

Care Coordination and Transition Management(CCTM) vs Case Management

What is CCTM?

Care coordination and transition management (CCTM™) solves the puzzle of fragmented health care through individualized patient-centered assessment and care planning across settings, providers, and levels of care.

CCTM is a practice. It occurs wherever patient care is delivered (e.g., hospitals, clinics, VAs, outpatient centers, doctor's offices, patient homes, and more).

CCTM is broad and is the umbrella for other roles such as the nurse navigator and case manager. Usually, the navigator and case manager are dealing with an individual patient/family over a specified period of time.

CCTM, in its broadest sense, deals with populations of patients over time, especially those with chronic illnesses/diseases such as diabetes, heart disease, asthma, etc.

What is Case Management?

Case management deals more with utilization of resources. For example, helping the patient with insurance and payment issues and health resources needed when they return home (e.g., home health nurse, supplies). The case manager also helps with arrangements to a rehab or nursing home if the patient is not going home immediately after discharge. This is why a case manager isn't always a nurse.

Who performs CCTM?

While registered nurses (RNs) have always had elements of care coordination and transition management in their practice, patient acuity and health care delivery have become increasingly complex. A new role for RNs primarily performing CCTM activities has evolved.

CCTM is not a job title; it is a role that an RN performs. Because the role is still developing, there are many titles which may or may not include "care coordinator" or "transitions manager." The key is not the position title, but the responsibilities of the position.

RNs in a CCTM role have many titles. The most common titles are care coordinator, care manager, nurse navigator, and case manager, but these are by far not the only ones. By nature of this being a new role, titles are not yet defined. In fact, some facilities consider CCTM the primary role of the registered nurse.

What does CCTM practice involve?

Though *all* RNs provide *some* elements of care coordination and transition management in their practice, the Certified in Care Coordination and Transition Management (CCCTM™) exam focuses on the knowledge, skills, and abilities of RNs whose *primary practice* involves CCTM.

Common activities of CCTM practice are: discharge planning, telehealth, case management, utilization review, providing consultation, quality assurance, patient/family education, and interprofessional collaboration.

The RN who carries out CCTM activities as the majority of the practice is considered to be in a CCTM role.