Certificate Program
Professional Care Coordination for 21st Century Healthcare Systems

Certificate Program Description

The Care Coordination Certificate program prepares licensed healthcare professionals to assume the role of care coordinator within the complex healthcare system of the 21st century and attain the professional competencies necessary to manage transitions and coordinate care for individuals and populations. A case-based, interactive approach to learning is included to deliver foundational knowledge, professional skills, and clinical practice applications. With additional clinical experience in the role of care coordinator, professional nurse graduates of this program prepares you to take the Care Coordination and Transition Management (CCCTM) certification exam offered by the American Academy of Ambulatory Care Nursing and the MSNCB Certification Board. *For eligibility requirements, domains of the exam, and up to date exam information, visit the CCCTM certification exam page.*

Program delivery is in three sections:
- Foundations (6 courses, 46 contact hours)
- Skills (5 courses, 28 contact hours)
- Practice (1 course, 10 contact hours)

Participants receive a certificate and contact hours for individual courses within each section. Participants receive a final certificate of program completion upon successful completion of the twelve courses.

Program Outcomes:

Upon completion of this program, participants will be able to:

1. Differentiate and apply population health and transition management models to improve the patient care experience and healthcare outcomes, including quality, safety, and utilization outcomes.
2. Systematically collect comprehensive and focused data that identify health needs and concerns of a patient, group, or population as they move across the care continuum.
3. Critically analyze assessment data to determine patient-centered issues, concerns, and degree of risk in order to facilitate the appropriate level of care across the care continuum.
4. Identify expected outcomes specific to the patient, group, or population across the care continuum.
5. Develop an evidence-informed patient and/or population-centered plan of care to attain expected outcomes.
6. Use effective communication techniques to successfully motivate, educate and coach patients/families to improve health promotion/risk reduction self-care.
7. Effectively collaborate with interprofessional healthcare colleagues to improve health outcomes and systems effectiveness.

8. Effectively broker community resources to improve health outcomes of patients, families, and populations.
9. Evaluate individual or systems outcomes to determine progress toward goals.
10. Practice in an ethical and culturally relevant manner that promotes safe and responsive care across the care continuum.

Program Courses

Complete courses sequentially.

Section 1 – Care Coordination: Foundations – Opens on May 30, 2017

1. Introduction to Care Coordination (10 contact hours)
2. Systems Thinking and US Healthcare (8 contact hours)
3. Continuum of Care (8 contact hours)
4. Introduction to Integrative Care (8 contact hours)
5. Health Information Technology (8 contact hours)
6. Healthcare Financing (4 contact hours)

Section 2 – Care Coordination: Skills – Opens on June 26, 2017

7. Motivational Interviewing (8 contact hours)
8. Interprofessional Communications (8 contact hours)
9. Coaching Skills and Process (4 contact hours)
10. Brokering in Care Coordination (4 contact hours)
11. Health Literacy & Patient Education (4 contact hours)

Section 3 – Care Coordination: Practice – Opens on July 31, 2017

12. Care Coordination in Practice (10 contact hours)

Total Number of Contact Hours: 84 contact hours

Essential Resources:

1. Lamb, G. (2014). *Care coordination: The game changer*. Silver Springs, MD: American Nurses Publishing.
2. American Academy of Ambulatory Care Nursing (2015). *Scope and standards of practice for Registered Nurses in care coordination and transition management*. Pittman, NJ: AAACN. Purchase at https://my.aaacn.org/eweb/DynamicPage.aspx?Action=Add&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&WebCode=ProdDetailAdd&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=Invoice%20Detail&ivd_formkey=69202792-63d7-4ba2-bf4e-a0da41270555&ivd_cst_key=00000000-0000-0000-0000-000000000000&ivd_prc_prd_key=5DE1A8AF-5ABD-4471-B064-20F30125E94E
3. American Academy of Ambulatory Care Nursing (2015). *Care Coordination and Transition Management (CCTM) Review Questions.* Pittman, NJ: AAACN. Purchase at https://my.aaacn.org/eweb/DynamicPage.aspx?Action=Add&ObjectKeyFrom=1A83491A-9853-4C87-86A4-

F7D95601C2E2&WebCode=ProdDetailAdd&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=Invoice%20Detail&ivd_formkey=69202792-63d7-4ba2-bf4e-a0da41270555&ivd_cst_key=00000000-0000-0000-0000-000000000000&ivd_prc_prd_key=E1C9EFC5-516C-44DB-A3B2-6158C1A1FCFB

4. American Nurses Association's Care Coordination Document package at http://www.nursingworld.org/care-coordination.
5. McDonald, K., et al (2014). *Care coordination measures atlas*. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ). Download from https://www.ahrq.gov/sites/default/files/publications/files/ccm_atlas.pdf.

