



YOUR CARE TEAM PULLING TOGETHER  
**FOR YOU**

Care Coordination through Chronic Care Management keeps the focus on you and what is best for reaching your health goals mutually developed by you, your provider and others involved in your care.

Care Coordination has proven to improve patient health, reduce costly ER visits and prevent hospitalizations.

Need additional support and don't know where to turn? Your Care Coordinator will work with you to ensure you get the resources and follow-up care you need and deserve.

## Who Qualifies for Care Coordination Services?

Individuals who have both Medicare Part B and two or more chronic health conditions are eligible for Care Coordination Services.

- ✓ Medicare Part B
- ✓ 2+ Chronic Health Conditions

Some patients with insurance other than Medicare have been eligible for Care Coordination, so please verify with your insurance company to ensure your coverage.

## How Do I Sign Up?

If you are interested in Care Coordination to help understand and manage your care, please speak with your Primary Care Provider about a referral.

## Learn More

Check out our Care Coordination Video on YouTube to learn more about our services. Search: CFVH Care Coordination on YouTube or go to: <https://www.youtube.com/watch?v=dWtseSmq6oY>

Clark Fork Valley Hospital and Family Medicine Network

## Care Coordination Services



**Shelby Zenahlik, BSN, RN, Care Coordinator**

Clark Fork Valley Hospital | Sanders County, Montana

[www.cfvh.org](http://www.cfvh.org) | [szenahlik@cfvh.org](mailto:szenahlik@cfvh.org)

**406.826.4836**

*Your confidentiality is important to us. In accordance with federal and state law, the CFVH Care Coordination Program has strict policies to protect the privacy of your personal health information. Your medical records and conversations with your Care Coordinator are not shared unless you otherwise deem necessary.*



# Care Coordination



*Helping You and Your Family to Navigate the Complex World of Healthcare*

  
**Clark Fork Valley Hospital  
& Family Medicine Network**

10 Kruger Road . Plains, Montana 59859 . 406.826.4800 . [www.cfvh.org](http://www.cfvh.org)





# What is a Care Coordinator?

A Care Coordinator is an experienced and specially trained Registered Nurse who assists in the management of complex and chronic conditions. They are Certified Health Coaches who advocate for the patient and serve as a point-of-contact when working with your care team to ensure you have what you need to reach your health goals mutually determined by you, your family and your providers.



## Transition and Follow-Up Care

For many patients, being discharged from the hospital means they are “on their own” for getting the right follow-up care or ongoing treatment - but you don’t need to feel alone! Your Care Coordinator will work with you, your doctor and hospital staff to evaluate your options and help you get the care you need.



## Care Plan Review and Coordination

Complicated conditions often involve treatments from several specialists who may not always communicate about a patient’s care. Your Care Coordinator supports your primary care provider, who is like the quarterback of your healthcare team, sharing the treatment “game plan” and making sure you, your family and all of your providers stay in the loop.



## Medication Review

It can be overwhelming to keep track of different medications, especially if you have prescriptions from multiple specialists. Your Care Coordinator will gladly review your full list of medications and supplements with you to help develop a plan to ensure the proper drugs are taken at the right time. They will also work with your providers and pharmacists to help you avoid dangerous interactions.



Care Coordination provides resources to help you and your family to:

- ✓ Understand your medical condition, treatment options and treatment plan (especially important if multiple treatment plans are prepared by different specialists).
- ✓ Identify your health needs and goals.
- ✓ Review medications to ensure you understand their purpose and how to take them.
- ✓ Connect with medical professionals and community support resources (ex: Diabetes Educator).
- ✓ Receive the follow-up care and regular attention you need to avoid setbacks and achieve your health goals.

Check-ins and appointments with your Care Coordinator will be done primarily by phone offering you the convenience of visits from the comfort of your own home.