2026-2027
INTERN GUIDE TO
IMA LOGISTICS

2026-2027
Mount Sinai Hospital
Internal Medicine Associates

Table of Contents

INTRODUCTION TO IMA CLINIC

WHEN YOU HAVE QUESTIONS/CONCERNS/ISSUES:

1. You should always discuss them with your team preceptors, especially if they are clinical issues (e.g., intervisit patient care such as phone calls, mychart messages, medication refills, etc).
    a. ***We will have office hours your first sextile to help address. It's also a great idea to chat with preceptors between cases during your patient care session–they're always happy to help***

2. You should reach out to the ambulatory chiefs, Giuseppe Fiorica & Patrick Crorkin, and Mayce Mansour (the Associate Program Director for Ambulatory Care) for ANY issues, big or small – clinical issues, administrative issues, educational issues, etc. We have a system set up to help you so PLEASE ASK!
    a. ***Use the chief residents as a resource!***

3. Send a message to **p IMA Feedback Pool**
    a. *This is routed to Mayce and chiefs and allows you to attach particular workflow/patient care concerns to specific MRNs. The more specific the feedback you provide, the more likely we can concretely address.*

AMBULATORY SCHEDULE

10 Mo	*11 Tu*	*12 We*	*13 Th*	*14 Fr*
OP IMA PTC ↑ IMA PTC ↓	*OP* IMA DM ↑ Educ ↓	*OP* Panel Management ↑ IMA PTC ↓ IMA PTC	*OP* Educ ↑ Intervisit Care ↓	*OP* Intervisit Care ↑ IMA PTC ↓
17 Mo	*18 Tu*	*19 We*	*20 Th*	*21 Fr*
OP IMA PTC ↑ IMA PTC ↓	*OP* IMA Weight Mgmt ↑ Educ ↓	*OP* IMA GYN ↑ IMA PTC ↓ IMA PTC	*OP* Educ ↑ Intervisit Care ↓	*OP* Intervisit Care ↑ IMA PTC ↓

IMA PTC: continuity clinic for primary care
Intervisit Care: Time to catch up on intervisit care
IMA MSK/DM/GYN/Panel Management: subspecialty clinics (see below)

Subspecialty clinics:

Clinic	Time & Location	Description
Diabetes Clinic (IMA DM)	Tuesdays 8:30 AM - 12 PM 7E Conference Room for Didactics, Firm B for patient care Preceptors: Drs. Cary Blum and Kenneth Fifer Here is the link for the drive.	Session begins with didactics in the 7E conference room. You will see patients with diabetes alongside a multidisciplinary team and see how managing diabetes takes a village.
IMA Weight Management	Tuesdays 8:45 AM - 12 PM Firm E Side Preceptor Room or Dr. Sundaresh's office behind firm A precepting room (you will receive an email) Preceptors: Drs. Christine Schindler & Shyam Sundaresh Here is the link for relevant information (found in the IMA CareTeam App)	Session begins with one-on-one didactics. You will then see patients to counsel about weight management and receive feedback on your counseling and communication skills.
IMA GYN Clinic	Wednesdays 8:30 AM – 12 PM 7E Conference Room / Firm D Preceptors: Drs. Irene Rahman and Sara Towne Here is the link for the drive.	Session begins with didactics in the 7E conference room. You will see patients for routine cervical cancer screening, contraception, menopause symptom management, and more.
Panel Management	Wednesdays 8:30 or 9 AM - 11 AM ***via zoom*** Preceptor: Dr. Mansour et al Workshop content and tasks located in our drive folder.	AKA how to become the best PCP! You will learn tips and tricks on how to maximize continuity and ensure your patients are up to date with evidence-based, quality care. You will also learn about how health systems are reimbursed (some microeconomics).

Specialty clinic didactic materials are linked above and are in your curriculum google drive folder found in the CareTeam app

FIRST DAY AT IMA

- Where to go: 17 E 102nd St.
  - East elevators (closest to entrance), 7th floor, take you to firms C&D
  - East elevators (closest to entrance), 3rd floor, take you to firm E
  - West elevators, 7th floor, take you to firms A&B
  - Resident room is on 7, firm D in the back hallway (code 1-2-3) & behind firm A
- What to bring: white coat and stethoscope
- Your business cards are in your Firm Precepting Room. You will find these during the scavenger hunt.

