Script for Phone Contact

Hello, my name is _____ and I am calling on behalf of _____(insert name of insurer/provider most familiar to the patient), can I please speak with [patient name]?

[If person answering asks for reason of call state, "I am calling on behalf of [use name of company/provider that would be most familiar to patient] to discuss some new benefits he/she is eligible to receive]

Hi [patient name]. I am contacting you to discuss new services available to our patients. We want to make sure we are meeting your needs and in order to do so, I have a few questions that I would like to ask you. This should take about 15-20 minutes and you are not required to answer all of the questions if you don't feel comfortable speaking about this. Do you have time now for me to ask you these questions?

No: That's fine. Is there another time I can call you when you are more likely to be available?

> *Document reason person declines to complete survey:*
>
> - *Not interested*
> - *Unable to reach intended person/Wrong number*
> - *Does not have time for survey right now (document better time to try again)*
> - *Non-English speaker (if possible, document preferred language)*

Yes: continue to "Script for going through questions"

Script for in-person contact

I work for [VMC/Roots/Gardner/etc.] and we are currently working to find clients who may be interested in some new services we have developed. If you have some time I would like to ask you a few questions to better understand your concerns and needs to see if you may interested in one of these new services. This should take about 15-20 minutes and you are not required to answer all of the questions if you don't feel comfortable speaking about this. Do you have time now for me to ask you these questions?

No: That's fine. Is there another time or place it would better for someone to contact you when you are more likely to be available?

> *Document reason person declines to complete survey:*
>
> - *Not interested*
> - *Does not have time for survey right now (document better time to try again)*
> - *Non-English speaker (if possible, document preferred language)*

Yes: continue to "Script for going through questions"

Script for going through questions

Great, thank you for your time. I am going to start off by verifying a few pieces of information to make sure we have the most up to date contact details and information about you. After that I am going to ask you some questions about things that are related to your overall health. The more questions you are able to answer the better; we have a variety of services and want to ensure we ensure we match our services to your needs. However, if at any point you do not want to answer a question that is ok, you can just ask me to skip that question and I will move on to the next one, you can skip as many questions as you would like to.

Question	If answer is already populated:	If answer is not populated:
1. WPC Eligible Indicator	--	--
2. WPC Enrollment Indicator (Interested in hearing about WPC, answering a few questions and enrolling)	--	--
3. First Name	I have your full name as [name], is that correct?	What is your full name and how do you spell it?
4. Middle Name		
5. Last Name		
6. Homeless Indicator	Check on HL language	Check on HL language
7. Reason Dis-enrolled	--	--
8. Epic MRN	[no action]	What is your medical record number?
9. Medi-Cal ID Number	[no action]	What is the Medi-Cal ID number on your benefits ID card?
10. DOB	[no action]	What is your birthday?

11. Home Address	Is [address] still your current address? If no, ask for current address and document	What is your current home address?
12. Home Phone	Is [phone number] still your current home phone number? If no, ask for phone number and document	What is your home phone number?
13. Cell Phone	Is [phone number] still your current cell phone number? If no, ask for cell number and document	What is your cell phone number?
14. Work Phone	Is [phone number] still your current work phone number? If no, ask for work number and document	What is your work phone number?
15. Preferred Phone number	(if more than one number is provided): which of these numbers is the best one to reach you at?	(if more than one number is provided): which of these numbers is the best one to reach you at?
16. E-mail	Is [email] still your current email address? If no, ask for email and document	What is your email address?
17. Race	[no action]	What race do you identify as?
18. Ethnicity	[no action]	What ethnicity do you identify as (Hispanic/Latino or not Hispanic/Latino)
19. Preferred Language	[no action]	What is your preferred language?
20. Gender	[no action]	What is your gender?
21. Emergency Contact Name	Is [name] still the person you would like listed as your emergency contact? If no, ask for new person and document	Is there a person I can list as an emergency contact for you? What is his/her name?
22. Emergency Contact Number	Is [number] still your emergency contact's phone number? If no, ask for new person and document	What is the best phone number to use to reach [emergency contact name]?
23. Primary Care Provider	[no action]	[no action]
24. Primary Care Location	[no action]	[no action]
25. Date of Last PCP visit	[no action]	[no action]
26. # of PCP visits last 12 months	[no action]	[no action]
27. Medications	[no action]	[no action]
28. Diagnoses (including problem list)	[no action]	[no action]

