

medicare chronic care management training

Medicare Chronic Care Management Training: Empowering Providers for Better Patient Outcomes

medicare chronic care management training is becoming an essential component for healthcare providers who want to deliver high-quality care to patients with multiple chronic conditions. As the population ages and chronic illnesses become more prevalent, the demand for coordinated, continuous care has never been greater. This training equips healthcare professionals with the knowledge and tools necessary to navigate Medicare's chronic care management (CCM) services effectively, ensuring patients receive comprehensive support while providers optimize care delivery and reimbursement.

Understanding Medicare Chronic Care Management

Medicare chronic care management refers to a set of services designed to support Medicare beneficiaries with two or more chronic conditions expected to last at least 12 months or until the end of life. These services include comprehensive care planning, regular communication, medication management, and coordination among various healthcare providers. The goal is to improve health outcomes, reduce hospital readmissions, and enhance patients' quality of life.

Before diving into the training itself, it's important to grasp how Medicare defines chronic care management and why it is a pivotal part of value-based care models. CCM services are reimbursable under Medicare Part B, allowing providers to receive payment for the time spent coordinating care outside of face-to-face visits. This represents a significant shift from traditional fee-for-service structures, rewarding proactive management rather than reactive treatment.

Why Medicare Chronic Care Management Training Matters

Providing CCM services isn't as simple as billing a code; it requires an understanding of the regulatory requirements, documentation standards, and patient engagement strategies. This is where medicare chronic care management training plays a critical role.

Compliance and Documentation

One of the biggest challenges providers face is compliance with Medicare's strict guidelines. The training helps clarify what constitutes eligible CCM services, proper documentation of time spent, and how to meet consent and care plan requirements. Without proper training, providers risk claim denials or audits, which can be costly and time-consuming.

Enhancing Patient-Centered Care

Training also focuses on designing care plans that truly meet patients' needs. Chronic care management isn't just about ticking boxes—it's about building relationships and empowering patients to manage their health effectively. Professionals learn how to conduct meaningful patient assessments, develop personalized goals, and utilize technology like telehealth and patient portals to maintain ongoing communication.

Key Components of Medicare Chronic Care Management Training

Effective medicare chronic care management training programs cover a variety of topics to ensure providers are confident and competent in delivering CCM services.

1. Eligibility and Enrollment Process

Understanding which patients qualify for CCM and how to obtain informed consent is foundational. Training explains Medicare's criteria, the importance of consent documentation, and strategies to engage patients in the enrollment process.

2. Developing a Comprehensive Care Plan

A central feature of CCM is creating a dynamic care plan that addresses all chronic conditions, medications, and patient preferences. Training often includes templates and best practices for building care plans that comply with Medicare's standards and promote continuity of care.

3. Time Tracking and Billing Procedures

Since CCM reimbursement is tied to time spent managing care, training teaches providers how to accurately track cumulative time, submit claims correctly, and understand relevant CPT codes such as 99490 and 99487. This knowledge helps maximize revenue while maintaining compliance.

4. Use of Technology and Care Coordination Tools

Leveraging electronic health records (EHRs) and remote monitoring devices is increasingly important in chronic care. Training introduces tools that facilitate communication between patients and care teams, automate reminders, and streamline documentation.

5. Addressing Social Determinants of Health

Modern CCM training emphasizes a holistic approach that considers social factors impacting health, such as transportation, nutrition, and social support. Recognizing these elements allows providers to connect patients with community resources and improve overall care outcomes.

Who Should Pursue Medicare Chronic Care Management Training?

This training is valuable not only for physicians but also for nurse practitioners, physician assistants, case managers, and administrative staff involved in care coordination. In fact, a team-based approach is often highlighted during training to encourage collaboration among healthcare professionals.

Benefits for Providers and Practices

- Improved patient satisfaction and engagement
- Enhanced care coordination and communication
- Increased revenue through appropriate billing
- Reduced hospital readmissions and emergency visits
- Compliance with Medicare regulations and reduced audit risk

Tips for Choosing the Right Medicare Chronic Care Management Training Program

With many options available, selecting the right training can be overwhelming. Here are some factors to consider:

- **Accreditation and Credibility:** Look for programs offered by reputable organizations or Medicare-approved vendors.
- **Comprehensive Curriculum:** Ensure the training covers all aspects of CCM, including billing, care planning, and patient engagement.
- **Interactive Learning:** Hands-on exercises, case studies, and real-world scenarios enhance understanding.
- **Updated Content:** Medicare policies and codes evolve, so choose a program that stays current with regulations.
- **Support and Resources:** Access to ongoing support, templates, and tools can be invaluable when implementing CCM services.

