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ABSTRACT

The article conceptualizes case management in the context of the health service delivery system as a set of goal-oriented activities which organize, coordinate, and monitor service delivery based on measurable objectives intended to meet the needs of chronically ill children and their families. The functions, objectives, and procedures associated with comprehensive case management are identified, and the facilitative role played by the case manager is described. The functional elements of case management are: (1) information dissemination and referral; (2) intake and screening; (3) needs assessment; (4) consensus development of case management plan; (5) implementation of plan; (6) caregiver training; (7) monitoring of plan implementation (measurement of efficiency); (8) evaluation of client progress (measure of effectiveness); (9) refinement of the case management plan; and (10) reassessment. The case manager serves as an informed ombudsman and caregiver trainer for the child and family, and as an informed planner/organizer of the service delivery and financing systems. (JW)

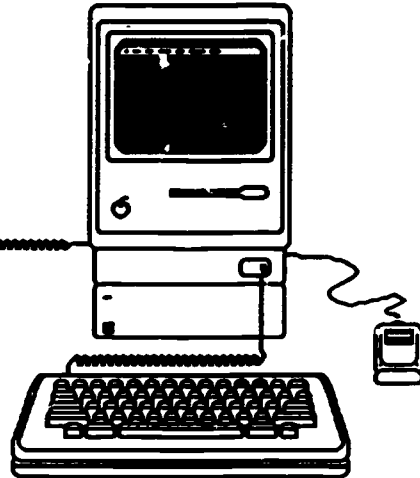
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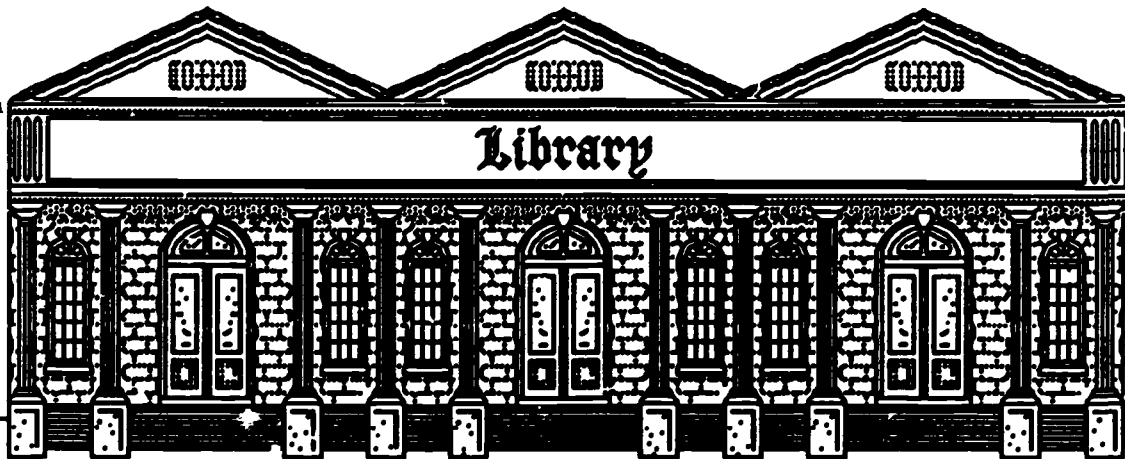


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Focus and Functions of Case Management

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The case management system occupies a unique position at the hub of the health service delivery system. The case manager serves as an informed mediator/ombudsman and caregiver trainer for the child and family and an informed planner/organizer of the service delivery and financing systems, insuring that each is aware of its unique responsibilities and appropriate expectations, and that each is accountable within the relationship.

Focus of Case Management

Case management of chronically ill children and their families is a relatively new but vital development in the provision of health care. However, as an evolving professional activity, case management still requires the articulation of its role within the health field, and of its relationships to other more established services. The purpose of the definition offered here is to identify the functions, objectives, and procedures that are associated with comprehensive case management, and to describe the facilitative role played by the case manager. The guidelines for case management provided in this document were developed from a functional rather than a theoretical perspective. As such, they are intended to stimulate discussion that, in turn, can lead to a consensus among health care professionals and their clients regarding the place of case management within the health care setting.

