

WEBINAR VIDEO TRANSCRIPT

Partnership for Care HIV TAC

Multi-Disciplinary Team-Based Care, Session #4

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STEVE LUCKABAUGH: Good afternoon. My name is Steve Luckabaugh. And I'd like to welcome you to the Multi-Disciplinary Team-Based Care, Session #4, community of practice webinar. This webinar is brought to you by the Partnerships for Care, HIV Training, Technical Assistance, and Collaboration Center. HIV TAC.

The Partnerships for Care project is a three year, multi-agency project funded by the Secretary's Minority AIDS Initiative Fund and the Affordable Care Act. The goals of the project are to expand provision of HIV testing, prevention, care, and treatment in health centers serving communities highly impacted by HIV, to build sustainable partnerships between health centers and their state health department, and to improve health outcomes among people living with HIV, especially among racial and ethnic minorities. The project is supported by the HIV Training, Technical Assistance, and Collaboration Center, HIV TAC.

Our speaker today is Doctor Jean-Marie Bradford. Dr. Bradford is the director of the Washington Heights Community Service. The Washington Heights Community Service is a clinical community based program for individuals with severe mental illness at the New York State Psychiatric Institute. The WHCS includes a 21 bed acute care psychiatric inpatient unit at the New York State Psychiatric Institute and three outpatient clinics in upper Manhattan, including an early psychotic disorders clinic, the On Track New York WHCS clinic and two community psychiatric clinics the Audubon and inward clinics

Dr. Bradford received her Bachelor's degree in Psychology at Harvard College and completed her medical degree at the Albert Einstein College of Medicine at Yeshiva University. She served as chief resident and completed her psychiatric residency in psychiatry at Columbia University. She joined the faculty of the Columbia University Medical Center in 2004, where she is currently an Assistant Professor of Clinical Psychiatry.

She has held several clinical and administrative roles at the Washington Heights Community Service since 2004, including serving as Associate Director of the Washington Heights Community Service inpatient unit, the director of the Audubon Clinic continuing day treatment program, and the director of the Audubon Clinic. Dr. Bradford's professional interests include public psychiatry, psychotic disorders, working with severely mentally ill populations, teaching, faculty development, and issues related to diversity and inclusion. Please join me in welcoming Dr. Bradford.



JEAN-MARIE ALVES-BRADFORD: Thank you very much for that introduction. I'm glad to join you here to talk about case conferencing today. So first I just want to give a little bit of an introduction to case conferencing. And then we're going to have some poll questions, just to get a sense of how the participants are using case conferencing at this time.

And hopefully then we can go through several slides, which will talk more in-depth about case conferencing. And for those who are using it, hopefully you'll find some additional detail which would be helpful. And if you haven't started using it, you'll learn more about the details of how to set it up and perform it. And we'll close with the best practices that are out there for using this method of coordinating care.

So case conferencing differs from routine care coordination, because it's formal. It's planned. It's structured. And it's separate from the regular contacts. So with most of our patient contacts, we're having interactions with many different disciplines and agencies, including family members. And so is also usually interdisciplinary.

We want to have that interaction from all of the different groups and the perspective from all the different groups. And it's essential to coordinating care for many of our severely ill patients with multiple co-morbidities, who are involved in multiple, both, medical and social and environmental agencies and have needs and are receiving services from multiple areas.

And it is really important if at all possible that the client or patient and the family members, or any other contacts or close supports can join in. Because oftentimes, the patient, the client, the family members or other close collateral support will help to A, for understanding purposes. And then also because they will help to implement a lot of the suggestions that will come out of it. And they also, obviously, have knowledge about several things, questions that may come up or areas of disagreement or conflict that could help to be resolved. So it is usually interdisciplinary.

So I want to start with a few poll questions, just to get a sense of how people are using it right now. How many of you are using case conferencing at this point? If you could just click on yes or no, if you're using it. So it's looks like a little less than half and half. Some people are using it. But many people are not in the audience as well. So we'll go through-- this webinar should help to understand more about what it is and how to use it.

For those people who are using it, how frequently are you using case conferences-- not at all, once a year, twice a year, or more often? And that's in terms of for any individual client. Would you be using that twice a year for a particular client or more often, once a year, or not at all? You can vote now.

