Pat: Hi, this is Pat Iyer with Legal Nurse Podcast and today I'm going to be speaking with an experienced legal nurse consultant, Kari Williamson. She's the owner and chief executive of MKC Medical Management Company. Before she got involved in legal nurse consulting, she worked for several years as a staff nurse at Vanderbilt Medical Center in Nashville, Tennessee. She has experience in trauma and post-surgical and burn nursing as a staff nurse in Level 1 trauma centers, city hospitals and community-based facilities. She has worked as a certified insurance rehabilitation and cost containment specialist for an insurance company, as well as a catastrophic case manager and precertification nurse.

Certainly, it sounds like, Kari, all those background pieces of your experience would be useful in doing legal nurse consulting, so welcome to the show. I'm so glad that you could be with me today.

Kari: Well, I have to say I'm thrilled. I saw you many, many moons ago in Atlanta when I very first started in legal nurse consulting, and you spoke at the chapter there. And I have all the textbooks, and I was actually able to write a chapter for that. And I felt so proud because who would've known 20 years ago when I started this that I would have taken this course and been able to do what I'm doing, and now here sitting, talking to you. So, it's come full circle.

Pat: I remember teaching that program in Atlanta. That was a great group of people at that session.

Kari: It really was, and it was such a good program. I mean, it was just a really well thought out program. It was great on all fronts. It was a nice venue, and it was packed back then. I remember sitting in the audience and thinking, "Holy moly, there are a lot of nurses here that want to be legal nurse consultants." It was great.

Pat: Let's get back to when you transitioned out of your roles. How did you get that first case and get started as a legal nurse consultant?
Kari: I guess I did it unknowingly, unwittingly. I had been a case manager in an insurance environment. My family was insurance people. And then I left the insurance environment and helped start a bill audit company. And I did that for, I don't know, three or four years. And during that time, I would get calls from adjusters wanting to know if such-and-such procedure was related, if this was part of that claim. And I understood the lingo because I came from an insurance environment, so I was doing it sort of not knowing that there was anything out there like that.

And then I came across a course back then, the Vickie Milazzo course, and I took that and got certified for that and started doing it that way. And then I just started networking people who I had worked with when I did the bill audit, and it just sort of grew organically, I guess. And then I dropped that certification when I had done it for a long enough time. I sat for the LNCC and have carried that certification only for four years now.

I've always been on the defense side. I've rarely worked on the plaintiff side, a handful of times, I guess. It was just because I had the business for the bill audit company and doing workers' comp, I came from an insurance world. I went to conferences that were on the insurance side, so people just started reaching out to me, and it just sort of grew that way. And I was a sole proprietorship for about 10 years and then I just decided to try and see if I could grow it, see if it was a good enough product to take on a bigger scale.

Pat: And I was going to clarify for people who are not familiar with the certification that you're referring to. Kari is certified as a legal nurse consultant, certified through the board associated with the American Association of Legal Nurse Consultants. This is a certification that is given to people who have met the criteria of 2,000 hours of work on cases within the preceding five years and passed a validated test that covers many aspects of legal nurse consulting.

Kari: Yeah, it's a difficult test, I think.

Pat: It is. In fact, I just got a question on my blog that I saw yesterday from somebody who said, "How do I get the 2,000 hours necessary to be able to take the exam?" And I said, "You work on cases." We work.
There's no shortcut to that because that teaches you the content that you need in order to be able to pass the exam.

**Kari:** Exactly. And I was fortunate enough, given my history, my work history, I was able to read the textbooks. I read your textbook ages ago and just studied and studied and studied. And with my work history, I was able to sit for it and pass it. But it covers a lot of stuff, and it's difficult.

**Pat:** And you got started 25 years ago and the climate has changed since then. What would you advise somebody who is interested in becoming a legal nurse consultant now?

**Kari:** I get calls all the time and emails and connections through LinkedIn with nurses wanting to start this. And I think they need to go to the AALNC website (that's always what I recommend) and do a little bit of research about what it is that a legal nurse consultant does. I think over the years there's been some misconception as to what a nurse does in this environment, and I think often nurses don't fully understand what's required of them.

So, I'm very grateful that they must be certified, number one. But I think you need to really understand insurance, especially if you're going to work on the defense side, understand what the difference is between plaintiff work and defense work, because I think they are very different. The goals are often very different.

