



A Call to Action:

Driving Positive Impact



Commission for Case Manager Certification

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INTRODUCTION

Driving Positive Impact through a Go-Forward Strategy



BY MARYBETH KURLAND,
MPA, CAE, ICE-CCP

Chief Executive Officer
(CEO)

In 2022, the Commission achieved two major milestones. First, we proudly celebrated 30 years as a credentialing body committed to the advancement and evolution of case management and disability management. And second, we saw the number of board-certified case managers in the field exceed 50,000.

We announced these achievements as the nation was emerging from two years of pandemic-related burden. Since then, schools reopened, mask requirements were lifted, and travel restrictions were dropped. As people reconnect today in person, it's not unusual to hear friends and colleagues express relief that things are getting "back to normal," and the U.S. plans to end the public health emergency in May 2023.

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The world has changed. Forces affecting how we live and work—economic changes, supply chain challenges, and especially our evolving workforce—cannot be ignored. With clear-eyed intention, we know that ***there is no go-back strategy. There is only a go-forward strategy.***

The case manager and disability management specialist workforce has seen a major shift over the past decade as baby boomers retire and a new generation steps into these roles. This changing of the guard was exacerbated during the pandemic. As a member of Generation X, I personally have felt the strain of caring for aging parents while still actively raising my own children—all while leading a professional organization. The combined burden of continuing to work, along with increased risk of illness, caused many case managers to opt for early retirement. Others chose to step back from the profession because of responsibilities at home, overwhelming caseloads, and the emotional toil associated with the pandemic.

Despite these challenges, the Commission saw a net increase in the total number of board-certified case managers. Thousands studied for certification and attained the CCM credential. A new generation of case managers and disability management specialists is working hard to gain the knowledge and experience and to offer clients the resources and support they need for optimal outcomes.

This is our community, the professionals the Commission serves. Challenges in the economy and shortages of personnel to fill vital roles (in health care in particular) will stretch care teams as they strive to effectively serve clients. Inflation and supply chain challenges will impact available resources and the ability to serve clients. Our aim is to offer tools and resources to support this important work through certification, professional development and lifelong learning.

Case managers and disability management specialists are in a position to bring real value to employers, who see the significant value of certification. It represents commitment from the case manager and disability management specialist in their training and knowledge base, but also an ongoing interest in staying abreast of trends and practices as their profession evolves. As the focus in health care continues to shift to better outcomes, those who pay for care see the role of the professionals who help clients access needed resources and help employees return to work as essential to the bottom line.

The go-forward strategy is a focus on how we evolve and what we do next. I have the honor of working



The Commission holds within its grasp the potential to positively impact the lives of millions of people through the hands and voices of case managers and disability management specialists — both those in the field today and those with the desire to become board certified.



MaryBeth Kurland,
MPA, CAE, ICE-CCP
CEO

with tremendously smart, resourceful, experienced certificants, dedicated to improving the practice and developing better processes, tools and pathways to support clients. The Commission holds within its grasp the potential to positively impact the lives of millions of people through the hands and voices of case managers and disability management specialists — both those in the field today and those with the desire to become board-certified. This is my “why,” my purpose to support the Commission’s mission and develop the tools and professional education that professionals in these fields will need to Get Certified. Stay Certified. Develop Others.



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The Commission through the years



Trends Impacting the Practice of Case Management and Disability Management: Growing Stronger Despite the Storm

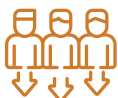
Trend 1



The post-COVID economy



Trend 2



The dwindling health care workforce



Trend 3



The burnout crisis

For the past few years, the COVID-19 pandemic has dominated our lives, upending the economic system and disrupting how we work, learn and interact with one another. Now, as we move toward a post-pandemic world, we must find new solutions to deal with its effects and the trends that impact the practices of case management and disability management.

Trend 1: The post-COVID economy.

A range of factors has put the U.S. and the world on uneasy economic footing. Lost productivity due to reduced output and health—including loss of life—is estimated at \$16 trillion, roughly 90% of the U.S. annual gross domestic product.¹ Although employment has returned to pre-pandemic levels, supply chain issues spurred by the pandemic and disruptions in the energy market have fueled rapid growth in inflation to a 40-year high.

This has affected the cost of health care, which continues to adjust upward to account for rising costs—everything from salaries to medications and supplies—and impact many aspects of case management and disability management practice. Health care organizations will continue to struggle to balance Medicare’s new demands for accountable care and better outcomes with the higher cost of doing business.

Trend 2: The dwindling health care workforce.

Studies point to the pandemic’s deleterious effects on the workforce. We worked harder, longer, and in socially isolated circumstances, and alarming numbers left the workforce in what is now known as “the great resignation.” Women in particular stepped out of full-time professional work and into the caregiver gap (for both children and adult relatives) when schools, health care and day care facilities were unable to keep their doors open. As co-workers exited, those left behind stretched and struggled beneath heavy workloads. Increasing numbers of workers who chose early retirement during the pandemic made matters worse.

The impact on the health care workforce is expected to continue; over the first two years of the pandemic, studies showed that a third of registered nurses planned to leave their roles

¹ Cutler DM, Summers LH. The COVID-19 Pandemic and the \$16 Trillion Virus. JAMA. 2020;324(15):1495–1496. doi:10.1001/jama.2020.19759



and others planned to leave nursing behind entirely.² Doctors cite long hours and lack of control among their biggest stressors.

Trend 3: The burnout crisis.

