

# CEU I Case Management— The Origins, Evolution and Future

By Catherine M. Mullahy, RN, BS, CRRN, CCM, President of Mullahy & Associates, LLC  
and Jeanne Boling, MSN, CRRN, CDMS, CCM, Vice President of Mullahy & Associates, LLC.

## The Industrial Age Gives Rise to New Health Care and Social Service Needs

While change is necessary for progress, it often brings new challenges. Such was the case with the industrial age. While giving life to new industries and fueling economic growth, it caused populations in industrial regions to grow beyond the capacity of existing healthcare and social services. Uncoordinated, fragmented and duplicated services resulted. It became apparent that to gain control of the available resources and provide essential health care and social services to the needy, “case management” was required. By 1863, at least one state, Massachusetts, formed its Board of Charities.

The Board of Charities is widely-held to be the first provider of case management services. It coordinated public health services and advocated for the state’s sick and poor while being mindful of how public funds were being spent. It kept records documenting cases by families, largely immigrants, inclusive of community and environmental issues. This was case management’s beginning. How it developed from these earliest years, where it has been, and where it is heading is a journey every member of the profession will want to take.

## The Origin of Medical Case Management

From the outset, nursing figured prominently in case management. We cannot

talk about case management without discussing the history of nursing. The first nurses focused primarily on infants and children and later evolved into broader care giving. Nursing flourished with the growth of Christianity and incorporated its principles of providing care for the sick and needy. In 1836, the Deaconess Institute (Kaiserswerth, Germany) was founded to train deacons and nurses. Its most prominent student was Florence Nightingale. Beyond caring for soldiers during the Crimean War, she also took a leadership role in the training of nurses. Her school, the Nightingale Training School for Nurses, was the first of its kind and forerunner to other nursing schools which covered the specialty area of medical case management. Then defined as the planning and coordination of health care services for the sick, injured or disabled, its primary goal was to rehabilitate patients. Since that time, there have been many historical milestones for the case management field.

## Historical Milestones in the Development of Case Management

While case management would not have existed without Florence Nightingale and other nursing pioneers, another vital figure in the development of case management was Lillian Ward. As a New York Hospital nursing school graduate, she taught immigrant women in Manhattan’s Lower East Side about home care and hygiene. Following a class, she was approached by one of her

students whose mother had just given birth and had been bleeding for the past two days. After helping the woman and her family, Ward realized that another community service was needed. She is credited with being the founder of American public health nursing and the Visiting Nurse Service of New York—forerunners to community-based case management and home care services. She also played a pivotal role in establishing critical health and social policies which, in turn, transformed nursing and its broader role in medical case management.

Another major milestone for case management came in 1877 when the Charity Organization Societies took up the cause of providing better health care services to the poor in a cost-efficient manner, eliminating duplication of health and social services. Other similar organizations followed. Among the better known was Chicago’s Hull House formed in 1889. By the early

---

*Mullahy & Associates ([www.mullahyassociates.com](http://www.mullahyassociates.com), Huntington, NY) is a leading national consulting, educational and training organization. Mullahy and Boling are widely-recognized case management pioneers and thought leaders, who have been integrally involved in the development of professional standards and certification and the broader recognition of the value of case management in advancing our nation’s health care. Both Mullahy and Boling were members of the initial Expert Panels that created the CCM credential in 1992.*

---

**Since its beginnings, case management has been affected by legislation intended to help improve health care for Americans. In addition to the Medicare/Medicaid legislation and Social Security Act, other laws would too have a major impact on case management.**

---

1900s, the U.S. Public Health Service developed an early model case management system primarily designed to help address matters relating to immunization and sanitation.

Juxtaposed with this development was Lillian Ward's other significant contribution to case management. It was under her urging that the Metropolitan Life Insurance Company began a visiting nurse program. Other major developments influencing case management's development were: the formation of state health departments in place by 1910, the first Blue Cross hospital insurance program which was established in Texas and, in 1935, the passage of "The Social Security Act," to help address individuals' health care needs.

It should be noted that social work developed in the United State on a separate but often intermingled path with nursing. The first professional social worker in the U.S. was hired in 1905 by Massachusetts General Hospital. Early social workers were trained first as nurses and to focus on the economic, social, family and psychological conditions that underpinned many of the conditions that patients presented. In 1918, the American Association of Social Workers was established to increase the links between formal education and hospital practice. In 1929, there were 20 university courses in medical social work. After World War II, with increased social spending, the number of social workers increased.

