

				<p>be from double parent households), and number of medical visits kept (participants kept more follow-up visits). No differences in duration of diabetes, months followed in the program, sex, or ethnicity were observed. Contracting with third-party payers for pediatric diabetes intensive case management services reduces costs by reducing emergency department and inpatient hospital utilizations, likely a result of intensive education and immediate access to the diabetes health care team for crisis management. Such strategies may prove to be cost saving not only for diabetes management but also for managing other costly and personnel-intensive chronic diseases.</p>
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表 4. ④疾患・対象を限定した文献

No	Authors	Title	Source	Abstract
E-④-1	Edelstein EL. Cesta TG.	Nursing case management: an innovative model of care for hospitalized patients with diabetes.	Diabetes Educator. 19(6):517-21, 1993 Nov-Dec.	Cost, access, and quality are among the most pressing concerns facing the delivery of health care services in the 1990s. These issues are of particular concern for individuals with diabetes because of their high consumption level of health care resources. The purpose of this study was to evaluate whether a managed care approach could reduce the hospital stay while creating a balance between cost and quality of care.
E-④-2	Breisch AJ. Perez JA.	The cardiovascular clinical nurse specialist as case manager during endovascular revascularization of renal artery stenosis.	Journal of Vascular Nursing. 13(1):14-20, 1995 Mar.	The management of renovascular hypertension includes recent advances in detection, evaluation and treatment. Patients with confirmed renovascular hypertension require coordination of their care during the diagnostic and interventional phases of treatment. Renal artery angioplasty is often the selected intervention for renovascular hypertension. Nurses caring for patients during the periprocedural period are challenged to provide preadmission instructions that often involve medication adjustments, information related to angioplasty, and discharge instructions that address vascular access site care and renovascular care. Comprehensive nursing care extends from the outpatient diagnostic phase, through the acute hospital phase and concludes with outpatient follow-up and telephone consultation. Case management during these relatively short episodes of care expedites care delivery, minimizes duplication of services, and involves patients as active participants. This study applies a case management model to a patient with renal artery stenosis treated with angioplasty and stent placement. The value of collaborative, clinical nurse specialist-coordinated care and patient education is emphasized.
E-④-3	Potvin KA.	Case costing's contribution to utilization review activities: a review of a laparoscopic cholecystectomy patient population.	Leadership in Health Services. 4(5):26-31, 1995 Sep-Oct.	The Ottawa General Hospital is one of 13 Ontario hospitals participating in the Ontario Case Cost Project. The hospital has been collecting clinical and financial information based on the patient-specific use of products and services since April 1, 1993. The resulting decision-support database that is evolving enhances the traditional utilization review process. The author presents the analysis and conclusions regarding laparoscopic cholecystectomy patients as an example of the hospital's use of the data in utilization review activities.
E-④-4	Baker CM. Miller I. Sitterding M. Hajewski CJ.	Acute stroke patients comparing outcomes with and without case management.	Nursing Case Management. 3(5):196-203, 1998 Sep-Oct.	Stroke represents a major human and economic challenge to society. The literature suggests that interdisciplinary clinical pathways maximize stroke patient outcomes, whether care is delivered in a designated stroke unit or in a general medical service. In this article, the authors describe the case management model implemented at Columbus Regional Hospital, a 325-bed rural referral hospital in southeastern Indiana. A retrospective chart review compared 23 patients with non-hemorrhagic strokes using two different models of care delivery: unit-based nursing case management and standard nursing care. Differences in outcomes are reported in relation to interdisciplinary utilization, timeliness of referrals, patient education, discharge dispositions, home safety assessments, next-site-of-care communications, length of hospital stay, and patient satisfaction.

E- ④ -5	Barry J. McQuade C. Livingstone T.	Using nurse case management to promote self-efficacy in individuals with rheumatoid arthritis.	Rehabilitation Nursing. 23(6):300-4, 1998 Nov-Dec.	Rheumatoid arthritis is a chronic disabling illness commanding a large portion of healthcare resources. The literature indicates that the holistic management of chronic illness has demonstrated a favorable impact on the course of the disease and its outcome. In response to these reports, a nurse case manager delivery system was implemented within a tertiary care teaching hospital to coordinate an interdisciplinary treatment plan for patients with rheumatoid arthritis. The system supported the belief that although intervention is important, self-efficacy skills have an impact on patients' coping skills. Patient care incorporates inpatient and ambulatory care services, and patients are discharged after completing scheduled visits through ambulatory care services. This article describes how patients can manage their own disease if they are provided with the necessary tools. Patients can learn to trust and use their own judgment which can lead to self-efficacy. Another study is currently under way to further evaluate this method of care delivery.
E- ④ -6	Smith-Rooker JL. Hodges LC.	Managing patients with carotid stenosis. [Review]	MEDSURG Nursing. 7(5):280-1, 284-92, 1998.	Patients with carotid stenosis present multiple challenges to the medical-surgical nurse case manager. Implementing a defined critical pathway for the patient undergoing a carotid endarterectomy can result in quality cost-effective care, fewer complications, and less possibility of future stroke. [20 refs]
E- ④ -7	Bojalil R. Guiscafre H. Espinosa P. Viniestra L. Martinez H. Palafox M. Gutierrez G.	A clinical training unit for diarrhoea and acute respiratory infections: an intervention for primary health care physicians in Mexico.	Bulletin of the World Health Organization. 77(11):936-45, 1999.	In Tlaxcala State, Mexico, we determined that 80% of children who died from diarrhoea or acute respiratory infections (ARI) received medical care before death; in more than 70% of the cases this care was provided by a private physician. Several strategies have been developed to improve physicians' primary health care practices but private practitioners have only rarely been included. The objective of the present study was to evaluate the impact of in-service training on the case management of diarrhoea and ARI among under-5-year-olds provided by private and public primary physicians. The training consisted of a five-day course of in-service practice during which physicians diagnosed and treated sick children attending a centre and conducted clinical discussions of cases under guidance. Each training course was limited to six physicians. Clinical performance was evaluated by observation before and after the courses. The evaluation of diarrhoea case management covered assessment of dehydration, hydration therapy, prescription of antimicrobial and other drugs, advice on diet, and counselling for mothers; that of ARI case management covered diagnosis, decisions on antimicrobial therapy, use of symptomatic drugs, and counselling for mothers. In general the performance of public physicians both before and after the intervention was better than that of private doctors. Most aspects of the case management of children with diarrhoea improved among both groups of physicians after the course; the proportion of private physicians who had five or six correct elements out of six increased from 14% to 37%; for public physicians the corresponding increase was from 53% to 73%. In ARI case management, decisions taken on antimicrobial therapy and symptomatic drug use improved in both groups; the proportion of private physicians with at least three correct elements out of four increased from 13% to 42%, while among public doctors the corresponding increase was from 43% to 78%. Hands-on training courses thus seemed to be effective in improving the practice of physicians in both the private and public sectors.

