

LEADING TODAY,
SHAPING TOMORROW:

THE TOP 10 MUST-HAVES FOR
CASE MANAGEMENT LEADERSHIP

Dr. Colleen Morley, DNP, RN,
CCM, C MAC, CMGT-BC, CMC N, ACM-RN, FCM, FAACM

2/7/2026

The slide features a light green background with a repeating pattern of leaves and circles. A white rectangular box with a thin black border is centered on the slide. At the top center of this box is a small, solid tan rectangle. The text is centered within the white box.

◦ Introduction

◦ The Top 10 Leadership Must-Haves

◦ Practical Strategies & Applications

◦ Reflection & Action Planning

◦ Q&A / Closing

Agenda

2/7/2026

The slide features a light green background with a repeating pattern of leaves and circles. A white rectangular box with a thin black border is centered on the slide. The text is arranged in two columns within the white box. A vertical line separates the two columns.

1. Identify the top 10 leadership essentials in case management.





2. Apply strategies for coaching, mentorship, and professional development.

3. Develop an action plan to strengthen leadership and succession planning.

Learner Objectives

2/7/2026

Why Leadership in Case Management Matters

-  Increasing patient complexity
-  Regulatory demands
-  Financial pressures
-  Staff support & engagement

2/7/2026

The Leadership Challenge

- Rapid policy changes (value-based care, ACOs, AI integration).
- Increasing complexity in care transitions and reimbursement models.
- Need for emotionally intelligent, data-literate, and strategic leaders.



2/7/2026

Colleen's Top 10 List for Leadership

- Communication
- Emotional Intelligence
- Critical Thinking
- Strategic Alignment
- Mentorship
- Succession Planning
- Collaboration
- Advocacy
- Data Mastery
- Adaptability

2/7/2026

Communication

- Clear, concise, and audience-specific.
- Adjust messaging for staff vs. executives vs. patients.
- Listen actively and close the communication loop.

2/7/2026

Development Strategies

- Enroll in workshops on *executive communication* or *crucial conversations*.
- Practice *SBAR (Situation, Background, Assessment, Recommendation)* framing in both clinical and administrative communication.
- Request 360° feedback on communication effectiveness from staff, peers, and leadership.
- Record and review key presentations or team meetings for tone, pacing, and clarity.



2/7/2026

Emotional Intelligence & Communication

- Self-awareness and empathy
- Conflict resolution & transparency
- Example: Leading difficult family conversations

2/7/2026

Development Strategies

- Complete a validated EI assessment (e.g., EQ-i 2.0, MSCEIT).
- Practice mindfulness or reflective journaling after challenging interactions.
- Engage in coaching or peer debriefing sessions to explore emotional triggers.
- Study nonverbal communication and active listening techniques.



2/7/2026

Critical Thinking

- Identify root causes, not just symptoms.
- Analyze patterns and synthesize across systems.
- Make data-informed, evidence-based decisions.

2/7/2026

Development Strategies

- Attend workshops or CE on *Root Cause Analysis (RCA)*, *LEAN*, or *Six Sigma*.
- Engage in "assumption audits" before making key decisions.
- Practice Socratic questioning ("What evidence supports this?" "What else could be true?").
- Read case studies and deconstruct the leader's decision-making pathway.



2/7/2026

Strategic Alignment

- Tie every project to enterprise pillars: quality, safety, cost, experience.
- Speak the language of executives—outcomes, ROI, KPIs.
- Align goals to the organization's strategic plan.

2/7/2026

Development Strategies

- Review your organization's strategic plan and identify where case management adds value.
- Partner with finance or quality departments to align dashboards to system goals.
- Attend leadership meetings and track strategic terminology and priorities.
- Build business acumen through courses in healthcare finance or strategic planning.



2/7/2026

Mentorship

- Provide guidance, feedback, and encouragement.
- Model professional integrity and accountability.
- Create mentorship moments in daily work.

2/7/2026

Development Strategies

- Participate in formal mentorship programs (e.g., CMSA Mentorship Program).
- Study adult learning principles and coaching techniques.
- Maintain a reflective mentoring journal documenting mentee progress and insights.
- Shadow experienced mentors to learn their style and methods.



