



## IssueBrief

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### Growing Trend:

# Case management certification desired [and paid for] by more employers

FOR MORE THAN A CENTURY, case management has meant better coordinated care for patients with complicated health needs. Over the past two decades case management transitioned from a narrowly applied function to a ready tool to manage complex cases in workers compensation, behavioral health, insurance and managed care organizations. Today, tens of thousands of case managers are employed in a range of health care settings and in independent practice, and case management is among the job categories projected to grow much faster than the average for all occupations.<sup>1</sup>

### History of an Evolving Profession

Early in the last century, public health nurses and social workers began to coordinate care for patients with complicated health needs. After World War II, the U.S. government employed a variety of nurses, social workers and other practitioners to aid soldiers living with the results of complex injuries after the war. Following this pattern of expanded use of care coordination, insurance companies began to employ nurses, social workers, and vocational rehabilitation counselors in the 1950s and 1960s to help coordinate care for members requiring individualized care plans with multidisciplinary intervention.<sup>2</sup>

*The employer perception of the growing importance of certification suggests that employers view certification as a quality indicator, a proxy for demonstrating competence that an employer is willing to pay for and even require.*

SOURCE: Key Finding from 2009 CCMC Role & Functions Survey.

By the 1970s, Medicare and Medicaid launched demonstration projects evaluating case management in community programs for the mental health and developmentally delayed populations. Meanwhile, workers' compensation insurers in the private sector initiated case management services, and a small group of private rehabilitation firms emerged to provide medical management and vocational placement services to injured workers under states' workers' compensation systems. The 1980s and 1990s saw formalization of standards for case management and the establishment of the Commission for Case Manager Certification (CCMC) as the first nationally accredited organization that certifies case managers with the Certified Case Manager (CCM®) credential, considered the most demanding in the industry. More than 30,000 people now hold the CCM credential.<sup>3</sup>

Case managers who have earned the CCM have demonstrated that they have the expertise, knowledge, and professional experience needed to serve patients with complex health challenges. In addition to the rigorous knowledge and experience base necessary to pass the CCM and achieve certification, those holding the CCM agree with and are committed to upholding the professional and ethical standards contained in the Code of Professional Conduct for Case Managers, which is enforced by the CCMC.

## Today's Case Manager: Recognition of the Professional

In the fall of 2009, CCMC surveyed nearly 30,000 case managers and analyzed the results from 6,909 completed surveys to create a detailed profile of the role of case managers today and the functions they perform across care settings. Although the survey is primarily designed to inform CCMC's certification examination process, it also offers a look into current trends in case management, the skill set used in the field and the knowledge necessary to operate in today's rapidly changing environment.

A key finding of the survey is that the case management field appears to be "professionalizing." The number of respondents educated at a bachelor's degree or higher level is increasing (65 percent in 2009

compared to 60 percent in 2004), and the requirements and rewards associated with certification also seem to be growing. More employers require certification (36 percent in 2009 compared to 26 percent in 2004) and more employers offer additional compensation for certification (27 percent in 2009, up from 20 percent in 2004).

The employer perception of the growing importance of certification suggests that employers view certification as a quality indicator, a proxy for demonstrating competence that an employer is willing to pay for and even require.

The increasing demand for case management certification is strongly connected to market factors moving organizations towards more defined quality standards. URAC, the 20-year-old organization focused on consumer

protection and empowerment that accredits health plans and a range of other health-focused organizations, embeds certification of case managers within its quality standards programs. URAC's Case Management Accreditation program, launched in 1998, assesses the operation of case management services in organizations such as health plans and stand-alone service providers. These external, independent accreditation standards require individuals who supervise case managers in health care organizations to be certified, and list case manager certification as among the qualifications for case managers (case managers

## Key Knowledge Areas Tested for the CCM Credential

The primary purpose of the CCMC's Role & Functions Survey, conducted every five years, is to capture an in-depth, scientifically-based look at the current state of case management practice. The research supports an evidence-based certification examination for the CCM credential.

Based on the research, CCMC develops test specifications that examine the following six domains of case management practice:

- Case Management Concepts
- Health Care Management and Delivery
- Principles of Practice
- Health Care Reimbursement
- Psychosocial Aspects
- Rehabilitation



***"My new employer appreciates the case management experience and ongoing training needed to maintain the CCM certification."***

—**LISA WOODRING**, LSCSW, LCSW, CCM, RN, DIRECTOR OF CLINICAL OPERATIONS FOR CLINICAL TRIALS TECHNOLOGY, INC.

may also hold a bachelor's or higher degree in a health or human services related field, or hold a registered nurse license to meet this standard).