Burnout is the result of unrelenting stress and lack of hope that the future will be brighter. In surveys fielded by the Commission over the last few years, respondents consistently cited stress as a significant challenge. Nearly half of CCM (45%) and 33% of CDMS certificants said they were overworked and that they expected long hours to continue. More than a quarter of CCMs (27%) and 24% of CDMS holders cited personal mental health issues, and one in 10 said they struggled to adjust to the loss of a loved one related to COVID-19. Close to 15% of CCMs said they planned to resign within the year, and 20% expected worsening compensation and benefits; a larger proportion of CDMS certificants (24%) expected to see lower compensation. Large-scale burnout continued to be a significant risk among the case manager and disability management specialist populations.

Together, these trends converged to form what health care commentator Robert Pearl called “a perfect storm.”³ Unfortunately, some steps taken to address them singly may have actually exacerbated the situation as a whole. For example, the use of contract nurses—at significantly higher hourly rates than staff nurses—both raised overall costs and angered the loyal professionals who stayed on board. Yet aggressively increasing wages in high-value health care positions also contributed to higher costs across the board.

While compensation is important, there are other workforce cultural factors that may also be effective in recruiting and retaining professional case managers and disability management specialists. Broad adoption of some of these factors actually accelerated because of safety requirements imposed by the pandemic.

Technology can enable the flexibility that workers crave.

The pandemic triggered a re-imagining of where and when work is done. Today’s communication technology means that many jobs can be done in part or in whole remotely, and the freedom to work a flexible schedule is a value-add recognized by survey respondents who cited the ability to continue to work remotely as the most popular improvement to their current work environment.

Rather than return to the workplace and the demands of a rigid schedule, many workers will choose to leave and take a new position that allows remote work options when possible. Employers who wish to retain high-value employees should consider ways to offer flexibility to work remotely in positions where this makes sense.

² <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/assessing-the-lingering-impact-of-covid-19-on-the-nursing-workforce>

³ <https://www.linkedin.com/pulse/3-healthcare-threats-do-more-damage-than-covid-19-robert-pearl-m-d>

Well-being is more than physical health

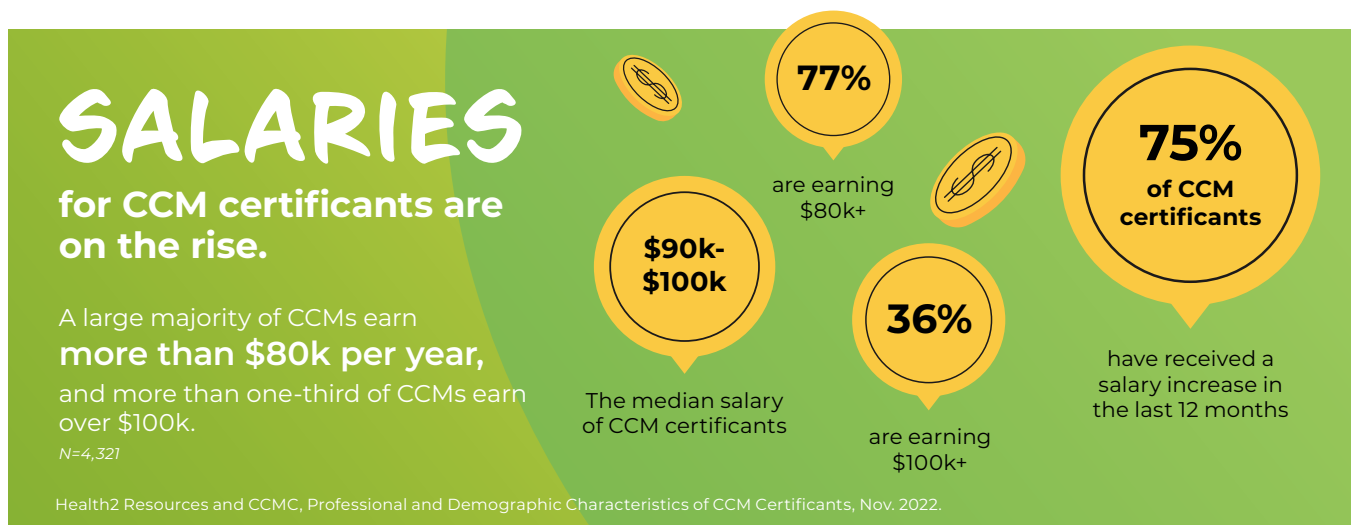
Employee wellness programs should take a whole-person perspective on well-being, to include physical, mental, and financial health. This fundamentally aligns with the case management whole-person perspective and parallels the World Health Organization's definition of health.⁴

Employers have begun to pursue this path by providing new benefits, such as on-demand counseling, and more accessible care options (such as telephonic and after-hours care). There has been an expansion of paid time off, as well as more tools to manage mental health and stress, more collaborative work environments, and active encouragement for professional career development and training. In the Commission's surveys, respondents said that wellness perks, such as yoga classes, were important as they helped alleviate stress and build resilience.

The Commission is listening

Through all these changes, the Commission has kept a finger on the pulse of our community and has listened intently to understand their effects on case managers and disability management specialists. We've spoke with practitioners in the field and to the supervisors who strive to address every new challenge. We know that the changing health care ecosystem requires new training and tools to equip and support certificants and those preparing for certification. It's not simply about knowledge to deliver excellence in case management and disability management that's critical. It's also important to offer tools and highlight successful models of empowerment and resilience. The hardships of the past few years are undeniable. We seek to gain wisdom by listening and learning so we can provide the continuing education and support to enable this generation of case managers and disability management specialists—and the next—to address the challenges as they come.

