

NURSES' NOTES

Volume Seventeen, Number One

President's Message

by Jacquelyn Smith, RN, BSN, MA, CMCN



As we are about to go into another year and I am about to embark on a journey that I never thought I would take as President of a national nursing association I have fear. That reminds me of something I read a long time ago and that is "at the beginning

of every act of faith there is often a seed of fear." None of us knows what 2012 has in store for us as well. I don't know what being president has in store for me. What I do know is I have been a nurse for 30+ years and that makes nursing who I am.

I have been affiliated with AAMCN since 1995 and working in managed care just as long. I have served on the AAMCN board for 2 terms and have witnessed change. I say all that to say if you want to see change then you have to be change. Over the next 3 years of my term I want to be a change agent or a real solution (borrowing a line from a company I know) for managed care nursing. I would like for each of you to join me on this journey. Let's get the word out there about managed care nursing and AAMCN and what it has to offer. We all should be proud to be a member of the association and willing to contribute where we can with what we have.

My goal is to encourage active involvement from all of our organizations both nurses and medical directors. I challenge all members to not only be personally active in the Association but to also be active organizationally. One last thought I would like to share. During the Fall Managed Care Forum I was afforded the opportunity to talk with members and non members extensively. Someone had the brilliant idea that the associations needed to be available to respond to non member and mem-

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Healthcare Delivery on Micro and Macro Levels

by Trudy Peters

Managed care is a highly diverse, encompassing almost every aspect of healthcare delivery. It is essentially a system of delivery that strives to meet individual members' healthcare needs through the promotion of superior medical care in addition to focusing on population based prevention programs. (AAMCM, 2010). This is accomplished through integrating the delivery of health care services with purchasers, providers and payers.

On the macro level, managed care uses established clinical and quality management programs based on nationally recognized criteria and standards. It also uses contractual arrangements, including fee schedules, with selected professionals and facilities to deliver comprehensive health care services for members. Positive incentives are established for members to encourage their participation with preventive health and disease management programs. The impact is on quality care with a consumer-focused direction. Managed care has increasingly driven providers toward integration of healthcare, reshaping the healthcare industry. (Wolper, 2004).

On the micro level, managed care uses nurse liaisons to work between professionals and facility providers, and the MCOs and community agencies. They function in a variety of roles to include: gathering of data; research and identification of community resources; development of plans of care; coordination of care and services through the continuum; establish, implement, and evaluate client-entered goals; and the measurement of outcomes; and the education of members in managed care plans of all aspects of healthcare.

Current trends seem to indicate that many managed care organizations are leaning towards a more open access. Consumer driven health care plans have become a way to actively engage members in the healthcare arena. This plan incorporates several emerging healthcare strategies that increase consumer awareness of cost and utilization of healthcare services through plan design incentives. They become an informed participant,

and therefore have a vested interest in cost containment and efficiency. (AAMCM, 2007).

Emerging Healthcare Reform

Emerging healthcare reform is leading an unparalleled change in health care and continues to have drastic effects on the evolution of access departments. (Wolper, 2004). It is important to realize what healthcare means to us all. Democritus wrote in 1637's Discours de la Methode that "the preservation of health is without a doubt the first good, and the foundation to all other goods of this life. (Atlas, S., 2010). As for today's perspective, emerging healthcare reform has resulted in new delivery macro models that can improve outcomes and save money. According to the World Health Organization (WHO), 25 million households every year are forced into poverty due to illness and the struggle to pay for healthcare. (WHO, 2009).

Changing priorities, incentives and the rules of the game have created an electronic health record for every citizen who wants one. Large numbers of individuals and their employers pay some money each month into a big pot called a health plan. Those individuals who remain essentially very healthy for many years and then suddenly die, or leave the plan for another reason, wind up helping it to pay the medical bills of those members who are seri-...continued on page 2

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ber questions regarding any of the associations as well to discuss membership.

I am happy to share with you that this was such an excellent idea that it generated more new members than ever before to the associations. I personally want to once again thank all who joined the AAMCN and NAMCP during the Fall Managed Care Forum. I look forward to working with you all.

I wish you all a Happy New Year and a prosperous year.

Jacquelyn Smith, RN, BSN, MA, CMCN
President
AAMCN

Spring Managed Care Forum

April 26-27
Gaylord Palms Hotel
Orlando, FL

Don't miss the chance for the highest quality continuing education, networking with a diverse group of executive managed care professionals and learn about the latest available products and services to utilize in your patient population!

