The Issue Is

What Will It Take for More Occupational Therapists To Become Case Managers?  
Implications for Education, Practice, and Policy

Helene Lohman

Helene Lohman, MA, OTR/L, is Associate Professor, School of Pharmacy and Allied Health, Creighton University, 2500 California Plaza, Omaha, Nebraska 68178-0259. This article was accepted for publication October 23, 1998.

Occupational therapy practitioners function in an ever-changing health care environment dominated by the themes of cost efficiency and quality of care. Case managers focus on these themes by “providing an organized delivery model in an environment of changing funding and structures” (May, Schrader, & Britt, 1996, p. 17). Case management is “a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services to meet an individual's health needs, using communication and available resources to promote quality, and cost effective outcomes” (Commission for Case Management Certification, 1996, p. 1). Case management is a specialty area of practice that can include practitioners from a variety of professions (Fisher, 1996). Traditionally, case managers have been nurses and social workers, with the majority from a nursing background (May et al., 1996; Netting & Williams, 1996). Since the 1980s when case management was introduced into acute care hospitals, nurses have claimed case-management roles (Zander, 1988). Nurses write care plans, have a strong medical background, are politically strong in acute care settings, and have a 24-hour perspective of patient care (J. DeMartinis, personal communication, May 6, 1998; Zander, 1988).

Social worker case managers bring their discharge planning skills and holistic view of patient care to this role (Netting & Williams, 1996). Very few occupational therapists are certified case managers, and those who are usually perform the role in rehabilitation or industrial settings (E. Holt, personal communication, July 1997). Practitioners can bring the occupational therapy perspective to this role by considering meaning in context of the patient's condition and environment, and they can holistically address the patient's medical, spiritual, and psychosocial needs.

I believe that for occupational therapists to be proactive in an ever-changing health care environment, they must take on additional new roles, such as case management. What will it take for more occupational therapists to become case managers? What challenges will they face? What policy changes will need to be made in order to ensure the legitimacy of occupational therapists in this role? These questions were formed during the 3 months I was a participant observer of case management on the surgical, cardiac, general medical, cancer, and intensive care units at an acute care setting. In this article, I draw on specific cases from my experience to illustrate some of the challenges and opportunities for occupational therapy practitioners to manage cases.

Soon after my observation experience began by sitting in case-management team meetings and shadowing a nurse case manager, I realized that my medical background for an acute care setting was limited despite my more than 10 years of practice of which 6 years were in acute care and 7 additional years were in teaching occupational therapy. I did not have sufficient medical knowledge to understand the functional implications of medication side effects or when the values of laboratory tests differed from the norm. For example, chart review of several postsurgical patients with total hip replacement revealed that they were receiving blood transfusions for low hemoglobin levels. This was associated with a higher than normal amount of estimated blood loss resulting from decreased use of autotransfusions during surgery. The need for blood transfusions delayed the start of rehabilitation, which in turn contributed to increased length of stay. On the postsurgical unit and in therapy, these patients also exhibited decreased energy. The case manager, a nurse, identified the medical problems causing the low hemoglobin levels and organized a team meeting. As a result of this meeting, changes were made in the surgical procedure and medical management of this population that ultimately led to quicker discharges.

My own reading of these medical charts revealed only that these patients exhibited decreased energy and motivation during rehabilitation sessions; I had not realized the medical reasons for the decreased energy that affected the patients’ function. My occupational therapy education had not prepared me for this level of understanding. Through networking with the case managers and reading current journals and textbooks, I developed a better understanding of the medical aspects of the treatment as well...
as of the influences of medical procedures and results of laboratory tests.

If occupational therapy students are to be prepared for roles in case management, content of basic occupational therapy education programs needs to change to include understanding all aspects of a medical chart from a functional perspective. Additionally, the Essentials and Guidelines for an Accredited Educational Program for Occupational Therapists (American Occupational Therapy Association [AOTA], 1995a) and Occupational Therapy Assistants (AOTA, 1995b) might be revised to include key words that reflect the current delivery of health care, such as outcomes, clinical pathways, managed care, and patient advocacy. These words would prompt educators to include current health care trends in curricula. The Essentials should also address the medical aspects of care in terms of functional outcomes.

To prepare occupational therapists for case-management roles, advanced training or continuing education addressing the specifics of case management, such as the development of multidisciplinary clinical pathways and economic aspects of interventions, would be beneficial. This knowledge would help with some primary job demands of case management. Continuing education might focus on the task of preparing occupational therapy faculty for teaching case-management content.

