MI-CCSI
Partnering to Better Care

SOUTHLAKE CARE MANAGEMENT SESSION 3 WORKBOOK

CARE MANAGEMENT – PART 2

MI-CCSI
Center for Clinical Systems Improvement

Revision Date: 09.23.25

CONTENTS

AGENDA

Presenter	Topic	Time
Sue and Lynn	Welcome and Introduction to Care Management Care Coordination Part II	5 minutes
Team	Debrief – Report Out on Patient Identification and Assessments	10 Minutes
Lynn	Information Exchange: Communication Tools to promote Team Based Care	15 Minutes
Sue	Care Planning Overview	5 Minutes
Lynn	Care Planning: Health Literacy and Cultural Needs	10 Minutes
Sue	Care Planning: Symptom Management and Self-Management Action Plans	10 Minutes
Sue	Care Planning: Follow-up, Monitoring and Case Closure	10 minutes
Team	Application Care Management and Communication Tools	20 minutes
Sue	Next Steps	5 Minutes

SITUATION

What is going on with the patient?

"Dr. Lu, this is Alex, a nurse from your 5th Street office. I am calling about your patient, Mr. Webb. He reports being in substantial discomfort and that there is not much urine in his catheter bag."

BACKGROUND

What is the clinical background or context?

"Mr. Webb is an 83-year-old patient that has a catheter in place during his recovery from bladder cancer treatment."

ASSESSMENT

What do I think the problem is?

"He also reports a temperature of 100.4 and that the urine in his bag is cloudy and slightly red. I am concerned he may have an infection and that his catheter may be clogged."

RECOMMENDATION OR REQUEST

What would I do to correct it?

"I would like him to come into the office this morning for you to see him. When he arrives, would you like us to get labs, including blood cultures, to check for infection?"

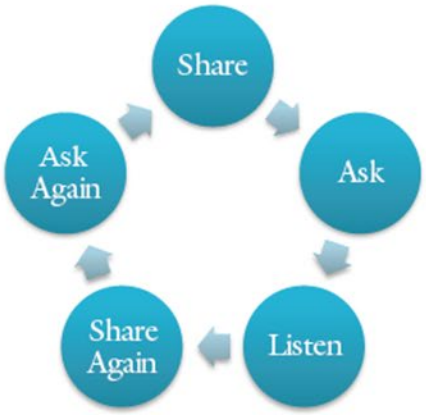
Teach-Back

A Guide for Staff

What is teach-back?

Teach-back **IS** a way for you to make sure your patients understand what you tell them.

Teach-back **IS NOT** a test or a quiz for patients.



How do I use teach-back?

Just ask patients to explain what you have told them using their own words. For example, if you explain what they need to do to prepare for a procedure, ask them if they can ***teach back*** to you how they are going to prepare.

Why should I use teach-back?

As part of the care team, you have an important safety role in making sure your patients understand all the information they are given during their visit.

Did you know that patients forget up to 80% of what you tell them after a visit?[1] If they do remember, only half of what they remember is correct.[2]

When should I use teach-back?

Use teach-back whenever explaining important concepts to patients regarding their health care, including:

- Medicines.
- Home care instructions.
- Use of a new device.
- Next steps in their care.
- Anything else that is important for them to understand.

1. Kessels RP. Patients' memory for medical information. J R Soc Med 2003;96(5):219-22. PMCID:PMC539473.
2. Anderson JL, Dodman S, Kopelman M, et al. Patient information recall in a rheumatology clinic. Rheumatology 1979;18(1):18-22.

