Care Manager Modules
Learning Objectives

Approved for 1.0 CNE hours per module

Care Coordination	• Demonstrate ability to proactively manage hospitalizations and provide care transitions for patients • Coordinate and direct health care needs of the patient population including specialty care • Coordinate needed community resources to provide care for patients
Care Management Overview	• Understand terms and overview of care management activities • Determine areas of priority and identification of patients needing care management services • Demonstrate ability to define the role and outcomes desired
Care Plans	• Define key elements of an interdisciplinary care plan • Determine steps to take to individualize the care plan to each patient and provide direction for the patient • Utilize self-management goals and interventions in working with patients
Chronic Disease Care	• Understand using the team for chronic disease care • Operationalize supplemental care—one on one chronic disease care by the care manager • Determine ways to assist patients in managing their own care through patient engagement and activation
Population Health	• Define roles and work flows for effective population health—data mining, data analytics, patient contact, patient follow-up • Demonstrate ability of understanding the patient population—panel size, age, gender, disease load • Determine disease prevention and wellness promotion techniques to improve health and prevent further illness