Essential Standards for the Professional Case Manager

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Why Standards of Practice?

The Standards of Practice serve as guidelines for the professional practice of case managers.

“The standards of care published by CMSA are probably the most important source of standards of care for case managers.”

Elizabeth E. Hogue, Esq.
Remington Reports, 2001
History of CMSA
Standards of Practice
1995 SOP Task Force

Chair: Deborah Smith, RN, MN, CNAA

- Reviewed existing industry standards
- Obtained recommendations from field
- Drafted standards
Revisions of 2002

- Review the 2002 CMSA Case Management Standards of Practice. Decide for yourself if your practice is where it should be.
2002 Revision Chairs

- Kathleen Moreo, RN, Cm, BSN, BHSA, CCM, CDMS, CEAC
- Gerri Lamb, PhD, RN, FAAN
Vision

- Accurately reflect changes in practice
- Guide the field
- Anticipate ongoing change
- Contribute to the evolution of case management and emergence of best practices
‘08-’09 Revision

- 18-Month Project
  - Kickoff – November 15th
  - First committee meetings in January ‘08
- Multiple Perspectives
  - Public comment before task force review is initiated – opportunity to identify issues on the front end
  - Participation and representation by unique segments (i.e., military, social workers)
SOP Task Force

Project led by CMSA Staff Under Cheri Lattimer, Executive Director with
Task Force Members:

- Connie Commander
- Bill Downey
- Diane Huber
- Peter Moran
- Mary Beth Newman
- Nancy Skinner
- Deb Smith

Possible Task Force Members:

- David Nash
- CM Attorney
- NASW representative

Advisors:

- Kathleen Moreo
1. Public Comment Period

2. Task Force Review

3. Reference Group

4. Analyze Comments

5. Medical Writer prepare Draft #1

6. Back to Task Force
Revisions 2016

- Build on the current Standards of Practice
- Enhance the standards of practice so they are relevant to the practice of case management under the Affordable Care Act
- Expand the “how demonstrated” section of the Standard where appropriate, i.e. assessment
- Other considerations for enhancements to the SOP from the group?
2016 Revisions Chairs

- Kathleen Fraser, RN-BC, MSN, MHA, CCM, CRRN
- Mary Beth Newman, MSN, RN-BC, CCP, CCM, CHCQM
Collaboration

Online Group Site: WIGGIO

A Few Key Features:
1) Share and edit documents
2) Create conversations
3) Calendar reminders
Definition of Case Management

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

- The only revision to the definition of case management is the addition of "patient safety."
- The purpose of this addition is to explicitly acknowledge and support the importance of patient safety.
- It is generally known that patients are at increased risk for compromised safety when during transitions of care.
- An important goal of case management services is, therefore, to help ensure patients' safety as they move from one care setting to another.
The 2016 Revised Standards reflect recent changes including the following:

- The need to minimize fragmentation in the healthcare delivery system
- Application of evidence-based guidelines to the practice of case management to promote collaborative care coordination
- Successful navigation of transitions of care
- Incorporation of adherence guidelines and other standardized practice tools
- Expansion and maximization of contributions of the interprofessional collaborative health care team to planning care and services for individuals
- Improvement of the experiences of recipients of case management services
- Continued efforts to help ensure safe, quality and cost-effective outcomes
Professional Case Managers have:

- A primary obligation is to their clients.
- A secondary obligation is engagement in and maintenance of respectful relationships with coworkers, employers and other professionals.
- Laws, rules, policies, insurance benefits and regulations sometimes conflict with ethical principles. In such situations, professional case managers are bound to address the conflicts to the best of their abilities and/or to seek appropriate consultation.
- All clients are unique individuals and professional case managers must engage them without regard to gender identity, race, ethnicity, religion, cultural preferences or socioeconomic status.
- Maintenance of policies that are universally respectful of the integrity and worth of each person.
Philosophy of case management practice:

- When individuals reach their optimum levels of wellness and functional capability, everyone benefits, including clients, clients’ families and caregivers, the health care delivery system, payers, employers and consumer advocates.

- Professional case managers work to achieve the wellness and autonomy of their clients though advocacy, ongoing communication, health education, identification of resources for services and facilitation of services.

