pg.\)](#)
- [Brief Service Plan \(PDF, 22 KB, 1pg.\)](#)
- [Initial Comprehensive Assessment \(PDF, 81 KB, 23pg.\)](#)
- [Comprehensive Service Plan \(PDF, 65 KB, 2pg.\)](#)
- [Comprehensive Reassessment \(PDF, 197 KB, 17pg.\)](#)
- [Case Conference Form \(PDF, 32 KB, 1pg.\)](#)
- [Case Closure Form \(PDF, 30 KB, 1pg.\)](#)
- Additional resources about care models and care coordination available [from AHRQ](#)



# Additional training available

## Contact:

Columbia University HIV Behavioral Health Training

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