HTN Care Plan for Care Management for Patient

Week One:

- Introduction/Explanation of Care Management
    - {Practice Name}'s care management program is designed to help you get and/or stay healthy!
    - In most cases, it's covered by your insurance without cost to you.
    - What is your biggest health concern today?
        - What do you know about your condition?
    - Assessment/Surveys
    - Health history
    - Treatment Goals
    - Takeaway: learning resources (non- pharmacological interventions- see *Patient Blood Pressure Packet*), coping skills, etc. Side Effects and medication counseling points?

Week Two:

- What does HTN mean to you?
- What positives can you find from improving your HTN?
- Identify triggers/source that worsen HTN.
- Learn more about your experience of your illness - history, frequency, duration, recent moments of flare up!
- What's worked in the past, what hasn't worked? Previous treatments?
- Motivation - short term vs. long term decision making/goal setting.
- Revisit goals, where are you at? Where would you like to go?
- Takeaway: Providing another coping skill (if stress is a factor) -Behavioral Activation, etc. or non- pharmacological interventions? Side Effects and medication counseling points?

Week Three:

- Side Effects and medication counseling points if the patient had a recent medication change?
- Have you been able to try any coping skills (if stress is a factor) or non-pharmacological interventions?
- What do you need to give yourself credit for?
- Building on success
- Revisiting goals, where are you at? Where would you like to be?

Week Four:

- Utilize further sessions to continue expanding on what has already been discussed.
- Utilize stress management and non- pharmacological interventions if needed.

HTN/ High Blood Pressure Care Plan for Care Management

<u>Week One (Mostly likely billing a G9002 or Phone Code):</u> *(review your Patient Blood Pressure Packet)*

- Your first visit will consist of a short assessment including Side Effects and medication counseling points of your HTN/Blood Pressure Medications *(Use Patient Blood Pressure Packet)*
- **G9001 Part 1 (*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*:** In addition to blood pressure medications, briefly ask about other medications the patient is prescribed? Do they have any issues, questions, or concerns. *If you are a social worker and not comfortable with things that may come up simply say, "I am a social worker and this is not part of my knowledge set, but I will relay this information to your Dr. and get back to you OR I have an RN call you" NPO pharmacist may also be a good option.*
    - Do you ever have trouble affording medications?
    - Do you ever have trouble affording food?
    - Do you have transportation?
    - Do you have a place to live?
    - Can you afford your bills?
    - Would you like assistance with any of these? Are there any other needs you have? *(If patient does not have an SDOH screening on file. add one otherwise, it is ok to ask questions and document)*
- Have patient establish goals or start thinking about goals for next session based off the patients " HTN Care Plan for Care Management for Patient" handout.
- **SO257: *(age does not matter)***
    - If the patient is 65 or older with ACP paperwork on file: I ask all patients this, the paperwork we have on file, is that up-to-date or would you like to make changes? Do you need a copy of what we have on file? Do you have any questions about this?
    - If the patient is 65 or older with no ACP paperwork on file: I noticed, we do not have ACP paperwork on file for you? Is this something I can help you with or something you would like to discuss with your provider?
    - Patient of any age (use your discretion- maybe 12 year and up): This may sound weird, but I ask all patients this as it's never too early to consider these things. What would be most important to you if you became very sick? What kinds of things are most important to you? Do you have any other questions about this?
- **G9007:** Provide quick face-to-face update to provider *(*Hint can be next day if trying to get two touches)*

Week Two (Mostly likely billing a G9002 or Phone Code):

- Discuss what Hypertension/ High Blood Pressure looks like for the patient.
    - How does Hypertension/High Blood Pressure impact your life?
- Side Effects and medication counseling points if you had a new or recent HTN/ Blood Pressure medication change?
- What's worked in the past, what hasn't worked?
- Coping skills introduction and non-pharmacological interventions from your *Patient Blood Pressure Packet*
- **G9001 Part 2(*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*:** Does your HTN diagnosis cause you any depression or anxiety? In general, are you struggling with feeling anxious or feeling down as or recent? Have you had any issues with this in the past as it can affect your HTN? *Depending on patients' response, can do a PHQ9 or GAD7 and notify PCP if concerns for higher level of care or CoCM services if the practice offers.*
- Revisit Goals or create goals.
- **G9007:** Provide quick face-to-face update to provider.

Week Three (Mostly likely billing a G9002 or Phone Code):

- Continuation of identifying what affects patients HTN/ High Blood Pressure and/or what motivates the patient to work on lowering their HTN/High Blood Pressure
- Defining and expanding on coping skills (if stress is an issue) and non-pharmacological interventions.
- **G9001 Part 3: (*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*:** Last week I asked you if you were feeling anxious or down. This week I want to ask how you are feeling physically? Does your body limit you in any way? If the answer is Yes, ask the patient if they would like you to talk to their PCP about this.
- Revisit Goals
- **G9007:** Provide quick face-to-face update to provider.

Week Four (Mostly likely billing a G9002 or Phone Code AND G9001 if all information has been gathered and visit is face-to-face or virtual; can wait until next face-to-face or virtual visit to bill if needed):

- Utilize further sessions to continue expanding on what has already been discussed.
- Would Stress Management interventions be helpful or more non-pharmacological interventions?
- **G9001 Part 4:** We have talked about what I am about to ask you over the past few weeks, but can you please tell me in your own words:
    - What do you understand about your health/ what does your health mean to you?
    - How do you feel about the changes you have been working on?

    - Do you feel ready to maintain these changes or to start new changes?
    - Last, what do you feel your biggest barriers are to making change?
- **G9007:** Provide quick face-to-face update to provider.

Recommended Documentation for Billing G9001:

- Identify care manager responsible for overall care plan, his/her credentials, and patient's provider contact information.
- Date, duration, and modality of contact (face-to-face or virtual)
- Name and relationship of person contacted if other than patient.
- All active diagnosis assessed (and reported on claim)
- Current Physical and mental/emotional status
- Current medical treatment regimen and medication
- Risk Factors
- Available resources and unmet needs
- Level of patient understanding of condition and readiness for change
- Perceived barriers to treatment plan adherence
- Individualized long and short-term desired outcomes and target dates.
- Anticipate interventions and timeframe for follow-up.
- Patient Consent to engagement/ participate in Care Management

Most of these things can be copy and pasted from weeks prior to submit the full G9001 comprehensive Assessment

S0257 Resources: NPO and some NPO practices have access to ACP Decisions Website that has very nice education videos that can be shared with the patient including their family and friends. Ask your practice or NPO if you are interested.

If a younger person wants resources, google five wishes. Providing a five wishes handout may be a good option and or ACP decisions: What's Important to You