CASE MANAGEMENT: ADVOCACY, COLLABORATIVE PRACTICE, FACILITATION, & COORDINATION

Georgia Hospital Association

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Changing is like Breathing – And we all know what Happens when we stop Breathing

Objectives
1. Define the scope of services and practice for today case managers
2. Identify the key issues & trends facing case managers in 2012 and beyond
3. Understand the role & function of case managers in improving transitions of care and the impact of the financial and clinical aspects of care
4. Understand how technology will change case management delivery
5. Assess performance measures and outcome metrics affecting case management involvement
6. Evaluate how to position case management as an impactful intervention and quantify its services
History of Case Management

<table>
<thead>
<tr>
<th>Period</th>
<th>Milestone</th>
</tr>
</thead>
</table>
| 1940s          | Community-based initiatives  
                     Worker’s Compensation  
                     Support for returning military                                          |
| 1960s          | Vocational rehabilitation and nursing intervention (CIGNA)  
                     Cost containment initiatives                                              |
| 1970s          | Return to work strategies  
                     Managed Care (HMO Act of 1973)  
                     Older Americans Act of 1978                                                |
| 1980s          | Shared risk pools  
                     CM as a tool for complex and catastrophic care  
                     Cost containment in the form of UR                                           |
| 1990s - 2000s  | Core functions in CM shift in response to regulatory changes  
                     Certification and Accreditation programs  
                     CMSA Standards of Practice  
                     NTOCC  
                     PPACA                                                                    |

The Unsure Definition

- Case Management means different things to different people
- Providers still see us as the authorizing arm of utilization
- Consumers may have heard about case managers but don’t really know what we do and some times their experience with a Case Manager is less than optimal
- Non-professionals may use the name case manager
- Legislators have a general knowledge but often see us as DM nurses, case workers, health coaches, patient navigators or discharge planners
- Case Managers themselves often arguing about which discipline does case management
- We have many titles and roles – ARE WE CONFUSED?
One Job – Many Duties

Question: What Tasks Are Currently Included in Your Job Duties?

- Assessment
- Care Coordination
- Care Plan Development
- Data Analysis & Reporting
- Life Care Planning
- Disease Management
- Utilization Management
- Case Management
- Discharge Planning
- Health & Wellness Coaching
- Research
- IT or Data Services
- Quality Improvement
- Direct Patient Care/Education
- Product Development
- Disability Management
- Negotiation – contracts & fee schedules
- Telephonic/On-site Case Management
- Medication Therapy Management
- Education – patient, provider, & staff
- Accreditation
- Case Management Mentoring

Numerous Titles

- My job title is:
  - Case Manager
  - Health Coach
  - Care Manager - Patient Navigator
  - Care Coordinator - Nurse
  - Discharge Planner - Clinical Specialist
  - Disease Manager - Quality Case Manager
  - Executive – C-Suite
  - Department Supervisor, Manager
  - Patient Advocate
  - Utilization Manager
  - Health Integrator
  - Transition Coordinator
  - Social Worker
  - Other Titles – 249 other

Source: CMSA 2012 State of the Industry Survey

1413 Respondents to Survey
### Primary Work Setting

<table>
<thead>
<tr>
<th>Work Setting</th>
<th>Number/Percent of Response - 1407</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan (HMO/IPA/Insurer)</td>
<td>448 30%</td>
</tr>
<tr>
<td>Hospital/Acute Care</td>
<td>400 27%</td>
</tr>
<tr>
<td>Disability Management/Work Comp</td>
<td>133 9%</td>
</tr>
<tr>
<td>Independent Practice</td>
<td>62 4%</td>
</tr>
<tr>
<td>Government/Military</td>
<td>52 3%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>47 3%</td>
</tr>
<tr>
<td>Community Based Agency</td>
<td>43 3%</td>
</tr>
<tr>
<td>Disease Management Company</td>
<td>35 2%</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>37 2%</td>
</tr>
<tr>
<td>Integrated Care Delivery System</td>
<td>23 2%</td>
</tr>
<tr>
<td>Physician/Medical Group Practice</td>
<td>23 2%</td>
</tr>
<tr>
<td>Long Term Care/Assisted Living</td>
<td>15 1%</td>
</tr>
<tr>
<td>Behavioral/Mental Health</td>
<td>15 1%</td>
</tr>
</tbody>
</table>

