

Spotlight on the Safety Net

A Community Collaboration

Nurse Care Managers in Community Care of North Carolina

Care management is the cornerstone of Community Care of North Carolina's mission. Care managers are in the offices of health care professionals, where they have access to patient records and the opportunity to document notes about home visits or other information in the patient's chart. They help coordinate care by ensuring that the health care professional and the patient have a mutual understanding about disease management. Care managers achieve this by sharing key background information about the patient's home, community, and barriers to care with health care professionals and by providing education and other empowering tools to patients that encourage self-advocacy during discussions about their care.

Nursing professionals with a variety of educational backgrounds serve as care managers. Community Care of Wake and Johnston Counties has 24 nurse care managers, with degrees ranging from the associate's level to the bachelor's level, and the majority are nationally certified. Nurse care managers focus on patients with more-complex conditions. Nurses working with pediatric patients handle a greater number of cases, whereas nurses working with the adult population care for patients with more-chronic illnesses. Each nurse usually works with approximately 50 patients.

Nurse care managers at Community Care of The Lower Cape Fear (CCLCF) help patients make successful care transitions. Nurses in hospitals with the largest numbers of admissions help troubleshoot what went wrong in efforts to self-manage care and then work to support patients' self-management when they get home. Care managers try to see the patient within 3 days after discharge, to coordinate follow up with other health care professionals who are working with the patient. They often ask patients to demonstrate how they take medication, to help ensure adherence and safety.

According to Lydia Newman, executive director of CCLCF, "Care managers are essential to everything CCLCF does, dissolving the fragmentation that occurs between health care professionals, hospital, and home. They are the critical link between patient and health care professional, conducting home visits to ensure follow up in the patient's medical home, enforcing the health care professional's plan of care, reconciling medications, coordinating care and services, and educating patients about how to improve self-management of their health conditions. The scope of their work is exhaustive, and I don't think they realize just how important their role is." Patients also recognize the value of care managers. As a participant in Carolina ACCESS, the state's Medicaid plan, notes, "No one had ever taken the time to sit down with me and address every area of my health care. I am so thankful to have someone who really cares." NCMJ

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