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Centralized Digital Case Management:

A New Model to Boost Therapeutic Alliance

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Introduction

Rates of TKA have doubled in recent years,[1] while concerns about projected therapist shortages (particularly in traditionally underserved areas) are mounting. In the new era of alternative payment models and value-based care, seeking out novel and innovative digital care models will be crucial to not only meet standards of quality, but to improve upon them as well.

Recently, a strategy called centralized digital case management has come to the forefront, in which a digital case manager—recommended to be a licensed clinician (PT or PTA)—can be asked to manage and coordinate care for multiple patients at the same time to ensure better outcomes and improve patient engagement. So how does this hybrid-care model work and how can it be utilized to maximum effect?

What Is Centralized Digital Case Management?

Case management is not new to the healthcare world, and is typically a process in which a professional coordinates and integrates support services across departments to optimize healthcare goals and outcomes. But recently, a new strategy called centralized digital case management is becoming popular and has the potential to revolutionize the way service level care is coordinated in outpatient rehab settings.

Picture an air traffic controller sitting high above the tarmac at an airport. They're responsible for coordinating thousands of flights per day, and they possess all the information they need to ensure that everything goes smoothly. They are in constant communication with the pilots to help them safely land the planes, and if there is an issue, they can coordinate a solution together.

The pilots are technically proficient and able to land the planes themselves, but having the air traffic controller means that they can focus on the most important part of their job, while the controller keeps everyone on schedule and coordinates everything going on in the sky and on the ground.

In the same way, a centralized digital case manager (DCM) helps coordinate patients' care plans to optimize the entire process, while ensuring that the other clinicians can focus on the most important part of their job—their patients' care. The DCM provides the support needed to help answer patient questions and promote engagement with the home program. Should any scheduling issues or patient-reported problems arise, they can notify the primary clinician so that these concerns can be resolved in an efficient manner.

Digital case management can be used to manage multiple patients at the same time to ensure better outcomes, boost patient satisfaction and retention, and improve patient engagement. While it has applications in most scenarios, centralized digital case management is proving to be particularly potent for managing post-surgical musculoskeletal (MSK) conditions, such as total joint replacements, where the prehab to post-op process can be months long and require a significant number of touch points with the patient between care providers. It's a highly effective system that can optimize clinician time, increase touchpoints, and boost patient engagement.

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What Does Centralized Digital Case Management Look Like in Action?

PT In-clinic Evaluation

In-clinic PT does initial evaluation and sets expectations for the patient's Home Exercise Program in the MedBridge platform.

The Support Team (PTA/ATC) creates the patient profile in the MedBridge platform and adds exercises per instruction from the in-clinic PT, while adding themselves and the digital case manager (DCM) to the Care Team.

Support Team (PTA/ATC) sets up patient on MedBridgeGO and helps the patient login with username and password.

Patient is introduced to the DCM and their contact info for future communication.

In Between Clinic Visits

Patient logs in at home, engages with their HEP program and communicates with their PT about any questions, pain & difficulty, etc.

In-clinic PT and DCM communicate on patient progress and address any issues or concerns.

DCM reviews data and updates/progresses HEP as clinically necessary while logging time in MedBridge.

DCM consistenly reaches out and communicates with the patient as needed.

In-Person Follow-Up Visit

Using the data that the patient provided in between visits, the in-clinic PT is prepared to hit the ground running with the patient and progress their plan.

Because the patient knows they're being heard, the therapeutic alliance strengthens, boosting engagement in their home program in the future.

Things to consider:

How do the virtual team and in-clinic team communicate about the patient's needs?

Who is the primary clinician for managing the HEP?

Does the patient continue with both virtual and in-person care at the same time? Or do you stop one for the other?

How do you manage effectively the number of times the patient will be seen in-clinic?

What Are the Benefits of Centralized Digital Case Management?

Benefits to the Patient Experience

One of the primary benefits of centralized digital case management is the ability to bridge the gap between patient and provider. After all, patients want a personal connection with their care provider—85 percent of patients believe personalized care is important.[2] But there is a common misconception that digital care or hybrid care models provide less care to patients. In the DCM model, however, the goal isn't to provide less care, but more targeted care. Even in a traditional model, the vast majority of the patients' time will be spent outside of the clinic, so what they do at home will be just as crucial to their recovery as what happens in person. With a DCM, there's more interaction between the care team and the patient when they are outside the clinic, so clinicians can maximize the time they get in person with their patients.

