GUIDE TO THRIVING AT THE DOC
2021-2022 EDITION

Duke Outpatient Clinic (DOC): Adult Primary Care

Clinic hours
8am to 5pm (patient hours) Monday-Friday, closed most holidays

Parking:
The DOC is located on the second floor of the Durham Medical Center/ Duke Health North Durham (building name as of 7/1/2021) building on 4220 N Roxboro Rd. Enter through the front door and exit through the side door. Please park at the side or back of the building so that patients can park in the front. Free parking!

Welcome to the DOC!

We specialize in a team based approach to a complex group of adult patients.
You will be their PCP with help and support from us all.
We have a broad range of patients, many with SDoH and mental health issues.
You will be able to help them.

Here's What this Guide Includes:
Contact Information
Who's Who at the DOC and What do They Do?
What if My Patient Needs XYZ?
How To…
Appendices

Duke Outpatient Clinic Telephone List

4220 N Roxboro Rd, Durham NC 27704

For Internal Use Only | *Wednesday, May 26, 2021* | *For Internal Use Only*

Main Appt Number- 919-471-8344			
Leadership			
Director- Christen Burns	919 684 1021 / 206 9463	SAM - Heather Beau	919 471 0459
Nurse Manager-Brenda Mutisya	919 660 9057 / 970 5178	Team Lead - VACANT	919 471 0459

Providers		**Pharmacy**	
Med Dir- Lynn Bowlby, MD	919-660-9048 / 970-4559	Pharmacist - Holly Canupp	919 477 5904 / 970 3532
Daniella Zipkin, MD	970-8947	Pharm Tech - Catherine Snyder	919 660 9058 / 206 9680
Lawrence Greenblatt, MD	970-0496	Pharm Station 1	919-660-9044
Patrick Hemming, MD	919-660-9054 / 970-9539		
Greg Brown, MD	970 2532		

Teal Side		**Lavender Side**	
MD Station 1	919-660-9022	MD Station 1	919-660-9031
MD Station 2	919-660-9021	MD Station 2	919-660-9032
Hall Station 1	919-660-9028	Hall Station 1	919-660-9020
Hall Station 2	919-660-9029	Hall Station 2	919-660-9033
Hall Station 3	919-660-9030	Hall Station 3	919-660-9019
Hall Station 4	919-660-9062	Hall Station 4 (Back Hall)	919-660-9040

Teal Nursing		**Lavender Nursing**	
Nurse Station 1	919-660-9084	Nurse Station 1	919-660-9014
Nurse Station 2	919-660-9017	Nurse Station 2	919-660-9013

Precepting Room			
Nurse Station (Diana)	919-660-9069	MD Station 1	919-660-9086
Nurse Station (Johna)	919-660-9359	MD Station 2	919-660-9023
		MD Station 3	919-660-9024
Westman Clinic	919-660-9012		
		Homebase / Hi-Doc	
Lab		Amy Royals	919-660-2489 / 970-9518
Angela Wilson	919-471-0546	Laurie Germino	919-660-9526

Social Work		**APPs**	
Jan Dillard	919 471 0084 / 970 4530	Julia Gamble, NP	919 660 2525
Elissa Nickolopoulos	919 684 1439 / 206 3965	Valerie Keck, NP	919 613 3388

Chaplain			
Katherine Henderson	919-613-2464		

Clerical			
Front Desk		**Financial Rep**	
Leslie Clayton	919-660-9010	Gloria Manley	919-477-0829
Lisa Hill	919-660-9007	Diane Bullock	919-471-9475
Kristin Allen	919-660-9006	**Medical Records**	
Admin		Carolyn Lawrence	919-660-9045/555-8346
JJ Chervinko	919-660-9005	Christy McDonald	919-660-9011/555-8346
		Main Duke Med Rec	919-384-7119
Fax Numbers		**Other**	
Main Clinic Fax	919-477-3110	Conference Room	919-660-9041
Med Refills	919-477-5435	Breakroom	919-660-9042
		HIDOC Room	919 613 3850

Who's Who at the DOC and What do They Do? We are a TEAM! You will not be alone!

I. Clerical

a. Financial Care Counselors (FCC)/Referral Coordinators – Gloria Manley, Diane Bullock
- Assist patients with insurance-related questions and financial arrangements
- Manage patient referrals
- Meet with patients without insurance who might be eligible for Duke Charity care.

b. Medical Records—Carolyn Lawrence—Knows ALL the forms and will help you!

c. Front desk Staff – Leslie Clayton, Kristin Allen, and Lisa Hill

- They check patients in and out.
- Assist in scheduling follow-ups, labs, tests, and procedures.
- You may reach out to the front desk for help with any scheduling or rescheduling needs for patients.
- They may overhead page you. When they do, be sure to insert "660" in front of the number they page you to.

II. Clinical Support Staff
- Medical Assistants (MAs)
- Registered Nurses (RNs)
- Licensed Practical Nurse (LPN)

III. Advanced Practice Providers (NPs) – Julia Gamble NP, Valerie Keck NP
a. Together, they see patients 5 days a week.
b. If you are not going to be in clinic but need a patient to be followed up closely, or seeing a patient who suffers when seeing multiple providers, one option (in addition to providing a range of months or specific dates in instructions for follow-up appointments) is to request follow-up (in For: field) with ONLY you or Julia/Val (pick one, maybe based on who has seen patient before)
    - And if doing so, out of courtesy, send an In Basket message, document in your note or better, talk to Julia/Val to give heads-up
c. Julia also leads the Durham Homeless Care Transitions program and related projects, addressing the needs of medically complex homeless persons in the County; she is happy to consult on patients facing homelessness
d. Julia does Contraception clinic with Dr Bowlby and Holly for complex contraception decisions
e. Valerie helps coordinate the Tuesday DOC Diabetes clinic w/ Dr McNeill
f. Between them they have a combined experience of 20++ years caring for vulnerable populations

IV. DOC Specialist Visits
Request by specifying in the "check-out note" box after a patient visit.

a. Psychiatry – Dr. Greg Brown
- The DOC has two Med-Psych attendings who specialize in medically complex psychiatric patients and are available to see patients for consultation or short-term follow-up with several types of conditions. The Med-Psych attendings can also provide treatment recommendations through a collaborative care framework.
- All referrals and management questions are placed through an E-Communication consult – DOC Behavioral Health Referral/Review (Duke Outpatient Clinic only)
- Patients MUST be referred by their PCPs/DOC Providers (no self-referrals).

- The E-Communication is a templated “e-consult” that reviews a patient’s case/chart to share information and advise care. This may include scheduling an in-person consultation appointment or referral to other resources.
- With completion of the E-Comm, recommendations will outlined in the E-Comm note. Medication changes and/or new medications as well as diagnostic studies will need to be ordered by the referring provider or PCP. (There may be situations where Dr. Brown can assist with these orders but ongoing communication with the referring provider will be key.)
- If there are follow-up questions, please place another E-Comm.
- All new patients referred to Dr. Brown or Dr. Helmke (DOC Psychiatry) should now occur through the E-Comm process. Our hope is to better screen and route patients to the appropriate level of care and improve engagement.
- Once patients are psychiatrically stable, their care will be transferred back to the PCP
- If there are ever any questions about the appropriateness of referrals, please feel free to contact Dr. Brown, even in real time.

b. Endocrinology Clinic – Dr. Tracy Setji (every Wed PM)
c. Diabetes Clinic (for uncontrolled DM, not already seeing endo) – Dr. Diana McNeill (1st/3rd Tues PM)
d. Cardiology Clinic – Dr. Monique Starks (Wed AM or Thurs AM or PM x2/ month)
e. Dermatology Clinic – Dr. Tarannum Jaleel (Fri PM once per month)
f. Physical Therapy Clinic – Dr. Paul O’Neil (usually all day every Thursday, day will vary in 2021)
    - On-site conditions treated include: neck pain, back pain, knee injuries, shoulder injuries, pre-surgical management, post-surgical management, sports rehabilitation, arthritis conditions, traumatic injuries, overuse/repetitive injuries.
    - In addition, a variety of physical therapy services are available throughout the health system, including outpatient PT/OT, speech, gait and balance training, mobility evaluations for motorized wheelchairs and other assistive devices, cardiac and pulmonary rehab, vestibular rehab (for vertigo), and aquatic therapy.
g. Weight loss/Lifestyle Clinic– Dr. Eric Westman all week / Dr. Will Yancy Tues AM
    - For motivated patients, his comprehensive clinic teaches the low carb (i.e. ketogenic/Atkins diet) and has successfully had many patients control their diabetes and even reduce/eliminate their insulin requirement.
h. Smoking Cessation – Dr. James Davis (every Friday—telemed 2021)
   DOC Quit At Duke Smoking Cessation Program (Clinic at DOC on Fridays)
    - Use “Ambulatory Referral to Smoking Cessation Program” (919-613-QUIT)
    - Comprehensive evaluation to determine which treatments will be most effective
    - Evidence-based medications — often combination medications or adaptive treatment
    - The option of several evidence-based behavioral treatments
    - Long-term phone-based “check-ups”
    - Access to research studies

V. Clinical Social Work

a. Who?
- Jan Dillard, Licensed Clinical Social Worker
- Elissa Nickolopoulos, Licensed Clinical Social Worker

b. Social Work Services
- Safety assessments and referrals/reports: SI, HI, domestic violence, abuse/neglect.
- Brief behavioral interventions at the time of appointment with the medical provider/ consultation to PCP for patients whose problems are related to behavior (for both physical health and mental health)
- Assess patient using tools such as PHQ-9 and MoCA

- Comprehensive biopsychosocial assessments and chart review: obtain detailed work history, substance use history, mental health history, funding, emotional support, coping strategies and personal strengths/resources, ability to access medications and medical services.
- Limited Individual and Group Counseling/Psychotherapy in many areas, including: depression, anxiety, adjustment to illness, expression of suicidal/homicidal ideation, altered cognitive status, trauma, substance abuse, patient and family education, grief, medication adherence, caregiver stress, crisis pregnancy
- Brief crisis intervention and psychosocial support.
- Assistance with legal issues: guardianship, power of attorney, impending release from prison, criminal issues, divorce and custody issues, undocumented immigrants, children in foster care system.
- Increase access to medications: NC MedAssist, Pharmacy Assistance Program at DUHS, community resources.
- Refer to local community resources for help with housing, food, mental health, substance abuse, developmental disabilities resources, legal aid, case management, job finding, etc.
- Help patients identify and locate programs for which they may be eligible: Medicaid, Medicare, SSI, SSDI, food stamps
- Answer questions about provider-ordered home health and personal care service referrals and assist patient with selecting a provider.
- Monthly Home visits with the DOC home visit team
- Discussion of healthcare power of attorney and advanced directives
- **Provide support to the team**, and referrals as needed, particularly with regard to managing the response to the challenges of healthcare

How to Refer to Social Work

- Best way is to stop by their offices (southwest corner of the clinic, down the hall from Holly)
- Next best for real time response is Secure Chat
- Otherwise, send them an InBasket message, email, phone message, or page

Domestic violence services

- Refer to SW
- If patient declines SW referral, give info for Durham Crisis Response Center 24 hour crisis line (919-403-6562 (English), 919-519-3735 (Spanish)) and document refusal.
- Services:
  - Free legal clinic
  - Safety Planning
  - Support groups
  - Information and case management
  - Sexual assault services
  - Specialized safety programs
  - Emergency shelter
  - Counseling
  - Hospital response
  - Community outreach, education and training
  - Rape prevention education

VI. Clinical Pharmacy Services

What is a Clinical Pharmacist Practitioner (CPP)? A CPP is a pharmacist with specialized training who can independently provide drug therapy management and implement pre-determined drug therapy through a collaborative practice agreement under the supervision of a licensed physician.

