Care Management Connection

A publication of the Michigan Care Management Resource Center

August, 2017

Volume 2 Issue 8

Bellin Health: Achieving Population Health Management Through Team-Based Care

Bellin Health in Green Bay, Wisconsin embarked on a pilot with the goal of providing better, safer, and more efficient care to their patients and health care community. They also wanted to achieve improved work-life balance for providers and staff.

So Bellin Health took action, and built a team. For each provider, there would be 2 care team coordinators or CTCs (medical assistants or LPN), 1 RN, and 1 patient access representative. They then took elements of Patient Centered Medical Home and the Chronic Care Model to build a system for success around the team.

Recipe for the Model:

Team based care put the "joy back in practice"

- **Planned care principles**
  - ◊ Pre-visit planning
  - ◊ Referral and lab tracking
  - ◊ Engaging patient prior to visit (and between visits)
- **Enhanced roles for Medical Assistant or Care Team Coordinator (CTC)**
  - ◊ Defined roles and responsibilities
  - ◊ Vital signs, health screenings, agenda setting, patient coaching and med rec, and prepping for provider documentation
- **Effective use of the extended care team**
  - ◊ Team approach to "in-between visit" work
  - ◊ Extended care team members have key roles to engage patients which leads to improved health outcomes
- **Location, location, location**
  - ◊ Co-location or embedment
  - ◊ Effective use of extended care team in community
- **Team communication**
  - ◊ Daily huddles
  - ◊ Regular meetings at least 2 times a month to review complex patients and care gaps
  - ◊ Warm handoffs between team members *in front of the patient* (not hallway)
- **Making technology work**
  - ◊ Standard team documentation
  - ◊ Standard templates and smart order sets

Patients felt that they "got the doctor back"

- **Timing is everything**
  - ◊ On-time starts at least twice a day
  - ◊ Medical assistant or CTC in contact with patient in-between visits
- **United front**
  - ◊ Consistent messaging, stating the "team will"; informs patients our entire team is here to support you

Continued on page 3

UPCOMING EVENTS

VIEW OUR UPCOMING COURSES

Click on the dates below to register for MiCMRC Complex Care Management Courses:

Oct. 2-5, 2017, Lansing

Oct. 30-Nov. 2, 2017, Lansing

Nov. 13-16, 2017 , Lansing

Dec. 4-7, 2017, Lansing

MiCMRC CARE MANAGEMENT EDUCATIONAL WEBINAR

Date and Time: Wednesday September 20th 2-3 pm

Title: HPV Vaccine

Presenter: Abby Moler, American Cancer Society

Register **HERE**

To view additional upcoming webinars see page 2

The Michigan Care Management Resource Center supports ambulatory practices statewide to implement and build upon Patient-Centered Medical Home (PCMH) and PCMH Neighborhood (PCMH-N) capabilities related to care management, population management, self-management support, and care coordination. MiCMRC provides foundational and longitudinal curriculum, tools and resources to assist practices with developing a sustainable, evidence-based clinical model for care management activities. Support for the Michigan Care Management Resource Center is provided by Blue Cross® Blue Shield® of Michigan as part of the BlueCross Value Partnerships program. Michigan Care Management Resource Center is not affiliated with or related to Blue Cross Blue Shield of Michigan nor Blue Cross Blue Shield Association

Nursing and Social Work continuing education opportunity. For more information visit www.micmrc.org/continuing-ed

MiCMRC Questions?

For questions please **Contact Us**

Share Your Success Stories

Submitting your success story is as easy as clicking on the following link:

Share Your Success Story

For help submitting your success story contact us at http://micmrc.org/contact-

eLearning Opportunities

- Free online lessons
- Learn at your own pace
- Earn Continuing Education credits
- Modules include:
  1. Medication Management
  2. Advance Care Planning
  3. TOC
  4. Five Step Process
  5. Care Planning
  6. Role of the CM

To access eLearning **CLICK HERE**

MiCMRC 2017 CARE MANAGEMENT EDUCATIONAL WEBINARS

Date and Time: Wednesday September 20th 2-3 pm
Title: HPV Vaccine
Presenter: Abby Moler, American Cancer Society
Register **HERE**

Date and Time: Wednesday September 27th 2-3pm
Title: Medical Specialty Drug Infusion Site of Care Optimization
Presenter: Mindy Prasad, PharmD Clinical Pharmacist, Specialty Initiatives Blue Cross Blue Shield of Michigan/Blue Care Network
Register **HERE**

Date and Time: Wednesday October 11th 2-3 pm
Title: Breast Cancer Screening
Presenter: Abby Moler, American Cancer Society
Register **HERE**

MiCMRC Approved Self-Management Support Courses and Resources Update

To access the list of the MiCMRC approved Self-Management Support courses, **Click Here.** The list of MiCMRC approved Self-Management Support Courses contains a detailed summary of each course, with associated objectives, location, cost and more.