Over the last quarter century, starting with the Kennedy-Johnson era, the public and private health and human service system has become increasingly complex. Many programs have been developed to address a variety of special health, education, social, and economic needs, i.e., Medicaid, Medicare, Education for All the Handicapped, Aid to Families with Dependent Children, and Developmental Disabilities Services. The development of many of these programs has been in response to advances in medical science which have significantly improved survival rates of children and adults with complex medical conditions. Although these technological and program advances have been positive changes to the health and social service delivery system, their presence has increased the complexity of that system and has complicated access

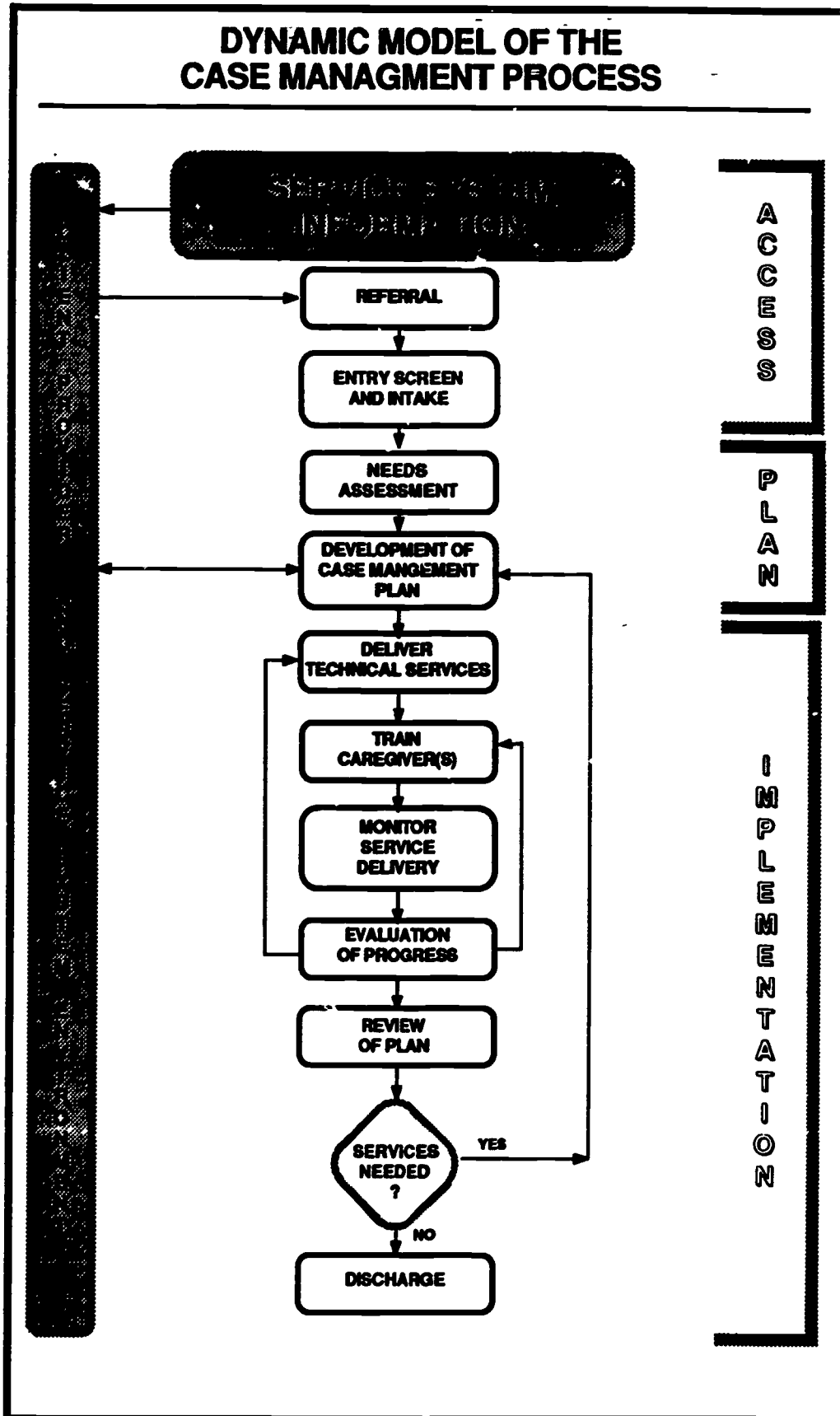
to and utilization of necessary services. Consequently, families with members who have special service needs often must negotiate an arcane maze of bureaucratic access and utilization processes.