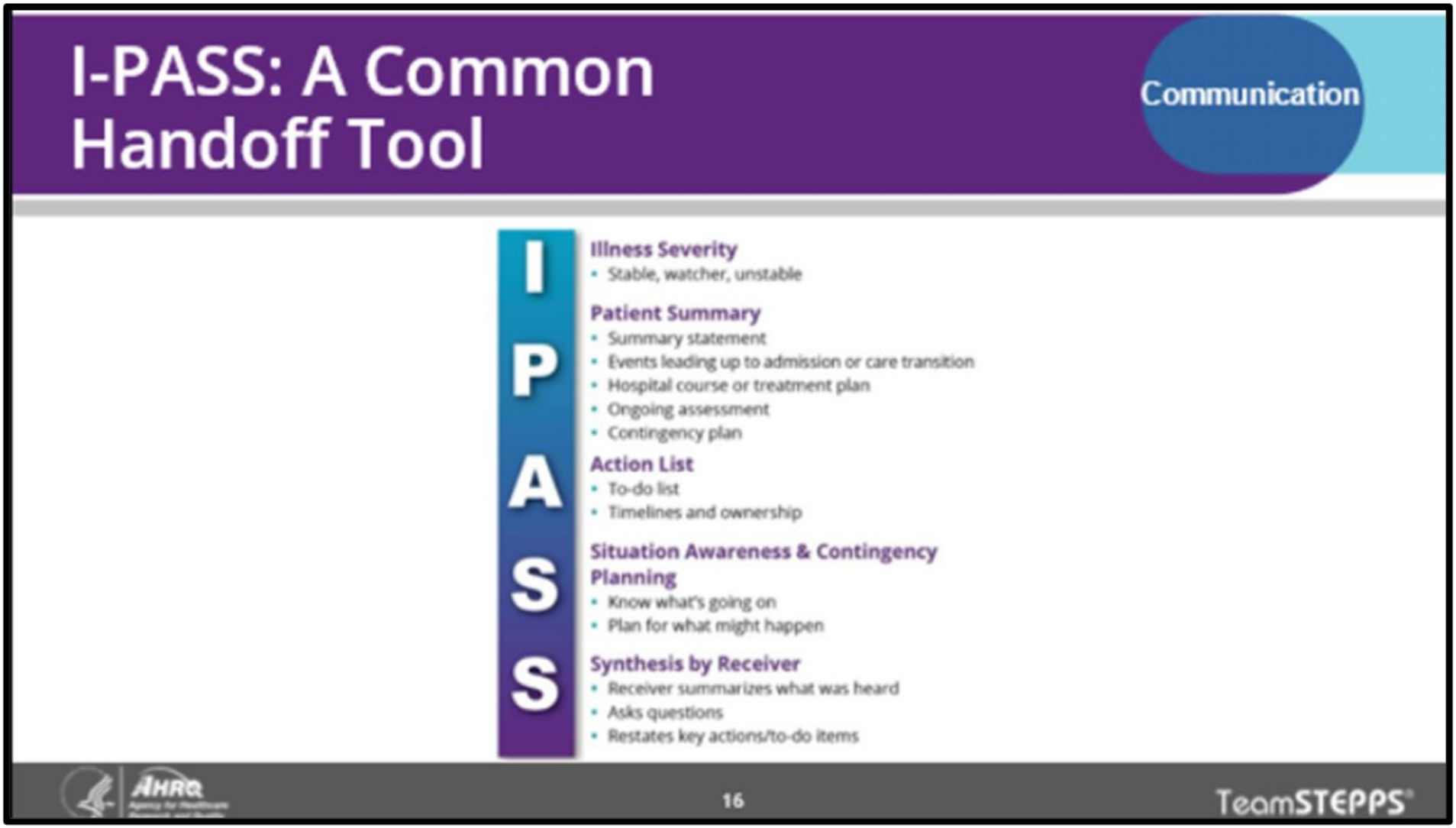
AHRQ Agency for Healthcare Research and Quality

Guide to Patient and Family Engagement in Primary Care

TB.5G.E.L.0


Every time you talk with a health care provider
ASK THESE 3 QUESTIONS
1
What is my main problem?
2
What do I need to do?
3
Why is it important for me to do this?
When to ask questions
You can ask questions when:
• You see a doctor, nurse, pharmacist, or other health care provider.
• You prepare for a medical test or procedure.
• You get your medication.
What if I ask and still don't understand?
• Let your health care provider know if you still don't understand what you need.
• You might say, "This is new to me. Will you please explain that to me one more time?"
• Don't feel rushed or embarrassed if you don't understand something. Ask your health care provider again.
Who needs to ask 3?
Everyone wants help with health information. You are not alone if you find information about your health or care confusing at times. Asking questions helps you understand how to stay well or to get better.
Ask Me 3
Good Questions for Your Good Health
Institute for Healthcare Improvement
To learn more, visit ihi.org/AskMe3
Ask Me 3 is a registered trademark licensed to the Institute for Healthcare Improvement. IHI makes Ask Me 3 materials available for distribution. Use of Ask Me 3 materials does not mean that the distributing organization is affiliated with or endorsed by IHI.

