

Chronic Care Management



PRESENTED BY:
KATHY CLOHESSY
KIMBERLY WEST, RN

Introduction



Today new opportunities for providing care coordination to high-cost, high risk Medicare beneficiaries are available.

Chronic Care Management forms and workflows that can assist your patient(s) on the road to a healthier lifestyle and help the provider manage their chronic conditions will be presented.

The chronic care outreach process discussed today will allow the Provider to charge “Chronic Care Management” services to Medicare.


Presentation Outline



- Identify Patient
- Initial assessment
- Care Plan
- History view
- Chronic Care Outreach
- Three Core Requirements for billing
- Electronic Submission of the Care Plan

STEP ONE

Identify Eligible Patient/ Initial Assessment



Identify Patient to be enrolled in the CCM Program:

- ✓ through a patient registry
- ✓ inpatient data report
- ✓ physician referral of complex patient

Examples of chronic conditions include, but are not limited to, the following:

- | | |
|--|-------------------------------|
| ▶ Alzheimer's disease and related dementia; | ▶ Depression; |
| ▶ Arthritis (osteoarthritis and rheumatoid); | ▶ Diabetes; |
| ▶ Asthma; | ▶ Heart failure; |
| ▶ Atrial fibrillation; | ▶ Hypertension; |
| ▶ Autism spectrum disorders; | ▶ Ischemic heart disease; and |
| ▶ Cancer; | ▶ Osteoporosis. |
| ▶ Chronic Obstructive Pulmonary Disease; | |

***Initial Interview to be done in the office during an office visit!**

INITIAL ASSESSMENT



- Explanation of program (benefits/cost) to the patient
- A signed consent is scanned into patient's chart
- Place a “pop up” on patient's chart (*Enrolled in Chronic Care Management*)
- Fill out Initial Care Management form

The **Care Management Intake Assessment** form is used during the “Initial Interview” by the Nurse. This form documents :

Health Status

- reason for referral
- functional status
- fall risk

Support

- social support
- support services
- financial resources

Care Planning

- patient preference/functional/life style goals
- self management goals
- barriers
- strategies

Care Manager Summary

- care manager plan
- care manager follow-up

CARE MANAGEMENT INTAKE ASSESSMENT: Bee Test

Health Status Support Care Planning CM Summary

Completed on: [] Referred by: []

Reason for Referral:

☐ Complex conditions/uncontrolled chronic illness ☐ High Cost/high utilization

☐ Behavioral health conditions ☐ Social determinants of health impacting ability to manage health/well-being

☐ Referral by outside organization/practice staff ☐ Identified from registry

CM Completed pre-outreach chart review: []

CM INTAKE INTERVIEW

Would you be willing to share your health beliefs, behaviors or cultural preferences around healthcare and illness?

☐ Yes ☐ No ☐ No specific culture/health beliefs

HEALTH STATUS

Over the past few weeks, how would you rate your health in general?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

How confident are you that you can manage and/or control most of your health concerns:

☐ Very confident ☐ Somewhat confident ☐ Not very confident

Do any of these things make it hard for you to take good care of your health?

☐ Understanding what your provider tells you ☐ Remembering what your provider tells you

☐ Asking questions when I don't understand ☐ None of the above

FUNCTIONAL STATUS

Think about your usual daily activities, such as: bathing, toileting, dressing, grooming, feeding, housework, family or leisure activities.

Which of the following best describes your situation in the last month?

☐ I have no problems with performing my usual activities

☐ I have some problems with performing my usual activities without assistance

☐ I am unable to perform my usual activities without assistance

Illness or injury sometimes limits a person's activities. Tell me about any limitations you may have, if any.

☐ Walking in your home and/or outside ☐ Swallowing/eating/nutrition

☐ Cognitive issues(such as forgetfulness/misplacing th ☐ Using the toilet

☐ Impaired vision ☐ Shopping

☐ Difficulty hearing ☐ Housework

☐ Going up and down stairs ☐ Driving/Transportation

☐ Dressing/personal grooming ☐ Other:

☐ Preparing meals

STEP TWO

Creating Patient Care Plan

Health Care Team

Health Status

TX Goals/Plan

CARE PLAN

Date Completed:

Health Care Team For:

Patient Bee Test

Race/Ethnicity: Asian

Sex: ☒ Male ☐ Female

Preferred Language: English

Alternate Contact/Caregiver:

Phone

Address

Harry Test (husband)

773-233-1212

same as patient

Primary Care Physician:

773-223-2222

2850 W 95th Street Evergreen Park, IL 60805

Nurse Care Manager:

Lisa Lisa

773-1212-1212

LCMH - 2800 West 95th Street - Evergreen Park, IL

Specialist Physician:

Dr. Desai

773-234-1212

6700 W 95th street

Specialist Physician:

Specialist Physician:

Home Care Agency:

Current Allergies:

AMOXICILLIN (Critical)
PCN (Moderate)
* SHRIMP (Moderate)
* LATEX (Mild)

ALLERGIES

Current Problems:

BREAST LUMP OR MASS (ICD-611.72)
(ICD10-N63), DIABETES INSIPIDUS,
CONTROLLED (ICD-253.5) (ICD10-E23.2),
BACK PAIN (ICD-724.5) (ICD10-M54.9),
IRREGULAR HEART RATE (ICD-427.9)

PROBLEMS

Current Medications:

BENICAR 20 MG TABS (OLMESARTAN
MEDOXOMIL) take 1 tablet twice a day
MELOXICAM 7.5 MG TABS (MELOXICAM) TAKE
ONE TABLET PO QD
COUMADIN 5 MG TABS (WARFARIN SODIUM)

MEDICATIONS

Next Tab

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

A Care Plan/Self Care form is filled out by Care Manager during 1st outreach call and reviews with patient. A copy is mailed to patient.

