

OMCMG

OREGON MEDICAL CASE MANAGEMENT GROUP

Spring 2008 Issue

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The President's Corner



Things are certainly out of kilter, at least in my view. In some areas of the country we are having typical winter weather, in others we have droughts. In still others we are seeing tornados, including one not too long ago in my own neighborhood in Vancouver, Washington. I watched that violent storm march across Vancouver Lake toward my home and thought to myself, 'I wonder if we should get under the stairs.' To our luck, but not to that of some neighbors just a few blocks away, the funnel cloud veered south about a minute before it would have hit us head on. Moments like that give one pause.

Already we are embroiled in a hotly contested Presidential election, many months sooner than we usually face in an election year. There are myriad issues under debate in this process, not the least of which are the state of health care, health insurance and entitlement programs in our country. I have found myself sitting back and wondering why anyone would want to be the President of the United States in times like these. I own a small business. I can't even fathom taking on more than that. Regardless of the outcome of the election in November, the new President will have a daunting series of tasks and issues to address.

The issues in health care are becoming rapidly emergent. The Baby Boomer generation is graying and beginning to enter the retirement sphere. This is a big group and they have much higher expectations in terms of their vision of the 'golden years.' They are also much more educated about health options and are not as inclined to sit back and take what their doctors say without question. Will this group, of which I am a member, have viable Social Security to rely upon as part of their income? Or will they/we need to reconcile to the possibility of working well past the traditional age of retirement? And if they do work, where will they work? For those who work in the nursing profession, there may a number of options. There is a legitimate nursing shortage; hospitals now are trying to lure older nurses back into the work force by altering job duties and creating 'mentoring' or teaching roles that are not so physically demanding as floor nursing. Long term care continues to face incredible barriers in terms of ever-more stringent regulations, constant staffing challenges and dwindling revenues from Medicare and Medicaid. Case managers face similar challenges.

I hope each of you will be an active participant in the election process this year. We all need to be part of determining the direction of this country in addressing the needs of its citizens and in letting our leaders know what we expect from them in terms of support, laws and priorities. Again this year, the board of OMCMG will strive to keep you apprised of up-to-date information regarding issues that impact case management. We are looking for ways to collaborate with our sister organizations in Seattle and Spokane, as well as Eugene. We welcome and encourage your input and suggestions. Thank you for your continued interest and involvement.

Mary Ellen Pierce

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

OREGON MEDICAL CASE
MANAGEMENT GROUP



833 SW 11th Ave., Suite 507,
Portland, OR 97205

www.omcmg.org



OMCMG Meetings

OMCMG meeting are held at
11740 SW 68th Parkway in Portland.

If you have any questions, please call
Judy at 503 224-9460.

Upcoming Events

Oregon Medical Case Management Group 2008 Meetings & Events

Meetings will be held the 1st Thursday of every month
from 11:30-1:30 at the Oregon Medical Association
Schedules are subject to change.
Please watch for your monthly mailer.

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...

Additional information:
Judy Jessing at 503-572-3451
or email Judy.Jessing@Providence.org

January 2008,
No meeting

February 7, 2008
Speaker: Ali Olyaeik Pharm D - OHSU
Topic: New treatment for hypertension
Sponsor: Carmen S. Warren (Filbert)
NW Region Account Manager
Daiichi Sankyo, Inc.

March 6, 2008
Speaker:
Topic: TBD - Vibra Specialty Hospital
Sponsor: Joel Johnson
Director of Business Development
Vibra Specialty Hospital

April 3, 2008
Speaker: TBD
Topic: New Trends in Diabetes Management
Sponsor: **Ed Cardoza**
Senior Account Executive
Novo Nordisk, Inc

May 1, 2008
Speaker: TBD
Topic: Fibromyalgia
Sponsor: **Matt Seibt**
Account Manager
Pfizer, Managed Markets

June 5, 2008

Speaker: Dr. Thomas Ward OHSU/VA

Topic: Infectious Disease MRSA Infections
wound/pneumonia

Sponsor: **Kelley Haner**
Pfizer, Anti-Infectives

July 2008

No Meeting

August 7, 2008

Speaker: TBD

Topic: Intrathecal Baclofen Therapy: Overview
or Deep Brain Stimulation or Chronic Pain

