

Level Up Your Ethics Game: Mastering Modern Case Management Dilemmas

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Disclaimer

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Objectives

Analyze

Analyze ethical tensions in health care

Advocate

Advocate for equity and transparency

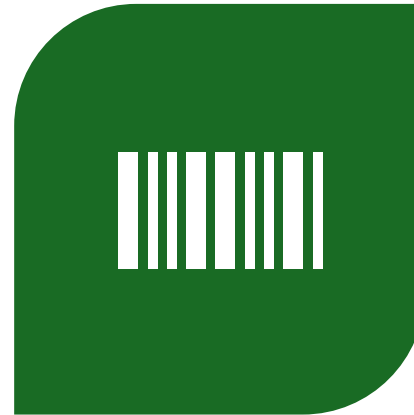
Apply

Apply ethical codes to real-world dilemmas

What Does Ethics Mean To YOU?



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ENTER CODE



MENTIMETER QUESTION: "IN ONE WORD, WHAT DOES ETHICS IN HEALTHCARE MEAN TO YOU?"

Ethical Principles in Action

Justice → Equitable resource allocation



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graph TD; A[Justice → Equitable resource allocation] --> B[Beneficence → Prioritizing patient well-being]; B --> C[Autonomy → Respecting patient choices]; C --> D[Non-maleficence → Avoiding harm through biased algorithms];
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Beneficence → Prioritizing patient well-being

Autonomy → Respecting patient choices

Non-maleficence → Avoiding harm through biased algorithms

Case Studies

Case

Case Study 1: “Data-Driven Dilemma”

Case

Case Study 2: “Referral Network Ethics”

Case

Case Study 3: “Caseload Justice”

Case Study 1: Data-driven Dilemma

Practice Setting: Large Integrated Healthcare System (Hospital & Outpatient Clinics)

Scenario:

You are the Lead Case Manager for a new initiative within a large integrated healthcare system. The system has invested heavily in a new AI-powered predictive analytics platform designed to "level up" patient outcomes by identifying high-risk individuals for readmission and optimizing resource allocation. The platform generates a "risk score" for every patient upon discharge, influencing the intensity of follow-up care they receive from case management.

Recently, you've noticed a pattern. The algorithm consistently assigns lower risk scores to patients from a specific socio-economic demographic, even when their medical complexities suggest otherwise. This results in these patients receiving less intensive case management follow-up (e.g., fewer phone calls, less frequent home visits, delayed access to community resources) compared to others with similar medical needs but different demographics. You've also observed that the initial training data for the AI was heavily weighted with data from higher-income, privately insured patient populations.

You've brought this concern to the attention of the IT department and the system's administration. Their response is that the algorithm is proprietary, validated, and that "the data doesn't lie." They emphasize the need to "trust the technology" to improve efficiency and reduce costs, key components of "leveling up." Your team members, feeling pressured to meet productivity metrics tied to the algorithm's recommendations, are also expressing discomfort. Some even worry about potential accusations of bias if they deviate from the algorithm's recommendations.

Ethical Dilemma

How do you, as case manager committed to patient advocacy and equitable care, navigate the tension between leveraging cutting-edge technology for efficiency and ensuring ethical, unbiased, and patient-centered case management when the technology itself appears to perpetuate disparities?



Ethical Tension: AI Bias vs Patient Advocacy



Which ethical principles are most at play here (e.g., justice, non-maleficence, beneficence, autonomy)?



What specific actions could you take to advocate for these patients while still working within the system?



How can case managers "level up" their critical thinking skills to question and challenge technologically driven decisions when necessary?

Case Study 2: Performance-based Referral Network

Practice Setting: Community-Based Case Management Agency

Scenario:

Your community-based case management agency prides itself on its robust network of community resources, a key aspect of "leveling up" support for clients. Recently, the agency's executive leadership implemented a new "performance-based" referral system. This system prioritizes referrals to partner organizations that offer a rebate to your agency for each successful client placement. These organizations are often part of a larger, for-profit network that heavily markets its services.

