

Are You Ready?

An industry leader shares her engaging paradigm for successful — and energizing — case management.

As case management advances beyond its adolescence, its greatest growth and potential is yet to come. However, it will not be realized without the adoption of a new way of thinking on the part of case managers, other healthcare professionals, healthcare providers, managed care companies and healthcare consumers. At the core of this new attitude must be a newfound respect for case managers and the critical role they play in the overall continuum of health care.

This new way of thinking won't be easy. Right now, case managers are overburdened with high caseloads, multiple roles (DM, UM, CM) and the constant struggle to accommodate corporate cost-containment objectives while also serving their patients' needs. This is an inherently challenging position. Further hindering their role are factors such as practicing across state lines without appropriate licensure and the lack of proper educational preparation and training support.

However, while the process of case management is flawed, it is not broken. Its core components and activities can be modified to achieve the outcomes that all parties — patients, their families, physicians, other healthcare professionals, managed care companies and, certainly not least, dedicated case managers — want. What will be required is the adoption of a new model of case management. Through this model, case managers' services would be delivered directly to their communities, facilitating a direct relationship between a case manager and his patients. It will require all of us to under-

stand both the challenges and the benefits that would arrive as a consequence.

RED FLAGS EVERYWHERE

In view of the challenges and frustrations case managers routinely face, it is not surprising that the profession endures a high turnover rate. Nor is it hard to understand why few are entering the profession today. It's almost hard to remember that at one time, in its infancy, case management was viewed as a bright beacon in the sea of health care. Case managers were a welcome addition to the healthcare system. They were regarded as professionals who could advocate for patients, collaborate with other professionals to facilitate appropriate treatment plans in the most cost-effective way, and create the win-win scenario in a system of diminishing resources.

Somewhere along the way the beacon dimmed, and the perceived and real value of case management was greatly diminished. The individuals who have lost the most are the patients we hoped to serve. They are still losing unless someone "rescues" them from a system that has become more convoluted, insensitive and problematic. Every case manager has his or her own "war story" or has heard one from a family member, colleague or friend. Patient safety is a foremost concern, but so too are billions of dollars wasted due to non-adherence and the ongoing Band-Aid solutions to correct problems that require major surgery.

Don't the classified ads for "patient advocates" to help con-

sumers understand and access the medical services they need really represent a huge neon sign warning that something is terribly wrong? Isn't it alarming when there is an emerging player called an "integrator" whose role would be to somehow link all of these players together? And isn't it equally disturbing that, even those patients who might have had some kind of intervention from someone calling herself a case manager, never even knew her name — or if they did, when they tried contacting her, got someone next in the queue to receive an inbound call? This is hardly the vision we all had for case management years ago.

ROLES REVERSED

Over the past several years, the healthcare pendulum has swung completely in the opposite direction. Previously, treating physicians directed all health care and consumers were given little if no choice in their treatment plans. While patient advocacy was central to their roles, case managers were placed in an untenable position to advocate for their patients. They were caught in the middle between their employers' cost-containment goals and the physicians who regarded them as obstructionists. Case managers also had minimal face-to-face interaction with their patients, making advocacy more difficult.

Now, the same treating physicians are giving up more and more control to patients. Consumer-directed health care is no longer an anomaly. However, with their greater involvement in their own health care comes a great responsibility for which most consumers are not prepared. They need a knowledgeable healthcare professional to help them sort out and understand all of the treatment options and make their way through the complex maze of health care. This direct-to-consumer advocate is the community-based case manager, an integral component of consumer-driven health care and the foundation of the new community-based model of case management.

THE CASE FOR A NEW MODEL

Although I can't see you, I'm envisioning a lot of heads nodding in

agreement. Every case manager can become a catalyst in advancing this model of patient advocacy and community-based case management. It will take a new mindset, a deliberate repositioning of case management — branding it in a contemporary, consumer-oriented and physician-aligned format, and it will require that we address key questions, including:

- What really matters in health care to consumers?
- Do they understand their choices and related costs?
- Do they have knowledgeable, caring advocates to represent their interests and help them gain access to best-in-class health care?

WHAT DO YOU NEED TO GET STARTED?

For individuals who are already case managers, consider the community-based case management model a new career path. Instead of serving patients telephonically and working at a computer station, you would be in the field seeing your patients and interacting directly with them and their families. In essence, you would become an entrepreneur in your own business and your patients would be your customers. You would decide exactly what you wanted your caseload to be. You would make your own hours: great for working moms or sandwich-generation case managers taking care of their own families and their moms and dads. You would set your own fees.

Of course, you're probably thinking, "What would I charge? How would I get my customers? What do I need to know to run my own business?" For all of that, you would need training across the entire spectrum of business operations (i.e., accounting, regulatory compliance, patient relations, communications, business development, marketing, quality controls, etc.). This training would need to come from qualified individuals who have direct experience. For nurses or graduating students, the opportunities to join this movement are tremendous.

Are you ready? Let's get started. ☺

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Product founder Carol Canada, RN, BS, CCM, has served as the Director of hospital case management for over 15 years and has devoted many more years to demonstrating the VALUE of case management in the Acute Care Arena.

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