Health Care Team Tab:

- ✓ Health Care Team contact information
- ✓ Current Allergies
- ✓ Current Problems
- ✓ Current Medications

Health Care Team

Health Status

TX Goals/Plan

HEALTH STATUS

Over the past few weeks, how would you rate your health in general?

- ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

How confident are you that you can manage and/or control most of your health concerns:

- ☐ Very confident ☐ Somewhat confident ☐ Not very confident

Do any of these things make it hard for you to take good care of your health?

- ☐ Understanding what your provider tells you ☐ Remembering what your provider tells you
☐ Asking questions when I don't understand ☐ None of the above

FUNCTIONAL STATUS

Think about your usual daily activities, such as: bathing,toileting,dressing,grooming, feeding,housework,family or leisure activities.

Which of the following best describes your situation in the last month?

- ☐ I have no problems with performing my usual activities
☐ I have some problems with performing my usual activities without assistance
☐ I am unable to perform my usual activities without assistance

Illness or injury sometimes limits a person's activities. Tell me about any limitations you may

- | | |
|---|---|
| <input type="radio"/> Walking in your home and/or outside | <input type="radio"/> Swallowing/eating/nutrition |
| <input type="radio"/> Cognitive issues(such as forgetfulness/misplacing things) | <input type="radio"/> Using the toilet |
| <input type="radio"/> Impaired vision | <input type="radio"/> Shopping |
| <input type="radio"/> Difficulty hearing | <input type="radio"/> Housework |
| <input type="radio"/> Going up and down stairs | <input type="radio"/> Driving/Transportation |
| <input type="radio"/> Dressing/personal grooming | <input type="radio"/> Other: |
| <input type="radio"/> Preparing meals | |

Comments

Health Status Tab:

Documents Patient's overall health and functional status.

Health Status Tab continued....

- ✓ Documents patient's cognitive mental health
- ✓ Captures any use of DME
- ✓ DME Provider Information

Cognitive/Mental
Health:

DME...Are you using any type of medical equipment?

- ☐ No DME currently being used
- ☐ Bath bench/Shower chair
- ☐ Bedside Commode
- ☐ Blood Pressure monitor
- ☐ Cane
- ☐ Other

- ☐ CPAP/BIPAP
- ☐ Glucometer
- ☐ Grab Bars
- ☐ Hospital Bed
- ☐ Nebulizer

- ☐ Oxygen
- ☐ Peak Flow
- ☐ Scale
- ☐ Walker
- ☐ Wheelchair

DME Provider
Information: Walgreens
7010 S Cicero
Oak Lawn, IL 60652

Next Tab

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

CARE PLAN SELF CARE: Bee Test

Health Care Team

Health Status

TX Goals/Plan

Treatment Goals

Health goals set by patient and doctor :

Goal 1 | regulate A1C

Goal 2 | maintain healthy bp

Goal 3

Self-Management Plan

We need YOUR help to get there!

Eat breakfast every morning

monitor bp, take medication every morning

Potential Barriers

What might get in the way of my plan?

I don't usually eat breakfast. I just drink coffee

Strategy

What can I do about it?

have breakfast food in the house

Screenings/Immunizations

Health Maintenance:

Mammogram (Annually for women 40 and over):

Done (09/03/2012 9:48:23 AM)

Date

Result

Record

Cholesterol (Every 5 years, or more frequently based on results and risk profile):

210 (03/24/2016 11:22:45 AM)

Record

Colonoscopy (Every 10 years):

Patient Refused (08/15/2013 10:22:32 AM)

Records

Influenza (FLU) Vaccine (Annually):

Pneumococcal (Pneumonia) Vaccine (Initial vaccination, with single revaccination 5 years later):

TX Goals/Plan:

- ✓ Treatment
- ✓ Self-Management
- ✓ Potential Barriers
- ✓ Strategy
- ✓ Screenings
- ✓ Immunizations

Treatment Goals Continued....

- ✓ Additional information
- ✓ Referrals provided/Lab tests/other diagnostics/specialist
- ✓ Signatures

The screenshot shows a medical form with a light blue header bar containing the text "Additional Information". Below the header is a large white text area with a vertical scrollbar on the right. Underneath this is another section with a blue header bar containing the text "Referrals provided today". Below this header is a sub-header "Lab tests/other diagnostics/specialist" in blue, followed by another large white text area with a vertical scrollbar. The bottom section of the form is titled "Signatures:" and contains three horizontal input fields. The first field is labeled "Patient/Care giver:", the second is labeled "Nurse Care Manager:", and the third is labeled "Physician:". At the bottom of the form, there are three buttons: "Prev Form (Ctrl+PgUp)", "Next Form (Ctrl+PgDn)", and "Close".

Additional Information

Referrals provided today

Lab tests/other diagnostics/specialist

Signatures:

Patient/Care giver:

Nurse Care Manager:

Physician:

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Bee Test

Primary #: None Other: (708)229-4812

Cell: (708)502-4470

Portal Access: YES

64 Years Old, Female (DOB: 01/01/1952 Patient ID: 102030 PCP: Noneb Ref Provider: None Insurance: United H (884) G



Find Pt.



