

February 2001 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

I remember back in the early 90's when it was perceived as "taboo" to have Case Managers and "Industry Marketing or Clinical Support" representatives networking together at a Case Management Meeting. How could we have thought that this was in the best interest for Case Management and our clients? Like with many circumstances, "times have changed" and the need to develop relationships and partner with our providers has becoming increasingly obvious!

Working with the "industry representatives" who have supported CMSNE through our corporate sponsorship program has truly enhanced my understanding and respect for the resources and services they can provide to Case Managers and the clients they manage. It delights me to know the degree in which they are interested in supporting the practice of Case Management and working with us to enhance the visibility of our profession!

Support for CMSNE, CMSA, and the practice of Case Management for many of our providers truly goes beyond a financial contribution for overall chapter support, or sponsoring and exhibiting opportunities at our local conferences. For some, the mission to support the practice of Case Management has become a corporate initiative! For example, one of our national corporate sponsors, *Centocor*, has created several company wide national initiatives with the following goals:

- Create face to face or voice to voice meetings with key physicians and key health plan case managers to foster mutual respect and communication thus enhancing the function of the case manager and creating a more cooperative relationship between physicians and the case manager.
- Provide a unique, memorable and positive experience for case managers to learn, express their opinions, and network with colleagues and support and help expand membership with CMSA and their local chapters.

Although I will occasionally find a Case Manager that does not recognize the value of this kind of support, overall we are all beginning to recognize and appreciate the need for this support! On behalf of CMSNE and Case Managers throughout the country, I would like to again thank all of our Industry providers for supporting the practice of Case Management. We appreciate your commitment!

Call now to book our FREE ONE-HOUR CEU PROGRAM titled "***Professional Development Resources in Case Management***" for your Case Management Department!

April 2001 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

We have surpassed the 500-member mark and currently have over 520 CMSNE members, making us the largest chapter of the Case Management Society of America!

Our members consistently tell us their reason for joining the chapter has been networking and educational opportunities. In an answer to this your executive board and committees strive to meet this need through the offering of educational opportunities throughout the New England region. In the first 6 months of this year, CMSNE will have offered to you, their membership a

total of 17 educational programs free or at a reduced rate. Take advantage of the programs in your geographic area, Chapter Extensions are in place in NH, ME, RI and Western Mass to bring programming to you.

Recently the national office published an article on **4 Ways Members and Chapters Profit from Active Membership Programs**.....in summary the article indicates that individuals can benefit from their association membership by:

- Taking advantage of **Continuing Education Programs** - through attendance at chapter educational programs you can learn about and explore professional certification opportunities, new case management resources and techniques and assure your employer and clients of the most informed, qualified case management services.
- **Networking** – it's not only what you know, but also whom you know. The association offers you the opportunity to find thousands of individuals like yourself to build supportive relationship, tap into expertise, swap ideas and discuss mutual concerns.
- **Keeping abreast of latest industry information and research.** Through membership publications you can maintain your knowledge base of cutting edge trends in the field. Keeping yourself up dated on changing legal, regulatory and government issues.
- **Taking part in creating a future** – CMSA is the only nonprofit association solely dedicated to the advancement of case management and to supporting the needs of the case management professional. You are a voice in this organization; help create the future of this profession.

If you would like more information on the benefits of CMSA/CMSNE membership, take advantage of CMSNE's Free One-Hour CEU Program titled **"Professional Development Resources in Case Management"** for your Case Management Department! Contact hours for Nursing, CCM and Social Work available.

Currently we have presented this program to over 500 Case Managers throughout New England! Thank you to all of you who have participated.

In closing take advantage of the opportunities that active membership in the chapter can offer to you personally and professionally.

June 2001 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

Identity..That's What Case Managers Need...Isn't it?

How many Case Managers truly identify themselves with their "roles" as an elite professional within healthcare? Do Case Managers believe that Case Management is its own profession?

Our practice is made up of individuals from multiple professional disciplines.

Isn't it easier to develop an identity based on our "core professions"? As a "nurse," "social worker," or other healthcare professional we can more clearly understand and describe our roles to others. Case Management is still emerging into a "unique" profession. So where do we begin to identify who we are? Through association involvement? Certification?

Less than 15% of Case Managers are certified, and less than 8% of over 100,000 Case Managers nationally are members of their professional association, the Case Management Society of America.

So what does this mean? Do we know who we are?

Is certification the validation many case managers need to feel connected to their profession?... To know their true identity? Perhaps that is why so many Case Managers believe you have to be a "Certified Case Manager" to join CMSA. I once thought this was a "misconception," but now I believe that many Case Managers don't truly identify with their profession, or feel "connected" unless they do become certified.