Sponsor: **Jerry Santiago**
Manager, Therapy Access
Medtronic Neurological

September 4, 2008

Speaker: TBD

Topic: Rehabilitation

Sponsor: **Sharla Weber**
Community Relations
Mid-Columbia Medical Center

October 2, 2008

Speaker: TBD

Topic: TBD

Sponsor: **Dan Campbell**
GlaxoSmithKline

November 3, 2008

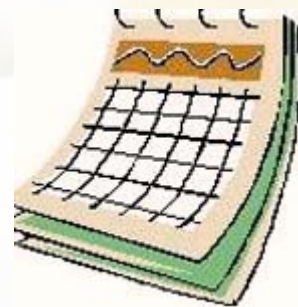
**Annual Conference at Sheraton Inn at the
Airport**

December 3, 2008

Speaker: TBD

Topic: Brain Injury

Sponsor: **DPRA & Therapeutic Associates**



JOINT OMCMG AND WMCMA EVENT

One of the goals of our board has been to collaborate with our sister organization in Washington on an event that benefits all of our members. Thanks to some timely and diligent effort by Gloria Simmons, Past President of WMCMA, that goal has been accomplished.

On April 19, 2008 OMCMG and WMCMA will be hosting Peter Moran, this year's President of CMSA, our national organization. The event, titled Let's Talk About Case Management 2008, will be held from 10 a.m. to 2 p.m. at the Kit Carson Restaurant Banquet Room in Chehalis, Washington. Admission for the event is free for members of CMSA. Non-member admission fee will be \$40.00. Lunch will be provided and we have several vendor sponsors who will be there with giveaways, door prizes, and current information for the attendees. Approval for 3 CEUs has been requested.

We are very excited about this event and will be sending out registration forms and more information shortly. Please be sure to mark your calendars for this event. We will be providing additional information at the March luncheon and on our website.

“Impossible is an Opinion not a Fact”



“Impossible is an opinion not a fact,” says Cameron Clapp. These are words of epic meaning coming from a young man who became a triple amputee at the age of 15. One late night in September of 2001, disheartened by the tragic events of 9/11, Cameron was walking along the train

tracks near his home in Pismo Beach, California. He fell asleep on the tracks and when he awoke in the hospital several days later, three limbs were missing. He had lost both his legs above the knees and his right arm just below his shoulder.

As tragic as it sounds, Cameron didn't give up. He lived up to his words and incredibly learned to use prosthetics in place of his missing limbs. He attributes his success to several factors. First and foremost was, and still is, his incredible support system. “My family and friends are what helped me get through those first harrowing weeks and months. They still help me.”

His advice to new patients: “Surround yourself with good people... good doctors, therapists, family and friends. Set reachable goals, work hard and maintain a good attitude.”

Now 21, Cameron epitomizes the ultimate California dude. His tousled blonde hair and easy conversation engages people of all ages. He willingly talks about his accident and using prosthetics. As an ACA Certified Peer Visitor he spends time mentoring other amputees and helping to show them what is possible in their lives. “It's all about attitude,” says Cameron. “Be determined and ambitious; you have to want to do something about your situation. Accept that your body is different. The sooner you accept your new body image, the sooner you will move on with your life.”

Cameron believes that staying active is critical to a successful outcome; a belief he whole-heartedly pursues. From running to swimming to cooking, Cameron's activities are numerous and diverse. He's even added acting to the list of things he enjoys. To date he has appeared in the HBO series “Carnivale” and the NBC comedy “My Name is Earl” and later this

year he'll have a major role in the motion picture *Stop Loss*.

“Many of the activities that I love to do would not be possible without prosthetics,” notes Cameron. “Prosthetics enable a person to pursue the things that make their life richer.”

Cameron has been invited to demonstrate his skills to wounded service members that have lost limbs in the recent conflicts in Iraq and Afghanistan, “Helping the soldiers is one of my most fulfilling things I have gotten to do. It's tough for them, coming home from the war without an arm or leg, or both. I talk to them and show them that life is not over. I want them to see me and know that they can have a very productive, fulfilling life, too.”

Each summer Cameron attends Camp Ability, a camp for children struggling with limb loss. He physically demonstrates what is possible. He gives them hope. “This camp helps these kids learn how to use prosthetics properly. It helps build character and confidence,” says Cameron. “The spirit, enthusiasm and determination of these kids is phenomenal. They help me just as much as I help them. It's a privilege to be in their presence.”

