



## IssueBrief

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# *Current, evolving and always available:* The Case Management Body of Knowledge

**T**he interest and opportunity in case management is rapidly expanding, not just among those who practice (or hope to practice) it, but also among the professionals who deliver and those who regulate health care. The science, practice and policy of case management are changing, increasing the need for to up-to-date, easily accessible information about case management knowledge and process. And we know textbooks and journal articles may be out of date before they hit the press.

The convergence of these trends has created an as-yet unmet demand for comprehensive, current information for case managers. To address this need—and to realize its mission of advancing the practice of case management—the Commission for Case Manager Certification (CCMC™, or the Commission) on June 1 will launch the Case Management Body of Knowledge™ (CMBOK™).

The CMBOK is the first up-to-date, comprehensive, peer-reviewed online resource for the professional case manager and those interested in the practice of case management. It offers inclusive information in one place, in an easy-to-access, use and understand, Web-based format. Simply put, the CMBOK is *the* go-to resource for those interested in the process and practice of professional case management.

*A two-year process funded by CCMC offers the industry's first up-to-date, comprehensive, online resource for the professional case manager and a valuable reference and training tool for the board-certified case manager.*

## Mind the gap

The impetus for the CMBOK was obvious: There has been a dearth of information available about the field. “We looked. We couldn’t find it,” said Annette C. Watson, RN-BC, CCM, MBA, the Commission’s chair. “And if we couldn’t find it, who could?” To be certain, the leadership consulted with its constituency, which includes 30,000 board-certified case managers around the country. They validated the information void.

Case managers know their profession, but they are hungry for more information and are seeking resources to learn more about their field—its requirements, the process, best practices, related regulations and more. The advent of new models of care under health reform—in particular, the medical home and accountable care organizations—adds another element of urgency to the quest for knowledge: Health care delivery is undergoing tremendous transformation, and case managers want to be prepared.

## No standard curriculum

Yet, there are very few courses of study and, historically, no standard curriculum, Watson explained.

Case managers *need* access to that information. “Often, a career path as a case manager is essentially accidental. Before becoming case managers, people are typically licensed in a clinical practice area—social worker, therapist, registered nurse, etc.,” Watson said.

“Case management is not a standalone profession the way that

social work or nursing is. It’s really an area of practice,” she explained. The Commission advances the understanding that case management is not in *itself* a discipline; rather, it is an area of specialty practice within one’s health and human services profession, be it nursing, social work, vocational rehabilitation or some other field. Such an approach is crucial in today’s multidisciplinary, team-based settings.

But this approach also makes developing a standard curriculum challenging.

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Few resources exist to prepare professional case managers for their jobs, and there has been no single, comprehensive knowledge source to turn to about the process and practice of case management. Neither has there been a single reference work for established, board-certified case managers—those who have passed the Commission’s rigorous CCM® certification exam—to reinforce and refresh their knowledge

of the foundational elements involved in case management.

Until now.

## Across the spectrum

The CMBOK can be used by those board-certified case managers who manage or run a case management division as a staff training tool, as well as by those seeking the very skills one needs at entry level. “That’s what we were trying to create when we envisioned the Case Management Body of Knowledge,” Watson said.

CMBOK is an online continuing education and resource tool offering practice and process knowledge to equip today’s professional case managers with the foundational knowledge they need for effective and competent practice. The more up-to-date case managers are, the more standardized their practice, the more effective they will be.

Moreover, the CMBOK will improve overall efficiency by minimizing the time and effort spent searching for appropriate, reliable and current information about the general practice of case management, Watson predicted.

The Commission intends for the CMBOK to be used in institutional, academic and employer environments as well, delivering information to a student population or workforce. The content is appropriate for anyone with an interest in—or a need to know about—case management. Every major health reform effort and program recognizes the value of care

coordination, so the potential audience for the CMBOK also includes policymakers, regulators and health advocates who need to understand the function of care coordination and the role of professional case managers in performing that function.

“We anticipate government agencies using it as well as quality and accreditation groups. Anyone seeking information about what a case manager does and the process the professional case manager uses to coordinate care will know they can find more about what they are looking for with one click,” Watson said.

