Case Management ADVISOR™
Covering Case Management Across The Entire Care Continuum

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IN THIS ISSUE

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JUNE 2009
VOL. 20, NO. 6 • (pages 61-72)

Mentorship program helps new staff learn their CM or SW duties

Team leaders assist staff in working as efficiently as possible

When new staff join the case management team at the Hospital of the University of Pennsylvania, they are trained by a team leader who works with them side by side and mentors them as they begin their new duties.

"Our team leaders have done a tremendous job of training and supporting new staff as they come on board and supporting the seasoned staff members so they can work as efficiently as possible," says **Kathy Rickard**, RN, BSN, MBA, associate director, clinical resource management and social work at the quaternary care academic medical center in Philadelphia.

The hospital has two full-time RN team leaders and another RN who has a dual role of team lead and appeals and denials coordinator. There also are two social worker team leads. The full-time team leaders oversee between 15 and 17 clinical resource coordinators or social workers.

The team leaders are assigned geographically with the exception of **Diane Limbert**, RN, whose job includes denials management and who supervises seven part-time employees who work regular shifts but fill in wherever they are needed.

At the Hospital of the University of Pennsylvania, care is coordinated by RNs, called clinical resource coordinators, who perform the clinical reviews, facilitate discharge plans to home, and team with the social workers for placements to other levels of care. The social workers offer psycho-social counseling and help families with financial issues.

The department has a separate clinical documentation integrity program staffed by RNs who have primary responsibility for the clinical documentation review.

The clinical resource coordinators work closely with the clinical documentation nurses and encourage the medical staff and nurse practitioners to document appropriately to ensure that patients meet the criteria for severity of illness and intensity of services and to assure that the

hospital receives appropriate reimbursement, she says.

The caseloads of the clinical resource coordinators vary with the area they cover, but they each average about 22 patients.

The mentorship program helps nurses and social workers meet the challenges of a demanding job, Rickard says.

"Today's patients require more and more preparation for discharge than ever before. It's a balancing act to make sure the patients leave the facility with appropriate follow-up care and that they are informed about how to take care of themselves after discharge. It's a big change from bedside nursing or social work in another setting, because in addition to patient care, the staff must have a business focus," she adds.

When new employees complete their central orientation, the team leaders start the training process by sitting down with them and giving them a global picture of how the department operates and what their duties will be, says **Barbara Leone**, BA, RN, CRRN, clinical resource coordinator team leader.

The team leaders use an orientation program recently developed by the clinical resource management and social work members of the hospital's shared governance committee. Orientation for the clinical resource coordinator role takes about four weeks to complete.

The team leaders and staff preceptors work one on one with the new clinical resource coordinators as they learn their new role.

'Like an apprenticeship'

"It's like an apprenticeship. We introduce them to their assigned unit and give them hands-on experience. Our goal is to familiarize them with their patient population, but first and foremost to introduce them to the people they will be working with within the unit," Leone says.

The team leaders also educate the new staff about the discharge planning resources in the community and what the various payer sources will cover.

"With the advent of Medicare D, it's more complex and complicated to determine what coverage patients do or don't have," Rickard adds.

Learning the hospital's computer systems and how they interface is a major portion of the training program, Leone adds.

"It takes a while to learn how to integrate the multiple computer programs we use to get our hospital paid and to safely move patients on to the next step in the continuum of care. It's a huge effort. We break it into chunks so they can assimilate each part," Leone says.

The orientation program includes competencies for the staff to complete as they learn.

"As we go through the training process, we can back them up or move them forward according to how they perform on the competencies," Limbert says.

The orientation program for the part-time clinical resource coordinators may take longer than four weeks because most can't be available to train five days a week, Limbert says.

Case Management Advisor™ (ISSN# 1053-5500), is published monthly by AHC Media LLC, 3525 Piedmont Road N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

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@ahcmedia.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), $399. Add $17.95 for shipping & handling. Outside U.S.A., add $30 per year, total prepaid in U.S. funds. For approximately 15 CE nursing contact hours, $449. Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at 404-262-5482. 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 $67 each. (GST registration number R128870672.)

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This activity has been approved for 15 nursing contact hours using a 60-minute contact hour.

Provider approved by the California Board of Registered Nursing, Provider # 14749, for 15 Contact Hours.

This activity has been approved by the Commission for Case Manager Certification for 18 clock hours.

