

Patient-Centeredness

The power of patient-centered medical home is in putting the patient back into the center of the health care process both in the care which is received and in the dynamic and operation of the medical practice. Patient-centeredness is reflected in the patient's participation in the healthcare plan through a process which is called shared-decision making and through the manner in which healthcare providers relate to patients through a process called "patient-centered conversations".

The measure of patient centeredness is done through two processes:

1. In the inpatient setting, patient-centeredness is measured via the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). This process is carried out by the hospital employing a vendor who samples inpatient care and reports HCAHPS scores to the hospital. SETMA has a process of its own for HCAHPS measurement. While this is not an officially endorsed process, it gives SETMA providers the opportunity to measure their own fulfillment of the HCAHPS scores. The following link explains SETMA's process of fulfilling HCAHPS.:
<http://www.jameslhollymd.com/epm-tools/SETMAAs-Internal-HCAHPS-Survey-Tutorial>
2. In the outpatient setting, patient-centeredness is measured via the Consumer Assessment of Healthcare Providers and Systems (CAHPS). Like the HCAHPS in-patient audit, the outpatient CAHPS survey must be done by an independent vendor. From a list of vendors accredited by the National Committee for Quality Assurance (NCQA), SETMA chose the Myers Group (<http://www.themyersgroup.net>) which will do quarterly auditing. We began this process in the fall of 2013.

Referrals

The process of shared-decision making takes place at several patient/provider interfaces, among the most significant of those is the referral process. The process of one provider sending a patient to another provider, or to another facility for care is a complex process which involves:

1. Provider involvement of the patient in the decision making.
2. Provider explanation to the patient of why the referral is required and what is to be gained.
3. Provider determination as to whether the patient can meet the cost requirement of the referral.
4. Provider making certain that the patient can carry out the requirements of the referral as to

transportation, etc.

5. Patient comprehending and concurring with the referral both as to content and the provider to whom he/she is being referred.

The larger a practice the more complex the referral process becomes. Some of those complexities are resolved at SETMA simply because the referral process is initiated at the point of service, making it possible to:

1. Involve the patient in a shared-decision process about the need for a referral, to whom that referral will be made, the reason for the referral, and the timing of the referral
2. The details of the referral require the above to be done before the referral can be completed.
3. Track referrals, archive referrals and document when the response to the referral has been received and when that response has been sent to the provider.
4. Document that the provider has received and has responded to the referral if required.
5. In addition, the connection between referrals and the care coordination department is such that when a patient has three or more referrals initiated in a single day, an e-mail is automatically sent to care coordination which works to make the completion of those referrals as convenient as possible.

The principle behind this process is that SETMA believes that Coordination of Care translates into:

- Convenience for the patient which
- Results in increased patient satisfaction which contributes to
- The patient having confidence that the healthcare provider cares personally about him/her, which
- Increases the trust the patient has in the provider, all of which,
- Increases compliance in obtaining healthcare services recommended which,
- Promotes cost savings in travel, time and expense of care which
- Results in increased patient safety and quality of care.

(This analysis was first published by SETMA in August, 2011 at:

<http://www.jameslhollymd.com/your-life-your-health/medical-home-series-two-part-vii-care-coordination>. At the HIMSS Leaders & Innovators Conference at Amelia Island in November, 2011, Mr. Mark Bertolini, Chairman, CEO & President of AETNA used the phrase, "Convenience is the new word for quality."

"Convenience Is The New Word For Quality"

Initially, SETMA did not think that patient convenience was of sufficient value as to make it important to spend time and effort to increase the convenience of the care delivered. After developing the seven-step analysis above, and connecting the steps between convenience and quality, we realized that convenience really did contribute to and in reality result in quality care. In February, 2012, SETMA's CEO gave a presentation to the HIMSS Leaders and Innovators breakfast that explained this concept. This is the link to that presentation:

<http://www.jameslhollymd.com/Presentations/HIMSS-2012-Leaders-and-Innovators-Breakfast-Meeting>

It is in this context that SETMA designed, deployed and uses our Referral template to fulfill the patient-centric element of this complex and critical element of medical practice.

Referral Tutorial

The referral template can be accessed from multiple sites in SETMA's EMR application including:

- AAA Home
- Disease Management Tools Plan Templates (Diabetes, HTN and CHF)
- Plan Template
- Others

The following is the AAA Home Template; outlined in green is the referral function:

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient: Chart QTest Sex M Age 43 Patient's Code Status

Home Phone (409)833-9797 Date of Birth 06/30/1970

Work Phone () -

Cell Phone () -

Patient has one or more alerts!

[Click Here to View Alerts](#)

[Pre-Vist/Preventive Screening](#) [Bridges to Excellence View](#) [Intensive Behavioral Therapy Transtheoretical Model](#)

Preventive Care

[SETMA's LESS Initiative](#) Last Updated //

[Preventing Diabetes](#) Last Updated //

[Preventing Hypertension](#)

[Smoking Cessation](#)

[Care Coordination Referral](#)

[PC-MH Coordination Review](#)

Needs Attention!!

