

Case Management Society of New England

2 Nashua Rd.

Pelham, NH 03076

Tel. & Fax: 603-329-7481

Email: CMSNE@CMSNE.org

Website: www.CMSNE.org

Dear Members and Guests,

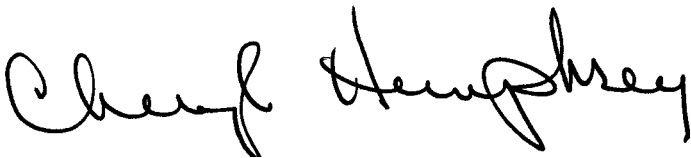
In keeping with CMSNE's mission to "*promote the growth and value of the practice of case management and to support the evolving needs of the case management professional*", the CMSNE 2006-07 Executive Board has developed a Case Management Public Relations Packet, to increase awareness of Case Management within the New England Health Care and Consumer Community.

The packet will provide a variety of materials; including case studies that demonstrate case management in different practice settings, facts about case management, brochures, fact sheets and membership materials about CMSA and CMSNE. These materials are for members to share with their family, co-workers and community to educate them about the assistance that Case Management can provide to many types of healthcare consumers in various settings.

It is our hope that our members will utilize these packets to further educate the public about our practice. Please consider not only sharing this packet with colleagues and patients, but consider bringing these packets to a physician's office, local college, community center or similar organization for them to utilize as a reference tool as to the services that maybe available to them.

If you have a contact that you would like the chapter to directly send one to, please contact the chapter office to arrange this.

Join us as in supporting the CMSNE/CMSA goals of EDUCATION and ADVOCACY



CMSNE President 2006-07

Frequently asked Questions about Case Management?

What is Case Management?

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.* **Simply stated, Case Management is a process employed by clinical professionals to assist individuals to navigate today's complicated healthcare maze. The goal of case management is to help individuals receive appropriate, cost effective, medical care.**

* Definition as provided by the 2002 CMSA Revised Standards of Practice

Who needs a Case Manager?

People with complex needs, catastrophic injuries, chronic illnesses such as diabetes and congestive heart failure, the elderly and disabled, people with serious illnesses such as AIDS, cancer, mental illness, premature babies, children who are seriously ill, post hospital, rehab care and anyone who has difficulty coordinating complex care may benefit from Case Management.

Who are Case Managers?

Case Managers are clinical professionals that may come from a variety of professional backgrounds such as Social Work, Physical or Occupational Therapy, but the majority are Registered Nurses.

What does a Case Manager do?

A Case Manager serves as a liaison between the ill or injured person, the doctor and other treating providers, the insurer and employers to identify what services might be needed. They help coordinate all services and resources necessary to promote a return to the best level of well-being. Case Managers meet with people in person, or by telephone, and in some cases often create letters and reports, all to enhance communication between all parties and the insurance company. They help the person who is sick and their family navigate the healthcare system, providing resources that will be needed to return to a healthier and productive life-style.

Why do individuals need a Case Manager?

Case Managers expect to help the patient and their family cope with the medical, social, emotional, insurance, and vocational problems related to the patient's injury or illness. They can support the patient in making informed decisions and in getting answers to questions about treatment and rehabilitation. They can assist a patient in getting the care they need. Case Managers do not make decisions for the patient but rather help give the patients the tools they need to do so. The patient can determine if a Case Manager can be helpful to them.

Where are Case Managers employed?

Case Managers may be employed by insurance companies, physician groups, hospitals, home care agencies, rehabilitation and skilled nursing facilities. There are independent Case Managers employed directly by their clients. There are military Case Managers and Case Managers in other areas as well. Case Management is a role that will continue to grow as accessing healthcare becomes more complex.

How does an individual obtain a Case Manager?

Individuals who have specific illness or injury are generally referred for Case Management service by their insurance company, employer or medical provider. In this instance, there is usually no cost to the individual for case management services. Case managers may also be hired directly by an individual or their family. Those people who privately hire a Case Manager usually pay for the services directly.

How does an individual get the most value from Case Management?

Be prepared to ask questions.

- Is the Case Manager licensed and credentialed?
- Is he or she experienced with my healthcare condition?
- Will the Case Manager work with my physician and insurance company to coordinate my benefits?
- Who is going to pay for the service?

Individuals should be ready to share their expectations, questions, and concerns with the Case Manager. A good Case Manager understands the individual is in charge of his/her own healthcare decisions and at the same time, knows people may need assistance to understand and access the best care for themselves and their families.