Accreditation is a benchmark for quality often sought by large purchasers, such as the Federal employee health plan and some state government plans. Professional certification of those in the vital role of case manager is an extension of the trend towards tangible quality standards in the health care industry.<sup>4</sup> Certification of case managers establishes a common denominator for professional expertise, and encourages adherence to standards and attention to a code of ethics and uniform practices that point to accountability.

The majority of case managers surveyed in the CCMC study possess between six and 15 years of experience in case management behind them. While certification in case management may seem at first blush unnecessary in the context of such generous experience in the field, it represents a level of expertise that will only become more valuable in the coming years as Federal and state-sponsored health programs seek to standardize

professional qualifications and quality measures.

### **First-Hand Lesson in Value of CCM**

Lisa Woodring, LSCSW, LCSW, CCM, RN, learned this lesson first hand when her employer, a behavioral health company, won a Federal employee contract in 2001. She had more than a decade of proven experience and supervised 15 case managers as senior vice president of clinical operations for a regional behavioral health managed care company in Kansas. The new contract demanded that she add certification in case management to her already impressive list of credentials.

"I went in to the certification process kicking and screaming," Woodring said. "It seemed like all the materials I had to know were medical. I worked in the behavioral health and substance abuse field, and I hadn't done nursing case management for quite a long time."

Woodring passed the examination and said she found the process immediately useful. "It broadened my knowledge base and made me look at Medicare again, and a lot of material I hadn't worked with in

vocational rehabilitation," she said. "I went back to work and was able to effectively supervise case managers for our Federal policy based on what I had learned. I know that my training for the CCM impacted my policies and desktop procedures, and the way I thought about all the medical areas that affect our cases. The CCM is an impressive credential, and I certainly use it."

Because the CCM addresses case management across the entire spectrum of care settings, Woodring also discovered a new level of professional empowerment. Woodring's company worked collaboratively with the local health plan to provide behavioral health services under the Federal employee contract. The CCM credential elevated her professional status, and gave her the confidence and knowledge base to redesign and improve the company's systems for better care coordination.

"Because I had the CCM and was a registered nurse, and all the nurse case managers at the health plan that I worked with were also certified, I was on an even playing field when I talked to them," Woodring said. "It helped me to bridge that gap, and to talk to them about how

we could improve our systems to identify patients with co-morbidities and put coordination of care services in place. The medical world is waking up to the fact that people are whole people; their psyche is related to the other body parts and organs. If you have a diabetic who is also depressed, whether that depression came first or second, we know they just don't do as well. Case management jumps in there to give patients the extra support they need to get the appointments scheduled and attended, get the medications and get the doctors to communicate with one another. I don't know what health care, and especially co-morbid behavioral health and medical care, would do without case managers."

***"Becoming certified adds a seal of approval to the value a case manager brings to our members."***

—**SANDY WEDERQUIST, RN, CPUM,**  
DIRECTOR OF CARE MANAGEMENT  
FOR BLUE CROSS AND BLUE SHIELD  
OF KANSAS CITY, MISSOURI

With her new credential in hand, Woodring worked with her medical case management colleagues at the local health plan to set up a program to identify and cross-refer patients needing co-case management. "We were able to demonstrate our return on investment for the program after three years—a measurable reduction in pharmacy costs and patient emergency room visits," she said.

Woodring was also influential in seeing that case management supervisors serving under her were compensated for the studies and testing required to achieve the CCM certification. She added what she learned from the training to her own leadership activities, including frequent employee and team approach review of the case manager Code of Professional Conduct.

## **External Drivers Propel Professionalization**

Just a few miles away from Woodring, Sandy Wederquist, RN, also recognizes the value of case management standards and certification. Wederquist is director of care management for Blue Cross Blue Shield of Kansas City, supervising 11 case managers for the company, which provides services for 800,000 covered lives across the country. The 20-year veteran was recruited to case management as a supervisor in home health, and has guided the care management division (which includes concurrent review, discharge follow-up, prenatal care management, case management and disease management) through both URAC case management and NCQA complex case management program accreditations.

"Adoption of standards drives our work," Wederquist said. "Goal setting and monitoring has become our practice. We audit our nurse case managers by URAC and NCQA standards, so that the whole practice of standardization of documentation and requirements is a daily practice for us. Becoming certified adds a seal of approval to the value a case manager brings to our members."

