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ISO 9001:2000 registration improves processes through standardization

Approach looks at entire business process, not just clinical portion

Achieving ISO 9001:2000 registration has helped Humana Inc.'s Personal Nurse service move quickly to respond to customer feedback and improve services.

"The registration process has helped us tremendously in terms of putting together very clear standards and processes and creating policies and procedures to ensure consistent delivery of our services. It makes us constantly think about whether there are things that we can be doing differently, which may result in improved service for Humana members," reports **Trish Whitt**, RN, director of clinical product management for Humana Inc. with headquarters in Louisville, KY. The Personal Nurse service is the fifth Humana program to receive ISO 9001:2000 certification.

ISO 9001:2000 is an international standard published by the International Organization for Standardization, which focuses on quality management and measurement and incorporates a comprehensive set of standards to ensure a quality system is in place to meet the customers' needs, says **Lowell Stevens**, director of business process improvement for Humana.

For instance, when the Personal Nurse leadership team receives customer feedback, the process improvement team, which meets monthly to discuss member feedback, determines if any processes in the system could be improved, he adds.

"It puts into place a nice structure for reviewing processes, performance indicators, and customer feedback, while providing a forum for discussing changes to the system that need to be considered," Whitt says.

The ISO 9001:2000 registration has helped the Personal Nurse team, whose members work from home-based offices, establish good lines of communication, and keep up with the latest information from corporate headquarters.

"We have two representatives from the nursing staff and two Personal Nurse coaches sitting on the Personal Nurse process improvement team. They bring us issues from the frontline staff. This has allowed us to consider things that are occurring that we might not have otherwise known

about," she points out.

The ISO 9001:2000 registration gives the service added credibility among employers who often are already familiar with the process, Whitt adds.

When Whitt talks to employer groups, they're surprised and impressed that the company's Personal Nurse service program has achieved ISO 9001:2000 registration.

"Many of these companies are in the manufacturing industry, and they can identify with the ISO 9001:2000 process, which makes them feel confident about the Personal Nurse quality management system. They tell me they never thought about the ISO registration for services in the health care industry, but after considering the value of ISO, they understand the importance of this achievement," she says.

In 2002, Humana became the first health benefits company in the country to achieve ISO 9001:2000 registration for its clinical operations. The company's transplant management and clinical management programs also received certification at that time, followed by the pharmacy management and disease management programs in 2003 and the Personal Nurse service in 2004. The goal is to have the company's entire Innovation Center, the replacement for the company's medical management department, under a single certification.

Humana's management decided to pursue ISO 9001:2000 registration because it focuses on service to the customers and looks at the entire business process, whereas other certification programs deal almost exclusively with clinical measures, Stevens notes.

ISO certification started in the manufacturing industry as a quality management system for production lines.

"We looked at it and saw that we have a similar process. Our clinical guidance process does not create a widget, but it does help people move through the health care system, Stevens says.

The registration process required Humana to define internal standards for good management and operational practices dedicated to meeting customer quality requirements.

"It involves creating policies and procedures and creating key metrics to prove that you are following them," he adds.

ISO 9001:2000 has a quality management approach that's flexible and adaptable and isn't bound to old business practices. ISO 9001:2000 certification requires organizations to establish policies and procedures that bring discipline into the work.

The first step in ISO certification is to understand how each process fits into the overall view of the company, then to develop policies and procedures to standardize the processes, Stevens says.

"We created a view of the system that looks at inputs, outputs, and what takes place in the middle to turn the input into a valuable output. Now everyone knows how he or she fits into the whole system. They know where the members have been, how they got there, and where they're going," he says.

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Editorial Questions

Questions or comments? Call **Mary Booth Thomas** at (770) 934-1440.

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Editor: **Mary Booth Thomas**, (770) 934-1440, (marybootht@aol.com).
Vice President/Group Publisher: **Brenda Mooney**, (404) 262-5403, (brenda.mooney@thomson.com).
Editorial Group Head: **Coles McKagen**, (404) 262-5420, (coles.mckagen@thomson.com).
Managing Editor: **Russ Underwood**, (404) 262-5521, (russ.underwood@thomson.com).
Senior Production Editor: **Nancy McCreary**.