Is there a professional organization for Case Managers?

Yes, founded in 1990, the Case Management Society of America has grown to be the leading international, nonprofit professional association dedicated to the support and development of the practice of case management. With local state chapters throughout the United States, the organization supports its members through educational forums, networking opportunities, legislative advocacy and establishing standards to advance the profession. The Case Management Society of New England has a membership of over 750 case managers and covers the regions of ME, NH, MA and RI.

PHILOSOPHY OF CASE MANAGEMENT**

Case management is an area of specialty practice within one's health and human services profession. Its underlying premise is that everyone benefits when clients* reach their optimum level of wellness, self-management, and functional capability: the clients being served; their support systems; the healthcare delivery systems; and the various payer sources.

Case management facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. Based on the needs and values of the client, and in collaboration with all service providers, the case manager links clients with appropriate providers and resources throughout the continuum of health and human services and care settings, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable. This approach achieves optimum value and desirable outcomes for all—the clients, their support systems, the providers, and the payers.

Case management services are optimized best if offered in a climate that allows direct communication among the case manager, the client, the payer, the primary care provider, and other service delivery professionals. The case manager is able to enhance these services by maintaining the client's privacy, confidentiality, health, and safety through advocacy and adherence to ethical, legal, accreditation, certification, and regulatory standards or guidelines.

Certification determines that the case manager possesses the education, skills, knowledge, and experience required to render appropriate services delivered according to sound principles of practice.

** "Client" refers to the recipient of case management services, and can include (but is not necessarily limited to) consumer, client, or patient.*

****Excerpts from the Certification Guide (11/05) available from the Commission for Case Manager Certification 847-818-0292**



**Dedicated to the Support and
Development of Care Management
Professionals**
Leading the industry – *worldwide*

CMSA Vision Statement

We envision case managers as pioneers of health care change: nursing case managers, disease managers, health care coaches, social workers, pharmacists, physicians and others who are key initiators of and participants in the health care team as patient care managers.

Case managers open up new areas of thought, research and development, leading the way towards the day when every American will understand what a care manager can provide and how to access those services.

CMSA Mission Statement

The Case Management Society of America will positively impact and improve patient well being and patient health care outcomes:

- By informing consumers about the services case managers provide.
- By educating physicians, providers and other health care participants about improved patient outcomes through the services case managers provide.
- By educating payors and regulators about improved patient outcomes that case management services can provide.

Populations Served in Case Management

Case Managers directly serve the consumers of health care.

Patients benefit from case management through coordination of medical services, as well as enhanced quality of life.

Patient populations cross all demographic lines and are often identified through chronic illness, high risk conditions, as well as catastrophic illness and injury. Indirectly case managers also serve employers seeking to ensure work safety and well being, improve

productivity, and manage health costs by utilizing the CMSA Standards of Care and Code of Ethics.

Employers are increasingly utilizing CMSA's adherence initiative (Case Management Adherence Guidelines) to improve treatment adherence and encourage health behavior change.

Case Managers are a benefit to the health care companies that employ them ensuring delivery of quality service that benefits patients and controlling health care expenditures.

CMSA Statistics

- 9,700 members
- 70 local chapters
- 11,000 subscribers

Case Manager Definition

Case managers are licensed health care professionals providing patient assessment, treatment planning, health care facilitation, and patient advocacy according to the industry's published Standards of Practice.

The case management practitioner has a unique knowledge and ability to work with a variety of patient populations.

Case managers deliver services through utilization management, case management, disease management, pharmacy therapy management, health coaching, and medical resource coordination all aimed at supporting consumer advocacy, increasing quality of care, improving treatment adherence and enhancing clinical and financial outcomes.

Case managers are an integral part of the collaborative team model currently developing in the US and encompass participants throughout the health care continuum as patient care managers. Case Managers play a critical role in health care ensuring patient satisfaction, controlling rising costs and reducing risk.

Who Needs a Geriatric Case Manager?

For older adults, a case manager can identify risk factors early and help prevent medical complications that often lead to nursing home placement. In one study, a case management program reduced total hospital admissions by 54% and total health care costs by 33%.

Many people hire geriatric case managers to help them make the difficult legal, medical, and financial decisions that face older Americans. With proper planning many seniors can successfully “age in place” and enjoy a high quality of life.



