2019 National Hospital Case Management & Transitions of Care Survey

Initial Report

Background

In 2001, the ACMA began to conduct national research regarding the field of Hospital/Health System Case Management. The objective was – and remains – to generate a body of research and benchmarking data for this field. This survey has been conducted every other year since 2001. This (2019) is the survey's tenth iteration.

This Initial Report is the first of a series that ACMA will be producing based on the 2019 (and previous) survey findings.

About the Survey

Hospitals were contacted by ACMA via email between October 31, 2018 and March 31, 2019. The respondent was requested to be the Director of Case Management.

Primary data collection was conducted online using Qualtrics (www.qualtrics.com) online survey software. The survey was approximately 30 minutes in length and contained over 90 questions.

Findings do not imply ACMA endorsements of practices, products or case management methodologies. ACMA substantiates that industry standards have been used to achieve the findings, and disclaim any liability with the use of the information in this report.

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About the Survey

Universe

Based on a databased of providers publicly available from the Centers of Medicare and Medicare Services, there are 2318 hospitals that meet the following criteria:

- \>= 100 beds
- Category of Short Term Acute Care, Childrens, or VA Hospital
- Located in the United States

Sample Size

There were 469 respondents in the 2019 Survey.

Confidence Level

Percentage point margin of error, at the 95% confidence level is shown in the table below. Sub-groups such as for hospital size or region have a higher margin of error.

Percentages

On certain graphs and tables percentage categories do not equal 100%. This is due to either the nature of the question (multiple response), the exclusion of responses ("other", "not applicable,") and/or rounding.
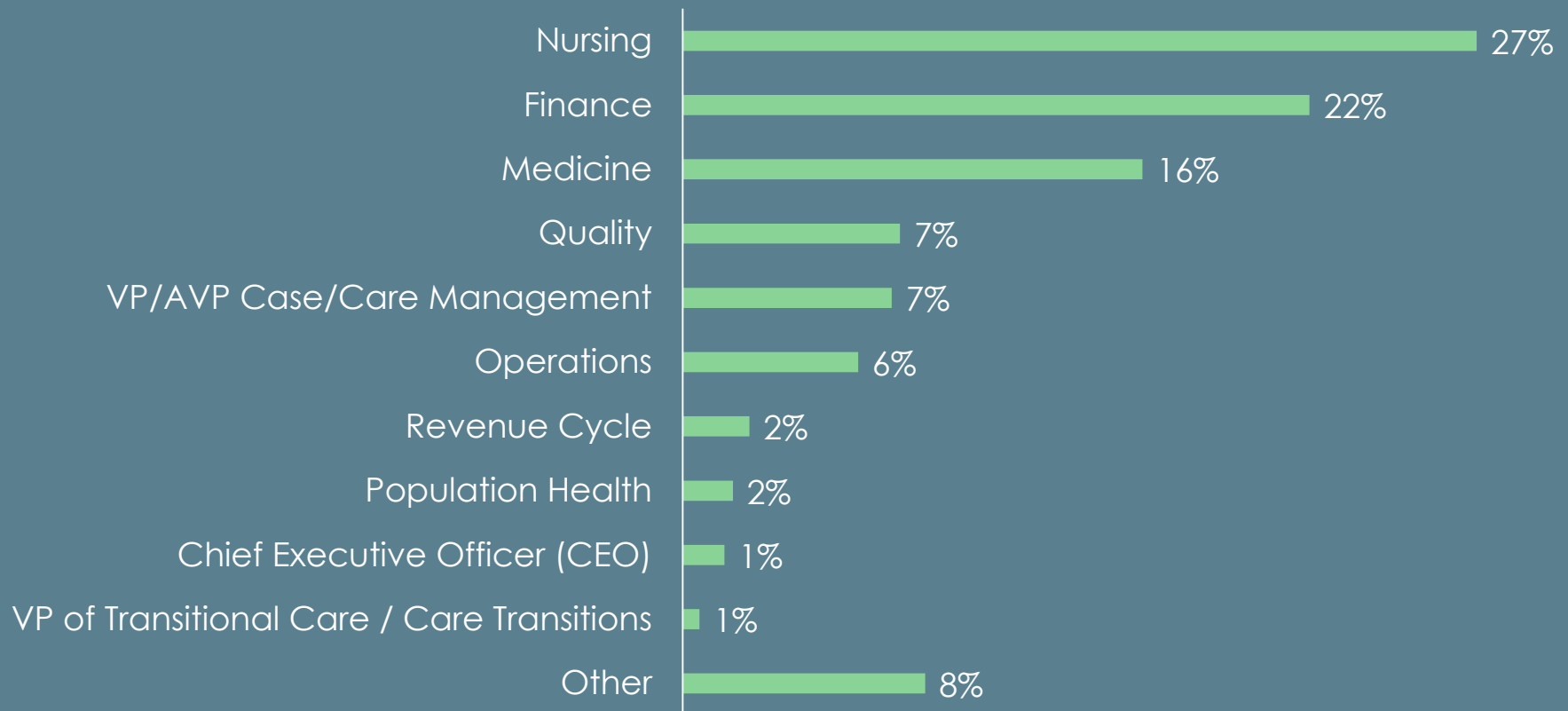
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Department Reporting & Model

Respondents were asked: *To whom does the Director/Leader of case management report?*

Reporting structures were significantly varied. No single reporting structure for case management appears dominant.

Case Management Department Reporting

Category	Percentage
Nursing	27%
Finance	22%
Medicine	16%
Quality	7%
VP/AVP Case/Care Management	7%
Operations	6%
Revenue Cycle	2%
Population Health	2%
Chief Executive Officer (CEO)	1%
VP of Transitional Care / Care Transitions	1%
Other	8%

Reviewing reporting structures over time we find that:

- Reporting to Finance has decreased slightly.
- Reporting to Medicine has rebounded to levels that match 2013 and 2015.
- Reporting to the CEO has declined further.
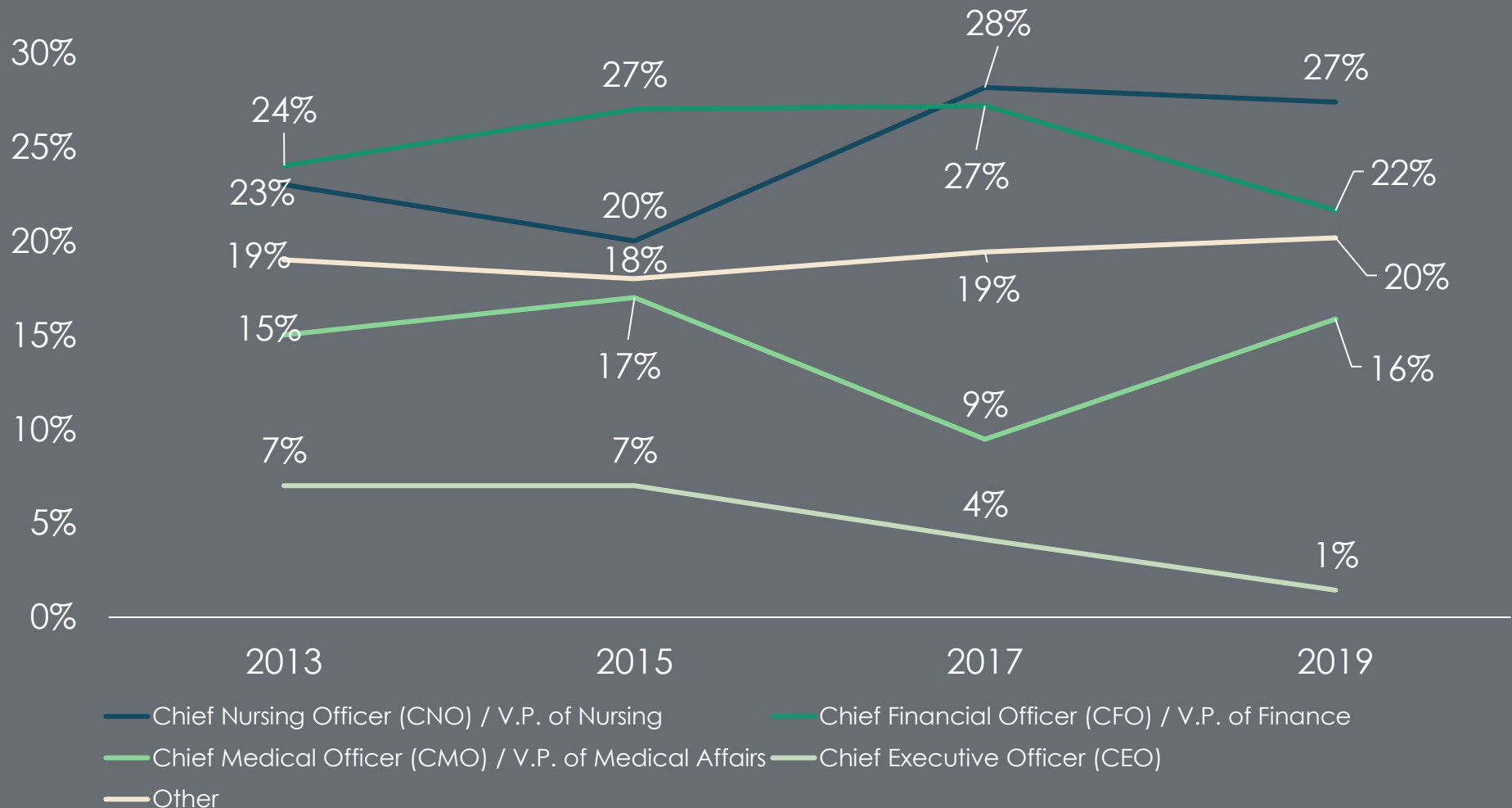
Respondents were asked: *Consider the inpatient case management functions of care coordination, transition / discharge planning, and utilization review. How many departments are these at your organization?*

Slightly over half (56%) of hospitals integrate their case management functions (care coordination, transition / discharge planning, and utilization review) into one single department

Number of Departments

Category	Percentage
One department	56%
Two departments	31%
Three departments	8%
More than three departments	5%
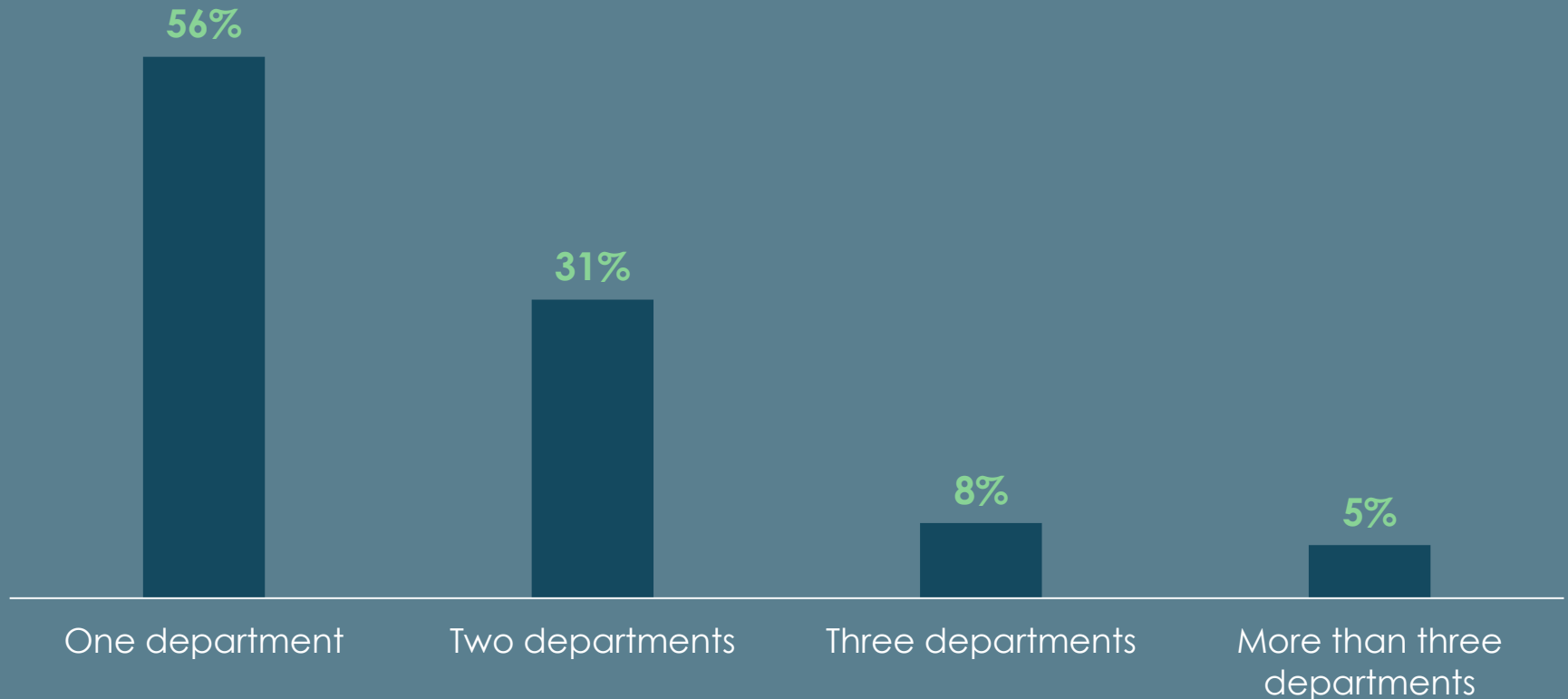
Respondents who reported operating in a single department were asked to further clarify their departmental model. Of "consolidated" models, 63% have either zero or one manager.

