



Oregon Medical Case Management Group

OMCMG

Oregon Medical Case Management Group
833 SW 11th Ave, Suite 507, Portland, OR 97205

SPRING 2010

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2010 – Moving Forward Together

Celebrating the History and Shaping the Future of Case Management

Happy New Year! 2010 marks the 20th birthday of the CMSA and OMCMG. It's the perfect time to take a look at where we came from and to say thank you to the visionary leaders that founded this organization. I would like to take this opportunity to acknowledge those who have served on our board and on past committees. The commitment and time given on behalf of the OMCMG has played a significant role in our successes as an organization. I also truly appreciate the past speakers, sponsors and exhibitors who work closely with the Chapter to make our activities educational, well attended and fun! Moving forward, 2010 is also the time to envision what the future of OMCMG will look like and take action to make those dreams a reality.

As your 2010 president, my agenda during the twentieth anniversary of our professional organization is to simply embrace the CMSA strategic vision:

"We envision case managers as pioneers of healthcare change...key initiators of and participants in the health care team who open up new areas of thought...research and development...leading the way toward the day when every American will know what a case/care manager does and will know how to access case and care management services."

In order to put this vision into action your board has now reorganized the original committees to encompass some lofty goals. We will be emailing a comprehensive online membership survey this month. A link will also be available on the omcmg.org website. Please take a few moments to give some honest feedback. It's an easy way to participate in the evolution of this organization.

Betty Pyle, our fearless past president began the reorganization ball rolling back in 2009. She developed the new job descriptions based upon CMSA guidance. In January, board members met, compromised and adopted these committees and job descriptions at the first ever OMCMG Board – "Taking Care of Business" Summit, hosted by Salem Hospital. Please take a look at the new committee options and see if anything strikes your fancy! Committees are led by board members and are open to all interested volunteers.

- Membership/Recruitment – Katheryn Kyllonen, Chair
- Programs/Education – Amy Schmidt, Chair
- Communications/Marketing – Diane Terrett, Chair
- Legislative – Tom Coogan, Chair
- Executive – Lisa Cunningham, Chair (Includes Past President, VP Secretary and Treasurer only)

Getting involved in a committee is a great way to network and an opportunity to work and play with case managers in the different healthcare arenas. It's time to venture out from our silos and connect! In this economy, it's important now more than ever to have a great support system in place in preparation for the changes that inevitably happen in our professional and personal lives. Who knows the challenges of case management better than another case manager? Who might know of a recently vacated position? We hear stories all the time of the "perfect timing" job offer...

I look forward to meeting with you all in the very near future. Don't be a stranger!

Lisa



Mission Statement

OMCMG's mission is to provide a common ground for individuals practicing case management in health-related fields. We seek to provide peer support and education in a relaxed, non-competitive environment. OMCMG strives to promote quality and growth of case management on a local and national level.

OMCMG 2010 Board of Directors

Lisa Cunningham President

Lisa is a lifelong Oregonian and the Community Liaison for Progressive Rehabilitation Associates; a recognized NW leader in outpatient, CARF accredited multidisciplinary chronic pain management & acquired brain injury rehabilitation.

In addition to her commitment to OMCMG, Lisa is active in a number of professional organizations with a focus on support of the Pain Society of Oregon, Brain Injury Association of Oregon, Professionals in Workers Compensation, the Hire Oregon Vets, and the 2011 Governor's Occupational Safety and Health (GOSH) conference.

Lisa was awarded the OMCMG's 'Excellence in Advocacy for Case Management' in 2008. The plaque is proudly displayed next to her 'Yellow Submarine' action figures: John, Paul, George and Ringo.

Diane Terrett, RN, BSN, CCM Vice-President

Having spent the first part of her career in emergency and critical care, Diane has been practicing case management since 1989. Since moving to Oregon in 1997, Diane has been employed as a case manager at PacificSource Health Plans and is a founding member of the Willamette Valley Care Managers Group. Diane has been part of the OMCMG Board for three years, and past Membership Chair. In June 2009 Diane transferred to the PacificSource's Tigard office where she coordinates clinical operations for PacificSource and carries a transplant caseload. Diane was the recipient of the OMCMG's 2007 Linda Thompson Award for Excellence in Case Management, and was honored by PacificSource in 2008 with a Community Service award for outreach to Project Homeless Connect, a community wide effort in Lane County to provide vital services for the homeless. Diane has participated as member of PazSalud Outreach in El Salvador, and several mission trips to Guatemala as part of Cascade Medical Team.

