

THE CASE FOR COMMUNITY-BASED CASE MANAGEMENT



By Catherine M. Mullahy, RN, BS, CRRN, CCM

LI RN offers insight into the community-based nurse case manager role.

Like it or not, most nurses and other healthcare professionals function as case managers. Each time family members, neighbors, or friends face a hospitalization, they inevitably call on you for advice, information about a particular physician they are considering, what to expect from the procedure, etc., you are helping them manage their care. When it is someone in our immediate family, we usually take on greater responsibility in this role and act as an advocate as he or she moves through the healthcare system. Wouldn't it make sense to have a deeper understanding of case management as it is needed today, and therefore be in a position to really help – not just those you know and love, but also others in the community? That is why I have made it my mission to develop a new practice setting for case management and to nurture and develop a new breed of case managers. The setting is the community and the new case manager is a compassionate professional, passionate about being an advocate for patients, while at the same time, entrepreneurial, with a desire to reap greater rewards – both financial and professional.

Why community-based case management?

There has never been a better time for community-based case management. The red flags are flying everywhere. Our healthcare delivery system has become fraught with

complexities, inconsistencies, and costs that continue to climb. According to The National Coalition on Healthcare as noted in a recent *Financial Advisor* magazine article, titled "Preventive Medicine," in 2005, total national health expenditures increased by 6.9%, twice the rate of inflation. It also reported that similar increases were projected over the next decade so that by 2015, our nation's total healthcare costs will reach \$4 trillion.

Furthermore, because of skyrocketing healthcare costs and the efforts of government, employers, and providers to contain these costs, consumers are being asked to share some of the financial burden. This consumer-driven healthcare movement, reflected in new plans like Health Savings Accounts (portable, employee-owned accounts that are funded by tax-deductible contributions made by employers, employees, or both, as well as third parties), has given consumers more control over their healthcare. This is a reality for which many people are not prepared. Consumers need someone to guide them in their healthcare choices. They need someone to help them recognize the difference between high quality and lesser quality of care; help in learning how to effectively balance this quality-of-care issue with the matter of cost; and help understanding the ramifications of their treatment decisions and the effects of deciding whether to comply or not comply with physicians' orders. Based on the frequently reported increases in obesity, type 2 diabetes, heart disease, and other serious health issues, it is apparent that many consumers do not realize just how serious their failure to follow physicians' orders can be.



Catherine M. Mullahy, RN

We're also living longer and our geriatric population is growing. Our seniors require more and more healthcare services. They need someone to help them access those services, understand their conditions and treatment plans, monitor their health, and encourage their compliance with prescribed regimens. Although many Baby Boomers have assumed this role for their aging parents, they, too, are getting to the age where they may need more medical care. In fact, community-based case management will become even more critical as members of the large Baby Boomer population start to enter their senior years.

In addition, there are all the other patient populations we care for, from high-risk pregnant women and pediatric patients to those with catastrophic and chronic conditions.

Where do I start?

Nurses and case managers in other settings today first need to conduct a self-assessment. Ask yourself the following questions:

- Can I see myself serving independently, as my own boss, on behalf of my local community?
- Do I think I have the discipline, confidence, and organizational skills to manage my own business?
- Am I willing to make an investment in myself, gain the training and certifications required, and attend educational programs and continuing education courses ,where I will learn more about community-based case management, "Best in Class" case management practices, the costs of healthcare and various treatments, and how to establish and manage a successful community-based case management practice?
- Can I develop a strong and clear voice to be an advocate for my patients within the traditional hierarchy of medical care...communicating with physicians, providers, and payer groups?
- Can I learn to be an effective communicator and work collaboratively with all of these groups while remaining a staunch advocate for my patients?

If you can answer yes to these questions, you are someone this country needs to fill this new and very important role.

Catherine M. Mullahy, RN, BS, CRRN, CCM, is president of Mullahy & Associates, LLC, Huntington, N.Y. Don't miss her seminar on community-based case management at the New York Career Fair on Sept. 11 at the NYC Marriott Marquis. You can also find out more at: www.mullahyassociates.com/.

To comment, e-mail editorNY@nursingspectrum.com.

Dorothy Wozniak 11968