I-PASS TOOL

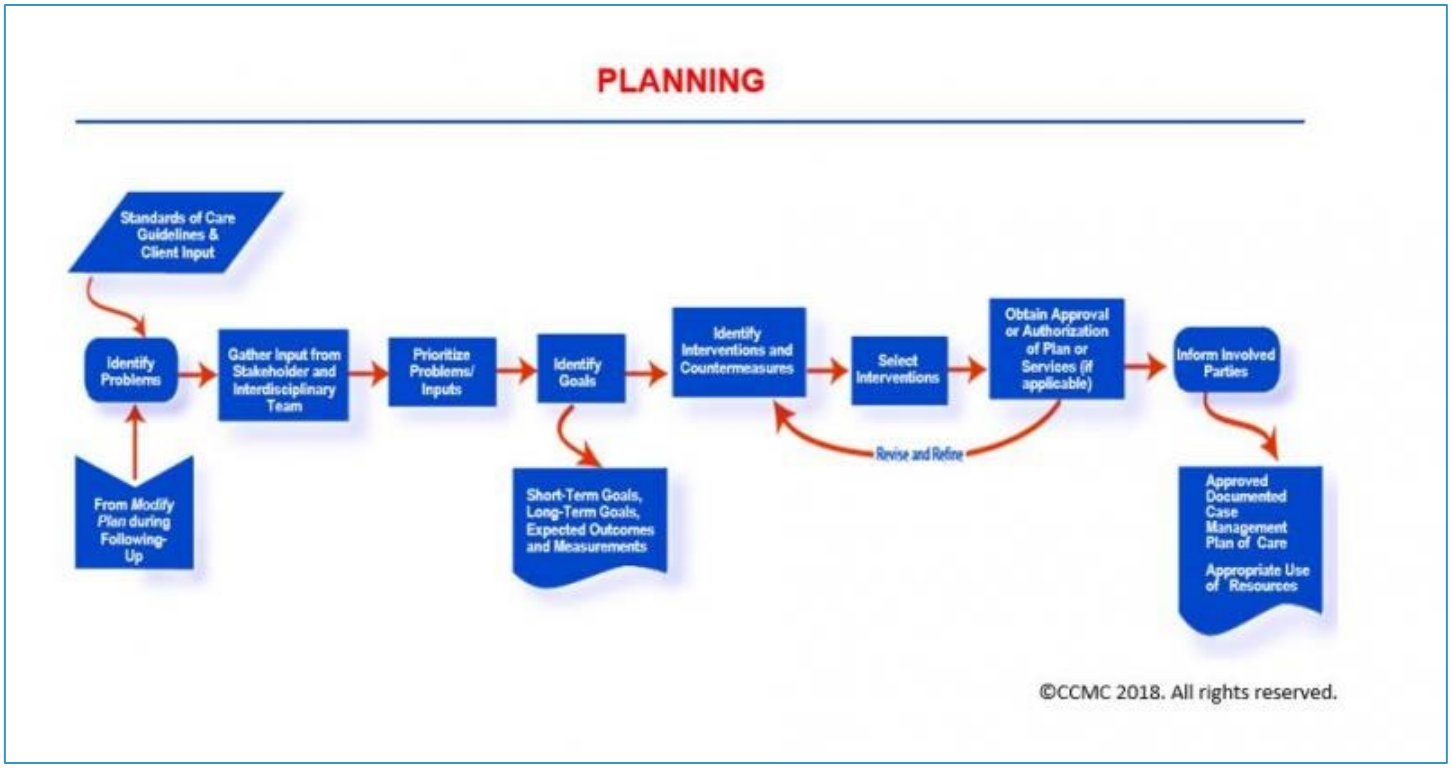

I-PASS: A Common Handoff Tool
Communication
I
P
A
S
S
Illness Severity
• Stable, watcher, unstable
Patient Summary
• Summary statement
• Events leading up to admission or care transition
• Hospital course or treatment plan
• Ongoing assessment
• Contingency plan
Action List
• To-do list
• Timelines and ownership
Situation Awareness & Contingency Planning
• Know what's going on
• Plan for what might happen
Synthesis by Receiver
• Receiver summarizes what was heard
• Asks questions
• Restates key actions/to-do items
AHRQ
16
TeamSTEPPS

I	**ILLNESS SEVERITY** • Stable, watcher, unstable	
P	**PATIENT SUMMARY** • Summary statement • Events leading up to admission or care transition • Hospital course or treatment plan • Ongoing assessment • Contingency plan	
A	**ACTION LIST** • To Do List • Timelines and ownership	
S	**SITUATION AWARENESS AND CONTINGENCY PLANNING** • Know what's going on • Plan for what might happen	
S	**SYNTHESIS BY RECEIVER** • Receiver summarizes what was heard • Ask questions • Restates key actions / to do items	

CCMC KNOWLEDGE FRAMEWORK

CASE MANAGEMENT KNOWLEDGE FRAMEWORK

CMCC PLANNING PROCESS



ASTHMA ACTION PLAN

For: _____ Doctor: _____ Date: _____

Doctor's Phone Number: _____ Hospital/Emergency Department Phone Number: _____

GREEN ZONE

DOING WELL

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than _____
(80 percent or more of my best peak flow)

My best peak flow is: _____

Daily Medications

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Before exercise ❑ _____	❑2 or ❑4 puffs	5 minutes before exercise

YELLOW ZONE

ASTHMA IS GETTING WORSE

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

–Or–

Peak flow: _____ to _____
(50 to 79 percent of my best peak flow)

1st **Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.**