2/7/2026

Succession Planning

- Identify and prepare potential successors early.
- Document processes and decision rationales.
- Build redundancy, not dependence.

2/7/2026

Development Strategies

- Create a leadership competency matrix for your department
 - Clinical ladder
- Identify high-potential staff and include them in project leadership roles.
- Establish a structured handoff plan for key leadership functions.
- Collaborate with HR on internal leadership pipelines.



2/7/2026

Collaboration

- Case managers work across silos—nursing, finance, social work, medicine.
- Collaboration drives discharge efficiency and quality.
- Model respect and shared ownership.

2/7/2026

Development Strategies

- Attend interdisciplinary rounds and observe collaboration dynamics.
- Use structured communication tools (e.g., TeamSTEPPS, SBAR).
- Facilitate cross-departmental improvement initiatives.
- Conduct team reflection exercises to strengthen cohesion.



2/7/2026

Advocacy

- Advocate for patient access and equity.
- Advocate for staff resources and recognition.
- Advocate for the value of case management at all levels.

2/7/2026

Development Strategies

- Study advocacy frameworks (e.g., IHI's *Triple Aim* and CMSA's *Advocacy Standard*).
- Participate in legislative engagement (local ANA/NASW chapters, CMSA Public Policy Committee).
- Learn persuasive communication and negotiation techniques.
- Attend board or committee meetings to observe advocacy in action.



2/7/2026

Data Mastery

- Know your metrics (LOS, readmissions, avoidable days).
- Interpret trends and translate into action.
- Present data visually and narratively for leadership impact.

2/7/2026

Development Strategies

- Develop Excel, Tableau, or Power BI proficiency for data visualization.
- Take courses in *Healthcare Analytics* or *Data Storytelling*.
- Learn how to build a balanced dashboard with key case management metrics.
- Partner with data analysts to understand data sources and validation.



2/7/2026

Adaptability

- Anticipate change and respond strategically.
- Stay calm and solution-focused during uncertainty.
- Flex your leadership style as the environment evolves.
- Thrive in Change

2/7/2026

Development Strategies

- Practice scenario planning and contingency mapping.
- Participate in change management training.
- Engage in reflective practice: debrief what worked and what didn't after change initiatives.
- Develop a personal resilience plan including self-care and boundary management.




2/7/2026

INTEGRATION
AND
APPLICATION

2/7/2026

Connecting the Essentials

- Leadership DNA
- All the skills are interconnected.



2/7/2026

Case Study: Leading Through a Workflow Redesign

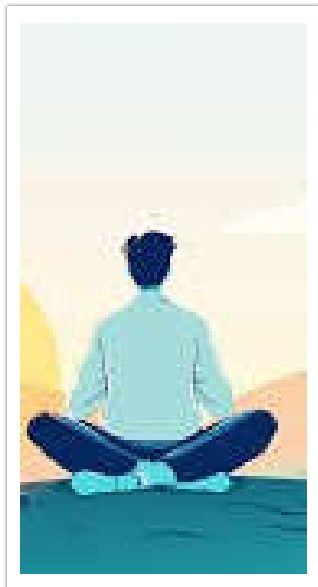
- Situation: LOS outliers and discharge delays.
- Leadership actions
 - Communication
 - Data mastery
 - Collaboration.
- Outcome: LOS ↓ 0.8 days; staff engagement ↑ 20%.



2/7/2026

Reflection: Rate Yourself

- Rate yourself 1–5 on each essential.
- Which two are your strongest?
- Which one will you focus on improving?



2/7/2026

- Develop a personal leadership plan.
- Invest in CE, mentorship, and professional networks (CMSA, ANA, NASW).
- Build feedback loops and resilience rituals.