Technical Requirements:

1. Online courses are self-paced. Online courses do not feature a specific instructor or offer individualized instructor feedback. Feedback is built in to the course activities.
2. Our online courses are responsive to different display sizes, but they are not specifically designed for mobile devices. Course content may not display correctly if you try to complete the course using a mobile device. We recommend using a desktop or laptop.
3. Our online courses are designed to optimize an intuitive learning experience. Once you create an account and login, you should be able to easily begin a new course or return to a course in progress. If you are comfortable making online purchases or managing a bank or other account online, then you shouldn't have any difficulty with an online course. In addition to a basic level of comfort and familiarity with working on a computer, online learning does require a certain level of self-motivation and time management. The following skills and attitudes are identified as essential for a successful online learning experience:
   a. Basic understanding of how your computer connects to the Internet
   b. Ability to identify your operating system and Internet browser version
   c. Ability to turn "cookies" on or off, or clear your activity cache
   d. Basic understanding of browser windows, navigation "breadcrumbs", and back arrows
   e. Ability to read on-screen text, view embedded or linked videos, make selections in check-in quizzes or interactive scenarios, interpret visual data representations or graphic illustration
   f. Basic ability to troubleshoot computer problems before panic sets in

AAACN Care Coordination and Transition Management Certification Exam:

Registered nurses in the CCTM role have a recognized path to build and demonstrate their credibility and commitment to this practice. Those who pass the exam will have the distinction of earning the Certified in Care Coordination and Transition Management (CCCTM) credential.
https://www.aaacn.org/cctm/certification-exam

Completion Requirements:

1. Completion of course and module activities as evidenced by the LMS metrics and monitored by UACNE staff.
2. Attainment of a minimum score of 80% on each examination.
3. Completion of course and program online evaluations.

Delivery Method:

- This program is self-paced and asynchronous.
- Clinical applications use a case-based, simulated patient approach to teach and evaluate practice competencies.
- Courses must be completed sequentially.
- Courses include reading on-screen text, interpreting graphics, exploring websites, and reading resources via links to external websites.

Course Descriptions & Outcomes

Course	Description	Outcomes
Introduction to Care Coordination	This course presents an overview of the care coordination process, which includes fundamental concepts, historical context, current roles, scope of practice, and desired outcomes. Various transition management models are illustrated, highlighting the importance of communication and accountability when patients transfer within and across healthcare settings. Population health is discussed in terms of managing the care of individuals with chronic illness. This foundational content provides the basis for the care coordination certificate program and prepares the participant to adopt this emerging within the larger context of healthcare.	- Distinguish care coordination from transitional care/transition management and case management. - Describe context and conditions that support the need for care coordination. - Compare and contrast transitional management models. - Differentiate between transitional management and population health care coordination. - Differentiate between personal and professional illness trajectories. - Demonstrate understanding of the care coordination spectrum of accountability in a healthcare setting.
Systems Thinking and US Healthcare	This course introduces the student to systems thinking and its application in a health care context. Evolving health care policy that directly influences patient care delivery will be discussed.	- Describe systems thinking. - Describe the impact of systems thinking in the healthcare context. - Describe evolving healthcare policy and implications on patient care delivery. - Navigate healthcare system resources. - Identify healthcare system information and resources for patient care.
Continuum of Care	This course defines and describes the continuum of care within the current U.S. healthcare system. Students will be able to differentiate between the various	- Define "continuum of care" within the current U.S. healthcare environment. - Describe services provided and regulatory requirements for various

