

An aerial view of a city skyline, likely Atlanta, Georgia, featuring prominent skyscrapers like the Bank of America Tower. The image is overlaid with a semi-transparent blue geometric shape that tapers from the top left towards the bottom right. The text is centered within this shape.

# Chronic Care Management

Rebecca McCollaum, NP

Timothy Ritter, MD

The background features a city skyline with various skyscrapers and buildings. Overlaid on this are several blue geometric shapes: a large triangle in the top-left corner, a diagonal line running from the top-left towards the bottom-right, and a solid blue triangle in the bottom-left corner.

**GI Alliance**

Chronic Care Management

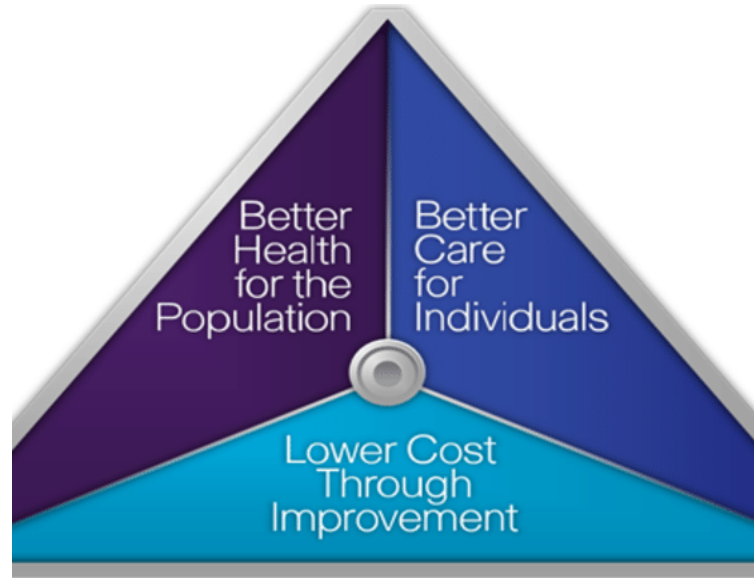
Building a Model for More  
Comprehensive GI Care

# Why Chronic Care Management?



# Medicare's Triple Aim

- Improve cost for overall care of treated patients
- Improve health/outcomes
- Improve patient experience



# What Makes a Patient Eligible?

## Seen by provider within 12 months

- Must have colonoscopy/EGD, OR telehealth, OR office visit every 12 months to participate
- Infusion visits do not count toward this

## Have 1-2 chronic illnesses\*

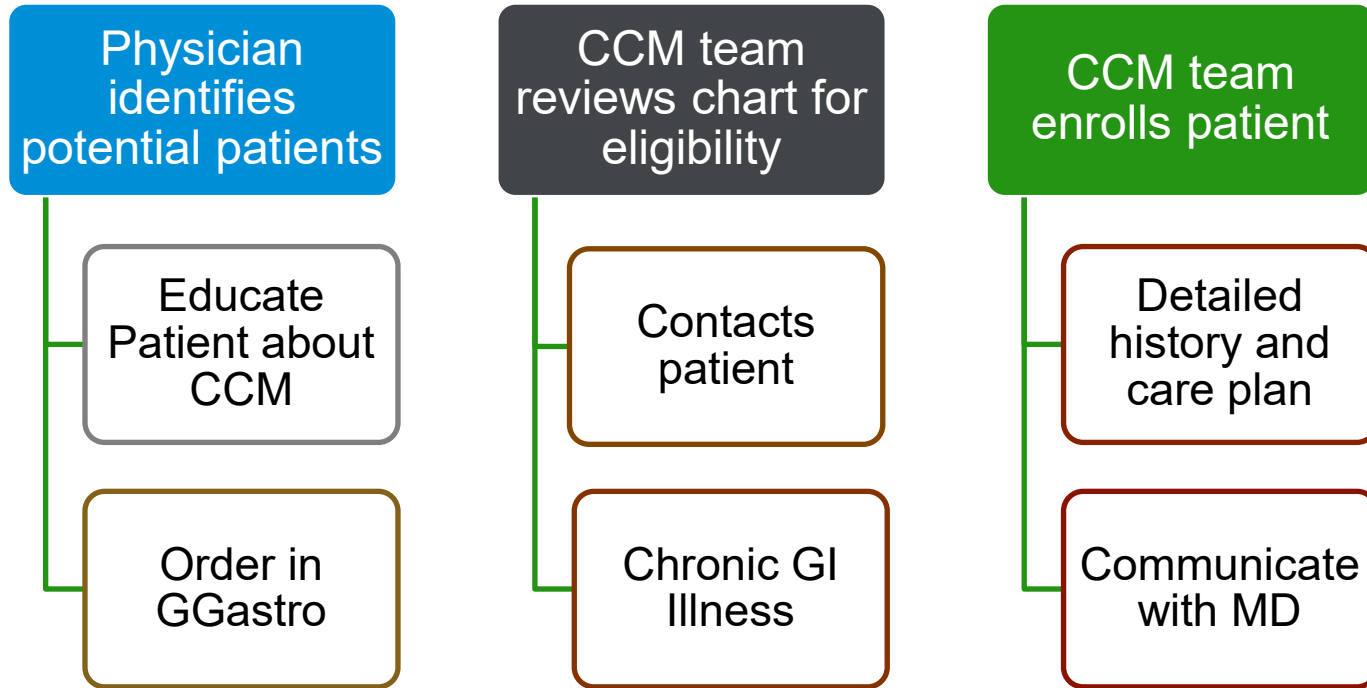
- At risk of functional decline  
or
- At risk of flare  
or
- Life threatening