CMBOK fills a gaping need, she noted, pointing out the widespread lack of understanding among lawmakers, policymakers and regulators. But they are willing to learn if there is a credible source for this knowledge. “They *do* recognize what they don’t know.” Watson has already identified interest in the legislative offices and government agencies she has visited. “They are looking for resources and turning to qualified groups like the Commission to provide that information.”

## Putting it together

Making the CMBOK operational was a long and deliberate process, requiring the expertise of multiple task forces, focus groups, subject-matter experts, writers and editors.

As knowledge editor, Hussein Tahan, DNSc, RN, was charged with pulling it all together. He provided oversight, review and quality control of the comprehensiveness, accuracy and validity of the



knowledge content throughout the development of the CMBOK.

Tahan worked closely with the Commission’s new product development taskforce and consultants, the writers, copy editors and information designers to verify that the content reflects the rigorous standards case managers need and expect from the Commission.

Undergirding the entire project is the professional case manager Knowledge Framework, based on ongoing CCMC research and knowledge from experience with the CCM examination.

Under Tahan’s guidance, the process began with a panel of subject-matter experts that met regularly and developed the framework, with the assistance of

a case management researcher and an expert in creating knowledge frameworks. The subject-matter expert panel reflected diverse backgrounds: nursing, social work, vocational rehabilitation counseling and behavioral health specialists; various case management practice settings (e.g., acute care, health insurance, government/Veterans Administration, private practice, rehabilitation); and U.S. geographic regions.

The subject-matter expert panel developed the Knowledge Framework during an intensive weekend workshop in October 2009, drawing on the members’ own experience and expertise. Tahan said the driving question was this: What does today’s case manager need to know to effectively perform the role?

The panel reached consensus on seven essential domains of case management knowledge, 38 sub-domains, more than 350 specific knowledge topics and nine major phases in an overall Case Management Process. These elements formed the case management Knowledge Framework, which became the foundation for the CMBOK.

At that point, a Commission customer feedback group, the Customer Advisory Panel (CAP), reviewed the framework. The Commission's CAP consisted of more than 60 people—case managers (some board-certified and some

not) and supervisors from key market segments, practice settings and professional disciplines.

Once CAP approved the framework, it was time to move from concept to execution—creating the content for the CMBOK itself.

### The writing process

Writing a living document of the scope of what professional case managers should master to perform their jobs was foundational to the CMBOK. It requires a skilled team of professional and expert writers, copy editors and case managers/writers.

The subject-matter experts remained involved, providing knowledge and validation during this content writing process. Tahan developed detailed style guides, writing templates, outlines and explanations of principal case management terms to ensure the consistency of their use throughout.

Professional writers interviewed subject-matter experts, conducted literature reviews on the various topics and prepared the initial drafts.

Tahan himself edited, revised and finalized the initial drafts before submitting them to peer review. Objective outside reviewers

## The Case Management Knowledge Framework



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provided quality assurance, checked for comprehensiveness and ensured the final product reflected the different practice settings and professional disciplines of professional case management.

The reviewers gave their feedback, identifying gaps that Tahan and his team addressed. Final documents were sent to Web editors and copy editors who prepared them for the next step—formatting and readying for the CMBOK website.

The process, from inception to launch, has taken nearly two years thus far, with an anticipated launch in June 2011. CMBOK is a work-in-progress; content development will continue as the profession grows, matures and expands.

## The challenge

The CMBOK's greatest asset—its depth and breadth of knowledge—also presented its greatest obstacle.

"The greatest challenge has been and will continue to be condensing the material to meet the needs of the various disciplines and audience," Tahan said. Case managers come from a variety of professional backgrounds. There's a tremendous amount of information; identifying what goes in and what is left out is a demanding task.

One way to address this challenge is by ongoing customer feedback. Because the CMBOK is online, users can make comments and suggestions; Tahan and his team can analyze such feedback and make appropriate changes.

