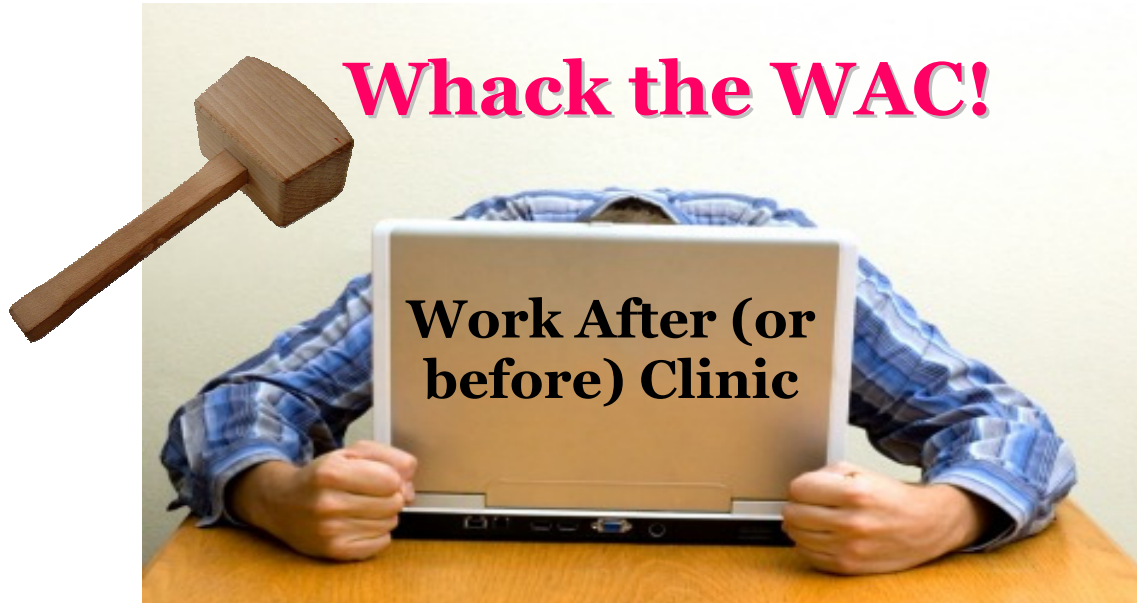


WAC Reduction Toolkit

or how to.....



INTENT: assist Primary Care Physicians to reduce WAC and optimize efficiency. This document contains an initial set of tested and proven 'tools' that you can adopt in your office to **SAVE YOU TIME!**

What's more Valuable than Time?

Tool	Time Saved Per Day*	Page
1 - Medication Refill protocol	20 - 30 minutes	2
2 - Message Filtering protocol	30 - 40 minutes	8
3 - Patient Portal/NextMD Triage protocol	20 - 30 minutes	12
4 - Result Review/PAQ Best Practice workflow	15 - 20 minutes	16
Total Potential Savings Per Day	65 – 120 minutes	

**results may vary depending on patient volume, # tests ordered, NextMD enrollment, etc.*

Also: Resource Directory and Methodology/Guiding Principles Page 20

1 - Medication Refill Protocol



➤ Issue:

With the advent of EMRs, refill requests now come into the medical practice by a variety of methods: e-refills from pharmacies, requests via portal, fax and phone. Historically, the physician would field most of these requests that then bogged down their electronic inbox and created WAC.

➤ Recommendation:

Physicians should utilize evidence-based protocols to empower staff members to handle the majority of refill requests. Route all refills to staff first and physicians need not be included in the e-refill workgroup.

By definition, 'refills' are for medications re-prescribed for ongoing use – most often for chronic conditions, like hypertension and elevated cholesterol. Many of these will be handled during follow-up visits, which are often scheduled to occur before the patient runs out. The refill protocols suggested here are to be used *when patients or pharmacies request refills outside of office visits.*

Evidence indicates that most refills can be effectively and safely handled by a non-clinician staff member as long as there are well-defined, specific protocols in place to be followed, including clear direction for when the provider must be alerted and involved. EMR systems such as NextGen are configurable such that messages and electronic refill requests can be routed to optimize efficiency.

➤ Workflow:

1. Before doing any medication refill, the staff member must *always* do the following checks:

- a) Confirm the medication is actually being prescribed by the provider (and not "Prescribed elsewhere," or brand new, or a mistake -- if so, clarify with the patient)
- b) Make sure the dose and instruction of the refill request agrees with the existing prescription (if not, inform the patient/pharmacy that it will need review, then forward to provider)
- c) Check and see if the refill has already been authorized

2. Staff Follows the Physician/Practice Medication Refill Protocol

The Medication Refill protocol herein has been vetted by a number of primary care physicians and has been used in various forms for several years. It can be a starting point for you and your staff to modify, but also can be utilized right out of the box.

The medications are divided into classes, with sample names (e.g. ANTIBIOTICS – Amox, azithromycin, Macrobid). Some familiarity by the staff member is required to recognize what class a medication belongs to; a lookup reference guide should always be provided.

For maximum safety, if the staff member performing refills has any uncertainty, the default action is to forward the refill request to the provider.

