

# CARE TEAM MA ORIENTATION

## Module #1



### CTMA ROLE OVERVIEW

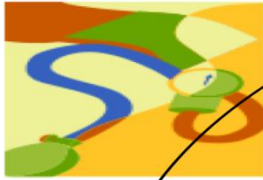
### WEST COUNTY HEALTH CENTERS

# Objectives



- Basic overview of unique role of the Medical Assistant within the Care Team
- Managing the patient's office experience
- Managing the provider's office experience
- CTMA's role in population management
- Care Management support
- Jelly beans – communicating clinical information
- Communication structure/innovation
- Agenda for future CTMA training

# WCHC CARE TEAM



CARE TEAM MEDICAL ASSISTANT



CARE TEAM MEDICAL PROVIDER



CARE TEAM REPRESENTATIVE



BEHAVIORAL HEALTH / MENTAL  
HEALTH



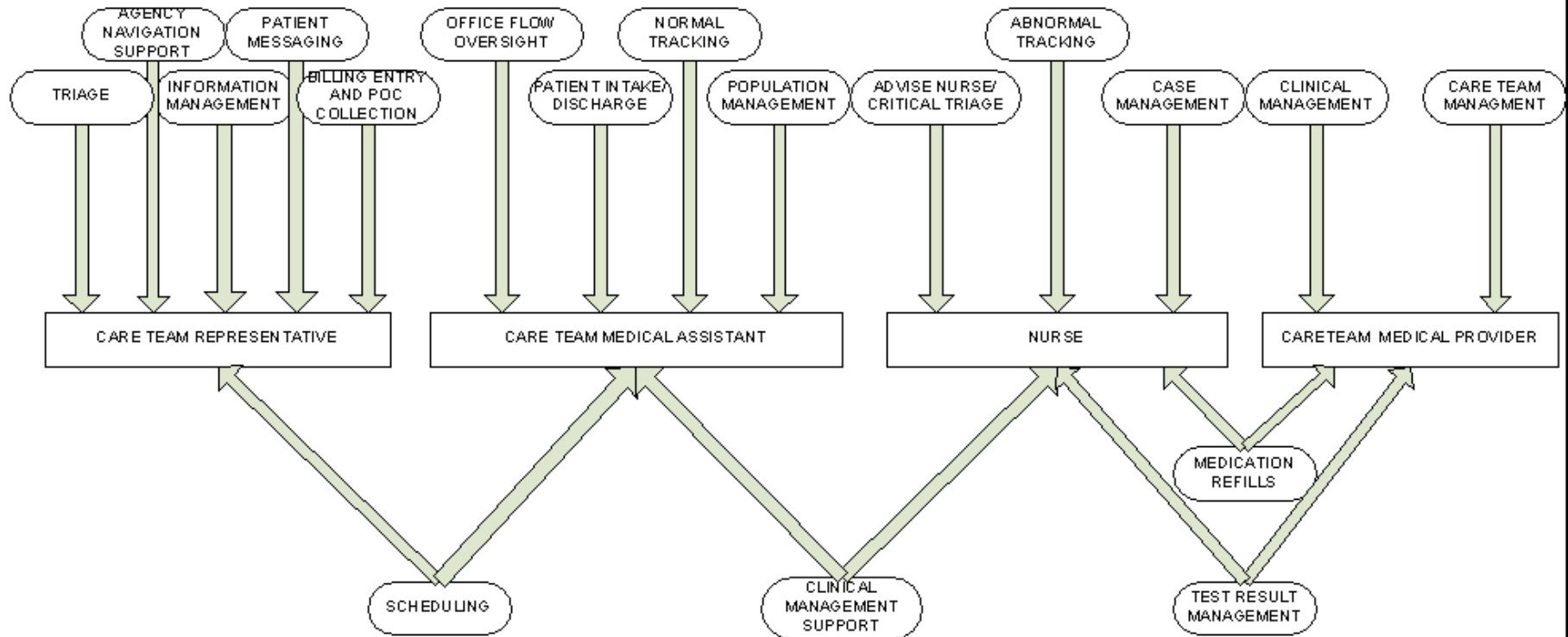
NURSE CASE MANAGEMENT



CARE TEAM BILLING STAFF



# CARE TEAM WORK FLOW



# I. RELATIONAL CARE



- At its core, all of health care is relational
- Primary Health Care must offer a continuous, trusting, non-judgmental, “first-name” relationship over time
- “Every interaction creates opportunities for empowering patients and staff to build healthy lives and communities.”

# Preserving the relationship



# II. ACCESS TO CARE



- All barriers to timely access to this relationship should be removed





# III. Team-based care



- Excellent care can only be offered when integrated Care Teams, with clearly defined roles, work to the top of their license
- Effective care can only occur in the context of established community collaboration

# Managing the office experience



## **THE PATIENT'S EXPERIENCE**



THE RITZ-CARLTON



# West County Health Centers

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*Caring for our Communities*

# CUSTOMER SERVICE



**YOU WILL SET THE TONE FOR THE OFFICE  
VISIT**

**EACH INTERACTION YOU HAVE IS AN  
INVESTMENT IN THE “FIRST NAME”  
RELATIONSHIP WITH YOUR PATIENTS**



- Greet patients with a smile and eye contact
- Look for opportunities to convey empathy
- Communicate expected wait time whenever possible
- Respect the patient's privacy
- Be available to help guide patients through the health center
- Be aware of the patients schedule
- Patients expect you to know why they are coming, be ready when they get here and have everything available to complete the visit

# Managing the office experience



## THE PROVIDER'S EXPERIENCE

An MA can transform a  
provider's day in either  
direction



**PARTNERING WITH YOUR  
PROVIDER IN SERVING YOUR  
PATIENTS CAN TRANSFORM  
YOU PATIENT'S DAY!**



# Preparing for the day



- **Be ready** to work when your shift begins
- **Huddle** with your provider
- **Coordinate** work flow with the other MAs

# Be ready



- Arrive for your shift a few minutes early so that you are ready to work when your shift begins
- Keep your rooms stocked so all the supplies you need are available
- Anticipate the special supplies you need to complete each patient visit

# Anticipate your providers needs



- Have all the supplies the provider will need readily available before the provider needs them (ex. patient with sore throat-put out throat swabs/cx tubes)
- Get to know your provider and their work style

# Take responsibility for the patient flow



- Have ongoing communication with your provider throughout the shift
- Be available for the provider when they exit the exam room
- Make sure that the provider knows where to find you or whoever is covering for you
- Take ownership over the provider's schedule

# Manage your provider's time



- Let your provider know they are on time
- Let them know who is in what room
- Warn them of any observations you had while rooming the patient
- Help the patient decide what is most important to discuss in today's visit
- Verbally inform them of alarming vital signs

# Learn to be confident in your role



- Don't be afraid to direct your provider. It is part of your job expectation!
- Take on your unique role - if you don't do it, the team will not provide the same level of care

# Tips for empowering your provider



- Investing in your patients relationally will allow you to add important insight into your patients health and well being
- Take on a “support” attitude – it will improve the provider’s AND the patient’s experience
- “What can I do to help”
- “I am not sure why that happened, let me help you make it right”
- “I will take care of that”
- “I thought you may need this for your next patient”

# Population Management



**HELPING PATIENTS  
MANAGE THEIR HEALTH  
AND CHRONIC DISEASE**



# Managing Population Management Logistics



- Why don't patients get the labs, follow through with specialty consultation as recommended?
- What are potential barriers?

# WHAT IS CHRONIC DISEASE



- Any condition that requires ongoing adjustments by the affected person and interactions with the health care system.
- **EXAMPLES:** Diabetes, Hypertension, Heart disease, Depression, Cancer, Asthma/COPD, HIV, Hepatitis C, others..

# Who is affected



- Almost half of all Americans, or 133 million people, live with a chronic condition.
- That number is projected to increase by more than one percent per year by 2030, resulting in an estimated chronically ill population of 171 million.

# Why is it important?



- Chronic diseases account for 70% of all deaths in the United States.
- The medical care costs of people with chronic diseases account for more than 75% of the nation's \$1.4 trillion medical care costs.
- Chronic diseases account for one-third of the years of potential life lost before age 65.
- The direct and indirect costs of diabetes are nearly \$132 billion a year.
- In 2001, approximately \$300 billion was spent on all cardiovascular diseases. Over \$129 in lost productivity was due to cardiovascular disease.

You will play a critical role in  
transforming these statistics within  
our agency



**IN A REAL WAY, YOU WILL  
HELP TRANSFORM THE WAY  
WE PRACTICE MEDICINE IN  
THE UNITED STATES.**

# Worrying Statistics



- Individuals in the United States receive only half the recommended medical services.
- Only 43% of individuals with diagnosed diabetes, 37% with hypertension, and 25% with hypercholesterolemia have adequate control of their disease.
- Less than 20% of smokers who try to quit receive assistance from their physician.
- 95% of medical expenditures in the United States are for curative care, and only 5% are for prevention.
- Nearly 9 of 10 Americans with uncontrolled diabetes, hypertension, and hypercholesterolemia already have private or public health insurance

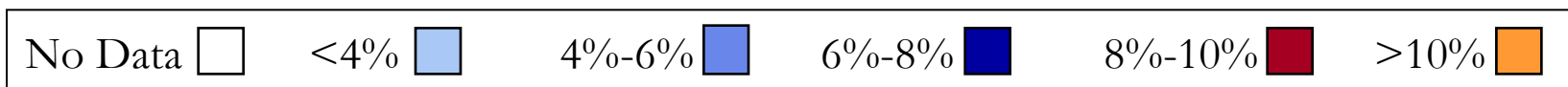
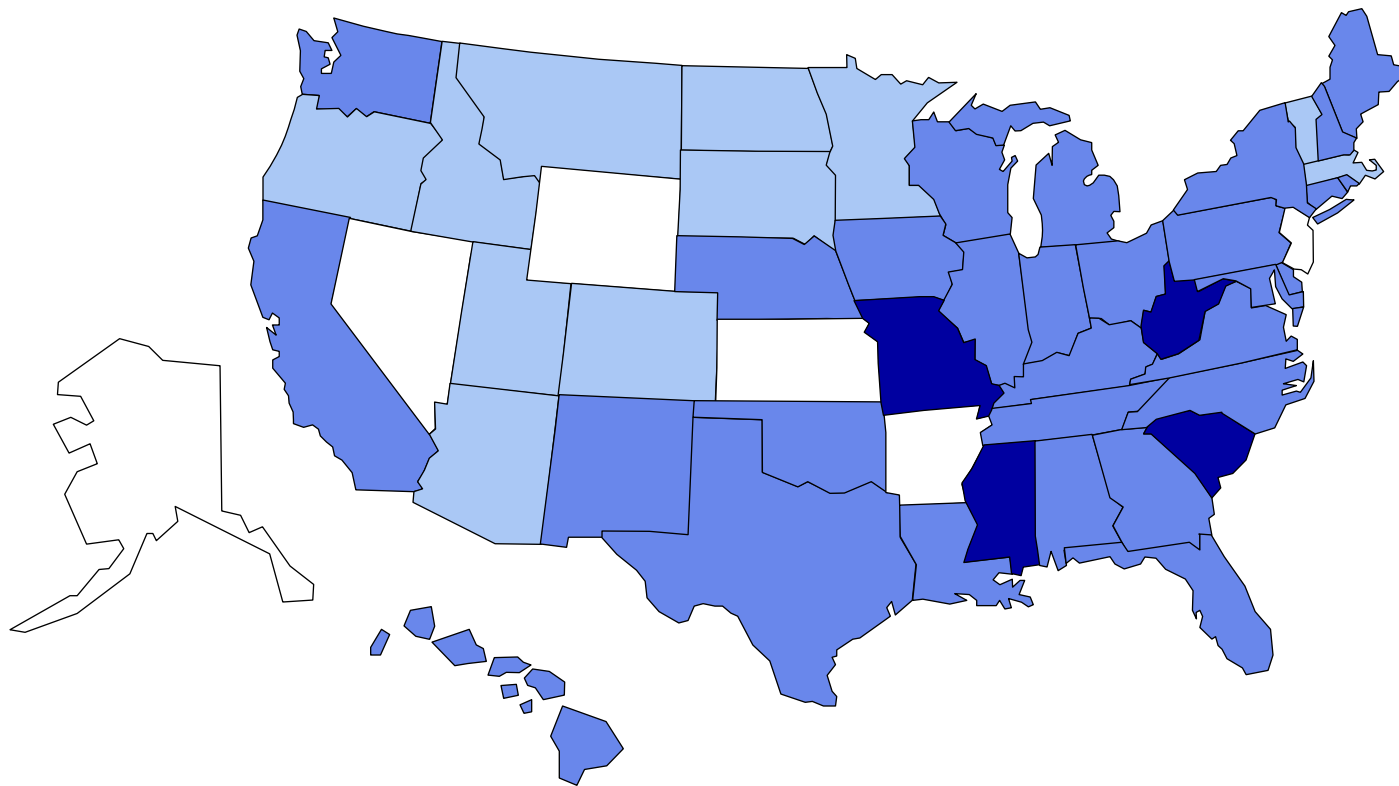
What are the trends?



**DIABETES**

# Diabetes Trends\* Among Adults in the U.S., (Includes Gestational Diabetes)

**BRFSS 1990**

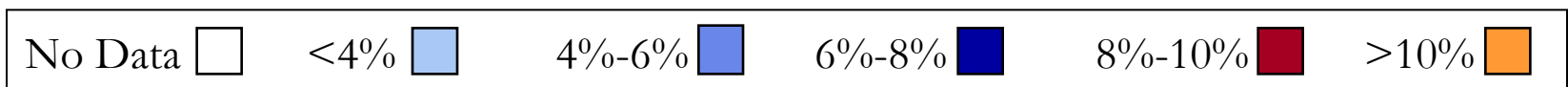
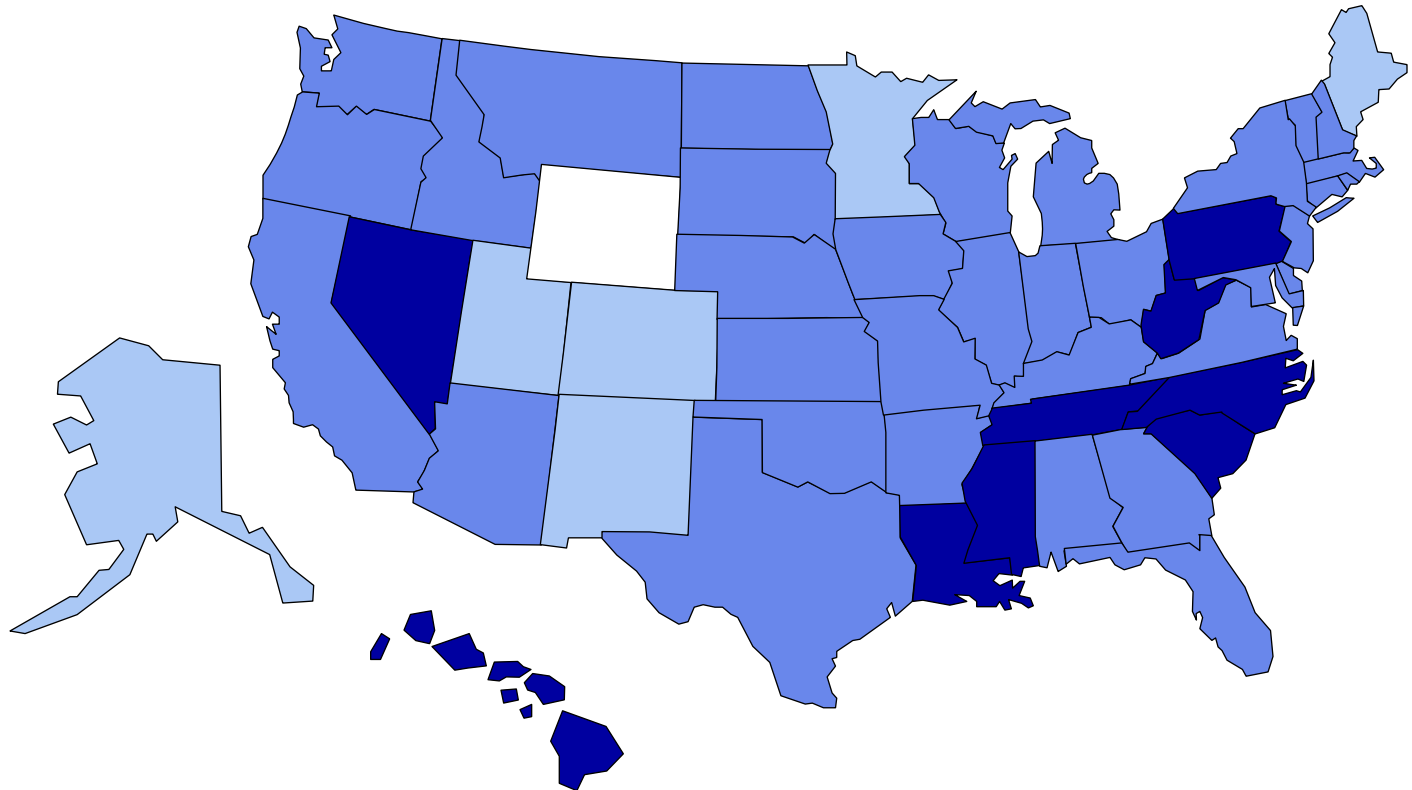


Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.



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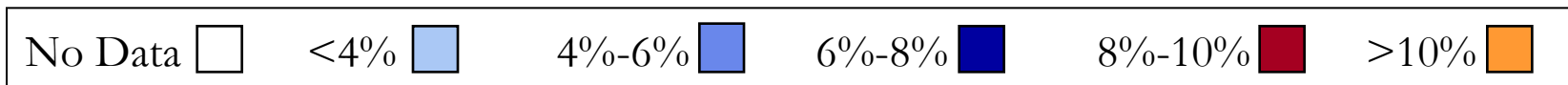
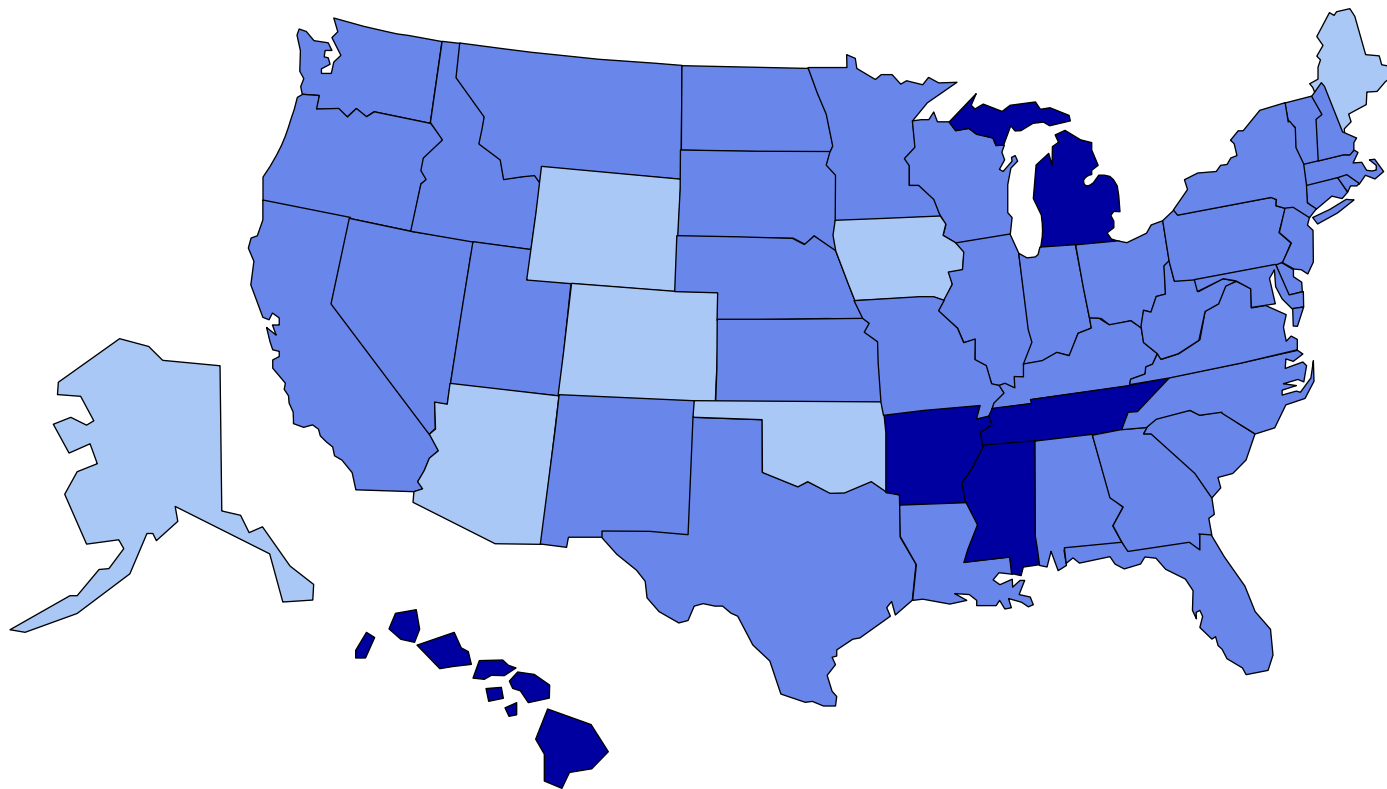
**BRFSS 1991-92**



Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

# Diabetes Trends\* Among Adults in the U.S., (Includes Gestational Diabetes)

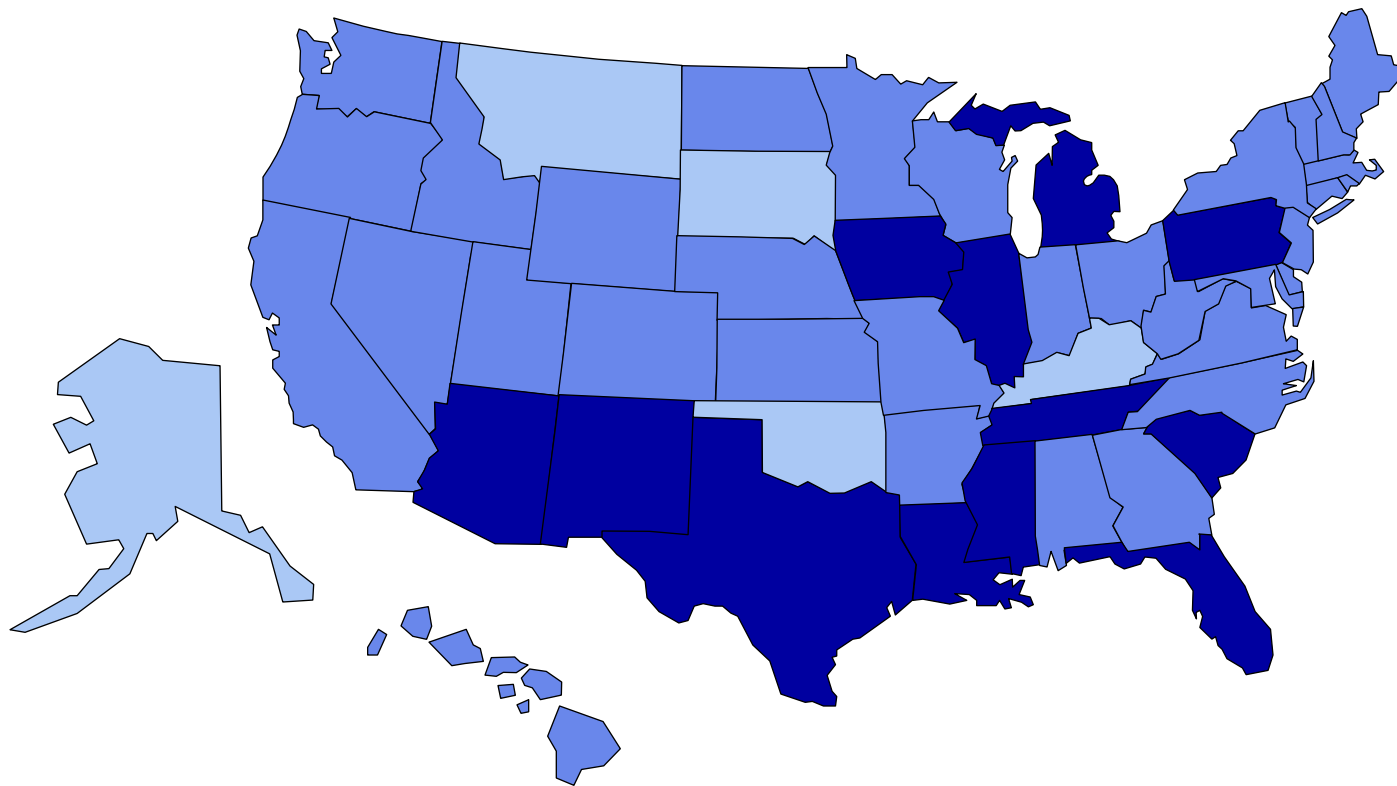
**BRFSS 1993-94**



Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

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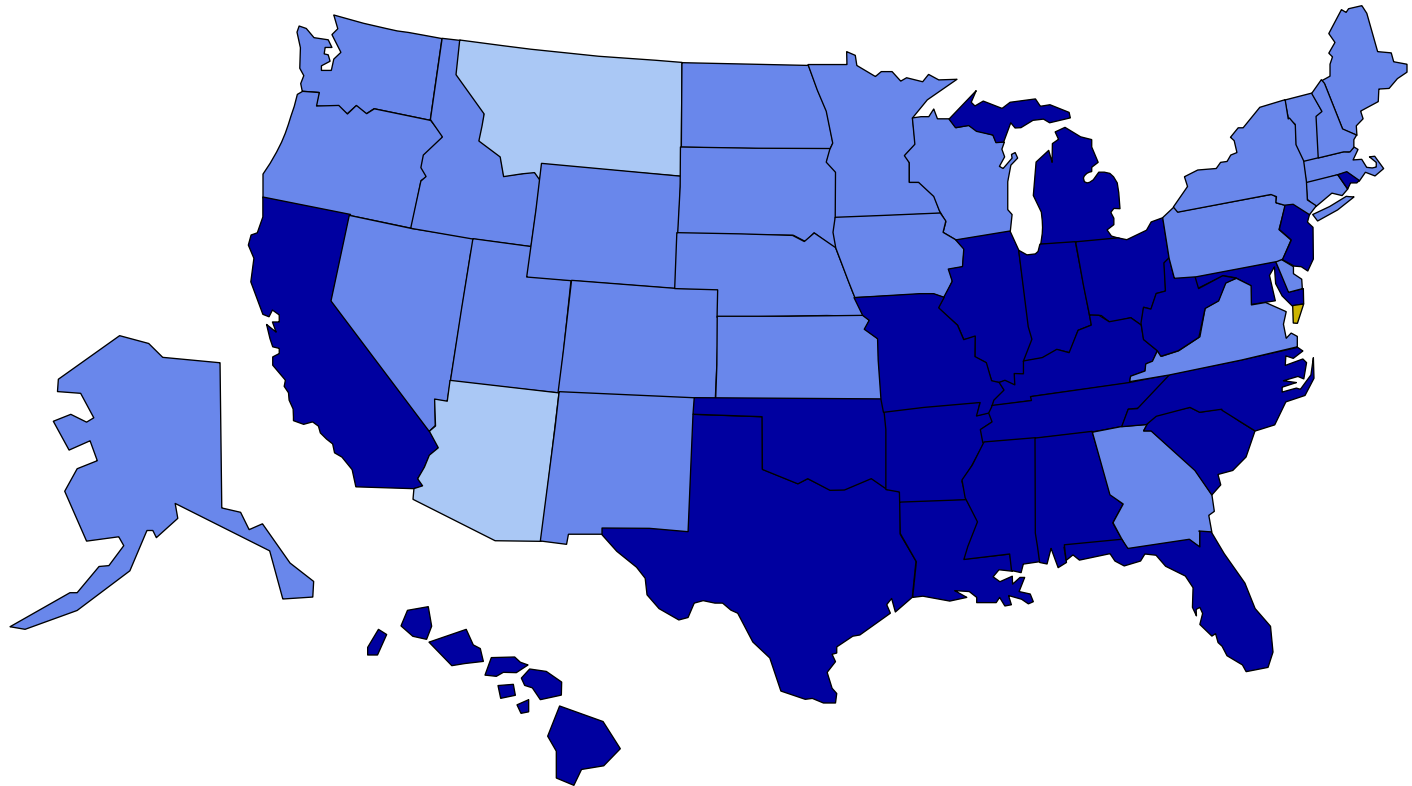
**BRFSS 1995**



Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

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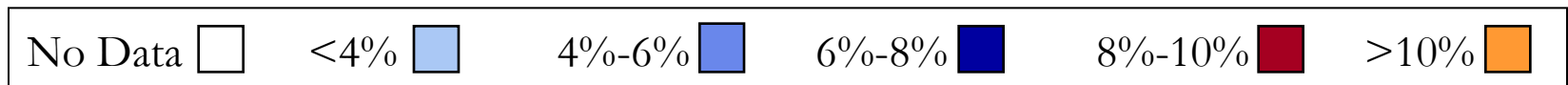
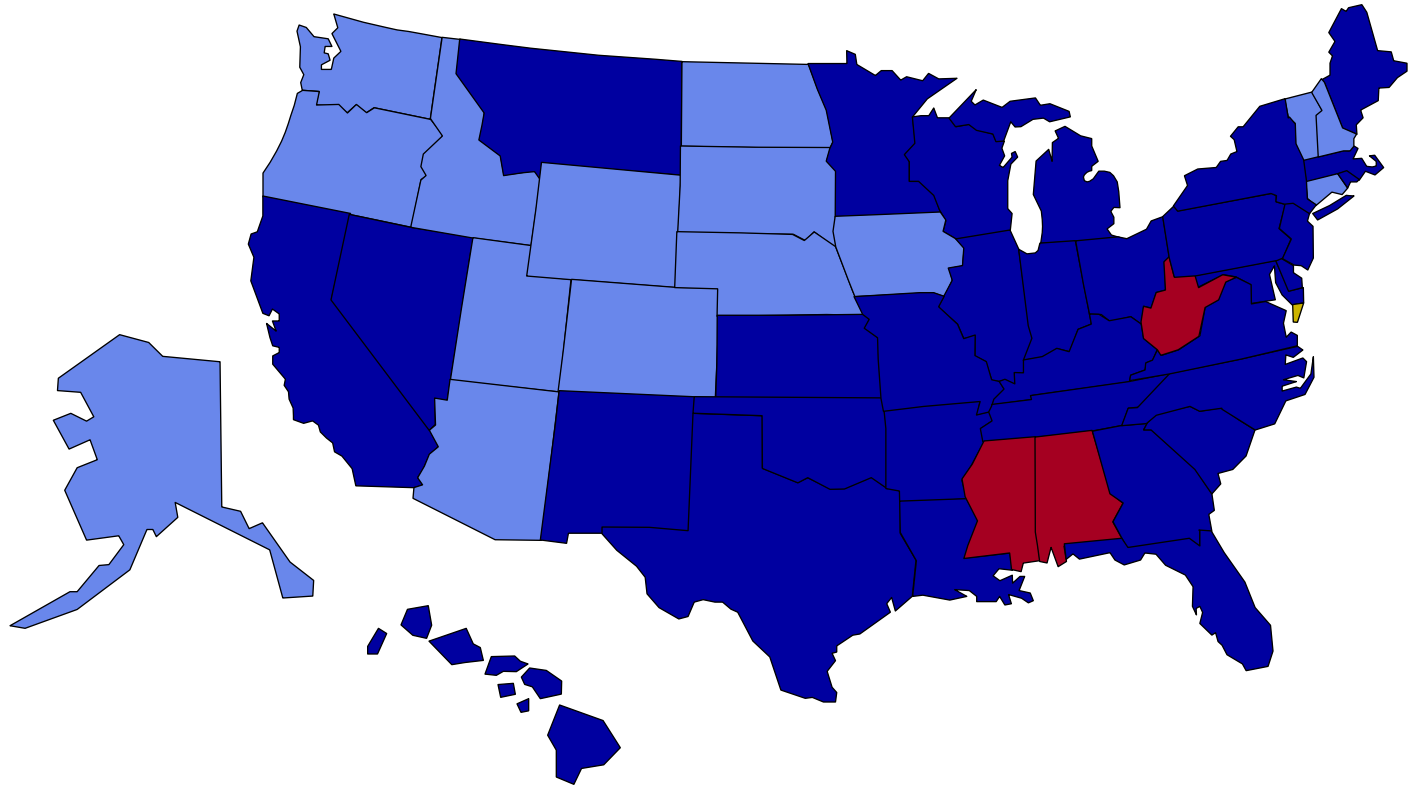
**BRFSS 1997-98**



Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

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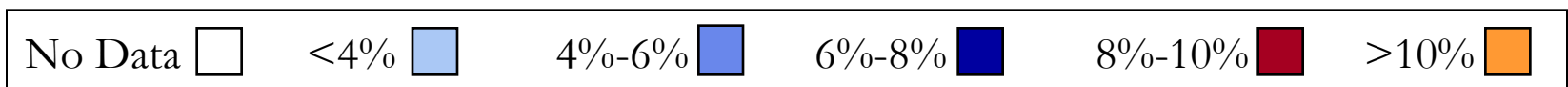
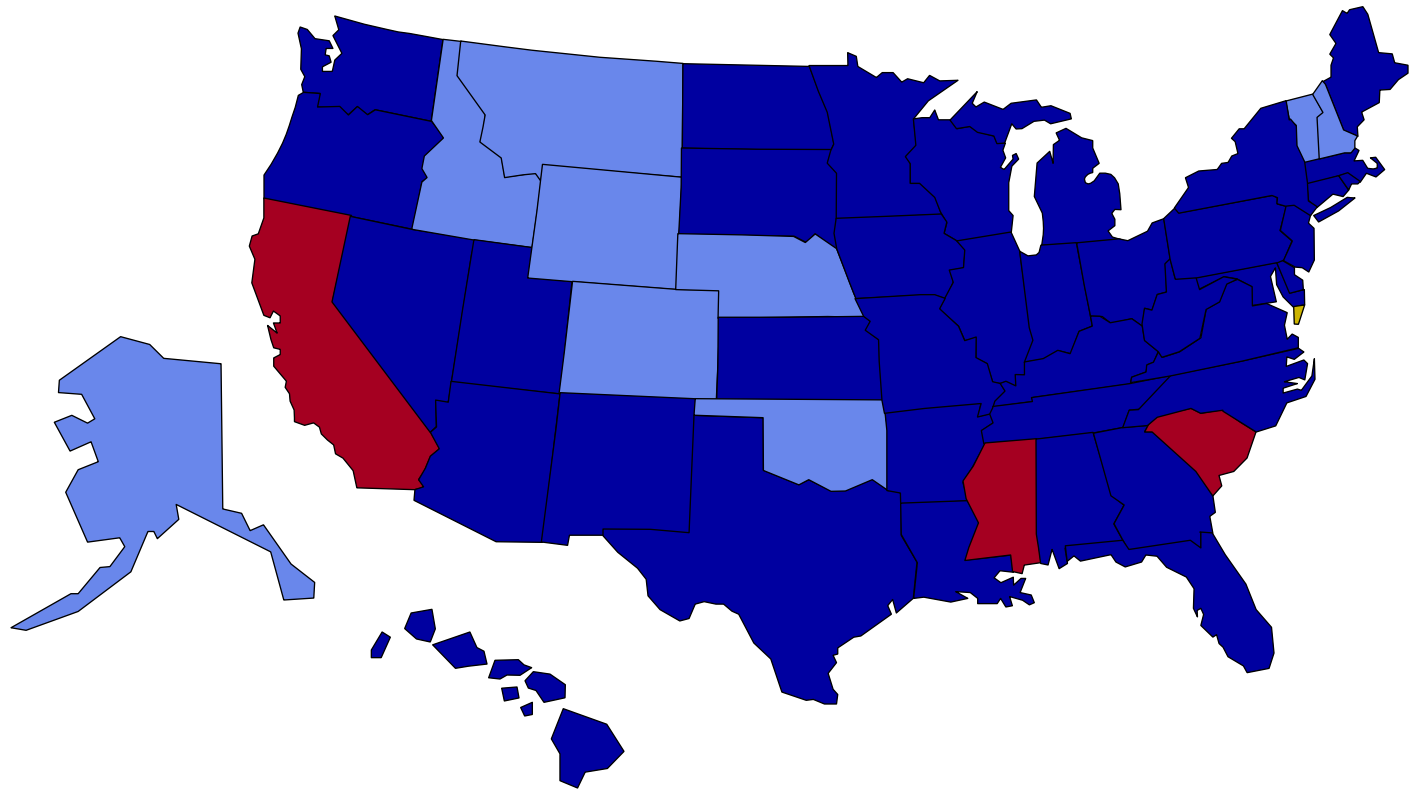
**BRFSS 1999**



Source: Mokdad et al., *Diabetes Care* 2001;24:412.

# Diabetes Trends\* Among Adults in the U.S., (Includes Gestational Diabetes)

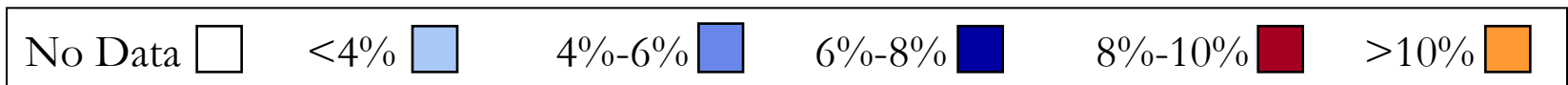
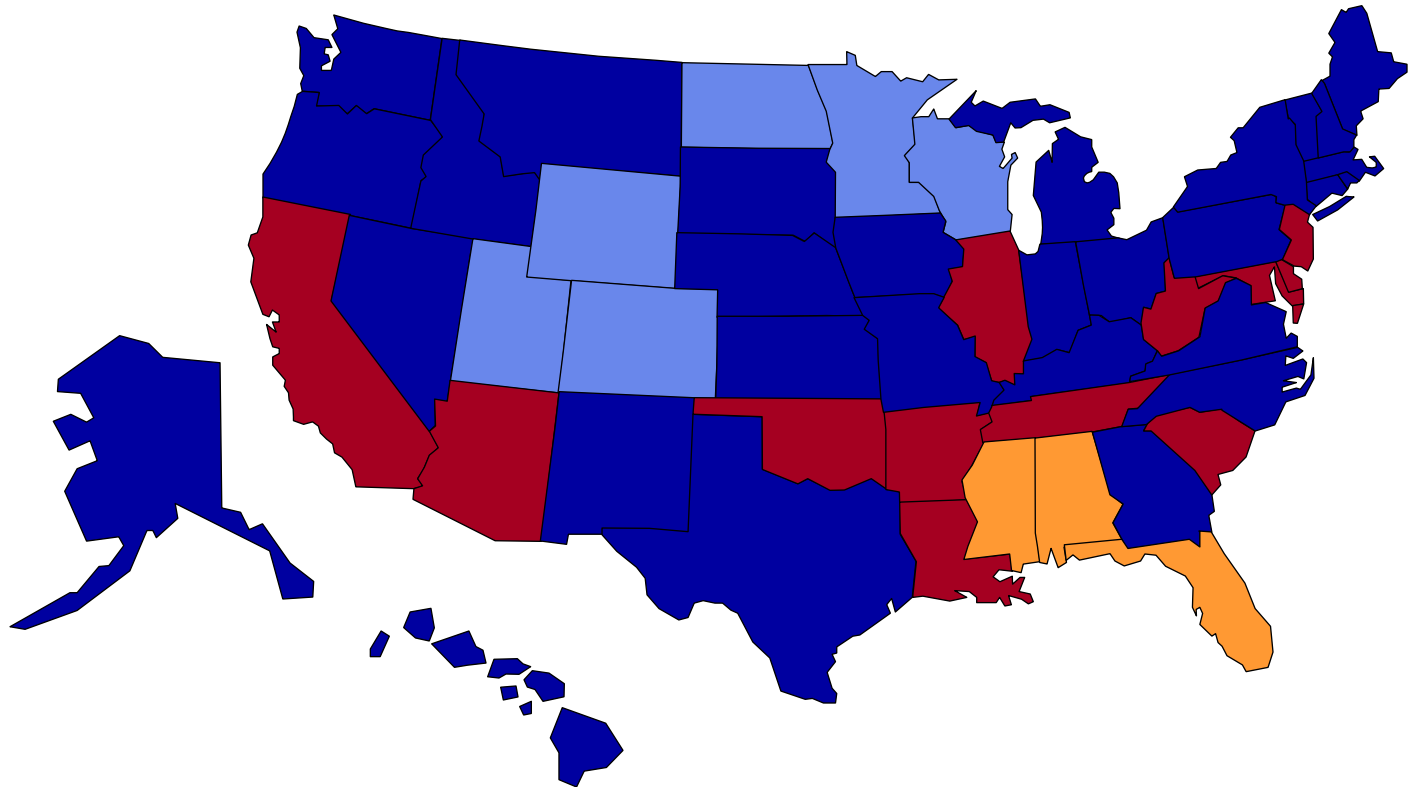
**BRFSS 2000**



Source: Mokdad et al., *J Am Med Assoc* 2001;286:10.

# Diabetes Trends\* Among Adults in the U.S., (Includes Gestational Diabetes)

**BRFSS 2001**



Source: Mokdad et al., *J Am Med Assoc* 2001;286:10.

# DOES IMPROVED CONTROL IMPROVE OUTCOME?



- **FOR EVERY DROP IN HgA1C BY 1%:**
  - 14% REDUCTION IN TOTAL MORTALITY**
  - 21% DECREASE IN DIABETES RELATED DEATH**
  - 14% DECREASE IN HEART ATTACKS**
  - 12% REDUCTION IN STROKE**
  - 43% REDUCTION IN AMPUTATIONS**
  - 24% REDUCTION IN KIDNEY FAILURE**



# ADDING ASPIRIN?



- **DECREASES HEART ATTACKS IN DIABETICS BY 30%.**
- **DECREASES STROKES IN DIABETICS BY 20%.**

# What can you do to help



- Establish a meaningful relationship with your patients
- Recall management per disease protocol
- Assisting with patient education
- Helping with group visits
- Proactive health maintenance using registry searches
- Point of care Alert management

# CARE MANAGEMENT SUPPORT



## CLINICAL LOGISTICS MANAGEMENT

# Logistics associated with:



- Prior authorization
- Medical supplies
- DI/Lab orders
- Patient education
- Setting up with special projects or group visits
- Some referral needs
- Medical records
- Disability forms
- Etc.

# JELLY BEANS



YUMMY

Is that it?



**COMMUNICATION STRUCTURE  
ROOM FOR INNOVATION**

# FUTURE TRAININGS



- 5 more training modules
- Site specific
- Lead by Dana, Yessenia, Cindy, Sheena

**West County Health Centers, Inc.**  
**Clinical Protocol**

<b>Clinical Protocol:</b>	<b>Medical Assistant Orientation</b>	<b>Category:</b>
<b>Staff Role:</b>	<b>MA Coordinator</b>	<b>Page: 1 of 1</b>

**Protocol Summary: Any new Medical Assistant hired will go thru an orientation period. This will consist of checking off on clinical skills as well as eCW training, workflow training and check offs.**

The Clinic Support Manager is responsible for going thru the lab safety manual with each new MA as well as the Basic eCW and Care Team Role sections of the Medical Assistant's Clinical Procedures and Workflows binder.

The new MA will spend THREE weeks shadowing the MA Coordinators as much as possible or a certified MA when not possible, prior to rooming independently with a provider.

The MA Coordinator is responsible for scheduling the new MA appropriately during the orientation period and also for overseeing the completion of the skills check lists.

The new medical assistant must have each of the skills listed on the *Medical Assistant's Clinical Skills Checklist* observed and checked off by an MA Coordinator or an RN prior to performing the skill independently. When this form is completed a copy will be kept by the MA Coordinator and a copy will be sent to the Administration Office.

The new MA will also go thru the *Medical Assistant Clinical Procedures and Workflows* binder with the MA Coordinators. The MA Coordinator is responsible to sign off on the *eCW CTMA Training Checklist*, keep a copy and send a copy to Admin.

<b>Effective Date:</b>	<b>Revision Date:</b>
<b>Supervisor Approval:</b>  <i>Initial</i>	<b>Medical Director Approval:</b> <u>  03/2012  </u>  <i>Initial</i>



Name: \_\_\_\_\_



Date and initial when completed by roles indicated.

## CT Medical Assistant Orientation

### Human Resources/Basic Agency Orientation

Initial	Date	
		WCHC Mission and Vision
		Agency overview - Org Chart
		Agency services (Sites, MH/BH, dental, TC, Graton, Specialty care)
		HR Sign up Paperwork
		Badge
		Credentialing Process
		Agency Orientation - Job Description
		Employee Handbook
		Community Programs Overview
		HIPPA/Film
		Universal Precautions/Film
		ECW/WCHC logins and Outlook Group Assignments (RCHC)
		Security on computers

### IT

Initial	Date	
		How to access IT support
		Phones and Virtual Extention Set-up
		How to use phone and voice mail
		Internet Policy Review
		Tablet Care and Training (log off, lock, etc)
		Website/Intranet Orientation
		Log- in eCW/WCHC
		Docshare and available folders
		Outlook and email training
		eCW Settings/profile/default printers
		Security on computers (repeat)

**Billing Manager**

Initial	Date	
		Role of billing staff - who to call when
		Insurance registration/eligibility
		Billing alerts
		Other

**Clinical Support Manager**

Initial	Date	
		Creating a Culture of Health
		CTMA Role Overview
		MA Scope of Practice
		Care Team Basics PowerPoint
		Basic eCW Training
		Patinet Interviewing Skills PowerPoint
		Depression Screening PowerPoint
		Fluoride Varnish PowerPoint
		Managing the Office Experience PowerPoint
		Reach Out and Read Program Overview
		CAIR registry log-in and password
		Quest CARE 360 log-in and password
		eCW Settings
		eCW settings (lab assist)
		VFC-Check Your Vials
		VFC-VIS It's Federal Law

**Medical Assistant Coordinator/Supervisor**

Initial	Date	
		Clinical Skills Check list
		Direct Dermatology Log in and Password
		Managing the Office Experience Section
		Immunizations Section
		Tracking Labs and DI Section
		Population Management Section
		Office Procedures Section

**Managing the Office Experience (MA Coordinator)**

Initial	Date	
		Initiating and Performing a Care Team Huddle
		Communicating in eCW
		Charting a Chief Complain and Vitals
		Vitals and Lab Protocol
		Verifying Allergies
		Verifying Medications
		Printing a Visit Summary
		Check in/Check Out
		Entering Patient History
		Chart Prep
		Float MA Duties
		Charting Fluoride Varnish
		Charting Smoking Status and Dental Home
		Creating an Open Access Alert
		Open Access Alert Table

## Immunizations

(MA Coordinator)

Initial	Date	
		VFC Eligibility Guidelines
		Receiving IZ Shipments
		Administration of Pedi Vaccines
		Administration of Adult Vaccines
		Administration of Adult Influenza
		Reconciling Izs into CAIR
		Creating a New Patient in CAIR
		Printing a Routing Slip and Dose Validation Report
		Charting Pedi Izs
		Transcribing Izs into eCW and CAIR
		EZIZ Preparing Vaccines
		EZIZ Administering Vaccines
		EZIZ Storing Vaccines
		EZIZ Monitoring Refrigerator Temperatures
		EZIZ Monitoring Freezer Temperatures
		CHDP Immunization Techniques Video

**Tracking Labs and DI****(MA Coordinator)**

<b>Initial</b>	<b>Date</b>	
		Transmitting Lab Orders
		Transmitting Labs for Special Programs
		Check your Req!
		Lab Accounts and Insurance Cheat Sheet
		Future and Outstanding Lab Tracking QUICK VIEW
		Tracking Future Orders
		High Risk Lab Tracking
		Tracking Outstanding Labs
		Print a DI Order
		Tracking Outstanding DI QUICK VIEW
		Tracking Outstanding Orders
		Tracking Outstanding Mammograms
		Printing Labs from Quest CARE360
		Monthly Lab/DI Checksheet

**Office Procedures****(MA Coordinator)**

<b>Initial</b>	<b>Date</b>	
		Standing Order for Injections
		Charting a Depression Screen
		Charting a Diabetic Foot Exam
		Charting an EKG
		Charting an Order for Medication
		PPD Pacement, Reading and Tracking
		AFP Screening
		Merging Templates
		Saving and Deleting Templates
		Charting PM 160s
		Routing Slips and PM 160 Cheat Sheet
		Charting Procedures/DI/In-house Labs QUICKVIEW
		Agency Deceased Protocol
		Agency Inactive Patient Protocol
		Web-enabling a Patient
		Importing Portal Info into a Progress Note
		Ordering an In-house Lab with a Template
		Telederm Overview
		Uploading Photos to Direct Dermatology
		Creating a Patient in Direct Dermatology

**Population Management (MA Coordinator)**

<b>Initial</b>	<b>Date</b>	
		CTMA Population Management Protocols/Standing Orders
		Running a List and Exporting to Excel
		Ordering DI and Labs with a CTMA OrderSet
		Ordering a Referral for a DM Eye Exam
		Ordering Labs and DI with a Lab eRequisition Form
		Population Management Monthly Tracking Checksheet

# Medical Assistant Clinical Skills Check Sheet



Name: \_\_\_\_\_

The following list of skills must be observed and when performed successfully will be signed off by a MA Coordinator or an RN prior to performing the skill independently. A CTMA can observe these skills but can not sign them off.

