The voice of the Case Manager

CMASANOW

NATIONAL CASE MANAGMENT WEEK
Oct 11-17 2020

CASE MANAGERS CAN _____.

DSM
Diagnostic Statistical Manual of Mental Disorders

ON DEMAND HEALTHCARE:
Lessons From Lockdown

Cathy Pretorius
Farewell to One of Our Own

CMASA
CASE MANAGER ASSOCIATION OF SOUTH AFRICA

Note from the desk of the Chairperson

Carol Garner - South Africa

What a crazy 6 months, who could ever have predicted our lives would have been turned upside down like they have been.

We were forced to, initially, move our conference and now made the difficult decision to postpone it totally for the year.

Fortunately we have been able to secure dates for 2021 and all the planning and arrangements will be held over until then.

For many of us we have missed birthdays and weddings, cancelled all holiday plans and instead have spent time with family at home which is often not prioritised. For many, this has been a time of reflection and re evaluating the important things in life, and I for one have valued that time.

Working from home is a new norm and predictions are that this will continue and become the new way of work.

In the spirit of true case management we need to embrace the change and be flexible, showing the real talent we have for all things thrown our way.

In celebration of Case Managers week let's stand tall and continue to show our worth,
because Case Managers Can!

Till we meet again.
Stay safe, socially distance and wear your masks.

See you soon
Carol Garner

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CMASA*NOW*
Advertising Opportunity

CMASANOW Magazine is our very own publication, specifically geared towards the Case Manager. This is a quarterly publication packed with interesting articles, the latest international and local industry news, as well as vital information to help you become the best case manager possible.

Should you or your business be interested in featuring and advertising in CMASANOW, please contact **Carol Garner on 010 592 2347 or email info@casemanagement.co.za.**

Conference 2020- Postponed

CMASA Board

Following major discussions amongst the Board, the events orgainizing staff, and the conference facility we regret to announce, that the 2020 planned conference has been postponed to May 2021.
This is the result of the Global Pandemic which has affected us all and is in the best interest of our members and your health.

Important to note that existing registrations will be honoured next year without any issues.
We continue to thank each and every one of you all for your ongoing support.
We look forward to seeing you all in person in May 2021.

If anyone has any questions for concerns, they are welcome to contact
Sharon: sharon@casemanagement.co.za

Stay safe, social distance and please wear your masks at all time.

