Care Management Overview

Care Management has been defined as a set of activities designed to assist patients and their support systems in managing medical conditions and related psychosocial problems more effectively, with the aim of improving patients' health status and reducing the need for medical services.

Care management involves providing clinical and support services, including care coordination, provided by a nurse or other clinically trained provider. The intensity of follow-up and clinical interventions varies depending on the complexity of the individual patient's health care needs. Care management is an essential function of a Patient-Centered Medical Home.

Goals of Care Management

- Improve patient's functional health status
- Enhance coordination of care
- Eliminate duplication of services
- Reduce the need for unnecessary, costly medical services

Key Components of Care Management

- Identify patients most likely to benefit from care management.
- Assess the risks and needs of each patient.
- Develop a care plan together with the patient/family.
- Teach the patient/family about the diseases and their management, including medication management.
- Coach the patient/family how to respond to worsening symptoms in order to avoid the need for hospital admissions.
- Track how the patient is doing over time.
- Revise the care plan as needed.

Planning Steps to Implement Care Management

- Decide on patient population that will receive care management services
- Define and develop care management interventions, resources, and tools
- Develop and implement a process to identify patients
- Develop care manager job description; roles and responsibilities
- Identify a care manager and provide training
- Review and define each team member's role
- Build an ongoing team approach to care management.
- Plan and implement activities to communicate, problem solve, recognize success, identify gaps and solutions
- Create a support structure for the care manager