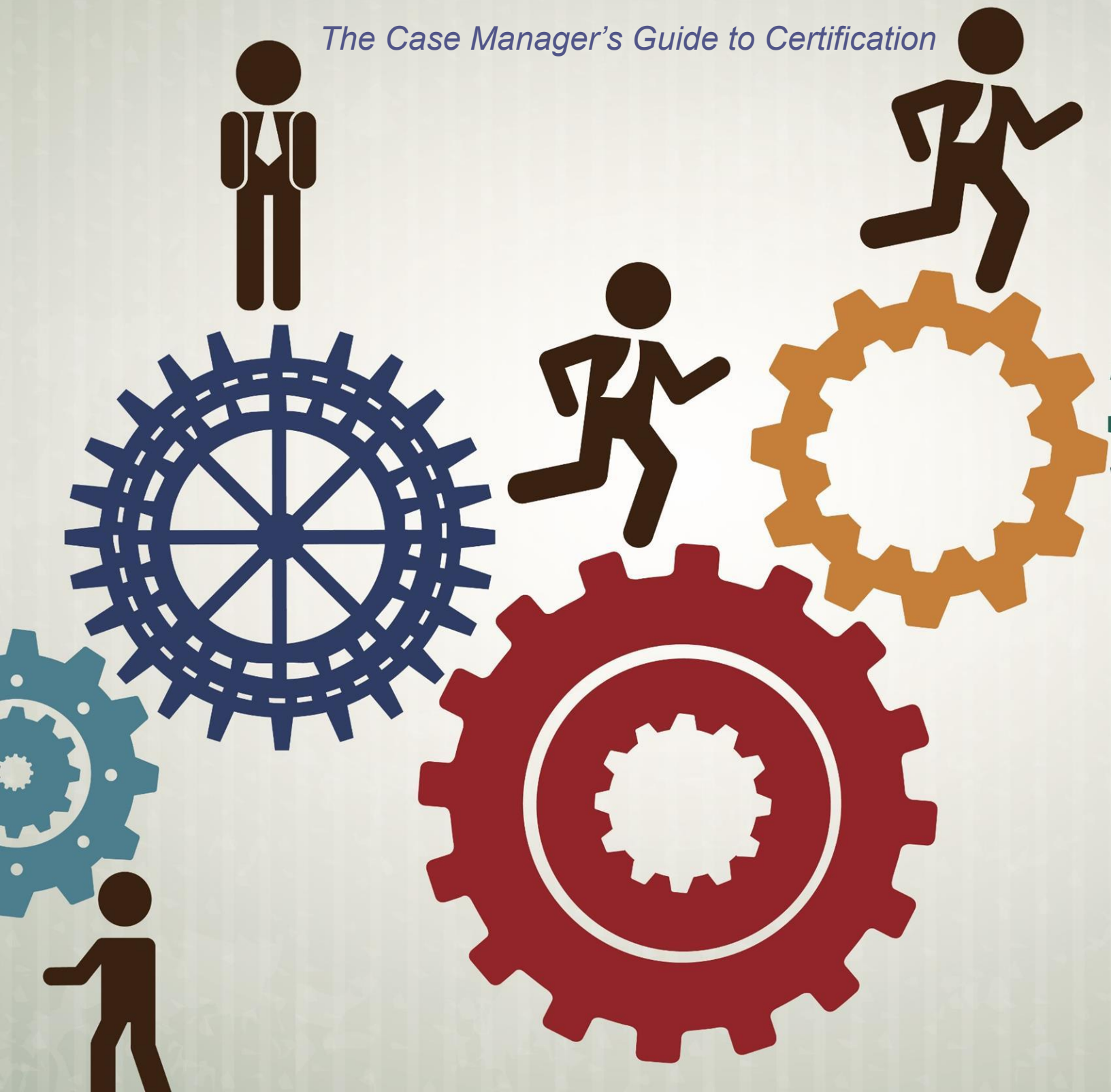


THE 2018 SPECIAL REPORT: **STEPPING UP TO CERTIFICATION**

The Case Manager's Guide to Certification



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LETTER FROM THE EDITOR

Welcome to the **2018 Special Report: Stepping Up to Certification.**

The goal of this report is to provide information on the major case management certifications available to professionals working in the area of case/care management and provide information that will assist them in making a decision on which certification is right for them.



As a leader in the practice of case management I am often asked by case management professionals looking to step up to certification which certification should they take? When I receive this question, I ask a few questions so I know more about the person. I ask questions such as: what are your career goals, what are the requirements of your jobs and how will getting a case/care management certification help you personally and professionally? I take the time to do this because to give them advice, I need to know a little about them and what their goals are. Obtaining a national certification is an important decision. It is also a costly endeavor and one that should not be pursued without critical thinking.

This is a historic report, as it is the first time each of the major certification bodies have come together to share information on their individual certification and the value it brings to the case management professional, the consumer as well as the healthcare workforce. I thank each of the leaders from the various certification bodies for their time in helping to prepare this report.

Today, case managers have an important role as a member of the healthcare team to ensure the healthcare system (regardless of the setting) provides safe, quality care to meet the needs of the patient. Case Managers bring teams together and serve as the liaison between the patient, the healthcare team and the payer.

Professional case managers bring a wealth of expertise and experience due to their individual backgrounds. As a result, they are able to recognize those at risk and whom can benefit most from case management services. By using their skills, expertise and insights they assist patients and their caregivers to navigate the complex healthcare system in a coordinated manner to meet their individual needs while containing costs.

It is my hope that this special report provides case/care managers looking to step up to certification with information they can use to understand the importance of achieving certification to them as professional case/care managers as they advance in their careers.

Sincerely,

A handwritten signature in black ink that reads "Anne Llewellyn". The signature is written in a cursive, flowing style.

Anne Llewellyn, RN-BC, MS, BHSA, CCM, CRRN

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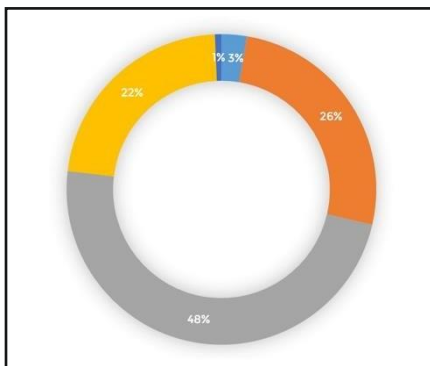
**A VISUAL SNAPSHOT OF THE PRACTICE
OF CASE MANAGEMENT**

A Visual Snapshot of the Practice of Case Management

Earlier this year, I produced the 2018 Case Management Salary and Trends Special Report. The report was the compilation of over 1,000 case management professions who participated in an industry survey from September 11 to October 11, 2017. Here is what we learned:

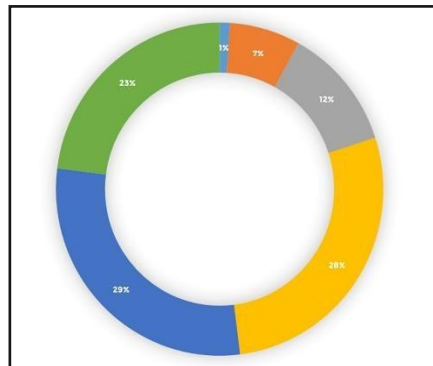
- Case managers are experienced and educated professionals.
- A large majority of case manager's respondents (71%) hold a bachelor's, masters or doctoral degree
- Just over half (52%) of professional case managers surveyed have at least 20 years of experience in the healthcare industry.
- A majority of professionals (63%) have 2-10 years of case management experience. This indicates we are seeing new professionals entering the practice which is critical as finding those who built the practice are retiring.

HIGHEST LEVEL OF EDUCATION



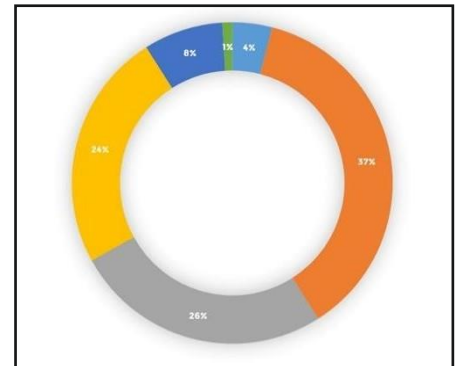
- DIPLOMA - 3%
- ASSOCIATE'S DEGREE - 26%
- BACHELOR'S DEGREE - 48%
- MASTER'S DEGREE - 22%
- DOCTORAL DEGREE - 1%

EXPERIENCE IN HEALTHCARE



- LESS THAN 1 YEAR - 1%
- 2-5 YEARS - 7%
- 5-10 YEARS - 12%
- 10-20 YEARS - 28%
- 20-30 YEARS - 29%
- OVER 30 YEARS - 23%

EXPERIENCE IN CASE MANAGEMENT



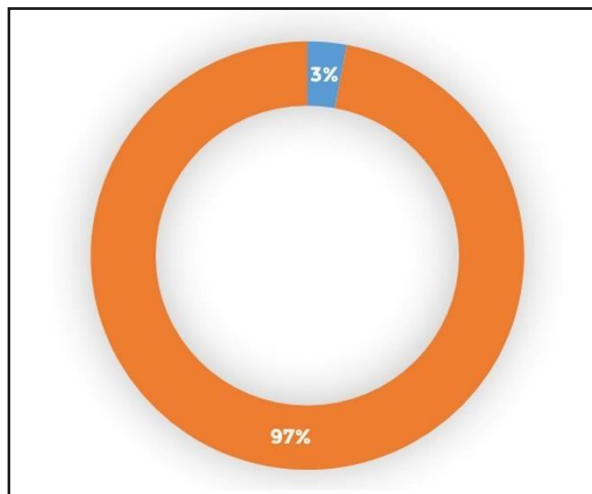
- LESS THAN 1 YEAR - 4%
- 2-5 YEARS - 37%
- 5-10 YEARS - 26%
- 10-20 YEARS - 24%
- 20-30 YEARS - 8%
- OVER 30 YEARS - 1%

Gender and Age

The practice of case management continues to be made up mostly of females (97%); only 3% of respondents were men. Men continue to be viewed as a minority in the healthcare industry. Today, with the shift of jobs from manual in nature to the service industry, healthcare is an attractive option for many men. As we recruit the next generation of case managers, educating men about the practice of case management as well as women is important. Once established, both should be encouraged to look at the practice of case management as a career option as they move beyond the bedside.

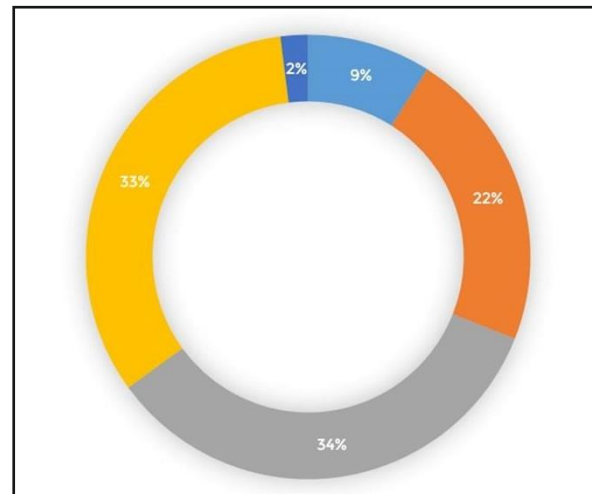
Professional case managers are a mature group with 67% of case managers between the ages of 45-65. However, the profession is starting to trend younger in recent years. Between the 2015 and 2018 Salary and Trends Survey, the number of respondents in the 46-65 age bracket dropped 11 percentage points to 67%. Similarly, in 2015 just 3% of respondents were 26-35 years of age that number is up to 9% today. Moreover for the first time in history, three generations are in the workplace at the same time in the U.S. These are the Baby Boomers, born between 1946 and 1964; Generation X, born between 1965 and 1980; and Millennial's- also referred to as Generation Y- born after 1980.

GENDER



■ MALE - 3%
 ■ FEMALE - 97%

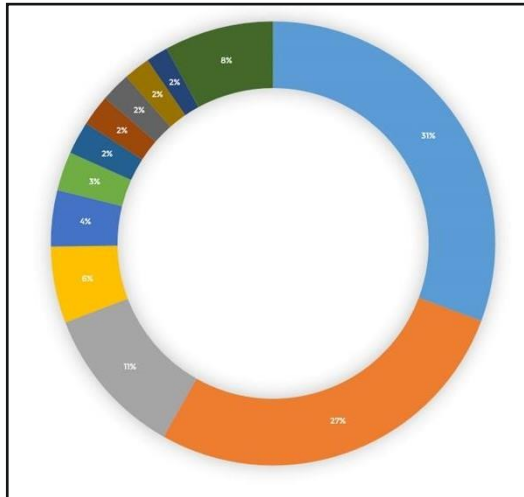
AGE



■ 25-35 - 9%
 ■ 35-45 - 22%
 ■ 45-55 - 34%
 ■ 55-65 - 33%
 ■ 65-75 - 2%

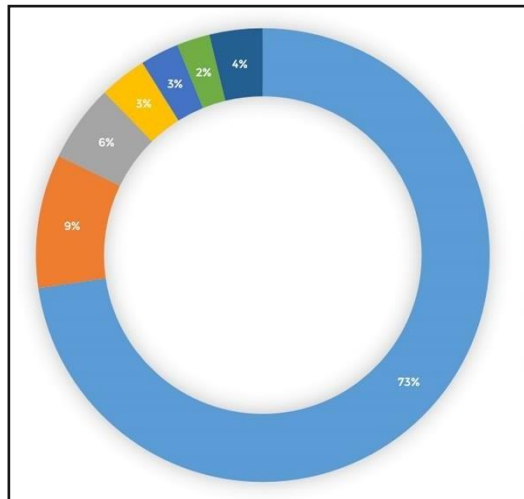
Work Setting

In this section we see that case managers span the care continuum of care. The settings where case managers work are as diverse as their reporting lines.



