Impact of Consumer-directed Care: Perspectives of Case managers and Lead managers in community aged care

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Outline

- Introduction
- Study purpose
- Methods
- Results
- Study strengths & limitations
- Implications for practice and policy
- Future direction for research
Introduction
What is consumer-directed care (CDC)?

- Has much to do with consumers’ (clients) choice of services and control over financial resources
International experience about CDC

- OECD countries: United States, United Kingdom, Germany and Netherlands etc.
- Care settings: social care sectors
- Similar mechanism: shifting control of resources from service organizations to clients
- Differences in specific arrangements
- Common goals: improving clients’ quality of life and satisfaction, saving costs etc.
International experience: Effects of CDC

- Mixed results regarding client outcomes (e.g. empowerment, service utilization, functioning abilities & health outcomes) and carers’ emotional, physical and financial well-being
- Cost saving (cost neutrality, however, can be achieved) and improvements in care quality are yet to be proved
Australian experience

- CDC initiative (July 2010): allowing frail older people and carers to have service choices and control of life
- Outcomes of CDC (January 2012): improvements in choices, control and satisfaction among clients with high care needs and/or dementia; incurring start-up and on-going costs; cost-effectiveness uncertain
- Aged care reform (April 2012-present): delivering all home care packages (substituting CACP, EACH and EACHD) on a CDC basis by 2015
Study purpose

- This study was part of a PhD project which aimed to explore case management practice, goals, outcomes and influencing factors in community aged care from the perspectives of case managers in Australia.

- This study in particular aimed to explore the impact of CDC on clients, case managers, and organizations.
Methods
Study setting and population

- Case managers and lead managers working for community aged care organizations in Victoria
- Participant selection criteria
  - Participant factors: age, gender, job titles, professional backgrounds & practice locations
  - Organizational factors: attributes & size
Interview methods & sampling

- Semi-structured interviews, including individual & group interviews, and face-to-face & telephone interviews
- Purposeful sampling & sampling variation
## Interview sample

*(33 interviews with 47 participants)*

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<th>Organization factors</th>
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<td>Multiple locations</td>
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Data analysis

- Transcribing data verbatim
- Performing thematic analysis following four steps: familiarization with data, coding, generating categories & identifying themes
- Using the “best” quotation (s) to support findings
Results
Participants’ interpretations of CDC

- Formalizing consumer direction and emphasizing person-centred care
- Giving clients more power, control, and choices, as well as giving back older people’s voices
- Requiring clients to assume more responsibilities for their money and care
Some arguments about CDC

- Giving clients more power, and emphasizing person-centered care in CDC? We have already practiced them!

  - Quotation: Case managers are doing their job right to let clients to have power to say what they want, and what the case management should assist them to achieve that...... case managers are facilitating clients to take on responsibilities and consider about their care and care planning...... Otherwise it would be bad practice in case management. (CM-12)
Choice was a “funny” term: Under some circumstances “choice” was non-negotiable.

- **Quotation**: Yes, the idea is about choice, but sometimes you do need to step in and say you know although we want you to make that choice, this particular choice is not, not really negotiable for your health. You know you really do need to go and see at least on occasional appointments because you do have cancer, whatever you have, a lot of clients they don’t want to do it! ....So, so choice is ‘ah’ an interesting word, yeah. (CM-7)
Impact on clients
Positive views

- Closing the gap of different levels of care packages: benefiting borderline clients and making client transfer between different levels of funding streams easier
- Clients becoming more responsible for their care, and having more reasonable expectations
- More equitable as clients with equal care needs would have the same amount of individual budget
- Clients’ real needs rather than assessed needs could be met better
- Benefiting clients by adding a dementia component in each care level as opposed to only in high care packages
Some concerns

- No pooling funding: unable to meet some clients’ needs & would lose creativity and flexibility to meet clients’ special needs
- Individual co-payment: a barrier for some clients to access services, so their health would suffer
- Possible decrease in hands-on case management support: clients would have difficulties in accessing services themselves & decrease in service quality
- Clients may face financial burden due to not using money properly
In addition......

- CDC may benefit the mainstream clients but not the special client groups who were financially disadvantaged, homeless, and from indigenous and CALD backgrounds
Impact on case managers
Managing larger caseloads

- **Quotation:** I think it would be different, I mean maybe the funding will be different, you know might be bigger caseloads for us, that’s because you know there will be more clients, but just less involvement in a lot of them. (CM-9)
Changes in financial role

- Less involvement in managing budgets, still providing financial support, monitoring clients’ use of money & undertaking more administrative work

- Selected quotations:

  - So in other words you know things like I am focusing on a lot of budget things, I am just keeping things ...... I get to, I set the rules for them if you like, and then work for, with that, that’s really easy. (SCM-8)

  - The CDC, yeah, money will be a thing...... at this moment, we still have very strict control over budgets.......But the CDC, and the whole company’s budget will be impacted I guess. We will have to really closely monitor that. (SCM-29)
Providing information

- Providing any information clients need to know, such as CDC, operational mechanism of care delivery systems, financial information etc.

