

Work Package 6

**SKILLS AND COMPETENCIES NEEDED FOR THE CASE
MANAGEMENT TRAINING PROGRAMME.
THE CURRICULA OF CASE MANAGER.**



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Background II

JA CHRODIS WP6 already achieved results

- Epidemiological and clinical characteristics of people with multimorbidity(TASK 1)
- Available care models for patients with multimorbidity (TASK 2)
- The Multimorbidity Care Model to promote an effective, efficient and personalized management of patient with multiborbidity (TASK 3)

Task 3. Develop a common model for multimorbidity management

Delivery system design

- Comprehensive assessment
- Coordinated team
- Individualized care plans

 **Case manager**

Clinical information system

- Electronic patients records
- Exchange patients infos
- Uniform coding
- Patient operated technology

Decision support

- Implementation of EBM
- Team training
- Consultation system

Community resources

- Access community resources
- Involvement of social network

Self management

- Tailor Self-management
- Options for self management
- Shared decision making

Palmer K et al. Submitted

THE CASE MANAGER

The role of Case Manager has been increasingly used in many health care settings, including public, private, community, and home environments, mostly in the USA and more recently in other parts of the world including Europe.

The general purpose of Case Management is to coordinate, facilitate and follow over time the utilization of health and social services by patients.

Although there are examples of formal training for Case Managers, particularly in the USA (such as the Case Management Society of America), there is currently little published

OBJECTIVE I

TASK 4 of JA CHRODIS

IDENTIFY ESSENTIAL PROFESSIONAL COMPETENCIES AND DEVELOPMENT OF A TRAINING PROGRAMME FOR HEALTHCARE PROVIDERS.



1. to define a minimum set of skills, knowledge, and competencies for a person working as Case Manager for multimorbidity patients in Europe.
2. To underlie their relevance for patients with multimorbidity
3. To identify the best methods for training

METHODS I

- QUESTIONNAIRE ON CASE MANAGEMENT TRAINING PROGRAMMES AVAILABLE IN EUROPE
- REVIEW OF THE SCIENTIFIC LITERATURE TO IDENTIFY AND DESCRIBE EXISTING OR PAST TRAINING PROGRAMMES FOR CASE MANAGERS.
- CONSENSUS EXPERTS MEETING

WP6 Questionnaire about case management training programmes

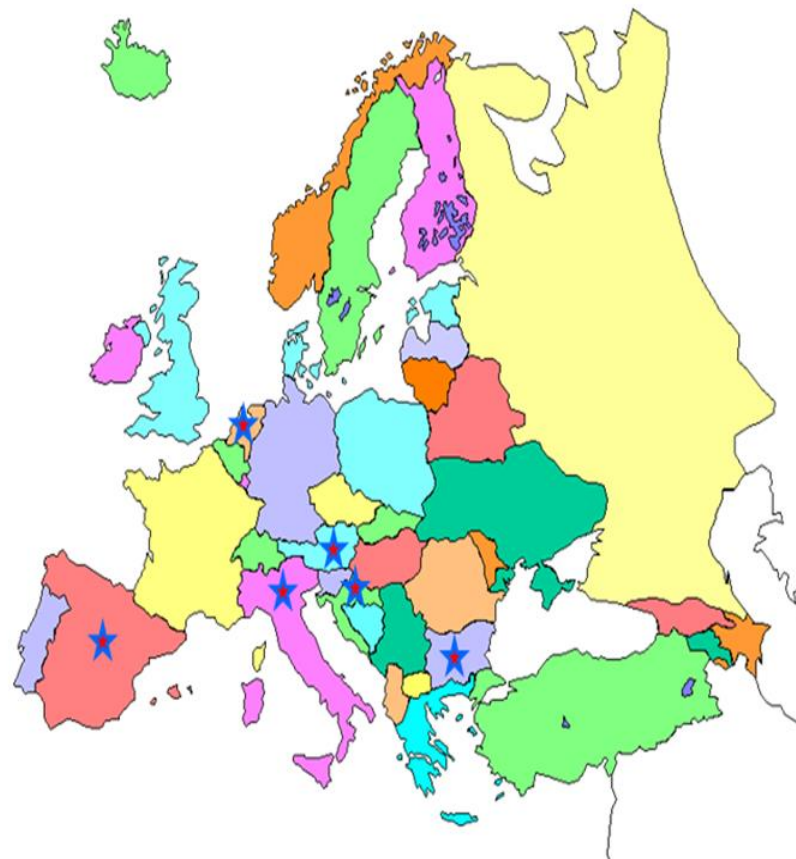


OBJECTIVE

to provide a structured overview about training programmes for case managers.

