

# NURSES' NOTES

Volume Sixteen, Number One

## President's Message

by LaNita Knoke, RN, BS, CMCN



It never ceases to amaze me how fast time flies. Incredibly, the Spring Managed Care Forum is almost here and just in case you missed all of the announcements, it is being held at the Gaylord Palms in beautiful (and sunny!) Orlando, Florida. I

hope each of you have made plans to join us for this educational forum that will also give you the ability to network with your peers. It truly is an awesome opportunity to meet others working in your same field.

I do want to take a moment to recognize the team at AAMCN headquarters in Glen Allen. They have recently initiated membership drives to increase our numbers and most recently unveiled the new AAMCN website. The new site has interactive networking features and social media capabilities, allowing for more communication between members and discussion among those working in similar areas. If you have not been on the website or you did not receive instructions on how to get in to the members section please contact Patti and discover all the new initiatives that have been included with the new site.

Recently, I have been thinking and researching patient accountability and the role nurses play in the education of this concept. I believe managed care nurses - especially ones working in case management - have a tremendous opportunity to impact the way a patient not only sees and relates to their disease process but also take ownership of what they can do to impact their disease. Their own involvement and management of their care can change how not only they see themselves but how others can see them as well. It is food for thought as we move through our days. Just

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## Advance Your Knowledge through Networking

by Richard Yadon, CPC, CERS

Networking is a critical part gaining knowledge and furthering a career. Often, professionals will admit that networking is their least favorite part of expanding their career and job knowledge. Networking, like all other uncomfortable tasks in life, can be avoided with a variety of excuses. These excuses need to be addressed, evaluated and then overcome. Networking is absolutely necessary if you want to create more contacts in your profession, broaden your understanding of professional issues, or to advance to the next level in your career.

The following are a few of the common excuses given when some doesn't want to network:

1. I'm too busy - first define what "busy" means. We can all be too busy to avoid doing things that we don't want to do. You need to prioritize your life and see where your professional advancement falls in order of importance. If you make only one new contact every week, that is 52 new connections and professional resources every year! You are not too busy to meet one new person each week!
2. I'm too shy - this is a very common statement. The truth is that most people feel that

they are not outgoing enough to network. If you attend an event focused on networking, you need to remind yourself that most of the professionals there are also uncomfortable. You need to stay focused on the reason why you are at the event. It is not necessary for you to make friends or to talk with numerous people. It is more effective to watch, listen and then make your move. One additional approach is to talk with others with the idea that you might be able to assist them. Keep in mind that quality contacts are better than a quantity of contacts.

3. I really don't need help from others - this excuse doesn't really count as an excuse! In the rapidly changing managed care industry, you need help from anyone who will help! If you need new information or help with something networking is as simple as asking others to keep their eyes open for you.

While the word "Networking" may initially seem like a lot of work. It may also seem intimidating. The truth is; it is necessary and effective to become the best you can be. Once you practice the skill of networking, your confidence will build and you will be amazed at the number of ways you'll learn and grow in your career.

## AAMCN Announces New Website with Member Section

The American Association of Managed Care Nurses is pleased to announce a new website, featuring a member-only accessible area! The new website enhances the member benefits of AAMCN dramatically, allowing for real-time communication, interactive networking and social media capabilities.

Through utilizing the member-only section, members can post questions, provoke discussion on certain topics, and gain further understanding of the various dynamics of different roles within managed care nursing. Additionally, corporate partners have the ability to access the member-only section, which not only increases their member benefits and return on investment, but also solidifying their partnership and support of managed care nurses.

We hope that you will enjoy exploring the new website and please provide us with any comments or feedback as you navigate the many new features available!

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## President's Message cont.

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think of how an increased commitment to wellness even in those with chronic illness can make on the health of our communities and even our nation.

There are many challenges in today's world and they seem to come at us from many angles no matted what our profession. This is evident by the slew of recent disasters, most prominently the earthquake and subsequent tsunami in Japan. They tend to make us stop, think and re-evaluate our circumstances and I hope as time allows us to dig deep to determine how we can help others who are less fortunate. We live in the most diverse and wonderful country with so many opportunities. I think we forget that as we move through our day to day worlds. Take a moment today to reflect and be grateful for the rights and opportunities afford us every day in the United States, and maybe at the same time you can say a prayer for those less fortunate especially anyone living in the areas so devastated by nature.

