Changing roles and functions: what a professional case manager does is good for your health

One of the least discussed but most crucial aspects of health care reform has little to do with buying insurance coverage. A new emphasis on care coordination, care management and care transitions promises to improve care for the most complex and chronically ill patients, as well as deliver more efficient, cost-effective services. This aspect of health care reform, focused on patient care, relies on functions that are all part of the job of the professional case manager.

Although case managers began advocating for clients and practiced patient-centered care more than a century ago, the 1990s saw formalization of standards for case management and creation of the Commission for Case Manager Certification® (CCMC®) as the first nationally accredited organization that certifies case managers. The Certified Case Manager (CCM®) credential is not easily achieved; it requires meeting both education and experience criteria, as well as passing a demanding, research-based exam. To keep the credential, board-certified case managers must complete at least 80 hours of continuing education every five years.

“Demonstrating the knowledge component through a demanding exam has been part of the CCM credential since the Commission’s inception,” says Patrice Sminey, the Commission’s CEO. “As we’ve matured as a
certification body, the Commission consistently rises to the top as the most recognized and respected credential for case managers. That’s why we devote so much effort to research and to ensure the exam reflects current practice—the latest knowledge needed for and functions performed by case managers in the field."

Every five years, the Commission works with an outside research firm¹ that specializes in practice analysis and credentialing to conduct a formal Case Manager Role and Function Study. The main purpose is to ensure that the credentialing exam remains current and tests for knowledge and skills required of the practicing professional. The researchers analyze the data and use the findings to identify the key functions case managers perform, termed by researchers as “essential activities,” in various practice settings and across a variety of professional disciplines. The study also identifies the knowledge domains needed to support the competent and effective performance of case managers.

"The Commission’s research is critical for maintaining its high standards for the CCM exam, keeping it evidence-based, and using its validity towards evaluating competency of the case manager."

— Hussein Michael Tahan, PhD, RN, Senior Consultant, CCMC 2014 Role and Function Study

¹ The 2014 Case Manager Role and Function Study was conducted by International Credentialing Associates, on behalf of CCMC.

"This is a rigorous research effort that ensures the currency and ongoing validity of the CCM certification exam that tests for the foundational knowledge essential to those practicing the profession of case management," says Hussein Tahan, Ph.D, RN, senior consultant for the Commission’s 2014 Role and Function Study. The research approach meets the requirements (for testing and measurement standards) from the NCCA Standards for the Accreditation of Certification Programs, Standards for Educational and Psychological Testing.

The Role and Function Study sample of nearly 8,000 comprises both board-certified case managers and professional case managers who are not yet board-certified; it is a national representation of case managers from various professional and educational backgrounds and geographic regions. The study takes a close look at the professional background, educational preparation, work settings and roles case managers play in their current practice environments, as well as specific

About the Role and Function Study

The Role and Function Study is more than just a survey; it involves a year-long rigorous research process to ensure the results are valid and representative of case management practice. It begins with a review of current literature about the role of the case manager, from which the researchers draft an initial list of essential activities and knowledge areas, as well as a set of questions that aims to understand the background and demographics of those participating in the study. A task force of subject matter experts (composed of case managers from a range of professional backgrounds, practice settings and geographic regions in the U.S.) then carefully reviews, revises and refines the draft survey questions. After a number of task force-endorsed revisions and a pilot test, the activities and knowledge item sets are crafted into a final survey and administered to thousands of case managers nationwide. The researchers complete this work while in constant communication and with support from the Commission’s executive leadership and volunteer Commissioners.

Invitations to participate in the 2014 study were sent to 52,370 case managers in May and June 2014, resulting in 7,668 usable survey responses (an almost 15 percent response rate). Researchers determined the high number of responses allowed them to generalize the results with a high degree of confidence and precision.
job tasks and the knowledge required to accomplish the work.

The Role and Function Study also includes open-ended questions to gather information for trend analysis and forecasting the future—to learn how current events are shaping the practice of case management. “Health care is rapidly evolving, and those changes directly affect the case manager’s professional role and work responsibilities,” Tahan says. “The Commission’s research is critical for maintaining its high standards for the CCM exam, keeping it evidence-based, and using its validity towards evaluating competency of the case manager.”

**KEY FINDING:**

**Professional case managers in demand**

Because the Commission has a history of using evidence-based studies to inform its certification exam, some direct comparisons over time are natural. Among the most telling results of the 2014 study is the evidence that qualified, knowledgeable case managers are more in demand than ever, and compensation for board certification is on the rise.

In 2004, respondents indicated that more than one in four employers (25.9 percent) required board-certification for case manager employment. The 2014 study indicated a far greater percentage of employers—40.2 percent—now require certification, a 14.3 percent increase.

“That indicates there’s a revenue and expense factor—a dollar value—that employers associate with board certification in case management practice. It’s evidence of an increased need for professional case managers and desire on the part of employers that they are board-certified,” Tahan says. His conclusion is borne out in results of another survey question, which indicates the percentage of employers who offer a monetary reward for certification has also grown by nearly 10 percent, from 20.2 percent in 2004 to 29.9 percent in the 2014 survey.