Integrating Medicare Chronic Care Management into Daily Practice

Completing medicare chronic care management training is only the first step. Successful integration requires deliberate changes in workflow and practice culture.

Building a CCM Team

Designate roles within your practice—such as care coordinators, nurses, and administrative staff—to manage different aspects of CCM. Training often emphasizes the importance of teamwork to manage time efficiently and deliver holistic care.

Patient Communication Strategies

Establishing clear communication channels, whether via phone calls, secure messaging, or telehealth visits, ensures patients remain engaged and informed. Training helps providers develop scripts and protocols to enhance

these interactions.

Monitoring and Quality Improvement

Use data from CCM activities to track patient outcomes and identify areas for improvement. Practices that continually refine their approach can better meet patient needs and demonstrate value to Medicare.

The Future of Medicare Chronic Care Management

As healthcare continues to shift toward value-based models, chronic care management will play an increasingly prominent role. Training programs are evolving to incorporate new technologies like artificial intelligence and predictive analytics, helping providers anticipate patient needs and prevent complications before they arise.

Investing time in medicare chronic care management training today prepares healthcare professionals to deliver care that not only meets Medicare's requirements but also profoundly improves the lives of patients managing chronic illnesses. It's an opportunity to embrace a patient-centered approach that benefits everyone involved.

Frequently Asked Questions

What is Medicare Chronic Care Management (CCM) training?

Medicare Chronic Care Management training is educational instruction designed to help healthcare providers understand and implement CCM services, which involve coordinating care for patients with multiple chronic conditions to improve health outcomes and comply with Medicare billing requirements.

Why is CCM training important for healthcare providers?

CCM training is important because it equips healthcare providers with the knowledge to effectively manage patients with chronic conditions, ensures proper documentation and billing, improves patient care coordination, and helps maximize Medicare reimbursement.

Who should attend Medicare Chronic Care Management

training?

Healthcare professionals including physicians, nurses, care coordinators, and administrative staff involved in managing chronic care patients or handling Medicare billing should attend CCM training to enhance their skills and compliance.

What topics are typically covered in Medicare CCM training?

Typical topics include Medicare guidelines for CCM services, patient eligibility criteria, care plan development, documentation requirements, billing codes, patient consent processes, and strategies for effective care coordination.

Are there online options available for Medicare Chronic Care Management training?

Yes, many organizations offer online Medicare CCM training courses that provide flexible learning options, allowing healthcare providers to complete training remotely at their own pace while ensuring up-to-date knowledge on CCM practices.

How does CCM training impact patient outcomes?

CCM training helps healthcare providers deliver coordinated and continuous care, which leads to better management of chronic conditions, reduced hospital readmissions, improved patient satisfaction, and overall enhanced health outcomes.

Is Medicare CCM training required to bill for chronic care management services?

While not always mandatory, completing Medicare CCM training is highly recommended as it ensures providers understand the billing requirements and documentation standards necessary to successfully claim reimbursement for chronic care management services.

Additional Resources

Medicare Chronic Care Management Training: Enhancing Provider Competence and Patient Outcomes

medicare chronic care management training has become an essential component for healthcare providers aiming to deliver high-quality care to patients with multiple chronic conditions. As the population ages and the prevalence of chronic diseases rises, understanding the intricacies of Medicare's Chronic

Care Management (CCM) program is vital for clinicians and administrative staff alike. This training equips providers with the knowledge and skills necessary to navigate regulatory requirements, optimize billing practices, and ultimately improve patient engagement and health outcomes.

In the evolving landscape of value-based care, Medicare chronic care management training stands out as a strategic investment. It enables healthcare professionals to comprehend the multifaceted aspects of CCM services, including patient eligibility, care coordination, documentation standards, and reimbursement protocols. Moreover, effective training programs align clinical workflows with Medicare guidelines, reducing compliance risks and enhancing revenue capture.

The Growing Importance of Medicare Chronic Care Management

The Centers for Medicare & Medicaid Services (CMS) launched the Chronic Care Management program to address the complex needs of beneficiaries with multiple chronic conditions. According to CMS data, over 80% of Medicare beneficiaries have at least one chronic condition, and nearly 70% live with two or more. This demographic reality underscores the critical need for coordinated care strategies that extend beyond episodic treatment.