MEDICATION REFILL PROTOCOL

Classification	Refill 3 months <u>ONLY</u>	Refill 6 months <u>ONLY</u>	Refill 1 YEAR if <u>annual px</u>	Special Notes
ANTIBIOTICS - Amox, Amox-Clavulanate, Clarithromycin, Levaquin, Macrobid, Azithromycin, Cipro, Clindamycin, Minocycline, Tetracycline, Cephalexin, Sulfa-Trimethoprim				Send To Provider
ANTIBIOTIC PROPHYLAXIS BEFORE DENTAL WORK, PROCEDURE, OR SURGERY Amox. & Cleomycin				Send To Provider
ANTIBIOTIC PROPHYLAXIS- ACNE Minocycline, Tetracycline, Erythromycin Topical or Oral	3 mo if seen w/in 3 mo; if not, 1 mo rf + appt			
ANTI-DEPRESSANTS Paxil, Zoloft, Prozac, Wellbutrin, Lexapro, Celexa, Effexor, Serzone	3 mo if seen w/in 3 mo; if not, 1 mo rf + appt			
ASTHMA/INHALED STEROIDS Flovent, Advair, Qvar, Pulmocort, Aerobid <u>NO Prednisone w/o MD approval</u>	6 mo if seen w/in 6 mo; if not, 1 mo rf + appt			
ASTHMA INHALERS- Rescue Meds / Albuterol				Send To Provider
ALLERGY/ANTI-HISTAMINES Clarinet, Zyrtec, Allegra, Flonase, Nasonex, Rhinocort, Claritin, Singulair, Astelin			✓	
DERM - TOPICAL Diprolene, Elocon, Lotrisone, Hydrocortisone				Send To Provider
DERM - TOPICAL - ACNE Cleocin or Retin-A creams or gels			✓	
DIABETIC Metformin, Glyburide, Glucotrol, Actos	3 mo if seen w/in 3 mo; if not, 1 mo rf + appt			Make an appt if has been seen less than twice in the calendar year for diabetes
NSAIDS Ibuprofen, Naproxen, Celebrex	1 mo + confirm pnd f/u appt			
ANTI-HYPERTENSIVE Cardura, Diovan, Lotensin, HCTZ, Verapamil, Amlodipine, Atenolol, Lisinopril, Cozaar, Benzapril		6 mo if seen w/in 6 mo; if not, 1 mo rf + appt		
NARCOTICS Tylenol Codeine, Vicodin etc... <u>Always requires MD approval</u>				Send To Provider

Classification	Refill 3 month <u>ONLY</u>	Refill 6 months <u>ONLY</u>	Refill 1 YEAR if annual px	Special Notes
MIGRAINE Imitrex, Maxalt, Zomig, Amerge, Froval, Relpax			✓	
CONTRACEPTION Loestrin, LoOvral, Alesse, Apri, Othroticyclen, Orthocyclen, Yasmin, Cyclessa			✓	Enough to cover through their next due annual exam appointment
HRT/MENOPAUSE/OSTEO Premarin, Prempro, Provera, Premphase, Estratab, Prometrium, Climara, Vivelle, Evista			✓	Enough to cover through their next due annual exam appointment
GASTROINTESTINAL Prilosec, Protonix, Librax, Tagamet, Zantac, Prevacid, Nexium, Omeprazole			✓	
MALE MISCELLANEOUS Viagra, Hytrin, Proscar, Levitra, Cialis, Flomax, Propecia			✓	
GYN MICELLANEOUS Ditropan, Detrol			✓	
LIPID LOWERING Simvastatin, Atorvastatin, Pravastatin, Zetia, Tricor			✓	If no Lipid/Hepatic Function tests + PE within past 12 mo, refill x 3 mo and have schedule PE or do those labs [if already ordered remind to do; if not ordered, create lab order
THYROID Synthroid, Armor thyroid, Levothyroxine			✓	If TSH + PE within past 12 mo, refill x 3 mo and have schedule PE or do the TSH lab [if already ordered remind to do; if not ordered, create lab order
MUSCLE RELAXANTS Cyclobenzaprine, SOMA, Skelaxin				Send To Provider
COUGH/COLD Humabid, Robitussin AC				Make an appt
TRANQUILIZERS Xanax, Trazadone, Klonopin, Ambien				Send To Provider
ANTI-VIRALS Zovirax, Valacyclovir, Acyclovir, Famcyclovir			✓	

Certain medication classes are identified as provider-only, and the refill request is directly forwarded to the provider. All medications that are refilled are refilled for a specified time interval.

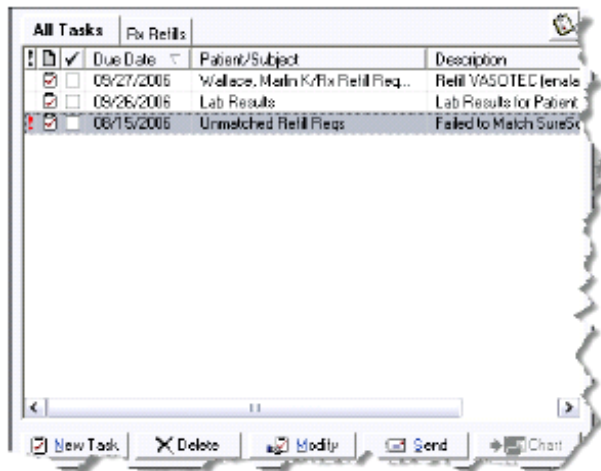
All refills are also conditional: the staff member is instructed to perform the refill for a specified duration if certain conditions have been met. If the conditions have not been met, the staffer is empowered to meet those conditions (e.g. to order labs that the patient may be overdue for, or to schedule a visit).

3. Chart Documentation

The staff person must always document the refill action unless they've forwarded it to the provider. Utilize the Telephone Call template (or other phone message template) to document a brief entry, like "[name of medication at x mg] rf'd per protocol." Documenting somewhere that does not print as part of the formal medical record (such as In House Communication in NextGen) is not advised.

4. Unmatched eRefills

Some refills come in as **unmatched** if the pharmacy has a different patient name on file (Robert vs Bob); the DOB is incorrect or the drug is misspelled or does not match what is in the patient's EHR file. The message comes into the task list as an **Unmatched Refill Request**.



Staff should be directed to work these on a daily basis. The unmatched refill requests are provider-specific: when the message is opened, it looks at the provider's name on the top tool bar. Staff must manually match based on available information: Patient name and medication.

When finished matching the eRefill requests, the message inbox task must be checked as 'complete'. Note: if there are multiple physicians in the practice, check for all before marking complete.

