

Title II Case Management Evaluation Report

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Title II Case Management Evaluation Report

Background

In Oregon, the Ryan White Care Act (RWCA) Title II service area consists of 20 case management sites located in 26 Oregon counties. The State HIV Care Services Program funds 41 case managers (an equivalent of 16 FTE) to deliver case management and other core services across the service area. According to the HIV case management data system, RW CAREWare 4.1, there were 801 clients enrolled in Title II case management services as of February 2006. HIV case loads ranged from 4 to 190, with an average of 50 clients per one full-time case manager.

The environment in which Oregon's Department of Human Services HIV Client Services provides case management to people living with HIV/AIDS (PLWH/A) is undergoing many changes. The HIV epidemic has evolved, with most clients needing services to manage a chronic disease, rather than acute emergencies followed by end-of-life care. The population of PLWH/A has also changed since the beginning of the epidemic. More and more clients present for services now with multiple social issues, such as poverty, alcohol and drug use, and mental illness, which complicate disease self-management and make access to and retention in medical care challenging.

PLWH/A living in the Title II service area that want access to any RWCA-funded services, including CareAssist (Oregon's AIDS Drug Assistance Program), are required to be in HIV case management. However, RWCA funding has been flat for many years and is likely to decrease in the future. Moreover, non-RWCA safety net systems, such as the Oregon Health Plan, are also strained, leading to a higher demand for RWCA funds.

Stable or increasing numbers of clients—many with multiple, complex issues—combined with stable or decreasing funding creates a challenging environment within which to deliver services. Given the changing environment, HIV Client Services asked Program Design and Evaluation Services (PDES) to evaluate the Title II HIV Case Management system from the perspective of clients and case managers. In 2005, a self-administered survey was mailed to all Title II clients via their case manager. In 2006, PDES conducted telephone interviews with Title II case managers. This report summarizes the findings of the two studies and should be considered along with other data sources, such as case

management service utilization data, in order to provide a holistic picture of the Title II case management system in Oregon.

Consumer Voices: Results from the Title II Case Management Client Satisfaction Survey

In October and November 2005, all PLWH/A receiving RWCA-funded case management services in the Title II service area received a short, self-administered, anonymous survey. Case managers in 20 RWCA service sites across 26 Oregon counties distributed the surveys to 614 clients by mail or in person. Each survey package included a \$2 bill as a thank you and a postage-paid envelope to return the survey to PDES staff.

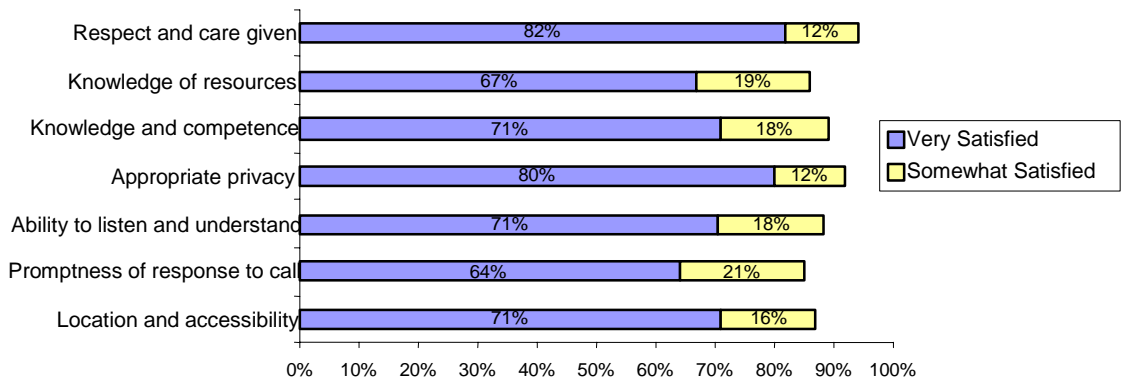
The primary purpose of the survey was to:

- describe clients' level of satisfaction with core features of case management services
- describe clients' perceptions of the effectiveness of case managers in helping with typical client needs (including dealing more effectively with problems, finding a doctor, applying for health insurance, and staying on HIV medications).
- determine whether there are systematic differences in how clients experience case management based on client characteristics like race, gender, or geographic location.

Results are based on 350 completed surveys, representing a 61% response rate after correcting for undeliverable surveys. The majority of respondents were White (81%), male (78%), and between the ages of 35 to 49 years (59%).

In general, clients reported a high level of satisfaction with case management services. Nearly 6 in 10 respondents (58%) described the quality of case management services as "excellent," while another 26% rated service quality as "good." Between 85% and 94% reported being "very" or "somewhat" satisfied with each of seven specific aspects of case management, including location and accessibility, promptness of service, empathy and listening skills, privacy, competence, knowledge of community resources, and respect (Figure 1).

