

Do the right thing: Excellence and Ethics in Case Management



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Agenda

- Welcome and Introductions
- Learning Objectives
- Presentation:
 - Savitri Fedson, MD, MA
 - Vivian Campagna, MSN, RN-BC, CCM
- Question and Answer Session

Audience Notes

- There is no call-in number for today's event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don't appear to advance.
- Please use the "chat" feature below the slides to ask questions throughout the presentations. We will pose questions after the presentation and will address as many as time permits.
- A recording of today's session will be posted within one week to the Commission's website, www.ccmcertification.org
- One continuing education credit is available for today's webinar only to those who registered in advance and are participating today.

Learning Objectives Overview

After the webinar, participants will be able to:

1. Summarize how the principles of the CCMC Code of Professional Conduct can be applied as a roadmap for making ethics-based decisions in daily practice;
2. Explain the role of ethics in communication in the context of end-of-life decision making; and
3. Discuss the application of ethical principles for case managers as they apply to common case management scenarios.

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H I P P O C R A T I S

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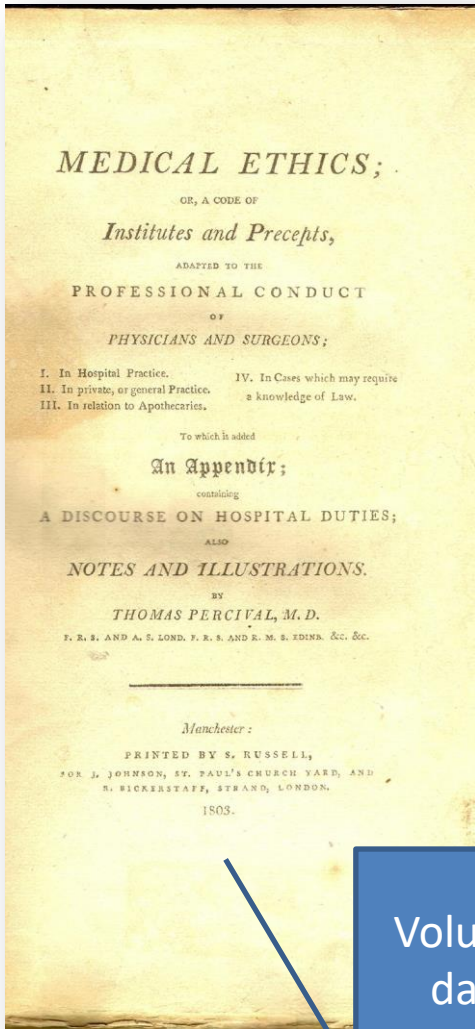


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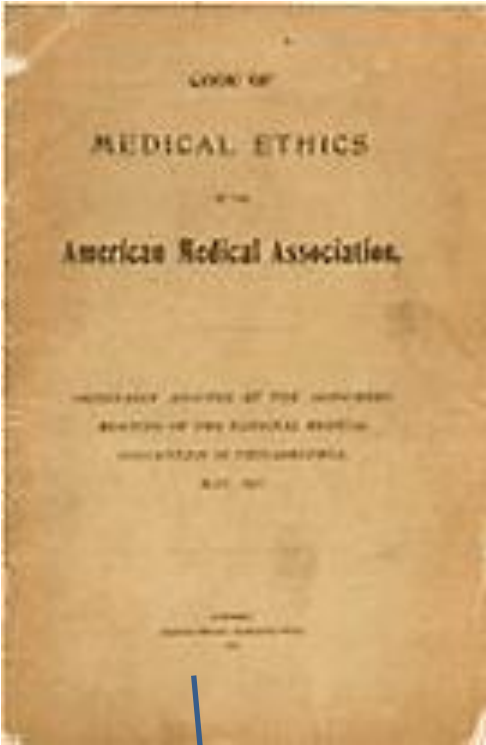


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PATHWAY TO DISCOVERY FOR THE PROFESSIONAL CASE MANAGER



Voluntary code dated 1803



AMA code adopted in 1847



Commission for Case Manager Certification

**CODE OF PROFESSIONAL CONDUCT
for
CASE MANAGERS
with
Standards, Rules, Procedures,
and Penalties**

Adopted by the
Commission for Case Manager Certification[®]
(CCMC[®])

