CHRONIC CARE MANAGEMENT Easier Than You Think!

No-cost, turnkey support is available to help independent practices implement a chronic care management program to improve care to patients with significant chronic diseases, increase practice revenue AND incorporate best practices. Could your practice benefit?

How Much Revenue is Your Practice Leaving on the Table Monthly?



Simple to Implement with the Right Team Assembled!

CCM Care Team Roles and Responsibilities			
Legend ✓ = QHP required O = Team members or QHP	Qualified Healthcare Professionals (Physician, Physician Assistant, Nurse Practitioner)	Clinical Staff (Pharmacist, Nurse, Social Worker)	Non-Clinical Staff (Pharmacy Tech, Office Manager)
Consent Patient	1		
Collect Structured Data	o	0	o
Develop Comprehensive Care Plan	4		
Maintain/Inform Updates for Care Plan	0	0	
Manage Care	0	0	
Provide 24/7 Access to Care	0	0	
Document CCM Services	o	0	
Bill for CCM Services	4		
Provide Support Services to Facilitate CCM		o	0

- Practice completes 3 out of 9 requirements:
 - Consents patient (verbal)
 - Develops Care Plan
 - Bills for service
- Clinical Extender (Pharmacist) completes other 6 requirements under your directionincluding monthly patient meetings to implement your care plan
- Entire team is local and practicing within their scope of practice (i.e. cares about your patients and community)
- Association support to gather your team

No Cost Tools and Team Support to Execute a Short Trial – Win/Win for All

Turnkey Toolkit includes:

- No Cost technical assistance to implement a 4-month trial including team assembly, workflow, EHR inclusion, and trial analysis
- Value Proposition for Practice includes:
 - Increased Practice Revenue and Reputation
 - Improved Quality Measures & Patient Outcomes
 - Improved Practice Efficiency for both office staff and practitioners (aids in decreasing current stresses)
 - Improved Patient Care

...It also gives life back to team-based care. When you go to the hospital you have an entire team dedicated to your care. Why can't we bring this same level of care to patients outside of the hospital and into their homes?

CCM helps reduce readmission rates, improve chronic diseases, and improve quality of life for patients. These outcomes are the ultimate goal, but CCM also helps reduce the financial burden to the system and improve measures for the practitioners. Everybody wins....

...If I could offer a piece of advice, it would be, start small. It won't happen overnight, but you will start to see improvements in your patients and your measures."

> **-Dr. Jennifer Jonkers, MD** Abingdon Internal Medicine



Virginia Academy of Family Physicians and Medical Society of Virginia have collaborated with the Virginia Department of Health, Virginia Pharmacists Association and Health Quality Innovators to provide this opportunity for you.

If you are interested in exploring your options, tools available or next steps, please contact:

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Don't Let This Opportunity Pass You By!









Funding to support expansion of CCM initiatives is supported through the Virginia Department of Health and CDC Cooperative Agreements NU58DP006535 (LivingWell In Virginia) NU58DP006620 (InnoVAte). The content is solely the responsibility of the authors and does not necessarily represent the official views of the Virginia Department of Health or the Centers for Disease Control and Prevention.