

PCMHn Staff Responsibilities

Front Staff:

Job Responsibility/Task

- Pass out the **PPP** (Patient Provider Partnership)
- Give an explanation of what PCMH and pass out PPP Handout
- Reschedule missed, cancelled appointments
- Demonstrate report for gaps in care and how patients are contacted for appts.
- How registry flags gaps in care for every patient
- *Show how pts. were contacted for missed appts*
- Must know how to use the patient satisfaction surveys
- Appointment tracking and follow-up with patients with needed services
- Match received lab fax with requested/scheduled tests & mark closed
- Show how staff & doc prepare for Planned Visit prior to appointment
- Explain to patient about after-hour care availability and pass Urgent Care Handout
- Knowledgeable about schedule open 30% for patient same day appointment
- Knowledge of phone number to contact a Language Interpreter
- Staff receives regular communication about health promotion & disease prevent
- Know where the Community Services Binder is stored and how to use it
- Staff can perform referral for Comm. Services & evidence of contacting agency
- System for referring patients to Community Resources (Tracking Referral)
- System for referring High-Risk patients to Comm. Res. (Tracking Referral)
- Know how exchanging medical records & discussing continued care arrangements
- How does practice track care coordination activities, includes facility name,
- Process for flagging immediate patient issues- (time-sensitive issues)
- Written Transition Plan developed for patients leaving the practice
- Know practice has written guidelines for care coordination
- Schedule patient's appointment with the Specialists within defined timeframe
- Know Specialist Tracking Sys. /patient was seen in a timely manner
- Know Practice conducts Specialist-PCP survey to determine patient satisfaction

Medical Support Staff:

Job Responsibility/Task

- Give an explanation of what PCMHn is
- Knowledge about Multi-Disciplinary Team of Educators
- Must know how to use the patient satisfaction surveys
- Develop follow-up plan for needed services for chronic conditions
- Show how staff & doc prepare for Planned Visit prior to appointment
- Medication Review for all patients
- Give the patient all of the support health documents
- Responsibilities before & during patient's planned visits
- Explain to patient about after-hour care availability and pass Urgent Care Handout
- Knowledgeable about schedule open 30% for patient same day appointment
- Knowledge of phone number to contact a Language Interpreter
- Must know the entire test tracking system for Labs, Diagnostics, and all referrals
- Match lab fax with requested/scheduled tests
- Know how patients notified about Normal Test Results
- Know how patients are notified about Abnormal Test Results & receive follow-up
- Staff receives regular communication about health promotion & disease prevent.
- Show written guidelines how patient is prepared in advance for Planned Visit
- Know where the Community Services Binder is stored and how to use it
- System for referring patients to Community Resources (Tracking Referral)
- System for referring High-Risk patients to Comm. Res. (Tracking Referral)
- System for conduction Follow-up w/High-Risk patients, indicating next
- Know process of exchanging medical records & discussing continued care arrangements
- How practice track care coordination activities, includes facility name
- Process for flagging immediate patient issues- (time-sensitive issues)
- Written Transition Plan developed for patients leaving the practice
- Understand the case manager Matrix for catastrophic or complex conditions
- Know practice has written guidelines for care coordination
- Schedule patient's appointment with the Sub-Specialists within defined timeframe
- Know Specialist & Test Tracking System/patient was seen in a timely manner
- Know Practice Conducts Specialist-PCP Referral survey to determine patient satisfaction

Physician:

Job Responsibility/Task

- Brief discussion with patient about PCMH given as intro speech
- Ask patients about Outside Health Encounters at every visit
- Review the patient registry or EMR history notes
- Incorporating use of the MQIC guidelines
- Understand performance reports and trend reports
- Knowledge about Multi-Disciplinary Team of Educators
- Knowledge of practice using Patient Satisfaction Surveys & makes changes Accordingly from survey results
- Develop Action Plans
- All staff & doctor have prepared patient for Planned Visit prior to appointment
- Medication Review for **ALL** patients
- Use of EBGs and Clinical protocol for all chronic conditions treated (Diabetes)
- EMR ONLY- doctor know how they update medical records after hours while on call
- Must have written guidelines on scheduling blocks of time at least 30%
- Knowledge of phone number to contact a Language Interpreter
- Knowledge of Test Tracking System for Labs, Diagnostics, and all referrals
- Knowledge of how patients are notified about Normal Test Results
- How patients are notified about Abnormal Test Results & receive follow-up- also how communication with PCP protocol
- Secondary prevention is identified & how practice treats asymptomatic persons
- Staff receives regular communication about health promotion & disease prevent
- Know where the Community Services Binder is stored and how to use it
- System for referring patients to Community Resources (Tracking Referral)
- System for referring High-Risk patients to Comm. Res. (Tracking Referral)
- System for conduction Follow-up w/High-Risk patients, indicating next steps
- Knowledge of process for flagging immediate patient issues-time-sensitive issues
- Schedule patient's appointment with the Sub-Specialists within defined timeframe
- Knowledge of how office conducts patient satisfaction surveys

Schedule

Appointments

Today

Week View

Book: 03 - BELKEN- SF

Day

31

Blocks

GoTo Date: //

Fri May 31, 2013

- Schedule
- Week View
- Tear Off
- Rescheduled
- Multiple
- Find Next Open
- Find Appointments
- Delete Multiple
- Appointment Codes
- Reports
- Settings
- Missed Appts.
- Mark as Missed
- Time Blocks
- Time Block Templs
- Restrictions
- Check Apps
- Export to ADAMS
- Cancelled Appts
- Appt. Activity
- Waiting List

	USE ONE COLUMN	NEW & EXISTING	MISSED	SAME DAY ONLY
11:00a	BLKN FRI SF BLK1 SPLIT 2			
15	split 2			
30				
45				
12:00p	BLKN FRI SF BLK2			
15				
30				
45				
01:00p	BLKN FRI SF BLK3 split 2			
15				
30	BLKN BLK6	BELKEN FRI BREAK		
45				
02:00p				
15				
30				
45				
03:00p	BLKN FRI SF BLK4 split 2			
15				
30				
45				



ACCESS TO FOREIGN LANGUAGE TRANSLATORS

- Call Telecommunications at St. John Hospital & Medical Center at 313-343-4000
- Any operator can assist you with an interpreter
- Ask operator for the Language Line
- Identify the language that you need interpreted
- Interpretation will be conducted via telephone
- No prior authorization is required
- Service is available 24/7

SIGN LANGUAGE

- Services available through Telecommunication Language Line
- 24 hour notification is required

Mozen Foot Healthcare Associates
PATIENT SPECIALIST PARTNERSHIP AGREEMENT

Our goal is to provide you with the best care possible. This can happen by using us as your Patient Centered Specialty Care doctor. We work with your Primary Care doctor who is your Patient Centered Medical Home to help you feel better. Below are some important things to remember:

PATIENTS Please:

- After our visit, follow up with your Primary Care doctor as directed.
- Make and keep all appointments with our office and with your Primary Care doctor.
- If you must cancel an appointment, make another one right away.
- Ask questions until you know what you need to do when you leave our office.
- Follow the plan we talked about during your appointment.
- If you are not able to follow the plan for any reason, tell us right away so we can help you set up another plan so you get the best results.

