Faculty of Social Sciences - Papers

Faculty of Arts, Social Sciences & Humanities

2000

Researching case management: Making it a 'fact'?

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Abstract

Case management has become a very important part of the human and health services and has also been cemented in legislation in the US, the UK and Australia and implemented in various practice settings and programs. A review on case management is presented considering its historic origins, concepts and the various researches done on it.

Keywords

researching, fact, case, management, making

Disciplines

Education | Social and Behavioral Sciences

Publication Details

contribution to the collective wisdom of those I work with. It allows for 'practical, creative, and purposeful' approaches to service delivery. The 'Active Mandala' approach is one which evolves out of the interconnected nature of 'Service Delivery', and driven by a collective desire towards 'Service'. The focus is not on management, but on the human interaction which specifically leads to the development of ideas, the generation of options and presentation of choices, and is the impetus behind reaching consensus and embracing the wisdom associated with the collective decision. Ultimately, the Active Mandala approach to Case Management is one which empowers all to explore, develop, and implement strategies which can effectively meet Client needs.

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RESEARCHING CASE MANAGEMENT: MAKING IT A 'FACT'?

BY PETER CAMILLERI

INTRODUCTION

Case management has been noted by many commentators, as being the buzzword of the human and health services. It has been cemented in legislation in the US, UK and Australia and has been implemented in diverse practice settings and programs. The 'buzz' has been very different for many of the stakeholders. For practitioners enthusiasm for case management has been in developing programs for individuals based on need; for policy makes it enshrines a rational and logical model of service delivery; for treasury officials it offers cost containment and cost minimisation; for clients it offers one stop service plan and possibility of choice of service delivery; for families it offers support and engagement in the care of the individual family member; and for politicians it offers accountability.

Yet there does seem to be some doubts about case management. Is it able to offer all the stakeholders their diverse wishes, and can it achieve all the objectives and conditions that are bundled into the rubric of case management? Extraordinarily difficult questions and research on case management has not necessarily provided the answers.

In this paper I want to sketch where case management came from and what research has been done on case management. This paper is an overview of a vast and increasing literature. A literature that is also diverse in its discipline boundaries, its program settings and its research designs.

CASE MANAGEMENT: HISTORICAL ORIGINS

The term case management begins to appear constantly in the literature during the 1970s in the US. Enos and Southern (1996) argue that the concept of case management is not new and can be traced back both to Mary Richmond the founder of professional social work in the US, and the mental health movements of the 1960s.

In the literature two conceptions of case management are offered. Firstly, case management is located within the client or consumer centred approach. Secondly, the case management systems approach in which the emphasis is on linking with the client a system delivery mechanism which is

efficient and timely. Each conception essentially provides a similar range of tasks and activities but differ considerable on the focus of case management.

This represents different systems approach to dealing with complex change. In the human services sector, the 1960s saw considerable change. The development of community care in preference to institutional care for children, people with disabilities and those experiencing mental illness, challenged the sector. The enormous growth in services and the expansion of perceived community need saw expenditure rise dramatically across western nations. Services, which had been typically located within the institution, were now dispersed. The clients of these new services were more visible in the community and their needs were complex and demanded considerable coordination of resources.

These changes come about as the result of social, economic and political factors. Five major themes can be discerned from the literature:

◆ Dissatisfaction with traditional services: Clients, families and advocates argued that services typically favoured the agency and ignored the client. Clients had to fit into particular programs or service.

◆ Deinstitutionalization: Institutions were seen as uncaring, 'abusive' and failed to reintegrate the person back into the community. The community was seen as a 'good' and that all people in a democratic society should be part of the community not isolated or segregated because of their condition.

◆ Fiscal Crisis: Governments it was recognised had limited financial resources and that these were being stretched because of rising need and social expectations

◆ Crisis in Confidence in Government: Services offered by governments were seen as rigid, bureaucratic and unresponsive to the needs of individuals.

◆ Privatization: Coupled with the Fiscal and legitimisation crises of governments was an ideological belief that governance should not involve the provision of services. That the private sector was better able to me the needs of citizens and was more able provide services more efficiently and at a cost saving to governments.