You need to have a good understanding of basic pathophysiology and anatomy and physiology. And you know a two-, three-, four- or five-year RN I don't think has enough working clinical history to be able to do it effectively unless it's under a very controlled situation. So, I think there's a lot more to it than people often think for whatever reason. I think that's across the board whether you're a nurse looking to become a legal nurse consultant or if you're a client potentially looking to use a legal nurse consultant. I think the industry doesn't fully understand what we do or the sectors that we intersect.

**Pat:** You brought up a couple of points that I think are important to touch on, one is that you said that the goals of the defense attorney and the plaintiff attorney are very different. How would you separate those or differentiate between the two sides?
Kari: Obviously on the defense side when you bring a claim or to an insurance carrier, it starts off as a non-litigated case. And we do a lot of work with insurance carriers before those cases get to be litigated by defense counsel. But the goal for defense is different than for the plaintiff because each is doing something different. The defense attorney is defending a client or a carrier or an entity of some sort. And the plaintiff counsel is representing the injured party. So, what they're doing is inherently different, and the goals are often inherently different.

It's the task of the plaintiff attorney to make its case to the insurance carrier and by default the defense attorney. It's not the defense attorney's job to necessarily prove or disprove, but it's his job to understand the merit of that case, and if there's legitimacy to that case, and what is really related to that case or claim. And I think that's often when things get muddy.

Pat: I think also the definition of a win is very different. It's clear when a plaintiff wins because there's a settlement or a verdict. But sometimes legal nurse consultants don't recognize that a defense win is not only coming away with no verdict and no payout, but it's also a win if the defense attorney can minimize how much money must be paid out.

Kari: That's exactly right. And often I tell new nurses, your job is to look through the medical record and analyze the medical record within the context of the claim or the event that allegedly happened. You're never going to get a silver bullet necessarily, but you're going to have to explain so much of what the plaintiff counsel is alleging and verify is it true.

- "Are there parts of it that are true?"
- "Is some of it bleeding over from a previous injury or a prior medical condition?"

And it's often very difficult to do that, but the goal is, like you said, not necessarily to win but to mitigate often the dollar damages because that's what it's about. Defense cases are driven by the medical and the dollar value of the case. Plaintiff counsel often has a different view of a dollar value than defense counsel or the adjuster.
Do you want to create or improve your LNC website so you can attract the right attorney client for you? This is a topic I covered in my book, *How to Get More Clients: Marketing Secrets*. You don’t have to figure all of this on your own. One of my newest books ramps up your knowledge of marketing with four sections: marketing foundations, marketing online, marketing with stories and marketing with exhibiting.

It is part of my *Creating a Successful LNC Practice Series*. You may order this book at the show notes of Legal Nurse Podcast. You’ll find these at podcast.legalnursebusiness.com. We’ll ship it right to you.

You can get a 25% discount on the book by using the code LISTENED, which tells us you heard this podcast. Let’s continue with the show.

**Pat:** On the weekend, I met an attorney who told me that she's a former attorney. She did corporate law and she's now doing photography, and she's a freelance writer. Because she did defense work, she said, "There are two words that are part of the defense language, one of them is discover, discover, discover, and the other is delay, delay, delay." Do you see any truth in what she's talking about?

**Kari:** You know I don't, certainly not about the delay, and the discovery part often is done because they must do it. For instance, for whatever is going on within the case, they may have to find medical records that are discoverable to find the details the plaintiff counsel has not brought forth. Often the cases that I work on are non-litigated cases, so we haven't even gotten to discovery. So, that's a whole other can of worms.

You're looking at a case based on what the plaintiff counsel has sent you, and they may not have sent you everything. But the goal of the
adjuster often is very different than the goal of the attorney, the defense attorney, because adjusters want to pay what they owe typically. And they want to because it's what the law says they must do.

Now I'm sure there are some insurance companies out there or adjusters that don't want to pay anything. I mean, I guess you hear about them, but I'm fortunate enough to work with carriers and adjusters who say, "Just tell me what's mine so that I can make a fair offer," not necessarily not pay for a claim. You can't do that.

