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# Chronic Care Orientation

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6/29/16

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# Welcome to Chronic Care!

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# Introduction

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- Questions?
  - Fears?
  - Goals?
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# Expectations

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- **Longitudinally** follow a panel of **2-3 patients** with chronic medical conditions
  - Serve as their **primary point of contact** with the health system
  - Communicate effectively with all EHHOP staff (student recruitment, ACT, CMs, TSSs, SW, NC/Dietitian, attendings)
  - Coordinate appointment scheduling and call your patient to confirm all appointments the week before clinic
  - Review your patients' charts prior to each visit and **develop a written plan (sign-in)** for the appointment
  - Serve as the **senior clinician** for as many of your patients' appointments as possible (**6-8 clinic days**)
  - If you cannot attend an appointment, provide a comprehensive sign-in to the covering team
  - Review lab results, diagnostic testing or imaging, and consult notes for your patients
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# Expectations

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- **Advocate** for the your patient's health and needs
  - Field urgent care calls from your patients with the help of the Head TS on call and your TS mentor
  - Refill medications and assist in obtaining medications or supplies not on formulary
  - Help coordinate specialty referrals or curbside consults
  - Connect your patient to resources in the community
  - Conduct interdisciplinary or family meetings as needed
  - Attend and present at a series of primary care didactics and workshops throughout the year run by fellow CC seniors and the Student Education Chair
  - Serve as a teacher and role model for junior clinicians
  - *Optional:* present at EHHOP Grand Rounds, assist with junior clinician training activities
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# Accountability

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- **Goal:** Promote responsible patient care
  - If a chronic care senior fails to meet the expectations of the Chronic Care program and/or compromises patient care through ineffective or untimely communication with the team or attendings, false representation of facts or circumstances or inadequate follow-up or follow-through of plans, the following actions will be taken, in order of escalation:
  - After the first incident, the Chief TS will email the CC senior to discuss the situation. Your CC TS, Drs. Meah and Thomas will be engaged in conversation.
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# Accountability

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- After the second incident, or if a first incident cannot be remedied with the above protocol, the CC senior will be asked to meet with the Chief TS in person. Drs. Meah and Thomas will be informed of the outcome of this meeting.
  - After the third incident, or if an earlier incident cannot be remedied with the above protocol, the CC senior will be required to meet with Dr. Meah and/or Dr. Thomas to discuss his/her role in the program. Removal from the chronic care program will be considered.
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# Who's who at EHHOP?

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- Medical supervisors: Dr. Meah, David Skovran (NP)
  - TSs (Chief, TSs of the week, TS mentor)
    - Chief TS: Yotam Arens
  - CMs (Chief, CMs of the week)
    - Chief CM: Ari Bar-Mashiah
  - ACT (Referrals, Benefit, Case-management chair, ACT of the week, Case-managers)
    - Emily Tixier (R), AJ Mell (B), Isaiah Levy (ACT)
  - Student Recruitment chair
    - Zoe Luscher
  - Student Education chair: Jake Martin
  - Pharmacy chair: Katie Arden
  - Patient Navigation chair: Alana Kornspun
  - Ancillary clinic CMs/TSs
  - Social workers, Dietitian, Nutrition Corps
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# What to do if you can't remember?

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- Check the EHHOP roster
    - Steering committee, CM, TS, ACT, clinic day tabs
    - EHHapp > Docs > EHHOP Roster
  - Check the weekly CC email
    - Sent the Saturday before clinic
    - List of all CC patients scheduled
    - TSs and CMs of the week
  - ACT Case Manager google doc
    - List of ACT case managers for all EHHOP patients
    - Will receive an introductory email from the ACT Case Managers for your patients in coming weeks
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# Your Chronic Care Teaching Senior

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- MS4/Scholarly year student
  - Often previously cared for your patients
  - Mentor and advisor
  - YOU have primary responsibility for your patients
  - TS mentor will review your sign ins before submission to Head TS of the week
  - You should meet with your TS mentor periodically throughout the year
  - You will schedule your first meeting in July before you see your patients in clinic
    - Prepare comprehensive sign-ins before the meeting
    - Think about your goals for the year (both for your patient and yourself)
    - You will review these together during the meeting
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# How frequently should I see my patient?

