

The case for Case Management

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What is Case Management? The earliest reference I could find is 1863. The Massachusetts Board of Charities established a social welfare case management program for multiproblem individuals and families who were involved with several agencies such as welfare (public assistance), public health, public schools, hospitals, police, courts, jails, etc. The stated purpose of the case management program was to "...coordinate public services and conserve public funds".

The first formal social work course was offered in 1898 at Columbia University, New York. Case management concepts had been used to some extent in social welfare systems 35 years before the first formal social work course was developed.

Social Work has its origins, its roots, in the social welfare system of benefits and services. The case management approach evolved from these origins to become an integral part of social work theory and practice. Case management principles are so integrated into the theory and practice of social work that they are often not identified by a separate title, like "Case Management". Instead they are considered to be basic social work.

Case management projects evolved with nursing embracing the concept in the 1930s. The Family Centered Project, St. Paul, Minn., published in 1956, further demonstrated the improved outcomes and reduced costs resulting from case management. The Atlantic Street Center project in Seattle, Wash., aimed at pre-delinquent youth, furthered the body of knowledge in the 1960s.

A spin off of Case Management for mental health has been the ACT (Assertive Community Treatment) programs for the seriously mentally ill. They were started specifically to target the dual diagnoses patients who had mental illness and substance abuse problems. These programs have demonstrated reduced hospitalizations and reduced jail admissions and days for this population.

The VA's significant contribution to the body of knowledge about Case Management, over and above the obvious social work contribution, has been the MHICM (Mental Health Intensive Case Management) program. MHICM probably predates ACT, but I could find no exact reference to support that conclusion. Either way, MHICM has been extensively studied and reported on in the literature. Establishing a MHICM program at a VA facility has resulted in the reduction in hospital admissions and inpatient days for the population of seriously mentally ill veterans enrolled in MHICM. VA wide this has led to a 47% reduction in admissions and inpatient days for this group of veterans. Lest this go unnoticed, a 47% reduction in hospitalizations is very statistically significant and cost saving. It also indicates improved clinical outcomes and higher quality of life for these veterans. Lest this also go unnoticed, MHICM is an offshoot of the CRC program that was pioneered and demonstrated first at the Albany VA by VA social workers with the support of the Medical Center Director, who was also a social worker.

In addition to MHICM the VA has historically demonstrated the effectiveness of case management in the Community Residential Care Program, the Hospital Based Primary Care (HBPC) program, the several homeless veterans programs such as HCHV, HUD-VASH, Grant Perdiem, etc. These have all been programs initiated, developed and operated by VA social workers. Also, social workers in Primary Care, Geriatrics, Med-Surg specialty programs like Oncology, Endocrinology, Nephrology, etc. routinely apply case management principles and services, often without identifying what they are doing as Case Management.

In conclusion, the evidence indicates that Case Management is an integral part of social work practice. It originated from the social welfare system, the beginnings of social work. It was such an obviously effective approach it was adopted by other programs and disciplines. It became popular to be a "Case

Manager” in health and mental health settings. It has even been picked up by private industry with IBM developing case management software to better coordinate and organize the various departments and personnel involved in developing new computer software and hardware.

At one point in my VA career people anointing themselves with the Case Management label became rampant. In one case a veteran, according to his medical record, had MHICM, CRC, Geriatric, Mental Health, and Primary Care case managers. That prompted a JCAHO surveyor to comment, “How many case managers does one person need?” This was an obvious example of over doing it as too many case managers would require the services of a super case manager to coordinate and organize what they were all doing. In this case, except for MHICM and CRC, they were not doing anything, but took the title anyway.

So what do case managers do? A Social Work Case Manager sees the whole person in their environment and social system and within the context of available resources and variables to support their maximum level of functioning and optimal treatment outcomes. The key variables are the person’s mental (cognitive), emotional, behavioral, physical, social, economic, and legal status. It requires knowledge of resources available to support and/or enhance conditions in all the variables. An often overlooked part of Case Management is the direct services the Case Manager can apply. These include emotional support, including supportive psychotherapy, encouragement, crises intervention, advocacy, setting limits, and patient education about resources, options, alternatives, and consequences of behavior (the psychologists call it “psychoeducation”).

Some social workers, apparently ignorant of the roots and evolution of Case Management, have apparently decided it is not representative of their education and training. If they ignore or disregard the case management skills they have acquired, maybe unknowingly, as part of their social work education they in fact reduce or eliminate an important segment of their competence. Case Management is a clinically effective, cost effective, evidence based, practice method pioneered by social welfare programs and applied primarily by social workers in a variety of programs and settings. It is an integral part of social work education and training. It has been copied by other disciplines, primarily nursing, with varying degrees of success. Case Management is a measurable, significant, contribution VA social work has made to health care, home and community services, and to many current VA programs. As such it should be embraced and celebrated by VA social workers.