## Mary Revised Case Study Instructor Notes

Focus: To apply elements of the Care Management Process and team follow-up
Set Up:

- Copy note card information for roles (Mary daughter and provider) and handout the 3 role to each team
- Copy action plans and handout set to each team

**Directions:** *Read the case study below. Together, you and your clinical team will apply the Care Management Process: referral, screening, enrollment, management, case closure. As you evaluate, assess, and help create a plan of care, complete the questions as if the patient was in your practice. Keep in mind the outside resources and the clinical-community linkages that may exist or new ones that may be beneficial. Discuss each question and complete the role play. After your group completes the case study activity, we will report out. Within your group, identify a scribe and a person who will report out.*

**Background:**
Mary is an 80-year-old patient with exacerbation of heart failure. Over the last six months, she has been hospitalized three times, two days each time, for fluid gain and shortness of breath. Each time via the emergency department. Other medical history includes COPD, depression and type II diabetes. She is scheduled to see the doctor today. Her primary care physician feels that Mary could benefit from care management services and would like you to meet with Mary later today.

**History obtained from medical records**
Prior to meeting with Mary, you access her medical record to get a better understanding of what has been going on. You notice that during her last hospitalization she was admitted for increased shortness of breath and weight gain of 15lbs.Upon discharge she was sent home with a new diuretic and oxygen. Mary currently lives alone. She lost her spouse three years ago. She receives assistance from her daughter a few days per week. Her current medications include Lasix, Lopressor, Effexor and Metformin.

Given the above information answer the following questions.
**Referral:**

- Where did this referral originate?
  (Physician)
- What other ways might this referral have originated?
  (TOC Hospital Admissions)
- What is Mary's risk score?

- High Risk – (Two or more hospital admissions, chronic condition not in control)
- LACE – Score of 10 (see Lace tool)

**Screening:**

- What information would be helpful in screening for Mary's appropriateness for care management?
  (Her willingness to participate, her desire and confidence to provide self-care and remain independent, SDHO, PHQ9)
- Is Mary a candidate for care management? Where would you find additional information?
  (Yes high risk score, additional information Discharge papers, EHR)
- How would you introduce CM to Mary?
  - (Share your elevator speech explaining CMS)
- What other team members might you include in Mary's care?
  (LMSW, Dietician, Pharmacist….)
- Would you include any other team members in the initial visit? (LMSW PHQ9)

***Role Play Begins***

- 1 group member plays the part of Mary, (refer to notecard)
- 1 group member plays Mary's daughter (refer to note card)
- 1 group member plays provider (refer to note card)
- Decide what other team members will participate and their roles: SW, pharmacists…
- The rest of the group can rotate through the role of care manager

Role Play with Mary

**Enrollment/ Engagement:**

1. How would you introduce yourself to Mary? How would you talk with Mary about Care Management services, (elevator speech)? How would you enroll Mary?

2. What information do you need to complete your comprehensive assessment?
   Work with Mary to gain needed information. (Assessment areas: Physical, mental, cognitive, psychosocial, functional, environmental)

3. What additional screening tools will help you with Mary's assessment?
   (SDOH screening tool. Ask her if she would like assistance with identified needs)
   (PHQ- 9)
4. How would you approach developing an initial Care Plan with Mary?
   . How do you identify Mary's goal? (using SMART and care plan hand -outs)

5. How would you approach identifying an initial follow-up plan with Mary? How often would you meet?
6. How would you bill for this visit?

Role Play with Daughter

1. How would you introduce yourself with Daughter?
2. What information are you looking to obtain?
3. How would you bill for this visit?

Role Play with Provider

1. What is the provider's main concern?
2. What is the medical plan of care?
3. What are your and Mary's main concerns?
4. What would you bill for this discussion?

**Management – Care Planning and follow-up:**

Role Play a Team Huddle about Mary's case, planning and follow-up

- What information do you share with the team?
- Work with team to start SWOB.
- How would you communicate Mary's goals and plan with the rest of the team?
- What is your biggest concern as you review the information so far?
- What team members might be involved with Mary's care? What areas might they help address?
- What outside resources are you beginning to think about?

  (Grief and loss group, Area Agency on Aging, Senior Health for cognitive evaluation)
- What are important short term goals (Clinical, Behavioral, Emotional)
- What are long term goals?

  (Concise and measurable. Use Care Plan worksheet, goal statements work sheets and readiness ruler)
- What is the follow up plan and frequency?
- How would you bill for this time?

**Management Follow-up:**

Role play a follow-up call

Assume Mary has been working on her goals for one month

1. Follow-up call with Mary - what would you follow-up on:

(Short term goal, Long term goal, accomplishments, barriers. What if anything needs to change?)

2. How would you bill for this call?
3. How frequently will you follow-up with Mary?
4. How frequently will you follow-up with her Daughter?
5. How frequently will you follow-up with Provider and Team?
6. How long do you think Mary will be on care management?

**Closure:**

Role play talk with your team about**:**

- When would it be appropriate to consider discharging Mary?