

SOWK 661

CASE MANAGEMENT AS A SERVICE MODEL

FALL 2007

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Section:

Location: UPC

Day/Time: Tuesdays 1-3:50PM

I. Course Description

This course will examine case management as a service model for increasing cost effectiveness and quality of care. Management of the client's environment by coordinating and monitoring appropriate use of resources will be explored. Case management essentials and coordinating complex care of diverse populations will be discussed. Utilizing the ecological framework for health, concepts of transitional planning and utilization management will be examined. The influence of case management in urban settings and on the global health care market will be discussed. This course meets one of the requirements for the case management option.

II. Course Objectives

Upon completion of this course, students will:

1. Identify at-risk populations for high-cost, extended lengths of stay, destabilization, and repeat hospitalization as well as populations in need of multiple coordinated services in community agencies.
2. Coordinate health and social resources to ensure that necessary resources are provided at the most appropriate level of care and that there is a smooth progression of the client throughout the health care system and within the community.
3. Initiate a discharge planning process, beginning at or before hospital admission that ensures safe and comprehensive support for continued health care and social service needs.
4. Identify obstacles to efficiency and good outcomes and intervene to overcome or eliminate these whenever possible.

5. Reduce redundancy and fragmentation of care by acting as a communication link between the client, family, members of the interdisciplinary team, and payers.
6. Gather, interpret, and use data (research findings) to identify problems and trends and to demonstrate outcomes and effectiveness.
7. Demonstrate cultural competence in case management practices.
8. Compare and contrast case management practices in Central and South American and Pacific Rim countries with the United States.

III. Course Format:

A variety of different methods will be utilized including lecture, discussion, guest speakers, in-class activities, projects, and group work. This class is focused on expanding the student's knowledge in case management as a service model. All students are expected to participate in class discussions based on the readings and on their field experiences.

IV. COURSE EVALUATION AND GRADING

All students are expected to regularly attend class and be on time. A student with more than two unexcused absences during the course of this class may receive a no credit. A student who is tardy three or more times to class may receive a grade of no credit. If a student receives a no credit grade in this seminar, they will be required to repeat this class.

Class grades will be based on the following:

3.85 – 4	A
3.60 – 3.84	A-
3.25 – 3.59	B+
2.90 – 3.24	B
2.60 – 2.87	B-
2.25 – 2.50	C+
1.90 – 2.24	C

Final Grade:

93 – 100	A
90 – 92	A-
87 – 89	B+
83 – 86	B
80 – 82	B-
77 – 79	C+

73 – 76	C
70 – 72	C-

Assignments:

Case Management Plan for Specific Population (due 10/09/07)	40%
Presentation on a High Risk Population (due 11/13 or 11/20)	20%
Individual client case management plan (due 12/4/07)	30%
Class participation	<u>10%</u>
Total	100%

V. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the session. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by telephone or email of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class, without penalty, for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students’ observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

VI. Required Text

Frankel, A.J. & Gelman, S.R. (2004). *Case Management: An Introduction to Concepts and Skills* (2nd ed.). Chicago: Lyceum.

All other readings will be on e-reserve.

VII. ACADEMIC ACCOMMODATIONS

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

VIII. EMERGENCY RESPONSE INFORMATION

To receive information, call main number (213)740-2711, press #2. “For recorded announcements, events, emergency communications or critical incident information.”

To leave a message, call (213) 740-8311
For additional university information, please call (213) 740-9233
Or visit university website; <http://emergency.usc.edu>

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

University Park Campus

MRF – Lot B
(12th & Olive)

SWC – Lot B

WPH – McCarthy Quad

VKC – McCarthy Quad

City Center

Front of the building

Orange County Campus

Faculty Parking Lot

Skirball Campus

Front of building

Do not re-enter the building until given the “all clear” by emergency personnel.

IX. Course Outline and Assignments:

Week 1 (8/28/07)

Evolution of Case Management

Readings

Textbooks:

Frankel & Gelman, Chapter 1

Readings:

Dill, A.E.P. (2001). *Managing to care: Case management and service system reform*. Hawthorne, NY: Aldine de Gruyter.

Chapter 1: What is “the case” and “why is it managed” (pp. 1-23)

Meets objectives:

2. Coordinate health and social resources to ensure that necessary resources are provided at the most appropriate level of care and that there is a smooth progression of the client throughout the health care system and within the community.