LIST OF RECEIVED TRAINING PROGRAMMES

Country	Name of the programme	Available at
AT	Integrated health case management	www.fh-burgenland.at/gesundheii/
ES (Cantabria)	Case management for pluripathologic patients	Not Available
ES	Programa de Educación para Graduados, AEQ (Asociación Española de Quiropráctica)	http://www.chiropractic-ecu.org/wp-content/uploads/2014/05/EAC-Criteria-for-GEP-updated-March-2015-1.pdf
IT	AIC (Associazione Italiana chiropratici) graduate education	http://www.chiropractic-ecu.org/wp-content/uploads/2014/05/EAC-Criteria-for-GEP-updated-March-2015-1.pdf
BG	“Health mediator” training programme	http://www.zdravenmediator.net
NL	Case management	www.han.nl/werken-en-leren/studiekeuze/opleiding/case-management/ (https://www.han.nl/international/english/)
NL	Training case manager - Dementia	www.gerion.nl/ ; http://www.gerion.nl/casemanagement-dementie
ES (Valencia)	Case Management of complex cases for nurses	Not Available
SI	Specialist training in family medicine, training for nurse practitioners	http://www.mf.uni-lj.si/kdm/3261-kronichni-bolnic http://www.referencna-ambulanta.si/?cat=10
HR	Croatian Centre for Rehabilitation in Community-programme	www.bolnica-vrapce.hr
IT	1 st level master in “Case management nella rete integrata dei servizi a favore dell’anziano (Il case manager geriatrico) “Geriatric case manager”	http://www.uniroma1.it/sites/default/files/14360_0.pdf

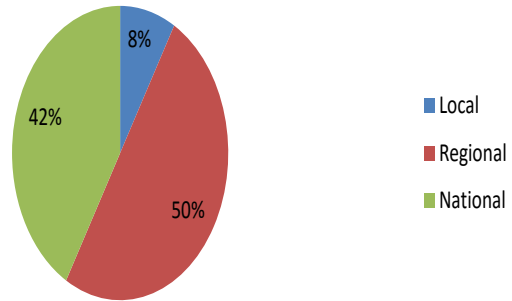


QUESTION 4

ANSWER OPTIONS

AT WHAT LEVEL IS THE TRAINING PROGRAMME IMPLEMENTED?

- A. Local
- B. Regional
- C. National

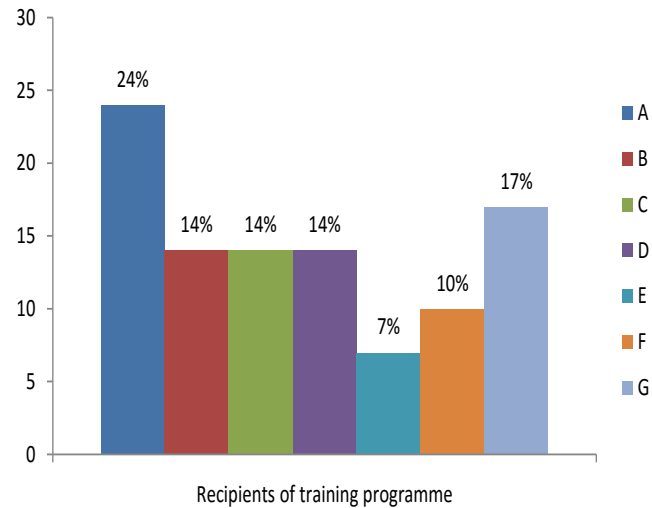


QUESTION 11

ANSWER OPTIONS

THE TRAINING PROGRAMME IS INTENDED FOR

- A. Nurses
- B. GPs
- C. MDs, other than GP
- D. Social workers
- E. Psychologists
- F. Therapists
- G. Others, please specify

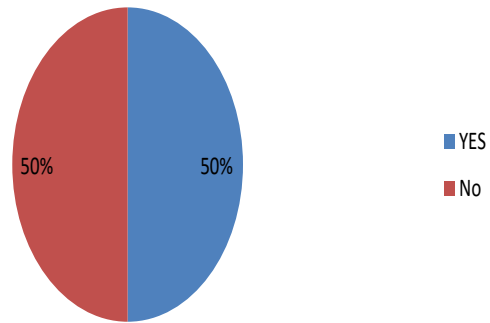


Answers given for option G: Health care managers; doctors of chiropractic; secondary education, a motivational essay, recommendation of a previous employer and/or NGO and signed document for commitment that the individual will participate during the whole training, interview with the three members of the Evaluation Commission; System manager.