Protocols



Graph



Handouts

Summary

History

Problems

Medications

Alerts/Flags

Flowsheet

Orders

View

*Care Plan View



Set Attached View



Alerts(0)/Flags(0)

Care Plan

Date Last Completed: 08/12/2016

Patient: Bee Test Sex: Female

Race/Ethnicity: Asian

Preferred Language: English

HEALTH CARE TEAM:

<u>Alternate Contact/Caregiver:</u> Harry Test (husband) same as patient 773-233-1212	<u>Nurse Care Manager:</u> Lisa Lisa LCMH - 2800 West 95th Street - Evergreen Park, IL 773-1212-1212
<u>Primary Care Physician:</u> 2850 W 95th Street Evergreen Park, IL 60805 773-223-2222	<u>Specialist Physician:</u> Dr. Desai 6700 W 95ht street 773-234-1212
<u>Specialist Physician:</u>	<u>Specialist Physician:</u>
<u>Home Care Agency:</u>	

CURRENT MEDICATIONS:

- 1) BENICAR 20 MG TABS (OLMESARTAN MEDOXOMIL) take 1 tablet twice a day
- 2) MELOXICAM 7.5 MG TABS (MELOXICAM) TAKE ONE TABLET PO QD

After initial assessment is Signed....values push to the **HISTORY VIEW**:
“Care Plan”

This detailed Care Plan can then be printed out and given to the patient.

STEP THREE

Chronic Care Outreach Process

Documenting patient counseling for CCM charging...

Update Chart

Encounter Type:

- Chronic Care Outreach
- Chronic Care Outreach
- Clinical Lists Update
- Coumadin Management
- Dermatology Visit
- Face-To-Face Encounter
- General Surgery Visit/Post Op
- GYNE Preload
- Hem/Onc Visit
- Injection/Vaccination
- Medical Records Authorization
- Medicare Annual Wellness
- Nurse Navigator
- Nurse Visit

Document Type: **Phone Note**

Confidentiality Type: Normal

Clinical Date: 08/31/2016 Clinical Time: 3:51:23 PM

Provider: Clohessy, Kathy M

Location of Care: OPCC

Visit ID: ...

Summary: CCM 99490

☐ Encounter is a Transition of Care

OK Cancel

Start by choosing the encounter type of Chronic Care Outreach.

During a phone call to the patient, several items can be discussed:

- patient's progress
- home BPs/lab results
- questions about diet
- DME supplies
- any problems that might of occurred since last contact
- nurse can so verbal assessments
- discuss and goals and perhaps set new ones
- basically anything to help patient manage their care
- it is very important to catch a problem early

Phone Note: Bee Test

Phone Note Extended Follow-up Follow-up cont Follow-up extra

Phone Note

☐ Call from Patient ☐ Call from Pharmacy ☐ Call from Other Clinic ☐ Other Incoming Call ☒ Outgoing Call

☒ Home Phone ☐ Work Phone (708)229-4812 Other:

PCP:

Call Placed By Kathy M Clohessy, August 31, 2016 3:53 PM **Call placed to:** Patient

Reason for Call	Request	Action Taken
<input type="checkbox"/> Confirm/change Appt <input type="checkbox"/> Discuss lab or test results <input type="checkbox"/> Discuss billing issue <input type="checkbox"/> Get patient information	<input type="checkbox"/> Send information	<input type="checkbox"/> Phone Call Completed <input type="checkbox"/> Appt scheduled <input type="checkbox"/> Information Sent
Chronic Care Outreach		

Summary of Call

Discussed patients diabetic needs. If she if following her diet and how her reesults for her home glucose tests have been. Pt stated her sugars have geen higher in the pas few days. It has been very stressful at home. Her husband was recently diagnosed with prostate cancer.

Form Built by GE Heathcare Six Sigma Clinical Content Team

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

- Always note the time of the call the Summary area
- When 20 minutes of time has been met, the CM can not bill Medicare
- 20 minutes of time can be billed monthly as long as the documentation warrants!

End Update

Properties

Summary: CCM 99490 10 minutes

Provider: Clohessy, Kathy M

Route to


☐ Me

☐ Provider (Kathy M Clohessy)

☐ Sender (Kathy M Clohessy)

Date	User	Priority	Reason	Comments

New... **Remove** **Change...**

 Drug interactions

☐ Encounter is a Transition of Care

☐ Return to Desktop **View clinical list changes**

☐ Sign clinical list changes.

Pending prescriptions set to print or fax will be completed automatically.

Discard Document **Sign Document** **Hold Document** **Cancel**

Update Orders - Bee Test 64 Years Old Female, (DOB: 01/01/1952)

Orders: ☒ This update ☐ Open ☐ All Primary Coverage: United H (884)

Set Coverage...

!	Date	Description	Status	Diagnoses
	08/31/2016	Chronic Care Management (at least 20 minutes)	Unsigned	

Potential Diagnoses:

BREAST LUMP OR MASS
DIABETES INSIPIDUS, CONTROL
BACK PAIN
IRREGULAR HEART RATE
HYPOTHYROIDISM
HYPERTENSION
GERD

<<

Remove

Reorder

Clear Diagnoses

New...

Change...

Custom List

Categories

Search

Order Details

Use custom list: Family Practice Charge Ticket

Organize...