Betty Pyle, RN, MS, FAACM, CMC, CMCN Immediate Past President

Betty is the current Director of Care Management at Salem Hospital responsible for the departments of Care Management, Social Services and Spiritual Care. She has over 40 years experience as a RN and over 20 years experience as a Case Management leader. Betty began as a diploma RN, then received her BSN, and achieved her masters in Case Management. She is a Case Manager Certified, a Certified Managed Care Nurse, and in 2008 received her Fellowship in Case Management.

Rhonda McCord, Account Executive, American Medical Response Treasurer

Rhonda McCord has been with American Medical Response, the nation's leading ambulance provider, for more than 12 years. In her current position as Business Development Account Executive, she acts as a customer service liaison for AMR by educating communities and healthcare providers on AMR's emergency medical services, medical transportation, and specialized healthcare services. Rhonda is a certified car seat safety technician and is a member of AMR's Mobile Healthcare Team. She is a board member of the Metropolitan Senior Network and frequently volunteers her time and expertise with Legacy Health Systems programs.

Leslie Conner Secretary

Leslie grew up in the Portland area. She attended Oregon State University and received a Bachelor of Science in Sociology and Public Health. Leslie has worked in Admissions and case management for skilled nursing as well as on the commercial side area for over 10 years. Leslie is currently the Business Office Manager and HMD Case Manager for Hillsboro Rehab. She has been a member of OMCMG since 1999 and on the board since 2004. Leslie lives in the Portland area with her husband and two sons and enjoys gardening and relaxing in her time off.

Mary Ellen Pierce, RN, BSN

Member at Large - Past President 2007-2008

Mary Ellen, an RN for over 30 years, has been a board member since 1995. Her nursing experience includes hospital and community-based care, with focuses in chronic medical management, rehabilitation, geriatrics and dementia care management. Currently she is the owner of Care Management Associates, Inc, which provides RN assessment, consultation, advocacy and health care management of clients in both private and long term care settings. Mary Ellen has served as OMCMG Vice President, Secretary and member-at-large in the past

Cristie D. Greenlee, RN, BSN, CCM, CPUR, CPUM

Member at Large - Past President 2005-2006

Cristie became a certified case manager and certified in utilization review and management in 2002. She has worked in home health and case management in her nursing career. Cristie is an independent case manager in the areas of geriatric and workers compensation case management and also independent utilization review and management.

Carrie Thomas, RN, MSN, CCM

Member at Large

New to the Board this year, Carrie has been a certified nurse case manager since 2007. She has a bachelor degree in nursing from Oregon Health Sciences University and a master degree in nursing from the University of Utah. She practiced as a nurse midwife in Kentucky, Alaska and Washington for 10 years prior to moving into case management first with a medicaid managed care company and then a commercial health plan. Currently she is located within a large Legacy internal medicine clinic participating in an extensive primary renewal pilot project. She is excited and challenged to be in a position allows for direct, timely and personalized case management services to patients and providers. She lives in Vancouver with her preteen daughter, and spends her limited free time cross stitching and following auto racing.

Dena Rossi, RN, CCM

Member at Large

Dena has an Associate Degrees in Arts & Sciences & Nursing. She has been a Certified Case Manager for over 12 years and worked as a case manager for over 20 years. Her areas of expertise are orthopedics & rehabilitation for severely injured clients. Prior to her career as Case Manager, she provided direct patient care in the hospital setting for 13 years. She and her husband have been married over 32 years. They have 3 dogs and they collect eagle pictures & statues. Dena has been a member of OMCMG since 1989 & on the Board for over 8 years.

Tom Coogan

Member at Large

Tom Coogan is Director of National Contracting for Wheelchair Professionals LLC a National Network of Complex rehabilitation mobility products and services. Tom has over 30 years experience in the DME industry. Prior to joining Wheelchair Professionals, Tom was the contract liaison for Care Medical Equipment, an Oregon and Washington DME Provider of service. Tom has served as President of the Pacific Association of Medical Equipment Services (PAMES), has served on the Oregon and Washington Medicaid committees for Medical Equipment services and has been active in Legislative activities for National and Regional Healthcare issues. Tom is a proud member of CMSA, Washington Medical Case Management Association (WMCMA) and has served on the board of OMCMG for over a decade. He has three children and loves sailing on the Columbia River.

Tammy Peterson

Member at Large

Tammy holds a BS in Business Administration and has been involved in medical marketing for the past 5 years. Currently she is in charge of Marketing and New Business Development for Pain Management Consultants. Tammy has been a founding committee member of the Portland Pain Society, the first new chapter of the Pain Society of Oregon. She also holds the position of Secretary of the Executive Board. Tammy has lots of experience planning conferences, seminars and has done so with the Pain Society. Tammy has 3 children, 2 dogs and enjoys working in her vegetable garden.



