Ambulatory Care Quick Guide

Internal Medicine Residency, Lenox Hill Hospital

2021-2022

This guide is meant to serve as an easy-access reference for the basics of ambulatory care at LHM.

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Lenox Hill Hospital Internal Medicine Ambulatory Guide

Basic introduction to the LHM Staff:
- Erica (RN) - go-to person for vaccines, med authorization, DME orders
- Bonnie - medical records to fax, scan, etc.
- Medical assistants: Bibi, Latoya
- Front desk: Belkys, Idalis, others
- SW: Sowoon Park – behavioral health, connection to care for psychiatry, community resource search
- Miriam Kahn NP – INR clinic, Wellness
- Martina Murphy NP – Bridging appointments in between resident continuity appointments, geriatric needs, complex care

Your Panel
- How to indicate yourself as a patient's resident PCPClick: "i" (red box, top left under pt's name) -> "Add Alert" (on right side) -> type: "Resident PCP: (your full name) in "Adhoc Alert" box -> "Add" -> "Ok"
- Adding patient's to your panel
  o Create a new "Task"
  o Select "Research" (from drop down menu on right side)
  o Click "User" -> select yourself from the drop down menu
  o In comment section, you can add information about the patient or information to follow up with during your next visit
  o Click: "overdue" (at bottom) -> select year that you graduate (so your task does not expire) -> "ok"
- Panel Management (3hrs, each clinic block) – this is designated time for you to look over your patients' charts, call patients, complete tasks, edit pt's chart so it is up to date. At the end of each ambi block, send an email to your panel mentor with an update of what you accomplished during the block.

Navigating AllScripts:
- Use *adult patient view* to look through the patient's chart
- "Snapshot" tab-> most recent documentation of healthcare maintenance pertinent to your pt
- Changing your site – click: user options -> select appropriate site (Northwell Health Retroviral Disease Clinic at MEETH vs Medicine at East 85th Street)
- Printing from Allscripts - printer at LHM is **160 – Medicine at 85th Street**/ NY786FL2MED003
  o Click print -> preview -> print (this gives a list of printers based on the current computer being used)

Tasks
"My Active Tasks" vs. "160 Resident Team Blue"
- 160 Resident Team Blue – this is the general task list for all patients seen at LHM
  o Tasks are usually generated by the LHM staff for various reasons: patient needs refills, labs have resulted, patient reached out via portal, etc
- My Active Tasks – this is where your panel is held, as well as any correspondence with other providers, nurses, front desk, etc
Managing tasks:
- Labs: Always use "Verify.." (NEVER **QVerify**) to address lab results or radiology reports. Always document your communication with the patient regarding the results. (annotation, letter, FMH portal messages, chart note, etc). Do not use "Call patients with results" because that creates an order that is not usable.
- Work on the tasks assigned to you and to "any resident", and mark it "In progress". After the task is completed, mark it "Done"
Communicating via tasks:
- Communicating with other physicians: tasks can be used to communicate with other physicians caring for a patient
  o For example: I had a patient with heart failure and diabetes and I wanted to start them on an SGLT-2 inhibitor but wanted her endocrinologist and cardiologist to be involved in the decision. I sent them both tasks explaining my goal, and using their input we titrated off the patient's other diabetes medications and initiated the SGLT-2 inhibitor.
- Communicating with the staff
  o Task "160 PASTeam" (front desk, referrals, coordinator, etc)
    ▪ Scheduling, appointment changes, provider changes, mailing letters that you wrote, referral questions and requests, non-clinical communication with the patients.
    ▪ Faxing preop or insurance forms (Type: "Attention Bonnie")
  o Tasking MA's
    ▪ Order the add-on labs and task the medical assistants to call the lab
    ▪ Arranging for patients to come in for labs/EKG's separately
  o Communicating with SW – in order to get help connecting to care
- Communicating with patients: Use FMH Portal if the patient is connected (Green P on top)

