Medicare Care plan and Self-Care plans?

High Risk Population Management
Pilot project – South Jordan clinic

Debby Evans RN, BSN, CDE
Care Manager
Flooding Baby Boomer retirement. The 77 million Baby Boomers—those born between 1946 and 1964 after the conclusion of World War II—are nearing retirement age. This will result in a significant jump in Medicare enrollment. The Congressional Budget Office (CBO) projects that the number of Americans aged 65 and older will increase by 76 percent by 2040. [12]
Longer dependence and fewer workers. In 1965, when Medicare was created, the average American life span was a little over 70 years of age, but in 2030, it is projected to reach almost 81 years.[13] In 1965, there were four workers for every retiree.[14] Today, there are roughly three workers for each Medicare beneficiary, and by 2030, that will decline to 2.3 workers for each beneficiary.[15] Americans are living longer and longer in retirement but are supported by fewer and fewer working taxpayers.
The average life expectancy in the United States has increased since Medicare was created, but the program’s eligibility age has remained constant at age 65. As a result, seniors collect benefits for almost three times as long compared to when the program started.

**Note:** Some figures from 2009 through 2020 have been extrapolated.

High Risk and/or Medicare referrals process

SOUTH JORDAN
High Risk and/or Medicare referrals to Care Manager for Care Plan Development

REFERRAL TRIGGERS:
• Financial barriers: Self-Pay; uninsured; recent loss of job; high deductible insurance plan; IHC FA; PCN. Complaints of inability to pay deductible, or ability to pay for medications or recommended testing, getting evicted from place of residence, inability to pay utilities, food, necessities of life.
• Marital status: single, divorced, widowed
• Recent loss: death of a loved one or pet
• Over utilization of phone calls/or “drop ins” from patient or family members to the clinic without appointments
• Literacy issues: patients that say, “Can you spell that for me?”, or “I don’t have my glasses, can you write that down for me?”
• Language barriers: patients who require interpreters for foreign languages, or sign language
• Mood disorders: patients who you get the sense are distraught and/or require additional coaching, and/or time from the Providers. (Do you feel anxious while speaking to this patient?) Are they insisting on taking unscheduled time from employees?

How do I know if a patient already has a Care Plan?
• In their problem list in Help2, Personalized Primary Care, and then the name of the Care Plan will show along with the date that the Care Plan was initiated with the patient. We have several Care Plans so a patient can have more than one Care Plan, addressing different diagnosis or issues. Even if the patient has a Care Plan in place, please still refer. They may have new issues arise that require additional resources.

How is a referral sent to the Care Manager?
• In Help2
  Ensure you have imported (hot text) caremanager - care manager referral – Debby

Origination Date:
Revised Date: 10/9/15
Dear Patient,

As your healthcare provider, I want to invite you to take advantage of the 'Welcome to Medicare' initial comprehensive visit, a benefit available to all Medicare beneficiaries within the first 12 months of eligibility. The initial visit and subsequent Annual Wellness Visits (AWV) are designed to help you and your provider develop a plan for disease prevention and to maintain your health in the coming years. The best preventive care, depends on your own medical past, your family's medical history, and how you live. This visit is provided at no cost to you. Part of this service may include a separate appointment with our Registered Nurse Care Manager Debby. This is a free service intended to provide you with valuable resources, while assisting the provider in meeting Medicare's requirements for your appointment.

In addition to your comprehensive visit, the provider and staff will:
* Review your complete health history and screen for depression, fall risks and other problems.
* Check your blood pressure, weight, vision and activity level.
* Make recommendations for other wellness services and healthy lifestyle changes.

Due to the restrictions put in place by Medicare, this visit is not intended to evaluate and manage new problems. A separate appointment is required to evaluate and manage new conditions. Additionally, your provider may require a separate appointment to evaluate and manage chronic conditions as a part of your regular follow-up care. A copayment or deductible will be applied to problem focused appointments.