SPECIALIST DOCTOR:

- We will ask you who your Primary Care doctor is. We will let him/her know about your care as soon as possible.
- We will talk with you about your health and what you need to do to take care of yourself.
- We will talk to you by phone and in the office to answer your questions.

If your Primary Care doctor tells us that we should continue to take care of a particular condition, the following will also happen:

- We will share information about your plan and goals with your Primary Care doctor as quickly as possible.
- We will give you information; help you to learn how to take care of yourself, and help you to set goals to improve your health.
- We will work with you to set up a plan to help you take care of your health along with your Primary Care doctor.

18161 W. 13 Mile Road, Suite D-2
Southfield, Michigan 48076-1113
Office: (248) 258-0001

37595 Seven Mile Road, Suite 370
Livonia, Michigan 485152
Office: (734) 542-9305
Fax: (248) 258-6779

26850 Providence Pkwy, Suite 502
Novi, Michigan 48374
Office: (248) 662-4350

www.MichiganPodiatry.com

Mozen Foot Healthcare Associates

Thank you for partnering with our office and taking an active role in your health. In order to enhance our partnership it is important we share some helpful practice information.

Our office hours vary by location but are generally M-F & Saturdays during normal business hours. If you reach our office after hours you will be forwarded to our answering service. If you have an urgent need regarding your foot care, they will contact the on-call doctor and have the doctor call you back within 30 minutes. *(Please call during business hours for prescription refills)*

If you are experiencing an urgent need that needs immediate medical attention, you will be directed to go to the nearest Urgent Care facility. We have developed a partnership with several Urgent Care centers in the areas surrounding our offices and they will forward their findings to our office the following day. Should you find yourself in a situation where you must seek medical care after hours and it is **not** a life threatening emergency please use one of the following Urgent Care centers *(Please also contact our office for follow up during business hours on the next business day):*

<p><u>Livonia Urgent Care</u> 37595 Seven Mile Road (1st floor), Livonia 48152 (734) 542-6100 Hours: 8am - 10pm 7 Days a week (including all holidays) www.livoniaurgentcare.com</p>	<p><u>Washtenaw Urgent care</u> 3280 Washtenaw Ave, Ann arbor, MI, 48104 (734) 389-2000 Hours: 8-10 7days www.michiganurgentcare.com</p>
<p><u>Urgent Care of Novi</u> 44000 W. Twelve Mile Road, Suite 101, Novi, MI 48377 (248) 374-3595 Hours: M-F 5pm-9pm Sat & Sun 9am-9pm (including all holidays) www.urgentcareofnovi.com</p>	<p><u>Novi Urgent Care</u> 43535 Grand River Ave, Novi 48051 (248) 946-4500 Hours: M-F 10a-9p Sat & Sun 10a-6p (including all holidays) www.urgentcare1.com</p>
<p><u>Riverview Urgent Care</u> 7733 E. Jefferson Avenue, Detroit 48223 (313) 499-4900 Hours: 12-8 7days www.michiganurgentcare.com</p>	<p><u>Healthy Urgent</u> 30488 Milford Road, New Hudson 48165 (248) 437-4625 Hours: M-F 8-10 S&S 8-6 www.healthyurgentcare.com</p>
<p><u>Brighton Urgent Care</u> 2300 Genoa Business Park Drive suite 120, Brighton 48116 (810) 844-0400 Hours: 8-10 7days www.brightonurgentcare.com</p>	<p><u>Healthy Urgent</u> 7125 Orchard Lake Road, Suite 100, West Bloomfield 48322 (248) 865-7444 Hours: M-F 8-9 S&S 8-6 www.healthyurgentcare.com</p>
<p><u>Healthy Urgent</u> 29531 Plymouth Road, Livonia 48152 (734) 525-7939 Hours: M-F 8-10 Sat & Sun 8-6 www.healthyurgentcare.com</p>	<p><u>Western Wayne Urgent Care</u> 2050 N Haggerty Rd Ste 140, Canton 48187 (734) 259-0500 Hours: 8-8 7days www.michiganurgentcare.com</p>

*****Should you have a life threatening emergency please proceed to the nearest hospital*****

Mozen Foot Healthcare Associates

TITLE OF POLICY: Patient Provider Agreement

AUTHOR(S): *Joshua Fenn*

EFFECTIVE DATE: *06/01/2013*

PURPOSE: Our goal is to provide our patients with the information contained in the "Patient Provider Agreement". This document discusses a team approach for providing care within PCMH/PCMH-N.

SCOPE: *All personnel*

PROCESS:

- Front desk gives patient a copy of the PPA with hours of operation and after hour instructions
- Front desk briefly explains what the document is
- MA rooms patient and discusses PPA with the patient
- Physician will discuss briefly with patient and answer any additional questions they may have
- Doctor Marks Router with "PPA document distributed and discussed"
- Billing staff enters in PPA code for each patient that has a marked router
- Report with numerator and denominator will be pulled for percent of PPA's discussed with patients as needed (at least twice per year for review)

The Patient Provider Partnership document has been created. This document is given to all new patients under the PCMHn facility in order to establish a patient-provider partnership. This document is to be placed with new patient paperwork for review by the patient. It may also be handed to all established patients that have not been presented the document under the facility's new protocols.

Along with the dissemination to patients that have not yet received the document, it will be placed in public view in all facility lobbies and rooms. This document may also be found on our website under the New Patient forms section and directly on the website's home page. The Front Desk receptionist, Medical Assistant, & Doctor shall all touch on the reason and definition of the PCMHn.

