Billing and Coding Collaborative: The Next Steps

Thanks to those practices and POs that participated in the Billing and Coding Collaborative March webinar. The remaining schedule for those participating in the collaborative (for four practice learning credits) is anticipated to be (dates are in process of confirmation)

- An August 30 (11am to noon) webinar on "What claims analysis can help to tell us about follow-up PCP care after hospitalizations"
- A September 27 (noon to 1) webinar on "Practice Level Care Management Code by Code Analysis"
- A November 15 (noon to 1) webinar on "Care Management Billing and Coding and the 2017 SIM PCMH MiPCT Partnership"

To obtain credit, as with the other billing and coding collaborative sessions, a physician does not have to participate, however a Care Manager and at least one other practice team member (front office team member, Practice Manager, biller, coder, etc.) must participate in each session or review the taped session and keep short notes on meaningful team discussion to apply the learning to improvements for the practice. POs may transmit the learning in a facilitated way to their practices with the same requirement for notes on meaningful discussion. The goal of the note-taking is not for documentation only, but to facilitate actual improvements in performance and identification of areas of opportunity as well as next steps for the practice. We will provide additional detail and notice of any prework in advance.

Important Dates:

**MiPCT CARE MANAGER TRAININGS**

<table>
<thead>
<tr>
<th>Webinar</th>
<th>What claims analysis can help to tell us about follow-up PCP care after hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 30, 2016 11:00 AM – 12:00 PM</td>
<td></td>
</tr>
</tbody>
</table>

To register for August 30th webinar:
- [Practice Team Registration for the MiPCT](#)
- [PO Team Registration for the MiPCT](#)

<table>
<thead>
<tr>
<th>Webinar</th>
<th>Practice Level Care Management Code by Code Analysis Note: Registration is not yet available</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 27, 2016 12:00 – 1:00 PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Webinar</th>
<th>Care Management Billing and Coding and the 2017 SIM PCMH MiPCT Partnership Note: Registration is not yet available</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 15, 2016 12:00 – 1:00 PM</td>
<td></td>
</tr>
</tbody>
</table>

**EVENTS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 20, 2016</td>
<td>2016 MiPCT Pediatric Care Management Summit</td>
</tr>
<tr>
<td>October 13, 2016</td>
<td>2016 MiPCT Regional Annual Summit-North</td>
</tr>
<tr>
<td>October 18, 2016</td>
<td>2016 MiPCT Regional Annual Summit-West</td>
</tr>
<tr>
<td>October 26, 2016</td>
<td>2016 MiPCT Regional Annual Summit-Southeast</td>
</tr>
</tbody>
</table>
MiPCT in the News!
Care Manager Success
Story on WUOM!

Natalie Adewunmi, RN, an MiPCT Care Manager at IHA since May 2014 has a passion for patients. She was featured, along with Diane Marriot, MiPCT Project Manager, in an interview with Cynthia Canty on the WUOM NPR station’s Stateside show on Thursday, August 11. Natalie describes her work in this way: "I believe my role as a nurse and care manager is to partner with the primary care physician to come alongside the patient and their family providing support, resources, and education. I really enjoy learning about people and hearing their stories. Living with a chronic disease or other health concern is a serious and challenging part of life. It is one of my greatest joys to see patients learn more about their chronic diseases, effectively navigate the healthcare system, and make changes that positively influence their health and wellness."

The interview focused on the MiPCT as an example of the importance of a well-functioning primary care system in Michigan. They noted the differences that the program has brought to patients in the state as well as to providers. Natalie’s great example of how she partners with patients to make a difference in their lives is illustrative of the hard work done by the 345 MiPCT practices across the state. As Natalie says, "I love being a Care Manager because I have the opportunity to use my nursing knowledge and community resources to empower patients to take steps to improve their health and wellness. I get to witness patients avoiding hospitalizations, patients making lifestyle changes that impact their future, patients taking small and big steps towards their goals, family members with improved confidence as they care for their loved ones, and patients encouraged because they know someone is there as an extra support to them. As a nurse, it doesn’t get much better than this!"