➤ NextGen Configuration/Set-up:

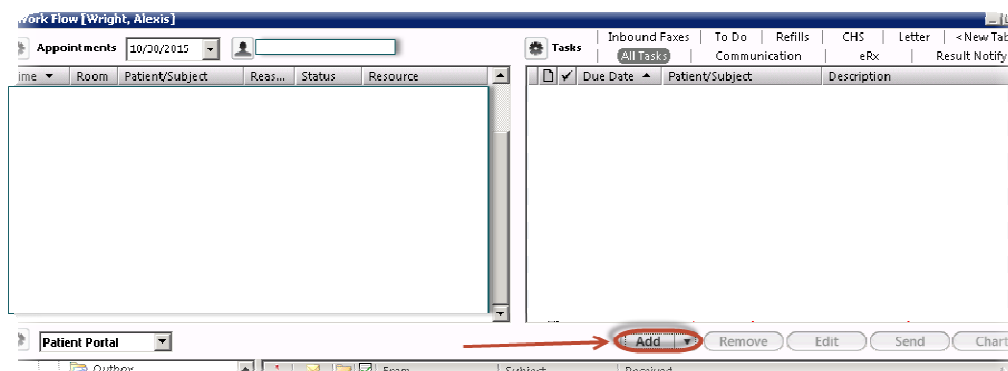
How to Set up Workgroups for routing of e-refills. Workgroups can be set up for the entire practice or by provider if they are not sharing back office staff. (i.e. eRefills; Dr Kim eRefills). After the task group is created, submit a ticket to Nautilus Support to attach the task group to the provider. Decide whether you want the Physician to be included in the workgroup or not.

- ✚ eRefills - Knox
- ✚ eRefills - Safaei

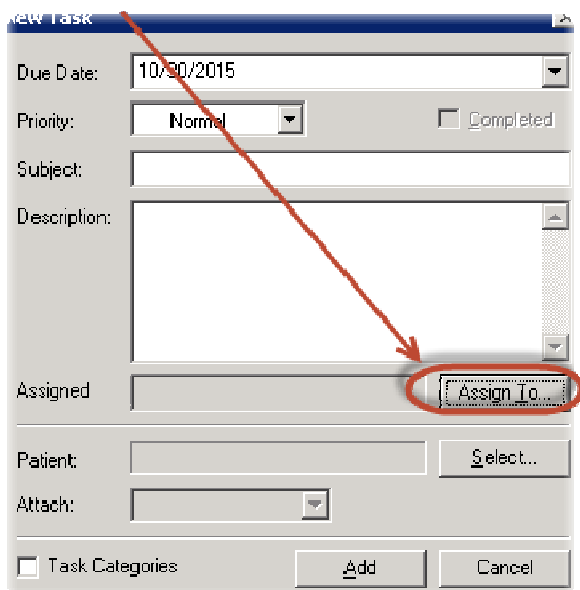
1. Access the Workflow module



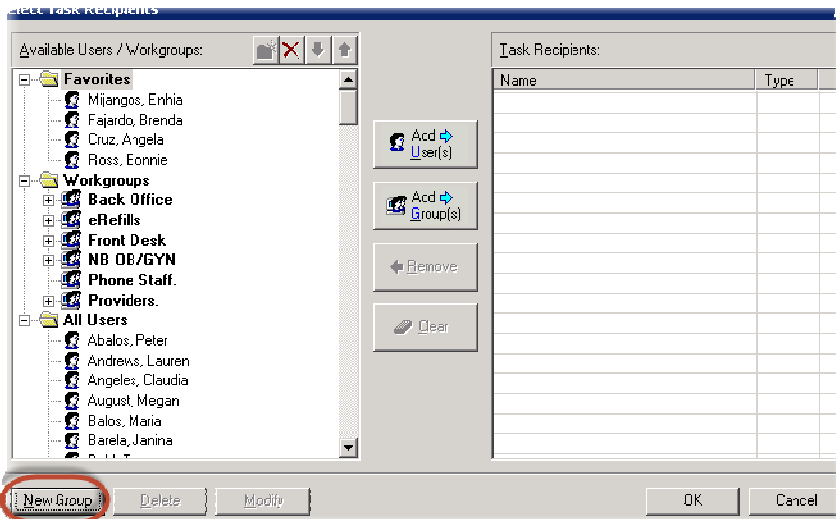
2. Click on the Add pill button from Workflow popup.



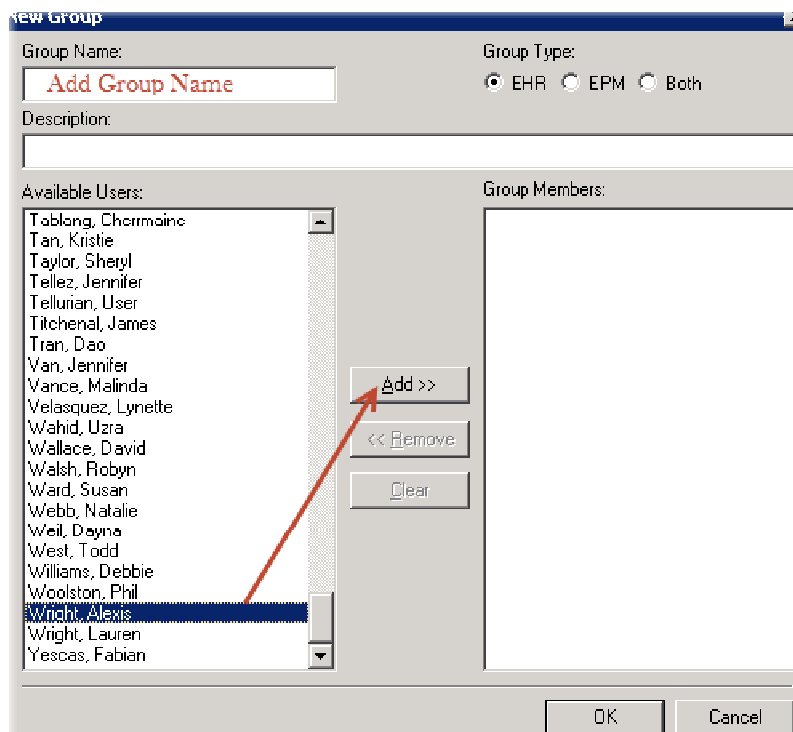
3. Click on **Assign To** button from the New Task popup



4. Click on the **New Group** from the Select Task Recipient popup



5. Under 'Group Name' add the name of the group. Find the staff names and 'add' to the right side of the panel.



2 - Message Filtering Protocol



➤ **Issue:**

A high volume of messages routed directly to the physician's inbox is a WAC-producer that can divert Physician attention from completing other essential tasks and patient care. There is significant variety in the type of messages that come into the practice on a daily basis, with varying levels of urgency and priority. The issue is how to effectively re-direct the non-essential messages to other staff in the office and filter such that only appropriate messages get to the Provider's inbox.