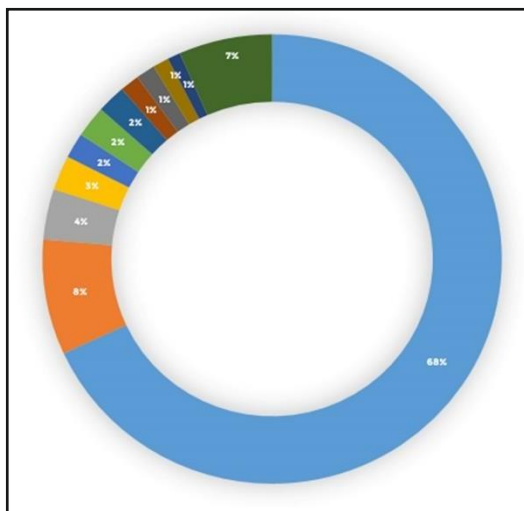
PLACE OF EMPLOYMENT

- ACUTE CARE HOSPITAL - 31%
- MANAGED CARE/GROUP HEALTH - 27%
- MANAGED CARE/WORKER'S COMP - 11%
- MANAGED CARE GOVERNMENT - 6%
- POPULATION HEALTH - 4%
- INDEPENDENT PRACTICE - 3%
- ACUTE REHABILITATION - 2%
- ACCOUNTABLE CARE ORGANIZATION - 2%
- LONG-TERM CARE/SKILLED CARE - 2%
- MEDICAL HOME - 2%
- MANAGED CARE MILITARY - 2%
- OTHER - 8%



ORGANIZATIONAL ROLES

- CASE/CARE MANAGER - 73%
- FIELD CASE MANAGER - 9%
- DIRECTOR OF CASE/CARE MGT - 6%
- SOCIAL WORKER - 3%
- SENIOR CASE MANAGER - 3%
- DISEASE MANAGER/SUPERVISOR - 2%
- OTHER - 4%



REPORTING LINES

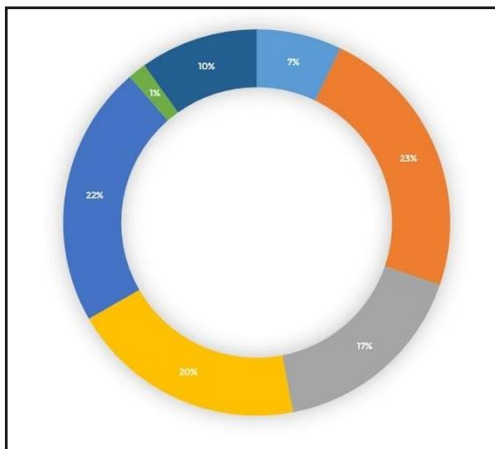
- DIRECTOR OF CASE/CARE MGT - 68%
- DIRECTOR OF NURSING - 8%
- MEDICAL DIRECTOR - 4%
- NON, I AM INDEPENDENT - 3%
- MANAGER - 2%
- CEO - 2%
- DIRECTOR OF QUALITY - 2%
- CHIEF OPERATING OFFICER - 1%
- CHIEF FINANCIAL OFFICER - 1%
- ADMINISTRATIONS - 1%
- SUPERVISOR - 1%
- OTHER - 7%

Models of Case Management Practice

Case Management is practiced in various models depending on the setting. As the industry moves to more patients being treated in the outpatient setting, so goes the practice of case management.

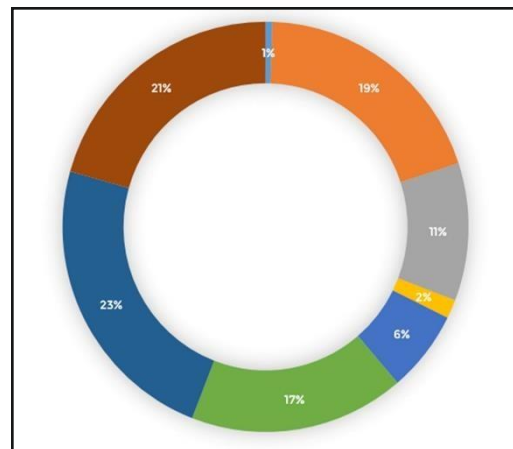
New models of case management that are emerging but were not brought up in the 2018 survey are the areas of independent case management practice and patient advocacy. With patients being held more and more responsible for the cost of healthcare, consumers are looking for professionals who can help them navigate the complex and dangerous healthcare system. Independent Case Management and Professional Patients Advocates are meeting this need.

For those working in hospitals and managed care organizations make sure people know how to find a case manager. Make sure your department is visible to providers and the care team.



MODELS OF CASE MANAGEMENT

- CLINICAL (HOME CARE, HOSPICE) - 7%
- FUNCTIONAL MODEL (UM AND DISCHARGE PLANNING) - 23%
- NURSING - 17%
- NURSING/SOCIAL WORK - 20%
- SPECIALTY CASE MGT - 22%
- STAFF-BASED MODEL - 1%
- TRANSITION OF CARE - 10%

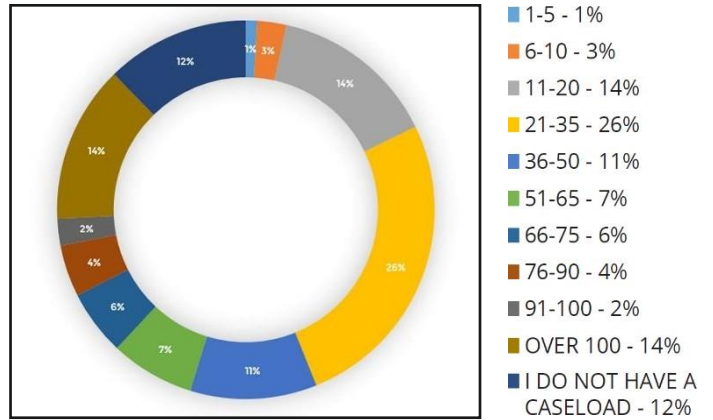


REFERRALS

- COMPLIANCE DEPARTMENT - 1%
- DISCHARGE/PLANNING DEPARTMENT - 19%
- MD OFFICES - 11%
- QUALITY MANAGEMENT DEPARTMENT - 2%
- RISK MANAGEMENT DEPARTMENT - 6%
- SELF-REFERRAL - 17%
- UTILIZATION REVIEW DEPARTMENTS - 23%
- OTHER - 21%

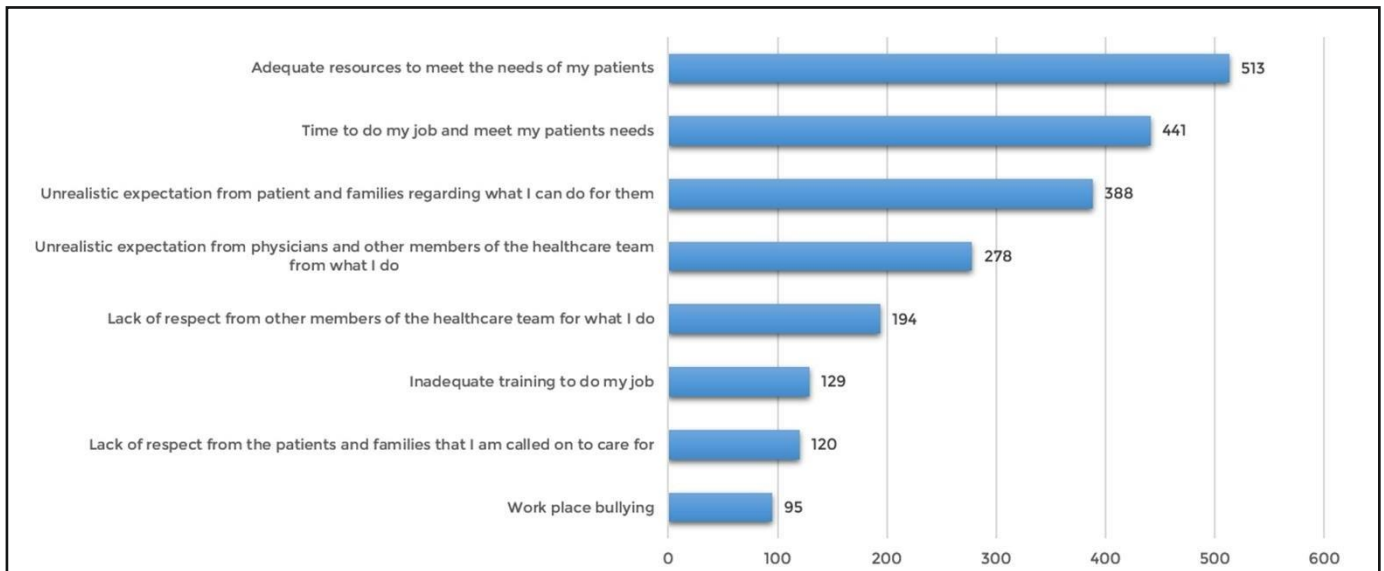
Caseloads and Challenges Faced

Case managers continue to hold high caseloads. The 2018 Case Management Salary and Trends Report revealed that 33% of respondents held 51 or more cases at a time. Heavy caseloads can prevent case managers from doing their jobs effectively, as they do not have the time to perform thorough assessments and communicate effectively with their patients and members of the healthcare team. As a result, they cannot develop thoughtful plans of care to meet the goals of their patients. If your organization is experiencing high rates of readmissions, increased patient complaints or provider frustration, take a look at the caseloads your staff are handling.

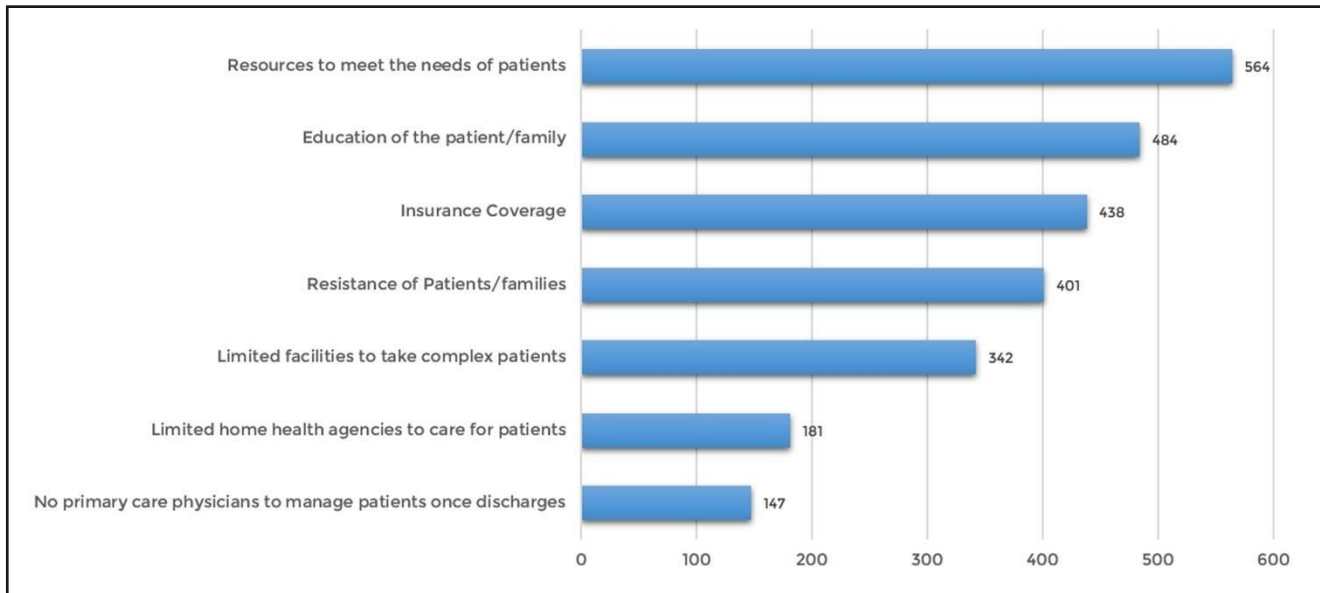


In addition to caseloads, we proposed two questions to gain insights into the challenges case managers face in today’s disruptive healthcare environment. The response shed light on situations and barriers that limit case manager’s effectiveness. They are illustrated in these two charts.