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⁴ <https://www.who.int/about/governance/constitution>

The New World of Work

(And How to Make It Work for Case Managers and Disability Management Specialists)

It's official. The Centers for Disease Control and Prevention declared in August 2022 that, although the COVID-19 virus continues to circulate, there has been a shift in how we manage it. With vaccination, boosters, treatments and better understanding of personal protection equipment, we have moved "to a point where COVID-19 no longer severely disrupts our daily lives."⁵

There's no denying the disruption in the world of work over the past few years. Technology platforms rapidly improved to support hybrid and remote work models, and workers adjusted their lives to fit the new format. More than two-thirds of case managers responding to a 2022 survey⁶ (68%) and the majority of responding CDMS certifiants (58%) reported that staff meetings were still held remotely. In some ways we returned to work, and in other ways, work will never return to the way it once was.

Many say that continuing to work remotely after COVID would be a net positive. Although remote work productivity is high, there is a price to pay for the pattern of longer and later hours that work-from-home has bred. Online meeting time alone has increased 148% among Microsoft Teams users, and messaging on this remote work app has surged between the hours of 6 to 8 p.m.⁷

The Commission's survey of board-certified case managers mirrored this uptick in work burden. Nearly half (45%) of the respondents said that "over-work" and long hours would likely continue. Another 27% indicated that personal mental health issues would be a problem. The most sobering statistic is that one in 10 were adjusting to the loss of a loved one related to COVID-19. The human toll of the pandemic and the pain of disruption and loss will be with us for some time to come.



BY DEBBY FORMICA,
CAE, ICE-CCP

Chief Operations Officer
(COO)

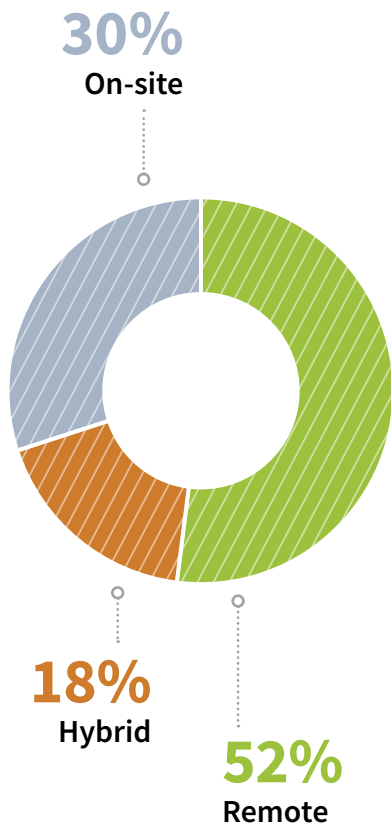


5 "CDC streamlines COVID-19 guidance to help the public better protect themselves and understand their risk." Centers for Disease Control and Prevention press release, Aug. 11, 2023. <https://www.cdc.gov/media/releases/2022/p0811-covid-guidance.html>

6 Commission for Case Manager Certification. (2022) 2022 Checking on Our CCMs: COVID-19 [Unpublished raw data].

7 "Great Expectations: Making Hybrid Work Work." Microsoft Annual Work Trend Index Report, March 16, 2022. <https://www.microsoft.com/en-us/worklab/work-trend-index>

Hybrid and Remote Work



Health2 Resources and CCMC, Professional and Demographic Characteristics of CCM Certificants, Nov. 2022. N= 4,322

There's a term for the way remote work and personal time now overlap: work-life integration. For some case managers who also care for children or elderly relatives, work-life integration is a welcome blend, offering the freedom to choose the best time to work or take care of personal tasks. It may mean longer breaks during the traditional work day to help with homework or meals and then hopping back on the computer at night to put in a couple of hours after everyone else is in bed.

Work-life integration is not for everyone. The ability to clearly delineate between work hours and personal time remains a priority for many case managers as they struggle to strike a balance between increased stress at work and demands at home. But when a strong minority of responding case managers (42%) consider remote work as an employee benefit, employers that continue to offer the option have an additional tool for recruitment and retention.

Hybrid or remote work is just one way organizations are striving to retain workers. The Commission continues to support ongoing professional development as another benefit that taps into the ease of access available through online platforms. The Commission produces five new webinars each year and its library of recorded webinars continues to support learning needs. After a successful 2022 Virtual Symposium, the Commission will again offer our conference in a virtual format in 2023.

To assist in studying for the CCM and CDMS certification exams, we offer multiple resources, including Certification 360 as a remote workshop for the CCM exam and a newly revised Core Knowledge Curriculum (CKC) for the CDMS exam. Since fall 2020, CCM and CDMS exam candidates have had the option to test in person or remotely. This is another pandemic-inspired change that will endure long after COVID-19 is no longer a threat. Not only does the remote exam allow candidates to test in the comfort of their homes, but it also allows access to testing for candidates who practice and live in remote areas where test centers may be several hours away. All these changes to the exam were made with great care to ensure we continue to meet the high standards of National Commission for Certifying Agencies (NCCA) accreditation, which sets the bar for credentialing organizations.

As the world of work changes, the Commission keeps a finger on the pulse of its CCM and CDMS credential holders through surveys, listening sessions, and one-to-one feedback so we can operationally evolve to meet changing needs. The Commission strategically evaluates the landscape to ensure we're tapping into the trends and anticipating what the world of work will demand in the years to come.

Responding to an Evolving Workforce: The Commission's Commitment

Commission for Case Manager Certification Joins National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience

Who is today's CCM certificant?

