Milford Regional Physician Group
The Benchmark for Quality Care

Workflow for:

☒ **Internal Medicine** ☒ **Pediatrics** ☒ **Family Medicine** ☐ **Specialty**

☒ **Clerical** ☒ **Clinical** ☒ **Provider**

Date Initiated: 6/28/13 **Pages: 4**

Centricity: Transitional Care Management Phone Note

To assist with proper documentation in order to bill Transitional Care Management codes, please follow the process below.

1. The provider will identify the patient qualifying for Transitional Care Management post discharge.

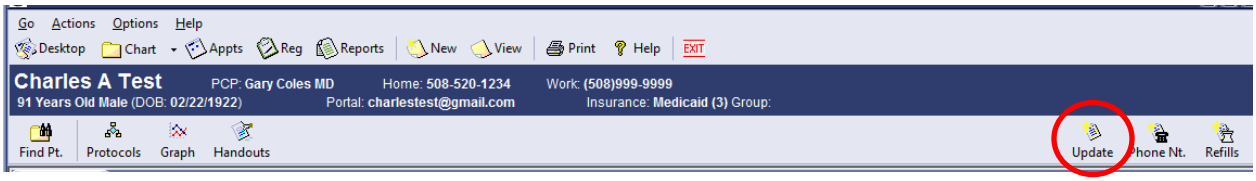
2. **Within 2 business days of hospital discharge** the provider will start an Update in the patient's EMR selecting Encounter Type: Phone Note – TC, complete their portion and then route to their clinical support staff.

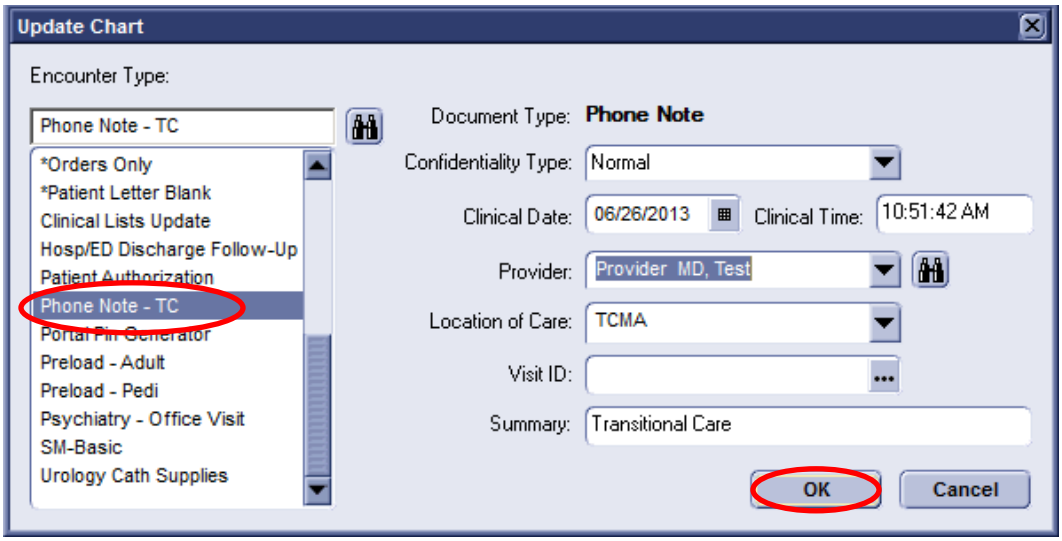
3. Upon receipt of the phone note the clinical support staff will contact the patient, complete the phone note form and route back to the provider.
(The patient and/or caregiver must be contacted within 2 business days of discharge.)

The following is a breakdown of the provider and clinical support roles required for this workflow:

Provider

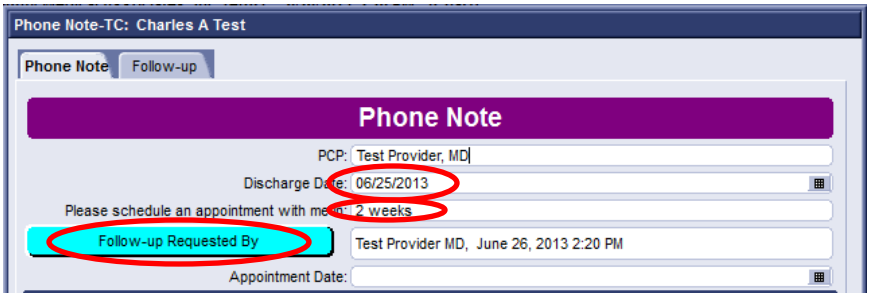
The Provider will start the Update, select Encounter Type: Phone Note – TC
Transitional Care will populate in the Summary field, click OK.





The provider will enter the Discharge Date and when the patient should be seen for their Hospital Follow Up appointment (within 7 or 14 calendar days of hospital discharge) and then click the Follow-up Requested By button.

The phone note will then be routed to the clinical support staff responsible for the follow up with the patient.