Once this process is complete, the Doctor will mark the patient's paperwork/router with an alert that the PPA has been delivered and discussed by all above mentioned parties. The billing department looks for this section of the patient's router and adds the code "PPA" to the patient ledger in the Practice Management billing system. A date is entered into the PPA date field in the patient's demographic screen to indicate the date the last PPA was discussed with the patient. A report is ran within Ethomax to derive a numerator and denominator of patients that have received PPA education and documents. The percentage of patients given the document versus all patients seen in the time period can be derived by running the "PCMHN PPA REPORT" (numerator) and "PPA NOT RECEIVED" (denominator) reports in the practice management system under the reports, custom tab. This report will be ran by either the administrator or billing manager. The number of patients generated with this code will then be divided by the total amount of active patients seen within the same period (12 to 24 month period).

In order to determine what patients have not received the document within a certain time period, the report "patients without procedure code" will be ran using the date range criteria and procedure code "PPA". In order to reach out to these patients with the partnership message, the message has been posted on our website and is being mailed out to recently seen patients with their current welcome letters from the practice.

APPROVED BY:

DATE:

PAYMENT METHOD

CASH: \$ _____ CHECK: # _____ \$ _____
 CREDIT CARD INITIALS: _____

**TREATING
DOCTOR**

Mozen

Belken

Josey

Martins

**BILLING/
SUPERVIS-
ING
DOCTOR**

Mozen

Belken

Josey

Martins

	Achilles Pad (Heel)	\$35.00
	Air cast Air Lift PTTD Brace	\$65.00
	Aircast Ankle Stirrup	\$60.00
	Aircast Pneum Walker	\$100.00
	AirHeel	\$50.00
	Gameday Ankle Brace	\$50.00
	Alphlipoic Acid	\$25.00
	Appearex (84 T B-Vit)	\$28.00
	Amerigel Kit	\$35.00
	Armor Bandage	\$1.00
	Aqua Shield	\$30.00
	Bio 3-BG	\$16.00
	Biofreeze	\$13.00
	Body Tech	\$50.00
	Butress Pads	\$6.00
	Budin Splint	\$8.00
	Bunion Splint	\$15.00
	CAM Walker (Non-Pneumatic)	\$100.00
	Cast Boot	\$15.00
	Clean Sweep Spray	\$15.00
	Coban Tape (1 inch)	\$2.50
	Coban Tape (3 inch)	\$5.00
	Crutches	\$40.00
	Darco Shoe w/Wedge	\$25.00
	Diabazole – PAIR	\$25.00
	Diabetic Shoes	\$150.00
	Dr. Jill's Gel Arch pad	\$14.00
	Dr. Jill's Gel Met	\$10
	Dr. Jill's bunion or dancer	\$11
	Dr. Jills Spreader/Separator(ea)	\$2.00/\$1.50
	Fabco Tape	\$2.00
	FELT Pads ALL	\$.75
	Foam Sleeve	\$2.00
	Formula 3/ Cidacin	\$30.00
	Gortex Cast Wrap	\$60.00

 PPA Document & Education

	FRL Lotion	\$14.00
	Gauze Pack (Ea Pack)	\$5.00
	Hammer Toe Crest Pad	\$6.00
	Heel Cup	\$12.00
	Heel Lift Leather	\$15.00
	Iodosorb (10g tube)	\$30.00
	Lotrimin / Pedinol bleach	\$12 / \$15
	Leather Butress Pads	\$6.00
	Mederma (20 g tube)	\$15.00
	Moleskin T Shape	\$1.50
	Night Splint	\$45.00
	NonCovered Nail Care	\$45.00
	Orth Heel Seats-Child	\$45.00
	Orthotics – (measured) Tog / Bergman / SS	\$400.00 (dispensed)
	Orthotic Refurbish	\$80.00
	Orth Rep. Shell TOG	\$150.00
	Pediatric Orthotics	\$75
	Polymem (Large)	\$10 / \$2
	Polymem (Small)	\$10 / \$1.50
	PRP Hemocyte Graft	\$480.00
	PSC Strapping	\$25.00
	Pumice Bar	\$10.00
	Saline	\$5.00
	Salinocaine	\$25.00
	Scar Care	\$25.00
	Shoes – TOG	\$425.00
	Shower Pumice	\$12.50
	Sil Pad and Cap	\$6.00
	Sleep n Heel	\$20.00
	Steri Strips	\$4.00
	Surgical Shoe	\$15.00
	Toe Separators Foam	\$.50
	Urea Cream w/pumice	\$22.00
	Wound Spray	\$12.00

Additional Notes:

Employee Checking In _____

Reappoint in:

Days Weeks Months Years

Rev 4/10/13if

Foot Healthcare Associates, PC

TITLE OF POLICY: Extended Access

AUTHOR: Joshua Fenn

EFFECTIVE DATE: 05/01/2013

PURPOSE: To provide patients with access to a decision making medical professional outside of normal business hours.

PROCESS:

We understand that patient care needs are not just from nine to five, Monday through Friday. We do provide clinic hours outside of normal office hours a few times a week. We do offer Saturday hours in our Livonia and Novi offices on alternating weekends from 8-12. During other times, we offer a list of urgent care facilities to meet patient non-emergent needs. We have created written agreements with some local urgent care facilities to help us facilitate the needs of compliance to PCMHn. Locations, directions, phone numbers to urgent care facilities within 30 minutes of facility locations are located on the back of the PPA agreement.

We also offer access to an on-call podiatrist for all emergent needs of our patients. Our doctors have outside access to patient charts via remote access to our EMR system. Our physicians can view & update registries and EMRs during the actual patient phone call. This includes calls during the night, weekends, and holidays.

Our office provides availability to emergency patients for at least 50% of appointments. These same-day appointment spots are reserved for all patients and Primary Doctors Call-ins for acute care needs. Appointments are available within one to three weeks for sub-acute patients between all three of our locations. Our practice management system's scheduling has a column devoted to same day appointments. These appointments are triaged by the front desk staff and medical assistants. To avoid overbooking and inappropriate use of the reserved spots, all scheduled appointments in these spots must be approved by the doctor in office or by management.

APPROVED BY:

DATE:

Mozen Foot Healthcare Associates

TITLE OF POLICY: Test Tracking & Follow-up

AUTHOR(S): *Joshua Fenn*

EFFECTIVE DATE: 12/20/2012

REVISION DATE: 05/20/2013

REVISION NUMBER:

TYPE OF POLICY: Process/Operational

PURPOSE: Our goal is to ensure that all ordered tests are completed; results are received and communicated to our patients in a timely manner with recommended follow up if indicated.

SCOPE: All personnel (administrative, clerical, and clinical) employed at all sites that deliver patient care.

