



Chronic Care Management Standard Operating Procedure

Expectation:

Our goal for the monthly call will be to achieve a 7-minute-long call. This call will require the Monthly Review, 2 Condition Based Templates, 2 Barrier Templates and 1 Lifestyle Template to be a valid 7-minute (long) call.

For regular monthly calls you are expected to review: 1 Condition Based Template, 1 Barrier Template and 1 Lifestyle Template.

If these requirements are not met in the note and call, the long call will not be counted and a second call will need to be conducted during the month.

Guideline for Flow of Call/Charting:

- ❖ Check patient information (make sure you click on the correct patient if dialing manually)
- ❖ Call Patient (if dialing manually)
- ❖ Introduction to Patient
 - You must state your name and be sure to include that you are a part of the CCM program through the providers office/doctor's name
 - ◆ If patient asks where you are calling from, to be more specific, mention the providers name
 - ◆ If patient states they see a specific provider in the practice, put it in the Sticky Notes
- ❖ Start Timer
 - If patient does not pickup, end call and click appropriate disposition
- ❖ Review Patient Chart
 - Sticky Notes
 - Previous Care Notes
 - ◆ Make sure to follow up on any information that requires it



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❖ HIPAA

- Verify name and DOB
- Receive Consent from Caretaker/Spouse
 - ◆ This must be done only once
 - ◆ Add the consent line to the sticky note to be copied in the custom notes section for each call going forward

❖ Monthly Review Section

- ER or Hospital Visit
 - ◆ If within past 10 days, go to TOC template
 - ◆ Complete TOC disposition
- Patient Requests
 - ◆ Check nurses' instructions for specifics on how to provide requests
- Monitoring Devices
 - ◆ BP/BG/SPO2/Weight (This is specific to the patient)
- Medications
 - ◆ Generalized questions
- Appointment
 - ◆ Verify with patient
 - ◆ Review visit history section (last encounter note)
 - ◆ Check future appointments – verify with patient
- Labs
 - ◆ Is the patient due for labs?



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- Review of Symptoms Marked Positive in Previous Visit
 - ◆ Report any new/worsening symptoms
- Disease Symptoms
 - ◆ Report any new/worsening symptoms
- Condition Based Template:
 - ◆ Review Problem List
 - ◆ Ask each question on template
- Condition Management
 - Examples:
 - ◆ Hypertension:
 - BP levels (Does patient check at home, ask/record actual level)
 - RPM vitals (if patient is in the program go over these with them)
 - ◆ Diabetes Mellitus:
 - BG levels (Does patient check at home, how many times, ask/record actual level)
 - RPM vitals (if patient is in the program go over these with them)
 - Feet (Dry, Clean, Last podiatry appointment, etc.)
- Constant Questions (Barrier Templates)
 - ◆ Medication Review
 - Every 3 months
 - ◆ Diet/Nutrition
 - Every 3 months
 - ◆ Fluid intake
 - Every 3 months



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- ◆ Exercise
 - Every 3 months
- ◆ Pain
- ◆ Stress
- Lifestyle Based
 - ◆ Topic of the month
 - ◆ ADL's
- Preventative Management
 - ◆ Vaccine status (Flu, Pneumonia, COVID, etc.)
 - ◆ Review Condition management section
 - ◆ Review Preventative measures section
- ❖ Disposition
 - ◆ Use the proper disposition according to call type

PLEASE KEEP IN MIND:

- ❖ Utilize narrative charting
 - document if you gave encouragement, education, assistance, or your time/ear was given
 - Remember, **IF IT IS NOT DOCUMENTED, IT NEVER HAPPENED!**
 - be mindful of grammar and spelling
- ❖ DO NOT double chart
 - If a template has a question twice, do not answer this question twice
- ❖ Get to know the patient
 - Establish that rapport
 - Smile while talking to them



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- Treat the patient as if they were your family
- ❖ Actively listen
 - Listen to what the patient is saying
 - ◆ If the patient expresses concern or has a worry that can be fixed per our services, assist them
 - ◆ Examples: medication refills, medication affordability, medication confusion, assistance at home, help with meals, etc.
- ❖ Escalate Issues!
 - If you told the patient that you would communicate with their provider about an issue, do it!
- ❖ Change the Condition Based and Barrier Templates up each month
 - This is to keep the conversation from being repetitive and help avoid a script like flow
 - DO NOT ASK THE SAME QUESTIONS WITH EVERY PATIENT!
- ❖ If you are unsure how to handle a situation, please speak to your Friendly Care Coordination Manager