- One-on-one clinical pharmacy visits for DM, HTN, anticoagulation, smoking cessation, assistance with uncomplicated HCV treatment, and difficult med rec/education.
- A clinical pharmacist practitioner will meet with patients and can titrate hypertension and diabetes medications.
- This is a great way to add an additional visit between MD visits with the PCP for patients who need frequent visits / close monitoring.
- The CPP can also do difficult med recs and educate patients (ensure patient knows to bring all their home medications with them).

Specify in your clinic note what you are expecting from the clinical pharmacist practitioner. In the "Check Out Note" box ask for a 1:1 with pharmacist in x amount of time (e.g., 1-2 weeks).

What does a clinical pharmacy technician do at the DOC?

- Hospital Follow-up Medication Reviews (look for her telephone notes)
- Benefits investigations
- Manufacturer patient assistance programs – but all medication access concerns start with our social workers.

Staff

- Clinical pharmacist practitioner Holly Causey Canupp (PharmD, BCACP, CPP, CDE) is the head CPP
- Certified pharmacy technician Catherine Snyder
- Ben Smith (PharmD, BCACP, CPP, BCGP) is present once a week (Monday AM)
- Lisa Bendz (PharmD, BCPS, CPP) is present twice per month (Tues AM)
- Rotating pharmacy residents and students

VII. DOC Case Management/Homebase Plus

a. HomeBASE Plus – (previously known as homeBASE and HIDOC prior to third redesign implemented July 2019)
    - HomeBASE Plus is a program whose goal is to reduce ED utilization and admissions via better connection to coordinated primary and specialty care, with a focus on better health coping in our patients. We also created new capacity to care for these patients acutely on-site at DOC.
    - Criteria: patient has made 6 or more Emergency Department visits in a 3 month period, with some ongoing use of the ED **or** 6 or more Emergency Department visits in the last year with 3 leading to admission
    - Laura Germino and Amy Royals are the Care Managers for this program.
    - Referral: send the patient's name and MRN to Laura Germino, Amy Royals, Gregory Brown, Alex Cho, Jan Dillard, or Elissa Nickolopoulos via email or In Basket.

b. Big Pool Meeting (the entire DOC patient population is part of the "Big Pool")
    - At Big Pool, patients are discussed in a multidisciplinary one-hour weekly meeting.
    - This population level approach still has a granular, patient-specific methodology that allows identification of diverse treatment recommendations for multiple patients within an hour-long weekly meeting
    - Patients are identified by high risk pools but anyone can refer a patient to discuss.
    - Referral: send the patient's name and MRN to Laura Germino, Amy Royals, Gregory Brown, Alex Cho, Jan Dillard, or Elissa Nickolopoulos via email or In Basket.

c. Duke Connected Care and DukeWELL
    - Duke Connected Care (DCC) is an accountable care organization (ACO) operated by the Duke Population Health Management Office (PHMO) that manages population health for patients with no insurance and those with traditional Medicare, a number of Medicare Advantage plans, some commercial insurance plans, Duke Select/Duke

Basic and Medicaid. DukeWELL is a free care management program that assists in providing DCC's care management services. https://dukewell.org/who-we-serve

- To identify if a patient qualifies for DCC or DukeWELL services: Look for the "DukeWELL: Y" notation in the patient's chart. This is located in the Storyboard banner.
- DukeWELL or DCC may identify a patient and contact you for input on potential opportunities to improve care. You may also refer directly via an ambulatory referral to DukeWELL. Include the reason for referral in the comments section.
- Services include:
  - Free RN and Pharmacy Tech home visits (limited to DCC Medicare patients)
  - Care coordination
  - Patient outreach and engagement
  - Appointment reminders and coordination
  - Transportation assistance
  - Medication access assistance
  - Skilled nursing facility transition coordination
  - Coordination with Duke Home Health and Hospice
  - Quality measure gap closure (may include outreach to patient and/or provider)
  - Telephonic RN disease management education and coaching
  - Virtual specialist and clinical pharmacist rounds (geriatrics, CKD, Cardiology, Palliative Medicine, and DM)
- May also be seen as Northern Piedmont Community Care (NPCC)

What if My Patient Needs..

If your patient has barriers to care (eg. vision, hearing, literacy, cultural and religious beliefs/practices, emotional barriers, desire and motivation to learn, physical and cognitive limitations, language, lack of resources, history of prior trauma, competing priorities), document them and consider referring them to the SW staff, including Jan Dillard/Elissa Nickolopoulos and the financial counselors (Gloria Manley and Diane Bullock).

I. Home health

What: Skilled and unskilled services provided in patients' homes: RN, PT, OT and speech therapy (skilled) and medical social work, in-home aide, and short term OT (unskilled).
Who: Patients with Medicaid for whom you can certify that it would be in the best interests of the patient to have the service at home; patients with Medicare who are homebound (requires considerable and taxing effort to leave home AND only leaves home for things such as medical visits, family visits, religious services, haircuts); some patients with private insurance; uninsured patients enrolled in Duke Charity Care (Duke Home Health only)
How: First, discuss referral with the patient. Does patient have a preference for an agency? Must document that they were given the chance to choose. If patient wants a referral list, SW can provide that.

- An extensive list of agencies can be found at: http://www.homeandhospicecare.org/directory/index.html.
- Frequently used agencies are:
  Duke Home Care & Hospice (must inform patient of financial relationship, i.e., that Duke owns and operates DHCH, and document that this information was provided), Others: Liberty Home Care, Intrepid, WellCare, Amedisys

To order:

1. Step 1: Enter order for "Ambulatory Referral to Home Health"; in addition to indicating patient preference for agency (if any), answer questions about services needed
2. Step 2: When signing out, ask attending to come see patient face-to-face and to complete required .HOMEHEALTHFACETOFACE note (which requires attending signature); answers to questions in the order should appear in note. (Should pull up from the referral)
3. Step 3: In addition to the attending, route encounter to Gloria Manley/Diane Bullock, noting any agency preference) (in Follow-Up section); she will fax to home health agency to initiate referral. (Or send her separate In Basket message.)

Note: If the patient already has home health in place and you want to add a service, you can call the providing agency to give a verbal order and have your note with the written order sent to the agency.

II. Personal Care Services/Aide

What: Hands-on assistance by a paraprofessional aide with Activities of Daily Living (ADLs). NC recognizes 5 ADLs: (1) Bathing, (2) Dressing, (3) Mobility, (4) Toileting, (5) Eating (NOT cooking/cleaning). Patient must need at least partial "hands on" assistance with 3 of 5 ADLS or total assistance with 1 or 2 of them.

Who: Patients with Medicaid; patients with Medicare who are also receiving a home health skilled service; some patients with private insurance. Also available for out-of-pocket cost.

- **Patients with Medicaid:**
  - To determine whether your patient qualifies, use the Personal Care Services (PCS) screening tool, which can be found in the attending room folders. This tool uses information on 1) why the patient thinks they need an aide, 2) their ability to perform ADLs, and 3) whether they are ambulatory.
  - If you can legally attest that patient qualifies, complete Personal Care Services (PCS) Request for Services form (MUST include diagnoses AND ICD-10 codes) and leave in Medical Records bins to fax to Liberty. Form is available at https://www2.ncdhhs.gov/info/olm/forms/dma/dma-3051-ia.pdf (instructions at http://info.dhhs.state.nc.us/olm/forms/dma/dma-3051-tips.pdf.)
  - *If patient has services, but needs additional hours*: complete above form including page 2 "Change in status" and leave in Medical Records to fax to Liberty.
- **Patients with Medicare/private insurance:** When ordering Home Health skilled service, also order In-Home Aide as needed. Otherwise, must pay out of pocket. Aide service ends when HH service ends.
- **Patients who plan to pay out of pocket:** Patient contacts provider; directory of available providers: http://www.homeandhospicecare.org/directory/index.html

Incomplete forms will be rejected, causing delay in starting services. Reference instructions as needed, or ask Jan/Elissa for help in completing forms correctly.

III. Durable Medical Equipment

If Medicare, must have an attending signature.

- Simple equipment – enter an order, but select "print" to produce a hard copy that the patient can take to a medical supply store. Can also refer to HELP (Health Equipment Loan Program) https://projectaccessdurham.org/projects/health-equipment-loan-program/

- Motorized chair—complex process that Carolyn , in Med Records, tracks the paperwork
  Generally, no scooters or Hoveround; only electric chairs are approved by Medicare.
  Steps to order:
  1. Appointment with MD (AKA Face to Face) Face to Face- Resident uses smart phrase and/or documents trouble/inability to walk in the home or frequent falls, attending signs that note, and that is the attending who signs all further documentation (7 element form)—45-day window to complete the medical provider face 2 face and signing/concurrence of the therapy wheelchair evaluation.
  2. Refer to PT/OT Wheelchair Evaluation (can be before or after Face to Face); if evaluation agrees with need for power device, same attending signs her note. There is no time limit on the OT evaluation, it can be far ahead of the face to face visit.
  3. Paper work packet- signed by same attending then fax back to the vendor.

- Diabetes supplies
  Medicaid: formulary is limited; order generic glucometer and testing strips, and print out so patient can obtain from local pharmacy/medical supply store
  Medicare: Patients have option of ordering from diabetic supply companies; patients would need to call company of their choosing; form is faxed to the DOC and placed in your PP folder for you to complete and an attending to sign. Can ask Carolyn Lawrence in Medical Records for help as well. NOTE: Medicare Part B covers DM supplies, so patient must use a pharmacy that bills Part B
  Uninsured: Walmart Relion brand 50 strips for $9. Smartphrase: lowcostglucometer

- Home BP monitor
  These are typically not covered for patients with Medicare. However, you can still write an order in maestro care which will automatically print. You can give this to the patient and instruct him/her to take to any medical supply store. Medicaid started covering during Covid pandemic.

- Continuous glucose monitor (i.e. CGM)
  This typically refers to a Dexcom or Freestyle Libre (14 day or 2). If the patient has commercial insurance, send the prescriptions electronically to their pharmacy. For all other patients, check out the CGM “how to” board in the preceptor room.

- CPAP/BIPAP

  Diagnosing OSA
  The order is called “Ambulatory Referral to Sleep Studies.” Within the order, you can choose routine polysomnography (will be your choice most of the time), CPAP titration (if the patient already has a diagnosis of OSA in the past 10 years & needs their device setting adjusted), or Home Sleep Test (only choose this if you have a high pretest probability the patient has OSA and they have a reliable home and social situation to be able to complete the test at home). As part of the order, you can also automatically request a referral to pulmonary or neurology clinic if the test is positive.

  Treating OSA
  Once the diagnostic sleep study and subsequent titration study have been done, with recommendations for treatment and settings, enter an order for ‘CPAP Machine’ in Maestro, click the ‘Qty-1, External’ link and then the ‘Click to add text’ behind it, and then use the dot-phrase .DOCCPAPORDER. Write in recommended pressure (from titration study), and print out copy of order AND sleep study results

(which must be attached). We have forms for some agencies in the orange 'Respiratory Services' folder in the Forms drawers in each work area. Leave in the medical records bin with a note indicating which agency patient has selected, for it to be faxed to and/or the form for that agency. If the patient has Medicare, get an attending to co-sign the order and the form; Medicare requires an attending signature (and NPI) for durable medical equipment.

Two agencies come highly recommended are: Sheepless Nights (in Garner, NC; fax: (919) 662-2739) and Advanced HomeCare (ph: (919) 852-0052). Two others that Carolyn Lawrence in Medical Records suggested are: Knight's Medical (in Morrisville, NC; fax: (919) 878-4411) and Apria Healthcare (also in Morrisville, NC; fax: (919) 380-1185).

Troubleshooting OSA

If a patient has had a prior sleep study confirming a diagnosis of OSA, it remains "good" for 10 years; all they would need, if they are attempting to re-start CPAP use, is to have a recent titration study. Pulm PA Steve Taxman in the Pulmonary Clinic is skilled at helping patients who are having difficulty using CPAP/BiPAP. This can be an indication for referral. **Patients without insurance will need to complete a financial assistance application with the respiratory services company.**

IV. Affordable Medications (also see Appendix 2 for visual)

General advice

- In some cases, insurance may not cover a drug you think should be covered, or the cost of the drug is higher than it usually is for the patient. **You can often find out why by calling the pharmacy to ask.** Start there!
- Use generics whenever possible
- GoodRx smartphone app provides coupons for many medications; useful for uninsured patients
- Large chains (Walmart, Costco, Target, Harris Teeter) have $4-5 generic prescription drugs; some require a small annual fee, we have summary sheet on bulletin board in preceptor room of who covers what at the low rate, COSTO often best option, don't need membership
- Manufacturer copay assistance cards for those with private insurance
- Coupons: http://www.needymeds.org/coupons.taf?_function=list&letter=A
- Mail order: https://www.rxassist.org/docs/rxoutreachfrm.pdf or https://xubex.com/BMLIntro.aspx
- For some plans (including Medicaid), Maestro Care alerts when you order a non-formulary med
- Sign up for **covermymeds.com** using your Duke email. Send message to **"DOC Practice Partnership"** in-basket group after signing up so the clinical team can add you to the D.O.C group. *Remember to associate a diagnosis with prescription in case a PA is required*.
- Ask social worker for additional recommendations

Medicare: Senior PharmAssist

- Durham County patients: Phone number: 919-688-4772
- Outside Durham County: Website: http://www.ncdoi.com/SHIIP/SHIIP_County_Sites.aspx
- Insurance counseling service and prescription assistance program
- Reviews medications, fills pillboxes, covers premiums & copays, determines best Medicare plan
- Financial assistance (available to patients >60 years old), Insurance counseling available to **anyone** with Medicare

- Check if there are generic, over-the-counter or less expensive brand name drugs that are equally as effective
- Call 1-800-MEDICARE (1-800-633-4227) or visit www.cms.gov/MedPrescriptDrugApplGriev/13_Forms.asp to find out what the barrier is, eg prior authorization, step therapy requirements, quantity/dosage limits
- Request a "coverage determination" if the pharmacist or plan tells you one of the following:
    - A drug you believe should be covered isn't covered

    - A drug is covered at a higher cost than you think it should be
    - The patient has to meet a plan coverage rule (such as prior authorization) before they can get the drug
    - The plan believes the patient does not need the drug.
- Request a coverage determination with an "exception" if:
    - You think the plan should cover a drug that is not on the formulary because the other treatment options on the formulary will not work
    - You believe the patient cannot meet one of the plan's coverage rules, such as prior authorization, step therapy, or quantity or dosage limits
    - You think the plan should charge a lower amount for a drug on the plan's non-preferred drug tier because the other treatment options in the plan's preferred drug tier will not work for your patient
- Wait 72 hours for a determination
- If the patient cannot wait 72 hours, call or write to the plan to request a decision within 24 hours, letting them know that the patient's life or health may be at risk

Medicaid: NC Medicaid PDL

- Medicaid has a Preferred Drug List. Non preferred drugs will require a prior authorization. To find it google "NC Medicaid PDL". https://medicaid.ncdhhs.gov/documents/preferred-drug-list
- Send prescriptions to a pharmacy in the Community Pharmacy Enhanced Services Network (in Durham, Gurley's, Josef's or Main Street Pharmacy) or to a Duke Pharmacy. These will usually dispense the meds and bill patients who don't have their copay.
- Outside Durham, look here: https://collaboration.cpesn.com/finder
- CPESN Pharmacies delivers medications and can fill pill box (blister packs) for patient
- Medicaid will cover a 90 day supply for a 30 day copay after 3 months of 30 day prescriptions.

Uninsured: NC MedAssist (long-term solution)

- Refer patient to SW for application
- Set medication formulary for low-income uninsured NC residents (check formulary before prescribing)
- E-prescribe to NC MedAssist (Mecklenburg County) prescription for 90-day supply with 3 refills
- Ships medications to patient for free
- Needs to be renewed each year
- Website: http://medassist.org/available-medications/
-

Duke Hospital Sponsorship (short-term solution)

- Refer patient to SW
- One-time support for life sustaining medications to avoid ED visit or admission
- Patient must meeting financial criteria
- Only available through one of the three Duke pharmacies
- May include billing the copay for insured patients

Patient Assistance Programs (PAP) (long term solution)

- Certain brand-name prescription drugs can be obtained directly from pharmaceutical companies
- Check www.rxassist.org to see if a medication is covered under a PAP
- All medication access concerns should be initially assessed by our clinical social work team to determine next steps. Once PAP is advised, please discuss with our DOC pharmacy technician (Catherine Snyder) by emailing or sending a staff message to the technician with the patient's name, MRN, and medication.
- The technician will work to connect the patient with the patient assistance program staff at the Duke Cancer Center Specialty Pharmacy (DCCSP)
- PAP delivers medications to patient home or DCCSP
- Needs to be renewed each year

Prescription Refills

- For routine refill requests, patients should ask their pharmacy to fax requests to (919) 385-9505.

- Send message to **"DOC Practice Partnership"** if assistance is needed for prescription refills per protocal.
- If patient has not been seen in >1 year, they may receive a 30 day refill but must be seen in clinic for future refills
- See separate section on controlled substance refills

V. Insurance/Basic Care

Medicaid
The only patients who qualify for Medicaid in NC are low-income (generally <100% federal poverty level) ***AND*** one of the following: ≥65yo, visually impaired, disabled with inability to work for ≥12 months, or parenting a child ≤19yo.

Subsidized health insurance via the Affordable Care Act
Uninsured patients who have an income can be referred to a navigator working with Project Access of Durham County (PADC) to help them apply for subsidized coverage during open enrollment for the federal health insurance exchange.

NC breast and cervical cancer control program (for the uninsured)
1. Covers breast cancer screening for women 50-64yo
2. Covers cervical cancer screening for women 18-64yo
3. Covers cancer treatment and full Medicaid if diagnosed

Available at the **Durham Public Health Department** (919-560-7600).

Duke Charity Care (Managed by the Financial Care Counselors, not SW)
1. Application process:
    - Patients must first apply for NC Medicaid and be denied.
    - Patient must bring letter of denial
2. Services that qualify for financial assistance or financial hardship are limited to:
    - **Emergent Services** without which the patient's health (or unborn child's health if patient is pregnant) could reasonably be expected be placed in serious jeopardy. These services are limited to those provided in the ED.
    - **DUHS Physician Approved Services** are services that are non-emergent but necessary and appropriate to prevent serious deterioration in the health of the patient from injury or disease. Often follow up services for care originating in the Emergency Department is included. DUHS Physician approval is required prior to the service being provided.
3. Application for coverage of prescription medications is separate, and NOT thru Duke.
4. Some specialty services (eg elective ortho) may not be available.
5. Refer patient to a financial care counselor for help applying.
6. We can't see in the EMR if patient has charity care/ NEW 7/21 6 months approval if accepted

The DOC Resident Fund
Provides resources (medications, medical supplies, transportation, etc.) to patients on a case-by-case basis. Used for short-term needs. Refer to Jan Dillard, LCSW to request.

Durham Medical Respite Program
- What: medical respite for homeless patients with acute medical needs
- Who: homeless patients who need home-like environment to recover from acute illness or prep for a procedure

- How: If at DOC, send an inbasket message to Julia Gamble, who will review the case. If on inpatient rotation, ask your PRM to refer the patient to Chrissie Moody, the complex care PRM at DUH.

