



# Balancing Optimal Patient Outcomes and Eliminating Deficit

**Ana Paquette**

Manager, Decision Support - Data Management, CECCAC

**Wanda Parrott**

Senior Manager, Patient Services, CECCAC

Central East CCAC

## Who we are...

# Central East CCAC

Established Jan 01, 2007 resulting from the alignment of 4 predecessor CCACs

Seven branch offices located in Campbellford, Haliburton, Lindsay, Port Hope, Peterborough, Scarborough, and Whitby

Sixth largest CCAC based on geography covering approximately 16,673 square kilometers

Second largest CCAC based on population, serving approximately 1.5 million people

Working with 9 hospital corporations (15 sites) and 69 LTC Homes (operating approx. 10,000 beds)

# Volume of services and patients, then...

Provided 700,000 nursing visits to 26,000 patients, 196,000 hours of shift nursing to 670 patients, 67,000 OT visits, and 53,000 PT visits.

Assessed 6,800 patients for LTC and facilitated placement for 4,800 patients to LTC.

Served 70,500 unique patients and handled 15,000 calls through I & R lines

Fiscal year 2009/10

## Now ...

Provided 652,000 nursing visits to 27,500 patients, 230,700 hours of shift nursing to 246 patients, 74,400 OT visits, and 71,000 PT visits

Assessed 6,300 patients for LTC and facilitated placement for 5,000 patients to LTC

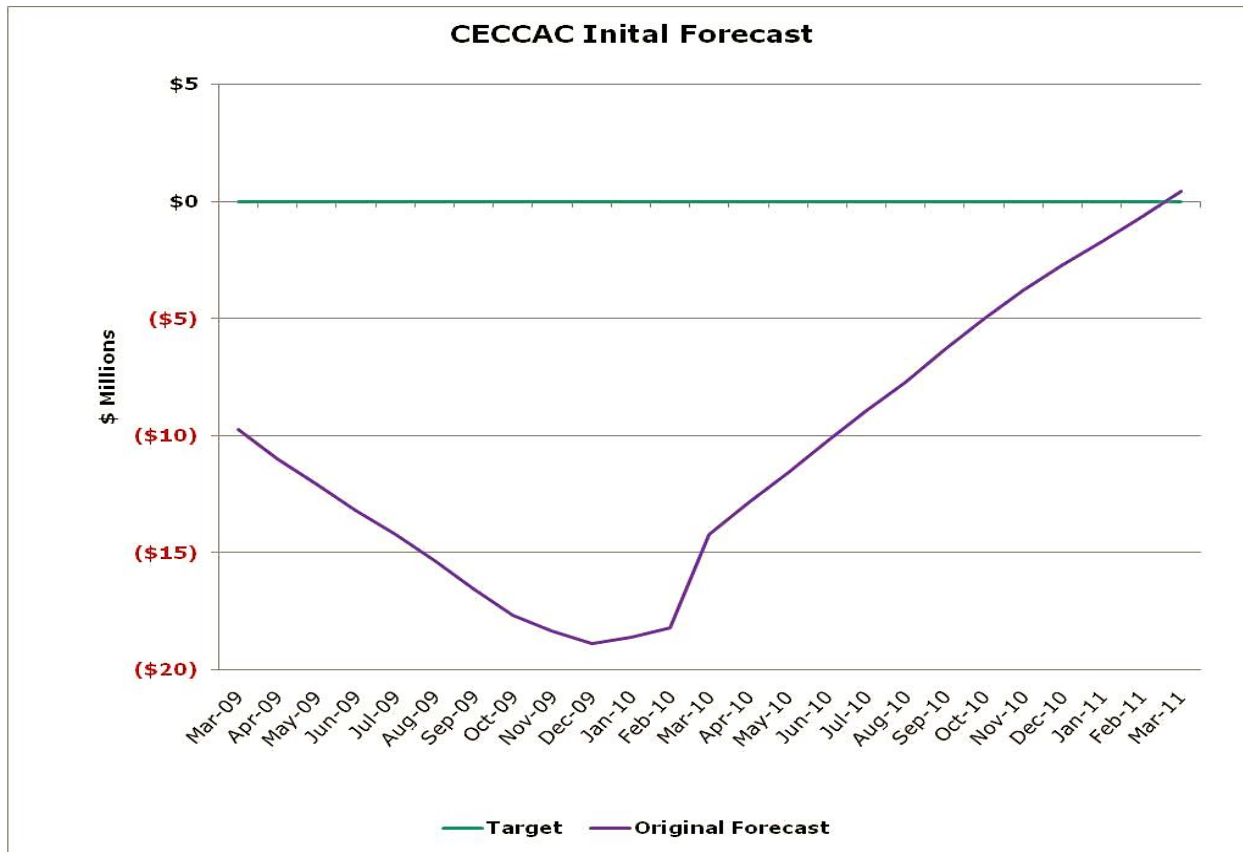
Served 82,700 unique patients and increased role in system navigation, Information and Referral

Fiscal year 2014/15

# Why we started to do this

- CECCAC began to experience a deficit position in fiscal 2008/09 based on a growing number of patients presenting with increasingly complex needs.
- We immediately implemented cost containment initiatives that in past experience had achieved required savings.
- Though at the time it looked as though at the end of 2008/2009 we would have a deficit of \$10M.
- At March 31, 2010 the CECCAC had a cumulative deficit of \$14.2M.

