## Care Coordination Measurement Tool®

### CCMT 2017 Version 1.1

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**Patient Level**
1. Child/Youth with Special Health Care Needs—with complicating family/social issues
2. Child/Youth without Special Health Care Needs
3. Child/Youth with Special Health Care Needs—without complicating family/social issues
4. Child/Youth without Special Health Care Needs—without complicating family/social issues
5. Interpreter needed
6. Interpreter not needed

**Care Coordination Needs**
1. Clinical or Medical Management related to [THIS] clinic (including education about medical or behavioral condition)
2. Mental/Behavioral/Developmental Health
3. Referral and Appointment Management
4. Educational
5. Social Services (housing, food, transportation)
6. Financial/Insurance
7. Advocacy/Legal/Judicial
8. Connection to Community/Non-Medical Resources
9. Prior Authorization

**Activity to Fulfill Needs**
1. Pre-visit review
2. Patient education/anticipatory guidance
3. Communication with family [via telephone/email]
4. Communication with an internal clinic team member [via telephone/email/in-person]
5. Communication with an external health care provider, hospital, or care team member [via telephone/email]
6. Telehealth encounter
7. Update of clinical chart [electronic medical record system]
8. Communication with a community agency/educational facility/school [via telephone/email]
9. Form processing (school, camp, etc.)
10. Research of clinical/medical question
11. Development/modification of care plan
12. Referral management or appointment scheduling
13. Prescription/Supplies order placement
14. Secured prior authorization for patient
15. Connection to family navigator/family support group

**Outcomes Occurred**
1. Medication-related discrepancies reconciled
2. Medication treatment adherence
3. Non-medication-related discrepancies reconciled, adherence to care plan
4. Ability for family to better manage at home care and treatment due to education/guidance provided virtually
5. Modification of medical care plan [testing, medication, etc.]
6. Modification of care plan [non-medication component] to reduce unnecessary family burden/stress; increase adherence to care plan
7. Scheduled necessary clinic visit [for THIS clinic]
8. Special referral
9. Necessary ER referral
10. Referral to community agency
11. Prior Authorization completed
12. Prescription/medical supplies ordered

**Outcomes Prevented**
1. Abrupt discontinuation of medication by family/caregiver due to prior authorization requirement
2. Non-adherence to treatment plan due to misunderstanding between care team and family
3. Medication error
4. Presence of adverse medication side effects unnoticed by family/clinic team
5. ER Visit
6. Unnecessary clinic visit [for THIS clinic]
7. Unnecessary specialist visit
8. Missed clinic visit
9. MD/NP call to the family
10. Unnecessary lab/test [prevented duplicative testing]
11. I don’t know

**Time Spent**
1. Less than 5 minutes
2. 5-9 minutes
3. 10-19 minutes
4. 20-29 minutes
5. 30-39 minutes
6. 40-49 minutes
7. 50+ minutes (please note actual time)

**Staff**
1. RN
2. NP
3. PA
4. MA
5. Social Worker
6. Physician

**Clinical Competence**
1. CC required
2. CC not required

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