Anxiety Care Plan (Patient Copy)

Week One:

- Your first visit will consist of a short assessment.
- You will then establish goals with your Care Manager

Week Two:

- You will discuss what anxiety looks like for you.
    - How long have you been experiencing anxiety? How often?
    - What are your triggers?
- What's worked in the past, what hasn't worked?
- Cognitive Behavioral Therapy
    - CBT Thought Log, CBT Triangle, Cognitive Restructuring
- Revisit Goals

Week Three:

- Continuation of identifying recent anxious thoughts/moments
- Defining and expanding on coping skills
- Revisit Goals

Week Four:

- Utilize further sessions to continue expanding on what has already been discussed.

Anxiety Care Plan (CM Copy)

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

- Introduction/Explanation of Care Management
    - Short term/transitional supports, outpatient referral if best fit
    - Identify how many sessions are included.
    - What brought you here? What is your motivation? What are you willing to work on?
    - Assessment (past anxiety/depression current and past anxiety medications etc.)/Surveys (PHQ9, GAD7, SBIRT etc) Including part one of G9001 (see below)
        - G9001 Part 1 (*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*: In addition to talking about your past and current anxiety medications, I would like to review all your medications. 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 consult may also be a good option for you or patient, especially if polypharmacy- email provided on last page)*
            - 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)*
    - SO257: *(age does not matter):* For the last piece of our assessment….
        - 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?
    - Treatment Goals or start thinking about goals for the next session.

    - Takeaway: Book recommendations, coping skills, etc. (can pull information from anxiety workbook)
    - G9007: Provide quick face-to-face update to provider *(*Hint can be next day if trying to get two touches, if you are virtual perhaps a provider or providers at the office would agree to a weekly, twice a month or monthly virtual meeting to do a Care Management Case review in which a G9007 could be billed for each patient)*

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

- G9001 Part 2: (*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)* is related to depression and anxiety. This will be covered by week twos assessment.
- What is anxiety?
- Identify Triggers
- Learn more about their anxiety - history, frequency, duration, panic attacks, recent moments of anxiety.
- What's worked in the past, what hasn't worked?
- Psychoeducation *(Social workers are trained in this type of therapy. Please see the anxiety workbook for more information. MI skills can also be utilized)*
    - What is CBT?
    - What current stressors are you experiencing?
        - Use these as an example for CBT.
    - CBT Thought Log, CBT Triangle, Cognitive Restructuring
- Revisit goals, where are you at? Where would you like to go?
- Takeaway: Providing another coping skill - Visualization, grounding, etc.
- G9007: Provide quick face-to-face update to provider.

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

- Have you been able to try any coping skills?
- Continuation of identifying recent anxious thoughts/moments
- Fixed Mindset vs. Growth Mindset, should statements, etc.
- G9001 Part 3: (*Still chart this information but don't bill G9001 until week 4 or when all parts are gathered)*: We have talked a lot about how you're feeling mentally. 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. (This could be a contributing factor to anxiety symptoms?)
- Revisiting goals, where are you at? Where would you like to be?
- 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.

- Add additional interventions as needed, such as: Cognitive Distortions (more information in the Anxiety resource workbook), and other mindfulness activities such as breathing and grounding skills https://mc3michigan.org/wp-content/uploads/2022/07/Grounding-Skills.pdf
- 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 or maintaining 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

NPO Pharmacist help: rx@npoinc.org