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
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
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 your 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 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

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

BRFSS 2000

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

BRFSS 2001

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
## 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

Clinical Protocol: Medical Assistant Orientation

Staff Role: MA Coordinator

Category:

Page: 1 of 1

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.

Effective Date: 03/2012

Revision Date:

Supervisor Approval: Initial

Medical Director Approval: __03/2012_______ Initial
Date and initial when completed by roles indicated.

## CT Medical Assistant Orientation

### Human Resources/Basic Agency Orientation

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

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

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<th>Role of billing staff - who to call when</th>
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### Clinical Support Manager

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<td>MA Scope of Practice</td>
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<td>Basic eCW Training</td>
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<td>Patient Interviewing Skills PowerPoint</td>
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<td>Depression Screening PowerPoint</td>
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<td>Fluoride Varnish PowerPoint</td>
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<td>Managing the Office Experience PowerPoint</td>
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<td>Reach Out and Read Program Overview</td>
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<td>CAIR registry log-in and password</td>
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<td>Quest CARE 360 log-in and password</td>
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<td>eCW Settings</td>
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<td>eCW settings (lab assist)</td>
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<td>VFC-Check Your Vials</td>
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<td>VFC-VIS It's Federal Law</td>
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### Medical Assistant Coordinator/Supervisor

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<td>Office Procedures Section</td>
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<td>Vitals and Lab Protocol</td>
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<td>Verifying Allergies</td>
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<td>Verifying Medications</td>
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<td>Printing a Visit Summary</td>
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<td>Check in/Check Out</td>
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<td>Entering Patient History</td>
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<td>Chart Prep</td>
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<td>Float MA Duties</td>
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<td>Charting Fluoride Varnish</td>
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<td>Charting Smoking Status and Dental Home</td>
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### Tracking Labs and DI

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<td>Transmitting Lab Orders</td>
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<td>Transmitting Labs for Special Programs</td>
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<td>Check your Req!</td>
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<td>Lab Accounts and Insurance Cheat Sheet</td>
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<td>Future and Outstanding Lab Tracking QUICK VIEW</td>
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<td>Tracking Future Orders</td>
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<td>High Risk Lab Tracking</td>
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<td>Print a DI Order</td>
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<td>Tracking Outstanding DI QUICK VIEW</td>
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<td>Tracking Outstanding Mammograms</td>
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### Office Procedures

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<td>Charting a Depression Screen</td>
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<td>AFP Screening</td>
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<td>Merging Templates</td>
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<td>Saving and Deleting Templates</td>
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<td>Charting PM 160s</td>
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<td>Routing Slips and PM 160 Cheat Sheet</td>
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<td>Agency Deceased Protocol</td>
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<td>CTMA Population Management Protocols/Standing Orders</td>
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<td>Running a List and Exporting to Excel</td>
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<td>Ordering DI and Labs with a CTMA OrderSet</td>
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<td>Ordering a Referral for a DM Eye Exam</td>
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<td>Ordering Labs and DI with a Lab eRequstion Form</td>
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<td>Population Management Monthly Tracking Checksheet</td>
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</table>
# 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.

## Set up/Patient prep

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date/Initials</th>
<th>Date/Initials</th>
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<tbody>
<tr>
<td>DMV Physical</td>
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<tr>
<td>Sports Physical</td>
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<tr>
<td>Pap</td>
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<tr>
<td>Well Child Exam</td>
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## Fingersticks

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<td>Glucose</td>
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<tr>
<td>Hgb/Hct</td>
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## Urine

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<td>Prepare microscopy</td>
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<td>HCG</td>
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<td>GC/Chlamydia</td>
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<td>IH-Drug Test</td>
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<td>Glucose/Protien</td>
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## Vision Screening

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<td>Ishihara</td>
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## Audiogram

<table>
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<tr>
<th>Category</th>
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## Miscellaneous

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<td>Ear wash</td>
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<td>Eye wash</td>
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## Assist with Procedures

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<td>IUD Insert/removal</td>
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## Lab Work

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## Autoclaving

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<td>Packing instruments</td>
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<td>Cleaning the autoclave</td>
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## Quality Assurance

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<td>Temps: Freezer/Fridge</td>
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<tr>
<td>O₂/AED</td>
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<tr>
<td>Urine</td>
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## Monthly Inventory

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<th>Description</th>
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<td>Supplies</td>
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## Observed Vital Signs

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## Observed Blood Draws

<table>
<thead>
<tr>
<th>Date/Initials</th>
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## Observed Injections

<table>
<thead>
<tr>
<th>Date/Initials</th>
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**Initials and Signatures**

*updated 03/2012*
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.

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

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Source: Mokdad et al., Diabetes Care 2001;24:412.
Diabetes Trends* Among Adults in the U.S.,
(Includes Gestational Diabetes)

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

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
“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
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 a 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 here 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

<table>
<thead>
<tr>
<th>Clinical Protocol:</th>
<th>Tracking Outstanding Labs</th>
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<tbody>
<tr>
<td>Staff Role:</td>
<td>CTMA</td>
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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/Imagining 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’
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
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
This will show in your tracking list which will allow you to see at a glance your progress without having to open each order up.

