



# YKHC Provider Training: Medical & Surgical Case Management

Updated 08/2024

Matt Scott, RN, SRC Case  
Management/PI

# Types of Case Management at YKHC

## Types of Case Managers:

- ▶ Adult
- ▶ Pediatric
- ▶ Women's Health (Includes OB/GYN & Prenatal)
- ▶ Emergency Department
- ▶ Surgery - (split CM duties between EGD/Coloscopy and everything else)
- ▶ Physical Therapy
- ▶ Dental
- ▶ Multiple Role - Adult/Peds, SRC specific

## How patients are split up for Case Management:

- **POD** - Refer to Banner Bar in Powerchart to know which POD each Patient is in
- **SRC** - The 5 Sub Regional Clinics have additional support for case management outside of POD Case Managers. 2 staff RN's help with additional coverage in Aniak, Emmonak, Hooper Bay, Toksook Bay & St. Mary's

## Who do I Contact?

*Check PowerChart “Banner Bar” for Patient Information First*

The Patient POD  
is found here

Patient home village  
is found here

**ZZTEST, PATIENT** ×

**ZZTEST, PATIENT**  
Alerts:CPP, Expected home death  
Allergies: No Known Allergies

DOB:10/17/1970  
Pod:Caribou  
MyYKHealth: Yes

Age:53 years  
Loc:VC Scammon Bay  
Clinic - Village FIN: 003016137 [Visit Dt: 10/9/2023 2:50:12 PM AKDT]

Sex:Male ⓘ  
Village:TOKSOOK BAY

Pregnancy Status:  
Code Status:Full Resuscitation, ...  
Visit Reason: Skin rash

MRN:00080769  
Weight:75.749 kg

Menu ⌂ Ambulatory Summary Full screen Print Refresh

# FIN (Financial Information Number), aka “specific encounter”

- ▶ Make sure you are in the correct FIN (specific encounter). This matters heavily when ordering items.
- ▶ You encounters are all OUTPATIENT. Please make sure you are ordering on an outpatient FIN. Orders from being on the wrong type of FIN (inpatient, ED, Pre-reg) will not route correctly and cause delays in patient care.

DOB:1/6/1993	Age:31 years	Sex:Female	Pregnancy Status:	MRN:00065074
Pod:Swan	Loc:EMK General Med	Village:EMMONAK	Code Status:Full Resuscitation	Weight:52.45 kg
MyYKHealth: No	Clinic - Village FIN: 803236482 [Visit Dt: 7/11/2024 9:11:31 AM AKDT] Visit Reason: Difficulty swallowing			

This is the area where the FIN you are currently on is found

Click once on **Loc:** and see a list of all FIN's. Click on the one that is the most recent outpatient one

Visit Type	Location	Admit Date
Clinic - Village	EMK General Med	7/11/2024 9:11:31 AM AKDT
Clinic - Village	EMK General Med	7/9/2024 9:52:15 AM AKDT
Inpatient	YK OB 3318 A	3/26/2024 9:30:00 AM AKDT
Outpatient	Primary Care WHITEFISH 1115	3/26/2024 8:24:26 AM AKDT
Outpatient	Primary Care WHITEFISH 1115	3/26/2024 8:23:44 AM AKDT
Outpatient	Primary Care WHITEFISH 1115	3/19/2024 3:34:16 PM AKDT
Observation	YK OB 3313-OB Triage A	3/16/2024 11:27:00 AM AKDT
Emergency	YK ED OF03 A	3/16/2024 10:57:58 AM AKDT
Outpatient	Primary Care SILVER 1138	3/12/2024 1:45:57 PM AKDT
Hostel/Prematernal	YK Prematernal	3/7/2024 12:15:00 PM AKST
Clinic - Village	EMK General Med	1/16/2024 8:52:52 AM AKST
Outpatient	Primary Care WHITEFISH	12/11/2023 12:22:39 PM AKST
Outpatient Message		10/19/2023 2:31:08 PM AKDT
Outpatient	Primary Care WHITEFISH 1114	10/17/2023 1:19:03 PM AKDT

# How Can We Help You?

- ▶ Once you know which POD and/or Village location the patient is in, you can refer to the **staffing list for Case Management** (shown on next slide). It is a good idea to have this list saved to your HomDir folder and/or printed near your work area for reference.
- ▶ This list is updated regularly for staffing changes and sent out to all providers via E-Mail by Case Management and Leadership staff.
- ▶ This list has a lot going on! Take time to familiarize yourself with it and ask your supervisor or a Case Manager to explain it if necessary.
- ▶ Don't stress, each Case Manager will assist you in getting to the correct place, especially when you are new to our system.

## Outpatient Clinics Case Manager Assignments

Dawn Hackney - Case Management Supervisor

OPC Adult Family Case Management Main Phone: 543-6278		OPC Case Management Main Fax: 543-6748 Alt X6620	
Team A: Hooper Bay SRC / Aniak SRC	Team B: Toksook Bay SRC / Bethel	Team C: St. Marys SRC / Emmonak SRC	
CM Assistant: Christiane X 6227 / Theresa X6224	CM Assistant: Christiane X6227 / Theresa X6224	CM Assistant: Christiane X6227 / Theresa X6224	
Melody Jordan (In House) X 6032	Ashley Achee (R) X16115	Lawrence Thompson (In House) X 6615	
Lynx (Vacant) Nunapitchuk, Bethel	Pintail (Newberry) Tuntutuliak, Quinhagak, Bethel	King (Vermeire) Mountain Village, Pilot Station, Bethel	
Wolf (Koszaika) Naposkiak, Bethel	Swan (Vacant) Kwethluk, Tulukak, Bethel		
Fox (Vacant) Bethel	Lawrence Thompson (In House) X 6615	Sharon Smith (In House) temporary extension: X 6960	
	Crane (Vacant) Mekoryak, Kasigluk, Newtok, Nightmute, Tununak, Bethel	Chum (Jackson) Pitkas Point, Bethel	
Allison Samuelson (In House) X6573		Herring (Vacant) Alakanuk, Eek, Kotlik, Nunum Iqua, Bethel	
Bear (Liner) Chevak, Oscarville, Scammon Bay, Bethel	Yvette "Charlie" Barrows (R) X 6340		
Caribou (Ngetich) Kongiganak, Kwigillingak, L.Kalskog, U.Kalskog, Bethel	Mallard (Almond) Cheformak, Bethel	Yvette "Charlie" Barrows (R) X6340	
	Goose - NO Villages - Empty POD	Silver (Daniels) Akiak, Atmautluak, Bethel	
	Sandra Fox (In House) X6118	Crystal Trammell (VanCor) (R) X16087	
Sandra Fox (In House) X6118	Ptarmigan (Vacant) Aklachok, Bethel	Pike (Komulainen) Kipnuk, Marshall, Napakiak, Bethel	
Moose (Jeffery) Anvik, Chuathluk, Cr.Creek, Grayling HolyCross L.Village, R. Mission, Shageluk, Sleethmute, StonyRiver, Bethel		Sockeye (Vacant) Bethel	
R. Abigail "Abby" Miller (R) X17068	Emergency Department / MD Roll / MD Tyree (4am - 1pm AKST)		
Patsy Conrod (R) X16121 & Matt Scott ** (R) X6150	All Subregional Clinics (adult only) Hooper Bay   Aniak   Toksook Bay   St. Marys   Emmonak		
Robin Lawrence (In House) X 6523 or 907-545-7586	Dental Surgery - Inpatient - Heart Failure (MD Matt Davis)		
Devon Jeppeson (R) 907-545-4425	Colonoscopy & EGD		
CM Assistant: Katelyn Alexie (In House) X 6116			
Michael Slayman* (In House) X 6396	MAT Program Only		MD Roll, MD Flickinger, MD Jeffries
Pediatric Case Management			
Pediatric CM Assistant: Randy Evans X6634			
Rachel VanCor (R ) X6958	Tamara "Porsche" Hill (R ) X6445	Jeremiah Caywood (In House) X 6819	
Kits (Rotelli & Sookram)	Gosling (Reahl)	Minnows (Ndagano & Wong)	
Cubs	Ducklings	Smelts	
Women's Health Case Management			
Women's Health CM Assistant: Vacant			
Rebecca "Becky" Martins (R) X6375 GYN and High-Risk Postpartum	Susan Botamanenko (R) X6548 Prenatal/OB Villages: L-Z	Zhi Hastie (In House) X6189 Prenatal/OB Villages: A-K	
Breast and Cervical Health Grant - Allison Suiter X6532			
Case Management Trainer - Allison Samuelson (In House) X6573			
**Reports directly to Abby Zito - Performance Improvement Assistant Director			
*Reports directly to Deanna Pavil - Primary Care Administrator			