# Central East CCAC (CECCAC) must be in a balanced position by March 31, 2011



Central East CCAC

## How we started



- **Hired a consulting firm**



- **Site visit to HNHB**



- **Identified variations from predecessor CCACs**

# What we looked at

## The Balanced Budget Formula

There are three contributing factors involved in achieving a balanced budget for the CECCAC:

- 1. Volume:** the number of patients, their particular clinical need profile, and their length of stay on service
- 2. Rate:** the cost per client (allocation and price of services), the cost of case management and the cost of administrative supports
- 3. Funding:** financial resources

We recognized that though the majority of our spend is in client services, we explored all aspects of our organization

# Cost Containment Strategy Overview

Stop Overspending and Eliminate the Accumulated Deficit

## Hold Spending to Budget Allocations

- Implement an Outcome-based Resource Allocation Model (OBRAM)
- Align CECCAC Waitlist Management
- Standardize Intake Control Measures

## Standardize Service Allocations

- Optimize Service Allocations
- Enhance Alternate Care Setting Utilization
- Implement Best Practice Wound Care Program
- Standardize Personal Support

## Ensure Organizational Clarity

- Leverage VoIP Technology
- Optimize Organizational Structure and Effectiveness
- Manage Communication and Change Management Strategy

## Strengthen Stewardship & Relationships

- Standardize a Single Set of Policies and Procedures
- Optimize Service Provider Service Management
- Review Medical Supplies Delivery Model

# The Balanced Budget Challenge

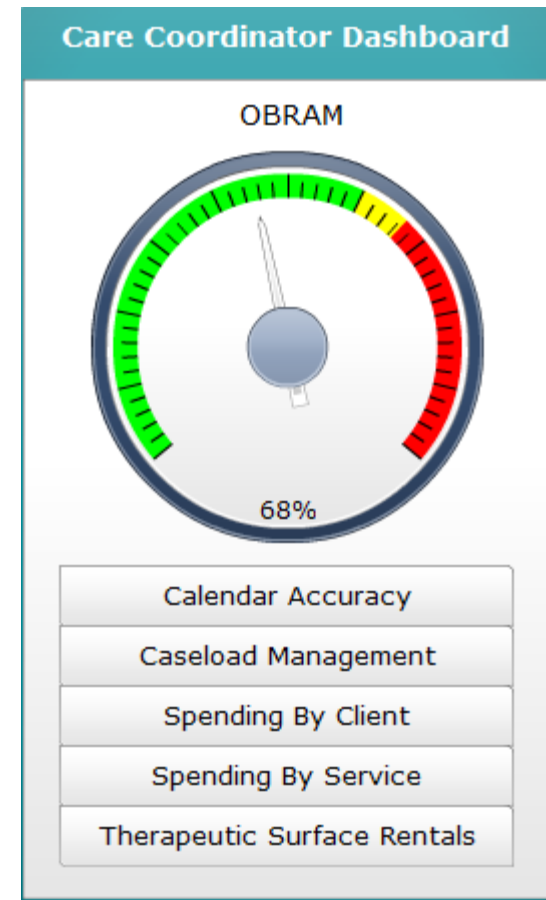
The cumulative budget challenge was to reduce the rate of spending to recover \$27.2M by March 31, 2011.

## Strategies we implemented:

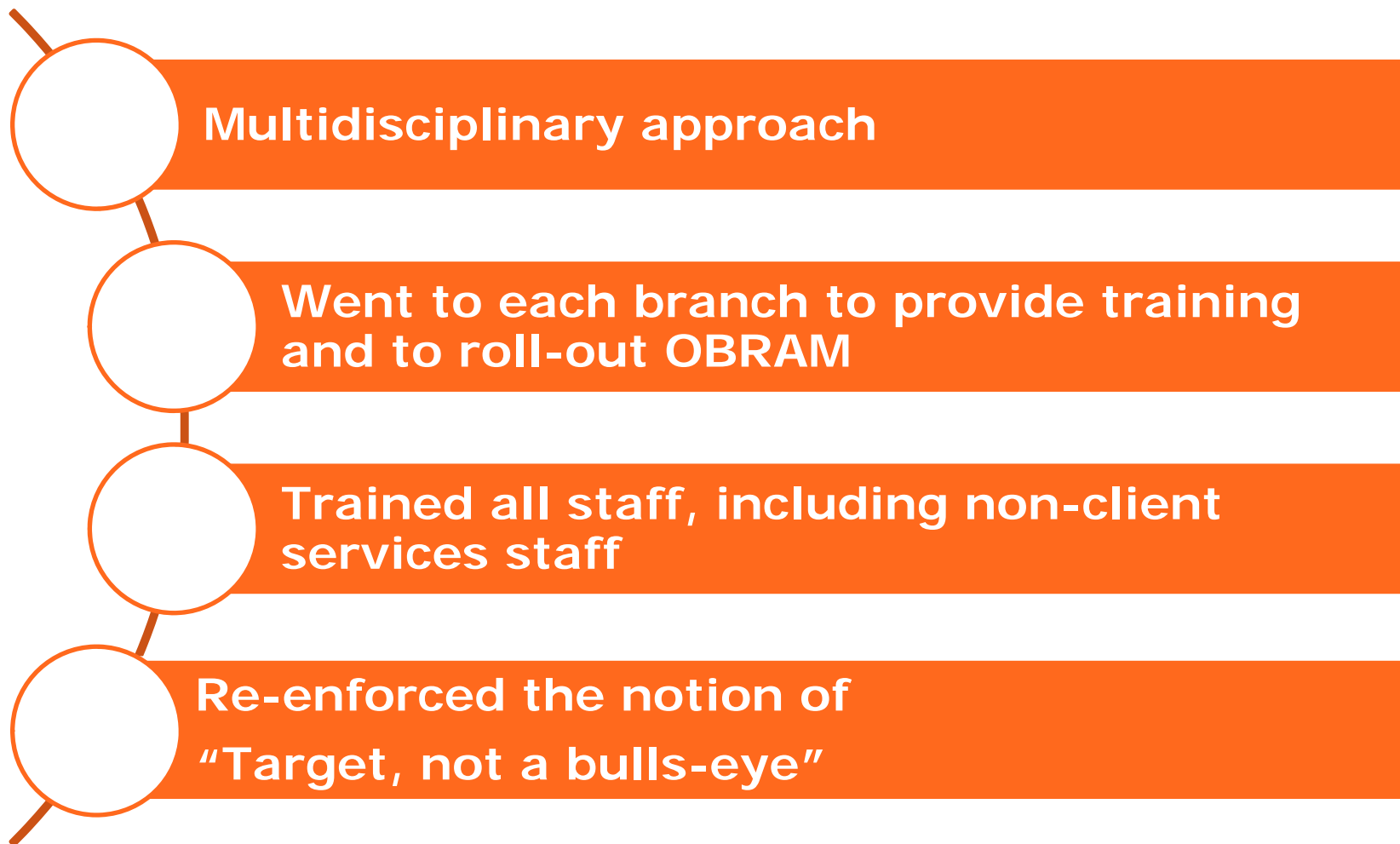
- Implement Outcome Based Resource Allocation Model (OBRAM)
- Implement Best Practice Wound Care Program
- Standardize Intake Control Measures
- Align CECCAC Waitlist Management
- Standardize Personal Support Allocation
- Optimize Service Allocations
- Restrict In Home Lab Service to Homebound Patients Only
- Enhance Alternate Care Setting Utilization
- Reduce Number of Single Nursing Visits Post Surgery
- Cluster Care Sites
- Service Planning Guidelines