Additionally, MiCMRC has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. MiCMRC's "Self-Management Support Tools and Resources" document offers an at a glance list and summary of these resources, along with descriptions and website links for quick access. For "Self-Management Support Tools and Resources" **Click Here.**

Both of these documents can also be accessed on the MiCMRC website home page **http://micmrc.org/**

Fall Conference! Diabetes Care: From Research to Practice Friday September 29, 2017

Target Audience: Registered Nurses, Registered Dietitians, Pharmacists, Care Managers

Location: 1951 US Highway 41 W, Marquette MI. 49855

Conference Objectives:

1. Identify and understand new pharmaceuticals for diabetes.
2. Understand the importance and impact of population health.
3. Implement updates in neuropathy screening and treatment
4. Identify new data on DPP /DSME
5. Explain the impact of psychosocial related issues in diabetes
6. Implement updates in nutritional treatment of obesity

For details, CE information and registration **CLICK HERE**

MiCMRC Complex Care Management Course Registration

The MiCMRC Complex Care Management (CCM) course is designed to prepare the healthcare professional for the role of Complex Care Manager. Course content is applicable to all Care Managers in the ambulatory care setting, working with complex patients.

The training format for the MiCMRC CCM course consists of: a one-hour introductory live webinar, two days for recorded webinar self-study (approximately 6 hours of self-study) and two days of in person classroom instruction. To learn more about the CCM course click **here**

****For High Intensity Care Model Managers (HICM) ONLY-** HICM participants are required to complete the MiCMRC CCM course and two subsequent HICM self-study online modules. Details about the HICM online modules will be provided during the CCM course day 1 webinar.

Upcoming CCM course dates and course registration:

October 2-5 | Lansing, MI |**REGISTER HERE** | Registration deadline: September 28th, 2017
October 30- November 2 | Lansing, MI |**REGISTER HERE** | Registration deadline: October 26th, 2017
November 13-16 | Lansing, MI |**REGISTER HERE** | Registration deadline: November 9th, 2017
December 4- 7 | Lansing, MI |**REGISTER HERE** | Registration deadline: November 30th, 2017

NOTES: If you have 15 or more Care Managers in your area and would like the MiCMRC team to provide a regional training at your location please submit your request to: **micmrc-ccm-course@med.umich.edu**

For questions please contact : **micmrc-ccm-course@med.umich.edu**

The Michigan Nursing continuing education requirements for license renewal was updated March 2017.

For details:

- Continuing Education Requirements For Michigan Nurse 03/17 **http://www.michigan.gov/documents/lara/Continuing_Education_Information_for_Nurses_554819_7.pdf** or **click here**
- Michigan Board of Nursing General Rules **http://w3.lara.state.mi.us/orr/Files/AdminCode/1712_2017-037LR_AdminCode.pdf** or **click here**

---

continued from page 1

Bellin Health Primary Care Transformation, 2014 Green Bay, Wisconsin

Providers:

11 Family Medicine Physicians

2 care team coordinators or CTCs

2 Nurse Practitioners

1 Physician Assistant

+

***Per provider* team on-site:**

2 care team coordinators or CTCs

1 RN

1 patient access representative

=

Results:

Improved staff satisfaction

Improved communication

Improved safety and quality (Medication prescribing, test tracking and follow up, patient status change)

Improved patient and family engagement

For more information on team based care and to access the full Bellin article **CLICK HERE!**

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/teambased-1.pdf

MiCMRC 2017 Care Manager Survey

The Michigan Care Management Resource Center (MiCMRC) invites you to participate in a voluntary survey about your experiences as a Care Manager in the state of Michigan. Your participation will help MiCMRC better understand the experiences and needs of care managers across the state and will be used to design resources that meet the needs of practicing care managers.

The 2017 survey will be distributed to Care Managers the week of September 4th 2017.

If you have any questions, please contact the MiCMRC Team at **micmrc-requests@med.umich.edu**. Your participation is greatly appreciated!