The company established a team of people representing all the functional areas and all the people who participate in the particular process being studied. The team created charts mapping the processes and showing where everybody fits into the whole system.

"When we start drawing out the processes, there typically is a lot of friction, because people are accustomed to 'owning' their work. ISO standards show that people don't own things. They work for a process and understanding that is a challenge because the managed care industry is built in silos," Stevens says.

Four key processes

The team created a detailed picture of how the processes work and developed detailed policies and procedures for each, taking the customers' needs into account. During the registration audit, the ISO 9001:2000 auditors make sure the policies and procedures are being followed.

For instance, during the disease management registration process, the team working on the company's outsourced disease management programs identified four key processes:

1. analyzing and evaluating opportunities for disease management;

2. evaluating vendors to find those who can meet the organization's needs;

3. creating an agreement with the entity;

4. operating the program.

The team looked at what part of the programs needed to be tracked.

For instance, Humana policies mandate at least an annual site visit to all disease management vendors. During the visit, the Humana representative goes over 15 different items with them.

"We document that we went there and that we went through each of those 15 things," Stevens reports.

The team determines key drivers of outcomes, sets a goal, and tracks how well the program is doing at meeting the goal.

"With disease management, the ultimate outcome is that you want the member to be on a better path and to be more educated about those conditions. We set a goal and look at how we are doing in relation to the goal. Those become the metrics," he says.

After the policies and procedures are in place, the company works constantly to improve the system, regularly monitoring outcomes and ensuring that the policies and procedures are being followed. The ISO 9001:2000-required policies and procedures are fluid documents, allowing the company to easily make changes if the need arises, Stevens says.

"When we go through a management review, we look at all the things that the ISO standards require, such as looking at system improvements and determining if we understand our customer needs and are meeting them," he says.

One benefit is control of documents and records, Stevens says. For instance, any piece of paper generated within an ISO-certified area at Humana has information identifying where it came from and who created it.

"In most businesses, the policies and procedures have to be dug out from the file cabinet. In the ISO world, it's taken care of through control of documents," he says.

The Humana departments that have received ISO 9001:2000 range in size from 10-15 people up to 60 or 70 people. It took about eight months to a year to get the various departments ready for certification.

"One key challenge is prioritizing ISO into the existing workload. You've got to have a commitment and the resources to do it. You can't approach the process unprepared without understanding that it is going to take a lot of resources and time," Stevens says.

When the Personal Nurse team started the registration process, it had an advantage over other programs because the service had been modified in early 2003 and the Personal Nurse staff were well prepared to explain its design and to look at input and output to the process, Whitt says. **(For details on how the department has been revamped, see related article on p. 100.)**

"We sat down and put together a view of the system, incorporating all the key inputs and outputs to our service, our mission and vision. We had a great deal of notes on the background and research documentation that had been done prior to making modifications in the service. Previous research documentation combined with minutes from the design and development meetings provided evidence supporting the application of ISO standards throughout program design," she adds.

In the beginning, the Personal Nurse multidisciplinary steering committee established direction for designing and improving the service. The committee was made up of employees from various areas throughout the organization, Whitt says.

"When we narrowed down the core team members for the purpose of establishing an ongoing management review committee, the team included people within the Personal Nurse leadership team and representatives from the Personal Nurse staff and the Personal Nurse Coaching teams," she says.

The Personal Nurse process improvement team began meeting monthly to review all the processes in place, customer feedback and complaints, business performance indicators, and breakdowns in the quality management system, and come up with corrective or preventive action steps.

ISO regulations require only quarterly management review meetings, but Whitt and her team made the decision to meet more frequently.

The Humana ISO strategic team conducted an internal audit of the Personal Nurse program approximately two months before the registration audit took place.

Internal consultants who specialize in the ISO 9001:2000 registration process helped the department establish a system that meets the requirements of ISO 9001:2000 and prepare for the required audit.

The ISO 9001:2000 internal audit team conducted an audit of the Personal Nurse program two months before the registration audit took place.

During the actual registration process, a team from the SGS U.S. Testing Co., an accredited register chosen by Humana, verified through a management audit that each part of the program conformed to the requirements of ISO 9001:2000. The SGS auditor performed a pre-assessment audit about a month before the registration audit to help identify gaps in the system.

