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INSIDE

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NOVEMBER 2000

VOL. 11, NO. 11 (pages 181-196)

Professional Development 101: Building a Successful CM Career

Certification, education, membership: To succeed, you need them all!

Here's what industry leaders say the successful CM should have

Case management is evolving rapidly due to driving forces in the health care industry such as e-health, the graying of America, and managed care. Case managers are working in an increasingly intense and demanding environment. To survive, industry leaders agree case managers must gather the necessary tools: professional association membership, certification, and education.

There is little doubt that case management has firmly established its place in health care and is expanding rapidly. The evidence that case management has evolved from a fledgling specialty practice to a maturing profession is clear. Consider the following facts:

What does it mean to be a CM professional?

As case management continues its evolutionary journey from a health care specialty practice to a health care profession, case managers must make important decisions to chart their careers. Traditionally, case managers have entered the field from a wide range of health care disciplines, including nursing, social work, gerontology, rehabilitation counseling, and psychology. But the time has come to ask some tough questions about what it means to be a case management professional in the 21st century.

This issue of *Case Management Advisor* contains the tools you need to make informed decisions and advance your case management career. Inside, you will find articles to guide your choices about such professional development issues as which associations to join, which certifications to seek, and the need for bachelor's- or master's-level education.

• The Case Management Society of America (CMSA) in Little Rock, AR, has entered its 11th year.

• Nearly 20,000 case managers have earned the certified case manager (CCM) credential from the Commission for Case Manager Certification (CCMC) in Rolling Meadows, IL, since that board began case management certification in 1993. **(See story, p. 191, and directory, inserted in this issue, for more information about case management certification.)**

• A group of case management pioneers has launched the Academy of Certified Case Managers (ACCM) in Fairfield, CT, to meet the educational needs of more advanced case managers. **(See story, p. 185, for more information on the ACCM.)**

• The Centers for Disease Control and Prevention in Atlanta has adapted the CMSA "Standards of Practice for Case Management" into its own case management models.

• The Health Care Financing Administration in Baltimore has asked CMSA to provide several reviewers for proposals for Medicare's upcoming demonstration project on care coordination.

• The final Health Insurance Portability and Accountability Act's rules for transactions and code identifiers list case management under "atypical services." **(For more information on these final rules, see the story on p. 192.)**

With responsibility comes accountability. Accountability means that to succeed, case managers must have the credentials, education, skills, and experience necessary to survive in a competitive market.

"As the future of health care evolves, any and all players will be scrutinized regarding the value that they bring. Case management will not be exempt from this process," says **Sandra L. Lowery**, BSN, CRRN, CCM, president of Consultants in Case Management Intervention in Francestown, NH, and national president of the CMSA.

"I personally feel that after almost 15 years of case management practice in a wide variety of practice settings, case management provides a unique role that will prove to be a necessary component of the future health care delivery model. However, if there isn't a concerted and unified effort toward demonstrating the value of case management, there is a great risk of losing the ground we've gained," she says.

Only CCMs need apply

Industry leaders say case managers who want to remain marketable and advance their careers must continue to educate themselves and develop the skills necessary to keep pace with the rapid changes in the health care industry. "The full package would include relevant clinical experience, experience in discharge planning and/or utilization management, certification in case management, and an advanced practice degree, preferably in case management. That's no small order," notes **Toni Cesta**, PhD, RN, FAAN, director of case management for St. Vincent's Hospital and Medical Center in New York City.

"I feel that case managers should obtain certification as well as an advanced degree, particularly if they work in the hospital setting," Cesta says. "I believe that each — certification and advanced degrees — represents a different skill set. Certification represents a national standard, and an advanced degree represents advanced education in a specialty area. Experience and credentials are important when recruiting a case manager in a hospital setting."

"To pursue advancement in case management, it is important to be certified," agrees **Mindy Owen,** RN, CRRN, CCM, corporate director of complex care management with Coordinated Care Solutions in Coral Springs, FL, a member of the ACCM membership council, and past president of CMSA. "No certification will deem you an expert, but it will distinguish you as a knowledgeable professional to an often confused public, which is where I believe the question really should be placed. Ask yourself, 'Who am I doing this for?' My own belief is that it is more important to the consumer that you are an ethical, knowledgeable, caring professional than the number of letters after your name," she says.

COMING IN FUTURE MONTHS

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Take these steps to advance your career

Building a Successful CM Career

If you've been a case manager for several years and your career has reached a standstill, here are some steps you can take, says **Jeanne Boling**, MSN, CRRN, CDMS, CCM, executive director of the Case Management Society of America in Little Rock, AR:

1. Learn more about the health care system in which you are employed.
2. Learn exactly how case managers can improve the outcomes of care for patients and families.
3. Acquire certification in your area of expertise.
4. Continually learn about industry trends, outcomes, benchmarks, and new breakthroughs in e-health solutions.
5. Evaluate the system in which you work to determine whether it offers and supports career growth opportunities.
6. Check out other job opportunities for the best fit with your personal needs. ■

"Every initial I have after my name was obtained because it was needed for job growth or a way to show competence and validation for what I have done," notes **Anne Llewellyn**, RNC, BPSHA, CCM, CRRN, CEAC, owner of Professional Resources in Management Education, a case management consulting and education company in Miramar, FL. "I am not one for obtaining initials because they are new or they look good. Certification is expensive to obtain and maintain. I have sought certifications that make sense for me at this time in my professional life."

Certification is a mark of personal pride and professional excellence, says **Deborah Smith**, MN, RN, Cm, CNAA, a consultant with American Medical Systems in Los Angeles and chair of the ACCM leadership council. "It is attained after one has become an expert in the field. Case managers should choose that certification which best matches their practice and the populations they serve. I am certified by the American Nurses Credentialing Commission in Washington, DC, because the scope of their examination fits more closely with what I do than any of the others," she explains. "As a consultant, I probably wouldn't get much work without certification. And, some jobs require certification — that speaks for itself."

"As buyers of our services become more savvy, they are going to require some kind of certification and/or accreditation for their subcontractors as a way of protecting themselves and the consumer," adds **Carrie Engen,** RN, BSN, CCM, director of Advocare in Naperville, IL, and chair of the CCMC.

Llewellyn cautions that for case managers looking into certification, research is important. "The public is demanding to know what gives us as case managers the right to make decisions for them," she says. "Certification gives validation to our experience and expertise in a given area. Today, the CCM is the gold standard for most case managers. There are other certifications that may meet an individual case manager's needs. The point is to choose which one works best for you and what will give you the opportunity for professional growth."

While industry leaders agree on the necessity of case management certification, there appears to be no clear consensus about education for case managers. "I am pleased to see the development of academic programs focused on case management on the bachelor's and master's level. This is a good thing. Thank goodness there is preparation available and the days of apprenticeship are gone," Smith says.

"However, I think good preparation is a combination of prior clinical experience, class work, case simulations or exercises, and some sort of practicum, orientation/mentoring process. We must recognize also that there are many competent case managers in the field without bachelor's level or above academic preparation. The [certifying and accreditation boards] for case managers and case management recognize this by offering several sets of eligibility criteria. I do think we will see a natural evolution toward higher education for case managers in the future," she says.

"We have seen a number of academic institutions develop case management degrees or certificates of continuing education courses in the last few years. I think that what we're moving toward is delineation of core competencies and a core curriculum for case management. This is a necessary and important step for case management," says **Gary S. Wolfe,** RN, CCM, CNA, a consultant from San Francisco, past president of CMSA, and executive vice president of the ACCM.

For case managers planning a return to school to further their formal education, Llewellyn says there are several majors to consider. "I really feel that advanced education is needed for case management today. A bachelor of science should be

the basic requirement, if we are to continue to move case management toward a profession. I would certainly look into a bachelor of science program in health services, health care administration, or nursing, if a case manager is already a RN and wants to go that route," she notes. "If you already have a BS and want to continue, a master's in public health or a master's in health care administration will give you a new focus. In addition, many MSN programs are adding a focus on case management to their programs." **(For more on education for case managers, see *Case Management Advisor,* January 1998, pp. 1-7. For useful tips for selecting an academic case management degree program, see box, at right.)**

Llewellyn says the growing number of degree programs and course offerings in case management at the university level is proof that case management is "here to stay." However, she adds that the field will not continue its current growth if case managers don't learn to measure outcomes and share their findings with others. "Every case manager working on a master's degree should send thesis papers to CMSA so that we can begin as an industry to build the body of research the government, employers, payers, and consumers are requesting," she says.

In addition to formal education, industry leaders argue that case managers must educate themselves on new products and technology. "System advancements in health care technology are changing the way patient care is delivered," says **Mary Gambosh**, RN, CDMS, CCM, a case management consultant in Henderson, NV, and developer of www.mcaremall.com, a case management Web site. "Case managers who don't stretch themselves to learn to use the Internet will be left behind. Every excuse in the world has been made for why more case managers don't learn how to function on the Internet. This is an investment in your future. You can't afford not to learn. Your patients are out there. You need to be, too."

Finally, after weighing the benefits of certification and education and making some personal choices, leaders agree that case managers must work together through professional associations to influence policy-makers and take steps to advance the practice of case management.

"I feel that membership in professional associations is the only way we can join together to . . . publicize case management as an integral component of health care delivery in America," says **Nancy Skinner**, RN, CCM, a case management consultant with Riverside HealthCare Consulting in Whitewell, TN, and past president of CMSA.

"CMSA has a mission of advancing the practice of case management," she says. "I applaud all the past and current leaders of CMSA and their efforts . . . . That said, the vast majority of case managers do not belong to any organizations. Some do not seek or obtain the information necessary to advance their knowledge and skills as a case management professional. We must encourage association membership with all case managers, for that is the only path to achieving professional recognition and political influence."