[HEDIS](#) [NQF](#) [PQRS](#) [ACO](#)

[Elderly Medication Summary](#)

[STARS Program Measures](#)

Exercise [Exercise](#)

[CHF Exercise](#)

[Diabetic Exercise](#)

Template Suites

[Master GP](#)

[Pediatrics](#)

[Nursing Home](#)

[Ophthalmology](#)

[Physical Therapy](#)

[Podiatry](#)

[Rheumatology](#)

Hospital Care

[Hospital Care Summary](#)

[Daily Progress Note](#)

[Admission Orders](#)

Disease Management

[Diabetes](#) Last Updated //

[Hypertension](#) Last Updated //

[Lipids](#) Last Updated //

[Acute Coronary Syn](#) Last Updated //

[Angina](#) Last Updated //

[Asthma](#) Last Updated //

[Cardiometabolic Risk Syn](#) Last Updated //

[CHF](#) Last Updated //

[Diabetes Education](#) Last Updated //

[Headaches](#) Last Updated //

[Renal Failure](#) Last Updated //

[Weight Management](#) Last Updated //

Special Functions

[Lab Present](#)

[Lab Future](#)

[Lab Results](#)

[Hydration](#)

[Nutrition](#)

[Guidelines](#)

[Pain Management](#)

[Immunizations](#)

[Reportable Conditions](#)

Information

[Charge Posting Tutorial](#)

[Drug Interactions](#)

[E&M Coding Recommendations](#)

[Infusion Flowsheet](#)

[Insulin Infusion](#)

Patient's Pharmacy

Phone () -

Fax () -

[Rx Sheet - Active](#)

[Rx Sheet - New](#)

[Rx Sheet - Complete](#)

[Home Health](#)

Pending Referrals

Status	Priority	Referral	Referring Provider
In Progress	Routine	Cardiology - SETCA	Anwar
In Progress	Routine	SETMA Diabetes Education	Holly
Completed	Routine	SETMA Ophthalmology	Holly

[Chart Note - Now](#)

[Chart Note - Offline](#)

[Return Info](#)

[Return Doc](#)

[Email](#)

[Telephone](#)

[Records Request](#)

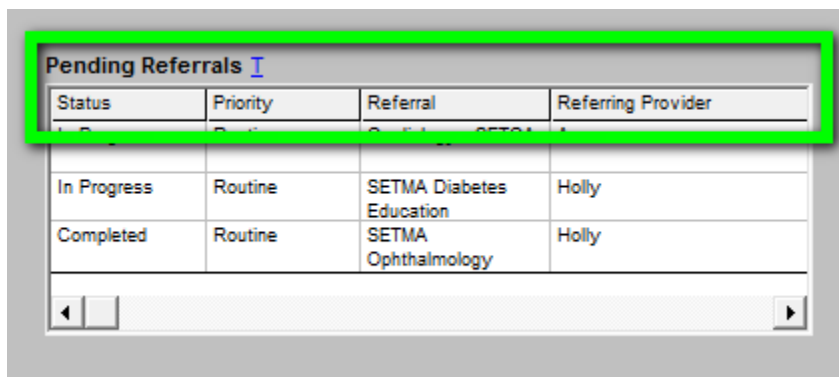
[Transfer of Care Doc](#)

Note: When the "Referral Template" is accessed, the following fields are automatically completed: date, time, referring provider and status of referral. If after completing one referral, a

second referral is initiated by clicking on the "clear to add" button, the "Auto fill" button must be launched in order to complete those fields.

The referral template denotes the following elements of the referral process:

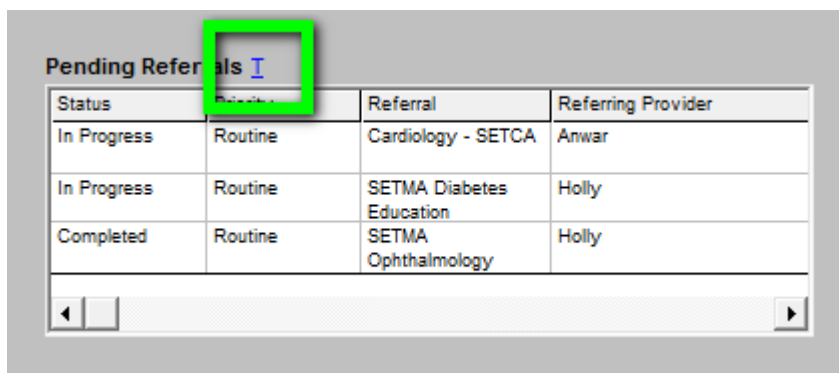
1. **Status:** either “Pending” which means the referral has been initiated but not completed; “Completed” which means that the referral has been completed by SETMA’s referral department.
2. **Priority:** either Routine, Immediate or STAT.
3. **Referral:** Denotes the title of the referral and the provider to whom the referral is made.
4. **Referring Provider:** The name of the SETMA provider who initiates the referral and to which the result of the referral will be returned.



Status	Priority	Referral	Referring Provider
In Progress	Routine	SETMA Diabetes Education	Holly
Completed	Routine	SETMA Ophthalmology	Holly

Also the blue ‘[T](#)’ is a link to the **tutorial for referral template**. There are four places where the tutorial appears:

1. Within the EMR
2. Within SETMA’s Intranet
3. Within SETMA’s Internet webpage
4. Within manuscripts of all of SETMA’s tutorials



Status	Priority	Referral	Referring Provider
In Progress	Routine	Cardiology - SETCA	Anwar
In Progress	Routine	SETMA Diabetes Education	Holly
Completed	Routine	SETMA Ophthalmology	Holly

The Referral Template is opened by either:

1. Double clicking in the Referral window
2. Right clicking in the Referral window and clicking on "Add New."

When the Referral Templates is accessed the following template will appear. The key to successfully using the Referral template is to make sure that you complete:

1. The reason or diagnosis for the referral -- see below outlined in green. **Note: all of the boxes in red are required fields and must be completed before the referral can be submitted to the referral department.** Those fields are:
 - a. Reason for referral or Diagnosis
 - b. Referring Provider
 - c. Other referral – if a referral is made which does not appear on the template – a description of the necessary referral must be place in this box before the referral can be submitted.

