Care Management Connection

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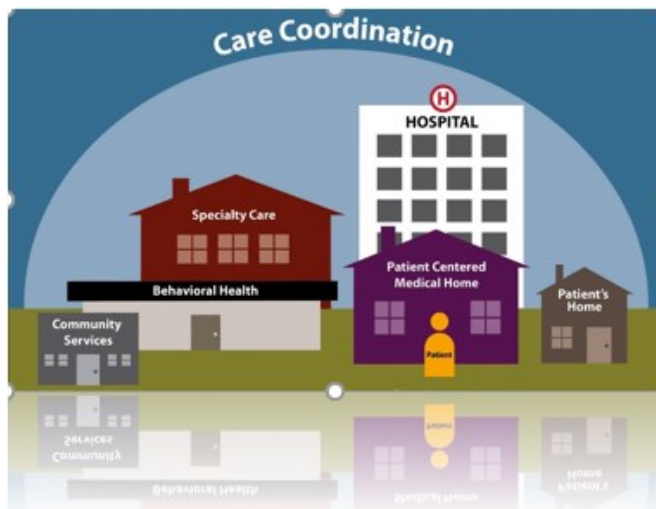
Integrating Care for Children Across the Continuum

A patient centered medical home is ideal for providing coordinated, compassionate care through strong links between the primary care provider team, specialists, health care facilities, and community providers. There are "Five Ds" that distinguish pediatric from adult medical home models: developmental trajectory, dependency on adults, differential epidemiology of chronic disease, demographic patterns of poverty and diversity, and overall dollars spent on children versus adults. An Institute of Medicine report highlights the need for involving patients and their family in health care decisions and tailor the care to fit their health care preferences.

Care coordination is seen as the deliberate organization of patient care activities between two or more team members including the patient, and facilitating the appropriate delivery of health care services. Successful coordination takes into account the continuum of health, education, early child care, nutrition, mental health and community partnerships, delivering improved quality of care for all children including those with special health care needs. Within a busy medical practice care coordination allows for improved productivity and efficiency by dealing with tasks such as referrals, acquiring equipment, and managing transitions of care, thereby freeing the physician up from these non-clinical tasks and allowing them to spend more clinical time with their patients.



Care coordination helps guide team processes, which are developed and driven by the needs of the patients and their families for services across the community. This is also deemed possible by focusing on competencies, job descriptions and functions. There needs to be a focus on reducing care fragmentation and inefficiencies across the health care system. Care coordination addresses this by providing support in the space between providers, visits and other entities.

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UPCOMING EVENTS

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

June 11-14, 2018, Dimondale

June 25-28, 2018, Dimondale

July 9-12, 2018, Lansing

MiCMRC WEBINARS

Title: Michigan Physician Orders for Scope of Treatment (MI-POST) 101

Date and Time: Wednesday, June 13th 2-3 pm

Presenter: Carolyn Stramecki, MHSA

Consultant, Advance Care Planning – Michigan, Michigan Primary Care Consortium

Register HERE

Title: 2018 Update in Standards of Care for Management of Diabetes

Date and Time: Friday, July 27th 12:30-1:30 pm

Register HERE

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 .

In case you missed it

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 2018 CARE MANAGEMENT EDUCATIONAL WEBINARS

Title: Michigan Physician Orders for Scope of Treatment (MI-POST) 101
Date and Time: Wednesday, June 13th 2-3 pm
Presenter: Carolyn Stramecki, MHSA
Consultant, Advance Care Planning – Michigan, Michigan Primary Care Consortium

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

"Michigan Care Management Resource Center is an approved provider with the Michigan Social Work Continuing Education Collaborative". Approved Provider Number: MICEC 110216

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.0 CE contact hour(s). Activity code: I00032369 Approval Number: 180002048 To claim these CEs, log into your CCMC Dashboard at **www.ccmcertification.org**.

Register **HERE**

Title: Advance Care Planning Conversation Basics
Date and Time: Wednesday, August 8th 2-3 pm
Presenter: Carol Robinson DNP, MS, BSN, RN, CHPN®
Community Coordinator, Making Choices Michigan

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

"Michigan Care Management Resource Center is an approved provider with the Michigan Social Work Continuing Education Collaborative". Approved Provider Number: MICEC 110216

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.0 CE contact hour(s). Activity code: I00032397 Approval Number: 180002075 To claim these CEs, log into your CCMC Dashboard at **www.ccmcertification.org**(link is external).

