FCRC | Brief Communication

Addressing Training and Structural Challenges in a Case Management Volunteer Program at the Worcester Free Clinics

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Patients at the Worcester Free Clinics (WFC) face a host of social and health insecurities, including inadequate food, housing, transportation and lack of health insurance. While University of Massachusetts faculty, students, and healthcare professionals in partner institutions at the WFC are able to provide temporary health services to alleviate a few of these challenges, our ultimate goal is to support patients in establishing long-term care independent of the free clinics.

One of the ways we are accomplishing this is through case management, where medical student volunteers help patients access long-term health care via 1) navigation of health insurance applications, 2) referrals to free and affordable resources in the Worcester community, and 3) researching/choosing primary-care physicians after successful acquisition of health insurance. In this brief communication, we discuss current challenges and plans to establish a more dynamic workflow for case managers.

Worcester Free Clinic Coalition

Although Worcester, Massachusetts is the second largest city in New England and one of the fastest-growing economically, access to healthcare remains a major barrier for more than 3% of the population without health insurance. To address this concern, the University of Massachusetts faculty, students, and health care professionals from partner institutions formed the Worcester Free Clinic Coalition (WFCC) to offer free and low-cost primary healthcare in 6 Worcester locations. These efforts have been successful in providing essentials such as immunizations, physicals, lab testing, and other treatment similar to that of an urgent care facility.

However, for patients who have emergent health needs and lack health insurance, long-term follow-up by a primary care physician or specialist is often unattainable. In order to mitigate these barriers and ensure access to long-term care, the WFCC began offering case management services, staffed by medical students, to assist patients in navigating free and affordable resources in Worcester and applying for health insurance. Eichenberg et al. previously discussed the training process for becoming a case manager at the University of Massachusetts, as well as tools used by the case managers, challenges in volunteer retention, and areas for growth.[1] We follow up on this discussion to address updates in training case managers, troubleshooting volunteer retention, and addressing structural challenges case managers face at clinic.

Training Process

During the 2018-2019 school year, the training to become a certified case manager at the Worcester Free Clinics was part of an optional enrichment elective (OEE) consisting of an introductory meeting and three 90-minute classroom sessions consisting of an interdisciplinary panel led by case management, legal, and social work professionals from the Worcester community, implicit bias training, and case-based training on clinic logistics and common case management scenarios. Additionally, students completed a 4-hour online training to become certified application counselors, attended a 2-hour in-person training session at the clinic, and completed one 2-hour independent shift by the end of the semester.

For the following 2019-2020 school year, the structure of training changed to include a two-part lecture series, 1 hour each, and two in-person shadowing shifts, 2 hours each. The lectures were split into an introduction into case management and a practical session on where to find information, how to sign up for insurance, and a few example cases. During the shadowing shifts, case manager trainees were taught about resources specific to the clinic they were at and were able to watch experienced case managers interact with patients and walk them through possible solutions. Once comfortable, the trainee was encouraged to work with a patient under supervision of a trained case manager.

Reduction in classroom sessions and a focus on practicum-style learning was made in response to feedback from previous years' students who recommended more hands-on experiences for training; however, the training still did not adequately cover the complex problems faced by patients. While there was a greater focus in the classroom on topics directly impacting case management in the clinic, such as insurance terminology, online applications, and speaking to patients about sensitive social needs, there was no guidance on more complex issues such as registering recent immigrants for insurance or helping people lower medical and living costs who were not eligible for MassHealth. Cases like these would be difficult for the newly trained case managers to address, thus deterring them from volunteering independently.

Volunteer Retention Strategies

Volunteer retention had been an issue that Eichenberg et al. previously mentioned,[1] with only 53% of students (15 out of 28) completing requirements for case management by the end of the training process in fall 2018. By spring 2018, approximately 6 case managers continued to regularly volunteer with the free clinics.

For this year's training process, we removed the requirement for certified application counselor training and instead, provided classroom sessions to discuss insurance terminology, applying for the Massachusetts state-issued insurance, MassHealth, and common insurance counseling scenarios as encountered by case managers at the free clinics. Additionally, we encouraged pre-medical students and post-graduate students in neighboring institutions to volunteer and train with the University of Massachusetts students at the clinics. By spring 2018, approximately 20 case managers (20 out of 60) continued to regularly volunteer with the free clinics.

To further address volunteer retention and trainees' concerns, future additions to the OEE will include an interprofessional panel on behavioral health. Unlike the panel proposed in the 2018-2019 school year, this panel will focus on promoting a patient centered care system addressing patients' wellbeing in the context of case management. A panel of trained social workers, psychologists, and case managers from the community would offer students advice from various perspectives and highlight unique challenges volunteers should be aware of prior to taking on case management shifts. Additionally, panelists can discuss the possibility of secondary trauma and help students incorporate mechanisms of prevention.

Moreover, case managers across clinics could benefit from a shared excel spreadsheet to post questions about specific scenarios and receive feedback. With this modality, we will include a drop-down menu of categories to track what the most common questions are, which will provide context for future training topics. Questions and responses submitted will be reviewed by OEE leaders and turned into a FAQ page for trainees to have during their shifts the following year.

Documentation and Record Keeping

With the current clinic flow, patients' medical records do not include notes on their meeting with case management nor the resources that were offered. Therefore, case managers cannot refer back to a patient's previous meeting to figure out which resources were used and whether they improved the patient's situation. For patients that do follow up with case management, the

undeveloped system of record keeping can be discouraging as the expectation is placed on the patient to re-explain their situation in depth. With only two hours available for patients to seek both medical and social services, the system becomes inefficient and potentially harmful as patients are forced to re-explain details of potentially traumatic circumstances. Additionally, the separation between case management and medical staff has further discouraged the integration of a case-management specific needs assessment sheet into the clinic's regular intake forms.

Follow-up with case management may be improved by incorporating a social history form into the medical interview process. This would allow physicians and medical students volunteering for clinical shifts to quickly assess if patients would benefit from a referral to case management. Not only would this improve the clinic flow, it would also serve as a method of documentation allowing case managers to see why previous referrals were made. The efficacy of case management can be assessed and later modified by establishing documentation of the management intervention plan after a patient is seen by case management. Similar to clinical treatment plans, records of the management plan would allow different case managers to follow up and assess the usefulness of the resources offered to a returning patient, even if they have not personally seen the patient before.

Clinic Staff Integration

Another structural issue is separation between case management and medical staff, which operate as separate entities. As a result, case management has struggled to integrate the needs assessment sheet into the intake forms in some clinics. Additionally, medical staff may forget to ask about a patient's insurance status, which is the most common service case managers provide. In lieu of this, new forms are currently being created for clinic volunteers which include questions about a patient's insurance status, hopefully prompting clinic volunteers to make referrals to case management.

Conclusion

Students who become case managers are unfortunately in the position to both balance patient needs and overcome structural difficulties to providing care. Addressing these issues for the 2020-2021 school year will require remodeling of the OEE curriculum as well as implementing documentation of encounters with case management. A volunteer position such as case management may be taxing on students who do not feel adequately trained, thereby decreasing volunteer retention. Increasing referrals to case management will allow trainees to see a higher volume of patient-case management interactions before their independent shifts. Given the amount of people who utilize the WFCC but lack health insurance and other social needs, improving case management training and volunteering will continue to be a priority at the clinics.

References

1. Eichenberg, T., McGovern, E., Molloy, M., Petrovick, T., Resnick, A., Harward, S., Buser, C., & O'Sullivan, K. (2018). Development of a Case Management Volunteer Program for the Worcester Free Clinic Coalition. *Free Clinic Research Collective*, *4*.