*** Indicates procedures done in house**

Referrals Template

Patient
 Chart: QTest Date: 20131121 Company: United Healthcare
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

Specialty Provider: Referring Provider: **Holly** **James** Referred To: Facility:

Reason **OR** Diagnosis: [Redacted] [Click To Add Dx](#)

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

<input type="checkbox"/> * Arterial Blood Gas	<input type="checkbox"/> * Segmental Pressures
<input type="checkbox"/> Audiogram	<input type="checkbox"/> * Thoracentesis
<input type="checkbox"/> AV Fistula	<input type="checkbox"/> Thyroid Biopsy
<input type="checkbox"/> * Bladder Scan	<input type="checkbox"/> Thyroid Scan
<input type="checkbox"/> * Bone Density	<input type="checkbox"/> Sleep Studies - Altus
<input type="checkbox"/> Bone Scan	<input type="checkbox"/> UGI
<input type="checkbox"/> Breast Biopsy (Stereo)	<input type="checkbox"/> UGI w/Small Bowel Series
<input type="checkbox"/> Bronchoscopy	<input type="checkbox"/> Uroflowmetry
<input type="checkbox"/> * Colonoscopy	<input type="checkbox"/> V/Q Lung Scan
<input type="checkbox"/> EEG	Ultrasound/Sonogram
<input type="checkbox"/> EGD	<input type="checkbox"/> * Abdominal U/S
<input type="checkbox"/> * EMG <input type="text"/>	<input type="checkbox"/> * Arterial Doppler Lower Extremity
<input type="checkbox"/> ENG	<input type="checkbox"/> Breast U/S
<input type="checkbox"/> Eye Exam	<input type="checkbox"/> * Carotid Doppler
<input type="checkbox"/> Flex Sigmoidoscopy	<input type="checkbox"/> * Gallbladder U/S
<input type="checkbox"/> HIDA Scan	<input type="checkbox"/> Pelvic with Probe
<input type="checkbox"/> IVP	<input type="checkbox"/> * Renal U/S
<input type="checkbox"/> Liver Biopsy	<input type="checkbox"/> * Renal Artery U/S
<input type="checkbox"/> Mammogram	<input type="checkbox"/> * Small Parts (Testicular, Thyroid)
<input type="checkbox"/> Mod. Barium Swallow	<input type="checkbox"/> * Venous Doppler, Lower Extremity
<input type="checkbox"/> * Nerve Conduction Vel	<input type="checkbox"/> * MRA <input type="text"/>
<input type="checkbox"/> PET Scan	<input type="checkbox"/> * MRI <input type="text"/>
<input type="checkbox"/> * PFT	<input type="checkbox"/> * CT <input type="text"/>
<input type="checkbox"/> Postvoidal residual volume	<input type="checkbox"/> With Dye <input type="checkbox"/> Without Dye
<input type="checkbox"/> Renal Scan	

Therapy

<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Smoking Cessation
<input type="checkbox"/> Medical Nutrition Therapy <input type="text"/>

Medical Home

<input type="checkbox"/> Care Coordinator
<input type="checkbox"/> Financial
<input type="checkbox"/> Home Health
<input type="checkbox"/> Hospice
<input type="checkbox"/> Social Work

Cardiac Procedures

<input type="checkbox"/> Adenosine Cardiolite
<input type="checkbox"/> Ambulatory BP Monitoring
<input type="checkbox"/> * CPET
<input type="checkbox"/> Dobutamine Echo
<input type="checkbox"/> * Echocardiogram
<input type="checkbox"/> * Holter Monitor
<input type="checkbox"/> IMT Vascular Study
<input type="checkbox"/> Stress Echo
<input type="checkbox"/> * Stress Test
<input type="checkbox"/> Stress Thallium

Other Specialist

Common Referrals

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Endocrinology
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> ENT	<input type="checkbox"/> Neurology
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Nephrology	<input type="checkbox"/> Infusion Therapy <input type="text"/>
<input type="checkbox"/> Neurosurgery	
<input type="checkbox"/> OB/GYN	
<input type="checkbox"/> Oncology	
<input type="checkbox"/> Orthopedics	
<input type="checkbox"/> Pain Management	
<input type="checkbox"/> Plastic Surgery	
<input type="checkbox"/> Podiatry	
<input type="checkbox"/> Urology	

SETMA Referrals

<input type="checkbox"/> Allergy	<input type="checkbox"/> Endocrinology
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> CHF	<input type="checkbox"/> Neurology
<input type="checkbox"/> Coumadin	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Diabetes Education	<input type="checkbox"/> Rheumatology
<input type="checkbox"/> Continuous Glucose Monitoring	
<input type="checkbox"/> Infusion Therapy <input type="text"/>	

Other Referral [Redacted]

Unlock Notes

Report

☐ Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

☐ InfoSent ☐ InfoRecvd ☐ RefCom

In order to select a diagnosis for the box of that name, you click on the button entitled “**Click to Add Dx.**” This launches the ICD-9 Code list and allows the correct diagnosis for supporting the referral to be added to the referral template.

* Indicates procedures done in house

Referrals Template

Patient

Chart	QTest	Date	20131121	Company	United Healthca
Date of Birth	06/30/1970	Time	8:18 AM	Telephone	8772464190
Phone	4098339797	Status	In Progress	Policy #	112236548239

☒ Routine
☐ Immediate
☐ Stat

Speciality Provider: _____
 Referring Provider: **Holly** **James**
 Referred To: _____
 Facility: _____

Reason: _____
 OR
 Diagnosis: _____ [Click To Add Dx](#)