➤ **Recommendation:**

Develop standard protocols for phone staff and medical assistants to intercept and process common phone requests. Route all messages to staff if possible.

Staff will use these established triage protocols before forwarding messages to Provider. Analysis has shown that many of these messages can be effectively handled by non-clinical staff. The recommendation also involves proper set up of the EMR for automatic routing to a designated group into appropriate tabs.

Depending on your staffing configuration, set up 'levels' in your practice for filtering and routing of incoming messages.

- **Level I:** All incoming messages first come to Level I staff (front office, phone room, call center) taking the call or receiving a fax.
- **Level II:** Based on complexity and protocols, certain messages will move to Level II staff (back office MA or MA team/group). Level II staff triages/processes using the practice protocols.
- **Level III:** Provider or Manager involvement required.

Organize Inbox by setting up message/task tabs as follows:

Referrals, Rx Refills, Results, Communication, Inbound Faxes

➤ **Workflow:**

While the types of incoming messages vary widely, they can generally be grouped into several categories for the purpose of protocol development. The workflows presented below can provide the basis for tailoring protocols for the specific needs of your practice.

1) Referral Requests – *patient requests specialist referral outside of office visit*

- a. Messages taken by **Level I** using the **Phone Message** or **Telephone Call** template, category *Referral Request*. Route to **Level II** for triage and evaluation.
- b. **Level II** reviews the request and patient chart notes. If office protocol allows the referral to be completed, they complete the referral. Notify the patient by either 1) sending a message and the referral document via NextMD or 2) calling the patient. Close the loop by completing the message and generating note.

- 2) **Return to Work/School Notes** – *patient requests note after having been recently seen*
 - a. Messages taken by **Level I** using the **Phone Message** or **Telephone Call** template, category *Form/Records*. Route to **Level II** for triage and evaluation.
 - b. **Level II** reviews chart then forwards the message to **Level III** to approve if required per protocol. **Level III** approves and sends back to **Level II**. Generate appropriate Note from NextGen Document Library which closes the loop by completing message and informing the patient or sending the Work/School Note via NextMD.

- 3) **Pre-filled Forms Request** – *caller has form that needs to be filled out/signed by Physician*
 - a. Messages taken by **Level I** using the **Phone Message** or **Telephone Call** template, category *Form/Records*. Route to **Level II** for processing.
 - b. **Level II** retrieves message and documents the completion of the form. If necessary, arranges an appointment. If no appt needed, forward to **Level III** to review and sign. Ensure Forms Fee is charged if applicable.

- 4) **Test Result Request Protocol** – *patient calling for test results*
 - a) Messages taken by **Level I** using the **Phone Message** or **Telephone Call** template, category *Test Result Request*. Messages are then routed to **Level II**.
 - b) **Level II** reviews the PTA template and follows instructions. **Level II** documents and closes the loop on the message. If results have not yet been signed off and protocol doesn't allow for the patient to be informed, message is forwarded to **Level III** (provider) to complete PTA Plan.
 - c) **Level III** reviews and sends **Level II** PTA message to notify the patient or sends the results to patient via NextMD

- 5) **Same Day Appointment Request** – *patient calls requesting to be seen today*
 - a) **Level I** follows the established SDA protocol for office. If necessary and no appointment is available, take message and route to **Level II** per protocol, *Other* Category. Protocol should include criteria for escalation and when to send as Urgent.
 - b) **Level II** completes and schedules patient appointment, unless protocol dictates **Level III** approval required.

- 6) **Pre-Visit Standardized Lab Order** – *patient requests lab order/requisition*
 - a) Messages taken by **Level I** using the **Phone Message** or **Telephone Call** template, category, *Test Result Request*. Route to **Level II**.
 - b) **Level II** follows established Lab Order protocol and places electronic order if appropriate. Completes the message, informs the patient. Also, ensures patient insurance is accurately entered into system so correct lab is chosen.

7) Medication Refill Protocol: - Phone Call Messages requesting refills

- a) Messages taken by **Level I** using the **Phone Message** or **Telephone Call** template, category *Medication Management*. **Level I** routes to **Level II**.
- b) **Level II** follows the Medication Refill protocol.

8) Billing/Administrative Questions – patient has questions related to billing or admin issues

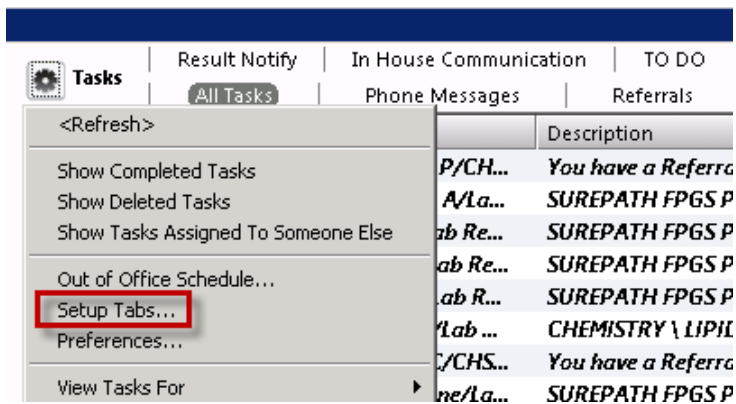
- a) Message is taken by **Level I** using the Phone Message or Telephone Call template, category Billing Questions. **Level I** routes message to **Level III** (Office Manager).

