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Tracking Outcomes and Return to Work

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ISSUE THEME
PERSPECTIVES ON WORKERS’ COMPENSATION

CMSA, in its Standards of Practice for Case Management, describes that case management practice extends across all health care settings and providers of various professional disciplines. This without a doubt applies to the practice of workers’ compensation case management, whether in health insurance plans or employer settings.

FEATURES

Tracking Outcomes and Return to Work Within the Hospitality Industry: The Marriott International, Inc. Approach
BY DONNA J. SCHROY, RN, CCM
In early 2015, Marriott International, Inc. sought to objectively measure how its Nurse CARE Management program was contributing to cost containment and return-to-work efforts. Cost containment is a responsibility for all case managers.

Optimizing Workers’ Compensation Programs through Integrated Utilization Management and Case Management Interventions
BY GARRY CARNEAL, JD, AND CATIE SPIVEY, JD
As case managers can attest, the services associated with “case management” (CM) and “utilization management” (UM) interventions are often intertwined and sometimes difficult to disentangle.

A Challenge for Case Managers: Engaging with the Multigenerational Workforce
BY JANET S. COULTER, MSN, MS, RN, CCM, AND DEBRA C. FAULKNER, MSN, RN, CCM, CEAC
Case managing a multigenerational workforce can be a challenge. Four generations working side by side is a common occurrence in many industries.
Workers’ Compensation

BY KATHLEEN FRASER, RN-BC, MSN, MHA, CCM, CRRN

This issue of CMSA Today is my area of expertise: workers’ compensation. Review of the history of workers’ compensation programs leads to an understanding of today’s health care delivery and workers’ compensation systems. In fact, case management began in the workers’ compensation arena. Skillful case management demands specialized knowledge, skills and understanding of pertinent terms, practices, and parameters not usually taught in health care settings.

CMSA, in its Standards of Practice for Case Management, describes that case management practice extends across all health care settings and providers of various professional disciplines. This, without a doubt, applies to the practice of workers’ compensation case management, whether in health insurance plans or employer settings. Workers’ compensation case managers (as all case managers) should use the CMSA Standards as a guide for the implementation of their roles. All standards are relevant to workers’ compensation, including and perhaps especially the legal and ethical expectations.

Due to the large number of stakeholders, the role of case management is more challenging, yet also even more critical. Collaboration and communication with all parties must occur at every segment and level of care in workers’ compensation case management. Case managers are key professionals in maintaining open lines of communication among the stakeholders in the workers’ compensation arena. The breakdown of these lines of communication may adversely impact the claim; protract worker disability; delay injured worker access to timely medical care; or delay recovery along with the return to function, ultimately, maximal medical improvement and return to pre-injury status.

Case managers in workers’ compensation settings assess the needs of the worker who suffers a work-related injury or occupational illness through claim file and medical record review; direct contact with the worker and his or her family, medical providers, employer, and others; and evaluation of current treatment plan and care setting for that treatment. Part of the assessment process in workers’ compensation case management is to evaluate the extent of injuries or occupational illness, probable treatment plan, expectation of complete recovery, impact of the injury or illness on job requirements, and estimated time out of work.

Case managers have the responsibility to adhere to established standards of practice and codes of ethics and professional conduct; promote the adherence of ethical standards in the workplace; and sometimes establish ethical standards in their profession. Ethical practice also extends to all members of the health care team involved in the care of an injured worker or the worker suffering from an occupational illness. General ethical principles as defined by a number of ethicists also apply to the practice of workers’ compensation case management.

This issue will go into the many aspects that influence the workers’ compensation environment, from optimizing workers’ compensation programs to our aging workforce. Tools are shown to assist in the role of the case manager and to assist the injured worker to safely return to work. Maya Angelou stated, “My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style.” Please join us in Long Beach, Calif., the week of June 20th for our 2016 conference. We have listened to all of you on how to improve, what to keep and what to get rid of, in order to provide you with the best conference ever! Group (three or more) pricing, as well as the $150 member discount, are still available. I really do hope to see as many of you as possible at this year’s event!

Kathleen Fraser MSN, MHA, RN-BC, CCM, CRRN
President, CMSA National Board of Directors

Kathleen Fraser is the president of CMSA National, and a past president of Houston/Gulf Coast CMSA Chapter. She has more than 35 years of nursing experience, and more than 21 years of case management experience with 20 years in workers’ compensation. Fraser has worked in acute hospital, long-term care, and insurance managed care. She can be reached at kathleen.fraser@zurichna.com.
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WORKERS’ COMPENSATION TRACK AT CMSA’S ANNUAL CONFERENCE

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- Burn Care Management
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In early 2015, Marriott International, Inc. sought to objectively measure how its Nurse CARE Management program was contributing to cost containment and return-to-work efforts. Cost containment is a responsibility for all case managers. Both the Case Management Society of America and the American Association of Occupational Health Nurses reference cost savings in their definition of case management. In summary, both definitions imply that the goals of case management are to provide quality health care along a continuous process, preventing fragmented care and delayed recovery, augment the client’s quality of life, and assist in the process of an employee’s return to work using resources efficiently to reflect cost containment.

