

BUILDING AN UNBREAKABLE CASE MANAGEMENT TEAM: THE SUPPORT

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FACULTY



Toni G. Cesta, Ph.D., RN, FAAN is a founding partner of Case Management Concepts, LLC, a consulting company that assists institutions in designing, implementing and evaluating case management models, new documentation systems, and other strategies for improving care and reducing cost. Dr. Cesta is the author of eight books, a frequently sought-after speaker, lecturer and consultant and is considered one of the primary thought leaders in the field of case management. Dr. Cesta also writes a monthly column called "Case Management Insider" in AHC Media's Hospital Case Management newsletter in which she shares insights and information on current issues and trends in case management.

Dr. Cesta has been active in the research and development of case management for over 20 years. Her research in case management has included two funded studies measuring the effects of a case management model on congestive heart failure and fractured hip patient populations, with measures of patient satisfaction, quality of life, and short and long term clinical perceptions and outcomes.

Dr. Cesta has presented topics on case management at national and international conferences and workshops. She has published extensively including the fourth edition of her book, "Nursing Case Management: From Essentials to Advanced Practice Applications," the second edition of "The Case Manager's Survival Guide: Winning Strategies for Clinical Practice" which won the AJN Book of the Year award, "Survival Strategies for Nurses in Managed Care" and her newest book: "Core Skills for Hospital Case Managers".

Bev Cunningham, RN, MS is a founding partner of Case Management Concepts, LLC. She has a 25-year deep working knowledge of case management with specific expertise in denials management, patient flow and the role of the Case Manager and Social Worker in the Case Management process. She has served as a Commissioner on the Commission for Case Management Certification and is a fellow with the Advisory Board.

Bev is also former Vice President Resource Management at Medical City Dallas Hospital where she had responsibility for Case Management, Health Information Management, Patient Access, Physician Integration and Solid Organ Transplant. Prior to her position as Vice President, Bev served as Regional Director of Clinical Effectiveness for Mercy Health Partners, Toledo, Ohio. In this role she directed the Case Management, Quality Management, and Pre-Authorization Departments. She also served eight years as a consultant, assisting hospitals in implementing, evaluating and improving their case management programs. As a Clinical Assistant Professor for the Master of Nursing Program at the University of Oklahoma, she coached students in their clinical practicums. Bev continues to mentor students in a Master's of Healthcare Administration program.

Bev is a well-known speaker in the Case Management field. Her publications include a chapter CMSA's Core Curriculum for Case Management Certification and most recently, co-author of the book, Core Skills for Hospital Case Management. Bev has a BSN from Pittsburg State University, Pittsburg, Kansas and a Master of Science, Nursing Major, from the University of Oklahoma.

LEARNING OBJECTIVES

- Develop a job description for each key staff role.
- Analyze the effectiveness of each leadership role within the case management team.
- Explain new and revised case management standards, regulations, and laws put forth by CMS, TJC and the federal government.
- Evaluate case management protocols and penalties.

ROLES OF THE CASE MANAGER AND SOCIAL WORKER

- ✓ PATIENT FLOW - CLINICAL COORDINATION/FACILITATION
- ✓ UTILIZATION AND RESOURCE MANAGEMENT
- ✓ DENIAL MANAGEMENT
- ✓ VARIANCE TRACKING
- ✓ TRANSITIONAL AND DISCHARGE PLANNING
- ✓ QUALITY MANAGEMENT
 - ✓ READMISSIONS
- ✓ PSYCHOSOCIAL ASSESSMENTS AND INTERVENTIONS

STANDARDS OF PRACTICE

- Apply to any and all roles that a case manager or social worker may be responsible for
- First standards introduced by Case Management Society of America in 1995
- Provide a foundation of the knowledge and skills that apply to the practice regardless of practice setting or discipline

