Case Management

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Key Terminology and Definitions

Care Coordination

According to the Agency for Healthcare Quality and Research (AHRQ), "Care coordination involves deliberately organizing patient care activities and sharing information among all the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs, and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."

Care Management

According to the Agency for healthcare quality and Research (AHRQ), "Care management is a promising team-based, patient-centered approach "designed to assist patients and their support systems in managing medical conditions more effectively. It also encompasses those care coordination activities needed to help manage chronic illness."

Care Planning

The process of assessing an individual's health, social risks and needs to determine the level and type of support required to meet those needs and objectives, and to achieve potential outcomes.

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; 2022).

Case Management Plan of Care

A document or electronic record that represents the synthesis and reconciliation of the multiple plans of care produced by each provider to address a consumer's specific health concerns. The Case Management Plan of Care serves as a blueprint shared by health care team participants to guide the consumer's care. As such, it provides the structure required to coordinate care across multiple sites, providers, and episodes of care.

Case Management Process

How case management functions are performed, including client identification, selection, engagement, monitoring, and outcomes in case management; assessment and opportunity identification; development of the case management plan of care, including specification of care goals and target outcomes; implementation and coordination of the case management plan of care; monitoring and evaluation of the case management plan of care; closure of case management services.

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Case Management Standards of Practices (SOP)

A tool that case management professionals will use within every case management practice arena. They are a guide to move case management practice to excellence. The standards explore the planning, monitoring, evaluating and outcomes phases of the case management process, followed by performance standards for the practicing case manager. The latest revision occurred in 2022. The 2022 version of the SOP punctuates the global perspectives on equity in health care, the integration of mental and physical health, the impact of social determinants of health (SDOH), and the importance of licensed healthcare professionals to provide case management services in this complex and complicated healthcare delivery system.

Chronic Care Management

An approach to care that encompasses the oversight of health and human service provision and education activities conducted by healthcare professionals to assist individuals with one or more chronic illnesses, such as diabetes, asthma, high blood pressure, heart failure, end-stage renal disease, and HIV or AIDS, to understand their health condition and live productive lives. This approach involves motivating patients to become actively engaged in their health, adhering to necessary therapies and interventions, and achieving acceptable health outcomes, including reasonable quality of life and well-being.

Chronic Care Management Services

Reimbursable care coordination services provided to Medicare beneficiaries with two or more chronic conditions which place the beneficiary at significant risk for death, acute exacerbation, or functional decline; and require the implementation of comprehensive plans of care that are monitored over time. The services are accessible on a 24-hour-a-day, 7-day-a-week basis and consist of at least 20 minutes of clinical staff time directed by a physician or another qualified healthcare professional during a calendar month. The services include systematic assessments of the beneficiary's medical, functional, and psychosocial needs; preventive services; a review of medication reconciliation, adherence, and self-management; and creation of client-centered care transitions.

Domains of Health

The World Health Organization defines health as "a state of complete physical, mental and social well-being." The University of Utah School of Medicine has identified seven domains of health and these domains impact quality of life. The identified domains are: physical, emotional, environmental, social, intellectual, financial, and spiritual.

Resources

1. Case Management Society of America Standards of Practice for Case Management

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