# Outcome Based Resource Allocation Model

- Budget allocation
- Series of Reports
- Supportive tools and guidelines
- New processes:
  - ✓ Regular review for Care Coordinators and their Managers, added responsibility to Team Assistants
  - ✓ Senior Team had to be nimble to provide constant review and improvements



# Roadshow





Scarborough

SC Children's/SHSS

## Calendar Accuracy

Previous (Prev 1) Period: 29-Sep-2014 to 26-Oct-2014

Previous (Prev 2) Period: 1-Sep-2014 to 28-Sep-2014

Scheduled for the Current and Next Period (Units)														Scheduled in the Period (\$)												
Average Cost per Unit	NUR (Visit)	NUR (Shift)	PSW	QT	PT	SW	BT	ENT	LAB	NUT	SLP															
CTN	Client Name	Schd	Used	Schd	Used	Schd	Used	Schd	Used	Schd	Used	Schd	Used													
<b>SC 50</b>																										
<b>SRC 91</b>																										
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$0.00	\$0.00		
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$0.00	\$0.00
		10.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$809.41	\$511.52
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$0.00	\$0.00
		0.0	0.0	0.0	0.0	0.0	0.0	1.9	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	2.0	0.0	0.0	0.0	0.0	\$373.81	\$424.32
		0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	2.0	0.0	0.0	0.0	0.0	\$281.82	\$185.30
		9.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$575.46	\$319.70
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	\$0.00	\$0.00

Central East CCAC



## Spending by Client

Current (Curr) Period: 27-Oct-2014 to 23-Nov-2014

Next Period: 24-Nov-2014 to 21-Dec-2014

Scarborough

SC Children's/SHSS

Scheduled for the Current and Next Period (Units)													Scheduled in the Period (\$)	
Average Cost per Unit		NUR (Visit) \$63.94	NUR (Shift) \$49.51	PSW \$29.95	OT \$119.01	PT \$130.33	SW \$0.00	BT \$0.00	ENT \$0.00	LAB \$0.00	NUT \$93.15	SLP \$0.00	Current	Next
CTN	Client Name	Curr	Next	Curr	Next	Curr	Next	Curr	Next	Curr	Next	Curr	Next	
<b>SRC 91</b>														
		21.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.9	0.9	0.0	0.0	0.0	0.0	1.3	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8	0.0	0.0	0.0	0.0	0.0
		1.8	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		12.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Subtotal SRC 91</b>		36.8	7.9	0.0	0.0	0.9	0.9	1.8	1.8	0.0	0.0	0.0	0.0	0.0
<b>SRC 92</b>														
		0.0	0.0	0.0	0.0	1.3	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	1.3	0.0



## Spending by Services

WH SS BR 11

ACCOUNTS\

Previous Period: 16-Mar-2015 to 12-Apr-2015

Service Type	Average Cost per Unit	Unit Type	Total Scheduled for this Period	
			Units	(\$) Dollars
Enterostomal Therapy	\$134.20	Visit	6.5	\$873.66
Personal Support	\$30.79	Hourly	73.0	\$2,248.00
Nursing - Visit	\$53.58	Visit	996.4	\$53,385.75
Nutritional Services	\$115.56	Visit	5.0	\$577.80
Occupational Therapy	\$118.38	Visit	44.2	\$5,232.54
Physiotherapy	\$58.43	Visit	85.7	\$5,008.11
Speech/Language Pathology	\$125.89	Visit	11.2	\$1,415.00
Social Work	\$166.90	Visit	0.0	\$0.00

**Total** **\$68,740.87**

Active Cases at the Beginning of 4-Week Period (16-Mar-2015)	159	Total Scheduled for the Period	\$68,740.87
New Admissions During the Period	87	Total Budgeted for the Period	\$76,800.00
Discharges During the Period	(82)	<b>Total Variance (Over)/Under Budget</b>	<b>\$8,059.13</b>
Active Cases at the End of 4-Week Period (12-Apr-2015)	164		

