

# 2022 HEALTH INFORMATION TECHNOLOGY (HIT) SURVEY

CASE MANAGEMENT



## Issue Brief # 3:

Case Management Functionality, Transitions of Care, and Readmission Prevention

### Introduction to Issue Brief # 3

This Issue Brief describes the findings of the *2022 Health Information Technology (HIT) Survey* regarding the items focused on care management program offerings and the use of technology systems to support care management functions within those programs.

The analysis compares results over a 10-year period (from the 2012 and 2022 surveys) to determine the types of care management programs offered by respondents' organizations and the degree to which technology systems support the case management process, transitions of care, and readmission prevention. Analysis of this data provides insights into the evolving role of technology in supporting and driving implementation of care management programs within various settings.

The summary of findings for this Issue Brief is divided into two sub-categories: 1) care management programs and related system support functions, and 2) technology-enabled support for transitions of care and readmission prevention. Survey responses are compared and analyzed to explore trends in these two domains.

### Overview of the Health Information Technology Survey Series

The rise of digital health, the impact of the COVID pandemic and other forces have changed almost every facet of healthcare in recent years. How case managers interface with their patients and the tools they use to do so are prime examples of the changing landscape. The arrival of telehealth and the constant opportunity to use emerging technology applications only adds to the complexity and excitement in trying to communicate and interact effectively and efficiently with patients and among other members of the healthcare team. This has caused rapid transformation in the healthcare system, leading the way for new health information technology (HIT) solutions that enhance and streamline these processes.

Periodically, the case management community examines how health information technology (HIT) trends help to change the practice of case management, both positively and negatively. This has just taken place with the introduction of the *2022 Health Information Technology Survey* that examines how HIT trends are impacting the practice of Case Management.

### Background of the HIT Survey Series

In 2008, Schooner Strategies and TCS Healthcare Technologies (now known as [Chordline Health](#)) conducted the first in-depth survey of health information technology (HIT) trends impacting the care management field. The American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) and the Case Management Society of America (CMSA) agreed to co-sponsor the survey. In 2012 Trajectory Healthcare, LLC (Trajectory) joined the survey team.

An Advisory Panel was formed with experienced case managers and representatives from the participating organizations and other experts in the field. The survey has now been completed four times (2008, 2010, 2012, and 2022) using a similar research design. SurveyMonkey, originally known as Zoomerang, was used to administer and analyze the data for all the surveys.

The 2022 HIT survey was sponsored by CMSA and Schooner Strategies with additional research support provided by the Population Health Impact Institute.

### Goals



The overall goals for all four surveys were to identify the primary trends in HIT systems, the role of case management software applications, the specific functionality within those applications, and their impact on the field of case management. The research also looked at other HIT applications and resources used to support population health interventions and new strategies that may be needed to care for tomorrow's technology-related patients.

### Methodology

In all four surveys, the CMSA contact list was primarily used to distribute the survey link with a request for case managers and other professionals to respond. A press release was also sent out announcing the survey and asking members to complete the survey.

A total of 521 respondents completed the survey in 2008, 670 in 2010, 642 in 2012, and 391 in 2022. The 2022 survey had fewer respondents because ABQAURP was no longer involved in the survey.

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Analysis was done on two survey pools of respondents:

- All Respondents: Consisting of front-line case managers, supervisors, managers, senior management, physicians and other professionals who work in the care management field.
- CM Respondents: Consisting of those in the All Respondents pool who identified their role as front-line “case managers”.

Because the participants in this survey were heavily weighted towards those in the care management industry, caution should be exercised regarding the degree to which the findings can be directly compared to previous surveys or generalized to the broader healthcare professional workforce.

More detailed information about the Health Information Technology Survey Series can be found in Issue Brief #1, Information and Methodology, on the [CMSA](#) or [Schooner Strategies](#) websites.

## Content

The Issue Briefs, which describe the results of the analysis, focus on different aspects of the survey and cover the following topics:

- #1 Introduction and Methodology
- #2 Communications and Social Media
- #3 Case Management Functionality, Transitions of Care, and Readmission Prevention
- #4 Patient Engagement Strategies and Case Loads
- #5 Information Technology (IT) Infrastructure, Satisfaction, and the Adoption Curve
- #6 Data Analytics, Return on Investment, and the Value of HIT Systems
- #7 Executive Summary: Key Findings, Conclusions, and A Look Into the Future



## Care Management Programs and System Support Functions

This Issue Brief describes the findings related to the care management program offerings and the use of technology systems to support the case management process, transitions of care, and readmission prevention. The findings are divided into two sub-categories: 1) care management programs and related system support functions, and 2) technology-enabled support for transitions of care and readmission prevention. Survey responses are compared and analyzed to explore trends in these two domains.

The goals were to identify the primary trends and roles of the case management system applications, the specific functionality within those applications, and their impact on the field of case

management. The research also looked at other HIT applications and resources used to support population health interventions and new strategies that may be needed to care for tomorrow’s technology-related patients.

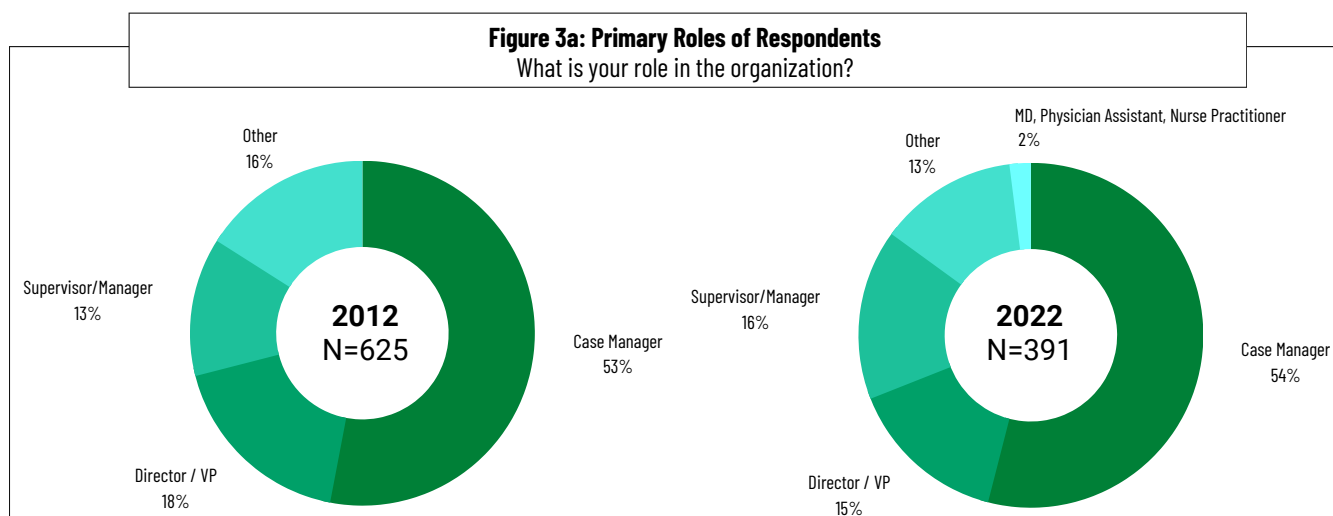
The analysis compares results over a 10-year period (from the 2012 and 2022 surveys) to determine the types of care management programs offered by the respondents’ organizations and the degree to which technology systems support these processes. Analysis of this data provides insights into the evolving role of technology in supporting and driving implementation of care management programs within various settings.

### 2022 Survey Respondents

The CMSA email contact list was used to distribute the survey link inviting case managers and other case management professionals to respond and a [press release](#) was sent out announcing the survey. As in previous surveys, an Advisory Panel<sup>2</sup> was formed and a similar research design was used. SurveyMonkey, an online research service, was used to administer and analyze the data. Additional research support was provided by the Population Health Impact Institute. The 2022 HIT Survey represents a convenience sample because the survey participants were volunteers and not a scientifically selected random sample of a pre-defined population.

**Figure 3a** shows a total of 391 completed responses for 2022, with just over half of the respondents (54%) reporting their primary role as a front-line case manager. The remaining respondents were primarily comprised of case management supervisors and managers (16%), senior management (15%), MDs/DOs, Medical Directors, Physician Assistants and Nurse Practitioners (1%), and other professionals involved in case management (13%), such as clinical trainers, QI specialists, and program administrators.

