2018 CASE MANAGEMENT SALARY & TRENDS **SPECIAL REPORT**

2018



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MESSAGE FROM
THE EDITOR

Anne Llewellyn



Welcome to the 2018 Case Management Salary & Trends Special Report. This report provides a visual snapshot of the practice of case management and the professionals who make up the practice.

Case management professionals help patients and their caregivers better navigate the complex healthcare system. It is a recognized strategy utilized in every sector of the healthcare system to ensure healthcare is safe, effective, coordinated, and evidence-based, to meet the individual needs of the patient.

I invite you to read the report, share it with your teams, and use the information to celebrate your successes and find areas that need improvement.

The information contained in this report helps us better understand who case managers are, the challenges they face, and the value they bring to consumers of healthcare and the organizations for which they work.

The report can be shared with boards of directors, organizational leaders, legislative representatives, employers, clients, consumers, and members of the case management team.

In addition to the statistics presented in this report, Futurist Dr. Josh Luke shares his insights into the important role that case managers play as the healthcare system transitions from a fee-for-service system to a value-based care system. Find his article on page 19.

I invite you to read the report, share it with your teams, and use the information to celebrate your successes and find areas that need improvement.

I would like to thank the over 1,000 case management professionals who participated in our survey. The information they shared is reflected throughout this report.

During these turbulent times in healthcare, there are tremendous opportunities for case managers in every setting to demonstrate how they can improve the delivery of care, contain costs, and empower consumers and their caregivers to be active participants in their care.

Please email me with your comments and topics you would like to see covered in the 2019 report.

Anne Llewellyn, RN-BC, MS, BHSA, CCM, CRRN
Nurse Advocate
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ANNE LLEWELLYN

Editor-in-Chief

THIS REPORT MAY BE BEST VIEWED ON A COMPUTER
OR TABLET TO ENLARGE THE CHARTS AS NEEDED.

CASE MANAGEMENT SALARY & TRENDS
INTRODUCTION

The 2018 Case Management Salary & Trends Special Report provides a comprehensive appraisal of the case management industry, practice patterns, challenges, and changes facing today's professional case managers.

In 2008, 2011, and 2015, I was the Editor-in-Chief of the publication *Case In Point*, published by Dorland Health. During those years, I—along with my editorial team—spearheaded the first three Case Management Salary & Trends Special Reports.

I have since retired from Dorland Health but felt the importance of this report merited its continuation. It's critical for case managers to assess the health of our profession. This is especially true during the changing and disruptive times in which we find ourselves today.

The 2018 Case Management Salary & Trends Special Report is published by Blue Bayou Press with the assistance of the production team at The Stay at Home Nurse.

This report was developed from a survey that ran for 30 days from September 11 through October 11, 2017, generating 1,052 responses from case managers across the care continuum.

As we analyzed the data, we referred to the 2015 Case Management Salary and Trends Special Report to compare what is new, what stayed the same, and which trends will shape the future.

Throughout the report you will see helpful tips for ways case management leaders can celebrate their successes and make improvements based on the trends in the industry.

I hope you find the report helpful as you and your teams work to improve the delivery of care throughout the healthcare system. Read on for report highlights.

INTRODUCTION

Case managers are experienced and educated professionals.

» A large majority of case manager respondents (71%) hold a bachelor's, master's, or doctoral degree.

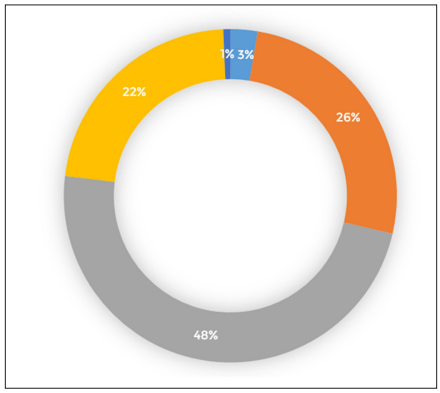
» Just over half (52%) of professional case managers surveyed hold at least 20 years of experience in the healthcare industry.

» One-third (33%) of case managers reported having at least 10 years of case management experience. A majority of professionals (63%) have 2 to 10 years of case management experience. We are seeing new professionals enter the practice.

Salaries are commensurate with case management professionals' expertise and experience.

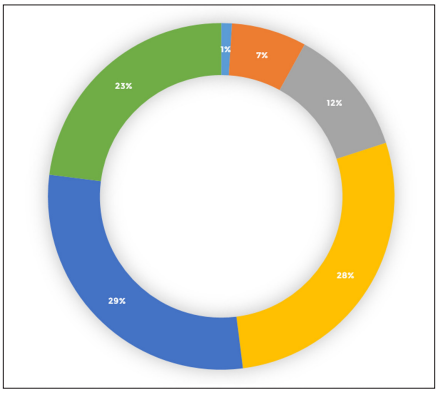
» Well over half (65%) of professional case managers polled earn $70,000 or more per year, with nearly one-fifth (18%) of those case managers earning at least $100,000 annually. Salaries are up slightly since the 2015 survey.

HIGHEST LEVEL OF EDUCATION



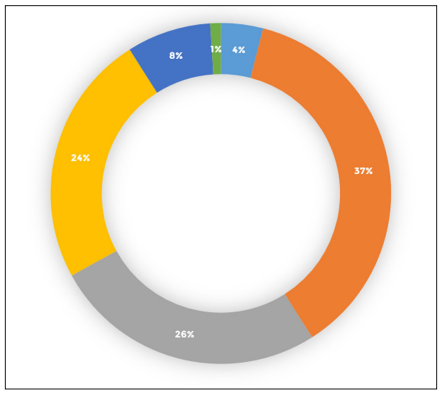
- DIPLOMA - 3%
- ASSOCIATE'S DEGREE - 26%
- BACHELOR'S DEGREE - 48%
- MASTER'S DEGREE - 22%
- DOCTORAL DEGREE - 1%

EXPERIENCE IN HEALTHCARE



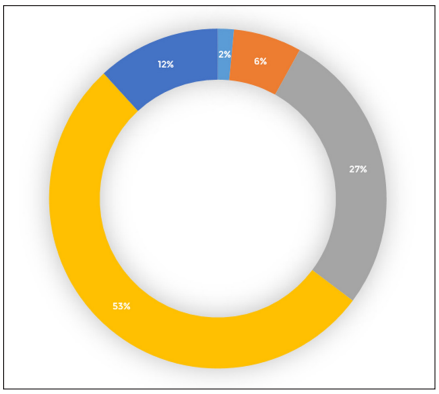
- LESS THAN 1 YEAR - 1%
- 2-5 YEARS - 7%
- 5-10 YEARS - 12%
- 10-20 YEARS - 28%
- 20-30 YEARS - 29%
- OVER 30 YEARS - 23%

EXPERIENCE IN CASE MANAGEMENT



- LESS THAN 1 YEAR - 4%
- 2-5 YEARS - 37%
- 5-10 YEARS - 26%
- 10-20 YEARS - 24%
- 20-30 YEARS - 8%
- OVER 30 YEARS - 1%

ANNUAL SALARY



- LESS THAN $30,000 - 2%
- $30,000-50,000 - 6%
- $50,000-70,000 - 27%
- $70,000-90,000 - 53%
- OVER $100,000 - 12%

DEMOGRAPHICS

Gender

The practice of case management continues to be made up of mostly females (97%); only 3% of respondents were men.