Single-Director Structure

Category	Percentage
A single director; no managers	31%
A single director and a single manager	32%
A single director and two managers	23%
A single director and 3 separate managers	11%
A single director and more than 3 managers	1%
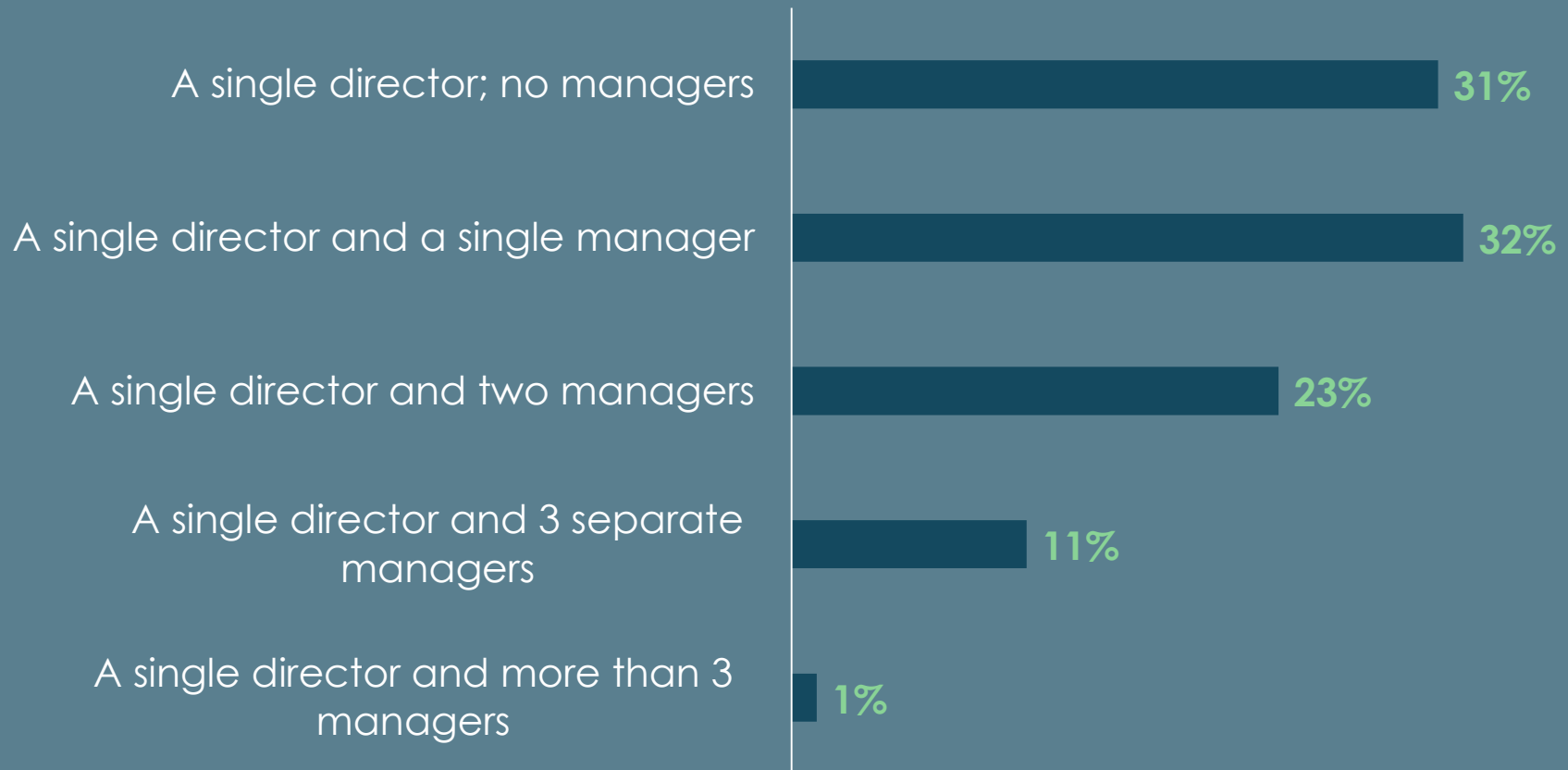
Of respondents who reported a "dyad" structure, 67% consolidate care coordination and transition/discharge planning into a single department, with UR separated into a separate department.

Two-Director Structure

Two directors: Care coordination and transition / discharge planning functions under one director with a separate UR department — **67%**

Two directors: Transition / discharge planning function and UR functions under one, a separate care coordination department — **4%**

Two directors: Care coordination and UR functions under one department, with a sparate transition / discharge planning department — **12%**

Two Directors: Other — **16%**

Respondents were asked: *For which of these practice settings does your organization provide case management services?* Staffing the Emergency Department (ED) is very common practice.

Setting	Dept. provides services in this area*	Organization - but not dept. - provides services in this area*	Dept. follows patients in this setting**	Neither provide services nor follow patients in this setting
Emergency Department	83%	4%	11%	3%
Ambulatory / Outpatient	28%	28%	18%	25%
Palliative care	21%	34%	11%	34%
Rehabilitation - in hospital	20%	23%	5%	52%
Admissions	15%	17%	18%	51%
Hospice - in hospital	13%	24%	12%	51%
Transitional Care / Trans. Clinics	10%	24%	7%	58%
Primary care / Specialty care prov.s	8%	38%	11%	43%
Skilled Nursing (SNF) / LTAC	6%	17%	9%	67%
Ins. / Provider-owned health plan	6%	19%	5%	70%
Urgent care	5%	16%	7%	72%
Home Care	4%	34%	10%	52%
Hospice - external	3%	25%	9%	63%
Nursing Home	3%	13%	9%	75%
Rehabilitation - external	2%	15%	7%	77%

* Staff this area or setting   ** Follow patients in this setting but do not provide staff in this setting

Compensation

Respondents were asked to provide the salary levels for various roles within their departments. Unsurprisingly, salaries for all positions tend to be highest in the West region.

Position	Average Salary	Northeast	Midwest	South	West
Director	$122,860	$124,843	$115,910	$115,798	$136,072
Nurse Case Managers	$79,052	$81,627	$78,638	$74,292	$86,779
Social Work Case Managers	$61,558	$63,271	$60,386	$56,992	$73,981

Respondents were asked the salaries of *new* nurse and social work case managers. The question text clarified that this was the average starting salary of the first case management position. In both cases, the salary of the individual new to that role is 85% of the average salary for that role.

Position	Average Salary	Northeast	Midwest	South	West
NEW* Nurse Case Managers	$66,849	$71,430	$65,980	$61,705	$75,224
NEW* Social Work Case Managers	$52,475	$53,095	$52,472	$46,834	$63,356

*Average starting salary of first case management position

The table below provides average salaries for various case management department positions. In most cases, the highest salaries are to be found in the West region.

| Position	Average Salary	Northeast	Midwest	South	West
Case Mgt. Assistants (clinical support staff)	$37,308	$40,575	$33,145	$35,232	$42,647
Clerical Support Staff (non-clinical)	$37,332	$37,670	$35,918	$36,402	$41,466
Documentation Specialists	$74,940	$72,730	$73,905	$68,569	$96,075
UM/UR Specialists	$74,244	$81,971	$71,309	$71,105	$82,235
Discharge Specialists	$53,160	$39,680	$66,250	$49,338	$59,230

Tenure

Respondents were asked to indicate *the average tenure in case management for the staff in the following roles within your department.* Department Directors have the longest average tenure, followed by UM / UR Specialists.

Position	Average Tenure
Director *The most senior individual over case management dept.*	13.5 years
Nurse Case Managers	9.1 years
Social Work Case Managers	7.7 years
Case Mgt. Assistants *Clinical support staff*	6.1 years

Position	Average Tenure
Clerical Support Staff *Non-clinical support staff*	8.5 years
Documentation Specialists	8.6 years
UM / UR Specialists	10.1 years
Discharge Specialists	9.0 years

Orientation / Training Practices

Total Training Time for New Case Managers
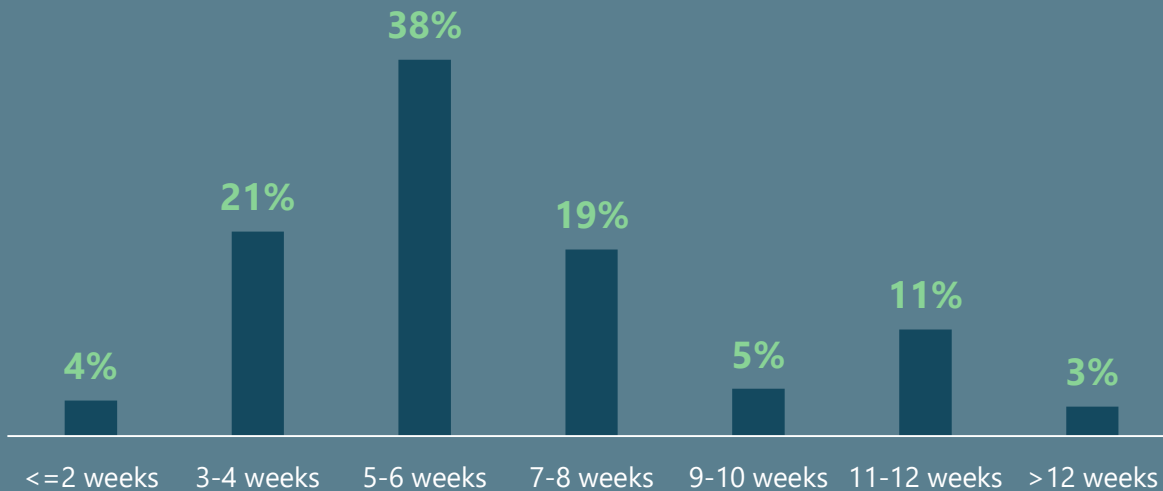
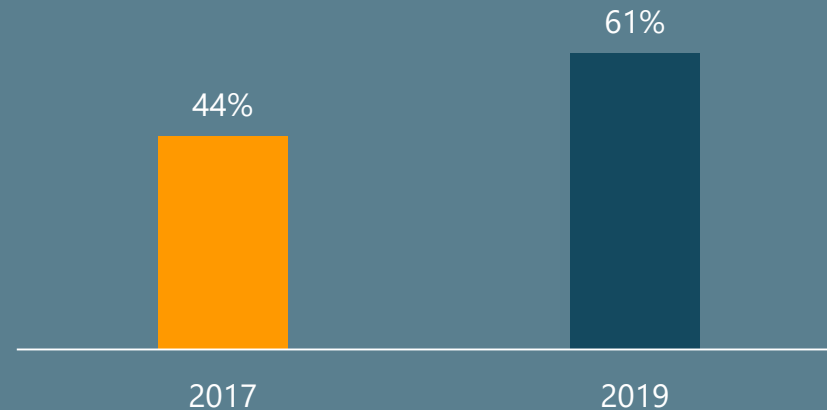|	
Didactic / Instructional Training	4.3 days
Time with a Preceptor	35.5 days
Total Training Time	**40.0 days**

Respondents were asked: *What is the total training time you provide for new case managers?*

Respondents were then asked to divide this time between didactic and preceptor training.

The average training time is 40 days, with 4 days spent in didactic / instructional / classroom training, and 36 days spent with a preceptor.

Use a Formal Curriculum for Didactic Training

44% — 2017

61% — 2019

Provide Preceptors Additional Pay or Compensation

Preceptors receive additional pay — 15%

Preceptors do not receive any additional pay or compensation — 78%

Preceptors receive other additional compensation — 3%

Other (please explain) — 4%

Respondents were asked: *Do your didactic / instructional / classroom hours use a formal course / curriculum?*

61% use a formal curriculum, a significant increase from 2017.
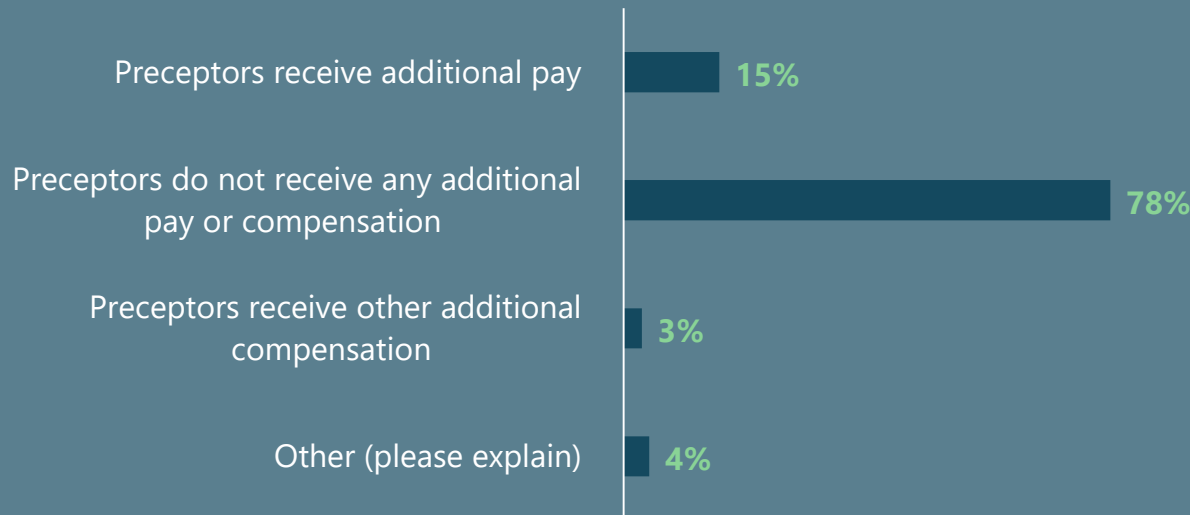
Respondents were asked: *Do preceptors provide any additional pay or compensation for this role?*

Most departments do not provide preceptors any additional pay or compensation.