Notes: _____

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures	Therapy	Common Referrals
<input type="checkbox"/> * Arterial Blood Gas <input type="checkbox"/> Audiogram <input type="checkbox"/> AV Fistula <input type="checkbox"/> * Bladder Scan <input type="checkbox"/> * Bone Density <input type="checkbox"/> Bone Scan <input type="checkbox"/> Breast Biopsy (Stereo) <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> * Colonoscopy <input type="checkbox"/> EEG <input type="checkbox"/> EGD <input type="checkbox"/> * EMG <input type="checkbox"/> ENG <input type="checkbox"/> Eye Exam <input type="checkbox"/> Flex Sigmoidoscopy <input type="checkbox"/> HIDA Scan <input type="checkbox"/> IVP <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Mammogram <input type="checkbox"/> Mod. Barium Swallow <input type="checkbox"/> * Nerve Conduction Vel <input type="checkbox"/> PET Scan <input type="checkbox"/> * PFT <input type="checkbox"/> Postvoidal residual volume <input type="checkbox"/> Renal Scan	<input type="checkbox"/> * Segmental Pressures <input type="checkbox"/> * Thoracentesis <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Sleep Studies - Altus <input type="checkbox"/> UGI <input type="checkbox"/> UGI w/Small Bowel Series <input type="checkbox"/> Uroflowmetry <input type="checkbox"/> V/Q Lung Scan Ultrasound/Sonogram <input type="checkbox"/> * Abdominal U/S <input type="checkbox"/> * Arterial Doppler Lower Extremity <input type="checkbox"/> Breast U/S <input type="checkbox"/> * Carotid Doppler <input type="checkbox"/> * Gallbladder U/S <input type="checkbox"/> Pelvic with Probe <input type="checkbox"/> * Renal U/S <input type="checkbox"/> * Renal Artery U/S <input type="checkbox"/> * Small Parts (Testicular, Thyroid) <input type="checkbox"/> * Venous Doppler, Lower Extremity <input type="checkbox"/> * MRSA <input type="checkbox"/> * MRI <input type="checkbox"/> * CT <input type="checkbox"/> With Dye <input type="checkbox"/> Without Dye	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medical Nutrition Therapy Medical Home <input type="checkbox"/> Care Coordinator <input type="checkbox"/> Financial <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Social Work Cardiac Procedures <input type="checkbox"/> Adenosine Cardiolite <input type="checkbox"/> Ambulatory BP Monitoring <input type="checkbox"/> * CPET <input type="checkbox"/> Dobutamine Echo <input type="checkbox"/> * Echocardiogram <input type="checkbox"/> * Holter Monitor <input type="checkbox"/> IMT Vascular Study <input type="checkbox"/> Stress Echo <input type="checkbox"/> * Stress Test <input type="checkbox"/> Stress Thallium Other Specialist <input type="checkbox"/> _____

☐ Cardiology
☐ Dermatology
☐ ENT
☐ General Surgery
☐ Gastroenterology
☐ Nephrology
☐ Neurosurgery
☐ OB/GYN
☐ Oncology
☐ Orthopedics
☐ Pain Management
☐ Plastic Surgery
☐ Podiatry
☐ Urology

SETMA Referrals
☐ Allergy
☐ Cardiology
☐ CHF
☐ Coumadin
☐ Diabetes Education
☐ Continuous Glucose Monitoring
☐ Infusion Therapy

☐ Endocrinology
☐ Infectious Disease
☐ Neurology
☐ Ophthalmology
☐ Rheumatology

Other Referral
☐ _____

Incomplete

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report

☐ Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

☐ InfoSent ☐ InfoRecvd ☐ RefCom

- It is imperative that the provider specify a diagnosis, or condition, or question which motivated the referral.
- The **reason** field is a free text area which allows the placing of a specific questions into the referral template.
- If the referral is for a procedure or study, that must be indicated by checking the box by the appropriate study or procedure.
- Only one referral can be made with each template**, this is to allow the auditing and tracking of each individual referral.
- If a second or third referral is being made in the same encounter, after you click the **EMAIL** button to send the first referral, you must click the **"Clear for Add"** button or **close referral template** and right click in the referral box and select **Add NEW**.
- Remember the **EMAIL** button has to be clicked after EACH referral.
- Note: when the **EMAIL** button is clicked, the work group list pops up and referral group is already in the task recipients box just click **ok** and it is sent to the referral department.
- After the **EMAIL** button is clicked you will see **COMPLETE** written in green to the left of the **EMAIL** button. (See Below)

* Indicates procedures done in house

Referrals Template

Patient: Chart Date Company
 Date of Birth: Time: Telephone:
 Phone: Status: Policy #:

Reason:
 Diagnosis:

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- * Arterial Blood Gas
- Audiogram
- AV Fistula
- * Bladder Scan
- * Bone Density
- Bone Scan
- Breast Biopsy (Stere)
- Bronchoscopy
- * Colonoscopy
- ECG
- EGD
- * EMG
- ENG
- Eye Exam
- Flex Sigmoidoscopy
- HDA Scan
- IVP
- Liver Biopsy
- Mammogram
- Mod. Barium Swallow
- * Nerve Conduction Vel
- PET Scan
- * PET
- Postvoidal residual volume
- Renal Scan

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy

Medical Home

- Care Coordinator
- Financial
- Home Health
- Hospice
- Social Work

Cardiac Procedures

- Adenosine Cardiolite
- Ambulatory BP Monitoring
- * CPET
- Debutamine Echo
- * Echocardiogram
- * Holter Monitor
- MT Vascular Study
- Stress Echo
- * Stress Test
- Stress Thallium

Other Specialist

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Counselor
- Diabetes Education
- Continuous Glucose Monitoring
- Infusion Therapy

Other Referral

☐ With Dye ☐ Without Dye

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

* Indicates procedures done in house

Referrals Template

Patient: Chart Date Company
 Date of Birth: Time: Telephone:
 Phone: Status: Policy #:

Reason:
 Diagnosis:

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- * Arterial Blood Gas
- Audiogram
- AV Fistula
- * Bladder Scan
- * Bone Density
- Bone Scan
- Breast Biopsy (Stere)
- Bronchoscopy
- * Colonoscopy
- ECG
- EGD
- * EMG
- ENG
- Eye Exam
- Flex Sigmoidoscopy
- HDA Scan
- IVP
- Liver Biopsy
- Mammogram
- Mod. Barium Swallow
- * Nerve Conduction Vel
- PET Scan
- * PET
- Postvoidal residual volume
- Renal Scan

