

Care Coordination Case Study
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The following case example will highlight the need for these skills and how these skills improve care coordination.

George was a 34-year-old homeless Caucasian man with HIV/AIDS, renal disease and a 20 year heroin habit. He started coming to HCH when his symptoms really started to bother him. He started working with a primary care physician who referred him for case management services. On assessment, the client revealed having tried to give up heroin many times before without success. He reported “chasing” the drug daily. Primary Care was experiencing frustration around the client’s problems with adherence expressed to the Case Manager some urgency to place George in some kind of stable housing. Over a period of weeks, the case manager made several attempts at referrals and placements, all of which failed because of the client’s need to secure heroin daily to keep from getting sick. After another failed referral, the case manager took a more detailed substance abuse history and in conversation with George agreed that methadone was worth trying. George was clear that he didn’t need to try traditional drug treatment. The promise of methadone – getting the relief without having to chase the daily fix was enough for George to agree to try it.

Referring George to the outpatient program did not end up accelerating the process. George was interviewed by an anti-methadone counselor who believed that George needed to try the cold turkey approach again. George refused this and didn’t return to the clinic for 2 weeks. When George returned, he visited the doctor and complained that no one wanted to help him. The doctor was able to bring the case manager into the visit. The CM learned what happened and offered to advocate for the client.

The CM next requested a meeting with the Addiction program supervisor. In that meeting, the CM talked about her experience referring heroin addicted clients to their program. The CM listened to the program supervisors concerns about easy referrals to methadone programs. The CM mentioned the research that suggested that there is some percentage of heroin addicts that seem to be unable to give up opiates altogether. The supervisor was aware of this and didn’t disagree with that but her over-riding concern was about referring clients to methadone as the path of least resistance. “The client still has a monkey on his back with methadone. I just want the clients to be really free!” The case manager expressed admiration for the supervisor’s high standards, and expressed appreciation for the clients they shared where the clients were successful in leaving opiates behind completely. Then the CM brought George’s situation to the supervisor’s attention. She explained the history and the current situation and shared the conclusion that George had demonstrated that he very likely fell into the category of needing opiates ongoing. The supervisor was reluctant to second-guess her counselor’s assessment and quite clearly felt put in the middle between her staff and the case manager. The case

manager validated that position and at the same time pressed on about George's needs. The CM expressed confidence that there had to be a way to move this forward in spite of the awkwardness. The supervisor agreed to discuss the case with the program director and see what his thoughts were. The next day, the supervisor contacted the case manager instructing her to refer George back and she would be sure that George was placed in a methadone program. Fortunately for everyone, this turned out to be the correct intervention. Once on methadone, George was able to more fully cooperate with all of the aspects of his complex care plan. Within the next 2 months, George was taking HAART medications, was in dialysis and had moved into an apartment.

Discussion:

This case example highlights how the skills listed above promote good care coordination outcomes

1. Referral Capacity is defined by SPHERE/HCSM in their "Integrating Harm Reduction into Drug and Alcohol Treatment" online course as "the skill of linking an individual with a service, provider or program that can further support her/his efforts to make change and reach her/his goals – is a key individual skill and an essential component of building programmatic harm reduction services." In this case, the case manager might have shown more skill if she had better anticipated the controversy over methadone treatment. She might have informed the client of the controversy as a first step and consulted with the addiction counselor as a second step before sending the client to a provider that was predisposed to discouraging methadone.
2. Negotiation or Conflict Management skills are illustrated here as the case manager advocates for the client to get methadone treatment. In this example, she demonstrates: