

Date: June 21, 2024

Attendees: Michael Mesisca, Rodney Koenig, Lara Kattiyaman, Vivian Acevedo, Matthew Keane, Krista St. Onge, Karla Montes, Veronique Au, Christine Paley, Cameron Learman, Magen Costilla, Katie Alexander, Alyssa Shulz, Bushra Hasan, Frank Nguyen, Brenda Ivana Villareal, Kurt Harris, Lawrence Gates, Rebecca Rimka, James Stuart, Jocelyn Le, Saify Talib

Location: Ring Central

Topic	Discussion
Announcements/ Reminders	<p>Vivian:</p> <ul style="list-style-type: none">• Compliance due July 1st. Can put ~ 2 hours for it (per Rodney)• RUHS is working on the CURES so that it goes directly into EPIC. Everyone should have emailed Kurt Koenig the screenshot.• Timesheets need to be submitted to Sheranda on everyone’s last shift of the month. Just make sure it is in by the first early morning every month.• RUHS email should be working for everyone. Everyone needs to be checking it regularly. If you are coming up on your 2 years credential will be coming up.• Corona update: We are losing our RN this week. But there is a plan for the nursing staff to still get a break. <p>Rodney:</p> <ul style="list-style-type: none">• Timecards should be signed by the providers Saturday nights biweekly so that Rodney can check it Sunday morning.• Floral Binders will be updated when Tiffany returns from leave.• Vaccines should be pended by the nursing staff and providers are reviewing for accuracy and signing the orders throughout all the clinics• Juneteenth: Thank you all for being flexible in regards to the hours for the day.
Family Pact	<p>Katie</p> <ul style="list-style-type: none">• Corona and Lake Elsinore get plenty of family pact patients and it seems there has been push back regarding billing due to the requirements that are in place for 1) the patient to be covered and 2) the county to be reimbursed.• What is it? It is a subset of MediCal which patients can apply for specifically for family planning.<ul style="list-style-type: none">○ The county requires the provider to bill with the primary diagnosis code of “contraception”. The patient can not be seen under family pact for anything else in that visit (i.e cough, cold, etc).

	<ul style="list-style-type: none"> ○ Common mistake for family pact patients is having the “BMI” diagnosis with the contraception dx code. The BMI code needs to be deleted. ● Will send an email with an example of common mistakes with family pact billing and how to avoid it. ● Utilize the floral binder with a “Family pact cheat sheet” if you need to!
Riverside Neighborhood Clinic	<p>Jocelyn</p> <ul style="list-style-type: none"> ● As volume goes we will get more help on the nursing side. Scheduling more phone and video visits for the weekends (not just to NBHD but also other clinics that are not MSC). ● She is meeting with a PIC at NBHD and there is a big push for pap smears. <ul style="list-style-type: none"> ○ Pap needs to be ordered as “Thin prep with HPV” rather than reflex, particularly for women that are 30 and up. Women from the ages of 21-29, it can be ordered as “Thin prep with reflex”. ● HepB screening is recommended for 18 years of age and up for all patients. This should be a triple screen. There should be an order panel for this set up. The Hep B antibody panel should be ordered at the same time. If results return as low for hep B, the patient should be called in for a vaccine on a Sunday. <ul style="list-style-type: none"> ○ Bushra: Typing “Hep B immunity” will bring up all three necessary ○ Matt: By clicking on Hep B care gap, this will take you to the correct order
MSC	<p>Rodney:</p> <ul style="list-style-type: none"> ● Darrel, RN has been out but staffing is improving. ● Sandra is ensuring we (MSC) are a priority. <ul style="list-style-type: none"> ○ He would like to know when the clinic is short staffed as he is working directly with Vernan. If short staffed, this should escalate to Sandra and then Rodney if there is no solution after 30 minutes. ○ Need to document those dates that staffing is short so RUHS understands some of the limitations they are causing.
MoVal	<p>Rodney:</p> <ul style="list-style-type: none"> ● M-F construction going on. A few rooms to see patients. ● In regards to what type of patients Express Care is able to see, the ACCs were advised to reach out to the provider and nursing team to avoid having them make the final decisions. <ul style="list-style-type: none"> ○ If the provider has questions if a certain physical can be done, reach out to Rodney. ● Primary Care Call Offs: If someone gets put on your schedule, the nursing staff from family medicine should be messaging the provider to inform them what the plan was for that specific patient
Palm Springs	<p>Matt</p> <ul style="list-style-type: none"> ● He will be off for the month of July off ● MA and LVN positions were opened and they should be filled relatively soon. ● With higher census (aiming for 2.5 an hour), could be moving to a different space in the clinics with more room.

