Rethinking the Role of Case Management in the Rehabilitation Process

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Introduction

In recent years it has become generally accepted within the rehabilitation sector that the safe and timely provision of appropriate services to people with an impairment is more likely to reduce the impact and implications of that impairment in the longer term. The role of rehabilitation is to enable a person to access life in the mainstream of society in a way that is congruent with their aspirations and their abilities. A critical characteristic of effective rehabilitation is that it creates a continuum of provision aimed at meeting the evolving needs of the individual. Rehabilitation should be continuous in terms of process in that it facilitates the seamless transition of the person from one stage to the next based on forward planning and regular review. Rehabilitation must also create a continuum of provision within the current situation in which the person finds themselves through the adoption of an holistic approach that engages multidisciplinary inputs in a co-ordinated way to meet identified needs[1]. It is unlikely that one agency will be in a position to offer all the inputs required by an individual and thus interagency co-operation is an essential element of effective rehabilitation provision. It is in this context that case management has emerged as a central strategy in the rehabilitation process. Case management can assist in identifying needs through a flexible set of assessment procedures, accessing appropriate service responses within the community and monitoring the outcomes of interventions on behalf of the individual. Effective case management can actually reduce the level of disability that a person ultimately experiences.

In order to explore further the role of case management within the rehabilitation process it is necessary to focus on the meaning of 'disability'. A recent characterisation of disability has been produced through co-operation between WHO and Disabled Persons' International (DPI). The International Classification of Functioning, Health and Disability (ICF) provides a useful tool to describe the role of rehabilitation and the case manager in reducing the impact of impairment and enhancing a person's participation in the community[2]. This paper presents a brief description of the main concepts within the ICF and locates case management and rehabilitation within the ICF framework. It also revisits a proposed good practice framework for rehabilitation[3] and illustrates how it is compatible with the ICF framework. The application of the good practice framework is discussed in light of experience in attempting to implement the approach in a number of settings mainly focused on return to work and occupational case management for a variety of target groups. A number of constraints on the "ideal" case management process that have been encountered are discussed and the emerging role of the case manager as mediator is proposed. Future developments in the field that may well enhance or inhibit effective case management and rehabilitation are considered.

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[1] McAnaney, D. (1999) Rehabilitation-A Continuum. The Beyond Methadone Seminar: The Role of the Local Drugs Task Force in the development of Drugs Rehabilitation Policy, Dublin.

McAnaney, D. (2000) Current needs in work assessment and vocational rehabilitation. Paper presented at the Annual Winter Meeting of the British Society of Rehabilitation Medicine. Glasgow, December.

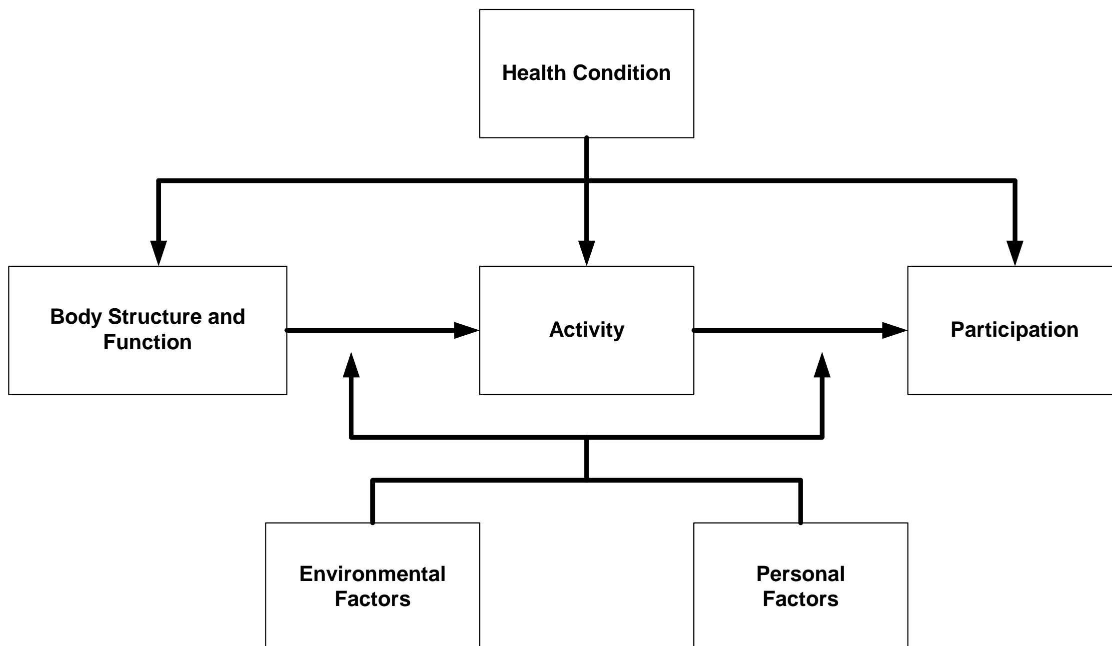
[2] WHO (2001) International Classification of Functioning, Disability and Health, Geneva, World Health Organisation.

