

Author's Interview with Catherine M. Mullahy, RN, BS, CRRN, CCM

CareManagement recently sat down with case management pioneer, Catherine M. Mullahy, RN, BS, CRRN, CCM, president of Mullahy & Associates, a leading provider of case management education and training programs and resources. Catherine is the author of The Case Manager's Handbook, now in its sixth edition. She shared her thoughts about the motivation for writing this latest edition of what many believe is the definitive reference book for case managers. She noted how the The Case Manager's Handbook reflects the evolution of case management and discussed her journey from clinical nursing roles and case management industry leader to successful entrepreneur and educator/trainer.

Q. What was your primary motivation for writing the sixth edition of *The Case Manager's Handbook*?

CM: As the health care environment continued to evolve, growing uncertainty regarding the Affordable Care Act and the creation of still more delivery and reimbursement models were evident. I felt that the case manager's role also was changing and not always for the better. It seemed that the professionals involved were moving farther and farther away from those that needed our intervention the most—the most vulnerable and complex patients. I have always believed that case managers can make a difference, one patient at a time. It seemed to me that professionals—both seasoned ones and those who are just entering the practice—needed to be reminded that the process of case management is guided by “Standards of Practice”: essential activities and defined knowledge, as per the Commission for Case Manager Certification (CCMC) and its most recent “Role and Function Study in 2014.”

I believe leaders in organizations that employ case managers need to advocate for the role of the case management professional rather than permit the assignment of duties and responsibilities outside the scope of their practice. Additionally, as a direct result of these non-case management functions being performed under titles such as care coordinator, patient navigator, and patient advocate, virtual “silos” of case management are being created rather than adhering to a defined and specific process that incorporates, for example, care coordination and patient advocacy. In short, these positions undermine the role of the case managers but they don't incorporate essential functions. The visibility, credibility, and power of the case management

profession are clearly at risk. It was my intent to reframe and clearly demonstrate the process while also acknowledging that, even with these changes, case managers need to stand firm. Through this latest edition of *The Case Manager's Handbook*, I have addressed both the changes in health care and challenges that case managers have to understand and be prepared to address.

Q. What are some of the most significant additions to this latest edition of *The Case Manager's Handbook*?

CM: As I considered the additions to the sixth edition, I think that perhaps shining a bigger spotlight on the high-risk, high-cost patient was important. It is this group of individuals, after all, that really demands our attention. If we're not identifying and connecting with these folks, then what are we doing? Case management itself is an expensive resource, there aren't enough of us to manage these complex folks, and case management should only be utilized for those most at risk. Case management itself is a risk management tool. Therefore, acknowledging this should translate naturally to the management of these patients. One wonders then, how did we get involved in so many other activities like data collection and financial management?

Q. Does updating *The Case Manager's Handbook* get more difficult with each edition?

CM: Each new edition presents challenges. I carefully consider which issues are really important and need to be included and whether some of the draft content should be considered “nice to know” but nonessential. To make space in the print version for new material, we moved some of the content from previous editions to Navigate 2, an online resource to the book that is available on the publisher's website once the book is purchased. This way, readers have

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access to the material even though it doesn't appear in the print edition.

Q. Case managers today face many challenges that you may not have had when you were a practicing case manager. Can you discuss what you think are the primary differences in practicing case management today compared with how it was practiced in the past? What is the most important factor that hasn't changed at all?

CM: I only worked as a case manager employee for 5 years. I was frustrated with the way that case management services were provided and marketed, and that frustration led to the formation of my case management firm, Options Unlimited. During its operation from 1983 to 2003, I was fortunate enough to be able to create case management services the way I thought they should be provided. Fortunately, my instincts and experience were decent and our results were strong enough to convince our clients to use what we now call "Best in Class" case management services.

