

National Case Management Standards in Australia — purpose, process and potential impact

Bradley J Cooper and Deborah D Yarmo Roberts

Abstract

The use of case management has been increasing within Australia. The Case Management Society of Australia was established in 1996 to promote the developing case management profession and the viability of the service model in coordinating care and resources for clients with complex needs.

In an effort to unify the debate around what is expected of a case manager, the Society has reviewed its interim standards of practice. This paper explains the purpose, process and potential impact of the National Standards of Practice for Case Management. The intent of this article is to describe a process that unifies a diverse range of professionals and non-professionals who practise under the banner of case management. The Standards are not described in detail in this article but are available at <www.cmsa.org.au>.

Aust Health Rev 2006; 30(1): 12–16

CASE MANAGEMENT HAS BEEN adopted in a number of countries and settings as a rationing mechanism for funding bodies and as an approach to assist clients in navigating service delivery systems.^{1,2} In Australia, beginning in the 1970s and continually increasing since then, both the public and private sectors have used case management to address health and social service

What is known about the topic?

While case management has increasingly been used as a service delivery approach for rationing fragmented services, both professionals and non-professionals are engaged as case managers, making it difficult to assess the practice of case management. The development of professional standards for case managers is a move toward a more outcome-focused approach for the evaluation of case management practice.

What does this paper add?

This paper describes the process used to develop national standards of practice for case managers, their purpose within various practice settings and their potential impact at both the client and policy levels.

What are the implications for practitioners?

Case managers, program managers, policy makers and funding bodies should use the National Standards to monitor case management. This paper demonstrates an approach to unify a diverse range of practitioners practising case management. ♦

Bradley J Cooper, BAppSci(Nurs), Program Manager
Eastern Metropolitan Community Packages, Baptist
Community Care, Melbourne, VIC.

Deborah D Yarmo Roberts, PhD, Senior Lecturer and
Senior Research Fellow

Department of Epidemiology and Preventive Medicine,
Monash University, Melbourne, VIC.

Correspondence: Mr Bradley J Cooper, Eastern Metropolitan
Community Packages, Baptist Community Care, Level 1, 1193
Toorak Road, Melbourne, VIC 3124.
bcooper@baptcare.com.au

demands.³ Federal and state governments increasingly refer to case management in many of their public policy documents and strategic directions.

The Case Management Society of Australia (CMSA), established in 1996, has successfully attracted members from a range of sectors including aged care, disability, mental health, correctional services, child protection, injury management, employment services, insurance and disease management areas. The members work in the acute, sub-acute, community and home care settings and come from a range of professions, such as nursing, social work, physiotherapy, occupational therapy, psychology and teaching, as well as from non-professional backgrounds.

There are many definitions and applications of case management, depending on the context and

settings in which it is practised.⁴⁻⁸ The Case Management Society of Australia defines case management as “a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality, cost effective care”.⁹

Perhaps at a time when there was less scrutiny over the benefit gained for each additional unit of resource invested, case management was credited with linking clients to services. More recently, case management has been viewed as a means of linking clients to the most appropriate resources that are available.

National Standards of Practice

The National Standards of Practice for Case Management were developed to provide a reference point against which case manager performance can be measured. Case management is generally not recognised as a profession within Australia, and case managers are not governed by legislation or regulation. Case management is often viewed as a specialised role,¹⁰⁻¹² frequently aligned with a specific profession depending on the nature of the work, the target population and organisational affiliation. Australia (like many nations) offers no undergraduate programs dedicated to case management, and only a small number of graduate programs exist with a rigorous educational program.^{13,14}

This diversity in educational and practical experience has led to variations in Australian case management practice. This is viewed as a strength but also has its challenges. A diverse range of practitioners take on the role of case manager to work with various population groups. Diversity in practice is advantageous, providing the capacity for case managers to monitor their performance within the context of their professional identity, often introducing themselves to clients as a nurse or social worker (for example) rather than “case manager”.⁴ However, this diversity in practice makes it difficult to measure performance as case managers.