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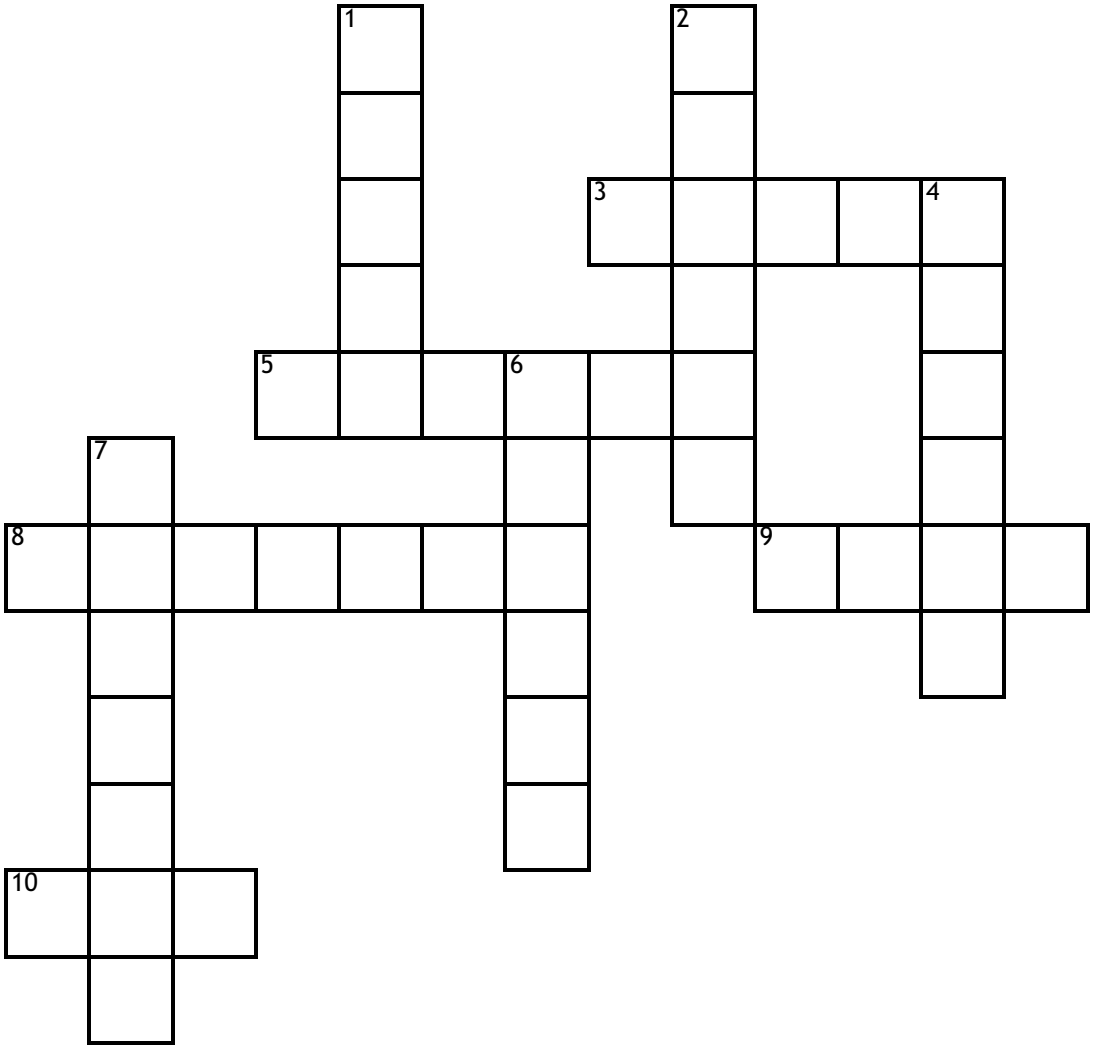
How well do you know your board?



Across

3. Coffee Junkie
5. Who hates public speaking
8. Who loves Giraffes?
9. Motorbike lover
10. Who can eat 12 full size apples in 5min 26sec

Down

1. A machine on a quad bike
2. Crazy about Olaf
4. Also has a son called Tim
6. Loves to Surf
7. Who loves dogs more than people

Diagnostic Statistical Manual of Mental Disorders (DSM)

By Lindiwe Kanzi

In the DSM multiaxial system, every person is evaluated on five axes, each dealing with a different class of information about the client. Axes I and II include all the mental disorders that represent the intrapersonal or psychological area of functioning. Axis III is for recording general medical conditions related to understanding the cause of psychiatric symptoms or managing the individual and represents the area of physical functioning. Axes IV and V are for identifying psychosocial and environmental problems and the Global Assessment Functioning (GAF) scale include an assessment of the person's social functioning.

Axis I: Clinical disorders

Consists of mental health and substance use disorders that cause significant impairment and other conditions that may be a focus of clinical attention. For example, mood disorders, anxiety disorders, sleep disorders, eating disorders, schizophrenia and other psychotic disorders.

Axis II: Personality and Mental Retardation

Contains the personality disorders diagnosed in adults and developmental disorders including mental retardation diagnosed in children and adolescents. Personality disorders cause significant problems in how a person relates to the world such as antisocial personality disorder, paranoid personality disorder and obsessive-compulsive disorder. Mental retardation is characterized by intellectual impairment and deficits in other areas as self-care and interpersonal skills.

Axis III: General Medical Conditions

Any physical disorder and medical condition that is present in addition to the mental disorder, it may be causative, e.g. kidney failure causing delirium or the result of a mental disorder e.g. alcohol gastritis secondary to alcohol dependence. Physical disorders and medical conditions that influence or worsen Axis 1 and 2 (HIV/AIDS and brain injury) or unrelated to the mental disorder.

