Lifestyle and Disease Management Clinic Team Process Worksheet

Intermountain® Healthcare

1. Identify area of focus and supporting materials

Area of focus (diabetes, asthma, depression, lifestyle/weight, etc.): _____

Gather Intermountain care process models, guidelines, or other evidence-based materials to review:

_____

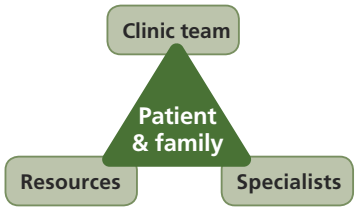
Gather Intermountain patient education materials (see www.i-printstore.com or www.intermountain.net/cp):

_____

Who will review these materials, and by what date? _____

2. Discuss team approach and document team goal

A team approach allows all staff members to participate effectively in chronic disease management or weight management. The key is communication and coordination between the clinic team members, the patient and family, community resources, and specialists. Your team may have set a goal related to the area of focus (an outcome goal, a process goal, or something else). If your team has set a goal, document it below.



Team goal for chronic condition management or weight/lifestyle management:

_____

How and when we'll measure results, and how we'll know we've met the goal:

_____

3. Identify clinic team roles; plan for provider and staff education

Below, identify who will oversee the process and communication, who will coach and educate patients, and make a plan for physician and staff training. Also, consider using the table to note how the various roles on your team can assist in the process overall. Doing this may spark ideas to help you create the process flow in Step 4.

Process coordinator (oversees the process flow, coordinates communication within the team and also with specialists or group programs): _____

Patient coach role (coaches and educates patients; several people may share this role): _____

_____

Training: Who will educate physicians on the process? How/when? _____

Who will educate clinic staff on the process? How/when? _____

TEAM MEMBER ROLES	PROCESS NOTES
Primary care provider/s (MD, DO, PA, NP)	
Clinic manager	
Front office staff	
Nurse/MA	
Care Manager or Health Advocate	
Other:	

4. Define a team workflow process

Before appointment: Chart review *(Review patient charts and mark key information)*

Team member: _____ Points to review or mark: _____

Before appt *or* in waiting room: Patient forms *(Mail or give info or questionnaire? Collect completed form?)*

Team member: _____ When (by mail? waiting room?): _____

Tools to use: _____

Exam part 1: Vitals, initial assessment *(Collect more information? Give brief reinforcing statement?)*

Team member: _____ Info to collect: _____

Assessment tools: _____

Brief way to reinforce topic w/patient: _____

Exam part 2: Motivational interviewing (MI), goal-setting, education, referrals

MI/goal-setting — Team member/s: _____ Tools: _____

Patient education — Team member/s: _____ Tools: _____

Referrals — Team member/s: _____ Tools: _____

Follow-up and team huddles

Team member: _____ Follow-up formats / tools: _____

Team huddles: when, how often what to discuss: _____

Data and billing

What data to record, and where: _____

Applicable billing codes: _____

5. Coordinate with resources and specialists

Below, identify key resources and specialists for this chronic condition; note contact information and referral plans where applicable.

RESOURCES

Resource	Notes
Patient ed resources	
Weigh to Health	
Community programs	
NAMI branch	
Other:	
Other:	

SPECIALISTS

Role	Contact info, plans
Dietitian	
Mental health specialist or clinic	
Sleep specialist	
Other:	
Other:	

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