Screen shots of a faux member used for training

Demographics and Medications

Multiple Complex- Chronic Conditions

fall weather
(159) 487 - 2633

DOB: 05/04/1956 (58) M
Case ID: 7776681
Program: Case Management - XYZ Health Plan
Phone: (804) 662 - 6200

Quick Links
- Health Information Profile
- Questionnaire Center
- Care Plan
- Health Chart
- Notes
- Provider Information
- Sitemap

Add a Note

Member Summary

Member Demographics

Messages

Address:	None
Contact Time:	Thursday 8am - 9am
Timezone:	EST
Health Plan:	XYZ Health Plan
Employer Group:	NULL
Client Friendly Name:	Anthem Blue Cross and Blue Shield
Call Center:	XYZ Unicorn Test
Non-Member Permissions:	None

Enrollment Date: 11/05/2014

Conditions:
- Stroke
- Deep Vein Thrombosis
- Arrhythmia
- Cancer-Leukemia

Refresh

Alerts
- New CM Trigger Added
- Eligible for incentives
- Oncology Questionnaire Needed
- Please verify Non-Member Permissions information
- Managed program changed from Not Managed to CM
- Member identified with CM

Refresh

Contact Prep

There are no marked interventions to display at this time.
There is no call wrap note to display at this time.

Notes

No Starred Notes to display

Refresh

Complex Medication Regime

fall weather
(159) 487 - 2633

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Member Summary | Health Chart

General Medical
Pain Management
Psychosocial
Lifestyle and Prevention
Testing and Evaluation
Rx Therapies
Action Plans
Oncology
Medications

Currently Taking | All | Overutilization

Add Medication

Drug Name	Drug Class	Status	Adherence	Spec
AMIODARONE HCL (AMIODARONE HCL)	ANTIARRHYTHMICS	Current Rx or OTC	Yes - Routine	
CYTARABINE (CYTARABINE)	ANTINEOPLASTIC - ANTIMETABOLITES	Current Rx or OTC	Yes - Routine	
NADOLOL (NADOLOL)	BETA-ADRENERGIC BLOCKING AGENTS	Current Rx or OTC	Yes - Routine	
PLAVIX (CLOPIDOGREL BISULFATE)	PLATELET AGGREGATION INHIBITORS	Current Rx or OTC	Yes - Routine	
VERAPAMIL ER (VERAPAMIL HCL)	CALCIUM CHANNEL BLOCKING AGENTS	Current Rx or OTC	Yes - Routine	

Health Information Profile (HIP) - standard assessment.

Member Summary | Health Chart | **Health Info Profile**

0 of **20** Fundamental, **0** of **28** Total answered

Type	Question
!	What are your health concerns?
!	Do you (or family and/or caregiver) have a good understanding of your conditions?
!	What physicians are involved in your care?
!	Are there any barriers to seeing the physician, other providers or getting health care?
!	Do you take any medications (including over the counter and herbal medications)?
!	What pieces of the medical or surgical (provider) plan do you not understand or have issues with compliance?
!	Do you require assistance with the activities of daily living?
!	Do you have support to help with care and daily activities?
!	Do you have any hearing or vision limitations or preferences?
!	Do you have any services in your home or do you anticipate needing any services?
!	Please perform a behavioral health assessment (Link to PHQ2).
!	Do you have any cultural/religious or language/linguistic preferences or limitations that may affect your health care?
!	Is the member alert and oriented to person, place and time?
!	Tell me about your home environment. Do you have:
!	Do you have any life planning concerns?
!	What life planning do you have in place?

Initial Assessment performed by Complex case manager to build the individualized care plan

Oncology assessment (cancer dx)

0 of 0 Fundamental, 0 of 14 Total answered

Type	Question
	Help me to understand what your doctor has told you about your condition. (Check all that apply.)
	When were you diagnosed with cancer? Enter date of diagnosis:
	What kind of cancer do you have? (Check all that apply.)
	Have you been told you have metasteses? If yes, where? (Bone, liver, lung, brain, other.) (Check all that apply.)
	Are you having difficulty coping with your diagnosis or treatments?
	Are you experiencing discomfort or pain?
	How is your energy? Are you able to do all of the activities that you used to be able to do before you were diagnosed with cancer?
	What cancer treatments are you currently receiving or are being planned? (check all that apply).
	Are you experiencing any symptoms/side effects or complications? (Check all that apply.)
	Have you experienced a recent unintended weight loss?
	Do you have any questions or concerns about any changes in your appearance?
	Are you involved in a support group?
	Do you have any equipment to assist with your treatment or care?
	Do you need additional information?

