

Volume 2, Issue 3

Fall, 2009

Letter from the President



Hi All and Happy Fall! Summer is leaving us and fall is leafing us! I decided that for this newsletter I would focus on something clinical and near and dear to all of us—the H1N1 virus and vaccination. It is hard to listen to or read the news without hearing about this issue. So let's get down to the facts.....

The Food and Drug Administration recently approved vaccines designed to protect against the **H1N1 influenza virus**, a key step before starting a vaccination campaign. The approval was announced by Health and Human Services Secretary Kathleen Sebelius at a hearing that was held by the House Energy and Commerce Committee. The government has awarded Protein Sciences, in Meriden, Conn., a five-year, \$147 million contract to develop an H1N1 flu vaccine, joining several other companies. An FDA spokeswoman said the agency approved vaccines made by a unit of Sanofi-Aventis SA, Novartis AG, CSL Ltd. and AstraZeneca PLC's MedImmune unit. MedImmune makes a vaccine in the form of mist delivered through the nose rather than a shot. Ms. Sebelius said a large-scale vaccination program will begin in mid-October.

The United States has spent more than \$1 billion to purchase and administer a total of 195 million H1N1 vaccine doses being made by five companies. About 40 to 50 million vaccine doses will be available by the middle of October and will be distributed to each state's health department officials. Shipments of vaccines are expected to last for several weeks as additional vaccines are produced.

Initially, the H1N1 vaccine will be reserved for health-care workers, pregnant women, children and young adults, who have been disproportionately affected by the new virus. So far, the new flu strain hasn't sickened very many Americans age 60 and older possibly because they have immunity from similar viruses that caused past influenza pandemics. The U.S. has seen additional cases of H1N1 influenza as schools resumed classes in recent weeks.

Ms. Sebelius also said it is likely that just one dose of the vaccine will be needed to protect adults against the virus, based on preliminary study results of some of the vaccines released last week. Health officials had expected two doses might be needed for H1N1 vaccines, as is the case for young children who receive a seasonal influenza shot for the first time. The first vaccine dose is intended to "prime" a person's immune system so that it can recognize a new type of virus, while the second dose helps the immune system produce enough antibodies to fight against the virus. The FDA said that people who have allergies to chicken eggs shouldn't receive the H1N1 vaccine, as is the case with seasonal influenza vaccines, because chicken eggs are used during the vaccine-production process.

As case managers, we are instrumental in assuring that our clients are aware of the H1N1 issue and it is recommended that we facilitate vaccinations for those clients at greatest risk for acquiring the virus. Again, I thank you for all your hard work!!
— Debbie Stubbs

Save the Date

Nov. 4, 2009: Assisting Individuals with Chronic Conditions

CMSA's 20th Anniversary Conference and Expo, June 8-11, 2010, Disney's Coronado Springs Resort, Orlando, FL. Dreaming and Doing, Making a Difference Together.

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Assisting Individuals with Chronic Conditions —November 4th Seminar

Don't miss this all day seminar sponsored by the Fort Wayne Chapter of the CMSA. It will be held at the Public Safety Academy, 7602 Patriot Crossing, Fort Wayne, IN, on November 4, 2009, 8:00 AM to 4:30 PM. For directions call: (260) 439-8200.

If you have questions about the seminar, call Julia Davis at (419) 224-1888, ext. 321. You may also e-mail her at: jadavis@triumph-healthcare.com

There will be something for case managers working in all areas of healthcare. Workshop titles include: End of Life/Hospice and Case Studies in Quality Initiative Activities in Hypertension with Catherine Mullahy; Medicaid Eligibility and Application Process by Theresa Haneline; Understanding Social Security Disability by Heidi Dee; and Family Medical Leave Act by Mary Woodcock.

If you didn't get your brochure, you can download one at the [Fort Wayne CMSA's website www.cmsafw.org](http://www.cmsafw.org).