Axis IV: Psychosocial and Environmental Problems

Any social or environmental problems that may impact Axis 1 and 2 like unemployment, relocation, divorce or the death of a loved one. There might be problems with primary support group, educational, occupational, housing, access to health care services and problems related to interaction with the legal system or crime.

Axis V: Global Assessment of Functioning

The GAF is for reporting the client's overall level of functioning and uses a scale based on a continuum of mental health and mental illness. It's a 100- point scale, 100 representing the highest level of functioning in all areas.

Crossing the Great Divide

By Christa Botha

This is my story from Hospital Case Manager to Managed Health Care Case Manager.

I started my career in Case Management in the nineties. A time when, yes, we still had to write out our updates and fax them!.

I was, at the time a qualified enrolled nurse and had always wanted to go into Managed Health Care.
I decided then to do the bridging course to become a Registered Nurse purely with the intention to go into Managed Health Care. After I qualified in 2003, I had several interviews and was offered more than one position at Managed Health Care companies, which for reasons unknown, I turned down.

I worked at several Private Hospitals, in various positions from, believe it or not, Admission Clerk to Admin Co ordinator-Billings manager.

I then moved to a Senior Case Manager position and worked at quite a few Private Hospitals, I moved up to become a Team Leader and eventually a Patient Service Manager.

I gained a mountain of experience in Case Management and I discovered that I love coding, still do as I am writing my final CPC exam in November 2020.

It feels to me that I have always been offered the opportunity to move from one position to the next and so during lock down in April 2020 I was phoned by a recruitment agency asking if I was in the market, I said no, the lady left me to ponder over it for a few days and phoned back.

After much deliberation I decided to accept the offer and I joined Universal on August the 1st, sailing my boat into the unknown waters of the deep sea.

The team I joined, is a winning team and I felt very welcome and at home, the first month was basically orientation and product training.

Boy, was I shocked when I saw the quality of the updates sent to us from some hospitals. The clinical information was appalling and I started to understand why Universal and other Managed Health Care centres in general was seen as being difficult by the hospitals. The care billed for, could not be warranted by the quality of clinical information sent on the updates from some hospitals.

I felt I a bit useless in the first few weeks. I started exploring the system and discovered the reports. I love reports. I started running lots and lots of reports, phoned a friend for guidance and started to work on the open cases.

Managed Health Care is entirely different and not just the opposite of hospital case management, which is the general feeling that is out there, in the industry.

At Managed Health Care we are doing Case Management, managing the event from pre-auth until recovery, holistically. There is a mountain of knowledge in SLA's, SOP's to read and learn and even more that needs to be written down and implemented.

This makes me wonder why I turned down the other Managed Health Care positions.....I am a strong believer that everything happens for a reason and God had a bigger plan for me.

This is an entire mind set change but I have already undergone the transformation and am proud to be part of the Managed Health Care system. I found my place in the sun.

Spotlight on the Standards of Practice #7

By CMASA

G. STANDARD: CLOSURE OF PROFESSIONAL CASE MANAGEMENT SERVICES

The professional case manager should appropriately complete closure of professional case management services based upon established case closure guidelines. The extent of applying these guidelines may differ in various case management practice and/or care settings.

How Demonstrated:

- Achieved care goals and target outcomes, including those self-identified by the client and/or client's family or family caregiver.
-
- Identified reasons for and appropriateness of closure of case management services, such as:
-
- Reaching maximum benefit from case management services;
- Change of health care setting which warrants the transition of the client's care to another health care provider(s) and/or setting;
- The employer or purchaser of case management services requests the closure of case management;
- Services no longer meet program or benefit eligibility requirements;
- Client refuses further case management services;
- Determination by the professional case manager that he/she is no longer able

to provide appropriate case management services because of situations such as a client's ongoing disengagement in self-management and unresolved non-adherence to the case management plan of care;

