

**Date: January 19th, 2024**

**Attendees: Michael Mesisca, Rodney Koenig, Tiffany Mendoza, Lara Kattiyaman, Vivian Acevedo, Matthew Keane, Krista St. Onge, Sheranda McGee, Karla Montes, Veronique Au, Christine Paley, Cameron Learman, Magen Costilla, Katie Alexander**

**Location: Ring Central**

<b><i>Topic</i></b>	<b><i>Discussion</i></b>
<b>Introductions</b>	Rodney/Mesisca <ul style="list-style-type: none"><li>• Introduced Christine Paley, who is available for contact via phone for all providers). Also introduced Sheranda to new team members.</li></ul> Veronique: <ul style="list-style-type: none"><li>• She is present to share best practices with team and support providers.</li><li>• Announced Spring Symposium on May 2nd, 2024 for continuing education.</li><li>• Vituity partnership meeting in Chicago before Halloween (exact date uncertain).</li></ul>
<b>Lake Elsinore Clinic</b>	Mesisca: <ul style="list-style-type: none"><li>• LEC opened this past Wednesday (1/17/2024). 14 patients seen on opening day and 16 seen on Thursday. The goal of LEC was to increase access to patients living in the area so that they don't need to commute to Corona. This is the 5th XC site to open.</li></ul> Rodney and Vivian: <ul style="list-style-type: none"><li>• Both thanked leads and APs for contribution to new clinics, especially during sick season.</li></ul> Tiffany: <ul style="list-style-type: none"><li>• LEC is located 20 minutes from Corona.</li><li>• There is no pharmacy, so prescriptions are sent to CVS across the street, which is open until 9 pm. If the provider has a self-pay patient, send the prescription to Corona pharmacy for a discounted rate.</li><li>• Imaging to be completed at Temecula Valley Imaging near LEC.</li></ul>
<b>Express Care History</b>	Mesisca: <ul style="list-style-type: none"><li>• Before XC, the county had 16 outpatient clinics receiving federal funding for behavioral health, dentistry, ophthalmology, etc.</li><li>• 4 years ago, a HRSA survey pointed to the need for increased access to outpatient walk-in care for underserved patients and IEHP patients living in the Inland Empire.</li></ul>

<p><b>Dr. Azad unavailable</b> <b>January 23rd - February 6th</b></p>	<p>Vivian:</p> <ul style="list-style-type: none"> <li>• Dr. Azad will not be available to contact from January 23rd through February 6th due to new breast cancer diagnosis.</li> <li>• Reach out to Vivian to receive contact information for other attending MDs.</li> <li>• There will be a card at MSC to sign for Dr. Azad.</li> </ul> <p>Mesisca:</p> <ul style="list-style-type: none"> <li>• Dr. Azad will be undergoing surgery this month. She is sharing her journey on social media.</li> </ul>
<p><b>RadNet Accounts</b></p>	<p>Vivian:</p> <ul style="list-style-type: none"> <li>• There will be radiology technicians available at Corona and Riverside clinics in the new future.</li> <li>• Providers should set up RadNet accounts and check accounts daily.</li> <li>• Imaging results are available to view for 90 days.</li> </ul>
<p><b>Scheduling</b></p>	<p>Vivian:</p> <ul style="list-style-type: none"> <li>• Will release work schedules 2 months in advance.</li> <li>• Providers will receive forms for schedule requests, and requests are accommodated on a first-come first-serve basis.</li> </ul>
<p><b>Bilirubin Checks</b></p>	<p>Tiffany:</p> <ul style="list-style-type: none"> <li>• If an infant has elevated bilirubin in the clinic, the XC team walks patient and parent over to the lab. On the weekend (labs closed), the XC team sends the infant and family directly to the hospital. This is a better alternative than sending families to Quest.</li> </ul> <p>Rodney:</p> <ul style="list-style-type: none"> <li>• Dr. Leema is very appreciative of XC's willingness to take on bilirubin checks.</li> </ul>
<p><b>New AP Recruitment</b></p>	<p>Rodney:</p> <ul style="list-style-type: none"> <li>• XC is looking to hire 2-3 full-time providers to staff new XC clinics. Providers to contact Rodney if they know another AP who would be a good fit for XC. They will receive a referral bonus.</li> </ul>
<p><b>Neonatal Overview/Triaging</b></p>	<p>Mesisca:</p> <ul style="list-style-type: none"> <li>• Proposed that the team should revisit training for neonatal care, and how to identify serious medical problems.</li> <li>• There are several concerns that parents of newborns have that are not clinically a cause for concern. It is normal for neonates to not have BMs in the first week of life. It is also normal for neonates to lose weight during the first 2 days of life. Weight loss, spit-up, and emesis are also normal.</li> <li>• Example of an urgent neonatal case: Infant brought to pediatric clinic due to constipation and sent to ED for imperforate anus. It is important to do an external rectal exam on neonates to rule this out.</li> <li>• In some cases, there is not much for XC providers to do for neonates and parents except to provide education, supportive care, and strict return precautions.</li> </ul>