Medicare chronic care management training provides providers with a comprehensive understanding of these dynamics. Programs typically cover eligibility criteria, such as patients having two or more chronic conditions expected to last at least 12 months or until death, and the necessity of obtaining patient consent. Training also delves into the components of CCM services, including the development and maintenance of a comprehensive care plan, 24/7 access to care management services, and continuity of care across multiple providers.

Key Features of Effective CCM Training Programs

An effective Medicare chronic care management training program is multifaceted, combining didactic learning with practical application. Some of the core features include:

- **Regulatory Compliance:** Understanding CMS guidelines, documentation requirements, and billing codes such as CPT 99490, 99487, and 99489.
- **Care Coordination Techniques:** Training on interdisciplinary communication, patient engagement strategies, and use of health IT systems.

- **Clinical Workflow Integration:** Guidance on embedding CCM tasks into daily practice without disrupting provider efficiency.
- **Data Management:** Methods for tracking patient outcomes, monitoring care plans, and maintaining secure records.

Providers who undergo comprehensive Medicare chronic care management training are better equipped to implement CCM services effectively, which can lead to improved patient satisfaction and reduced hospital readmissions.

Challenges and Opportunities in CCM Training

While the benefits of Medicare chronic care management are evident, providers often face challenges in adopting CCM programs. A primary barrier is the complexity of Medicare's billing and documentation requirements. Without adequate training, providers risk claim denials or audits due to incomplete or inaccurate paperwork.

Furthermore, integrating CCM services into fast-paced clinical environments can be daunting. Training programs that emphasize workflow redesign and the use of technology—such as electronic health records (EHR) with CCM modules—can mitigate these obstacles. Providers also need to address patient engagement hurdles, as many patients may be unaware of CCM benefits or reluctant to participate in care coordination efforts.

On the opportunity side, Medicare chronic care management training enables providers to tap into additional revenue streams while delivering value-based care. As of recent CMS updates, providers can bill higher rates for complex CCM services involving moderate to high complexity medical decision-making, encouraging more thorough care management.

Comparing Training Modalities

Medicare chronic care management training is available through various formats, each with distinct advantages:

1. **Online Modules:** Flexible and accessible, allowing providers to learn at their own pace. Ideal for busy clinicians seeking foundational knowledge.
2. **Live Workshops:** Interactive sessions foster real-time discussion, case studies, and role-playing scenarios to enhance practical skills.
3. **Onsite Training:** Tailored to specific practice settings, these sessions

facilitate customized workflow integration and team-based learning.

4. **Certification Programs:** Comprehensive courses culminating in certification can bolster provider credibility and demonstrate expertise to payers and patients.

Choosing the appropriate training modality depends on the provider's learning preferences, resource availability, and organizational goals. Combining several approaches often yields the best outcomes.

Implications for Healthcare Providers and Patients

The ripple effects of Medicare chronic care management training extend beyond billing efficiency. For healthcare providers, it fosters a deeper understanding of patient-centered care models and encourages interdisciplinary collaboration. Training also highlights the importance of proactive risk stratification and personalized care plans, which are central to managing chronic illnesses effectively.

Patients benefit through improved access to coordinated care, enhanced communication with their care teams, and better management of their health conditions. Evidence suggests that CCM programs, when implemented correctly, can reduce emergency department visits and hospitalizations, ultimately lowering healthcare costs.

Moreover, Medicare chronic care management training aligns with broader healthcare initiatives, such as the Patient-Centered Medical Home (PCMH) and Accountable Care Organizations (ACO), which prioritize quality, efficiency, and patient satisfaction.

Future Trends in CCM Training

As healthcare technology evolves, Medicare chronic care management training is expected to integrate more digital tools and data analytics. Emerging trends include:

- **Telehealth Integration:** Training on virtual care coordination to enhance accessibility, especially in rural or underserved areas.
- **Artificial Intelligence:** Utilizing AI-driven platforms to identify high-risk patients and streamline care management tasks.
- **Patient Engagement Apps:** Educating providers on leveraging mobile health

applications to support self-management and communication.

- **Interprofessional Education:** Expanding training to include nurses, social workers, and pharmacists for a holistic care approach.

These advancements will likely refine Medicare chronic care management strategies, making training programs more dynamic and responsive to changing healthcare demands.

