

POLICY & PROCEDURE



TITLE: Continuity of Care				
Scope/Purpose: To standardize and communicate effectively our practice's policies and procedures for Continuity of Care				
Division/Department: All HealthPoint Clinics			Policy/Procedure #:	
Original Date: 8/7/2014			_X_ New ___ Replacement for:	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
October 2015		10/13/2015	10/13/2015	
Responsible Party: Operations Officer; Administrator of HealthPoint Initiatives				

DEFINITIONS:

New Patient – has not been seen in any HealthPoint facility within the last three years
 a) not an existing HealthPoint patient within eCW
 b) may have an account within eCW, but has not been seen by a medical provider (e.g. primary, pediatric, dental, obstetrics - gynecology, or acute)

Rendering Provider – a field in eCW where HealthPoint identifies the patient's primary care provider (also seen in eCW as Rendering Provider/ Primary Care Giver).

Patient Panel – the number of unique patients under the care of a specific provider in the last 12 months. Establishing a provider's panel ensures the provider is able to offer high quality care in a timely manner and promotes continuity of care and more efficient patient visits.

POLICY:

It is the policy of HealthPoint to promote continuity of care in a consistent manner.

New patients to HealthPoint are assigned a primary care provider (PCP) by 1) patient or family preference, 2) by location, and 3) finally by provider availability. It is the aim of HealthPoint to provide high quality care and ensure access to providers for all patients. Clinic staff is aware of a patient's primary care provider and works to accommodate appointments and communication.

A provider's patient panel ensures patients have continuity of care, higher quality of care, more efficient patient visits, and builds a foundation of trust and loyalty between the provider, patient, and HealthPoint. Panels and patient visits are monitored monthly to ensure continuity of care.

PROCEDURE:

A. Standard Practice – Assigning Patient to a Provider’s Panel

1. New patients are assigned to a provider’s panel as follows:
 - a. Patient preference – the patient states the provider with whom he or she would like to establish care. The new patient will be assigned to that provider if the provider’s panel has capacity.
 - i. Patient’s choice of providers is noted on the patient registration form and designated in eCW as the Rendering Provider in the “Patient Information” screen.
 - ii. If you have received notification that the patient’s preferred provider’s panel is closed, follow the process that has been communicated by administration and the respective parties.
 - b. Immediate family member – new patient has an immediate family member that is already established with a HealthPoint primary care provider. The new patient will be assigned to the same provider to ensure continuity.
 - i. If the provider’s panel is closed, the provider must give approval before adding the patient to the schedule and panel.
 - c. Location – new patient will be assigned to the provider in the clinic location closest to them (based on zip code).
 - i. If more than one provider is practicing at a specific clinic location, the new patient is assigned to the provider based on the:
 1. Patient’s preference and needs (i.e. some providers prefer not to do well-child checks or well-women exams)
 2. Provider’s capacity for new patients based on panels
 3. Soonest availability to see the new patient
2. Established patients with no provider preference indicated are assigned to a provider using the following method:
 - a. A patient who has only seen one provider for all visits in the last 12 months is assigned to that provider
 - b. A patient who has seen more than one provider in the last 12 months is assigned to:
 - i. The provider who the patient saw most
 1. Excluding TEL, WEB, nurse, and lab visits; no-shows, cancellations, and rescheduled visits; registration visits
 2. Primary care providers will be assigned first over Women’s Health, Family Planning, and Dental providers
 - ii. Patient who has seen multiple providers the same number of times are then assigned to the provider who completed the patient’s most recent “well” visit (Physical, Annual, Well-Child Check)
 - iii. Patient who has not been in for a “well” visit is assigned to the provider he or she saw most recently

