Ambulatory Management

Clinical Operations Update
January 31, 2020

- Login to Zoom first then dial in to the meeting
- Please chat in your questions via Zoom

- Introduction
- **Ambulatory Alert: 2019 Novel Coronavirus**
- **Epic Training and Support Updates**
- **Payer Updates**
- **Ambulatory Management Updates**
  - Ready, Set, Go! eCheck-in and Patient Self Scheduling
- Wrap Up
  - Action Items
  - Open Questions (time permitting)

Ambulatory Management Forum: *Agenda*

- Introduction
- **Ambulatory Alert: 2019 Novel Coronavirus**
- **Epic Training and Support Updates**
- **Payer Updates**
- **Ambulatory Management Updates**
  - Ready, Set, Go! eCheck-in and Patient Self Scheduling
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Ambulatory Alert: 2019 Novel Coronavirus

2019 Novel Coronavirus (2019-nCoV) Update

MGH Center for Disaster Medicine
MGH Infection Control Unit
MGH Division of Infectious Diseases

1 May 2020

MASSACHUSETTS GENERAL HOSPITAL

HARVARD MEDICAL SCHOOL

Coronaviruses

- Large, enveloped, RNA viruses
- 4 genera: alpha, beta, delta and gamma
  - Alpha and beta infect humans
  - HCoV 229E, NL63, OC43, and HKU1 are endemic and cause 15-30% of common cold syndromes
- Reservoirs: bats, multiple other animals
- Until 2002 not seen as too important given mild illness, then:
  - Severe Acute Respiratory Syndrome (SARS): 2002
  - Middle East Respiratory Syndrome (MERS): 2012
  - 2019-nCoV (TBD???): 2019

SARS, MERS, and 2019nCoV

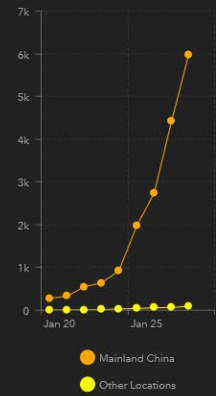|	SARS CoV	MERS CoV	2019 nCo-V (SARI)
Microbiology	Enveloped RNA virus	Enveloped RNA virus	Enveloped RNA virus
Outbreak period	2003-2004	2012-present	2019-present
Initial site of isolation	Guangdong province, China	Saudi Arabia	Wuhan, China
No. of countries with cases	29	27	15*
No. of cases (mortality)	8,096 (9.6%)	2,494 (~34%)	~6057 (N=132)*
No. of cases U.S.	8	2 (2014)	5 (WA, IL, CA, AZ)
Reservoir (intermediate host)	Bats (palm civet)	Bats (dromedary camels)	Unknown (likely a zoonosis)
Incubation period	2-7 days (range, 2-21)	2-7 (range, 2-14 days)	2-14 days (CDC, based on MERS)
Infectivity, Ro	2.2-3.7 (range, 0.3-4.1)	0.3-1.3	Unknown; early estimated 1.4-4
Super spreaders	Yes	Yes (uncommon)	Yes (1 case infected 14 HCP)
Transmission (including to HCP)	Droplet/Direct, Airborne/Indirect?	Droplet/Direct, Airborne/Indirect?	Droplet/Direct, Airborne/Indirect?
Treatment (PEP)	Supportive (none)	Supportive (none)	Supportive (none)
Infection Prevention	Airborne, contact, eye protection	Airborne, contact, eye protection	Airborne, contact, eye protection

*As of 1/278/2020
Slide adapted from Dr. David Weber, with permission.

Slide courtesy of Dr. David Weber.

Major updates 1/29/2020

- Case counts continue to increase
- Restrictions on movement
- Evacuations
- Additional literature
  - Human-human transmission in Vietnam (NEJM, 1/28/2020)
  - Incubation period < 3 days

CORRESPONDENCE

Human-to-Human Coronavirus Transmission in Vietnam

L.T. Phan and Others

The authors describe transmission of 2019-nCoV from a father, who had flown with his wife from Wuhan to Hanoi, to the son, who met his father and mother in central Vietnam and shared a hotel room with them for 3 days. The findings suggest that the incubation period in the son may have been 3 days or less.
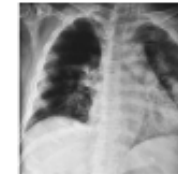
FREE   JAN 28

EDITORIAL

Clinical characteristics

	All patients (n=41)	ICU care (n=13)	No ICU care (n=28)	p value
Characteristics				
Age, years	49·0 (41·0–58·0)	49·0 (41·0–61·0)	49·0 (41·0–57·5)	0·60
Sex	..	..	..	0·24
Men	30 (73%)	11 (85%)	19 (68%)	..
Women	11 (27%)	2 (15%)	9 (32%)	..
Huanan seafood market exposure	27 (66%)	9 (69%)	18 (64%)	0·75
Current smoking	3 (7%)	0	3 (11%)	0·31
Any comorbidity	13 (32%)	5 (38%)	8 (29%)	0·53
Diabetes	8 (20%)	1 (8%)	7 (25%)	0·16
Hypertension	6 (15%)	2 (15%)	4 (14%)	0·93
Cardiovascular disease	6 (15%)	3 (23%)	3 (11%)	0·32
Chronic obstructive pulmonary disease	1 (2%)	1 (8%)	0	0·14
Malignancy	1 (2%)	0	1 (4%)	0·49
Chronic liver disease	1 (2%)	0	1 (4%)	0·68
Signs and symptoms				
Fever	40 (98%)	13 (100%)	27 (96%)	0·68
Highest temperature, °C	..	..	..	0·037
<37·3	1 (2%)	0	1 (4%)	..
37·3–38·0	8 (20%)	3 (23%)	5 (18%)	..
38·1–39·0	18 (44%)	7 (54%)	11 (39%)	..
>39·0	14 (34%)	3 (23%)	11 (39%)	..
Cough	31 (76%)	11 (85%)	20 (71%)	0·35
Myalgia or fatigue	18 (44%)	7 (54%)	11 (39%)	0·38
Sputum production	11/39 (28%)	5 (38%)	6/26 (23%)	0·32
Headache	3/38 (8%)	0	3/25 (12%)	0·10
Haemoptysis	2/39 (5%)	1 (8%)	1/26 (4%)	0·46
Diarrhoea	1/38 (3%)	0	1/25 (4%)	0·66
Dyspnoea	22/40 (55%)	12 (92%)	10/27 (37%)	0·0010
Days from illness onset to dyspnoea	8·0 (5·0–13·0)	8·0 (6·0–17·0)	6·5 (2·0–10·0)	0·22
Days from first admission to transfer	5·0 (1·0–8·0)	8·0 (5·0–14·0)	1·0 (1·0–6·5)	0·002
Systolic pressure, mm Hg	125·0 (119·0–135·0)	145·0 (123·0–167·0)	122·0 (118·5–129·5)	0·018
Respiratory rate >24 breaths per min	12 (29%)	8 (62%)	4 (14%)	0·0023

Data are median (IQR), n (%), or n/N (%), where N is the total number of patients with available data. p values comparing ICU care and no ICU care are from χ² test, Fisher's exact test, or Mann-Whitney U test. 2019-nCoV=2019 novel coronavirus. ICU=intensive care unit.

Table 1: Demographics and baseline characteristics of patients infected with 2019-nCoV
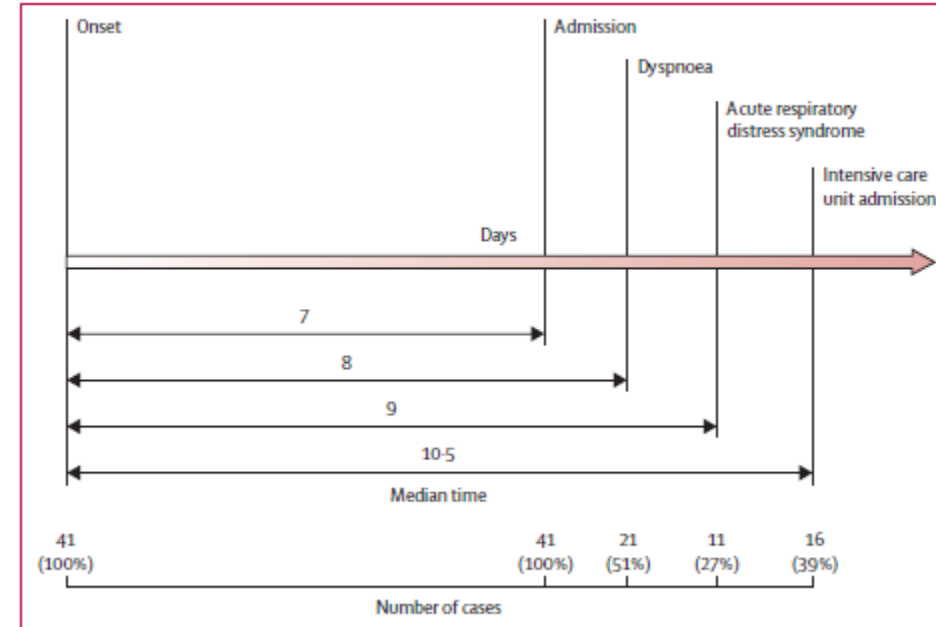

Figure 2: Timeline of 2019-nCoV cases after onset of illness

- 41 patients
- 66% exposure to market
- All with PNA
- 30% ICU admission
- 15% (6) died

Huang et al, Lancet Infect Dis, 2020.

Public Health and Emergency Preparedness Response is Evolving

- Restrictions on movement within China
- Travel warnings: US State Department (Level 4) and CDC (Level 3)
- US implemented screening at airports
- CDC established Person Under Investigation (PUI) definition to guide evaluation and need for testing– this may evolve over time

Current CDC PUI Definition

Clinical Features	&	Epidemiologic Risk
Fever[1] **and** symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. – *or* – In the last 14 days before symptom onset, close contact[2] with a person who is under investigation for 2019-nCoV while that person was ill.
Fever[1] **or** symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact[2] with an ill laboratory-confirmed 2019-nCoV patient.

