# Improving *the* Patient Experience

*Improving patient access to care, care coordination, and communication between provider and patient.*

**Geoffrey Gomez,**
**Health Net**
*We collaborate with you to get members the care they need.*

This toolkit has been adapted from a joint project of the California Quality Collaborative (CQC) and other providers associated with Health Net.

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# Contents



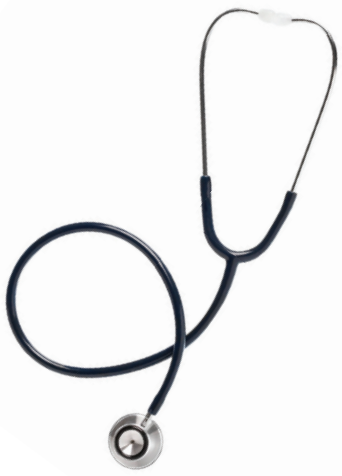
**Josefina Bravo,**
**Health Net**
*We help you navigate the complexities of regulatory compliance.*

# Introduction

This toolkit is a collaborative effort, developed by providers for providers, and distributed by Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company (Health Net) to assist in improving the patient experience by offering useful guidelines, tips, scripts, and other materials. The toolkit is based on recommendations, feedback and best practices that Health Net has received from participating providers. There are many resources and tools available throughout the toolkit and online. Applying these tips and guidelines may help increase patient satisfaction and provider satisfaction scores.

Please take a moment to review the toolkit to determine which tips and resources may be useful in improving the patient experience at your site. Each of the following sections provides recommendations on how to address elements of the patient experience process:

- Access to care
- Care coordination
- Provider-patient communication



The information in this toolkit applies to:

- CommunityCare HMO, EPO and PPO (via enrollment directly through Health Net or through Covered California™)
- Health Care Service Plan (HSP)
- HMO
- Medicare Advantage
- Point of Service (POS)

Small changes can have a huge impact on the patient experience and retention. Health Net hopes these resources are useful to you in increasing patient satisfaction.

# *Tips for Improving* Access *to* Care

## *Key points for improving access*

Improving access to care and the patient's experience with access to care is about:

- Finding the correct balance between supply and demand.
- Demonstrating flexibility to patients by offering same-day appointments and convenient and sufficient hours of operation that takes into account the needs of the populations being served, and the appointment scheduling standards for the region and product line.
- Timely returning patients' calls, especially after hours, when urgent or emergent medical advice is needed.
- Keeping patients informed of processes, timelines and outcomes when a referral and authorization for a service is needed, and in a format and language the member can understand.
- Having a process in place to timely and appropriately provide patients with test results. Refer to the section *Notify patients of test results* under *Tips for Improving Care Coordination* on page 7 for further details.

## *Measuring supply and demand*

One of the top challenges to accessing care Health Net members cite in patient satisfaction surveys is the inability to schedule an appointment with the provider at a convenient time. It is important to maintain convenient, appropriate and sufficient office hours to provide timely access to care.

Additionally, requesting a convenient date or time from the patient, and offering at least three appointment dates and times that meet the patient's criteria can help improve patient satisfaction.

The disproportion between supply and demand not only contributes to a delay in meeting patients' needs and member dissatisfaction, but can also result in quality of care issues that may be detrimental to the patient's health. The demand for any kind of service – appointment, advice, requests for laboratory or radiology results, or leaving a message for a provider – can be predicted over time based on the types of populations served, the scope of the provider's office practice and the particular style of each provider in the practice. Analysis of supply and demand data can be used by providers to predict periods of high or low demand. For example, by measuring your supply and demand, you may learn that you need to increase your practice's hours of operation on certain days of the week, as demand may be higher. Conversely, you may identify that demand is low on other days of the week, which provides an opportunity for you to schedule follow-up types of appointments. This will help balance supply and demand throughout the week.

Provide patients with comprehensive vital information about accessing urgent and emergent medical care to improve after-hours access.

**Resource:**

Instructions for measuring appointment demand type (by provider and day of the week) and appointment supply (by provider) are available on the Health Net provider website at provider.healthnet.com under *Working with Health Net* > *Quality* > *Quality Improvement (QI) Corner* (under *Improving Access to Care References* within the Patient Experience Provider Toolkit) and in the Provider Library.

## *Open same-day appointment slots*

To improve patient satisfaction, serve the acute and urgent needs of your patients, and meet regulatory-mandated access standards, Health Net encourages a system of appointment scheduling that allows for same-day access for your patients. In order to migrate from a fully booked schedule to one with several appointment slots reserved for same-day appointments, monitor the daily requests for urgent visits and reserve a number of slots each day, leaving them unfilled until the afternoon. If the practice is unable to conduct the measurements, employ the quick-start method.

