Collaborative Healthcare Encounters with Caregivers (CHEC)

Goals

The goal of CHEC is to provide tailored support to visit companions (family, friends) who accompany older adults to their primary care visits by:

1) Identifying companions' most important needs and concerns through a structured checklist
2) Discussing companions' most important needs and concerns as part of routine practice
3) Informing companions of relevant supports, resources, or referrals that can meet their needs

Components

Visit Companion Checklist

- Intended to help visit companions identify their main concerns and unmet needs.

Provider Tip Sheet

- Intended to help primary care providers start a discussion about actionable recommendations (information, support, referral) that can address companions' main needs and concerns.

CHEC Training Modules

Module 1: Identifying Visit Companions' Needs and Concerns

The Visit Companion Checklist is a tool to identify the needs and concerns of unpaid companions (relatives or friends) who accompany older adults to their primary care visits. It is designed to help companions prioritize their main concerns.

The Checklist can be introduced in a variety of ways, depending on your practice workflow. For example, it may be introduced:

- In the waiting room before the patient's appointment
- During a nursing assessment of the patient
- By postal mail prior to a new patient appointment
- Via email in advance of a visit
- Over the phone during a conversation about the patient's care plan

Any member of your practice staff (nurse, physician, physician's assistant, social worker, care coordinator) may introduce the Checklist.

For verbal introduction, the administrator should:

- Acknowledge the companions' role in the patient's medical care: *"Hi, I'm [provider], and you are? It's nice to meet/see you again." OR "Thank you for joining us today. I understand that you're an important part of [patient's] health care team*."
- Describe the purpose of the Checklist: "*We're starting something new at our practice to better recognize family and friends who are involved in our patients' medical care. This Checklist has a list of common concerns that family members and friends may have when assisting an older person with their health care. We'd like to understand your most important concerns so that we can try to help*."
- Remind the visit companion that there are no right answers and reassure them that the Checklist is an opportunity to voice their concerns rather than to judge their abilities: "*There are no right or wrong answers. Everyone's circumstances and needs are different. What's important is that we understand what you need at this time so that we can better support you and [patient]*."

For electronic or paper-based distribution, a cover letter can be adapted from the sample below.

Dear Visit Companion,

At [clinic], we recognize the important role family members and friends play in providing medical care to our patients. We appreciate your involvement as a valued member of the care team, whether you are attending just one visit or providing around-the-clock assistance.

You are receiving this packet because you are accompanying a relative or friend to his or her visit today. We would appreciate if you could complete the checklist on the next page. The checklist is intended to help identify support or education you might want but do not currently have. The information you provide will help your provider to focus today's visit. If we don't get to all of the issues today, we will make sure to discuss them in the future.

Your responses will be kept completely confidential. Only the provider you are seeing today, the researchers involved in this study, and those responsible for research oversight will have access to the information you provide.

Depending on your practice workflow and the companion's preference, the Checklist may be completed independently by the companion or together with a staff member. Upon completion, a copy should be given to the practice staff to review the results (Module 2). The companion should also retain a copy for his or her records (either paper or electronic).

Module 2: Tailoring Support to Companions' Needs and Concerns

The Provider Tip Sheet offers tangible examples for how each issue on the Visit Companion Checklist may be addressed. Each completed Checklist can be quickly reviewed and compared against the Tip Sheet. The recommendations should then be discussed with the companion.

Any member of your practice staff may discuss the Checklist with the patient's companion, but it works best when the review is part of the patient's visit to ensure that the care plan takes the companion's needs and circumstances into account. For example, the conversation may open with:

"I'd like us to work together as a team to address [patient's condition, symptom, health concern]. To do that, it would be helpful to discuss [issue companion identified on checklist]. Discussing [issue] will ensure that we're all on the same page and that [patient/companion] have the tools needed to act on this treatment plan."

During this conversation, it is important to:

- Validate the companion by showing appreciation for his or her experience: "*I can understand your frustration with having to coordinate different appointments with multiple specialists. It's a lot to juggle*."
- Show interest in what the companion is saying by using non-verbal cues such as nodding and leaning forward.
- Summarize what the companion has said to make sure you understand: "*It sounds as though you are worried about finding home-delivered meals for your Mom*."
- Clarify what the companion has said by asking follow-up questions: "*I see you'd like to know more about how to keep your Dad's medications organized. Can you walk me through your current system so we can trouble-shoot the problem spots*?"
- Offer feedback that is solution-focused: "*There are a number of ways we can help you to feel more comfortable treating your Mom's skin tear. One of our nurses can show you how and AARP has a good online video guide if you need a refresher. Let me give you the link*."
- Redirect the conversation when time constraints preclude a longer discussion: *"Your experience with the pharmacy sounds really difficult! I'm glad we got to address your main concern about getting [patient's] medications home delivered. Now I want to make sure we have enough time to discuss [patient's] diabetes care."*

Module 3: Recording the Outcome of the Checklist

The outcome of the Checklist should be recorded for future review and evaluation. Below is a sample attachment to include with the Visit Companion Checklist to ensure the outcomes are properly logged. Information capture systems vary across practices; the important thing is to create a standard location where the data can be retrieved for future review.

