President’s Message

It is my distinct pleasure to address you as the President of GGRK for the first time in this venue. I am honored to serve in this role and am dedicated to being an effective leader of this chapter and will work to make our organization be fun, educational, successful and meaningful. We have a wonderful group of individuals on our Board who are vigilant in ensuring both our members and sponsors have a meaningful experience. We value your comments, suggestions and feedback because this is your chapter and we want to meet your expectations!

The seasons are changing (we can only hope!) and the times are changing in healthcare. We may not be completely sure how this will affect us but we do know we need as much information as possible to serve our patients and be as effective as possible in our roles. To that end, we have planned our 2014 educational events around the theme “The times are a changing…what’s next in healthcare?” We have already hosted two wonderful events…Advancements in Pain Management presented by Dr. Chafty in January and Technology & Behavior Management by Jan Seager in March. And we have lots more planned for this year!

We are so pleased to present our All Day Conference on May 2nd to be held at the Prince Conference Center in Grand Rapids. The committee has engaged nationally renowned speakers such as Nancy Skinner, CMSA National President, B.K. Klizziar, and Diana Jordan, a comedienne who as appeared on the “Oprah” & “Dr. Oz” shows, as well as Dr. John Schwarz, former Michigan State Senator. It promises to be an exciting, informative and fun event…there may even be a few surprises! Please join us!

For those of you who want to prepare for the CCM test, we will be hosting the course taught by B.K. Kizziar on May 3rd. What a wonderful opportunity to advance your knowledge and career!

Don’t forget to Rock ‘n Roll with us at the National Conference in Cleveland June 17th – 20th and stay tuned for announcements of our September meeting in Grand Rapids and the November meeting in Kalamazoo.

Again, thank you for the opportunity to serve this chapter and I look forward to seeing you at all our events!

Sincerely,

Lorrie Zorbo
Upcoming Events

CMSA GGRK is proud to present the 2014 All Day Conference. This conference will be held at the Prince Center in Grand Rapids on **Friday May 2** and will feature national speakers and offer 6 CEUs! Please visit our website at [www.cmsa-westmi.com](http://www.cmsa-westmi.com) for all of the details and to register for this great event!

CMSA GGRK will be presenting a CCM prep course on **Saturday May 3**. The prep course will be presented at Hope Network, 1490 E. Beltline, Grand Rapids, MI 49506 from 8AM to 5PM.

Receive a $25 Discount for registering for both the CCM Prep Course and the All Day Conference!

CMSA Greater Grand Rapids/Kalamazoo is on Social Media!

Please, please, please like us on Facebook and LinkedIn! We are hoping to do some promotions around social media in 2014 but need to increase our followers. We will do our part by including articles and information that may be helpful to you in both Facebook and LinkedIn.

Our Facebook page is ‘CMSA Greater Grand Rapids/Kalamazoo’ and you can follow us on LinkedIn at ‘CMSA GGRK’. Looking forward to seeing you on Facebook and LinkedIn!

Take advantage of your Standards of Practice and other related CMSA benefits.

Please visit [www.cmsa.org](http://www.cmsa.org)

**Standards of Practice:**
[http://www.cmsa.org/Individual/MemberResources/StandardsofPracticeforCaseManagement](http://www.cmsa.org/Individual/MemberResources/StandardsofPracticeforCaseManagement)

**Case Management Adherence Guidelines (CMAG) Tools and References and Disease-Specific Addendums:**

**CMSA's Resource Toolbox - Available to CMSA Members Only includes a Variety Links to Over 100 Case Management Resources:**
[http://www.cmsa.org/Individual/MemberToolkit](http://www.cmsa.org/Individual/MemberToolkit)

**Education - CMSA’s Publications and Online Courses including the Educational Resource Library, Supplemental Resources, Accreditation and Certification, Case Management Adherence Guidelines and Official Publications:**
[http://www.cmsa.org/Individual/Education](http://www.cmsa.org/Individual/Education)

**National Transitions of Care Coalition (NTOCC) Health Care - Tools, Resources and Best Practices to Enhance Transitions of Care:**
[http://www.ntocc.org/WhoWeServe/HealthCareProfessionals](http://www.ntocc.org/WhoWeServe/HealthCareProfessionals)
Traveling to Foreign Lands This Summer?

What you need to know about emergency medical coverage when you are out of the country.

There is nothing more fun in the summer than to pack up the family and head out to explore this wonderful world. If your travel plans, or the travel plans of your patients and clients, include travel to a foreign country (yes, this includes Canada and Mexico!), you should be aware of your medical coverage in the unlikely event of illness or injury.