VI. Radiology/Imaging
- Offsite (mostly at Duke Regional Hospital)
- Scheduled by front desk, unless plain films (walk-in)
- Order during patient's visit and link to diagnosis

VII. An outpatient blood transfusion
Infusion Center Orders
Call first to set up appointment: 919-681-0645
- Location: 2A in Duke South
- Make sure to draw a type and screen the day BEFORE the infusion visit (if you are ordering PRBCs)
- Be sure to be on your pager in case you get called for clarification
- Steps on Maestro:
- Select: Patient Station and locate your patient
- Select: More activites (bottom left of your screen)
- Select: Encounters (first option on the pop-up menu option)
- Select: New (on the bottom left)
- Select: Orders Only encounter
- Then in your new encounter select: Orders
- Then you must select: orders for later on the top menu option (last on the right)
- It will then ask you to designate a location: Select DUH
- You will be directed to another screen and select: order sets and open Adult Blood administration (or designated medication e.g. IV iron) and enter desired orders
- Sign orders
- **Elizabeth Joran**, the NP at 2A has also offered to help with this coordination. Email or page her

VIII. Oxygen
1. If patient had assessment (documented O2 saturation <88% while walking/sleep study w/titration, print a copy of the note where this was documented. Enter an order for 'Oxygen' in Maestro, click the 'Qty-1, External' link and then the 'Click to add text' behind it, and then use the dot-phrase .DOCHOMEOXYGEN. Write in the qualifying readings, relevant diagnoses, and required statements (see Documentation above); sign, and print. Copy all of this text from the order into the assessment and plan of a Progress Note that lists hypoxia as a problem, which must also be attached.
2. Does patient have a provider preference? If no preference, can provide them with a list of choices—Lincare, Adult and Pediatric Specialists, Apria and Active Healthcare are frequently used. If they have private insurance, specific providers may be preferred.
3. Complete the form (orange respiratory services folder in the drawers at each nurse's station) for the provider chosen.
4. Fax (or place in Medical Records basket) the form and assessment, along with demographic/insurance information, to the provider.

We have forms for some agencies in the ORANGE 'Respiratory Services' folder in the Forms drawers in each work area. Leave in Partnership Folder or medical records basket with a note indicating which agency patient has selected, for it to be faxed to and/or the form for that agency.

If the patient has Medicare, get an attending to co-sign the order and the form; Medicare requires an attending signature (and NPI) for durable medical equipment including home oxygen. Medicare also requires documentation in the medical record; the easiest way to do this is copy the text from the order into a note in Maestro, either in a Progress Note for an existing encounter or a separate Documentation or Orders Only encounter.

Medicare Requirements for Home Oxygen
Testing must be performed with the patient in a chronic stable state (i.e., values from ED cannot be used): 1) As an outpatient: within 30 days prior to initial certification, 2) For patient transitioning from hospital stay to home: within two (2) days prior to discharge from an inpatient hospital stay to home, 3) For a patient in a skilled nursing facility or hospice: within 30 days prior to initial certification
Patient's chart notes must document the following:

- Documentation of patient's hypoxia-related condition and his/her condition should improve with oxygen therapy
- Documentation that other treatments have been tried and deemed insufficient (e.g., medications, inhalers, etc.)

Qualifying Saturation Test Results:

	#1 At Rest	**#2 During Exercise**	**#3 Overnight** (e.g., during sleep study)
Context	Patient tested on room air at rest	Patient tested while walking	Patient tested while sleeping
Threshold for medical necessity	SpO2 ≤ 88%	All three must be documented: SpO2 on room air@rest SpO2 on room air during exercise – must be ≤ 88% SpO2 **on oxygen** during exercise – must show improvement	Oxygen must be measured for at least two hours; desaturation to ≤ 88% for at least 5 minutes.
Notes	If > 88% and you think patient would benefit from O2, go to **#2**		Will not qualify patient for portable O2.

Note: For **#2**, all three readings must be from the same testing session.

IX. Behavioral Health Services

If any patient needs help connecting to mental health resources, refer to social work (Jan Dillard or Elissa Nickolopoulos) for assistance.

Patients with Private Insurance
Contact behavioral health customer service for the patient's insurance (on insurance card) for pre-certification and to locate an in-network provider. Most companies will email a list of in-network providers.

Patients with Medicare
Directory of available providers: http://www.medicare.gov/physiciancompare/search.html

Patients with Medicaid or no insurance

- If a patient with Medicaid knows a provider that accepts Medicaid, they can self-refer
- Contact " local management entity" (LME): http://www.ncdhhs.gov/mhddsas/lmeonblue.htm (see below for local county information). The LME will provide:
    a. 24-hour access for regular and crisis referrals
    b. LME refers patient to an appropriate community provider
    c. Services patient can request include therapy, group therapy, medication management, case management
- Durham, Wake, Johnston and Cumberland counties (Alliance LME)
    a. Patient or provider + patient calls Alliance Health at 800-510-9132 (line is open 24/7)
    b. Screening over the phone (~15-20 minutes) for insurance information, contact information, primary concern, a safety screening, drug/alcohol use
    c. Patients can use the same number during mental health crises
    d. Use .ALLIANCEREFERRAL in patient instructions
- Other counties
  Orange, Person, Chatham, Alamance, Franklin, Granville, Vance, Warren (and more) counties: call Cardinal Innovations (800-939-5911).
  Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, and Wilson Counties: call Eastpointe (800-913-6109).

- Mental health crises
- If a patient has a mental health, substance abuse, or developmental disabilities service provider, they should contact that provider first.
- If a patient does not already have a mental health provider, consider sending them to the Durham Recovery Response Center (formerly Durham Center Access/DCA). DRRC is a place for emotional crisis or substance abuse detox. It is run by Recovery Innovations and located at 309 Crutchfield St (919-560-7305). It is open 24/7/365.
- If you don't think the patient is safe to get to DRRC by themselves, you can call 866-275-9552 in Durham for the Mobile Crisis Team. The mobile crisis team can meet the patient in a safe location (e.g. home, school, workplace, doctor's office, etc.) and arrange transportation for them to DRRC.
- Contact information for other county teams: http://crisissolutionsnc.org/
- For urgent issues but likely worsening symptoms but without safety concerns, consider:
  Carolina Outreach Behavioral Health Urgent Care
  Location: 2670 Durham-Chapel Hill Blvd., Durham, North Carolina 27707
  Next to Foster's Market and across from the Family Fare BP Station. There is a white picket fence outside. Use the rear entrance for the Behavioral Health Urgent Care. Free for patients with Medicaid or uninsured in Durham, Wake, Johnston, or Cumberland Counties. Anyone else including those with other insurance, $440 co-pay, which may be less than ED.
  Phone # 919-251-9009 Fax # 919-251-9848
  Hours of Operation
  Monday - Thursday: 8:00am - 7:00pm Friday: 8:00am - 3:00pm
  Saturday: 9:00am - 12:00pm Sunday: Closed

X. Dental Care (Free or Low Cost)
    a. Medicaid
        - May receive dental treatment from any dentist enrolled in NC Medicaid Program and willing to provide dental care to Medicaid recipients. https://www.insurekidsnow.gov/coverage/nc/find-a-dentist/index.html
    b. No insurance or Medicare w/o dental coverage (most plans don't cover routine dental)

- **SNDA (Student National Dental Association) CAARE Clinic: Includes cleanings, non-surgical periodontal treatment, simple restorative work, and simple extractions for patients without dental insurance.
- **Dental SHAC (Student Health Action Coalition): Free, student run for those who cannot afford care elsewhere—services include screenings, cleanings, restorative procedures, extractions and emergency care.

  **See smartphrase .FREEDENTAL for these local free clinics. NOTE: These are student run and are not open during the summer or over the December holidays.
- Lincoln Community Health Center Dental Clinic: Eligibility for sliding fee scale discounts based on the number of people in family and total family income, but patients are served regardless of ability to pay.
- Samaritan Health Center: Comprehensive medical and dental care to the homeless and underserved of Durham, regardless of their ability to pay. Must apply.
- Outside Durham, Needy Meds Free Clinic List: Lists Free and Low Cost Clinics offering health care at no cost, for a small fee, or on a sliding scale.

c. Medicare who require medically necessary dental treatment (oral surgeon)
- Duke PDC
- Oral and Maxillofacial Surgery Associates PA

XI. Notary – See Elissa or Gloria

XII. Cancer-related Support
Duke Oncology has Clinical Social Work-DOC SW can assist with connection

Duke Cancer Patient Support Program (DCPSP): free services/resources to help support patients and their loved ones throughout their experience with cancer. Services—individual, couple, and family therapy; Support groups; Self-image resources; Volunteer companionship and peer support. http://www.dukehealth.org/cancer/support-services/cancer-patient-support/about

XIII. Alzheimer or other Dementia or Diseases of the Elderly Support

The Duke Dementia Family Support Program: In addition to resources for families, as providers you can email, call or schedule an in-person consultation with a social workers for help with your questions about elder care: https://dukefamilysupport.org/. SW has brochures.

XIV. Essential Daily Needs like Food, Shelter, Clothing, Etc
- NC wide: NCCARE360 (link in Epic, have patient sign ROI)

XV. Nutritional Supplementation

Note: Oral nutrition products are not covered when medical necessity is not established, or when they are used as convenient food substitutes."

Medicare does not generally cover oral nutritional supplements. Consider coupons (sometimes available on line) or alternatives such as Carnation Instant Breakfast, which is usually less expensive.

Per Medicaid policy: Oral nutrition products are considered medically necessary when all of the following conditions are met: a) There is a documented diagnosis in which caloric or dietary nutrients cannot be safely or adequately consumed, absorbed, or metabolized; and b) oral nutrition product is an integral component of a documented medical treatment plan and is ordered in writing by the treating physician.

Medical necessity of the oral nutrition product is substantiated by documented physical findings, and laboratory data if available, that demonstrate malnutrition or risk of nutritional depletion.

Medicaid has a two-step (two form) process to cover Ensure, etc., and it it is considered DME. One is form specific to oral nutritional supplements, https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-3125-oral-nutrition-product-request-form/@@display-file/form_file/DMA-3125.pdf . The other is a general Prior Approval form done in NC Tracks. The medical justification must be documented in the medical record as well.

Must submit a new Oral Nutrition Product Request Form and CMN/PA every six months with documentation supporting the effectiveness of the oral nutrition supplementation.