Week 2 (9/4/07)

Contemporary Models of Case Management

A. Acute care models

- B. Community models
- C. Collaborative models

Readings:

Textbook:

Frankel & Gelman, Chapter 2

Readings:

Summers, N (2006). *Case management Practice: Skills for the human services*. Belmont: Thomson Brooks/Cole.
Chapter 2

Hawkins, J.W., Veeder, N.W., & Pearce, C.W. (1998). *Nurse social work collaboration in managed care: A model of community case management*. New York City, N.Y.: Springer.
Chapter 4: Social workers and nurses on collaboration: Findings from study (pp. 36-55).

Robbins, C.L. & Birmingham, J. (2005). The social worker and nurse roles in case management: Applying the three Rs. *Lippincott's Case Management*, 10(3), 120-127.

Kunkel, b. & Yowell, T. (2001). E-Tools and organization transformation techniques for collaborative case management. *Journal of Technology in Human Services*, 18, 117-134.

Meets objectives:

5. Reduce redundancy and fragmentation of care by acting as a communication link between the client, family, members of the interdisciplinary team, and payers.

Week 3 (9/11/07) Developing Case Management Plans

Readings:

Textbooks:

Frankel & Gelman, Chapter 4

Readings:

Anthony, W.A., Cohen, M., Farkas, M. Cohen B. F. (2000). Clinical care update the chronically mentally ill: Case management—more than a response to a dysfunctional system. *Community Mental Health Journal*, 36(1), 97-106.

Meets objectives:

2. Coordinate health and social resources to ensure that necessary resources are provided at the most appropriate level of care and that there is a smooth progression of the client throughout the health care system and within the community.

4. Identify obstacles to efficiency and good outcomes and intervene to overcome or eliminate these whenever possible.
7. Demonstrate cultural competence in case management practices.

Week 4 (9/18/07) Skills to implement the case management plan

Textbooks:

Frankel & Gelman, Chapters 5 & 6

Vourlekis, B & Ell, K. (2007). Best practice case management for improved medical adherence. *Social Work in Health Care*, 44, 161-177.

Meets objectives:

5. Reduce redundancy and fragmentation of care by acting as a communication link between the client, family, members of the interdisciplinary team, and payers.
7. Demonstrate cultural competence in case management practices.

**Week 5 (9/25/07) Complex care of specialized populations
(Students choose population for the paper)**

Readings:

Textbooks:

Frankel & Gelman, Chapter 8

Readings:

Barney, D.D., Rosenthal, C.C. & Speier, T. (2004). Components of successful HIV/AIDS case management in Alaska Native Villages. *AIDS Education and Prevention*, 16(3), 202-217.

Chernesky, R.H. & Grube, B. (2000). Examining the HIV/AIDS case management process. *Health & Social Work*, 25(4), 243-253.

DeCoster, V.A. (2001). Challenges of type 2 diabetes and role of health care social work: A neglected area of practice. *Health & Social Work*, 26(1), 26-37.

Marek, K.D., & Rantz, M.J. (2000). Aging in place: A new model for long-term care. *Nursing Administration Quarterly*, 24(3), 1-11.

Meets objectives:

1. Identify at-risk populations for high-cost, extended lengths of stay, destabilization, and repeat hospitalization as well as populations in need of multiple coordinated services in community agencies.
7. Demonstrate cultural competence in case management practices.

Week 6 (10/02/07)

Connecting clients to services

Readings:

Summers, N (2006). *Case management Practice: Skills for the human services*. Belmont: Thomson Brooks/Cole.
Chapter 23 & 24

Holt, B.J. (2000). *The Practice of Generalist Case Management*. Needham Heights, MA: Allyn & Bacon.
Chapter 8 “Working with other agencies” pp. 99-110

Meets objectives:

2. Coordinate health and social resources to ensure that necessary resources are provided at the most appropriate level of care and that there is a smooth progression of the client throughout the health care system and within the community
5. Reduce redundancy and fragmentation of care by acting as a communication link between the client, family, members of the interdisciplinary team, and payers.

Week 7 (10/09/07)

Population Case Management Plan Due

Transitional Planning/Discharge Planning

- A. Long term planning for increasing wellness
- B. Service delivery
- C. Post-acute care:

Readings:

Textbook:

Frankel & Gelman, Chapter 7

Readings:

Holliman, D., Dziegielewski, S.F., & Teare, R. (2003). Differences and similarities between social work and nurse discharge planners. *Health & Social Work, 28*(3), 224-231.

Massie, D.K. (2004). Psychosocial issues for the elderly with cancer: The role of social work. *Topics in Geriatric Rehabilitation, 20*(2), 114-119.

Meets objectives:

3. Initiate a discharge planning process, beginning at or before hospital admission that ensures safe and comprehensive support for continued health care and social service needs.