The move to contracting out of services and the development of so-called quasi markets in the human services have raised interesting research questions. The effectiveness of services as determined through economic consideration is problematic in that government services and not-for-profit organisations dominate the human services. Costing and pricing of services in which scare resources have already been determined does not allow for full market consideration. That is, governments set prices and services have to be provided within that cost framework. The case management services, which have developed out of the human services, are cost conscious but have difficulty in determining the economic benefits of case management intervention.

CASE MANAGEMENT: DEFINITIONS, CONCEPTS AND CATEGORIES

The literature constantly notes the difficulty in defining case management. The models delineated in the literature provide a list that is both comprehensive and vague. The term 'model' is itself used without discriminating between conceptions and levels. Case management models include function; comprehensiveness; service delivery mechanisms; and practice settings. The following list of 32 models has been culled from the available literature:

◆ Generalist service broker model
◆ Primary therapist model;
◆ Interdisciplinary team model'
◆ Family as Case Manager Model;
◆ Supportive Care Model;
◆ Volunteer as Case Manager Model;
◆ Consumer Case management Model;
◆ Minimal;
◆ Broker Model;
◆ Medical;
◆ Co-ordination;
◆ Service manger;
◆ Primary care model;

◆ Comprehensive;
◆ Managed care;
◆ Medical/social;
◆ Ecological Model;
◆ Social Advocacy/Empowerment Model;
◆ Vocational;
◆ Assertive Outreach Model;
◆ Strengths;
◆ Care approach;
◆ Clinical;
◆ Administrative;
◆ Client-consumer centered model;
◆ Systems approach;
◆ Prevention Case Management (PCM);
◆ Assertive Community Treatment (ACT);
◆ Pragmatic/Crisis approach;
◆ Intensive Clinical Case management (ICM); and
◆ Care management. (Austin 1993; Cambridge 1992; Holloway & Carson 1997; Horder 1998; Hu et al 1998; Purcell 1998; Ryan et al 1999; and Weil 1985).

To make case management a 'fact' begs the question of how to go about researching such a complex and confusing area. The focus of some research is on examining particular models; research needs to be undertaken on what models is 'best' suited for what practice setting; and we need to be clearer about what outcomes are expected of case management and most importantly who decides.

Research in case management has been dominated by US researchers. This is not surprising given the more than two decades of case management in the US. Considerable new research has been generated in the UK. Australia seems to be somewhat lagging behind. This is again not surprising given the resources available for research in Australia as well as the relatively short period that case management has been in Australia (see Ozane 1996).

RESEARCHING CASE MANAGEMENT: REVIEWS AND META-ANALYSIS

This study used an electronic search strategy. It was concerned with examining

the research data on case management of published research in the 1990s. The following databases were searched using the key phrase 'case management': Socofile; Social Work Abstracts; Fulltext Mental Health Collection; Fulltext Nursing Collection 1 and 2; HealthSTAR; Medline; PsycINFO.

This produced an enormous amount of data including abstracts and full text version of journal articles. The lack of more discriminating search phrase meant that 512 articles were downloaded. More than two-thirds were excluded from the study as they were not research studies but articles in relationship to case examples, implementation of projects, general discussion of the concepts. A number of studies published were variations of the original study and consequently were excluded. Less than 10% of articles were reports of research studies. Because of the short time frame in which the study was undertaken only 20 research articles were fully analysed. This is a very brief and preliminary analysis of the data.

Research has indicated the efficacy of certain case management models. Burgess and Pirkis (1999) distinguish between efficacy and effectiveness. They argue that effectiveness refers to positive achievements in the 'real world'. They note that ACT models of case management demonstrate efficacy under ideal conditions. Under ideal conditions of experimental conditions which includes Randomised Trials (RCTs), quasi-experimental designs, and independent randomised controlled trials, positive outcomes occur in a variety of dimensions. Though they note that dimensions of rehospitalization rates, improvement in social and vocational functions did not seem to be improved in comparison to 'standard care'. The results indicate that positive outcomes were associated with utilisation of services. It is therefore not surprising that case management demonstrates effectiveness on measure which are essentially utilisation measures.

Demonstrating the efficacy of cost from case management is extremely problematic. There appears to be no agreement in the various research studies cited on what is included in determining costs. Burgess and

Pirkis (1999) note the variety of variables that are included in the determination of costs. For example, in some studies health sector costs are only included, others includes non-health costs where patients and careers costs are also included.