1120 Route 73, Suite 200

Code of Professional Conduct for Case Managers adopted in 1996, revised 2015

Benefits for the Public

- Prioritizes patient and caregiver advocacy
- Ensures objectivity
- Ensures professional competency
- Provides a means for redress

Benefits for Case Managers

- Adherence to the Code is voluntary for case managers, but required for CCMs.
- Industry standard guidance for case managers when ethical questions arise
- Consulting guidance on request from CCMC's Ethics & Professional Conduct Committee

Introduction



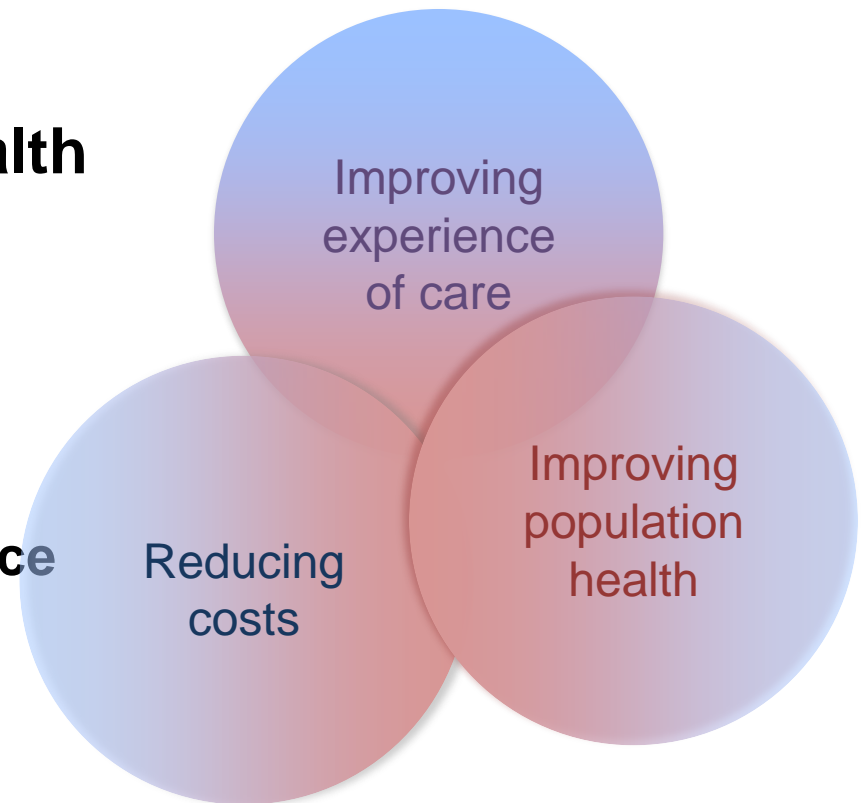
Savitri Fedson, MD, MA
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*I cannot help fearing that men may reach a point where
they look on every new theory as a danger,
every innovation as a toilsome trouble,
every social advance as a first step toward revolution,
and that they may absolutely refuse to move at all.*

-Alexis de Tocqueville

Triple Aim of Case Management

- **Professional process**
- **Resolving conflicts in health care delivery and payer systems**
- **Ethical principles of**
 - **Autonomy**
 - **Beneficence/non-maleficence**
 - **Justice**
 - **Fidelity**



Consider this...

- **A 45 year old woman is admitted after suffering head trauma in a car accident**
- **She has recovered somewhat, but needs extensive physical and speech therapy**
- **Her husband asks about a rehabilitation facility owned by one of his friends**
- **You have had a few interactions with this facility, and patients have not given you good feedback**
- **What do you do?**

Principles of Clinical Ethics

- **Non-maleficence & Beneficence**
- **Autonomy**
 - **Consent**
 - **Understanding (*not capacity*)**
- **Justice**
 - **Distributive justice**
- **Equity**
 - **Fairness**
 - **Freedom from bias**
- **Benefits improve the quality of life**
- **Risks are not prohibitive**
- **Patient has sufficient information to make a decision**
- **Is the Cost justifiable?**
 - **(system, personal)**
- **Freedom for decisions**
- **Equal opportunity**