"Men are minorities in the nursing profession and it's critical that we recruit more men into the nursing ranks to address the greater need for a more diverse nursing workforce," says Christopher Kowal, DNP, MSN-MOL-Ed, BS, RN, CCRN-CMC-CSC, and adjunct professor of nursing at American Sentinel University. The same can be said for case management. Read the rest of the article on diversity in nursing here: https://www.americansentinel.edu/about-american-sentinel-university/newsroom/male-nurses

TIP

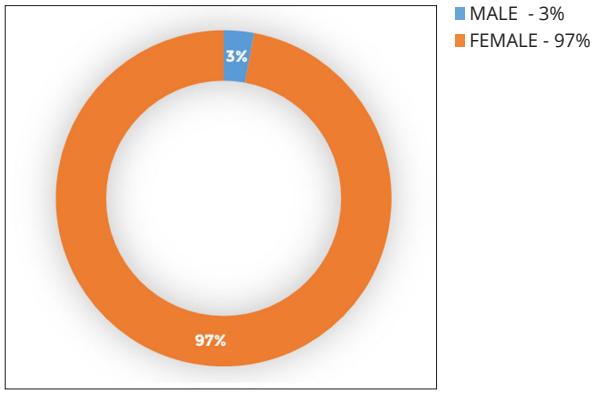
As we recruit the next generation of case managers, I encourage men to look at the practice of case management as they move beyond the bedside.

Ethnicity

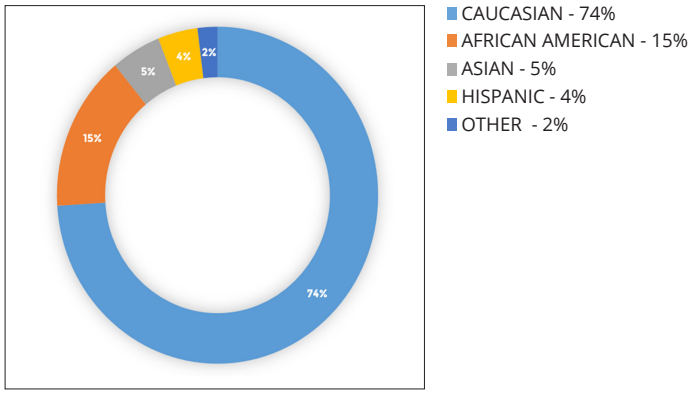
The majority of case managers who responded are Caucasian (74%), with African Americans reporting in at 15%, and those identifying as Asian and Hispanic at 5% and 4%, respectively. This is a change from 2015, when Caucasians reported at 84%, African Americans at 7%, and Asian and Hispanic persons both at 3%.

This increase in diversity among case managers, though small, demonstrates that the practice of case management is better reflecting the general population in terms of race and ethnicity.

GENDER



ETHNICITY



The practice of case management is better reflecting the general population in terms of race and ethnicity.

DEMOGRAPHICS

Age

Professional case managers are a mature group, with 67% of case managers between the ages of 45 and 65. However, the profession has been trending younger in recent years: Between the 2015 and 2018 surveys, the number of respondents in the 46-65 age bracket dropped 11 percentage points to 67%.

Similarly, in 2015, just 3% of respondents were 26-35 years old; in 2018, that number was up to 9%.

Changes in the age of the case management workforce raises a number of issues for case management leaders and human resource professionals. As members of the Baby Boom generation retire, the need to recruit younger professionals into the practice increases.

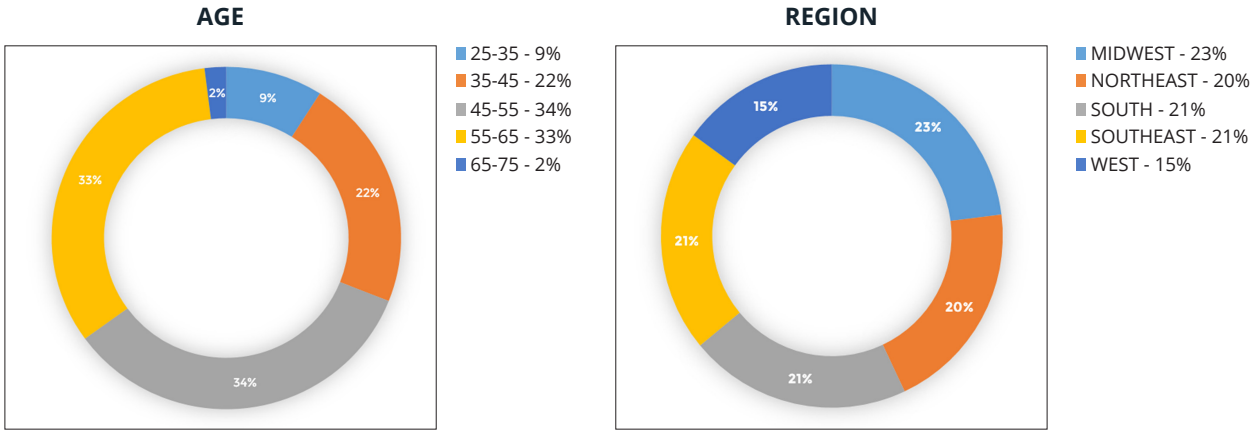
Moreover, for the first time in history, three generations are in the workforce at the same time in the U.S. (These are the Baby Boom generation, born between 1946 and 1964; Generation X, born between 1965 and 1980; and Millennials—also referred to as Generation Y—born after 1980.)

I urge case management leaders to dedicate time to understanding each generation and the value they bring to their organizations.

Managing staff in each of these groups is a challenge, as each differ in their needs and values. A great deal has been written on how to manage a multi-generational workforce, however. I urge case management leaders to dedicate time to understanding each generation and the value they bring to their organizations. Read more from the American Management Association at http://www.amanet.org/training/articles/leading-the-four-generations-at-work.aspx.

Region

Respondents were spread evenly across the United States.



WORK SETTINGS

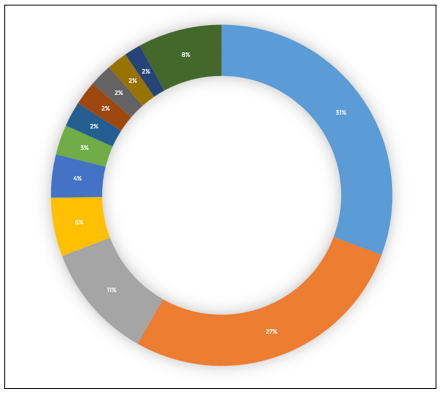
In this section of the survey, we inquired where case managers work, who they report to, and the role they play in their organization. The survey responses indicate the work settings span the continuum of care. The roles case managers play in their organizations are as diverse as their reporting lines.

To determine how your organization is performing in these areas, you may wish to examine the outcomes your department is producing. If you are meeting your desired outcomes, congratulations! But don't celebrate too long: As the industry evolves, you must remain alert and find ways to integrate new technologies, workforce needs, and organizational structures without losing the caring nature of your practice.

If you are not meeting the outcomes expected, look internally. Examine your structure, your leadership, and your training procedures. Taking time to review your team's performance is important.

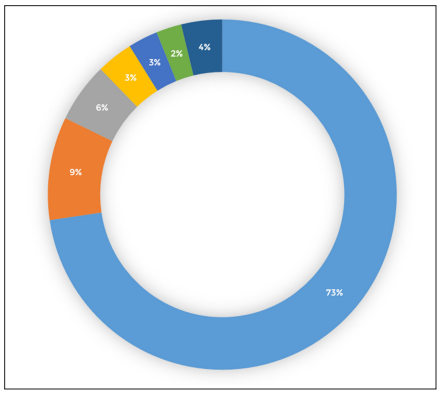
The roles case managers play in their organizations are as diverse as their reporting lines.

