

Whole Person Caring (WPC)

High-risk Assessment questions for PDSA Outreach/Engage Patients

Information Already in HealthLink

	Question	Answer Options	In Healthlink	Registry/Metric	Validate/Fill/No Accion/Fill if blank
1	WPC Eligible Indicator	Yes or No 0 or 1	No Backend Process	Registry	No Action
2	WPC Eligible Indicator (interested in hearing about WPC,answering a few questions and enrolling.	0 or 1 (Column G-R Monthly) 0 yes 1 No	No - Enrollment Assessment	Metric	Fill
3	First Name	Text (Column C)	Patient Header		No Action
4	Middle Name	Text (Column C)	Patient Header		No Action
5	Last Name	Text (Column C)	Patient Header		No Action
6	Homeless Indicator	0 Yes 1 No -0 even if homeless once in all 12 months	HHA Homeless Field Office Visit - Quick Questions section	Metric	Validate
7	Reason of Dis-enrolled	Drop Down: Not Eligible for Medical - Beneficiary Request - Move From Service Area -Deceased - Other or N/A	No	Metric	No Action (At Enrollment Time)
8	Epic MRN	Number	Patient Header		No Action
9	Medi-Cal ID Number	Number	Registration Info		No Action
10	DOB	Date in (Column F)	Date in Column F		Fill if blank
11	Home Address	Text	Demographics Activity		Validate
12	Home Number	Number	Demographics confirm with patient		Validate
13	Cell Phone		Demographics		Validate
14	Work Phone	Number	Demographics		Validate
15	Preferred Phone Number	Select from the above: home, cell, work	Demographics		Validate
16	E-mail	Select from EPIC list	Demographics		Fill if blank
17	Race	Select from EPIC list	Demographics		Fill if blank
18	Ethnicity	Select from EPIC list	Demographics		Fill if blank
19	Preferred Language	Select from EPIC list	Demographics confirm with patient		Fill if blank
20	Gender	Text	Patient Header		Validate
21	Emergency Contact Name	Number	Demographics confirm with patient		Validate

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22 Emergency Contact Number	Text	Demographics confirm with patient		Validate
23 Primary Care Provider	Text	Care team		Validate
24 Primary Care Location	Date	Care team		Fill if blank
25 Date of the Last PCP visit	Number	Chart Review -RW Column		No Action
26 Medications	Text, List all open/active in past 12 months	RW Column Might Be possible		No Action
27 Diagnosis (including problem list)	Text, list	Snapshot		No Action
28 HUMS Score	Number	Snapshot		No Action
29 Visit counts for past year	Number	No		No Action
# Of ED Visits	Number			No Action
# EPS Visits <i>Servicios de Emergencia Psiquiatricos</i>	Number			No Action
# BAP Admissions Barbara Arrons Pavillion	Number			No Action
# Inpatient Admissions	Number			No Action
# Of Urgent Admissions	Number			No Action
# Urgernt Care and Express care visits	Number			No Action
30 Prime Risk Score	Number	RW Columns		No Action
31 Women only: Are you currently pregnant? <i>Mujeres: ¿está ahora usted embarazada?</i>	Y/N/refused	Patient Header -Ask patient		Fill
32 If yes to previous question; are you receiving prenatal care? ¿está ahora usted recibiendo servicios prenatales?	Y/N/refused	Chart Review Ask Patient		Fill
33 Are you currently enrolled in Medi-cal (Medicaid) for your health insurance? <i>¿Está actualmente inscrito en Medi-cal (Medicaid) como su seguro Medico?</i>	Y/N/refused	Populated? Enrollment Assessment		Fill