<table>
<thead>
<tr>
<th>Date</th>
<th>Test Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/04/2009</td>
<td>TSH (3RD GENERATION)</td>
<td>Transmitted to Quest-letter #2</td>
</tr>
<tr>
<td>1/04/2009</td>
<td>CBC WITH DIFFERENTIAL (AUTOMATED)</td>
<td>Transmitted to Quest</td>
</tr>
<tr>
<td>1/04/2009</td>
<td>COMPREHENSIVE METABOLIC PANEL (CMP)</td>
<td>Transmitted to Quest</td>
</tr>
</tbody>
</table>

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
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 assinged to yourself
4) Leave the received check box Unchecked
5) Use the result drop down and select ‘Test not performed’
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
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
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.
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
Chart and review the Telephone Encounter

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

<table>
<thead>
<tr>
<th>Effective Date:</th>
<th>Revision Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Approval:</td>
<td>Medical Director Approval: 12/09</td>
</tr>
</tbody>
</table>

12/09 CTMA Procedures and Workflows
West County Health Centers, Inc.
Clinical Protocol

<table>
<thead>
<tr>
<th>Clinical Protocol:</th>
<th>Tracking Outstanding DI</th>
<th>Category: Tracking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Role:</td>
<td>CTMA</td>
<td>Page: 1 of 21</td>
</tr>
</tbody>
</table>

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

```
<table>
<thead>
<tr>
<th>Diagnostic Imaging Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Order Date</strong></td>
</tr>
<tr>
<td>11/25/2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Received Date</strong>: 11/30/2009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>042 HIV disease</td>
</tr>
<tr>
<td>327.23 Sleep apnea, obstructive</td>
</tr>
<tr>
<td>726.19 ROTATOR CUFF DIS NEC</td>
</tr>
<tr>
<td>783.21 Weight Loss, Abnormal</td>
</tr>
</tbody>
</table>

**Clinical Info:**

**Internal Notes:**

Doelman, Minda 01/26/2009 02:49:48 PM > auth obtained, left msg for pt to call PD and schedule

**Provider:** Bromer, Steven P

**Facility:** Russian River Health Center

**Assigned To:** Lyons, Sean

**Status:** Open, Reviewed

**Don't publish to Web Portal**

<table>
<thead>
<tr>
<th>High Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>InHouse</td>
</tr>
<tr>
<td>Future Order</td>
</tr>
</tbody>
</table>
```
First you must Verify that the test was not misfiled in eCW:

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

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 ‘Notes’ field quickly:

3) Timestamp and click on the ‘Browse’ button

4) In the pick list click on the ‘Next’ button
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.

<table>
<thead>
<tr>
<th>Notes:</th>
<th>Time Stamp</th>
<th>Browse</th>
<th>Check Spelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valley, Dana 03/04/2010 04:09:46 PM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>First reminder call made</td>
</tr>
</tbody>
</table>
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.

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Vaccine Name displayed:</th>
<th>Show</th>
<th>Hide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Orange</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Vaccine</td>
<td>Vac Desc</td>
<td>Vac Date</td>
</tr>
<tr>
<td>IPV</td>
<td>Polio (Inactivated)</td>
<td>05/10/2003</td>
</tr>
<tr>
<td>OPV</td>
<td>Polio (Oral)</td>
<td></td>
</tr>
<tr>
<td>POLIO UN</td>
<td>Polio (Unspecified)</td>
<td></td>
</tr>
<tr>
<td>DTaP</td>
<td>Diphtheria, Tetanus, acellular Pertussis</td>
<td>05/10/2003</td>
</tr>
<tr>
<td>DTP</td>
<td>DTP, HepB, IPV Combination (Pediarix) (COMBO)</td>
<td></td>
</tr>
<tr>
<td>DTaP/IPH</td>
<td>DTP, IPV, HIB Combination (Pentacel)</td>
<td></td>
</tr>
<tr>
<td>DTB</td>
<td>Diphtheria, Tetanus, whole</td>
<td></td>
</tr>
</tbody>
</table>

The CTMA must also update the patient’s address:

11) Click on ‘Address’
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’

13) Select ‘Add Address’
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

15) Go into the Patient IDs section in CAIR

16) Click on Add/Edit Identifiers
17) In the Patient ID List window click on ‘Add Identifier’

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

21) Click on ‘Preferences’

22) Select your site from the drop down.
Type in the last name of patient’s PCP

Note the Patient Status drop down is the field to mark a patient as ‘Moved or Going Elsewhere’ when a patient transfers care.
The CTMA must also update VFC eligibility

23) Click on ‘Other Info’

24) Select the patient's correct eligibility status.
25) Right click and copy the CAIR ID number of the child
26) Right click and paste into the info screen of eCW for that patient

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.