Skinner adds that case managers have different needs. "It is unreasonable to state that there is only one organization that meets the needs of all case management professionals," she notes. "Some case managers will join organizations based on their practice setting or health care discipline. Some will join organizations to expand networking opportunities. Others will join based on educational

Building a Successful CM Career

Select programs with real-world clout

Don't register for a bachelor's or master's program in case management or a related field at your local university without first making sure the program you select has some real-world application, cautions **Nancy Skinner**, RN, CCM, case management consultant with Riverside Healthcare Consulting in Whitewell, TN, and past president of the Case Management Society of America (CMSA) in Little Rock, AR. Here are her tips for selecting a program that will advance your career:

- Does the program follow CMSA's "Standards of Practice for Case Management" for multidisciplinary case management?
- Have the instructors ever performed the roles and functions of case management?
- Does the program review the core functions of case management across all practice settings and health care disciplines?
- What backgrounds and credentials do the professionals and educators who developed or contributed to the core curriculum hold?

"I believe there must be a balance between skill set development and higher education," Skinner says. "Yes, we need the 'how-to' knowledge, but to advance the practice of case management, we also need the validation of professional status that can only come from institutes of higher learning." ■

opportunities. The importance of seeking and joining an association far outweighs the significance of which association you join as long as the association you select meets your needs."

If you join, don't be a passive member, Owen stresses. "Get involved! CMSA and the other organizations and commissions are only as good and as strong as the people who volunteer their time and energy [to them]," she says. "The organizations need dedicated practitioners to go forward. The self-learning that takes place within professional organizations through program offerings, conferences, and networking is invaluable. I cannot stress enough how important it is to get involved for the strength of the practice and for the knowledge you gain that helps you become a better practitioner." ■

Industry growth propels launch of new association

Leaders urge, 'Let's complete, not compete'

With the successful August launch of the first issue of its journal, *CareManagement: Official Journal of the Academy of Certified Case Managers,* the Academy of Certified Case Managers (ACCM) in Fairfield, CT, announced its entry as a new organization to support the education needs of more advanced case managers. Industry leaders, however, are divided over whether the addition of ACCM will help or harm case management as a profession.

Building a Successful CM Career

"We saw a gap or a need in the case management industry," notes **Gary S. Wolfe**, RN, CCM, CNA, a consultant from San Francisco, past president of the Case Management Society of America (CMSA), and executive vice president of the ACCM. "For a variety of reasons, many certified case managers do not belong to the Case Management Society of America in Little Rock," he says. The ACCM "is a specialty case management organization for certified case managers only. We want to be a vehicle to promote communication amongst the many case management certifications and help case managers understand the various certification programs available, how the qualifications of certified individuals vary, and how they are similar."

Sandra L. Lowery, BSN, CRRN, CCM, president of Consultants in Case Management Intervention in Francestown, NH, and current national president of CMSA, says, "While the *CareManagement* publication is a wonderful educational resource for case managers, it should be clear that the ACCM is a new membership organization. The latter warrants careful consideration. It is most unfortunate that just when case managers, through grass-roots efforts, have finally begun to become recognized and sought after at the national and international levels, they are facing fragmentation that could decrease the value of their future efforts in support of their practice."

Furthermore, says Lowery, "Other health care professions have followed this path, and we have seen how the fragmentation has negatively impacted their position. It is critically important for the future of case management that we are proud of those who have achieved and embrace and support those others who are striving to achieve, rather than separate the two. Through inclusivity, we can benefit from learning from each other while also creating a unified voice and a critical mass."

Case managers new to the field may not be aware of the June 1996 merger of CMSA and the former Individual Case Management Association (ICMA). At that time, industry leaders, including Wolfe, argued that consolidating the two organizations was a necessary step that would allow case managers to speak with one voice when trying to influence health care legislation. **(For more on the ICMA/CMSA merger, see *Case Management Advisor,* January 1996, p. 15.)**

However, the field of case management has experienced tremendous growth since early 1996, and many industry leaders feel there is a place now for more than one professional association. "I anticipate that the Academy will offer one more option for those who choose to take advantage of it," says **Mindy Owen**, RN, CRRN, CCM, corporate director of complex care management with Coordinated Care Solutions in Coral Springs, FL. Owen is a member of ACCM's leadership council and past president of CMSA. "Let me be very clear. This [the ACCM] should be viewed as an addition to the practice and the field, not instead of or taking the place of any other organization. CMSA is now and should always be considered the professional organization representing the overall practice of case management," she says.

"Remember that Washington, DC, always asks how many voices we have in our organization

Anatomy of two CM associations

Building a Successful CM Career

The introduction of the Academy of Certified Care Managers (ACCM) in Fairfield, CT, has raised questions about what case management professionals gain from membership in professional associations. It should be noted that ACCM is in a formative stage and that the Case Management Society of America (CMSA) is entering its 11th year. CMSA's membership benefits have grown over the course of its history in response to member requests and industry trends. Here's a breakdown of each one:

❑ **Academy of Certified Care Managers**, 1903 Post Road, Fairfield, CT 06430-5721. Telephone: (203) 259-9333. Fax: (203) 259-9311. Web site: www.academyccm.org (the site was under construction at press time).

Cost of membership: $60 (This introductory fee ends in February 2001. At that time, the cost will be $75.)

Membership benefits: Free subscription to *CareManagement: Official Journal of the Academy of Certified Case Managers.* Free subscription to *PharmaFacts,* a pharmaceutical products and drug usage update. Free subscription to *LitScan,* a periodic review and commentary of published literature (its planned launch date is April 2001). Free continuing education units earned on-line (visit the Web site at www. academyccm.org).

Conferences: The first national conference will be in Atlanta in March 2001; the group also hopes to announce plans for regional conferences soon.

❑ **Case Management Society of America**, 8201 Cantrell Road, Suite 230, Little Rock, AR 72227-2448. Telephone: (501) 225-2229 Web site: www.cmsa.org.

Cost of membership: $125, plus local chapter dues, if applicable.

Membership benefits: Free subscriptions to *The Case Manager, Continuing Care, ADVANCE for Providers of Post-Acute Care, Managed Care Interface,* and *Long Term Care Interface.* Free on-line continuing education units at www.cmsa.org; on-line job postings; membership directory (also available on-line); state-of-the-science case management research papers; access to 14 special interest group forums on-line and at CMSA conferences; "Standards of Practice for Case Management"; "Statement of Ethical Practice for Case Management"; *Core Curriculum for Case Management* (expected out before the end of the year); member service call center; toll-free fax-on-demand service; annual "Case Manager of the Year" award. National and local chapter officers are elected by CMSA members.

Conferences: CMSA annual conference and expo, June 2001, Nashville; UM/CM Best Practices Conference, November 2000, San Diego; Hospital Case Management summit, November 2000, San Diego; Case Management Institute, November 2000, Baltimore. ■

when the organization asks to be heard," says **Mary Gambosh**, RN, CDMS, CCM, a case management consultant in Henderson, NV, and developer of www.mcaremall.com, a case management information Web site. "Splintering of members in any organization benefits none of us. If I'm asked, 'Which organization should I belong to?' I would say, 'as many as is feasible.' But if you join, be sure to contribute to all organizations to which you belong," she says.

Industry leaders say case managers should ask themselves several questions as they consider membership in a professional organization. **(See box, above, for a comparison of CMSA's and ACCM's benefits.)** Those questions include:

- What is the association's mission and vision?
- Is it a for-profit corporation or a nonprofit professional association?
- How will this association help me achieve even greater success in my career?
- What do I get for my membership dollars?
- Are the leaders responsive to my questions and concerns?
- Are the association's leaders elected by the membership or appointed?
- What are the academic and clinical backgrounds of the organization's officers and committee members?

Although the new academy's name may imply it is open only to case managers who hold the

(Continued on page 191)

Reports From the Field™

Heart disease

Even short duration exercise can improve patient health

Findings may motivate the sedentary

Case managers working with heart patients can pass on the good news that patients don't have to invest hours at the gym to improve their health and lower their risk for serious heart disease. Researchers now have proof that several short sessions of exercise, lasting just 15 minutes each, may be as beneficial as one longer session, according to a recent article in *Circulation*.

Researchers in the Harvard Alumni Health Study followed 7,307 Harvard University alumni with a mean age of 66.1 years from 1988 through 1993. At baseline, men reported their walking, stair climbing, and participation in sports or recreational activities. For each of the recreational activities, they also reported the frequency and average duration of each episode. During follow-up, 482 men developed coronary heart disease (CHD).

In age-adjusted analysis, a longer duration of exercise episodes predicted lower CHD risk. However, after total energy expended on physical activity and potential confounders was accounted for, duration no longer had an independent effect on CHD risk. In other words, longer sessions of exercise did not have a different effect on risk compared with shorter ones, as long as the total energy expended was similar. In addition, men who engaged in sports or recreational activities showed similar effects on heart disease risk as those who only walked and climbed stairs, provided total energy output was similar. In contrast, researchers found higher levels of total energy expenditure significantly predicted decreased CHD risk in both age-adjusted and multivariate analyses.

Researchers concluded that physical activity is associated with decreased CHD risk. In addition, findings also lend some support to recent recommendations that allow for the accumulation of shorter sessions of physical activity, as opposed to requiring one longer session of exercise. That may provide some impetus for those who are sedentary to become more active, they note.

[See: Lee IM, Sesso HD, Paffenbarger RS. Heart disease risk in men: Does the duration of exercise episodes predict physical activity and coronary risk? *Circulation* 2000; 102:981-989.] ▼

What type of stroke? Knowing helps predict recovery

Recent study looks at outcomes

Stroke recurrence and survival rates are well-documented, but it has been less clear what those rates are for patients suffering different types of strokes. A recent study in *Stroke* focused on outcome variations in patients who had strokes without bleeding in or around the brain. Researchers found the following:

• Patients whose embolism originated in the heart (cardioembolic) had the poorest survival.

• Patients whose strokes were caused by intracranial atherosclerosis with narrowing stenosis had higher recurrence rates.

• Patients with lacunae (small areas of cerebral infarction) had better post-stroke functional status than patients with other types of nonhemorrhagic (ischemic) stroke.

The findings are based on a study of functional outcomes of 454 residents of Rochester, MN, who had a first ischemic stroke between 1985 and 1989. Researchers compared how survival and recurrence rates varied among patients with common stroke subtypes. Of the 454 subjects, 80% were hospitalized, and 75% were evaluated by a neurologist.