E- ④ -8	Newcomer R. Miller R. Clay T. Fox P.	Effects of the Medicare Alzheimer's disease demonstration on Medicare expenditures.	Health Care Financing Review. 20(4):45-65, 1999 Summer.	Applicants were randomized either into a group with a limited Medicare community care service benefit and case management or into a control group receiving their regular medical care. Analyses assess whether or not community care management affected health care use. A tendency toward reduced expenditures was observed for the treatment group, combining all demonstration sites, and when observing each separately. These differences were or approached statistical significance in two sites for Medicare Part A and Parts A and B expenditures averaged over 3 years. Expenditure reductions approached budget neutrality with program costs in two sites.
E- ④ -9	Blaha C. Robinson JM. Pugh LC. Bryan Y. Havens DS.	Longitudinal nursing case management for elderly heart failure patients: notes from the field.	Nursing Case Management. 5(1):32-6, 2000 Jan-Feb.	Longitudinal case management is an intervention delivered by professional nurses that involves following patients from the inpatient to the outpatient arena. The hands-on process of day-to-day case management of elderly persons with heart failure is presented. The issues associated with delivering this intervention to this patient population are examined, and implications for refining the case management process are discussed.
E- ④ -10	LeFort SM.	A test of Braden's Self-Help Model in adults with chronic pain.	Journal of Nursing Scholarship. 32(2):153-60, 2000.	To test hypothesized relationships in Braden's Self-Help Model in a sample of people with idiopathic chronic pain. Testing theoretical explanations and predictions with various clinical populations under different sociocultural, economic, climatic, and health system environments provides evidence about the applicability of the underlying theory among diverse populations. This study was part of a larger randomized, controlled trial of a community-based nursing psycho-educational intervention: the Chronic Pain Self-Management Program (CPSMP). Pretest and posttest data were collected in 1995-1996 in Newfoundland, Canada. Participants completed a battery of valid and reliable self-report instruments to measure pain, disability, uncertainty, resourcefulness, self-efficacy, adult role behaviors, and life satisfaction. Two tests of the self-help model were performed, the first with pretest data (N = 110) and the second with 3-month posttest data (N = 102) after half the sample had participated in the CPSMP intervention. Causal modeling path analysis was done with the Statistical Package for the Social Sciences (SPSS) program and tests of goodness-of-fit were conducted using EQS for Windows. Results supported the overall hypothesized pattern of relationships in the self-help model. Amounts of variance explained in the two major outcomes of the model (self-help: 42% to 53% and life quality: 45% to 47%) were consistent with results from other studies. Indices of goodness of fit showed an adequate fit of the model to the data, particularly the posttest data. Braden's Self-Help Model appears to be robust in a variety of clinical populations, among different settings and environmental conditions, and provides a useful framework to guide nursing psycho-educational interventions in chronic illness.
E- ④ -11	Ridge RA. Goodson AS.	The relationship between multidisciplinary discharge outcomes and functional status after total hip replacement.	Orthopaedic Nursing. 19(1):71-82, 2000 Jan-Feb.	To determine changes in functional status after primary total hip replacement and to explore the relationship between functional status and pain and mobility at time of hospital discharge. 21 elective primary total hip arthroplasty patients, ages 40 to 78, in an academic health center. Descriptive correlational with a prospective cohort. Subjects' functional status was measured using the Sickness Impact Profile and the hip outcome tool

E- ④ -12	Whitlock WL. Brown A. Moore K. Pavliscek H. Dingbaum A. et al	Telemedicine improved diabetic management.	Military Medicine. 165(8):579-84, 2000 Aug.	<p>(Revised Hip Type Specification Tool 13.1), completed by face-to-face interview approximately 2 weeks prior to hospitalization. Pain and mobility were assessed at time of discharge, and the functional status measures were repeated at 3 months after hospital discharge by mail. Statistically significant changes were found for physical and psychosocial dimensions of functional status, using the Sickness Impact Profile and the hip outcome tool, between the preoperative and postoperative measures. A significant relationship between mobility and pain at the time of discharge and functional status was not established. Hospital discharge criteria related to pain and mobility should be used with caution. In addition to pain and mobility information, patient education should reflect knowledge of what can be expected by 3 months postsurgery, including expected and potential improvements in mobility, pain, and ambulation and in nonphysical dimensions, such as sleep, home management, and social interaction. Case management and discharge planning should reflect the wide variance in pain and mobility across patients at time of discharge and the expected gains in specific aspects of functional status after discharge. Research attention should be increased on the identification and application of specific discharge criteria such as pain and mobility levels, and the further development and refinement of nursing-sensitive and practical functional status outcome measures.</p> <p>Effective control of diabetes is known to delay or prevent the end-organ complications of this disease. Can telemedicine improve a patient's ability to self-manage diabetes? Twenty-eight patients entered a study comparing home telemedicine consultation with standard outpatient care. A nurse case manager contacted the telemedicine group once a week under the direction of a primary care physician, who contacted the telemedicine group once a month. Laboratory studies and total body weight were measured at the beginning and at the end of the 3-month study. The hemoglobin A1c (HbA1c) and total body weight improved significantly in the intervention (telemedicine) group, as shown by a 16% reduction in mean HbA1c level (from 9.5 to 8.2%) and a 4% mean weight reduction (from 214.3 to 206.7 pounds). Based on our experience, we present a functionally based telemedicine classification system to improve the application of electronic medicine in future studies.</p>
E- ④ -13	Man DW.	A preliminary study to investigate the empowerment factors of survivors who have experienced brain damage in rehabilitation.	Brain Injury. 15(11):961-73, 2001 Nov.	<p>This study was an extension of previous studies on the empowering of families caring for a relative who had experienced brain damage. The demand to adopt a similar empowerment concept in the direct rehabilitation of people with brain damage was proposed. The development of a theory-driven instrument, in the form of a person-administered empowerment questionnaire, so as to establish the empowerment factors of people with brain damage during their rehabilitation process. A kind of methodological study was used to develop, validate and evaluate research tools. This study concentrated on the development of a questionnaire that accurately measures empowerment in people with brain damage. This questionnaire derived items from both the existing literature on brain damage rehabilitation and related studies on people coping with brain damage. Open-ended questions were also included to investigate how patients may be encouraged to achieve successful rehabilitation (such as degree of acceptance, learning of adaptive skills and community re-entry). A structural empowerment model has been constructed by both content validity analysis and construct validity through an</p>

