

Chapter 2

Essential Skills for Case Managers

2.1 Essential Skill Overview

If you ask ten people what case management means to them, you will most likely get ten different answers. Though case management has been around since the late 70s, there has not been a clear understanding of the role. There may be several reasons for the lack of clarity. The practice of case management extends across all health care settings, including payer, provider, government, employer, community, and home environment. The practice also varies in degrees of complexity and comprehensiveness based on the setting, health conditions, reimbursement, and healthcare profession (Powell and Tahan 2008).

Since the enactment of the Health Maintenance Organization Act of 1973, case managers have been working to develop and define the role. The work of the Case Management Society of America (CMSA) has been instrumental in the development and standardization of the practice of case management. Founded in 1990, CMSA (www.cmsa.org) is the leading non-profit association dedicated to the support and development of case management. The CMSA developed Standards of Practice that utilize the essential skills of case managers to provide a foundation for all case managers, regardless of practice setting. The standards were first published in 1995 and revised in 2002 and 2010. The majority of case management programs today are based on the CMSA standards (<http://www.cmsa.org/portals/0/pdf/memberonly/StandardsOfPractice.pdf>).

The case manager performs the primary functions of assessment, planning, facilitation and advocacy, which are achieved through collaboration with the patient and other health care professionals involved in the patient's care. Key responsibilities of case management have been identified by nationally recognized professional societies and certifying bodies through case management roles and functions research. When asked to describe the essential skills necessary for an effective case manager, it was best to work from the CMSA standards of practice

which really are the “gold standards” for case management. This chapter will discuss how case managers use specific skills within their practice to achieve standards of practice. Twelve standards will be used to example essential case management skills.

The CMSA guiding principles for case management include:

- Using a patient-centric, collaborative partnership approach.
- Facilitating self-determination and self-care through the tenets of advocacy, shared decision making and education.
- Using a comprehensive, holistic approach.
- Practicing cultural competence with awareness and respect for diversity.
- Promoting the use of evidence-based care.
- Promoting optimal patient safety.
- Promoting the integration of behavioral change science and principles.
- Linking with community resources.
- Assisting with navigating the health care system to achieve successful care, for example during transitions.
- Pursuing professional excellence and maintain competence in practice.
- Promoting quality outcomes and measurement of those outcomes.
- Supporting and maintaining compliance with federal, state, local, organizational, and certification rules and regulations CMSA (2010) Standards of Practice for Case Management.

As you look at the guiding principles it is easy to see that a professional case manager who can facilitate these operations must have a basic set of skills in addition to their foundational healthcare license. For example, using a patient-centered approach is apart from the traditional model of health care. Case managers have collaboration as an essential skill as they come from a place of no formal authority to shale relationships and actions of children/families and their care providers. Another important skill set is cultural competency and use of reflective practice. Knowing that the family are the ultimate decision makers in care decisions and practices translates to a required skill set impacting a case manager’s approach to families and use of education, self-management tools, and shared -decision making. An effective case manager realizes they are dealing with individuals with different value systems, cultural beliefs, and socioeconomic backgrounds. There are generally no negative consequences for non-adherence to a plan of care other than recurrent signs and symptoms of the underlying disease. The effectiveness of a case manager really stems from an individual who is truly passionate about what they do and knows how to communicate with patients and support systems in a way in which they can fully understand their diagnosis, treatment expectations, desired outcomes, and consequences for non-adherence.

2.2 Standard #1: Patient Selection Process for Case Management

The case manager should identify and select patients who can most benefit from case management services available in a particular practice setting.

Not everyone needs or wants case management. Most programs use some form of high-risk screening criteria to assess for inclusion in case management programs. The screening criteria generally include medical and psychosocial considerations such as chronic, catastrophic, or terminal illness; social issues such as a history of abuse, neglect, no known social support, or lives alone; repeated admissions; and financial issues. The essential skill for the case manager is a strong clinical background to understand the severity of a child's clinical condition combined with a proficient use of analytic tools that help identify risks and priorities.

Tips for Parents: Try to identify barriers to care/adherence and whether a case manager may be helpful in decreasing or eliminating the barriers to improve outcomes.