Testing

- Has to be approved through MDPH
- Currently being done at CDC
- Expect at least few days turn around

Treatment

- No known treatments
- Supportive care
- Experimental therapeutics
  - Lopinavir/Ritonavir- RCT underway in China right now
  - Plans for remdesivir
  - Everyone is looking on the shelf to see what can be used

MGH: Region 1 Ebola and Other Special Pathogens Treatment Center

- Pathogens such as 2019nCoV, MERS, SARS, Avian influenza cared for under Strict Isolation Policy
  - Patient placement
  - Strict Isolation
  - Visitor restriction and other components

MGH Special Pathogens Program Overview

- The Special Pathogens Program was designed for High Consequence Infectious Diseases (HCIDs) that do not require care in a biocontainment unit
- Bigelow 9 serves as the Special Pathogens Unit
  - Includes 10 AII rooms
  - Adult, non critically ill patients
- Where to the rest go? Depends on age, acuity, special circumstances (pregnancy)
  - MICU, PICU, Ellison 17/18, Blake 14
- Units that have undergone (or started) training on Strict Isolation are:
  - ED, MWIU, Bigelow 9, MICU, PICU, Ellison 17/18, and Blake 14
- HCWs caring for these patients will do 14 day symptom monitoring in absence of known exposure

Identify/Isolate/Inform

- **Identify**
  - Symptoms
  - Epidemiological link- i.e., travel history

- **Isolate**
  - Mask and room the patient

- **Inform**
  - Locally
  - MGH Biothreats Pager MD

Mystery Patients

- 95 visits at 49 hospitals in New York
- Actors with symptoms and epi consistent with MERS or measles
- When a travel history obtained, masking and isolation occurred 88% of the time; 21% when travel not asked
- Time from entry to masking 1.5m (0-47m)
- Time from entry to isolation 8.5m (1-57m)

Figure 1:
Simulated measles rash using a commercial moulage kit

Group 1: Primary care, Urgent care and Health Centers

Beginning immediately: Schedulers and Front Desk staff to screen patients on the phone and front desk as follows:

For urgent appointment scheduling calls:

IDENTIFY at Pre-Visit: phone screening when scheduling clinically urgent appointments:
Screen patients with 2 questions:
1. Do you have a fever or cough?
2. Have you traveled to China in the last 30 days?

Take the following actions:
- Yes to fever or cough, <u>no</u> travel to China:
  - Normal clinic process, including mask on arrival to appointment if scheduled
- No to fever or cough, <u>yes</u> travel to China:
  - Normal clinic process
- Yes to fever or cough, <u>yes</u> travel to China
  - Warm transfer call to your designated clinician (RN, MD, APP)* and proceed to the Isolate step below

ISOLATE:
- Patient remains at home while designated clinician (RN, MD, APP) proceeds with evaluation.

INFORM:
- Using the "Assessing Patient Risk of High Consequence Infectious Diseases for Frontline Providers", the designated clinician will obtain the necessary information over the phone with the patient. If interpreter services are required, utilize interpretive services for IPOP or VPOP (click here for more information).
- Once information is obtained, the clinician should page the MGH Biothreats Pager MD at 26876 to discuss next steps.
- Once determination of next steps are made with advice of MGH Biothreats Pager MD, clinician will complete the Travel Navigator Activity in EPIC (Tip Sheet here).

IDENTIFY: Ask all patients the following two questions at check in.
1. Do you have a fever or cough?
2. Have you traveled to China in the last 30 days?

Take the following actions:
- Yes to fever or cough, <u>no</u> China travel:
  - provide with surgical mask, follow normal clinic process
- No to fever or cough, <u>yes</u> China travel:
  - Normal clinic process
- Yes to fever or cough, <u>yes</u> travel to China
  - provide patient with surgical mask, ask patient to remain at desk, and contact designated clinician to follow isolate and inform steps below:

ISOLATE:
- Clinician should isolate the patient** (maintaining a distance of 6 feet) in an Airborne Infection Isolation (AII, "negative pressure") room if available.
- If an AII room is not available, isolate the patient in a standard room, with the door closed, and have the patient continue to wear the surgical mask.
- Clinician should instruct the patient to answer the telephone in the room if one is available.

INFORM:
- Using the "Assessing Patient Risk of High Consequence Infectious Diseases for Frontline Providers", designated clinician will obtain the necessary information with the patient, over the phone if possible. If interpreter services are required, utilize IPOP or VPOP (click here for more information).
- Once information is obtained, the clinician should page the MGH Biothreats Pager MD at 26876 to discuss next steps.
- Once determination of next steps are made with advice of MGH Biothreats Pager MD, clinician will complete the Travel Navigator Activity in EPIC (Tip Sheet here).

*Identify a designated clinician for each session
**Identify a specific exam room for isolation

If an emergency situation occurs requiring close contact with a patient while evaluation for risk of 2019nCoV is ongoing, only essential clinicians in appropriate personal protective equipment for Strict Isolation, including fit-tested N-95 respirator, gowns, gloves, and face shield, should enter room. (Follow Strict Isolation Policy and page MGH Biothreats Pager MD at 26876 for further guidance).

Ensure PPE required for Strict Isolation is available to appropriately trained staff
- **Disposable gowns** – (Yellow cardinal gown 532596 or blue gown 374311)
- **N95 Respirators** – 2 sizes (Small = 34941 & Regular = 34940)
- **Full Face Shields** – (37386)
- Standard **Nitrile Gloves** will suffice

Strict Isolation Resources

- <u>Road Show</u>: Currently scheduling time with Nursing Leadership

- <u>Drop-In Sessions</u>:
  - Sunday 1/26: 9:00 pm-10:00 pm Founders 130 (ED Training Room)
  - Monday 1/27: 9:00pm-10:00pm Founders 130 (ED Training Room)

- HealthStream Course (11 minutes)

- [Donning and Doffing Videos on YouTube](#)

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Group 2: All other ambulatory areas

! **Group 2 Action items:**

Beginning immediately: Front Desk staff to screen all patients with 2 questions upon arrival:

IDENTIFY: Ask all patients the following two questions at check in.
1. Do you have a fever or cough?
2. Have you traveled to China in the last 30 days?

Take the following actions:
- Yes to fever or cough, <u>yes</u> travel to China
    - provide with surgical mask, ask patient to remain at desk, and contact designated clinician* to isolate the patient
- Yes to fever or cough, <u>no</u> China travel:
    - provide with surgical mask, follow normal clinic process
- No to fever or cough, <u>yes</u> China travel:
    - Normal clinic process

ISOLATE:
- Clinician should isolate the patient** (maintaining a distance of 6 feet) in an Airborne Infection Isolation (AII, "negative pressure") room if available.
- If an AII room is not available, isolate them in a standard room, with the door closed, and have the patient continue to wear the surgical mask.
- Clinician should instruct the patient to answer the telephone in the room.

INFORM:
- Using the "Assessing Patient Risk of High Consequence Infectious Diseases for Frontline Providers", designated clinician will obtain the necessary information over the phone with the patient. If interpreter services are required, utilize IPOP or VPOP (click here for more information)
- Once information is obtained, the clinician should page the MGH Biothreats Pager MD at 26876 to discuss next steps.
- Once determination of next steps are made with advice of MGH Biothreats Pager MD, clinician will complete the Travel Navigator Activity in EPIC (Tip Sheet here).

*Identify a designated clinician for each session
**Identify a specific exam room for isolation

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Preparedness

- Creation of an Apollo landing page
  - One-stop shop for information on the outbreak and link to hospital resources

- Review of resources
  - Signage: will be working on updated, approved signage for use in ambulatory and inpatient areas
  - 1 page Risk Assessment tool to be used to document relevant epi and clinical history to help determine if patient meets PUI

- Emphasis on travel screening across the enterprise using Travel Navigator
  - BPAs for 2019nCoV, MERS, and EVD are live in EPIC
  - Many ambulatory sites not used to doing this

Inpatient BPA Screenshot

Ambulatory BPA Screenshot

Signage- Will be Reviewed and updated 1/27/2020

- Two types: Respiratory Etiquette (inpatient, ambulatory, and patient areas versions) and Travel
- Independent content
- Keeping travel separate allows us to emphasize specific travel history
- Need to address need for translations
- Need to ensure that old or non standard signage replaced

Other

- Screening of Partners employees returning from travel to China
  - Centralized check in with MGH OHS
  - Still working out some of the logistics
- Activation of Partners EOP (1/27/2020)

Resources

- MGH Biothreats MD Pager (#26876)
  - Held by MGH ID Attending

- Additional resources
  - *E*llucid
    https://hospitalpolicies.ellucid.com/documents/view/13865
  - Infection Control website
    http://infectioncontrol.massgeneral.org/icu/
    - 2019 Novel Coronavirus First Steps
      http://infectioncontrol.massgeneral.org/icu/2019%20Novel%20Coronavirus%20(2019-nCoV)%20First%20Steps%20Guide.pdf
  - Healthstream trainings: (1) MGH PCS Strict Isolation and (2) MGH Environmental Health & Safety PAPR Training

INFORMATION TO SUPPORT PLANNING & PREPAREDNESS

Patient Care

- Ensure staff assigned to care for patients have undergone Strict Isolation Training (i.e. no travel RNs)

- If the clinical trajectory is worsening there should be a low threshold to transfer the patient to a higher level of care

- If a rapid response or code is called the nursing supervisors will limit personnel in the room
  - Once stabilized the patient should be transferred to the MICU

Patient Transport

- PT's can be transported, as clinically indicated using the same procedures for patients on contact and airborne isolation
  - Patient should wear a clean gown or be covered with a clean sheet
  - Place surgical mask on patient
  - Staff do not wear PPE when transporting unless they are in contact with the patient or contaminated equipment
- Please inform the receiving area prior to sending patient
- If possible, for unconfirmed cases, please defer any non-urgent tests until testing results are received.

Testing

- Specimens being sent to the state should be delivered directly to the lab to avoid delays in processing.