➤ **NextGen System Configuration/Set-up:**

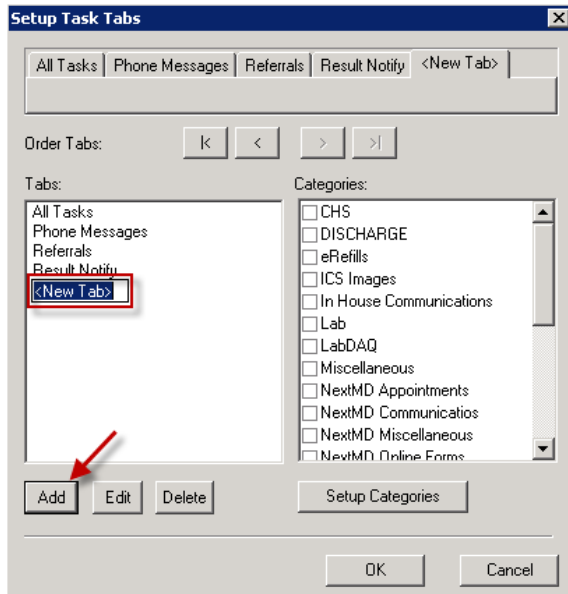
Task Tab Set-up. Setting up Task Tabs in the InBox allows incoming items to be organized by subject. Recommended tabs to set up:

Tab Custom Name:	Categories:
Referrals	Referrals
Rx Refills	eRefills, Patient Portal Prescriptions
Results	Provider Test Action
Communications	In-House Communication, Patient Portal Communications, Phone Call, Phone Messages,
Inbound Faxes	ICS Images

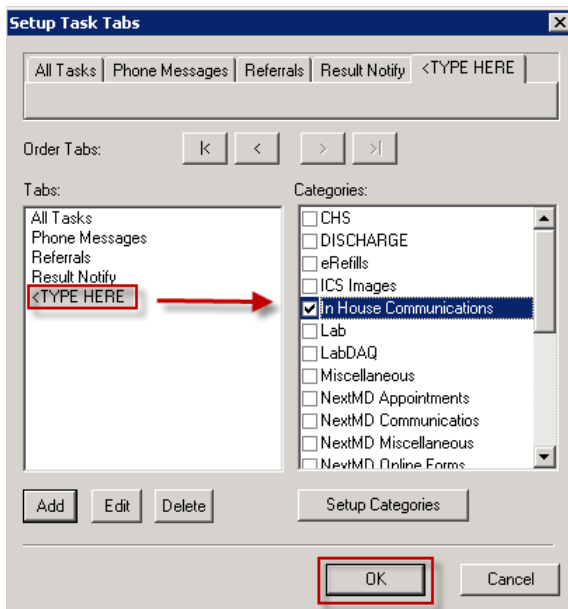
1. Create a New Tab: Go to the  icon and select **Setup Tabs**



2. Select **Add**: A **New Tab** will appear under the **Tabs Column**



3. **Name your Tab**: Type the name of the tab, and then select the corresponding tab name on the right hand side under the **Categories Column**



4. Click **OK**

3 - Portal Message Triage protocol



➤ Issue:

Effective utilization of the patient portal (NextMD or others) allows efficient communication between the practice and patient; pre-empts many questions and phone calls, and becomes a huge patient satisfier. However, if appropriate routing and triage protocols are not in place, the number of message sent directly to the Physician can become excessive and contribute to WAC. The issue is how to optimize routing and triage of incoming portal messages most effectively, without compromising patient satisfaction.

➤ Recommendation:

If the physician feels that the number of incoming portal emails is too high, creates WAC, or the a high percentage of the messages (25% or more) could be handled by a staff member, then the suggestion is to **route ALL incoming portal messages through a triage person or group**. Proper system configuration related to routing categories is essential when implementing a triage solution for portal messages. Also, clear communication and explanation to patients as to how and when messages will be handled is crucial.

If the practice wishes to have physicians answer some emails directly, it is recommended that only the Medical Questions category (could be called ‘Personal Message for Physician’) is routed to the physician’s inbox. In addition, it must be clear to the patients what the expected response time will be. Using the Schedule Future Messages feature in NextGen is very effective as well.

➤ Workflow:

Message Routing: First decide who in the practice is best suited to answer the incoming portal messages and decide how they should be triaged to assure patient care is maintained. Set-up the portal system with message categories for patients to choose from. In NextGen, create EHR workgroups, such as Back Office Staff, Front Office staff, Triage, etc., and then configure to route to the appropriate group for each type of message. The best practice routing recommendation is:

Recommended categories:	Messages are routed to:
Administrative / Billing Questions	Office Manager or Office Lead
Medication Refill Requests	Back Office Workgroup
Medical Questions	Back Office Workgroup
Test Results	Back Office Workgroup

- 1) **Administrative Billing Questions:** Route to the Office Manager/Lead for review and resolution. Can forward to staff and provider as needed.

2) Medication Refill Requests: Route to MA or Back Office workgroup who consults the Medication Refill protocol grid. If refill is approved, the medication is updated in EHR medication module, sent to the pharmacy. The staff will respond to the patient and message is charted in EHR.

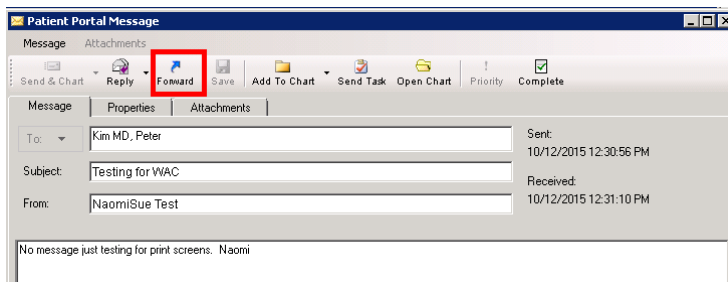
3) Medical Questions: Route to MA or Back Office workgroup who consults the appropriate protocol (same as Message Filtering Protocol) depending on request (i.e. medical advise question, referrals, lab orders, follow up visit questions, etc). If appropriate, forward message to physician.

4) Test Results: Route to MA or Back Office workgroup who accesses the Provider Test Action (PTA) template to see if the result(s) have been reviewed and for any instructions to the patient. Respond to the patient and document message in the EHR. If necessary, forward to the physician.