Updated: 8/13/24/2024			
Outpatient Clinics Case Management - Supervisor Dawn Hackney (545-2598)			
Village	Case Manager	Extension	POD
Akiachak	Yvette "Charlie" Barrows	ext 6340	Ptarmigan
Akiak	Yvette "Charlie" Barrows	ext 6340	Silver
Alakanuk	Sherry Vancor	ext 6838	Herring
Anvik	Sandra Fox	ext 6118	Moose
Atmautluak	Yvette "Charlie" Barrows	ext 6340	Silver
Bethel non-bens	Lawrence Thompson	ext 6615	Fox
Bethel only	Lawrence Thompson	ext 6615	Sockeye
Chefornak	Yvette "Charlie" Barrows	ext 6340	Mallard
Chevak	Allison Samuelson	ext 6573	Bear
Chuathluk	Sandra Fox	ext 6118	Moose
Crooked	Sandra Fox	ext 6118	Moose
EEK	Sherry Vancor	ext 6838	Herring
Grayling	Sandra Fox	ext 6118	Moose
Holy Cross	Sandra Fox	ext 6118	Moose
Kalskag, Lower	Allison Samuelson	ext 6573	Caribou
Kalskag, Upper	Allison Samuelson	ext 6573	Caribou
Kasigluk	Lawrence Thompson	ext 6615	Crane
Kipruk	Crystle Trammell	ext 6064	Pike
Kongiganak	Allison Samuelson	ext 6573	Caribou
Kotlik	Sherry Vancor	ext 6838	Herring
Kwethluk	Ashley Achee	ext 6960	Swan
Kwigillingok	Allison Samuelson	ext 6573	Caribou
Lime	Sandra Fox	ext 6118	Moose
Marshall	Crystle Trammell	ext 6064	Pike
Mekoryuk	Lawrence Thompson	ext 6615	Crane
Mertarvik	Lawrence Thompson	ext 6615	Crane
Mountain Village	Lawrence Thompson	ext 6615	King
Napakiaak	Crystle Trammell	ext 6064	Pike
Napaskiak	Crystle Trammell	ext 6064	Wolf
Newtok	Lawrence Thompson	ext 6615	Crane
Nightmute	Lawrence Thompson	ext 6615	Crane
Nunam Iqua	Sherry Vancor	ext 6838	Herring
Nunapitchuk	Sandra Fox	ext 6118	Lynx
Oscarville	Allison Samuelson	ext 6573	Bear
Pilot Station	Lawrence Thompson	ext 6615	King
Pitkas Point	Sherry Vancor	ext 6838	Chum
Quinhagak	Ashley Achee	ext 6960	Pintail
Russian Mission	Sandra Fox	ext 6118	Moose
Scammon Bay	Allison Samuelson	ext 6573	Bear
Shageluk	Sandra Fox	ext 6118	Moose
Sleetmute	Sandra Fox	ext 6118	Moose
SRC : Hooper / Aniak SRC	Patsy Conrod /Matt Scott	ext 16121 / ext 6150	SRC Hooper
SRC : St Marys /Emmonak	Patsy Conrod /Matt Scott	ext 16121 / ext 6150	SRC St Marys
SRC : Toksook SRC	Patsy Conrod /Matt Scott	ext 16121 / ext 6150	SRC Toksook
Stony River	Sandra Fox	ext 6118	Moose
Tulukak	Ashley Achee	ext 6960	Swan
Tuntutuliak	Ashley Achee	ext 6960	Pintail
Tununak	Lawrence Thompson	ext 6615	Crane
Unknown	Yvette "Charlie" Barrows	ext 6340	Goose
<b>Pediatric Case Managers Main Line 543-6634</b>			
All villages & Bethel	Jeremiah Caywood	ext 6819	Minnow/Smelt
All villages & Bethel	Frank Lawrence	ext 6638	Goslings Ducks
All villages & Bethel	Rachel VanCor	ext 6958	Kits/Cubs
<b>Colonoscopy &amp; EGD Inpatient &amp; Dental</b>			
Colonoscopy & EGD	Devon Jeppesen	907-545-4425	
Colonoscopy & EGD	Melody Jordan	ext 6171	
Inpatient/Dental/MD Davis	Robin Lawrence	ext 6523 cell: 907-545-7586	
<b>Womens Health Main Line 543-6760</b>			
Womens Health	Rebecca "Becky" Martins	ext 6375	
Prenatal OB Villages A-K	Zhi Hastie	ext 6189	
Prenatal OB Villages L-Z	Susan Botamanenko	ext 6548	
Womens Health Grant	Alison Suiter	ext 6532	
<b>Emergency Dept</b>			
ED /MD Roll/ MD Tyree	Ruth "Abby" Miller	ext 6341	
<b>Inpatient/Dental/MD Davis</b>			
Inpatient/Dental/MD Davis	Robin Lawrence	6523 or 907-545-7586	



Click on image for a larger, easier to read version


## How do I contact Case Management?

- ▶ How to contact a Case Manager should be situational. You have several options for communication, *but each has special considerations.*
- ▶ TigerConnect, PowerChart Message Center, aka Direct Secure Message or 'DSM', E-Mail and Phone are all at your disposal
- ▶ We will review the uses and limitations of each, and when one should be used over another




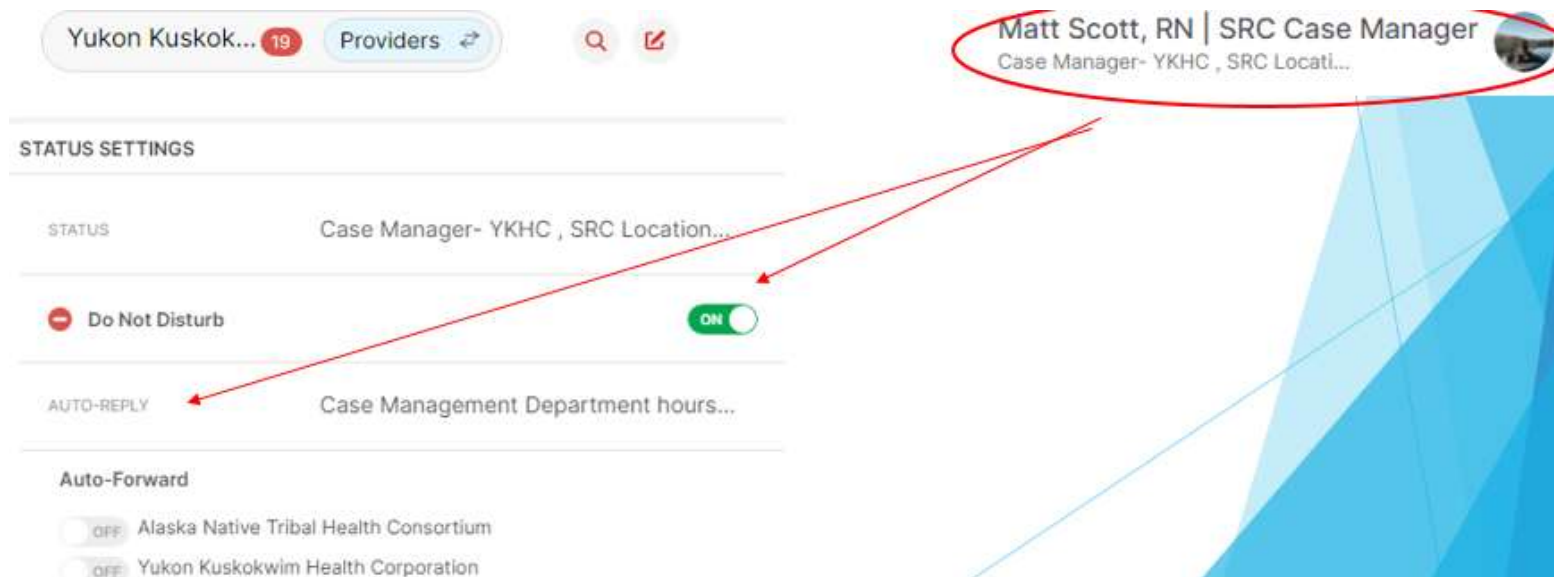
## Informal Communication - TigerConnect or “TigerText”



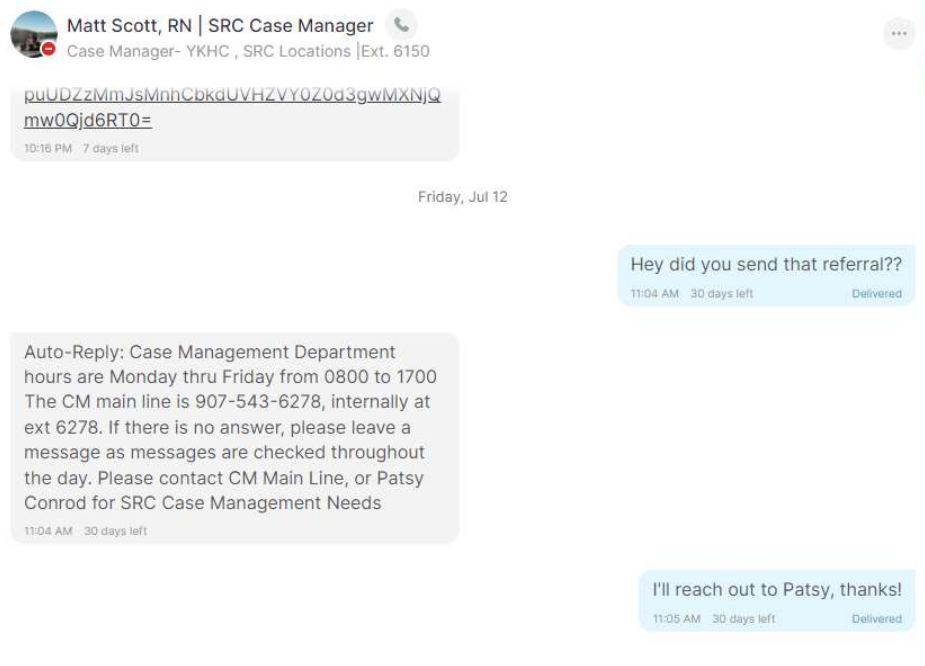
- Perhaps quickest and most common way at YKHC today to reach someone. This useful messaging app is **secure**, meaning that you CAN text patient information freely within it
- Connected to staff at YKHC, ANMC *and* Patients (separate trainings on TigerConnect available)
- Use like texting: When needing to ask general questions or chat. PLEASE, LIMIT USE when sending specific patient requests. This is best saved to the chart utilizing the PowerChart Message Center.
  - **\*Note\*** TT messages last for only 4 days, so if a case manager is out of the office, the message may be missed entirely. Make sure your messages are in a ‘read’ status if it is urgent. and LOOK FOR this symbol:  Do Not Disturb

## Informal Communication - TigerConnect or “TigerText”

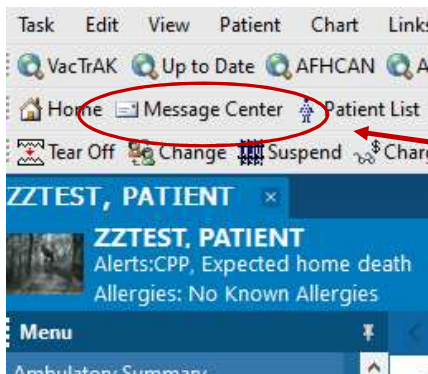
- A word about Do Not Disturb and Auto-Reply:
- LOOK for this symbol and please be mindful of it :  Do Not Disturb
- Set Auto-Reply messages while on DND: *This is an expectation at YKHC for all medical/nursing staff*
- To set this, click on your Profile name as shown:



# Informal Communication - TigerConnect or “TigerText” - What a DND with Auto-Reply looks like:

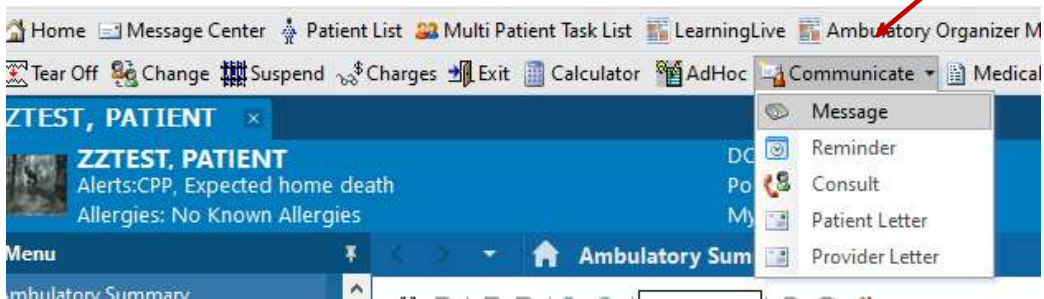


## Formal Communication – PowerChart Message Center & ‘Communicate’



Clicking on the Message Center icon shows your inbox.

