What is Home Care Case Management?

Printed in USA
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Case Management: What is it…why is it important?

While different approaches to healthcare today are being discussed and evaluated at the local, state, and federal levels, *case management* continues to be a key element in this discussion because not only does it focus on high-quality care and patient-centered decision-making, but also because it supports responsible and prudent use of healthcare dollars.

Case management is a cooperative effort between an individual, their family, their healthcare providers, potential third party payers, and a professional case manager. It includes planning, health assessment, coordination of care, and advocacy to meet all healthcare needs.

In addition to Home Care case management, insurance-based and hospital-based case management are probably the most familiar forms of this healthcare service.

Insurance-based case management is a process intended to make the best use of an individual's resources (including insurance benefits) by coordinating services to avoid duplication and fragmentation among providers.

- For those with catastrophic injuries or chronic illnesses that typically require ongoing and/or complex care, a case manager is the key point of communication among healthcare providers, the affected individual, and the insurance company so that appropriate treatment options can be reviewed and considered, and a plan of care/service plan identified.

- The case manager monitors the plan of care/ service plan and remains in regular contact with the individual, their healthcare providers, the facility, and the insurance company, until care or treatment goals are achieved.

Hospital-based case management is also a holistic approach to inpatient healthcare. It is being used by more and more hospitals as a way of ensuring that patients receive high-quality, timely, and cost-efficient care by consolidating support services (e.g., lab work, pharmacy, radiology) and emphasizing multidisciplinary teams of healthcare professionals. Hospital case management has four key elements:

- **Care Coordination:** A case manager serves as an advocate for the patient with the hospital and the social services system to ensure that the individual receives needed healthcare and related services.
- **Resource Management:** This ensures that the healthcare services an inpatient receives are necessary and appropriate.
- **Outcome Management:** Focuses on a positive outcome for the patient by prudent, appropriate use of clinical and other services. Inpatient, outpatient, and community-based services are consolidated to create the best package of overall care for an individual—while they are in the hospital and when they are discharged to another care setting or home.
- **Disease Management:** The case manager actively works with the individual to reduce episodes of illness and/or to help them better manage their disease through education and self-management of symptoms.

However, no matter what the venue (home, hospital, or in another community-based setting) **successful case management requires effective, timely, and ongoing communication among all parties, and a thorough knowledge of available community resources** to both advocate and promote high-quality, cost-efficient care for the healthcare consumer.

What's the Difference between *Case* Management and *Care* Management?

Often, you may hear references to *case* management and *care* management. And while they do sound very much alike, there are some important differences.

***Case* Management** includes services that assist eligible individuals to gain access to needed medical, social, educational, and other services. It does not include actual provision of those services, but does oversee the process for helping an individual obtain them. It usually is used to help those with chronic health conditions but can also be a practical means of assistance for those with traumatic injuries.

Case managers may be employees of a facility or an insurer (either public or private). However, many are also are independent professionals who contract directly with the individual or insurers to provide these services or are employees of case management companies.

***Care* management**, on the other hand, is a process for tracking a patient over time (or potentially, for the individual's lifetime) and is not limited by any number of episodes of care or hospitalizations. A care manager works with individuals who have chronic or acute diseases, conditions or injuries, and will follow them in all care settings (e.g., at home, in the hospital, at a doctor's office or a long-term care facility).

Care managers are professionals who are privately hired by an individual or their family. In certain cases, their services may be covered by long-term care insurance if the particular policy offers this benefit.

What is Home Care Case Management?

The goals of home care case management are simple and straightforward: Ensure reliable, consistent, and cost-effective care to help individuals achieve and maintain overall health and well-being, with as much self-care and independence as is reasonable.

Using the tools a Home Care Case Manager offers—education, direct communication, strategic knowledge of community resources, and a healthy dose of professional advocacy to facilitate access to those resources—healthcare goals can be realized without the stress, duplication, wasted time and money that often results from struggling with an unresponsive healthcare system.

Home care case management does not make decisions for the individual…but it does work to ensure that the individual (and their family) have the necessary information to make the choices that are best for them.

Better results for the individual…better use of their insurance benefits and healthcare dollars.

How is Home Care Case Management paid for?

Case management services have **traditionally been funded through a variety of sources**, including:

- Private payers such as employer-sponsored insurance

- Medicaid, which includes options that allow for non-medical services (e.g., the Medicaid Rehabilitation Option)
- Medicare and Supplemental Security Income (SSI) for disabled clients
- Social service providers (e.g., child welfare agencies)
- Private foundations and funds, such as United Way
- Private pay—fees may be billed directly to the individual who is using case management services

What do Home Care Case Managers do?

Navigating the healthcare system can overwhelm even the most steadfast among us—it's often a piecemeal, confusing process, and that's where a Case Manager can provide practical help in the following ways:

- **Educate** the individual, their family, their caregiver(s), and members of the healthcare team about treatment options, community resources, insurance benefits, and other concerns, so the individual can make timely and informed decisions about their home care. And, being more informed about the options can help the individual successfully cope with any medical, social, emotional, vocational, and insurance issues as they arise.
- **Assist** the individual in obtaining the care they need—whether in the hospital or at home—and doing this in a timely way to ensure continuity of care and ongoing support for their needs.

- **Ensure that a comprehensive care plan** is in place that addresses *all* of the issues the individual is dealing with, not just their medical illness or condition.

- **Establish and maintain regular contact** with the individual, their family, their caregiver(s), and healthcare team to improve and maintain communication among all parties.

- **Become source of practical assistance** to the individual and their family members—especially if the family is out of state or does not live nearby.

- **Serve as a liaison** between the individual, their physician, the home care agency and other healthcare providers, the insurer (e.g., Medicare, Medicaid, or a private company) and the employer (if applicable) to identify and obtain the services needed.

- **Coordinate** the **necessary services and community resources** that will help the individual return to the best health and well-being possible.

- **Focus home care activities on self-determination** and work to safely move the individual to self-care whenever possible.

- **Supervise any transition to another care setting** in as timely, safe, and complete a manner as possible.

- **Expand the healthcare team** to include the individual *and* their support system (e.g., family and friends), and healthcare providers from the community as well as from facilities, e.g., pharmacists, nurse practitioners, holistic care providers, etc.

Home care case management is based on the individual's needs and goals, and in consultation with healthcare team and their family to ensure those goals are achieved in the most efficient ways possible.

Resources

- Case Management Society of America
  http://www.cmsa.org/

- Case Management Resource Guide
  http://www.cmrg.com/

- American Case Management Association
  http://www.acmaweb.org/