While providing "chapter outreach," and presenting the *Professional Development Resources in Case Management* program around New England I have become aware that the level and understanding of Case Management as a profession is as diverse as any one thing can be! Many Case Managers are still trying to figure out what they are and what their role is. With new areas of Case Management practice emerging, there is a strong need for Case Management 101 training, as many do not even know that "Standards of Practice" exist.

As a professional organization, we must empower individuals to capture their identity within this specialty profession. We must help individuals to recognize that they are part of a large profession. We must give value to their Case Management identity. This has been a valuable outcome of our outreach projects. After all, how can we be united to educate other professionals and the public about our role if we are still unclear?

August 2001 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

I hope you all have been enjoying the summer and taking some "well deserved" vacation time! By now you have probably all read the July/August Case Report and message from CMSA's President Cathy Mullahy. It reminded me of our March Building Strategies conference where we discussed "Effective Methods of Communicating" with physicians. In short some of the ways we can improve communication are as simple as:

Letter writing:

- Be to the point
- Bullet all points
- Avoid paragraph writing
- Think about a physician H & P, (Medical H&P: History, Medical history, Family and Social, System Review) because this is the way they will be processing information
- Bring your communication to the physicians level

Visits with Patients

- These visits always take longer than a regular visit!
- Bullet discussion points, questions etc. prior to the visit
- Be focused and to the point regarding issues
- Be on time!
- Know what you're looking for and what will be approved up front!

Effective communication strategies will help to alleviate any barriers to the physicians viewing Case Managers as a support.

The New England Chapter has been at the forefront of actively increasing the visibility of Case Management and helping our various “shareholders (consumer groups, physicians, employers, payers, pharmaceuticals, healthcare service providers and students in health care-related studies) understand and recognize the role of the Case Manager.

I would appreciate your input and ideas regarding new ways that we can continue our efforts to make them aware of our role and benefits!

Enjoy the rest of the summer. See you in September.

Professional Development Resources in Case Management

If you haven't already taken advantage of the free CEU program at your place of business, consider having CMSNE come and present ***Professional Development Resources in Case Management***. The program has been developed to provide Case Managers with a comprehensive overview of professional development opportunities and resources offered by CMSA and CMSNE. The program offers 1.2 RN and 1.0 CCM credits. Call the CMSNE office to schedule your program.

October, 2001 Public Relations Update Submitted by Maura J. Lessard, PR Consultant

The Relationships you develop and sustain through Professional Association involvement are priceless to your success as a professional Case Manager!

I am hoping with this newsletter article to capture the energy and feelings that were so evident just a few weeks ago at our 13th Annual Chapter Conference. Can I even begin to do justice in attempting to describe the awesomeness of the relationships that have been created among individuals who have participated in their own professional development and importantly through their alliance with the Case Management Society of New England.

At the conference this year, I especially enjoyed witnessing the relationships and professional support that our chapter members and case management participants share. I am proud to be associated with a group of individuals whose integrity, commitment and professionalism is so grand!

Despite the national tragedy that occurred only two days prior to the conference, very few participants chose to cancel their attendance. Most described the desire to be among colleagues and friends. Like family, coming together allowed us to support one another in a time of great tragedy.

The connection and relationships developed at the association level will help us to rise above the daily challenges we face as Case Managers and give us the strength, initiative, and responsibility we need to move the Case Management Profession forward in spite of many unknown future obstacles in the healthcare industry. Your commitment to participate in this year's conference truly demonstrates that we have the “Association” it takes to establish and move our profession forward.

In reviewing the following definitions, it is clear to me that without the energy and emotion that only human natures bring forward can we truly describe the meanings of such words.

Relationship: the state of being related or interrelated

Association: the act of associating with a partner companion fellow worker

Connection: logical relationship, bond, link

Alliance: a union to promote common interest

Yes I am proud to be an American, I have the opportunity to drive my own professional destiny and to strengthen and to develop deep and lasting alliances through my choice to be an active CMSNE member.

December 2001 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

WHAT ARE THEY TALKING ABOUT: CALL FOR PAPERS? CALL FOR PRESENTATIONS? CALL FOR ABSTRACTS? CALL FOR POSTERS? CALL FOR SYMPOSIUMS?....WHAT DOES THIS MEAN?

For many years as a nurse involved in my professional associations, I received these "Call for Papers" announcements in the mail. Never really understanding what they were, I put them in the trash along with my other junk mail. Perhaps this is something that is learned about in higher education, or maybe I was out the day they taught that in nursing school I thought!

