Jessica L. Spruit, DNP, CPNP-AC:

Welcome to Nightintales. This podcast was created during the international year of the nurse and nurse midwife. And what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host, Jessica Spruit. And I'm so glad you're here.

Welcome back to Nightintales. I'm glad that you've joined us again today. And today I have the pleasure of introducing to you, Dr. Keisha Cogdell, Dr. Cogdell is a doctorally prepared registered nurse, and a renowned managed care organization company, which is part of the Health Maintenance Organization or HMO. And I'm excited that Dr. Cogdell is taking time to share her story with us today because this, as you know, this is definitely not something that we learn a lot about in school. This is certainly not a role that we get to practice in in the setting of a clinical environment. And so Dr. Cogdell is going to help us think about the various places that nurses may have opportunities within different companies and share a little bit about the work that she does each day. So, Dr. Cogdell thank you so much for taking time to join us today and for sharing your story in your nursing journey.

Keisha Cogdell, DNP, RN:

Thank you for having me. It's such a pleasure to actually discuss about how DNP prepare, excuse me, DNP prepare nurses are well positioned in different organizations. So thank you for having me.

Jessica L. Spruit, DNP, CPNP-AC:

Well, it's great to have you, and I'm eager to think about that. I'm eager for all of us to consider more what opportunities there are, but before we get there, if you don't mind, let's talk a little bit of about where you started in nursing. What happened after you graduated? What were your first couple of jobs and what led you down this path?

Keisha Cogdell, DNP, RN:

Well, actually to start my foundation of how I started my journey in nursing really started as me being a teenage mother. I saw the phenomenal care that I had received as being a teenage mom and wanted to get more into nursing. And before I wanted to really dive into nursing to see if I really liked it, I really started as a home health aid, a patient care technician, and phlebotomist and move myself up to actually becoming a registered nurse. From that time, I actually had experience in pediatric intensive care units and transition into nonprofit organizations for like maternal and child. So I have a diverse background with it that actually led me to where I'm at today.

Jessica L. Spruit, DNP, CPNP-AC:

Dr. Cogdell, I love that. And that isn't something that I knew about you. So the reason I love that story so much is because one, your life as a vulnerable teenage mom was impacted by the care that you received. And so I just think, what an important role nurses can play in people's lives. But I also love that story because I think listeners who might think maybe it's too hard to get into nursing. Maybe it's too difficult to become a registered nurse, eventually earn a terminal degree because of various life circumstances. I mean, I imagine that you had to overcome some challenges and you had to defy some odds. And I love that story. I'm eager to hear more about it.

Keisha Cogdell, DNP, RN:

Oh yes. I'm not going to say that my journey was easy. As being a teenage mom, I did face challenges. I was actually 17 years old when I had my first son, but I had family support. So I was able to continue on with my education, graduate from high school. And I set my goal to become a registered nurse after I said, how I really started my journey towards nursing, those foundational groups as a volunteer candy striper. That's one of the things I didn't mention that really shaped the foundation of who I wanted to become as a nurse. It had actually taken me 12 years to complete that because of the challenges, because of the barriers that I had faced, not just only with just being a teenage mom, but that work, life balance, the things that we talk about now. COVID kind of really shed a light on how work, life balance is actually, is impacting single parents or just two household parenting.

Right. I already experienced that when I was going through, excuse me, going through my journey of becoming a nurse, trying to navigate the waters of making sure that I was in school, but I had to take my kids to doctor's appointment. A lot of those things. And, but I was determined. I mean, I was really determined to just not be a role model for my children, because that was really my shining light at that moment. Me being a role model and dismantling that assumptions that single mothers, especially teenage mothers could never accomplish a dream. So that's why I said it took me 12 years to achieve that.

Jessica L. Spruit, DNP, CPNP-AC:

Well, your perseverance is certainly inspiring and I appreciate that a lot. So you talked a little bit about some early jobs in pediatric intensive care and some nonprofit work. What was it that led you to your work in a managed care organization?

