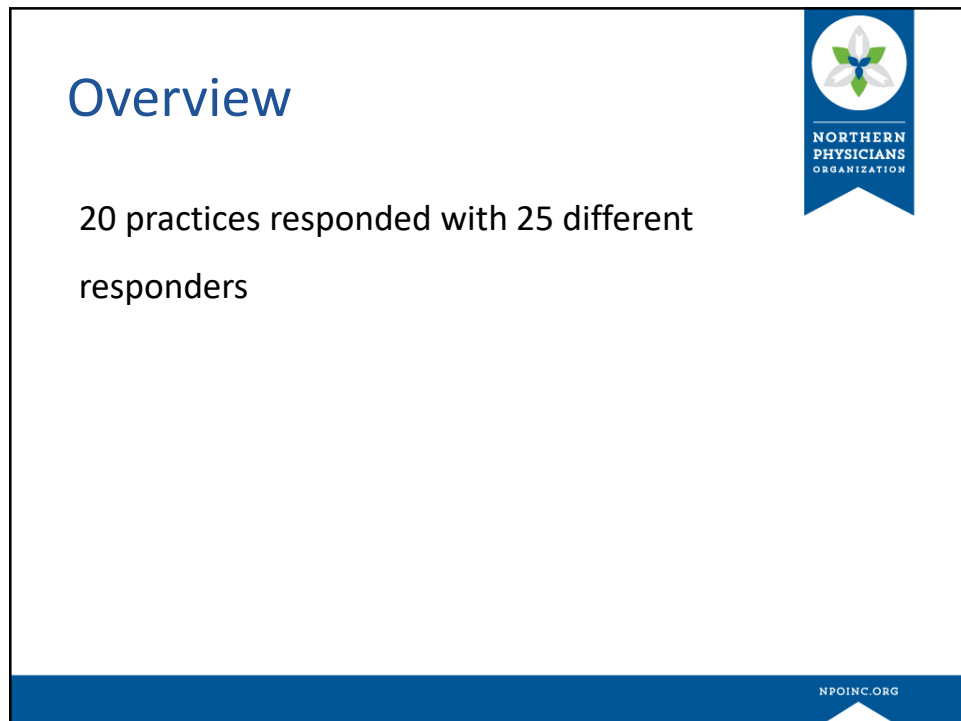


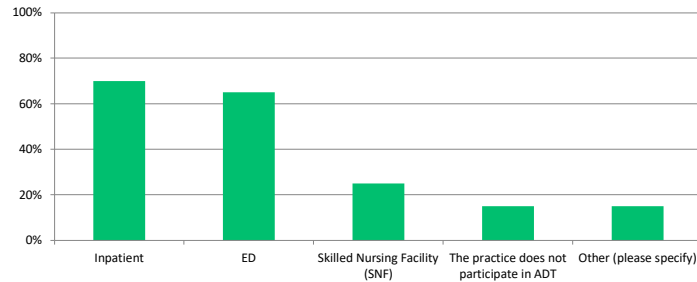
1



2

ADT

Do the Care Managers receive and utilize ADT messages for the following: (Select all that apply)



Other:

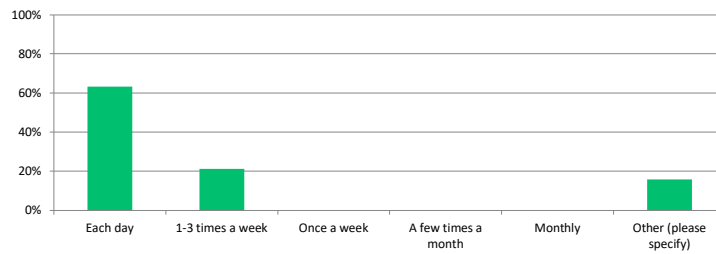
1. Urgent Care
2. A member of our staff receives inpatient and ED ADTs, but not the care manager
3. No. ADT messages used for scheduling post hospital follow up visits and ED and Urgent Care post visit

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3

TOC/TCM

How often do Care Managers perform TOC/TCM calls or visits?



Other:

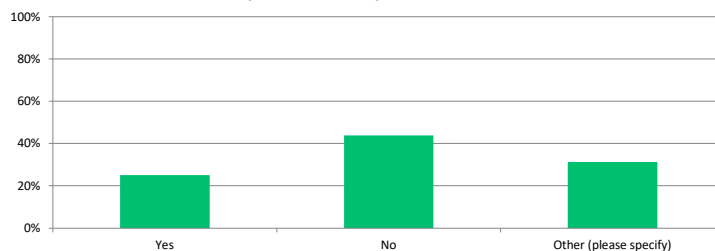
1. Really varies, depending on how many patients were seen in the ER, Urgent Care or admitted.
2. 4 days per week

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4

TOC/TCM

Does the practice require Care Managers to call on TOC/TCMs for longer than just two touches? For example: follow up for four weeks.



Other:

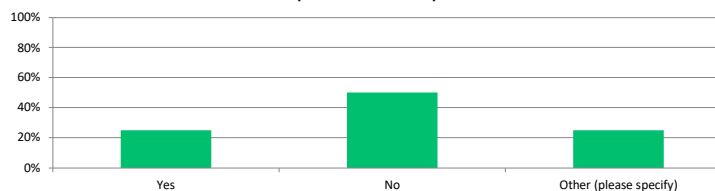
1. only if needed, on individual basis
2. Only, if additional needs were identified
3. Situation specific; we do whatever the patient needs
4. When appropriate CM will follow a patient based on an appropriate timeframe as determined by the Provider and reason for TOC.

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5

TOC/TCM

Does the practice require Care Managers to call patients after discharge for things such as elective joints, gall bladder surgery etc. even if the patient doesn't plan to follow up with the PCP because they follow up with their specialist?



Other:

1. unknown I believe so I will check with them.
2. sometimes when appropriate
3. CM followed up on all hospital discharges which were listed as inpatient.

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6

ED Follow-up Calls

During ED follow-up calls, do Care Managers educate patients about after hour services and what is appropriate for ED visits?



Other:

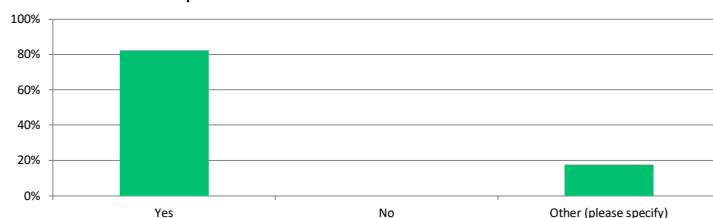
1. we currently are limited on making these calls
2. ED follow up calls are not necessarily made daily
3. Our Clinical Coordinator provides this education to patients
4. if needed, depending on patient, since we have a small practice we know many people very well
5. I am not sure now with COVID our MA is working in the ER
6. Our MAs now handle these cases, not a CM. MAs educate our after-hours availability, they don't usually discuss appropriate use of ED. Majority of our patients use the ED appropriately.

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7

Target Management

Do the Care Managers or someone within the practice have a way of tracking targets? For instance, % of patients who have had 2 touches?



Other:

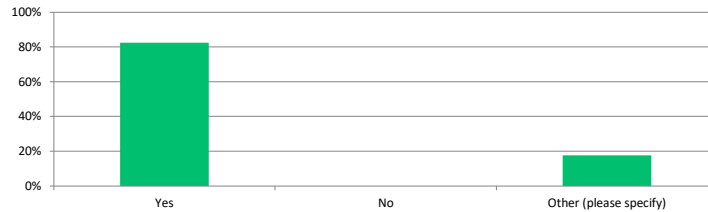
1. we are working on that since this is new.
2. Our Office Manager keeps a CM list from BCBS and PH for 1-2 touches. Secondly, an EHR report can be generated showing all contacts based on CM code.

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8

Target Management

Do the Care Managers know progress regarding targets?



