



Practice Workflow Toolkit

User Guide

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Version 1.1

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I. Introduction

The Primary Care and Specialty Care Practices who consistently use HEALTHeLINK have instituted specific workflows to address pre-visit planning, onboarding new patients, obtaining information to support referrals/prior authorizations and using services such as alert notifications, to name a few. As a result, these practices have seen an increase in practice efficiency, reduction in some practice expenses, improvement in the quality of the patient visit and higher staff and patient satisfaction.

The Practice Workflow Toolkit was designed to give practices the flexibility to implement the use cases, HEALTHeLINK services and other tools that make the most sense for their practice's workflow to help streamline tasks and increase overall efficiency.

The instructions that follow are intended to assist practices with conducting their own internal review of existing workflows or procedures to identify any obstacles, pain points or inefficiencies, and determining the appropriate recommendations to implement for their organization.

Note: *Links to easily print any toolkit documents/spreadsheets can be found in the Appendix.*

Instructions:

1. Conduct a practice assessment. Refer to [pages 3 to 10](#).
2. Discuss the pain points the practice is currently experiencing related to obtaining clinical information on a patient. (Refer to the Practice Workflow Recommendations and ROI Master List on [pages 11–26](#)). Assist the practice with identifying all applicable use cases for HEALTHeLINK. (Refer to the Practice Use Cases for HEALTHeLINK on [pages 27-28](#)).
3. Assist the practice with customization of the worksheet for each applicable use case. (Refer to the Practice Chart Prep Worksheets on [pages 29-38](#)).
4. Map out current workflows. Identify staff members involved in each step.
5. Obtain baseline measurements to determine and evaluate current state:
 - How much time is spent finding patient information for each applicable use case?
Refer to the Use Case Workflow Measurement TOOL and Use Case Workflow Measurement SUMMARY on [pages 39-40](#).
 - What is the patient wait time per visit for each of your MD's and providers?
Refer to the Patient Wait Time TOOL on [page 41](#) and the Patient Wait Time - Spreadsheet on [page 42](#).
6. Use HEALTHeLINK's Consent Management tools to manage patient consent on [pages 43-46](#). This tool allows for the submission of a patient list to automatically validate patient consent values and provides the option to print consent forms for patient's whose consent value is not 'Yes'.
7. Discuss current methods for communication in the practice. Refer to Team Huddle Checklist on [page 47](#).

2. User Guide

2.1. Practice Assessment Tool

Practice Background

The first step in the process is to assess your practice by completing the Practice Assessment Tool to identify opportunities for improvement and uses cases where incorporating the use of HEALTHeLINK is a proactive approach to care that ensures each patient visit is meaningful and well organized.

Date:	
Practice Name:	
Practice Type:	
Affiliation:	
# of Locations:	
Practice Contact:	
Managing Physicians:	
EHR:	

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Staff/Physician Profile

Role	Number	FTEs	Comments
Non-Clinical Staff			
Medical Assistant			
Nursing Staff			
Mid-Level Providers			
MDs			
Other			

FTEs/provider	
Do the MDs/other providers see patients in the hospital?	
Does the practice use a Hospitalist group?	

Additional Comments:

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Patient Panel

		Comments
Total # of Patients		
# of New Patients/Day		
# of New Patients Scheduled/Hour		
# of Established Patients/Day		
# of Established Patients Scheduled/Hour		
Does the practice obtain and manage HEALTHeLINK patient consents?		<p>If yes, does the practice use HEALTHeNET, HEALTHeLINK or their EHR?</p> <p>Note: HEALTHeLINK's Consent Management Application (CMA) allows for submission of a patient list to automatically validate patient consent values and provides the option to print consent forms for patients whose consent value is not 'Yes'.</p>
% of Consented Patients: Unknown Yes Yes, except specific participant(s) Yes, only specific participant(s) No, except in an emergency No, even in an emergency		

Additional Comments:

Use of HEALTHeLINK

Service/Function	Yes/No	Comments
Patient Record Lookup (PRL)		
Results Delivery Lab Transcription Radiology		
Alert Notifications		
CCD Upload		

Additional Comments:

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Other Sources of Patient Information

Source	Type (labs/radiology, transcribed reports, medication lists)	Comments
Quest Direct Feed		
Kaleida Direct Feed		
CHS Direct Feed		
Surescripts Direct Feed		
InfoClique Queries		
Soarian Queries		
Hardcopies via FAX machine		
Hardcopies via email		
Other		

Additional Comments:

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Practice Use Cases

Type	Average # Patients/Day	Responsible Person(s)	Comments
Pre-Visit Planning* for New Patients (adult/child)			
Pre-Visit Planning for Existing Patients with Acute Problems			
Pre-Visit Planning for Wellness Visits			
Pre-Visit Planning for Follow-Up Visits			
Obtaining Information During the Patient Visit			
Providing Information to Others Outside of the Practice (including patients/family members)			
Post-Discharge Follow-Up After an ED Visit or Inpatient Admission			
Medical Clearances for Surgery			
Obtaining Information for Quality Management (P4P, PCMH, MACRA)			
Obtaining Information to Support Referrals/Prior Authorization			

