A Guide to Successfully Implement a CCM Program

A comprehensive resource that equips healthcare organizations with the knowledge and strategies needed to effectively introduce and maintain a chronic care management (CCM) program.

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Chronic care management (CCM) services have been proven to improve healthcare outcomes, patient satisfaction, and practice revenue and to decrease total healthcare costs by >30%.[1]

Unfortunately, many healthcare organizations struggle to properly design and implement an effective CCM program, leading to low program adoption. For example, one study found that only 0.65% of 1.7 million potentially eligible individuals received CCM services in New England.[2]

Why is this?

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Common Challenges Healthcare Organizations Face When Implementing a CCM Program

Designing and implementing a successful CCM program requires meticulous planning, expertise, and the integration of various teams and technologies.

Healthcare organizations that attempt to tackle this complexity on their own often encounter difficulties, such as:

Lack of specialized knowledge

Developing a comprehensive CCM program requires expertise in population health management and care coordination protocols. Healthcare organizations may not have the necessary expertise readily available in their existing staff, further hindering program implementation and effectiveness.

Staffing limitations

CCM programs demand a dedicated team of healthcare professionals who can provide continuous support, monitoring, and care coordination. However, healthcare organizations may struggle to find staff members to fulfill these roles, leading to increased workloads and potential burnout.

Resource limitations

Implementing a CCM program requires the right technology infrastructure, staff training, and ongoing program management. Healthcare organizations may find it challenging to allocate these resources while juggling other competing priorities and staff shortages.

Legacy infrastructure

Implementing CCM programs often necessitates using technology platforms for patient engagement and data management. Without the necessary operational and technological capabilities and infrastructure, organizations may struggle to achieve seamless integration and hinder the program's success.

Key CCM Capabilities and Requirements

With the right approach and design, CCM programs have the potential to benefit patients and organizations significantly. However, organizations must have specific capabilities and requirements built into their program to ensure compliance and success.

The non-negotiables of a successful CCM program are:

- Ability to identify eligible patients
- Patient education and documented consent
- Efficient recruitment, hiring, and management of your care team
- Compliant call scripts and care plan content
- Note templates for compliance and clinical outcomes
- Clinically sound triage decision support
- Effective care coach/patient matching
- Meticulous time and activity tracking
- Robust quality assurance practices
- Audit support and reports

Identifying Eligible Patients

One of the first steps in creating a CCM program is identifying eligible patients who meet Medicare's strict requirements and conditions.

Per Medicare, patients must have multiple (2 or more) chronic conditions which can be expected to last at least 12 months or until the patient's death and or that place them at significant risk of death, acute exacerbation, and/or decompensation, or functional decline.

Manually checking thousands of practice patients for Medicare/Medicare Advantage insurance and program eligibility is tedious and often impossible for many organizations due to the aforementioned resource and staffing limitations.

We recommend using a programmatic filter to analyze your EHR data against Medicare's detailed requirements to avoid lengthy, manual processes.

Educating Patients and Getting Consent

Another Medicare requirement for CCM programs is that healthcare organizations must attain patient consent before offering or charging for CCM services.

This entails educating patients on potential cost-sharing and program details to grant qualified consent. This consent can be written or verbal; however, the organization must document it within a patient's records.

The additional time needed to reach out to each patient at busy practices creates the need for additional staffing, plus associated management tasks to ensure training on compliant enrollment language, process, and an excellent patient experience.

To avoid strain on existing staff or to need to hire new employees, one option is to outsource CCM services to an experienced vendor with a trained staff that continually handles the entire education and consent process.

Recruiting, Hiring, and Managing Your CCM Team

Patients expect and deserve seamless, uninterrupted care. However, medical professionals are only human—meaning they may go on vacation, get a new job, or call in sick.

Healthcare organizations can ensure patients are regularly called for CCM coaching despite any staffing changes by effectively managing nurses and care coaches.

Effective management should consist of a 2-pronged approach:

1. Robust systems and processes

We recommend a calendar and a system to track which clinicians perform CCM duties during which hours and who's available in case the staffed care coaches are ill or unexpectedly out of the office.

It's also possible to stay on top of unexpected situations by having a list of trusted temps that can stand in for a nurse, or by having an overtime protocol that lets you delegate extra work to existing staff if they have the bandwidth to do so.