The ISO registration process required a lot of preparation over a long time but is different from other accreditation processes in one significant area.

"Compliance with ISO standards can be demonstrated primarily through electronic documentation rather than reliance on printing significant volumes of paper documentation to support compliance," Whitt says.

The auditors wanted to see policies and procedures as well as other documentation of processes, but they primarily reviewed the documentation electronically, she adds.

"ISO registration is very different from many other accrediting agency visits. ISO doesn't require preparation of large binders of printed documents to prove compliance with the standards. We printed only a few key items that were hard to view on a computer screen," Whitt says. ■

Personal Nurses take a proactive approach

Revamped program strives to empower members

At Humana Inc., specially trained registered nurses called Personal Nurses fill the gap between the company's traditional case management and disease management programs.

The nurses, who work from home-based offices, call members identified by a predictive model as likely to need health care interventions in the future, says **Trish Whitt**, RN, director of clinical product management for the Louisville, KY-based health benefits company.

About 85 nurses have been trained as Personal Nurses. Humana's goal is to have 150 Personal Nurses in place by the end of the year.

A predictive modeling tool developed by Humana's Center for Health Metrics uses medical and pharmacy claims data and demographic data to tell the nurses which members are going to be the sickest over the next year. They include people who have had a lot of care, those with significant new diagnoses, and those with events in the past that indicate they're likely to need health care interventions in the future.

Rather than calling them after they are hospitalized, the nurses reach out before a crisis occurs.

"A lot of them have had a major health event. We intervene before it gets worse," Whitt says.

The program provides services for members who don't fit into traditional case management or disease management models, points out **Vaughn Keller**, MFT, EdD, Humana's director of clinical behavior changes, who provides the training for the company's care management staff.

Most people who are referred to case management have multiple problems and need coordination of services on a short-term basis. Disease management programs deal with chronically ill members.

The first version of the Personal Nurse service was rolled out in 2001 at the market level with nurses in all of Humana's market offices calling members, finding out their needs, and working with the providers to coordinate care. Humana covers members in 19 states and Puerto Rico and

has regional offices in areas where they have the most significant populations.

The Personal Nurses worked in the regional offices in traditional cubicles and called patients within 48 hours of discharge from the hospital.

"We took more of a reactive approach rather than reaching out beforehand. It was more of a case management program with a focus on arranging medical care for the member rather than empowering the member to manage their own health needs," Whitt says.

Program modified

Over time, a review of the program found that the nurses were spending a lot of time on provider issues, such as calling hospitals or medical providers to coordinate discharge services and obtaining information from providers about a member's discharge plans.

"We wanted the nurses to focus on empowering the members to set positive health goals and identifying strategies for improving their overall health," Whitt says.

The program was modified in early 2003.

Now, instead of working in the market office, the nurses are home-based, with flexible hours that allow them to interact with the working members in the evening and on weekends.

"They were trained heavily on specialized communication skills, motivational interviewing, and modification of health behavior," Whitt says. **(For details on the training, see related article on p. 102.)**

The nurses work at home with personal computers. When they are ready to take on a new member, Humana's web-based application, which was developed internally, brings up the next sickest member in the order of predicted severity, along with the demographic information, severity score, and information needed to contact the member.

When they contact the members, the nurses assess members' knowledge of their condition and readiness to change level. They assist members in developing a personalized strategy to manage their health care needs.

"If a member is at a level where they have not dealt with the disease process at all, the first step is to find out how much they know about their condition and facilitate the education process," Whitt says.

The motivational interviewing techniques that the nurses use when interacting with the members help increase the members' conviction and confidence level in making changes to their lifestyles.

Under the new model, a medical management department that is entirely separate from the Personal Nurses handles utilization management and coordination of care activities with the hospital and other providers to make sure the members get the services they need after discharge.

"This allows the Personal Nurses to spend their time working with the members and focusing on behavioral changes. It's part of our move to be more consumer-focused," Whitt says.

Members who have specific conditions and need intensive services to help them manage their diseases are referred to a disease management program. Personal Nurses made more than 1,000 referrals to disease management programs last year.

"We want the members to feel empowered in managing their health care and be able to make their own decisions through collaboration with their health care provider," Whitt says.