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- Most should be seen every 3 months for a full visit
    - Some need more frequent visits
    - Some need less frequent visits
  - If unable to attend the appointment, another senior clinician will see your patient, using the sign-in you prepare with your TS mentor
  - Sometimes your patient may visit the ED or be hospitalized
    - You may visit your patient in the hospital
    - Inform Dr. Meah and Chief TS if you plan to do so, we will try to accompany you
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# CC Weekly Overview

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- **Saturday before clinic**
    - Review CC weekly email with appt time for your patient
    - Prepare your sign in, send to TS mentor for review
    - Deadline to email Student Recruitment (if intend to senior)
    - **Tip:** email Student Recruitment **immediately** after clinic when you know the patient's RTC i/o/t sign up to senior!
  - **Sunday**
    - Review sign in with TS mentor, submit revised version to Head TS by midnight
  - **Sunday-Wednesday**
    - Call to confirm your patient's attendance for their appt
    - Email CMs of the week with confirmation status
  - **Saturday -- clinic day**
    - See your patient, schedule RTC
    - Write student note, sign out to Head TS
  - **Sunday after clinic**
    - Review any lab results, write result notes by **noon**
    - Call patient to f/u on lab results, outstanding issues
    - Finish student note by **5:00 PM**
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# How do I schedule my patient?

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- Ideally, schedule in clinic before your patient checks out
    - Ask the CMs to add a note "for YOUR NAME"
  - If you need to add a new appointment outside of clinic:
    - E-mail the Chief CM (Ari)
    - Ask to add a note "for YOUR NAME"
    - YOU must contact the patient to inform them of the appointment date & time
  - Please schedule your patient in advance!
    - Clinic dates tend to fill up at least 1 month in advance
    - If your patient has an urgent issue you may follow up via phone or schedule for a TS Quick Visit
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# How do I sign up for clinic?

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- You must sign up 1 week in advance (**Saturday before clinic**)
  - You may sign up earlier than this if you know your schedule
  - **If you do not sign up by the Saturday before clinic, you are not assured a spot and may need to sign-out to another clinical team**
    - Remember, you will receive the CC reminder email on Saturday to check if your patients are coming in
    - Ideally, you will be keeping track of when your patients are scheduled on your own
  - E-mail Student Recruitment chair at **ehhop.recruitment@icahn.mssm.edu** to sign up (now HIPAA compliant!)
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# What if I only have one CC patient scheduled?

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- You must plan to come to clinic all day
  - You cannot come in for a half-day and cannot see your patient for quick visits.
  - You will either see a regular clinic patient OR you may be asked to cover someone else's chronic care patient
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# Creating Sign-ins ( \*see template\* )

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- Overview of your patient's problems AND your plan
  - Prioritize the problem list and try to focus on the top 3
  - Include differential diagnosis
  - Include specific management
    - Okay: Titrate antihypertensives as needed
    - **Better:** If BP > 140/90 increase lisinopril to 20mg
    - Okay: Follow-up vaginal discomfort
    - **Better:** Assess for current dysuria, rash, fevers, abnormal or foul-smelling discharge, pruritis
  - Always include HCM (review EHHOP practice guidelines)
    - CVD RFs (BMI, BP, Lipids, ASCVD risk %)
    - Cancer screenings (age and gender appropriate)
    - Infectious Disease (HIV, HBV, HCV, RPR, etc.)
    - Immunizations (Tdap, HBV, Flu, Gardasil, etc.)
    - Other (PPD, DEXA, birth control)
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# Diabetic Sign-ins ( \*see template\* )

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- Hgb A1c (q3m)
  - Medications
  - Compliance
  - Complications
    - Retinopathy
      - Dilated fundus exam (~annually)
    - Nephropathy
      - Urine microalbumin/cr ratio (~annually)
      - ACE/ARB?
    - Neuropathy
      - Foot exam every visit, microfilament yearly
  - Nutrition/Exercise/**City Health Works**
  - ASCVD risk %, statin, ASA, BP, anti-HTN
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# Review sample sign-in

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EHHapp!

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# Submitting Sign-ins

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- Send to your TS mentor on **Saturday before clinic** for review before submitting to the TS of the week
  - Submit to the TS of the week by **Sunday at midnight** ('cc your TS mentor and Chief TS)
  - You will get feedback from your TS mentor and the TS of the week (will give ideas for teaching topics for JC)
  - Respond to this feedback in a timely manner
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# Confirmation Calls\*

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- You will confirm **all** of your patients' appointments with EHHOP, including:
  - Medical clinic, MHC, WHC, Ophtho, Social work...
- You will receive the **weekly CC reminder on Saturday**
- Confirm your patients by **Wednesday** and update the CM/TS team of the week

