

Case Management Bridge Crossings

Bridging the Chasms of Case Management . . . making it a reality

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A collaborative, synergistic effort is underway at TMA to develop operational guidance for clinical case management across the MHS. We voiced the need for case management to look, feel, and smell the same throughout our great TRICARE system. We want to use the same “case management speak” when we communicate with providers, nurses, social workers, support staff, agencies, and beneficiaries. We’ll begin with three phrases often used interchangeably: **Continuum of Care, Continuity of Care, and Health Continuum**. The next few issues of Bridge Crossings will feature terminology that will become the patois¹ of the case management community.

¹Patois (ˈpa-twa): “the characteristic special language of an occupational or social group”



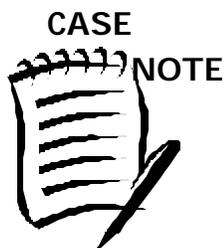
Continuum of Care describes care patients receive at various levels and/or in various locations. The continuum of care represents services provided without limitations on boundaries. It is sometimes described as care provided “beyond the walls” or “outside the domain” of where a patient exists at any given time. For example, case managers assist patients not only in the hospital setting, but also through their transition to a rehabilitation facility, to the home setting, or with Hospice. If the case management relationship ended at discharge from the hospital, then the

patient is not receiving services across the continuum of care. An example of how this fits into case management is the care coordination piece shown on the BCMP model (http://www.tricare.osd.mil/OCMO/case_management.cfm). Care coordination provides continuum of care for those patients having additional requirements to transition from inpatient to outpatient services that are above normal discharge planning care needs but which do not meet requirements for case management. It covers the “gray” area between discharge and disposition planning.



Continuity of care speaks to the “what”, while continuum of care speaks to the “where”. Webster defines *continuity* as “an uninterrupted connection, succession, or union”. Continuity of care is what case managers do to prevent the “falling through the crack” phenomenon. Continuity of care is a JCAHO requirement and an expectation for military treatment facilities. Patient records should clearly document activities that illustrate continuity of care. JCAHO states that a health care organization should consider the care it provides as part of an integrated system of services, health care professionals, and levels of care, which make up a continuum of care. The goal is to correctly match the patient’s health care needs with the services available, coordinate the services provided to the patient in the organization, and then plan for discharge and follow-up. The result is improved patient care outcomes and more efficient use of available resources. Information is essential for making correct decisions about which patient needs can be met by the health care organization; the efficient flow of services to the patient; and the appropriate transfer or discharge of the patient to home or another setting.

Health continuum refers to the horizontal band that illustrates patient health status from wellness to illness. Webster defines continuum as “a coherent whole characterized as a progression of elements varying by degrees such as good to bad”. Refer back to the model to see the concept of using the case management process at any point on the *health continuum*. One of the goals of case management is to keep or move patients closer to the wellness side of the health continuum. Broad-spectrum case management applies the components of the case management process to ensure continuity of care, throughout the continuum of care at any point on the health continuum! ☼



Discussions are ongoing in the case management community regarding unique considerations for case management of the Active Duty Service member. In addition to coordinating care throughout the *continuum*, the case manager must also ensure *continuity of care* that may be impacted by military requirements such as **MEB**, **PEB**, and **LOD**. Next issue will feature the words behind these three acronyms that are quickly becoming a part of the CM patois.