E- ④ -14	Pugh LC. Havens DS. Xie S. Robinson JM. Blaha C.	Case management for elderly persons with heart failure: the quality of life and cost outcomes.	MEDSURG Nursing. 10(2):71-8, 2001 . (20 ref)	<p>explorative factor analysis of 112 people with brain damage. A 42-item questionnaire has been developed, constructing four interpretable factors: Support (13 items), Skill (14 items), Aspiration (nine items), and Knowledge (six items), which accounted for 49.99% of the total variance. Analyses of open-ended questions showed that they generally lack external resources and support in the coping process. They did not have sufficient information to face their problems in a variety of areas, although they were quite aware of their importance. They could rely only on personal assets and families, and less on friends, work-mates, and external social resources. It is suggested that the results of this initial empowerment framework can either guide ways to improve the case management of patients with brain damage (in terms of structure, methods, and evaluation mechanisms) or assist in the research and design (R&D) of rehabilitation programmes with better efficacy and effectiveness. Further research using Rasch Analysis is suggested to establish item difficulties, and using the findings as an outcome measure in rehabilitation is recommended.</p>
E- ④ -15	Scian SQ. Kanowski S.	Alzheimer's disease: stage-related interventions.	Lippincott's Case Management. 6(2):48-63, 2001 . (73 ref)	<p>Heart failure is an increasingly common, complex disease that has far-reaching consequences for patients, families, and the health care industry. An innovative care delivery model was developed and implemented with a group of elderly persons with heart failure. The model used in conjunction with ongoing care provided by a nurse case manager. The Partners-in-Care Model included a patient monitoring protocol used in conjunction with ongoing care provided by a nurse case manager for the purpose of improving health outcomes for the elderly with heart failure. This delivery model was no more expensive than usual care and while no statistically significant differences in other outcomes were found, positive trends, including improved quality of elder life were identified.</p> <p>outline the progressive clinical symptomatology of AD so that case managers may more accurately link current and future patient needs with community resources. Although there are different kinds of dementia, Alzheimer's Disease (AD) accounts for the largest percentage of cases in those individuals over 60 years of age. The initial presenting symptom of AD is forgetfulness. As the disease evolves, patients continue to manifest more serious cognitive deficits and to also experience difficulties associated with adaptive capabilities. For those patients who have not died of medical complications the final stage of AD is one where total care of the patient is provided by others. The task of appropriately caring for these affected elderly persons imposes enormous cognitive, physical, emotional, and financial strain on human and social resources. Factors contributing to this burden and strain are derived from the changes accompanying the patient's clinical condition and also include decisions about use of varied allocated medical, nursing, psychosocial, and community treatment and support services. The selection of appropriate services and the coordination of these diverse and fragmented providers is increasingly organized by the case manager.</p>

E- ④ -16	Sesperez J. Wilson S. Jalaludin B. Seger M. Sugrue M.	Trauma case management and clinical pathways: prospective evaluation of their effect on selected patient outcomes in five key trauma conditions.	Journal of Trauma-Injury Infection & Critical Care. 50(4):643-9, 2001 Apr.	This study evaluated the implementation of clinical pathways and case management between July 1998 and July 1999 in five key trauma conditions: severe head injury, fractured ribs, fractured pelvis, blunt abdominal trauma, and fractured femurs presenting to a single trauma service. Thirteen key elements of care with expected outcomes were defined for each key trauma condition. Deviations from expected outcome were defined as variances. Attainment of the expected outcomes was measured before (stage 1) and after introduction (stages 2 and 3) of clinical pathways and case management. Nonattained outcomes were quantified and categorized into time of occurrence, and relationship to staff, patient, or system. Two hundred thirty-five patients were studied, with a mean age of 41.8 (SD, 20.6) years and mean Injury Severity Score (ISS) of 11.7 (SD, 11.0). The mean number of observed variances per patient for stage 1 was 51.7 (SD, 43.5); stage 2, 42.3 (SD, 32.9); and stage 3, 23.2 (SD, 21.7) ($p = 0.0001$ for both stage 1 and stage 2 compared with stage 3). There was a significant improvement in outcomes achieved from stage 1 (92.7%; 95% confidence interval, 92.5-92.9%), to stage 3 (96.7%; 95% confidence interval, 96.5-96.9%). Of the total number of variances seen, 0.2% related to system errors, 25% related to patient factors, and 75.8% related to staff. The proportion of staff-related variances was significantly reduced in stage 3. Clinical pathways and case management identified areas in need of remedial action and improved the delivery of patient care to our trauma population. It has set a template for the future management of our trauma service.
E- ④ -17	Stalfors J. Edstrom S. Bjork-Eriksson T. Mercke C. Nyman J. Westin T.	Accuracy of tele-oncology compared with face-to-face consultation in head and neck cancer case conferences.	Journal of Telemedicine & Telecare. 7(6):338-43, 2001.	Telemedicine was introduced for weekly tumour case conferences between Sahlgrenska University Hospital and two district hospitals in Sweden. The accuracy of tele-oncology was determined using simulated telemedicine consultations, in which all the material relating to each case was presented but without the patient in person. The people attending the conference were asked to determine the tumour ('TNM') classification and treatment. The patient was then presented in person, to give the audience the opportunity to ask questions and perform a physical examination. Then a new discussion regarding the tumour classification and the treatment plan took place, and the consensus was recorded. Of the 98 consecutive patients studied in this way, 80 could be evaluated by both techniques. Of these 80, 73 (91%) had the same classification and treatment plan in the telemedicine simulation as in the subsequent face-to-face consultation. In four cases the TNM classification was changed and for three patients the treatment plan was altered. The specialists also had to state their degree of confidence in the tele-oncology decisions. When they recorded uncertainty about their decision, it was generally because they wanted to palpate the tumour. In five of the seven patients with a different outcome, the clinical evaluation was stated to be dubious or not possible. The results show that telemedicine can be used safely for the management of head and neck cancers.

E- ④ -18	Stoner KL. Lasar NJ. Butcher MK. Fawcett LM. Danelson ME. Harwell TS. Helgerson SD.	Improving glycemic control: can techniques used in a managed care setting be successfully adapted to a rural fee-for-service practice?	American Journal of Medical Quality. 16(3):93-8, 2001 May-Jun. (25 ref)	Improve glycemic control using case management supported by electronic diabetes care monitoring. Patients with diagnosed diabetes in a rural community. Counseling and medication management for glycemic control was intensified during individual office visits. And, from September 1998 to February 1999, 2-hour cluster visits modeled after a successful urban program were offered for groups of patients with elevated HbA1c values. The objective of this work was to improve glycemic control using case management supported by electronic diabetes care monitoring. Information for patients with diagnosed diabetes in a rural community was maintained in the Diabetes Care Monitoring System. In September 1998, counseling and medication management for glycemic control was intensified during individual office visits. And, from September 1998 to February 1999, 2-hour cluster visits modeled after a successful urban program were offered for groups of patients with elevated HbA1c values. The median (and 75th percentile) HbA1c values for the patient population decreased from 8.7% (10.9%) in March 1998 (N = 173) to 7.5% (9.3%) in March 1999 (N = 182) and was maintained at 7.5% (9.1%) through March 2000 (N = 182). Case management, including cluster visits, can be accomplished in a rural physician's office with the support of an electronic diabetes care monitoring system. This intensified approach decreased and sustained the HbA1c level by more than a percentage point for the patient population.
E- ④ -19	Bryant PK.	Congestive heart failure performance-improvement project: special needs for special patients.	Lippincott's Case Management. 7(4):152-62, 2002. (6 ref)	This article describes a performance-improvement project designed and implemented for Cullman Regional Medical Center's Congestive Heart Failure Disease Management Program. A large percentage of the program's clientele was either visually or hearing impaired, developmentally delayed, or illiterate. While the low-sodium diet-teaching sheet being utilized in the program prior to implementation of the project was excellent for some patients, it was not conducive to the disparities of the majority of the group. Many could not comprehend the diet sheet, making it difficult for them to be compliant to a diet necessary for disease control. The project consisted of a new, low-sodium diet-teaching sheet designed by the author and implemented over a 6-week time period. The tool was subsequently evaluated by administering a patient satisfaction survey. Outcomes and processes of the project are analyzed. Systematic evaluation of costs, data collection processes, benchmarks, and the utilization of technology are examined, as well as health and cultural beliefs of the clientele. The lessons learned as a result of implementing a simple modification to an existing teaching tool are shared. The project consisted of a new, low-sodium diet-teaching sheet designed by the author and implemented over a 6-week time period. The tool was subsequently evaluated by administering a patient satisfaction survey. Outcomes and processes of the project are analyzed. Systematic evaluation of costs, data collection processes, benchmarks, and the utilization of technology are examined, as well as health and cultural beliefs of the clientele.
E- ④ -20	Coubrough V. Warnell P.	The neurological complications of electrical injury: a nursing case management perspective.	AXON. 23(4):14-22, 2002 Jun.	High-energy electrical injury, whether from lightning strike or electrical shock, occurs primarily in the workplace. Neurological dysfunction can be a devastating complication of electrical injury. A review of the literature was undertaken to develop a better understanding of the epidemiology, mechanisms of injury and neuropathology associated with this type of injury. The numerous challenges inherent in the

