



Case Management Society of America

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Comments FROM the Case Management Society of America (CMSA)

RE: Senate Finance Leaders Release Healthcare Reform Policy Options

Case Management Society of America (CMSA) applauds the Senate Finance Committee on their efforts to begin the process of reform of the American Health Care System. We appreciate this opportunity to comment on the Senate Finance Leaders Release Healthcare Reform Policy Options. CMSA is the leading professional association supporting over 11,500 members providing case/care management services to patients and consumers nationally and internationally through various settings such as health plans, hospitals, post acute settings, government health plans that include; Medicare, Medicaid, Military Health Care, Veterans Administration and employer markets.

Case/care management is “a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s healthcare needs through communication and available resources” (CMSA, 2002). As essential members of the healthcare team, case/care managers work directly with physicians, patients and their families in support of medical management activities such as assessments, planning and care coordination. The processes of health adherence assessment, education, and adherence monitoring are well within the scope of case/care management practice.

Professional case/care managers perform these responsibilities as a core function of their jobs. As licensed professionals, often nurses and social workers, case/care managers use proven techniques (e.g., health literacy assessment, readiness to change tools) in working with patients, families, caregivers, and fellow healthcare professionals toward measurable improvement in health status. Case/care managers work collaboratively with physicians, pharmacists, beneficiaries and their caregivers in support of implementation of the prescribed individualized treatment plan.

Patients and their family caregivers have a great need for care coordination and case management services as described in the Finance Leadership paper but CMSA recommends these interventions must be delivered by licensed, qualified healthcare professionals. CMSA would also encourage the expansion of the care coordination services beyond those patients who have recently discharged from the hospital to include those patients who experience multiple chronic conditions and/or complex medical needs with a goal of working with patients/families to prevent exacerbations that require hospital admissions and chronic condition progression. Case/Care Managers also work with patients and families to address end of life issues in order to preserve the patient’s dignity.

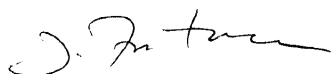
CMSA encourages legislators to align reimbursement to physicians for care/case management activities performed by nurse care/case managers or other qualified professionals and that those activities need to include appropriate transitions of care interventions for patient and their family caregivers. Case managers are often responsible for the transition and care coordination of patient care and with the development of care coordination performance measure through the National Quality Forum support and appropriate payment alignment for those services should be mandatory. CMSA would like to see specific payment codes developed and aligned with performance measure for case/case management services within the collaborative team model. This should support hospital, outpatient, medical home and long term care coordination.

In summary, CMSA supports the care coordination ideas listed in the Senate Finance Committee Leadership paper with three modifications:

1. Expand the definition beyond nurses to other licensed qualified healthcare professionals (e.g. social workers).
2. Ensure that the legislation stipulates that the care coordination services must be provided by a qualified, licensed healthcare professional.
3. Expand the situations of care coordination beyond those patients who have recently been discharged from the hospital to include any patient at risk or identified with complex medical conditions.

Please feel free to call on us if we can provide additional information or assistance as reform efforts move forward.

Respectfully submitted,



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President

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