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The official magazine of the
Case Management Society of America

case *in* point

Improving your practice,
your career and your life

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STRESS AND BURNOUT
KNOWING THE SIGNS

DAVID LANDER

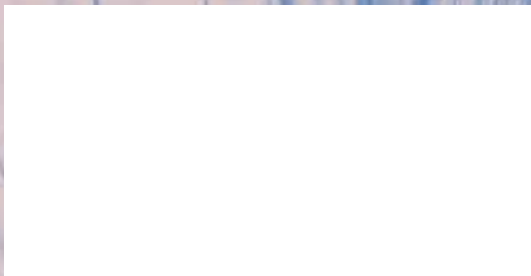
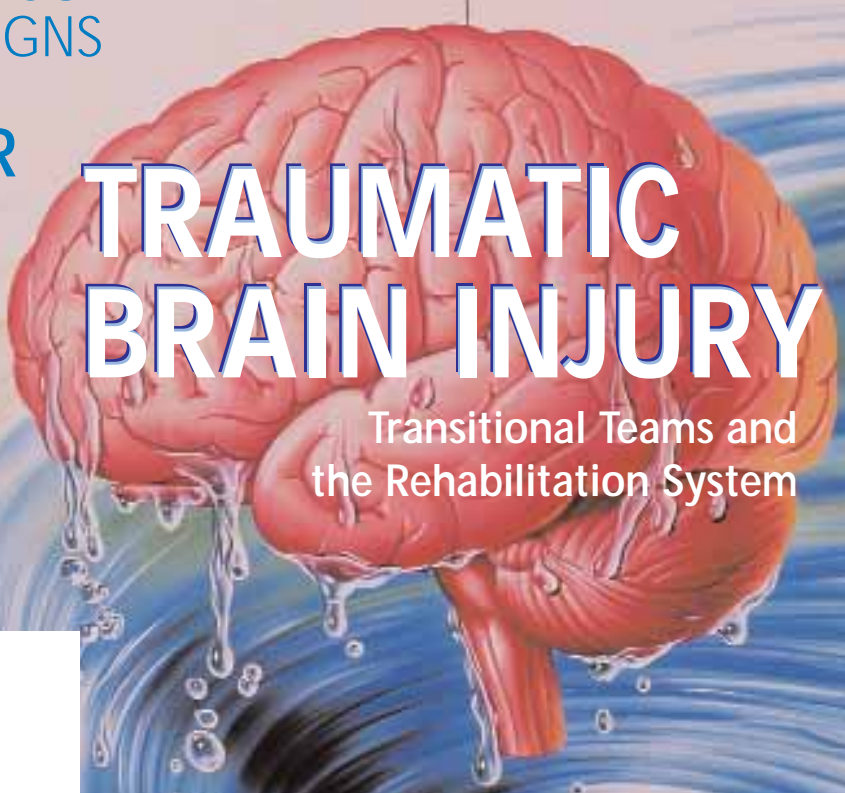


SHARES HIS
EXPERIENCES
WITH MS

**THE ART OF
OUTCOMES**

TRAUMATIC BRAIN INJURY

Transitional Teams and
the Rehabilitation System



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CE SUPPLEMENTS:

Case in Point provides some thoughtful, firsthand tips for those mulling the idea of starting an independent case/care management business. The supplement can be found in the Case Management Bookstore.



Working Together Toward Cultural Competency: Case managers and certified disability management specialists can earn two contact hours by reading and completing the post-test about this article on the important topic of cultural diversity.



LEADERSHIP INTERVIEWS:



Take a break from your day and sit down with leaders of the industry, including the former presidents of CMSA, that have helped set the pace for the field.

CLINICAL FOCUS INTERVIEWS:



In this section, full-length interviews of prominent clinical leaders are available for your education and listening pleasure.

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CONTRIBUTORS



MARGARET MCGLOUGHLIN, RN, BHA, JD, amid an exploration of the latest clinical guidelines on hypertension, examines the methodology case managers utilize

to control the at-risk population. The manager of disease management programs at the Jackson Health System for the past 10 years, Margaret McLoughlin shares techniques that case managers can use to improve the identification of those at risk and to ensure treatment compliance in the article on page 18. Contact: pmcloughlin@jhsmiami.org.