### Quick-start method

During the first week, leave two to four appointment slots open each day (evenly divided between late morning and afternoon). These slots should only be given out the same day. Record the time of the day that they fill up. After one week, if the appointments have been regularly filled before 2:00 p.m., add two to four more for available appointments. Continue weekly adjustments based on demand. Modify the number of open slots based on the days of higher (typically Monday) or lower (often Thursday) demand.

**Resource:**

Instructions for measuring third next available appointment (3NA) and for converting 3NA data, appointment scheduling tip sheets (by region and product), and access tip sheets for providers and office staff are available on provider.healthnet.com under *Working with Health Net* > *Quality* > *QI Corner* (under *Improving Access to Care References* within the Patient Experience Provider Toolkit).

## *Improve after-hours access*

Directing patients to the appropriate level of care using simple and comprehensive instructions can improve member satisfaction and health outcomes, and reduce inappropriate use of emergency room (ER) services. We encourage you to discuss after-hours and weekend access to care during your first visit with each patient and at least annually thereafter. If possible, offer a brochure reinforcing your office hours, which the patient should use for emergency care and other details about accessing care after hours.

Included in this toolkit are after-hours scripts. Health Net created these scripts to serve as guides for providers to address after-hours requirements for specific regions and lines of business. Providers may use these scripts to advise members on how to access after-hours care, or as a training tool or guide for live answering services. Modifications can be made according to the provider's needs.

**Resource:**

Enclosed with this toolkit are template scripts by region and line of business in English. Sample scripts are available in many other languages, including Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese, on provider.healthnet.com under *Working with Health Net* > *Quality* > *QI Corner* (under *Improving Access to Care References* within the Patient Experience Provider Toolkit) and in the Provider Library.

## *Urgent care center use*

Educate patients about how to contact you with urgent care questions after hours and your availability for urgent visits. It is particularly important to review the access to care availability during weekends or holidays, as well as urgent care appointment access standards applicable to the population and line of business. (For example, if the patient is enrolled in an MA plan, let him or her know the appointment will be scheduled within 48 hours or that he or she can be referred to an urgent care center.)

Your patients should:

- Seek care from their primary care physician (PCP) if they have conditions that require prompt attention but do not pose an immediate, serious threat to health or life.
- Inform you of any urgent care or ER visits they have had so you may provide follow-up care within a few days of the urgent or ER visit.
- Call their physician's office to determine whether to go to the emergency room. Another option for select members is to contact Health Net's Nurse24 Telephone Triage and Screening Line by calling the Member Services number listed on his or her Health Net ID card. This line is available to members after hours or when they are unable to reach their physician.

## *Address multiple medical problems*

Try to handle more than one medical problem during the visit to help reduce future visits, especially the demand for physical exams. Go beyond the chief complaint by asking patients to list all conditions and concerns at the start of the visit. Providers may use the Talking With My Doctor form enclosed in the back of this toolkit to gather patients' medical needs, negotiate priorities and identify whether additional follow-up appointments are needed to address all the patient's medical problems, concerns and questions. Remember to ask patients if they need assistance with written forms.

- Review the patient's medical problems.


Communicating provider office referral and authorization procedures to patients can help them understand perceived delays for care and treatment.

- Conduct recommended preventive screenings, and schedule or perform preventive services, as appropriate, even when a patient presents for other reasons. Refer to the Health Net Provider Library on provider.healthnet.com for access to vaccination tables and preventive health recommendations for all ages, available on the Health Net Provider portal under *Working with Health Net > Quality > Quality Improvement Corner > Featured Topics > Tips and Resources for Quality Preventive Care.*
- Address self-management techniques and coping strategies with patients based on their medical needs.
- Schedule quarterly or monthly follow-up appointments before the patient leaves the office.

Decisions to extend the time period between visits depend on patients' abilities to self-manage and seek care if and when their conditions worsen, as well as the availability of urgent appointments.

**Resources:**

- Enclosed with this toolkit are appointment scheduling tip sheets by region and line of business to help members obtain health care services in a timely manner (the tip sheet for the PPO/EPO lines of business is undergoing revisions and will be added to the toolkit at a later date).
- An access tip sheet for physicians and office staff is available online at provider.healthnet.com under *Working with Health Net > Quality > Quality Improvement Corner > Patient Experience Provider Toolkit > Improving Access to Care References > Access Tip Sheet for Physicians and Office Staff.*
- As noted above, Health Net's online Provider Library at provider.healthnet.com offers access to vaccination tables and information about preventive health recommendations.

## *In-office wait times*

Health Net's Cultural and Linguistic Services Department, through the review of member grievances, has found that members may perceive office triage procedures as cultural discrimination. One example may be when a physician sees an Asian patient before a Hispanic patient, even though the Hispanic patient came in first as a walk-in, and the Asian patient arrived later for a scheduled appointment. The Hispanic patient may perceive this as discrimination. In an attempt to reduce perceptions of cultural discrimination and increase member satisfaction with in-office wait times, Health Net developed the Office Wait Time flyer, which provides assistance in reducing perceived disparities in treatment and member dissatisfaction with office wait times for the front office and exam rooms. This flyer offers suggestions on what affects wait times. Additionally, Health Net's talking points make recommendations aimed at improving patient perceptions and satisfaction with office wait times. Post the flyer in the office to assist with clarifying delays in wait times. Providers who offer walk-in services should inform patients that the office wait time standard applies to scheduled appointments only and not to walk-in services.