SETTING UP EPIC: Ask your preceptor for help

- Ask your resident buddy and team preceptors for help. We are happy to get you organized so that things run as smoothly as possible.
- Choose your "context"- **17 East 102nd St IMA Firm X**. **This is important for placing orders.**
- Click on "Schedule" (top left) → "My Schedule" (middle left) → folder with your name on it
- Add quick access tabs to the left: More Activities tab on bottom left corner → Menu Personalization → Click on the star, which will turn yellow
  - Recommended tabs to add to the top of the screen: **medications, health maintenance, problem list, mark all as reviewed, letters**
- Favorite some **useful letters**: Medications taking, IMA Medical Condition Letter DTC, IMA Normal & Abnormal Letter, IMA Work Excuse/School Letter, IMA Housing Conditions, IMA Utilities Electricity
- Use wide screen mode to allow you to see 2 screens at a time

TEAM MEETINGS: A chance to touch base with your preceptors and team members and to receive curriculum on health disparities and the social determinants of health that impact our IMA patients

- Weekly on OP blocks (including op-elective), Monday morning 8:30-9:15AM with your IMA team – preceptors and co-residents – to review all patients scheduled for the week. You will receive summary care gap statistics on your panel via email.
- Goal is to help prepare for visits and proactively address any pertinent social determinants of health. **Utilize your team's attendings and colleagues – if you are facing challenges in providing optimal care to your patients, ask for their help!**
- This is also a good time to follow up on any questions for your preceptors – sign outs, lab results, mychart messages, or anything else that you are unsure how to address.

WORK FLOW OF IMA: Dots communicate with the interdisciplinary team and keep everyone on the same page

- Monday huddles: 9:20AM in firms B, C & E; 12:50PM in firms A & D. This is your opportunity to get to know our interdisciplinary colleagues. This is also an opportunity to learn about new and existing clinic workflows.
- MAs:
  - Scrub color: navy blue
  - Responsibilities: take vitals, coordinate rooms, draw labs, EKG's, act as chaperone, retinal exam
- Nurses:
  - Scrub colors: RNs - teal; LPNs - maroon
  - Responsibilities: everything an MA can do and can administer vaccines and give in-clinic medications (nebulizer treatments, BP medications, etc.).
    - FYI, they also do separate visits for BP and INR checks; you may see these encounters in your patients' charts.
- **Dot Guide:**
  - No Dot: The patient has not yet arrived in clinic
  - White: The patient has checked in at the front desk
  - Blue: The patient is being vitalized (usually done by MAs)
  - Green: READY FOR **YOU**!

- Black: **YOU** CHANGE TO BLACK after you are done with patient and you need post-visit tasks done by the MA/RN team (e.g., EKG, blood work, vaccines, etc.).
    - **Early in the year, talk to your preceptor before changing, to make sure no missing orders.**
- Red: **YOU** CHANGE TO RED after you are done with the patient if there is nothing needed from the MA/RN team. This is a nonverbal way to communicate your room is available for the next patient.
- Yellow: The patient no-showed to their appointment OR patient was called by MA but no response
    - We have a 20-minute late policy at Mount Sinai (with some rare exceptions). The front desk will always check in with you about this–feel free to talk through with your preceptor.

BEFORE THE VISIT: Precharting

- Pre-visit planning, i.e., learning about your patients ahead of time, saves time during your visits. **You can pre-chart in EPIC, including documenting an assessment placed on subspecialty/interstitial care and pending some orders you anticipate you'll need using problem-based charting.** Please discuss with your attending before signing during the visit.
    - Always review:
        - Last time at IMA
        - Interval results (labs, images, procedures): best to translate/summarize rather than autopull
        - *Briefly review* assessments/plans from specialty providers for major changes
            - Pro-Tip: do NOT spend a ton of time reading subjective data in subspecialty notes–quickly scanning A/Ps is the highest yield way to use your time
- Huddle Notes: You can ask the MA's to complete other tasks while vitalizing the patient by entering things into the "Same Day Huddle" field. Things that may be helpful to consider: point-of-care testing (POCT) such as A1c or INR, urine collection (e.g., for microalb/Cr ratios in patients with diabetes), etc.

STARTING THE VISIT: Personalize the patient's chart

- Once the patient has arrived, double click the patient's name to open up the chart.
- Use Smart Text or dot-phrase to pre-populate the note in the right-hand window pane
    - If a follow-up visit, can copy forward previous visit note. With problem-based charting, your assessment and plan is intentionally NOT pulled forward. This is an intervention put in place to avoid copy forward documentation errors.
- If your patient is new and does not have a PCP already…
    - Check with your preceptor first but it's great to assign yourself and tell your patient that you are their PCP—give them your business card to make it official.
    - Explain that this is a resident run clinic so you will schedule the patient to see you for chronic concerns, but for urgent issues they may see another clinician within your team.
- This is your patient now! Feel free to clean up their problems and medications so you can stay organized.
    - Clean up the med list under the **"Medications" tab** - if they are no longer taking, remove it! Do **NOT** do this in "Medications taking," as it does not carry forward to future visits and changes made here do NOT show up in the After Visit Summary (AVS), which is the document patients walk away with..
    - Remove non-active problems; usually, these are out of date or symptom-based problems in the problem list. Scrollable lists are overwhelming and do not further patient care.
- Update any HCM (Health Care Maintenance) tab on the top of the EPIC screen
- **Language translation services through Pacific Interpreters: 1-800-264-1552; Access # 828099**; you will need your life number when you call.
- **Agenda setting** is your friend: You cannot (and should not) try to address all the patient's medical conditions at a visit. As a quick rule of thumb, can discuss 1-2 acute concerns (patient chooses) and 1-2 chronic issues (you choose). Any more than 3-4 problems addressed and everyone's head will spin! You'll have a number of sessions where we talk about building this very ambulatory skill.
- **3 types of visits:**
    - **RETURN with PCP**: This is a return visit and you are the PCP. Ideally, you should prechart 1-2 agenda items ahead of this visit and chip away at the preventative health tab to-dos.
    - **URGENT**: Address their urgent concern, arrange follow-up with PCP.