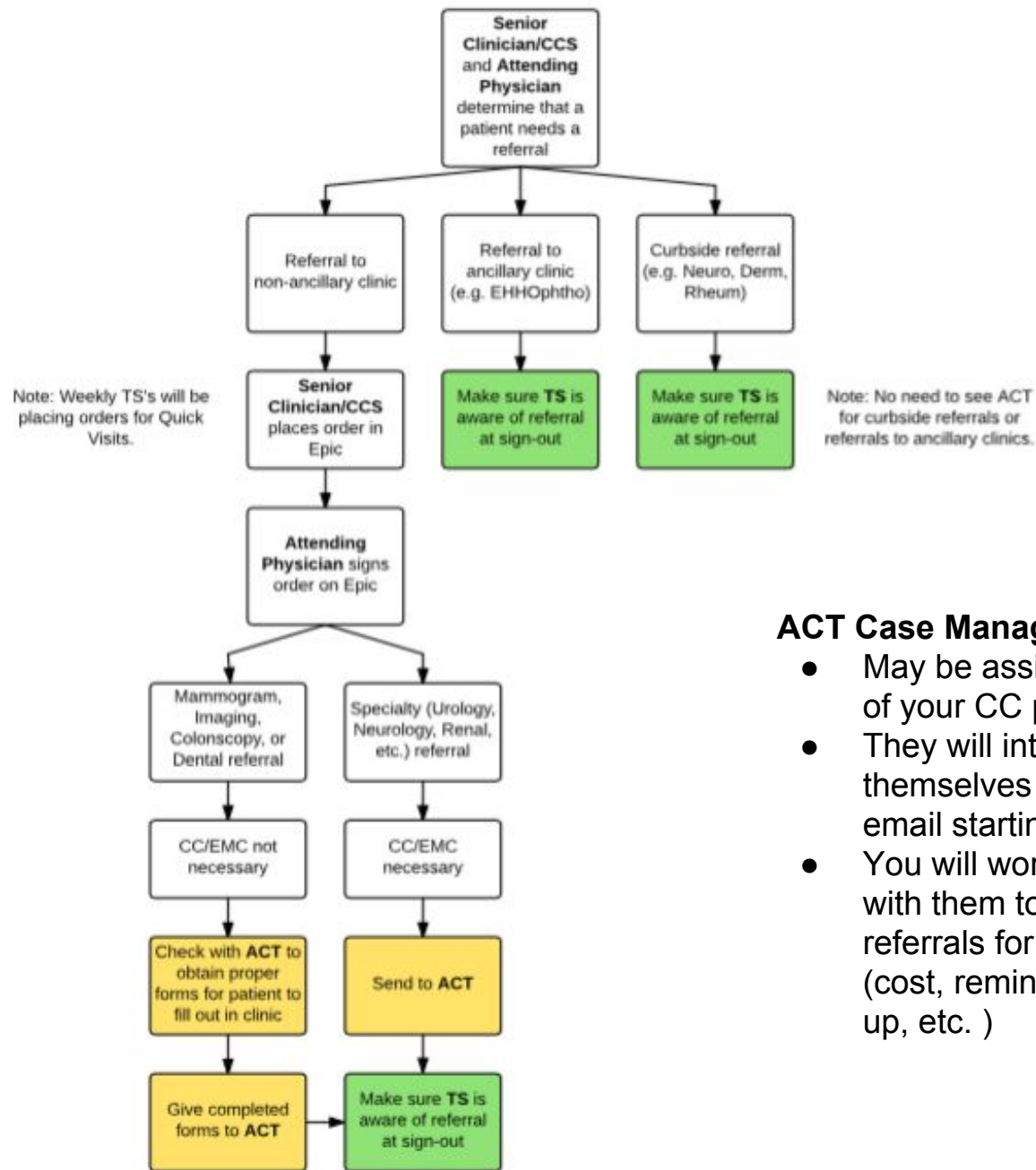
\*See note later about **Blocking phone numbers**

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# Referrals (always consult EHHapp!)

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- EHHOP Ancillary Clinics
    - WHC, MHC, EHHOPtho, Cardiology
    - Do **not** need referral in Epic (see EHHapp)
  - Formal (“non-ancillary”) referrals
    - Imaging, specialty clinics
    - Review *EHHapp* → *Ops* → *Referrals* tab for instructions
    - ACT will help to schedule, but you should work with the case manager to confirm your patient
    - **Review notes after referral is completed, devise an “EHHOP-friendly plan” based on consultant note**
  - Curbside consults
    - Which referrals are curbsides? Check the EHHapp!
    - TS Mentor, Head TS of week, and Chief TS will guide you
    - You will draft an email to request the curbside and coordinate the appointment along ACT Case Manager
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### ACT Case Managers

- May be assigned to some of your CC patients.
- They will introduce themselves to you by email starting next week.
- You will work together with them to coordinate referrals for your patients (cost, reminders, follow up, etc. )

# Prescriptions

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- EHHOP Formulary
    - Check the EHHapp for the most up to date prices
    - Make cost-conscious prescribing decisions!
    - Always review your patient's medication list and **discontinue** unnecessary medications
    - Can check frequency of refills in Epic (**demo order audit trail**)
  - Off-formulary medications
    - If you want to prescribe an off-formulary medication, ask Pharm Chair Katie Arden to check with Sinai pharmacy
  - PDAP
    - We can obtain many medications through PDAPs
    - Many of your patients already have PDAPs
    - These need renewed every ~3 months
    - Work with Pharm Chair to coordinate these
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# Where, when, and how do EHHOP patients pick up their medications?

