Whitepaper

Advantages and Implementation of Electronic Case File Management
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Executive Summary

Your decision to invest in case management software is an important step for you and your agency. A case management software system will make it easier to operate, save money, get accreditation, improve cash flow and most of all improve client service levels. You need to consider a few points before you write the check. Once you and your team agree on the fundamentals of capturing data and establishing a case management solution, the agency will be in a position to take full advantage of the system and begin implementation. Time invested at this stage is time well spent.

What is your Core Data?

Your agency should be able to answer these questions before making a decision on a case management system.

- *Who are you serving? –*

  This data set is the core of your agency – names, addresses, contact information, demographic information, income & education levels, payment information (either first person or third party) and therapeutic needs. That data provides you with steering information to determine funding levels, staffing needs, grant availability, program administration, and marketing focus. External funding sources often require that you accurately and timely report this data. You need to have real time access to not only your agency client structure on a macro level, but a micro level as well.

  By utilizing effective management software you can efficiently manage and analyze your client structure to provide board, management, and line staff with information regarding your client structure to ensure proper agency mission direction and solid stewardship of budgets. Management level staff should be able to obtain specific program participation numbers and demographics as needed in real time for both internal planning and external funding purposes.

- *How are you serving them? –*

  Once you know who it is that you are serving, you need to know how you are serving them! How many clients are being served each week, month, and year? What program or programs are they being served by? Do you have clients within the same family spread across multiple programs either individually or collectively? Do you have accurate attendance information for workshops, therapeutic groups, and education events? Do you encourage dual-diagnosis and cross program therapeutic services and provide the infrastructure such practices require ensuring effective treatment strategies? Can you provide real time data to your external funding sources regarding only their payees within the larger agency client base?

- *How are they responding? –*

  This question can sometimes be where we nuance our responses – outcomes seem so clear from a data standpoint but are often far from it. This data set is often reduced to outcomes required by external funding or reporting structures. However, client therapeutic response extends beyond your clinical instruments to other areas – what are your actual late cancel and no show rates? Are clients reaching benchmarks in their service plan? What is your agency client termination profile – are clients terminating services according to the best judgment of your clinical staff or are they discontinuing services prior to the completion of their service plan? Are clinical staff determining what risk remains for clients who terminate early?

- *How are they paying? –*

  Payment issues are often a “soft” area for many non profits – especially agencies who are not required to provide data to third parties such as grant administrators, EAP, or insurance providers. It is critical to agency stewardship that board and management staff have access to accurate real time payment data. You should know on an instantaneous basis who owes you funds, who you owe funds to, and the policies and plans regarding both. This is an area of critical importance – periods of oversight or inefficient processes might result in funding withdrawal, fraud, licensure and accreditation loss, and worse. The reforms brought about in the for profit environment regarding accounting and business practices are trickling down to the non profit sector – you need to have the infrastructure in place to implement them.

- *Is your agency efficient and effective? –*

  Your agency markets a mission and funding sources large and small provide you with support to carry that mission out. Everyone from the Bishop and Corporate CEOs to the grandmother who donates from her grocery fund rightfully expect that you are using those funds in the most efficient and effective way possible in the completion of your mission…are you? Staff time, both direct service and administrative, should be recorded and analyzed to ensure best practices are being followed goals are achieved. Management staff should have real time data reflecting both overall and individual direct/indirect time ratios on both agency and program levels. Staff time benchmarks should be set, tracked, and reviewed regularly to ensure compliance. Program goals and outcomes should include staff time budgets, and discrepancies noted and resolved as they occur. Without this data it is nearly impossible for board and management level staff to plan for future program needs or to determine current mission effectiveness.

Implementation Considerations

Your agency needs to consider implementation before you decide on a case management solution. To ensure you enjoy the benefits from a case management system you must be able to answer these questions:

- How is your core data currently tracked? Is your legacy data transferable? –

  Excel workbooks, Access databases, tick marks on scratch paper? You need to assemble all your data tracking instruments and those responsible for them and determine both what you are and what you are not currently recording. Once you know what you have from a data standpoint, you need to determine what information you want or need to have brought into your integrated data management and if it can be accomplished. If it is transferable will you have to do this or will the vendor? How much will it cost? If it is not transferable how much legacy data will you manually enter into your system and who will do it? How will you audit the legacy data within your new system to verify it is accurate and usable?

- *Do you have "champions" on staff? –*

  Shifting from a diffuse data system to a new integrated system is exciting, rewarding, challenging, and sometimes terrifying! All members of your agency from external funding sources to board and management to line staff will be affected in some way. You need to have individuals at all levels who understand that this change will benefit everyone and allow your agency to increase in effectiveness and mission completion – even when it seems far away. Having "champions" on your staff will help keep the process rolling and prevent the full weight of implementation, training, and integration from crushing one person.

- *Who will manage the roll-out, organize training, and interface with the vendor? –*

  There are two options for this task – internal and external. If you chose an internal route you should find among your "champions" an implementation manager. This need not be your IT person or a management level staff person – what it really requires is someone with strong organization skills and a positive alliance with your staff who is willing to benchmark, organize, and process the implementation of your integrated data system. This person will need to interface internally with IT, accounting, clinical, and management staff and externally with the vendor to determine how to best fit your current processes to the new system to provide for as smooth a transfer as possible. If you chose an external implementation manager, you will need to determine oversight for and benchmarks regarding implementation steps; create contracts to ensure both parties protection and confidentiality of proprietary information; and ensure agency staff work with the implementation manager effectively to establish the system.

