KNOW YOUR VALUE

CASE MANAGEMENT'S OPPORTUNITY
TO
COMMUNICATE & DELIVER
AN IMPORTANT MESSAGE

Bonnie Geld, President
The Center for Case Management

Goals of Our Position Paper

- Deliver a paper that reflects the Value of Case Management/Social Work
- Provide talking points for Case Managers and Social Workers
- Create a message that adequately captures our complex and critical roles within the Health Care Team

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Represents Case Management Leaders and Team Members from
Inpatient
Ambulatory
Community
Payer

Structure of Paper

Each Guide Addresses:

- ✓ Roles/Responsibilities
- ✓ Provides talking points on the value we provide to:
  - ✓ Patients/Families
  - ✓ Organizations
  - ✓ Colleagues
  - ✓ Community
- ✓ Delivers Metrics Demonstrating Influence

Snapshot: Acute Care

Author: Colleen Morley, DNP, CCM, CMAC, CMCN, ACM-RN, FCM

Value to Patient/Family

Case managers advocate for patients, ensuring their needs and preferences are considered, leading to a more positive healthcare experience. They facilitate clear communication between patients, families, and healthcare providers, reducing confusion and anxiety. Case managers educate patients and families about their conditions and care plans, empowering them to make informed decisions and participate in their care. By planning and coordinating post-discharge care, case managers promote a seamless transition from the hospital to home, reducing the risk of readmission. Case managers also provide emotional support and guidance during difficult times, helping patients and families cope with illness and treatment

Value to the Organization

Case managers are vital in improving the quality of patient care, enhancing the organization's reputation and status in meeting accreditation and regulatory requirements.. They streamline care processes, reducing bottlenecks and improving workflow efficiency within the organization. Case managers help mitigate legal and ethical risks by ensuring that care is delivered in compliance with standards and regulations. High-quality case management can contribute to patient loyalty and retention, as patients are more likely to return to healthcare organizations that provide personalized, well-coordinated care

Value To Colleagues

Case managers collaborate with healthcare teams, ensuring that all team members are aligned in delivering the best care possible. They handle administrative tasks related to care coordination, allowing clinicians to focus on clinical aspects of care. Case managers provide clinical support by monitoring patient progress, identifying issues, and facilitating timely interventions. Effective case management can improve job satisfaction among healthcare team members by reducing burnout and enhancing teamwork.

Value to Community

Addressing Social Determinants of Health By helping patients access appropriate care and education, case managers contribute to the overall health and well-being of the community. Case managers work to reduce disparities in healthcare access and outcomes, promoting equity within the community. They engage in community outreach and education, promoting preventive healthcare measures and healthy lifestyles. Through cost-effective care coordination, case management can help control healthcare costs, benefiting the community by stabilizing healthcare expenses.

Achieving Value

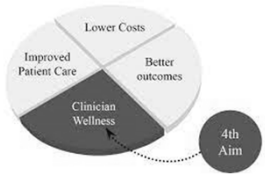
- Our Value is Tied to Our Outcomes
- Our Outcomes are Tied to Our Influence
- Our Influence is Tied to Our Skills (both professional and person)

THE CENTER FOR CASE MANAGEMENT

Conceptual Framework

Care Coordination	Care Coordination is a team-based, patient-centered approach designed to assist patients and their support systems in managing medical conditions more effectively. It also encompasses those care coordination activities needed to help manage chronic illness.	Clinical Outcomes Financial Stewardship Patient Satisfaction
Case/Care Management	The process of assessment, planning advocacy and alignment through deliberate partnerships that integrate clinical, psychosocial and financial elements of care	Length of Stay Capacity Management Cost Per Case Readmission Avoidance
Case Manager Utilization Review Nurse Clinical Social Worker	Clinicians who perform skilled interventions to shepherd the episode of are and facilitate safe, sustainable and connected transitions. They ensure care is performed in the right care and the right place to ensure a successful recovery and meets organizational imperatives	Pace the Case Manage Cost & Reimbursement Ensure Successful recoveries Engage/Activate patients

Case Management at the Nexus



Following the Quadruple Aim

Value to Colleagues
By incorporating the well-being of healthcare providers into the framework, the Quadruple Aim recognizes the importance of a healthy and motivated workforce in achieving the overall goals of the healthcare system. This framework has gained prominence as healthcare organizations strive to create healthier and more balanced work environments for their staff, while simultaneously improving patient outcomes and reducing costs. Case managers play an important role in determining an ACO's success; by influencing and coordinating care between providers. Transitions that are coordinated with help from case management are invaluable to all members of the internal and external care teams.

Patricia O'Dea-Evans, MS, BSN, RN, LCPC, CCM

First Step in Demonstrating Value

You cannot use your power and influence if you don't recognize that you have it

The Concept of Case Management Works!