Knowing that cost containment is one objective in the overall function of case management, the question was posed, “How can we measure our efforts regarding cost?” The goal was to create a tool that objectively addressed injury recovery time frames and return-to-work efforts.

Measuring the outcome of nursing interventions is challenging. Much of what we do as case managers is intangible. As Nurse CARE Managers, we serve as advocates for our associates, provide education, offer resources, and coordinate care. How can we tell if these interventions are effective?

A review of several comprehensive cost savings programs helped identify two factors that were determined to be most important for us to track. First, how do our case management activities impact functional recovery? Second, how are we doing with regard to accommodating transitional work assignments? With regard to tracking case management activities, this required us to select an evidence-based data set. For our program, we chose ODG (Official Disability Guidelines). ODG is an all-encompassing resource for up-to-date medical treatments, return-to-work guidelines, and evidence-based decision support. This type of program could be adapted to other evidence-based databases, such as MDA (Medical Disability Advisor) and in some cases may be state-specific. After deciding what information we needed from our report, we appropriately named it “NCM TTD TRACKER and RTW REPORT.”

As mentioned above, the program measures the NCM efforts regarding return to work against what ODG has developed based on a composite of more than 10 million reviewed cases, years of research and medical evidence. After identifying the appropriate number of disability days by using the ODG Co-Morbidity calculator, we then compare that number of days to the actual number of days the associate was off work. Once this difference is calculated, the program then measures the potential ODG costs against the actual wages paid to the associate. This application allows us to assess how many days an injured associate varied from the ODG, plus what cost, negative or positive, was associated with it. It is important to note that the ODG number of days can vary greatly based on the state of injury, job class, comorbidities and other confounding factors.

Below in Exhibit 1.0, you will find an example of our first tracking piece. In this scenario, an associate was placed off work for a medial meniscal tear and post meniscectomy. The NCM formulates, via the ODG Co-Morbidity calculator, that the number of days for an average of 95 percent of claims is 57. The NCM knows based on her knowledge of the case that the associate was off work by the authorized treating physician for seven days; therefore the difference between the ODG and actual days is 50. The associate’s TTD rate was calculated at $350.00; therefore 57 days transfers to a potential cost exposure of...

**EXHIBIT 1.0**

<table>
<thead>
<tr>
<th>95% ODG DAYS</th>
<th>#OOW DAYS</th>
<th>DIFFERENCE ODG VS. OOW DAYS</th>
<th>WEEKLY TTD $</th>
<th>$ ODG COST</th>
<th>$ WAGE REPLACEMENT</th>
<th>$ WAGE REDUCTION SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>57</td>
<td>7</td>
<td>50</td>
<td>$350</td>
<td>$2,850</td>
<td>$350</td>
<td>$2,500</td>
</tr>
</tbody>
</table>
$2,850.00. However, since our associate was only off work for seven days, which is equal to $350.00, then the difference in potential savings is $2,500.00.

As previously mentioned, the second area that is being tracked is the cost associated with transitional duty not being accommodated. It is well documented that employees who participate in return-to-work programs stay physically conditioned, mentally active, maintain daily structure and have positive social connections. Marriott International Inc. recognizes the value of keeping our associates productive in the workplace. When an associate does not return to work within a transitional capacity, we wanted to further identify and analyze those cases. The goal is to find out what obstacles are contributing to the associate not returning to transitional duty and then develop strategies to reduce this occurrence. In addition, it was important to quantify the cost related to associates who did not return to modified duty. The second part of our “NCM TTD TRACKER and RTW REPORT,” seen in Exhibit 1.1, produces information related to the number of days transitional duty was not accommodated. The key code tells us why and the last column puts it into dollars.

In Exhibit 1.1, the associate was released back to modified duty. However, the property declined to accommodate this associate for 14 days. Because it was the property that did not accommodate the associate, we used Key Code “P,” which represents property. Other Key Codes include A for associate, U for union and L for legal. This key coding helps identify the reason why an associate’s transitional duty was not accommodated and as a result can assist with developing strategies for reducing this cost. Knowing that the associate’s TTD rate is $350.00, the cost associated with these 14 days of transitional duty not being accommodated is equal to $700.00.

