

Care Management Connection

A publication of the Michigan Care Management Resource Center



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Advance Care Planning – In the Primary Care Setting

Every day people are faced with making decisions regarding their health or the health of others. What happens if an individual is no longer able to speak up and state their health care wishes? Many Americans do not have documentation in place which describes their values and wishes or preferences for treatments at the end of life. This leads us to the question: what is advance care planning? And what is the role of the care management team?

Advance care planning is making decisions about the **care** you would want to receive if you become unable to speak for yourself. These are your decisions to make, regardless of what you choose for your **care**, and the decisions are based on your personal values, preferences, and discussions with your loved ones. Advance care planning includes:

- Getting information on the types of life-sustaining treatments that are available.
- Deciding what types of treatment, you would or would not want should you be diagnosed with a life-limiting illness.
- Sharing your personal values with your loved ones.
- Completing advance directives to put into writing what types of treatment you would or would not want should you be unable to speak for yourself.

Advance care planning differs from general care planning in that it addresses the individual's preferences for treatment at end of life. It is a voluntary process and involves reflection, deliberation, and determination of a person's values and wishes or preferences for treatments at the end of life. Advance care planning promotes autonomy and communicates the individual's wishes for their health care, when they are no longer able to do so.

At the end of life, most people prefer less intensive treatment, fewer hospital stays, and increased focus on quality of life. Not only does it benefit the patient but it can also benefit the family by helping to prepare for the patient's death, resolve family conflict or assist with bereavement.

So why are many people in the United States without an advance care plan? First, there is a lack of awareness. In some cases, advance directives are in place but have not been discussed with the individual's physician. Secondly, society's view of death and dying is to talk around it, not having the realization of this final phase of life. It is a missed opportunity for life-review and life closure issues. Additionally, health care professionals may pose a barrier. For example, a provider may fear destroying a patient or families hopes by bringing death into full view. Or the health care worker may lack understanding of his or her own beliefs regarding end of life and this will likely make the discussions with patients difficult.

Although there is no set standard frequency from which to initiate advance care planning discussions, it should be based on the patient's wishes, and take into account their clinical condition. Some triggers that care managers and their team may look for include:

- Patient brings up the conversation
- A diagnosis of a life limiting illness
- Change in condition
- A routine clinical review such as an office visit

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UPCOMING EVENTS



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

[September 11-14, 2017, Lansing](#)

MiCMRC CARE MANAGEMENT EDUCATIONAL WEBINAR

Date and Time: Wednesday August 9th
2-3 pm

Title: Colorectal Screening

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-us>

MiCMRC 2017 CARE MANAGEMENT EDUCATIONAL WEBINARS



Date and Time: Wednesday August 9th 2-3 pm

Title: Colorectal Screening

Presenter: Abby Moler, American Cancer Society

Register [HERE](#)

Date and Time: Wednesday August 23rd 2-3 pm

Title: The Power of Prevention- Helping Your Patients Reduce Their Cancer Risk

Presenter: Danielle Karsies, MS, RD, CSO, Michigan Medicine Cancer Center

Register [HERE](#)

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

Title: HPV Vaccine

Presenter: Abby Moler, American Cancer Society

Register [HERE](#)

Date and Time: Wednesday October 11th 2-3 pm

Title: Breast Cancer Screening

Presenter: Abby Moler, American Cancer Society

Register [HERE](#)

Michigan Care Management Resource Center Helps Michigan

Pharmacists Transforming Quality and Care provide Pharmacy Webinars

The Michigan Care Management Resource Center has teamed up with the Michigan Pharmacists Transforming Quality and Care (MPTQC). MPTQC is a BCBSM initiative focused on the integration of clinical pharmacists into primary care settings to help improve patient care and outcomes. Their goal is to improve patient care and outcomes through integration of clinical pharmacists in direct patient care.

MiCMRC collaborated with MPTQC to provide care manager and care coordinators access to MPTQC's recorded webinars. The webinars are open to all and provide a certificate of completion.

Webinars now available include:

- Neuropathic Pain
- Managing Statin Intolerance
- Hypertension
- Depression and Anxiety
- Chronic Pain and Opioid Use
- Chronic Pain and Non-Opioid Use
- GLP-1 Agonist Medication Review
- Non-Statins Medication Review
- Behavior Health II

To access these webinars, visit www.micmrc.org and click on the webinars tab. 2

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 course dates and course registration:

September 11-14 | Lansing, MI | [REGISTER HERE](#) | Registration deadline: September 7th, 2017

October 2-5 | Lansing, MI | [REGISTER HERE](#) | Registration deadline: September 28th, 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

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Care managers build a trusting relationship with their patients and often are in a unique position to discuss advance care planning. For care managers and practice team members, it is important to first discuss with the patient's physician and determine the physician's perspective regarding the appropriateness of having the advance care planning discussion with the patient. Additionally, practices may have designated team members who are responsible for educating patients about advance care planning. Identifying how your practice addresses advance care planning is key. Advance care planning should be presented while the patient is still well enough and able to make decisions about their care before there is a loss of capacity to do so. Changes in health status may occur rapidly. There may be missed opportunities if the subject is not discussed early on. In addition, care management team members need to know when not to proceed with the discussion, when doing so might lead to increased distress for the patient and when to provide the information in pieces over time.

