

# Ethical Infrastructure in Case Management

Workers' Compensation Educational  
Virtual Conference

October 26-30, 2020



# Disclosures



**Alas, I have none**

Would like to win the lottery



**Am becoming more tolerant of  
online meetings**

# Objectives

At the end of this presentation participants will be able to:

- Describe how to create and maintain ethical infrastructure in the care of workers as patients.
- Describe a process for an ethics workup of a case.
- Identify how the codes of ethics and professional conduct play a role.
- Identify unethical behavior that can also be unlawful.

# Infrastructure

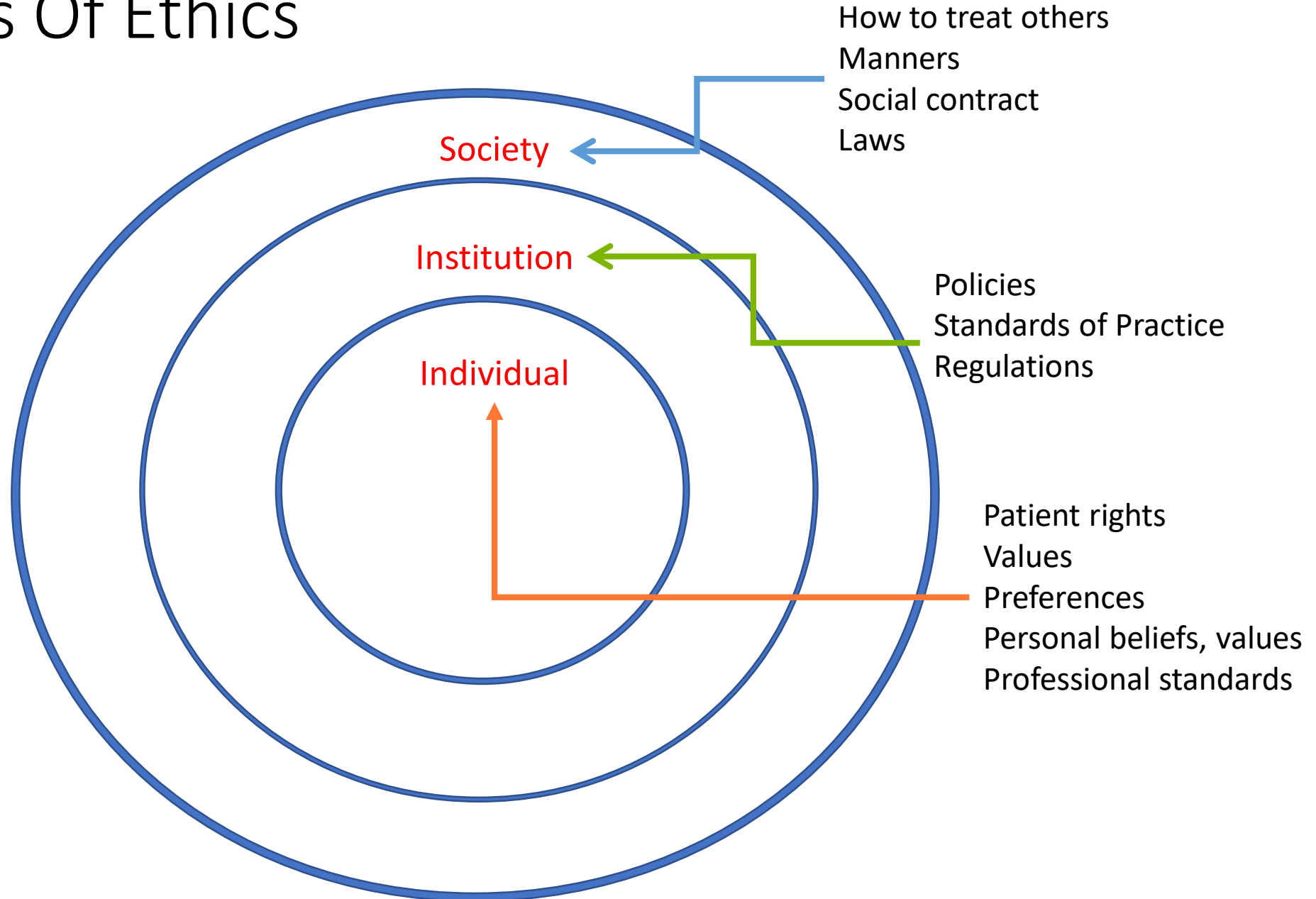
1. the system of public works of a country, state, or region also : the resources (such as personnel, buildings, or equipment) required for an activity

