Where Weve Been and Where We Are Going

WINTERGREEN

CCM Foundations

- ✓ Purpose of CCM
- ✓ Eligibility and Billing
- ✓ CMS Requirements
- ✓ Benefits to the Patient and Clinic

Designing for Success

- ✓ Clear Workflows
- ✓ Defined Rols
- ✓ Standardized Care Plans
- ✓ Compliance and Documentation Best Practices

Making it Work

- ✓ Operationalizing Daily Workflows
- ✓ Staffing Barriers
- ✓ Engagement Barriers
- ✓ Workflow Breakdowns

The Rural Reality-What Makes CCM Hard?

- Small teams
- No excess staffing
- Competing priorities
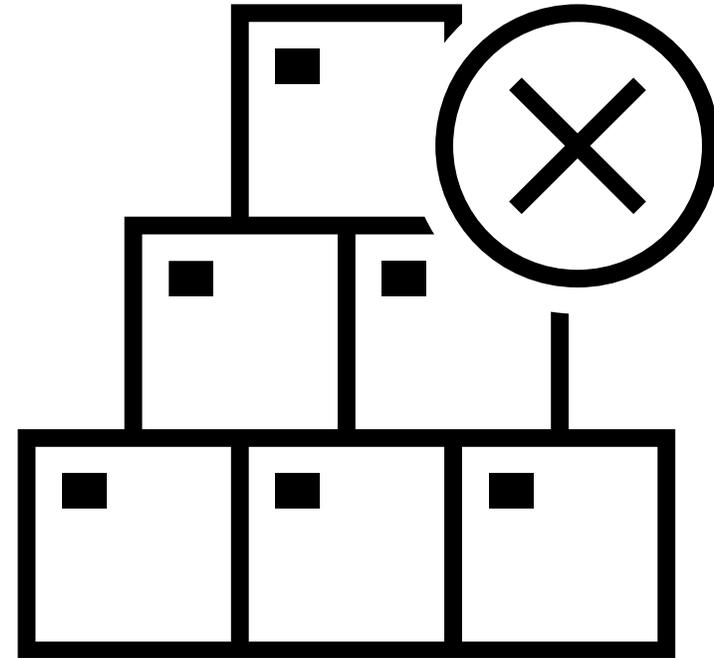- High provider workload
- Limited tech support

The Implementation Gap-Why Programs Stall

WINTERGREEN

Common Early Failures

- CCM feels like "extra work"
- Time isn't tracked consistently
- Enrollment slows after launch
- Documentation becomes inconsistent
- No structured review process

Preparing for Launch

WINTERGREEN

Start small → One engaged provider → Assign clear CCM lead → Audit weekly during pilot → Set measurable goals
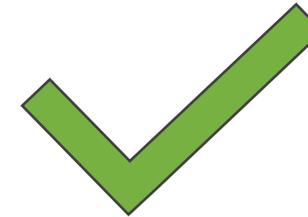
Pilot Model

WINTERGREEN

Rural Clinic Example:

2 providers

1 RN

1 MA

Medicare panel: 450 patients

Pilot Plan:

15 patients

1 RN lead

1 weekly 90-min CCM block

Weekly documentation audit

Measure Process First-Revenue Follows

WINTERGREEN

Measure

- ✓ % monthly calls completed
- ✓ % time logged correctly
- ✓ % care plans updated
- ✓ Patient response rate
- ✓ Staff time spent per patient

Operational consistency is the best early indicator of CCM success- not revenue

Align to Clinic Strategy

- Tie CCM to:
  - Readmission reduction
  - MBQIP or quality measures
  - AWV completion
  - Provider satisfaction
  - Value-based contracts

Operationalize Daily Workflows

- **Embedding CCM into Clinic Rhythm**
    - Weekly CCM time block
    - Monthly registry review
    - EHR due-date alerts
    - Defined escalation pathway
    - 15-minute team huddle

Documentation Flow in Practice

WINTERGREEN
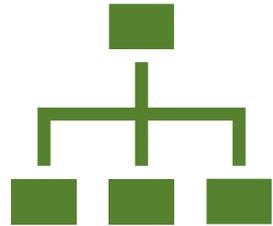
Operational Documentation Must Include

Updated care plan

Individualized note

Time (start/stop or cumulative)

Coordination activities

Patient goals

Best Practice

Real-time time tracking

Quarterly care plan refresh

Monthly mini audit (5 charts)

Overcoming Staffing Barriers

WINTERGREEN

Common Statement:
"We don't have staff."

