DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

7 Jun 2007

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Case Management Policy

Encl: (1) Case Management Case Identification Processes
(2) Business Rules for Documentation
(3) Business Rules for Reporting Case Management Workload
(4) Case Manager Training

This memorandum establishes case management policy and guidance for returning war wounded and other patients requiring these services. In an effort to provide consistency and reduce variation of support offered, this policy defines baseline requirements.

Each OEF/OIF casualty will be evaluated by a case manager to determine the need for case management services. The evaluation will be completed expeditiously and urgent needs will be facilitated immediately. The initial contact will be completed within 24 hours by a case manager or case manager's representative. The patient will receive a case manager's name and contact information. Within 3 working days the patient will be contacted again for a complete case management assessment. A case manager will be assigned if a requirement for medical case management is determined to exist per enclosure (1).

To ensure appropriate medical oversight, all OEF/OIF casualties will be assigned a Primary/Lead Provider who will serve as the medical point of contact. Multidisciplinary coordination meetings, including primary provider, case manager and service liaisons are required to provide comprehensive collaborative treatment and administrative support. Meetings will be held at least weekly for inpatients and every other week for outpatients.

Case management documentation is critically important to document care needs and progress. Currently we are using a combination of *Q Continuum*, AHLTA and/or a hard-copy paper record. It is required that documentation adheres to Case Management Society of America's (CMSA) standards and transfer documentation guidelines per enclosure (2). Documentation within AHLTA will be placed in clinical notes, not in the encounter note. We are working towards a tri-service solution using standardized AHLTA protocols. This guidance will be promulgated by TRICARE Management Activity.

To ensure optimal case management, Case Management Workload Reporting will continue, following the business rules per enclosure (3).

To ensure all case managers obtain clinical skills and administrative knowledge related to military service members and other beneficiaries each MTF is requested to follow the Case Management Training per enclosure (4).

The Case Management point of contact is CDR Laurie MacGillivray (202) 762-3012 lsmacgillivray@us.med.navy.mil. AHLTA point of contact is CDR David Shapiro (202) 762-3013 djshapiro@us.med.navy.mil.

D. C. ARTHUR

Case Management Case Identification Processes

1. Each OEF/OIF casualty will be evaluated by a case manager to determine the need for case management services within seven days of arrival to the military treatment facility.

2. Mechanisms to identify for case management necessity include:
   a. Referral
   b. Case Finding
      - TRANSCOM Regulating and Command & Control Evacuation System (TRACES
      - Joint Patient Tracking Application (JPTA)
      - M2 Data
      - Population Health Navigator (PHN)

3. Common conditions that qualify for case management are:
   - High risk, multiple or complex conditions or diagnoses
   - Need for close coordination and interaction between patient and health care team
   - Requirements for extensive monitoring and coordination
   - Cases impacted by family and/or military circumstances
   - Financial risk to the hospital or MTF
   - Abuse – child, elderly or spousal (includes the AD as victim)
   - Multiple admissions or outpatient visits in a short period of time
   - Reported non-compliance with medications or treatment regimen
   - Complex psychosocial or environmental factors (family/military obligations) that impact the ability to achieve health or maintain function

   a. **Catastrophic injury** – complex coordination of services:
      - Head injury
      - Spinal cord injury
      - Patients who require rehabilitation
      - Complicated fractures

   b. **Catastrophic illness**
      - Cancer
        - Transplant
        - Hospice
      - Renal failure
      - Multi-system failure

   c. **Maternal Child**
      - First pregnancy
      - Teenage pregnancy
      - Multiple newborns

- High risk/complicated pregnancy
- Preterm or history of preterm labor
- Gestational diabetes
- Preeclampsia
- Hyperemesis gravidarum
- Little or no prenatal care
- Complicated birth
    - Premature new born
    - Ill new born

d. **Mental Health**
- Dual diagnosis
- Families where two or more members are receiving mental health or chemical dependency treatment

Documentation Business Rules

All Case Management documentation will follow the Standards of Practice for Case Management, revised 2002. This document can be found at www.cmsa.org.

Additionally, the following is required:

a. Upon transfer, the current case manager communicates with the receiving case manager at the accepting facility and documents within the case management notes. The primary case manager should be at the facility where the patient is hospitalized or if an outpatient, where the patient obtains the majority of medical services received.

c. The primary case manager's name and contact information will be documented in the case management notes by the case managers both from the transferring and accepting facility.

d. Primary case management responsibilities do not transfer until the new case manager accepts the transfer of the patient. The following will be documented in the case management notes:

- Date of transfer
- Reason for transfer
- Accepting case manager
- A brief summary of the care received and potential future needs identified

Business Rules for reporting Case Management workload to BUMED

1. **Count all patients receiving case management:**
   - Case management is defined as coordination of services for a patient, to include assessment of medical, social, psychological and family need.
   - Count only those cases actively managed. Do not count a 1 or 2 time encounter, e.g. an outpatient referral for DME or short-term home physical therapy.
   - **Total Cases** – Sum of all GWOT (OIF/OEF) and all Other Patients whether receiving Primary case management or co-management with another facility.
   - **GWOT (OIF/OEF)** - patients Medevac'ed from theater for injury or illness whether receiving Primary case management or co-management with another facility.
   - **Other Patients** - Non-OIF/OEF injured/ill service members and all other beneficiaries whether receiving Primary case management or co-management with another facility.