Medicare chronic care management training stands as a critical pillar for healthcare providers aiming to meet the needs of an increasingly complex patient population. By investing in robust education and skill development, providers can navigate CMS requirements confidently, optimize care delivery, and contribute to better health outcomes for Medicare beneficiaries.

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medicare chronic care management training: Guided Care Chad Boulton, Jean Giddens, Katherine Frey, Lisa Reider, Tracy Novak, 2009-02-26 Winner of the 2009 Medical Economics Award! Boulton and his colleagues . . . have crafted a team model that builds upon the unique strengths of nurses and primary care physicians coupled with effective communication and implementation of evidence-based care. This represents a great advance over business as usual. --David B. Reuben, MD Director, Multicampus Program in Geriatric Medicine and Gerontology Chief, Division of Geriatrics David Geffen School of Medicine at UCLA Guided Care is an exciting, new team model used to provide medical care to clients with chronic conditions. This model involves adding a Guided Care nurse to the primary care practice team. It is also the most efficient, cost-effective way to respond to the needs of patients. This book provides physicians, nurses, administrators, and leaders of health care organizations with step-by-step guidance on adopting Guided Care Nursing into their practice. Featured Highlights: Evaluating the primary care practice's readiness to adopt Guided Care Preparing for adoption Integrating Guided Care into existing practices Hiring nurses for the primary care team Assuring financial viability Comparing Guided Care with other models The future of primary care, and the quality of care for adults with chronic conditions, depends on finding approaches to improve efficiency and effectiveness. This book demonstrates that Guided Care yields the best outcomes for patients and for primary care at large.

medicare chronic care management training: Health Policy Charlene Harrington, Carroll

Estes, 2008 The Fifth Edition of this best-selling health policy text is updated with a collection of new articles on various health policies. Health Policy provides a basic overview of the health policy and political process as it relates to the health status of the US, the organization and issues of the healthcare system, and healthcare economics.

medicare chronic care management training: Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2018: Department of Labor FY 2018 budget justifications United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, 2017

medicare chronic care management training: Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2007 United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, 2006

medicare chronic care management training: Geriatric Training Curriculum for Public Health Professionals , 1990

medicare chronic care management training: The Clinical Guide to Oncology Nutrition Laura L. Molseed, Paula Davis McCallum, 2006 Representing the most current oncology nutrition research, this new edition is the clinician's guide to understanding the nutritional needs and risks of cancer patients and to anticipating and responding with appropriate nutrition care. This guide explores the fundamentals from nutrition screening to therapy protocols to pharmacological management with new chapters devoted to ACS survivor guidelines, reimbursement guidelines and outcomes research.

medicare chronic care management training: Leadership and Nursing Care Management - E-Book M. Lindell Joseph, Diane Huber, 2025-10-31 Develop and strengthen your nursing leadership and management skills! Leadership and Nursing Care Management, 8th Edition, focuses on best practices for effectively managing interdisciplinary teams, client needs, and systems of care. A research-based approach includes realistic cases studies showing the application of management principles to nursing practice. Arranged by American Organization for Nursing Leadership (AONL) competencies, the text addresses topics such as staffing and scheduling, budgeting, team building, legal and ethical issues, and measurement of outcomes. This new edition is enhanced with AACN Essentials competencies, post-COVID insights for nurse managers, and exercises to prepare you for the Next-Generation NCLEX® exam. - NEW! AACN Essentials competencies throughout the chapters support the theme of Nurses as Leaders, focusing on how nurses can embrace and implement the AACN competencies to develop their leadership capacity. - NEW! Updated content throughout reflects the latest evidence-based practice information on nursing leadership and management topics. - UPDATED! Case studies in each chapter now include AACN Essentials competencies and present real-world leadership and management scenarios that illustrate how concepts can be applied to specific situations. - UPDATED! Post-COVID insights are included when applicable, exploring topics such as the current state of nursing, the impact of COVID on nurse managers' stress levels, and the changing perspective of nurse managers in the post-COVID world of work. - Next-Generation NCLEX® (NGN)-style case studies in select chapters align with clinical judgment content, preparing you for the NGN. - Chapters organized by AONL competencies address leadership and care management topics by the five competencies integral to effective leadership and practice, as identified by the American Organization for Nursing Leadership. - Critical thinking exercises at the end of each chapter challenge you to reflect on chapter content, critically analyze the information, and apply it to a situation. - Research Notes in each chapter summarize current research studies and explore how they relate to nursing leadership and management practice. This edition will be updated with the latest new evidence-based practice content related to nursing leadership and management topics covered in this text. The main revision ideas are listed below: - All Nurses as Leaders-this edition will include AACN Essentials competencies throughout the chapters. The theme all nurses as leaders will focus on how nurses can