Attached is the link to listen to the complete transcript of this interview.

http://michiganradio.org/post/michigan-working-toward-next-generation-primary-care

---------------------------

CMS CPC+Regions Selected
More Information to Come

As you may have seen, CMS announced the selection of 14 regions and 57 payer partners for the for Comprehensive Primary Care Plus (CPC+) initiative on Monday August 1st. The announcement included Michigan as a statewide region, with Priority Health and BCBSM as the applicants/participating payers.

CPC+, and the potential Customized Patient-Centered Medical Home Model (the “Custom Option” in the State Innovation Model), are both vehicles for continuing Medicare engagement and payment in Michigan’s PCMH efforts going forward.

While more details will be developed in dialogue with the provider and payer stakeholders, it is important that Physician Organizations support their practices which are potentially eligible to participate in the CPC+ effort in formally expressing interest to CMS. Doing so is necessary to have this opportunity. Doing so does not, however, lock any practice in to specific obligations, or to ongoing participation.

More information will be circulated about this by the CPC+ payers to assure that all have the necessary information to facilitate that expression of interest in participating by practices.
The coming months will offer much opportunity for provider, payer and State government stakeholders to collaborate on aligning efforts to assure that all potential sources of funding, including CPC+ and the potential Custom Model application, advance support for PCMH-based primary care, and for optimizing the value of health care, in Michigan. We look forward to continuing our conversations soon.

From the MI Department of Health and Human Services – Your Public Health Partner

Webinar Series Regarding New CDC Guidelines for Opioid Prescribing

In April, MDHHS shared an update about a new CDC Guideline for Opioid Prescribing. The guideline targets primary care (family, general and internal medicine practices), where rates of opioid prescribing have increased at a greater rate than other specialties. The guideline provides recommendations related to three main areas of concern:

1) Determining when to initiate or continue opioids for chronic pain;

2) Opioid Selection, Dosage, Duration, Follow-Up, and Discontinuation; and,

3) Assessing Risk and Addressing Harms of Opioid Use.

More recently, CDC's National Center for Injury Prevention and Control (NCIPC), their Clinician Outreach and Communication Activity (COCA), and the University of Washington partnered to present a webinar series about the Guideline.

There are four webinars scheduled, the first of which occurred on June 22nd. Slides, session transcript and audio from the first webinar are available at CDC’s Clinician Outreach and Community Activity (COCA) 2016 Webinars webpage. Free continuing education credits are available for participation. Webinars will take place on Wednesdays from 2-3 pm on the dates listed below, and cover the following topics:

- June 22nd (past) – Overview of the CDC Guideline for Prescribing Opioids for Chronic Pain
- July 27th (past) – Non-opioid Treatments
- August 3rd (past) – Assessing Benefits and Harms of Opioid Therapy
- August 17th – Dosing and Titration of Opioids

The rate of death from unintentional drug poisoning in nearly quadrupled in Michigan from 1999 to 2014. And, the state was listed among those with the highest painkiller prescribing rates in a July 2014, CDC Vital Signs report. This webinar series will provide useful information and practical suggestions for managing chronic pain and using opioid painkillers, and can help providers prescribe in ways that benefit patients without exposing them to unnecessary risk. Please consider participating.

For more information and to register, visit the CDC Clinician Outreach and Community Activity (COCA) 2016 Webinars webpage.

For more public health information and resources, and other continuing education...
opportunities, visit the MDHHS primary care website, at: www.michigan.gov/primarycare.


---

**MiPCT Pediatric Summit 2016**

The MiPCT Pediatric Care Manager Summit this year will address the clinical focus areas of 1) social determinants of health, specifically Adverse Childhood Experiences (ACEs) and Resiliency and 2) integration of behavioral health in primary care, including specific screening tools, as well as cultural diversity. We will offer presentations and panel discussions about how to address these themes when working with children, youth, and families. Parents of children/youth with special health care needs will join us to help keep us family-centered in all that we do. Small group discussions will give participants the opportunity to learn from each other and to build networking relationships.