- *Selected quotations:*
  
  - I believe, with the CDC packages, where we provide them information on community health, and referral systems......And I think there definitely needs to be an overall method of how our referral pathways work within the community to make them to be a little bit more clear and cut it simple for people that need the health care system. (SCM-26)

  - And providing all information on the financial issues to the clients about how much our budgets are, how much money we can spend, and how much they have spent, where it is up to. (PM-4)
More education role

- Increasing clients’ financial knowledge, independency in managing budgets, and health literacy; getting them mentally prepared; and enhancing their understanding of co-payment

**Selected quotations:**

- *Where they have not been told, that they never have to do that......it’s that education, I can hear that little message now. In my head, if you want that level of care at home, you are going to have to pay towards it. You know where is now they don’t, they have very different mindset. So that’s the battle, I mean, to get them to pay $10 a week.* (CM1-13)
Changes in care coordination role

- Pure care coordinators
  - *Quotation:* I am a little bit nervous, that the case management role, because we talked about consumer-directed care so much. The case management role will be only service coordination; well literally we got service coordinators here, they are sitting in front of their desks all day long. That is not the role I want...... (CM-6)

- Less admin-related care coordination tasks
  - *Quotation:* There would probably less and less admin I think, you still generate the service request, we still do all of that, then it goes off to, basically goes off to the admin team to be maintained, and finalized, and then comes back to us maybe along the way. (SCM-28)
More skillful roles

- **Becoming smarter**
  - *Quotation:* They are shopping around, just a little bit to, they ask questions, from our perspectives, we have to be much smarter, we have to be, all our staff have to be marketers, so that's the word keeping doing in time. We will change our service model to ensure we are responsive..... (GM-17)

- **Being good at goal setting, negotiation, identifying resources, communication, and budgeting**
  - *Quotation:* I guess with CDC case managers need to do a lot of other things as well, like they need to communicate much, much better......they also need to, budgeting is, they say of course we do budget now, but then it will become more important skills. You have to be very more accurate because CDC is based on whether the budget is enough to do it. (SCM-29)
Fewer one-on-one contacts with clients

- **Quotation:** I think the biggest danger for us is no matter what you call it......is the expectation of the government, is that there is going to be less hands-on...... basically what they said is case managers won’t need to see their clients...... if they really need you...... that is where the government in the point that case managers is really about you know they sort of probably saying more as just assessment person. (CM-12)
A big challenge on the whole

- **Quotation:** With the shift to CDC, I think the major shift would be the shift of thinking, our mindset......I feel a little bit anxious about it...... to be able to do the same job, but differently.....I feel the great challenge. (TL-23)
Specific challenges

- A sense of losing power in managing client budgets though it would be more transparent, and saying “no” would be easier
- Would feel frustrated to become administrators and lose the chance to meet clients face to face
- Challenges in setting the boundary, e.g. when to “step in” and “step back”
- Challenges in changing mindsets, ways of working and communicating, practice approaches, etc.
Case management would still be needed: Different levels of case management interventions provided for different clients

Quotation: What we discussed within our agency, the relation to the CDC, is different levels of case management. So for clients who are very alert and aware, and know exactly what they want, they can manage their own funds, you know a case manager would come in, would serve, educate, inform, resource......for some clients things won’t change because they need the support of case manager. You know those who haven’t got family, who are losing their cognitive function...... (CSM-10)
However......

- Case management would be a highly valued profession

  - Quotation: I think when we come through and progress a little bit more, they will actually say they are totally the specialist who will be called in when a case manager’s function is required. (GM-17)
Impact on organizations
What should organizations do?

- Changing care models: e.g. separating care coordination from case management.
- Reviewing current policies and guidelines
- Preparing staff members through training, upskilling, education etc.
- Needing new information technology system
Major impact on organizations

- Economic impact on different organizations
  - Less impact on organizations with systems in place, and having participated in CDC pilot or practiced CDC in their disability sectors
  - Big impact on organizations without systems in place, which would need to struggle with start-up and on-going costs
  - Big economic impact on small organizations
  - Challenging all organizations on how to balance funding to meet different clients’ needs due to being unable to pool funding; therefore, they may lose some clients
  - Potential benefits for some organizations currently providing a single type of care packages
Cont’d

- **Policy impact:** Workforce and payment policies would be affected due to the change of care delivery model, case managers’ positions and roles etc.
- Difficulties in maintaining contracts with a wide range of care providers and monitoring their care delivery due to clients’ wider choices of service providers
- A pressing need in improving care quality to get and maintain clients
Study strengths and limitations

- Strength: involved a varied sample to capture a wide range of perceptions of case managers and lead managers

- Limitations:
  - Used a cross-sectional design
  - Group interviews were not real focus groups
  - Researcher bias
Implications
Implications for practice

- Case managers: reflecting on their current practice, and considering how to adjust the practice to the CDC environment
- Organizations: considering about adjusting policies in regards to workforce and financing, changing care delivery model, building up information system, having related institutions and procedures in place, and seeking external advice and experience
Implications for policies

- Organizations: providing effective leadership and adequate physical, financial and information resources; informing case managers of the changing processes; and involving them in decision-making
- Governments: emphasizing capacity building in older clients, case managers, relevant staff, and organizations; providing sufficient public funding; and formulating clear guidelines to guide organizations and their staff
Future direction for research

- Follow-up studies exploring case managers’ recent opinions on CDC
- Studies involving a wider range of stakeholders, including clients, front-line professionals, CEOs, and government officials to capture more comprehensive perspectives
- Implementation studies exploring how to implement CDC properly at the individual and organizational levels
- Evaluation studies evaluating the sustainability and effects of CDC
Thank you

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