Among the study subjects, 16% suffered atherosclerotic strokes, 29% suffered cardioembolic strokes, 16% suffered lacunar strokes, 36% suffered strokes of uncertain type, and 3% suffered strokes from unusual causes.

Lacunar patients fared best

Specific findings from the study include the following:

• Lacunar stroke patients had milder maximal neurological deficits at the time of stroke and better post-stroke functional scores compared with patients who had other types of strokes.

• Lacunar stroke patients also had the best functional outcomes, with more than 80% having minimal or no impairment one year after stroke.

• Cardioembolic stroke patients had poorer pre-stroke functional status, more severe neurological deficits at the time of stroke, and poorer functional outcomes compared with other subtypes.

• Cardioembolic stroke patients also were nearly four times as likely to die within 30 days after stroke than patients with atherosclerotic stroke and 2.5 times more likely to die in the next five years.

• Twenty-five patients in the study suffered recurrent strokes within 30 days, with 13 of the 25 suffering large-vessel atherosclerosis with narrowing of the artery as the first stroke subtype.

[See: Petty GW, Brown RD, Whisnant JP, et al. Ischemic stroke subtypes: A population-based study of functional outcome, survival, and recurrence. *Stroke* 2000; 31:1,062-1,068.] ■

Women's health

Women with assisted births run readmission risk

Women who deliver by cesarean or assisted vaginal delivery are much more likely to be readmitted for post-delivery complications than women who have spontaneous vaginal deliveries, according to a recent study in the *Journal of the American Medical Association*.

Researchers in Washington state linked state birth data to determine the relative risk of readmission within two months of delivery among women giving birth to their first child in a Washington hospital.

Findings include the following:

• 1.2% of women were readmitted within two months of delivery.

• After adjusting for maternal age, women who delivered by cesarean had a relative risk of 1.8% of readmission, and women who had assisted vaginal deliveries had a 1.3% relative risk of readmission.

• The most common reasons for readmission among women delivering by cesarean were uterine infection, gallbladder disease, genitourinary tract conditions, and obstetrical surgical wound complications.

• The most common reasons for readmission among women with assisted vaginal deliveries were postpartum hemorrhage complications, genitourinary tract conditions, obstetrical surgical wound complications, and pelvic injury.

Trauma factor

In both groups, infection was the predominant cause for readmission. However, researchers say the findings suggest that the level of mechanical trauma associated with assisted vaginal delivery (for example, anal sphincter tears, anal or urinary incontinence, and pain during intercourse) can be severe enough to necessitate postpartum readmission.

The researchers suggest that physicians find effective ways to prevent and control peripartum infection. They also recommend that physicians selectively substitute vacuum extraction for forceps, restrict use of episiotomy, and use effective suture techniques to decrease risk of pelvic

injury or wound complications among women with assisted vaginal deliveries.

[See: Lydon-Rochelle M, Holt VL, Martin DP, Easterling TR. Association between method of delivery and maternal rehospitalization. *JAMA* 2000; 283:2,411-2,416.] ■

Pediatrics

Docs underestimate preterm babies' survival rates

Obstetricians and pediatricians who are pessimistic about the outcomes of premature infants tend to underestimate their actual chances of survival and freedom from serious disability, says a recent study in *Pediatrics*. Physicians who are most pessimistic about such infants' outcomes are least likely to use potentially lifesaving therapies, researchers conclude.

Researchers surveyed 379 obstetricians and 362 pediatricians about their knowledge of survival and disability rates of infants born at 23 to 36 weeks of gestation and whether they would provide therapeutic interventions either to the expectant mother or infant. Pessimists significantly underestimated survival and disability-free rates for the premature infants, while optimists provided more accurate estimates, researchers found.

Specific findings include:

• Optimistic pediatricians were 1.1 to 1.8 times more likely than pessimists to use mechanical ventilation and 1.1 to 1.6 times more likely to use inotropic support to strengthen cardiac contraction for infants between 23 and 27 weeks of gestation.

• Optimists were twice as likely as pessimists to use thermal support and 1.2 times more likely to use oxygen.

• Optimists were 1.24 to 1.35 times more likely to use cardiopulmonary resuscitation and 1.24 to 1.5 times more likely to use intravenous fluids at 24 and 25 weeks gestation.

• Optimists were 1.2 to 1.3 times more likely to administer steroids to the mother and transfer the mother in preterm labor to a tertiary care facility with neonatal intensive care services.

[See: Morse SB, Haywood JL, Goldenberg RL, et al. Estimation of neonatal outcome and perinatal therapy use. *Pediatrics* 2000; 105:1,046-1,050.] ▼

Drug reduces apnea in premature babies

A study conducted in nine U.S. neonatal intensive care units to evaluate caffeine citrate in the treatment of premature infants with apnea of prematurity revealed that the treatment is both safe and effective in reducing apnea attacks.

The study concluded that caffeine citrate was significantly better than placebo in reducing apnea of prematurity episodes in infants between 28 and 32 weeks post-conception. Caffeine citrate treatment, which was studied for a maximum of 12 days, significantly eliminated apnea of prematurity events on day two of treatment.

The multicenter study was a 10- to 12-day randomized, double-blind placebo-controlled trial with an open-label rescue phase. Preterm infants 28 to 32 weeks post-conception age who had six or more apnea episodes within 24 hours were eligible. A total of 85 infants were randomly assigned to two groups, with 46 receiving caffeine citrate and 39 receiving placebo. Findings include:

• On day two of treatment, 26.7% of caffeine citrate group babies had zero apnea events, compared with 8.1% of babies in the control group.

• The mean number of days without apnea events was 3.0 in the caffeine citrate group and 1.2 in the placebo group.

• The mean number of days with a 50% reduction from baseline in apnea events was 6.8 in the caffeine citrate group and 4.6 in the placebo group.

• Adverse events were similar between the caffeine citrate group and the placebo group. Six cases of necrotizing enterocolitis developed in the 85 infants studied. Five of the six were randomized to the caffeine citrate treatment group.

"This is the first time a placebo-controlled study of caffeine citrate has been conducted for the treatment of apnea of prematurity," reports **Allen Erenberg**, MD, study medical director, professor of pediatrics, and head of the section of neonatology and developmental biology at the University of Arizona's Health Sciences Center in Tuscon. "This study has shown that CAFCIT [caffeine citrate] is significantly more effective than placebo in reducing the number of apneic episodes by at least 50%, as well as eliminating apnea in more than 25% of treated infants."

Researchers note that caffeine citrate has been used to treat apnea of prematurity since the 1970s.

However, hospital pharmacies were required to compound the caffeine citrate solution, which resulted in some incorrectly prepared formulations. Some of those mixtures resulted in overdoses, which were responsible for most reported adverse events associated with caffeine citrate.

Two dosage forms of CAFCIT have received approval from the Food and Drug Administration in Rockville, MD, to treat apnea of prematurity in infants between 28 and 33 weeks gestation. In late 1999, CAFCIT Injection was approved. Earlier this year, CAFCIT Oral Solution was approved; it can be used in both the hospital and home settings. CAFCIT is distributed by Roxane Laboratories in Columbus, OH.

Full prescribing information is available in PDF form at http://products.roxane.com/. ■

Behavioral health

Cognitive training improves function in schizophrenics

Cognitive adaptation therapy is a novel psychosocial treatment approach designed to improve functioning by using compensatory strategies in the home or workplace to bypass the cognitive deficits associated with schizophrenia. A recent study in the *American Journal of Psychiatry* suggests that, novel or not, the treatment approach does improve function and reduce relapse rates in outpatients with schizophrenia.

Researchers randomly assigned 45 patients with DSM-IV schizophrenia or schizoaffective disorder to one of three treatment groups for nine months. Those groups were standard medication follow-up, standard medication follow-up plus cognitive adaptation training, and standard medication follow-up plus a condition designed to control for therapist time and provide environmental changes unrelated to cognitive deficits.

Clinicians unaware of which treatment group patients were assigned to conducted comprehensive assessments every three months. Researchers found significant differences among the treatment groups in levels of psychotic symptoms, motivation, and global functioning at the end of the nine-month period. Patients in the cognitive adaptation training group improved more overall, compared with patients in the other two groups. Also, the groups had significantly different relapse rates over the study period. Those relapse rates were 13% for the cognitive adaptation group, 69% for the group in which therapist time and environmental changes were controlled, and 33% for the group that received standard follow-up only.

[See: Velligan DI, Bow-Thomas CC, Huntizinger C, et al. Randomized controlled trial of the use of compensatory strategies to enhance adaptive functioning in outpatients with schizophrenia. *Am J Psych* 2000; 157:1,317-1,328.] ▼

Behavioral therapy may improve bulimia recovery chances

A recent study provides new insight into clinically useful predictors of attrition and outcome in treating bulimia nervosa with cognitive behavioral therapy. Researchers studied 194 women meeting the DSM-III-R criteria for bulimia nervosa who were treated with 18 sessions of manual-based cognitive behavioral therapy. In the three-site study, they found that patients who significantly reduced purging by session six were most likely to achieve a positive outcome.

Researchers evaluated differences between therapy dropouts and nondropouts and between recovered and nonrecovered participants. Differences were examined descriptively, and then signal detection analyses were used to determine clinically significant cutoff points predicting attrition and abstinence. Findings include:

- Patients who dropped out of therapy had more severe bulimic cognitions and greater impulsivity, but researchers were not able to identify clinically useful predictors of outcome.
- Patients with treatment failures were characterized by more severe adjustment and a lower body mass index, presumably indicating greater dietary restriction.
- Early progress in therapy was found to be the best predictor of outcome.
- Signal detection analyses revealed that poor outcome was predicted by a less than 70% reduction in purging by treatment session six of 18, allowing identification of a substantial proportion of prospective treatment failures.