Question	Answer Options	In Healthlink	Registry/Metric	Validate/Fill/No Accion/Fill if blank
34 are you currently receiving any financial assistance for a disability, such as SSDI or SSI? <i>¿Recibe actualmente alguna ayuda financiera para una discapacidad, como SSDI o SSI?</i>	Y/N/refused	No-Enrollment Assesment		Fill
35 Are you currently receiving any cash aid or food assistance such as Calworks, General Assistance (GA), WIC, or CalFresh (food stamps) <i>¿Recibe actualmente alguna ayuda monetaria o ayuda alimentaria como Calworks, Asistencia General (GA), WIC o CalFresh (cupones de alimentos)</i>	Y/N/refused	No-Enrollment Assesment		Fill
36 Are currently participating in any educational or job training program such as CalWORKS Employment Services (CWESS), Program with Catholic Charities, or programs with the Centers for Employment Training? <i>¿Actualmente está participando en algún programa educativo o de capacitación laboral como CalWORKS Employment Services (CWESS), Programa con Caridades Católicas, o programas con los Centros de Capacitación en Empleo?</i>	Y/N/refused	No-Enrollment Assesment		Fill
37 Do you currently have a case manager or Social Worker you work with regularly? <i>¿Tiene actualmente un trabajador de manejo de casos o trabajador social con el que trabaja con regularidad?</i>	Y/N/refused	No-Enrollment Assesment		Fill
38 If yes to above question; get details such as CM/SW, program organization they are from, overview of types of services they provide. <i>Si dijo si a la pregunta anterior, Cual es el nombre de su trabajador y con cual agencia trabaja?</i>	Y/N/refused	No-Enrollment Assesment		Fill
39 Are you interested in learning any about these benefits and programs to see if you may be eligible to enroll in them? <i>¿Está interesado en aprender acerca de estos beneficios y programas para ver si puede ser elegible para inscribirse en ellos?</i>	Y/N/refused	No-Enrollment Assesment		Fill

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40 The following questions are intended to help me assess if you may be eligible for certain programs. If at any point there is question you do not want to answer it'd be ok, you can just ask me to skip that question? Have you ever been in jail or prison? <i>No tiene que contestar esta siguenete pregunta nomas deje me saver que no la quiere contestar. Ha estado usted en la carcel o prision?</i>	MM/YEAR	No-Enrollment Assesment		Fill
41 If yes to the previous question? Month and year of last release. <i>Si contesto si a la ultima pregunta cuando le dieron de libertad mes y ano?</i>	Y/N/refused	No-Enrollment Assesment		Fill
42 Do you currently have a mental health provider such as therapist, psychologist, or psychiatrist that you see regularly? <i>¿Tiene actualmente un proveedor de salud mental como terapeuta, psicólogo o psiquiatra que ve regularmente?</i>	Y/N/refused	No-Enrollment Assesment		Fill
43 If yes to the previous question; what is the name and location (name of clinic) of the metal health provider you see? <i>Si dijo si a la pregunta anterior, Cual es el nomber de su terapeuta, psicólogo o psiquiatra que ve regularmente</i>	text	No-Enrollment Assesment		Fill
44 how often you been bothered by any of the following questions: <i>Durante las últimas dos semanas, con qué frecuencia le han molestado alguna de las siguientes preguntas:</i>	Select one of the answer for each question. See PHQ-9 questions 1 and 2	Screening Tools Activity Chart		Fill if Blank
1) Little Interest or pleasure in doing things? <i>¿Poco interés o placer en hacer cosas?</i>	Not at all (0) Several days (1) More than half the days (2) Nearly Every Day (3)	For 44-51. Note for programmers Populate only with responses under 6 months old.		Fill if Blank
2) Feeling down, depressed or hopeless? <i>Sentirse abajo, deprimido o desesperado?</i>	Not at all (0) Several days (1) More than half the days (2) Nearly Every Day (3)	For 44-51. Note for programmers Populate only with responses under 6 months old.		Fill if Blank
45 Skip if patient is pregnant. SBIRT: How many times in the past year have you had had more than 4 or more drinks in a day? <i>¿Cuántas veces en el último año ha tenido más de 4 o más bebidas en un día?</i>	Select one of the answer for each question. None or 1 or more	No- Enrollment assesment or possibly SBIRT		