QUESTION 14

ANSWER OPTIONS

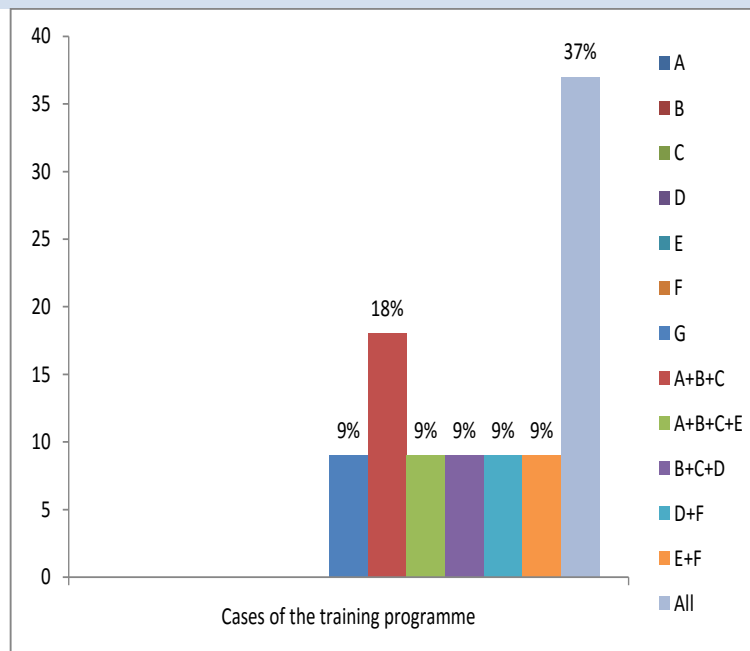
PARTICIPATION IN THE TRAINING PROGRAMME IS REQUIRED TO BECOME A CASE MANAGER	Yes
	No



SPECIFY THE TYPE OF “CASE” ON WHICH THE TRAINING PROGRAMME IS FOCUSING

(multiple answers possible)

- A. Primary care patients
- B. Complex patients
- C. Multimorbid patients
- D. Long term care (institutionalized or home care) patients
- E. Older adults
- F. Psychiatric patients
- G. Others, please specify



Answers given for option G: social care clients; minorities and disadvantaged individuals;

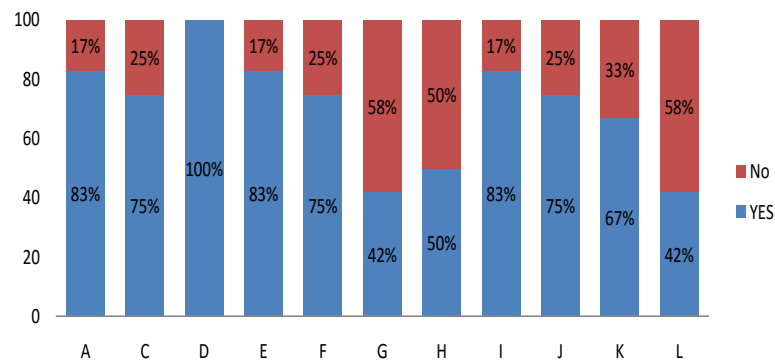
Note₁: The answer option “G” was not initially contemplated, was added by respondents.

Note₂: The answer G: “minorities and disadvantaged individuals”, was intended as if ALL answers were ticked, since this type of patient is potentially present in all listed settings.

CORE COMPONENTS OF THE TRAINING PROGRAMME ARE/WHERE

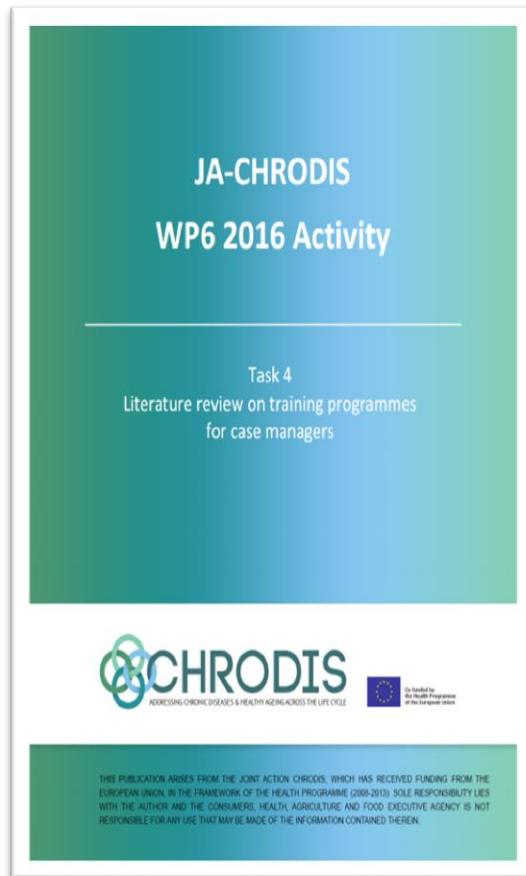
(multiple answers possible)