PLACE OF EMPLOYMENT



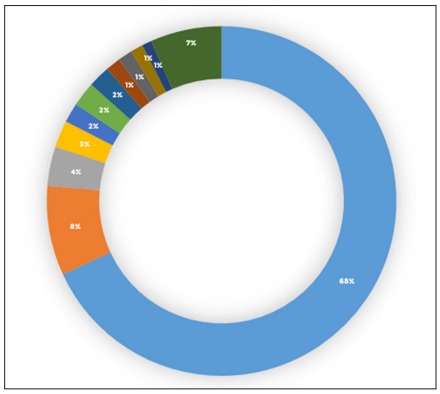
- ACUTE CARE HOSPITAL - 31%
- MANAGED CARE/GROUP HEALTH - 27%
- MANAGED CARE/WORKER'S COMP - 11%
- MANAGED CARE GOVERNMENT - 6%
- POPULATION HEALTH - 4%
- INDEPENDENT PRACTICE - 3%
- ACUTE REHABILITATION - 2%
- ACCOUNTABLE CARE ORGANIZATION - 2%
- LONG-TERM CARE/SKILLED CARE - 2%
- MEDICAL HOME - 2%
- MANAGED CARE MILITARY - 2%
- OTHER - 8%

ORGANIZATIONAL ROLES



- CASE/CARE MANAGER - 73%
- FIELD CASE MANAGER - 9%
- DIRECTOR OF CASE/CARE MGT - 6%
- SOCIAL WORKER - 3%
- SENIOR CASE MANAGER - 3%
- DISEASE MANAGER/SUPERVISOR - 2%
- OTHER - 4%

REPORTING LINES



- DIRECTOR OF CASE/CARE MGT - 68%
- DIRECTOR OF NURSING - 8%
- MEDICAL DIRECTOR - 4%
- NON, I AM INDEPENDENT - 3%
- MANAGER - 2%
- CEO - 2%
- DIRECTOR OF QUALITY - 2%
- CHIEF OPERATING OFFICER - 1%
- CHIEF FINANCIAL OFFICER - 1%
- ADMINISTRATIONS - 1%
- SUPERVISOR - 1%
- OTHER - 7%

MODELS OF CASE MANAGEMENT PRACTICE

Case management is practiced in various models throughout the healthcare continuum. As the healthcare industry moves forward, we will see more case managers in the clinical model and staff model (outpatient settings) because the focus will be on keeping patients out of hospitals to the extent possible. More care will be done in the home or outpatient setting.

Increasingly, nurses and social workers are collaborating. This combination makes sense, as nurses focus on the clinical side of care and social workers on the social aspects that can impede recovery and transitions of care.

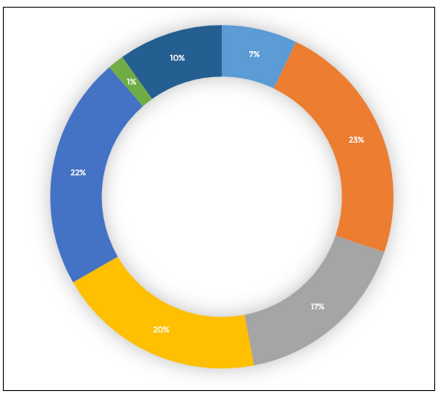
Case managers continue to hold high caseloads: The 2018 survey revealed that 33% of respondents held 51 or more cases at a time.

Supervisors and managers should be mindful of high caseloads. Healthcare organizations utilize professional case managers for their expertise and to break down barriers for achieving good patient outcomes. Heavy caseloads can prevent case managers from doing their jobs effectively, as they may not have time to perform thorough assessments of their patients. As a result, they may not identify the clients who are at risk for readmissions and setbacks. If case managers do not have sufficient time or resources to properly perform their work, your organization's outcomes will suffer.

TIP

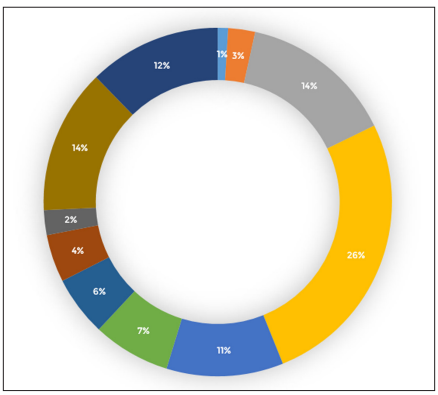
If your organization is experiencing high rates of patient readmissions, increased patient complaints, or provider frustration, take a look at the caseloads for your staff. Encourage your team members to let you know when they are overloaded. Use this information to consider increasing staff or bringing in a case management assistant to handle some of the clerical work your case managers are doing.

MODEL OF CASE MANAGEMENT



- CLINICAL (HOME CARE, HOSPICE) - 7%
- FUNCTIONAL MODEL (UM AND DISCHARGE PLANNING) - 23%
- NURSING - 17%
- NURSING/SOCIAL WORK - 20%
- SPECIALTY CASE MGT - 22%
- STAFF-BASED MODEL - 1%
- TRANSITION OF CARE - 10%

CASELOAD



- 1-5 - 1%
- 6-10 - 3%
- 11-20 - 14%
- 21-35 - 26%
- 36-50 - 11%
- 51-65 - 7%
- 66-75 - 6%
- 76-90 - 4%
- 91-100 - 2%
- OVER 100 - 14%
- I DO NOT HAVE A CASELOAD - 12%

MODELS OF CASE MANAGEMENT PRACTICE

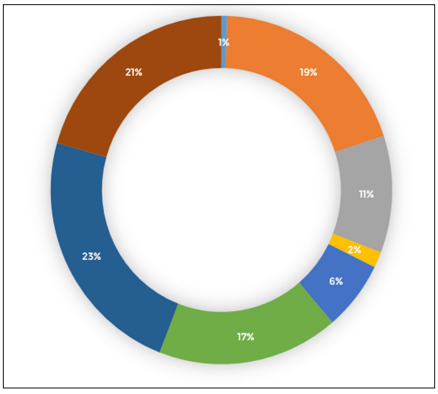
Referrals come from various settings. A trend we saw in the 2018 survey responses was the rise in patient self-referrals to case managers.

Case managers work with patients from all age groups, so a working knowledge of growth and development patterns, as well as the aging process, are competencies all case managers should possess.

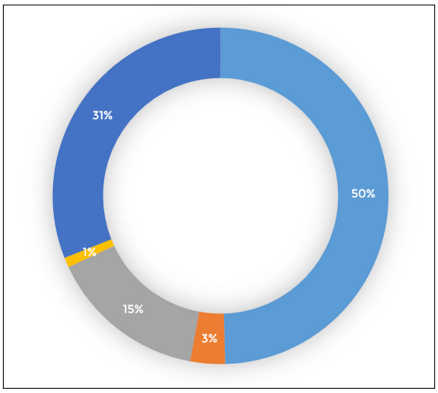
TIP

All case management departments should be accessible and able to respond to self-referrals. If we are not accessible to the people who need us, what value are we bringing to the healthcare system? Self-referrals may come from patients, family members, providers, and other members of the healthcare team.

REFERRALS



AGE GROUP YOU WORK WITH



In the future, more care will be done in the home or outpatient settings, as the focus will be on keeping patients out of hospitals.