Current Period: 13-Apr-2015 to 10-May-2015

Service Type	Average Cost per Unit	Unit Type	Total Scheduled for this Period		Scheduled Before this Week		Scheduled for this Week and Any Remaining Weeks	
			Units	(\$) Dollars	Units	(\$) Dollars	Units	(\$) Dollars
Enterostomal Therapy	\$134.20	Visit	0.1	\$17.45	0.1	\$17.45	0.0	\$0.00
Personal Support	\$30.79	Hourly	54.0	\$1,662.90	34.5	\$1,062.41	19.5	\$600.49
Nursing - Visit	\$53.58	Visit	722.3	\$38,698.93	462.0	\$24,753.08	260.3	\$13,945.84
Nutritional Services	\$115.56	Visit	2.0	\$231.12	1.0	\$115.56	1.0	\$115.56
Occupational Therapy	\$118.38	Visit	55.4	\$6,559.61	32.8	\$3,885.34	22.6	\$2,674.28
Physiotherapy	\$58.43	Visit	80.3	\$4,692.00	39.2	\$2,291.66	41.1	\$2,400.34
Speech/Language Pathology	\$125.89	Visit	11.8	\$1,481.73	4.8	\$606.79	7.0	\$874.94
Social Work	\$166.90	Visit	0.0	\$0.00	0.0	\$0.00	0.0	\$0.00

**Total** **\$53,343.73** **\$32,732.29** **\$20,611.45**

Active Cases at the Beginning of Previous Week (20-Apr-2015)	159	Total Scheduled for the Period	\$53,343.73
New Admissions During the Previous Week	27	Total Budgeted for the Period	\$76,800.00
Discharges During the Previous Week	(27)	<b>Total Variance (Over)/Under Budget</b>	<b>\$23,456.27</b>
Active Cases at the Beginning of This Week (27-Apr-2015)	159		

# OBRAM Analysis

## Period 2 (28-Dec-2009 to 24-Jan-2010)

	Allocation	Calendar	Billings
Week 1 (28-Dec-2009)	\$2,182,309	\$2,440,562	\$2,071,503
Week 2 (04-Jan-2010)	\$2,182,309	\$2,597,168	\$2,345,694
Week 3 (11-Jan-2010)	\$2,182,309	\$2,623,956	\$2,383,305
Week 4 (18-Jan-2010)	\$2,182,309	\$2,595,883	\$2,369,044
<b>Period 2 (28-Dec-2009 to 24-Jan-2010)</b>	<b>\$8,729,237</b>	<b>\$10,257,570</b>	<b>\$9,169,546</b>

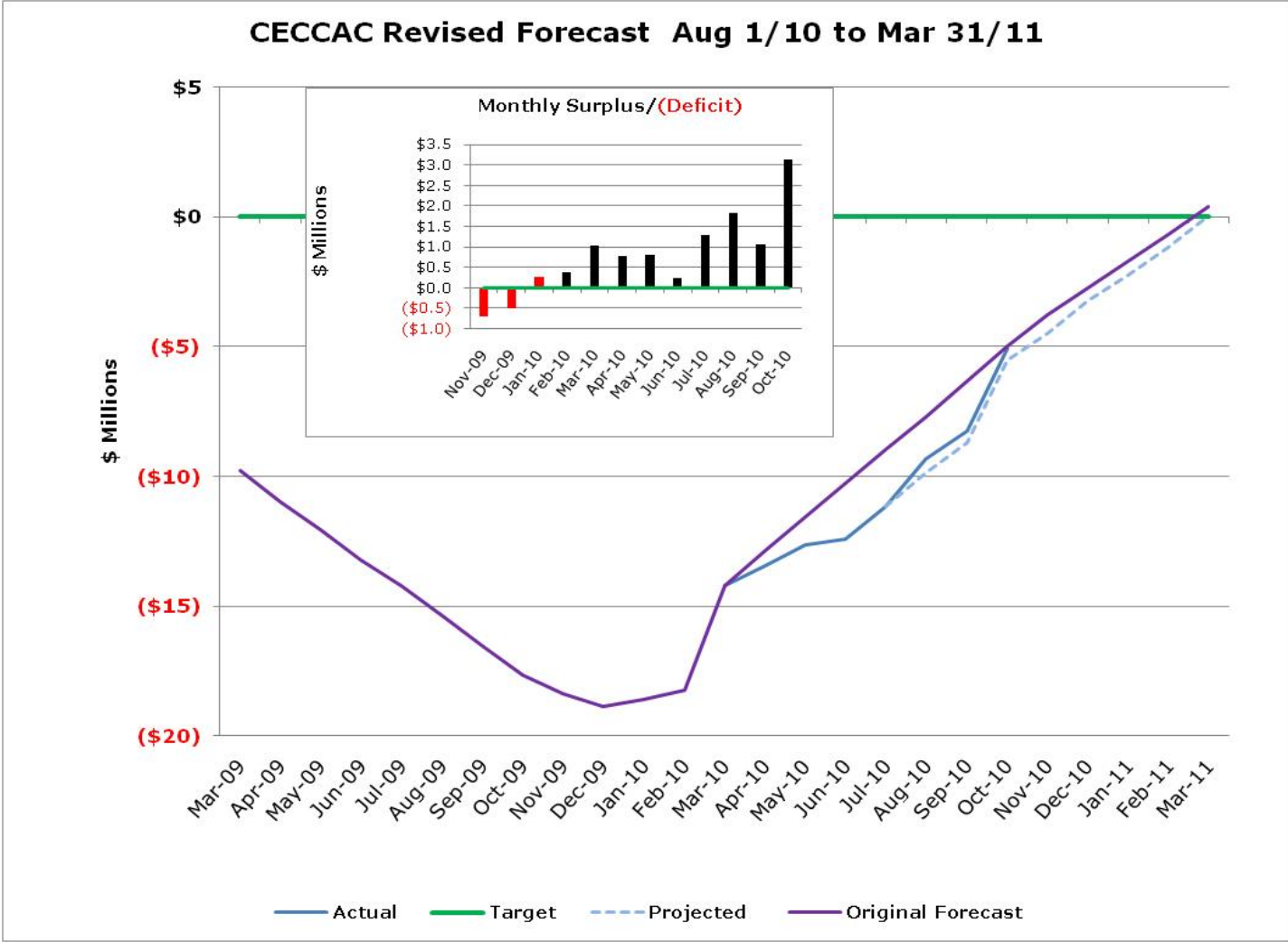
## Period 9 (12-Jul-2010 to 08-Aug-2010)