*Also referred to as Chart Prep

Additional Comments:

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Patient Visit

Activity (per visit)	Initial	Follow-Up	Comments
Cycle Time (average time per patient)			

Additional Comments:

Administrative Costs

Type	Initial	Follow-Up	Comments
Print/FAX (paper, ink)			
Other			

Additional Comments:

Things to Consider:

1. Are the practice's clinical decisions impacted in any way by a lack of information at the point of care? For example, redundant testing or impact of needing to make a quick decision, and what impact does this have on the workday/schedule?
2. Does your practice conduct pre-visit planning (i.e., chart prep)?
3. What are your practices three (3) largest concerns related to expenses or revenue generation in the practice?
4. Does the practice have any concerns related to patient or staff satisfaction?
5. Could the use of HEALTHeLINK affect those concerns?
6. Would adoption of HEALTHeLINK require a change in workflows in your practice?
7. If a change in workflow is needed to improve office efficiencies and best practice, who can champion this change?
8. Is your practice interested in any other services such as alerts, providing CCDs at the close of an encounter, etc.?
9. Are there any functional or technical issues that are impacting the use of HEALTHeLINK?
10. Does your EHR vendor charge fees for interfaces? Are there ongoing monthly charges?
11. Does your practice have performance measures in place for your staff?

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2.2. Practice Workflow Recommendations and ROI Master List

The intent of the Practice Workflow Recommendations and ROI Master List is to capture the recurring themes or pain points practice leadership and team members said they experienced (during the Practice Workflow Pilot) related to obtaining clinical information on a patient.

For each pain point (or problem), a Recommendation is provided along with a breakdown of the Impact and Return on Investment (ROI) that can be realized if the practice implemented a particular recommendation.

Pain Point or Problem to be Solved

- Team members assigned to obtaining patient information are unable to complete tasks in an accurate and timely manner.
- Pre-Visit planning is not being completed for specified use case(s).
- Front desk staff who answer the phones and do pre-visit planning are multi-tasking, increasing the probability of errors and omissions.
- Care team members experience delays during the patient visit due to lack of necessary information.

Recommendation

Provide select team members with dedicated time each day away from the phones to focus on pre-visit planning/other duties.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Potential increase in efficiency and ability to re-purpose staff or add additional duties as a result of the decrease in re-work/duplication of efforts due to poor communication.	Having access to a complete medical record may result in less interruptions during the patient encounter and a shorter visit potentially opening up the schedule for additional patients. Potential increase in revenue due to improved quality scores, PCMH accreditation, etc.	Having access to a complete patient record will improve the quality of the visit and allow for better medical decision making.
Patient Satisfaction	Staff Satisfaction	Payers
Patients will have a sense that the clinical team is well prepared to address their needs.	Less frustration and potential stress for all staff and providers.	Opportunity for staff to identify and address gaps in care, which will result in improved quality metrics.

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Pain Point or Problem to be Solved

- Staff and providers spend too much time searching for patient records from multiple sources.
- Providers are frustrated because they do not have the information they need to care for their patients.
- At times, patient tests need to be repeated due to lack of initial test results.

Recommendation

Add HEALTHeLINK Results Delivery Service to receive medical record results for patients from any other linked source.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Potential increase in efficiency and ability to re-purpose staff or add additional duties as a result of the decrease in re-work/duplication of efforts due to poor communication.	A reduction in PMPM costs may improve health plan reimbursement (value-based payments).	Having access to a complete patient record will improve the quality of the visit and allow for better medical decision making.
Patient Satisfaction	Staff Satisfaction	Payers
<p>Patients will not have to repeat tests which impacts their time and health care costs.</p> <p>Patients will have a sense that the clinical team is well prepared to address their needs.</p>	Less frustration and potential stress for all staff and providers.	Decrease in duplication of testing with resultant decrease in medical expense.

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Pain Point or Problem to be Solved

- No notification when a patient is seen in the ED, admitted to or discharged from a hospital.
- Practice's hospital re-admission rates are higher than peers.

Recommendation

Add HEALTHeLINK Alerts Notifications (AN) Service to receive immediate notifications on care transitions for patients you wish to track.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Automatically receiving alerts may result in a potential decrease of "x" hours/month spent manually searching multiple systems for patient information.	Potential increase in quality payments due to decreased re-admission rates. Potential revenue from Transition of Care payments.	Potential decrease in patient re-admission rate secondary to improved follow-up.
Patient Satisfaction	Staff Satisfaction	Payers
Patient avoids a re-admission and can be cared for safely at home.	Less frustration and potential stress for all staff and providers.	Potential to improve health plan rankings (Medicare/Medicaid). Potential decrease in medical expense.

