Marketing and ‘Professionalising’ Case Management

Presented by
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• Thank you to organisers

• Acknowledgement of traditional owners

• Background to presentation
Current environment

- Reforms across all human service sectors
- Driven by economic/demographic imperatives and consumer choice
- Funding following the consumer- providers are ‘fund holders’
Ageing impact

The proportion of the population aged 65 years and over in Australia is projected to increase from

- 13% (2.8 million people) in 2007

...to between...

- 23% and 25% (7.8 million and 10.4 million) in 2056

...and between...

- 25% and 28% (9.3 million and 17.1 million) in 2101.

(Source IBIS world)
In 2020

- Current population 24.1 million (source: countrymeters.info/en/Australia)

- By mid-2020 predicted the population will reach 25.7 million

- For every 1,000 people of working age (16 to 64), there will be 548 dependants (54.8%)

- 45.3% of those dependants in 2020 will be over 65 (compared to 39.1% in 2009 and 21.5% in 1971)

source: IBISWorld
Growth in programmes

- 460,000 packages of care expected in NDIS
- 24,000 Partners in Recovery (PIR) recipients
- Aged Care – Home Care Packages growth from around 66,000 to **100,000** by 2017.
- An additional 40,000 packages are expected to be available over the following five-year period, bringing total places to **140,000 by 2021-22**.
  (Source ACFA report 2015)
- Consumer Directed Care (CDC) being reviewed as an option in residential aged care
# KPMG Overview July 2015

## Provider Role

<table>
<thead>
<tr>
<th>ROLE TYPE</th>
<th>PROVIDER ROLE</th>
<th>CONSUMER EXPERIENCE</th>
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</thead>
<tbody>
<tr>
<td>Provider Directed</td>
<td><strong>Providers are care coordinators.</strong> Providers allocated and ration services based on their assessment of consumer need, and make decisions about how to distribute centrally-pooled funds.</td>
<td><strong>Consumers are passive care recipients.</strong> Consumers have limited or no choice or control around the care and services they receive, when they are delivered or by whom.</td>
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<tr>
<td>Person Centred</td>
<td><strong>Providers are case managers.</strong> Providers use individualised assessment and planning approaches and tailor the delivery of care and services to consumers’ preferences.</td>
<td><strong>Consumers are active care recipients.</strong> Consumers have choice around the services they can access from a menu of available services, and have some say over when services are delivered.</td>
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<tr>
<td>Consumer Directed</td>
<td><strong>Providers are care facilitators.</strong> Providers work with consumers to facilitate the planning and delivery of a tailored package to meet a consumer’s self-determined goals within an individualised budget.</td>
<td><strong>Consumers design and drive their own care.</strong> Consumers have choice of care and services, and control how, when and by whom care and services are delivered; consumers control their budgets.</td>
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**Level of consumer empowerment**

Lower

![Progression Arrow]

Higher
Implications for service providers with the recent reforms

- The importance of intermediaries
- Consumer preferences
- Positioning
- Infrastructure and costs
- Culture and readiness

(Source DCA 2013)
All of the reforms have Choice, Flexibility and Control as key elements for ‘Consumers’ of Human Services
The current clientele

• Attuned to choice, options and decision making processes
• **Low–no brand loyalty**
• High expectations and needs
• **Multi-cultural focus and acceptance**
• World views, world travel
• **Rights and responsibilities oriented**
• Independent, self managing people
• **Accumulating wealth/investments versus increasingly disadvantaged**
• Increasing number of people with tertiary qualifications, careers, etc

(Source Micheal Goldsworthy)
Identified skills needed within the sector

The Community Services and Health Industry Skills Council environmental scan 2013/14:

- Case management
- Care planning
- Financial management
- Leadership skills

Australian Aged Care Quality Agency INA 2014 confirmed these with the addition of:

- CDC- budgets, choice, enablement
- Quality Customer service
- Consumer engagement
- Identifying and managing risk
case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s holistic needs through communication and available resources to promote quality cost-effective outcomes.

CMSA, National Standards of Practice for Case Management, 3rd Edition 2013
Case Management Society of Australia definition

Case Management is a **process**, encompassing a culmination of consecutive collaborative **phases**, that assist Clients to access available and relevant resources necessary for the Client to attain their identified goals.

**Key phases** within the case management process include: Client identification (screening), assessment, **stratifying risk**, planning, implementation (care coordination), monitoring, **transitioning and evaluation**.

Within the case management process the Case Manager navigates each phase of the case management process (as applicable) with careful consideration of the client's individual, diverse and **special needs, including aspirations, choices, expectations, motivations, preferences and values, and available resources, services and supports.**

*CMSA, National Standards of Practice for Case Management, 3rd Edition 2013*
Case Management within Human Service delivery

Case Management, as it is understood by professionals, promotes clients to **self manage** as much as possible whilst stratifying, evaluating risk and barriers to clients achieving goals – (social and health determinants) They are supporting, advising, assisting, navigating and encouraging clients to make independent autonomous choices.
Some common titles for the role

- Care Coordinator
- Case Coordinator
- Case Worker
- Client Consultant
- Client Support Officer
- Service Coordinator
- Service Delivery Consultant
- Support Advisor
- Care Advisor etc.  (source CMSA)
Case Management Concepts

✓ **FACILITATES** the personal development of Clients

✓ **ADVOCATES** for Client rights.

✓ is **PURPOSEFUL**

✓ **PROMOTES** sustainable solutions.

✓ is underpinned by **COMMUNICATION**

*CMSA, National Standards of Practice for Case Management, 3rd Edition 2013*
What are the skills set?