Sending a message on a specific patient regarding care while in that chart is done via “Communicate”



This is the best way to communicate care needs regarding a specific patient to a specific Case Manager or a “pool”

## Formal Communication - using 'save to chart'



New Message

Task Edit

High Notify Message Journal Portal Options Launch Orders

Patient: ZZTEST, PATIENT Caller: ZZTEST, PATIENT Caller #: M (907) 555-2525

To: Scott RN, Matt X Include me

CC: Provider: To consumer Disable further replies

Subject: General Message - Please call patient regarding ... ☒ Save to Chart As: General Message

Attachments

☐ Transition of Care Browse Documents Other Attachments

Use 'save to chart' when communications should be part of the medical record. This is NOT a pre-checked item, so you will have to click this in order to make this part of the record.

## Formal Communication - Message Center - Individual Vs. Pool

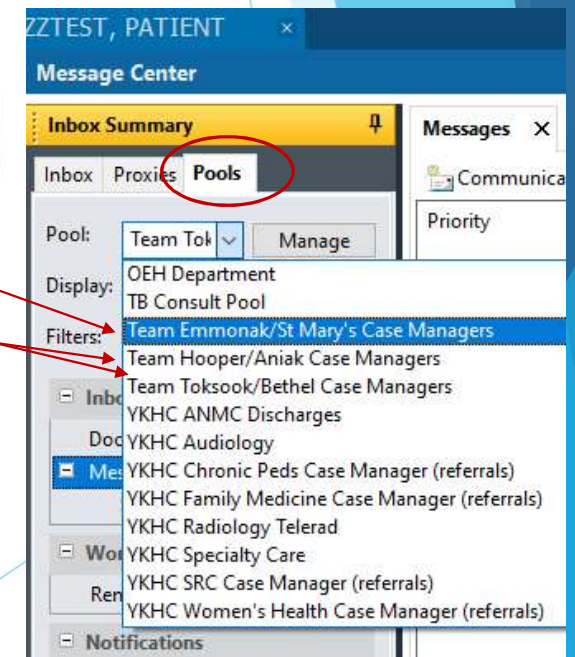
- Sending messages to individuals or pools, how do I know?
- You are busy and do not always have time to find which individual you need to communicate with regarding a patient - to account for this, Pools were created for you to send general messages about patients
- The appropriate Case Manager will check the pool and select the patients they are responsible for (as well as disseminate to other staff)
- If you know which individual you would like to send a message to and prefer that option, you can also do that



## Formal Communication - PowerChart Message Center - Pools

- Click on your “Message Center” icon - choose the ‘Pools’ tab
- Choose the appropriate pool to send to based on the patients location. These pools marry up to the Case Manager Assignment Sheet show previously
- Case Management reviews pools multiple times each day to monitor needs

OPC Adult Family Case Management Main Phone: 543-6278			OPC Case Management Main Fax: 543-6748 Alt X6620		
Team A: Hooper Bay SRC / Aniak SRC		Team B: Toksook Bay SRC / Bethel		Team C: St. Marys SRC / Emmonak SRC	



## General Communication - Phone and E-Mail

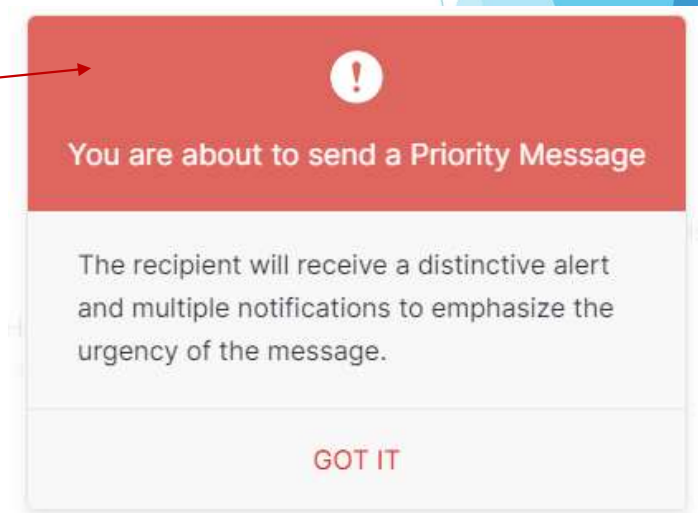
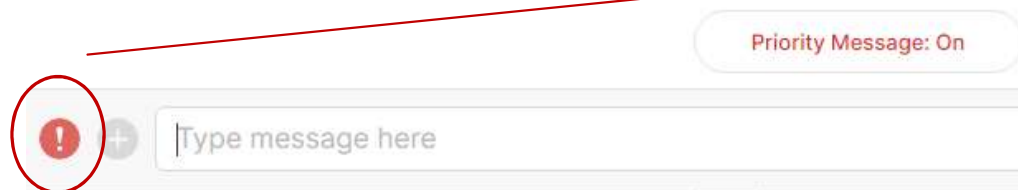
- ▶ Numbers/Extensions for all Case Managers and Case Manager Assistants are listed on the main Case Management staffing sheet - Call whenever necessary, sometimes verbal is the best way to communicate.

Stony River, Bethel	
R. Abigail "Abby" Miller (R) X17068	Emergency Department / MD Roll / MD Tyree (4am - 1pm AKST)
Patsy Conrod (R) X16121 & Matt Scott ** (R) X6150	All Subregional Clinics (adult only) Hooper Bay   Aniak   Toksook Bay   St. Marys   Emmonak
Robin Lawrence (In House) X 6523 or 907-545-7586	Dental Surgery - Inpatient - Heart Failure (MD Matt Davis)
Devon Jeppeson (R) 907-545-4425	Colonoscopy & EGD
CM Assistant: Katelyn Alexie - (In House) X 6116	

- ▶ E-mail can be useful general information, but it is not timely and a less effective way to communicate anything related to *patient care*. It is less secure than Direct Secure Messaging (DSM) from Message Center or TigerConnect (TT) and therefore not preferred for this type of use when message center is an option. Do not expect timely replies as Case Managers do not typically live in the e-mail space like they do with TigerConnect and Message Center.

## URGENT COMMUNICATION - TigerConnect: Priority Messaging

- ▶ Have a *truly* urgent situation? Priority Messaging from TigerConnect may be the answer
- ▶ This type of message will send a **loud auditory alert** as well as a red-outlined message. This will get the person, or group's attention that you message, so use it only when necessary. It will disturb those on DND as well, so please, be considerate if choosing this option.



# Common Case Management Duties:

## Sending Referrals

- ▶ Sending referrals makes up a large portion of a case managers daily duties. Each year YKHC produces thousands of referrals, most of which are sent to Alaska Native Medical Center (ANMC). We are very effective at sending these out within 24 hours of the order being placed *provided all the necessary items are in place for the referral from the provider.*
- ▶ In the following slides, we will cover types of patients served at YKHC, types of referral orders, what is needed for each type of referral and common issues that prevent case managers from sending them out quickly.

# Referrals 101: Beneficiary vs. non-Beneficiary

- ▶ “Beneficiary” refers to someone who is American Indian or Alaskan Native (AI/AN), and is entitled to certain benefits as agreed upon with the Indian Health Service (IHS) and receive care from IHS or Tribal institutions, such as YKHC and ANMC/ANTHC and more. ***This is more than 95% of YKHC’s service population, and the primary focus for YKHC as a service provider.***
- ▶ A “Non-Beneficiary” (non-ben) is someone who's race is listed as something other than AI/AN, and therefore DOES NOT qualify for internal or external referrals sent to ANMC or other IHS/Tribal institutions.
- ▶ If patient is a “non-ben”, the *patient is responsible* for choosing where they would like their referrals sent based on their insurance. \*CM does not assist with insurance discovery\*. *Choice of provider should be noted within the order details*
- ▶ If patient is a beneficiary, and they want a non-ANMC second opinion (Medicaid/Medicare used as insurance), inform the patient that they will be financially responsible for whatever Medicaid or addtl. insurance does not cover.

## Example: Adult Referral Order for non-beneficiary, and one who needs an MRI

**Diagnoses & Problems**

Diagnosis (Problem) being Addressed this Visit

+ Add Convert Display: All

IMO

Annotated Display	Code	Clinical Dx
1 Back injury	S39.92XA	Unspecifie

Search: refer to other

- Refer to Other Specialist Internal
- Refer to Adult Other External**
- Refer to Peds Other External
- "Enter" to Search

OP LPN Orders

Use the 'Refer to Adult Other - External' order

on Categorized

☐ ☒ ☒ Refer to Adult Other E... Order 1/5/2024 11:31 AM... Requested Date/

**tails for Refer to Adult Ot**

Details Order Comments

Referred To::

Requested Start Date/Time:

atient's provider/facility preference:

Special Instructions:

- ACENT
- AK Center for Dermatology
- AK Health
- Alaska Bariatric Center
- Alaska Colorectal Surgery
- Alaska Heart and Vascular Institute
- Alaska Oncology and Hematology
- Alaska Retinal Consultants
- Alaska Spine Institute
- Alaska Surgery Center
- Alaska Urological Institute
- Alaska Urology Clinic

Many options will be provided for patients to choose from in the required field, as well as a free-text option within the Special Instructions

**Refer to Adult Other External**

Details Additional Info History Comments Validation Results Ingredients Pharmacy

**Details**

Requested Start Date/Time 1/2/2024 11:43 AM AKST

Patient's provider/facility preference Other

**Special Instructions** patient will call and let us know where she wants the MRI sent,

Reason For Referral MRI lumbar spine; suspected herniated disc

Stop Date/Time 1/2/2024 11:43 AM AKST

**Diagnoses**

Back injury (S39.92XA)



## Referrals 101: Types of referral orders

- ▶ There are numerous types of referral orders available to you within our Cerner system. Learning them all and how they fit with other care systems in Alaska will take time, experience and good communication with a case manager.
- ▶ Internal referrals vs. External referrals: Referral orders may have two versions; Internal and External. Each has considerations.
  - ▶ Internal referrals mean that you would like the patient to be seen at YKHC in Bethel vs. outside of the YKHC service locations. For most specialties, ANMC operates “field clinics” located in Bethel. Once an Internal referral is placed, these types of referrals will end up on a worklist, or a “request queue” for scheduling by the ‘specialty clinic’ department. A calendar for Specialty clinic is always available to you and sent out via email several times per year.
  - ▶ External Referrals are sent on to ANMC or other institution for scheduling and processing.

