Resident Primary Care Provider

Roles and Responsibilities as a Mid-Valley Adult Clinic PCMH Team Member

Role

The Resident Primary Care Provider (PCP) is a resident physician who provides direct care to all patients in his/her panel and oversees clinical panel management provided by the PCMH team under the guidance and support of an attending. The PCP communicates with the CMA, Care Giver and Care Manager regularly and strives to develop an effective working relationship with all PCMH staff. The PCP works with all team members to achieve and maintain desired patient outcomes in a cost-effective manner.

Responsibilities

Day of Visit

- Prepares for clinic session by pre-charting
- Leads/participates in a daily huddle with CMA to review day-to-day plan for scheduled patients
- Provides direct patient care based on patient's needs (e.g. problem visit vs. routine follow-up vs initial/annual health assessment)
- Becomes familiar with "**Provide Workflow Guidelines for MV**"
- Clearly communicates patient care priorities, including point-of-care testing, follow-up and discharge plans that involve other PCMH team members
- Ensure Medication Reconciliation and Recommendations (Health Maintenance) is updated at each visit
- Initiates and manages specialty referrals via e-consult
- Completes notes and checks in with attending physician before leaving clinic
- See "**Mid-Valley CHC Continuity Clinic Orientation**" and "**Phone Visit Guidelines**" for details

Between Visits

Managing and coordinating the care of patients between clinic visits (including responding to medication refill requests, patient and clinic staff messages, abnormal labs/radiology, eConsults, etc.)

General Supervision: Residents are expected to seek guidance and support from the attending you last presented the patient to in between patient visits. You can reach attendings via ORCHID message, email, clinic phone or pager. When sending any ORCHID message, always cc your attending. All your notes and documentation should be forwarded to the attending for signature.

Support: You have a **CMA** assigned to you each clinic. Between visits, message that same CMA to help with non-clinical tasks for those patients such as: communicating normal results, instructing patients to schedule imaging, call the referral center for specialty appointments, go to lab, etc. You also have **RN care givers** in clinic to help you with clinical tasks such as: communicating abnormal results, medication changes, symptom f/u, clinical instructions post ED/Hospital f/u, etc. All messages sent to your CMA should be cc'd to message pool ACN-MVC IMC W for the RN caregivers.

<u>Inbox Management (Lab Results and Messages):</u>

- Resident is responsible for reviewing ORCHID inbox <u>daily</u> and respond to urgent messaged immediately and non-urgent messages within 48 hours.
- Normal results can be cleared from inbox.
- For <u>abnormal results or messages</u>, **review** and determine if anything needs to be done **before** their next scheduled or planned follow-up visit:
  1. **NO**: Make sure the patient has appropriate follow-up to discuss the issue. (If the patient needs an appointment to be scheduled within 5 weeks, you can message your CMA with cc to caregiver to schedule it. If the appointment is for after 5 weeks, the patient should call MVCHC main number at 818-627-3000 to schedule
  2. **YES**:
     a. If you have a plan of action you can contact the patient and then
        1. Document your conversation with the patient and your plan of action and place appropriate orders
        2. If you need nursing assistance, send message to the CMA and cc the RN care givers using "ACN – MVC IMC W"
        3. cc or forward a copy of the note to the attending you staffed the patient with
     b. If you don't have a plan or have questions about your plan, message the attending with the "Save to Chart" **<u>unchecked</u>** until a plan is made
  3. **I don't know**: message the attending with the "Save to Chart" **<u>unchecked</u>** with your questions or comments. Do not forward abnormal results to the attending without comment. Come up with a plan or a question if you don't know how to proceed and always send issues and questions to the attending you most recently presented the patient to.
- <u>Transition of Care (TOC) messages</u> for post ED/UCC/Hospitalization: These need an immediate response because all these patients need some form of primary care f/u within 7 days (subspecialty f/u does not count). Please review patient case and determine if the patient needs a f/u visit with a provider within 7 days and they are not already scheduled for one. If **YES**, send message to **ACN-MVC IMC W** to schedule patient for TOC f/u appointment within 7 days. If **NO**, send message to **ACN-MVC IMC W** to call patient for nursing TOC phone call. Nursing will call the patient for a symptom check and determine if further close f/u is needed.
- Med refills for unlicensed residents will be take care of attending. Med refills by licensed residents should be completed using the "med refill" autotext.

<u>Inbox Coverage (Proxy)</u>

- When a resident is on vacation or an away rotation, inbox coverage is provided by the resident's POD cousin who is on Amb Med block. This applies to Cat/Prelim residents.
- The resident needing coverage is responsible to communicate this with their Pod cousin and add proxy for the coverage period.
- Please contact Dr. Basiratmand or Dr. Cheng if circumstances make it such that you can't check your ORCHID inbox.

Econsults:

- Resident is responsible for reviewing their econsult inbox weekly and responding. Only you can respond to econsults you generate and any consult without a Recommend Visit that is in your box is in limbo. Please either reply or close.
- Check under "My eConsult" that you don't have initiated consults that were never submitted.
- Review consults in red under "Overdue for Response"
- Follow posted guideline for Transition of Care (TOC) from inpatient hospitalizations, ED or UCC visits.