



Chronic Care Management or CCM

Why is it important?

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CCM
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A few years ago AARP (American Association of Retired Persons), a nonpartisan, non-profit reported that 10,000 baby boomers turn 65 every SINGLE DAY, and this trend would continue into the 2030s.

While our national health expenditure continues to be the highest amongst the wealthiest countries of the world, the rate in increase has diminished and the public spending has kept on par with other countries. Yet, the private sector continues to spend triple the amount.

Medicare is interested in keeping its beneficiaries healthy and happy at a reasonable cost. The Centers for Medicare & Medicaid Services (CMS) is having a degree of success in accomplishing its goals.

In 2015 CMS allowed Medicare to offer a new program called **Chronic Care Management or CCM**. This new benefit has improved the health of the patients while reducing cost.

Recent studies regarding this new CCM program have shown success in achieving four goals:

- SATISFIED PATIENTS**
- IMPROVED QUALITY MEDICINE**
- REDUCED COSTS**
- ENGAGED PHYSICIANS**

They had learned your **PRIMARY DOCTOR** (that would be me) is key in providing comprehensive care, using preventive tools, in an environment of continuous medical attention. In order to incentivize this service, they began paying for it. Even though this service had been done before for free, with this financial support now your physician could establish sustainable human resources to help coordinating the care for covered patients.

Your insurance is being billed for this service. However, if you do not have a supplemental insurance or it does not cover your coinsurance, please let me know so I can waive it.

It is important to attract younger

Family Physicians to our practice. This new program, CCM, helps maintain an environment where Family Physicians can feel their efforts and technical skills are respected and appreciated.

I want to personally **THANK YOU** for your participation in this group that ensures a more robust coordination of your care.

I am proud to say our clinic as a team stands at the forefront of modern strategies to bring our patients better health care attention.

We will continue to work hard to strengthen and improve the skills of our assistants, clerks, and laboratory personnel to offer the best you deserve.

Please continue to support our efforts to make our communities healthier.

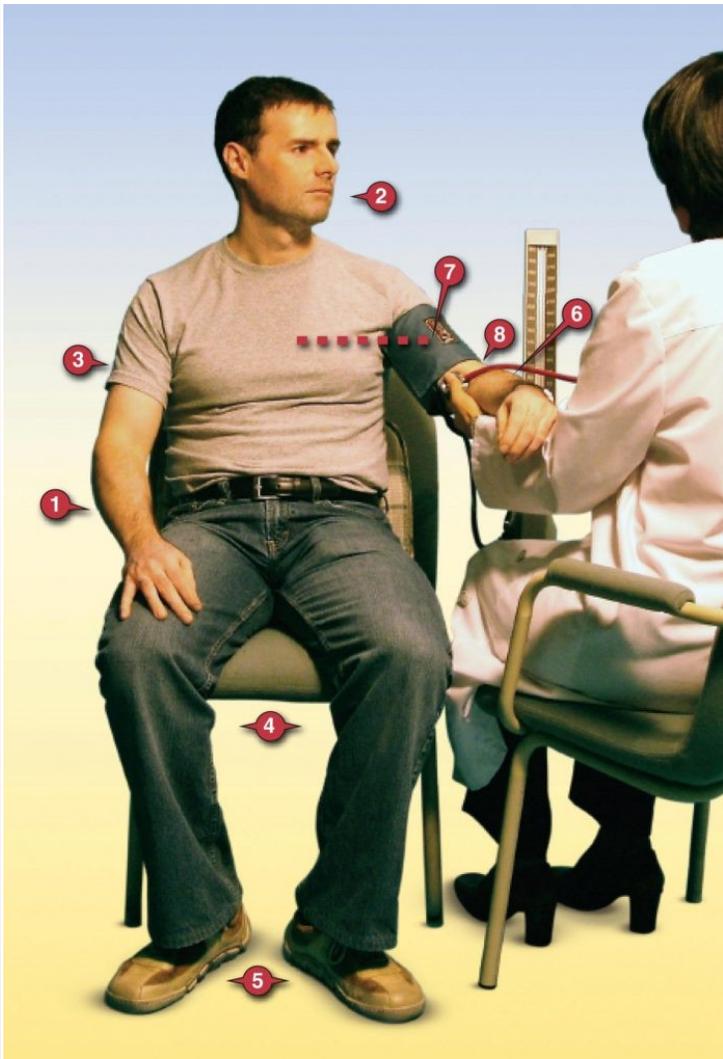
MEASURING BLOOD PRESSURE

THE RIGHT WAY



1. Sit or rest for 5 min
2. Do not speak
3. Back supported
4. Legs uncrossed
5. Feet flat on the floor
6. Arm supported
7. Cuff mid arm at heart level
8. Place bottom of cuff 3 cm from the fold of the elbow on bare arm

Make sure to:



Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

- Putting the cuff over heavy clothing, rather than a bare arm or a thin sleeve, can add 10-40 mm Hg to a measurement.
- Having a full bladder can tack on 10-15 mm Hg.
- Talking or having a conversation: an additional 10-15 mm Hg.
- Failing to support the arm at heart level can add 10 mm Hg.
- An unsupported back can increase a measurement by 5-10 mm Hg. That same range applies to feet left dangling from an exam table or high chair.
- Crossing legs means an extra 2-8 mm Hg.

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Canadian task force on preventive health care



"If you eat less salty food, you will lower your blood pressure".

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