Other:

1. Only if she has it on her spread sheet
2. we have a monthly spread sheet and goal meetings which were set weekly.

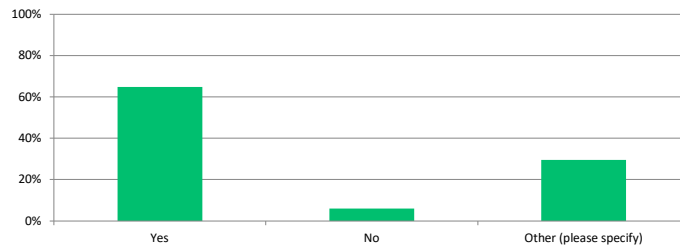


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9

Target Management

Is the practice confident it can meet Care Management Targets?



Other:

1. We have met targets in the past, Covid-19 impacted referrals
2. we are trying hard
3. I am unsure with COVID crisis. I have not looked at the numbers
4. The COVID crisis has impacted our CM Targets for 2020.

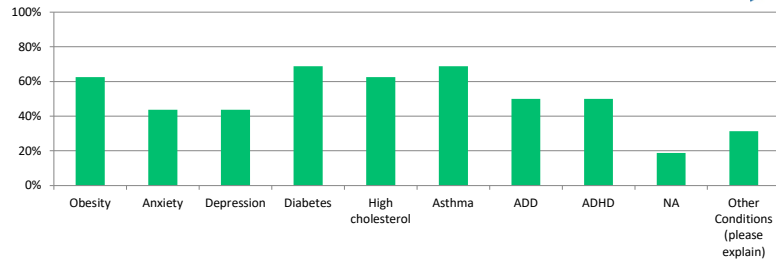


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10

CM Patient Reach-Out

Do the Care Managers have the permission to call certain types of patients without a physician referral such as but not limited to high A1c, ADD/ADHD, and high cholesterol?



Other:

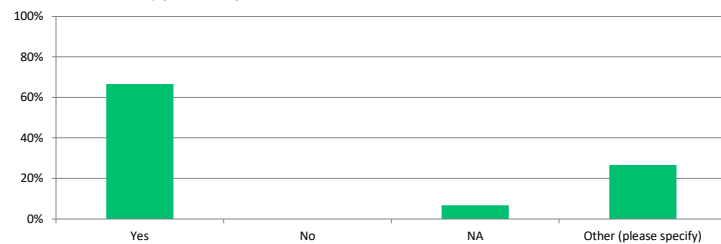
1. A1c 8<
2. hypertension, CHF
3. Newborns
4. anything that would need follow-up

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11

CM Patient Reach-Out

If the answer was yes to the previous question, do the Care Managers have access to these lists with these types of patients? (Please select NA if no)



Other:

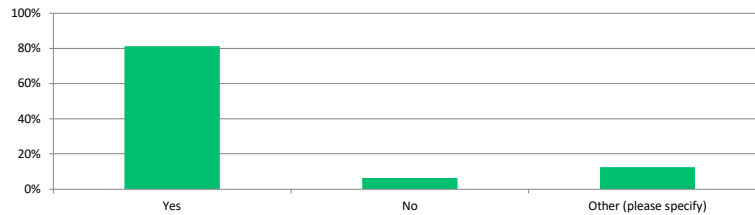
1. Quality Department Manager provides these list
2. They do after I run the lists
3. With Cerner the Dynamic worklist would need to be created

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12

CM Patient Reach-Out

NPO sends out patient list reports of high cost, high utilizers and other flagged patients. Are these reports being shared with the Care Managers for Care Management follow-up?



Other:

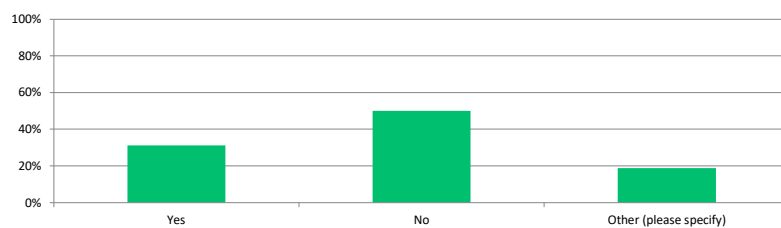
1. Yes, they have been shared. I don't feel our CM used the reports as efficiently as they could have.

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13

CM Patient Reach-Out

Does the practice have cold call scripts for Care Managers who need them?

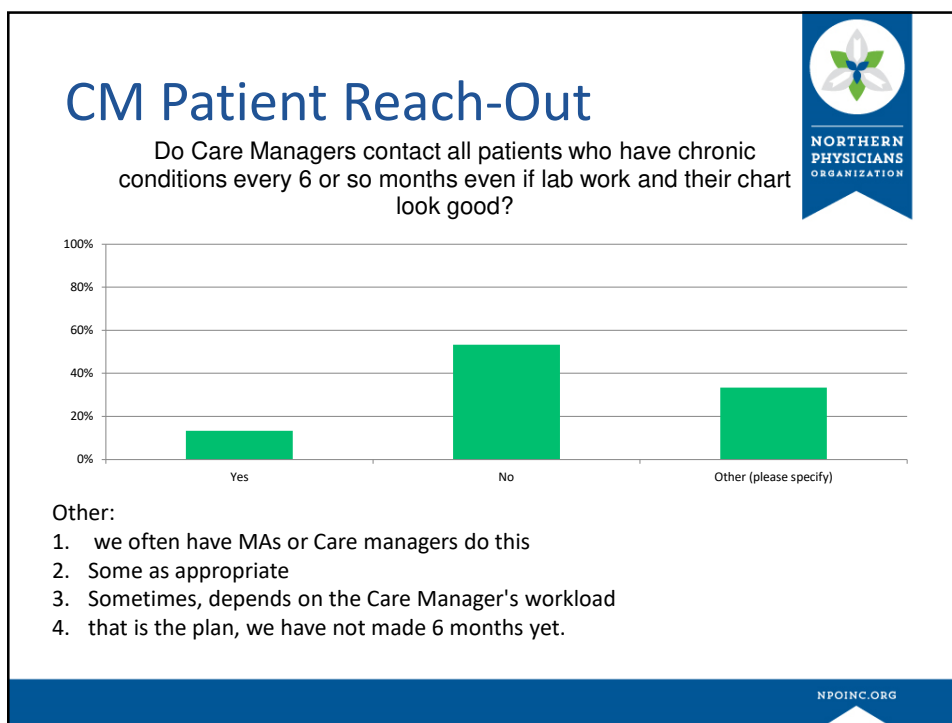


Other:

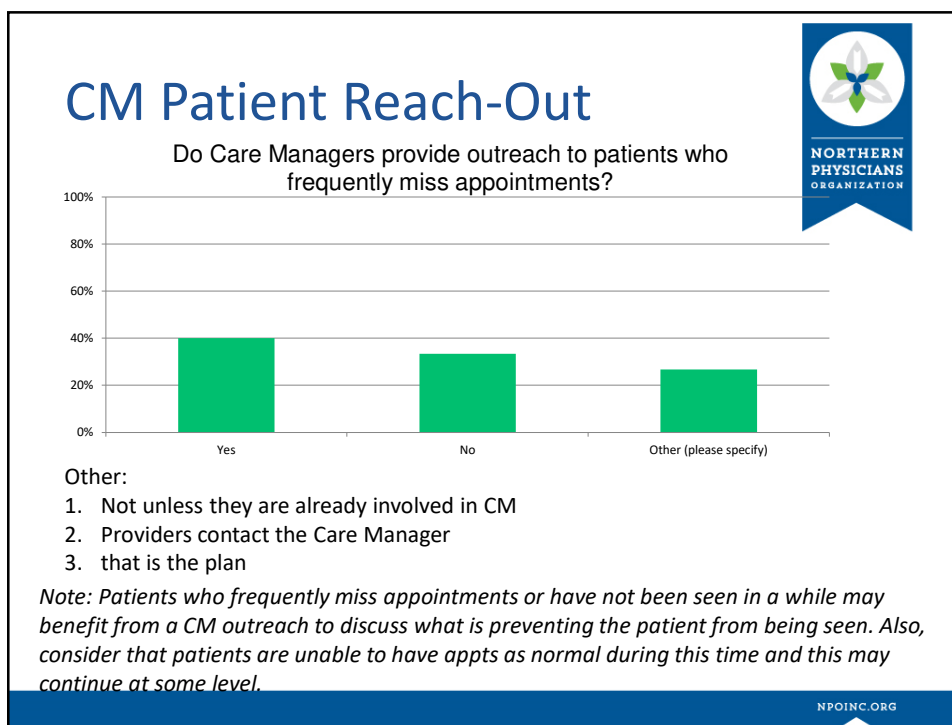
1. I wouldn't say that we have cold call scripts, but maybe embedded language that the Care Managers rattle off when needed
2. I am not sure