The nurses are assigned cases by geographic location. "Because of various Nursing Practice Act regulations, we require the nurses to be actively licensed in all states in which their assigned members reside and receive health services," she says.

The Personal Nurses focus on members the predictive model shows are at the greatest risk for adverse health events. Humana does not solicit calls from members until the predictive modeling tool has identified them.

Most of the personal nurses say they enjoy working from home, although some found the isolation of a home-based office to be a difficult transition, Whitt says.

Part of their training program teaches the nurses how to handle the transition to working at home, including how to set up an office, how to make sure members of the household recognize the importance of their work, privacy requirements, and dealing with the isolation after working in settings where there is a lot of social interaction.

Nurses in the Personal Nurse program have told Whitt that they enjoy being able to interact with members rather than arranging and coordinating medical services with a hospital or another provider.

"Productivity has been very good with the home-based model and is consistently improving as we learn new ways to leverage technology for our nurses," Whitt says.

The nurses keep in touch through an instant messaging system that allows them to get an immediate

response from a Personal Nurse Coach or another Personal Nurse. They have access to an electronic bulletin board with frequently asked questions and answers posted and receive a weekly newsletter with updates and reminders on operational issues.

After the nurses are in the field, they are monitored by a coach, an experienced personal nurse who has a caseload of his or her own but who is responsible for monitoring the work of 10 other nurses.

"Coaching is an absolutely essential part of this work," Keller says.

The coaches provide feedback and suggestions to the individual nurses and work with the company to identify areas where the program needs to be tweaked.

"We look at areas where it appears to be consistent across the entire group that we need to do additional work, and that becomes our focus," he says.

In addition to their experience, the Personal Nurse coaches have proven to be extremely effective and have the ability to coach other people, Keller adds.

"They still work with their own panel of patients. We don't want them to become too distant from the patients," he says.

The coaches can send a real-time message to the nurses while they are on-line with the member and suggest other avenues they can explore. As soon as the nurse finishes her call, the coach will call to discuss it.

Each coach works with 10 nurses and has at least one coaching session a week with each one.

They pick up calls at random and can audiotape them so they aren't just working from memory when they discuss the information with the nurse.

"The nurse may be so focused on the call that she forgets what is said or misses something and the coach can replay it right away. This is similar to the process used to train psychotherapists when they are observed from behind a one-way mirror," Keller says.

Over time, Humana will be able to look at claims data and determine whether the Personal Nurse intervention has reduced expenditures, he explains.

In the meantime, the health plan has determined that the members who have worked with the nurses spend fewer days in the hospital and make fewer visits to the emergency department than people in the control group, members with the same types of conditions and risk factors who are not part of the program.

"We also know that they spend more money in certain areas, such as pharmacy, because they're adhering more to the drug regime, and more money on outpatient visits because they are following through on the care plans that keep them out of the hospital and emergency room," he says. ■

Members' willingness to change focus of program

Nurses ask about members' values, concerns

Humana's Personal Nurse training program includes one component that many disease management programs leave out — recognizing that people are willing to work on changes according to their own values and not according to the values of an external agent, such as a case manager, **Vaughn Keller**, MFT, EdD, asserts.

"We teach the nurses to talk to members about their values and what health care behavior they want to change and to focus on that," adds Keller, director of clinical behavior changes at the Louisville, KY-based health benefits company.

For instance, even though a nurse knows, based on claims data, that a member is a smoker and needs to quit, the nurses never start out talking about smoking. Instead, they find out what the members' health concerns and health challenges are and focus on the areas that the individual members are ready to change.

The majority of the Personal Nurse training process, developed by Keller, is based on four concepts of behavior change developed by a number of experts: motivational interviewing, stages of change, self-determination theory, and conviction and confidence. He has developed a similar training program for Humana's case managers.

The nurses learn to use a unique computer application, especially designed to work with behavioral changes. Based on answers the nurses enter into the program, the application can identify a member's confidence and conviction to make changes.

The application also includes access to an extensive medical library, giving the nurses instant links to hundreds of health care-related web sites and resources.

During the training process, nurses are blindfolded part of the time to increase their ability to

pick up on verbal cues during a telephone conversation.

"The telephone eliminates 70% of all the information you get during a face-to-face interview. All of the visual cues are eliminated," Keller reports.