This activity is valid 24 months from the date of publication.

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"The part-time CRCs have an additional challenge because they may be on a surgical floor one day and a med-surg floor the next. The clinical resource coordinators have developed unit-specific tools that can be used to guide them through the day-to-day operations of each unit," Limbert says.

The hospital's clinical resource coordinators are a mixture of floor nurses who have transferred from within the hospital and case managers from other organizations, such as long-term care facilities, managed care companies, or other settings.

Nurses who come from within the hospital system know the culture of the hospital and how things work, and although they still have to learn the complicated case management computer system, they may have an easier transition, Leone points out.

"I try to encourage the nurses not to expect too much of themselves for the first six months. This is a complex role that incorporates utilization review and discharge planning, and it seems like both take eight hours a day," she says.

The team leaders work with the seasoned staff to help them learn to "work smarter. Our staff are also involved in improving employee satisfaction and departmental performance through shared governance initiatives," Rickard says.

"The team leaders observe the staff and objectively look at how they are doing things. The seasoned staff members may have to change things they've been doing for 10 or 25 years to keep up with the new requirements from payers and to participate in hospital initiatives. We are always looking at ways to improve performance, and the team leaders are instrumental in helping us with this," she says.

The department uses a computer-based tool to generate a quality review report for each employee each month. The information is compiled and used for employees' annual performance review, says **Kathryn Tigani**, BSN, RN, clinical resource coordinator team leader.

The team leaders use the information on the monthly reports as training tools to ensure that all employees are meeting guidelines and performing their duties correctly. When there are deficits, the team leaders work one on one with the clinical resource coordinators to improve their performance.

Having objective data helps the management team determine each staff member's performance level and identify staff members who need help in meeting their performance goals, Rickard says.

"We pick up on trends and deficiencies and may create a learning plan for an employee or shadow them again to make sure they overcome the deficits. We pay particular attention to those who have recently finished orientation, but the mentoring is ongoing for all staff," Leone adds.

The department uses its data to determine the optimal caseloads for each unit and in monthly quality reviews of staff.

"The performance data help us to assign caseloads by acuity and make it possible to level the playing field for case managers who work on various units. Numbers don't always tell the entire story. Patients on some units have much more complex needs than others. We use our data to help make sure the caseloads are balanced," she says.

The team leaders support the staff on a day-to-day basis, filling in when needed and helping them become an integral part of the interdisciplinary team, Tigani says.

"As team leaders, we are front-line managers on the floors, and we work with the clinical resource coordinators on our team to help them whenever necessary. They can come to us for help problem solving, and we work with them if they are going to a new area or opening up a new floor. We're there on a daily basis to be their mentor," she adds.

The team leaders keep the clinical resource coordinators up to date with changes in regulations and requirements from the Centers for Medicare & Medicaid Services and other payers as well as new information within the department or the hospital. The teams are notified by e-mail, through team meetings, and monthly staff meetings. The entire clinical resource department has a weekly clinical high-risk meeting to discuss difficult cases. ■

Lifestyle program helps with smoking, stress

Coaches help members identify negative triggers

In addition to providing case management and disease management programs to help members manage their chronic conditions, CIGNA Health Care has developed a Lifestyle Management Program that helps people at risk for a chronic

disease avoid developing the condition.

"We truly believe that staying healthy is necessary to reduce medical cost trends. Anytime we can improve the health of someone who is at risk for a chronic disease before they become a high-cost claimant, it's a win-win situation for the individual as well as the employer plan," says **Laurie Gondek**, vice president of health advocacy products, who oversees the lifestyle coaching and disease management components of the Bloomfield, CT-based health plan.

CIGNA offers three primary lifestyle coaching programs — CIGNA's Quit Today tobacco cessation program, Strength and Resilience stress management program, and Healthy Steps to Weight Loss.

"When we analyzed our health risk assessments, we found that these areas are the top drivers that when unmanaged can move individuals into acute or chronic situations," she says.

For instance, the health plan has determined that if it can persuade a member to quit smoking, it will result in an annual savings on health expenditures of $1,623.

"When people are overweight, they are subject to diabetes and cardiac issues, which are very expensive to treat. Stress can create a profound impact on any illness. That's why our programs have a strong behavioral component to address the whole person and the stress behind his or her situation," Gondek says.