CHALLENGES CASE MANAGERS FACE



BIGGEST CHALLENGES IN TRANSITIONING PATIENT ACROSS THE CARE CONTINUUM



Value of Case Management

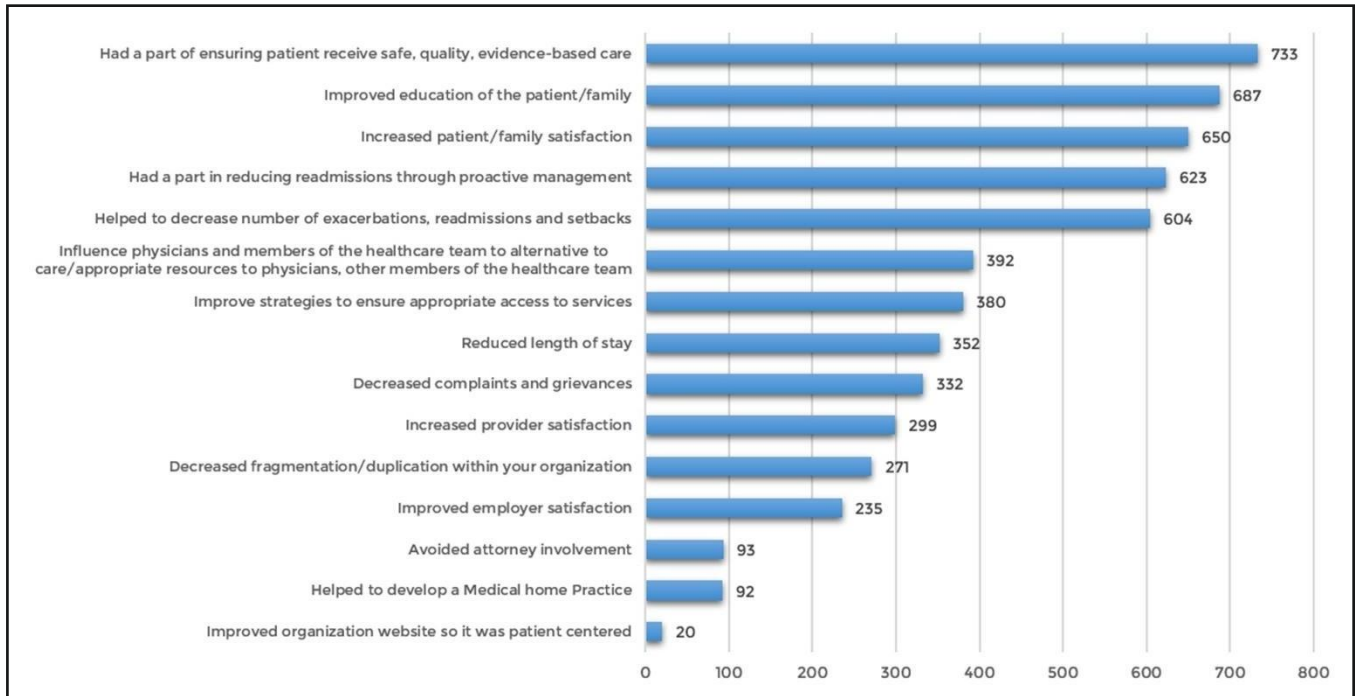
A comment that struck me in a recent post on Board Certification on LinkedIn was: “So many different board certifications...I’m looking forward to seeing research that will prove board certification impacts healthcare”. The comment made me think; does being board certified really impact outcomes? If so how?

In today’s value based purchasing environment where providers and organizations are being paid on outcomes, it is important that case managers validate their role in improving the healthcare system.

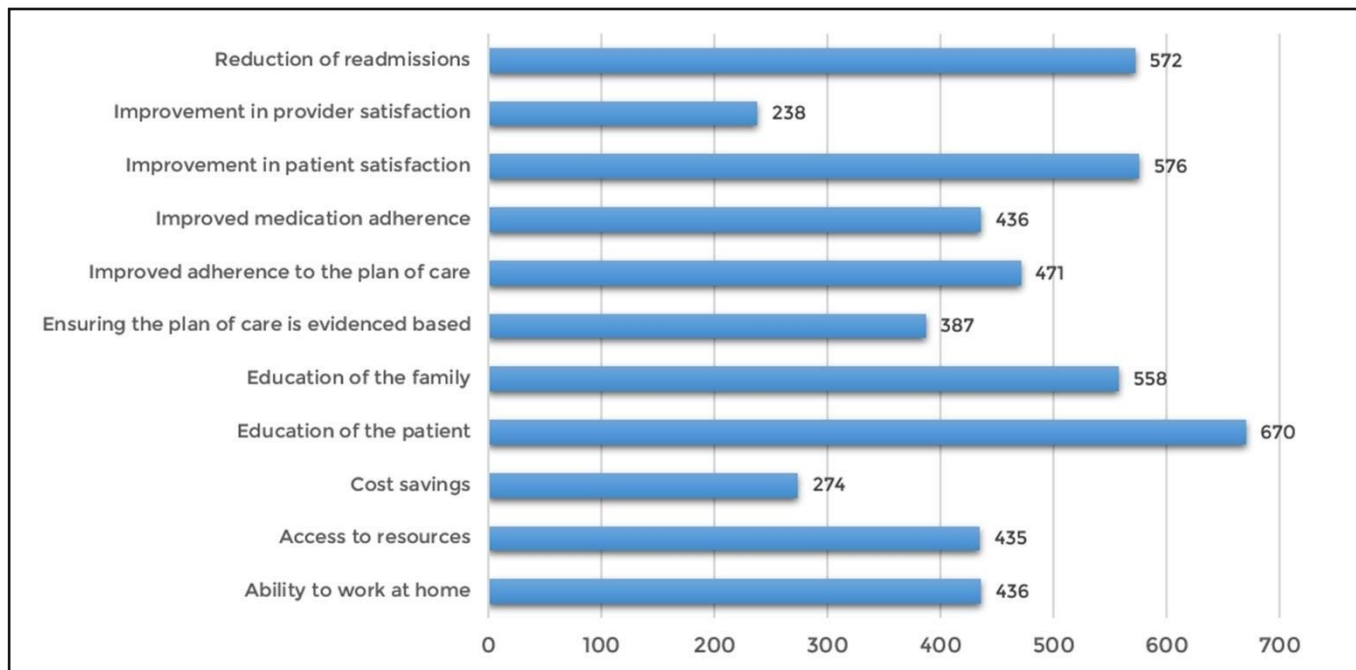
If you are in a leadership position in your organization, think about conducting research to look at the outcomes case managers in your organization are producing. If the results are weak, look for ways to improve. If the results are strong, communicate the results to your leadership, your team and other stakeholders.

The 2018 Salary and Trends Report shared the most significant outcomes respondents thought they produced as a result of their involvement.

MOST SIGNIFICANT OUTCOMES AS A RESULT OF INVOLVEMENT



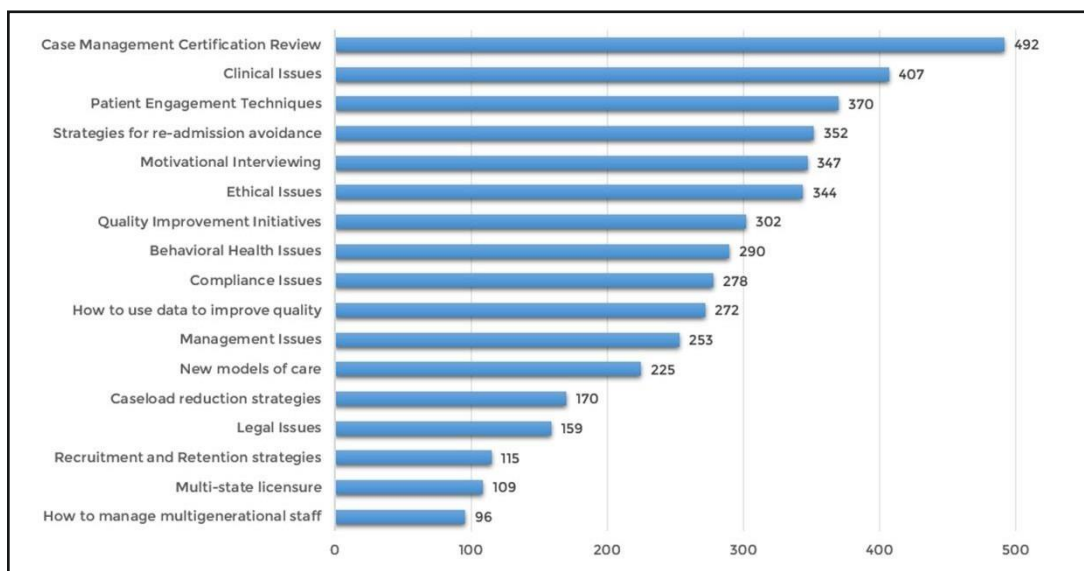
COMPONENTS OF YOUR JOB YOU CONSIDER MOST IMPORTANT



Professional Development

All professionals must take a critical look at their work individually as well as in the broad area of case management. To see what case managers who responded to the 2018 Case Management Salary and Trends Special Report said they were looking for their own professional development review this chart. If you are responsible for the professional development of your team, your professional organization or are a continuing educational provider, the topics listed in this chart will fill up your educational calendars for the next few years.

WHAT PROFESSIONAL DEVELOPMENT TOPICS DO YOU SEEK OUT?



I hope this section of the report provides insights into the challenges and opportunities professionals involved in case management, care coordination and transitions of care face. Most of all, how are we helping everyday people navigate the complex areas of healthcare?

**If you would like to read the 2018 Case Management Salary and Trends Survey,
CLICK HERE TO GET YOUR FREE COPY.**

**ACCREDITED CASE MANAGER
CERTIFICATION (ACM™)**

Accredited Case Manager Certification (ACM™)



The Accredited Case Manager Certification (ACM™) is owned by the American Case Management Association and the program is overseen by the National Board for Case Management (NBCM), the governing body for the ACM™ Certification.

QUESTION: When and why was the certification developed?

Answer: The ACM™ Certification was created by the American Case Management Association (ACMA) in 2005. It is designed specifically for health delivery system and transitions of care (TOC) case management professionals. This certification is unique among other case management certifications because the examination:

- Specifically addresses case management in health delivery system settings and in transitions of care;
- Tests core case management knowledge that is shared by nurse and social work case managers;
- Tests competencies in the individual skills of each professional background; and
- Utilizes clinical simulation testing methodology to test “competency beyond knowledge” – testing critical thinking skills and the ability to apply knowledge in practical situations. This unique methodology tests a case manager’s competency in progressing patients through the continuum of care – from acute to post-acute settings.

At its inception, the certification was created to address the identified need for a certification specific to case management professionals in the health care delivery setting. At that time, no such credential existed. Health care delivery case managers were surveyed as part of a job analysis study to determine the benchmarks for an exam and certification that reflected core competencies and knowledge for professionals in the practice of case management for at least two years. The ACM™ Certification exam and requirements have evolved over time along with the profession – most notably with the inclusion of transitions of care roles in case management in 2015.

While other certification options are available to case managers, they are extremely broad-based, cover a number of settings and may not meet the specific standards for a health care delivery system. For case managers interested in working in a health care delivery system setting, the ACM™ certification is very specific and sets the standard.

The ACM™ Certification is owned by the ACMA but managed by the National Board for Case Management (NBCM). This independent board provides governance for the certification to promote

the highest standard of delivery of safe and effective care in health care delivery system case management.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: The ACM™ Certification exam is designed for professionals in the practice of health delivery system case management and related transitions of care, including those in acute and outpatient care, care coordination, utilization review/management and discharge planning/transition planning. The exam's content outline is created based on periodic job analysis surveys of case management professionals and is supported by the ACMA Standards of Practice & Scope of Services.

The exam is specifically available to registered nurses and social workers who demonstrate a specific blend of education, work experience and professional practice:

- A Registered Nurse (RN) applicant must possess a valid and current nursing license that is in good standing. RN applicants must provide a nursing license number, state and expiration date.
- Social Worker (SW) applicants must have a bachelor's or Master's degree from an accredited school of social work OR a valid social work license that is in good standing. SW applicants must provide the degree, name of school and year of completion OR a current social work license number, state and expiration date.
- All applicants must have at least one (1) year, or 2,080 hours, of supervised, paid work experience employed as a case manager, or in a role that falls within the Scope of Services and Standards of Practice of a case manager, by a Health Delivery System.

Candidates with less than two (2) years of experience must provide supervisor contact information and an attestation that they have at least one (1) year of supervised case management experience on the ACM™ application. The NBCM recognizes that because case management experience, supervision and education vary, some case managers may be qualified to sit for the exam after only one (1) year of experience.

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: ACM™ Certification reflects the culmination of a case manager's experience, continuing education, patient-centered care and a passion for excellence. It also provides the foundation for competently navigating the maze of healthcare delivery – from intake to care coordination to transition planning and discharge. Case managers must be adept and knowledgeable in all aspects of care, and they must also be able to provide patients and families the needed resources for healing and safety.

As healthcare evolves, the case manager continues to be the heart and soul of patient care transitions. This individual is the creative thinker and behind-the-scenes problem solver – regardless of the setting. ACM™ Certification validates this needed skillset while also providing the foundation and growth opportunities necessary for staff to be successful with outcomes.

The ACM™ Certification identifies those individuals who have demonstrated competency in case management principles and invested in becoming ‘advanced’ practitioners. This is a value-add for employers and organizations who are adhering to a high level of competency for their staff and are looking to advance staff into leadership. Organizations that recognize the value of the credential are more inclined to offer reimbursement and/or incentives for those that earn their ACM™ credential. ACMA’s 2017 National Hospital Case Management Survey found that of the organizations offering incentives for certification, the top five include: (1) renewal reimbursement, (2) one-time bonus, (3) annual salary increase, (4) CE reimbursement and (5) formal preference for hiring and advancement.

ACM™ certificants find that their credential is highly valued in their field, and individuals that pursue the credential for the purpose of advancement are highly successful.

QUESTION: Please share the number of professionals certified to date.

