Care Management for High Risk Pregnancies: Supervisory Expectations

Care Management for High Risk Pregnancies requires careful supervisory attention. It is vital that the Care Management for High Risk Pregnancies program have consistent supervisory oversight to ensure that high-risk patients receive the best possible care. To ensure quality services are consistently delivered to the target population, supervisors of the program must adhere to the expectations described below. It is the responsibility of the program supervisor to ensure that care managers have all the tools they need to do their job successfully. Please see individual reports documents for detailed information on each report such as description, location, purpose and guidance on use of each report.

1. **Local Program Monitoring** - Internal monthly performance monitoring of services is expected utilizing quality improvement tools and data reports available via VirtualHealth and CareImpact.

   a. **The OB Queue, the OB ADT Patient List and the Current Pregnancies Patient List must be reviewed daily:**

      a. **OB Queue** - The OB Department’s task list (queue) can be found in the VirtualHealth Care Manager portal:
         
         *Admin > Management > Tasks*

      b. **OB ADT Patient List** can be found using the following path:
         
         *OneLogin > CareImpact > CareImpact for OBCM and CC4C > Current Pregnancies Patient List for OBCM > OB ADT*

      c. **Current Pregnancies Patient List** can be found using the following path:
         
         *OneLogin > CareImpact > CareImpact for OBCM and CC4C > Current Pregnancies Patient List > Current Pregnancies List*

   b. **The following CareImpact Reports must be reviewed weekly:**

      a. **Maternal-Infant Impactability Score** (MIIS) - Current Opportunities is found underneath the Patient Engagement Dashboard using the following path:
         
         *OneLogin > CareImpact > CareImpact for OBCM and CC4C > Patient Engagement Dashboard > MIIS Priority/scroll down*

      b. **Patient Engagement-MIIS Priority** using the following path:
         
         *OneLogin > CareImpact > CareImpact for OBCM and CC4C > Patient Engagement Dashboard > MIIS Priority*
c. The following CareImpact Reports must be reviewed monthly:

i. Current Caseload Patient List within the Current Caseload Dashboard can be found using the following path:
   *OneLogin>CareImpact>CareImpact for OBCM and CC4C>Current Caseload Dashboard-OB>Current Caseload Patient List*

ii. Patient Engagement Dashboard can be found using the following path:
   *OneLogin>CareImpact>CareImpact for OBCM and CC4C>Patient Engagement Dashboard>MIIS Priority*

iii. Current Caseload Dashboard-OB can be found using the following path:
   *OneLogin>CareImpact>CareImpact for OBCM and CC4C>Current Caseload Dashboard-OB*

d. The following reports with instructions can be utilized to estimate the number of members served by county:

i. OB/Assessment and Planning can be found using the following path:
   *OneLogin>CareImpact>CareImpact for OBCM and CC4C>Current CaseloadDashboard-OB/Assessment and Planning*
   - Click on the graph in the “Member Signed Care Plan (CP)
   - Click Download, select “Crosstab” and then click “download”
   - Click on the downloaded document
   - Review information

ii. Patient Engagement Dashboard-MIIS Priority is found using the following path:
   *OneLogin>CareImpact>CareImpact for OBCM and CC4C>Patient Engagement Dashboard>MIIS Priority*
   - Select your county
   - Select the month from the “MIIS priority month” dropdown; below example is January 2020
   - Note in an excel spreadsheet (which you create) the month, total referred, total attempted, total reached and total engaged.
   - You can then compile the data for the time period requested (use separate tabs for each year in the excel document)
The above instructions can be utilized to keep a record of members ongoing monthly. This report’s data is reflective of only the priority MIIS patients, not the entire caseload. Please allow for the 30-day runout before you pull the data for each month. Example: pull data from month of January on March 1, data from February on April 1, from March on May 1, etc. Please review the entire report details document and reference the following excerpt regarding 30-day runout:

*This option must be completed on a monthly basis and kept in an ongoing excel document because the data falls off the report.*

Other Notes:
- This measure is based on fixed first priority dates. Priority dates occurring before the current report month will still get 30 days of runout and count in the previous month’s rate. For example, if a first priority date occurred on July 31st, this patient can still affect the July rate up to August 30th (30 days after July 31st).

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- Supervisors are expected to complete documentation reviews according to instructions outlined on the documentation review tool (See program manual for documentation review tool).

- Following the review of CareImpact reports and/or completion of documentation reviews, implement any needed activities to follow-up on identified program improvements or personnel training.

2. **Program Oversight** - Supervisors must assure adherence to the following contract expectations:

- Communicate with DPH as soon as possible and no later than 7 business days regarding all matters that may affect the program including personnel changes, extended leaves of absence among staff supported by Care Management for High Risk Pregnancies funds or any barriers affecting the ability to meet performance expectations.

- Staff changes/vacancies must be reported to DPH within 14 days of staff change, vacancy, or change in FTE allocation. This should be done via the following link: http://childrenyouth.staffing.sgizmo.com/s3/

- Supervisors are responsible for ensuring that any Care Management for High Risk Pregnancies team with more than one care manager includes both social workers and registered nurses in order to best meet the needs of the target population.
3. **Care Manager Support** - Supervisors are expected to provide qualified supervision and support for care managers to ensure that all activities are designed to meet performance measures, with supervision to include:
   
   a. Provision of program updates to care managers.
   b. Daily availability for case consultation and caseload oversight.
   c. Monthly meetings with direct service care management staff to include case review, caseload management strategies, community resources, and collaboration with OB providers.
   d. Utilization of CareImpact reports to actively assess individual care manager performance (see Local Program Monitoring, above).

4. **Training** - Supervisors must meet the following training requirements:
   
   a. Attend continuing education sessions coordinated by the Division of Public Health and/or PHPs, including regional meetings, regional trainings, webinars and statewide conferences.
   b. Pursue ongoing continuing education opportunities to stay current in evidence-based care management of pregnant and postpartum women at risk for poor birth outcomes.
   c. Develop and utilize Motivational Interviewing techniques on an ongoing basis.
   d. Maintain knowledge of program requirements including Care Management for High Risk Pregnancies Standardized Plan, program pathways, and service deliverables.
   e. Attend new staff/supervisor orientation.
   f. Ensure new staff attend appropriate training such as new staff orientation.
   g. Supervisors who carry a caseload must also meet the Care Management for High Risk Pregnancies competencies and staffing qualifications.

5. **Population Identification**
   
   a. Supervisors are responsible for utilizing the OB ADT Patient List and the OB Queue in One Login or delegating a care manager the responsibilities to ensure patient identification. It is imperative that the supervisor or team lead review the OB Queue and OB ADT Patient List daily. Appropriate management of the OB ADT Patient List and the OB Queue ensures patients receive timely outreach and engagement. Reference the "OB Queue and OB ADT Patient List" document for additional information.