[3] McAnaney, D. F. (1998) From fragmentation to co-ordination: cost effective rehabilitation. Journal of Personal Injury Litigation, 2/98, 118-127.

The International Classification of Functioning, Health and Disability (ICF)

The ICF provides a dynamic characterisation of disability that introduces a number of key distinctions, which are very helpful in describing the process through which an individual with an impairment can become more or less socially excluded as a result of that impairment. It also includes a classification of factors that can enhance or inhibit a person's recovery and reintegration. The principal components of the ICF are presented in Figure 1. This Figure illustrates a central process within which three states are specified. The disability process is initiated when a person experiences a difference in body function or structure. This could be the loss of a limb or a reduction in capacity of back function or a difficulty in information processing e.g. memory difficulties. Having an impairment of function does not necessarily imply that a person's activity level will be limited. There are many people with impaired function whose sphere of activities has not been impacted upon. For example, having impaired vision does not impact significantly on a person's sphere of activity if corrective lenses are available. In developing economies, on the other hand, where corrective lenses are not always available, even a mild visual impairment can cause significant limitations to a person's activities. Similarly, not having access to appropriate interventions at an early stage can result in more severe activity limitations for a person who suffers a physical injury. Thus activity limitation describes the extent to which a person has reduced capacity in normal activities of living.

Figure 1: WHO - International Classification of Functioning, Disability and Health



The link between activity limitation and participation restriction is not inevitable either. It is possible for someone, for example, with significant mobility limitations to participate fully within the economic, social, political and cultural life of society. One only has to look at people like David Plunkett who is currently Home Secretary in the UK and Brian Crowley who is a successful MEP in Ireland to appreciate the discontinuity between activity limitation and participation restriction.

The ICF includes a number of elements that can influence the extent to which one state results in a positive or negative implication in another state. A person's health condition can at any stage result in reduced function, activity limitation or a participation restriction. For example, anyone who has experienced a bout of bad flu during the Christmas season will appreciate how this can impact on all three elements of a person's life. Of critical importance in the model is the inclusion of environmental factors. These can have a significant impact on the extent to which negative or positive outcomes are achieved. Environmental factors include the built environment, social attitudes, the availability of services, the family and the community, legislation, policy and regulations and the legal profession. It is possible to illustrate the impact of the environment by comparing two individuals experiencing a similar activity limitation in two different contexts. In one case a teenager who is a wheelchair user wishes to go the cinema. She 'phones her friend and arranges to meet her at the bus stop, takes the bus into town, goes to the movie, then to a restaurant and returns home. It is clear that this teenager does not experience any restriction on her participation in this leisure pursuit. Another teenager, with a similar mobility impairment, in another context wishes to go to the cinema and must either convince one of her parents to bring her or hire an accessible taxi. When she arrives at the cinema she has to be lifted up the stairs and be placed away from the fire exits because she is a safety hazard. She also makes sure to have gone to the toilet before leaving the house because she cannot guarantee finding an accessible facility while she is out. She is also not guaranteed to find a restaurant, which is fully suited to her needs, and may have to go home early because her parents have other engagements and need to make sure that she is home safely. Clearly this teenager is experiencing significant restrictions on her capacity to participate in the same social activity. The first teenager is probably living in a large city such as New York or Amsterdam whereas the latter teenager could be in a rural area or in a less developed urban environment.

