

Date: March 19, 2025

Attendees: Michael Mesisca, Katie Alexander, Matthew Keane, Magen Costilla, Rebecca Rimka, Christine Paley, Jocelyn Le, Brenda Villareal, Cheryl Chow, Tiffany Mendonza, Vivian Acevedo, Meagan P, Kimberly Sales, Kurt Harris, Krista St Onge, Eunic Tuungafasi, Bushra Hasan, Karla Montes, Kimberly Ortega

Location: Ring Central

<i>Topic</i>	<i>Discussion</i>
Central	<p>Mesisca:</p> <ul style="list-style-type: none">● Engage on-call attendings to facilitate most consults before consulting the specialty service. Although they are usually willing to support Express Care, specialty clinics are not contractually obligated to do so.● With the specialty services, some of the attendings may be floating from other institutions, so residents may not know the specialty resident, or they may get different directions from the attending.● If you get pushback from a specialist, notify Dr. Mesisca which service and person you consulted. Make sure to put the name of the person you consulted in your message and in the patient's chart.● To contact attendings, you can use the messaging board on Epic if you are uncomfortable texting them.● If the attending is working remotely and unable to view images, like EKGs or XR images, you can consult another on-call attending or an ED attending to look them over. <p>Christine:</p> <ul style="list-style-type: none">● Division 2 Symposium will take place in May. Vituity Cares will be on the 6th.
Care Gaps	<p>Matt:</p>

	<ul style="list-style-type: none"> ● We have had 2 online meetings. I have also gone in person to Palm Springs to check in and remind staff about doing them. ● Reminder that care gaps are only for patients who have RUHS assigned as their PCP or have Medi-cal and want to establish care with RUHS. ● Rodney, Katie, and I will look at the data at the end of this month to see what the improvement has been since we started doing care gaps. This is not meant to be punitive. <p>Kurt:</p> <ul style="list-style-type: none"> ● Some providers do not like the nurses pending all of the orders (ex: mammograms are ordered on males) because it is more work to go over and delete most of them. Providers would rather order them. ● Matt: Rodney, Katie, and I will meet to go over the data. If it seems like everyone is in agreement, we might be able to change the workflow. This initial stage is to make sure that people understand the care gaps and know how to order them. <p>Jocelyn:</p> <ul style="list-style-type: none"> ● Care gaps still count and are being tracked on video visits. Make sure to add or defer orders on the care gaps. <p>Tiffany:</p> <ul style="list-style-type: none"> ● Standard care gaps workflow for the nurse staff at MSC: they will continue to pend them until it is decided to move away from that process. <p>Bushra:</p> <ul style="list-style-type: none"> ● Can we do age and gender-specific care gaps lists? ● Matt: At this point, we will not be making any more lists. We will refine the process later on. ● Tiff: Should we at least get age-specific guidance for care gaps? At least 14 and up specifically, because that is when they start including chlamydia and HIV tests. ● Matt: That would be a reasonable modification because it only requires notifying staff that it is only for 14 and up.
Corona	Corona:

	<p>Viv:</p> <ul style="list-style-type: none"> ● We got the Spotfire yesterday. The nursing team is trained on it and will only be doing spotfire if URI symptoms have been less than 5 days. ● We will be hiring a new RN, Maria is now the ACC, and Disha is the new MA. ● Volume has dipped a little to the 30's. <p>Kurt:</p> <ul style="list-style-type: none"> ● Can all the clinics switch to only doing Spotfire if URI symptoms have only been less than 5 days? ● Matt: Only LVN's can run Spotfire. If it starts to feel like it is slowing the clinic down, it might be helpful in the future to implement that sort of guideline. ● Viv: We can have site-leads talk with the nursing staff to decide to do Spotfire for URI less than 5 days if everyone is in agreement.
Palm Springs	<p>Matt:</p> <ul style="list-style-type: none"> ● The new ACC will be starting by the end of this week/early next week. ● Our RN is going on maternity leave in the next month or two. There is no info on who will be covering her.
Lake Elsinore	<p>Katie:</p> <ul style="list-style-type: none"> ● Updates from PIC, Dr. Hendojo: We have an Express Care order set list for newly pregnant patients that includes pregnancy labs. Dr. Handojo asks that patients paneled to RUHS get those labs ordered and get scheduled for their first follow-up with a PCP there because it can take a while to see OBGYN. ● I will verify that the list primary care uses for prenatal labs matches the Express Care list. There will be a reminder in the provider room to order them for newly pregnant patients so that they have good prenatal follow-up. You can still place the order for referral for OBGYN. ● We are still down a LVN. Otherwise, staffing is the same.
Riverside Neighborhood	<p>Jocelyn:</p>