Several years into my nursing career I became involved with the conference committee for one of the associations I belonged to. It wasn't until then that I began to understand what the "Call" was all about.

Not having researched the history behind these "Calls" it made sense that the conference planning committees were interested in finding additional topics relating to current trends in the profession: Knowledge and experiences relating to the overall conference theme, that would allow the audience the opportunity to learn from the sharing of tools and resources utilized by their colleagues.

As I became more involved I further recognized the value of enhanced professionalism that this opportunity brought to the members of the association. By participating in the "Calls" process an individual(s) could truly make a difference by influencing the profession's future direction.

There is always a committee (usually the conference committee) that reviews "Calls" submitted so that they know where, when, and in what format they can plug these into the conference agenda. The "Call" is merely the guideline, directions, and application telling how to submit the information to the committee.

Most "Calls" are pretty straightforward and include these basic components:

- Information on the presenter
- Program objectives and purpose
- ABSTRACT...Just say it like it is...Why did what ever happened, happen?

- Description of the program
- Simple outline of the content that will be presented to the audience

Additionally, some of the more advanced “Calls” may require you to classify your experiences as “clinical practice/program” such as successful programs developed in the workplace or best practices that look at practical approaches to improving a role or how something is managed. They are ideas or concepts that are central to the practice. Or, the focus could be “scientific work that is research/data-based” and much more theoretical in nature.

Furthermore, if the option allows, you may be asked if you would like to get up in front of the audience to present your information; prepare it as an article or paper; or perhaps place the information on a poster, and be there to educate individuals as they visit your poster display.

Most organizations will provide additional contact hours (CEU) to the registrants for the shared knowledge. And, all associations are there to support professionals in the process.

The biggest barriers to professionals not responding to the "Call" are time and the fact that they have never done it before, not to mention that we frequently underestimate the value of our knowledge.

Next time you have an idea for a "call" pick up the phone and call us... we would be happy to assist.

Happy Holidays!
Maura

"Do not go where the path may lead. Go instead where there is no path and leave a trail."
Ralph Waldo Emerson (1803-1882)

February 2002 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

I am pleased to announce that I recently received a scholarship to attend The National Federation for Specialty Nursing Organizations Nurse in Washington Internship. The mission of this organization is to advance specialty nursing practice and its contribution to the health of the nation through shared learning, networking, and collaboration.

The purpose of the Internship program, endorsed by ANA, is to provide nurses the opportunity to learn how to influence health care through the legislative process. Participants learn from health care policy experts and government officials, network with other nurses, and visit members of congress.

Topics include:

- Linking Practice, Policy and Politics
- The future of health care delivery in the U.S.
- Overview of Developing legislation and Implementing Regulation
- Economic Impact of the U.S Health Care Delivery System
- Designing the Federal Budget in light of competing priorities
- Federal Policy: Implications for state government
- The role of special interest groups in influencing health policy

- The role of government agencies and commissions in developing and implementing health policy
- Political involvement and activism
- A day on capital hill visiting legislators with a debriefing at end of the experience
- Accessing Electronic Information on the Internet

I am thrilled to have the opportunity to represent nursing and the practice of case management at this program and will be dialoging with CMSA national to coordinate resources that I can bring to our legislators from the New England area.

I would like to take this time to recognize Carol Gleason, CMSNE's President Elect and past scholarship recipient for encouraging me to apply and recommending me for consideration for this opportunity. Without her leadership I would not have this opportunity. Thank you Carol!

I would also like to extend a warm thank you to Kathleen Sobczak, Executive Director of the AMA Organization of Nurse Executives, and past scholarship recipient for her encouragement and recommendation to consider sponsoring me for this scholarship.

Unfortunately, the program will be held at the same time as our Building Strategies Conference. I will miss seeing you all there!

Stay tuned as I intend to share what I have learned with all of you.

Thanks you,

Maura

April 2002 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

Thank you CMSNE for your kind donation that assisted me in off setting my out of pocket expenses while attending the Nurse in Washington Internship Program (NIWI) this past March! I appreciate all your support!

NIWI was one of the most rewarding programs that I have had the privilege of attending. Being the only "Case Manager" representative in a group of close to 100 nurses representing most of the nursing specialty organizations, it reinforced to me the need and value of our profession-to-profession outreach efforts! Case Managers coordinate all aspects of healthcare, interfacing with a multitude of nurses in specialty practices while coordinating care. These nursing organizations can be a wonderful resource to us as an organization. Many case managers come with specialty nursing backgrounds and can be a wonderful resource to the case manager that practices in a more "generalized" setting. I hope you never take your specialty or "sub-specialty" knowledge for granted! Please let us know that you are a resource in your specialty area by connecting us to your local nursing specialty organization, writing for the newsletter or presenting at a local chapter meeting or annual conference!