In an unofficial survey of various health plans (Blue Care Network, Cofinity, United Health, and Priority Health) the process all seems very similar. You will have coverage for emergent medical treatment when you are out of the county, however, you will need to pay the bill and submit for reimbursement to your insurance company.

Most foreign hospitals are not able to submit claims to a U.S. insurance company. As a representative from a hospital in Canada told me, their system is a single payor system; they just do not have the ability to bill other payors. It is very rare, but in my experience, there are a few—very few!—foreign hospitals, that will submit a claim. I would never count on this happening.

Many, many foreign hospitals do not accept wire transfer of funds; so even if your health insurance company is willing to pay the foreign hospital, they may not be able to do so.

There are some cases, not unusual, that the hospital will confiscate passports and will hold them until the hospital bill is paid.

So, here are some tips to be prepared:

1. Call your health insurance company prior to your travel. Get a clear understanding of the process for emergent out of country admissions. Who can assist if there is a need for medical transport home? What are the expectations for payment? What is the reimbursement process? Also, does your company partner with another provider? For instance, Priority Health partners with Assist America, a company that provide medical transport if needed, along assisting with other travel issues like lost passports.

2. Take a credit card with you. Notify the credit card company that you are traveling and will plan to use this card, if needed, for emergent medical expenses. Ask if your credit limit needs to be increased. Of note: I have heard anecdotally, that if you have charges on your credit card for emergent medical expenses, the company may waive fees/interest on those charges if they know your are expecting reimbursement from your health insurance company.

3. Consider travel insurance. And be clear about what it will cover! Coverage that is only for cancelled flights and lost luggage won’t help you if you need surgery for an ankle fracture.

I have heard some great reports from people about their experience in foreign hospitals. **A common report is that the hospital is very clean and the staff seems very competent and provides excellent medical/nursing care.**

**But, for meals, clean sheets, help with bathing, the patients need to rely on families or hire someone.**

**And, some hospitals will give the family a prescription for needed medications, which the family is expected to obtain from a pharmacy; they then deliver the medications to the hospital and the hospital staff administers the medications.**

**I was doing a follow up call for a gentleman that was hospitalized in the Ivory Coast following a motor vehicle crash. He was in the hospital for two weeks, had multiple surgeries, and felt he had the most excellent care. The total hospital bill (in US dollars) was $2100.**

So, go forth, explore, have a great time and gather great memories. But be prepared for the unforeseen emergencies.

Louise Timkovich, RN, CCM

Ms. Timkovich works at Priority Health as a case manager. She does utilization review and discharge planning for Priority Health members admitted to “non participating facilities” across the country and around the globe.

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What Is An “Average” Caseload?

Pat Stricker, RN, Med, Senior Vice President
TCS Healthcare Technologies

How many times have we all heard (or asked) "What is the ‘average’ caseload?" Sounds like a simple question, doesn’t it. However, case management programs have struggled for years trying to determine realistic, standard caseloads. People are looking for "a number" that defines the average caseload, but in reality, there is no "magic" number.

Determining standard case loads is a challenge due to a complexity of factors across diverse CM settings. In addition, rapid changes in the medical management field have added to those complexities, e.g. the integration of utilization management (UM) and disease management (DM) into case management (CM) functions, and the increase in complex, condition management strategies. Some care management applications promote standardized workflows and acuity levels that can help determine caseloads and acuity levels for a given population. However these applications usually lack evidence-based algorithms to determine distinct, accurate, and realistic caseloads.

Literature reviews and other research findings on this topic cite caseloads that are focused on specific clinical or program areas, which make it difficult to generalize. In fall 2008, the Case Management Society of America (CMSA) and the National Association of Social Workers (NASW) published the Caseload Concept Paper to try to fill-in long standing gaps in this area. Their research found "average caseloads" ranging from two to 365!

This graph from the Health Intelligence Network shows the average monthly caseloads reported in the 2012 Healthcare Benchmarks: Healthcare Case Management.

More recently an online nursing chat site identified caseloads ranging from 28 to 350!

How can these ranges be so different? The disparity is due to a variety of factors that affect the "average" caseload. The CMSA/NASW Concept Paper provides a Caseload Matrix that defines the variables that tend to impact caseloads:

- Business environment, model, and setting
- Type and location of CM program, i.e. short or long term, inpatient or outpatient, provider/hospital/payor-based
- CM services offered and noncase-related duties assigned to the case manager
- Simplicity/complexity of the program, i.e. on-site, telephonic, Medicaid/Medicare,
- Role, expertise, and training of the case manager
- Organizational resources/extended staff available to assist the case manager
- Patient population, i.e. severity/acuity of the patient, complexity of the case, dual-eligibles
- Regulatory influences
- Paper-based vs. computerized processes/documentation

The addition of integrated care management interventions, complex condition management programs, and provider-based accountable care organizations have also added to the dynamic nature of determining what the "right" caseload is in any given situation.

