

## What is a POD?

- ▶ Work group consisting of Providers and clinical staff
- ▶ Also included in process are chart "scrubbers", front staff check in and check out
- ▶ Pod members work together as a team to insure exceptional patient care and experience
- ▶ Pods are all part of the clinical team and work can be shared across pods if necessary

We have three Pods at this time

POD 1 and 2

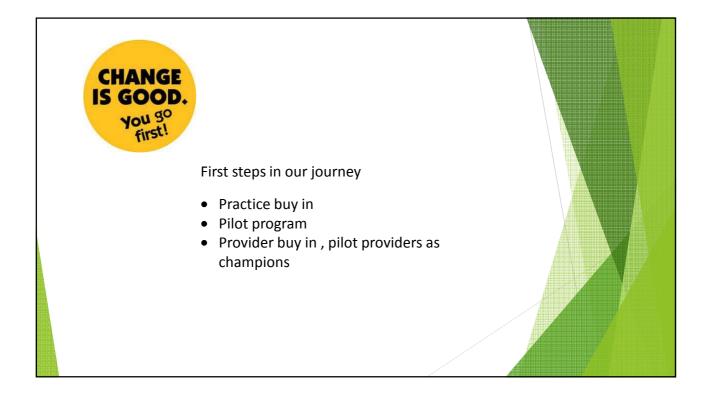
Three providers

Four clinical staff - 3 MA's 1 RN

POD 3

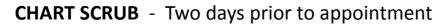
Two providers

Three clinical staff - 2 MA's 1 LPN

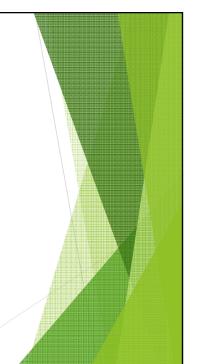


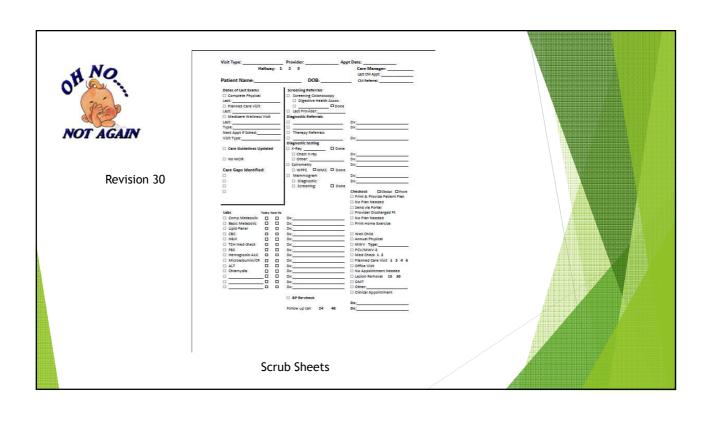
**LAB ORDERS** - Seven to Ten days prior to appointment

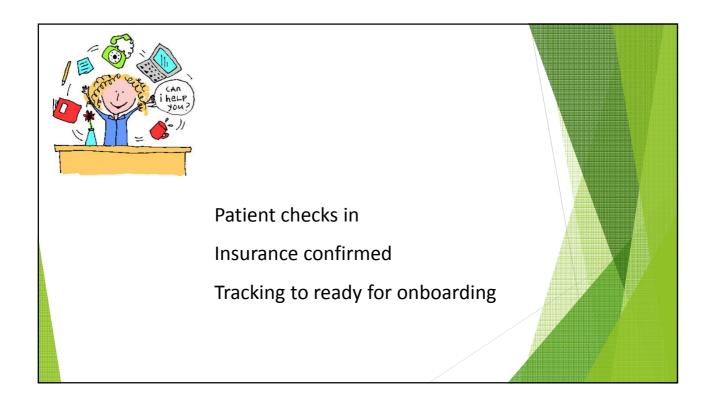
- Each Pod will determine who will be ordering labs for each provider
- Scrub sheet started with patient name
- Labs ordered via standing orders for each provider
- Notify patient and document in a phone note
- Scrub sheets given to scrub team