So good. So interesting, so half of the people who are using are not using it-- half are not using it. But the people who are using it are using it more than twice a year for any individual participant, which is actually quite good. Because then you're having regular contacts and follow up, and involving multiple agencies together. Excellent.



For those people who are using it, how is your experience with case conferencing been so far? Please select either very helpful, moderately helpful, or unhelpful. You can vote now. So people have at least been finding it somewhat helpful. Half the people using it has been finding it very helpful. And half have been finding it moderately helpful. And I'm glad nobody is finding it unhelpful. That is great to see.

And so hopefully we'll be able to move the needle. And in learning some of the best practices through this webinar, we can move those who find it moderately helpful to maybe a little bit more. Or we can answer some questions for people who are finding it moderately helpful, maybe to help them move to even more helpful. I personally find it extremely helpful. And so we'll go through more about it. And I can tell you why. So why do we have case conferences? So the goal of the case conference, there are multiple. And they include one, providing holistic coordinated, and integrated services across providers.

Case conferencing is very helpful for those clients who have multiple needs, used really throughout medicine and health care, especially for those clients and patients who have multiple needs, whether they be medical or involving other disciplines, multiple disciplines or even just concrete services. So having all of those parties come together, that may include physicians, nurses, other nutritionists. It could include home health aides, home care services, families. Those are the kinds of things and disciplines that we want to involve.

We want to be sure to reduce duplication. Especially if you're having-- you don't want to have multiple medical providers doing the same thing, running the same labs or tests or multiple care coordinators. Because oftentimes our clients have multiple agencies involved. And several of the agencies are providing similar services or overlapping services. And they end up repeating things that have already been done. So we want to reduce the duplication.

We want to share the information, which can also help to reduce the duplication. And also that we're seeing each discipline and each agency as viewing the person in a particular, and getting certain information, viewing them from a particular standpoint. And so we want to have a comprehensive idea of what the patient's needs are.

And we also just want to enhance patient care. All of these things do enhance patient care. And in fact, in some medical settings, they found that having case conferences has reduced re-hospitalization for some of the sickest patients. And that was in a cardiac care unit.

So as I mentioned before, clients are receiving services from multiple systems and providers. And one provider system can't perform all roles alone. So having a case conference can help bring the parties together that are involved with the client and help to improve care.

So in your state, the Department of Health has several guidelines for case conferencing. So I wanted to share those. I know that the callers are from different areas in different states. But we can learn from some of the best practices that we have in New York State. And maybe that can help you and your patients.



So case conferencing is used to identify or clarify issues regarding a client or collateral's needs, status, and goals, and to review activities, including progress and barriers toward goals. So some of the kinds of things that you might have is a particular issue. You need to accomplish a service.

Sometimes people use it in the hospital in terms of discharge planning. And so you want to map the roles and responsibilities. Figure out who needs to do what and when. And put that on paper, which we'll talk about more, like on a plan to make sure that that's followed up. And so everybody has a clear idea of what are needs, who's going to do them, and how they're going to get done in what time frame.

It also helps to resolve conflicts. Many times because of the different orientations that the agencies or disciplines are having, the interaction with the client, they may have different perspectives. And that may come in conflict with some of the perspectives from the other agency or group or discipline. And so having everybody seated at the table, so to speak, can help to figure out and understand where each of the different groups are coming from and move toward the goal of improving the care for the patient.

It also helps to strategize solutions. So we want to think about what are the ways that we can help our clients move toward the goals that we're setting for them and the particular tasks that we're outlining at the case conference. And then sometimes we need to adjust our current service plan. And that will help, again. We'll have various issues or needs that we need to address. And then we can help, through case conferencing, to adjust those service plans.

So how and when do you provide case conferences? And it can be, and ideally it would be, some face-to-face. That would be the best recommendation, to have some face-to-face contact. The good thing nowadays is that there's more opportunities to have face-to-face. Video conferencing is more and more prevalent in terms of at various facilities. And so that may be more of an option.

So if you can't meet in person, which logistically can be challenging if you're not all in the same hospital or clinic or setting, then you can try to incorporate videoconferencing. Or if you can't do that, you can do it by the telephone, which also has everybody seated, at least listening in together. And so that's another option which is helpful.