All of the programs have both a telephonic and an online component.

"We recognize that a great number of people at risk prefer to engage online and we offer the telephonic program for those who prefer a more personal approach," she says.

The health plan's health education coordinators work closely with employers to come up with wellness and health improvement plans based on the risk of their employees. Some employers put incentives in place to promote individuals to take a health risk assessment or to take actions that reduce their health risks.

"We identify the people who are eligible for the program from the health risk assessment and claims and laboratory data. Many people self-refer themselves to the program when they decide they would like to quit smoking, lose weight, or learn to manage their stress," Gondek says.

When members sign up for the program, the coaches access claims utilization and use that as well as the health risk assessment responses to come up with a plan.

"They work with them on the changes they most want to make and help them develop a way to manage their health. Our goal is to help people who are at risk stay healthy and prevent future health care costs," she says.

The coaching program typically takes about 12 weeks.

"Some individuals want to talk to the health coach frequently in the beginning and then have weekly conversations. Based on how they are following their plan and their personal preference, the health coach can ramp the services up or down," she says.

Health coaches are available by telephone 24 hours a day, seven days a week, even if the member has a question or concern outside the regularly scheduled coaching call.

"The health coaches frequently get calls from people in the Quit Today tobacco cessation program on weekends or late in the evenings when they are experiencing a temptation to smoke. Members have regularly scheduled calls but can call in at any time," she says.

The health coaches are cross trained to work with people who want help in all three areas.

"Sometimes there are individuals who tried to quit smoking and experienced stress and weight gain. Many individuals need some of the elements of all three programs," she says.

Members typically work with the same health coach throughout the program, except for the after-hours calls.

The program is tied closely to CIGNA's behavioral, disease management, and case management programs, which work with individuals who are at higher risk. If the Lifestyle Management coaches determine that participants need more intense care coordination, they can refer them to another program.

Like other participants in coaching and disease management programs, people participating in the Lifestyle Management Program are screened for depression.

"If they screen high for depression, we can seamlessly integrate them into the new behavioral employee assistance plan [EAP] disease management programs, which address the needs of individuals who are more acute. The stress program has a strong referral rate into the depression disease management program where members can receive more intensive coaching to help them handle their problems," she says.

A portion of members who enroll in the

tobacco cessation program have a substance abuse problem as well. The health coach can refer them into a program that will get them help for their addiction.

Members in the weight loss program must be cleared by their physician in order to participate and need to lose a moderate amount of weight.

People who need to lose a larger amount of weight are enrolled in the health plan's case management program. If they are morbidly obese and are looking at the possibility of bariatric surgery, they are referred to the high-risk case management program.

"Our program teaches the coaches to meet individuals where they are. They learn to interview the individual and to make sure we understand any behavioral issues so we can effectively help them change their lifestyles," Gondek says.

For example, a 65-year-old man who had been smoking for many years was not feeling well and wanted to get well enough to be able to travel to see his new granddaughter. The coach worked with him on how he could reduce his smoking and finally eliminate it over a three-week period.

The coaches work with the overweight members to set a weight loss goal and work with them on strategies to meet the goal.

The coaches talk about the behavior of eating as well as the volume that people eat. Participants receive a workbook that helps them identify situations that trigger their eating. They also receive a portion plate, a tape measure, and a pedometer.

The portion plate has designs that demonstrate the size or portions. For instance, a serving of meat is equal to a deck of cards; a medium potato is the size of a computer mouse.

"Many people don't know what the size of a serving is. The plate indicates that half should be fruits and vegetables, a quarter grains, and a quarter meat or protein," she adds.

"It helps people succeed when they have someone they are accountable to. The health coaches help motivate them to keep dieting and exercising. They're not here to scold them; they're there to help the individuals determine what circumstances might have prevented them from following their plan," she says.

Identifying triggers

When someone enrolls in the stress management portion of the program, the health coach asks them to list the things that are driving stress.

"The coaches help the participants identify triggers for stress and develop strategies to deal with them. Many times, stressed individuals also have problems sleeping, which compounds the stress," she says.

Participants in the stress management program report positive outcomes in other aspects of their lives as well, Gondek says.