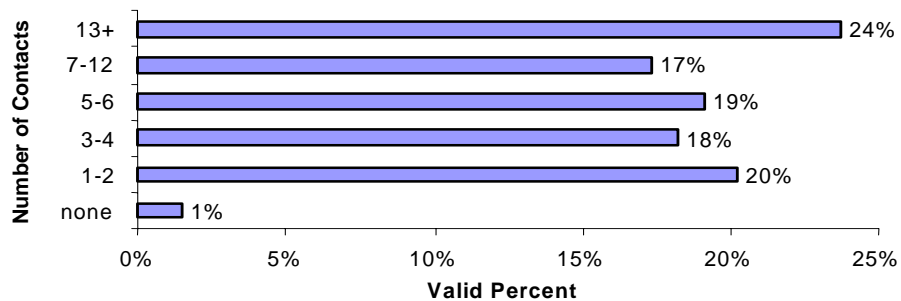
Figure 1. Satisfaction with Case Management: Percent Very or Somewhat Satisfied



Compared to 2004, a lower proportion of clients rated the overall quality of the case management system as good or excellent (84% in 2005 compared to 90% in 2004). There were no meaningful changes in satisfaction across the seven specific aspects of case management. The drop in clients' perception of overall quality may be the result of changes in the survey instrument or may reflect an actual decrease in client satisfaction.

Clients varied widely in the amount of time they spent with their case manager (Figure 2). One fifth of clients saw their case manager only once or twice in the past year, while about one fourth saw their case manager an average of more than once per month.

Figure 2. Number of Reported Contacts with Case Manager in Past 12 Months



Most clients (81%) felt they had just the right amount of contact with their case manager in the past year, while 18% wanted more contact than they received. Only 2% felt they had too many contacts with their case manager in the past year. No significant differences were observed by age, race, gender, or region.

According to HRSA, one of the primary goals of HIV case management is to help clients access and stay connected to high quality medical care. About half of survey respondents (48%) said they did not need help from their case manager in order to stay on HIV medicines, while one third did not need help applying for insurance (34%) or finding an HIV doctor (34%). Clients living with HIV for ten years or longer and those who had been connected with case management services for five years or more were less likely to report needing help with these essential services. Most respondents who did need help (between 58%-73%) said their case manager helped a great deal in these three areas.

Responses to open-ended questions echoed a high level of satisfaction. About half of respondents did not volunteer an opinion. Those who did were very positive overall about services and their case managers, repeatedly indicating how thankful they were for the services they received. Client-identified themes for improvement included the need for increased funding, both for specific services and for the HIV service system overall, and improved access to and quality of existing case management services—specifically, increased contact with the case manager, improved follow up by the case manager, and/or more home visits.

Subgroup differences in satisfaction occurred consistently for three characteristics: number of contacts with case manager, whether the client felt the amount of time spent was adequate, and geographic region. Specifically, clients reporting 7 or more contacts with their case manager were consistently more satisfied with case management services than those with fewer contacts, and those who felt they had “too few” contacts with their case manager during the past year were consistently less satisfied than those who felt they had “just the right amount” of contact. Notably, fewer than half (48%) of clients who felt they had “too few” contacts with their case manager rated the overall quality of case management as “excellent” or “good” compared to nearly all (93%) of those who felt they had “just the right amount” of contact.

In addition, clients living in geographic regions characterized by low population density, greater distances between services, and fewer dedicated HIV/AIDS service providers were less satisfied with case management services than were clients living in more densely populated areas. For example, the vast majority of clients living in Central Oregon (91%) and the I-5 Corridor (87%) rated the overall quality of case management services as excellent or good, compared to only 69% of Coastal clients and 64% of clients from the Columbia/Eastern region ($p=.002$). Clients from the Coast or Columbia/Eastern Oregon also reported lower levels of satisfaction on five of seven items related to

specific areas of case management: location, promptness, listening, knowledge of available resources, and respect. Generally, satisfaction across these five items was about 12 percentage points lower for Coastal clients and about 25 percentage points lower for Columbia/Eastern clients, as compared to Central and I-5 Corridor clients. However, clients from all regions reported high levels of satisfaction with their case managers' level of professional knowledge and the extent to which services are provided with privacy.

A full report, detailing the methodology and findings from the 2005 Title II HIV Case Management Client Satisfaction survey, is available at <http://www.egov.oregon.gov/DHS/ph/hst/index.shtml>.