## Mark Your Calendar!

### Fall Managed Care Forum

**November 10-11, 2011**

**Bellagio Hotel  
Las Vegas, Nevada**

**Don't miss the chance for the highest quality continuing education, networking with a diverse group of executive managed care professionals & learn about the latest available products and services to utilize in your population, all with a fun-filled backdrop of Las Vegas at the Bellagio Hotel!**

**Be sure to keep an eye out for more information this summer at [www.aamcn.org](http://www.aamcn.org). If you have any questions, please contact Patti Hulcher at [phulcher@aamcn.org](mailto:phulcher@aamcn.org) or 804-747-9698!**

## "An Introduction to Managed Care Nursing" Textbook Update

by Rebecca McSwain, RN, MA, CPHQ

AAMCN sent an email request for volunteers to participate in the Textbook Update Review Committee which is tasked with reviewing and revising the textbook, [A Nurse's Introduction To Managed Care](#). After a review of nurses' credentials, the following individuals were welcomed as the 2010 Committee, Jenny Abbott, Jan Gilbert, Rebecca McSwain, Liz Spero, Cathy Lien, Jenny Abbott, Susan Kosman, and Pamela Day. This diverse group of nurses brought the committee "many" years of not only clinical nursing experience, but managed care experience from various sectors of the managed care arena.

The Committee held its first meeting on April 29, 2010 and this set the ground work for the committee's work. The goal was to complete the review by end of the year and attend a conference call meeting every other week for 1 hour. The nurses dived in and began their quest of reading each chapter, line by line.

Before each meeting the committee members received a draft of the recommended changes that had been submitted by each member. Based on the consensus of the group as well as the supporting research, the changes were approved.

While the committee members had the task of reviewing, researching and revising each chapter, we as a group could not have accomplished this task without our wonderful facilitator, Ms. Patti Hulcher, Executive Coordinator, AAMCN. Ms. Hulcher was instrumental in keeping all of the notes, re-writes, and literature references in an organized fashion and ensured that we continued on track.

As the year came to an end, we wondered where had the time gone...and realized we hadn't met our goal of completing the review by end of 2010. We were close, two more chapters to go and the glossary! Our last meeting was held on February 17, 2011 and final draft was ready by February 25, 2011.

As your 2010 Committee, this has been a wonderful opportunity, a fantastic journey and we hope to meet each other at some point in the not too distant future! Lastly, from all of the 2010 Committee Members, we want to once again give a BIG THANK YOU!! to Patti for all her hard work and effort because she was instrumental in the success of this project.

## Corporate Corner

**THANK YOU to our newest Corporate Partners:**

**Humana  
ResMed Corp.  
Scrub Shopper  
Yoh Healthcare**

Actief Case Management, Inc.  
[www.actief-cm.com](http://www.actief-cm.com)

CareSource  
[www.caresource-ohio.com/en/default.htm](http://www.caresource-ohio.com/en/default.htm)

CaridianBCT  
[www.caridianbct.com](http://www.caridianbct.com)

Dexcom, Inc.  
[www.dexcom.com](http://www.dexcom.com)

Gilead Sciences, Inc.  
[www.gilead.com](http://www.gilead.com)

Great Lakes Medical Supply  
[www.glmssupply.com](http://www.glmssupply.com)

Health Career Professionals, LLC  
[www.HealthCareerProfessionals.com](http://www.HealthCareerProfessionals.com)

Hill-Rom  
[www.hill-rom.com](http://www.hill-rom.com)

Humana  
[www.humana.com](http://www.humana.com)

iScience Interventional  
[www.iscienceinterventional.com](http://www.iscienceinterventional.com)

iScreen Vision  
[www.iscreenvision.com](http://www.iscreenvision.com)

Landacorp, a SHPS Company  
[www.landacorp.com](http://www.landacorp.com)

Medtronic Xomed  
[www.xomed.com](http://www.xomed.com)

Pritchett and Hull Associates, Inc  
[www.p-h.com](http://www.p-h.com)

ResMed Corp.  
[www.resmed.com](http://www.resmed.com)

Scrub Shopper  
[www.scrubshopper.com](http://www.scrubshopper.com)

Tandem Diabetes Care  
[www.tandemdiabetes.com](http://www.tandemdiabetes.com)

The Scooter Store  
[www.thescooterstore.com/managedcare](http://www.thescooterstore.com/managedcare)

Watermark Medical, Inc.  
[www.watermarkmedical.com](http://www.watermarkmedical.com)

Yoh Healthcare  
[www.yoh.com](http://www.yoh.com)

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

# Value, Not Price

by Sean Mahone, President of Great Lakes Medical Supply

Value is easy to define when we're talking about tangible goods. A 3-in-1 jacket for 50% off that you can wear for multiple seasons, buy one get one free packs of frozen chicken, a new piece of furniture in the closeout section of the store. Value tends not to be so easy to define when we talk about health care services.