E- ④ -21	Delaronde S.	Using case management to increase antiinflammatory medication use among a managed care population with asthma.	Journal of Asthma. 39(1):55-63, 2002 Feb.	<p>management of these complex cases were illustrated by three case studies.</p> <p>The National Heart, Lung, and Blood Institute (NHLBI) recommends the regular use of antiinflammatory medications to achieve and maintain control of persistent asthma, while recommending that quick-relief beta2-agonist medications should be used to treat acute symptoms and exacerbations. Despite these suggestions, the overuse of short-acting quick-relief medications and underuse of long-acting antiinflammatory medications persists. ConnectiCare, Inc., a regional managed care company, used pharmacy claims data to identify members who had been dispensed a total of three or more beta2-agonist prescriptions for three consecutive months in a 12-month period. These members had also not been prescribed an inhaled corticosteroid, cromolyn sodium, or nedocromil during the same three consecutive months. An intensive case management intervention was developed that included multiple contacts from a nurse case manager to provide education and information about asthma control and the guidelines. Twenty-eight percent (n = 40) were purposively chosen to receive the intensive multiple-contact intervention and the remainder received a standard, single-contact intervention. After adjusting for the effects of age, gender, and pre-intervention medication use, ConnectiCare members who received the intensive intervention were 4.3 times more likely to increase the number of antiinflammatory medication prescriptions dispensed that those who received a standard intervention (p < 0.001). This study suggests that the use of intensive case management for persons identified as inappropriate users of asthma medication may result in medication changes that achieve the long-term control of asthma.</p>
E- ④ -22	Dinelli DL. Higgins JC.	Case management of asthma for family practice patients: a pilot study.	Military Medicine. 167(3):231-4, 2002 . (5 ref)	<p>Asthma is a chronic inflammatory disease of the airways that affects between 14 and 15 million persons in the United States. It is responsible for more than 470,000 hospitalizations annually and an estimated \$6 billion in total medical cost. The Asthma Case Management Program instituted at our hospital is based on the concept of patient self-management. It involves patient education, a home treatment plan (HTP), and physician/nurse follow-up. Determine whether an organized case management program improves outcomes and cost in family practice asthma patients. This study was performed to determine whether an organized case management program improves outcomes and cost in family practice asthma patients. Forty-eight asthma patients, ages 1 year to adult, A prospective cohort study of 48 asthmatic patients was conducted with a retrospective review. Data were obtained from health, pharmacy, and computer records. Forty-eight asthma patients, ages 1 year to adult, assigned to the Family Practice Department were enrolled in the Asthma Case Management Program. This cohort was offered asthma education from a provider trained in national asthma guidelines. Most of these patients received a coordinated HTP completed by their primary care provider. The asthma case manager initiated regularly scheduled nursing follow-up. Hospital admissions, emergency department and clinic visits, number of chest radiographs, and use of beta 2 agonists and anti-inflammatory drugs were recorded for a mean of 6 months before and 6 months after the intervention. Twenty-eight patients who had received the HTP as part of their intervention were compared with 12 patients who did not. A cost analysis was completed. All measured parameters</p>

E- ④ -23	Flores R. Robles J. Burkhalter BR.	Distance education with tutoring improves diarrhea case management in Guatemala.	International Journal for Quality in Health Care. 14 Suppl 1:47-56, 2002 Dec.	<p>showed favorable changes after intervention. Statistically significant decreases in clinic visits, chest radiographs ordered, beta 2 agonists, and oral anti-inflammatory drugs were obtained with the 28 patients who received the HTP. Six-month resource savings after intervention were estimated at \$19,677.42 (\$491.90 per patient). Ninety-three percent of these savings are attributed to those patients with the HTP. There were no statistically significant improvements and considerably fewer savings for those patients not on the HTP. A combined intervention consisting of patient education, a coordinated self-monitoring plan, and patient follow-up was associated with improved care and economic outcomes in this group. The greatest clinical improvement and resource savings are clearly seen in those patients who have received the HTP as part of their asthma case management. Every effort should be made to include the HTP as the central part of asthma case management.</p> <p>To evaluate the impact of distance education in diarrhea and cholera case management on the quality of physicians' and nurses' practice. The pre-post panel, program and control group design used trained physician observers to measure if doctors and nurses complied with case management standards. Extended observations and client exit interviews were used to analyze audience bias and the validity of counseling measurements. Health care facilities in six districts of Guatemala. Ministries of Health in four Central American countries and the Institute of Nutrition for Central America and Panama implemented the course. The study panel consisted of 66 course graduates (program group) and 66 doctors and nurses who were interested in taking the course where the course was not offered (control group). The percentage of diarrhea cases assessed correctly and dehydration cases classified correctly increased by 25% more in the program group than in the control group, but post-course performance was still only approximately 60% in the program group. Rehydration treatment did not improve. Counseling improved insignificantly. Client exit interviews suggested that indicators for counseling may need to be re-examined for validity. No audience effect on health worker practice was found. Completion rates were high. The program cost 60 dollars US per enrollee. This is an effective, relatively low-cost program that substantially improved case management of diarrhea in Guatemala, in particular the quality of assessment and classification. However, many health workers who completed the course are still not performing to standard, so additional work is needed to resolve this problem.</p>
E- ④ -24	Smith GB.	Case management guideline: Alzheimer disease and other dementias.	Lippincott's Case Management. 7(2):77-84, 2002. (9 ref 4 bib)	<p>This guideline integrates information from multiple practice guidelines in order to guide the case manager in managing clients with Alzheimer disease and other dementias. Case management guidelines are an integration of information obtained from research, observations, clinical experience, and judgments of expert clinicians, scientists, and clients. This guideline integrates information from multiple practice guidelines in order to guide the case manager in managing clients with Alzheimer disease and other dementias. The guideline provides direction in recognition of symptoms or triggers, risk factors, possible complications, case management outcomes, barriers to effective outcomes, goals, providers/practitioners, treatment options, location of treatment, estimated cost of treatment, psychosocial issues, life planning and long-term planning, vocational issues and teaching protocols. In addition, resource contacts and sources for major instruments used in measuring Alzheimer disease</p>

