



IssueBrief

February 2015

Foundational principles

Newly revised Code of Professional Conduct provides a framework for ethical, high-quality care

After months of review, research and work, the Commission for Case Manager Certification® has released its revised Code of Professional Conduct for Case Managers. Developed by professionals for professional case managers, it provides ethical guidelines and principles. It's neither a roadmap nor a rule book: That's because professional case management requires wisdom, judgment and critical thinking. The Code honors this and continues to resonate with its recent updates.

Compliance with the Code is an expectation for every board-certified case manager (CCM®). Accepted throughout the industry, the Code provides the framework for all case managers to follow. Case managers who carry the CCM credential commit to providing ethical advocacy for their clients, putting the client's safety, privacy and autonomy first.

"These are values we are instilling in case managers," says Vivian Campagna, MSN, RN-BC, CCM, chair of the Commission's Committee on Ethics and Professional Conduct. It leaves the day-to-day practice decisions to each board-certified case manager. "We don't want them looking up an answer. We want them to ask questions, to think about the implications, ramifications and consequences of their actions in the context of established principles." (Those principles are listed in the figure on the next page.)

That's precisely the sort of thinking that went into developing and revising the Code.

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CHAIR OF THE COMMISSION'S
COMMITTEE ON ETHICS AND
PROFESSIONAL CONDUCT

"Health care is undergoing unprecedented changes. It was incumbent upon the Commission to conduct a rigorous review and update of the Code in light of these changes."

— PATRICE SMINKEY, CHIEF EXECUTIVE OFFICER,
THE COMMISSION FOR CASE MANAGER CERTIFICATION

A long, rigorous process

Updating the Code was a rigorous multi-year process that involved dozens of experts and hundreds of volunteer hours. Originally adopted in 1996, the Code assures quality and protects the public interest. Part two of the Code, governing procedures for hearing ethics complaints, was approved in January 2014. Part one—the

meat—took longer to revise. It addresses the principles, rules and standards of conduct. Commissioners from different settings and other subject-matter experts gathered early in 2014 to begin the revision process.

A proposed version was released for public comment in October 2014, and elicited input from nearly 100 organizations and

individuals across the health care delivery spectrum. After consideration of each comment, the ethics committee incorporated changes and the final revised Code was approved by the Commission's Board of Directors in January 2015.

What's notable in the updates to the Code is that the ethical, foundational framework did not change. But the rigorous process was necessary, says Commission CEO Patrice Sminkey. "Health care is undergoing unprecedented changes. It was incumbent upon the Commission to conduct a rigorous review and update of the Code in light of these changes." Of particular concern, she says, were issues around technology, privacy and security.

Principles of the Code of Professional Conduct for Case Managers

PRINCIPLE 1:	Board-Certified Case Managers will place the public interest above their own at all times.
PRINCIPLE 2:	Board-Certified Case Managers will respect the rights and inherent dignity of all of their clients.
PRINCIPLE 3:	Board-Certified Case Managers will always maintain objectivity in their relationships with clients.
PRINCIPLE 4:	Board-Certified Case Managers will act with integrity and fidelity with clients and others.
PRINCIPLE 5:	Board-Certified Case Managers will maintain their competency at a level that ensures their clients will receive the highest quality of service.
PRINCIPLE 6:	Board-Certified Case Managers will honor the integrity of the CCM designation and adhere to the requirements for its use.
PRINCIPLE 7:	Board-Certified Case Managers will obey all laws and regulations.
PRINCIPLE 8:	Board-Certified Case Managers will help maintain the integrity of the Code, by responding to requests for public comments to review and revise the code, thus helping ensure its consistency with current practice.

CASE MANAGEMENT DEFINED: The practice of case management is a professional and collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs. It uses communication and available resources to promote health, quality, and cost-effective outcomes in support of the "Triple Aim," of improving the experience of care, improving the health of populations, and reducing per capita costs of health care.

Protecting patient information

✓ ***CCMs will maintain their competency at a level that ensures their clients will receive the highest quality of service.****

✓ ***CCMs will obey all laws and regulations.***

Because the revised Code includes updated language calling for knowledge of and compliance with local, state and federal laws dealing with patient privacy and security, the principles require judgment and assume that case managers possess a certain level of knowledge. Professional case managers need to become—and remain—aware of those laws, and the Code outlines case managers' ethical responsibility to ensure none of their actions creates a breach of privacy or confidentiality.

