

# *Monitor Care Management Program Outcomes as Part of Your Health Center's Quality Improvement Plan*

**Incorporate measures into your health center's QI Plan, and use data to scale your care management program, meet the needs of your patient population, and balance staffing/care team responsibilities.**

## **Consider measuring:**

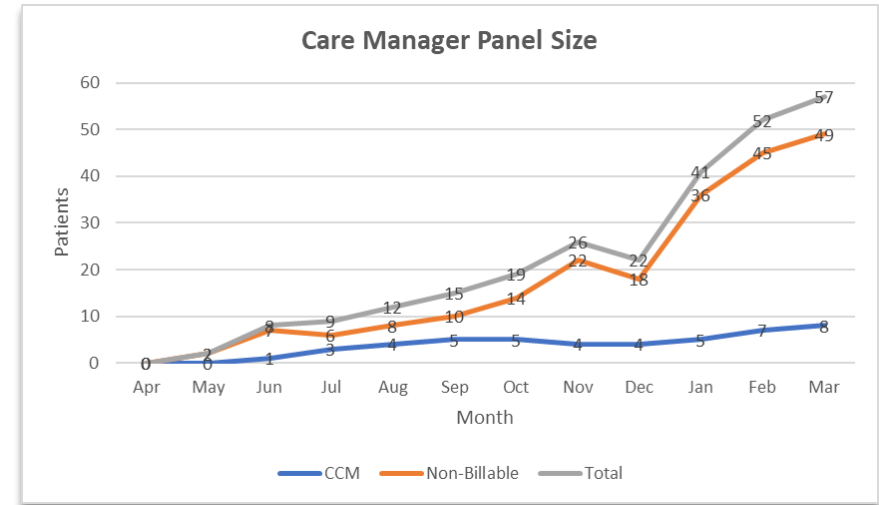
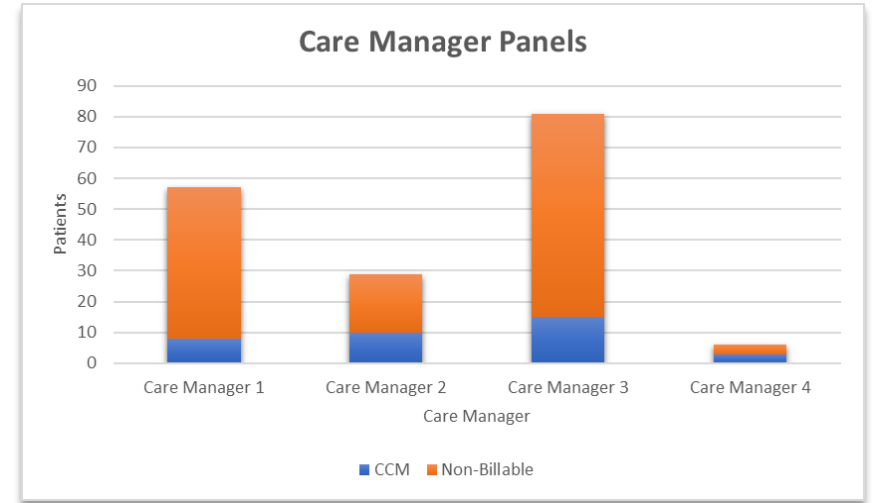
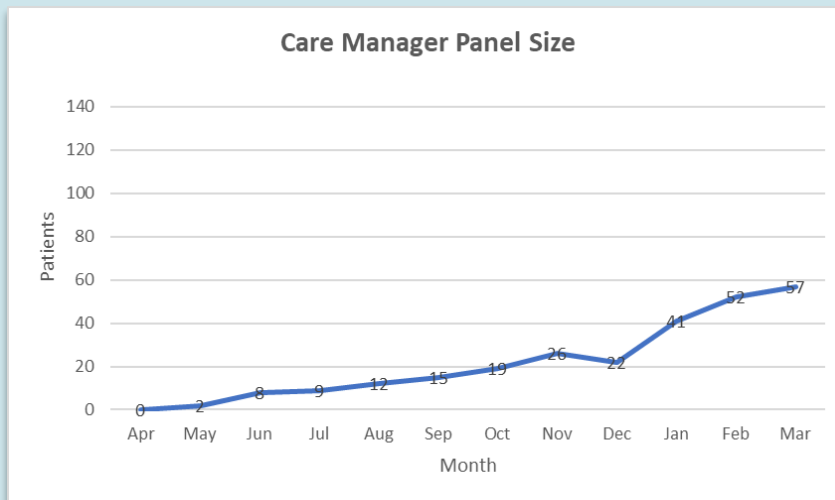
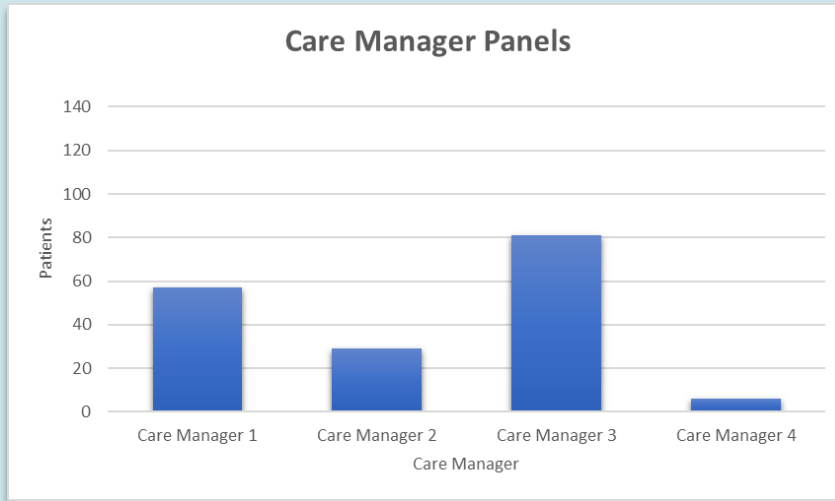
- The number of patients in each care manager's panel
- Each care manager's panel size over time to view 'net' changes
- Panel size by program (if you have more than one care management program, or by payor if you have multiple value-based contracts)
- Each care manager's panel size by program over time to view 'net' changes
- Patient enrollments and disenrollments by month
- Patient disenrollments by reason
- The number of high-risk patients enrolled in care management
- The number of CCM eligible patients enrolled in care management
- The number of completed Care Management encounters
- The number of billed CCM encounters
- The impact on UDS quality measures
- Progress on patient care management goals