Cameron's achievements have not gone unnoticed. In 2005 he was nominated and honored with the prestigious Shining Star award, an award that recognizes the achievements of an outstanding person with a disability. Other notable recipients of the award include Christopher Reeve and Ray Charles.

Data:Infusion:Clinical Data:Newslettter articles:
Orencia-Tysabri

The i-LIMB® Hand

For years researchers have strived to create a prosthetic device that duplicates the function of the human hand. Today, that pursuit has resulted in the i-Limb®, the first commercially available, fully articulating, bionic hand.

The i-LIMB® Hand is the only upper-limb prosthetic device that imitates the true movement and accuracy of the human hand. The i-LIMB® has five independently powered digits which give the fingers a lifelike action. The fingers have the ability to bend at each joint and open and close around objects. The i-LIMB® Hand is anatomically correct both when resting and in motion.

The i-LIMB® was developed using leading-edge mechanical engineering techniques and is manufactured using high-strength plastics. The result is a prosthesis that is lightweight, robust and highly appealing to both patients and healthcare professionals.

How It Works

The i-LIMB® Hand is controlled by a unique, highly intuitive control system that utilizes myoelectric technology along with self-contained, individually powered digits.

The myoelectric technology utilizes electrical signals in the muscles of a patient's remaining limb which in turn controls the movement of the hand.

Two small metal electrode plates are placed against the skin. Traditionally, one electrode is placed on the top of the forearm and the other on the bottom. These electrodes detect the minute electrical signals generated by the remaining muscles in the residual limb.

Traditional myoelectric devices offer only one grip pattern which must generate a stronger-than-human grip force at the tip, where the fingers meet, in order to successfully hold heavy or odd-shaped items.

Unlike these older devices, the i-LIMB® has the ability to articulate the fingers, or wrap around objects, and rotate the thumb, enabling the hand to create many different grips. This allows a patient to grasp objects as a real hand would and perform more complex daily tasks such as typing, dialing the phone, throwing a baseball or shaking hands.



Cosmesis

The need to provide the i-LIMB® Hand a grip surface and protection from dust and moisture requires that a cosmesis (a flexible covering for the device) be worn. Because the i-LIMB® so realistically imitates the movements of the human hand, the challenge for developers was finding materials that could move and flex in the same way as the human skin. Ultimately, two options were designed, both aesthetically pleasing, and both near lifelike. Patients that love the robotic nature of the uncovered i-LIMB® can wear a semi-transparent glove. For those who prefer their device to blend anatomically, a life-like covering is available.

Easy Care and Maintenance

The i.LIMB® is constructed of durable plastic and componentry that can withstand the activities of daily living. Currently, the hand is not waterproof and appropriate precautions should be taken.

The modular construction of the i.LIMB® Hand means that each individually powered finger can be quickly removed by simply removing one screw. This means that a prosthetist can easily swap out fingers that require servicing and patients can return to their everyday lives after a short clinic visit. Traditional devices would have to be returned to the manufacturer, often leaving the patient without a hand for many weeks.

For More Information and Consultation

Hanger Prosthetics and Orthotics is proud to be one of the first to bring upper-extremity patients the i-LIMB® Hand. For more information or consultation contact Hanger at 800-642-662 or uepp@hanger.com.



OMCMG Conference Photos





2007



Conference 2007 A Great Success!

The 2007 Annual Conference held in November of 2007 was a great success in many ways. It was very well attended, the speakers were dynamic, the Sponsors were outstanding and the overall program put together by Co-Chairs Judy Jessing and Tammy Peterson was given very high marks.



Every attendee and Sponsor is asked each year to complete an evaluation of the facilities, meals and the overall program and speakers. Because of problems with the facilities including parking and traffic and the sound system the Board of Directors decided to explore a new location for next year.

After many hours and visits to a great variety of possible sites by Judy Jessing, it has been decided that the conference next year will be at the Airport Sheraton. It offers great facilities, plenty of parking and hopefully great desserts. The Board has also decided to change the event to a one day conference held on the first Monday of November which is November 3. The program content has yet to be determined but be sure to save the date.