Turnover & Engagement

Number of Individuals Who Have Left Case Management Department in the Past 12 Months

Percent of Department FTEs	16.3%
Per 100 Licensed Beds	1.20
Per 100 ADC	1.87

Number of Individuals Who Have Been Onboarded in the Past 12 Months

Percent of Department FTEs	17.4%
Per 100 Licensed Beds	1.44
Per 100 ADC	2.14

Respondents were asked to provide the number of individuals who had left the department over the past 12 months and the number of individuals who have been onboarded over the past 12 months.

To normalize for varying organizational and department size, it is useful to consider this as a percentage of the total department FTEs.

On average, 16% of the department has left, and 17% has been onboarded over the past 12 months.

It may also be helpful to measure these as individuals per 100 licensed beds and as individuals per 100 patients on the Average Daily Census (ADC).
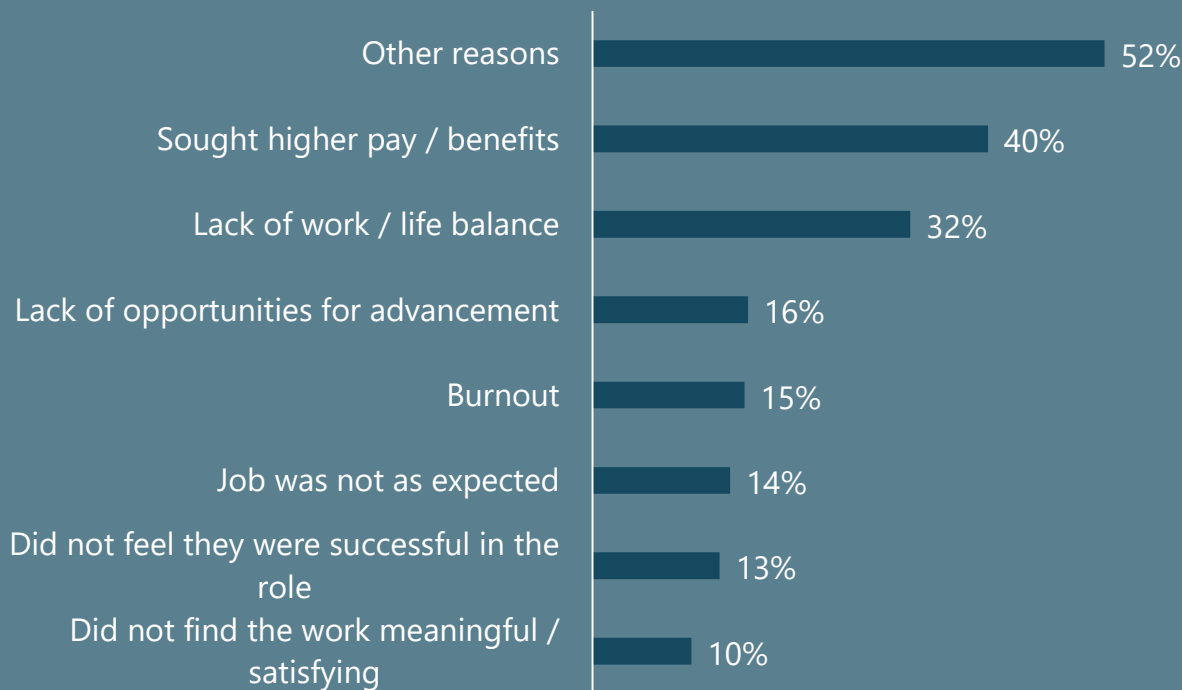
Left Voluntarily	88%
Left Involuntarily	12%

Respondents were asked: *Of those who have left the department in the past 12 months, how many left voluntarily and involuntarily.*

Most departures from the department (88%) were voluntarily.

Reasons for Leaving Voluntarily

| Reason	Percentage
Other reasons	52%
Sought higher pay / benefits	40%
Lack of work / life balance	32%
Lack of opportunities for advancement	16%
Burnout	15%
Job was not as expected	14%
Did not feel they were successful in the role	13%
Did not find the work meaningful / satisfying	10%

Respondents were asked: *Of those that left voluntarily, what were reasons for leaving?*
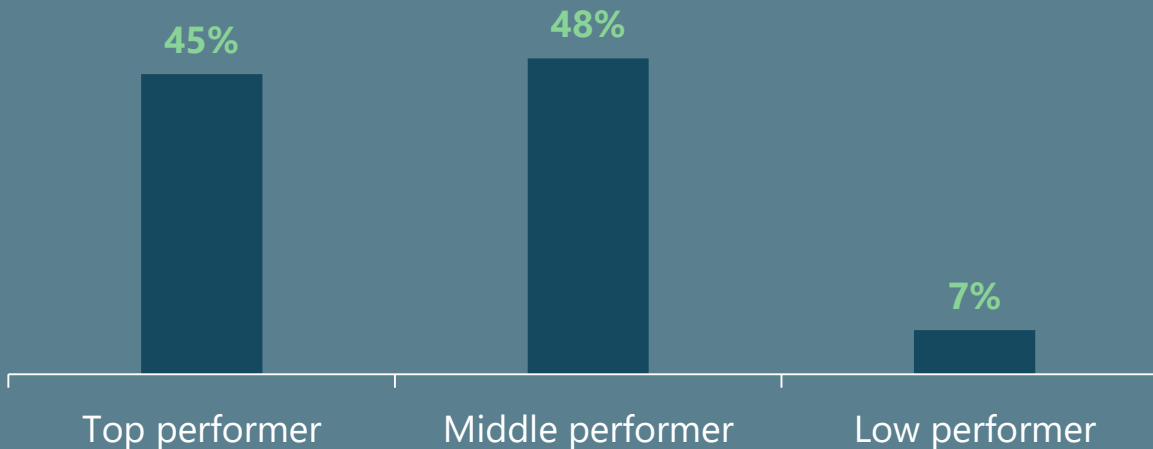
Reasons were highly varied. Readers should note the subjective nature of these responses. These reflect the department leader's understanding of why an individual left their position.

Have Formally Measured Staff Engagement In Last 12 Months

82% — Yes
18% — No
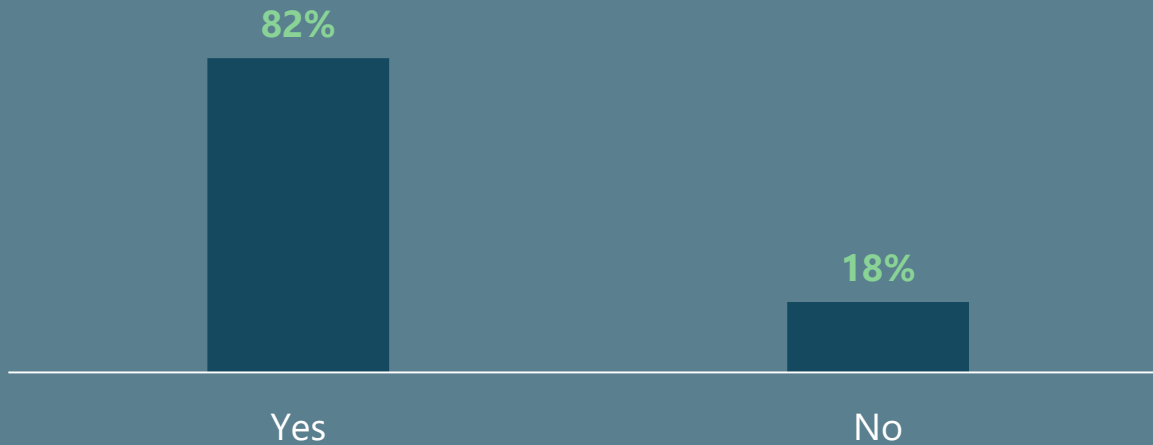
Performance on Last Staff Engagement Survey

45% — Top performer
48% — Middle performer
7% — Low performer

Respondents were asked: *Has your department measured staff engagement using a formal tool within last 12 months?* If a formal measure had been used, respondents were then asked: *On last engagement survey, was the case management department a top, middle, or low performer?*

Most departments (82%) have formally measured staff engagement in the past 12 months.
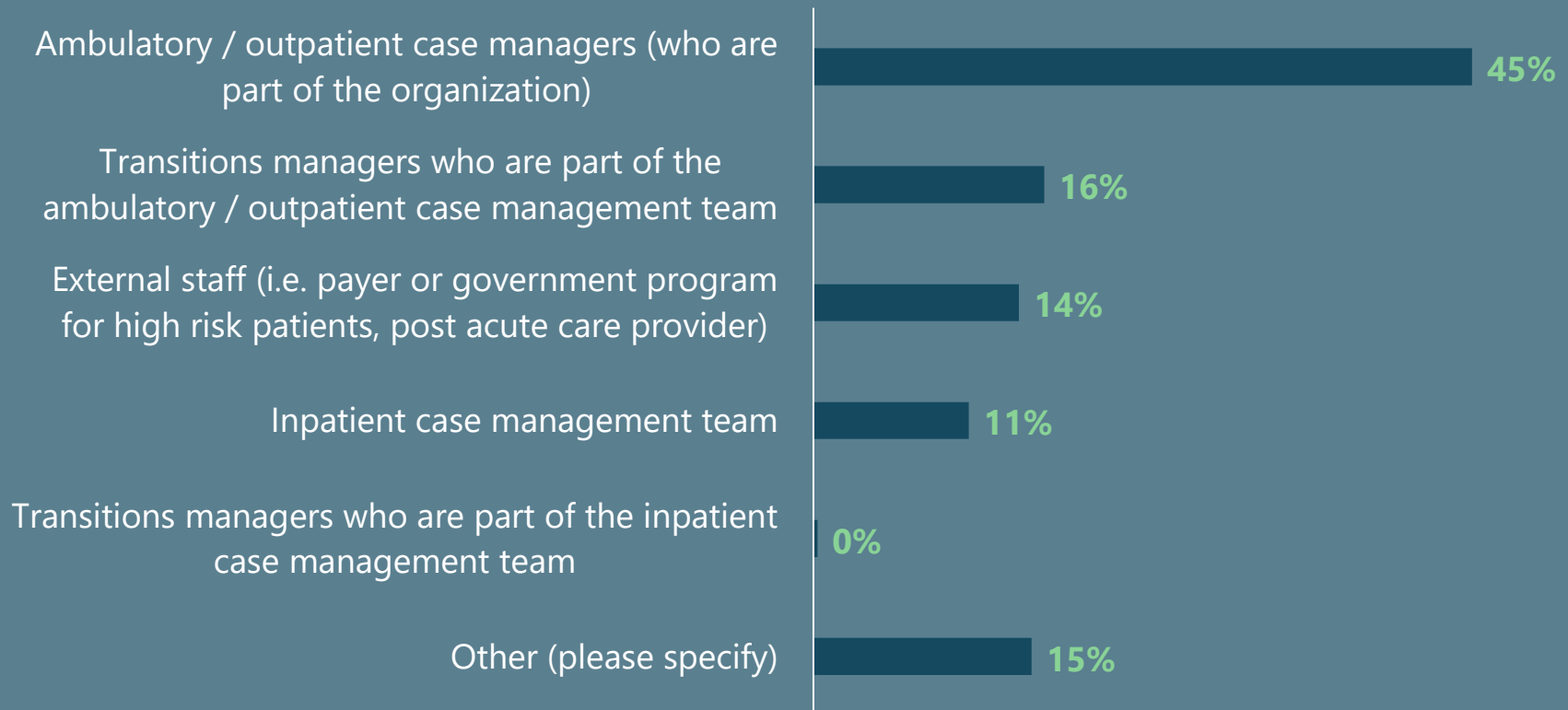
Approximately half of departments are top performers and half are middle performers. Few departments (7%) are low performers.

Transitions of Care

Respondents were asked: *In your organization who is responsible for Transitions of Care services / following patients after discharge?*
In slightly less than half of organizations, this is the responsibility of ambulatory / outpatient case managers who are part of the organization but not part of the inpatient case management team.