When care managers are preparing to discuss advance care planning with patients it may be helpful to consider the following:

- Patients may need time to think and reflect, so anticipate that the conversation may take place over several meetings
- The outcome of the discussion should be shared with all relevant team members and updated as things change
- To avoid potential conflict within the family, include them early on in the discussion if possible

Care managers and team members can help initiate the discussion using open ended questions:

- How have you been coping with your illness?
- Do you think about or plan for the future?
- What do you hope for?
- What does quality of life mean to you?

During the conversation use lay terms that patients can understand. Give patients enough information to make an informed decision without overwhelming them. Clarify any ambiguous statements such as, "I don't want heroics." Whereby the care manager may respond "What do you mean by heroics?" When ending the conversation, summarize the information discussed, ask if there is anything else they would like to discuss, arrange for another time to continue the discussion, document the discussion in the medical record and share the contents of the discussion with others, as authorized by the patient.

For additional information on advance care planning in the state of Michigan Click on the links below:

[Advance Directives from the Michigan Long-Term Ombudsman Program](#)

[State of Michigan Patient Advocate Designation Form](#)

[State of Michigan Advance Directives FAQ](#)

[Making Choices Michigan](#)

[Michigan Piece of Mind](#)

Mullick, A., Martin, J., & Sallnow, L. (2013). Advance care planning. British Medical Journal. 347. Retrieved from http://www.bmj.com/bmj/section-pdf/749255?path=/bmj/347/7930/Clinical_Review.full.pdf

Benson WF and Aldrich N. Advance Care Planning: Ensuring Your Wishes Are Known and Honored If You Are Unable to Speak for Yourself, Critical Issue Brief, Centers for Disease Control and Prevention. 2012. www.cdc.gov/aging.

<https://www.cdc.gov/aging/pdf/advanced-care-planning-critical-issue-brief.pdf>

<https://www.cdc.gov/aging/pdf/acp-resources-public.pdf>

<https://www.nhpco.org/advance-care-planning>

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 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:

- August 3, 2017
- 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

Low or No-cost Breast and Cervical Cancer Services Available for Women

Breast and Cervical Cancer Control Navigation Program ready to help

Whether insured or not, the Breast and Cervical Cancer Control Navigation Program (BCCCNP) within the Michigan Department of Health and Human Services, will help women receive the care they need.

The BCCCNP can arrange for eligible women to receive breast and cervical cancer screenings, follow-up care for an abnormal test result, and treatment if a breast or cervical cancer is diagnosed.

Eligible women must be between the ages of 40-64 with an income between 139 and 250 percent of the Federal Poverty Level. For a family of four, this means an annual income between \$33,948 and \$61,500.

- Uninsured women can enroll in the program and receive cancer screening services (mammograms and Pap tests) at no cost.
- Underinsured women (women with high deductibles) may receive screening and/or diagnostic services not paid by their insurance.
- Insured women can receive assistance by program navigators to receive screening diagnostic and/or treatment services.

Women diagnosed with breast or cervical cancer, may also be eligible to receive treatment through the BCCCNP Medicaid Treatment Act.

Call 1-844-I-GOT-SCR (446-8727) to find out if you are eligible to receive program services.

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/>

Webinar | Depression and Chronic Conditions: Why Does This Matter?

Tuesday, August 8, 2017 | 12-1 p.m.

Depression can have a profound impact on patients with chronic conditions. This webinar, hosted with the [Michigan Community Health Workers Alliance](#) (MiCHWA), offers strategies to identify and address depression in patients with chronic diseases such as depression and hypertension.

1.0 continuing education credits will be offered for registered nurses and social workers in Michigan who participate in this webinar.

Objectives

- Learn the importance of recognizing and addressing depression in patients with chronic disease
- Discuss the prevalence of depression in diabetes, cardiac disease and other chronic conditions
- Understand the overall disease burden and cost of healthcare in patients with chronic disease and depression
- Discuss behavioral and pharmacological interventions that can assist in treating depression associated with chronic disease

Learn More

Register Now



[MPRO](#) represents Michigan in the Lake Superior Quality Innovation Network.

Learn more about LSQIN