

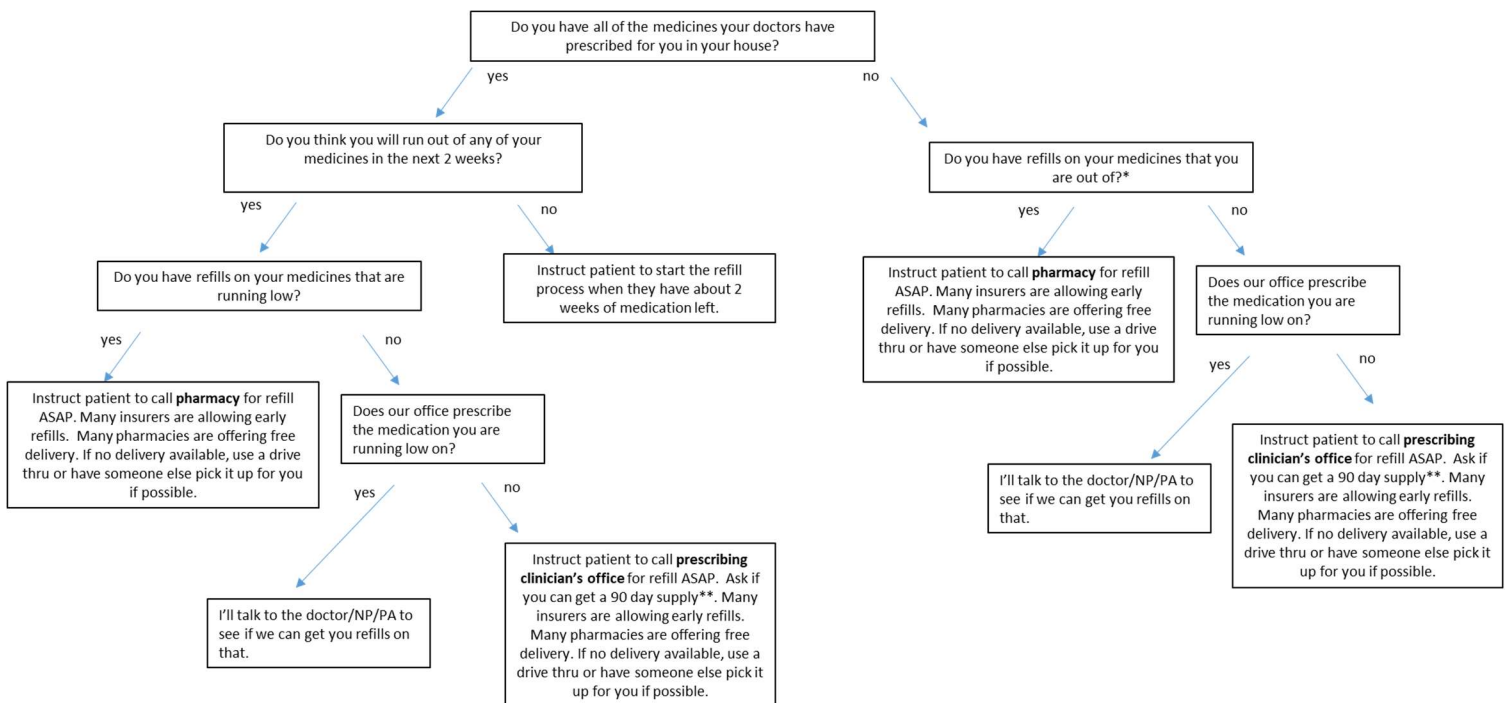
Hello, my name is _____ from _____ PCP (Primary Care Physician) office. As you are aware, we are in the middle of the COVID-19 pandemic so I wanted to reach out to you to assess any needs that you may have at this time and be a support for you. The goal of this call is to make sure you have everything you need to stay safe and healthy during this difficult time.

My first question is about food – are you worried that the food you currently have in your home will run out in the next 1-2 weeks?

If yes:

- Given the increased risk for exposure in public places, we would highly encourage you to not visit grocery stores at this time. If you are able to get a delivery of food or if someone can shop for you, please do that instead of going to the food store.
- As shelter in place guidelines continue, we want to ensure your basic needs are met, including having access to food, without having to leave your home.
- If you are unable to get delivery, the Food Bank of South Jersey has MOBILE FOOD PANTRIES & POP-UP PANTRIES. You can visit their website at <https://foodbanksj.org/> or call 856-662-4884.

My next question is about your medicines – do you have all of the medicines your doctors have prescribed for you in your house?