Judy Jessing


Member at Large

Judy has over fifteen years of healthcare experience and currently is the Manager of the Adventist Health Wound Healing and Hyperbaric Medicine Clinic. In the past, she has served on the Annual Conference Committee and the Educational Committee. Judy was awarded OMCMG's Excellence in Advocacy for Case Management in 2007. Through the years, Judy has worked with various organizations focused on insuring quality care for all patients.

Amy Schmidt

Member at Large


Amy holds a Bachelors Degree from the University of Tennessee has worked in the Retirement Industry since 1996. As a Sales & Marketing Director in Colorado, she opened and filled three new assisted living communities. As a Publisher in Tennessee, she grew two senior publications, before becoming the company's National Marketing Director over 15 markets. Seeing a need for comprehensive resource in Oregon, Amy now publishes Retirement Connection Guide for Greater Portland/Vancouver and Greater Salem. Since relocating to Oregon in 2007 Amy enjoys canoeing, camping and exploring our great state with her husband and 2 children. Amy has already become very active in the community was awarded the 2008 Integrity Award by Metropolitan Senior Network.



Sharla Weber

Member at Large


Sharla Weber has over 15 years experience in medical sales and healthcare marketing. In her current position with Mid Columbia Medical Center in The Dalles, she coordinates community education for the mPower Acute Inpatient Rehabilitation program, the only inpatient rehabilitation program in the Columbia Gorge. In her free time, she serves on the Board of Helping Hands, the women's shelter in Hood River; and enjoys hiking and mountain biking with her two dogs.



Christie Siddall, RN, MSN, CCM

Member at Large

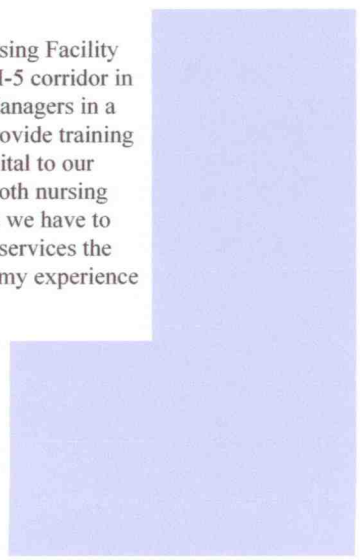
After 19 years of working for Kaiser Sunnyside Medical Center, she recently took Medical Retirement and plans on maintaining her four year RN license by Volunteering at a variety of agencies. Her professional duties have included being one of the very first Certified Case Managers at Kaiser, developing a Virtual Pre Admit Clinic for all surgical patients and Kaisers Solid Organ Transplant program. She has also preformed hospital discharge planning, utilization review, and determined the level of post hospital care. She also worked at VNA Hospice. She currently volunteers at the School assisting with vision screening and administering the Swine Flu Vaccine.



Katheryn Kyllonen

Member at Large

As Community Liaison for Kindred Healthcare, I draw upon a 26-year career of Skilled Nursing Facility experience in my day to day interactions. I have worked with many communities along the I-5 corridor in both Oregon and Southwest Washington, providing me the opportunity to meet with Case Managers in a variety of settings, from hospitals to HMO/Managed Care Providers. In my current role I provide training and mentoring to our facility Admission Coordinators to ensure smooth transition from hospital to our skilled nursing centers. I am also a vital link between our communities and our clinicians, both nursing and rehabilitation. This allows me to communicate to the community what types of services we have to offer and likewise be able to relay information back to the center what types of programs or services the community needs. I appreciate the opportunity for membership into the group and feel that my experience and knowledge lend itself to the mission of the OMCMG and its board members





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OMCMG Meetings will be held the 1st Thursday of every month
from 11:30-1:30 at the Oregon Medical Association.
11740 SW 68th Parkway in Portland

We will apply for CEU's for Certified Case Managers (CCM) and Nursing
Home Administrators which is accepted by the licensing board for Social Work
If you have any questions, please call
Judy Shaw at 503-224-9460

OMCMG UPCOMING EVENTS

March 4, 2010

Subject: Working Hyperbaric Oxygen Therapy into your Case Management Plan
Speaker: Dr. Enoch Huang, MD, Medical Director, Adventist Health
Wound Healing and Hyperbaric Medicine Clinic
Sponsor: Organogenesis Bill Sysum, rep

April 1, 2010

Subject: Mental Health: When Johnny Comes Back from Iraq and more
Speaker: TBA
Sponsor: Larisa Wohlgemuth, MA, Cedar Hills Hospital