- Testing must be approved by MGH Biothreats Pager MD and coordinated with Micro Lab Director on call

Contact Precautions: Equipment, supplies, and specimens

- Equipment & Other Supplies
  - Where possible use single-patient disposable equipment
  - All equipment leaving the room should be thoroughly cleaned and disinfected using hospital-approved disinfectant before use on another patient
  - Minimize supplies in the room
- Specimens
  - Specimens for routine laboratory testing can be sent and processed through the main lab, however, the Micro Lab director on call should be alerted that this patient is a suspect PUI as no viral cultures should be performed.
  - Specimen collection bags should be cleaned and disinfected prior to being removed from the patient room a per Contact Precautions policy

Visitors

- Visitors will be limited to 2 designated persons
  - Visitors should be willing/able to learn to wear PPE
  - Ongoing discussion about N95 use in visitors
- Visits will be scheduled
  - Visitors will be asked to contact the nursing station prior to coming to ensure it is an appropriate time and to undergo telephone screening for symptoms
- Visitors will be asked to refrain from visiting other areas of the facility
  - Cafeteria
  - Gift Shop
- The MGH Biothreats Pager MD has the authority to restrict visitation as deemed necessary.
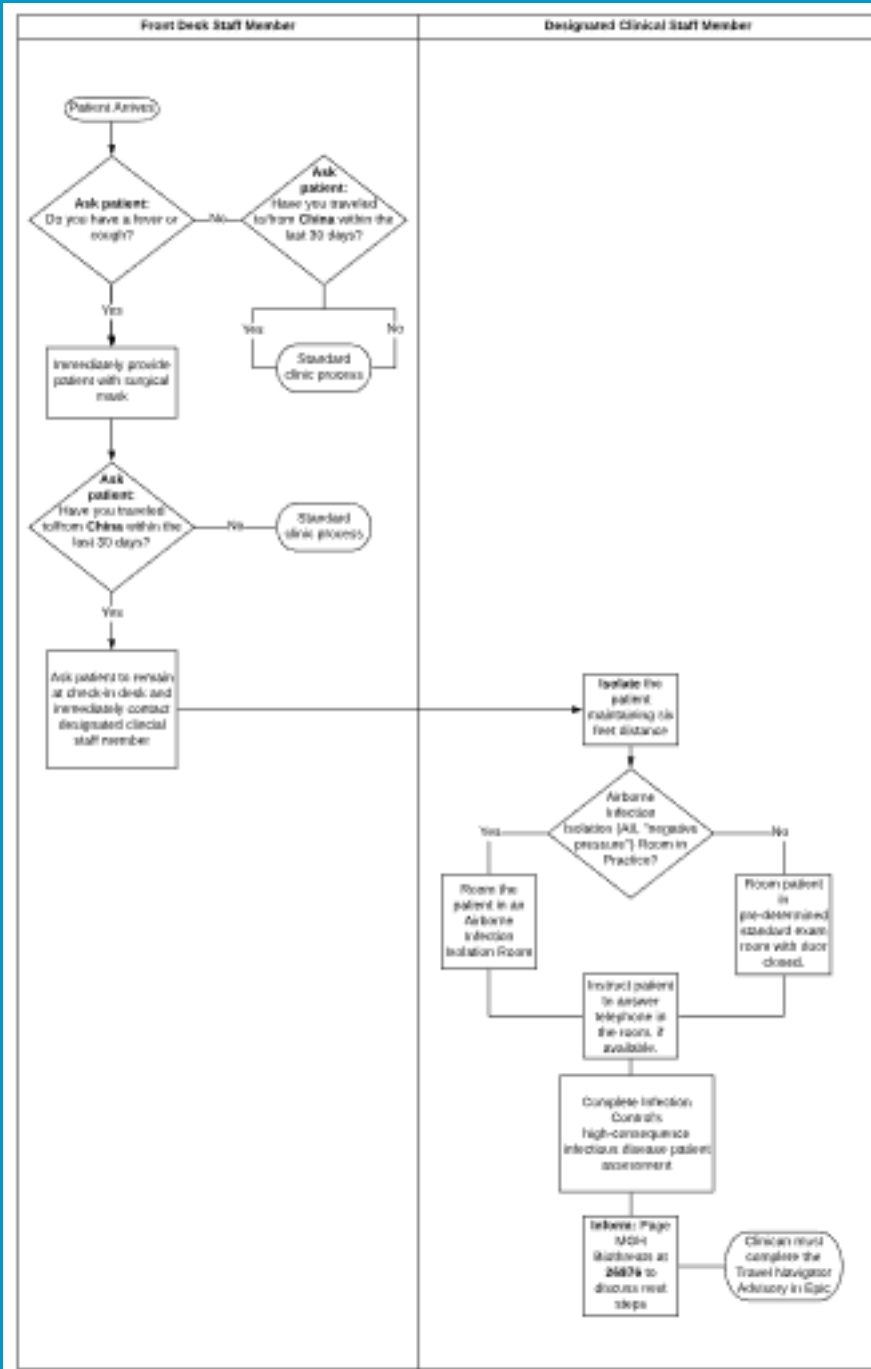
Questions?

Please chat in your questions.

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- **Epic Training and Support Updates**
- **Payer Updates**
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Epic Training and Support Updates

Michael Cook, Training Lead
Business Transformation

Epic Training & Support Updates – Agenda

Topic	Presenter

1) What's new?
   • Accident-related field & warnings/errors
   • Cadence Upgrade impacts 2/23/20
	Michael Cook
	Training Lead
	MGPO Business Transformation

2) Best practice reminders
   • Confirming PCP
   • MSPQ employment & retirement dates	

CADENCE CHANGE REVIEW

"WC/TPL Accident?" Field

- On 1/28/20, the **WC/TPL Accident?** field was renamed to **WC/MVA Related?**

- Warnings and checklist errors have been added when there are:

  o Mismatches between the **WC/MVA Related?** field and the guarantor type used for the encounter.

  o Mismatches between Claim Info form fields and the guarantor type used for the encounter.

  o Discrepancies between the encounter coverages and the guarantor type used on the encounter.
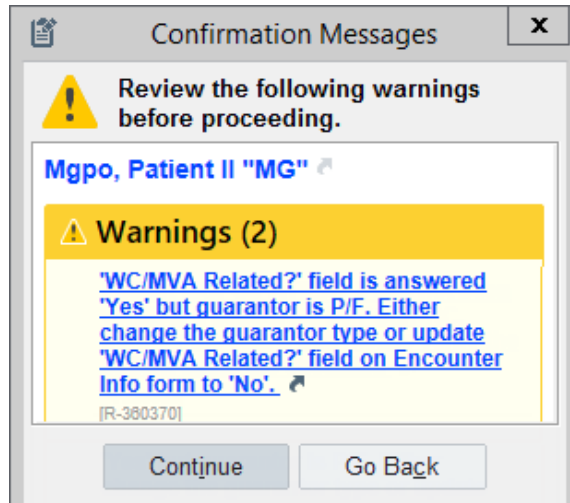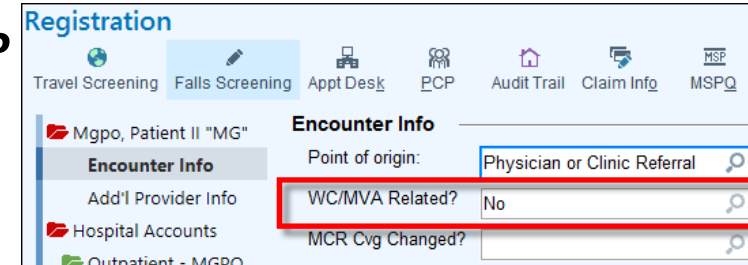
Reminder: always ask the patient:

"Is this visit accident related?"

If "No"	If "Yes"
Enter **No** is in the WC/MVA Related field.	Ask: "Will your [Workers' Comp or motor vehicle insurance] be covering this visit?"
	• If "No" – enter **No** is in the WC/MCA Related field. • If "Yes" – (1) enter **Yes** WC/MCA Related field, (2) assign the WC/TPL guarantor & coverage to the visit, & (3) attach Claim Info Record.

CADENCE UPGRADE IMPACTS

Cadence Upgrade – 2/23/20

The next Epic Upgrade is on 2/23/20, there are a total of 12 end user impacts for Cadence.

Impact Level	# of Impacts	Type of Change
High	2	Key Change
Medium	7	New Look
Low Impact / Inform	3	Good to Know

Training impact user guides will be communicated in the February 11 edition of Revenue Cycle Roundup.

Marking Appts as No Show

2/23/20 Upgrade

Key Change

- Instead of using the EOD button on the DAR to mark appts as no show, you can click a new **No Show** button on the DAR toolbar.

- From this new function, you can also choose to *No Show and Reschedule* the appt.

- This function can also be accessed via the Appt Desk by right-clicking on an appt and selecting **No Show/Reschedule**.

Mark the Selected Appointment as No Show ✕

⑦ You are about to mark this appointment as a no show.

If you continue, this action cannot be undone and you will not be able to check in the appointment today.

