

Who Should Register for This Program?

The CCP program has been designed for case managers, disease managers, and direct care providers serving consumers with chronic diseases and age-related conditions in health plan, disease management, case management – and the continuum of health care service settings.

What is the Fee for the Program and What is Included?

A registration fee of \$1295.00 includes access to the self-directed eLearning program, a comprehensive disease management program and reference manual, learner workbook, continuing education credit, certification examination, and the CCP certificate. Group rates for health care organizations are also available for eLearning and live, on-site program delivery. Case Management Society of America (CMSA) and DMAA organization and individual members receive a 25% discount (\$971.25).

Is a Certification Examination Required?

A 100 item multiple choice certification examination is administered upon completion of the program. A score of 70% or better is required for certification.

How Long is CCP Certification Valid and What is the Process for Recertification?

CCP certification is valid for three years. Recertification through re-examination or documentation of 15 hours of continuing chronic care or disease management education may be obtained.

Are Continuing Education Credits Available?

This continuing nursing education activity was approved by the Wisconsin Nurses Association Continuing Education Approval Program Committee, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. The program has been approved for 40 contact hours for nurses.

Where do We Learn More and How Do We Register?

Visit www.HealthSciences.org to learn more or to register via our secure on-line registration form. For organization inquiries or questions, please contact us by email at CCP@HealthSciences.org



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Chronic Care Professional (CCP) Certification



Disease Management: A New Model of Care Requires New Competencies

Most experts agree that disease management (DM) requires a new approach to care and new professional competencies. In fact, according to recent studies, case managers with chronic care training, employing evidence-based protocols, deliver better patient and cost outcomes. Yet, according to a recent study by Milliman, most DM professionals report limited DM experience or preparation for their new role. While conferences or topical workshops can help build new knowledge, they are no substitute for comprehensive training targeting the key competencies required for successful DM practice.



In 2003, HealthSciences Institute led the first competency modeling study to identify key professional competencies for improving chronic care patient and cost outcomes. In 2004, in partnership with health care leaders from organizations including the University of Minnesota Medical School and School of Nursing, and the Mayo Clinic, an evidence-based chronic care curriculum and certification examination were developed. In 2005, the third edition of the program was completed following early delivery to leading DM, health plan, state, and provider organizations. CCP certification has been recognized as the only national DM credential for disease managers, case managers and health care providers.

How is the Program Delivered?

The program is delivered via an eLearning platform developed in partnership with the University of Toronto Medical School and Toronto's Centennial College. Participants can complete the entire program on-line, including the certification examination – with on-line learner support – ideal for onboarding new employees or training existing staff. The eLearning program can also be combined with a two-day, intensive, on-site live program for

organizational teams of 20 or more professionals. The live program covers the core curriculum and includes team activities designed to build critical patient partnering, disease self-management support, and evidence-based behavior change facilitation competencies. The live program can be customized to support internal patient care programs, care guidelines, and service offerings.

What Core Competencies are Targeted?

- Advocating for improved chronic care – quality, cost, and consumer drivers and foundations for health care systems change.
- Identifying and targeting at-risk populations, steps for driving evidence-based care adherence in medical and DM settings, and essentials of evidence-based DM practice.
- Key steps for enabling multi-disciplinary, patient-centered care coordination and community collaboration – across services, disciplines, and settings.
- Standards of care and DM tools for over 25 leading chronic diseases and conditions – including frailty, cognitive disorders, and other conditions of late-life.
- Evidence-based interventions for improved provider-patient partnering, chronic disease self-management, treatment adherence, and behavior change facilitation – including motivational interviewing.
- Resources and interventions for supporting healthy behaviors – and disease prevention and screening guidelines.
- Steps for improving DM program performance and measuring program outcomes.

Is the Program Endorsed and Aligned with DM and Health Care Improvement Models?

The CCP program is endorsed by The Disease Management Association of America (DMAA): The Care Continuum Alliance and aligned with the Wagner Chronic Care Model. It also incorporates the guidelines and best practices in health care and chronic care improvement from the Institute for Healthcare Improvement, the Institute of Medicine,

and the World Health Organization, among others. Disease management guidelines of the American College of Cardiology, the American Diabetes Association, the Institute for Clinical Systems Improvement, and the U.S. Preventative Services Task Force are also incorporated.