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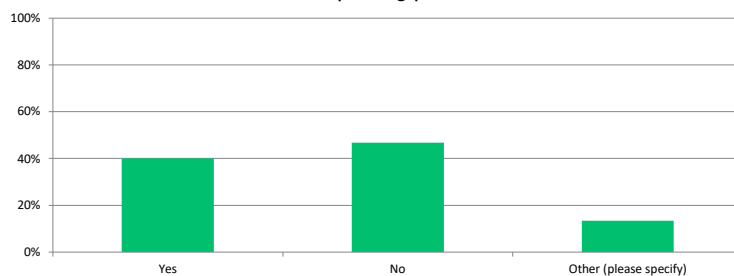
15



16

CM Patient Reach-Out

Do Care Managers provide outreach to patients who are resistant to completing preventive services?



Other:

1. Not unless they are already involved in CM

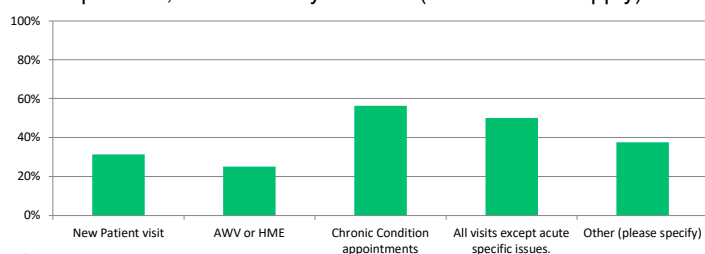
Note: Care Managers have the skills to provide education about why preventive services are important. They can also use Motivational Interviewing Skills to try and discover why there is resistance.

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17

Provider Hand-Off

If the providers explain Care Management to their patients, when do they do this? (Select all that apply)



Other:

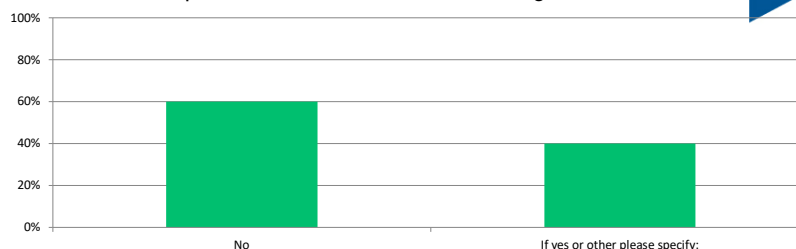
1. when a condition becomes out of control or with a new diagnosis
2. All visit types when the patient appears to need "help" or offering at a new patient visit the services , maybe not needed right now but who knows?
3. At any visit where appropriate
4. When ever the Provider feels it would be beneficial
5. Provider discuss/refer CM as they become aware of a need and sometimes at the prompting of other staff members.

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Provider Hand-Off

Does the practice use any visual flags to help remind providers to consider Care Management ?



Other:

1. brochures
2. ccm enrollment is in system flagged if they qualify
3. Visual Flag = me putting a big note in front of their face
4. Annotated on provider's printed daily schedule
5. We set global alerts for eligible patients.
6. Yes, Reminder in Patient Chart

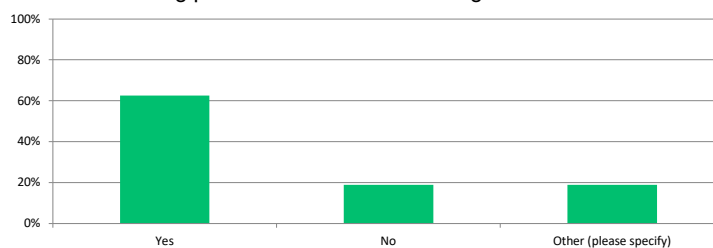


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CM Promotion

Does the practice hang up posters and or flyers reminding patients about Care Management services?



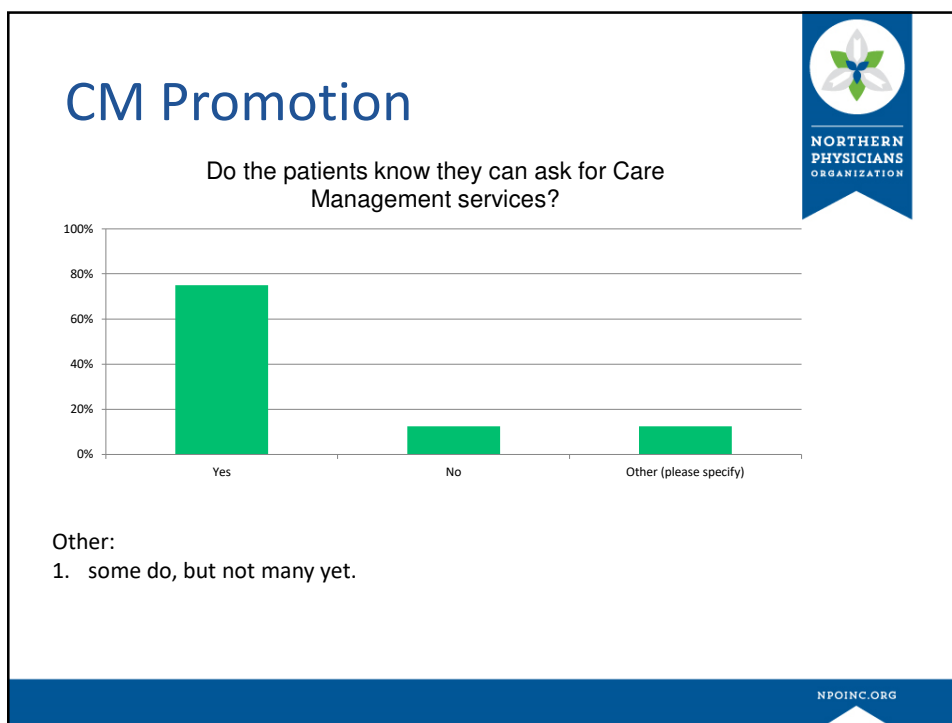
Other:

1. not yet
2. We originally marketed CM on brochures, website, lobby scrolling marquee.