- **NEW**: Goal is to get the ball rolling on their care. Do NOT feel like you need to accomplish everything in one visit.

Make sure the visit type is on your schedule. Under your schedule right-click on your name and click on properties. Under available columns, search for and add both: PCP ("This column displays the name and credentials of a patient's current PCP") and Type ("This column shows the patient's visit type"). This way, you can figure which of the above visit "types" to do.

PRECEPTING: Organization saves time!

- Give the 1 liner, active issues by problem, physical exam, and tentative problem-based plan, including 1-2 health care maintenance issues per visit.
- Preceptors will go in to see the patient with you for at least the first 6 months of intern year; after that, they will come in to see all new patients, and may also come in for more complicated patients (when you need help or want to review pertinent exam findings) and/or when there are teaching opportunities.

ENDING THE VISIT: Dot phrases are your friend, and improve continuity

- With the patient:
  - Always ask your patient for the best way to follow-up with them (e.g. via mychart vs phone). This is a good time to double-check we have the correct phone number for them in Epic. If they have an updated phone number, you can forward to the front desk pool to correct *(p ima firm X front desk pool*).
  - Put in all orders using the "Orders" bar at bottom left hand corner of EPIC.
  - All medications should be e-prescribed to the patient's pharmacy (double check with patient to make sure it is the correct pharmacy in EPIC; if not, please update and get rid of inactive pharmacies to avoid confusion).
  - Go to the tab "Wrap Up "- **use the dot phrase ".checkout"** to pull up a template for post-visit planning.
  - Print the "**After Visit Summary**" and hand to the patient before you leave. This will help organize MAs and front desk on their after-visit tasks. Consider highlighting and circling important items for your patient–the clearer you make their to-dos, the easier you'll make it for them to engage in their care until the next visit.
  - At the top of the AVS, **insert your clinic dates** (.[LastName][FistInitial][TeamColor], *i.e.* intern John Doe of Red Team would be: .DoeJRed) to have the front desk schedule follow-up. This is a very useful tool to maintain good continuity with patients.
- With your preceptor:
  - Click the level of service—**typically your preceptor will help with billing; for early in the year, your visits will be a level 4, GC, G2211 modifier**
    - 3 = 1-2 problems addressed
    - 4 = complicated AND preceptor came into room
    - Modifiers:
      - GE = preceptor did NOT come into the room with you
      - GC = preceptor came into the room with you

REFERRALS: E-Consults and .CHECKOUT are your friends

- Consider placing an **E-Consult**:
  - Available for a number of specialties and a number of chief concerns
  - Can help serve as temporizing measure/treatment while patients are waiting for in-person referral and/or save the patient time and copy of a referrals
    - The maximum copay for e-consults for our publicly-insured patients is $8 (can be as high as an in person visit for privately insured patients). Please alert patients that they may receive this charge before placing the e-consult so they do not get any surprise bills. Our patients with medicaid will not receive a bill for these visits.
  - A great way for us to learn! Using our colleagues in real-time for case-based learning.
  - Data suggests that they can LESSEN time to specialty referral, as help triage cases that can be managed by PCP.
- Specialty Referrals:
  - Place appropriate referral in orders tab
  - Give patients the **number to schedule using .CHECKOUT**. **We should advise patients to call specialists to schedule their appointments**. (While technically patients should be contacted to schedule an appointment within 1 week, over 1/3 cannot be reached)
- IMA clinic referrals:

- Add to patient instructions using **.CHECKOUT**
- Refer patient to front desk to schedule appointment after visit.