<p>Depo Provera</p> <p><input type="checkbox"/> Therapeutic Injection SQ/IM</p> <p><input type="checkbox"/> Pt brought Product</p> <p><input type="checkbox"/> DEPO-PROVERA 1MG</p> <p><input type="checkbox"/> Fluorix</p> <p><input type="checkbox"/> Screening Mammogram Bilateral</p> <p><input type="checkbox"/> Skin Tag removal - Up to 15</p> <p><input type="checkbox"/> Arthrocentesis-Large</p> <p><input type="checkbox"/> Arthrocentesis - Large - Bilateral</p> <p><input type="checkbox"/> Arthrocentesis-Med</p>	<p><input type="checkbox"/> Arthrocentesis - Med - Bilateral</p> <p><input type="checkbox"/> Arthrocentesis-Small</p> <p><input type="checkbox"/> Arthrocentesis - Small - Bilateral</p> <p><input type="checkbox"/> MRI Brain w / wo Contrast</p> <p><input type="checkbox"/> CT of Sinuses</p> <p><input type="checkbox"/> MRI Cervical Spine</p> <p><input type="checkbox"/> TRIAMCINOLONE ACETONIDE 10MG</p> <p><input type="checkbox"/> PPD</p> <p><input type="checkbox"/> ALBUTEROL TO 2.5 MG IPT TO 0.5 MG</p> <p><input type="checkbox"/> VITAMIN B12 UP TO 1000 MCG</p>	<p>Chronic Care Outreach</p> <p><input checked="" type="checkbox"/> Chronic Care Management (at least 20 minutes)</p> <p><input type="checkbox"/> ALBUTEROL SULFATE (2.5 MG/3ML) 0.093% NEBU</p> <p><input type="checkbox"/> DEPO MEDROL 40MG</p> <p><input type="checkbox"/> Injection, Tendon Sheath</p> <p><input type="checkbox"/> DEPO MEDROL 80MG</p> <p><input type="checkbox"/> CEFTRIAZONE SODIUM PER 250 MG</p> <p><input type="checkbox"/> Ketorolac Tromethamine 30 mg/ml Soln</p> <p><input type="checkbox"/> Destruction, Benign Lesion- up to 14(Cryosurgery)</p> <p><input type="checkbox"/> Fluzone 6-35mos</p>
---	---	---

Sign Orders

OK

Cancel

The charge for Chronic Care management has been Build into the Family Practice Charge ticket

THREE CORE REQUIREMENTS

The screenshot displays a medical billing software interface with two main tabs: 'Clinical Information' and 'Service Administration'. The 'Clinical Information' tab is active, showing fields for 'Description: Chronic Care Management (at least 20 minutes)', 'Code: 99490', 'Authorized By: Winston, MD, Harry S', 'Modifiers', 'Instructions', and 'Disposition: Complete'. A red oval highlights the 'Instructions' field, which contains a list of three items: 'Signed Consent', 'Care Plan', and '20 Minutes or more of outreach'. The 'Service Administration' tab is also visible, showing fields for 'Start Date: 08/31/2016', 'End Date', 'Duration: 0', 'Units of Service: 1', 'Admin Comments', and 'Insurance Notes'. Buttons for 'Diagnoses...', 'Add Modifiers...', 'Observations...', 'Previous Order', 'Next Order', and 'Change Coverage...' are also present.

Before billing, always make sure all three items are in chart:

- Signed Consent**
- Care Plan**
- Documented 20 minutes or more of outreach**

Additional billing information



Who can perform CCM Services?

- Licensed clinical staff subject to proper supervision. Licensed clinical staff includes: APRNs, PAs, RNs, LCSWs, LPNs, and CMAs

What is the reimbursement?

- **2015** \$64 billed (MC Paid 46.01 w/o \$17.98)
- **2016** \$64 billed (MC Paid 43.27 w/o \$20.73)

STEP FOUR

Electronic Care Plan Submission to Provider

From your desktop, click on the “Messaging”. This brings you into secure messaging to message patients or Providers securely.

Centricity EMR - Kimberly West, RN @ Women's Healthcare Affiliates (cpoemr) - 9/2/2016 4:36 PM - [Desktop]

Go Actions Options Help

Desktop Chart Appts Reg Reports LinkLogic New View Print Help EXIT

Summary Alerts/Flags Documents File Attachments Fax Status Messaging

Back Forward Stop Refresh

MESSAGES

New Message

Inbox

Delegate Folders

Sent

Drafts

Templates

Deleted

USER

Address Book

Manage Folders

Manage Briefcase

Settings

DELEGATES

Delegate Log In

Manage Delegates

ADMIN

Users

Groups

Domains

Profiles

Reports

INBOX

Reply Reply All Forward Delete Move Search Print

Type Size From Subject

No messages found in this folder.