And then how frequent should they be? It's helpful to have an assessment. When we do, or when our clients are entering our programs, we're doing intakes and assessments. And so we want to have, at the entry into the program, we want to assess all of the different needs and try to get a sense of who's going to care for those needs and in what time frame. So entry is a great place to start.

You also want to make sure to hold them at routine intervals so that you're checking. You're following up. You're making sure that the items are getting done. You're addressing new leads that emerge throughout time. And then if there are, in terms of those new needs that may

emerge over time, sometimes that includes a decline in the patient or client's care, or health status, or social status. Or there's a new emergency that's outside and in the home, in the community, apart from their physical health. So those are times where you may want to have another case conference to engage multiple parties.

And then another solution is a good solution for when a patient or client's absent for treatment, and one of the agencies or many of agencies are engaging in a lot of outreach, that can be another opportunity for a case conference in terms of how to get the client in at that time. Or has anybody seen the client and/or have other information?

And again, that's where we went back to, previously, we talked about sharing information. So a lot of times at these various entry points, one of the agencies may have some of the information which could be helpful to share with all of the agencies. And it is important to document the case conference in the client's record. And we'll get into more about how to document that.

In your state, the Department of Health has standards and criteria, which can be helpful to get a sense and to look at. So we'll go through these. And you can think of how they may apply to your particular location. So some of the standards, there's either supportive or comprehensive case management providers. And they are responsible for coordinating all of the necessary services, including medical, non-medical, social, support base, institutional, and community based services.

And so those case management providers, having a case conference is helpful, because it's challenging to coordinate all that. And then also having the case conference allows everybody to hear what's being said and planned on and decided at one time. So the case conferencing is utilized in order to enhance that care coordination.

The time that New York State's guidelines have set aside for this is it at least every 180 days, at a minimum. So it looks like a lot of the callers are doing frequent case conferencing, which is great, and more as needed. And then it's important-- again this also talks about in terms of the criteria-- is that frequent contacts with other service providers should be documented in the progress notes. And evidence of timely case conferencing with key providers is found in the client's records.

And it's important to think about the privacy and confidentiality and the rules related to that, in terms of who needs to be at the case conference and what releases that you need to have. So you can look at the rules around that. And you can talk with your HIPPA compliance officers or your senior administration staff if you need more clarity around that in your particular location.

It may be that, in the some of the case conference that you may do, all of the providers maybe within the institution. And so that may not be necessary. But you want to just make sure that you're thinking about that especially for people who are coming from outside agency.

Prior to the case conference, you want to think about the purpose, process, and expectations. So someone is an organizer of the case conference. And that may be the care management agency. It may be initiated by a physician or discharge planning process. But someone is the organizer. And then that person is going to call together the case conference, and think about the purpose of the meeting at this time. And that organizer is usually chairing the conference.

When you're having multiple people at the table, it's important to think about structure and organization. And it can get-- you want to maintain some organization structure to the conference. So you want it not to get out of control. So someone needs to be identified as the chair of the conference. And that's usually the organizer.

And then this is what I was talking about before in terms of the releases for the information. You just want to make sure that that's done before, so that once you're having people at the table, you don't have to consider that again, because that should already be done before the conference. And any releases that are needed should be completed.

And then you want to create an agenda. It's great if you can do in advance. Create the agenda. And submit it to each participant. And then those participants could then have an opportunity to look it over and to add various items on. So it's very common that someone would say, oh, and I also want to talk about this. Or now that we're going to get together, this person's going to be at the table. Let's consider the future needs that this client may have in this particular area.

But you want to also not to have too many things that are on the list so that the conference doesn't go on too long or feel like they're the tasks are too many to do within a reasonable frame, because you can always call another conference. So sometimes you just need to identify the top needs that need to happen if your need list is long or your to-do list is very long for this particular client or at this particular time.

So you want to include the items to be discussed in your agenda, the of family and service provider history, how long the time is for the meeting, the schedule, the overall time, and the actual time is supposed to occur, so everybody's aware of when it's supposed to happen, and them also if there's any scheduled breaks. Usually I tend to have breaks in our case conference. We run through. And they may be between 30 to 90 minutes. They shouldn't be longer than 90 minutes. It's too long to address. Everybody's busy. We all have various things that we need to accomplish. We've got multiple clients that we're taking care of.