The report is completed on a monthly basis for the previous month’s closures. A cumulative total is created on a quarterly and

“Knowing that cost containment is one objective in the overall function of case management, the question was posed, ‘How can we measure our efforts regarding cost?’ The goal was to create a tool that objectively addressed injury recovery time frames and return-to-work efforts.”
yearly basis. As information becomes available from this report, the Nurse CARE Manager and our management team may obtain valuable information that is helpful for the overall management of our claims. If a report identifies a property that doesn’t consistently accommodate transitional duty, this creates an opportunity for education and training for the property regarding the importance of transitional duty. We can also ascertain information from cases that exceed ODG days based on diagnosis, thus possibly helping with injury prevention for that particular diagnosis. As with any tracking tool, the goal is to gather information, analyze the results, then implement activities that can positively impact future results.

In summary, there are many pieces of information that a typical cost savings programs can offer. These range from hard savings that are created by direct price negotiations, to soft savings, such as patient education that prevents a complication. When Marriott International Inc. sought to create a cost savings tool, it was important to streamline our efforts into measuring the variables that were most important to us. In addition, it was necessary to create a simple, concise report that did not take the NCM longer to complete than the actual savings took to produce. After all, our primary focus with the Nurse CARE Management program is health promotion related to work injuries for our associates.

EXHIBIT 1.2 ACRONYMS CHART

REFERENCE


For inquiries or questions, submit to Donna.Schroy@Marriott.com

Donna Schroy, RN, CCM, is a Nurse CARE Manager with Marriott International, Inc. working with their managed properties in Tennessee, North Carolina and South Carolina. She has more than 20 years of experience in case management within the workers’ compensation arena. Donna has been a long-standing member of the South Florida Case Management Network, a chapter of CMSA, where she has also served as past president. She is originally from St. Louis, Mo., but currently lives in Broward County, Fla., with her husband Brett, two daughters, Rachael and Rebecca and stepson, Ryan.
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s case managers can attest, the services associated with “case management” (CM) and “utilization management” (UM) interventions are often intertwined and sometimes difficult to disentangle.

This overlap is highlighted in many regulatory definitions that reference UM programs when defining the practice of case management. In addition, the CMSA Standards of Practice for Case Management highlights the overlapping role of CM and UM programs in “managed care” settings. Managed care is defined as:

Services or strategies to improve access to care, quality of care, and the cost-effective use of health resources. Managed care services include but are not limited to, case management, utilization management, peer review, disease management, and population health.

The emergence of “population health” management programs also has interwoven these services. In part, this is due to the fact that payers require that case managers not only coordinate care across the continuum of health care needs but also assess the medical “necessity and appropriateness” for a particular patient, set of patients, or specific disease diagnosis.

If UM is considered the overarching process to control costs and access to care, case management can be viewed as one of the tools within that process. In other situations, UM decision-making can be viewed as a sub-routine within the CM process. Statutory definitions often reflect the duality of this relationship. Clearly, UM and CM activities are often intrinsically linked.

BACKGROUND

Workers’ compensation programs, as we know them today, evolved over a 30-year period. Over time, benefits were standardized, cost-containment and equity with state regulations were addressed, and return-to-work programs that benefit workers were introduced. Nurses assumed a central role in workers’ compensation cases and were critically important to manage an ever-increasing number of claims.

In 2011, state and federal workers’ compensation laws covered approximately 125.8 million employees and paid out $60.2 billion in benefits. With payments under workers’ compensation programs totaling $60.2 billion in 2011, which represents a 3.4% increase over 2010 payments, the need to contain costs via nurse case managers remains critically important.

RETURN TO WORK (RTW) PROGRAMS

The primary goal of UM and CM interventions within a workers’ compensation setting is to help the ill or injured employee return to work as soon as possible. Nurse case managers are often deployed in return to work (RTW) programs where managed care services are offered and blended together to optimize clinical and financial outcomes. In one recent survey of employers using an RTW program, 66% reported that their workers’ compensation claims either stayed the same or declined over a three-year period, and 64% reported that the amount of time of these claims also remained constant or declined. Employers with RTW programs found them to be an effective strategy both to reduce lost time and as a way to invest in their workforce.

UM/CM INTERCONNECTIVITY

As referenced above, the overlaps between UM and CM services is not always clear but is important to align reasonable and necessary treatment goals along with managing claim expenditures. It is not uncommon to see UM services embedded into telephonic and field case management programs, both for workers compensation and medical care settings.