Public Policy update

Anne Keller and Julia Davis are our representatives on the national CMSA public policy committee. The August meeting discussed the Health Care Liaison CMSA Case MODEL Law Act 2009 (posted on www.cmsa.org). The purpose of the act is to enact code recognition for case managers to be reimbursed for services.

The public policy future goal is that all levels of practice of professional practicing case manager would be invited to the table and / or involved in the Health Care Reform debates. CMSA is actively seeking co-sponsors in other positions of health care to align with case managers. This would give case managers more power as they take the value of case management to legislators.

Tools are available if you want to make an appointment to meet with state leaders to educate them on the importance of case management in health care reform. **Be a voice for case management!** (Print Talking Points and a sample letter at www.cmsa.org.)

The public policy committee is also working actively in the discussions and development of the multi-state nurse licensure compact. There are now 24 states that are part of the compact with Missouri being the most recently activated. Indiana is not yet part of this compact.

Anne and Julia are our spokespersons, but that doesn't mean you can't also talk to your state leaders.

On A Medical Note



We have all heard of Betty Boop, but have you heard of the medical diagnosis BOOP! It is an acronym for Bronchiolitis Obliterans Organizing Pneumonia. It is an inflammatory reaction affecting the bronchioles and surrounding tissue in the lungs, often caused by a pre-existing chronic inflammatory disease like rheumatoid arthritis or connective tissue diseases. Other associated pathologies are Sjogren syndrome, ankylosing spondylitis, regional enteritis, ulcerative colitis, lupus, primary biliary cirrhosis and thyroiditis. Immunosuppressed states have also been associated with BOOP.

It is believed that BOOP is the source of 20 - 30% of all cases of chronic infiltrative lung disease. There is no sex or racial predilection. There is also no significant prevalence difference between the United States and other countries. The mortality rate in patients with BOOP is about 10%.

Patients with BOOP respond favorably to treatment with steroids. Symptoms are persistent, nonproductive cough, dyspnea with exertion, low grade pyrexia, malaise and weight loss all after an influenza-like illness followed by a second illness lasting 1 to 4 months. Symptoms do not respond to antibiotics.

Diagnosis requires an open lung biopsy. BOOP may respond spontaneously, but most require treatment with steroids with symptoms resolving within days or weeks. An intriguing, complex and difficult to diagnose disease. For further in-depth information regarding BOOP, see: Annals of Thoracic Medicine, eMedicine under Bronchiolitis Obliterans Organizing Pneumonia or Google BOOP.

Now you know there is more than one BOOP out there - there is Betty and there is the very real BOOP!

-Sharon Woods & Mary Ann Schaefer

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CASE MANAGEMENT:

The *Essential* Link
in Quality
Health Care

National Case Management Week

October 11 - 17, 2009

From the September 2, 2009, edition of the CCMC Newsletter: Watch for the results of this summer's role and function survey of case managers. The survey will be used to revalidate the CCM exam by looking at current trends in case management as well as the skills, knowledge and experience needed to practice case management. Check www.ccmcertification.org for updates.

CMSA has just released a **caseload concept paper and matrix**. It is a joint publication with the National Association of Social Workers (NASW). The paper can be viewed and downloaded from www.cmsa.org.

The Kaiser Family Foundation website has frequent updates on **health care reform**, including a side-by-side comparison of major health care reform proposals updated 10/08/09. The website is <http://healthreform.kff.org>

The National Transitions of Care Coalition (NTOCC) has recently published health care tools in Spanish as well as English. **You can download copies of *My Medicine List* and *Taking Care of My Health Care* on the NTOCC website (www.ntocc.org).** These are consumer tools that case managers can provide to patients.