Sustaining the Seat

2/7/2026

Tips to Claiming Your Seat

Start	Start Small to Demonstrate Impact/Build Trust
↓	
Make	Make Yourself Indispensable
↓	
Think	Think Big Picture; Align with Strategic Goals
↓	
Be	Be Curious; Ask What They Need
↓	
Own & Present	Own & Present Your Metrics
↓	
Speak	Speak C-Suite Language
↓	
Promote	Promote Internal Success Stories
↓	
Embed	Embed Yourself in Workgroups
↓	
Find	Find Organizational Allies
↓	
Be	Always Be Advocating

2/7/2026

UI Health Transplant Program Response to Loss of HBIA: Protecting Patients, Avoiding Financial Burden and Advocating for Common Good Policy Change

Jaclyn Bauer, LCSW, OCTSW, Assistant Director of Health Social Work-Transplant

Abstract

The end of the Healthcare Benefits for Immigrant Adults (HBIA) program on July 1, 2025 threatened an immediate gap in insurance coverage for approximately 110+ renal transplant patients at UI Health.

Without continuous coverage, patients faced the risk of graft loss, emergency hospitalizations, and a premature return to dialysis. Furthermore, some of these individuals were within 12 months of their transplant and therefore not yet eligible for the post-renal Medicaid benefit.

The financial implications were also significant, with the costs of treating rejection, hospitalization related graft loss and dialysis costs far exceeding those of maintenance immunosuppressive therapy. Hospital charity programs were already stretched thin, and existing safety nets such as the American Kidney Fund and IL Transplant Fund required pre-transplant enrollment, leaving this population uniquely vulnerable.

Data/Methods

The collaboration between the UI Health Social Work, Finance, Pharmacy, and Government Relations Teams and the Illinois Hospital Association and the IDPA, highlights the power of partnerships and advocacy between clinical and policy stakeholders.

Identifying impacted patients in advance of coverage-loss facilitated smoother access to existing resources, thoughtful adjustment of clinical treatment plans, and enhanced communication and consistency between hospital departments.

Strategies such as application for Post Renal Medicaid prior to loss of HBIA to prevent gaps in coverage, multidisciplinary staff education on impending coverage changes and tools such as shared patient lists in Epic and Excel for clinical and financial management aided a coordinated response to minimize the risk of adverse clinical outcomes and reliance on scarce hospital charitable resources.

Response efforts also included advocacy on the state level, which highlighted patient need and cost implications, framing the issue as a matter of patient safety, health equity and financial responsibility for the state. This coordinated response exemplifies the advantage in identifying coverage gaps early and how low-cost policy adjustments can generate high-value outcomes—protecting patient health, reducing the risk of catastrophic complications, and lowering long-term expenditures.

Conclusion

Through this project, the Transplant Team successfully bridged a dangerous coverage gap for post-transplant patients, ensuring uninterrupted access to life-saving medications and essential follow-up care.

- Serve More Patients**
 - Secured immediate Medicaid eligibility for vulnerable transplant patients.
 - Expanded access to life-saving medications and follow-up care.
- Optimize the Patient Journey**
 - Prevented disruption in care by avoiding graft loss, hospitalizations, and return to dialysis.
 - Ensured continuity in treatment pathways.
- Be the Best Place to Work**
 - Showcased collaborative problem-solving across healthcare providers and policymakers.
 - Reinforced team engagement and purpose-driven practice.
- Fund Our Future**
 - Reduced long-term costs by preventing complications.
 - Preserved hospital resources and strengthened financial stewardship.
- Be a Zero Harm Organization**
 - Protected patients from preventable harm through uninterrupted coverage.
 - Advanced equity by safeguarding health outcomes.

Overall Impact: This initiative demonstrates how social workers, equipped with data and partnerships, can drive meaningful change—improving patient care, advancing equity, and influencing policy on a broader scale.