- Death of the client;
- There is a conflict of interest; and
- When a dual relationship raises ethical concerns.
- Evidence of agreement for closure of case management services by the client, family or family caregiver, payer, professional case manager, and/or other appropriate parties.
- Evidence that when a barrier to closure of professional case management services arises, the case manager has discussed the situation with the appropriate stakeholders and has reached agreement on a plan to resolve the barrier.
- Documented reasonable notice for closure of professional case management services and actual closure that is based upon the facts and circumstances of each individual client's case and care outcomes supporting case closure. Evidence should show verbal and/or written notice of case closure to the client and other directly involved health care professionals and support service providers.
- Evidence of client education about service and/or funding resources provided by the professional case manager to address any further needs of the client upon case closure.
- Completed transition of care handover to health care providers at the next level of care, where appropriate, with permission from client, and inclusive of communication of relevant client information and continuity of the case management plan of care to optimize client care outcomes

Reference: Standards of Practice 2016 – CMSA

Copies of the full booklet are available to paid up members, please contact sharon@casemanagement.co.za

Pet cancer awareness – take a bite out of cancer

By Gillian Bruce

During October – BREAST CANCER AWARENESS month – women around the world celebrate the survivors of breast cancer. We celebrate those fighting so hard to beat cancer and we remember those who fought but unfortunately lost the battle.

The point of breast cancer awareness month is to bring breast cancer to the forefront. To make people aware that women are empowered to know what to look for and how to do so. I thought I would look at breast cancer from a different view – one we haven't thought of – that of our pets.

While breast cancer affects 1 in 8 women, did you know that dogs and cats can develop breast cancer too? More commonly referred to as mammary cancer in dogs, cats, and even hedgehogs it can easily be prevented and the risk nearly eliminated just by spaying your pet before their first heat cycle. The risk of cancer goes up substantially with each heat the dog/cat has. Female dogs and cats who have been surgically sterilised (spayed) before their first heat, which is usually around six months of age for dogs and a bit earlier for cats, are essentially free of breast (mammary) cancer. The reason for this is that hormones play a big role in mammary cancer. Unlike human breast cancer, mammary cancer in dogs and cats has been proven to be hormone dependent. A dog's risk of mammary tumours' decreases with early sterilisation. If she is spayed prior to her first heat cycle, the risk of cancer is as low as 0.05%, after the first heat it goes up to 8%, and then the risk increases to 26%. Unfortunately pregnancy doesn't protect them from mammary tumours or cancer. In dogs, 50% of the mammary tumours' are found to be malignant while, sadly, 90% in cats

Our pets can't follow the first and most important rule of breast cancer awareness – self-examination, but as pet owners, we can do it for them! Dogs and cats have a chain of mammary glands rather than just two breasts, so checking for lumps and bumps takes a little time.

Here's how it works:

Many dogs like to lay on their sides or back. Dogs normally have 10 mammary glands – two rows of five going down the length of the body, one on the left and one on the right. Find the first teat on the left and right sides. First, keep fingers flat and fan through the mammary tissue up and down the axis of the torso (head to tail) and feel for "BB gun pellets," or bumps passing under your fingertips or any unnatural heat that is different from her body temperature. Go left to right as well. Next, gently press the mammary tissue between the thumb and the index finger with middle finger. Push your fingers together with the mammary tissue between them and move the thumb across the index and middle finger in a circular motion.

Admittedly cats are a little less (ok much less) co-operative!

Feel for breast lumps while your cat is standing and then gently roll them over on their back so you can look at the area as well. First, while they are standing, move your hands under their belly all the way up into their armpits. Then slowly move your hands back to their groin area (where their legs attach to their body). Many overweight cats have quite a "pouch" in this area and you may need to massage the skin and fatty tissue to detect any lumps or swellings.

What should you be looking for:

Signs of breast cancer include the following:

- small nodules within the mammary tissue (they feel like BB gun pellets)
- larger nodules within the mammary tissue but still under the skin
- bloody discharge from the nipple
- straw coloured discharge from the nipple
- pus-like discharge from the nipple
- larger, deeper growths in the mammary tissue that protrude visibly and can be seen
- Not Eating as she previously did
- A hot area that doesn't match the rest of the body temperature

Other signs to look for are pain, chronic lameness, fever, a non-healing wound, weight loss, anorexia, weakness, vomiting and/or diarrhoea, coughing and difficulty breathing, sudden blindness, seizures, drinking more than normal and/or urinating larger amounts or more often.