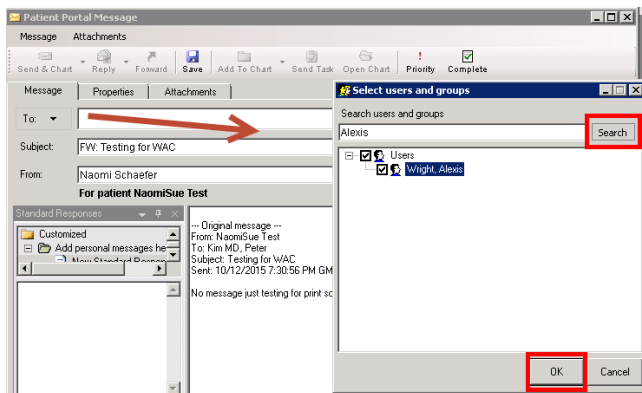
➤ NextGen System Configuration/Set-up:

1. How to forward a Patient Portal Message:

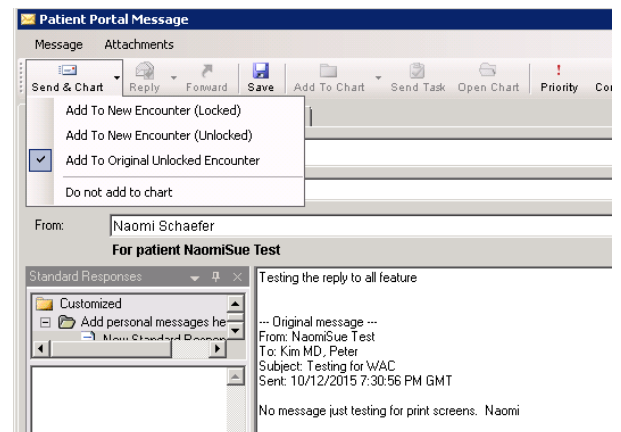
Open the message. Select Forward. The 'Select users and groups' box will open.



Type the physician's name – first or last is all that is needed and click on 'Search'. Check the box and click on 'Ok' Type your message or comment in.



Select 'Send & Chart'.



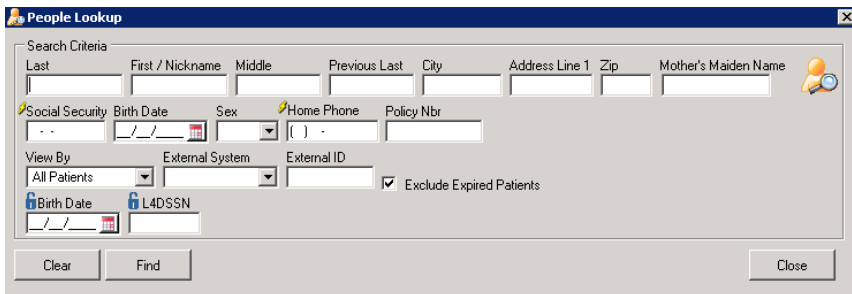
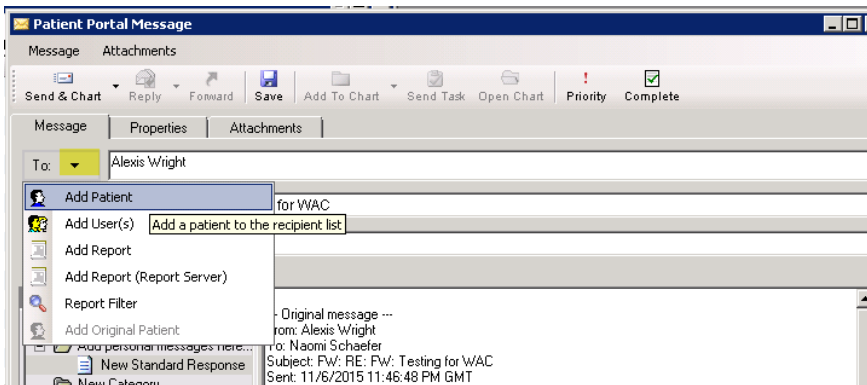
When the message is completed and charted, the message can be removed from the Patient Portal Inbox.

2. How to Respond Back to Patient from Forwarded Message

Forwarded messages from the staff will show the staff's name where the patient's name normally shows in the Patient Portal inbox. The message has to be opened to see all the details.

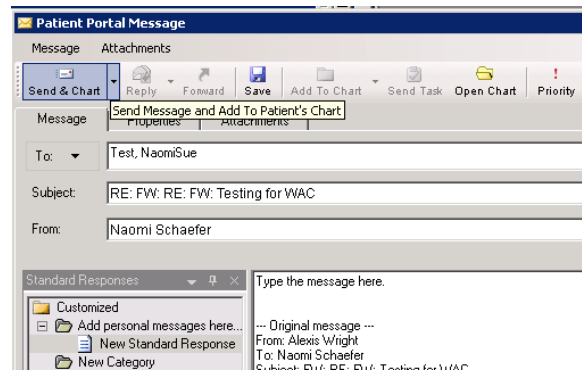
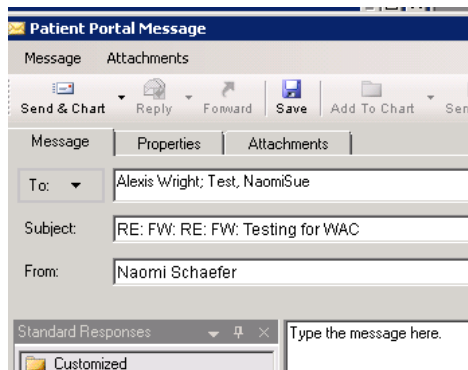


To reply to the patient, select 'Reply'. From the message, click on the 'To:' down arrow to reselect the patient. The People Lookup window will open to select the patient.



The patient will be added to the To line. To remove the staff, highlight their name and select delete.

Type in the response and then select 'Send & Chart'



3. How to Schedule a Future Portal Message

Scheduling a Future message (outgoing) can only be done by composing a message. If replying to a patient and you want to schedule the outgoing message, complete the first original message string and compose a new message.

From Patient Portal, select the Compose button. Enter the patient; type in the message or use the custom messages. Click on the Properties to schedule the time to send the message.