In previous editions of *Nurses Notes*, we've talked about where true costs of diabetes lie. Despite the current mindset, your true diabetes costs are not in spending on test strips or medications...they are in the clinical costs of your members. In our past article "Leveraging Resources and Raising the Bar to Improve Diabetes Management," we wrote that, according to the American Diabetes Association, the average individual with diabetes costs their health plan \$11,744 every year, with 12% of costs relating to diabetes medications and supplies.

With such a small percentage (relative to the total) of diabetes spending in products, why are we paralyzed in the mindset that we must drastically reduce the cost of test strips to control diabetes spending?

Let's use this exercise to help you understand where your true diabetes costs lie. Below in brackets is an example of a sample plan. For this exercise, we'll use a reimbursement of \$30 for a box of test strips and \$10 for a box of lancets. You can also fill in your plan's fee schedule and population to figure out how much you actually spend on diabetes.

A. Current reimbursement for a box of test strips, A4253: [\$30] Your plan: \_\_\_\_\_

B. Times this number by 2: [\$60] Your plan: \_\_\_\_\_

C. Current reimbursement for lancets, A4259: [\$10] Your plan: \_\_\_\_\_

D. Add lines "B" and "C". [\$70] Your plan: \_\_\_\_\_

This is what, on average, you spend per member per month for diabetes supplies. Average blood sugar testing is about 2 times per day.

E. Population of members with diabetes: [1,000] Your plan: \_\_\_\_\_

\*Note, if you don't know this figure, you can estimate approximately 5-10% of your total covered lives.

F. Times "E" by \$11,744, the annual cost of one person with diabetes according to the American Diabetes Association. [\$11,744,000] Your plan: \_\_\_\_\_

This figure is the total annual cost of diabetes for your plan.

G. Multiply "D" and "E". [\$70,000] Your plan: \_\_\_\_\_

H. Multiply "G" by 12. [\$840,000] Your plan: \_\_\_\_\_

This is the total spend per year on diabetes products for all of your members with diabetes.

I. Divide H by F and times by 100. [7.2] Your plan: \_\_\_\_\_

This is the percent your plan spends on diabetes testing supplies relative to total diabetes spending.

J. Subtract that number from 100. [92.8] Your plan: \_\_\_\_\_

This is the percent of spending you may be ignoring if you don't look at clinical costs.

Using our figures, this plan would ignore the vast majority (92.8%) of their spending if they

only addressed product (test strip) spending.

By no means am I saying that product cost isn't important - I agree completely that fee schedule reductions can be made. But we know that the lowest cost isn't necessarily the best value; and the highest price doesn't necessarily mean it's the best. Cost is not the only component of value.

I'll demonstrate this point with test strips for diabetes members. Let's say you pay "X" for a box of test strips. Your vendors will all be different in what they provide. One vendor might simply obtain the prescription, put those test strips in a box, tape it up and send it off to the member. That's the minimum work for what the fee schedule allows. We of course put those same strips in the box, tape it up, and send it off to the member. However, it's the "extras" that make my company, Great Lakes Medical Supply, shine when measuring value. In that package, educational materials about diabetes are also included. Before that box leaves the building, we collect HEDIS information for managed care partners while obtaining the prescription. After that box leaves, we report on refills for members, and provide other compliance-focused reports to partnering plans to identify at-risk members. For your members receiving their medications through our pharmacy, you will also receive medication adherence reports as well as clinical support to reinforce plan therapy protocol. We also offer free educational programs with the American Diabetes Association for members.

As a partner of ours, you're getting all of these

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## Congratulations New CMCNs!

