

ILPN 2012, 6<sup>th</sup> September, The Law Society, London

# **Making a Success of Case Management**

## **Key Lessons in Delivery and Design**

**Nick Goodwin<sup>1</sup>, Shilpa Ross<sup>2</sup>, Natasha Curry<sup>3</sup>**

<sup>1</sup> The King's Fund, London; <sup>2</sup> The Nuffield Trust, London

Authors  
Shilpa Ross  
Natasha Curry  
Nick Goodwin

# Case management

What it is and how it can best be implemented

November 2011

- A well established approach to integrating care to people with complex and long-term conditions
- Often targeted as a time-limited intervention tot those people identified as 'at risk' of a hospitalisation
- Evidence is mixed on the cost-effectiveness of implementation, and in terms of benefits to patients, carers and families

# **What are the core components of a case management programme?**

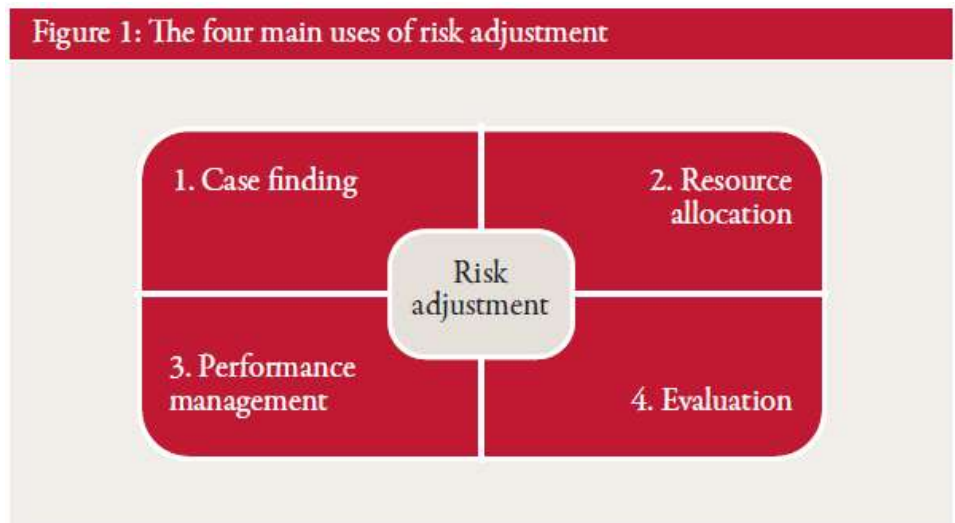
# The core components

- case finding
- assessment
- care planning
- care co-ordination, including:
  - ❖ medication management
  - ❖ self-care support
  - ❖ advocacy and negotiation
  - ❖ psychosocial support
  - ❖ monitoring and review
- case closure

# Case finding

- › A systematic method typically used to identify individuals who are at high risk of *future* hospital admission
- › Can be used to predict other events – e.g. falls, nursing home stays etc.
- › In order to ensure that an intervention is cost-effective, it is crucial that resources target individuals appropriately
- › Predictive risk tools now commonplace– most powerful combine data from primary, secondary and social care

*Without a reliable method of stratifying people into risk groups it is likely that care will be targeted at those people who either do not need it, and potentially miss those who do.*



(Nuffield Trust, 2011)

# Assessment

- › Holistic assessment should not be restricted to health needs only, and also include carers/family.
- › Efforts have been made in recent years to develop a single assessment process, mostly for older people
- › Packages of care offered in a case management programme will depend on the results of the individual's assessment process.
- › Issues that may be covered include:
  - ❖ clinical background and current health status
  - ❖ current level of mobility/activities of daily living
  - ❖ current level of cognitive functioning
  - ❖ current formal and informal care arrangements
  - ❖ social history
  - ❖ physical and social care needs
  - ❖ medication review
  - ❖ wider needs – e.g. housing, welfare, employment, education.

# Care planning

- › Personalised care plan at 'heart' of case management
- › Brings together a person's personal circumstances and preferences with their health and social care needs
- › Importance of co-production with individual receiving care, their carer and family
- › Shared decision-making and choice of care options
- › Main purpose is a structured approach to ensuring care co-ordination between organisations and professionals
- › A 'living document'

# Care co-ordination

- › The 'essence' of case management, care co-ordination is the integrating mechanism that enables continuity of care services between the various professionals and services that people will come into contact with
- › The case manager is fundamental in helping to organise and deliver care, taking responsibility for overseeing and helping people in navigating the system
- › Common roles include: medications management; self-care support; advocacy and negotiation; psycho-social support; monitoring and review
- › Evidence shows that care co-ordination is often a role where there is under investment, particularly in terms of decision-making power, capacity, skills and competencies



# Case closure

- › Case management is often established as a time-limited intervention to manage, or help avoid, time of crisis
- › Planned discharge of individuals to other programme of long-term care support are important since people should not become dependent on the intensity of support that case management often provides
- › Hence the importance of self-care and self-empowerment

**What are the benefits of a case management programme when it is implemented successfully?**

# The evidence – *promising but mixed*

- › Difficulty in attributing and quantifying impact (e.g. reduced admissions or cost-effectiveness) due to multiple confounding factors
- › No standard implementation programme - variability in nature of approach makes comparisons problematic
- › Evidence shows that some approaches have had positive impact in terms of service utilisation, health outcomes and user experiences