Responsible for Transitions of Care Services / Following Patients After Discharge

Category	Percentage
Ambulatory / outpatient case managers (who are part of the organization)	45%
Transitions managers who are part of the ambulatory / outpatient case management team	16%
External staff (i.e. payer or government program for high risk patients, post acute care provider)	14%
Inpatient case management team	11%
Transitions managers who are part of the inpatient case management team	0%
Other (please specify)	15%

Respondents were asked: *Please consider your organization's practices related to transitions of care (TOC). For each statement below, please rate how consistently you believe your organization performs this as part of TOC planning and management.*
Below are statements for ACMA's TOC Standard 4. The percentages indicate the number of departments that responded they consistently perform each standard.

77%	Document referrals and linkages to community resources and services.	**45%**	Utilize available technologies to maximize accuracy with the ability to efficiently transfer care plan information across the care continuum (patient, caregiver, provider, and care managers), using secure data exchanges and paperless systems when possible.
63%	Document patient and support network to referrals and linkages.	**44%**	Utilize a tracking methodology for high-risk patients with an ongoing care management plan.
62%	Review of all available data, including information gathered from patient self-report or from individuals within the patient's support network.	**36%**	Identify care manager(s) coordinating transitions across the care continuum.
57%	Review goals for care and potential transitions for settings and levels of care with patient/family/caregiver.	**35%**	Communicate / share the care plan to known care managers across the continuum.
46%	Provide supporting documentation that services and referrals meet payer expectations and requirements.	**33%**	Identify and document advance care planning documents.
46%	Timely reassess the plan as the patient moves across care settings.	**26%**	Consult pharmacy as appropriate, with documentation of the outcome and evidence of patient/family/caregiver awareness and understanding of the necessary course of action.

54%   Deploy communications electronically whenever possible, using secure or encrypted technologies.

44%   Identify appropriate TOC stakeholders including patient, caregivers, provider, specialists, payers, health systems.

41%   Communicate essential transition information at time of TOC, including clinical and social determinants of health, and current barriers to goals.

38%   Use a standardized, securely maintained framework for TOC communication.

37%   Information transfer includes acknowledgement of receipt.

Following the previous slide, below are statements for ACMA's TOC Standard 5. The percentages indicate the number of departments that responded they consistently perform each standard.

Generally, less than half of departments consistently perform these TOC standards.

Case Management Functions

Respondents were asked: *For each of these functions identify case management's level of ownership / participation.* Those that are very frequently owned by case management can be considered to comprise the core of the profession's functional responsibilities.

Function	CM owns this function (100% responsible)	CM participates significantly	CM is not significantly involved
Refer to post acute care providers	80%	15%	5%
Medical necessity & criteria review	75%	11%	14%
Avoidable delay management	74%	25%	1%
Transition management (discharge planning)	72%	27%	1%
Case facilitation / sequencing / care coordination	68%	30%	2%
Level of care / status determination / management	68%	20%	12%
Patient screening and assessment	63%	35%	2%
Educate about safe patient transitions and discharge plans	51%	47%	2%
Denial avoidance and management	51%	35%	14%
Payer certification and interface	47%	30%	23%
Educate about care progression and level of care	45%	50%	5%

Function	CM owns this function (100% responsible)	CM participates significantly	CM is not significantly involved
Manage Medical Necessity Retractions/Appeals	45%	29%	26%
Provide or monitor Medicare Important Message delivery	40%	50%	10%
Review plans of care efficiency and appropriateness	38%	53%	10%
Crisis intervention / psychosocial counseling / resolving pt. fam. issue	38%	47%	15%
Assure compliance with federal, state, local, & hospital regulations	37%	60%	4%
Length of stay reduction	29%	69%	2%
Post acute care follow-up	23%	35%	42%
Readmissions reduction	19%	76%	5%
Disease management	10%	49%	40%
Quality / process improvement	8%	66%	26%

For the same functions, respondents were asked to identify which *role or discipline within the department is primarily responsible?* The highest percentage for each function is highlighted in green text.

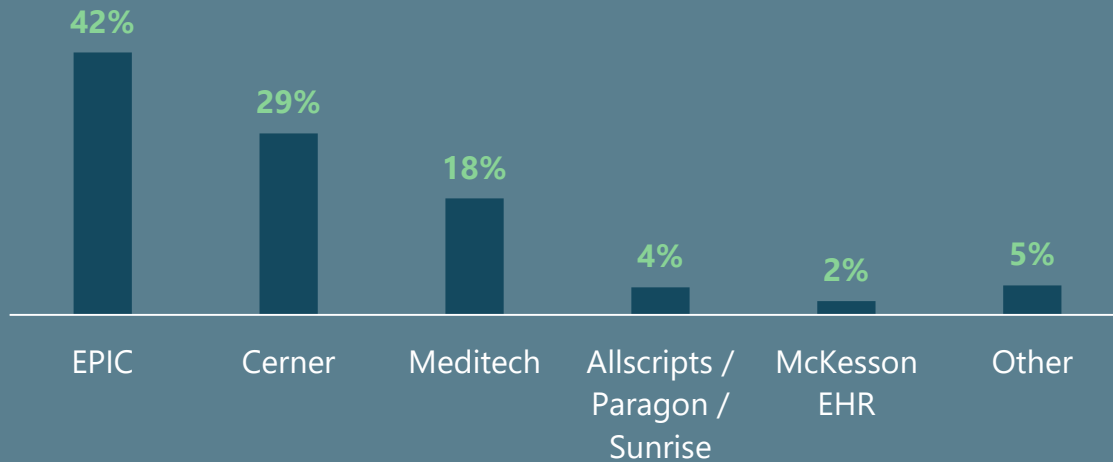| Function	RN Case Manager	SW Case Manager	Both RN & SW Case Mgrs.	Dept. Director Only	Full Dept.	Documentation Specialist	UM / UR Specialist	Discharge Specialist	Clerical Staff	Other
Refer to post acute care providers	11%	15%	63%	0%	3%	0%	0%	4%	2%	2%
Transition management (discharge planning)	13%	8%	75%	0%	4%	0%	0%	1%	0%	0%
Avoidable delay management	27%	1%	41%	1%	21%	0%	9%	0%	0%	1%
Case facilitation / sequencing / care coordination	34%	3%	60%	0%	2%	0%	0%	0%	0%	1%
Medical necessity & criteria review	41%	0%	5%	0%	1%	0%	52%	0%	0%	1%
Patient screening and assessment	28%	4%	65%	0%	1%	0%	0%	0%	0%	1%
Level of care / status determination / management	43%	0%	4%	0%	3%	0%	49%	0%	0%	1%
Educate about safe patient transitions and discharge plans	16%	4%	66%	1%	10%	0%	0%	0%	0%	1%
Educate about care progression and level of care	35%	1%	39%	2%	10%	0%	11%	1%	0%	3%
Denial avoidance and management	20%	0%	7%	3%	14%	0%	51%	0%	0%	3%

(Continued from previous slide.)

Function	RN Case Manager	SW Case Manager	Both RN & SW Case Mgrs.	Dept. Director Only	Full Dept.	Documentation Specialist	UM / UR Specialist	Discharge Specialist	Clerical Staff	Other
Assure compliance with federal, state, local, and hospital regulations	10%	0%	27%	16%	40%	0%	3%	0%	0%	5%
Provide or monitor Medicare Important Message delivery	18%	3%	34%	1%	14%	1%	2%	4%	17%	7%
Review plans of care efficiency and appropriateness	38%	1%	49%	0%	5%	0%	5%	0%	0%	2%
Length of stay reduction	9%	1%	32%	2%	52%	0%	2%	0%	0%	2%
Payer certification and interface	22%	0%	5%	1%	3%	0%	56%	0%	6%	7%
Crisis intervention / psychosocial counseling / resolving patient family issue	3%	63%	29%	0%	1%	0%	0%	0%	0%	4%
Manage Medical Necessity Retractions/Appeals	19%	0%	3%	6%	4%	1%	53%	0%	0%	13%
Readmissions reduction	8%	1%	35%	2%	48%	0%	0%	1%	0%	5%
Quality / process improvement	5%	0%	18%	17%	44%	2%	0%	0%	0%	16%
Post acute care follow-up	17%	7%	38%	1%	4%	0%	0%	5%	3%	25%
Disease management	42%	2%	21%	0%	6%	0%	0%	2%	0%	27%

Electronic Platforms

Electronic Health Record (EHR)

- EPIC: 42%
- Cerner: 29%
- Meditech: 18%
- Allscripts / Paragon / Sunrise: 4%
- McKesson EHR: 2%
- Other: 5%

Where are Case Management Functions Performed?

- We have one or more additional software platforms for case management functions: 52%
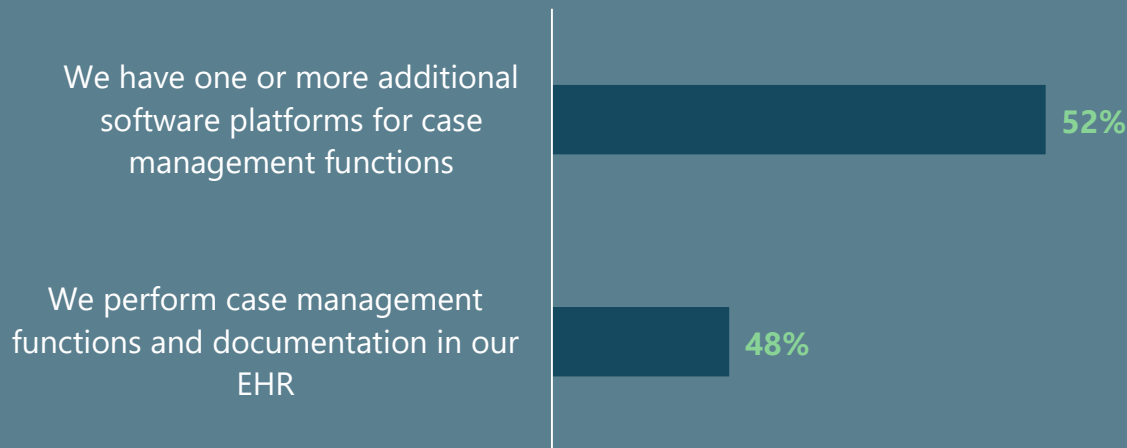- We perform case management functions and documentation in our EHR: 48%

Respondents were asked: *What Electronic Health Record (EHR) does your organization use?*

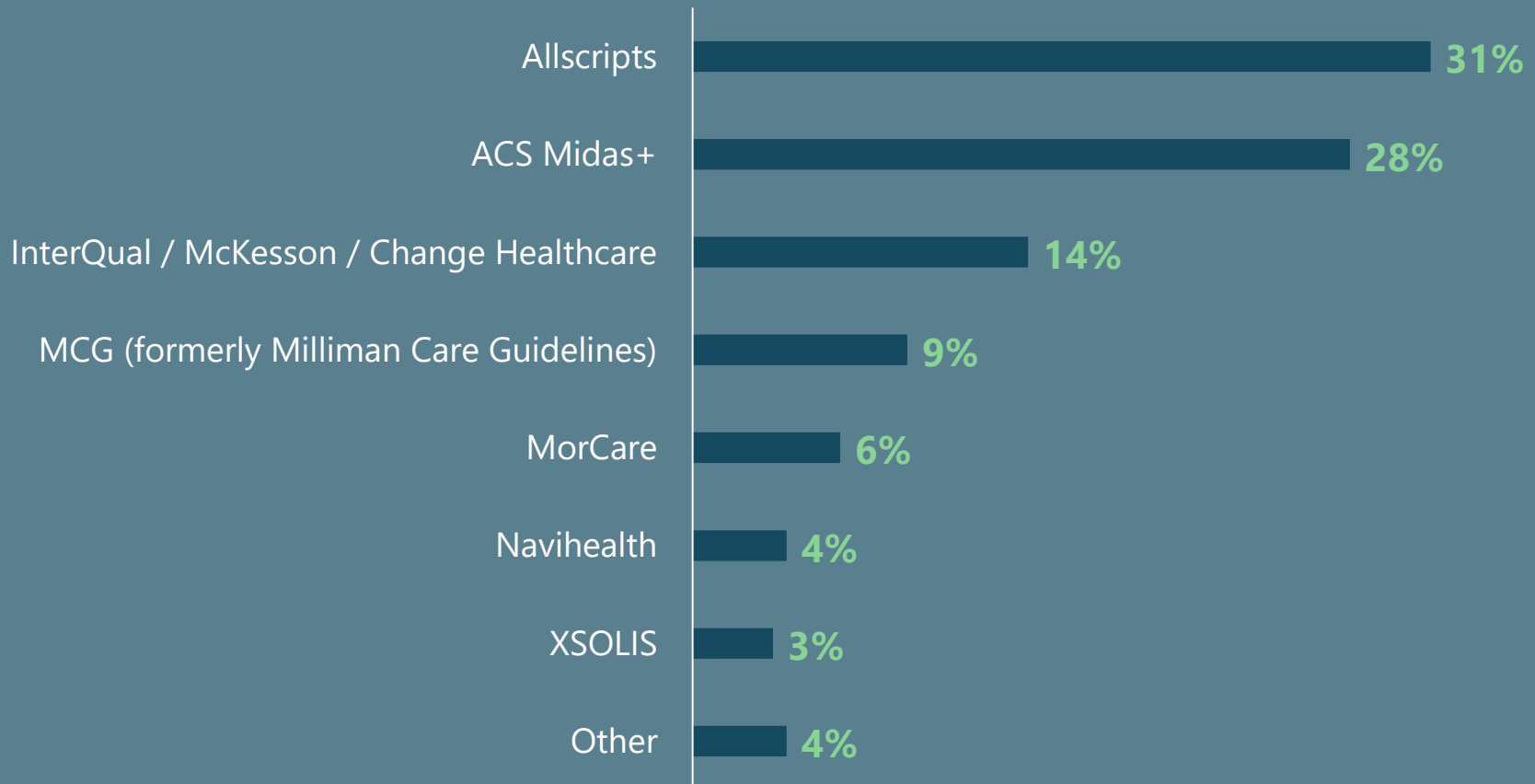EPIC (42%) and Cerner (29%) are the most widely used.