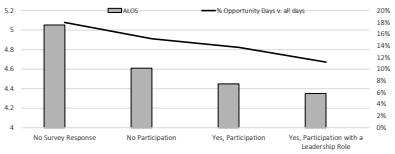
Our light is already shining

Value to the Organization

The VA has experienced the value of professional case management services provided to Veterans and their impact on the organization. When Veterans with moderate or complex health conditions receive proactive intensive case management interventions through a Lead Coordinator, the organization observes greater instances of cost avoidance. Higher levels of cost avoidance mean that healthcare leaders can reallocate unused resources to other areas of the organization.

Francesca Bryan-Couch, DNP, RN, CHPN, CCM

Power as Lateral Leaders



ALOS, Opportunity Days and Case Management Lead Rounds

Correlation between CM lead rounds and lower ALOS and Opportunity Days

Data suggest a positive correlation when CM leads rounds, potentially helping to drive down ALOS and reduce opportunity days.

Mission Critical Goals

Managing the Care Continuum is Vital

- Influence Outcomes
- Manage Cost and Ensure Reimbursement
- Deliver plans that are cost effective and longitudinal
- Avoid Re-Admission, Unnecessary Hospitalizations and Overutilizaton of Services

Managing the Care Continuum

Pre Covid:

- Care Coordination seen as important…but perhaps not fully recognized the impact to care trajectory (by those not in dept..)
- Limited Use of telehealth/virtual care
- Workforce Challenges Projected & maldistributed
- Health Systems financial burdens not uncommon
  - Limitations to financial services to patient/families
- AI Tools Emerging
- Volume & Capacity Management Strategies begin to emerge
- Supply Chain Disruptions not uncommon (in pockets)
- Access/Community care/Support challenges not uncommon

Today

- **Influx of Complex Patients r/t delayed care and SDOH/Medical Complications**
- **Increased support needed from Post Acute Care Sites**
- **Increased Telehealth/virtual care**
- **Health Systems: Profound Financial Toll & Workforce Challenges**
- **AI Tools Accelerated Growth**
- **Volume & Capacity Management- EMERGENT Priority**
- **"Increased Payer challenges: More focus on Utilization & Denial Management**
- **Significant changes in Workforce Dynamics**
- **Significant access/availability of care services**
- **CMS PHE/Waivers: Impacts to care**
- **"Tired Staff"**
- **Emergence of New Strains converging with resurgence of "old"**

Value to the Community

Psychosocial benefits of a sound case management program may include the patient/caregiver's ability to develop a life-affirming care plan, demonstrate self-management skills, complete Advanced Directives and Physician Ordering Life-Sustaining Treatment (POLST), achieve lower scores on Social Determinants of Health screening tools, manage unique needs related to diversity, improved Quality of Life survey scores, and participate in patient education activities.

There has been an ongoing debate regarding which professional discipline (nurse versus social worker) is more appropriate to support linking patients with needed clinical services to achieve safe transitions, and/or achieving sustained wellness in the community, and/or ensuring the patient's emotional wellbeing/self-activation. Both disciplinary backgrounds bring value, underscored by training, skill development, competence, and principled practice.

Shawna Kates, MSW, MBA, CMAC

Leading in this New Landscape

Despite case management's proven worth to the industry, it remains a necessity to quantify and qualify the profession's value across stakeholder groups. The continuous growth of case manager positions has yielded an unparalleled opportunity

Ellen Fink-Samnick, DBH, LCSW, ACSW, CCM, CCTP, CRP, FCM

Common Values Across All Sites

- Wise Stewards of Our Valuable Resources
- Clinical Integration is the most important way we can be safe and effective
- Every Hospital Bed is a National Treasure
- The Family is the Other Patient
- Discharge is not the outcome, it is the result of outcomes

What Makes Our Discipline Valuable

- Managing the Nexus of Care
- Caring about the Care Continuum
- Patient Centered Goal Setting
- Interconnection of Skill Sets

> Through an array of discreet functions, case management services brings clinical, psychosocial, financial and other goals together at both the organizational and patient care level. The value of case management in supporting patients through the care continuum is significant as this profession can be the "make it or break it" factor for the patient.
>
> Bonnie Geld, MSW

Managing the Nexus of Care

Clinical	*Financial*	*Psychosocial*
Discipline Specific Assessments	Patient Benefits	Clinical Interventions
Clinical Interventions	Patient's Personal Resources	SDOH Solutions
	Organizational Stewardship	

Caring About The Continuum

Changing Mind Sets from Safe plans to Safe and Sustainable Plans

Needed Focus on the Care Delivery System

Changing Mind Sets from Safe plans to Safe and Sustainable Plans

- Managing patients across the continuum of care
- Understanding and "monitoring" the patient contract
- Discharges/Transitions that are safe and sustainable
- Recognizing and Preventing Risk and Rising Risk while screening ALL
- Integrating care to support clinical, psychosocial, and financial outcomes
- Seeing the patient as a "Whole Person"