<b>Set up/Patient prep</b>	Date/Initials	Date/Initials
DMV Physical		
Sports Physical		
Pap		
Well Child Exam		
<b>Fingersticks</b>		
Glucose		
Hgb/Hct		
<b>Urine</b>		
Dip		
Prepare microscopy		
C & S		
HCG		
GC/Chlamydia		
IH-Drug Test		
Glucose/Protien		
<b>Vision Screening</b>		
Adult		
Child		
Ishihara		
<b>Audiogram</b>		
Adult		
Child		
<b>Miscellaneous</b>		
Nebulizer treatment		
O <sub>2</sub> Administration		
Peak flow		
O <sub>2</sub> Sat		
Rapid strep		
Guiac		
Ear wash		
Eye wash		
EKG		
Verifying allergies		
Verifying medications		
Depression screening		
NST		
DM Foot Exam		
Staple Removal		
Suture Removal		
Throat Culture Collection		

<b>Observed Blood Draws</b>		

<b>Assist with Procedures</b>	Date/Initials	Date/Initials
Cryo		
Laceration		
Colpo		
Biopsy		
I and D		
IUD Insert/removal		
Vasectomy		
Toenail Removal		
Casting/Removal		
Endo Biopsy		
<b>Lab Work</b>		
Process lab specimens		
Process lab paperwork		
Special handling labs		
Biohazard handling		
<b>Autoclaving</b>		
Disinfection of instruments		
Packing instruments		
Running the autoclave		
Cleaning the autoclave		
<b>Quality Assurance</b>		
Duospore		
Glucometer		
Hemacue		
Strep		
Temps: Freezer/Fridge		
O <sub>2</sub> /AED		
Urine		
<b>Monthly Invenory</b>		
Emergency Cart		
Medications		
Supplies		

<b>Observed Vital Signs</b>		
B/P		
P		
R		

<b>Observed Injections</b>		
SQ		
IM		
ID		

Initials and Signatures \_\_\_\_\_

**West County Health Centers, Inc.**  
**Clinical Protocol**

<b>Clinical Protocol:</b>	<b>Initiating and Performing a Care Team Huddle</b>
<b>Staff Role:</b>	<b>CTMA</b>

<b>Category: Office Experience</b>
<b>Page: 1 of 1</b>

**Protocol Summary: The CTMA will be responsible for initiating the pre-shift huddle with the provider.**

- 1) Before your shift begins print out a schedule for the shift.
- 2) For children under 5 print out the Immunization Routing slip from CAIR
- 3) Find 5-10 minutes to meet with your provider in the first half hour of your shift
- 4) Go thru each and every patient with the provider and figure out exactly why they are coming in.
- 5) Anticipate the special supplies you will need to complete each patient visit
- 6) Develop a plan should a patient cancel or the schedule changes
- 7) Discuss patient personalities (ex. Anxious, angry or potentially violent patients)
- 8) Support each other
- 9) Make sure the labs/imaging results are available
- 10) Look to see if the provider needs an ER report
- 11) Find out if an interpreter is needed
- 12) Find out if any tests or special vitals can be done before the provider sees the patient (see Vitals and Lab Ordering Protocol)
- 13) Look thru the patient's alerts with the provider to anticipate if the patient is due for any lab, study or immunization
- 14) Take notes on your printed schedule.

<b>Effective Date:</b>	<b>Revision Date:</b>
<b>Supervisor Approval:</b>  <i>Initial</i>	<b>Medical Director Approval:</b> <u>   JLC 12/09   </u>  <i>Initial</i>

# Managing the Office Experience

Your Provider's Day and your  
Patient's Experience



# What Is Patient Centered Care?

- Care that is based on the patient's needs and priorities
- Care that is accessible when needed
- Care that includes a “whole-person” orientation

- Care that empowers the patient toward self-management of ongoing issues
- Care that enhances prevention and health promotion
- Care that is based on the relationship that develops between the patient and the Provider/ Care Team

# What Is A Care Team?

- The core of the CARE TEAM is the patient, Medical Provider and Medical Assistant
- The CARE TEAMS will care for a specific patient panel
- The greater CARE TEAM will include the Nurse Case Managers, Mental Health Personnel and Referral Coordinators and other staff as needed

# Why Care Teams and Patient Centered “Medical Home”?

- Increased Quality of Care
- Increased Patient Satisfaction
- Improved Patient Understanding
- Improved Health Outcomes
- Improved Practice Efficiency
- Improved MA and Provider Job Satisfaction

# Medical Assistant's Role in the Care Team

- MA are very important members of the care team
- Role includes becoming more involved with the patients, developing a direct relationship
- You'll get to know the panel of patients well through increased interaction
- Role includes helping the Provider but equally, helping the patients to achieve their goals

# Team-based care

- An excellent Care Team has a strong Provider/MA team.
- Of all your workplace relationships the relationship between the Provider and the MA is the most crucial.

**Providers depend on us to help them manage the increasing complexities of patient care and practice management**

# Providers depend on us to:

- Be ready
- Make the shift run smoothly
- Manage their schedule
- Have the patient ready
- Be prepared for anything
- Know what is going on
- Anticipate their every need
- Clean up after them



# Without us:

- The quality of patient care would decrease
- Providers would see fewer patients
- Providers would be unable to keep up with all of the needs of each patient
- Providers would burn out

# Preparing for the day

- Be ready to work when your shift begins
- Huddle with your provider
- Coordinate work flows with the other MAs

# Communication

- Huddling before each shift
- Meetings
- Verbally talking through out the day

# Questions to ask in a huddle

- Why is this patient coming in today?
- What specific supplies will I need for this patient/procedure?
- Are the lab/imaging results available?
- Do I need to call for an ER report?
- Do I need an interpreter?

- Is there enough time scheduled for this type of visit?
- Are there any special vital signs I should obtain and chart?
- Do I room this patient if they show up late?
- What other tests can I do before the provider sees them?
- Is this patient due for any labs or immunizations?

# Ways to help manage your provider's day

- Establish a strong working relationship with your provider
- Be confident in your role
- Know what's going on
- Don't assume anything-ask!
- Take on a 'support' attitude

- Keep your rooms fully stocked
- Initiate ongoing verbal communication
- Let them know they are on time
- Be available for the provider when they exit the exam room
- Make sure the provider knows where to find you or whoever is covering for you

- Let them know who is in what room
- Take ownership over the provider's schedule
- Help the patient decide what is most important to discuss in today's visit



**Don't be afraid to direct your provider.  
It is part of your job expectation.**

# **Ways to improve the patient's experience**

**Patient's expect us to know why they are coming, know everything about them and have everything ready when they come in.**

- Greet patients by their first name
- Smile and make eye contact
- Look for opportunities to convey empathy
- Communicate expected wait time whenever possible

- Respect the patient's privacy
- Be available to help guide patients through the health center
- Be aware of the patient's schedule

Establish a continuous, trusting, non-judgmental, first-name relationship with each of your patients.

# POPULATION MANAGEMENT



MANAGING THE LOGISTICS FOR YOUR  
PATIENT PANEL

# WHAT IS POPULATION MANAGEMENT



- Population management is the part of primary care that is responsible for helping patients manage their health by preventing illness, appropriately screening for diseases and risk factors, and helping patients effectively manage their chronic illness.
- Population management goes beyond caring for individual patients and looks at creating systems that care for GROUPS of patients that you are responsible for advising.
- *YOU* are responsible for helping care for the patients assigned to your Care Team.

# It can only happen within an effective Team

## WCHC CARE TEAM



CARE TEAM MEDICAL ASSISTANT



CARE TEAM MEDICAL PROVIDER



CARE TEAM REPRESENTATIVE  
(FRONT OFFICE)



BEHAVIORAL HEALTH / MENTAL  
HEALTH



NURSE CASE MANAGEMENT



# What is the role of the CTMA?



- The CTMA is responsible for the LOGISTICS associated with the population management for your patient panel
- Ordering needed labs/DI
- Performing clinical surveys
- Some referrals
- Scheduling appointments
- Managing recall queries
- Managing documents

# What conditions are we managing?



- Diabetes
- Hepatitis C
- HIV
- Obstetrics
- Asthma/COPD
- Cancer screening: breast cancer, cervical cancer, colorectal cancer, prostate cancer
- Sexually transmitted infections: GC/Chlamydia

# Why is effective population management important? (Diabetes)



- Overall, the risk for death among people with diabetes is about twice that of people without diabetes of similar age.
- Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
- The risk for stroke is 2 to 4 times higher among people with diabetes
- Diabetes is the leading cause of new cases of blindness among adults aged 20–74 years

# Diabetes cont.



- Severe forms of diabetic nerve disease are a major contributing cause of lower-extremity amputations.
- People with diabetes are more susceptible to many other illnesses. Once they acquire these illnesses, they often have worse prognoses. For example, they are more likely to die with pneumonia or influenza than people who do not have diabetes

Source: CDC National Diabetes Fact sheet 2007

# Breast Cancer/Cervical Cancer Screening



- Mammography for women 50 and over has been shown to reduce mortality from breast cancer by 20-30%.
- Most cervical cancers can be prevented by regular screening.
- It is important to be screened for cervical cancer because 6 of 10 cervical cancers occur in women who have never received a Pap test or have not been screened in the past five years.

# Colorectal cancer prevention



- It is estimated that as many as 60% of colorectal cancer deaths could be prevented if all men and women aged 50 years or older were screened routinely.

Source: CDC 2009

# WHY IS THIS SO IMPORTANT?

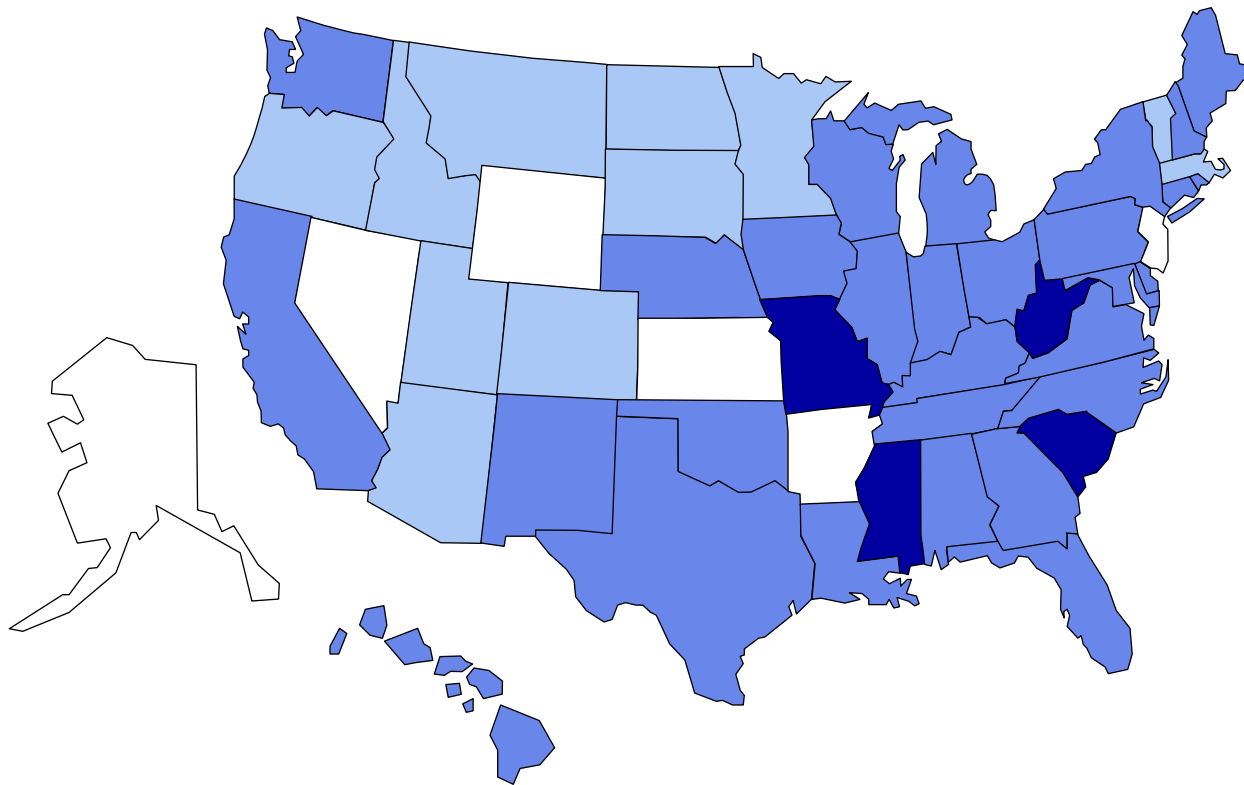


DIABETES TRENDS IN THE US

# Diabetes Trends\* Among Adults in the U.S.,

(Includes Gestational Diabetes)

**BRFSS 1990**



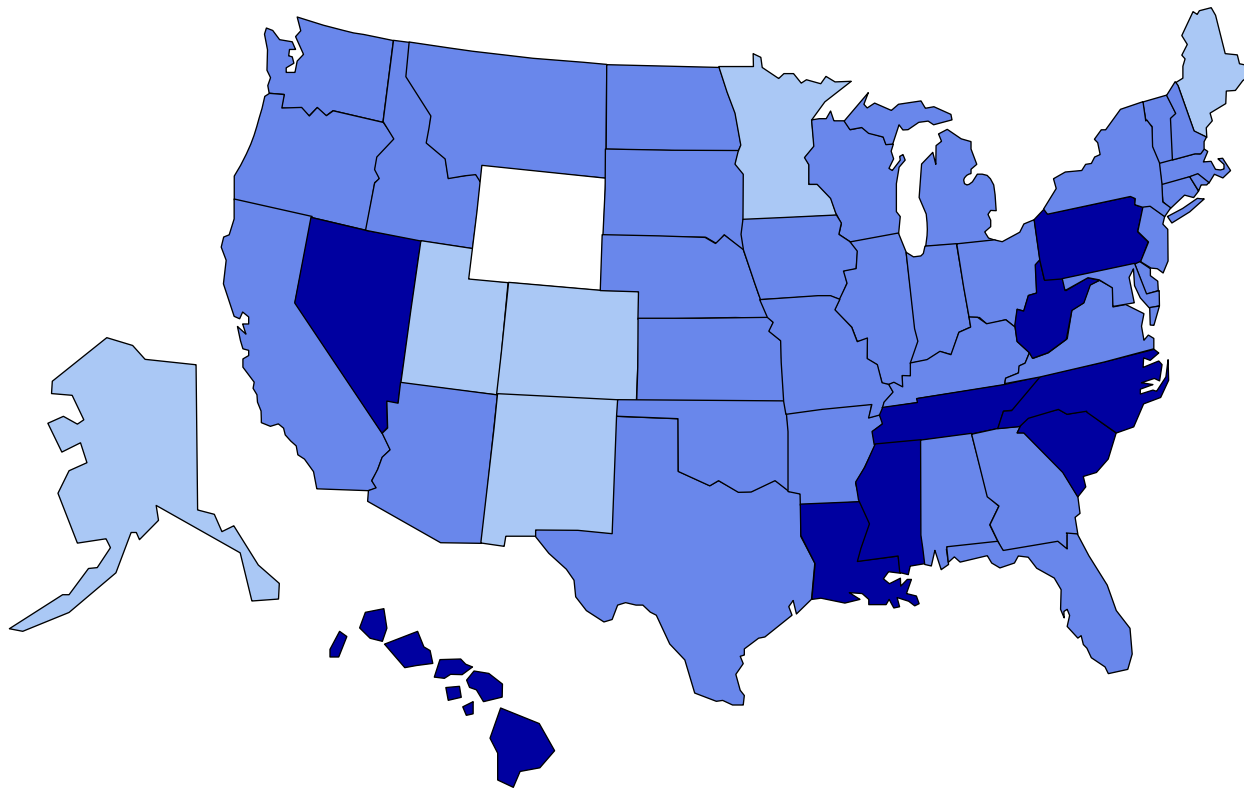
Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.



# Diabetes Trends\* Among Adults in the U.S.,

(Includes Gestational Diabetes)

BRFSS 1991-92

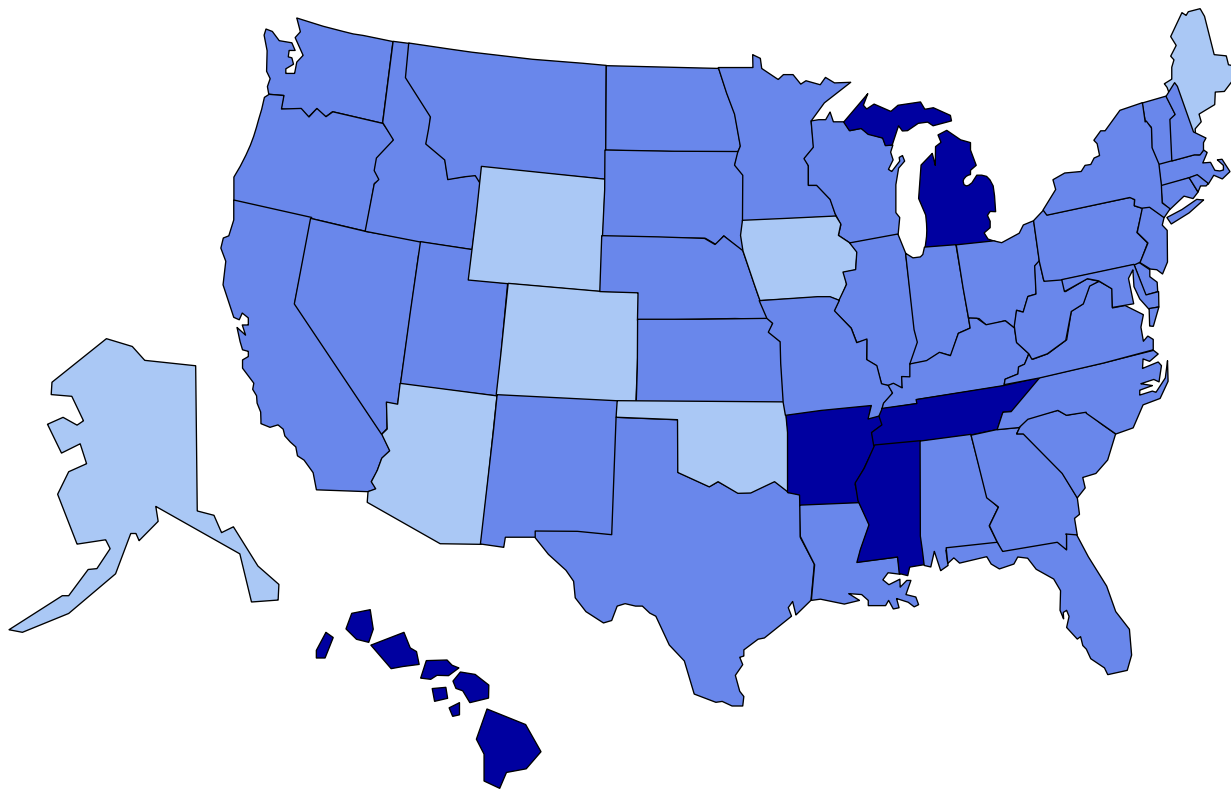


Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

# Diabetes Trends\* Among Adults in the U.S.,

(Includes Gestational Diabetes)

BRFSS 1993-94

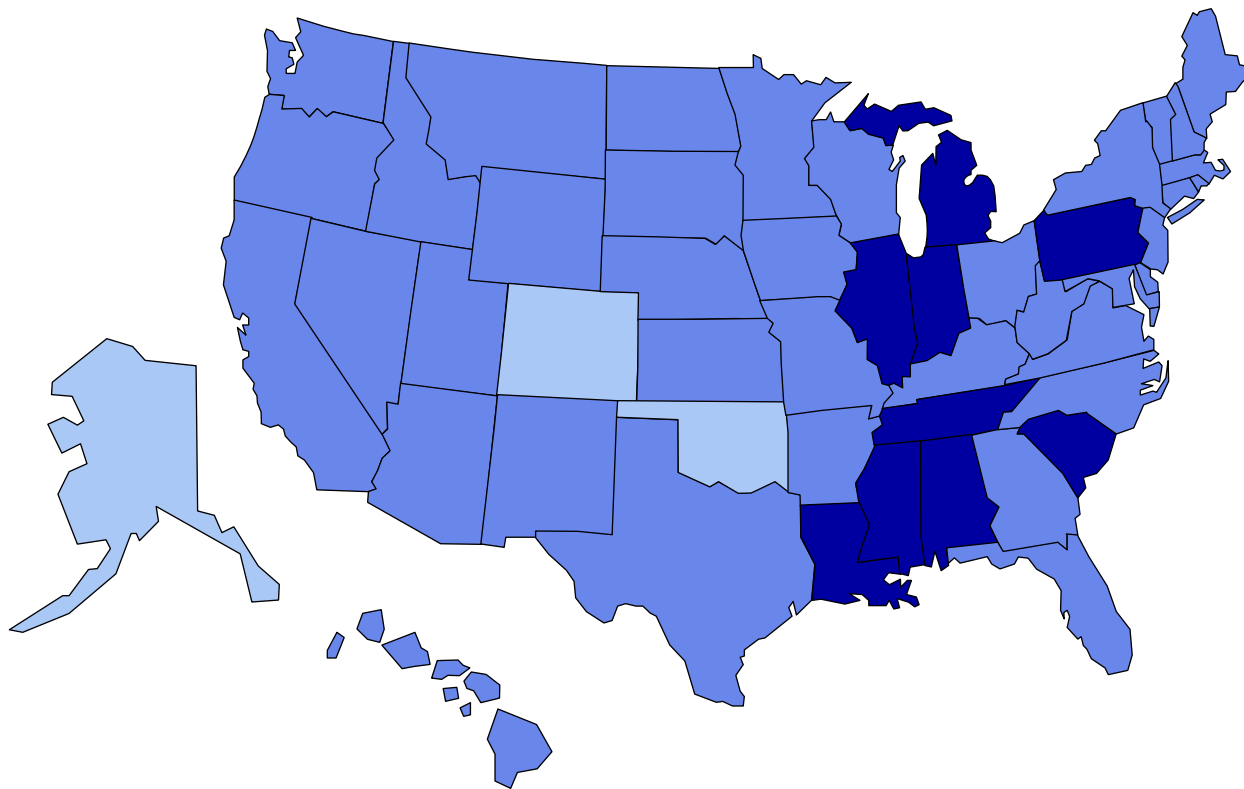


Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

# Diabetes Trends\* Among Adults in the U.S.,

(Includes Gestational Diabetes)