And then also, we wanted not to add too many items to tasks to complete, because then it gets too unwieldy. So it'll be better to just have a more reasonable number of items to complete in a shorter time frame and to re-conference in a few months or weeks if needed, to add on if there's more need. So again you want to prioritize your needs. And address the top one at this meeting. And then schedule a subsequent case conference for future needs.

And then you want to think about which of the needs or which of the items are going to take the most amount of time. And which are the least? And then you can put the most on top so that you get to those. But also those should be the ones that are the most important. So out of the most important, you want to put the ones that you think may be a little bit more time at the top of the meeting so you make sure to get to them.

So in terms of documenting, we've mentioned several times throughout the webinars that you want to document your work and make sure to include it in the patient's record. And so there is a case conferencing form that can help to document the participants, the topics discussed, and the follow up needed as a result of the case conference. And that form should be distributed immediately to the attendees, so that form reminds each participant of the goals and activities that they've agreed to perform. And they can include it in their records to remind them about what has happened, when it happened, and what needs to be done.

And then also, as we talked about, the face to face is really helpful if possible. So many times, especially nowadays we're working with multiple providers. And we've never even seen them. And so you can be working with people with many different clients. And it really helps to have the personal connection and to even see them. Again, it doesn't have to be in person.

But even if we could do a video conference or even over the phone, it could be helpful to make more personal to understand. Especially when there's conflicts, having a face to face is more helpful and it gets people to understand where the other person is coming from and to feel less impersonal.

So a sample case conferencing form, I'm going to show it to you in a minute on our next slide. But here's where you can find it. And the slides are going to be provided to you as well. So you will have an opportunity to see it on the next slide, to have it in your slide set. And it's readily available online as well, through the Department of Health website. And that is this link below, the second link, www.health.ny.gov.

And the middle one, things about diseases, AIDS providers, standards, case management, sample forms. And under the sample form, there's several different forms. And one is the case conference form. And again, those links will be available to you both through your slides that you will get after the meeting, after this webinar, and also online.

This is a copy of a case conference form. I hope everyone can read it, maybe if you enlarge your screen. But if you see, this is really helpful to have in your records for the patient, and also very helpful because it's a reminder for everyone about what they need to do. So the client's name, case manager, chart number, and date of the conference is up top. The varying participants and where they're from and their contact numbers, which is extremely important, is up at the top as well.

If the client is present or is noted by a yes or no check box. And then the question about the release, which we talked about before, is also there. Is there a signed release for all agencies

present, yes or no? There's an area to describe the purpose of the case conference, the overall assessment of the client's status and current needs, including progress about each of the various needs thus far.

And then there's an area that clearly indicates the plan and the actions to be taken, by whom, and in what time frame. And that's really helpful. And then the case manager signs it, as well as a supervisor. And that can be entered into-- and should be entered into-- the client's record, and then also submitted to all of the members present. So everybody has a documentation of what was accomplished and what the next follow up should be.

If you couldn't read the slide before, this talks more about the ingredients to the case conferencing form. And I went over many of those ingredients. And it's important to make sure that you have the participants' contact numbers and to sign it.

So as a result of the case conference, the plan should be developed. That's at the bottom of the case conferencing form, which identifies the specific interventions to be provided, the expected outcomes, who will deliver that service or intervention, and when those services will be provided.

And then it's really important to discuss how the plan will be monitored, because if you have this, we've talked about who's doing what, when they're doing it. So someone has to follow up on making sure those things happened, or if there were obstacles that arose to prevent those things from happening, how to fix those obstacles or address those obstacles or barriers.

And so usually the organizer will then set-- and that should be agreed upon before the end of the meeting-- what the followup time. Is and when are we going to reconvene for another case conference? And communicate that to all the parties. Or if one is not needed, if there's any problems with the followup, then people can contact the organizer. And they could reconvene a conference if there's no planned one.

So in addition to the case conference form, if more detailed minutes are accomplished, that would be helpful as well. And so you can-- again it's very important to communicate the information that was discussed, the expectations, and the next steps. And if any participants couldn't come for whatever reason, or there are other service providers that are providing services to the clients, and they weren't able to be asked to attend, then it's important to provide the minutes to those parties as well.

