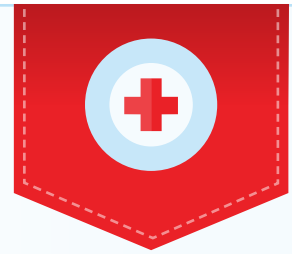
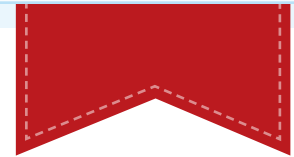


Care Coordination

POCKET GUIDE



MACC
TASK FORCE



TOP Q'S & CONSIDERATIONS

FOR PEOPLE IN MEDICARE & THEIR CAREGIVERS

Care coordination involves organizing a patient's care and sharing information with them and among their doctors and other health providers and family caregivers – or loved ones who help care for them. This helps to achieve safer and more effective care.¹

Good care coordination is important for people who are eligible for Medicare. More than two-thirds of people in Medicare have at least two or more chronic conditions, receive care, and treatment from numerous doctors, and visit the emergency department more often than those without multiple chronic conditions.

It is also a win-win-win for people in Medicare – also called beneficiaries, since care coordination can improve their health, reduce costs, and increase satisfaction with overall care.

Effective care coordination requires ongoing engagement and communication between health providers, beneficiaries, family caregivers, and others involved in a patient's care (such as pharmacists).



This pocket guide was created by the Coalition for Medicare Choices Medicare Advantage Care Coordination – or CMC MACC – Task Force. Our goal is to give people in Medicare and their family caregivers a starting point for better care coordination.



5 QUESTIONS

EVERY PATIENT & CAREGIVER SHOULD ASK* AT EVERY TRANSITION OF CARE (EACH TIME YOU GO FROM ONE HEALTH CARE PROVIDER OR SETTING TO ANOTHER):

- 1 What are you treating/or seeing me for?
- 2 Are you changing my prescription or care? If yes, can I please have a copy and an explanation of what has changed and why?
- 3 What special instructions can you provide for me/my loved one when I leave here?
- 4 When should I follow up with you or my other health care provider(s)?
- 5 If I have more questions whom should I contact?

* ASK FOR ANSWERS IN WRITING.

4 THINGS

ABOUT CARE COORDINATION TO KEEP IN MIND:

- 01 **MEDICAL RECORDS:** Ask for a copy of your medical records from each doctor's visit and keep the information in a folder with a summary of details from your visit, prescriptions, care changes, and notes about how you feel.
- 02 **CARE COORDINATION SUPPORT:** Make sure you understand your options if care coordination efforts are not working well for you. For example, you can contact your Medicare or Medicare Advantage plan to ask about care coordination services that may be available to you under your coverage.
- 03 **CULTURAL CONSIDERATIONS:** For diverse populations, there are additional coordination considerations such as:
 - Understanding what care coordination is and how it might work for you – it is important for health care providers to explain that care coordination can improve care.
 - A language barrier persists for some people from minority populations in Medicare that makes it more difficult for them to communicate and understand your needs and options. Additionally, there is very little training for health care professionals to help them overcome this barrier and most patient materials are written for English-speakers.
 - Cultural barriers also exist, which can limit a health care provider's understanding of the needs of a patient and prevent a patient from understanding their options and which questions to ask to ensure effective care coordination.
- 04 **RESOURCES:** Check out the [Ask Me Three](#) program that can help you talk to your doctor and other health care providers about your health.

10 QUESTIONS

FOR CARE COORDINATORS:

- 01** Can my family caregiver be listed as a contact in my medical record? If not, why not?
 - 02** Is there a person we can contact who is coordinating my care? How do we reach them?
 - 03** Will there be a regular conversation with me and my caregivers about the coordination and progression of the care?
 - 04** Can we count on the care coordinator to communicate with all of the other health care professionals (doctors, nurses, pharmacists) or do we still need to make the pharmacist, for example, aware of everything?
 - 05** Since patients and family caregivers often have different perspectives and are able to report on different things, will there be opportunities for us to have separate conversations with the care coordinator?
- 06** Who will pay for care coordination? Will that be an additional out-of-pocket expense?
 - 07** Will the care coordinator assess my ability to function independently, both physically and mentally? Will they assess the status of my health?
 - 08** For medical devices in the home, will you help train us in their use/maintenance?
 - 09** Can you help us assess the physical environment in the home (or is that out of the scope)? Is it accessible?
 - 10** Can you refer us to other community support services and financial resources if needed?

12 IMPORTANT QUESTIONS

ON CARE COORDINATION AND HOME HEALTH CARE:

Before receiving care from a home health care agency, it is important to understand basics such as whether a home care agency is certified, whether the agency's health care workers have passed criminal background checks and drug screenings, and have personal references, as well as whether the home care agency's caregivers are bonded, insured and have workers' compensation coverage. It is important to understand the cost (including service deposits), initiation and cancellation policies, and what services are covered by your plan for your condition(s). Finally, it is important to know whether the hospital discharge planner, doctor, social worker, or care coordinator, who suggested home health care for you recommends the home health care agency.

- 1 What is the caregiver's training?
 - By whom?
 - Extent of training?
 - Does the training include education on dealing with rare diseases?
- 2 How can I check references and background on the agency?
- 3 Does the agency offer back-up / replacement caregivers?
- 4 How much input will I have in selecting the caregivers?
- 5 What restrictions (if any) apply to the services provided?
 - Hours of service?
 - Weight restrictions?
 - Types of services based on my health condition(s)
- 6 Does the home health care agency have staff available at night and on weekends for emergencies?
 - Does the home health care agency have staff available to provide the type and hours of care as prescribed by the physician?
- 7 How much flexibility will I have in setting a schedule for services?
- 8 Does the agency maintain a quality assurance or supervisory program?
- 9 How does the agency communicate with family members?
- 10 Does the agency offer the personal care services the patient needs, like assistance with bathing, dressing, and using the bathroom?
- 11 Are patients' special needs, such as language preferences, accommodated?
- 12 Does the home health care agency offer a full range of home health care services, including skilled nursing; physical, occupational and speech therapies; IV therapy; and home health aides?



THE CMC MACC TASK FORCE

ABOUT US:

Despite the fact that two-thirds of Medicare beneficiaries have two or more chronic conditions, care for many of these individuals is fragmented. Beneficiaries often may shuffle between numerous providers serving in multiple care settings, including doctors' offices, the ER and in-patient hospital facilities. Without sufficient coordination across these various points of care, the health issues these beneficiaries are already facing may be compounded. To address this important problem and critical need, the Coalition for Medicare Choices (CMC), an AHIP-founded effort, is collaborating with leading aging, caregiver, patient, provider and minority health organizations on a unique venture called the Medicare Advantage Care Coordination (MACC) Task Force.

MEDICARE ADVANTAGE

ABOUT THE PLAN:

Medicare Advantage is the part of Medicare through which private health plans provide comprehensive medical coverage to people over 65 and persons with disabilities. In addition to the hospital and physician coverage that is included in traditional Medicare, Medicare Advantage plans also often include other benefits such as prescription drug, vision, hearing, dental, fitness, mental health, and management of chronic illness and disease. More than 16 million Americans, or roughly 30 percent of all Medicare beneficiaries, have chosen to enroll in a Medicare Advantage plan.



For more information about Medicare Advantage Care Coordination Task Force news and updates, go to www.medicarechoices.org or follow us on Twitter @ProtectmyMA.

ⁱ <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/>