Principles of Case Management Ethics

- **Non-maleficence & Beneficence**
- **Autonomy**
 - **Consent**
 - **Understanding (*not capacity*)**
- **Justice**
 - **Distributive justice**
- **Equity**
 - **Fairness**
 - **Freedom from bias**
- **Optimal wellness and functioning**
- **Continuum of services**
- **Insuring patients have sufficient information to make decisions**
- **Value for both patient and payer**
 - **(system, personal)**
- **Timely and appropriate use of services**
- **Equal opportunity/access**

Professionalism

What is a “Profession”

- Disciplined group adhering to ethical standards
- Special knowledge and skills derived from research, education and training
- Application of this knowledge in the interests of others

Professionals

- have a code of ethics
- commitment to competence
- accountable to society

Case Managers' Profession

- **Recognized responsibilities**
 - **Advocacy**
 - **obligations to patients and institutions**
 - **Competence**
 - **scope of practice**
 - **HPI/HIPPA - confidentiality**
- **Unspoken**
 - **Conflict of Interest reporting**
 - **Professional Misconduct**
 - **Legal compliance**
 - **Appropriate relationships**

What Motivates Us

Patient care, honesty, self-regulation, disclosure
What is actively “taught” and publicly expected of professionalism in regards to motivation

Unstated/implicit

Obedience to authority, allegiance to team/service

Importance of health care metrics

Institutional norms and expectations

Compelling facts –

legitimate self interests

These can be compelling motivators, limiting and appropriately constraining their role is the challenge

Unprofessionalism

Unprofessional behavior can take many forms

Common examples include

Egregious behavior: Falsifying records, practicing while impaired, inappropriate sexual contact, inappropriate referrals (or lack thereof)

Derogatory language when discussing patients or making fun of patients

Derogatory language when discussing colleagues/consultants

Probably something most of you will experience

Lapses in Professionalism

What options are available when witnessing behavior you find unprofessional?

How should you choose among these options?

You can report it

To your supervisor, the professionalism center

You can try to correct it

By directly trying to reverse the action or by trying to engage the offending person

You can internalize it

Conflicts of Interest

Conflicts are circumstances in which there is a risk that the self-interest of an individual or of the healthcare organization will bias professional judgment and action

Not all forms of self-interest are illegal or even unethical

COI cannot always be avoided, but specific influences can be eliminated, or mitigated and then disclosed

The greatest concern with COI is that of undue industry influence on referral practices

Conflicts of Interest

The Physician Financial Transparency Reports
the Sunshine Act to improve the disclosure of potential
financial conflicts

Failure to identify COI and failure to manage COI
in a professionally responsible way,
either by eliminating the COI or by mitigating and disclosing it,
are unacceptable threats to professionalism in medical fields

Consider this...

A 45 year old woman is admitted after suffering head trauma in a car accident

Her husband asks about a rehabilitation facility owned by one of his friends

You have had a few interactions with this facility, and patients have not given you good feedback

- **Referral to the friend's facility might not be in the patient's best medical interest**
- **What about other interests?**
 - **Financial, maintenance of family social support**
 - **Are there secondary gains for the husband or hospital**
 - **What are insurance implications?**

Moral Distress

Moral Residue: The cumulative effect of moral distress leading to dissatisfaction and burnout

There will be days when you doubt your decision or hate your job

You need to have a few tricks to cope

Errors

Errors are complicated

There can be poor outcomes or harm even if everything was done correctly and appropriately

Things can go well despite errors

Disclosure of Errors

Why might you not want to disclose an error

Is this definitely an error/mistake? Did the mistake cause any harm (even mistakes that do not cause harm should generally be disclosed)

Patients still have a right to know, and disclosure does not mean you (or the hospital/facility) are to blame

Fear the disclosure may harm the patient through anxiety, loss of trust in the medical profession

Disclosure of Errors

Am I the right person to disclose this mistake

Some hospitals use multidisciplinary teams of administrators, case managers, physicians, and risk managers