XVI. Controlled Substance Agreement

When to start

- When patient will require opioids for more than 3 months;
- Has been on stable dose for 3 months;
- Appropriate drug screens have been done;
- Appropriate fill history has been documented (i.e., NC PMP reviewed);
- Patient has established rapport w/ PCP without concerns for aberrancy; AND
- Psychosocial assessment completed by Jan or Elissa (just ask).
- Drug screening
  - Drug screens should be completed approximately every 3-4 month with a confirmatory drug screen sent at least 1-2 times per year
  - Serum drug levels is used in rare cases, usually anuria.

Violations

a. Terminate contract if patient exhibits aberrant behavior on multiple occasions (document each in chart):
   - Multiple missed appointments
   - Prescriptions from another provider
   - Taking medications inappropriately
   - Repeatedly contacting PCP or clinic for refills

b. Terminate contract immediately if:
   - Forged prescriptions
   - UDS screen for illicit substance (including THC) or non-prescribed controlled substance (including benzodiazepine)
   - Confirmatory drug screen results negative for prescribed narcotic
   - Confirmatory drug screen results inconsistent with dosing

c. If narcotics are discontinued, this should be clearly documented in the problem list

Reinstatement of pain agreement

- This is a decision that is made on an individual basis after at least 6 months
- Patient must attend PAIN group or substance abuse treatment
- No reinstatement if patient has been violent
- Must be approved by attending

XVII. Transportation

A. Medical

Medicaid

- A smartphrase containing information about Medicaid transportation is .DOCMEDICAIDTRANSPORTATION
- Patient can call the department in their county for free Medicaid Access transportation 8a-5p
- Durham County Department of Social Services, 919-560-8607
- Orange County Public Transportation, 919-245-2871
- Person County Area Transport, (do not dial 1) 336-503-1178
- Vance, Granville, Franklin, Warren Counties KARTS (Kerr Area Rural Transportation System), 800-682-4329
- Franklin County, 919-496-5721
- Wake County Human Services 919-212-7000 option 2, then option 1

No Medicaid

- Small fee per trip
- GO DURHAM ACCESS for people with disabilities: 919-560-1551, press 4; requires completion of an application, medical provider's signature
- Orange Public Transportation: 919-245-2008; 8am-4pm; cost varies depending on circumstance
- Person Area Transport: 336-597-1771; 8:30am-5pm; $10 to Duke, $2 local
- Vance, Granville, Franklin, Warren Counties KARTS (Kerr Area Rural Transportation System): 800-682-4329; weekdays 5am-7:30pm, Saturdays 8am-5pm; $4-8 depending on length of trip
- Wake County TRACS: 919-212-7005; Monday-Friday 7am-12pm and 1-6pm; cost varies depending on destination, starting at $2

Transportation for cancer treatment

- American Cancer Society Road to Recovery: 800-227-2345

B. Non-Medical Transportation

- Durham County
  - Go Durham Fares and Schedules: 919-485-RIDE (7433)
    - Those 65 and up and those with disabilities can request a discount card
  - GO DURHAM ACCESS for people with disabilities: 919-560-1551, press 4; requires completion of an application, medical provider's signature
  - Durham Center for Senior Life: 919-688-8247 ext.103; transportation to congregate meal at Senior Center; free
- Orange Public Transportation: 919-245-2008; 8am-5pm; cost varies depending on circumstance
- Person Area Transport: 336-597-1771; 8:30am-5pm; $10 to Duke, $2 local
- Vance, Granville, Franklin, Warren Counties KARTS (Kerr Area Rural Transportation System): 800-682-4329; weekdays 5am-7:30pm, Saturdays 8am-5pm; $4-8 depending on length of trip
- Wake County TRACS: 919-212-7005; Monday-Friday 7am-12pm and 1-6pm; cost varies depending on destination, starting at $2
-

XVIII. To schedule:

Duke Sleep Study 919-385-7925
Duke GI/Gastro/Colonscopy 919-684-6437
Duke Eye 919-681-3937
Duke Central Scheduling 919-684-7999

How to …

Complete Forms:

Partnership Folders (located on the wall in the preceptor room)

All paperwork needing attention is placed in partnership folders. You are responsible for addressing items in folder each time you're in clinic; please be conscientious of needs of patients when not in clinic, which can include essentials such as diabetic supplies or home care orders. After completing, please place the form in the Medical Records bins. Occasionally, if a partnership has no members in clinic for a few weeks, you'll be asked to help with forms for their patients. Dr. Bowlby can help with any paperwork—they are lots of different types and it is complex!

Types of Forms
There are many types of forms that need to be completed; please ask your attending or more senior residents to help you with forms that are new to you. All forms need to be copied and sent to medical records before returning them to patients.

For questions about paperwork or obtaining records at the DOC, contact Carolyn Lawrence in Medical Records or discuss with your attending.

Remember: Do not make copies of the patient's information or discuss patient care with family members unless you have permission, as HIPAA rules dictate. Document any verbal or written permission you have received.

Disability Forms
Disability forms from insurance companies will be placed in your PP folder. These will be photocopied for the patient's chart. If it is a new disability form, it should be completed by the resident *who most recently saw the patient* or the PCP, whoever knows the patient best. These forms and decisions are often complex, so please speak with your attending or the Ambulatory Chief Resident. If it is a renewal form and continues to be appropriate, old forms may be available for reference in the patient's file kept in Medical Records.

FL-2 Forms
These are required for Medicaid patients transitioning from living at home to a skilled nursing facility or assisted living/domiciliary level (temporarily, e.g. for low-intensity rehab, or more or less permanently, barring a dramatic change in home circumstances); placement depends on there being an available bed at a facility accepting Medicaid. This form is also used by DSS to access funds to help a patient remain in their home in lieu of placement. **Please be sure that the medication list you use is completely accurate – it will be transferred to the MAR of the facility!**

Health care power of attorney/advanced directive (HCPOA) forms
Goal is to have HCPOA/AD for every patient on your panel. These forms may be completed by the patient and signed in front of any notary. Gloria Manley, financial counselor, and Elissa Nickolopoulos, LCSW-A, are the notaries for DOC or the patient may use their own. Patient should provide a copy to DOC to be scanned in to their record, as well as the relevant additions made to the Problem List. Advance Care Planning discussions should be documented in the ACP tab, which can easily be done by using .ACPBEGIN at the beginning of the section and .ACPEND at the end. Everything between the two phrases will documented in the ACP section of the chart. Forms are available on the nurse's station counter on each side of the clinic. You may also refer patients to SW as needed to discuss HCPOA/Advance Directives, to ensure understanding of the process and the content.

Outside Medical Records
Search in Care Everywhere! Also, outside medical records can be requested if patient completes a "Release of Medical Information" form, found in the file drawers at the workstations. When the records arrive, they will be placed in your PP folder prior to filing in the patient's chart. If you need the medical record to be scanned, let Carolyn know.

Work excuses
Use available templates in Maestro letters section (under "communication" tab). *Do not use prescription pads.*

Other miscellaneous folder Items
FYI items will come through from pharmacies and insurance companies and outside providers all the time. With each item, your job is to determine the medical necessity of following up, or simply documenting in an encounter that it was received to notify the care team, or signing it and returning to medical records to scan into the medical record.

Late Policy for Patients
- Patient are considered late if they arrive >20 minutes after their scheduled appointment
- Patients arriving less than 20 minutes late will be seen and we will see almost all patients who are late, even if > 20 minutes.
- Patients who are elderly, rely on others for transportation, are in the HomeBase Plus program, or have an issue that requires urgent medical attention will also be seen regardless of when they arrive
- If a patient is >20 minutes late:
    - Nursing staff may ask you it you're willing to see the patient, but the general goal is to see everyone who walks in to clinic
    - If you're able, see the patient
    - If you're behind or have other people waiting, feel free to see others first, then see the late patient
    - If you really don't think you'll have time, nursing staff may add the patient to someone else's schedule or schedule them for a later appointment in the day. You can also discuss with any attending if needed. They will help to sort it out!

Procedures
For procedures, you should obtain at least verbal informed consent from the patient; pre-printed consent forms are also available at the nursing work stations. It is necessary to perform a "time out" for procedures such as joint aspirations and injections, I&Ds, and skin biopsies. Include a brief description of the procedure and document that consent was obtained in your procedure note (e.g., using a dot-phrase if available) within the encounter.

1. Pelvic exams:
    a. Let your nurse or CMA/CNA know in advance so he/she can get the patient ready
    b. Order the tests you want before performing the exam
    c. Commonly ordered tests: Pap with reflex HPV testing, gonorrhea, chlamydia, gram stain, trichomonas
2. EKGs: place the order in Maestro, select clinic preferred so clinic staff can see the blue dot in Maestro to perform.
3. Nebulizer treatments
4. IV fluids: Normal Saline for short duration only
5. Cryotherapy for skin lesions
6. Skin biopsies
7. Joint aspirations and injections (if administering steroids, give attending vial(s) afterwards to log)
8. Incision and drainage
9. Suture/staple removal
10. PPD placement AND reading (order both)
11. Injections: includes vitamin B12, Depo-Provera, vaccinations, ketorolac, ceftriaxone, insulin, and others—see appendix for full list of medications

Schedule Follow-Up Appointments
- **During a clinic visit:**
    - **Scheduling a follow up MD appointment**: go to the "Wrap-Up" tab -> "Follow-up" section -> "For: " text box where you can type a return appointment time (e.g., "2-4 months with Dr. Smith"). Always specific a time range to give schedulers leeway.
    - **Scheduling a clinical pharmacist, DOC PT, or group visit (DM, HTN, Pain):** go to the "Wrap-Up" tab -> "Follow-up" section -> "Check Out Note: " box and type your request.

Examples “Follow-up with Pharmacist 1:1 for insulin titration in 2-3 weeks,” “Follow-up with DOC PT,” “Schedule with HTN group”

- **At any time:** send an InBasket message to the “P DUKE OUTPATIENT SCHEDULING [10372].” This option should start popping up after typing “P DUKE OUT” in the “To:” field. Use the “Patient Lookup” button to add the relevant patient.
- **Patients can schedule** by calling the scheduling hub at (919) 471-8344 (extension 1) during business hours to request an appointment (they should be encouraged to ask for you by name)

Send Letters to Patients

- If you are asked to write a letter to a patient, please review it with an Attending (if possible the one who you precepted the patient with or who has seen them recently).
- You may notify patients of lab results by using letters.
- Select the “letters” tab (it may be hidden if you don’t use it frequently). Select recipient at the top. Compose the letter (right click to make selected text editable to get rid of extraneous stuff in lab results) → **(1) ROUTE** or **(2) SEND the letter**
    - Click “route” to send the letter to your medical records pool or designated person (route to “P DUKE OUTPATIENT CLINIC-MPDC FRONT DESK) who will mail the letter to the patient (preferred) and the attending who reviewed the letter with you.
    - Click “send” to print letters and then have someone send them. To print later, go to Letters tab in Chart Review.