There will be an AAMCN Nurses Reception where nurses attending the conference will be able to enjoy refreshments and network together before the conference begins. The reception will take place on Wednesday evening, April 25. Keep an eye out for the time and location as we approach the conference. Email Katie Eads at keads@aamcn.org or visit www.aamcn.org for more information or to sponsor the reception.

Healthcare Delivery Cont.

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ously ill or injured. Keeping members of a health plan healthy by preventing illness and injury is now being looked upon as a priority for change.

Then there is the on-going argument that healthcare is a right to every American citizen. Many Americans on the other hand, recognize that such a system would present significant difficulties in service delivery, such as long waiting periods for appointments, and even rationing of care in some areas. The question has been raised about who would keep track of the amount of money put into that big pot monthly, as well as who would be in charge of authorizing "necessary" care? (Westafer, 2009). When the expenses are considered for the administrators of such a plan, plus the regulators and the negotiators, what money is left for patient care? Changing priorities are evident here, and they are not all good.

The current trend is an ever increasing cost in health care that may threaten the American economy in the near future. Talk about impact! We know that healthcare costs must be controlled, but how should we go about it. There lies the question of reform. According to the latest researchers, many of today's illnesses and injuries are preventable. (WHO, 2009). The flip side is that physicians, hospitals, and other providers get paid for diagnosing and treating illnesses, not preventing them. According to Bloomberg, compromises are pointing to a layered approach. While employers continue to provide insurance plans, the government sets guidelines for products and prices. Access could become limited to those not covered by the plan, or overcrowded by those that are entitled to claim benefits from the plan. The individual market becomes non-existent. (Broker, 2009).

Looking at changes on the macro level, the entire economy will be affected if the healthcare system changes, or if it continues in the way it is going. On the micro level, you and I, as the individual, will be bombarded with real limitations of care, coverage issues, reimbursement strategies, and numerous changes ethical, moral, and financial dilemmas. My analysis is that reform will come down to a team approach toward preventive healthcare delivery, monitored outcomes, and a system of ever-more managed care driven by quality benchmarks.

References

AAMCN, (2007). American Association of Managed Care Nurses, Managed Care Nursing Practice Standards. Glen Allen, Virginia: AAMCN.

Corporate Corner

THANK YOU to our corporate partners!
(new corporate members in bold)

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Tandem Diabetes Care
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www.verinata.com

Yoh Services LLC
www.yoh.com

Don't forget to check out our corporate partners and their products and services!

Get the Most from Your Experiences in the Work Force

By Nancy Eberhard, RN, BSN, CMCN

I have been lucky enough to become a mentor for the AAMCN. In that capacity I have assisted many nurses in their quest for information of AAMCN, the CMCN certification test and how to navigate the different aspect of new roles they have in managed care. I have learned as much from them as I hope they have learned from me. Late last year I was asked to mentor a nurse. To my surprise her needs were very different from any I have helped with before. She wanted help getting a job in a different area than she had always worked. Since I was certainly no stranger to that, I got to thinking, this is something I have done through my career in order to promote and go after positions which I wanted. I can help her with this. So we began.

Since I have been on both sides of the hiring process, I thought I would share what I look for and also what I do when I am looking for the right spot. I look at what the individual has done. Not necessarily the position they have held that will be recorded on the application. I want to know what their daily/weekly/ monthly work load looked like. What kind of teams they were part of. And what level of engagement did they have on those teams. You need leaders of teams and workers on teams. Not everyone will be the leader of the team every time, so I look for those that have all levels of interaction. Can the person site what actual projects they have worked on? You know the types of questions...Tell me of a time when you>>>> fill in the blank. Well to get in the door you need to tell of those times on your resume, because someone sitting there reviewing a

stack of resumes might pull yours.

I learned early on not to limit myself by what the minimum requirements are. What if I have all the expertise in an area but not the actual title, well why shouldn't the hiring manager know of my experiences and expertise? DON'T ever limit yourself by saying "I know I can do this job, but why apply, they want...." Your resume should never be stagnant; it should be reviewed and rearranged every time you send it out. You are communicating a first impression through your resume. In the newly updated edition of "Expert Résumés for Managers and Executives," authors Wendy Enelow and Louise Kursmark stress the importance of a strong résumé for all applicants. "A vital component of your career management plan is your resume, which must instantly position you as a well-qualified and highly competitive candidate," the authors say. "The easiest way to accomplish that objective is by developing a powerful, performance-based résumé."