The role designation selections were slightly modified in 2022, but the results were very similar even though the overall number of respondents was considerably more in 2012 (625 vs 391). (See Tables in the Appendix for more details on all Figures/Graphs in this document).

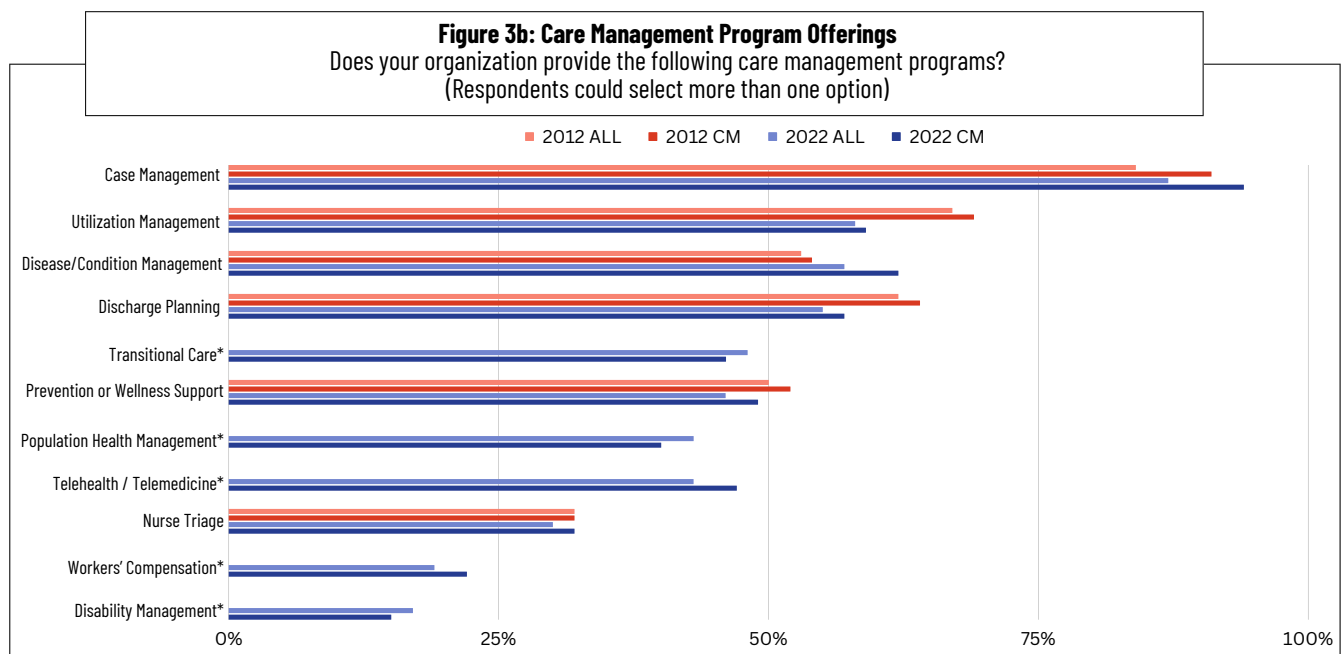


The survey respondents reported working in a variety of settings, including hospital and health systems (26%), case management organizations (24%), health plans (20%), and others (30%) such as behavioral health, post-acute care, health clinics, and home care.

### CM, UM, DM, and Discharge Planning Are Top Care Management Offerings

Care management is a broad term and refers to clinical programs offered by an organization to achieve improved outcomes of care, reduced cost of care, and improved patient experience – all critical outcomes in a value-based health care ecosystem. Care management programs vary in their purpose but often rely on a team-based, patient-centered approach to help patients effectively manage their health.

Survey respondents were asked to indicate what care management programs were provided by their organization. Not surprisingly, **case management (CM) was the most prevalent type of care management program offered** across All respondents at 87% (see **Figure 3b**). More than half of respondents indicated their organizations provided utilization management (UM) services (58%), disease/condition management (DM) programs (57%), and discharge planning (55%).



\*New selections added to 2022

In comparing the 2012 and 2022 results for All respondents, the trends are stable for the rates of case management programs (84% and 87% respectively) and disease/condition management programs (53% and 57%). However, the percentage of organizations offering UM program services declined by 9% (67% to 58%) and the discharge planning programs declined 7% (62% to 55%). This could be explained by a potentially different mix of organizations represented in the 2022 survey as compared to the 2012 pool of respondents.

The CM respondents' pool percentages were consistently higher for all categories than those reported by All respondents.

- For example, the disease/condition management programs for CM respondents increased in 2022 from 54% to 62% (an 8% increase).
- The CM pool also indicated that UM programs decreased by 10% from 2012 to 2022 (69% to 59%) and discharge planning programs also showed a decline of 7% during that time (from 64% to 57%).
- New questions related to population health management (PHM) and telehealth/telemedicine programs were added to the 2022 survey.
  - Fewer CM respondents reported PHM offerings (40% CM respondents vs. 43% of All respondents), while more CM respondents reported the availability of telehealth programs (47% of CM respondents vs. 42% of All respondents).
  - Other new selections included in the 2022 survey were for workers' compensation (19% for All respondents to 22% for CM respondents) and disability management (17% for All respondents to 15% for CM respondents).

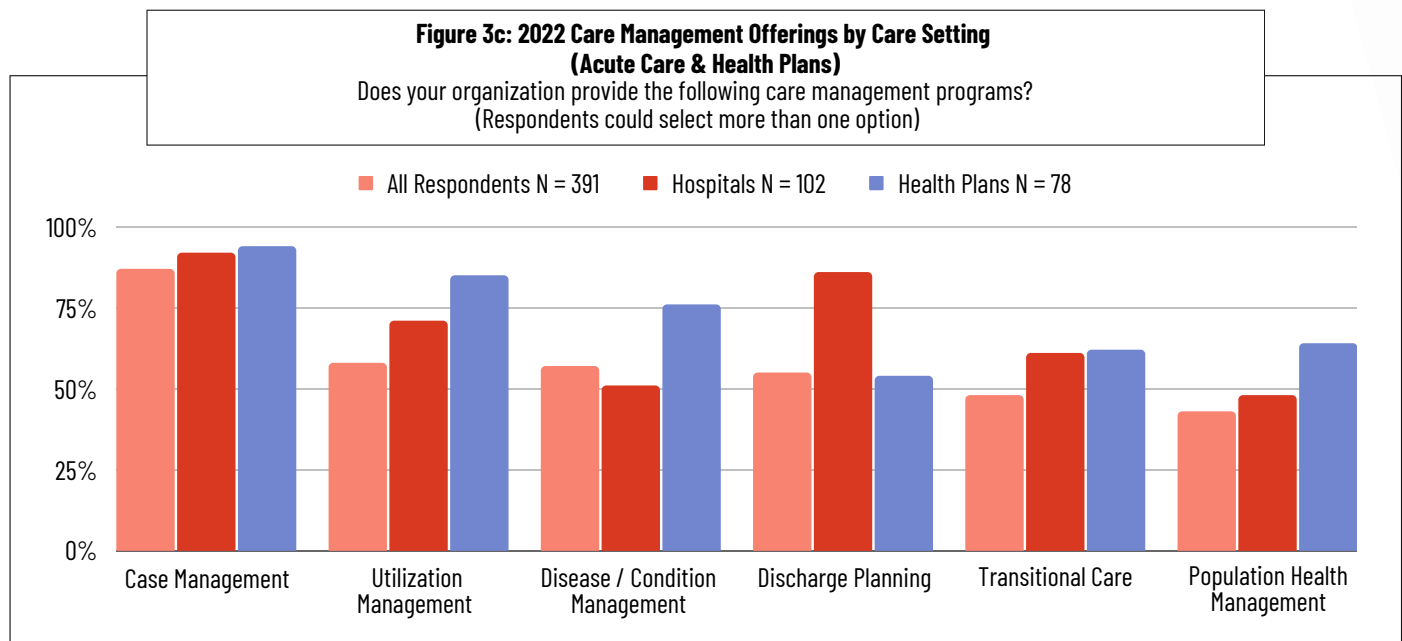
Some of the increased percentages shown by the CM respondents may be due to their closeness to the day-to-day happenings within the case management programs themselves.



