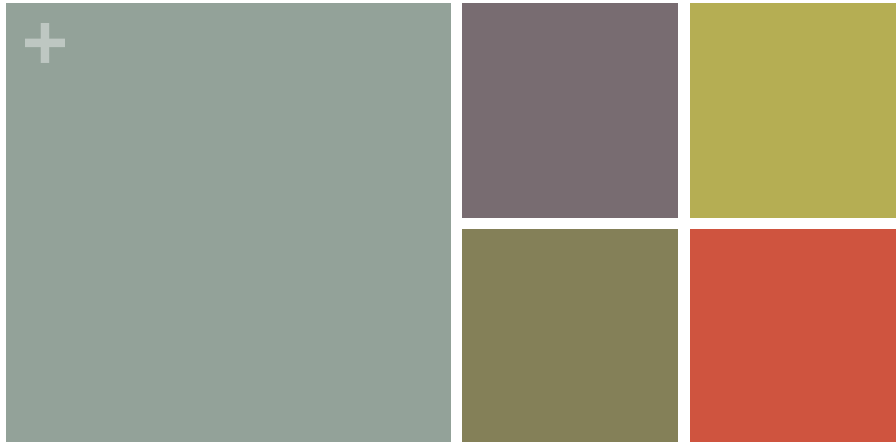

Engagement, Assessment and Ethics utilized within Medical Case Management

Edward P. Hanna MSW, DSW, LCSW
Lauren B. Geldon BSW

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Educational Objectives

- To inform audience about how Case Management is utilized within a Medical setting.
- To identify how assessments are vital in determining what a patient needs at discharge and brokering them to the proper resources.
- To educate audience on the importance of Case Management utilization and its effects with decreased readmissions and length of stay with patient care outcomes.
- To review ethical responsibilities and standards in Case Management.

Agenda

- Introduction to Medical Case Management Services within a Hospital Setting.
- Identification of roles and skills utilized when engaging with patients and families.
- Assessments: Defining needs, baseline and objectives of discharge for patients.
- Review and integrate ethical and practice standards as a Case Manager in a Medical field.

Generalist Case Management: Timeline

- 1970's: Case Management focused on complex mental health delivery.
- 1980's: Case Management shifted into a managed care model for patients. (Woodside, M., & McClam, T., 1998, p.6)
  - **During this time care coordination, as well as brokering and integrating community resources became vital in the role of Case Managers.**
- 1990's: Began the support and development by the Case Management Society of America with the vision that Case Managers would be recognized as:
  - **"Experts and vital participants in the care coordination team who empower people to understand and access quality and efficient health care"** (Standards of Practice for Case Management, 2010, p. 4).

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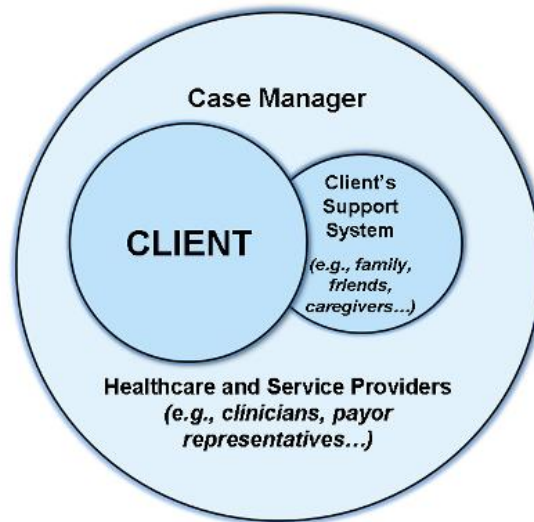

Image obtained from:
(Case Management Knowledge, 2012)

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Case Management Standards in the 1990's

- **The focus of the Case Management Society of America (2010) standards were created around the following:**
  - Payers continuing to seek methods for **reducing costs** while advancing quality and transparency.
  - Providers explore **methods** to define and report **quality** while **maximizing reimbursement.**
  - Integration of care for **the health care consumer** to navigate through the **health care system** with the proper tools, resources, support or education that was vital to this role. (p.6)

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Case Management Standards Now

- **CMSA (2010) standards emphasize:**
  1. Addressing the total individual, inclusive of medical, psychosocial, behavioral, and spiritual needs.
  2. Collaborating efforts that focus upon moving the individual to self-care when ever possible.
  3. Increasing involvement of the individual and caregiver in the decision-making process.
  4. Minimizing fragmentation of care within the health care delivery system using evidence-based guidelines, as available, in the daily practice of case management.