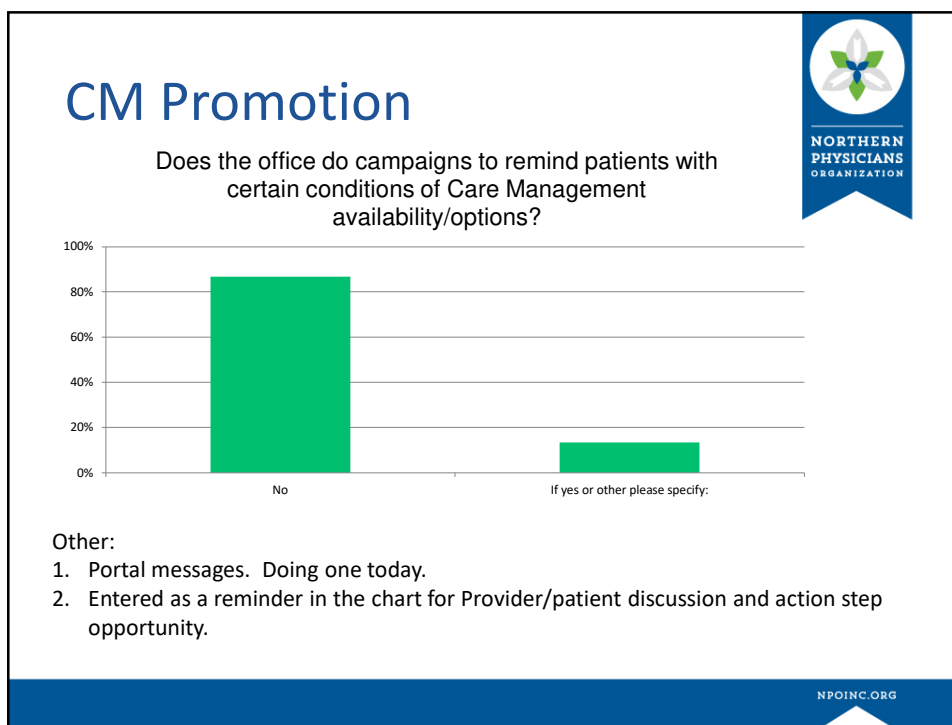


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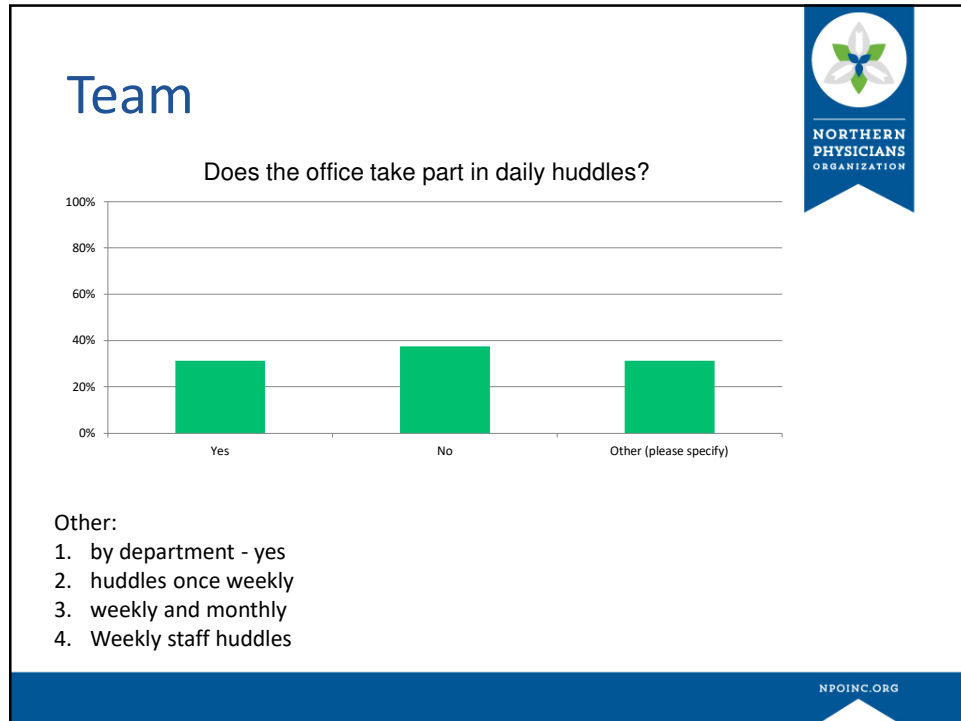
20