Assuming a new role dominated by other professions can be stressful because of turf boundaries. Netting and Williams (1996) reported that “even though ‘collaboration’ is the new buzzword, professional apartheid is alive even among people dedicated in theory to its alleviation” (p. 223). A social worker whom I had encountered during my observation experience reflected that when social workers first worked in the hospital case-management department, it was not easy for the nurses to accept us. Tensions became so high that we eventually had a formal meeting to air concerns and resolve differences, and now the department runs smoother.

A nurse similarly commented, “Even when nurses first assumed the role of case manager, it was difficult because people in the hospital did not know what to expect from case management.” Overcoming tensions about discipline boundaries requires good interdisciplinary communication. Understanding each profession’s educational background, values, roles, norms, and thinking differences helps to enhance this communication (Neuhauser, 1991). It is also helpful for the case manager to acknowledge the expertise of each team member. As one nurse case manager reported,

I always network with other health care professionals when I have a patient concern about an area that I am not an expert. By the same token, those functioning as case managers from nonnursing backgrounds (e.g., social workers) network with me about medical questions.

Demonstrating the ability to manage cases effectively will eventually break down turf barriers. Effective case managers understand the organization’s informal political system. They have good communication skills, show a willingness to do a fair workload, respect differences, and have good conflict resolution and negotiating skills (Rackich, Longest, & Darr, 1992). One occupational therapist functioning as the only nonnurse in a case-management role remarked that what helped her assume the new role, and ultimately gain respect, was her willingness to help other professionals on the unit with some of their workload demands. She also learned to phrase suggestions in a nonthreatening manner.

In the case-management role, occupational therapists can help to facilitate a continuum of care from the acute care setting to the community by developing clinical pathways that include the whole episode of care and that emphasize functional status. This means planning the clinical pathway from before hospitalization to after hospitalization. Moving patients quickly through the episode of care can potentially decrease health care costs. Occupational therapy case managers can incorporate their ideas about work, play, and daily living activities as well as their knowledge about disability and appropriate patient environment into clinical pathways. Beginning occupational therapy case managers will be most effective with patient populations with whom they have had previous experience, such as neurology, oncology, neonatal intensive care, and orthopedics. During my experience in the acute care setting, I was able to draw from my previous clinical experience working as an occupational therapist with patients with total hip replacement and patients with stroke in order to manage cases for these populations. This helped me facilitate discharge planning to the next level of care.

To assume case-management roles, it will be important for occupational therapists to ensure that the formal policies of their institution do not restrict such roles to nurses. They may also contact the Commission for Case Management Certification to secure certification. To be a certified case manager, one needs to be a registered occupational therapist in good standing with the National Board for Certification in Occupational Therapy and one’s state licensure board (if there is licensure in the state) and be able to document acceptable employment experience as a case manager or as supervisor of case-management services. The commission has established three categories of acceptable employment that are based on time frames for employment and amount of supervision provided by either a certified or noncertified case manager: Category 1 requires 12 months of full-time employment under the supervision of a certified case manager; Category 2 requires 24 months of employment as a case manager, with no requirements for supervision; and Category 3 requires a minimum of 12 months directing case-management services. Applicants must demonstrate with an official job description that they have applied the six essential case-management activities of assessment, planning, implementation, coordination, monitoring, and evaluation to five core practice components: coordination and service delivery, physical and psychological factors, benefit systems and cost-benefit analysis, case-management concepts, and community resources. Applicants must also pass a certification examination that covers these five core practice components (Commission for Case Management Certification, 1996).

More publicity in the occupational therapy literature about the certification process and about case management in general would increase the profession’s exposure to this role. The AOTA (1991) has published an official statement entitled The Occupational Therapist as Case Manager asserting that the occupational therapist can serve as a case manager. The AOTA could also publish a list of occupational therapists practicing as case managers who are willing to mentor other therapists who are learning the field or who are hiring a case manager.
Assuming a new role like case management will help expand the field of occupational therapy in today’s ever-changing health care environment. To facilitate the ability of more occupational therapists to become case managers, efforts are needed at the educational, practice, institutional, and professional levels. Once occupational therapists who “pioneer” in case management demonstrate that they have the needed skills to manage cases, they will open up this practice area for more of their colleagues to enter. ▲

References