[See: Agras WS, Crow SJ, Halmi KA, et al. Outcome predictors for the cognitive behavior treatment of bulimia nervosa: Data from a multisite study. *Am J Psych* 2000; 157:1,302-1,308.] ■

(Continued from page 186)

CCM (certified case manager) credential from the Commission for Case Management Certification (CMCC) in Rolling Meadows, IL, **Deborah Smith**, MN, RN, Cm, CNAA, a consultant with American Medical Systems in Los Angeles and chair of the leadership council of ACCM, says ACCM membership is open to case managers who hold a variety of certifications. "At this point, the academy recognizes the CCM, RN-NCM, CRRN, GCM, CMAC, CRC, COHN, CDMS, CIRS and A-CCC. One of these certifications is all you need to qualify for membership in the academy," she says. **(Many of those credentials are listed in the directory of case management certifications, inserted in this issue.)**

In fact, the ACCM has no affiliation with CCMC or any other credentialing board, note Wolfe and Smith. "We are totally separate and independent of any other organization," explains Wolfe. "However, on our leadership council, we have industry leaders who represent a range of other organizations."

"The CCMC is in no way affiliated with this organization or this journal," says **Carrie Engen,** RN, BSN, CCM, director of Advocare in Naperville, IL, and chair of the CCMC. In fact, several sources interviewed by *CMA* expressed concern that the ACCM is using lists from certifying organizations such as the CCMC and reporting certificate holders as members whether they agree specifically to membership or not. CCMC reports that its list, for example, was leased to the journal's publisher under the terms of a previous contract with CMSA. That contract has since ended. "That was to be the only use of the list — to provide educational material to CCMs along with information about case management organizations, conferences, etc., " Engen says.

The soul focus of the ACCM is the education of case managers through publications and conferences. In addition to *CareManagement*, the academy plans to launch a pharmaceutical update and a literature review. Its first conference will be held in March 2001 in conjunction with the 13th Annual National Managed Health Care Congress at the Georgia World Congress Center in Atlanta.

"I believe the ACCM has a significant place in the practice of case management," explains Owen. "The mission is to promote educational opportunities for the certified case manager that should raise the level of knowledge in the practice. These are individuals who have taken the initiative to gain knowledge in the field in which they practice, and I think anything that we can do to continue to support and raise the bar is important."

Regardless of how the case/care management industry is defined — whether by membership association, type of credentialing body, or corporate form — "we remain all part of the same case/care management industry," says **Jeanne Boling**, MSN, CRRN, CDMS, CCM, executive director of CMSA. "We are not here to compete with each other, but to complete each other. The educational and development needs of case/care management are gigantic. I believe we will rise above current industry confusion as case managers learn more about various professional organizations and distinguish among them to take advantage of their respective roles in serving case managers." ■

Tips to help you research credentialing programs

Consumers and legislators have made it clear that case managers must be certified in order to continue to work in many practice settings. Certification is that "Good Housekeeping Seal of Approval" that says you have the necessary knowledge, skills, and experience to provide high-quality case management services.

However, with so many case management credentials to choose from, it's important for case managers to thoroughly research the credential and the credentialing board before investing their time and money. **Jeanne Boling**, MSN, CRRN, CDMS, CCM, executive director of the Case Management Society of America in Little Rock, AR, suggests case managers ask themselves the following questions before filling out an application for a case management certification exam:

• Will you likely practice in your current location or practice setting for the duration of your career, or is it possible that you might need to change practice settings?

"If change is possible, consider a more generally accepted certification rather than a specialty certification," suggests Boling. **(The directory inserted in this issue will help you begin your research into case management credentialing programs.)**

• What will your investment in certification mean to your career development?

"In other words, will it lead to a promotion? Will it lead to a higher salary? Will it help you get hired? Will your employer reimburse you for the certification, and who will pay for continuing education fees and recertification fees, you or your employer?" asks Boling.

• What is the total cost of certification?

• How often is recertification required, and what does it cost to become recertified?

• Will future legislation and regulations affect your practice or your need for credentials?

"It's important to check both federal and state programs which apply to your practice," notes Boling. "Many state and federal policy-makers are discussing the need for certification."

• Will consumers begin to understand there is a difference between certified professionals and uncertified professionals?

After asking what certification means from a career development perspective, Boling says case managers must research the certification process and the credentialing bodies that oversee them. "Once you've decided to pursue certification, the next step is to select the best certification for you," she notes. "Check out the certification organizations. If you are going to invest your time, energies, and money, be sure your investment is a good one."

Boling suggests case managers answer the following questions about each certification they consider:

• Is the credentialing board a not-for-profit agency with a program that is national in scope?

• Is the credentialing board recognized by your professional society?

• How long has the certification been offered?

• Does the credentialing examination have the ability to keep pace with industry changes?

• Is the credentialing program administratively and financially independent of the parent association and free from conflict of interest?

• How many certificants are currently active?

• Are there enough certificants to be significant on a national basis?

• Will your credential be recognizable to others in your field?

• Are the examination questions free of bias and nondiscriminatory?

• How are pass/fail scores established?

• Has anyone been granted the credential without achieving a passing score?

• Is there a formal disciplinary policy designed to protect the public?

• Are there standards or codes of ethics for certificants?

• Is the certifying agency separate and independent from any associated educational body?

• Are the eligibility criteria logically appropriate to relevant job requirements?

• Does at least one member of the public serve as a member of the governing board?

• Are reliability statistics published following each administration of the exam?

• Has the validity of the exam been established by a national job analysis survey?

• Is the certifying organization practicing in compliance with the National Commission for Certifying Agencies in Washington, DC?

"Once you confirm the value to your career development and establish the certifying organization's worthiness, apply and complete the process," urges Boling. "Certification is a means of validating to the public that a professional has achieved a given level of experience, education, and expertise. Relevant certification in general is professionally and financially beneficial to case managers at each level of practice." ■

Professional development

First round of HIPAA rules released

Case management will be subject to standards

Case managers should pay close attention to the final Health Insurance Portability and Accountability Act (HIPAA) rules released in late August. This first round of final rules, which applies to the transactions and coding identifier sections of the federal law, lists case management under covered "atypical" services.

HIPAA is a federal law designed to protect the privacy of patient medical records that are transmitted electronically. In October 1999, the Clinton administration issued a draft of its proposed HIPAA regulations and allowed for a 60-day comment period. More than 40,000 interested parties commented on the draft.

The act is divided into three sections: transactions and coding identifiers, security, and privacy.

The federal government was expected to issue a final draft of the security and privacy rules before the end of the year, but many experts think that's unlikely in an election year. **(For more on HIPAA and the proposed privacy rules, see *Case Management Advisor*, June 2000, pp. 93-98.)**

Most case management and e-health experts believe the security and privacy sections of HIPAA will apply more directly to daily case management practice. However, others point out that the transactions and coding identifier rules recently released specifically mention case management as a service of health plans and providers covered by the rules; therefore, case managers should at least acquaint themselves with those rules.

What is a code identifier?

This first round of final HIPAA rules mandates the standards used for electronic data interchange (EDI). The EDI standards are like a language, explains **Gary Gartner,** MD, MS, chief architect and director of ASP operations for Future Healthcare in Chapel Hill, NC. The standards require that the computers of doctors, hospitals, insurance companies, and employers talk the same language, with the same names, or identifiers, and with the same codes for transactions.

The EDI standards consist of a nationally agreed-upon set of codes and identifiers for each transaction transmitted electronically, Gartner notes. A transaction includes a health care claim, a remittance advice, an eligibility inquiry, or a precertification. Both the sending and receiving computer must agree on the meaning of the values of the codes used. If the computer field identifies a provider, hospital, employee, or health plan, both computers must use the same identifier values.

"HIPAA compliance in all three areas will require a great deal of trust and collaboration among trading partners," he adds.

"With the convenience of electronic transmission comes responsibility," says **Maureen Cadogan**, BSN, RN, CCM, CPHQ, business and information systems project manager for CalOPTIMA, a public Medicaid agency in Orange, CA. "In general, case managers must learn to exercise a greater degree of care in that process. They must make sure that their organizations have adequate guidelines for protecting the privacy of patient health information transmitted electronically. They must also make sure their organizations offer, and they receive, adequate training on any security and privacy policies and procedures their organizations have for HIPAA compliance."

In its response to public comments on its proposed HIPAA transactions and code identifiers rules, the government stated:

We agree with commenters that case management is a health care service since it is directly related to the health of an individual and is furnished by health care providers. Case management will, therefore, be subject to the standards.

If case management is specifically included in the transactions and code identifiers rules, it's reasonable to assume case management also will be included in the final security and privacy rules. However, experts argue that most of the HIPAA rules are 90% procedure and 10% technology; case managers' main responsibility for HIPAA compliance is to receive the training offered by their organization and to never waver in following those policies, says **David C. Kibbe,** MD, MBA, chief executive officer of Future Healthcare in Chapel Hill, NC.

"The majority of responsibility for HIPAA, particularly these first transactions and code identifier rules, does not fall on the end users, such as case managers," notes Gartner. "Payers and providers who transmit claims and referrals must update their system to use the standard transaction and code sets mandated by the HIPAA rules. End users who are using a system to transmit a claim should be able to do so transparently."

Summaries and explanations of the proposed privacy and security rules and the final transaction and code identifier rules are available on-line from several sources, including:

- the Web site of the Health Privacy Project of the Institute for Health Care Research and Policy at Georgetown University in Washington, DC, (www.healthprivacy.org);
- the Web site of the North Carolina Healthcare Information and Communications Alliance in Research Triangle Park, NC, (www.nchica.org);
- the U.S. Department of Health and Human Services (http://aspe.hhs.gov/admnsimp/).

In addition, the federal government has identified the following individuals as resources for information on specific areas of the final transactions and code identifier rules:

- Pat Brooks at (410) 786-5318 for information on medical diagnosis, procedure, and clinical code sets;

• Joy Glass at (410) 786-6125 for information on transactions involving health claims or equivalent encounter information, health care payment and remittance advice, coordination of benefits, and health claim status;

• Marilyn Abramowitz at (410) 786-5939 for transactions involving enrollment and disenrollment in health plans, eligibility for a health plan, health plan premium payments, and referral certification and authorization. ■

Disease management

Once-weekly drug combats lung cancer

The administration of taxane docetaxel on a weekly basis may be more beneficial than the conventional three-week schedule when used as a second-line therapy for nonsmall-cell lung cancer, according to a study presented at the Ninth World Conference on Lung Cancer in Tokyo.