Respondents were asked: *In which software do you perform case management functions?* Around half use their EHR, while the other half have additional platforms for case management functions.

Respondents who indicated they use software (in addition to their EHR) for case management functions were asked: *Which software platform(s) do you use for case management functions?* Allscripts and ASC Midas+ are the most widely used with 31% and 28%, respectively.

Case Management Platforms

Platform	Percentage
Allscripts	31%
ACS Midas+	28%
InterQual / McKesson / Change Healthcare	14%
MCG (formerly Milliman Care Guidelines)	9%
MorCare	6%
Navihealth	4%
XSOLIS	3%
Other	4%

Outcome Measures

For a list of outcome measures, respondents were asked *whether this measure is a Key Performance Indicator (KPI)*, and the measure's *importance in decision making and setting priorities*. The 10 most important measures are shown below.

Metric	Indicator Level			Importance in Decision Making		
	Not Monitored	Monitored Only	KPI	Unimportant	Important	Very Important
Length of Stay	0%	15%	85%	1%	18%	81%
Readmissions	1%	20%	79%	2%	23%	75%
Patient satisfaction (HCAHPS)	4%	33%	63%	4%	35%	60%
Observation conversion rate within 48 hrs.	10%	29%	62%	7%	29%	63%
Employee satisfaction	5%	35%	60%	3%	27%	70%
Observation rate	6%	35%	59%	5%	34%	61%
Avoidable Days/Delays	2%	41%	57%	3%	40%	57%
Observation encounters greater than two midnights	8%	37%	55%	4%	33%	63%
Denial / Appeals management	9%	38%	53%	5%	31%	63%

The remaining outcome measures and their scores are shown below.

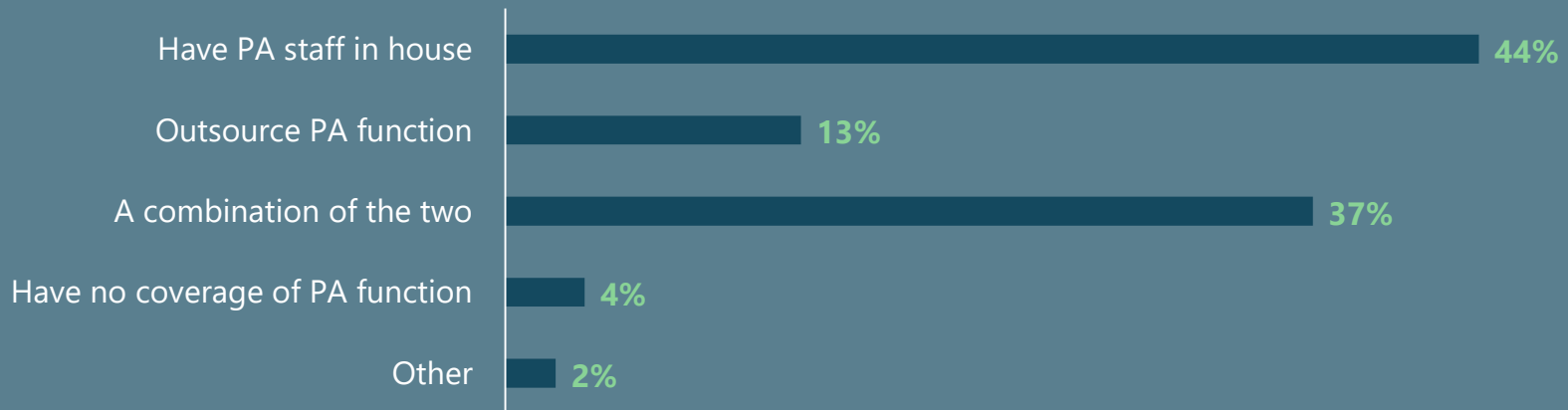|	Indicator Level			Importance in Decision Making		
	Not Monitored	Monitored Only	KPI	Unimportant	Important	Very Important
D/C dispositions	4%	53%	43%	6%	47%	47%
D/C timeliness	8%	50%	42%	7%	39%	54%
Condition Code 44	10%	48%	42%	10%	43%	47%
Excess days	10%	50%	41%	7%	45%	49%
Inappropriate admissions	9%	54%	37%	6%	43%	51%
Staff turnover rate	13%	53%	34%	10%	48%	43%
Physician Advisor referrals	18%	49%	33%	13%	49%	38%
Case Mix Index (CMI)	11%	57%	32%	16%	46%	39%
Caseload/Case review	10%	60%	30%	11%	50%	39%
Quality measures (Value Based Purchasing)	18%	54%	28%	12%	60%	29%
Part B rebills	32%	41%	27%	22%	43%	35%
Provider satisfaction	31%	53%	16%	18%	56%	25%
Cost per case	35%	51%	14%	21%	51%	28%
Physician practice patterns	38%	55%	7%	24%	54%	21%

Challenges

Respondents were asked *What are the significant challenges your department currently faces?* Below are the top 10 current challenges for the field and the percentage of departments who indicated this as a significant current challenge.
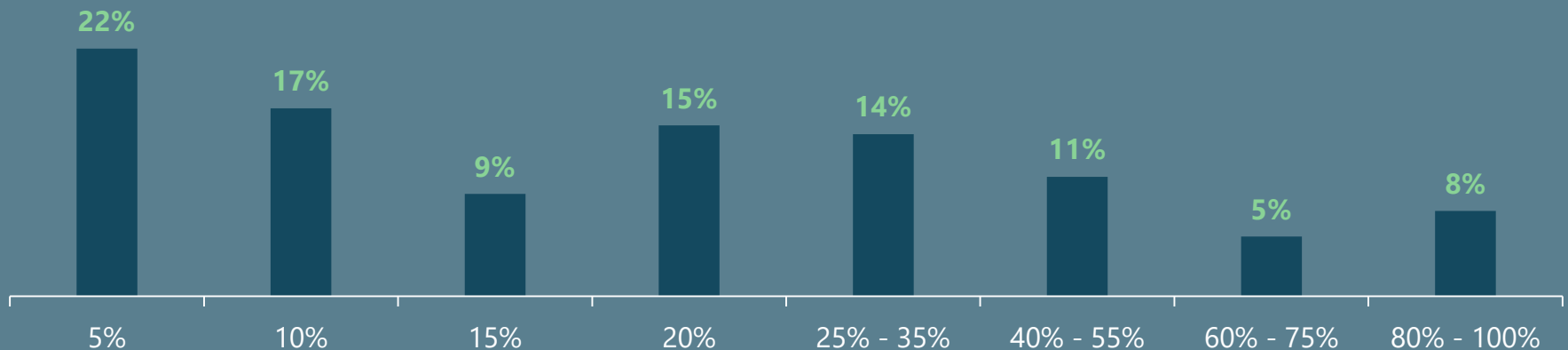
Challenge	Percentage
Discharge barriers	68%
Case mgt. workload / increasing scope	62%
Payer delays and denials	52%
Achieving LOS targets	50%
Managing/preventing readmissions	50%
Physician documentation	43%
Avoidable delay management	42%
Patient flow/throughput	40%
Denial avoidance & management	38%
Lack of funding & patient resources	38%
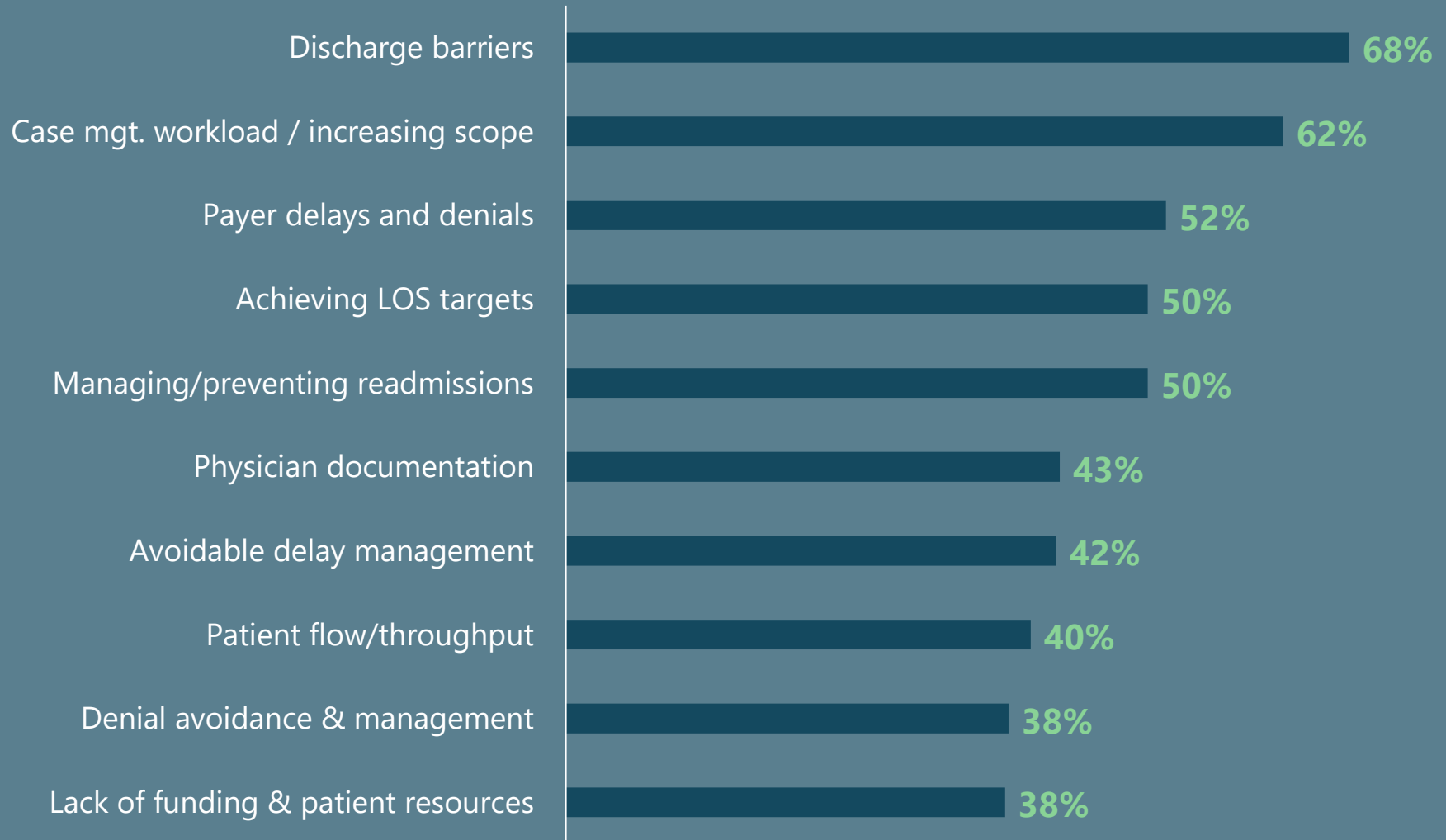
Physician Advisor

Respondents were asked, *Do you outsource your Physician Advisor (PA) roles, keep them in house, or a combination of the two?* And *What is the percentage of cases referred to outsourced PAs?* Most organizations (81%) have some PA coverage in house. When cases are outsourced, 63% of departments outsource 20% or less of their cases.
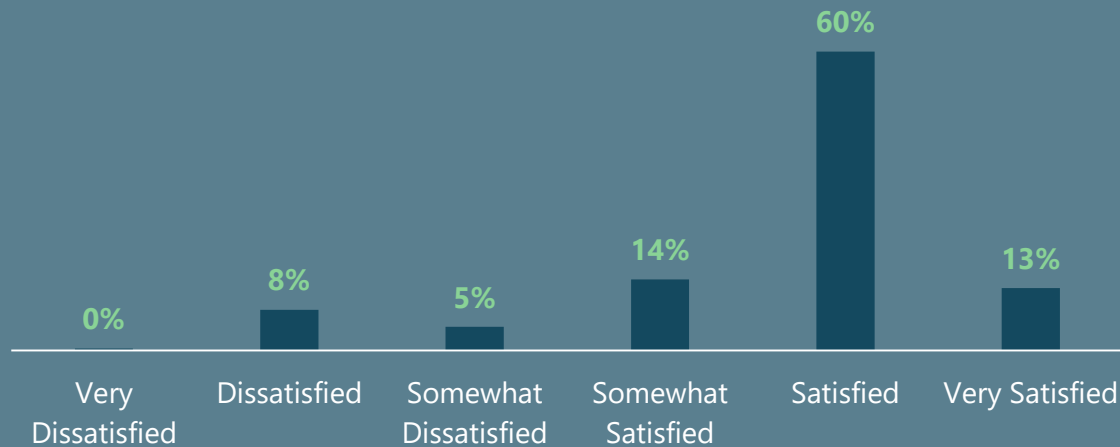
Physician Advisor Role – Outsource or In-House