(Standards of Practice for Case Management, 2010, p.7)

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Case Management Standards Now: Continued

5. Focusing on transitions of care, which includes a complete transfer to the next care setting provider that is effective, safe, timely, and complete.
6. Improving outcomes by utilizing adherence guidelines, standardized tools, and proven processes to measure a client's understanding and acceptance of the proposed plans, his/her willingness to change, and his/her support to maintain health behavior change.
7. Expanding the interdisciplinary team to include clients and/or their identified support system, health care providers, including community-based and facility-based professionals.

(Standards of Practice for Case Management, 2010, p.7)

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Case Management Standards Now: Continued

8. Expanding the case management role to collaborate within one's practice setting to support regulatory adherence.
9. Moving clients to optimal levels of health and well-being.
10. Improving client safety and satisfaction.
11. Improving medication reconciliation for a client through collaborative efforts with medical staff.
12. Improving adherence to the plan of care for the client, including medication adherence.

(Standards of Practice for Case Management, 2010, p.7)

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Medical Case Management Defined Today

- Interdisciplinary Collaboration
- Utilizing the Skills of: Assessment, Planning, Care Coordination, Brokering, and Advocacy.
- To enhance social functioning within a patient's social environment.
  - Within Medical Case Management: emphasis lies heavily within length of stay, and discharge planning.
- With the goal to provide areas of support where patient's lack the required resources necessary to avoid readmissions.

(Standards of Practice for Case Management, 2010, p.8)

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Obtained from:
(The Benefits of Medical Case Management, 2013)

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Medical Case Management Process: A Brief Overview

- **Pre-Assessment: Otherwise known as Research informed Practice:**
  - Reviewing Medical Records, Identifying patients insurance, Preauthorizing patients inpatient admission through insurance standards.
- **Assessment:**
  - Meeting the patient (engagement), Filling out required consent forms, Identifying patient barriers, Collecting patient information.
  - Demonstrated through case management assessments.
  - Medical CMA: focus's on the patient's baseline prior to their inpatient admission into the hospital.

(Woodside, M., & McClam, T., 1998)

Medical Case Management Process: A Brief Overview Continued

- **Planning:**
  - Understanding the complete needs of a patient, planning and creating a way to meet those needs prior to discharge, and arrange and brokering to services that are necessary for care continuum within the patients social environment.
- **Implementing:**
  - Providing the necessary services, resolving and overcoming barriers, insuring the delivery of the service necessary to meet the patients needs.

(Woodside, M., & McClam, T., 1998)

Medical Case Management Assessments: Applying the Planned Change Model

1. Engagement
2. Assessment
3. Planning
4. Implementation
5. Evaluation
6. Termination
7. Follow Up

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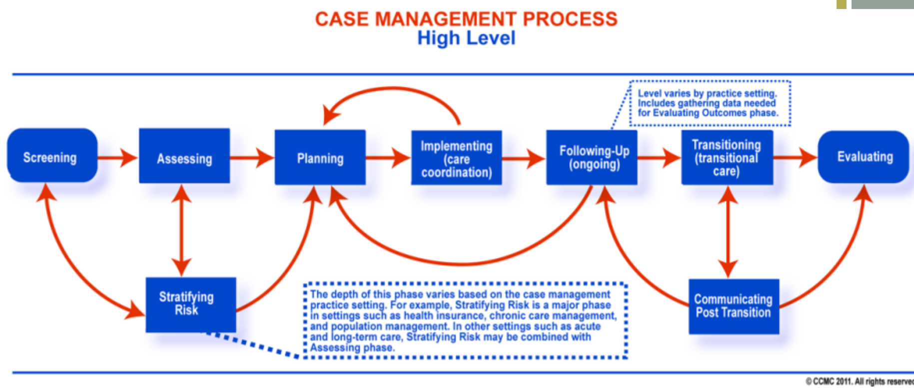