Additional assessment questions driven by Cancer diagnosis

Palliative care assessment (prn per oncology assessment responses)

0 of 0 Fundamental, 0 of 11 Total answered

Submit

Type	Question
	Help me to understand what your doctor has told you about your condition (Example: Diagnosis, treatment plan, prognosis). (Check all that apply.)
	How is your energy? Are you able to do all of the activities that you used to be able to do before you were diagnosed with your condition?
	Are you experiencing problems with symptoms? (Check all that apply.)
	It's normal for people to have difficulty coping, experience mood changes or feel distressed with all of this. Are you experiencing any of these feelings? How are you dealing with all of this?
	Are you experiencing concerns about spiritual matters or about the meaning of this illness in your life? Please specify:
	Do you have any financial or benefit concerns? (Check all that apply.)
	Have you completed an Advanced Directive? (Check all that apply.)
	Are you in need of assistance with activities of daily living? (Check all that apply.)
	It's normal for caregivers/family to have difficulty coping, experience mood changes or feel distressed. Are the caregiver or family members experiencing any of these issues? Please help me understand more about the caregiver/family's feelings.
	Has the caregiver or family member been provided with information and training about how to help care for the member's symptoms and other health needs?
	What additional information do you need to help you? Does the patient/caregiver/family request additional information?

Additional assessment driven by responses from Oncology assessment

Case Manager will open the goals based on the patients individualized needs and goal priority

Care Plan based on responses from HIP questions - Below goals generated for this member.

Info Contacts Teaching Reports Letters and Materials External Links Sitemap

Member Summary | Health Chart | Condition Manager | Care Plan

All Goals | All Interventions | Intervention Details

Refresh Goals | Add Goal | RHI Toolkit | Grad date

Sorting Order | Priority | Status | Fundamental

Priority		Primary	Program	Goal	Status	Date Added	End Date
1st			CM	Mbr/family verbalizes adherence to med regimen, purpose, contraindications, dose & frequency	Not Started	11/05/2014	
1st			CM	Member / family will verbalize understanding of available Benefits	Not Started	11/05/2014	
1st			CM	Member will have plan in place to achieve a healthy weight	Not Started	11/05/2014	
1st			CM	Member will verbalize that a safety plan is in place	Not Started	11/05/2014	
1st			CM	Member/family verbalizes an understanding of benefits, pharm network, community resources	Not Started	11/05/2014	
1st			CM	Member/family verbalizes understanding of purpose, contraindications, dose, freq of med regimen	Not Started	11/05/2014	
1st			CM	Member/family will express understanding of S&S to self monitor, tx plan , when to contact to MD	Not Started	11/05/2014	
1st			CM	Member/family will obtain benefits/community resources for needed DME	Not Started	11/05/2014	
1st			CM	Member/family will verbalize a plan to address their emotional needs	Not Started	11/05/2014	
1st			CM	Member/family will verbalize an understanding of barriers to a safe environment	Not Started	11/05/2014	
1st			CM	Member/family will verbalize an understanding of optimal nutrition management	Not Started	11/05/2014	
1st			CM	Member/family will verbalize an understanding of the resources to support their coping needs	Not Started	11/05/2014	
1st			CM	Member/family/caregiver will verbalize having knowledge, tools necessary to manage health issue(s)	Not Started	11/05/2014	
2nd			CM	Mbr/family will receive education on the appeal process and potential resources to their benefits.	Not Started	11/05/2014	
2nd			CM	Member will verbalize an understanding and compliance with dietary plan	Not Started	11/05/2014	
2nd			CM	Member/family requests services at non network provider	Not Started	11/05/2014	
2nd			CM	Member/family will verbalize achievement of an independent level of functionality with ADLs	Not Started	11/05/2014	
2nd			CM	Member/family will verbalize agreement and accept cultural approach and components of the care plan	Not Started	11/05/2014	