

Michigan Institute for Care Management & Transformation

MICMT Standardized Complex Care Management Course Curriculum Overview May 29, 2019 For questions, contact: micmtrequests@med.umich.edu or mbeisel@umich.edu For questions: please contact micmt-requests@med.umich.edu

MICMT standardized CCM Course Topic	Objectives	Modality (ex. In person, recorded webinars, eLearning)	Instructional strategy
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 	Video: Munson Family Health, Article Arend, J. et al. "The Patient- Centered Medical Home: History, Components, and Review of the Evidence" Power point slide deck: "Care Management in the PCMH"	Flipped classroom: Self study prior to in person training
Team Based Care	Relate 2 major trends in primary care team structure in the physician office setting.	Video: Bellin Team based care. Article, E. Wagner, et al "Effective Team based Primary Care"	Flipped classroom: Self Study prior to in person training
Social Determinants of Health (SDOH)	 Introduction to SDOH: Define Social determinants of Health Discuss five key areas for SDOH, as identified by Healthy People 2020, and its impact on population health Define the differences between the upstream and downstream SDOH SDOH - Implications for Care Management: Discuss the implications of SDOH for care management Discuss the importance of SDOH screening Role of Care Manager and Coordinator in Developing and Maintaining Clinical Community Linkages: Define Clinical Community Linkages Describe evidence based strategies used in developing and maintaining clinical community linkages 	eLearning	Flipped classroom: Self Study prior to in person training

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Medication Reconciliation	Identify how to conduct medication reconciliation	e-Learning, article: Beers 2019 Potentially Inappropriate Medication Use in Older Adults	Flipped classroom: Self Study prior to in person training
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	e-Learning with an interactive web based case study	Flipped classroom: Self Study prior to in person training
BCBSM Billing Webinar	Identify care management/care coordination activities and associated billing/tracking codes	Recorded webinar- BCBSM PDCM Online Billing Course guidelines: BCBSM PDCM Commercial billing guidelines BCBSM PDCM Medicare Advantage Billing Guidelines SIM PCMH Initiative Tracking Codes	Flipped classroom: Self Study prior to in person training
MICMT Curriculum Course Introduction	Describe Michigan Institute for Care management and Transformation goals and resources available for physician office team members	In person: Power point slide deck, resources	In person: Lecture/Didactic, Small Group activity – homework from self study, "What is your care management elevator speech?"
Paradigm Shift	Describe the care management paradigm shift from the standard medical approach to the patient centered approach		
Care Management 5-Step Process	Relate key work which is completed in each step of the 5 step care management process	In person: Power point slide deck, resources	In person: Lecture/Didactic, Small Group activity – Strength, Weakness, Opportunity, Barriers template

MICMT standardized CCM Course Topic Team Based Care	 Objectives 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 	mdardized M Course pic am Based 1. re 2.	Modality (ex. In person, recorded webinars, eLearning) In person: Power point slide deck, resources	Instructional strategy In person: Lecture/Didactic, Group activity
Sustainability and Billing	 Relate care manager activities to the tracking and billing codes Relate caseload and care management activity billing to sustainability Demonstrate use of billing codes in daily care management work 	d Billing 2.	In person: Power point slide deck, resources	In person: Lecture/Didactic, Brief scenarios – questions and Large Group discussion
Group Activities: 5 Step Care Management Process and Billing the Care Management Services	 Based on case studies used in group activities, identify the key work to be completed in each step of the 5 step process Based on case studies used in group activities, identify the tracking and billing code(s) to be used for the care management services 	tivities: 5 p Care magement ocess and ling the Care 2. magement	In person: Case studies, resources	In person: Comprehensive case studies – Small Group activity - involves role playing, report out, discussion

MICMT Standardized Complex Care Management Course Agenda – 1 Day in person v1

Time	Duration	Торіс
8:30	45	MICMT Introduction
		Announce cards on table for questions
		• Folder Review and Agenda (Handout 1)
		Introduce behavioral skills
		• Name Tent: Name, Role, Practice, length in role (Activity 1)
		• What do you hope to learn from this course? (Activity 2)
		Activity
		• What is your care management elevator speech? (Small Group Activity 3)
9:15	45	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)
10:00	30	Paradigm Shift
		• Stages of Change (Handout 3)
		Activity
		Persuasion exercise (Group Activity 4a,4b)
10:30	15	Break
10:45	90	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)
12:15	30	Lunch
12:45	75	Sustainability and Billing
		Payer Billing code (Handout5)
		Activity
		Care Management Billing Scenarios (Activity 7)
2:00	30	Activity
		Case Study Mr. Lawson (Group Activity 8)
2:45		Break
3:00	45	Activity
		Case Study Mary (Group Activity 9)
3:45	15	Website Demo
		Reference Guide
		Topic Pages – Action Plans
4:00		Wrap up
		MICMT Statewide CCM Post test and evaluation
		Course Certificate
		• What is your care management speech now? (Activity 3)