



IssueBrief

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From illness and disability to optimal health: In different ways, CCMs and CDMSs help pave the path to healing

Certified case managers and certified disability management specialists use their skills and expertise to help clients return to optimal health and productivity. Each has a role.

“Case managers and disability management specialists may approach client care a bit differently and use tools specific to their particular professions, yet they both have the ultimate goal of assuring clients get to the best outcomes,” explains Vivian Campagna, DNP, RN-BC, CCM, ICE-CCP, Chief Industry Relations Officer, Commission for Case Manager Certification.

Perhaps because the two professions share a common goal, the distinction is sometimes missed. As a registered nurse with CCM and CDMS credentials, Lisa M. Scotton, MJ, RN, CCM, CDMS, is often asked, “What’s the difference between the certifications? Why do you need them both?”

To help answer that question, she developed a visual (see Figure 1 on next page) to help demonstrate how the certifications differ and how they overlap.

A distinction with a difference

The CCM focuses on care coordination and ensuring the delivery of competent case management services and improved health outcomes

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for clients. Scotton cites the [Case Management Body of Knowledge](#) to explain:

Case managers' first duty is to their clients—coordinating care that is safe, timely, effective, efficient, equitable, and client-centered.... Case management helps clients achieve wellness and autonomy through advocacy, comprehensive assessment, planning, communication, health education and engagement, resource management, service facilitation, and use of evidence-based guidelines or standards.¹

¹ CCMC's Case Management Body of Knowledge (CMBOK). <https://cmbodyofknowledge.com>

The CDMS, in contrast, focuses on the client's return to productivity and the economic impact of lost time in the workplace. They help clients navigate the economic challenges resulting from a health issue. The CDMS uses their in-depth knowledge of leave and absence programs and employer resources to support the client in returning to optimal productivity in a safe and timely manner.

The CCM and the CDMS each has its own practice domains and settings. These domains are outlined in Figure 2, see next page.

CCMs work in an array of settings, including with health insurers and third-party administrators, hospitals and physician practices, workers

compensation, chronic care management, and post-acute settings. Certified disability management specialists typically work for employers, leave and disability insurance carriers and third-party administrators and vocational rehabilitation programs.

As workers age, the need grows

The need for both roles has only become more urgent. More than half of adults (52%) have at least one chronic medical condition, and 27% have multiple chronic conditions, according to the CDC.²

² Boersma P, Black LI, Ward BW. Prevalence of Multiple Chronic Conditions Among US Adults, 2018. *Prev Chronic Dis* 2020;17:200130. DOI: <http://dx.doi.org/10.5888/pcd17.200130>