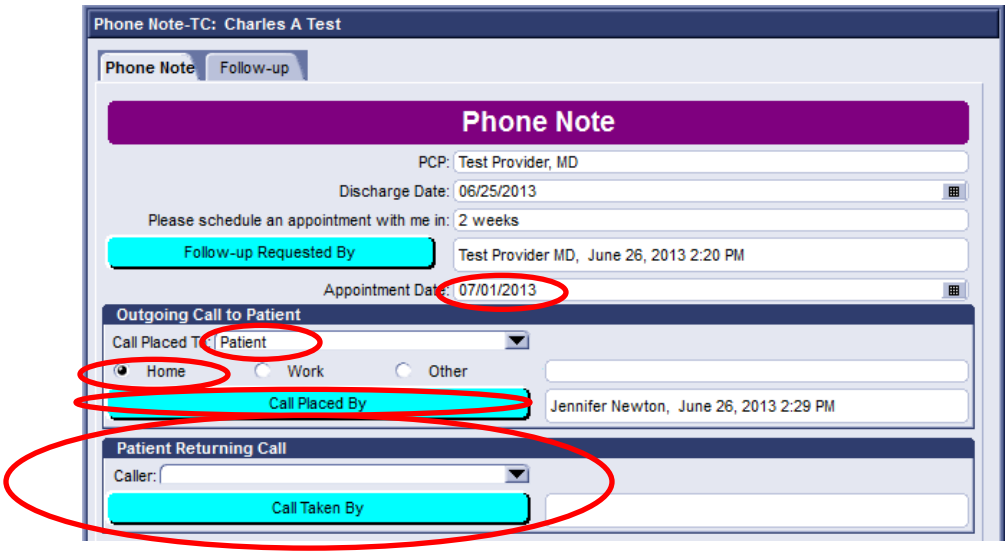
Clinical Support

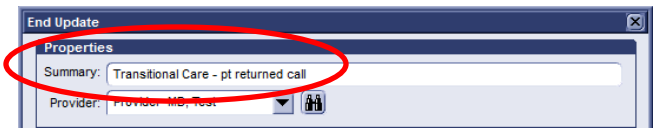
The clinical support staff will check the patient's upcoming appointments to see if an appointment has been scheduled within the time frame specified by the provider. If the patient has an expected Hospital Follow Up appointment, enter the date on the form next to Appointment Date:

The patient will be contacted within 2 business days of the discharge date. If not already scheduled, a Hospital Follow Up appointment will be scheduled and the date entered on the form next to Appointment Date.

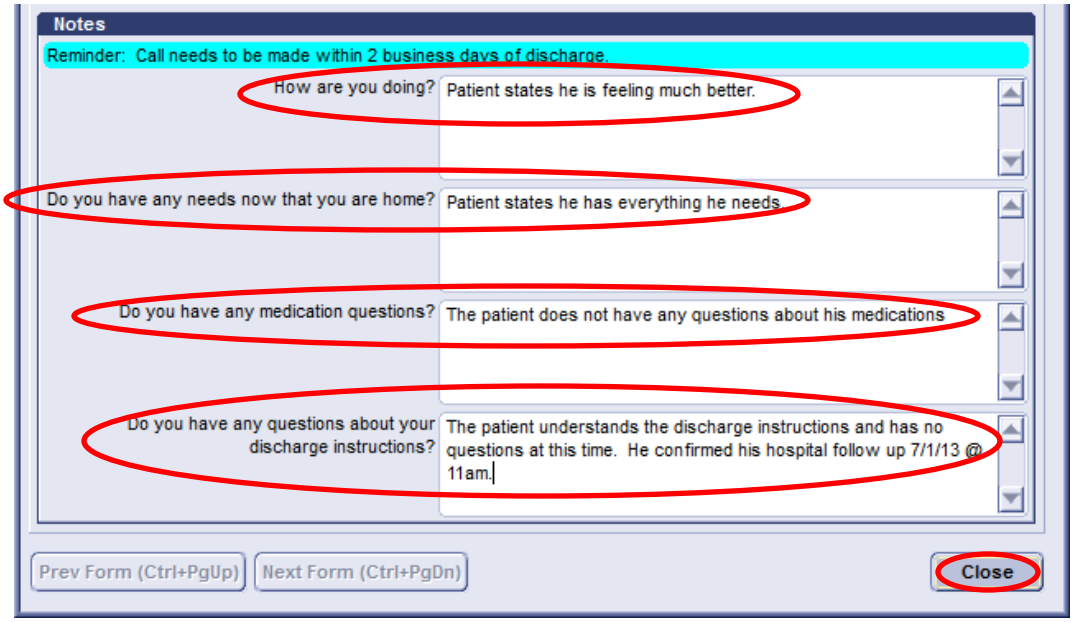
In the Outgoing Call to Patient section; identify who the call was placed to and the phone # used and then click the Call Placed By button.