May 1, 2010

Combined OMCMG & WMCMG
Speaker: Nancy Skinner
Subject: TBA

May 6, 2010

Subject: Osteopathic Medicine 101
Speaker: Greg Esmer, DO
Sponsor: TBA

June 3, 2010

Subject: Brain Injury
Speaker: Dr. Deb McMorrow, PhD
Sponsor: Mentor ABI



Electronic Medical Records and the Case Manager's Role

Tuesday, 09 February 2010

Managing Editor of Case in Point Journal Richard Scott sits down with Betty Pyle, RN, MS, FAACM, CMCN, CMC, the Director of Care Management at Oregon's Salem Hospital, to talk about her department's role in expanding the use of electronic medical records, including obstacles she has faced and tips for creating a streamlined flow.

Could you describe your role at Salem Hospital? How large is the CM department there?

I am the Director of Care Management. The department is comprised of a staff of 49 including care management, social services, and spiritual care. Leadership staff is comprised of a director and manager of care management, two assistant managers, documentation specialist supervisor, mental health evaluator supervisor, and the resource center coordinator. Staff includes care managers, clinical documentation specialists, appeals coordinator, discharge coordinators, Medicare specialists, social workers, social counselors, mental health evaluators, and chaplains. We are unit-based and cover 10 units, Rehab, and the ED.

I understand case managers at Salem have played a role in the education of physicians regarding electronic medical record use. First, what is the importance of this area today?

Every hospital must begin implementing the electronic medical record, as this is vital to ensuring that all providers have access to the patient's medical history to ensure that they are able to address the patient's needs appropriately. It leads to improved patient safety, efficiency and communication, and it reduces errors. No more illegible hand-writing issues to resolve. Keeping up with technology's advances is simply the right thing to do.

Why the urgent call for action?

We need to build a safer health system. The Institute of Medicine pointed out that 44,000 to 98,000 people die from medical errors in U.S. hospitals each year.

The deadline for hospitals to have an electronic medical record is 2012. It takes a lot of preparation to be able to have an electronic medical record that meets the needs. Success will come in many ways: 100 percent legible orders, 100 percent timed and dated orders, 100 percent signed orders, improved time from order to patient receiving care, improved communication from physician to nurse, improved communication from physician to all care providers and improved order management from hospital entry to exit.

Why do case managers make a good fit for this role?

Case managers have a role of reviewing charts for information that they must relay to the payers for certification for medical necessity so they know what needs to be included in the medical record and the ease of finding the information that is needed. As nurses, they know the difficulty a nurse has in documenting pertinent information that the physician needs for making decision for patient care.

The care managers and clinical documentation specialists work closely with hospitalists and attending physicians to assist in their clinical documentation of codeable language so they are aware of the needs for the physicians and are used to working closely with physicians on patient care plans and coordination of care. We work closely with physicians and nurses and have many great opportunities to teach as we work together as a team.

Where does Salem stand in this process? Is it an ongoing process?

Our medical community has been on an Epic journey (Epic provides electronic medical records) for five years—a trip that has placed Salem Hospital among leaders in using electronic medical records. We're proud of being among the top 2 percent of hospitals using EMR in the U.S. Epic came live in 2006 and clinicians can now retrieve patient-specific data in seconds.

We are now ready to implement CPOM, Computerized Provider Order Management, a tool to help physicians and medical service providers enter orders on a computer in February 2010. It's part of our Epic electronic medical records system that allows providers (e.g., physicians) to enter medical orders at the computer.

Our system focuses more managing orders, not just entering. Orders include diagnostic and treatment services such as medications and lab tests. The computer can compare the orders against standards for dosing, check for allergies or interactions with other medications and warn the physician about potential problems. We believe that CPOM is needed for a straightforward reason: To improve patient care. In fact, we've adopted the phrase For Our Patients as a tagline. We realize CPOM is a best practice and is expected by our patients.

Medication reconciliation will be done entirely through CPOM; no paper needed. It is an ongoing process as we have updates of our system regularly to improve processes. We have committees that work on requested changes to the system. We have a specialized department to educate and work to test and implement these changes.

What obstacles have you faced throughout this process?

Some physicians and nurses have been resistant to change and the age of computers and have made decisions to retire early rather than embrace the new technology.

Nurses and unit clerks have assisted physicians in finding information they need instead of insisting physicians learn this themselves. Physicians have not attended educational sessions to learn how to use all modules of Epic. We expect (and others have found) that while implementing CPOM, efficiency of practice may fall 30 percent for several weeks and will slowly rise. However, with CPOM implementation, we are confident that with classroom training, elbow help, playground use and a general willingness to participate, we will have the most successful go-live CPOM has ever seen.

