

Case Managers as Agent of Change

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ABSTRACT

The patient care manager has a central role in addressing gaps between providers, care teams, settings, and information in care planning and patient flow. In other words, case managers must act as agents of change in health care. Changes in healthcare organizations are required to provide a service model that promotes cost control and coordination of care, including responsible care organizations. Case managers are required to understand how their role and contribution to change healthcare organizations. This study explores the concept of organizational change and the agents of change roles to help case managers in developing managerial skills to change health services. This is library research with data taken from books and journal articles related to Organizational Change Theory and Change Management. The data was collected through documentation using a research material classification checklist, writing scheme/map, and research record format. Data then analyzed using content analysis methods. Case management encourages client involvement and direct communication between the service manager, the client, the client's family or family caregiver, and staff, to optimize health outcomes for all concerned. The case managers as agents of change have an important role in explaining change efforts, as well as monitoring resistance to modify change to suit the preferences of organizational members. The case managers are also required to have clinical, managerial, and financial skills, and play a key role in ensuring quality as a series of aspects of efficiency, effectiveness, safety, suitability, participation, and equality. The implementation of case management in Indonesia still faces various challenges and also faced with an ethical dilemma of the roles he plays. The case managers also often experience difficulties in balancing the demands of the patient advocacy role and the role of gatekeeper for the institution they work for.

Keywords: Agent of change; Case management; Case managers; Organizational change

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1. INTRODUCTION

In health services, the case management model is recognized as a design of health service which includes promotive, preventive, curative, and rehabilitative in hospitals through the *continuum of care* in a coordinated and collaborative manner (Powell & Tahan, 2019). Continuity and coordination of care are related to each other, where continuity of care enables coordination of care by creating conditions and relationships that support seamless interactions between care sectors (WHO, 2018). This model is designed to help patients and their support systems manage their medical/social/mental health conditions more efficiently and effectively (McLaughlin-Davis, 2019). As such, the case managers have an essential role in addressing the gaps between providers, care teams, settings, and information in care arrangement and patient flow. In other remarks, case managers must perform as agents of change in health care.

Changes in health service organizations are also encouraged by the reform of the health system in Indonesia with the National Health Insurance (JKN) which must comprise all Indonesians. In such a system, health services are expected to provide a service model that promotes cost control and care coordination, including responsible care organizations, patient-centered institutions that emphasize coordination and teamwork of health practitioners to improve patient access, quality, and outcomes, as well as the bundle system payment model (Mick & Shay, 2014). This is in line with the six domains of healthcare quality proposed by the Institute of Medicine (IOM), i.e. patient safety, effectiveness, efficiency, timely, patient-centered, and equitable (Institute of Medicine, 2001).

The shift in services from the provider-centered to patient-centered is changing services to develop into more qualified, effective, and efficient. Patient-centered services uphold the rights to health services such as participation, accountability, non-discrimination, transparency, upholding human dignity, and

empowerment (Gloppen et al., 2015). Besides, this is the extent of the quality of healthcare in the patient's own right, specifically a shift in control and power, from caregivers to those who receive it (Berwick, 2009). So that health services must be able to identify populations with modifiable risks by managing and coordinating care to achieve the goals of cost savings, quality improvement, and improvement of patient experience (Agency for Healthcare Research and Quality, 2019).

Therefore, the case managers are expected to understand their role and contribution in changing health service organizations. An in-depth exploration of the concept of organizational change and the agents of change roles will assist case managers in developing managerial capacities to transform health services.

2. METHODS

This is library research by collecting information and data with the help of distinct materials in the library such as documents, books, reference books, and similar previous research results which are useful for obtaining a theoretical basis for the problem to be studied. This literature research method is used to formulate concepts regarding the Theory of Organizational Change, which is associated with the agents of change roles. The research topic will be used as a basis for exploratory information to determine the focus of research, which is the role of agents in organizational change. Furthermore, data sources in the form of books and journal articles were collected and analyzed according to the research objectives. The data collection technique in this research is documentation, which is looking for data about things or variables in the form of notes, books, papers, or journal articles, and so on. The research instrument in this study was a research material classification check-list, a writing scheme/map, and a research note format.

The data analysis techniques used in this study is a content analysis method. This analysis is used to obtain valid inferences and can be re-examined based on the context. In this analysis, the process of selecting, comparing, combining, and sorting various meanings will be carried out until they are found that are relevant.

3. RESULTS AND DISCUSSION

Changes in healthcare organizations are demanding, both because of patients who demand more, developments in health technology, and demand from investors. To survive in the long term, organizational adaptation and change must be done in a way, for example through a new sales management system, a product or service quality improvement program, or a change in structure to improve decision making (Burke, 2018), as well as strategy development, structure economics, technology, organizational structures, and new processes (Anderson, 2017).

Change management in organizations is an important part of increasing the adaptive capacity of the organization. Change is a purposeful and adaptive process, which is achieved by building an imagined final state, taking action to achieve it, and monitoring its progress (Gioia et al., 2015). Change management is a basic tool and structure with which smaller-scale changes are controlled. Whether the change of leadership refers to the driving forces and visions that produce large-scale transformations (Palmer et al., 2017). Managing change does not work from a top-down perspective, so the role of the agent of change is to use an understanding of the evolving patterns to affect the self-organizing path, to observe how the system responds, and to design the next intervention (Anderson, 2017).

There will always be two groups during the change process, the agents of change and the change recipient (Barratt-Pugh et al., 2013). Agents of change are defined as those who do the right and right things, while the recipients of change remove unreasonable barriers or barriers that hinder the change process (Ford et al., 2008). Agent of change also referred to anyone who has a role in change implementation, regardless of job title or seniority (Palmer et al., 2017).

