

CARE MANAGEMENT TRIAGE—RESPONSIVE

Key Recommendations

- Reschedule non-essential appointments
- Recommend televisit appointments for sick visits if available and appropriate
- If patient is physically in the office, place patients in a designated space in office to screen/examine.

According to the Centers for Disease Control and Prevention, [social distancing](#) means:

- Remaining out of “congregate settings” as much as possible
- Avoiding mass gatherings
- Maintaining distance of approximately 6 feet (2 meters) from others when possible

Care Manager Screening Protocol

Step 1: Screening Questions

- Flu-like Symptoms: Does the patient report new fever, cough, body aches, and/or sore throat?
- If Yes, discern the severity of the symptoms:
 - Is the patient experiencing respiratory distress or noticeable shortness of breath during the call/visit?
 - Do the signs and symptoms appear life-threatening?
 - Is the patient at High Risk for complications from COVID-19?
 - Patients of all ages with an underlying health condition;
 - Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
 - Persons with immunosuppression, including that caused by medications or by HIV infection;
 - Adults aged 65 years and older;
 - With the above issues listed in A or any comorbidity.
- If No to Question A, skip to Step 3.

Step 2: Possible Positive COVID-19 or severe symptoms

- Schedule an immediate telemedicine visit (or in-person visit if the patient is in office) with the Provider.
- If symptoms are severe enough, use Emergency Services (911) or advise the patient to go to the Emergency Room immediately.

Step 3: Next Steps if No to Question A

- Follow your practice’s standard screening protocols and provide patient with COVID-19 education.
- If patient is a High or Rising Risk patient, Care Manager should advise to self-isolate and patient should be checked on/monitored via Telemedicine regularly.

Resources

- Clinical management of severe acute respiratory infection suspect COVID-19 ([WHO](#))
- Risk Assessment Guidance ([CDC](#))
- COVID-19 Patient Management ([WHO](#))
- Telephone Evaluation Flow Chart for Flu ([CDC](#))

Example Primary Care Process Map ([Link](#))

For more information, please visit:

The Maryland Primary Care Program homepage at:
<https://health.maryland.gov/mdpcp/Pages/home.aspx>

CARE MANAGEMENT TRIAGE—PROACTIVE

Key Recommendations

- Reschedule non-essential appointments
- Recommend televisit appointments for sick visits if available and appropriate
- Use your Practice Risk stratification tool(s), Care Plans, EHR information, and the Pre-AH tool in CRISP reports as well as clinical intuition to reach out to your High Risk and Rising Risk patient population

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Care Manager Proactive Protocol

Step 1: Collect Patient Population of High Risk and Rising Risk

- A. Patients of all ages with an underlying health condition;
 - 1) Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
 - 2) Persons with immunosuppression, including that caused by medications or by HIV infection;
- B. Adults aged 65 years and older;
 - 1) With the above issues listed in A or any comorbidity.

Step 2: Involve Tools and Care Team

- A. Use your Practice Risk Stratification tools, in conjunction with your EHR, Care Plans and the CRISP Pre-AH tool to assess which patient’s to reach out to and check in on regularly.
- B. Huddle with your Provider and/or Care Team to utilize their clinical intuition.

Step 3: Reach out to Patient Population

- A. Call, email, and use your Patient Portal or any other means to reach out to your patient population regularly.
- B. Screen your patients with regard to how they are feeling, ask if they need assistance with Social Determinants of Health.
- C. Ask about possible exposure to COVID-19.
- D. Educate about COVID-19 strategies and protocols.
- E. If necessary and/or applicable, schedule a Telemedicine Visit with their Provider.

Resources

- Maryland Access Point and Disability Resource Center [Link](#)
- United Way of Central Maryland [Link](#)
- Aunt Bertha [Link](#)
- Local Health Department Resource Guide [Link](#)

Example Primary Care Process Map ([Link](#))

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CARE MANAGEMENT TRIAGE—TOOLS

Key Recommendations

- Reschedule non-essential appointments
- Recommend televisit appointments for sick visits if available and appropriate
- Use your Practice Risk Stratification tool(s), Care Plans, EHR information and the Pre-AH tool in CRISP reports as well as clinical intuition to reach out to your High Risk and Rising Risk patient population

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Identify High Risk Using CRISP Reporting Services Tools

Pre-AH Tool: This score represents the probability that a particular patient will have an inpatient hospital admission or ED visit for one of eleven potentially avoidable conditions in the near future. If the score for a certain patient is 10%, this means that, based on his or her risk factors, that patient has a 10% chance of incurring an avoidable hospital event in the coming months.

Action Item: *At a minimum all patients in the top two percentiles highlighted in red and orange should be called and provided education.*

[Pre-AH Tool User Guide](#)

ED/Inpatient Utilization: The ED/Inpatient Utilization Report shows ED and Inpatient visits per 1,000 beneficiaries, trended by month. Users may compare their selected practice(s) utilization to either statewide MDPCP participants' utilization or to the entire state's Medicare FFS population using the State-Comparison filter.

Action Items:

- *At a minimum, patients with at least 3 or more ED visits within the past year should be called and provided with education regarding COVID-19.*
- *At a minimum patient's with at least 2 or more Inpatient admissions within the past 6 months should be called and provided with education regarding COVID-19.*

[ED/Inpatient Utilization Guide](#) (Review page 24)

HCC Risk Score: The Centers for Medicare and Medicaid Services (CMS) uses a Hierarchical Condition Category (HCC) risk adjustment model to calculate risk scores. The HCC model ranks diagnosis codes into categories that represent conditions with similar cost patterns. Higher categories represent higher predicted healthcare costs, resulting in higher risk scores.

Action Item:

- *At a minimum patients in the Complex and Tier 4 risk categories should be contacted via telephone by the Care Manager.*

[HCC Tier](#) (Review page 15)

Example Primary Care Process Map ([Link](#))

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