**Date:** September 20, 2016  
**Time:** 8:30 am – 4 pm  
**Location:** BCBSM Lyon Meadows Facility, 53200 Grand River Avenue, New Hudson, MI 48165

To register for the MiPCT Pediatric Summit 2016, please Click Here

**Continuing Education:**

This activity has been submitted to Michigan Nurses Association for approval to award contact hours. The Michigan Nurses Association is an approver of continuing nursing education by the State of Michigan Board of Nursing.

---

**MiPCT Pediatric Summit Pre-Work**

MiPCT Pediatric Care Managers will also find that the pre-summit webinar on “Specific Screening Tools for ACES and Behavioral Health” to be aligned with the summit, and is highly recommended.

The MiCMRC/MiPCT Educational Webinar: “Specific Screening Tools for ACES and Behavioral Health” will enable the learner to develop a deeper understanding of adverse childhood experiences (ACES) and behavioral health issues that are commonly treated in the pediatric primary care practice. The expert presenters are: Jane Turner, MD, Professor HP, Pediatrics and Human Development Michigan State University and Laurisa Cummings, LMSW, MiPCT Pediatric Care Manager, Care Management Supervisor, MiPCT Pediatric Clinical Lead, Children's Medical Group of Saginaw Bay.

**Nursing and Social Work continuing education contact hours for the “Specific Screening Tools for ACES and Behavioral Health” webinar may be obtained by:**

- Listening to the recorded webinar which will be available by end of August.

The CE request link will be posted on http://micmrc.org/webinars/continuing-ed. Click this link to initiate a request for CE Credits. This will generate an email message containing a link to complete the
CE request and required evaluation form. Follow the CE instructions contained in the email. Once the required evaluation is submitted, an email will be sent containing the CE certificate.

CE credit for viewing the recorded webinar will be available until August 12, 2017. While the webinar will still be available for viewing, please note that CE credit for the viewing the recorded webinar will not be available after August 12, 2017.

Continuing Education:

"Specific Screening Tools for Adverse Childhood Experiences (ACES) and Behavioral Health" is approved for 1.0 contact hours by the Michigan Nurses Association, an approver of continuing nursing education by the Michigan Board of Nursing.

This course is approved by the Michigan Social Work Continuing Education Collaborative. Course approval #: 063016-00

For more information regarding contact hours, or for other questions, please submit to micmrc-requests@med.umich.edu

MiCMRC/MiPCT Complex Care Management Course

The 2016 MiCMRC/MiPCT Complex Care Management (CCM) Course is provided in a blended learning activity format. The MiCMRC/MiPCT CCM course is designed for new MiPCT Hybrid Care Managers (HCMs) and Complex Care Managers (CCMs).

Completion of the MiCMRC/MiPCT CCM Course occurs over a 4 day period. The course consists of:

- Live Webinar on day 1 - introduction of MiCMRC/MiPCT CCM course
- Self-study modules and post-tests which are completed prior to the in-person training (total expected time to complete the self-study and post tests is six hours)
- In person training days 3 and 4

Upcoming course dates and course registration close dates:

August 22-25th, 2016. Introductory Webinar August 22nd, 2016. Total six hour self-study modules and post-tests August 22-23, 2016. In-person training August 24-25th 2016. NOTE: Registration for this course will close as of August 18th, 2016. **Saginaw Location**


October 3-6 , 2016. Introductory Webinar October 3rd , 2016. Total six hour self-study modules and post-tests October 3-6, 2016. In-person training October 5-6 2016. NOTE: Registration for this course will close as of September 29th, 2016.

Register for all MiCMRC/MiPCT CCM Courses Here:
Please submit questions regarding the MiCMRC/MiPCT CCM course to: micmrc-requests@med.umich.edu.

From the MI Department of Health and Human Services – Your Public Health Partner

Diabetes Management and Metabolic Surgery Patients with Type 2 diabetes are often overweight. According to the American Diabetes Association more than 80% of people are obese at the time of diagnosis. As a provider, you may feel there is little you can do to help patients facing these health challenges, but there are options.