Further insight can be gleaned from analysis of the pool of 2022 responses by care setting (see Figure 3c). **The percentage of care management programs offered by hospitals and health plans was significantly higher in almost all areas than for All Respondents:**

- Case management programs are offered by 94% of health plans and 92% of hospitals, as compared to 87% of All respondents.
- Health plans offer 14% more utilization management programs (85%) than hospitals (71%) and 27% more than the general respondent pool (58%).
- Hospitals offer discharge planning programs at an 86% rate, which is 32% more often than health plans (54%) and 31% more than All respondents (55%).
- Health plans and hospitals reported higher rates of transitional care programs (62% and 61% respectively) than the general respondent pool (48%).
- Health plans had a 25% higher rate of disease management programs than hospitals (76% versus 51%) and 19% more than All respondents (57%).
- Health plans also have significantly higher numbers of population health management programs (64%) when compared to hospitals (48%) and All respondents (43%).

These trends are not surprising as they are aligned with the operational models and functions of acute care organizations and health plans.



### More Evidence-Based Care Plans Being Generated



**Figure 3d** shows the responses to questions that asked respondents to indicate the attributes of their care management software application. In 2012, 46% of All respondents indicated their software generated pre-defined or customized care plans for asthma, diabetes, and other conditions based on industry standards (21%) or health risk assessments (25%).

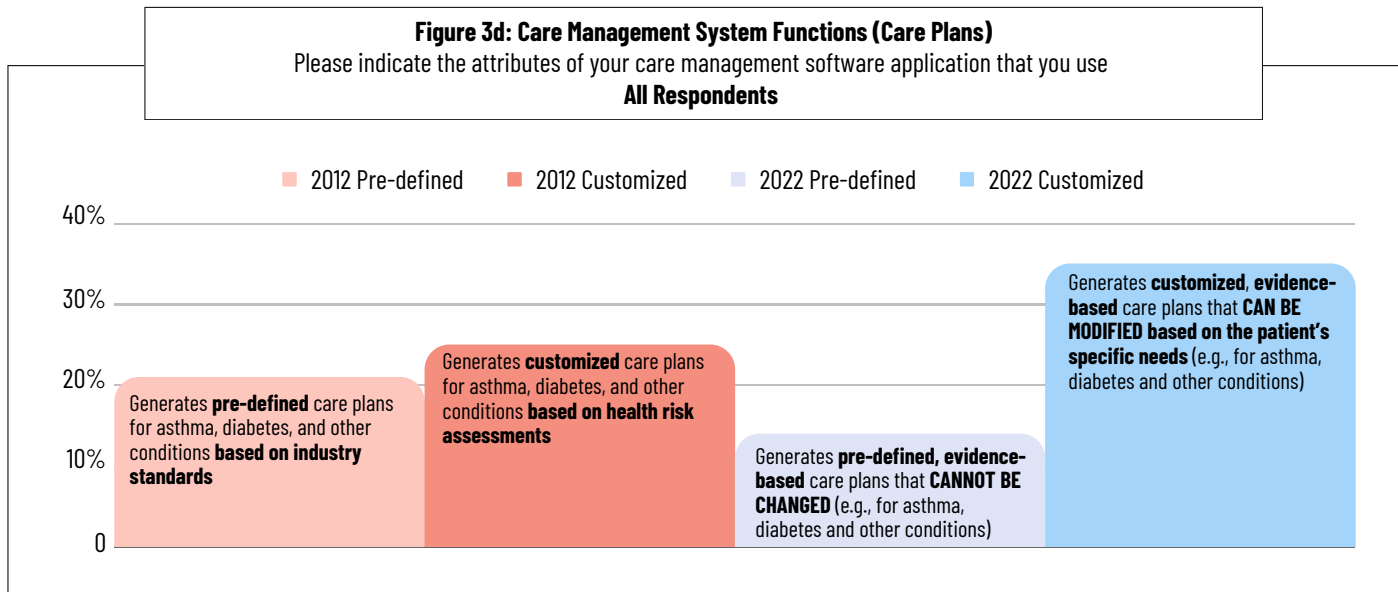
In 2022, the question was revised to focus on the ability to modify evidence-based care plans that are automatically generated. In 2022, 49% of All respondents reported that their care management software generated either pre-defined care plans that **cannot** be modified (14%) or customized care plans that **can** be modified (35%). This means that pre-defined care plans which cannot be changed, decreased by 7% from 2012 (21% to 14%) 2022. Customized, evidence-based care plans that can be modified, based on the patient’s specific needs, increased by 10% (25% to 35%).

However, the comparison between the 2012 and 2022 responses in **Figure 3d** should be done cautiously because survey questions were re-worded in a way that could lead to different responses between the respondent pools over the 10 year period.

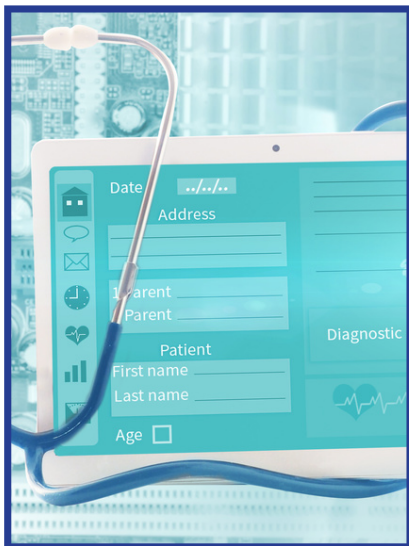
What is not specifically known is if these care plans are all generated from the specific results of a comprehensive assessment (which is ideal), or if they are generated based solely on the presence of specific conditions or diagnoses (which tend to be more general in nature). Regardless, **the ability to customize system-generated care plans is a critical aspect of providing patient-centered care** and the trend is moving in the right direction.



However, **the need remains to advocate for system care plans that are modifiable** to reflect individualized needs and preferences for patient-centered care planning.



### Less Dependency on CM Software for Stratification and Predictive Modeling



With the growth of value-based care, effective processes are needed for identification and risk stratification within a coordinated and integrated population health model. In fact, the vast majority of patients enrolled in care management programs are identified from predictive analytics that continuously mine integrated clinical, demographic, and behavioral datasets and apply sophisticated machine learning algorithms to analyze this data. This approach actually helps optimize the use of clinical resources by ensuring that patients who are most likely to benefit from a specific program are proactively targeted, identified, and engaged.

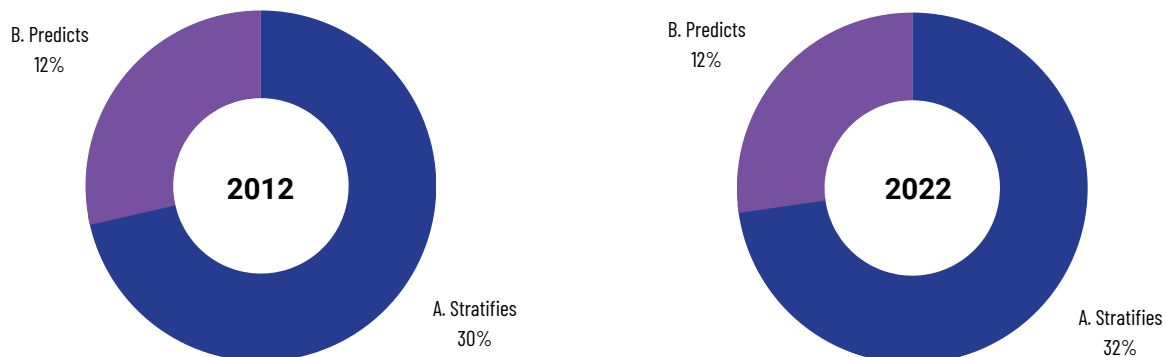
Therefore, it may seem surprising that **the rates of patient stratification (30% to 32%) and predictive analytics (12% for both years) within care management software systems have remained steady with little to no growth over the past ten years**, as noted in

**Figure 3e.** However, this trend is most likely due to the specialized approach being taken with patient identification in the data analytics space. Given the robustness of available data analytics software and services, it makes little sense for an organization to attempt to develop stratification and predictive modeling functions within their own care management application. Rather, it is much more effective to rely on the powerful technology available through other data analytics software to drive the identification process.



