

## Medical Case Management (Including Treatment Adherence)

### Service Definition

Medical case management (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management including face-to face, phone contact, and any other forms of communication (From 2011 San Jose, California TGA – Definitions for Eligible Services, *Ryan White HIV/AIDS Treatment Extension Act of 2009*, Page 3).

**Goals:** The Standards of Care serve as guides to gauge the quality of HIV services in Santa Clara County.

#### **Purpose of Services:**

The purpose of **Medical Case Management** is to provide for timely, coordinated access to medically appropriate levels of health care and support services, and continuity of care, through on-going assessment of client needs, information/referral, advocacy, and education. In the process, programs must facilitate each client's progress toward self-sufficiency.

**Treatment Adherence Services** specifically support the client's ability to maintain long-term adherence to multi-drug regimens and the challenges they create for Persons Living with HIV/AIDS. Poor adherence to regimens may result in virus breakthrough and emergence of drug-resistant strains. Minor breaks in aggressive therapy regimens may result in rapid viral replication.

**Goals and Objectives / Key Activities of Medical Case Management:**

- To assist clients with disease management thus stabilizing their health, improving their quality of life, and avoiding costly institutional care.
- To promote the understanding by the client, client's representative, family, and others involved in the client's care, of HIV Disease and/or AIDS and the use of health promotion practices.
- To coordinate the efficient use of community resources in a cost-effective, high quality manner.
- To establish and maintain linkages with community agencies and institutions; and to foster continuity of services throughout the continuum of care.
- To prevent or decrease the transmission of HIV through education and harm reduction techniques.
- To assist clients in moving toward empowerment, self-determination, and self-sufficiency.
- To transition to more appropriate programs and services as a client's medical and/or psychosocial status improves, freeing valuable resources for people who are most in need.
- Provide HIV prevention, health education, harm reduction, treatment adherence, and supportive counseling, problem resolution, advocacy, and information/referrals
- Identify and follow up on instances of abuse, neglect, and exploitation that bring harm or create the potential for harm to or by clients.
- Monitor services the client is receiving.

**Goals and Objectives / Key Activities of Treatment Adherence Services:**

- Fully educate and alert patient to prescribed medications.
- Develop individual Treatment Adherence plan to meet the lifestyle and unique needs of each patient.
- Work with the Nurse and/or Psychosocial Case Manager(s) to develop a plan for patient follow-up.
- Coordinate with the multi disciplinary treatment team when indicated for those patients requiring more extensive support systems.
- Coordinate with primary physician regarding medication interactions, complications, drug reaction, and general issues impacting patient regarding patient compliance and/or adherence.
- Encourage the use of the client's formal and/or informal support systems, including Peer Advocates.
- One-on-one, face-to-face, and/or telephone conference calls with patient related to Treatment Adherence and treatment plan.
- Maintain updated information in the agency's client record related to prescribed medication, changes in prescriptions, patient reports related to Treatment Adherence and/or compliance, and treatment plan updates.

- Coordinate with nutritionist when indicated to ensure nutrition consistent with medication regimen.

**Medical Case Management and Treatment Adherence  
Counselor providers are expected to comply with the Universal  
Standards of Care, as well as these additional standards:**

**1.0 Standard of Care: Licensure or Assurance**

<b>Standard</b>	<b>Measure/Documentation</b>
A. Medical Case Management: Licensure requirements for Medical Case Managers shall follow the State Office of AIDS guidelines, which require licensure by the State of California and two years experience, with at least one year in community services. A Bachelor of Science Degree and/or a Masters in Public Health are desirable but not mandatory.	A. Copy of license or other documentation in personnel file.

<p>C. Treatment Adherence Services: Licensure will include a Licensed Registered Nurse, Physician, or Pharmacist from an approved accredited medical school, including current registration with the California State Board. Further, under this service category, each case manager must prove extensive and specific professional experience providing medication education and compliance, including patient assessment and treatment planning. In special cases, persons who are not licensed, but have appropriate experience and training, may be utilized in the delivery of this service with close supervision of licensed professionals responsible for the care.</p>	<p>C. Copy of license or other documentation in personnel file</p>
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**2.0 Standard of Care: Knowledge, Skill, and Experience**

- No additional standards

**3.0 Standard of Care: Client Rights, Responsibilities, Confidentiality**

- No additional standards

**4.0 Standard of Care: Access to Services**

- No additional standards

**5.0 Care and Treatment**

- No additional standards

**6.0 Outreach and Provider Continuity**

- No additional standards

**7.0 Continuous Quality Improvement**

- No additional standards

**8.0 Standard of Care: Staff Training**

- No additional standards

**References and Published Guidelines:**

1. For a comprehensive overview of references, guidelines and resources please see the official WEB site for Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov>
2. **Ryan White Title I Standards of Care for Medical Case Management Services.** Approved by the Santa Clara County HIV Health Services Planning Council February 10, 2009.
3. **California State Office of AIDS (OA)** a division within California Department of Public Health, Center for Infectious Diseases, last modified August 29, 2012
4. **San Jose, CA TGA** – Definitions of **Medical Case Management** for Eligible Services *Ryan White HIV/AIDS Treatment Extension Act of 2009*, July 1, 2011, Page 3.