2. the underlying foundation or basic framework (as of a system or organization)

- Synonyms:

- Architecture, armature, cadre, configuration, edifice, fabric, frame, framework, framing shell, skeleton structure

# Realms Of Ethics



# What is ethics about?



Recognizing questions of ought or should



Identify the stakeholders, interests and issues



Gather pertinent data



Use a disciplined approach to move toward resolution

# What is medical ethics\*?

- Standards of behavior informing us how human beings ought to act related to the care of patients
- Many influences:
  - Standards
  - Approaches
  - Principles
- \*see also: Clinical Ethics, Biomedical Ethics, Healthcare Ethics

# CCM Principles

## Board Certified Case managers (CCMs):

1. will place the public interest above their own at all times.
2. will respect the rights and inherent dignity of all of their clients.
3. will always maintain objectivity in their relationships with clients
4. will act with integrity and fidelity with clients and others.
5. will maintain their competency at a level that ensures their clients will receive the highest quality of service.
6. will honor the integrity of the CCM designation and adhere to the requirements for its use.
7. will obey all laws and regulations.
8. will help maintain the integrity of the Code, by responding to requests for public comments to review and revise the code, thus helping ensure its consistency with current practice.



# Underlying Values

- Board Certified Case Managers (CCMs)
  - Believe that case management is a means for improving client health, wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation.
  - Recognize the dignity, worth and rights of all people
  - Understand and commit to quality outcomes for clients, appropriate use of resources, and the empowerment of clients in a manner that is supportive and objective
  - Embrace the underlying premise that when the individual(s) reaches the optimum level of wellness and functional capability, everyone benefits; the individual(s) served, their support systems, the health care delivery systems and the various reimbursement systems
  - Understand that case management is guided by the ethical principles of autonomy, beneficence, nonmaleficence, justice and fidelity



# CCM Rules of Conduct

## Board-Certified Case managers (CCMs):

- will not intentionally falsify an application or other documents.
- will not be convicted of a felony.
- will not violate the code of ethics governing the profession upon which the individual's eligibility for the CCM designation is based.
- will not lose the primary professional credential upon which eligibility for the CCM designation is based.
- will not violate or breach the Standards for Professional Conduct.
- will not violate the rules and regulations governing the taking of the certification examination and maintenance of CCM Certification.

# STANDARDS FOR BOARD-CERTIFIED CASE MANAGER (CCM) CONDUCT

## **Section 1 - The Client Advocate**

Board-Certified Case Managers (CCMs) will serve as advocates for their clients and perform a comprehensive assessment to identify the client's needs; they will identify options and provide choices, when available and appropriate.

## **Section 2 – Professional Responsibility**

### **S 1 - Representation of Practice**

Board-Certified Case Managers (CCMs) will practice only within the boundaries of their role or competence, based on their education, skills, and professional experience. They will not misrepresent their role or competence to clients.

### **S 2 - Competence**

Case Management competence is the professional responsibility of the Board-Certified Case Manager, and is defined by educational preparation, ongoing professional development, and related work experience.

### **S 3 - Representation of Qualifications**

Board-Certified Case Managers (CCMs) will represent the possession of the CCM credential to imply the depth of knowledge, skills, and professional capabilities as intended and demonstrated by the achievement of board certification.

### **S 4 - Legal and Benefit System Requirements**

Board-Certified Case Managers (CCMs) will obey state and federal laws and the unique requirements of the various reimbursement systems by which clients are covered.

### **S 5 - Use of CCM Designation**

The designation of Certified Case Manager and the initials "CCM" may only be used by individuals currently certified by the Commission for Case Manager Certification. The credential is only to be used by the individual to whom it is granted, and cannot be transferred to another individual or applied to an organization.

### **S 6 - Conflict of Interest**

Board-Certified Case Managers (CCMs) will fully disclose any conflict of interest to all affected parties, and will not take unfair advantage of any professional relationship or exploit others for personal gain. If, after full disclosure, an objection is made by any affected party, the Board-Certified Case Manager (CCM) will withdraw from further participation in the case.

### **S 7 - Reporting Misconduct**

Anyone possessing knowledge not protected as confidential that a Board-Certified Case Manager (CCM) may have committed a violation as to the provisions of this Code is required to promptly report such knowledge to CCMC.