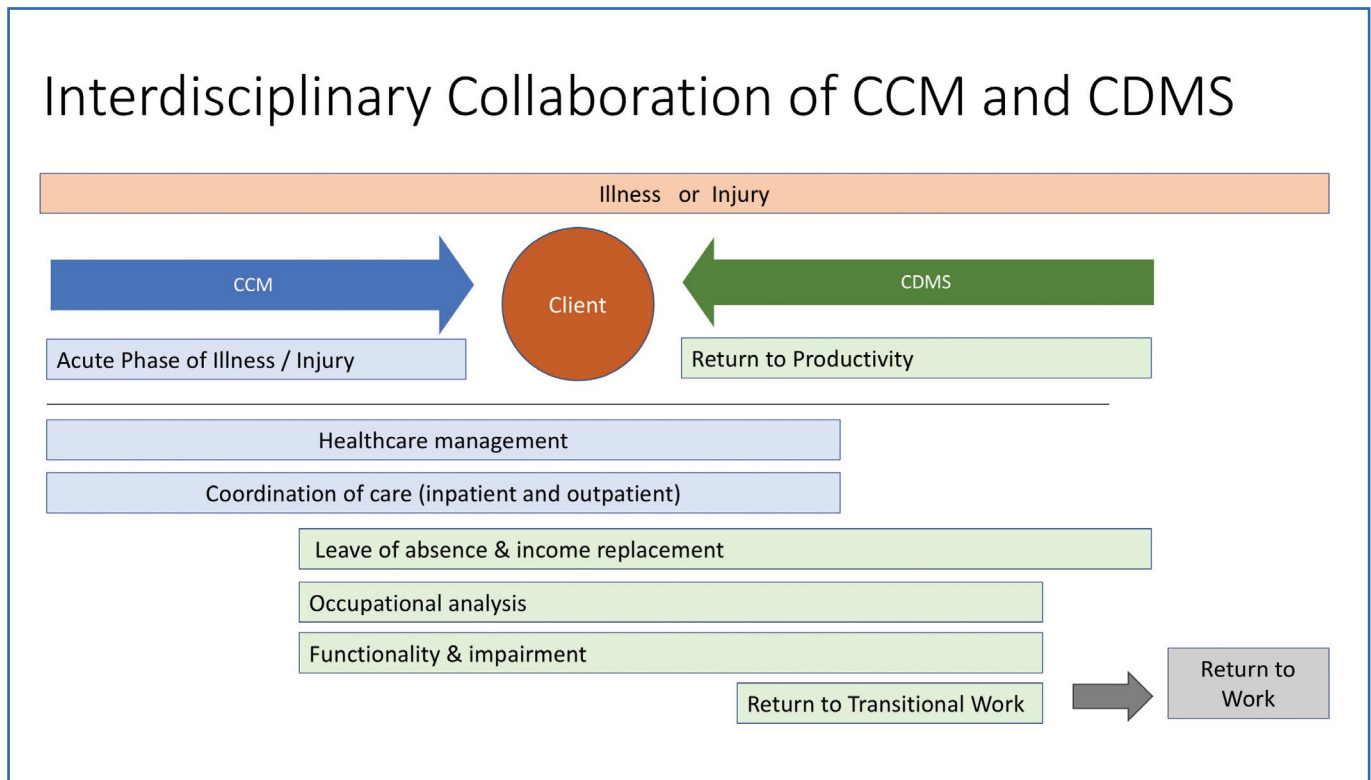


Figure 1

Moreover, roughly 37% of essential workers in 2020 were 50 or older.³

This points to a growing need for support when it comes to maintaining health and workplace productivity. Overlaying all of this is the pandemic; CDC research suggests that as of February 2022, nearly 58% of US adults showed evidenced of having had COVID.^{4,5}

3 Schramm J, Carlos F. *The U.S. Essential Workforce Ages 50 and Older: A Snapshot*. Washington, DC: AARP Public Policy Institute. October 2020. <https://doi.org/10.26419/ppi.00111.001>

4 Clarke KE, Jones JM, Deng Y, et al. Seroprevalence of Infection-Induced SARS-CoV-2 Antibodies—United States, September 2021–February 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:606–608. DOI: <http://dx.doi.org/10.15585/mmwr.mm7117e3>external icon.

5 “Almost 60% of US Population Has Been Infected by COVID-19: CDC.” *Medscape Medical News*, April 26, 2022. <https://www.medscape.com/viewarticle/972784>

Scotton points out that many experts believe this figure is low, given the increased availability of at-home testing. Even more concerning, she says, is the fact that 20% of COVID survivors will likely develop long COVID.⁶

All of this highlights the critical roles of the CCM and the CDMS in helping clients meet their non-occupational and occupational goals, she says. (Factors other than an employee’s health are driving the need for CCM and CDMS support; see sidebar, “Why now?” on next page.)

6 Bull-Otterson L, Baca S, Saydah S, et al. Post-COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years—United States, March 2020–November 2021. *MMWR Morb Mortal Wkly Rep* 2022;71:713–717. DOI: <http://dx.doi.org/10.15585/mmwr.mm7121e1>external icon.

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A continuum and a collaboration

As CCM and CDMS professionals address these needs, they may cross paths. After all, Scotton says, CCM activities don’t stop the moment a client is discharged

How does CCM differ from CDMS?