## **Key Trends Identified in the 2009 CCMC Role & Functions Survey**

The 2009 CCMC Role & Functions Survey identified a number of key trends for case management, including:

- Increased Visibility & Accountability in Case Management
- Government to Play Greater Role/Regulatory Compliance
- Increased Focus on Return on Investment/Outcomes/Cost-effectiveness/Value
- Increase in Case Loads and Work Load/ Limitation of Resources; Need for Case Managers to "Do More with Less"
- Blending of Roles/"Need to Know More about Everything and Anything"
- Increased Need for Advocacy and Balancing Competing Interests
- More Activity in Wellness, Prevention & Chronic Disease Management
- Greater Emphasis on Client-Centered Care: Cultural Sensitivity, Psychosocial Aspects, Medical Home
- Greater Emphasis on Transitions of Care and Collaboration Across Care Settings/Continuity of Care
- More Evidence-based Care
- More Use of Technology in Case Management (Electronic Health Records, Predictive Modeling Tools, Internet-based Education and Communication Tools)

To encourage more case managers to seek the case management credential, Blue Cross Blue Shield of Kansas City reimburses case managers for the cost of continuing education to train for certification exams, and for the cost of the exam itself.

## Principles, CCMC Code of Professional Conduct for Case Managers

- 1 Certificants will place the public interest above their own at all times.
- 2 Certificants will respect the rights and inherent dignity of all of their clients.
- 3 Certificants will always maintain objectivity in their relationships with clients.
- 4 Certificants will act with integrity in dealing with other professionals to facilitate their clients' achieving maximum benefits.
- 5 Certificants will keep their competency at a level that ensures each of their clients will receive the benefit of services that are appropriate and consistent for the client's conditions and circumstances.
- 6 Certificants will honor the integrity and respect the limitations placed on the use of the CCM designation.
- 7 Certificants will obey all laws and regulations.
- 8 Certificants will help maintain the integrity of the Code.

*SOURCE: From the Code of Professional Conduct for Case Managers, adopted by the CCMC November 1996 and revised January 2009.*

"From an insurance perspective, certification is becoming a standard practice. You don't have to be certified when we hire you, but it's preferred, and you will have to get certification within three years." Wederquist said an applicant who already has the certification behind her will get "extra points on her interview."

In total, more than half of case managers say their employers either require certification or financially reward certification—or both, according to CCMC's 2009 Role & Functions Survey. This number includes employers who require certification, but don't pay more for it, and also employers who don't require certification, but do offer rewards to those who are certified. It also includes a smaller number of employers who both require certification for the position and offer extra compensation for the certification.

For Woodring, the CCM credential opened up a world of new opportunities in an expanding job market because of the breadth of knowledge she could demonstrate through the credential and the proven ability to work in a variety of practice settings. After working in the behavioral health case management field, Woodring has changed careers and is director of clinical operations with a clinical research firm, Clinical Trials Technology, Inc.

"I think obtaining the CCM helped me tremendously in the job market," Woodring said. "My new employer appreciates the case management experience and ongoing training needed to maintain the CCM

certification. Respecting the rights and inherent dignity of all patients, maintaining objectivity in relationships with patients, acting with integrity with other professionals and placing the public interest above their own at all times reflect good clinical practices in research and are some of the guiding principles for conscientious case management—a perfect fit." Woodring has already instituted enhanced communication and patient follow up systems for patients and their providers in her new position.

"The certification is very impressive to employers," she said. "I have the freedom to move to a different job or role and I know the CCM is recognized."

Wederquist said the growing role the case manager plays in the facilitation and coordination of care is expanding, especially as new models of care emerge. Her company is launching a medical home pilot project for its members with 99 physicians on board. Case management will play an integral, although as-yet undefined role in that project, expanding opportunities for case managers to move into this evolving role.

The practice of case management spans the entire health care continuum. Recognition of the value of case management certification is growing as rapidly as the opportunities to practice the profession are expanding in new models of care. Case management certification has been shown to benefit the health care organization, producing enhanced case management expertise and improved case manager

documentation. Patients benefit through improvements in case managers' ability to handle and understand the intricacies of complex cases. Certification also benefits the case manager, who experiences significant knowledge growth and professional

development throughout the certification process that results in increased self-esteem and pride in their achievement, and an enhanced professional demeanor when collaborating with patients, families, and health care providers.<sup>5</sup>

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## ENDNOTES

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The Pathway to Certification is CCMC

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## About the Experts



**Lisa Woodring, LCSW, LCSW, CCM, RN**, is director of clinical operations for Clinical Trials Technology, Inc. in Prairie Village, Kansas. She earned her bachelor of science in nursing at Rush University of Chicago and her

master's degree in social work from Loyola University of Chicago. She has worked in professional case management for 14 years, and previously served as education program manager for the Joint Commission on Accreditation of Healthcare Organizations and as a medical social work and child protective services coordinator for the University of Chicago Medical Center. She is a member of the Certified Case Management Society and has held the CCM credential since 2000.



**Sandy Wederquist, RN, CPUM, CMAC**, is the director of care management for Blue Cross and Blue Shield of Kansas City, Missouri. She has worked in the case management field for more than

20 years and has significant experience with URAC and NCQA accredited case and disease management programs. Wederquist earned her bachelor of science in nursing from the University of Central Missouri in Warrensburg and is a member of the Case Management Society of America.