***"Case management is going to become part and parcel of health care delivery. No health care delivery model will be successful without a case management component."***

—HUSSEIN TAHAN, DNSC, RN, INDEPENDENT CONSULTANT AND RESEARCHER, INTERNATIONAL HEALTH CARE MANAGEMENT & CONSULTING, NEW JERSEY AND KNOWLEDGE EDITOR, CMBOK

To ensure the CMBOK remains current, the Commission will engage an advisory board of case management professionals that, working with the knowledge editor, will on regular basis identify areas in the CMBOK that should be updated or added. A cadre of expert writers will be available as new material is required, while minor changes can be made by the editor and/or members of the advisory board, Tahan said.

Because of its evolving nature, the CMBOK can be changed on the fly—a very attractive asset, said Watson: "This will never go out of date."

Moreover, Watson noted, the medium allows the CMBOK to transcend national borders. "It's limited—for now, at least—only by language. If they speak English, someone on the other side of the world can benefit, including professional organizations in other countries. This is of global value."

## All in the timing

The value of the CMBOK will continue to grow as the profession and its significance in the health and human services care continuum expands. Two years ago when the

CMBOK was first discussed, the Affordable Care Act had not been passed and the emphasis on the role of the case manager in health care regulations was minimal, Tahan said.

The increased significance of care coordination, transitional care and case management since the CMBOK was conceived make it an even more vital resource today.

Care coordination is essential to safe, efficient and effective patient-centered care delivered across care settings and payment sources. A board-certified case manager can assist patients as they seek to identify clinical, financial and social resources; offer assistance as they navigate care transitions; and work in partnership with the client to identify quality care and ensure satisfaction.

The Affordable Care Act and the many initiatives around care coordination and transitions of care will drive more important changes in the field. For instance, the April 11, 2011 announcement of the new Partnership for Patients safety initiative from the Department of Health and Human Services introduced new funding for hospital-based patient-transition programs. "Case

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management is going to become part and parcel of health care delivery,” Tahan said. “No health care delivery model will be successful without a case management component.”

Watson agreed. She pointed out that Centers for Medicare & Medicaid Services (CMS) is floating the possibility of reimbursement for case management services through case management-specific codes. “That was unheard of 20 years ago.” Care coordination is one of only five categories of quality measures included in the recently released Accountable Care Organization Shared Savings program standards from CMS. The overall performance of ACOs on the set of 65 quality measures will determine payment in shared savings, elevating the need for qualified personnel to head these programs.

With that possibility, a new question emerges: Who is qualified to

receive reimbursement under these new models?

As CMS attempts to answer that question, the board-certified case manager and the CCM certification will become increasingly important, Watson said. “CMS is concerned about what level of practitioner is providing service. They want to pay for value, they want to de-frag the cumbersome process of accessing the right care. When it’s a clinical professional with appropriate credentialing, they start to look at that the same way they look at other professional reimbursement.”

This is particularly significant as care coordination comes to the fore as a valuable cost-control tool for policymakers, payers, providers—and patients—around the country. “Care coordination is *the* hot topic related to the field,” Watson said. However, it is being defined in a number of different ways by a number of different people and

organizations. Each has its own take on the definition; there is no single standard.

“As a credentialing body, that’s of great concern to us,” Watson said. “People talk about doing care coordination. Our question to them is, ‘Who do you think is qualified to do this?’ ”

The answers vary, she said. “This is not a role that organizations can afford to delegate to non-professionals. When you are measuring outcomes such as the number of hospital readmissions or whether transition services were appropriate, you need professionals in place with advanced knowledge, training and expertise. Care coordination is both a science and an art.”

A fragmented approach does nothing to promote true coordination. “The value proposition of the board-certified case manager is demonstrated when it comes to care coordination, and we’re in a position to lead the conversation about its role in new models of care,” Watson said. “These professionals thoroughly understand the landscape from a knowledge standpoint, but also know the communities they serve and can blend the clinical, financial and social aspects of care coordination that lead to great patient outcomes. They have the necessary skills to both motivate and inform the patient and advocate for the best care.”

## **Transforming health care**

The Commission has long been the leading advocate for

advancement of the professional case manager and the practice of case management. As the role of the case manager has changed, so has the Commission.

“Until now, we’ve focused on the exam and only the exam,” Watson explained. “But now, we’re committed to the advancement and evolution of the case management profession, not just through the certification process, but through related programs and services. This is a salient moment for the case management profession, and the Commission is equipping case managers not just for now, but for the future through the CMBOK.”