POLICY: Basic Steps to Test Tracking and Follow up

- 1 – Track tests until the results have been received
- 2 – Notify patients of the results
- 3 – Document that the notification occurred
- 4 – Make sure patients with abnormal receive the recommended follow-up care

PROCESS:

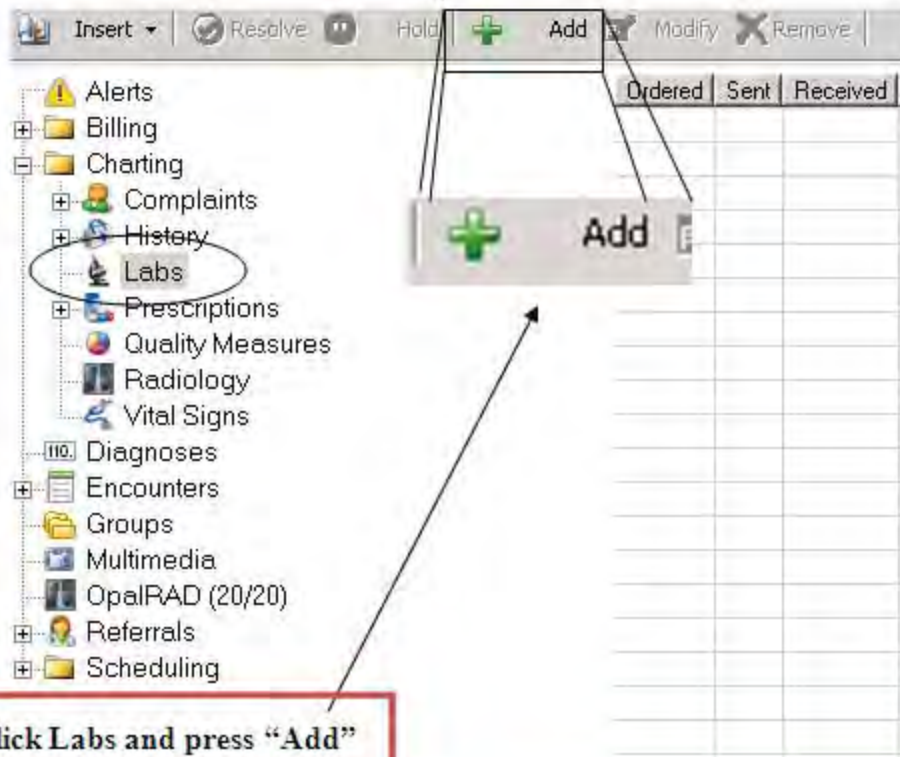
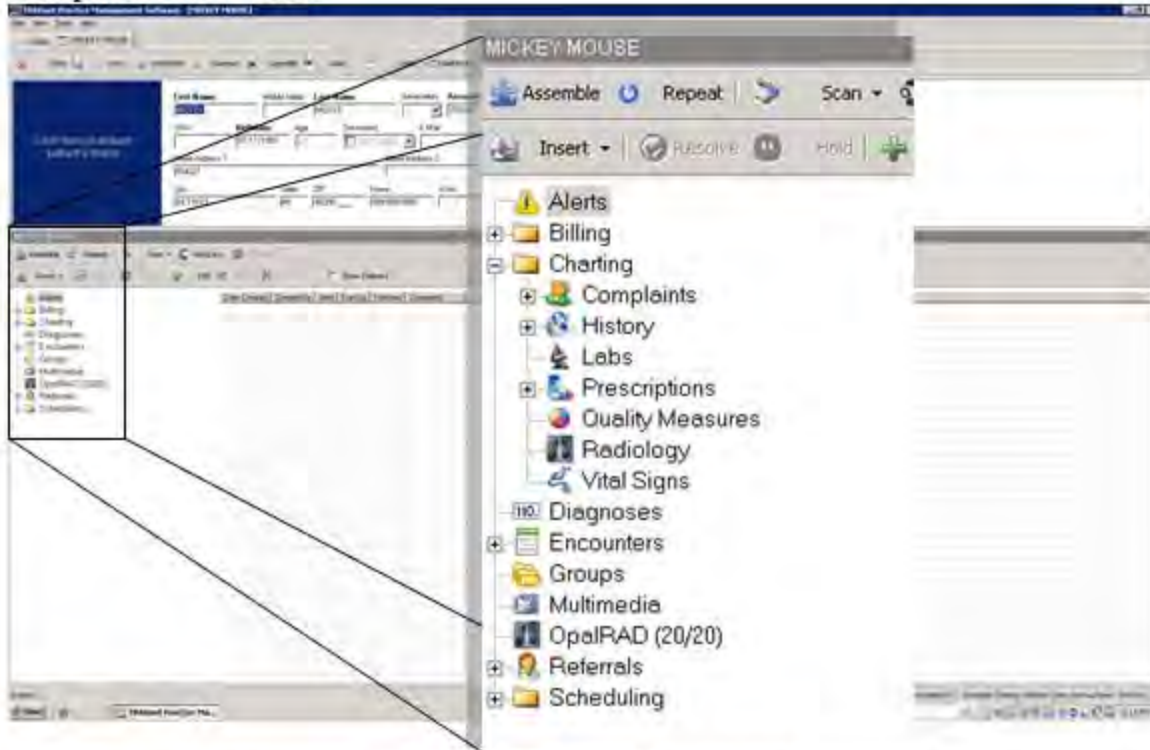
- Physician orders tests (MRI, Lab, CAT scans)
- Order is given to patient with instructions and appointment scheduling is offered
- The order is entered into the patient's charting in EMR record for tracking.
- Report ran daily to view all outstanding test results.
- For all elective procedures (PT, Non emergent Blood work, Ultrasounds) will be investigated 10 business days from date prescribed. If result is not back within 10 days, Front desk staff will call for results. The doctor is notified of activity via an alert in the EMR created by the front desk staff member calling for results.
- All test results as indicated by the Doctor as emergent will be investigated if it is not back within 3 days. The front desk will call for results and inform the doctor. Doctor will contact patient if needed and/or instruct staff on what steps to be taken next (phone call/certified mail).

- All patients with “abnormal result” are notified via phone within **24 hours of receipt of result**.
- All normal test results will be followed up at next appointment or as deemed necessary by the doctor.
- If contact with the patient is unsuccessful after 3 attempts and results are critical/abnormal a certified letter is sent to the patient, as instructed by the doctor.
- All correspondence is documented in the patient electronic chart under the scheduling reminders section.