- A. Regular comprehensive needs assessment of patients
- B. Working in multidisciplinary teams and/or care coordination
- C. Development of Individualized Care Plans – including planning ahead for expected crises
- D. Implementation of evidence based practice
- E. Strategies to support self-management based on patient competencies including use of technology to enable care and self management, management of polypharmacy and adherence
- F. Strategies to support shared decision making (together with patients)
- G. Use of electronic health records and computerized clinical charts
- H. Appropriate coding of patients’ health problems
- I. Knowledge of community- and social-resources and strategies to support access to community and social resources
- J. Strategies to improve the involvement of members of a patient’s social network (informal), including family members, friends, patient associations, neighbours
- K. Current legislative framework for health, social care and welfare services
- L. Other, please specify



Answers given for option L: Problems of complex cases, transition care, roles of nurse case managers, discharge planning; non-technical skills, palliative care and severe mental disorders, nurse methodology, caregivers care and support; appropriate chiropractic diagnosis and referral team and techniques; multidisciplinary work, evidence-based practice, patient centered; network architecture.

LITERATURE REVIEW ON TRAINING PROGRAMMES FOR CASE MANAGERS



OBJECTIVES

1. to describe existing training programs for care managers
2. To assess effectiveness of training programmes for care managers

PAPERS SELECTION

PUBMED SEARCH (last 15 years)

search terms: *(training OR education) AND ("case manager" OR "care manager")*

647



35

3

Johnson SA et al. *On the Scene: Developing a Nurse Care Coordinator Role at City of Hope.* NursAdm Q 2016. USA

Liu WI et al. *Case management educational intervention with public health nurses: cluster randomized controlled trial.* J Adv Nurs. 2010 TAIWAN

Aliotta SL. et al. *The impact of CMSA's case management adherence guidelines and guidelines training on case manager-reported behavior change.* Prof Case Manag. 2007. USA

STUDY 3

Case managers, Aliotta et al, 2007, USA

750

case managers from all settings were trained in the use of the CMAG (Case Management Adherence Guidelines)

The Case Management Society of America (CMSA) developed evidence-based guidelines for case managers to support increased efficacy of case managers in helping patients become more adherent to medication regimens.

The CMSA engaged in a massive training program to support case manager adoption of the CMAG tools and approaches to improve patient knowledge and motivation.