96% are women

80% have bachelor's
degree or higher, with
this figure increasing

Work in **all** U.S. states

Certified for an average
of **10 years**, with an
average of **7 years**
of work prior to
certification

24% are in executive or
management roles

60% have been in case
management for 10 or
more years

Statistics based on survey responses:
Health2 Resources and CCMC, Professional
and Demographic Characteristics of CCM
Certificants, Nov. 2022.

Acknowledging the pressing need to address the nation's health care worker burnout crisis, the Commission for Case Manager Certification announced it has joined the National Academy of Medicine's (NAM) [Action Collaborative on Clinician Well-Being and Resilience](#), a growing network of organizations committed to advancing solutions to alarming rates of stress and emotional exhaustion within the health care workforce.

The Action Collaborative of health care leaders is co-chaired by Surgeon General Vivek H. Murthy and is designed to operationalize NAM's [National Plan for Health Workforce Well-Being](#), launched in October 2022. The plan and its related resources shine a spotlight on the problem of increased burnout, depression, and anxiety in the health care workforce. The Commission, the first and largest nationally accredited organization providing case manager and disability management specialist certifications, joins more than 200 organizations committed to raise the visibility of clinician mental health burden and the serious consequences on quality health care delivery, safety and costs. The Commission is committed to efforts to reverse trends contributing to burnout and aligns with the Action Collaborative's three goals:

1. Raise the visibility of clinician anxiety, burnout, depression, stress, and suicide;
2. Improve baseline understanding of challenges to clinician well-being; and
3. Advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver.

"There has never been a greater need for an initiative to strengthen health workforce well-being and create an environment in which everyone on the team can thrive," said MaryBeth Kurland, MPA, CAE, ICE-CCP the Commission's CEO. "The Commission's mission, vision, values and strategic plan align with the Action Collaborative's priorities and efforts related to behavioral health, self-care, resilience and burnout."

“

There has never been a greater need for an initiative to strengthen health workforce well-being and create an environment in which everyone on the team can thrive.

”

MaryBeth Kurland,
MPA, CAE, ICE-CCP
CEO

A May 2022 [U.S. Surgeon General Advisory](#) raised the issue of burnout and its inherent threat to the nation’s public health infrastructure as workers leave the field, referencing U.S. Bureau of Labor Statistics projections for an immediate shortage of 1.1 million new registered nurses and a national shortage of more than 3 million health workers over the next five years.

Even before the pandemic, there was broad recognition that physicians, nurses, case managers and others on the care team were stretched, and the COVID-19 pandemic exacerbated an already serious problem. Health care workers clocked more hours while carrying additional burdens at home due to socially isolated circumstances; an alarming number left the workforce in “the great resignation.” As co-workers exit the field, those left behind struggle beneath heavy workloads while striving to continue to provide excellent care.

Large-scale burnout has become a significant risk among the case manager population. In surveys fielded by the Commission during the pandemic in 2020, 2021 and 2022, responding certificants consistently cited stress as a significant challenge. Nearly half (45%) of the respondents said they were overworked and that they expected long hours and large caseloads to continue. More than a quarter (27%) cited personal mental health issues, and more than one in 10 said they struggled to adjust to the loss of a loved one related to COVID-19. Close to 15% said they planned to resign within the next year, and 20% expected worsening compensation and benefits.⁸

Educational webinars provided by the Commission acknowledged the need for self-care before the pandemic onset, but the survey results raised new concerns. As a response, the Commission created a series of short, 60- to 90-second videos to address these adverse trends in mental health and well-being. These [Push Pause recordings](#) feature some of the nation’s top inspirational speakers sharing moments of wisdom to boost hope and resilience, designed to help case managers and disability management specialists positively reframe the daily grind, rejuvenate and reflect on the tangible support they bring clients every day.



The costs of health care workforce stress and burnout accrue beyond those who work on the front lines. The NAM workforce well-being movement estimates \$4.6 billion in societal costs each year in the U.S. can be attributed to burnout in the U.S. clinical workforce alone. The national plan outlines seven priority areas for workforce well-being and action steps that leaders in health care organizations, government, payers, education, professional societies, and others can leverage to transform the health care system.

⁸ Commission for Case Manager Certification. (2022) 2022 Checking on Our CCMs: COVID-19 [Unpublished raw data].

Top current CCM certificant employment settings:

26% Health plan/ insurance disability company

19% Hospital/acute care

10% Workers' compensation

8% Ambulatory/ outpatient/primary/ urgent care

Statistics based on survey responses: Health2 Resources and CCMC, Professional and Demographic Characteristics of CCM Certificants, Nov. 2022.

Large-scale burnout has become a significant risk among the case manager population.

CM Learning Network

Since before the pandemic, use of CM Learning Network resources (including Certification 360 Education Workshop, CCM Glossary & Quiz Mobile Apps, CM Learning Network Webinars, Customized Training for Employers, Learning Management System Courses, Certification 24/7 E-Learning Webinar Series, and Symposium Post Event Videos) has increased by more than 58%. In addition, there has been a 41% increase in attendance at the Commission's virtual symposium as compared to the Commission's in-person symposium.

"It is critical that we do this now to protect the health and safety of our clients, who rely on us to perform at our best every day," said Teri Trieeger, RN, MA, CCM, CHCQM, FABQAURP, the Commission's Chair. "The first three priorities of NAM's National Plan for Health Workforce Well-Being in particular are at the center of the Commission's mission to advocate for case management excellence through certification and interrelated programs and services."

Create and sustain positive work and learning environments and culture. By advancing and advocating for quality case management practice and development of knowledge and skills, the Commission supports this priority to foster professional well-being and support quality care.