Fred’s sister called from his mother’s rural home. She’d stopped there to visit and didn’t like what she saw. “Fred, she can’t live here alone anymore. She’s not taking care of herself. You have lots of room. Can’t she come live with you?”

Fred didn’t see how his mother would fit into his busy household. He and his wife struggled with two careers and caring for their young children. But the thought of his mother living alone, unable to care for herself, distressed him.

Fred’s coworker had gotten help from a geriatric case manager when she moved her father to an assisted living facility. Fred called the case manager. She asked many questions about his mother’s finances, her medical history, her lifestyle. She asked about his mother’s social activities and her ability to perform activities of daily living. Then the geriatric case manager

called Fred’s mother, had a long talk with her, and got permission to speak with her primary care provider (PCP).

When the case manager called Fred back, she discussed several living options with him and talked him through a long list of legal, medical, and financial decisions that had to be made. She also discussed her concerns that his mother had been seeing several doctors and that she was taking many medications. She assured Fred that she planned to discuss her concerns with his mother’s PCP.

Fred was relieved that there was a professional he could trust to help his family coordinate care and make good decisions regarding the future.

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Who Needs a Community Based Case Manager?

For the person with high risk medical conditions and or social issues that put him/her at risk for hospitalization. A clinic based nurse case manager and social worker work collaboratively with the physicians in targeting high risk population by outreaching to the patient and family members to provide a comprehensive plan of care. The Case Manager helps educate the patient about their disease process and possible options, assist them in navigating the health care system, while empowering them to be better able to manage their care in the safety of their home. This is accomplished with the case manager at times identifying and facilitating community supports to assist the patient when necessary.

Grace had a diagnosis of cancer of the esophagus. She had undergone both chemo and radiation and was having difficulty swallowing which compromised her ability to eat and take in enough fluids. She would feel weak, call her daughter and her daughter would dial 911 to send her to the emergency dept. for evaluation, 3 times during the past month.

The case manager contacted Grace and explained that she worked with her doctor, and offered assistance in helping her to feel better while getting the care that she needed. Grace consented to work with the case manager, giving her permission to speak with her daughter to include her in the plan of care. Grace confided that she was tired of the many trips to the emergency department and “just want to stay home and get the care that I need here”.

After reviewing the plan with the physician, the case manager contacted the local VNA to admit Grace into their service for medical monitoring and if needed, provide IV hydration in the home. Grace had fallen twice at home and was having increased difficulty in caring for her apartment in senior housing. Mary was a single mom, worked and had 3 young children to care for and could not take the time off from work to care for her mother. The VNA was able to provide skilled nursing and physical therapy for a home safety evaluation, providing Grace with a walker and giving her tips on how to arrange her home to prevent future falls. The case manager contacted Elder Services in the area and requested an evaluation for providing meals on wheels, an emergency response alert, and homemaker for Grace.

The social worker got involved and recommended that they see an elder law attorney to assist them with financial planning of Grace’s estate. She provided Grace with a health care proxy, arranged for fuel assistance, a

prescription assistance plan and identified community transportation to take her to oncology appointments.

As time progressed, Grace was given a prognosis to live less than 6 months. The case manager discussed end of life plans with Mary and Grace. A joint decision was made that it was time to transition Grace to the Hospice VNA program. The social worker provided counseling to Mary and Grace to address end of life issues. The case manager made the call and a hospice nurse went out to visit Grace and Mary.

They provided the needed end of life support that Grace needed. When her condition failed, she moved into the hospice residence where she spent the remainder of her life. Both Mary and Grace were thankful for the coordination of care provided by the case manager and social worker. She was able to achieve a death with dignity while staying in the community where she wanted to remain while maintaining her independence as long as possible.

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Who Needs a Hospital Case Manager?

A hospital based case manager can be the point person to coordinate care for the inpatient. They are a key element in facilitating communication/care among the physicians, nurses, therapists and supporting departments involved in the patients treatment plan.

The case manager facilitates patient care along the continuum and interventions often saving 1-2 days hospitalization and upwards of \$2500.00 per case.



Jane was a single, independent 42 year old woman with a history of a metabolic bone disorder. When she fell on the ice, she became disabled due to a complex fracture

of her femur (thigh bone). Her life was turned upside down. Suddenly, she needed assistance with discharge planning, financial planning, and emotional support to help her cope with the sudden changes in her life.

