

Case Management “Elevator Speech” Development Sheet for TBC

Acknowledge/Agenda

Hello, Mrs Smith, I’m Jane, the nurse Dr. Jones spoke to you about. He asked me to come in to review a few things.

Permission/expected time

It will take about 10 minutes. Is this a good time?

Before we get started, how do you prefer I address your name? (smile, eye contact, welcoming)
O.K., thank you.

Dr Jones shared with me you’ve just been to the Emergency room for your heart. What is your understanding of his concerns and why he referred you to me?

Describe role

My name is Jane and I am a nurse. They call me a nurse care manager and I work right here in your doctor’s office.

Relationship to provider and team

I work with Dr Jones and am a part of his care team. The best way Dr Jones and the team can support you is by working closely together as partners. This is called Team Based Care. Some of us will work directly with you and some of us on your behalf behind the scenes. We will work with you between your scheduled visits with Dr Jones to get ahead of problems. The goal of this is to check in between visits in hopes of making progress more quickly. The team will review the information periodically and suggest adjustments if needed. Dr Jones will be the one that makes recommendations on changes in your treatment plan. As your Primary Care Physician, he leads the team and you will still have office visits with him as usual.

Acknowledge/ Check-in

Before I move on, any questions so far?

What the patient gains from team care

You might be wondering why you would want to do this. As a team we hope to get to know you so that together we can discover what will help you feel better and manage the heart failure in ways that work for you in your everyday life. We’ll also be able to connect with the team members best able to meet your

specific concerns. Our team includes...
RNCM, BHS, Pharmacist, referral specialist etc

The patient's role working with the team

You are the most important team member. You are the expert on your life so your ideas about what works well or what doesn't will be important. And we might have ideas to consider as well. You will need to be comfortable telling us when things do or don't work. Also it will be important for us to stay connected, and for you to take our calls or if preferred attend visits. As we work together, you may be trying new things. We want to hear how that is going. This is information the team will use in deciding if other approaches are needed.

What the patient can expect

The first visits are longer so we can get to know you and begin our work together. After that, contacts could be by phone, virtual or in person. They will be more frequent at first like once a week and then stretch out longer as things stabilize. All together this often takes about 6-12 months.

Cost

There may be a cost for some of these Services. Many insurance companies provide coverage because they know this type of care is beneficial. You will want to check with your insurance company regarding coverage and costs to you.

Questions/Closure

What questions do you have? You don't have to decide now. You can think about it and I can call you in a few days. Thank you for taking the time to meet with me today. Is there anything else I can do you now? (provide contact information)

Case Management “Elevator Speech” Development Sheet for TBC

Acknowledge/Agenda

Permission/expected time

Describe role

Relationship to provider and team

Acknowledge/ Check-in

What the patient gains from team care

The patient’s role working with the team

What the patient can expect

Cost

Questions/Closure