I have always written for the job I want. I suggest that is what we all should be doing. Of course you need to know what job you want. Then look for those positions. Take the basics of what the job is looking for and tell of what you have done to meet that need. You may be a claims manager but if you are also a nurse and want to get into QA/Audits then pull on your experiences of auditing the claims and projects you worked on with the QA departments. Use keywords specific to the industry or profession you are looking in. When you use these words and phrases, you are

communicating a specific message, you know what they want and you are the person that can provide that. A resume that focuses on your job functions can be dry and uninteresting and doesn't tell the whole story about what you actually can do with your unique experiences. Make your resume and tool for the hiring manager to interview you from. Once you are contacted for an interview, your resume becomes a guide in prompting your interviewer during your conversation. Also always have a copy of your resume in front of you.

Every interview is a selling opportunity. Selling of a company to the applicant and selling of the applicant to the company. Don't just tell me about yourself and activities, sell me on why you are the best candidate. Telling it is simply stating facts. Selling yourself is promoting yourself and advertising what you have accomplished and what you are experienced in and draws attention to it. Use the "big" and save the "little". Try focusing on the 'big' things -- ROI, new initiatives, special projects, and cost savings ... then save the 'little' stuff -- the details -- for the interview. Be consistent in your format, make information easy to find and define the context in which you worked. Remember that you have to back up what you say. Don't state your skills and qualifications outside the bounds of what is truthful. Experienced interviewers can spot someone that knows what they are talking about and someone that just made up experiences. Be confident in what you know and what you have accomplished in your career. There is only one person with the exact combination of experiences, achievements, education and technical skills that make you YOU!

The Values of AAMCN Membership

By Jennifer Turner

Webster's Dictionary defines a member as simply, "one of the individuals composing a group." However, being a member of the American Association of Managed Care Nurses (AAMCN) makes you more than just one in a group of many. It means being an integral part of an active membership of like-minded managed care nurses focused on improving patient outcomes. Together, we are a team. Henry Ford said it best when he said, "Coming together is a beginning. Keeping together is progress. Working together is success."

We asked our Board of Directors to come up with individual lists of what they thought were the primary values of AAMCN membership. Not surprisingly, many of their lists were nearly identical. The most prominent value, featured in nearly all of their feedback, was networking. AAMCN provides its members with exclusive opportunities to network with other managed care professionals -- and a chance to connect with others from different backgrounds.

Board member Nancy Eberhard, RN, BSN, CMCN explained, "We have a unique resource of individuals with similar interests and concerns for potential collaborative opportunities." It is those opportunities that give members a chance "to discuss issues and possible solutions to those issues," says board member Arlene Perry, RN, MSed, MS, CPHM, CMCN.

Education and the prospect for educational advancement were also high on the board members' lists. AAMCN is bursting with educational features, including online CEUs, webinars, access to professional references and guides through our Online Resource Center, and A Comprehensive Introduction to Managed Care Nursing -- a learner-directed preparatory course for Certification in Managed Care Nursing. Then we have our Spring and Fall Forums, which are in-depth conferences specific to issues and new initiatives in healthcare. "Our conferences are dedicated to the managed care nurse in all aspects. They provide perti-

nent and timely information for the improvement of any managed care program, whether hospital or health plan based," said Eberhard.

Membership in the AAMCN also means getting involved, and we encourage all members to participate in our councils and institutes. The Membership Development Council, Educational Advancement Council, Research Institute and Leadership Institute are open to all members and we value all ideas and contributions. The AAMCN also features a strong mentorship program for the development of nurses new to the managed care field. Most importantly, being a part of AAMCN gives members a chance to "support their chosen career by involvement with the only association supporting managed care nurses," states AAMCN Board President Jacquelyn Smith, RN, BSN, MA, CMCN.

For more information about the AAMCN, please visit our website at www.aamcn.org or call (804) 747-9698. You can now follow AAMCN on Twitter: @AAMCN and on Facebook by searching for AAMCN!

Welcome New Members!