Manage Patients When Not In Clinic

Expectations for Resident Coverage of Clinic Messages (In Basket)

*Rotation Designation key:

BLACK = away on vacation, night float, international; unavailable
RED = high volume, high intensity rotation; fewer than one clinic per week
YELLOW = moderate intensity rotation; 1-2 clinics per week
GREEN = ambulatory weeks, consult weeks; greater than 2 clinics per week

	DOC
Rotation Designation*:	
BLACK	Attach in-basket to covering resident and Out of Contact message on In Basket
RED	Responsible for following items from your own recent clinic days only. Set reminder to look weekly.
YELLOW	Check in-basket a minimum of 3 times per week and respond to messages.
GREEN	Check in-basket daily and respond to messages (nurses route same day items to residents in Green)

DOC after-hours telephone home call coverage

- Call is 5pm to 8am Monday-Friday and then all day/night Saturday and Sunday
- During regular work hours, calls are handled directly by clinic staff
- On the first Monday of your call week, call the Duke Operator to check in
- Carry your pager at all times including on the weekend
- The paging operator will page you first; if you cannot be reached, they will page the back-up attending

- Touch base with your attending in the middle of the week to discuss how the week is going
- Do not hesitate to call your attending. They get worried if they don't hear from you every once in a while.
- Call / email / page Dr. Bowlby if you have questions or problems with your call experience
- Document all significant telephone encounters in Maestro
- How to manage common calls

Acute Complaints

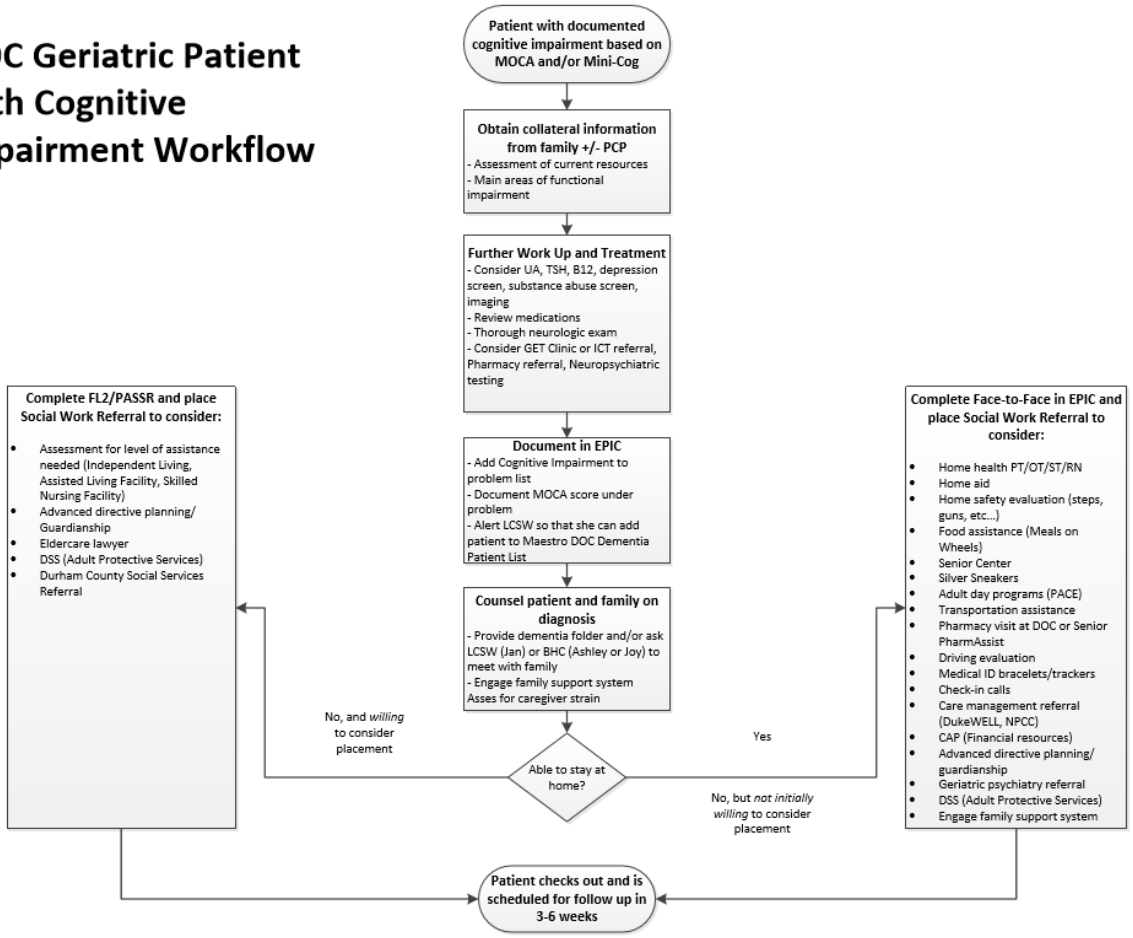
- Your role is to triage, not necessarily to solve or treat problems. Decide whether the issue is urgent or not.
- Urgent: Active suicidal or homicidal ideation, cardiac chest pain, mental status change, vomiting/diarrhea with no PO intake for > 24 hrs.
    - Call your attending to review the case and decide whether patient needs to go to ED vs urgent care (Duke Urgent Care is open 8A-8P 7 days/week).
    - If patient is having active suicidal or homicidal ideation or needs substance abuse detox, consider directing them to Durham Recovery Response Center at 309 Crutchfield St (919-560-7305). Alternately, you can connect patient with the Mobile Crisis Team, who can go to the patient's home for further assessment (866-275-9552 in Durham; http://crisissolutionsnc.org/ to look up other counties).
    - It is patient's responsibility to call 911 or arrange their own transportation
    - If patient is going to ED, call the hospital and explain the reason for ED visit
- Not urgent
    - Suggest possible home treatment options or refer for an acute care visit in the upcoming days.
    - If an urgent appointment is needed, send an inbasket message to the front desk supervisor to make the appointment for the next day.
-

Medication needs

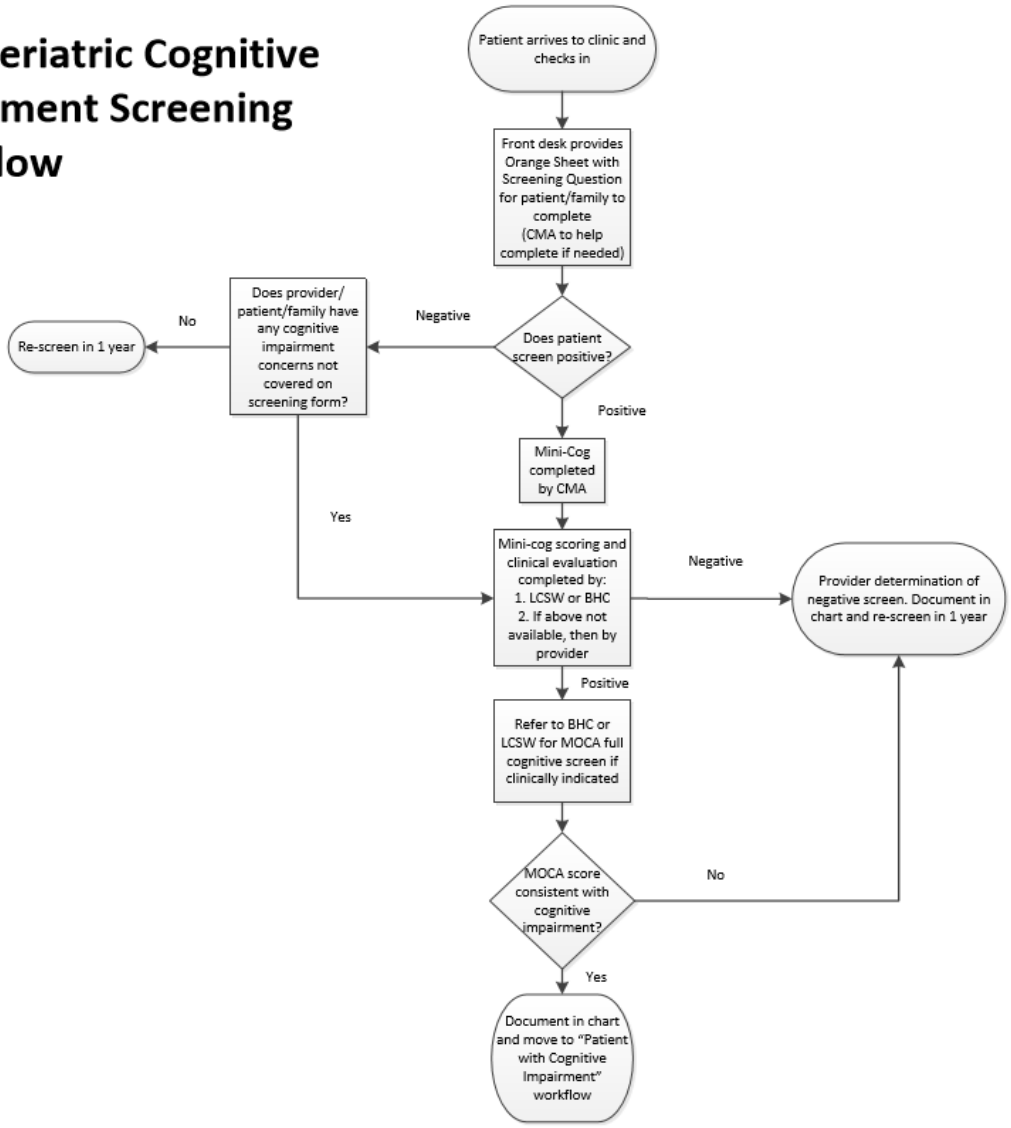
- Routine medication refills: Tell patient to call their pharmacy and have the pharmacy fax a request to DOC. Do not order the refill yourself.
- Urgent medication refill: If you determine that you can safely refill on review of records and discussion with patient, either call the pharmacy directly or generate a medication refill encounter thru Maestro (preferred). Controlled substances as a rule should not be refilled by the on call resident during off hours.
- Urgent refill but patient has not been seen in past 6 months: Provide a one month supply and set up a follow-up appointment as above

Get Help for My Geriatric Patient

DOC Geriatric Patient with Cognitive Impairment Workflow



DOC Geriatric Cognitive Impairment Screening Workflow



Use Maestro Care (Epic)

Troubleshooting
Helpdesk: (919) 684-2243, choose option #5
Maestro "Super Users" at DOC: Dr. Bowlby & Dr. Zipkin

- Making your encounter more efficient

1. Order items on the left hand column for better function during all encounters
2. Move diagnoses between History, Problem List, and Visit
3. **Review Flowsheets** (vitals, diabetes detail)
4. **Common Diagnosis buttons:** populate these for easy use for routine healthcare maintenance orders
5. **Orders favorites:** Go to Epic menu → preference list composer → Patient Care Tools
6. Medication prescribing: delete END DATE, make sure quantity is correct, refills for 30 or 90 day supply.
7. Be aware that we CANNOT discontinue meds in the system, must add that on as a note to the pharmacy when you do a new Rx.
8. Uploading images: Take a photo using the Epic Haiku app (ask a resident or attending to show you how). It will automatically upload to the "Media" tab of the patient's chart. Copy and paste the image into your note
    a. To get Haiku on your phone, go to https://intranet.dm.duke.edu/sites/MaestroCare/Mobile/SitePages/Home.aspx
9. **Speed buttons** for check out in the 'follow up' section

See Dr. Zipkin for extra tips!