_____ (quick-relief medicine) _____ Number of puffs **or** ❑Nebulizer, once — Can repeat every _____ minutes up to maximum of _____ doses

2nd **If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:**

❑Continue monitoring to be sure you stay in the green zone.

–Or–

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

❑Take: _____ (quick-relief medicine) _____ Number of puffs **or** ❑Nebulizer

❑Add: _____ (oral steroid) mg per day For _____ (3–10) days

❑Call the doctor ❑before/ ❑within_____ hours after taking the oral steroid.

RED ZONE

MEDICAL ALERT!

- Very short of breath, or
- Quick-relief medicines have not helped,
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

–Or–

Peak flow: less than _____
(50 percent of my best peak flow)

Take this medicine:

❑_____ (quick-relief medicine) _____ Number of puffs **or** ❑Nebulizer

❑_____ (oral steroid) mg

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS

- **Trouble walking and talking due to shortness of breath**
- **Lips or fingernails are blue**

→

- **Take _____ puffs of _____ (quick relief medicine) AND**
- **Go to the hospital or call for an ambulance _____ (phone) NOW!**

See the reverse side for things you can do to avoid your asthma triggers.

American Lung Association.

My COPD Action Plan

Patients and healthcare providers should complete this action plan together.
This plan should be discussed at each visit and updated as needed.

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not complete. You may experience other symptoms. In the "Actions" column, your healthcare provider will recommend actions for you to take. Your healthcare provider may write down other actions in addition to those listed here.

Green Zone: I am doing well today	Actions
• Usual activity and exercise level • Usual amounts of cough and phlegm/mucus • Sleep well at night • Appetite is good	☐ Take daily medicines ☐ Use oxygen as prescribed ☐ Continue regular exercise/diet plan ☐ Avoid tobacco product use and other inhaled irritants ☐ _____

