

Beacon Care Manager & CCT Workflow

August 16, 2022

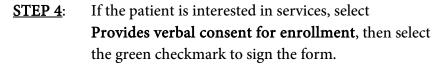
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Recently Assigned Cases

This flyer provides an overview of the Beacon Care Manager and CCT Workflow.

Enrolling a Patient

- **STEP 1**: To enroll a patient, select the patient's name from the Care Manager Dashboard Case List to open the chart.
 - The chart opens to the **Patient Summary** MPage, where users can view the patient's demographics, health plan, and case information.
- STEP 2: Select the **Enrollment** MPage and navigate to the **Enrollment and Consent** component.
- STEP 3: Select the plus sign and select **Enrollment & Consent** to open the PowerForm.



STEP 5: Navigate to the **Manage Case** component to see the case status updated to **Enrolled**.





Manual Case Opening

STEP 1: From the Care Manager Dashboard, select Search for a Person.

STEP 2: Select the Searching in your electronic health record system hyperlink.

STEP 3: Select the **Assigning Location** from the drop down and select **Next**.

STEP 4: Search the patient's name and date of birth within the Encounter Search window. Select the appropriate patient encounter, then select **OK**.

STEP 5: Enter the case details by selecting from the dropdown menus. Select **Create Case** to complete.

Date of Birth (mm/dd/yyyy) No results found Search Clear Enter Case Details TESTING, MABEL DOB: 07/17/2000 Sex: Ferr Assigning Location: BEACON HEALTH CARE MANAGEMENT * Referral Source:

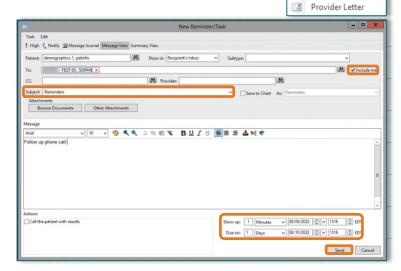
Person Search

Active Case MPage

Activity Log: Used to document all interactions with the patient, including attempts to reach the patient and home visits. To begin communication documentation, navigate to the Activity Log component and select the plus icon.

- The current date and time will default but can be modified to reflect the time of the event.
 - Contact Type: If contact was made with the patient, select Patient from the drop down. The patient's name will automatically populate.
- If unable to connect with the patient, select Patient from the Contact Type drop down, and select Left Message or No Answer in the Outcome drop down.
- Required fields are indicated with a red asterisk. Once all details have been documented, select Save.
- Upon completion of the initial outreach to the patient, a Welcome Letter will be sent. In the toolbar, select the Communicate drop-down arrow, and select Patient Letter.
 - The Create Letter window will open.
 To create the letter, select the appropriate auto text, then select OK.
 - A window will display for printing, so the letter may be mailed to the patient accordingly.
 - The letter will save to the patient's chart under **Documentation**.

NOTE: Reference material regarding which auto text should be used will be provided by your manager.



Cancel

*Time (24-hr)

Duration (min)

~

Communicate 🕶 🖹 P

Reminder

Patient Letter

Add Communication Event

08/09/2022 13:06

- After the initial call is made, a reminder is created for the follow-up call. In the **Reminders** component, select the plus icon. Once complete, select **Send**.
 - The patient's information will automatically populate. Check the **Include Me** box to populate your information to the **To** field.
 - Document in the Message field details regarding the reminder.
 - **CCT Staff**: Reminders are used to schedule home visits. When creating a reminder for a home visit, enter the details for the scheduled visit in the **Message** field.
 - For home visits, set the **Due On** date to the date of the visit.
 - Indicate the time parameters for when the reminder is due by selecting a duration or a specific date.

Primary Personnel: WITKES - TEST 05 , SOPHIE

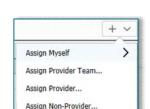
Secondary Personnel: -- (+ Add Secondary)

Case Physician: -- (+ Add Case Physician)

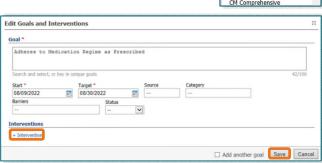
Case Personnel

• Note that the **Show up** field indicates when the reminder will populate to Message Center, this can be left as the default.