- Advocacy
- Care planning including measurable goal setting
- Case conferencing
- Communication – written and verbal
- Cultural sensitivity
- Documentation
- Financial acumen
- Interviewing and assessment
- Networking and collaboration
What areas of human services do case managers work?

- Family services
- Domestic violence
- Hospitals
- Drug and alcohol
- HIV
- Refugee support
- Court liaison

- Mental Health
- General Practices
- Aged Care
- Disability services
- Children’s services
- Corrective Services
- Return to Work services

And many more areas
Current state of play

- Case Management service type out of CHSP – why?

- RAS - short term re-ablement case management in model – early days

- NDIS – planners – some clients now requesting case management as a service

- CDC – consumers questioning value of ‘Case Management’

- Confusion over what it means - co-ordination, rostering, short term/joint/long term
Why misunderstanding or lack of ‘value’

- Case Management unable to be ‘defined’ by those actually doing it!

- Use of jargon when describing to clients particularly those who can self manage

- Poor documentation and evidence of timely interventions/support e.g. mental health, aged care

- Very poor skills in marketing services and benefits, lack of research/evidence
• A CDC or NDIS or other human service recipient may require no ‘case management’ and be able to self manage.

• If they require CM we need to be able to describe the ‘value’ of what this service means and the associated costs.

• If a consumer does not have ‘capacity’ there is a requirement for the provider to ensure there is an advocate or Person Responsible appointed.
Current research undertaken

Participants spent smallest proportion of time to outcome evaluation (8.0 %) and yet this is seen to be one of the main activities of Case Managers

Reference

How do case managers spend time on their functions and activities?
Emily (Chuanmei) You1,2*, David Dunt 2 and Colleen Doyle 3,4* 2016

(http://creativecommons.org/publicdomain/zero/1.0/)
So how do we promote our services?

- Know what it is that we do!

- Be confident in all communications

- Organisations need to ‘Brand’ their case management in marketing materials

- Ensure goals include what support will be provided by the Case Manager
Let’s look at some examples of care plans

Template courtesy of GGJ
Case Load examples

**In CHSP** the subsidy from the Commonwealth is expected to cover:
- Overheads
- Administration – management, rostering, annual assessment
- Service delivery

All of the above included in unit price agreed to with Department

There is no additional funding for care co-ordination or case management.

**In HCP** the subsidy from the Commonwealth is meant to cover:
- Overheads
- Administration
- Case Management/Care Advisory – minimum or intensive as required (now a choice in care and services)
- Care and Services
Case Load examples for HCP

- Level 2 – 22-24 hours per year per client- other hours negotiated depending on condition and need

- Level 4 - 48 hours per year per client - other hours negotiated depending on condition and need (if there supportive person living in the household who may wish to assist it may be lower)
Case Load examples continued....

- Review of case load and ‘billable hours’

- Case Management/Core Advisory is an integral part of HCP and is the main difference to CHSP and needs to be clearly articulated and described to consumers and their circle of support at the initial meeting and ongoing

- Should they be rostered and calculated so that costs can be covered or recovered?
What is marketing?

The basics:

- Identifying a consumer need or desire (Demand)
- Researching who has the need (Targeting)
- Learning who else is meeting the need (Competitor Analysis)
- Developing a product of service that meets the need (Product)
- Setting a price for the service (Price)
- Making your service available and easy to find and purchase (Position)
- Communicate the benefits and create desire (Promotion)

Source: 4 Community
© 4Community, 2013
Holistic Marketing

The four components

- relationship marketing
- internal marketing
- integrated marketing;
- and socially responsive marketing.
Successful marketing requirements

The set of engagements necessary for successful case management marketing management includes

- capturing marketing insights
- connecting with customers
- building strong brands
- shaping the market ‘offerings’
- delivering and communicating value
- creating long-term growth;
- and developing marketing strategies and plans
• Compare your case management service to any other business e.g. physiotherapy practice, fee for service provider, counselling service

• How do they promote their services?

• Are they of value to those who access them?

• What might we need to change to professionalise or market our Case Management services?
CM and CDC/NDIS

- The consumer must have ownership of decision making.

- This requires an **empowering decision making framework**, which supports the consumer to set goals and determine the amount of control they want to exercise in relation to their package.

(Page 30 Home Care Package guidelines)
Documentation requirements for CM

- Assessments relevant to client/consumer need
- Care plans
- Progress notes
- Appointments
- Reports
- Referral reports
- Review of what CM did - advice, support, linking, promotion of independence
Documentation check list for Case Management

Planning-
• What does the consumer need?
• What does the consumer want?
• How can these be linked?
• What assessments have you undertaken that would evidence your care plan?
• Where will you document the agreed CM and support and how many hours etc.? 
• When will you review?
• What is the agreement by the consumer and where is it evidenced?
Reporting

- What is the **purpose** of your case management?
- What did you do?
- Why did you do it?
- What did the consumer say or ask for?
- What resources did you provide?
- What information did you give them and was it in a format they could understand?
- What was the **result** of what you did or provided as a case manager?
- When you review care plans is it clear whether any goals were achieved?
- What are the new goals?
- Are they SMART?
Questions to consider

Who will thrive?
Its not about:
  Size (big or small)
  Structure (church, non-profit or private)

It will be organisations that:
  Offer something consumers really value...
  Communicate it well...
  Exceed expectations...

Source  4 Community
© 4Community, 2013
Professional training provided to Case Managers via CMSA

- Case Management Society of Australia CMSA – competency training in National Standard and Code of Ethics

- National Skills Set for Effective Case Management

- Certification process – National Register and data base

Organisations identifying lack of evidence of skills in documentation via pre and post QR and TPV audits

www.cmsa.org.au
Thank You
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