Consider a referral to a recognized (American Diabetes Association - ADA) or accredited (American Association of Diabetes Educators - AADE) Diabetes Self-Management Education (DSME) program. Teams of educators working within such programs can help your patients learn behavior change techniques and self-management skills that can lead to a reduction in body weight and improvement in blood glucose. The ADA, AADE and Academy of Nutrition and Dietetics have created an algorithm outlining four critical times for making a referral to DSME: 1) at diagnosis, 2) annually, 3) when new complicating factors present, and 4) when there is a transition in care.

Patients with a BMI of 35.0-39.9 kg/m² who have participated in a DSME program and attempted to make lifestyle changes, but have not lost or kept off an adequate amount of weight or seen improvement in their blood glucose readings may benefit from more aggressive treatment. For them, metabolic surgery may be an option. Patients with a BMI ≥ 40 kg/m² may benefit from metabolic surgery regardless of their level of blood glucose control (see table below).

The Delegates of the 2nd Diabetes Surgery Summit (DSS-II) prepared guidelines to educate providers on the benefits metabolic surgery may have as a treatment for their patients with Type 2 diabetes as evidence suggests that it can have a positive impact. ²

The guidelines are summarized in this table:

<table>
<thead>
<tr>
<th>BMI Status*</th>
<th>Blood Glucose</th>
<th>Metabolic Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI ≥ 40 kg/m²</td>
<td>Adequately OR inadequately controlled</td>
<td>Recommended in appropriate surgical candidates</td>
</tr>
<tr>
<td>BMI 35.0-39.9 kg/m²</td>
<td>Not adequately controlled with lifestyle and optimal medication therapy</td>
<td></td>
</tr>
<tr>
<td>BMI 30.0-34.9 kg/m²</td>
<td>Not adequately controlled despite optimal treatment with orals or injectable medications</td>
<td>Considered in appropriate surgical candidates</td>
</tr>
</tbody>
</table>

*BMI thresholds should be reduced by 2.5 kg/m² for patients of Asian descent

Surgery should be performed in locations with multi-disciplinary teams that have experience in the management of diabetes and metabolic surgery. Providers are encouraged to follow post-operative guidelines developed by professional societies, and engage patients in ongoing and long-term management of their nutrition status following the procedure.

You can help your patients with diabetes live healthier lives by empowering them to adopt healthy habits. DSME teaches knowledge and skills that they need to make successful lifestyle changes, including
reducing their weight. The Michigan Department of Health and Human Services has certified 93 DSME programs across the State so there is likely a program nearby. A list of DSME programs can be found at www.michigan.gov/diabetes. For more public health information, resources, and continuing education opportunities, visit the MDHHS primary care website, at: www.michigan.gov/primarycare.


---

**Submitting Your MiPCT Success Story Just Got Easier**

The Michigan Care Management Resource Center now features a new single web based MiPCT Success Story Template located on the micmrc.org web site. The new web based template link is designed for submission of your MiPCT care managers, practice and PO success stories. This link is available on MiCMRC website www.micmrc.org

Also, The Michigan Care Management Resource Center (CMRC) is proud to announce a new Team Based Best Practice web page http://micmrc.org/best-practices

This page is dedicated to the great work that is happening across the state by MiPCT Practice Teams. The page features best practice stories that have been published in the Flash newsletters. In addition, you will able to access the tools and/or resources that have been shared by the practice.

Opportunity to Earn MiPCT Practice Learning Activity Credits: If you would like to share a Team Based Best Practice of your own; please submit your story via the new Success Story Template on micmrc.org

---

**North Woodward Internal Medicine Care Manager Successfully Impacts End of Life Care**

The patient and her husband, Mr. and Mrs. C, were both high utilization and on the MiPCT list. I had access to the practice EMR and could review both patient’s meds, health records etc.

Mrs. C’s diagnoses included oxygen dependent COPD, A-fib, CHF and +4 BLLE edema. At 91 years old, she was attempting to care for her 98 year old husband who had heart disease and a history of aspiration pneumonia. He also had just been discharged and was being treated for C-difficile.

The patient was not wearing O2 continuously and oxygen saturation often fell to the 80's. She was often confused, and dyspneic. Her husband was losing weight and having difficulty with his diet, and managing ADLs.

