



# Case Management

Case Management is an often-overlooked area of the transition from volume to value. Inside a hospital and outside, Case Managers often are the ones that understand the patients, the processes, and the payment models which are the linchpins of obtaining quality care. These are the individuals that see the patients every day and help link the clinical issues with the psychological and social issues.

In the classic models of healthcare, these individuals were primarily focused around utilization review, i.e. getting reimbursed from the payer (prior authorizations, etc.) and discharge planning. Discharge planning was about getting the patient to a safe environment when they are ready to go home and making sure they have the right equipment and education.

In the new models of care these individuals are now charged with making sure things run effectively and efficiently and getting the patient into, through and out of the hospital as timely and expeditiously as possible. These individuals are now responsible for the “pace of the case” duties.

This new paradigm also requires new skill sets. These individuals must be leaders, must be clinically comfortable discussing the case both with the nursing staff and the physician staff. They must also become the eyes and ears of the quality and risk departments in the hospital. It’s essential that they maintain good relationships with physicians so that physicians see them as an asset and expediter, and maintain good relations with the nurses who should see them as collaborators. It’s their duty to understand reimbursement and payment models as well as the processes of each individual payer. Additionally, they must understand the outpatient space so they can link with outpatient Case Managers and other outpatient resources such as dialysis, skilled nursing facilities, and others.

They may be asked to follow medical care plans and preset care algorithms so that evidence-based care can be consistently driven for each patient despite the individual physicians. Additionally, are accountable for leading the bed huddles and ultimately partially responsible for length of stay, quality of care, readmissions, and outcomes.

Leadership skills are imperative, specifically in observation units due to the need to quickly assess and efficiently treat patients for possible admission or discharge.

In this new model, Case Management is a clinical role that must be led by RNs. Social Workers should be used for specific diagnoses or used in a consultant role with an RN team environment. Additionally, some of the challenging patients who have prolonged length of stay should be evaluated on a regular basis to assess the barriers to discharge by Social Workers. These are patients who have been in the hospital over seven days. These meetings are often led by the Chief Medical Officer and the Director of Case Management.

These new Case Management roles are a paradigm shift requiring new thinking at the hospital level and new linkages with the discharge processes. As entities, such as ACO's and IDN's become responsible for the total cost of patient care and outcomes over the care continuum, linkages with outpatient Case Management and other outpatient entities becomes critical.