Yellow Zone: I am having a bad day or a COPD flare	Actions
• More breathless than usual • I have less energy for my daily activities • Increased or thicker phlegm/mucus • Using quick relief inhaler/nebulizer more often • More swelling in ankles • More coughing than usual • I feel like I have a "chest cold" • Poor sleep and my symptoms woke me up • My appetite is not good • My medicine is not helping	☐ Continue daily medication ☐ Use quick relief inhaler every _____ hours ☐ Start an oral corticosteroid (specify name, dose, and duration) _____ ☐ Start an antibiotic (specify name, dose, and duration) _____ ☐ Use oxygen as prescribed ☐ Get plenty of rest ☐ Use pursed lip breathing ☐ Avoid secondhand smoke, e-cigarette aerosol, and other inhaled irritants ☐ Call provider immediately if symptoms do not improve ☐ _____

Red Zone: I need urgent medical care	Actions
• Severe shortness of breath even at rest • Not able to do any activity because of breathing • Not able to sleep because of breathing • Fever or shaking chills • Feeling confused or very drowsy • Chest pains • Coughing up blood	☐ Call 911 or seek medical care immediately ☐ While getting help, immediately do the following: ☐ _____

1-800-LUNG-USA | Lung.org/copd

ALA COPD AP V3 6 15 2022

American Lung Association.

My COPD **Management Plan**

General Information

Name: _____ Date: _____
Emergency Contact: _____ Phone Number: _____
Healthcare Provider Name: _____ Phone Number: _____

Health Assessment

Weight: _____ lbs Date: _____
FEV1 % Predicted: _____ Date: _____
Oxygen Saturation at Exercise: _____ % Date: _____
Tested for Alpha-1? ☐ Yes ☐ No Date: _____

General Lung Care

Flu vaccine	Date received:	Next Flu vaccine due:
Pneumococcal conjugate vaccine (PCV13) ☐ Yes ☐ No	Date received: _____	Next PCV13 vaccine due: _____
Pneumococcal polysaccharide vaccine (PPSV23) ☐ Yes ☐ No	Date received: _____	Next PPSV23 vaccine due: _____
COVID19 vaccine ☐ Yes ☐ No	Tobacco use, including e-cigarettes ☐ Never ☐ Past ☐ Current	
Exercise plan ☐ Yes ☐ No	☐ Walking ☐ Other _____ min/day _____ days/week	Pulmonary rehabilitation Date last attended: _____
Diet plan ☐ Yes ☐ No	Goal Weight: _____	

Medications for COPD

Purpose of Medicine	Name of Medicine	How Much to Take	When to Take

My Quit Plan

☐ **Advise:** Firmly recommend quitting tobacco use
☐ **Assess:** Readiness to quit
☐ **Encourage:** To pick a quit date
☐ Discuss use of medications, if appropriate: _____
☐ Freedom From Smoking® Lung.org/ffs
☐ Lung HelpLine 1-800-LUNG-USA
☐ **Assist:** With a specific cessation plan that can include materials, resources, referrals and aids

Oxygen

Resting: _____ Increased Activity: _____ Sleeping: _____

Advanced Care and Planning Options

Advance Directives (incl. Healthcare Power of Attorney): _____

Other Health Conditions

☐ Anemia ☐ Anxiety/Panic ☐ Arthritis ☐ Blood Clots ☐ Cancer ☐ Depression
☐ Diabetes ☐ GERD/Acid Reflux ☐ Heart Disease ☐ High Blood Pressure ☐ Insomnia ☐ Kidney/Prostate
☐ Osteoporosis ☐ Sleep Apnea ☐ Other:

Scan the QR code to access resources and videos.

1-800-LUNG-USA | Lung.org/copd

ALA COPD AP V3 6 15 2022

CorHealth Ontario

Assessing Motivation:
The importance-confidence ruler technique

Importance and confidence reflect two conceptually independent dimensions that underlie patient readiness to change ("Why should I?" [Importance] and "How can I?" [Confidence]). The importance-confidence ruler technique incorporates many of the basic elements of Motivational Interviewing (MI): listening carefully, appreciating ambivalence, eliciting change talk, empowering, and collaborating. Furthermore, the ruler exercise yields for practitioners a clear sense of how ready patients are for change and how to be most helpful.

Ask the patient who has chosen to make a change:

On a scale of 0 to 10, how **IMPORTANT** is it for you right now to change?