Image obtained from:
(Case Management Knowledge, 2012)

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Patient Centered Approach: CMSA Guiding Principles

- Self Determination and Self Care through the advocacy, decision making, and education.
- Comprehensive holistic approach
- Cultural competency
- Respect for Diversity
- Promote the use of evidence based care
- Promote optimal client safety
- Promote the integration of behavioral change

(Standards of Practice for Case Management, 2010, p.7)

Patient Centered Approach: CMSA Guiding Principles

- Brokering to community resources.
- Assist with navigating the health care system to achieve successful care, for example during transitions.
- Pursue professional excellence and maintain competence in practice.
- Promote quality outcomes and measurement of those outcomes.
- Support and maintain compliance with federal, state, local, organizational, and certification rules and regulations.

(Standards of Practice for Case Management, 2010, p.7)

Patient Engagement within a Medical Setting: Pre-Assessment

- Almost always begins prior to an interaction with a patient.
- Demonstrated through:
  - Interdisciplinary collaboration
  - Collaborative rounds
  - Patient's medical record of admission
- Increases Case Management competency with patients biological needs.
- Case Mangers review patient's insurance at this time and obtain pre-authorization, as well as sending insurance reviews to patient's insurance companies.
- Estimates length of stay
- Identifies patients medical needs
- ✓ **Roles:** Case Manager, Advocate, Educator
- ✓ **Skills:** Networking with other professionals, Research informed practice

Case Example of Pre-Assessment

- Presented in collaborative rounds was a patient Joe, an 82 year old male who was admitted to the hospital when experiencing pain and swelling in his lower left leg. He had been in the hospital for a total of five days and the doctor did not think Joe would be able to go home on PO meds. It was brought to the case managers attention that Joe would need to go home on IV antibiotics once discharged.
- Before (Pre-assessment) the case manager went to see Joe (Assessment) she looked into his medical record for Joe's insurance. Joe had Medicare which allows patients who have a skilled need to be admitted to a Skilled Nursing Facility for care. Due to Joe having Medicare a pre-authorization was not needed by the case manager and done by the hospitals admissions department.
- The case manager also spoke with Joe's nurse regarding his anticipated discharge date prior to meeting with the patient.

Patient Assessment within a Medical Setting

- Demonstrated through a medical case management assessment.
- Assessments are used to identify biological, psychological and social needs of patients.
- Find the patients baseline prior to their admission into the hospital.
- Measure patients medical needs, mobility needs, service needs, care continuum needs, and social needs.
- ✓ **Roles:** Educator, Counselor, Mediator, Enabler
- ✓ **Skills:** Cultural Competence, Eye Contact, Professional demeanor, Goal operationalization, Clarification, Reframing, Patients Strengths, Providing information, Support

Case Example of Assessment:

- The case manager met with Joe to complete the case management assessment.
- Per Joe he lived alone and was independent at time of admission. According to the case managers medical review Joe has been in the hospital five days.
- Joe has not gotten out of bed since admission.
- Joe has identified to the case manager in his assessment that he has no family in the area, and that all his children live out of town. Before Joe was admitted he utilized no medical equipment for mobility and still drove.
- *Identification of Needs* ➔ *Planning*

Patient Planning within a Medical Setting

- Identify patient needs and boundaries.
- Compile a list of resources available for patient care.
- Identify patient's insurance, and follow guidelines provided by each specialized insurance plan for patient care.
- Provide patients with a choice of available resources and agencies that provide necessary resources:
  - Acute Rehab Facilities, SNF facilities, Home Care agencies, Hospice Agencies, DME companies, Pharmacies, Community resources and referrals.

