

The Growth of a Health Care Superstar

by Kathleen Moreo, CMSA Executive Board Member

It was T.S. Elliott who wrote, *“ We shall not cease from exploration,
And the end of all our exploration
Will be to arrive where we started,
And know the place for the first time.”*

The renowned writer could have been referring to the profession of case management, and to the quest of a small, informal group of health care professionals in 1989 with a will to define the scope and practice of case management.

If a single pioneer could be identified in the quest for a national, non-profit case management organization, later to be known as the Case Management Society of America (CMSA), historical documents would point to Lisa Garvey. Garvey was an account representative for the Health Data Institute of Caremark and a resident of Naperville, Illinois, in 1989. Ultimately, it would be Garvey and a handful of pro-active case managers who would create CMSA.

Garvey initially sought to locate a management company of national caliber that would be interested in representing and promoting professional case managers. It was a difficult task, for while Garvey and her cohorts' passions were apparent, their pockets were empty. Finally, through a friend of Garvey's, an association management group in Washington, D.C. was contacted. Conference planner and friend Gale Luce assisted Garvey in discussions with The Hill Group, who ultimately agreed to represent what was to be known as the American Society of Case Management Professionals (ASCMP). J. Craig Barnes of the Hill Group became the organization's first acting executive director. This company was poised to lead the organization through five years of tremendous change.

An imminent need was to identify health care companies willing to sponsor an upstart organization. In written memos dating as early as May, 1989, Barnes was meeting with representatives of large health

care companies, representing the founding board of directors of ASCMP. Excerpts from 1989 memos reflect the organization's early struggles. Barnes states, "...a long way from a commitment, but a short bit of progress...", and "he sounds very skeptical about the society", and "I'm not optimistic".

Among companies contacted by Barnes were such well known entities as Intracorp, Baxter, Crawford & Co., Caremark, and Health Care Compare. Caremark would later, much later, (1992) become a corporate member of the organization, along with many other well respected healthcare corporations. No one in 1989 could predict the future magnitude of the tiny group of 12 case managers meeting in America's heartland for creative organizational meetings.

Chicago was the site of those first meetings, as some of the ASCMP founding members were drawn from the Illinois Case Management Network. This well established organization was a valuable support mechanism that ultimately produced some of CMSA's great leaders.

Garvey and her cohorts were committed to the growth of the ASCMP as a national not-for-profit organization. At that time, the Independent Case Management Association (ICMA), owned by Systemedic, was in its infancy, and no prediction could be made as to its future success. The consensus among many professional case managers was that there was both room and a need for both organizations. It was envisioned that if case managers could come together collaboratively, in a united voice, individual practitioners could effectively make positive changes in health care. The promotion of case management as a profession, as well as the ongoing education of case managers was inherent to the idea of a national, non profit organization.

The first formal meeting of the ASCMP occurred on October 10, 1989. Dues of \$65 per member were collected, literally around the table, as the twelve people present pledged their dollars and became the first paid members of the organization. It was also during this meeting that the founding board of directors was voted upon. The founding board included executive officers Nell Ann Peck, president; Mindy Owen, vice president; and Mary Gambosh, secretary/treasurer. Upon Gambosh's resignation a few months later, Sue Finch was

appointed secretary, and Lynn Buie was appointed treasurer. Directors to the board included Gerry Areghini, Kady Dunleavy, Carrie Engen, Lisa Garvey, Tommie Lester, Gale Luce, June McClean, and Sally Wallin.

Other agenda items at that Chicago meeting included formal introduction of the first ASCMP mission statement:

"The mission and purpose of the Society are to maintain and enhance high quality health care services and to develop and create programs and affiliations that contribute to a continuum of education for all members and affiliates. The programs will promote and build an organized network that addresses quality education and services and assists innovative career progress."

During that same year, Barnes suggested in memo form to the founding board members that ASCMP pursue leadership from "...someplace other than California and Illinois. We have an excellent representative from Virginia (eluding to 1995-96 President Mary Gambosh), but no one from such important states as Florida, Pennsylvania, Texas, or New York." Leaders agreed to begin routine dissemination of correspondence throughout the country in an effort to encourage geographic diversity.

ASCMP published its first newsletter in December, 1989, identifying itself for the first time as the Case Management Society of America (CMSA). President Nell Ann Peck invited readers to join a "member driven organization". Taking its commitment to the members seriously, the board's priority throughout 1990 was to identify the needs, concerns, and issues pertaining to membership and the case management profession at large. Many of the issues raised by President Peck were to be discussed again and again throughout the next several years. Among them were such issues as defining case management, defining the scope and practice of case management, and defining standards of care. Those issues would be so paramount to the organization's mission that task forces would later be formed within and outside of CMSA to address and resolve them.