**Figure 3e: Care Management System Functions  
(Stratification & Predictive Modeling)**

Please indicate the attributes of your care management software application that you use  
**All Respondents**



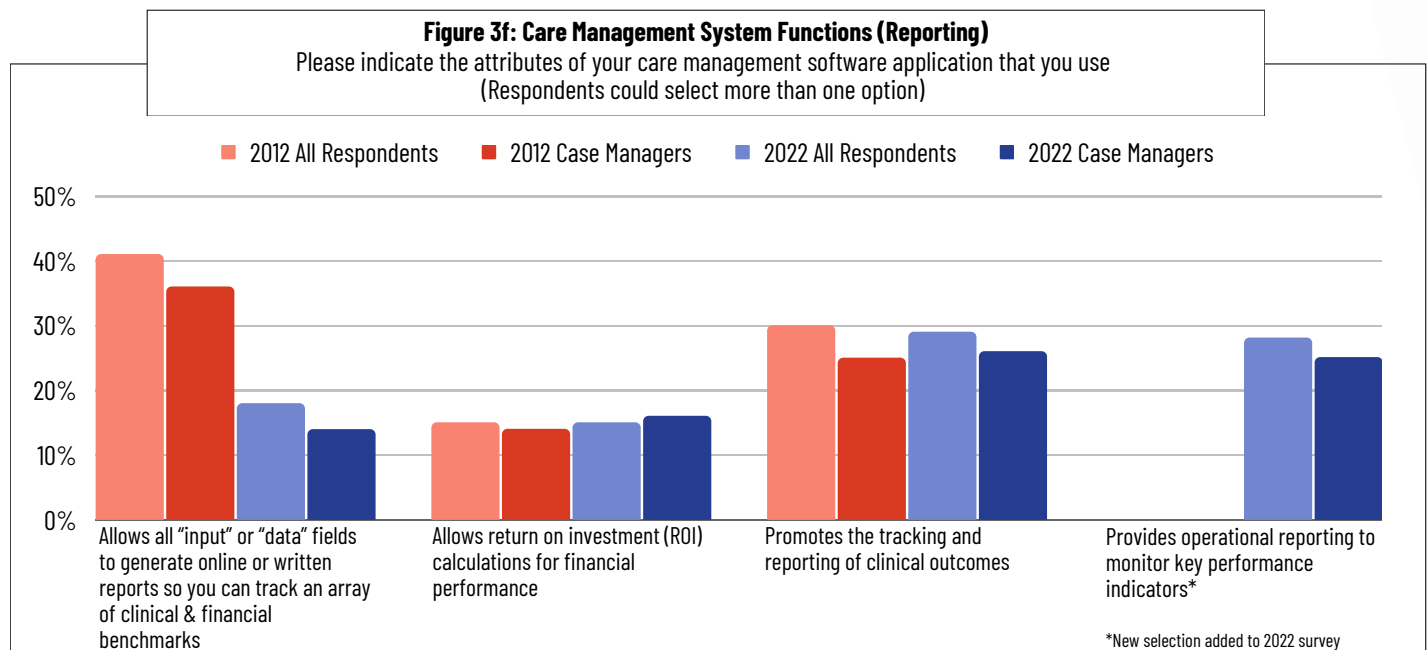
A. Stratifies healthcare information based on your business to promote population-based screening and/or identify potential candidates for case or disease management

B. Predicts future medical costs related to an individual or a selected population

### Less Reliance on Generating Outcome Reports Directly From CM Systems

An interesting finding involves the responses to care management system functionality related to reporting (see **Figure 3f**).

- Respondents were asked if their care management systems allowed all data input fields to generate reports **tracking clinical and financial benchmarks**. There was a 23% drop over the past ten years in the percentage of All respondents who identified this type of reporting as a functional attribute of their care management system (41% in 2012 to 18% in 2022). CM respondents identifying this type of reporting also dropped by 22% (36% to 14%).
- Percentages were the same in 2012 and 2022 for the All respondent pool regarding systems that **calculate return on investment for financial performance** (15% for both years). CM respondents had nearly identical responses (14% in 2012 and 16% in 2022).
- The All respondents group indicated that system functionality to track and report on clinical outcomes was nearly identical from 2012 to 2022 as well (30% to 29%), with CM respondents having slightly lower percentages.
- An additional question was asked in 2022 related to whether CM software systems had operational reporting to monitor key performance indicators. Both respondent pools (All and CM) answered similarly (28% vs 25%).



These significant decreases in the past 10 years may appear counterintuitive or even alarming; however, it very likely reflects the explosive growth of data and analytic capabilities that became available during this timeframe. **Sophisticated analytic software now enables comprehensive measuring and reporting on financial and clinical outcomes using detailed data sets pulled from integrated data sources, including output from care management systems.** Thus, there is currently much less reliance on generating this type of reporting directly from care management platforms as compared to ten years ago.



It is very likely this reasoning also applies to ROI calculations and tracking of clinical outcomes that essentially remained the same over this 10-year period. **Organizations are more likely to rely on other integrated data analytics capabilities that use information from a care management platform system to drive decision-enabling dashboards and performance reporting.** It will be interesting to see how these reporting functions change in the future.

### Less Productivity and Time Management Functionality Reported

The trend identified above with reporting is also seen with the productivity and time management functionality of care management systems. In comparing the responses of All and CM respondents for the 2012 and 2022 surveys, **Figure 3g** shows that there was a decrease in all items specific to productivity and time management.

Overall there were **decreases of 3% to 11% in automatic task management functions** for both All and CM respondents related to scheduling of patient follow-ups, routine follow-up tasks and daily activities. This is a surprising finding and difficult to explain, since this type of functionality is very unlikely to be generated using software or applications external to the care management system. This finding suggests that perhaps CM staff is required to schedule these tasks themselves, rather than rely on system automation. It remains to be seen if this trend changes with future survey iterations.

There was also a **14% decrease in time tracking functionality** (43% in 2012 to 29% in 2022) for All respondents and a drop of 15% for CM respondents (44% to 29%). This may be due to less reliance on time tracking as a measure of productivity in organizations where case managers are not billing for services.



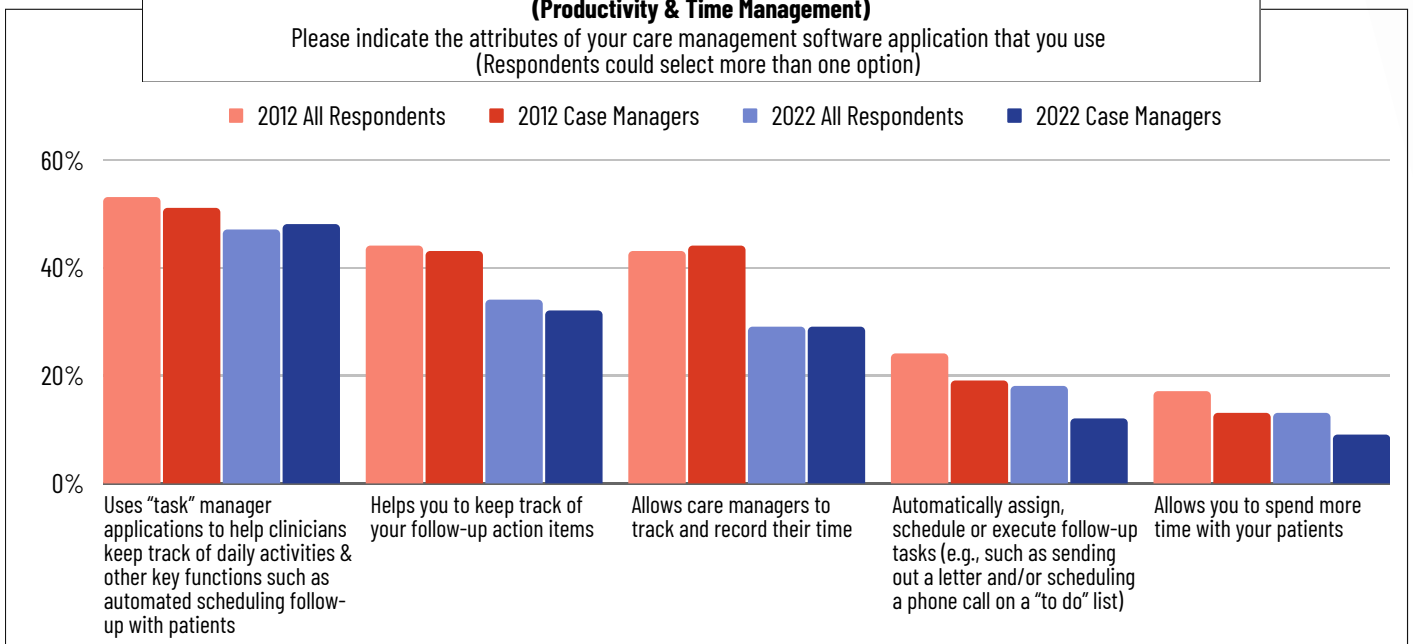
One additional observation involves the **extremely low rates of respondents who feel the care management system allows more time to be spent with patients**. For All respondents, there was a 4% decrease in this attribute (from 17% in 2012 down to 13% in 2022). For CM respondents, the rates are even lower (13% in 2012 down to only 9% in 2022).

