CHRONIC CARE MANAGEMENT

FOR RURAL HEALTH

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AGENDA

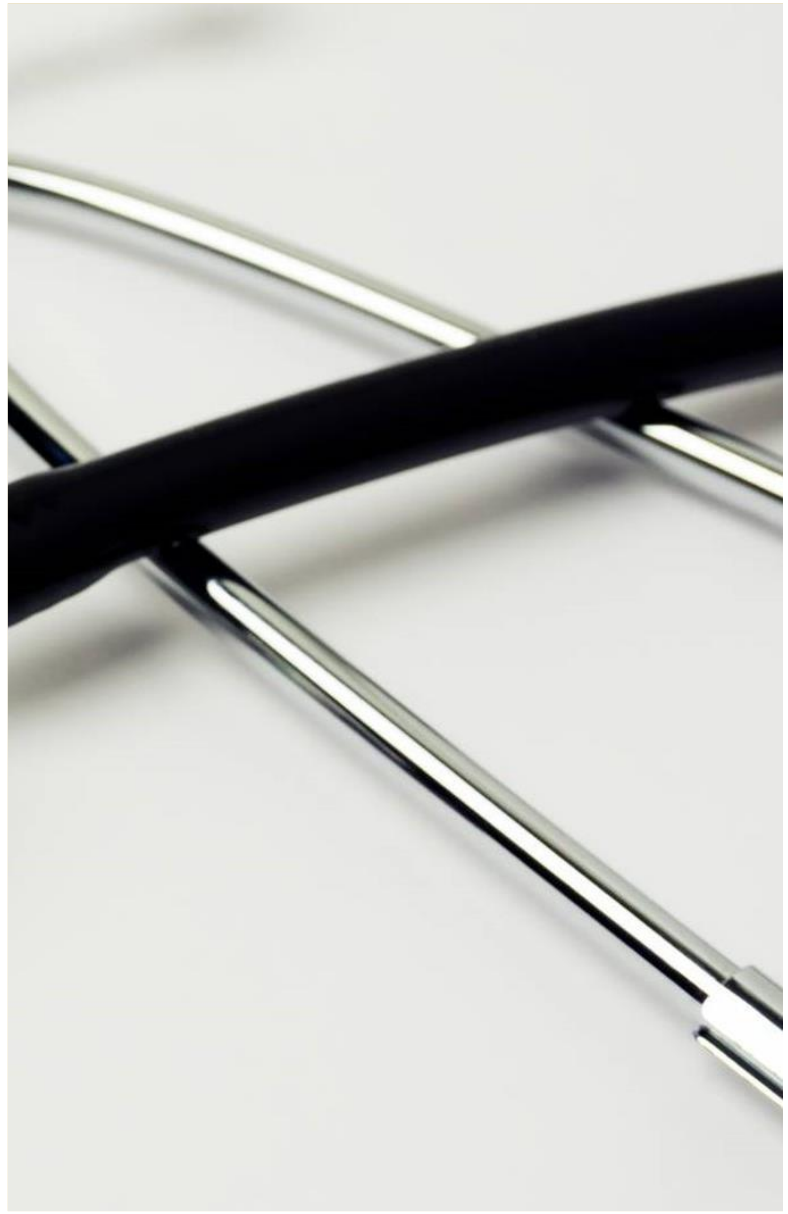
What is Chronic Care Management?

Eligibility and Criteria

Getting Started

Documentation

Quality Improvement



CHRONIC CARE MANAGEMENT

BENEFITS

Patient

- Increased access to healthcare
- Control of chronic conditions and symptoms
- Coordination of Care
- Improved Health Outcomes

Provider

- Improves patient engagement and compliance
- Increased patient satisfaction
- Enhanced patient care
- Revenue

ELIGIBILITY AND CRITERIA

Criteria

At least **two chronic conditions** expected to last 12 months or more that put the patient at significant health risk.

Consent

Patient consent is **required** before beginning a CCM service.

Requirements

Providers must establish, implement, revise, and monitor a comprehensive care management plan.

Additional

At least 20 minutes of care coordination services related to CCM.

Services must be under the general direction of an FQHC or RHC billing provider.

ELIGIBLE CHRONIC CONDITIONS

- Alzheimer's Disease
- Arthritis
- Asthma
- Atrial Fibrillation
- Cancer
- Cardiovascular Disease
- COPD
- Depression
- Diabetes
- Hypertension
- Hyperlipidemia
- HIV/AIDS
- Kidney Disease
- Liver Disease
- Osteoporosis
- Stroke/TIA

GETTING STARTED

1. Assess Clinic Readiness and Resources
    a. Staff, Technology, and Clinic Resources
2. Define Program Framework
    a. Set Clear Goals for CCM Program
    b. Create Guidelines and Workflows for CCM
3. Educate and Train Staff
4. Implement Technology
5. Designate Staff
6. Identify Eligible Patients
7. Care Coordination
    a. Schedule Regular Follow-Up Calls
    b. Ensure Coordination Among Providers
8. Billing and Documentation
    a. Ensure all CCM Activities are Documented
9. Continuous Improvement
    a. Monitor Performance and Outcomes
10. Compliance and Quality Assurance
    a. Keep Up with CCM Regulation Changes
    b. Implement QA Measures to Maintain Standards of Care

DOCUMENTATION REQUIREMENTS

1. Patient Consent
2. Individualized Comprehensive Care Plans
3. Patient Information
4. Care Coordination
5. Services Provided
6. Medication Management
7. Patient Monitoring
8. Billing Documentation
9. Compliance and Quality Assurance
10. Patient Engagement

QUALITY IMPROVEMENT

- Establish Goals and Objectives
- Collect and Analyze Data
- Develop and Implement Interventions
- Monitor and Evaluate Progress
- Continuous Improvement
- Engage Patients and Families
- Training and Education
- Share Results

THANK YOU

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