See conference photos on page 6-7

Beyond the Surface of Things: Whose Leg Is It Anyway?

by Kevin Carroll, MS, CP, FAAOP

This is the day you've been waiting for – the day you receive your new prosthesis. The fitting process is behind you, and each component has been carefully selected and put in place. The prosthetist enters the room with your new arm or leg, eager to explain every feature and to watch as you don the prosthesis and start using it. This is the pivotal moment when the prosthesis shifts from being a separate object to becoming a part of who you are. It's *your* arm; it's *your* leg. From this moment forward, where you go and what you do with *your* prosthesis is your business.

Now, take a moment to look beyond the surface of things. When a sculptor creates a statue, it's more than just a piece of stone or clay – it's a reflection of who they are. The work of prosthetists is not so different. They're not just making an artificial arm or leg; they're creating a functional work of art that is unique and beautiful. As they invest a part of themselves into each prosthesis, many practitioners forge a deep connection with the limbs they create and the patients they serve. Although it usually remains unspoken, the prosthesis is *their* creation, even though its true destiny is to be *your* new arm or leg.

Then there's the payer, typically an insurance company or Medicare, that authorizes the creation of the prosthesis and pays for it when it has been completed. Sometimes, it may feel like payers think it's *their* arm or leg.

While there are many impressive new components on the market, it is the payer that usually has the last word on what will and will not be paid for. The prosthetic provider and the prosthetic patient may have to stand up to the payer and argue for what they believe they deserve in their prosthesis. The payer will authorize the replacement of a prosthesis about every three to five years. This means that if you, the user, submerge a nonwaterproof leg in water and damage it, the payer is usually not going to pay for it to be replaced. The same is true for any self-prescribed modifications you may make to the prosthesis. In any case that requires significant repairs or replacement, expect a lot of scrutiny from the payer.

It's enough to make you ask, "Whose leg is it anyway?" As a prosthetist, I have pondered over this question for some time. My work is always about meeting the needs of the individual prosthesis user. Every consultation, recommendation, or adjustment that I make is for the benefit of one person – you, the patient. Clearly, the owner of the arm or leg is the person who will be using it everyday. And yet not-so-clearly, it is to your advantage for the prosthetist to never completely relinquish his or her sense of ownership toward the prosthesis. It is this ongoing emotional investment of the practitioner that leads them to give the highest level of personalized care.

The heart of the issue can be narrowed down to two words: mutual respect. This is the key factor in the three-party relationship between user, practitioner, and payer.

First, the prosthetist must listen to and respect the user's lifestyle goals. Prosthetic patients are playing an increasingly active role in the design of their prosthesis and the plan for their rehabilitation. The Internet makes it easy for prosthesis users to access a world of information and to connect with other users across the globe. It is vital for prosthetists to accept this new type of proactive prosthetic consumer with respect and enthusiasm.

In turn, users who show respect for the expertise and guidance of their prosthetist are co-creating a winning situation. By understanding the practitioner's investment of energy and time in the prosthesis, the patient sets a tone of appreciation. Mutual respect is the foundation for most successful partnerships, including the one between a patient and his or her prosthetist.

Finally, it is beneficial to both prosthetists and prosthetic patients to take a respectful approach to payers and the process of gaining authorizations.

Whose leg is it anyway? The answer is something of a paradox. The creative process naturally leads the practitioner into feelings of ownership. Once the prosthesis user dons the arm or leg, the primary sense of ownership is transferred to him or her. And the payer projects ownership by controlling the approval process.

In truth, it is a three-part ownership, but as the prosthesis user, *you* are the majority share-holder. You are the one who lives with the prosthesis every single day, facing new challenges, adapting and learning. It's *your* leg. It's *your* arm. An important part of success for the long run, however, rests on the prosthetist, user and payer building a partnership of mutual respect.



About the Author

Kevin Carroll, MS, CP, FAAOP, has been a practicing prosthetist for 28 years and is the vice-president of prosthetics for Hanger Prosthetics & Orthotics in Bethesda, Maryland. He presents scientific symposiums to healthcare professionals both nationally and internationally and manages one-day prosthetic clinics for patients with complex cases.