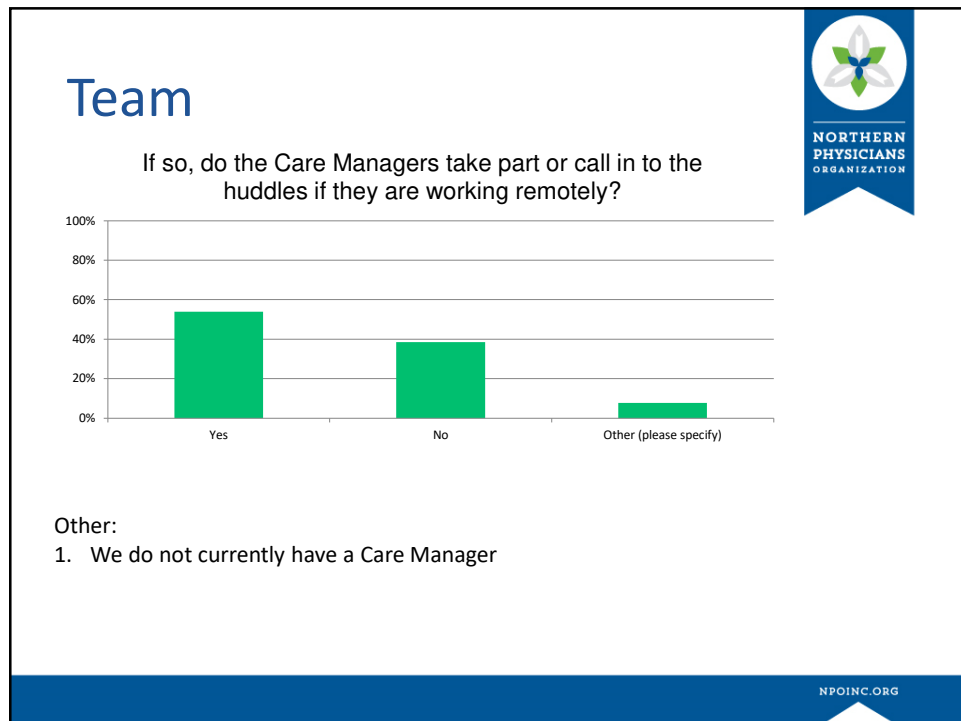
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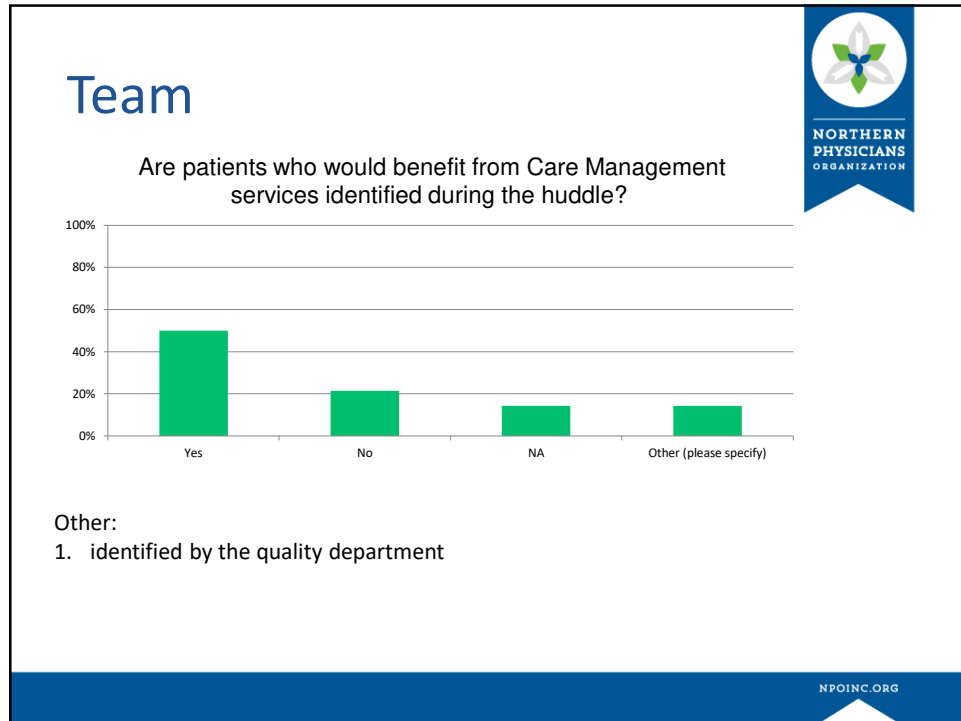
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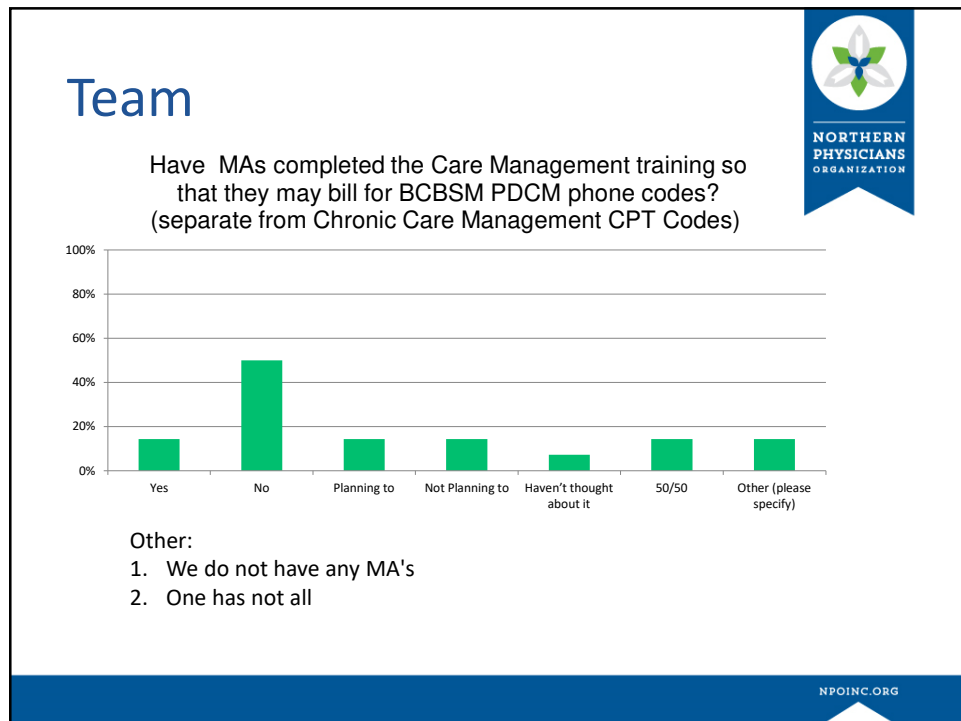
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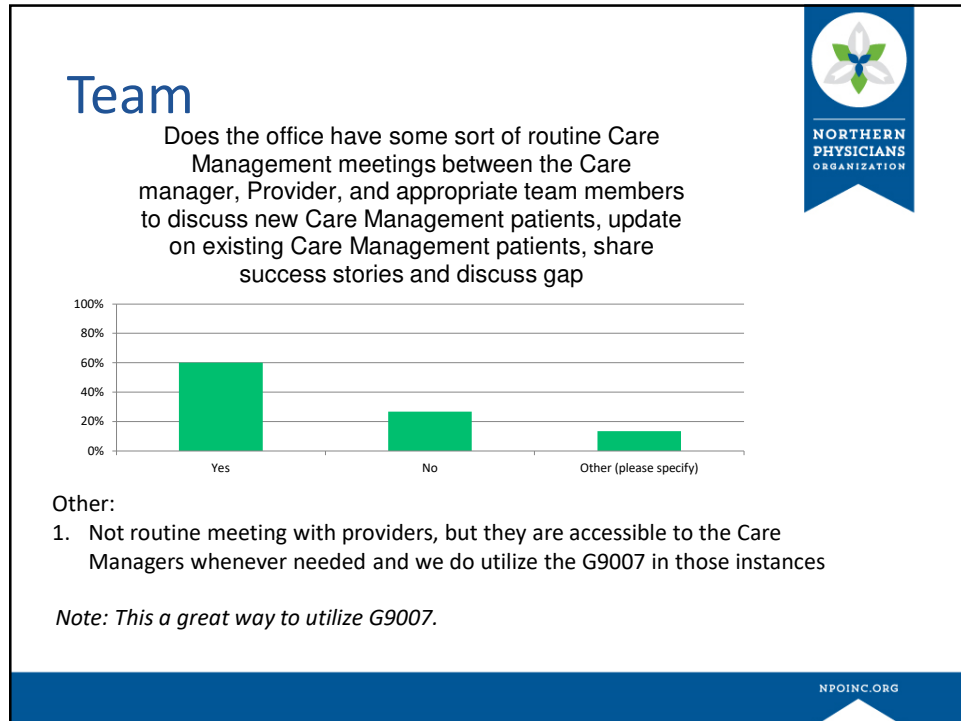
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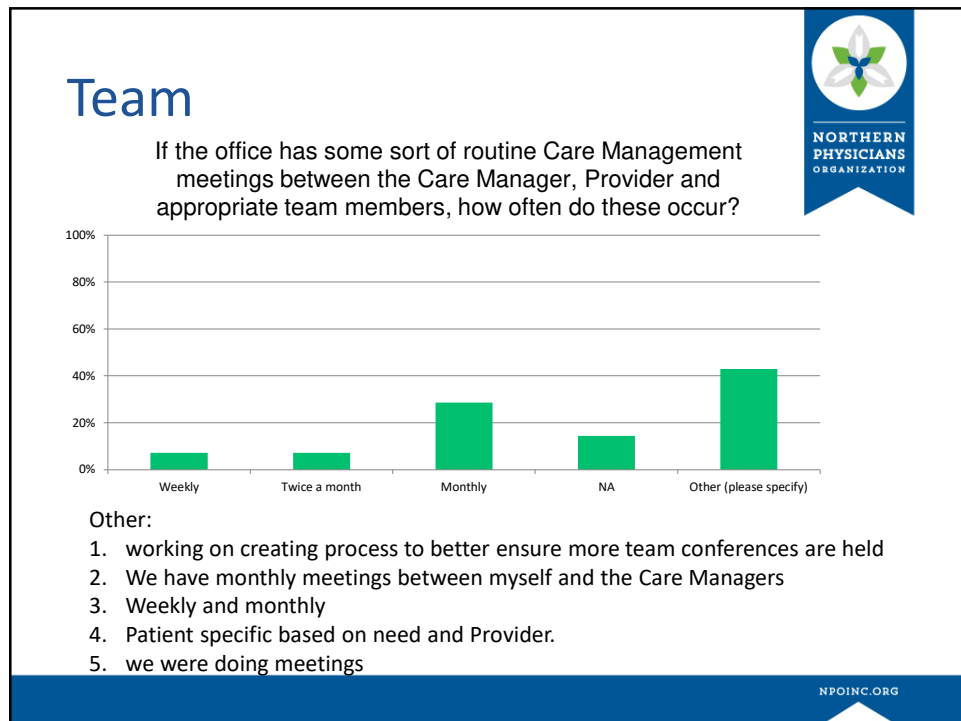