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy

Medical Home

- Care Coordinator
- Financial
- Home Health
- Hospice
- Social Work

Cardiac Procedures

- Adenosine Cardiolite
- Ambulatory BP Monitoring
- * CPET
- Debutamine Echo
- * Echocardiogram
- * Holter Monitor
- MT Vascular Study
- Stress Echo
- * Stress Test
- Stress Thallium

Other Specialist

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Counselor
- Diabetes Education
- Continuous Glucose Monitoring
- Infusion Therapy

Other Referral

☐ With Dye ☐ Without Dye

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

* Indicates procedures done in house

Referrals Template

Patient
 Chart: QTest Date: 20131121 Company: United Healthcare
 Date of Birth: 06/30/1970 Time: 8:05 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

☒ Routine Speciality Provider: _____
☒ Immediate Referring Provider: **Anwar** **Syed**
☐ Stat Referred To: _____

Select Task Recipients

Available Users / Workgroups:

- ✚ Favorites
- ✚ Workgroups
 - ✚ Anthony Phone
 - ✚ Anwar Phone
 - ✚ Appointments
 - ✚ Aziz Phone
 - ✚ Care Coordination
 - ✚ Castro Phone
 - ✚ Charge Posting
 - ✚ Colbert Phone
 - ✚ Coumadin Phone
 - ✚ Cox Phone
 - ✚ Curry Phone
 - ✚ Darden Phone
 - ✚ Deiparine, C Phone
 - ✚ DrJuliusPhone
 - ✚ Duncan Phone
 - ✚ Follow Up

Priority: Normal

Task Recipients:

Name	Type
Referrals	Group

Add User(s)

Add Group(s)

Remove

Clear

New Group Delete Modify

OK Cancel

☐ PET ☐ Post ☐ Renal Scan ☐ without Bye ☐ without Bye Complete Email

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report

☐ Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

☐ InfoSent ☐ InfoRecvd ☐ RefCom

Clear For Add Delete Save Close

2. To whom to the referral is being directed within SETMA, or for what the referral is being made. There are several options to from which to choose.
 - a) Click in the 'Referred To' box and a list of providers will pop up. (see Below)

Indicates procedures done in house

Referrals Template

Patient: Chart Date: 20131121 Company: United Healthco

 Routine ☒
 Urgency ☐
 Stat ☐
 Specialty Provider:

Date of Birth: Time: Telephone:

Phone: Status: Policy #:

Reason:

Diagnosis:

Special Procedures:

- ☐ Arterial Blood Gas
- ☐ Audiogram
- ☐ AV Fistula
- ☐ Bedside Scan
- ☐ Bone Density
- ☐ Bone Scan
- ☐ Breast Biopsy (Stereot)
- ☐ Bronchoscopy
- ☐ Colonoscopy
- ☐ EEG
- ☐ EMG
- ☐ Eye Exam
- ☐ Flex Sigmoidoscopy
- ☐ HIDA Scan
- ☐ IVP
- ☐ Liver Biopsy
- ☐ Mammogram
- ☐ Mod. Barium Swallow
- ☐ Nerve Conduction Vel
- ☐ PET Scan
- ☐ PFT
- ☐ Postvoidal residual volume
- ☐ Renal Scan

Special Procedures (continued):

- ☐ Segmental Pressures
- ☐ Thoracentesis
- ☐ Thyroid Biopsy
- ☐ Thyroid Scan
- ☐ Sleep Studies - Altus
- ☐ UGI
- ☐ UGI w/ Small Bowel Series
- ☐ Uroflowmetry
- ☐ V/Q Lung Scan
- ☐ Ultrasound/Sonogram
 - ☐ Abdominal US
 - ☐ Arterial Doppler Lower Extremity
 - ☐ Breast US
 - ☐ Carotid Doppler
 - ☐ Gallbladder US
 - ☐ Pelvic with Probe
 - ☐ Renal US
 - ☐ Renal Artery US
 - ☐ Small Parts (Testicular, Thyroid)
 - ☐ Venous Doppler, Lower Extremity
- ☐ MRI
- ☐ MRB
- ☐ CT

Other Specialist:

Complete Email

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to notify with facility's refusal.

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referral department for processing.
 ☐ InfoSent ☐ InfoRecvd ☐ RefCom

Clear For Add Delete Save Close

b) Click in the Facility box and a list of facilities will pop up, click your choice. This box also allows free text, if the facility of choice of referral is not on the pop-up list.

Indicates procedures done in house

Referrals Template

Patient: Chart Date: 20131121 Company: United Healthco

 Routine ☒
 Urgency ☐
 Stat ☐
 Specialty Provider:

Date of Birth: 06/06/1970 Time: 9:05 AM Telephone: 8772464190

Phone: 4180338797 Status: In Progress Policy #: 112236545333

Reason:

Diagnosis:

Special Procedures:

- ☐ Arterial Blood Gas
- ☐ Audiogram
- ☐ AV Fistula
- ☐ Bedside Scan
- ☐ Bone Density
- ☐ Bone Scan
- ☐ Breast Biopsy (Stereot)
- ☐ Bronchoscopy
- ☐ Colonoscopy
- ☐ EEG
- ☐ EMG
- ☐ Eye Exam
- ☐ Flex Sigmoidoscopy
- ☐ HIDA Scan
- ☐ IVP
- ☐ Liver Biopsy
- ☐ Mammogram
- ☐ Mod. Barium Swallow
- ☐ Nerve Conduction Vel
- ☐ PET Scan
- ☐ PFT
- ☐ Postvoidal residual volume
- ☐ Renal Scan

Special Procedures (continued):