DR. VERGIL L. METTS,

in the first of a two-part series on page 10, explains the concept of organizational health and its application to the viability and

vision of businesses in all settings. Dr. Metts is president and CEO of Impact Associates Inc. and holds a doctorate degree in industrial and organizational psychology from the University of Tennessee. Dr. Metts has extensive experience working for and consulting with public and private organizations. Contact: vmetts@impactassociates.org.



LARRY ROBINSON, MA, CEAP,

explores burnout and shares some tips and strategies for combating stress on page 22, which also reveals some, well, distressing

statistics from the American Psychological Association. Relying on more than 20 years of experience in the employee assistance field, of which he served both internally and externally, Mr. Robinson relays some useful activities that case and care managers can utilize to relieve stress in their own lives. Contact: eap1@charter.net.



DR. THOMAS WILSON ALONG WITH GARY CARNEAL AND MARY BETH NEWMAN

co-wrote an article on the topic of outcomes that will be of particular interest to those involved in medical management. The article, on page 14, explains the



processes used in measuring ROI and provides resources that will enable continued learning. Thomas Wilson is the principal of Trajectory Healthcare, LLC, a strategic epidemiologic consultancy firm. Dr. Wilson is also the founder and board chair of the Population Health Impact (PHI) Institute. Garry Carneal, JD MA, is the president and CEO of Schooner Healthcare Services and serves as executive director of Strategic Alliances at EmergingMed.

Mary Beth Newman, MSN, RN-BC, A-CCC, CMAC, CCP, is the program manager for care management at WellPoint and a member of the Board of Directors of the Case Management Society of America.

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Subscribe to *Case in Point* — for FREE!

Those of us at *Case in Point* have been hardpressed to find a reason why you should not subscribe to a resource that is certain to improve your practice, your career and your life. As you can see from the profiles of the contributing writers above, the pages herein are brimming, bursting, overflowing with experience from all corners of the field. Fill up on the experience yourself, and (as there's much to go around) why not tell your friends and colleagues where the fountain is.

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Part one

of a two-part series. In the April/May issue, part two will present an elaboration on the concept of organizational health, including a detailed case study.

“YOU MAY FEEL JUST A LITTLE SOMETHING.”

Spoken by your doctor, these seven innocent words might take on an entirely new meaning when you hit 40 — that magic age when the annual physical takes a serious turn, complete with new tests and tools. It is the age when many take a first hard look at their health and give serious thought to its future. For some, it's a wake-up call, a time for serious course correction.

Organizations and their subsystems — divisions, workgroups and the like — are remarkably similar to people. Each lives, breathes, matures, and is comprised of numerous vital and interdependent organs. People and companies alike are affected by internal and external stimuli, and are emotional by nature. Some look great from the outside, but inside, where it counts, are in terrible shape.

Thus the reason why companies, like people, need to take physicals. The concept is known as “organizational health.” It's not pie-in-the-sky theorizing. It's a complete battery: blood test, X-ray, psychological workup, and a regimen to maintain or improve health — all directed toward optimizing performance, affecting positive (sometimes radical) change, and satisfying critical objectives.

Organizational health, when practiced the right way, is a true diagnostic that measures four key areas:

Strategy

Capability

Viability

Spirit

Under each area fall a number of measurable elements, from decision-making and process efficiency, to accountability, ethics, and delivery against mission and objectives. Other factors — energy, commitment to excellence, passion, trust — on the surface might appear unmeasurable. But they are not only fit for measurement, they are critical to gauging an organization's current state of well-being and its potential to thrive.

We are all familiar with the grand public failures of companies like Enron, which at first glance appeared to be vital and healthy, only to fall victim to their ills, like a rapidly metastasizing cancer, that took the form of ill-formed ethics and a lack of accountability. A great looking, three-pack-a-day smoker.