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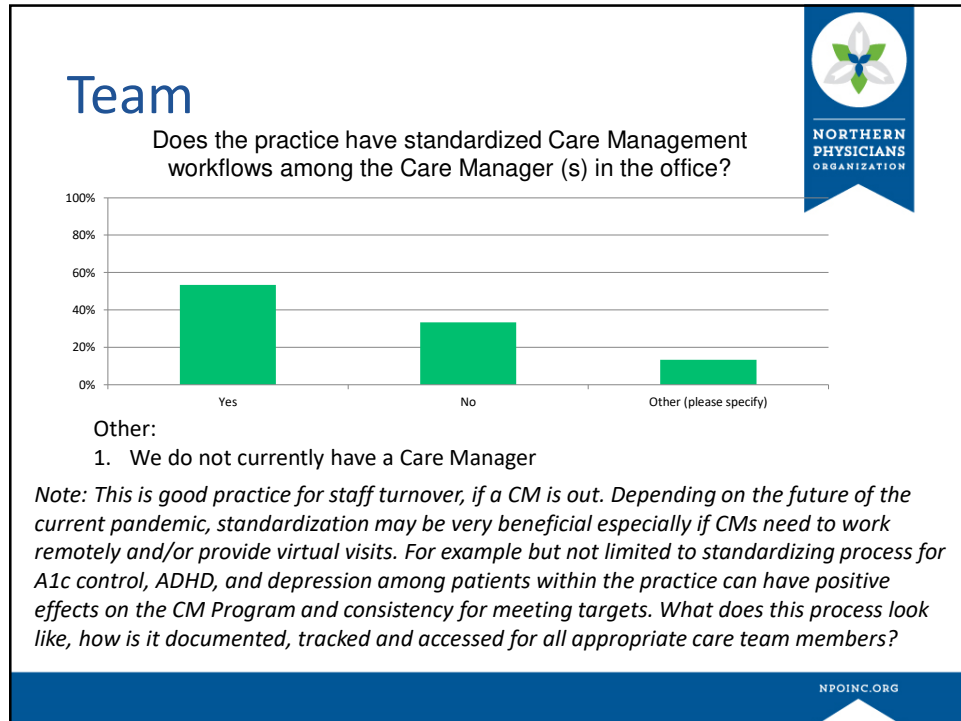
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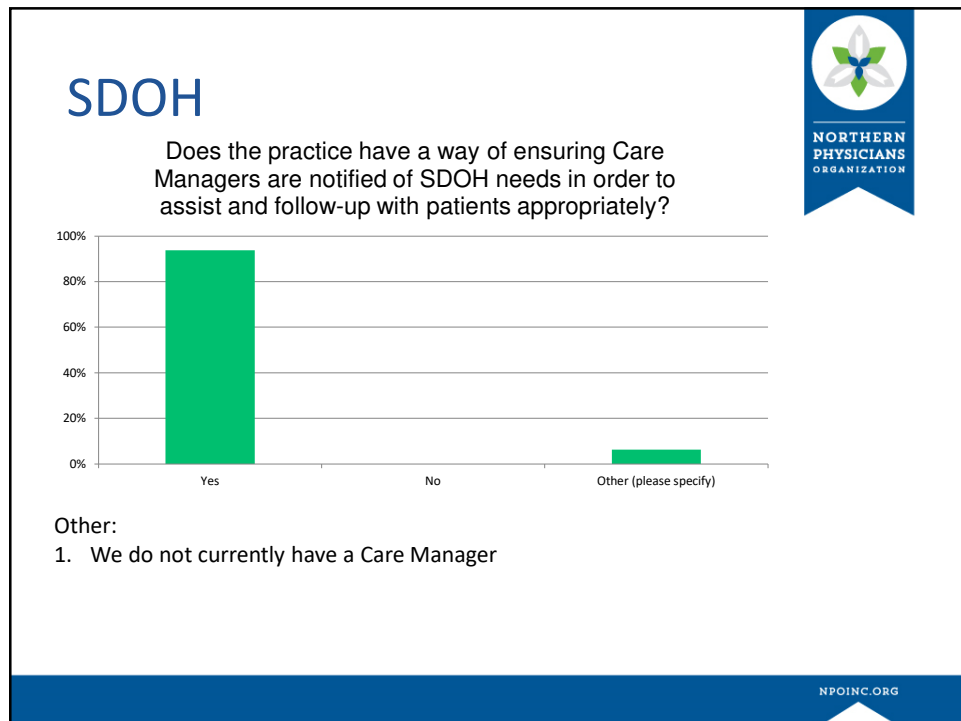
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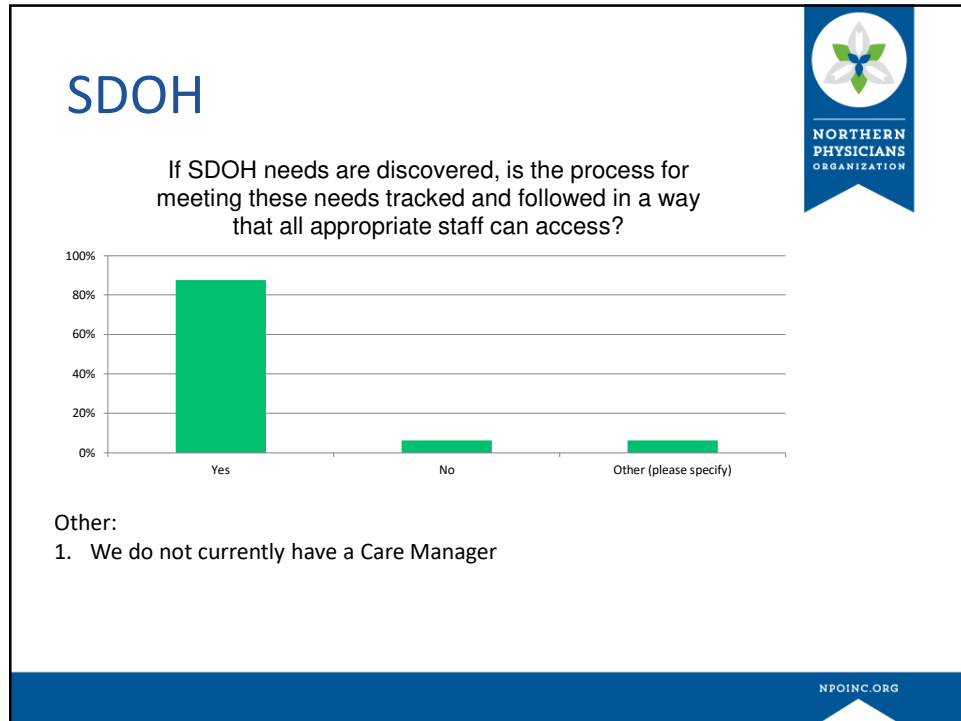
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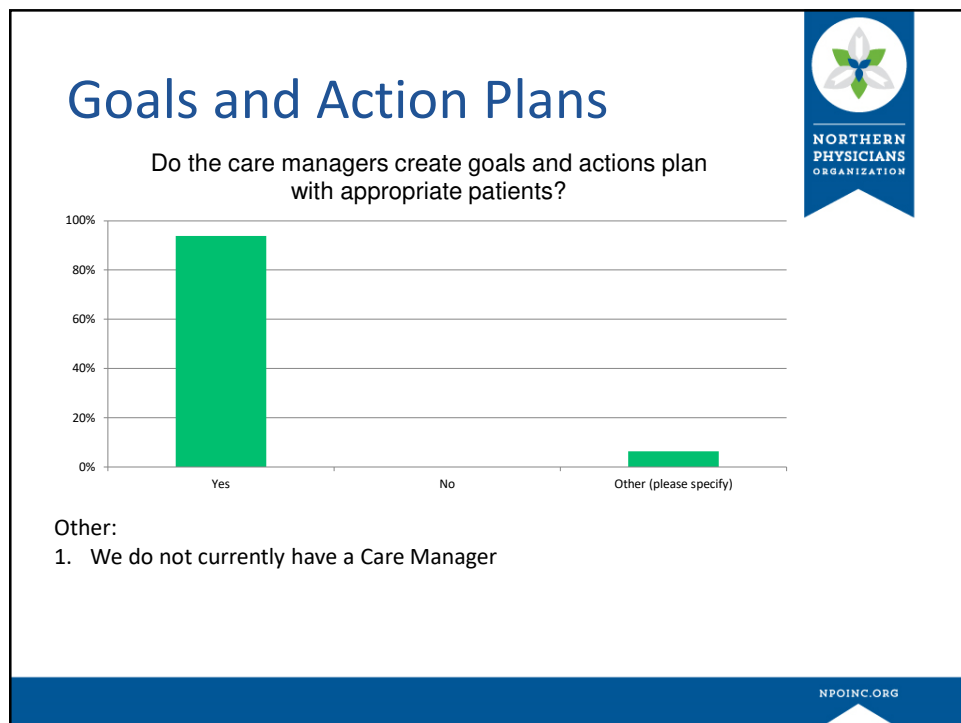
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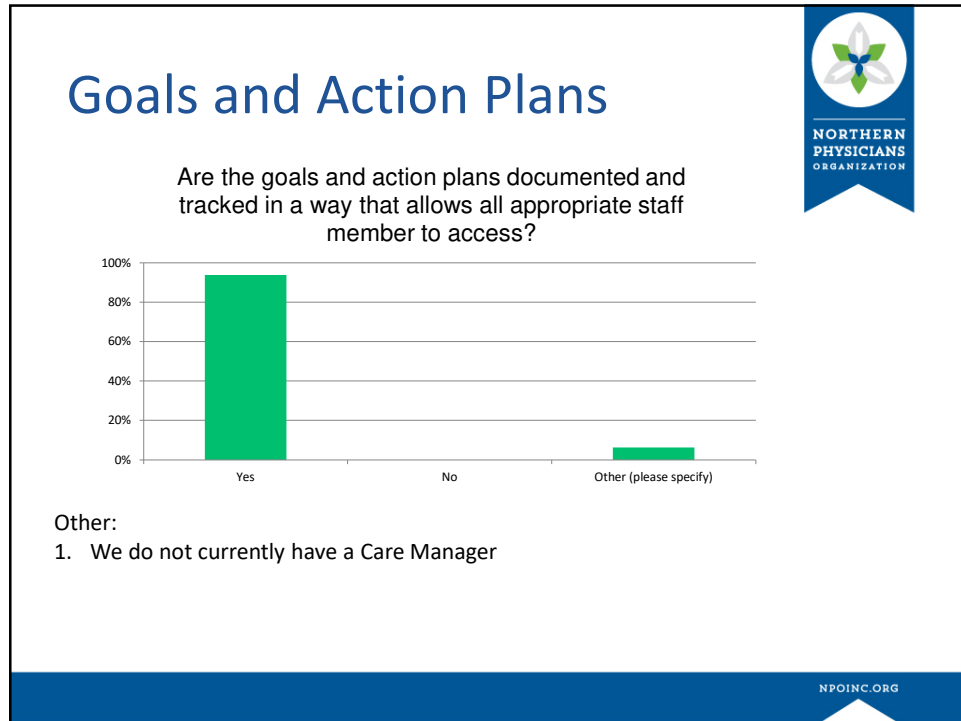
