COVID-19
Generic Workflow and Script
for High Risk Patient Outreach

Introduction

This document provides you with a generic workflow to assist your organization in conducting outreach to high risk patients. It is intended to accompany information received from the COVID-19 Care Coordination Prioritization application on WorkBench One (WBO), a data tool and self-service application to help identify patients at greatest risk for the COVID-19 virus. For more information, refer to the Handout describing the tool. For more information on using the tool, contact OneCareDataRequest@onecarevt.org. To discuss care coordination, contact CareCoordination@onecarevt.org. For access to Care Navigator, contact HelpDesk@onecarevt.org.

Because the outreach may be conducted by a nurse, social worker, medical assistant, care coordinator, or other health care professional, the wording may have to be adjusted based on the role type.

Confirm PCP attribution

1) Review the COVID-19 Care Coordination Prioritization application for a list of patients and confirm the attributed provider is the current primary care provider (PCP).
2) If the patient is being cared for by a PCP from another organization
   - Use your electronic medical record to inform current PCP.
   - If current PCP is in your organization, facilitate with current PCP.
   - If current PCP is non-organization provider, call PCP office stating patient was identified during outreach as needing follow up and defer to PCP for further action.
3) If applicable, review Care Navigator encounter notes.
   - Add yourself to the Care Team, if you're not already added.
   - Send a message to Lead Care Coordinator (LCC) and Care Team Members (CTM), if identified, to notify the Care Team that you are initiating outreach.
   - Document care coordination encounter notes after call.

Initial Call

1) *Hello, my name is _____ and I am calling from _____ (provider's) office. I am working with _____ to check in with you on how you are doing and talk about concerns you may have related to your health and/or COVID 19/Coronavirus.*

2) Questions to ask:

   How are you feeling today? Are you experiencing fever, sore throat, fatigue, cough, changes in your breathing?
   - Document response and if yes, send to PCP or Covering Provider/Doc of the Day.
   - If the patient reports no symptoms*: I am glad to hear that. If you develop symptoms that are new or worsening, or that prevent you from doing a normal activity, you may need some help. That is when to call our office or call emergency medical services.*

Is anyone in your home ill or have you been around anyone that is ill?
- Document response and if yes, send to PCP or Covering Provider/Doc of the Day.

Is it OK with you if I share information regarding COVID-19 Coronavirus?
- *Physical distancing is important, stay home as much as possible to reduce your risk of being exposed.*
- *It is important that you wash your hands regularly and avoid touching your face.*
- *Cover your face and/or wear a face mask or scarf if you need to go to a public space such as the grocery store or drug store.*

Do you have any concerns or questions about your health (i.e. "chief complaints") that we can assist you with?
- Document and if yes, send to PCP or Covering Provider/Doc of the Day.

Do you need any medication refills?
- If yes, pend order to provider, based on scope of practice.
- If patient uses inhalers, instruct patient to bring inhalers with them any time they need to be seen in person (PCP visit, ED or Urgent Care).

Do you have the food you need to stay home for the next two weeks?
- If no, document additional information and pend order, based on scope of practice, for Care Management referral or assist patient with navigating to local resource.

Is there someone with whom you feel connected or feel comfortable reaching out to if you need help with something?
- If no, document additional information, and ask the PHQ2: Screening Instrument for Depression.

OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?	NOT AT ALL	SEVERAL DAYS	MORE THAN ONE-HALF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

- If the patient has a positive response to either question, document additional information, and move forward to scheduling a follow-up visit.
- Refer to protocol from your organization regarding administering the PHQ9.

Would you like a connection made to a member of the care management team? (A nurse or social worker to help you feel supported at home).

- If yes, document additional information and pend order, based on scope of practice, for Care Management referral.
- If no concerns or symptoms, close call with:

We want you to know that we are available to you by phone or _____ (name of patient portal).

- Ask the patient if he/she has access to the practice's patient portal. If patient is not a portal user, offer to assist in setting up account.

We would like to schedule a follow-up visit with you and _____ (provider) in a week to check in and see how you are doing. How does that sound to you? Do you or anyone in your household have a phone with a camera or a computer with a camera for a video visit?

- If yes, let the patient know this visit would be via a video check in and confirm if he/she is comfortable/able to attend a visit this way. A telephone visit is sufficient if patient is unable to accommodate a video visit.
- If patient declines a visit, ask the patient if it is OK for you check in with him/her in one week to see how he/she is feeling at that time.
- If the patient agrees, set a reminder to call the patient at the agreed upon frequency to check in.

- If there are concerns or symptoms, close call with:

I will have your provider review your chart based on our conversation and I or a member of the team will be calling you back today to discuss next steps.

- Provider then determines when patient should be scheduled for video visit.