And that should be sent within timely time frame of the conference. We recommend one week of the conference to ensure that all parties have sufficient time to move forward with their responsibilities that they know and they remember fresh in their minds and that they have the necessary information of what they're supposed to follow up with. So I'd just like to ask some discussion questions now. We'll have some time for that. What have, participants on the phone, had been the biggest obstacles to using case conferences? You can either type that in or press this raise your hand button on the left.

STEVE LUCKABAUGH: We have one. I think getting the right parties to the table, clarifying the scope with all parties.

JEAN-MARIE ALVES-BRADFORD: So that is a big obstacle, about getting the right parties to the table. That can be either identifying who the right parties are or making sure that they're willing to participate and come to that conference. So in terms of making sure that they're willing to come to the conference, you can ask for substitutes. If you'd really just like to have some representation from some agency member, and then they can then help to communicate that to their group. So that can help. If you identify the particular person who's working with a client, maybe can't come, then you can identify a representative who can come.

In terms of identifying the scope, that's where you want to brainstorm. The organizers of the conference, the people who are calling this meeting together, you want to think about what are the-- prioritize the needs. What are the particular needs that are the top needs for this patient that need to be accomplished within the shortest frame that would make the quickest, the best, the most amount of difference for this client?

So that's where you want to brainstorm and to figure out what the scope should be, what other areas. And then you don't want to include too many of those, because it becomes challenging. And people don't see it as a helpful exercise but see it as a burdensome one that's dealing with too many things at once.

You can have brief case conferences, which are an opportunity to pull multiple people together to address one need even, one or two needs even. And did I answer that then, that was who should be involved, and the scope. Correct?

STEVE LUCKABAUGH: Yep. Do we have any other-- anybody else who'd like to chime in here? Not seeing any hands. Should we go to the next one?

JEAN-MARIE ALVES-BRADFORD: Yes, sounds good. So has anyone on the phone figured out a way to overcome any of those particular obstacles that they've said oh, you know what. When we first started doing case conferences, we found this was a challenge for us. But then what we started doing was X, and that helped us to resolve that. Has anyone found that they've encountered difficulties, which they themselves were able to resolve. That would be great to share with the group for some of those people who have been having case conferences and if they've had any challenges which they themselves have been able to resolve.

STEVE LUCKABAUGH: This is question number two. If anyone has any thoughts here please raise your hand. Not seeing any hands.

JEAN-MARIE ALVES-BRADFORD: I do have some common problems which have arisen before. So we will get to that. So we can skip it. And I'll go over to-- we can skip to the next slide. And I'll see if we have one more question. And then I'll share some of the challenges that have arisen at our site and other sites and that people have found solutions for.

But before we get to that, would anybody like to share what has made using case conferences easier for them? Because for the people on the phone, many people found it either moderately helpful or very helpful. So can you share what has made that either moderately helpful for you using case conferences or very helpful for you? Because there's a significant group of people on the phone who haven't used it yet.

STEVE LUCKABAUGH: There's our third question here. You have any thoughts? Not seeing any hands.

JEAN-MARIE ALVES-BRADFORD: Well, if people are not willing to share, we can go to the next slide. And I can go over some of the challenges that do arise when leading case conferences, and some of the solutions that you can use to prevent those challenges from arising. Or when they arise, you can use them.

One of the things is that time demand, it becomes-- I've mentioned before-- people, multi-disciplinary, people have lots of clients, lots of things to address, and lots of things to do. And it's hard to schedule a time that everyone can make it. And then you want to be thoughtful of the time of the actual length of the conference.

So people may be reluctant to schedule a conference and just say, let's just communicate over email. But the reason that the chief conference is so helpful is because it allows everybody to participate at one time. And if you're doing it with a face-to-face, or even just a phone at least, everybody is resolving the issue in real time. And it becomes less personal than the email or having to communicate or share the email with multiple agencies.

So in terms of addressing time demand, you want to think about the frequency of the case conference. It may be that you are doing them too frequent. And you also want to consider the time of the case conference, the duration. So it may be also that they're too long. So you may, then, if you're having that, may consider having a time that is less frequent or that is a shorter duration so that people will not feel like it's onerous to come together for a case conference.

