
June 8, 2021

Tele-Care Coordination is Available for your Patients

“Tele-Care Coordination” services are available to your patients by referral. This service aims to provide more care in the home environment, allowing us to visualize the patient and their surroundings for greater quality of care and easier understanding on both ends.

Using Persivia, our Population Health Software, patients are connected to our licensed Care Coordinators who assist with disease education and management, routine questions, and social determinant of health issues. This attention to detail ensures patients are experiencing the most positive outcome after receiving care from our providers.

Tele-Care Coordination requires the patient to have a SMART device such as IPAD, tablet, or phone. However, if your patient does not have a device or Wi-Fi capabilities, MPP has data-enabled iPads available for patient’s use, free of charge.

Ideal Referrals include:

- Patients with chronic disease
- Patients who would benefit from weight, blood pressure, dietary intake, or glucose monitoring
- Patients with suspected Social Determinant of Health issues

The Care Coordination referral form (attached) has been updated to include “Tele-Care Coordination” as a reason for referral. Please replace all previous versions of this form.

For questions, please contact Andrea Phillips, Director Care Coordination, at:

Andrea.phillips1@mcclaren.org or (248) 484-4947



PHYSICIAN PARTNERS

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CARE MANAGEMENT REFERRAL

** indicates required fields, if applicable*

* Referring Source & Contact Information: <input type="checkbox"/> Primary Care Provider _____ <input type="checkbox"/> Hospital _____ <input type="checkbox"/> Patient / Family _____ <input type="checkbox"/> Other _____		* Primary Care Physician & Contact Info:	
* Patient Name:		* Date of Birth:	* Gender: <input type="checkbox"/> M <input type="checkbox"/> F
* Patient's Preferred Contact Number:	* Address:		
Emergency Contact Name: _____ Phone Number: _____			
* Payor: <input type="checkbox"/> Medicare FFS <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Other: _____			

REASON FOR REFFERAL

* Complex Care Management <input type="checkbox"/> Chronic conditions – Education <input type="checkbox"/> Tele Care Coordination <input type="checkbox"/> Preventable Screening – Education <input type="checkbox"/> Advanced Care Planning – Education / Support <input type="checkbox"/> Social Determinants of Health – Community Resources		
* Patient Aware of Care Management Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note:</i> _____		

DIAGNOSIS / FOCUS PROBLEM(S)

* <u>Primary Diagnosis</u>		<u>Social Determinants</u>
<input type="checkbox"/> AMI	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Disability
<input type="checkbox"/> Asthma / COPD	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Education
<input type="checkbox"/> CHF	<input type="checkbox"/> Mental / Behavioral Health	<input type="checkbox"/> Employment / Job Security
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity / Weight Management	<input type="checkbox"/> Food
<input type="checkbox"/> Dementia	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Housing
<input type="checkbox"/> Falls / Safety	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Social Isolation

Additional Information / Notes:

Please fax referral and any additional documentation (if necessary) to (810) 600-7924