See, for example, these reviews:

Challis et al 2010 - *Self-care and Case Management in Long-term Conditions: The effective management of critical interfaces. Report for the National Institute for Health Research Service Delivery and Organisation Programme. NIHR SDO programme website. Available at: [www.sdo.nihr.ac.uk/projdetails.php?ref=08-1715-201](http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1715-201)*

Goodman et al 2010 - *Nurses as Case Managers in Primary Care: The contribution to chronic disease management for the National Institute for Health Research Service Delivery and Organisation programme. NIHR SDO website. Available at: [www.sdo.nihr.ac.uk/projdetails.php?ref=08-1605-122](http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1605-122)*

# Case Example: Guided Care, USA

- › Trained nurses integrated into primary care practice
- › Predictive modelling techniques to identify at-risk patients
- › Nurse assessment of patient and carer needs
- › Co-designed care plan
- › Case-loads of 50-60 individuals per nurse
- › Multi-disciplinary teams based in primary care
- › Self-management support
- › Web-based electronic health records support real-time decision-making



## Peer-Reviewed Impact Includes

- High levels of satisfaction with patients and carers
- Improvements in measures related to quality of life
- Reductions in total costs to health care budgets through reduced hospitalisations and lengths of stay (up to 11%)

See:

<http://www.guidedcare.org/index.asp>

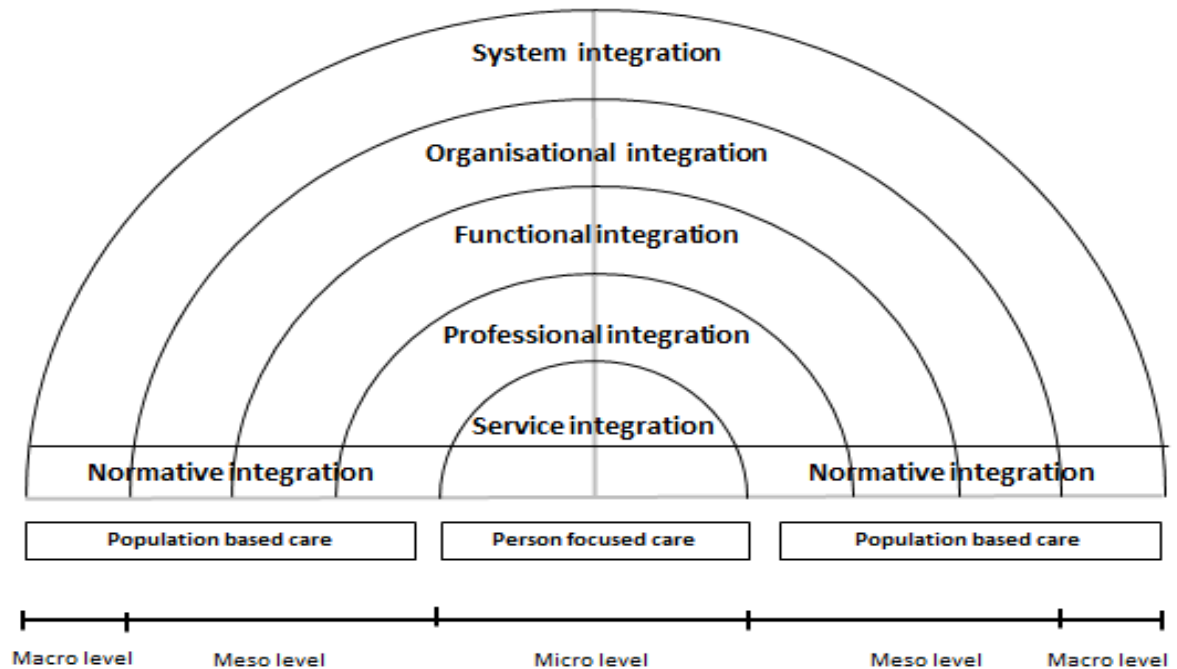
**What factors need to be in place  
for case management to be  
successful?**

# Key factors for successful case management

- › Appropriate roles and skills of the case manager
  - assigned accountability – who's in charge?
  - clarity of responsibilities
  - a range of skills – interpersonal; problem-solving; brokerage; prescribing; training
  - relationship building - e.g. with patients, GPs, hospitals
- › Getting the programme design right
  - Targeting and eligibility
  - Manageable caseload
  - Single point of access/single assessment
  - Continuity of care
  - Effective use of data and IT

# Support from the Wider System

- › Shared vision and objectives
- › Close health and social care
- › Stakeholder engagement
- › Provision of services in the community



*Case management works best as part of a wider programme of care in which multiple strategies are employed to integrate care. These include good access to primary care services, supporting health promotion and primary prevention, and co-ordinating community-based packages for rehabilitation and re-ablement.*

# Further Information



King's Fund Report at

[http://www.kingsfund.org.uk/publications/case\\_management.html](http://www.kingsfund.org.uk/publications/case_management.html)

Audio Slideshow at

[http://www.kingsfund.org.uk/multimedia/case\\_management.html](http://www.kingsfund.org.uk/multimedia/case_management.html)

Contact E-mail

[ngoodwin@kingsfund.org.uk](mailto:ngoodwin@kingsfund.org.uk)