# Referrals 101: Anatomy of a referral order

DOB:10/17/1970 Age:53 years Sex:  
Pod:Caribou Loc:VC Scammon Bay Vill:  
MyYKHealth: Yes Clinic - Village FIN: 003016137 [Visit]

Search: refer to | Advanced Options

- Refer to ACT Chronic Pain Assessment
- Refer to ACT Internal
- Refer to Adult Cardiology External
- Refer to Adult Diabetes External
- Refer to Adult Endocrinology External
- Refer to Adult Gastroenterology External
- Refer to Adult Hematology External
- Refer to Adult Hepatology External
- Refer to Adult Hepatology Internal
- Refer to Adult Nephrology External
- Refer to Adult Neurology External
- Refer to Adult Neurology External - Back/Neck Eval
- Refer to Adult Neurology Internal
- Refer to Adult Oncology External
- Refer to Adult Optometry Village Routine

"Enter" to Search

Start with “refer to” in your search box for all referral orders.

Note that Adult and Pediatric referrals are different orders.

Note that there may be an “internal” *and* an “external” version of the same order. Place the correct one for your situation. Different case managers will process each differently.

*\*Not all specialties have an internal order as they do not come to Bethel for field clinic*

# Referrals 101: Considerations prior to placement of referral order

- ▶ Have *completed documentation and signed* with updated images/studies if needed
- ▶ **Make sure note reflects the reason for the referral and mentions inclusion within the order of pertinent pictures and/or studies**
- ▶ **STAT** referrals: STAT referrals **MUST** have a provider-to-provider conversation with the ANMC Specialists attending/doc on-call. This conversation should be saved to chart. Let CM know you have placed a STAT by TigerText. Make sure notes are signed and images/studies are loaded into MultiMedia Manager prior to contacting CM. If these steps are not followed, there will be a delay in care.
- ▶ If pt.. is beneficiary, and they want a non-ANMC second opinion (Medicaid/Medicare), inform the patient that they will be financially responsible for whatever Medicaid or any external insurance they have, does not pay for.

# Referrals 101: General information

- ▶ Do not enter multiple referrals for the same issue within a one year period.  
*-This will actually cause delays- Please check the Documentation filter - shown in a subsequent slide- for any prior referrals sent first.*
- ▶ **\*PLEASE NOTE\*** Case Management can not make ANMC appointments for patients. Please, educate patients to call ANMC services for updates/appointments while you are making the referral order! The number for the service is included within the referral order itself.

Details for **Refer to Orthopedics External**

**Details** Order Comments Diagnoses

+ [Icons]

Special Instructions:

Priority:

Escort's Name and DOB:

ANMC Phone#: **ANMC Phone# 907-729-1600**

# Internal Referrals to YKHC Departments: Dental

- ▶ **Urgent dental needs:**

- ▶ Bethel patients: Welcome to walk in to dental to be seen. 2 providers covering walk-ins. If patient has patience and is willing to sit in the waiting room they can likely be seen the same day without any need for referral.
- ▶ Urgent needs from Villages: Send a message to the dental team in Tiger Text to the 'Emergency Dental Consult'

To: ED Emergency Dental Consult x

- ▶ *Alternatively, a consult can always be done with dental during work hours (8am-6pm) by calling the dental front desk (x6229) and asking to speak with the Triage Dentist.*

- ▶ **Non-urgent dental needs:**

- ▶ advise your patient to call our front desk to schedule\*\*. (For the best chances of getting an appointment call promptly at 9am Monday-Thursday). Number is 907-543-6229.

# Internal Referrals to YKHC Departments: Optometry

## Routine Eye Exam

- Patients do not need a referral to schedule an appointment with Optometry if they are in Bethel
- If the patient has not been seen within the last year, patient can make an appointment at their earliest convenience
  - Bethel or Village based and would like to be seen in Bethel - pt. can call to schedule themselves or you can call 543-6336 while the patient is in the room with you
    - If your patient needs to travel from the village to see Optometry:
      - Travel will need two things:
        - Diagnosis - You will need to state in your note why they need to be seen with Optometry
        - Referring Provider – this does not have to be an optometrist, it can be any provider or patient can be seen with a HA and we will be the referring provider via RMT
    - Village based and would like to be seen in the village - Refer patient to “Optometry Village Routine” and we will see them on our next trip out to their village -

## Red Eye Evaluation

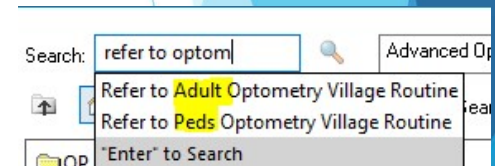
- Gather all information required from the consultation check list prior to consultation
- Send pictures
- **Consult Optometry On-Call via TigerText before sending any urgent/emergent village patients to Bethel**

The fastest way for a provider to get a patient scheduled with Optometry is to call 543-6336 while seeing the patient

- Patients leave with an appointment time and date
- Immediately after our front desk team schedules the patient, the appointment information is emailed to travel for processing, and cc'ed to the patient's village clinic
- All travel questions or concerns should be addressed with the travel department or the village clinic
- Patients should be encouraged to follow up with either their village clinic or travel if they have not received flight information a few days prior to their appointment


If you don't reach someone at the front desk right away, please try calling back. If you are unable to reach someone and your patient needs to leave (or if this is after hours or during weekends), you can TigerText the Optometrist on-call with the following information:

- Patient Name, DOB, phone number, and reason for exam. You will be noted as the referring provider. We can then forward this to our front desk to schedule.





## Internal Referrals: YKHC Departments - Audiology, Diabetes (SDPI Grant), Physical Therapy

- ▶ Audiology - All Audiology and ear-related ENT referrals are sent to “Refer to Audiology Internal”. For questions; TT “Audiology Team” role.
- ▶ Diabetes (SDPI Program) - Multiple referral types, including Provider visits, Self-Management & Medical Nutrition Therapy. Please reach out to Diabetes department via TT at: To:  Diabetes Prevention & Control On Duty x
- ▶ Physical Therapy - Case Manager: Keira Gefroh
  - ▶ Use ‘Refer to Physical/Occupational/Wound Therapy Internal’ and ‘Refer to Speech Therapy Internal’. All internal/external referrals will be managed by Physical Therapy department.

## External Referral Order Guidelines by Service:

- ▶ Cardiology: EKG IS REQUIRED, labs, Chest X-ray if indicated
- ▶ Dermatology: PICTURES are REQUIRED with all derm referrals, also remember to list treatments/medications previously tried
- ▶ Endocrinology: Consider TSH, T3, Free T4
- ▶ Hepatology: Liver US, Liver Panel, Hep B panel if patient has Hep B
- ▶ MRI- Refer to Internal Medicine External, please answer all yes/no questions on order. These are required for MRI order
- ▶ Neurology: CT or other imaging within last 6 months
- ▶ Neurosurgery: X-ray within last 6 months required
- ▶ Nephrology- Renal US, Renal panel, UA, UPCR, CBC Ortho- current X-rays
- ▶ Pulmonology: CXR, AFBx3, QuantiFERON, sputum culture, CBC, CMP (other labs as needed)
- ▶ Rheumatology: X-rays if deformities present, labs: CBC, CMP, CRP, ESR

## Current Referral Order Guidelines by Service:

- ▶ Surgery- Please pay attention to order. REFER to Adult Surgery External (No EGD/CS) - all other surgery referrals. For EGD/CS - please order Refer to Adult Surgery External (only EGD/CS) DO NOT order a GI referral for EGD/CS.
- ▶ Urology - UA, Urine Protein/Creatinine, Renal US (if indicated), -If referring for sterilization, Federal consent to sterilize is REQUIRED. Fill and sign with the patient at visit.- *ensure you are using the most recent consent form, or it will not be valid. \*note this is separate from procedural consent\**
- ▶ Pain Management: *Multiple requirements, outlined in a following slide*
- ▶ Non-Beneficiaries • Referrals to Ortho, NSGY ( or anywhere that needs imaging)- Please order a disc from radiology for the patient to pick up to take with them to their appointment. •
- ▶ Refer to other external: Please obtain info on where patient wants a referral sent. If they do not know- let them know to get started with the homework and be prepared with referral information (where they want to be seen) prior to CM or CM Assistant calling them.
- ▶ Providers/Nurses can always google Providence Hospital, click on website, click on Find a Doctor, search for specialties, put in Anchorage Zip code or Bethel Zip code (just pick 500 miles if using Bethel zip code) and there will be a list of Providers and their offices and if they are accepting new patients, click on the provider you want and there will be a phone number to add to referral. A couple choices would be nice. Also let patient know that they will need to make sure that the office accepts their insurance.

## Current Referral Order Guidelines by Service:

- ▶ ANMC Orthopedics
- ▶ Urgent/Emergent situations require a TELERAD
  - ▶ The TELERAD serves as ANMC Orthopedics referral. *Do not* also order a “refer to Orthopedics-External” if you have sent a TELERAD
- ▶ Non urgent/chronic issues
  - ▶ if a TELERAD is not needed, you will need to place a ‘refer to Orthopedics- External’ and ensure you have your documentation signed and current XR studies so they can be sent to ANMC PACS system.

# ANMC Telerad Process:

You must use the following form when submitting a Telerad to ANMC:

<https://forms.anthc.org/orthopedic-teleradiology/>

For emergencies, please continue contacting the on-call ANMC Ortho Field Support Surgeon at 907-729-1791. After 5 PM and on weekends, call the ANMC operator at 907-563-2662 to reach the on-call surgeon.