Invest in measurement, assessment, strategies, and research. The Commission's values and certification emphasis underscore its commitment to scientific knowledge development and dissemination of these learnings. Additionally, the Commission will continue to keep a pulse on case manager well-being through its surveys and to provide education and other tools in response to current trends.

Support mental health and reduce stigma. The case management process of assessing client health has always encompassed whole-person well-being and a definition of health that includes social, emotional, and physical factors. For practitioners, it is equally critical to nurture self-awareness and acknowledge one's limits. Grief, stress, and exhaustion require respite and rest. The Commission's "Push Pause" self-care series and other tools are resources to cultivate balance and boost adaptability and resilience.

NAM's National Plan for Health Workforce Well-Being also includes reducing regulatory burden on health care workers and optimizing health IT so it enhances care rather than adding to administrative responsibility. For case managers and disability management specialists, ensuring that client care is efficient while remaining personalized is critical for emotional well-being. The NAM plan calls for making well-being in health care an institutional and long-term value, not just a product of the COVID-19 crisis, a priority strongly supported by the Commission. The Commission's mission and vision also align with the plan's active efforts to recruit a diverse and inclusive health workforce to meet the needs of our changing society.

“

As a network organization, the Commission's aim is to promote the well-being of our certificants as part of the health workforce. This vision motivates us to ensure professional and board-certified case managers and disability management specialists are well positioned to continue to advocate for their clients in environments that support them.

”

MaryBeth Kurland,
MPA, CAE, ICE-CCP
CEO

“As a network organization, the Commission’s aim is to promote the well-being of our certificants as part of the health workforce,” Kurland said. “This vision motivates us to ensure professional and board-certified case managers and disability management specialists are well positioned to continue to advocate for their clients in environments that support them.”



Other Commission offerings to promote well-being and resilience are [found on its website](#) and include:

CMLearning Network Webinars



- Burnout Care: Actionable Steps for Case Managers and Disability Management Specialists
- How to Build Your Well-Being to Thrive
- 7 Ways to Build Resilience: As a Person, As a Case Manager
- Actionable Solutions to Minimize “Deaths of Despair”: The Epidemic Within the Pandemic
- Sticks, Stones and Intimidation: How to Manage Bullying and Promote Resilience

Issue Briefs



- *Burnout care: Where’s your care plan? It’s time to heal ourselves and each other*
- *Baby steps: Enhancing your well-being – and that of your clients – is easier than you think*
- *Build resilience personally & professionally: Seven strategies for case managers*
- *The epidemic inside the pandemic: We’re dying from despair. Case managers can help.*
- *Cultivating moral resilience: Balancing heart and mind for a better practice and better you*
- *Speak up, speak out: It’s time for case managers to take on the bullies*

CCMC Symposium Sessions



- Empathetic Leadership and Why It Matters Now
- Boundaries & Self Care: From Burnout to Thriving
- Holistic Stress Reduction and Burnout Prevention
- Be Careful: Personal Safety for Case Managers
- Escape Adulthood: Laughing Your Way to Less Stress

Take a Listen Podcasts



- What are we feeling during COVID-19 and how can we manage those feelings?
- Four tips to help you get a handle on the COVID-19 pandemic
- Tips for successfully handling social isolation during the COVID-19 pandemic
- How being a CCM benefits mental and behavioral health professionals



The Leadership Pipeline

It took experience and many hours of volunteer leadership to become a part of the Commission. It also took tenacity. I applied three times before being selected to serve. Connecting on the third pitch was completely worth the first two swings.

I share my personal experience to emphasize that the setbacks drove me to improve professionally to meet my goals. If doing what it takes for so long to hit a home run also appeals to you, then I invite you to step into the Commission leadership pipeline.

Our board actively seeks to identify emerging leaders to develop into tomorrow's Commission leadership. Often this is an informal process; many organizations like the Commission rely on self-identification through appeals to volunteer for committees or projects as they emerge. As volunteers learn more about the Commission and its work by participating on a committee, sub-committee, or even an item-writing workshop, they make connections, become more confident and knowledgeable, and build their professional profile. For example, the Commission's recognition of a need for a sub-committee on diversity, equity, and inclusion opened the door to recruit volunteers with an interest in that topic to lend their expertise. Every time a new volunteer becomes involved, it's an opportunity to develop and grow in leadership. Naturally, as emerging leaders develop and take on more responsibility, they advance up the ladder.

Over the past several years, these organic connections became more difficult to progress as in-person meetings and serendipitous opportunities to cultivate volunteers decreased. I see this not as an obstacle, but as an opportunity to introduce more formalization into the leadership pipeline cycle. As an organization, we need to structure a defined process of mentorship so volunteers are recognized for their potential, ushered through a development process to discover their gifts and interest areas for leadership, and built up professionally and personally to achieve their goals.

More importantly, we need to re-energize early-career certificants by sharing the value of service to the Commission. Every day, I see my service as vitally connected to the mission, vision, and value of certification. It's bigger than me and today's Commission, and even bigger than the 50,000+ CCM and CDMS certificants. We are champions of the Commission's legacy and mission to advocate for professional case management excellence through



BY TERI TREIGER,
RN, MA, CCM, CHCQM,
FABQAURP

Chair



I didn't want to do something that I wasn't going to contribute to meaningfully, because I didn't want it just to be sitting on my CV. I've always been compelled to contribute and to give back to case management in many different capacities.



Teri Treiger,
RN, MA, CCM, CHCQM,
FABQAURP
Chair

certification and interrelated programs. We have the privilege of upholding a commitment to consumer protection and quality case management practice, as well as being the keepers of case management ethical standards and behavior. We advance the practices of case management and disability management.