Patient Name:

MRN:

PCP:

Visit Companion:

Outcome(s)

[ ] Discussed checklist during patient visit

[ ] Scanned checklist to patient chart

[ ] Recorded checklist responses in EMR

[ ] Provided referral to: _____

[ ] Other: _____

CHEC FAQs

How is the Checklist approach different from usual practice? I already ask visit companions about their concerns and how they're doing.
In usual practice, discussions about visit companions' concerns are often unplanned, unstructured, and can leave the companion and practice staff unsatisfied if concrete recommendations are not provided or enacted. The unfocused nature of these conversations can have significant impacts on the visit duration. In comparison, the Checklist approach is:

1. *Structured*. The Checklist is a planned opportunity for visit companions to identify their most pressing needs and concerns. As a written document, it also serves as a record for future review and evaluation.
2. *Efficient.* Because the Checklist is only one page, it can be reviewed and completed quickly. The Checklist helps companions to prioritize which needs and concerns are most important at the time of the visit, thereby focusing the discussion on key issues and limiting excess time demands.
3. *User-centered*. The Checklist encourages companions to identify their most pressing concerns and consider the support that is already available to them. This process enables the provision of tailored recommendations that are responsive to individuals' needs.
4. *Actionable*. The items on the Checklist are linked with recommendations that the companion can act on immediately. See the Provider Tip Sheet for examples for how to address each issue.

Asking companions about their needs and concerns will open a "can of worms."
Visit companions have needs and concerns regardless of whether they are asked about them. A focused discussion, using the Visit Companion Checklist and Provider Tip Sheet, can eliminate additional, unexpected time demands by identifying companions' main priorities and providing actionable suggestions to address them. In the absence of a standardized approach, companions' issues are likely to come up in an unstructured way at inconvenient times; for example, in an informal "corridor conversation" or an unplanned after-hour phone call. The Checklist encourages companions to identify which of their needs is most important at the time of the visit so that the conversation can focus explicitly on the prioritized issues. The Provider Tip Sheet offers options for addressing each issue on the Checklist to ensure that practice staff are prepared with viable recommendations.

My practice doesn't have resources to address the issues on the Visit Companion Checklist. I don't have time to research what's available online or in the community.
Many primary care practices do not have dedicated staff or resources to address companions' needs onsite. The Provider Tip Sheet offers a range of options, including local services (e.g. area agencies on aging, local support groups) and web-based resources (e.g. web links to national caregiver organizations). In many cases, all the companion needs is reassurance from practice staff along with clear, "non-jargony" information and ways to provide care competently.

Discussing the companions' needs and concerns will take time away from the patient.
Helping the companion will help the patient. When a companion has the information and support needed to care for the patient (and for him or herself), the patient's outcomes are better. A team-based discussion (see Module 2 for conversation starters and sample language) can help to set the tone for aligning the patients' and companions' goals.

HIPAA limits how much information I can share with the visit companion.
HIPAA has provisions that govern access to a patient's health information by his or her visit companions and other caregivers. Under HIPAA, providers can share information with a companion if: (a) the patient gives permission; (b) the patient is present and does not object; or (c) the patient is not present but the provider determines it is the patient's best interest to share information about his or her care or payment.

Sometimes more than one companion attends the visit. To whom should I give the Checklist?
There is no limit to the number of companions who can complete the checklist. Companions may complete the checklist individually or jointly to prioritize the most important concerns to discuss. If it is not possible to accommodate everyone in the exam room due to space constraints, you may affirm the family's involvement: "*It's great to meet your family. What a great support network. I'm sorry that there isn't enough room for everyone in the exam room."*

Some visit companions do not want to talk about their needs and concerns.
The Checklist offers an opportunity for visit companions to consider the support they need to care for themselves and for the patient. It also helps them to recognize what support(s) they already have in place. If a companion does not endorse any items on the Checklist, it is not necessary (or appropriate) to force a discussion. Any conversation about the issues identified on the Checklist should be free from judgement and assumptions about the companions' abilities and need for support.

It is not possible to bill for using the Checklist with visit companions.
There are several options available. For Medicare beneficiaries, *chronic care management codes* can be used for non-face-to-face (virtual, phone) communication with companions; *evaluation and management codes* can be used when more than half of a face-to-face visit is spent on counseling or care planning with the companion (as long as the patient is also present). For companions of Medicare beneficiaries with cognitive impairment, the *Cognitive Assessment and Care Plan Services code* includes assessment of their needs and can be billed annually. For patients and their companions who do not fit within the previously mentioned categories, alternative options may include *adjusting counseling times or level of the visit* or *registering and billing the companion separately* if she or is also a patient at your practice.