**Resource:**

The Office Wait Time flyer and talking points are available online at provider.healthnet.com under *Working with Health Net > Quality > Quality Improvement Corner > Patient Experience Provider Toolkit > Improving Access to Care References > Office Wait Time Flyer and Talking Points.*

## *Keep patients informed of the referral and authorization process*

Another top challenge to accessing care Health Net members cite in patient satisfaction surveys is that care, tests or treatments were delayed while waiting for approval. This information is substantiated by analysis of member grievances where it is evident members get frustrated in negotiating the referral and authorization process for seeing a specialist, or obtaining tests or treatment that require prior authorization. When Health Net reached out to these members to follow up on their experiences and reasons for dissatisfaction with the referral and authorization process, the majority of members stated that the authorization was either delayed or denied, but did not know why.

In an effort to improve the patient experience, it is important to evaluate the manner and format in which the referral and authorization procedures are communicated to the member, as well as the appropriateness and timeliness of the referral and authorization processes. Providers may consider the following questions to assist in this evaluation:

- Are your communications informing the patients of processes in plain language and at reading levels they can understand?
- Are your communications in patients' preferred languages? Are you providing language assistance to limited-English proficient (LEP) patients to help them understand the communications?
- Are referrals being processed and submitted for approval the same day the need is identified? If not, and there is a lag, is there anything you can do to improve the turnaround time?
- Do you have a process in place to ensure that all referrals are submitted with all required documentation to prevent delays?
- Are you informing patients of applicable authorization review and decision-making timelines? Additionally, are you explaining to patients the difference between a regular routine referral and an expedited referral?

If you are a provider delegated for utilization management processes, it is also important that you evaluate your practice's authorization review and decision-making processes and timelines, including what processes you have in place to try to prevent unnecessary delays. Addressing any needed areas of improvement in the specialist and ancillary care referral system and authorization process will increase member satisfaction.

**Resource:**

The United States Agency for Healthcare Research and Quality's (AHRQ's) *Consumer Assessment of Healthcare Providers and Systems (CAHPS) Ambulatory Care Improvement Guide* provides additional information about strategies for improving referral and authorization procedures and is available at www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html.

# *Tips for Improving* Care Coordination

## *Notify patients of test results*

Notify patients of all test results, even if results are normal or expected. Notification can be by telephone, letter or email. Establish the following protocols to efficiently manage and communicate test results to patients in a timely manner:

- Normal results, no action required or specify action as necessary.
- Abnormal results, no action required or specify action as necessary.
- Detecting when test not obtained.
- Handling results that require a telephone call from a clinician or a visit from the patient.

Use preformatted letters to relay normal results for common reports. Include patient education handouts to provide further guidance. Include a section at the end of the clinical note listing tests ordered as a result of the visit. Provide copies of lab results to the patient when appropriate.

**Resource:**

The *Improving the Patient Experience Change Package* presentation is available online at www.calquality.org.

## *Review patient charts*

To prepare for the patient encounter, review the patient's medical history prior to the visit. Be sure to identify visits with other providers and follow-up tests/results as well.

## *Communicate with patients' other health care providers*

Maintaining continuity in patients' medical care is critical to ensuring successful health outcomes. To include patients in the coordinated care process, ask them or their families if they receive care from any other providers. Be sure to share pertinent treatment information with the patient's other specialty care providers, including mental/behavioral health providers.[1] The Council of Subspecialty Societies (CSS) of the American College of Physicians (ACP) workgroup recommends the development of care coordination agreements between primary care providers and specialty/subspecialty practices to further establish a means for facilitating increased coordination and integration of care.

[1]The Health Insurance Portability and Accountability Act (HIPAA) permits the exchange of information for the purposes of treatment, payment and health care operations. In the event that information is exchanged between providers, it is the provider's option to inform the patient of the exchange. This includes exchanges of medical record information between physicians and specialists.

## *Enhance transitional care*

When a patient moves between care settings, an ideal transition includes a customized care plan that is provided timely and accompanies the patient to the next setting. Additionally, the treating physician should transmit the care plan to the receiving physician or practitioner. A smooth transition can prevent adverse medication events, ER visits and rehospitalizations. It can also improve the patient's care experience and satisfaction with services. The key factor to the success of transitional care is timely communication between the patient, PCP, hospital, home health, hospice agency, skilled nursing facility (SNF), or ER. Providers should contact patients and caregivers promptly after a transition with a focus on:

- Facilitating a timely patient follow-up appointment with his or her PCP.
- Providing access to office staff or clinicians who can answer questions, provide advice and help ensure safe transitions from hospitals or SNFs to home during the time prior to the follow-up visit.
- Conducting medication reconciliation and confirming patient understanding and compliance with medication schedules.
- Educating patients on proper management of their medical conditions. Use teach-back techniques to assess the patient's and family caregiver's understanding of the instructions and ability to provide self-care.
- Educating patients to recognize, respond to and report urgent symptoms of their medical conditions.