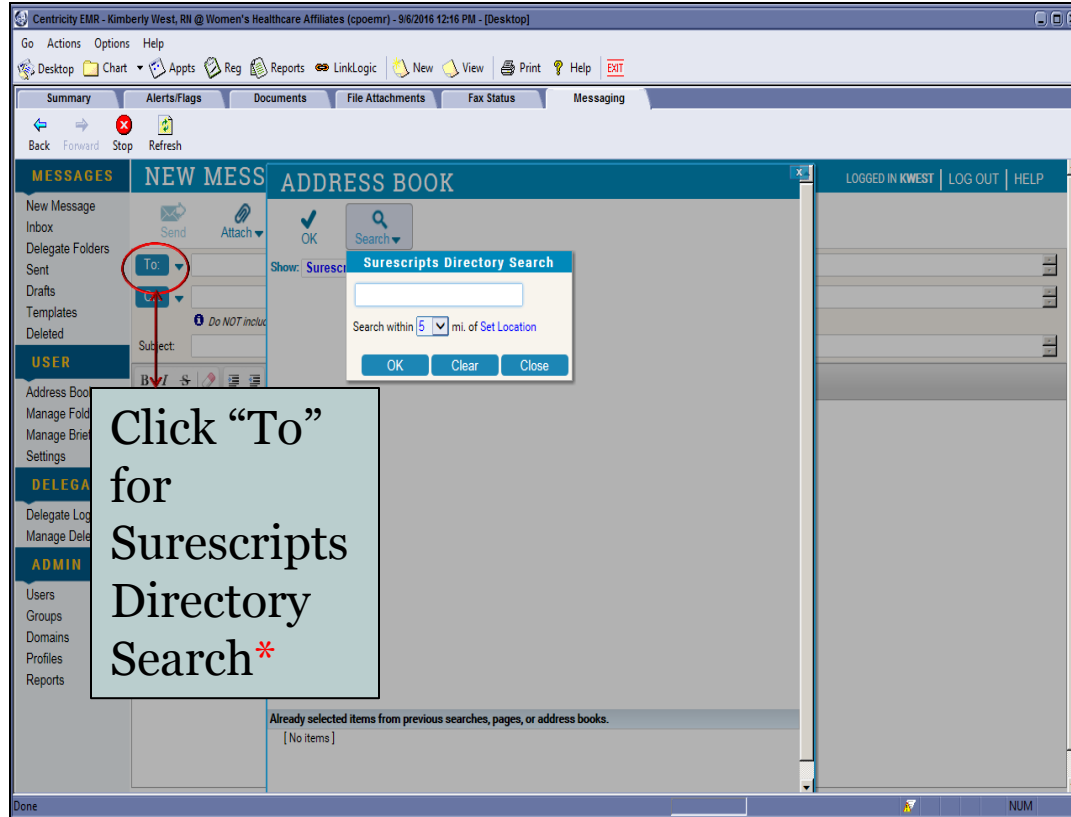
From the Inbox click on “New Message”* to send a secure message to a member of the patient’s healthcare team.

*If you hover over new message before it clicking, you will see three options:

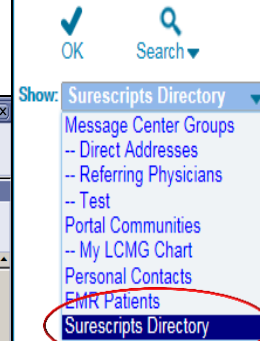
1. Standard
2. Patient
3. Referral

You want the Standard option for this workflow. Simply clicking new message will automatically bring you to Standard new message.

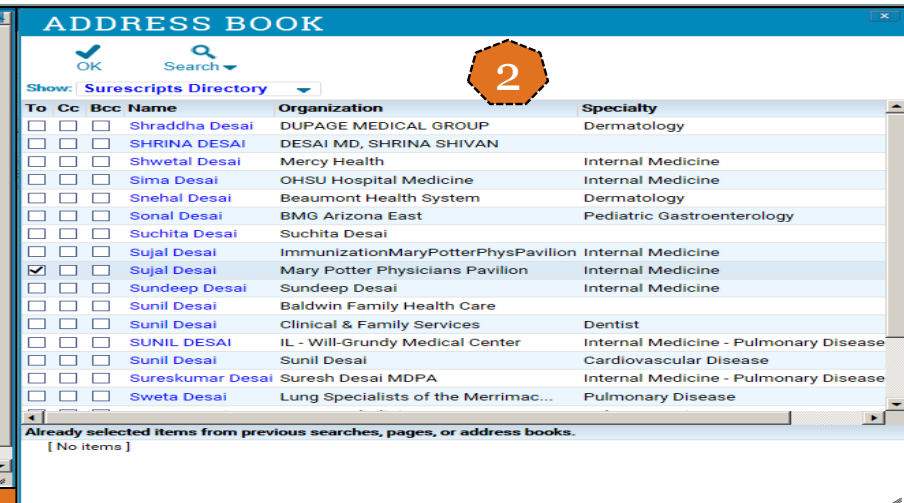
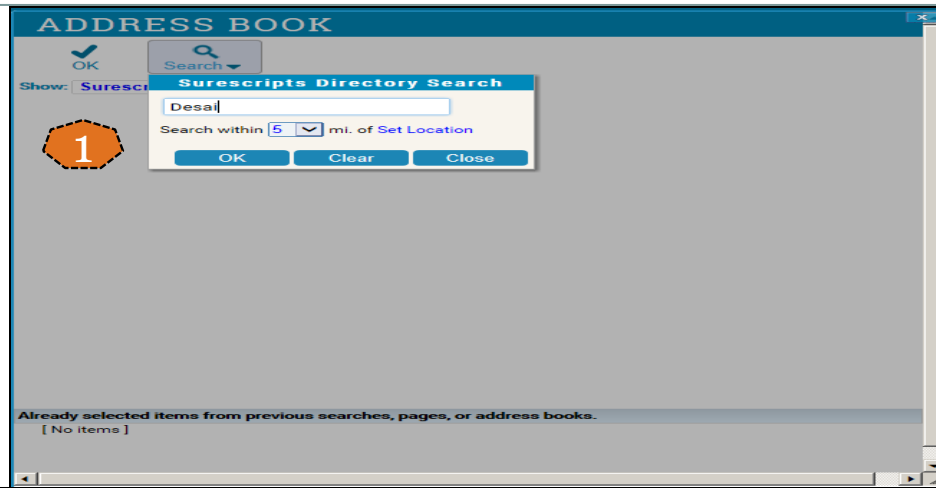
Sending the care plan to a Provider on the healthcare team electronically