I have been fortunate to also have a wonderful partner in Jeannie Boling, who shares my commitment to these highest standards of case management. Jeannie and I, along with our team, have been able to create a platform for our key messages. To some extent, I am still very driven by the fact that case management across all settings can be improved dramatically with better and more consistent training and education of hands-on case managers as well as their department heads and other decision makers within their organizations.

One of the upsides of the earlier days of case management was that because we weren't so reliant on technology, we needed to use our personal intervention, knowledge, and expertise. We discuss technology and the challenges it poses for case managers in *The Case Manager's Handbook, Sixth Edition*. Today, there is so much emphasis on technology from electronic health records (EHRs) to telehealth services and the increasing number of metrics and data collection involved in today's environment almost to the exclusion of the patient's best interests. Case managers are still searching for the Rosetta Stone that will guarantee their success and communicate their outcomes. What they are failing to realize is that, unless they really spend the necessary time to identify and resolve the problems, their value will remain unknown or unrecognized at the level it should be. Metrics, data, and the micromanagement of "stuff" that doesn't matter is increasingly getting the attention. That problem, coupled with the fact that many leaders are simply not leading, is why case management remains a stepchild of the health care system when, today, more than ever before, it should be regarded as the child who will lead us out of the darkness that reflects

much of our current health care system.

I agree that technology should be used to deliver greater benefit to the patient and facilitate better patient outcomes rather than impede the ability for case managers and other health care professionals to perform their roles, which certain legislation such as "The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009" seems to have done.

What hasn't changed and shouldn't change in case management is the process of case management. When allowed to function as intended and in accordance with our standards of practice and code of ethics, case management does improve outcomes, enhance patient satisfaction and, yes, save dollars too.

Q. What advice do you have for case managers today that is conveyed in *The Case Manager's Handbook, Sixth Edition*?

CM: My best advice to today's case managers is to obtain the skills and knowledge that is so necessary to be a competent, confident case manager; to pursue professional certification; and to recognize that they can and do make a difference, one patient at a time

Q. How important is it for Case Management department heads to rely on the content of *The Case Manager's Handbook, Sixth Edition* in the training and skill development of their staff?

CM: Well, obviously, but hardly objectively, I continue to believe that *The Case Manager's Handbook, Sixth Edition* is the "nuts and bolts" of case management and the "go-to" resource for so many aspects of the process. Since the first edition, *The Case Manager's Handbook* has been aligned with the Standards of Practice and the essential activities, core components, and knowledge domains as defined by the Commission for Case Manager Certification (CCMC). I believe case management training, education, and certification should be driven from the top of an organization, with department heads and supervisors encouraging their staff to pursue the highest level of skill development and certification. Having a resource like *The Case Manager's Handbook* available as a resource to their case managers would seem a good first step in this direction.

Q. *The Case Manager's Handbook* is widely recognized as the definitive reference book for case managers. It is used in graduate and undergraduate nursing and health management courses in the United States, Canada, and 18 other countries across the world. Why do you think it has gained this stature among the many other textbooks on case management?

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and procedures that address major natural catastrophes. During the hurricanes, for example, disability managers may have experienced incidents that were not covered by workforce management policies and procedures. Let's say an employee in Houston had been on leave due to a work-related injury but was released by his physician to return to work on August 28th, while the Houston area was still being buffeted by Hurricane Harvey. Without power at home and unable to go into the office, the employee could not report to work, making his pay and work status unclear. Was he back to work or still considered off work? How does this uncertain status impact pay and job protection? Although disability managers can act in the moment to address such incidents, the experience should lead to a review of policies and procedures to address the contingencies so that employees who are off work or returning to work have the same rights and protections as those who are actively working.