2

Lenox Hill Hospital Internal Medicine Ambulatory Guide

Notes

Click: new -> type -> _____

Your patient's "problem list"

- To "record" a problem, click *next to* the notepad (green check mark next to the notepad)
- To "assess" a problem, click the notepad itself (green check mark on the notepad)

Documenting your assessment: in the "assessment" box, free text your one-liner
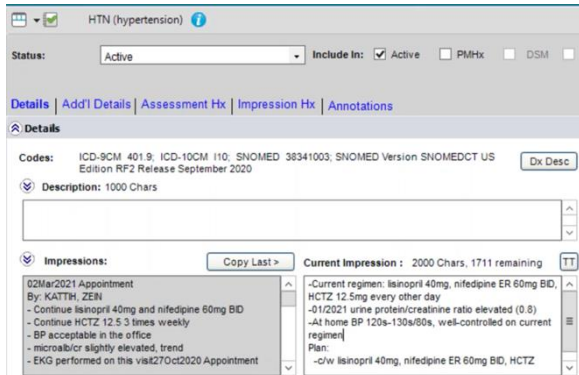
- ALWAYS include a section at the bottom indicating when you want the patient to return to clinic and the reasons.

    Ex. *Return to clinic in 3mo for:*

    -Repeat A1c (diabetes monitoring)

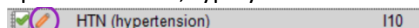Documenting your problem-based plan - there are two ways to do this:

1. Using hashtags
    a. *How to do it*: underneath your one-liner in the "assessment box" assess each problem using a hashtag (ex. #Hypertension)
2. Type within each problem you "assessed"
    a. *How to do it*: for each problem you assess, click on the pencil. In the "current impressions" box, type your assessment and plan.

    b. We prefer you use this method. As you can see in the video (double-click on the photo on the right), when you annotate with the current plan you can see the history of that problem in the left ("impressions"). For example, you can see how the plan for hypertension has changed. You can see when different medications were started, the reasoning behind it, etc.
    c. Some patients have >20 active problems, and we do not always assess every problem at every visit. If you want to learn more about a some other problem you can just click on the pencil to see previous assessments rather than needing to open up multiple notes to try and find when it was last assessed. Note: this only is true if people are consistently using the pencil to annotate problems rather than free-texting.

NOTE: Always click **commit** after making changes!

NOTE: After your note, chart note, or letter is finished, sign your note. Click "assign to" and select the attending who precepted. Then click "task" and "select co-sign note"

Types of notes:
1. Comprehensive (Most insurances) vs Annual Wellness (Medicare only)
2. Follow-up
3. Acute
4. Pre-Op
5. Post-Discharge
6. Patient Letter / Doctor's Note (under "letters")
7. Chart note (under "communication")
8. Telephone (under "communication")

Billing/ICD codes

Every order that you place needs to have an indication in order to be reimbursed by that patient's insurance. The following is a reference guide for the appropriate indications/ICD codes for various tests

- Prevention

Lipid Panel	Need for lipid screening
	Hyperlipidemia / Triglyceridemia
	DM
	CAD
HbA1c	Diabetes screening *(don't use for Medicare screening)*
	Hyperglycemia / Hypoglycemia / Abnormal blood sugar
	Weakness
	Diabetes (any type) / Prediabetes

   o CBC, vitamin D – don't check unless if you have a real medical indication

- Screening

Colonoscopy	Screen for colon cancer
Pap smear	Screen for cervical cancer
Mammogram	Screen for breast cancer
HCV	Screen for hepatitis C
HIV	Screen for HIV
CT Lung Cancer Screening	Z87.891 (Former Smoker) or F17.210 (Current cigarette smoker)
	DO NOT USE: F17.200 (Current smoker), Z00.00 (Health maintenance), Z12.2 (encounter for lung cancer screening) - NOT reimbursed
	NOTE: When referring, choose Northwell lung cancer screen NP program

- Vaccines: Need for *** (vaccine or immunization)

Lenox Hill Hospital Internal Medicine Ambulatory Guide

Updating the patient chart

(Your patient's information should be consistently updated to reflect the most up-to-date information regarding their medications, immunizations, imaging, etc.)