Recently, case management systems have received attention as a method for efficiently organizing and facilitating appropriate access to and utilization of services, including home health care. Indeed case management systems emphasizing family-centered care and assisting families to integrate their special needs members into the home and community environment have been identified as a priority by public and private insurers alike.

Case management may be conceptualized as a set of goal-oriented activities which organize, coordinate and monitor service delivery based on measurable objectives intended to meet the needs of chronically ill children and their families. In order to accomplish this the case manager must act with an awareness of the characteristics of both the client and the system, i.e., the recipients and the providers of the managed services. With regard to the clients, case management seeks to promote the health, development and independence of chronically ill children and their families. With regard to the organization, case management seeks to optimize the distribution and consumption of fiscal and professional resources. Indeed, it is the task of the case manager to weave institutional requirements and client needs into an integrated whole. Thus, in order to integrate and efficiently expedite the delivery of services, the case manager must coordinate the relationships among all involved service workers and staff, organization administrators, service providers, and clients.

It is important to note that the case management of chronically ill children and their families is not a linear process, but rather one that seeks the greatest effectiveness and efficiency through continual monitoring and revision of the case management plan. Because the plan is based on outcome objectives, the last four responsibilities of the case manager (monitoring, evaluation, refinement and reassessment) become dynamic in nature, and focus upon insuring an appropriate "fit" between the clients' needs and the systems' services. This orientation of reevaluation and adjustment of the plan, based on the suitability of service relative to present need, is a central to the process of case management (see Figure 1 for a model of this dynamic case management process).

Figure 1



Functional Elements of Case Management

Functionally, the case management system is responsible for a range of activities, including:

1. Information dissemination and referral
2. Intake and screening
3. Needs assessment
4. Consensus development of case management plan
5. Implementation of plan
6. Caregiver training
7. Monitoring of plan implementation (measurement of efficiency)
8. Evaluation of client progress (measurement of effectiveness)
9. Refinement of the case management plan
10. Re-assessment

Each of the functional activities listed above is detailed in terms of its objectives and procedures.

1. Information Dissemination (Outreach) and Referral

A. Objectives:

- a) To gather information about the availability and need for services within the community.
- b) To inform the professional (provider) community and all potential clients about the availability of services.
- c) To facilitate the movement of all appropriate clients into the intake and screening function.

B. Procedures:

- a) Disseminate information throughout the community regarding the availability of services, criteria for eligibility and methods of referral.

2. Intake and Screening

A. Objectives:

- a) To enter into the system for further assessment all (and only) those clients who are eligible for and would benefit from case management services.
- b) To refer to another system, for screening and intake, those clients who may be eligible for and benefit from the services of that other system.

B. Procedures:

- a) Determine if the client is eligible for services by virtue of financial, geographic and/or other demographic factors.
- b) Determine if the client's presenting problems may be addressed

within the domain of the system.

- c) Determine if the client should be referred to another organization(s).
- d) Determine which of the client's needs should be assessed formally.

3. Needs Assessment

A. Objectives:

- a) To obtain information about the client which is necessary for subsequent planning.
- b) To provide clients with the necessary training and education to allow them to participate in the case management procedure.

B. Procedures:

- a) Identify presenting problems.
- b) Determine medical status.
- c) Determine developmental and intellectual status.
- d) Determine psychosocial status.
- e) Determine financial status.
- f) Determine educational status of child and parent/guardian.
- g) Determine quality of family functioning.
- h) Determine status on other relevant dimensions.

4. Consensus Development of the Case Management Plan

A. Objectives:

- a) To develop case management objectives which address the needs of the client.
- b) To identify factors which will impinge upon the implementation of the client's management plan.
- c) To define the time frame within which objectives are to be met.
- d) Specify the orderly and integrated sequence of planned events which will occur and the resources required to meet these objectives.
- e) To establish an agreement with the client regarding the time frame for the implementation of the plan.

