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(12) United States Design Patent

Merkin

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(54) **DISPLAY SCREEN OR PORTION THEREOF WITH COMPLEX CASE AND DISEASE MANAGEMENT GRAPHICAL USER INTERFACE**

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(**) Term: **15 Years**

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Related U.S. Application Data

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(51) **LOC (12) Cl.** **14-04**

(52) **U.S. Cl.**
USPC **D14/486**

(58) **Field of Classification Search**
USPC D14/485–495; D20/11; D21/324, 325
(Continued)

(56) **References Cited**

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(57) **CLAIM**

I claim the ornamental design for a display screen or portion thereof with complex case and disease management graphical user interface, as shown and described.

DESCRIPTION

FIG. **1** is a view of a display screen or portion thereof with complex case and disease management graphical user interface of my new design;

FIG. **2**A is a partial view of a display screen or portion thereof with complex case and disease management graphical user interface of my new design, the partial view of FIG. **2**A showing an upper part of the design;

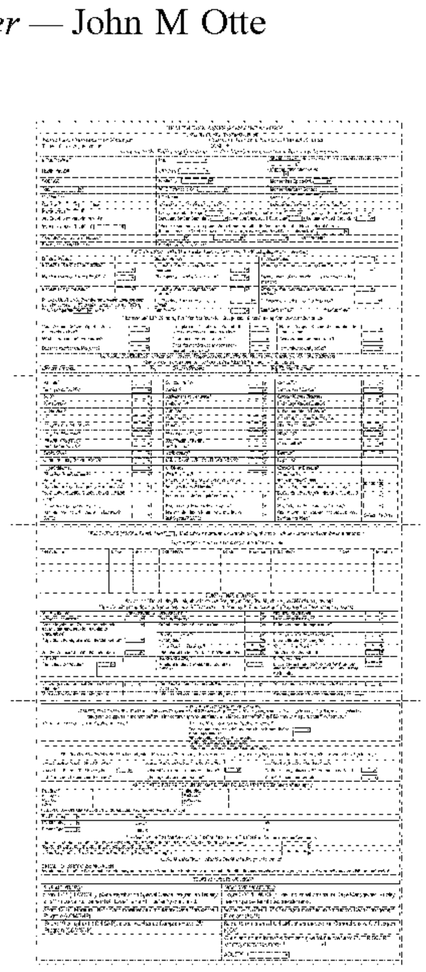
FIG. **2**B is a partial view of the display screen or portion thereof with complex case and disease management graphical user interface of my new design, the partial view of FIG. **2**B showing a middle part of the design that borders the partial view of FIG. **2**A at the bottom of the partial view of FIG. **2**A;

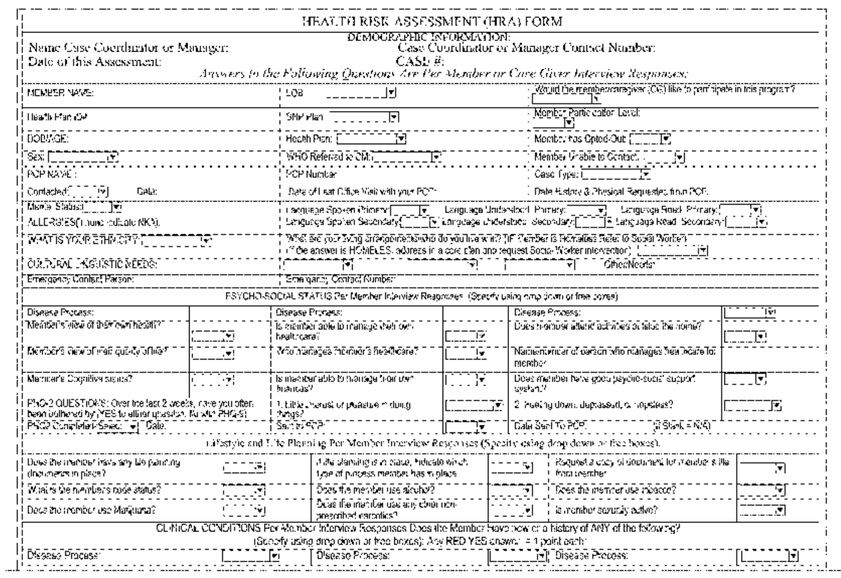
FIG. **2**C is a partial view of the display screen or portion thereof with complex case and disease management graphical user interface of my new design, the partial view of FIG. **2**C showing a middle part of the design that borders the partial view of FIG. **2**B at the bottom of the partial view of FIG. **2**B; and,

