

1. Phone Call /Visit #1 - Patient Enrollment

Hello, my name is _____, I am a Care Manager at _____ and I work with Dr. (state name of patient's Primary Care Physician). I provide support for patients that have _____ (a chronic disease diagnosis).

I am able to work with you, as you identify your own health goals and areas that you would like to focus on to manage your _____ (insert chronic disease diagnosis). This consists of a series of either phone calls or visits, with me, _____. The purpose of you and I working together is to meet your health goals. We want to assist you with providing knowledge about your _____ (chronic disease diagnosis), identifying your own health goals, and working toward meeting your these goals.

Your participation involves a few key items: Responding to our phone calls, notifying us of your health concerns, and attending scheduled appointments with the Care Manager and physician. Do you have any questions or concerns today? Is this something you would be interested in? If yes,

1. Discuss any overdue tests
2. Review medications
3. Experience with _____ (chronic disease)
4. Resources needed to obtain medication and/or supplies? If yes, consider social work referral.

Action Plan

We will spend time at each of our visits addressing your individual self management. We will create your own personalized Action Plan, which is a helpful way to lay out your plans to better manage your health. Is there a particular area of health that you would like to work on? (Discuss with patient self - management goal setting and explore ideas for an area of change he/she would like to work on. Document goal if set today).

I will contact you again, to see how you are doing - schedule next visits. In addition we are available for you to contact us as needed if you have questions regarding your _____ (chronic disease), medications, or side effects. Our phone number is _____.

Do you have any questions about the program, or anything I have said today? Thank you for your time today. Remind patient about next meeting date/time.



Care Manager Pilot Script

Self Management

To manage your _____,(chronic disease) it important to be able to monitor how you are doing and for you to actively participate in health behaviors that allow you to achieve your health goals.

- a. learning how to recognize when _____ (chronic disease) is getting worse
- b. avoiding behaviors that contribute to increased symptoms and or complications related to _____(chronic disease). Ex. Not taking medications, not following diet plan
- c. engage in behaviors that are helpful to maintain your best health status....ex. exercise, diet, going to doctor appointments as planned, taking medications as prescribed, notifying your doctor or care manager when you are feeling bad.