Care management became involved and the team consisting of Karen Samosiuk, LMSW, Meg Michalek, RD, and myself, Dawn Klarich, RN, working with multiple issues of diet, safety, addressing care needs, reviewing medications, filling pill boxes, reaching consistency in the home so both could live more comfortably.

Short term included the patient to wear oxygen at all times and take all her meds as ordered. For her husband, it was helping him to understand dietary needs to avoid
weight loss and understanding use of thickeners to avoid aspiration. The biggest goal was to help both address advanced directives and DPOA, along with the need for assistance in the home. We all felt they shouldn't be living alone, but respected their wish to remain in their own home together. Our social worker worked often with them to get assistance and in home help for them. We all collaborated with home care after each hospitalization to ensure smooth transitions and that care goals were met. Their PCP was always on board with care, medication changes and was always appreciative of our involvement.

Over time, both patients became very comfortable with contacting me and the other care managers regarding questions and concerns. There were several times that ER visits were avoided with, reminders to use oxygen and take medications appropriately. Also, the addition of assistance in the home helped greatly.

As time went on, both the patient and her husband declined physically. Goals of care were discussed at each visit, and as a former hospice RN, I knew this was the best option for both patients. I still have wonderful connections within the hospice community, and knew of one RN in particular that I would trust their care to.

After several long conversations, Mrs. C agreed to hospice care only if I would be present during the admission process for support. I went to the home and sat with them to answer questions, and provided the support. This was the end of February and Mrs. C continued to decline physically. I received a call yesterday from the hospice RN that Mrs. C had fallen several times, that she was now in a hospital bed and minimally responsive. When the hospice RN arrived, she found Mr. C curled up next to her in the twin bed holding her hand. Mrs. C will probably pass within the next day or two in her own home, with her husband and family at her side. Their goal of remaining in their own home was respected and we all worked together to ensure this goal was met. Without care management, Mrs. C would probably die in the hospital connected to IV’s and ventilated.

I received a hug and a genuine thank you from the staff at North Woodward for the care that Mr. and Mrs. C were given over the last 3 years. When I began at North Woodward only 1 out of the 5 doctors would even speak to me. Now they ALL regularly refer patients on a daily basis. Any of them would tell you care management has made a huge difference in their practice.

The next edition of the:

MiPCT Practice FLASH will be distributed on August 29, 2016

MiPCT PO FLASH will be distributed on September 12, 2016
Behind the Data

by Michigan Data Collaborative

MDC’s Behind the Data section provides high-level information about the data for the MIPCT project in a Q & A format.

Q: The clinical data that POs provide to MDC adds additional value to the information provided on the MIPCT Dashboard. How is this data qualified and validated?

A: To improve the quality of clinical data, MDC developed a data validation process. Each time a PO provides clinical data to MDC, we create and send an easy-to-read Edit Check Report to help POs quickly identify illogical, incomplete, or inconsistent data. Fields that affect incentive calculations include an asterisk (*) next to them.

POs can then make changes either in data entry or in the extraction process from the EHR system to provide more accurate data. These corrections may improve scoring for incentive measures. For example, one PO was sending null values for approximately 15 percent of Service Type Codes. After viewing their Edit Check Report and updating their processes, their null values are less than one percent.

Some of the data checks include:

- PO ID invalid
- Identify Missing Values across fields
  - Contract Number
  - Member First Name
  - Member Last Name
  - Gender
  - Birth Date
- MDC needs the fields above to assign clinical data to Master Patient ID, so flag if all of the fields are missing.
- Service Date is valid
- Record Type contains valid values

In addition, MDC notifies the POs who are not sending clinical data as scheduled.