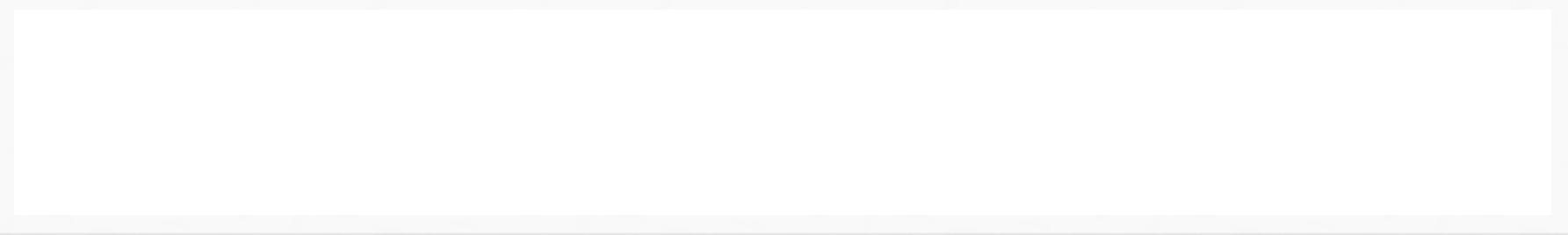
WITHIN THE DEPARTMENT OF CASE MANAGEMENT

- Need specialized roles
- Clear demarcation of who does what
- To manage the workload – shift resources

PHYSICIAN ADVISOR

- Supports clinical review function of the case management program regarding medical necessity of patients.
- Meets with case management and healthcare team members to discuss selected cases.
- Works with hospital and clinical committees to develop processes and guidelines to improve documentation for medical necessity and appropriateness of care.

- Participates/ chairs Utilization Management/Review Committee.
- Acts as liaison between managed care companies, government auditing bodies and the hospital to assure optimal payment when appropriate.
- Reviews all potential or actual denials (whether concurrent or retrospective) are referred by the case managers for medical necessity.
- Acts as resource to attending and consulting physicians regarding their decisions regarding appropriateness of hospitalization, procedures and/or surgeries, continued stay and use of resources.

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- Assures timely response to case management staff.
 - Those concurrent cases felt to be medically justified, despite lacking adherence to standardized criteria, will be pursued using the concurrent appeal process.
 - Those retrospective cases felt to be medically justified, despite lacking adherence to standardized criteria, will be pursued by preparing a clinical justification appeal letter to be included in the appeal packet sent to the payer.
 - Prepare a monthly activity report of appealed cases and the outcomes of those appeals. The report should include trends of escalation and denials and an action plan to address those trends.
 - Participate in physician education programs regarding reimbursement, clinical criteria and documentation as needed.
 - Serve as liaison between the physician staff and the case management staff.
 - Maintain positive, working relationships with the Medical Directors of the third parties.

COMMUNITY CASE MANAGER - RN

- Follows clinically high risk patients with a maximum caseload of 75 patients.
- Works with patient, doctors, and nurses involved with patient care to promote adherence to medical care plan.
- Works with patient and various community providers, determined by patient's psychosocial needs, to address non-medical needs that may impede adherence to medical care plan.
- When necessary, the RN Case Manager will deploy a Community Outreach Worker to provide home/community based support to further enhance the patient's compliance to the medical care plan (e.g.- assistance getting to/from appointments, obtaining medications from pharmacy, etc.) or engage patients who do not respond to contact attempts.
- Will use the patient registry to monitor patients' compliance with medical/lab appointments and reach out prior to appointments, when necessary, to remind patients to attend.
- When appointments are missed, the RN Case Manager will assist with rescheduling and maintaining the future appointments.

COMMUNITY CASE MANAGER - SOCIAL WORKER

- Follows psychosocially complex, behavioral health or substance abuse patients with a maximum caseload of 75 patients.
- Works with patient, doctors, and nurses involved with Pt care to promote adherence to medical care plan.
- Works with patient and various community providers, determined by patient's psychosocial needs, to address non-medical needs that may impede adherence to medical care plan.
- When necessary, the will deploy a Community Outreach Worker to provide home/community based support to further enhance the patient's compliance to the medical care plan (e.g. assistance getting to/from appointments, obtaining medications from pharmacy, etc.) or engage patients who do not respond to contact attempts.
- Will use the patient registry to monitor patients' compliance with medical/lab appointments and reach out prior to appointments, when necessary, to remind patients to attend.
- When appointments are missed, the will assist with rescheduling and maintaining the future appointments.