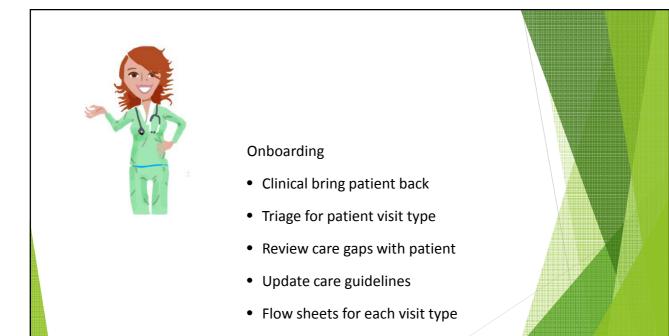


- Identify gaps in care
- Update Care Guidelines
- Check to see if labs have been completed, call patient if not, to see if they can be completed or have patient come in fasting.









• Tracking – ready for provider



## Provider

- Review scrub sheet to identify gaps in care
- Patient visit
- Mark sheet for any referrals or labs that you want the discharge clinical to order OR put orders in for referrals and lab and do not mark the sheet.
- Add patient plan mark next appointment on the sheet with Dx.
- Mark sheet for the patient plan ( front or clinical)
- Mark tracking ready for discharge for PCV, Imms, any
  patient with a medication change or if you feel the patient
  needs to be discharged by a clinical.
- Change tracking to "ready for discharge" or "discharged"
- Give encounter and scrub sheet to either the patient or the discharge clinical



## Discharge clinical

The discharge clinical is accountable for maintaining the flow of the office, discharging patients and reconciling scrub sheets by the end of the day.

- Provider will change tracking to "ready for discharge" if discharging by clinical is requested.
- Clinical will order referrals, labs and testing that provider has marked on the scrub sheet.
- Confirm care gaps have been addressed
- Print and review patient plan with the patient
- Clinical may schedule follow up appointment or have patient do that at checkout
- Reconcile scrub sheets at the end of the day



Patient checks out with front office receptionist

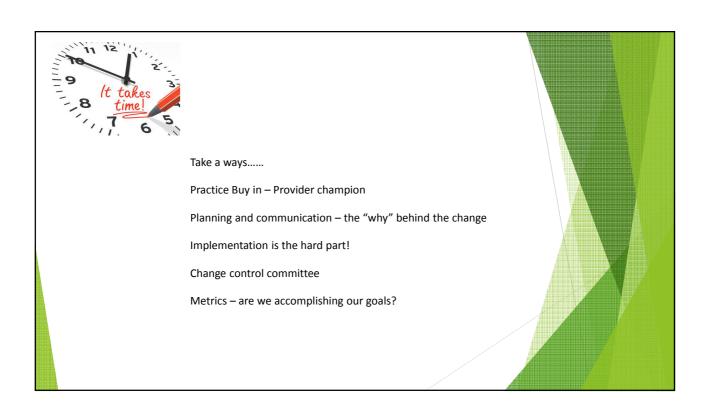
Appointments made and added to patient plan

Referrals generated

Instructions given

Patient plan given, if patient has not received it from clinical

Tracking changed to "Checked out"

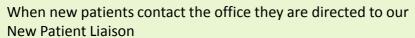




The New Patient Liaison Process

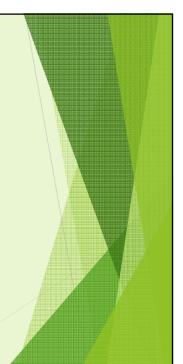
Implemented to shift the patient paradigm from an expectation of reactive care to proactive participant in health management.

Other factors included improving our check in efficiency and communicate office policies and expectations more effectively with patients.



During the initial phone conversation the following are addressed

- Are they familiar with the office do they have a particular provider they want to see?
- Tell them about our website
- Review insurance confirm we participate with their insurance
- Medication review
- Explain our orientation process
- Schedule an orientation only appointment with the liaison



## At the orientation appointment

- Patient Centered Medical Home and what that means for the patient
- Review what the patient can expect from our practice and what expectations we have from the patient
- Care Managers
- Office hours / on call provider
- Financial policy / insurance
- Are we a good fit?
- Appointment scheduled with provider
- History form filled out
- Signatures
- Chart formed