FOLLOWING UP WITH YOUR PATIENTS: INTERVISIT CARE

- You are responsible for contacting patients with ANY (even normal) results for tests that YOU order
  - See "IMA Policies" for lab-follow up policy
- Document this result communication via the "**Result Note**" icon.
  - Result note is preferred because it attaches your clinical reasoning and communication to the result itself, which is more likely to be seen by cross-covering colleagues and specialists
  - There is NO need to also create a phone note–this is less efficient and is not connected to the result itself, so not as useful for colleagues to understand your reasoning.
- Normal results should be discussed within 5 business days and/or before you rotate off block
- Abnormal results should be discussed with the patient within **48-hours** to make a follow-up plan.
  - *FYI: if your patient happens to have an urgent result, this is communicated to an on-call provider in the clinic.*
- All results should be addressed by the end of your ambulatory block – if any diagnostic results are still pending at the end of your block, these should be signed out to your colleagues for follow-up.
  - *It can be hard to keep track of screening tests (e.g., routine mammograms, CT lung cancer screening), so no need to sign these out. All of your results are also routed to a preceptor who can help facilitate follow-up*

UNDERSTANDING THE IN-BASKET: "DONE" is your friend

- **Results**: Here you will see any results that come back for patients that you took care of. *Occasionally, specialists and other providers will route you results as FYI, but you are only responsible only for the tests that YOU ordered.*
- **Result Notes**: You should write a result note to summarize the results and confirm that you followed up with the patient; route these notes to the preceptor who saw that patient with you.
- **Overdue Results**: Tests that you may have ordered for a patient that they are overdue on getting done. The vast majority of these can wait to be addressed at your next follow-up appointment; otherwise, if time sensitive, you can send a mychart message to remind the patients to complete.
- **Staff Message**: Look out for messages from preceptors, social work, etc. regarding your patients and the patients of your cross-coverage in baskets
- **E-Consults:** Please see above. A form of telehealth that can really improve access for our patients.
- **Telehealth: Patient Rx Request and Patient Advice Request**: these are direct patient requests and messages through the patient portal. **These should be addressed within 72 hours of receiving**.

PRO-TIP: Complete all these items the **same day** to save your sanity. There is a **one-touch** efficiency concept which dictates that you should only be reviewing things when you have time to address. I promise this will save you a TON of time.

INTERN YEAR CONFERENCE ROOMS

- **CAM 7E D7-246: take East elevators to 7th floor, back of Firm D. This will be your primary conference room intern year.**

OUTPATIENT EPIC TIPS & TRICKS: This will be addressed during Panel Management

- Dot Phrases/templates: Very useful to set up dot-phrases
  - Can make your own dot phrase for anything (IMA New Patient, IMA Follow Up, your clinic dates, etc.)
  - To create a dot phrase, click red EPIC button at top left, then "My SmartPhrases"
  - Label your unique dot phrases starting with your initials so you can easily search for them
- There are a number of dot phrases we have created for you to help streamline and get you started. Some that I would recommend checking out are:
  - Intervisit care: .**IMADME** (for durable medical equipment such as orthopedic supplies, diapers etc) and .**IMAMEDICATIONREFILL** for safe medication prescribing between visits.
  - Clinical care: .**IMAMSK** has a few dot phrases that can help bolster your musculoskeletal exam.

IMA POLICIES TO KNOW:

- Chart Closure Policy: All charts must be closed **within 72 hours** of seeing a patient. All charts need to be closed by the Sunday before you rotate off block.
- Lab Follow-Up Policy: **Must view results within 24 hours, respond to abnormal results within 48 hours, and respond by the end of each ambulatory week for normal results.**
    - To convey results can: call (especially for any abnormal results), send a mychart message or send a letter (only for normal results). All of these options should be documented as "Result Notes." Most efficient is mychart messaging, if available for your patients.
- Late Patient Policy: Mount Sinai ambulatory practices have a 20-minute grace period for most of our patients. If patients are more than 20 minutes late, the front desk will discuss with you and the preceptor whether you are still able to see them. Feel free to say no, if you do not think it's necessary–the front desk can help get patients rescheduled.

Intervisit Care - TLDR:

- *Make sure to file a **"Result Note"** for results you have addressed.*
- *Timing to remember:*
    - ***View** results within **24 hours***
    - *Respond to **abnormal** results in **48 hours***
    - *Respond to **normal** results in **5 business days***
    - *Please be sure you have addressed all results you are responsible for **by the end of every outpatient block.***
- *If you call out sick from IMA, while someone will cover you and see your patients, **you will be responsible** for all intervisit follow up related to those patient visits as well as any other intervisit care you may have.*
- *When covering other residents' boxes during OP, monitor these **5** buckets:*
    - *Patient Phone Calls*
    - *Staff Messages*
    - *Rx Requests*
    - *Patient Advice Requests*
    - *E-Consults*
- *Your preceptors are always there to help troubleshoot any intervisit care items you may need help with!*
    - *If something is taking more than 2 minutes to figure out, please ask for help.*

Outpatient Logistics

Day starts at 8:30 almost every day on OP (Monday AM Team meetings, Tues AM Weight Management vs. Diabetes clinic, Wed AM GYN Clinic, Thurs AM DGIM Grand Rounds (zoom-based), Fri AM Clinic) and the day ends at 5PM except on your evening clinic day.