	levels of care along the continuum, describing the services, requirements, and financial resourcing for each. Methods to evaluate care resources across the continuum will be explored, applied by students as they create referral lists for their individual communities.	care providers within the continuum of care. • Link probable payment sources for each type of care provider across the continuum of care. • Determine appropriate level of care based on an analysis of patient needs. • Evaluate selected providers within your own community based on a screening guide. • Create a continuum of care referral list for your own community.
Introduction to Integrative Care	This course explores the principles of integrative healthcare which is focused on whole person/whole system health and wellbeing. An organizing framework for various integrative therapies will be provided, based on recommendations by the National Center for Complementary and Integrative Health and leaders in integrative care. Methods to evaluate therapists offering integrative therapies will be described with an opportunity to build a referral network for use in your practice.	• Differentiate between the six classes of integrative therapies. • Describe the role of Functional Medicine in health and healing. • Describe the evidence base for selected integrative therapies. • Apply the principles of integrative nursing to selected case scenarios. • Create an integrative therapy referral directory to be used in your practice.
Health Information Technology	This course provides the conceptual and practical foundation for healthcare providers to describe methods for using HIT in professional practice to enhance transition management. This course will also support the development of skills needed for searching, retrieving, and managing data to make healthcare decisions.	• Describe ways in which various health information technology solutions support and enhance care coordination and transition management. • Describe current regulatory/compliance requirements for information systems use. • Analyze data sets to identify nursing care impact on outcomes. • Describe the benefits and limitations of health information technology strategies on care coordination and transition management. • Analyze the quality of applications that support patient health.

Healthcare Financing	This course introduces you to healthcare finance in the United States, specifically the types of payers in our complex and expensive system.	• Describe the different types of health insurance available to individuals in the United States. • Delineate the financial differences among various health plans. • Identify appropriate healthcare planning resources. • Describe insurance coverage and financial obligations associated with select healthcare settings.
Motivational Interviewing	This course provides the theoretical and evidence foundation for motivational interviewing, an advanced communication technique used to facilitate behavioral change in individuals and families. The techniques, skills and processes used in motivational interviewing focus on exploring and resolving ambivalence towards change, taking action, and sustaining behavioral modifications. Case studies, exemplar counseling sessions, and clinical tools that can be used with patients are provided to enhance your practice of motivational interviewing.	• Describe the purpose and context for motivational interviewing. • Differentiate the five stages of change and ten processes of change defined by the Transtheoretical Model of Change. • Describe four characteristics of effective MI communication skills. • Describe four sequential components of the MI process. • Evaluate the effectiveness of MI as an evidence-based practice.
Interprofessional Communication	This course introduces advanced communication strategies that play a key role in interprofessional practice. Identified by the Institute of Medicine as a critical competency for safe and effective patient care, the theory and techniques associated with collaboration, consultation, negotiation, coordination and education are discussed. Students will have the opportunity to explore how these advanced communication techniques are used within the healthcare arena to coordinate and facilitate the care of patients and families.	• Describe the purpose of the five basic interprofessional communication strategies, including collaboration, consultation, negotiation, coordination, and education. • Explain how these advanced communication strategies play a role in the delivery of safe, patient-centered, quality care. • Differentiate between these advanced communication strategies using a case-based approach. • Explore how these communication strategies can be used to enhance the effectiveness of the care coordinator within the healthcare system.

Coaching Skills and Process	This course provides the theoretical foundation for the communication skills and processes associated with coaching as an intervention that supports sustainable patient engagement and improved health outcomes. Attention is paid to differentiating the coaching process versus the coaching role in context of practice scope and standards. Advanced communication techniques of motivational interviewing, appreciate inquiry, and nonviolent communication are examined as an evidence-based foundation to the coaching process.	• Differentiate between motivational interviewing and coaching. • Identify coaching situations appropriate for the care of patients and families. • Correctly apply coaching process and communication skills to improve health and wellbeing and sustainable lifestyle behavioral change. • Evaluate vocabulary for consistency with nonviolent communication. • Evaluate the use of appreciative inquiry for improving the success potential of a coaching interaction.
Brokering in Care Coordination	In the continuum of care course, we discussed "brokering" as a skill that nurses commonly use to "procure goods and services or to bring together consumers and sellers of goods and services." In this course, we will explore the historical roots of this skill and examine how it is used as an integral role in care coordination and transition management.	• Differentiate brokering from referral services. • Link brokering to patient-centered care coordination goals. • Identify critical elements to assess when brokering community agencies and providers of care. • Build a resource directory to provide brokering of community agencies and providers of care.
Health Literacy & Patient Education	According to the U.S. Department of Health and Human Services, health literacy is "the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." This capacity is directly related to patient self-management and health outcomes. This course addresses health literacy in context of current federal guidelines as defined in the National Action Plan to Improve Health Literacy and the Agency for Healthcare, Research, and Quality's Health Literacy Universal Precautions Toolkit.	• Describe health literacy as it relates to patient care and engagement. • Describe communication methods to improve overall patient care and engagement with diverse populations. • Differentiate population-appropriate communication methods to improve overall patient care and engagement. • Evaluate evidence-based and credible health education resources. • Evaluate the effectiveness of health literacy communications on patient care and engagement.
Care Coordination in Practice	Care Coordination and Transition Management requires that healthcare professionals be able to synthesize	• Differentiate and apply population health and transition management models to improve the patient care