Environmental factors can also come into play in enhancing a person's level of activity or reducing it. The provision of effective rehabilitation services at the appropriate time can improve a person's activity level and reduce limitations. Services are part of the environment and if services are not available or inaccessible to the individual, this can result in reduced activity levels. It is also important to note that employers, insurers, lawyers are also part of the environment and have a role to play in ensuring that individuals do not experience activity limitations that are preventable and that they do not find themselves restricted in their participation in the community.

Finally, personal factors can impact upon the disability process. Clearly a person's age or social circumstances can be important factors in this regard. Equally, a person's motivation or level of education can have a positive or negative effect on the process. Finally, whether a person is involved in litigation can have major relevance to the way in which the disabling process unfolds.

Case Management within the Context of the ICF

It is now possible to describe the role of the case manager with reference to the elements of the ICF. Case managers become involved with clients at different phases of the disability process. Some people may have recently acquired an illness or injury. Others may have a developmental disability that as a result of change in their circumstances is creating difficulties for them. Others may be in need of a lifetime care plan. Thus the case manager engages with a client at whatever stage in the disability process that client is and co-ordinates appropriate environmental interventions and supports and mobilises personal resources in order to improve activity levels or to minimise participation restrictions. In order to achieve this the case manager must focus not only upon the impairment of function or activity limitation of the person but also upon the barriers and challenges created by the external environment. Within the environment there are important resources such as assistive technology, rehabilitation, training and personal assistance and these need to be brought together in a coherent package on behalf of the individual. On the other hand, the environment can be a source of inhibiting factors that can mitigate against a person achieving their full potential. In this regard, the case manager must attempt to find solutions to these factors and act as an advocate for the client in overcoming these challenges.

On this basis, the case manager must adopt a comprehensive, multidisciplinary and integrated approach to developing the intervention plan. They must provide the client with clear, accurate and accessible information about their strengths and weaknesses and assist them in problem solving, decision making and life planning in so far as their client is capable. The person must be placed at the centre of the process and the plan must provide solutions to identified needs building on what a person 'can do'. The case manager should involve the client in an active participant role within the rehabilitation process and continually feedback to the client the outcome of assessments and interventions[4].

Most importantly, the case manager should adopt an holistic approach to defining needs and identifying appropriate solutions. Thus while it is important that appropriate interventions are provided to respond to the physical/functional needs of the individual and to ensure that clients achieve a maximum restoration of function and experience minimal activity limitation, it is also the responsibility of the case manager to assess the external context of the individual to identify resources and potential challenges. In particular, the environmental, social and occupational contexts should be evaluated and interventions planned to reduce the extent to which a person's participation in these is restricted. Finally, it is important for the case manager to take cognisance of the financial and economic contexts within which the person finds himself or herself post injury and to examine the educational and psychological resources and needs that a person brings to the rehabilitation process[5].

By adopting such a comprehensive approach to developing a case management plan, the case manager is taking cognisance of all elements of the ICF framework and the plan itself is more likely to result in positive outcomes for the client.

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[4] McAnaney, D. F. (1998) From fragmentation to co-ordination: cost effective rehabilitation. Journal of Personal Injury Litigation, 2/98, 118-127.
[5] *ibid.*

The ICF also offers a way of specifying criteria upon which to evaluate the success or otherwise of a case management plan. In this regard, it is possible to propose four key evaluation criteria. These are:

1. The degree to which a client's function is restored
2. The extent to which activity limitations are minimised
3. The extent to which community participation is maximised
4. The cost effectiveness of the plan.

While the fourth criteria is not implied by the ICF, it is certainly a critical factor in convincing purchasers and stakeholders that it is worthwhile engaging in the process.