# CCM Standards of Conduct

Section 1 — The Client Advocate

Section 2 — Professional Responsibility

Section 3 — Case Manager/Client Relationships

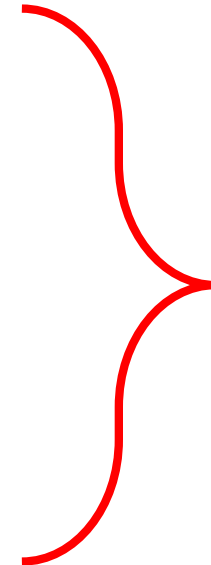
Section 4 — Confidentiality, Privacy, Security and Recordkeeping

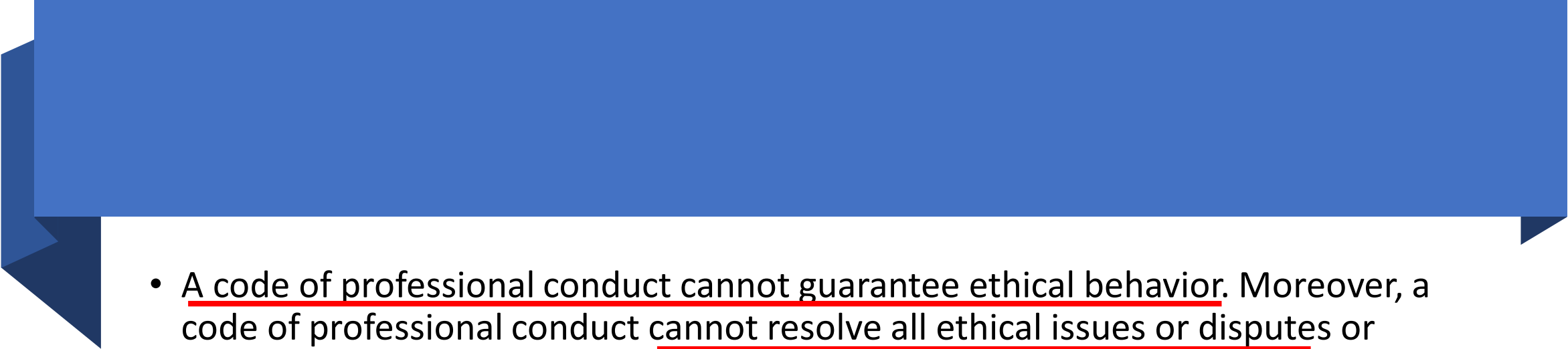
Section 5 — Professional Relationships

# Preamble: Certified Disability Management Specialist

The fundamental spirit of caring and respect with which the Code is written is based upon five principles of ethical behavior. These include autonomy, beneficence, nonmaleficence, justice, and fidelity, as defined below:

- Autonomy: To honor the right to make individual decisions.
- Beneficence: To do good to others.
- Nonmaleficence: To do no harm to others.
- Justice: To act or treat justly or fairly.
- Fidelity: To adhere to fact or detail.



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- A code of professional conduct cannot guarantee ethical behavior. Moreover, a code of professional conduct cannot resolve all ethical issues or disputes or capture the richness of complexity involved in providing professional input within a moral community. Rather, a code of conduct sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Disability management specialists' ethical behavior should result from their personal commitment to engage in ethical practice. The Code reflects the commitment of all disability managers to uphold the profession's values and to act ethically. Principles and rules of conduct must be applied by individuals of integrity who discern moral questions and, in good faith, seek to make reliable ethical judgments.

# CDMS Principles

Certified Disability Management Specialists shall:

1. endeavor to place the public interest above their own at all times.
2. shall respect the integrity and protect the welfare of those persons or groups with whom they are working.
3. shall always maintain objectivity in their relationships with clients.
4. shall act with integrity in dealing with other professionals.
5. shall keep their technical competency at a level that ensures their clients will receive the benefit of the highest quality of service the profession can offer.
6. shall honor the integrity and respect the limitations placed on the use of the CDMS credential.
7. shall obey all laws and regulations, avoiding any conduct or activity that could harm others.
8. shall help maintain the integrity of the CDMS Code of Professional Conduct.


# CRC Values and Principles

1. Respecting human rights and dignity;
2. Ensuring the integrity of all professional relationships;
3. Acting to alleviate personal distress and suffering;
4. Enhancing the quality of professional knowledge and its application to increase professional and
5. Personal effectiveness;
6. Promoting empowerment through self-advocacy and self-determination;
7. Appreciating the diversity of human experience and appreciating culture;
8. Emphasizing client strengths versus deficits;
9. Serving individuals holistically; and
10. Advocating for the fair and adequate provision of services.