That ideal remains a home run for me. I cordially invite CCM and CDMS certificants to step up to the plate and take a swing.



We have the privilege of upholding a commitment to consumer protection and quality case management practice, as well as being the keepers of case management ethical standards and behavior. We advance the practices of case management and disability management.



Teri Treiger,
RN, MA, CCM, CHCQM,
FABQAURP
Chair

Planting Seeds for Future Leadership

Being a case manager is more than a job; it's a profession. Some may say it's even a calling. Becoming board-certified is just the beginning of a committed journey of ongoing ethical practice and development. For many, that commitment may extend to volunteering to uphold and support the credential as a volunteer.

There is innate reward for volunteering and giving back to a profession you commit so much of life to pursue, says Ed Quick, CDMS, Chair-Elect of the Commission.

"It keeps you relevant in terms of meeting others in the field that you might otherwise not have a chance to meet, and it takes you out of your day-to-day cocoon or practice and exposes you to a much broader area of case management, disability management, and leadership in the industry," he says.

There are a number of ways certificants can support their credential and enter the Commission's leadership pipeline. Finding the right entry point and making a start is important, especially if your longer-term goal is to serve as a Commissioner. Ways to contribute include:

1. Volunteering for an item-writing workshop;
2. Serving on a standing committee or sub-committee; and
3. Participating through continuing education activities.

"Each person has a unique skill set that has value, and they need to understand that skill has value in other areas and situations of which Commission volunteerism is one," Quick says. "When someone approached me from the Commission several years ago, I thought, 'I don't fit the traditional case management role; I don't think my skill set fits or my interests are the best fit for the Commission; wow was I wrong' It's that kind of self-talk that limits others interest and drive to look for very rewarding opportunities."

The Commission seeks volunteers at every career stage and representative of a wide range of backgrounds. It seeks diversity and is committed to an inclusive process to both identify potential volunteers and provide opportunities to participate.



BY ED QUICK,
MA, MBA, CDMS

Chair-Elect



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Ed Quick,
MA, MBA, CDMS
Chair-Elect

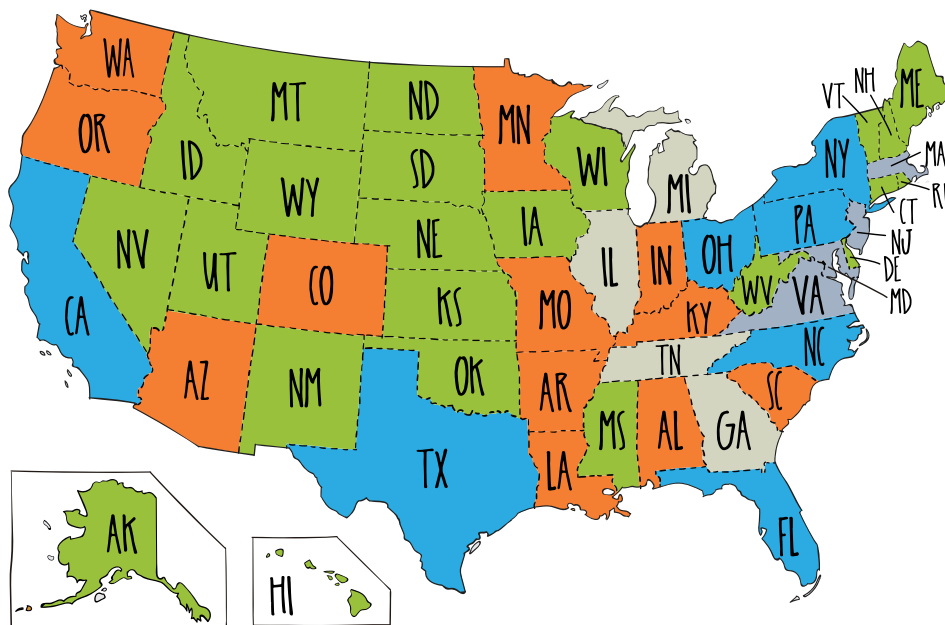
Employers and supervisors have much to gain from encouraging CCM and CDMS certifiants to participate in Commission leadership. Many large employers provide case managers and disability management specialists time to volunteer for professional leadership. Smaller organizations have much to gain in terms of professional development that occurs from networking across organizations, knowledge development, and sharpening leadership skills through the mentoring that naturally occurs when leaders work side by side to support the credentials.



The chief motivation is a desire to see case management and disability management get stronger and more united. We need people who are motivated and have the vision to see professional case management and disability management flourish.



Teri Treiger,
RN, MA, CCM, CHCQM,
FABQURP
Chair



NUMBER OF CCMs

- 1 to 500
- 501 to 1,000
- 1,001 to 1,500
- 1,501 to 2,000
- 2,001+

Data is from the CCM Certificant database, January 2023.

WHERE

do they live and work?

CCM certifiants are in all 50 states and Washington, D.C.

Volunteers Are Key to Sustaining and Maintaining a Prepared Workforce

Volunteers for the Commission work behind the scenes to ensure the CCM and CDMS credentials are maintained and reflect the professions' high standards. In addition to its all-volunteer board, the Commission relies on dozens of volunteers who lend their expertise to this important work.

Volunteers contribute to the success of the Commission by writing exam questions (known as "item writing"), reviewing exams, identifying educational and professional development opportunities, and more. The Commission has three standing committees in which volunteers contribute to the work: Ethics and Professional Conduct, Professional Development and Education, and Certification Services. You can explore all these opportunities on the [Commission's website](#).