Medications:
- Recording medications (*Use this option for new patients who bring in their medication list but do not need refills, when performing a medication reconciliation, etc.)*
    - Click: "record without ordering"
    - Assign the indication for the medication
    - Select instructions for the medication
- Ordering medications
    - Confirm WHICH PHARMACY: mail order vs retail
    - Always select the attending physician for "ordered by" and "managed by"
    - Many medications have specific instructions. Click **New Free Text** to type those instructions in layman's terms (will appear on the prescription bottle)
        - For example: pantoprazole - "Please take 1 tab 30min-1hr in the morning before breakfast for acid reflux (GERD)
    - Select correct durations, quantity and refill amounts.
    - Whenever possible, check the insurance formulary (for expensive medications) to avoid denial calls or preauthorizations.

Recording Allergies
- Can be done from within the note or from the "Allergies" tab)
- **Always** write the reaction (and when the last reaction occurred)

Recording Immunizations
- Can be done from within the note or from the "Immunizations" tab
- Click: "P" -> immunization history -> type in immunization
- **Note:** make sure "record without ordering" is selected
- If a patient REFUSES a vaccine, this should be recorded! Follow the steps to record an immunization -> click **status** ->
    - if the patient wants to "think about it", click "temporary deferral" + defer for: _____ (amount of time appropriate) -> click reason for deferral -> select date & time of refusal
    - if you know your patient well, they have refused after multiple attempts, etc -> click "permanent deferral" -> click reason for deferral -> select date & time of refusal
        - Try to avoid this option, pts should be asked again regarding immunizations

Recording Cancer Screenings / Healthcare Maintenance
- Click: radiology -> chart update -> For: "health care maintenance"
- **Note:** make sure "record without ordering" is selected
- Mammogram/Colonoscopy:
    - Collected/Examined: include todays date
    - Uncheck "verification required"
    - Result items: if you have the documentation, select the appropriate finding (ex. Birads 1). If you don't, select "pt reported abnormal vs pt reported normal"
- HCV/HIV
    - Performing location: Other
    - Result items
        - Flag: normal vs abnormal
        - Type in results

Useful apps:
- USPSTF
- ChoosingWisely
- CDC Vaccine schedules
- CDC STD Tx Guide
- VisualDx *(great for creating differential diagnoses for dermatologic symptoms)*
- Pap reader
- MDCalc
- UpToDate
- Doximity *(to make phone calls to pts while at LHM or at home. Open app, go to dialer. At top of the screen click "Add Caller ID," add LHM clinic number 212-434-6776*

Lenox Hill Hospital Internal Medicine Ambulatory Guide

Telehealth
In addition to in-person visits, LHM also offers telephonic (phone only) and telehealth (audio + video) visits
Approach
- Identify your telephonic/telehealth patients on your daily schedule by looking at the "type" column (video calls will be labeled 'TEB' and telephonic visits will be 'TTM') Hover over the "comments" column to see details for the visit and the preferred method for sending an invitation.
- Huddle with your telehealth preceptor before the start of your session to confirm logistics of inviting preceptor into visit.
- Always begin encounter by **CONFIRMING PATIENT'S LOCATION** and obtaining **CONSENT** for the visit. In some cases, we have to cancel if patient outside NY state.
    - In order to document the consent and location of consent, add the form to the note
        - See video on cafeloggia for more information
    - Insert .phrase (macro) for telephonic/telehealth visit (see macro page)
    - Document the time spent at end of visit
Telephonic Visits (audio only)
- Use **Doximity Dialer** for phone calls
- Pacific Interpreters: 800-264-1552 Access code 844304
- We can only bill for phone visits once every 7 days for the same complaint
Telehealth Visits (audio + video)
- Use **Amwell website** (must use Chrome): Northwell.avizia.com
- If call can't be completed with video and you switch to phone only, notify PASTeam immediately to change visit type (telephonic=RPA and video=TEB)