Health information breaches abound. Unencrypted mobile devices left on trains, failure to delete information from discarded hard drives and other routine lapses mean data can fall into inappropriate hands. "As case managers, we must be very cautious about what is shared—when it's shared and how it's shared," Campagna says.

Protecting patient information involves more than encryption or keeping up with a laptop, and the problem isn't limited to intentional, criminal breaches. "Many issues involve information inadvertently given inappropriately, in the interest

of simply trying to share it to do the best for our clients," says Campagna. The pressing question: When does sharing client information with the care team cross the line?

"The Code outlines the case manager's responsibility, but it doesn't specify *how* they are to fulfil that responsibility," explains Jo Carter, BSN, RN, CCM, the Commission's chair. "The Code provides a foundation, a place to start. It can't possibly speak specifically to new and emerging technologies. But it nevertheless must consider their impact, and so it does." It provides guidance for thinking about how those technologies are deployed and how client data is protected, she says.

Case managers often have questions about this; that's not surprising, given the evolution of technology and the laws governing it. Even when case managers follow their organizations' rules, they don't always realize their activities could result in unintended sharing of protected health information. The line between being effective and being harmful can be slim. It ultimately comes down to this: What's in the best interest of the client?

Client interest first

✓ ***CCMs will place the public interest above their own at all times.***

✓ ***CCMs will respect the rights and inherent dignity of all of their clients.***

Case managers are advocates for clients, and that advocacy comes

before all other loyalties—even before the responsibility to an employer. Campagna offers an example: A case manager is working for an insurance company. The case manager's client may benefit greatly from an experimental treatment the insurance company doesn't generally cover. The case manager needs to advocate for the client, even while working as an employee of the insurance company. But how does one balance responsibility and advocacy?

"We have to put the clients' interests first," she says. "As an employed case manager, I want to keep my job, and I want to fulfil my obligation to my employer. It's a fine line. Sometimes, it means looking for alternatives that are not in conflict with either party's interests. But when there is no middle ground, the Code is clear. As an advocate, I need to be able to go to my company and say, 'I don't agree with what we are doing.' I must support optimal recovery for my client." Often, that means finding a compromise that works for everyone.

Being able to cite the Code gives case managers the power and authority to speak up, Carter adds. "It supports them in their practice when an employer or colleague asks them to do something they

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—VIVIAN CAMPAGNA, MSN, RN-BC,
CCM, CHAIR OF THE COMMISSION'S
COMMITTEE ON ETHICS AND
PROFESSIONAL CONDUCT

* ✓ denotes principle of the Code of Professional Conduct for Case Managers.

"The [Code]... should also be looked to as a framework for consumer expectations for case managers."

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CHAIR, COMMISSION FOR CASE
MANAGER CERTIFICATION

feel uncomfortable doing. They can turn to the Code and say with confidence, 'I cannot do that, and this is why.'"

Sometimes, courage is required to look at one's own interests to identify potential conflicts.

Conflicts of interest

- ✓ ***CCMs will always maintain objectivity in their relationships with clients.***
- ✓ ***CCMs will act with integrity and fidelity with clients and others.***

The Code calls on case managers to "disclose any conflict of interest to all affected parties, and not take unfair advantage of any professional relationship or exploit others for personal gain."

Financial conflicts of interest may be the first that come to mind, but often it's something much more subtle, says Campagna. Case managers, especially those working with children, often become close to their clients. But if the relationship moves beyond professional, the case manager risks losing objectivity.

For example, it's easy to imagine a situation where a case manager develops such affection for a child with a serious health condition—or perhaps a bond with a parent—that it becomes difficult to make crucial decisions about the care plan. That introduces biases that can affect clinical care. The case manager needs to be able to recognize those biases, explain the situation to the family and, if necessary, step away. It's the same reason a case manager wouldn't take on a friend or relative as a client.

Clear values in uncertain times

- ✓ ***CCMs will help maintain the integrity of the Code, by responding to requests for public comments to review and revise the Code, thus helping ensure its consistency with current practice.***

Case managers are working in settings never imagined a decade ago. Implementation of the Affordable Care Act has magnified the critical nature of key case management functions—for example, care coordination and communication across settings for smooth transitions in care, says Carter.

Campagna agrees, noting that with new care delivery and reimbursement models, the role of the case manager has become more prominent. Greater consumer awareness of the case manager could lead to more scrutiny and more complaints, Campagna says. "As we educate consumers about the role of the board-

certified case manager and the Code that guides them, there may be an increase in the number of complaints."

Both agree on the importance of educating clients about the Code; it gives them a standard, something to which they can compare the care they are receiving. It enables them to make educated decisions about whether their case manager acted professionally.