BCBSM Revised Provider Delivered Care Management Training Requirements

BCBSM has revised the BCBSM Provider Delivered Care Management training requirements for Care Managers (CM) and Qualified Health Professionals (QHP). To learn more about the revised BCBSM training requirements, please contact the staff person responsible for coordinating care management services at your practice's Physician Organization (your practice manager should be able to give you contact information for the Physician Organization). Also, at a glance training information is available here: **http://micmrc.org/training/supported-programs/pdcm**

NEW - Blue Cross Blue Shield of Michigan

Online Provider Delivered Care Management Billing Training course

The Blue Cross Blue Shield of Michigan (BCBSM) Provider Delivered Care Management (PDCM), Blue Distinction Total Care (BDTC) and High Intensity Care Model (HICM) Billing Online Course is now offered via web-based training. The PDCM/BDTC/HICM Billing Course is available for viewing at your convenience.

To access the Blue Cross PDCM/BDTC/HICM Billing Online Course **click here.**

To access the Blue Cross PDCM/BDTC Payment Policy and Billing Guidelines **click here**.

NEW - Blue Cross Blue Shield of Michigan PDCM/BDTC/HICM Webinar Offered Monthly

On a monthly basis, Blue Cross will conduct a question and answer session via WebEx relating to questions you may have after you've completed the online PDCM/BDTC/HICM Billing Online course regarding these programs. They are scheduled for the first Thursday of each month from 12:00 noon – 1:00 p.m. for the remainder of 2017. Dates and WebEx information:

- September 7, 2017
- October 5, 2017
- November 2, 2017
- December 7, 2017

To join this meeting (Now from mobile devices!)

---

1. Go to https://bcbsm.webex.com/bcbsm/j.php?MTID=m9e19c18ee71d2a4203d6087055092b77

2. If requested, enter your name and email address.

3. If a password is required, enter the meeting password: pgip

4. Click "Join".

5. Follow the instructions that appear on your screen.

Teleconference information

---

1. Please call one of the following numbers:

Toll-Free: 1-800-4625837

Local: 1-313-2254000

2. Follow the instructions that you hear on the phone.

Your Cisco Unified MeetingPlace meeting ID: 734 134 932

Colorectal Cancer Screening: How to Increase your Colorectal Cancer Screening Rates

According to cancer.org, The American Cancer Society believes that preventing colorectal cancer (and not just finding it early) should be a major reason for getting tested. Having polyps found and removed keeps some people from getting colorectal cancer. You are encouraged to have tests that have the best chance of finding both polyps **and** cancer if these tests are available to you and you are willing to have them. But the most important thing is to get tested, no matter which test you choose.

Starting at age 50, men and women at average risk for developing colorectal cancer should use one of the screening tests below:

Tests that find polyps and cancer

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years*
- Flexible sigmoidoscopy every 5 years*
- Double-contrast barium enema every 5 years*

Tests that mainly find cancer

- Fecal immunochemical test (FIT) every year*,**
- Guaiac-based fecal occult blood test (gFOBT) every year*,**
- Stool DNA test every 3 years*

*Colonoscopy should be done if test results are positive.
** Highly sensitive versions of these tests should be used with the take-home multiple sample method. A gFOBT or FIT done during a digital rectal exam in the doctor's office is not enough for screening.

According to The Community Guide: Increasing Cancer Screening: Multicomponent Interventions- Colorectal Cancer, The Community Preventive Services Task Force (CPSTF) recommends multicomponent interventions to increase screening for colorectal cancer based on strong evidence of effectiveness. Multicomponent interventions in this review increased screening by colonoscopy or fecal occult blood test (FOBT).

Cancer Screening Interventions by Strategy		
Increase Community Demand	Increase Community Access	Increase Provider Delivery
• Group Education • One on One Education • Client Reminders • Client Incentives • Mass Media • Small Media	• Interventions to Reduce Client Out of Pocket Costs • Interventions to Reduce Structural Barriers ◊ Reducing Administrative Barriers ◊ Providing Appointment Scheduling Assistance ◊ Using Alternative Screening Sites ◊ Using Alternative Screening Hours ◊ Providing Transportation ◊ Providing Translation ◊ Providing Child Care	• Provider Reminders • Provider Incentives • Provider Assessment and Feedback

American Cancer Society created a *Guidebook which* outlines efficient ways for practices to get every eligible patient the colorectal cancer screening tests he or she needs. The *Guide* contains evidenced-based tools, sample templates and strategies that can help practices improve their screening performance based on the evidence based interventions provided in The Community Guide. That guide can be found at: **https://www.cancer.org/content/dam/cancer-org/cancer-control/en/reports/how-to-increase-preventive-screening-rates-in-practice.pdf**