FIG. **2**D is a partial view of the display screen or portion thereof with complex case and disease management graphical user interface of my new design, the partial view of FIG. **2**D showing a lower part of the design that borders the partial view of FIG. **2**C at the bottom of the partial view of FIG. **2**C.

The broken line made up of single-length dashes, showing a display screen in each view, forms no part of the claimed design. The broken lines made up of alternating long and short dashes, showing borders between the partial views, forms no part of the claimed design.

1 Claim, 5 Drawing Sheets





(58) **Field of Classification Search**
CPC G06F 3/048; G06F 3/0481; G06F 3/04817; G06F 3/0482; G06F 3/0483; G06F 3/04842; G06F 3/0485; G06F 3/04855; G06F 3/0486; G06F 3/0488; G06F 3/04886; G06F 9/4443; G06F 10/06; G06F 16/248; G06F 17/211; G06F 17/212; G06F 19/3418; H04H 20/12; G06Q 20/00; H04L 12/2801; H04L 67/10
See application file for complete search history.

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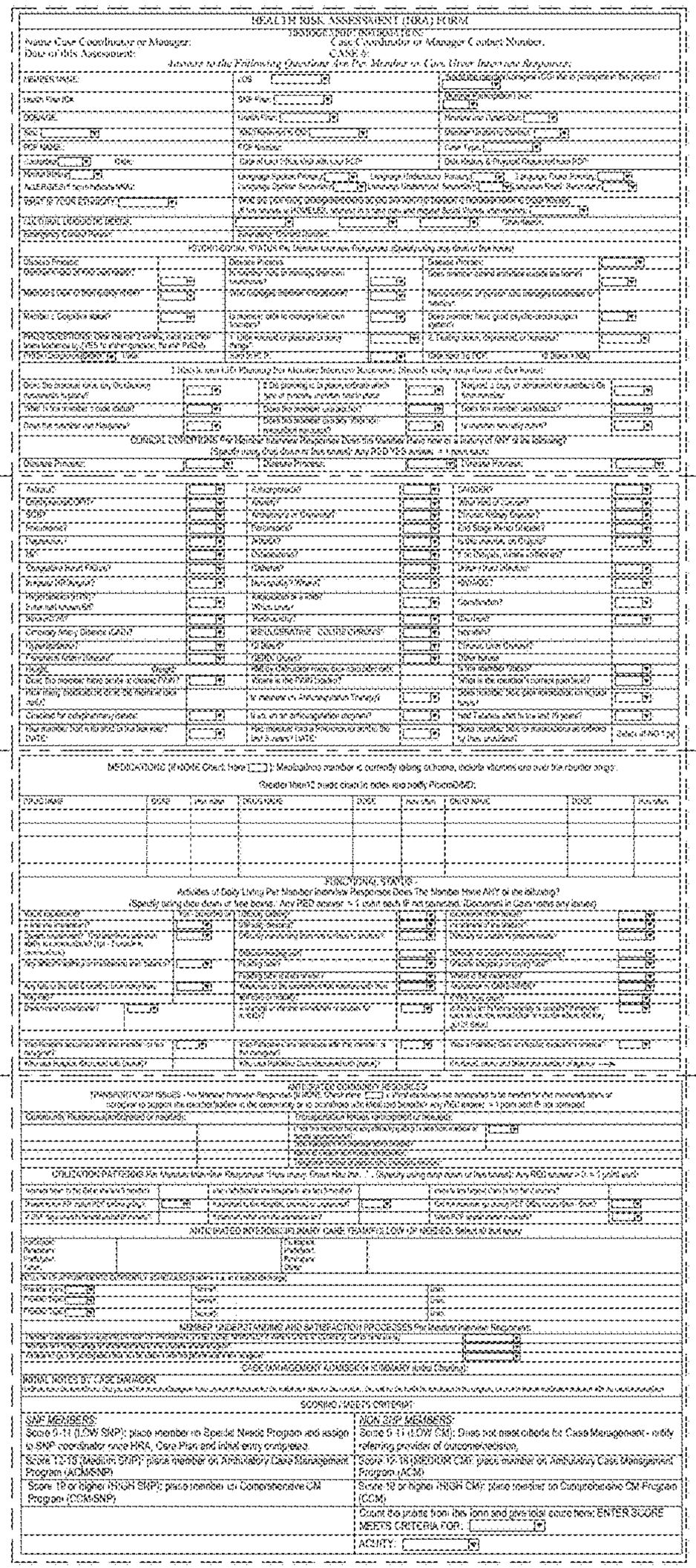
HEALTH RISK ASSESSMENT (HRA) FORM
Name Case Coordinator or Manager:
Case Coordinator or Manager Contact Number:
Date of this Assessment:
CASE #:
Answers to the Following Questions Are Per Member vs. Case Giver Interview Responses:
MEDICATIONS (If NONE Check Here ☐): Medications member is currently taking (Rx/OTC, Herbs, Vitamins and over the counter drugs):
FUNCTIONAL STATUS -
Activities of Daily Living Per Member Interview Response Does The Member Have ANY of the following?
(Specify using drop down or free boxes. Any RED answer = 1 point each IF not corrected. Document in Case notes any issues)
ANTICIPATED COMMUNITY RESOURCES
ANTICIPATED INTERDISCIPLINARY CARE TEAM FOLLOW UP NEEDED: Select all that apply
MEMBER UNDERSTANDING AND SATISFACTION PROCESSES Per Member Interview Response:
CASE MANAGEMENT ADMISSION SUMMARY (Initial Charting):