Reality-Based Solutions

Start with 20 patients

Protect 1–2 weekly CCM hours

Cross-train Mas

Delegate to highest licensure

Use telephonic models

Root Causes

No protected CCM time

CCM added on top of full schedules

No defined ownership

Provider fear of increased workload

Staffing Fix #1: Protect Time

- **Example:**
  - 1 RN
  - 4 hours/week protected
  - 60 patients supported
  - 20 minutes avg per patient/month
- **Math:**
  60 patients × 20 min = 1,200 min/month = 20 hrs/month
- **Action Step**
  - Block recurring time on schedule.

Staffing Fix #2: Task Redistribution

WINTERGREEN

Instead of nurse doing everything:

MA can:

- Pre-load medication list
- Update hospital discharge list
- Flag due patients
- Prep call sheet

RN can:

- Perform clinical conversation
- Update care plan
- Escalate to provider

Implementation Tool

- Create a CCM "Pre-Call Prep Checklist."

Staffing Mix #3: Low Complexity Tiering

WINTERGREEN

Not all CCM patients require equal time.

Tier 1 (Stable):
- 20 minutes/month

Tier 2 (Complex):
- 30-40 minutes/month

Action Step
- Segment registry by acuity.

Overcoming Engagement Barriers

WINTERGREEN

Repetitive calls

- No call structure

Lack of visible progress

- No value identified by the patient

Cost confusion

- Unsure of cost vs value

Enrollment Fix #1: Enrollment Script Refinement

WINTERGREEN

Instead of:
"Would you like to enroll in CCM?"

Say:
"This gives you a nurse checking in monthly to prevent hospital visits."

Action Step

- Train staff using one standardized script.

Engagement Fix #2: Call Structure Template

WINTERGREEN

Call Framework

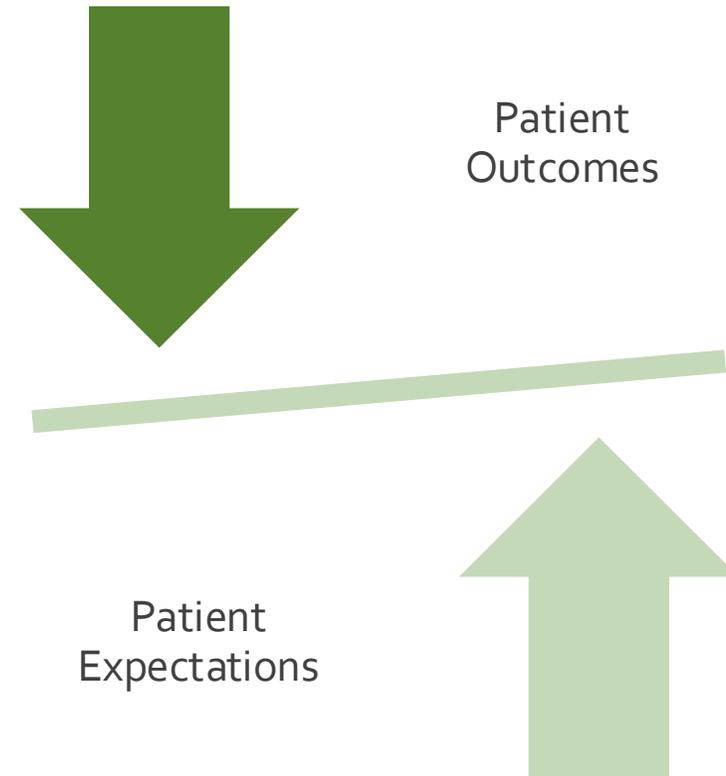Review patient goal (3 min)

Medication check (4 min)

Barrier discussion (4 min)

Action plan update (4 min)

Engagement Fix #3: Show Progress

- Patients stay engaged when they see:
  - They understand and feel the "value"
    - BP trend improving
    - A1C improving
    - Weight stable
    - No hospitalizations
    - Connected to provider and staff

Patient Outcomes

Patient Expectations

Overcoming Inconsistent Time Tracking

Inconsistent time tracking=Invisible revenue loss

Month	Patient Enrolled	Eligible Minutes	Minutes Documented	Revenue Captured
Jan	10	200	180	$X
Feb	20	400	200	X
March	20	400	200	X
April	25	500	520	$$

Documentation Fix #1: Real-Time Logging

WINTERGREEN

End of Month Logging

- Reconstructing time from memory
- Inaccurate totals
- Missed minutes
- Audit vulnerability
- Revenue leakage