Contextual Constraints on the Case Manager and Rehabilitation Process

Over the past five years I have been engaged in a number of initiatives that have adopted the approach described above and attempted within various contexts to promote and disseminate the approach. Of particular relevance have been the Get Back and Get Back Plus initiatives in the United Kingdom[6] and the Workforce Plus campaign in Ireland[7]. Rehab UK implemented the Get Back and Get Back Plus initiatives with the overall objective of assisting ill and injured workers to return to their jobs through a process of co-ordinated and case managed rehabilitation and other interventions. The Workforce Plus campaign was established in co-operation with employers, trade unions and state agencies to promote the concept of early intervention and co-ordinated return to work. It has been in operation for the past four years and has resulted in a number of seminars and awareness raising activities. In addition, participation in the RETURN research project, which was funded by the European Union through its 5th Framework Research and Technological Development programme, provided an opportunity to examine company based practice and, as part of this, the extent to which case management was being utilised in return to work programmes in six countries[8]. Finally, over the past twelve months I have had the privilege of collaborating with an individual professional who is attempting to implement the case management model within an Irish context. On the basis of these experiences and studies, it is possible to characterise a number of process constraints on the effective implementation of good practice in case management.

- The purchaser:

  A wide range of organisations, companies and agencies can purchase case management and rehabilitation services across the public and private sector. Insurers, defendant lawyers and personal injury lawyers may all decide for a variety of reasons to contract case management services. Statutory insurers are also beginning to adopt the case management approach. Individual employers and employment services are also potential purchasers. Each of these will have a variety of reasons for contracting a case manager. In some cases it may be seen as a way to reduce claims for compensation, in

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[6] Pearson, S., Dickson, R. & Buckroyd, H. (1999) 'Get Back' a job retention service for employees with disabilities, injuries or health problems. Rehab Network, Autumn/Winter, 55/56 15-17.

McAnaney, D. (2001) Early Intervention Policies and Practice: Transnational Perspectives on Work Based Rehabilitation. Australian Society of Rehabilitation Counsellors Conference, 30 May -1 June 2001, Surfers Paradise Marriott Resort, Gold Coast, Australia.

[7] Webster, B. (2001) Differences in International Approaches to Disability Management. Paper presented at the Disability Management Seminar of the European Platform for Vocational Rehabilitation. SRL Hoensbroek, Maastricht (March 25-26).

[8] McAnaney, D., Webster, B., Lohan, M. and Wynne, R. (2001) 'Disability Management: A System of Response or a Response to a System', Australian Journal of Rehabilitation Counselling 7(1): 1-12.

Thorne, J. & McAnaney, D. (2002) Summary Report of RETURN Project, Dublin, University College Dublin.

Thorne, J., McAnaney, D., Biggs, H. and Wynne, R. (2002) The Development and Utility of an Interactive Assessment Protocol for Evaluating Company Based Responses in Managing Employees on Long Term Absence, The Australian Journal of Rehabilitation Counselling, 8 (1): 50-63.

other cases case management is a service provided to clients by an insurer, in other cases it may be about preventing social exclusion and promoting return to work. Whatever the needs and values of the purchaser, the case manager is in a position that requires he/she to balance the needs of the individual and the purchaser.

- The disability process:

  The stage at which the case manager becomes involved with a client will also place constraints on the type of activities that can be included within a case management plan. For example, case management is often applied at an early stage after an acquired injury or illness with a view to minimising activity limitations and returning an employee to work. On the other hand, case management can be mobilised for someone who has a longstanding impairment, which is, as a result of changing circumstances, impacting on their participation. Lifetime care management differs significantly from these and aims at overcoming participation restrictions for individuals experiencing moderate to severe activity limitations.

- The status of the claim:

  Whether an individual is involved in litigation is a critical constraint on the role of the case management plan. If there is no claim, or if the case management is taking place within a context where 'no fault' insurance is in place, the main focus of the case management plan is unambiguous and easily defined. It is only where the claim for compensation is in process that the case manager has the added burden of balancing client and other interests in the case management process. If the claim and liability is undisputed then the task is less complex. However, where a claim is contested, the role of the case manager can become significantly constrained.

- System values and approach:

  The legal and regulatory framework of a particular jurisdiction will also impact significantly on the flexibility with which the case manager can operate. In a recent comparison of return to work strategies in six European countries (McAnaney et al, 2001; Thorne & McAnaney, 2002; Thorne et al, 2002), the likelihood that case management would be utilised as a strategy varied substantially from one system to another. In some ways, Ireland and the UK emerged as unique in the adoption of an adversarial system to establishing appropriate compensation for a workplace illness or injury. In other jurisdictions, a 'no fault' approach has been in operation for many years. Within the Dutch system, responsibility lies firmly with employers whereas within Germany, professional associations and social insurance providers are responsible. Case management services also differ across these jurisdictions.

