New York Health Homes Learning Collaborative

CHCS Center for Health Care Strategies, Inc. | NEW YORK state department of HEALTH | NYS HEALTH FOUNDATION

Session Title: Integrating Legacy Case Management Clients/Staff

Initial Questions	• Are you keeping any of the transitioning programs' structures as they become health homes? • How are you utilizing transitioning case management program staff, and are you developing new competencies for them? • What are you doing to support staff as they manage the transition? • What unique challenges exist related to this transition, and how can they be addressed?
HH to Begin Conversation	• Jessica Fear/Neil Pessin, VNS NYC • Adele Gorges/Bill Burgin, Alcohol & Drug Dependency Services
Key Issues	• Need to develop new skills among existing staff, many of whom are very good at current job • Need to revise caseloads in line with new rate structure, without sacrificing quality of care • Need to manage staff anxiety, particularly during "waiting period" pre-implementation
Best Practices	• Leverage initial period with legacy rates to build capacity and provide a solid financial baseline • Leverage new flexibility to match service model/intensity to individual needs • Seek and implement broad-based training opportunities • Move to more team-based models • Invite staff to identify their own areas of expertise (e.g., where their skills can be best applied in the new model) • Leverage expertise of existing staff when making assignments • Offer various levels of support for staff at different levels (e.g., supervisors, case managers) • Implement standing meetings to provide forum for trainings, questions, etc. • Use internal resources to conduct trainings (e.g., nurses provide training on diabetes, etc) • Invest in new technology supports (e.g., provide new access to smartphones/tablets, add workstations to support EHR access, etc)

Follow-Up Opportunities or Questions with Action Items	• Share training resources • Clarify information on availability of "legacy" services/incentives under health homes (e.g., Metrocards, cup of coffee, etc) • Continued exchange across health homes regarding effective strategies for case load management
Additional Comments	• Phase I experience suggests anxiety/issues related to conversion minimize as implementation gets underway