"Stress has a strong productivity piece to it. About half of the people who have taken the stress program report an overall health improvement status. They also say they're more productive at work and even in their personal lives," she says. ■

Medicaid plan focuses on HEDIS measures

Quality is a year-round focus by every employee

At Health Plan of Michigan, every employee is trained on the importance of HEDIS measures, and the health plan offers incentives to employees, physicians, and patients based on performance on the quality improvement measures.

The emphasis on HEDIS has paid off. Health Plan of Michigan has been ranked in the top 10 Medicaid health plans in the country by *U.S. News*/National Committee for Quality Assurance (NCQA) America's Best Health Plans and has received an NCQA "excellent" accreditation as a managed care plan.

The health plan consistently has improved its scores on HEDIS measures.

For instance, in diabetes care, hemoglobin A1c testing increased from 51.5% in 2000 to 89.2% in 2008. During the same period of time, the percentage of eligible women receiving breast cancer screening increased from 1.6% to 67.1% and the percentage of children receiving well child visits from birth to 15 months increased from 6.8% to 72%.

"Ensuring that our members receive the highest-quality care possible is a year-round, every day program for us. We engage all of our employees and the provider community in our quality program and work hard at engaging our membership," says **Vicki Boyle**, director of quality management for the Detroit-based health plan.

With more than 186,000 members, Health Plan of Michigan is the second largest Medicaid health plan in Michigan.

Recognizing the challenges in ensuring that the Medicaid population it serves receives the recommended care, the health plan has developed a program that integrates membership outreach, case management, disease management, and provider relations in the quest to improve HEDIS compliance.

The health plan collaborates with physicians and pharmacists to ensure that its members understand their treatment plan and receive the recommended care.

Internally, the health plan includes quality measures on the agenda at every department staff meeting.

"We focus on one HEDIS measure and our results each month, and the directors take it out and spread the message to the staff. We have infused quality throughout the entire company," Boyle says.

New staff, regardless of what department they work in, undergo training on HEDIS and CAHPS (Consumer Assessment of Healthcare Providers and Systems).

Boyle and her team explain HEDIS and CAHPS to the staff in layperson's terms, describing why it's important, why it is measured, how it impacts the health plan, and what areas it affects.

"Every employee has training on HEDIS measures. We even include our information technology staff in the training. They don't get member calls but they may get a provider call," she says.

"We discuss all of our efforts to ensure that patients get the recommended care including what we are doing internally, what we are doing for the provider, and what we are doing for our members," she says.

Whenever anyone at the health plan calls up a member's file on the computer system, a HEDIS alert, in the form of a red "H," is prominently displayed on the screen if a member has not received a recommended screening, immunization, or test.

"The entire staff are trained to recognize a HEDIS alert and to educate the member on the importance of receiving the recommended service by following an online script," Boyle says.

For instance, if members call in about a bill, the customer service staff educate them about the missing procedure and insert a note in the system.

The health plan runs outreach campaigns on specific HEDIS measures throughout the year, using an automated calling system, which automatically displays the member's information on the screen when someone answers.

When someone at Health Plan of Michigan talks to a member about a HEDIS concern, he or she enters a code into the computer system. If data analysis shows that the member hasn't addressed the issue within 60 days, he or she is automatically placed back in the system to be contacted again.

Members receive follow-up post cards after each outreach call and receive incentives, such as gift cards, phone calls, and gas cards when they complete certain services.

If the outreach staff are unable to reach members by telephone, the health plan sends them educational flyers about their condition and the need to take care of the recommended preventive measures and tests.

Employees at Health Plan of Michigan receive bonuses when the health plan meets targets for 13 different HEDIS measures. They can view the progress on the HEDIS measures through graphs built into the computer system that monitors performance on a daily basis.

The health plan has installed flat-screen monitors throughout the building to display the status of each HEDIS measure as compared to the same time in the previous year.

The health plan teams with providers to ensure that members receive the care specified in the HEDIS measures.

Through a system provided by the health plan, providers may check for compliance with HEDIS measures while the member is in the office. Health Plan of Michigan mails reminder cards with information about recommended procedures to members on behalf of their physicians.

The health plan's provider representatives work in the communities where the members typically live and work with the primary care physicians to ensure that the members receive the recommended services.

Provider representatives have a health care background and are active in the communities they are serving. "They know the area, the providers, and the people in the community," Boyle says.

The provider representatives attend local health fairs, serve on advisory boards within their community, and get to know the members and the providers.