- Level of customer knowledge:

  A major constraint upon developing effective case management plans is the extent to which the purchaser has knowledge and awareness of the potential impact of such plans and the degree to which they are able to judge between alternative case management products. Across Europe, it would be fair to say that case management is at a relatively early stage of evolution and effort is required to raise awareness within the legal system of the potential benefits of case management.

- Level of fragmentation/availability within the provider network:

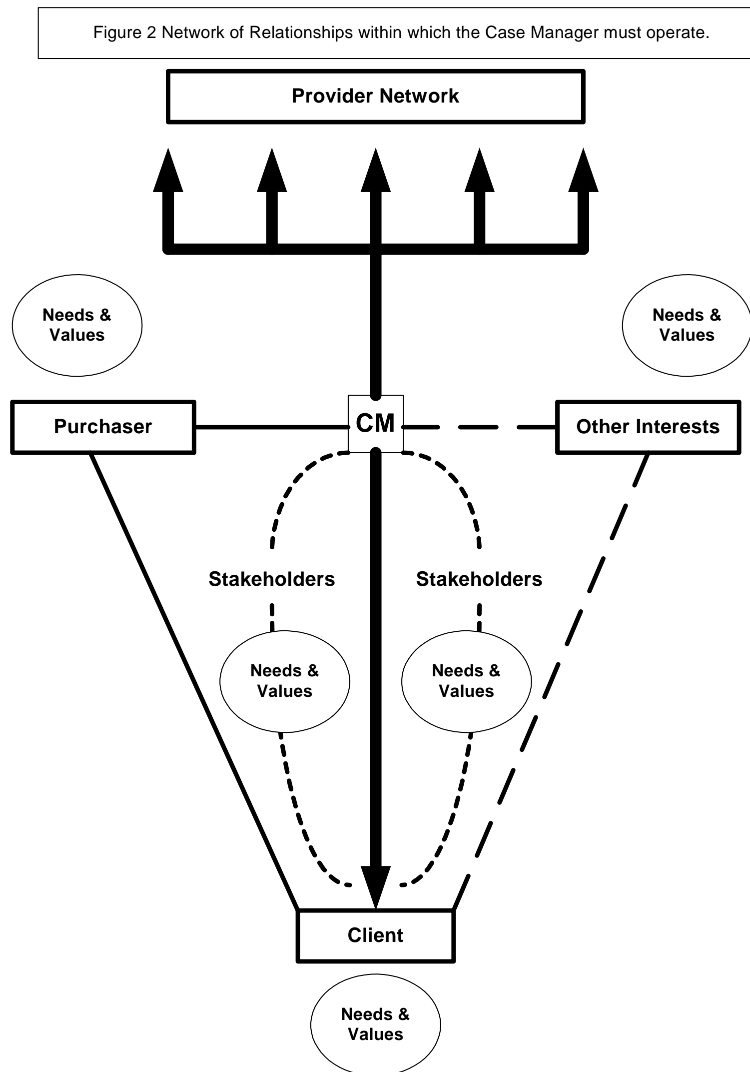
  The other side to the 'customer awareness coin' is the level and quality of services available to be purchased by the case manager. A skilled and knowledgeable case manager will have identified a range of needs and challenges to be overcome by the client in order to achieve a more productive and independent life. In jurisdictions where case management is an emerging profession and where rehabilitation services have been traditionally centre based rather than community based, it can be difficult to identify appropriate, high quality and experienced providers. Effectively within Europe the service infrastructure of high quality providers has yet to be established. Equally, the absence of European standards within the field has made it difficult for case managers and purchasers to identify effective services. Recently the launch of the European Quality in Rehabilitation Mark (EQRM) by the European Platform for Rehabilitation is a major step forward in creating such standards. This Mark, which is supported by the European Disability Forum, the European Association Service Providers, the Council of Europe, the European Parliament, and employers and trade unions at European level, specifies the 9 principles upon which good rehabilitation should be based.