\*If only 1 illness must be in exacerbation or flare

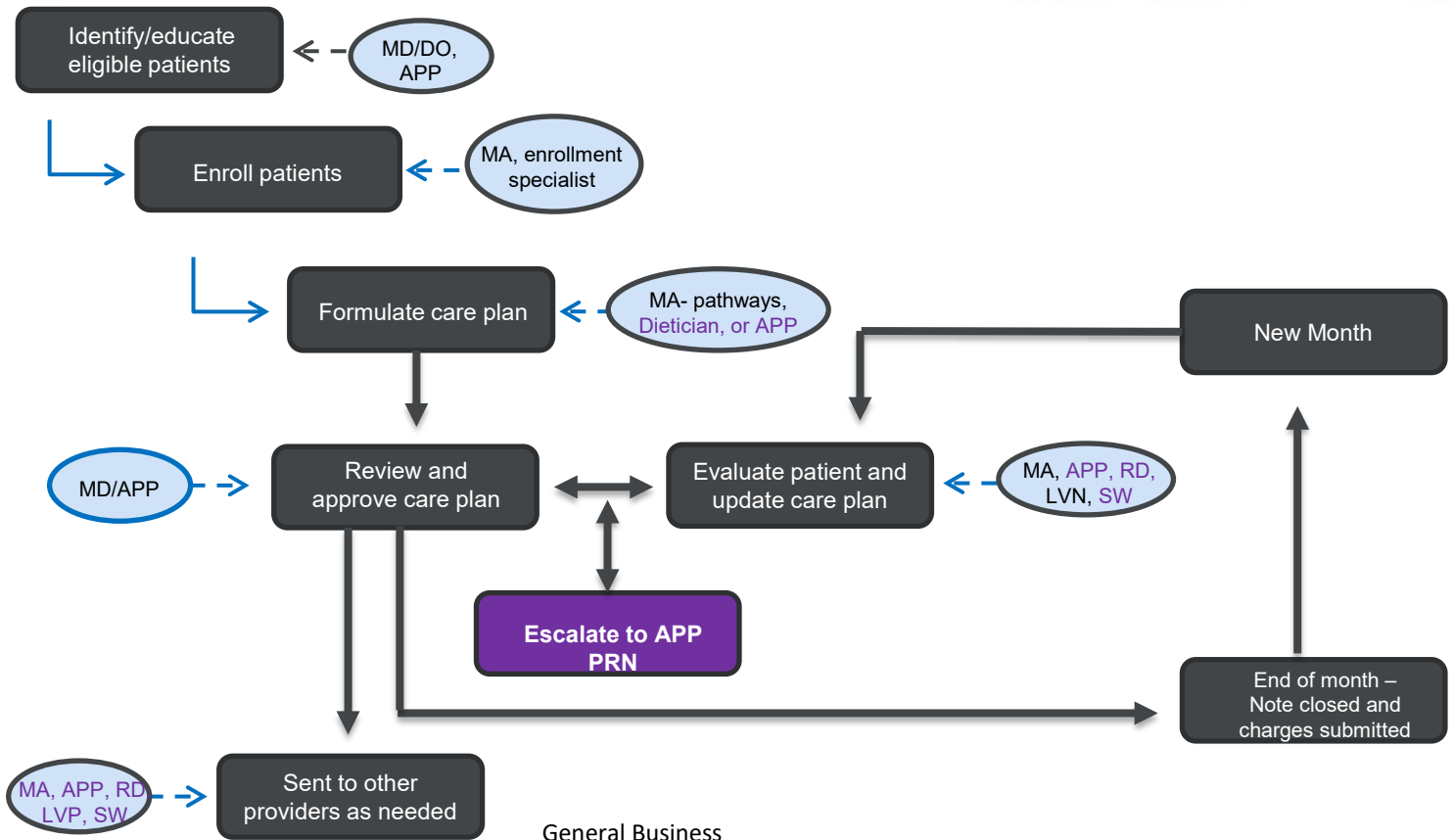
## Patients must consent

- Reviewing possible cost sharing responsibilities
- Advising that only 1 provider/group can furnish and bill CCM services per calendar month
- Patient can stop at any time