In October, 1990 in Chicago, Illinois, the policies, mission, and objectives of the organization were identified by the board. Further, the

board developed and distributed a "Needs Survey" to the case management profession to enhance the organization's representation of the case management profession. CMSA was on the move in a very big way, and health care companies were beginning to take notice.

With rapid growth, it soon became apparent that policies would need to be developed pertaining to the alignment of local chapters with the national organization. Early references to chapter structure, how to create boundaries for local chapters across the country, and what would constitute a chapter, can be found in memos and meeting minutes of the organization throughout 1991. In April, Model Chapter ByLaws were ratified by the board. As a part of these bylaws, it was determined that each local chapter would be responsible for its own incorporation.

April, 1991 was to be a herald month, as the organization's national bylaws were ratified on April 25. Among changes spurred by the new bylaws was a change in national board representation from six directors to nine directors. An acting executive director, Sanford Hill, was present at that meeting, and witnessed the organization's first formal election process, yielding the second board of directors. While the executive officers were voted into a second one-year term of office, three directors were elected to three-year terms: Carrie Engen, Mike Calogero, and Tina Kowisen. Elected to two-year director terms were June McLean, Suzanne Moore, and Gerry Scully. Elected to a one-year term were Kady Dunlavey and Sue McManus. One position remained vacant.

It was also during this meeting that the membership dues, currently set at \$85, would be increased to \$95. Interestingly, the organization maintained its dues at \$95 for the next five years, despite expected, dramatic cost increases in operations, a testimonial to the organization's commitment to serve the members.

April, 1991 also witnessed CMSA's first national conference in San Diego at the Pan Pacific Hotel. The conference boasted 48 exhibitors and 250 attendees, which was considerably large for a 116-member organization.

As the conference solidified the national presence of CMSA, it also fueled greater national awareness for the organization's members. The former Legislative Committee of 1990 became the Governmental Affairs and Political Education Committee of 1991 under the leadership of Tina Kowlsen. The committee subsequently drafted a mission statement that addressed collaboration with other organizations to monitor and establish state and federal regulation/legislation related to case management.

President Peck, in an open letter to members in May, 1991, called for formal working relationships with coalitions addressing issues in state and national health care. On a lighter note, Peck challenged board members to ponder the future of CMSA, and cited a famous quote from *Alice In Wonderland*: Alice – "Would you please tell me which way I ought to go from here?" Cheshire Cat – "That depends on where you want to get to."

In July, 1991, the board of directors unanimously approved a contract with their management company, The Hill Group. During the next nine months membership grew beyond 500 members, with four affiliated chapters: Florida, Northern California, Southern California, and Georgia. Florida constituted a state chapter with four additional local chapters.

Membership increase was partially credited to distribution of the first membership brochure. In addition to a membership application, the brochure stated membership benefits, listed membership categories, and included the CMSA mission statement: "To promote the individual and collective professional development of health care case management."

In December of 1991, the board of directors coupled the mission statement with an approved definition of case management: "Case management is primarily a process directed at assessing and coordinating resources and creating flexible, cost effective options for catastrophically or chronically ill or injured individuals on a case by case basis to facilitate quality, individualized treatment goals."

The new year rang strong for CMSA, with a second annual conference in February, 1992, a mere ten months after the first conference. The conference was held in Atlanta, GA, and was attended by 300 people, with 71 exhibitors. It was here that the board intended to distribute a membership pin and identification card to each paid member. While the pin became synonymous with membership for the next few years, the membership card would be a desired benefit not seen by members until 1994.

Membership by this time had increased to 580. The annual conference meeting in Atlanta subsequently produced the first profound changes in the young organization's bylaws, with revisions to the election process and approval of a president-elect position.

The organizational leaders recognized a need to convert from a consensus election system, traditionally held during the annual meeting, to a ballot-by-mail system, in order to enhance democratic representation throughout the country. The first mail-in ballots were received by members in late 1993 for the 1994 incoming board.

The board's 1992 unanimous decision to change the vice president position to a president-elect position, with introduction of a vice president position established for the purpose of enhancing chapter relations, subsequently took effect in the elections of 1993.