Of 27 evaluable patients, researchers reported the following results:

• three, or 11%, had a partial response;

• seven, or 26%, had stable disease;

• 17, or 63%, had progressive disease.

A partial response was defined as a 50% or greater decrease in measurable tumor size, while a complete response was defined as total disappearance of clinical and radiological signs of disease.

"Our findings are extremely important for patients with refractory nonsmall-cell lung cancer, who often have a poor health status and tend to poorly tolerate the side effects associated with chemotherapy," says **Rogerio Lilenbaum**, MD, clinical assistant professor of medicine at the University School of Medicine's Mount Sinai Comprehensive Cancer Center in Miami Beach, FL. "The improved toxicity profile with weekly docetaxel significantly expands the number of patients with refractory disease who are eligible for second-line therapy.

Patients in the study were treated with docetaxel, 36 mg/m^2, administered intravenously over 15 minutes, once weekly for six consecutive weeks. After a two-week rest period, stable or responding patients continued eight-week courses for as long as they benefited. Researchers evaluated the response to treatment every six weeks. ▼

Drug fights multiple sclerosis for six years

Results of a six-year study show that sustained use of the drug glatiramer acetate significantly reduces the relapse rate and delays disability in people with the relapsing-remitting form of multiple sclerosis (MS).

Of the 101 patients receiving daily injections of glatiramer acetate in the past six years, 77 have had three or fewer relapses, and 26 have not had any relapses. Study participants also experienced a steady decline in the relapse rate, so on average, they experienced one relapse every four to five years, compared with two medically documented relapses in the two years before taking the medication for a 72% reduction in the annual relapse rate.

"The findings suggest that not only is glatiramer acetate well-tolerated but that the longer a patient takes the drug, the better it works," says **Kenneth Johnson**, MD, professor and chairman of neurology at the University of Maryland School of Medicine in Baltimore and principal investigator of the multicenter trial.

"Over time, people with relapsing-remitting MS experience fewer relapses, even if they are not taking medication, but they go on to have increasing permanent disability. This study also showed that there was a beneficial effect of treatment with glatiramer acetate on neurological disability, which continued over six years when patients were regularly evaluated by their examining neurologists," he says.

[See: Johnson KP, Brooks BR, Ford CC, et al. Sustained clinical benefits of glatiramer acetate in relapsing multiple sclerosis patients observed for six years." *Multiple Sclerosis* 2000; 6:255-266.] ■

■ New Drug Updates ■

The following drugs recently received approval from the U.S. Food and Drug Administration (FDA):

✔ **Drug offers option for type 2 diabetes:** Bristol-Myers Squibb in Princeton, NJ, recently announced it has received FDA approval for Glucovance (Glyburide and Metformin HCl tablets) for use along with diet and exercise, as initial drug therapy for people with type 2

diabetes. The drug also was approved as second-line therapy for people with type 2 diabetes who are currently taking either Glucophage (metformin hydrochloride tablets) or a sulfonylurea and a regimen of diet and exercise.

Glucovance will be available in three dosing strengths, including 1.25/250 mg, 2.5/500 mg, and 5/500 mg. The drug has proven safe in clinical trials but in rare cases may cause lactic acidosis in patients with kidney problems. It is also not indicated for patients older than 80, patients taking medication for heart failure, patients with a history of liver failure, or patients who drink excessive amounts of alcohol.

✔ **Drug fights rejection in liver transplantation:** Hoffmann-LaRoche in Nutley, NJ, recently received marketing clearance from the FDA for expanded use of CellCept (mycophenolate mofetil) for the prevention of organ rejection in patients undergoing liver transplantation. CellCept had been approved for use in kidney and heart transplantation.

In a double-blind, randomized study of 565 patients receiving liver transplants, the rate of death or retransplantation for CellCept was statistically better than azathioprine at six months and similar to azathioprine at one year, 14.7% vs. 14.6%. Patients enrolled in the study received 1 g twice daily CellCept intravenously for up to 14 days followed by mycophenolate mofetil 1.5 g twice daily orally, or azathioprine 1 mg to 2 mg intravenously, followed by azathioprine 1 mg to 2 mg in combination with cyclosporine and corticosteroids as maintenance immunosuppressive therapy.

✔ **Drug treats two main causes of asthma:** The FDA recently approved the first and only asthma medication that simultaneously treats both of the underlying components of the disease: inflammation and bronchoconstriction. Advair Diskus (fluticasone propionate and salmeterol inhalation powder) developed by Glaxo Wellcome in Research Triangle Park, NC, contains an inhaled corticosteroid to reduce swelling and irritation inside the lungs' airways and an inhaled long-acting bronchodilator to help prevent tightening of the muscles that surround the airways.

The drug is indicated for long-term, twice-daily maintenance treatment of asthma in patients 12 and older. It is not indicated for the relief of acute bronchospasm. Patients take one inhalation twice daily, once in the morning and once at night, from the diskus, a breath-activated powder inhaler.

[For details on clinical trials of the drug, see: Kavuru M, Melemed J, Gross G, et al. Salmeterol and fluticasone propionate combined in a new powder inhalation device for the treatment of asthma: A randomized, double-blind, placebo-controlled trial. *J Allergy Clin Immunol* 2000; 105:1,108-1,116.]

✔ **Drug treats pediatric arthritis:** Pharmacia in Peapack, NJ, recently received FDA approval for a new indication for Azulfidine EN-tabs in the treatment of children ages six to 16 with juvenile rheumatoid arthritis involving five or more diseased joints who have failed to respond adequately to salicylates or other nonsteroidal anti-inflammatory drugs.

In a 24-week, randomized, double-blind, placebo-controlled clinical trial, Azulfidine was evaluated in children with juvenile rheumatoid arthritis. The trial showed that Azulfidine significantly reduced several clinical endpoints of joint disease, including the number and severity of swollen joints, number of active joints, and overall joint severity score compared with placebo. ■

Case Management Advisor™ (ISSN# 1053-5500), including **Resource Bank**™ and **Reports From the Field**™, is published monthly by American Health Consultants®, 3525 Piedmont Road, NE, Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodical postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to **Case Management Advisor**™, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291, (customerservice@ahcpub.com). Hours of operation: 8:30 a.m.-6 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday.

Subscription rates: U.S.A., one year (12 issues), $299. Outside U.S.A., add $30 per year, total prepaid in U.S. funds. Two to nine additional copies, $179 per year; 10 to 20 additional copies, $120 per year; for more than 20, call (800) 688-2421. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $50 each. (GST registration number R128870672.)

Editorial Questions

Questions or comments? Call **Lee Reinauer** at (404) 262-5460.

This continuing education offering is sponsored by American Health Consultants®, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. American Health Consultants® is an approved provider (#CEP10864) by the California Board of Registered Nursing for approximately 18 contact hours. American Health Consultants is approved as a provider from the Commission for Case Manager Certification for approximately 16 clock hours.

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United States Postal Service

Statement of Ownership, Management, and Circulation

1. Publication Title	2. Publication No.	3. Filing Date
Case Management Advisor	1 0 5 3 - 5 5 0 0	9/25/00
4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price
Monthly	12	$299.00

7. Complete Mailing Address of Known Office of Publication *(Not Printer) (Street, city, county, state, and ZIP+4)*
3525 Piedmont Road, Bldg. 6, Ste. 400, Atlanta,
Fulton County, GA 30305

Contact Person: Willie Redmond
Telephone: 404/262-5448

8. Complete Mailing Address of Headquarters or General Business Office of Publisher *(Not Printer)*
3525 Piedmont Road, Bldg. 6, Ste. 400, Atlanta, GA 30305

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor *(Do Not Leave Blank)*

Publisher *(Name and Complete Mailing Address)*
Don Johnston, 3525 Piedmont Road, Bldg. 6, Ste. 400, Atlanta, GA 30305

Editor *(Name and Complete Mailing Address)*
Lauren Hoffmann, same as above

Managing Editor *(Name and Complete Mailing Address)*
Lee Reinauer, same as above

10. Owner *(Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual. If the publication is published by a nonprofit organization, give its name and address.)*

Full Name	Complete Mailing Address
American Health Consultants	3525 Piedmont Road, Bldg. 6, Ste 400 Atlanta, GA 30305

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☐ None

Full Name	Complete Mailing Address
Medical Economics Data, Inc.	Five Paragon Drive Montvale, NJ 07645

12. Tax Status *(For completion by nonprofit organizations authorized to mail at nonprofit rates.) (Check one)*
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
☐ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months *(Publisher must submit explanation of change with this statement)*

PS Form **3526**, September 1998 *See instructions on Reverse)*

13. Publication Name: Case Management Advisor

14. Issue Date for Circulation Data Below: November 2000

15. Extent and Nature of Circulation			Average No. of Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
a. Total No. Copies *(Net Press Run)*			863	858
b. Paid and/or Requested Circulation	(1)	Paid/Requested Outside-County Mail Subscriptions Stated on Form 3541. *(Include advertiser's proof and exchange copies)*	675	733
	(2)	Paid In-County Subscriptions *(Include advertiser's proof and exchange copies)*	0	0
	(3)	Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution	16	16
	(4)	Other Classes Mailed Through the USPS	0	0
c. Total Paid and/or Requested Circulation *(Sum of 15b(1) and 15b(2)*			691	749
d. Free Distribution by Mail *(Samples, Complimentary and Other Free)*	(1)	Outside-County as Stated on Form 3541	0	0
	(2)	In-County as Stated on Form 3541	0	0
	(3)	Other Classes Mailed Through the USPS	0	0
e. Free Distribution Outside the Mail *(Carriers or Other Means)*			4	4
f. Total Free Distribution *(Sum of 15d and 15e)*			4	4
g. Total Distribution *(Sum of 15c and 15f)*			695	753
h. Copies Not Distributed			168	105
i. Total *(Sum of 15g, and h.*			863	858
Percent Paid and/or Requested Circulation *(15c divided by 15g times 100)*			99	99

16. Publication of Statement of Ownership
Publication required. Will be printed in the November issue of this publication. ☐ Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner: Publisher — Date: 9/25/00

Donald R. Johnston

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CE objectives

After reading this issue, continuing education participants will be able to:

1. Identify clinical, legal, legislative, regulatory, financial, and social issues relevant to case management.
2. Explain how those issues affect case managers and clients.
3. Describe practical ways to solve problems that case managers encounter in their daily case management activities. ■

Case Management ADVISOR™
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Special Report: Building a Successful CM Career

Directory of the top 12 CM credentials

When it comes to case management certification, it's not a one-size-fits-all world. You should select the certification program that best fits your personal work experience, education, and professional needs. The information in this special supplement is summarized directly from candidate handbooks supplied by the credentialing boards. For complete eligibility criteria, candidate applications, and candidate handbooks, contact the appropriate credentialing board directly.