Also following World War II, there was an emphasis on providing a continuum of care for recently discharged psychiatric patients. From the 1960s through the 1970s, with a more intense

integration of health care services for the mentally disabled, a more sophisticated, integrated form of case management emerged. In 1965, President Lyndon Baines Johnson signed into law "The Medicare and Medicaid Program" (Centers for Medicare and Medicaid Services) under which health care services are widely provided to Americans. In 2003, President George W. Bush signed "The Medicare Modernization Act," adding an outpatient prescription drug benefit to Medicare among other changes to the program.

The development of case management and the gradual integration of nursing, social work and mental health were accompanied by two distinct outcomes: a new recognition of the importance of a continuum of care and the development of "silos" of care within this integrated model.

### **Legislating Health Care and Advancing Case Management**

Since its beginnings, case management has been affected by legislation intended to help improve health care for Americans. In addition to the Medicare/Medicaid legislation and Social Security Act, other laws would too have a major impact on case management. Other laws affecting case management ranged from the Workers' Compensation Act of 1911 and The Longshore and Harbor Workers' Compensation Act of 1928 to the Occupational Safety and Health Administration Act (OSHA) of 1970, The Omnibus Budget Reconciliation Act of 1985 (predecessor to COBRA), Americans with Disabilities Act of 1990, The Family and Medical Leave Act of

1993, The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and The Patient Protection and Affordable Care Act of 2010.

These and other laws influence the way case management is practiced today and have one thing in common. It is the emphasis on creating structure, discipline and integration to how healthcare is delivered and decisions are made in areas ranging from coordination of services, financial responsibilities for costs of services, and nature of services provided, to patient rights. Emanating from the overarching goal of delivering better quality, more efficient and cost-effective healthcare was the need for "Best in Class" case management practices. This holds true regardless of the care setting, whether an acute hospital or sub-acute facility, long-term care facility, community health service, home care, Workers' Compensation program, mental health agency, private or public insurance and/or government-sponsored program (Medicaid, Medicare, Veterans Affairs, Indian Health Services, etc.). Also evident was the need for preparing professionals for their important roles in case management. Recognizing the need for foundational education through preparation for certification and then continuing education to maintain excellence became a major turning point for the field.

### **A Spotlight on Higher Standards and Best Practices**

While case management in its earliest forms served a worthy and noble cause, many of us, formerly nurses, rehabilitation professionals, social workers, etc.,

in various clinical settings and who subsequently became case managers and case management entrepreneurs, recognized early on in our careers that case management could only thrive and achieve its mission through formal standards and professional certifications. We were deeply concerned that there was a need to protect the public and ourselves from unqualified and possibly less scrupulous individuals. Many of these individuals were not licensed professionals despite the fact that they were already entering this emerging practice area. Those of us who recognized the all-important step of case managers forming their own profession—creating a process to define who they are, what they do, and how those who enter the field are monitored and regulated—came together. In doing so, we placed all of our professional loyalties, business considerations and competitive reservations aside in order to keep the goal of protecting our patients and raising the standard of case management at the forefront. This period was both an exhilarating and proud time for those of us on the forefront of this critical time for the profession. From this mission came other developments which turned the tide for what case management was and would become.

This realization led to the formation of various professional organizations. The first two to emerge were the Individual Case Management Association (ICMA) and the Case Management Society of America (CMSA). The ICMA brought to the profession a premier publication, *The Case Manager*, and an annual Medical Case Management Conference introduced in 1989. While the ICMA was strictly an educational and networking for-profit organization without any chapters, paid officers or Board of Directors, it is credited with spearheading the pivotal initiative which ultimately brought together 29 different organizations'

interest in establishing certification for case managers. This initiative will be discussed later in this article.

The ICMA would eventually merge with the Case Management Society of America (CMSA). Unlike the ICMA, the CMSA was structured as a non-profit national organization with state chapters, national leaders and a Board of Directors. The CMSA had as its mission: To foster case management growth and development, impact health care policy, and provide evidence-based tools and resources.

Subsequently, The Commission for Case Manager Certification (CCMC) was formed, dedicated to a mission of promoting quality practice, ethical standards and behavior, science-based knowledge development, and heightened understanding of the role and function of today's professional case manager. Its primary purpose is to provide professional certification (CCM®) for case managers. Supporting the educational needs of certified case managers (CCMs, CDMS, CRC and others) was another organization, the Academy of Certified Case Managers (ACCM). Its goal was and continues to be to improve case management practice through education facilitated by its professional journal, *Care Management*.