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Pain Point or Problem to be Solved

- Practice often gets requests for patient information to support HEDIS or community care coordination networks.
- Practice often gets requests for patient information from other providers.
- Practice does not receive notification of patient visits to other providers and lacks critical information.

Recommendation

Add HEALTHeLINK *Uploading Continuity of Care Documents (CCD) Service* which allows for a patient record to be shared and available in HEALTHeLINK. May include demographics, labs, medications, allergies, immunizations, problems/conditions and procedures.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
<p>Potential reduction in staff time searching for patient information in other health information systems or making outbound calls.</p> <p>Potential reduction in the number of phone calls to your practice from other providers/entities.</p>	N/A	<p>Having access to a complete patient record will improve the quality of the visit and allow for better medical decision making.</p> <p>Patient information from a visit to your office is readily available to other practices allowing for a more complete patient record and higher quality clinical encounter.</p>
Patient Satisfaction	Staff Satisfaction	Payers
<p>Patients will have a sense that the clinical team is well prepared to address their needs.</p>	<p>Less frustration and potential stress for all staff and providers.</p> <p>Uploading data to HEALTHeLINK could reduce the amount of time/disruption to the practice by HEDIS reviewers.</p>	<p>HEALTHeLINK is currently working with insurers to provide quality improvement data for their members, including data needed for HEDIS reporting.</p>

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Pain Point or Problem to be Solved

- New patients arrive for their first visit to the office with little or no prior medical information.
- Patients arrive for their follow-up visits without having completed tests that were ordered at a prior visit.
- Expectations for patient information are not clear and inconsistencies in workflow currently exist.
- Practice doesn't receive information about patient visits/tests/procedures to or from other providers.
- Patient cycle time is above average due to time spent searching for patient information at the time of the visit.
- Missed opportunities (immunizations, procedures, education, etc.) at the time of the visit.

Recommendation

Implement pre-visit planning using HEALTHeLINK's *Patient Record Lookup (PRL) Service* functionality and the practice specific checklists for each applicable use case:

1. **Pre-Visit Planning for New Patients (adult/child)**
2. **Pre-Visit Planning for Existing Patients with Acute Problems**
3. **Pre-Visit Planning for Wellness Visits**
4. **Pre-Visit Planning for Follow-Up Visits**
5. **Obtaining Information During the Patient Visit**
6. **Providing Information to Others Outside of the Practice (including patients/family members)**
7. **Post-Discharge Follow-Up After an ED Visit or Inpatient Admission**
8. **Medical Clearances for Surgery**
9. **Obtaining Information for Quality Management (P4P, PCMH, MACRA)**
10. **Obtaining Information to Support Referrals/Prior Authorization**

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
<p>Potential decrease of "x" hours/month for MD or support staff reviewing medical records.</p> <p>Potential decrease of "x" hours/month searching for information during the patient visit.</p>	<p>Potential to see more patients; with less interruptions visit time may decrease freeing up the schedule for additional patients.</p>	<p>Having access to a complete patient record will improve the quality of the visit and allow for better medical decision making.</p> <p>Improve patient compliance with pre-visit testing.</p>
Patient Satisfaction	Staff Satisfaction	Payers
<p>Patients will have a sense that the clinical team is well prepared to address their needs.</p>	<p>Less frustration and potential stress as staff no longer need to "guess" what might be needed for a particular patient visit use case and there is continuity in chart preparation across the board.</p>	<p>Opportunity for staff to identify and address gaps in care, which will result in improved quality metrics. Availability of data will lead to improved HEDIS scores.</p>

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Pain Point or Problem to be Solved

- Practice staff are duplicating efforts to obtain patient information.
- Providers are frequently lacking necessary patient information during the visit.
- Staff are unclear as to what information is needed.
- Procedures, immunization, educational opportunities are missed.

Recommendation

Conduct team huddles/coordination meetings on a daily or weekly basis.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Increase in efficiency and potential to re-purpose staff or add additional duties as a result of the decrease in re-work/duplication of efforts due to poor communication.	Affects PCMH accreditation and MACRA and may impact health plan reimbursement.	Frequent, cross-functional communication contributes to a positive and interdependent team culture, improved relationships and the delivery of safe and reliable patient care.
Patient Satisfaction	Staff Satisfaction	Payers
Patients will have a sense that the clinical team is well prepared to address their needs.	Aligns the team at the start of the day or week; builds team culture and improves communication for a more engaged workforce.	Opportunity for staff to identify and address gaps in care, which will result in improved quality metrics. Availability of data will lead to improved HEDIS scores.

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Pain Point or Problem to be Solved

- Practice receives multiple copies of the same report via fax and/or mail.