This finding is concerning because ideally, care management systems should provide the efficiency needed to streamline the case management process, so that the clinician can spend more time with a patient on high-value and meaningful activities like collaboration, education, care coordination, and advocacy. This type of role fulfillment is an important aspect of preventing burnout; therefore, more attention needs to be given to improving care management system workflows, requirements, and effectiveness in supporting the case management process.

**Figure 3g: Care Management System Functions (Productivity & Time Management)**

Please indicate the attributes of your care management software application that you use (Respondents could select more than one option)

2012 All Respondents 2012 Case Managers 2022 All Respondents 2022 Case Managers



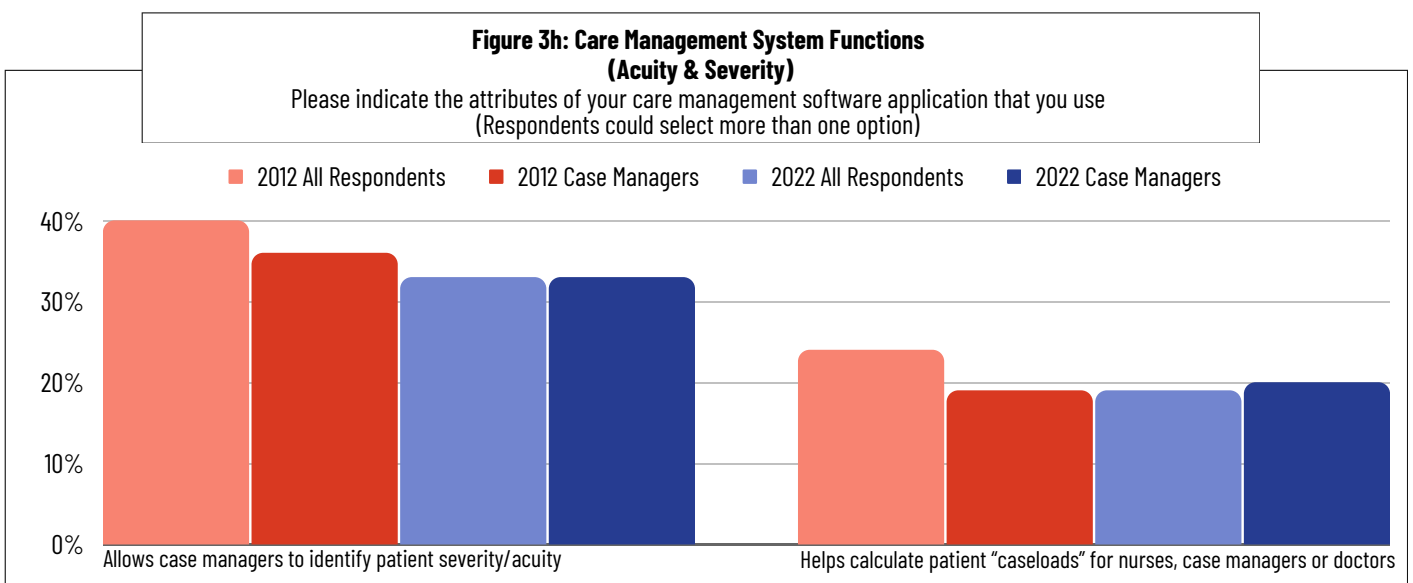
### Less Acuity and Severity Ratings Functionality Available in CM Systems

Similar to the other system support trends, **Figure 3h** shows a decrease in the percentage of All respondents who indicated that care management systems included functionality for patient severity/acuity determinations (40% in 2012 to 33% in 2022) and caseload calculations (24% to 19%). CM respondents also indicated a decrease in severity/acuity determinations over time (36% to 33%) while reporting a steady rate of caseload calculation functionality (19% to 20%). This is likely impacted by the influx of other integrated data analytics capabilities over the past ten years that analyze a variety of clinical data to help identify acuity/severity levels and attain caseload balancing; therefore, these functions are not being used as much in the care management software.

**Figure 3h: Care Management System Functions (Acuity & Severity)**

Please indicate the attributes of your care management software application that you use (Respondents could select more than one option)

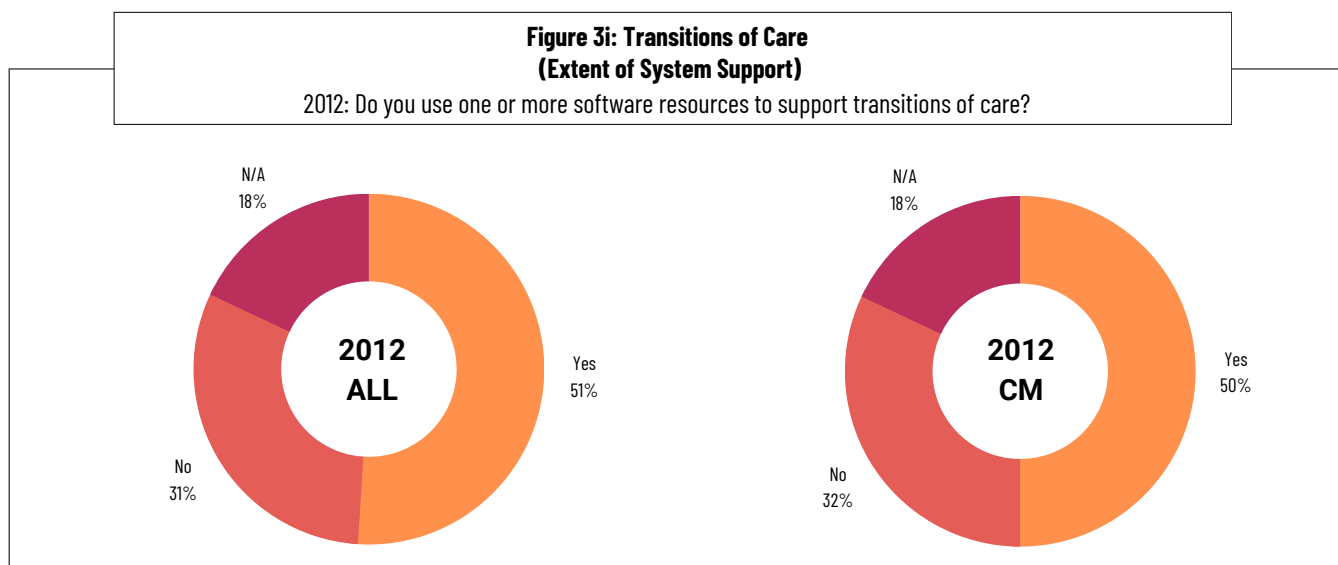
2012 All Respondents 2012 Case Managers 2022 All Respondents 2022 Case Managers



