TEAM BASED CARE 3.0
STANDARD WORKFLOW GUIDE

Medical Assistant Standard Work

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MA Pre-Visit Preparation
3 or more days prior to visit
- From the Schedule view
  - Select patient
  - Find the Comments section
    Hover over the ‘Specialty Comments’ sticky note icon and Double Click to document or modify a comment

Note: Specialty comments are not part of the legal medical record. Comments made to the specialty sticky note can be viewed and edited in various places.
• Use the **Huddle Snapshot** to review:
  - Health Maintenance Summary
  - Last Visit Progress Notes

• **Open CareEverywhere**
  I. **Click on ‘Request Updates’**
  II. **Find labs and HM items within CareEverywhere.**
     - **Abstract using Quick Abstraction**
• Confirm that orders from previous office visits are complete and documented in Epic.
  I. If results do not exist
      1. Contact patient to confirm they completed the tests
      2. Remind patient that any tests/labs must be completed at least 48 hours prior to visit
  II. **New patients**: Recommend that they bring or send records from previous providers

• Update HM activity
  I. Search for HM Due items and data in the chart and abstract into quick abstraction tab. This makes it easier to identify outstanding care gaps in the chart

• Update patient’s past Immunization History (children under 21 & new patients).
  I. Select the correct Immunization template (Adult or Peds).
Follow up on hospital/ER visits
   I. Obtain records from facility
   II. Once records are received, scan records

Document in specialty comments:
“Missing ***, etc.
Date of last visit & reason
PVP Done
Initials + Date”
1 day prior to visit
  • Check ‘Specialty Comments’ sticky note
    I. Check PVP status
    II. Attempt to obtain missing items. Anything not completed will be notes in the Specialty Comments’ sticky note
    III. Complete new prep for newly added appointments

Day of visit
  • Review same day “Reason for Visit”.
    I. Attempt to obtain missing items
    II. Do prep for newly added patients

Provider/MA Huddle
Provider and MA should huddle 15 minutes prior to the first patient of each shift while reviewing the daily schedule.

  • Review details of each appt (labs, HM, hospital docs, etc.)
  • Discuss future/standing/pending orders to be released during the visit
  • Identify double-booking opportunities
  • Identify potential flow busters and countermeasures
Patient Rooming

- Confirm patient has arrived in Epic
- Greet patient and introduce yourself
  1. Use two patient identifiers (picture, last name, DOB)
- Measure height/weight (height at least once per year)
- Log into exam room computer
  1. Open patient encounter from the schedule
- Launch standard MA Support note using .UHAMASUPPORTNOTE or .UHAWELLNESSSUPPORTNOTE (for MAW/IPPE)

- Document patient’s chief complaint/symptoms under reason for visit. DO NOT chart a diagnosis
  1. Under comment section document severity, duration, treatment, causation etc.
Confirm Health Maintenance *(Address all yellow BPA Alerts)*.

I. Make HM Due editable.

II. Confirm with patient if service has been completed

III. **New patients:** enter information from forms patient brought to visit using **Quick Abstraction/Historical Immunizations**

IV. IF HM activities have been done but Results have not been received, send the **UHA results letter** via Communication Management to the provider of service

V. Complete **Request for External Medical Records** for each Care Gap item not reconciled via Care Everywhere or via letter through Communication Management

VI. Confirm with patient if they would like to complete HM due today. If so, pend orders

VII. Document next to the HM item the “Status” and “Action” “Plan”

VIII. Results obtained from outside sources, update using **Quick Abstrator** and/or **Historical Immunizations**

IX. Click ‘**Update Health Maintenance**’ to refresh any HM updates completed in Epic
X. For quicker search of missing items at the time of rooming, search using the search field. (Upper right hand corner of screen).

**History (new and established pts.)**

I. Collect tobacco history in Vitals section
II. Collect medical/surgical Hx
III. Family Hx
IV. Substance and Social Hx
V. Tobacco Hx (smokeless tobacco and e-cigs)
   Document Counseling see Tobacco Counseling section.
VI. Mark as ‘Reviewed’
• Confirm Allergies  
  I. Document reaction and any additional information in the Comments field as needed  
  II. ‘Mark as Reviewed’  
• Medication Reconciliation  
  I. Review current medication list with patient including over the counter and herbal supplements  
  II. Mark meds as: Taking, Taking Differently, Not Taking  
  III. If patient is asking to discontinue a medication; Mark as temporarily not taking, document in the
support note using the red hyperlink (.REMOVEMEDS) and include the name of the medication for provider to discuss (Do not remove medications)

IV. Add missing medications (from Outside Sources)
   i. If unsure of dose, choose Rx name without further information. Mark as “taking”
   ii. Ensure outside Sources med req. “banner” is no longer yellow

V. MA completes medication reconciliation with patient and marks Med List Status: Complete. (Only licensed staff should press the “Mark as Reviewed” button)