"I have a very strong commitment to service and believe that it has benefited me personally as well as professionally," says Patricia Nunez, MA, CRC, CDMS, CCM, who serves as the Commission's secretary.

Nunez urges other case managers and disability management specialists not to wait to be "selected" to serve; they should volunteer.

"We have a ton of opportunities in our profession to bring in creative, new ideas and thinking and to help some of our peers become better at what they do," she says. Volunteers who bring diversity of thought, backgrounds, and skills are valuable for the Commission to ensure a broad range of perspectives are actively integrated.

"The Commission has taken an intentional approach in the last few years to reach out to organizations whose membership is more diverse and to call for volunteers," Nunez says. "I am an example of diversity as a person with a disability. My input does help to keep that aspect of diversity front and center for my colleagues on the Commission."

Because the foundation for the Commission's work is the exam, item writing is a natural entry point for volunteers to get involved. Nunez served as an item writer and item reviewer prior to volunteering for the Commission. Volunteering was the basis for Nunez to begin serving, establish relationships, and network professionally.

"There's great value to those connections that a case manager or disability management specialist gains by volunteering that they would never find within the four walls of their



BY PATRICIA NUNEZ,
MA, CRC, CDMS, CCM

Secretary



We have more to offer our profession and our clients than just our day-to-day work with them. By volunteering as a part of a larger credentialing organization, we can help establish principles that are ultimately going to benefit them.



Patricia Nunez,
MA, CRC, CDMS, CCM
Secretary

workplace,” she says, noting that supervisors and managers value professional volunteer service as well. “For some managers, especially those who come from an academic environment, service is very important. They will readily see the value of volunteering as driving excitement, motivation, knowledge and expertise.”

Both CCM and CDMS volunteer service opportunities are available. A [single questionnaire](#) on the Commission’s website lists opportunities and describes the commitment. Serving on a committee, for example, is a one-year appointment and requires about 40-50 hours a year.



It takes many hands. Volunteers keep us as a certification body as strong, current, and valid as we can possibly be.



Patricia Nunez,
MA, CRC, CDMS, CCM
Secretary



The Public Interest Comes First

It is not an accident that the first principle of the Code of Professional Conduct for Case Managers states that *CCMs will place the public interest above their own at all times*. From the start, the Commission has made this commitment to the public interest its lodestar, a beacon continually spotlighting the client as the center of this work.

Since 2017, I have served in the unique position as the “public” member for the Commission—the only Commissioner who is not a case manager or disability management specialist. I am a certified internal auditor and, after more than 20 years as a chief audit executive in the insurance industry, I went to work for the organization that gives me my certification and training.

Ultimately, it is important to make sure that everything the Commission does leads to better care and better outcomes for clients. I see my role as a catalyst to encourage dialogue among the Commissioners about a broader vision for the future that takes into consideration the changing and diverse world around us. We need to question what we’ve done for the past 30 years and determine if it is still going to work as we move forward.

There are several challenges for the Commission in the next five years, and each is an opportunity for us to evaluate what we’re presently doing and allow for growth and to make our organization more progressive. Historically, case managers have come primarily from the nursing and social work professional ranks. As the Commission evolves in a post-pandemic world, we need to identify and encourage those eligible for certification who have not traditionally sought the credential to explore career paths in case management and disability management. This will include reviewing the criteria for eligibility, looking at existing pipelines for candidates from other than nursing and social work, and exploring ways to encourage curriculum development in academic environments. We must find ways to help more individuals understand the value of certification in a way that resonates with them to pursue case management and disability management as potential careers.

The second challenge is related to the first: the aging of the certificant population and the large cadre that is retiring. Attracting a younger demographic and demonstrating to them the benefits of certification is essential. One option the Commission is exploring is partnering with a university to provide case management training and educational



BY ANNE MERCER,
CIA, CFE, CFSA

Treasurer/Public Member



We must find ways to help more individuals understand the value of certification in a way that resonates with them to pursue case management and disability management as potential careers.



Anne Mercer,
CIA, CFE, CFSA
Treasurer/Public Member

materials for use in their Case Management certificate program. Upon completion, the students would leave the program with the fundamentals of case management knowledge, putting them on a pathway to certification after finishing their employment experience requirement. Introducing them to the value of certification and the tenets of case management excellence while in the certificate program gives students what they need to become certified earlier.

Third, we need to expand the pool of candidates for certification by carefully considering new, nontraditional pathways. There are many who consider themselves case managers who don't fit the traditional mold. They may not all have the current requirements in education or professional experience needed to become a CCM. The Commission needs to apply foresight to this challenge, while still maintaining the high standards that employers and consumers expect from a CCM and creating a way to attract more candidates.

To achieve these aims, the Commission needs to raise awareness among consumers about the role of case managers as their advocates and navigators. It's important for the public to know that individuals who are certified are highly qualified and abide by professional and ethical standards. There is considerable rigor involved in certification to ensure that consumers get the best and most coordinated care that is guided by the Commission and CDMS Codes of Professional Conduct. That's what is behind the Commission's work to uphold the professionalism of certification and put the public interest first.

Professional background of today's CCM certificant:

86%

RN

9%

Social Worker

5%

Other

Statistics based on survey responses: Health2 Resources and CCMC, Professional and Demographic Characteristics of CCM Certificants, Nov. 2022.

CCM certificant say the aspects of their job that are most vital are:

- Ensuring appropriate care
- Educating and empowering clients
- Advocacy
- Coordinating care
- Helping to increase access to care
- Helping identify issues

N=4,789

Health2 Resources and CCMC, Professional and Demographic Characteristics of CCM Certificants, Nov. 2022.