- ☐ Segmental Pressures
- ☐ Thoracentesis
- ☐ Thyroid Biopsy
- ☐ Thyroid Scan
- ☐ Sleep Studies - Altus
- ☐ UGI
- ☐ UGI w/ Small Bowel Series
- ☐ Uroflowmetry
- ☐ V/Q Lung Scan
- ☐ Ultrasound/Sonogram
 - ☐ Abdominal US
 - ☐ Arterial Doppler Lower Extremity
 - ☐ Breast US
 - ☐ Carotid Doppler
 - ☐ Gallbladder US
 - ☐ Pelvic with Probe
 - ☐ Renal US
 - ☐ Renal Artery US
 - ☐ Small Parts (Testicular, Thyroid)
 - ☐ Venous Doppler, Lower Extremity
- ☐ MRI
- ☐ MRB
- ☐ CT

Other Specialist:

Complete Email

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to notify with facility's refusal.

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referral department for processing.
 ☐ InfoSent ☐ InfoRecvd ☐ RefCom

Clear For Add Delete Save Close

- c) The “Common referrals section” lists the most common referrals and commonly used providers. Click the specialty that you want to refer to, click in the blank next to the specialty and it will generate a Pop Up list of the most common providers.

The screenshot shows the 'Referrals Template' form. The 'Common Referrals' section is highlighted with a green box. It lists various medical specialties such as Cardiology, Dermatology, ENT, General Surgery, Gastroenterology, Nephrology, Neurosurgery, OB/GYN, Oncology, Orthopedics, Pain Management, Plastic Surgery, Podiatry, and Urology. A pop-up window titled 'Referral Unload' is open, displaying a list of providers: Dr. George Hoffman, Dr. John Henderson, Dr. Joseph Harris, Dr. Moses Wilcox, Dr. Steven Fischer, and Healy Imaging Clinic. The form also includes sections for Special Procedures, Therapy, Medical Home, and Other Specialist.

- d) SETMA Referrals section is for in-house provider referrals. If you click any of the choices in this section your referral will automatically go to the SETMA providers or clinic for that specialty. (note if you choose infusion you will see a pop up of medications available in the infusion clinic.) (See below)

The screenshot shows the 'Referrals Template' form. The 'SETMA Referrals' section is highlighted with a green box. It lists various medical specialties such as Cardiology, Dermatology, ENT, General Surgery, Gastroenterology, Nephrology, Neurosurgery, OB/GYN, Oncology, Orthopedics, Pain Management, Plastic Surgery, Podiatry, and Urology. The form also includes sections for Special Procedures, Therapy, Medical Home, and Other Specialist.

Infusion medication

*** Indicates procedures done in house**

Referrals Template

Patient
 Chart QTest Date 20131121 Company United Healthcare
 Date of Birth 06/30/1970 Time 8:24 AM Telephone 8772464190
 Phone 4098339797 Status In Progress Policy # 112236548239

☒ Routine ☐ Immediate ☐ Stat
 Speciality Provider
 Referring Provider **Holly James**
 Referred To
 Facility

Reason
 OR
 Diagnosis [Click To Add Dx](#)

Notes

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- ☐ * Arterial Blood Gas
- ☐ Audiogram
- ☐ AV Fistula
- ☐ * Bladder Scan
- ☐ * Bone Density
- ☐ Bone Scan
- ☐ Breast Biopsy (Stereo)
- ☐ Bronchoscopy
- ☐ * Colonoscopy
- ☐ EEG
- ☐ EGD
- ☐ * EMG
- ☐ ENG
- ☐ Eye Exam
- ☐ Flex Sigmoidoscopy
- ☐ HIDA Scan
- ☐ IVP
- ☐ Liver Biopsy
- ☐ Mammogram
- ☐ Mod. Barium Swallow
- ☐ * Nerve Conduction Vel
- ☐ PET Scan
- ☐ * PFT
- ☐ Postvoidal residual volume
- ☐ Renal Scan

Ultrasound/Sonogram

- ☐ * Segmental Pressures
- ☐ * Thoracentesis
- ☐ Thyroid Biopsy
- ☐ Thyroid Scan
- ☐ Sleep Studies - Altus
- ☐ UGI
- ☐ UGI w/Small Bowel Series
- ☐ Uroflowmetry
- ☐ V/Q Lung Scan
- ☐ * Abdominal U/S
- ☐ * Arterial Doppler Lower Extremity
- ☐ Breast U/S
- ☐ * Carotid Doppler
- ☐ * Gallbladder U/S
- ☐ Pelvic with Probe
- ☐ * Renal U/S
- ☐ * Renal Artery U/S
- ☐ * Small Parts (Testic)
- ☐ * Venous Doppler, L
- ☐ * MRSA
- ☐ * MRI
- ☐ * CT
- ☐ With Dye ☐ W

Therapy

- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Smoking Cessation
- ☐ Medical Nutrition Therapy

Medical Home

- ☐ Care Coordinator
- ☐ Financial
- ☐ Home Health
- ☐ Hospice
- ☐ Social Work

Cardiac Procedures

- ☐ Cardiolite
- ☐ BP Monitoring
- ☐ Echo
- ☐ iogram
- ☐ nitor
- ☐ ar Study
- ☐ ct
- ☐ lium
- ☐ ist

Common Referrals

- ☐ Cardiology
- ☐ Dermatology
- ☐ ENT
- ☐ General Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Neurosurgery
- ☐ OB/GYN
- ☐ Oncology
- ☐ Orthopedics
- ☐ Pain Management
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Urology

SETMA Referrals

- ☐ Allergy
- ☐ Cardiology
- ☐ CHF
- ☐ Coumadin
- ☐ Diabetes Education
- ☐ Continuous Glucose Monitoring
- ☐ Infusion Therapy
- ☐ Endocrinology
- ☐ Infectious Disease
- ☐ Neurology
- ☐ Ophthalmology
- ☐ Rheumatology

