



Thirty Years of Impact, One Question That Just Changed: What Are You Worth Now?

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30 Years of Impact: Driving the Future of Case Management

AI isn't replacing you. It's repricing you.

The scorecard for case management has changed. This session shows you how to read it — and negotiate from it.

OBJECTIVES

- Identify which case management functions are actively being automated or AI-assisted today, and which remain distinctly human.
- Apply a framework for translating case management expertise into language AI-era institutions recognize and reward.
- Develop a personal positioning strategy to increase visibility and value inside an AI-influenced organization.
- Apply professional case management established standards of practice and ethics.



DISCLOSURES

- Patrice Williams-Lindo has no relevant financial relationships with the manufacturers of any commercial products or providers of commercial services discussed in this presentation.
- This session is for educational purposes only and does not constitute legal, financial, or HR/employment advice.
- All case examples referenced are illustrative composites and do not represent any single organization or individual.



ABOUT YOUR SPEAKER

- 20+ years inside the Big 3— Accenture, Deloitte, and KPMG — studying how institutions price human capability, now translating those patterns for frontline professionals.
- Featured in 100+ media placements, including a Good Day Atlanta (FOX 5) segment built around this session's core idea: "AI isn't replacing you, it's repricing you."
- Harvard Business Review Advisory Council member; Founder & CEO of Career Nomad™, the repricing framework now used by case managers, HR leaders, and executives navigating AI-era workforce shifts.
- Creator and host of Built Different™, her own live conference on workforce transformation.



The 30-Year Arc

- For three decades, case management proved its value through outcomes: shorter length of stay, fewer readmissions, coordinated hand-offs, safer discharges.
- That value was measured by humans watching humans— supervisors, payers, and patients who could see the work happen.
- AI changes who's doing the measuring. Value is now being scored by systems that never sat in a single care conference.
- The work hasn't gotten less important. The scorecard has changed— and most case managers don't yet know they're being graded on a new one.



What AI Is Actually Doing Right Now

- Utilization review: AI pre-screens medical necessity and flags cases for human review— or approves/denies without one.
- Prior authorization: algorithms process the routine requests in seconds, leaving case managers the complex appeals.
- Risk stratification: predictive models decide which patients get proactive outreach and which don't.
- Documentation: ambient AI drafts notes and care plans, shifting the case manager's role from writer to editor.

84%

of health insurers now use AI or machine learning in utilization management and prior authorization.

That means the algorithm is often deciding what gets approved before a case manager ever opens the file. (NAIC, 2025)



The Repricing Framework

- See It— identify exactly which parts of your role a system can already do as well as you.
- Translate It — turn your judgment calls into language institutions can measure: outcomes, risk avoided, escalations prevented.
- Prove It — build a visible record of the calls only you could have made and what they saved.
- Price It — negotiate your role, title, and comp based on that evidence, not on tenure alone.



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AUTOMATED VS. ELEVATED

What's being automated:

- Routine benefit checks, standard prior authorizations, and first-pass utilization review.
- Repetitive documentation and care-plan drafting.

What's being elevated:

- Complex appeals, ambiguous medical necessity calls, and multi-condition cases.
- The relationship work — trust with patients, families, and physicians that no model can replicate.

Practical Moves



- Start a monthly log of your judgment calls — which cases needed you, and why the algorithm couldn't have made that call alone.
- Translate outcomes into numbers your leadership already tracks: readmissions avoided, escalations prevented, length-of-stay reduced.
- Ask directly what AI tools your organization is piloting in case management— and volunteer to help evaluate them.
- Update your resume and LinkedIn language now, before a restructuring forces the conversation.

STARTING MONDAY

- Pick one judgment call from this week and write down why AI couldn't have made it alone.
- Send that example to your supervisor— not as a complaint, but as proof.
- Ask what AI pilots are already running in your organization, and ask to be part of evaluating them.
- Reprice yourself before someone else reprices you.

ETHICS & THE CCM CODE OF PROFESSIONAL CONDUCT



- **Legal & Regulatory Integration:** Every AI-assisted recommendation is checked against current federal, state, and local law and reimbursement requirements before it becomes an action—the case manager owns that check, not the tool. (CCM Code, Principle 7; Standard 12)
- **Integrity & Fidelity:** AI output is a starting point for judgment, not a replacement for it — case managers keep their commitments to clients and payors regardless of what an algorithm recommends. (CCM Code, Principle 4; Standard 10)
- **Rights & Dignity of the Client:** Every AI-assisted workflow preserves the client’s autonomy, informed consent, and right to refuse services—technology speeds the process, never overrides the client’s voice in it. (CCM Code, Principle 2; Standard 9)

The Commission (CCMC) Code of Professional Conduct: Principles & The Ethical Tenets, Underlying Values. (2026).

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Centers for Medicare & Medicaid Services. Interoperability and Prior Authorization Final Rule (CMS-0057-F). Effective January 1, 2026.





THANK YOU!

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