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46 Skip if patient is pregnant SBIRT: How many times in the past year have you had a recreational drug or used a prescription medication for non-medical reasons? <i>¿Cuántas veces en el último año ha tenido un medicamento recreativo o usado un medicamento recetado por razones no médicas?</i>	Select one of the answer for each question. None or 1 or more	No- Enrollment assesment or possibly SBIRT		Fill if Blank
47 Skip if patient is pregnant. CAGE AID In the last three months, have you felt you should cut cutdown or stop drinking or using drugs? <i>En los últimos tres meses, ¿ha sentido que debería cortar o dejar de beber o usar drogas?</i>	Y/N/refused	No- Enrollment assesment or possibly SBIRT		Fill if Blank
48 Skip if patient is pregnant. CAGE AID: In the past three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or stop using drugs?	Y/N/refused	No- Enrollment assesment or possibly SBIRT		Fill if Blank
49 Skip if patient is pregnant; CAGE AID: in the last three months, have you felt guilty or bad about how much you use drink or use drugs? <i>En los últimos tres meses, ¿te has sentido culpable o malo de cuánto consumes o usas drogas?</i>	Y/N/refused	No- Enrollment assesment		Fill if Blank
50 Skip if patient is pregnant. CAGE AID, in the last three months, have you been waking up wanting to have an alcoholic drink or use drugs? <i>En los últimos tres meses, ¿ha estado despertando deseando tomar una bebida alcohólica o usar drogas?</i>	Y/N/refused	No- Enrollment assesment		Fill if Blank
51 Only for Pregnant Patients:4Ps screening: Did either of your parents have any problems with drugs or alcohol? <i>¿Alguno de sus padres tuvo problemas con drogas o alcohol?</i>	Y/N/refused	No - Enrollment Assessment		Fill if Blank
52 Only for Pregnant Patients. 4Ps screening: Does your partner have any problems with drugs or alcohol? Su pareja tiene algún problema con drogas o alcohol?	Y/N/refused	No - Enrollment Assessment or possibly SBIRT		Fill if Blank

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53 Only for Pregnant Patients. 4Ps screening: In the month before you knew you were pregnant, how many cigarrtes did you smoke, vape, or how many other tobacco products did you use? <i>En el mes anterior a saber que estaba embarazada, ¿cuántos cigarrillos fumó, vapor o cuántos otros productos de tabaco usó?</i>	None/Any/refused	No - Enrollment Assessment or possibly SBIRT		Fill if Blank
54 Only for pregnant patients. 4Ps screening: In the month before you knew you were pregenant, how much beer, wine, or liquor did you drink? <i>En el mes anterior a saber que estaba embarazada cuánta cerveza, vino o licor bebiste?</i>	None/Any/refused	No - Enrollment Assessment		Fill if Blank
55 Only for Pregnant patients: 4Ps screening: In the month before you knew you were pregnant, how much marijuana did ou use? <i>En el mes antes de que supieras que estabas embarazada, ¿cuánta marihuana usaste?</i>	None/Any/refused	No - Enrollment Assessment		Fill if Blank
56 In the months you knew you were pregnant, how much medicine for pain, anxiety, or depression (such Vicodin, Valium, or Oxycontin) did you take? En los meses que supo que estaba embarazada, ¿cuánto medicamento para el dolor, la ansiedad o la depresión (como Vicodin, Valium o Oxycontin) tomó?	None/Any/refused	No - Enrollment Assessment		Fill
57 Are you in a relationship with a person who threatens or physically hurts you? <i>¿Estás en una relación con una persona que te amenaza o te hace daño físicamente?</i>	Y/N/refused	No - Enrollment Assessment		Fill
58 Does anyone where you currently live ever physically hurt you, yell or talk down to you or threaten to hurt you? <i>¿Alguien donde usted vive actualmente físicamente le ha hecho daño, gritar o hablar a usted o amenazar con hacerle daño?</i>	Y/N/refused	No - Enrollment Assessment		Fill

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59	<p>Would you be ok if someone contacts you regarding programs or services that may benefit you based on your unique concerns or medical needs?</p> <p>¿Estaría bien si alguien le contacta con respecto a programas o servicios que pueden beneficiarle en función de sus preocupaciones o necesidades médicas?</p>	Y/N/refused	No - Enrollment Assessment		Fill
	If no, reason	text	No - Enrollment Assessment		Fill