Keisha Cogdell, DNP, RN:

I think what really led me to, just to be candid and transparent, I actually was coming from working for the state of New Jersey and the child protective service arena. I was actually the after hours nurse and I saw so many cases that came through that system that care coordination was very important on how people achieve their wellbeing and their health, right? Individuals are not looking at the system for, I guess, wealth per se, but they want the health instead of the wealth. In other words, they're not looking at what a building looks like, what the inside of a hospital look like. They also look at it like I just want help and transition into that level actually had opened my eyes even more because I needed to have that work, life balance. Not saying that the managed care company does not offer that, but I needed to have that work, life balance for my children.

I needed that Monday through Friday, that eight to 4:30 to make sure that I was home for kids and just applying for that organization, they felt that I was a fit for them. And I was a fit for what they're looking for as a nurse. So that's how I wind up in the journey of managed care organization. Because now I get to see the intricates of how the state functions when it comes to healthcare and health policy.

I mean, it really has a lot to do with it on how CMS plays an intricate part of working for MCO, which is a HMO a company. But I also now have a better understanding on why companies make the decisions that they make then versus then when I was on the other side of the hospital spectrum and tried to understand how that played one on one together, how pay for fee or fee for pay, excuse me, impacted on how we disseminate healthcare amongst our individuals. So, just to answer your question is it was really more work, life balance, but it really hit a nail on the head because now I'm able to still coordinate care and be involved with someone's life, not in a direct manner as bedside nursing, but indirect.

Jessica L. Spruit, DNP, CPNP-AC:

I think that makes a lot of sense. And I think so often nurses find themselves in life situations where maybe three, 12 hour shifts in the hospital isn't a good fit or weekend shifts or night shifts are not the best fit at various points in life. And there are other points where I think those are the perfect fits for people, but I admire that you took that time to find still a job within nursing that fit the needs of your family. When you talk about coordinating care for people and kind of being on the other side of that, what is it that a registered nurse within a company like this would do from day to day?

Keisha Cogdell, DNP, RN:

Well, it depends on the role that they have at a managed care organization. I actually have been working as a lead case manager for more than a decade with children who are exposed to lead poisoning. We hear about lead poisoning and the impacts or the healthcare effects on how it impacts children who are exposed to lead hazardous. So in my day to day role at that time was to actually contact the Department of Health to coordinate care, to ensure that they are out of that lead hazard environment. Another additional thing could be contacting a provider to make sure that they are aware that their children have been exposed to lead poisoning and what we can do to reduce the impacts of lead poisoning on the children.

And then the other component could be contacting early interventions, preventions or interventions, early prevention programs that which are in school for academia. Because lead does not just impact the body functional wise, but it impacts the cognitive level, behavior level. That's where you see a lot of our children that unfortunately wound up in the juvenile detention centers or just even in adult correctional settings because of that exposure to lead poisoning.

Jessica L. Spruit, DNP, CPNP-AC:

That is such an interesting role. I admittedly didn't realize that we had colleagues out there who are doing that from the managed care organizations. And I love that. What a nice added layer of support to help those families who have been exposed to lead.

Keisha Cogdell, DNP, RN:

Yes. And so now most recently I have been promoted to manager. So I am actually the manager now over the lead program in a Healthy First Step program. So those are another traditional roles that nurses can have in managed care organizations. They can be from that case manager, as they define them, they do it solely telephonically and then sometimes they can actually be promoted into other arenas, such as manager, or we don't use the term director of nursing in our traditional citizen hospitals. So you may see them in associates director nursing positions, executives directors positions. They just don't necessary hold the title as an RN in a higher position roles such as chief executive nurse officers.

Jessica L. Spruit, DNP, CPNP-AC:

That's yes, so interesting Dr. Cogdell. As you share with us, because I really am learning a lot myself, as you share with us this particular program and with lead and your role now as a manager, what other opportunities might there be for someone who is a nurse looking for an opportunity in an insurance company or a managed care organization?