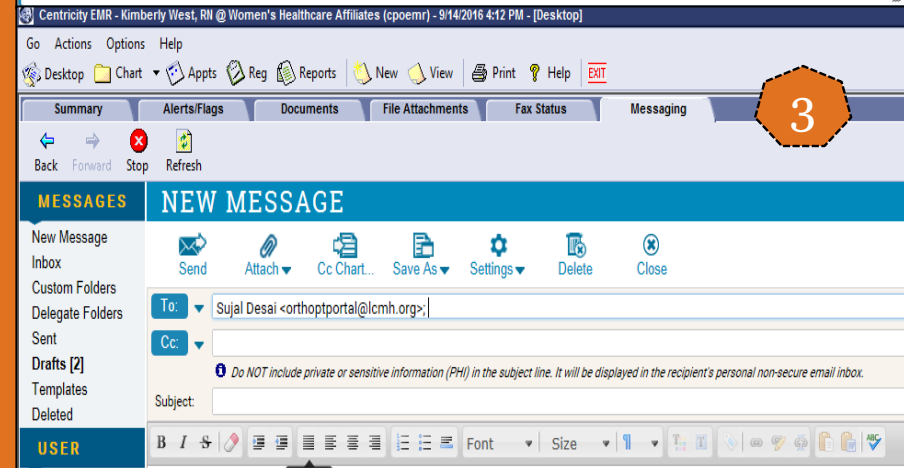
ADDRESS BOOK

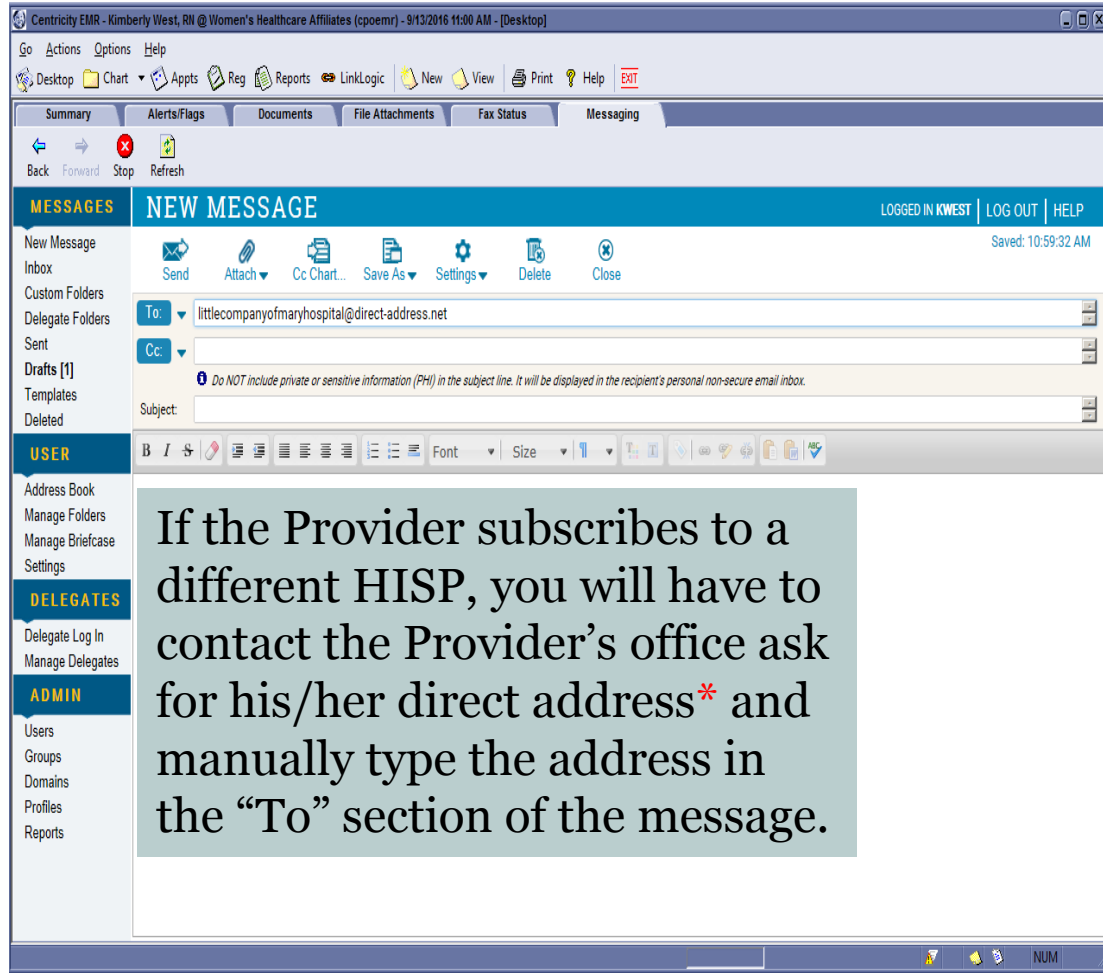


*Surescripts HISP subscribers can search the Surescripts Directory to locate a Provider. Simply type the last name of the Provider and click ok to find the Provider you are sending the care plan to. The next slide will demonstrate the Surescripts Directory lookup.