You've started to receive client feedback that some of these "preferred" organizations, while offering good initial incentives, may not be the *best* fit for the client's long-term needs, or may even be less accessible for clients with specific challenges (e.g., transportation, language barriers). For example, a preferred skilled nursing facility is geographically inconvenient for a client's family, and a preferred behavioral health program has a long waitlist for culturally sensitive therapists.

However, the agency is pressuring case managers to utilize these preferred vendors, citing budget constraints and the need to "maximize agency revenue" to sustain operations – framing it as essential for the agency to "level up" its financial stability. Case managers who consistently refer to non-preferred vendors are being flagged in performance reviews.

Ethical Dilemma

As a case manager, how do you balance your professional obligation to act in the best interest of your patients, ensuring access to the most appropriate resources, with the agency's directive to utilize "performance-based" referral networks that financially benefit the agency but may not always align with optimal patient outcomes?



Ethical Tension: Financial Incentives vs Client Fit



What does the case manager's ethical principle of "patient best interest" mean in this scenario?



What are the potential conflicts of interest for the agency and for individual case managers?

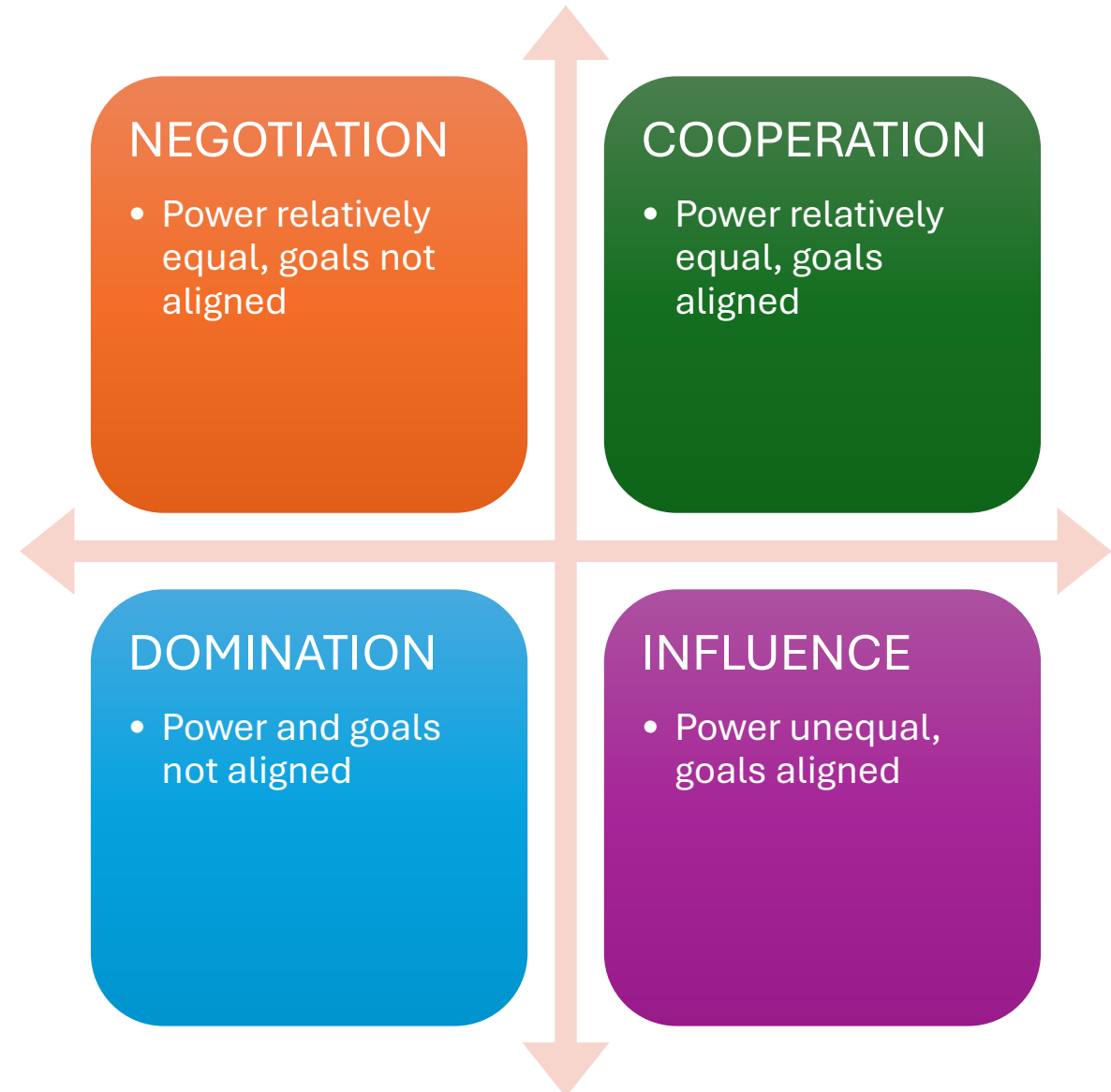


How can case managers "level up" their negotiation and advocacy skills to ensure patient needs are met despite organizational pressures?

Strategies for Ethical Engagement: Case Study 2

•Roles:

*CFO *Case Manager *Patient Advocate *Ethics Officer



Case Study 3: Untapped Potential & Overwhelmed Caseload

Practice Setting: Managed Care Organization (MCO)

Scenario:

You are a seasoned case manager at a large Managed Care Organization. Your MCO is currently undergoing a "transformation" to "level up" its approach to care coordination, focusing on "population health management" and "preventive care." A new initiative involves assigning a cohort of "complex" members – those with multiple chronic conditions, social determinants of health challenges, and frequent hospitalizations – to a smaller group of highly experienced case managers for intensive, long-term intervention. The goal is to reduce healthcare costs and improve quality of life for these specific members.

However, the reality on the ground is that your existing caseload of "moderate-risk" members is still significant and demanding. While not "complex," these members still require consistent follow-up, resource navigation, and support to prevent their conditions from escalating. The new initiative is pulling significant resources (staff, training, technology) towards the "complex" cohort, leaving less support for your current "moderate-risk" caseload.

You are seeing signs of decline in your "moderate-risk" members: missed appointments, medication non-adherence, and increasing urgent care visits. You believe that with proactive case management, many of these "moderate-risk" individuals could be prevented from becoming "complex," ultimately saving costs and improving outcomes in the long run. You feel a strong ethical obligation to all your assigned members, not just those designated as "complex." The MCO's leadership, however, is heavily focused on demonstrating success with the "complex" cohort to justify the new initiative and secure future funding, portraying it as the ultimate way to "level up" the MCO's performance.

Ethical Dilemma

How do you uphold your ethical responsibility to provide equitable and effective care to all patients on your caseload, while navigating an organizational strategy that prioritizes a specific "complex" cohort, potentially leading to the neglect and decline of other patients who could benefit from more proactive case management?