	Allocation	Calendar	Billings
Week 1 (12-Jul-2010)	\$1,995,536	\$2,107,892	\$2,058,587
Week 2 (19-Jul-2010)	\$1,995,536	\$2,193,085	\$2,066,167
Week 3 (26-Jul-2010)	\$1,995,536	\$2,180,805	\$2,048,523
Week 4 (02-Aug-2010)	\$1,995,536	\$2,143,149	\$1,967,636
<b>Period 9 (12-Jul-2010 to 08-Aug-2010)</b>	<b>\$7,982,144</b>	<b>\$8,624,931</b>	<b>\$8,140,912</b>

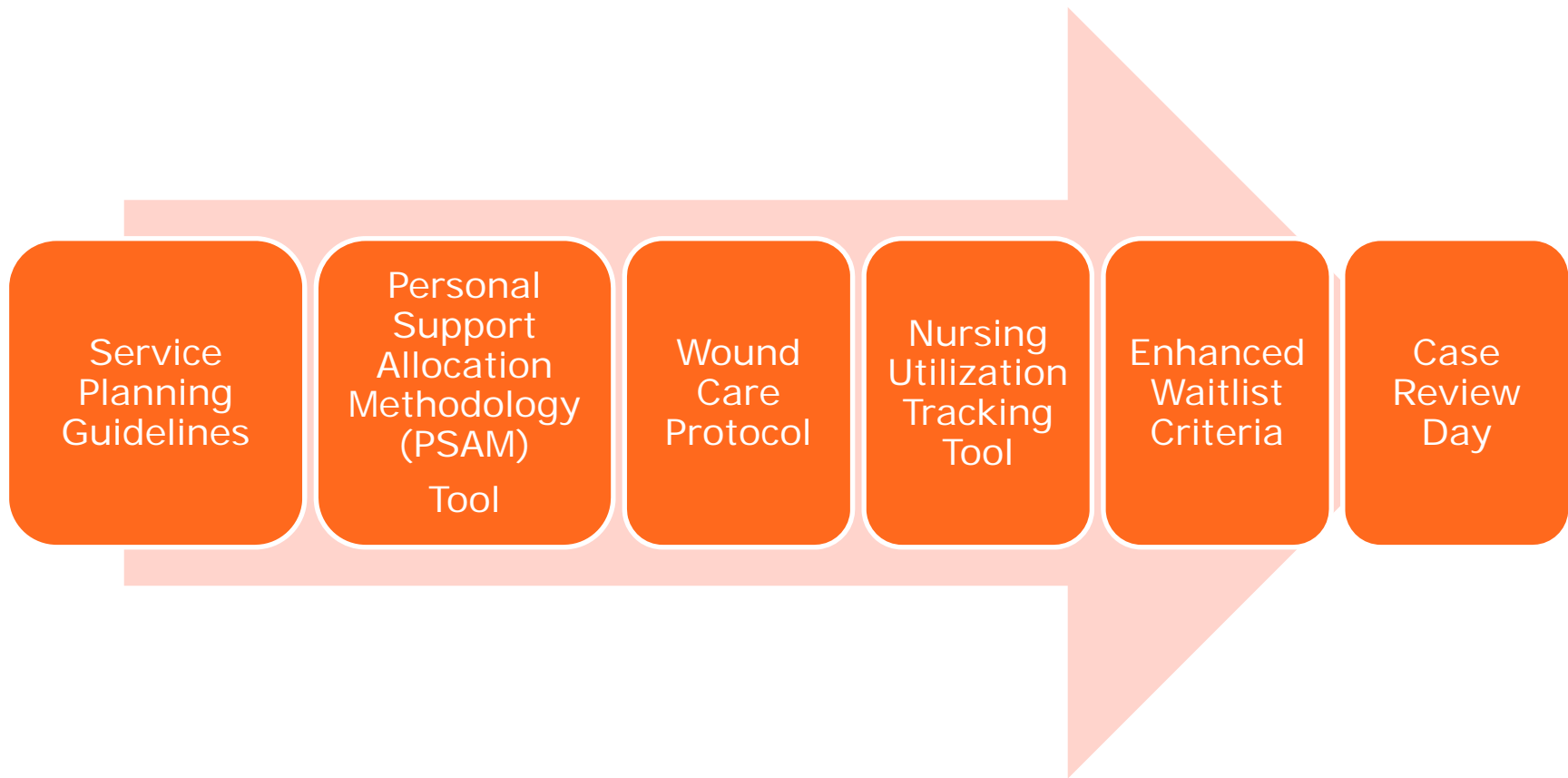
<b>Savings From Period 2 to Period 9</b>	<b>\$747,093</b>	<b>\$1,632,639</b>	<b>\$1,028,634</b>
--	------------------	--------------------	--------------------

Proposed Savings 2010/11 \$9,000,000

# We recovered, with a surplus!



# Development of Strategies to Align with Allocation



# Care Coordinator Responsibilities

DASHBOARD	CALENDAR ACCURACY	PSAM
<ul style="list-style-type: none"> <li>Visible on each Care Coordinator's desktop</li> </ul>	<ul style="list-style-type: none"> <li>Joint responsibility of Care Coordinator and Team Assistant</li> </ul>	<ul style="list-style-type: none"> <li>Personal Support Allocation Methodology was developed in 2012</li> </ul>
<ul style="list-style-type: none"> <li><b>GREEN</b> indicates forecasted services are within allocated budget</li> </ul>	<ul style="list-style-type: none"> <li>Weekly meeting required to discuss and review any problem areas</li> </ul>	<ul style="list-style-type: none"> <li>Reference guide for allocation of personal support hours based on the outcomes of the RAI HC/CA assessment</li> </ul>
<ul style="list-style-type: none"> <li><b>RED</b> indicates forecasted services are beyond allocation</li> </ul>	<ul style="list-style-type: none"> <li>Provides information on services forecasted, in addition to services billed by provider</li> </ul>	<ul style="list-style-type: none"> <li>Provides maximum amount of personal support hours for RAI CA of 7 hours</li> </ul>
<ul style="list-style-type: none"> <li>Spend by Services Report</li> </ul>		<ul style="list-style-type: none"> <li>Required for all patients assessed for personal support services</li> </ul>
<ul style="list-style-type: none"> <li>Spend by Client Report</li> </ul>		<ul style="list-style-type: none"> <li>Service plans that are exception to the PSAM allocation will be discussed with the Manager</li> </ul>