If your PPG provides care management for your patients, contact your PPG directly for these services.

## *Complex case management*

Health Net offers complex case management for select commercial and MA members through our contracted vendor, Optum.® The Optum Complex Care Program targets the most complex cases (often with life-limiting diagnoses) and assists members who have critical barriers to their care. Potential members for the complex case management program are identified via predictive modeling strategy and by referral. Some of the conditions this program manages include cancer, cerebrovascular disease, complex diabetes, cardiovascular disease, infectious disease, respiratory diseases, dementia, major organ failure, and trauma. These members often have multiple comorbid conditions and need assistance in planning, managing and executing their care. The Optum clinical team, consisting of the case manager, clinical team manager and medical director, establishes a personalized care plan for each member and assesses progress during weekly team reviews. A trained nurse case manager provides intensive, face-to-face contact with Health Net members, their family and their caregivers. Complex case management for members addresses the member's needs with a holistic view in order to manage comorbid conditions. The average length in the program is four and a half months.

Providers may refer a member directly to Optum for Health Net's Decision Power Complex Case Management program. For more information about complex case management, refer to the *Decision Power Program* document in the provider operations manual, under *Quality Improvement > Disease Management Programs.*

## *Promote medication reconciliation*

Encourage patient involvement in medication reconciliation, especially when there is a transition of care.

Medication reconciliation ensures patient safety and reduces adverse medication events when there is a transition in care. The purpose of the reconciliation process is to avoid or minimize errors of transcription, omission, duplication of therapy, drug-drug interactions, and drug-disease interactions. Consider the following to promote patient involvement and responsibility:

- Encourage patients to bring all of their medications to appointments, including vitamins, herbals and over-the-counter medications, and medications prescribed by other providers, including mental/behavioral health providers.
- Encourage patients to keep a current list of their medications with them to inform physicians and nurses, especially when there is a transition of care (hospital, SNF or ER visit).
- Encourage patients to ask questions if they do not understand medication changes made when they are discharged from the hospital, SNF or ER.
- Ask patients to inform you of any medication changes made by other physicians.
- Explain the importance of keeping physicians informed of unusual symptoms or medication side-effects.

**Resource:**

A medication card is enclosed with this toolkit and available online at provider.healthnet.com under *Working with Health Net > Quality > Quality Improvement Corner > Patient Experience Provider Toolkit > Improving Access to Care References > Improving Doctor-Patient Communication References.* Encourage patients to bring the card to each office visit so you can review and update it.

# *Tips for Improving* Provider-Patient Communication

## *Negotiate appointment agenda with patient*

At the beginning of each visit, establish an agenda for the appointment with the patient's input. Ask the patient to complete the Talking With My Doctor form (included with this toolkit) in the waiting room prior to the appointment. The form helps to elicit patients' key concerns by asking them to prioritize their goals for the visit in writing or verbally with the medical assistant prior to the visit. The physician or medical assistant can reference this form to determine what else is important to the patient and what is the one thing he or she wants to be sure happens before leaving that day. It also reminds the provider to share items of importance with the patient and enables consensus on how to allocate time.

**Resources:**

- www.calquality.org
- *Have You Really Addressed Your Patient's Concerns?* Family Practice Management, Ronald M. Epstein, MD, Larry Mauksch, MEd, Jennifer Carroll, MD, MPH, and Carlos Roberto Jaén, MD, PhD
- *Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement.* Academic Medicine, Gregory Makoul, PhD

## *Make a personal connection*

Face-to-face contact and empathic statements can strengthen patients' sense of personal connection with, and trust in, their physicians. Tips to foster strong physician-patient relationships include:

- Face the patient and shake hands when entering the room.
- Use welcoming words and tone of voice.
- Sit down to be at the same level as the patient.
- Acknowledge the reason for the visit and make a brief, personal connection before beginning the visit.
- Demonstrate appreciation of patient concerns through empathic statements.

## *Provide closure by summarizing action plan*

To help patients understand and comply with their care plans, reiterate goals of the visit and next steps as follows:

- Summarize and affirm agreement with plan of action.
- Discuss and clarify any follow-up with patient.
- Address the patient's priorities by asking, "Did we address what you wanted to cover today?"

