

THE CONTEMPORARY CASE MANAGEMENT MODELS

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Abstract: *a case management started to be popular among academic and non-profit organization due to focus related approach. However, the question of effectiveness of case management still faces some doubts. Current paper analyzed three different reports about the usage of case management, case management models and its effectiveness. It was found that fundamental understanding of case management is similar among various institutions, whereas case management models' usage and interpretation lack of homogenous notion.*

Keywords: *social work, case management, case study, case management models, assertive community.*

СОВРЕМЕННЫЕ МОДЕЛИ КЕЙС-МЕНЕДЖМЕНТА

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Аннотация: *кейс-менеджмент является популярным методом исследования среди академических и некоммерческих организаций, т.к. включает в себя фокус-ориентированный подход. Однако вопрос об эффективности метода по-прежнему вызывает некоторые сомнения. В настоящем документе были проанализированы три разных отчета об использовании, моделях, и эффективности кейс-менеджмента. Было обнаружено, что фундаментальное понимание кейс-менеджмента аналогично между различными учреждениями, тогда как использование и интерпретация моделей управления случаями не имеют однородного представления.*

Ключевые слова: *социальная работа, кейс-менеджмент, кейс-стади, модели кейс-менеджмента, напористое общество.*

The role of philosophy and science in the contemporary world appears to be one of the pivotal factors that help to deal with various problems that mankind and the world endure. The history of the methods and methodologies used in the development of academics have been thought of as key factors in indicating the significance and reliability of any research. The most successful of them are those that are implemented directly into practice and show substantial results and conclusions. Thus, research methods play a critical role in the maintenance of any study. The contemporary knowledge of humanity can provide colossal number of methods and methodologies implemented in various spheres of science and philosophy. However, the effectiveness and embodiment of these approaches still need to be studied and evaluated. The embodiment simultaneously can be evaluated by relying on tangible and practical instances and samples. For example, one of the spheres that can demonstrate such tangible and practical results is healthcare. Here, it will be important to mention that the notion of health is not only the physical assessment of being, however, according to World Health Organization [6] (1948), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Constitution of WHO)". Consequently, it appears that research or any other kind of study within the healthcare systems clearly demonstrates results that help to evaluate the approach and methods implemented in its study.

One of the popular research methods of last decades in healthcare is case management [CM]. CM has lots of other related names as care coordination, case study, integrated care, etc [3]. In addition to that, there is no clear definition of CM. One of the early definitions of CM was provided by Thorincroft [3], "CM is a way of coordinating, integrating and allocating individualized care within limited resources by means of continuous contact with one or more key professionals [4]". Mental Health Unit of University of Sydney developed their definition of CM as "a complex integrated health and social care intervention and makes a unique contribution to the health, social care and participation of people with complex health conditions [3]". Non-profit organizations also have their own representation of CM. For instance, Case Management Society of America [1] defines CM as "a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes [1]".

METHODS and TECHNIQUES: These definitions mentioned above help us understand that the CM sphere appears to be not only an academic field of study, but also as an institutionalized sphere. Despite the fact that the definitions are varying among different institutions, it can be said that the main idea between two sources above is the same, which is providing a systematic health and social care with the help of available resources in order to solve complex health or social issues of an individual or a group. In addition to same fundamental idea among various definitions, it appears that the CM also used by various non-profit organizations which promotes the creation of ‘grey’ literature. Grey literature as defined by Lukersmith et al., is “literature produced at all levels of government, academics, business, industry in print and electronic formats, but which is not controlled by commercial publishers” [3, p. 2]. According to Lukersmith et al. [3], academic literature about CM mostly deals from observational, descriptive and experimental perspective, whereas grey literature is based on practiced, experienced samples and cases. Hence, for the purpose of this study, I will use grey literature as it puts the theory surrounding CM in the context of practice.

Another important notion to mention is that healthcare appears to be an extensive area of study. That is why, understanding CM in the context of healthcare is a wide topic. In order to make the following research more specific, focused, and reliable, it is important to choose one certain area of study. Lekersmith et al. [3] states, CM is being implemented in “nursing, occupational therapy, physiotherapy, psychology, rehabilitation counselling, social work, speech pathology” [3, p. 2]. Referring to WHO’s definition of health and the definition of CM, the notion of social welfare of mankind appears to be as one of the pivotal aspects to study. Therefore, in this current article, I will try to mainly focus on the implementation of CM approach in social work. Nevertheless, investigating CM approach from social work perspective still requires a wide scope of analysis. Thus, due to motives mentioned above, CM approach will be evaluated from effectiveness position by referring on CM models. The notion of ‘effectiveness’ means not a size of impact, but rather a nature of research design and the scale of study. In this paper, I am going to investigate several number of issues related with contemporary CM approach. However, the main question of the article is ‘How CM and CM models are understood in CM research approach’?

Before exploring the possible benefits that the CM approach would bring to the field of social work, it is essential to clearly define what the term social work refers to in this work, and with which aspects of human being it deals with. According to International Federation of Social Workers [2], “social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing [2]”. Due to being a practice-based academic discipline, understanding the CM from social work perspective promises to be a substantial work.