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Lamprey Health Care

Linda Allen, RN
Health Net Federal Services

Agnes Almeida, BSN, RN, CCM

Dawn Anderson-Gary, BSN, MSM
USPHS/DHS

Rhonda Andrews, RN
The Medical Review Group

Marie J. Anglade, RN
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Kathleen Archer, RN

Caryl Armand, RN, BSN, CCM
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Judith Ayres, RN, CCM, ABQUARP
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Amy Beste-Fong, RN
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Shelia Brooks, RN
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Jennifer Bundy, RN
PrimeWest Health

Mindi Burdlick, RN
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Skagit Regional Health

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An Update on the AAMCN Research Institute

By Sheryl Riley, RN, OCN, CMCN

The development of the American Association of Managed Care Nurses (AAMCN) Research Institute was brought about through the interest and enthusiasm of nurses in our organization who expressed a passion and need for more pertinent clinical research. These nurses were not only interested in the outcomes of the research but the interventions and or actions that will be derived from such studies.

In the next few paragraphs I will do my best to describe how the committee decides on a topic for research and the commitment it takes to bring that idea to fruition. The expectation of this explanation is that you will see the value and challenges faced and encourage you to take part in this ground breaking institute. At this point in time we have discussed and vetted two different research suggestions. The first topic is centered on the concept of "Transitional Care" and the second topic deals with "Understanding the Public's Perception of Case Management".

The process is exciting and interactive in which members' present ideas and then there is a scheduled period of verbal exchange in order to explore the topic, research is performed on the topic or idea in the literature as well as with other colleagues in the industry. All of the preliminary research is sent to the group for independent review. We then exchange emails and make certain we feel the idea has been "vetted".

After that we have a brainstorm session to allow the group to discuss our individual findings and make a decision about the viability of this research project and the work product. We must determine the goal of this study and what we expect to achieve as an end point. One of the most important aspects of this process is to determine whether there will be an inherent value for managed care nurse and their patients or care in general.

Questions we must ask:

- What is happening on this topic already in the literature or industry?
- Is there currently variation of this study already in existence? If the answer is yes, how does our project differ, scope, outcome and action?
- Who currently is studying this topic and what is their stake in the project?
- Do you think there will be funding to support

our study?

- Is there any possibility for a grant?

- What will we do with the results, what impact will it have on Managed Care Nursing, patient care and cost of care?

Once all the data is compiled and we agree to go forward with the project whoever presented the idea then heads the team. It will then be their responsibility to delegate the different responsibilities needed to achieve the goal of completing the study.

The team leader will at that point ask for volunteers to handle specific tasks or they can be assigned to members. We all work independently but can communicate through a web page on American Association of Managed Care Nurses web site (www.aamcn.org) or via personal email. The team leader is responsible for time management and timely completion of all tasks related to the project.

Each topic may have a different end point as we discuss in the text above, such as;

- Article for publishing, based on the research as well as the outcome and interventions or actions derived from the study

- Survey to be designed and published

- Grant opportunities to study topic further

- Further research based on our findings

Though this may seem like an insurmountable task I assure you that it is a marvelous opportunity to work with colleagues and it is easier than you think. One way that you can test my theory of how easy it would be is to perform your own micro experiment utilizing your own data at your current job.

You will see by this example how easy it is to make a difference in the care you give by just doing a little research.

Here is what I would like you to do.

1. Pick a certain population of members you work with (diabetes patients, hypertension patients etc.) and a certain time frame (3 months, 6 months)
2. Pull a claims file on that population
3. Pick one measurement (A1C, Blood Pressure). Make this easy go with HEDIS mea-

asures!

4. Identify what your intervention was

5. From a claims review, what was the starting and ending measurement?

6. Did all receive your intervention?

7. Did those that receive your intervention have better outcomes?

8. Send a summary article explaining your analysis to AAMCN for publishing

My hope is that you will read this and begin to conduct some of your own research and then join us and share it with all of us as well as the organization. We are always stronger by sharing ideas and learning from each other.

There are a couple of sayings that I try to live by, that I would like to share with you

"Is knowledge really knowledge when it is only known by one person"

"We are only limited by own short sightedness"

Begin your quest today for more knowledge and someone to share it with.. the AAMCN Research Institute and membership! Contact Katie Eads at keads@aamcn.org or 804-747-9698 for more information on the Research Institute.

