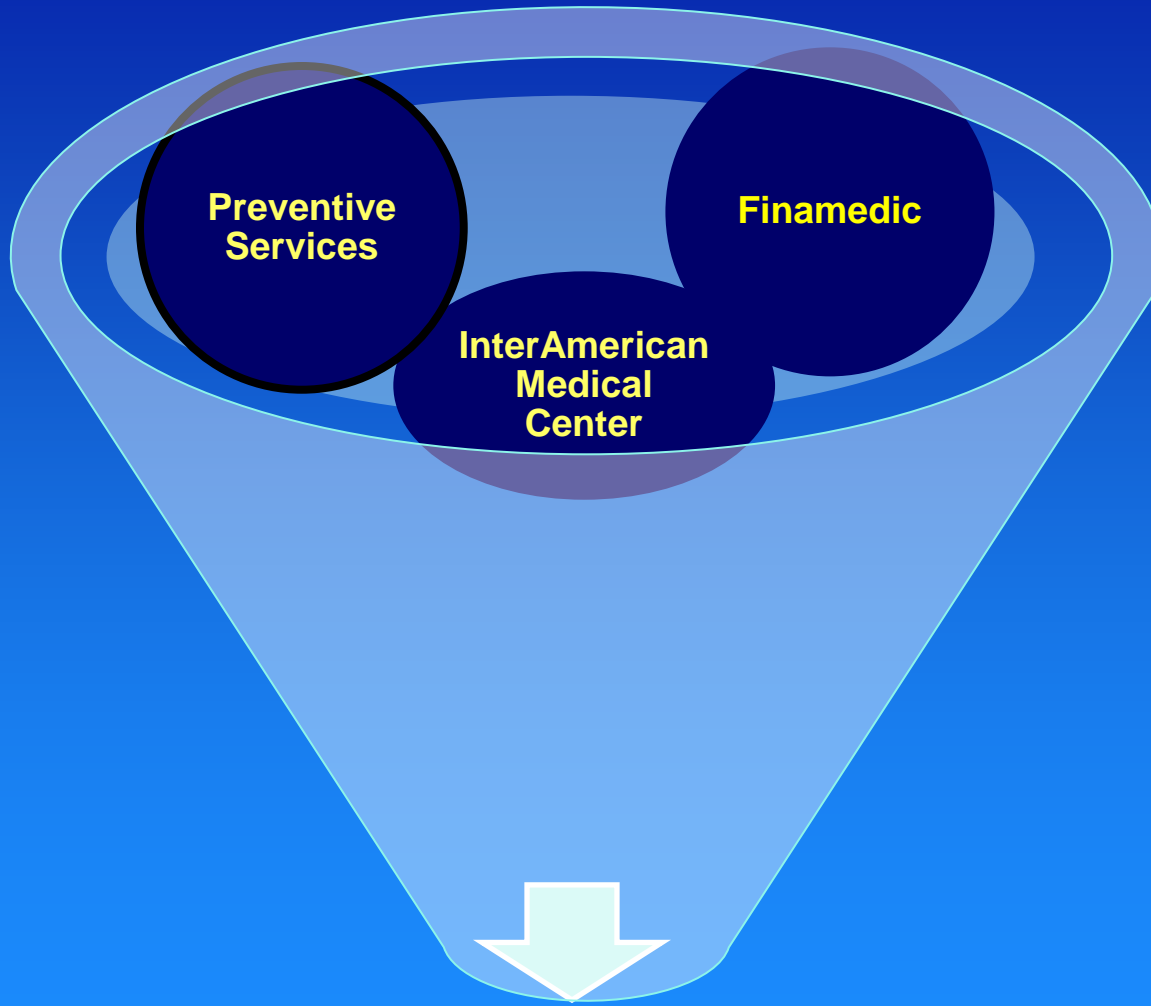




Putting Prevention into Practice

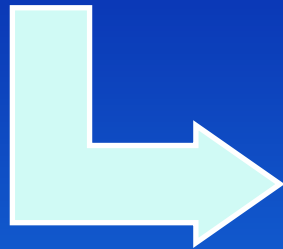
The Association



More Enrollments



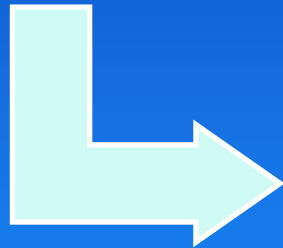
The Association



Develop Basic
Infrastructure

Schedule 5 year
Roadmap

• **Level I**



Internally Perform all 5
Year Roadmap exams

Defined Preventive
Services Team Leader

• **Level II**



Preventive Services
antecedes all processes
and activities in the
organization

• **Level III**

IMPLEMENTING THE ASSOCIATION



IMC Integration

Level	Marketing	Sales	Corporate Development	Equipment & Tools	Training
Level I	Select target market	Integrate insurance agents	PS Liaison	ePSS	The power of the first visit
	Assign zones to centers	Start telemarketing	PS Director	The Guide to Clinical Preventive Services	5YRM Questionnaire
	Quantify potential members	Establish minimum No. of carriers	Suggest small changes	Poster, Flyers, CMS PS forms	
	Start with Age Ins			5YRM Questionnaire	
	Dress centers with posters, flyers.				
	Practice needs to understand that all 5YRM exams need to be made, and have the capacity to schedule all the exams. The first visit is the differentiator.				
Level II	Move to all senior population	TM to all senior populations	Get acquainted with Grade system	Adequate preventive services rooms.	Pocket Guide usage
	Multiple Carriers	Multiple carriers	Work interprofessionally	Purchase/lease any 5YRM equipment not in practice	ePSS usage
					Implementing USPSTF recommendations into health profession education
					Learn how to use I statement in clinical practices
	Practice needs to identify health screening principles, and implement the concept of evidence based medicine. Needs to recognize the building blocks of preventive services, and make them part of the way medicine is practiced. Practice has the capacity to perform all 5YRM in-house.				
Level III	Expand to new centers	Sell in new centers	Work with legislators		Continuous PS training
			Adapt practice payment schedule to PS practices		