So, what do you do if you find a lump or notice any signs and symptoms?

Veterinary Screening for Breast Cancer!
Remember you know your pet best and if you are worried take her to the vet!! A mass is checked the same way as in humans- a vet will do a FNA (fine needle aspiration) or take a small biopsy and send it to the pathologist. If your pet is one of the lucky small percentages that comes back benign then all the details are noted on her file and the tumour is monitored. If it is malignant then it will be treated. They may start with a partial or full mastectomy.

Breast Cancer Treatment

When it comes to breast cancer treatment dogs are luckier than cats. The tumour malignancy in cats is much likely to be positive than in dogs, but it metastasises really fast to other areas of the body because of the direct nodal and blood vessel connection. This makes it easy for the cancer to spread from mammary gland to mammary gland and then to other solid organs such as lungs; liver and bone, thus making early detection vital! Once confirmed the tumour can be removed, radiated and she can be given chemo – just like a human with breast cancer. They even use similar chemo mixes. The biggest difference with the use of chemo is that it is not the first line of treatment like it is with humans.
Overall most patients out there with just lumps and bumps that are being taken off by their regular veterinarian have a very good long-term prognosis. But sadly if the cancers are left untreated, we're talking survival times in the months, not years.

Not forgetting the Males-

By neutering the males as early as possible you prevent the animals from developing testicular and prostate cancer. (Yes dogs and cats have prostate) However unlike in humans, where Prostate cancer is the most common cancer in males, in pets it is fairly rare. Sadly Testicular cancer is the most common in male pets that have not been neutered.

Costs of treating cancer in pets:

The treatments are the same in pets as they are in humans- Surgery, chemotherapy and radiation and in some cases, as with osteosarcoma, trials are aligned with human trials- why? In children Osteosarcoma is difficult to treat and fairly uncommon however in our pets it shows similar characteristics and is very common. Using the One World One Medicine as a basis for a study and the slogan of "we will get through this together" children and dogs are fighting cancer together.

MORAL OF THE STORY: STERILISE YOUR PET BEFORE HER FIRST HEAT – you can save her life!

On Demand Healthcare: Lessons From Lockdown

By Neil Kinsley

Medici Africa's CEO, Neil Kinsley shares some home truths and lessons learnt about telehealth over the lockdown to date.

Since the beginning of lockdown, our healthcare system has been faced with the very real challenge of sustaining the capacity to provide care for COVID-19 patients, as well as continuing to care for those suffering from other ailments that require ongoing management. Coupled with this, was, and still is, the need to protect our doctors nurses, and other allied health providers so that the healthcare system can continue to function during the pandemic.

Telehealth has been around for a while, but its accelerated uptake in recent months has provided the ideal solution to dispensing care whilst ensuring social distancing. Our lockdown in South Africa may well have eased a little, but the need for social distancing is just as important as it was under level 5. In fact, if we fail to practice good social distancing, we may well see ourselves back under stricter measures.

It is also short-sighted to consider the use of telehealth as being limited to handling the current crisis. On demand healthcare is here to stay. To move forward, it's good to look back so we can draw the right conclusions from the experience of the telehealth community and more broadly by providers, policymakers, health care insurers and payers, researchers, and society at large.

Some lessons learnt to date:

- A large portion of outpatient visits can be clinically managed from a distance. More specifically, patients with non-urgent conditions can be triaged via telehealth applications without compromising their health or quality of care.
- The infrastructure was a lot better than what we first thought, and patients received care via their smart phones, all over the country. Existing electronic health records, used by providers, provided pre-existing history, past diagnosis and current medications, providing continuum of care to their patient base. Some integrated with existing systems, to provide a seamless experience.
- Telehealth platforms were extremely efficient in providing training and knowledge around how best to implement remote healthcare into a practice.
- Because telehealth is a way to protect both patient and doctor, there has been little resistance to this new way of care delivery
- Regulators relaxed all restrictive regulations for telehealth, making it a lot easier to utilise.
- Not all healthcare providers embraced telehealth believing the industry will revert to 'normal'. This had the effect of severely curtailing not only their continuum of care but stultified their practices – it has been shown that those providers that engaged in telehealth measures, had lesser detrimental effects on their businesses.
- Not all telehealth platforms are equal – or compliant. Education of the audience has been critical in ensuring the success of telehealth. It continues to be important as technology evolves and will play an increasing role in how healthcare is accessed and delivered.