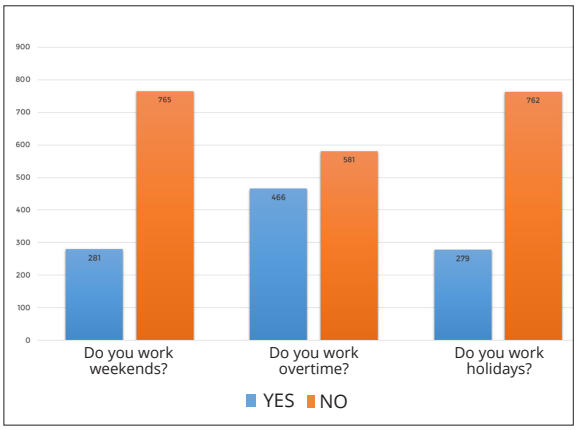
SALARY & BENEFITS

As befits their experience, responsibilities, and value, professional case managers report strong income levels and comprehensive benefit packages. Case managers also have flexibility in when they work.

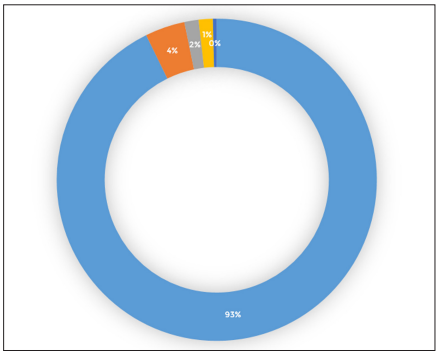
I predict we will see the number of consultants, patient advocates, and independent case managers increase substantially in the next few years as healthcare consumers realize they need an advocate when they are thrust into the complex world of healthcare. Consumers are realizing they are increasingly responsible for the costs of their care and must be informed and active participants in their care to ensure they get the care that is right for them. As a result, many are looking for an independent party to help them navigate the system, make decisions, and negotiate costs. A professional case manager in an independent practice is in a prime position to offer these services to the consumer.

As the industry depends more and more on the professional, case manager organizations are working to offer benefit packages to retain staff and to attract new hires. Review the charts below for additional insight, and see page 6 for the Annual Salary chart.