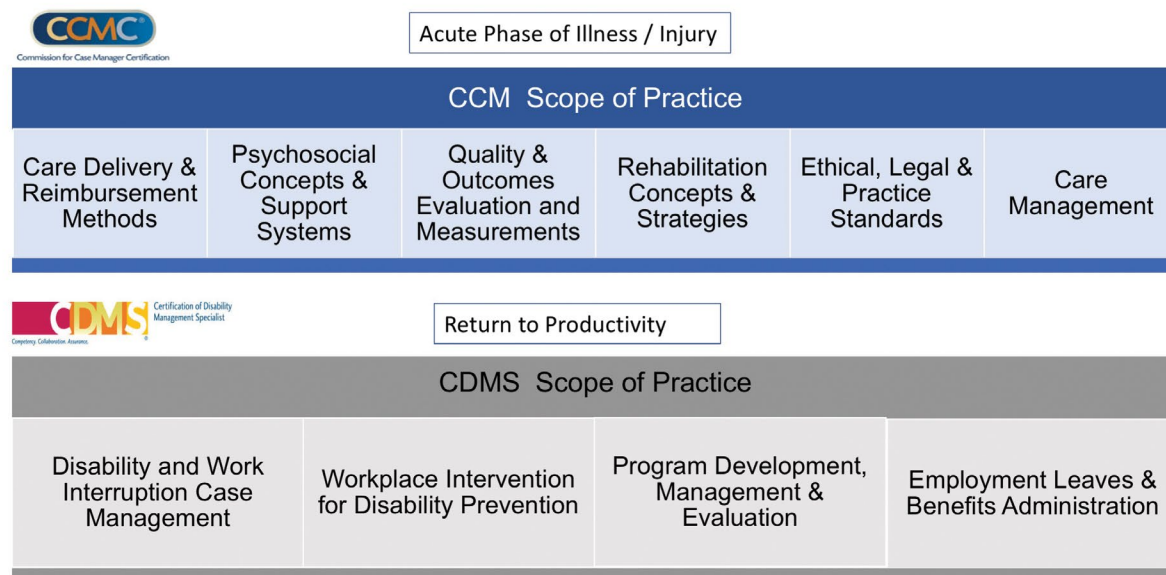


Figure 2

from acute care. Similarly, CDMS interventions may begin while the client is still hospitalized or engaged in a treatment plan.

Here's just one example of how this would work: The CDMS may need additional medical

information about the client's in-patient treatment and ongoing plans for therapy after discharge. This information can support leave-of-absence requests and programs that provide the client some degree of income replacement and job protection. The

CDMS would partner with the CCM to obtain this information before discharge, thereby avoiding unnecessary delays that could hurt the client financially.

The CDMS professional can also function as a liaison between the client, the health care provider, the CCM, and the employer to determine the client's current functionality and what would be a suitable transitional return-to-work plan.

Figure 3 (see next page) illustrates some of the tasks these professionals share. To understand the interplay, it helps to see it in action.



Why Now?

The roles of the CCM and the CDMS have become even more important in recent years.

For CDMS, expansion of employer benefits has been an advantage to clients, yet the requirements for the leave of absence programs often vary, making it confusing to workers. Benefits vary by location, eligibility, duration, pay and employer. A worker in Washington State will have a different combination than a worker in Mississippi.

Another factor is the workers themselves. Because of financial issues, many try to return to work before they fully recover. "Transitional work allows the client to return to work with temporary work restrictions approved by the healthcare provider, based on the client's current functionality and level of impairment," Scotton explains. "It's a win-win solution. Employers retain valuable employees, improve productivity and morale and training costs. ... The client can regain pre-disability earnings while job functions are modified during the recovery process."

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[†] Schramm J. Carlos F. *The U.S. Essential Workforce Ages 50 and Older: A Snapshot*. Washington, DC: AARP Public Policy Institute. October 2020. <https://doi.org/10.26419/ppi.00111.001>

Collaboration in action: “Ray”

Scotton offers an example of how CCM and CDMS integrated case management works. Ray is a 52-year-old package delivery driver in the Seattle area. He has persistent symptoms of right low back pain, chills, fatigue, indigestion, weight loss, and pain after eating fatty foods.

His primary care physician notes swollen lymph nodes and decreased mobility of the lumbar spine. A lymph node biopsy and a PET scan confirms the diagnosis of stage three non-Hodgkin’s lymphoma. After an oncology referral, Ray is scheduled for a six-month course of chemotherapy.

He will likely be out of work for six months.

An oncology CCM met with Ray and his wife for an initial screening and assessment. The CCM uses motivational interviewing to assess their understanding of the diagnosis and treatment plan. (See sidebar on next page for a refresher on motivational interviewing.) The CCM also answered some of Ray’s questions, including these:

- Will my health insurance cover all of this?
- How do I keep track of the chemotherapy appointments?
- Can my employer fire me because I need six months off?

Another question was this: “How will I get to and from my chemotherapy appointments?” Ray’s wife works full-time and has no available time off. They have no family nearby to help with transportation.

