

CAROLINA FAMILY HEALTH CENTERS, INC.

PROCEDURE

TITLE: IBH-500.02 Communication with Members of Tailored Care Management

EFFECTIVE DATE: December 4, 2024

SECTION: IBH

REFERENCE POLICY: IBH-500 Tailored Care Management Program

RESPONSIBLE CHIEF OF STAFF: Chief Medical Officer

RESPONSIBLE COMMITTEE: Medical CIT

REVIEWED:

I. PURPOSE

The purpose of this document is to describe Carolina Family Health Centers, Inc.'s (CFHC, Inc.) procedure regarding communication with members, their families, and caregivers, who are participating in Tailored Care Management (TCM).

II. PROCEDURE

CFHC, Inc. aims to provide meaningful communication to the individuals, and their families and caregivers with consideration for language, literacy, and cultural preferences. CFHC, Inc. has taken reasonable steps to ensure that individuals have meaningful access and an equal opportunity to participate in our services, activities, programs, and other benefits. These communication strategies have been developed for individuals who have limited abilities to read, write, speak, or understand English.

CFHC, Inc. also recognizes the need for multiple communication modalities to best serve the needs of the individual. Methods of communicating include face-to-face visits in the medical office, or in an alternate location that best serves the patient, as well as telephone calls, text messaging, video conferencing, and patient portal messaging. Upon registration, CFHC, Inc. documents the patient's preferred method of communication. This documentation in the registration is the mechanism by which this information is shared with staff that may interact with the individual. Based on the patient's preferred method of communication, patient records are flagged with "Interpreter Needed" or "Hearing Impaired" to notify staff of the service needed for a particular patient.

In regards to limited English proficiency, CFHC, Inc. contracts with qualified and trained interpreters for phone and/or video interpreting services.

CFHC, Inc. also provides oral language assistance through on-staff bilingual Spanish Medical Interpreters for Spanish-speaking patients and is available for any on-site patient encounter. Refer to *EXEC-306.01 Limited English Proficiency*.

CFHC, Inc. uses text and voicemail messaging to communicate with patients, as outlined in procedures, *RM-512.01 Phone Calls and Patient Portal/Telephone Messages*, and *RM-512.02 Text Messaging for Patient Care*.

CFHC, Inc. utilizes OCHIN Epic's MyChart, a patient portal program that allows patients to access all of their health information by mobile phone app or computer. Patients are able to see medications, test results, and upcoming appointments; share their medical records; and, send messages to their care teams. If a patient is seen by other medical providers outside of CFHC, Inc. who also use Epic and MyChart, they can connect their medical records and view all information within one account.

Written information in other formats (large print, audio, accessible electronic formats, other formats), is available to individuals based on need and preference. CFHC, Inc. uses a qualified translator when translating written content in paper or electronic form. Written materials provided to patients on direction, guidance, education, and information are created in languages spoken by at least 5% of the patient population. Materials created internally are reviewed and approved through CFHC, Inc.'s Continuous Quality Improvement program.

Staff communicates with hearing-impaired patients who do not use sign language through written language by exchanging written notes. The staff offers to read out loud to patients who are visually impaired or have literacy challenges. Limited literacy needs are also met by designing forms that meet a fifth-grade reading level.

TCM Communication Strategies

TCM care managers and extenders will focus on clear, consistent, and meaningful communication strategies that prioritize the patient's choice and best leverage all available resources.

Initial contact

On initial contact with members during the member engagement process, TCM staff use the phone number and address provided by the Tailored Plan to communicate with the patient and use phone calls, letters, and/or a home visit to initially reach the patient. Once the member has been engaged, they are asked to discuss all of the possible methods of communication that they are willing and able to use, as well as designate their primary preferred method. Patients are educated on useful tools such as MyChart, and signup and demonstration of the account are facilitated by TCM staff. The patient's preferred alternative and emergency contacts will also be recorded, and their methods of communication.

Continuous contact

TCM staff emphasize the importance of updated and current contact information for each member frequently, especially in consideration of how often this information changes in this patient population. Updating methods of communication occurs with every reassessment, update to care plan, and transition of care, as well on an as-needed basis. The patient's preference for communication methods will remain the first priority for TCM staff. In addition to the communication methods previously listed, patients will also be offered the use of televideo services through Zoom HealthCare, which is embedded in OCHIN Epic and is used for two-way video communication with patients. TCM staff also offers in-home visits or meetings with patients at a location in the community that works best for them. TCM staff are equipped with tablets and phones to enable mobile access to language line services while meeting with patients off-site.

Communication Barriers

CFHC, Inc. recognizes that many patients have significant barriers to communication methods, including living in rural areas with poor internet and cell phone connectivity/service, inability to pay for phone or internet services, transient housing, low literacy or English proficiency, and other disparities. TCM staff attempt to mitigate these barriers by providing care in a patient-centered model that works to meet patients where they are and fully leverages all available communication resources, including the use of home and community visits with technology devices that will assist with language barriers.