This way the patient doesn't receive less care, but more precise care. It's not about losing visits, but about gaining more frequent touchpoints. It's not a loss of connection with the clinician, but a broadening of the patient's connection to include their entire care team. And crucially, instead of splitting the primary clinician's limited time, they are able to focus solely on individualized patient care. Focusing on each patient's need by adapting care to their performance can lead to better program adherence.[3] It applies an "it takes a village" approach to patient care, where a cohesive care team is lending their collective expertise to ensure patients are getting the best quality care.

85 percent of patients believe personalized care is important.[2]

Benefits to the Clinician

A common concern among clinicians is that they will lose their connection with their patients if they don't have as many in-person touchpoints. But in our modern world, patients want greater flexibility in how they access care, and are receptive to hybrid care models as long as they have the means to communicate with their healthcare provider. Digital tools help clinicians meet more patients where they are while maintaining engagement and outcomes. And because the DCM model helps with triaging, providers can more easily identify the patients who need the most hands-on care at the moment and ensure everyone is getting the right level of care at the right time.

As we explored before, the DCM model doesn't lessen care, it recontextualizes how care is delivered to strengthen the therapeutic alliance. That connection is important, because studies suggest that strong therapeutic alliance can improve pain outcomes for patients in PT for chronic musculoskeletal pain.[5]

A clinician with a full in-patient caseload has limited time with each patient. In a typical workflow, the patient might come in one to three times a week depending on clinical presentation (and even that might be optimistic!). The patient is also given a program to perform at home as a supplement to the in-clinic program. Sounds pretty ideal, right? The problem is that without that communication between visits, the clinician is doing the discovery process at every in-person visit to evaluate what the patient has been doing, how the program is progressing, and if they are experiencing any pain or difficulty. And if the patient has to reschedule or misses a session, the clinician has to wait even longer to appraise their patients' progress. All of that adds up to a lot of time spent together—but it isn't the most efficient use of that precious time.

With adherence reporting, the clinician will already know how the patient's care program is progressing, and will be ready to address any issues and make adjustments that are needed. Two-thirds of patients report having questions after a provider encounter,[6] but without an easy way to follow up, they may feel like they need to wait until their next appointment arrives (or simply just forget in the interim). However, if patients know they can message their provider and receive a response between visits, they are more willing and able to volunteer information. These interactions are critical for therapeutic alliance, because if the clinician fails to act on the data in a meaningful way, the patient will have less of a reason to continue engaging if they feel the information isn't being put to use.

Roughly four in five patients want to use digital tools when managing their healthcare experience.[4]

DCM Model Benefits

One of the biggest benefits of the DCM model for clinicians comes from two-way messaging and adherence reporting.

Without communication between visits, the clinician is doing the discovery process at every in-person visit.

Engage the Patient

When clinicians use the data that the patient provides them during their next connection, the patient will know that they're really being listened to and will be more engaged.

Benefits to the Organization

One of the biggest problems patients can experience is when they run into an issue but don't feel like they have anywhere to reach out. For example, if the patient experiences swelling in their knee and pain walking after a home exercise session, they may get concerned. If it's after hours and they won't be able to speak to their therapist until after the weekend, they might seek out help at a nearby emergency department. The patient's concern is entirely rational and the ED visit is born out of a desire to understand what is happening to them—but that ED visit can prove financially costly for the patient, and could prevent them from seeking assistance in the future if they're afraid it'll result in another large bill. It's unfortunate that in this scenario, the patient lacked the tools to ask for help when a simple message to their therapy care team could have helped guide them. That's because engaged patients are less likely to visit the emergency room and 30 percent less likely to be readmitted to the hospital following discharge.[7]

But if they have a strong relationship with their therapy team and know that they'll receive a prompt response to their message, they can easily reach out to their DCM to share their concern. The DCM can then flag the concern and evaluate. Based on the clinical presentation, they can advise the patient that some swelling is just a normal response to their increased activity, or if it is a more significant problem, can advise the patient on what to do next. This can cut down on costly hospitalizations by providing more accurate guidance.