1. Certified Case Manager (CCM)

Commission For Case Management Certification, 1835 Rohlwing Road, Suite D, Rolling Meadows, IL 60008. Telephone: (847) 818-0292. Fax: (847) 394-2108. E-mail: info@ccmcertification.org. Web site: www.ccmcertification.org.

Eligibility requirements: Candidates must:

— hold current RN licensure or acceptable licensure/certification in a field that promotes the physical, psychosocial, or vocational well-being of the persons being served;

— have 12 to 24 months of acceptable full-time case management employment.

Registration fee: $290. **Testing dates:** Twice annually in June and December.

Testing sites: Fully accessible, smoke-free test sites are arranged on the basis of the geographic distribution of candidates sitting for the examination. In order to minimize travel expenses, one examination site per state will be established where possible.

Recertification: Certification must be renewed every five years. The recertification fee is $150. Candidates must accumulate 80 hours of acceptable continuing education or retake the CCM examination to become recertified. They also must hold the underlying license or national certification that was the basis of their initial CCM certification eligibility. Candidates who choose to retake the CCM examination must pay an additional fee of $160.

Exam content outline: The one-day exam contains 300 multiple-choice questions. It covers processes and relationships, health care management, community resources and support, service delivery, psychosocial intervention, and rehabilitation case management.

Sample question: The effectiveness of case management services is evaluated most completely:

a) after the extent of the benefits coverage is determined

b) after the case is closed

c) by measuring the costs incurred by the insurer

d) by input from the client

[correct answer is b]

2. Nurse Case Manager (RN-NCM)

American Nurses' Association, American Nurses' Credentialing Center (ANCC), 600 Maryland Ave. S.W., Suite 100 W., Washington, DC 20024. Telephone: (800) 284-2378. Web site: www.ana.org/ancc.

Eligibility requirements: Candidates who currently hold a core nursing specialty certification* must:

— hold an active RN license in the United States or its territories;

— show proof of current, nationally recognized core nursing specialty certification;

— have functioned within the scope of practice for a minimum of 2,000 hours within the last two years prior to application for the exam.

(*In September 1999, the ANCC Commission on Certification confirmed that candidates with a current, nationally recognized core nursing specialty certification do not need to hold a baccalaureate or higher degree in nursing to be eligible to take modular exams. The Nurse Case Manager exam is a modular exam.)

OR

Candidates who do not hold a core nursing specialty certification must:

— hold an active RN license in the United States or its territories;

— hold a baccalaureate or higher degree in nursing (transcript showing conferral of degree must be submitted);

— have functioned as a RN for 4,000 hours (2,000 of those within the scope of practice), within the last two years prior to application for the exam.

Registration fees: Fees range from $130 to $370 depending on ANA membership status, core nursing specialty certification, and type of exam.

Testing dates: (tentative) June 30, 2001, and Oct. 6, 2001. **Testing sites:** More than 80 testing sites throughout the United States and its territories.

Recertification: Certification is valid for five years. Recertification requirements vary slightly depending on an individual's specialty. In most instances, the recertification requirements include both continuing education and retesting. Please note: the Commission on Certification is finalizing changes to the recertification rules in its 2001 handbook.

Exam content outline: The test covers the five components of the nursing case management process: assessment, planning, implementation, evaluation, and interaction.

Sample question: "A patient on crutches is ready for discharge but does not have a ride home. Which of the following modes of transportation would be most appropriate?"

3. Case Manager, Certified (CMC)

American Institute of Outcomes Case Management (AIOCM), 12519 Lambert Road, Whittier, CA 90606. Telephone: (562) 945-9990. Web site: www.aiocm.com.

Eligibility requirements:

To become certified, a candidate must be a member of AIOCM. Applicants are awarded eligibility points for education, professional experience, and education in outcomes case management in the AIOCM's standard certification process. A minimum number of points is required in all three categories for entrance to the examination. When applicants have had significant outcomes case management experience but do not meet the eligibility points under the standard procedure, they may submit a portfolio of their education, experience, and relevant training for review, accompanied by a personal statement and at least one reference from an AIOCM CMC. Upon favorable review of the portfolio, the applicant will be eligible to sit for the examination.

Registration fee: $200 ($50 application fee, $75 AIOCM membership fee, and $75 examination fee).

Testing dates: As arranged. **Testing sites:** Various sites throughout the United States.

Recertification: Certification is valid for two years. Recertification fees are $50. Recertification requirements include:

— membership in good standing with AIOCM;

— seven continuing education points during the two-year recertification interval;

— letter acknowledging the AIOCM code of ethics and agreeing to abide by the AIOCM code of ethics.

Additional information: The AIOCM is not affiliated with the National Academy of Certified Care Managers (NACCM) in Colchester, CT, whose certified professionals also use the abbreviation "CMC."

Exam content outline: The two-hour examination covers knowledge in outcomes case management, business, finance, management, critical thinking capabilities, and other relevant areas of outcomes case management.

4. Certified Professional in Healthcare Quality (CPHQ)

Healthcare Quality Certification Board of the National Association for Healthcare Quality (NAHQ), P.O. Box 1880, San Gabriel, CA 91778. Telephone: (626) 286-8074. Fax: (626) 286-9415. Web site: www.cphq-hqcb.org.

Eligibility requirements: Criteria for eligibility cover both education and experience. Candidates must meet BOTH the minimum education and experience requirements to register for the examination. If one but not both of the requirements below is met, preapplication review of eligibility may be appropriate. If candidates wish to request equivalency review, they should request the candidate hand book for further details as soon as possible. Deadline for submission of equivalency materials is 90 days prior to the exam date.

Education criteria include:

— associate, baccalaureate, final, master's, or doctoral college degree in any field, or RN license or license in practical nursing (LVN or LPN), or accreditation in medical records technology (Registered Health Information Technician [RHIT] or Registered Health Information Administrator [RHIA]).

Experience requirements include:

— minimum of two years full-time experience or its part-time equivalent (4,160 hours) in quality improvement, quality management, case management, care management, disease management, utilization management, and/or risk management activities within the last five years by the date of the examination.

Registration fees: The "early-bird" exam fee is $300 for applications postmarked by June 30, 2001. NAHQ members who meet the "early-bird" deadline may pay the special NAHQ member fee of $235. For applications postmarked after June 30 but not later than the Aug. 31, 2001, deadline, the fee is $350. NAHQ members may take advantage of the $285 special NAHQ member fee. The Healthcare Quality Certification Board also extends the lower NAHQ-member exam fee to candidates who are members of national health care quality societies outside the United States that have formally affiliated with NAHQ.

Testing date: The date of the next exam is Nov 10, 2001. Non-Saturday testing for those with specific religious restrictions is available in some locations. **Testing sites:** Exams are administered at colleges and universities in more than 45 locations nationally and internationally. Specific information about the test site is included on the admission ticket. Candidates living more than 400 miles from a testing site may request a special testing site for an additional nonrefundable fee of $300.

Additional information: The Healthcare Quality Certification Board has issued a position statement that says, "Although the largest percentage of the CPHQ examination assesses knowledge of quality management, it also covers the important elements of case/care/disease, utilization, and risk management as well as data management and general management skills."

Exam content outline: The CPHQ examination is based on an international survey of QM professionals. Each of the following four categories is covered in the exam questions: management and leadership; information management; education, training, and communication; performance measurement and improvement.

Sample question: Which of the following processes is most cost-effective in preventing unnecessary resource consumption in the hospital?

5. Case Management Administrator, Certified (CMAC)

The Center for Case Management, 6 Pleasant St., South Natick, MA 01760. Telephone: (508) 651-2600. Fax: (508) 655-0858.

Eligibility requirements: Candidates must meet one of the following five criteria:

— master's degree and one year experience in case management administration;

— master's degree and three years experience as a case manager;

— bachelor's degree and three years experience in case management administration;

— bachelor's degree and five years experience as a case manager;

— one of the following active case manager certifications accepted as entry into the CMAC exam: A-CCC, CRRN, CCM, CDMS. Evidence of certification must be supplied upon application.

Additional information: According to Robyn Ripley, director of consulting support at the Center for Case Management, certifying at the administrative level is not only unique, but very important because "the skills required at [that] level go across the definitions of case management." She explains, "We had a lot of feedback from people who said, 'I don't have a BA, but I'm certified, and I've been doing case management administration for a number of years.' And so we broadened our eligibility. We looked at several certifications which met our criteria, and we're actively reviewing that every six months and adding certifications that [are appropriate]."

Registration fee: $300.

Testing dates: April 28 and Oct. 20, 2001. Sunday testing for those with specific religious restrictions only is available upon written request. Requests must be received eight weeks before the test date. **Testing sites:** More than 15 states have testing centers. Candidates living more than 500 miles from an established

testing center may request special arrangements for an additional $100 fee.

Recertification: Certification is valid for five years. To recertify, candidates must retake and pass the CMAC exam.

Definition of case management administration practice: Case management administrators supervise employees who perform the following role functions, or, if applying as an experienced case manager, perform at least eight of the following functions on a daily basis:

— case finding;
— comprehensive assessment of client situation;
— evaluation and coordination of plan of care;
— matching client resources to client need;
— monitoring delivery of service;
— critical thinking, appropriate prioritization, and time management;
— measurement and evaluation of financial, clinical, functional, and satisfaction outcomes;
— accountability for financial, clinical, function and satisfaction outcomes;
— effective leadership displayed in performance of current role;
— effective communication;
— evaluation of and response to learning needs of clients, clinicians, and community.