One key difference between UM and CM programs is in the duration of care that these interventions address. UM is typically an episodic transaction that involves a combination of management and clinical decision-making practices to ensure care is appropriate and medically necessary pursuant to the scope of coverage offered by an insurer, whereas CM
usually takes place over a period of time to help coordinate clinical service for targeted populations enrolled in a health plan. UM and CM programs also can take place in provider settings with more of a focus on discharge planning and transitions of care.

The interconnectivity of UM and CM also is extended to and particularly apparent in workers’ compensation cases. Because the question of medical necessity is raised in light of the applicable workers’ compensation statutes, case managers in this role also are tasked with finding the right course of treatment to get the ill or injured employee back to work. Additionally, employers and state workers’ compensation funds have an incentive to keep costs down and ensure that medically appropriate care is being rendered without overutilization of unnecessary or duplicative services.

NURSE CM ROLE

The role of a nurse case manager in the workers’ compensation realm centers on getting a worker back on the job as soon as medically appropriate. As workers’ compensation claims only cover work-related injuries, the decision of medical necessity typically focuses on whether a worker is well enough to return to work. The nurse case manager may be employed by the workers’ compensation insurance carrier, the employer, a third-party administrator, or the medical provider. Traditionally, nurse case managers in this area have experience in occupational health, medical management, discharge planning and home health care.

In many ways, the nurse case manager is an extension of the workers’ compensation adjuster. Nurse case managers may assess the medical aspects of the illness, injury or trauma that gave rise to the claim, correspond with treating physicians and arrange for referrals to specialists as needed, and recommend the appropriateness and the types of post-acute care to achieve the best possible outcome for the individual by the most cost-efficient means. Additionally, nurse case managers in workers’ compensation claims may act as a liaison between the injured individual, the medical provider, the employer and/or the workers’ compensation benefit provider as to medical and rehabilitation issues. This is not to say that the nurse case manager is telling the treating physician how to treat the patient, but rather ensuring that the provider is aware of all applicable factors that may impact rehabilitation and the worker’s ability to return to work.

Nurse case managers begin their involvement in a workers’ compensation case at different times. In some cases, their involvement begins almost immediately as nurse case managers provide “triage” after an injury is first reported. This early involvement helps ensure the ill or injured employee is seen as soon as possible by the appropriate care provider, which is critical in workers’ compensation cases.

Definitions

UTILIZATION MANAGEMENT/UTILIZATION REVIEW

The National Association of Insurance Commissioners (NAIC) defines utilization review as, “a set of formal techniques designed to monitor the use of, or evaluate the medical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures, or settings. Utilization management replaced the term utilization review in the mid-1990s as more programs implemented quality assurance protocols. UM techniques may include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning or retrospective review.”

CASE MANAGEMENT

CMSA defines case management (CM) as a “collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.” The NAIC defines CM as “a coordinated set of activities conducted for individual patient management of serious, complicated, protracted or other health conditions.”
injured employee gets appropriate treatment and is well positioned to receive follow-up care and recover. In other cases, nurse case managers are involved during the treatment process as they accompany patients on physicians’ visits. This “field work” can also involve making home visits to ensure ill or injured claimants are appropriately managing their care, or meeting with supervisors to arrange for modified duty or worksite modifications to enable the claimant to return to work.

The nurse case manager must wear a myriad of hats in a workers’ compensation claim. In addition to advocating on behalf of the patient, the case manager must also educate the patient, facilitate treatment, and actively observe all facets of the patient’s record, including vocational, psychosocial and situational factors that may impact the patient’s rehabilitation.

CONTAINING COSTS VS. APPROPRIATE CARE

Workers’ compensation interventions have benefited over the years with clinical and performance indicators from the ReedGroup and other state-based and national guidelines. However, backlashes are periodically reported against nurse case managers in the workers’ compensation setting, as many injured workers believe that the nurse’s primary motivation is containing costs for insurers, rather than ensuring appropriate care is rendered at the appropriate time. Online workers’ compensation boards are filled with comments critical of nurse case managers. Additionally, nurse case managers have been under-utilized in many instances because of tension between nurses and claims adjusters.

In reality, nurse case managers can be the most effective advocates for injured workers. Further, many state laws, URAC’s Workers’ Compensation UM Standards, and other protections provide important rights for ill or injured employees and their attending providers, including the ability to file an appeal when an adverse determination regarding the individual’s care is rendered.