- Epic In Basket

You are responsible for your patient panel and following up on all tests ordered on your patients. When you are on a busy service, new patient questions will be routed to other people in your partnership group. However, tests you ordered from clinic will still result to you. No one is necessarily double checking how you handle your test results, so make sure you act in timely manner, and if you need help be sure to ask!

When you need help with something and want to route an encounter to your nurse, please refer to the partnership map to know who your team nurse is (Group A is Amber Walters, Group B is Diana (Glenda) Wamsley, Group C is Eleanor) and put that nurse in the routing field.

POWER TIPS:
Patient Station – the primary portal of entry into any chart

- From here you can see all encounters, jump in to create addenda in any of them

Use the Search box – located in the upper right-hand corner, a robust search field, pulls in terms related to the term you are searching

- Try putting "ADL" into the search field, see what it pulls up
- 2018 Upgrade will include Care Everywhere information when you search

Triage – things where patients are waiting take priority!

Search-try putting LCSW in the search box to see if SW is already working with your patient.

Organize your In Basket

- Move folders up and down per your preferences (use the wrench!)
- Involve the nursing team where appropriate! Know who your team nurse is and ask them for help with "result note" or "quick note". Route messages to your nurse, or to the front desk or medical records POOLS.
    - To access POOLS: type "P Duke Out…" and press return to see the pools.

KEY FOLDER NOTES:
General point #1: In order to complete the task at hand, you should NEVER NEED TO LEAVE THE FOLDER YOU'RE IN. EVERY FUNCTION YOU NEED TO RESPOND TO A MESSAGE IS IN THAT FOLDER! If you are leaving the folder to create a new encounter to get the work done, you are working too hard!!!

General point #2: In every folder, click the wrench and select position "report on the bottom" – this allows a better view of all of your options, and labs show a brief trend in recent labs for the one you're looking at.

DIFFERENT MESSAGE TYPES:
Patient Calls

- Use QuickNote to bounce back to team/nurse/attending
- Use Enc/Reply/Fwd to go into the encounter and document your portion of the call or send orders
- Whatever you type into the "note" of the phone call will be recorded in a thought bubble within the routed encounter for all to see. Whatever you type in a "routing comment" will come in as a smaller italicized comment. Keep your main content in the "note."
- Route calls to anyone with whom you need to collaborate.
- To schedule appointments for a patient from a call (or from any field with routing), find the SCHEDULING POOL by typing "p duke out" to see all of our pools. Select "Duke Outpatient Scheduling", and put the requested time frame in the routing comments.

Patient Advice Request

- Reply to Pt Only to message the patient directly (they receive an email notice)
- MyCht Enc/Reply/Route to go into the MyChart encounter, send orders, etc.
- Telephone Call creates a new, SEPARATE encounter (use sparingly)

Results – How should you communicate the results to the patient? Consider whether the result is normal or abnormal, the level or urgency, and clinical challenges when deciding which method to use.

- Result Release to share the result with the patient in MyChart; they receive an email notification when you send it. When a written note will suffice. Reserve for patients with higher health literacy.
- Letters: If the result is not urgent and can be shared in 10-14 days via standard mail. Letters auto-populate with the result in a nicely formatted template. For the blue smartlinks, RIGHT CLICK OVER THE AREA AND SELECT "MAKE SELECTED TEXT EDITABLE". Then, voila, you can edit and simplify for the patient. Right click and "delete rows" to make this process move quickly. Finally, when your letter is done, click the box to ROUTE the letter. Find the medical records POOL by typing "p duke out" into the routing field. All of our pools will pop up. Select the medical records pool and route. They know what to do!
- Result Note to comment and route to nurse for help; to communicate with anyone on the team about the result – your attending, your team … anyone!
- Telephone Call to create new encounter and call yourself

Rx Request

- EditRx to change the sig, or refuse some and accept others
- Approve All if they are good to go
- Refuse All should ONLY follow a QuickNote to route to nurse for help (don't decline without an explanation and a plan to communicate to the patient). ROUTE QUICK NOTES AS PATIENT CALLS AT DOC, otherwise they will route to the pool and not the individual.

Referral Message

- Often FYI; right-click, reply to all or reply to sender as needed

CC'd Charts

- Should mostly be FYI for you guys; it's where encounters go when you send them to us, to close and sign

Staff Messages

- This is like email, except harder to figure out who is sending and who is copied. It is NOT recorded in the patient's chart. No one looking at that patient's chart will know about the staff message conversation. Do NOT use staff messages for any clinically important info.

Document Outside of an Arrived Encounter

Maestro Care has specific documentation pathways that vary based on whether you are documenting information **during** a patient visit versus **outside of** a patient visit. The following table highlights the workflow for a few different types of documentation outside of a patient visit in Maestro Care.

*Documentation Purpose (when completed **outside** of patient visit)*	*Encounter Type*
Medication refill	Medication Refill Encounter
Documenting a phone conversation	Telephone Encounter
Ordering a referral	Orders Only Encounter **OR** In Basket message to the Referral Pool

Document Psychosocial Needs

A third, emerging priority will be to better understand the impact of social determinants of health on the needs of our patients – which requires better documentation. The following list was compiled after extensive discussion:

Code	**Notes**
Lack of Housing Z59.0	also refers to unstable housing
Financial Difficulties Z59.8 and Dependent for Transport Z74.8	e.g., transportation, clothing
Problems with Literacy Z55.0	1-question screen: "How confident are you filling out medical forms by yourself?" Screening for health literacy is also a PCMH (primary care medical home) REQUIREMENT.
Lack of Adequate Food Z59.4	
Adult Maltreatment T74.91XA	includes ONGOING adult physical, sexual, psychological abuse, and neglect (i.e., domestic violence, elder abuse)
Cognitive Impairment 294.9	including memory problems, not rising to level of dementia
Ineffective Self Health Management V49.89	
Underdosing of medications due to financial hardship Z91.120	
History of Childhood Maltreatment Z62.819	
Lives in a Group Home Z59.3	

Appendix 1 - Potassium replacement

Creatinine	Potassium 2.7-2.9	Potassium 3 – 3.2	Potassium 3.3-3.4	Potassium 3.5-3.9	Potassium 5.6-5.9

< 1.5	40 meq bid x 2 days, in addition to current dose. Then long term dose increase of 30 meq's daily	40 meq bid x 1 day, in addition to current dose. Then long term dose increase of 20 meq's daily	Consider long term dose increase of 20 meq's daily	Re-check in 1 week if increasing diuretic	Hold x 2 days then decrease dose by 50%
1.5-2	40 meq bid x 2 days, in addition to current dose. Then long term dose increase of 20 meq's daily	40 meq bid x 1 day, in addition to current dose. Then long term dose increase of 10 meq's daily	Long term dose increase of 10 meq's daily	Re-check in 1 week if increasing diuretic	Hold x 2 days then decrease by 50%
2-2.9	40 meq daily x 2 days, in addition to current dose. No long term dose increase	40 meq daily x 1 day, in addition to current dose. No long term dose increase	20meq x 1 day, in addition to current dose. No long term dose increase.	Re-check in 1 week if increasing diuretic	Hold x 2 days then decrease by 75%
>3	Notify Attending	Notify Attending	20 meq x 1 day, no increase in chronic dose	Re-check in 1 week if increasing diuretic	Notify Attending
Labs should include BMP	Follow up labs 4 days	Follow up labs 7 days	Follow up labs 7-10 days	Follow routine monitoring if no med changes	48 hours