On the close of this four-day intensive program many of us spent the day on Capital Hill visiting with our legislators. Fortunately I was able to meet with many of the Senate and House representatives or their healthcare legislative staff members from throughout New England. In doing so, I was able to educate them about the practice of case management and introduce

them to the organization as a resource to them and their staff on issues effecting healthcare. The following legislative offices received information:

Senators: Edward Kennedy (MA) & Senator John Kerry (MA)

MA Representatives: Richard Neal (Springfield), Barney Frank (Newton), Martin Meehan (Lowell), William Delahunt (Quincy). ME Representatives: Thomas Allen & John Baldacci. RI Representatives: Patrick Kennedy and James Langevin.

Since my return from Washington I have asked the Executive Committee for approval to convene a meeting with the Government Affairs Committee, Board Liaison, Executive Director, and myself to:

- Review current bylaws as they relate to government affairs (CMSNE & CMSA)
- Identify backgrounds of individual committee members and what they can offer to this committee
- Explore ideas the committee members may have been thinking about since signing up for the committee
- Identify ways that we can begin to reach out to our state legislators
- Identify three goals that the committee would like to focus on
- Develop an action plan for basic grass root efforts

If anyone not already on the Government Affairs committee is interested in participating in this "grass roots" meeting, please contact me at 413-596-9393 or at EdMgmt@charter.net.

Resources and Websites

- International nursing Coalition for Mass Casualty Education
www.mc.vanderbilt.edu/nursing/coalition/INCMCE/index.html
- National Council of State Boards of Nursing
www.ncsbn.org
- Medicare Payment Advisory Commission MedPAC (Advising the congress on Medicare Issues)
www.medpac.org
- American Nurses Association Government Offices
www.nursingworld.org
- U.S Congress on the Internet
www.Thomas.loc.gov
- Division of Nursing: Health Resources and Services Administration Bureau of Health Professionals
<http://bhpr.hrsa.gov>
- House of Representatives
www.house.gov
- Senate
www.senate.gov
- Other:
www.Healthleaders.com
www.My.webmd.com

Happy Spring, Maura

June 2002 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

I hope by now you are all well on your way to planning your summer vacations! As you travel to new places or visit familiar vacation spots please take the opportunity to spread the word about your role as a Case Manager and let people know about the wonderful things you do accomplishments you make in the delivery and facilitation of health care.

Perhaps while you're in the car traveling, during one of your own family vacation planning meetings or while sitting on the beach with friends and family; think about taking the time to educate them on the importance of your role within the healthcare system and the "identity" challenges case managers are continuously faced with. Discussing these issues with them could very well be the first step to enhancing your comfort with communicating your role to other friends, family members and acquaintances you meet.

Spreading the message about the significance of Case Management in our own lives is the first step to creating public awareness. For every one person you talk to, up to five people will eventually hear the message.

August 2002 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

Hospital Based Case Managers are one of the largest growing areas of case management practice. With continuous change in the industry, we are seeing an increase in members of the CMSA and the New England Chapter from within this setting. Associated with this increased growth is the need for new information that will help us shape and advance hospital based case management for our members throughout New England.

At the national conference in June, the CMSA offered *Blueprints for Hospital Case Management*, a full day workshop that was designed specifically for hospital case managers and based on the feedback, it covered many of the issues currently being faced in the acute care community. This workshop was co-presented by Stefani Daniels who will be joining us at our 13th annual conference presenting *Hospital Case Management: There are no Silver Bullets...just Common Sense*. This session is designed to outline the practical issues requiring consideration when planning a hospital case management program.

Stefani Daniels provides a monthly e-mail newsletter published specifically for hospital case managers. To find further information on how to subscribe please visit the PHEONIX Medical Management web site at www.phoenixmed.net.

Additionally the CMSNE is developing a focus group and continuing education program *Meeting the Growing Needs of the Hospital Based Case Manager: A Facilitated Discussion* to gather further information about how we can continue to meet the growing needs of hospital based case managers. The objectives for this program will include:

- Identify the key functions of the Hospital Based Case Manager that are unique to that practice setting.
- Identify what drives the need for case management in a hospital setting and how this varies depending on the reporting mechanism of the case manager.
- Discuss specific educational needs of the hospital case manager.
- Discuss specific professional development needs of the hospital case manager.

- Develop a listing of key functions of the case manager unique to the proactive setting and educational/professional needs to support that function.