✓ **Roles:** Educator, Broker, Advocate

✓ **Skills:** Eliciting information, Reassurance, Normalizing, Clarifying Goals

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Case Example Planning:

- Per Joe's Physical Therapy Evaluation he was recommended for Short Term Rehab.
- The case manager met with Joe to discuss the PT recommendation and provide a resource list for Short Term Rehab.
- This option would allow Joe to get the medical care he needed for his mobility, while also getting the care he needed for his continued IV antibiotics.
- Due to Joe's insurance being Medicare it covers days 1-20 for Joe's rehab stay if there is a required skilled need, and the patient is progressing and working towards their goal.

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Patient Implementation within a Medical Setting:

- Identifying the resources that meet the patients specific needs.
- Utilizing resources that coincide with patients insurance.
- Resolving the identified problem or boundary by implementing a community resource.
- Case Managers make referrals during this stage of the planned change model and interact with community agencies to meet patient needs.
- Present accepting choices to the patient and family.

✓ **Roles:** Counselor, Enabler, Collaborator, Case Manager, Coordinator

✓ **Skills:** Providing advice, Brokering, Partializing patient concerns, Empowerment

Case Example Implementation:

- The case manager met back with Joe to discuss his top three chosen facilities. Due to Joe not having family in the area he had asked the case manager to check with his family and make referrals to the facilities his family choose for him.
- The case manager was able to get in touch with Joe's daughter. The CM informed Joe's daughter that due to his insurance any of the facilities would be covered under Medicare.
- By the patient agreeing to go to a SNF for a short period of time this choice assisted in the challenges that were presented in Joe's patient case.
- Challenges:

  ➔ No local family, IV antibiotic needs/Mobility needs.

Patient Evaluation within a Medical Setting:

- Case Managers communicate with the accepting agencies, as well as interdisciplinary team.
- Meet with the patient and family to discuss and educate on the plan of discharge.
- Communicate and provide resources needed for the accepting facility, this could include the discharge instructions for a patient.
- During this time a case manager may have to send a medical update to the insurance company depending on how many days were approved for the patients stay.

✓ **Roles:** Case Manager, Educator, Evaluator

✓ **Skills:** Communication, Assertiveness, Evaluating

Case Example Evaluation:

- Joes daughter choose three facilities that the case manager made referrals to.
- Once the accepting facilities communicated with the case manager, the CM called to inform Joe's daughter, and met with the patient to implement the plan.
- The interdisciplinary team was then notified of the patient's plan.
- The case manager set up the required transportation means for Joe and notified the accepting facility of the time of discharge, as well as the hospital AP and nurse.
- The case manager then sent the discharge orders to the accepting facility prior to Joe's d/c and the nurse called the facility to provide the medical report.

Patient Termination within a Medical Setting:

- Case managers meet with patients and families and identify any feelings of uncertainness.
- Provide clarification and verification of discharge plans.
- Review discharge plans with patient and family.
- ✓ **Roles:** Mediator, Coordinator
- ✓ **Skills:** Planning for future needs, Communication, Identifying Strengths, Termination

Case Example Termination:

- The case manager called Joe's daughter to inform her of the discharge time that Joe would be going to the facility.
- The case manager met with Joe to inform him of the plan, and to speak with him on behalf of any discharge concerns he may have had.
- Joe informed the case manager that he was worried about going to a nursing facility and it becoming long term. The case manager was able to inform and clarify for Joe that this would be a short term stay so that Joe could reach his baseline to return home safely and independently.
- Joe felt better after speaking with the CM and was in agreeance to leave at 16:00, the Medicare consent form #2 was signed and Joe was picked up to go to his accepting facility.

Patient Follow Up within a Medical Setting:

- The stage of Follow up is rarely utilized between a patient and case manager within an inpatient case management setting.
- During this stage the case manager notifies the patient's insurance company of the patients discharge.
- In an outpatient medical case management setting follow up could include:
  - Calling the patient to arrange an outpatient medical follow up appointment.
- ✓ **Roles:** Evaluator, Broker, Coordinator
- ✓ **Skills:** Probing, Planning for future needs, Identifying alternate resources.