embrace and implement the AACN competencies to be leaders in the profession - Chapter 1: Leadership & Management Principles will be revised to focus on the state of nursing and what nurse managers are dealing with since COVID. The authors will condense much of the historical information into smaller tables to make room for this new content - In addition to Chapter 1, where applicable, content will be revised with post covid insights/learnings. An example is in the Managing Time and Stress chapter. It will address the impact of COVID on nurse manager's stress levels, ways to manage stress, and the impact it has had on the nurse manager's job perspective - The case studies within the chapters that are not NGN will be revised to include the AACN Essentials competencies

medicare chronic care management training: *Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for Fiscal Year 2007* United States. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies, 2006

medicare chronic care management training: *Departments of Labor, and Health and Human Services, Education, and Related Agencies Appropriations* United States. Congress. Senate. Committee on Appropriations, 2007

medicare chronic care management training: *New Frontiers in Quality Initiatives* United States. Congress. House. Committee on Ways and Means. Subcommittee on Health, 2005

medicare chronic care management training: Geriatrics Models of Care Michael L. Malone, Marie Boltz, Jonny Macias Tejada, Heidi White, 2024-05-30 Following the success of the previous edition, the second edition of Geriatrics Models of Care is the definitive resource for systems-based practice improvement for the care of older adults. Several new models of care have been published in the last eight years, new outcomes have emerged to better understand the impact of existing models, and with the rise of the Age-Friendly Health Systems movement, promoting organized efforts to prepare our health care settings for older individuals is of more importance than ever. The second edition is organized based on the practice setting along a continuum of care: hospital, transitions from hospital to home, outpatient settings, and the emergency department. This book also highlights long-term care models, which is an important part of the continuum of care for older Americans. Further, this edition features models that address the needs of vulnerable populations. This new section will describe a spectrum of programs for older adults who have Alzheimer's disease or Parkinson's disease. Other models describe best practices for older adults undergoing surgery or those who want to remain functioning independently in their home. A defining feature of this book is that each chapter follows a standard template: 1) the challenge which led to the model; 2) the patient population served; 3) core components of the intervention; 4) the role of interdisciplinary health professionals; 5) evidence to support the intervention; 6) lessons learned in the implementation and dissemination of the model; 7) implications for family caregivers, and communities (particularly underserved and diverse communities); and 8) how each model will provide care across the continuum during an entire episode of care. In addition, each chapter features a "call out" box with practical tips for implementing the model.

medicare chronic care management training: *The Healthcare Imperative* Institute of Medicine, Roundtable on Evidence-Based Medicine, 2011-01-17 The United States has the highest per capita spending on health care of any industrialized nation but continually lags behind other nations in health care outcomes including life expectancy and infant mortality. National health expenditures are projected to exceed \$2.5 trillion in 2009. Given healthcare's direct impact on the economy, there is a critical need to control health care spending. According to *The Health Imperative: Lowering Costs and Improving Outcomes*, the costs of health care have strained the federal budget, and negatively affected state governments, the private sector and individuals. Healthcare expenditures have restricted the ability of state and local governments to fund other priorities and have contributed to slowing growth in wages and jobs in the private sector. Moreover, the number of uninsured has risen from 45.7 million in 2007 to 46.3 million in 2008. *The Health Imperative: Lowering Costs and Improving Outcomes* identifies a number of factors driving

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medicare chronic care management training: The Future of Nursing Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, 2011-02-08 The Future of Nursing explores how nurses' roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America's increasingly complex health system. At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year. Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor's degree to 80 percent by 2020, and double the number who pursue doctorates. Furthermore, regulatory and institutional obstacles-including limits on nurses' scope of practice-should be removed so that the health system can reap the full benefit of nurses' training, skills, and knowledge in patient care. In this book, the Institute of Medicine makes recommendations for an action-oriented blueprint for the future of nursing.

