Do the right thing: Excellence and Ethics in Case Management

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Agenda

• Welcome and Introductions

• Learning Objectives

• Presentation:
  • Savitri Fedson, MD, MA
  • Vivian Campagna, MSN, RN-BC, CCM

• Question and Answer Session
Audience Notes

• There is no call-in number for today’s event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don’t appear to advance.

• Please use the “chat” feature below the slides to ask questions throughout the presentations. We will pose questions after the presentation and will address as many as time permits.

• A recording of today’s session will be posted within one week to the Commission’s website, www.ccmcertification.org

• One continuing education credit is available for today’s webinar only to those who registered in advance and are participating today.
After the webinar, participants will be able to:

1. Summarize how the principles of the CCMC Code of Professional Conduct can be applied as a roadmap for making ethics-based decisions in daily practice;

2. Explain the role of ethics in communication in the context of end-of-life decision making; and

3. Discuss the application of ethical principles for case managers as they apply to common case management scenarios.
Do the right thing: Excellence and Ethics in Case Management

Vivian Campagna, MSN, RN-BC, CCM
Chief Industry Relations Officer
Commission for Case Manager Certification
- Webinars
- Certification Workshops
- Issue Briefs
- Speaker’s Bureau
ΙΠΠΟΚΡΑΤΟΥΣ
ΟΡΚΟΣ
ΗΠΡΟΣΚΡΑΤΙΣ
ΙΟΣΙΩΡΑΝΔΟΥΜ.
Voluntary code dated 1803

AMA code adopted in 1847

Benefits for the Public

- Prioritizes patient and caregiver advocacy
- Ensures objectivity
- Ensures professional competency
- Provides a means for redress

Benefits for Case Managers

- Adherence to the Code is voluntary for case managers, but required for CCMs.
- Industry standard guidance for case managers when ethical questions arise
- Consulting guidance on request from CCMC’s Ethics & Professional Conduct Committee
Introduction

Savitri Fedson, MD, MA
Associate Professor, Center for Medical Ethics and Health Policy at Baylor College of Medicine
I cannot help fearing that men may reach a point where they look on every new theory as a danger, every innovation as a toilsome trouble, every social advance as a first step toward revolution, and that they may absolutely refuse to move at all.

-Alexis de Tocqueville
Triple Aim of Case Management

- Professional process
- Resolving conflicts in health care delivery and payer systems
- Ethical principles of
  - Autonomy
  - Beneficence/non-maleficence
  - Justice
  - Fidelity

- Improving experience of care
- Improving population health
- Reducing costs
Consider this...

- A 45 year old woman is admitted after suffering head trauma in a car accident
- She has recovered somewhat, but needs extensive physical and speech therapy
- Her husband asks about a rehabilitation facility owned by one of his friends
- You have had a few interactions with this facility, and patients have not given you good feedback
- What do you do?
Principles of Clinical Ethics

- Non-maleficence & Beneficence
- Autonomy
  - Consent
  - Understanding (*not capacity*)
- Justice
  - Distributive justice
- Equity
  - Fairness
  - Freedom from bias
- Benefits improve the quality of life
- Risks are not prohibitive
- Patient has sufficient information to make a decision
- Is the Cost justifiable?
  - (system, personal)
- Freedom for decisions
- Equal opportunity
Principles of Case Management Ethics

• Non-maleficence & Beneficence
• Autonomy
  — Consent
  — Understanding (*not capacity*)
• Justice
  — Distributive justice
• Equity
  — Fairness
  — Freedom from bias
• Optimal wellness and functioning
• Continuum of services
• Insuring patients have sufficient information to make decisions
• Value for both patient and payer
  — (system, personal)
• Timely and appropriate use of services
• Equal opportunity/access
Professionalism

What is a “Profession”

- Disciplined group adhering to ethical standards
- Special knowledge and skills derived from research, education and training
- Application of this knowledge in the interests of others

Professionals

- have a code of ethics
- commitment to competence
- accountable to society
Case Managers’ Profession

• Recognized responsibilities
  – Advocacy
    – obligations to patients and institutions
  – Competence
    – scope of practice
  – HPI/HIPPA - confidentiality

