

Case Managers Need to be Leaders

By Muffie Locke, RN, BS, CRRN, CDMS, CPQM, CCM

Case management has evolved over a century from the coal miner occupational health management initiatives of the 1800s, through the post-World War II public health interventions for veterans, to the post-1970s Medicaid and Medicare case management diversification. As we look at the evolution of case management and rehabilitation, we can see that case management has changed as rehabilitation has diversified. Now we need to be prepared for the future as leaders in the management of long-term care.

By 1980, long-term care for chronic disease had experienced a 31 percent increase in the market; free-standing rehab hospitals had increased by 175 percent; skilled nursing facilities had increased by 70 percent; and there was an explosion in comprehensive outpatient rehab facilities (176 percent). If you keep that historical perspective and, at the same time, look at the rate of live births in the United States, you can get a feel for where we as case managers need to be positioned in the market.

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Of note is the baby boomer generation, who are now in their mid- to late-40s. Because of the aging baby boomers, the projected median age of the country is climbing. By the year 2030, it's projected that the average age of people in the United States will be 38.5 years. This contrasts greatly to the current median age of 35.2 years. As America ages, the elderly

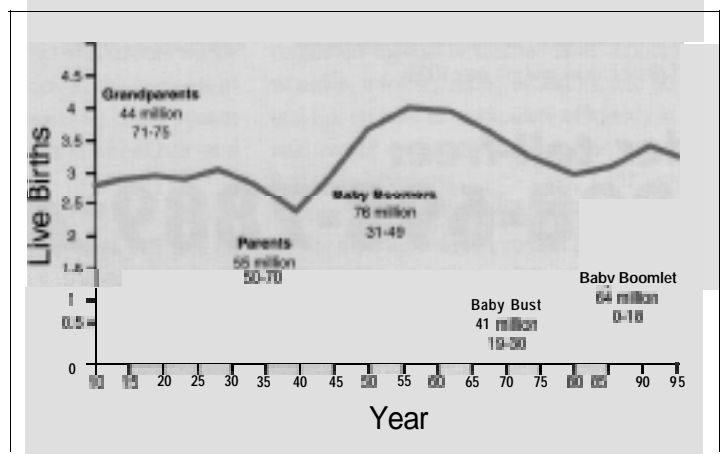


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population ages as well. In fact, the aging of America will result in a jump from 35.4 million people over 65 to almost double that by 2025. This has some serious implications for case management, rehabilitation and health care as a whole. The venues of rehabilitation and case management practice will change to meet the growing rehab needs of an aging America.

Included in the rehabilitation growth and diversity of the past 25 years are comprehensive acute inpatient rehab facilities and specialization to create and capture niche market share. Skilled long-term care facilities have expanded, based on the growing needs of ventilator users and other medically complex patients who have survived catastrophic injuries. Home care will undoubtedly expand as cost containment places prohibitive constraints on inpatient services.

Outpatient care also has diversified, including CORFs, day



treatment, and mum-service outpatient treatment centers. Residential rehab programs have broadened their service lines to meet the growing needs of customers. Residential programs include transitional living centers, community re-entry initiatives, independent living houses and comprehensive vocational education programs.

While rehabilitation sites have evolved, so has the case management domain. This includes acute care hospitals, insurance companies, managed care organizations, government programs, private rehabilitation,

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corporations and provider agencies. For case managers, it means our roles are changing.


Regulatory agencies have also impacted what we do and where we do it. These agencies and their requirements for compliance to standards include peer review organizations, Medicare, the Joint Commission on Accreditation of Healthcare Organizations and The Rehabilitation Accreditation Commission (CARF). These groups recognize case managers as pivotal members of the rehab care team and an essential component of health care delivery.

The market has responded to rising costs, managed care cost containment constraints, and a consumer-driven, outcome-oriented model of health care. Sub-acute facilities are booming to address such issues. Additional influences include an increase in managed care presence in different markets, prospective pricing, peer review systems expansion, formalized capitation, preferred provider employer markets, tightening quality criteria and an expansion of alternative medical interventions.

Case management has a great opportunity on this cusp of change. We must be the interdisciplinary team leaders, the drivers of the teams toward outcomes orientation and cost containment, while still placing quality first. We are the leaders of internal communication, both and the information conduit to external customers. Case managers in rehabilitation are the leaders in critical thinking and market share focus so our markets can survive. We are the ears, mouths and eyes of the rehabilitation future.

To meet that challenge, we must be flexible and creative. We need to be communications savvy in all areas and at all levels of our organizations. For some of us, foreign language skills will help meet the growth of internationalization in case management.

Ask yourself, are you a global thinker? Can you effect change? Are you broad-minded? Are you thinking about life-enhancement systems? Are you aligned with your customers' changing needs? Are you thinking and practicing with a cradle-to-grave mentality? Are you a facilitator of outcomes? Are you networked within and outside your current market? Are you prepared for the internationalization your health care system may experience in the near future?

Where is it you want and need to be in rehabilitation and case management? What is your personal commitment to that direction? What have you done to prepare yourself for case management in the next millennium? 

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