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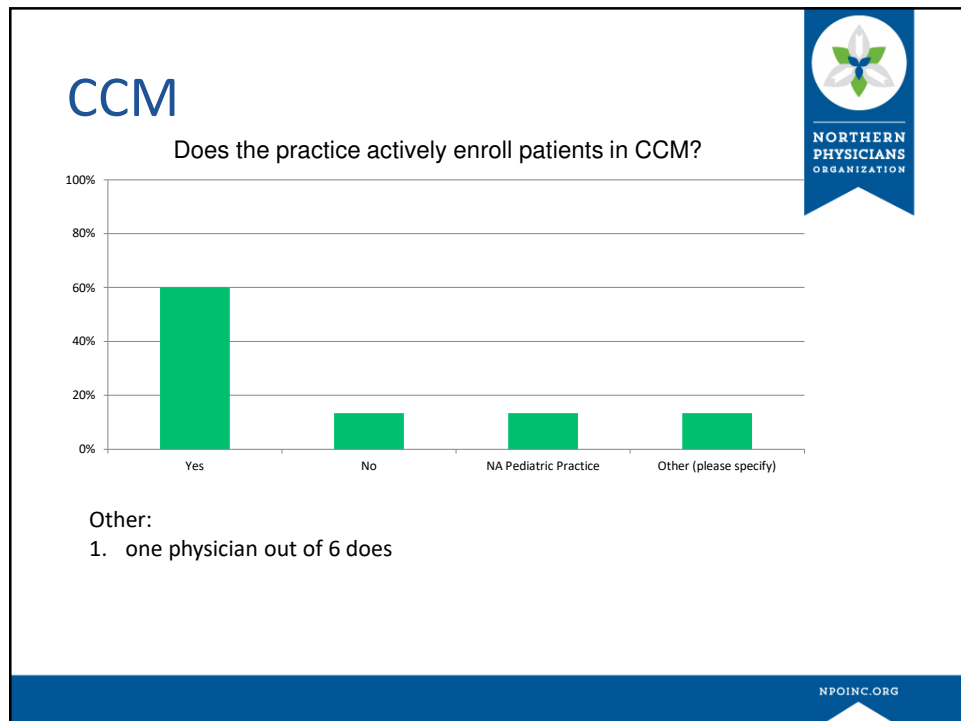
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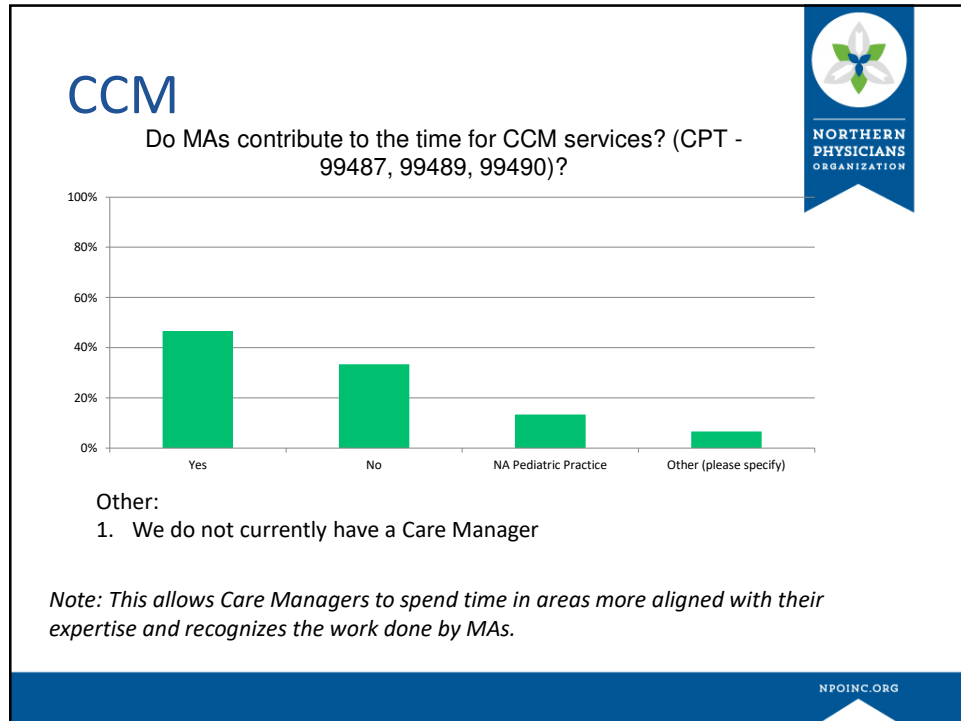
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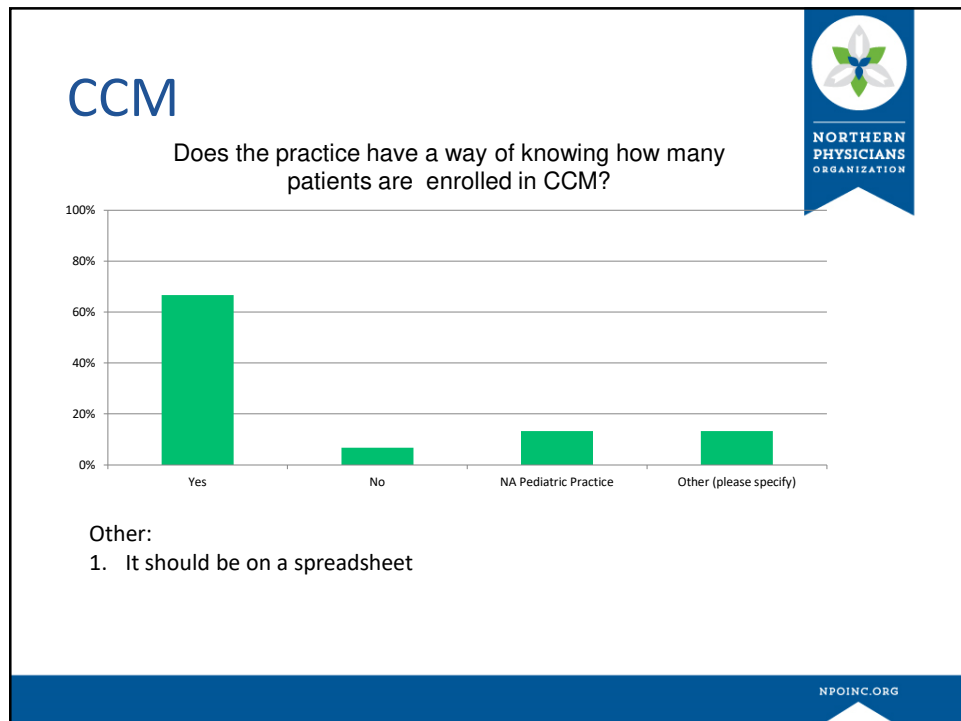
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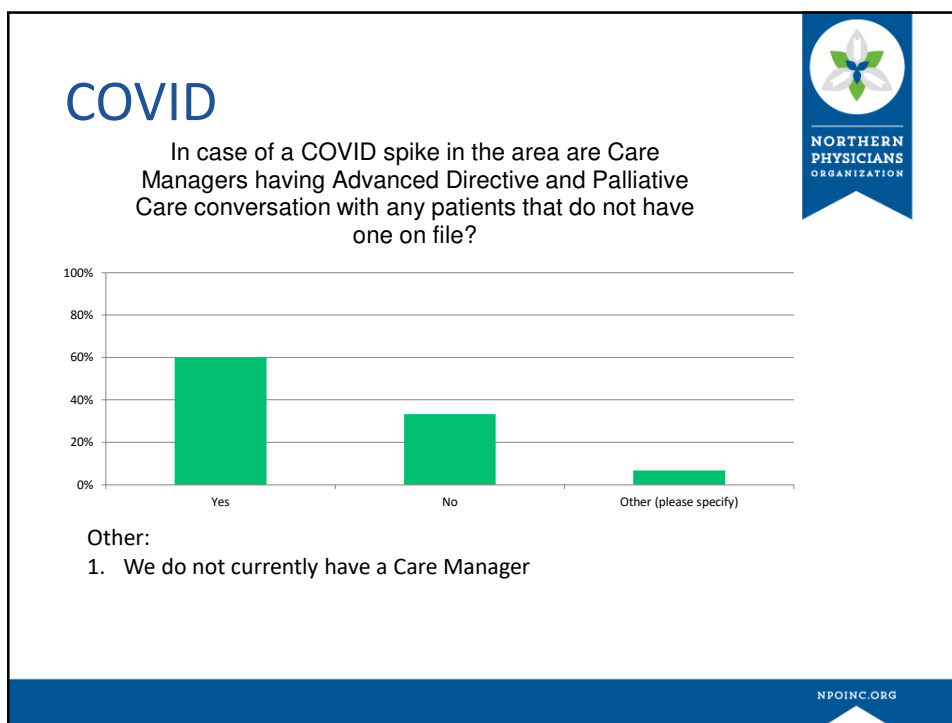
34