Education/didactics:

- To find your lecture schedule and room location, go to **IMA app → Docs → Intern Ambulatory Lectures**
- **All didactic materials are available to you via the IMA app. Feel free to reference these anytime.**

OP-ELEC:

- Everyone will have one OP block per year that is an "OP-ELEC" – you will have a number of elective options that you can schedule through the residency office. These blocks are a split between an elective and regular OP clinic.
- You will schedule your elective through the residency office (as you would for your regular electives); the options are limited to a number of outpatient- or radiology-focused electives. The other option (**and one we encourage if your OP-ELEC is later in the year)** is to do a research elective.
- During your OP-ELEC block, in addition to your elective schedule you will still need to:
    1) Attend Monday 8:30AM team meetings. If there is a major conflict with your elective, you must let your preceptors know ahead of time that you will miss the meeting.
    2) Attend all OP didactics (Tues 1-4 PM and Thurs 9:30AM-12PM).
    3) See patients in clinic as per amion schedule (will have your usual evening clinics and 2 other half-days of clinic) – 4 total clinic sessions in the 2-week block
    4) Provide invervisit care for your horizontal team as you would on a usual OP block.
    5) Serve as sick call for a portion of the time.
- As you will have a mix of ELEC and OP responsibilities, **we STRONGLY ADVISE you against doing an elective that block in something you think will be your chosen field**. You should use your other elective block for that (as you can spend the entire block uninterrupted with that specialty and will be able to more effectively connect with mentors). **Do something you think is interesting and will help you clinically, but that you won't feel guilty about having to leave the team/clinic to go to didactics or your own clinic.**

Continuity in Clinic: Key to ambulatory success (and enjoyment)

The reason anyone does ambulatory care is to see their own patients and build longitudinal relationships, so we want to make sure you are seeing your own patients as much as possible in clinic. Some suggestions for you:

- **When you are seeing a patient for the first time, TELL THEM YOU ARE THEIR PCP!** Tell them that they should always ask to see you in clinic. Give them your card on their way out as a reminder!
- Make sure patients leave with an appointment – you can confirm in the wrap-up section when you are closing their chart.
- If you are seeing a NEW patient, have them come back for short-term follow-up (either next block or the block after) – that can help them identify you as their PCP and also make those first visits a lot less overwhelming.
- Utilize the front desk leads to help schedule patients of yours you need to see using Epic pools function
    - *Some examples: patients with complicated results requiring follow-up (consider a team video visit for this), patients who are asking for medication refills that don't have a future appointment, patients requesting referral to a new type of subspecialist.*

IMA Rescheduling Policy

1. In order to ensure patient access and continuity at IMA, ***a maximum of 25% of scheduled continuity clinic sessions can be cancelled by residents during each clinic block with exceptions listed below.*** This means:
    - **Up to TWO half-days of continuity clinic can be cancelled during your regular 10 session clinic block**
        - I.e., you must attend **at least 8 clinic sessions** during these regular blocks OR 75% of scheduled sessions
    - **Up to ONE half-day of continuity clinic can be cancelled during your OP-ELEC blocks**
        - I.e., you must attend **at least 3 clinic sessions** during these OP-ELEC blocks with **at least 1 clinic session scheduled each of the 2 week block**
    - **You may also request to shuffle ONE of your half-day continuity clinic sessions during OP-ELEC to another time within your normal color team template**
        - This request must be discussed with the chiefs and will need to be approved by IMA leadership. The request must be submitted at least 6 weeks prior to the beginning (Monday) of the OP-ELEC block.

2. In order to accommodate fellowship or job interviews, the allotted clinic cancellations for those interviewing is as follows:
    - **TWO half-days during OP-ELEC blocks** (i.e., you must attend at least 2 continuity clinic sessions during these blocks).
    - ***NEW* FIVE half-days during your regular 10 session continuity clinic block** (i.e., you must attend at least 5 clinic sessions during these blocks).

3. **Please note that swapping clinic sessions between residents is NOT allowed under any circumstances.**

4. **REQUEST WORKFLOW:**
    a. For all of the below requests other than Wellness Days, please use the following form.
    b. For Wellness Day requests, please submit via the Wellness Day Request Link sent out by the Scheduling Chiefs
    c. Please note these highlighted exceptions that are not requested through our OP Tool

Type of Request	*Lead Time*	*Resident's Responsibility*
Half Day - (2) requests per academic year* - POMA and Asthma clinic cannot be cancelled; if need to miss, have to find a swap for coverage	Minimum of 6 weeks	If a request is made with fewer than 6 weeks in advance, the resident may be asked to apply a wellness day and maintain the minimum number of clinic sessions as outlined above. ***PC residents** - please email Jen and Kenny if this is for a secondary clinic.