Ethical Tension: Prioritization vs Prevention

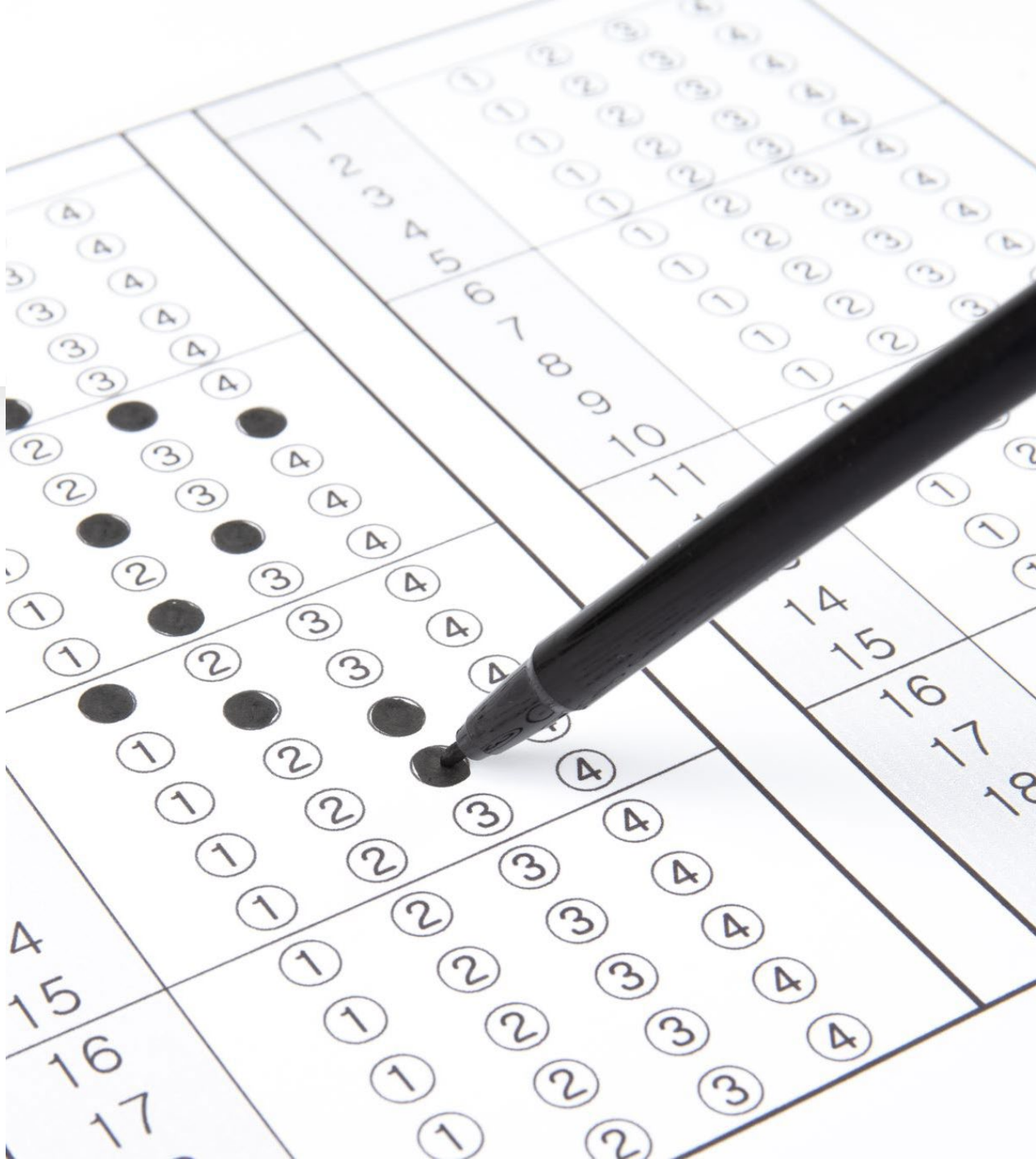
How does the principle of justice apply to resource allocation within an MCO?

How can a case manager advocate for a more balanced approach to caseload management and resource allocation?

What data could you collect or present to demonstrate the value of proactive case management for the "moderate-risk" population?

Tactical Tool For Data Collection

Moderate-Risk Patient Tracker Form



Section 1: Patient Profile

- Date of Entry
- Assigned Case Manager
- Risk Level (Moderate / Transitioning / Escalating)
- Primary Conditions
- Social Determinants Flag (checkboxes: housing, food, transportation, etc.)

Section 2: Engagement and Adherence

- Medication Adherence Issues (Y/N + notes)
- Urgent Care / ER Visits (count + reason)
- Communication Attempts (calls, texts, visits)
- Response Rate (%)

Section 3: Barriers and Needs

- Resource Gaps
- Preferred Vendors Available (Y/N)
- Cultural or Family Needs

Section 4: Advocacy and Action

- Advocacy Actions Taken
- Suggested Interventions
- Supervisor Review Date

Section 5: Outcome Monitoring

- Change in Risk Level
- Follow-up Plan
- Outcome Notes

Level Up Your Ethics Game

Ethics Decision Tree for Case Managers



Which Ethical Principle Will YOU Level Up?

**NON-
MALEFICENCE**

JUSTICE

BENEFICENCE

AUTONOMY

Summary

Analyze

USE DECISION TREE to Analyze ethical tensions in health care

Advocate

USE DATA to Advocate for equity and transparency

Apply

USE POWER COMMUNICATION to Apply ethical codes to real-world dilemmas



THANK YOU!

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