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Michelle Nichols, RN
Oregon Health and Science University

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From the Thoughts of a Diabetes Educator

By Navalee Loriston, MS, RD, LDN, BrightSky Diabetes Educator

When I started as a diabetes educator with BrightSky, I originally thought that people's uncertainty about the types of foods they should be eating would be what I heard as the most difficult part of living with diabetes. However, after counseling many patients, I now realize how important it is to take a step back and first make sure that our patients understand what diabetes is, the complications and side effects of it, and most importantly, the importance of testing their blood glucose. I found myself quite surprised that many of our members were testing themselves as their doctors recommended; however they didn't understand why they were doing it and what those numbers meant. When members were asked about testing their blood glucose and their numbers, I was getting very vague responses such as, "good" or "I think they are okay". After further questioning, I realized that our members needed a lot more than food suggestions; they needed overall education and reassurance of things they already knew.

Because many physicians are unable to, or do not have the time to spend with patients and fully discuss diabetes management, that leaves the duty of education on all other healthcare providers that come into contact with patients. I now approach diabetes education in a new way. I start with making sure that our members understand what diabetes is and the complications that can arise if they do not learn to manage diabetes. I follow that

with informing them of the American Diabetes Association's recommendations for optimal blood glucose levels. Then, I get more specific and help them find ways to stay within these ranges by making food suggestions and helping with meal planning and exercise. This is where you as case managers also play an integral role in the lives of your members! Take a page from my book and never assume that because a member has had diabetes for some time that they know the best ways to help themselves. Continue to make yourself available to them in every aspect of their care by asking open-ended questions. This will help you to gauge what each individual knows and what they need to know to properly care for themselves.

When speaking with your members, try using these tips to generate conversation:

- Be mindful of warning signs, such as hesitancy in speech, which indicates that a patient may not truly understand what is happening to them.
- Ask questions that relate to "old school" care of diabetes to determine if patients are aware of all the advances in diabetes management.
- Ask the member why they feel it is necessary to test as often as their physician has recommended.
- Acknowledge the member's possible feelings of pressure to make a lifestyle change that they may not feel prepared for.
- Ask your members to take notes while you

speaking. At the end of your conversation, ask your member if they understood the points that you made and ask to summarize if necessary. Wait to correct any misunderstandings.

- When suggesting changes, ask if the member feels comfortable changing only one thing per week.

- Motivate members to believe that the final outcome is within their control.
- Help members to identify their support network.

The one-on-one telephonic education started as a pilot program in our Florida branch. However, providing education to members is not new; we have been doing it for years. Whether from an educational newsletter in shipments, a HEDIS-focused flyer in member shipments, or educational seminars conducted by CDEs in local physician offices, education has been at the core of our philosophy. We have also been hosting educational seminars in the community for years with the MI/NW Ohio American Diabetes Association. Overall, the goal for all healthcare providers should be to get members involved and interested in their own care. Our work to educate our members is one way that BrightSky is more than a diabetes supply company (we've talked a few times in Nurses Notes that we do more than "put strips in a box"). We take a step further by focusing on self-management support and education in order to offer the best services to our members and provide other healthcare professionals with information that can help them provide well-rounded care. Please visit us at brightsky.com for more information.

Congratulations New CMCNs!