Case Manager Voices: Results from the 2006 Case Manager Interviews

A second component of the Ryan White Title II case management evaluation solicited feedback from the Title II case managers. PDES interviewed 34 of the 41 Title II case managers (83%) using an interview guide that included 12 open-ended questions about the HIV case management system. One case manager was too new to provide feedback on the system, so data from 33 case managers were analyzed. The remaining 33 case managers represented a wide range of experience, ranging from 2 months to 20 years in the field. At least one representative from each Title II county providing case management services was interviewed, meaning all 20 case management sites participated in the study. The interviews explored the case managers' perspectives on Title II case management. The following topics were included:

- strengths and challenges of the system
- level of support received and whether it was adequate
- impact of system changes on case managers and their work with clients
- how case management affects the lives of the clients
- client needs that cannot be addressed by case management
- clients for whom the case management system does not work

The interviews were transcribed and the data were analyzed and coded into themes. Themes are described as major if more than half of the respondents mentioned the theme and minor if more than five respondents, but fewer than half, mentioned it.

Strengths of the Ryan White Case Management System

"[Case management] keeps them healthy, at home, out of the hospital and out of the emergency room."

Two major themes emerged when case managers were asked about the strengths of the Title II case management program. The first theme related to the services the program provides. Several categories fell within this theme. Some case managers mentioned the variety of services to which clients can be "linked" or "referred." In fact, several case managers specifically talked about the comprehensive or holistic approach of the case management system. Others commented that the Ryan White program was unusual in that it has the resources to provide financial assistance or services to clients who otherwise would not have access to such services. A few others commented that the Ryan White case management program gave the clients someone to call who can help them "deal" with the system. Two case managers also felt that face-to-face contact between clients and case managers was a program strength.

The second major theme that emerged related to the support the State HIV Care Services Program provides to the case managers. According to some of the case managers that commented within this theme, the State is very good at communicating. Case managers felt their questions were answered in a timely manner and that State program staff truly listen to feedback from the case managers. Others commented that State program staff members are very well organized.

Finally, a minor theme related to the case management standards emerged. Several case managers commented on the benefits of having the standards, which, they felt, made the Ryan White case management program uniform across the state and consistent between counties.

Challenges of the Ryan White Case Management System

"...you are not dealing with just the HIV/AIDS" when you are case managing a client.

When case managers were asked about the most challenging aspects of HIV case management, the majority of case managers listed more than one challenge. Thus, several themes emerged. Most often mentioned was the complex population of clients within the case management system.

According to many case managers, some of the most difficult clients are those that have mental illness and/or active addictions. However, other

"You can put in hours and hours of work for a client, then they become non-compliant and it all goes down the drain."

case managers found those clients who are non-compliant, do not follow through on agreed upon tasks, or who feel they are entitled to services challenging, as well.

The next most often mentioned challenge was the lack of time to do the job well. Case managers who found this a challenge indicated they had enough time to either case manage clients or do the paperwork, but not both. Several case managers felt their many different obligations prevent them from having enough presence in their HIV case management job to be as accessible to clients as they felt clients deserved.

“The most challenging [thing] is getting enough hours, time to do it all. I just can’t say enough how much that affects everything in the program.”

Several case managers also mentioned the challenge of not being able to meet the needs of the client. According to the case managers, this results when the services the client needs are not available either because of a lack of community resources or a lack of funding from the State.

Paperwork was also mentioned as a challenge. Some case managers just referred to “the paperwork,” while others specifically stated they felt the required annual assessments were too cumbersome or should be streamlined.

A handful of minor themes emerged, as well. They included geography or distance necessary to travel to provide case management services, the number of systems case managers need to know and be able to navigate, and the psychological impact of providing case management, which contributes to burn out.

How Does Case Management Affect Clients?

An overwhelming theme emerged when case managers were asked how they felt case management affected the lives of their clients. All but one indicated it had a positive influence on their clients; only one case manager felt case management had “very little” impact on clients’ lives. Among respondents who felt case management had a positive impact, some differentiated the effects of case management between those clients who needed it and those clients who they felt did not need it. This discussion is limited to effects of case management among those clients who “need” it. Each respondent determined his or her own definition of “need.” Almost half of the respondents specifically stated they felt it was “positive”, “helpful” or “beneficial.”

“We are their case manager, their counselor, their peer. We run the gamut of everything.”

Two major themes emerged. The majority of case managers felt case management services helped clients because it provides a form of social support for the client. Case managers mentioned that case management was a human connection for clients—a connection that clients may not have otherwise. According to the respondents, a case manager is someone who will listen to the clients and really hear them. Within this theme, some of the case managers felt having that social support person gives clients hope.

Another major way case managers felt case management improves clients’ lives was by helping them access services. Some respondents indicated clients received better services because of case management, while others stated case management provided a connection to services. Several others mentioned it helped clients navigate a difficult system.