WEEKENDS, HOLIDAYS & OVERTIME

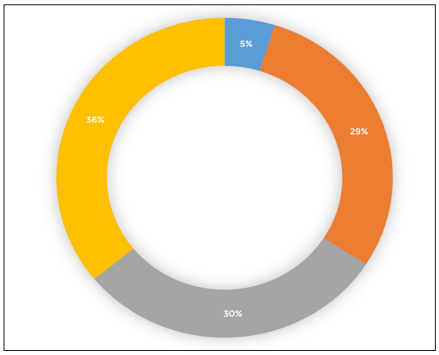


EMPLOYMENT STATUS



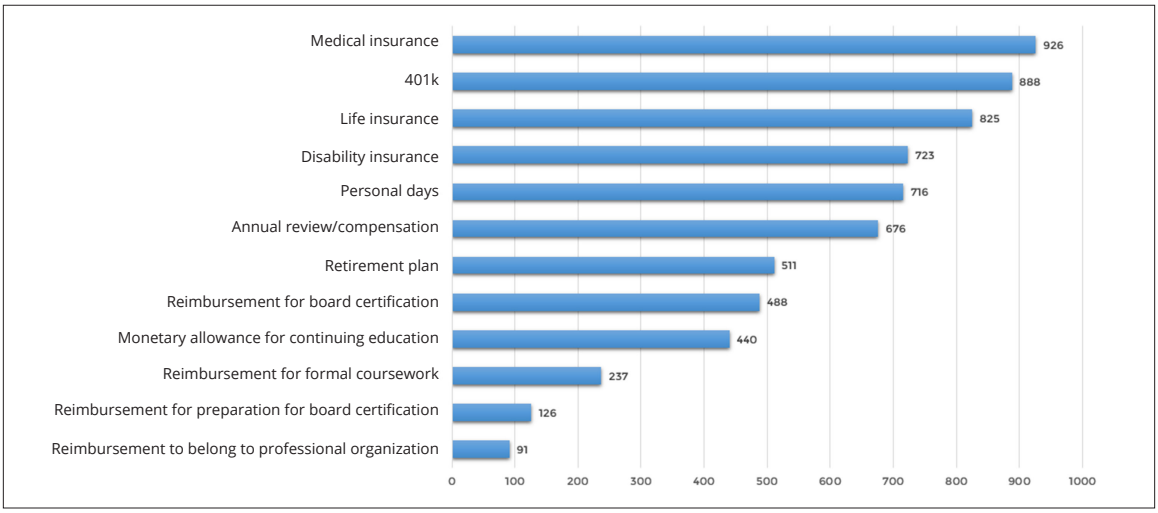
FULL TIME - 93%
CONSULTANT - 1%
PART TIME - 4%
RETIRED - 0%
PER DIEM - 2%

PAID VACATION



1 WEEK - 5%
3 WEEKS - 30%
2 WEEKS - 29%
4 WEEKS - 36%

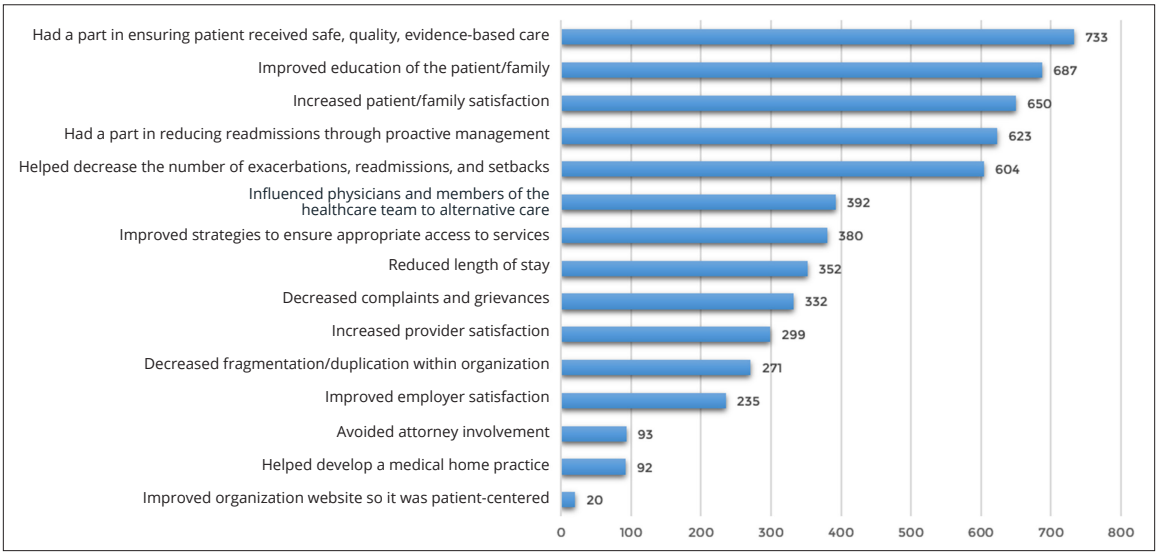
BENEFITS RECEIVED



OUTCOMES

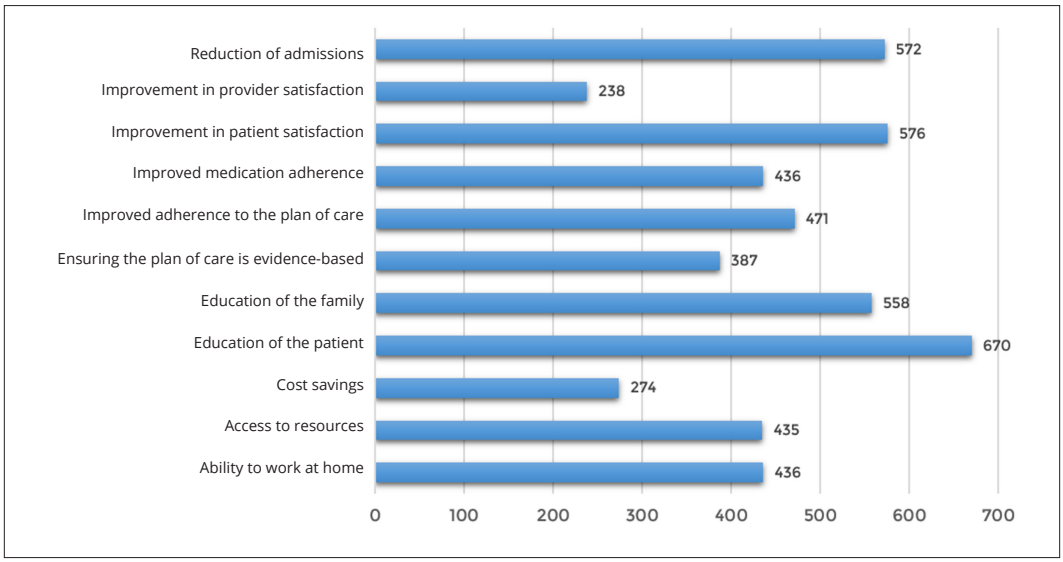
Case managers validate their worth by the outcomes they produce. In today's disruptive healthcare environment, they are often challenged to do more with less.

MOST SIGNIFICANT OUTCOMES AS A RESULT OF YOUR INVOLVEMENT IN A CASE



Case managers must meet the needs of their patients when turnaround times are shorter, resources are being cut, revenue is tied to outcomes, and penalties are leveled for readmissions, never-events, and other regulations. Many are working longer hours, as they are expected to work until their charting is complete. They also must meet the demands of their organizations as well as their clients'; these demands are often in opposition. Despite these challenges, case managers are achieving important outcomes that validate their roles and make them indispensable to patients and the organizations in which they work.

COMPONENTS OF YOUR JOB YOU CONSIDER MOST IMPORTANT



It was encouraging to see that case managers report playing a significant role in ensuring patients receive safe, quality, evidence-based care; improving education for the patient or family; and increased patient and family satisfaction. These key ingredients will go far in improving the delivery of care, containing healthcare costs, and ensuring that patients are active participants in their care.

JOB SATISFACTION

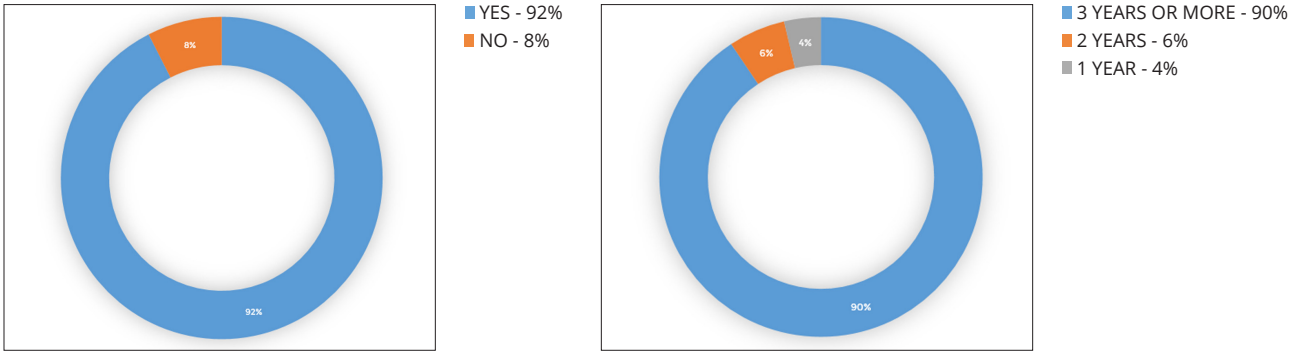
In this section of the survey, we aimed to explore how professional case managers view their jobs. The results showed that the majority of case managers are generally satisfied with their jobs and look to stay in the profession for 3 years or more.

However, today's case managers are under a great deal of stress to meet the outcomes their organizations set for them. Many look for roles that give them the opportunity to work from home, or they seek positions with smaller caseload responsibilities.

Retention of one's team is critical to success as a director or supervisor. To learn about the factors that contribute to employee satisfaction and the positive outcomes achieved by an energetic workforce, we recommend this article from Villanova University: How Important is Job Satisfaction in Today's Workplace? (https://www.villanovau.com/resources/hr/importance-of-job-satisfaction-in-the-workplace/#.WnShUIJOm9t)

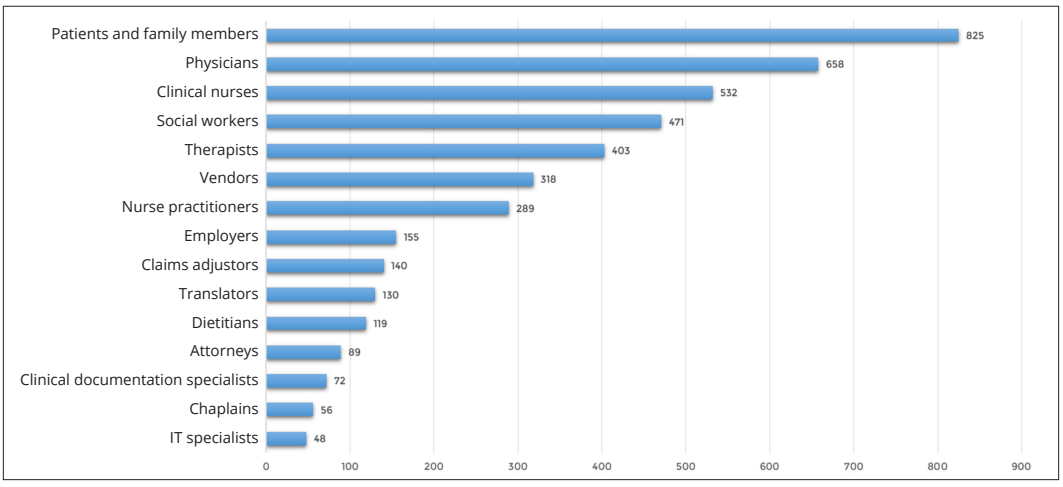
To be successful and feel satisfied in their jobs, case managers require sufficient tools and resources, and they must have cooperation from patients, patients' caregivers, and all members of the team. Methods to achieve this objective are unique to each organization.

ARE YOU PLEASED WITH YOUR ROLE AS A CASE MANAGER?



HOW LONG WILL YOU STAY IN CASE MANAGEMENT?

WITH WHOM DO YOU INTERACT MOST?



JOB SATISFACTION

We posed two survey questions to gain insight into the challenges case managers face. The responses shine a light on situations and barriers that limit case managers as they perform their work.