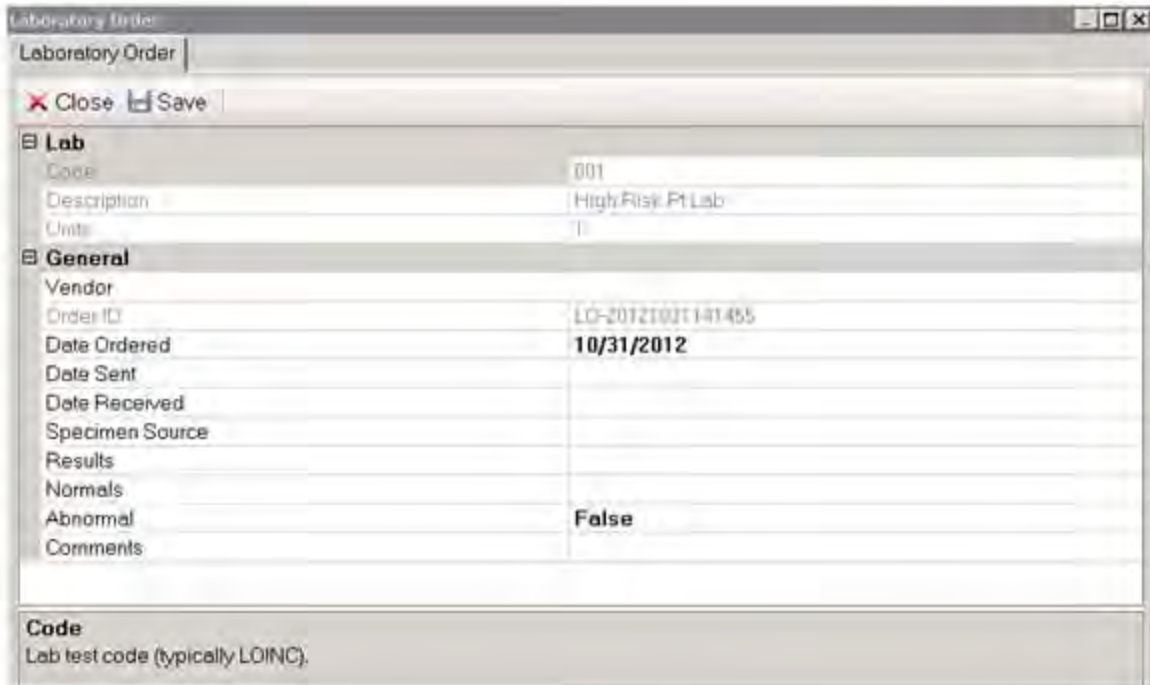
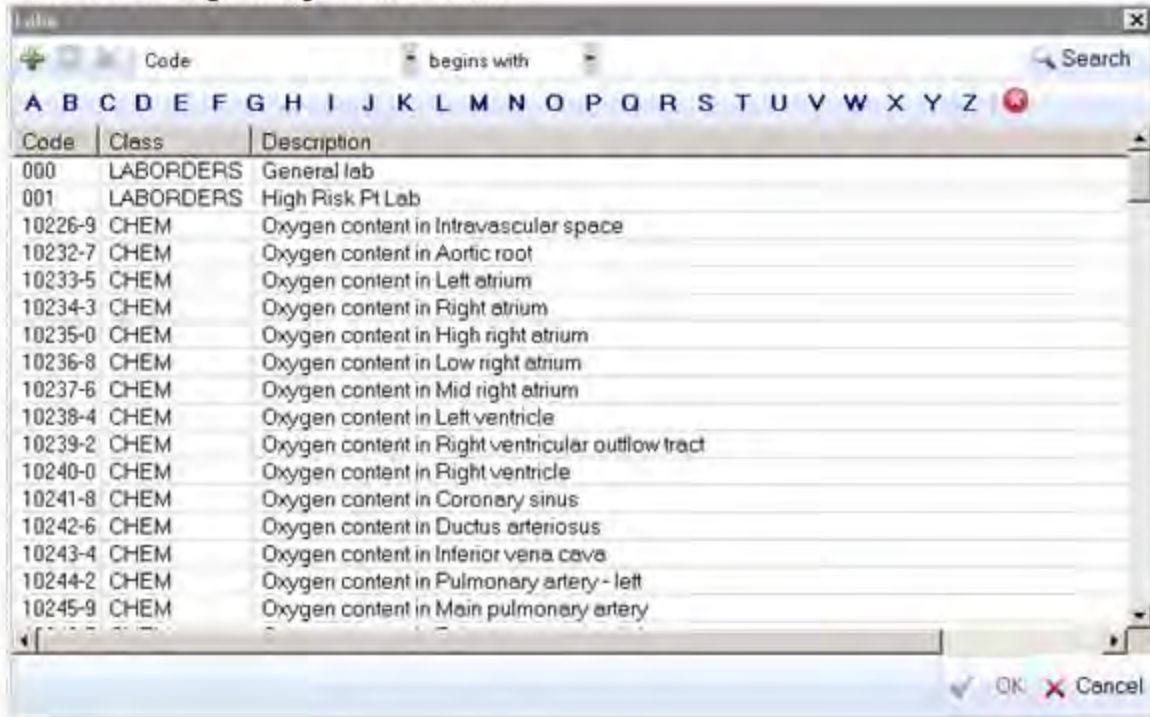
Review: Anytime a patient is assigned to any outside services (radiology, labs, physical therapy, pain management, tests, etc), the medical assistant creates a record in the patient’s chart to indicate an outstanding test/referral either of high or normal risk. Once the results/notes are received back to our office, the front desk then closes out the outstanding charting by entering the receipt or closed date in the “date received”. Management runs a daily report that indicates all outstanding patient results. Anything outstanding according to the type of test and criteria will be delegated to office staff as seen fit by the test tracking manager. On all indicated high risk results, anything over 3 days old is researched by the front desk personnel (normal risk is anything over 10 days). If no results are obtained after contacting the facility, the doctor is informed. The doctor then instructs which steps the staff should take in order to complete the process.

All processes for test tracking are performed within the EMR system, Traknet. The following pages are step-by-step instructions to complete the process of setting up and follow through.

Find patient-labs- "Add"



Enter 001 for high risk pt or 002 normal



Select vendor

Enter date ordered and date sent (should be same date)

Enter any other relevant info (source, comments)

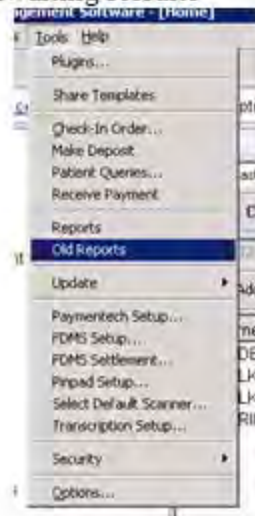
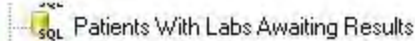
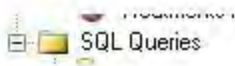
Click "Save"

	Ordered	Sent	Received	Code	Description	Results	Sp
Billing	10/31/2012	10/31/2012		001	High Risk Pt Lab		
Charting							
Complaints							
History							
Labs							
Prescriptions							
Quality Measures							

Received date will be blank until received back.