BRFSS 1995-96

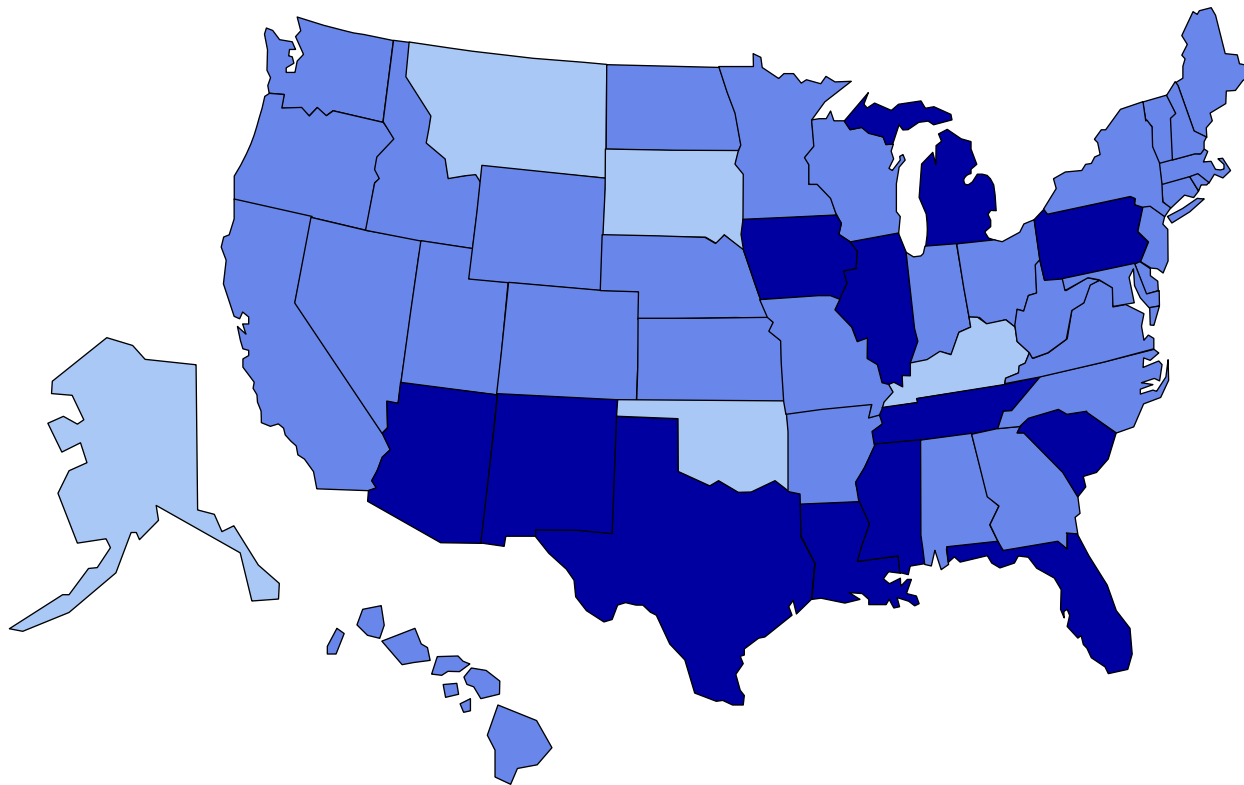


Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

# Diabetes Trends\* Among Adults in the U.S.,

(Includes Gestational Diabetes)

BRFSS 1995

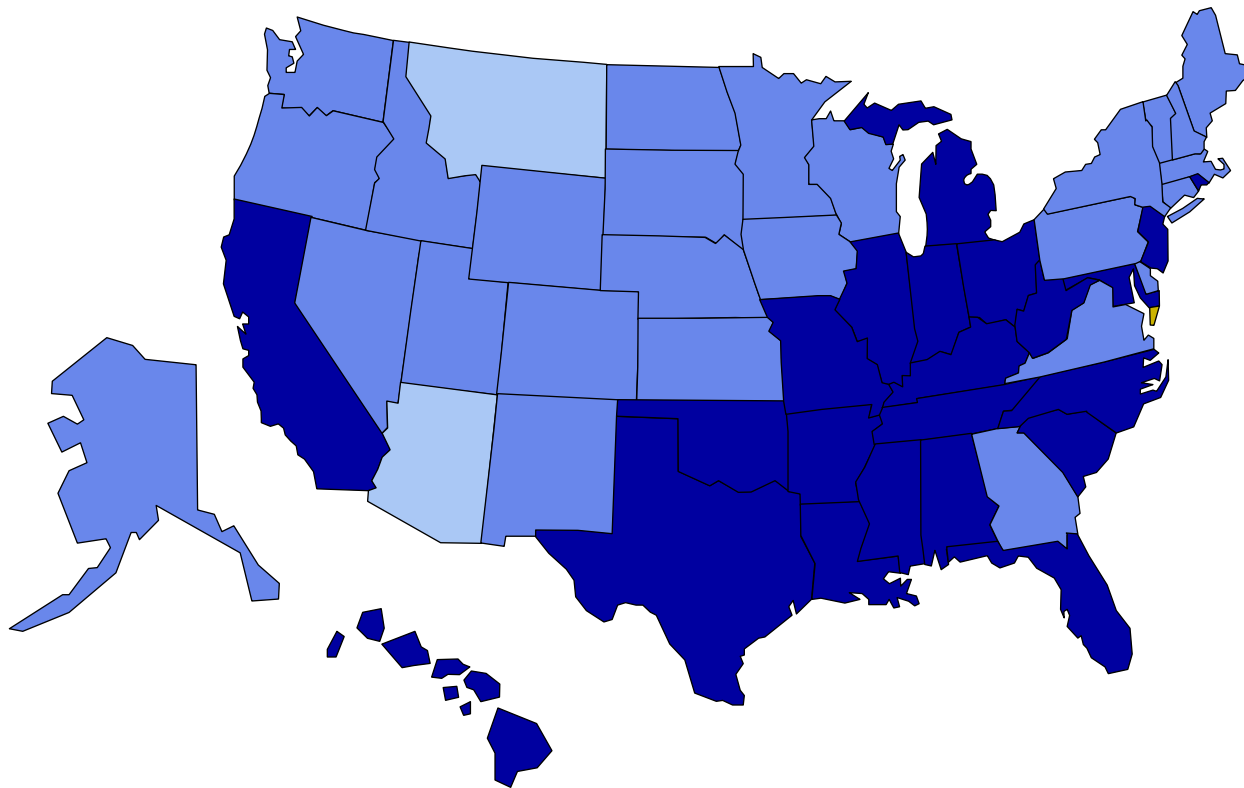


Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

# Diabetes Trends\* Among Adults in the U.S.,

(Includes Gestational Diabetes)

BRFSS 1997-98

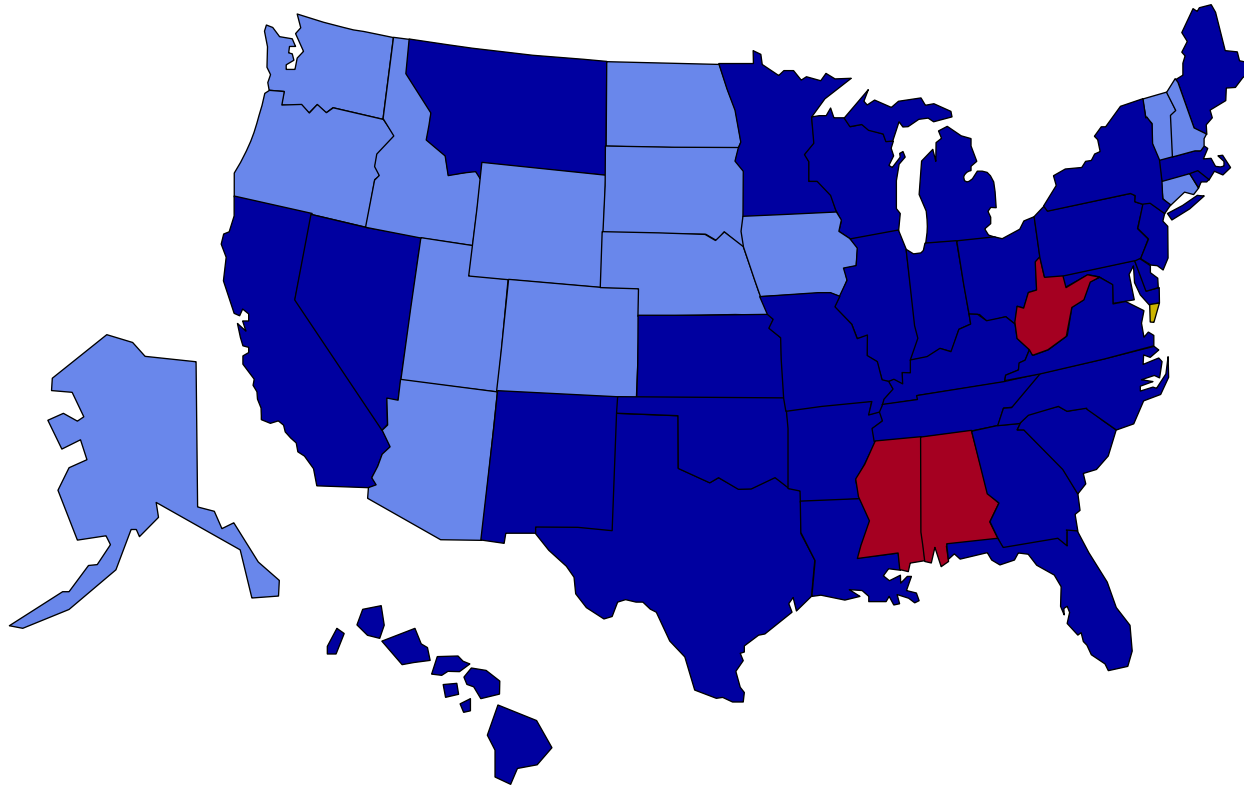


Source: Mokdad et al., *Diabetes Care* 2000;23:1278-83.

# Diabetes Trends\* Among Adults in the U.S.,

(Includes Gestational Diabetes)

BRFSS 1999



Source: Mokdad et al., *Diabetes Care* 2001;24:412.







What are your statistics as of  
November for Diabetes?



# Getting Accurate Data



- We can't act on inaccurate information
- Spending the time to enter data already in eCW in the RIGHT place
- Careful attention to entering new information into the RIGHT place with the RIGHT workflow.
- If we don't do this – we won't be able to proactively and effectively manage groups of patients and we won't know how we are doing

# Nuts and bolts of Pop. Mgmt for the CTMA



- “Point of care” alerts
- Managing disease specific “recalls” for recommended labs/DI, referrals, and clinical testing based on CTMA protocols
- Scheduling appointments as needed to manage needed clinical exams or testing
- Managing documents related to population management tasks

# POINT OF CARE ALERTS



**GETTING THINGS DONE WHEN THE  
PATIENT IS IN THE OFFICE**

# RUNNING THE LIST (recall management)



**APPROACHING PATIENTS  
PROACTIVELY TO COMPLETE  
RECOMMENDED CLINICAL ITEMS**

# Where did the day go?



- West County Leadership is committed to giving you the resources you need to have the time to manage your patients effectively.
- SCHEDULING is important – even if it isn't fun.
- We need to work as an agency to give you “population management time”
- YOU need to work effectively in your population management time – “closed door time”

# Huddles



**YOU WILL HAVE DATA ON HOW YOU ARE  
DOING – USE IT TO INFORM YOUR TEAM  
YOUR INSIGHT IS UNIQUE**

THANK YOU!





# Depression & Chronic Illness/Using the PHQ-9

MA Training, West County Health  
Centers

Sil Machado, PhD

# Why ask about depression?

- Depression is one of the most common complications of chronic illness.
- No clear biological basis; psychological basis is clear.
- Chronic illness frequently...
  - requires significant lifestyle change.
  - limits an individual's independence & mobility.
  - undermines confidence and hope.
  - limits activities one used to enjoy.
- Ongoing feelings of loss/grief/adjustment are common and understandable.

# Why ask about depression?

- Chronic illness increases risk of depression:
  - General risk: 10 – 25% women; 5 – 12% men.
  - Risk with chronic illness: 25 – 33%.
- The PHQ-9 is designed to screen patients for the symptoms of Major Depressive Disorder.
  - Each question asks about a specific diagnostic criterion.
- The PHQ-9 is a quick and easy way to monitor symptoms so we can intervene or change our intervention when appropriate.

# Introducing the PHQ-9

- Remember your role: conveying empathy, setting the visit tone, acting as a bridge for the patient - PCP, and gathering information.
  - Patients might not be clear about your limited role (e.g., thinking you are a nurse).
  - Patients might have few people in their lives to tell.
  - Reminding yourself of your role can make asking difficult questions easier.
- Remember that patients will not tell you something they ultimately do not want you to know.

# Introducing the PHQ-9

- Make it comfortable by making it normal/usual.
- Find a comfortable, direct way of introducing the PHQ-9.
  - “We are trying to do a better job of keeping track of our patient’s emotional health. Would you mind filling out this questionnaire on depression for me?”
  - “We want to make sure we’re asking all of our patients with diabetes about depression. Do you mind filling out this questionnaire that asks about symptoms of depression?”

# Introducing the PHQ-9

- “It looks like it’s time for your depression screen, something we do with all of our patients with diabetes. Would you take a second to complete this questionnaire for me? It asks about symptoms of depression.”
- Asking ≠ Hurting. Our patients are incredibly resilient.
- By asking, we convey that our care.
- Be okay with the fact that it might feel awkward. Awkwardness to you ≠ Awkwardness to patient.

# Potential PHQ9 Challenges

- The patient starts crying or is visibly upset while completing the PHQ9.
  - “I know it can be hard to answer some of these questions—they can bring up a lot of emotion. Do the best that you can. If it is hard to answer all of them, you and your provider can discuss the difficult ones.”
  - “I know these questions are very personal and may even be painful to answer. The good thing is that your answers can help you and your provider figure out what will help.”

# Potential PHQ9 Challenges

- The patient is concerned about how the information will be used.
  - “You and your provider will use your answers as a starting point to have a conversation about depression/your emotional health.”
  - “Like all of your information you share with us, your answers will be kept confidential.”



# Potential PHQ9 Challenges

- The patient wants to give you a detailed account about their depression (instead of completing the PHQ9).
  - “Let me stop you here for a moment. Unfortunately our time together is limited and I have to finish up. Could you take a second to finish the questionnaire?”
  - “It sounds like you have a lot going on and I’m sorry to cut this short. Go ahead and take a look at the questionnaire and finish that up so we can have the details.”
  - “I’m touched by your courage—you have been through a lot. I need to interrupt you though and ask you to finish up the questions.”

# Finishing up the PHQ9

- Sometimes (not always) it can be helpful to offer a comment of acknowledgement about the patient's willingness to answer the questions.
  - “Thanks. I really appreciate you filling that out.”
  - “I know those are not easy questions to answer. Thanks for your willingness to get through them.”
  - “I really appreciate your willingness to answer these personal questions. I know they can be hard to think about sometime.”

# Role Play

- Break into dyads and practice:
  - Introducing the PHQ9
  - Encouraging and redirecting a visibly upset patient
  - Assuring the patient concerned about how the PHQ9 information will be used
  - Redirecting the patient who wants to give you a detailed verbal report of their depression
  - Offering a closing comment

# MA Training #2

## Interviewing Skills

# Interview skill: Framing

- Patients want you to know. They may assume you want every detail.
- Want to be helpful and/or information is emotionally loaded.
- Introduce the questions you are about to ask.
  - “You are here today for \_\_\_\_\_. I’d like to ask you some questions about \_\_\_\_\_.”
  - “To prepare for your visit, I want to ask you a couple of quick questions about \_\_\_\_\_.”

# Interview skill: Framing

- **Tell the patient what you do/don't need from them.**
  - “There are a number of questions we need to get to, so keeping your answers brief would really help.”
  - “I only need a one sentence answer because you and your provider can talk more in-depth.”
  - “I don't need a lot of details, just the ‘headlines.’”
- **Get agreement about this frame.**
  - “Sound okay?”

# Interview skill: Steering

- There are many answers to a single question. As the interviewer, you know what information you are after—the patient may not.
- “And...” technique
  - “AND...” ask the question again in a different way or drill down with a closed-ended question.
- Closed-ended questions (vs. open-ended ?’s)
  - Use closed-ended questions with particularly talkative patients to get precise information.

# Interview skill: Steering

- “Menu Questions” - aka Multiple Choice
  - Use “menu questions” with particularly talkative patients. “Are you checking your blood sugar *everyday, almost everyday, or a couple times a week?*”
- “Yes or No” questions.
  - “Just a yes or no question here...Do you take your HIV meds everyday?”



# Interview skill: Interrupting

- **We all get off track sometimes.**
  - In some cases, this may be related to the patient's mental health.
  - In other cases it is because the information is emotionally loaded.
  - In other cases it is because the patient doesn't know exactly what information you are seeking.

# Interview skill: Interrupting

- **Apologize**

- “I’m sorry, what I meant was [ask the question in a more direct way]...”
- “I’m sorry to interrupt you. What I need to know is \_\_\_\_\_.”
- “I know you have a lot to say about this and I’m sorry I can’t hear it all. Let me interrupt you so we can get to all the questions I need to ask.”

# Interview skill: Interrupting

- **Blame the clock**
  - “Let me interrupt you here because your provider will be here any minute...[Ask next question].”
  - “You know, we only have another minute together and I want to make sure I get down all of your concerns...”
- **Ask to interrupt**
  - “Can I interrupt you here? I want to make sure to ask you about...”

# Interview skill: Interrupting

- **Remind the patient of the frame**
  - “I know you have a lot to say, but I only need a quick answer, just the headline.”
  - “For the sake of time, I only need a yes or no here.”
  - “For the sake of time, can I ask you to be just a bit briefer with your answers?”
- **Remember interrupting can be one of the most helpful things you can do.**

# Interview skills: Courage

- It can be hard to interrupt or steer the patient.
- Many professionals feel they will hurt the patient's feelings if they interrupt or direct the interview.
- Many are afraid the patient will become angry.
- *What about interrupting or directing a patient is difficult for you?*

# What is your experience?

- **Let's talk about some difficulties you have.**
- **How can we apply the above info to these cases.**

**West County Health Centers, Inc.  
Clinical Protocol**

<b>Clinical Protocol:</b>	<b>Tracking Outstanding Labs</b>
<b>Staff Role:</b>	<b>CTMA</b>

<b>Category: Tracking</b>
<b>Page: 1 of 15</b>

**Protocol Summary:** The CTMA is responsible for tracking labs ordered by their provider. This includes making sure the result has filed, reminding the patient and notifying the provider when the patient has failed to follow up.

The CTMA will allow the lab ONE month to be completed. If after ONE month the lab is still outstanding then the CTMA will verify with the lab company that the test was not completed.

If the study is still outstanding than the CTMA will make ONE patient contact by phone or a letter to remind the patient to complete the test.

Any incomplete High Risk labs will be forwarded to the RN for follow up.

If the test remains outstanding a month after the contact was made then the CTMA will notify the provider by using a Telephone Encounter.

The provider will return the Telephone Encounter to the CTMA or RN with further instructions.

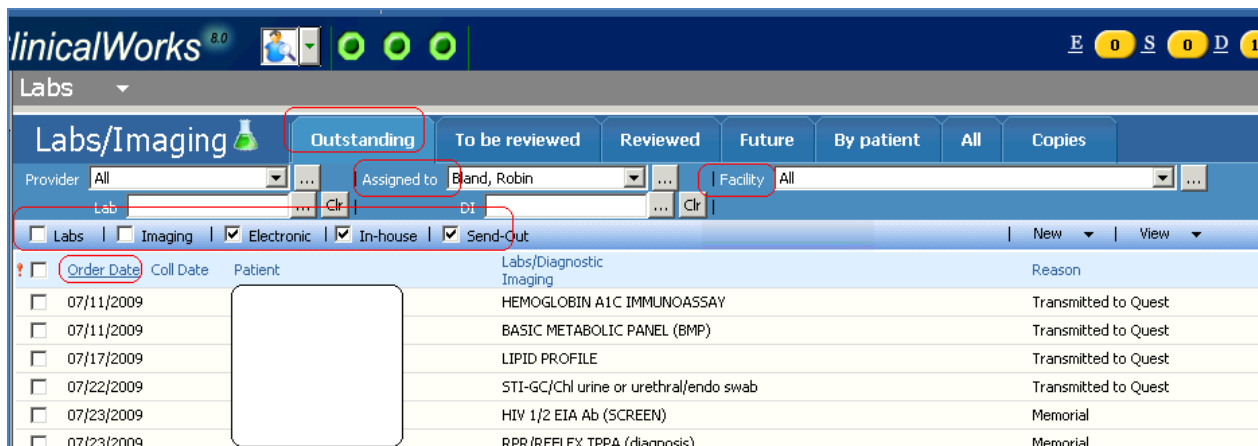
If the lab no longer requires follow up the CTMA will file any outstanding orders by assigning the order to the \_zz Virtual, MA and leave the order "unreviewed".

The CTMA will use the Reason Field in each order to chart the current tracking status and will use the 'Notes' field in the order to Timestamp and chart any task completed.

To find your Outstanding Lab list:

### In the Labs/Imaging Screen

- 1) Make sure the 'Outstanding' tab is selected
- 2) Assigned to yourself
- 3) Select 'All' in the Facility drop down
- 4) Make sure the 'Electronic' 'In-house' and 'send-out' check boxes are checked
- 5) Make sure the 'Labs' and 'Imaging' check boxes are UNCHECKED
- 6) Click on 'Order Date' to sort your list by oldest first



Look at your list for LAST MONTH

First, verify with the lab company that the test is really not complete.

You can use CARE360 for Quest or client services.



**If the lab was completed but not received:**

Obtain a paper copy of the result.

For any Quest results give to the Lead CTMA so they can follow procedure to interface the results.

Any other lab company reports need to be scanned in and attached to the lab order by Medical Records.