TIP

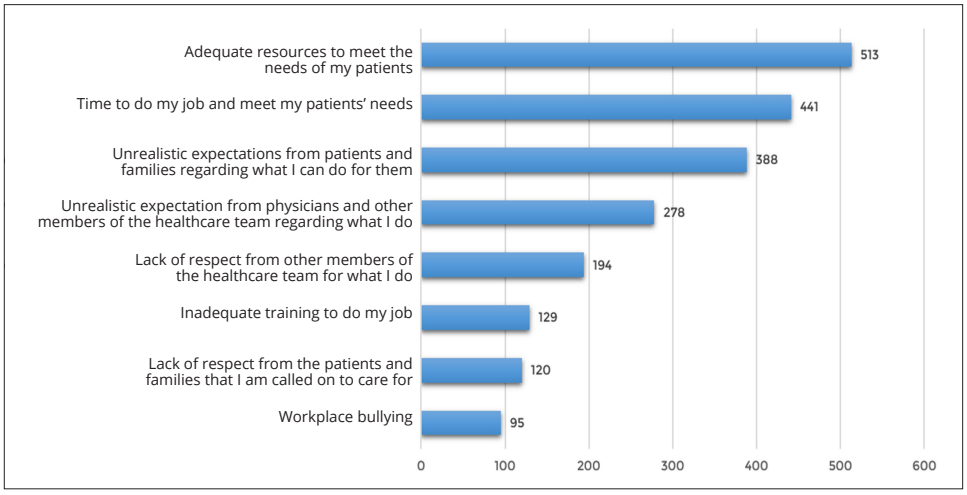
Directors and managers can poll their staff on these topics to discover their team's challenges.

Directors and managers can empower their teams by encouraging staff to join their professional organizations. Case managers who join their professional organizations are empowered to support their practice, use their voices, and demonstrate their expertise with consumers and their legislative representatives.

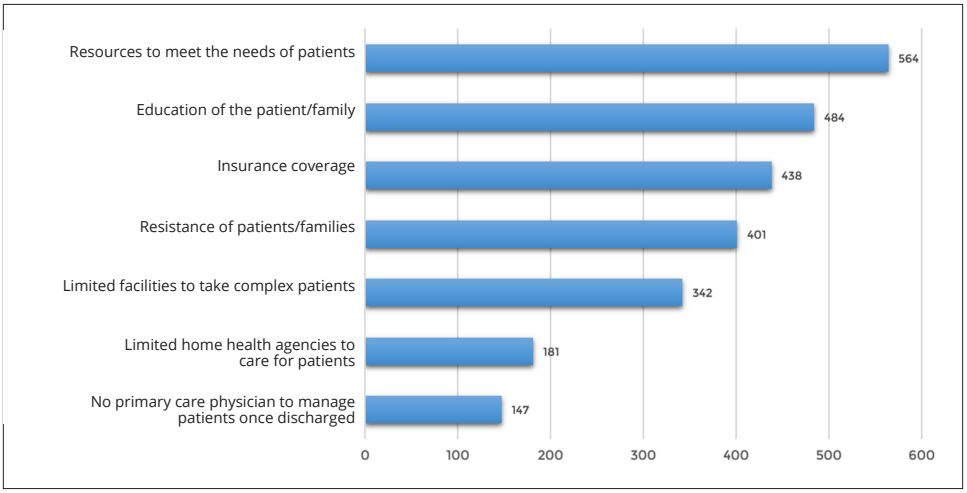
The Case Management Society of America (CMSA) is the professional organization advocating for case managers across the care continuum. The organization's chapters across the country bring case managers together to learn, network, and use their voices in a constructive manner.

To understand how CMSA is educating and empowering case managers on public policy, take time to read and share the January 2018 issue of *CMSA Today*, the official publication for the organization. The entire issue is focused on the public policy issues pertinent to case managers. Access the issue at http://www.nxtbook.com/naylor/CMSQ/CMSQ1417/index.php#/0.

CHALLENGES CASE MANAGERS FACE



CHALLENGES IN TRANSITIONING PATIENT CARE ACROSS THE CARE CONTINUUM



PROFESSIONAL DEVELOPMENT

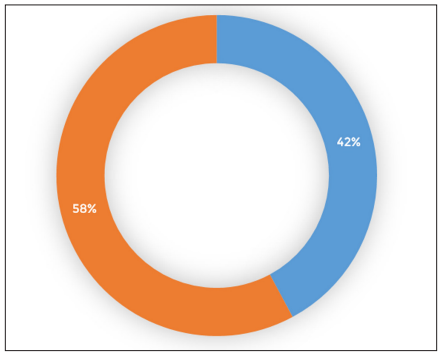
Last, we examined professional development for case managers. To be effective, case managers must have the experience and the qualifications needed to do their jobs. We looked at three areas in which case managers need to comply: licensure, national case management certification, and continuous learning.

Licensure

Depending on their professional background, case managers may need a license to practice. Licensure is handled on the state level. Case management professionals are bound to the requirements set by the states in which they and their patients reside. Due to advances in technology, many case managers work across state lines. As a result, they must abide by the requirements of the states where the patients they care for reside.

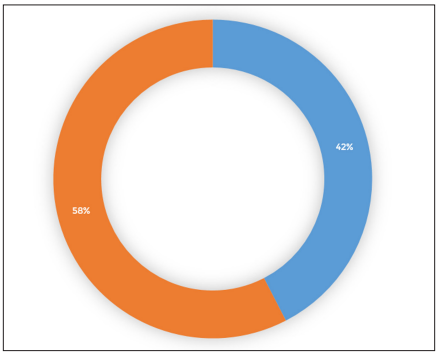
In the case of nursing, most state boards of nursing require nurses to hold a license for their state in order to work with patients in their state. Thus, nurses who care for patients in multiple states are required to hold numerous licenses. The responsibility is on individual professionals to comply with the laws of the states in which they live as well as the laws of the states where their patients reside. The National Council of State Boards of Nursing launched an initiative to expand the mobility of nurses as part of our nation's healthcare delivery system. The Nurse Licensure Compact (NLC) is an interstate compact that allows a nurse to hold one multi-state license (in his or her state of residency) and to practice in other states (both physically and electronically), subject to each state's practice laws and regulation. To learn more about this and the progress being made, visit the National Council of State Boards of Nursing: Enhanced Nurse Licensure Compact Implementation at https://www.ncsbn.org/enhanced-nlc-implementation.htm.

DO YOU HOLD A LICENSE IN EACH STATE IN WHICH YOUR PATIENTS RESIDE?



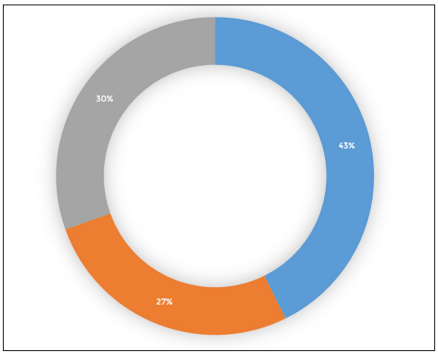
YES - 42%
NO - 58%

FOR THOSE HOLDING MORE THAN 1 LICENSE, DOES YOUR EMPLOYER PAY THE FEES FOR YOUR LICENSE?



YES - 42%
NO - 58%

IS YOUR STATE PART OF THE NURSING COMPACT?



YES - 43%
NO - 27%
I DON'T KNOW - 30%

National Case Management Certification

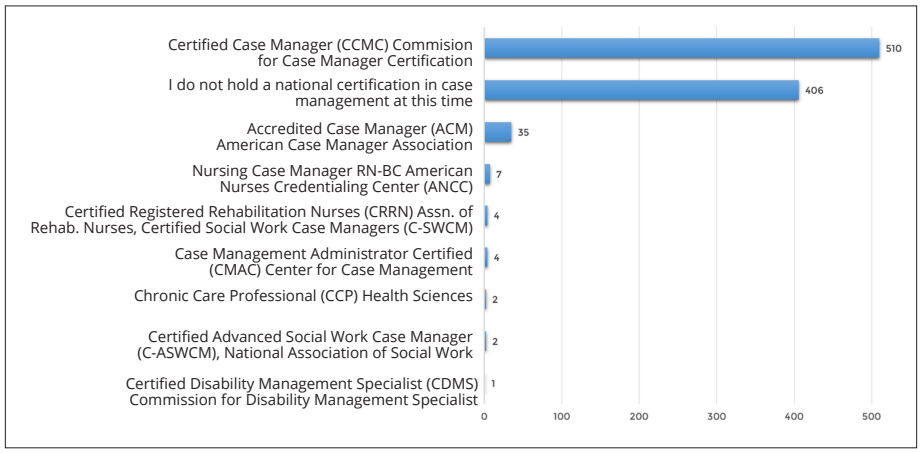
In addition to licensure, many case managers may hold one or more of the national case manager certifications. Typically, case mangers become certified voluntarily to demonstrate their expertise in their profession. In some cases, employers require certification as a condition of employment.