Log Time During the Call

- Predictable billing
- Accurate minutes
- Immediate cumulative total
- Audit-ready documentation

Documentation Fix #2: Mini Monthly Audit

WINTERGREEN

Audit 5 charts monthly:

- Check:
  - Consent documented?
  - Care plan updated?
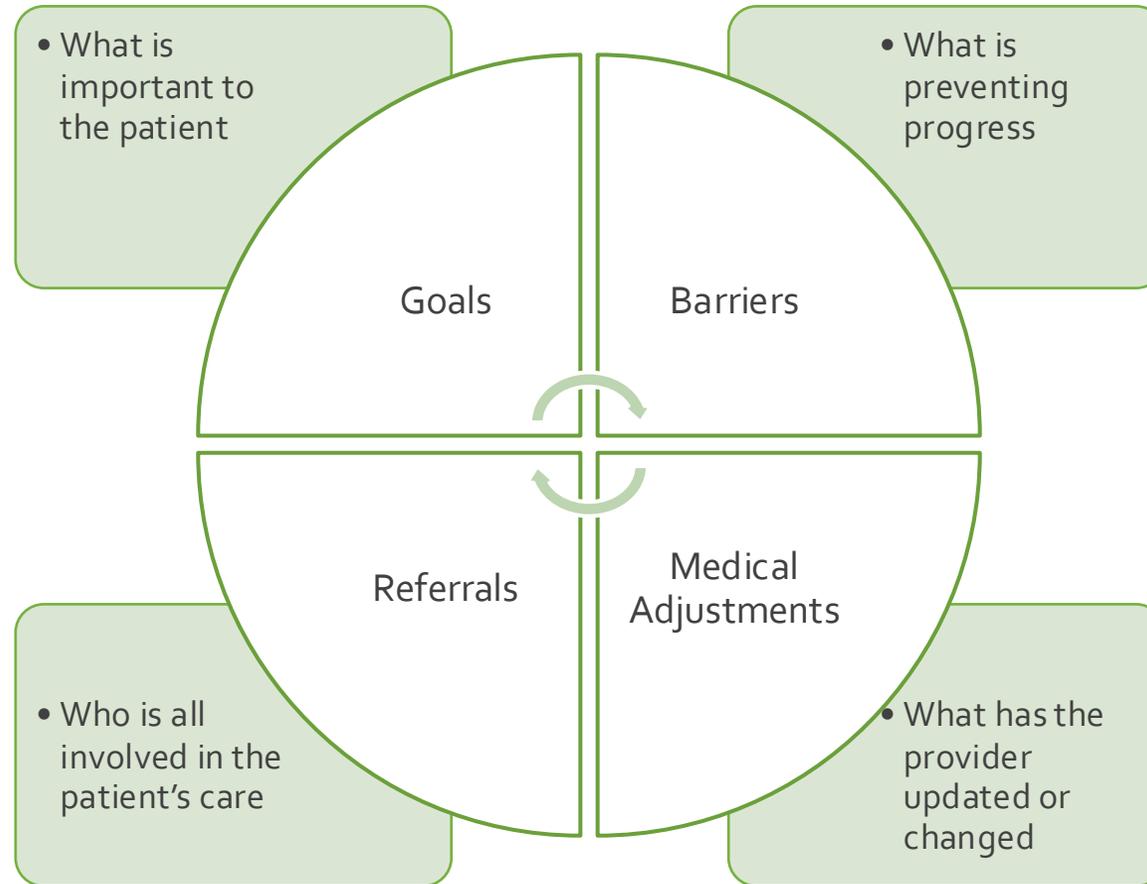 - Time accurate?
  - Individualized note?

Action Step

- Assign audit owner

Documentation Fix #3: Quarterly Care Plan Refresh

WINTERGREEN
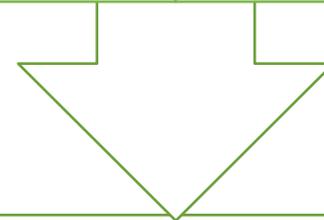
Care plans should not look identical every month.

- What is important to the patient

- What is preventing progress

Goals

Barriers

Referrals

Medical Adjustments

- Who is all involved in the patient's care

- What has the provider updated or changed

Overcoming Workflow Breakdown

Workflow fix #1: Spread CCM Throughout the Month

WINTERGREEN

Example:			
Week 1: Group A	Week 2: Group B	Week 3: Group C	Week 4: Make-up calls

Action Step

Divide registry into 4 call cohorts.