Parker (1997) in his review notes that has been a 'backlash' in the scientific literature against case management. He refers to case management as an 'ugly and objectifying phrase' which 'has recently had its good looks challenged'. Paxton and Marshall referred to in Parker's review represent a challenge to the perceived effectiveness of case management. Parker (1997) found that case management did not improve clinical or social outcomes. The one clear objective of the case management service delivery has been the outcome of decreased hospital admission. Studies have shown that case management leads to greater hospitalization. The results are clearly disappointing and appear to be counter-intuitive.

Parker (1997) notes a number of problems in case management research:

◆ Comparison of treatment models – 'standard care' is a vague and rarely defined. The issue is whether we are comparing like with like.

◆ Staff of case management services and other treatment services: The literature does not indicate any differences in terms of staff background, training or skills. It would appear that staff are an integral part of the treatment process. This has been overlooked in most studies.

◆ Outcome measures: Measures such as 'more contact with psychiatric services' can be interpreted in a variety of ways. An outcome of 'fewer psychiatric hospital admissions' is problematic. With increased contact with services it is perhaps not surprising that hospitalization rates are higher. Parker (1997) argues that this could be seen as a positive outcome. It may mean that patients are hospitalized at the optimum time receiving appropriate treatment and having shorter stays – he notes that this data is not reported.

◆ The short-term time frame of research: Evaluating long term outcomes for

people who are psychiatrically ill is rare in research. Most studies are conducted within a twelve to eighteen months time frame. Social and vocational functioning outcomes may not be able to be measured within such a short time frame. Longitudinal studies it is argued are necessary for demonstrating effective outcomes.

◆ Sample size: Most studies are relatively small. This is problematic for validity of the studies reviewed. Effect of intervention is difficult to determine statistically when numbers drop below certain levels.

Table 1 (overleaf) provides an overview of twenty articles on a variety of dimensions. The majority of studies are US based, mental health focused and use RCT;s or quasi –experimental designs. Only five examined costs associated with case management intervention.

Mental health studies have demonstrated the general effectiveness of case management for particular groups of patients. It does appear from these studies that case management is at least as cost effective as other forms of treatment and some studies demonstrate significant lower cost. Generally studies show that symptompathology decreases; there is better use of support services – formal and informal systems; higher levels of medical compliance; higher levels of social and occupational functioning; higher levels of patient satisfaction – patients were more satisfied with care received; and greater improvement in subjective quality of life.

These studies reviewed demonstrate considerable gains. The various case management approaches in mental health – ICM, ACT, etc – all indicate considerable outcome achievements. Though the studies are unclear of what models of practice work best for particular clients. The other surprising result has been that studies report higher rehospitalization rates for patients in case management.

Research in human services has tended to be qualitative and process oriented. Only a few studies have used RCTs. Human service organisations have been reluctant to use quasi-experimental designs. The

Author(s)	Method	No. of subjects	Practice Area	Length of Study in study	Scales used	Costs Examined study	Country of
Bowers	Interviews	20	Human Services	-	-	No	US
Brock & Harknett	Quasi-experimental design	7257	Human Services	2 years	None	No	US
Conrad	Quasi-experimental design	358	Mental Health	2 years	None	No	US
Curtis et al	Quasi-experimental design	297	Mental Health	52 months	39 measures of quality of life	No	US
Gray et al	RCT	80	Mental Health	14 months	None	Yes	UK
Hagane	Field network research	10 agencies	Human Services	3 years	None	No	US
Horder	Interviews	9 practitioners	Human Services	12 months	None	No	UK
Holloway et al	RCT	70	Mental Health	18 months	6 scales – 5 standardised	No	UK
Hu et al	Quasi-experimental design	122	Mental Health	18 months	Baseline data	Yes	US
Lehman et al	RCT	152	Mental Health	Not stated	Not stated	Yes	US
Lynn et al	Prospective Quasi-experimental design	79 nurses	Nursing –	1 year Acute care	3 standardised	No and 1 other	US
Mackenzie et al	Quasi-experimental design	55	Nursing – Acute care	1 year	2 standardised and 1 other	Yes	Hong Kong
Patterson & Lee	Retrospective Quasi-experimental	196	Mental Health	18 month	2 standardised	No and 1 other	US
Purcell et al	Survey	25 agencies	Mental Health	Not stated	None	No	US
Ryan et al	Quasi-experimental design	266	Mental Health	2 years	3 standardised	No	UK
Sands	Quasi-experimental design	60	Mental Health	12 months	1 standardised	No	US
Solomon & Draine	RCT	96	Mental Health	1 year	2 standardises	No	US
Solomon & Draine	Mulit-method	51	Corrections	1 year	Not stated	No	US
Werrbach	Multi-method	20 practitioners	Mental Health	Not stated	None	No	US
Wolff et al	Quasi-experimental design	165	Mental Health	18 months	1 standardised	Yes	US