Tips for Healthcare Professionals: Case managers generally have the additional time to spend with patients and support systems to perform a comprehensive assessment of a situation and help identify barriers to care/adherence. In the situation where a case manager has a complex patient or situation, a referral to a case manager for initial screening may be beneficial.

2.3 Standard #2: Patient Assessment

The case manager should complete a health and psychosocial assessment, taking into account the cultural and linguistic needs of each patient.

This is a very important step in the case management process and it may take several conversations with the child/family, and providers to get a comprehensive picture of the care needs and barriers. A good case manager is able to ask the right questions to get to the heart of an issue. Sources of information can include patient/support systems interviews, healthcare provider discussions, medical records, claims data, and utilization history. The information included in the assessment may vary depending on the reason for the case management referral but generally include physical, psychosocial, and functional components. Caregiver support is very important for patients unable to provide self-care. Case managers as educators can present information in an understandable way, noting the health literacy level of families, to make sure families are able to participate as informed consumers understanding their choices in care decisions.

2.4 Standard #3: Problem Opportunity/Identification

The case manager should identify problems or opportunities that would benefit from case management intervention.

The most important point to make is that the patient/support systems are in agreement regarding the problems/opportunities identified. If the patient does not consider a certain behavior a “problem” he/she will see no reason to change the behavior. If the patient is engaging in harmful behavior but is not willing to recognize the behavior as harmful or change it, the role of the healthcare provider is to educate the patient regarding the potential negative consequences of that behavior and hopefully revisit it in future interactions. The essential skill for assessment is the communication technique of motivational interviewing which supports families in considering their options and opportunities to achieve desired goals.

2.5 Standard #4: Planning

The case manager should identify immediate, short-term, long-term, and ongoing needs, as well as develop appropriate and necessary case management strategies and goals to address those needs.

The patient/support systems must be involved in the plan of care and patient preferences and desires have to be incorporated. There is not “one size fits all” plan of care. Customizing the plan to meet the needs of the patient is a key component to adherence. Case managers incorporate the essential skill of organization, much as a project manager would move through any given assignment. The case management process gives them a framework to follow to check milestones and organize their process.

Tips for Parents: Make your preferences and needs known during the planning stage. The goals must be reasonable and achievable and parental/caregiver input matters!

Tips for Healthcare Providers: Be sure the goals are objective and measurable. Use of SMART goals is recommended:

Specific
Measurable
Attainable
Realistic
Timely

(Doran 1981).

2.6 Standard #5: Monitoring

The case manager should employ ongoing assessment and documentation to measure the patient's response to the plan of care.

Once the plan of care has been outlined, the case manager will monitor the progress of the patient towards the desired outcomes. Having SMART goals makes the process of monitoring easier. During this process, the case manager may also serve as an educator and coach, facilitating movement toward desired outcomes. Ultimately the patient/support systems are responsible for adherence to the plan of care, but they may need the guidance and encouragement along the way. The case manager will document ongoing collaboration with the patient, support systems or caregiver, providers, and other pertinent stakeholders, so that the patient's response to interventions is reviewed and incorporated into the plan of care.

Changing behaviors can be difficult especially when habits have been formed. As mentioned previously, case managers cannot make anyone do anything. People generally will not make changes unless they realize a significant benefit and are ready to try. One of tools used to determine a patient's readiness to change is motivational interviewing (<http://pharmacy.auburn.edu/barkebn/Resume/Teaching%20Motivational%20Interviewing%20with%20a%20Virtual%20Patient.htm>) (Auburn University Motivational Training Institute 2009).

Once again you see the skill of motivational interviewing (MI) as an important approach to improving adherence first reported in the addiction literature (Rollnick et al. 2008). It is a process used to determine readiness to engage in a target behavior (e.g. taking a medicine as prescribed) in order to apply specific verbal skills and strategies based upon the patient's level of readiness. MI increases treatment adherence by stimulating or enhancing the patient's intrinsic motivation in order to address and resolve ambivalence and resistance (major barriers to adherence) rather than by providing extrinsic motivation in the form of arguments, advice, and orders.