- *Will staff be re-aligned or re-tasked post implementation? –*

One of the primary reasons for implementing an integrated management system is to increase agency efficiency. So once you become efficient, what will you do with staff who now have excess availability? Will you reduce staff directly or through attrition? Will you realign current administrative staff to provide non-therapeutic direct services such as off site marketing or community organizing? In our case we created a "pre-service" team for staff who had been doing data entry. Now they meet with our clients prior to their first session to assist with new client paperwork, and for our established clients they receive and record fees, place follow up and reminder phone calls, provide bus tokens, food and clothing referrals and other non therapeutic client services. By removing these tasks from our clinical staff, they in turn see more clients and can focus on providing the highest quality therapeutic services possible. This also, by the way, won them all over to supporting our implementation!

- *How will management integrate real-time core data into agency planning? –*

  This is a big one. What I am basically asking is, what will you do when good, solid, accurate, real time data shows that you are not achieving your benchmarks, your direct/indirect ratios are upside down, and your client base is not what you thought it was? This is going to happen in one, some, or all areas of your agency – integrated management systems shine spotlights on your weaknesses as well as your strengths. How will you use this data in planning, who will you share it with, and how often will it be reviewed? The greatest data system in the world is meaningless unless you put that data into action! So decide early on how you will utilize the information you will have access to for planning and evaluation.

Case Management made Easier

Your case management software should provide you with features that make the system affordable and easy to use. The solution should start as low as one user and grow with you as your agency requirements increase, when you are ready. You need case management solutions that are hosted by your agency or by the solution provider making the system flexible with low cost options of ownership. Web based, integrated solutions make it easy for everyone at the agency to enjoy the benefits of entering data once and using it many times.

The case management system should provide out of the box productivity with the ability to easily customize the system by agency staff using a menu driven system. You should be able to recreate your existing forms and build new ones at no charge and set up outcome evaluations to collect data from clients and staff. An integrated approach does not come in modules but is installed complete at delivery without extra charge at a later date. Billing should include EDI and forms for standard funders.

• **Web based** – Your system should be accessible to your staff via a secure web connection from anywhere. This allows staff in all your locations safe, instant access to their records and allows for enhanced client service. A great example of this occurred early in our implementation cycle – a clinician was unable to come to work due to illness. So she logged into our encrypted system with her discreet username and password and instantly had all of her client contact information available. She called each of her clients, re-scheduling them in real time, and in a few minutes was back to resting. Our receptionist received instant notification of both the clinicians absence and the clients schedule changes – no sick call, no paper shuffling, all done in one step.

• **Integrated**- Your system needs to integrate all aspects of your agency data processes. Demographics, billing, outcome reporting, time tracking, client scheduling, internal scheduling of both staff and resources (meeting rooms, projectors, etc), workshop attendance, group participation, etc. Your staff should have access to all of this from one location in real time.

• **Case management**- Your system should provide for effective, efficient case management. Case members contact, demographic, and billing information; program(s) enrollment, primary and secondary worker identification; appointment scheduling; outcome and benchmark tracking. Your system should also allow for the creation of electronic assessments and documentation, actionable alerts and reminders for both case staff and supervisors when risk thresholds are exceeded, and simplified case review.

• **Out of the box productivity** – Your system should work when delivered. What I mean by this is that the core functions of the system are operable upon installation – implementation basically boils down to adding your staff, programs, sliding scale, third party policy information, and defining your drop-down menus.

• **Easy to customize**- Administration of your system should not require a doctorate in advanced computer science! You should be able to customize your menus, enter your billing data, and define your agency specific values simply and effectively within the system.

• **Affordable ASP / Hosted**- This is a major consideration – should you pay to have the software hosted by a vendor or should you purchase the hardware and software required to host it yourself? There are advantages and disadvantages to each which go far beyond the scope of this document. The major advantage to vendor hosting (ASP) is that you need not worry about installing updates, maintaining servers and licenses, or creating and securing back ups. The disadvantage (in general) is cost. The opposite is true for self-hosting – it (in general) costs less but the responsibility for updates, hardware upkeep, and back up falls on you.

• **Outcome based evaluations**- Your system should allow for simple, real time individual, program, and agency evaluation based on your outcomes. The system needs to be easily customizable to your outcome needs, both for entry of data and for reporting.

• **Billing**- Your system should integrate all billing processes into one centralized source – individual, EAP, grants, fiscal courts, and insurance should all be tracked and invoiced in real time with minimal staff involvement.

• **Reports**- As I stated early, all this information is useless if you cannot get it back out. Your system should provide reports on all the areas listed above in real time as supplied by the vendor. In addition, you should be able to easily create and implement reports customized to your specific needs.

If you are interested in finding out how you can benefit from a web based case management system give Brian Decker a call at 859 581 8974 x145 or email at bdecker@cssnky.org