I recently represented the CMSNE at the Picker Institute's International Symposium in Boston. The theme centered on "Improving the Patient Experience". There was a lot of discussion about upcoming mandates in hospital performance measures and the continued need for "evidence based" medicine. Many of the quality improvement researchers and clinicians shared with me stories of their facilities implementing Case Management programs in areas where they found poor quality and high

costs. Low and behold, they have found that the quality has improved significantly and the cost of services

has decreased! The clear solution to many of the quality improvement and patient experience challenges was clear to me after being there only one day.... **case management!** Interesting enough, however, there was little mention at all about Case Management at the symposium!

How the outcomes of these quality improvement initiatives are documented and communicated to the healthcare industry at large is my interpretation of the kind of "evidence based" situations we need to capture.

Discussion of Evidence Based Medicine (EBM) as defined:

- the conscientious, explicit, and judicious use of current best evidence in making decisions about patient care is happening on the CMSA's Acute Care/Hospital Case Management Special Interest Group site.
- Stefani Daniels states that "just as much as EBM is about science and the pursuit of proven treatments over subjective methods, it is also about minimizing risk and legal exposure."

She has created a forum to share your experiences so that we might all learn from each other. Members of this Special Interest Group can comment on how their hospital has introduced the concept of EBM. Were the case managers involved in the process? Is there any evidence of improvement in either cost or outcomes of care?

Do you have any stories to share?

The Picker Institute will hold their 2003 annual conference July 16 –18, 2003 and will be requesting proposals for poster presentations. Perhaps you would be interested in sharing your story on how the implementation of Case Management helped to improve quality and the patient experience.

I look forward to seeing you all at the conference!

October 2002 Public Relations Update

Submitted by Maura J. Lessard, PR Consultant

As the Case Management profession continues to grow and become more highly specialized, professional organizations like CMSNE must continue to assess the unique needs of all case managers from every practice setting throughout the region. Hospital based case management is currently one of the fastest growing segments of case management here in New England as demonstrated at this year's annual conference with the announcement that several of the

Boston Regional Continuing Care Association members will be joining our organization. CMSNE continues to act as a melting pot for healthcare professionals that are moving from roles where they once performed some of the functions of case management; and are now transitioning to a fully integrated case management model.

To better assess the key professional development needs of the hospital based case manager that are unique to their practice setting, CMSNE held a focus group at this year's conference. Fifty (50) case managers from five (5) States representing twenty three (23) hospitals, with six (6) months to sixteen (16) years of experience attended ***"Meeting the Growing Needs of the Hospital Based Case Manager: A Facilitated Discussion"*** to

- Identify the key functions of the Hospital Based Case Manager that are unique to that practice setting
- Discuss specific educational needs of the hospital case manager
- Discuss specific professional development needs of the hospital case manager
- Develop a listing of key functions of the case manager unique to the proactive setting and educational/professional needs to support that function

From this program we were able to identify what CMSNE can do to assist this group of case managers. I am happy to report that all of the information, including a proposed strategic plan, has been summarized and submitted to the Executive Board for their review and development of an Ad Hoc Committee to further develop and to carry out the final action plan. This process has assisted us in identifying the tools and resources necessary to better meet the specific needs of this special interest group regionally.

Utilization of CMSNE's on-line discussion board, accompanied by a newly formed e-mail group will provide a forum for this group and other hospital case managers from New England to continue to dialogue, network and share concerns, resources and ideas. TO START PARTICIPATING in this group, simply contact the CMSNE office (CMSNE@CMSNE.org) and request an invitation to join.

Thank you Peter Moran, Teri Frates and Carol Gleason for assisting with the success of this project.

Maura

December 2002 Public Relations Update

submitted by Maura J. Lessard, PR Consultant

Thanksgiving: A time for giving, a time for sharing!

Case Management is like Thanksgiving year round. Everyday we give of ourselves to patients and families in need. We continuously negotiate the complex health care system as if to make it appear seamless, and easier to navigate. In doing so, we create new systems, programs, and processes that ultimately lead toward better outcomes for your patients and families. Perhaps now that you have given so much personally and professionally, it is time to share all about the remarkable things that you do!

CMSNE is here to support and assist you to develop your individual professional experience by giving you our assistance to help you share your story. Case management provides a service that most consumers are not aware of unless they have first hand experience. We are still challenged with bringing the message about what we do to other healthcare professionals that we work with everyday.

We would like to hear from you about the systems, programs, and processes that you have been involved with. This information, although second nature and often taken for granted by those practicing case management, is newsworthy and sends a powerful message about our roles and profession.