INITIAL NOTES BY CASE MANAGER:
SCORING / MEETS CRITERIA?
SNP MEMBERS:
Score 0-11 (LOW SNP): place member in Special Needs Program and assign to SNP coordinator once HRA, Care Plan and initial entry completed.
Score 12-18 (Medium SNP): place member on Ambulatory Case Management Program (ACM/SNP)
Score 19 or higher (HIGH SNP): place member on Comprehensive CM Program (CCM-SNP)
NON SNP MEMBERS:
Score 0-11 (LOW CM): Does not meet criteria for Case Management - notify referring provider of outcome/decision.
Score 12-18 (MEDIUM CM): place member on Ambulatory Case Management Program (ACM)
Score 19 or higher (HIGH CM): place member on Comprehensive CM Program (CCM)
Count the points from this form and give total score here: ENTER SCORE MEETS CRITERIA FOR:
ACUITY:

FIG. 1

HEALTH RISK ASSESSMENT (HRA) FORM

DEMOGRAPHIC INFORMATION:

Name Case Coordinator or Manager: Case Coordinator or Manager Contact Number:

Date of this Assessment: CASE #:

Answers to the Following Questions Are Per Member or Care Giver Interview Responses:

MEMBER NAME:	LOB	Would the member/caregiver (CG) like to participate in this program?
Health Plan ID#	SNP Plan:	Member Participation Level:
DOB/AGE:	Health Plan:	Member has Opted-Out:
Sex:	WHO Referred to CM:	Member Unable to Contact:
PCP NAME :	PCP Number:	Case Type:
Contacted: Date:	Date of Last Office Visit with your PCP:	Date History & Physical Requested from PCP:
Marital Status: ALLERGIES(if none indicate NKA):	Language Spoken Primary: Language Understood Primary: Language Read Primary: Language Spoken Secondary: Language Understood Secondary: Language Read Secondary:	
WHAT IS YOUR ETHNICITY:	What are your living arrangements/who do you live with? (IF Member is Homeless Refer to Social Worker) (If the answer is HOMELES, address in a care plan and request Social Worker intervention):	
CULTURAL LINGUISTIC NEEDS:	Other/Needs:	
Emergency Contact Person:	Emergency Contact Number:	

