# Care for Older Adults Program

Expand reach and improve outcomes in the older adult population

**1/11/2022**

**MedWise**
HealthCare™ | *A TRHC Division*

# Care for Older Adults

## Advance the prevention, management, and treatment of chronic diseases

The Care for Older Adults (COA) program helps health plans reach a critical **HEDIS**® measure through:

- Live member communication and follow-up with a personal medication list and comprehensive action plan

- Opportunities for comprehensive continuity of care

- Automated faxes to prescribers with members' complete medication lists and pain assessments

- Open dialogue between members and prescribers, providing continuity of care in pain assessment and medication safety

- Fast and modernized reporting for informed decision-making and precision targeting

**90,000+**
COA medication reviews and pain assessments since inception

Robust digital outreach capabilities including:

**Email | Text | Online Chat**

# Pain Assessment

**Experience improved member engagement and outcomes in the older-adult population**

The National Committee for Quality Assurance recommends screening of elderly members as many older adults have more complex medication regimens.

**Screening of elderly members is effective in identifying functional decline and ensuring better outcomes.**
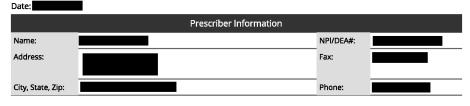
| Pain score | Severity |
|---|---|
| 10 | Emergency pain |
| 9 | Severe pain |
| 8 | Intense pain |
| 7 | Unmanageable |
| 6 | Distressing |
| 5 | Distracting |
| 4 | Moderate pain |
| 3 | Uncomfortable |
| 2 | Mild pain |
| 1 | Minimal pain |
| 0 | No pain |

*Self-reported verbal scale*

# Provider fax ▶

**Provider Communication: Request for information addition to EHR**

SinfoníaRx Medication Management - Phoenix
2001 W. Camelback Suite 290, Phoenix, AZ 85015
Phone: 844-866-3732 Fax: 866-391-3890

Date: ▮▮▮▮▮

## Prescriber Information

| Name: | ▮▮▮▮▮▮ | NPI/DEA#: | ▮▮▮▮▮ |
|---|---|---|---|
| Address: | ▮▮▮▮▮ | Fax: | ▮▮▮▮ |
| City, State, Zip: | ▮▮▮▮▮ | Phone: | ▮▮▮▮ |

## Patient Information

| Name: | ▮▮▮▮▮ | DOB: | ▮▮▮ | Plan: | ▮▮▮ |
|---|---|---|---|---|---|
| Address: | ▮▮▮▮▮ | | | Phone: | |

Alert Name:   COA - Med Rec and Pain Assessment

Clinician Signature: ▮▮▮▮▮

**Medication Reconciliation Completed**

1. Your patient received a pharmacist consultation through their health plan on 08/27/2020.
   1.1. The attached medication list was created reconciling all prescription, over-the-counter, and supplements they may be receiving. Please note: If there are no medications included, then the patient stated they are not currently taking any medications.
2. Please place a copy in your patient's medical record for the prescriber's convenience.

## Allergies/Adverse Reactions

No known allergies /

| Medication Name | Strength | Indication | Directions |
|---|---|---|---|
| AMLODIPINE-OLMESARTAN | 10-40 | High Blood Pressure | Take 1 tablet by mouth every day |

*Information on this form is protected health information and subject to all privacy and security regulations under HIPAA.*

4

# Thank You

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