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Case Study Follow Up:

- In Joe's case study example follow up could include: calling Joe's accepting facility to make sure the patient got to the facility safely, as well as checking that all the required discharge instructions were received.
- Once Joe was discharged the case manager notified Joe's insurance company (Medicare) that Joe was discharged and went to a SNF for rehab.

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Image obtained from:
(Case Management Knowledge, 2012)

Case Management linkage impacts patient Re-Admissions

- **75% of 30 day readmissions are preventable with the most common admissions being due to Heart Failure, Acute Myocardial Infraction and Pneumonia** (Impact on Healthcare, nd., p.1).
  - Many of patients may have needs consisting of medication regime or prescription coverage.
  - Case Managers broker and link patients to prescription coverage needed, or assistance and education programs to maintain their medication regime or unmet health needs.

Case Management: Decreased Readmissions

- **The Utilization Review Accreditation Commission (URAC) emphasize readmission avoidance activities as:**
  1. Utilization of systems that can link patients to medicine adherence and reminder services.
  2. Coaching provided to patients and families.
  3. Transitional Care provided to patients.
  4. Reinforcement and education of treatment plan.
  5. Coordination of community and social service needs.

(Impact on Healthcare, nd., p.1.)

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Healthcare System Benefits with Case Management Integration

Defined by the (URAC):

- ✓ Higher patient satisfaction rates linked to emotional support and having an advocate within the inpatient setting.
- ✓ Physicians and hospitals have complex cases addressed and facilitated properly.
- ✓ Payers cost reduced while their consumers are retained.

(Impact on Healthcare, nd., p.1.)

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Taking a look into the future: New Case Management Models

- **Proposed by UMAC:**
- High Risk/High Utilization Case Management
- Integrated Case Management
- Complex Case Management
- Evidence-based Case Management
- Post-Acute Case Management
- Population based Case Management
- Geriatric Case Management
- Pro-Active Workers compensation Case Management
- Community based Case Management
- Transitions of Care Coordination Case Management

(Impact on Healthcare, nd., p.1).

Ethics and Standards in Case Management:

- **NASW Ethical Principles: Begin with the assertion that maintaining the client's interests is primary.**
  - Service
  - Social Justice
  - Human Dignity and Worth
  - Importance of Human Relationships
  - Integrity
  - Competence

Ethics and Standards

- **American Case Management Association Standards Emphasize:**
  - Scope of Services: Education, Care Coordination, Compliance, Transition Management and Utilization Management.
  - Practice Standards: Accountability, Professionalism, Collaboration, Care Coordination, **Advocacy**, Resource Management, and Certification.

Ethics and Standards

- **Code of Professional Conduct for Case Managers, Commission for Case Manager Certification (CCMC).**
  - *Principles: Certificants will:*
    1. Place the public interest above their own at all times.
    2. Respect the rights and inherent dignity of all their clients.
    3. Always maintain objectivity in their relationships with clients.
    4. Act with integrity in dealing with other professionals to facilitate their clients' achieving maximum benefits.

CCMC Code of Conduct Continued:

5. Keep their competency at a level that ensures each of their clients will receive the benefit of services that are appropriate and consistent for the client's conditions and circumstances.
6. Honor the integrity and respect the limitations placed on the use of the CCMC designation.
7. Obey all laws and regulations.
8. Maintain the integrity of the Code.

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Ethical Standards:

- **Case Management Society of America**
  - Beneficence, non-malfeasance, autonomy, justice, and fidelity.
  - Primary obligation to clients.
  - Maintain respectful relationships.
  - Address ethical conflicts with laws and policies.
  - Advocacy.

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Ethical Issues in Practice:

- **Macro Issues:**
  - Resource Availability
  - Insurance/Changing Policies
  - Institutional needs verses Client needs
- **Mezzo Issues:**
  - Organizational conflicts
  - Inter-professional conflicts
  - Family conflicts

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Ethical Issues in Practice:

- **Micro Issues:**
  - The unstable client
  - Client self determination
  - Confidentiality
  - Staying client centered in a bureaucratic environment.
  - Duty vs. Risk: "Moral Courage". (Lachman, V., 2007)

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