# Care Coordinator Responsibilities continued ...

PSW SUMMARY REPORT	SERVICE PLANNING GUIDELINES	CASE REVIEW	HOME VISITS
<ul style="list-style-type: none"> <li>Monthly review required</li> </ul>	<ul style="list-style-type: none"> <li>Provides suggested visit allocation for all services provided by CCAC</li> </ul>	<ul style="list-style-type: none"> <li>Preplanned day to for all Care Coordinators to review caseload</li> </ul>	<ul style="list-style-type: none"> <li>Assessments due by client report available</li> </ul>
<ul style="list-style-type: none"> <li>Provides outcomes of RAI HC, CPS, ADL, IADL , CHESS and # personal support hours authorized</li> </ul>	<ul style="list-style-type: none"> <li>Provides visit plans based on best practice</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to identify care plans that do not fall within service planning guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Key to staying on target with assigned allocation</li> </ul>
<ul style="list-style-type: none"> <li>Aligns with the PSAM tool to identify patients with higher service utilization to assist with home visit planning</li> </ul>	<ul style="list-style-type: none"> <li>Any care plans exceeding maximum service allocations are discussed with Manager</li> </ul>	<ul style="list-style-type: none"> <li>Allowed time for the Care Coordinator to develop a plan based on priorities, with set goals and targets</li> </ul>	<ul style="list-style-type: none"> <li>Review care plans and align with service planning guidelines and PSAM</li> </ul>

# Manager Responsibilities

OBRAM REPORTS	OBRAM MEETINGS	REVIEW OF CARE COORDINATOR MONTHLY REPORT
<ul style="list-style-type: none"> <li>▪ Spend by Services Report</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preplanned meetings with the Care Coordinator at regular intervals based on the spend, trends and challenging situations of the assigned caseload</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review in advance of the meeting and review barriers/challenges</li> </ul>
<ul style="list-style-type: none"> <li>▪ Spend by Client Report</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ensure meeting time is protected without interruption</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assists with empowerment and higher level of accountability</li> </ul>
<ul style="list-style-type: none"> <li>▪ Quarterly report; gathers total spend by team for all services and identifies the average spend for each service</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prepare all reports in advance of the scheduled meeting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assists with strategizing and care plan development with mutual goal setting</li> </ul>

# Manager Responsibilities continued ...

EMPOWER STAFF	ANNUAL HOME VISIT SHADOW DAY
<ul style="list-style-type: none"><li>Recognize the small and big successes</li></ul>	<ul style="list-style-type: none"><li>Provides one on one time with the Care Coordinator</li></ul>
<ul style="list-style-type: none"><li>Problem solve challenging situations together</li></ul>	<ul style="list-style-type: none"><li>Opportunity to share mentorship and expertise</li></ul>
<ul style="list-style-type: none"><li>Reinforcement of positive feedback</li></ul>	<ul style="list-style-type: none"><li>Provide support to Care Coordinator for challenging patient issues</li></ul>

# Manager Preparation for OBRAM Review

- ✓ Gather all available reports to capture an overview of caseload
- ✓ Review reports in advance to identify case management concerns such as:
  - Sudden increase in service utilization/spend
  - Service utilization/spend above team average
  - Outstanding provider end dates
  - Patients on hold/waitlisted and length of stay
  - Outstanding equipment rentals
  - Number of overdue RAI assessments
  - Status of Wound Care patients

# OBRAM Preparation

## Review Details

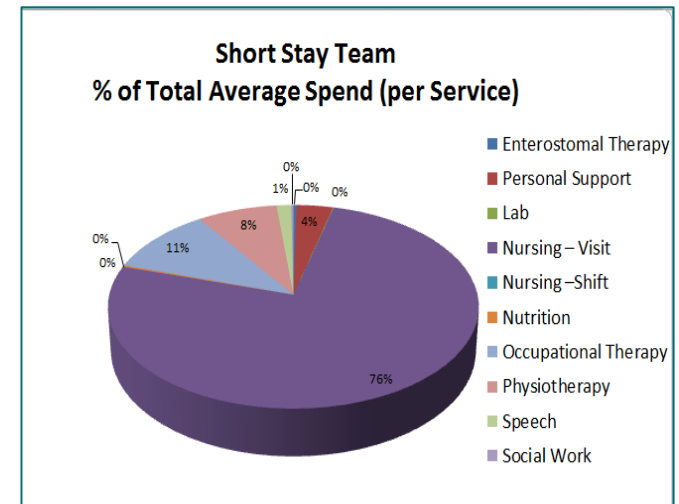
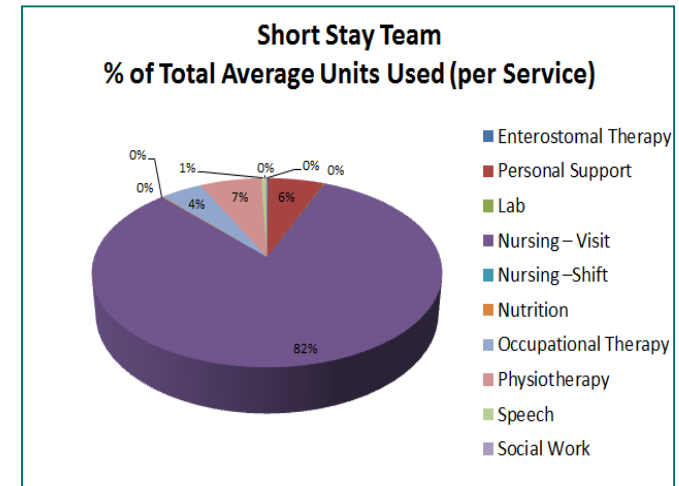
- Caseload Summary
- CHRIS Reports
- OBRAM Reports
- Wound Care
- Service Utilization
- Care Coordinator Follow-up