0____1____2____3____4____5____6____7____8____9____10

Not at all Important — *Extremely Important*

On a scale of 0 to 10, how **CONFIDENT** are you that you could make this change?

0____1____2____3____4____5____6____7____8____9____10

Not at all Confident — *Extremely Confident*

If patient indicates a level of importance of <7, it might be important to work on factors to increase the patient's sense of importance of the behavioural change, or instead work on a behavioural change that the patient sees as more important and therefore feels more confident of achieving success.

Similarly, if the patient indicates a level of confidence of <7 and a level of importance >7, it is important to assess and address barriers to making the behavioural change or specific factors that might increase patient's confidence and thus his/her chances of success.

It is important to tailor your counselling according to the patient's stage of change and motivation, as measured by the importance-confidence ruler technique.

For more information, refer to the Transtheorectical Model of Change/Stage of Change resource at CorHealthOntario.ca

SELF MANAGEMENT PLAN

Patient Name:	**Date:**	
Staff Name:	**Staff Role:**	**Staff Contact Info:**
Goal: *What is something you WANT to work on?* 1. 2.		
Goal Description: *What am I going to do?*		
How:		
Where:		
When:	**Frequency:**	
How ready/confident am I to work on this goal? (Circle number below) Not Ready 1 2 3 4 5 6 **7** 8 9 10 Very Ready		
Challenges: *What are barriers that could get in the way & how will I overcome them?* 1. 2. 3.		
What Supports do I need? 1. 2. 3.		
Follow-up & Next Steps (Summary): 1. 2. 3.		

RELAPSE PREVENTION PLAN

A Relapse Prevention Plan focuses on stress reduction and self-monitoring and can help you to recognize depression early.

PATIENT NAME: TODAY'S DATE:
PROGRAM ACTIVATION DATE:

CONTACT/APPOINTMENT INFORMATION

Primary Care Provider:_____
Next appointment: Date:_____Time:___
Care Manager:_____ Telephone number:_____
Next Appointment:_____ (circle one-6 mo./12mo follow up call)

***Use the depression-fighting strategies that have worked for you in the past, including taking your antidepressant medication regularly, increasing your pleasurable activities and maintaining a healthy lifestyle.*

MAINTENANCE ANTIDEPRESSANT MEDICATIONS

Diagnosis:_____
1.
2.

You will need to stay on your medications to avoid relapse of depressive symptoms. If you feel you need to change or stops medications - please call your Primary Care Team. Your Physician can help you decide the safest options for medication changes.

OTHER TREATMENTS

***Write down the problems that can trigger your depression and strategies that have helped you in the past.*

- What are some of my everyday stressors?
- What coping strategies have worked for me in the past?
- Are these skills I can use every day or every week?
- How can I remind myself to use these skills daily?

***Watch for warning signs by regular self-monitoring. You can check routinely for personal warning signs or telltale patterns of thought or behavior. You may want to ask a partner or friend to let you know if they notice any warning signs*
***Use the PHQ test to check your depression score. If your score goes up over 10, it's time to get help again.*

TRIGGERS FOR MY DEPRESSION:

PERSONAL WARNING SIGNS

COPING STRATEGIES:

GOALS/ACTIONS: HOW TO MINIMIZE STRESS FROM DEPRESSION

***Try to identify three or four specific actions that will help you. Be realistic about what you can and will do.*

***Prepare yourself for high-risk situations*.

- What are some problems or predictable stressors that might affect you in the future?
- Can you do anything to make a particular event less likely or less stressful?
- If you can't avoid a stressful situation: can you avoid negative reactions (like criticizing
- yourself) or react in a more positive way?