Category	Percentage
Have PA staff in house	44%
Outsource PA function	13%
A combination of the two	37%
Have no coverage of PA function	4%
Other	2%

Percentage of Cases Referred to Outsourced PAs

5%	10%	15%	20%	25% - 35%	40% - 55%	60% - 75%	80% - 100%
22%	17%	9%	15%	14%	11%	5%	8%

Satisfaction with the Outsource PA Function

Very Dissatisfied	Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied
0%	8%	5%	14%	60%	13%

Outsourcing Decision Drivers

Lack of expertise in house	35%
Ease	34%
Cost	4%
Other	26%

Respondents who use outsourced PAs were asked: What is your overall satisfaction with the outsource PA function? 73% are satisfied.
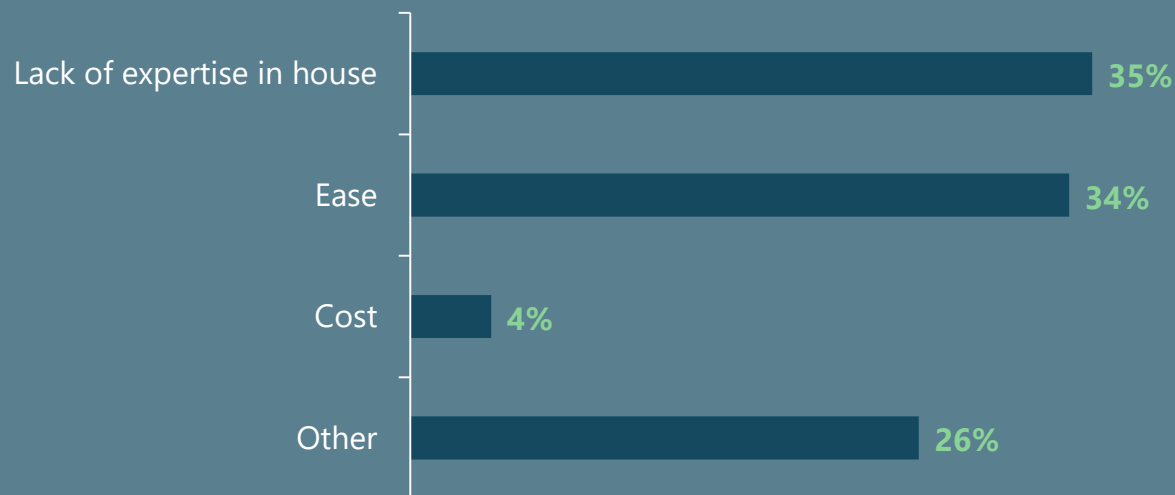
Respondents who use outsourced PAs were asked: *What drove your outsourcing decision?* Roughly one third responded *lack of expertise in house* and an additional third responded that *ease* was the driver.

0.31 Physician Advisor FTEs per 100 Licensed Beds

0.39 Physician Advisor FTEs per 100 ADC

Respondents were asked: *How many FTEs does the Physician Advisor represent?* On average, this is 0.31 FTEs per 100 licensed beds or 0.39 FTEs per 100 ADC.

Hours per Week of Physician Advisor Availablity

Category	Percentage
Less than 10 hours	20%
10 - 20 hours	16%
21 - 30 hours	10%
31 - 40 hours	11%
40 - Business hours	19%
More than 40 hours per week	22%
Other	3%
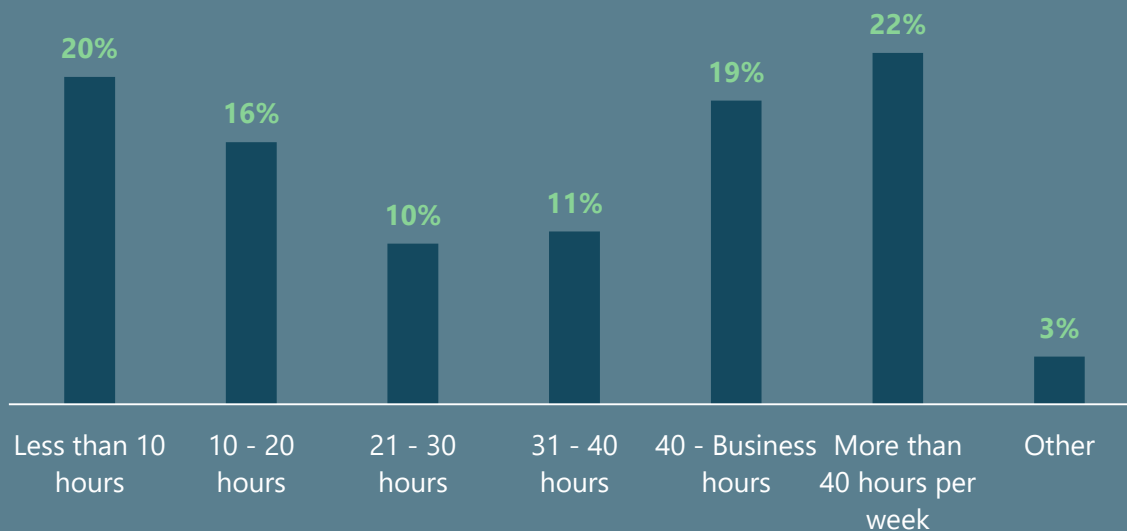
Respondents were asked: *How many hours per week is the Physician Advisor available to the case management staff?* 41% of departments have 40 or more hours of PA availability per week.

Respondents were asked: *Please indicate any and all of these function your Physician Advisor performs.* Various types of case review are some of the most frequent PA functions.

Function	%
Case review/intervention-UR	86%
Case review/intervention- Level of Care /status	79%
Chair UM Committee or subcommittees	68%
Case review/intervention- long stay outlier	60%
Physician education/training	57%
Denial appeals	57%
Case review/intervention - peer review	54%
Case review/intervention - ED/Obs/Short Stay unit	42%
Case review/intervention - Plan of Care	41%
Case review/intervention-documentation	40%

Function	%
RAC or regulatory audit	38%
Case review/intervention- throughput	35%
Clinical Documentation Improvement	33%
Payer calls regarding status, cert or benefits	32%
Case review/intervention - quality	27%
Lead/participate in clinical quality improvement	26%
Outcomes trending/reporting	25%
Performance Improvement	24%
Quality initiative	22%
Accreditations/JCAHO/DNV	16%

Staffing

9.17 Average FTEs per 100 Licensed Beds*

11.36 Average FTEs per 100 ADC*

Respondents were asked to provide details on the size of their department. To normalize for varying organizational size, the average department size is shown two different ways.

Department average 9.17 FTEs per 100 licensed beds.

Departments also average 11.36 FTEs per 100 patients on the ADC.

Role	% of Dept.
Case Management Director	5%
Department manager(s)	4%
Nurse case managers	41%
Social work case managers	26%
UM/UR Specialists	9%
Case management assistants (clinical support staff)	4%
Clerical (support non-clinical staff)	4%
Documentation Specialists	3%
Discharge Specialists	1%
Transitional Care Coaches	1%
Other	2%

The table at right shows the average percentage of each department's FTEs represented by each role.

On average:

- Leadership staff represents 9% of each department

- Nurse case managers are the largest group with 41%

- Social Work Case Managers are the second largest group with 26%

Change in Department FTEs Over Past Two Years

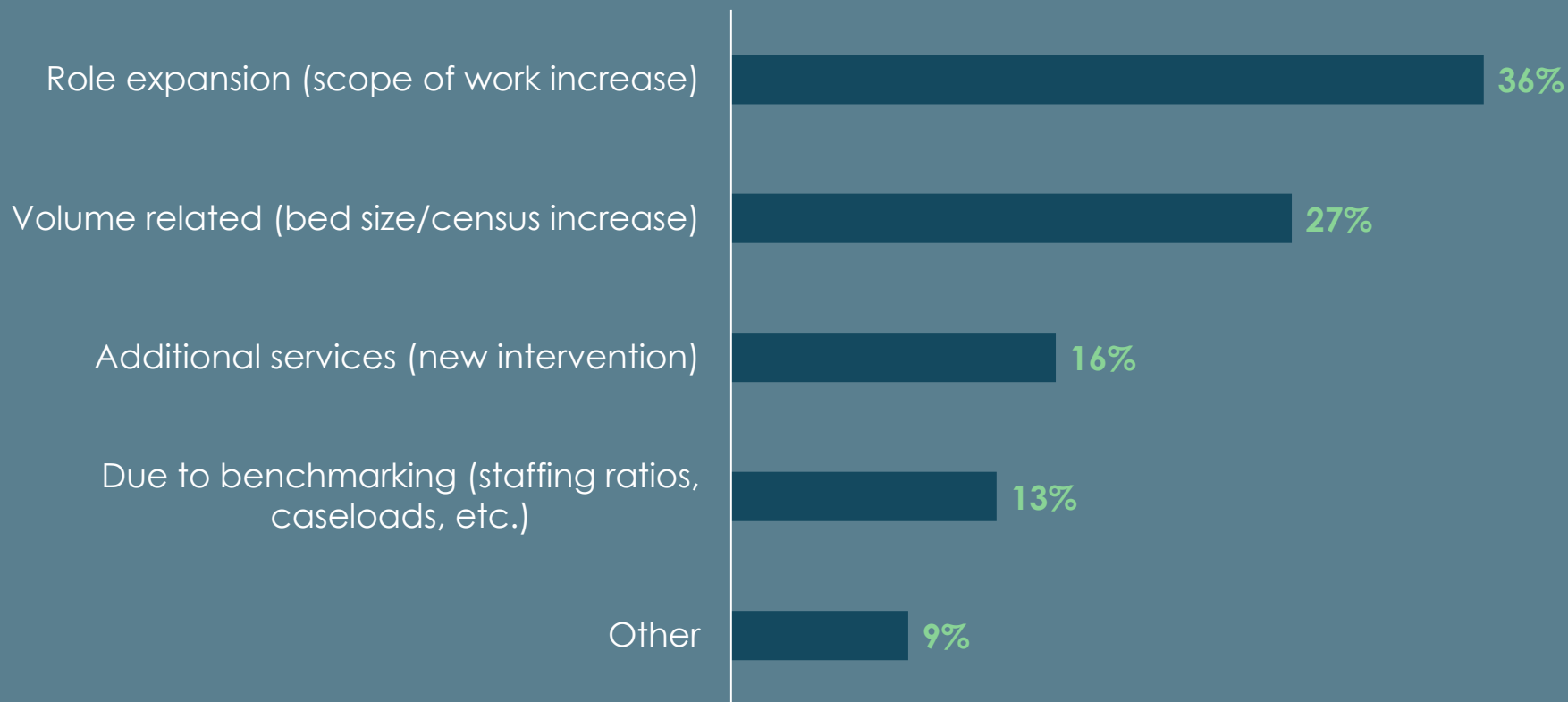|	
Increased	52%
Stayed the same	34%
Decreased	14%
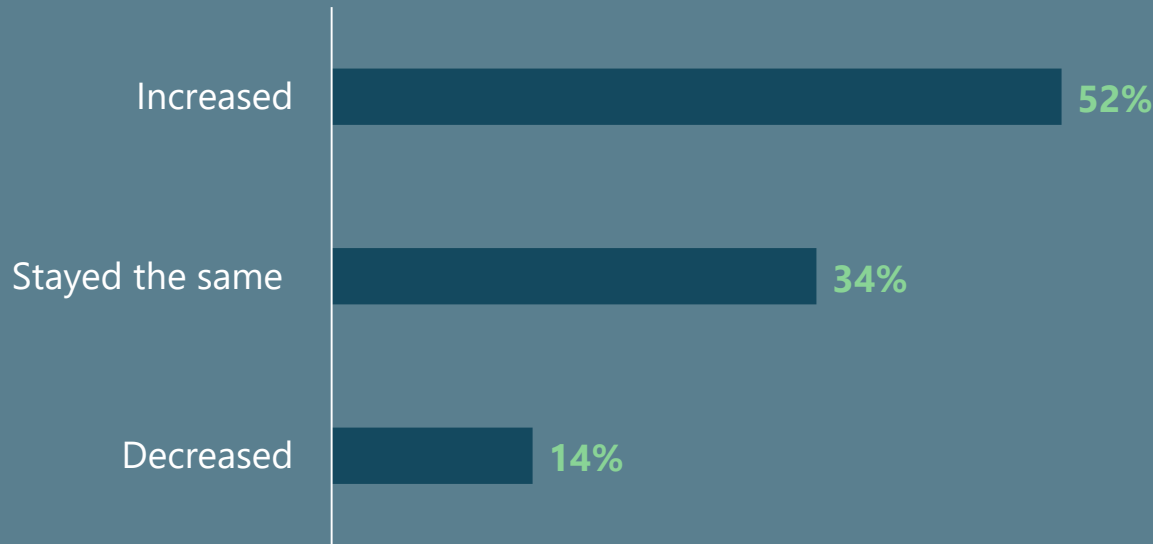
4.9 Average Increase in FTEs

Respondents were asked: *During the past two years, have the number of case management staff increased, decreased, or stayed the same?*

Half (52%) of departments increased in FTEs over the past two years.