Recommendation

Create and implement a process for managing duplicate reports.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Decrease in amount of staff time spent managing duplicate reports. Reduction in overhead costs (printer/fax paper/toner). Decrease in costs associated with a separate fax server.	Potential increase in employee productivity.	N/A
Patient Satisfaction	Staff Satisfaction	Payers
N/A	Less frustration and potential stress for all staff and providers.	N/A

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Pain Point or Problem to be Solved

- Currently, if someone runs into problems accessing patient information from HEALTHeLINK, they often stop using it.
- Practice may not be aware of new data sources or improved functionality of HEALTHeLINK.

Recommendation

Include **HEALTHeLINK** discussion as a standing agenda item at all team meetings.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Adoption of new HEALTHeLINK features/services could potentially decrease expenses.	Consistent HEALTHeLINK usage has the potential to increase employee productivity and operational efficiency.	Having access to a complete patient record will improve the quality of the visit and allow for better medical decision making.
Patient Satisfaction	Staff Satisfaction	Payers
Patients will have a sense that the clinical team is well prepared to address their needs.	Less frustration and potential stress for all staff and providers.	N/A

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Pain Point or Problem to be Solved

- Tests ordered by other providers are not available in the patient record.
- Practice is dependent upon paper or faxed reports.

Recommendation

Implement policy to "Share" HEALTHeLINK Patient results to EHR.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Potential decrease in costs associated with printing, scanning and managing faxes.	A reduction in PMPM costs may improve health plan reimbursement (value-based payments).	Having access to a complete patient record will improve the quality of the visit and allow for better medical decision making.
Patient Satisfaction	Staff Satisfaction	Payers
Patients will have a sense that the clinical team is well prepared to address their needs.	Less frustration and potential stress for all staff and providers.	Decrease in duplication of testing with resultant decrease in medical expense. Allows reporting to be done through the EHR to identify gaps in care, leading to improved HEDIS scores.

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Pain Point or Problem to be Solved

- Practice "no show" rate is high.
- Patients come for follow-up visits without having completed tests that were previously ordered.

Recommendation

Implement process for patient visit and testing reminders at checkout.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Potential decrease in amount of staff time spent calling patients to remind them about tests and visits.	<p>Potential decrease in practice revenue due to patient non-compliance with testing.</p> <p>Potential decrease in practice revenue from health plans due to increase in medical expense as a result of duplicate testing.</p>	Patient non-compliance impacts quality of care.
Patient Satisfaction	Staff Satisfaction	Payers
Patients who genuinely forget to have testing done will be delighted by a reminder.	N/A	<p>Patient non-compliance may affect health plan ratings for management of chronic disease.</p> <p>Duplication of testing will result in higher medical expense.</p>

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Pain Point or Problem to be Solved

- The current workflow is disruptive, with staff & providers needing to take extra steps and spend unnecessary time waiting for results from other staff.
- Staff are using multiple health information systems to obtain patient information.

Recommendation

Establish policy that select staff or categories of staff maintain active HEALTHeLINK Accounts and utilize this application prior to accessing other health information systems.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Minimize staff & provider disruption and time spent waiting for patient information.	Patient cycle time may decrease and result in the ability to see more patients.	Having access to a complete patient record will improve the quality of the visit and allow for better medical decision making.
Patient Satisfaction	Staff Satisfaction	Payers
<p>Patients will have a sense that the clinical team is well prepared to address their needs.</p> <p>Patients will not be asked to fill out multiple consent forms.</p>	Less frustration and potential stress for all staff and providers.	N/A

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Pain Point or Problem to be Solved

- Duplicate consents are being obtained.
- Practice has a high percentage of unconsented patients. As a result, they are unable to access information for these patients in HEALTHeLINK.

Recommendation

Implement use of HEALTHeLINK's Consent Management Application (CMA) which allows for the real-time lookup of patient's consent status.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Decrease in staff time doing redundant tasks. Potential reduction in staff time searching for patient information in other health information systems or making outbound calls.	Potential increase in employee productivity.	Having access to a complete medical record will improve the quality of the visit and allow for better medical decision making.
Patient Satisfaction	Staff Satisfaction	Payers
Patients will have a sense that the clinical team is well prepared to address their needs. Patients will not be asked to fill out multiple consent forms.	Less frustration and potential stress for all staff and providers.	Increase number of patients for case/disease management. Only need to obtain consent for patients whose consent is 'unknown' or not consented.

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Pain Point or Problem to be Solved

- Patient wait times are excessive.
- Providers and staff are working later than expected.
- Patient satisfaction rates are low.

Recommendation

Monitor patient cycle time regularly (quarterly/every 6 months/annually) and address any bottlenecks that are identified.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Potential to decrease patient visit time.	Streamlining patient cycle time has the potential to allow additional patients to be added to the schedule.	N/A
Patient Satisfaction	Staff Satisfaction	Payers
Wait time trends can be evaluated. Bottlenecks associated with patient cycle time can be assessed and addressed.	Potential impact on staff and provider satisfaction.	N/A

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Pain Point or Problem to be Solved

- Lack of understanding of responsibilities/job accountabilities.
- Inconsistencies in staff performance.
- High staff turnover rates.