Suzanne Haynes Witt, RN, CMCN, CCM  
Blue Cross Blue Shield of TN

Vickie Hannah, RN, CMCN  
Blue Cross Blue Shield of TN

Karen Lee, RN, CMCN  
Blue Cross Blue Shield of TN

Barbara Matlock, RN, CMCN, CCM  
Anthem

Mary Russo, RN, CMCN  
Anthem

Beth Branstetter, RN, CMCN  
Anthem

Kasan Hawthorne, RN, BSN, CMCN  
Anthem

Cathie Jordan, RN, CMCN  
Anthem

Patricia Carnahan, RN, BSN, CMCN

Alicia Ebner, RN, CMCN, BSA, MSA

Pamela Larson, RN, CMCN, BAN  
Essentia Health - SMDC Health System

Nancy Rogers, RN, CMCN

Laurie Stasiewicz, RN, CMCN

Sheryl Symonds, RN, CMCN, PHN, BAN  
Essentia Health - Duluth Clinic

Julie Crawford, LPN, CMCN

Tamie Holzemer, RN, CMCN

Michelle Schroeder, BSN, CMCN

Cassandra Johnson, RN, BA, CMCN  
GlaxoSmithKline

Gail Reeser, RN, CMCN  
Anthem

Melissa Wilhoite, RN, CMCN

Kari Kerstetter, RN, CMCN  
BCBS IL

Kimberly Younger, RN, CMCN

Iris Gutierrez, RN, CMCN

Heather Johnson, RN, CMCN

Viven Walker-Marable, RN, CMCN

Shelly Blanton, LPN, CMCN  
CareSource

Valinda Christian, RN, CMCN  
CareSource

Colette Koliboski, LPN, CMCN  
CareSource

Diana Wade, RN, CMCN  
CareSource

# Job Opportunity!

**Role:** Clinical Innovations Personal Nurse - Internal Cancer Program RN

**Assignment:** Clinical Guidance Organization

**Location:** Wisconsin and Kentucky

Humana Inc., headquartered in Louisville, Kentucky, is one of the nation's largest publicly traded health benefits companies. Humana offers a diversified portfolio of health insurance products and related services - through traditional and consumer-choice plans - to employer groups, government-sponsored plans, and individuals.

Today, Humana is a leader in consumer engagement. Throughout its diversified customer portfolio, the company provides guidance that can both help lower costs and lead to a better health plan experience.

## **Are you a fit?**

Do you have experience in oncology? Do you have a passion for helping patients navigate through their cancer journey? Are you a self-starter and capable of working alone from your home office? If you answered yes, continue reading to learn more and decide if this role is for you!

## **Assignment Capsule**

The Humana Cancer Program Nurse takes an active role in providing expert guidance to cancer information; resources and tools to increase patients' ability to manage their cancer condition.

## **The Humana Cancer Nurse telephonically:**

- Educates patients about their diagnosis and the available treatment options.
- Discusses any signs or symptoms that may arise over the course of treatment and recovery.
- Refers patients to appropriate cancer support programs and resources in their communities
- Provides guidance on nutrition, psychosocial issues, integrated medicine and treatment adherence
- Counsels and empowers patients to take control of their health resulting in improved clinical decision-making

This position requires full-time hours on the phone, with the ability to work flexible hours to meet the needs of our members in the evenings or occasionally on weekends. As a nurse with Humana, you can make a difference in the lives of your patients and improve their health outcomes. Through your clinical knowledge, support, and desire to educate and empower your patients, you are making a significant positive impact in the health care industry.

## **Key Competencies**

**Leveraging Technology:** You are technological savvy and know how to appropriately share and use your knowledge to improve business results.

**Problem Solving:** You are a problem solver with the ability to encourage others in collaborative problem solving. Acting as both a broker and consultant regarding resources, you engage others in problem solving without taking over.

**Is Accountable:** You meet clearly stated expectations and take responsibility for achieving results.

**Clinical Knowledge:** You understand clinical program design, implementation, management/monitoring to support choice in consumer medical care. Understands the medical utilization implications of such programs

**Communication:** You actively listen to others to understand their perspective and ensure continuous understanding regardless of communication channel or audience.

## **Role Essentials**

- Active unrestricted RN license in your state of residence
- Bachelors degree, preferably in healthcare or business related field
- Seasoned professional with three or more years of clinical experience
- Recent adult oncology experience dealing with the active treatment of cancer
- Must have accessibility to high speed DSL for a home office (no satellite or wireless)

## **Role Desirables**

- Knowledge of current treatment guidelines for specific cancer diagnoses
- Oncology Certified Nurse
- Ability to navigate the web, Microsoft Word, Excel and typing skills
- Health promotion and health coaching experience
- Call center or telephone experience
- Bilingual (Spanish) is a plus

## **Reporting Relationships**

You will report to a Front Line Leader/Coach. This area is under the leadership of the Director of Personal Nurse Operations.

**If you are interested in applying for this position, please contact at Maronica Williams by calling at (513) 826-7197 or by email at [mwilliams12@humana.com](mailto:mwilliams12@humana.com).**

## Value, Not Price Continued

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added benefits for the same “X” you’re spending anyway. And, on top of all those extras, we can often reduce the fee schedule. Plans don’t contract with us because we do a really good job putting strips into a box (which, for the record, we do). We’ve made our name with the value-added services.

Diabetes is complex and includes both clinical costs and product costs. Ignoring the crucial clinical costs and only focusing on the product is a classic example of spending dollars while watching your nickels and dimes.

Everyone wants to save money. We get it. As I said above, most ancillary providers can save you money from your fee schedule. My point is that you need to look at both the fee schedule and what that schedule affects to get your total cost savings.