OBRAM Review	
Date: <input type="checkbox"/> Initial <input type="checkbox"/> R/A # _____	
Branch: _____ Review Period: _____	
Care Coordinator Name: _____ Caseload Type: _____	
CASELOAD SUMMARY	Total Active Clients _____ New Admissions/Transfers in _____ Discharges/Transfers out _____
CHRIS REPORTS	<input type="checkbox"/> PEDs <input type="checkbox"/> Clients on Hold <input type="checkbox"/> Waitlist – Clients Waiting for Services Report (Detailed) <input type="checkbox"/> Out dated Equipment/Supplies <input type="checkbox"/> # of HV completed _____ <input type="checkbox"/> # of Outdated RAIs _____
OBRAM REPORTS	<input type="checkbox"/> Current OBRAM \$ _____ (Over)/Under budget \$ _____ <input type="checkbox"/> Spend by Service Report <input type="checkbox"/> Services with higher spend (based on team average): _____ <input type="checkbox"/> Spend by Client Report <input type="checkbox"/> Calendar accuracy Report
WOUND CARE	<input type="checkbox"/> Wound Care Report <input type="checkbox"/> Wound Care LOS Exception Report
SERVICE UTILIZATION	<input type="checkbox"/> # of clients receiving Daily Nursing: _____ <input type="checkbox"/> PT /OT exception report <input type="checkbox"/> PSW Support Service Summary by Caseload Report
CARE COORDINATOR FOLLOW-UP	Issue/Resolution:   
Next review date: _____	

# Quarterly Report: Average Units and Average Spend per Service by Team

**Whitby Short Stay Team**  
Average Units & Average Spend per Service

Service	Average Units	Average Spend
Enterostomal Therapy	1.8	\$231.03
Personal Support	85.2	\$2,579.94
Lab	0.8	\$59.63
Nursing – Visit	1143.3	\$55,007.78
Nursing –Shift	0.0	\$0.00
Nutrition	1.6	\$177.75
Occupational Therapy	63.3	\$7,732.62
Physiotherapy	93.3	\$5,687.35
Speech	7.4	\$1,037.60
Social Work	1.4	\$155.82



# Complete Review and Establish Mutual Plan

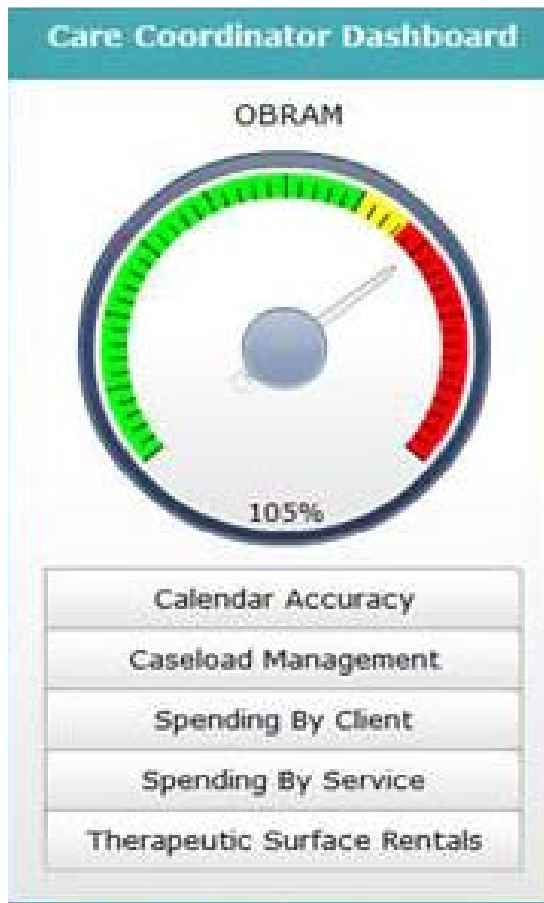


Central East CCAC

# Manager/Care Coordinator Evaluation

- ✓ Meet with staff consistently
- ✓ Review reports together; and thoroughly
- ✓ Provide learning examples and case management tips
- ✓ Counsel to increase confidence and improved problem solving skills
- ✓ Assist with planning and organization
- ✓ Share tools available to assist with monitoring service levels/spend
- ✓ Set goals
- ✓ Determine appropriate timelines for meeting goals
- ✓ Follow-up in a timely manner
- ✓ Recognize milestones and successes

# Case Study: Short Stay Caseload



- Current number of patients **194**
- Allocation assigned to Caseload = **\$72,000**
- Note that the dashboard is **RED** indicating over budget
- OBRAM meeting scheduled by Manager with the Care Coordinator

