Member Editorial

Case Manager and the Problem with All the "Name-Calling"

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The views and opinions expressed in this editorial are those of the authors and do not necessarily represent the views of the American Association of Managed Care Nurses.

Despite the heightened need for case management in our nation's era of healthcare reform, the profession continues to be undervalued and misunderstood. In the past, case managers could blame the profession's historical roots in insurance. That history had many within the healthcare industry believing that case management's primary purpose was to contain costs. Over time, that perception has eroded. Today, many more people within healthcare recognize that the case manager's role is to advocate for their patients' well-being, and to facilitate improved health outcomes, while also advancing cost-effective healthcare. Even with this progress, however, case management suffers from a serious identity crisis. Most recently, this has been brought on by the proliferation of different titles assigned to individuals performing various case management functions.

Case managers, care coordinators, patient advocates and patient navigators are among the titles assigned to individuals in case management. Depending on the healthcare provider or setting, the titles mean many different things. In some settings, including managed care organizations, a "Case Manager" is strictly involved in disease management. That same organization might use the title "Health Manager" to refer to those individuals working with patients with specific diseases such as diabetes or chronic obstructive pulmonary disease (COPD), whereas another company might call that individual a "Care Coordinator." You know there is a real problem when the professionals in the field are confused.

The blame for all of the titles and the resulting problems lies with case managers. Leaders in the field have failed to effectively explain the full scope of case management, and have not been held accountable to do so. Furthermore, other decision makers (i.e., healthcare administrators, managed care and insurance company executives, plan administrators, etc.) began handing off the "quasi-medical" assignments for which nurse case managers, given their nursing backgrounds were qualified to do (even if these assignments did not fall under the scope of services for a case manager), the lines of the profession began to blur. To be more straightforward about it, case managers became a "dumping ground" for these assignments instead of them being assigned to, for example, the Utilization Management staff. As a result, these determinations started to redefine what constitutes case management rather than follow the profession's own guidelines. With the redefining of the role, came the plethora of titles. Clearly, the profession needs to get a handle on all of this delineation of responsibilities and the associated new " name-calling."

Case Managers - Stand by Your Code of Professional Conduct and Standards of Practice

Nurses and case managers have several certifying bodies and professional organizations which have defined the scope of the case management role and its various functions. The American Association of Managed Care Nurses (AAMCN) has both Practice Standards and a Certification in Managed Care Nursing (CMCN) credential. Many of the nurses who adhere to the AAMCN's Practice Standards, and those who also hold the CMCN credential work in case management and also follow other organizations' professional guidelines. The Commission for Case Manager Certification (CCMC), which provides Board Certification of Case Managers, has established a clear "Code of Professional Conduct for Case Managers" encompassing the "Standards," "Rules," "Procedures" and "Penalties" governing Board Certified Case Managers. The Case Management Society of America (CMSA), the leading member association for case managers, has published "Standards of Practice for Case Management." Unfortunately, despite these very tangible guidelines, leaders within case management simply did not take a stand on two fronts. They did not speak up when the lines of their practice began to blur, nor did they push back when others started divvying up the case management role and then creating new titles for different functions. Perhaps, it has to do with the culture of nursing; that is, for nurses to be supportive, team players. Perhaps, it is simply a result of a failure for case managers to stand their ground and resist having others define what case management is and is not. This is problematic on several fronts.

The Negative Effects of Role Fragmentation

Fragmenting the case manager's role fails to respect the profession's standards of practice, as well as its code of ethics. In doing so, it also diminishes the profession. The more dispersed and fragmented case management becomes, the less value assigned to it. As it becomes less valued, case management also becomes less visible, and soon becomes invisible. This would likely lead to fewer nurses entering the field and ultimately, lead to a shortage of certified, qualified case managers. In turn, this shortage would create a tremendous void in patient care. We can avoid this outcome with a few simple, but critical steps.

Taking Back the Role

However well-intended the idea of multiple titles for different functions may have been, we all first need to agree that it is doing a tremendous disservice to case managers and more importantly, to our patients. Of course, we understand that different settings and patient needs may require a case manager to emphasize different aspects of the role over others. Regardless of this, there needs to be a consensus on what defines case management and all of the component functions of a case manager. In its "Scope of Practice for Case Managers," the CCMC defines case management as follows:

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

Once we all agree on this definition by the profession's various certifying entities, we next must agree that taking away any of the key components of the case management role and then assigning different titles to different functions is not the answer. All individuals performing these tasks, and who hold the necessary professional and educational credentials, should be called a Case Manager. Every case manager should be allowed and encouraged to perform case management as it was intended to be: in accordance with the "Code of Professional Conduct for Case Managers" and "Standards of Practice for Case Management" as determined by CCMC and CMSA, respectively. This will alleviate the confusion among healthcare providers, other healthcare professionals, managed care companies, employers and plan sponsors, as well as consumers, who are increasingly more involved in their own healthcare. Additionally, it will serve to help place case managers on a more equal footing with other healthcare professionals by retaining the full scope of the profession, its identity and the afforded respect for the role.