PSYCHO-SOCIAL STATUS Per Member Interview Responses (Specify using drop down or free boxes)

Disease Process:		Disease Process:		Disease Process:	
Member's view of their own health?		Is member able to manage their own healthcare?		Does member attend activities outside the home?	
Member's view of their quality of life?		Who manages member's healthcare?		Name/number of person who manages healthcare for member:	
Member's Cognitive status?		Is member able to manage their own finances?		Does member have good psycho-social support system?	
PHQ-2 QUESTIONS: Over the last 2 weeks, have you often been bothered by:(YES to either question, f/u with PHQ-9)		1. Little interest or pleasure in doing things?		2. Feeling down, depressed, or hopeless?	
PHQ9 Completed Select Date:		Sent to PCP:		Date Sent To PCP: (If Blank = N/A)	

Lifestyle and Life Planning Per Member Interview Responses (Specify using drop down or free boxes):

Does the member have any life planning documents in place?		If life planning is in place, indicate which type of process member has in place		Request a copy of document for member's file from member	
What is the member's code status?		Does the member use alcohol?		Does the member use tobacco?	
Does the member use Marijuana?		Does the member use any other non-prescribed narcotics?		Is member sexually active?	

CLINICAL CONDITIONS Per Member Interview Responses Does the Member Have now or a history of ANY of the following?
(Specify using drop down or free boxes): Any RED YES answer = 1 point each:

Disease Process:		Disease Process:		Disease Process:	

FIG. 2A

Asthma?		Schizophrenia?		CANCER?	
Emphysema/COPD?		Anxiety?		What kind of Cancer?	
SOB?		Alzheimer's or Dementia?		Chronic Kidney Disease?	
Pneumonia?		Parkinson's?		End Stage Renal Disease?	
Depression?		Arthritis?		Is this member on Dialysis?	
MI?		Osteoporosis?		If on Dialysis, where do they go?	
Congestive Heart Failure?		Diabetes?		Urinary tract infection?	
Irregular HR/Angina?		Neuropathy? Where?		HIV/AIDS?	
Hypertension (HTN)? Enter last known B/P		Amputation of a limb? Which Limb?		Constipation?	
Stroke/CVA?		Retinopathy?		Diarrhea?	
Coronary Artery Disease (CAD)?		IBS/ULCERATIVE COLITIS/CHRON'S?		Hepatitis?	
Hyperlipidemia?		GI Bleed?		Chronic Liver Disease?	
Peripheral Artery Disease?		GERD/ Ulcers?		Other Issues	
Height: Weight:		BMI by Calculator (www.bmi-calculator.net):		Is the member Obese?	
Does the member have acute or chronic PAIN?		Where is the PAIN located?		What is the member's current pain level?	
How many medications does the member take daily?		Is member on Anticoagulation Therapy?		Does member take pain medication on regular basis?	
Checked for polypharmacy issues:		If so, on an anticoagulation program?		Had Tetanus shot in the last 10 years?	
Has member had a flu shot in the last year? DATE:		Has member had a Pneumovax shot in the last 5 years? DATE:		Does member take all medications as ordered by their providers?	Select (If NO 1 pt)

FIG. 2B

MEDICATIONS (If NONE Check Here [ ]): Medications member is currently taking at home, include vitamins and over the counter drugs:

Greater than12 meds chart in notes and notify PharmD/MD:

DRUG NAME	DOSE	How often	DRUG NAME	DOSE	How often	DRUG NAME	DOSE	How often

FUNCTIONAL STATUS -

Activities of Daily Living Per Member Interview Responses Does The Member Have ANY of the following?