Jane underwent a successful surgical repair of her injuries but was faced with what to do next. The hospital based case manager met with Jane to discuss her referral/transfer into a rehabilitation setting so she could return to her optimal level of functional capacity. Together, they reviewed Jane's rehabilitation needs and compared the various rehab options with her insurance benefits, thus choosing the facility that best fit within her benefits limitations. The hospital based case manager working in collaboration with

social work professionals, addressed Jane's financial concerns with a focus on referral to appropriate funding resources.

The hospital based case manager and Jane worked together to coordinate her insurance benefits with the appropriate resources as she transitioned into the rehabilitation setting.

Jane was grateful to have an experienced person to help her survive this unplanned event her life.

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Who Needs a Military Case Manager?

Between March 2004 and March 2005, the National Naval Medical Center (NNMC) treated 1,500 casualties, resulting in 725 admissions.

Multiple specialists were involved in treating these injured service personnel. Care involved ancillary services and other professionals such as nurses; physical, occupational and speech therapists; prostheticians; and mental health providers.

Case management plays a central role and begins long before the patient arrives through notification via the military evacuation (MEDEVAC) TRA2ES system.

Each arriving casualty is assigned a nurse Case Manager, who collects available history, demographics, and clinical and enrollment information.



Anthony returned home from Iraq with a shoulder injury sustained in combat. He was placed on medical hold and enrolled

into the Community Based Health Organization (CBHCO) through the Army whose primary mission is to provide high quality health care and administrative processing for Reserve Component Soldiers while allowing them to live and perform duties close to their homes and families. CBHCOs are manned by mobilized Army National Guard Soldiers.

The CBHCO is staffed with professional nurse Case Managers who coordinate care through Military Treatment Case Managers as well as working with the local Veteran's Administration near the soldier's home.

A Soldier may incur a variety of injuries as the result of explosions such as burns, fractures, severing of nerves, massive tissue destruction, and infections. Many soldiers will return home with some level of Post Traumatic Stress Syndrome.

Anthony was given a treatment plan tailored to his medical and behavioral health needs, which would include assignment to a Primary Care Manager (PCM).

This PCM along with the CBHCO Military Case Manager and the local Military Treatment Facility Case Manager will coordinate and facilitate appointments with specialists in the Tricare network.

Anthony was seen by various specialists in the Military Treatment Facility including a military orthopedic surgeon as well as obtaining specialist care in the civilian network.

He will remain in the program approximately six to twelve months when he will be transitioned to civilian providers or will be deemed fit for duty and returned to his reserve unit. He will continue his treatment plan at the Veteran's Hospital with program designed to continue his rehabilitation.

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Who Needs a Neonatal/Pediatric Case Manager?

For an at-risk mom, an experienced case manager can mean the difference between delivering a healthy, full-term baby and expensive neonatal care for a premature baby that can run several thousand dollars a day. A Northwestern National Life study conducted in the early 1990s found that case management for high-risk pregnancies saved \$53 for every \$1 spent.

Robert and Amanda were heartbroken. Amanda's doctor just told them that the twins they were expecting were in big trouble. He urged Amanda to go on complete bed rest in order to carry the babies as close to term as possible. They had so many questions and they needed Amanda's paycheck to pay the mortgage on the new home they just bought for their growing family.

Amanda's health plan had a prenatal case management program for at-risk moms. Because Amanda was over 35 and expecting twins, the case manager had contacted Amanda earlier in her pregnancy to congratulate her.

She gave Amanda her phone number, sent her information on prenatal care, and urged Amanda to call her anytime. Amanda found the case manager's phone number on her desk at work. She didn't have many questions before, but she sure did now!

The case manager listened carefully to Amanda. She called Amanda's doctor and her employer and checked on Amanda's benefits. When she had all the information



she needed, she called Amanda back. "I've talked with your doctor, and we both believe that if you take good care of yourself, you have an excellent chance of delivering two healthy, beautiful babies," she said. "That's what your employer wants for you, too. Now, let's talk about what you need to do to make sure that happens."

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Who Needs a Surgical Case Manager?

For surgery and recovery, a case manager can help coordinate care to help patients regain their optimum health and avoid costly medical complications.

A 1990 study by Metropolitan Life of 1,430 patients found that for every \$1 spent on case managers, \$23 was saved. More importantly, case management remains the one cost containment strategy that receives high approval ratings from both employees and employers.