2. **Additional workload:**
   - **Encounters -** Patients not receiving a full case management assessment, such as one or two visits; or support received from an ambulatory care nurse in clinic. This is most often short term, social support but could be high intensity, e.g. patients being transferred to an area where several resources have to be identified, coordinated, and communication established.

3. **Levels are defined as the following:**
   - **Level 1** - Monthly follow-up, for example rehabilitation, extended Con Leave periods, awaiting a medical board or further surgical intervention or treatment.
   - **Level 2** - Contact 3-4 times a month, for example: Con leave period or requirement for occasional assistance with authorization or appointments.
   - **Level 3** - Contact 1-2 times a week, less than 30 minutes each time
   - **Level 4** - Contact 3 times a week, less than 30 minutes each time, or episodic crises cases (cases take all day i.e. SOS case or other non-casualty high visibility case.
   - **Level 5** - Daily case management, for example the first 5-7 days post discharge to home with orders for interventions, assistance with authorization or appointments, counseling or reassuring/supporting the caregivers of casualties, providing information, etc. or 3 times a week intervention lasting greater than 30 minutes.

4. **CMs on Board:**
   - Sum of all Case Managers (CMs) - active duty, civil service, and contract personnel assigned to Case Management Department and all personnel who are hired specifically for case management whether assigned to the Case Management Department or a clinic.
   - Include partial FTE's within the Case Management Department

- If there are CMs who are handling only GWOT wounded patients, please note that in comments.

5. **CM Positions:** count ALL CM positions at the MTF, even if they are not filled, but the command is recruiting for the position.

6. **Admin Support:** Include personnel in the Case Management Department performing strictly administrative functions who do not handle cases themselves, and include partial Admin support FTEs, e.g. Department Head who does not carry a case load, case management assistants and clerical staff. Time spent directly proving support to a patient is considered Case Management time, not administrative time.

7. **Co-Managed -** Cases co-managed with another MTF – Only the primary CM counts a case that is co-managed. The Primary CM is defined as the CM with the primary contact with the patient and/or family. The Secondary CM may be an MTF CM retaining the case to ensure continuity of medical boards or awaiting return from another facility. Note in comments if specific cases are high intensity or beyond the bi-monthly contact with facilities.

8. **Comments** – If there are any comments i.e. personnel in orientation, unfilled positions or other explanations of data. Be as specific as possible, account for time or resources spent for this product. If needed, please use an additional paper for descriptions.

Case Manager Training

1. Intended for newly hired personnel who will fill a case management position

2. Provided by either a formal class room, on the job training and/or mentorship.

3. A qualified mentor will have obtained a URAC approved certification in case management.

4. To achieve basic knowledge of the military health system specifically:
   - Issues related to the active duty member and their family
   - Issues related to the MHS beneficiary
   - Support programs for the active duty member and family
   - The DoD Medical Management program

   a. **Awareness and/or competency in:**
   (1) Clinical
      - Common combat related injuries and illnesses, e.g. PTSD, TBI, fractures
      - Illnesses and injures commonly seen at that MTF

   (2) Coordination of medical services
      - Medical Management Modules 1-4
      - TRICARE
        - Referral process
        - TRICARE Management Activity (TMA)
        - TRICARE Regional Office (TRO)
        - Regional Contract Network
      - Military Medical Support Office (MMSO)

   (3) Special Programs
      - Extended Care Health Option (ECHO)
      - Exceptional Family Member Program (EFMP)

   (4) Medical Boards
      - Physical Evaluation Board Laision Officer (PEBLO)
      - Physical Evaluation Board
      - Medical Evaluation Board (MED)
      - Limited Duty (LIMDU)
      - Line of Duty (LOD)

   (5) Transition coordination
      - MEDEVAC
      - Transport system

   (6) Support programs

- Fleet liaisons
- Marine 4 Life
- Navy Safe Harbor
- Army Wounded Warrior
- Palace Hart
- Community Based Health Care Organization (CBHCO)
- Navy and Marine Corps Relief

(7) Reserve programs
- Navy Mobilization Personnel Site (NMPS)
- Med holdover
- Med hold

(8) Information Technology
- Joint Patient Tracking Application (JPTA)
- Q –Continuum
- Armed Forces Health Longitudinal Technology Application (AHLTA)
- TRANSCOM Regulating and Command & Control Evacuation System (TRACES)
- Medical Boards Online Tracking System (MEDBOLTS)

(9) VA process
- Required information for effective communication to transfer a patient
- Seamless Transition Coordinator roles
- Communication of benefits available for patient and family
- VA Poly Trauma facility location and services
- VA Hospital locations and services available

b. It is recommended that new hires without case management experience hold a certification or Masters Degree in Case Management or Health Care Administration be appointed a mentor to help guide and educate on the case management process.

c. It is intended that these requirements are to augment the commands existing nursing/social work and orientation programs.