Results

Cost Comparison: Maintenance Medications vs. Risks Associated with Medication Non-Adherence

Category	Annual Cost Per Patient (USD)
Maintenance Medications (12M)	~\$10,000
Post-renal Medicaid (12M)	~\$10,000
Emergency Hospitalizations (12M)	~\$20,000
Rejection (12M)	~\$20,000
Emergency Dialysis (12M)	~\$20,000
Emergency Hospitalizations (12M)	~\$20,000
Emergency Dialysis (12M)	~\$20,000
Total (12M)	~\$100,000

110+ Newly Identified High-Risk Patients

100% Access to Life-Saving Medication

0 Lost Grafts or Emergency Hospitalizations

0 Return to Dialysis

Objectives

- Protect transplant patients from losing essential coverage following the end of HBIA.
- Ensure uninterrupted access to medical management and immunosuppressive medications for graft survival.
- Advocate with state agencies and hospital associations to secure Medicaid eligibility.
- Highlight cost savings and equity outcomes to influence policy change.

Acknowledgements

UIH Finance, UIH Transplant, UIH Government Relations, UIH Pharmacy, Illinois Hospital Association, Illinois Dep of Health & Human Services

2/7/2026

Internal Authorization, External Impact: Reducing LOS and Enhancing Throughput

Colleen Morley DNP RN CCM, Tyra Jaycox & Sheana Stepney

Abstract

Background: Timely discharge to post-acute care settings is often delayed due to payer authorization requirements.

At University of Illinois Health (UIH), these delays have significantly contributed to avoidable inpatient days, impacting patient flow, costs, and overall care coordination.

The current UIH state-workflow is that these prior authorizations are pursued/received by the service provider.

Payers' turnaround time (TAT) to community service providers standard is 48-96 hours, where the turnaround time from acute facility requests has been shown in several studies to be under 20 hours average, producing a significant length of stay savings from current state.

FY2024 average TAT from Payers: 108 hours

Data/Methods

UIH average # of avoidable days attributed to Payer Authorization Delay

Tracked avoidable days
FY 2024 = 1608;
FY 2025 to 2/25: 1187

Cost per day: FY 2024: \$2000 x 1608 avoidable days = \$3.2M/year or \$268K/month
FY 2025 (to 2/25): \$2000 x 1187 avoidable days = \$2.2M/year or \$296K/month

Intervention: UIH implemented an internal Prior Authorization Specialist role to proactively initiate and manage precertification for skilled nursing, subacute rehabilitation, and other post-discharge services. 2 people hired into this role. Started 2/19/2025.

Conclusion

Met	Implemen- tation	Not Implemen- tation	Result
ReducePayerAuth	2/19/2025	2/19/2025	2/19/2025
ReducePayerAuth	2/19/2025	2/19/2025	2/19/2025
ReduceLOS	6.32	6.54	Install CA

Budgeted vs **Budgeted**

In Hand 2+ days Prior to Medical Readiness for DC for average 49 % patients (Mar-Jun 2025)

Taking the prior authorization process in-house and adding the Internal Prior Authorization Specialist role at UI Health led to a significant drop in avoidable days and improved discharge efficiency.

This new process for post-acute prior authorization created an efficient internal pathway, resulting in reducing payer delays (**Optimize Patient Journey**), reducing length of stay and potential associated cost savings (**Fund Our Future**), while improving patient throughput (**Serve More Patients**).

Results

Payer Delay PAs Auth FY2025

Month	Jan	Feb	Mar	Apr	May	Jun
Days	14,296	18,226	21,216	24,206	27,196	30,186

% of Patients with PAS Auth 2+ Days Prior to DC

Month	Feb	Mar	Apr	May	Jun
%	47.0%	46.0%	45.0%	44.0%	43.0%

Objectives

- Reduce Avoidable Days attributed to Payer Delays in Issuing Authorization for Next Level of Care
- Decrease TAT from Payers for Prior Authorization for Post-Acute Services
- Reduce LOS
- Bonus: Have Auth for next level of care in hand prior to Medical Readiness for DC.


Acknowledgements

Dashaw, E., Grillo-Peck, A., Greis, N., Burke, K and Altenberger, E. (2022). Reducing Hospital Length of stay by expediting precertification. CareManagement, Dec 2022, 9-15.


2/7/2026

Leadership as Legacy


2/7/2026



True leaders build systems, not just success stories.



Your legacy is measured in the leaders who come after you.



Leadership is influence that outlives your title.