With six weeks left in the school year, Maria's neurosurgeon told her

parents that surgery to remove her brain tumor should not be delayed. Maria's parents were scared. They had many questions and fears. Was the surgery risky? What would happen if the tumor was malignant?

A pediatric case manager from the medical center contacted Maria's parents and offered to help answer their questions and coordinate Maria's recovery.

She could contact Maria's surgeon to ask for more details about the scheduled surgery and Maria's prognosis. She could contact Maria's school about missed class work and steps to make sure she advanced to the next grade with her friends. Even though they were still scared, Maria's parents felt less anxious after

speaking with the case manager.

Maria's tumor was benign, and she recovered quickly. Before every appointment, the case manager helped Maria's parents make a list of questions to ask the doctor. The case manager also negotiated with the insurance company to get "out-of-plan" benefits for a pediatric occupational therapy program to help Maria regain her fine motor skills.

It was a stressful and exhausting time for Maria's family, but they made it through with the help and guidance of the case manager.

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Who Needs a Workers Compensation Case Manager?

When an individual is injured within the workplace, state rules and regulations regarding initial medical care, lost wages and treatment options come into play. This can be confusing, not only for the injured worker but also for an employer who may not have a defined injury management program.

A case manager specializing in Workers Compensation can assist all parties involved with a collaborative process that ensures appropriate injury management focusing on rehabilitation and a supportive return to work process.

Polly was the Assistant Manager of a large bakery. She had developed bilateral Carpal Tunnel Syndrome (CTS) in May of 2005 and had managed her symptoms conservatively. By the fall of 2006 her symptoms were becoming progressively worse with constant numbness in both hands with failing grip strength. The case manager was asked to assist with her case when Polly's Orthopaedic surgeon recommended repeat EMG testing to assess the progression of her CTS but the neurologist he referred her to was unable to schedule an appointment for 4-6 weeks.

The case manager called the neurologist's office and was informed that none of the physicians had any open availability and would only offer to place Polly on a waiting list. Having developed working relationships with several physicians in the area the case manager was able to schedule Polly for EMG testing with a board certified physiatrist (physical rehabilitation specialist) who had done her prior EMG testing the previous year and who was therefore able to make a comparison of the progression of her CTS.

Polly underwent EMG testing on 9/10 and the results were immediately faxed to her surgeon. Her carpal tunnel syndrome was indeed worse and she underwent surgery on her right hand within 9 days. Without case management Polly would have waited 4-6 weeks to undergo this testing and her surgery would have been delayed by two months, which could have resulted in nerve damage.

When Polly was released to return to work after her right hand healed the surgeon prescribed, "modified light duty" for which her employer required clarification. With the case manager's assistance, task specific activities were outlined for Polly including reduced work hours/day for the first few weeks of her return to work. This allowed for Polly to continue attending hand therapy and her progressive work activities were coordinated with her therapist who assessed her strength and overall healing of her hand.

The case manager was able to provide Polly with recommendations for minimizing discomfort as she increased use of her right hand, which allowed her to successfully return to full duty prior to her left hand surgery. The case manager also outlined ways for Polly to better tolerate suture removal, pain management options and provided her with ongoing encouragement through her recovery.

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Who Needs an Oncology Case Manager?

For conditions such as cancer, a case manager can help coordinate care to help patients achieve their optimum health and avoid costly medical complications.

A 1990 study by Metropolitan Life of 1,430 patients found that for every \$1 spent on case managers, \$23 was saved. More importantly, case management remains the one cost containment strategy that receives high approval ratings from both employees and employers.

As a vice president with one of the city's leading ad agencies, Susan was used to being in charge. When her doctor told Susan she had breast cancer, her life suddenly went spiraling out of control. Susan had to make decisions about surgery and follow-up therapies, but she couldn't get past that one word — "CANCER!"

Luckily, Susan's employer included case management services as part of its benefit package. Susan agreed to work with a case manager. Her case manager called her and explained to Susan the newest breast cancer treatments and their effectiveness. She explained the difference between a lumpectomy and a mastectomy and what



research studies showed about the outcomes of each. With Susan's permission, the case manager talked to the doctor, reviewed her medical history, and learned more about her specific cancer.

The case manager also talked to Susan about the time she would have to take off work and exactly what her benefits would cover. She offered to help Susan further as she faced recovery. The road ahead would not be easy. But Susan felt calmer and stronger just knowing what her options were and what to expect.

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