



COVID-19 Care Coordination Prioritization Application

A data tool and self service application to help identify patients at greatest risk for the COVID-19 virus



ABOUT:

OneCare has created a data tool to help identify patients with the greatest COVID-19 virus risk, according to criteria advanced by WHO, CDC, and Johns Hopkins. The tool was developed using lists of patients attributed to our network practices, medical and pharmacy claims information, and medical claim code groupers to identify specific risk groups. We hope practices will be able to use the tool to proactively contact high risk patients to ensure they are as prepared for the COVID emergency as possible, and to meet their care needs in this challenging environment. **There is some urgency to reach these patients to reduce their risk of morbidity and mortality from the pandemic and to avoid our health system being overwhelmed with sick patients.**

THE SIX HIGH-RISK GROUPS:

The tool will be provided to OneCare network practices to generate lists of their patients meeting one or more of the vulnerability criteria below. The tool also contains care team details pulled in from Care Navigator if the patient is already receiving care coordination services. The six high-risk groups are:

- Age greater than 60 with chronic conditions (medical claims)
- Frailty score (Johns Hopkins ACG scale)
- Potential for fragmented care - greater than seven distinct providers seen in past year
- High healthcare resource usage
- Mental health or substance use conditions
- High social complexity risk and evidence of food access issues and/or social isolation

HOW PRACTICES MIGHT CHOOSE TO USE THIS TOOL:

1. **Care and Concern Calls - utilize licensed or unlicensed staff to call high risk patients**
2. **Conduct a scripted interaction to:**
 - a. Assess/address unmet care needs
 - b. Identify medication renewal needs
 - c. Reinforce social distancing recommendations
 - d. Assist in inventorying available social supports for emergency needs plan
 - e. Determine need for telephone or video visit(s) by clinician
3. **Document the telephone interaction**
4. **Initiate appropriate scheduled clinical follow-up (such as telephone/video/or in-person visit) using Care and Concern Call as pre-visit planning**

BILLABLE SERVICES:

While the COVID-19 pandemic has resulted in significant expansion of permissible telemedicine (audio-video care link) and telephone only care by virtually all payers, Care and Concern calls probably do not represent billable services. Telemedicine and telephone services provided by qualified clinicians who can bill evaluation and management codes that result from these outreach efforts should be billed according to payer guidance.

ACCESS TO THE COVID-19 PATIENT ENGAGEMENT TOOL:

The tool will be available via WorkbenchOne in a way that only permits each practice to view their attributed patients, as it contains protected health information. For practices that do not yet have WorkbenchOne access, OneCare staff can provide exported lists in HIPAA-compliant format such as secure email.

QUESTIONS:

Questions can be addressed to OneCare's Analytics team at OneCareDataRequest@onecarevt.org.