medicare chronic care management training: Evidence-Based Programming for Older Adults Marcia G. Ory, Matthew Lee Smith, 2015-06-17 There is increased world-wide concern about the impact of multiple chronic conditions, especially among the rapidly aging population. Simultaneously, over the past decade there has been an emergence of state-wide and national initiatives to reduce the burden of chronic conditions that draw upon the translation of evidence-based programs (EPB) into community practice. Yet, little has been written about the national and international implementation, dissemination, and sustainability of such programs. This Research Topic features articles about EBPs for older adults, including a range of articles that focus on the infrastructure needed to widely disseminate EBP as well as individual participant impacts on physical, mental, and social aspects of health and well-being. Using a pragmatic research perspective, this Research Topic will advance knowledge that aims to enhance practice, inform policy and build systems of support and delivery in regard to the reach, effectiveness, adoption, implementation, and maintenance of evidence-based interventions for older adults. The focus is on knowledge transfer rather than knowledge generation but with a dual emphasis on the dissemination and sustainability of EBP that have been tested and shown effective as well as the adaptation of practice-based interventions into evidence-based programs. This Research Topic draws upon grand-scale efforts to deliver these programs, and include both U.S. as well as international examples. Commentaries discuss processes in the development and measurement of EBP and reflect perspectives from program developers and major national and regional funders of EBP as well as professionals and practitioners in the field. The full-length articles focus on four major programmatic areas: (1) chronic disease self-management programs; (2) fall prevention programs; (3) general wellness and physical activity programs; and (4) mental health programs. Additionally, articles are included to discuss cross-cutting issues related to building partnerships and the research infrastructure for the implementation, evaluation, and dissemination of evidence-based programming. The intent of this Research Topic is to enhance practice, inform policy, and build systems of support and delivery for EBP. It is written for a diverse audience and contains practical implications and recommendations for introducing, delivering, and sustaining EBP in a multitude of settings.

medicare chronic care management training: Health Promotion and Disease Prevention for Advanced Practice: Integrating Evidence-Based Lifestyle Concepts Loureen Downes, Lilly Tryon, 2023-09-29 As healthcare shifts from fee-for-service to value-based care, clinicians need to be adequately prepared to provide evidence-based and cost-effective preventative care using an interprofessional approach. This textbook emphasizes an evidence-based approach to health promotion and disease prevention by applying environmental, behavioral, and motivational concepts to the management of health problems related to lifestyle behaviors--

medicare chronic care management training: Graduate Medical Education (GME) United States. Congress. Senate. Committee on Finance, 1997 This hearing presents testimony on Medicare support for graduate medical education in light of Clinton Administration and other reform proposals to reduce the number of specialized residencies in teaching hospitals. The testimony includes opening statements by Senator William V. Roth, Jr., chair of the Senate Committee on Finance, and Senator Phil Gramm. Bruce Vladeck, administrator of the Health Care Financing Administration offered a statement as administration witness. Statements by public witnesses included those of: Robert Crittenden of the University of Washington School of Medicine; Don E. Detmer, on behalf of the Association of Academic Health Centers; Spencer Foreman, on behalf of the Greater New York Hospital Association of Academic Health; and Ralph W. Muller, on behalf of the Association of American Medical Colleges. Appended are prepared statements by the witnesses and communications regarding graduate medical education reform from the Alaska Family Practice Residency, American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Dental Schools, American College of Preventive Medicine, American Hospital Association, National Association of Children's Hospitals, National Association of Public Hospitals and Health Systems, and National League for Nursing. (MDM)

medicare chronic care management training: The Case Manager's Training Manual David W. Plocher, Patricia L. Metzger, 2001 Stem Cell and Bone Marrow Transplantation

medicare chronic care management training: Chronic Illness Care Timothy P. Daaleman, Margaret R. Helton, 2018-02-24 This book offers a comprehensive overview to chronic illness care, which is the coordinated, comprehensive, and sustained response to chronic diseases and conditions by a range of health care providers, formal and informal caregivers, healthcare systems, and community-based resources. Using an ecological framework, which looks at the interdependent influences between individuals and their larger environment, this unique text examines chronic illness care at multiple levels and includes sections on the individual influences on chronic illness, the role of family and social networks, and how chronic care is provided across the spectrum of health care settings; from home to clinic to the emergency department to hospital and residential care facilities. The book describes the organizational frameworks and strategies that are needed to provide quality care for chronically ill patients, including behavioral health, care management, transitions of care, and health information technology. The book also addresses the changing workforce needs in health care, and the fiscal models and policies that will be required to meet the needs of this population, with a focus on sustaining the ongoing transformation in health care. This book acts as a major reference for practitioners and students in medicine, nursing, social work, allied health, and behavioral medicine, as well as stakeholders in public health, health policy, and population health.

medicare chronic care management training: Congressional Record United States. Congress, 2004

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