Newly elected to the board in 1992 were Carrie Engen, vice president; Sue Booth, secretary; Gary Wolfe, treasurer; Alison Akard, director; Marci Auerbach, director; and Sandra Lowery, director. Marlys Severson was appointed to a director position in March, 1992, following resignation of Suzanne Moore.

More and more, CMSA leaders were monitoring legislative issues affecting case management. In March, 1992, the board unanimously approved entering into a relationship with Bailey, Morris and Robinson, a well known lobbyist group. A legislative tracking procedure was implemented by the governmental affairs committee, to maintain current inventory of federal and state legislation, and to maintain a library of reviewed bills for future reference. With representation by a strong lobbyist group in Washington, D.C. the

CMSA board turned its attentions to a second paramount issue -- national certification for case managers.

The Certified Insurance Rehabilitation Specialists Commission (CIRSC) provided a voting position on their board for a CMSA member in the Spring of 1992. CIRSC was in the process of developing a national certification for case managers, and CMSA President Mindy Owen appointed President-Elect Carrie Engen to fulfill this important position. Engen served on the CIRS Commission until 1994, at which time the Interim Commission was established to oversee the Certified Case Manager (CCM) process under the umbrella of CIRSC. Engen became the Chair of the Interim Commission, and remained as Chair during its transition to the Commission for Case Management Certification (CCMC) in July, 1995, providing CMSA with a valuable presence.

There were additional opportunities created in 1992 that would be ongoing for the organization. On April 6, 1992, CMSA received a proposal from Glasrock to recognize outstanding case managers in the industry. A task force was established to review potential opportunities. Ultimately, the first CMSA Case Manager of the Year awards would be presented at the 1993 annual conference by Homedco.

These first prestigious awards were given to Jeanne Boling, who at the time was the medical director and conference director of Systemedic, and to Marlys Severson, a director of CMSA. These first award recipients would eventually aspire to the two positions of executive director and president of CMSA, a testimony to the organization's effective use of leadership.

By September, 1992, membership had grown to 959 paid members, and 11 local chapters were developed or in formation stages. One month later, membership was 1027. Further, a new definition was adopted by the board as the year came to a close:

"Case management is a collaborative process which assesses, plans, implements, monitors, and evaluates options and services to meet an individual's health needs through communications and available resources to promote quality, cost effective outcomes."

San Francisco, CA, was the meeting place for the third annual conference in February, 1993, at the Fairmont Hotel. CMSA hosted a thousand attendees from across the country, including Hawaii and Florida. The new 1993 board included Carrie Engen, president; Gary Wolfe, president-elect; Marci Auerbach, vice president; Sue Booth, secretary; Marlys Severson, treasurer; Mindy Owen, past president; Mike Calogero, director; Theresa Dawson, director; Marcia Frieson, director; Tina Kowlsen, director; Alison Akard, director; Sandra Lowery, director; Charles Braden, director; Ann Sampson, director; and Helen Principe, director.

By April of 1993, membership had climbed to 1633, and the newly appointed government affairs committee was in high gear under the leadership of Glenda Evans Shaw. It was during this period that the committee was charged with development of a White Paper to present to President Clinton's Task Force on Health Care Reform. "Case Management: A Building Block for Health Care Reform" was submitted by CMSA to the White House Interagency Health Care Task Force in April, 1993.

Subsequently, CMSA also participated in publication of a White Paper drafted by the National Coalition of Associations for the Advancement of Case Management, the NCAACM. The paper was entitled, "Case Management: A Resource That Is Working...Quality Care and Cost Containment". CMSA also approved financial support of the publication.

Financial reports and historical documentation for 1993 reflect optimism by the board of directors regarding the organization's financial condition. The fund balance reported in the December, 1993 financial statements showed a record high fund deficit of \$294,000, but already the board of directors had made commitments to lower administrative expenses. It was not until 1995 that CMSA significantly overcame its fund deficit, beginning the 1995 fiscal year with a fund deficit of nearly \$197,000, and ending the fiscal year with a reduction in the fund deficit by nearly 70%. This success was partially fueled by a growth of 1200 members in 1995 alone. By December of 1995, there were 4700 members in CMSA.

Membership had been continually growing at a steady rate since February 1994, when membership totals were reported at 2400 members, with 25 chapters and 72 corporate members. February also signaled the fourth annual conference at the Sheraton Chicago Hotel and Towers, with attendance from 1176 healthcare professionals. The exhibit hall was sold out with 160 booth spaces booked.