- 1) Keep the order assigned to yourself
- 2) Type the name of the lab company in the 'Reason' field
- 3) Timestamp and type 'in pt docs'

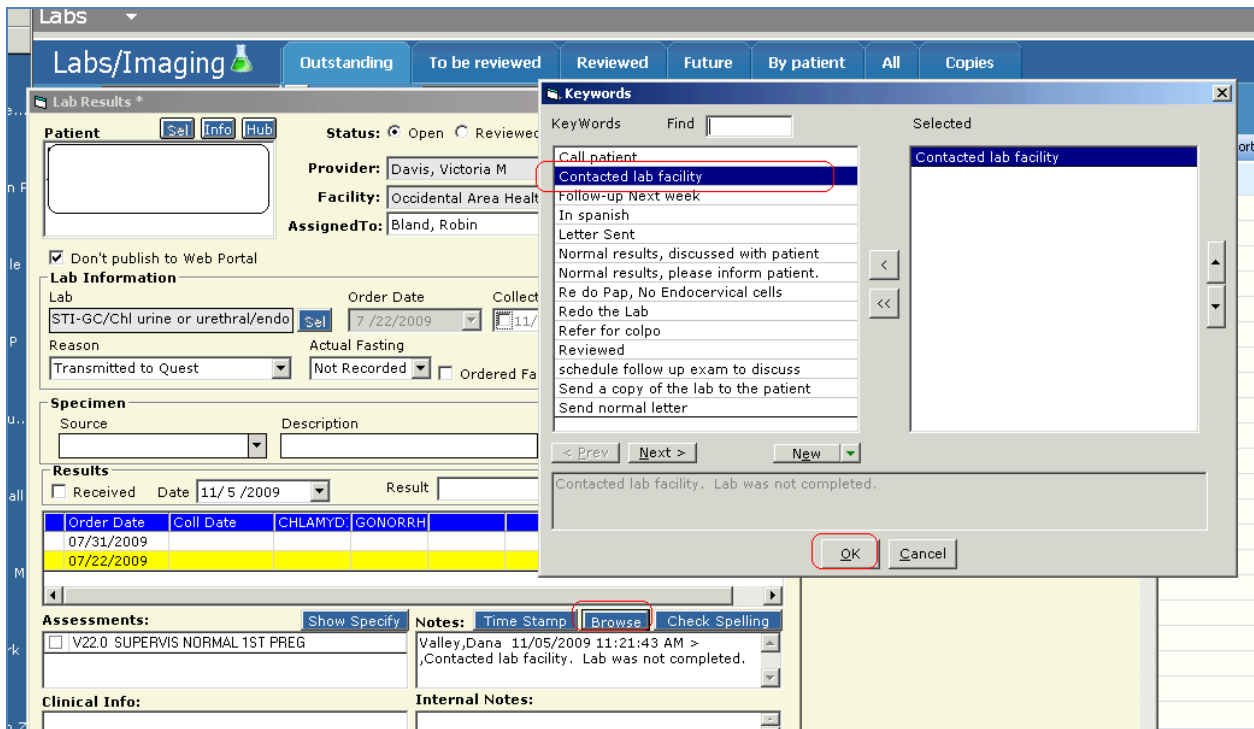
The screenshot shows a 'Lab Results' window with the following sections:

- Patient:** Includes fields for Patient ID, Status (Open/Reviewed), Provider (Davis, Victoria M), Facility (Occidental Area Health Cen), and AssignedTo (Bland, Robin). There are also checkboxes for High Priority, InHouse, and Future Order.
- Lab Information:** Includes Lab (CARDIO CRP), Order Date (11/4/2009), Collection Date (11/5/2009), Time (02:34 PM), Reason (Labcorp), and Actual Fasting (Not Recorded).
- Specimen:** Includes Source, Description, Collection Volume, and Units.
- Results:** Includes a Received checkbox, Date (11/5/2009), and Result field.
- Table:** A table with columns: Order Date, Coll Date, HIGH SEN, and several empty columns. The first row contains the date 11/04/2009.
- Assessments:** Includes a 'Show Specify' button and a list of checkboxes for V70.0 Well Adult Exam, 714.0 Rheumatoid arthritis, and 272.4 Hyperlipidemia NOS.
- Notes:** Includes a 'Time Stamp' button and a text area containing 'Valley,Dana 11/05/2009 12:42:32 PM > in pt docs'.
- Clinical Info:** Includes an 'Internal Notes' field.

**If the lab was not completed:**

**Assign any of the High Risk Labs to the Care Team Nurse (see protocol).**

- 1) Open up the lab order
- 2) Click on the 'Browse' button in the 'Notes' field
- 3) Select 'Contacted lab facility' from the pick list. This will put "Contacted lab facility. Lab was not completed" in the 'notes' field.
- 4) Click 'OK'



- 5) Assign the order to the Care Team RN
- 6) Leave the 'Received' box unchecked
- 7) In the result drop down select 'Test not performed'
- 8) Timestamp

Medical Summary | OB Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encoun

**Patient** [Sel](#) [Info](#) [Hub](#)      **Status:**  Open  Reviewed

Test, Test  
 DOB:12/19/1990 Age:19Y  
 Sex:M  
 Tel:707-888-2121  
 Acct No:9117, WebEnabled: Yes

**Provider:** Cunningham, Jason L  
**Facility:** Occidental Area Health Cen  
**AssignedTo:** Owens, Linda

High Priority  
 InHouse  
 Future Order

Don't publish to Web Portal

**Lab Information**

Lab: PT/INR      Order Date: 6 / 1 / 2009      Collection Date: 4 / 30 / 2010      Time: :  
 Reason:      Actual Fasting: Not Recorded       Ordered Fasting

**Specimen**

Source:      Description:      Collection Volume:      Units:

**Results**

Received      Date: 4 / 30 / 2010      Result: Test not performed

Order Date	Coll Date	PROTHROI	INR
01/01/2007	02/11/1930		
06/01/2009			
01/01/2007			

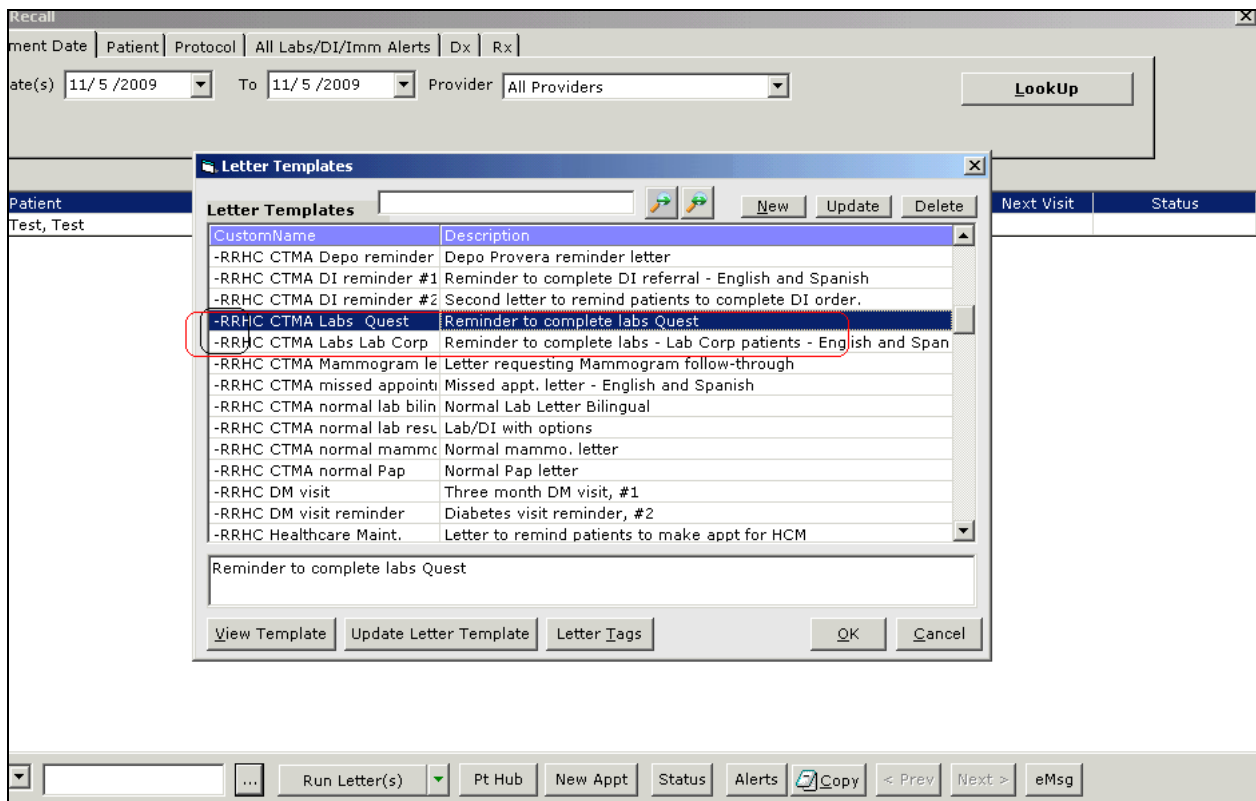
**Assessments:** [Show Specify](#)      **Notes:** [Time Stamp](#) [Browse](#) [Check Spelling](#)

427.31 Atrial fibrillation

Valley,Dana 04/30/2010 01:18:38 PM > ,testing facility reports test not completed

**For all other outstanding labs (non-high risk):**

- 1) Contact the patient by phone or send a Lab Reminder Letter
- 2) Be sure to 'track' your letters



**Update the tracking status:**

Update the status in the 'Reason' field by free texting where you are in the follow up  
**AFTER** the facility name

Example: Letter sent, Called pt

**Important: Do NOT erase the transmission report or the alternative lab company name**

The screenshot shows a 'Lab Results' form with the following sections:

- Patient:** Includes buttons for 'Sel', 'Info', and 'Hub'. The 'Status' is set to 'Open' (radio button selected).
- Provider:** Davis, Victoria M
- Facility:** Occidental Area Health Cen
- AssignedTo:** Bland, Robin
- Options:**  High Priority,  InHouse,  Future Order
- Lab Information:**
  - Lab: TSH, (3RD GENERATION)
  - Order Date: 11/4/2009
  - Collection Date: 11/5/2009
  - Time: 02:34 PM
  - Reason: Transmitted to Quest-letter #1 (highlighted with a red circle)
  - Actual Fasting: Not Recorded
  - Ordered Fasting
- Specimen:** Table with columns for Source, Description, Collection Volume, and Units.

This will show in your tracking list which will allow you to see at a glance your progress with out having to open each order up.

<input type="checkbox"/>	11/04/2009		Mammogram	Transmitted to Quest
<input type="checkbox"/>	11/04/2009		COMPREHENSIVE METABOLIC PANEL (CMP)	Transmitted to Quest
<input type="checkbox"/>	11/04/2009		CBC WITH DIFFERENTIAL (AUTOMATED)	Transmitted to Quest
<input type="checkbox"/>	11/04/2009		CBC WITH DIFFERENTIAL (AUTOMATED)	Transmitted to Quest-letter #2
<input type="checkbox"/>	11/04/2009 11/04/2009		TSH, (3RD GENERATION)	Transmitted to Quest
<input type="checkbox"/>	11/04/2009 11/04/2009		CARDIO CRP	Transmitted to Quest

You must also chart in the 'Notes' section of the order

- 1) Click on the 'Browse' button to open the pick list
- 2) Select the appropriate one
- 3) Click Ok
- 4) Timestamp

The screenshot displays a medical software interface. A 'Keywords' dialog box is open, showing a list of keywords on the left and a 'Selected' list on the right. The keyword '\_CTMA 1st reminder letter' is selected in the list. The background shows a patient record with the following details:

- Patient:** Status: Open
- Provider:** Davis, Vict
- Facility:** Occidental
- Assigned To:** Bland, Rob
- Lab Information:** Lab: TSH, (3RD GENERATION); Order Date: 11/4/2009
- Specimen:** Source: ; Description:
- Results:** Received: ; Date: 11/5/2009; Result:
- Assessments:** V70.0 Well Adult Exam; 714.0 Rheumatoid arthritis
- Notes:** Valley, Dana 11/05/2009 11:54:56 AM >

The 'Browse' button in the 'Notes' section is highlighted with a red box. The 'Keywords' dialog box has 'OK' and 'Cancel' buttons at the bottom.

If the test remains outstanding a month after the contact was made inform provider

- 1) Open up the Lab order
- 2) Leave the status open
- 3) Keep assigned to yourself
- 4) Leave the received check box Unchecked
- 5) Use the result drop down and select 'Test not performed'

**Lab Results \***

**Patient** [Sel] [Info] [Hub] **Status:**  Open  Reviewed

**Provider:** Davis, Victoria M **Facility:** Occidental Area Health Cen **AssignedTo:** Bland, Robin

Don't publish to Web Portal

**Lab Information**

Lab: TSH, (3RD GENERATION) [Sel] Order Date: 11/4/2009 Collection Date: 11/5/2009 Time: 02:34 PM

Reason: Transmitted to Quest Actual Fasting: Not Recorded  Ordered Fasting

**Specimen**

Source: Description: Collection Volume: Units:

**Results**

Received Date: 11/5/2009 Result: Test not performed

Order Date	Coll Date	TSH (HIGH)
11/04/2009		

## Inform the Provider

Create a new Telephone Encounter on the patient

- 1) Leave the status open
- 2) Assign to the Provider
- 3) In the 'Reason' field use the drop down and select 'Outstanding Lab Tracking'
- 4) Click on the 'Browse' button

**Telephone Encounter \***

Test, Test, 19 Y, M Sel Info Hub

PO BOX 7777  
Occidental, CA 95465  
H:707-888-2121  
M:707-555-5555  
DOB:12/19/1990  
awilliams@rchc.net

Allergies  
 Billing Alert

Wt 04/26/10: 110.38 lbs.  
Appt(L): 04/26/10  
PCP: Cunningham  
Language: german  
Translator: Yes

Ins: MediCal  
Acc  
Bal: \$167.10  
Guar: test test  
Gr  
Bal: \$162.10  
Rem: Cunningham

CLICK TO EDIT  
CM visit on 12/20/1990

**Answered by**  
Valley, Dana

**Date**  
4 /30/2010

**Time**  
1:21 PM

**Status**  
 Open  Addressed

**Patient** Sel Info Hub  
Test, Test  
DOB:12/19/1990 Age:19Y Sex:M  
Tel:707-888-2121  
Acct No:9117, WebEnabled: Yes

**Provider**  
Cunningham, Jason L

High Priority

**Pharmacy** E  
Cvs Longs  
6378 Commerce Blvd  
Rohnert Park, CA 94928  
Tel:707-586-3494 Fax:\_\_\_-586-0735

**Caller**

**Facility**  
Russian River Health Center-Med

**Reason**  
Outstanding DI Tracking

**AssignedTo**  
Cunningham, Jason L

Message Rx Labs/DI Notes Addendum Log History Virtual Visit

Message

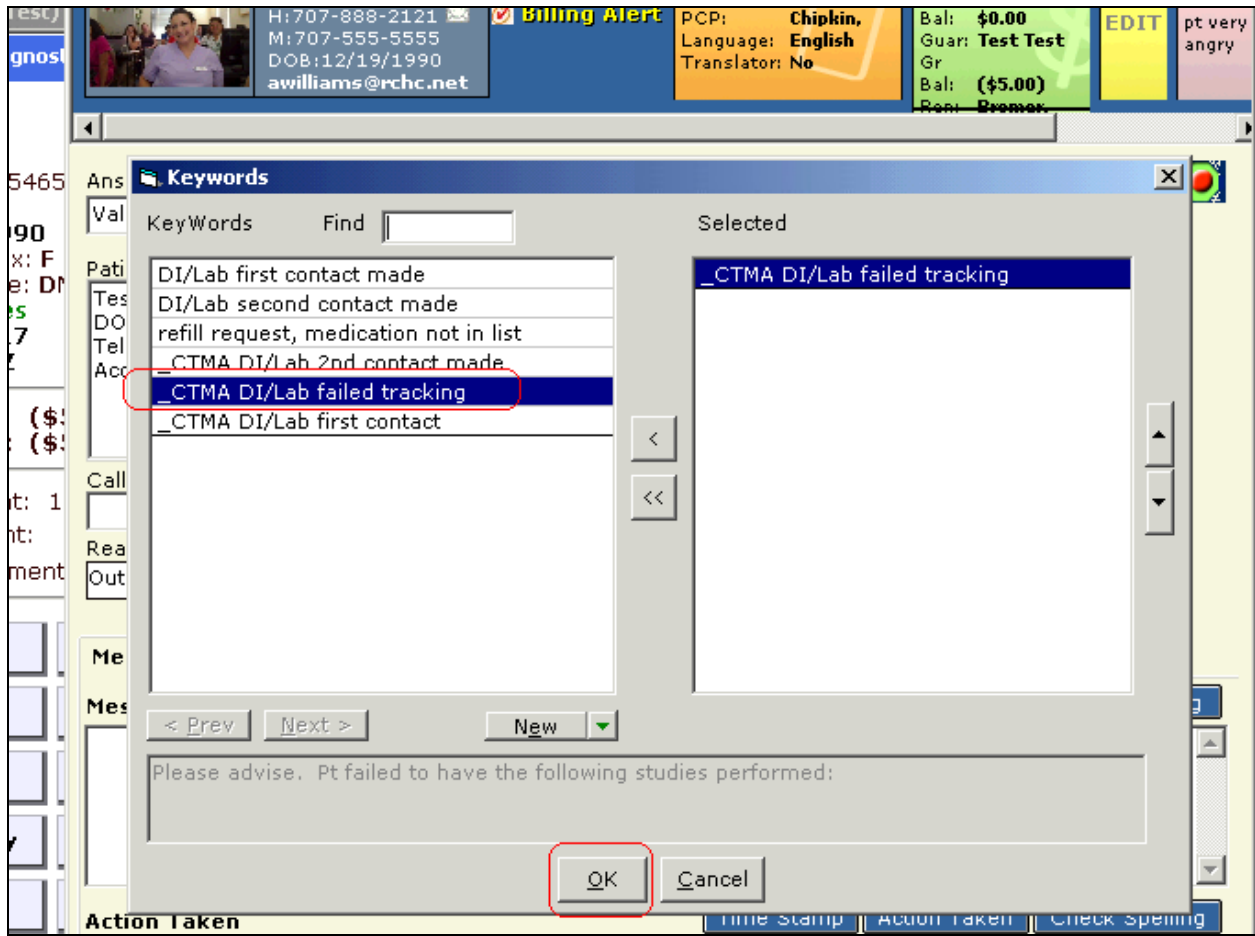
Complaints Browse Check Spelling



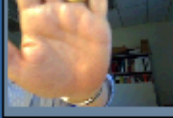
5) In the pick list select 'CTMA' DI/lab failed tracking'

This will put the note: 'Please advise. Pt failed to have the following studies performed:' into the Telephone Encounter

6) Click OK



- 7) Free text the name of the tests in the message section of the Telephone Encounter
- 8) Timestamp
- 9) Click OK

 Occidental, CA 95465 H: 707-888-2121 M: 707-555-5555 DOB: 12/19/1990 awilliams@rchc.net		<b>Billing Alert</b>	<b>lbs.</b> Appt(L): 04/26/10 PCP: Cunningham Language: german Translator: Yes	Acc Bal: \$167.10 Guar: test test Gr Bal: \$162.10 Rep: Cunningham	<b>EDIT</b> CM visit on 12/20/1990
<b>Answered by</b> Valley, Dana	<b>Date</b> 4 /30/2010	<b>Time</b> 1:21 PM	<b>Status</b> <input checked="" type="radio"/> Open <input type="radio"/> Addressed		
<b>Patient</b> Test, Test DOB: 12/19/1990 Age: 19Y Sex: M Tel: 707-888-2121 Acct No: 9117, WebEnabled: Yes	<b>Provider</b> Cunningham, Jason L	<input type="checkbox"/> <b>High Priority</b>			
	<b>Pharmacy</b> Cvs Longs 6378 Commerce Blvd Rohnert Park, CA 94928 Tel: 707-586-3494 Fax: ___-586-0735				
<b>Caller</b> 	<b>Facility</b> Russian River Health Center-Med				
<b>Reason</b> Outstanding DI Tracking	<b>AssignedTo</b> Cunningham, Jason L				
<b>Message</b>   <b>Rx</b>   <b>Labs/DI</b>   <b>Notes</b>   <b>Addendum</b>   <b>Log History</b>   <b>Virtual Visit</b>					
<b>Message</b> <span style="float: right;"> <input type="button" value="Complaints"/> <input type="button" value="Browse"/> <input type="button" value="Check Spelling"/> </span>					
Please advise. Pt failed to have the following studies performed: <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">CMP, CBC, Lipids, TSH</span>					
<b>Action Taken</b> <span style="float: right;"> <input type="button" value="Time Stamp"/> <input type="button" value="Action Taken"/> <input type="button" value="Check Spelling"/> </span>					
Valley, Dana 04/30/2010 01:24:05 PM >					
<input type="button" value="Print Script"/> <input type="button" value="Send Rx"/> <input type="button" value="Print Report"/> <input type="button" value="Progress Notes"/> <input type="button" value="Document"/>					

The provider or nurse may reassign you the Telephone Encounter with further instructions to continue to follow up with the order or to file the orders as incomplete.

The screenshot displays a medical software interface with the following sections:

- Header:** Includes user information (awilliams@rchc.net), patient language (German), and financial status (Balance: \$162.10).
- Encounter Details:** Shows the encounter was answered by Dana Valley on 4/30/2010 at 1:21 PM. The status is "Open".
- Patient Information:** Name: Test, Test; DOB: 12/19/1990; Age: 19Y; Sex: M; Tel: 707-888-2121; Acct No: 9117.
- Provider:** Jason L. Cunningham.
- Pharmacy:** Cvs Longs, 6378 Commerce Blvd, Rohnert Park, CA 94928.
- Facility:** Russian River Health Center-Med.
- Reason:** Outstanding DI Tracking.
- Assigned To:** Jason L. Cunningham.
- Message Log:** A message from Dana Valley at 01:24:05 PM states: "Please advise. Pt failed to have the following studies performed: CMP, CBC, Lipids, TSH". A response from Jason L. Cunningham at 01:28:05 PM says "please file", which is circled in red.
- Buttons:** Includes "Print Script", "Send Rx", "Print Report", "Progress Notes", "Document", "OK", and "Cancel".