You want to be able to answer all questions and provide reassurance

Patient's may want to attribute fault to someone

Disclosure of errors

Respects patient autonomy

Protects patients and benefits their health

Protects healthcare providers by forcing us to work to continue to improve our practice and to police our own disciplines

i.e. Professionalism

Error in the News

In Spring 2016 in a well-respected hospital in the Northeast

Physicians

- a) failed to adequately and properly monitor and supervise the resident physicians***
- b) failed to confirm intraoperatively with x-ray that the correct rib was being resected***
- e) failed to remove the marking coils prior to closing and leaving the operating room;***
- d) failed to obtain an x-ray prior to closing and leaving the operating room;***
- e) failed to recognize that the wrong rib had been operated on until after the plaintiff had recovered and returned to her hospital room; and,***
- f) misrepresented to the plaintiff the reason for her needing a repeat surgery***

What went wrong?

Fear of admitting error led to series of events that increased patient risk, caused patient mistrust of their physicians and have ended in litigation

Social Media

Social Media

It is easier to get in trouble now than it used to be

Your public profile should reflect you as a healthcare professional

The safest strategy: post nothing related to work

This will likely change and evolve over your career

(may have professional requirement for posting information related to your position)

Use caution when “friending” patients/clients on social media

Physician was fired, fined after posting information about trauma patient on Facebook

Texas OB resident almost fired after posting information about duty hours on Facebook

ER nurses fired after posting information/photos about patients

Education

The difference between teaching and education

Teaching:

What professors do

Formal teaching of knowledge and ideas in a specific subject

Education:

A more holistic process of the development of the intellectual, moral, physical core of a person

Includes all of the things that shape who you are as a professional

Hidden curriculum

Determinants of professional identity that are not formally discussed or taught but are commonly experienced

typically used in context of Medical School - more broadly applied to health professionals who are continuously developing

Can be seen as a de-professionalizing influence

“Do what we do rather than what we say”

Tension between what is formally taught as acceptable determinants of behavior and action, and what is taught in the “hidden” curriculum

This is complicated when including the differing interests of Case Managers
Patient welfare, health care resources,
populations