As a result of the above study, CMSA developed a free Case Load Capacity Calculator that provides rules and weights based on industry research and expertise. It can be used to calculate comparative caseload capacities across teams of case managers specific to the domain and setting in which they practice. It gathers information about the variables noted above and allows organizations to customize the tool to accommodate for differences in care delivery. CMSA has given us a great start by providing the concept paper and calculator, but we all need to work together to help define average caseloads for various types of programs.

I encourage all of you to try the tool. Inputting your data will help you see how the various factors affect your caseload, as well as help contribute to the overall empirical data that is needed to determine the appropriate "average" caseload.

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What Is An “Average” Caseload?

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CMSA also continues to sponsor other initiatives to determine the "average" caseload. For the past six years, CMSA has co-sponsored the Health Information Technology (HIT) survey with TCS Healthcare Technologies (TCS), and the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP). A core objective of the bi-annual survey was to identify how HIT applications impact the case management industry. Schooner Strategies (dba Schooner Healthcare Services), which conducted the surveys, has published a series of Trend Reports analyzing the results. Trend Report #7: Caseloads, focuses on care manager caseloads and time allocation.

The survey asked respondents to estimate how many cases they handle per week, and describe how their time is allocated between various tasks, such as direct and indirect patient communication and administrative tasks. The report includes several figures and tables that analyze:

- Average number of cases handled each week
- Breakdown of caseload statistics by various provider settings
- Care managers’ time allocation broken down by different activities
- Relationship between time allocation, caseload levels, and activity types

The survey questions looked at weekly caseloads, as opposed to the total number of cases that might be assigned to a care manager, to generalize the data across various settings. 26.5% of the respondents said they had 25-49 cases, 19.5% had 10-24 cases, 15% had 50-74 cases per week and 11.5% reported having over 100 cases per week. 16% indicated they did not have a routine caseload (i.e., management and administrative staff).

Case managers working in provider settings (behavioral health facilities, home care, hospital or health systems, medical group/clinic settings, retail clinics, skilled nursing or long-term care facilities) consistently reported having an average caseload of 25-49 cases. In addition, 62% of the case managers working in a home care setting reported having less than 50 cases per week, with 22% of that group supporting one to nine cases per week. Case managers in research centers or academic medical settings (29% of the respondents) were the outliers. They only reported having one to nine cases each week.

The survey also asked respondents to indicate how much time they spend with patients and how much was devoted to performing other duties on a weekly basis:

- Face-to-face patient contacts (meeting directly with patients in a provider setting, home visits, community settings, or clinic venues)
- Non face-to-face patient contacts (telephonic, electronic, and/or hardcopy correspondence)
- Administrative support (paperwork, staff meetings, trainings)
- Other activities

Caseload levels were also compared with activities to determine the relationships with average time allocations. The highest face-to-face contacts were found in programs where case managers have between 120 and 174 weekly cases. These are usually in provider settings with short-term cases that require more immediate and defined tasks, such as in hospital or clinic settings, rather than in long-term, complex, telephonic case management programs.

The survey analysis supports the premise that variations in the delivery and settings for care management have a direct impact on the size of caseloads. A full copy of Trend Report #7: Caseloads and all other Trend Reports can be found here.

Will we ever be able to determine the average caseload? It seems unlikely that we will be able to define a specific number for an average caseload, but that doesn’t mean we should stop trying. We should continue to define caseloads for our specific programs, based on all the variables. More importantly, we need to share that data with one another so we come closer to finding that "illusive number."

To contact Pat Stricker, email her at pstricker@tcshealthcare.com, or reach her at (530) 886-1700 ext. 215.
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Assistance Offered for 2014 Walk/Runs

CMSA would like to offer assistance to you during 2014 if you register for any walks/runs that are affiliated with a national organization such as the American Heart Association, American Kidney Foundation, or The American Diabetes Association (to name a few). If you register for any walk/run activity please notify Dawn Johnson by email at djohnsonrn@gmail.com. CMSA GGRK will pay up to $25 toward your registration fees and give you a CMSA t-shirt to wear during the event. If you have questions, please notify Dawn at the above email address.