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Managed Care Case Management for People with Serious Mental Illness

The process of "case management" has its origins in the provision of behavioral health service in the community and has historically been focused on those persons with severe and persistent mental illness. These services have traditionally included home visitations and other forms of support to this population.

Over the past several years, with the innovation of managed behavioral health carve-out firms, the concept of case management has changed dramatically, most notably in its evolved application to the management of healthcare benefits. In this important article, the author discusses the potential for more cost-effective service delivery and for improved consumer outcomes as the philosophy of traditional case management principles is incorporated into managed care systems to serve the consumer with severe mental illness.—Eds.

CASE MANAGEMENT concepts of utilization review have varied widely between managed care organizations (MCOs) and community support systems (CSSs). The MCO case manager controls expenses by requiring professionals to gain approval before accessing or continuing to use certain kinds and amounts of care. Case managers are expected to monitor and control the use of resources. In contrast, case management is conceptualized much more broadly in the community support system.¹

Although a variety of case management models have been developed and used by CSS proponents, there is a consensus about certain core case management activities.^{2,3} Typical case management activities include identification and outreach, assessment, planning, linking, monitoring and advocating. These activities are all viewed in the context of a close interpersonal relationship between the consumer and the case manager. A

recent nationwide survey of case management programs serving people with severe mental illness indicates that the major outcomes of case management are the prevention of inpatient hospitalization and an improved consumer quality of life.⁴

The goal of CSS case management services is to help persons with long-term psychiatric disabilities obtain the services they want and need.⁵ These services are provided by formal mental health agencies or by any capable person, agency or organization chosen by the consumer. In community support systems, case management is seen as more than simply a response to system inadequacies such as service rigidity, fragmentation, poor use of services and accessibility.⁶ Paramount in CSS case management is the relationship between case manager and consumer. This relationship can provide a personal, human response to the consumer's specific service needs and wants.

Differences in UR Case Management

Figure 1 highlights some of the possible differences in case management between community support systems and the MCO's utilization review. In contrast to utilization review, case management in a community support system attempts to form a working alliance with the consumer and interacts with the consumer on an ongoing basis. Decisions about service provision are made with the consumer. Case managers may also perform other therapeutic functions, which are often crisis intervention, supportive counseling and rehabilitation services. Typically, they tend to see themselves as mental health workers with previous experience in dealing with people

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Instead of the benefits-management orientation of the utilization review case manager, the CSS case manager has a helping orientation, accessing services directly and viewing his or her job as cutting through red tape rather than adding to it.⁷ Community support systems' case managers operate in the framework of a recovery vision, which is a service model that attempts to promote wellness and the often stated community support systems' values of consumer choice, self-determination and self-help.

CSS Advantages

A 15-year history of CSS case management research has demonstrated its impact on such outcomes as days hospitalized, quality of life, consumer satisfaction and role performance.⁸ CSS case management is consistent with the current business trend to move the decision-making task to the employees with the greatest amount of information relevant to the decision. Also compatible with good business practice is the CSS case manager's responsibility to directly understand the consumer's wants and needs, and to create a plan (product) with the consumer to maximize both consumer benefits and organizational benefits. This team approach, which has become common in CSS case management, is also an effective advantage that businesses have come to appreciate.^{9,10}

Utilization review case management is engaged when clinical decisions need to be made about accessing and continuing high-cost care; CSS case management is constantly involved in clinical decision making with the consumer. For CSSs in a managed care environment, new considerations of cost, and the clinical concerns of cost decisions, will have to be made. CSS case managers will have to add cost containment to the list of critical CSS values that guide their practice.

Comparing the Two

Utilization review case management can achieve a cost savings in inpatient care, often of a one-time nature.¹¹ So, too, can CSS case management, which has been demonstrated in numerous evaluation studies.⁸ While these two approaches to case management vary dramatically, they have not been directly compared. The relative merits of both concepts of case management raise many questions about comparative outcomes: cost containment, cost of case management service, influence on the utilization of other services and consumer satisfaction. Our present knowledge would suggest, however, that an argument can be made from a clinical, empirical and business perspective about the potential benefits of CSS case management in those managed care environments which are specifically designed to serve people with severe mental illness. **BHT**

Figure 1 Case Management Differences Between Community Support Systems and Utilization Review

CSS	UR
working alliance with consumer	working alliance with professional
ongoing interactions with consumer	no interactions with consumer
decision making usually on site	decision making usually off site
consumer involved in decision making	consumer not involved in decision making
decision makers are case manager and consumer	decision makers are case manager and professional
decision making with same group of consumers	decision making with different consumers
case manager may perform other therapeutic functions with consumer	case manager performs no other therapeutic functions with consumer
case manager trained in case management knowledge and skills	case manager trained in utilization review knowledge and skills
tends to have experience working with people with severe mental illness	may not have experience working with people with severe mental illness
has helping orientation	has benefit management orientation
accesses services directly	grants permission to access services
cuts through red tape	adds to red tape
recovery vision	medical necessity vision
wellness model	illness model
community support system values	managed care values
research shows improved consumer outcomes	no research support for improved consumer outcomes
consistent with current trends in business reengineering	inconsistent with current trends in business reengineering
history of using case management team approach	no history of using case management team approach
underlying comprehensive service system design articulated	no underlying comprehensive service system design articulated