

HOW TO USE DISEASE MANAGEMENT SERVICES

Fill out Disease Management Referral Form and submit any additional clinical information related to the patient's diabetes or asthma.

Fax to (206) 613-8873, ATTN: Disease Management Assistant.

Refer patients who have:

- 1) diabetes – type 1 or type 2**
- 2) asthma**

Upon referral, the Disease Management Department will do the following:

- complete a health risk assessment by telephone outreach**
- determine ongoing needs based on that assessment**
- provide education by phone and individualized educational materials by mail**
- provide other resources, such as alternative pharmacy resources as needed, on a case by case basis, as appropriate**
- act as an advocate for members**
- identify barriers and problem-solve to enable members to obtain needed care**
- provide Primary Care Providers (PCPs) with updates, by telephone and/or by written summary, as appropriate, of assistance provided to their patients by the CHP Disease Management Program**

NOTE: If this referral is Urgent, please mark the box at the top of the referral form and one of the Disease Management staff will contact the patient/member within 1 business day of receiving the referral.