Keisha Cogdell, DNP, RN:

Yes, there's many aspects. Like I said, there are so many diverse roles that are in these companies from nursing informatics, they may define them as IT technicians. It could be in the level of working for MCOs or HMO companies that can have an active voice for nursing, like in some type of clinician set program that sets up the pipeline for nurses to continue on with their education in that component. Like I, just to reiterate again, I mean, just to just think off the top of my head, just for working with a company for so many years, that our roles are defined in so many levels, but you really don't know if that's a nurse really working in that arena, unless you interviewing them, such as this wonderful podcast that I'm being interviewed for. Or they get interviewed in a magazine or a peer to peer journal on how that's going to be written up.

My current project that I'm working on is actually how DNP prepare nurses are impacting MCOs and HMO companies and what are their designated roles that there may be their interest of. And actually maybe in the near future develop some competencies. We do have the AONL competencies that aligns to nurses and nursing leadership. But because of the uniqueness of working for a managed care organization company, part of the HMO, the company sees a little bit slightly different when you compare a job descriptions on what they want you to have, maybe so totally different. So for example, in a hospital traditional setting, they may prefer for a registered nurse to step into leadership roles, manager, executive director roles. They may want them to possess the masters of business administration. Although in a managed care organization, you don't have to possess that, but you have to have competencies about accountable care organizations.

You have to have competencies about managed care in general, on the functionalities of it. I'm going to say corporate because it's really more of a corporate industry than a hospital industry. You may also have to possess the knowledge of Medicaid and Medicare. We experience that when we are in the bed side, right, or versus when we are case managers in a hospital, but just having that intricate information about the New Jersey family, kid care, and only reason I'm using New Jersey because I'm from New Jersey, but everyone pretty much knows about the CHIP program, the Child Health Insurance protection program that is offered to many of children. So those are some of the competencies that we don't necessarily have to have in a hospital setting, but they have to have in a managed care organization.

Jessica L. Spruit, DNP, CPNP-AC:

I love what a wide lens you are offering us because I think that what may not be apparent to every listener is that there really might be nurses in roles throughout the entire organization that we don't even recognize. And what I love about that is that just means there are that many more opportunities for us, and as you say to really influence care, to change the way that care is provided, to enhance the quality of care that families receive just seems like such important work. And I appreciate you shedding that light and that broad lens on it, that there truly are so many opportunities and helping to draw the parallels to hospital care that many of us are more familiar with. When you were describing Dr. Cogdell, those competencies, when you entered work with a managed care organization or as you've taken on different roles, how did you learn some of this? Because it certainly doesn't seem like information that we necessarily learn a lot about during our nursing education. So how do you go about learning these unique things?

Keisha Cogdell, DNP, RN:

Well, the thing is, is that I always say that nurses always come with their expertise of clinical knowledge. I think that's really the number one foundation. Regardless if you work in a hospital setting, a MCO, whatever industry that may be, having that foundation of your clinical background really impacts on how you practice as a nurse in these organizations. And to add on that additional competencies is two levels. It's self learning, learning as much as you can about the industry that you're working in, the intricate on how a corporate organization functions. Because although we could look at any healthcare industry as a business, there's a different distinguish when you working in a 24 hour skilled facility than versus when you're working in the corporate world. There's a different culture that you see and experience is so much different than in a traditional setting.

And the third thing that I always recommended is experience, right? Our lived experience on what we're doing in these particular roles and how you can improve in your competencies and your performance. And a lot of my experience came from me working in these organizations, right? Learning how the culture of the corporate world is, learning how telephonic is. Right. I did not come from a telephonic background when I started working for a MCO. So having that different level instead of seeing my patients, or my clients, or my members face to face, now I'm behind a virtual world, a hybrid world per se, I'm behind in trying to pick up the cues of what can really be going on in a family's life. I don't just look at a child with lead poisoning. I look at it holistically. I look at it, how is it impacting their housing stability?