Answer: Over 7,000 professionals have earned their ACM™ Certification. As the majority of certificants find value in their credential, the program enjoys a high rate of recertification. In fact, of those who choose not to recertify, the majority indicate they are no longer active in the practice of case management.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patients, caregivers, healthcare industry, employers and the professional who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: Accredited Case Managers are not only validating their knowledge, competency and skills, they are saying to all stakeholders that they possess the knowledge and experience necessary to practice in a clinical environment. In the absence of a requirement for certification or specialized training, there is a lack of standardized processes and an increased risk of negative care outcomes related to hospital readmissions, quality and patient satisfaction. Certification is critical, particularly in healthcare where the stakes and consequences of lack of knowledge are high. As such, there are direct benefits for all stakeholders:

- ACM™ certificants recognize their credential as an investment and a demonstration of the initiative they have taken in their own professional development. This investment often pays off in terms of hiring, career advancement, salary increases, etc.

- Organizations and leadership with ACM™ certificants on their team report that they have a more competent and engaged staff.
- Patients who interact with ACM™ certificants experience a higher level of competent care demonstrated through “competency beyond knowledge.” ACM™ certificants are better equipped for the critical thinking skills required for quality, responsive care – which, in turn, leads to lower costs, lower risks and better patient outcomes.
- ACM™ certificants are also more likely to be engaged in advocacy – educating patients, caregivers on industry regulations/requirements and their scope of practice and involving themselves in the forefront of industry change and best practice. The involvement of ACM™ certificants helps raise the bar for organizations and the industry as a whole.

ACMA actively advocates for ACM™ Certification as an industry standard, to ensure that case management activities are conducted by clinically-competent and appropriately- trained case managers. ACMA has promoted its position that “Nurses and Social Workers with 36 months of health delivery system experience should have their Accredited Case Manager credential” for many years. This recommendation helps to ensure that case managers meet a standard of proficiency and have the requisite skills and knowledge to successfully carry out their responsibilities.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: ACMA performs a bi-annual National Hospital Case Management Survey that includes a number of domains focused on case management as a whole as well as the ACM™ Certification, including incentives for case management certification, influence in hiring decisions, value of certification, applicability to practice, etc. This survey is an ACMA-member only resource and is not otherwise shared publicly. ACMA’s Certification program also performs frequent surveys of both its candidates and credentialed professionals to gauge continued satisfaction and to collect, assess and address feedback from constituents.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: A number of tools are provided to ACM™ certificants to share their credential/accomplishment with employers or other stakeholders. ACM™ certificants receive both a certificate and lapel pin that they can proudly display/wear, and they are also provided a ‘digital lapel pin’ that they can include in their e-mail signatures, business cards or other professional correspondence. ACM™ certificants can also request, at any time, for a communication of their status to be shared by ACMA with anyone they wish. Messaging is also provided to ACM™ certificants to help them in marketing their own accomplishment and for advocating the importance of certification in the industry.

ACM™ certificants are also key players in ACMA's Advocacy Program, and they help to ensure that case management is represented as decisions are being made in the healthcare industry that impact their daily practice. ACMA's Advocacy Program allows for case management professionals to hold in-person meetings with both the Centers for Medicare and Medicaid Services and members of congress with funds set aside specifically to send these professionals to meetings where case management interests and/or legislative priorities are being discussed. Finally, a key tenant of ACM™ certificant advocacy is their education of other stakeholders in the industry, including patients, regarding the importance and positive effect case management has on quality of care and patient outcomes. A key tool in conveying this information is provided in ACMA's Standards of Practice and Scope of Services.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: It is important to ensure that case management activities are conducted by clinically-competent and appropriately-trained case managers. The ACM™ credential represents the healthcare standard for case management professionals and is the preferred credential for many healthcare delivery settings across the United States because of its rigorous requirements and guiding principles. ACM™ certification promotes industry-wide competency standards through a uniform national certification exam, potentially improving patient care and enhancing outcomes. Individuals in the field of case management, particularly those who plan to practice in health care delivery systems, should seek the ACM™ credential as a means of demonstrating their knowledge and mastery of practice for future employers.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: ACM™ certificants are required to stay abreast of best practices through training and education in the field of case management. ACMA™ helps provide this education through a number of channels, including conferences/networking events, ongoing webinars, online training, advocacy and public policy updates, email notifications and social media.

For more information on the ACM™ Certification visit the website at <https://www.acmaweb.org/acm>



JOSHUA LAFEVER, MBA

Thank you to Joshua LaFever, MBA, Manager of Certification at the American Case Management Association for submitting this information.

**CERTIFIED IN CARE COORDINATION
AND TRANSITION MANAGEMENT®**

Certified in Care Coordination and Transition Management®



The Examination is administered by the Medical-Surgical Nursing Certification Board (MSNCB™).

QUESTION: When and why was the certification developed?

Answer: Care coordination and transition management is an essential skill for nurses in the 21st century and is a rapidly growing practice area in today's health care environment. Responding to the need for more qualified providers, Medical-Surgical Nursing Certification Board developed the Certified in Care Coordination and Transition Management (CCCTM®) exam in collaboration with the American Academy of Ambulatory Care Nursing (AAACN) in 2014, with the first candidates completing testing in 2015.

The Care Coordination and Transition Management (CCTM®) program is designed to educate RNs to coordinate the care of patients and manage their transitions across providers, levels of care, and various care settings. The Medical-Surgical Nursing Certification Board (MSNCB™) is a professional organization whose mission is to validate excellence in medical-surgical nursing and care coordination and transition management.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: The CCCTM examination validates the knowledge and expertise specifically for nurses who practice in a care coordination and transition management (CCTM) role. There are many titles for nurses who practice in a CCTM role such as Care Coordinator, Transition Manager, Care Manager, Case Manager, Nurse Navigator, and many more.

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: A Registered Nurses holding the CCCTM certification validates his/her competence in the care coordination and transition management role and it fosters a holistic view of patient care, both inside and outside of hospital and care institutions. Certification is a trusted mark of excellence recognized by the public, the patients and the profession.

QUESTION: Please share the number of professionals certified to date.

Answer: As of May 31, 2018, there are 783 Registered Nurses Certified in Care Coordination and Transition Management.

QUESTION: The percentage of renewals.

Answer: The CCCTM certification was first issued in 2015 with a certification period of five years. Certificants can renew their certification a year prior to their expiration date, so we will have our first renewal in 2019.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patients, caregivers, healthcare industry, employers and the professional who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: RNs who are certified in Care Coordination and Transition Management (CCCTM) have proven they have the knowledge, skills, and abilities to provide the best care for their patients as they transition through the healthcare continuum. Nurses can support patients and families, and collaborate with an interprofessional team to achieve desired outcomes for all parties. The manuscript below explores how four nurses have found value in their CCCTM credential and the value they feel it brings to their practice.

Foster, C. W., & Harmon, D. (2016). The value of becoming certified in care coordination and transition management: Optimizing outcomes by optimizing the role of the nurse. Medsurg Nursing, 25(5), 365-366. Print: <https://www.msncb.org/care-coordination/get-certified/benefits-certification>

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: MSNCB conducted research on the perceived value of certification. Results indicated that certified nurses, non-certified nurses, and managers agree there is a positive perception of certification. In the publication referenced below, the authors conducted a survey to measure the value of certification in medical-surgical nursing and the results compared favorably to the results of the American Board of Nursing Specialties (ABNS) survey conducted in 2005. The study demonstrated that certification was seen as valuable by certificants, non-certificants and nursing management.

Haskins, M., Hnatiuk, C. N., & Yoder, L. H. (2011). Medical-surgical nurses' perceived value of certification study. Medsurg Nursing, 20(2), 71-7, 93.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: MSNCB encourages all certificants to be an advocate of their certification by proudly wearing their CCCTM lapel pin, providing their employers with a copy of their certificate for recognition, and spreading the word to their colleagues. We have also designed the CCCTM of Distinction Award which acknowledges a registered nurse who is dedicated to promoting and communicating the value of certification by providing education and support to peers, a healthcare organization, patients and/or the community.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: MSNCB carefully follows the standards of our accrediting body, the American Board of Specialty Nursing Certification (ABSNC), and includes a public member on the Board of Directors which helps safeguard the public's interest. Research has demonstrated that registered nurses who are certified impact patients' care in a positive way. Some studies that have demonstrated this impact are referenced below. Certification is the recognized way for nurses to build and demonstrate commitment, confidence, and credibility. Certification demonstrates a level of competency and expertise to members of the public, further reinforcing the trustworthiness of the nursing profession.

References:

Cary, A.H. (2001). *Certified registered nurses: Results of the study of the certified workforce*. *American Journal of Nursing*, 101(1), 44-52.

Niebuhr, B., & Biel, M. (2007). *The value of specialty nursing certification*. *Nursing Outlook*, 55(4), 176-181.

American Association of Critical-Care Nurses (AACN). (2002). *New data reveals nurse certification key component of patient safety and recruitment and retention programs (white paper)*, Aliso Viejo, CA:

American Association of Critical-Care Nurses; 2002. Available at [http://www.aacn.org/AACN/mrkt.nsf/Files/PressRelease/\\$file/PressRelease.pdf](http://www.aacn.org/AACN/mrkt.nsf/Files/PressRelease/$file/PressRelease.pdf). Accessed September 27, 2004.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: There is anecdotal evidence that CCCTM certified RNs have taken more of a holistic care approach across the healthcare continuum. By becoming certified, these nurses have seen their careers advance by either moving into leadership positions, creating Clinical Navigator programs for their healthcare facilities, or designing Transitional Care programs in which they've used to collaborate with other health systems.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: MSNCB collaborates with the American Academy of Ambulatory Nursing (AAACN) who educates these professionals on practice changes related to care coordination and transition management.

QUESTION: If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: The CCCTM certification is only two years old and our certification period is for five years so we haven't quite reached our first recertification. MSNCB does provide all our certificants with ongoing communication throughout their certification period and through our quarterly newsletter, Certification Central.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: MSNCB encourages all stakeholders to share their feedback by emailing us msncb@msncb.org

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: MSNCB provides the public with a CCCTM certified directory and information that can be obtained through our website. In an effort to inform the public about the care coordination and transition management role, MSNCB releases a CCTM Press Kit in November 2016.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: You can find CCCTM nurses at the bedside in several healthcare facilities. Alongside test development experts, the CCCTM examination was developed by SME's practicing in the CCTM role.

The CCCTM exam is recognized as an approved certification for Magnet status and is also approved by Veterans Affairs for GI Bill reimbursement.

QUESTION: Is the CCCTM exam certified?

Answer: In December 2017, MSNCB began the process of applying for certification accreditation through the Accreditation Board of Specialty Nursing Certification Board (ABSNC). The application was submitted in April 2018.

Obtaining accreditation will demonstrate that the Certified in Care Coordination and Transition Management exam is in compliance with the highest quality standards available in the industry. We look forward to you to making the next step and becoming a part of our CCCTM community!

To learn more about the Care Coordination and Transition Management Certification CCCTM® certification, visit our website at www.msncb.org.

TERRI HINKLEY, EdD (c), MBA, BScN, RN, CCRC

Thank you to Terri Hinkley, EdD (c), MBA, BScN, RN, CCRC for providing the information for this report. Terri is the Chief Executive Officer of the Academy of Medical-Surgical Nurses and the Medical-Surgical Nursing Certification Board.



CERTIFIED CASE MANAGER (CCM™)

Certified Case Manager (CCM™)



Commission for Case Manager Certification

The Examination is administered by the Commission for Case Manager Certification.

QUESTION: When and why was the certification developed?

Answer: A certification taskforce was convened in 1992 to investigate the development of a certification for case managers. Of paramount concern was the varied training and background of people who called themselves case managers, as incompetent practice could damage the emerging profession and endanger the wellbeing of clients. The idea was put forward that case management professionals themselves, rather than a regulatory authority, should oversee the credentialing process, and the Certified Case Manager (CCM®) credential was born. The first exam administration was in the Spring of 1993.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: The CCM credential is the only cross-setting, cross discipline NCCA accredited case manager credential for healthcare and related fields. Board-certified case managers include RNs, SWs, and other allied health professionals.

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: Board certification is the mark that sets a case manager apart, demonstrating that the case manager has the experience and knowledge it takes to serve clients with complex challenges, and to serve as peers in today's team-based care environment.

QUESTION: Please share the number of professionals certified to date.

Answer: There are currently more than 45,000 actively certified case managers practicing today, with over 65,000 case managers certified since 1993.

QUESTION: The percentage of renewals.

Answer: The CCM retention rate varies by individual class.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, healthcare industry, employers and the professional who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The Commission engages health care policymakers to highlight the importance of including case management in new models of care and new attention to care coordination. This active engagement is vital at this time of rapid transformation in care delivery.

The Commission is also identifying the most appropriate roles and functions that case managers can utilize to eliminate duplication of services, expand access to needed care, and improve the lives of clients while lowering costs. CCMC is taking this message to the industry, policymakers and targeted stakeholders.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: The Commission uses a research-based approach to develop and validate its CCM® certification exam and to ensure that it reflects the current state of case management practice. The Role and Function Study is conducted every five (5) years. We field this survey of case managers to gather specifics about their knowledge, skills and activities to inform the exam. We also use the survey's results to demonstrate the capabilities and functional roles performed by case managers to policymakers, employers and regulators.

<https://ccmcertification.org/about-ccmc/role-function/role-function-study-key-findings>

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: As the CCM® is a cross-setting, cross disciplinary credential, the Commission encourages case managers in each practice setting to develop metrics that demonstrate their value. CCMC's issue briefs have also been developed to highlight employers using case management and the outcomes that they have seen within their programs as examples and case studies for case managers to reference in their practice settings.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The Commission has maintained its place among an elite group of healthcare certification organizations accredited by NCCA. This means that the Commission's certifications, the CCM &

CDMS, demonstrate an individual's professional competence, enhance their employability and career advancement, and ultimately protect the public interest. In addition, the Commission validates its CCM & CDMS certification exams through research, which helps ensure the exams continues to be relevant to today's practice.