Responses to our 2018 survey questions provide insight regarding the requirements professional case managers must meet. I have to wonder if these requirement make case management professionals better. That question will have to be answered by individual case managers, the leadership of healthcare organizations, the professional organizations that advocate for case managers, and the certification bodies themselves.

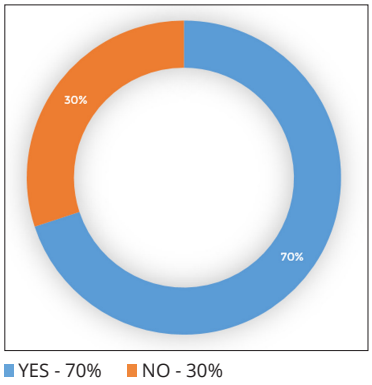
TIP

For further illumination of the certification discussion, our next special report, *Stepping Up To Certification,* will examine the case management certification landscape. The report will share information on certification options to help professionals decide which certification is best for their career goals. Look for this report in April 2018.

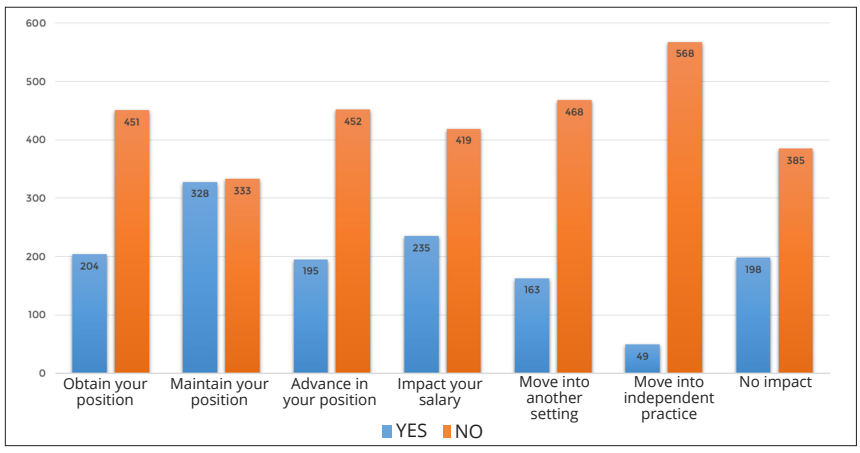
DO YOU HOLD A NATIONAL CASE MANAGEMENT CERTIFICATION?



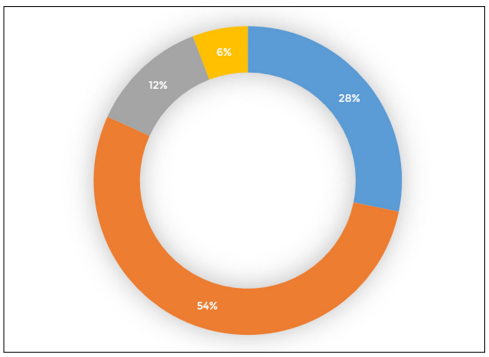
DOES YOUR EMPLOYER REQUIRE CASE MANAGEMENT CERTIFICATION?



HAS HOLDING A CERTIFICATION HELPED YOU IN THE FOLLOWING AREAS?



WHEN CERTIFICATION IS REQUIRED, WHAT IS THE TIME FRAME FOR RECEIVING CERTIFICATION?



Continuing Education

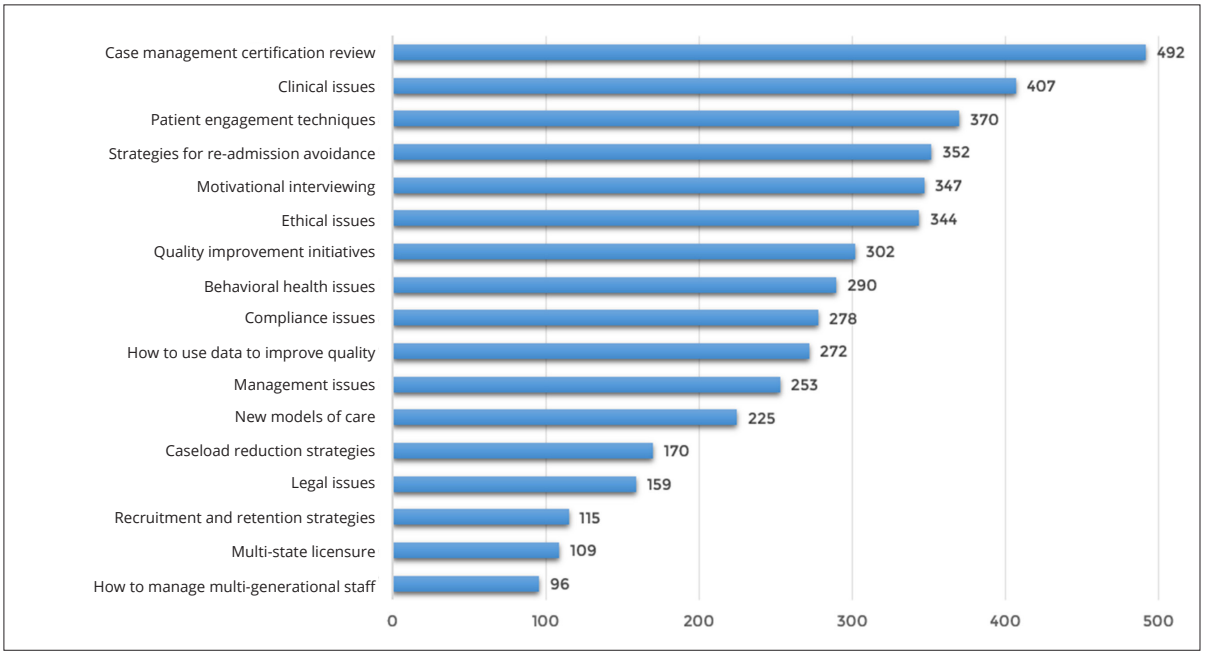
We turn now to the ways case management professionals maintain their licenses and national certifications. Though case managers have the option to re-test for their licenses and certifications, most opt to renew them through continuing education.

The final survey question inquired what topics case managers seek out for their professional development. The answers point to the tools case managers can use to improve their practices.

TIP

If you are in charge of education or programming for your staff, your case management chapter, or a continuing education provider, the items found here will fill up your educational calendar for the next few years! For more ways to energize your professional development programming, read What's Next In Association Learning? at associationsnow.com.

WHAT PROFESSIONAL DEVELOPMENT TOPICS DO YOU SEEK OUT?



To stay up to date with the continual changes to their profession, case managers must commit to being life-long learners.

THE FUTURE OF
CASE MANAGEMENT

Dr. Josh Luke
Founder, National Readmission Prevention Collaborative



2018: Case Managers Converting to Discharge with Dignity to Adhere to Value-Based Care

The National Readmission Prevention Collaborative celebrates case managers and social workers by inviting national thought leaders onto our bi-monthly webinar titled, "The NRPC Case Manager & Social Worker Webinar." These leaders present a topic and then let top national case managers share 'best practice' solutions and case studies.