**Resource:**
www.calquality.org

# Cultural *and* Linguistic Interpreter *Services*

## *Access cultural and linguistic interpreter services*

Cultural and linguistic interpreter services are available to providers and members at no cost, 24 hours a day, 7 days a week, 365 days a year. These services ensure access to qualified interpreters trained on health care terminology and a wide range of interpreting protocols and ethics, as well as support to address common communication challenges across cultures.

Providers are responsible for using Health Net interpreter services resources to provide interpreters to members who require or request them. To meet established requirements for language services, providers must:

- Ensure limited English patients (LEP) are not subject to unreasonable delays in the delivery of services.
- Not require or encourage patients to use family or friends as interpreters. The use of minors is only permitted in an emergency involving an imminent threat to the safety or welfare of the individual or public where no qualified interpreter is immediately available.
- Provide interpreter services at no cost to patients.
- Extend same participation opportunities in programs and activities to all patients regardless of their language preferences.
- Ensure that services provided to LEP patients are as effective as those provided to others.
- Record the language needs of the patient in his or her medical record.
- Document the patient's request for interpreter services, refusal of interpreter services, the request to use an accompanying adult as an interpreter, or the uses of a minor as an interpreter in his or her medical record.

**Resources:**

- Refer to the *Provider Library > Contacts> Access to Interpreter Services* to access interpreter services telephone numbers.
- Refer to the Industry Collaboration Effort (ICE) website at www.iceforhealth.org to access the *ICE Cultural and Linguistics (C&L) Provider Toolkit.*

# Behavioral Health *Care*

## *Comanagement of medical and behavioral health*

Comanagement is the process of jointly managing the behavioral health and medical concerns of patients by medical and behavioral health providers. To help promote good outcomes, ensure that care is coordinated when a physician, specialist or behavioral health practitioner refers a patient to another type of provider for the following situations:

- When a practitioner begins prescribing psychotropic medications or makes significant changes to the regimen.
- When a physician or practitioner begins prescribing psychotropic medications or makes significant changes to the regimen of a patient who is in treatment with a behavioral health practitioner.

**Resource:**

The Coordination of Care Between Medical and Behavioral Health Providers Form is located on provider.healthnet.com under *Working with Health Net > Quality > Quality Improvement (QI) Corner.*

## *Determine when to refer members to MHN*

Consider referring a Health Net member to MHN when a member:

- Has moderate to severe symptoms of depression that are not responding to treatment with first-line antidepressant medications or reports suicidal ideation.
- Needs outpatient behavioral care for psychological issues.
- Is inpatient for a medical condition and a behavioral health provider is consulted or behavioral health services are ordered as part of the discharge plan.
- Has an alcohol or other substance use disorder that is not responsive to advice to reduce or discontinue use or advice to attend self-help programs. This may include members in need of detoxification.
- Is experiencing a transition of care from a psychological facility to a medical facility, such as a skilled nursing facility (SNF), or vice versa, or when a psychiatric consultation, neuropsychiatry testing or psychiatric evaluation has been requested for the member at a facility.
- Has a catastrophic illness requiring behavioral health support.

Referring members for behavioral health care when needed is fundamental to their well-being.

- Is difficult to place due to coexisting medical and behavioral health problems.
- Has pain management with substance abuse issues or has frequent emergency visits for behavioral health diagnoses.
- Has an autism spectrum, schizophrenic, bipolar affective, or severe eating disorder.

Members may call the telephone number on the back of their identification (ID) cards to self-refer for behavioral health services. For Health Net members who do not have MHN benefits, care is coordinated through consultations with providers, Health Net and MHN staff, as necessary.

For urgent or emergent behavioral health referrals, contact MHN at 1-888-426-0030 (for immediate, life-threatening emergencies, providers and patients should call 911).

**Resource:**
The Medical/Behavioral Comanagement Referral Form is available in the Provider Library on provider.healthnet.com under *Forms*.

## *Depression program resources*

The *Depression Program Provider Toolkit* is also available and includes easy-to-use provider resources and patient education handouts to increase the quality and efficiency of the depression management process. The provider tools assist practitioners in recognizing, diagnosing and managing depression for patients of all ages and cultural backgrounds.

**Resource:**
The *Depression Program Provider Toolkit* is available on provider.healthnet.com under *Working with Health Net > Quality > QI Corner > Depression Program Provider Toolkit*.

**Ramon Munoz, Health Net**
*We connect providers and communities to address health issues and concerns.*

# Decision Power®

Decision Power® is a suite of health and wellness programs for Health Net commercial and MA members. It includes disease management for qualifying members who have been diagnosed with a chronic condition, such as heart failure (HF), diabetes, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), or asthma. Health Coaches work with members enrolled in the disease management programs to provide education and resources so that members can better manage their conditions. These services support physicians' efforts to care for patients with chronic conditions. To further enhance these support services, you can share evidence-based information with your patients about their medical conditions and treatment options. Get to know your patients' preferences and values, and actively involve them in the decision-making process. In doing so, patients can choose the course of action that is right for them and become more self-reliant to better manage their own health.