If you are interested in scheduling your Welcome to Medicare appointment, please complete the enclosed Health History, Provider/Medication list and Health Risk Assessment and return by mail or in person. Once we have received your questionnaires, your appointment can be scheduled. We strongly encourage patients to understand their insurance benefits as covered services vary from plan to plan.

We have also included an Advance Directive and Fact Sheet. We encourage you to have thoughtful discussion with your family members as you review and complete this form. This important document, helps make your end of life wishes known to others. The completion of an AD is optional and may be returned at any time.

We look forward to assisting you in the development of your Personalized Wellness Plan.

Sincerely,

Raelynn Hansen, Practice Manager
South Jordan Clinic
### MEDICARE VISIT HOT TEXTS

***No appointment should ever be scheduled until paperwork is returned***

Letters – create as a clinical note titled letter. Print on letterhead-PSR/Schedulers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>mcrwelcometomedicareletter</td>
<td>Welcome to Medicare for all Medicare members who are in first 12 months of eligibility</td>
</tr>
<tr>
<td>mcrpreventivewellSH&amp;UH</td>
<td>Preventive &amp; Wellness combined for SelectHealth &amp; United Healthcare (currently only plans we are directed to provide together). After first 12 months of eligibility</td>
</tr>
<tr>
<td>mcrwellnessinvitecomm</td>
<td>Annual Wellness only – Medicare Part B and all other Advantage plans except SelectHealth &amp; United Healthcare</td>
</tr>
</tbody>
</table>

Referrals and Requests for Care Management Team

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>medicareapptrequest</td>
<td>Medicare appointment request – must choose appropriate option based on patients insurance plan. This message is sent to Patricia Garcia by schedulers.</td>
</tr>
<tr>
<td>caremanagermedicare</td>
<td>Care Manager referral for care plan. Sent by Patricia or provider for patients identified as needing extra prior to Medicare visit or PPC visit type (Depression, DM, HTN, High Risk)</td>
</tr>
</tbody>
</table>

Progress Notes – Providers Only

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>medicarewelcometomedicare</td>
<td>Medicare Progress Report</td>
</tr>
<tr>
<td>medicareAWVpreventiveSH&amp;UH</td>
<td>Medicare Annual Wellness &amp; Preventive for SelectHealth and United Healthcare patients after first 12 months</td>
</tr>
<tr>
<td>medicarefirstAWV</td>
<td>Medicare First Annual Wellness only visit G0438 – patients with Medicare Part B and other Commercial Advantage plans except SelectHealth &amp; United Healthcare. First Wellness after Welcome to Medicare or after first 12 months of eligibility.</td>
</tr>
<tr>
<td>medicaresubsequentAWV</td>
<td>Medicare subsequent Wellness only visit G0439 – all subsequent visits for Medicare Part B and other Commercial Advantage plans except Select Health &amp; United Healthcare.</td>
</tr>
</tbody>
</table>

While some Regence plans state they cover, schedule for preventive along with Wellness until further direction.
Care Planning and Self Care Support

At Intermountain Healthcare, we engage patients in wellness and prevention decisions, and in choices about their care. Patient engagement means patients are involved in their own health and care choices, and they interact meaningfully with caregivers. At Intermountain, best patient care involves care of the whole person. This includes mental, emotional, and physical health, as well as lifestyle.

Our Mission: **Helping people live the healthiest lives possible.**

Our Vision: **Patient Engagement:** We provide a compassionate healing experience. Fully involving patients in clinical and financial decisions about their healthcare, and encouraging them to take responsibility for healthy life choices.

Your Primary Care Provider has asked your Care Management Team to assist you in your care decisions by developing a care plan with you. A care plan is a written personalized plan which, under the assessment process, details a patient’s integrated health and social care needs. The care plan is a way of working out with you, what we are going to do to assist you, and allows you to set goals to work toward with our support.