Interim Conclusions

Overall there is little doubt that case management and rehabilitation have become more widely used within both private and statutory insurance contexts and within the legal process. Many permanent health insurers are now operating their own case management services and are engaging with their clients in a positive, proactive, rehabilitative role rather than simply focusing upon claims reduction. Equally, it is possible to identify a number of large personal injury practices that are specialising in certain areas of disability e.g. acquired brain injury, that utilise case management as a matter of course in attempting to achieve optimal outcomes for their clients. As part of this, the concept of early intervention has been adopted. However, these examples can still be seen as exceptions rather than the rule.

To illustrate this, it is possible to take a personal injury lawyer perspective, working with a client involved in a claim and pose a number of questions. Is it in the client's interest to improve his/her function, enhance his/her activity levels or maximise participation prior to a case being settled? Does it make sense to achieve the key criteria of merit ascribed to case management from a personal injury lawyer perspective?

Figure 2 Network of Relationships within which the Case Manager must operate.



Another question that must be asked of the current system relates to the role of the client in the process, in terms of setting the priorities for action, control of interventions and partnership in decision-making. It has not been easy to identify either within the statutory or private sectors, delivery systems and funding systems that empower the client in the process in this way. Utilising a case manager begins to move the delivery system towards client involvement and in turn creates a number of dilemmas for the case manager. These dilemmas arise from a range of ethical, professional and commercial sources. During the past year, a case manager with whom I have been working closely has had to face challenging decisions on such issues as balancing what is best for the person with what is best for the case, how to respond when a paying customer decides not to implement interventions which have been recommended which may well enhance a person's activity levels in the longer term or, when best practice is not demanded by customers, to reduce the specification of the service being provided in order to remain viable in the market.

The position of the client and the case manager in the disability process needs to be more systematically defined in order to create effective solutions that will not only provide a more open market for case management, but also ensure that all the actors and vested interests within the process can be taken into account in creating the case management plan. In Figure 2, the range of relationships to be balanced by the case manager are illustrated. It is possible to see the core relationship between the case manager and the client and the brokerage role of the case manager in accessing appropriate services from the provider network. The Figure also illustrates the role of the purchaser and the influence of other vested interests in the process. Finally, the relationship between these main actors is influenced by the needs and values of stakeholders including the family, employers and the courts.

The Future of Case Management:

The growth of case management as the approach of choice to deliver safe and timely interventions to individuals experiencing illness or injury has been gradual but consistent over the past five years. There is a growing international movement (e.g. the International Forum on Disability Management) and national initiatives such as the establishment of accreditation standards for case managers that are promoting higher quality and more systematic approaches to the case management process. Increasingly, insurer led initiatives in case management are being highlighted and in some cases promoted as part of the benefits package of an insurance policy. The introduction of direct payments, (personal budgets) are client led individual action plans and a number of jurisdictions have the potential to increase demand for client led case management. Thus a person in receipt of a personal budget could hire a case manager to ensure that he/she has to access the most appropriate and effective services. Within some jurisdictions the concept of an Individual Assessment of Needs that can act as a passport to services is likely to create substantial demand for case management within State services. The move to more active social protection measures with a focus on job retention rather than income support will inevitably lead to social insurers and professional associations becoming more sophisticated in delivering and sub contracting case management services.

It is in the area of litigation and contested claims that the value of early intervention and case management faces its greatest challenge. A number of initiatives have already been attempted with varying degrees of success. The Activa project in Switzerland attempts to bring both sides together with a view to achieving mutually beneficial outcomes. The Disability Assessment Unit

(Rehab UK 1996) was an attempt to provide a rehabilitation focused assessment agreed by all parties in a case. But overall what is needed within the sector is not simply raising awareness of the benefits and potential impact of case management and rehabilitation but a paradigm shift in which the restoration of function, the minimisation of activity limitation and the maximisation of community participation are seen as equally if not more important in comparison to financial settlements at the end of protracted periods of legal dispute. There is some evidence that individual practices and policy makers at a national level have begun to take this on board and to implement measures and initiatives to facilitate access to such services for those involved in litigation.