### Joining Forces

To achieve their missions, each of these organizations took and continues to take a firm position on the importance of continuing education, training, leadership development and certification. The dialogue became especially dynamic in the late 1980s. By 1990, the focus on the need for professional certification was capturing headlines in leading professional trade publications and journals. The September 1990 issue of the *Case Management Advisor* had, as its lead article, "Case Managers Consider Push for Professional Certification." It

cited the July 1990 case management conference and a survey conducted to determine interest and attitudes toward certification. On March 27, 1991, a National Task Force on Case Management convened.

In its "Progress Report" was a note regarding the formation of a Steering Committee which was comprised of 30 professionals representing 29 organizations. What was most remarkable among this joining of forces was that many of these individuals were from different backgrounds, from nurses, social workers and physicians to rehabilitation providers, business professionals and consumer representatives. Among the organizations represented were competing professional associations, including: the Case Management Society of America, Individual Case Management Association, National Association of Social Workers, American Association for Continuity of Care, Center for Nursing Case Management, Commission on Accreditation of Rehabilitation Facilities, Foundation for Rehabilitation Certification, Education and Research, Health Insurance Association of America, American Hospital Association, and American Managed Care & Review Association; insurance companies such as Aetna, Blue Cross/Blue Shield Association and Zurich American Insurance Group's Workers' Compensation Case Management; and other business organizations from the private and public sectors.

Many of us involved in this task force were entrepreneurs; even the employees within organizations who sought to create a solution to the increasing problems of our nation's health care delivery system. In fact, case management itself was clearly at an entrepreneurial stage in its development. Something was being created, yet it still had not been clearly defined. It

---

**The ACCM also helps facilitate the certification and maintaining of the CCM certification by providing home study programs and keeping its members and readers of the bi-monthly publication, *CareManagement*, the official publication of the ACCM and CCMC, abreast of the latest standards of practice.**

---

was an exciting time for sure, but there was this overriding concern that standards and certification were essential if best interests of the public were to be served and our profession was to attain the respect and validation it required.

Together, this group of vested professionals reviewed existing definitions, models, certification, and legislative issues associated with the practice of case management. Additionally, they identified trans-disciplinary commonalities and options for case managers' certification. On August 23, 1991, the Steering Committee released a report containing a provision on the status of potential certification of case managers, along with a draft definition of case management. It read:

"Case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates services to meet an individual's need through communication and available resources to promote quality, cost effective outcomes."

Almost a year later, on July 3, 1992, a letter was sent to the Task Force members confirming the launch of the certification process during an Expert Panel Meeting held on June 27-28, 1992; finalizing the definition of case management and confirming that the credential would be "CCM," Certified Case Manager.

The CCMC is the profession's first and largest nationally accredited organization certifying case managers. The CCM<sup>®</sup> credential is the first nationally accredited case manager credential. Establishing that credential stemmed from the hard work and

dedicated efforts of this task force and its expert panel.

### **Case Managers Certification, Continuing Education and Codes of Conduct**

Today, the process for obtaining the CCM<sup>®</sup> certification is firmly-established. It requires professionals to pass a certification exam. Through its CMLearning Network,<sup>®</sup> the CCMC provides a vast reservoir of educational tools and programs from certification workshops and webinars to issue briefs to help prepare individuals for the exam, maintain certification and expand their knowledge of high quality case management practices and standards. Based on the CCMC's data, there are currently more than 37,000 Board-Certified case managers in the U.S.

The ACCM also helps facilitate the certification and maintaining of the CCM certification by providing home study programs and keeping its members and readers of the bi-monthly publication, *CareManagement*, the official publication of the ACCM and CCMC, abreast of the latest standards of practice. As the leading nonprofit organization committed to the development and support of professional case managers, the CMSA supports the continuing education of case managers by providing a wide range of educational forums, tools and resources to help case managers perform their roles and promote the most positive outcomes for their patients. The CMSA has "Standards of Practice for Case Management" outlining ethics and standards to

which its members are expected to adhere. Similarly, the CCMC has a "Code of Professional Conduct for Case Managers" which consists of "Standards," "Rules," "Procedures" and "Penalties" governing Board Certified Case Managers. Through these codes of ethics, conduct and standards of practice, these associations are expecting professional case managers to observe important principles when performing their functions in case management. There also is the expectation that case managers will serve as a patient advocates.

