

The Integration of Case Management and Pharmacy in Managed Care Environments

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Case management is defined as the collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services necessary to meet an individual's health needs.¹ The goal of case management is to promote high-quality, cost-effective outcomes at a time when healthcare systems are complex, diverse, and fragmented. The evaluation of pharmacotherapy is vital if the case-management process is to achieve these goals. In many cases, however, because of short-term cost and reimbursement issues, case managers fail to incorporate into case management prescription medications that are capable of producing cost-effective benefits and long-term cost savings.² Case managers have insufficient information about the indications, pharmacology, pharmacodynamics, pharmacokinetics, medication interactions, adverse effects, new developments, and methods of measuring treatment outcomes associated with drug therapy. As a result, an opportunity exists within case management, which has been largely unaddressed, to incorporate pharmacy services.

Complicating the issue further, pharmacy has elected to follow a separate track in its involvement with healthcare management. Managed care pharmacy is especially guilty of this behavior. Research in disease management, pharmacoeconomics, and outcomes is supported and promoted primarily by pharmacy. The pharmaceutical industry, with a long track record of supporting pharmacy-driven programs, only recently has established communication and education programs for case management. As attempts are made to pull resources together and coordinate activities, it is rational to combine pharmacy services into case management programs. Moreover, as a result of the lack of involvement, the value of the pharmacist in case management has suffered. In cases in which pharmacists

do work with case managers, the resulting benefits have not been measured appropriately.

The intent of this paper is to call for the involvement of pharmacists in the case management process. This nontraditional viewpoint requires both professions to take an active role. Ultimately, the integration of case management and pharmacy services will benefit all parties involved—the patient, provider, and payer, as well as the case management and pharmacy professions.

Case Management Programs

The discipline of case management is evolving and growing. Most managed care administrators, physicians, pharmacists, and healthcare professionals do not understand clearly the nature of case management. Their lack of understanding is secondary to the fact that many practitioners performing utilization-review, clinical-coordination, or risk-management activities claim to be case managers.

Case managers come from diverse educational and clinical backgrounds. Generally, however, case managers are nurses, social workers, or rehabilitation counselors. Some of them have experience administering worker's compensation and disability cases involving catastrophic injury.¹ Successful case managers have developed and perfected the skills necessary to connect people with appropriate medical and social resources, as well as to obtain financial aid from federal and state agencies. Recently, a credentialing process for case management professionals was developed under the guidance of the Certification of Insurance Rehabilitation Specialists Commission. The credential of certified case manager (CCM), which was established in September 1992, created a nationally accepted standard for case-management practitioners.¹

Case managers in hospitals, rehabilitation facilities, home health agencies, and infusion care companies are in the provider sector of the healthcare field. They oversee treatment while a patient is in a particular facility or is receiving a certain type of service, but may not be involved with the patient's care after the pa-

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tient moves to a different center or care program. A few case managers may also perform home visits or manage care outside a particular facility.

In the payer sector, case managers work for employer groups through third-party administrators, self-administered programs, health maintenance organizations, or major insurance carriers. In these settings, case managers identify and track all hospital admissions and other events that are likely to be associated with costly or high-exposure conditions. These case managers also are dedicated to assisting employees and their dependents in the utilization of services.

Independent case managers, because of their lack of affiliation, remain outside the system of medical care providers and claims payers. With no vested interest in the companies selected to provide the care, independent case managers can remain impartial advocates for their clients.

As a practice, case management demands critical thinking skills, clinical knowledge, and experience within the healthcare delivery system. Case managers are coordinators, facilitators, impartial advocates, and educators. The table lists the numerous activities that comprise the job of case management. The focus of case management in these activities is as varied as the sites in which case managers are employed and the job titles that designate their positions.

Among a case manager's contacts are physicians, discharge planners, nurses, rehabilitation and job counselors, social workers, home health aides, family counselors, and medical equipment and service providers. Case managers also come into contact with pharmacists; however, the level of interaction between these two professions is much lower than would be expected.

Integration of Pharmacy Services into Case Management

The potential contribution of pharmacy services and pharmacists in the effective performance of case management functions should not be underestimated. Because clinical guidelines for most disease states require some form of pharmaceutical therapy, the rational use of drug therapy and monitoring of patients receiving medications are critical components in case management. Pharmacists, by virtue of their experience and training, are the professionals best suited to provide these services.