For instance, if you're talking to someone in person, you can see if they're paying attention. On the telephone, you have to find other ways to find out what you need to know.

"We have to get the nurses to start relying upon their sense of hearing and to develop an acuity of hearing that is greater than nurses who are dealing with other populations," Keller says.

When a Personal Nurse calls a member for the first time, he or she asks the member three questions:

1. What are you doing now that you feel contributes to your health?

"As they report the things they are doing, the nurses reinforce them. They ask how the member decided to work on that particular issue and if they're having any problems with it. It's a way of getting people to immediately understand that they are doing something to take control," Keller explains.

2. Most of us at one time or another do things we know aren't in our best interest, like forgetting to wear our seatbelt. Are you doing anything in that category?

The nurses always mention some items that are close to whatever risky behavior they suspect the member is engaging in.

3. Most of us, at one time or another, have gotten advice from a doctor or someone else about something we should do, like flossing after meals, but we may be having a hard time following. Does this apply to you?

As he or she probes for adherence, the nurse mentions several types of advice the member may have gotten.

After the nurse identifies two or three issues the member has mentioned, he or she asks the member if any are of any particular concern and if the member is willing to talk about the issue.

The nurse then asks the member: "On a scale of 1 to 10, how convinced are you that it is in your best interest to change this behavior? On a scale of 1 to 10, how confident are you that you can change it?"

The computer program takes the member's scores and comes up with different strategies the nurse can use to address the issue. The nurse selects the strategy he or she thinks is most appropriate and starts to work with the member.

The nurses work carefully to build up a relationship and might say something like: "You're more interested right now in losing weight than stopping smoking, and that's what we'll focus on right now. If at some point you want to talk about smoking, we can."

"Without a relationship, you can't bring about change. All you do is build up resistance, especially over the telephone. All the nurse has to work with is her relationship. She is the intervention," Keller says.

During the training program, the nurses listen to audiotapes of other nurses working with members and participate in role-playing and simulated telephone interviews.

The nurses progress into working with the application as if they're having a conversation with someone on-line, locating the information the caller needs and making suggestions.

During the basic orientation program, a group of Humana executives talks to the nurses about where the program fits into Humana's corporate strategy.

After the training is complete, the nurses attend annual corporatewide conferences and regional workshops to reinforce their training. ■

Home health CMs provide care, coordinate services

They act as the physician's eyes in the home

At Integrated Home Care, nurse case managers provide hands-on care as well as handling the traditional case management duties, such as evaluating patients, developing a customized plan of care, coordinating with other members of the health care team, and arranging services such as social work or dietitian services.

In most cases, the Integrated Home Care case managers do skill assessments and assess patients for medication adherence as well, says **Denise R. Edgett**, PHN, manager of the agency, which is a division of Bloomington, MN-based HealthPartners Inc.

"They are very much responsible for the overall implementation and coordination of the client's home care services," she adds.

Every patient who receives home health services is assigned a case manager. The agency has

both nurse case managers and physical therapy case managers.

The RN case managers are responsible for supervising care by other providers such as LPNs or home health aides. If a patient needs physical therapy but not nursing care, the physical therapist assumes the role of case management, coordinating the patient's care, collaborating with physicians, and supervising the therapy assistants or home health aides.

Educating patients

Many of the patients who need skilled care and meet the criteria for home care have chronic conditions and comorbidities, such as congestive heart failure and chronic obstructive pulmonary disease.

The nurses perform hands-on wound care, handle the infusion therapy and other medications, change catheters, and do a lot of disease management teaching. They may teach caregivers or the patients themselves about self-care or educating them about their medications. If a patient needs help with bathing, dressing, or other activities of daily living, they are assigned a home health aide, often a certified nursing assistant.

"Our agency has always had a model where case managers are never exclusively on the telephone. They have hands-on contact with the patient and often know the patient better than the physician, acting as the physician's eyes in the home," Edgett says.

Whenever possible, the case manager who will handle the patient's home health care makes the first visit and conducts the assessment.

The agency does have admission clinicians who do the first visit when the case manager can't. The case manager who is going to handle the patient's care does the admission visit about half of the time.

The case managers are responsible for scheduling the services the patient needs and either providing the care themselves or working with an LPN partner and delegating the care.