• Unspoken
  – Conflict of Interest reporting
  – Professional Misconduct
  – Legal compliance
  – Appropriate relationships
What Motivates Us

Patient care, honesty, self-regulation, disclosure

What is actively “taught” and publicly expected of professionalism in regards to motivation

Unstated/implicit
Obedience to authority, allegiance to team/service
Importance of health care metrics
Institutional norms and expectations

Compelling facts –
legitimate self interests
These can be compelling motivators, limiting and appropriately constraining their role is the challenge
Unprofessional behavior can take many forms
Common examples include

Egregious behavior: Falsifying records, practicing while impaired, inappropriate sexual contact, inappropriate referrals (or lack thereof)

Derogatory language when discussing patients or making fun of patients
Derogatory language when discussing colleagues/consultants

Probably something most of you will experience
Lapses in Professionalism

What options are available when witnessing behavior you find unprofessional?
How should you choose among these options?

You can report it
   To your supervisor, the professionalism center

You can try to correct it
   By directly trying to reverse the action or by trying to engage the offending person

You can internalize it
Conflicts of Interest

Conflicts are circumstances in which there is a risk that the self-interest of an individual or of the healthcare organization will bias professional judgment and action.

Not all forms of self-interest are illegal or even unethical.

COI cannot always be avoided, but specific influences can be eliminated, or mitigated and then disclosed.

The greatest concern with COI is that of undue industry influence on referral practices.
Conflicts of Interest

The Physician Financial Transparency Reports

the Sunshine Act to improve the disclosure of potential financial conflicts

Failure to identify COI and failure to manage COI in a professionally responsible way, either by eliminating the COI or by mitigating and disclosing it, are unacceptable threats to professionalism in medical fields
A 45 year old woman is admitted after suffering head trauma in a car accident. Her husband asks about a rehabilitation facility owned by one of his friends. You have had a few interactions with this facility, and patients have not given you good feedback.

- **Referral to the friend’s facility might not be in the patient’s best medical interest**
- **What about other interests?**
  - Financial, maintenance of family social support
  - Are there secondary gains for the husband or hospital
  - What are insurance implications?
Moral Distress

Moral Residue: The cumulative effect of moral distress leading to dissatisfaction and burnout

There will be days when you doubt your decision or hate your job
You need to have a few tricks to cope
Errors

Errors are complicated

There can be poor outcomes or harm even if everything was done correctly and appropriately

Things can go well despite errors
Disclosure of Errors

Why might you not want to disclose an error

Is this definitely an error/mistake? Did the mistake cause any harm (even mistakes that do not cause harm should generally be disclosed)

Patients still have a right to know, and disclosure does not mean you (or the hospital/facility) are to blame

Fear the disclosure may harm the patient through anxiety, loss of trust in the medical profession
Disclosure of Errors

Am / the right person to disclose this mistake

Some hospitals use multidisciplinary teams of administrators, case managers, physicians, and risk managers

You want to be able to answer all questions and provide reassurance

Patient’s may want to attribute fault to someone

Disclosure of errors
  - Respects patient autonomy
  - Protects patients and benefits their health
  - Protects healthcare providers by forcing us to work to continue to improve our practice and to police our own disciplines
    - i.e. Professionalism
In Spring 2016 in a well-respected hospital in the Northeast

Physicians

a) failed to adequately and properly monitor and supervise the resident physicians
b) failed to confirm intraoperatively with x-ray that the correct rib was being resected
e) failed to remove the marking coils prior to closing and leaving the operating room;
d) failed to obtain an x-ray prior to closing and leaving the operating room;
e) failed to recognize that the wrong rib had been operated on until after the plaintiff had recovered and returned to her hospital room; and,
f) misrepresented to the plaintiff the reason for her needing a repeat surgery

What went wrong?