Guidelines for Patients outside of New York State (subject to change):
- **New Jersey**: Telehealth visit can be conducted for **established patients**. If, however, the patient is not a pre-existing patient, the provider can only screen, diagnose or treat patients for COVID-19.
- **Connecticut**: Telehealth visits currently permitted **Florida**: Telehealth visits currently permitted
    All other states: TBD

Confirmed or Suspected COVID Patients
- Patients with URI or other symptoms suggestive of COVID-19 should NOT be seen in-person at LHM. Known or suspected COVID-19 patients can be seen in the office when symptom-free for 14 days or more. Please see attached algorithm on page 3.
- After the visit, send a "COVID practice tracking" task for that patient to the blue team as needed. "COVID" note templates generate this type of task automatically
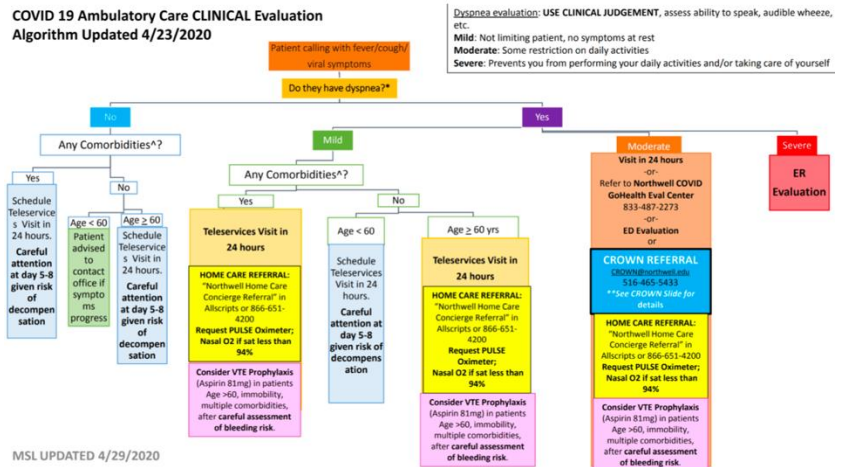
COVID-19 Antibody Screening:
- LHM is now able to perform COVID ab testing for our patients upon request, BUT patient must be seen for an office visit or telehealth/telephonic visit beforehand
- ICD-10 Diagnoses for COVID-19 Antibody SCREENING:
    - Z11.59, Screening . . .Asymptomatic Individuals who are being screened for COVID-19 and have no known exposure to virus
    - Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.
    - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases/Exposure to someone who tested negative or test results are unknown for COVID-19

Lenox Hill Hospital Internal Medicine Ambulatory Guide

Macros

The equivalent of .phrases on Allscripts. Very useful for general management of chronic conditions

<u>To access macros</u>: start on the "desktop" for any patient. click the circle with 3 horizontal lines on the right side -> manage macros

<u>To create a macro</u>: on your "macros" page, click "create" to make a new macro -> title your macro (ex. for healthcare maintenance, try .HCM) -> copy and paste one of the macros below, or type up your own -> save

<u>To use macros</u>: in your note, type in the dot phrase and press the "enter" key. It should autopopulate automatically after you click the enter key

<u>Sample macros</u>:

1. Healthcare maintenance

    VACCINATIONS
     -covid vaccine
     -influenza vaccine
     -HPV (9-46 (through 45yo) - 3doses
     -HBV
     -Pneumococcal (if ≥65: PCV13 then PPSV23 within 1yr, repeat PPSV23 q5yrs ; if CHF/liver/lung disease/EtOH/DM/tobacco: PPSV23 x1)
     -Tdap/DTap
     -Shingrix (≥50yo, or Zostavax ≥60)

    SCREENING
     -Mammogram (55-74yo, q2yrs) - last: ___ (result: __ [ex.BIRADS2]) ; due: ____
     -Pap smear +/- HPV - last: ___ ; due: ____
     -Colorectal CA (50-75yo) - last: ___ ; due: ____
     -DEXA (≥65F) -
     -HCV -
     -HIV -
     -G/Chla (q1yr)

2. Diabetes
    -Current regimen:
    -Most recent HbA1c (<u>date</u>) ___. Diabetes well-controlled on current regimen.
    -Comprehensive foot exam (w/ monofilament test) (<u>date</u>): results negative
    -Urine albumin-to-creatinine ratio (<u>date</u>): results ___
    -Serum creatinine (<u>date</u>): stable/changed
    -Risk factor reduction: [mgmt of HTN, HLD (lipid panel), smoking, ASCVD]
    Plan:
     -c/w ___
     -f/u in 3-6mo to check HbA1c
     -repeat comprehensive foot exam in 1yr
     -repeat urine albumin-to-creatinine ratio

    -Diabetes Counseling: discussed diabetes foot care, long-term vascular complications of diabetes, carbohydrate consistent diet, importance of diet and exercise to improve glycemic control, achieve weight loss and improve cardiovascular health, exercise/effect on glucose.

3. HTN
    -Current regimen:
    -At home BP measurements:
    -Hypertension well-controlled/poorly-controlled on current regimen.
    -Serum creatinine ___ (date). No proteinuria on UA (date). No evidence of kidney injury.
    -EKG (date) – results:
    -Risk factor reduction: [mgmt of HLD (lipid panel), DM (A1c), smoking, ASCVD]
    Plan:
     -c/w ____

4. .healthy
    -encouraged pt to continue healthy exercise and eating habits, focusing on a Mediterranean style of eating and aiming for recommended 150min per week of moderate physical activity.

5. Pre-op
    -EKG:
    -Social:
    -Self-reported physical activity: no limitation walking on flat ground or stairs

    Assessment:
    -Mets >4
    -RCRI - Class ___ risk, indicating ___% 30-day risk of death, MI, or cardiac arrest
    -Gupta - ___% risk of MI or cardiac arrest within 30 days of surgery

    _____ is ___-risk for ___-risk surgery.
    There are no apparent contraindications for _____

6. Current cigarette smoker
    -current smoker, ___ pack years
    -in pre-contemplative/contemplative/etc stage of change
    -discussed options for smoking cessation, including counseling
    -smoking-associated screening:
     -Lung CA (LDCT q yearly) – last: <u>date</u> (<u>result</u>) ; due: ____ (guideline: 50-80yo w/ 20+ pack-yr hx, currently smoking or quit within past 15yrs)
     -AAA (ultrasound, needs 1x) – (<u>date</u>): <u>result</u> (guideline: M, 65-75yo who have ever smoked)

Last Updated: 8/9/21

7. Telehealth (**.telephon**)

[Fn Ln], an established patient at this office, reached out to this provider for [ ]. No recent visit with the last 7 days. A visit is not scheduled within the next 7 days at this time. Discussed with patient: You have chosen to receive care through the use of tele-media. Tele-media enables health care providers at different locations to provide safe, effective and convenient care through the use of technology. Please note that this is a billable encounter. As with any health care service, there are risks associated with the use of tele-media, including equipment failure, poor image and/or resolution, and information security issues. You understand that I cannot physically examine you and that you may need to come to the clinic to complete the assessment. Patient agreed verbally to understanding the risks and benefits of tele-media as explained. All questions regarding tele-media encounters were answered.
Total time spent with the patient on the phone was [ ].

8. Televideo (.**televid)**

Discussed with patient: You have chosen to receive care through the use of tele-media. Tele-media enables health care providers at different locations to provide safe, effective and convenient care through the use of technology. Please note that this is a billable encounter. As with any health care service, there are risks associated with the use of tele-media, including equipment failure, poor image and/or resolution, and information security issues. You understand that I cannot physically examine you and that you may need to come to the clinic to complete the assessment. Patient agreed verbally to understanding the risks and benefits of tele-media as explained. All questions regarding tele-media encounters were answered.
Total time spent: [ ]