For those that increased, the average increase was 4.9 FTEs.

For respondents indicating an FTE increase over the past two years, they were asked to identify the driver(s) behind the increase. Most frequently noted was *role expansion (scope of work increase).*

What were the key drivers behind the increase?

Driver	Percent
Role expansion (scope of work increase)	36%
Volume related (bed size/census increase)	27%
Additional services (new intervention)	16%
Due to benchmarking (staffing ratios, caseloads, etc.)	13%
Other	9%

Caseloads

Respondents were asked: *Are your Nurse Case Managers also responsible for UR / UM functions?* Roughly one third also perform UR / UM functions.

Nurse Case Managers Also Responsible for UR / UM Functions

Category	Percentage
Yes	32%
No	57%
Other	10%
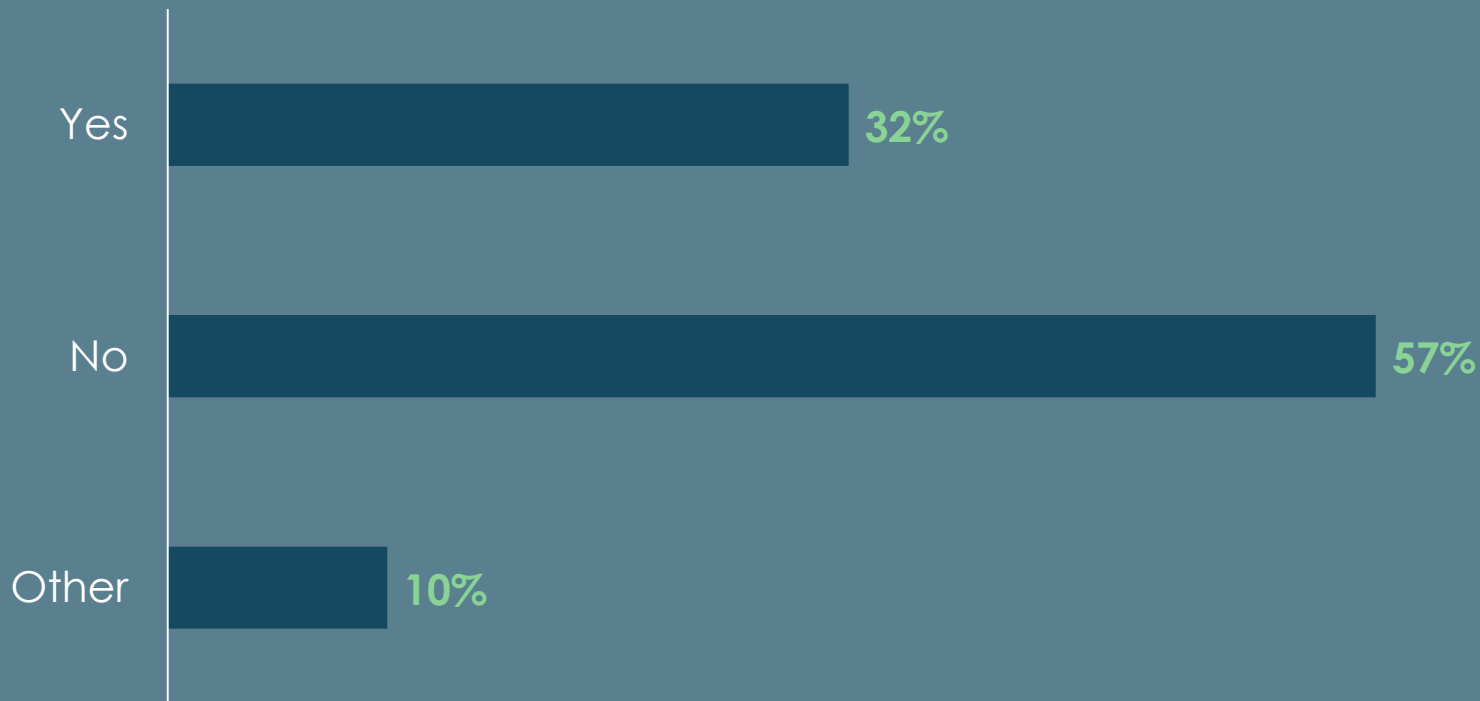
Respondents were asked to provide four different measures of average daily caseload for nurse case managers working it the inpatient setting. These measures can vary based on whether nurse case managers are also responsible for UR / UM functions. The greatest variability is in the measure of patient contacts per day which varies by 13% based on the responsibility for UR / UM functions.

Nurse Case Manager Average Daily Caseload Measures

Caseload Measure	All Hospitals	Nurse Case Managers Perform UR / UM Functions	
		Yes	No
Number of beds covered by daily caseload	24.3	22.9	25.4
Number of patients covered by daily caseload	21.6	20.7	22.2
Number of patient contacts per day	16.1	14.6	16.6
Number of interventions per day	17.8	17.3	17.4

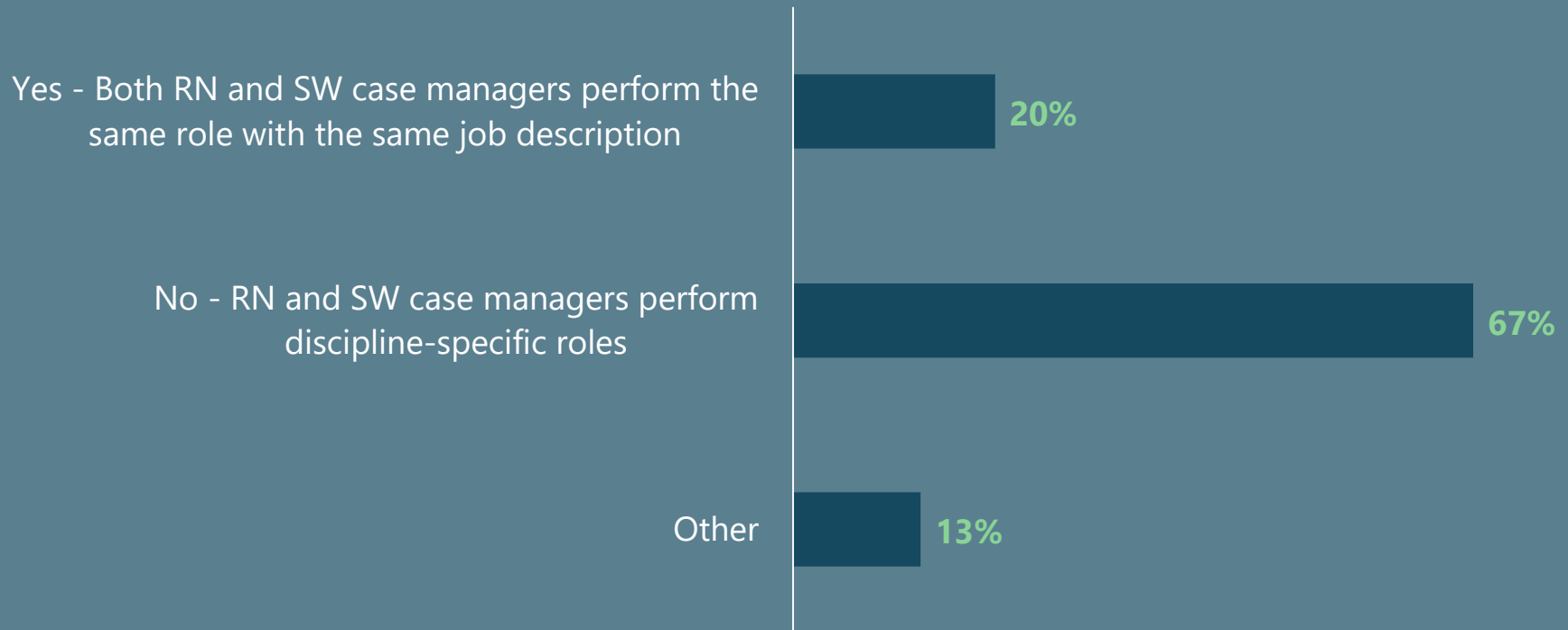# Social Work Case Manager Average Daily Caseload Measures

Caseload Measure	All Hospitals
Number of beds covered by daily caseload	34.0
Number of patients covered by daily caseload	25.5
Number of patient contacts per day	15.5
Number of interventions per day	17.1

Respondents were asked to provide four different measures of average daily caseload for social work case managers working it the inpatient setting.

Compared to their nurse case manager coworkers, social work case managers typically cover more beds (34% more), but engage in almost the same number of interventions per day (4% different than nurse case managers).

Respondents were asked: *Do nurse case managers and social work case managers perform the same role?* In 67% of departments, nurse and social work case managers perform distinct roles.

Nurse Case Managers and Social Work Case Managers Perform the Same Role

Yes - Both RN and SW case managers perform the same role with the same job description — **20%**

No - RN and SW case managers perform discipline-specific roles — **67%**

Other — **13%**

UM / UR Specialists

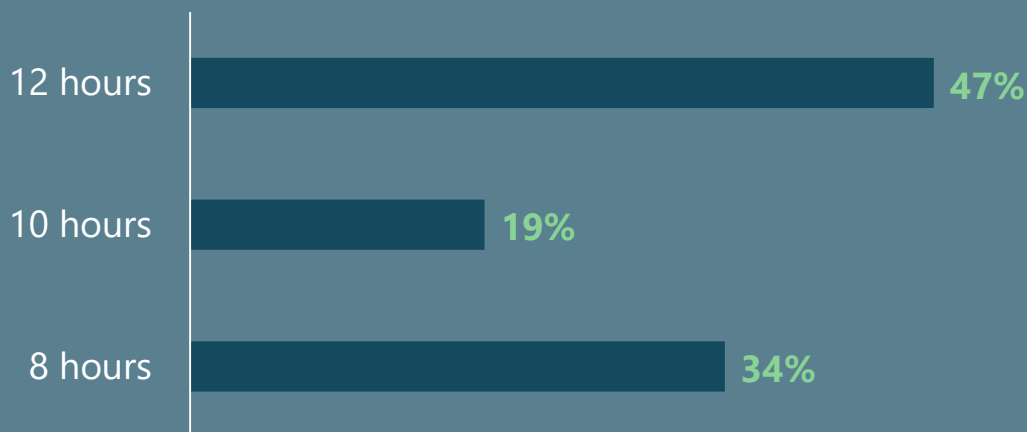| Caseload Measure	All Hospitals
Average number of <u>initial</u> case reviews per day	22.2
Average number of <u>concurrent</u> case reviews per day	21.2

The table at right shows the average daily caseloads for UM / UR Specialists measured in:

- Initial case reviews per day
- Concurrent case reviews per day

Emergency Dept. Case Managers

Caseload Measure	All Hospitals
Average number of patients per shift	32.1
Average number of patients per shift hour	3.1

ED Case Management Shift Duration

Shift Duration	Percentage
12 hours	47%
10 hours	19%
8 hours	34%

The table at right shows the average daily caseloads for Emergency Department (ED) Case Managers measured in:

- Average number of patients per shift
- Average number of patients per hour

A 12-hour shift is most common for ED Case Managers.

Transitional Care Coaches

Caseload Measure	All Hospitals
Average number of patients followed	26.5
Average number of patients they interact with daily	14.9

The table at right shows the average daily caseloads for Transitional Care Coaches measured in:

- Number of patients followed
- Number of patients with whom they interact per day

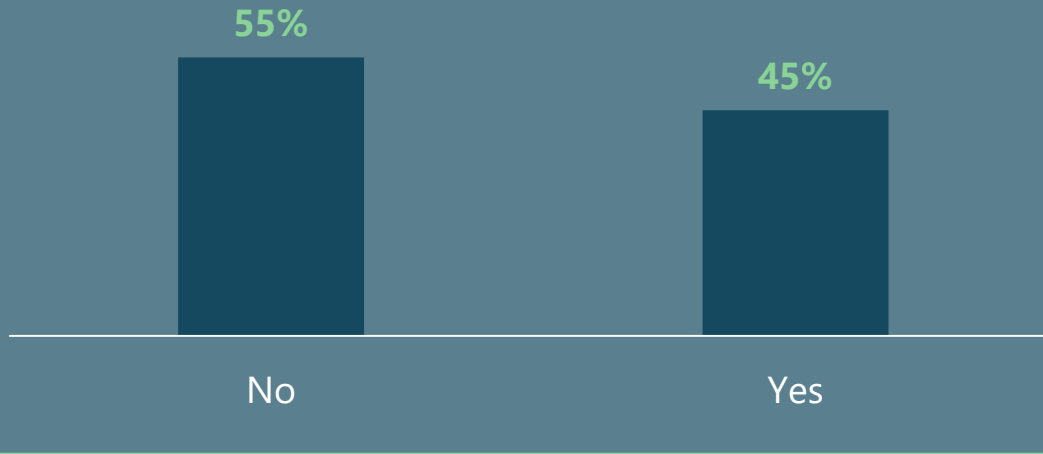# Case Managers Working in the Ambulatory / Outpatient Setting

Caseload Measure	All Hospitals
Average number of patients followed	43.1
Average number of patients they interact with daily	11.1

The table at right shows the average daily caseloads for case managers working in the ambulatory or outpatient setting.

