Shared Expectations Regarding Management of Patients between AHS AMHSP Medical Office Assistants (MOAs) and UAH Infectious Diseases Physicians

MOAs general duties include answering patient phone calls, scheduling patients into clinic, sending refill requests and supporting triage of new referrals. Communication and shared expectations between physicians and MOAs is a critical part of optimal patient care.

Physician Away Times

Physicians will let their MOA know when they will be away. This should be communicated in writing (AHS email or Connect Care Staff message) as soon as away dates are known and ideally at least 8 weeks in advance.

This should include:

- Details regarding coverage of their Connect Care in-basket
- Whether any clinics need to be cancelled
- Coverage, if needed, for preceptor of ID SSR/TxID Fellow clinic

Note: Physicians should sign-out their in-basket to the covering physician when away. This does not preclude them checking results or responding to messages, but ensures the covering MD has timely access to all results and communications.

Clinics when on Inpatient Service

MOAs will automatically cancel clinics when physicians are on service as all are 1.0 FTE. If you would like to have a partial clinic during those service weeks, please let your MOA know. If you are preceptor for an ID SSR/TxID Fellow please also discuss with your MOA if you will arrange alternate preceptors when on service or if you will be in clinic to supervise them so that their patients can be linked to the appropriate supervisor.

Answering patient phone calls:

MOAs will answer phone calls whenever possible and check phone messages 4 times a day. Messages will be passed on to the MD the same day.

MOAs will ask the patient if the message is urgent or non urgent. If urgent, MOA will let the physician know verbally or via secure chat if they have not responded by end of day.

Physicians should provide clear instructions to MOA regarding follow up of phone call or document phone call advice provided if physician calls patient.

The patient language preferences and need for an interpreter is in the Connect Care Storyboard. This should be reviewed by MOAs/MDs prior to returning a call and Language Line used as needed.

Scheduling patients in clinic

New patients:

New patient referrals (general ID/TxID) will be sent to the assigned physician and their MOA from the triage clerk. This will include a request to provide any booking instructions to the MOA such as tests required before the appointment and if the appointment is to be booked in -person or virtual. Most new patients are expected to be seen in person unless there are logistic issues that require the patient to be seen virtually. The MOA will call the patient and send a letter with details of the referral time and location.

If a patient does not attend their appointment, the MOA will rebook once and if the patient fails to attend again, a letter will be sent to the referring physicians stating the patient did not attend and the referral will be closed. If the patient requires ID consultation, a new referral should be sent.

Follow up patients

Physicians should send a message in CC to the MOA regarding follow up of any inpatients who are being signed off from the consult service. This should include timing of follow up and whether it should be in person or virtual. Please see detailed instructions in the service guide (https://docs.google.com/document/d/15Di2q3uTY_qMrW9-D_a0l0v27ftepUqT/edit).

If the physician is fully booked on the date that the physician is indicating, the MOA should message the physician to let them know and get further instructions (e.g. double book or add a clinic etc.).

With the exception of HIV patients, if follow-up patients fail to attend clinic for two consecutive appointments, the MOA will send a letter either to the referring physician or to the patient to let them know they have not attended two consecutive appointments and therefore will not be rebooked. They can be re-referred if ongoing care is required. If they do not have a family physician a letter can be sent directly to the patient

requesting they call if they desire further follow up. For the next six months (Dec-June), MOAs will check with their physician to confirm they do not want the patient to be rebooked.

If physicians, have alternative instructions for no show management for specific patients, they will let their MOA know in writing (AHS email or CC Staff Message).

Voicemail

MOAs all have standard voice mail messages that allow patients to leave a message. After hours, the message also directs them to go to ED if the matter is emergent, or call Health Link if they require urgent advice. Additionally, they will provide an option to call ID on call if it is an urgent ID specific question or problem that cannot wait until the next business day.

If the MOA is away, the covering MOA will check their voice mail messages at minimum 4 times per day.

Refill Requests

Requests for refills by patients or pharmacy will be sent to physicians via CC (Refill Request encounter)

Physicians are expected to attend to refill requests within 2 business days

Alberta Public Blue Cross Authorization Forms

Public Blue Cross Authorization forms (Group, Non-Group, AISH, AAHB, AB Works) ~~s~~hould be completed within CC. This is created in the patient encounter by the MD and either routed to their MOA or e-faxed directly by the physician. If the MOA receives a call/fax from a patient or pharmacy to complete a Pubic Blue Cross authorization they will document this in CC and route the chart to the physician to complete the electronic form in CC. Note: This is applicable only to the public plans and not to authorizations for private drug plans.

Detailed instructions on the process are provided in this link
AHS_CC_TIP_Letter-Forms_Blue-Cross_CMIO (1).pdf