# Enforceable Standards

## Section A: Counseling Relationship

- A.1. Welfare of those Served
- A.2. Respecting Diversity
- A.3. Client Rights
- A.4. Avoiding Value Imposition
- A.5. Rules and Relationships with Clients
- A.6. Multiple Clients
- A.7. Group Work
- A.8. Termination and Referral
- A.9. End of Life Care for Terminally Ill Clients

# Standards continued

- Section B: Confidentially, Privileged Communication, and Privacy
- Section C: Advocacy and Accessibility
- Section D: Professional Responsibility
- Section E: Relationships with Other Professionals and Employers
- Section F: Forensic Services
- Section G: Assessment and Evaluation
- Section H: Supervision, Training, and Teaching
- Section I: Research and Publication
- Section J: Technology, Social Media, and Distance Counseling
- Section K: Business Practices
- Section L: Resolving Ethical Issues

# Principles of Bioethics

- Respect for Autonomy
  - Competency and informed consent
- Beneficence
  - To do good, further patient's interest
- Non-maleficence
  - Prevent harm, avoid what goes against patient's interest
- Justice
  - Distribute medical care and services fairly

# Themes in Ethics Cases

- Balance respect for wishes of patient and/or family (autonomy/respect for autonomy)

with

- Prudent assessment of proper medical care (beneficence/non-maleficence)