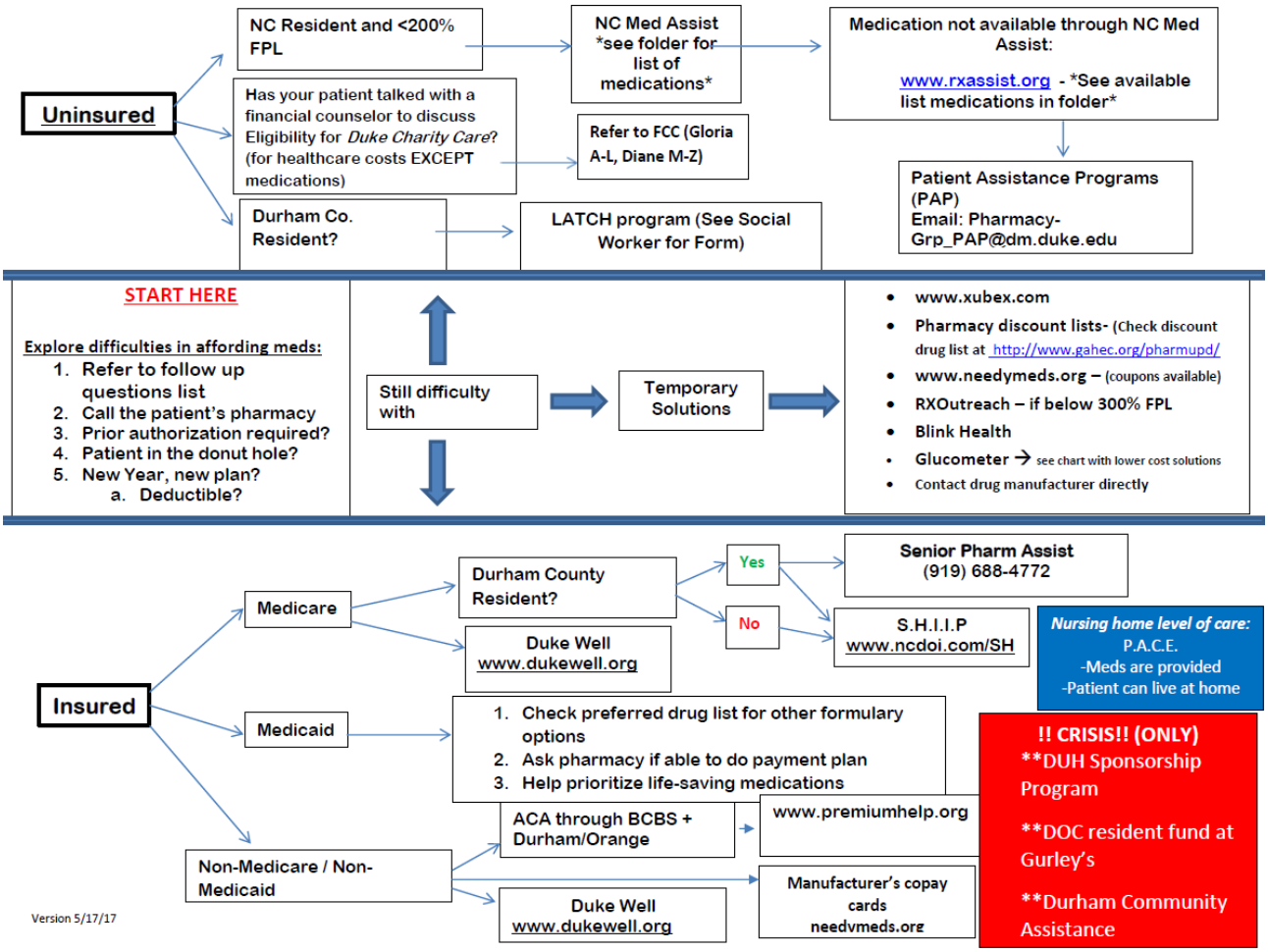
Notify Attending MD for K+ < 2.7 or > 5.9. For K+ > 6.5, recommend emergency treatment, including an EKG.

- Additional Treatment Considerations:
- Dietary counseling. Review foods high in potassium that patient should consume or avoid.
- Hyperkalemia symptoms: listlessness, mental confusion, weakness, paresthesias
- Hypokalemia symptoms: fatigue, myalgia, weakness, and cramping
- Patients with any cardiac history and/or taking digoxin are considered high risk.
- If patient taking K+ salts such as LiteSalt or NuSalt, or NSAIDs, recommend discontinuation.
- If patient is prescribed spironolactone or an ACEi/ARB with hyperkalemia (K+ ≥ 5.6) on no potassium supplementation, instruct patient to hold the medication for 2 days then resume at half dose. If patient is taking a potassium supplement as well as spironolactone or an ACEi/ARB, instruct patient to hold medication for one day and follow above recommendations for holding potassium supplement.

References:

Asheville Cardiology Associates. Potassium Protocol
UK Renal Association. Clinical Practice Guidelines: Treatment of Acute Hyperkalemia in Adults. July 2012.

Appendix 2 – How to Help Patients Who Cannot Afford Medications



Appendix 3 - Common Clinic Tasks

A checklist to complete during an in-person or telemedicine patient visit

The majority of your patient care note can actually be completed prior to the end of the visit. The following "checklist" highlights the different steps you should take during the visit in the "visit navigator" section of each patient's chart. Note that bolded items must be completed prior to discharging a patient from the visit. You may use ".dazfu" or ".daznewtemplate" for a follow up or new visit respectively.

1. Document and/or review the "Chief Complaint"
2. Review documented "Allergies" (be sure to "mark as reviewed")
3. Review and update the patient's "Problem List" (be sure to "mark as reviewed")
4. Review and revise patient history (PMH, PSH, family, social)
5. Review, reconcile, and refill patient medications under the "Medications" tab
6. Review and update the "Healthcare Maintenance" tab
7. Record a diagnosis (or multiple diagnoses) for the visit under "Visit Diagnoses" (note: you can "push" problems from the "Problem List" section into "Visit Diagnoses" by clicking on the small arrow next to each problem). Do NOT put 'health maintenance' or "vaccine need" as the first visit diagnosis, as we can't bill visits that way.
8. Document HPI

9. Order any additional tests or referrals under “Meds and Orders” (everything you order must be “associated” with a visit diagnosis)
    - PEND orders until you know who you’re signing out with, so orders and referrals can link with correct attending.
10. Document assessment and plan (note: use .DIAGMED to pull in each visit diagnosis with attached orders)
11. Include instructions for follow-up in the “Follow-up” section, specifically in the “For:” field (for example, “f/u in 2-4 months with PCP Dr Zhivago for HTN”). For best continuity, only use the “For:” field and include a range of months or specific dates when you/PCP are in clinic and your/PCP name (plus name of any other provider who knows the patient)
12. Route your note to the attending you signed out with (also in the “follow-up” section)
13. Write patient instructions in the “Patient Instructions” section (see Smart Phrases below)
14. Printm or if declined will be in MyChart, the “After-Visit Summary (AVS)” and hand it directly to the patient

Appendix 4 - Visit types

Although from a scheduling/administrative perspective there are officially only two basic visit types (**new patient visits** defined by Medicare as not having been seen at the DOC for 3 years; and **returns**), there are actually many different visit “flavors,” which we encourage you to use *explicitly* (e.g., bringing patients with uncontrolled chronic illness back for prepared chronic disease-focused visits at regular intervals, outside of acute visits). Doing so can help you avoid becoming overwhelmed by having to address every issue at every visit, or being purely reactive. Of course, the realities of patients’ lives force us to be opportunistic as well, taking care of what we can when patients present to clinic, regardless of reason (e.g., refills, health maintenance, interrupted workups for potentially concerning complaints, etc.)

Visit type	**Brief description (including objectives for visit)**
New/not seen at DOC in 3 years	Complete review of past medical history, social history, family history, plus thorough review of 10+ systems
Return or Office visit	Second official visit type; but actually fall into many subtypes. Can be to follow up on acute complaints not able to be addressed in a single visit; or in follow-up of prepared chronic illness visit, at whatever interval/frequency is required.
Acute	Patient-made appointment to address a particular problem
Annual	Although the evidence for the benefit of these is mixed, can provide a set-aside opportunity to catch up specifically on health maintenance, update history, and address patient self-management goals and goals of care. It can also be a good time for completing PHQ-9 (depression) and AUDIT (EtOH) screening. Of note, Medicare has a very specific Annual Wellness Visit format, reimbursed separately.
Chronic illness	PREPARED visits focused on one or more chronic conditions that a patient may be struggling to get under control. Verbally contract w/ patients before setting these up that these visits will be to address their chronic condition(s). In reality, care cannot easily be compartmentalized, but it can provide both you and the patient some time/space/clarity to establish a plan for the next 12 months, to-dos, etc.
Group	In conjunction with diabetes group visits
Home	A multidisciplinary team (resident, Ambulatory Chief Resident, pharmacist, social worker) can visit a patient’s home to identify/address potential barriers to health
Hospital follow-up	Use the .DAZHOSPFU template within your note. Main purposes are to: a) assess condition s/p hospitalization, and patients’ understanding of why they were hospitalized and what they can do to avoid re-hospitalization; b) complete to-dos from discharge summary; c) ensure any medication changes made on discharge have in fact been implemented w/o adverse events; d) address any

	urgent issues; and e) schedule them soon (< 6 weeks) to return to their assigned PCP.
Paperwork	To enable completion of a particularly time-consuming form (e.g., FMLA), or one that requires a provider assessment (e.g., FL-2)
Procedure	Staffed by Larry Greenblatt and intended to be where patients can be "referred" for joint/bursa injections, cryotherapy, even punch biopsies, etc. in clinic

Appendix 5 – Initiating Opioids

What patients

- Failed to respond to 2-3 OTC analgesics and/or NSAIDS within a reasonable time period.
- Failed other pharmacologic therapies, eg steroid injections, nerve block
- Failed non-pharmacologic therapies, eg PT, rehab, TENS units
- See CDC 12 point Guidelines March 2016

Contraindications

- Active substance abuse
- History of substance abuse (relative)
- Uncontrolled psychiatric disorder
- Chaotic home environment with difficult medication management (consult SW)
- Full body pain, fibromyalgia, chronic headaches, vague pain, or no diagnosis
- Positive screen for any illicit drugs in the past 3-6 months.

What to do before initiating opioids

- Specify the cause of the pain
- Document intensity of the pain, current and past treatments, coexisting diseases, effect of pain on physical and psychological function, history of substance abuse, negative urine drug screen
- Discuss and document risks and benefits of controlled substances
- Refer to social work for a psychosocial assessment to identify risk factors

Medication choice & dosing

- Scheduled doses (vs PRN) if patient has continuous or frequently recurring pain
- Short-acting narcotics: tramadol, oxycodone
- Long-acting narcotics: if after one month, patient requires frequent short-acting narcotics, consider replacement with long-acting narcotics
    - MS Contin
    - Methadone (max dose at DOC is 40mg daily)
    - OxyContin is more expensive and has history of abuse (although has since been reformulated to be abuse-deterrent)
- Breakthrough short-acting narcotics:
    - No need for patients on methadone
    - 30 pills per month for patients on MS Contin
- See the Medicaid Preferred Drug List (PDL) for Medicaid recipients

Follow-up visits

- MD should see patient every 1-4 weeks initially; every 3 months once pain control is stable
- Document intensity, location, duration, aggravating and alleviating factors, effect of pain on function
- Document opioid-related side effects, aberrant drug-related behaviors
- No refills for early, lost or stolen meds.
- Additional short-acting pain medication can be prescribed when deemed appropriate by an attending when there is an acute need.

Appendix 6: as of 6/9/2020

COVID-19 Related Changes

Durham County Resources Updated for COVID related closures/surge
http://tinyurl.com/ducovid19resources
Durham County Resources Updated for COVID related closures/surge (written in Spanish)
http://Tinyurl.com/ducovid19recursos
Orange County Resources Updated for COVID related closures/surge
http://tinyurl.com/chcovid19resources

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