[View Examples](#)

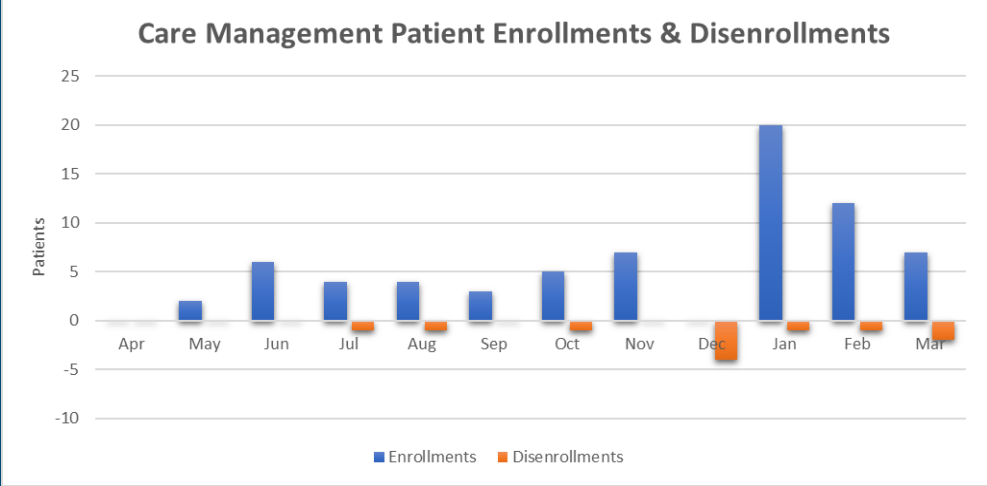


Keep in mind when setting goals or calculating potential revenue for care management, it takes time to build a patient panel.