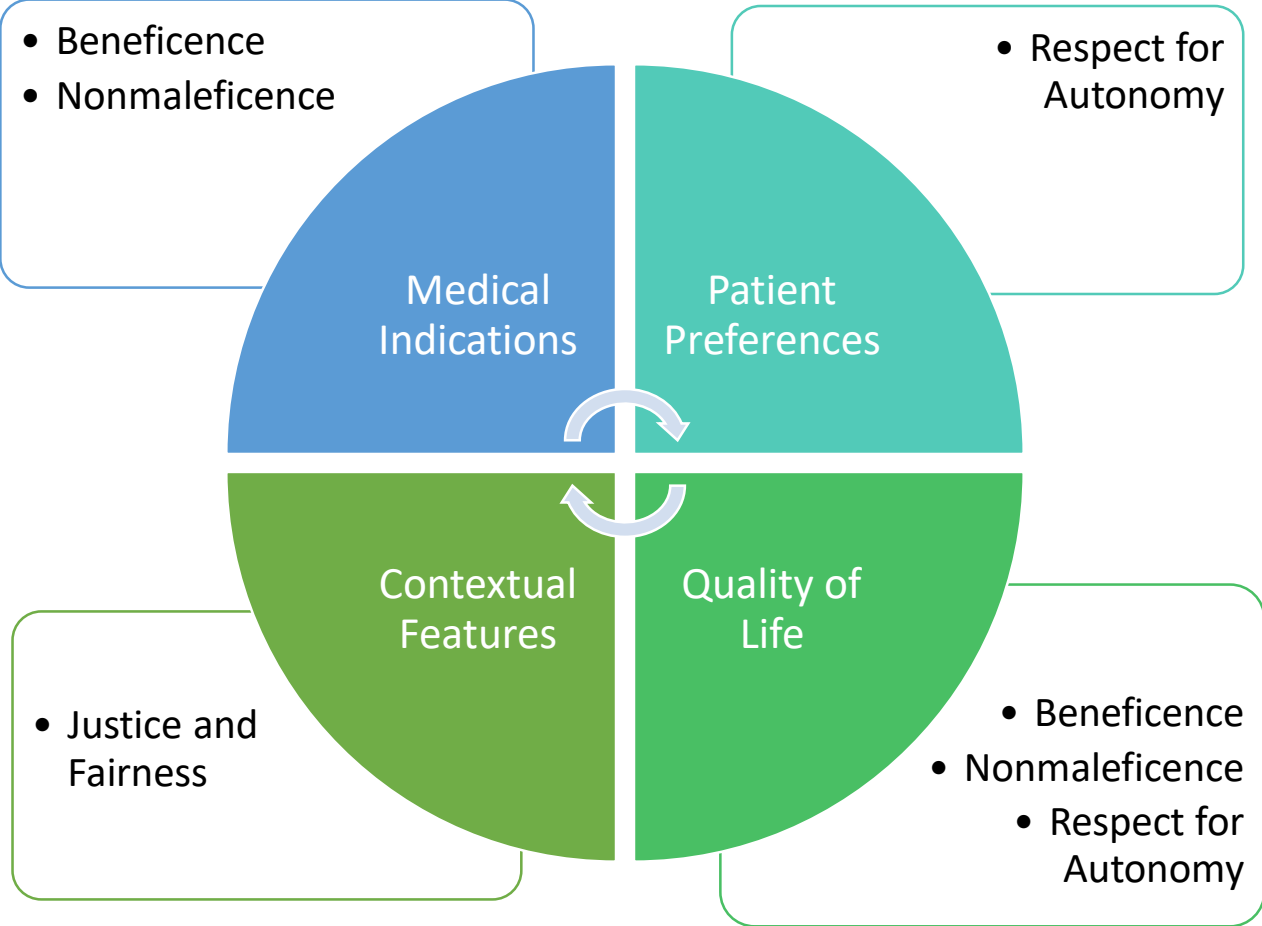
and

- Allocation of resources (justice)



# Clinical Ethics, 8th Ed.

Jonsen, Seigler and Winslade



# Four Box Method: Descriptions

## Medical Indications

- History of medical problem: Acute? Chronic? Urgent?
- Is the intervention reversible?
- Goals of treatment?
- Alternative approaches?
- How can medical care benefit this patient and harms be avoided?

## Patient/Family Preferences

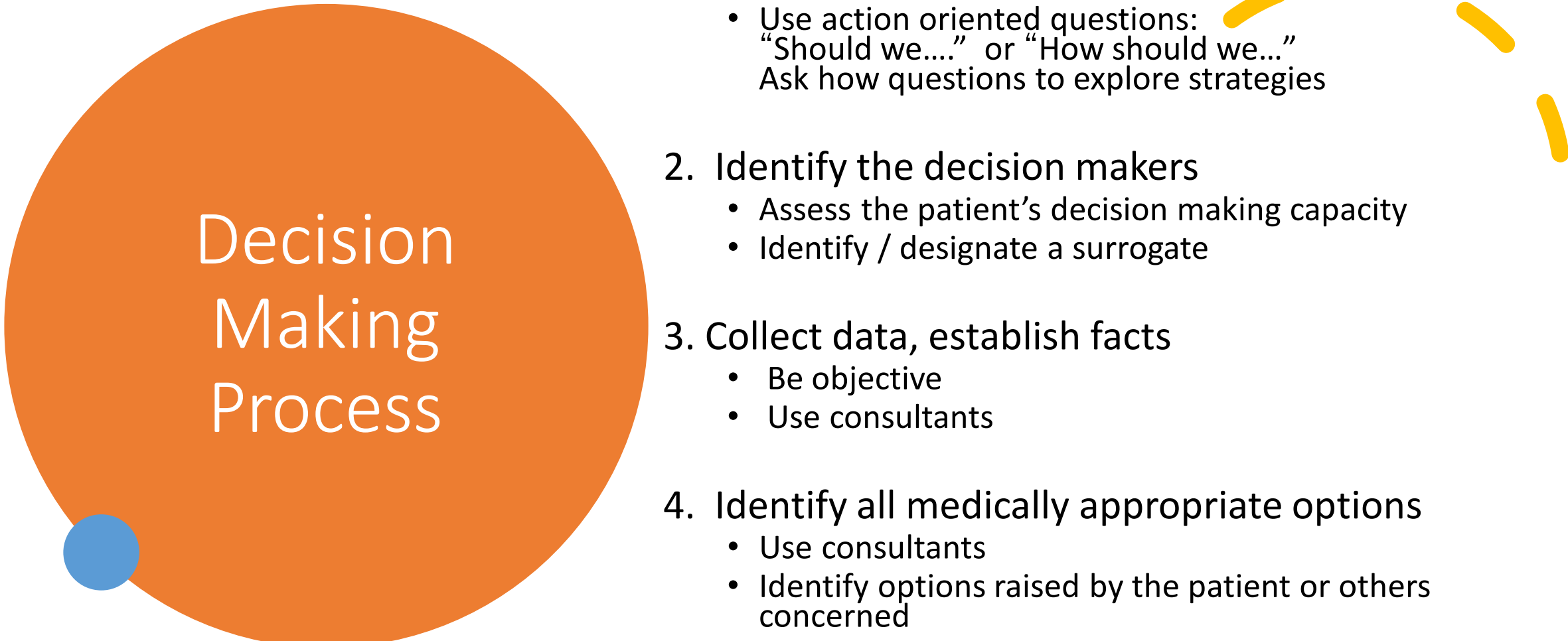
- Does patient have capacity for medical decision making?
- What are his preferences? His parents' preferences?
- Has the patient been informed about risks and benefits of treatment?
- Has he given/refused consent?