The new 1994 board included Gary Wolfe, president; Mary Gambosh, president-elect; Dana Atkinson-Godfrey, secretary; Marlys Severson, treasurer; Carrie Engen, past president; Alison Akard, director; Charles Braden, director; Cheree Belanger, director; Marcia Friesen, director; Ann Sampson, director; Anne Llewellyn, director; Joanna Kaufman, director; Helen Principe, director; and Jo Ann Myers, director.

At the February annual meeting the new board was provided with an Orientation Manual, which had been developed in 1993. This resource manual was intended to educate the current leaders regarding the historical perspective of the organization, and to introduce them to the organization's structure, including accounting issues, committee objectives and goals, and established guidelines within CMSA. The manual was also intended to encourage board members to develop leadership skills and and recognize their fiduciary responsibility to the organization and its members.

Standards of practice for case managers were comprehensively explored by a committee under the leadership of Debbi Smith in 1994. The need for standards had been addressed by CMSA leaders since the organization's inception, and the committee was determined to publish a complete, approved set of standards within its year. Case managers from throughout the country were invited to comment on the draft processes of the standards, which appeared in various published articles. The final draft of the CMSA Standards of Practice was subsequently approved by the 1994 board.

A research committee was also established in 1994 to explore the awareness for research in case management, and to develop a plan for CMSA's involvement in case management research.

A major transition occurred in the Fall of 1994, when the board voted to appoint a new association management company, CMI, Inc. Jeanne Boling, formerly of Systemedic, became CMSA's new executive director in October of 1994, just prior to the organization's fifth annual conference.

Washington, D.C., was the site of the 1995 conference in February, at the Sheraton Washington Hotel. There were 1076 attendees, with 185 exhibitor spaces sold. The incoming board included Mary Gambosh, president; Marlys Severson, president-elect; Sandra Lowery, vice president; Cynthia Whitaker, secretary; Kathleen Moreo, treasurer; Gary Wolfe, past president; Chereé Belanger, director; Charles Braden, director; Glenda Evans-Shaw, director; Susan Finch, director; Marcia Friesen, director; Anne Llewellyn, director; Rick Menchaca, director; and Ann Sampson, director.

With the standards committee's role completed, a new responsibility was given to its members to develop a draft Ethics Statement. The first draft was provided to the board of directors at the February 1995 meeting, and subsequently published in draft form to invite comments from case managers nationwide.

The biggest publication news of 1995 was the introduction of *The Journal of Care Management*, the official journal of CMSA, in June of 1995. The *Journal* provided academic articles and enhanced professionalism within CMSA and the industry at large.

Another publication first occurred in 1995 with the introduction of CMSA's *Long Range Financial Plan and Vision 200, Focus on the Financial Future*. These valuable documents provided the organization with its first predicted look into the future, and invited leaders to ponder current and future trends in the industry.

Nineteen-ninety-five introduced members to an expanded list of benefits and opportunities, as the board of directors pledged to revisit the needs of a member driven organization. New benefits introduced to members included CMSA On-Line, providing members with access to the information highway; an official travel agency, for both personal

and business use; access to case management malpractice insurance; a leadership training seminar, offering local chapter officers an opportunity to enhance their professional and leadership skills; complimentary subscription to the *Journal of Care Management*; and publication of the organization's first membership directory at the close of the year.

The twilight years of the twentieth century are expected to bring phenomenal growth to the organization, and unparalleled opportunities within CMSA. Incoming officers for the 1996 year include Martys Severson, president; Cynthia Whitaker, president-elect; Nancy Skinner, vice president; Judy Harris, secretary; Kathleen Moreo, treasurer; Mary Gambosh, past president; Victoria Fullerton, director; Karen Gagnon, director; Marilyn Van Houten, director; Anne Llewellyn, director; Glenda Evans-Shaw, director; Rick Menchaca, director; Cheree Belanger, director; Susan Finch, director; and Sandra Davis, director.

As it enters the year 2000, CMSA *shall not cease from exploration, and will have known case management for the first time.* The Society is expected to continue making profound impact within the health care industry, as the only member driven case management organization to achieve such remarkable growth. Today's decisions will quickly become tomorrow's archives, as current leaders face challenges and overcome obstacles much like the leaders before them. Their willingness to devote tremendous time, effort, and passion to their professional organization is the very fabric of CMSA's growth, and the guarantee of its future success.

Further information on CMSA can be obtained by calling the national office at 501-225-2229/ fax 501-221-9068.