Now when you get to the point where you must litigate a case, then that's going to be a strategy that's going to be determined by counsel and by the adjuster. I'm married to an adjuster and how does he say it? "There's not a good open claim because anything can happen." So, the sooner you can close that claim, the better you are. Sometimes it takes a while to close it for a variety of different reasons, but the goal often is to try to get that claim closed before it gets to the litigated state.

**Pat:** Yes, and I think she was referring to the litigation stage and talking about people, for example, who are elderly or are diagnosed with cancer or some disease is going to kill them if there's a delay in settling the claim. The claim is worth less because that person died as opposed to doing it early.

**Kari:** Yeah, that's true. We don't work in that. My practice is not those types of claims. Typically, we work in the bodily injury world, but we do a lot of premises liability. We do a lot of motor vehicle accidents. We do medical malpractice more so on the surgical side than say a misdiagnosis, but we do that as well. So, our cases are a little bit different than that type of case.

**Pat:** And I do remember when I was working with insurance companies, sometimes they would come to me and say, "We need to have an expert witness look at what we are concerned is going to become a potential claim to evaluate whether that potential medical malpractice case has merit and what our position should be."

**Kari:** Right.
Pat: It sounds like you're more in that world as opposed to once the complaint is filed and then goes through the whole discovery process to reach resolution.

Kari: You know, we do both. I would say 65 to 70 percent of our practice is pre-litigation and then the remaining is once they get into a litigated state. And for whatever reason you have two parties, plaintiff and defense, who can't come to terms or can't come to an agreement on a proper settlement. That's what drives the case. It's a dollar figure oftentimes. The insurance carriers think it's worth this much money and the plaintiff counsel thinks it's worth that much money. And if they can't settle it, then the carrier often says you're going to have to file suit. From there it goes on and becomes a truly litigated case.

But a lot of carriers just want to settle it fairly and equitably and move on to the next case. Because adjusters, depending on what carrier you're talking to or the size of the carrier, adjusters have huge pendings nowadays, I mean, hundreds of cases that they're responsible for. And this sort of goes up the food chain as to how big their diaries are depending on their seniority.

So, there's a lot to why carriers settle or don't settle, and what drives the case into a formal litigated case as opposed to a non-litigated case. But we sort of float in both worlds, and we do many of the things, but once it gets to a litigated state, the report tends to be different too. And what defense counsel needs in that report may be a little bit different than what the pre-litigated report looks like. The detail may not be there as much on the pre-litigated side, so it just depends.

Pat: If someone listening to you wanted to work in that same arena that you're in, can you give any advice into how that individual would get a foot in the door or be able to market to an insurance company to work on the kinds of cases you're describing?

Kari: I would probably start working with defense attorneys if I could or try to get some sort of in-house insurance position. There are insurance carriers that do have internal nurse reviewers, nurse case managers, internal legal nurse consultants. That would be one place to start. I was fortunate because I knew a lot of defense counsel. That's where I started and then it sort of filtered down into the insurance carrier. But then the other thing that tends to happen is that carriers—and I felt
this problem when I started to market and grow the company—insurance carriers want to send a bunch of work to you.

An insurance carrier doesn't have one adjuster. They may have five adjusters or 10 adjusters. Some carriers have 50 adjusters in one location. So, you're marketing to an insurance carrier and how are you going to service all those adjusters? So, it becomes very, very problematic. So, if you have a vision to be more than just a one- or two-person practice, then insurance work may be the way to go. But insurance carriers often pick and choose who they want on an approved vendor list. They often don't want to have multiple people doing the same things for quality control purposes.

So, I would recommend trying to get with defense counsel and then slowly working your way through the environment that way. I also would strongly recommend that if you could, do some sort of insurance work via a workers' comp case manager. They make very good legal nurse consultants because they understand insurance and what a claim is.

Part of what we do here is when nurses come here and they don't know what we do, we have to teach them what a claim is and who the players in a claim are, and what's the difference between a first-party claim and a third-party claim. And that sounds like sort of silly stuff, but it makes a difference in how you look at the records because the records are only as useful as your understanding of what the claim is.

It's so much more than just creating a medical chronology. I think that's probably the biggest misconception that nurses have. And I've had nurses say that, "Well, I can write as well as anybody" or "I can read a medical record, and I've been a nurse for 20 years." It's so much more than just reading a medical record. You must understand what the claim is about. I'm sure you've experienced many of those sorts of things. You can read a medical record, but if you don't understand how it fits into what the problem is for the claim, you're not as effective.

