



Care team call script – COPD HRA

This script is part of Unlock Health’s care team script library, created to give care teams a consistent, compassionate framework for follow-up calls. Each script aligns with the corresponding HRA’s clinical review and risk pathways, helping teams confidently guide participants toward the right next step.

These scripts are designed to be used **alongside your Engagement Queue CTA strategy**. For a full overview of how engagement queue CTAs work — including setup, SLAs, and best practices — see the [Call Engagement Queue CTA Playbook](#).

Purpose

The COPD HRA uses the validated COPD Diagnostic Questionnaire (CDQ) to identify adults who:

- Should undergo additional screening for COPD in primary care
- Have a diagnosis of COPD but may not be managing their disease with a provider

Results help care teams recommend:

- Screening referrals for participants at risk but undiagnosed
- Symptom management with primary care for those with a COPD diagnosis
- Lifestyle changes such as smoking cessation and weight management
- Early intervention for participants reporting risk factors or mild symptoms

Pre-call checklist

Before calling, care teams can open the participant’s risk report from the **Actions** column of the engagement queue dashboard.

Within the report, review:

- Primary result (for example: screening recommended, screening may be recommended, tell a doctor about any symptoms, manage your COPD with your doctor, talk to a doctor about your COPD)
- Smoking history and pack-years (primary driver of COPD risk)
- Reported symptoms (for example: cough, phlegm, shortness of breath, wheezing, chest tightness)

- Personal history (for example: bronchitis, pneumonia, tuberculosis, asthma, childhood respiratory illness)
- Environmental risk factors (for example: secondhand smoke, industrial fumes, air pollution)
- Lifestyle factors (for example: weight, smoking status)

Combine this report review with a quick EMR lookup, if available, to ensure the call is informed, compassionate, and action-oriented.

Additional resources

- [Clinical Review Document – COPD HRA](#)
- [Follow-up Strategy Guide – COPD HRA](#)
- [Sample COPD HRA Report](#)
- [Logging Follow-up Calls with Engagement Queue CTAs](#)

CARE call flow

C – Connect

- “Hello, this is [Name] from [Health System]. Thank you for completing the COPD Health Risk Assessment. Who do I have the pleasure of speaking with today?”
- Verify identity using date of birth or another approved identifier.

A – Assess

- “I’d like to review your results with you. Based on your responses, here’s what we found...”
- Highlight smoking history, reported symptoms, or existing diagnosis. Then ask: “How are these symptoms affecting your daily activities?”

R – Recommend (based on result category)

- **Screening recommended** (high CDQ score, likely COPD) → “Your results suggest COPD may be present. We recommend scheduling a screening with your primary care provider. Would you like help setting that up?”
- **Manage your COPD with your doctor** (diagnosed, has a PCP or specialist) → “Your results show a COPD diagnosis. Staying in touch with your doctor is important for managing symptoms. Would you like help scheduling your next appointment?”

- **Talk to a doctor about your COPD** (diagnosed, no current provider) → “Your results show a COPD diagnosis, but it looks like you don’t have a current provider. Finding a doctor is an important step. Can I help you get connected?”
- **Screening may be recommended** (moderate CDQ score or multiple risk factors) → “Your results suggest COPD might be present. A doctor can confirm with additional tests. Can I help you book a primary care appointment?”
- **Tell a doctor about any symptoms** (low CDQ score, some risk factors) → “Your results show some risk factors or symptoms. We recommend discussing these with your doctor at your next visit. Would you like resources to prepare for that conversation?”

E – Enable

- Offer to schedule, transfer, or provide resources.
- “Can I help you book an appointment now?”

Documentation guidance

Log each call attempt in the engagement queue dashboard:

- Date and time of call
- Disposition — scheduled appointment, voicemail, no answer, scheduled, callback later, not eligible, referral sent, etc.
- Notes — symptoms discussed, concerns, next steps

Why documentation matters

Consistency in documentation ensures reliable reporting and continuous improvement. It also guarantees that another care team member can seamlessly continue the conversation if needed.

For detailed steps, see: [How to Log a Call in Engagement Queue](#)

Voicemail example

“Hello, this is [Name] from [Health System], calling regarding your COPD Health Risk Assessment. We’d like to review your results and discuss next steps for your health. Please call us back at [Phone Number].”

Need help?

Your Client Success Director can help walk through engagement queue CTAs – from training to overall strategy.

Email: hrasupport@unlockhealthnow.com