OPEN WIDE, SAY AHHHHH

WHY YOUR COMPANY IS
OVERDUE FOR A CHECKUP.
AND HOW THE RESULTS
MAY SURPRISE YOU.

In the early '90s, IBM took another road. The keeping of the status quo at IBM in the face of the personal computer revolution (which it helped fuel) was starting to cost the company its future. It can be argued that the most critical insights of Lou Gerstner, IBM's former chairman, had to do with culture — both within the company itself and in what was fomenting in the world at large. Under Gerstner, what many viewed as Big Blue's arrogance quickly (and necessarily) gave way to an organization with an entirely different focus — namely, service — and a new, customer-centric way of doing business. Unlike Enron, here was a company that got itself CT-scanned, saw a lot not to like, and took real medicine, in effect changing many facets of its organizational culture. The resulting success is well-documented.

At Impact Associates, we became intrigued with organizational health after doing extensive work in areas like emotional intelligence, where we saw how the best leaders are those who understand the role emotions play in the workplace, and learn how to optimize (not minimize) their impact. We started thinking about how the emotional piece fit into the whole — the overall health of a company or a critical subset of it.

What emerged was a model of interaction at multiple levels, taking into account where and how individuals, groups and systems influence one another. This model forms the basis of a 128-item diagnostic, where each item is scored on a seven-point scale.

This sounds like a good theory, but what can you do with it?

The resulting picture of health is both meaningful and actionable. It shines light on areas performing less than optimally and prescribes ways to improve and monitor them. It helps make necessary change more effective by aligning all relevant stakeholders. It can radically transform the perspective of team members on what they do, how they matter, and where they fit into the big picture. It can identify and help shape effective leaders. It can create more nimble companies in the face of escalating competitive threats.

Sometimes the news is good. Sometimes it remains a bitter pill to swallow. But most of the time it fits somewhere in between. Good companies and work units, like the best patients, do not sweep their findings under the rug, hoping the passage of time will make the situation better, or disappear. There must be a commitment to listening, learning, charting a plan to improve, and monitoring the results.



Organizational health aims to merge, and utilize, the positive elements of any corporate culture, elements both ineffable and routine.

Consider the case of J.W. Holt, division president at one of the nation's largest electrical-components manufacturers. In the face of increasing competition, the spiraling cost of supplies and materials, and increasing demands from Wall Street, Holt knew that something had to be done to transform a "couch potato" organization into a lean, agile marathoner.

Rather than focus on cost-cutting measures alone to enhance immediate performance — in other words, by shunning the quick-fix, crash diet — Holt embarked on a journey of transformation. Impact Associates worked with Holt to design and implement programs to address areas previously "undiscussable" within the organization. All employees were trained in skills to build emotional competence in the workplace. Measures were defined and implemented to assess the spirit and vitality of the organization. Listening became a way of life, and values, rather than short-term financial gains, drove decisions.

These changes did not occur without significant effort over time. Like the discipline required to eat healthy and exercise regularly (and ensure long-term benefits), Holt's new way of operating required focus and discipline. Using a balanced scorecard approach to measure areas related to organizational health, Holt and his organization identified key actions necessary to its well-being. Business processes were enhanced, ethical behavior

reinforced, and accountability redefined in terms of measurable outcomes.

Holt's hard work paid off. His division is now the parent company's strongest performer. It took three tough years of treatment, but the results took hold and created long-standing structural change.

An organizational health assessment, done right, can be a complex and time-intensive process. The buy-in must be present at multiple levels for it to work. But there are 12 basic questions you can consider right now for a quick checkup. You may not have answers to every one. But keeping them in mind might help you see things in a new way. (See the diagnostic tool on page 13.)

Call it organizational health, or call it what you like. The issue at heart is a healthy, forward-thinking style of management. A recent MIT study found that companies with innovative work practices scored highest in both productivity and quality. A survey of 700 public companies revealed those with HR practices deemed innovative realized greater shareholder returns than their counterparts. A survey of 150 Forbes 500 companies found that firms defined as "most progressive" generate higher growth in sales, profit and earnings per share.

The numbers, just like those cholesterol figures, rarely lie. ☺