For more details about the incentive measures, see the MIPCT 2015 Performance Incentive Metrics document at https://mipctdemo.files.wordpress.com/2015/05/summary-of-2015-42-and-48-month-metrics.pdf or contact MDC at MichiganDataCollaborative@med.umich.edu.
<table>
<thead>
<tr>
<th>MiPCT Performance Incentive Measures</th>
<th>Data Source</th>
<th>2015 Points</th>
<th>Adults in PO ≥ 18 years</th>
<th>Children in PO &lt; 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Numerator</td>
<td>Denominator</td>
<td></td>
</tr>
<tr>
<td>I. Utilization (assessed at PO level)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score &gt; PO 50th percentile or &gt;1% improvement over baseline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Risk-adjusted Overall ED Visit Rate per 1000 attributed members</td>
<td>Claims</td>
<td>Claims</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>2. Asthma ED Visits for Previously Diagnosed Asthma</td>
<td>Claims</td>
<td>Claims</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>3. Ambulatory Care Sensitive Hospitalizations</td>
<td>Claims</td>
<td>Claims</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>4. Hospital Readmissions</td>
<td>Claims</td>
<td>Claims</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>II. Clinical Quality Metrics (assessed at PO level)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score &gt; PO 50th percentile or &gt;1% improvement over baseline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Diabetes: Annual Retinal Eye Exams</td>
<td>Claims</td>
<td>Claims</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2. Breast Cancer Screening</td>
<td>Claims</td>
<td>Eligibility</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3. Cervical Cancer Screening</td>
<td>Claims</td>
<td>Eligibility</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4. Well Child Visits – 15 months</td>
<td>Claims</td>
<td>Eligibility</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>5. Well Child Visits – 3-6 years</td>
<td>Claims</td>
<td>Eligibility</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6. Adolescent immunizations</td>
<td>MCIR</td>
<td>Eligibility</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>7. Childhood immunizations/Combo 3</td>
<td>MCIR</td>
<td>Eligibility</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>III. Clinical Quality Metrics (assessed at the PO level)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score &gt; PO 50th percentile or &gt;1% improvement over baseline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Diabetes Control: A1C &lt; 8</td>
<td>Registry</td>
<td>Claims</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2. Diabetes: Blood Pressure &lt; 140/90</td>
<td>Registry</td>
<td>Claims</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3. CVD: Blood Pressure &lt; 140/90</td>
<td>Registry</td>
<td>Claims</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>4. Hypertension: Blood Pressure &lt; 140/90</td>
<td>Registry</td>
<td>Claims</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5. Tobacco Use Assessment</td>
<td>Registry</td>
<td>Eligibility</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Weight Assessment for Children &amp; Adolescents</td>
<td>Registry</td>
<td>Eligibility</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

Adult and Child Utilization and Clinical Measures Subtotals* | 90 | 90 |

PO Adult Points (Adult Subtotal x % adults in PO) |
PO Child Points (Child Subtotal x % Children in PO) |

PO Utilization and Clinical Measures Subtotal (PO Adult Points + PO Child Points) | 90 |

IV. Capability Measures (assessed at practice level) | 10 |

1. Depression Screening for Patients with Chronic Health Conditions | Registry | Claims | 10 |

PO Capability Measures Subtotal | (10) |

Total PO Points | (100) |

Updated April 3, 2015
MiCMRC/MiPCT Recorded Webinars - Earn FREE CE Credit!

❖ **What:** MiCMRC/MiPCT recorded webinars offering continuing education contact hours are available for CE credit at no cost.

❖ **Who:** CE Credit is available to both Nurses and Social Workers. Webinars are open to all.

❖ **When:** Recorded webinars available on demand.

❖ **Where:** To view all available recorded webinars and apply for CE Credit

   www.micmrc.org/continuing-ed

Recorded Webinars Now Available for CE Credit

**Visit micmrc.org/continuing-ed for full list of webinars**

❖ **Nonpharmacological Approaches for Depression**
   ○ Presented by Linda Keilman, DNP, GNP-BC
   *CE credit available until June 22, 2017

❖ **Overview of Current Opioid Use in Michigan**
   ○ Presented by Catherine Reid, MD Consulting Physician for the Office of Medical Affairs, MDHHS
   *CE credit available until June 7, 2017

❖ **Understanding the Complexities of Cognition**
   ○ Presented by Linda Keilman, DNP, GNP-BC
   *CE credit available until April 27, 2017

❖ **2015 Updated BEERS Criteria**
   ○ Presented by Kim Moon PharmD
   *CE credit available until February 10, 2017

For questions, please submit to

micmrc-requests@med.umich.edu