Over the course of case management's development, this latter responsibility has often been relegated to a lower priority behind cost-savings and administrative needs. More recently, we have seen it become parceled off as a separate function under a new title of "patient advocate". This division of case management responsibilities under a myriad of new titles, from "health manager" and "care coordinator" to "patient advocate" and "healthcare navigator" are doing a real disservice to today's professional case managers. It is, in fact, placing the prominence and significance of the full role of a case manager in jeopardy. This should be a major wake-up call for case management leaders, employers of case managers and case managers themselves.

This current trend of dissecting the role is at the root of a pervasive problem that case management has suffered from for many years and must take a strong stand in addressing. It is that of allowing others to define what case management is and define who case

managers are. Regrettably, this trend is taking case managers in the direction opposite that our profession's forerunners were heading way back in 1992 as they sought to define case management, rather than allows others to do so. They went much further than creating a clear definition by creating a certification process and standards. Now, our leaders must again step up and take control.

### Getting Rid of All the Titles and Keeping Only One—Professional Case Manager

Case management is now at a major crossroads. It can continue down the path of allowing other decision makers (i.e., health care administrators, managed care and insurance company executives, employer groups and other plan sponsors, government agencies, etc.) to dictate what constitutes case management. Or, individuals in the field can step up, assume leadership roles, and stand by the definitions established in the professional codes of conduct, standards and ethics. Today, case management leaders can be vocal when their professional colleagues are errantly given assignments which would be better suited to a member of the Utilization Management staff, as an example. They can speak up against the proliferation of these new titles, which undermine and minimize the very core of the professional case manager's role. Further, case management leaders must take a proactive role in educating and raise awareness of how case management should be performed.

To borrow from the CCMC's "Scope of Practice for Case Managers," (which isn't too different than the draft definition created by the task force):

"Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs. It uses communications and

available resources to promote quality, cost-effective outcomes."

Did you notice the range of functions which fall under a case manager's scope of practice? It is especially important now that professional, certified case managers not give up any aspect of this scope of practice. Under health care reform, the need for high quality, best in class case management is greater than ever before. Therefore, it is vital that we, members of the case management profession, convey to all others involved in what we do that there are no standards of practice, nor codes of conduct or research-based certification processes for all of these other fragmented and derivative titles such as care coordinator, care manager, health coach, health navigator, etc. There are only standards of practice, codes of conduct and a certification process for case managers; one title, one comprehensive role.

### A Brighter Future Is In Our Hands

Say what you might about the "Patient Protection and Affordable Care Act," love it or hate it, but realize that a silver lining of the health care reform legislation was creating many more opportunities for case managers. On the provider side, hospitals now have greater incentives to create more effective patient transition plans in order to reduce preventable readmissions and avoid loss of revenues under the Centers for Medicare and Medicaid requirements. Patients, many of whom are covered by new high deductible, consumer-driven health plans like health savings accounts (HSAs) also need to become more responsible health care consumers. Both groups will have a greater need for professionally-trained and certified case managers. In the public sector, government agencies such as the Veterans Administration and Indian Health Services too will be looking

for better ways to deliver health care, more efficiently and cost-effectively. Experienced, well-trained case managers will figure prominently in their meeting this objective.

Advancements in medical technologies, new models of care such as patient-centered medical homes and physicians health organizations, along with our nation's changing demographics—our aging and growing multicultural population—also create increased demand for knowledgeable, dedicated case managers to help those in need of health care navigate our increasingly more complex delivery system. In addition, there are opportunities for case managers to serve in practices with other professionals such as elder law attorneys and financial planners, who, too, have an increased need for support from a case manager in order to better serve their clients relative to health care matters. For the more entrepreneurial case managers, this is also a very opportune time to consider starting your own case management practice. The demand is high and growing.

Case managers have the world before them. Given our profession's roots in caring, evolving, aspiring to higher standards and rising to meet the challenges of the communities and patients we serve, the future looks very bright. **CEU I**

**NEW! CE exams may be taken online!** Click the link below to take the test online and then immediately print your certificate after successfully completing the test. **Members only benefit!** Exams expire July 31, 2015.

**Take this exam online >**

– or print, complete and mail the exam on the following pages.

You must be an ACCM member to take the exam, [click here to join ACCM.](#)