E- ④ -25	Couch C. Sheffield P. Gerthoffer T. Ries A. Hollander P.	Clinical outcomes in patients with type 2 diabetes managed by a diabetes resource nurse in a primary care practice.	Baylor University Medical Center Proceedings. 16(3):336-40, 2003. (19 ref)	and dementia are presented. The purpose of this observational cohort study was to observe outcomes in geriatric (aged greater than/= 65 years) and nongeriatric (less than 65 years) patients after employing a diabetes resource nurse (DRN) case manager in a suburban 12-physician family practice. 106 patients enrolled in the diabetes care project who completed at least 6 months of the project between March 1999 and January 2001. Patients were recruited by either referral from their primary physician or invitation from the DRN. Utilizing measures from the American Diabetes Association and the Diabetes Quality Improvement Project, comprehensive protocols were developed for implementation of process measures and management of glucose by the DRN. Active management protocols were not put in place for hypertension, lipids, or depression, but appropriate clinical measures were taken during patient visits. Data were collected at baseline, 6 months, and 12 months. Improvements in process measures were seen for geriatric and nongeriatric patients: 77% of patients had foot exams, 100% had greater than/=2 blood pressure measurements, 92% had eye exams, and 99% had lipid profiles. Both groups had improvement in hemoglobin A1c levels (means 7.2% to 6.6% for geriatric patients and 8.9% to 6.8% for nongeriatric patients). The number of hypoglycemia incidents decreased in both groups. Depression scores improved in the nongeriatric group. Conclusions: Results appear to corroborate a growing body of evidence supporting nurse intervention protocols as a way to improve diabetes care. A randomized controlled trial is planned to examine the effectiveness of the DRN.
E- ④ -26	Polonsky WH. Earles J. Smith S. Pease DJ. Macmillan M. Christensen R. Taylor T. Dickert J. Jackson RA.	Integrating medical management with diabetes self-management training: a randomized control trial of the Diabetes Outpatient Intensive Treatment program.	Diabetes Care. 26(11):3048-53, 2003 Nov.	This study evaluated the Diabetes Outpatient Intensive Treatment (DOIT) program, a multiday group education and skills training experience combined with daily medical management, followed by case management over 6 months. Using a randomized control design, the study explored how DOIT affected glycemic control and self-care behaviors over a short term. The impact of two additional factors on clinical outcomes were also examined (frequency of case management contacts and whether or not insulin was started during the program). Patients with type 1 and type 2 diabetes in poor glycemic control (A1c >8.5%) were randomly assigned to DOIT or a second condition, entitled EDUPOST, which was standard diabetes care with the addition of quarterly educational mailings. A total of 167 patients (78 EDUPOST, 89 DOIT) completed all baseline measures, including A1c and a questionnaire assessing diabetes-related self-care behaviors. At 6 months, 117 patients (52 EDUPOST, 65 DOIT) returned to complete a follow-up A1c and the identical self-care questionnaire. At follow-up, DOIT evidenced a significantly greater drop in A1c than EDUPOST. DOIT patients also reported significantly more frequent blood glucose monitoring and greater attention to carbohydrate and fat contents (ACFC) of food compared with EDUPOST patients. An increase in ACFC over the 6-month period was associated with improved glycemic control among DOIT patients. Also, the frequency of nurse case manager follow-up contacts was positively linked to better A1c outcomes. The addition of insulin did not appear to be a significant contributor to glycemic change. DOIT appears to be effective in promoting better diabetes care and positively influencing glycemia and diabetes-related self-care behaviors. However, it demands significant time, commitment, and careful coordination with many health care professionals.

E- ④ -27	Crooks P.	International care models for chronic kidney disease: methods and economics --United States. [Review] [20 refs]	Blood Purification. 22(1):13-20, 2004.	The role of the nurse case manager in providing ongoing follow-up contact seems important. In the United States, there is a major chronic kidney disease (CKD) problem with over 8 million adults having stage 3 or 4 CKD. There is good medical evidence that many of these patients can benefit from focused interventions. And while there are strong theoretical reasons to believe these interventions are cost-effective, there are little published data to back up this assertion. However, despite the lack of financial data proving cost-effectiveness and against the background of a disorganized health care system in the US, some models of CKD care are being employed. At the present time, the most comprehensive models of care in the US are emerging in vertically integrated health care programs. Other models of care are developing in the setting of managed care health plans that employ CKD disease management programs, either developed internally or in partnership with renal disease management companies.
(AIDS/HIV/STD)				
E- ④ -28	Mitchell JM. Anderson KH.	Effects of case management and new drugs on Medicaid AIDS spending.	Health Affairs. 19(4):233-43, 2000 Jul-Aug.	This study evaluates the effects of Florida's participation in the Medicaid acquired immunodeficiency syndrome (AIDS) home and community-based waiver and the use of recently developed AIDS drugs on spending per Medicaid beneficiary. We find that monthly Medicaid spending for waiver non-participants was significantly higher than was spending for waiver nonparticipating. The major reason for the cost difference is that nonwaiver enrollees incurred significantly higher inpatient costs than did those enrolled in the waiver. Although waiver enrollees had higher drug spending, these represent only a fraction of the higher inpatient costs incurred by nonwaiver enrollees. Thus, it appears that adherence to appropriate medications reduces the need for inpatient care. The case management approach of the AIDS waiver may have similar effects for persons with other chronic diseases.
E- ④ -29	Leiva A. Shaw M. Paine K. Manneh K. McAdam K. Mayaud P.	Management of sexually transmitted diseases in urban pharmacies in The Gambia.	International Journal of STD & AIDS. 12(7):444-52, 2001 Jul.	This study aimed to describe the quality and costs of sexually transmitted disease (STD) case management in urban pharmacies in The Gambia, and explore pharmacy workers' (PWs) willingness to improve the STD care they provide. PWs from 24 registered pharmacies were interviewed in order to collect information on their knowledge and practices regarding management of STDs. The same pharmacies were visited by a male 'simulated client' (SC) to ascertain how urethral discharge syndrome (UDS) cases were managed in practice. Fifteen (63%) pharmacies were equipped for treatment of UDS, pelvic inflammatory disease (PID) and genital ulcer syndrome (GUS), according to national guidelines. Appropriate syndromic management for UDS was mentioned by 11% of PWs but actually given to 4.4% of the SC visits. None of the PID or GUS cases would be treated correctly. Forty-two per cent of PWs advised on partner notification, 38% on safe sex and 29% on treatment compliance in the SC visits. The reported costs for treatment of UDS, PID and GUS ranged from \$2.5-\$15.0. The cost of treatment actually purchased by the SC averaged \$3.5 (range \$1.5-\$9.6) for UDS. Excluding the pharmacy sector from interventions will limit the impact of STD control measures. Regular training in syndromic management and rational drug use, with a concise manual for reference are recommended. Strategies to lower the cost of drugs should be explored.