**To run daily report of outstanding Rads:

Tools- Old Reports- SQL Queries- "Patients with Labs Awaiting Results"

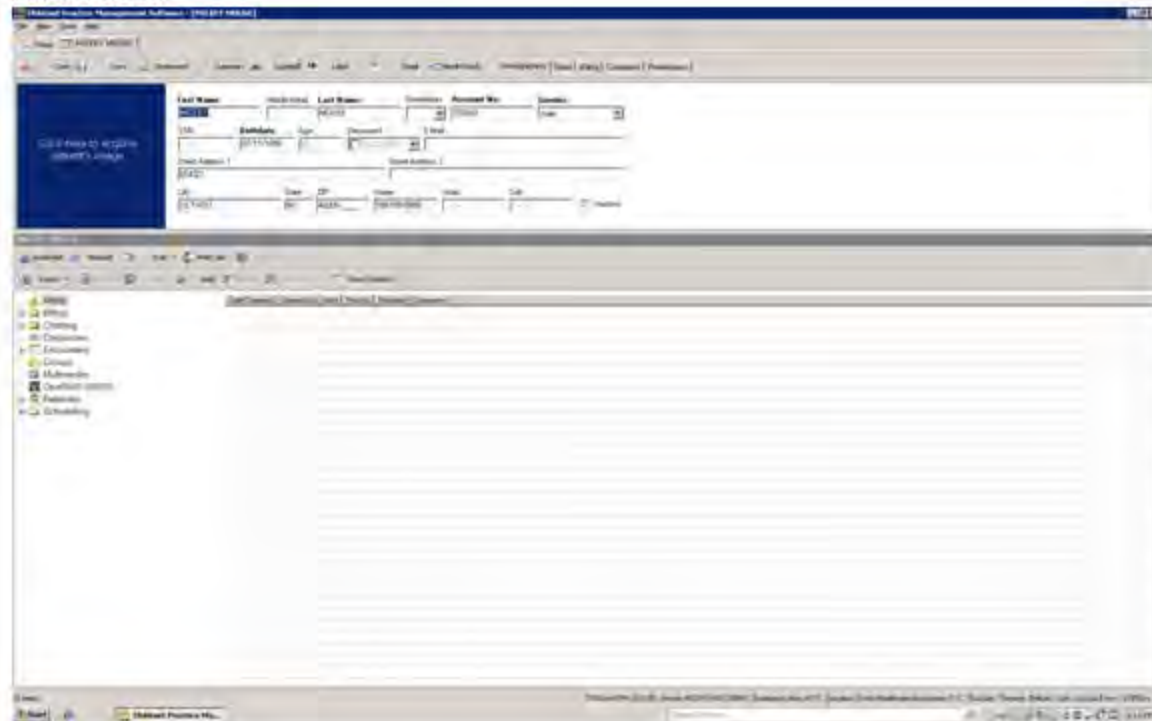


Use tabs at top to sort. Look at "Date Test Received" column to determine if back or not. Blank means that nothing received yet.

*If test not received within 10 days (3 days for high risk), the vendor needs to be contacted to obtain results. If it is a "High Risk" patient description, the ordering doctor needs to be notified.

For tracking items other than labs use the following method;

Find Patient



Click on Radiology and click "ADD"

Enter 001 for high risk pt or 002 normal

Code	Class	Description
000	RAD	general radiology
001	RAD	High Risk Pt Rad
17787-3	RAD	Thyroid Document Scan Study report
24537-3	RAD	US Guidance for removal of amniotic fluid from Uterus
24538-1	RAD	Ankle MRI
24539-9	RAD	Ankle MRI W & WO contrast
24540-7	RAD	Ankle X-ray 2 views
24541-5	RAD	Ankle X-ray
24542-3	RAD	Anus US
24543-1	RAD	Aorta Fluoroscopic angiogram Angioplasty W contrast IA
24544-9	RAD	Aorta thoracic CT
24545-6	RAD	Aorta thoracic CT W contrast
24546-4	RAD	Aorta arch & Neck Fluoroscopic angiogram W contrast IA
24547-2	RAD	Aorta US
24548-0	RAD	Appendix US
24549-8	RAD	Upper extremity vessels MRI angiogram W contrast
24550-6	RAD	Upper extremity veins Fluoroscopic angiogram W contrast

Close Save

Radiology

Code	001
Description	High Risk Pt Rad

General

Vendor	CMI
Date Ordered	10/31/2012
Date Sent	10/31/2012
Date Received	
Results	
Normals	
Abnormal	False
Comments	

Select vendor

Enter date ordered and date sent (should be same date)

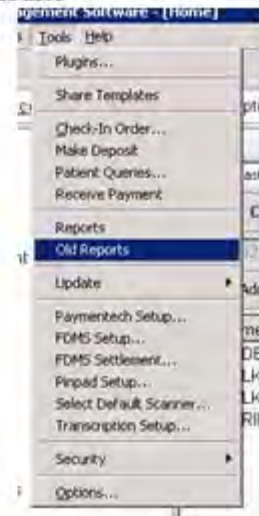
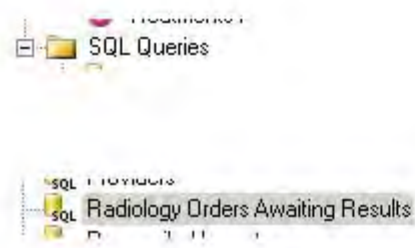
Enter any other relevant info (source, comments)

Click "Save"

Ordered	Sent	Received	Code	Description	Results
10/31/2012	10/31/2012		001	High Risk Pt Rad	

Received date will be blank until received back.

*To run daily report of outstanding Rads:
 Tools- Old Reports- SQL Queries- Radiology awaiting results



Use tabs at top to sort. Look at “Date Test Received” column to determine if back or not. Blank means that nothing received yet.

*If test not received within 10 days (3 days for high risk), the vendor needs to be contacted to obtain results. If it is a “High Risk” patient description, the ordering doctor needs to be notified.