Recommendation

Implement performance measures.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
<p>An improvement in staff performance may potentially contribute to a decrease in turnover and absenteeism.</p> <p>Lack of understanding of role/responsibilities results in inefficiency and added expense.</p> <p>Employee recruitment/training is costly to the practice.</p>	<p>Employee turnover and absenteeism can impact the patient schedule and subsequent practice revenue.</p>	<p>Ensures adherence to workflow processes that impact quality.</p>
Patient Satisfaction	Staff Satisfaction	Payers
<p>Happy staff = happy patients.</p>	<p>Clearly defines career paths and promotes job satisfaction.</p> <p>Clarity of expectations results in less stress.</p> <p>Affords self-assessment opportunities.</p>	<p>N/A</p>

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Pain Point or Problem to be Solved

- Outdated browsers, equipment and/or EHR versions:
 - Can impact system/software performance causing systems to run slow or crash, which becomes a major drain on staff productivity levels.
 - Prevents security updates and 'bug' fixes from being addressed.
 - Precludes staff from taking advantage of new features and services, which can add productivity and offer value to the practice.
 - Are not supported by vendors over time -- eventually vendors withdraw support for older software solutions and operating systems.

Recommendation

Update outdated hardware and software.

Impact and Return on Investment

Practice Expenses	Practice Revenue	Clinical Quality
Decrease staff time spent doing duplicative or inefficient tasks.	Staff work efficiently and reduce hours worked.	N/A
Patient Satisfaction	Staff Satisfaction	Payers
Staff can spend more time on important customer-facing activities.	Improved staff morale--staff are less stressed with adequate work tools to accomplish their tasks.	N/A

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2.3. Practice Use Cases for HEALTHeLINK

Adjusting Practice workflow to incorporate the use of HEALTHeLINK for all applicable use cases is a proactive approach to care that ensures each visit is meaningful and well organized. Anticipating the tasks necessary to support the patient visit and proactively completing them in advance decreases disruptions in patient flow and promotes streamlined, coordinated care.

The Practice Use Cases for HEALTHeLINK describes the unique situations or **use cases** a medical practice encounters prior to, during or subsequent to a patient visit or patient event that requires the sharing or collecting of specific types of information regarding a patient and their health. The definition of each use case is provided along with its applicability to Primary Care, Specialty Care, Pediatrics or OB/GYN practices.

For each use case, a detailed step-by-step checklist is provided for practices to follow to consistently and efficiently complete the necessary tasks to support the patient visit or event and includes the following steps (as applicable):

1. Verify Patient Consent
2. Confirm Primary Care Doctor (PCP) and Verify Eligibility/Benefits/Copayments
3. Check for Relevant and/or Recent Medical Records and Scan/Push to the Patient's Medical Record
4. Prepare Relevant Patient Release Forms and Other Documents.

	Use Case	Definition	Applicability			
			Primary Care	Specialty Care	Pediatrics	OB/GYN
1	Pre-Visit Planning for New Patients (adult/child)	Process to obtain all the pertinent patient past medical history and information necessary to conduct the initial new patient visit. This could include labs, radiology reports, results of preventive screenings, medication history, procedures, etc.	X	X	X	X
2	Pre-Visit Planning for Existing Patients with Acute Problems	Process to obtain patient information that is relative to the recent/new problem or complaint.	X	X	X	X
3	Pre-Visit Planning for Wellness Visits	Process to obtain patient information that is necessary to conduct a wellness visit. This could include pre-visit labs that were ordered, results of preventive services such as colonoscopy or mammography, etc.	X		X	X
4	Pre-Visit Planning for Follow-Up Visits	Process to obtain patient information that is necessary to conduct a follow-up visit for patients with chronic diseases such as diabetes or asthma or follow-up after a visit for an acute problem. This could include labs or results of tests that were ordered, clinical consults from other physicians, etc.	X	X	X	X

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	Use Case	Definition	Applicability			
			Primary Care	Specialty Care	Pediatrics	OB/GYN
5	Obtaining Information During the Patient Visit	This situation could occur if no pre-visit planning is done or the patient indicates during the visit that there was testing or encounters with other physicians since their last visit.	X	X	X	X
6	Providing Information to Others Outside of the Practice (including patients/family members)	Process to obtain patient information that is requested by third parties such as insurer's, families, other practices.	X	X	X	X
7	Post-Discharge Follow-Up After an ED Visit or Inpatient Admission	Practice has HEALTHeLINK alert notifications in place and are notified of these types of encounters. Process to obtain patient information relative to the type of encounter and necessary to determine next steps for care of the patient.	X	X	X	X
8	Medical Clearances for Surgery	Process to verify the completion of pre-operative testing.	X	X	X	X
9	Obtaining Information for Quality Management (P4P, PCMH, MACRA)	Process to obtain select patient information such as preventive services, or related to management of a chronic condition such as diabetes, etc.	X	X	X	X
10	Obtaining Information to Support Referrals/Prior Authorization	Process to obtain select patient information such as medications, lab results, radiology reports, etc. to meet referral and/or prior authorization requirements.	X	X	X	X

