

CHRONIC CARE MANAGEMENT

Manage two or more chronic conditions to improve health outcomes

WHAT IS CHRONIC CARE MANAGEMENT (CCM)?

Chronic Care Management refers to coordinated healthcare services provided to patients with two or more chronic conditions. It is designed to improve health outcomes by managing these conditions more effectively and helping patients navigate their care. Services are managed by a primary care provider, nurse, or care team.



**IMPROVED
PATIENT
OUTCOMES**



**SUPPORT FOR
CAREGIVERS
& FAMILIES**



**BETTER
MEDICATION
ADHERENCE**



**REDUCED
HOSPITALIZATIONS
& ER VISITS**



**ENHANCED
QUALITY
OF LIFE**

CORE SERVICES:

- ✓ Care plan creation & management
- ✓ Medication management
- ✓ Coordination between providers
- ✓ 24/7 access to care team
- ✓ Regular check-ins (usually monthly)
- ✓ Patient education & support

WHO PROVIDES CCM?

- ✓ Primary care physicians
- ✓ Nurse Practitioners
- ✓ Physician assistants
- ✓ Federally qualified health centers
- ✓ Rural health clinics

WHO QUALIFIES?

Patients must have two or more chronic conditions expected to last at least 12 months (or until they pass), and these conditions must place them at significant risk of death, acute exacerbation/decompensation, or functional decline.

Examples include: Diabetes, hypertension, heart disease, asthma/COPD, depression, & arthritis.

CCM MANAGER:



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FOR MORE INFORMATION, CONTACT US!



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