Week 8 (10/16/07)

Utilization Management/Cost

Legal and Ethical Issues in Case Management

Readings:

Cohen, J.A. (2003). Managed care and the evolving role of the clinical social worker in mental health. *Social Work*, 48(1), 34-44.

Cruz, M. & Cruz, R.F. (2001). Compliance and costs in a case management model. *Community Mental Health Journal*, 37(1), 69-77.

Kadushin, G. & Egan, M. (2001). Ethical dilemmas in home care: A social work perspective. *Health & Social Work*, 26(3), 136-149.

Rizzo, V.R. & Abrams, A. (2000). Utilization review: A powerful social work role in health care settings. *Health & Social Work*, 25(4), 264-269.

Meets objectives:

6. Gather, interpret, and use data (research findings) to identify problems and trends and to demonstrate outcomes and effectiveness.

Week 9 (10/23/07) Policy Implications

Readings:

Schifalacqua, M., Hook, M., O'Hearn, P., & Schmidt, M. (2000). Coordinating the care of the chronically ill in a world of managed care. *Nursing Administration Quarterly*, 24(3), 12-20.

Flood, C., Mugford, M., Stewart, S, Harvey, I., Poland, F., & Lloyd-Smith, W. (2005). Occupational therapy compared with social work assessment for older people. An economic evaluation alongside the CAMELOT randomized controlled trial. *Age and Ageing*, 34(1), 47-52.

Lillquist, P.P. (2004). Can case management be used to facilitate diagnostic testing in publicly funded breast cancer screening programs? *Social Work in Health Care*, 40(2), 55-71.

Morgenstern, J. et al (2006). Effectiveness of intensive case management for substance-dependent women receiving Temporary Assistance for Needy Families. *American Journal of Public Health*, 96, 2016-2023.

Meets objectives:

4. Identify obstacles to efficiency and good outcomes and intervene to overcome or eliminate these whenever possible.

6. Gather, interpret, and use data (research findings) to identify problems and trends and to demonstrate outcomes and effectiveness.

Week 10 (10/30/07) Quality Management for Case Managers/Outcomes

Readings:

Frankel and Gelman – Chapter 7

Vourlekis, B, Ell, K. & Padgett, D. (2005). Evidence-based assessment in case management to improve abnormal cancer screen follow-up. *Health & Social Work, 30*, 98-106.

Diwan, S., Ivy, C. Merinao, D, & Brower, T. (2001). Assessing need for intensive case management in long-term care. *The Gerontologist, 41*, 680-686.

Johnson, K. & Wagner, D. (2005). Evaluation of Michigan's foster care case management system. *Research on Social Work Practice, 15*, 372-380.

Chang-ming, H. (2006). Using client satisfaction to improve case management services for the elderly. *Research on Social Work Practice, 16*, 605-612.

Meets objectives:

6. Gather, interpret, and use data (research findings) to identify problems and trends and to demonstrate outcomes and effectiveness..

Week 11 (11/06/07) Independent Preparation for Class Presentations

Week 12 (11/13/07) Presentations on special populations

Meets objectives:

1. Identify at-risk populations for high-cost, extended lengths of stay, destabilization, and repeat hospitalization as well as populations in need of multiple coordinated services in community agencies.

Week 13 (11/20/07) Presentations on special populations

Meets objectives:

1. Identify at-risk populations for high-cost, extended lengths of stay, destabilization, and repeat hospitalization as well as populations in need of multiple coordinated services in community agencies.

Week 14 (11/27/07) Designing a case management program

Readings:

Rothman, J., & Sager, J.S. (1998) *Case Management: Integrating Individual and Community Practice (2nd ed.)* Boston: Allyn and Bacon.

Chapter 12: Implementing Case Management Plans: Program Design and Development

Meets objectives:

2. Coordinate health and social resources to ensure that necessary resources are provided at the most appropriate level of care and that there is a smooth progression of the client throughout the health care system and within the community.

Week 15 (12/04/07)

**Final Paper due
The future of case management
Globalization**

Readings:

Textbook:

Frankel & Gelman, Chapter 9

Readings:

Claiborne, N. & Vandenberg, H. (2001). Social workers' role in disease management. *Health & Social Work, 26*(4), 217-225.

Chi-pun, L., Leung, C.A., Li, S, Chi, I., Chow, W.N. (2004). An experience of social work case management for frail elders in Hong Kong. *Geriatrics and Gerontology International, 4*(1), 1730

Chi, I., & Lam, Z. (2000). Case management in a Chinese community. In M. White & R. Applebum (Ed.), *Key issues in case management around the globe* (pp. 22-33). San Francisco: The American Society of Aging.

Meets objectives:

8. Compare and contrast case management practices in Central and South American and Pacific Rim countries with the United States.