Doctors Hospital

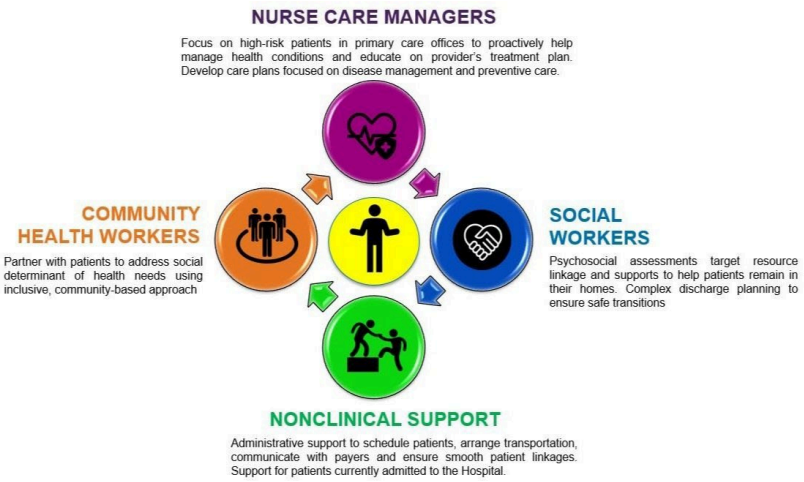
Interdisciplinary Team

Interdisciplinary teamwork is the foundation of effective primary care. As an OhioHealth Graduate Medical Education practice, our patients receive the support of a collaborative Care Management team. This team consists of a Care Manager (RN), a Social Worker, a Community Health Worker, and a Financial Counselor. This team supports patients with multiple comorbid/chronic conditions, assesses social determinants of health, and links patients to resources.

In addition, we are supported by an in-house pharmacist who functions under Collaborative Practice Agreements (CPAs) in Diabetes, Hypertension and Hyperlipidemia. The collaboration between our physicians and pharmacist allows our team to best serve our patients in managing their chronic conditions between visits.

Team members:

- Pharmacist
- Behavioral Health Provider
- Nurse Care Manager
- Social Worker
- Community Health Worker
- Financial Counselor



Goals of the Care Management Team:

- Extension of primary care team to help patients navigate the health care system
- Coordinate care across continuum
- Provide comprehensive, holistic assessments to identify barriers to care
- Develop supportive and trusting relationships with patients
- Engage patients in treatment plan and guide to self-management

Key services from the team:

- Transition of Care
- Management of a panel of patients who are high risk for hospitalizations
- Support for patients with high utilization of the emergency department
- Disease-based management and education
- Linkage to community resources to address social determinants of health
- Support patients in meeting health goals

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