The Commission for Case Manager Certification's (the Commission) CCM® & CDMS® credentials are NCCA Accredited. The Commission's programs are in compliance with the NCCA's Standards for the Accreditation of Certification Programs. NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE). ICE's mission is to advance credentialing through education, standards, research, and advocacy to ensure competence across professions and occupations. ICE created NCCA in 1987, with the purpose to ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs that assess professional competence. Since 1977, the NCCA has been accrediting certifying programs based on the highest quality standards in professional certification to ensure the programs adhere to modern standards of practice in the certification industry. To view the standards, visit <http://www.credentialingexcellence.org/ncca>.

NCCA uses a peer review process to: establish accreditation standards; evaluate compliance with these standards; recognize organizations/programs which demonstrate compliance; and serve as a resource on quality certification.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: In the interim of the Role & Function Study, CCMC regularly conducts trends surveys regarding what today's case manager looks like, both CCMs and those considering certification. As a result, a series of Case Management Coordinates has been developed to include information on salaries, specialized training, and employers' value of certification. These coordinates are public facing documents and can be found at this link: <https://ccmcertification.org/cmcoordinates-archive>.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: CCMC provides ongoing professional continuing education through the CMLearning Network™, which encompasses online learning and CCMC's face-to-face conference, the New World Symposium®. The results of CCMC's Role and Function Study are released to the industry every five (5) years to inform employers, regulators, and certified professionals about any changes or evolution of the practice of case management.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Constant contact with our certificants is managed through both personal outreach and marketing and communications efforts throughout their five (5) year certification period. In addition, CCMC has developed a number of related educational activities to support certification, professional development, and recertification. These include, but are not limited to, the CMLearning Network™, as noted above.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: The Commission has a Code of Professional Conduct for Case Managers (available at: https://ccmcertification.org/sites/default/files/docs/2017/code_of_professional_conduct.pdf). The basic objective of the Code is to protect the public interest, and the Code consists of Principles, Rules of Conduct, and Standards of Professional Conduct, as well as the CCMC Procedures for Processing Complaints. The Principles provide normative guidelines, and are advisory in nature. The Rules of Conduct and the Standards for Professional Conduct prescribe the level of conduct that is required of every Certificant. Compliance with these levels of conduct is mandatory, and enforcement is through the CCMC Procedures for Processing Complaints.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how do your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: The Commission's role is to advocate for professional case management excellence through certification and interrelated programs and services. Through the development and management of our comprehensive professional certification for qualified case managers, CCMC promotes, advances and advocates for consumer protection, quality case management practice, ethical standards and behavior, and scientific knowledge development and dissemination.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: The Commission works with employers who share our core values to promote, advance and advocate for consumer protection, quality case management practice, ethical standards and behavior, and scientific knowledge development and dissemination through our Partners in Excellence program. CCMCs Partners in Excellence are committed to the recruitment, training, and deployment of a diverse case manager workforce ready to serve across all practice settings. Our Partners in Excellence are employers, educational institutions and membership organizations, and they support, promote, and/or endorse CCM certification as the mark for case manager excellence and work with us to advance board certification and the case management profession.

To learn more about the Case Manager Certification (CCM) visit the website at www.ccmcertification.org



VIVIAN CAMPAGNA, MSN, RN-BC, CCM

Thank you to Vivian Campagna, for providing this information. Vivian is the Chief Industry Relations Officer (CIRO) for The Commission of Case Manager Certification.

CARE MANAGER CERTIFIED (CMC)

Care Manager Certified (CMC)



The Examination is administered by the National Academy of Certified Care Managers (NACCM).

QUESTION: When and why was the certification developed?

Answer: The National Academy of Certified Care Managers (NACCM) was established in 1995 to promote delivery of safe and effective care by care managers and to advance the quality of care management services in home and community based services through the certification of qualified care managers. The mission of NACCM is to support a high level of competence in the practice of care management through the administration of a formal certification and recertification program.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: The NACCM Care Manager Certified (CMC) credential is designed for health and human service professionals working in primarily home and community-based care management programs serving adults. Certificants typically work in the private fee for services arena, government programs, or non-profit organizations.

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: Consumers can be assured that professionals who hold the CMC designation have demonstrated competence and commitment to the highest practice and ethical standards. Once certified, care managers must go through recertification every three years. This means that certified care managers continually update their skills, so they can stay abreast of important changes in the field.

Professionals pursue the CMC credential to exhibit their competence and to advance in their careers. The credentialing process is rigorous. Each candidate must demonstrate they have completed the necessary education and supervised experience to competently practice. Additionally, they must pass a comprehensive, standardized examination testing their knowledge, skills and abilities in the practice of care management. Holding the CMC credential allows care managers to stand out among peers and demonstrates a commitment to the highest professional standards.

Employers seeking the best possible talent rely on the CMC credential as a sign of excellence. Prospective employees who hold the CMC designation have already demonstrated their knowledge, skills and abilities through the certification process. Hiring professionals who have (or are working towards) obtaining the CMC designation gives employers a competitive edge.

QUESTION: Please share the number of professionals certified to date.

Answer: Total certificants (over life of certification): 2946; Current number of certificants: 1348

QUESTION: The percentage of renewals.

Answer: Rates of CMC certification renewal have been increasing with 58% renewing in 2015, 62% renewing in 2016, and 64% renewing in 2017.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification brings to patients, caregivers, the healthcare industry, employers and the professionals who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The Florida Chapter of the Aging Life Care Association reported findings from a two-phase study that ascertained the value of care management services from the perspective of clients (Phase One) from the perspective of the client’s “responsible party” (Phase Two). While this research didn’t specifically study certified care managers it does demonstrate the perceived value of care manager members of the Florida Chapter of the Aging Life Care Association, 63% of whom are certified. The findings of both phases of the study were overwhelmingly positive.

In Phase One, clients reported the care manager, “greatly improved their quality of life.” Researchers concluded that, “...care managers appear to be very valuable in assisting their clients with critical health-related situations, as well as with more routine health care matters. Not only are they called upon to assist with health care emergencies and their clients’ hospital stays, they also appear to serve an important role in facilitating physician–patient communications during the care recipient’s routine visits to the doctor’s office.”

The most common benefits of care management cited in Phase Two of the study surveying responsible parties were:

- Getting an objective assessment of client needs
- Knowing the client has a medical advocate
- Peace of mind

Ninety seven percent (97%) of participants who identified themselves as the client’s “responsible party” reported the care manager had a positive overall effect on the client. Ninety nine percent (99%) indicated the care manager had a positive effect on their own lives.

Responsible parties identified what they perceived as the most valuable benefits of care management services:

- Providing peace of mind
- Assessing client's needs
- Preventing/managing crises
- Advocating for medical needs with providers
- Preserving client's independence
- Navigating/recommending community resources
- Managing residential transitions
- Mediating/resolving conflicts
- Providing memory care/support

Researchers identified the most valuable services to clients as reported by their responsible parties:

- Monitoring/advocating for medical needs
- Providing peace of mind by being on call
- Coordinating/monitoring service providers
- Providing counseling and emotional support
- Enhancing social and quality of life activities
- Making/recommending home safety changes
- Providing memory care/support
- Coordinating government assistance, insurance or other benefits.

Citation:

Phase One study results – The Role and Contributions of Geriatric Care Managers: Care Recipients' Views – Professional Case Management, Vol. 18, No. 6, pages 286-292, November/December 2013.

Phase Two study results - How responsible parties value Aging Life Care Professionals' services by Mary Ann Horne, MHA & Judith Ortiz, PhD, MBA – Journal of Aging Life Care, Vol. 27, Special Edition, March 2017.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: While we survey CMCs on the value they receive from certification we have not done any substantial research or published any results.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: Since care management is an unlicensed field, consumers can be confident in their choice when selecting a Care Manager who holds the CMC credential. The CMC credential ensures that the care managers are competent to perform the full range of care management tasks through a validated, standardized examination. Additionally, the CMC certification is renewed every three years to ensure that Care Managers are practicing at the highest professional level.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: The CMC credential enhances a care manager's professional future by

- Being identified with this prestigious credential
- Attracting quality referral sources seeking high competency and quality practitioners
- Increasing opportunities for securing a job, career advancement, and increased earning
- The Aging Life Care Association's recognition of the CMC credential for eligibility for membership at the "Advanced Professional" level.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: NACCM requires 45 continuing education contact hours every three years for renewal. NACCM approves contact hours for providers of educational trainings, webinars, and sessions at national conferences that include the Aging Life Care Association (ALCA), American Society on Aging (ASA), National Multiple Sclerosis Society, Brain Injury Association of America, National Alliance on Mental Illness (NAMI), and National Guardianship Association (NGA) to name a few. To receive approval, course subjects must pertain to the tasks and content domains unique to care management: 1) Assess and identify client strengths, needs, concerns, and preferences, 2) Establish goals and a plan of care, 3) Implement care plan, 4) Manage and monitor the ongoing provision of and need for care, and 5) Ensure professional practice and supervision of care management.

QUESTION: If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Rates of CMC certification renewal have been steadily increasing. Certified Professionals are encouraged to market their credentials of certification to elevate their practice. We have provided a certified logo for use on websites and in marketing materials. Those with a CMC are acutely aware that long-term care insurers, professional associations, and the public are looking for the added evidence of commitment and competency that a certification provides.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professionals who hold your care management certification? If yes, can you share what you have learned from the consumer who has experienced having a care manager during their healthcare journey?

Answer: NACCM does not have specific venues for consumer, employer, or other stakeholders to share experiences about professionals who hold CMC certification.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager to assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: NACCM provides information for professionals seeking care management certification on the website (www.naccm.net), through marketing, and social media. NACCM works in collaboration with the Aging Life Care Association which provides information to the public and professionals about care management (www.aginglifecare.org). Here consumers can find tips about how to engage a care manager, the value of care management services and other helpful information. The site also highlights the code of ethics and standards of practice care managers pledge to follow.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: Protecting and empowering users of care management services through consumer education is a stated purpose of the National Academy of Certified Care Managers, and a key to advancing our mission. Through regular e-newsletters and social media, certified care managers are encouraged to include their CMC credentials on all promotional materials and to engage in consumer and community education to help inform patients, clients, caregivers, and other professionals about how their qualifications benefit them. A recent example of a successful consumer education effort was Alliance Behavioral Healthcare's December 2017 announcement of the certification of 30 of their care managers: <https://www.alliancebhc.org/general-news-announcements/alliance-strengthens-services-care-coordinator-certification/>

For more information on the Care Manager Certification, please visit the National Academy of Certified Care Managers <http://www.naccm.net>



JULLIE GRAY, MSLW, LICSW, CMC

We would like to thank the Board of the National Academy of Certified Care Managers work providing information on their certification. The board is under the direction of Jullie Gray, Board President.

**CERTIFIED DISABILITY MANAGEMENT
SPECIALIST (CDMS)**

Certified Disability Management Specialist (CDMS)



The Examination is administered by the Commission for Case Manager Certification.

QUESTION: When and why was the certification developed?

Answer: The Certification of Disability Management Specialists Commission developed the Certified Disability Management Specialist examination to provide a certification and recertification process to ensure the competence of those who provide disability management services, and to serve those who contribute to the health and well-being of organizations through integrated ability management.

The CDMS Commission has a rich history that spans 30 years. Offering the only independent, nationally accredited program that certifies disability management specialists. The Certified Disability Management Specialists (CDMS) credential is the gold standard in workplace solutions and has long been recognized for excellence. It promotes competence, high professional standards, and ethical practice in the field.

In 2016, the CDMS credential was acquired by the Commission for Case Manager Certification (CCMC). CCMC manages both the CCM and CDMS credential.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: The CDMS credential target audience includes professionals in the fields of disability and work interruption case management; workplace intervention for disability prevention; program development, management, and evaluation of disability management programs; and, employment leaves and benefits administration.

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: CCMC remains focused on providing value and enhanced expertise to those practicing in the disability management field. From advancing professional development to equipping employers and employees with the knowledge and skills necessary to assist individuals to remain at or return to work, CCMC is steadfast in its commitment to meeting the demands of the industry through the CDMS credential. Disability management specialists who hold the CDMS credential affirm that as professionals, they have a measurable, enhanced level of competence, knowledge, and expertise.

QUESTION: Please share the number of professionals certified to date.

Answer: There are currently over 2,200 actively certified disability management specialists practicing today.

QUESTION: The percentage of renewals.

Answer: The CDMS retention rate varies by individual class.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, healthcare industry, employers and the professional who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: Those who hold the Certified Disability Management Specialists (CDMS) credential are better equipped to analyze, prevent, and alleviate the human and economic impact of disability.

Individuals who receive disability management services associate CDMS with quality, expertise, and consumer protection. Employers seeking proactive workplace solutions recognize that CDMS means in-depth knowledge, best practices, and cost-effective programs. Certificants equate the CDMS credential with the highest standards for competence, professional conduct, and ethics.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: CCMC uses a research-based approach to develop and validate its CDMS certification exam and to ensure that it reflects the current state of disability management practice. A Role and Function Study is conducted every five (5) years. We field this survey of absence and disability management specialists to gather specifics about their knowledge, skills and activities to inform the exam. We also use the survey's results to demonstrate the capabilities and functional roles performed by disability management specialists to policymakers, employers and regulators.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: The Certification of Disability Management Specialists (CDMS) credential is a gold standard in workplace solutions and has long been recognized for excellence. It promotes competence, high professional standards, and ethical practice in the field.