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2.3.1. Use Case: Pre-Visit Planning for New Patients (Adult/Child)

Practice Chart Prep Worksheet	
Use Case: Pre-Visit Planning for New Patients (Adult/Child)	
Action	Comments
A. Verify Patient Consent	
<input type="checkbox"/> Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/> If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to their new patient packet and/or the patient's folder to review/update consent at their initial office visit.	
B. Confirm Primary Care Doctor (PCP) and Verify Eligibility/Benefits/Copayments	
<input type="checkbox"/> If PCP office, confirm PCP assignment in HEALTHeNET.	
<input type="checkbox"/> Verify eligibility, benefits and copayment in	
C. Check for Relevant and/or Recent Medical Records and scan/push to the patient's medical record:	
1. From patient's medical record	
2. From HEALTHeLINK	
3. From Soarian, InfoClique	
4. From other source via outbound call, fax or mail	
5. If Medical Records are not available, note in chart or tickler file to assure follow-through	
<input type="checkbox"/> Lab Results	
<input type="checkbox"/> EKGs	
<input type="checkbox"/> Radiology Reports/Images	
<input type="checkbox"/> ED Encounter Reports	
<input type="checkbox"/> Inpatient Discharge Summaries	
<input type="checkbox"/> Females: Mammogram, Pap Smear & Bone Density Report	
<input type="checkbox"/> Results of Colonoscopy/Fecal Occult Blood	
<input type="checkbox"/> Other Transcribed Reports	
<input type="checkbox"/> Results of Other Tests/ Procedures	
D. Prepare Relevant Patient Release Forms and Other Documents	
*These forms may be mailed to the patient in advance or completed online so they are available at the time of the visit.	
<input type="checkbox"/> Patient Registration Form*	
<input type="checkbox"/> Health History Questionnaire*	
<input type="checkbox"/> HEALTHeLINK Patient Consent Form	
<input type="checkbox"/> HIPAA Privacy Form*	
<input type="checkbox"/> Current Medication List*	
<input type="checkbox"/> Vaccine History*	
<input type="checkbox"/> Medical Release Form*	
<input type="checkbox"/> List of Specialists	
<input type="checkbox"/> Patient Portal Information	
<input type="checkbox"/> Other	

Practice Workflow Toolkit User Guide

2.3.2. Use Case: Pre-Visit Planning for Existing Patients with Acute Problems

Practice Chart Prep Worksheet	
Use Case: Pre-Visit Planning for Existing Patients with Acute Problems	
Action	Comments
A. Verify Patient Consent	
<input type="checkbox"/> Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/> If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their time of arrival.	
B. Verify Eligibility/Benefits/Copayments	
<input type="checkbox"/> If PCP office, confirm PCP assignment in HEALTHeNET.	
<input type="checkbox"/> Verify eligibility, benefits and copayment in HEALTHeNET/other.	
C. Check for Relevant and/or Recent Medical Records and scan/push to the patient's medical record:	
<ol style="list-style-type: none"> 1. From patient's medical record 2. From HEALTHeLINK 3. From Soarian, InfoClique 4. From other source via outbound call, fax or mail 5. If Medical Records are not available, note in chart or tickler file to assure follow-through 	
<input type="checkbox"/> Lab Results	
<input type="checkbox"/> EKGs	
<input type="checkbox"/> Radiology Reports/Images	
<input type="checkbox"/> ED Encounter Reports	
<input type="checkbox"/> Inpatient Discharge Summaries	
<input type="checkbox"/> Other Transcribed Reports	
<input type="checkbox"/> Results of Other Tests/Procedures	
D. Prepare Other Documents	
<input type="checkbox"/> Current Medication List	
<input type="checkbox"/> Other	

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2.3.3. Use Case: Pre-Visit Planning for Wellness Visits

Practice Chart Prep Worksheet	
Use Case: Pre-Visit Planning for Wellness Visits	
Action	Comments
A. Verify Patient Consent	
<input type="checkbox"/> Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/> If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their time of arrival.	
B. Verify Eligibility/Benefits/Copayments	
<input type="checkbox"/> If PCP office, confirm PCP assignment in HEALTHeNET.	
<input type="checkbox"/> Verify eligibility, benefits and copayment in HEALTHeNET/other.	
C. Check for Relevant and/or Recent Medical Records (as defined in Evidence-Based Guidelines for select condition) and scan/push to the patient's medical record:	
1. From patient's medical record	
2. From HEALTHeLINK	
3. From Soarian, InfoClique	
4. From other source via outbound call, fax or mail	
5. If Medical Records are not available, note in chart or tickler	
<input type="checkbox"/> Lab Results	
<input type="checkbox"/> Radiology Reports/Images	
<input type="checkbox"/> Females: Mammogram, Pap Smear & Bone Density Report	
<input type="checkbox"/> Results of Colonoscopy/Fecal Occult Blood	
<input type="checkbox"/> Other Transcribed Reports	
<input type="checkbox"/> Results of Other Tests/Procedures	
D. Prepare Other Documents	
<input type="checkbox"/> Health Risk Assessment (Medicare Patients Only)	
<input type="checkbox"/> Current Medication List	
<input type="checkbox"/> Vaccine History	
<input type="checkbox"/> List of Specialists	
<input type="checkbox"/> Goal Sheets	
<input type="checkbox"/> PHQ Depression Screening	
<input type="checkbox"/> Child Developmental Screens	
<input type="checkbox"/> Other	