“This growing demand is likely attributed to changes in the regulatory environment and proliferation of pay-for-performance or value-based purchasing models that measure and reward quality outcomes—or penalize providers that fail to meet benchmarks for specific indicators such as readmission rates,” Tahan says. Employers appear to have recognized the value of board-certified case managers not only in quality of care, but in the economics of health care as well.

An example of the role of the case manager: Medicare’s scrutiny of care transitions and attendant penalties for hospitals that don’t come up to snuff. Under the Affordable Care Act, Medicare reduces payments to hospitals with higher-than-expected rates of 30-day readmissions for select conditions. The idea is to implement a

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**Does your employer require or financially reward certification in case management?**

![Bar chart showing percentage of employers requiring certification and offering financial reward.](chart.png)

- **2004 ReF Study:** 20.2%
- **2009 ReF Study:** 26.7%
- **2014 ReF Study:** 29.9%
- **Compensation:** 25.9%
- **Require:** 40.2%

**Source:** 2004, 2009 and 2014 CCMC Role and Function studies. Updated 08.2015.
At the same time demand for qualified case managers is growing, demographic realities are also squeezing the qualified pool. The largest five-year age cohort among case managers responding to the 2014 survey was the 56- to 60-year-old group, and 43.6 percent are older than age 55. That percentage has more than doubled since the 2009 survey.

One contributing factor may be that, since case management is not an entry level role, those who pursue becoming case managers have had a number of years in prior roles such as nursing, social work or vocational rehabilitation, Tahan says. Another factor is the continued confusion about what a case manager is (demonstrated in the use of different titles) and a diversity in educational backgrounds, professional and paraprofessional status. “This makes it a challenge for the younger generation of health care professionals to pursue case management roles. Regardless, however, the current workforce is aging and we need to act quickly and strategically to address the impending crisis due to large retirement and lack of qualified replacement candidates.”

**Commission focus: Workforce challenges**

With knowledge that the case manager workforce is rapidly aging, the Commission began laying the foundation for an active workforce development focus four years ago to attract younger, qualified candidates to the field. “Through our education and engagement programs, the

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In what year did you originally achieve the CCM certification?

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1992-93</td>
<td>10.4%</td>
</tr>
<tr>
<td>1995-97</td>
<td>4.9%</td>
</tr>
<tr>
<td>1998-2000</td>
<td>8.3%</td>
</tr>
<tr>
<td>2001-03</td>
<td>7.8%</td>
</tr>
<tr>
<td>2004-06</td>
<td>10.6%</td>
</tr>
<tr>
<td>2007-09</td>
<td>12.1%</td>
</tr>
<tr>
<td>2010-12</td>
<td>17%</td>
</tr>
<tr>
<td>2013-14</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

SOURCE: 2014 CCMC Role and Function Study

Key Finding:
Professional development, quality measurement and evaluation critical

Analysis of job titles also revealed the increasing prominence of professional development (e.g., training/education specialists), evaluation and measurement staff. It’s a logical progression in the practice of case management, Tahan says, triggered from the increase in pay-for-performance, value-based purchasing and reimbursement reform models (e.g., accountable care organizations and bundled payment demonstration projects) that scrutinize how care is delivered to ensure resources are effectively leveraged and outcomes are favorable for patients and their families.

"Increased regulation resulting from the Affordable Care Act is contributing to the need for better measurement of the value of case management services, as well as value-based purchasing initiatives in the employer payment sector," he says. "The socioeconomic and legal systems in the U.S. are really impacting case managers’ practice. Attention to the ongoing professional development of case managers has become an expectation employers can no longer ignore. They need to ensure they have the right case managers in such roles. The profession is responding with increased knowledge and focus on measuring and reporting outcomes, because these are necessary skills to do the job well."

Quality measures solidly affect the bottom line for hospitals, providers, employers and insurers alike, experts agree, with effective case management practices affecting whether an entity will receive an incentive for a job well done, or—in the case of preventable hospital readmissions in particular—if the provider has to pay a penalty.

3 See the Aug. 21, 2013, Center for Medicare & Medicaid Services' Frequently Asked Questions about Billing Medicare for Transitional Care Management Services at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeesched/Downloads/FAQ-TCMS.pdf.


"Each year, we see more case managers seeking and achieving certification—and that’s precisely the direction we want to see."

— PATRICE SMINKEY, CHIEF EXECUTIVE OFFICER, THE COMMISSION FOR CASE MANAGER CERTIFICATION
KEY FINDING:
Ethics, quality measurement earn learning domains of their own

The primary purpose of the Role and Function Study is to identify knowledge domains and essential activities integral to case management practice and assess their importance, so questions on the CCM exam will relate directly to current job expectations and tasks that case managers encounter on the job. The 2014 study revealed elevation of the importance of two areas that previously played a much smaller role: Ethics, legal and practice standards; and quality and outcomes evaluation and measurement. The growing prominence of these two areas represents a major shift in importance for these activities and their knowledge requirements for case managers—well beyond previous studies.

“We are seeing tremendous interest in standards for ethical conduct among case managers and health care organizations, because the stakes are so high.”