Creating a care plan with your health, and mental health care professionals, means being able to talk about your situation, how it affects your life, what you want to do, and what you can do for yourself with the right support. It's about being given all the information you need, being listened to, being able to ask questions, and feeling able to say what's really important to you. The plan that is agreed upon will be the result of this process.
Medicare Care plan Assessment tools

1. Live Well Lifestyle and Health Risk Questionnaire

- Physical Activity
  - On average, how many days per week do you exercise or do physical activity? __________ days per week.
  - On average, how many minutes of physical activity or exercise do you perform on each of these days? __________ minutes per day.
  - At what intensity (how hard) do you usually exercise? __________
    - Light (e.g., walking)
    - Moderate (e.g., brisk walking)
    - Vigorous (e.g., jogging)

- Nutrition
  - On average, how many days a week do you eat a healthy breakfast? __________ days per week.
  - On average, how many 12-ounce servings of non-starchy vegetables do you eat each day? __________ servings per day.
  - On average, how many 12-ounce servings of dairy do you eat each day? __________ servings per day.
  - On average, how many 12-ounce servings of juice do you eat each day? __________ servings per day.
  - On average, how many times do you eat out? __________ times per week.

- On a scale of 1-10, where 1 is low and 10 is high, how healthy, overall, and active are you in keeping your health habits and goals? __________
**PHQ-9**

**Mental Health Integration**

**Patient Health Questionnaire (PHQ-9)**

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you’re a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, or so quickly that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

A. Not difficult at all  
B. Somewhat difficult  
C. Very difficult  
D. Extremely difficult

**In the past 2 years, have you felt depressed or sad most days, even if you felt okay sometimes?**

A. Yes  
B. No

**Comments:**

**FOR OFFICE USE ONLY:**

Symptoms score total of 4 answers in shaded section: __________

Severity score total of this portion of all questions: __________
Authorization to Use and Disclose Protected Health Information

Authorization to release the protected health information of:

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>MRN</th>
<th>EMPI#:</th>
</tr>
</thead>
</table>

Current Address:

City: State: Zip:

Phone Number:

Date of Birth:

This authorization is to release the protected health information to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Address:

City: State: Zip:

Deliver by:

- [ ] In Person
- [ ] Fax
- [ ] Mail
- [ ] Secure Email

This authorization is to release the protected health information from:

<table>
<thead>
<tr>
<th>Facility Name/Provider</th>
<th>Intermountain Healthcare</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Address: 4546 West Lake Park Blvd.
City: West Valley City
State: UT
Zip: 84120

The purpose of this disclosure is: To release financial information

Dates of service requested:

Release the following information:

- [ ] Discharge Summary
- [ ] History & Physical
- [ ] Consultation(s)
- [ ] Operative Report(s)
- [ ] Progress Notes
- [ ] Pathology Report(s)
- [ ] Radiology Report(s)
- [ ] Lab Report(s)
- [ ] Cardiology Report(s)
- [ ] Treatment Plan(s)
- [ ] Itemized Billing Statement
- [ ] Psychiatric Admitting Evaluation
- [ ] Psychiatric Discharge Summary
- [ ] Mental Health Therapy Records
- [ ] Emergency Record(s)
- [ ] Other records as specified
- [ ] Substance Abuse Disorder Treatment Record(s)

This Authorization will remain in effect:

From the date of this Authorization until:_

Until the following event occurs:

*Unless otherwise noted above this authorization will remain in effect 180 days from the date signed.

I understand that:
- Once "this facility" discloses my health information by my request, it cannot guarantee that the Recipient will not redisclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my health information.
Advance Directives
Medicare Self Care Plan

Date______________

At your appointment today you and your healthcare team discussed your preventive care and made a plan for what to do next. These are notes on what you did and decided.

The **goals** you have set for your preventive care include:

________________________________________________________________________

**Treatment Guidelines.** You were given a copy of the Preventive Care for Men/Women on (date): ________________

**Current testing status:** We reviewed your current health status to include:

1. Risk Factors
2. Health Checks
3. Cancer Screenings
4. Immunizations
5. Healthy Habits

**Your Preventive Fact Sheet** was completed on: ________________

**Self-Management.** We discussed some changes to help you manage your preventive care needs and reach your health care needs.