# How Do I Enroll a Patient?



# GIA Chronic Care Program Workflow



# Frequently Asked Questions

## Does insurance cover it?

- Yes. Most insurance covers currently - excluding Cigna, BCBS IL, and most Medicaid plans

## How is it billed?

- It is billed by time spent in patients care every month. Timely jobs – like biologic prior authorization - can be compensated when patients are enrolled in CCM.

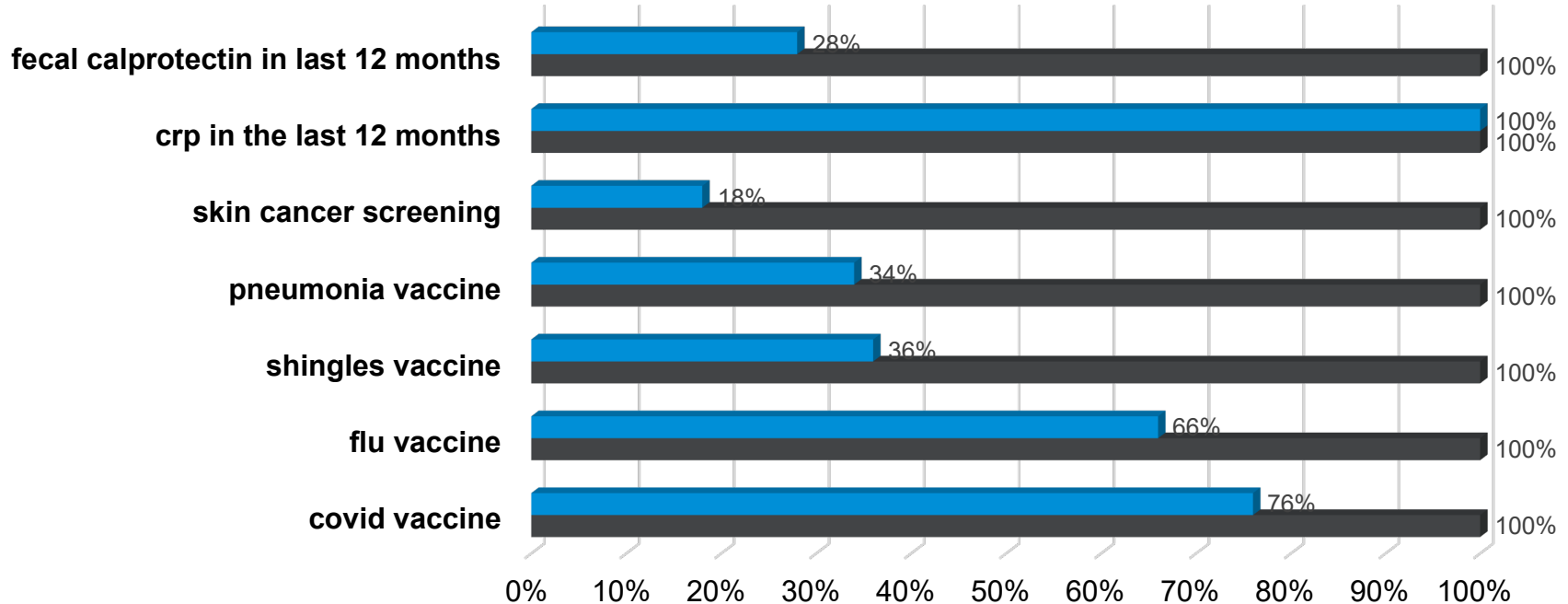
## How will it change my workload?