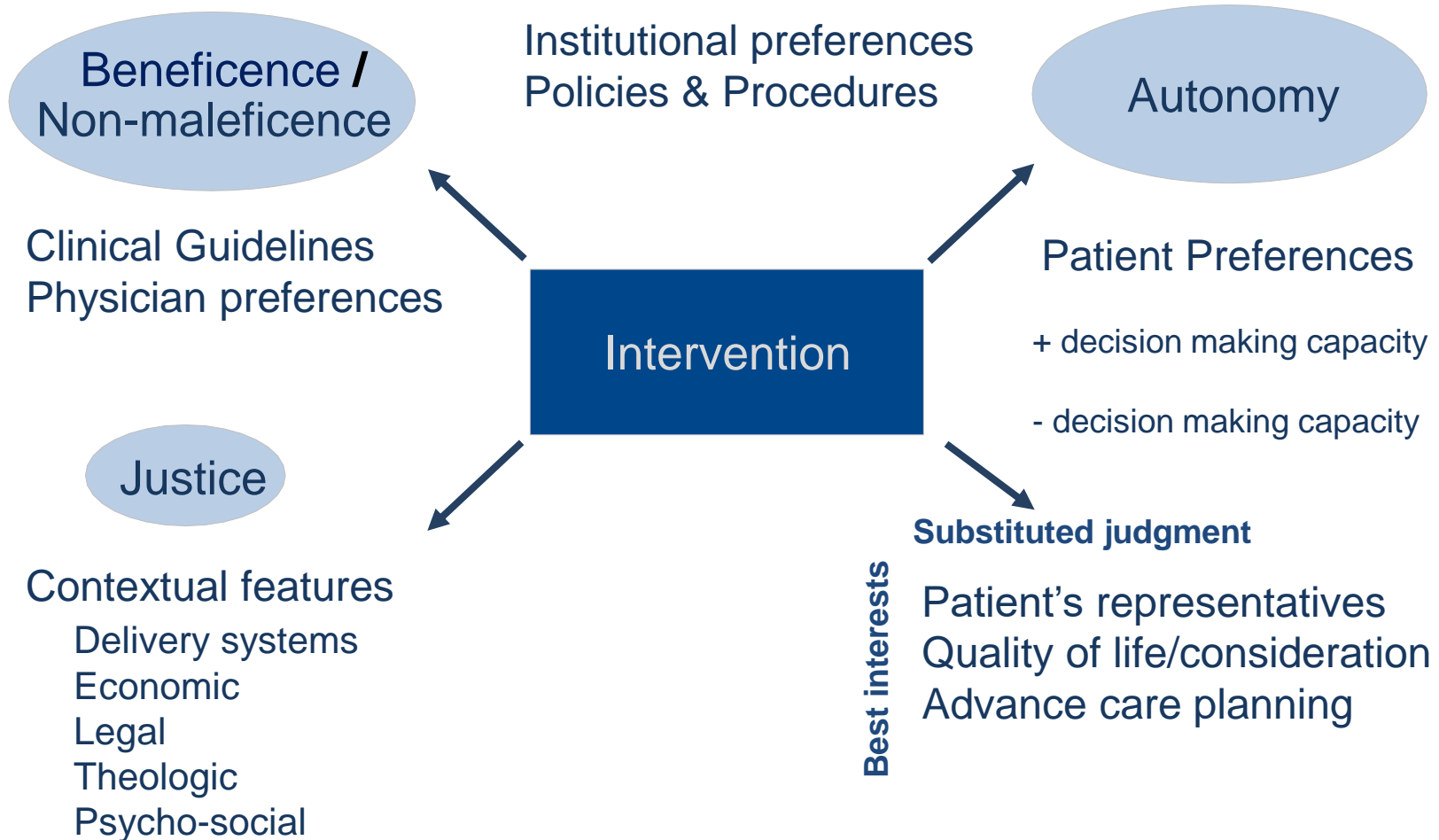
Role in teaching and education

Much of your learning does not occur through the traditional didactic method

Your role in teaching patients

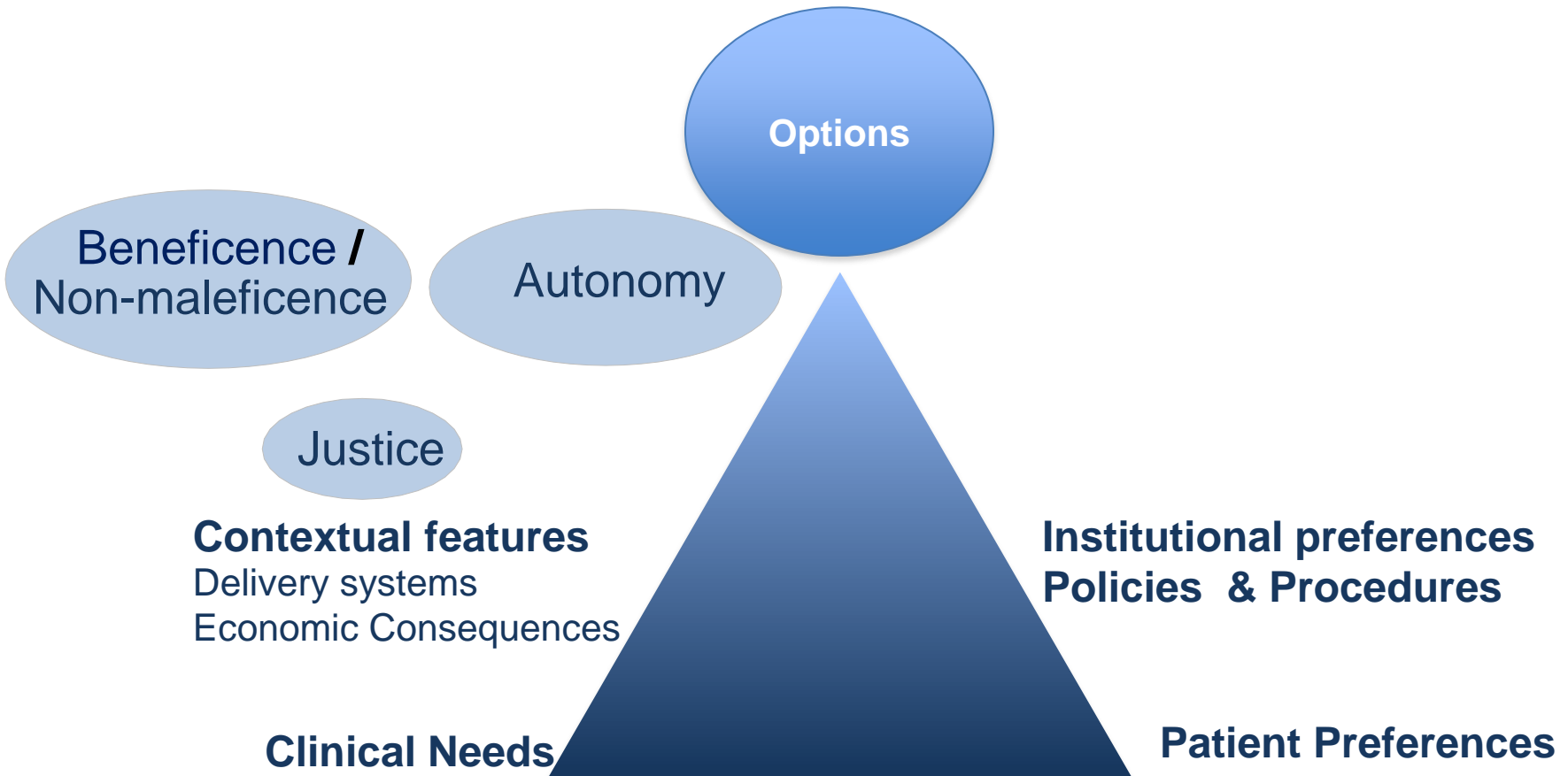
- Informed consent**
- To make choices about services, alternatives, right to refuse**
- Economic information**