There are multiple ways for us to share information about Case Management. We want to help you bring your story to:

- National Publications
- Regional publications
- The Facilitator
- Our regional conference through the Creation of a Poster presentation
- Our chapter or other case management groups through live presentation or round table discussion

Case Management is in need of evidence based information, the kind of information that you have and are probably willing to share. Please allow us to assist you in making this opportunity a reality.

Have a wonderful Holiday Season!

Maura

February 2003 Public Relations Update

Mentors and Sponsors: The Heart♥of an Organization
Submitted by Maura J. Lessard, PR Consultant

CMSNE is so fortunate to be involved with one of the fastest growing professions in healthcare. While our membership and services are booming, so many other professional associations are struggling. We owe our success to an extremely dedicated group of professionals who have committed to Mentoring Case Managers throughout New England, and sponsorship funding support that allows us to administratively manage our mentoring efforts.

Roughly 5% of our membership has taken their mentoring commitment to a higher level by participating as chapter officers, committee and task force members. These leaders are positioning the chapter to create short term, goal oriented, achievable goals that members can assist in reaching. By creating solid communication systems with a strong emphasis on follow through, impeccable administrative support services and working from a strategic action plan, this board has created a "task force" approach to getting the job done. Members can be guaranteed that their effort and participation is focused, time limited and free of logistical complications and expense...many of the barriers that so often interfere with people wanting to volunteer their time.

Task force and committee work is always the backbone, or "formal" structure to a volunteer organization. But let's not forget the little pieces that make such a difference. Here are ways that can personally benefit you and our membership through career recognition, education and professional experience. Have you ever considered?

- Sharing your experience as a new member or senior member of the organization
- Presenting information on your own specialty practice

- Writing a review of a conference you have recently attended
- Passing along information on a dynamic presenter that you recently heard speak
- Assisting with registration at one of our many programs
- Bringing a non-member to the meeting
- Introducing another professional association to our organization
- Asking your employer to sponsor a CMSNE program at your workplace
- Speaking with a vendor about our organization
- Forwarding us information on a vendor who might be interested in supporting the organization
- Writing for the chapter, or encouraging a colleague to do so
- Informing us if your organization/employer is having education programs

Maximizing your membership through professional involvement will help you to get the best Return on Investment. We know that 80% of those directly asked to “volunteer,” say yes. If 5% are already leading the organization, can we assume that the remaining 15% will assist with the above?

Helping you meet your personal and professional needs! Happy Valentine’s Day.

April 2003 Greetings and Happy Spring!

Maura Lessard, CMSNE Public Relations Consultant

Part of my role as your Public Relations Consultant is to:

- Identify and develop membership building strategy initiatives
- Promote recognition of Case Management and awareness of the organization among key market audiences
- Mentor and encourage members to publish articles and information in local healthcare journals

Here is how you can help...it is as simple as one, two, three!

1. Fax national, regional and state conference brochures/ information related to case management to 888-871-2884 or 413-596-5986.
2. Send an e-mail if you hear any case management news in your area. For example:
 - New case management initiative
 - Case Manager being hired or promoted
 - Self or colleague who becomes certified
 - Self or other member publishing or presenting at an educational offering
3. Call and tell me about the fabulous work you are doing, Case Management process you are involved with, or story so that I may assist you in spreading the word.

Thanks for continuing to support CMSNE’s commitment to Case Managers throughout New England every day!

June 2003

**Coordination of Care: Pediatric Asthma
An Epidemic That Can be Controlled**

Submitted by Maura Lessard, CMSNE PR Consultant

I am not an Asthma Disease Management Specialist, Pediatric Nurse, or School Nurse, nor do I hold a specialty degree, certification or advanced knowledge of respiratory clinically related issues. I am however a Mother, MA taxpayer and Nurse Case Manager.

I recently attended the MA Health Council *"Impact of Asthma on the Health Care System"* The conference was a snap shot view of the epidemiology of Asthma and discussed causes, data/studies, access to care and disparities, guidelines for treatment, economic impact on the healthcare system and prevention models. The information presented was powerful, but I left wondering why Case Management was never mentioned. Are most Case Managers aware of the Pediatric Asthma Epidemic in MA? How effectively is communication of "public health" information getting disseminated to Case Managers and other healthcare professionals that are not involved in government programming, research, or the specialty arena of Asthma disease management? After all, Case Managers, touch these families who are effected everyday.