Navigating Care In A Highly Complex, Fragmented System where "work arounds" are the norm

Value to the Patient/Family
The coach advocates for the patient and family as providers strive to improve their patient experience. The work performed by the coach aligns with the SOP principles of implementing evidence-based care guidelines in the practice setting. This work is also instrumental in educating providers about the "whole" needs of the patient
Lisa Parker-Williams, DNP, MBA, RN, CCM

Needed Focus on the Care Delivery System

- Improving access
- Improving Chronic Disease Management
- Improving health outcomes and quality of life
- Reducing cost for care
- Prevention
- Developing pathways for care integration across all care settings

Patient Centered Goal Setting

- Addressing Health Literacy
- Clear goals for chronic illness and recovery
- Emotional Wellness/Adjustment to Illness Goals
- Achieving Milestones

Early proactive conversations and interventions allow patients and families more time to understand the options and make informed decisions that meet their preferences. Navigating the healthcare system when faced with medical complexities can be very challenging for patients and their families. With the case manager serving as a central point of contact, patients benefit from timely care coordination and effective communication which can help prevent unplanned hospitalizations or medical visits, thus creating a more positive experience for patients and families

Melissa Ward, MSN, BSN, RN

Interconnections of Skill Sets

Care management has emerged as a primary means of managing the health of a defined population. Its purpose is to reduce health risks and the cost of care for a defined population

Thomas F. Fisher, PhD, OTR/L, CCM

Emerging Opportunities

Case Management Role in Addressing
Health Care Disparities

Racism undermines the health of Black Americans. This physician-economist is looking for solutions

Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them

Racial, ethnic minorities with Parkinson's disease have a lower health-related quality of life than whites

Health Care Providers Tackle Racism and Disparities in Care

Poor people and people of color get less sleep — that's bad for health and wealth

Rural-dwelling Americans at higher risk of developing heart failure compared to their urban counterparts

Challenges in addressing the oral health care needs of equity-deserving populations

Higher Stress Among Minority and Low-Income Populations Can Lead to Health Disparities, Says Report

Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults

Part of Our Mission

Healthy People 2030:
"Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."

Healthy People 2030's emphasis on health equity is closely tied to its focus on health literacy and social determinants of health.

It Starts with Us/Leaders:

- identify and manage the impact of formative life experiences
- expand one's worldview that embraces key diversity dimensions
- accept and manage one's own implicit biases
- self-monitor and adjust one's communication style
- utilize cognitive reframing to change one's behavior.

Mission and Roles

Consider this Mission Statement:
Case Management/Social Work will identify and address Health Disparities through Internal & External Alignment & Advocacy

Leaders	RN Case Managers	Clinical Social Workers
✓ Ensure that policies and procedures address Health Disparities ✓ Internal and External Advocacy ✓ Hiring Practices	✓ Screen for Health Literacy ✓ Advocate for Access with payers and providers ✓ Transition to Disease Management or Chronic Case Management Programs (ACO's, Payers, Clinics) ✓ Work towards Patient Engagement	✓ Screen for SDOH challenges ✓ Screen for Toxic Stress issues and educate the interdisciplinary team ✓ Work towards Patient Empowerment (Activation)

A Word About Toxic Stress

Toxic stress is a type of prolonged stress that can have damaging effects on both the body and the mind.

Health Disparities plays a role in the following manner:

- ✓ Perceived discrimination
- ✓ Chronic experiences of racism
- ✓ Socioeconomic status causing lack of access
- ✓ Acculturation
- ✓ Poor Family Functioning

At the heart of the social worker's role is the benefit they offer to patients and families. Their assessment skills are pivotal in identifying patients' psychosocial needs and determining appropriate interventions. Their expertise in assessing the human psyche allows them to provide insightful observations and recommendations. By fostering an environment of open communication, social workers empower patients and families to make informed decisions about their healthcare journey. They offer emotional support, coping strategies, and resources to navigate the challenges that often accompany a hospital stay. This psychosocial value extends beyond medical treatment, contributing to the overall well-being of patients and families.

Marisa Glover, LMSW, MHA

CM/SW Front & Center

- Recognition
- Team Sharing
- Referrals for Stress Management
- Mitigating stressful circumstances (SDOH)
- Referrals to Dietician

Case managers are the conduit that connects all aspects of our care and business, including, but not limited to, client care, teammate support/training, administrative support/oversight, and community relationships.

Jennifer Axelson, LCSW, CCM, CLCP, CMCPS

Share Your Value: Be a Thought Leader

Stay updated & Share What you learn With Your Commentary

Consider Publishing Articles, Poster Presentations, Presentations

Seek out Opportunities to speak in front of groups

Build your ripples of influence

Make Sure you and your team are Heard

Know Your Value

Vision

Knowledge

Communication

Influence