There are many philosophies in our industry focusing on compliance, driving healthy outcomes and overall value, for example: Value-Based Insurance Design, Pay-For-Performance, Patient Centered Medical Homes and Accountable Care Organizations. Why not utilize the same principles for provider and ancillary contracting as well? Choose vendors based on their ability not only to lower

prices, but to drive compliance and create healthier (i.e. less expensive) members for your plan. Lower costs. Healthy members. That’s value in my opinion.

For more information about GLMS’ diabetes management program, please contact Sean Mahone, President of GLMS at 1-800-774-0788 or visit GLMS online at [www.glmssupply.com](http://www.glmssupply.com).

### Reference

1 Diabetes Care. “Economic Costs of Diabetes in the U.S. in 2007” American Diabetes Association. Volume 31, Number 3, March 2008.

## CMCN Home Study Preparation Course Update

by Colleen Morley-Wines, RN, MSN, CMCN, ACM

Chaired by Jacqueline Smith and facilitated by Katie Eads and Patti Hulcher, a committee was formed to review the current CMCN Home Study Curriculum in late 2010. Committee members chose a chapter (or two) to review for updating needs, researched current literature and wrote new content as needed. The chapters were then presented for review to the entire committee via conference calls for approval/ additional revisions. After the chapter reviews were completed, the committee members recorded new audio presentations to accompany the new text via webinar teleconference technology.

The all-volunteer committee included: Sandy Bunting, Mary Catherine Gore, Rosalind Handy, Kathryn Jackson-Howard, Colleen Morley-Wines, Michele Schulte, Beth Shilt, Sherry Swarmer and Libby Walker. The project was a testimony to working together, across state lines and time zones. The end product is a very up to date curriculum for our future CMCNs that addresses the current face of Managed Care Nursing.

## Upcoming AAMCN Leadership Institute Webinar on Managed Care Financial and Utilization Metric Concepts

by Cheryl Slagle, RN, CMCN, CCM, CCP

The AAMCN Leadership Institute is committed to defining the future of healthcare through innovative managed care nursing leadership, promoting proactive executive nursing leadership, providing professional development, skills, tools and support for its members. Our mission is to provide nurses with the skills, knowledge, and tools required to be a vital part of the changing healthcare environment as active leaders. The leadership skills developed will make the healthcare environment more effective and efficient for all participants (patients, nurses, physicians, legislators). In addition to providing the skills, the Institute will complete the knowledge gap through mentoring and coordinating career and leadership opportunities for nurses.

The Leadership Institute Charter defines our goal of supporting and promoting the mission and vision of AAMCN which is to be an interrelated member of the managed care delivery team and systems for positive healthcare outcomes. Our mission is to be recognized as the expert and resource in managed care nursing;

to establish standards for managed care nursing practice; to positively impact public policy regarding managed healthcare delivery and to assist in educating the public on managed care.

The Leadership Institute works to develop and present information to members and non members that positions AAMCN as the premier source of managed care nursing development and information. The members of the Institute develop and present educational webinars and topics at the Conferences with a focus on providing relevant and useful information to our members. This quarter, we are developing a 2 part presentation: An Overview of Managed Care Financial and Utilization Metric Concepts. The goal of the program is to provide a basic overview of financial and utilization managed care metrics and concepts to a clinical audience. Please look for more information on the Webinar soon.

If you are interested in being part of this vibrant and important team, please contact Cheryl Slagle at 937-531-2214.

## Welcome New Members!

Melissa Celina Johnson, RN

Anne Llewellyn, RN-BC, BHSA, CCM, CRRN

Julie Augustine, RN

Heather A. Scalia

Novella Krausche, RN, CPUR

Jacqueline Biello, RN, RAC-CT, CPMB

Debra Farcosky, RN

Casandra Raley, BSN, CPHQ

Elizabeth Tooley, RN, BSN

Christina H. Carlee, BSN

Doris Iten, RN

Susan Boyett, RN

Cynthia Payne, RN

Lavern Sullivan, RN

Lois Hallock, RN, BSN

Erin Buchanan, RN

Ja'net L. Wall, RN, BSN, MSN, CLNC

Trudie D. Houghton, LPN

Laurie Berg, RN, BS, CCM

Tamia R. Banks, LPN

Kara Shaver, LVN

Kevin Moore, RN

Christy Huges, RN

Erin Springfield, RN

Angela Newberry, RN

Debra Hernadez, RN

Therese Barton-Bayse, RN

Mary Ann Irby-Gamble, RN

Katherine Melville, RN

Mark Hansen, RN