Donations for OMCMG Raffle & Balloon Sale 2007

Edie Jones
Annie Blooms

Abbie Trimble
Artists Repertory Theatre

Barbara Simonsmeier
Ashley Avery's Collectables

Margaret Horn
Avamere

Betty Wood-Gimeralli

Mary Ellen Pierce

Care Medical

CD Forge

Ann Donat/Teresa Simmons
Chinook Winds Casino Resort

Elini's Philoxenia

Caitlin Purdy
Enchanted Forest

Celina Gomez
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Ty Dupuis
Flying Pie Pizzeria

Cindy Marchi
Grand Central Baking Company

Meryl Collins
Greek Cuisina

Sharon Simone
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Richard Beer
Hollywood Theatre

Melissa Tosh
Honey Baked Ham Co.

Patty Brown
Krispy Kreme

Angel Janera
La Carreta

NW Film Center

Sandra Leibham
Maryhill Museum of Art

Andrew Edwards
Lakewood Theatre Company

Linda Hill
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Tiffani
Oaks Park

Old Wives Tales

Joann Brown
Option Care

Kathie Brodie
Oregon Zoo

Diane Terret/Beth Karecki
Oregon Medical Evaluations

Susan Bashel
Pastini Pastaria

Krista Dorsey
Pizzacato Pizza

Pete Buonincontio
Portland Children's Museum

Katherine Eichholm
Portland Spirit

Hollywood Burger Bar

Peggy Acott
Portland Nursery

McCormick & Schmicks
Seafood Restaurants

See's Candies

Jan Acker
Stash Tea

Matt Entrikin
Sweet Tomatoes Restaurant

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A Good Time Had By All

The membership of OMCMG once again showed what kind and generous hearts they have at its December Meeting. Between the raffle tickets and the balloons we were able to pass along over \$1,200.00 to House Care Providers. We also sold Betty Woods Gimerilli's 2008 ornaments for the Parkinson's Resource Group, were treated to a wonderful mini concert by Michael Allen Harrison and enjoyed a nice meal, speaker, and networking.

In addition, President Mary Ellen Pierce announced the winner of the Linda Thompson Award for Excellence in Case Management which went to Diane Terrett. Diane is fairly new to this group, joining the Board of Directors last year, and represented OMCMG section at the national convention in Denver in June. Diane lives in Eugene, works for Pacific Source and also serves as a liaison between the Eugene Group and Portland. This year she will be membership chair, and has exciting ideas to increase membership.

Judy Jessing and Tammy Peterson shared this year's Excellence in Advocacy for Case Management Award. Both serve on the Board of Directors and both served as Co-Chairman of the 2007 conference. This year Judy is Chair of the Education Committee and Tammy will serve as Conference Chair. Both have been active as vendors with OMCMG. Judy works with Providence Specialty Pharmacy Services and Tammy works for Center for Medical Imaging.



Judy Jessing



Diane Terrett



Tammy Peterson



Spotlight on a Member - Joanne Denham

After finishing nursing school, Joanne began her career at Stanford University in coronary care which she found fascinating because they were doing Heart Transplants then. Heading to Oregon she began work at St. Vincent's and then moved to Japan for six months to be with her husband.

Returning to Oregon she worked in home health before moving into Case management, a new career path. Starting with Resource Connectors, then moving to Health Access, Inc. including being Executive Vice President, before ending up at LifeWise Health Plan of Oregon where she is currently a catastrophic case manager.

Joanne has been an active member of OMCMG since it's inception in the early 80s and served on the Board of Directors in the early 90's. She helped to develop the original by-laws.

Her hobbies include: gardening, spending time with her 3 grandchildren, pine needle basket weaving, and photography.

MISSION STATEMENT

OMCMG is committed to advancing the practice of case management by providing members with educational opportunities, and a network of collaborative support.



Become an **OMCMG** member today

Membership in the
Oregon Medical Case Management Group
offers an opportunity to participate in the development and direction
of case management as a profession.

OMCMG/CMSA Supports you with:

- Re-energize your professional passion with local, regional, and national educational opportunities
- Meet health care leaders and experts
- Be a positive force for change in health care industry
- Develop collaborative and supportive relationships to meet the challenges of our profession
- Address case management issues in all spectrums of health care

Tangible resources included in membership:

- Web-based education
- Subscription to professional journals
- Monthly educational seminars
- Access to local and national resources for health care products and services
- Announcements of local events via web and newsletter
- Networking with other health care professionals
- Job opportunities
- Access to cutting edge information on new health care technology

**Please see our website for information on membership, or contact
our membership chair, Diane Terrett at 541.684.5455
or dterrett@pacificsource.com**

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