**To file incomplete orders:**

- 1) Leave the 'status' as OPEN
- 2) Assign to : \_zz Virtual MA
- 3) Do NOT check the 'Reviewed' box
- 4) Make sure the result drop down: 'Test not performed' is selected.
- 5) Click OK

The screenshot shows a 'Lab Results' form with the following fields and values:

- Patient:** Test, Test; DOB:12/19/1990 Age:18Y; Sex:F; Tel:707-888-2121; Acct No:9117, WebEnabled: Yes
- Status:** Open (selected), Reviewed
- Provider:** Bowen, Trina L
- Facility:** Occidental Area Health Cen
- AssignedTo:** \_zz Virtual, MA (highlighted with a red box)
- Options:**  Don't publish to Web Portal;  High Priority;  InHouse;  Future Order
- Lab Information:** Lab: RPR/REFLEX TPPA (diagnosis); Order Date: 10/26/2009; Collection Date: 11/5/2009; Time: 10:22 AM; Reason: Transmitted to Quest; Actual Fasting: Not Recorded;  Ordered Fasting
- Specimen:** Source, Description, Collection Volume, Units (all empty)
- Results:**  Received; Date: 11/5/2009; Result: Test not performed (highlighted with a red box)
- Table:**

Order Date	Coll Date	RPR (STS)						
01/01/2007	01/29/2008	REACTIVI						
10/26/2009								

**Chart and review the Telephone Encounter**

DOB: 12/19/1990  
 awilliams@rchc.net  
 Translator: No  
 Gr Bal: (\$5.00)  
 Rem: Premier

Answered by: Valley, Dana  
 Date: 11/5/2009  
 Time: 1:29 PM  
 Status:  Open  Addressed

Patient: Test, Test  
 DOB: 12/19/1990 Age: 18Y Sex: F  
 Tel: 707-888-2121  
 Acct No: 9117, WebEnabled: Yes

Provider: Chipkin, David R  
 Pharmacy: Longs Pharmacy  
 788 Highway 116 N  
 Sebastopol, CA 95472  
 Tel: 707-823-7605 Fax: -823-

Facility: Russian River Health Center-Med  
 AssignedTo: Valley, Dana

Reason: Outstanding Lab Tracking

Message | Rx | Labs/DI | Notes | Addendum | Log History | Virtual Visit

**Message** [Complaints] [Browse] [Check Spelling]

Please advise. Pt failed to have the following studies performed: lipids, cbc

**Action Taken** [Time Stamp] [Action Taken] [Check Spelling]

Valley, Dana 11/05/2009 01:29:31 PM >  
 smith RN, Barbara 11/05/2009 01:29:32 PM > noted please file  
 Valley, Dana 11/05/2009 01:29:46 PM > done

**IMPORTANT:** Do Not delete or review labs that were not completed.

<b>Effective Date:</b>	<b>Revision Date:</b>
<b>Supervisor Approval:</b> <i>Initial</i>	<b>Medical Director Approval:</b> <u>12/09</u> <i>Initial</i>

**West County Health Centers, Inc.  
Clinical Protocol**

<b>Clinical Protocol:</b>	<b>Tracking Outstanding DI</b>
<b>Staff Role:</b>	<b>CTMA</b>

<b>Category: Tracking</b>
<b>Page: 1 of 21</b>

**Protocol Summary: The CTMA is responsible for tracking DI orders for their provider.**

**The CTMA will allow the patient TWO months to complete the study. If after TWO months the study is still outstanding than the CTMA will first verify that the study was not misfiled in eCW then verify with the testing facility that the test was not completed.**

**If outstanding DI is “right breast mammogram, left breast mammogram, breast ultrasound” is found, the DI order should be assigned to the RN for processing.**

**For all other studies that are still outstanding, the CTMA will make ONE patient contact by phone or a letter to remind the patient to complete the test.**

**If the test remains outstanding a month after the first contact is made then the CTMA will notify the provider by using a Telephone Encounter.**

**The provider will return the Telephone Encounter to the CTMA with further instructions.**

**When the provider no longer requires follow up the CTMA can then file any outstanding orders by assigning the DI order to the \_zzVirtual, MA and reviewing the Telephone Encounter.**

**The CTMA will use the ‘Reason’ Field in each DI order to chart the current tracking status and will use the ‘Notes’ field in the order to Timestamp and chart any task completed.**

**The CTMA will reassign all OB Ultrasounds to the OB Nurse for tracking when processing the initial order from the provider.**

**The CTMA will reassign all EMG/NCS, EEG, Pulmonary function test, DM eye exam, Colonoscopy, echocardiograms to the Referral Coordinator for tracking when processing the initial order from the provider.**

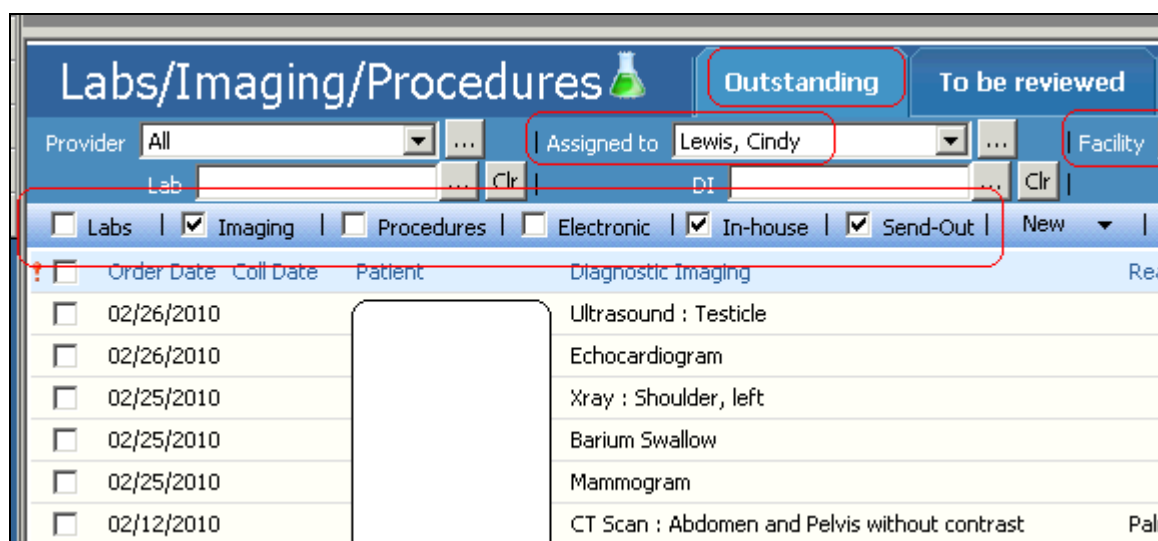
**All CTs and MRIs must also be assigned to the referral coordinator to obtain authorization when processing the initial order from the provider. The Referral Coordinator with reassign these tests back to the MA to track after authorization has been made.**

**All mammograms, breast ultrasounds are assigned to the RN when processing the initial order from the provider. The nurse will triage need for high risk tracking and reassign all breast DI to the CTMA if normal tracking is sufficient.**

## To find your tracking list

### In the Labs/ Imaging Screen

- 1) Select the 'Outstanding' tab
- 2) Assigned to yourself
- 3) Select 'All' in the Facility drop down
- 4) Make sure the 'Imaging' 'In-house' and 'Send-Out' check boxes are checked
- 5) Make sure the 'Labs', 'Procedures' and 'Electronic' check boxes are unchecked



6) Click on 'Order Date' if you wish to sort your list by oldest first.

The screenshot shows a software interface for managing Labs/Imaging/Procedures. The main title is "Labs/Imaging/Procedures" with a flask icon. Below the title are tabs for "Outstanding", "To be reviewed", "Reviewed", and "Future". The interface includes several filter fields: "Provider" (All), "Assigned to" (Lewis, Cindy), "Facility" (All), "Lab", and "DI". There are also checkboxes for "Labs", "Imaging", "Procedures", "Electronic", "In-house", and "Send-Out". A "New" dropdown and a "View" dropdown are also present. The main data table has columns for "Order Date", "Coll Date", "Patient", "Diagnostic Imaging", "Reason", and "Resu". The "Order Date" column header is circled in red. The table contains four rows of data:

<input type="checkbox"/>	Order Date	Coll Date	Patient	Diagnostic Imaging	Reason	Resu
<input type="checkbox"/>	12/11/2008			Ultrasound : Right Upper Quadrant		Test
<input type="checkbox"/>	12/12/2008			DEXA Hip and Spine	letter 1 sent	
<input type="checkbox"/>	01/24/2009			Ultrasound : Right Upper Quadrant	letter 1	
<input type="checkbox"/>	02/06/2009			DEXA Hip and Spine	letter 1	Test



7) Go thru and reassign orders per protocol (to Nurse or Referral Coordinator) if they were not assigned at the time they were printed

Labs/Imaging							
Outstanding		To be reviewed		Reviewed		Future	
By patient		All		Copies			
Provider	All	Assigned to	Sunderland, April	Facility	All		
Lab		DI					
<input type="checkbox"/> Labs	<input checked="" type="checkbox"/> Imaging	<input type="checkbox"/> Electronic	<input checked="" type="checkbox"/> In-house	<input checked="" type="checkbox"/> Send-Out	New	View	Print Report
Order Date	Coll Date	Patient	Diagnostic Imaging	Reason	Result	Assigned	
<input type="checkbox"/> 02/06/2009		[REDACTED]	Xray : Spines, thoracic spine			Sunderla	
<input type="checkbox"/> 03/10/2009		[REDACTED]	Mammogram			Sunderla	
<input type="checkbox"/> 03/11/2009		[REDACTED]	Xray : Spines, lumbar			Sunderla	
<input type="checkbox"/> 03/18/2009		[REDACTED]	Ultrasound : Pelvis			Sunderla	
<input type="checkbox"/> 03/23/2009		[REDACTED]	Ultrasound : Kidneys, bilateral			Sunderla	
<input type="checkbox"/> 03/25/2009		[REDACTED]	DEXA Hip and Spine			Sunderla	
<input type="checkbox"/> 03/26/2009		[REDACTED]	Ultrasound : Testicle			Sunderla	
<input type="checkbox"/> 03/30/2009		[REDACTED]	Xray : Chest			Sunderla	
<input type="checkbox"/> 03/30/2009		[REDACTED]	Xray : Chest			Sunderla	
<input type="checkbox"/> 04/01/2009		[REDACTED]	Ultrasound : Pelvis			Sunderla	
<input type="checkbox"/> 04/01/2009		[REDACTED]	Ultrasound : Kidneys, bilateral			Sunderla	
<input type="checkbox"/> 04/10/2009		[REDACTED]	Sinus Series			Sunderla	
<input type="checkbox"/> 04/21/2009		[REDACTED]	Xray : Spines, thoracic spine			Sunderla	
<input type="checkbox"/> 04/21/2009		[REDACTED]	Xray : Spines, lumbosacral			Sunderla	
<input type="checkbox"/> 04/22/2009		[REDACTED]	Mammogram			Sunderla	
<input type="checkbox"/> 04/28/2009		[REDACTED]	Mammogram			Sunderla	
<input type="checkbox"/> 04/29/2009		Campos, Michael Thomas	Xray : Nasal bone			Sunderla	

The referral coordinator will timestamp and type in the notes section if authorization was obtained or not and will free text in the reason field the facility and if it was authorized or not before reassigning to the CTMA to track.

The screenshot displays a software interface for 'Diagnostic Imaging'. At the top, there are buttons for 'Sel', 'Info', and 'Hub'. The 'Patient' field is empty. The 'Status' is set to 'Open'. The 'Provider' is 'Bromer, Steven P', the 'Facility' is 'Russian River Health Center', and the 'AssignedTo' is 'Lyons, Sean'. There are checkboxes for 'High Priority', 'InHouse', and 'Future Order'. A 'Don't publish to Web Portal' checkbox is checked. The 'Diagnostic Imaging Information' section shows 'Imaging' as 'MRI arthrogram : Shoulder, left', 'Order Date' as '11/25/2008', and 'Reason' as 'PD-auth'. The 'Results' section has a 'Received' checkbox, 'Date' as '11/30/2009', and an empty 'Result' field. The 'Assessments' section lists several conditions, with '726.19 ROTATOR CUFF DIS NEC' checked. The 'Notes' section contains a timestamped note: 'Doeleman, Minda 01/26/2009 02:49:48 PM > auth obtained, left msg for pt to call PD and schedule'. There are also sections for 'Clinical Info' and 'Internal Notes'.

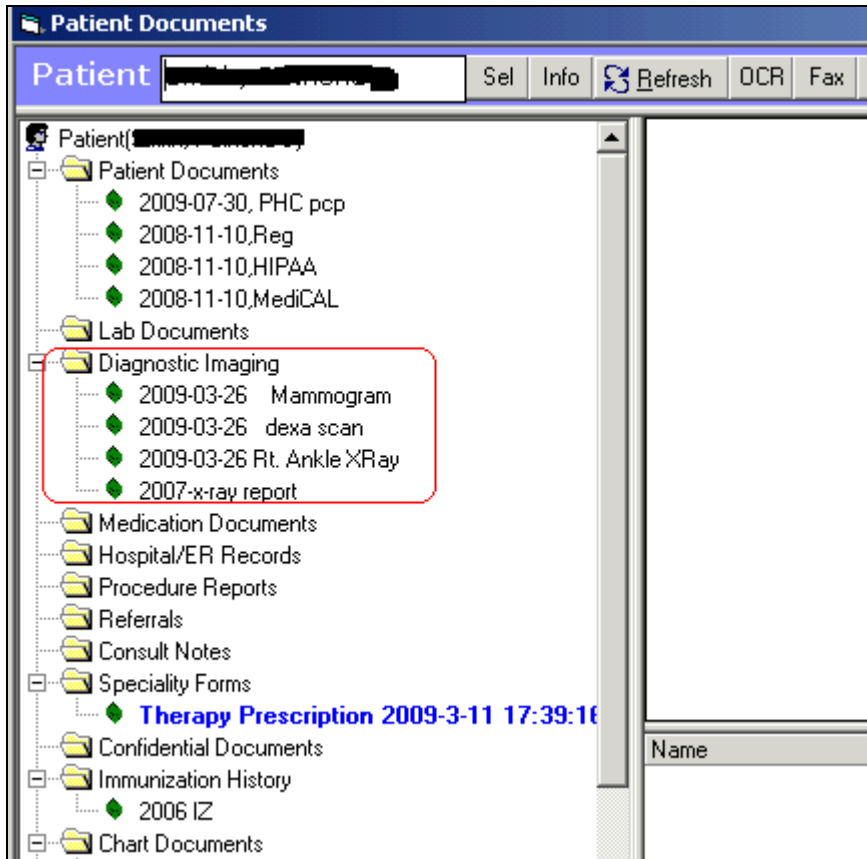
**First you must Verify that the test was not misfiled in eCW:**

- 1) Click on the name to open up the order

The screenshot shows a software interface for 'Labs/Imaging'. At the top, there are tabs for 'Outstanding', 'To be reviewed', 'Reviewed', 'Future', 'By patient', and 'All'. Below the tabs are search filters for 'Provider' (All), 'Assigned to' (Sunderland, April), and 'Facility' (All). There are also input fields for 'Lab' and 'DI'. A row of checkboxes includes 'Labs', 'Imaging' (checked), 'Electronic', 'In-house' (checked), and 'Send-Out' (checked). A 'New' dropdown and 'View' dropdown are also present. The main table has columns for 'Order Date', 'Coll Date', 'Patient', 'Diagnostic Imaging', 'Reason', and 'Result'. The row for '03/11/2009' with 'Xray : Spines, lumbar' is highlighted in yellow and circled in red.

<input type="checkbox"/>	Order Date	Coll Date	Patient	Diagnostic Imaging	Reason	Result
<input type="checkbox"/>	03/10/2009		[REDACTED]	Mammogram		
<input type="checkbox"/>	03/11/2009		[REDACTED]	Xray : Spines, lumbar		
<input type="checkbox"/>	03/18/2009		[REDACTED]	Ultrasound : Pelvis		
<input type="checkbox"/>	03/23/2009		[REDACTED]	Ultrasound : Kidneys, bilateral		
<input type="checkbox"/>	03/25/2009		[REDACTED]	DEXA Hip and Spine		
<input type="checkbox"/>	03/26/2009		[REDACTED]	Ultrasound : Testicle		

- 2) Look in the Patient Documents to see if the report was received but not attached to the order in error. Pay attention to the dates.



**If the report was received but not attached:**

- 1) Leave the status open
- 2) Assign to the Ordering Provider
- 3) Click the 'Received' check box
- 4) Timestamp and use the 'Browse' pick list to select the 'In pt docs' message
- 5) Click OK

**(Optional: un-review the unattached document and reassign to Medical Records with a message to attach to designated order).**

**Diagnostic Imaging \***

**Patient** [Sel] [Info] [Hub]  
Test, Test  
DOB:12/19/1990 Age:18Y  
Sex:F  
Tel:707-888-2121  
Acct No:9117, WebEnabled: Yes

**Status:**  Open  Reviewed

**Provider:** Bowen, Trina L

**Facility:** Occidental Area Health Cen

**AssignedTo:** Bowen, Trina L

High Priority  
 InHouse  
 Future Order

Don't publish to Web Portal

**Diagnostic Imaging Information**

Imaging: Xray : Chest [Sel]    Order Date: 9 /13/2009    Reason: [ ]

**Results**

Received    Date: 9 /24/2009    Result: [ ]

**Assessments:** [Show] [Specify]

- 272.4 Hyperlipidemia
- 427.31 Atrial Fibrillation
- 724.2 Low back pain
- 577.0 Pancreatitis NOS

**Notes:** [Time Stamp] [Browse] [Check Spelling]  
Valley, Dana 09/24/2009 11:28:44 AM > in pt docs

**Clinical Info:** [ ]  
**Internal Notes:** [ ]

[Reports] [Print] [Midmark ECG] [Options]

[OK] [Cancel]

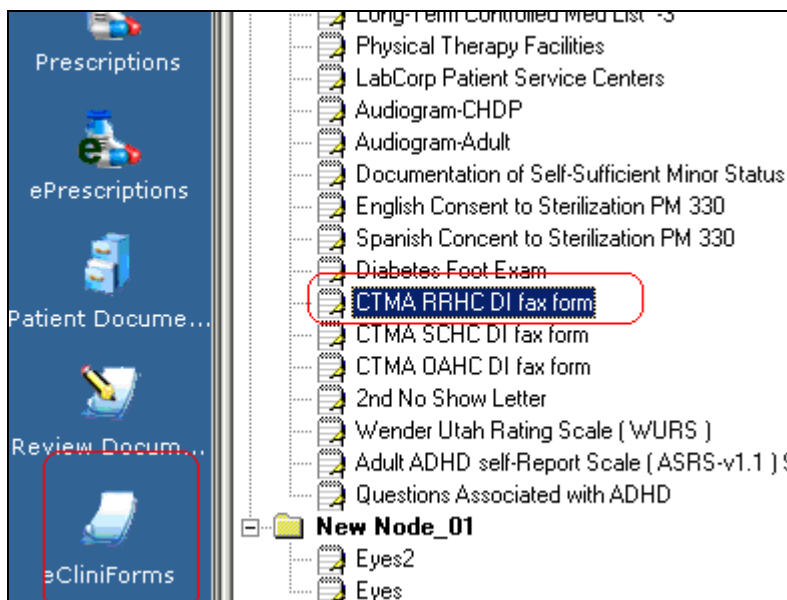
**If the DI is still outstanding you must verify with the DI facility that the test was not completed:**

**If the report was not received you must contact the facility first. To make this easier you can sort your list by facility by clicking on 'Facility'. This will group like facilities together.**

Order Date	Coll Date	Patient	Diagnostic Imaging	Reason	Result	Assi
07/06/2009		[REDACTED]	MRI:Cervical spine w&w/o contrast	S R Imaging auth requested		Sun
05/18/2009		[REDACTED]	CT Scan : Abdomen and Pelvis with IV and oral contrast	S R Imaging		Sun
07/20/2009		[REDACTED]	CT Scan : Chest with IV contrast	Palm Drive		Sun
07/13/2009		[REDACTED]	Xray : Chest	Palm Drive		Sun
07/10/2009		[REDACTED]	Ultrasound : Kidneys, bilateral			Sun

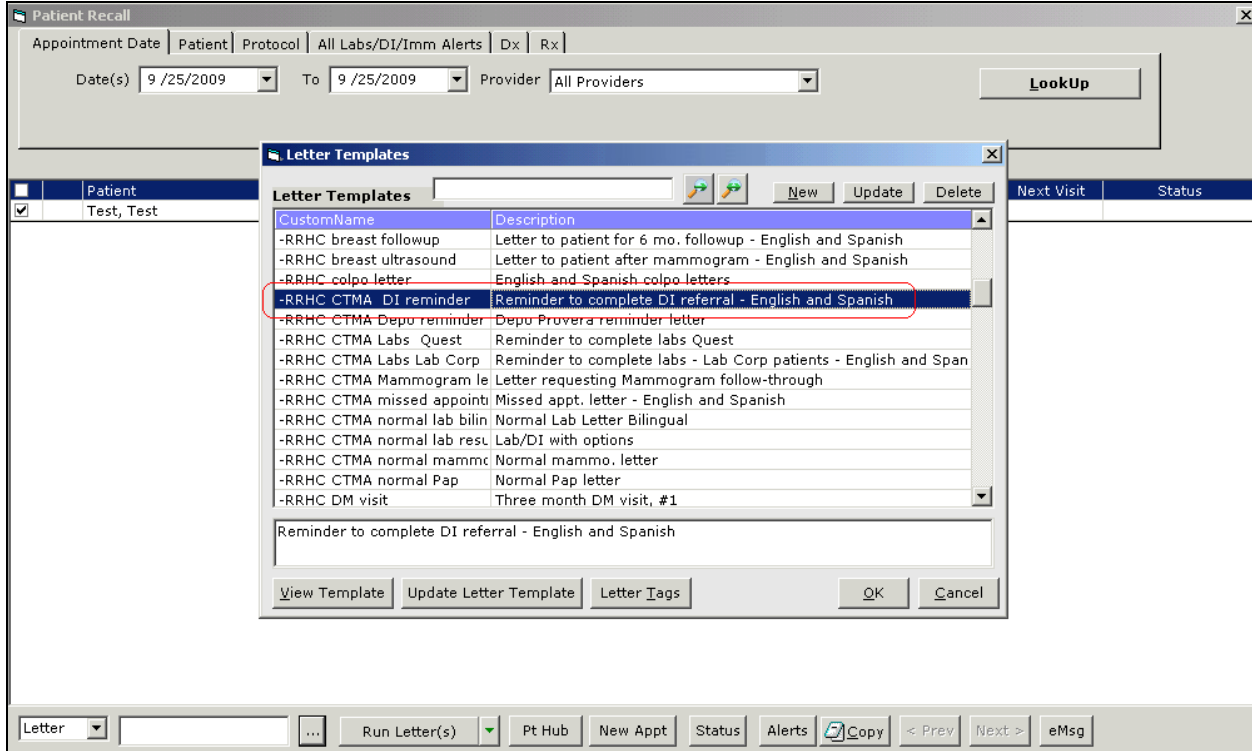
**You could fax a request to the facility with the all the patients' names, DOB and the test's ordered using the *DI Request Fax Form* or you could call the facilities medical records dept.**

**The DI Request Fax Form is located in eCliniForms. Print out a blank one to handwrite the information on.**



**If the facility reports that the test was not completed:**

**Contact the patient by phone or send a DI Imaging Letter #1. (Make sure to ‘track’ your letters).**



**Always Chart tasks completed by Timestamping and charting in the ‘Notes’ field of each DI Order**

**To chart the tasks completed in the in the 'Notes' field quickly:**

**3) Timestamp and click on the Browse' button**

The screenshot shows a software interface with several sections. At the top, there is a 'Diagnostic Imaging Information' section with fields for 'Imaging' (Liver Biopsy : Ultrasound guided), 'Order Date' (2 /26/2010), and 'Collection Date' (3 /4 /2010). Below this is a 'Results' section with a 'Received' checkbox and a 'Date' field (3 /4 /2010). The 'Assessments:' section has a 'Show Specify' button. The 'Notes:' section has three buttons: 'Time Stamp', 'Browse' (highlighted with a red circle), and 'Check Spelling'. The notes field contains the text 'Valley,Dana 03/04/2010 04:18:51 PM > |'. On the right side, there is a vertical list of numbers from 637 to 272, with 'Pro' at the top.

**4) In the pick list click on the 'Next' button**

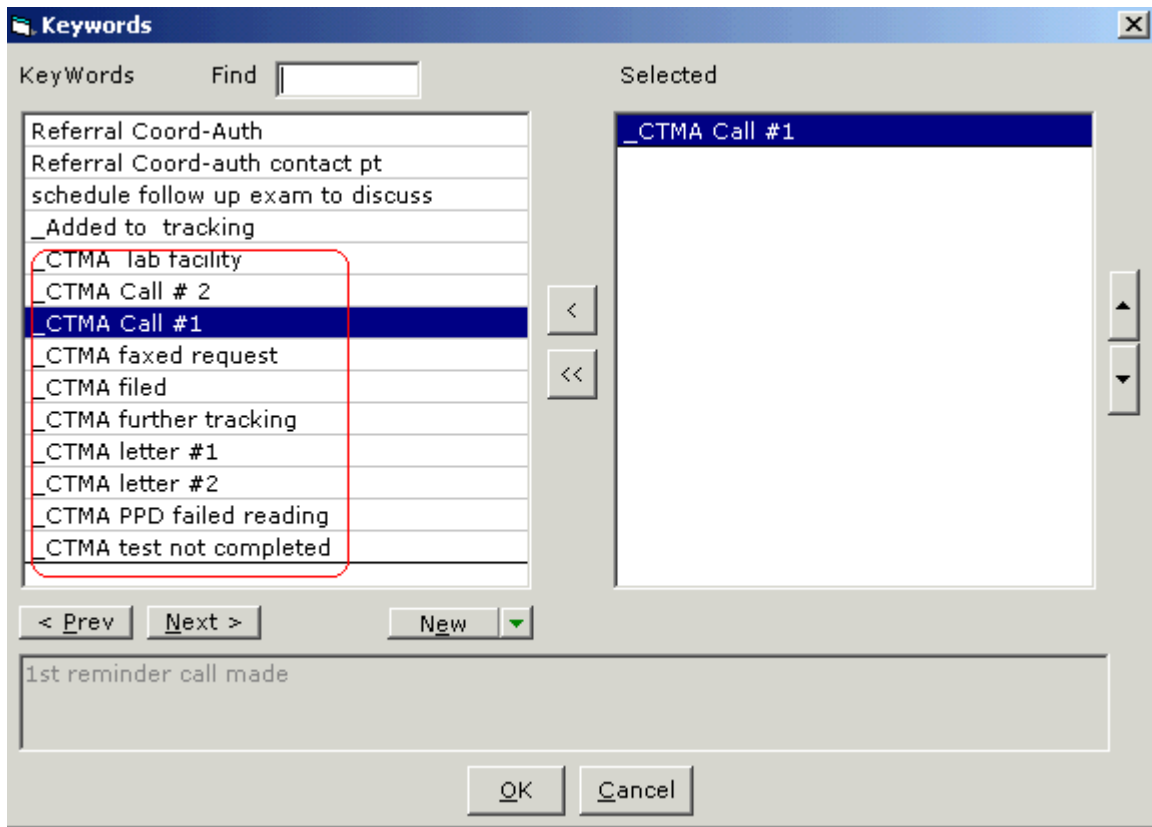
The screenshot shows a 'Keywords' dialog box with a 'Find' field and a 'Selected' area. The 'KeyWords' list contains the following items: Reviewed, Send a copy of the lab to the patient, Send normal letter, Will discuss with patient next visit, Call patient, Follow-up Next week, In Patient's docs, In pt docs, Normal results, discussed with patient, Normal results, please inform patient., NURSE Procedure verified, Re do Pap, No Endocervical cells, Redo the Lab, and Refer for colpo. At the bottom, there are buttons for '< Prev', 'Next >' (highlighted with a red circle), and 'New'.