Decision Power members:

- Are better prepared and more informed for their visits with you.
- Have more realistic expectations of their conditions and the care they receive.
- Are more likely to follow treatment plans when they participate in their treatment options.
- Experience more productive visits with providers because they better understand their conditions and their own roles in helping to manage their care.

Contact Decision Power at 1-800-893-5597 to discuss concerns or obtain more information for any Health Net member with chronic conditions, at high-risk for hospitalization or who needs health education on any health care topic.

You may also use the referral fax form to refer a patient who has chronic conditions or is pregnant. The form is available in the Provider Library on provider.healthnet.com under *Forms*.

# Online *Resources and More* Tools

The following websites include easy-to-follow paths to access the documents mentioned throughout the *Improving the Patient Experience* toolkit.

## *provider.healthnet.com*

The Health Net provider website offers a wide variety of tools to enhance the patient experience. Select *Working with Health Net* > *Quality* > *QI Corner* to access the following topics:

- access to care
- coordination of care
- communication between provider and patients
- patient safety
- depression management

Health Net's online Provider Library includes information about preventive health recommendations, QI programs and much more.

Other brochures and resources are also available online from the Health Education Department or you may contact them at 1-800-804-6074 for questions about classes.

Use Health Net's QI resources to educate patients about the appropriate use of an urgent care center and other topics.

## *www.hmohelp.ca.gov*

The DMHC website includes information about mental health and much more.

## *www.iceforhealth.org*

The *ICE Cultural and Linguistics (C&L) Provider Toolkit* is located on the ICE website. Once on the home page, choose *Library* and search by title to locate this reference.

## *www.caretransitions.org*

The Care Transitions Program is an organization that provides a checklist for members as they are discharged to ensure they understand the next steps in their care.

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# A Quick Reference Guide

The following changes and recommendations can help improve access to care, care coordination, and communication between providers and patients.

Use these reminders to help improve the experience between you and your patients.

## *Tips for improving access to care*

- Open same-day appointment slots.
- Improve after-hours access.
- Educate patients about the use of urgent care centers.
- Handle more than one medical problem during the visit and extend return visit intervals when appropriate.

## *Tips for improving care coordination*

- Notify patients of all test results.
- Review patients' charts prior to visits.
- Share information with patients' other health care providers.
- Enhance transitional care.
- Promote medication reconciliation.

## *Tips for improving provider-patient communication*

- Negotiate agendas with patients at the start of visits.
- Make a personal connection and demonstrate empathy.
- Provide closure by summarizing next steps and action plans.

## *Cultural and linguistic interpreter services*

- Offer cultural and linguistic interpreter services.
- Promote and share the benefits and resources of evidence-based information.

## *Behavioral health care*

- Comanage medical and behavioral health care through continuity and coordination of care.
- Determine when to refer members for behavioral health services.
- Contact MHN, Health Net's behavioral health division, for questions or assistance with behavioral health services.
- Use Health Net's depression program resources.

## *Decision Power®*

- Contact Decision Power for assistance with any Health Net member with chronic conditions, at high-risk for hospitalization or who needs health education on any health care topic.

## *Online resources*

- Use online resources to locate tools and materials mentioned in the *Improving the Patient Experience* toolkit.

For additional details and information about any of these topics, refer to the *Improving the Patient Experience* toolkit, including the informational inserts in the toolkit, available online at provider.healthnet.com under *Working with Health Net > Quality > Quality Improvement (QI) Corner.*



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# *Appointment* Scheduling Tip *Sheet*

Help Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) members obtain health care services in accordance with **access standards as required by the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare & Medicaid Services (CMS), and National Committee for Quality Assurance (NCQA).** For additional information about access standards, refer to the provider operations manuals in the Provider Library, located on the provider website at provider.healthnet.com.

## *Well-care*

| *Appointment* | *Access standard* |
|---|---|
| **Regular doctor visit (non-urgent)** | Within 10 business days of the request for an appointment |
| **Preventive care, including physical exam** | Within 30 calendar days of the request for an appointment |
| **In-office wait time** | Within 15 minutes of the scheduled appointment (HMO/POS and Medicare Advantage)<br>Within 30 minutes of the scheduled appointment (PPO/EPO) |

## *Specialty care*

| *Appointment* | *Access standard* |
|---|---|
| **Specialist (non-urgent)** | Within 15 business days of the request for an appointment |
| **Ancillary care (non-urgent)** | Within 15 business days of the request for an appointment |

## *Urgent care*

| *Appointment* | *Access standard* |
|---|---|
| **Urgent care with primary care physician (PCP) or specialist that does not require prior authorization** | Within 48 hours of request for an appointment |
| **Urgent care with a specialist that does require prior authorization** | Within 96 hours of request for an appointment |
| **Emergency access** | Immediately, 24 hours a day, 7 days a week |

## *After-hours access*

| *Appointment type* | *Access standard* |
|---|---|
| **Emergency care** | Call 911 or go to the emergency room |
| **Urgent care** | Call the provider's office 24 hours a day, 7 days a week. Expect a call back from a provider within 30 minutes |



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# After Hours Sample Script

(for California HMO, CommunityCare HMO[1] and Point of Service (POS) PPO, EPO and Medicare Advantage plans)

*One of the following scripts may be used by physicians and medical groups as a template to ensure Health Net members have access to timely medical care after business hours or when your offices are closed.*

**Important:** Effective telephone service after business hours ensures callers are able to reach a live voice or answering machine within 30 seconds.