As the field of disability management continues to evolve it's more important than ever to have a workforce with the professional background and expertise to practice competently. For those employers involved in providing services and solutions to help people with illnesses, injuries, and disabilities return to or stay at work, the benefits to the organization are significant.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: CCMC has maintained its place among an elite group of healthcare certification organizations accredited by NCCA. This means that the Commission's certifications, the CCM & CDMS, demonstrate an individual's professional competence, enhance their employability and career advancement, and ultimately protect the public interest. In addition, the Commission validates its CCM & CDMS certification exams through research, which helps ensure the exams continue to be relevant to today's practice.

CCMC's CCM® & CDMS® credentials are NCCA Accredited. CCMC's programs are in compliance with the NCCA's Standards for the Accreditation of Certification Programs. NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE). ICE's mission is to advance credentialing through education, standards, research, and advocacy to ensure competence across professions and occupations. ICE created NCCA in 1987, with the purpose to ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs that assess professional competence. Since 1977, the NCCA has been accrediting certifying programs based on the highest quality standards in professional certification to ensure the programs adhere to modern standards of practice in the certification industry. To view the standards, visit <http://www.credentialingexcellence.org/ncca>.

NCCA uses a peer review process to: establish accreditation standards; evaluate compliance with these standards; recognize organizations/programs which demonstrate compliance; and serve as a resource on quality certification.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: Becoming a Certified Disability Management Specialist (CDMS) lets others know that you possess the business acumen and competencies needed to help employees stay at or return to work while assuring employers that you can be trusted to maintain a balance that helps them control and identify financial, safety, and other risks that confront them.

With professional credentialing, an emphasis is placed on your enhanced skill and knowledge in the field. It shows a commitment to advancing your profession and can serve as a competitive edge in the marketplace.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: CCMC has a firm belief that all CDMS certificants and designees throughout their career should embark on a continuous quest to develop and enhance their skills—enriching their competency, placing them at the forefront of the profession, and enabling them to secure renewal. Through continuing education, disability management specialists are better prepared to serve and deliver assurance to employers and those they assist.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Constant contact with our certificants is managed through both personal outreach and marketing and communications efforts throughout their five (5) year certification period. In addition, CCMC has a number of related educational activities to support CDMS certification, professional development, and recertification.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: Utilizing common practice standards, the CDMS credential draws together practitioners from a wide variety of disciplines. Additionally, certified professionals must remain current in their field, through ongoing continuing education, and they must adhere to a strict Code of Professional Conduct available at <http://www.cdms.org/uploads/cdms%20code%20of%20professional%20conduct%208.16.16.pdf>

These requirements continuously remind CDMS certificants of their obligation to the individuals who are ill, injured, and/or have disabilities. The Rules of Conduct and the Standards for Professional Conduct prescribe the level of conduct that is required of every Certificant. Compliance with these levels of conduct is mandatory, and enforcement is through the CDMS Procedures for Processing Complaints.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how do your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: CCMC's role is to advocate for professional disability management excellence through CDMS certification and interrelated programs and services. Through the development and

management of our comprehensive professional certification for qualified disability managers CCMC promotes, advances and advocates for consumer protection, quality disability management practice, ethical standards and behavior, and scientific knowledge development and dissemination.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: The Commission works with employers who share our core values to promote, advance and advocate for consumer protection, quality disability management practice, ethical standards and behavior, and scientific knowledge development and dissemination.

To learn more about the Certified Disability Management Specialists (CDMS) visit the website at www.cdms.org



VIVIAN CAMPAGNA, MSN, RN-BC, CCM

Thank you to Vivian Campagna, for providing this information. Vivian is the Chief Industry Relations Officer (CIRO) for The Commission of Case Manager Certification.

CERTIFICATION IN MANAGED CARE NURSING (CMCN)

Certification In Managed Care Nursing (CM CN)



The Examination is administered by the American Board of Managed Care Nursing (ABMCN).

QUESTION: When and why was the certification developed?

Answer: The American Board of Managed Care Nursing (ABMCN) and the Certification in Managed Care Nursing (CMCN) were developed in 1998 in response to the evolving healthcare delivery system and emerging roles in managed care.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: Today, the healthcare arena is highly competitive, and expressing that you have achieved specialty education can give you the edge when pursuing a new job or moving up the career ladder. Registered Nurses (RNs), Licensed Practical Nurses (LPN/LVNs), Licensed Social Workers, and Licensed Professional Counselors working within managed care settings are required to have related critical-thinking skills and a well-rounded understanding of the risks and benefits of every healthcare decision. The Certified Managed Care Nurse (CMCN), and the Certified Managed Care Professional (CMCP), credential is a recognition of one's acquired knowledge of the profession.

Licensed nurses (RNs, LPN/LVNs, NPs, etc.) who obtain this certification are designated as Certified Managed Care Nurses (CMCNs).

Licensed social workers and counselors are designated as Certified Managed Care Professionals (CMCP).

The certification exam is the same for both.

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: Since the creation of the CMCN certification, the ABMCN Board of Directors have regularly updated the exam content to ensure that key principles of care management and current healthcare standards are a part of the exam-takers knowledge base. In this ever-changing healthcare environment, it is important to keep abreast of new policies and procedures. That is why CMCNs are required to submit continuing education every three years to renew their certification.

QUESTION: Please share the number of professionals certified to date.

Answer: There are over 2,000 Certified Managed Care Nurses/Professionals (CMCNs/CMCPs) nationwide.

QUESTION: The percentage of renewals.

Answer: 80% renewal rate.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, healthcare industry, employers and the professional who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The overall goal of a Certified Managed Care Nurse is patient advocacy. Certified Managed Care Nurses have proven they have learned the principles and values of ethical decision making, patient education, patient wellness, prevention programs, early intervention, and continuity of care including transitional care and post-discharge education aimed at reducing readmissions. The CMCN can advocate for patient discharge from the acute care to a skilled nursing facility sooner, or transition to settings like Home Health Care or Wound Care, saving their company an average of \$10,000 a day. This number may vary depending on the level of care, insurance carriers, and contracts.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: No.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: Those who sit for the CMCN exam are given the option to have ABMCN notify their supervisor of their newly earned certification and provide a press release that can be used within the organization to promote the employee's achievement. For example, one company has placed the news on the company intranet for all employees to see.

New CMCNs are given a certificate that can be hung for all to see and they are allowed to use the initials CMCN (or CMCP, depending on their licensure) in their professional signature.

Sharing managed care outcomes varies from company to company. Working with metrics and leadership to define what constitutes a successful outcome, such as admission reduction, readmission reduction, and Emergency Department diversions, CMCNs can share these stories through company Grand Rounds meetings, narratives composed for Training 125, and individual nurse recognition.

The American Association of Managed Care Nurses (AAMCN) recognizes nurses who have made a solid commitment to managed care nursing by offering the Managed Care Nurse Leader of the Year Award on an annual basis.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: Holding the CMCN certification ensures that the managed care professional working with the public is aware of current government programs, legal and risk management issues, preventative programs, contracting and reimbursement, accreditation, and other consumer advocacy factors. The certification promotes a superior standard of quality care that one can expect from a managed care professional.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: Those who obtain the Certification in Managed Care Nursing (CMCN) position themselves to be recognized by employers for their drive to obtain specialty education and dedication to improving their skill set. Employers are more likely to hire someone with appropriate certifications because it signifies expertise and a continuous drive to learn more about managed care topics.

Those who ‘go the extra mile’ by obtaining certification have an advantage with career advancement and development opportunities. In fact, many organizations require their employees to attain certification related to their role shortly after being hired.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today’s complex and fragmented healthcare industry?

Answer: The American Board of Managed Care Nursing (ABMCN) does not provide educational content, however, their website does link to available continuing education activities for managed care professionals provided by the American Association of Managed Care Nurses (AAMCN) and the NAMCP Medical Directors Institute.

These activities include annual forums, live webinars, and online CE presentations which can also be found at www.namcp.org/cmeonline.htm.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: No.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how do your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: The ABMCN is a certifying body that does not create educational content, but lists resources on their website that are beneficial to case managers, those working in utilization and quality management, and others within the care coordination team. CMCNs are also encouraged to seek resources provided by the American Association of Managed Care Nurses including their annual forums, live webinars, online continuing education activities, and newsletters to keep abreast of changes in healthcare.

ABMCN recommends that CMCNs reach out telephonically to those at hi-risk for readmissions, due to targeted diagnoses or multiple admissions, to introduce themselves and share services they can provide or assist with. Another method is to introduce the care manager in new patient packets which hi-lite the providers and care managers and what they do.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: Certified Managed Care Nurses serve as the liaison between patients, doctors, healthcare providers and insurance companies. In contrast to direct patient care at the bedside, their role is to advocate for all patients enrolled in the healthcare delivery system. CMCNs are encouraged to proudly display their certificate, as it differentiates them as someone with demonstrated competencies to help improve patient outcomes, skills to help guide lesser experienced nurses through the maze of care management, and the drive and determination to be a nursing leader and steward.

Today, the role of the case manager can be diverse and may include a range of different responsibilities within the scope of managed care. That is why the CMCN/CMCP certification ensures knowledge of not only case management, but also topics in the areas of quality, utilization, disease, and population health management, cementing one's ability to fully integrate and work within a care coordination team.

**To learn more about the Certification in Managed Care Nursing and the Certified Managed Care Professionals
Visit the website at www.ABMCN.org**



JUDITH DAUGHTY, R.N., BS, LNC, CMCN

A special thanks to Judith Daughy for assisting us with this project.
Judith is a member of the ABMCN Board of Directors.

**CERTIFIED REHABILITATION
REGISTERED NURSE (CRRN)**

Certified Rehabilitation Registered Nurse (CRRN)



The Examination is administered by the Rehabilitation Nursing Certification Board (RNCB).

QUESTION: When and why was the certification developed?

Answer: An interdisciplinary healthcare specialty, rehabilitation evolved during 20th century wartime. Many soldiers, young men for the most part, survived injury during the war, but faced serious disability. As a result, military hospitals established rehabilitation units that focused extensive efforts on returning these young men to society. Not long after, rehabilitation units and hospitals sprang up around the country and the interdisciplinary specialty of rehabilitation gained importance. The specialty has continued growth and development ever since.

In 1976 the Association of Rehabilitation Nurses (ARN) was formally recognized as a specialty nursing organization by the American Nurses Association. In 1984 the Certified Rehabilitation Registered Nurse (CRRN®) Exam was first administered and the certification was born.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: Rehabilitation nursing practice includes care management and treatment of conditions such as stroke, traumatic brain injury, aging issues, MS, diabetes, co-morbidities, cardiovascular illness, arthritis, and spinal cord injury. Nurses who achieve the Certified Rehabilitation Registered Nurse credential demonstrate knowledge, experience and commitment to excellence in comprehensive care for people with physical disabilities and chronic illnesses in all specialties and settings of rehabilitation. Additionally, we have a Rehabilitation Case Manager Role description at <http://www.rehabnurse.org/pubs/role/Role-Rehab-Nurse-Case-Manager.html>

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: There are many specialties that offer credentials and certifications that may only apply to certain aspects of rehabilitation nursing practice or certain populations. However, only one certification applies to them all. Nurses who achieve the CRRN credential demonstrate knowledge, experience and commitment to excellence in comprehensive care for all people with physical disabilities and chronic illnesses in all settings of rehabilitation across the Post-Acute Care (PAC) continuum, for insurance companies, and in private practice.

QUESTION: Please share the number of professionals certified to date.

Answer: The current number of CRRNs is approximately 13,000

QUESTION: The percentage of renewals.

Answer: Approximately 65%

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, healthcare industry, employers and the professional who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: The CRRN credential requires nurses to have experience in rehabilitation nursing and pass an exam validating a documented level of knowledge of rehabilitation nursing practice. This exam covers the scope of rehabilitation nursing practice including:

- Rehabilitation Nursing Models and Theories;
- Functional Health Patterns: theories, physiology, assessment, standards of care, and interventions of individuals with injury, chronic illness, and disability across the lifespan;
- The Function of the Rehabilitation Team and Community Re-entry; and
- Legislative, Economic, Ethical, and Legal Issues.

Patients' lives are restored to functioning persons with a CRRN's care and support. CRRNs teach caregivers how to manage and support the patient. CRRNs have a voice in Washington and support the following legislation: Chronic Care Reform; Requiring Nursing Homes to Have at Least one Direct Care RN with Rehabilitation Experience on Duty 24/7; Appropriate Quality Measures and Outcomes Across the PAC Continuum; Preservation of Access to Quality Rehab Services.

