

HealthyHearts NYC -- Call Script

CALL IS ANSWERED

- Hi my name is **NAME**; I'm calling from NYC REACH at the New York City Department of Health and Mental Hygiene. I'm a colleague of **PRACTICE OWNER** who you might have worked with in the past.
- May I speak with MAIN CONTACT?
 - *[If provider is unavailable]* Are you able to make decisions on behalf of the practice?
- Your practice may have the opportunity to participate in HealthyHearts NYC – the New York City cooperative of EvidenceNOW, a national initiative funded by the Agency for Healthcare Research and Quality.
- Participation in this project is absolutely free and your site can earn \$4,500 over the course of 3 years of continued participation.
- Practices will receive on-site and virtual assistance on quality improvement strategies, access to peer-to-peer collaboratives and consultation with heart disease experts – all to investigate cardiovascular prevention interventions at primary care practices.
- Do you have 15 minutes to discuss your practice demographics to determine if you are eligible to participate?
 - *[If no]* When would be a better time to call? Would you like me to send you a flyer and 7-minute webinar via email that provides more details about the program?
 - *[If yes, ask the following questions from the HealthyHearts NYC Survey (complete online in Survey Gizmo). The caller will also use the Excel slicer to confirm Salesforce data]*
 - Is the official name of the practice **PRACTICE NAME**? (SURVEY Q1)
 - What is the site address? (SURVEY Q2)
 - *[Gather street address, city, state, zip and phone/fax numbers]*
 - Could you confirm the contact information for the practice – including phone, fax and email address? (SURVEY Q3 and 4)
 - Could you confirm the Tax ID number? (SURVEY Q5)
 - Could you confirm the Group NPI? (SURVEY Q6)
 - Does the practice have more than one site? If so, how many? Where are they located? (SURVEY Q7)
 - *[If more than one site, the caller will develop a survey for each site]*
 - Could you confirm this is a private practice? (SURVEY Q8)
 - What is the name and version number of the electronic health record used by the practice? (SURVEY Q9)
 - When did your EHR system go live? (SURVEY Q9)
 - How many providers are currently at your site? (SURVEY Q10)
 - *[If number provided is more than 10 providers, caller will ask if any providers are part-time and determine if the site complies with the 10 FTE providers or less criteria. This information will also be collected formally via the provider demographics form at the end of the survey.]*
 - Please list the specialties that are practiced at your site. (SURVEY Q11)
 - *[If OBGYN or pediatrics is mentioned]* Does your site only see OBGYN/pediatric patients? (SURVEY Q12)
 - *[If sites only see OBGYN, pediatric patients, adolescent = ineligible]*
 - *[If ineligible]* Thank you so much for your time. Unfortunately, your practice is not eligible for the HealthyHearts NYC program, but we will keep you in mind for any future programs. And, of

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- course, NYC REACH will continue to support you on EHR and quality initiatives.
- Does your practice have a lab interface? (SURVEY Q13)
 - *[If yes, continue to next question]*
 - *[If no]* We have specialists here at NYC REACH who can help to connect your EHR to a lab company. Would you be interested in having NYC REACH help you coordinate lab connectivity?
 - *[If yes]* Great, one of our colleagues will reach out to you to discuss how we can help. In the meantime, we have a couple more questions to ask. Which lab company would you wish to connect with? What is the practice lab account number?
 - *[If no – continue to next question]*
 - Is your practice participating in any research studies or receiving support for external QI initiatives other than NYC REACH/PCIP/DOHMH? (SURVEY Q14)
 - *[If yes]* Are these research studies focused on cardiovascular disease prevention and treatment? (SURVEY Q14)
 - *[Yes = ineligible]*
 - *[If ineligible]* Thank you so much for your time. Unfortunately, your practice is not eligible for the HealthyHearts NYC program, but we will keep you in mind for any future programs. And, of course, NYC REACH will continue to support you on EHR and quality initiatives.
 - Is your practice undergoing any transitions at this time, such as changing EHR, closing or combining your practice with another, expanding services and personnel? (SURVEY Q15)
 - *[If yes to changing an EHR change or closing]* Will it occur in 6-12 months? In 12-24 months? In greater than 24 months? (SURVEY Q15)
 - *[24 months and less = ineligible]*
 - *[If ineligible]* Thank you so much for your time. Unfortunately, your practice is not eligible for the HealthyHearts NYC program, but we will keep you in mind for any future programs. And, of course, NYC REACH will continue to support you on EHR and quality initiatives.
 - *[If yes to expanding services and personnel]* How many total providers will be at one site? (SURVEY Q15)
 - *[1-10/site = eligible; 11-more = ineligible]*
 - *[If ineligible]* Thank you so much for your time. Unfortunately, your practice is not eligible for the HealthyHearts NYC program, but we will keep you in mind for any future programs. And, of course, NYC REACH will continue to support you on EHR and quality initiatives.
 - *[If yes to combining your practice]* Is it with another small practice, hospital or CHC? (SURVEY Q15)
 - *[If it is a CHC or hospital]* Will this impact the EHR you currently use?
 - *[Yes = ineligible]*
 - *[If ineligible]* Thank you so much for your time. Unfortunately, your practice is not eligible for the HealthyHearts NYC program,

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but we will keep you in mind for any future programs. And, of course, NYC REACH will continue to support you on EHR and quality initiatives.

- Is your practice interested in participating in HealthyHearts NYC – a quality improvement program focused on cardiovascular disease prevention and treatment? This program will begin in October 2015. (SURVEY Q16)
 - [If no] Would you let us know why you are not interested?
 - [If yes – NOT Deferred due to lab interface] Great – the next step is to sign a participation agreement. This document includes the details for participation. I can send it to you via email. The email address will say ‘Echosign on behalf of CALLER NAME.’ Let me know if you have any questions. After you sign the addendum, one of our colleagues will contact you about a kickoff meeting to discuss the program. In the meantime, I can share a webinar with you that provides more information about the program and your role.
 - [If practice does not have an NYC REACH agreement signed, caller will also remind the practice owner to sign the larger agreement.]
 - [If yes AND Deferred due to lab interface] Great – thanks for your interest. We will contact you shortly about your eligibility and next steps.
- I just have a couple final questions that can be filled out via email or fax regarding the providers at the practice. [Note, the remaining survey questions related to provider information (e.g., name, NPI, etc.) will be secured via email to match the current outreach workflow] (SURVEY Q17-34 – NOTE: answer to Q22 will determine how many provider fields are open to submit information)
- We appreciate your time. Have a great day!

If they need to search their inbox for the email:

- Email subject was: Join Now! NYC Partnership to Advance Heart Health
- Email sender was: NYC REACH

If there are questions about practice facilitation:

- Practice facilitation is a supportive service provided to a primary care practice by a trained individual or team known as a practice facilitator. The practice facilitator uses a range of quality improvement (QI) and practice improvement approaches to improve the capacity of a practice.

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CALL GOES TO VM

- Hi my name is **NAME**; I'm calling from NYC REACH at the New York City Department of Health and Mental Hygiene. I'm a colleague of **PRACTICE OWNER** which you might have worked with in the past.
- Your practice may have the opportunity to participate in HealthyHearts NYC – a free quality improvement program focused on cardiovascular disease prevention and treatment. Your site can earn \$4,500 over the course of 3 years of continued participation.
- Please give me a call so we can determine if you are eligible to participate.
- You can call me at: XXX-XXX-XXXX
- Thanks for your time, speak with you soon!

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