TRANSITIONS CASE MANAGER

- Follows high risk patients while in the hospital and during the first thirty days after discharge in the community
- Community patients followed telephonically
- If community case manager available, interfaces with the CM as well as the primary care provider, home care, etc.
- Assesses patients for high risk criteria
 - Frequent readmissions
 - Specific diagnoses – particularly chronic conditions

LEADERSHIP TEAM

- Director
- Manager
- Educator
- Supervisor
- Team Leads

DIRECTOR OF CASE MANAGEMENT

- Responsible for the day to day operations of the department including:
 - Hiring and firing
 - Budget
 - Staffing
 - Evaluations
- Chairs committees as needed
- Monitors outcomes
- Maintains case management report card
- Reports to senior leader

MANAGER OF CASE MANAGEMENT

- In charge of department in director's absence
- Direct report for staff
- Assists with performance evaluations
- Maintains correct staffing ratios on a daily basis
- Participates in committees as appropriate

EDUCATOR OF CASE MANAGEMENT

- Responsible for orientation of new staff in concert with unit-based preceptors
- Evaluates orientee progress
- Provides monthly educational updates to staff and leadership
- Provides education related to departmental software

SUPERVISOR OF CASE MANAGEMENT

- May be needed for larger departments
- Reports to Manager
- Provides day to day support to manager
- May participate in staff evaluations
- May occasionally take an assignment

TEAM LEADS

- RN or social worker leaders who have a patient assignment
- Provide mentoring and/or preceptorship to staff
- May have responsibility for a select group of staff

EVALUATING THE EFFECTIVENESS OF KEY ROLES

Evaluate departmental outcomes annually against case management report card metrics

MAXIMIZING STAFFING SEVEN DAYS A WEEK

- ED case management coverage 7 days a week
- Staff in-house on weekends
- Staff on call with an understanding when/how to call them—and how to read the notes in the system about coordination, transition and discharge plans
- Maximize staffing on weekends as the budget will allow
- Provide clerical support staff seven days a week



Maximized coverage is essential for effective outcomes

OPTIMIZING YOUR EXISTING POSITIONS

- Evaluate your model, roles and positions annually
- Develop a return on investment position for additional staffing needs for your one-up
- Analyze positions to assure they are making the most of their profession; it may be that a clerical FTE is more valuable than a social work or RN case manager FTE if the staff are frequently doing clerical work
- Assure optimal number of leadership positions; not enough role models or leadership mentors can lead to ineffective staff roles

STAFFING FOR YOUR DEPARTMENT

DEFINITION OF RN CASE MANAGER CASELOAD

Assigned fifteen **fixed** beds that are consistent daily. Patients may be discharged from these beds and new admissions received into these beds over the course of a day of work.

RN CASE MANAGER CASELOADS IN THE INTEGRATED MODEL

Unit Type	Case Manager to Bed Ratio
Medical – including sub-specialties e.g. Oncology, Cardiology	1:15
Neurology	1:15
Surgical – including sub-specialties e.g. Neurosurgery, Orthopedics	1:15
Intensive Care	1:20
Step-Down (Intermediate)	1:15
Pediatric	1:20
Obstetrics/Gynecology	1:20
Acute Rehab	1:15

DEFINITION OF SOCIAL WORKER CASELOAD

- Assigned up to seventeen patients based on high-risk referral criteria.
- These seventeen patients may be located across more than one unit, depending on the size of the units.
- Approximately 30% of all inpatients will match with the high-risk social work referral criteria, and of these, seventeen will be assigned to each social worker.
- In total, only 30% of all in-patients will be followed by both a social worker and a nurse case manager.

SOCIAL WORKER CASELOADS IN THE INTEGRATED MODEL

Unit Type	Social Worker to Patient Ratio (Active Cases)
Medical – including sub-specialties e.g. Oncology, Cardiology	1:17
Neurology	1:17
Surgical – including sub-specialties e.g. Neurosurgery, Orthopedics	1:17
Intensive Care	1:17
Step-Down (Intermediate)	1:17
Pediatric	1:17
Obstetrics/Gynecology	1:17
Acute Rehab	1:17

MAKING THE PROPOSAL FOR KEY ROLES

ANSWERS QUESTIONS

- WHY THIS PROJECT?
- WHY NOW?

WHY WRITE A BUSINESS CASE?

