A Data Management System for Health Care Managers

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Abstract

Mental health remains a persistent problem in the United States. Indeed, at the time of the most recent national survey, approximately one in five U.S. adults live with a mental illness (46.6 million). Furthermore, the general scarcity of care managers, experts who work to coordinate all the physical and mental healthcare needs of a mentally ill patient, means that only 41% of those with any mental illness had received mental health services in the past year. Thus, the goal of this research is to support the efficiency of care managers and provide solutions for easy access to community resources and services to individuals living with SMI/SUD. The design involves a web-based interactive decision tree system with a database. The Data Management System will be used by care managers to increase their capacity to create holistic views of patients, personalize treatments, and enhance health outcomes. Also, quality management staff will be able to access, integrate, measure, analyze, and report on patient data.

Introduction

➢ Economic downturn has contributed to new cases of mental illness and worsens the symptoms of people with existing mental illness conditions and substance use disorders.
➢ Most care managers that deliver care management services are with minimal training and experience.
➢ Despite the support of community resources and care services, people with mental illness have a difficult time navigating through such resources and services.

Objective

➢ Create a web-based interactive decision tree system with a database that is user-friendly for individuals living with SMI/SUD for easy access to resources and services.
➢ Promote the efficacy of Care Managers with real time guidance on best practices for addressing a full continuum of social and environmental barriers experienced by clients.
➢ Allow quality management staff to easily access, integrate, measure, analyze, and report on patient data.

Problem

➢ Care managers often need consultation from supervisors when guiding patients and getting back to the patients is a lengthy process.
➢ Supervisors are not always able to provide guidance and advice on how to best address challenges patients may be facing.
➢ Healthcare organizations develop programs that are not user-friendly for individuals living with SMI/SUD, which prevents more comprehensive insights into patients' well-being.
➢ CPC Behavioral Healthcare do not collect and analyze patient data.

Results

➢ Final report with outcomes generated and related performance improvement in areas identified.
➢ Assess of patient health outcomes and Care Manager professional confidence.
➢ Assess the user interface, user friendliness and decision tree content.
➢ Performance improvement will be conducted based on data collected.

Care Managers' Feedback

First Name	Email	Decision Tree	Action	Resolved	Ur-Decision Tree is not sufficient	Ur-Technical Issues	Ur-Need more information	Ur-Feedback
Daniel	daniel@kea.edu	Food Insecurity	E1	Yes				
Jose	jose@kea.edu	Food Insecurity	E2	No	YES	YES		
kwak	kwak@.kean.edu	Safety	E3	No			YES	I need more options in safety
jose2	jose2@kean.edu	Food Insecurity	E4	No		YES		you need to add more info in food security

Acknowledgments

Application Design

1. Care manger signup or login.

2. Care manager identify the consumer's needs of resources.

3. Care manger sends feedback.

Conclusion

➢ The Data Management System for Health Care Managers is a web-based, interactive application that can be accessed by Care Managers both digitally and through voice activation from any device connected to the internet.
➢ The web-based data management system would allow care managers to engage in clinical decision-making based on best practices by providing appropriate services tailored to the needs of patients.
➢ Clients will expect a significant reduction of symptoms, independence, improved quality of life, medication adherence, and reduction in entry into acute care facilities.
➢ Care managers will experience an increase in their perceived self-confidence in their professional capacity to work with patients with severe mental illness, substance use disorders, and/or physical health conditions.

References

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