Continuous Improvement

- What are you wanting to improve

- What intervention will you implement

Plan

Do

Act

Study

- Adopt-Adapt-Abandon

- What is the outcome
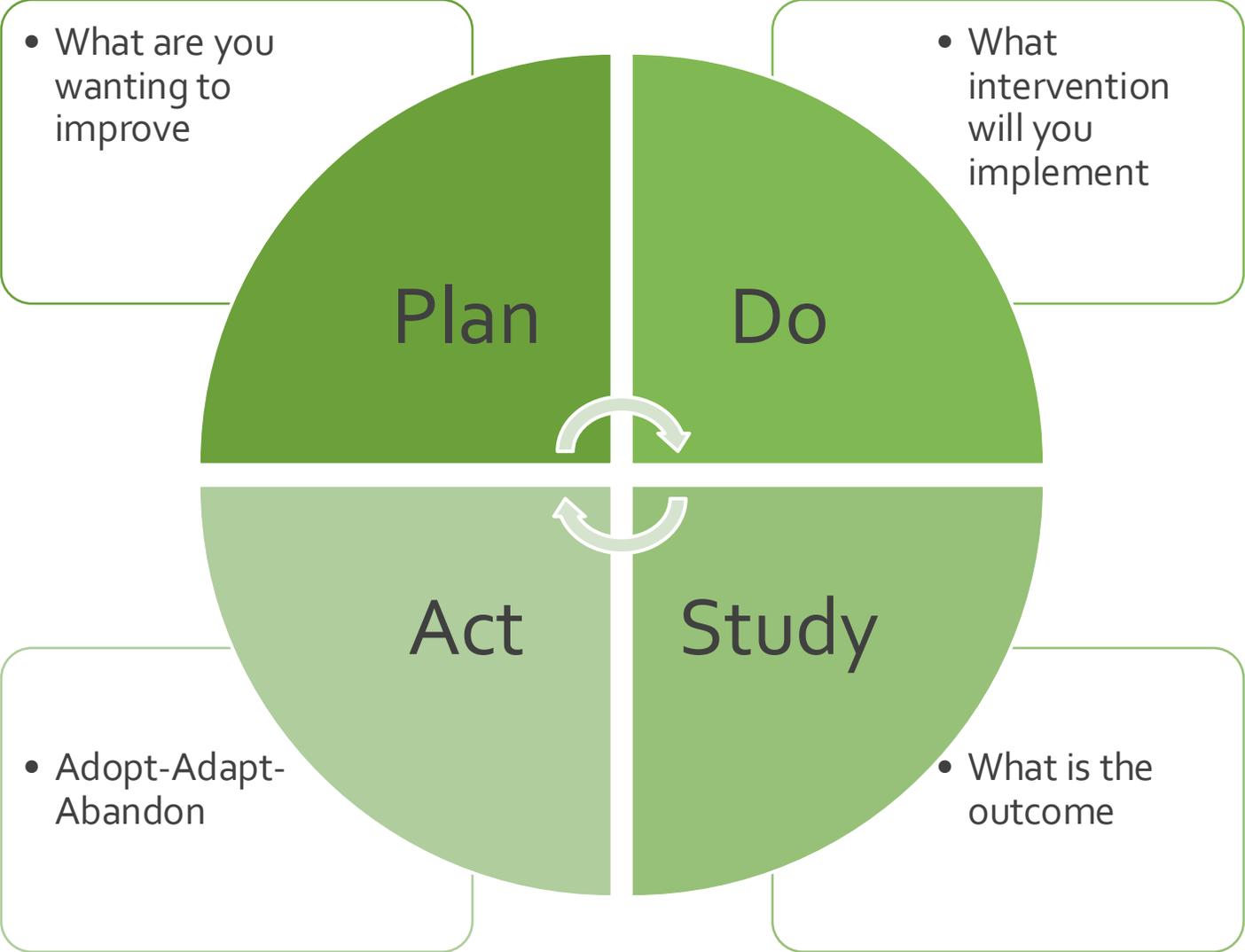
Case Example: Dropout Recovery