All of the case managers have laptops that allow them to work remotely as well as in the office. About half of their time in an eight-hour day is in direct care. During the rest of the day, they perform administrative functions such as coordination of care, documentation, and travel.

A full-time RN case manager typically handles a caseload of 27-36 patients with mixed acuity. Typically, they see a few patients only once a month and may see others several times a week or even daily.

The case managers are primarily assigned by geographic area.

"Our work is to serve patients in their homes. Case managers average about 12 miles each visit and generally are in the home 30-40 minutes," Edgett says.

The case managers' laptops give them a complete medical record when they visit the home and the ability to do most of their documentation on the spot.

"Our most successful case managers are people with excellent organizational and time-management skills. They work their documentation into the rhythm of the visit and don't leave a large list of things to do at the end of the day. Otherwise, they'll have a very long day," Edgett adds.

Generally, the nurses see five or six patients a day while the therapists see about five patients a day.

Most of the patients handled by Integrated Home Care need skilled care intermittently and receive services on a short-term basis.

For instance, a patient may have been hospitalized with an exacerbation of congestive heart failure and may need home care for a short time to ensure that he or she is medically stable and knowledgeable enough to adhere to his or her medication and diet.

Another patient may be home from the hospital after hip or knee replacement surgery and need short-term rehabilitation therapy. Others with long-term chronic conditions may need assistance with funding sources, such as community waiver programs, to receive ongoing help with their activities of daily living.

"As our population ages, there are more patients who need home care and qualify for home care under their insurance," Edgett explains.

However, she points out, if a patient can come into the outpatient setting, the insurance won't cover home care.

Integrated also has a small telehealth program focusing on congestive heart failure and chronic obstructive pulmonary disease patients to provide help above and beyond the face-to-face visits.

Case managers conduct telehealth visits with some patients, using a unit that looks like a computer monitor with a camera and transmits via a telephone line. Nurses in the office can connect with patients, see how they look, and measure vital signs such as blood pressure, heart and lung sounds, and weight. They talk with the patient

and do assessments and teaching through the telehealth visit.

"At this point, there is only one payer in Minnesota that reimburses us for telehealth. We don't consider reimbursement when evaluating eligibility for the program, but obviously the patient has to have the cognitive skills and dexterity to operate the unit. With some patients, the telephone line can be a barrier if the phone is frequently disconnected," she says. ■

CMSA president: CMs must demonstrate their value

Educate consumers, physicians about what you do

As she takes office as the 14th president of the Case Management Society of America, **Sherry Aliotta**, RN, BSN, CCM, is determined to make sure case managers no longer are "the best kept secret in health care."

"The evidence that is needed to truly demonstrate the value of case management is mounting, and the ability to measure creates the opportunity for growth and improvement," says Aliotta, president and CEO of S.A. Squared Inc., an independent consulting firm for the development and implementation of case management programs.

"We must take our message to consumers to educate them about case management and how we can work with them. We need to influence legislators and get a seat at the table where decisions are made and to collaborate with our physician partners to better serve our clients," she adds.

Case managers are in a position to wield considerable influence as the country tackles the burgeoning cost of health care and the problems with the system, Aliotta says.

"We have the opportunity to get our message out there in a way that is meaningful and understandable to the public and the other stakeholders. If people aren't clear about what we're doing, they're not going to know how to use case managers as a resource," she adds.

One of Aliotta's major goals for CMSA is for case managers to be able to demonstrate their value with quantifiable outcomes.

"An increasing challenge is to be able to demonstrate our value in very measurable ways," she says.

CMSA already has projects under way to help define and track three major outcomes directly related to case management: improved patient adherence, improved coordination of care, and improved patient education and involvement.

"The goal of the project is to have consistent outcomes measures used regardless of the setting so we can compare our outcomes in those areas. We have a project team that is working on producing an outcomes measurement tool," Aliotta says.

The organization has published Case Management Adherence Guidelines and is rolling out software support for the guidelines in conjunction with National Case Management Week, Oct. 10-16.

"We've known about the problem of nonadherence for years and nobody has done anything about it, even though there is a lot of information out there," Aliotta says. Nonadherence to medication costs the health care system more than $100 billion a year; increasing adherence by just 1% will save $1 billion, she adds.