This uses similar measures to Transitional Care Coaches. However, Ambulatory Case Managers appear to follow a greater number of patients but have a slightly lower average number of patient interactions per day.
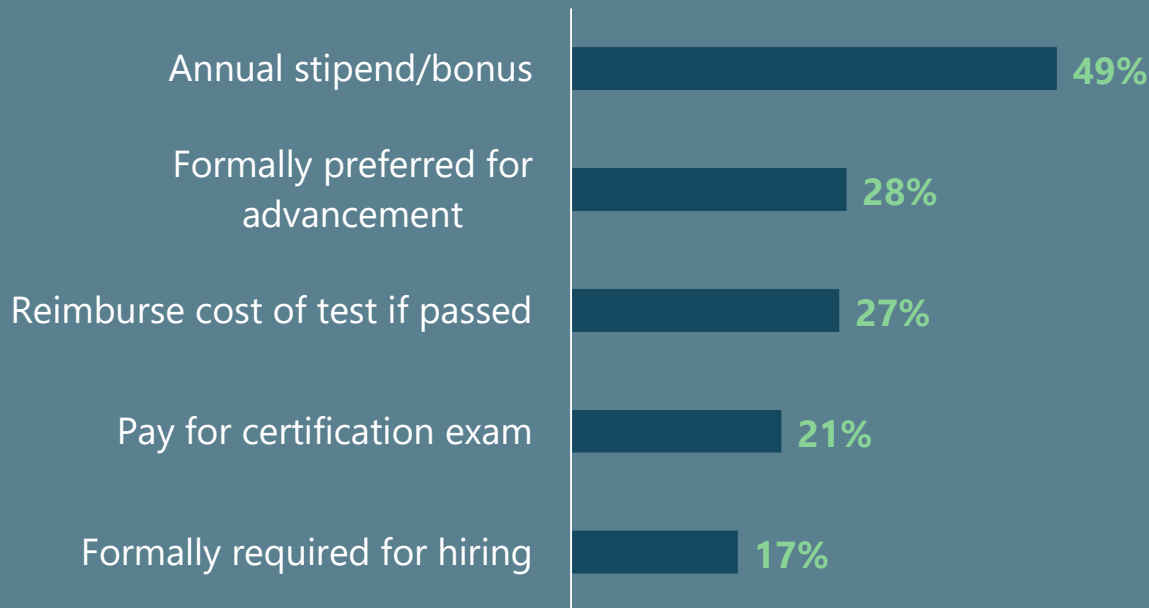
Certification

Provide Incentive for Case Management Certification?

55% No

45% Yes

Types of Incentives Provided?

Type	Percentage
Annual stipend/bonus	**49%**
Formally preferred for advancement	**28%**
Reimburse cost of test if passed	**27%**
Pay for certification exam	**21%**
Formally required for hiring	**17%**

Respondents were asked: *Does your organization provide any type of incentive for case management certification?*

Slightly under half (45%) of organizations provide an incentive for case management certification.

The top five types of incentives are shown at left. Half (49%) of those providing an incentive do so as an annual stipend or bonus.

Respondents were asked: In hiring or promoting how much does case management certification influence your decision? Most (75%) believe it is influential or very influential in hiring.

Certification Influence in Hiring Decisions

- Very Influential — 21%
- Influential — 54%
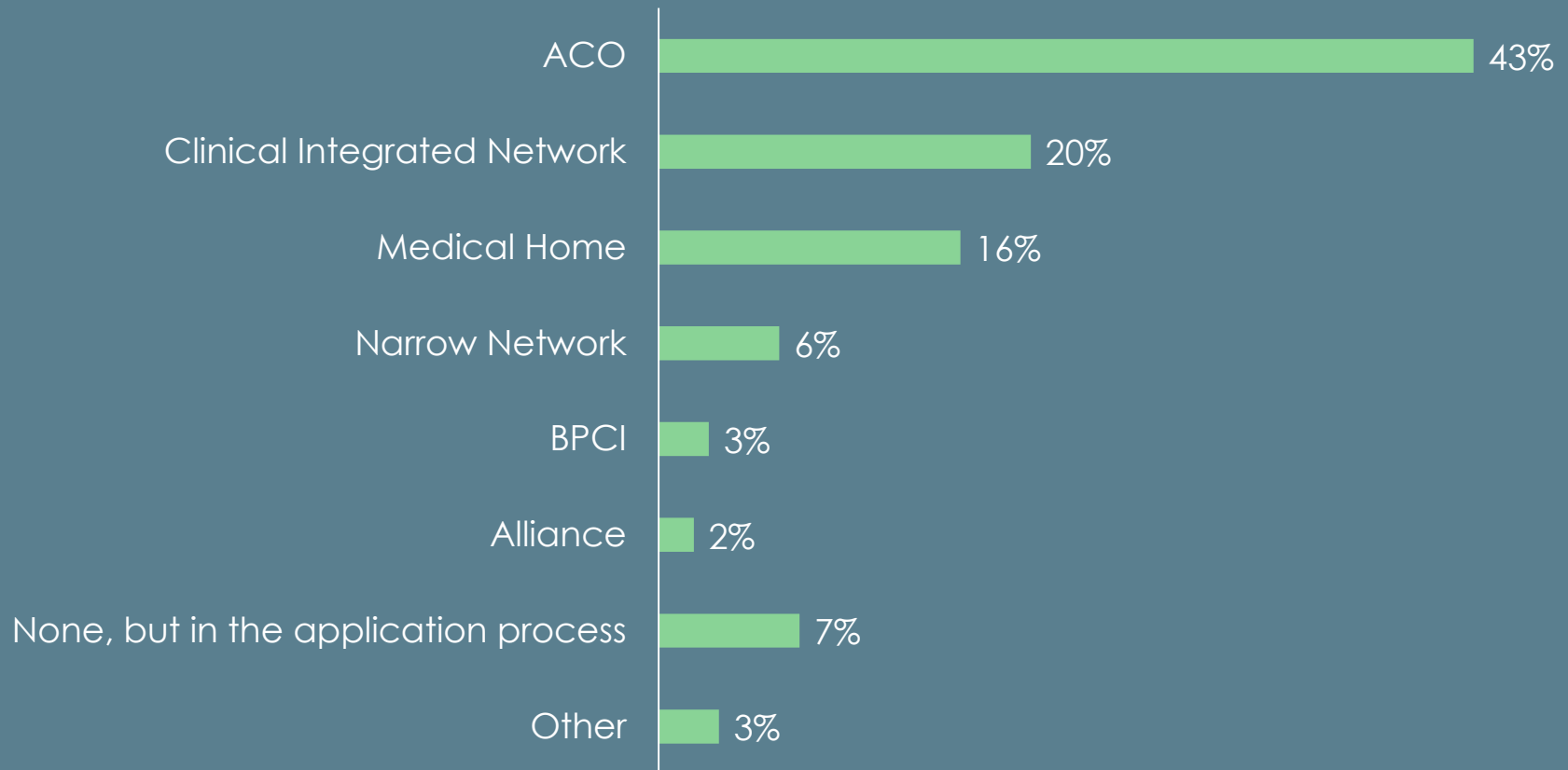- Little Influence — 19%
- No Influence — 6%
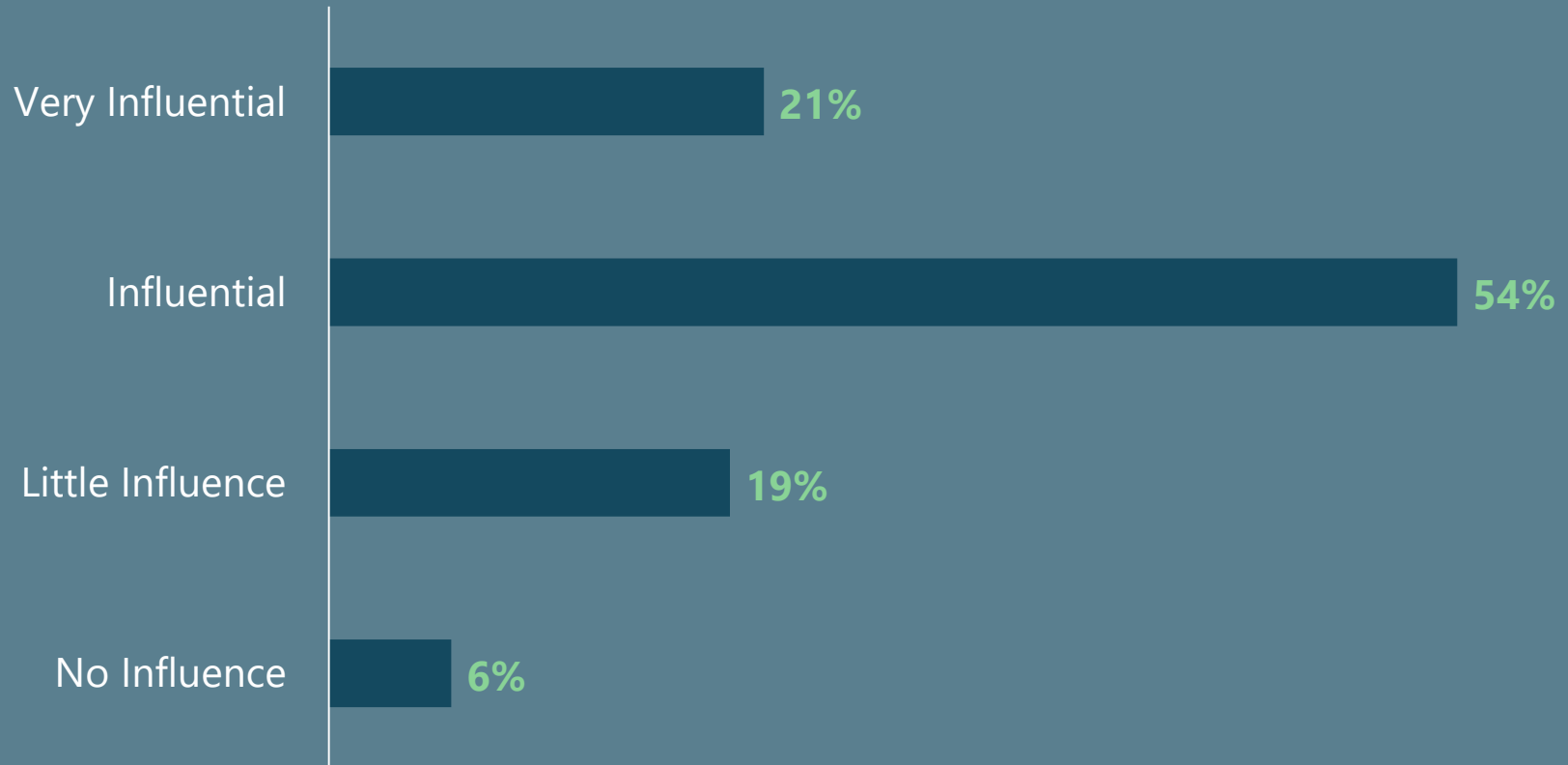
Strategic

Respondents were asked: Which of the following shared-savings models does your organization currently utilize? ACO was the most frequent answer, selected by 43% of respondents.

Shared-Savings Models

Model	Percentage
ACO	43%
Clinical Integrated Network	20%
Medical Home	16%
Narrow Network	6%
BPCI	3%
Alliance	2%
None, but in the application process	7%
Other	3%

Strategic Initiative	Average rank (1-10
LOS reduction with avoidable delay performance improvements	2.9
Managing level-of-care status and coding for IP and OP	4.1
Readmission reduction	4.2
Sustainable care - reduced readmissions and ED visits	4.4
Managing PSIs - (patient safety indicators)	4.8
Efficient care (ED - bed time and timely inpatient discharges)	5.4
Bundled payments/shared savings health management	6.5
Achieving Value Based Purchasing (VBP) targets (post acute community care)	6.8
Clinical documentation improvement	7.5
OP population health management - smoking, weight, & exercise, etc.	8.5

Respondents were asked: *What are your organization's strategic initiatives over the next 2 years? Rank the list below from 1 (highest priority) to 10 (lowest priority).*

Length of Stay (LOS) improvements, managing level-of-care status, and reducing readmissions were ranked as the most important.

For questions or more information about this survey please contact ACMA at research@acmaweb.org.