	<ul style="list-style-type: none"> ● Natalia Gardinez is a new primary provider. ● Alexis is the new MA who is currently onboarding and will be with us Sunday through Wednesday. ● Liz (previously at MSC) is a new MA who will be with us Fridays and Saturdays. ● Surge shift reminder: goal every weekday is 40 patients. If volume starts to trend on the lower side, please screen all in-baskets from every group and add phone visits if there are any findings. Also, remember to look at the radiology binder.
<p>MSC</p>	<p>Tiffany:</p> <ul style="list-style-type: none"> ● Karina LVN is back from maternity leave. ● Meagan and Kim are two new providers and have already started training. They have been added to the provider WhatsApp group. ● We will be onboarding more people over the next month or two. ● Reminder about ECM, at MSC they sit right outside the provider room. They are there to make sure vulnerable IEHP adult patients get scheduled and make their appointments – homelessness, frequent ER visits, medication noncompliance, substance use disorders, personality disorders, and/or generally medically high-risk, are qualifying factors. <ul style="list-style-type: none"> ○ Kurt: How do we approach them? ○ Tiffany: There are several ways. You can go through the nurse and notify them that you want to connect a patient to ECM. You can also put a referral into ECM and put in your reason. There is a brochure in the WhatsApp that has all the qualifications. Try to have ECM see the patient before they are discharged from the clinic. ○ Kurt: Do we need to put in a referral to ECM if they see them in the clinic? ○ Tiffany: It would be better to put it in just in case. ○ Mesisica: ECM is Enhanced Case Management. This is something we should be leveraging for IEHP patients who are high-risk, medically or mental-health vulnerable. Try to get patients enrolled early on for prevention. ○ Viv: ECM will usually see the patient and evaluate if they qualify.

<p>Loan Forgiveness</p>	<p>Vivian:</p> <ul style="list-style-type: none"> • The student loan forgiveness application for HRSA will be open this month. Let me know if you have any questions or plan to apply. <p>Mesisca:</p> <ul style="list-style-type: none"> • Matt and I are working on making sure that all sites are active and qualify for this next cycle. • Vivian: The website shows that all sites are active. It also shows the point of contact for each site. Dr. Khan only has access to MSC when we applied. • Mesisca: The Palm Springs address was not accurate.
<p>Vituity CME</p>	<p>Vivian:</p> <ul style="list-style-type: none"> • The next Vituity CME is in April and will be on EKGs. If anyone has questions about it, the virtual Vituity webinars are usually really good.
<p>Positive Cologuard</p>	<p>Kurt:</p> <ul style="list-style-type: none"> • I had a positive cologuard and referred the patient to GI, but it was pushed back and told me to refer to primary for the colonoscopy order. I talked with Matt and decided that as long as patients have follow-up with someone, whether that be with GI or PCP, that should be fine. However, GI does not seem to be on board. Their MA messaged me and told me that if there is a positive cologuard, refer them for a colonoscopy. • Mesisca: That is kind of standard for GI. They don't want to find something and biopsy it when there is no primary doctor to act on the results. • Matt: This seems to be more of a specific issue with the specialty clinics at MSC. They seem to want referrals to come from PCP. If they do not have a referral to GI, but have no red flag symptoms, referring back to primary in a reasonable amount of time is fine. In Palm Springs there hasn't been a problem with referring to specialists. • Kurt: What is a reasonable follow-up? Most PCP appointments are 2-3 months out. • Matt: Try to get someone in within 1-2 weeks, even if it is just a phone visit. This is where PICs are important. Communicate with them or their team members directly about the situation to try and get patients seen sooner for positive results.

	<ul style="list-style-type: none"> ● Kurt: Deryl said that if a patient is already established, they want us to message their PCP or their team to schedule them. He said our team can only schedule new patients and they cannot schedule phone visits from their end. Is there a way to contact the primary care staff or ACC to schedule them? ● Matt: They should be able to schedule patients, it is just a bit of extra work. On Epic they need to change the clinic. I will bring that up to Rodney to speak with the staff. ● Tiffany: MSC has challenges with scheduling appointments in general. There has been a lot of resistance with doing it, there is a lot of handing out the number for them to call the scheduling center. They should all be doing it, but I will ask Deryl about the difficulties scheduling specific types of visits. In the interim, I will post a list of the PCPs and their teams in the MSC provider room. ● Kurt: Can all the clinics have a master list of all PCPs and their teams? ● Tiff: The site leads can work on doing that for all of the clinics. ● Mesisca: Having that list on the website would also be good. I will talk more with Rodney to see if we can streamline this. ● Bushra: In the past, I have secured chatted the doctor and they added whoever they want to arrange a sooner appointment. ● Matt: That is a good method if you are at a clinic where you know the provider is more likely to do that.
Social	<p>Jocelyn:</p> <ul style="list-style-type: none"> ● Arrangements have been made to go to Top Golf on Monday, March 26. All clinics are closed that day. ● If anyone wants to come and didn't previously RSVP on the Google form, contact me.
Supplies	<ul style="list-style-type: none"> ● Supply also seems lacking and minuscule at MSC. It seems like all the clinics are not on the same page on supplies and what we have. For example, I ordered Decadron 10 mg, but I had to change it several times because they had a different stock.

	<ul style="list-style-type: none">● Tiff: We are working on our standardized lists, all the clinics have been distributed one for inventory of medicine and supplies. When those things come up, alert the RN because they are in charge of managing that. Also, let the site lead know.● Matt: There is a medical supply and medication list that is standardized across all clinics, we will continue to work on making sure they are updated. In general, if you are at a site and are running into these particular issues, make sure you are messaging the specific site lead so that they are aware before Dr. Mesisca and Rodney are involved.
--	--

Meeting called to order: 8:04a; Meeting adjourned 8:53a