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2.3.4. Use Case: Pre-Visit Planning for Follow-Up Visits

Practice Chart Prep Worksheet	
Use Case: Pre-Visit Planning for Follow-Up Visits	
Action	Comments
A. Verify Patient Consent	
<input type="checkbox"/> Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/> If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their time of arrival.	
B. Verify Eligibility/Benefits/Copayments	
<input type="checkbox"/> If PCP office, confirm PCP assignment in HEALTHeNET.	
<input type="checkbox"/> Verify eligibility, benefits and copayment in HEALTHeNET/other.	
C. Check for Relevant and/or Recent Medical Records (as defined in Evidence-Based Guidelines for select condition) and scan/push to the patient's medical record:	
<ol style="list-style-type: none"> 1. From patient's medical record 2. From HEALTHeLINK 3. From Soarian, InfoClique 4. From other source via outbound call, fax or mail 5. If Medical Records are not available, note in chart or tickler file to assure follow-through 	
<input type="checkbox"/> Patients with Diabetes HgbA1C, Foot Exam, Dilated Retinal Exam	
<input type="checkbox"/> Patients with COPD/Asthma Pulmonary Function Test, Spirometry, Pulmonary Consult	
<input type="checkbox"/> Patients with Congestive Heart Failure (Refer to clinical practice guidelines.)	
<input type="checkbox"/> Patients with Atrial Fibrillation (Refer to clinical practice guidelines.)	
<input type="checkbox"/> Lab Results	
<input type="checkbox"/> Radiology Reports/Images	
<input type="checkbox"/> ED Encounter Reports	
<input type="checkbox"/> Inpatient Discharge Summaries	
<input type="checkbox"/> Other Transcribed Reports	
<input type="checkbox"/> Results of Other Tests/ Procedures	
D. Prepare Other Documents	
<input type="checkbox"/> Current Medication List	
<input type="checkbox"/> List of Specialists	
<input type="checkbox"/> Goal Sheets	
<input type="checkbox"/> Other	

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2.3.5. Use Case: Obtaining Information During the Patient Visit

Practice Chart Prep Worksheet		
Use Case: Obtaining Information During the Patient Visit		
Action		Comments
A. Verify Patient Consent		
<input type="checkbox"/>	Check consent status in HEALTHeLINK's Consent Management	
<input type="checkbox"/>	If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their their time of arrival.	
B. Check for records that are requested and scan/push to the patient's medical record:		
	1. From patient's medical record	
	2. From HEALTHeLINK	
	3. From Soarian, InfoClique	
	4. From other source via outbound call, fax or mail	
	5. If Medical Records are not available, note in chart or tickler file to assure follow-through	
<input type="checkbox"/>	Lab Results	
<input type="checkbox"/>	Radiology Reports/Images	
<input type="checkbox"/>	Other Transcribed Reports	
D. Prepare Other Documents		
<input type="checkbox"/>	Current Medication List	
<input type="checkbox"/>	List of Specialists	
<input type="checkbox"/>	Goal Sheets	
<input type="checkbox"/>	Other	

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2.3.6. Use Case: Providing Information to Others Outside of the Practice

Practice Chart Prep Worksheet	
Use Case: Providing Information to Others Outside of the Practice (including patients/family members)	
Action	Comments
A. Confirm Patient Consent/Release of Medical Info	
<input type="checkbox"/> Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/> If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their at the time of arrival.	
<input type="checkbox"/> Verify that Patient has signed a release of medical information form or obtain from the requestor.	
<input type="checkbox"/> Verify that the family member requesting information is listed on the patient's HIPAA form.	
B. Check for Relevant and/or Recent Medical Records and scan/push to the patient's medical record:	
1. From patient's medical record	
2. From HEALTHeLINK	
3. From Soarian, InfoClique	
4. From other source via outbound call, fax or mail	
5. If Medical Records are not available, note in chart or tickler file to assure follow-through	
<input type="checkbox"/> Lab Results	
<input type="checkbox"/> Radiology Reports/Images	
<input type="checkbox"/> Results of Other Tests/Procedures	
<input type="checkbox"/> Transcribed Reports	
<input type="checkbox"/> Medication List	
<input type="checkbox"/> Vaccine History	
<input type="checkbox"/> Other	