1. Type the Provider name in the search box and click ok.
2. Find the Provider in the search, check the box under the “To” column and click ok.
3. The Provider’s name with the direct address will drop in the “To” field of the message.





* A direct address is different from an email address. You do not want to send patient information to a Yahoo, Gmail, or Outlook account. You want to ask for a secure direct address.

After adding the direct address in the “To” field.

Centricity EMR - Kimberly West, RN @ Women's Healthcare Affiliates (cpoemr) - 9/14/2016 4:34 PM - [Desktop]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Help EXIT

Summary Alerts/Flags Documents File Attachments Fax Status Messaging

Back Forward Stop Refresh

MESSAGES

New Message
Inbox
Custom Folders
Delegate Folders
Sent
Drafts [2]
Templates
Deleted

NEW MESSAGE LOGGED IN KWEST | LOG OUT | HELP

Send Attach Cc Chart... Save As Settings Delete Close

To: [redacted] @direct-address.net

Cc: [redacted]

Subject: [redacted]

Do NOT include private or sensitive information (PHI) in the subject line. It will be displayed in the recipient's personal non-secure email inbox.

USER

Address Book
Manage Folders
Manage Briefcase
Settings

DELEGATES

Delegate Log In
Manage Delegates

ADMIN

Users
Groups
Domains
Profiles
Reports

Attach

- From file system
- From Briefcase
- From EMR

Font Size [redacted]

Click the “Attach” button and select “From EMR”.

SELECT DOCUMENTS

LOGGED IN: KWEST ON 3813AFB4-5E62-496E-BE7C-B5D4A83A462C | CHANGE

Attach Document

Select Patient

Find Patient

Search by: Name Search method: beginning with Search population: <All Patients> Search location: All Authorized Locations

☒ Search active patients only ☐ Search associated patients only

Search for: Test,Bee **1** **2** Search

You must enter at least 1 search character

Search results: (Ordered by Name)

Name	Birth Date	SSN	Home Location	External ID	MRN
Test, Bee	01/01/1952		VISTAMTG	102030	

3

☐ Save settings as my preference **4** New Patient... OK Cancel

At the find patient box,

1. Type the patient's last name, first name
2. Click search
3. Highlight the patient name
4. Click ok.

SELECT DOCUMENTS

LOGGED IN: KWEST ON 3813AFB4-5E62-496E-BE7C-B5D4A83A462C

CHANGE

Attach Documents

2. Click "Attach Document"

1. Check off the Care Plan

Documents for Bee Test [Change Patient](#) ☐ Attach Chart Summary [View](#) [Download](#)

	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Date	Type	Summary	Attachments
	<input type="checkbox"/>		09/14/2016 16:55 PM	CARE MGR	Care Plan	
	<input type="checkbox"/>		09/08/2016 10:58 AM	Ofc Visit	ccm billed for sept.	
	<input checked="" type="checkbox"/>		09/02/2016 11:43 AM	CARE MGR	CARE PLAN	
	<input type="checkbox"/>		09/01/2016 16:26 PM	Fax Status	Selected Order(s)	
	<input type="checkbox"/>		08/12/2016 10:01 AM	Phone	CCM 99490 (10 minutes) Charge Sent	
	<input type="checkbox"/>		08/12/2016 09:56 AM	Phone	CCM 99490 Initial Interview (15 minutes)	
	<input type="checkbox"/>		07/13/2016 11:45 AM	Letter	Return to Work	
	<input type="checkbox"/>		07/13/2016 10:07 AM	injavac	B12 injection rm 4	
	<input type="checkbox"/>		07/08/2016 14:53 PM	Ofc Visit	[No Summary]	
	<input type="checkbox"/>		07/08/2016 11:42 AM	Clin Updt	Orders	
	<input type="checkbox"/>		07/06/2016 10:57 AM	Phone	sickness	
	<input type="checkbox"/>		05/17/2016 10:11 AM	Ofc Visit	[No Summary]	
	<input type="checkbox"/>		04/07/2016 10:34 AM	Ofc Visit	updated problems	
	<input type="checkbox"/>		04/07/2016 09:24 AM	CARE MGR	[No Summary]	
	<input type="checkbox"/>		03/28/2016 11:57 AM	Ofc Visit	[No Summary]	
	<input type="checkbox"/>		03/25/2016 10:33 AM	Ofc Visit	test CV HX	
	<input type="checkbox"/>		03/25/2016 10:13 AM	Ofc Visit	test	

1 documents selected

Centricity EMR - Kimberly West, RN @ Women's Healthcare Affiliates (cpoemr) - 9/14/2016 5:07 PM - [Desktop]

Go Actions Options Help

Desktop Chart Appts Reg Reports LinkLogic New View Print Help

Summary Alerts/Flags Documents File Attachments Fax Status Message

Back Forward Stop Refresh

MESSAGES

New Message
Inbox
Custom Folders
Delegate Folders
Sent
Drafts [2]
Templates
Deleted

USER

Address Book
Manage Folders
Manage Briefcase
Settings

DELEGATES

Delegate Log In
Manage Delegates

ADMIN

Users
Groups
Domains
Profiles
Reports

NEW MESSAGE

Send Attach Cc Chart... Save As Settings Delete Close

To: littlecompanyofmaryhospital@direct-address.net

Cc:

Subject: Care Plan for Ms. Test

Attachments: 09-02-2016 11-43 AM - Bee Test-CARE MGR-CARE PLAN.rtf [24 KB] Remove View

Hello Dr. Provider,

Attached you will find the care plan for a mutal patient of ours. If you have any questions please feel free to call me if you have any questions.