## Where to Find the Form:

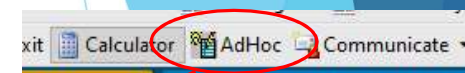
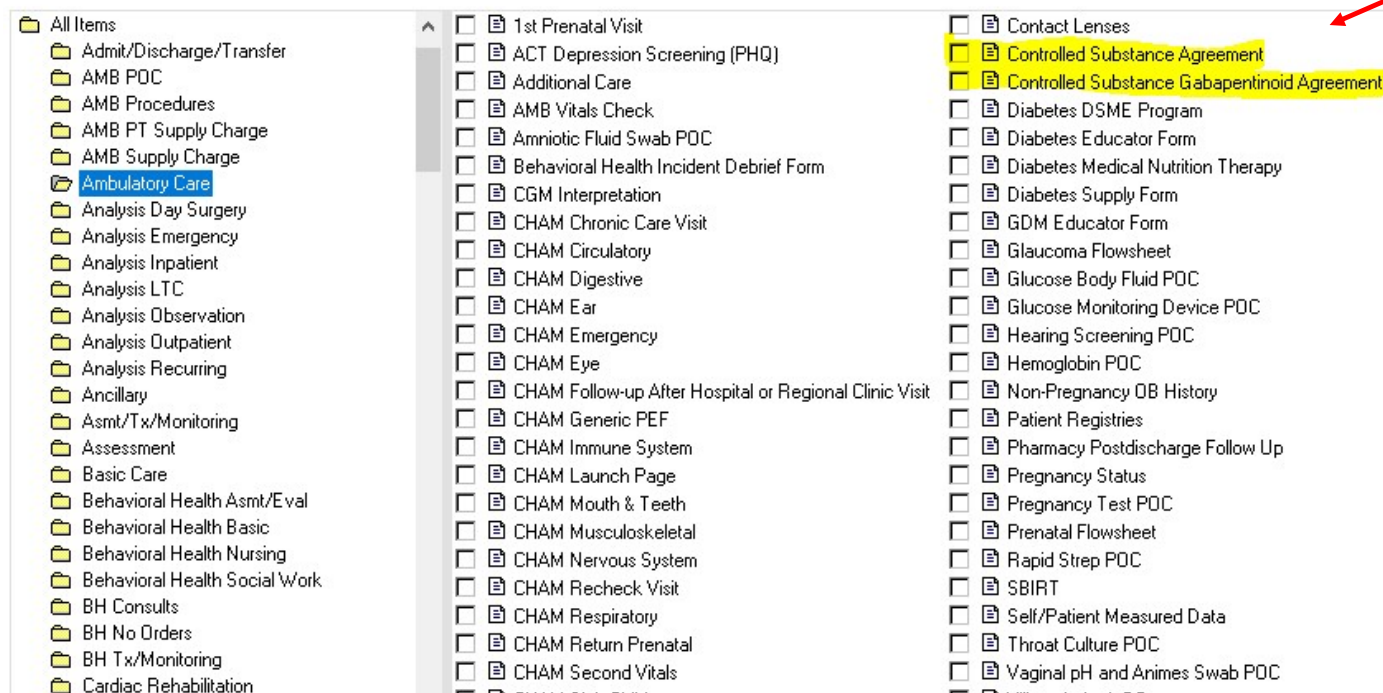
[Orthopedic Services | Alaska Native Tribal Health Consortium \(anthc.org\)](#)

1. Go to [ANTHC.org](https://anthc.org)
2. Under “What We Do,” select “Specialty and Tertiary Care.”
3. Choose “Orthopedics.”
4. Under the “Services” tab, find the form button.
5. Click the “Telerad Services” button to open the form.
6. Fill out the form completely, ensuring all required fields are completed.
7. You will receive an email confirmation once Orthopedics staff opens the form.
8. Or simply save this link to your Favorites: [Orthopedic Teleradiology Form](#).

For training needs, email Telehealth at [AKA-TELEHEALTHPS@anthc.org](mailto:AKA-TELEHEALTHPS@anthc.org).

# YKHC Pain Contracts

- ▶ To complete a controlled substance agreement; click on 'ad-hoc', then "All Items", then "Ambulatory Care"
- ▶ Click "Controlled Substance Agreement" or/and "Controlled Substance Gabapentinoid Agreement" -for chronic opioids or Gabapentin respectively.





# YKHC Pain Contracts Policy in Powerform

Policy Requirements and Guidelines

**Only start Controlled Substance Agreement if:**

- Patient > 45 years of age
- Tried and failed non-pharmacological options and non-narcotic medications
- Completed ACT Chronic Pain Assessment prior to start

**All exceptions to this must be approved through pain committee vote.**

**Follow-Up Based on Risk Stratification**

	High Risk	Medium Risk	Low Risk
<b>Risk Factor Screening</b>	ORT ≥ 8; RIOSORD >37;	ORT 4-7; RIOSORD 33-37; COMM > 9	ORT ≤ 3; RIOSORD 0-32; COMM ≤ 8
<b>Past Medical History</b>	Documented history of misuse or substance use disorder or overdose Active pregnancy	<u>Comorbidities</u> PTSD, anxiety, depression, bipolar disorder, schizophrenia Impaired liver function Impaired respiratory function, COPD, asthma, obstructive sleep apnea	
<b>Morphine Milligram Equivalents</b>	> 90 MME	50-90 MME	< 50 MME
<b>Contract Status</b>	New contract, dose-escalation, past cancelled contract	Renewal with stipulations	Renewal (stable)
<b>Medications</b>	Concurrent benzodiazepines, alcohol use	Consider for concomitant gabapentin use and strong CYP3A4 inhibitors	

Assessing Risk before Starting Treatment  
ORT = Opioid Risk Tool

Assessing Risk during Treatment  
COMM = Current Opioid Misuse Measure; RIOSORD = Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression

**High Risk:**  
Follow-up in  
1-4 Weeks

**Medium Risk:**  
Follow-up in  
1-3 Months

**Low Risk:**  
Follow-up in  
3-6 Months

1. This risk stratification aid is a general tool and may not fit all patients. Provider discretion is advised and will be final as long as follow up is no longer than 6 months.
2. This is a committee recommendation. If there is concern or desire to follow-up more frequently than suggested, choose the more frequent interval.

# YKHC Pain Contracts

- ▶ Pain contract patients:
  - ▶ Pain contracts need renewal every 6 months per YKHC Policy
  - ▶ If you are seeing a patient that has a pain contract, please review their contract date to see if it needs renewed while they are there at the visit.
  - ▶ INITIAL contracts only need a paper-based consent form signed and scanned into Multi-Media Manager. *Renewals* are completed using only the ad-hoc powerform, no further signatures are required.
    - ▶ Pain contracts are a YKHC policy only, NOT a legal document. YKHC pharmacists will be looking for the *ad-hoc form* when sending pt. appt. requests, so please use this process.

Policy Requirement	
Controlled Substance	
Medication Detail	
Pharmacy Use Or	
ACT Recommendation	
PT/OT Note	

### Controlled Substance Agreement

**This Controlled Substance Agreement is:** ☐ New ☐ Modified ☐ Renewal

If New, then must have patient sign a Consent for Chronic Opioid Therapy to be eligible for contract.

**Does the patient confirm understanding of their Consent for Chronic Opioid Therapy?** ☐ Yes

Consent form location: <https://ykhc.ellucid.com/documents/view/39708>. Right click on the Yes button above, then click Reference Text to get to the hyperlink.

# YKHC Pain Contracts - Consent for initial treatment

## Keywords:

chronic opioid, opioid therapy

## Description:

Chronic Pain Management Plan Appendix D - Consent for Chronic Opioid Therapy

## Standard references:

RC.02.01.01; RI.01.03.01; LD.04.03.13; PC.01.02.07; PC.02.03.01

## Reference Code:

CORP\_023; Chronic Pain Management Plan

## Related Documents: +

[Chronic Pain Management Plan](#)

[Chronic Pain Management Plan Appendix H - Pain Enjoyment General Activities \(PEG\) Score \(Chronic Pain Management Plan\)](#)

[Chronic Pain Management Plan Appendix C - Pill Audit Form \(Chronic Pain Management Plan\)](#)

[Chronic Pain Management Plan Appendix B - Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression \(RIOSORD\) \(Chronic Pain Management Plan\)](#)

[Chronic Pain Management Plan Appendix A - D.I.R.E. Score: Patient Selection for Chronic Opioid Analgesia \(Chronic Pain Management Plan\)](#)

**Yukon-Kuskokwim HEALTH CORPORATION**

**Consent for Chronic Opioid Therapy**  
(Required for every new patient-provider relationship for chronic opioid use)

This is not a guarantee to supply a prescription for opioid medications. That decision is up to your provider and can be changed at any time.

This consent is to help make sure you understand the risks associated with this type of treatment. It also tells you the monitoring that is required.

- You will have one provider for this treatment.
- This consent is only between you and the provider who signs for long-term treatment with this type of medicine.
- Signing this will not affect your other medical treatment.

Once this document is signed, it should be placed into Multi-Media Manager as shown

**MultiMedia Manager** + Add

- (3/27/2013) OR Other Op Note
- (6/23/2024) CCC Itinerary - Gastroenterology EGD Morgan
- (8/27/2024) OP Primary Care Sick Visit Note
- (8/27/2024) XR Spine Lumbosacral 2 or 3 Views
- (8/27/2024) SRC Adult Care Intake - Text
- Consents**
  - ANI Patient consent form 2 5 18 CM 22147
  - ANI Consent to Transfer 9/6/19 CM 22147
  - ANI Patient Consent Form 8 12 2021 CM 22147
  - flu consent 10.14.23 CM 22147.pdf
- Controlled Substance Agreements**
  - ANI Pain Contract exp 5/6/20 11/6/19 CM 22147
  - Ani pain contract exp 11 15 20 Cm 5 15 20 22147
  - ANI Pain Contract 11 9 2020 EXP 5 9 2021 CM 22147.pdf
  - ANI Pain Contract 5 14 2021 EXP 11 14 2021 CM 22147
  - ANI Pain Contract 12 6 2021 EXP 6 6 2022 CM 22147

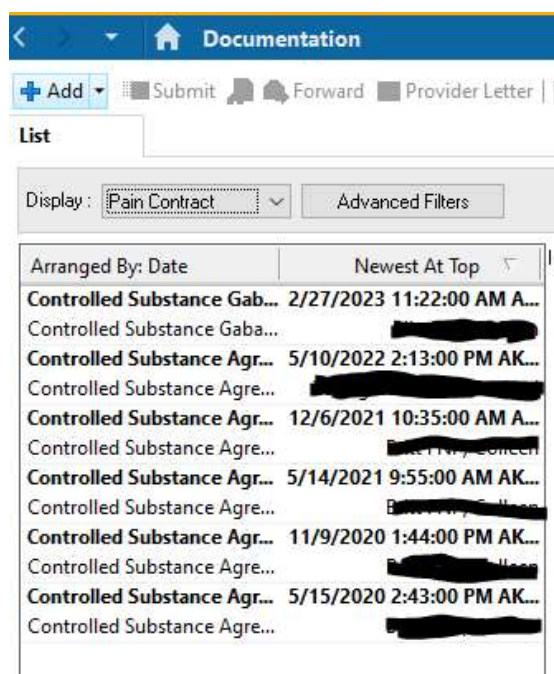
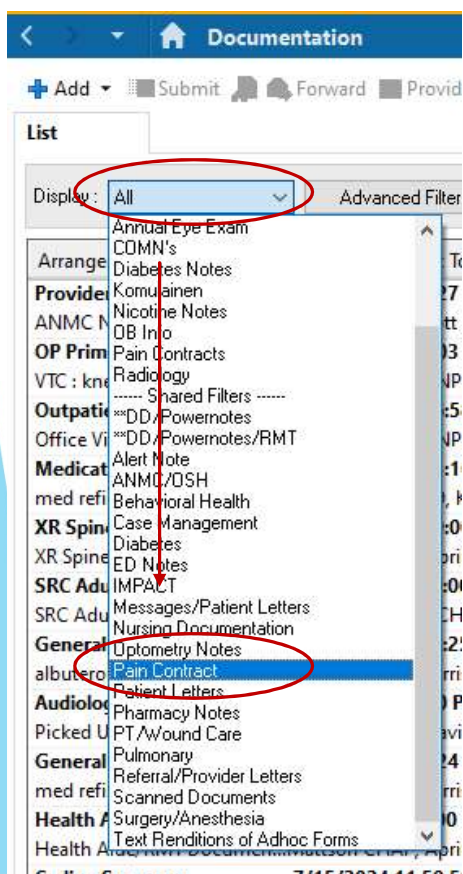
search )

< Previous 3 4 5 6

# YKHC Pain Contracts

*\*how do I know if this is an initial contract or a renewal?*

- You would use a quick filter in *documentation* to know how many of these forms have been done, and when. See example below:





# YKHC Pain Contracts

*Need help with a challenging patient? Not sure what to do next? Thinking of cancelling a contract?*

Consider sending a referral using the easy buttons within the contract to the YKHC Pain Committee. This automatically places an order for the MAT pharmacist to review. Each referral is discussed in a multidisciplinary committee format.