Other Referral

☐ Email

Three or more referrals have been made for this visit and an
 Report

☐ Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.
☐ InfoSent ☐ InfoRecvd ☐ RefCom

3. The urgency of the referral: routine, immediate, stat.

*** Indicates procedures done in house**

Referrals Template

Patient
 Chart: QTest Date: 20131121 Company: United Healthc
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

Reason: [REDACTED] Notes: [REDACTED]
 OR Diagnosis: [REDACTED] [Click To Add Dx](#)

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

☐ * Arterial Blood Gas
☐ Audiogram
☐ AV Fistula
☐ * Bladder Scan
☐ * Bone Density
☐ Bone Scan
☐ Breast Biopsy (Stere)
☐ Bronchoscopy
☐ * Colonoscopy
☐ EEG
☐ EGD
☐ * EMG [REDACTED]
☐ ENG
☐ Eye Exam
☐ Flex Sigmoidoscopy
☐ HIDA Scan
☐ IVP
☐ Liver Biopsy
☐ Mammogram
☐ Mod. Barium Swallow
☐ * Nerve Conduction Vel
☐ [REDACTED]
☐ PET Scan
☐ * PFT
☐ Postvoidal residual volume
☐ Renal Scan

☐ * Segmental Pressures
☐ * Thoracentesis
☐ Thyroid Biopsy
☐ Thyroid Scan
☐ Sleep Studies - Altus
☐ UGI
☐ UGI w/Small Bowel Series
☐ Uroflowmetry
☐ V/Q Lung Scan

Ultrasound/Sonogram

☐ * Abdominal U/S
☐ * Arterial Doppler Lower Extremity
☐ Breast U/S
☐ * Carotid Doppler
☐ * Gallbladder U/S
☐ Pelvic with Probe
☐ * Renal U/S
☐ * Renal Artery U/S
☐ * Small Parts (Testicular, Thyroid)
☐ * Venous Doppler, Lower Extremity
☐ * MRA [REDACTED]
☐ * MRI [REDACTED]
☐ * CT [REDACTED]
☐ With Dye ☐ Without Dye

Therapy

☐ Physical Therapy
☐ Speech Therapy
☐ Occupational Therapy
☐ Smoking Cessation
☐ Medical Nutrition Therapy
☐ [REDACTED]

Medical Home

☐ Care Coordinator
☐ Financial
☐ Home Health
☐ Hospice
☐ Social Work

Cardiac Procedures

☐ Adenosine Cardiolite
☐ Ambulatory BP Monitoring
☐ * CPET
☐ Dobutamine Echo
☐ * Echocardiogram
☐ * Holter Monitor
☐ IMT Vascular Study
☐ Stress Echo
☐ * Stress Test
☐ Stress Thallium

Other Specialist
☐ [REDACTED]

Common Referrals

☐ Cardiology
☐ Dermatology
☐ ENT
☐ General Surgery
☐ Gastroenterology
☐ Nephrology
☐ Neurosurgery
☐ OB/GYN
☐ Oncology
☐ Orthopedics
☐ Pain Management
☐ Plastic Surgery
☐ Podiatry
☐ Urology

SETMA Referrals

☐ Allergy
☐ Cardiology
☐ CHF
☐ Coumadin
☐ Diabetes Education
☐ Continuous Glucose Monitoring
☐ Infusion Therapy

☐ Endocrinology
☐ Infectious Disease
☐ Neurology
☐ Ophthalmology
☐ Rheumatology

Other Referral
☐ [REDACTED]

Incomplete [Email](#)

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report
[REDACTED]

☐ Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

☐ InfoSent ☐ InfoRecvd ☐ RefCom

Clear For Add Delete Save Close

In order to complete a referral all areas in **RED**, must be filled in with appropriate information. Procedures with an * (asterisks) in front are test performed in-house. Annual test such as mammograms, use notes area to indicate the facility where previous exam was performed.

*** Indicates procedures done in house**

Referrals Template

Patient
 Chart: QTest Date: 20131121 Company: United Healthc
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

Specialty Provider:
 Referring Provider: Holly James
 Referred To:
 Facility:

Reason:
 OR Diagnosis: [Click To Add Dx](#)

Notes:

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- ☐ * Arterial Blood Gas
- ☐ Audiogram
- ☐ AV Fistula
- ☐ * Bladder Scan
- ☐ * Bone Density
- ☐ Bone Scan
- ☐ Breast Biopsy (Stere)
- ☐ Bronchoscopy
- ☐ * Colonoscopy
- ☐ EEG
- ☐ EGD
- ☐ * EMG
- ☐ ENG
- ☐ Eye Exam
- ☐ Flex Sigmoidoscopy
- ☐ HIDA Scan
- ☐ IVP
- ☐ Liver Biopsy
- ☐ Mammogram
- ☐ Mod. Barium Swallow
- ☐ * Nerve Conduction Vel
- ☐ PET Scan
- ☐ * PFT
- ☐ Postvoidal residual volume
- ☐ Renal Scan

Segmental Pressures

- ☐ * Segmental Pressures
- ☐ * Thoracentesis
- ☐ Thyroid Biopsy
- ☐ Thyroid Scan
- ☐ Sleep Studies - Altus
- ☐ UGI
- ☐ UGI w/Small Bowel Series
- ☐ Uroflowmetry
- ☐ V/Q Lung Scan

Ultrasound/Sonogram

- ☐ * Abdominal U/S
- ☐ * Arterial Doppler Lower Extremity
- ☐ Breast U/S
- ☐ * Carotid Doppler
- ☐ * Gallbladder U/S
- ☐ Pelvic with Probe
- ☐ * Renal U/S
- ☐ * Renal Artery U/S
- ☐ * Small Parts (Testicular, Thyroid)
- ☐ * Venous Doppler, Lower Extremity
- ☐ * MRA
- ☐ * MRI
- ☐ * CT