Exam content outline: The exam covers the following seven domains: identification of at-risk populations; assessment of clinical system components; development of strategies to manage at-risk populations; assessment of organizational culture; market assessment and strategic planning; human resource management; and outcomes measurement, monitoring, and management.

Sample question: Case managers provide a source of data on the adequacy of continuum resources for specific patient populations based on which of the following?

6. Continuity of Care Certification, Advanced (A-CCC)

National Board for Certification in Continuing of Care (NBCCC), 241 Dunlap Court, Jacksonville, IL 62650. Telephone: (877) 661-0066. E-mail: hss2@csj.net. Web site: www.nbccc.org. The test is administered for NBCCC by The Professional Testing Corporation (PTC), 638 Broadway, 17th Floor, NY, NY 10018. Telephone: (212) 356-0660. E-mail: ptcny@ptcny.com. Web site: www.ptcny.com. Case managers may request an application and guidebook on-line through the PTC Web site.

Eligibility criteria:

— a baccalaureate degree or higher and two years of full-time experience in continuity of care within the last five years (or equivalent part-time experience within the last five years);
— verification of employment is required.

OR

— candidates without a baccalaureate degree must verify eight years of full-time experience in continuity of care within the last 12 years;
— verification of employment and verification that job responsibilities include continuity of care functions;
— a copy of the candidate's current job description must be submitted with the application.

Registration fee: $300.

Testing dates: May 5 and Nov. 10, 2001. **Testing sites:** Multiple sites available nationwide in 11 states. In addition, special testing centers can be requested for candidates who live more than 500 miles from the nearest testing site. There is a $100 fee for special testing sites.

Recertification: Certification is valid for five years from the date of initial certification. To achieve recertification, a candidate must:

— provide documented evidence of at least 50 contact hours of continuing education related to continuity of care within the five-year certification period;

OR

— retake and successfully pass the certification examination.

Both options require payment of a recertification fee.

Exam content outline: The test covers the continuity of care process, health care delivery systems, professional issues, standards, reimbursement, regulation and legal issues, and clinical issues.

Sample question: Implementation is the phase of continuity of care in which:

a) agreed-upon plans are put into place and managed
b) the patient's needs are assessed

c) the requested services are reviewed
d) the initial plan is evaluated by the physician

[correct answer is a]

7. Certified Disability Management Specialist (CDMS)

Certification of Disability Management Specialists Commission, 1835 Rohlwing Road, Suite E, Rolling Meadows, IL 60008. Telephone: (847) 394-2106. Fax: (847) 394-2171. E-mail: info@cdms.org. Web site: www.cdms.org.

Eligibility criteria:

Candidates must meet one of the following five criteria:

— master's degree in rehabilitation counseling with 600 clock hours of certified supervision by a CDMS or CRC (certified rehabilitation counselor);

— certification as a CRC and 12 months of acceptable supervised experience;

— license as an RN with 24 months of acceptable experience (12 of the 24 months must be under direct supervision);

— bachelor's or master's degree and license with 12 to 24 months of acceptable experience (12 of the 24 months must be under direct supervision);

— bachelor's degree (or higher), acceptable course work, and 36 months of acceptable experience (12 of the 36 months must be under direct supervision).

Registration fee: $290.

Testing dates: Twice annually in April and October. **Testing sites:** Fully accessible, smoke-free test sites are arranged on the basis of the geographic distribution of the candidates sitting for the examination. In order to minimize travel expenses, one examination site per state will be established where possible.

Recertification: Certification must be renewed every five years. Candidates must accumulate 80 hours of acceptable continuing education, four of which must be in the area of ethics, or retake the CDMS examination. The recertification fee is $150. Candidates choosing to retake the exam pay an additional $160.

Exam content outline: The one-day exam contains 300 multiple-choice questions. It covers disability case management, psychosocial intervention, vocational aspects of disability, managed care and disability management concepts, and business knowledge related to disability management.

Sample question: An employee becomes totally incapacitated for work beyond the day on which the injury was sustained but is subsequently able to return to work without permanent impairment. Under the workers' compensation system, this type of disability is classified as:

a) permanent-total disability
b) temporary-total disability
c) temporary-permanent disability
d) permanent-partial disability

[correct answer is b]

8. Certified Rehabilitation Registered Nurse (CRRN)

Rehabilitation Nursing Certification Board, 4700 W. Lake Ave., Glenview, IL 60025-1485. Telephone: (800) 229-7530. Web site: www.rehabnurse.org.

Eligibility criteria:

— a current unrestricted RN license;

— at least two years of practice as a registered professional nurse in rehabilitation nursing.

OR

— at least one year of practice as a registered professional nurse in rehabilitation nursing and one year of advanced study beyond a baccalaureate in nursing;

— all candidates must provide verification of rehabilitation nursing experience by two professional colleagues, one of whom is a CRRN, or the candidates' immediate supervisor;

In addition, as of Dec. 1, 2000, candidates also must have:

— completed by the examination date a formal course in the core content of rehabilitation nursing of at least one semester hour or 1½ quarter hours for a total of 15 classroom hours;

OR

— completed at least 15 contact hours in the core content of rehabilitation nursing as approved by a body accredited to do so by the American Nurses Credentialing Center in Washington, DC.

Registration fees: $195 for Association of Rehabilitation Nurses (ARN) members, $285 for nonmembers.

Testing dates: Twice annually in June and December. **Testing sites:** Multiple testing sites nationwide and at the ARN national conference.

Recertification: Certification must be renewed every five years. The CRRN credential may be renewed by either passing the CRRN examination within one year prior to the certification expiration date or submitting a renewal application to renew by 60 points of credit by the established deadline.

Exam content outline: The exam covers the following four domains: functional health patterns; rehabilitation and rehabilitation nursing models and theories; the rehabilitation team and community re-entry; legislative, economic, ethical, and legal issues in rehabilitation nursing.

Sample question: The most crucial measure for the prevention of pressure ulcers is:

a) ensuring adequate diet
b) using systemic antibiotics
c) routinely relieving pressure
d) preventing bowel and bladder incontinence

[correct answer is c]

9. Certified Social Work Case Manager (CSWCM)

National Association of Social Workers (NASW) Credentialing Center, Attention: Specialty Certifications, 750 First St. N.E., Suite 700, Washington, DC 20002. Telephone: (800) 638-8799, ext. 409. E-mail: credentialing@naswdc.org. Web site: www.naswdc.org.

Eligibility criteria:

— active NASW membership in good standing;

— bachelor's in social work (BSW) degree from a Council on Social Work Education (CSWE) accredited institution;

— one year (1,500 hours) paid, post-BSW, supervised work experience;

— one of the following: NASW ACBSW credential, current state BSW-level licensure, if applicable, or passing score on the AASSWB basic exam;

— 1,500 hours paid, post-BSW, supervised experience as a case manager, case management being the primary job function (hours cannot be accumulated in less than one year or more than five years);

— knowledge of the seven core functions of social work case management (engagement, assessment, planning, implementation/coordination, advocacy, reassessment/evaluation, and disengagement);

— one hour supervision for every 15 hours direct client-level case management tasks;

— supervision must be by a BSW with five years or more experience or an MSW with two years of more experience;

— a reference from a BSW- or MSW-level supervisor;

— a reference from one colleague (preferably a social worker).

Registration fee: $100. (This is an introductory fee and may be raised when the board meets in December.)

Testing dates/testing sites/exam content: Not applicable. There is no examination. Certification is earned by meeting the eligibility requirements and upon review of the candidate's references.

Recertification: Certification must be renewed every two years. Candidates must complete 20 contact hours of approved continuing education. In addition, candidates must state to which of the seven core functions listed above the training applies. Candidates also must agree to adhere to the NASW Code of Ethics and the NASW standards for social work case management and are subject to the NASW adjudication process.

10. Certified Managed Care Nurse (CMCN)

American Board of Managed Care Nursing (ABMCN), 4435 Waterfront Drive, Suite 101, Glen Allen, VA 23060. Telephone: (804) 527-1905. Fax: (804) 747-5316. Web site: www.abmcn.org.

Eligibility criteria:

— RN license or LPN license or a current license to practice nursing in any American state, territory, or protectorate;

— completion of the prescribed curriculum of the ABMCN.

OR

— an affidavit that attests to completion of equivalent course work taken elsewhere.

Registration fee: $225.

Testing dates: As arranged with the candidate's local Sylvan Technology Center. **Testing sites:** Any

Sylvan Technology Center at more than 300 locations throughout North America.

Recertification: Information unavailable.

Exam content outline: The exam includes roughly 150 multiple-choice questions focusing on the vocabulary, concepts, and application of managed care in the health care delivery system. Most candidates complete the exam in three hours.

Sample question: The primary purpose of a workers' compensation program is to:

a) provide sure, prompt, and reasonable income and medical benefits to insured workers, regardless of fault

b) protect the employer against frivolous lawsuits

c) assure the injured worker access to the legal system

d) help establish a network of rehabilitation providers

[correct answer is c]

11. Certified Occupational Health Nurse/Case Manager (COHN/CM)

American Board for Occupational Health Nurses, 201 E. Ogden Ave., Suite 114, Hinsdale, IL 60521-3652. Telephone: (630) 789-5799 Fax: (630) 789-8901. Web site: www.abohn.org.

Eligibility criteria:

— current active status as a COHN;

— current licensure as an RN or its international equivalent;

— 10 documented hours of case management continuing education in the five years prior to application.

Registration fee: $185, application and exam fee.

Testing dates: April 21, 2001, and Oct. 13, 2001. **Testing sites:** More than 35 sites nationwide.

Recertification: Certification must be renewed every five years. There is a $100 recertification fee.

Exam content outline: Many of the multiple-choice questions on the ABOHN case management examination are written in "case sets." Case sets of test questions are groups of items pertaining to a single patient or situation. The case begins with an introductory paragraph, and several questions are usually asked about the initial situation. Then additional information is supplied, as time passes or healing or a complication occurs, and more questions are asked. Case sets lend themselves to clinical situations.