**I. Calls answered by a live voice (such as an answering service or centralized triage):**

If the caller believes that he or she is experiencing a medical emergency, advise the caller to hang up and call 911 immediately or proceed to the nearest emergency room/medical facility.

If the caller believes the situation is urgent or indicates a need to speak with a physician, facilitate contact with the physician by doing one or more of the following:

- Put the caller on hold momentarily and then connect the caller to the on-call physician.
- Get the caller's number and advise him or her that a physician will return the call within 30 minutes (immediately send a message to the physician).
- Give the caller the pager number for the on-call physician and advise the caller that the physician will call the member within 30 minutes, or direct the caller to the nearest urgent care center location.
- If a caller indicates a need for interpreter services, facilitate the contact by accessing interpreter services.

**Examples:**

*Hello, you have reached the <answering service/centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please stay on the line and I will connect you.*

*Hello, you have reached the <answering service/centralized triage> for Dr. <Last name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, Dr. <Last Name> can assist you. Please <page/call> him/her at <telephone number>.You may expect a call back within 30 minutes.*

**II. Calls answered by an answering machine:**

*Hello, you have reached <insert Name of Doctor/Medical Group>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician (select appropriate option):*

- *Please hold and you will be connected to Dr. <Last Name>.*
- *You may reach the on-call physician directly by calling <telephone number>.*
- *Press <number> to transfer to our urgent care center. Our urgent care center is located at <urgent care center address> (appropriate language options should be provided for the location).*
- *Press <number> to page the on-call physician. You may expect a return call within 30 minutes.*

**Examples:**

*Hello, you have reached the <Name of Doctor/Medical Group> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please leave a message with your name, telephone number and reason for calling, and you may expect a call back within 30 minutes.*

[1]Applicable to members enrolled in CommunityCare HMO directly through Health Net or through Covered California.™

*Hello, you have reached <Name of Doctor/Medical Group>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, you may reach him/her directly by calling <telephone number> or press <number> to page the on-call physician. You may expect a call back within 30 minutes.*

# AFTER HOURS SAMPLE SCRIPT

(for California HMO, CommunityCare HMO, Point of Service (POS), PPO, EPO, and Medicare Advantage plans[1])

*One of the following scripts may be used by physicians and medical groups as a template to ensure Health Net members have access to timely medical care after business hours or when your offices are closed.*

Important: Effective telephone service after business hours ensures callers are able to reach a live voice or answering machine within 30 seconds.

**I. Calls answered by a live voice (such as an answering service or centralized triage):**

If the caller believes that he or she is experiencing a medical emergency, advise the caller to hang up and call 911 immediately or proceed to the nearest emergency room/medical facility.

If the caller believes the situation is urgent or indicates a need to speak with a physician, facilitate contact with the physician by doing one or more of the following:

- Put the caller on hold momentarily and then connect the caller to the on-call physician.
- Get the caller's number and advise him or her that a physician will return the call within four hours (immediately send a message to the physician).
- Give the caller the pager number for the on-call physician and advise the caller that the physician will call the member within four hours, or direct the caller to the nearest urgent care center location.
- If a caller indicates a need for interpreter services, facilitate the contact by accessing interpreter services.

**Examples:**

*Hello, you have reached the <answering service/centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please stay on the line and I will connect you.*

*Hello, you have reached the <answering service/centralized triage> for Dr. <Last name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, Dr. <Last Name> can assist you. Please <page/call> him/her at <telephone number>. You can expect a call back within four hours.*

**II. Calls answered by an answering machine:**

*Hello, you have reached <insert Name of Doctor/Medical Group>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician (select appropriate option):*

- *Please hold and you will be connected to Dr. <Last Name>.*
- *You may reach the on-call physician directly by calling <telephone number>.*
- *Press <number> to transfer to our urgent care center. Our urgent care center is located at <urgent care center address> (appropriate language options should be provided for the location).*
- *Press <number> to page the on-call physician. You can expect a return call within four hours.*

[1]As applicable, applies to members enrolled in products directly through Health Net, Covered California™ or the Health Insurance Marketplace (HIM).