Pharmacists can assist in the development of treatment guidelines to ensure that the most effective medications are selected, dosed, and monitored for adverse reactions and interactions. Frequently, case managers fail to use cost-effective pharmaceutical therapies even when such therapies are clinically indicated because they lack information about new medications; fear that their patients will be miscompliant or non-compliant; or have misgivings about insurance, health plan, and formulary restrictions. The expertise that pharmacists can provide is a resource.

Case managers play a critical role in the correct use of pharmaceuticals and can benefit from the collaboration with pharmacists (Figure). Pharmacy-directed outcomes-based research can create dynamics in the development of clinical guidelines and the total health management of the patient. Until now, drug manufacturers, pharmacy management organizations, pharmacy consultants, and the academic research community have not considered the incorporation of pharmacy-driven outcomes-based research into case management guidelines a priority. Many pharmaceutical compa-

Table. Case Management Activities

Assessment of Patient Needs	Development of Individualized Case Management Guidelines	Facilitation, Implementation, and Coordination of Treatment
Assess/collect data	Identify services, treatment, and funding options	Coordinate treatment planning
Conduct case screening	Screen identified options to meet needs	Communicate regularly with individuals and support systems
Obtain necessary approvals for contacts	Review plan for consensus and agreement	Understand and implement cost-management strategies
Interview individual support systems and care providers	Advocate for individual needs as indicated	Promote efficient and coordinated care
Determine health and psychological needs	Identify gaps in treatment	Determine the implications of resources, availability, and limitations of coverages
Review current status and treatment plans	Develop plans, including needs assessment and their costs, as indicated	Hold on-site conferences with patient, client, and involved professionals
Identify barriers to wellness within treatment plan and environment		Identify need for additional/ancillary services/equipment
Review past history		
Determine implications of resources, availability and limitations of insurance benefits		
Evaluate environment for accessibility and adaptive needs		

nies are now increasing their efforts to make this information readily available. They are participating actively in symposia and continuing education programs targeted to case managers and are stressing the effective use of pharmaceutical agents.

Traditionally, pharmacists are involved in creating formulary restrictions that limit the utilization of certain drugs, or purchasing controls that restrict the dispensing of new or expensive drugs. Although the aim of these strategies is to balance pharmaceutical quality and costs, the efforts often are short-sighted and do not focus on the total health care of the patient. In reality, the most-expensive drug is one that does not work, is incorrectly selected, or is poorly monitored. In most situations, such a drug exacerbates existing problems or creates new problems.²

Patient compliance is another major issue that can benefit from the involvement of pharmacists. According to one estimate,³ the annual cost of patient non-compliance is more than \$100 billion annually and includes approximately \$25 billion in hospital admissions, \$5 billion in nursing home admissions, and more than \$50 billion in lost productivity. One study⁴ estimated that more than 5% of all hospital admissions each year are related directly to noncompliance with prescribed drug therapy. Case management programs monitoring the status of patient compliance can benefit from the expertise of pharmacists, who are knowledgeable about the characteristics of a particular therapy and the likelihood that a patient will adhere to prescribed instructions. Pharmacists involved in dispensing medications can be used as educational resources for the patient.

The development of disease-management algorithms often overlaps with the guidelines used by case

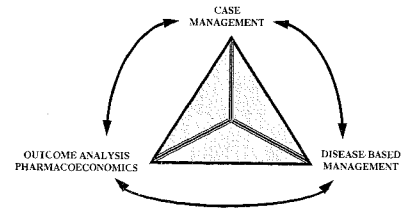


Figure. Integration of Case Management and Pharmacy Services

managers. The lack of coordination between case management and disease management results in a waste of resources and the potential to cause conflict in the delivery of health care to patients. Pulling together the developers of disease-management algorithms and case managers will enhance the delivery of care to the patient.

Conclusion

Case management directly addresses many of the issues in today's healthcare system. It is commonly understood that access to care, allocation of resources, cost containment, and effectiveness of care are problems that clients, payers, providers, and policy makers struggle with every day. As the healthcare system evolves and our nation's population changes, case management becomes increasingly critical to meet everyone's needs. The opportunities for pharmacists to integrate their programs with those of case managers already exist. Pharmacists, as members of the case management team, can help the provider and payer to view care in the context of long-term benefits and can help the patient sustain an optimal level of functioning and wellness.

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Monitoring and Evaluation of Services and Outcomes	Documentation of Activity
Assess benefit value relative to cost	Record services and outcomes
Review plans for continuity of care	Report to responsible parties
Facilitate plan modification as indicated	Submit confidential reports as required
Assess individual's level of satisfaction and compliance	
Assess benefit value relative to quality of life	