			Convert into Medicare Advantage Carrier		
	Practice transitions into fully integrated Medicare Advantage Plan with strategic positioning.				

Level I activities are required to initiate plan

Other Levels are for the practice to consider



■ The New Enrollment Process

Telemarketing	Transportation	Medical Center Visit	Medical Center Enrollment	Medicare Advantage Enrollment
<ul style="list-style-type: none">● Client receives call and sets up appointment to go to center.● Or we send "Your guide to Medicare Preventive Services" to house● Set appointment to center	<ul style="list-style-type: none">● Coordinated with the Center	<ul style="list-style-type: none">● Greeting● Liaison● Center Tour● 5YRM document	<ul style="list-style-type: none">● Get prospect to become member of the center● Offer free dental● Massage/Physical/Pain Therapy● Paraffin Treatment● Activity Center● Free Beauty Salon Services● \$15/ month OTC Medicines	<ul style="list-style-type: none">● Insurance Agent Calls Client● IA goes to prospect house or meets prospect at center● Present carriers are <u>Wellcare, United</u>; need to add Simply

■ Documents Needed

I. Marketing/Sales	II. Telemarketing	III. Medical Center Visit
1. Marketing Data Selection	1. Scripts	1. PSQ Complete Report
2. Medical Center Components and Resources	2. Appointment /Transportation Report	2. PS Memo
		3. CMS Form 10110

The Power of the First Visit

■ Characteristics of first visit:

- “Visitor” is not sick or in pain
- Visitor comes to listen to your “Health Proposition”

Interprofessional Healthcare

- Prevention is much more of an interprofessional activity than reaction.
- The scope is broader; Practitioner needs to act before anything can happen.
- Collaborative team behavior reduces the error rate in healthcare.

Improving Delivery

- Pamphlets, posters and reading materials
- Short questionnaires
- Assess patient's readiness to change
 - Early behavior: information
 - Ready for change: counseling and behavior modification
 - Changed: support and follow-up



The End