- Manage Case: Provides an overview of the patient case.
 - Assign another care manager as the backup for the patient by selecting **Add Secondary**.
 - Enter the person's name, then select **Assign**.
- ➤ Care Team: Displays a list of care managers, physicians, and specialists involved in the patient's care.
 - To assign yourself as a care provider, select the plus drop-down arrow and select Assign Myself.
 - If another provider is not listed, select **Assign Provider** to add them to the care team.
- Screenings and Assessments: Access forms for documentation. Select the plus drop-down arrow to display available forms.
 - Options above the dividing line will open **PowerForms**.
 - Options below the dividing line navigate the user to the Interactive View I&O.
- Care Plan: Navigate to the Care Plan component and select the plus icon. The Edit Goals and Interventions window will open to add goals to be met by the patient. Select Add Another Goal to add additional goals, then select Save when complete.
 - Required documentation fields include Start,
 Target, Source, Barriers, Status,
 Interventions, and Status of interventions.
 - The Goal field uses key word search to populate goal options.
 - Fields with a red asterisk indicate required documentation.
 - To add an intervention to the goal, select the **Intervention** hyperlink.
- ➤ Hierarchical Condition Categories (HCC): Provides information from HealtheIntent on unsatisfied categories that may need follow-up with primary care.
- ➤ **New Order Entry:** select the order in the **New Order Entry** component.







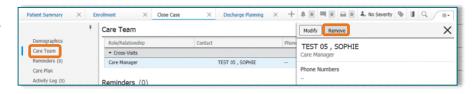
- When the order is selected, the row will turn blue. The **Orders for Signature** bin updates with a green number, indicating the number of orders added to the bin. Once all orders have been added to the bin, select the **Orders for Signature** icon.
- All orders ready for signature will display. Orders can be removed by selected the **Remove** button. Modify orders by selecting the **Modify Details** button.
- Once all orders are ready for signature, select Sign.
- Create Note: View note options under Create Note. Select the desired template to open the Note window.
 - Information documented in the Workflow MPages will populate to the appropriate sections of the note. Note sections may be modified, as needed.
 - Once the note is complete, select **Sign/Submit**. To send the note to a specific provider, enter the provider's name into the **Provider** name field. Select **Sign** when complete.



• Add frequently searched providers to your favorites list by selecting the star 🗷 icon.

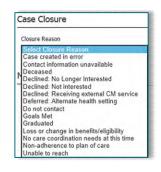
Closing a Case

STEP 1: On the Close Case MPage, navigate to the Care Team component, and remove self from the Care Team.



- **STEP 2**: Ensure all reminders have been completed in the **Reminders** component.
- STEP 3: Ensure the care plan is up-to-date and completed in the Care Plan component.
 - Goals can be filtered to view Unmet goals.
- STEP 4: Confirm all communication events have been logged in the Activity Log.
- <u>STEP 5</u>: Navigate to the **Case Closure** component, select the **Closure Reason** from the drop down, and select **Close Case**.
 - Care Manager Staff: Select Goals Met as the closure reason.
 - **CCT Staff**: Select **Graduated** as the closure reason.
- NOTE: If closing the case due to inability to contact the patient after <u>two</u> attempts, indicate the reason as "Unable to Reach."
- **STEP 6**: Once the case is closed, the patient will fall off the case list.





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Patient Declination Workflow

If a patient declines services, documentation of refusal is required.

- <u>STEP 1</u>: In the **Enrollment** MPage, navigate to the **Enrollment and Consent** component, select the plus drop-down arrow, and select **Enrollment & Consent**.
- **STEP 2**: Document **Refused to enroll in the program** in the PowerForm and sign the form.
- <u>STEP 3</u>: Document the communication event in the **Activity Log** component. Indicate the **Outcome** as **Case Discussion**. Enter additional details in the **Notes** field, if needed. Once complete, select **Save**.
- <u>STEP 4</u>: Navigate to the **Close Case** MPage and select the **Case Closure** component. Select the appropriate declination reason from the **Closure Reason** drop-down, then select **Close Case**.