- Professional case management services are likely to be more effective if they include engagement with clients and direct communication with everyone involved in patients’ care.
Client identification, selection and engagement includes:

- Screening clients to determine appropriateness for and benefits from services
- Engagement of clients and families and other caregivers in the case management process
- Obtaining consent to case management services as part of the process of initiation of services
- Intermittent assessment and opportunity identification regarding behavioral health, substance use and abuse, and social determinants of health, including:
  - Data gathering, analysis and synthesis of information in order to develop client-centric case management plans of care
  - Use of effective communication skills to help establish relationships with patients and patients’ readiness to engage in their own health and well-being
  - Identification of care needs, including needs, barriers, and/or gaps in care
Development of the case management plan of care includes:

- Identification of care needs, barriers and opportunities for collaboration with clients, families and/or other caregivers and members of the interprofessional care team to provide effective integrated care
- Prioritization of goals and outcomes
- Interventions or actions needed to reach the goals of plans
Discussion

- How does your organization let patients/caregivers know that case management services are available?
- What data does your organization collect to show the value of the work case managers do as a member of the healthcare team?
Implementation and coordination of case management plans of care includes:

- Facilitating coordination of care, services, resources and health education specified in plans of care
- Ongoing communication with clients, their families, other caregivers, providers and the entire interprofessional health care team
- Resource Management to ensure compliance/adherence
- Meeting the patient’s needs regardless of the pay source
Case Managers can demonstrate how they facilitate coordination, communication and collaboration through the following examples:

- Adherence to mandates for client privacy and confidentiality during all aspects of facilitation, coordination, communication and collaboration within and outside of clients’ care settings.
- Use of special techniques and strategies, such as motivational interviewing, mediation and negotiation to facilitate transparent communication and building effective relationships.
- Coordination and implementation of the use of problem-solving skills and techniques to reconcile potentially differing points of view.
- Evidence of collaboration that optimizes clients’ outcomes that may include working with community, local and state resources, primary care providers, members of the interprofessional health care team, payers and other relevant stakeholders.
- Evidence of collaborative efforts to maximize adherence to regulatory and accreditation standards within professional case managers’ practice and employment settings.
Professional case managers should demonstrate compliance with this standard in the following ways:

- Communications that are effective, respectful, sensitive and consistent with clients’ cultural and linguistic context.
- Development of case management plans of care based on assessments and goal-setting to accommodate each client’s cultural and linguistic needs and preferences.
- Identification of appropriate resources to enhance clients’ access to care and improve health care outcomes that may include use of interpreters and health educational materials that demonstrate understanding of clients’ cultural and linguistic patterns of communication, such as speech volume, context, tone, kinetics, space and other similar verbal and non-verbal patterns of communication.
- Pursuit of professional education to maintain and advance the level of cultural competence and effectiveness when working with diverse client populations.
Cultural Diversity

CMSA’s revised standards also require professional case managers to be aware of and responsive to:

- cultural and linguistic diversity of the demographics of case managers’ work settings
- and to specific clients and their caregivers.
Proactive Monitoring

- Documented continuous collaboration with clients, their families, providers and others involved in the care of clients so that clients’ responses to interventions are reviewed and incorporated into case management plans of care.
- Awareness of circumstances necessitating revisions to case management plans of care, such as changes in clients’ conditions, lack of response to case management interventions, transition across care settings and/or providers, and barriers to care and services.
- Documented evidence that plans of care continue to be reviewed and are appropriate, understood and accepted by clients, their families and other caregivers.
- Ongoing collaboration with clients, families, caregivers, providers and others involved in the care of clients regarding revisions that may be needed to plans of care.
- **This Standard makes it clear that the job of case managers is not finished just because case management plans of care have been developed and implemented. Rather, case managers are required to monitor clients’ situations to determine whether changes are needed to plans of care.**
Relationship to Ethics

The standards also say that professional case managers must behave and practice ethically, including adherence to the tenets of codes of ethics that underlie professional credentials.

Awareness of the five basic ethical principles and how they are applied, including:

- Autonomy (to respect individuals’ rights to make their own decisions)
- Beneficence (to do good)
- Nonmaleficence (to do no harm)
- Justice (to treat others fairly)
- Fidelity (to follow through and to keep promises)
Legal Requirements

- Professional case managers must adhere to all applicable federal, state and local laws and regulations governing aspects of case management practice, including client privacy and confidentiality and consent for professional case management services. According to the standards, if the policies of case managers’ employers or those of other entities are in conflict with applicable legal requirements, applicable laws prevail.

- In terms of confidentiality and client privacy, professional case managers should adhere to federal, state and local laws, as well as policies and procedures. Case managers should act in a manner consistent with clients’ best interests in all aspect of communication and recordkeeping, whether through traditional paper records and/or electronic health records (EHR).

- Professional case managers must demonstrate up-to-date knowledge of and adherence to applicable laws and regulations governing confidentiality, privacy and protection of clients’ medical information. They must also evidence good faith efforts to obtain clients’ written acknowledgements that they have received notices of privacy rights and practices.

- The standard governing consent for professional case management services says that case managers should obtain appropriate and informed consent before implementation of case management services.
Closure of professional case management services includes:

- Mutually agreeable closure to client-case manager relationships and engagement in case management
- Helping to ensure that case closure occurs when clients have attained the highest level of functioning and recovery, the best possible outcomes or when the needs and desires of clients have changed
- To ensure patient/family has clear direction on where to go if conditions change
Group Discussion: How are you using the Standards of Practice in Your Organization?
Thank You

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