** After tests are received in the above process, the doctors are sent a reminder linked to the patient’s account notifying the doctor that the test/results are ready for review. Once the doctor reviews, the reminder is marked “finished”. If the patient results are of high urgency or abnormal, the staff will be directed by the doctor to contact the patient immediately for consultation. The doctor may even decide to call the patient themselves if the situation calls for it. It is imperative that all contact information is maintained and updated regularly. Our front desk personnel give all new patients forms that include contact information that is then input into their electronic chart. Every three months, the front desk will ask the patient if any information has changed for them. While in the back, the medical assistant will verify that all contact information (including emergency contact) is valid and still up to date.

We generally reappoint all patients that are sent out for test results to come back into the office according to the doctor's suggestion within two weeks for non-urgent tests. If a patient would like to obtain test results before the appointment, normal test results may be accessed by calling our office and selecting the extension for "lab or test results". Our Medical Assistants check this line at least once per day and will return the patient's call within 24 hours. If they speak to a receptionist, the receptionist will address their needs immediately and have a medical staff member contact them in regards to their tests and further steps needed.

All communication regarding patient test tracking is documented within the patient's electronic chart. When the employees document that a test was requested, it is created under in the patient chart under "charting" under Labs or radiology. The "Labs" folder simply contains tests/pathologies sent to labs. Radiology contains everything else (radiology, PT, Pain management, etc) for which a script is written that will require follow up or review of results. The receipt of results is then documented in this same file with a receipt date. The notice to the doctor that the results are received is then documented in the patient's chart through the documented reminder system. All internal communication is recorded and logged in the patient's chart through this method. These documents may be found under each patient chart under the folder labeled "scheduling". The doctor's response remains in open status until closed by the assigned employee.

APPROVED BY:

DATE:

Mozen Foot Healthcare Associates

TITLE OF POLICY: Linkage to Community Service

AUTHOR(S): *Joshua Fenn*

EFFECTIVE DATE: *04/10/2013*

REVISION DATE:

TYPE OF POLICY: *Process/Operational*

PURPOSE: Linkage to Community Services:

Foot Healthcare Associates provides information to our patients for local community agencies when Physicians find it necessary and helpful for a patient's well-being, and when patients feel the need to contact an agency for help.

SCOPE: *All personnel (administrative, clerical, and clinical) employed at all sites that deliver patient care.*

PROCESS:

1. A Community Resources Binder is kept on display and staff has been educated.
2. Information for the contents of the binder is maintained by the Office Manager, in collaboration with the Physicians and staff, who provide updated materials for the binder throughout the year.
3. Signs are posted in clinic rooms, labs, and employee break areas listing the services that are in the binder.
4. Business cards or information sheets for specific organizations that will help a patient with a crisis, domestic abuse and related matters 24 hours a day, are kept in Front Desk resource drawer.

Referring and Tracking:

1. Physicians determine the nature of the service the patient requires and notifies Medical Assistant that will support process. Physician documents in pt history
2. The patient is given the option to make an appointment, or a Medical Assistant will make the appointment for the patient. Patient is given written instructions with address and phone number
3. The patient is asked to follow-up with the physician after her appointment at the agency.
4. In cases of high risk appointments, the physician calls the high risk facility to alert them that they have referred this patient to their office and a copy of the referral is kept in office managers office and reviewed daily.
5. The high risk health facility follows up with our office indicating whether or not the patient showed up for her appointment.
6. If the patient did not show up for her appointment, the physician calls the patient.
7. If we are unable to reach the patient by phone, a letter is sent to the patient.
8. If there is no response to the letter, a Certified Letter is sent to the patient.
9. All communication is documented in the patient medical record.

APPROVED BY:

DATE:

Foot Healthcare Associates, PC

TITLE OF POLICY: *Coordination of Care – Referral and Transition of Care for Primary Care Physician (PCMH) and Specialist (PCMH-N) practices*

AUTHOR(S): *Joshua Fenn*

EFFECTIVE DATE: *04/10/13*

TYPE OF POLICY: **Coordinating of patient’s care through the specialty referral or transition process**

PURPOSE: Our goal is to provide patients with the highest standard of care. We will work in partnership with the referring primary care physician and/or other specialists to coordinate the patient’s healthcare needs as they transition through the health care system. We will use evidence based care guidelines, and the standards outlined in the Patient Centered Medical Home (PCMH) and Patient Centered Medical Home Neighbor (PCMH-N) model of care. The aim of care coordination is to keep the patient at the center of care during the referral or transition process.

Communication and Commitment Outlined in the Provider – Specialist Agreement

We commit to ensuring effective bidirectional communication and coordination of care with the patient’s Primary Care Physician (PCP) based upon the degree of referral requested: pre-consultation, formal consultation, co-management, or transfer of care. Furthermore, we commit to reviewing all the information sent by the PCP including diagnostic testing before ordering any additional diagnostic tests or sub-specialist consults to avoid the **duplication of test orders**. We commit to provide timely feedback with test result information back the patient’s PCP.

SCOPE: All personnel (administrative, clerical, and clinical) employed at all sites that deliver patient care.

Coordination of Care - PCP/Specialist Referral

Please refer to Coordination of Care Communication Checklist below this section

Incoming

- When a PCP refers a patient to the office, upon either the patient contact or PCP contact for an appointment, an appointment is scheduled and patient is given instructions for the visit.
- Should a PCP contact the practice for a pre-consultation with one of the physicians either the physician will speak to them immediately or a message is taken and the physician returns the PCP call.
- Upon phone call for the visit or at the visit, the PCP is identified and entered in our EMR & PM database
- Post visit:
 - Routine: letter is generated to the PCP and is faxed or mailed within 5 business days.
 - Urgent: the physician calls the PCP the same day with results & faxes note to PCP.

Incoming referrals are received by our Practice on a daily basis. The process of the intake of these referrals is an essential protocol for all staff members to know. The process starts when the patient or the PCP calls

our office to setup the appointment for the patient to be seen. The receptionist collects the needed patient demographic in order to setup the appointment in our practice management system. Depending on the type of insurance, a referral/authorization may be required from the patient's PCP. Also, some information must be delivered in order to provide smoother coordination of care.

Coordination of Care Communication Checklist

- Patient Demographics.
- Name of referring physician & contact information
- Patient insurance info and policy numbers.
- Nature of Patient Foot Problems (urgent vs. non urgent) and why referring.
- Patient allergies & associated chronic conditions
- If available, patient past history pertinent to the issue for which the appointment is being made.

