Case referral marks the time at which the ICC gives initial direction and shares specific CCM goals with the ECC. These goals are directed toward our purpose of referral, which is to *help the patient, help the doctor, and help the client*.

Some CCM goals can be achieved immediately; others, only over the long term. To meet the goals, excellent communication must be established among the members of the medical team.

The guiding themes during CCM goal setting are:

·To uphold the right of all patients to make individual decisions about their health care

·To make certain that patients realize they have that right

·To ensure that patients and treating physicians are consulted before any important decisions are made

·To maximize patients' financial benefits, in order to help patients and clients as much as possible

·To clearly identify any issues that might interfere with the provision of high quality, cost-effective care

·To clarify and understand the psychosocial issues involved, including patients' knowledge of community resources and support systems

Here are some initial ways in which we build our CCM goals.

We can *help the patient* by obtaining information about:

·The medical situation and the disease process

The ECC and the ICC should have a good understanding of the usual course of the patient's disease or injury; the prognosis; and commonly used diagnostic procedures, treatments, surgical procedures, and medications.

·The patient's understanding of the illness

Knowledge helps the patient become a wiser consumer of medical benefits. For example, if a woman who has breast cancer has a good understanding of the physical processes that are occurring, she will be better able to decide upon the type of physician she needs, and to evaluate her treatment options.

·The patient's knowledge of the diagnosis

Sometimes, at the request of the family, the diagnosis is withheld from the patient. It is important for the ECC and the ICC not to begin conversations with the patient indicating that they know the diagnosis, until they are certain that the patient is aware, as well. Sometimes the patient's perception conflicts with the actual diagnosis. It is not the role of the ICC or the ECC to correct the patient. Instead, the situation should be brought to the attention of the treating physician.

·Treatment options the patient may have

Are any studies underway that the patient may qualify for, or be entitled to take part in? Does the patient know about options, such as home care? Has the patient considered second opinions? Does the patient have any advance directives? It is important to be aware of advance directives, for they indicate the patient's desired course of action, should the condition become serious or terminal.

·The patient's prognosis, in terms of months or years, as expressed by the treating physician

A prognosis of good, fair, guarded, or poor, is insufficient.

·The patient's expectations about the outcome of the treatment plan

It is important to find out if the patient expects to return to work, with or without restrictions. Patients who are terminally ill may be in a state of denial. The ECC needs to work with them, and not move them along faster within the grieving process than the patient can accept. Otherwise, the ECC may lose the patient's trust, and the patient may no longer accept the ECC's recommendations.

·The patient's knowledge and use of community resources and support groups, such as the American Cancer Society

The ECC should use discretion in recommending resources and support groups. The family may not want the patient to know the severity of the illness — or the patient may know, but may not want family members to know.

Patients may resist joining support groups. It may help if the entire family goes to a group meeting first. Once patients join a group, they usually appreciate the support and feel less isolated.

We can *help the doctor* by:

·Identifying the diagnosis and the treatment plan, and any previous diagnostic or surgical procedures performed

·Providing information about the family situation, and any support the patient has at home

·Determining the physician's understanding of the types of outpatient or home care that can be provided to the patient

Perhaps the treating physician has tried outpatient care with a different patient. The care may not have been reimbursed by the insurance carrier, or the provider may not have provided quality care.

·Determining if there are any obstacles to the physician's plan for delivering cost-effective treatment

It is helpful to ask the physician what the ideal treatment, if available, would be. This allows the physician to express any concerns, or any special reasons for the selecting the current treatment plan.

·Considering alternative treatment plans

Alternative plans can include rehabilitation facilities, transplant facilities, DME, home care services, ambulance services, neonatal intensive care units (NICUs), specialty physicians, and community support groups.

If the patient is receiving chemotherapy in the hospital, it may be possible to give the treatment as safely and effectively in an outpatient setting. Before discussing alternative treatment plans with the treating physician, however, the ICC and ECC need to research the feasibility of such care.