🚫 No Show Only   🔖 No Show and Reschedule   ⏎ Go Back
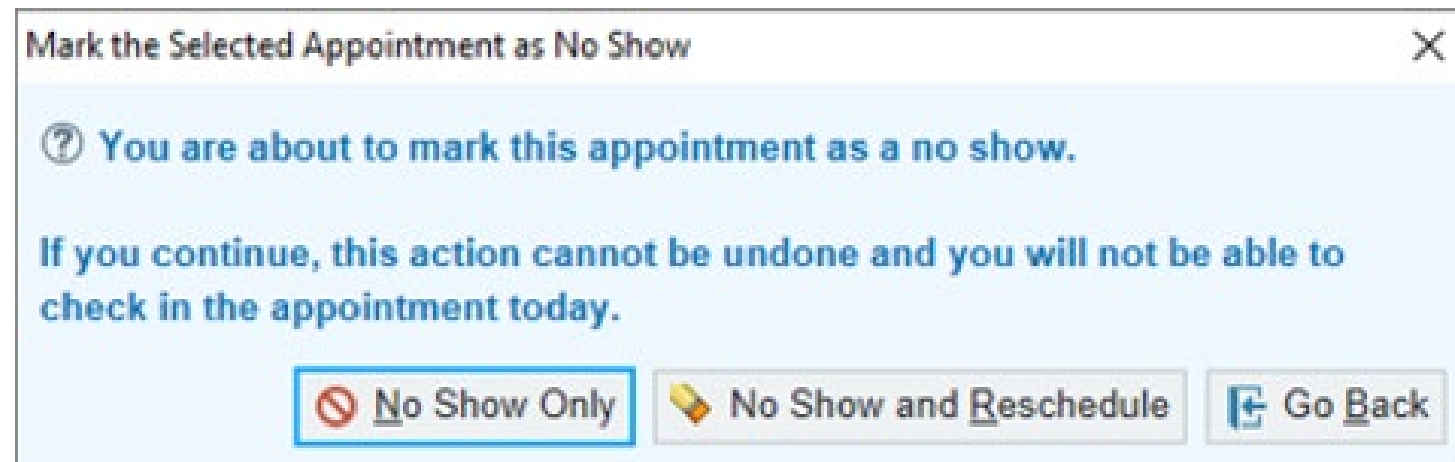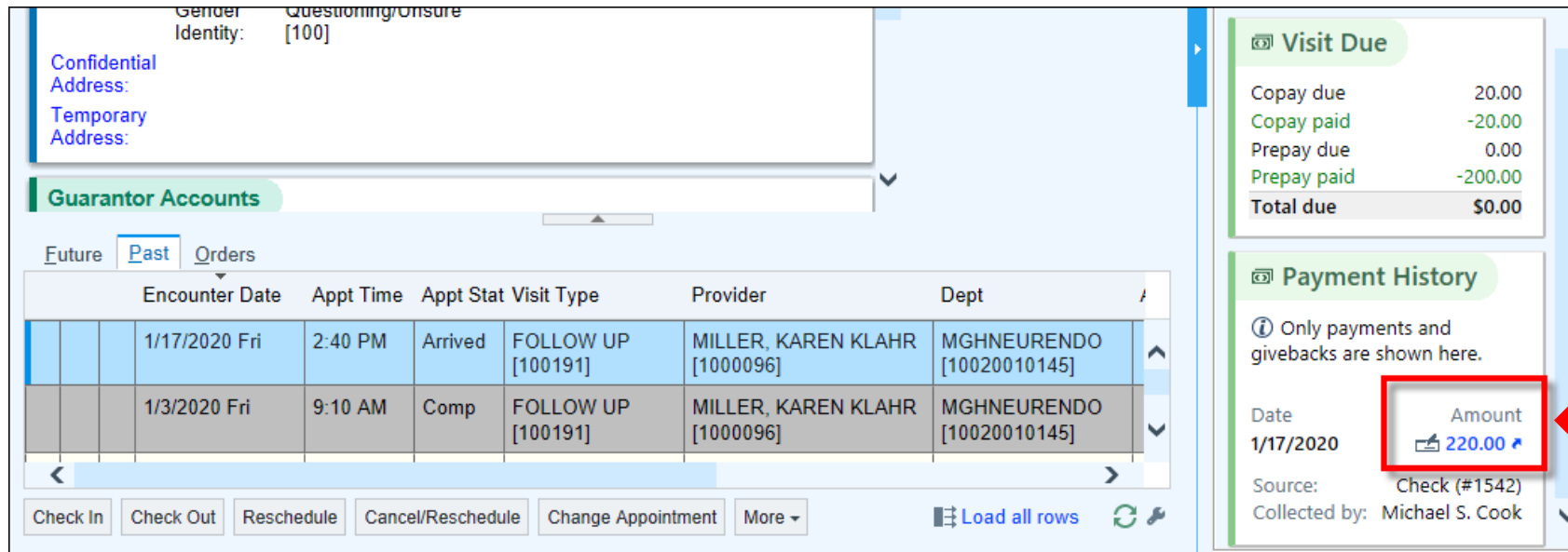
Reprinting Receipts

2/23/20 Upgrade

Key Change

Quickly view and reprint receipts for copays/payments from a new link in the patient sidebar and Expand window.

Reprinting from **Epic** > **Tools** > **Professional Billing Tools** > **Receipt Reprint** is **no longer available**.
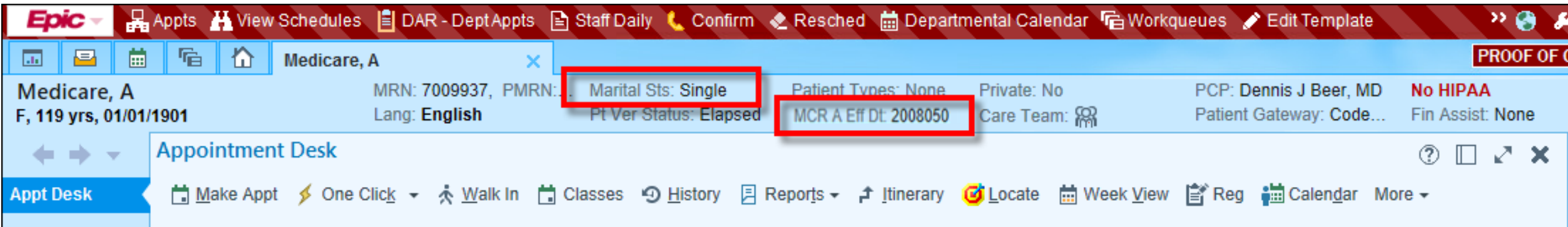
MSPQ Layout Update

2/23/20 Upgrade

New Look

- The MSPQ now appears on a single screen, making it quicker and easier to complete.

- The form also automatically hides questions that aren't relevant to the visit.

- With speed buttons instead of fields, additional fields and sections appear when more data needs to be collected.

MSPQ Layout Update (continued)

2/23/20 Upgrade

New Look

- With this change, however, we lose ability to customize the MSPQ header.

- Therefore, **Patient Marital Status** and **MCR A Effective Date** will be shifted to the patient header.

Document Table Update

2/23/20 Upgrade

- The Documents table has a new look.
- Buttons for viewing, editing, signing, and more appear at the end of each row instead of at the bottom of the window. Hover over a document to view these options.
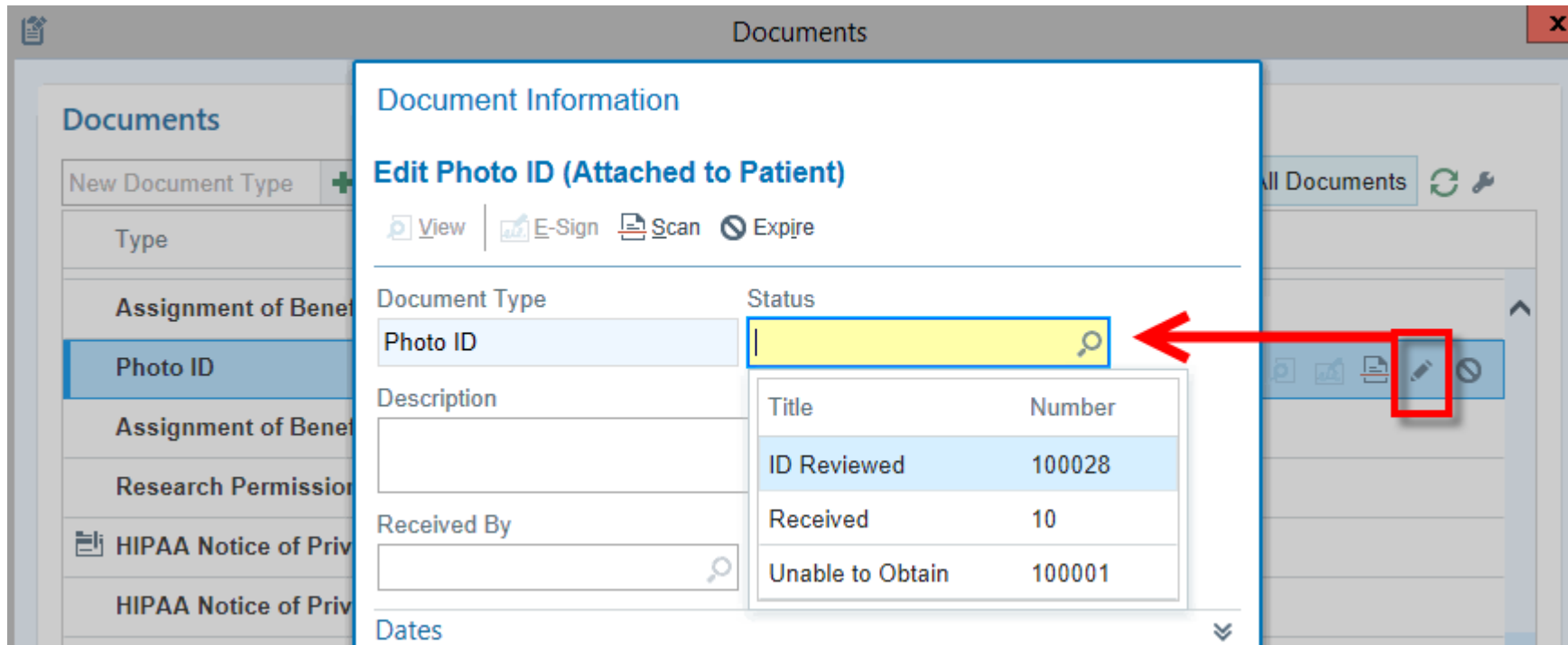

Click to manually update status.

Click to view eSignature.

Click to have patient eSign (can also double-click on the document to prompt e-Sign).

Document Table Update (continued)

2/23/20 Upgrade

New Look

- To manually update the status of a document or collect photo ID, click the **Pencil** icon and then select the status.