**If a message is left for the patient to return the call the phone note will be placed On Hold to the clinical support staff so that timely follow through will occur. When the patient returns the call, the registration scheduler will use the Patient Returning Call fields and update the document Summary to include "Pt returned call" and then route back to the clinical support staff for follow up.





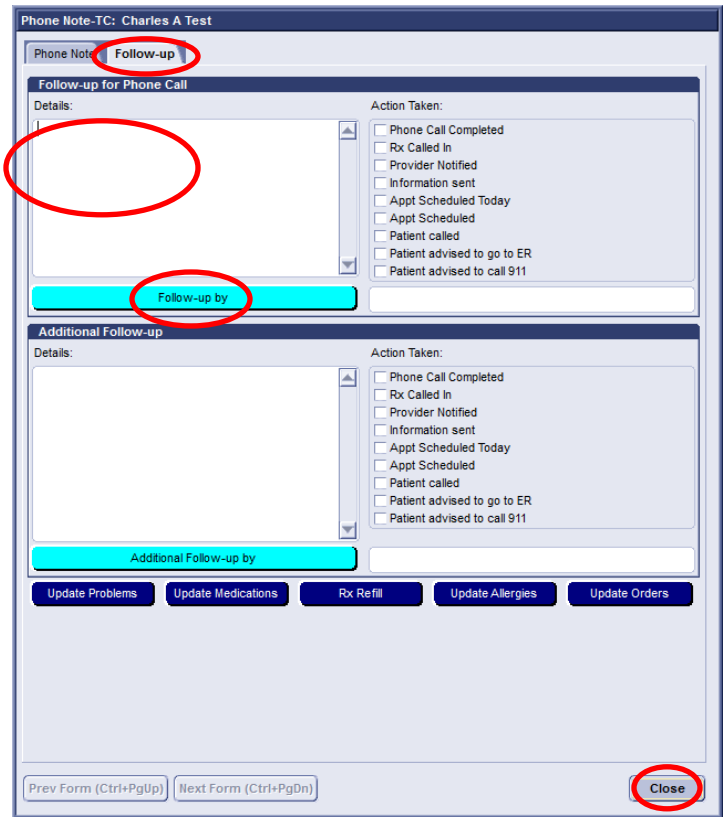
The clinical support staff will ask the patient the four questions in the Notes section of the form, and document the patient's response in the space that follows each question.



Close the form and route to the provider for follow up recommendations or if completed, for signature.

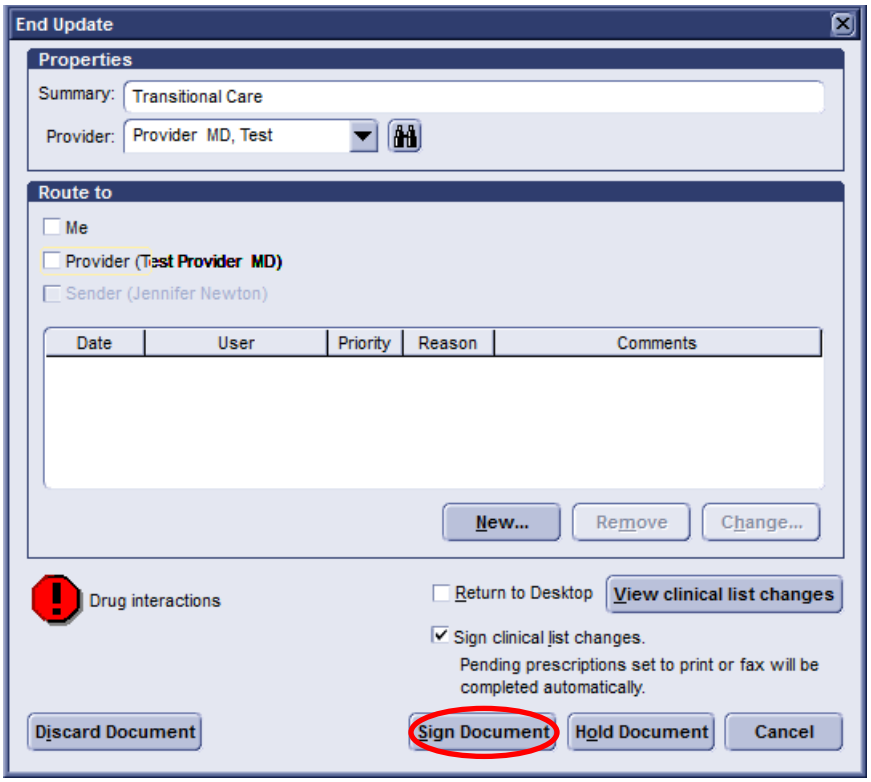
Provider

If completed, sign the phone note. If further instructions are needed use the Follow-up tab on the form to document further instructions for the patient.



Click Close.

End Update and Sign Document.



The Transitional Care Management charge will be the service order generated when the patient is seen for their Hospital Follow-Up appointment.

Transitional Care Management orders have been added to the Family Medicine, Internal Medicine and Pediatrics Orders custom lists.