"If we could show that we are able to improve patient adherence and we know what nonadherence costs, we can demonstrate the ability we have to make an impact on patient quality of life and on the cost of health care," Aliotta says.

CMSA guidelines

The CMSA guidelines give case managers a tool to assess patient adherence and attention, looking at their readiness to change, health care literacy, medication knowledge, and their social support system.

The guidelines help the case managers determine the patient's particular level of readiness and give strategies to increase adherence based on the patient's knowledge and motivation.

"The database will allow the case managers to record their assessments, interventions, and changes in adherence. We will be able to use the data they collect to report outcomes," Aliotta says.

The organization has published state-of-the-science papers on patient adherence and patient education and involvement and will publish a state-of-the-science paper on coordination of care in the near future.

Today's case managers also must face the challenge of handling increasing numbers of cases at a time when the nursing shortage is impacting the supply of case managers, Aliotta adds.

On an individual level, case managers should

educate the clients they are working with about what they do and what value case managers can provide.

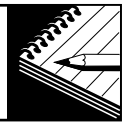
Aliotta suggests that case managers create information for senior management in their company that describes case management's value.

"In our everyday lives and in our professional lives, we need to be talking to people about case management, what case managers do, and the value they provide to the health care system," she says.

For instance, at one health plan Aliotta works with, the case management staff presents a case management success story at the monthly company meeting.

"They show how the case manager intervened to improve outcomes. This gives the other employees a better understanding of what they do, and when they see a friend or relative who could benefit from the services, they can suggest a case manager," she says. ■

GUEST COLUMN



Life care planners and CMs should collaborate

Each can draw on the other's expertise

By **Patricia McCollom**, RN, MS, CRRN, CCM, CDMS, CLCP
Past Chair, Commission for Case Manager Certification (CCMC)
Member, CCMC Research and Exam Committee
Rolling Meadows, IL

In a complex and often confusing health care arena, case managers are an important resource for patients who need access to the right care at the right time. As they provide services for catastrophically ill or injured individuals or those with chronic illnesses, including elderly patients, case managers may be working more frequently with another group of specialty practitioners: life care planners.

A life care planner may draw upon the expertise of a case manager as a detailed life care plan is developed. A life care plan is a dynamic document based upon published standards of practice, comprehensive assessments, data analysis, and research. It provides an organized, concise plan for current and future needs with associated costs for individuals who have experienced catastrophic injury or who have chronic health care needs (from IALCP Standards of Practice). The case manager must contribute to and act in accordance with the treatment plan that is going to be the foundation for the life care plan. Or case managers may pursue this area of specialty themselves, bringing their vital case management skills to the field of life care planning.

With the aging of the population, the collaboration between life care planners and case managers likely will occur more frequently. Elder care services are being utilized by the so-called "sandwich generation," those with dependent children and aging parents to care for. Working together — with good communication and mutual respect — life care planners and case managers will be able to provide quality, comprehensive care plans that include treatment, ongoing care, and access to care and community resources.

Optimizing the partnership

To optimize this partnership, life care planners and case managers need to be aware of the ethical questions and issues that can arise in life care planning. For both professionals, being an advocate on behalf of the patient is paramount. Providing a fair, equitable and comprehensive life care plan for a catastrophically ill or injured individual requires objectivity and clinical expertise. Within the elder care segment of life care planning, the emphasis is on educating the patient and family to allow them to make informed decisions.

Admittedly, there are times when this is difficult and emotionally challenging. The ethics of the life care planning, however, demand compassion and impartiality, advocacy, and empowerment.

For example, I worked as a life care planner for a patient who suffered from amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. After this diagnosis, the patient decided that, when he could no longer breathe on his own, he would not go on a ventilator. I knew that a great number of people can live for extended periods with ALS, but this was the patient's decision. In my mind, this bright, articulate man died too soon, but I respected his decision. As his life care planner, my role was to educate him about possible

options, not to interfere in his decision-making process.

Life Care Planning and Personal Injury Cases

Objectivity is one of the tenets of life care planning, given its roots in providing litigation support services in personal injury cases. In these situations, the role of the life care planner is more paternalistic, making decisions as a third party hired by an attorney. The ethical challenge is to determine an accurate and honest life care plan whether the plaintiff's attorney or the defense's attorney pays for the services. While this may be difficult at times due to outside pressures, the life care planner cannot be swayed by the interests of the customer — the attorney.

