The purpose of managed care is to provide affordable, quality health care with functional outcomes in a reasonable time frame. Access, quality, cost, and satisfaction are the usual goals that exist in health care (Pope, 1995). Case management is a major component of managed care and is defined as "a collaboration process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes" (Case Management Society of America, 1993, p. 16). Cases can be managed either internally or externally by a case manager. The internal case manager typically works directly with the client in providing a service or manages claims and medical records. An external case manager usually does not provide client care but, instead, manages the claim and care for an employer or insurance company. This person may or may not be a health care provider. Whether internal or external case managers (in some cases both) are involved (in some cases both would be involved), they coordinate all aspects of care and use of the most appropriate resources (i.e., outpatient services vs. inpatient, general practitioner vs. specialist, local durable medical equipment provider vs. national vendor) (O'Hara, 1994).

Case management is not a profession in the normal sense of the word but rather an area of specialized practice that can include practitioners from a variety of professions. As a result of this evolving specialization, the Certification of Insurance Rehabilitation Specialists Commission (CIRSC) sponsors a voluntary credentialing process that has been developed for case manager certification. This credential is designed to serve as an adjunct to another professional credential in a health and human services profession (CIRSC, 1993), and occupational therapy is one such profession.

To be eligible for voluntary certification as a case manager, an applicant must be of good moral character and reputation and must meet all the licensure or certification requirements and employment criteria presented in the certification guide handbook (CIRSC, 1993). The person aspiring to be a certified case manager must have a license or certificate that is based on a postsecondary program in a field that promotes the physical, psychosocial, or vocational well-being of the persons being served (Commission for Case Managers Certification, 1995), and occupational therapy practitioners possess such education and certification. Additionally, the license or certificate must allow the case manager candidate to legally and independently practice without the supervision of another licensed professional and to perform the six roles and functions of a case manager.
functions of case management—assessment, planning, implementation, coordination, monitoring, and evaluation (CIRSC, 1993)—with which occupational therapy practitioners are already familiar.

Roles and Functions of the Case Manager

There are many functions of a case manager that occupational therapy practitioners routinely perform. Occupational therapy practitioners are trained to evaluate and maximize a client’s function in self-care, play and leisure, and work (Van Deusen, 1995). Any case manager coordinating the care of a client is concerned with the functional level of the person in these areas. The skills that case managers need are an understanding of the injury or illness, ability to act as a life span coordinator (i.e., being able to project future care and responsibilities of the person who is ill or injured), knowledge of costs for specific health care procedures and treatment, and understanding of clinical pathways (Pope, 1995). With these skills, the functions of a case manager, including assisting the client and family in identifying available service providers, coordinating the evaluations and development of a plan, monitoring the implementation of the plan, and reevaluating its effectiveness frequently (Cardinal Hill Rehabilitation Hospital, 1990), become achievable.

In addition to these functions, case managers provide encouragement, support, and feedback to the client, his or her family, payers, and employers. They help clients develop confidence in their own abilities, serve as the clients’ advocate to help them become their own advocates, and may teach them appropriate communication skills.

Closure is a goal for most cases, and critical to case closure is the case manager’s ability to make the client’s needs and progress known to all interested parties and to see the total picture. Occupational therapists have this big picture because their education and training is holistic, and they will attempt to assure that all parties’ needs are addressed. However, some cases may need to remain open for various reasons, such as terminal illness, ongoing medical interventions, and so forth. In these cases, a minimal level of care is desirable because the ultimate goal of case management is to provide timely, cost-effective care. Case managers are considered successful when they meet their client’s needs in a timely manner while controlling costs.

Case Managers and Worker’s Compensation

Whether in response to employer pressure to reduce medical costs of worker’s compensation or in response to the worker compensation carrier’s own need to maintain, if not accelerate, growth in health plan membership, worker’s compensation is a growing area of managed care (American International Group, Inc., 1995). In fact, the American International—Managed Care Division (1995) reported that 250 of the nation’s 379 independently managed health maintenance organizations surveyed are now providing managed care services for worker’s compensation. Of the balance not currently providing such services, more than 60% reported that they plan to enter the market within the next 2 or 3 years.

In anticipation of an increasing demand for worker’s compensation managed care, the need for case managers will grow. In this arena, case managers assume many of the functions described previously. In addition, the case manager assists the human resource manager by acting as a liaison between the employer and the insurance carrier. The client, frequently referred to as the “injured worker,” often sees the case manager as his or her advocate (O’Hara, 1994). Understanding a variety of occupations and skills necessary to do certain jobs is an advantage to case management in this area as is understanding task modifications and job accommodations. With employers spending $40 billion a year on worker’s compensation, the desire to control costs is great (Lubow, 1995). Case managers are one means available to employers to control these costs. My experience as a case manager is that effective case management can reduce lost work days and inappropriate medical care costs. Case managers direct the care to appropriate providers who use an early return-to-work philosophy and communicate to all parties regularly. Depending on to whom they are talking, case managers convey the status of the client and the plan for returning him or her to full duty with no restrictions.

Occupational therapy practitioners understand productive living. They understand job analysis, job accommodations, and many of the issues facing injured workers. Because of this knowledge and their background in the psychosocial sciences, occupational therapists are a natural possibility as case managers for the worker’s compensation population. If the employer does not think the worker can return until he or she is at 100% of the previous level of productivity before injury, the occupational therapist, as case manager, can discuss possible alternatives. If the employee has psychological adjustment issues about returning to work, the occupational therapist has the knowledge and skill to address them as a case manager. Occupational therapists who meet the criteria for certification as a case manager might consider entering the certification process. Possessing this credential may expand their opportunities in the managed care arena. ▲
References