B. Special Circumstances – Assigning Patient to a Provider’s Panel

1. Established patient wants/needs to change primary care provider

- a. If an established patient wants to change their primary care provider, the establishing care visit with their different provider is to be the “**ECP**” (Establish Care with Provider) visit type.
 - i. Before the patient switches providers, staff should educate patients about the importance of staying with one provider. Specifically, continuity ensures better quality of care for them, more efficient visits with more quality time spent with the provider addressing their concerns, and their provider gets to know them better and can better address their needs.
 - ii. The ‘New Pt’ checkbox is NOT to be checked.
 - iii. The ‘Transition of Care’ checkbox SHOULD be checked.
 - iv. The reason “per patient, wants to establish with [provider’s name]”.
 - v. Update the Rendering Provider field in eCW.
 - vi. When the ECP visit type is used, the office visit, new patient CPT codes are NOT to be used.
- b. If an established patient moves to another location and would like to establish care with a provider in their town, use the “ECP” (Establish Care with Provider) visit type:
 - i. The ‘New Pt’ checkbox is NOT to be checked.
 - ii. The ‘Transition of Care’ checkbox SHOULD be checked.
 - iii. The reason “pt moved and wants to establish with [provider’s name]”.
 - iv. Update the Rendering Provider field in eCW.
 - v. When the ECP visit type is used, the office visit, new patient CPT codes are NOT to be used
- c. If an established patient needs to change their provider because their current provider has left the location, use the “ECP” (Establish Care with Provider) visit type:
 - i. The ‘New Pt’ checkbox is NOT to be checked.
 - ii. The ‘Transition of Care’ checkbox SHOULD be checked.
 - iii. The reason “pt. needs to establish with [provider’s name] due to [provider’s name] leaving”.
 - iv. Update the Rendering Provider field in eCW.
 - v. When the ECP visit type is used, the office visit, new patient CPT codes are NOT to be used
- d. If an established patient who has only seen a specialty provider (family planning, women’s health, or prenatal) transitions to primary care use the “ECP” (Establish Care with Provider) visit type:
 - i. The ‘New Pt’ checkbox is NOT to be checked.
 - ii. The ‘Transition of Care’ checkbox SHOULD be checked.
 - iii. The reason “per patient, wants to establish with [provider’s name]”.
 - iv. Update the Rendering Provider field in eCW.
 - v. When the ECP visit type is used, the office visit, new patient CPT codes are NOT to be used.

- e. If an established pediatric patient transitions to an adult provider, use the “ECP” (Establish Care with Provider) visit type:
 - i. The ‘New Pt’ checkbox is NOT to be checked.
 - ii. The ‘Transition of Care’ checkbox SHOULD be checked.
 - iii. The reason “provider left and patient needs to establish with [provider’s name]”.
 - iv. Update the Rendering Provider field in the Patient Information screen in eCW.
 - v. When the ECP visit type is used, the office visit, new patient CPT codes are NOT to be used

2. Closed Provider Panels

- a. If a provider’s panel is closed, you must ask and get approval to add patients to the requested provider’s panel in the following circumstances:
 - i. Established patients on DSHS programs who have only seen a Women’s Health/Family Planning provider, but need to establish care with a primary care provider
 - ii. Established patients who are moving and would like to establish care with a provider in their new location
 - iii. Established patients wanting to establish care with a new provider other than the one they are currently seeing
 - iv. Previous HealthPoint patients seen more than three years ago wanting to return to their HealthPoint provider that used to take care of them
 - 1. In this scenario, the patient would still be considered a new patient, and the NP visit type should still be used

C. Documentation of primary care provider

- 1. HealthPoint always documents the patient’s preferred provider in the EHR Patient Information screen in the “Rendering Provider” field.
 - b. When a patient requests an appointment, the scheduler will ask the patient as well as check the patient’s electronic health record under “Rendering Provider” to ensure the correct preferred provider is documented.

D. Documentation of the “Default” facility

- 1. The patient’s “Default” facility should be set as the location of the primary site of services, typically the site of the primary care provider. Patients may be seen at various clinics when seeking medical care but the default facility should not be changed unless the patient has changed his/her primary provider.
 - a. The default facility may change with the transition of care such as from pediatrics to adult (i.e. default facility may change from HP Memorial to HP BCS as the pediatric patient becomes older and transitions to an adult provider).
 - b. Patients may have multiple visits at the Acute Care Clinic but the patient’s default facility should remain at the site of their primary care giver.
- 2. To change the default facility:
 - a. Go to the Patient Information screen and click the “Additional Info” button.

- b. On right side of screen (mid-way down), select the Default Facility from the drop down list and then click OK.

- E. A continuity report is available to track the number of patients who see their preferred provider/ Care Team. The report is reviewed by the Continuous Performance Improvement Committee (CPIC).

RELATED POLICY:

Scheduling Appointments
New Patients and Assigning Rendering Provider

REFERENCES:

See also
TACHC OC3 Manual 2012

REQUIRED BY:

2014 PCMH Standard 2: Team-Based Care
Element A: Continuity
Factors: 1

ATTACHMENTS/ENCLOSURES:

Assigning New Patients a PCP Process Flow
Assigning Providers in eCW Process Flow

POLICY/PROCEDURE TRACKING FORM

TITLE: Continuity of Care				
Scope/Purpose: To standardize and communicate effectively our practice's policies and procedures for Continuity of Care				
Division/Department: All HealthPoint Clinics			Policy/Procedure #:	
Original Date: 08/07/2014			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement for:	
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