"The provider representatives interact with

the provider network on a regular basis. They help us grow the network by engaging new providers and keep the providers educated on the HEDIS measures, best practices, and assist with billing issues," she says.

When members are missing one of the recommended HEDIS services, the provider representative talks to the physicians and enlists their help in ensuring that the member receives the recommended care.

The health plan works closely with the physician practices to ensure that the members get the assistance they need to overcome obstacles to complying with their treatment plan.

"We try to overcome all the barriers that prevent our population from receiving the recommended care. They may be in a homeless shelter or move from family member to family member, or their only telephone number may be a prepaid cell phone. We collaborate with physicians and pharmacists to reach the members," she says.

Providers can call on Health Plan of Michigan's case managers if members are having transportation issues or other community needs.

If the member needs more clinical assistance, the case manager sets up a telephone call appointment while the member is at the doctor's office.

"During the call, they can reinforce the patient's treatment plan and find out about any transportation needs for the next appointment. Members leave the appointment knowing that their follow-up visit is scheduled and they have transportation to it," she says.

As part of its pay-for-performance initiatives, the health plan offers quarterly bonuses for providers if a certain percentage of their patients receive specific HEDIS measures. Providers receive between $15 and $100 per HEDIS service. The health plan sends the providers monthly reports showing the HEDIS services their members need and the amount of the potential bonus if all services are completed.

The health plan has tried innovative ways to ensure that members receive recommended care, such as sponsoring a raffle for a Nintendo Wii to encourage well-child visits to the doctor. Parents were entered into the raffle if they took their children, ages 3 to 6, for a well-child visit between April 1 and May 31, 2008.

As a result, the percentage of children receiving well-child visits increased from 12.6% in April to 30.3% in July 2008. The program was expanded to include adolescents for back-to-school and sports visits. ■

Gather employee success stories to stave off cuts

Real-life examples are a 'great inspiration'

When a UPS manager had an onsite blood pressure screening, his blood pressure was so high that an occupational health nurse took him to the hospital immediately. He was diagnosed with a heart attack, and he survived with minimal damage because he was treated so quickly.

This is a "success story" that **Mary Breen**, RN, MJ, COHN-S, CCM, occupational health manager at UPS Corporate Health & Safety, is able to share with her colleagues.

Occupational health and wellness programs are in danger of being cut if they don't demonstrate a clear return on investment. To make work even more difficult, money and resources are in short supply for marketing these programs, which could markedly decrease participation. However, some occupational health professionals point to a solution that is absolutely free: having executives and employees share their own compelling wellness stories.

"Anecdotal success stories alone will not provide a foundation for a sustainable program, but these are a great augmentation to performance summaries, which illustrate progress on the overall plan and achievement metrics," says **Cathy Baase**, MD, global director of health services at The Dow Chemical Co. in Midland, MI. Consider these items when sharing employee success stories:

- **Obtain approval from the employee.**

"Always make sure that the individual has approved the communication of their personal story," says Baase. "We have people give us written permission to use their story for broader distribution."

This approval might be an e-mail or other document that states that the employees give permission to share their story, says Baase. Dow's employees specifically are asked whether it's OK to use their name.

Use employees who have returned to work successfully after being injured as a way to highlight good disability management, suggests **Robert R. Orford**, MD, CM, MS, MPH, president of the American College of Occupational and Environmental Medicine and a consultant with the Division of Preventive Occupational Medicine at Mayo Clinic in Scottsdale, AZ. "We have a panel of

physicians review such cases and recommend appropriate placement decisions," says Orford. "Doing this is both a benefit to the employee, who continues to be employed in most cases, and to the employer by avoiding the costs that would otherwise be associated with long term disability."

For the biggest impact, invite injured employees to tell their story in their own words to senior executives. For example, you might have arranged for an employee to be transferred from one area where they no longer have the physical abilities to do the essential functions of the job to another area where they have made a successful adjustment. "It is a great inspiration to have employees share their own stories in person," says Baase. "This can be done at staff meetings or even on video."

• **Include senior leaders.**

"In virtually every company, you can find a health advocate who is at a senior-level position in the company from whom anecdotal evidence is useful," says Baase.

She recommends simply approaching the individuals in person. Ask if they would be willing to share their stories, and tell them how much it would mean to others and the value it would bring to the company.