Cheryl Auer, RN, CMCN
Anthem/Wellpoint

Bonnie Benitez, RN
Health Net Federal Services

Deirdre Berrebie, LPN
Greystone Healthcare Management

Amy Bolas, RN, BSN
Health Net Federal Services

Judith Bradley, RN
Health Net Federal Services

Christina Brown, RN
Health Net Federal Services

Sharon Cojocar, RN, BSN
Health Net Federal Services

Marie Danser, RN, BSN
Greystone Healthcare Management

Barbara Anne Dixon-Pruitt, RN
Health Net Federal Services

Laura Giglio, RN
Health Net Federal Services

Julie Gregory, LPN
Greystone Healthcare Management

Elizabeth Hix, RN, CMCN
Anthem

Darrin Joy, RN
Greystone Healthcare Management

Pamela Kautz, LPN, CMCN
Humana

Bobbi Kinner, RN, BSN
Health Net Federal Services

Tabatha Kopenski, RN, CMCN
Grand Valley Health Plan

Lorie Maczko, LVN
Gulfquest

Elisa McMillan, LPN
PEHP

Maury Meredith, RN, CMCN
DHS/ICE/ERO/IHSC

Joanne Mitchell, RN, CCM
Health Net Federal Services

Sheila Najor, RN
Health Net Federal Services

Juanita Perez, RN
Health Net Federal Services

Susan Poulos, RN
PEHP

Eva Quisenberry, RN
Health Net Federal Services

Joyce Saigeon, RN
Health Net Federal Services

Sue Saunders, RN, CMCN

Katherine Sliva, RN, CMCN
Grand Valley Health Plan

Cheryl Sours, LPN, CMCN
Humana

Deborah Spear, RN, BSN, CMCN
Mercy Care Plan

Nicole Thomas, RN, BSN
Health Net Federal Services

Jimmie Ward, RN, MBA
Health Net Federal Services

Angela West, RN, ASN, BS, CMCN

David Wong, RN
Health Net Federal Services

Barbara Ann Woodley-Mayo, LVN, CMCN

Welcome New Members!

Ibitola Obembe, RN, BNsc
Chistus Spec - Hosp Nig Ltd

Sally O'Brien

Margaret Kay Parker, LPN
KayCare

Patricia M Pecqueux, RN, MSN
United Healthcare

Joanna Petrenko, RN
Health Net

Kelly Phillips, RN
BCBS of TN

Jenelle Piecre, RN
Independent Care Health Plan

Edwina Raines, BSN, RN
BCBS of TN

Barbara Rangchi, RN
Health Net Federal Services

Kathleen Ransone, RN
VITAS Innovative Hospice Care

Christina Reilly, RN
Health Net Federal Services

Betty L. Riddle, RN, BSN, CCM
UNC Hospitals

Suzanne Ring-Wagner, RN
Kindred Healthcare

Donna Roddy, MSN
BCBS of TN

Bernadine Roggenstein, RN
Health Net Federal Services

Vicki Ross, RN, CCM
Health Net Federal Services

Deborah Russell, BSN, CCM
BCBS of TN

Susan Saakes, RN
Rhodai Inc.

Michael Sambroak, RN
United Healthcare

Michael Sanders, RN
Lompoc Valley Medical Center

Gina Satmary, RN, BSN
United Healthcare

Laurie Schilperoort, BSN
ODS Companies

Dawn Jeanine Scoggins, RN
BCBS of TN

Holly Sellers, LPN
The Kingstree Group

Karen E. Senst, RN
Blue Cross Blue Shield of Kansas City

Ruth Shaffer, RN
UPMC Northwest

Dawn Shahan, RN, CCM
CoreSource, Inc. A Trustmark Company

Kathryn Shea, RN
GENEX Services, Inc.

Sherry Shelton, RN
Health Net Federal Services

Daria Siciliano, RN
Florida Health Care Plans

Kimberly Sklebar, RN
Sanford Health

Deborah Spear, RN, BSN

Erin Swanton, RN
North Shore Community, Inc.

Lini Teal, RN
Kaiser Permanente, Downey Medical Center

Deborah A. TeBouth, RN, CCM
Southern Regional Medical Center

Theresa Thomas, RN
Keystone Mercy Health Plan

Tammie Thompson
Aultman Hospice and Palliative Care

Jeanine Tome, RN
Allscripts

Kimberly Trabing, LPN

Audrey Renee Tuders, RN, CCM
BCBS of TN

Margaret Tunstall
Select Health of South Carolina, Inc.

Fawn Turner, RN
Amerigroup Community Care

Janet Tyrus

Diane Vannatta, RN
Health Net Federal Services

Linda Vaughan, RN, CCM

Cook Children's Health Plan

Jane Vogt, RN, BSN
Dakotacare

Dawn Wainright, RN
Kaiser Permanente, Downey Medical Center

Lolitha Wallace, LVN
Harris County Hospital District

Kathryn Ward, RN, CCM
Mike O'Callaghan Federal Hospital

Barbara Washington, RN
Health Net

Karen West, RN, MSN, OCN
CIGNA Healthcare

Cynthia Whitaker, BSN, RN
BE Smith

Patrice Williams, RN
Medicare HMO Replacement

Della Williams, RN
BCBS of TN

Sherry Wiseman, RN
BCBS of TN

Derrick Wyatt, BSN, RN

Liliya Zebrova, RN, BSN
Health Net

Debra Zona, RN
Plyouth Bay Medical Associates

Jeannie Zupan, RN, BSN