While nurse case managers are an added expense for employers and insurers, they do play a critical role in the utilization management process and help to keep costs low. A recent white paper titled The N Factor: How Nurses Add Value to Workers Compensation Claims reviewed 42,000 workers’ compensation claims across four categories and found that when a nurse was involved, the worker returned to work faster, had 18% lower future medical costs, 26% lower overall costs, and 15% faster claims resolutions. Additional benefits, such as increased productivity and improvements in morale, were also found in the study. Even with these benefits, nurses were not recommended for all claims; claims with no comorbidities and employees who have positive relationships with their employers were found to have no likely benefit from a nurse case manager.

CONCLUSION

While patients may not fully appreciate the advantages of working with a case manager who is helping them get back to work, the data is clear — nurse case managers, using both UM and CM interventions, help to control costs, ensure the patient receives appropriate care at the right time, and often serve as the most appropriate patient advocate. Case managers are critically important in ensuring that workers can return to work in a timely manner, while still ensuring that patients are adequately recovered.

Note: For more information on utilization management regulations, please visit www.RegQuest.com. Future RegQuest modules will examine the specific requirements of utilization management.
management regulations pertaining to workers’ compensation, drug and pharmacy and mental health. CMSA members are eligible for an additional 10% off their subscription price.

Garry Carneal, JD, is President & CEO, Schooner Strategies and Founder, RegQuest.

Catie Spivey, JD, is Senior Legal Counsel to Schooner Strategies and RegQuest.

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REFERENCES


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Case managing a multigenerational workforce can be a challenge. Four generations working side by side is a common occurrence in many industries. Each generation brings their own perspective to the workplace, and that perspective is influenced by many factors, including communication style, leadership style, ways they handle conflicts or misunderstandings, and expectations of both the employer and employee.¹

To effectively engage an injured worker and facilitate a better outcome, the case manager must first understand his or her own generational influences. Once the case manager has identified his or her generation, identification of the injured worker’s (IW) generation is the next step.

To identify what generation a person falls under, only a date of birth is needed, but to understand the characteristics of a generation, shared experiences must also be considered.² Each generation experienced different major events between the ages 5 and 18, which are considered the prime development years.³ A brief overview of the time and events for the generations is included in Table 1.

### Characteristics of the Generations

#### TRADITIONALIST

When speaking of the Traditionalist generation, Tom Brokaw has been quoted as saying, “It is, I believe, the greatest generation any society has ever produced.” Members of this generation, also referred to as “The Veterans” or “The Builders,” were born between 1925 and 1945 and are in their 70s to 90s today. Many are still working but are at or beyond retirement age. This generation lived through prohibition, the Great Depression, World War II, and the boom after WWII.¹

Although they are technologically challenged and slow to change work habits, they are hard-working and good team players. Traditionalists consider work a privilege. They work long hours and feel they earned their way through hard work. They are loyal to their employer and may work for the same employer their entire job career/life. This group is not likely to change jobs to advance their career. They respect authority, have traditional values and morals, and do not initiate conflict in the workplace. They value conformity, commitment and consistency. In addition, they favor “top down” chain of command and get along well with others in the workplace.¹

#### BABY BOOMERS

The baby boomers were born between 1946 and 1964 and are in their 50s to 60s. They have lived through many changes and believe they can change the world. This generation experienced the civil rights movement, the Vietnam War, the birth of rock and roll, nuclear threats, and the space race.¹ They are well-established in their careers and hold positions of power and authority. Members of this generation are loyal to their employer, extremely hard-working, and motivated by position, perks, and prestige. They work long hours, define themselves by their accomplishments, have sacrificed a lot to be where they are, and like structure and face-to-face meetings. Baby boomers are sometimes described as “workaholics” as they have limited work flexibility and minimal work-life balance. This generation can be characterized as independent, confident, and self-reliant. They

### TABLE 1: MAJOR EVENTS FOR THE GENERATIONS

<table>
<thead>
<tr>
<th>GENERATION</th>
<th>BIRTH YEARS</th>
<th>MAJOR EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditionalists</td>
<td>1925-1945</td>
<td>Great Depression, New Deal, World War II, Korean War, FDR Administration</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>1946-1964</td>
<td>Civil rights movement, Cold War, space travel, Vietnam War, social unrest, Roe v. Wade, Nixon/Watergate, television</td>
</tr>
<tr>
<td>Generation X</td>
<td>1963-1980</td>
<td>Challenger disaster, fall of the Berlin Wall, AIDS, diversity, Desert Storm, Reagan/Bush Administration</td>
</tr>
<tr>
<td>Millennials</td>
<td>1980-2000</td>
<td>Internet, Violence in schools, Clinton-Lewinsky affair, 9-11, Iraq, Columbine</td>
</tr>
</tbody>
</table>

like to challenge the “status quo,” question authority, are not afraid of confrontation, and will not hesitate to challenge established practices. This generation is goal-directed, career-focused, and achievement-oriented. Other characteristics include dedication, competition, and always striving to win.¹

