



### CaseTrakker Plan of Care changes

Effective December 29th, there will be a series of new changes to the **Plan of Care** in CaseTrakker. I will only outline a few of the most critical changes for this week's Tuesday Tips.

1. The **“Barriers”** checkbox section in the Plan of Care has been removed from the top area of the screen and is now incorporated into the **Goal** and **Intervention** selections (view screenshot below). As always, you must first identify a member **Problem**. But, you now are able to select multiple barriers to achieving one Goal. You will always need to select an Intervention Barrier for each Goal Barrier identified.

The screenshot displays the CaseTrakker Plan of Care interface for a member named DANIEL P RANGAL. The header includes the member's name, DOB (01/11/1927), and the date/time of entry (1/6/2014 11:06:46 AM). The status is set to 'Active'. Below the header, there are sections for 'Reviewed and Approved by Member' (Yes, 4/7/2014) and 'Reviewed and Approved by PCP' (No). A status filter is set to 'None'. The main content area is divided into three columns: Problem, Goal, and Intervention. The Problem column shows 'Problem Status' (Active) and 'Problem' (Memory Problems). The Goal column shows 'Goal Type' (Long-Term), 'Goal' (Remain safely in the current environment (MP)), 'Barrier 1', 'Barrier 2', 'Target Date' (7/7/2014), and 'Goal Outcome'. The Intervention column shows 'Intervention Status' (Identified), 'Problem Intervention' (Assess for safety issues and adequate supervision), 'Barrier 1 Intervention', and 'Assigned To' (Primary Owner). Red arrows point from the 'Problem' dropdown to the 'Barrier 1' dropdown, and from the 'Barrier 1' dropdown to the 'Barrier 1 Intervention' dropdown, illustrating the flow of information from problem to goal barrier to intervention barrier.

2. The new list of available Goal Barriers can be viewed in the screenshot below. The list of Intervention Barriers are contingent upon the Goal Barrier selected. As you can see from the screenshot, both the Goal Barrier and the Intervention Barrier are required fields in order to save the Plan of Care.

The screenshot displays a form with three main sections: Problem, Goal, and Intervention. The Problem section includes 'Problem Status' (Active) and 'Problem' (Memory Problems). The Goal section includes 'Goal Type' (Long-Term), 'Goal' (Remain safely in the current environment (MP)), and 'Barrier 1' (dropdown menu). The Intervention section includes 'Intervention Status' (Identified), 'Problem Intervention', 'Barrier 1 Intervention', and 'Assigned To' (Primary Owner). A red arrow points to the 'Barrier 1' dropdown menu, which is open, showing a list of barrier options: Language barriers, Literacy barriers, Lack of access to transportation, Lack of understanding of medical conditions, Lack of motivation to achieving goal, Financial barriers, Insurance issues, Cultural or spiritual beliefs, Visual or hearing impairments, Psychological impairments, and No barriers identified to meeting this goal.

3. When "No barriers identified to meeting this goal" is selected as a Goal Barrier, you will not be given the option to select an Intervention Barrier

The screenshot shows the 'Goal' and 'Intervention' sections of the form. The 'Barrier 1' dropdown menu is selected as 'No barriers identified to meeting this goal', which is circled in red. A red arrow points to this selection. A red box contains the text: 'When selected, there will be no option to select a Barrier Intervention under the Intervention area'. The 'Intervention' section includes 'Intervention Status' (Identified), 'Problem Intervention', and 'Assigned To' (Primary Owner). The 'Add a New Intervention' button is also visible.

4. Below is a list of all the new **Goal Barriers** and their associated **Intervention Barriers**

<ol style="list-style-type: none"> <li>1. <b>Language barriers:</b> <ol style="list-style-type: none"> <li>a. Access telephonic or in-person interpreter services</li> <li>b. Review plan with caregiver to encourage adherence</li> </ol> </li> <li>2. <b>Literacy barriers:</b> <ol style="list-style-type: none"> <li>a. Review information telephonically or in-person</li> <li>b. Send materials at the appropriate reading level</li> </ol> </li> <li>3. <b>Lack of access to transportation:</b> <ol style="list-style-type: none"> <li>a. Recommend transportation as part of the treatment plan</li> <li>b. Help coordinate transportation to medical appointments</li> </ol> </li> <li>4. <b>Lack of understanding of medical conditions:</b> <ol style="list-style-type: none"> <li>a. Review disease management materials with member/caregiver</li> <li>b. Request RN outreach to review medical conditions with member/caregiver</li> </ol> </li> <li>5. <b>Lack of motivation to achieving goal:</b> <ol style="list-style-type: none"> <li>a. Provide ongoing follow-up via telephonic or home visit to reinforce education</li> <li>b. Use teach-back techniques to ensure member and/or caregiver understand</li> <li>c. Continue to assess readiness to achieve goal</li> </ol> </li> <li>6. <b>Financial barriers:</b> <ol style="list-style-type: none"> <li>a. Connect member with community-based resources, e.g. ASAP</li> <li>b. Review SCO program benefits with member to ensure appropriate access to resources</li> </ol> </li> <li>7. <b>Insurance issues:</b> <ol style="list-style-type: none"> <li>a. Review SCO program benefits with member to ensure appropriate access to resources</li> <li>b. Refer member to Customer Relations</li> </ol> </li> <li>8. <b>Cultural or spiritual beliefs:</b> <ol style="list-style-type: none"> <li>a. Discuss cultural preferences with member/caregiver in order to understand barriers to achieving goal</li> <li>b. Discuss spiritual preferences with member/caregiver in order to understand barriers to achieving goal</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>9. <b>Visual or hearing impairments:</b> <ol style="list-style-type: none"> <li>a. Ensure adaptive equipment is being used and functioning properly</li> <li>b. Recommend/facilitate follow-up with vision care provider</li> <li>c. Recommend/facilitate follow-up with hearing care provider</li> </ol> </li> <li>10. <b>Psychological impairments:</b> <ol style="list-style-type: none"> <li>a. Recommend follow-up with SCO Behavioral Health Clinician</li> <li>b. Recommend/facilitate follow-up with Behavioral Health provider</li> </ol> </li> <li>11. <b>No barriers identified to meeting this goal</b></li> </ol>
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Please let me know if you have any questions,

Thanks,

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