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

The demands of case managers in evaluation and measurement of the impact of what they do daily are prescriptive and transparent,” Tahan says. “Additionally case managers are expected to ensure their care activities and interventions adhere to ethical and legal standards at all times. Both these changes require case managers who are skilled in critical thinking and ethical decision making. This attests to the high functioning scrutiny and analysis required to address the complexity of case management and the matters

CCM domains and essential activities

After researchers analyze the Role and Function Study data, they present the results to the Commission’s test specifications committee, which reviews each recommendation and confirms whether an essential activity or knowledge statement should be included in the CCM credentialing exam. Once the statements are ordered and sorted, the committee names each domain. The chart below compares the knowledge domains as they were before and after the 2014 Role and Function Study.

<table>
<thead>
<tr>
<th>Knowledge Domains from 2009</th>
<th>Revised Knowledge Domains, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Psychosocial and Support Systems</td>
<td>5. Ethical, Legal, and Practice Standards</td>
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</tbody>
</table>

The 2014 Role and Function Study results will affect the number and weight of questions in domains and subdomains tested on the Certified Case Manager exam. The adjustments reflect the study’s findings about current case management practice, and the overall process—more than a year of planning, testing, evaluation, analysis and test refinements—is testimony to the rigor and value of the CCM credential and its evidence-based certification examination.
case managers deal with now. That’s profound. Ethics and quality management were subdomains in 2009. But this time they are so prominent, they are two domains unto themselves.”

The Commission’s Code of Professional Conduct, first adopted in 1996, was developed to assure quality and “protect the public interest.” Compliance with the rules and standards in the Code is mandatory for every case manager earning the CCM credential, and the Code is enforced by the Commission. The Code recently was evaluated and revised by a Commission task force, and a call for public comment on proposed changes received more than 100 responses.

“We are seeing tremendous interest in standards for ethical conduct among case managers and health care organizations, because the stakes are so high,” Sminkey says. “Our Code includes principles, rules and standards for conduct and covers common concerns in case management ethics, such as conflict of interest and client relationships.”

It’s also a statement of core values and standards for advocacy, professional responsibility, keeping electronic records secure and client data private. “Knowing that board-certified CCMs are tested on their understanding of the Code and agree to abide by it is one reason why so many employers require case managers to earn the CCM,” she added.

KEY FINDING:
The case management team is maturing

Analysis of case manager job titles and the clear emergence of distinct roles for quality improvement and education point to a maturing profession, Tahan notes.

“The case management team is maturing, and includes an educator and a quality evaluation and improvement person focused on case management functions—the roles are more clearly defined,” he says. “From the changes we’ve tracked over the past three Role and Function studies, which span more than 10 years of research, we can forecast this change within case management as a profession.

“The division between roles is becoming more robust,” he continues. “Instead of a lone case manager fulfilling all functions, we’re seeing a more sophisticated and mature case management department, often with a dedicated executive or leader, supported by manager(s) or supervisor(s) responsible for specific functional areas within the department, along with these rising specialized roles—professional development and quality management.”

From a practical standpoint, it’s clear the practice of case management continues to evolve to meet the needs of the industry, Sminkey says. “Regulatory changes in health care demand the ability to demonstrate competency for many case management functions—it’s too critical that case managers are prepared and have the skills and knowledge required to fulfill these roles,” she says. “There is such a demand for evaluating and measuring quality and outcomes to meet the requirements of value-based purchasing initiatives as well. These are necessary skills now for all case managers.”

“Case management is maturing, and there is an increase in the number of practitioners who are in roles other than direct client care,” she adds. “That indicates case management leaders and specialists in areas such as quality and education need the kind of ongoing professional development we’re working to provide.” As workforce demands change, Sminkey says, the Commission is ready to develop training and curricula to meet new expectations.
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.

Hussein Michael Tahan, PhD, RN Senior Consultant, CCMC 2014 Role and Function Study

Tahan is the corporate vice president for nursing professional development and workforce planning at MedStar Health System in the Washington, DC area. Previously, he was the corporate director of nursing research and education at the NewYork-Presbyterian Hospital, the University Hospital of Columbia and Cornell in New York. Tahan has more than 25 years of health care experience, with various leadership positions in the acute care setting. His research is focused in the field of case management and care coordination. He is actively involved in national taskforces, including work as vice chair of the Quality, Measurement and Research Improvement Council of the National Quality Forum (NGF); a member of the National Transitions of Care Coalition; the Bundled Payment Demonstration Project’s Review Panel; and as a peer reviewer and member of the technical expert panel of the Oregon Evidence-Based Practice Center.

Tahan has published more than 85 articles and book chapters and is a member of the editorial advisory boards of Professional Case Management, CMSA Today and Men in Nursing. He is an elected fellow of the New York Academy of Medicine, past commissioner and chair of the board of directors of the Commission and serves as knowledge editor of the Commission’s Case Management Body of Knowledge. He is an advisory board member of the graduate nursing program at Saint Peter’s College in New Jersey, International Credentialing Associates in Washington, DC, and PCI Home Care Group in New York City. Tahan earned his doctorate degree at Columbia University School of Nursing.

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