



## Care Manager Meeting Highlights 10/27/16

*Handouts from presentations are attached to email and on website (handouts and highlights under Care Manager User Group, handouts also under Care Manager Resources)*

### Favorite Addresses Handout

Earlier shared by Cherie Bostwick with NPO; distributed.

### COPD

Christy Alexander, PA, Partners in Health, presented the educational materials she uses and two case studies of her very successful work with COPD patients. PLEASE review the materials as they are very patient friendly.

Christy has found that working with the patients, one step at a time, so they understand what is happening to them and how to prevent it, has been a successful model. She uses the educational material to review (see material for details):

- Understand the lung function (trees)
- Triggers – patient should learn and know triggers; may need social worker assistance for smoking cessation; infections can cause permanent damage
- Nutritional support
- Pursed lip breathing – can help in crisis
- Control environment – air conditioner assistance for hot/humid weather
- Exercise – if can't walk, then bike; move indoors when weather hot/humid, recognize triggers such as burning leaves on TART trail

Christy has patients buy and use an inexpensive pulse oximeter to help them learn their baseline and monitor during exercise to check how they are doing so they learn when to rest so they can exercise more after rest. When patients' lung function is low, peak flow doesn't work as well as pulse oximetry.

She found that weekly meetings with the patients early on worked best, moving to less frequent later on. The first meeting is about 90 minutes and she did provide some telephone support. Realistic goals contribute to success, including some lifestyle goals. Small goals along the way aid the process.

To work on smoking, do it one cigarette at a time. What does that cigarette mean to you? How can you change that to a positive association?

Christy presented a lot of patient detail during her case studies about what worked with these patients. Learning and understanding triggers, setting realistic overall goals with small steps, and using pulse oximetry to learn baselines and monitor performance have helped with the success she and the patients have seen.

### **How to approach patient identification in a way that bolsters physician engagement – a conversation about some of the difficulties in getting patients identified, enrolled, and physician engagement in both identification and ongoing CM activities**

Many care managers (CM) are still working to get as many referrals as they could accept. The group discussed some ideas to improve the referral rate:

- Follow-up on patients who went to ER for visits that could have been handled in office
- Have the CM call every patient with an elevated A1C (or obesity, or CHF admission, or, or, or...)
- Have a physician champion
- Involve the nurses/MAs and ask them to refer
  - A1c>9
  - New diabetic (one CM had an example of starting a newly diagnosed patient on insulin helping prevent an ED visit that night)

- Patients with frequent albuterol refills
- Ask all providers, including nurses and MAs, for their 2-3 most time consuming, frustrating patients
- When progress notes say patient to be called back, offer to call
- When speaking to physicians, keep it brief and concise:
  - “I’m looking at Mr. Smith and here are the three reasons why”
  - Communicate back frequently quick sound bites of some CM successes
  - “I noticed this person takes a lot of time. Can I talk to them for you about (diet, smoking, advance care planning, etc.) which could help you with time?”
- Consider email or some other tool (monthly meeting?) to communicate success stories to practice
- Set goals to understand how many patients per day to be seen. Report back to practice how many need to be seen yet to achieve payer incentives.

**Next Meeting – all meetings from 3P – 5P:**

- 12/8, Thursday

3:00 – 3:05	Welcome – Marilyn/Kevin
3:05 – 3:10	Introductions
3:10 – 3:30	Cherie Bostwick – CHF Teachback Binder
3:30 – 3:50	Referral feedback – Please be prepared to share how the suggestions from the 10/27 meeting have worked or not
3:50 – 4:20	Kevin – Case stories (food issues)
4:20 – 4:30	Planning <ul style="list-style-type: none"> <li>● 2017 Education sessions</li> <li>● 2017 Meetings – frequency, days/times, topics</li> </ul>
4:30 – 5:00	Open sharing – Please be prepared to share <ul style="list-style-type: none"> <li>● What do you want to share or ask your peers?</li> <li>● What are the toughest aspects of your job?</li> </ul>

- 2017 meetings  
To be discussed

**PLEASE NOTE:** If you plan to attend the next meeting either in-person or telephonically, please either email [kelliott@npoinc.org](mailto:kelliott@npoinc.org) or call NPO at 231-421-8505 to RSVP. After we receive your RSVP, we send you an Outlook appointment. Please bring in parking garage tickets for validation. NPO has moved to 125 Park Street, Suite 300. You can still park in the parking garage; the building entrance is across from Sorrellina Restaurant.

**REMINDER:** NPO is offering some CM education to help meet BCBSM education requirements detailed below. Please contact Kris Elliott or call 231-421-8505 to register.

The second session is scheduled for Wednesday, 11/9/16, from 1-4 PM at the Traverse City Country Club. Dr. Lori Zeman with the Practice Transformation Institute (<http://www.transformcoach.org/>) will be presenting:

<i>Topic</i>	<i>Content</i>	<i>Objectives</i>
Enhancing Self-Management Support	<ul style="list-style-type: none"> <li>☑ Motivational Interviewing</li> <li>☑ Brief Action Planning</li> <li>☑ Health Coaching</li> </ul>	<ul style="list-style-type: none"> <li>☑ Identify principles of motivational interviewing</li> <li>☑ Discuss motivational interviewing approaches in various settings</li> <li>☑ Explain how to develop an effective Brief Action Plan</li> <li>☑ Illustrate shared decision making</li> <li>☑ Describe coaching techniques</li> </ul>