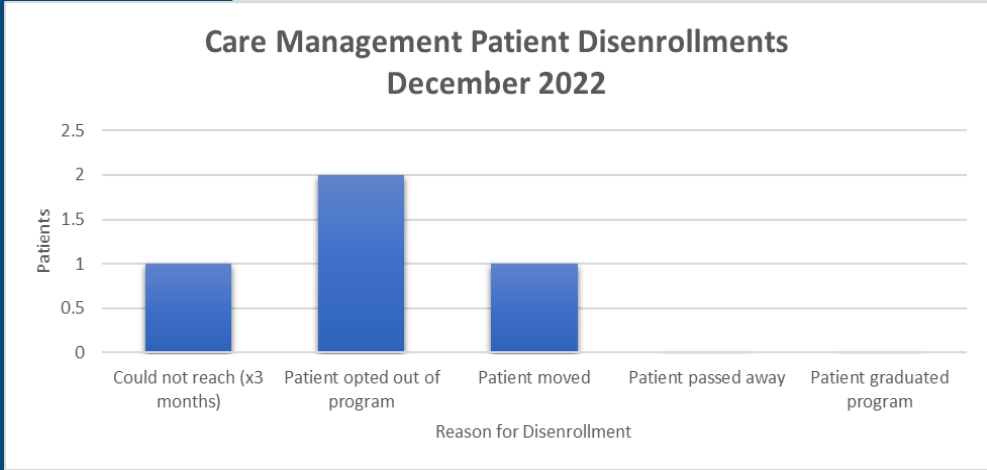
# DATA EXAMPLES



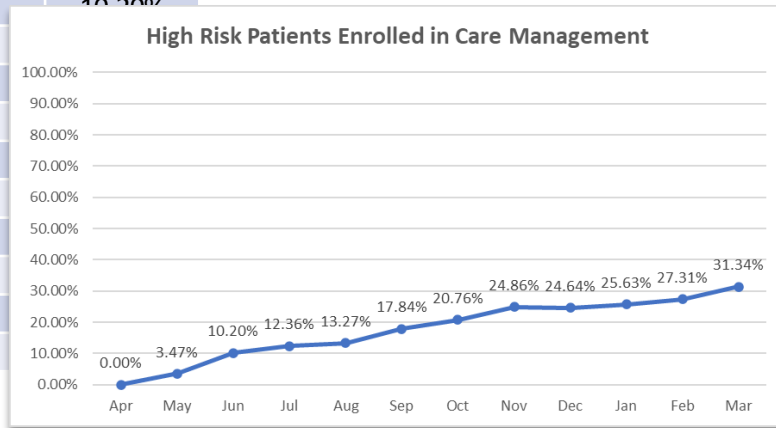
For CCM, this data can be used to set goals and predict potential program revenue.



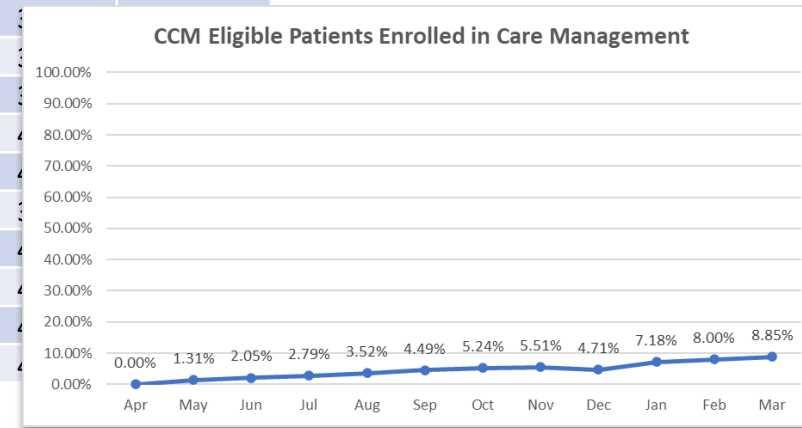
This perspective gives a higher level of insight into how a care manager is building and retaining their panel.