TABLE 1

exception of the Brock and Harknett (1998) study on case management on the work to welfare program provides a very interesting case study. The study examined two models of case management. The outcome measures were employment rates, earnings and welfare receipts. As a model, of case management it was systems focused. No data was provided on client satisfaction. Data was collected from case files. The outcome of the program was somewhat disappointing. It does seem that the "average reduction in welfare payments for sample members in the integrated group was about the same as the average earnings gain over 2 years, suggesting that few clients were better off financially" (Brock and Harknett 1998:518).

CONCLUSION

The large and increasing literature on case management surveyed indicates that there are very few involving research or evaluation. This survey of the literature finds as with most reviews a confusing and inconclusive picture.

Some studies indicate, on what would be see as appropriate measures such as rehospitalization rates or recidivism rates, that it produces counter-intuitive results. That is, an increase of hospitalization (Patterson and Lee 1998) and an increase in imprisonment rates (Solomon and Draine 1995, though Lehman 1997 reports a drop in imprisonment rates for those receiving ACT). An argument is that the greater

'surveillance' of case management as compared to 'standard practice' may well explain this phenomenon. The closer contact with services provided for the clients may well notice the indiscretions or behaviours that lead to hospitalization in the case of the mentally ill or 'breaching' of the corrections clients.

The studies reviewed have all been relatively small and questions are raised concerning their methodological soundness (see Hale 1995, Lee et al 1998, and Rothbard 1999). They also involve a wide variety of client groups – mentally ill, single mothers in welfare-to-work programs, probation clients, HIV clients, etc. The most problematic

aspect of these studies is the imprecise definition of case management. As Hale (1999:29) notes "there is little consensus about what is actually being introduced under the 'rubric' of case management".

The results from the studies for seriously mentally ill clients do indicate that on the three major criteria: improved service coordination; improved quality of life; and improved resource distribution there appears to be generally positive outcomes. Though as Huxley (1993) pointed out early in the 1990s that very few studies have specifically examined the co-ordination of services. Certainly this seems ironical given the promise of case management as providing for better co-ordination of services. The issue of co-ordination appears to taken-for-granted and not the subject of specific research.

Where to from here? It is clearly important that Australia builds a research culture in case management. The relevance for some of the models developed in the US or UK may be inappropriate for Australia. Given that many models are part of an ideological push of governments to deal with specific problem populations e.g. single mothers on welfare in the US. Case management has been introduced as a managerial response to the crisis in the provision of human and health services (see Ozane 1995).

Links between researchers and practice settings need to be more extensively developed. It should be essential that every case management project incorporate an evaluation component. Research should not been seem as a luxury but part of the everyday costs of providing a case management service. It is important to have standardisation of studies so that comparisons between studies can generate stronger and more valid results. Definitional questions are at the core.

The review of the research clearly indicates that better links with research institutions and more comprehensive studies are needed. Three things studies need to be: firstly, comprehensive; secondly, mulitaxial; and thirdly, specific (Ruggeri and Tanscella, 1995).

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The Yarra River in Melbourne

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NEWS ON COURSES IN CASE MANAGEMENT

GRADUATE STUDIES IN CASE MANAGEMENT

At this time of the year universities are promoting all awards. A number of universities are promoting subjects / awards in case management and readers are encouraged to explore various University Publications and web-sites. As post-graduate awards attract smaller numbers than initial professional awards and are increasingly offered as fee-paying programs, the enrolment procedures are more flexible. However the planning process needs to begin soon.

In the previous journal the case management courses offered at the University of Melbourne and the University of South Australia have been detailed. For information on these two courses contact: **www.nursing.unimelb.edu.au/gdm**

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