With patient progress reviews happening between visits, in-clinic time can be used more efficiently since the clinician already knows how and what the patient is doing away from the clinic. The DCM and the in-clinic provider can better identify who needs to come into the clinic more or less often based on clinical data. Now instead of doing two evaluations and ten visits, the same twelve appointments can be spent doing six evaluations and six follow-up visits—that way you're boosting your reimbursement without adding overhead cost.

Virtual PT with DCM

One study found that virtual PT patients had fewer rehospitalizations than the usual care group[8] and virtual PT with telerehabilitation for skilled clinical oversight significantly lowered three-month healthcare costs after total knee arthroplasty (TKA) while providing similar effectiveness.[9]

Best Practices for Centralized Digital Case Management

Plan Ahead and Set Clear Expectations to Ensure Clinician Buy-In

Before implementing centralized digital case management as an ongoing process, discuss the goals and strategy of digital care and electronic sharing. You want the clinician to know what is expected of them, what the other members of the care team will be doing, and how this will fit into their workflow. Make sure everyone is on the same page so they trust that patients will receive the care they need and no patient care gets dropped. Clinicians are busy, and it can be hard to get buy-in at the initial stages if there's not a clear path to the benefits that they will enjoy long term. Explain the value of DCM and how it will help improve patient engagement and outcomes, as well as how it will help them do more with their limited time.

Set Aside Dedicated Time for Digital Case Management

Depending on the size and needs of your team, the digital case manager role might look a little different than at another organization—and that's ok. Many organizations with a high volume of patients are seeing that the DCM is a full time job. At a smaller clinic, you might ask one or several staff members to allocate time to handle DCM a few times a week. Workflows will differ in each organization, and you'll be able to evaluate which approach will work for you.

The most important thing is that you're setting aside **dedicated time** for case management each week. This allows you the opportunity to critically evaluate what is and isn't working for your patients, and respond appropriately. It also allows the organization to understand how and what they need to do to optimize the workflow. Perhaps you're noticing that patients are highly engaged in the first week, but activity usually dips in the second week. This might indicate that patients are motivated for a week after their in-person visit, but might need to be re-engaged by the DCM around day eight or nine when engagement trends start to dip. You know what your patients need best, and having a DCM as part of your internal team will allow you to be agile in responding to your patients' needs.

BEST PRACTICES

- ☑ Plan ahead and set clear expectations
- ☑ Set aside dedicated time for digital case management
- ☑ Make sure the primary clinician introduces the care team and care coordinator
- ☑ Set your patients up for success from day one
- ☑ Drive patient engagement with active communication
- ☑ Adapt your program to meet your patients' individual needs

Make Sure the Primary Clinician Introduces the Care Team and Care Coordinator

Much of the coordination and communication between visits will be happening virtually between the care coordinator/team and the patient. That's why it's important to give these interactions a more personal touch by having the primary clinician introduce the patient to the care team so they can put a face to the name they'll be receiving communication from. This way they don't feel like they're communicating with a faceless entity on the other side of the screen, but a dedicated care team working with their clinician to provide the best possible care. If an in-person meeting isn't possible or there are multiple people on the DCM team, you can also create a flyer or brochure introducing the care team that the patient can reference. This can include photos of the care team, their credentials, how they'll be reaching out (phone, email, or text), and even a fun fact to help the patient get to know their care team.

Set Your Patients Up for Success from Day One

Ensure that patients understand how to access their home program during the intake appointment by having their clinician walk the patient through logging in to their home program app or patient portal. Share with patients your expectations for how frequently they should log in and log activity, and encourage buy-in by explaining how logging in to their home program and performing their exercises as prescribed will help them get better faster. You can support this process with lobby signage, emails, and handouts.

Drive Patient Engagement with Active Communication

From text messages to phone calls to telehealth, let your patients know from the very first appointment that you are there for them. Frequent communication will encourage patients to feel comfortable reaching out, as well as provide motivation to continue with their program. This is another scenario where it's vital that the clinician is acting upon the patient data (or addressing a lack thereof) as part of the conversation to help provide feedback and accountability. If patients know you are looking at and responding to their activity, they are more likely to stay engaged with and continue to participate in their program.