• **Invite employees to share their successes on your web site.**

UPS employees can post wellness stories on a blog on the company's health and safety web site. The company also obtains stories through the health coaches at Aetna, Breen says. "They ask anyone who has a positive health change such as losing weight or quitting smoking to share their story," she says.

• **Share stories companywide**.

Occupational health nurses also send out word of their successes to all their colleagues. "Stories are shared both through local health and safety newsletters and also as featured stories on our corporate web site," says Breen. "For every success story with a decrease in health risks, an average monetary value can be applied." ■

Should you help with employee surveillance?

You are 'walking a fine line'

A risk manager at your company asks you to report what an injured employee on workers' compensation tells you about their physical activities, because this employee is suspected of malingering. What will your answer be?

This is something to think about before you are asked this kind of question, says **Chris Kalina**, MBA, MS, RN, COHN-S/CM, FAAOHN, director of global occupational health programs and services at Wm. Wrigley Jr. Co. in Chicago. "Be careful. There is a lot of confusion that surrounds the role of occupational health nurses in the surveillance that sometimes occurs in workers' comp cases," Kalina says.

Communication in a workers' compensation case can become a "slippery slope," says Kalina. "We are not policemen. Also, employees believe that what they tell us will be held in confidence."

The term "malingering" likely comes from the military and probably has no strict legal definition, says **John W. Robinson IV**, JD, a shareholder in the litigation department in the Tampa, FL, office of Fowler White Boggs Banker. However, the idea is that the employee is faking or pretending to be sick or injured, to avoid work or claim leave or some other benefit, Robinson says. However, Kalina says, "maybe the employee is not malingering, but is physically and/or psychologically not ready to return to work for a variety of reasons that are not readily apparent."

Many companies now have written policies or guidelines on the release or communication of medical information without the knowledge of the employee, she notes. "Have a full understanding before questions arise," says Kalina. "Know what you can and cannot communicate to whom and about whom, under the policies and guidelines of the company."

Supporting the employer and the employee

If you think there is an abuse of the system, you have an obligation to bring it to the attention of a supervisor in your role as an advocate for the company, Kalina says. At the same time, however, you must be careful not to betray the employee's trust in you.

"How will employees be able to trust you if you turn information given by a client to a nurse to a risk management person or claims analyst?" asks Kalina.

Occupational health nurses advocate for the employee and the company, says Kalina, "and we walk a very fine line in that advocacy. You must treat information that either one shares with you as confidential. We must understand what that confi-

dentiality means to us and our practice."

Robinson says that if you conclude there is no physical manifestation of a claimed malady or injury, then "that would seem to be a significant observation, particularly if the employee is undergoing lengthy treatment."

"There is always a concern about malingerers, but this is sometimes tough to prove," he says.

With workers' compensation, the typical pattern is the employee claims to have a disability that prevents work, yet remains active at home, on vacation, or even participating in recreational sports, says Robinson. In this case, an occupational health nurse may get involved if an injury was clearly not work-related and therefore not covered by workers' compensation benefits. The nurse might be asked to confirm that patient is not following therapy or engaging in proscribed behavior.

With the Family and Medical Leave Act (FMLA), there might be a pattern of employees taking months of leave, sometimes paid, while moonlighting at second jobs. In this case, an occupational nurse might get involved if an FMLA-approved patient misses therapy due to vacation or moonlighting, says Robinson. "These sorts of professional observations are not covert surveillance, but do give a better picture of whether a claimant is a malingerer," says Robinson. "The safest course of action is to advise your authorized referring physician or insurance carrier."

Kalina says that although health information in workers' compensation cases is generally not subject to protection under the Health Insurance Portability and Accountability Act (HIPAA), employees should understand this lack of protection before beginning a conversation with you. "Some companies use a release form to ensure that both employee and nurse are fully aware of any confidentiality issues or lack of confidentiality surrounding discussions," says Kalina. ■

Take these steps if malingering is suspected

Take these steps if you are asked to provide information that might be used in assessing the need for starting or continuing surveillance of an employee:

• Think before you speak.

Because occupational health nurses are customer- and client-responsive in so many areas, it's very easy when asked this kind of question, to go ahead and volunteer the information. "Before you do that, stop and think what you are doing," says **Chris Kalina**, MBA, MS, RN, COHN-S/CM, FAAOHN, director of global occupational health programs and services at Wm. Wrigley Jr. Co. in Chicago.