Whilst the debate around lockdowns continues and whether decisions about any suspensions/revisions will be based

on experiential or investigatory evidence or political considerations, we do know is that there are hundreds of examples of providers, who adopted telehealth into their practices and had almost no interruption to revenue flows at all.

We also know that patients like using telehealth applications. It's convenient, often cheaper, saves time and there are many research pieces coming out, showing that patients place a high value on remote care.

The telehealth community long predicted the rise of app-driven healthcare and the pandemic has brought that prediction forward by three to five years, however, this is not the time to relax and claim vindication for that vision. The crisis presented an unprecedented opportunity for us to grab telehealth with both hands and make it work for us. This should not be a wasted opportunity without making progress. Heighten engagement is required to ensure that policy and regulation is not rescinded, that the appropriate research is done, to clarify what telehealth is most appropriate for, and how best to use it going forward.

In this way, future generations will benefit from what we learn today...

A note about social media:
Social media platforms are not appropriate for delivering healthcare:
There is a plethora of robust and easy to use solutions out there today and that are compliant with the various healthcare industry bodies. Social media platforms are still being used for the transfer of clinical data and it is worth considering these points:

- collaboration, while a telehealth platform has been specifically designed to deal with the transfer of clinical data. It is a professional tool designed to be used by business professionals.
- A VC platform exposes names and email addresses of people on a call. A telehealth platform protects the privacy of the healthcare provider and the confidential records of the patient.
- A VC platform was never designed for collaboration between medical professionals, while a telehealth platform has this specific tool embedded.
- Nothing is built into a VC platform, making for a far more manual experience for the provider.
- VC platforms are not aligned with clinical workflows and does not actively contribute to improved change management. Record keeping is manual, unmanaged and unprotected. There is also no built-in informed consent. Telehealth platforms, particularly those integrated into practice management applications, like EZMed, were extremely efficient in providing training and knowledge around how best to implement telehealth into a practice and streamlining the claim process.
- VC platforms have no companies with any healthcare regulatory frameworks.

Source: https://asaipa.co.za/on-demand-healthcare/

Farewell to One of Our Own - Cathy Pretorius

By CMASA

Gone from our sight, but never from our hearts."
"Our thoughts and prayers are with you."

Born : 1971/03/30
RIP : 2020/07/30

Case Manager since 2005: Harmony Mine , Providence Managed Health Care , Lenmed Hospital then Sibanye Stillwater Mine Health . Active member of CMASA since 2016. Project leader during 2019 Sibanye Stillwater Mine Case management Seminar: Occupational Health. Participated with attendance of Gauteng Chapter Meetings and CMASA Conference. Dedicated and Hard worker around case management duties and responsibilities. High performer Final year student at UJ : BA Cur and Occupational Health . She is survived by her husband, daughter, son in Law , father, mother, 2 brothers , Relatives , friends and Collegues

God looked around his garden
And found an empty place,
He then looked down upon the earth
And saw your smiley face.

He put his arms around you
And lifted you to rest.
God's garden must be beautiful
He always takes the best.

I look'd upon you,
And saw your parting breath,
There was no anguish on your brow,
No terror in your eye,
And heard the holy prayer
Which rose above that breathless clay
But lost the victory

Without a struggle or a sigh
Yield peacefully to Death,

You will always be loved and remembered .

How to Ensure Healthy Remote Company Culture

By Jon Levy

A few characteristics to build a sense of community in a socially distanced work place.

It's no secret that when we are working from home, company culture becomes significantly harder to maintain, grow, and develop. But what does science say about giving us a sense of community and belonging? Research by McMillan and Chavis demonstrated that there are critical characteristics to having a sense of community, and additional research by neuroscientist Paul J. Zak has shown that these cues for belonging correlate to higher performance across all critical business metrics, e.g. stock value, productivity, etc. So what it is that will allow your team to feel connected and productive when you are probably separated by miles?