Shared Decision Making



Shared Decision Making

Case Management Architecture



Futility can be a procedure that does not benefit a patient with respect to goals of care (patient preference)

Code of Conduct

Helps establish a common ground, a lexicon, set of ideals

Does not do much to help you actually live up to these ideals

- **A coach yelling “Win! Win!” on the sidelines clearly establishes goal but does little to tell you how to win**

“Talking the talk” is different from “walking the walk”

How to become a person who is educated about ethics and professionalism and how to embrace, practice, and promote them

Mentorship

- **You should acquire different mentors for different things**
the relationship can have varying degrees of formality
- **Mentorship becomes sponsorship as your progress in your career**
- **Role-models are typically less formal**
- **Role modeling is one of the most important aspect of professionalism**
- **These people can be of any level, and in any field**

Role models can be good or bad

Conduct

Professional behaviors are not innate

Moral/ethical errors are judged more harshly in the medical field than are technical errors

Having a lapse of professionalism does not make you a bad person or bad case manager

You WILL make mistakes both technical/administrative and moral

Your response to making these mistakes and how you try to grow will define you as a “good” or “bad” case manager

Conduct

Ethics and professionalism are NOT all relative

The term professionalism/unprofessionalism can be over applied in medical fields

You can think of professional behaviors as skills

They have steps

They can be practiced

They can be learned

You can get better at them

ALWAYS

Moral distress

Negatives feelings associated with knowing the correct course of action or behaviors and not acting in that manner because of constraints

You will experience this with challenging clinical cases and challenges to professionalism

Perception of Rationing – method of prioritization

Limiting healthcare resources even when they “can” be beneficial

Equitable allocation of resources – “appropriateness criteria”

Internalization/ viewed acceptance of unprofessional behaviors

Case management

It is a far, far better thing that I do, than I have ever done...
Charles Dickens, A Tale of Two Cities

Responsibilities of practice are stressful

Moral Residue: The cumulative effect of moral distress leading to dissatisfaction and burnout

There will be days when you doubt your decision or hate your job
You need to have a few tricks to cope

“the drawer”

Keep cards, emails, notes etc. from patients or colleagues
Look at them when you are having a bad day, or having a great day

“I don't know”

This is a vital phrase
Follow up with, “but I'll get the answer (or people) you need”

Case Management

Improving
experience
of care

Reducing
costs

Improving
population
health

Ethics and Professionalism of Code of Conduct

Question and Answer Session



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Thank you!

- Please fill out the survey after today's session
- Those who signed up for continuing education will receive an evaluation from the Commission.
- A recording of today's webinar and slides will be available in one week at <http://ccmcertification.org>