VI. Ask patient if refills are needed
   i. If yes, document in support note and pend order for 12-month supply for provider to approve. (Confirm patient’s preferred pharmacy)

- Obtain vitals. ***See Appendix for video visit vitals
   I. Gel or wash hands prior to taking vital signs
   II. Address all yellow BPA alerts
   III. Take BP following standard work
i. If the blood pressure is elevated use your department specific visual cue to alert the provider

ii. BP is considered elevated if the top number (systolic) is 139 or higher and/or the bottom number (diastolic) is 89 or higher

IV. MA or Provider to Recheck BP if ≥139/89

V. Obtain temperature, pulse, height and weight

VI. Document LMP, if applicable

VII. Update tobacco use (smokeless tobacco and e-cigs)
Tobacco Counseling
Basic Tobacco Counseling is to be offered if the patient is identified as a tobacco/smokeless tobacco user. MAs may provide basic tobacco counseling during rooming. **MARK “YES” TO COUNSELING GIVEN IF PATIENT SAYS YES OR NO.** A warm handoff to the provider is always required.

**Scripting:**

**YES**

MA: “Thank you for letting me know about your tobacco use habits. Are you interested in quitting or cutting down at this time?”

MA: “I am so glad you are interested. Our providers here at Stanford recommend that the best thing you can do for your health is to stop smoking. Can I encourage you to speak to your provider about how to stop smoking today?”

Yes- to ‘Counseling given?’ and Mark as Reviewed.

**NO**

MA: “I understand you are not ready to quit today. We are here to help when you are ready.”

VIII. Extended vitals, PRN
IX. Mark as ‘Reviewed’
The Assessments tab in Epic provides pre-built health screening templates and questionnaires to be completed during the visit.

I. Navigate to the Assessments tab on the left side bar (can be found under the more tab if not already a favorite)

<table>
<thead>
<tr>
<th>Assessments</th>
<th>USE in clinical support notes/progress notes to populate results</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ -2</td>
<td>.PHQ 2ASSESS</td>
</tr>
<tr>
<td>PHQ -9</td>
<td>.PHQ 9ASSESS</td>
</tr>
<tr>
<td>Steadi (falls Risk Assessment)</td>
<td>.STEADIASSESS</td>
</tr>
</tbody>
</table>

If patient is 65 or older perform Fall Risk assessment (STEADI).
**PHQ2:**

If PHQ2 is positive (3 or above) place PHQ9 on exam room keyboard and warm handoff to provider if possible.

- Offer to assist patient with MyHealth activation if not enrolled.
  1. Click on Wrap up.
  2. Click on MyHealth Sign-up.
  3. From patient letter, type in MRN and activation code to start the process. Patient will complete the rest of the steps.
• Input Time Ready/Room Number,
• Delete “Specialty Comments sticky note” that you documented for PVP. DO NOT delete anything you did not document.
• Exit room courteously using CICARE.
  I. Gel or wash hands when exiting the exam room
  II. Alert patient of any delays
  III. Offer water, magazines, etc. if a delay occurs

***See Appendix for video visit exiting and provider handoff***
MA to Provider Handoff

- MA completes rooming
- If in person, MA and provider huddle and communicate patient needs
  I. Agenda setting: Patient’s reason for visit, additional concerns, and prioritization of issues
  II. Abnormal vitals
  III. Exceptions to patient attitude/mood
  IV. Pending test/records/forms/results/HM due or refused/other info requested
  V. Flow status and countermeasure
     a. Running behind and plans to get back on track
- If unable to handoff in person, MA should fill out Handoff Checklist (with the same items as above) and places it in agreed upon location
Provider to MA Handoff

- Provider exits room
- If in person, provider and MA quickly communicate patient’s needs.
  - I. Review orders (labs, referral etc.) placed and any follow up needed
  - II. Call out urgent items
  - III. Communicate follow up items
  - IV. Communicate in-box items needing attention or follow up
- If unable to handoff in person, Provider should fill out Handoff Checklist
- MA reviews chart for orders and follow up
MA In-Basket & Offline Work Management

- MA to manage provider’s:
  I. Patient Calls
  II. Refills
  III. Results
  IV. Myhealth messages
- Prioritize messages and use Red Flags.
• Verbally communicate content of message to provider during handoff or use Flow Communication Board if unable to see provider between visits

<table>
<thead>
<tr>
<th>Flow Communication Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD:</td>
</tr>
<tr>
<td>MA Lunch:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

• Discuss plan to resolve message/charts
Abstraction

1. Open Abstract Encounter.

2. Type in Result Date (Date of Collection), Lab name and lab values in the correct fields.

3. Abstract lab and procedure results from CareEverywhere and add comment “CE” and appropriate comment as needed.

4. Sign and close encounter
Use standard abstraction guide to ensure accurate data abstraction:

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Data Parameters</th>
<th>Type of Test</th>
<th>Normal/Abnormal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Tests</td>
<td>Last Value (Past Result - 2 Years Prior)</td>
<td>CBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear, HPV Results, Endoscopy, Bone Density (DEXA) Tests</td>
<td>Last Result with the Scan of Actual Test (Past Result - 2 Years Prior)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Last Result with Scan of Actual Procedure (Results can go back 10 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When laboratory and other test results are received from a source other than one of the sources which automatically feeds information into EPIC, the report is to be scanned and data entered as defined to ensure the information is easily accessible for continuity of care. Please ensure Result Date (Collection Date), and Lab value are entered as appropriate to the test.
Rooming for Video Visits:

Medical Assistants will continue to “room” patients even with virtual visits. This can be accomplished via a phone call prior to the video appointment (even a day prior) or by having the MA launch the video visit before to the provider.

