

MONTHLY CARE MANAGEMENT MEETINGS: This meeting should be attended by all members of the Care Team including the Medical Provider, Care Team Medical Assistant, Care Team Representative, and Nurse Case Manager. The meeting will be led by the Medical Provider and is designed to focus on improving care for the patients in their patient panel. This may include discussion about provider style or preferences of care, case management discussion about particular patients, coordinating resources for the panel or specific patients, etc. This meeting also offers opportunity for quality oversight - including data entry, billing, clinical outcomes, and new quality initiatives, among others. It also offers a place to improve care through PDSA projects within the context of a clinical team. Each team would have the opportunity to continually improve their care delivery through these projects and lessons learned could be passed on to other teams during their care management meetings. Finally, these team meetings allow agency wide initiatives and policies to be standardized and adopted, again, within the context of a clinical team.

CASE CONFERENCE: Complex case management and high risk case management requires strategic discussions among appropriate members of the team to ensure an organized approach to health management. All members of the team, including patients, care givers, specialist partners, and community partners may be involved in individual case conference and will be organized by the Nurse Case Manager or High Risk Case Management team.



MEETINGS

DAILY HUDDLES: The Care Team Medical Assistant, FO Representative, RN Care Manager, and Medical provider will meet for 15 minutes at the beginning of the day to discuss issues related to the patients scheduled that day, ongoing population management tasks, or other pertinent items.

-This works best if the meeting can start 20 minutes prior to the first scheduled patient allowing the CTMA to finish the meeting and room the first patient. (Arriving early also sets the tone for an organized and timely day)

-The CTMA will perform an overview of the following days schedule to “prep the chart” and ensure appropriate lab results, patient documents or diagnostic imaging reports are in the chart or printed out for the patient. This also allows the MA to review needed “Alerts” which can be considered during the huddle or ordered prior to the visit.

-The FO Representative performs a robust call for confirmation to ensure the patient is aware of the scheduled visit, inquires further about the patient’s reason for the visit, updates insurance information, asks the patient to bring in all medications, asks if the patient has been to another facility for care to retrieve needed records, etc. The FO Representative’s participation is an important voice in the team huddle to improve the quality and efficiency of the office experience.

-The RN Care Manager will add a management perspective to the day, update the provider on potential care items that are pending or need insight, and coordinate logistics or communication items to the team to convey during the office visit. The huddle is an important time to plan strategically for potential assistance by the RN for high risk patients or patients that may need care management. The provider and RN will also spend a short time discussing the RN’s plan for the day and clarify any pending questions or outstanding issues.

-It helps if the provider can review the patients previous note during the huddle and “think aloud” about what they are expecting which can spur on opportunities to improve teamwork and coordination of the patient’s office experience.

-Having the Patient Navigator or Mental Health team at the huddle or available for coordination is best practice and will enhance the success of the team’s ability to provide comprehensive care to the patient during their office experience.