# Meeting with Short Stay Care Coordinator

## Nursing Utilization Tracking

CLIENT NAME	Admit Date	FREQUENCY	TASK	BARRIER TO SELF CARE	SOURCE OF BARRIER	PLAN
Smith, A.	April 2/15	3 x wkly	wound	wound packing on back		PED May 17/15
Smith, B.	May 18/15	Q 3 days	IV			PED May 23/15
Smith, C.	March 12/15	OD	Chemo & wound	Back wound , lives alone, large amount of drainage		PED May 24/15
Smith, D.	March 9/15	1 x wkly	wound & ostomy	Just started chemo for bladder CA		PED May 31/15 - PICN
Smith, E.	May 16/15	OD	wound	ACS		PED May 26/15
Smith, F.	March 3/15	Q 2 wks	symptom management	chemo		PED May 24/15
Smith, G.	May 21/15	Q 3 days	wound			PED May 31/15
Smith, H.	March 12/15	Q 2 days	wound	Coccyx pressure ulcer		PED May 24/15

- Reviewed the Spend by Services Report and compared to team average
- Noted a high utilization of Nursing service
- Reviewed the Nursing utilization sheet
- Provided positive feedback about OT/PT services being lower than the team average
- Set goal to decrease nursing utilization to 200 units, within a 2 month period
- Chose 20 patients with high frequency to focus on
- Set next meeting date

# Case Study continued ...

## Case Review

- 2 days of desk support to review 40 patients

## Prioritize

- Identify patients with highest frequency
- Review the file
- Complete RAI CA assessment

## Develop Plan

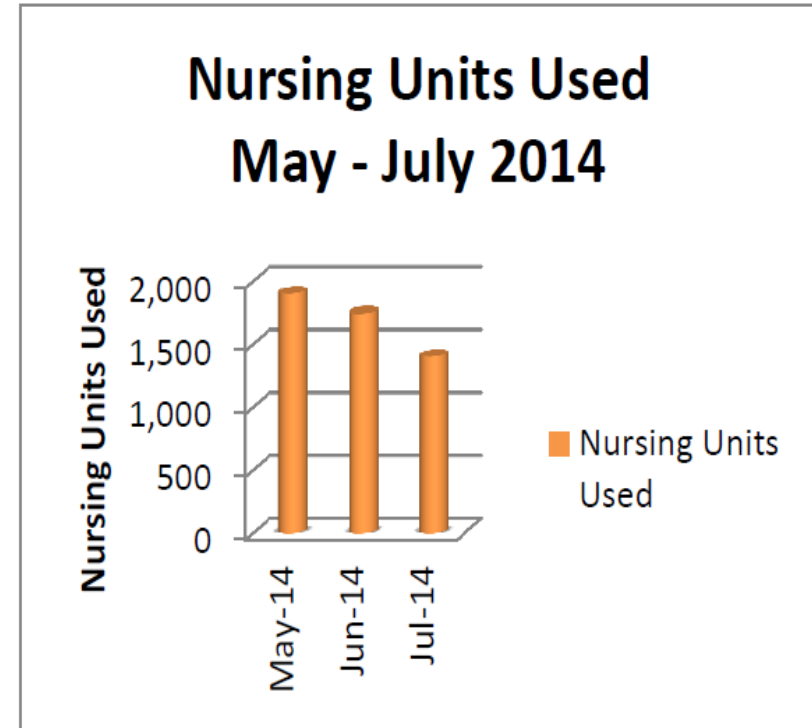
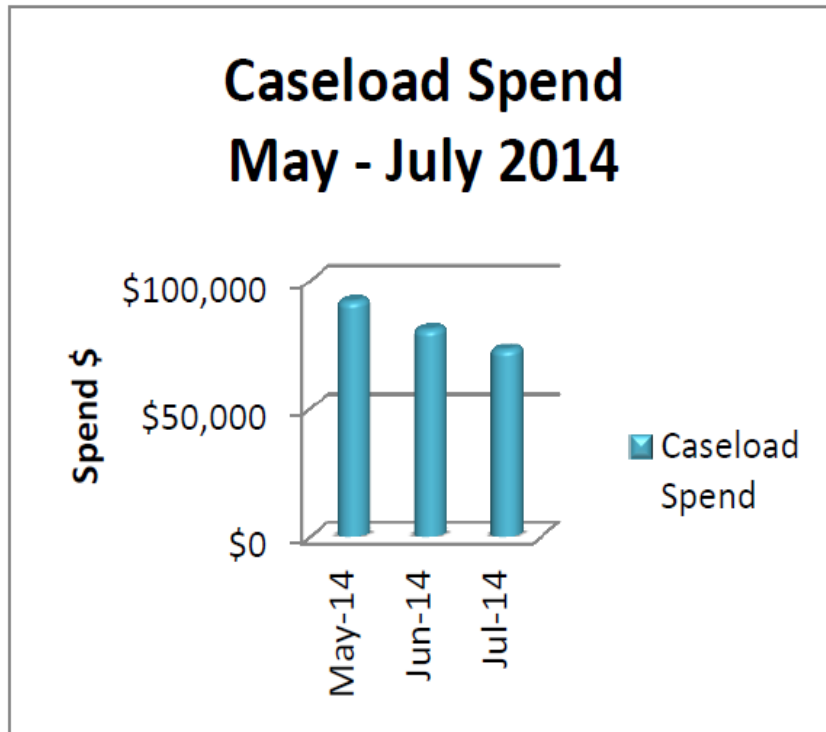
- Utilize all available reports
- Link with service providers to discuss concerns
- Link back with the patient to develop and discuss plan

## Case Study continued ...



- Complete reassessment of patient needs; discuss barriers to self care and consider all factors including holistic approach
- Ensure that service planning guidelines were followed based on best practices, and the provision of quality-based care
- Link patient with the appropriate community resources, trained caregivers
- Develop a collaborative care plan

# Caseload Study continued ...



Successful decrease of service utilization and spend.

# Case Study: Outcome

- ✓ Utilizing the OBRAM reports assisted with balancing our budget
- ✓ Achievable targets within an assigned caseload were set
- ✓ Improved relationships among Care Coordinators and Managers
- ✓ Established a consistent approach for planning patient care that aligned with planning guidelines

# Questions