Fear of admitting error led to series of events that increased patient risk, caused patient mistrust of their physicians and have ended in litigation
Social Media

It is easier to get in trouble now than it used to be
Your public profile should reflect you as a healthcare professional

The safest strategy: post nothing related to work
This will likely change and evolve over your career
   (may have professional requirement for posting information related to your position)

Use caution when “friending” patients/clients on social media

*Physician was fired, fined after posting information about trauma patient on Facebook*
*Texas OB resident almost fired after posting information about duty hours on Facebook*
*ER nurses fired after posting information/photos about patients*
The difference between teaching and education

Teaching:
- What professors do
- Formal teaching of knowledge and ideas in a specific subject

Education:
- A more holistic process of the development of the intellectual, moral, physical core of a person
- Includes all of the things that shape who you are as a professional
Hidden curriculum

Determinants of professional identity that are not formally discussed or taught but are commonly experienced typically used in context of Medical School - more broadly applied to health professionals who are continuously developing

Can be seen as a de-professionalizing influence

“Do what we do rather than what we say”
Tension between what is formally taught as acceptable determinants of behavior and action, and what is taught in the “hidden” curriculum

This is complicated when including the differing interests of Case Managers
Patient welfare, health care resources, populations
Role in teaching and education

Much of your learning does not occur through the traditional didactic method

Your role in teaching patients
- Informed consent
- To make choices about services, alternatives, right to refuse
- Economic information
Shared Decision Making

Beneficence / Non-maleficence

Clinical Guidelines
Physician preferences

Clinical Guidelines

Institutional preferences
Policies & Procedures

Patient Preferences
+ decision making capacity
- decision making capacity

Autonomy

Contextual features
Delivery systems
Economic
Legal
Theologic
Psycho-social

Justice

Substituted judgment

Best interests
Patient’s representatives
Quality of life/consideration
Advance care planning

Intervention

Futility can be a procedure that does not benefit a patient with respect to goals of care (patient preference)
Code of Conduct

Helps establish a common ground, a lexicon, set of ideals
Does not do much to help you actually live up to these ideals

• A coach yelling “Win! Win!” on the sidelines clearly establishes goal but does little to tell you how to win

“How to become a person who is educated about ethics and professionalism and how to embrace, practice, and promote them”
Mentorship

- You should acquire different mentors for different things; the relationship can have varying degrees of formality.
- Mentorship becomes sponsorship as your progress in your career.

- Role-models are typically less formal.
- Role modeling is one of the most important aspects of professionalism.
- These people can be of any level, and in any field.

Role models can be good or bad.
Professional behaviors are not innate

Moral/ethical errors are judged more harshly in the medical field than are technical errors

Having a lapse of professionalism does not make you a bad person or bad case manager

You WILL make mistakes both technical/administrative and moral

Your response to making these mistakes and how you try to grow will define you as a “good” or “bad” case manager
Conduct

Ethics and professionalism are NOT all relative

The term professionalism/unprofessionalism can be over applied in medical fields

You can think of professional behaviors as skills

They have steps
They can be practiced
They can be learned
You can get better at them
ALWAYS
Moral distress

Negatives feelings associated with knowing the correct course of action or behaviors and not acting in that manner because of constraints

You will experience this with challenging clinical cases and challenges to professionalism

Perception of Rationing – method of prioritization

Limiting healthcare resources even when they “can” be beneficial

Equitable allocation of resources – “appropriateness criteria”

Internalization/ viewed acceptance of unprofessional behaviors
It is a far, far better thing that I do, than I have ever done…
*Charles Dickens, A Tale of Two Cities*

**Responsibilities of practice are stressful**

Moral Residue: The cumulative effect of moral distress leading to dissatisfaction and burnout

There will be days when you doubt your decision or hate your job

You need to have a few tricks to cope

*“the drawer”*

Keep cards, emails, notes etc. from patients or colleagues

Look at them when you are having a bad day, or having a great day

*“I don’t know”*

This is a vital phrase

Follow up with, “but I’ll get the answer (or people) you need”
Case Management

- Improving experience of care
- Reducing costs
- Improving population health

Ethics and Professionalism of Code of Conduct
Question and Answer Session

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Thank you!

- Please fill out the survey after today’s session.
- Those who signed up for continuing education will receive an evaluation from the Commission.
- A recording of today’s webinar and slides will be available in one week at [http://ccmc certification.org](http://ccmc certification.org)