## Contextual Features

- Family issues that might influence treatment decisions?
- Financial and economic factors?
- Religious or cultural factors?
- Legal considerations?

## Quality of Life

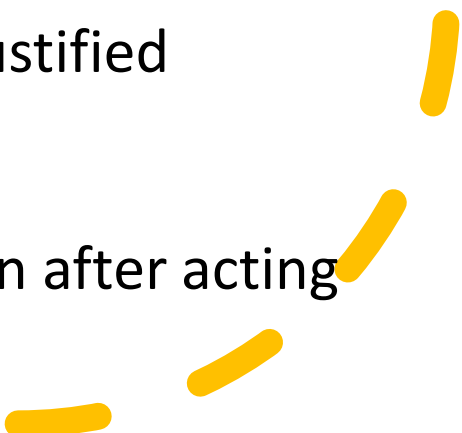
- What is the expected impact to his quality of life?
- Are there biases that might affect the view of the patient's quality of life?



# Decision Making Process

1. Identify the ethical question(s)
  - Use action oriented questions: “Should we...” or “How should we...”  
Ask how questions to explore strategies
2. Identify the decision makers
  - Assess the patient’s decision making capacity
  - Identify / designate a surrogate
3. Collect data, establish facts
  - Be objective
  - Use consultants
4. Identify all medically appropriate options
  - Use consultants
  - Identify options raised by the patient or others concerned
  - Identify the feasibility and barriers to identified options

# Decision Making Process cont'd

5. Evaluate feasible options following values and principles
    - The patient's values are generally a the most important concern
    - Consider professional ethical guidelines and relevant laws
    - Eliminate options that are morally unacceptable to all
    - Re-examine remaining options; combine if possible
  6. Identify ethical tensions/conflicts and set priorities
    - Weigh the relative importance of the principles in context
    - Examine past cases for relevant similarities/ differences
  7. Select the options than can be best justified
    - Seek a rational (and explainable) solution
  8. Re-evaluate the effects of the decision after acting
    - Identify unanticipated consequences
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# Ethical Considerations in a Crisis

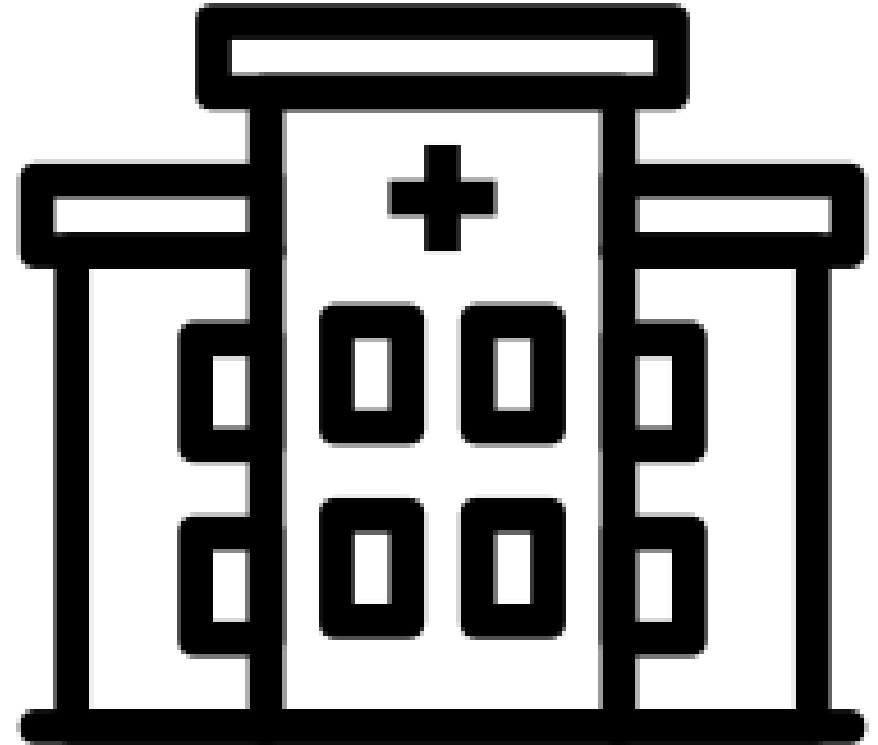
- Fundamental tension – providing the most good, to the most people when not all can have access
- IOM, Crisis Standards of Care (2009, 2012, 2013)
  - Fairness
  - Duty to care
  - Duty to steward resources
  - Transparency
  - Consistency
  - Proportionality
  - Accountability

# Public Health Responsibilities

- Prevention
  - Understanding the scope of the problem
    - This requires access to data
    - This can also require testing and contact tracing
    - These raise privacy questions
  - Intervening to reduce the scope of the problem and what it means for individuals
    - Education
    - Social distancing
    - Quarantine
    - Isolation
    - Tension between liberty and responsibility
- how effective, how burdensome, alternatives?