Month	Enrolled	High Risk	Rate
Apr	0	549	0.00%
May	19	547	3.47%
Jun	56	549	10.20%
Jul	68	550	12.36%
Aug	73	550	13.27%
Sep	99	555	17.84%
Oct	115	554	20.76%
Nov	138	555	24.86%
Dec	137	556	24.64%
Jan	142	554	25.63%
Feb	151	553	27.31%
Mar	173	552	31.34%

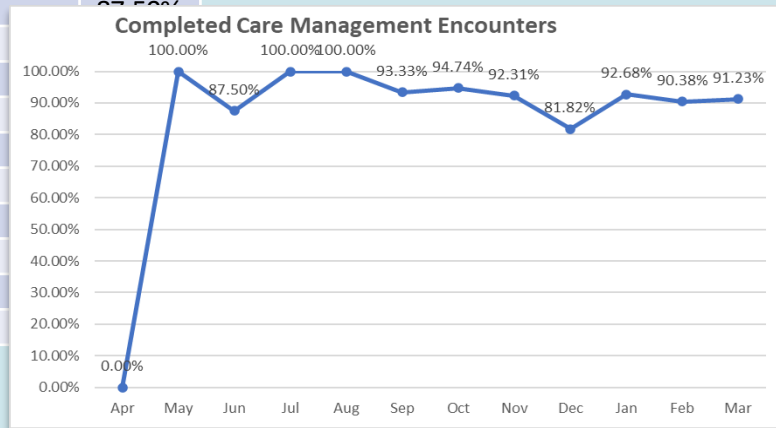


Month	Enrolled	Eligible	Rate
Apr	0	380	0.00%
May	5	382	1.31%
Jun	8		
Jul	11		
Aug	14		
Sep	18		
Oct	21		
Nov	22		
Dec	19		
Jan	29		
Feb	32		
Mar	36		

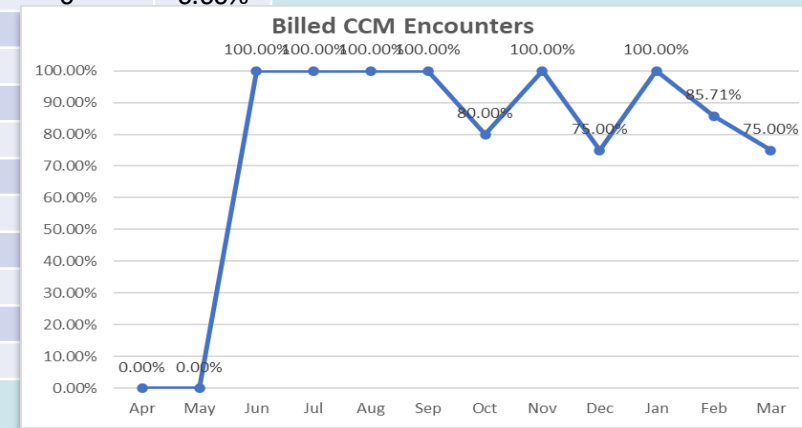


This data can be used to figure out how many care managers are needed to care for a patient population.

Month	Panel Size	CM Encounters	Rate
Apr	0	0	0.00%
May	2	2	100.00%
Jun	8	7	87.50%
Jul	9	9	100.00%
Aug	12	12	100.00%
Sep	15	14	93.33%
Oct	19	18	94.74%
Nov	26	24	92.31%
Dec	22	18	81.82%
Jan	41	38	92.68%
Feb	52	47	90.38%
Mar	57	52	91.23%



Month	Enrolled CCM Patients	Billed G0511	Rate
Apr	0	0	0.00%
May	0	0	0.00%
Jun	1		
Jul	3		
Aug	4		
Sep	5		
Oct	5		
Nov	4		
Dec	4		
Jan	5		
Feb	7		
Mar	8		