29. HUMS Score	[no action]	[no action]
Visit counts for past year		
# ED visits		
# EPS visits		
# BAP admissions		
# Inpatient admissions		
# Urgent care and Express care visits		
30. Prime Risk Score	[no action]	[no action]

Now I am going to ask some questions that are related to your overall health. Just a reminder that all of these questions are helpful, but you can ask to skip any questions that you do not want to answer. We can also skip any questions that you don't know the answer to [note: any questions the person chooses to skip or doesn't know the answer to can be recorded as "refused"].

Question
31. *Women only*: Are you currently pregnant?
32. *If yes to previous question*; Are you receiving prenatal care?
33. Are you currently enrolled in Medi-Cal (Medicaid) for your health insurance?
34. Are you currently receiving any financial assistance for a disability, such as SSDI or SSI?
35. Are you currently receiving any cash aid or food assistance such as Calworks, General Assistance (GA), WIC, or CalFresh (food stamps)?
36. Are you currently participating in any educational or job training program such as CalWORKs Employment Services (CWES), programs with Catholic charities, or programs with the Centers for Employment Training?
37. Do you currently have a case manager or social worker you work with regularly?
38. If yes to above question; get details such as name of CM/SW, program or organization they are from, overview of types of services they provide.
39. Are you interested in learning more about any of the benefits and programs I just asked about to see if you may be eligible to enroll in them?
40. Have you even been in jail or prison?
41. If yes to previous question; What was the approximate month and year of the last time you were released?
42. Do you currently have a mental health provider such as a therapist, psychologist, or psychiatrist that you see regularly?
43. If yes to previous question; what is the name and location (name of clinic) of the mental health provider you see?
44. PHQ-2 Questions. Over the past two weeks, how often have you been bothered by any of the following problems? [if person is not sure how to answer you can probe with answer choices "not all, several days, more than half the days, or nearly every day"]

1) Little interest or pleasure in doing things 2) Feeling down, depressed or hopeless
Skip if patient is pregnant 45. SBIRT: How many times in the past year have you had 4 or more drinks in a day?
Skip if patient is pregnant 46. SBIRT: How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?
Skip if patient is pregnant 47. CAGE AID: In the last three months, have you felt you should cut down or stop drinking or using drugs?
Skip if patient is pregnant 48. CAGE AID: In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?
Skip if patient is pregnant 49. CAGE AID: In the last three months, have you felt guilty or bad about how much you drink or use drugs?
Skip if patient is pregnant 50. CAGE AID: In the last three months, have you been waking up wanting to have an alcoholic drink or use drugs?
Only for pregnant patients 51. 4Ps screening: Did either of your parents have any problems with drugs or alcohol?
Only for pregnant patients 52. 4Ps screening: Does your partner have any problem with drugs or alcohol?
Only for pregnant patients 53. 4Ps screening: In the month before you knew you were pregnant, how many cigarettes did you smoke, vape, or how many other tobacco products did you use?
Only for pregnant patients 54. 4Ps screening: In the month before you knew you were pregnant, how much beer, wine, or liquor did you drink?
Only for pregnant patients 55. 4Ps screening: In the month before you knew you were pregnant, how much marijuana did you use?
Only for pregnant patients 56. 4Ps screening: In the month before you knew you were pregnant, how much medicine for pain, anxiety, or depression (such as Vicodin, Valium, or Oxycontin) did you take?
57. Are you in a relationship with a person who threatens or physically hurts you?
58. Does anyone where you currently live ever physically hurt you, yell or talk down to you or threaten to hurt you?
59. Would it be ok if someone contacts you regarding programs or services that may benefit you based on your unique concerns or medical needs?
60. If no, reason