**GENERATION X**

Generation X, also referred to as the “Busters,” can be generalized as the who cares generation. Born between the years 1963 to 1980, Generation Xers are between the ages of 36 to 53 years of age. Characteristics include self-reliance, informality, short attention span, and a matter-of-fact attitude. They value fun and are technologically engaged. Generation Xers prefer a collaborative style of leadership and do not trust authority. They were raised in a time when divorce rates increased and single-parent homes were not uncommon. Work/life balance is important, and they would refuse a promotion if they felt it would compromise the quality of their life. They are willing to work but are not motivated by job titles or higher salaries. Family is very important, but many reject their parents’ values and lifestyle. They prefer to be openly recognized and given rewards which they can use when not working. Generation Xers prefer informal and rapid communication.⁵

**MILLENNIALS**

Millennials will soon be the largest group in the workforce as the baby boomers retire. Millennials were born between the years of 1980 to 2000, making them 16 to 36 years old. This generation is sometimes referred to as the “Bridgers” because they are the “bridge” to the new millennium. The Millennials are confident, achievement-oriented, techno-driven and assertive. They prefer self-leadership and believe work is a means to an end but should be meaningful. Millennials have grown up with the Internet and are adept multitaskers accustomed to interacting with a screen and adapting quickly to constant innovation. They have been described as smarter, quicker and more tolerant of diversity than previous generations. They love freedom, appreciate individuality and choices, and value integrity and openness. Millennials generally work and play well together. They prefer communication in real time, so communicating via text message, instant messaging, and cell phone is common. Millennials like to be rewarded with autonomy, opportunity, and flexibility.⁵ They want to feel that they are special, needed and “the best.” They hunger to change the world.

**Case Manager Self Assessment**

Have you identified which generation you most closely identify with? Your generation is more than the year you were born. It is influenced by your religion, culture, ethnicity, family, world events, and major or significant

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**TABLE 2: GENERATIONAL DIFFERENCES**

<table>
<thead>
<tr>
<th>GENERATION</th>
<th>WORK ETHIC</th>
<th>MANAGING CHANGE</th>
<th>PERCEPTION OF ORGANIZATIONAL HIERARCHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Company loyalty</td>
<td>Resistant to change</td>
<td>Respect hierarchy</td>
</tr>
<tr>
<td>Baby boomers</td>
<td>Work and personal sacrifice equals financial success</td>
<td>Somewhat resistant to change because much of the current state may be due to their generation’s efforts</td>
<td>Respect hierarchy</td>
</tr>
<tr>
<td>Generation X</td>
<td>Work needs to fit into personal life</td>
<td>Open to change but more concerned with the outcome than the process</td>
<td>Will change jobs if they feel their manager’s philosophy does not fit with their philosophy</td>
</tr>
<tr>
<td>Millennials</td>
<td>Want to be recognized for talents and knowledge at work</td>
<td>Open to change but must see real value</td>
<td>Want to make a difference and be recognized for contributions</td>
</tr>
</tbody>
</table>


**TABLE 3: GENERATIONAL VIEWS**

<table>
<thead>
<tr>
<th>VIEWS</th>
<th>VETERANS</th>
<th>BOOMERS</th>
<th>GENERATION X</th>
<th>MILLENNIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>“I see work as a duty and a privilege.”</td>
<td>“I live to work.”</td>
<td>“I work to live.”</td>
<td>“I work to make a difference.”</td>
</tr>
<tr>
<td>Relationships</td>
<td>“I’m loyal but private.”</td>
<td>“I network to get ahead.”</td>
<td>“Friends are my family.”</td>
<td>“I’m connected globally.”</td>
</tr>
<tr>
<td>Technology</td>
<td>Slide rule</td>
<td>Calculator, TV</td>
<td>Computers</td>
<td>Smart phones</td>
</tr>
<tr>
<td>Work Style</td>
<td>Commitment, tenure-track</td>
<td>Seeks personal fulfillment and status</td>
<td>Tentative, divided loyalty</td>
<td>Network, team work, opportunistic</td>
</tr>
<tr>
<td>Money</td>
<td>Save it now</td>
<td>Buy it now</td>
<td>Want it now</td>
<td>Get it now</td>
</tr>
<tr>
<td>Family</td>
<td>Close family, married once</td>
<td>Dispersed family, divorced, remarried</td>
<td>Latchkey kids, single parents</td>
<td>Looser family definitions, lifelong partner</td>
</tr>
</tbody>
</table>

emotional events that happened during your prime development years of 5 and 18. Few people have all the characteristics of the generation identified by their date of birth. It is common to have some characteristic from the generation before or after your birth date, especially if your birth date falls close to another generation.

