

Graft

<http://gft.sagepub.com>

The Expanding Role of Case Management

Ranae Dahlberg
Graft 2001; 4; 449

The online version of this article can be found at:
<http://gft.sagepub.com>

Published by:

 SAGE Publications

<http://www.sagepublications.com>

Additional services and information for *Graft* can be found at:

Email Alerts: <http://gft.sagepub.com/cgi/alerts>

Subscriptions: <http://gft.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

The Expanding Role of Case Management

Ranae Dahlberg

For transplant patients, case management services are optimized if they begin before the patient has been identified as a potential transplant recipient.

Today's case manager is a health care professional who seeks options within the health care system to provide effective solutions and positive outcomes for patients, payors, and health care providers. The Case Management Society of America defines case management as a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services needed to meet a person's health needs.¹ These are the same components of the nursing process, but case management extends them to cover family systems, health coverage, and the community.

The field of case management was born from the worker's compensation sector in the 1970s. By the mid-1980s, health insurers had implemented a case management function to manage high-cost catastrophic cases. In the 1990s, case management was extended to include the Medicare and Medicaid populations and was established as a presence in additional settings, such as acute care hospitals, nursing homes, home care agencies, disease management programs, and ambulatory care providers.² There has been a tremendous growth in the number of case managers over the past few years, and several certification options are available.

The variety of disciplines provides case managers with widespread employment opportunities. Payor-based case managers may be employed by an insurance company, a case management vendor, or an employer group, or they may be self-employed. In the payor community, case managers may specialize in one or two clinical areas, or provide case management services for a variety of clinical conditions. Case management services can be provided via the telephone, on-site, or through Web sites.

The identification of a patient for case management may be triggered by an inpatient admission, identification of claims related to a potential catastrophic disease, authorization for specific services, or a patient, provider, or family request. For transplant patients, case management services are optimized if they begin before the patient has been identified as a potential transplant recipient. In many cases, however, management does not begin until a transplant program requests authorization for a potential transplant.

Payor-Directed Transplant Case Management

It is important to understand that transplant coverage is varying and complex. Insurance companies sell medical policies where the level of benefits and inclusions and exclusions will vary. For example, a health maintenance organization's coverage policy will generally provide coverage for preventive care, whereas an indemnity insurance coverage plan may exclude preventive care from coverage. Self-funded employer groups may write their own coverage certificates that may have restrictions for certain procedures. Major insurance companies may also have contracts to provide administrative services only for a large self-funded employer. In this instance, it may appear that the insurance company has very limited transplant benefits; however, it could be that the self-funded employer has written their own certificate with exclusions, limitations, and so on. For these reasons, it is critical that a case manager review the patient's coverage to determine specific contract inclusions and exclusions, in-network and out-of-network benefits, coverage for clinical trials, and so on, throughout the process.

Ranae Dahlberg, R.N., B.S.N.
 Director, Clinical Services
 United Resource Networks
 Mail Route: MN010-N169
 6300 Olson Memorial Highway
 Golden Valley, Minnesota, USA 55427-4981
 Tel.: 763.797.4655
 Fax: 763.797.4646
 email: ranae.a.dahlberg@uhc.com

Case managers work with patients and providers to coordinate and manage the maze of referrals, appointments, and necessary notifications to ensure coverage for transplant-related services and remove barriers to care.

Transplant Case Management

Case managers have varied responsibilities. They serve as patient advocates—educating health care delivery teams, patients, and families about options, insurance benefits, community services, and cost factors associated with a disease and/or treatment. Their work follows along the care continuum and involves ongoing assessment of a patient's clinical needs, the understanding of their clinical condition, and treatment options. Along this continuum, they assemble information from patients, family members, providers, and payors, and identify alternative therapies when available.

Case managers work with patients and providers to coordinate and manage the maze of referrals, appointments, and necessary notifications to ensure coverage for transplant-related services and remove barriers to care. This may include arranging transportation and addressing language and cultural impediments. Additionally, as a patient advocate, case managers will research care options and alternatives available to their patients within the transplant arena. Case managers are cohesive in their role, working with a variety of health care providers and services. They promote patient compliance and empower patients by educating them about their care and involving them in it—proven strategies that optimize recovery.³

Case managers continuously assess that the patient and family understand the diagnosis, prognosis, and available treatment options. Throughout the process, they have the responsibility to identify all factors likely to influence a patient's recovery or treatment.

Transplant case management tasks include the following:

- Determining medical appropriateness of request. Case managers are responsible for gathering the information necessary to determine the appropriateness of the transplant. Many times, case managers will work closely with a payor medical director or the medical management staff to determine appropriateness. Internal policies, national technology assessments, national payment policy (Medicare), and peer-reviewed published literature may be used to review the transplant coverage request. Information necessary to complete an appropriate-

ness review for a transplant case includes current clinical condition, past therapies and results of therapy, presence of comorbidities, treatment options (if available), life expectancy, and current medications.

- Assisting patients in selecting a transplant program. Case managers will evaluate options based on the patient's clinical condition, family infrastructure, clinical experience of available transplant programs, insurance benefits, and travel and lodging benefits.
- Identifying financial issues. Case managers gather information about patient benefits, estimate costs associated with procedures, and determine who is responsible for payment and whether coverage is adequate. If a service is not eligible for coverage, the case manager explores alternative sources of care and will assess and evaluate the costs and benefits of various care options. For example, if a patient has a limit on pharmaceutical benefits, the case manager may work with the transplant social worker to explore free or low-cost options available for pharmaceuticals.
- Creating awareness of national payment policies (Medicare), payor payment policies, and the effectiveness of transplant technology based on scientific literature.
- Verifying and communicating benefits and eligibility.
- If appropriate, case managers will review in-network and out-of-network benefits with patients, families, and providers.
- Assisting with lodging and travel needs.

Case managers are also responsible for monitoring payor requirements and reimbursement issues. They need to keep the payor updated so that challenges encountered do not negatively affect outcomes or care. For example, a transplant recipient is receiving home intravenous drug therapy to prevent graft rejection. However, the patient will soon deplete his annual home care benefit. The transplant case manager will discuss available treatment options and treatment settings with the health care providers. The case manager has determined that home care provides a high-quality, cost-effective

means of delivering the health care services necessary (the other option is hospitalization). They will now discuss the clinical information, the reimbursement issues, and a suggested plan of action with the payor. The case manager has proactively attempted to prevent a delay in health care and has provided the payor with treatment and benefit options. In this example, the case manager would suggest that home care services be covered in lieu of more costly alternatives.

To summarize, the role of transplant case management has many components. As patient advocates, case managers work with patients, families, and healthcare providers to ensure that patients understand the costs and benefits of the transplant and the available insurance benefits and limitations. They also educate and empower patients and are trained to recognize the need and availability of community resources.

REFERENCES

1. Mullahy CM. The case manager's handbook. Gaithersburg (MD): Aspen; 1998:9.
2. Bienkowski SL. Lighting the way. *Continuing Care* 2001; Jan-Feb.
3. Mullahy CM. The case manager's handbook. Gaithersburg, MD: Aspen; 1998:446-9.