**Examples:**

*Hello, you have reached the <Name of Doctor/Medical Group> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please leave a message with your name, telephone number and reason for calling, and you may expect a call back within four hours.*

*Hello, you have reached <Name of Doctor/Medical Group>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, you may reach him/her directly by calling <telephone number> or press <number> to page the on-call physician. You may expect a call back within four hours.*

# Talking With My Doctor

_____ _____
Name Date

Dear Patient,

In an effort to improve care, please take a moment to fill out the questions below. Please ask if you need help filling out the form.

What would you like to talk to the doctor about today?

1. _____
2. _____
3. _____

Please list any new medicines, forms, or other health services you may need:


1. _____
2. _____
3. _____

In the last 12 months:

1. Have you seen any specialists? _____
   _____
2. Have you had any tests? _____
   _____

Thank you.

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Compliance Approved 05142014

# Consulta con su Médico

Nombre _____ Fecha _____

Estimado Paciente:

En un esfuerzo por mejorar la atención, tómese un momento para completar las siguientes preguntas. Si necesita ayuda para completar e l formulario, solicítela.

¿Sobre qué le gustaría hablar con el médico hoy?

1. _____
2. _____
3. _____

Enumere los medicamentos, formularios u otros servicios de salud que puede necesitar:

1. _____
2. _____
3. _____

En los últimos 12 meses:

1. ¿Visitó a algún especialista?_____
   _____
2. ¿Se sometió a alguna prueba?_____
   _____

Gracias.

# 洽詢我的醫師

姓名 _____ 日期 _____

親愛的病患您好，

為努力改善照護品質，請您撥空填寫以下問題。如果您在填寫表格時需要協助，請提出要求。

您今天想向醫師洽詢哪些事宜？

1. _____
2. _____
3. _____

請列出您可能需要的任何新藥物、表格或其他健康服務：

1. _____
2. _____
3. _____

在過去 12 個月內：

1. 您是否曾請專科醫師為您看診？ _____
_____
2. 您是否曾接受過任何檢測？ _____
_____

感謝您。

Material ID# Y0035_2014_0772_A (H0351, H0562, H5439, H5520, H6815)
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# Nrog Kuv Tus Kws Kho Mob Tham

Lub Npe _____ Lub Hnub Tim _____

Nyob Zoo Tus Neeg Mob,

Kom koj txoj kev tu xyuas zoo zog tuaj, thov siv sijhawm mentsis los teb cov lus nug hauv qab ntawm no. Thov nug yog tias koj xav tau kev pab los teb daim ntawv no.

Koj xav tham txog dabtsi nrog tus kws kho mob hnub no?

1. _____
2. _____
3. _____

Thov sau cov tshuaj koj noj tshiab, cov ntaub ntawv, lossis lwm cov kev pab rau txoj kev noj qab haus huv uas koj yuav tsum tau:

1. _____
2. _____
3. _____

12 lub hlis dhau los:

1. Koj puas tau mus ntsib ib tug kws kho mob tshwj xeeb li? _____
   _____
2. Koj puas tau mus kuaj sim li? _____
   _____

Ua Tsaug.

Material ID# Y0035_2014_0772_A (H0351, H0562, H5439, H5520, H6815)
Compliance Approved 05142014

## CONTACTS

Emergency contacts:
Name:
Telephone number:
Name:
Telephone number:

Doctors:
Name:
Telephone number:
Name:
Telephone number:

Pharmacies:
Name:
Telephone number:
Name:
Telephone number:

Fold Here

## MEDICATION CARD

My Personal Information:
Name:
Address:
Date of birth:
Telephone number:

Medical conditions:

Medication allergies and reactions:

Fold Here

- List over-the-counter medications, vitamins and herbs, and all prescriptions
- Bring this to every doctor's appointment to review the list, and bring it to the emergency room or hospital
- If you have any problems with your medication, talk to your doctor immediately

| Name and dose of my medicine or prescription (Rx) | This is for my: | The doctor that prescribed it is: | When and how much do I take? | | | | Reminder: When do I take it? |
|---|---|---|---|---|---|---|---|
| **Example:** simvastatin 10 mg | **Example:** high cholesterol | **Example:** Dr. Jones | **Morning**  | **Noon**  | **Evening**  | **Bedtime**  | **Example:** After breakfast |
| | | | **Example:** 1 pill | | | | |
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Material ID# Y0035_2014_0770 (H0351, H0562, H5439, H5520, H6815) Compliance Approved 04172014

| Name and dose of my medicine or prescription (Rx) | This is for my: | The doctor that prescribed it is: | When and how much do I take? | | | | Reminder: When do I take it? |
|---|---|---|---|---|---|---|---|
| **Example:** simvastatin 10 mg | **Example:** high cholesterol | **Example:** Dr. Jones | **Morning**  | **Noon**  | **Evening**  | **Bedtime**  | **Example:** After breakfast |
| | | | **Example:** 1 pill | | | | |
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