	<ul style="list-style-type: none"> ● Pediatric school physical clinic began this month on Sundays. Can have up to 15 school physicals scheduled per day on Sunday ● On the weekends, the call center is still scheduling for regular walk in visits ● Hospital follow ups are to be seen within 3 days but this is different for ED follow ups. <p>Vivian</p> <ul style="list-style-type: none"> ● Scribes Monday- Wednesday should be starting in July.
Advertisement	<p>Rodney</p> <ul style="list-style-type: none"> ● Pushing the county of balloons and just attracting patients ● There should be flyers and cards being passed out with Express Care information. EPIC AVS discharge should have an advertisement of the clinics with the correct times. ● For site leads: Please take a weekly photo of the flags and/or where they are supposed to be at your site. <p>Bushra</p> <ul style="list-style-type: none"> ● Clinic hours need to be updated on google <p>Mesisca:</p> <ul style="list-style-type: none"> ● When you google urgent cares, none of the express cares populate. This should be fixed with marketing.
Mesisca/Rodney Updates:	<p>Mesisca</p> <ul style="list-style-type: none"> ● Figuring out how to do load leveling. He is aware of the imbalance of census in each clinic. Due to the lack of predictability, getting another provider might not be feasible until there is a consistent high census for the specific clinic. <ul style="list-style-type: none"> ○ We need to fix the weekend census ● Everything is moving in a positive direction as far as growing and reaching the targets the county has asked us to hit. <p>Rodney:</p> <ul style="list-style-type: none"> ● In regards to patient's coming in but do not have a need for follow up: <ul style="list-style-type: none"> ○ Example: post suture follow up is an unnecessary visit and a wasted visit for the patient unless there is a problem you would like to be addressed.
Cardiology Referrals	<p>Rodney</p> <ul style="list-style-type: none"> ● DO NOT refer the patient to cardiology, instead place a referral to their PCP. ● For urgent/STAT referral to cardiology and unable to get a prompt appointment with the patient's PCP, send the PCP a message about the patient regarding the cardiology referral ● If cardiology referral is urgent and there is no PCP appointment for 1-2 months, have nursing team schedule with a different PCP if necessary to be seen 1-2 weeks. If there is pushback regarding this, escalate to Rodney or Mesisca. <p>Vivian</p> <ul style="list-style-type: none"> ● This should a universal process for all the express care clinic

	<p>Matt</p> <ul style="list-style-type: none"> • He has not had any problems referring straight to cardiology • In Palm Springs, with regards to pain management and cardiology referrals: Matt has received a numerous of patients that present to the Express Care that have been sent over from the Family Practice side or sent in by the call center to tell the patient specifically “Family Care can’t see you but express care with do your referral”. This can create confusion for patient’s. <ul style="list-style-type: none"> ○ Rodney: If this continues to happen, escalate to Rodney in real time.
<p>Medication Prior Authorization</p>	<p>Kurt</p> <ul style="list-style-type: none"> • How should the express care team be going about prior authorization medication? Is this something we can refer to the pharmacy to do? <p>Frank</p> <ul style="list-style-type: none"> • Roxy in Riverside is a good resource for prior authorization and getting them through. <p>Vivian</p> <ul style="list-style-type: none"> • Escalate to pharmacy tech to do these. Staff can also help: at Riverside it’s Roxy, at Corona its Lucy. • Medication should still be ordered by the provider but it might take some time until insurance approves it. • Normally Vivian will order the medication and a fax will come in to notify that a fax is required and at which point the staff should handle the prior authorization <p>Katie</p> <ul style="list-style-type: none"> • Lake Elsinore does not have a pharmacy like the other clinics. • Prior authorization at Lake Elsinore should be directed to the Primary Care team. Nursing team will message the PCP team to complete the prior authorization. <p>Bushra</p> <ul style="list-style-type: none"> • Patients with low TSH and most likely new diagnosis of hyperthyroidism and they had to wait until Bushra was back in the clinic because family medicine did not. <ul style="list-style-type: none"> ○ Rodney: If there is a concern about miscommunication or other, you should escalate to Site Lead <p>Rodney:</p> <ul style="list-style-type: none"> • For diabetic medications in regards to prior authorization, you DO NOT need new A1C or new labs
<p>On-Call Supervising Attendings</p>	<p>Mesisca:</p> <ul style="list-style-type: none"> • Dr. Alkatob will start being one of the on-call doctors, with Dr. Thomas retiring. He loves to teach and communicate, and be another resource. He will work one of 2 shifts a month clinically to support the team but also be focused on education. This includes giving lectures, teaching while on shift or when you reach out. • Possible on call schedule for attending supervisor. It is okay to reach out to any of the listed supervising doctors. Just not Thomas, he is out. • Feel free to give feedback on how communication with supervising attendings are going. They are paid to support you and he wants to ensure they are helpful or in what the team can improve.

	<ul style="list-style-type: none"> ● Recommends to reach out to a supervising attending particularly before real time consultation with orthopedics or another service so that attending can guide the provider. In this way the attendings' name can also be attached to the note. ● If you are at a receptive site with family medicine it is okay to reach out to them prior to the on call attendings with regards to PCP concern.
Video Visits vs Phone Visits	<p>Matt</p> <ul style="list-style-type: none"> ● County would like to move away from phone visits but has completely happened yet. ● All telehealth visits are supposed to be video visits, patients should have mychart in order to do them. Needs to be done through an iPad the county provides but all of those things aren't in place as of yet. ● As of now, can continue phone visits ● The template used should correspond with how the visit was completed whether video or telephone. ● If you are doing a video visit but need a Spanish interpreter, you can use the clinic staff and from a medical legal standpoint this is allowed. Just ensure to document that is what you used, that is what was available and that the patient was okay with it. <p>Rodney</p> <ul style="list-style-type: none"> ● Request was placed to get iPads specifically for these video visits.
BMI Care Gap	<p>Rodney</p> <ul style="list-style-type: none"> ● When it appears on your computer screen, you need to complete the steps for it. It will print out in their discharge instructions. ● Working with many people in the county to make completing the care gaps simple for Express Care. Also to address which ones Express Care will and will not do.

Meeting Called to Order 8:00a; Meeting adjourned 9:03a