All the CTMA Tracking choices are listed together

5) Select the appropriate one

6) Click OK



This will post the correct charting message in the Notes field

<b>Diagnostic Imaging Information</b>	
Procedure: Ultrasound guided <input type="button" value="Sel"/>	Order Date: 2/26/2010
	Collection Date: 3/4/2010
Received Date: 3/4/2010	Result: <input type="text"/>
<b>Comments:</b> <input type="button" value="Show"/> <input type="button" value="Specify"/>	<b>Notes:</b> <input type="button" value="Time Stamp"/> <input type="button" value="Browse"/> <input type="button" value="Check Spelling"/>
	Valley,Dana 03/04/2010 04:09:46 PM > ,1st reminder call made
<b>Info:</b>	<b>Internal Notes:</b>

Use the 'Reason' field in the DI Order to update your tracking status by free texting where you are in the follow up process after the facility name

Example: faxed request, call 1, call 2, letter 1, letter 2.

**Diagnostic Imaging**

**Patient:** Test, Test  
 DOB:12/19/1990 Age:18Y  
 Sex:F  
 Tel:707-888-2121  
 Acct No:9117, WebEnabled: Yes

**Status:**  Open  Reviewed

**Provider:** Bowen, Trina L

**Facility:** Occidental Area Health Cen

**AssignedTo:** Valley, Dana

Don't publish to Web Portal

High Priority  
 InHouse  
 Future Order

**Diagnostic Imaging Information**

Imaging: Xray : Chest | Order Date: 9 /13/2009 | Reason: SR Radiology-faxed request

**Results**

This will show in your tracking list which will allow you to see at a glance your progress.

Order Date	Coll Date	Patient	Diagnostic Imaging	Reason	Result
09/13/2009		Test, Test	Xray : Chest	SR Radiology-faxed request	
07/06/2009		[REDACTED]	MRI:Cervical spine w&w/o contrast	S R Imaging auth requested	
05/18/2009		[REDACTED]	CT Scan : Abdomen and Pelvis with IV and oral contrast	S R Imaging	
09/15/2009		[REDACTED]	CT Scan : Abdomen and Pelvis with IV and oral contrast	S R Imaging	
07/20/2009		[REDACTED]	CT Scan : Chest with IV contrast	Palm Drive	
09/15/2009		[REDACTED]	Ultrasound : Pelvis	Palm Drive	
07/13/2009		[REDACTED]	Xray : Chest	Palm Drive	

**Diagnostic Imaging \***

**Patient** Sel Info Hub  
 Test, Test  
 DOB:12/19/1990 Age:18Y  
 Sex:F  
 Tel:707-888-2121  
 Acct No:9117, WebEnabled: Yes

**Status:**  Open  Reviewed

**Provider:** Bowen, Trina L

**Facility:** Occidental Area Health Cen

**AssignedTo:** Sunderland, April

High Priority  
 InHouse  
 Future Order

Don't publish to Web Portal

**Diagnostic Imaging Information**

Imaging	Order Date	Reason
Xray : Chest <span>Sel</span>	9 /13/2009	SR Radiology-#1 letter

**Results**

Received Date 9 /24/2009 Result

**Assessments:** Show Specify

<input type="checkbox"/> 272.4 Hyperlipidemia	<b>Notes:</b> <span>Time Stamp</span> <span>Browse</span> <span>Check Spelling</span> Valley,Dana 09/24/2009 12:25:25 PM > faxed request Valley,Dana 09/24/2009 12:26:06 PM > first pt contact made
<input checked="" type="checkbox"/> 427.31 Atrial Fibrillation	
<input type="checkbox"/> 724.2 Low back pain	
<input type="checkbox"/> 577.0 Pancreatitis NOS	

**Clinical Info:** **Internal Notes:**

**Overview** History Alerts

**Advance Directive**

- BOTH DNR and D
- DNR/DPA under Patient Documents/Adva

**Problem List**

- 000.10 MEDICATION AGP
- 724.2 Low back pain
- 427.31 Atrial Fibrillation
- 637.70 AB NOS W COMPI
- 250.01 Diabetes mellitus
- 924.9 Contusion of unsp
- 362.11 Hypertensive retin
- 410.00 Acute myocardial anterolateral wall care unspecif
- 272.4 Hyperlipidemia
- 493.90 ASTHMA NOS
- 250.00 Diabetes mellitus
- 577.0 Pancreatitis NOS

**Current Medications**

**When all attempts have been made**

- 1) Open up the DI order
- 2) Leave the status open
- 3) Keep assigned to yourself
- 4) Leave the Received check box Unchecked
- 5) Use the result drop down and select 'Test not performed'

The screenshot displays a 'Patient Hub' window for a 'Diagnostic Imaging' order. The patient information includes 'Test, Test', DOB: 12/19/1990, Age: 18Y, Sex: F, and contact details. The provider is 'Bowen, Trina L' and the facility is 'Occidental Area Health Cen'. The order is assigned to 'Sunderland, April' and is currently 'Open'. The diagnostic imaging information shows an 'Xray : Chest' ordered on '9 /13/2009' with the reason 'SR Radiology-letter 2'. In the 'Results' section, the 'Received' checkbox is unchecked, and the 'Date' is '9 /25/2009'. The 'Result' dropdown menu is open, showing options: 'Negative', 'Normal', 'Normal for patient', 'Not Acceptable for Dx', 'Positive', 'Stable', 'Test not performed' (which is highlighted), and 'Within normal limits'. The 'Assessments' section lists several conditions, with '427.31 Atrial Fibrillation' checked. The 'Clinical Info' and 'Internal Notes' sections are empty. At the bottom, there are buttons for 'Reports', 'Print', 'Midmark: ECG', 'Options', 'OK', and 'Cancel'.

### Create a new Telephone Encounter on the patient

- 1) Leave the status open
- 2) Assign to the DI Ordering provider
- 3) In the Reason field use the drop down and select Outstanding DI Tracking
- 4) Click on the Browse button

**Telephone Encounter \***

**Test Test, 18 Y, F** Sel Info Hub

PO BOX 7777  
Occidental, CA 95465  
H:707-888-2121  
M:707-555-5555  
DOB:12/19/1990  
awilliams@rchc.net

Allergies  
 Billing Alert

Wt: **144 lbs.**  
Appt(L): **09/17/09**  
PCP: **Chipkin,**  
Language: **English**  
Translator: **No**

Ins: **Blue Cross**  
Acc  
Bal: **\$0.00**  
Guar: **Test Test**  
Gr  
Bal: **(\$5.00)**  
Ren: **Premier**

CLICK TO EDIT pt dues for  
SECURE NOTES pt very angry

Answered by: Valley, Dana  
Date: 9/25/2009  
Time: 4:16 PM  
Status:  Open  Addressed

Patient: Test, Test  
DOB:12/19/1990 Age:18Y Sex:F  
Tel:707-888-2121  
Acct No:9117, WebEnabled: Yes

Provider: Chipkin, David R  
 High Priority

Pharmacy: Longs Pharmacy  
788 Highway 116 N  
Sebastopol, CA 95472  
Tel:707-823-7605 Fax: -823-

Caller: [Empty]

Facility: Russian River Health Center-Med

AssignedTo: Gong, Derek P

Reason: **Outstanding DI Tracking**

Message  
Message from another MD  
Needs call back from MD  
Needs call back from office  
Needs referral  
**Outstanding DI Tracking**  
Outstanding Lab Tracking  
Refills  
Test results  
Urgent visit request

Addendum Log History Virtual Visit

Complaints **Browse** Check Spelling

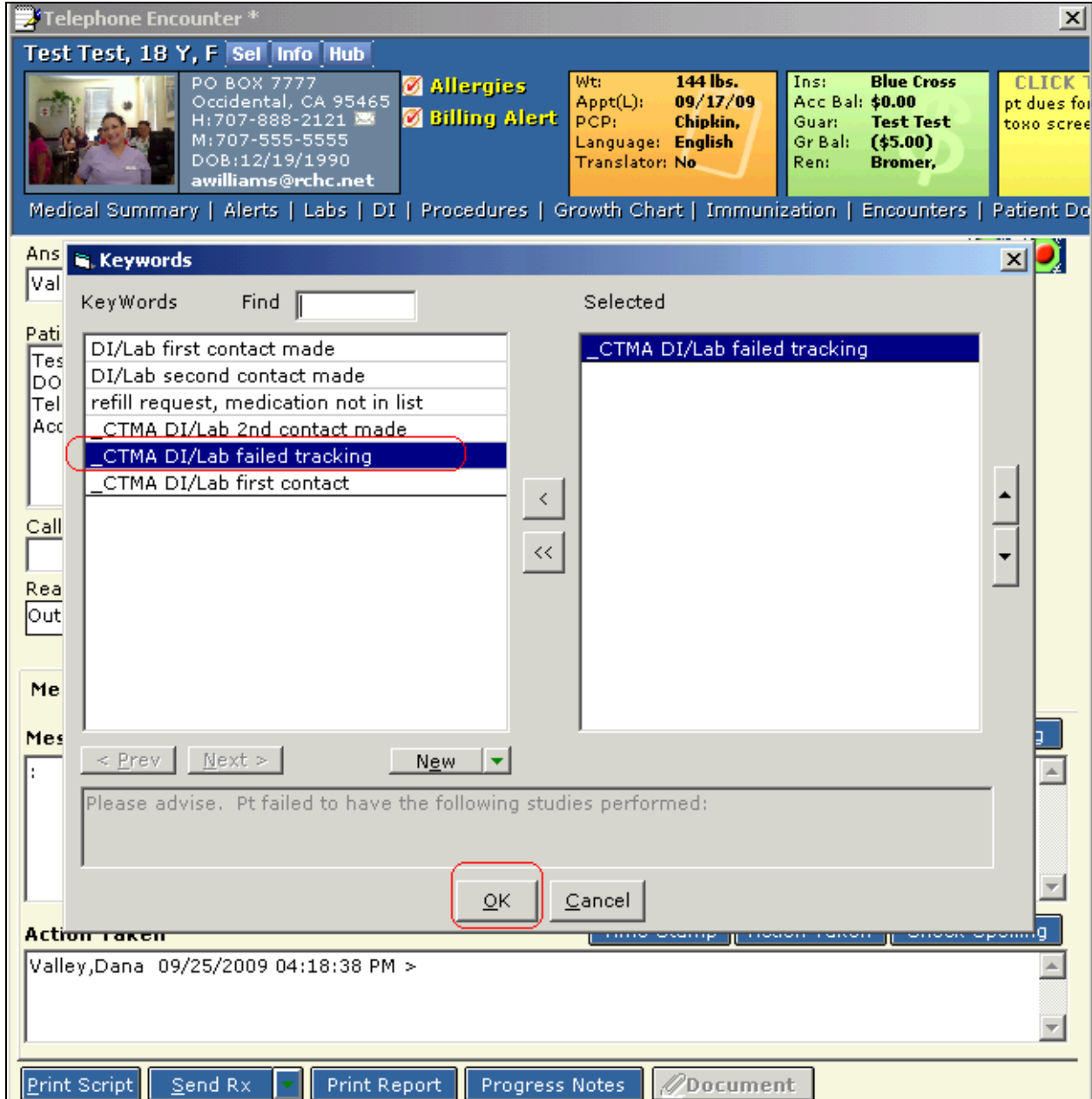
Action Taken: Time Stamp Action Taken Check Spelling

Print Script Send Rx Print Report Progress Notes Document

In the pick list select CTMA DI/Lab failed tracking

This will put the note 'Please advise. Pt failed to have the following studies performed:' into the Telephone Encounter.

Click OK



Keep the status open

Assign to the provider

Free text the name of the test in the message section

Timestamp

**Telephone Encounter \***

**Test Test, 18 Y, F** | Sel | Info | Hub

**PO BOX 7777**  
Occidental, CA 95465  
H:707-888-2121  
M:707-555-5555  
DOB:12/19/1990  
awilliams@rchc.net

Allergies  
 Billing Alert

Wt: **144 lbs.**  
Appt(L): **09/17/09**  
PCP: **Chipkin, English**  
Language: **English**  
Translator: **No**

Ins: **Blue Cross**  
Acc Bal: **\$0.00**  
Guar: **Test Test**  
Gr Bal: **(\$5.00)**  
Ren: **Bromer,**

CLICK T  
pt dues for  
toko scree

Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Do

Answered by: Valley, Dana, | Date: 9/25/2009 | Time: 4:16 PM | Status:  Open  Addressed

Patient: Test, Test | DOB:12/19/1990 | Age:18Y | Sex:F | Tel:707-888-2121 | Acct No:9117, WebEnabled: Yes

Provider: Chipkin, David R | High Priority

Pharmacy:  Use Mail Order | Change | Longs Pharmacy | 788 Highway 116 N | Sebastopol, CA 95472 | Tel:707-823-7605 Fax: -823-

Caller: | Facility: Russian River Health Center-Med

Reason: Outstanding DI Tracking | AssignedTo: Gong, Derek P

**Message** | Rx | Labs/DI | Notes | Addendum | Log History | Virtual Visit

**Message** | Complaints | Browse | Check Spelling

Please advise. Pt failed to have the following studies performed: Chest x-ray

**Action Taken** | Time Stamp | Action Taken | Check Spelling



Valley,Dana 09/25/2009 04:18:38 PM >

Print Script | Send Rx | Print Report | Progress Notes | Document

OK | Cancel | Next



The provider will reassign you the Telephone Encounter with further instructions to continue to follow up with the order or to file the orders as incomplete

 H:707-888-2121 M:707-555-5555 DOB:12/19/1990 awilliams@rchc.net	<b>Billing Alert</b>	PCP: <b>Chipkin,</b> Language: <b>English</b> Translator: <b>No</b>	Guar: <b>Test Test</b> Gr Bal: <b>(\$5.00)</b> Ren: <b>Bromer,</b>	toxo scree
Medical Summary   Alerts   Labs   DI   Procedures   Growth Chart   Immunization   Encounters   Patient Do				
Answered by Valley, Dana,	Date 9 /25/2009	Time 4:16 PM	Status <input checked="" type="radio"/> Open <input type="radio"/> Addressed	
Patient Test, Test DOB:12/19/1990 Age:18Y Sex:F Tel:707-888-2121 Acct No:9117, WebEnabled: Yes	Info Hub	Provider Chipkin, David R	<input type="checkbox"/> High Priority	
Caller		Pharmacy Longs Pharmacy 788 Highway 116 N Sebastopol, CA 95472 Tel:707-823-7605 Fax: -823-	Use Mail Order Change	
Reason Outstanding DI Tracking		Facility Russian River Health Center-Med	AssignedTo Valley, Dana	
<b>Message</b>   Rx   Labs/DI   Notes   Addendum   Log History   Virtual Visit				
<b>Message</b> <span>Complaints</span> <span>Browse</span> <span>Check Spelling</span>				
Please advise. Pt failed to have the following studies performed: Chest x-ray				
<b>Action Taken</b> <span>Time Stamp</span> <span>Action Taken</span> <span>Check Spelling</span>				
Valley,Dana 09/25/2009 04:18:38 PM > Gong, Derek 09/25/2009 05:02:35 PM > <b>noted please file</b>				
<span>Print Script</span> <span>Send Rx</span> <span>Print Report</span> <span>Progress Notes</span> <span>Document</span>				

To file incomplete orders:

Leave the status as Open

Assign to: \_zz Virtual MA

Do not check the 'Reviewed' box

Make sure the result drop down: "Test not Performed" is selected.

Click OK

**Diagnostic Imaging**

**Patient** [Sel] [Info] [Hub]  
Test, Test  
DOB:12/19/1990 Age:18Y  
Sex:F  
Tel:707-888-2121  
Acct No:9117, WebEnabled: Yes

**Status:**  Open  Reviewed

**Provider:** Bowen, Trina L

**Facility:** Occidental Area Health Cen

**AssignedTo:** \_zz Virtual, MA

Don't publish to Web Portal

**Diagnostic Imaging Information**

Imaging  
Xray : Chest [Sel] 9 / 1

**Results**

Received Date 9 / 29 / 2009

**Result:** Test not performed

**Assessments:** [Show] [Specify] [Notes: Time Stamp] [Browse] [Check Spelling]

272.4 Hyperlipidemia

<b>Effective Date:</b>	<b>Revision Date:</b>
<b>Supervisor Approval:</b> <i>Initial</i>	<b>Medical Director Approval:</b> <u>   JLC 12/09   </u> <i>Initial</i>

**West County Health Centers, Inc.  
Clinical Protocol**

<b>Clinical Protocol:</b>	<b>Reconciling Immunizations in CAIR</b>
<b>Staff Role:</b>	<b>CTMA</b>

<b>Category: Immunizations</b>
<b>Page:</b>

**Protocol Summary:** The CTMA is responsible for making certain the immunization record is up to date in the Immunization Registry.

This also includes all past immunizations as well as making sure VFC eligibility, Primary Provider, medical record number and the patient's address is also in the Registry.

This will be done when getting immunization records on New Patient's as well as during Chart Prep.

The CTMA will compare the all past immunization records with the eCW record and update the CAIR registry.

In the patient's demographic section of eCW, the CTMA will indicate that all demographic information as well as all past immunizations have been entered both into CAIR and eCW by typing 'UPDATED' with the date and the CTMA's initials and a \* symbol.

**UPDATED means:** All immunizations we have on record are transcribed from paper records, eCW records into CAIR and anything from CAIR is in eCW.

**Adding the Star Symbol means:** all demographics, Primary Site, Provider's last name, eCW Account number, VFC eligibility and Primary Site have been entered into CAIR.

**No Routing Slip is to be run until the patient's record has been UPDATED.**

- 1) From the resource schedule look at the next days appointments. Pay attention to appointment types and dates of birth. It may be easier to view this information if the appointment slot is set to 5.

Schedules, Appointments & Views

Slot: [5] [7] [1] [Paste] [E] Facility: Russian River F

January 29, 2010

	Davey, Michelle	Gong, Derek P	Hayre Kwan, Surani	Sheehan, Melinda G
PM :40	[?] 10/03/1953 (707) 865-9615 OV 20 CONF paperwork Partnership HealthPlan	[?] 07/12/1958 (707) 431-1005 OV 20 CONF sores Partnership HealthPlan RRHC	PAP CMSP BC Life & Health	CONF ear ache MediCal RRHC
:45				
:50				
:55				
:00	[?] 06/04/1963 (707) 865-1376 WWGN LM pap Medicare RRHC	[?] 09/27/1925 (707) 869-5621 OV 20 CONF BACK PAIN United Healthcare	[?] 12/31/19- (707) 869-9345 OV 20	[?] 03/26/1977 (415) 573-6936 OV 20 CONF toenail
:05				
:10				
:15				
:20				
:25		[?] 03/13/1996 (707) 820-1401 OV 20 CONF derm check Partnership HealthPlan	[?] 09/09/196 (707) 865-5174 OV 30 CANC pin worms	[?] 10/12/1956 (707) 546-3109 CPE 30 CONF pap and UA Medicare RRHC
:30	[?] 10/06/1932 (707) 535-0844 OV 20 CONF med refills Medicare RRHC	[?] 12/01/2008 (707) 921-6601 WCE UR wce mobile number does not answer-mn Partnership HealthPlan	[?] 05/19/200 (707) 405-8200	
:35				
:40				
:45				
:50				
:55	[?] 08/13/196 02/21/195		[?] 03/06/1978 (707) 869-8079 WME CONF PE MediCal RRHC	[?] 04/03/1962 (707) 788-6033 OV 20 LM

- 2) Click open the appointment and go to the hub. From there open up the Immunization record.

Patient Hub (Test, Test)

Labs Diagnostic Imaging **Immunizations** Referrals Allergies

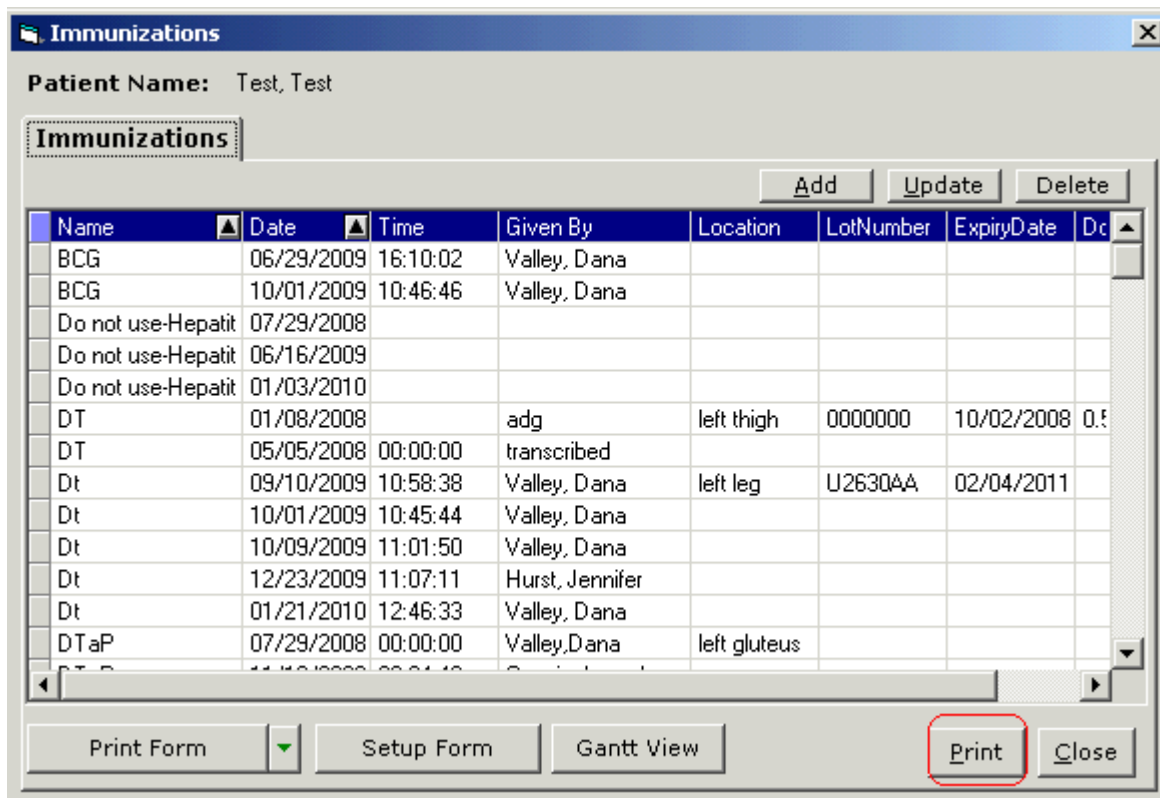
**Test, Test** Sel **Info** Home: 707-888-2121

PO BOX 7777 Work:  
Brome Cell: 707-555-5555  
Occidental, CA-95465 Email: [awilliams@rchc.net](mailto:awilliams@rchc.net)  
DOB: 12/19/1990 Insurance: CMSP BC Life & Health  
Age: 19 Y Sex: M PCP: Chipkin, David  
Advance Directive: DNR/DPA Rendering Pr: Bromer, Steven  
(08/03/2009)  
WebEnabled: Yes  
Account No: 9117  
MRN: ZZZZZZZZ

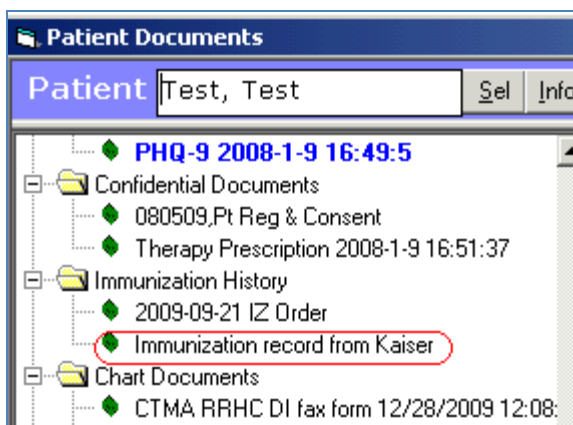
---

Patient Balance: (\$5.00) Collection Status:  
Account Balance: (\$5.00) Assigned To:

- 3) Print the immunization record out on paper using the 'Print' button on the bottom right NOT the 'Print Form' button on the left.