Document Table Update (continued)

2/23/20 Upgrade

New Look
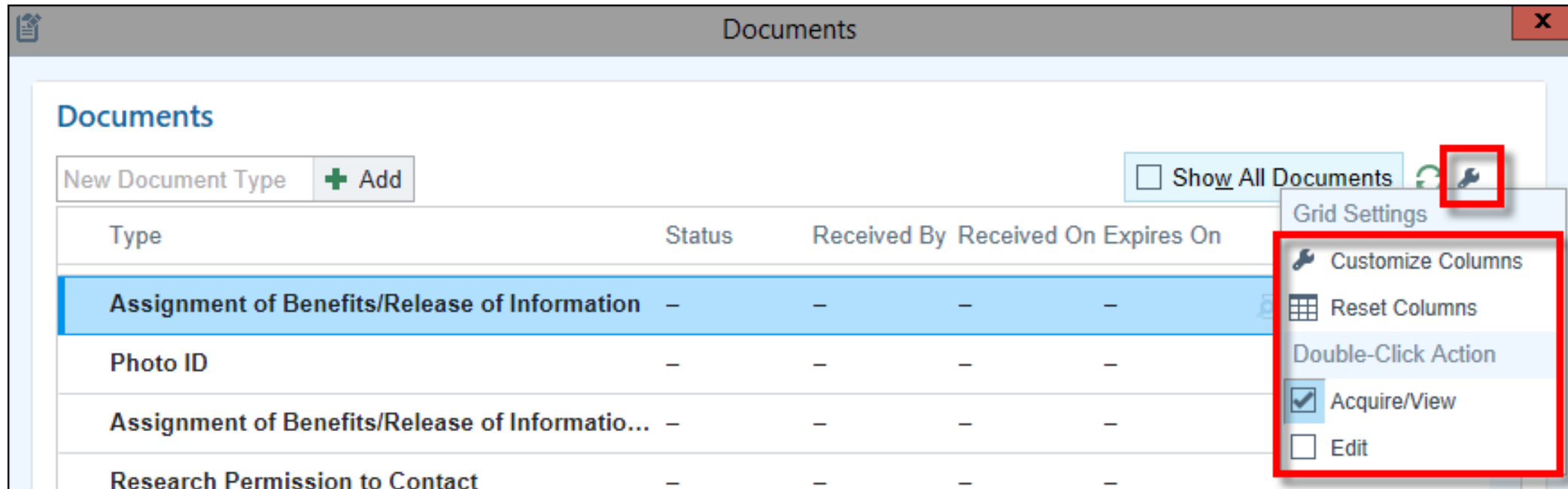
- Click the **wrench** icon to set personal preferences in the Documents table.

- Click the **wrench** > **Customize Columns** to change the columns that display and/or the column default width.

Refund Activity

2/23/20 Upgrade

New Look 🔍

- The POS Refund activity will be renamed to: **Patient Refund**.

Current State
Epic > Enterprise Billing > POS Refund

Future State
Epic > Enterprise Billing > Patient Refund
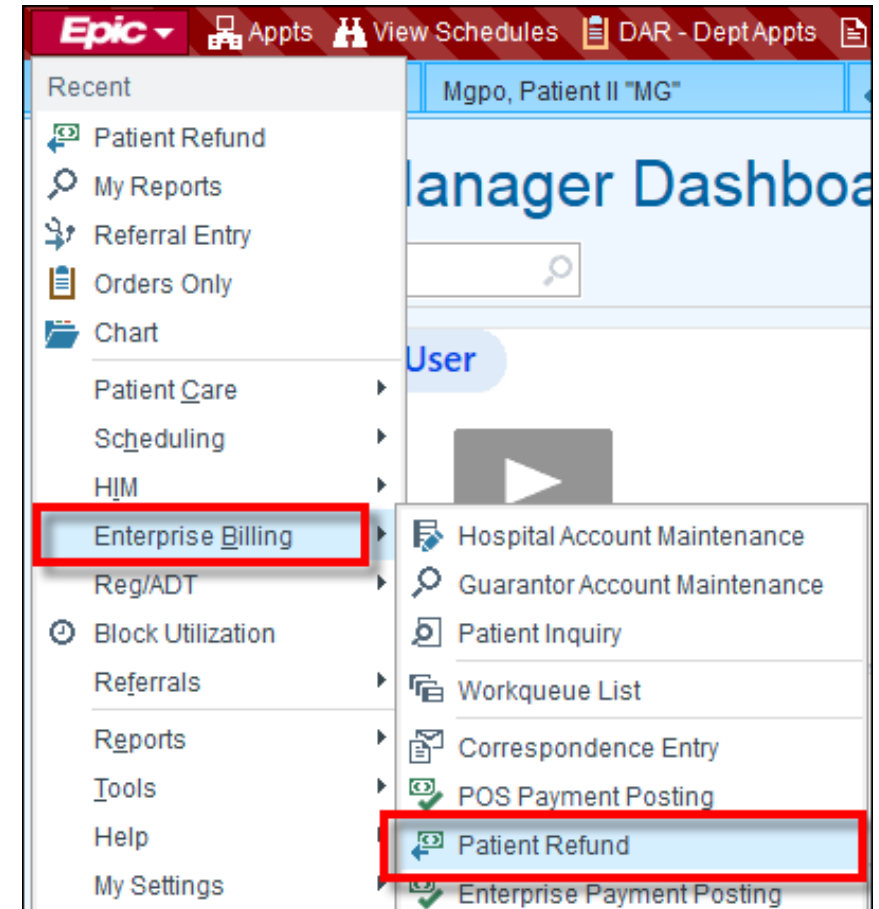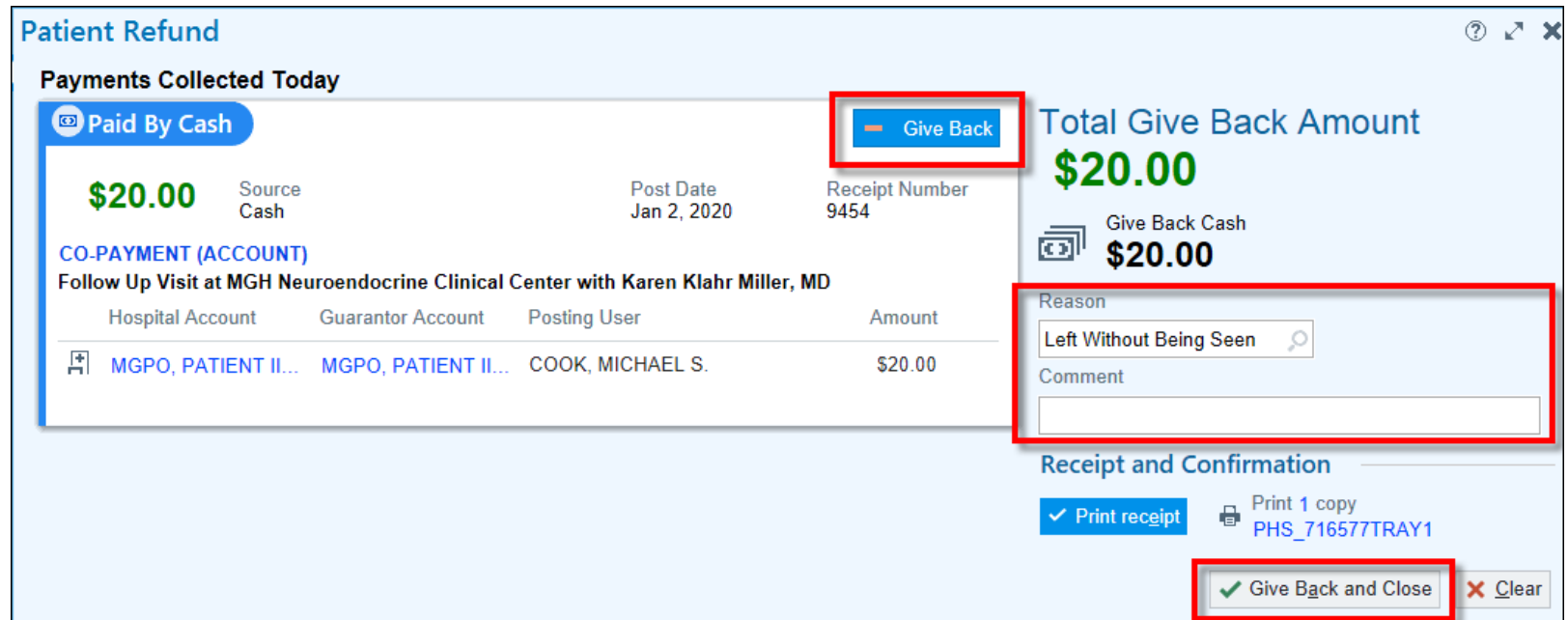
Refund Activity

2/23/20 Upgrade

New Look

- The "Patient Refund" activity (currently – "POS Refund") has a new look. Functionality within this activity remains the same as current state.

To refund a payment:

1. Click the **Give Back** button.
2. Select a **Reason**.
3. Click **Give Back and Close**.

- You can click the Hospital Account / Guarantor Account hyperlinks to jump directly into the account to view more details.

Referral Workqueue Tab

2/23/20 Upgrade

New Look

The referral workqueue tab on the Work List is being renamed to "**Referral/Authorization**."

Epic Training & Support Updates
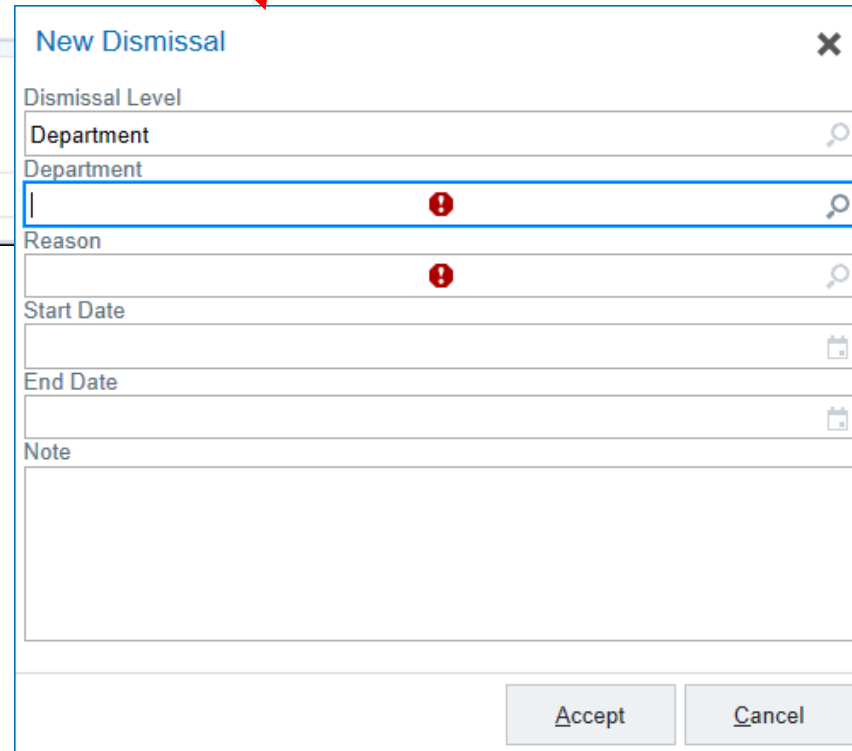
Dismiss Patient Activity