Would you like to place an order for 'Refer to Pain Committee Internal'? ☐ Order ☐ Decline

Order if additional follow up requested from interdisciplinary service - please indicate reason for referral below.


Requested follow up date with Pharmacist:

Reason for Referral:

Place an order for 'Refer to ACT Chronic Pain Assessment' for chronic pain assessment? (REQUIRED FOLLOW UP BY COMMITTEE) ☐ Order ☐ Decline

This is for discussion about comorbid conditions and pain psychology.

Need in-the-moment help?  
TigerText the MAT Pharmacist!

To:  MAT Pharmacist On Duty 8-5 x

# YKHC Pain Contracts

Please! Be sure to fill out all the medications in this area of the form. Without this information, the agreement is not useful to the pharmacy and cannot be processed.

**Opioid Medication Regimen:**  
Medications below used in a 30 day supply, unless documented otherwise.

	Name of Medication	Medication Directions	Strength	Quantity	PRN
Regimen 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regimen 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Medication Regimen:</b>					
Regimen 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regimen 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sometimes even more help is needed; refer to the ANMC Pain Management details on the next slide for further assessment



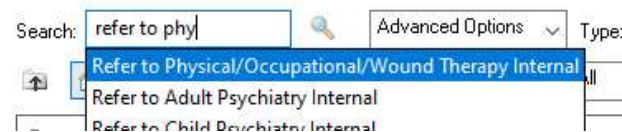
# ANMC Pain Management Referrals

## ▶ Chronic Pain Management Clinic at ANMC (CPMC)

- ▶ 1. Basic documentation needs PRIOR to making referral: NSAIDS tried for 3 weeks? \_ 6 weeks of home exercise/PT? \_6 weeks of activity modification? \_Motor exam in PCP note?
- ▶ 2. Ensure pt.. has 6 weeks DOCUMENTED PT intervention prior to referral

▶ Place this order if not found →

**STOP:** do not refer until 6 weeks of PT completed



Search: refer to phy

Advanced Options Type:

Refer to Physical/Occupational/Wound Therapy Internal

Refer to Adult Psychiatry Internal

Refer to Child Psychiatry Internal

- ▶ 3. Comprehensive Pain Management Questionnaire is REQUIRED
- ▶ 4. Indicate in note that questionnaire has been given to patient.
- ▶ 5. Have patient fill out at appointment and turn in before leaving.
- ▶ 6. Completed questionnaire should be scanned into Multi-Media Manager in chart.
- ▶ 7. X-rays within last 4 YEARS
  - ▶ Any XR studies needing to be ordered must be: MINIMUM 4 Views + FLEXION & EXTENSION is required by CPMC.
- ▶ After three documented attempt to contact the patient, or absence of PT evidence, CMPC will cancel the referral. The patient will then need to reschedule an appointment with the provider for a new referral.

# Prenatal Case Management

Prenatal Case Managers: ***Zhi Hastie (Villages A-K) x 6189 Susan Botamanenko (Villages L-Z) x 6548 &***

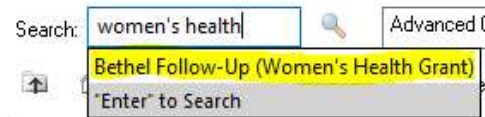
- ▶ For prenatal specifically, orders you might place are as follows:
  - ▶ ‘Refer to High Risk OB internal’ -any high risk diagnosis/problems you want to address with the HROB team to discuss every Friday at rounds
  - ▶ ‘Refer to Obstetrics External-Future Transfer of Care’ (for all transfers outside of YK)
  - ▶ ‘Refer to Obstetrics External-Perinatology’ (this goes to Maternal Fetal Medicine @ ANMC)

# Women's Health - CDC Grant, Breast & Cervical

## ▶ Breast & Cervical Grant

- ▶ The CDC provides a grant to YKHC for certain Women's Health situations. It can ONLY be used for Mammograms or cervical cancer screenings.

- ▶ To place an order for this, choose:



Search: women's health [Advanced C]  
Bethel Follow-Up (Women's Health Grant)  
"Enter" to Search

- ▶ *Patients need to fall under specific CDC guidelines and qualify by INCOME. They may or may not qualify depending on when they were last seen for a screening Cervical cancer screening/Mammo and what their last result was or when they are next due*
  - ▶ This grant can also cover abnormal symptoms, even though they may technically not be due yet (Breast pain, breast lump, cervical abnormalities requiring colposcopies and/or LEEPs)
  - ▶ This grant DOES NOT cover for patients to travel in for general women's health issues, birth control or pregnancy (unless they are also due for screening or follow up for abnormal symptoms)
  - ▶ The Grant will try to coordinate with other appts/departments as needed, but appropriate communication should be made to **Alison Suiter, WH Case Manager** x- 6532 or TigerText

## ▶ Non-screening type breast referrals go to External Surgery Department using the following order: Refer to Adult Surgery External (no EGD/CS)

- ▶ These should be covered by Medicaid and MAY qualify for the women's health grant funding for travel (not all appts can be covered by the CDC Grant)

# Women's Health - GYN/High Risk Postpartum

- ▶ Rebecca Martins, RN is your GYN/High Risk Postpartum Case Manager.
  - ▶ Ext-6375, and also on TigerText
- ▶ Cervical Referrals may start with Dr. Compton here or sent direct to External GYN/ONC by using the following orders
  - ▶ 'Refer to Gynecology External'
  - ▶ 'Refer to Gynecology Internal'
- ▶ Internal GYN Referrals should be for patients or issues that should ONLY be seen by a GYN and not a PCP/WH provider
  - Infertility- Refer to Gynecology Internal, Rebecca and Dr. Compton will review
  - Prolapse - Refer to Gynecology Internal, Rebecca and Dr. Compton will review
  - Vaginal Bleeding, PMB - Refer to Gynecology Internal
    - \*Order *US transvaginal for ANY type of abnormal vaginal bleeding*
- ▶ ALL female sterilizations are ordered as 'Refer to Gynecology External'

# Women's Health General Referrals & Follow Up

## ▶ General Referral Info

- ▶ Non-beneficiaries patients will need to find their own private provider and then can call us to notify us where to send their records
- ▶ Patients are always contacted by Case Management when sending a referral
  - ▶ To be notified of the referral
  - ▶ To be asked about insurance coverage, notified of their responsibility to pay for travel or to ask Grant qualification questions
  - ▶ They are also given the ANMC Department (Surgery, GYN/ONC) number to call if they have not heard from anyone about an appts in 2 weeks. This is our standard in WH. It then falls on the pt.. and is their responsibility to follow up with them or call us back if they are having trouble getting appts or aren't receiving feedback from ANMC

# Follow Up Appointments using Orders

- ▶ Please remember, it is an expectation to place follow up orders during your discharge on most patient encounters. This will ensure the feedback loop for our scheduling system and ensure future appointments are made.
- ▶ Follow up orders should be placed with regard to *where the patient lives*, **NOT** the provider location!
  - ▶ How do I know where the patient lives? Check the VILLAGE at the top of any chart:

Age:56 years	Sex:Female	Pregnancy Status:	MRN:00036039
Loc:Telephone	Village:HOOPER BAY	Code Status:No Results Found	Weight:57.3 kg
Telemedicine FIN: 003176204 [Visit Dt: 5/2/2024 9:08:38 AM AKDT] Visit Reason: Hepatitis C			



# Follow Up Appointments using Orders

- ▶ Examples of F/U order - in person:

- ▶ “Hooper Bay Follow Up” - means, please return to *Hooper Bay* for an *in-person* appt.

Details for **Hooper Bay Follow Up**

Details Order Comments Diagnoses

+ -

\*Requested Start Date/Time: [Date/Time Picker] AKD

\*Reason For Exam: [Text Field]

Schedule For: [Dropdown]

\*Priority: [Dropdown]

Order for future visit: ☒ Yes ☐ No

Set for a future date, a quick way to set the time is to press “T”

Set using standard language words (avoid medical acronyms). This is what is seen by the schedulers, who are not medical professionals. They may read this verbatim to the patient when calling to schedule. If a patient does not understand, they may decline appt.

Set priority  
Routine/urgent

# Follow Up Appointments using Orders

- ▶ Example of F/U order - Video Teleconference (VTC):
  - ▶ “Pilot Station Follow Up - VTC” - means, please return to *Pilot Station clinic* for a VTC appt.