**MAs continue to do Prep and Rooming as described in this Team Based Care Booklet with the following exceptions:**

- Starting the visit-see below
- Vitals: **Do Not** enter vitals as discreet data in the vitals section. If patient has taken some of their own vitals, all patient self-reported vitals can be documented in the support note.

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MA Medication Review Complete

There is no height or weight on file to calculate BMI.

Ht Readings from Last 1 Encounters:
04/15/19  5'626" m (" 4")

Self reported vitals- 133/67
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- Closing the rooming process and handoff to the provider is described below.

**For phone call rooming**

MA contacts the patient via phone before the video visit, performs the usual MA rooming questions via phone, entering information in the Support note.
- Make sure patient is located in California and will have photo ID available during video visit
Have patient test system and prepare for visit (see preparation instructions below)

- Advantage: can be done ahead of time and is less technically challenging. Good when video visits are back to back

For MA Video Launch Rooming

- MA logs into the Video visit once the patient has logged into the video visit. (up to 15 minutes before appointment)

  ***If the patient is having difficulty connecting through MyHealth, the MA will call the patient to do rooming activities and document in support note. Once rooming is complete, the MA will then tell the patient that the provider will connect a different way and should expect a text from the provider. The MA informs provider of the video failure, and provider will initiate a Doximity video connection to complete the visit.***

- If no connection problems, MA connects to video and makes sure that the patient is in California and has their photo ID.
- MA completes all standard rooming activities via video.
- MA tells patient that (s)he is going to disconnect from the video visit. The MA should inform the patient to not disconnect from video, as the Provider will be with them shortly, even though the screen will go blank and the sound will disconnect.
- MA then disconnects from the video visit and badges out of the visit. The easiest way to do it is to click the X in the upper right corner of the video window and then badge out after speaking with the patient. The MA MUST close the window, or the patient will continue to have viewing capabilities.
MA does a warm handoff with the provider. If provider is remote, Jabber or staff message the provider.

Provider can then connect to the video visit. Providers will utilize the support note information as they would in a regular office visit.

Advantage: All done contemporaneously during the visit after patient logs in. Does not require patient to be available earlier than their appointment.

**Video Visit Preparation Instructions**

**Test your hardware ideally 1 day before your appointment.**
Smartphones are preferred over Desktop computers due to better connection.
Be sure your phone is well charged or connected to power.
A strong WiFi connection helps
Earphones or Ear buds help with the audio quality

If you have home Blood pressure cuff, have it with you (preferably on your arm) during the video visit.

**Smartphone/Myhealth mobile app**
- Make sure to download and install the latest version of Stanford Health Care MyHealth app from Apple Store (IOS) or Google Play store (Android)
- Launch and log in to MyHealth
- Once you're logged in, tap on the "appointments" tile
- Next, scroll down and tap on your upcoming video visit
- Click "Test Video". If not successful, please call 1-866-367-0758

**Windows desktop computer or Mac (WITH camera)**
- Log in to the Stanford Health Care MyHealth website
- Click on “Appointments” and select upcoming video visit from the list
- On appointment details page click "Test Hardware"
- If prompted, follow instructions to download and install VidyoWeb plug-in
- After running installer, close window and click "Test Hardware" again
- If not successful, please call 1-866-367-0758

On the day of your appointment
Log in to MyHealth App up to 15 minutes before the appointment.

Have some paper and a pen with you to write notes on, if necessary.

Smartphones/MyHealth mobile app
- Once you're logged in, tap on the "appointments" tile
- Next, scroll down and tap on your upcoming video visit. Tap on the visit.
- If you did not yet Check In, Tap "Check In" and complete the steps
- Then tap "Begin Visit". This alerts the office that you are ready to be seen. This is critical

Windows computer or MAC: (WITH camera)
- Close all other applications. This will help with the audio and video quality of your visit.
- Log in to the Stanford Health Care MyHealth website
- Under the Appointments tab, select Upcoming Appointments and click on your appointment.
- Click "Begin Visit". You'll see a pop-up asking you to grant the program access to your camera and microphone. Click "Allow." This step is critical.

Please wait for your care team member to join.
If you are still unable to access your video visit, your care team member will call you to continue your visit by phone.
Additional Notes: