Effective case conceptualization: Informing the care pathway and setting the foundation for successful utilization management review

We’ll begin shortly. Please copy the link found here: https://www.surveygizmo.com/s3/2421843/Case-Conceptualization-PRE-survey and also in the comments box to take a brief survey before we get started. Responses will not be linked to individuals, and are intended to help us continue to develop content that is useful to you.
Effective case conceptualization: Informing the care pathway and setting the foundation for successful utilization management review

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Managed Care Technical Assistance Center (MCTAC) Overview

What is MCTAC?
MCTAC is a training, consultation, and educational resource center that offers resources to all mental health and substance use disorder providers in New York State.

MCTAC’s Goal
Provide training and intensive support on quality improvement strategies including business, organizational and clinical practices, to achieve the overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.
Who is MCTAC?
MCTAC Partners

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Areas of research: mental health outcomes, dissemination of evidence-based practices
Introduction to this webinar series

› 6 topics covering effective clinical practices that improve outcomes for clients/consumers and set the stage for successful UM review

› 6 Applied Learning Discussions of case examples
  ▪ 3 OMH-specific
  ▪ 3 OASAS-specific

› Suggestions for some managed care company expectations

› Please complete the evaluations so we know how to improve this series in the future
Case Conceptualization: Learning objectives

- Understand the overview of the utilization management process
- Review the components of effective case conceptualization
- Describe how case conceptualization enhances client outcomes and integrates with utilization management requirements
- Identify resources for more information about utilization management and case conceptualization
- Take away concrete next steps
What is utilization management (UM)?

- Process by which an MCO decides whether specific health care services, or specific level of care are appropriate for coverage under an enrollee’s plan.
- Primary purpose of UM is to ensure that services are necessary, appropriate, and cost-effective.
- Maintain fidelity and integrity of service provisions while meeting UM standards and requirements.
- Required for reimbursement.
- Intended to be consistent with optimal care for clients/consumers.

For more information about UM, visit www.MCTAC.org and contact managed care companies serving your clients/consumers.
 UM terminology

Prior Authorization Request: For coverage of a new service, whether for a new authorization period or within an existing authorization period, made before such service is provided to the enrollee.
  - Outpatient mental health office and clinic services DO NOT require prior authorization

Concurrent Review Request: For continued, extended or additional authorized services beyond what is currently authorized by the Contractor within an existing authorization period.

Discharge Review: For inpatient, this review occurs prior to discharge to assure that plans are in place for a safe and supported re-entry into the community.

Retrospective Review: Takes place, on an individual or aggregate basis, after the service is provided.

Outlier Management: Examples of potential over or underutilization.

For more information, visit mctac.org:
UM for OMH programs: presentation slides
UM for OASAS programs: presentation slides
LOCADTR guidance
Sharing the initial case conceptualization with the MCOs

▸ Basic background information
  ▪ Demographics, diagnosis, etc.

▸ What are the clinical markers that dictate the necessary level of care?
  ▪ Outcome of psychiatric evaluation, psychosocial needs, response to previous treatment/lower levels of care, recovery goals
    ▪ Repeated hospitalizations/ER visits, difficulties/noncompliance with lower levels of care, difficulties with medication adherence, housing challenges, co-occurring disorders and/or substance use
  ▪ Proactive crisis plan including warm lines, natural supports, any ER-based care coordination
What are the clinical markers that dictate the necessary level of care?

- For PROS/ACT
  - Higher level of care
  - Why would this person be best served in this program? Could they be managed in an outpatient clinic setting? Is Health Home Care Management sufficient to meet their needs? What will be accomplished with this level of service?

- For substance use disorders
  - LOCADTR 3.0 for determination of level of care-admission and change in level of care

- Outlier management
  - A small proportion of clients/consumers may require services for extended periods of time to remain stable
Effective case conceptualization

“Case conceptualization is a process whereby therapist and client work collaboratively to first describe and then explain the issues a client presents …using…theory. Its primary function is to guide [treatment] in order to relieve client distress and build client resilience” (Kuyken, Padesky and Dudley, 2008)

Foundation of evidence-based care

1) Data collection efforts to generate hypotheses about causes, antecedents, maintaining and alleviating factors (The Five P’s; Macneil et al., 2012)

2) Collaborative synthesis of client’s history, experience, strengths, theory, research, and assessment to inform selection of interventions, treatment goals, and measurable outcomes
Functions of case conceptualization

- Synthesizes client experience, theory, and research
  - Focus on daily life functioning goals that are meaningful to the client/consumer
- Normalizes presenting issues and is validating
- Promotes client engagement
- Identifies client strengths and suggests ways to build client resilience
- Makes numerous, complex problems more manageable
- Guides the selection, focus, and sequence of interventions
  - Suggests the simplest and most cost-efficient interventions
- Anticipates and addresses problems
  - Helps understand when interventions aren’t working and suggest alternative routes for change
- Enables high quality supervision
- Fits within the state’s goals for improving care and reducing cost
  - QARR, HEDIS, state outcomes

Adapted from Kuyken, Padesky, & Dudley, 2008
The Five P’s of case conceptualization

» Presenting problems
» Predisposing factors
» Precipitating factors
» Perpetuating factors
» Protective/positive factors

Adapted from Macneil et al., 2012
The Five P’s: Presenting Problem(s)

› Identify the problems, including severity and associated challenges to daily life functioning (i.e., impairments)
  ▪ Risk assessment

› Collect information about factors that cause, maintain, exacerbate, or alleviate those problems
  ▪ Cultural identity, religious or spiritual resources and beliefs, cultural and societal norms, acculturation, gender-related factors

› Define the frequency, intensity, duration of presenting problems
  ▪ What is the impact on thoughts, mood/affect, behavior?

› Operationalize presenting problems in concrete, observable, measurable terms

Rating scales and standardized interviews can facilitate these conversations
  ▪ DSM 5 Cultural Formulation Interview
  ▪ CTAC Output to Outcomes: http://outcomes.ctacny.com/

Adapted from Macneil et al., 2012
The Five P’s: Predisposing Factors

- History of the problem(s)
  - Past treatments and interventions and their outcomes
  - Current methods of coping
    - Substance use, ER/hospitalizations, treatment dropout

- Biological/Genetic factors
  - Medical history: brain injury, birth difficulties, co-occurring physical health conditions, hospitalizations, current medications, general health
  - Family history of mental health difficulties
  - Intoxication, withdrawal symptoms

- Environmental factors
  - Socio-economic status, trauma, attachment history, financial/housing difficulties

- Psychological factors
  - Cognitive style, core beliefs, personality characteristics, coping strategies, values, beliefs, intelligence, self-efficacy, lack of insight

- Interpersonal factors
  - Family dynamics, peer relationships, romantic and sexual relationships, communication skills

MCOs want to know:
Why is this treatment necessary? What else has been tried and why wasn’t it sufficient?

Adapted from Macneil et al., 2012
The Five P’s: Precipitating Factors

- Contextual information
  - Where and when presenting problems occur
- Significant events that precede onset of a disorder or episode
  - Substance use
  - Symptoms of mental or physical health problems
  - Interpersonal, legal, occupational, physical, and/or financial stressors
- Events and situations immediately prior that influence presenting problems (antecedents)

Adapted from Macneil et al., 2012
The Five P’s: Perpetuating Factors

Factors which maintain current difficulties (consequences)

- Ongoing substance use
- Behavioral patterns
  - Examples: Avoidance in anxiety disorders, withdrawal in depressive disorders, stimulus control in substance use
- Biological patterns
  - Insomnia/hypersomnia, binging/restricting
- Cognitive patterns
  - Attentional biases, memory biases, hypervigilance
- Interpersonal stressors
  - Marital conflict, parenting stress

Adapted from Macneil et al., 2012
The Five P’s: Protective/Positive Factors

▷ Strengths or supports which mitigate the impact of the presenting problems
  ▪ Social supports, skills, interests, personality characteristics

▷ Focus on recovery and wellness
  ▪ Identify resources and natural supports (webinar 1.12.16)
  ▪ Build on effective coping strategies

MCOs want to know:
How does this treatment fit into the “bigger picture” of client recovery and other services received?