healthcare systems and advanced interpersonal and interprofessional communication knowledge and skills to assess and reduce risk, improve overall wellbeing of individuals and populations, and ensure quality and safety outcomes across a variety of healthcare settings. This course focuses on the process of care coordination (risk assessment and identification, planning care, facilitate transitions, coordinate resources, empower clients, and evaluate outcomes. Learners will apply the knowledge and skills and practice care coordination and transition management in a case-based, interactive online environment.	experience and healthcare outcomes, including quality, safety, and utilization outcomes. • Systematically collect comprehensive and focused data that identify health needs and concerns of a patient, group, or population as they move across the care continuum. • Critically analyze assessment data to determine patient-centered issues, concerns, and degree of risk in order to facilitate the appropriate level of care across the care continuum. • Identify expected outcomes specific to the patient, group, or population across the care continuum. • Develop an evidence-informed patient and/or population-centered plan of care to attain expected outcomes. • Use effective communication techniques to successfully motivate, educate and coach patients/families to improve health promotion/risk reduction self-care. • Effectively collaborate with interprofessional healthcare colleagues to improve health outcomes and systems effectiveness. • Effectively broker community resources to improve health outcomes of patients, families, and populations. • Evaluate individual or systems outcomes to determine progress toward goals. • Practice in an ethical and culturally relevant manner that promotes safe and responsive care across the care continuum.

Refund Policy:

The University of Arizona College of Nursing Office of Continuing Nursing Education has a limited refund policy. Course registrations for online asynchronous and live events are completed through the UACONCNE learning management system. Certificates are issued through the UACONCNE learning management system.

- UACONCNE will charge individuals for registering and accessing online courses per the listed course registration fee. Refunds will not be issued once the course has been accessed.
    - Individuals have 5 business days after registration and before access to request a refund or credit for any online asynchronous course. An administrative fee of 50% of registration will be assessed.
    - Refunds will not be issued after 5 business days.
    - Individuals may request to receive credit to take a course of equal value provided the original course has not been accessed.
    - Credits must be used within one year of original course registration date.
- UACONCNE will charge individuals for registering for live events per the listed course registration fee.
    - Individuals may request a refund up to 5 business days before the event. An administrative fee of 50% of registration will be assessed.
    - Refunds will not be issued after the 5 business day period.
    - Credits are not issued for live events.
- UACONCNE will charge individuals for providing additional or replacement print copies of CNE certificates and transcripts per the listed course registration and/or administrative fee. Refunds will not be issued once the certificate or transcript has been provided.

Questions about refunds may be directed to the Office of Professional and Community Engagement.

Refund policy approved by the UA College of Nursing Associate Dean of Finance and Administration (July 2014)

Privacy & Security

UACNE Privacy: The University of Arizona College of Nursing Continuing Nursing Education (CONCNE) takes seriously its obligation for protecting your information and ensures that all confidential information you provide on this website will be used for the purpose for which it was collected, both by the CONCNE and business partners necessary for completing transactions. The CONCNE complies with all applicable Payment Card Industry Data Security Standards (PCI-DSS), and university security and privacy policies to ensure the confidentiality of your information. The CONCNE does NOT:

- Provide e-mail or physical addresses to third parties.
- Provide any information regarding individual users to marketing companies.
- Provide any information regarding individual users to any third party including employers and state boards of nursing.

The CONCNE DOES keep track of the following types of information:

- Usernames and passwords for applicable registered accounts.

- User preferences and individual registration data. This is stored in a secure database that is not accessible to other users or outside parties.

All records are maintained for six years in secure password protected UACNE digital storage. Only CONCNE staff and Nurse Planners have access to CNE information; all records are secure, confidential, and retrievable. Files with participant names will be encrypted and password protected if sent via email. CONCNE will assign unique CNE identifiers to participants; social security numbers (or any portion thereof) and nursing license numbers will not be collected. Participants can access attendance records and certificate copies for six years via the online registration and LMS system.