Most frequent reason:
Justify resources for necessary re-engineering effort
or additional resources

- Why is the reengineering effort needed (issues & opportunities)?
- How will the effort solve the issues or opportunities facing the organization?
- What is the recommended solution(s)?
- How does the solution address the issues or opportunities (benefits)?
- What will happen to the business if the business process re-engineering (BPR) effort is not undertaken (the do nothing scenario)?
- When will the solutions be deployed?
- How much money, people, and time will be needed to deliver the solution and realize the benefits?

PHASES OF A BUSINESS CASE

- Phase 1: Assess needs
- Phase 2: Define the business opportunity
- Phase 3: Plan the work effort
- Phase 4: Investigate alternatives
- Phase 5: Evaluate alternatives
- Phase 6: Define the project
- Phase 7: Prepare the report
- Phase 8: Review, revise & present the business case

BUSINESS CASE TOPICS

- **Executive Summary:** Key points of the case
- **Business Opportunity:** Motivation for the project, including a definition, a statement of scope, and a discussion of objectives that the project will help the organization achieve
- **Alternatives:** What else is available....for example, proposing off site utilization management for a division of hospitals
- **Benefits**
- **Costs**
- **Financial Analysis:** Compares benefits to costs and analyzes the value of a project as an investment. The analysis may include a cash flow statement, return on investment, net present value, internal rate of return, and payback period.
- **Assumptions:** Events that a business case assumes will happen. For example, a business case might assume approval from a regulatory agency. Critical assumptions must occur for a project to succeed.

BUSINESS CASE TOPICS

- **Constraints:** Schedule, resource, budget, staffing, technical, and other limitations that may impact the success of a project.
For example, a project might require that IT participation is needed for an interface.
- **Market Analysis:** Examines changes in the business environment that impact the success of a project such as technological innovations and shifts in customer demographics.

BUSINESS CASE TOPICS

- **Organizational Considerations:** Examines how a project impacts an organization. A project's success might depend on management support and employee acceptance.
- **Sensitivity Analysis:** Evaluates the probability that a project can be implemented successfully and the risks involved in undertaking the project. Risks also may result from *not* undertaking the project.

BUSINESS CASE TOPICS

- **Project Description:** Provides enough information that the people who must approve the business case can decide whether the project is both viable and worth doing. If a project involves complicated technologies, the audience may not believe the financial analysis until it understands how the technologies enable the benefits.
- **Implementation Plan**
- **Recommendations:** Summarizes the main points of a business case and offers suggestions on how to proceed with the project.

BUSINESS CASE ELEMENTS

- Factual data about the history
- Quantify opportunity
- Analyze what your stakeholders are saying about the project
- Determine what "best in class" looks like

BUSINESS CASE EXAMPLES

- Staffing strategy
 - Additional FTEs
 - APNs added to department
- Off-site utilization management (for systems/multi-hospitals)
- Electronic CM applications
- Expansion of services
 - ED Case Management
 - Community CM
 - Clinic CM
 - Hospitalist strategies
 - Documentation integrity
- Additional responsibilities requiring added FTEs
 - Core Measures
 - Quality indicators

YOUR CASE MANAGEMENT DEPARTMENT NEEDS: NOT ONLY A BUSINESS CASE, BUT A BUSINESS PLAN

BUSINESS CASE

- Need
 - Immediate
 - Future (usually within 6 months – 1 year)
- Change in processes
- Reorganization of department
- Supports key elements of business plan

BUSINESS PLAN

- Annual plan for supporting hospital's business plan
- Components of plan support hospital's measures of success/pillars/key indicators
- Feeds in to facility strategic plan

WHY A BUSINESS PLAN?

- Difference between a department that succeeds and one that does not
- Communication tool
 - Staff
 - Other departments
 - Administration
- Sets the scene for any business case needing to be developed

WHY A CASE MANAGEMENT BUSINESS PLAN?

Answers the question:

What's the plan for this next year?