The Code serves as a baseline expectation, regardless of setting—and no matter who is providing case management services. The revision process included formalizing definitions and adding references to connect relevant terminology with best practices and industry-accepted research. Carter points out that case management is increasingly being practiced by those who not only lack board certification, but aren't always formally trained. "The Code upholds a standard of what case management truly is—a standard clients can use to assess the services they receive," she says. "While the Code is an ethical framework to guide those who are certified, it should also be looked to as a framework for consumer expectations for case managers."

Enforcement and education

- ✓ ***CCMs will honor the integrity of the CCM designation and adhere to the requirements for its use.***

The Commission encourages clients who believe they were treated unprofessionally to file a complaint.

And it requires board-certified case managers to report colleagues who violate the Code.

The ethics committee uses a defined process to hear and manage complaints. The process includes investigation, collection of supporting documentation and peer review. "It's a way for us as a community to monitor professional practice and intervene when necessary," says Carter.

The ethics committee will also offer advisory opinions to CCMs and members of the public. These are non-binding responses to specific dilemmas.

But a larger part of enforcement is publishing the Code and educating case managers, clients and the larger health care community about it and the principles it upholds, say Carter and Campagna.

Educating patients about the Code not only provides them a context for their care; it also helps them understand that the case manager is required to place the client first, says Campagna. "By understanding the practice of case management, they will understand that we place the client's interests above all else. They will understand that the goal is for the case manager to work for the client. That's where we do our best work. That's what case management is all about."

The most important step to ensuring the Code is enforced is to understand it.

"It's important for board-certified case managers to thoroughly read the Code and think about how it applies to practice—not to view it as a checklist," says Carter. "It's truly a central part of their practice, and it's everybody's responsibility.

When we unite behind a standard set of expectations, our practice, its competency and our profession are elevated and united." ■

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About the Experts



Patrice Sminkey, Chief Executive Officer, The Commission for Case Manager Certification

Sminkey comes to the Commission from URAC, where she most recently served as senior director of sales. Prior to that, she was senior vice president, operations and client management, Patient Infosystems in Rochester, N.Y. She brings a proven track record in operations management in small and large operations, multilevel services and cross-functional teams. She has extensive experience in client management and coordination, including marked improvement in client retention, timely and fiscally sound program implementation and an expanding book of business.

As chief executive officer, Sminkey oversees the management of all activities related to the Commission's operations, including all programs, products and services; and the provision of quality services to and by the Commission. She is a direct liaison to the Commission's Executive Committee. She works with CCMC's volunteer leadership to evaluate and develop potential new products for implementation by CCMC, and she establishes and maintains communication and working relationships with other organizations, agencies, groups, corporations and individuals.

She holds a diploma of nursing from the Chester County School of Nursing.

About the Experts



Jo Carter, BSN, RN, CCM
Chair, Commission for Case
Manager Certification

Jo Carter, BSN, RN, CCM, is vice president of Network Services for Paradigm Outcomes. She is responsible for the management of Paradigm's national networks of workers' compensation catastrophic nurse case managers and physicians. This network includes approximately 200 registered nurses and 40 physicians across the United States.

She received her bachelor's degree in nursing from the Medical College of Virginia where she worked in the shock/trauma and neuroscience intensive care units. She has held numerous nursing positions, specializing in catastrophic and neuroscience care, care coordination and long-term planning. Carter has served on the executive committee of the Central Virginia Chapter of the Case Management Society of America, is current chair of the Commission for Case Management Certification, and is on the National Workers Compensation Advisory Board for the Shepherd Center.



Vivian Campagna, MSN, RN-BC, CCM;
Chair, Committee on Ethics
and Professional Conduct,
Commission for Case Manager
Certification

Vivian Campagna, MSN, RN-BC, CCM, is the assistant vice president for case management at Lutheran Medical Center in Brooklyn, N.Y. She has been in the health and human services field as a nurse for more than 35 years. After 10 years at the bedside, she applied her experience in the case management arena, initially in an independent setting, collaborating with third-party administrators and self-insured employer groups.

Since 2000, Campagna has been in the acute care setting, overseeing case management, social work, documentation integrity, and quality assessment in various organizations in the New York metropolitan area. Currently, she oversees a department of more than 50 professional staff in a 476-bed facility, serving a diverse community in southwest Brooklyn. She is a past commissioner and chair of the Commission for Case Manager Certification. She is actively involved in the oversight of the certification exam itself, and served as chair of the committee that updated the CCMC Code of Professional Conduct.

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