▼ Details for **Pilot Station Follow Up - VTC**

Details Order Comments Diagnoses

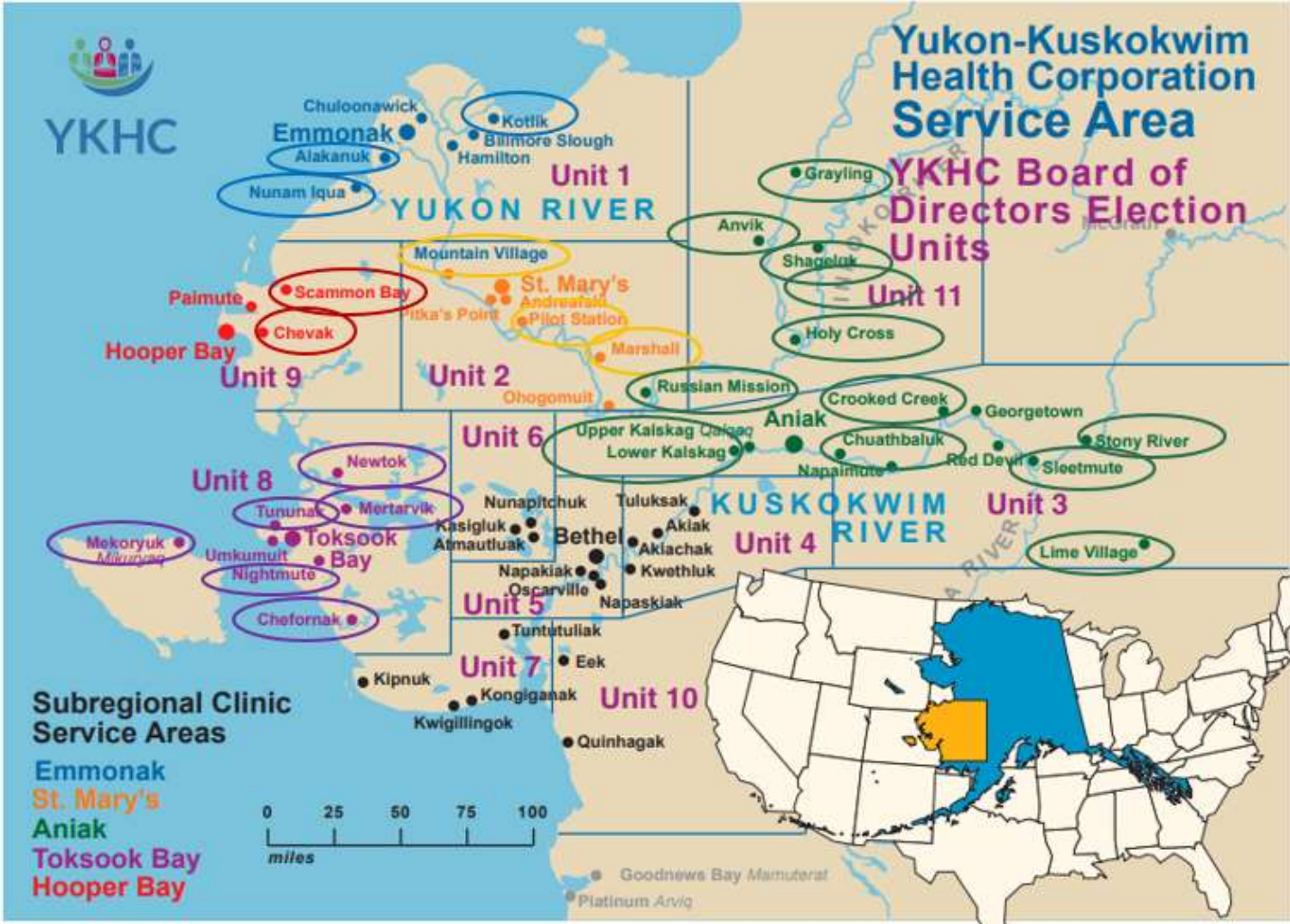
+ [Icons]

\*Requested Start Date/Time: 11/11/2017 12:00 PM AKDT \*Reason For Exam: [Yellow Box]

\*Priority: Routine Order for future visit: ☒ Yes ☐ No

- ▶ Why to use? - The patient LIVES in Pilot Station, not the SRC village you are working in. this allows a way to follow up remotely. Placing this order allows the scheduling team to make the appt. correctly.
- ▶ Which order to use? - the SRC locations have smaller villages in their ‘service region’. Patients from these locations may only travel to you physically once a year or less. A VTC will allow you to keep in touch with patents without the logistics of travel.

SRC service region villages - VTC orders should be considered in corresponding villages (denoted by color):



# Surgical Case Management

- ▶ EGD/CS Surgery CM is Devon Jeppesen, (907)545-4425
- ▶ still working on a huge EGD/Colonoscopy backlog from COVID
  - ▶ Internal EGD and/or Colonoscopy orders:
    - ▶ Thousands (3000+) on request queue for internal orders. This includes past due orders, current orders and future orders (not due as of today) there is no way to separate out past due and current from future on this list.
      - ▶ Please keep in mind we only have 2 regular endoscopists here on site and we do not scope full time. For 2024 on average we scope about 10.25 days per month.
    - ▶ If you feel a pt.. is way overdue or you are concerned for any reason, please order as urgent and feel free to reach out to me via TT to ask me to get pt.. scheduled as soon as possible. I can generally get these pts in quickly (within a couple weeks depending on scope schedule and travel). The urgent and past surveillance/diagnostic orders are the priority to be scoped at this time.
    - ▶ If you have pts who are screening (no family hx CRC, no history of polyps, no concerning symptoms) please offer and encourage them to do an IFOB, if it is positive they should get urgent order for colonoscopy and if negative they can get future order for colonoscopy in 1 year from negative IFOB date.
    - ▶ If you have surveillance pts (family hx CRC or personal history of polyps) and are due now or in last year I will probably not get to them for a while realistically, please offer and encourage these pt.s to have an IFOB, if negative leave order as is and if positive put in urgent order for colonoscopy.
    - ▶ We do not do dilatation or hemorrhoidectomy/banding here at YK, these pts need referrals to ANMC.



# Surgical Case Management

- Important order reminders:
  - Screening: only pts who have never been scoped or only ever had normal colonoscopies. Once a pt. has fam hx or polyps they will never be screening and should NOT be ordered as such.
  - Diagnostic: any pts with current symptoms (rectal bleeding, abd pain, anemia, GERD, etc.)
  - Surveillance: history of colon polyps and/or family history of CRC. Family history is 1 first degree relative or 2 second degree relatives.
    - Family history needs to be documented in chart in Histories>Family section:

The screenshot displays the medical record for a patient named ZZTEST. The left sidebar contains a 'Menu' with various sections like Ambulatory Summary, Medication List, and Histories. The 'Histories' section is highlighted with a red circle. The main content area shows the 'Family' tab selected, with a 'Mark all as Reviewed' button and a 'Family Member Information' table. The table lists medical history for the patient's Mother, Father, Sister, Brother, Daughter, Son, and Half-Brother.

Family Member Information
<b>Mother:</b>
Asthma
Breast cancer
Diabetes mellitus
High blood pressure
High cholesterol
Ovarian cancer
TIA (transient ischemic attack)
<b>Mother: Deceased at age: 39 Years C...</b>
Complication of anesthesia
Diabetes mellitus type 2
Osteoporosis
<b>Father: Deceased at age: Unknown</b>
Bipolar
Chest pain
Congenital heart disease
Crohn's disease
Dementia
Diabetes mellitus type 2
Heart attack
High cholesterol
Migraine
Osteoporosis
<b>Sister:</b>
<b>Brother:</b>
Colon polyp
Congenital heart disease
Seizure disorder
<b>Daughter:</b>
Bipolar
<b>Son:</b>
<b>Half-Brother:</b>

# Surgical Case Management- Surgery or GI?

What should go where? Please reference this guide to know what referral to place:

Condition	Surgery	GI	
Laboratory confirmed Iron Deficiency Anemia		X	You must have labs that confirm Iron Deficiency Anemia, other wise send to ANMC Surgery
Dysphagia		x	
Chronic GERD		x	
Consideration surgical correction of GERD	x		
Chronic nausea/vomiting		x	
Chronic Abdominal pain (> 3mo) without surgical cause on work up		x	
			You must have adequate documentation, ANMC will reject if they think it is hemorrhoids and will recommend hemorrhoid treatment first if it has not yet been tried and documented.
Rectal bleeding without diarrhea	x		
Rectal bleeding with diarrhea		x	
Diarrhea		x	
CRC scopes	x		
Inflammatory bowel disease		x	
Unintended weight loss		x	
Obstructive jaundice	x		
Cholelithiasis	x		
Colitis on imaging (not diverticulitis)		x	
Diverticulitis	x		
Ano-rectal disease	x		
Follow up of gastric intestinal metaplasia		x	
Barrett's follow up	x	x	Can remain with dept that is already seeing patient
Colon cancer follow up	x		
Gallstone pancreatitis	x		
Chronic pancreatitis		x	



# Surgical Case Management

- Remember: the more info you can put in the order the better!
  - When placing external orders it is best to include as much info as possible and you can indicate if you are sending it b/c pt.. does not clear for here... Some order examples:
    - Dx: history of colon polyps, Special instructions box: fm hx CRC, last scope 2018, pt.. over due for repeat. Pt not cleared for scope at YK for elevated A1c.
- Or
  - Dx: history of colon polyps, Special instructions box: fm hx CRC, last scope 2018, pt.. over due for repeat. Limited provider availability for scope at YK. (this phrase "limited provider availability for scope at YK" is code for pt. prefers/requests scope at ANMC as we can't say this b/c of Medicaid...)
    - Diagnostic endoscopy: put in as much pertinent info in order as you can. Your visit note must address the diagnosis, this note is required to be sent with the referral.
- **GERD:**
  - Referral goes to ANMC GI.
  - Pt needs to have chronic GERD with failed PPI trial x8 week documented in visit note.
- **Anemia:**
  - Iron Deficient Anemia referral goes to ANMC GI.
  - Anemia without iron deficiency referral goes to ANMC Surgery.
  - If you think pt. is anemic use AMB anemia Powerplan, these labs must be sent with the referral to GI. H&H alone are not enough and these referrals are kicked back to us. If you order a CBC and H&H is low, place add on order for Iron Profile.
- **Rectal Bleeding:**
  - Notes must be thorough, be clear in orders. If you suspect a hemorrhoid but want patient scoped you must clearly indicate this. Offer Anoscope, digital rectal exam, put in as many details in your note as you can regarding the rectal bleeding, how much, when, color, is it on stool, is it on TP... when you place the order put notes in the order and be clear that regardless of hemorrhoids, you want pt. scoped. Try to keep these pts in house if we can. Our docs will scope them but remember we do not "fix" hemorrhoids here at YKHC.
  - This is what I am getting back when they reject referrals for rectal bleeding:

**Bleeding hemorrhoids are a very common reason for referral to general surgery: A standard response is on the following slide .**

# Surgical Case Management

In reference to the consultation for this patient, the first line treatment of bleeding hemorrhoids remains conservative management. We are always happy to evaluate patients in clinic for the need for further intervention, but many patients will opt to avoid procedures when presented with the option of conservative management. Daily fiber supplementation of 20-30g and adequate oral hydration for 6 weeks remains the most effective initial therapy. Fiber is not available at the ANMC outpatient pharmacy but is readily available in grocery stores in many forms. If the patient is not current with colorectal cancer screening, referral is always appropriate, along with initiation of fiber supplementation.

Please see below UpToDate information for further details on outpatient management of bleeding hemorrhoids. Thanks.

Charles Ross Baldwin

The initial treatment approach to most patients with new-onset symptomatic hemorrhoids is conservative, consisting of dietary/lifestyle modification and topical or oral medications to relieve symptoms ([table 1](#)). Conservative treatment is successful for most patients and can be continued for as long as the patient wishes.

Dietary and lifestyle modification — There is strong evidence from multiple randomized trials that increased fiber intake improves symptoms of hemorrhoid bleeding and mild prolapse [\[9\]](#). The other recommendations for dietary and lifestyle modifications are based on common sense rather than data.