2/23/20 Upgrade
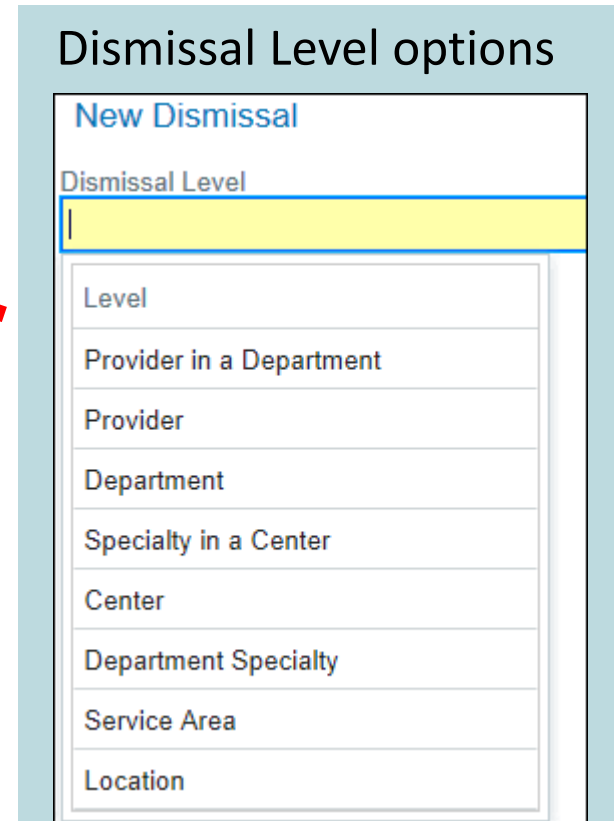
The Dismiss Patient activity has a new look.
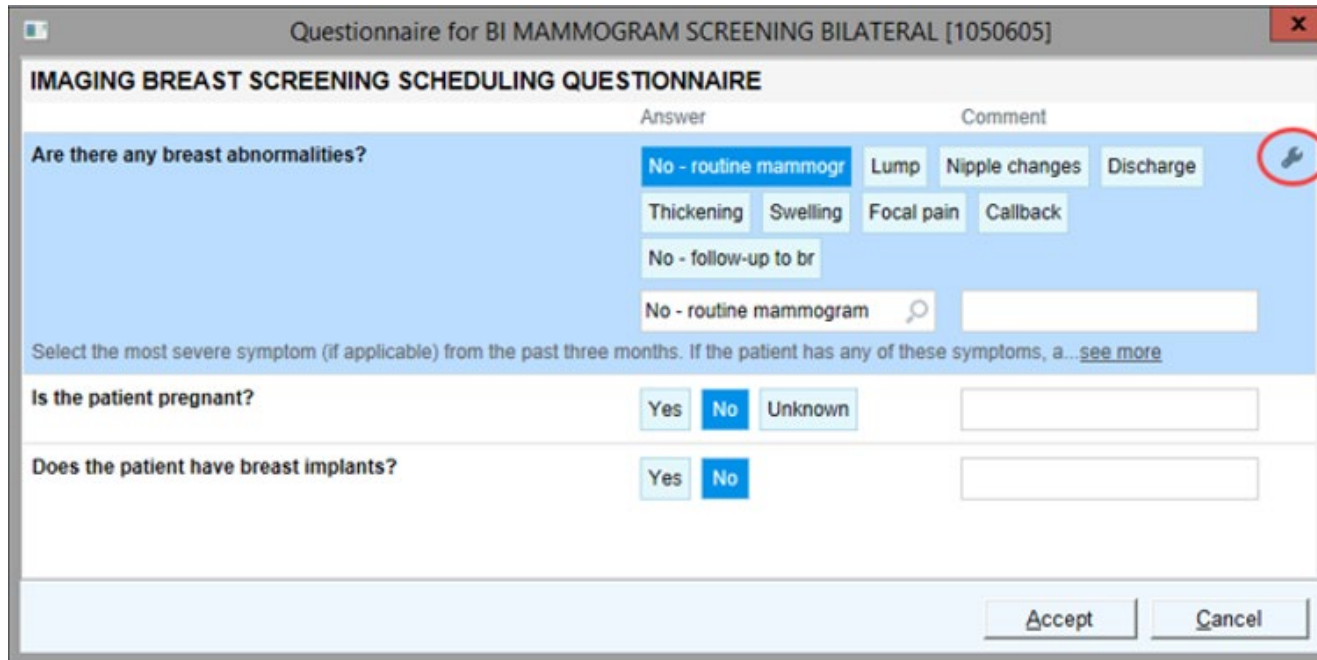
Dismissal Level options

Scheduling Questionnaire Quick Buttons

2/23/20 Upgrade

New Look

Users can now add up to 50 quick buttons as possible answers in scheduling questionnaires. Adding quick buttons can make the process of answering questions quicker.

Click the **wrench** icon to add quick buttons.

Schedule Orders – Expand Window

2/23/20 Upgrade

Good to Know

You can see more relevant scheduling information for schedulable orders via the Expand window.

From the Appt Desk

1. Click the **Orders** tab.
2. Double-click on an order.

Request Summary [1030156]

Procedure:	MR wrist right w IV contrast	Status:	Needs Scheduling
Requested date:	4/8/2019	Authorizing:	Margaret Lewis, MD in EMC FAMILY MEDICINE
Referral:	1602 (Pending Review)	Responsible dept:	EMC FAMILY MEDICINE
Expires:	4/8/2020		
Diagnosis:	Carpal tunnel syndrome of right wrist [G56.01]		

Scheduling Instructions

Schedule ASAP.

Comments

Please rush results.

Notes

Called patient 4/8.

Order Specific Questions

Is the patient pregnant?
No

What is the patient's sedation requirement?
No Sedation

Provider Session Limits

2/23/20 Upgrade

An issue has been resolved where the session limits in the Provider Schedule activity were not refreshed when a scheduler canceled an appointment for a provider who uses the department's session limits.

One-Click Slot Solutions (limited MGH use)

2/23/20 Upgrade

Good to Know

The One-Click activity no longer provides solutions that would prevent a user from scheduling an appt due to scheduling restrictions (examples below) for the visit type or the user's Cadence security. If you were relying on schedulers overruling these warnings for solutions in One Click, they can no longer do so, unless schedulers use manual scheduling or the Auto Scheduler instead.

- Arrival Time Conflict
- Patient Prep/Recovery Time Conflict
- Provider Scheduling Rule Conflict
- Sequencing Rule Conflict
- Etc.

This change ensures that a user is able to schedule any solution they see on the screen and communicate the options to the patient before selecting one.

The One Click activity also no longer allows schedulers to split slots on a provider's schedule.

BEST PRACTICE REMINDERS

Best Practice Reminder: Confirming PCP

- The PSC has noticed a high volume of PCP mismatches in the system.

- As a reminder, ensuring patients have a PCP on file, and the correct PCP, is vital to avoid insurance denials.

- Best practice during every interaction with patients is to ask: *"Is <Dr. name> still your current primary care provider?"*

If patient replies…	Then…
Yes	No action is required, as long as there is no RTE discrepancy.
No	Update the PCP in Epic and inform patient to update this with their insurance, if not already to avoid any bills.
Yes, but the RTE response is "PCP Mismatch"	Communicate to the patient – *"<Name of insurance> has <Dr. Name> listed as your PCP. It is important that you contact your insurance company today and update the PCP on file to avoid receiving a bill for the visit."*

Best Practice Reminder: MSPQ Employment and Retirement Dates

- As a reminder, please refrain from using default/generic retirement dates on the MSPQ. If the patient or spouse retirement date is required to complete the MSPQ, a valid date must be entered.

- <u>Invalid</u> retirement dates include: A date prior to the patients date of birth (1/1/1901), the patient's date of birth itself, or a future date.

- **Remember:** If the exact retirement date is unknown, ask the patient in which season and year they retired (e.g., spring 2010). The date should also be listed on the patient's Medicare insurance card.

Epic Training and Support Updates: *! Action Items*

Topic	Action Needed	Who	Resources
WC/MVA Related field	• Review field name update with staff • Ensure staff follow instructions in errors/warnings	Managers	
Cadence Upgrade	• Review all upgrade impacts with staff prior to 2/23/20 • Contact MGHeCareTraining with questions or to request a trainer come review at a staff meeting	Managers	

Please chat in your questions.

- Introduction
- **Ambulatory Alert: 2019 Novel Coronavirus**
- **Epic Training and Support Updates**
- **Payer Updates**
- **Ambulatory Management Updates**
  - o Ready, Set, Go! eCheck-in and Patient Self Scheduling
- Wrap Up
  - o Open Questions (time permitting)