Accountability Begins (and Ends) with Client-Centered Care

Put all clients at the center of care.

A decade after it began evaluating models to improve how Medicare and Medicaid provide health care for more than half of the U.S. population, the CMS Innovation Center recently circled back to a vision that is elegantly simple in its expression, yet not without challenges in its implementation: *A health care system that achieves equitable outcomes through high quality, affordable, person-centered care.*⁹

This is a vision we can all embrace, and the strategy to execute it effectively relies on client-centered, interprofessional team-based care. For case managers, the client-centered orientation should be second nature; assessing the client’s values, goals and desires is the first step of the case management process and a successful care plan is client-centered by design in its creation and execution.

Teamwork is essential to address complex problems, and in health care, interprofessional teams are the gold standard for optimal client care. Although not a new concept, the imperative from CMS to ensure accountable, value-based care for its beneficiaries within the next decade requires a fresh look at what defines the interprofessional team.

A group of health care workers from multiple disciplines working side by side in client care is common, but it may be a team in name alone. When the team structure is hierarchical—when the conventional health care pecking order remains in place—the team is merely an operational structure; it is not client-centered and interprofessional, no matter how many different roles are represented.

Interprofessional teams are defined by interaction and coordination to maximize the individual expertise of each member. Leadership does not necessarily reside with the case manager or the physician leader; it is dynamic, entirely based on the needs of the client at any given time. Working closely together, team members actively communicate and share information as they drive to achieve client-centered goals. Collaboration is the central operating function, much like the different fingers on the hand working together to perform tasks that no single digit can achieve on its own.

⁹ Background on the CMS Innovation Center 2021 Strategy Refresh—Putting All Clients at the Center of Care. CMS Innovation Center, <https://innovation.cms.gov/strategic-direction#:~:text=All%20Medicare%20fee%2Dfor%2Dservice,cost%20of%20care%20by%202030..>



BY VIVIAN CAMPAGNA, DNP,
RN-BC, CCM, ICE-CCP

Chief Industry Relations
Officer (CIRO)



Why do professionals seek the CCM and/or CDMS certification?

- To improve employment options
- To enhance professional standing
- For personal growth

Health2 Resources and CCMC, Professional and Demographic Characteristics of CCM Certificants, Nov. 2022.

As more payment systems adopt value-based models that require accountability for care delivery, maximizing the effectiveness of interprofessional teams is imperative. The same quality aims that have driven accountable care organizations to assure clients have the resources they need for optimal health will be shared by organizations across other delivery systems. The increased emphasis on care coordination and social determinants of health will elevate the role of the professional case manager and will require a paradigm shift for the whole team to align behind one common goal: client-centered, equitable care that ensures quality while maintaining reasonable costs.

Health care organizations will look to case managers to possess a clear understanding of care coordination and what it means to be client centric. The Commission provides a wealth of educational tools and training to help prepare and train case managers at this pivotal time, but we acknowledge the need for academic institutions to align with us and the national movement toward accountable, client-focused care.

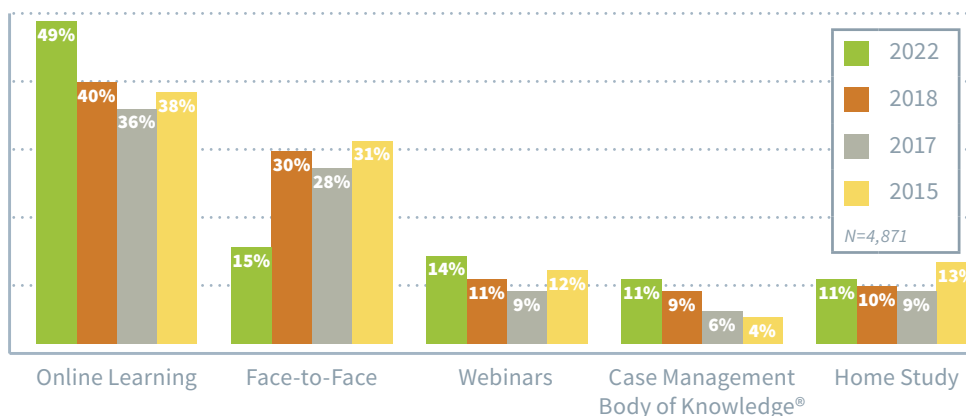
To improve client outcomes and ensure quality, to meet the requirements of an accountable care, value-based system, we must be ready to give clients the information they need to make informed decisions. We need to build a culture across health care that supports client-centered care, and that elevates their values and goals for health as pivot points, not peripherals, in their care plans.

The Commission will continue its efforts to educate case managers about the power of coordinated, interprofessional teams and the primacy of value-based care. The CMS Innovation Center requirements align with the principles and spirit of the Commission’s Code of Professional Conduct for Case Managers. Through lifelong learning, the board-certified case manager is equipped to not only support health care organizations by delivering value-based care, but to do so ethically while keeping an eye on the bottom line. In today’s dynamic health care climate, the Commission is committed to supporting case managers as they learn, engage with and contribute to the interprofessional team.

The Commission: Growing Stronger Year After Year



Continuing Education Preference (1st Choice)



Statistics based on survey responses: Health2 Resources and CCMC, Professional and Demographic Characteristics of CCM Certificants, Nov. 2022.

2023 COMPENDIUM



GET CERTIFIED. STAY CERTIFIED. DEVELOP OTHERS.

Commission for Case Manager Certification

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