Kalina says to "think through your ethical thoughts and feelings on this subject so as to be best prepared when asked such questions." She says to "consider fully and thoughtfully" the standards of occupational and environmental health nursing developed by the American Association of Occupational Health Nurses (AAOHN). **(To read the AAOHN's Code of Ethics and Interpretive Statements, go to www.aaohn.org/practice/upload/Code-of-Ethics-2009.pdf.)** The standards state that occupational health nurses should "respect and protect the autonomy, rights, and privacy of clients' data and personally identifiable information."

"Health information obtained in the workplace by the occupational health nurse should be held to the same high standards and ethics as anywhere else," says Kalina.

• Consult with others.

If you feel conflicted about your response, Kalina advises getting advice on a given situation from your manager, a mentor, or someone from an organization such as AAOHN.

• If you don't feel comfortable sharing information, respond, "No, there is nothing else I can share with you."

• Remember that information you give could be misinterpreted.

Consider this example: An employee might mention going grocery shopping after a doctor's appointment. "The risk manager may say, 'Well how can he do this when he's on limited duty?' The fact of the matter is, it may be good for that employee physically and psychologically to be out there walking with a cane and getting exercise," says Kalina. "Clearly a dialogue such as this presents a communication challenge and an opportunity for the nurse to educate."

• Take the opportunity to educate.

Kalina acknowledges that there have always been some employees who abuse the system, but she says the answer is to educate employees and employers on workers' compensation in general, what it's for, and how it's supposed to work. Explain that "it's an important benefit, and if employees abuse the benefit, companies can make it more difficult for them to get it. And caught up in

that will be people who really need it," says Kalina.

- **Take the time to learn more.**

"If an employee is suspected of malingering, one needs to try and find the underlying cause," says **Linda Walker**, BSN, RN, CCM, COHN-S, occupational health manager with Reliant Energy, Houston, TX. "Many times it may be from fear of reinjury, a personal non-work related issue, or dissatisfaction with the job."

Any of these causes may lead to or enhance depression in the employee, says Walker. "If the occupational nurse can foster a trusting relationship with the employee, he or she can get the employee to discuss the apprehension of returning back to work," she says.

If the problem is depression, an employee Assistance program referral can be sought and the employee can get the help needed. "By approaching the situation as a fact finding issue first, you may be able to turn what may have been perceived as a negative situation into a positive by getting the employee the help he or she needed," says Walker. ■

Guideline-based care saves money with mental health

Guideline-based care provided by occupational physicians is a cost-effective way to treat workers with common mental health problems, according to new research.[1]

Researchers compared two approaches to care for 240 Dutch police officers on sick leave because of mental health problems. One group was given standard care with a referral to a psychologist for evaluation and treatment, and the other group received guideline-based care provided by occupational physicians. This approach emphasized a gradual return to work and gave employees help in dealing with stress on the job and building problem-solving skills. In both groups, total missed work time averaged about 150 days, but guideline-based care resulted in equal treatment outcomes at a lower cost. About half of officers in the guideline-based care group eventually were sent to see a psychologist, compared to nearly all of those in the standard-care group.

The researchers also found that the occupational physicians followed only part of the recommendations in the guideline. "The most complex part of the guideline, counseling workers using cognitive behavioral therapy techniques, was skipped often by the occupational physicians," says **David J. Bruinvels**, MD, PhD, one of the study's authors and a senior occupational physician in Amsterdam-based Vrije Universiteit's Department of Public and Occupational Health. "We feel that there is a lot of room for improvement on this."

Bruinvels says it didn't surprise him that the outcomes from psychologists were no better than occupational health professionals. "Occupational physicians have a major advantage compared to psychologists, and that is that they are much closer to the workplace," he says.

In the 2007 guideline from the Netherlands Society of Occupational Medicine, more emphasis is put on the problem of "stagnation" than in the 2000 guideline from the same group. Occupational health professionals "should be more alert to signs that predict a prolonged recovery." Bruinvels says.

Occupational health professionals often see the early signs of mental health problems in workers, but they fail to take action, he says. "In a lot of cases, prolonged mental health problems lead to presenteeism," Bruinvels says.