Along with ARN, the specialty has created white papers and continues to support: The Essential Role of the Rehabilitation Nurse in Facilitating Care Transitions; as well as Cancer Rehabilitation and the Role of the Rehabilitation Nurse.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: A landmark study, "Nurse Staffing and Patient Outcomes in Inpatient Rehabilitation Settings" published in 2007 found that certified rehabilitation registered nurses (CRRNs) can significantly improve a patient's progress, thereby decreasing length of stay, and ultimately resulting in financial savings for the rehabilitation facility and the patient. The study, conducted

by lead investigator Audrey Nelson, PhD, RN, FAAN, concluded that for every 6% increase in CRRNs on the unit, the average length of stay decreased by one day.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: CMS requires outcomes to be shared in a specific manner and some are reported to the public. The membership organization, ARN, has developed educational programming to teach CRRNs how to best manage these requirements and to stay competitive within the rehabilitation environment.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The Rehabilitation Nursing Certification Board (RNCB) has a public member on the board. This public input broadens the perspective of RNCB, enhances decision-making, and helps focus attention on consumer concerns as they relate to quality, cost effectiveness, and access to care.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: The CRRN credential is often required or preferred for many rehabilitation nursing positions. The CRRN opens doors for a variety positions, making it a valuable asset when transitioning from one role to another. The specialty provides CRRNs an opportunity to learn and develop many skills they may not otherwise develop.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: The organization continually works to develop the specialty and educate CRRNs across the continuum to keep them up to date on new developments, as well as help them maintain certification.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: We communicate with all CRRNs, several times throughout the year, electronically and via regular mail, keeping them up date on anything related to certification; we ask them to update their contact information so we don't lose touch with them; and we send a post card to them the last couple of years prior to their renewal deadline, so they know that it's coming.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: We don't have a process for this.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how do your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: We do offer general information to patients and caregivers on our patient-centered website www.RestartRecovery.org to provide information on what you need to consider at each step along the rehabilitation process. One section highlights the CRRN as the patient's advocate and we emphasize the role of the RN Case Manager to identify care needs and assist with coordination of services needed during transitions and once in community or home.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: We offer Patient Resources on our website, including www.restartrecovery.org, as noted above. These resources are exclusive to ARN members, but there are many materials that can be printed and provided to patients, or they can be directed to the patient website.

For more information on the Certified Rehabilitation Registered Nurse Certification go to <https://rehabnurse.org/crrn-certification/earn-your-crrn>



KARION GRAY WAITES, DNP, RN, BC-FNP, CRRN

A special thanks to Karion Gray Waites and the team at the Association of Rehabilitation Nurses for assisting us with this project. Karion is the ARN President and Rehabilitation Nursing Foundation Chair

**NURSING CASE MANAGEMENT
CERTIFICATION**

Nursing Case Management Certification



The Examination is administered by the American Nurses Credentialing Center (ANCC).

QUESTION: When and why was the certification developed?

Answer: In 1996, a panel of nurse case managers determined that the focus of RN case managers to be different from the focus of other disciplines that practice in case management. In the same year, the ANCC established the Nursing Case Management Test Development Committee. The first Nursing Case Management Board Certification candidates tested in 1997.

QUESTION: Please talk about your target audience of who the certification is designed.

Answer: The ANCC Nursing Case Management Board Certification examination is designed to validate the knowledge and expertise of nurses who practice in case management.

After meeting the eligibility requirements and passing the examination, the nurse is awarded the credential RN-BC.

QUESTION: What have you learned over the years that have helped you make your certification value added for the health care industry as well as the professional who becomes certified?

Answer: Nurses holding the ANCC Nursing Case Management Board Certification have evidence of current knowledge and expertise in case management and nursing. The profession, patients/clients, public, and employer view board certification as evidence that the nurse has current knowledge and expertise to manage their care. In addition, evidence continues to show the link between certification and improved patient outcomes.

QUESTION: Please share the number of professionals certified to date.

Answer: There are 1,754 nurses board certified in Nursing Case Management

QUESTION: The percentage of renewals.

Answer: The percentage of renewals varies each year.

QUESTION: With the industry moving to a value-based purchasing culture, please share the value your certification bring to patient's, caregivers, healthcare industry, employers and the professional who choose your certification. If you can, please provide examples of the outcomes professionals who achieve your certification produce that demonstrate their value?

Answer: By passing the ANCC Nursing Case Management board certification examination, the nurse has external evidence of possessing current knowledge, skills and expertise in case management and nursing. The ANCC Nursing Case Management board certification maintenance and renewal process requires the nurse to remain actively engaged in continual learning in case management and nursing. In today's complex health care environment, the consumer and employer benefit from knowing the nurse holding the ANCC Nursing Case Management board certification is making decisions and providing care based on current information in healthcare, case management, and nursing.

QUESTION: Do you conduct research to demonstrate the value of the certification? Do you publish the reports? If so, can you discuss and also share the link?

Answer: ANCC supports research in the value of certification and participated in the Value of Specialty Nursing Certification Research sponsored by the American Board of Nursing Specialties (ABNS). A report of the findings is located on the ABNS website.

The Margretta Madden Styles Credentialing Research Grant was established by ANCC as a mechanism to make funds available for research into certification and credentialing. This research grant is now available through the American Nurses Foundation.

Every 5 years a research based role delineation study (RDS) is conducted to determine the critical aspects of the nursing case management role and practice. A report of the findings from the current RDS is located on the ANCC Nursing Case Management Certification webpage.

QUESTION: How do you propose professionals who hold your certification share their outcomes with their organizational leadership, with the patients they work with, and our legislative leaders? Can you provide some examples so people can learn the importance of being an advocate for their certification/practice?

Answer: ANCC board certification is the gold standard in nursing certification. ANCC encourages the board certified nurse case manager to wear their board certified pin and to proudly display their certification wall certificate. The board certified nurse can request to have an official Verification of Certification letter mailed to their employer. Likewise, an employer or a patient can submit a request to receive verification of certification.

ANCC has established an annual Certified Nurse Award. The recipients of the ANCC Certified Nurse Award in Nursing Case Management have demonstrated the value and impact that their specialty

certification has had on patient outcomes, nursing practice, collaboration, innovation, and leadership.

QUESTION: One of the purposes of a national certification is for consumer protection. How does holding your certification protect the public?

Answer: The ANCC Nursing Case Management Board certification is accredited by the Accreditation Board of Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA). This dual accreditation is evidence that the Nursing Case Management certification program meet rigorous national standards for professional board certification through a national peer review process.

Meeting the eligibility criteria to test and the requirements to maintain and renew the certification validates that the nurse has current knowledge and expertise in nursing and case management. The consumer is protected because the board certified nurse in case management is making decisions and providing care based on current information in healthcare, case management, and nursing.

QUESTION: As professionals advance in their careers, how does holding your certification advance their professional development and their careers?

Answer: The knowledge gained through the preparation and study necessary to sit the nursing case management certification examination and to maintain and renew the certification demonstrates the nurse's commitment to life-long learning and excellence. Board certification is voluntary. Thus, obtaining and maintaining the certification provides evidence to employers and patients that the board certified nurse is willing to "take the extra step".

Many state boards of nursing accept the ANCC board certification as evidence of fulfilling the continuing education requirements to renew a state RN license. Likewise, the board certified nurse can use the ANCC certification renewal requirements as a roadmap to plan their professional development and enhance their career.

The 2018 salary survey⁴ conducted by Advance Healthcare Network found that, among registered nurses, those certified in a specialty earned more on average than registered nurses who weren't certified in the specialty. According to this survey, certified nurses in case management earned \$10,000 more than their non-certified nurse colleagues.

QUESTION: How does the certification body educate their certified professionals as to their changing role and function in today's complex and fragmented healthcare industry?

Answer: As a certification entity, ANCC does not provide education services to its certified professionals.

QUESTION: How are your renewal rates? If you can share how you keep in touch with certified professionals so they understand the value certification brings them so they renew their certification.

Answer: Starting 18 months before the nurse's certification is due to lapse, ANCC sends reminder notices to the certificants email and postal address on a regular basis. In addition, we reach out to certificants to serve as subject matter expert volunteers to provide input into the updating the test.

QUESTION: Do you have a way for the consumer, employer or other stakeholders to share their experience with professional who hold your case management certification? If yes, can you share what you have learned from the consumer who has experienced having a case manager during their healthcare journey?

Answer: ANCC does not have a formal mechanism to receive information. However comments can be provided by email to certification@ana.org or certificationoutreach@ana.org.

QUESTION: Today, despite thousands' of professionals involved in the practice of case management, many people do not know what a case manager is or how to access a case manager assist as they transition through the complex healthcare system. My question is how does your organization work to share information to the general public on the practice of case management and the value it brings to them?

Answer: ANCC provides the public access to the test content outline, reference list and sample test questions for Nursing Case Management Board Certification.

QUESTION: How are you encouraging your certified case managers to educate and inform the patient, their caregivers and others who can benefit as how to find a case manager when they enter the healthcare system? Please feel free to share other information you want readers to know about your certification.

Answer: Each board certified nurse receives a Board Certified Nurse pin and a Nursing Case Management Board Certified wall certificate with their name and the credential RN-BC to display in their office or other public place.

An ANCC Board Certified Nurse Case Manager can apply as a volunteer to serve as a subject matter expert to assist in the update of the ANCC Nursing Case Management certification examination.

The ANCC Nursing Case Management board certification is approved by the Department of Veteran Affairs for GI Bill reimbursement and is one of the identified certifications that Magnet-recognized and Magnet-applicant organizations may report in the Demographic Data Collection Tool® (DCCT).

For more information about Nursing Case Management certification, please visit the ANCC Nursing Case Management webpage or phone at 1.800.284.2378.

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For more information about the Nursing Case Management Certification, please visit <https://www.nursingworld.org/our-certifications/nursing-case-management>



DIANE THOMPKINS, MS, RN

Thank you to Diane Thompkins, MS, RN, for providing the information for this report. Diane is the Manager, Accreditation Certification Department of the American Nurses Credentialing Center.

UNDERSTANDING THE PROCESS OF HOW A CERTIFICATION EXAMINATION IS DEVELOPED

Understanding the Process of How a Certification Examination is Developed

Most professionals navigating their career paths in today's challenging and competitive workforce will find themselves considering the pursuit of certification. For many, the decision to seek certification may not be an easy one. The level of commitment, time, and cost of obtaining certification is substantial and many wonder if it is worth the effort. However, once professionals educate themselves on the purpose and process of certification, the true value and return on investment can really be appreciated.

To become certified, candidates must meet education and experience requirements and achieve a passing score on a certification examination. Many find that the examination is more challenging than they originally anticipated. It is important to keep in mind that the examination is based on all aspects of the profession. Most practitioners, especially seasoned professionals, have specialized experience, and to have a full understanding of the knowledge the examination is testing, it is important to adequately prepare by reviewing the published content outline for the examination and any recommended references or reading material. Some also take practice tests to assess their readiness for the certification examination and others may search for review courses or form study groups with other professionals.

It is also important to take into consideration the rigorous process that goes into developing the examination. Similar to how a strong foundation is critical when building a home, the same is true for a certification program. The foundation that a certification program is built on is a job analysis (also known as a practice analysis or role delineation). During this process, a comprehensive review of the profession is conducted and the major areas of responsibility (domains of practice), specific work-related tasks that are associated with those domains, and the knowledge and skills to perform those tasks are identified and then validated, typically through a survey of practitioners. The results of the job analysis are then used to develop the content outline with test specifications. This serves as the "blueprint" for which items are written and examinations are constructed. Since the items on the examination are linked back to the profession through the job analysis, the job analysis provides necessary evidence that the examination is job-related and content-valid. It is important to repeat this process every few years so that it accurately reflects the scope of practice as the profession evolves over time.

The next step is to write and review items (test questions). This process typically begins with a testing professional, such as a psychometrician, conducting item writing training that prepares subject matter experts (SMEs) to write items effectively. SMEs will write practice-related items that target the knowledge specified in the content outline. Items then go through several stages of review including psychometric review followed by a content review by another panel of SMEs representative of the candidate population. This panel edits and reviews each item to confirm that the knowledge being tested is accurate, reflective of current, best practice as delineated in the content outline, relevant and important to practice, and is free from bias and stereotyping. Approved items are then reviewed for grammar and style and entered into an item bank. To ensure that the item bank continues to reflect current, best practice of the profession, it is important to continuously refresh the item bank with new items by conducting periodic item writing and review initiatives.

Following the item writing and review process, examination drafts are constructed by selecting items from the item bank in proportion to the weightings of each content area as indicated in the test specifications of the content outline. A panel of SMEs will then critically review each item to confirm that all items reflect current, best practice; accurately represent content as delineated in the content outline; have one and only one correct or best answer with plausible distracters; adhere to item writing guidelines; and are appropriate for the candidate population as described in the eligibility criteria. A final review for grammar is done and the final version of examination is then produced and made ready for the administration.

Once examinations are approved, the passing score (also referred to as a standard, passing point, or a cut-score) must be determined. The passing score represents the lowest score on the examination that represents success. It is the minimum level of knowledge that must be demonstrated by a candidate to ensure competency. The passing score is the basis to which pass and fail decisions are determined, so a defensible passing standard is essential. There are typically two different types of approaches that are used to set the standard for examinations – a relative (norm-referenced) testing standard or an absolute (criterion-referenced) testing standard. Using the norm-referenced approach, a normal distribution of scores is assumed, based on a bell-shaped curve, and the standard is set by holding the passing rate consistent from administration to administration. In other words, the actual number of items required to pass the examination may vary depending on the level of competency of the group testing.

One of the biggest misconceptions among candidates is that all certification examinations use this method to make pass/fail decisions, when in fact most certification examinations use a criterion-referenced standard, such as the modified Angoff method. A criterion-referenced standard is set by determining the total number of items that must be answered correctly to pass the examination. Criterion-referenced standards are based on achieving a specific score set before the examinations are administered, do not depend on the relative ability of other candidates' scores, and do not have a pre-determined passing rate.

After examinations are administered, item analyses and summary statistics are produced. Item performance statistics, such as item difficulty and discrimination indices, are reviewed. Items that exhibit problematic statistics are flagged and presented to SMEs for further review to determine if any changes to the scoring key should be made. These statistics are also helpful when reviewing and revising the question for future examination forms. Once the SMEs have completed their review of the flagged items, the examinations are scored and pass and fail score reports are sent to candidates.