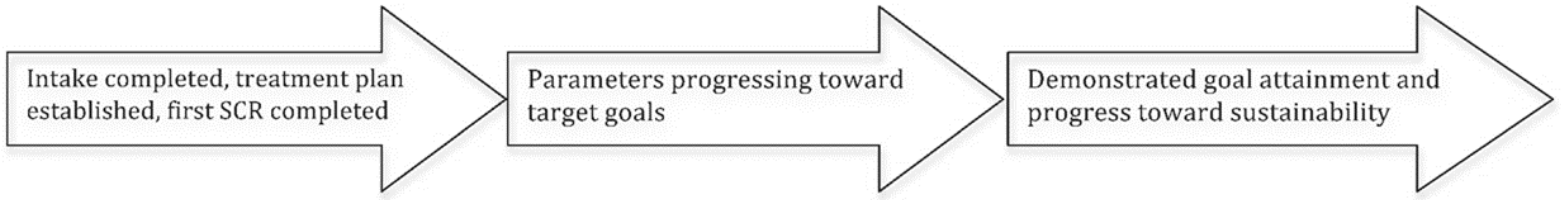
1.
2.
3.
4.

WHEN WE'VE MADE CHANGES IN OUR BEHAVIOR, THERE'S ALWAYS A TENDENCY TO DRIFT BACK TOWARDS OLD HABITS. HOW CAN YOU STOP THE BACKWARD DRIFT?

***Put drift into perspective. We all make plans, but all of us drift away. The key is catching yourself and getting back on track.*

If symptoms return, contact:_____
Patient Signiture_____**Date**_____
Thank you very much for participating in the CoCM at _____!

Active Engagement Phase *1st and 2nd contacts*	Active Management Phase *Weekly contacts in the first month* *Every other week during active management phase*	Active Transition Phase *Frequency gradually extended* *Average duration 5-18 weeks*	Maintenance Phase *Monthly to every 3 months* *Average duration 6-12 months*
• Determine eligibility and appropriateness • Introduce COMPASS and set the roadmap for care • Start building relationship with patient to identify preferences, strengths and challenges • Establish primary care team communication strategy, engagement plans, caseload impact and understanding of patient care needs	• Clinical prioritization, assessment of red flag risks and identify patient preferences • Establish treatment plan including both short and long term goals for optimal improvement • Purposeful care management using Motivational Interviewing, Behavioral Activation and goal setting that links treat-to-target clinical plan including med intensification with personal health goals by developing strategies for self-monitoring, treatment (including medications) adherence and problem solving skills • Shared understanding of working toward optimal maintenance of the chronic conditions and the organic but intentional process of outcome oriented care management	• Based on pt's progress with clinical and personal goals and agreement that significant improvement has been made • Less frequent contacts as an opportunity for pt to practice identifying triggers, problem solve and self-monitor • Duration may need to be variable based on patient readiness, unanticipated pitfalls and ongoing coaching needs but overall becomes longer periods of self-management success • Starting to build maintenance plan using patients own words for what has contributed to improvement and problem solve obstacles	• Patient has been practicing and more consistently demonstrating self-management including ability to identify triggers, setbacks and opportunities • Maintenance Plan has been developing along the way and patient can now articulate and complete own written plan for sustainment (example: own personal "yellow zone" and when to contact clinic when things come up and assistance is needed) • Schedule established for PCP follow-up and lab/clinical monitoring intervals • Primary care team understanding of maintenance plan including support role and routine follow-up expectations



[Your Organization's Letterhead]

[Date]

[Client Name]
[Client Address]

Subject: Successful Completion of Care Management Services

Dear **[Client Name]**,

This letter is to formally notify you that, as of **[Date, usually today's date]**, your care management services with **[Your Organization's Name]** will be concluded.

We want to congratulate you on the significant progress you have made toward your health and wellness goals since beginning our program on **[Start Date]**. We have enjoyed working with you and are confident in your ability to continue managing your health independently.

Please remember that you can always re-enroll in care management services in the future if your needs change. Your primary care provider, **[PCP's Name]**, is aware of your progress and will continue to oversee your care.

If you have any questions or need assistance with the transition, please do not hesitate to contact your care manager, **[Care Manager's Name]**, at **[Phone Number]** or **[Email]** until **[Date, e.g., 30 days from now]**.

We wish you all the best in your continued health journey.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title, e.g., Care Manager]
[Your Organization's Name]

Template 2: To be used for termination due to lack of participation or other reasons

This template addresses a more difficult situation, such as a client's repeated failure to follow recommendations with their care plan, repeated missed appointments, or a breakdown in the professional relationship.