# Institutional Responsibilities

- Duty to plan
  - Equipment and supplies
- Duty to safeguard
  - Staff
    - Need to provide equipment and support
  - Vulnerable groups



# Institutional Responsibilities



- Duty to guide
  - Develop criteria for how resources are going to be allocated
    - Who gets admitted for critical care?
    - Who gets intubated?
  - Develop triage capacity to alleviate decision making at the bedside

# What does this mean for clinicians on the front lines?

- Making hard choices
  - Triggered when resources are limited or unavailable

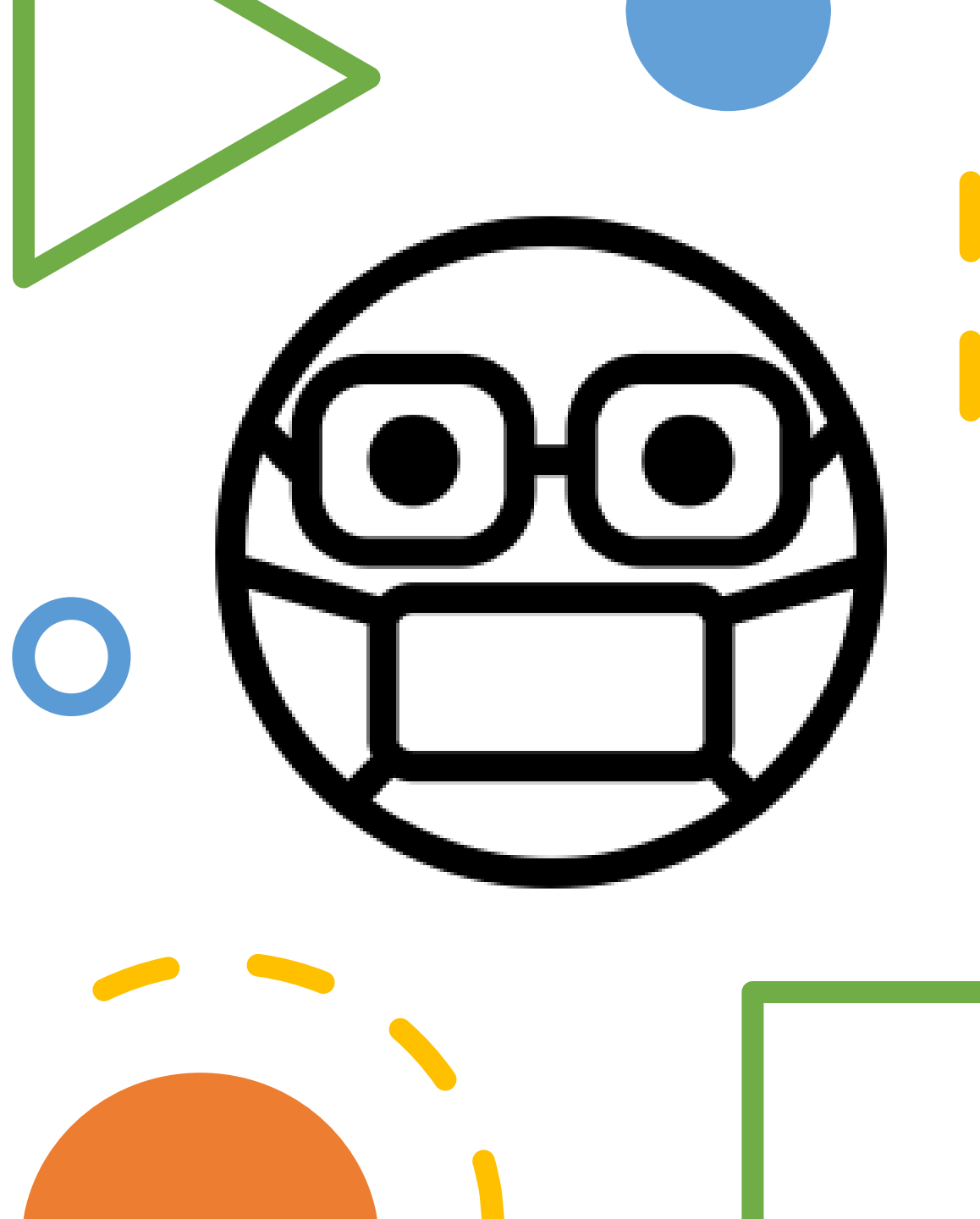
- Putting yourself at risk
- Impact on family
- Impact on you

What are the limits?