(Specify using drop down or free boxes: Any RED answer = 1 point each IF not corrected: (Document in Case notes any issues)

Visual impairment?	Yes - corrected w/	Difficulty bathing?		Incontinent of the bowel?	
A hearing impairment?		Difficulty dressing?		Incontinent of the bladder?	
Speech impairment? That interferes with their ability to communicate? (1pt - if unable to communicate)		Difficulty transferring from one surface to another?		Difficulty or unable to prepare meals?	
		Difficulty feeding self?		Difficulty or unable to do housekeeping?	
Any difficulty walking or maintaining their balance?		Feeding tube?		Difficulty shopping or buying food?	
		Feeding tube is it old or new?		Where is the weakness?	
Any falls in the last 6 months, how many have		Weakness of the extremities that interfere with their		Assistance or CARE-GIVER?	
they had?		self care or mobility?		If YES, how often?	
Device used to ambulate?		A manual or electric wheelchair or scooter for mobility?		Is it used for in home mobility or outside? If member uses an electric wheel chair or scooter where did they get it? Select	
Was Hospice discussed with this member or the caregiver?		Was Palliative Care discussed with this member or the caregiver?		Was a Palliative Care or Hospice evaluation ordered?	
Who was Hospice discussed with (name)?		Who was Palliative Care discussed with (name)?		If ordered, name and telephone number of agency →	

FIG. 2C

ANTICIPATED COMMUNITY RESOURCES/ TRANSPORTATION ISSUES - Per Member Interview Responses (If NONE Check Here [ ]): What resources are anticipated to be needed for this member/patient or caregiver to support the member/patient in the community or to coordinate with Medicaid benefits? Any RED answer = 1 point each IF not corrected			
Community Resources(anticipated or needed):		Transportation Issues (anticipated or needed):	
		Does the member have any difficulty getting to and from medical or dental appointments?	
		Who transports the member when needed?	
		Name of person who transports member:	
		Telephone number of person who transports member:	

UTILIZATION PATTERNS Per Member Interview Responses "How many Times Has the..." : (Specify using drop down or free boxes): Any RED answer > 0 = 1 point each					
member been to the ER in the last 3 months?		been admitted to the Hospital in the last 3 months?		been to the Urgent Care in the last 3 months?	
If went to the ER, called PCP before going?		If admitted to the Hospital, planned or unplanned?		Did the member go during PCP Office hours (9am - 5pm)?	
# SNF days used in benefit period (if known)?		If planned, what was the admission for?		Were PCP appointments available?	

ANTICIPATED INTERDISCIPLINARY CARE TEAM/FOLLOW UP NEEDED: Select all that apply			
Participant: Participant: Participant: Other:		Participant: Participant: Participant: Other:	

FOLLOW UP APPOINTMENTS CURRENTLY SCHEDULED (If referred upon hospital discharge):		
Provider Type:	Name/#: :	Date:
Provider Type:	Name/#: :	Date:
Provider Type:	Name/#: :	Date:

MEMBER UNDERSTANDING AND SATISFACTION PROCESSES Per Member Interview Responses:	
Member Satisfaction Survey/EVALUATION OF PROGRAM (TO BE DONE ANNUALLY & WHEN CASE IS CLOSED): CM to send survey	
Member or Family/Caregiver understanding of this process and/or program:	
Assess for type of participation that can be utilized with the patient and/or the caregiver:	

CASE MANAGEMENT ADMISSION SUMMARY (Initial Charting):
INITIAL NOTES BY CASE MANAGER (indicate here the items/focus that you and the member/caregiver have agreed to focus on for the initial care plan on this member, this will be the basis for admission to the program, be sure to include medication reviewed with the member/caregiver)

SCORING / MEETS CRITERIA?	
SNP MEMBERS: Score 0-11 (LOW SNP): place member on Special Needs Program and assign to SNP coordinator once HRA, Care Plan and initial entry completed.	*NON SNP MEMBERS:* Score 0-11 (LOW CM): Does not meet criteria for Case Management - notify referring provider of outcome/decision.
Score 12-18 (Medium SNP): place member on Ambulatory Case Management Program (ACM/SNP)	Score 12-18 (MEDIUM CM): place member on Ambulatory Case Management Program (ACM)
Score 19 or higher (HIGH SNP): place member on Comprehensive CM Program (CCM/SNP)	Score 19 or higher (HIGH CM): place member on Comprehensive CM Program (CCM)
	Count the points from this form and give total score here: ENTER SCORE MEETS CRITERIA FOR:
	ACUITY:

FIG. 2D