Adapted from Macneil et al., 2012
Putting it all together

- **Diagnosis**
  - Required, but also helps identify appropriate assessment and treatment strategies

- **Generate hypotheses**
  - Operationalized, measureable, testable
  - Theory-guided targets for treatment goals

- **Ensure mutual understanding of conceptualization with the patient/consumer (webinar 1/5/16)**
  - Solicit feedback about accuracy
  - Collaboratively prioritize presenting problems

- **Develop treatment plan (webinar 11/10/15)**
  - Which evidence-based practices are indicated for this presenting problem?
  - Identify opportunities for initial successes building from strengths
  - Plan discharge criteria

**MCOs want to know:**
What will you be looking for to know when a goal is achieved? How will you know a goal has been accomplished?
Documentation is critical (webinar 12/8/15)

➢ If it isn’t documented, it didn’t happen
➢ No standard format at this time
   ▪ Assessment, treatment plan, evidence of need
     ▪ InterRAI, LOCADTR, CANS-NY
➢ Tips for clear documentation
   ▪ Engage client in selecting recovery goals and how and when to conduct ongoing monitoring to track progress
   ▪ Consistent data elements across sessions, time, individuals, programs, clinics
   ▪ Use discrete, continuous data where possible – limit free text or “other”
   ▪ Operationally define: fly on the wall/audit mentality
   ▪ Documenting progress vs. pre/post
➢ Documentation needs to be shared
   ▪ With client, with MCO, among supervisors, other members of the care team
   ▪ Value-based care
Concrete strategies increase reliability and validity of case conceptualization
  ▪ Concept mapping
  ▪ Chalkboard Case Conceptualization (Ellis et al., 2013)
Conceptualization should evolve as information is gathered
Make use of existing data
  ▪ Previous assessments
  ▪ Work with the Care Manager
  ▪ PSYCKES, LGUs, others
Data feedback loops should be used to track whether adjustments to treatment plan need to be made
Sharing the initial case conceptualization with the MCOs

› Be prepared
  ▪ Clinician is ideally making the call
  ▪ Have all information available, prepare ahead of time, engage in discussion of the case

› Identify others involved
  ▪ Primary care doctor? Health Home? Care Manager?

› Person-centered, individualized care
  ▪ What won’t work
    ▪ “We typically ask for 6 months for this diagnosis”
    ▪ Same clinical note for 10 patients or for one patient over 10 sessions
Before you go

› Please take a few minutes to complete the follow up survey. Located here: [https://www.surveygizmo.com/s3/2421986/Case-Conceptualization-POST-survey](https://www.surveygizmo.com/s3/2421986/Case-Conceptualization-POST-survey) and also in the comments section to the right

› Your feedback is very important to us!
In summary

› Healthcare reform is here to stay
› Utilization Management requirements fit well within the framework of high quality care
› Effective case conceptualization does require more upfront work, especially if it is a new skill. However, in the long run, a quality conceptualization enhances engagement, facilitates effective treatment, improves client outcomes and satisfaction, and may reduce cost of care and length of stay

Before you go, please take a minute to complete the survey (link located in the comments section to the right)
Next Steps

› Identify a UM liaison within your organization

› The UM liaison should review provider manuals created by MCOs to familiarize himself/herself with terminologies and expectations and disseminate this information within the organization

› If you supervise, consider incorporating concept mapping to facilitate greater integration of ideas

› Attend next webinars covering additional related content
  ▪ Up next week: Treatment Planning and Outcomes

› Seek consultation and support for enhancing health information technology capacity that streamlines the documentation process

Before you go, please take a minute to complete the survey (link located in the comments section to the right)


Questions?

› Please email any questions, comments, or suggestions to mctac.info@nyu.edu with the subject line “Case conceptualization webinar”

› Questions from this webinar and next week’s will be answered at the Applied Learning Discussion on November 17th

Before you go, please take a minute to complete the survey (link located in the comments section to the right)