- 4) Go into the patients documents and print out any other Immunization records they may have scanned in.



- 5) Any paper chart records should also be scanned in. If not be sure to transcribe into both eCW and CAIR and get these scanned in.

### Immunization Record and History

PARENT NAME (Last, First, Middle): [REDACTED] PRACTICE NAME/ADDRESS: [REDACTED]

BIRTHDATE: [REDACTED] Sex: [REDACTED] KNOWN REACTIONS TO VACCINES/ALLERGIES: [REDACTED]

VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one):  
 Child/Med-Cal eligible     No health insurance     American Indian/Alaskan Native     This health care facility has health services for uninsured children (see 8)

If a combination vaccine (e.g., DTP + Hib or HepB + Hib) is used, record dose in each section.

VACCINE GROUP	DATE GIVEN	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE VISIT	VACCINE	DATE GIVEN	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE VISIT
IPVOPV 1	12/15/07	AC21B1142B Pediarix	SL	BT	MM2 1				
IPVOPV 2	1/14/08	AC21B0840A Pediarix	IV	BT	MM2 2				
IPVOPV 3	4/29/08	AC21B137AA Pediarix	SL	BT	Hep B 1	12/15/07	AC21B1142B Pediarix	SL	BT
IPVOPV 4					Hep B 2	2/14/08	AC21B0840A Pediarix	IV	BT
DTaP/DTd 1	12/15/07	AC21B1142B Pediarix	SL	BT	Hep B 3	4/29/08	AC21B137AA Pediarix	SL	BT
DTaP/DTd 2	2/14/08	AC21B0840A Pediarix	IV	BT	Varicella 1				
DTaP/DTd 3	4/29/08	AC21B137AA Pediarix	SL	BT	Varicella 2				
DTaP/DTd 4					Hep A 1				
DTaP/DTd 5					Hep A 2				
Booster									
HIB 1	12/15/07	LF205AA Sanofi Pasteur	SL	BT	Pneumo Con 1	12/15/07	6051002 Pfizer	SL	BT
HIB 2	2/14/08	VF216AB Sanofi	IV	BT	Pneumo Con 2	2/14/08	694015C Pfizer	IV	BT
HIB 3	4/29/08	Sanofi Pasteur	IV	BT	Pneumo Con 3	4/29/08	Pneumo C19921	IV	BT

- 6) Search for the child in CAIR

Note: it is preferable to search by the CAIR ID # but if that is not available you must search by the first three letters of the FIRST name and DOB.

- 7) Click open the 'Quick' view

### CAIR - Patient Immunization History

[Main Menu](#)    [Patient Search](#)    [Delete Patient](#)    [Report](#)    [Help](#)

Registry ID: [REDACTED]    Med. Rec. No: [REDACTED]    Kaiser No: [REDACTED]    Pref: Y  
 Name: [REDACTED]    Suf: [REDACTED]    Sex: F    DOB: [REDACTED]    Age: 10y 6m 4d  
 Next Vac. Date: **Past Due**    Reactions:     [Create New Siblings](#)  
 Waivers:  FLU    Risks:     VFC Eligibility: 1-Elig: Medi-Cal/CHDP

[History](#) | [Parent/Guardian](#) | [Address](#) | [Preferences](#) | [BirthInfo](#) | [Patient IDs](#) | [OtherInfo](#) | [TB Test History](#) | [Med Dispense](#)

#### Immunization History

Vaccine	Group	Seq	Date Recv.	Age	Provide
<a href="#">IPV</a>	POLIO	1	05/10/2003	3y 9m15d	TRANSCRIP
<a href="#">IPV</a>	POLIO	2	06/22/2004	4y10m28d	TRANSCRIP
<a href="#">IPV</a>	POLIO	3	08/31/2004	5y 1m 6d	TRANSCRIP
<a href="#">IPV</a>	POLIO		10/06/2005	6y 2m11d	TRANSCRIP
<a href="#">DTaP</a>	DTP	1	05/10/2003	3y 9m15d	TRANSCRIP
<a href="#">DTaP</a>	DTP	2	06/22/2004	4y10m28d	TRANSCRIP
<a href="#">DTaP</a>	DTP	3	08/31/2004	5y 1m 6d	TRANSCRIP

Recommendations:

>HAV	1	07/25/2000
>FLU	1	08/01/2009
:HPV	1	07/25/2010
MCV4	1	07/25/2010

8) In the Quick View click on the 'Show' button

Save Vaccination Cancel [Current Provider:](#)

Patient ID: ████████ First Name: ████████ Last Name: ████████ DOB: ████████

Vaccine Name display:

**Blue** = Commonly Used Combination Vaccine  
**Orange** = Commonly Used Vaccine

Vaccine	Vac Date	Vac Date	Vac Date	Vac Date	Vac Date	Vac Date
IPV	05/10/2003	06/22/2004	08/31/2004	10/06/2005		
OPV						
POLIO UN						
DTaP	05/10/2003	06/22/2004	08/31/2004	10/06/2005		
DTaPHBIP						
DTaIPHi						
DTP						

9) This will display the vaccine names next to the abbreviations

Vaccine Name display:

**Blue** = Commonly Used Combination Vaccine  
**Orange** = Commonly Used Vaccine

Vaccine	Vac Desc	Vac Date	Vac Date
IPV	Polio (Inactivated)	06/22/2004	08/31/2004
OPV	Polio (Oral)		
POLIO UN	Polio (Unspecified)		
DTaP	Diphtheria, Tetanus, acellular Pertussis	05/10/2003	06/22/2004
DTaPHBIP	DTaP, HepB, IPV Combination (Pediarix) [COMBO]		
DTaIPHi	DTaP, IPV, HIB Combination (Pentacel)		
DTP	Diphtheria, Tetanus, whole cell Pertussis		
	Diphtheria		

10) Using the print outs compare dates in CAIR. Click in the corresponding white box to type any missing immunization dates. Be very careful to chart combination vaccines as combinations and any single vaccines as single vaccines.

Vaccine Name display:

**Blue** = Commonly Used Combination Vaccine  
**Orange** = Commonly Used Vaccine

Vaccine	Vac Desc	Vac Date	Vac Date	Vac Date	Vac Date	Vac D
IPV	Polio (Inactivated)	05/10/2003	06/22/2004	08/31/2004	10/06/2005	
OPV	Polio (Oral)					
POLIO UN	Polio (Unspecified)					
DTaP	Diphtheria, Tetanus, acellular Pertussis	05/10/2003	06/22/2004	08/31/2004	10/06/2005	
DTaPHBIP	DTaP, HepB, IPV Combination (Pediatrix) [COMBO]					
DTaPIPHi	DTaP, IPV, HIB Combination (Pentacel)					
DTP	Diphtheria, Tetanus, whole					

The CTMA must also update the patient's address:

11) Click on 'Address'

CAIR - Patient Immunization History

[Main Menu](#)
[Patient Search](#)
[Delete Patient](#)
[Report](#)
[Help](#)

Registry ID:  Med. Rec. No:  Kaiser No:  Pref: **Y**  
 Name:  Suf:  Sex: **F** DOB:  Age: **11y 2m 3d**  
 Next Vac. Date: **Past Due** Reactions:  [Create New Siblings](#)  
 Waivers:  FLU-LAIV HAV' Risks:  VFC Eligibility: **5-Not VFC-Eligible**

[History](#) | [Parent/Guardian](#) | [Address](#) | [Preferences](#) | [BirthInfo](#) | [Patient IDs](#) | [OtherInfo](#) | [TB Test History](#) | [Med Dispense](#)

**Immunization History**

Vaccine	Group	Seq	Date Recv.	Age	Provide
IPV	POLIO	1	10/06/2005	6y 2m11d	TRANSCRIE
DTaP	DTP	1	05/10/2003	3y 9m15d	TRANSCRIE
DTaP	DTP	2	06/22/2004	4y10m28d	TRANSCRIE
DTaP	DTP	3	08/31/2004	5y 1m 6d	TRANSCRIE
DTaP	DTP	4	10/06/2005	6y 2m11d	TRANSCRIE
HIB	HIB		12/22/2009	10y 4m27d	TRANSCRIE
MMR	MMR	1	07/28/2001	2y 0m 3d	TRANSCRIE
MMR	MMR	2	06/22/2004	4y10m28d	TRANSCRIE
HBV	HEPB	1	05/10/2003	3y 9m15d	TRANSCRIE
HBV	HEPB	2	06/22/2004	4y10m28d	TRANSCRIE
HBV	HEPB	3	08/31/2004	5y 1m 6d	TRANSCRIE

Recommendations:

>HAV	2	06/23/2010
>HPV	1	07/25/2010
>MCV4	1	07/25/2010
>FLU	1	08/01/2010
DTP(Td)	B	10/06/2015

Accelerated Schedule  
 Had Chickenpox

Archived:  [Options for Recommendations](#)



**Note:** Do NOT type over any existing address in this field. We must keep a record of all addresses

From the Patient Address Window

**12) Click on 'All Addresses'**

CAIR- Patient Address Information

Main Menu Patient Search Report Help

Patient Registry ID: 960060 Med. Rec. No: Kaiser No: Pref: Y

Last Name: First Name: Middle:

Suffix: Gender: Female DOB:

Age: Year 11, Month 2, Day 3 Reactions:

Next Vac. Date: Past Due Risks:

History | Parent/Guardian | Address | Preferences | BirthInfo | Patient IDs | OtherInfo | TB Test History | Med Dispense

**Patient Address**

Street:

Zip Code:

City:

County:

State:

Phone:

Address Type: Home Active:

Use for Outreach: Yes Returned Mail: No

Contact Name:

Date Confirmed: 06/29/2010

Update Patient Info All Addresses

**13) Select 'Add Address'**

CAIR - Patient Addresses

Patient ID: Last Name: First Name: DOB:

Type	Act	Out	Retn	Street	City	ST	Contact	Phone	Date Confirmed
H	Y	Y	N						06/29/2010
*H	Y	Y	N						

Add Address Close

You must also record the eCW Account number from the patient's hub into CAIR

14) Right click and copy the number from the hub

**Patient Hub (Test, Bobby)**

**Labs** **DI** **Immunizations** **Referrals** **Allergies**

**Test, Bobby**   Home: **707-869**  
14045 Mill Street Work:  
Guerneville, CA-95446 Cell:  
DOB: **02/14/2010** Email: **spenn@r**  
Age: **2Y 3M** Sex: **M** Insurance: **MediCal I**  
Advance Directive: PCP: **Cunningh**  
WebEnabled: **Yes** Rendering Pr: **Cunningh**  
Account No: **45391**

Patient Balance: **\$0.00** Collection Status: Account Balance: **\$0.00** Assigned To:

15) Go into the Patient IDs section in CAIR

16) Click on Add/Edit Identifiers

**CAIR - Patient ID Information**

[Main Menu](#) [Patient Search](#) [Report](#) [Help](#)

Patient Registry ID: **3584930** Med. Rec. No: Kaiser No: Pref: **Y**

Last Name:  First Name:  Middle:   
Suffix:  Gender:  DOB:   
Age: Year **12**, Month **10**, Day **11** Reactions:

Next Vac. Date:  [Risks:](#)

[History](#) | [Parent/Guardian](#) | [Address](#) | [Preferences](#) | [BirthInfo](#) | **[Patient IDs](#)** | [OtherInfo](#) | [TB Test History](#) | [Med Dispense](#)

Patient ID Info

Patient ID Type	Identifier	ID Issuer	Entered Provider ID
Regional Registry ID	3584930	BARR	49WCHEALTHOC

17) In the Patient ID List window click on 'Add Identifier'

CAIR - Patient ID List -- Webpage Dialog  
https://www.scc-cair.org/patients/PatientIdentifierList.asp?patientid=3584930

CAIR - Patient ID List

Patient ID: 3584930    Last Name: TEST    First Name: TEST    DOB: 07/25/1999

Patient ID Type	Identifier	ID Issuer	Entered Provider ID
Regional Registry ID	3584930	BARR	49WCHEALTHOC

18) Select 'Medical Record Number' from the drop down field

19) Right click and Paste the eCW Account number into the bottom field

20) Click on 'Add Identifier'

CAIR - Patient Identifier

Patient ID: 3584930

Identifier Type:

ID Issuer Name:

Identifier Number:

**The CTMA must also update the Primary Provider ID and the Name of Physician field**

**21)Click on 'Preferences'**

CAIR- Patient Address Information

Main Menu Patient Search Report Help

Patient Registry ID: Med. Rec. No: Kaiser No: Pref: Y

Last Name: First Name: Middle:

Suffix: Gender: Female DOB:

Age: Year 11, Month 2, Day 3 Reactions:

Next Vac. Date: Past Due Risks:

History | Parent/Guardian | Address | Preferences | BirthInfo | Patient IDs | OtherInfo | TB Test History | Med Dispense

Patient Address

Street:

Zip Code:

City:

County:

State:

Phone:

Address Type: Home Active:

Use for Outreach: Yes Returned Mail: No

Contact Name:

Date Confirmed: 06/29/2010

Update Patient Info All Addresses

**22)Select your site from the drop down.**

Patient Preferences

CAIR Disclosure

Has patient been disclosed? Yes

Last Status Date: 09/15/2009

By Provider:

Share

Has patient agreed to share information with the registry? Yes

Last Status Date: 09/15/2009

By Provider:

TB Disclosure

Has patient been disclosed? Yes

Last Status Date: 09/15/2009

By Provider: 49WCHEALTHSB

Reminder Recall

By Post Card: Yes

By Phone: Yes

Repeat Recall: Yes

Primary Provider ID: 49WCHEALTHSB - SEBASTOPOL COMMUNITY HEALTH CEN

Primary Provider Operation Code: 49WCHEALTHOC - OCCIDENTAL COUNTY HEALTH CENTER

ID of Primary Physician: Name of Physician:

Primary Language: If Other, specify:

Patient Status: Active Status Date: 11/03/2005

Update Patient Info

Type in the last name of patient's PCP

<b>TB Disclosure</b>		<b>Reminder Recall</b>	
Has patient been disclosed?	Yes	By Post Card:	Yes
Last Status Date:	09/15/2009	By Phone:	Yes
By Provider:	49WCHEALTHF	Repeat Recall:	Yes
Primary Provider ID: 49WCHEALTHRR - RUSSIAN RIVER HEALTH CENTER			
Primary Provider Operation Code:			
ID of Primary Physician:		Name of Physician:	WYMAN
Primary Language:	English	If Other, specify:	
Patient Status:	Active	Status Date:	11/03/2005
<input type="button" value="Update Patient Info"/>			

Note the Patient Status drop down is the field to mark a patient as 'Moved or Going Elsewhere' when a patient transfers care.

[History](#) | [Parent/Guardian](#) | [Address](#) | [Preferences](#) | [BirthInfo](#) | [Patient IDs](#) | [OtherInfo](#) | [TB Test History](#) | [Med Dispense](#)

**Patient Preferences**

<b>CAIR Disclosure</b>		<b>Share</b>	
Has patient been disclosed?	Yes	Has patient agreed to share information with the registry?	Yes
Last Status Date:	09/15/2009	Last Status Date:	09/15/2009
By Provider:		By Provider:	
<b>TB Disclosure</b>		<b>Reminder Recall</b>	
Has patient been disclosed?	Yes	By Post Card:	Yes
Last Status Date:	09/15/2009	By Phone:	Yes
By Provider:	49WCHEALTHF	Repeat Recall:	Yes
Primary Provider ID: 49WCHEALTHSB - SEBASTOPOL COMMUNITY HEALTH CEN			
Primary Provider Operation Code:			
ID of Primary Physician:		Name of Physician:	
Primary Language:		If Other, specify:	
Patient Status:	Active	Status Date:	11/03/2005

- Active
- Deceased
- Inactive
- Lost to Follow Up
- Moved or Going Elsewhere
- Unknown

**The CTMA must also update VFC eligibility**

**23) Click on 'Other Info'**

Age: Year 11, Month 2, Day 3    Reactions:

Next Vac. Date: **Past Due**    Risks:

[History](#) | [Parent/Guardian](#) | [Address](#) | [Preferences](#) | [BirthInfo](#) | [Patient IDs](#) | **OtherInfo** | [TB Test History](#) | [Med Dispense](#)

**Patient Preferences**

<b>CAIR Disclosure</b> Has patient been disclosed? <input type="text" value="Yes"/> Last Status Date: <input type="text" value="09/15/2009"/> By Provider: <input type="text"/>	<b>Share</b> Has patient agreed to share information with the registry? <input type="text" value="Yes"/> Last Status Date: <input type="text" value="09/15/2009"/> By Provider: <input type="text"/>
<b>TB Disclosure</b> Has patient been disclosed? <input type="text" value="Yes"/> Last Status Date: <input type="text" value="09/15/2009"/> By Provider: <input type="text" value="49WCHEALTHR"/>	<b>Reminder Recall</b> By Post Card: <input type="text" value="Yes"/> By Phone: <input type="text" value="Yes"/> Repeat Recall: <input type="text" value="Yes"/>

Primary Provider ID:

**24) Select the patient's correct eligibily status.**

Next Vac. Date: **Past Due**    Risks:

[History](#) | [Parent/Guardian](#) | [Address](#) | [Preferences](#) | [BirthInfo](#) | [Patient IDs](#) | **OtherInfo** | [TB Test History](#) | [Med Dispense](#)

**Patient Other Info**

Other Last Name: <input type="text"/>	VFC Eligibility: <input type="text" value="5-Not VFC-Eligible"/> *
Other First Name: <input type="text"/>	Medical Elig Date: <input type="text"/>
Other Middle Name: <input type="text"/>	Occupation: <input type="text"/>
Race Code: <input type="text"/>	

- 0-Unknown
- 1-Elig: Medi-Cal/CHDP
- 2-Elig: Uninsured
- 3-Elig: Ntv American/AK Native
- 4-Elig: Underinsured
- 5-Not VFC-Eligible

**Note:** this will appear on the patient's Routing Slip

The following immunizations are due or could be given today (9/28/2010):

- > HAV 2 06/23/2010:
- > HPV 1 07/25/2010:
- > MENING 1 07/25/2010:
- > FLU 1 08/01/2010:
- > Due (ACIP/AAP or accel. schedule)
- : Could give today as a valid dose

**Give These ...**

<input type="checkbox"/> Polio (IPV / OPV)	<input type="checkbox"/> PNUcon
<input type="checkbox"/> DTaP/DT/Td/	<input type="checkbox"/> HAV
<input type="checkbox"/> HepB	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hib	<input type="checkbox"/> PPD
<input type="checkbox"/> MMR	Other _____

Prov. Authorization: \_\_\_\_\_  
 Reactions: \_\_\_\_\_  
 Risks: \_\_\_\_\_  
 Waivers: FLU-LAIV HAV'

Patient's Immunization History      DOB: 7/25/1999      CAIR

VFC Eligibility: 5-Not VFC-Eligible

History of Chickenpox Disease: No

(K) Vaccine	Group	(#)	Date Recv.	Age	Provider
<b>IPV</b>	POLIO	1	10/06/2005	6y 2m11d	TRANSCRIBED
<b>DTaP</b>	DTP	1	05/10/2003	3y 9m15d	TRANSCRIBED
<b>DTaP</b>	DTP	2	06/22/2004	4y10m28d	TRANSCRIBED
<b>DTaP</b>	DTP	3	08/31/2004	5y 1m 6d	TRANSCRIBED

**25) Right click and copy the CAIR ID number of the child**

**CAIR - Patient Immunization History**

[Main Menu](#) [Patient Search](#)

Registry ID: **96006**      Med. Rec. No:      Kaiser M

Name: \_\_\_\_\_, S      Suf:      Sex: F DOB: \_\_\_\_\_

Next Vac. Date: Pa      Reactions:

**Waivers:**  FLU      Risks:

History | [Parent/Gu](#) | [References](#) | [BirthInfo](#) | [Patient IDs](#) | [OtherInfo](#)

**Immunization History**

Vaccine	Group	Seq	Date Recv.	Age	Provide
<a href="#">IPV</a>	POLIO	1	05/10/2003	3y 9m15d	TRANSCRIBED
<a href="#">IPV</a>	POLIO	2	06/22/2004	4y10m28d	TRANSCRIBED
<a href="#">IPV</a>	POLIO	3	08/31/2004	5y 1m 6d	TRANSCRIBED
<a href="#">IPV</a>	POLIO		10/06/2005	6y 2m11d	TRANSCRIBED
<a href="#">DTaP</a>	DTP	1	05/10/2003	3y 9m15d	TRANSCRIBED

Ne  
Qui  
Recom  
>HAV  
>FLU

**26) Right click and paste into the info screen of eCW for that patient**

The screenshot shows the patient information screen for 'Test, Test'. The 'Insurances' section is active, showing a table with one insurance entry: 'CMSP BC Life & Health' (CA, 123456789A, Rel 1, Insured Test, Test). Below the table, there is a text input field containing 'CAIR |'. A context menu is open over this field, with 'Paste' highlighted. Other fields include 'Release of Information' (Y), 'Rx History Consent' (Y), 'Signature Date' (07/22/2008), and 'Advance Directive' (DNR/DPA, 08/03/2009).

**27) Type the date and 'CAIR UPDATED' followed by the date, your initials and a star symbol after the CAIR number. Then when preparing for the next simply open up the pt's info screen and check to see if the IZs were reconciled.**

**UPDATED** means the immunizations have been reconciled in both CAIR and eCW

The \* symbol means the provider's last name, eCW Account number, VFC eligibility and primary site have been entered.

The screenshot shows the same patient information screen as above, but the text in the input field has been updated to 'CAIR: 12345 UPDATED 11/20/2012 DV \*'. The text is enclosed in a red rectangular box. The 'Rx History Consent' field now shows 'U'.

<b>Effective Date:</b>	<b>Revision Date:</b>
<b>Supervisor Approval:</b> <i>Initial</i>	<b>Medical Director Approval:</b> <u> JLC 11/2012_ </u> <i>Initial</i>