Interestingly, the police officers in the study often claimed sick leave based on other complaints, such as low back pain, instead of mentioning mental health problems. "When we started with our study, it was unthinkable that a police officer would discuss his or her mental health problems with the supervisor," says Bruinvels. "Supervisors were also sent questionnaires, by which they became more involved with the topic. At the end of the study, we found that mental health problems were more openly discussed and were more acceptable in the police force."

Reference

1. Rebergen DS, Bruinvels DJ, Bezemer PD, et al. Guideline-based care of common mental disorders by occupational physicians (CO-OP study): a randomized controlled trial. *J Occup Environ Med* 2009; 51:305-312. ■

Programs have impressive participation

Metabolic syndrome targeted

Weight management and other components of metabolic syndrome are the target of

many wellness programs at Warrenville, IL-based Navistar.

"We have telephonic coaching, online modules, and disease management programs that focus on multiple areas including hypertension and diabetes," says **Dan Pikelny**, MA, MBA, director of health and productivity.

Each year, Navistar's employees fill out a health risk appraisal, which includes questions on metabolic syndrome. Participants are connected with programs to help manage their risk factors. **Dawn Weddle**, the company's wellness and behavioral health manager, says, "Our third-party providers for disease management and health assessment contact employees who meet certain risk criteria to enroll them in behavior change programming."

An "opt out" model is used, with all employees who meet risk criteria automatically enrolled in disease management interventions. Paper-based educational materials are used for those at lower risk, and telephonic consultations are used for those at highest risk.

"High-risk employees are also contacted by our health assessment vendor to enroll in telephonic health coaching," says Weddle.

Here are three of Navistar's metabolic syndrome programs:

• **Spring Tune-Up.** "Participation in this six-week nutrition-based behavior change program has shown substantial growth since it was first launched in 2002," Weddle reports. Employees earn points for eating healthy and engaging in physical activity. More than 2,000 employees now participate, which represents 21% of the eligible population. "Due to the current economic climate, we have reduced the incentives for this year's program," notes Weddle. However, in the past all employees who achieved 2,000 points were put in a grand prize drawing to attend a NASCAR event, including transportation and hotel accommodations.

• **Trucking Across North America** (TANA)."This 13-week team-based exercise competition celebrated its 15th anniversary in 2008," says Weddle. Teams of five to 10 employees earn "mileage" from exercise, recreational, wellness, and volunteer activities. "TANA has become part of our corporate culture and has realized year-after-year participation growth." In 2008, this program attracted more than 4,000 employees, representing 30% of the eligible population. For signing up, employees receive a free workout DVD. At the end of the program, employees are given a water bottle, and members of the winning team receive a $50 American Express gift card.

• **Body Overhaul**. In January 2009, this 12-week weight loss competition was introduced as a pilot program at two facilities, with 21% and 26% participation respectively. Incentives, such as a lunch bag, water bottle, or T-shirt, will be provided for sustaining the weight lost during the program.

"Plans are in place for our Body Overhaul teams to weigh in at the three- and six-month post-program marks," says Weddle. ■

COMING IN FUTURE MONTHS

■ The importance of culturally competent care

■ Disease management success stories from your peers

■ Take your clients' health care literacy into account

■ Extending case management into the community

CE questions

20. The average caseload of the clinical resource coordinators at the Hospital of the University of Pennsylvania is ___.
    A. 11 patients
    B. 15 patients
    C. 22 patients
    D. 28 patients

21. If members of the CIGNA Healthcare Lifestyle Management Program screen high for depression, they are integrated into the employee assistance plan.
    A. True
    B. False

22. Which is recommended regarding sharing the success stories of employees?
    A. Obtaining approval from the individual employee isn't necessary.
    B. Stories should be used to augment your performance summaries.
    C. It's not helpful to invite employees to share stories with senior executives.
    D. Occupational health professionals should avoid approaching executives directly to ask for wellness stories.

23. What is recommended regarding suspicions that an employee on worker's compensation could be malingering?
    A. Don't routinely explain communication policies to employees.
    B. Avoid giving any information about an employee to risk managers.
    C. Closely follow company policies on what medical information you can communicate and to whom.
    D. Freely give any information you have on an employee's physical activity to claims analysts.

Answers: 20. C; 21. A; 22. B; 23. C.

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. ■

CE instructions

Nurses participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this semester's activity with **this** issue, you must complete the evaluation form provided in this issue and return it in the reply envelope provided to receive a credit letter. ■