*see below for difficulty affording medications

**controlled substances generally exempt from early refill and 90-day supply

- **Have you been able to afford the medicines prescribed by your doctors?**
 - *If no, consider ensuring patient is on generic medication when appropriate. You may consider contacting the patient's pharmacy for assistance in finding an alternative medication or for information on medication assistance programs.*
- **Do you understand how to take all of the medicines you have at home?**

- *If no, consider setting up an appointment with the PCP to review medication or reach out to patient's pharmacist for assistance.*
- **Do you feel that the medications prescribed to you are controlling your symptoms?**
 - ***If no, schedule an appointment with PCP for a televisit***

My next questions are about falling.

- **Have you fallen in the past year?**
- **Do you worry that you might fall?**

If you need further clarification, ask the following questions:

- **Do you feel unsteady while walking?**
- **Do you ever feel sick or dizzy after you take your medicine?**

If yes to any of the above questions (aside from a mechanical trip and fall), consult with PCP to identify if there is a need for televisit.

My next question is about keeping your doctors' appointments.

If the patient has not seen the primary care provider in the past two months and does not have an appointment scheduled within the next one month, consider scheduling an appointment if patient has chronic diseases.

- It is important to continue to keep your appointments. We are doing visits over the phone or through video chat.
- Do you feel like you need an appointment with your doctor but haven't made an appointment because you are worried to leave your house?
- *If no routine visit within three months or patient feels they need a visit: Consult with Primary Care Physician and schedule an appointment if appropriate.*

My next questions are about your current well-being.

- **Compared to normal circumstances, are you feeling more anxious or depressed than usual?**
 - If no, no further assessment needs to be done.
 - If yes - Do you feel this increased anxiety or depression is negatively affecting your well-being?
 - Have you received treatment, either counseling or medication for anxiety or depression in the past? Are you currently getting treatment?

Anxiety	Depression
Since your anxiety is affecting your well-being as you stated, I would like to complete a screening tool to better assess the level of	Since depression can be affected during stressful times, I would like to complete a screening tool to better assess any

anxiety you are feeling. Are you OK with that?	symptoms you might have. Are you OK with that?
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Anxiety GAD-7	Depression PHQ-2															
<p>Over the last two weeks, how often have you been bothered by the following problems?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%;">Not at all</td> <td style="width:15%;">Several days</td> <td style="width:15%;">More than half the days</td> <td style="width:15%;">Nearly every day</td> </tr> </table>		Not at all	Several days	More than half the days	Nearly every day	<p>Over the last 2 weeks, how often have you been bothered by any of the following problems?</p> <p style="text-align: center;">Give answers as 0 to 3, using this scale: <u>0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day</u></p>										
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<p>awful might happen</p> <p>Column totals _____ + _____ + _____ + _____ = <i>Total score</i> _____</p>	<p>0 1 2 3</p> <p>Column totals _____ + _____ + _____ + _____ = <i>Total score</i> _____</p>
<p>If greater than 10, consider following script:</p> <ul style="list-style-type: none"> How can I help you with your anxiety? I will discuss the results with Dr. _____. If you have a counselor in the community, when is your next appt scheduled for? <p>If the patient is experiencing anxiety and it is NOT affecting their well-being:</p> <ul style="list-style-type: none"> <i>Recommend patient do things on a daily basis to keep anxiety level low i.e. read a book, listen to music, go for a walk, connect with family/friend via phone or face-to-face app, limit time listening to the news etc. Patients may need help identifying things to do so as questions about what they enjoyed doing prior to social distancing.</i> 	<ul style="list-style-type: none"> If PHQ-9 score is above 10, schedule an appointment with PCP. How can I help you with your depression? I will discuss the results with Dr. _____. If you have a counselor in the community, when is your next appt scheduled for? <p>Community Resources for Mental Health: Center for Family Guidance: 856-797-4700 Legacy Treatment Services: 1-800-433-7365 Inpathy.com **All are providing telehealth. Check with provider re: what insurances are accepted**</p>

Next, I'd like to ask you a few questions about advanced planning.

With so much uncertainty surrounding the COVID-19 pandemic, we ARE ALL at risk of having a sudden, rapid decline in our health. Unfortunately, older patients and those with chronic or serious conditions are at even greater risk. I would like to discuss with you your wishes. Do you have an advanced directive or a POLST?

- If Yes** – This is a good time to review it to ensure it still represents your wishes. Be sure your family and PCP have a copy.
- If No** - No to advanced directive or POLST -It is important to have your wishes known and documented. Do you know who you would you want to make your medical decisions for you? Would you want to go to the hospital if you became severely ill, knowing the hospital is going to be very different than it usually is? (no visitors allowed, minimal contact with staff, shortages of resources, etc.) Would you like assistance to complete an advanced directive?
 - If Yes** – Arrange PCP appointment

Lastly, we are working on helping people connect through technology while they are safely practicing social distancing. Do you use technology to connect to friends and family? Would you be interested in getting help connecting through technology? Do you have an email address to share so we can send information directly to you as it becomes available?

Thank you for your time today. If you need additional assistance, please give me a call at _____.