The CCM explains that Ray’s wife may be eligible for FMLA and Washington Paid Family Leave for care of a family member. This would allow her to take time off to care for Ray. FMLA is unpaid, but it would protect her job. The state leave program would cover a portion of her pay for the days she takes leave.* Ray’s wife obtains the forms for FMLA and Washington Paid Family Leave

**Check to see if your state has Paid Family Leave.*

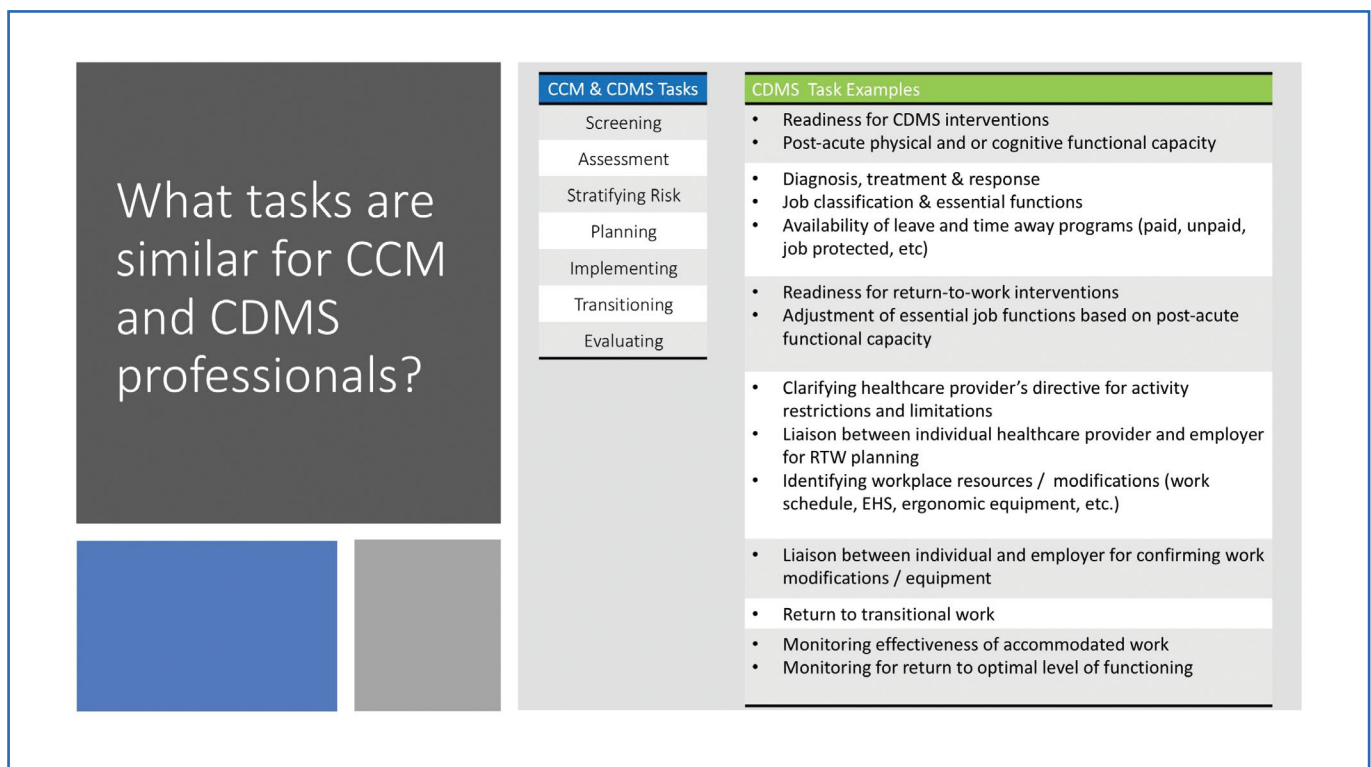


Figure 3



A motivational interviewing refresher

Motivational interviewing focuses on engaging the client, guiding the client to focus on what is important, drawing out the client's motivation and their own ideas for change, and developing a plan for change. Motivational interviewing builds rapport and fosters relationships. **OARS** is a mnemonic device, a way to remember the basic approach to motivational interviewing:

- **O**pen ended questions
- **A**ffirmation: recognizing the client's strengths
- **R**eflective listening to deepen understanding
- **S**ummarize

from her employer. The physician completes the forms and the CCM sends the completed forms back to Ray and his wife for submission. Ray's wife's request is approved.

After Ray's first session of chemotherapy, the CCM again uses motivational interviewing:

- *How did you feel after your first chemotherapy treatment?*
- *You may see a change in your appetite after chemotherapy treatments. What are some of your favorite foods to eat?*
- *You mentioned that your wife and children were very upset to hear of your diagnosis and treatment. How did you respond to their reaction?*

■ *I'm impressed that you were able to help them see how positive you are and that you're going to get through this challenging time. Your positive attitude will be a strength for you.*

■ *And you've mentioned it's been difficult losing your hair and losing weight. I can understand that this is a challenging time for you and your family.*

This approach encourages Ray to elaborate, and the CCM learns he's dealing with nausea. The CCM recommends referring Ray to a dietician.