2. Human oversight

Someone needs to be in charge of making sure CCM runs smoothly year-round. This can be a separate job and employee, a team effort, or a new responsibility for someone already working at a practice. If you're handling more than 2,000 patients, you'll need multiple managers/FTEs to ensure the clinical CCM staff has the oversight they need.

Once both are in place, effectively running your CCM program becomes more manageable and sustainable. Managing the team for efficiency and clinical outcomes is paramount, as the overhead costs for a CCM program create a financial risk that billable patient revenue does not cover.

We help our clients avoid this issue by eliminating these financial risks and providing complete CCM management services for a flat price per billable patient. We charge less than the reimbursement, so customers don't have to worry about the program losing money.

Call Scripts and Care Plans

Staying in compliance with Medicare's detailed guidelines entails creating and adhering to specific care plans and call protocols.

For example, for each patient and month an organization bills CCM codes for, they need to ensure that their care plans and calls can prove that the care given was clinically significant and necessary.

Call scripts are also essential when looking to maintain a CCM program. CCM is voluntary, so healthcare organizations need to ensure that they retain enrolled patients and consistently enroll new patients.

Typically, a dedicated team member will be responsible for contacting new eligible patients to educate them on the value of joining the CCM program. Again, these conversations must follow a script to ensure Medicare compliance.

Note Templates for Compliance and Clinical Outcomes

As a best practice to ensure compliance and positive clinical outcomes, we recommend creating multiple call note templates and scripts that reflect:

1. **Comprehensive care management**

2. **Best practice counseling and coaching methods**

3. **Transitional care protocols if the patient was recently in hospital**

Comprehensive Care Management
- Medical (biometrics, symptoms, lifestyle)
- Functional
- Psychosocial
- Preventive care
- Medication patient self-management oversight
- Care Coordination w/ home and community-based clinical service providers

Best Practice Counseling and Coaching Methods
- Best Practice Counseling and Coaching Methods
- Teach-back
- Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goals
- Mindfulness
- Situation, Background, Assessment, Recommendation (SBAR)

Transitional Care Protocols
- Medication reconciliation
- Knowing and watching out for red-flag symptoms
- Scheduling a follow-up appointment
- Informing the practice of recent ER/hospital stay

Triage Decision Support

If an organization uses a registered nurse (RN) or a higher licensed healthcare professional for CCM, which we strongly recommend and practice here at CircleLink, the RN care coaches can triage any acute situations patients present.

We recommend implementing clinically relevant and repeatable triage decision protocols to ensure patients receive sound medical advice. For example, we use Schmitt-Thompson triage protocols, which are embedded in a decision support tool, to ensure the patient ends up in the most appropriate care setting.

Matching Patients to Care Coaches and Scheduling/Managing Calls

Once a CCM program is in place, assigning calls to the right patients and care coaches at the right time is crucial to success. Otherwise, healthcare organizations run the risk of the fixed expense of their CCM staff exceeding the CCM reimbursements.

Organizations can monitor CCM operational efficiency by establishing a tracking system that provides insight into each care coach's caseload and their progress toward delivering CCM care each month.

This includes:
- Calculating shift time left in the month to serve assigned patients
- Updating shift times as schedules change
- Determining which care coaches have capacity or don't have enough shift time left in a month to serve their patients
- Reassigning patients live to newly hired care coaches or other coaches with capacity
- Assigning newly enrolled patients to newly hired care coaches or other coaches with capacity

Time Tracking

All staff activities pertaining to the CCM program must be recorded and logged in a searchable fashion so organizations can determine which patients to bill for and to ensure staff is using their time efficiently.

While a manual spreadsheet may work for a handful of patients, that could become tedious, time-consuming, and prone to errors quickly. To avoid this, we recommend implementing purpose-built CCM software to automatically track all activities and time to the second.

Ideally, it is best to choose a platform with built-in alerts that notify when calls are too short, or care coaches are not reaching all their assigned patients. These alerts help organizations ensure their patients are receiving helpful and timely care.

Quality Assurance: Call and Note Review and Care Plan Approval Tracking

Healthcare organizations can ensure they catch any non-compliant CCM activities that are inadvertently billed for by implementing a robust quality assurance (QA) process.

We recommend hiring dedicated staff to review a robust sample of every care coach's CCM calls and notes monthly to ensure compliance with the clinical and operational guidelines discussed above. If dealing with more than 2,000 CCM patients, this will likely be a team, given the volume.