Agents of change are required to carefully identify the full implications of each change process, especially if the process occurs quickly and suddenly (Robbins & Judge, 2017). The case managers should consider the change impact and plan for the consequences of his or her actions for other parts of the system, identify the need for knowledge-sharing amongst the organizational member when the change is right to be implemented, and enforce the system, not the individual, especially the group and organizational norms (Burke, 2018).

Agents of change are usually managers or not managers, they can be current or new employees, and even external consultants (S. Robbins & Timothy, 2018). Agents of change must exist in different spheres of influence, both within the team and among clinical staff in general, because senior leadership is not sufficient to support improvement and create capacity for action (Waldorff et al., 2015).

Changes in the health organization from a medical domain into more managerial organizations demand continuity in the changes themselves. However, like any organization, health services also have a complicated and rigid bureaucracy that often makes changes not go according to plan. What's more, changes in the organization of healthcare services are influenced by many factors, such as increased costs of care, labor shortages, professional obligations, clinical governance and codes of conduct, scientific advancement, population aging, patient satisfaction, and promotion of patient and staff safety (Mitchell, 2012).

The above aspects can create resistance to change. However, resistance to change can be positive if it leads to open discussion and debate, but this is preferable to apathy or silence. So that it can show that organizational members are involved in the process. So that agents of change have important role in explaining change efforts, as well as monitoring resistance to modify change to suit the preferences of organizational members (S. Robbins & Timothy, 2018).

Every organizational change must be followed by the adaptation of the organization's systems, processes, and resources to drive the strategic processes that must be completed. This process will result in highly productive, focused, and responsive abilities, as well as encouraging dynamic learning and development that contributes to innovation. But on the other hand, the change will cause bureaucratic chaos, disruption of *value streams* and organizational routines (Wolf & Felger, 2019). Creating change does not mean rigidly following the same set of rules through a well-defined process no matter what is trying to be changed, but being inventive and creative with how it is achieved, negotiating among different stakeholders to produce the dialogues that need to happen for change to succeed (Anderson, 2017).

Case management is a form of change in healthcare organizations. Case management is a collaborative process since the assessment, planning, facilities, care coordination, evaluation, and advocacy of the availability of options and services to meet the comprehensive health needs of individuals and families through communication and available resources, to promote patient safety, quality of care, and cost-effectiveness (Case Management Society of America, 2016). Safe care transition in case management requires collaboration among service providers throughout care (The Joint Commission, 2013). Effective case management requires the availability of a range of services that are appropriate and coordinated and accessible in a realistic and appropriate time frame (Frankel & Gelman, 2016). However, case management is not only an administrative tool that manages client access to services, or a liaison mechanism but is a principle that guides the provision of various services that patients need (Frankel & Gelman, 2016).

The illustration above shows how important the case managers are as agents of change. The case managers should set up a change plan that engages individuals, including senior leaders, middle managers, and staff, and developing a change champion network. The case managers must build support by involving users in designing the change, running demonstrations, and creating small changes and quick wins. They also build communications, including organization-wide communications and tailored communications. The case managers also identify the need for learning and training, including classroom-based training, e-learning, written instructions, super users and floorwalkers, and one-to-one support (Busby, 2017).

In the perspective of *clinical governance*, case managers are required to have clinical, managerial, and financial skills, and play a key role in ensuring quality as a series of aspects of efficiency, effectiveness, safety, suitability, participation, and equality (Fabbri et al., 2017). Case managers must understand the dynamics of human systems and can intervene to encourage a healthy, engaging, and productive environment (Anderson, 2017).

Although the case management model has long been applied abroad, this model is still relatively new in Indonesia. The implementation of case management in Indonesia still faces various challenges, such as the absence of competency guidelines, the absence of adequate training, unclear performance appraisals, inappropriate job descriptions, and low self-efficacy (Avia & Handiyani, 2019). Lack of standard competencies and education for case managers will create risks for hospitals and health care systems (Stark, 2020).

Other forms of the challenge for case managers are unclear scope of practice, diverse and complex care management activities, and complex relationships with other healthcare providers and clients partly due to the patient's advocacy role (Joo & Huber, 2019). Case managers also face an ethical dilemma of their role, including the role of patient advocacy and the role of *gatekeeper* for the institution they work for. Case managers often have difficulties balancing the demands of the two. On the one hand, patients need optimal patient care and services, while on the other hand, their institution demands strict cost control and resource allocation (Powell & Tahan, 2019).

4. CONCLUSION

Change in health-care organizations is a demanding, purposeful, and adaptive process for the organization to survive in the long term. Case managers in health service organizations implement changes in health service organizations through collaborative and coordinative processes from assessment, planning, facilities, care coordination, evaluation, and patient advocacy. The main objective of this process is to improve the quality of care for vulnerable populations while controlling the costs of such care, and linking clients to needed services, involving advocacy and social action, which also serve as a means of ensuring the accountability of providers and service systems.

Case managers as agents of change in health organizations, must be able to encourage the continuity of change itself. Case managers must be able to increase the adaptive ability of the organization to new systems, processes, and habits after changes. So that it will produce productive, focused, and responsive abilities, as well as encourage dynamic learning and development that contribute to service innovation.

Case managers as a agents of change have important role in explaining change efforts, as well as monitoring resistance to modify changes to suit the preferences of organizational members. Case managers are required to have clinical, managerial, and financial skills and play a key role in ensuring quality as a series of aspects of efficiency, effectiveness, safety, suitability, participation, and equity. The implementation of case management in Indonesia still faces various challenges and ethical dilemmas of the role of case managers. Case managers also often have difficulties balancing the demands between the role of patient advocacy and the role of gatekeepers in the institution where they work for.

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