Wellness Day - (1) request per quartile (this is the same set of WDs as those offered on inpatient medicine) - please use the Wellness Day Tool sent by Scheduling Chiefs - POMA and Asthma clinic cannot be cancelled; if need to miss, resident must find a swap for coverage - Only full-day cancellations, even if you are taking (1) clinic session off - See policy from inpatient for details	Minimum of 1 week	The administrative team will reschedule and contact patients but residents may be asked to outreach to respond to urgent medical needs.
Step 3 - (2) requests per resident during their training. *(These requests are separate from the 2 annual clinic half days.)*	Minimum of 6 weeks	If a request is made with fewer than 6 weeks in advance, the request may be denied. The administrative team will reschedule and contact patients but residents may be asked to outreach to respond to urgent medical needs.
Night Call Swap - As needed	2 business days	These requests involve multiple system updates, so please give as much notice as possible. Please keep this in mind when requesting for weekend swaps.
Jury Duty - (1) request per resident during their training. *(These requests are separate from the 2 annual clinic half days.)*	Minimum of 6 weeks	You may be excused from 1 day at IMA for jury duty summons that cannot be delayed.
Fellowship / Job Interview - All requests must be emailed to OP Chiefs - (5) requests per resident, with (1) request per continuity clinic session *(These requests are separate from the 2 annual clinic half days.)* - Must maintain at least (2) or (5) continuity clinic sessions during OP-ELEC or OP blocks respectively - See policy as outlined above	Minimum of 4 weeks (if possible, email # Med Chiefs if no response in 48 hrs)	If a request is made within 1 week, utilization of sick call coverage (with pay back) may be required.
Research Conference - Can use your existing Half Day and/or Wellness Day requests for Research Conferences. Only need to maintain at least (2) or (5) continuity clinic sessions during OP-ELEC or OP blocks respectively - At least (1) continuity clinic session maintained per week	Minimum of 6 weeks	These requests still need to follow all other lead time and clinic requirements. Please discuss all Research Conference requests with the chiefs.

Guide to Intervisit Care:

We have a robust cross-coverage system at IMA so that when you are on inpatient/elective months, your patients are covered by your colleagues. This means that while you are on ambulatory blocks, you will be assigned to cover some of your colleagues' inboxes. This grouping will remain the same throughout intern year (and usually beyond).

You have SIX main tasks with inbox coverage for you AND your cross-coverage colleagues: *We have come to these tasks by popular consensus from your predecessors*

1. **Phone calls**: These need to be checked daily and ***responded to within 48 hours.***
    a. *See specifics below
    b. Pro-Tip: do this daily, and have a one-touch approach (meaning don't open if you don't have time to address)
2. **Mychart messages:** These need to be checked daily and ***responded to within 48 hours.***
    a. Pro-Tip: do this daily, and have a one-touch approach (meaning don't open if you don't have time to address)
3. **RX Requests:** These are direct patient requests for refills through mychart. There is NO need to contact patients after these are completed, as their pharmacy should outreach once received.
4. **E-Consults:** These are orders placed in Epic which may return after your colleagues rotate off block (they can take a few days). Your attending can help guide next steps if you have any questions.
5. **Staff Messages:** These are sent by various clinic staff, specialists, etc. If any questions, send to your preceptors to troubleshoot.
6. **Paper mailbox** (very little volume, in your firm): Includes forms to be signed, outside records, etc.
    a. Many of these things can be shredded but, if you receive something with important medical information (e.g. outside results or consultations), you should create a MISCELLANEOUS encounter summarizing so everyone is aware that this document was received, then place in scan box so AAs can upload into the Media section of a patient's chart.
    b. Pro-Tip: check this during precepting sessions and go through with your attending.

While you will have specific intervisit care sessions during your ambulatory blocks, we strongly encourage you to clear your inbox at the end of every day. The most efficient (and least painful) way to keep up with intervisit care is to do it throughout the week. You can do admin work in the resident room behind Firm A (3 computers), in the precepting room (if it's not busy), in an open exam room (if you can find one), in Levy Library, or at home. **If you have spent more than 2 minutes trying to figure out next steps but are still not sure, please reach out to your attendings and/or chiefs. Intervisit care is not intuitive–there is no reason to struggle with it since we're happy to help.**

***PHONE CALLS**: **Should respond within 48 hours, but we strongly encourage you to respond to phone calls the same day they are received. This helps make intervisit care more reasonable.**
When patients call the call center, the first thing they are asked is if it is an urgent matter and if they want to speak to a nurse. If the message is coming to you, it means the patient declined to speak to the nurse.