Finally, companies whose employees were affected by the hurricanes should consider bringing together cross-functional teams to analyze the organization's response and determine what could have been done better not only for those impacted but for those who also wanted to help. These solutions could involve multiple departments such as human resources, health and wellness, environmental health and safety, and risk management. By including the expertise of case managers and disability managers, cross-functional teams become more aware of what is needed to help employees deal with catastrophic life events in the moment and well after the fact. **CM**

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CM: I think that the book demonstrates my passionate belief and determined persistence in the value of case management that has underscored the importance of case management and the need for the comprehensive preparation of professionals for this role. The story of case management, the personalization of the issues facing patients and their families, and the professionals who are trying to provide care and services to them is communicated throughout the book. Detailed and practical information on how case managers and the process can be used to address the challenges in our changing health care system and marketplace are all prominent throughout the book. I think this combination of passion with the practical guidance, tips, data, statistics, graphs, charts, and forms make *The Case Manager's Handbook* a comprehensive, accessible, and inspiring resource for case managers. That was my goal in writing this latest edition.

Q. What has been the response to *The Case Manager's Handbook, Sixth Edition*, from the field?

CM: The response has been phenomenal. When we are exhibiting at conferences, the folks we are meeting show me the Post-it notes, the dog-eared pages, and the underlined sections, which indicate to me that they are really using and relying on our content.

Q. You and your partner, Jeanne Boling, have both held many leadership roles in case management over the years and are now providing educational and training programs and products to drive "Best in Class" case management services. You even have an award-winning seminar called "Best in Class." How satisfying do you

find the role of teacher and mentor compared with being directly on the line providing patient care?

CM: While we both, I believe, will always have fond memories of the cases we successfully managed, and those that, for a variety of reasons, were less than successful, I believe that our greatest contribution has been to teach the process of case management in such a way that others can envision themselves being a case manager and really making a difference. It is our hope that we can continue to provide mentoring, to communicate our passion and, hopefully, to motivate and inspire others to be the change agents within their organizations. In addition to our "live" programs, we have created other ways to connect with folks to empower them to help those individuals who need their help. Our long-distance learning course, along with some of our other educational programs, is one way we are remotely training case managers when they are unable to attend a live program or when they don't have the flexibility in their schedules to attend one of our seminars.

Q. Any last words of encouragement for today's case managers?

CM: I would say that, regardless of your practice setting, always try to make a difference, one patient at a time. We can't change the world, and we must contend with the challenges our health care system and nation's changing demographics present, but we can, with a caring heart, connect with the patients and their families who are truly in need of our assistance, expertise, and commitment.

More information about *The Case Manager's Handbook, Sixth Edition*
In addition to containing updated

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information, the 850-page long Sixth Edition also includes 6 new chapters: Pediatric Case Management, Workers' Compensation Case Management, New Characteristics of Today's Healthcare Systems and How They Affect Case Managers, The Case Manager's Role in the Era of Value-Based Healthcare, New Case Management and Healthcare Provider Approaches for Managing the High-Risk, High-Cost Patient, and Transformative Healthcare Approaches for the Millennial Generation.

Each new print copy of the Sixth Edition includes Navigate 2 Advantage Access, which unlocks a comprehensive and interactive eBook, midterm, and final examination (available to professors), instructor's manual, and learning analytics reporting tools. In addition, new printed versions of *The Case Manager's Handbook, Sixth Edition*, allow readers to access an online Student Study Guide that provides additional resources to help read and master the material in the text. These resources include chapter objectives, multiple choice questions, bonus appendices, and cases in profile, which are real-life situations involving case management. **CM**

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lower extremity joint replacement), CABG (coronary artery bypass graft), and AMI (acute myocardial infarction), providers will need to figure out how to best run their network. Keep in mind that the value equation is mathematical, not conceptual. To improve value, benefits need to increase while costs decrease. If costs increase or benefits decrease, value does not improve. Networks and its member providers are accountable to all aspects of value.

CE I

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Notes

1. The model was developed by Edward Wagner, MD, and colleagues at the Group Health Research Institute's MacColl Center for Health Care Innovation in Seattle, Washington. For more information, see http://www.improvingchroniccare.org/index.php?p=The_Chronic_CareModel&s=2
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