Sample question: Mr. David Johnson, who has diabetes mellitus (type 2), is a housekeeper in a hospital. He reports to the employee health unit complaining of a painful swollen knee that limits his ability to perform his duties. Mr. Johnson states that he fell while on duty about one week ago.

At this time, which of these actions should the nurse case manager take?

a) wrap the knee and have him return to work

b) record the injury on the OSHA 200 log

c) ask him to describe how the injury occurred

d) discuss a temporary work modification for him with his supervisor

[correct answer is c]

12. Care Manager Certified (CMC)

National Academy of Certified Care Managers, P.O. Box 669, 244 Upton Road, Colchester, CT 06415-0669 Telephone: (800) 962-2260 Fax: (860) 537-8288. Web site: www.home.earthlink.net/~rogergoodman/naccm/naccm.html.

Eligibility criteria:

Candidates must meet one of the following three criteria:

— a minimum of two years of supervised, paid, full-time care management experience that includes face-to-face interviewing, assessment, care planning, problem solving and follow-up. This experience must be subsequent to obtaining a master's degree in a field related to care management (social work, nursing, counseling, gerontology, or psychology).

OR

— a minimum of four years of paid, full-time direct experience with clients in fields such as social work, nursing, mental health, counseling or care management, two years of which must be supervised, paid, full-time care management experience that includes face-to-face interaction as described above. This experience must be subsequent to obtaining a bachelor's degree in a field related to care management (social work, nursing, counseling, mental health, psychology, or gerontology).

OR

— a minimum of six years of paid, full-time, direct experience with clients in fields such as social work, nursing, mental health, counseling or care management, two years of which must be supervised, paid,

full-time care management experience as described above. This experience must be subsequent to obtaining a minimum of a high school diploma or any degree unrelated to the field of care management.

Registration fee: $225; additional $20 for candidate handbook and application forms (required); $20 for reprocessing of incomplete or incorrect applications.

Testing dates: As arranged with local Sylvan Technology Center. **Testing sites:** More than 300 Sylvan Technology Centers in North America.

Recertification: Certification must be renewed every three years. Recertification fee is $150. Candidates must provide proof of 45 contact hours of continuing education over three years.

Exam content outline: The exam includes 200 multiple-choice questions. It covers five major domains: assessment; establishing goals and a plan of care; coordinating and linking formal and informal resources to meet goals and implement plan of care; managing and monitoring ongoing provision and need for care; legal and ethical issues.

Sample question: A consumer living in supervised housing becomes psychologically unstable and is returned to a local mental hospital. What is the appropriate procedure to follow during the consumer's hospitalization?

More credentials of interest

Depending on your practice setting and background, there are several other certifications you may want to research. Those include:

❑ **Certified Professional Utilization Review (CPUR).**

This certification is geared toward utilization managers. For more information on this credential, contact McKesson HBOC, Interqual Products Group, 293 Boston Post Road W., Suite 180, West Marbourough, MA 01752. Telephone: (800) 582-1738. Fax: (508) 481-2393. E-mail: iq@interqual.com. Web site: www.interqual.com.

❑ **Certified Rehabilitation Counselor (CRC).**

This certification is for rehabilitation counselors. For more information, contact Commission on Rehabilitation Counselor Certification, 1835 Rohlwing Road, Suite E, Rolling Meadows, IL 60008. Telephone: (847) 394-2104. Web site: www.crccertification.org.

❑ **Certified Healthcare Management Professional (CHMP).**

This certification is designed for frontline managers in health care organizations. For more information, call the American Institute of Healthcare Management at (888) 799-2446. E-mail: chmp@aihm.org. Web site: www.aihm.org.

❑ **Certified Brain Injury Specialist (CBIS).**

This certification is for direct care staff, nurses and case managers, and health care organization directors who work with brain-injured clients. For more information, contact the American Academy for the Certification of Brain Injury Specialists (AACBIS), Brain Injury Association, 1776 Massachusetts Ave. N.W., Suite 100, Washington, DC 20036. Telephone: (202) 296-6443.

Resource Bank™

A monthly compilation of news you can use from *Case Management Advisor*

Add care for the dying to your continuum toolbox

Guide offers quick fixes for end-of-life care

Too often, dying patients suffer unwarranted pain, run a high risk for unwanted procedures, and endure unreliable care systems, according to RAND's Center to Improve Care of the Dying. Case managers who want to provide more support for patients at the end of life will find useful guidance in the book *Improving Care for the End of Life: A Sourcebook for Health Care Managers and Clinicians*.

The book chronicles the experiences of 47 health care organizations that participated in a collaborative project on improving end-of-life care co-sponsored by the Center to Improve Care of the Dying and the Institute for Healthcare Improvement in Boston. The participating groups aimed for rapid-cycle improvements in four key areas: advance care planning, continuity of care, pain and symptom management, and support for families and loved ones.

"Every group that set out to accomplish something and stayed at it for a few months did accomplish real change: They showed dramatic improvements over what they had done before," says **Joanne Lynn**, MD, director of the center and sourcebook co-author.

The sourcebook shows readers how to apply changes in care patterns to their own practice settings. Topics include:

- strategies that any clinician or manager of a health care organization can implement immediately to start improving end-of-life care;
- how to use rapid-cycle quality improvement methods to get things done;
- examples of measurement strategies that demonstrate improvement;
- targeted information about Alzheimer's, depression, cancer, and heart and lung disease;
- how to change public policy, understand complex financing structures, and develop management information systems.

Ordering information and excerpts from the sourcebook can be found on-line at www.medicaring.org/refer. The sourcebook costs $35, which includes shipping and handling. ▼

Company offers low-cost ostomy products

A line of generic equivalent, low-cost ostomy products recently was introduced into the marketplace by St. Petersburg, FL-based EquivaCare. The two-piece ostomy system is called Symphasis.

"Currently, there is no generic ostomy product of this kind on the market, and it's sorely needed for both patients and medical suppliers," says **Karen McKenzie**, marketing manager for EquivaCare. "These products have been designed and manufactured with one main objective: to make a high-quality product affordable to the patients that use it."

EquivaCare claims the product is priced below what Medicare typically allows for savings of up to 20%. The two-piece system consists of an adhesive wafer and a pouch that attaches to the wafer with the "touch of a finger" by way of a flexible flange, notes McKenzie.

For more information or to order, visit the company's Web site at www.equivacare.com. ▼

Joint Commission offers custom education

Pain management, patient safety available

Joint Commission Resources (JCR) in Oakbrook Terrace, IL, recently announced the addition of two custom education programs focusing on the topics of patient safety and pain management — two areas in the forefront of major national efforts to improve health care quality.

The new programs were developed in response

Shepherd Center conference

The First Annual Conference on Care for Catastrophic Injury and Illness: Creating Hope for Patient Progress will be held March 3, 2001, at the Swissotel Atlanta. Sponsored by Shepherd Center in Atlanta and accredited for continuing medical education by the Medical Association of Georgia. Topics include innovations in basic science of neuroprotection and neuroregeneration in brain and spinal cord injury; new theories in epidemiology and prevention of a range of catastrophic injuries, including falls; and social science and policy trends in employer management of catastrophic injury and illness. Call (888) 408-5698 or e-mail shepheredconf@envisioncomm.net. ■

to client requests and are designed to help health care organizations improve services and meet accreditation requirements.

JCR trainers conduct the one- or two-day programs at the client's facility and custom design them to meet each organization's unique educational requirements, without the costs associated with staff travel and time away.

For more information on custom education programs, call JCR at (630) 268-7400 or visit the JCR Web site at www.jcrinc.com. ▼

Four new video releases will touch heartstrings

Fanlight Productions in Boston recently released four videos that put a human face on the treatment of disease. To order any of the films detailed here, contact Fanlight Productions, 4196 Washington St., Suite 2, Boston, MA 02131. Telephone: (800) 937-4113. Web site: www.fanlight.com. The new video titles are:

• **"Cancer Treatment."** This 28-minute video follows several patients through chemotherapy or radiation treatments, explaining how they work and their side effects, as well as the emotional ups and downs that all patients experience. Patients with Hodgkin's disease and breast, lung, prostate, and ovarian cancers are shown in treatment. The patients talk about how they have managed to incorporate treatment into their daily lives. The video includes both medical and nontraditional approaches and stresses the vitally important role of friends, family, and support groups.

Order No. DD-304. Cost: $89 to purchase, or rent for $50/day.

• **"Hepatitis C: A Viral Mystery."** This video discusses medical treatments available for hepatitis C through the life stories of patients who have chosen different options, including alternative therapies such as herbal therapies, meditation, and guided imagery. The 30-minute video also features three patients who have chosen treatment with interferon or a combination of interferon and ribavarin with varying degrees of success.

Order No. DD-308. Cost: $195, or rent for $50/day.

• **"Sickle Cell Disease: The Faces of Our Children."** This 14-minute video documents the lives of young people who appear healthy yet live with the daily threat of excruciating pain and hospitalization. The program examines the devastating impact of sickle cell disease on these children and their families and caregivers.

Order No. DD-305. Cost: $145, or rent for $50/day.

• **"Soft Smoke: AIDS in the Rural West."** This 28-minute video follows a man named Roy, who works for the Colorado Health Department's Partner Notification Program, as he travels the back roads to give people the unwelcome news that they may have been exposed to AIDS. Roy believes low self-esteem is the key factor behind the risky behaviors that expose so many of his clients to the deadly virus, and he notes that for every person diagnosed with HIV, there are three others who don't yet know they're infected. The film also retells the stories of small town residents, their reactions, and the reactions of their friends when they found out they were HIV-positive. The film carries a strong prevention message.

Order No. DD-301. Cost: $195, or rent for $50/day. ■

Send us *Resource Bank* items

If you have a new resource, conference, or seminar of interest to other case managers, send items for publication to: Lauren Hoffmann, Editor, *Case Management Advisor,* P.O. Box 740056, Atlanta, GA 30374. Telephone: (770) 955-9252. Information on conferences and seminars must be received at least 12 weeks before the event to meet publication deadlines. ■