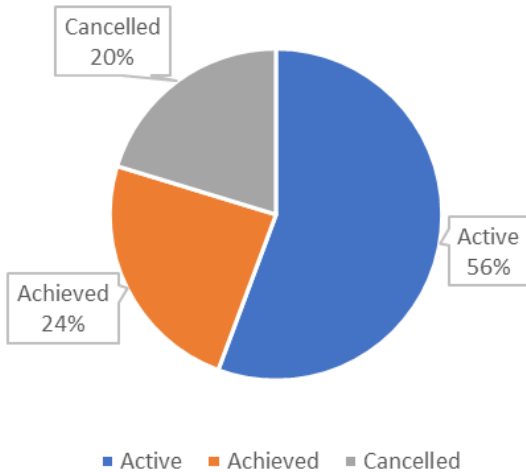
This data can be used to ensure care managers have enough 'protected' time to complete care management responsibilities. (Patient engagement is also a factor.)

UDS Measure	All Health Center Patients	Care Management Patients (>1yr)
Colorectal Cancer Screening	71%	81%
Diabetes A1C Control	32%	21%
Hypertension Control	68%	77%

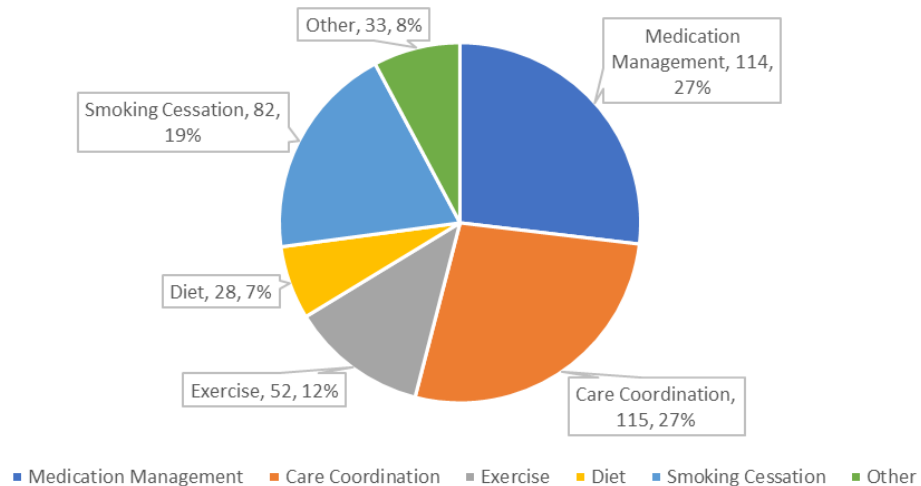


Filter to include care management patients who have been enrolled in care management for >6 months or >1 year, and patients who have graduated from a care management program.

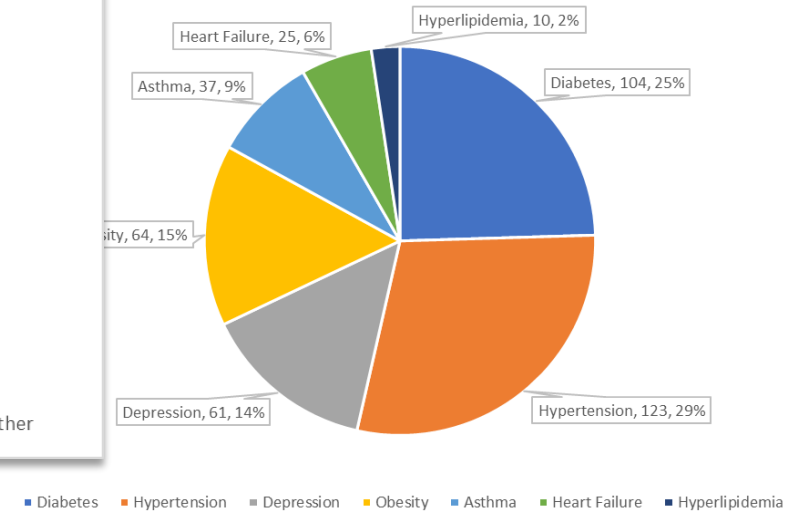
**Patient Goal Status**



**Goals by Category**



**Chronic Condition of Focus**



Measure the impact of different care plans and interventions.