<p>E- ④ -30</p>	<p>Magnus M. Schmidt N. Kirkhart K. Schieffelin G. Fuchs N. Brown B. Kissinger P.J.</p>	<p>Association between ancillary services and clinical and behavioral outcomes among HIV-infected women.</p>	<p>AIDS Patient Care & Stds. 15(3):137-45, 2001 Mar.</p>	<p>The purpose of this study was to evaluate the association between ancillary services, including case management, and clinical and behavioral outcomes for human immunodeficiency virus (HIV)-infected women. Data were obtained from databases systematically maintained by Family Advocacy, Care and Education Services (FACES) and the HIV Outpatient Program (HOP) in New Orleans. HIV-infected women receiving primary care from HOP and ancillary services from FACES between January 1, 1997 and December 31, 1998 were eligible. Data were analyzed using generalized estimating equations (GEE) with STATA software. The majority of women included in the study were African American (86.7%), infected heterosexually (78.8%), and had absolute CD4 counts greater than 200 (58.6%). After adjusting for age, time, entry time into HOP, pregnancy, CD4 count, substance abuse status, and social and clinical stressors, receipt of more than four combined case manager contacts or ancillary services per month was significantly associated with being prescribed a protease inhibitor, improved adherence and retention in primary care, and enrolling on a research protocol. Receiving more than one transportation service per month was significantly associated with improved adherence, improved retention, one or more emergency room visits per month, and one or more hospitalizations per month. Receiving more than one contact with case managers per month was associated with improved retention in primary care. Findings suggest that receipt of case management and ancillary services is associated with improvements in multiple outcomes for HIV-infected women. A client-centered approach to providing ancillary services appears to be effective in improving behavioral and utilization characteristics in this population of low-income, high-risk women.</p>
<p>E- ④ -31</p>	<p>Reif S. Smith SR. Golin CE.</p>	<p>Medication adherence practices of HIV/AIDS case managers: a statewide survey in North Carolina.</p>	<p>AIDS Patient Care and STDs. 17(9):471-81, 2003 . (27 ref)</p>	<p>The primary objective of this study was to examine the adherence-related practices and attitudes of HIV/AIDS case managers in North Carolina. All North Carolina HIV/AIDS case managers (n = 111) employed by agencies that were state certified to provide HIV case management were sent an adherence counseling survey. Negative binomial regression was used to examine the relationship of case managers' characteristics and attitudes with their medication adherence counseling practices. Of the 94 HIV/AIDS case managers who responded to the survey, the majority (65%) reported discussing medications with almost every client. The adherence-related behaviors that case managers most frequently provided were related to monitoring medication usage rather than providing medication instruction. Most case managers believed that medication adherence counseling is part of their role (77%); however, a substantial minority, (36%) did not believe that their adherence counseling skills were adequate. Multivariate analysis revealed that case managers who provided more adherence counseling services reported greater confidence in their adherence counseling skills, believed that adherence counseling is a HIV/AIDS case management role, and had a higher proportion of substance-abusing clients in their caseload. The adherence counseling activities of HIV/AIDS case managers can potentially supplement the counseling provided by other health professionals and promote greater adherence to medications. However, variability in perceived skills and adherence-related activities suggests that the role of case managers in medication adherence counseling needs to be better defined and appropriate training provided to meet the expectations of this role.</p>

E- ④ -32	Vuylsteke BL, Etiegne-Traore V, Anoma CK, Bandama C, et al	Assessment of the validity of and adherence to sexually transmitted infection algorithms at a female sex worker clinic in Abidjan, Cote d'Ivoire.	Sexually Transmitted Diseases. 30(4):284-91, 2003 Apr.	Algorithms for sexually transmitted infection (STI) case management were designed in a female sex worker (FSW) clinic in Abidjan, Cote d'Ivoire, in 1993. The goal was to evaluate the long-term validity of the algorithms for returning clients of the clinic and to assess the adherence of the health workers to their application. A cross-sectional study was conducted from 1999 to 2000 among FSWs attending as returning clients. The prevalences of genital infections were as follows: <i>Neisseria gonorrhoeae</i> and/or <i>Chlamydia trachomatis</i> , 8.2%; <i>Trichomonas vaginalis</i> , 16.7%; bacterial vaginosis, 62.3%; and <i>Candida albicans</i> , 6.2%. The sensitivity of the algorithms was 20% and the positive predictive value was 14% for cervical infection. The proportion of cases for which all steps of the algorithm were correctly applied was 30%. Algorithms for the treatment of STIs in FSWs should be periodically reevaluated and adapted to the changing population. To maintain healthcare workers' adherence to the algorithms, supervision should be ongoing and reinforced.
(小児)				
E- ④ -33	Jerrell JM.	Utilization management analysis for children's mental health services.	Journal of Behavioral Health Services & Research. 25(1):35-42, 1998.	Efficient identification of high-cost child and adolescent consumers of public mental health services using existing utilization and cost data is illustrated, along with analyses that profile these high-cost consumers and demonstrate the effect on total service cost per client of providing case management. The results indicate that providing high levels of case management services is not correlated with reductions in total service costs and that there is a need in the service system for using high-cost case management review techniques to control service utilization and lower costs.
E- ④ -34	Schwoebel A.	Care mapping: a common sense approach.	Indian Journal of Pediatrics. 65(2):257-64, 1998 Mar-Apr.	Because of trends in the health care environment, hospitals are searching for ways to continuously improve the quality of care and to decrease the costs of care. One approach that is gaining widespread recognition throughout the United States is the use of case management and practice guidelines such as critical paths, CareMaps, and in the neonatal field, NeoMaps. The NeoMap is a clinical tool which delineates practice guidelines for each discipline that provide care to a specific infant population. It reduces variation in clinical process and thereby has been shown to improve the quality of infant care. When practice guidelines are linked to both health and economic outcomes, they have significant impact on health care costs. In this paper, case management and the development of the NeoMap will be described in relation to the Intensive Care Nursery (ICN) at Pennsylvania Hospital.
E- ④ -35	Alonzo Gonzalez M, Menendez C, Font F, Kahigwa E, Kimario J, Mshinda H, et al	Cost-effectiveness of iron supplementation and malaria chemoprophylaxis in the prevention of anaemia and malaria among Tanzanian infants.	Bulletin of the World Health Organization. 78(1):97-107, 2000.	Prerequisites for effective interventions against severe anaemia and malaria among infants are economic evaluations to aid the setting of priorities and the making of health policy. In the present study we analysed the cost and effectiveness of three control strategies hypothetically delivered through the Expanded Programme on Immunization (EPI). For the prevention of severe anaemia and from the perspective of the health provider, the cost-effectiveness ratios were, respectively, US\$ 8, US\$ 9, and US\$ 21 per disability-adjusted life year (DALY) for malaria chemoprophylaxis with Deltaprim (a combination of 3.125 mg pyrimethamine and 25 mg dapsone) + iron, Deltaprim alone, or iron supplementation alone. For malaria prevention, Deltaprim + iron cost US\$ 9.7 per DALY and Deltaprim alone cost US\$ 10.2 per DALY. From a sociocultural perspective the cost-effectiveness ratios ranged

