WFPC: CM LIASON HANDOF SCRIPT

The purpose of the Care Management (CM) Liaison handoff script is to adequately prepare the Liaison staff to discuss CM services in detail with potential patients. This discussion needs to occur in sufficient detail to allow the patient to understand the purpose of their involvement, how care managers might be able to assist them in their care, be aware of the financial ramifications and appreciate the nature of Care Management

Script Example:

Hi Mr/Mrs/Ms _____, Thank you for taking the time to meet with me today. My name is _____ and I am a member of the Care Management Team here at WFPC. My role is to explain the benefits of participating in care management.

Our team at WFPC has a new approach to better manage patient's health, wellness and chronic diseases. This is a team-based approach that includes your provider, a care manager, our administrative staff and me as a care management liaison.

___Provider____thought that you would be a great candidate to participate in care management because of your history with ___chronic disease___. Let me tell you a little bit more about how participating could help you improve your health, with the three C's

Coach and provide personalized one-on-one support

__Provider__ thinks that you would work very well with, ___CM_____, a care manager on staff. He/she would work closely with both you and __Provider__ to fully understand what factors in your life might be contributing to your health concerns. The care management team can help you identify ways to make changes and turn those changes into achievable goals.

Coordinating all health services

If you are already using other health resources or you and __CM__ decide that there are other community services that could help you, such as home health care, financial aid, social services, etc., then ___CM__ can assist you to access and coordinate all of these. We also work with specialist's offices, hospitals and rehabilitation facilities to ensure that your primary care team is up to date on the changes being made. Your primary care provider oversees all of this care and needs to be kept up to date on changes in order to prevent mistakes from happening. As part of that primary care team, your care manager works with specialist's offices, the hospital and other facilities to clarify and communicate the changes to everyone involved including you.

Communicating and working with your provider

Finally, in addition to working directly with you to customize goals and strategies to improve your health __CM__ will meet regularly with ___Provider__ to discuss your progress and next steps. As a result, when you meet again with __Provider__ he/she will be able to provide better care to you during your regular appointment.

What questions do have so far?

If no questions move on ….

Financial Implications

Your insurance provider may pay for some or all of the fees associated with Care Management services. We take every precaution to verify your care management coverage in advance of your appointment. One of the primary factors for whether or not care management services are covered is if you have a deductible plan however; even with every precaution being taken you may be responsible for services. If you are concerned about fees, please contact your insurance payer by calling the number on the insurance card.

What questions do you have? Does this sound like something you'd like to participant in?

If no – Okay, I will let your provider know, if you change your mind, please call the office and we can move forward.

If yes,

Great! Let's schedule an initial evaluation with the Care Manager. This appointment is about an hour long. The conversation is designed for the Care Manager to really understand not just you as a diagnosis or treatment plan but also you as a husband, wife, employee, and parent and how these responsibilities impact our ability to manage your health.