### Professional Background/Annual Salary

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>1368</td>
</tr>
<tr>
<td>Social Work</td>
<td>70</td>
</tr>
<tr>
<td>Rehab (OT,ST,PT)</td>
<td>6</td>
</tr>
<tr>
<td>Physician</td>
<td>0</td>
</tr>
<tr>
<td>Vocational Counselor</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>69</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $30K</td>
<td>33 2%</td>
</tr>
<tr>
<td>$30 - $35K</td>
<td>15 1%</td>
</tr>
<tr>
<td>$36 - $50K</td>
<td>69 5%</td>
</tr>
<tr>
<td>$51 - $65K</td>
<td>307 21%</td>
</tr>
<tr>
<td>$66 - $80K</td>
<td>523 35%</td>
</tr>
<tr>
<td>$81 - $95K</td>
<td>277 19%</td>
</tr>
<tr>
<td>$96 - $110K</td>
<td>124 8%</td>
</tr>
<tr>
<td>$111 - $130K</td>
<td>76 5%</td>
</tr>
<tr>
<td>$131 - $150K</td>
<td>29 2%</td>
</tr>
<tr>
<td>&gt;$150K</td>
<td>25 2%</td>
</tr>
</tbody>
</table>
Standards of Practice

1. Client Selection
2. Client Assessment
3. Problem/Opportunity Identification
4. Planning
5. Monitoring
6. Outcomes
7. Termination Of CM Services
8. Facilitation, Coordination, Collaboration
9. Qualifications For Case Managers
10. Legal
11. Ethics
12. Cultural Competency
13. Resource Management And Stewardship
14. Research And Research Utilization

Definition of Case Management

- Evolution of definition
- Current definition:

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality cost effective outcomes.
Philosophy and Guiding Principals

- Client-centered, comprehensive, and holistic
- Collaboration, coordination, communication
- Facilitate self-determination through advocacy and education
- Promote evidence-based care, safety, wellness
- Integrate behavioral change principles and cultural competency
- Assist with navigating health care system
- Pursue professional competence and excellence

CM Role, Functions, Activities

Inherent in definition of case management:

- Performs CM process
- Use effective communication and collaboration
- Advocacy is key component
- Focus on meeting client’s health care needs
- Promote quality outcomes and cost-effectiveness

Requires key skills and knowledge

Aligned with Standards of Practice
Case Manager Qualification

- Case Managers should maintain competence in their area(s) or practice by having:
  - Current active and unrestricted licensure or certification in a health or human services discipline that allows the professional to conduct an assessment independently as permitted within the scope of practice of the discipline;

OR

- In case of state that does not require licensure, individual must have baccalaureate or graduate degree
  - Degree must be in SW or other HHS field
  - Degree must be from fully accredited institution
  - Must have completed supervised field experience as part of degree

CMSA Membership Self Reported Credentials

Memberships Self Reported Credentials:
- Total Membership Reporting - 10,750mbrs
- Reported Credentials – 8,435mbrs - 79% of total membership
- Different Degree, Licensure & Certifications – 726 total
- Various Degree & Credential Combinations - >2000
- Within the Reported Credentials /Reported Certifications – 89%

CMSA acknowledges the industries multiple certifications, degrees, licensure and the diversity of the Case Management Community. CMSA’s ongoing goal is to support our diverse, national membership and our Case Management partners through collaborations to move this endeavor forward within the context of professional, market, legislative, workforce and association needs.
Certification Overview and CMSA Statistics?

Certification is the act of confirming that someone has met a certain set of predetermined criteria by the certifying body. Certification is recognized as an acceptable standard of practice by general consent of the population it certifies.