E- ④ -36	Storgion SA. Stutts AL.	Transitional care: a multidisciplinary case management-based unit.	Pediatric Nursing. 26(6):564-8, 2000 Nov-Dec.	<p>from US\$ 9 to US\$ 26 for severe anaemia prevention and from US\$ 11 to US\$ 12 for the prevention of clinical malaria. These ratios were highly cost-effective, as defined by the World Bank's proposed threshold of less than US\$ 25 per DALY for comparative assessments. Furthermore, all the preventive interventions were less costly than the current malaria and anaemia control strategies that rely on clinical case management. This economic analysis supports the inclusion of both malaria chemoprophylaxis and iron supplementation delivered through EPI as part of the control strategies for these major killers of infants in parts of sub-Saharan Africa.</p> <p>A major challenge confronting health professionals today is the provision of safe, effective, and quality care for patients with the available reimbursement funds. Multidisciplinary case management meets this challenge by providing planned, coordinated care based on patient needs. Children dependent on technology are logical choices for case management since they often experience prolonged hospitalization and require intervention from numerous specialists. To meet this need, LeBonheur Children's Medical Center in Memphis, Tennessee opened the Transitional Care Unit (TCU), which provides the family with a conducive environment for developmental, social, and educational interaction. A retrospective chart review on 10 patients was conducted to assess the efficiency of the unit. Findings demonstrated a decrease in daily costs and hospital stay. A TCU uses scarce hospital resources while efficiently saving health care funds for the individual patient.</p>
E- ④ -37	Barry TL. Davis DJ. Meara JG. Halvorson M.	Case management: an evaluation at Childrens Hospital Los Angeles.	Nursing Economics. 20(1):22-7, 36, 2002 Jan-Feb.	<p>This prospective, quantitative, and qualitative evaluation of the case management program at CHLA clearly demonstrated the value of professional service coordination of care for children with complex, special health needs. Most specifically, the program documented improvement in three discrete areas of evaluation: 1. Financial, with decreased unnecessary expenditures and increased revenue. 2. Patient satisfaction, documented with validated questionnaires. 3. Clinical process improvement, using quantifiable clinical outcomes. At the very least, case management is an extremely valuable service in the present managed health care environment, and may in fact be indispensable.</p>
E- ④ -38	Al-Mazrou YY. Musa EK. Abdalla MN. Al-Jeffri MH. Al-Hajjar SH. Mohamed OM.	Disease burden and case management of bacterial meningitis among children under 5 years of age in Saudi Arabia.	Saudi Medical Journal. 24(12):1300-7, 2003 Dec.	<p>This study was designed to explore the case management and disease burden of bacterial meningitis among children below the age of 5 years in the Kingdom of Saudi Arabia. A prospective descriptive study was conducted during June 1999 through to May 2001 in 8 hospitals from 5 cities in different areas of the country. Those were, King Fahad Specialist Hospital and Maternity & Children Hospital, Buraidah, Belgorashi General Hospital and King Fahad Specialist Hospital, Al-Baha, Maternity & Children Hospital and Ohud Hospital, Al-Madina, Al-Qatif General Hospital in the Eastern Region and Prince Abdulrahman Bin Ahmed Alsudairy Central Hospital, Sakaka. The study population was 171,818 children under the age of 5 years. During the study period 208 cases of bacterial meningitis were identified, 141 (67.8%) with a definite causative organism: Hemophilus influenzae type b, Neisseria meningitidis, Streptococcus pneumoniae and other bacterial species. The remaining 67 cases (32%) were labeled as aseptic meningitis. A considerable proportion of cases was found to have received an antibiotic prior to presentation. While symptoms such as fever or poor feeding were common among</p>

		<p>cases, meningeal signs were less prominent. A lumbar puncture was carried out on all cases to reach diagnosis by gram stain, latex agglutination test and cerebrospinal fluid (CSF) and blood cultures following standard procedures. The immediate burden of meningitis cases was found to be the lengthy stay of patients in the hospital wards and intensive care units. Some of the main causative agents were resistant to the conventional antimicrobial therapy, but susceptible to newer antibiotics. The study being based on a population based surveillance gave a better overview on causative organisms of meningitis emphasizing that Gram stain, serology of CSF and culture (of CSF and blood) should be used. A high index of suspicion is needed to diagnose meningitis in children. Lumbar tap should be encouraged and supported in terms of training and more authorization to apply in diagnostic tests of such conditions. Audiometric measurement is a crucial need in the assessment of meningitis cases and in the process of their follow up. This type of service is clearly missing in our system. Influential steps are to be planned to avail this service.</p>	
(精神)	<p>E- ④ -39</p>	<p>Farris PW. Case managed mental health care in the San Antonio catchment area: the crisis-intervention unit.</p>	<p>Military Medicine. 162(9):628-35, 1997 Sep.</p>
	<p>E- ④ -40</p>	<p>Wolff N. Helminiak TW. Morse GA. Calsyn RJ. Klinkenberg WD. Trusty ML. Cost-effectiveness evaluation of three approaches to case management for homeless mentally ill clients.</p>	<p>American Journal of Psychiatry. 154(3):341-8, 1997 Mar.</p>

E-41	Clark RE. Teague GB. Ricketts SK. Xie Bush PW. Xie H. McGuire TG. Drake RE. McHugo G.J. Keller AM. Zubkoff M.	Cost-effectiveness of assertive community treatment versus standard case management for persons with co-occurring severe mental illness and substance use disorders.	Health Services Research. 33(5 Pt 1):1285-308, 1998 Dec.	<p>terms of the total costs of treating the participants. However, the assertive community treatment conditions spent less money on inpatient services than brokered case management, but more on case management services and maintenance (i.e., food stamps, housing subsidies, and Supplemental Security Income payments). Assertive community treatment has better client outcomes at no greater cost and is, therefore, more cost-effective than brokered case management.</p> <p>To determine the cost-effectiveness of Assertive Community Treatment (ACT) in comparison to Standard Case Management (SCM) for persons with severe mental illness and substance use disorders. Original data on the effectiveness and social costs of ACT and SCM that were collected between 1989 and 1995. Seven community mental health centers in New Hampshire provided both types of treatment. Persons with schizophrenia, schizoaffective disorder, or bipolar disorder and a concurrent substance use disorder were randomly assigned to ACT or SCM and followed for three years. The primary variables assessed were substance use, psychiatric symptoms, functioning, quality of life, and social costs. PEfectiveness data were obtained from interviews at six-month intervals with persons enrolled in treatment and with their service providers. Social cost and service utilization data came from client reports; interviews with informal caregivers; provider information systems and Medicaid claims; law enforcement agencies; courts; and community service providers. Participants in both groups showed significant reductions in substance use over time. Focusing on quality of life and substance use outcomes, ACT and SCM were not significantly different in cost-effectiveness over the entire three-year study period. Longitudinal analyses showed that SCM tended to be more efficient during the first two years but that ACT was significantly more efficient than SCM during the final year of the study. In an adequately funded system, ACT is not more cost-effective than SCM. However, ACT efficiency appears to improve over time.</p>
E-42	Tyrrell CL Dozier M. Teague GB. Fallot RD.	Effective treatment relationships for persons with serious psychiatric disorders: the importance of attachment states of mind.	Journal of Consulting & Clinical Psychology. 67(5):725-33, 1999 Oct.	<p>Participants were 54 clients with serious psychiatric disorders and 21 clinical case managers. Clients' serious psychiatric disorders included Axis I diagnoses, such as schizophrenia and bipolar disorder. This study examined how attachment states of mind of both clients and case managers influenced the effectiveness of therapeutic relationships and client functioning. Client and case manager attachment states of mind interacted in predicting the working alliance and client functioning. Specifically, clients who were more deactivating with respect to attachment had better alliances and functioned better with less deactivating case managers, whereas clients who were less deactivating worked better with more deactivating case managers. These findings highlight the importance of clinicians and clients being matched in ways that balance their interpersonal and emotional strategies.</p>