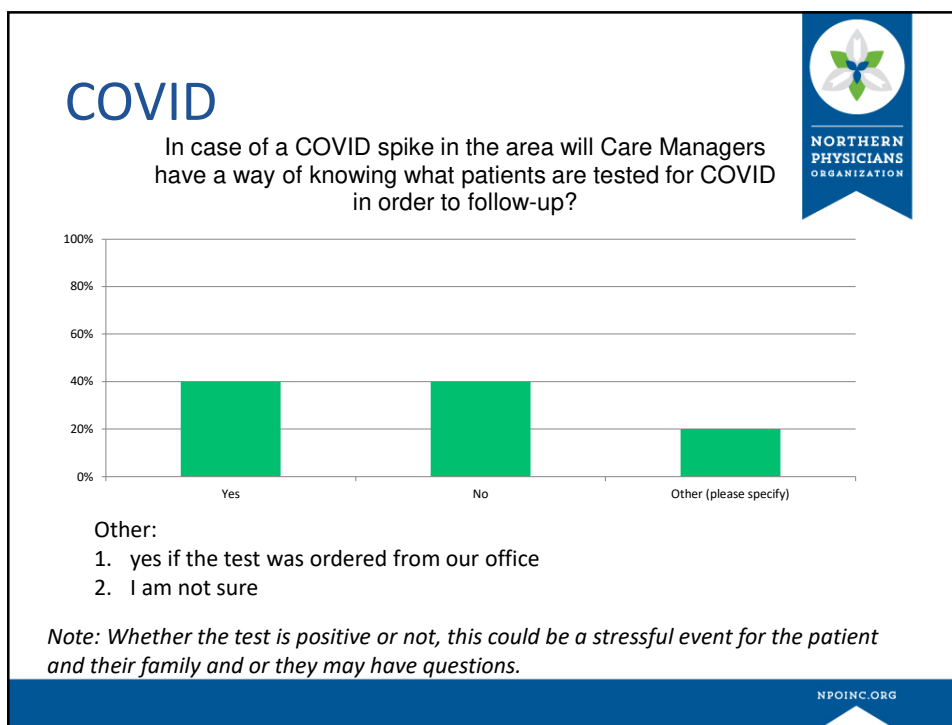
35



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37



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New Processes

Do you have any new patient care process that the practice has started before or during COVID?



- covid order tracking, telehealth services
- Yes calling at risk patients and educating them about covid
- we received a standing order from the physicians to contact any patient with an A1c >8 and offer Care Management services
- yes, tele health visits, and outside from their car visits
- We have changed our office flow and scheduling
- We had planned to implement all new patients and newborns would have a warm handoff CM introduction. We're doing newborns right now.
- yes, televisits, new questionnaires, outreach to at risk patients
- Covid - outreach to all patients at high risk for covid to discuss safety, symptoms and responses.

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SUCCESS!

What has been the biggest success your practice has experienced through Care Management?



- decreased ED utilization
- 1400 new enrollees in CCM!
- Many departmental changes especially with COVID. But communication has been exceptional this past 6 months
- Being able to inform pts on how to care for them self and to be able to offer a wide variety of visit types to keep pts out of the hospital.
- Better patient outcomes.
- Awareness of SDOH, help with mental health issues
- Seeing the increases each year.
- Reduce hospital readmissions
- Greater coordination of care, overall patient satisfaction, identification of urgent or unanswered questions from patients, provider satisfaction.
- "A few lives have been changed to a better quality of life."
- People have been touched by the personal attention."
- Patient adherence to medications and follow up appointments

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Opportunities

What has been the frustration regarding Care Management?

- getting physician buy in as well as patient buy in
- Limited face to face
- Certain payers not covering CM services limiting our practice from reaching the GOAL of population health. If these patients wanted CM services, they would have to pay out of pocket which isn't always doable for every patient
- Some pt. resources were limited at first, not an issue any longer though
- Not enough time and resources. Billing is difficult and complex. Tracking patients for incentives.
- Not being reimbursed
- Lack of reimbursement/insurance coverage, patient willingness to participate
- Insurance coverage and rate of reimbursement.
- Patients who need it the most won't participate because they can't/won't afford it. CM is not a free service
- Too many patients not enough time.



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Last Comments

- COVID time has been hard on everyone
- Telehealth has been a new experience, but one I think would be nice going forward for patients who spend their winters elsewhere, or just as another option for follow up rather than multiple office visits or phone calls.
- "Qualified professionals who are self motivated and engaged with people are needed as Care Managers.
- There is simply not enough trained CMs in our area."



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