Do they have a sense of membership?

In a strong company culture, there is a clear boundary between those who are on the outside and those who are on the inside. The problem is, when people work from home, they have a very limited view of their organization. They can no longer bump into people in the hallways or grab a seat with them at lunch and talk about their work. With companies like Google having extended work from home until July 2021, we need to find ways to bring people from across an organization together, to bump into each other. This could be as simple as:

- offering biweekly Zoom lunchrooms that allow you to meet fellow co-workers or just sit back and hear some ambient noise while enjoy your meal;
- holding office hours where managers block off time for anybody to enter a designated Zoom meeting link; or
- creating a central hub with company activities and topics so that people can jump in and participate in anything from book clubs to happy hours.
- The popular unconference Kinnernet had great success with this model. They provided numerous conference tracks on a single landing page and by clicking the topic you were brought into a virtual hangout to hear ideas and explore conversation. The key is to give people non-work-specific opportunities to engage and connect around mutual points of interest, and to keep this within the company so that it provides a sense of membership.

Do they have a sense of influence?

For people to have a sense of community and company culture, they need to be influenced by the organization and feel that they possess influence over the organization. Especially in times when the world feels out of control, providing your team with the feeling that they can influence their work provides a sense of stability.

- Do you have an open call for employees to organize events, games or happy hours?
- Do you host town halls where anybody can speak, present, or at least enter a question?
- Do you have a functional suggestion system so that people can make improvements or a public list of problems that you invite the community to tackle? e.g. Any advice on how to manage eight hours of video calls while raising two kids?
- Do you recognize people for their suggestions or ideas?

Chances are that there is somebody in your organization who could provide a solution if only they knew their colleagues were tackling these problems alone.

Do they feel their journey aligns with the company?

Unless the organization's goals are aligned with where employees are looking to go, then their engagement and participation will be inauthentic. When the team is constantly putting out fires and dealing with the latest emergency, it is easy to lose sight of the organization's vision, and that people are connected to it. It wouldn't hurt to regroup and realign to make sure that everyone is on the same page and you are heading in the same direction. Otherwise it may feel like we are working without a purpose.

Regardless if you are part of a large organization or have a small startup, it is your company culture that will define how we make it through the changes brought on by Covid-19. While many companies will fall apart, the teams that develop a healthy culture, will bring them closer together and increase their success.

Source: https://www.inc.com/jon-levy/how-to-ensure-healthy-remote-company-culture.html

COVID and then what?

By CMASA

What every Case Manager should appreciate and do something about.

Astrid Engelbrecht's husband was admitted to ICU and this is an extract of her journey.

Two weeks ago, I posted about my husband that was discharged after spending 54 days in ICU.
I have been in the Nursing since 1983, but nothing prepared me for this journey at home! We send patients home and mostly do not know the rest.

I read widely about Covid and effects on the body (not forgetting the effects of 4 weeks on a ventilator) but has now seen it for myself.

Weight loss 24kg, and that is muscle that is lost - resulting in someone who can barely walk, no balance, and a tiredness that is overwhelming!

Night sweats and a saturation that drops drastically with any physical effort even on continuous oxygen. Sudden hypotension and constant tachycardia. Side effects of all the medication is staggering. And PTSD is a reality!
Interesting discussion about where he was while ventilated and sedated....and again it is horrifying the learn about his dreams in that time, no wonder they wake up fighting and scared.

Time will tell about his ability to recover, and the long-term effects of Covid on his body.

Home rehabilitation is not for the feint hearted, it is hard work and persistence, making sure he knows that this is a long road, and that his independence will come in time.

For the first time in my life I "google" to check what he is experiencing is *normal* or at least recorded somewhere.
This is unknown territory for us....

The lesson to us all is that it's not just the patient and our work carries on beyond the discharge from hospital.

Thank you, Astrid, for allowing us to share this we pray your hubby continues to improve.