Thank you,

Kimberly West, RN
708-229-5250

The Care Plan is attached to the message. Complete the subject line and a message in the message Body and click Send.

Attached Care Plan *

*The next slides will display how the Care Plan looks when sent to the Provider.

Electronic Care Plan, Page 1

Summary: CARE MGR: CARE PLAN
Patient Name: Bee Test DOB: 1/1/1952
Sex: F

Summary: CARE PLAN

CARE PLAN

Date Completed: 09/02/2016

Health Care Team For:

Patient: Bee Test Sex: Male
Race/Ethnicity: Asian Preferred Language: English

Alternate Contact/Caregiver:
Harry Test (husband) 773-233-1212
same as patient

Primary Care Physician: 773-223-2222
2850 W 95th Street Evergreen Park, IL 60805

Nurse Care Manager:
Lisa Lisa 773-1212-1212
LCMH - 2800 West 95th Street - Evergreen Park, IL

Specialist Physician:
Dr. Desai 773-234-1212
6700 W 95th street

Specialist Physician:

Specialist Physician:
Dr. Desai 773-234-1212
6700 W 95th street

Specialist Physician:
Specialist Physician:
Home Care Agency:

Current Allergies:
AMOXICILLIN (Critical)
PCN (Moderate)
* SHRIMP (Moderate)
* LATEX (Mild)

Current Problems:
BREAST LUMP OR MASS (ICD-611.72) (ICD10-N63)
DIABETES INSIPIDUS, CONTROLLED (ICD-253.5) (ICD10-E23.2)
BACK PAIN (ICD-724.5) (ICD10-M54.9)
IRREGULAR HEART RATE (ICD-427.9) (ICD10-I49.9)
HYPOTHYROIDISM (ICD-244.9) (ICD10-E03.9)
HYPERTENSION (ICD-401.9) (ICD10-I10)
GERD (ICD-530.81) (ICD10-K21.9)

Current Medications:
BENICAR 20 MG TABS (OLMESARTAN MEDOXOMIL) take 1 tablet twice a day

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MELOXICAM 7.5 MG TABS (MELOXICAM) TAKE ONE TABLET PO QD
COUMADIN 5 MG TABS (WARFARIN SODIUM) Take one by mouth daily
ACTONEL 35 MG TABS (RISEDRONATE SODIUM)
SYNTHROID 75 MCG TABS (LEVOTHYROXINE SODIUM) take 1 tablet daily
NAPROSYN 500 MG TABS (NAPROXEN) take 1 tablet three times daily
CVS BLOOD GLUCOSE METER W/DEVICE KIT (BLOOD GLUCOSE MONITORING SUPPL)
use as directed
SIMVASTATIN 10 MG TABS (SIMVASTATIN)

HEALTH STATUS

Over the past few weeks, how would you rate your health in general? Very good

How confident are you that you can manage and/or control most of your health concerns:
Somewhat confident

Do any of these things make it hard for you to take good care of your health?
Understanding what your provider tells you

FUNCTIONAL STATUS

Think about your usual daily activities, such as: bathing, toileting, dressing, grooming
feeding, housework, family or leisure activities.

Which of the following best describes your situation in the last month?
I have no problems with performing my usual activities

Illness or injury sometimes limits a person's activities. Tell me about any limitations you
may have, if any.
Walking in your home and/or outside
Shopping
Cognitive/Mental Health: test test test

DME...Are you using any type of medical equipment? DME Provider Information:
Walgreens
7010 S Cicero
Oak Lawn, IL 60652

Treatment Goals:
Health goals set by patient and doctor :

Goal 1 regulate A1C

Goal 2 maintain healthy bp

Self Management Plan:
We need YOUR help to get there!

Eat breakfast every morning

monitor bp, take medication every morning

Potential Barriers

What might get in the way of my plan?
I don't usually eat breakfast. I just drink coffee

Strategy
What can I do about it?
have breakfast food in the house

Screenings/Immunizations
Health Maintenance:
Mammogram (Annually for women 40 and over):
Done (09/03/2012 9:48:23 AM)

Electronic Care Plan, Page 3

Screenings/Immunizations
Health Maintenance:
Mammogram (Annually for women 40 and over):
Done (09/03/2012 9:48:23 AM)
Cholesterol (Every 5 years, or more frequently based on results and risk profile):
210 (03/24/2016 11:22:45 AM)

Colonoscopy (Every 10 years):
Patient Refused (08/15/2013 10:22:32 AM)
Influenza (FLU) Vaccine (Annually):

Pneumococcal (Pneumonia) Vaccine
(Initial vaccination, with single revaccination 5 years later):

Additional Information

Referrals provided today
Lab tests/other diagnostics/specialist
Referral to nutritionist

Signatures:

Nurse Care Manager: Lisa Murphy,RN
Physician: Harry Winston, MD

Signed by Kathy M Clohessy on 9/2/2016 12:02:08 PM



CONTACT INFORMATION:

Kathy Clohessy -
kclohessy@lcmh.org

Kimberly West -
kwest@lcmh.org

Please email us to obtain the following files:

- Care Management Initial Intake Form
- Care Management/Self Care Form
- Copy of build for CARE PLAN History View