Register **HERE**

For questions, please submit to **micmrc-requests@med.umich.edu**

Announcing Pediatric Office Hours for 2018
Open to All Michigan Care Management Team Members

In response to requests for care management curriculum with a focus on pediatric topics, the State Innovation Model PCMH Initiative is announcing a series of Pediatric Office Hours in 2018.

Date: Wednesday, June 6th 11 am-12 pm
Topic: "Adverse Childhood Experiences and Social Determinants of Health Screening – How to have the conversation"
Presenters: Jane Turner, MD, FAAP
Professor Health Programs, Pediatrics and Human Development, Michigan State University

Jodi L. Spicer, MA
Adverse Childhood Experiences (ACES)/Youth Suicide Prevention Consultant
Division of Chronic Disease and Injury Control
Michigan Department of Health and Human Services

This presentation is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services. The content provided is solely the responsibility of the authors and does not necessarily represent the official views of HHS or any of its agencies.

Register **HERE**

Save the date for the next Pediatric Office Hours: September 13th 12pm-1pm. The Pediatric Office Hours is open to all interested Michigan Care Management team members.

CDC Immunization and Training Opportunity - Pink Book Webinar Series

The **Centers for Disease Control and Prevention** is offering an online series of 15 webinars providing an overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about vaccine-preventable diseases and the vaccines that prevent them. In addition, continuing education will be available for each event. All events begin at noon eastern standard time.

For more information and to register for the series **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. For CCM Course details **click here**

Upcoming CCM course dates and course registration:

June 11-14 |Dimondale MI |**REGISTER HERE** | Registration deadline: June 7, 2018

June 25-28 |Dimondale MI |**REGISTER HERE** | Registration deadline: June 21, 2018

July 9-12 |Lansing MI |**REGISTER HERE** | Registration deadline: July 5, 2018

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**

Provider Delivered Care Management (PDCM)
Blue Distinction Total Care (BDTC)
High Intensity Care Model (HICM)

Monthly Billing Q & A Sessions

On a monthly basis, Blue Cross Blue Shield of Michigan will conduct a question and answer session via WebEx relating to questions you may have after you've completed the online Billing/Coding course regarding these programs. They are scheduled for the first Thursday of each month from 12:00 – 1:00 for 2018. Below is the 2018 scheduled question and answer sessions.
Please do not ask specific questions about claims. If you have an issue, you should contact your provider consultant for assistance or you can submit an inquiry to **valuepartnerships@bcbsm.com.** For additional billing resources visit **http://micmrc.org/training/care-management-billing-resources**

Below are the dates and WebEx information to join the conference call.

Barbara Brady invites you to an online meeting using WebEx.

To join this meeting (Now from mobile devices!)
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1. Go to **https://bcbsm.webex.com/bcbsm/j.php?MTID=m4b96f6a21bf31261e0162488e206e731**
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
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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: 735 921 157

To join this meeting from bcbsm.webex.com

Meeting Number: 735 921 157
Meeting Password: pgip
https://www.webex.com

June 7th
July 5th
August 2nd
September 6th
October 4th
November 1st
December 6th

SAVE THE DATE: 2018 Update in Standards of Care for Management of Diabetes

Announcing "2018 Update in Standards of Care for Management of Diabetes" Webinar to be held on July 27, 2018, 12:30 pm-1:30 pm.

This course has been approved for *AMA PRA Category 1 Credits*™

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 provides 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/**

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Tracking patients via a registry can support care coordination activities and functions and improve patient safety. In addition, care planning which utilizes an "actionable" care plan with assigned tasks and roles, care plan document, and emergency information form, i.e. action plan also supports care coordination. Furthermore, care coordination includes community resources, dental providers, medical subspecialists, and most importantly the family and the patient. Care plans need to be maintained and updated with timely information regarding all those involved to avoid duplication of service. It must take into account a patient's language, culture and values.

Care coordination should be a team and family-driven process with the patient and family in the center. This helps to improve family and practitioner satisfaction, facilitates access to services, improves health outcomes, and reduces costs related to fragmentation of care. In addition, tools to help facilitate coordination include health information technology, integrated health care teams as well as internet based resources.
Finally, it is important for care managers to keep in mind the following core principles for creating accountable child health outcomes:

- Epidemiology and treatment of chronic conditions in children is different than in adult patients
- Families are the drivers of a child's health
- Implementation of life-course approaches to ensure optimal child, adult and population health outcomes
- Children's health care requires both nonmedical and medical resources
- There is a strong need for care coordination especially for medically complex patients

Reference: **American Academy of Pediatrics (2014)., Policy Statement: Patient and family centered care coordination: A framework for integrating care for children and youth across multiple systems. *Pediatrics*. 133:5**