- It improves workload for you and your staff. You will review notes when they come to your task list at least monthly. **Urgent issues are highlighted in tasks.** Timely activities (like PAs and phone calls) are triaged through the CCM team



# Collecting Data/Research

This Is Just the Beginning



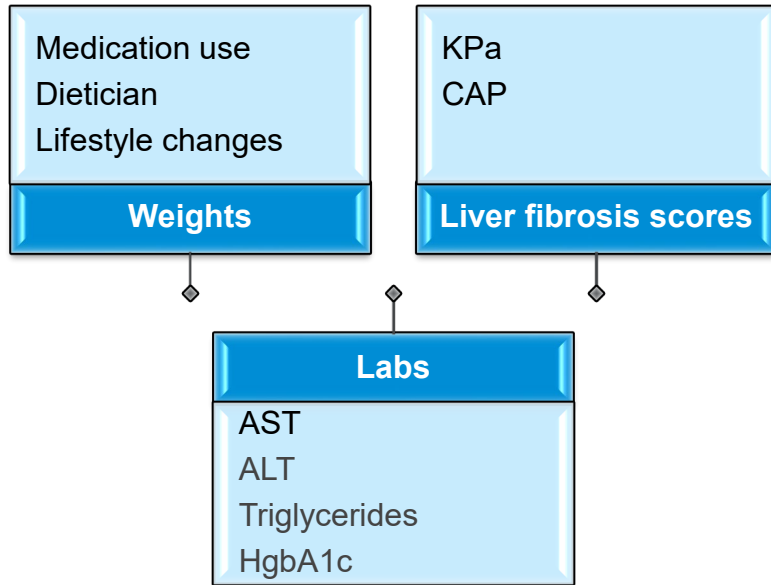
## Rates of recommendations CCM vs Office

# NAFLD Patient Outcomes

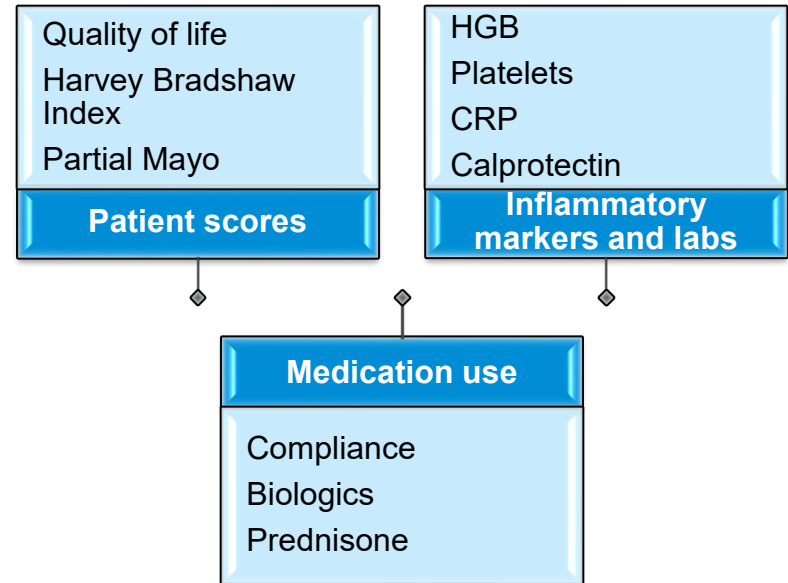
- 17 out of 23 active patients have lost weight (73.9%) for a total of 209.8 lbs lost.
  - Only one patient using Optifast – has had the highest weight loss of 63.8 lbs
  - The rest are on a Mediterranean diet.
- Out of the 23 active patients 7 are on a GLP-1.
  - \*data as of Feb 2023
    - 6 out of those 7 on a GLP-1 have lost weight.
- One patient has seen her Cap score go from 312 to 172 and her kPa from 19.7 to 9.8

# Tracking Outcomes

## NAFLD



## IBD



# Attrition Rates

❖ **March 1, 2023**

2 changed GI Providers

5 unenrolled to avoid paying copay/coinsurance when PHE ends

**14 of 325 patients**

3 unresponsive to contact attempts x3 – auto unenrolled

2 inactive – wants access to program but only when they initiate contact

**April 21, 2023**

2 changed insurance – CCM no longer covered

❖ **2 Cigna patients are enrolled – insurance doesn't cover, but patients willing to self-pay to remain in contact with CCM team**

# What Are Patients Saying?



General Business

# What Are My First Steps to Connect a Patient With CCM?

1. Talk to the patient
2. Contact the CCM team:



- Rebecca McCollaum, NP – GI Alliance National CCM director
  - [rmccollaum@arizonadigestivehealth.com](mailto:rmccollaum@arizonadigestivehealth.com)



- Tim Ritter, MD – Senior Medical Director, Department of Research and Education
  - [Tim.ritter@gialliance.com](mailto:Tim.ritter@gialliance.com)



- Brooke Hodnick, PA-C, MPAS – Director of IBD Home, Department of Research and Education
  - [bhodnick@tddctx.com](mailto:bhodnick@tddctx.com)

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