**CMSA recognizes multiple certifications available today:**

- AAOHN  
- ABDA  
- ACM  
- AOCN  
- CASWCM  
- CSWCM  
- CCM  
- CCP  
- CCRNS  
- CDMS  
- CHCQM  
- CM  
- CMC  
- CMCN  
- CRRN  
- CRRN-A  
- COHN/CN  
- COHN-S/CN  
- CPHQ  
- CPON  
- CRC  
- RN-BC  
- RN-C

Framework for the Case Management Model

CM extends across all practice settings
The Role of CM in Healthcare Quality

Preparation and practice grounded in quality
- Education and training
- Job description
- Standards of Practice
- Research and Outcomes

Evaluating Case Management Effectiveness

Structure + Process = Outcomes

- Philosophy and guiding principles
- Staffing model
- Job descriptions
- Training
- IT systems
- Etc.

- Identification
- Assessment
- Planning
- Coordination
- Monitoring
- Evaluation

Clinical, financial, or satisfaction results
Gaining traction in evolving health care system

Patient information and involvement is key

Case managers must be aware of CER to help clients make informed decisions

HEALTHCARE REFORM AND ITS FOCUS ON CARE COORDINATION

The Patient Protection and Affordable Care Act
National Quality Strategy
National Quality Forum
The Joint Commission
NCQA
URAC
TODAY’S HEALTHCARE ENVIRONMENT

“It’s about better care: care that is safe, timely, effective, efficient, equitable and patient-centered.”


Health Care Trends Demanding A Change

• Increasing cost of delivering health care
• Rising pharmaceutical costs
• Increasing consumer premiums
• Increased numbers of uninsured
• Government health programs continuing to operate in deficits
• Consumer and provider dissatisfaction with the process and barriers to healthcare
• Quality of care concerns on the rise
• Medicare focus to reduce preventable readmissions
Current Approaches Are Not Working

Critical Business Issues

- Problem Identification, Education and Logistical Support
- Access to Care Options (24x7)
- Collaborative Practice
- Whole Person Care Approach
- Transitions of Care Facilitation
- Rising Costs of Drugs
- Regulatory/Gov’t Imperatives
- Premium Increases, MLRs and Work Force Shortages

Needs

Optimum Health

Gaps

And there are fewer of us . . .

- Generational shifts mean fewer workers entering the US (and global) workforce
- Healthcare is facing professional shortages in its critical core capabilities now and projects larger shortages in the near future
- Healthcare employers will have fewer healthcare workers from which to recruit
- These workers will interact with technology differently, learn differently and collaborate differently
National Health Expenditures as a % of GDP

- National Health Expenditures (NHE) are unsustainable

<table>
<thead>
<tr>
<th>NHE</th>
<th>2010</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a % of GDP</td>
<td>17.5%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

- Individually, insurance premiums as a % of employee income
  - By 2016, estimated that half of U.S. households will need to spend more than 45% of their income on premiums


Some Words from Secretary Kathleen Sebelius

"Americans go the hospital to get well, but millions of patients are injured because of preventable complications and accidents. Working closely with hospitals, doctors, nurses, patients, families and employers, we will support efforts to help keep patients safe, improve care, and reduce costs. Working together, we can help eliminate preventable harm to patients."
Establishing the Goals

On March 22, 2011, the U.S. Department of Health and Human Services released its National Strategy for Quality Improvement in Health Care (National Quality Strategy). The Affordable Care Act required the Secretary of HHS to establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health. This strategy is designed to guide federal, state, and local health initiatives.

Three Broad Aims of the National Quality Strategy:

Better Care, Healthy People/Healthy Communities, and Affordable Care.