Presenters came from the MA Health Council, US Environmental Protection Agency, Center for Health and the Global Environment, Harvard Medical School, MA Department of Public Health, Boston Urban Asthma Coalition, MA State Legislature, National Association of Asthma Educators, The Multi-Center Asthma Research Collaborative, Center for Community Health Education, Northeastern University, Boston Medical Center, and Center for Disease Control.

The audience was varied but made up mostly of professionals from the "public health industry" with a very small percentage from private healthcare. Is this because private healthcare is interested in only the "latest treatment options?" It made me realize to a greater degree how much happens in the public policy process and how little the role of private industry may play. I wonder how Case Management is being viewed within the public health system here in MA; What role has Case Management played in the MA Health Asthma program? .How are private industry case management departments integrating what is being learned from public health initiatives?

Here is the real concern: Due to "budget cuts" directly affecting the "public health" in the state of MA, there is a direct impact on the "community's" ability to respond to Pediatric Asthma...thus limiting the ability to manage the overall epidemic!

Real Time Public Policy That You Can Influence!

In December of 2002 The Senate Committee on Post Audit and Oversight created a report ***"Attacking Asthma: Combating an epidemic among our children"*** supported by Senator Cheryl Jacques, chair and the MA Senate President Thomas Birmingham. The Senate committee on post audit and oversight works to ensure that state government is accountable to the citizens of the commonwealth. The committee charge is to monitor compliance with state laws, to act as watchdog to protect taxpayers from waste and fraud, to evaluate the efficiency and effectiveness of state agencies and programs, and to recommend corrective actions through legislation, regulation and administrative initiatives. I encourage anyone with children who have asthma, to request a copy of this report. You can request it by contacting Tobi Quinto, Staff chief and policy expert in Senator Cheryl Jacques' office

(CJacques@senate.ma.us) or find it on the Boston Urban Asthma Coalition website www.BUAC.org.

On July 16th the Joint Committee on Healthcare will be voting on Senate Bill S 535, a Bill proposed by Senator Cheryl Jacques in response to the results generated from the Attacking Asthma report. S535 is an Act to Reduce Asthma Rates and Associated Costs in the Commonwealth that has been referred to the Committee on Healthcare. The goal of this bill is to build upon the work of the state public health tracking system made possible through a CDC grant and included 1) Centralizing information via an asthma registry 2) Language consistency for insurance coverage for education, and medical supplies as agreed upon by the task force of MA Insurance commission 3) Fostering the best learning environment including information on grant money available to school systems for “Green Schools,” and increased public awareness.

Detailed information on this bill and how to support it can be found on the Boston Urban Asthma Coalition website: www.BUAC.org

FYI

Did you know that there are over 10,000 bills that have been filed and fewer than 100 will be passed into law! With this volume bills get easily lost and statistically the chances of passing are poor without enhanced awareness and action by citizens. So where does someone begin? Call, Write, or take the time to testify on Jul 16th: **Key contacts include:**

- **The Senate Chairperson, Dick Moore RMoore@senate.state.ma.us);**
- **Chair of the Joint Committee on Healthcare, Peter Koutoujian (Rep.PeterKoutoujian@hou.state.ma.us);**
- **Chair of the Senate Ways and Means Committee, Theresa Murray (TMurray@senate.state.ma.us),**
- **Chair of the House Ways and Means Committee, John Rogers (JRogers@hwm.state.ma.us)**

Other Supporting MA Asthma Legislation includes:

H.2573 Sponsored by Representative Brian Golden (GSK measure) An Act Relative to Asthma Screening. Referred to the committee on education. No public hearing scheduled.

S.695 Sponsored by Senator Wilkerson. An act establishing a statewide environmental illness incidence registry. Referred to the committee on healthcare. Public hearing scheduled July 2nd.

S.694 Sponsored by Senator Wilkerson. An Act to Reduce Asthma and other health threats from cleaning products used in schools, hospitals, daycare centers, and public housing. Referred to the committee on healthcare. Public hearing scheduled for July 16th.

S. 495 Sponsored by Senator Barrios. An Act to Reduce Disparities in disease outcomes through improved prevention, detection, and treatment for uninsured MA residents. Referred to the committee on healthcare. Public hearing scheduled for July 16th.

S. 1268 Sponsored by Senator Tolman. An act for Health MA safer alternatives to toxic chemicals. Referred to the committee on natural resources. Public hearing scheduled for September 18th.