Are they going to be displaced? If they are going to be displaced, how can we still ensure that they're in safe lead housing? How can it impact them neutral, not neutral, but dietary wise because our children, of course, when they are exposed to lead poisoning really had to have vitamin C, iron, and calcium in their diet but when you have a family that has some food insecurities, how does that impact that child because of the social economics or the social determinants that are happening in the homes. We have children that no longer qualify for what's called WIC, Women's Infants and Children food programs, right, that will benefit from the dietary measures that they have to have. So that's just only the component of it. And that's why I mentioned about, I just don't look at the child, I look at the whole holistic family, but just on a head device.

Jessica L. Spruit, DNP, CPNP-AC:

Right. I imagine that that was certainly a challenge, having gone from the bedside to being on a telephone, but I love the way that you've integrated what has been called the social determinants of health, or I think what, another term may be a social influencer of health and these considerations, which are so critical and I think so central to who we are as nurses, right? Looking at the holistic picture, considering how the environment and all of those external influences really make a difference in the health and wellbeing of the kids and the families that we care for. This is such a beautiful example of that. Dr. Cogdell, I really appreciate it.

Keisha Cogdell, DNP, RN:

And thank you. And just even, I'm freshly new in being a manager for the Healthy First Step program at the organization. I also look at it holistically, right? While there is a high mortality, maternal or informality rate amongst this population, it's not just only preeclampsia, the things that you see in a hospital setting, like you mentioned, the social influences that impact healthcare. A lot of that has to do with women who are experiencing substance abuse disorder. There are individuals that are homeless. There are so many factors that can play a part in that pivotal role. And that's why I'm really excited to step into this arena. Although I had a background in maternal child health, what is so beneficial about this particular role, because I used to work for the nurse family partnership program. So I got the chance to see the community wise with mental health, that's another contributing factor of it, behavioral health, even women who have been incarcerated in prisons, or in jails, or now they have been released, plays an impact on the healthcare, not just only themselves, but their unborn babies.

Jessica L. Spruit, DNP, CPNP-AC:

You have just offered so much information. Keisha, you have helped really provide such a broader perspective and really enlightened us, I think in considering this and considering how critical the role of nurses are within organizations such as this. I really, I appreciate this very much. I'm curious as we kind of wrap up this episode, I'm curious if there are any tips or pearls or anything that you would share with new or emerging nurses, or maybe nurses who were considering a change in their roles?

Keisha Cogdell, DNP, RN:

I guess self-reflection, trying to find out what their passion may be. Searching, doing some soul searching, trying to find they north star on where they really need to land at. I'm a woman of faith. So everywhere that my path has lead me is where I wound up ending. I'm not saying I never applied for positions, but because opportunities presented itself, actually gave me the competency and the foundations on where I'm at. One thing I can say is, is that if they are interested in working for such a company, as the company that I work for outreach to those nurses who are working in these industries, get more information about it. I'm looking forward and I'm really elated and excited to write this article on how DNP prepare nurses, are position in MCO companies, what are the roles and values? So be on a lookout, I'm getting ready and prepared to write this article. And that might shed a little bit more light about working in such an industry as the MCO or the HMO companies.

Jessica L. Spruit, DNP, CPNP-AC:

Well, Dr. Cogdell, thank you so much. Thank you for that message. I think, it really is a beautiful journey that you've taken as you talk about the self-reflection and the different opportunities that have presented. And it is evident to me that you are really passionate about the work that you're doing. And I can imagine the children and families in New Jersey and the people that you are working with have been really inspired and influenced by that passion that you possess. So I really appreciate your time today. Thank you for presenting all of this information to us. And I just would like to wrap up by thanking Dr. Keisha Cogdell she's from a managed health organization company, part of the Health Maintenance Organization. And she has really helped us understand how many opportunities exist for nurses within this environment. Dr. Cogdell, thank you so much.

Keisha Cogdell, DNP, RN:

Thank you. It was a pleasure.

Jessica L. Spruit, DNP, CPNP-AC:

Thank you for listening to this episode of Nightintales. As you do, we you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer, or the professional organization that they're active in. The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again, next time.