Pat: Yes, I can think of attorneys who thought the claim was about something, but because they didn't have a medical background, they missed another part of the case. And they thought, "Oh, well you are a nurse," but they really needed an anesthesiologist, for example.
Kari: That's exactly right. I was just going to say that I worked on so many cases where (and this was fortunately in the non-litigated stage) where somebody would say, "Well, I think this is the problem. I'd like a pulmonologist to look at this." So, I would review the case, look at the details of the case, and I would go back and I would say, "You know I think we got the pulmonology and the pulmonary issues at hand, but you need an intensivist." That's where they dropped the ball. But having said all that, unless you know what the allegations are from the plaintiff's side, you're not going to be able to understand the nuances of that as a legal nurse consultant. And part of that, so much of that, is the claims process.

I am convinced that the business has grown organically on the defense side because I came from the defense side. I came from an insurance side. I worked for an insurance company. I married an insurance guy. So, it was just natural, but it made my job so much easier because I understood a claim. I understood what defense needed. I understood what an adjuster needed. So, if you want to do defense work, you have to kind of immerse yourself into that environment so that you understand the words and the lingo and what drives the claim.

And a lot of nurses don't understand that. They think they just start to create a medical chronology, and there's so much more to that because you must opine about what you've written. That's the end part. You can teach somebody to create a chronology in whatever methodology you use or whatever software you use it, but if you can't wrap it up in a package and opine about it, it's not as useful to the end reader, to the end client.

Pat: Yes, I always sent an analysis letter along with a chronology that would explain: "Here are the missing records, here are the issues, here's what I think your adversary is going to allege, here are some trouble spots in the medical records that you need to be aware of so that you don't get surprised by your adversary." So, it's more than recording when the patient saw a doctor and what the doctor diagnosed the patient with.

Kari: Yes, you're exactly right. And you've done both. I just think they're very different sort of types of LNC work. Do they use many of the same skills? Yes, most definitely. But I think the goals behind each of those analyses tend to be somewhat different.
Pat: Well, I just looked at my watch, Kari, and we've been talking for almost 30 minutes.

Kari: Oh my gosh, I'm a Chatty Cathy. I apologize.

Pat: No, you've been giving great information. How can our listeners find out more about you if they wanted to get in touch with you?

Kari: I'm on LinkedIn. You can go to Kari Williamson on LinkedIn or you can go to our website, which is mkcmedicalmanagement.com.

Pat: Okay and just to clarify for people listening, Kari's name is K-A-R-I Williamson. I know Kari can be spelled probably three or four different ways just like the last name Iyer can be spelled three or four different ways. But only one way matches the way I spell it, I-Y-E-R.

Kari: That's right.

Pat: Well, thank you so much for being a part of this program and thank you to you as our listener who has been giving me feedback, giving me comments, giving us suggestions for other topics. We appreciate you, and please be sure to tell other legal nurse consultants about Legal Nurse Podcast. I'll be back next week with a new program and appreciate you being part of this one.

Is this making sense to you? One of my new books, How to Get More Clients: Marketing Secrets for LNCs has a ton of tips to help you pinpoint your ideal client’s needs and fears. Get a copy at the link for How to Get More Clients: Marketing Secrets for LNCs by seeing the show notes on podcast.legalnursebusiness.com. Or if you are listening to our podcast using our new mobile app, called bizedu, you’ll see the show notes on your phone.

Get our app at legalnursebusiness.com/bizedu. You’ll have access to podcasts, blogs, webinars, courses, videos and more.

I’ve got a phenomenal resource for you just waiting on LegalNurseBusiness.com. My online training and books are designed to help LNCs discover ways to strengthen their skills and businesses. Check them out at legalnursebusiness.com.

Many of us are lifelong learners who enjoy the chance to keep expanding our knowledge. Just like the book of the month clubs, LNCEU.com gives you two
online trainings every month. We have a yearly payment plan that saves you over $50 compared to paying monthly, and each program is hugely discounted. Look at the options at LNCEU.com.

The LNCAcademy.com is the coaching program I offer to a select number of LNCs. You get my personal attention and mentorship so that you can excel and build a solid foundation for your LNC practice. Get all the details at LNCAcademy.com.