### Technology-Enabled Support for Transitions Of Care and Readmission

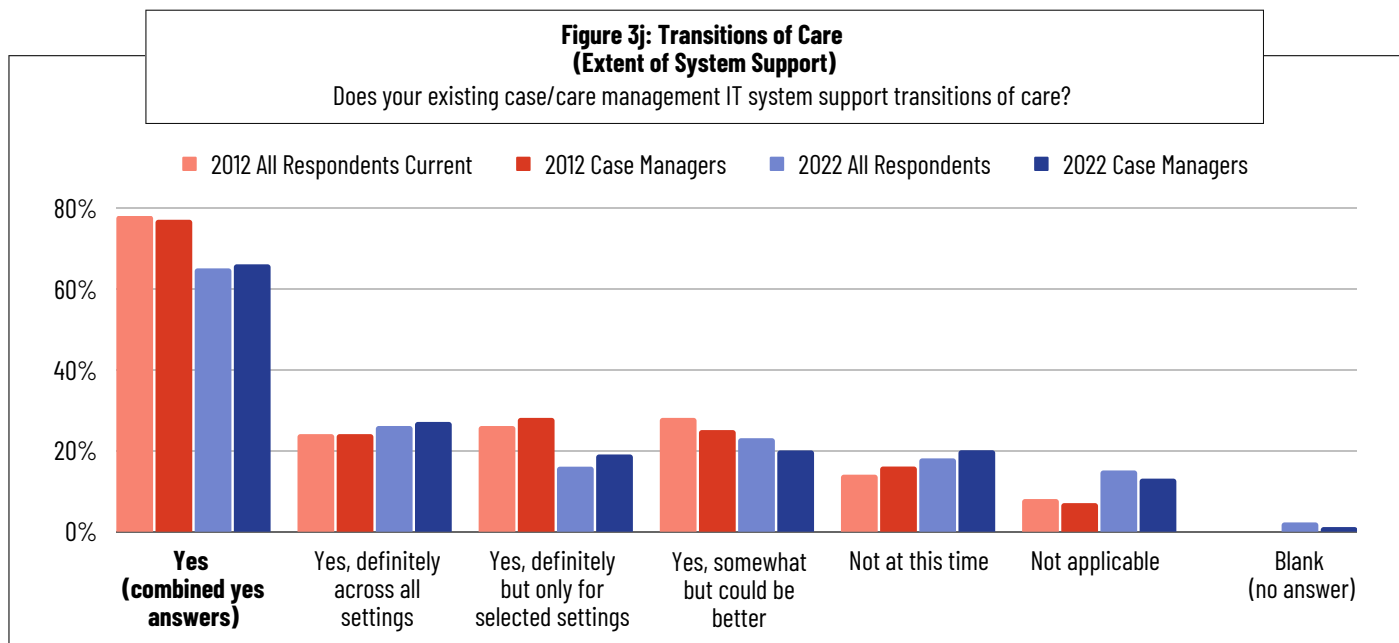
#### Technology System Support for Care Transitions Has Increased, But Is Not Always Adequate

Figure 3i illustrates the percentage of respondents in 2012 who felt their care management systems supported transitions of care. Support was indicated by respondents almost equally (51% by All and 50% by CMs).



Respondents were also asked if they used an existing case/care management IT system to support transitions of care. This question enabled respondents to answer three qualifying affirmative responses to better evaluate the degree of support provided by the care management system, providing the following insights:

- 24% to 27% of respondents believed the care management system **definitely supported care transitions across all settings** in 2012 and 2022.
- 26% and 28% of respondent in 2012 felt care transitions were **definitely supported, but only for select settings**. In 2022 those percentages dropped to 16% and 19%.
- 28% and 25% felt that care transitions were **somewhat supported, but could be better** in 2012. Those percentages also dropped to 23% and 20% in 2022.
- Overall, the **2012 respondents had higher ratings for the support** they believed IT systems provided for transitions of care.



Although the increase in the overall rate of system support for care transitions appears to be a positive trend, it is important to note that **the transition of care support functionality available may not necessarily be to the fullest extent needed**. As the 2022 survey data shows, nearly 1 out of 5 respondents (19%) reported that care transitions are not fully supported by their systems and could be improved.

### System Support For Care Transitions More Evident In Hospital Setting

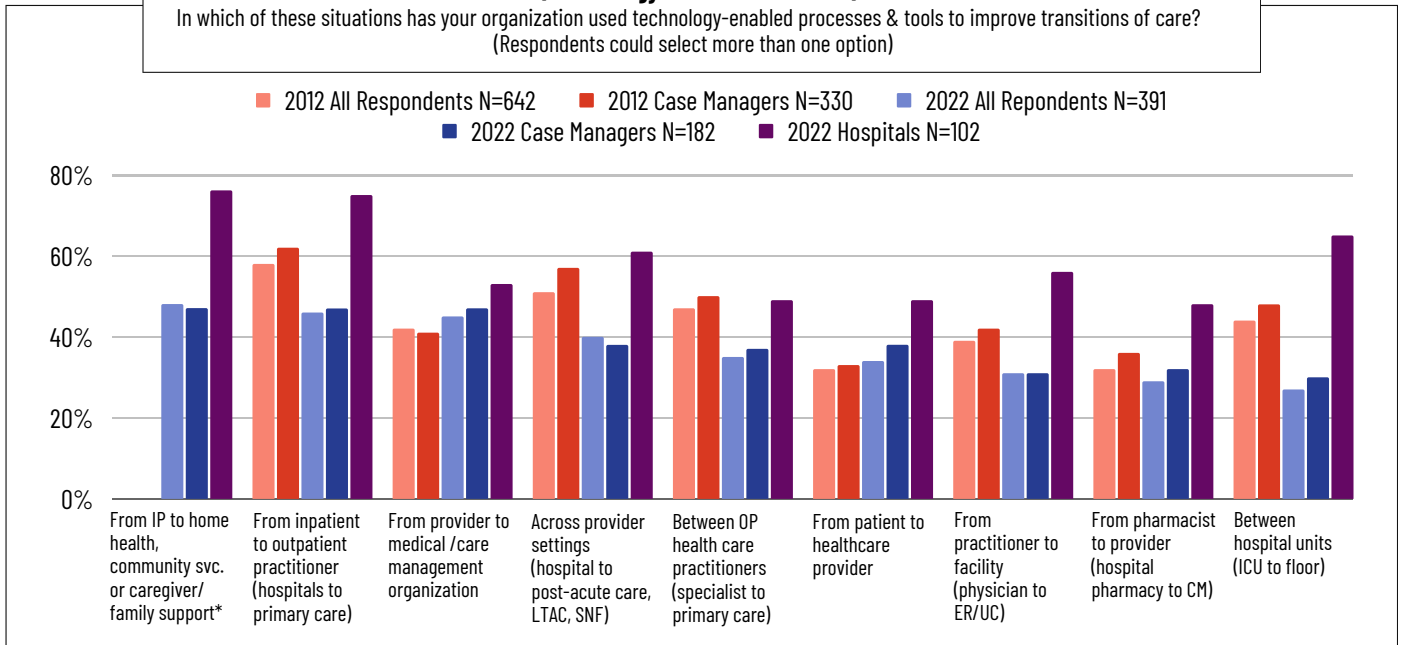
When comparing the overall response to the 2012 and 2022 results, there surprisingly appears to be a **general downward trend with the extent to which transitions of care are supported by technology-enabled processes** (see Figure 3k).

- For example, a 12% decrease in the use of technology to support transitions from inpatient to outpatient practitioners (58% in 2012 to 46% in 2022) was reported by All respondents, while CM respondents reported a 15% decrease (62% to 47%).
- Likewise, an 11% decrease in technology-supported transitions across all provider settings (51% in 2012 to 40% in 2022) was reported by All respondents, while CM respondents reported an even greater decrease of 19% (57% to 38%).

In reviewing the data, there is an obvious decrease in nearly all of the responses from 2012 to 2022, with some differences being significant. This general trend could be explained in part by a different mix of care settings represented in the 2022 survey as compared to the 2012 pool of respondents. The use of specific software designed to handle transitions of care can also be affecting the decrease. There has been more emphasis on developing software that can be used throughout an entire organization, rather than using an application that resides in a CM software. **Transitions of care are a key aspect of care delivery and are obviously being managed more now with applications that reside outside the CM platform.** It will be interesting to follow this trend.

**Figure 3k: Transitions of Care (Technology-Enabled Processes)**

In which of these situations has your organization used technology-enabled processes & tools to improve transitions of care? (Respondents could select more than one option)



\*New selection added to 2022 survey

Analysis of the pool of 2022 responses by care setting reveals some interesting insights. **Respondents in hospital settings reported significantly higher rates across all technology-supported care transitions as compared to the total pool of respondents.**

- For example, there was a 29% increase in support of transitions from inpatient to outpatient providers (46% of All respondents to 75% of respondents in hospital settings), as well as 28% increase in transition support from inpatient to home or community (48% of All respondents to 76% of respondents in hospital settings).
- In addition, although 18% of All respondents indicated none of the specified care transition types were supported by technology, only 2% of respondents from hospital settings indicated this was true.

Clearly the hospital setting demonstrated the highest rates of technology-enabled care transition processes. However, it is important to keep in mind that **care transitions occur across the continuum of care**. The CMSA Standards of Practice<sup>3</sup> define a care transition as the movement of a patient from one health care practitioner or setting to another as their condition and care needs change. This can include patient movement across a number of settings, including from an inpatient bed to a skilled nursing facility, from a post-acute care facility to home, or from a primary care provider to a specialist. Therefore, accountability for effective care transitions lies not just with hospitals, but also with health plans, physician groups, and other health care delivery entities.