The first step in understanding and working with different generations is to figure out which generation you belong to. Self awareness is an important step in approaching the mutigenerational workforce. Case managers need to be aware of their own characteristics, values, and beliefs to understand how they can impact interactions with others. Click the link at the end of this article to take the questionnaire “What’s Your Generation?” to help determine your generational group. Remember, these are generalizations and not set in stone.

**Generational Differences**

Recognition of generational differences is important because each generation has unique perspectives, experiences, and strengths that make them a valuable member of the work team. “A lack of understanding regarding generational differences can contribute to conflict within working relationships, lowering productivity and increasing turnover.” Glass notes, “There are three main areas where the generations differ: work ethic, managing change, and perception of organizational hierarchy.” When dealing with an IW and an employer, these areas can be taken into consideration. Table 2 details the generations’ responses to these three main areas.

Other areas in which the generations differ are detailed in Table 3 and Table 4.

How does a case manager incorporate the generational characteristics into the case management plan for an IW? Understanding what motivates a generation, how that generation prefers to communicate, and the generation’s general attitude toward work is essential. Incorporating this information into the assessment and plan for an IW can facilitate an environment where success can be achieved and the IW can come away from the experience with a freshened outlook on recovery and return to work.

**Challenges with the Generations**

The Traditionalist generation struggles with new technology, new work processes, and new education modalities. These workers prefer the traditional in classroom education format and hard-copy communication. They are challenged by online training. They prefer face-to-face interactions and are not comfortable with on-line meetings such as webinars or conference calls. They can be perceived as rigid, judgmental, wary, distant, and set in their ways.

Baby boomers plan to work longer, not retire completely, and remain in the workforce part-time. This generation welcomes exciting, challenging projects and strives to make a difference. They equate work and position with self worth. This generation can be challenged by working remotely. They can be perceived as self-absorbed, workaholics, fickle, rigid and hypocritical.

Generation X is more skeptical, less loyal, and very independent. They are much more concerned about how work affects their home

**TABLE 4: ADDITIONAL GENERATIONAL VIEWS**

<table>
<thead>
<tr>
<th>VIEWS</th>
<th>VETERANS</th>
<th>BOOMERS</th>
<th>GENERATION X</th>
<th>MILLENNIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future</td>
<td>Seek to stabilize</td>
<td>Create it!</td>
<td>Hopeless</td>
<td>Optimistic</td>
</tr>
<tr>
<td>Market</td>
<td>Goods</td>
<td>Services</td>
<td>Experiences</td>
<td>Transformation</td>
</tr>
<tr>
<td>Technology</td>
<td>Hope to outlive it</td>
<td>Master it</td>
<td>Enjoy it</td>
<td>Employ it</td>
</tr>
<tr>
<td>Career</td>
<td>Means for living</td>
<td>Central focus</td>
<td>Irritant</td>
<td>Place to serve</td>
</tr>
<tr>
<td>Relationships</td>
<td>Significant</td>
<td>Limited, useful</td>
<td>Central, caring</td>
<td>Global, 24/7</td>
</tr>
<tr>
<td>Authority</td>
<td>Endure them</td>
<td>Replace them</td>
<td>Ignore them</td>
<td>Choose them</td>
</tr>
</tbody>
</table>

life and strive for a work/life balance. They are willing to leave a job when they feel it requires too much from them and takes away from family and personal time. They are result-oriented and more concerned with outcome than process. They can be perceived as cynical, ungrateful, disloyal, overly casual, and not team players.

Millennials are the most confident generation. They are the first generation to be raised with digital media. Almost any information they want can be found on their phones and iPads. They are not afraid of new technologies, but their comfort with electronic communication can be a detriment and hinder developing personal relationships, especially when there is conflict or bad news needs to be shared. Millennials like detailed and constant feedback. They can be perceived as inexperienced, overly confident, impatient, lazy and naïve.

Return to Work Strategies

The most powerful return-to-work strategy for the Traditionalists is to let them know that they are needed at work. They have a strong work ethic and loyalty to their employer. Communication with their manager/supervisor is very motivating as a return-to-work strategy because they respect authority. Traditionalists want less demanding schedules, reduced stress and/or workload, and recognition for a job well done. Communicate with this group mainly through meetings face-to-face or telephone.