- Patients should ingest 20 to 30 g of insoluble fiber per day ([table 1](#)) and drink plenty of water (1.5 to 2 liters per day). Both are necessary to produce regular, soft stools, which reduce straining at defecation. It could take six weeks to fully realize the beneficial effect of fiber [\[10\]](#).

Many commercially available fiber supplements are available to reduce constipation. Many contain either [psyllium](#) or [methylcellulose](#). Neither has been shown to have a particular advantage over the other in treating hemorrhoidal disease. For patients who are unwilling to take fiber supplements, a detailed listing of the fiber content of various foods can be helpful ([table 2](#)). Because fiber has other salutary effects, is safe to use, and may help to prevent recurrence, we recommend augmentation of fiber in the diet indefinitely.

Adding fiber to the diet is beneficial for patients with bleeding [\[9,11\]](#). A 2005 Cochrane meta-analysis of seven trials found that fiber supplementation decreased hemorrhoid bleeding (risk reduction [RR] 0.50, 95% CI 0.28-0.68) and overall symptoms (eg, prolapse, pain, or itch; RR 0.47, 95% CI 0.32-0.68) [\[9\]](#).

In an illustrative study, supplementation with [psyllium](#) for six weeks was associated with improvement in bleeding compared with untreated controls [\[10\]](#). In a later trial, 50 patients with bleeding internal hemorrhoids were randomly assigned to receive either a commercially available fiber preparation (*Plantago ovata*) or placebo [\[12\]](#). Endoscopy was performed before and after treatment. After 15 days of treatment, those who had received fiber supplementation had significantly fewer bleeding episodes and a reduction in the number of hemorrhoids seen on endoscopy.

The benefit of fiber for irritation, pruritus, or prolapse is less well established than for bleeding [\[9\]](#). Fiber supplementation may relieve pruritus related to fecal soilage since the bulking effect of fiber may reduce leakage of liquid stool. In one study, fiber supplementation had no effect on hemorrhoidal prolapse [\[11\]](#).

- Patients should refrain from straining or lingering (eg, reading) on the toilet.

- Patients should have regular physical exercise.

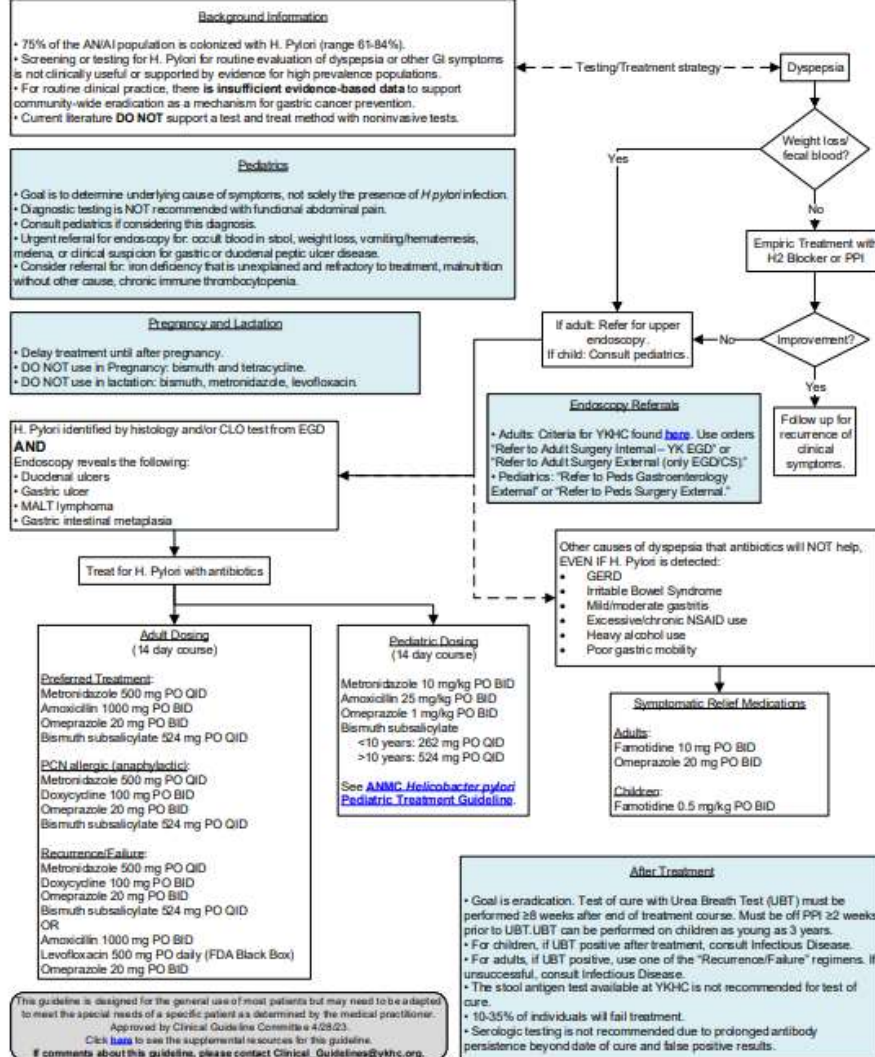
- If possible, patients should avoid medications that can cause constipation ([table 3](#)) or diarrhea ([table 4](#)).

- Patients should also limit their intake of fatty foods and alcohol, which can exacerbate constipation [\[13\]](#). Although a popular myth, eating spicy food (eg, red hot chili peppers) had no effect on hemorrhoid symptoms such as irritation and pruritus in a controlled study [\[14\]](#).



# Yukon-Kuskokwim HEALTH CORPORATION

## Clinical Guideline *H. pylori*/Dyspepsia (Adult and Pediatric)



Click on image to show  
Clinical Guidelines in a large,  
readable format

# Surgical Case Management

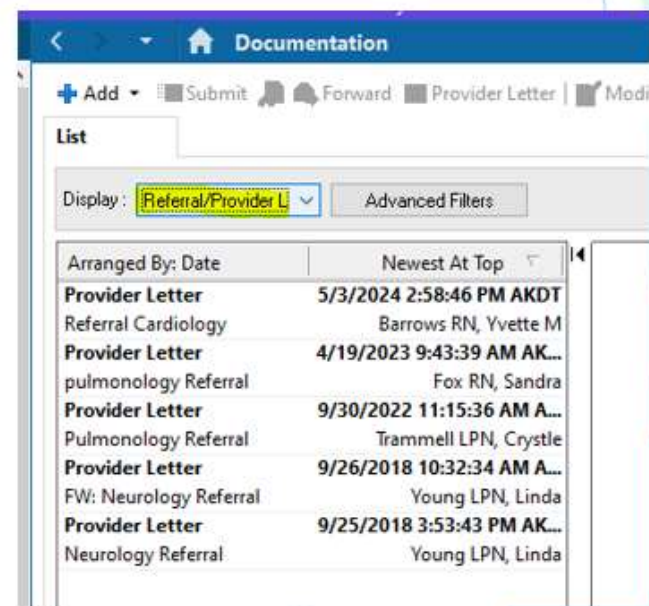
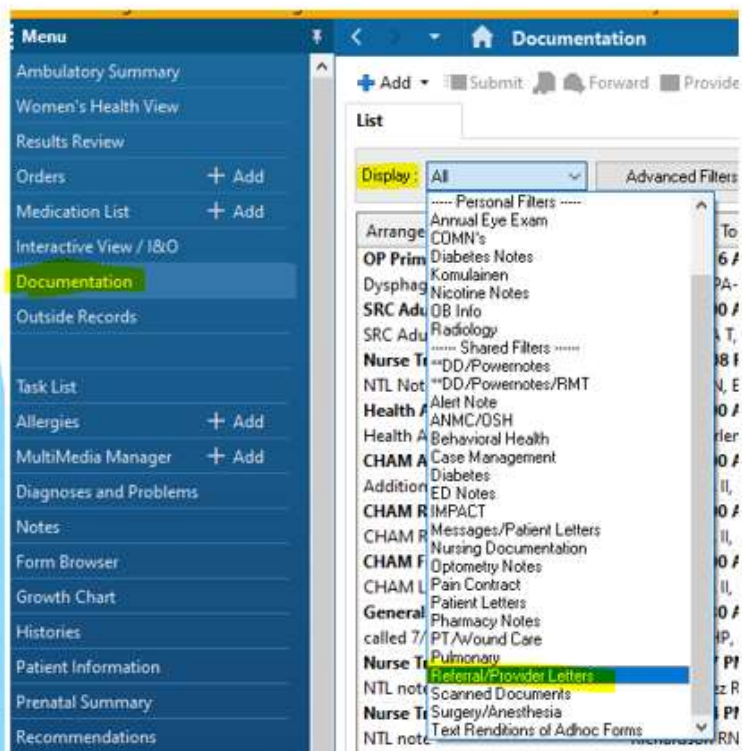
Please do not place duplicate orders for pts it will not get them seen any faster here or at ANMC. ANMC referrals are good for 12 months. Right now ANMC is scoping pts several months after referral sent (referrals sent to ANMC in September were scoped March of this year or later...)

Right now we are working to uniformly update charts with all EGD/Colonoscopy info for all patients 40 years or older, more info to come. For now, if you see Devon Jeppesen's name in a chart it is likely updated with all EGD/Colonoscopy info up to that date.

Feel free to reach out Devon via TT or phone with questions any time. She is happy to look and see if a patient is due or if they clear for scope here but please remember there is only one surgical CM for all providers here at YK so it may take time for me to respond.

## General Information - Set filters to check on past referrals prior to placing new ones

- ▶ Check the shown filter to see what referrals have been sent on any given patient. This will cut down on duplicate referrals, and unnecessary requests to find basic information on when/if referrals have been placed.





# Has a referral been placed already within the last year?

- ▶ If yes, *then the patient likely does not need a new referral*, unless there is an entirely new set of symptoms.
- ▶ If you determine no referral needed, have the patient call the ANMC service for an appt. this is the fastest way for patients to get scheduled. Case managers cannot schedule ANMC appts for patients.
- ▶ How do I tell the patient to call? Recall these referral orders have ANMC numbers in them. If you place the order, but do not sign it, you can look at the number in the order details. Just refresh the chart without signing it, and the order will disappear.

Details for **Refer to Orthopedics External**

Details | Order Comments | Diagnoses

Special Instructions:

Priority:

Escort's Name and DOB:

ANMC Phone#: **ANMC Phone# 907-729-1600**



## General Information - remember effective communication is key

- ▶ Send NON-URGENT requests to the appropriate message pool, not individually.

Thank you for your time and attention.

This is a lot of information and this module is intended for you to have as a reference guide as well.

Please request a copy of this presentation if you found it helpful.