B. Procedures:

- a) Prioritize the needs which were identified in assessment.
- b) Develop objectives.
- c) Develop evaluation statements (observable, measurable outcomes which, if achieved, will reduce or eliminate identified needs).
- d) Propose and discuss preliminary strategies for meeting objectives.
- e) Select final strategies for meeting objectives.
- f) Specify time frame for meeting objectives.
- g) With respect to the services and costs (fees) required for case management and the implementation of the plan:

- i. Clearly specify the nature of the mutual client/provider relationship i.e., the responsibilities to, accountability to, and expectations of the client and the providers, including the case manager.

5. Implementation of Plan

A. Objectives:

- a) To facilitate for the client the efficient and effective delivery of services, as specified in the case management agreement.

B. Procedures:

- a) Develop agreements among organizations in order to effectively and efficiently deliver services to the client.
- b) Coordinate, integrate and schedule the delivery of technical professional services.*
- d) Develop mechanisms for monitoring the delivery of technical professional services.
- e) Advocate for support of appropriate new and existing service programs.

6. Caregiver Training

A. Objectives:

- a) To prepare the caregiver to assume as active a role as possible in the care and case management of the child.

B. Procedures:

- a) Promote the caregiver's:
 - i. knowledge of the necessary medical interventions and technical skills relevant to the condition of the child.
 - ii. understanding and competency with the health and social services systems.
 - iii. planning skills regarding the coordination and integration of service delivery to the child.
 - iv. financial planning skills.
 - v. ability to communicate efficiently and effectively with service providers (i.e., professionals, administrators and technical personnel.)

* Although the case manager does not provide the professional technical services, the case manager does provide a comprehensive service for integrating such services into a broad objective based plan of care.

7. Monitoring of Plan Implementation (measurement of efficiency)

A. Objectives:

- a) To assure implementation of those services identified in the case management agreement.

B. Procedures:

- a) Follow implementation of planned interventions in a timely fashion, by:
 - i. obtaining confirmation of scheduled interventions.
 - ii. verifying scheduled exchanges of information.

8. Evaluation of Client Progress (measurement of effectiveness)

A. Objectives:

- a) To develop information which can provide a basis for subsequent determinations regarding the effectiveness of the current case management plan.
- b) To assess progress toward anticipated outcomes identified in the case management agreement.

B. Procedures:

- a) Analyze information generated through the monitoring function. This analysis constitutes a comparison of case management objectives with the actual outcomes of intervention. The analysis may include data related to the:
 - i. effectiveness of client treatment program(s).
 - ii. appropriateness of treatment objectives and strategies.
 - iii. commitment of the client to participate in treatment program.
 - iv. satisfaction of the client with treatment program.
 - v. effectiveness of management policies and procedures.
 - vi. effectiveness of organizational agreements and contracts.

9. Refining the Case Management Plan

A. Objectives:

- a) To refine the case management agreement in order to best meet the present needs of the client.
- b) To improve the services and case management system, in order to meet identified client needs.
- c) When appropriate, to develop new service organizations and management methods in order to meet unmet client needs.

B. Procedures:

- a) Based on the analysis of client status and progress, and in order to best meet the current needs of the client, modify:
 - i. the specific case management objectives.
 - ii. the priority structure of the client's identified needs
 - iii. the specific case management strategies.
 - iv. the specific interventions

10. Re-assessment

A. Objectives:

- a) Insure that the case management plan for each client is appropriate to the current progress of that individual.
- b) Limit case management services to those clients for whom case management continues to be necessary.

B. Procedures:

- a) Determine if terms of the case management plan have been fulfilled.
- b) Determine if case management services are still required.
- c) Determine if client is willing accept continued case management services.
- d) Determine if the responsibility for case management services should be transferred to another system, in order to assure continuity of care.
- e) If appropriate, implement new case management plan.
- f) If appropriate, discontinue case management service to client.

For more information regarding the design, implementation, and assessment of case management systems, and the training of case managers, contact:

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