

Case Review Follow-Up Call

PURPOSE

1. Provide friendly customer service to help the patient feel supported through the process of onboarding.
2. Provide support while patients learn about our process and how to navigate the Patient Portal.
3. Improve the quality of patient care within our clinic.
4. Address patient requests and questions promptly.
5. Move requests quickly and efficiently through the flow of the practice.
6. Decrease patient frustration.
7. Create continuity among staff by allowing everyone to view communication history.

PROCEDURE

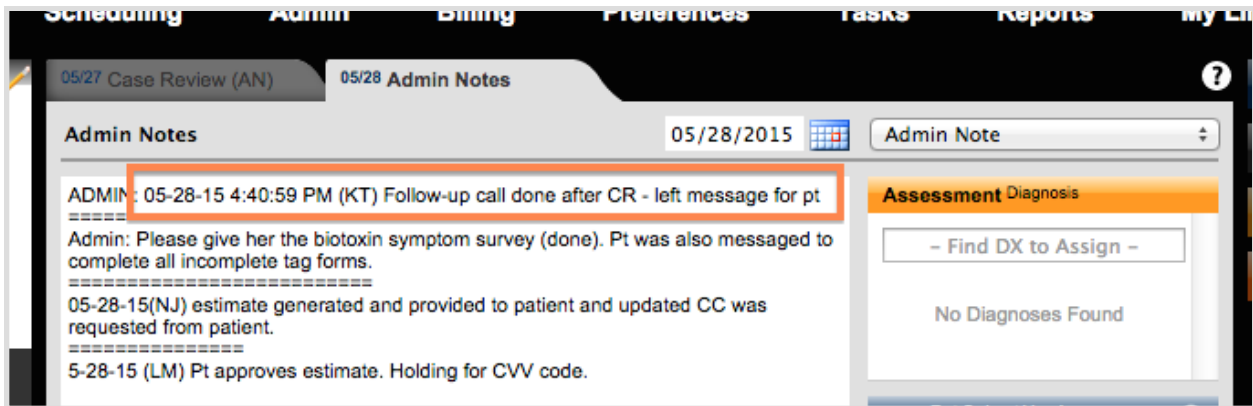
Expected time frame: Calls should be made within 48 hours of the patient's Case Review.

1. Go to the patient's chart in MD HQ.
2. Hover over "tasks" then choose "show patient's portal history."
3. Review the history to see if the patient has already been sent an estimate, has already responded to the estimate, or has already sent messages in the PPQ after their appointment. If so, make sure you address these questions in the call.
4. Click the pencil in the black Patient Information box and look for the phone number with the yellow star, which is the patient's preferred contact phone number.
5. Call the patient through Ring Central. (Reference Using Ring Central)
 - 5.1 **If patient answers:** "Hi, this is [your name] calling from [clinician]'s office to follow up after your Case Review to see if you have any questions about the appointment or the next steps in the process."
 - 5.2 **If patient does not answer:** "Hi, this is [your name] calling from [clinician]'s office to follow up after your Case Review to see if you have any questions about the appointment or the next steps in the process. If so, you can send a message to us through your Patient Portal or return my call at (510) 849-6500 [your extension]."

Notes:

1. If the patient is ready to do so, you may instruct them on how to schedule their first follow-up.
2. If the patient gives approval/requests modifications of their estimate, you may note the Admin Notes, but do not send the encounter on to Billing (HOLD it for written response). Advise the patient that they must send a message through the Patient Portal so we have written documentation of their estimate response. Reference Estimate Approvals and Estimate Modifications)

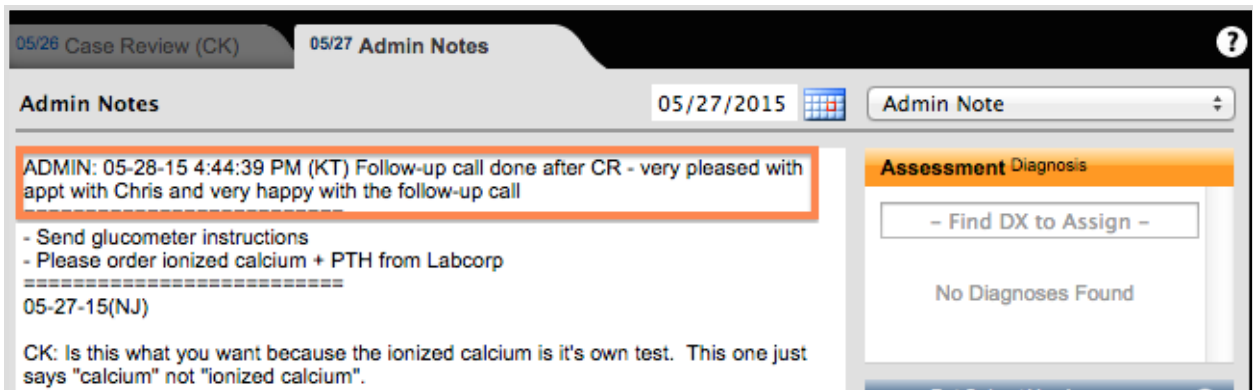
6. In the green SOAP/Encounter Notes box, click on the Admin Notes for the Case Review encounter.
7. Put your date/initial stamp and document the call, even if all you did was leave a message. See examples below, **outlined in orange**:



This screenshot shows the 'Admin Notes' interface for the date 05/28/2015. The main text area contains the following notes:

- ADMIN:** 05-28-15 4:40:59 PM (KT) Follow-up call done after CR - left message for pt
- Admin: Please give her the biotoxin symptom survey (done). Pt was also messaged to complete all incomplete tag forms.
- 05-28-15(NJ) estimate generated and provided to patient and updated CC was requested from patient.
- 5-28-15 (LM) Pt approves estimate. Holding for CVV code.

The first line of the Admin note is highlighted with an orange border. To the right, the 'Assessment Diagnosis' section shows a search button '- Find DX to Assign -' and the text 'No Diagnoses Found'.



This screenshot shows the 'Admin Notes' interface for the date 05/27/2015. The main text area contains the following notes:

- ADMIN:** 05-28-15 4:44:39 PM (KT) Follow-up call done after CR - very pleased with appt with Chris and very happy with the follow-up call
- Send glucometer instructions
- Please order ionized calcium + PTH from Labcorp
- 05-27-15(NJ)
- CK: Is this what you want because the ionized calcium is it's own test. This one just says "calcium" not "ionized calcium".

The first line of the Admin note is highlighted with an orange border. To the right, the 'Assessment Diagnosis' section shows a search button '- Find DX to Assign -' and the text 'No Diagnoses Found'.