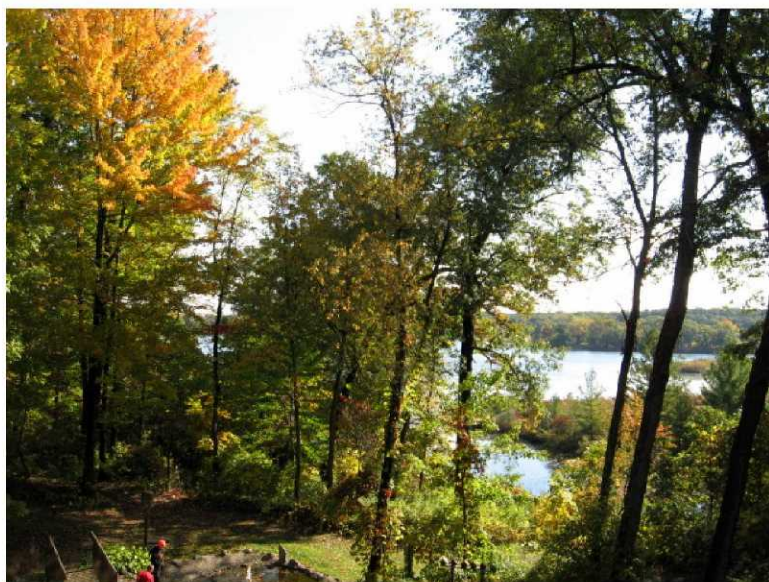
Also posted on the NTOCC website is a set of slides to help case managers describe the need for better **transitions of care**. No matter what area of case manager you work in, you have the opportunity to improve your patient's transitions from one level of care to another.

Health & Human Services released new features on **Flu.gov** last week. Included is a self-evaluation guide for adults 18 and older along with a new Flu Myths and Facts section. The self-evaluation tool is interactive and is designed to help us take care of ourselves, prevent the spread of the flu, and identify the warning signs of more serious flu symptoms—those that require seeing a doctor. The information is at www.flu.gov. There are also informational sheets that can be downloaded and printed to share in our worksites, churches, schools, etc.

Website Spotlight

www.AAACEUS.com offers inexpensive options for continuing education, including prep courses for your CCM. See: http://www.RNCaseManager.com/newsletters/email_10-2009.html for courses from the Return to Work Newsletter on back pain issues and stress claims. \$36 for 6 hours of CEUs. At this website, you can also sign up for a one year of unlimited newsletter CEUs for \$179.00. There is also a free newsletter you can subscribe to. It's work checking out.

Are you on Facebook or LinkedIn? Did you know CMSA is on both? Join the group for additional opportunities to network with other case managers.



Summit City NAON educational meetings are free of charge & open to everyone. The next meeting is November 19, 2009, "Something's Missing: Get a Limb On-Traumatic Upper Extremity Amputations." For information on location, call Liz Furniss at (260) 436-8686. Meetings begin with a light dinner at 6:00 p.m. and program at 6:30 p.m.

Welcome New Member!

Jim Dougal
Integrity Physical Therapy



Note from the editor:

During this week of recognition for case management, I'd like to use this column to recognize all of the case managers who might read this newsletter. We have opportunities every day to make a difference for someone. It makes me proud to be part of an organization that is telling the case management story. This newsletter can be a way to share our stories. Send them to me-I'd love to help you tell your story. Also, send me pictures if you have some to go with the story.

The CCM prep course in September was cancelled due to low registration so there was not a seminar to report on in this newsletter.

I'd like to use this column to say thanks to the wonderful group of nurses and case managers I have the privilege of working with. We've worked together at Mennonite Mutual Aid (MMA) for many years. We've seen our health plan membership go up and we've watched it go down when times are rough economically. We've laughed

together & shared some tough times. We've supported each other through family losses and celebrated when family members are added (grandchildren, children by birth & adoption).

Each and every day, the nurses and case managers come to work with commitment, dedication and a passion for the work we are doing. Renee, Jeanne, Leah, Annetta and Ardean: thank you for being the wonderful, caring people you are!

—Carolyn J. Lichti RN, BS, CCM
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