We also recommend getting care plans approved by the billing provider for best-in-class compliance and documenting the approval in the EHR. This care plan approval tracking should be an additional project assigned to a staff member, or the use of care plan tracking software will be needed.

Finally, we recommend recording or tracking phone calls to patients so you can flag and investigate any potentially fraudulent anomalies, such as CCM patient call times below four minutes or over 30 minutes.
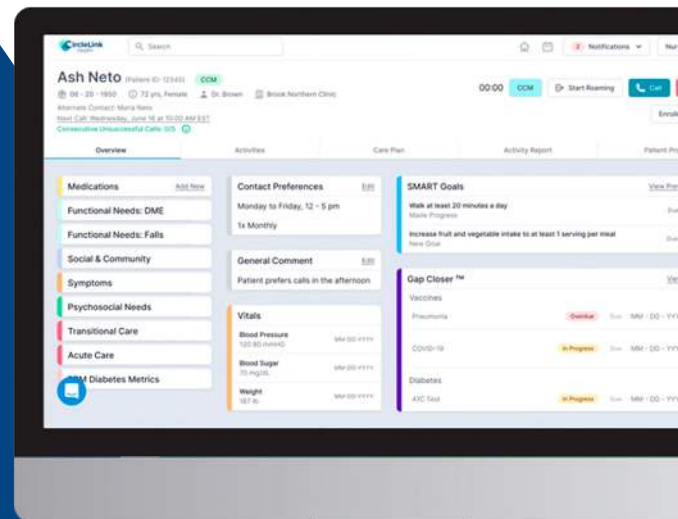
Audit Support and Reports

Once an organization has serviced and billed its patients, it will have to provide paper trails and documents in case of a Medicare audit. We recommend building or using a platform that offers a one-click, detailed audit report with second-by-second records of each interaction with each patient each month.

What to Look Out for in a CCM Partner

As healthcare organizations recognize the benefits of outsourcing CCM services to specialized vendors, selecting the right partner becomes a crucial decision. To ensure a successful partnership, here are some important factors to look out for when choosing a vendor.

Leverages Experienced RNs

One of the primary aspects to look for in a CCM vendor is their use of registered nurses as care coaches compared to medical assistants (MAs) and licensed practical nurses (LPNs). RNs possess the necessary clinical expertise and training to provide comprehensive care management for patients with complex, chronic conditions.

Their knowledge and experience enable them to effectively monitor patients, identify potential risks, and deliver personalized care plans without burdening in-office staff.

Ability to Manage Any Chronic Condition

Chronic conditions vary greatly, and it's crucial to partner with a CCM vendor that can accommodate the diverse needs of your patient population. From diabetes and hypertension to heart disease and asthma, a versatile CCM vendor can address various conditions and ensure comprehensive and tailored care for all patients.

Streamlined Setup and Implementation Process

Implementing any new system or service can be daunting, but it doesn't have to be. Look for CCM vendors offering a simple, streamlined setup and implementation process. A smooth transition is vital to minimize workflow disruption and ensure seamless integration of CCM services into existing operations.

Transparent Pricing Models

Another important consideration is the vendor's pricing structure. Find a CCM vendor that provides complete management services for a flat price per billable patient.

This pricing model offers transparency and predictability, enabling healthcare organizations to budget and plan for CCM services effectively. With a flat price, there are no hidden costs or unexpected fees, allowing you to allocate resources more efficiently and ensure a sustainable CCM program.

If you don't want to spend time or risk money solving these problems in-house, you can partner with a vendor like CircleLink Health for chronic care case management solutions.

Provide a deeper level of care and attention that empowers your patients and keeps them healthier, more satisfied, and in-network with our comprehensive and scalable CCM services that require zero upfront costs or additional work from your in-office staff.

Our team of RN care coaches is well-versed in providing compliant, effective, and personalized care. When paired with our CCM software, your organization will have everything you need to drive impactful financial and clinical outcomes.

If you'd like to learn more about how we can help your organization, visit circlelinkhealth.com, email sales@circlelinkhealth.com, or call (877) 590-3642 for a free consultation.

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Sources

https://circlelinkhealth.com/chronic-care-management-drives-clinical-outcomes-at-a-large-medical-group/

https://www.ncbi.nlm.nih.gov/pubmed/30030734