Adapt Your Program to Meet Your Patients' Individual Needs

Each patient has their own schedule and work/life balance, so it's important to listen to those needs. A traditional physical therapy rule of thumb is to assign three sets of ten reps. But is it actually realistic to have every patient do exercises three times a day? Maybe their adherence data shows that they are only doing it once per day. There might be a reason for that, so work with them to maximize what is possible. A working parent with young children at home might only have a small window to perform exercises without interruption, so consider adapting the program to get the most out of that half-hour window rather than trying to stick to a three-times-a day schedule that the data shows isn't working.

How MedBridge Can Help

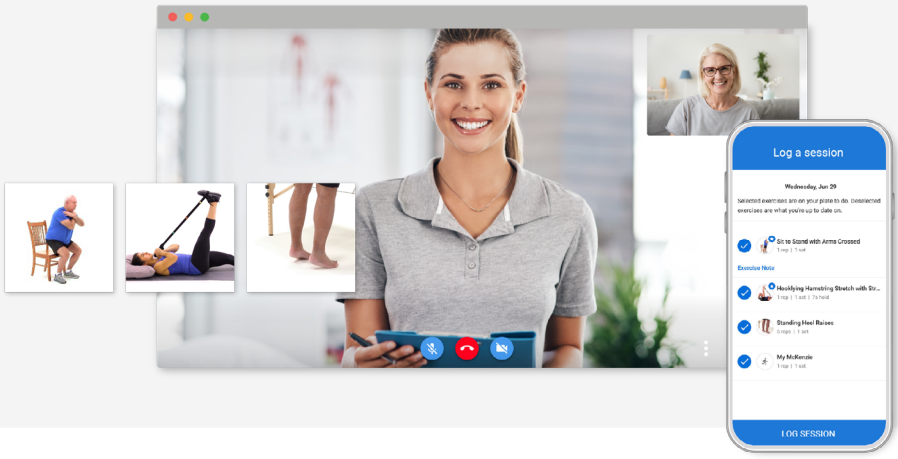
The MedBridge Digital Patient Care Solution combines digital patient engagement and remote communication tools with a robust tracking and reporting dashboard that makes it easy for clinicians to monitor patients, bill for services, and bring centralized digital case management to life. And with our Digital Patient Management Solution, you can also receive additional reimbursement through RTM for following the digital case management model while increasing patient engagement and providing better care.

Key Features

- **Case management dashboards with patient insights to help with triaging**
- **Utilization analytics and reporting**
- **HIPAA-compliant two-way messaging and telehealth visits**
- **Care team creation for simple digital case management**
- **RTM billing milestone notifications**
- **Robust HEP, educational videos, and templates for multiple diagnoses**
- **Weekly progress surveys from patients**

Conclusion

With strategies like centralized digital case management, the therapeutic alliance between clinicians and their patients can grow stronger than ever. And while patient engagement will look a little different in the digital age, it will ultimately broaden the options clinicians will have to connect with their patients.



ABOUT THE AUTHOR

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Anang Chokshi is a physical therapist double-board certified in sports and orthopedics by ABPTS. He is a digital healthcare expert and entrepreneur focused on supporting innovative technologies and evidence-based clinical pathways to digitally transform the healthcare industry and improve access to care while focusing on both the patient and the clinical experience. He has developed, validated, and identified effective reimbursement strategies for digital rehabilitation.

Anang's experience and skills include evidence-based clinical care in the areas of orthopedic and sports-based physical therapy, digital healthcare, telehealth, remote patient monitoring, value-based care, product vision and development, FDA and regulatory experience, and clinical research and trial design.

His focused expertise is in customer-facing sales support for remote PT and telemedicine technology implementation, clinical practice workflow design, and product development for digital healthcare technologies.

About MedBridge

Combining powerful digital patient care tools with the highest quality education, MedBridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use MedBridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 300,000 clinicians and 25 million patients, MedBridge has helped thousands of organizations realize better patient outcomes. Learn more.

See how MedBridge can help your organization.
Contact us to request a demo.

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