- **MEDICAL CONCERN**: **Keep in mind that your goal is to triage, not to diagnose. For many of these questions, you will want to route to the front desk for an appointment. You should not spend more than 5 minutes on this, because if it takes longer, it needs to be a visit.** Is it a problem that can wait until their next scheduled primary care visit? Do you need to move up the appointment (if so, send a staff message to the front desk pool)? Do they need an urgent visit (if so, send a staff message to the front desk pool)? Do they need to go to the ED (if maybe, touch base with your preceptor)?
    - Please send an Epic Message to the front desk pools for all appointment scheduling: ***p IMA Firm A/B/C/D/E Front Desk Pool***. It can be useful to indicate if you think video (think about counseling, medication management, forms) or in-person (think about if something requires a physical exam for diagnosis) is appropriate, so the patient has the option for what is most convenient.
- **MEDICATION REFILL**: ***We have nursing assistance for this: p IMA Firm X Nurse Pool***
  By far the most common reason for a call. **Generally speaking, so long as they have been seen in the last 6 months it is okay to refill their medications. If you are considering NOT refilling, please check in with your preceptor.**

- **Main steps of a medication refill: Use the dot phrase .IMAMEDICATIONREFILL to help guide and organize this process**
  - **Step 1:** Check the last time they were seen in clinic.
  - **Step 2:** Check the last time relevant labs were checked. If it has been >12 months, give a one month supply of the medication and send a Staff Message to the front desk to get the patient an appointment.
  - **Step 3:** Check to see if they have an upcoming appointment. If not, after refilling the medications, send the call to the front desk pool to schedule with PCP.
  - If you cannot figure out what medications they are supposed to be on from the chart, your options are:
    - 1. Route to the nursing pool to have them outreach the patient and/or pharmacy to clarify
    - 2. Route to the front desk to have them come in for a visit.
      - Please do not blindly refill: this is important for patient safety.
  - Give a uniform # of refills. If it is a long-term medication, you should provide a **12 month supply (**i.e., you should give 30 pills x 11 refills or for patients with Medicare 90 pills x 3 refill). Giving patients very few refills just means they or the pharmacy will call again soon. The pharmacy will notify the patient that the medication is available for pick-up–you do not need to call patients after these are sent.

- **INSURANCE REFERRALS**: ***We have admin assistance for this: p IMA Rad PA/Referrals***
  - **Step 1:** Make sure there is a referral in Epic. If not, as long as you think it appropriate, place the referral. **If you're not sure if the referral request is appropriate and/or are not sure what the referral is for, route to the front desk to have the patient schedule an appointment.**
  - **Step 2:** If the message mentions need for "insurance authorization," route the message to our referrals authorization team: ***p IMA Rad PA/Referrals.*** Nothing else for you to do with this!
- **IMAGING OR STRESS TEST PRIOR AUTHORIZATIONS**: ***We have admin assistance for this: p IMA Rad PA/Referrals***
  - **Step 1**: Order the appropriate study in Epic; **this should be in the context of a visit–we do not order imaging studies based on mychart message or phone calls**
  - **Step 2:** Make sure to appropriately document the reason for study in your note, including relevant physical exam findings and relevant prior studies. Give as much pertinent background info as possible, since if it gets declined, you will have to do the appeal so it's in your best interest to give as much info as possible up front.
  - **FYI: You do NOT need to call the insurance company (yay!).** Our admin pool, ***p IMA Rad PA/Referrals*** will automatically submit this request and let you know if any further action is needed.
  - **Note that mammograms, ultrasounds and x-rays do NOT require authorization. You can simply place these orders. If in doubt, ask your preceptor!**
- **LAB/TEST RESULT FOLLOW-UP**: Review results, document as a **Result Note,** and contact the patient via phone or mychart to discuss. *NO NEED to also document as a phone call–save yourself the clicks.*
- **LETTERS FOR PATIENT**: Can write letter by clicking on Red EPIC button in upper left corner and choosing Send Letter option under Patient Care. Can either: **1) route to them electronically via mychart (preferred)**, 2) mail letter to patient, 3) leave at front desk for them to pick up (there is an accordion for this)
- **MEDICATION PRIOR AUTHORIZATIONS**: ***We have admin assistance for this: p IMA Medication Prio-Auth Req***
  - Your firm's administrative assistant can help you with prior authorizations. Please see the "AA Assistance with Prior Authorizations" section on the IMA App under Docs. The most important first step is to try to AVOID the need for prior authorization by making sure that the medication is appropriate and that you have first tried the approved formulary alternative (more info on this on the app!).