How important are these changes to you? (1-10): ________________

What would help you move from a _____ to a _____?

How confident are you that you can make these changes? (1-10): ________________

What would help you move from a _____ to a _____?

How can you healthcare team help you with your goals? ________________

________________________________________________________________________

**Self-care goals and monitoring:** See page 4

**Patient Education and Community Resources.**

- Medicare Annual Wellness Visit
- Living Well with Chronic Conditions
- 55 + Senior Resource Directory
- My Health On-line Brochure
- Advance Directives Education/Brochure
- Personalized Primary Care Brochure
- Self Care from A-Z
- Intermountain Medical Group Provider List
- Medicare Calendar with next year’s appointment
- Senior Citizen Senior Centers
- Financial Assistance
- Medication Assistance
- Mental Health Needs
- Release of Information Signed

**Resources:**

Nurse Care Manager: ___________________

Health Care Advocate: ___________________

Clinic Phone _____________________

Clinic Fax ________________________
<table>
<thead>
<tr>
<th>Age</th>
<th>Insurance</th>
<th>CM appt</th>
<th>Date of care plan completion</th>
<th>Provider</th>
<th>Date of Dr appt</th>
<th>Marital Status</th>
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<tbody>
<tr>
<td>73</td>
<td>MCR Complete Optum</td>
<td>8/14/2015 10:00</td>
<td>8/14/2015</td>
<td>Dr. Sheldon Johnson</td>
<td>8/11/2015 8:00</td>
<td>Widowed</td>
</tr>
<tr>
<td>72</td>
<td>MCR Complete Optum</td>
<td>8/14/2015 10:00</td>
<td>8/14/2015</td>
<td>Dr. John Richards</td>
<td>9/4/2015 11:00</td>
<td>Widowed</td>
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<tr>
<td>65</td>
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<td>9/1/2015 10:00</td>
<td>9/1/2015</td>
<td>Dr. John Richards</td>
<td>9/18/2015 11:00</td>
<td>Married</td>
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<tr>
<td>68</td>
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<td>87</td>
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<td>10/9/2015 10:00</td>
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<td>10/13/2015 9:30</td>
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<td>90</td>
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<td>10/8/2015 2:00</td>
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<td>Dr. Sheldon Johnson</td>
<td>10/12/2015 2:30</td>
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<tr>
<td>66</td>
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<td>11/10/2015 2:00</td>
<td>11/10/2015</td>
<td>Dr. John Richards</td>
<td>11/13/2015 10:00</td>
<td>Married</td>
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<tr>
<td>72</td>
<td>MEDICARE COMPLETE OPTUM</td>
<td>1/7/2016 10:00</td>
<td></td>
<td>Kim Winegar FN-P</td>
<td>1/14/2016 2:00</td>
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<tr>
<td>58</td>
<td>MCR Utah</td>
<td>11/12/2015</td>
<td>11/12/2015</td>
<td>Dr. Patrick Marcroft</td>
<td>11/16/2015 2:00</td>
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<tr>
<td>73</td>
<td>MEDICARE COMPLETE OPTUM</td>
<td>12/8/2015 2:00</td>
<td></td>
<td>Dr. John Richards</td>
<td>12/14/2015 8:00</td>
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</tr>
<tr>
<td>69</td>
<td>SH Medicare +UHC</td>
<td>12/7/2015 10:00</td>
<td></td>
<td>Dr. John Richards</td>
<td>12/10/2015 8:00</td>
<td>Married</td>
</tr>
<tr>
<td>68</td>
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<td>L/M 12/1/2015</td>
<td></td>
<td>Dr. John Richards</td>
<td>12/11/2015 8:00</td>
<td>Married</td>
</tr>
<tr>
<td>64</td>
<td>MCR Utah</td>
<td>12/16/2015 11:00</td>
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<td>Dr. John Richards</td>
<td>12/18/2015 11:00</td>
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<tr>
<td>71</td>
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<td></td>
<td>Dr. Ryan Jones</td>
<td>12/11/2015 2:00</td>
<td>Married</td>
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<tr>
<td>76</td>
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<td>12/22/2015 8:30</td>
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<td>67</td>
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<td>Dr. John Richards</td>
<td>12/23/2015 8:00</td>
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<td>74</td>
<td>SelectHealth and United Health</td>
<td>L/M</td>
<td></td>
<td>Dr. John Richards</td>
<td>12/28/2015 8:00</td>
<td>Married</td>
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<tr>
<td>72</td>
<td>MCR and PEHP</td>
<td>1/6/2015 11:00</td>
<td></td>
<td>Dr. Ryan Jones</td>
<td>1/08/2016 2:00</td>
<td>Married</td>
</tr>
</tbody>
</table>
Dr.,
Pt added the following dx to her problem list for your review if you would like to add:
1. Depression
2. Anxiety
3. Insomnia
4. GERD
5. Right breast cancer.