Several weeks after the first round of chemotherapy, Ray receives a call from the CDMS, who's assessing Ray's readiness for temporary transitional work. No one is

suggesting that Ray's ready to get back to his job; the assessment planning starts early.

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Here's how the CDMS uses motivational interviewing techniques to help the CDMS understand more about the requirements of Ray's job.

- *Can you tell me about the work you do? What's a typical day like at work? For example, how heavy are the packages?*
- *What symptoms have you had since your last cycle of chemotherapy?*
- *You mentioned that you're worried about being able to return to work. Can you tell me what activities at work are most worrisome?*
- *What activities would be hardest to do?*

Time passes. The CCM and the CDMS stay in touch.

After finishing his sixth round of chemo, Ray wants to return to work, but has questions for the CDMS. Once again, motivational interviewing helps guide the CDMS's next steps: "You mentioned you want to return to work, but you are concerned about your ability to work full-time right now. What has your doctor told you about returning to work?"

Ray's oncologist told him he should avoid contact with the public. The provider is also concerned about Ray's stamina to work a full day and lift heavy packages.

At this point, the CCM and CDMS collaborate. They discuss Ray's

interest in returning to work. The CDMS shares the job description with the CCM. This allows the CCM, in collaboration with the oncologist or other provider, to identify specific work restrictions. They come up with restrictions for the next four weeks that include lifting no more than 10 pounds, no prolonged standing and walking, no exposure to the public and reduced work hours.

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The CDMS provides this information back to the employer and the employer agrees to accommodate Ray's temporary work restrictions. Ray will work independently in a sedentary job in an office as a package clerk, researching addresses for undelivered packages. There will be no heavy lifting. There will be no public contact.

Eventually, Ray returns to his job.

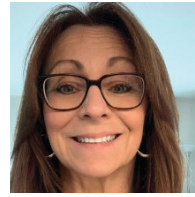
This represents just one example of how the CCM and CDMS professionals collaborate in action to holistically address the occupational and non-occupational needs of the client, Scotton says. "Certified case managers and certified disability management specialists are uniquely positioned to use their skills and expertise to provide integrated case management to clients, to help them return to optimal health and productivity." ■

About the Experts



Vivian Campagna, DNP, RN-BC, CCM, ICE-CCP, Chief Industry Relations Officer, Commission for Case Manager Certification

Vivian Campagna works with individuals and organizations interested in certification (CCM®/CDMS®), related products and services through the Commission's broader marketing and promotions efforts. She fosters strategic partnerships and alliances and provides insight and guidance related to industry trends and developments. Campagna has been involved in case management for more than twenty-five years. Campagna was a member of the inaugural class of certified case managers and worked with CCMC as a volunteer for more than 10 years. She is a former Commissioner and past chair for the Commission. Campagna earned her nursing diploma from St. Clare's Hospital and Health Center School of Nursing, her bachelor's degree from CW Post Center of Long Island University, her master's degree Seton Hall University, and her Doctorate of Nursing Practice (DNP) from American Sentinel College of Nursing & Health Sciences at Post University. She is certified in case management by both the Commission for Case Manager Certification and the American Nurses Credentialing Corporation.



Lisa M. Scotton, MJ, RN, CCM, CDMS

Lisa Scotton is a registered nurse and leave and time away benefits leader for a large technology company. Prior to her work in employee leave benefits, she brought her 22 years of clinical experience to health and disability insurance firms and third-party claims administrators in which she held leadership roles for the past 19 years.

Lisa has authored more than a dozen publications in disability case management and best practices for clinical case management. She has developed and presented curriculum for non-clinical claims examiners for leave of absence and disability claim administrators on topics related to integrated absence management, the Family and Medical Leave Act (FMLA) and clinical case management. Lisa is an avid supporter of helping employees return to work in a safe and timely manner when dealing with physical and emotional health issues.

Lisa has a Master's in health law from Loyola University, Bachelor's in Organizational Leadership from Quinnipiac University and Associate in Nursing from Misericordia Nursing and Iona College. She holds certification in clinical case management (CCM) and Certified Disability Management Specialist (CDMS). She was actively involved as a CDMS Commissioner holding roles in item writing and core knowledge curriculum.



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