In an effort to enhance the practice and accountability of case managers, the Society has undertaken a review of the Interim Standards of Practice for Case Managers. The aim was to develop a set of practice standards that reflect the diversity of practice within Australia and provide a tool against which actual practice can be compared. Like many other developed nations, Australia is experiencing an increase in the number of citizens who require a complex array of services to meet their health and social needs. The amount of resources needed to meet this demand has the attention of policy makers and funding bodies. Case management is under the spotlight, suggesting this review was timely.

Development process

The CMSA began the development of Australian standards in 2002. At that time, few organisations were using any form of standards to guide practice even though case management was coming under greater scrutiny from funders and consumers. After profiling the need for Australian case management standards, the CMSA appointed two Executive Committee members to drive the development of the standards.

The Standards were developed over almost 2 years with a working group and a reference group. Each group had terms of reference established by the CMSA Executive Committee to ensure that the representation was not dominated by any professional group or practice sector, and included case managers with and without traditional education qualifications. In addition, the reference group included representation from all states and territories within Australia and from identified stakeholders — including consumer representatives, practising case managers, managers of case management programs, and government representatives, as well as a mix of public and private payers involved in the use of case management.

The Standards were developed using the Delphi technique to gain a group consensus.¹⁵ This approach was adopted as it allowed the work to occur largely in an electronic (email-based) for-

mat, enabling input from regions throughout the country. The strength of a Delphi approach is that it allowed for individual responses to be received without the influence of other parties or interests. Two rounds were completed before the Standards were released for a period of public comment before being ratified by the CMSA.

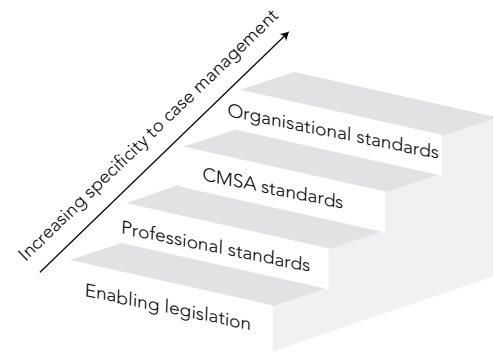
Potential impact

The Standards are of interest to funding bodies, accreditation organisations and agencies using case management if they can facilitate quality outcomes and professional accountability. The Standards are presented in two parts, the first section focusing on standards of practice, the second focusing on standards of performance. Each standard is presented (eg, Case Identification and Assessment) followed by a rationale (why the standard is important), an interpretation (what is meant by the standard) and guidelines (descriptive statements that outline desirable actions with the standard). This user friendly format allows anyone reading the Standards to easily interpret their meaning and intent and apply them in practice.

The Standards have the potential to advance case management as a viable service delivery model and developing profession. In the current political landscape, it is unlikely that legislation or regulation of case management will be a high priority of state or federal governments. This presents both a challenge and an opportunity for practitioners regarding the acceptance of case management as a professional discipline, with the need to ensure appropriate recognition. If we accept that the role of the case manager extends the individual's professional practice, then it is imperative that standards exist to frame that role. Importantly, for the Australian context, the standards must be applicable to programs that utilise case management and provided by people who understand the aims and principles of case management.

The CMSA positioned the Standards within the legislative and professional frameworks that guide practice. This is demonstrated by the figure in

I The relationship between the Case Management Society of Australia's National Standards of Practice for Case Management and other practice influences



Box 1, where each step in the sequence provides greater detail and structure on the expectations for case managers. The parameters established by the preceding step cannot be violated; that is, case managers must practice within the applicable laws, and if maintaining a professional certification, the case manager must not violate the professional standards that apply to that area of certification. This requirement is not applicable to case managers who do not have a professional background, who are currently able to practise within the CMSA standards and the applicable laws.

The scope of the CMSA standards posed another challenge: how could the standards be applied across such diverse programs as injury protection, corrections and disease management (for example)? While the standards focus on the practice of case managers (regardless of program), it was acknowledged that there needed to be a mechanism for further contextualisation of the standards where warranted. This is represented by the highest step in Box 1. While the CMSA expects that diverse organisations and programs will be able to compare the practice of case managers using the CMSA Standards, there will be occasions when some aspects of the Standards may need adjustment to fit within program or

organisational goals. The CMSA expects that organisations will make modifications to the document for pragmatic reasons, but that the overall intent of the CMSA Standards will be maintained. We describe this as a “parent–child type relationship” where the child inherits or maintains the essence of the features of the parent. For this reason, adjustments that are made are mapped back to the current National Standards, and comparisons of practice (ie, benchmarking, research) occur at the National Standards level.