And again multi-disciplinary, it may be the case where multiple team members are in the same agency. And so then it becomes a little bit easier. But some of the challenges arise when people are in different geographic locations or different local agencies. So then it becomes having a set conference, where everybody's going to meet together in person at a time can be difficult. So I've mentioned, we talked about consider a phone or a teleconference. And there's more and more opportunities, I think, for that in a variety of ways with the technology that's become easier to do currently.

Another challenge that often arises are disagreements and a lack of resolution of the agreement, that the case conference is not able, within the time frame, to resolve those disagreements. So you want to clarify the plan before leaving. It helps to have the organizer, who may help to figure out the decisions that need to be made. Or if there's a decision maker, that person may be able to play that role.

And then you also-- this is where we talked about the priority help. You want to prioritize the needs so that you're addressing the top needs for this client at this time. And then you may also want to think about separate conferences to work out additional problems. So if you can agree on one thing at this meeting, then you'll schedule a subsequent one to address the next challenge or disagreement, or conflict between agencies or disciplines.

And then another challenge that arises, often, is poor follow up. And so it's important for, and the onus is on the organizer, to make sure that you come together or that people are making sure that at the end of that plan that was agreed upon at the end of the case conference is really happening. So you just want to make sure that someone-- and that should be the role of the organizer-- is going to make sure that whatever the time frame was, at the end of that frame, that you're going over and making sure that those things happen for the client.

And another challenge is cancellations. Again, we are busy people. We have our agencies. We have lots of clients. We have lots of needs, lots of things that need to get done. And so people may not, at the last minute, be able to make it. And if that happens and to enough parties, it may not be helpful to have the case conference if several of the key people cannot come.

And so in that case, it's important to identify substitutes or alternates that can represent the agency or party at the case conference, and so that if you see that that's happening, that you say OK, at this day and time, we're going to have a case conference for Mr. X. And we want these five agencies to come together to resolve these issues. And if each of those people can designate someone in their agency that can attend in their stead so that we can figure out a way to resolve this problem for our clients, that would be a helpful solution to avoid the frequent cancellations or no shows.

And then one or two shouldn't mean that you-- one or two parties who can't come doesn't mean that you have to cancel the case conference. You can just provide the minutes and say, this is what was discussed. And our follow up will be at this time in two months, in a month, in six months, and these are the things that should happen.

I just wanted to show everybody some of the resources that are available on the website. For the Department of Health in New York State, the website that has several form that can be used or that can be adapted for your own agencies for intake and assessment, screening questions to determine levels of case need and services, case management need and services.

And then there are forms there about service plan, comprehensive assessment and reassessment. And there's the case conference form second from the bottom that we talked about before And that was shown on the previous slide, and also case closure for him as well. So feel free to take a look at this website and these forms. And again, this is the Department of Health New York State website. The link is in the previous slide. So the variety of forms that are available, that can be very helpful as part of a case management assessment and case conferencing.

And then in general, more resources about care models and care coordination, which are available for the Agency for Healthcare Research and Quality. And so then you can take a look at that, which is that handbook, which talks more about care models and care coordination, which should be very helpful for, again, patients with complex needs, with multiple multi-disciplinary needs.

And last there's additional training which is available. And if you're interested, please contact Columbia University HIV Behavioral Health Training, Whitney Erby. And There is her contact. Thank you very much for joining this webinar.

STEVE LUCKABAUGH: We have some time here for questions. If you have any questions, please type them into the questions pane. I'm not seeing anything. Any final thoughts before we wrap it up here?

JEAN-MARIE ALVES-BRADFORD: So I just want to say thank you so much for having me. And I really do feel that case conferencing is extremely helpful for patients with complex needs and where multiple systems are involved. And there had been a lot of evidence where it's shown that has been helpful to improve outcomes for our patients.

So I really hope that you do, for those who aren't using it, you begin to use it. And I hope that it was helpful for people who are using it to learn some of the best practices, which will help to use it to make it as helpful as possible for your patients and clients.

STEVE LUCKABAUGH: OK thank you for participating in today's webinar. Take care everybody. And we'll see you next time.

JEAN-MARIE ALVES-BRADFORD: Thank you.