Pt reports her main concerns are the following:
1. Being the caregiver for her Husband who has Parkinson’s Disease.
2. Financial stressors, no pension for either she nor her Husband and is worried that their money will not last until they die.
3. Many recent family and friends deaths, natural, suicide or cancer.
4. Upset about her being overweight.
5. Main sx complaint of abdominal pain and acid reflux.
Patient met with CM to develop her Medicare Care plan/self care plan on 8/14/2015

Husband died 7 years ago in April. Pt has not had any grief counseling. Pt is having trouble sleeping.
Pt. reports that she is worried about bruising a lot. Her Granddaughter tripped her and she fell hurting her left great toe.
Has a hard time concentrating, making decisions, cannot organize like she used to be able to which is upsetting to her.
She reports that she will need a refill Rx for her Xanax to use prn.
Reviewed problem list with her and she said that she has had her bilateral breast implants removed, knee replacements x2, and cataract is in her OD. She had a Dexa scan at her work 10 years ago.
Review of medications, changed Caltrate 600+ to a One a Day MVI per recommendation of Dr. Oz on TV.

Debby Evans RN, BSN, CDE
Care Manager
1. On a scale of 1-5, how would you rate your experience in meeting to develop your care plan to prepare for your Medicare Wellness visit?

5, 5, 5

2. On a scale of 1-5, did you find this intervention of assistance to facilitate your needs/questions/concerns in preparation to meeting with your Dr.?

5, 5, 5

3. Would you recommend this Medicare Care Plan appointment to others?

Yes, Yes, Yes

4. What added value did you perceive you gained in this meeting to create your Medicare Care plan?

“It made me feel that the Dr. was more concerned about me more than a normal visit.”

“I knew that the Care Manager would have more time to answer my questions in depth, so that I could give more time to the Dr. to give to his other patients. I enjoyed the feeling that we did not have to rush, and that we were cared for. It is nice to have an in between person and I am confident knowing that I can call you if I need you and you will get right back to me.”

5. Any suggestions to make this process of more value to you or others?

“No, I don’t think so.”

“I thought it was great.”
Debby,
My wife and I are impressed with the medical book you gave me:
"Self Care from A - Z"
Is there any chance we could purchase five of them?
We would like to give one to each of our kids.
Thank you,
Dr. Patrick Marcroft: “This really streamlines our Medicare visits.”

Dr. John Richards: “This has been really helpful because I know the information has been reviewed, and I do not have to re-enter it. I look up what Debby has put in her note at the top of the visit note to know what to focus on. I am still in the observation mode to see how we can refine this process even more. This saves me time.”
Medicare Self care plan
References

* Issue Brief #4448 on Health Care July 30, 2015
  Medicare at 50: Reform Will Better Serve Seniors’ Health Care Needs
  By Robert E. Moffit, Ph.D.
Questions?