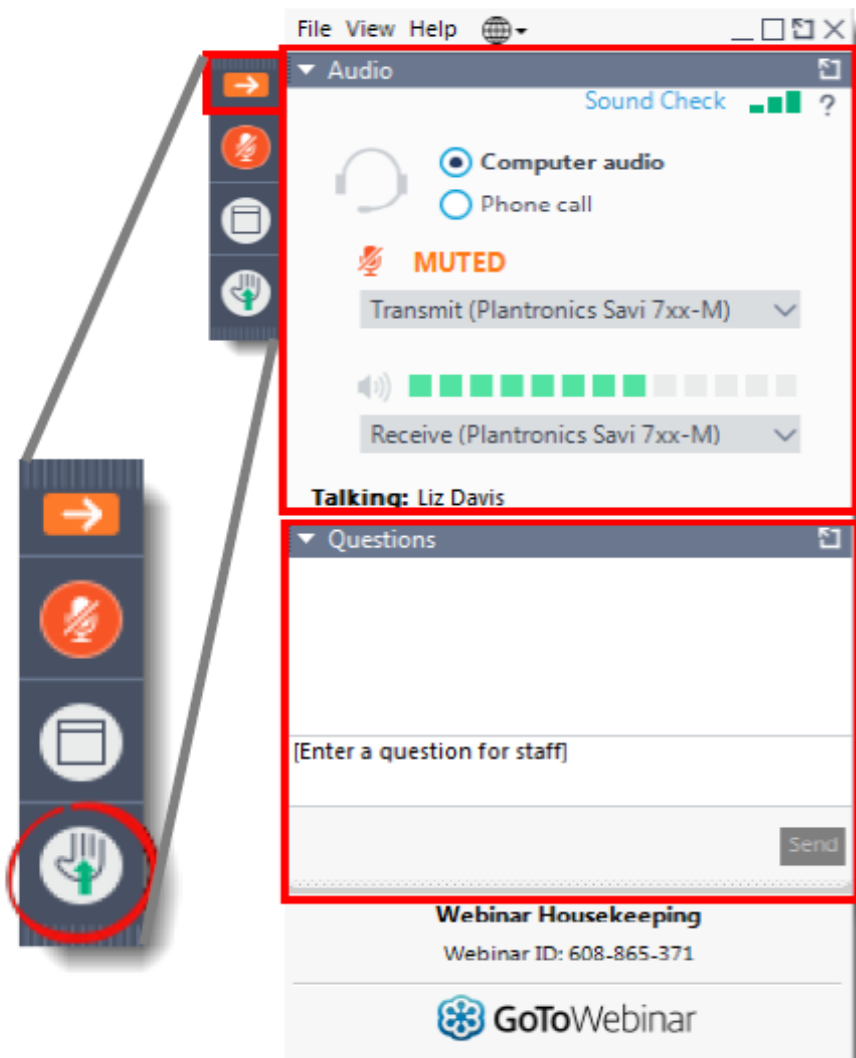


NPO Care Management Meeting

**TELEHEALTH COVID-19 UPDATES
AND ENGAGEMENT SKILLS**

THURSDAY, APRIL 23RD 3:00PM- 4:00PM

Getting Started:



Your Participation

Open and close your **control panel** by clicking on the **orange icon with arrow at the top**

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the **Questions** panel. **Note:** If time allows, we will unmute participants to ask questions verbally.

- Please click the “raise your hand” icon (hand with the green arrow) your hand to be unmuted for verbal questions

BILLING AND CODING: T= TELEPHONE AV= AUDIO & VISUAL

BCBSM/BCN: Place of Service 02

- G9001-T or AV
- G9002-T or AV
- G9007-T or AV
- G9008-T or AV
- S0527-T or AV

Waiving copays for all telehealth visits through March 16th- June 30th 2020

Priority Health : Place of service 02

- G9001- AV
- G9002- AV
- G9007- T or AV
- G9008- T or AV
- S0527- AV

Waiving cost-sharing of COVID diagnoses only through March 26th- June 30th 2020



Mental Health and Resources

POLL

**WHO IS SCREENING
FOR MENTAL HEALTH
ISSUES/NEEDS**

MENTAL HEALTH

- Screen for depression, anxiety, substance use, domestic violence, and social isolation during care coordination outreach
- 24/7 hotline BCBS
- Blue Cross Blue Shield of Michigan members: 1-800-762-2382
- Blue Care Network members: 1-800-482-5982
- Free crisis hotline available for anyone at 833-848-1764
- Medication Assisted Treatment (MAT)

MENTAL HEALTH

- Language for screening
- **Your provider feels** it is important for us screen for mental health and needed resources with each visit/conversation now more than ever, given that social isolation is high and resources can be difficult to access during this pandemic and we would like to be able to manage your care over the phone to keep you safe and cared for.