☐ With Dye ☐ Without Dye

Therapy

- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Smoking Cessation
- ☐ Medical Nutrition Therapy

Medical Home

- ☐ Care Coordinator
- ☐ Financial
- ☐ Home Health
- ☐ Hospice
- ☐ Social Work

Cardiac Procedures

- ☐ Adenosine Cardiolite
- ☐ Ambulatory BP Monitoring
- ☐ * CPET
- ☐ Dobutamine Echo
- ☐ * Echocardiogram
- ☐ * Holter Monitor
- ☐ IMT Vascular Study
- ☐ Stress Echo
- ☐ * Stress Test
- ☐ Stress Thallium

Other Specialist

Common Referrals

- ☐ Cardiology
- ☐ Dermatology
- ☐ ENT
- ☐ General Surgery
- ☐ Gastroenterology
- ☐ Nephrology
- ☐ Neurosurgery
- ☐ OB/GYN
- ☐ Oncology
- ☐ Orthopedics
- ☐ Pain Management
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Urology

SETMA Referrals

- ☐ Allergy
- ☐ Cardiology
- ☐ CHF
- ☐ Coumadin
- ☐ Diabetes Education
- ☐ Continuous Glucose Monitoring
- ☐ Infusion Therapy
- ☐ Endocrinology
- ☐ Infectious Disease
- ☐ Neurology
- ☐ Ophthalmology
- ☐ Rheumatology

Other Referral

Incomplete Email

Required only if no procedure indicated with checkboxes

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report

☐ Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

☐ InfoSent ☐ InfoRecvd ☐ RefCom

Section on the bottom of the referral page is the area that the referral department documents on the progress of the referral process.

* Indicates procedures done in house

Referrals Template

Patient
 Chart QTest Date 20131121 Company United Healthcare
 Date of Birth 06/30/1970 Time 8:18 AM Telephone 8772464190
 Phone 4098339797 Status In Progress Policy # 112236548239

☒ Routine
☐ Immediate
☐ Stat

Specialty Provider
 Referring Provider **Holly James**
 Referred To
 Facility

Reason
 OR
 Diagnosis [Click To Add Dx](#)

PLEASE FILL OUT ALL FIELDS IN RED

Notes

[Unlock Notes](#)

Special Procedures

☐ * Arterial Blood Gas
☐ Audiogram
☐ AV Fistula
☐ * Bladder Scan
☐ * Bone Density
☐ Bone Scan
☐ Breast Biopsy (Stereo)
☐ Bronchoscopy
☐ * Colonoscopy
☐ EEG
☐ EGD
☐ * EMG
☐ ENG
☐ Eye Exam
☐ Flex Sigmoidoscopy
☐ HIDA Scan
☐ IVP
☐ Liver Biopsy
☐ Mammogram
☐ Mod. Barium Swallow
☐ * Nerve Conduction Vel
☐ PET Scan
☐ * PFT
☐ Postvoidal residual volume
☐ Renal Scan

☐ * Segmental Pressures
☐ * Thoracentesis
☐ Thyroid Biopsy
☐ Thyroid Scan
☐ Sleep Studies - Altus
☐ UGI
☐ UGI w/Small Bowel Series
☐ Uroflowmetry
☐ V/Q Lung Scan

Ultrasound/Sonogram

☐ * Abdominal U/S
☐ * Arterial Doppler Lower Extremity
☐ Breast U/S
☐ * Carotid Doppler
☐ * Gallbladder U/S
☐ Pelvic with Probe
☐ * Renal U/S
☐ * Renal Artery U/S
☐ * Small Parts (Testicular, Thyroid)
☐ * Venous Doppler, Lower Extremity
☐ * MRA
☐ * MRI
☐ * CT
☐ With Dye ☐ Without Dye

Therapy

☐ Physical Therapy
☐ Speech Therapy
☐ Occupational Therapy
☐ Smoking Cessation
☐ Medical Nutrition Therapy

Medical Home

☐ Care Coordinator
☐ Financial
☐ Home Health
☐ Hospice
☐ Social Work

Cardiac Procedures

☐ Adenosine Cardiolite
☐ Ambulatory BP Monitoring
☐ * CPET
☐ Dobutamine Echo
☐ * Echocardiogram
☐ * Holter Monitor
☐ IMT Vascular Study
☐ Stress Echo
☐ * Stress Test
☐ Stress Thallium

Other Specialist

Common Referrals

☐ Cardiology
☐ Dermatology
☐ ENT
☐ General Surgery
☐ Gastroenterology
☐ Nephrology
☐ Neurosurgery
☐ OB/GYN
☐ Oncology
☐ Orthopedics
☐ Pain Management
☐ Plastic Surgery
☐ Podiatry
☐ Urology

SETMA Referrals

☐ Allergy
☐ Cardiology
☐ CHF
☐ Coumadin
☐ Diabetes Education
☐ Continuous Glucose Monitoring
☐ Infusion Therapy

☐ Endocrinology
☐ Infectious Disease
☐ Neurology
☐ Ophthalmology
☐ Rheumatology

Incomplete

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report

☐ Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

☐ InfoSent ☐ InfoRecvd ☐ RefCom

The box above outlined in green is used for the purpose of documentation on referrals made that do not require action by the referral department.

- **InfoSent** (Information sent) box is checked by referrals once information has been sent to the facility or MD for which a referral was requested.
- **InfoRecvd** (Information received) is marked by medical records once the reports are received and scanned in the patient's chart. (This is completed by medical records.)
- **RefCom** (Referral complete) is checked by the referral department once all of the information (insurance, clinical and reason for referral) is sent to the facility, or MD for which the referral was requested.