A few other minor themes emerged. Several case managers specifically stated that case management helped PLWH/A access medical care. Several others mentioned that it helped them become “independent” or “self-sufficient.”

There were many other specific ways in which respondents indicated case management improved their clients’ lives, including: case management stabilizes clients and maintains their health, educates them about prevention methods, provides a safe environment, improves medication adherence, empowers clients and reduces their stress.

Changes to Case Management System

Case managers were asked if there were any changes to the Ryan White case management system that affected their work with clients. Nine out of the 33 case managers felt they had not been doing case management long enough to comment. Four other case managers felt there were no changes that affected their work with clients. Three others stated they did not know of any changes.

The most common theme that arose among the remaining 17 respondents was that decreasing financial support was making it more difficult to case manage clients. For the most part, case managers felt that dwindling financial support was making it harder for case managers to help clients get the services they needed. In fact, a few case managers indicated some of their clients were at risk for falling out of care because of limited transportation funding. In addition, several other case managers felt

the financial situation was limiting the amount of time they could spend with their clients.

"I think the [acuity] tool has been used to take away time that is needed for case management."

Another common theme related to the acuity scale. Case managers who commented on the acuity scale felt it was problematic mostly because it was not realistic and did not reflect the true need of the client. Some case managers said that given the suggested schedule associated with the acuity scale, they did not provide care accordingly. In their opinion, the scale limited the amount of time with clients and set unrealistic expectations.

Clients' Needs Case Managers Not Able to Address

Case managers were asked if their clients had needs that they were not able to address. Three respondents indicated they had not been doing case management long enough or did not have enough contact with the clients to answer the question. Two other case managers responded "no" to the question. Of the remaining respondents, the majority named services, such as housing, transportation, dental care, utilities, social support or networking opportunities, food/nutrition, mental health treatment, and hospice. However, almost half of those who listed a service also mentioned that their clients' HIV needs are met or that most of the time they "figure something out."

Several case managers described a few types of clients who made it difficult to address their needs: clients who had active addictions, clients who made too much money to qualify for the services, or clients who "just need more than we can give them."

However, a handful of case managers mentioned that despite dwindling funding from the State, they were finding other resources to help. Either they or someone in their office sought grants to help meet their clients' needs.

Case Managers Receive Enough Support

Case managers were asked if they felt they received enough support to do their job well. Almost all of them indicated they did receive enough support from State program staff, but several commented that although the State did its best to support case managers, the program has limitations. For example, some case managers felt that the State provided emotional support but not necessarily the financial support the case

managers needed to do their job well. Others specified that they needed more time to do their work.

In addition to the support from the State, many case managers commented on the support they received locally from their employers or place of employment. Of those who commented, most said they did receive the support they needed, but a handful felt they did not. Those who felt they did not receive enough support from their local employer indicated they either had too little time to do their job well or had too many responsibilities, so they felt spread too thin. They recognized this as a consequence of limited resources.

“In some ways the support I seek, or that we need, is not at the discretion of those people [DHS and local agency].”

Clients for Whom Case Management Does Not Work

Case managers were asked if they had clients for whom the case management system did not work. Only one case manager felt case management worked for everybody. From the remainder of the responses, there emerged several types of clients for whom case management did not work. Three types were mentioned most frequently: clients active in their addictions, stable clients who were self-sufficient, and clients who were non-compliant. Two other types were mentioned, but not as often: clients who were financially stable, which meant their incomes were too high to qualify them for services, or clients who were in case management only because it was required to receive CAREAssist or OHOP services. In thinking about these types of clients, it should be noted that some case managers qualified their response by stating that it may not be that case management did not “work” for the client, but that it was “difficult” to case manage the client or that the client did not “need” it right now. As one case manager stated, “I don’t know if it’s that the case management system just doesn’t work for them or if they just don’t have the need right now.”

Conclusions

Overall, client satisfaction with Title II HIV case management services remains high, but decreased between 2004 and 2005. Some clients reported higher satisfaction than others. Clients reporting seven or more contacts per year with their case manager were consistently more satisfied with case management services than those with fewer contacts. Clients living in geographic regions characterized by low population density, greater distances between services and fewer dedicated HIV/AIDS service providers were less satisfied with case management services.

Case managers believe that case management is very important to clients who need it. Many case managers think case management helps clients stay healthy and connected to medical care. Most case managers indicated that the State HIV Care Service Program is very supportive to the case managers, yet the reality of decreased funding and increasing caseloads still makes it difficult to case manage clients. In addition, many case managers feel the acuity scale and the re-assessment paperwork need to be changed, in order for them to continue providing quality care within the current, low-resource environment.