[Your Organization's Letterhead]

[Date]

[Client Name]
[Client Address]

Subject: Termination of Care Management Services

Dear **[Client Name]**,

This letter is to inform you that **[Your Organization's Name]** will be terminating our care management services with you, effective **[Date, typically 30 days from the letter date]**. This is to allow you adequate time to arrange for alternative care management services if you wish to do so.

This decision comes after careful consideration and is based on **[State the factual, objective reason, e.g., "repeated missed appointments," "failure to follow your agreed-upon care plan," or "breakdown in the therapeutic relationship"]**. We have made several attempts to address this issue with you on **[List dates of previous attempts, if any]**, but unfortunately, the situation has not been resolved.

It is important that you continue to receive ongoing care to manage your health conditions. We strongly encourage you to contact an alternative care manager or your primary care provider as soon as possible. Your insurance company may also be able to provide a list of other providers in your network.

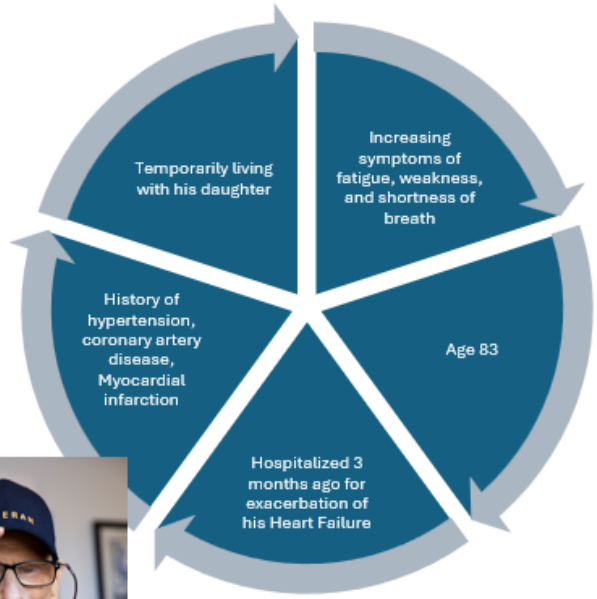
We will be available to provide emergency care or refill necessary prescriptions until **[Date of Termination]**. You may request a copy of your medical records by contacting our office at **[Phone Number]**. A medical record release form is enclosed for your convenience.

We regret the need for this action and wish you the best in finding care that better suits your needs.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title, e.g., Care Manager Supervisor]
[Your Organization's Name]

MR. B
Calls the clinic



- **Unsure about his medications**
  - Specifically, in the hospital they held his hydrochlorothiazide and on discharge did not give any directions on what to do about that
- **States feeling "low"**
- **Not following the low-sodium diet – can't stand the food without seasoning**
- **Worried about his living arrangements**
  - Wants to go back home, but his daughter is concerned about that
  - He has fallen once, no injuries other than bruises on his forehead
  - He is unable to complete his own activities of daily living without some assistance
  - Tires easily and needs help dressing
  - He can do his hygiene
- **He's having trouble sleeping**
- **He completed the SDOH screening**
  - Needs assistance with transportation to medical appointments
  - Has housing needs (based on wanting to return home)

24

Review the assessment tools available in the medical record today.

- Where are there opportunities for improvement or development of new assessments?
- Identify the team member who will lead this initiative.

As a team:

- Determine what conditions you will start the initial focus on. For each condition, determine if there are treat-to-target goals that can be regularly monitored (ie PHQ for depression – goal is remission, a score of less than 5, A1C for diabetes – goal below X, ...)
- Finalize a self-management action plan that captures the patients motivation for healthy behavioral changes.
  - Establish a plan for implementation and use of these documents.

Review the communication tools. Select 1 tool to start with.

- Create a PDSA to identify what data you will collect to determine what is working and what requires modifications.
- Create an SBAR for one of the conditions the team would like to focus on (COPD, HF, Depression, Diabetes).
  - Discuss with the provider and clinical team members the key information needed from the situation and background for the condition in order to make decisions.