Six Strategies to Advance these Aims include:

1. Prevention and Treatment of Leading Causes of Mortality
2. Supporting Better Health in Communities
3. Making Care More Affordable
4. Making care safer by reducing harm caused in the delivery of care
5. Ensuring that each person and family members are engaged as partners in their care
6. Promoting effective communication and coordination of care
The Future Under Health Care Reform

How We Pay for Care

• Payment Reductions
• Bundled payments
• Shared Savings
• Value-based payment
• Independent Payment Advisory Board

How Care is Delivered

• Center for Medicare and Medicaid Innovation
• Comparative effectiveness (evidence-based best practices)
• Multidisciplinary care teams across sites of service
• Electronic Health Records
• Care Transitions
• Improved coordination of care for dual eligible’s

How Care Is Organized

• Accountable care organizations
• Medical Homes
• Episodes of care
• Health information exchange

Key Concepts in Health Care Reform

Health care reform is a grand experiment built on demonstration project results and academic research. Key health care concepts are believed critical to creating successful change which include:

1. **Triple Aim** – better health, better care and lower costs
2. **Accountable Care** – integration of providers to assume responsibility for the quality, costs and outcome of care
3. **Total Costs of Care** – a reimbursement methodology that is designed to reduce the total health care costs per person per time period
4. **Performance Measurement** – a set of generally accepted measures that demonstrate an organization’s ability to improve care, achieve outcomes and be cost effective.
5. **Predictive Modeling** – a methodology to estimate how clients may use services and the estimated costs
6. **Best Practices** – national standards for care by diagnosis or condition that inform care delivery across sites for care
7. **Patient Centered Care** – service delivery designed for unique patient needs and preferences

Larsen Allen LLP
Emerging Models Across the Healthcare Landscape

New Models of Healthcare Delivery and Reimbursement

- Patient-Centered Medical Home (PCMH) Primary Care Practices
- Accountable Care Organizations (ACOs)
- Integrated Health Delivery Systems
- Population Health Management
- Outcomes-Based Reimbursement With Shared Risk
- Value Based Purchasing of Health Care Services

Goals Of These New Models

- Minimize fragmentation & improve transitions of care
- Focus on patient safety and quality of care
- Improve the patient’s experience with care
- Expand access to care
- Reduce the cost of effective care
- Payment that recognizes value of patient-centered care
What These New Models Require

Processes to promote evidence-based medicine, patient engagement, and care coordination, including:

- Patient-centered philosophy and operations
- Coordinated and integrated care
- Use of evidence-informed medicine
- Use of health information technology for data sharing/reporting capabilities
- Continuous quality improvement processes

Case Manager Skills Are Required For Success in These New Models!

Knowledge and experience with care coordination
Focus on patient-centered processes
Assessment, planning, facilitation across care continuum
Knowledge of population-based care management strategies
Meaningful communication with patient, family, care team
Patient Protection Affordable Care Act

The ten titles of this ACT include:

- Quality, Affordable Health Care for All Americans
- The Role of Public Programs
- Improving the Quality and Efficiency of Health Care
- Prevention of Chronic Disease and Improving Public Health
- Health Care Workforce
- Transparency and Program Integrity
- Improving Access to Innovative Medical Therapies
- Community Living Assistance Services and Supports Act (CLASS ACT)
- Revenue Provisions
- Reauthorization of the Indian Health Care Improvement Act.

PPACA Care Management Provision

SEC. 2717. ENSURING THE QUALITY OF CARE

"(1) IN GENERAL.--Not later than 2 years after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary, in consultation with experts in health care quality and stakeholders, shall develop reporting requirements for use by a group health plan, and a health insurance issuer offering group or individual health insurance coverage…..

"(A) improve health outcomes through the implementation of activities such as quality reporting, effective Case Management, Care Coordination, chronic Disease Management, and medication and care compliance initiatives, including through the use of the medical homes model ……

"(B) implement activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;

"(C) implement activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage; and

"(D) implement Wellness and health promotion activities.
HEALTH CARE REFORM IMPLEMENTATION TIMELINE

Kaiser Foundation

http://healthreform.kff.org/timeline.aspx

Use the Health Care Reform Source which is a interactive Tool

Spectrum of Services

How will you coordinate care beyond your service?

- Health & Wellness
- Home Health Skilled & LTC
- Acute Hospitalization
- Specialist
- Palliative Care
- Sub-acute Rehab
- Health
- Doctor's Office Case/Disease Management
- Hospice
- OP Therapies
- Long Term Acute Hospital
QUESTIONS