Certification does not end with passing the examination. Candidates who successfully meet the requirements and pass the examination are granted certification for a specific period of time and then must maintain their certification by renewing it every few years. This process promotes continued competency and life-long learning. Not only do candidates have to meet education and experience requirements to recertify, but they also must demonstrate that they are keeping current in the profession by either passing the examination again or by achieving a specific number of continuing education credits that they have obtained since initially passing the examination.

Those seeking certification may experience tangible benefits, such as career advancement (i.e., new job opportunities or promotions), increase in salary, and formal recognition from employers and peers. They may also experience intangible benefits, such as feelings of personal accomplishment/satisfaction and professional growth. Not only is achieving certification a way to demonstrate commitment to the profession, it also allows the certificant a way to stand out from other practitioners. Successfully earning certification shows that the practitioner has not only taken the initiative to seek certification but has also met specific standards in the industry as set

by the certifying organization. Especially for seasoned professionals, seeking and maintaining certification indicates that the knowledge and skills that they have are current in practice.

The benefits to certification are not solely for the certificant. Benefits to certification are experienced by other stakeholders as well. For example, certification programs not only improve the industry by establishing professional standards that can be utilized to build a more qualified workforce, they also help those hiring professionals to make better informed decisions when filling positions, and they help protect the public by providing a way to benchmark competence among practitioners. By taking that step to seek certification, it not only helps propel the professional into a brighter future, but it also raises the bar for the industry and takes the profession to new levels.

By Vita Greco, MA



Vita Greco has over 14 years of experience in the administration and development of certification and licensure programs. Her expertise includes managing certification programs of all sizes and industries, launching new credentials, item and exam development, standard setting, analyzing statistical reports, accreditation compliance, marketing, strategic planning, and advising clients on all aspects of their assessment programs. Vita has an M.A. in Industrial/Organizational Psychology from Hofstra University.

About Professional Testing Corporation

PTC is an organization whose services are focused on the measurement aspects of human resources, including the design, development, and administration of tests and testing programs for professional organizations. PTC's services to professional organizations include test development, candidate application and fee processing, scheduling, testing center arrangements, test administration and scoring, secure client portals, and data analysis and reporting. Services also include item banking, development and management of certificants databases, survey and questionnaire studies, accreditation assistance, board management, job analyses, self-assessment, and psychometric research in areas of interest to PTC clients. To learn more, visit the PTC website at <http://www.ptcnyc.com>.

THE IMPACT OF CASE MANAGEMENT CERTIFICATION

The Impact of Case Management Certification

As healthcare becomes more and more complex the demand for highly skilled, knowledgeable, and experienced case managers is increasing. Certification is the mark of excellence that allows you to stand out as one of these professionals, officially recognizing your achievement, expertise, and clinical judgement. By becoming certified and maintaining your certification you communicate to your employer, peers, and the public that you take your career seriously, are dedicated to your professional growth, and are committed to maintaining the high standards that have been established by the certifying body.

Impact on you

By becoming certified in case management you open yourself up to more job opportunities, job security, and better work environments. An increasing number of employers as well as certain state and federal laws require certification for their case managers. In addition, employers seeking Magnet®, URAC® and other accreditations must have certified case managers to meet the criteria for inclusion. These agencies believe certification of staff is a key component of excellence. Employers meeting these standards are more likely to have better work environments for their case managers.

Certified case managers have influence, input, and better opportunities for career advancement. They have more career choices both within their organization and in the open job market. They are invited to join expert panels, develop workshops, and lead committees that develop policies and procedures. Obtaining your certification positions you for long term career success, increased pay, and better overall job satisfaction.

Impact on the practice

When we as professionals rise to the higher standards put forth by the accrediting bodies the entire practice of case management benefits. By having more case managers practicing at these higher standards we develop a reputation that can be trusted by both other healthcare professionals and the public. These accrediting bodies also have rules, codes, and or standards of conduct in place to self-regulate the practice.

Impact on your client

Becoming certified makes you a better case manager. Research shows a correlation between certification and the knowledge and judgement that affect patient care and safety. The preparation and study necessary to pass a certification exam expands your knowledge improving your ability to care for your clients. The continued competency requirements to maintain your certification keep you accountable to staying up to date with current developments and best practice.

Obtaining your certification requires time, money, and dedication, but in the end it provides you with a sense of pride, fulfillment, and professional accomplishment that is priceless.

By DEANNA GILLINGHAM RN, CCM



Deanna is a Registered Nurse Case Manager with over 20 years of healthcare experience. She is the author of [CCM Certification Made Easy: Your Guide to Passing the Certified Case Manager Exam](#) which is now in its second edition and has impacted thousands of case manager preparing for certification. Deanna is the founder of The Stay at Home Nurse, LLC, co-founder of the Case Management Institute™, and created a thriving Facebook group, Case Managers Community. She currently serves on the Board of Directors for the CMSA Foundation.

**CONGRATULATIONS ON ACHIEVING
CERTIFICATION! NOW WHAT?**

Congratulations on Achieving Certification! Now What?

Professional who step up to certification commit to continuous learning and to active participation in their field of practice. In this article, I would like to share some of the ways that professionals involved in case management/care coordination can advocate for their area of practice while growing professionally and personally.

Joining and Being Active in your Professional Organization

Joining a professional organization is an important part of your professional growth. Today, case managers have a number of choices when it comes to joining a professional organization. Take time to research what is available in your area of practice. Once you find an organization go to local meeting if there is a local chapter in your area. This will allow you to get a feel for the organization and to meet professionals who you share common ground. If there is not a local chapter in your area, look on the national level and plan to attend the annual conference.

Regardless of the choice you make, the most important thing to do is to find a way to be active in the organization. Doing so allows you to stay up to date, influence practice and advocate for your area of practice with stakeholders in your local community, throughout your State on up to the Federal level and even an international level. Today, we are learning that all healthcare is local, but all countries share common interest especially in the area of healthcare.

Being a member is important as it shows your commitment to your practice. Being an active member is essential as your voice is needed to ensure the organization is meeting the needs of its members. Successful organizations keep lines of communication open in many ways. Members are encouraged to share their experiences, challenges and goals so the organization can offer resources to meet those needs.

Continuous Learning

As they say, the only constant is change. The healthcare is constantly changing, so staying up to date is critical for all professionals. Continuous learning can take various avenues such as reading professional journals and industry e-newsletters as they provide insights into advances, challenges and opportunities in your field of practice. Attending educational events and e-learning activities are also ways for you to stay up to date. Today, there is a wide variety of educational opportunities open to professionals at all levels. Some do cost money, but many are free. Going back to school for

advance education is another form of continuous learning. Taking courses that enhance your competencies in areas such as motivational interviewing, ethics challenges and other areas is also important regardless of your years in practice.

Validating Your Role

Today, we are living in an area where value is not assumed. Each professional and organization must set metrics you want to achieve. Measuring, analyzing and evaluating those metrics are important so we know if we are making progress. We are called to do this on an organization level as well as an individual level.

Advocating For Your Practice

As a professional you are viewed as a subject matter experts in your area of practice. Taking time to share your successes and achievements is another area of professional development. You can do this internally within your organization by serving on committees and advisory boards. Also, taking the time to share information on how patients and families can access case managers is important. Be visible in your organization and in your community. Be a resource people can come to. Some areas that you can look into are patient and family councils, as well as local and national radio shows that help inform audiences on various topics.

Give Back To Your Practice

As professionals giving back to your practice is important. As mentioned earlier, belonging to your professional organization is one way. Also, once you become certified, you can volunteer to assist in updating certification examinations by volunteering to be an item writer or serving on a Board or committee.

As you can see there are a number of ways you can be involved. As NIKE says.....Just Do It!

By Anne Llewellyn, RN-BC, MS, BHSA, CCM, CRRN

Anne Llewellyn is a nurse with over 40 years in the healthcare industry. Anne has worked in critical care, risk management, case management, patient advocacy, healthcare education and in the area of healthcare publications as Editor in Chief and as a Digital Journalists



RESOURCES



Case Managers must stay current with trends, best practices and challenges shaping the healthcare industry and their individual practice. The following list is offered to you as a start.

CMSA Case Managers Standards of Practice: Case managers in every setting, regardless of discipline or certification status should be familiar with these Standards. You can print off a copy from the [website](#) or order a hard copy from the Case Management Society of America for a nominal fee.

ACMA Standards of Practice & Scope of Services: ACMA's Standards of Practice and Scope of Services create the foundation for the practice of case management and transitions of care professionals. The standards and scope reflect the changing health care environment and define the current minimum standards by which others benchmark the practice.

ACMA Compass Training: This online learning system teaches and tests solid foundational knowledge in case management and physician advisory practices and provides continuing education credits for RNs, SWs and physicians.

Accredited Case Manager Certification Study Guide: This online interactive study guide covers the primary domains of health care delivery and transitions of care case management, including: (1) screening and assessment, (2) planning, (3) care coordination, intervention and transition management, and (4) evaluation. The guide and accompanying account tools provide a cornerstone for certification preparation.

Code of Professional Conduct: The Code of Professional Conduct is what all case managers certified through the Commission for Case Manager Certification are held. Professional Case Managers Certified through other certification bodies should check to see about their Code of Conduct.

Liability Insurance for Professional Case Managers: As a long time case management professional I have had my own liability coverage for over 30 years through the **Healthcare Providers Service Organization (HPSO)**.

CM&F Group Insurance Another carrier that provides malpractice insurance for case managers

Please do your own research as I am sure there are other carries who provide this service. Having your own malpractice insurance protects you if you do independent work outside of your primary job as well as if there is an event and your employer does not cover you for some reason.

Title Protection is an important issue that professional case managers need to pay attention to. Legislation is being enacted that calls for case management but does not define who does case manager or the role and function of professional case managers.

The Case Management (CM) Model Act: The Case Management Society of America developed the Case Management Model Act to establish key elements that should be part of any comprehensive case management program. The Model Act provides important resources to help legislators, regulators and other policymakers better understand how Case Management programs can support improving our health care delivery system. To review the Case Management Model Act, **click here**.

The Case Management Society of America (CMSA) encourages public policymakers to review and use the provisions of this CM Model Act for legislative and regulatory initiatives geared to reducing health care costs, improving the coordination and transitions of care, enhancing quality, and promoting better clinical outcomes. This new version of the CM Model Act builds upon the initial CM Model Act of 2009, and has been updated to reflect the Standards of Practice for Case Management, Revised 2016.

Continuous learning is a must for Professional Case Managers. As a Nurse Blogger, I write a Professional Reading List each year to highlight books that all case managers can use to stay up to date and improve their practice. Please feel free to click on each of the following Professional Reading lists to learn about the various book on your area of practice.

[Professional Reading List: 2016](#)

[Professional Reading List: 2017](#)

[Professional Reading List: 2018](#)

E-newsletter: Here are some of the Healthcare e-newsletters that I subscribe to. Most of offered for free and provide good information to keep you up to date on trends and issues impacting our industry.

Axios: is a new media company delivering vital, trustworthy news and analysis in the most efficient, illuminating and shareable ways possible. We offer a mix of original and smartly narrated coverage of media trends, tech, business and politics with expertise, voice AND smart brevity — on a new and

innovative mobile platform. At Axios — the Greek word for worthy — we provide only content worthy of people's time, attention and trust.

STAT News: STAT delivers fast, deep, and tough-minded journalism about life sciences and the fast-moving business of making medicines. We take you inside academic labs, biotech boardrooms, and political backrooms. We cast a critical eye on scientific discoveries, scrutinize corporate strategies, and chronicle roiling battles for talent, money, and market share. We examine controversies and puncture hype. With an award-winning newsroom, STAT gives you indispensable insights and exclusive stories on the technologies, personalities, power brokers, and political forces driving massive changes in the life science industry — and a revolution in human health. These are the stories that matter to us all.

Fierce Healthcare e-letters: Intense competition to manage costs and compliance without compromising patient health is fueling innovation across the continuum of care. Fierce Healthcare is your inside track to this global Market

Medscape: Our mission is to improve patient care with comprehensive clinical information and resources essential to physicians and healthcare professionals.

The Work Fitness & Disability Roundtable is a free e-group — a discussion group that communicates by e-mail using Yahoo Groups. Dr. Jennifer Christian has lead this group for over 10 years and encourages innovative discussion to over 1,400+ members. Members are professionals from multiple disciplines who are called on to respond when working people's lives are disrupted by illness, injury or the progress of chronic conditions or age. The Roundtable provides a dynamic forum for the exchange of ideas, posing of questions, and discussion of topics of interest and importance.

EFS Supervision Strategies, LLC. Created by Case Management/Social Work Leader, Ellen Fink Samnick. Health and behavioral health professionals face complex challenges across the industry. Unique knowledge and strategies are mandated by the workforce to assure mastery with their practice.

If you have a resource you find valuable please feel free to email anneLlewellyn48@gmail.com so we can add it to the list.

IN CLOSING

Thank you for reading the 2018 Special Report: Stepping Up to Certification. It is my hope that you find the report helpful as you or someone you know, Steps up to Certification!

I would like to thank each of the certification bodies who contributed to this report.

Last, I would also like to thank Deanna Gillingham and her team at the Stay at Home Nurse for their work in publishing the report.

If you have questions or comments, please feel free to email Anne Llewellyn, at allewellyn48@gmail.com

By Anne Llewellyn, RN-BC, MS, BHSA, CCM, CRRN

Anne Llewellyn is a nurse with over 40 years in the healthcare industry. Anne has worked in critical care, risk management, case management, patient advocacy, healthcare education and in the area of healthcare publications as Editor in Chief and as a Digital Journalists