STUDY 3

Case managers, Aliotta et al, 2007, USA

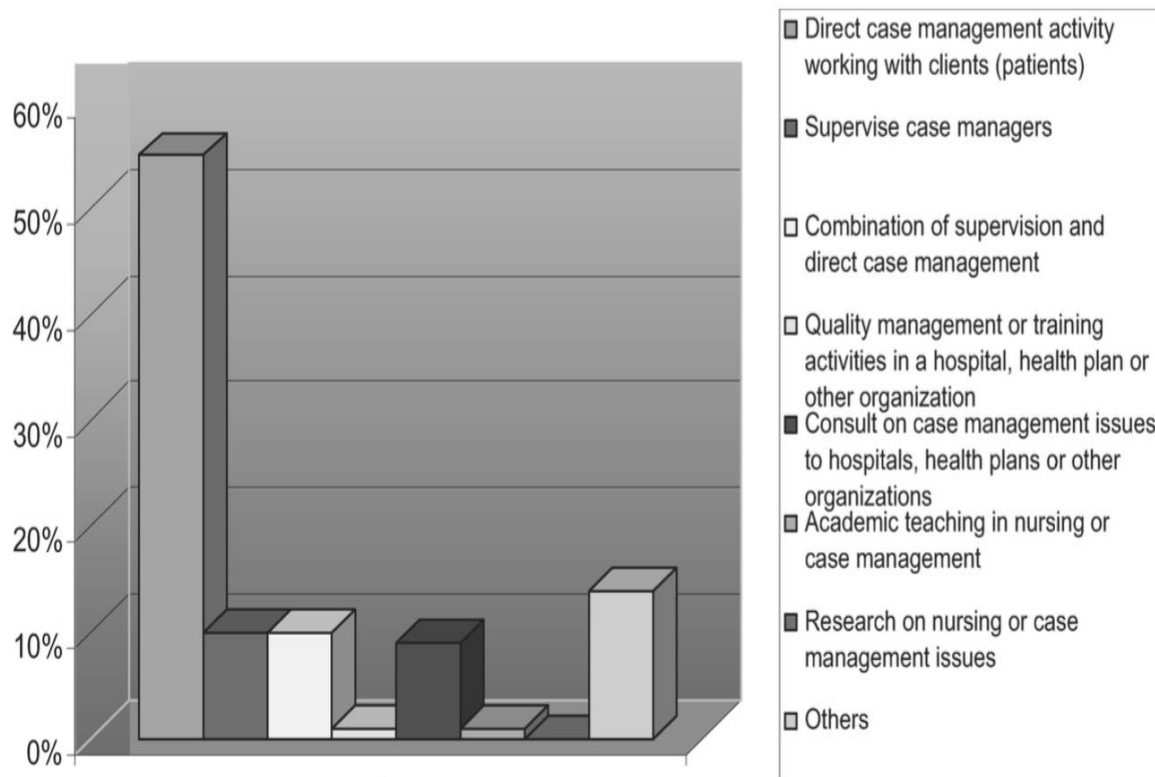


FIGURE 3
Professional responsibilities of CMAG workshop participants.

ADDITIONAL DOCUMENT TO FACILITATE DISCUSSION

A list of potential skills and competences was proposed to facilitate discussion.

Questions for discussion

- A. The skill needed to become a Case Manager in Europe?
- B. What are the specific competencies related to that skill that a European Case manager should acquire?
- C. How should training be delivered?
- D. Features of this skill that are particularly relevant to Multimorbidity.

CONSENSUS EXPERTS MEETING

4th November 2016, Treviso, Italy

A group of European experts to discuss a training program for Multimorbidity Case Managers.

Multimorbidity Case Manager skills and training

Recommendations from the consensus
meeting, 4th November 2016, Treviso,
Italy



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RESULTS

- DEFINITION OF MULTIMORBIDITY CASEMANAGER
- DEFINITION OF PREREQUISITES
- DEFINITION OF SKILLS AND COMPETENCES OF CASE MANAGER

RESULTS I

Definition of multimorbidity case manager

The Case Manager is a healthcare professional who is the facilitator of care for complex cases of multimorbidity

The Case Manager facilitates and coordinates treatment and care, linking the patient to providers and medical services, as well as residential, social, behavioral and other support services in the most efficient way.

The Case Manager monitors the continuity of care, follow-ups and documentation of the case.

The Case Manager is a reference point for the patient.

RESULTS III

PREREQUISITES

THE CASE MANAGERS SHOULD HAVE AN HEALTHCARE QUALIFICATION, such as a graduate degree from an accredited higher education institution, in a relevant field, such as social work, nursing, psychology, medicine.

THE CASE MANAGER SHOULD HAVE WORK EXPERIENCE WITH PATIENTS IN THE RELEVANT FIELD OF INTEREST.

AN EXTRA ADD-ON TRAINING REQUIRED FOR PEOPLE WITHOUT A CLINICAL HEALTHCARE QUALIFICATION

RESULTS II

SKILLS and COMPETENCIES

- ETHICAL PRINCIPLES
- COMPREHENSIVE ASSESSMENT
- CARE PLANNING (INDIVIDUALIZED CARE PLANS)
- TEAM WORK PRINCIPLES
- LISTENING AND COMMUNICATION SKILLS
- STRATEGIES TO IMPROVE AND SUPPORT PATIENT SELF-MANAGEMENT

RESULTS II

SKILLS and COMPETENCIES

- SOCIAL AND COMMUNITY FRAMEWORK
- LEGISLATIVE FRAMEWORK
- USE OF TECHNOLOGY
- CASE MANAGEMENT THEORY AND CONCEPTS
- INITIATING CHANGE AT THE ORGANIZATIONAL LEVEL

CONCLUSION I

11 SKILL COMPONENTS WERE IDENTIFIED AS ESSENTIAL FOR BEING A CASE MANAGER FOR MULTIMORBIDITY PATIENTS IN EUROPE.,

1 EXTRA PREREQUISITE (AN EXTRA ADD-ON SKILL) WAS DEFINED FOR PERSONS WITHOUT A CLINICAL HEALTHCARE QUALIFICATION.

A BASIC STRUCTURE OF THE TRAINING WAS PROPOSED

It was agreed that training for these Case Managers should consist of two parts: 1) workshops and training sessions and 2) supervised, on-the-job practical sessions.

CONCLUSION II

FUTURE AIMS

EVALUATE the formal recognition of case manager as a specific new role in the health care system

Definition of an evaluation methodology to assess the quality of both multimorbidity Case Management services and training for Case Managers.

Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-Chrodis)*



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