

Ethical Issues Facing Case Managers



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Work Related Injuries Workshop
March 25th & 26th, 2019




Discussion Topics

- Dual Roles and Divided Loyalties
- Medical Confidentiality
- Boundaries

CCMC Code of Professional Conduct for Case Managers

- Adopted by the Commission for Case Manager Certification
- The client is the individual to whom a Board Certified Case Manager provides services
- Principles:
 - Place public interest above their own
 - Respect the rights and inherent dignity of the client
 - Act with integrity and fidelity
 - Maintain competency

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- Honor the integrity of the CCM designation
 - Obey all laws and regulations
 - Help maintain the integrity of the Code

Case Managers shall not misrepresent their role or competence to clients. They shall inform the client that information may be disclosed to third parties, as prescribed by law.



Pam Sheckler RN, BS, CCM Field/CAT CM,
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Pam Sheckler is a Field Case Manager with Genex Services. Prior to this position, she worked as an Occupational Health Manager at BAE. Both positions provided experience in Worker's Compensation Case Management from different perspectives.


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Where is the Duty Owed?


- 2019 Work Related Injuries Conference
- Ethical Issues Facing Case Managers
- Where is the Duty Owed?
- The Injured Worker/Claimant
- Obtain what is needed “medically speaking” to assist in recovery, rehab, and return to former level of functioning (or as close as possible)

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- Educate claimant re: Provider's treatment plan (layman's terms)
 - Attend appointment (if allowed by Claimant/Attorney) to understand and advocate for treatment and obtain needed orders, etc.
 - Ask for helpful DME—Durable Medical Equipment orders.
 - Discuss job duties and safe return to work to minimize re-injury.
 - Bring updated Physical Therapy notes and/or report if FCM observed a PT session and has recommendations from the therapist.
 - Provide testing reports as ordered by Provider, follow through on orders and assist Provider. FCM to “put feet” to Provider orders.

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- Report visit results to the Adjuster and ask for approval for Provider recommended treatment plan. Explain treatment plan and answer questions.
 - Send recap letters to Provider and Claimant to minimize any misunderstanding from the visit.
 - Coordinate care and keep the case moving. Avoid delays in care and advocate when urgent or emergent care is needed. Guide Claimant to seek proper care at the proper time and educate them regarding such. Keep Providers, Employers, and Adjusters updated as needed.

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- Problem solve as quickly as possible and always keep the claimant updated as to the process and FCM actions on their behalf.
 - Share with Employer info as needed so they can plan for replacement while Claimant is out of work. Share knowledge commiserate to what they need to know. It is helpful that they understand why the Claimant will be out of work for the length of time estimated by Provider and/or the ODG's (Official Disability Guidelines).

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- Ethical Issues:
 - Barriers are language, culture, medical literacy, do they understand Worker's Compensation or have they had numerous cases previously (especially with the same body part)?, Non-compliance/adherence, lack of transportation, homelessness, illiterate, lack of personal health insurance, uncontrolled co-morbidities, malingering, or red flags.

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- Recommend:
 - Stay educated in Ethics for Case Managers.
 - Know HIPPA, HITECH, CCM Code of Professional Conduct, RN Nurse Practice Act, CMSA Standards of Practice
 - Consult Supervisor/Manager.
 - Remain objective and find the ethical balance that best serves the Injured Worker/Claimant.

Medical Confidentiality


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Definition

- The right of an individual to have personal, identifiable medical information kept private. Such information should be available only to the physician of record and other health care and insurance personnel as necessary. As of 2003, patient confidentiality was protected by federal statute. Source: <https://www.encyclopedia.com/medicine>

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- -Is there a clear understanding of what information will be shared and with whom?
 - insurance carrier vs. self-insured
 - mode of transmitting information
 - email/text/fax/verbal
 - -What type of medical information is to be shared with the claim representative, the employer or both?
 - claim representative: mechanism of injury; treatment plan and co-morbidity issues that may impact the healing process.
 - employer: current work capacity and next appointment date.
 - both: Update after every appointment and/or procedure with work status
 - -What happens when medical information regarding injuries or disease not related to the industrial accident is discovered?
 - keep confidential/caution with documenting in claim system/do not share with employer
 - examples: mental health/substance issues/medical marijuana/narcotics for an ongoing pre-existing medical issue

ETHICAL ISSUES FACING CASE MANAGERS



Catherine L. Reno, RN BSN MBA CCM

Catherine Reno is a Workers Compensation Case Manager with over 22 years experience handling head injuries, traumatic orthopedic and surgical injuries along with burns. She enjoys challenging cases and works to provide an optimal solution to barriers to recovery .


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BOUNDRIES


What does the case manager do when faced with claims or compensability issues?


The practice of case management is a professional and collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health need




The professional Case Manager should behave and practice ethically, and adhere to the tenets of the code of ethics that underlie her/his professional credentials

Case Managers should exercise the five basic ethical principles

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- Beneficence - to do good
 - Nonmaleficence -to do no harm
 - Autonomy -to respect individuals' rights to make their own decisions
 - Justice -to treat others fairly
 - Fidelity -to follow-through and to keep promises



Laws, rules, policies, insurance benefits, and regulations are sometimes in conflict with ethical principles. In such situations, the professional case manager is bound to address the conflicts to the best of her/his abilities




..The professional case manager should advocate for the client at the service delivery, benefits administration, and policy-making levels. The case manager is uniquely positioned as an expert in care coordination and advocacy for health policy change to improve access to quality, safe, and cost-effective services.


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1. First Report of Injury
 2. Initial Medical Report
 3. Initial Case Management Report



Where do Utilization Review and case management conflict?



Case Management: A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes (CMSA, 2016).



Utilization Management- Review of services to ensure that they are medically necessary, provided in the most appropriate care setting, and at or above quality standards.

Utilization Review- A mechanism used by some insurers and employers to evaluate healthcare on the basis of appropriateness, necessity, and quality.




Conflicts :

Guidelines for testing and surgery require at minimum 1-2 months conservative treatment

Peer Review Process allows for inadequate time for MD to respond resulting in denial

Considerable lapses in treatment for concurrent reviews due to 5 day turn around



What does the case manager do when there is a bad relationship between the claim representative and the injured employee or when an attorney gets involved?



Case Management:

A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes (CMSA, 2016).



DUAL RELATIONSHIPS:

Dual relationships can exist between the Board-Certified Case Manager and the client, payor, employer, relative and/or other entities.

All dual relationships and the nature of those relationships must be disclosed by describing the role and responsibilities of the Board-Certified Case Manager (CCM).