Geisinger

Who's who on your care team?

Case managers

If you have a complicated medical condition, a clinical case manager will help coordinate your care. They'll work with you and your care team through assessment, education, plan development, proactive clinical monitoring and early interventions to make sure you get the best possible treatments and care.

Examples of managed conditions include:

- Complex medical & social conditions (e.g., multiple sclerosis, cystic fibrosis, complex oncology)
- Frail elderly or those with dementia
- People who visit the doctor or emergency room often
- Heart failure
- Chronic obstructive pulmonary disease (COPD)
- End-stage renal disease

Behavioral Health Case Management

The Behavioral Health Case Management team consists of case managers, caseworkers, addiction coordinators and peer supports. They provide specialized services if you have a specific behavioral health condition, such as:

- Serious mental illness
- Substance use disorders
- Serious psychosocial stressors

Clinical nutritionists

Your clinical nutritionist provides in-person and telemedicine counseling focused on eating well for better health. They can help you prevent disease, reduce medical complications and reach a healthy body mass index by teaching you to change your behavior and become more mindful about food.

Top reasons adults and kids work with clinical nutritionists:

- Poor nutrition/growth failure
- Diabetes/prediabetes education and management
- Heart disease and other conditions requiring special diets
- Overeating/obesity/eating disorders
- Pediatric nutrition support – Enteral and parenteral
- High blood pressure

Medication Therapy Disease Management pharmacists

Medication Therapy Disease Management (MTDM) pharmacists work with your primary care provider to help you manage chronic conditions. You may consult with an MTDM team member in person or through telemedicine. They can modify, monitor and discontinue medications; order and review labs; identify medication-related problems; and educate you on conditions including:

- Anticoagulation
- Diabetes/high blood pressure/high cholesterol
- COPD
- Heart failure
- Chronic pain
- Regularly using multiple medications
- Tobacco cessation (with medication)

Health coaches

Health coaches are supportive mentors who help you feel your best through motivational encouragement and lifestyle guidance at no cost to you if you have medical coverage. Personalized, informational support and guidance through one-on-one sessions help support you on your wellness journey through text messaging, email, phone or in-person visits for:

- Weight management
- Managing falls and increasing activity
- Tobacco cessation
- High blood pressure
- Stress management (mindfulness)
- Cholesterol control (non-medication measures)
- Prediabetes
- Self-management for patients with chronic diseases

continued

Behavioral health

Behavioral health is available in some pediatric and adult primary care locations across Geisinger. Primary care behavioral health (PCBH) clinicians serve patients with mental and physical health concerns. They specialize in behavior change. Treatment consists of short-term, skills-based therapy. PCBH clinicians see you for evaluations and crisis risk assessments; do same-day referrals; and provide treatment through individual, family and group sessions. Your primary care provider might contact an on-site PCBH team for:

- Mental health concerns – Anxiety, depression, ADHD, adjustment concerns, disruptive behavior in children/teens
- Chronic physical health conditions – Diabetes, sleep problems, smoking cessation, obesity, chronic pain
- Supporting patients who have frequent medical and emergency room visits

Care gaps health coordinators

These clinical and non-clinical staff work with you, your family and your primary and specialty care providers to make sure clinical guidelines are being followed and to coordinate services specifically related to your healthcare needs. They might call, write or send you a message through a health portal to address open gaps in your care and help schedule appointments or laboratory and diagnostic tests. Care gaps health coordinators also share feedback and results of their outreach and work together on ways to improve quality measures.

Primary care nurse coordinators

Primary care nurse coordinators (PCNCs) are registered nurses who work as part of an interdisciplinary team to promote preventive care, offer screening services and coordinate disease management services. PCNCs also clinically support your provider, as well as you and your family, in diagnosing and treating your condition. Their major responsibilities include:

- Annual wellness visits
- Transition of care calls
- Shared in-basket support
- Office-based procedures
- Huddle support
- Mentoring