Baby boomers have a tendency to put others first and are work-centric. Effective return-to-work strategies should include communicating that the employer and co-workers are depending on them, praising the effect of their accomplishments on the workplace, and motivating them with a mental stimulation or challenge. Many continue to work for healthcare benefits and the effects illness will have on their financial well-being. They are motivated by high levels of responsibility, perks, praise, and prestige. Baby boomers want recognition for their experience and excellence, a positive work environment, good pay and benefits, and continuing education. Communicate with this group mainly through meetings and telephone, although email is often acceptable to most baby boomers.

Generation X wants to understand how they will benefit. Clearly communicate the expected outcome and the importance of the steps to get to that outcome. Realize that they need a work/life balance and incorporate that into the case management plan. Understand they are not afraid of changing jobs if their current job does not meet their perceived needs. They do not like to waste time, so only schedule meetings when necessary. This cohort can respond positively when valued for their innovative ideas and creative approaches. Generation X wants career advancement, shared governance, autonomy and independence, and work/life balance. Communicating via text, instant messaging, and email will meet their needs as long as the outcome remains clear.

Millennials want to make a difference. They believe that work should be meaningful and often feel the employer should embrace the same philosophies they do. They prefer real-time communication, and technology is a natural part of their work and personal lives. This cohort wants to contribute as equals, so make them instrumental in plan development. They may also respond well when value is placed on their understanding of technology. Millennials want meaningful work, stimulation, engagement, involvement, skill development, socializing, and networking. Communicating via text or instant messaging is acceptable, but the importance of face-to-face meetings when needed must be stressed.

Generation-specific communication techniques are very important. Traditionalists will not respond well to texting, instant messaging or other social media. They prefer face-to-face communication. Baby boomers are more connected with social media but prefer face-to-face communication when possible. Generation X and Millennials are very comfortable with social media and often prefer that type of communication. A list of additional strategies for each generation is included in Table 5.

Brown notes that it is “our job as organizational leaders to determine how to relate successfully to each member of the workforce, regardless of the generation he or she represents.” Cognizantly exploring the differences between the generations can provide the case manager with tools that can facilitate collaboration. This is also true for the case manager interacting with an IW and employer. It is the case manager’s job to determine how the IW and employer best communicate and accommodate that type of communication when dealing with the IW and employer. Barry provides strategies for nurses to improve multigenerational collaboration which include understanding the unique characteristics of each generation, developing flexible communication styles, and capitalizing on generational diversity. Case managers must be genuine in their approach to all their clients and mindful that each IW is a unique individual. They may have been molded to a certain extent by the generation in which they grew up but may not embrace all the characteristics of that generation.

**TABLE 5: RTW STRATEGIES**

<table>
<thead>
<tr>
<th>TRADITIONALISTS</th>
<th>BABY BOOMERS</th>
<th>GENERATION X</th>
<th>MILLENNIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use personal touch</td>
<td>• Give public recognition</td>
<td>• Provide opportunities for skill development and leadership</td>
<td>• Encourage teamwork and offer a supportive work environment</td>
</tr>
<tr>
<td>• Provide traditional rewards</td>
<td>• Find opportunities to share expertise (precept, mentor)</td>
<td>• Involve in decision-making</td>
<td>• Provide feedback</td>
</tr>
<tr>
<td>• Use as mentors</td>
<td>• Promote “gradual retirement”</td>
<td>• Avoid micromanaging</td>
<td>• Provide access to social networks</td>
</tr>
<tr>
<td>• Offer less physical demanding positions</td>
<td></td>
<td></td>
<td>• Build on technology strengths</td>
</tr>
</tbody>
</table>

GENERAL STRATEGIES FOR WORKING WITH A MULTIGENERATIONAL WORKFORCE
1. Communicate clearly and express impact of any changes.
2. Provide feedback through coaching and mentoring.
3. Foster the concept of community and value.
4. Provide opportunities for learning, growth and professional development.
5. Provide flexibility and support for personal preferences.
6. Promote understanding of different ways people express similar values.
7. Bring awareness to the different generational meanings for respect.
8. Delegate roles and responsibilities based on individual strengths.

CONCLUSION
In addition to treating each other with respect, effective strategies for working with all generations include a better understanding of motivations, expectations and generational differences. To effectively work with the multigenerational workforce, it is important to become more aware of generational differences and tailor your approach to accommodate those differences. There are many benefits to having a multigenerational workforce as the generations can learn from each other, which could maximize workplace potential. This article has included several interventions to assist in working with different generations. It is a compass, not a map. As case managers need to understand the worldview of other generations as well as how each individual lives, thinks, and learns. A cultural shift is in progress where the Y generation will become the leaders. We as case managers must maintain a balance between challenge and support when working with IW’s and employers from different generations. We are in a unique situation to be able to engage with many generations while facing the challenge of working with IW and employers from different generations.

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