Practitioner Registration and Caseload Management

Multi-County Enterprise EHR
Session 5
Attend our EHR Sessions

01 EHR Workgroup Orientation
   May 19, 2021 12:00 PM - Zoom Link Here

02 Pre-Admission Activities: Client
   Contact/Screening/Referral
   May 26, 2021 12:00 PM - Zoom Link Here

03 Assessments and other
   Measures/Questionnaires
   Jun 2, 2021 12:00 PM - Zoom Link Here

04 Authorization Processes: Prior,
   Concurrent and Retrospective
   Jun 9, 2021 12:00 PM - Zoom Link Here

05 Caseload Management
   Jun 16, 2021 12:00 PM - Zoom Link Here

06 Consent Management
   Jun 23, 2021 12:00 PM - Zoom Link Here

07 Progress Notes
   Jun 30, 2021 12:00 PM - Zoom Link Here
Phase 1: Evaluation
- Evaluate Analogous JPAs
- Confirmation of Interest by County BHOs
- Outline of Requirements to be Addressed via EHR

Phase 2: RFP Creation
- Formalize Commitment w County Partners
- Define Scenario-Based CA Requirements
- Release RFP

Phase 3: Vendor Selection
- Vendor Response Evaluations
- Coordinate Vendor Demonstrations
- Vendor Selection and Contracting

Phase 4: Implementation
- Project Management
- Subject Matter Expertise
- Application/Technical Configuration

Phase 5: On-Going Support
- Centralized Application Administration
- Shared Technical Resources
- Standardized Training and End-User Support
CalMHSA’s EHR Project – Timeline

- **RFP Creation**: 5/19 – 8/31
- **Vendor Selection**: 9/1 – 12/31
- **Solution Development**: 1/1 – 6/30
- **Wave 1 Implementation**: 7/1 – 3/31

- **June 16, 2021**
  - We are Here

- **July 1, 2021**
  - CMS Patient Access API
  - CMS Provider Directory API

- **January 1, 2022**
  - CalAIM Documentation
  - 1115 and 1915(b) Waiver Renewals

- **July 1, 2022**
  - CalAIM Payment Reform

- **December 15, 2021**
  - ONC Info Blocking Testing Plans

- **January 1, 2022**
  - CMS Payer-to-Payer

- **December 31, 2022**
  - FHIR HL7 and other Cures Updates Due

- **November 15, 2022**
  - CalAIM Payment Reform

- **July 1, 2022**
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  - FHIR HL7 and other Cures Updates Due
Four Core Project Aims:

Enterprise Health Record

• Dynamic - Role Based User Interface
  • Rational Data Collection/One Time Right Place

• Data – Optimal Accessibility
  • Consistent "Joins" Between Tables
  • Data Meta-Tagging

• Developed for Complex CA Needs Beyond Medi-Cal

• Designed for - Interoperability
Caseload Management – What we know

- Core business function – All businesses allocate work
- EHR’s do not support caseload functions seamlessly
- Caseload is related to client privacy issue
- Workgroup Assignments – Building the client treatment team
- Referral process and caseload are related
Caseload Management – Supporting Practitioner Data
Caseload Management: Proposed Functionality

• Practitioner Registration
  • Critical practitioner data – Support reporting requirements like NACT

• Organizational Hierarchy built into Enterprise EHR
  • Aids in reporting and overall staff management
  • Ability to provide organization productivity data

• Caseload Assignment
  • Simplified process (forms) connecting the client to their treatment team.

• Caseload Management ties into referral process
  • Referrals land first in organizations then are assigned to individuals
  • Incoming referrals allocated by management to clinical staff. (work queues)
Caseload Management: Practitioner Registration

- Practitioner Registration
  - Taxonomy - Start date/End Date for historical view
  - NPI
  - Licensure / certifications – Start date /End date for historical view
  - Languages
  - Age groups of treatment (Psychologist / Psychiatrist)
  - Specialties List – LGBT / Vets / Seniors / At Risk Youth
    - Others?
  - Contract begin and end date
  - Contractor?
Caseload Management: Organizational Hierarchy

• Positions define the organizations “Jobs”
• The Hierarchy defines where each position reports within the organization
• Each position has a start date and end date to track historical organization structure
Caseload Management: Organizational Hierarchy

- Staff members do specific jobs within the organization
- Staff members also have start and end dates to reflect their history within the organization
- Some positions may be vacant. 1 FTE is available but has not been filled yet
### Caseload Management: Sample Report Output

#### Clients Served and Productivity Data

**July 1 to Sep 30**

<table>
<thead>
<tr>
<th></th>
<th>Caseload</th>
<th>Unique Clients Served</th>
<th>Avg Daily Clients</th>
<th>Svc Value</th>
<th>Pct Productive</th>
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<tbody>
<tr>
<td>Dir BH</td>
<td>5296</td>
<td>3196</td>
<td></td>
<td>$2,891,213</td>
<td>65%</td>
</tr>
<tr>
<td>Mgr Region 1</td>
<td>528</td>
<td>378</td>
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<td>$612,991</td>
<td>61%</td>
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<tr>
<td>Supervisor 1</td>
<td>124</td>
<td>85</td>
<td></td>
<td>$128,695</td>
<td>58%</td>
</tr>
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<td>Practitioner 1</td>
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<td>25</td>
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<td>$33,894</td>
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<tr>
<td>Practitioner 2</td>
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<td>22</td>
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<tr>
<td>Practitioner 3</td>
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<td>$65,012</td>
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<tr>
<td>Supervisor 2</td>
<td>125</td>
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<td>$185,076</td>
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<tr>
<td>Practitioner 4</td>
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<tr>
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<td>41</td>
<td>5.3</td>
<td>$74,921</td>
<td>81%</td>
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<tr>
<td>...</td>
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<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

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Caseload Management: Defining the Treatment Team

• Proposed Solution
  • Fundamental to the Requirements
    • The ability to define "Roles" for staff when they are assigned to a client's caseload
    • Possible additional requirement/request will be logic to cross reference caseload "Role" assignments against the credentialing of the selected Practitioner
  • Two Forms/Screens to Define Caseload Management / Treatment Team
    • First Form/Screen - Client-Centric Assignment
      • With Client as basis for form, users will be able to assign Practitioners to Client's "Treatment Team"
      • When Practitioners are assigned
        • Their assignment will be have Start / End Dates (Assignments records will be Historical)
        • Practitioner will be assigned a "Role" to indicate their participation in this client's Treatment Team
    • Second Form/Screen - Practitioner-Centric Re-Assignment
      • With Practitioner as basis for form, users will select a Practitioner. System will show list of all client caseloads to whom Practitioner is actively assigned
      • Users will be able to iterate through each record, or select multiple records, and define:
        • End Date for Selected Practitioner
        • New Practitioner to be Assigned
        • Start Date for Newly Assigned Practitioner
        • "Role" of New Practitioner
Caseload Management: Referrals and Caseload

- Referral goes to a provider/program not to a clinician
- Becomes a caseload assignment
Caseload Management: What are we missing?

Share your thoughts regarding caseload management or other concepts from this session.

Caseload vs workload – how to manage this?
Thank You!

• All materials posted to our website
• Feel free to reach out, share ideas:
  • info@calmhsa.org
  • Next session (6/23) is on Consent Management