- Leadership is built on consistent practice of ten essentials.
- Align your actions with enterprise goals.
- Mentor others to sustain your legacy.
- Lead with data, empathy, and adaptability.

Key Takeaways

2/7/2026

Take It Forward: Application Challenge

2/7/2026



Choose one essential to apply intentionally this week.



Journal or debrief results with a colleague.



Share your learning with your team.

Questions

- What resonated with you most?
- Which essential feels like the biggest opportunity area for your team or department?



2/7/2026

Call to Action

- Reflect on your own practice
- Choose one must-have to apply now
- Share learning & mentor others



2/7/2026

References

- Bass, B. M., & Bass, R. (2008). *The Bass handbook of leadership: Theory, research, and managerial applications* (4th ed.). Free e Press.
- Boyatzis, R. E., & McKee, A. (2005). *Resonant leadership: Renewing yourself and connecting with others through mindfulness, hope, and compassion*. Harvard Business Review Press. <https://hbsp.harvard.edu/product/5631-HBK-ENG>
- Buck, J., Justice, M., Tussing, T. E., Richards, M., & Mallard, J. (2024). *Creating a Budget: Basics of Budgeting, Evidence-Based Leadership, Innovation, and Entrepreneurship in Nursing and Healthcare: A Practical Guide for Success*, 188.
- Case Management Society of America. (2022). *Standards of practice for case management*. CMSA Press, Brentwood, TN.
- Commission for Case Manager Certification (CCMC). (2015). *Code of Professional Conduct for Case Managers with Standards, Rules, Procedures, and Penalties*.
- Covey, S. R. (2020). *The 7 habits of highly effective people: Powerful lessons in personal change*. Simon & Schuster.
- Desarno, J., Perez, M., Rivas, R., Sandate, I., Reed, C., & Fonseca, I. (2021). Succession planning within the health care organization: Human resources management and human capital management considerations. *Nurse Leader*, 19(4), 411-415. <https://doi.org/10.1016/j.nl.2020.08.010>
- Fink-Samnick, E., & Kreiger, T. (2016). *COLLABORATE for professional case management*. WoltersKluwer.
- Ginter, P. M., & Duncan, W. J. (2022). *Strategic Thinking: Rationale, Process, and Behaviors*. *Leadership in Practice: Essentials for Public Health and Healthcare Leaders*, 55.
- Goleman, D., Boyatzis, R., & McKee, A. (2013). *Primal leadership: Unleashing the power of emotional intelligence*. Harvard Business Press.
- Gratton, L., & Erickson, T. J. (2007). Eight ways to build collaborative teams. *Harvard Business Review*, 85(11), 100-109.
- Hamilton, N. W. (2020). Professional identity formation in healthcare: Lessons from medical education. *Journal of Continuing Education in the Health Professions*, 40(3), 157-164. <https://doi.org/10.1097/CEH.0000000000000300>
- Ingale, A. (2024). *Succession Planning And Leadership Development Are Important In Creating A Talent Pipeline Within Human Resource Management*. Available at SSRN 5031223.
- Marquis, B. L., & Huston, C. J. (2020). *Leadership roles and management functions in nursing: Theory and application* (10th ed.). Wolters Kluwer.
- Northouse, P. G. (2021). *Leadership: Theory and practice* (9th ed.). SAGE Publications.
- Tahan, H. M., Kurland, M., & Baker, M. (2020). The Evolving Role of the Professional Case Manager: A National Study From the Commission for Case Manager Certification: Part 2. *Professional case management*, 23(4), 188-212. <https://doi.org/10.1177/1043986220930000432>
- Thomas, J., Heinrich, J., Ku, L., & Ma, J. (2020). The effect of evidence-based leadership development programs on hospital performance: A systematic review. *Journal of Healthcare Management*, 65(5), 317-328. <https://doi.org/10.1097/JHM-D-19-00197>

2/7/2026



Dr. Colleen Morley, DNP, RN
CCM, CMAC, CMGT-BC, CMCN, ACM-RN, FCM, FAACM

cmmorley@hotmail.com

708-439-3327

2/7/2026