LITERATURE REVIEW: In order to get into the understanding of CM as an approach in health care, it is significant deal with the theoretical background. Thornicroft [3], defines six major principles of CM approach: continuity; accessibility; staff–patient relationship; tailoring support to need; facilitating independence; patient advocacy and advocacy for [4]. In the later studies the principles mentioned above were discussed and developed by different authors [4]. Finally, this led to the following list of CM tasks [4]:

- Detection of patients
- Establishment and maintenance of a therapeutic alliance
- Advocacy
- Needs assessment
- Design of an individualized care plan
- Continuous monitoring of the care plan
- Monitoring of client’s mental functioning
- Compliance with medication and side effects
- Supportive counseling
- Coordination of service delivery: referral and linking to services
- Monitoring and evaluating the effectiveness of service provision
- Modifying provision of services*

(*These tasks are more broadly described in [3]).

The list CM tasks mentioned above helps to create a picture of CM strategy. However, through the years CM adopted new models. There are four major models of CM [5]:

- Brokerage/Generalist Model; [B/G]
- Assertive Community Treatment/Intensive Case Management; [ACT/ICM]
- Clinical/Rehabilitation Model; [C/R]
- Strengths-based Case Management. [SB].

Despite the fact that these major models involve similar or even same purpose of functioning, the fields differ in participation frequency of the client or case manager, and in the amount of service provision [5].

Vanderplasschen et al. aimed to study the effectiveness of different CM models (2007). They decided to conduct an evaluation of peer-reviewed articles that used CM models. In order to achieve that, authors emphasize on sort, degree and nature of research investigation and yet not on the size or impact of these effectiveness. The results were significantly diverse. For instance, the positive effectiveness was gained through the analysis of researches based on ICM and ACT models. The effectiveness of SB and G models showed less rate, while the C and B models' efficacy was not expressed in even smaller number of studies.

CM models were also studied by Mas-Expósito et al. in 2014 [4]. They decided to implement meta-analysis approach in order to understand the efficacy of CM models. There are several CM models: ACT - Assertive Community Treatment; SC - Standard Care; SMI - Severe Mental Illness; HBR - Hospital based Rehabilitation; CCM - Clinical Case Management; ICM - Intensive Case Management; NIMH - National Institute of Mental Health. In fact, the traditional differentiation of CM models is between ACT and other CM models. However, after meta-analyzing eight reviews on the question of CM efficiency, they revealed a several other conclusions.

The first conclusion was that dividing cases into ACT and CM is not demonstrating the whole picture of CM models' efficacy. In fact, the analysis showed that the roots of CM models are dependent on the degree of care intensity which plays the most essential role. The models prioritizing according to the urgency and the needs of clients/patients. Thus, in addition to traditional differentiation of CM models they are dividing models into two groups: ICM and non-ICM models. ICM models include of maximum 20 cases, whereas non-ICM model deals with over 20 cases. The second conclusion was derived from results of meta-analysis. It argued that non-homogeneous picture of CM models' efficacy was gained because of non-standardized approach in models. Based on the first conclusion, reviews of CM derived into three categorizations: CM including ACT; CM and ACT as separate models; ICM and non-ICM. Authors argue that due to different perspective towards understanding of CM models, analyzed reviews suffered from understanding expressing the clear picture of efficiency of CM in social work. In addition to that, Mas-Expósito et al. admit that homogeneity between reviews was not achieved due to different approach in strictness of the methodology [4].

DISCUSSION and CONCLUSION: It can be clearly said that the fundamental notion of CM is same among different authors and organizations both in academic and non-profit spheres. The interpretation of CM models however, is still varying. Firstly, it is essential that Thornicroft constructed a basement towards understanding of CM tasks and CM models' features. This basic understanding of CM later adopted into various kind of CM models as ACT, ICM, CM, RM, SB, etc. In order to understand the nature of CM models, it was proposed to evaluate the effectiveness provided in various studies. The efficacy of CM models, on the contrary, demonstrated lack of homogeneity among them. Most effective one appeared to be ACT and ICM models [5]. Later studies also demonstrated non-stable effectiveness picture of CM models. It was also proposed to diverse them into ICM and non-ICM models. This diversification is going to prioritize case according to their necessity and urgency [4]. To conclude, it can be clearly said the CM models still need to standardized, yet still standardization can stop adaptive pattern of CM models. In addition to the main question answered in current article, the future studies demand a deep understanding of the following questions:

- I. To what extent the CM approach and CM models are effective in social work?
- II. What are the components and activities performed in social work using CM?
- III. What are the limitations of CM in social work discipline?

References / Список литературы

1. Case Management Society of America. What is Case Manager? Retrieved from [Electronic resource]. URL: <http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspx/> (date of acces: 26.03.2018).
2. International Federation of Social Workers. Global Definition of Social Work. (2014). Retrieved from [Electronic resource]. URL: <http://ifsw.org/get-involved/global-definition-of-social-work/> (date of acces: 26.03.2018).
3. Lukersmith, S., Millington, M., & Salvador-Carulla, L. What is Case Management? A Scoping and Mapping Review. *International Journal of Integrated Care*, (2016). 16(4): 2, 1-13, DOI: [Electronic resource]. URL: <http://dx.doi.org/10.5334/ijic.2477/> (date of acces: 26.03.2018).
4. Mas-Expósito L., Amador-Campos J.A., Gómez-Benito J.&Lalucat-Jo.L. Depicting Current Case Management Models. *Journal of Social Work*, (2014). 14(2), 133-146. DOI: 10.1177/1468017313477296.
5. Vanderplasschen W., Wolf J., Rapp C.R.&Broekaert E. Effectiveness of Different Models of Case Management for Substance-Abusing Populations. *Journal of Psychoactive Drugs*, 2007. 39 (1). 81-95.
6. World Health Organization. Constitution of WHO: principles. (1948). Retrieved from [Electronic resource]. URL: <http://www.who.int/about/mission/en/> (date of acces: 26.03.2018).