
MODELS FOR PRACTICE

FOCUS AREA: ACCESS TO LONG-TERM CARE SERVICES

Program Name: Community Based Case Management Program

Location: Hendersonville, North Carolina

Problem Addressed: Access to Long-Term Care and
Rehabilitation Services

Healthy People 2010 Objective: 1

Web Address: www.pardeehospital.org

SNAPSHOT

To address the range of health and human service needs of an increasing aged and chronically ill population, Margaret R. Pardee Memorial Hospital developed the Community Based Case Management Program (CBCM). The program, fully implemented in 1997, addresses the medical, behavioral, and social services needs of the county's high-risk frail and disabled adults over age 45 by linking individuals with community organizations and resources through its community-based case management program.

The program helps frail adults over age 45 remain independent, safe, and in their home and community for as long as possible by facilitating aging in place.

THE MODEL

Blueprint: The purpose of the case management program is to assist those individuals at high risk for repeated health care encounters to obtain community services at a lower level of care, averting the health crises and higher cost of care. The program helps frail adults over age 45 remain independent, safe, and in their home and community for as long as possible by facilitating aging in place. The program addresses the medical, psychosocial, pharmacological, functional, and spiritual problems of those over age 45 via an outpatient case management program under the auspice of the Margaret R. Pardee Hospital. Housed offsite in the home health building of the 222 bed hospital, the program provides a range of services to high-risk adults. The program's staff includes the program director (a licensed certified social worker) and three full-time registered nurses who serve as case managers with an average case load of between 30–35 individuals. The case managers coordinate services, follow client progress, and communicate with the physician(s), family, and other care providers to help promote and maintain clients' health.

While the focus of the program is on delivery of services in the client's home, services are also delivered at the physician's office and community agencies. These services include:

- medication management;
- cognitive activities of daily living (ADLs), instrumental ADLs, and nutritional screenings;

-
- coordination of services and resources;
 - assistance with completion of applications for various government programs (Medicaid, Social Security, disability);
 - accompaniment to patient's doctors' appointments;
 - emotional support; and
 - empowerment for greater client involvement in decisions related to access to and receipt of health services.

The case managers provide in-home visits to assess needs and coordinate services, provide ongoing contact with agencies and physicians, and share information (upon client consent) with referring agencies. To manage the data, the program initially utilized special software to share information across agencies; however, the software was unable to meet the program's needs and expectations and was abandoned in favor of continued use of phone and other communication avenues. Despite these drawbacks, technology is important to the program's success. Each case manager has a cell phone, pager, and laptop computer for use in entering clinical notes and patient information. The program has also purchased 10 telemonitoring units that can be used for rural clients. These units allow case managers to have contact with isolated clients between visits.

Making a Difference: Since the 1980s, the Margaret R. Pardee Memorial Hospital has had a significant focus on geriatric services. The hospital has in operation an adult day health program, long-term-care facility, geriatric assessment team, well-developed discharge planning program, and a number of clinical pathways focusing on diagnostic related groups prominent in the older adult. CBCM builds on these strengths and experiences as an example of the continued commitment to improving geriatric health. Today, 64 percent of those served by CBCM are seniors.

CBCM has been successful in meeting and exceeding program goals. Key to reaching program goals has been the development of an assessment instrument to identify those clients at high risk for institutionalization. The characteristics placing clients at risk for institutionalization include the inability to perform ADLs, lack of a primary care physician, lack of information referral and access, and nutritional and cognitive deterioration.

Program outcomes include reductions in emergency room (ER) visits and acute care hospital stays, improvement in nutritional assessments, lowered deterioration in cognitive and ADL scores, and positive feedback from physicians and referral sources. Over a two-year period, the program demonstrated a 43 percent reduction in ER visits for clients, a 44 percent reduction in hospital admissions, and a 39 percent reduction in acute days of stay. Over this same period, the hospital saved \$169,012 in cost of care by reducing acute care utilization. The advantage of this program compared to

An estimated 22.1 percent of the county's population is 65 and older.

Utilization patterns indicated elders were accessing health care in crisis situations.

other senior programs is its focus on following clients over the long term—until either the client is placed into a facility on a long-term basis, the client or family chooses to remove the client from care, or upon the client’s death. The program continues to grow and evolve, with many of the original members of the steering committee remaining active. Although the original grant funding ended in 1998, the board of directors recognized the program’s success and voted to continue the program with funding from the Margaret R. Pardee Memorial Hospital.

Beginnings: Henderson County is located in the western part of North Carolina. Surrounded by the Blue Ridge Mountains, the 375 square mile area is considered rural. The county population has grown at 3.7 percent since 2000, a trend attributable in part to an influx of retirees. An estimated 22.1 percent of the county’s population is 65 and older, a rate higher than the state and national growth rate for this age group (12.9 percent). The largest increases were seen in the 75–84 and 85 and over age groups. Between 1990 and 2000, these groups grew 47 percent and 60 percent, respectively, in Henderson County. This trend is expected to continue, with the segment of the population age 85 and over projected to increase 12 percent in the next few years.

Dr. Sandy Smith, RN and Senior Vice President of Operations, and other staff at Margaret R. Pardee Hospital studied the impact of elderly growth trends on utilization of hospital services. The management staff began collecting data in 1991 and found elders at heightened risk for repeat hospitalization as well as at increased risk for more frequent emergency room visits. These utilization patterns indicated elders were accessing health care in crisis situations, subsequently increasing costs to the patient, hospital, and the community. To address this growing challenge, the hospital, in collaboration with 13 health and human services agencies/organizations, developed a program that focused on medical and psycho/social concerns for high-risk individuals. The collaboration resulted in the development of a long-term case management program for chronically ill individuals.

Challenges and Solutions: The program has faced a number of challenges ranging from technical to financial. The initial software program developed for CBCM did not meet expectations due in part to technical problems in sharing information among agencies. Secondly, matching professional resources with the growing demand continues to be a challenge evidenced by the growing waiting list to receive services. Financial concerns remain a consideration as well. While the program was initially funded through a grant from the Duke Endowment Program and later from the Kate B. Reynolds Foundation, both grants have expired, and the program is solely financially supported by Pardee Hospital.

The CBCM program reaches the community through a variety of avenues including referrals from physicians, families, and agencies. The program has developed a brochure describing its services, is publicized through the hospital's marketing department and website, and utilizes more traditional marketing approaches such as newspapers. CBCM representatives also participate in community agency meetings and attend regional and state conferences and programs. In Spring 2004, the program was recognized by the Duke Endowment of the South Carolina Hospital Association as a Geriatric Best Practice.

PROGRAM CONTACT INFORMATION

E. Keith Ford, LCSW
Margaret R. Pardee Memorial Hospital
800 N. Justice Street
Hendersonville, NC 28791
Phone: (828) 696-1152
Fax: (828) 696-4657