<u>COVERING EPIC MESSAGES:</u> Staff Messages, E-Consults, Patient RX Request & Patient Advice Request

At the beginning of the year, speak to your preceptors about attaching the inboxes of your colleagues whom you will cover. You will need to check your colleagues EPIC Inbox at least 2 times per week (**I'd strongly recommend daily**) to look for staff messages, E-consults or MyChart requests relating to IMA patient care.

These will appear as: 1) Staff Message, 2) E-Consult, 3) Patient Rx Request, or 4) Patient Advice Request. Since intervisit care is important for patient safety and satisfaction, you will be asked about your colleagues cross-coverage in new-innovations. Remember, you are paying it forward to each other by staying on top of things.

COVERING THE CONCRETE MAILBOX

This is by far the least time intensive portion of cross-coverage–there's not much volume. Be sure to ask your preceptors for help if you are stuck looking at something for more than 30 seconds. Downtime during precepting is a great time to empty this out.

Your section of the mailbox will have your name on it as well as the other members of your horizontal team. Please make sure to leave the Mailbox EMPTY at the end of your 2 week block. Despite what you may see stamped all over papers, there is NO such thing as an "urgent" or "emergent" letter or fax in the bin. If it was urgent, they would have called.

If a form requires an attending signature **(e.g. insists on attending signature or asks for license #'s),** place in your team preceptor's mailbox (above yours) to have it signed.

Typical requests include:

- **VNS FORMS / HOME CARE RENEWAL ORDERS**: These forms make up 80%+ of the forms in your box, and should take <1 minute to complete. These are generally just FYIs from visiting nurse or other home care services to let you know what they are doing. **If you have any questions about these, ask your preceptors,** but in >90% of the time, you can just put in your preceptor's box to sign.
    - **Step 1**: Check to see if there is a medication list included. If there is, cross it out and attach an updated list
        - **Medication lists can be created as a "MEDICATIONS TAKING" letter**
    - **Step 2:** Place in preceptor's mailbox to sign
- **HOME CARE Orders (DOH Forms)**: If a patient is requesting a RENEWAL for existing home health aide services, it is up to the MD to sign a form. Painful, but we have social work to help (yay!).
    - **Step 1**: This requires a visit within 30 days, so if the patient has not seen someone at IMA in the past month, please send a staff message to the front desk to schedule the patient for an appointment. If they have been seen that recently…
    - **Step 2**: Put in a "CONSULT TO IMA SOCIAL WORK" referral. Our social work team will help get this to the appropriate place.
    - **NOTE: If a patient is requesting brand new services, they should be advised to call 855-222-8350 to get the process started.**
- **OUTSIDE RECORDS**:
    - **Step 1**: Create a MISCELLANEOUS ENCOUNTER in the chart to document that records have been received.
    - **Step 2**: Quickly scan for key points, include this is the MISCELLANEOUS encounter
    - **Step 3**: Fill out scan cover sheet and place in scanning bin in firm precepting room to have it added to chart (scanned items will be added to the Media section of a patient's chart).

MISCELLANEOUS: Useful DOTPHRASES .IMA…

- In order to facilitate both efficiency and learning, we have created a number of dotphrases that can be used within Epic. Below is a non-complete list of dot phrases. As a rule of thumb, if you want to see them all just type *.IMA*
    - Administrative:
        - .CHECKOUT: allow patients to efficiently and effectively navigate visits after you have finished with them
        - .IMAMEDICATIONREFILLS: a guide to safely refilling medications
        - .IMADME: a guide to getting your patients their durable medical equipment (e.g., canes, shower chairs, walkers, diapers, etc)
        - .IMABEHAVIORALHEALTH: community mental health resources
        - .IMADIABETESPREVENTIONPROGRAM: useful for our patients with prediabetes
        - .IMAPRIOAUTH… : useful dot phrase for a number of medication PAs
        - .IMASIGNOUT: a guide to the email sign out components at end of block

        - .IMADIAGNOSTICTESTING: numbers for diagnostic studies
        - .IMAREFERRAL: numbers to schedule specialty referrals
        - .COLOGUARD: Patient instructions after Cologuard is ordered
        - .ISTOP: should be used anytime you prescribe a controlled substance

    - Clinical: **.IMA…**
        - .IMAMSK…
            - Knee, Shoulder, Low Back(exams)
        - .IMADM…
            - Monitoring, insulin titration, foot exam
        - .IMACANCERSCREENING
        - .IMALIVER…
            - FIB4, MELDPELD
        - .IMAHFMEDICATIONS
        - .IMAANTIOBESITYMEDS

- Please note that these have been added at the suggestion of your colleagues, which is to say please let us know if you'd find others useful.
- Also remember to create your own dotphrases as the year goes on. These are useful not only for efficiency, but also to help reinforce learning.
    - You can also "steal" dot phrases from colleagues. Ask a senior or chief if you'd like to know how.