**Effectively managing care transitions is a key strategy in the current value-based care environment to reduce both readmission rates and adverse outcomes within vulnerable populations.** Transition of care outcomes have factored into Medicare reimbursement rates, HEDIS performance measures, and patient satisfaction ratings for some time now. In fact, the Centers for Medicare and Medicaid Services (CMS) plans to roll the comprehensive four-part Transition of Care (TRC) HEDIS measure into the Star Rating system for Medicare Advantage plans.

The message is loud and clear: **Driving effective care transitions is top priority, and all health care organizations should not underestimate the value of using technology to improve care transitions.** In this regard, the 2022 HIT Survey research team fully expects to see significant increases in use of technology-enabled care transitions in future iterations of the HIT survey.



### Readmission Prevention Programs Continue to Grow in Scope

As seen in Figure 3I, the 2022 survey respondents reported higher rates across all readmission prevention program components as compared to the 2012 survey respondent pool.



Post-transition follow-up calls were the most frequently cited readmission prevention program component (49% in 2012 to 57% in 2022), followed by inclusion of family/caregivers (39% to 48%) and the individualization of the transition plan of care (48% in 2022). Review of both respondent pools for 2012 and 2022 show that the All and CM responses were very similar concerning readmission prevention program components that are supported by case management systems. **The percentages have increased for all components overall in the 2022 survey as compared to 2012. This is an encouraging sign and indicates greater use of case management platform functionality** in this regard.

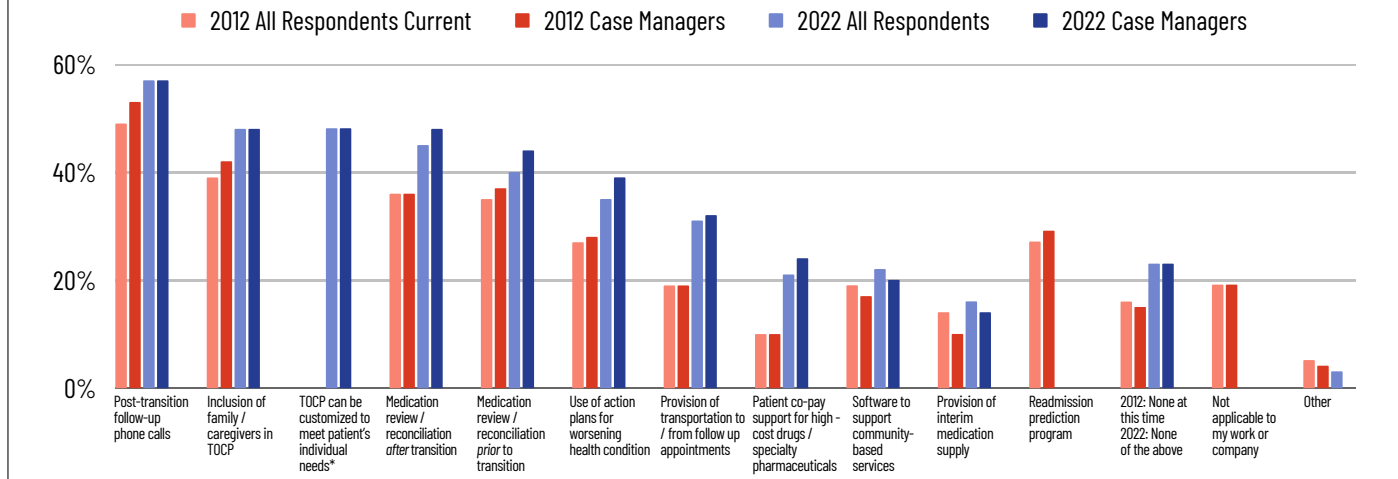
Further analysis of this data from a technological insight perspective is limited because the questions did not specifically ask about the use of technology, so it is unclear as to what degree these program components are enabled or supported by technology. However, it is noted that technology-supported tools can support all of these interventional components and case managers should advocate for their care management systems to include this functionality.





**Figure 3I: Transitions of Care (Readmission Prevention Program Components)**

If your company utilizes a readmission prevention program to support transitions of care, please select all of the following that apply to your program. (Respondents could select more than one option)



\*New selection added to 2022 survey

## Conclusions

This Issue Brief offers insights into care management system support functions and technology-enabled support for care management programs and transitions of care. Respondents indicated a range of care management programs were provided by their organizations, with hospitals and health plans having higher rates of offering these programs than the general respondent pool.

The impact of the digital age is certainly evident in the analysis of care management system functions. In a majority of categories, survey respondents reported very minor increases or actual decreases in the functional attributes of care management systems as compared with 2012 respondents. For example, care management systems were less likely to have functionality for stratification and predictive modeling, outcomes reporting, acuity/severity scoring, and caseload reporting. As referenced earlier in this Issue Brief, comparing the response differences between the two surveys must be done cautiously because both surveys are "convenience samples" and are not fully randomized.

Keeping the research limitations in mind, the flat-to-negative growth trends on these system functionality attributes could be explained by the explosion of state-of-the-art data analytics that has occurred in this time frame, paired with an increasing focus on population health management. It is likely that many organizations use an integrated data analytics system to perform functions that may have previously been done within the care management system itself. Organizations are much more likely to be using advanced analytics for risk stratification, patient segmentation, and data-driven outcomes analysis and reporting rather than relying on care management system functionality to perform these essential functions.

Care management system support for transitions of care has grown significantly and nearly two out of three respondents in the 2022 survey (65%) indicated that their care management system supported transitions of care. However, that was a decrease of 13% from the 2012 survey when 78% of respondents said their care management system supported transitions of care. This unexpected finding could be explained by a broader pool of care settings represented in the current survey. However, it is important to note that hospital-based respondents reported higher rates of technology-enabled support across all types of care transitions.

It is important to understand that effective management of care transitions is critical to achieving success in a value-based care environment. Accountability for this extends beyond the hospital setting to other stakeholders such as health plans and physician groups. Adoption of technology-supported processes can enable effective and consistent implementation of evidence-based best practices that result in improved patient experience, reduced readmission rates, and improved clinical and financial outcomes.

### Final Thoughts

To the best of the researchers' knowledge, this is the most detailed study looking at care management software systems published to date. No specific references are inferred or made to any particular companies that participated directly or indirectly in this research. A core objective of the HIT surveys is to assess the general trends related to HIT systems, especially the trends for care management software applications and specific capabilities within those applications.

### Annotations

- <sup>1</sup> Earlier versions of the survey were distributed to members of a physician-based organization in addition to case managers. The physicians did not participate in the 2022 survey, so the respondent pool includes fewer physicians.
- <sup>2</sup> The Advisory Panel of researchers and authors consisted of volunteers and included the following individuals: Garry Carneal, JD, MA; Jeff Frater, BSN, RN; Mary Beth Newman, MSN, RN, CMGT-BC, CCM; Rebecca Perez, MSN, RN, CCM; Pat Stricker, MEd, RN; and Thomas Wilson, PHD, DrPH.
- <sup>3</sup> Case Management Society of America (CMSA). Standards of Practice for Case Management (2022) [www.cmsa.org/SOP](http://www.cmsa.org/SOP).

### Appendix

Below are summary tables highlighting the demographics associated with the SurveyMonkey findings. More analysis will be presented in each issue brief. Respondent percentages are rounded to the closest whole number in the narrative findings, figures and summary tables. Therefore, it is possible that the totals will not add up exactly to 100%.

<b>Table 3a: Professional Role</b>				
What is your role in the organization? (Select most applicable)				
Role	2012 (All)	2012 (CM)	2022 (All)	2022 (CM)
Case Manager/Front Line/End User	330	53%	--	--
Case Manager	--	--	210	54%
Director / VP / Senior Management / Medical Director	111	18%	--	--
Director / VP / Senior Management	--	--	59	15%
Physician / MD/ DO / Medical Director	--	--	3	1%
Supervisor, Manager	84	13%	63	16%
Nurse Practitioner, Physician Assistant	--	--	3	1%
Other	100	16%	53	13%
<b>Total</b>	<b>625</b>	<b>100%</b>	<b>391</b>	<b>100%</b>

<b>Table 3b: Care Management Program Offerings</b>				
Does your organization provide the following care management programs? (Respondents could select more than one option)				
Programs	2012 All	2012 CM	2022 All	2022 CM
Case Management	84%	91%	87%	94%
Utilization Management	67%	69%	58%	59%
Disease / Condition Management	53%	54%	57%	62%
Discharge Planning	62%	64%	55%	57%
Transitional Care*	--	--	48%	46%
Prevention or Wellness Support	50%	52%	46%	49%
Population Health Management*	--	--	43%	40%
Telehealth / Telemedicine*	--	--	43%	47%
Nurse Triage	32%	32%	30%	32%
Workers' Compensation*	--	--	19%	22%
Disability Management*	--	--	17%	15%
Other, please specify	8%	8%	5%	4%
Not applicable/None of the above	6%	3%	4%	1%

\*New Category for 2022

**Table 3c: 2022 Care Management Offerings by Care Setting  
(Acute Care & Health Plans)**

Does your organization provide the following care management programs?