Chronic Care Management

POLL

HOW MANY ARE ACTIVELY
ENROLLING PATIENTS
INTO CHRONIC CARE
MANAGEMENT

CHRONIC CARE MANAGEMENT

- Multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline
- Comprehensive care plan established, implemented, revised, or monitored

CHRONIC CARE MANAGEMENT SCRIPT

- **Script for attaining verbal consent for signing patients up for CCM:**
- *****Your provider***** has asked me to call you to enroll you on our chronic care management program.
- This program allows us to help manage your chronic conditions over the telephone. Medicare covers all but \$8 per month but almost all secondary supplementation insurances cover the remaining \$8 so there should be no cost to you or at most, \$8 per month.
- Your provider feels it is important for us to provide you this care, now more than ever, given that it is unsafe for you to go out into the public during this pandemic and we would like to be able to manage your care over the phone to keep you safe and cared for.



Patient Engagement

POLL

DO YOU FEEL YOU ARE
STRUGGLING WITH
PATIENT ENGAGEMENT
THROUGH TELEHEALTH

WHY PATIENT ENGAGEMENT?

Engaged patients have the knowledge, skills, ability, and willingness to manage their health and care and to act on provider recommendations

The World Health Organization defines patient engagement as:

“...the process of building the capacity of patients, families, caregivers, as well as health care providers, to facilitate and support the active involvement of patients in their own care, in order to enhance safety, quality and people centeredness of health care service delivery.”

Insert Your PRACTICE LOGO Here

Setting the Agenda for Getting the Most Out of Your Visit Today

We are glad you have chosen us as your primary care provider. Whether you are visiting today to see a physician, Care Manager, or other team member, we want to help you to get the most out of your visit. Completing this short form before your visit helps to make this happen.

To ensure that you get the most benefit from your visit today, please tell us three things you wish to have addressed. (These can include questions about medication, tests, physical activity, treatment options, etc.)

1. _____

2. _____

3. _____

Please keep this form with you and have it available when you speak to your provider. At the conclusion of your visit, please complete the questions below:

How could we support your care better?

STEPS TO FACILITATE PATIENT ENGAGEMENT THROUGH TELEHEALTH

Pre Visit:

Assess IT needs and preference

Begin Setting the Agenda

During Visit:

Listening with Empathy

Follow Agenda

Post Visit:

Send visit summary including Plan of Care.

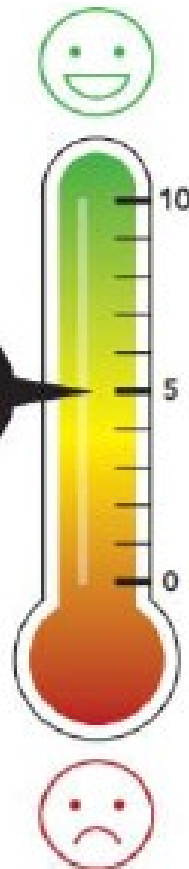
Include Help Lines

Assess Health Confidence and Health Information Understanding

Health confidence

How confident are you that you can control and manage most of your health problems?

Where are you?

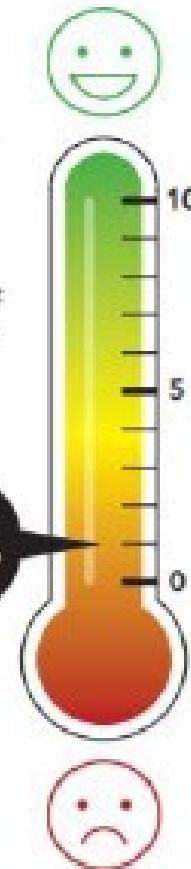


If your rating is less than "7," what would it take to increase your score?

Health information

How understandable and useful is the information your doctors or nurses have given you about your health problems or concerns?

Where are you?



If your rating is less than "7," what would it take to increase your score?

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Conversation Time

Q & A

**POLLING AND
DISCUSSION**

**ARE YOU WORKING FROM HOME OR IN
THE OFFICE**



**ARE YOU HAVING HUDDLES OR VIRTUAL
HUDDLES WITH YOUR TEAM?**

**HAS YOUR PATIENT LOAD BEEN
AFFECTED**

**WHAT STANDING ORDERS DO YOU HAVE
IN PLACE TO PROVIDE OUT-REACH FOR
NEW CARE MANAGEMENT CANDIDATES?**

**ARE YOU USING REGISTRY REPORTS FOR
OUT-REACH?**



**HOW ARE THE PATIENTS REACTING TO
TELEHEALTH**

HOW DO YOU FEEL ABOUT TELEHEALTH



**WHAT IS WORKING BEST FOR
TELEHEALTH AND/OR PHONE VISITS?**

ANY TIPS?

**WHAT HAS BEEN YOUR BIGGEST
CHALLENGE**

**WHAT HAS BEEN YOUR GREATEST
REWARD**



**DO YOU FEEL YOU HAVE ENOUGH
RESOURCES?**

**FOR VIRTUAL VISITS, ARE YOU
MONITORING FOR IMPROVEMENTS?**



WHAT DO YOU NEED FROM NPO



THANK YOU