I still get emails weekly from case managers I met in Long Beach, California, in 2016, when Dr. Eric Coleman and I served as the keynote presenters at the Case Management Society of America Annual Meeting. What an awesome, passionate, knowledgeable group—I learned so much from the attendees! As a champion for value-based care and transformation, I always look forward to presenting to CMSA and ACMA chapters, as case management is often the most demanding position in all of healthcare.

There was only one person in the hospital who even remained aware of patients' well-being after discharge, and that was the case manager.

Prior to ObamaCare in 2011, hospitals were reimbursed on a fee-for-service basis. That can be translated in this manner: "Put a head in a bed and invoice for payment." Then, once the patient was discharged and that head left the bed, hospital C-Suite executives had no incentive to keep track of where the patient went and if they were healing. There was never any financial incentive for the hospital to engage in that process.

As a result, there was only one person in the hospital who even remained aware of patients' well-being after discharge, and that was the case manager. C-Suite executives (the hospital CEO, Chief Nurse, and Chief Operating Officer), on the other hand, not only had no incentive to keep track of where the patient went, but they were more focused on how they could get patients back to the hospital so they could readmit them and bill for services!

In 2011, ObamaCare, or the Affordable Care Act, introduced a new model called "value-based care." Value-based care includes penalties for inappropriate admissions to the hospital, as well as for excessive hospital readmissions. Value-based care pushed the priority from driving volume in the hospital to keeping patients healthy and at home. (Imagine that!)

Hospitals then faced a dilemma: How do we survive? If you have an answer for that, please shoot me an email! More important, however, is the task of making healthcare in America affordable once again. Value-based care is the path—albeit a long path—to making healthcare more affordable in America, as it incentivizes healthy living and patient engagement.

this information and ensure patients experience a safe transition and the necessary resources are present when they arrive.

Whether it was specialized value-based programs like the hospital readmission penalty or bundled payment strategies, case mangers already had many of the answers executives were looking for but had never stopped to ask.

After speaking at CMSA and appearing at ACMA as well, within several months more than 200 case managers signed up for and passed the 3-hour independent study course to become a Certified Readmission Prevention Fellow with the National Readmission Prevention Collaborative. While the C-Suite continues to be slow to embrace proactive campaigns to prevent avoidable admissions, case managers have had the tools and knowledge to implement these programs all along. They were encouraging and waiting on the C-Suite for the go-ahead to move forward.

For C-Suite executives, engaging in the transformation to value-based care took several years after the Affordable Care Act was passed. C-Suite executives were slow to give the resources needed to transition to value-based care, but in that process many executives learned that it wasn't their

Case managers and social workers provide valuable community healthcare information and ensure patients experience a safe transition out of the hospital.

As hospitals accepted this reality and started transitioning to more of an insurance-based model that reimburses based on keeping people out of the hospital, there was only one professional within the hospital walls who knew anything about what happened in healthcare outside those walls...case managers!

Want to know about nursing homes in the area? Need information on local home health agencies for your loved one? Assisted living? Community resources? Want to know if your loved one is safe to go home? Doctors provide input, but the case manager and social worker provide

doctors who best understood healthcare outside the walls of the hospital—it was their case managers. As the C-Suite became more and more willing to listen, case managers across the country were able to effectively communicate the resources and support they needed to effectively transition. By 2016, many organizations nationwide had implemented value-based care management tools like the Discharge with Dignity Model. (See page 22 for a helpful reference).

As value-based care turned traditional discharge planning on its head (where aggressive doctors had often driven high volumes of patients to skilled nursing facilities, long-

term acute care hospitals, and acute rehab facilities), new value-based programs prioritized Americans' desire to age and heal at home.

Case managers have always been the champions of finding the right level of care, at the right place, at the right time for each individual patient. But with new incentives that conflicted with the old, massive changes were ahead after the ACA passed. Case managers were still champions of finding the right care at the right place at the right time, as well as the resources to make it happen, but incentives and financial pressures changed drastically—in fact, they reversed course.

Who taught the executives about all of these issues and rules that had traditionally been ignored by hospital CEOs? Well, the case manager, of course! It's their job, and it has always been their job. And it is one of the hardest jobs in the hospital, if not the hardest!

And not all case managers work within the hospital. Whether it's a work comp case manager, or a case manager working for a health plan, insurer, or physician group, all work long hours, are often under-appreciated for the time and effort they put in, and have a vast network of contacts and resources in the community to make sure your mom and mine get home safely.

For these reasons and many more, case managers, you are appreciated! I hereby declare 2018 the Year of the Case Manager! Visit the NRPC website to sign up or volunteer to serve as a panelist!

Bio:

Dr. Josh Luke is an Award Winning Healthcare Futurist & #1 Best Selling Author.

He is CSO/Sr. Health Policy Strategist, Nelson Hardiman Law and Adjunct Faculty, University of Southern California. In January 2018, Forbes Books announced the release of Dr. Luke's third book, Health-Wealth: 9 Steps to Financial Recovery. In this book, business owners and operators of all sizes will learn from a former hospital CEO a series of measurable money-saving tactics that will improve your employees and company health, change your corporate culture and save significant dollars for employees and the company! It's Health-Wealth!

Discharge with Dignity™: The Discharge Planners New Role - Adopt a "Home-first" Mentality

Start from the left side of guide and work your way to the right if a discharge home is not an option

The Financial Impact of Post Acute Referral Patterns for hospitals, ACO's & Bundles

	Home Care / Private Duty	Assisted Living	Transitional Care Visit	Chronic Care Management	Home Health	Palliative Care	SNF	Acute Rehab	LTACH
Degree of Financial and Quality Penalty to Discharging Hospital Start Here	None	None	Negligible *(its less than 10% of the cost of home health – and it covers 30 days as opposed to 6-8 weeks for HH)*	Negligible	Nominal *(should rarely be ordered in acute OR SNF setting; send Dr./NP to the home for Transitional Care visit to assess need for HH)*	None NA	Moderate	Severe *(only for specialized needs that can't be met at a SNF)*	Severe *(LTACH is truly specialized acute care, not post acute care)*
Discharge Level	FO	FOADH	AHD	ADWCD	ASN		LR	A	A
Patient Financial Responsibility	$	$$	Nominal	Nominal	Nominal	NA	20% after 20 days	Varies	Varies

A – Avoid unless specialized need; requires physician advisors approval
FO – First Option and consideration for all patients
AHD – (Order for) All Home Discharges
FOAHD – First Option After Discharge Home; Assisted Living can cause delays in hospital discharge; engage AL before discharge
LR – Last Resort if skilled need (if patient is unsafe to go home with resources)
ASN – Consider as alternative to SNF if skilled need & Home Care not an option
ADWCD – (Order for) All Discharges with Chronic Diseases

Source: Dr. Josh Luke, www.JoshLuke.org. For permission to use or re-print, please email lukej@usc.edu or visit www.NationalReadmissionPrevention.com



Josh Luke.org

As the C-Suite became more and more willing to listen, case managers across the country were able to communicate the resources and support they needed to effectively transition to value-based care. By 2016, many organizations nationwide had implemented value-based care management tools like the Discharge with Dignity Model.

IN CLOSING

Thank you for reviewing the 2018 Case Management Salary & Trends Special Report. Please feel free to share this report with anyone you feel will benefit from the material.

We hope the material presented in the report helps you and your teams improve the important work you are doing! If you have questions or comments on the report, please email Anne Llewellyn at allewellyn48@gmail.com.