Application of the National Standards across diverse programs and settings is less challenging with the agreed common focus of working with clients requiring a range of care. Maintaining this focus saw the development of three principles to guide practice which state the driving force behind the Standards (see Box 2).

While the Standards recognise and support the need for the case manager to work with all stakeholders, they confirm the requirement to work with the interests of the client first and foremost. The guiding principles of the Standards encourage the case manager to focus on the client in all aspects of their practice. This provides an opportunity for comparing the practice of case management against these Standards and allowing for evaluation and research of case management.

A range of other challenges and opportunities exists in relation to the potential impact of the National Standards. Influential stakeholders and inter- and intra-professional and organisational boundaries can impede the application of standards. There is an array of service delivery models and professions in the health and social service sector, and there will be ongoing debate about whether establishing standards for case management is worthwhile. Evidence that case management is effective has been lacking in Australia, and the Standards provide a basis to review the focus of research.

Conclusion

The National Standards provide specific competencies for case managers in a flexible structure

2 Guiding principles for case managers

Case management facilitates the personal development of clients.

Case management advocates for client rights.

Case management is purposeful. ♦

that will accommodate the changing dynamics of the service delivery system. In an environment of economic rationing, increased accountability and a lack of professional identity, case management needs a reference point against which performance can be measured, and the National Standards have raised the bar for practising case managers and the potential of the developing profession. The National Standards are a step towards clarifying the place of case management in the Australian service delivery system.

Competing interests

The authors declare that they have no competing interests.

References

- 1 Moxley D. Case management by design. St Louis: Mosby, 1997.
- 2 Taylor C, Barnett R. The ethics of case management: the quality/cost conundrum. In: Cohen EL, De Back V, editors. The outcomes mandate. Case management in health care today. St Louis: Mosby, 1999: 27-36.
- 3 Ozanne E. Case management applications in Australia. *J Case Manag* 1996; 5(4): 153-157.
- 4 Yarmo Roberts D. Reconceptualizing case management in theory and practice: a frontline perspective. *Health Serv Manage Res* 2002; 15: 147-164.
- 5 Zander K. Nursing case management: strategic management of cost and quality outcomes. *J Nurs Adm* 1988; 18(5): 23-30.
- 6 Applebaum R, Austin C. Long term care case management - design and evaluation. New York: Springer Publishing Co, 1990.
- 7 Ward MD, Rieve JA. The role of case management in disease management. In: Todd WE, Nash E, editors. Disease management: a systems approach to improving patient outcomes. Chicago, Ill: American Hospital Publishing, 1997: 235-259.
- 8 Rubin A. Case management. In: Minahan A, editor. Encyclopedia of social work. Silver Spring, Maryland: National Association of Social Workers, 1987: 212.

- 9 Case Management Society of Australia. National Standards of Practice for Case Management. Melbourne: Case Management Society of Australia, 2004.
 - 10 Rothman J. Guidelines for case management. Putting research to professional use. Itasca, Ill: FE Peacock Publishers, Inc., 1992.
 - 11 Hemming M, Yellowlees P. An evaluation study of clinical case management using clinical case management standards. *J Ment Health* 1997; 6: 589-598.
 - 12 Holt B. The practice of generalist case management. Boston: Allyn and Bacon, 2000.
 - 13 Kennedy R, Harvey J, Gursansky D. The response by Australian universities to case management. *Aust Soc Work* 2001; 54(4): 29-37.
 - 14 Ozanne E, Gursansky D, Ikegami N, et al. Education and training: international perspectives. In: Applebaum R, White M, editors. Key issues in case management around the globe. San Francisco: American Society on Aging, 2000: 146-158.
 - 15 Elliott D. Approaches to research. In: Schneider Z, Elliott D, LoBiondo-Wood G, Haber J, editors. Nursing research. 2nd ed. St Louis: Mosby, 2003: 21-37.
- (Received 16 Jan 2005, accepted 23 Oct 2005) □



linking suppliers to services

a directory of consultants & specialised service
providers to the health care industry

www.justhealthconsultants.com.au