<i>Respondents could select more than one option</i>	<b>All Respondents N = 391</b>	<b>Hospitals N = 102</b>	<b>Health Plans N = 78</b>
Case Management	87%	92%	94%
Utilization Management	58%	71%	85%
Disease / Condition Management	57%	51%	76%
Discharge Planning	55%	86%	54%
Transitional Care	48%	61%	62%
Population Health Management	43%	48%	64%

**Table 3d: Care Management System Functions (Care Plans)**

Please indicate the attributes of your care management software application that you use

<i>Questions Asked in Each Survey</i>	<b>2012 (All Respondents)</b>	<b>2022 (All Respondents)</b>
Generates <b>pre-defined</b> care plans for asthma, diabetes, and other conditions <b>based on industry standards</b>	21%	--
Generates <b>customized</b> care plans for asthma, diabetes, and other conditions <b>based on health risk assessments</b>	25%	--
Generates <b>pre-defined, evidence-based</b> care plans that <b>CANNOT BE CHANGED</b> (e.g., for asthma, diabetes and other conditions)	--	14%
Generates <b>customized, evidence-based</b> care plans that <b>CAN BE MODIFIED based on the patient's specific needs</b> (e.g., for asthma, diabetes and other conditions)	--	35%

**Table 3e: Care Management System Functions  
(Stratification & Predictive Modeling)**

Please indicate the attributes of your care management software application that you use

	<b>2012 (All Respondents)</b>	<b>2022 (All Respondents)</b>
Stratifies healthcare information based on your business to promote population-based screening and/or identify potential candidates for case or disease management	30%	32%
Predicts future medical costs related to an individual or a selected population	12%	12%

<b>Table 3f: Care Management System Functions (Reporting)</b>				
Please indicate the attributes of your care management software application that you use				
<i>Respondents could select more than one option</i>	<b>2012 (All)</b>	<b>2012 (CM)</b>	<b>2022 (All)</b>	<b>2022 (CM)</b>
Allows all "input" or "data" fields to generate online or written reports so you can track an array of clinical & financial benchmarks	41%	36%	18%	14%
Allows return on investment (ROI) calculations for financial performance	15%	14%	15%	16%
Promotes the tracking and reporting of clinical outcomes	30%	25%	29%	26%
Provides operational reporting to monitor key performance indicators*	--	--	28%	25%

\*New Category for 2022

<b>Table 3g: Care Management System Functions (Productivity &amp; Time Management)</b>				
Please indicate the attributes of your care management software application that you use				
<i>Respondents could select more than one option</i>	<b>2012 (All)</b>	<b>2012 (CM)</b>	<b>2022 (All)</b>	<b>2022 (CM)</b>
Uses "task" manager applications to help clinicians keep track of daily activities & other key functions such as automated scheduling follow-up with patients	53%	51%	47%	48%
Helps you to keep track of your follow-up action items	44%	43%	34%	32%
Allows care managers to track and record their time	43%	44%	29%	29%
Automatically assign, schedule or execute follow-up tasks (e.g., such as sending out a letter and/or scheduling a phone call on a "to do" list)	24%	19%	18%	12%
Allows you to spend more time with your patients	17%	13%	13%	9%

<b>Table 3h: Care Management System Functions (Acuity &amp; Severity)</b>				
Please indicate the attributes of your care management software application that you use				
<i>Respondents could select more than one option</i>	<b>2012 (All)</b>	<b>2012 (CM)</b>	<b>2022 (All)</b>	<b>2022 (CM)</b>
Allows case managers to identify patient severity/acuity	40%	36%	33%	33%
Helps calculate patient "caseloads" for nurses, case managers or doctors	24%	19%	19%	20%

# 2022 HIT Survey ISSUE BRIEF #3: Case Management Functionality, Transitions of Care, and Readmission Prevention

## CASE MANAGEMENT

<b>Table 3i: Transitions of Care (Extent of System Support)</b>		
Do you use one or more software resources to support transitions of care?		
	<b>2012 (All Respondents)</b>	<b>2012 (Case Managers)</b>
Yes	51%	50%
No	31%	32%
Not applicable	18%	18%

<b>Table 3j: Care Management System Functions (Productivity &amp; Time Management)</b>				
Please indicate the attributes of your care management software application that you use				
	<b>2012 (All)</b>	<b>2012 (CM)</b>	<b>2022 (All)</b>	<b>2022 (CM)</b>
<b>Yes (combined scores from all below)</b>	<b>78%</b>	<b>77%</b>	<b>65%</b>	<b>66%</b>
Yes, definitely across all settings	24%	24%	26%	27%
Yes, definitely but only for selected settings	26%	28%	16%	19%
Yes, somewhat but could be better	28%	25%	23%	20%
Not at this time	14%	16%	18%	20%
Not applicable	8%	7%	15%	13%
Blank (no answer)	--	--	2%	1%

<b>Table 3k: Transitions of Care (Technology-Enabled Processes)</b>					
Does your organization provide the following care management programs?					
<i>Respondents could select more than one option</i>	<b>2012</b>		<b>2022</b>		
	<b>All N=642</b>	<b>CM N=330</b>	<b>All N=391</b>	<b>CM N=182</b>	<b>Hospitals N=102</b>
From IP to home health, community svc. or caregiver/family support*	--	--	48%	47%	76%
From inpatient to outpatient practitioner (hospitals to primary care)	58%	62%	46%	47%	75%
From provider to medical /care management organization	42%	41%	45%	47%	53%
Across provider settings (hospital to post-acute care, LTAC, SNF)	51%	57%	40%	38%	61%
Between OP health care practitioners (specialist to primary care)	47%	50%	35%	37%	49%
From patient to healthcare provider	32%	33%	34%	38%	49%
From practitioner to facility (physician to ER/UC)	39%	42%	31%	31%	56%
From pharmacist to provider (hospital pharmacy to CM)	32%	36%	29%	32%	48%
Between hospital units (ICU to floor)	44%	48%	27%	30%	65%
2012: Not applicable to my work or company	11%	10%	--	--	--
2022: None of the above	--	--	18%	15%	2%
Other, please specify	5%	6%	3%	3%	0%

\*New Category for 2022

**Table 3I: Transitions of Care (Readmission Prevention Program Components)**

If your company utilizes a readmission prevention program to support transitions of care, please select all of the following that apply to your program.

<i>Respondents could select more than one option</i>	<b>2012 (All)</b>	<b>2012 (CM)</b>	<b>2022 (All)</b>	<b>2022 (CM)</b>
Post-transition follow-up phone calls	49%	53%	57%	57%
Inclusion of family/caregivers in transition care plan	39%	42%	48%	48%
Transition of care plan can be customized to meet patient's individual needs*	--	--	48%	48%
Medication review / reconciliation after transition	36%	36%	45%	48%
Medication review/reconciliation prior to transition	35%	37%	40%	44%
Use of action plans for worsening health condition	27%	28%	35%	39%
Provision of transportation to / from follow up appointments	19%	19%	31%	32%
Patient co-pay support for high-cost drugs/specialty pharmaceuticals	10%	10%	21%	24%
Software to support community-based services	19%	17%	22%	20%
Provision of interim medication supply	14%	10%	16%	14%
Readmission prediction program	27%	29%	--	--
2012: None at this time 2022: None of the above	16%	15%	23%	23%
Not applicable to my work or company	19%	19%	--	--
Other	5%	4%	3%	--

## Survey Sponsors

The **Case Management Society of America (CMSA)** is an international, non-profit organization founded in 1990, dedicated to the support and development of the profession of case management through educational forums, networking opportunities and legislative involvement. Unique in its composition as an international organization with almost 60 affiliated and prospective chapters in a tiered democratic structure, CMSA's success and strength is its structure as a member-driven society. For more information, visit [www.cmsa.org](http://www.cmsa.org).

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#### Survey Administrators

Parthenon Management Group and Schooner Strategies administered this survey.

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