	<p>Tiffany:</p> <ul style="list-style-type: none"> <li>● Use the “worried well” diagnosis if unsure of what to mark as diagnosis for a healthy neonate. Encouraged team to watch Dr. Randall’s neonatal care lecture on XC website. Vivian adds that she can reach out to Dr. Randall for more lectures.</li> </ul> <p>Mesisca:</p> <ul style="list-style-type: none"> <li>● Encouraged the team to reach out to Dr. Randall for pediatrics questions and other complex cases. She has a robust background in pediatric ER.</li> </ul>
<b>Tiffany- Maternity Leave</b>	<p>Tiffany:</p> <ul style="list-style-type: none"> <li>● She will be working until May 15th 2024. She will be returning from maternity leave at the end of July.</li> <li>● She adds that individual provider work-load might increase during this time due to call-offs that the leads might normally cover.</li> </ul>
<b>Patient requests via EPIC</b>	<p>Tiffany:</p> <ul style="list-style-type: none"> <li>● It is not the role of the provider to be messaging patients back and forth for their personal health concerns. If the patient truly has an urgent concern, they should be returning to XC or scheduling a follow-up visit with their PCP.</li> <li>● To minimize back-and-forth messaging with patients, use the dot phrase: “.xcpatientreply.” (This was Magen’s idea). The dot phrase populates the response field with a message instructing patients to come to XC or visit their PCP.</li> <li>● Providers should check “don’t allow patient to reply” when sending this message.</li> </ul>
<b>STAT &amp; Urgent Referrals</b>	<p>Tiffany:</p> <ul style="list-style-type: none"> <li>● Advised APs to NOT send stat referrals. If a stat referral is sent, the nursing staff needs to process this referral immediately. Clinic staff may not know how to do this and are asking that providers mark referrals as “<b>urgent</b>” instead. These referrals are typically processed in 48 hours.</li> <li>● XR imaging is the only thing that CAN be ordered stat.</li> </ul> <p>Mesisca:</p> <ul style="list-style-type: none"> <li>● There is triaging involved. If immediate imaging is indicated for a patient (ex. signs of PE or DVT), send them to the ED for imaging work-up.</li> </ul>
<b>Continuing Education/QI</b>	<p>Rodney:</p> <ul style="list-style-type: none"> <li>● Proposed more education for APs on cases where imaging is indicated.</li> <li>● Matthew will also be sending out a monthly FAQ sheet.</li> <li>● If providers are interested in more leadership opportunities/have suggestions for learning, contact Rodney.</li> </ul> <p>Matthew:</p>

	<ul style="list-style-type: none"> <li>Proposed more education to streamline XC providers' responsibilities. More training advantageous for helping APs determine when complaints/chronic illness should be handled by primary care or speciality providers. This will become especially important as XC volume increases.</li> </ul>
<b>New Providers</b>	<p>Matthew:</p> <ul style="list-style-type: none"> <li>Saifuddin Talib is a new full-time provider at PS clinic and has been training for the past month. He has a robust primary and urgent care background.</li> </ul> <p>Rodney:</p> <ul style="list-style-type: none"> <li>Elizabeth Loverso will also be joining the team this month.</li> </ul>
<b>Katie's Study</b>	<p>Katie:</p> <ul style="list-style-type: none"> <li>She will be sending out a survey to providers for GC Chlamydia orders and has access to QI measures. Study is in partnership with the county and is part of her doctoral program.</li> </ul> <p>Mesisca:</p> <ul style="list-style-type: none"> <li>The goal is to decrease the likelihood of patients having undiagnosed and untreated STI. XC can play a part in screening patients for STI.</li> </ul>
<b>Nomenclature and Timecards</b>	<p>Tiffany and Rodney:</p> <ul style="list-style-type: none"> <li>Refer to clinics as Corona Clinic, Lake Elsinore Clinic, Moreno Valley Clinic, MSC, and Neighborhood Clinic when speaking with each other to avoid confusion.</li> <li>This is also how sites should be identified on ADP Time Card. If AP does not have the ability to specific sites on ADP, they should contact Rodney. It is important that APs specify their work site so that their hours are accredited to these sites by the county.</li> <li>Providers should select "CA waiver" on ADP since they don't take scheduled lunch breaks. The time marked on time cards should match the time logged on ADP exactly.</li> </ul>

Meeting Called to Order 8:00a; Meeting adjourned 9:05a