According to the MA Department of Public Health Asthma Initiatives and Resources 2003:

- In 1998 the President’s task force on Environmental Safety Risk to Children declared asthma a national epidemic. Asthma ranks among the most common chronic conditions in the US and has been increasing in prevalence for the past two decades. In 1995 Asthma affected an estimated of 15 million individuals. Asthma caused more than 1.5

million emergency department visits, about 500,000 hospitalizations and over 5,500 deaths in that year. Both direct and indirect costs associated with asthma amounted to \$11.3 billion in 1998. (NIH 1999)

- The prevalence of asthma had reached an estimated 17.3 million individuals by 1998, a 15.3% increase over a three-year period (CDC 1998). In 2020 Projections predict that Asthma will affect an estimated 29 million individuals.(PEW Foundation 2000)
- In 2001 asthma affected about 460,000 in MA.
- Children less than 18 years of age account for 4.6 million physician visits annually, 750,000 emergency room visits and 214,000 hospitalizations.

The Bad News is:

- Asthma is the most common chronic childhood disease effecting children
- 10% of MA children younger than 18 are symptomatic
- Asthma is a “high” community cost disease
- Over 77 million dollars is spent annually on asthma in MA
- Higher prevalence in the Merrimack Valley, Methuen, Lawrence, and Pittsfield areas.

The Good News its:

- Asthma is a highly manageable illness
- MA is one of seven states involved in CDC’s national environmental health tracking program
- Mortality rate is declining due to guidelines and use of inhaled corticosteroids

Coordination of Services

In response to the public health issues associated with Asthma, The Department of Public Health established an Internal Asthma Work group to identify initiatives and emerging needs related to asthma. Out of this group, the asthma coordination project was established to coordinate departmental asthma efforts and to collaborate with partners across MA to reduce the burden of Asthma in the state.

The list of DPH Asthma initiatives and resources is organized around the DPH’s bureaus, offices and programs that are working to describe and alleviate the effects of Asthma. These include the bureaus of family and community health, environmental health assessment, Health Statistics and evaluation, communicable disease control as well as the office of Healthy Communities and the MA tobacco control program.

Please call for a copy of the MA Department of Public Health Asthma Initiatives and Resources 2003 Guide that includes more detailed information on the organizations partnering in this effort. Contact: Bureau of Family and Community Health; Division for Special Health Needs, office on Health and Disability: Asthma Coordination Project (Jonina Schonfeld @617-624-5955 or Jonina.Schonfeld@state.ma.us).

Additionally the MA Asthma Action Plan and other valuable health Promotion DPH funded materials can be found on <http://www.maclearinghouse.com/catalog.htm>.

Additional Resources:

1. American Lung Association, MA Chapter Program Coordinator Christine Holmze or Executive Director Dr. Carlos Alvarez @ 508-947-7204The Jamaica Plains Asthma Environmental Initiative Resource Guide, Spring of 2003. www.jpasthma.org, 617-971-0863.

2. Attacking Asthma Combating an epidemic among our children: A Report of the Senate Committee on Post Audit and Oversight December 2002 (Thomas Birmingham, Senate President & Cheryl Jacques, Chair)
3. Asthma and Allergy Foundation of America, New England Chapter, Chestnut Hill, MA: www.aafa.org and www.asthmaandallergies.org, or contacting the Executive Director, Patti Goldman @ 617-965-7771.
4. Center for Community Health Education, Research, and Service: CCHERS: National Center for Reducing Disparities in Asthma, Boston MA. ACCESS Project Director, Dr. Dawna Thomas, daw.thomas@neu.edu.
5. Asthma Regional Council Of New England Executive Summary May 2003: Asthma in New England, Dorchester, MA. www.asthmaregionalcouncil.org, 617-451-0049 x 504
6. Guidelines for the Diagnosis and Management of Asthma-Update on Selected Topics 2002: The National Institutes of Health, National Heart, Lung and Blood Institute NIH Publication No. 02-5075, June 2002. www.nhlbi.nih.gov, 301-592-8573.
7. AsthmaActionAMerica.org
8. Targeting high-risk inner-city children with asthma: The Community Asthma Management Program: Conclusion: Intensive case management can improve process and outcome measures for inner-city children with asthma. Further study is needed to identify the specific 'active ingredients' in case management and the threshold 'dose' to achieve these findings (CAMP)
http://apha.confex.com/apha/128am/techprogram/paper_13919.htm

Having limited knowledge in the area of public health I have found it very challenging to navigate the multitude of resources in an attempt to pull them together in this article. In doing so I recognize similarities to what we experience every day as Case Managers; it is often our role to "pull it all together" for the people we work with.

In closing I hope that this information has been informative and resourceful to you both personally and professionally. I can't help but wonder how the Case Manager's role in Chronic Disease will continue to bridge the gap between public and private healthcare policy, programming and disease management and how ultimately we will all benefit from the cost savings associated with a more coordinated healthcare system.