Monitoring will include verification that the plan of care continues to be appropriate, realistic, understood, accepted by the child/family and supported by the care team. The plan of care may need to be revised due to changes in the patient's condition, lack of response to the care plan, preference changes, transitions across settings, and newly identified barriers to care and services. An effective case manager realizes things may not always go as planned and will have recommendations for alternative plans of care.

Tips for Parents: Ask yourself, "do I really think there is a problem with my child and am I willing to commitment to making the necessary changes to improve adherence?"

2.7 Standard #6: Outcomes

The case manager should maximize the patient's health, wellness, safety, adaptation, and self-care through quality case management, patient satisfaction, and cost-efficiency.

Case managers work with patients and support systems to provide support and guidance which hopefully results in achieving the outcomes outlined in the plan of care. Case management is an outcome driven process that is time limited. The expectation is the child/family, as possible, will ultimately take full responsibility for adhering to the plan of care independent from the case manager. The essential skill of collaboration is put into place when maximizing recovery through connection to community resources, facilitating integration at school and in other areas of interest to the child such as sport opportunities. The concept of self-care should be stressed from the very beginning and throughout the case management process. If the patient is unable to engage in self-care, the case manager will work to offer suggestions for caregivers and alternative support systems.

2.8 Standard #7: Termination of Case Management Services

The case manager should appropriately terminate case management services based upon established case closure guidelines.

These guidelines may differ in various case management practice settings. As stated earlier, case management is time limited process with the expectation that the patient will become independent in adhering to the plan of care.

However, sometimes there is the necessity to support families through a case where the opportunities for self-management will not be possible. The essential skill of life care planning incorporates a range of service the case manager can support focusing on what will be the required needs of the individual throughout their life course to support them in meeting their goals.

An effective case manager maintains open communication with patients and healthcare providers regarding the potential termination of case management services well before services are terminated. Patients and healthcare providers should feel comfortable with the termination of services and confident that the patient can do it independently.

2.9 Standard #8: Facilitation, Coordination, and Collaboration

The case manager should facilitate coordination, communication, and collaboration with the patient and other stakeholders in order to achieve goals and maximize positive patient outcomes.

The healthcare system is complex and sometimes hard to navigate. Case managers can be instrumental in developing proactive, patient-centered relationships and communication with the patient, and other necessary stakeholders to maximize outcomes. Patients may see several healthcare providers and obtain care from a variety of facilities. Communication between providers may be minimal or non-existent, with no single entity providing oversight for the plan of care. The case manager may become instrumental in collaborating with the various entities to ensure that all parties are aware of the plan of care that has taken into consideration the personal preferences of the patient.

An essential skill for an effective case manager is the ability to negotiate; to reconcile potentially differing points of view. Not everyone sees things the same way which can sometimes be the biggest barrier to developing the plan of care. The role of the case manager includes clearly communicating the pros and cons of a treatment plan. Laying all of the cards on the table so patients can make a fully informed decision regarding what they want to do moving forward.

2.10 Standard #9: Qualifications for Case Managers

Case managers should maintain competence in their area(s) of practice by having one of the following:

1. *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; and/or*
2. *Baccalaureate or graduate degree in social work, nursing, or another health or human services field that promotes the physical, psychosocial, and/or vocational well-being of the persons being served. The degree must be from an institution that is fully accredited by a nationally recognized educational accreditation organization, and the individual must have completed a supervised field experience in case management, health, or behavioral health as part of the degree requirements.*

There are people in a variety of settings, with a variety of experiences and education, holding the title of case manager. The interventions provided vary greatly based on the patient population and practice setting. It is also important maintain compliance with national and/or local laws and regulations that apply to

the jurisdiction(s) and discipline(s) in which the case manager practices. Healthcare is an ever changing field which requires case managers to maintain competence through relevant and ongoing continuing education, study, and consultation. Most importantly, a case manager must practice within their area(s) of expertise, making timely and appropriate referrals to, and seeking consultation with, others when needed.

Tips for Parents: When working with a case manager, inquire about their credentials, educational background, and experience.

2.11 Standard #10: Legal

The case manager should adhere to applicable local, state, and federal laws, as well as employer policies, governing all aspects of case management practice, including patient privacy and confidentiality rights. It is the responsibility of the case manager to work within the scope of his/her licensure.

This standard is broken down into two main areas, Confidentiality/Patient Privacy and Consent for Case management.