PURPOSE OF CASE MANAGEMENT BUSINESS PLAN

- Operationalize facility business plan
- Support strategic plan
- Set measurable goals
- Give a focus to department leadership and staff
- Develop a measuring stick
- Provide a time line for the year

COMPONENTS OF THE CASE MANAGEMENT BUSINESS PLAN

- Market Assessment
- SWOT Analysis
- Vision of Department
- Business Plan
- Program Development

COMPONENTS OF THE CASE MANAGEMENT BUSINESS PLAN

- **Market Assessment**
 - External--Focus in on what's happening in the market
 - Local
 - National
 - System-wide
 - Intense internal assessment
 - Benchmarks

COMPONENTS OF THE CASE MANAGEMENT BUSINESS PLAN

- **SWOT**
 - Strengths
 - Weaknesses
 - Opportunities
 - Threats
- **Develop the vision**
 - Define what case management is...and isn't
 - Widen the lens

COMPONENTS OF THE CASE MANAGEMENT BUSINESS PLAN

- The actual business plan
 - Develop the actual business plan
 - Define programs to be developed, continued or strengthened to support the plan

COMPONENTS OF THE CASE MANAGEMENT BUSINESS PLAN

- **Identify Executive BP Indicators for program development**
 - Financial
 - Patient Satisfaction
 - Employee Satisfaction
 - Physician Satisfaction
 - Community

PROCESSES FOR CASE MANAGEMENT BUSINESS PLAN DEVELOPMENT

- Market Assessment
- SWOT Analysis
- Vision of Department
- Business Plan
- Program Development

PROCESSES FOR CASE MANAGEMENT BUSINESS PLAN DEVELOPMENT

- **Market Assessment**

- Network with other Case Management departments
- Understand the market drivers for your geographic area
- Assess managed care areas of focus
 - General areas of focus
 - Contractual areas of focus
- Regulatory changes
- Review the literature

PROCESSES FOR CASE MANAGEMENT BUSINESS PLAN DEVELOPMENT

- **SWOT Analysis**
 - Inclusiveness
 - Staff
 - Department leadership team
 - Key Hospital leaders
 - Nursing
 - Ancillary
 - Executive Team members

PROCESSES FOR CASE MANAGEMENT BUSINESS PLAN DEVELOPMENT

- Vision of Department
 - Do you have a vision statement?
 - Do you have a mission statement?
 - Solicit involvement of staff
 - Vision should be reflective of hospital's strategic plan focus areas

PROCESSES FOR CASE MANAGEMENT BUSINESS PLAN DEVELOPMENT

- Business Plan
 - Assure all SWOT components are addressed in the plan
 - Share plan with appropriate stakeholders
 - Set a calendar for business plan implementation review
 - Assign responsibility to key components
 - Report results to key stakeholders
 - Staff
 - Executive Team member
 - Appropriate committees

PROCESSES FOR CASE MANAGEMENT BUSINESS PLAN DEVELOPMENT

- Program Development
 - Identify key programs for the next year
 - New programs
 - Continued programs
 - Enhancement/extension of programs

WHERE YOUR BUSINESS PLAN CAN FAIL

- Components that aren't important to key stakeholders
- No review once it's written
- Wildly optimistic.....too much to be achieved in a given time frame
- Not looking beyond the "little" issues
- Not creative enough.....who would have guessed that plug-in room deodorizers would sell?

USE OF TECHNOLOGY

- CASE MANAGEMENT SOFTWARE MAY MAKE YOUR DEPARTMENT MORE EFFICIENT BY ELIMINATING SOME PAPER WORK
- Census reports
- Daily assignments
- Retrospective data entry
- Faxing/Xeroxing
- THIS WILL FREE PROFESSIONAL STAFF UP TO SPEND MORE TIME WITH PATIENTS!

STAFFING ANALYSIS PROCESS

- START WITH THE BASELINE STAFFING RATIOS BASED ON YOUR MODEL
- USE THE INDICATORS PRESENTED TO DETERMINE WHETHER YOU NEED TO INCREASE OR DECREASE THE BASELINE RATIOS
- REMEMBER TO CONSIDER THE CLINICAL AREAS YOU ARE STAFFING AS EACH MAY HAVE UNIQUE NEEDS
- REVISIT STAFFING RATIOS ANNUALLY

KEEP FLEXING

- Re-evaluate
- Be open to needed changes as you move forward, nothing is in stone
- Bring issues back to steering committee
- Make changes as needed
- Be flexible



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THANKS FOR ATTENDING!

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