Payer Updates: Participation Grid

MGH Payer Forum Updates

- Quarterly in-person forum was held 1/28/2020

- Slides are available on Partners Payer Information SharePoint Site:

  http://sharepoint.partners.org/phs/payerinformation/SitePages/Home.aspx

- Look for link to the MGH Resource Page on left hand toolbar:
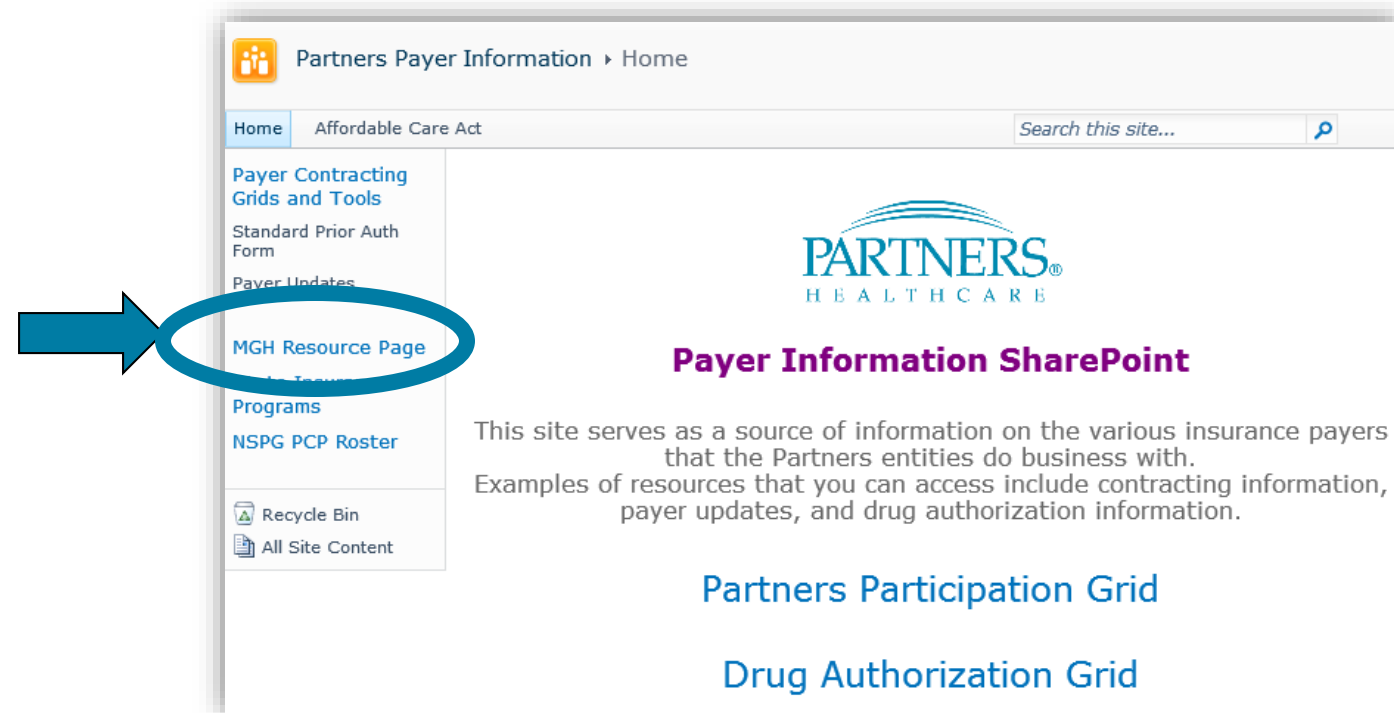
MGH Payer Forum Updates

- **Review forum slides for information pertaining to the following:**
  - Financial clearance policy and process for single case agreements
  - Health ministries
  - Updates to plan participation grid
  - Overview of Patient Access Services
  - State Programs updates

- **MGH SharePoint Site**
  - MGH Site is decommissioned due to the implementation of a new online version of SharePoint
    - Use the Partners Payer Information SharePoint Site – saving it as a favorite for future reference.
    - Link: http://sharepoint.partners.org/phs/payerinformation/sitepages/home.aspx
  - Long term plan
    - Collaborate with Partners Payer Operations for one site
  - Let us know the resources that you found valuable on the MGH Site.
    - Email: payercommunications@partners.org

Ambulatory Management Forum: *Agenda*

- Introduction
- **Ambulatory Alert: 2019 Novel Coronavirus**
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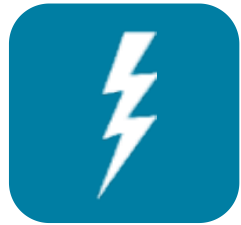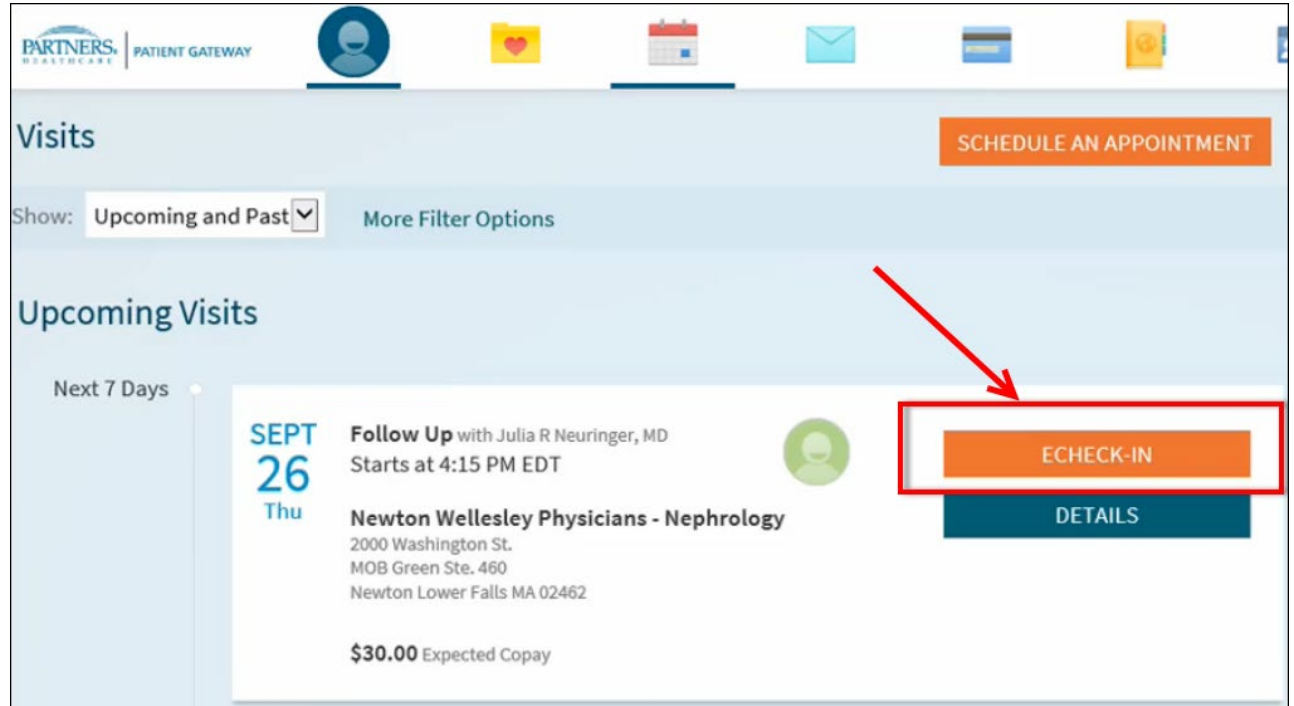
Ambulatory Management Updates
Ready, Set, Go!

Caitlin Parnell Crugnale, Senior Project Manager
Jennifer Ringler, Senior Project Manager
Practice and Project Management, Ambulatory Management

Ready, Set, Go! Q1 FY20: *eCheck-in Go-Live Reminder*

- **eCheck-In** allows patients to complete check-in tasks via MyChart Partners Patient Gateway in advance of an appointment.

- **Go-Live:** February 23, 2020 (shifted from January to align with Cadence and MyChart upgrade)

- Broad-based roll-out across all MGB/Partners' Ambulatory areas

- Patients can complete eCheck-In anytime from 7 days before the appt to 15 minutes before the appt.

- eCheck-In functionality includes:

  ❖ Verifying/Updating Personal Information

  ❖ Verifying Guarantor and Insurance

  ❖ Collecting Copayments / Outstanding Balance

  ❖ eSigning for Documents Available Today

  ❖ Completing Questionnaires Currently Available in MyChart
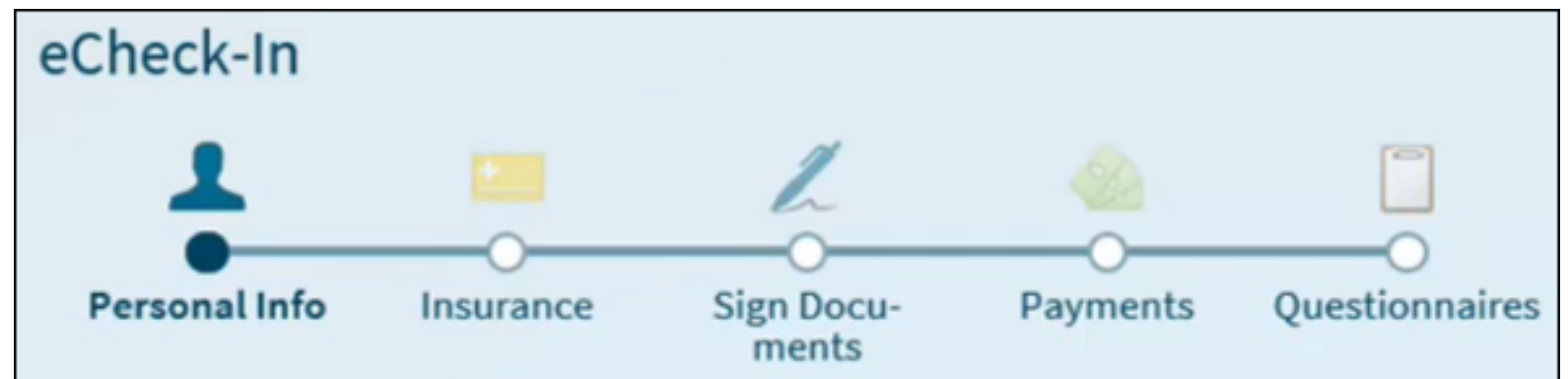
Ready, Set, Go! Q1 FY20: *eCheck-in Workflow*

| Patient is notified via Patient Gateway that eCheck-In is available for appt | Upon selecting eCheck-In, system guides patient through steps | Patient notifies front desk of arrival at clinic | DAR flags eCheck-In status. Front desk completes standard check in workflow | Patient saves time at front desk and is quickly directed to waiting room |
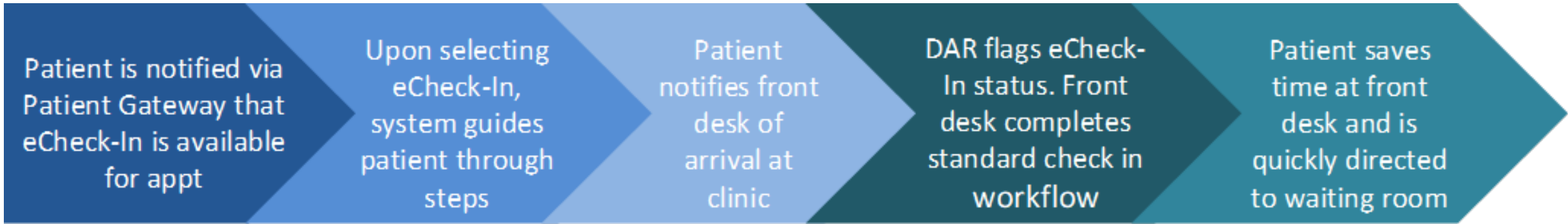
New eCheck-in Status Columns

Copay Due	Status	eCheck-In Warnings
0.00	eCheck-in comp	
30.00	Sch	
30.00	eCheck-in comp	Guarantor - Incorrect Payment - Pt Chose to Pay at Clinic

New eCheck-in Icons on Snapboard

BWH 850 CHESTNUT HILL CT1
BWH IMG CT 850

ⓘ **Provider: BWH 850 CHESTNUT HILL CT1**

eCheck-in comp

9a   999   ✖ 🚗
     999   CT CHEST
          Radiant, Demoten [97395049]; 52 yrs; M
     999   CT 850

Resources	Audience
Readiness Checklist	Managers
eCheck-in HealthStream eLearning (5 mins)	Mangers, Front Desk Users

eCheck-in Tip Sheets
  1. eCheck-in Workflows and DAR Impacts
  2. Overview of Steps to eCheck-in
	Managers, Front Desk Users

To best prepare your staff, we suggest that Managers complete the Readiness Checklist items below.