2.11.1 Confidentiality and Patient Privacy

The case manager should adhere to applicable local, state, and federal laws, as well as employer policies, governing the patient, patient privacy, and confidentiality rights and act in a manner consistent with the patient's best interest.

Privacy laws do change and it is the responsibility of the case manager to maintain up-to-date knowledge of, and adherence to, applicable laws and regulations concerning confidentiality, privacy, and protection of client medical information issues.

Maintaining confidentiality of protected health information (PHI) is an important part of the case manager's practice. Case managers work closely with patients and support systems and often collect information that is highly sensitive. Case managers must remember they cannot share patient specific information with other individuals without the consent of the patient.

2.11.2 Consent for Case Management Services

The case manager should obtain appropriate and informed patient consent before case management services are implemented.

Patients need to be actively involved in the plan of care for adherence to occur. Getting the patient's consent to engage in the case management process is the first step towards obtaining some level of commitment by the patient. Patients need to understand the role and objectives of a case manager which should be shared prior to obtaining patient consent. Sharing this information allows the patient to make an informed consent. There should be some evidence that the patient and support systems were thoroughly informed of the following:

- Proposed case management process and services relating to the patient's health conditions and needs
- Possible benefits and costs of such services
- Alternatives to the proposed services
- Potential risks and consequences of the proposed services and alternatives
- Client's right to refuse the proposed case management services, and potential risks and consequences related to such refusal

An effective case manager validates throughout the process that the patient is the "driver" of the plan of care with the expectation that the case manager will decrease their involvement as the patient works toward self-efficacy.

2.12 Standard #12: Advocacy

The case manager should advocate for the patient at the service-delivery, benefits-administration, and policy-making levels.

Navigating the healthcare system can be confusing and complex. Case managers are instrumental in facilitating access to necessary and appropriate services while educating the patient and support systems about resource availability within practice settings and the community. Case managers promote patient self-determination, informed and shared decision-making, autonomy, and self-advocacy. Case managers identify the needs, strengths, and goals of the patient and incorporate this information into the plan of care. Case managers recognize and try to eliminate disparities in accessing high quality care. Such disparities may be related to race, ethnicity, national origin, sex, sexual orientation, age, religion, political beliefs, physical, mental, or cognitive disability.

2.13 Standard #13: Cultural Competency

The case manager should be aware of, and responsive to, cultural and demographic diversity of the population and specific patient profiles.

People come from different countries, hold different beliefs, and embraced a variety of cultural norms. Cultural differences need to be incorporated into the plan of care to enhance adherence. An effective case manager understands relevant

cultural information and communicates effectively, respectfully, and sensitively within the patient's cultural context. Language barriers may also be instrumental in adherence. Assessment of patient's linguistic needs and identifying resources to enhance proper communication is very important. Patients cannot adhere to a plan of care if they are unable to understand what is expected of them. Case managers may need to use an interpreter and written materials in the appropriate language. An understanding of cultural communication patterns of speech volume, context, tone, kinetics, space, and other similar verbal/nonverbal communication patterns can be helpful.

References

- Auburn University Motivational Training Institute. 4–6 Dec 2009.
- Case Management Society of America. Case management adherence guidelines. Retrieved from <http://www.cmsa.org/CMAG>.
- CMSA. (2010). Standards of practice for case management. Retrieved from <http://www.cmsa.org/Individual/MemberToolkit/StandardsofPractice/tabid/69/Default.aspx>.
- Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review*, 70(11), 35–36. Retrieved from <http://www.ncdhhs.gov/humanresources/pms/pm/smart.pdf>.
- Powell, S. K., & Tahan, H. A. (2008). *CMSA core curriculum for case management* (2nd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Rollnick, S., Miller, W., & Butler, C. (2008). *Motivational interviewing in health care*. New York, NY: Guilford Press.

<http://www.springer.com/978-3-319-07223-4>

Case Management and Care Coordination
Supporting Children and Families to Optimal Outcomes
Treadwell, J.; Perez, R.; Stubbs, D.; McAllister, J.W.;
Stern, S.; Buzi, R.
2015, V, 118 p. 4 illus., Softcover
ISBN: 978-3-319-07223-4