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**Entrepreneurial Nurses and Case Managers: The Driving Force Behind Consumer-Driven, Community-Based Care/Case Management**

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We all know the truth about healthcare in America. Apart from it representing 17% of the gross national product with healthcare costs continuing to experience double-digit increases, it isn't getting very high marks from consumers. Most are, at best, disenchanted with how unmanaged managed care is and, in the worst case scenarios, are calling for a complete overhaul of our healthcare delivery system. Whether you are or are not a fan of Michael Moore, you have to admit his latest provocative film, *Sicko*, calling for a universal health plan with the federal government as the insurer, has struck a chord with many, primarily because they are entirely fed up with our \$2 trillion healthcare system. However, I believe there are means between the extremes and what our nation really needs is a new consumer-driven model of healthcare which is patient-centered and which empowers nurses and care/case managers to serve as the dedicated, skilled professionals they are. It will take a major paradigm shift on the parts of all parties within the healthcare arena: from the healthcare providers and managed care companies to the physicians, nurses and care/case managers, many of whom are carrying large case loads and wearing far too many hats (i.e., utilization management, disease management, demand management, etc.). This shift will require that certain steps be taken to address both the challenges and opportunities ahead. For nurses and care/case managers, in particular, understanding what their role can be in this desperately needed consumer-driven healthcare model, is critical.

“Education, Integration, Communication”

Most nurses and care/case managers are trained to be healthcare professionals; not business professionals. In fact, the idea that they should be concerned with the business

and financial aspects of healthcare, is not particularly popular among many professionals. The term *care management* as an alternative to *case management* reflects this; however, to be the catalysts in this new consumer-driven healthcare model, they need to adopt the attitudes, work habits and competitive nature of the best entrepreneurs. In short, they need to be their own bosses, their own customer/patient relations managers, their own chief operations and chief financial officers and their own marketing managers, who understand and know how to communicate with all of their target market groups – from the patient and their family members to physicians, other healthcare professionals, hospital discharge planners, insurers and employers. This, of course, will require education and training on how to run a business which provides consumer-driven healthcare and care/case management services. It will also require the ability to collaborate with these other participants in order to assure that the patient is receiving the highest level of care in a coordinated, cost-effective way and that this healthcare consumer is being treated like a valued customer. Of course, Rome wasn't built in a day and neither will this consumer-driven, community-based care/case management model. The challenges and obstacles are many.

#### “Overcoming the Obstacles”

Currently, healthcare in America focuses on cost-containment. Managed care companies are driven by a for-profit model. Remember, managed care was born out of the need to curtail the double-digit increases in healthcare costs and, in the earlier years of managed care, some companies were very effective in facilitating a significant reduction in rising costs. Unfortunately, the result was not long lasting.

Hospital's emphasis on lengths of stay and episode management, the multiplicity of alternative care settings and providers, all contribute to a lack of continuity in care. Further, too often many providers across the spectrum are bow to Wall Street's bottom line performance demands and foregoing an integrated, holistic approach to care for a one-condition focus. The multiple insurer payers' benefits are not coordinated causing excessive paperwork, confusion and frustration. Too often, care/case managers, who are

affected by all of these areas, are accused of interfering in the sacred physician-patient relationship and nurses are often caught in the middle. These pressures, coupled with a lack of educational support for care/case managers and appropriate licensing for nurses serving in multiple states further exacerbate their position. Little wonder that our nation has such a shortage of nurses and that burnout among nurses and care/case managers is at an all time high. We did not even mention patients and their families who are required to navigate through a complex healthcare system alone that even the healthcare professionals can not comprehend. Addressing these and related barriers to a consumer-driven, community-based healthcare model is vital to its success.

#### “First Steps to a Better Healthcare System”

In order to start building a better healthcare system, we need to take steps to address these problems. It begins with elevating the care/case management profession to its rightful stature. This will require raising morale among nurses and case managers. It will require making care/case management available directly to consumers, their families and physicians. It will require cultivating and developing a corps of entrepreneurial nurses and care/case managers who want to help pioneer this new model of care. They will have to recognize the need for additional education, training and an investment in their future careers as community-based, care/case managers in their own businesses.

Consumers and families also must be educated and empowered to make the right choices in healthcare, to understand the cost ramifications of their choices and to feel in control of the healthcare decisions they make. Concurrently, we will need to support physicians, once at the helm of a patriarchal healthcare system where they were never questioned, are now grappling with many of the same obstacles other healthcare professionals face. We will need to support physicians so that they, as well as legal and financial advisors to this new model, can optimize pay-for-performance outcomes.

Our nation's changing demographics too will be a factor that the consumer-based model must accommodate. The graying of America and the related health issues (i.e., dementia,

social isolation, financial and transportation issues), as well as the increasing diversity of our population and the multi-cultural aspects of these changing demographics (i.e., language barriers, illiteracy, social norms, etc.), must be taken into account by the new patient-centered, consumer-driven model.

Employers, who carry the greatest burden in our spiraling healthcare costs, will also need to be involved and given a voice in consumer-driven healthcare. Actually, they are already spearheading many innovations such as consumer-driven health plans (i.e., health reimbursement accounts, health savings accounts and hybrid plans), as well as price transparency which make consumers aware of the costs of their healthcare and how different choices affect those costs. The introduction of patient advocates and health integrators who assist employees in making the right choices is another component of the initiatives already underway in the workplace.

Finally, industry standards such as those developed and promoted by organizations from the Association of Managed Care Nurses, Case Management Society of America and URAC to The National Committee for Quality Assurance will continue to play an important role in this new model.

#### “Closing Remarks”

Wanted: nurses and care/case managers who are willing to take a leap of faith and join the first cohorts of healthcare professionals who will actively drive this new model of patient-centered, relationship- and community-based healthcare. This is an opportunity to get back to what inspired and motivated you to become a nurse and/or case manager in the first place. It’s about asserting your knowledge, passion and compassion as a caring advocate for patients.

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