

Trainer Organization CCM Curriculum TEMPLATE - COMPLEX CARE MANAGEMENT COURSE (CCM) APPLICATION -

 **Steps to complete the CCM Course Trainer Application:**

1. Review the MICMT CCM Trainer Organization Requirements and Lead Trainer Qualifications document. [**Click Here**](https://micmrc.org/sites/default/files/CCM%20Lead%20Trainer%20criteria%20external%20v4.pdf)

2. Review the MICMT Standardized CCM course curriculum which includes topic, objectives, modality. [**Click Here**](https://micmrc.org/sites/default/files/MICMT%20CCM%20standardized%20curriclum%20overview%20v13%20_0.pdf)

* Review CCM Standardized course content (slide decks, case studies, handouts): [**Self Study Modules**](https://micmrc.org/micmt-complex-care-management-course-self-study)**,** and [**One Day in Person Course Materials**](https://micmrc.org/micmt-complex-care-management-course-materials)

3. Complete this Trainer Organization CCM curriculum template (see table below).

* Purpose of the Trainer Organization CCM curriculum template:

 a) inform MICMT if your course will include content in addition to the MICMT CCM standardized curriculum,

 b) describe the content addition, and

c) indicate for each agenda topic the teaching modality you will use.

* The approved training organization may add content to the standardized MICMT CCM course materials, provided the MICMT standardized CCM curriculum is covered.
	1. POs are encouraged to add content to the standardized CCM course content to tailor the information which is specific for their practices. For ex. Risk stratification – the PO may choose to teach the steps used for risk stratification in the practice.
	2. For the Billing content which includes Self-Study, the in person “Sustainability and Billing” power point, and case studies; the expectation is for the Trainer Organization to use the MICMT billing course material with “additions only”.
	3. All MICMT CCM standardized course objectives are to be used in the approved Statewide CCM Trainer courses.

* Once you complete this document please save the document. When you proceed to complete the web based MICMT Statewide CCM course Trainer Application, you will receive a prompt to upload this document.

4. Complete the web based MICMT Statewide CCM course Trainer Application. [**Click Here**](https://umich.qualtrics.com/jfe/form/SV_2gJRotTHOk1EFQV)

To view the MICMT CCM Statewide Trainer Application web page [click here](https://micmrc.org/micmt-complex-care-management-course-trainers-page)

PO/Trainer Organization Name:

| **MICMT Standardized Complex Care Management Course – Self Study** |  |
| --- | --- |
| **MICMT standardized CCM Course Topic** | **Objectives** | **If your PO/Trainer Organization plans to *add content*, please describe.** ***OR*** **If you are *not adding content* indicate N/A** | **Please indicate the *modality* your PO/ Trainer Organization will use to teach each agenda topic** | **Is your PO/ Trainer Organiza-tion willing to share “added Content” Y/N**  |
| **Patient Centered Medical Home (PCMH)** | **Patient Centered Medical Home:**Describe components of the PCMH**Care Management in the PCMH:**1. Describe care manager functions
2. Explain common goals of care management programs
 |  |  |  |
| **Team Based Care** | Relate 2 major trends in primary care team structure in the physician office setting. |  |  |  |
| **Social Determinants of Health (SDOH)** | **Introduction to SDOH:** 1. Define Social determinants of Health
2. Discuss five key areas for SDOH, as identified by Healthy People 2020, and its impact on population health
3. Define the differences between the upstream and downstream SDOH

 **SDOH - Implications for Care Management:**1. Discuss the implications of SDOH for care management
2. Discuss the importance of SDOH screening

**Role of Care Manager and Coordinator in Developing and Maintaining Clinical Community Linkages:**1. Define Clinical Community Linkages
2. Describe evidence based strategies used in developing and maintaining clinical community linkages
 |  |  |  |
| **Medication Reconciliation** | Identify how to conduct medication reconciliation |  |  |  |
| **Patient Centered Care Planning**  | Describe the role of the care manager and other members of the team in the development of the patient-centered care plan |  |  |  |
| **BCBSM Billing Webinar** | Identify care management/care coordination activities and associated billing/tracking codes |  |  |  |

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| **MICMT Standardized Complex Care Management Course Agenda – 1 Day in person**  |  |
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| **MICMT Curriculum Course Introduction** | Describe Michigan Institute for Care management and Transformation goals and resources available for physician office team members  |  |  |  |
| **Team Based Care** * Expanded Roles (Handout 2a)
* Primary Team Assessment and Share the Care and (Handouts 2b,2c)

**Activity*** SBAR Your Turn! (Group Activity 6)
 | 1. Define team based care in the primary care physician office.
2. Review tools for team-based care
3. Provide some resources for learning more about team-based care
 |  |  |  |
| **Paradigm Shift*** Stages of Change (Handout 3)

**Activity** * Persuasion exercise (Group Activity 4a,4b)
 | Describe the care management paradigm shift from the standard medical approach to the patient centered approach |  |  |  |
| **Care Management 5-Step Process** * Handouts, 5 step process (Handout 4)

**Activity** * Case Studies: Assessment and SWOB Mr. B Mrs. A (Group Activity 5a, 5b)
 | Relate key work which is completed in each step of the 5 step care management process |  |  |  |
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| **Sustainability and Billing*** Payer Billing code (Handout5)

**Activity** * Care Management Billing Scenarios (Activity 7)
 | 1. Relate care manager activities to the tracking and billing codes
2. Relate caseload and care management activity billing to sustainability
3. Demonstrate use of billing codes in daily care management work
 |  |  |  |
| **Group Activities: 5 Step Care Management Process and Billing the Care Management Services**  | 1. Based on case studies used in group activities, identify the key work to be completed in each step of the 5 step process
2. Based on case studies used in group activities, identify the tracking and billing code(s) to be used for the care management services
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| **Activity*** Case Study Mr. Lawson (Group Activity 8)
 |  |  |  |  |
| **Activity*** Case Study Mary (Group Activity 9)
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| **Website Demo – www.micmrc.org*** Reference Guide
* Topic Pages – Action Plans
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| **Wrap up** * MICMT Statewide CCM Post test and evaluation
* Course Certificate
* What is your care management speech now? (Activity 3)
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