In Patient Consult Request

- Request comes from hospital to the physician
- Staff obtains room number, pt name, urgency, ordering physician and call back number
- All consults seen within 24 hours. Urgent consults are seen as soon as possible.
- Physician writes consult sheet and adds to patients chart for the requesting physicians review

Out Going

COC to the Hospital (Out Patient)

- Preop orders are sent to the hospital and the PCP is notified and completes a pre-surgical evaluation

COC Subspecialist Referrals

- Urgent: The physician contacts the subspecialist for same day appointment and discusses with physician or the office staff depending on the issue. They give history and onset of problem, current visual acuity and results of any tests that have been completed. Depending on the severity of the urgency, the PCP is notified with a consult letter either faxed or mailed (& may be called directly).
- Non emergent: See Specialist Referral Policy

Outgoing referrals to subspecialist will follow the same guidelines as incoming referrals. Depending on the insurance & affiliations of the primary physician, these referrals will be dictated mainly by the primary care physician unless within the scope of the reason why the patient was referred by the PCP. If within the scope of care, the Practice will check that all pertinent patient information is delivered to the provider to which the patient is being referred (including, but not limited to demographics, Name of PCP, Name of referring specialist, Ins and policy info, reason for referral, allergies, chronic conditions, medication alerts).

APPROVED BY:

DATE:

Foot Healthcare Associates, PC

TITLE OF POLICY: Specialist Referral

AUTHOR: Joshua Fenn

EFFECTIVE DATE: 05/01/2013

PURPOSE: To provide bi-directional communication between *PRACTICE* and the PCP or Subspecialist.

PROCESS:

Incoming Referral from PCP

Routine:

- first available appointment is scheduled within 2 to 4 weeks
- Upon completion of the appointment a consult note is sent to the PCP either via fax or mail within 2 weeks

Urgent

- PCP or Specialist contacts office with request and clinical information and patient is scheduled for same day appointment.
- Referring Physician supplies summary of care, labs or diagnostic testing completed
- Physician calls requesting physicians with results and follow up consult letter

Outgoing Referral to Sub-Specialist

Routine

- Patient is given name and phone number for subspecialist and written documentation of reason for appointment.
- Consult note to PCP includes reason for referral to the subspecialist

Urgent

- Office staff contacts subspecialist and schedules the appointment. Information is verbally communicated with the subspecialist
- Consult note sent to PCP

Any urgent patient sent to a subspecialist will follow the same procedure as test tracking (*see Test Tracking Policy for more details*)

*Should practice information change (hours, location, phone or fax number).

Communication is mailed to all referring Physicians in order to ease communications and coordination of care processing.

Patients are notified by phone message, flyers, and Practice website.

APPROVED BY:

DATE:

Mozen Foot Healthcare Associates, PC

TITLE OF POLICY: Transitions of Care

AUTHOR(S): Joshua Fenn

EFFECTIVE DATE: 04/10/13

PURPOSE: To assist patients in a smooth transition from one provider to another when a patient is relocating, to accommodate a decision to see a new physician, or to transition the patient back to the PCP or to a facility.

Transitions of Care

As applicable to our specialty, our Practice will provide a smooth transition of care from one provider to another or from one facility to another; providing clear, concise information to the receiving physician/facility. The information we will provide will be based on the comprehensive care plan, and any current information about the patient's treatment. The movement of the patient between health care locations, providers or different levels of care within the same location as their condition and care needs change will be documented. When applicable, all care will be coordinated through the patient's primary care physician.

Process: Written plans are in place to help collaborate patient transition to other caregivers when leaving the practice altogether, whether by design or by circumstance. After receiving notice that the patient will no longer be in our care, we will work with the new provider in order to deliver copies of all of the patient's notes and previous test results in the format requested (electronic or paper). Before any records are released, the patient must sign off on the consent to release medical records to this provider.

Once signed, the staff copies records. (*Please refer to TOC Checklist- Appendix B1*)

If a patient is transitioning their care from another provider to FHA, the above will be requested from the previous provider. The patient will need to sign consent to release the information needed to FHA.

Patient relocating or Patient going to a new physician:

- Patient notifies the practice they are leaving
- Patient signs a medical release
- Medical records are copied and mailed to new provider or given to the patient
- Summary sheet including problem list, Rx's and current plan of action is included
(Refer to Appendix B1 – Transitions of Care Checklist)

Patient transitioning back to PCP:

All specified care is communicated with the patient's PCP via dictated notes from our Specialist. If any other records are needed by the PCP, all medical records for requested dates will be copied and sent to the PCP as requested.

Patient transitioning to a facility:

All transitions of patient care at this level are handled through the patient's primary care physician. Needed documentation will be supplied at the request of the patient or facility given that proper release is obtained.

APPROVED BY:

DATE:

*Appendix B1 –
Transitions of Care Checklist*

Transition of Care to another provider

CHECKLIST

- FHA Doctor providing patient care informed of patient transition request
- Patient signs off on document “PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION FROM FHA”
- Records prepared for new provider
- Once release signed, the staff copies electronic/paper records:
 - All previous encounter notes
 - All previous test results
 - All Medication History & current Rx
 - Requested diagnostic lab or radiographic tests & results
 - Any other information pertinent to continued patient care
- *Dr. reviews records and signs off on internal form acknowledging review. Once this review is signed the doctor will have option to call new provider to discuss patient plan of care or he may type a summation of the plan of care to send along with the medical records.*

Transition of Care to Foot Healthcare Associates

CHECKLIST

- Consent from patient to obtain records from previous provider(s)
- Patient Demographics
- Name of referring physician & contact information
- Patient insurance info and policy numbers
- Nature of Patient Foot Problems (urgent vs. non urgent) and why referring
- Patient allergies & associated chronic conditions
- If available, patient past history pertinent to the issue for which the appointment is being made
- Any available diagnostic reports already done in respect to reason of patient specialist visit

PATIENT CENTERED MEDICAL HOME EDUCATION

- 1st and 3rd modules that discuss "What is a Patient-Centered Medical Home" and "Your Role in the PCMH".

<http://www.merckservices.com/usacontent/MMF/Transitioning-Your-Practice/>

- All Training material, forms, & protocols can be found on our Common drive server:

O:\\FORMS LIBRARY\\PCMHn

I have reviewed the above link, the server files, and the attached Protocols. I have been presented the chance to obtain clarification on any subject matter that I did not understand. I understand that I may contact management with any future concerns or needed clarification and questions.

I understand the material to the best of my ability and feel comfortable applying the material presented in my every day duties. **I am signing below to acknowledge training and understanding of the presented material including The PPA Policy, Test Tracking, Scheduling same day, Community Services, Satisfaction Surveys, After Hours Access, TOC, and the COC/Referral Process.** _____ (initials)

Print Name

Signature

Date