E- ④ -43	Blow FC. Ullman E. Barry KL. Bingham CR. Copeland LA. McCormick R. Van Stone W.	Effectiveness of specialized treatment programs for veterans with serious and persistent mental illness: a three-year follow-up.	American Journal of Orthopsychiatry. 70(3):389-400, 2000 Jul.	This is the first study to test concurrently the effectiveness of four treatment programs for patients with serious mental illness. Three-year outcome data on utilization and functioning demonstrated important positive changes for seriously mentally ill veterans enrolled in specialized, enhanced inpatient and community case management treatment programs, when compared to patients in an enhanced day treatment program or traditional standard care.
E- ④ -44	Chan S. MacKenzie A. Ng DT. Leung JK.	An evaluation of the implementation of case management in the community psychiatric nursing service	Journal of Advanced Nursing. 31(1):144-56, 2000 Jan.	This paper reports the preliminary results of a study on the implementation of case management in the community psychiatric nursing service (CPNS). The purpose of the study is to compare the outcome of case management service with the conventional practice of CPNS in the care of chronic schizophrenic clients. Subjects in the experimental group were cared for by CPNS using this case management model. Subjects in the control group were cared for by CPNS based on current practices in the CPNS. Pre- and post-measures were taken upon recruitment and at 5 months later. The impact of case management service on clients' clinical status, functional level and satisfaction was measured. A matched, pre-post, case-control group design was used to compare case management and conventional care groups. A specific case management model based on the practice at Carondelet Saint Mary's Hospital and Health Centre in Tucson has been developed to care for the schizophrenic clients in the community. Findings showed that the experimental group had better outcome in terms of their mental status and functional level when compared with the control group. They were generally more satisfied with the service. When comparing case managers' role with that of conventional CPNS, case managers performed more in areas such as assessment, liaison, case discussion and life skills training. This study demonstrates that this particular model of case management can be effective in caring for clients with long-term mental health problems in Hong Kong.
E- ④ -45	Shwartz M. Stone DA. Camp J. Mulvey KP. Kane M. Plough A.	The value of case management in the publicly funded substance abuse treatment system. The perspective of program directors, case managers and clients.	Care Management Journals. 2(3):139-47, 2000 Fall.	The many purposes of this article is to understand the role and value of case management from the perspective of program directors, case managers and clients. A survey of program directors from publicly funded substance abuse treatment programs in Boston was administered, and in-depth interviews with a sample of program directors, case managers, and clients were conducted. Case management allowed programs to serve more complex clients and increased time available for counselors to focus on the clinical needs of clients. From the perspective of case managers and clients, much of the value of case management came from educating clients about steps they could take to meet their needs and then supporting them in their efforts as they took these steps. Successful steps taken to deal with these needs helped lay the foundation necessary to confront the challenges of treatment. Program directors, case managers, and clients considered case management a valuable enhancement to substance abuse treatment.

E-46	O'Brien L.	The relationship between community psychiatric nurses and clients with severe and persistent mental illness: the client's experience.	Australian & New Zealand Journal of Mental Health Nursing. 10(3):176-86, 2001 sep.	construct an interpretation of the experience of nurse-patient relationships, in the context of community psychiatric nursing. The purpose of this paper is to focus on the experience of the relationship from the perspective of the clients. Themes of 'having someone looking out for me', 'working in collaboration', and 'being understood and gaining understanding' were identified. This thematic structure was used to understand the meaning of the relationship for the clients. Implications for practice, education, clinical supervision and mental health services are discussed.
E-47	Harvey K. Burns T. Fiander M. Huxley P. Manley C. Fahy T.	The effect of intensive case management on the relatives of patients with severe mental illness.	Psychiatric Services. 53(12):1580-5, 2002. (30 ref)	Relatives play a vital role in caring for patients with severe mental illness but receive inadequate support from psychiatric services. Evidence suggests that although intensive case management is directed primarily at patients, relatives may benefit as well. This study examined whether relatives of patients who were receiving intensive case management had more contact with mental health professionals than relatives of patients who were receiving standard case management. It also examined whether relatives of patients receiving intensive case management appraised caregiving less negatively and experienced less psychological distress than relatives of patients receiving standard case management. Pool of patients participating in the UK700 randomized controlled trial of intensive case management. Prospective data on contact between case managers and the relatives of 146 patients were collected over a two-year period. At a two-year follow-up assessment, relatives of 116 patients were interviewed with the Experience of Caregiving Inventory and the 12-item General Health Questionnaire. Considerably more relatives of patients receiving intensive case management had contact with a case manager during the study period than relatives of patients receiving standard case management (70 percent compared with 45 percent). However, relatives of patients receiving intensive case management did not appraise caregiving less negatively or experience less psychological distress than relatives of patients who were receiving standard case management. Reducing case managers' caseloads alone will not guarantee adequate support for relatives. Instead, providing more support will need to be an explicit aim, and staff will require specific additional training to achieve it.
E-48	Saleh SS. Vaughn T. Hall J. Levey S. Fuortes L. Uden-Holmen T.	Effectiveness of case management in substance abuse treatment.	Care Management Journals. 3(4):172-7, 2002 Summer.	Health officials have promoted case management as a promising intervention in substance abuse treatment (Ridgely & Willenbring, 1992). The relationship between organizational mission combined with case management and different types of outcomes has not been explored in studies, but they are worth noting and exploring further. This study, which is part of a larger clinical trial, examined the 3-, 6-, and 12-month effectiveness of case management in a residential setting for individuals treated for substance abuse. Clients who agreed to participate were randomly assigned to one of four study groups. The groups received face-to-face case management and one telecommunication case management, while the fourth was the control group. Results from the analysis revealed only modest support for the effectiveness of case management as a supplement to traditional treatment. The face-to-face case-managed groups achieved improvements on the legal, employment, and psychiatric domains exceeding that achieved by the control group. Because of the short-term follow-up of the study, conclusive evidence of the effects of case management could not be drawn. This study is a

				valuable stepping stone, however, to further research in the field and as an aid to policymakers who are interested in knowing more about the effects of case management.
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