- Check the Delayed Delivery checkbox and enter the time and date. You can also select a Read Receipt and change the priority.



4. Set Up Messages and Disclaimers:

REVIEW your current disclaimers and refer to suggestions below. Use the Messages and Disclaimers to provide instruction to patients for each area of the portal. Some examples are shown below:

Emergency instructions – should already be in multiple areas of the portal:

- *Disclaimer: If you have a true medical emergency please call 911 immediately
- Do not use this service for any urgent medical or time-sensitive issues. In the event of a serious or life-threatening emergency, call 911 immediately

Other:

- It is our goal is to respond to all messages by the end of the next business day or _____. If you have an urgent need, please call the office.
- Messages are reviewed during normal business hours, and may take up to 2 days for response. Please call the office if you have an urgent need. Messages are not reviewed on weekends or holidays.
- Messages may be read by office staff and forwarded to your physician when appropriate.
- For prescription refills, we ask you to contact your pharmacy directly.

➤ **Issue:**

Reviewing the Provider Approval Queue (PAQ) in NextGen, or incoming electronic results in any EMR system, is one of the most time-consuming, yet essential, tasks that a physician must handle. If it cannot be completed during regular work hours, it becomes WAC.

Results review demands a high level of knowledge of the particulars of a patient's condition and the rationale behind ordering the tests in the first place. Of the various tasks typically performed by physicians, working the PAQ is the least able to be delegated, into or out of the office.

Analysis of the NextGen system shows that many providers keep a significant number of old results (never signed off) sitting in their PAQs. Not only does this create clutter, it can significantly increase the lag in opening the PAQ.

➤ **Recommendation:**

Physicians should consider a highly disciplined PAQ workflow with one main goal: complete the review of each day's incoming results during that day's regular hours, to stay "caught up" on the PAQ.

After observing PCPs who are able to stay on top of their result queue, several essential components emerged:

1. **PAQ work for the day should consist of the PAQ results that come in that day.** It becomes exponentially more difficult to keep the PAQ manageable if dealing with leftover PAQ items from weeks, or even days beforehand.
2. **Try to deal with results very soon after viewing them.** Letting them sit in the PAQ for later processing, and returning to them repeatedly creates multiple, usually needless cycles of re-familiarizing yourself with the case's details.
3. **Develop a focused and diligent approach to systematically working your PAQ during the day.** If you're caught up (see below), it should be relatively easy to spend time between patients, or short blocks of time at the day's start, midday, or afternoon, to handle any results that have trickled in throughout the day.
4. **Stay current.** If you have a backlog of items remaining in your PAQ, set aside time to clear it out per guidance below.

➤ **Workflow:**

The components of WAC Reduction are inter-related. The physician can create the time to work the PAQ daily by adopting other workflows, such as re-routing messages and delegating refills.

This is the most desirable state -- working the few entries that come in that day, during that day. All WAC reducing workflows, including working the PAQ, become easy when you're juggling a few balls for a few minutes a day, instead of 20 balls all the time. Work the few items that come in that day, following

this suggested workflow that has worked well for a number of GNP PCPs, including some who were previously self-described “PAQ task hoarders”:

1. **Clean out your PAQ.** See below.
2. **Review Frequency.** Open and review your PAQ several times each day, and optionally a few minutes every night (for those few that come in overnight). Check at least once during the weekend as well.
3. **Scan for Urgent results and prioritize.** For lab results, consider going through the red and blue out of range results first.
4. **Process less urgent results.** Review the result, then launch Provider Test Action (can be automatically connected to the Accept button in PAQ, see below) and message your staff on the action to take/document any notification you do yourself. If you need to keep track of a critical value, consider ‘Accepting’ it out of the PAQ, and agree upon a workflow with staff where they complete and document *whatever you tell them to* from the PAQ. Or, you can create a trackable thread separately in the Telephone Call or In House Communication template.

How to Clean Out Your PAQ

If you have a PAQ that you have to scroll to see the bottom of, or entries more than a few days old, this section is for you.

It’s time to clean it out, so nothing remains besides what-comes-in-that-day. The instructions in this section reflect Dr. Peter Kim’s journey from PAQ hoarder to an OCD PAQ practitioner.

1. **Typical reasons why Physicians keep results in their PAQ:**
 - I want to follow up on certain things, and need to keep a reminder in the PAQ
 - I need to see the result until I’m sure the loop is closed elsewhere
 - I’m so busy, I’ll just *skim* the PAQ and come back to it some other time this week when I have a free moment
2. **But keep certain facts in mind:**
 - You probably receive an average of a dozen total PAQ lab and imaging results a day – sometimes more, sometimes less – but an amount that can be handled by an actively practicing provider
 - Anything on top of that is EXTRA WORK. Period.
 - WAC reduction is about *not working extra*
 - Every time you circle back to something, you quadruple your mental work (recognize it, re-establish the context, reconsider what’s different now, then choose an action)
 - The longer you put off finishing tasks or PAQ items, the more you tend to continue avoiding them
 - And the more you put off loop closure, the more likely something will be lost and missed, then you’ll really have something to worry about
 - 3-day old PAQ entries are about as old as you should have on your screen – assuming you eyeball everything as it comes in to catch any critical items. You can and should have dealt with everything within the past single day.

3. Chop down your PAQ:

- We can only make suggestions; you have to be comfortable with whatever strategy you use to get fully caught up. But to catch up, you must have a strategy.
- One proven approach: start at both ends of the list and work your way to the middle. More recent items – days or a few weeks old – are more likely to need action soon. Start from now and work your way back, say, 2-4 weeks.
- Old, distant items are likely to have been dealt with already, usually during a visit. You can jump to the very end of the PAQ, and start opening them, scanning the chart quickly, and **Accepting** the entries. You should find it pretty quick to go through handfuls of these entries.
- Stay caught up with any new incoming entries as they come in, but process 5-10 old entries at least once a day. Within 2 weeks, you will have gone through about a hundred entries, if you have that much of a backlog.
- It'll take you even less time if you go through more entries daily, or if you do a bunch every few days, or on a weekend. The important thing is to push for a finite time to get caught up.
- At the end of this, you'll have an empty PAQ, and only have to deal with that trickle of entries that come in each day.