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- Full details available in “Senior Clinician” section of EHHapp
    - Sinai Pharmacy location: basement of Annenberg, find instructions on EHHapp
    - Hours: M-F, 9-5
  - Newly prescribed medications:
    - No need for patient to call in advance
    - Order is routed straight to pharmacy, ready for pick up by Monday morning
  - Existing medications:
    - Patients **must call pharmacy to request refills in advance**
    - See “Senior Clinician” section of EHHapp for “Refill Instructions”
  - How do I check medication adherence?
    - Ask patient
    - Count pills if patient brings bottle to clinic
    - Review **order audit trail** -- see EHHapp for instructions
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# Community Resources

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- Many can be found on EHHapp > Referrals → Community Resources
  - You can always look for other programs that may benefit your patient
  - The patient's ACT case manager or the Benefits Chair (AJ) can usually help as well
  - Remember that EHHOP has **social workers!**
  - **City Health Works:**
    - Provides health counselors who visit the patient in their home
    - Must have uncontrolled DM (A1c > 8.0), asthma, or HTN
  - EHHOP funds: pill boxes, diabetes supplies, wrist splints, etc
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# How should I follow my patient between visits?

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- Phone calls (use Pacific Interpreters when indicated)
    - Block your number with \*67 (**save this in your phone!!**)
    - Do **not** give your personal phone number to patients
    - Have your patient call back at the main EHHOP line and leave a voicemail for you (**save this number in their phone!!**)
    - TSs will forward you voicemails from your patients
    - Always document a **telephone encounter** (*demo*) and route to Chief TS, TS mentor, Dr. Meah, David Skovran
  - Making Management Decisions outside of clinic
    - *EHHapp* → *CCS* → *Ordering Meds/Labs/Referrals outside clinic*
  - Quick Visits (urgent care, BP checks, glucometer checks, pill pours, medication titration)
  - NP visits (diabetes education, insulin titration, med non-adherence)
  - Labs Only visits
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# How do I make management changes outside of clinic?

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- Based on lab results, non-adherence, or **urgent/emergent** medical concerns
  - Formulate your plan
  - Discuss with your TS mentor
  - Send your plan to Dr. Meah, David Skovran, and Chief TS in EPIC as a STAFF MESSAGE. CC your TS mentor.
    - If adding orders or refills, you must addend an **OFFICE VISIT** and include the date in the message
    - Don't add orders to a telephone encounter (**review this with your TS Mentor, instructions are on the EHHapp**)
  - Document your final plan in EPIC as a telephone encounter once approved
  - Communicate plan with patient
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# Any other question that comes up?

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- Check the EHHapp
  - Ask your TS Mentor
  - Ask the Chief TS
  - Ask the Chief CM for any scheduling questions
  - Ask the ACT chairs or your patient's ACT case manager for help with referrals or community resources
  - Always ask your TS mentor/Chief TS if you aren't sure of the appropriate next step
    - We'll loop in Dr. Meah/David Skovran when necessary
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# Chronic Care Didactics

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- Mandatory! If you cannot attend, you must email Student Education Chair Jake Martin.
  - Once per month
  - Peer-to-peer teaching
  - You will present one didactic with a partner
  - Additional practical sessions and hands-on activities
  - Can get involved in other EHHOP student education activities (EHHOP grand rounds, quality review, junior education)
  - Teaching skill sessions -- will be scheduled in late August/early September
    - Partly led by **Dr. Soriano!!**
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# Important!

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- The Chronic Care program can be **challenging**
  - These are our **sickest patients** and they can be very demanding of our time
  - You are **never alone** in this process!
  - If you are feeling overwhelmed or burnt-out always **reach out** for help
  
  - If you will be away for any period of time, let your TS Mentor and I and we will arrange coverage for you
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# EPIC Demonstration

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- Telephone Encounters
  - How to see Future Appointments
  - How to send a Staff Message
  - How to order Prescription Refills
  - How to check Medication Compliance
  - How to create an Addendum to add orders
  - How to write a Result Note
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# Apps to download to your phone

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- **EHApp**: frequently updated!
  - **CVRiskAssist**: calculates ASCVD risk % (for statin and ASA rx guidelines)
  - **AHRQ ePSS**: USPSTF recommendations for preventive medicine
  - **Qx Calculate**: clinical calculator
  - **Haiku**: EPIC on your phone
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# Next Steps

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- Review CC patient panel email
  - Prepare comprehensive sign in
  - Meet with TS mentor
  - Sign up with Student Recruitment Chair to see your patients!
  - Review CC didactics assignments (**Jake**)
  - Chronic Care check-in meeting (early October)
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