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The CMBOK represents just one step toward that continuing evolution. The Commission envisions offering more programs and services that advocate for and enhance professional case manager practice and promote excellence. The CMBOK can be used by supervisors as a resource for staff training, by academic leaders to inform graduate programs, and by front-line case managers to inform patients and other members of the

care team about the role of case management. For all case managers seeking continuing education credit, CMBOK is a peer-reviewed, trusted resource.

As the Commission examined the evolving need for information, a tremendous opportunity to advance the science of case management to the benefit of everyone, especially the patient, became clear.

Watson has been involved with case management and the Commission for nearly 20 years—“almost since the beginning of certification.” Case managers were not widely used in the managed care environment during those early years; the concept was very new.

“When I became certified, the practice areas looked very different. The practice was more narrowly focused on rehabilitation.” Over time, the practice of case management has evolved into something much broader. Its boundaries continue to expand. The Commission has evolved as well. The exam has changed, and the Role and Functions study, conducted by the Commission every five years, continues to identify changes in the practice of case management. Case managers are now practicing across the spectrum of health and human services, she said.

The exam has changed to reflect how, and how much, case management practice has changed. “It follows practice changes, and it also leads them,” Watson said.

## **An opportunity to lead**

The CMBOK provides a new opportunity for leadership, and Watson is enthusiastic about the prospects. “The Commission can not only fill an education gap, but also take the lead in advancing the science of the practice. It’s a tremendously exciting opportunity,” she said.

That enthusiasm is contagious, especially in terms of how the CMBOK will affect health care, both as a resource tool for policy-makers and as an important educational tool to help today’s professional and board-certified case managers to better serve their clients’ needs.

It *is* “a tremendously exciting opportunity”—for patients and their families as well, Watson said. Knowledgeable case managers deliver efficient, high-quality, patient-centered care to clients. “The CMBOK is ultimately a pathway to disseminate foundational case management knowledge from the nation’s most respected experts to case managers in the field. And that will translate to safer, more efficient, more effective care for patients.” ■

## About the Experts



**Hussein Tahan, DNSc, RN,**  
*independent consultant  
and researcher, International  
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Tahan is a respected public speaker, educator and researcher and has published more than 80 articles. He is the co-author of *CMSA's Core Curriculum for Case Management* and *Case Management: A Practical Guide for Practice and Education* and currently a member of the editorial advisory board of the *Professional Case Management* journal. As a leader in health care with more than 20 years of experience, Tahan's case management career began in the early 1990s with completion of his MS in Nursing Administration and the research he conducted on roles and functions of case managers.

An active member of the Greater New York Chapter of CMSA for more than 10 years, he serves on national taskforces, including the NTOCC Measurement Group, URAC Measures Advisory Group, and the AHRQ-funded case management outcomes study conducted by the Oregon Evidence-Based Practice Center. Tahan conducted the 2004 and 2009 Commission research on roles and functions of case managers. He is also a past CCMC chair.



**Annette C. Watson, RN-BC,  
CCM, MBA,** *chair, Commission  
for Case Manager Certification  
and principal of Watson  
International Consulting*

Watson is the founder of Watson International Consulting, a consulting firm specializing in the effective design of strategies that result in health and human service organizational performance improvement consistent with the IOM Six Aims and the IHI Triple Aim Project. Recent clients have included the U.S. Department of Defense/TRICARE, the Disease Management Association of America and the Association of Community Care Centers. She currently leads a medical home transformation project in the Hudson Valley for the Taconic IPA.

Previously she served as the managing director of global emerging business for CARF International, and before that as a senior vice president at URAC, where she was also the organization's first chief accreditation officer. She has held executive, management and clinical positions in the hospital, home health, family practice, insurance and managed care settings.

Watson became chair of the Commission for Case Manager Certification in June 2010; she has served as a Commissioner since 2007. She is a long-term member of the Case Management Society of America (CMSA) and was a founding member of the New England Chapter. She recently served on the CMSA National Standards of Practice Committee and the Governance Task Force.



The Pathway to Certification is CCMC

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