Optional Workflow: Delegating Normals

Normal PAQ values can usually be passed to the patient with a minimum of provider input (e.g. a normal UA following a UTI visit). Yet many providers are reluctant to delegate this to staff, fearing that they'll miss a situation where the "normal" result was actually not the end of the story (e.g. a "normal" LDL value of 129 being suboptimal for a patient with heart disease).

The following workflow allows speedy notification of normals by staff, while retaining the provider ability to quickly review each PAQ entry:

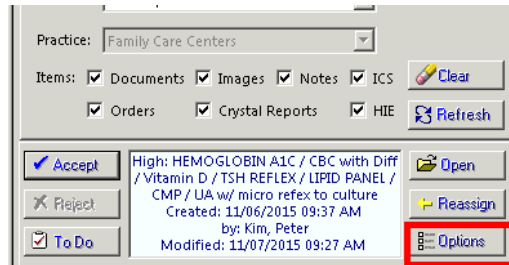
1. Arrange a workflow with your MA or MA team, such that both of you work the "normal" PAQ values – they need access to see your PAQ
2. Anything not red or blue, they should look at specifically (the so-called "normals")
3. Establish an agreed upon subset of results it is OK for them, if "normal," to notify the patient about and document the notifying (e.g. UAs, stools, and perhaps x-rays)
4. Have them write a brief notation in the PAQ, like "Pt notified," in the little rectangular note field at the bottom right of the PAQ, and save it (click the Add button); they do NOT Accept the entry
5. You will still scan the PAQ, and when you select one of these normals, can see the staff entry of "Pt notified"; if appropriate, you then Accept the entry, and it disappears; if it's not appropriate, you can still act on it

This way, you don't need to open the patient chart and create a message to staff to notify pts of normal results. You just accept from the PAQ, and move on. Every bit of time saved helps.

➤ NextGen System Configuration/Set-up:

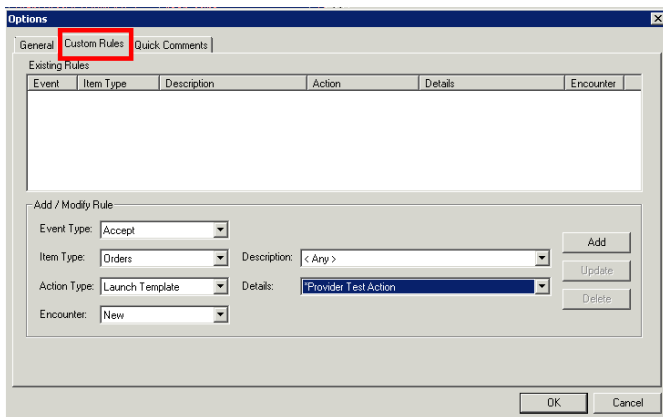
How to Launch PTA (Provider Test Action) template from the PAQ:

1. From the PAQ, select 'Options'

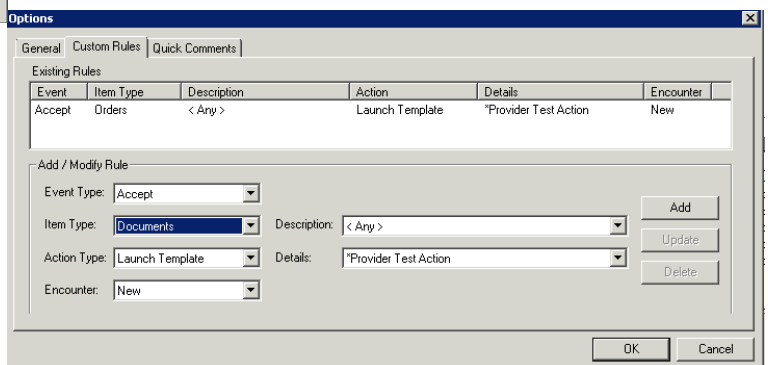


2. From the Options, select 'Custom Rules'. To create the custom rule for Labs (Orders), select the following using the drop down arrows to get the options

- Event Type select '**Accept**'.
- Item Type select '**Orders**'
- Action Type select '**Launch Template**'
- Encounter select '**New**'
- Description – should default to '**Any**'
- Details select '***Provider Test Action**' – Make sure it is ***Provider Test Action**
- Click on 'Add'.



3. Repeat the same steps to create a custom rule for documents. The only change is the Item Type, select '**Documents**'. When finished, click 'OK'.



➤ Resource Guide:

Nautilus NextGen Tech Support: (949) 574-4608 or mmm.support@memorialcare.org

Physician Resources:

- Brian Coyne MD : bcoyne2000@yahoo.com
- Peter Kim MD: doccottle1@gmail.com
- Justin Liao MD: justinliao@hotmail.com
- Andrew Mleynek DO: manager@beachfamilydoctors.com
- Jeffrey Taylor MD: jefftaylor43@hotmail.com

➤ Methodology and Guiding Principles:

The primary guiding principle behind these tools was *significantly reducing physician workload by balancing, delegating and empowering tasks in the office*. Many non-essential tasks that physicians “end up” dealing with can and should be handled by other designated staff, and essential work that physicians must perform can in many cases be performed more efficiently.

A sub-committee assigned to this project developed this initial tool set that PCPs can utilize in their own practices. The protocols, processes and best practices herein were deployed, refined, and vetted at several GNP PCP offices over a six-month period. While they were developed in offices using the NextGen EMR, the tools and their underlying principles can be adapted to other EMR systems.

During development of the protocols, it became clear that there is no “one-size fits all” solution that would fit every medical practice. The tools contained herein are a starting point, designed to be tweaked and customized for the physician, staff, and patient population mix unique to each office. These tools, in the form of protocols and best practice workflows, are designed to be the basis for implementing more efficient operational systems and diverting work from PCPs.

Many of the best practices involve proper set-up and utilization of the EMR technology, combined with protocol-based workflows. If you are a NextGen office and require configuration support, please contact Nautilus Support as shown above.