The life care planner and case manager involved in a personal injury case also need to be aware of a significant challenge in developing a life care plan. The plaintiff's attorney only has one chance in court to secure reimbursement for the care that a catastrophically ill or injured person will require for the rest of his or her life. There is no second chance or update allowed. Thus, if the patient is a 3-year-old child with cerebral palsy, the life care planner must conduct extensive research to develop the foundation on which to base the treatment that will be necessary over the life of this individual.

Life Care Planning in Elder Care Management

Life care planning has branched out, beyond services for catastrophically ill or injured patients, to the area of elder care management. As the population ages, there will be greater demand for these services.

According to population projections, 22% of the U.S. population will be older than 65 by 2020. With aging comes an increase in chronic diseases, as well as a greater likelihood for catastrophic injuries suffered by older adults. For example, auto accident injuries suffered by an older adult with osteoporosis are far more severe than similar injuries sustained by a younger adult. Overall, there will be an increased use of health care dollars by this segment of the population.

Life care planning, working in conjunction with case management, will help ensure that the health care dollars are spent in the patient's best interest.

In elder care, it is not the planner's role to make choices on behalf of the patient. Rather, the life care planner educates the patient and/or the family so that they may make the best, informed choices for their needs.

I worked with an elderly patient with cancer who chose to live with his 80-year-old brother as his primary caregiver. As his life care planner, I could offer support and access to resources to make this arrangement work as well as possible. For example, when it became apparent that the patient was not eating well, I presented several options for meals. What he wanted was fresh, home-prepared food, something his brother could not provide. A solution was found through the community. A local church group volunteered to prepare and deliver fresh meals every day.

Through their daily interactions with patients and families, life care planners and case managers encounter ethical dilemmas and challenges. It can be a fine line to walk at times. Understanding the importance of their roles as educators and advocates, working on behalf of patients and their families, life care planners and case managers can make a world of difference for patients and their families.

Ethics Tips:

- **As a life care planner working on a personal injury or liability case, keep in mind that your role is as an impartial third party.** Regardless of whether you have been hired by an attorney for the plaintiff or the defense, your life care plan should be honest, accurate, and fair.
- **As a life care planner providing elder care services, your responsibility is to educate and empower the patient and the family.** No matter what your opinion or preference might be, your role is to provide information on all available options so that the patient and/or family can make the right decisions to meet their demands, needs and preferences.

COMING IN FUTURE MONTHS

- How to better serve multicultural populations
- Managing the care of special populations
- Extending case management into the community
- Why psychosocial problems can impact patient care

• **Working together, case managers and life care planners bring valuable perspectives and expertise to the collaboration.** Rather than being territorial, these professionals need to communicate openly and act cooperatively.

[Editor's note: Patricia McCollom, RN, MS, CRRN, CCM, CDMS, CLCP, is a past chair of the CCMC, the first certifying body for case management professionals to be accredited by the National Commission for Certifying Agencies.

URAC also has determined that the CCM credential is a recognized case management certification. For more information or to obtain an application for the CCM, contact the CCMC at (847) 818-0292 or see the web site at www.ccmcertification.org.

McCollom also is President and Nurse Consultant for LifeCare Economics LTD and Management Consulting & Rehabilitation Services Inc., and is CEO of International Academy of Life Care Planners in Ankeny, IA.] ■

CE questions

9. Humana was the first health benefits company to receive ISO 9001:2000 certification for its clinical operations.
A. True
B. False

10. How many referrals did Humana's Personal Nurses make to disease management programs last year?
A. More than 1,000
B. More than 500
C. More than 2,500
D. More than 1,200

11. What size caseload do the case managers at Integrated Home Care carry?
A. 15-18
B. 42-49
C. 27-36
D. 31-37

12. According to Sherry Aliotta, new president of the Case Management Society of America, how much does noncompliance with medication cost the American health care system?
A. More than $100 million a year
B. More than $100 billion a year
C. More than $250 million a year
D. More than $50 billion a year

Answers: 9. A; 10. A; 11. C; 12. B.

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. ■