Category	Task	Resources
Communication	Ensure staff are aware of the eCheck-in functionality, benefits, timeline and Go Live.	eCheck-in Staff Info Sheet
Training	Provide eCheck-in Tip Sheet to Front Desk staff.	Tip Sheet
User Readiness	Monitor Front Desk staff completion of eCheck-in Overview video in Healthstream.	Overview video
User Readiness	Share eCheck-in Overview video with all staff for awareness.	Overview video
Workflows	Ensure Front Desk staff are aware of "eCheck-in complete" status and eCheck-in warnings on DAR and Snapboard and are not asking patients for information updated prior to arriving for appointment.	Tip Sheet
Workflows	Ensure Front Desk staff have updated private DAR columns appropriately to reflect eCheck-in status.	Tip Sheet
Workflows	Ensure staff are aware of the eCheck-in patient workflow via Patient Gateway so that they may assist patients with any questions.	Overview video
Workflows	Ensure staff are aware of eCheck-in availability guidelines (7 days prior to scheduled appt, up to 15 minutes before appt time).	Tip Sheet
Workflows	Ensure staff are aware of eSign documents & questionnaires available to patients through eCheck-in.	Tip Sheet
Communication	Remind staff to inform patients that eCheck-in is now offered through Patient Gateway.	

- Action Requested
  - Complete Readiness Checklist
  - Review the eCheck-in Tip Sheets with staff
  - Work with staff to update DAR columns
  - Monitor your staff's completion of the assigned eCheck-in HealthStream eLearning
  - Inform patients of eCheck-in to raise awareness

- Measurement
  - eCheck-in HealthStream eLearning completion rates

Unplanned Follow-up Visits

- Patient driven
- Patient navigates to Partners Patient Gateway/MyChart when they decide they want/need to be seen
- Like using Open Table

Pre-Planned Follow-up Visits

- Provider driven
- Provider creates a follow-up plan and/or order which generates a "ticket" for the patient to self-schedule at their convenience through Partners Patient Gateway/MyChart
- Like receiving an eVite

Ready, Set, Go! Q2 FY20: *Workflow for Planned Follow-ups*

2 Patient receives notification on Partners Patient Gateway to schedule the follow-up appointment with preselected criteria

4 Patient arrives for the follow-up appointment

1 Schedulable order is placed by provider or PSC

3 Patient schedules an appointment either online or by calling the clinic

Please chat in your questions.

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Phone lines unmuted to allow for open questions.

Question	Answer
If patients complete *e*Check-In for multiple appointments within the next seven days, do they need to confirm demographics for each individual appointment?	No. If patient completes *e*Check-in for an appt and verifies their demographics and guarantor and coverages on file, any other appt scheduled within 7 days will not need the same information verified.
Is patient able to bypass any steps in eCheck-in?	Patients can only bypass documents and payments/prior balances. They must choose to review/pay later in order to bypass and complete eCheck-in.
Statuses	
If patient no shows, what happens with *e*Check-in status? Does it update after EOD processing if users want to report on this later?	The appt statuses will continue to stay the same. The only difference will be instead of saying "Sch" it will now say "*e*Check-in Complete". All other statuses remain the same.
The patient is telling me that they did eCheck-in, but I do not see an indicator at check-in, why?	Only patients who have completed eCheck-in will display on the DAR as "eCheck-in Comp". If a patient only partially completed eCheck-in, the status will remain as "Sched".
What status shows to clinical users (MDs/MAs) on the Multi Providers Schedule (MPS) screen when these visits are arrived in Epic?	Will stay as "Arrived". No changes to status outside of the DAR.
Are any other appointment statuses affected? (No Show, Canceled, Arrived)	Statuses remain the same. Only change is "Sch" changes to "eCheck-in Complete" if patient completes eCheck-in.
Documents	
Will Documents be available in Spanish during *e*Check-In?	If the patient's written language is Spanish, the Spanish version of documents will be available.
Can patients sign the Missing Referral or Prior Authorization waivers or Inactive Insurances or Non-Contracted Insurance Self Pay waivers during eCheck-In?	No. Since practices should have a conversion with the patient around these topics, waivers are not part of the eCheck-In workflow.
If a practice doesn't use the eSignature pad (Topaz), can patients still sign via eCheck-in?	Yes.

MyChart Partners Patient Gateway eCheck-in: *FAQs*

Questionnaires	
Can questionnaires be bypassed?	Questionnaires cannot be bypassed, but if a question within a questionnaire is not required, the patient can skip it.
Insurance	
What does the patient see in the insurance step if a specialty guarantor is used?	Patients can verify insurances on file, but they are not able to select "Do Not Bill Insurance"
What information is seen on the Insurance step for "other" guarantor?	All specialty guarantors show the guarantor information if the relationship is self. However, the patient is unable to select "Do not bill insurance".
What are the impacts when a patient removes an insurance through eCheck-In?	Removing the insurance through eCheck-In will only translate to a request to remove on the Interactive Face Sheet (Registration activity). Registration users will still need to take an action to terminate the insurance. This is current state with PPG.

Question	Answer
Payments	
Is the copayment or payment processed and sent off to billing at the time of eCheck-In?	• If the patient only pays their copay during eCheck-in, the payment will be processed at time of check-in when they arrive for the appt. • If the patient pays for their copayment and a prior balance, it will be processed immediately.
If the patient pays their copayment via Partners Patient Gateway, can the front desk print a receipt if patient asks for it for taxes, etc.?	Yes, but only the copay receipt paid during eCheck-In & not any other payments paid during eCheck-In. The patient should contact Patient Billing Solutions or the site's billing office for receipts for other payments made during eCheck-In.
If the copay amount in eCheck-In is incorrect, can a patient pay a different amount?	No. The patient will need to choose to pay later and discuss with the front desk staff.
Does eCheck-In impact the Cash Drawer or Deposit Tool?	• If patient pays a copay during eCheck-in, it's processed at time of check-in at the front desk. The copay then appears in the Cash Drawer/Deposit Tool. • When the patient pays a copay and a prior balance during eCheck-in, the payment is processed immediately; not at check in at the front desk. This doesn't appear on the Cash Drawer/Deposit Tool. There's also another indicator that a user should not process a refund. Refunds will impact the cash drawer and cause it to be off balance because the front desk didn't collect the copay/prior balance. • **Note:** Users who do not have Cash Drawers can still process the credit card payment made during eCheck-in by selecting the **Process Card** button during check-in when the patient arrives. Because they do not have a cash drawer, there is no cash drawer to reconcile (no impact).

MyChart Partners Patient Gateway eCheck-in: *FAQs*

Question	Answer
Payments	
Is the copayment or payment processed and sent off to billing at the time of eCheck-In?	• If the patient only pays their copay during *e*Check-in, the payment will be processed at time of check-in when they arrive for the appt. • If the patient pays for their copayment and a prior balance, it will be processed immediately.
If the patient pays their copayment via Partners Patient Gateway, can the front desk print a receipt if patient asks for it for taxes, etc.?	Yes, but only the copay receipt paid during *e*Check-In & not any other payments paid during *e*Check-In. The patient should contact Patient Billing Solutions or the site's billing office for receipts for other payments made during *e*Check-In.
If the copay amount in eCheck-In is incorrect, can a patient pay a different amount?	No. The patient will need to choose to pay later and discuss with the front desk staff.
Does eCheck-In impact the Cash Drawer or Deposit Tool?	• If patient pays a copay during *e*Check-in, it's processed at time of check-in at the front desk. The copay then appears in the Cash Drawer/Deposit Tool. • When the patient pays a copay and a prior balance during *e*Check-in, the payment is processed immediately; not at check in at the front desk. This doesn't appear on the Cash Drawer/Deposit Tool. There's also another indicator that a user should not process a refund. Refunds will impact the cash drawer and cause it to be off balance because the front desk didn't collect the copay/prior balance. • ***Note:*** Users who do not have Cash Drawers can still process the credit card payment made during eCheck-in by selecting the **Process Card** button during check-in when the patient arrives. Because they do not have a cash drawer, there is no cash drawer to reconcile (no impact).

Question	Answer
Payments	
If a patient is on a payment plan, will they be prompted to pay their prior balance?	No. If a patient still has an outstanding balance but is on a payment plan, they will not see the prior balance at the payment step.
If a patient completes *e*Check-In days prior to appt and pays their copay online, but then they arrive to appt late and provider can no longer see them, will the patient need to get their copay refunded via Patient Billing Solutions or that site's billing office?	- Only payments made the same day as the appt are available for a refund at the front desk. - If a patient only pays their copayment during *e*Check-in, the payment is processed at arrival, so you can refund the patient. - If a patient pays their copayment and a prior balance during *e*Check-in, you cannot refund. Direct the patient to Patient Billing Solutions or the site's billing office.