# Personal Responsibilities

- Social distancing
- Sheltering in place
- Wear PPE as directed
- Take PPE off correctly





Consequences of not  
attending to ethics  
issues.....



BO/CF/STS/MD/MI

- All share issues with empathy and engagement
- Affect all realms of being: physical, psychological, emotional, spiritual
  - Burnout (BO)
    - More related to mismatch between person and job
    - Organizational characteristics
  - Compassion fatigue (CF)
    - Psychological/emotional consequences
    - Change in beliefs and expectations
  - Secondary Traumatic Stress/Vicarious traumatization (STS/VT)
    - Personally traumatized
    - Anxiety, confusion, apathy, sadness



- Moral Distress (MD)
  - Injury to integrity
- Moral Injury (MI)
  - Injury to conscience that produces profound emotional guilt and shame
  - Some betrayal, anger
  - Moral disorientation

# Case Discussions



- Please review the following cases and answer the questions posed. These will be discussed after the presentation.
- Try out the 7-step framework and the ethical principles from the presentation to identify ethical issue sand steps towards resolution.
- Finally, review elements of your own code of ethics, standards of conduct to help answer the questions.
- Feel free to bring your own cases for discussion as well.

# Principles

<b>Medical indications</b> <i>(beneficence and nonmaleficence)</i>	<b>Patient preferences</b> <i>(autonomy)</i>
<b>Quality-of-life factors</b> <i>(beneficence, nonmaleficence, respect for autonomy)</i>	<b>Context</b> Social, economic, legal, and administrative contextual features <i>(justice and fairness)</i>

## Framework

1. Identify the decision makers
2. Collect data, establish facts
3. Identify all medically appropriate options
4. Evaluate options according to values and principles
5. Identify ethical conflicts and set priorities
6. Select the options than can be best justified
7. Re-evaluate the decision after acting

# Treatment Delay

- Your case management client has been encountering serious delays and discrepancies in information around getting an appointment with the identified provider for their workplace injury.
- For this case:
  - What factors that make this an ethical concern?
  - What ethical principle(s) are at stake here?
  - Identify a value of standard of conduct that would be and action guide

# Who makes decisions?

- Mr. Smith suffered a head injury at work. While he is improving, he is still having difficulty with executive function. He can also get very belligerent which seems to be due to his frustration with his situation.
  - Who should you be talking to about his plan of care?
  - What actions should you take if Mr. Smith says he will be driving to the appointments now to not be a burden on his family?
  - How might you advise the family about things they need to consider if his mental status remains impaired?



# Injuries During COVID

- The injured worker wants to delay their medical treatment. (There is no doubt about the injury or the cause.) The worker is fearful of getting the virus that causes COVID.
- What would you do?
- What ethical principle(s) is in play here?
- What parts of codes etc. discussed might be helpful?
- Anything else?



# Return to in Person Visits

- At last you have returned to in person visits with clients. Everyone is to wear a mask, appointments are staggered so no one is waiting together, client meetings are in a conference room large enough to allow 6 feet or more separation. It is weird, but doable.
  - Everyone is screened for symptoms and temperature is checked before they enter the building. COVID testing is available for anyone who thinks they have been exposed.
  - Some clients refused to comply with some or all of these measures.
    - What do you say and do?
    - Is it different if it is one of your coworkers that refuses to comply?
-

# Michael

- Michael your favorite case manager, has been very quiet since return to in person work. Everyone agrees he is different.
- You start noticing that some of his work is slipping. His assessments just aren't as good as they once were, and he used to have such good instincts about patients and sketchy providers.
- Seems like he is just showing up for just 8 hours then leaving. His clients have also started complaining. This is very out of character for Michael.
  - What do you think is going on?
  - What should you do and why?





# Negative Comments

- You notice that a new case manager seems to make more negative comments about persons of color (POC) than white clients. She moved here recently from the east coast.
- From her discussions in team meeting and generally, she makes various remarks about how those people are lazy just trying to get free money or care. This makes you very uncomfortable.
  - What should you do?
  - What guides your actions?

# Contact

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