- Improve the number of patients who remain enrolled in the program

Plan

- Survey patients- Implemented a redesigned call structure

Do

- Adopt-the redesigned call structure and implement into standing workflows

Act

- The dropout % decreased from 40% to 10%

Study
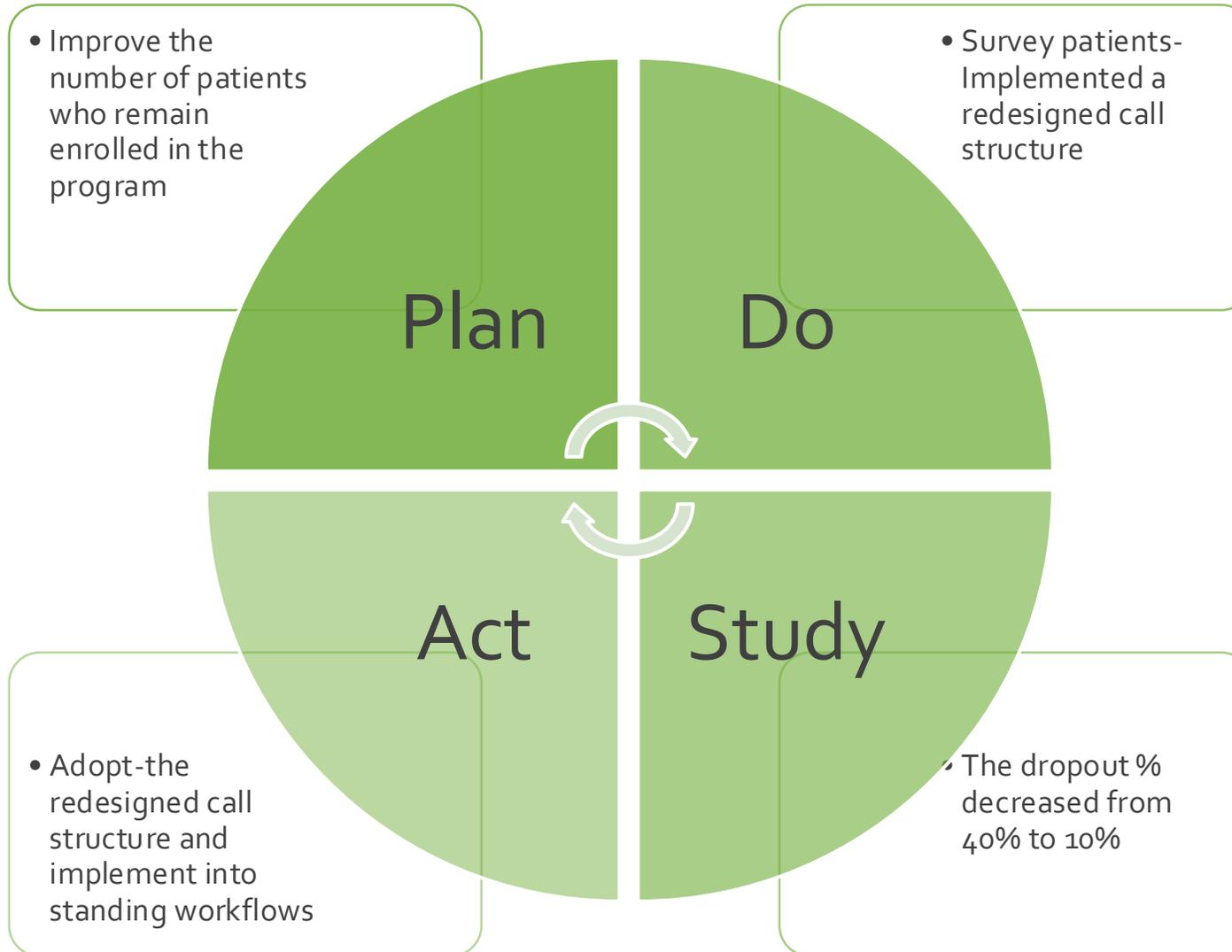
What You Can Do Next Week

WINTERGREEN

✓ Protect 1–2 weekly CCM hours

✓ Create a 15-minute call template

✓ Divide registry into 4 cohorts

✓ Assign monthly mini audit owner

✓ Refine enrollment script

✓ Track % monthly call completion

Key Takeaways

WINTERGREEN

Design is not execution.

Start small.

Embed into routine.

Audit monthly.

Refine continuously.

Don't wait for perfect.

- Structure prevents burnout.
- Small pilots prevent large failures.
- Audit early.
- Personalize engagement.
- CCM succeeds when it becomes routine.

QUESTIONS

WINTERGREEN

Nicole Thorell, RN, MSN, FNP-C Principal
nthorell@wintergreenme.com
o: (207) 280-6720
c: (308) 325-0201