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2.3.7. Use Case: Post-Discharge Follow-Up After an ED Visit or Inpatient Admission

Practice Chart Prep Worksheet		
Use Case: Post-Discharge Follow-Up After an ED Visit or Inpatient Admission		
Action		Comments
A.	Confirm Patient Consent	
<input type="checkbox"/>	Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/>	If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their at the time of arrival.	
B.	Check for Relevant and/or Recent Medical Records and scan/push to the patient's medical record:	
	1. From patient's medical record	
	2. From HEALTHeLINK	
	3. From Soarian, InfoClique	
	4. From other source via outbound call, fax or mail	
	5. If Medical Records are not available, create to do list in Medent to assure follow-through	
<input type="checkbox"/>	ED Encounter Report	
<input type="checkbox"/>	Inpatient Discharge Summary	
<input type="checkbox"/>	Lab Results	
<input type="checkbox"/>	Radiology Reports/Images	
<input type="checkbox"/>	Other Transcribed Reports	
<input type="checkbox"/>	Discharge Medication List	
<input type="checkbox"/>	Consult Reports	
<input type="checkbox"/>	Results of procedures (EKG, etc.)	
C	Contact Patients	
<input type="checkbox"/>	Check-in call	
<input type="checkbox"/>	Schedule follow-up appointment	
<input type="checkbox"/>	Other	

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2.3.8. Use Case: Medical Clearances for Surgery

Practice Chart Prep Worksheet		
Use Case: Medical Clearances for Surgery		
Action		Comments
A.	Confirm Patient Consent	
<input type="checkbox"/>	Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/>	If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their at the time of arrival.	
<input type="checkbox"/>	Verify that the Patient has signed a release of medical information form or obtain from the requestor.	
B.	Verify Eligibility/Benefits/Copayments	
<input type="checkbox"/>	Check HealthNet/other to verify eligibility/benefits and copays.	
C.	Check for Relevant and/or Recent Medical Records and scan/push to the patient's medical record:	
	1. From patient's medical record	
	2. From HEALTHeLINK	
	3. From Soarian, InfoClique	
	4. From other source via outbound call, fax or mail	
	5. If Medical Records are not available, note in chart or tickler file to assure follow-through	
<input type="checkbox"/>	Lab Results (most recent within 14 days)	
<input type="checkbox"/>	EKG	
<input type="checkbox"/>	Chest X-ray	
<input type="checkbox"/>	Other	
D.	Prepare Other Relevant Documents	
<input type="checkbox"/>	Current Medication List	
<input type="checkbox"/>	Medical Clearance Request Letter (from surgeon)	

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2.3.9. Use Case: Obtaining Information for Quality Management

Practice Chart Prep Worksheet		
Use Case: Obtaining Information for Quality Management (P4P, PCMH, MACRA)		
Action		Comments
A.	Confirm Patient Consent/Release of Medical Info	
<input type="checkbox"/>	Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/>	Check if Patient has signed a release of medical information form.	
B.	Check for Relevant and/or Recent Medical Records and scan/push to the patient's medical record:	
	1. From patient's medical record	
	2. From HEALTHeLINK	
	3. From Soarian, InfoClique	
	4. From other source via outbound call, fax or mail	
	5. If Medical Records are not available, note in chart or tickler file to assure follow-through	
<input type="checkbox"/>	Lab Results (HgBAIC, Fecal Occult Blood, Pap Smear, Lead Screening)	
<input type="checkbox"/>	Radiology Reports (Mammogram, Bone Density)	
<input type="checkbox"/>	Colonoscopy Report	
<input type="checkbox"/>	Spirometry	
<input type="checkbox"/>	Medication List	
<input type="checkbox"/>	Vaccination Log	
<input type="checkbox"/>	PHQ-9 Depression Screening	
<input type="checkbox"/>	Child and Adolescent Behavioral Screening	

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2.3.10. Use Case: Obtaining Information to Support Referrals/Prior Authorization

Practice Chart Prep Worksheet		
Use Case: Obtaining Information to Support Referrals/Prior Authorization		
Action		Comments
A.	Confirm Patient Consent	
<input type="checkbox"/>	Check consent status in HEALTHeLINK's Consent Management Application (CMA) tool.	
<input type="checkbox"/>	If Consent value is 'Unknown' or 'No', print a Patient Consent form from the CMA tool and add to the patient's folder to review/update consent at their at the time of their next office visit.	
B.	Check for Relevant and/or Recent Medical Records which are applicable to the required authorization or referral and scan/push to the patient's medical record:	
	1. From patient's medical record	
	2. From HEALTHeLINK	
	3. From Soarian, Infoclique	
	4. From other source via outbound call, fax or mail	
	5. If Medical Records are not available, note in chart or tickler	
<input type="checkbox"/>	Lab Results	
<input type="checkbox"/>	Radiology Reports/Images	
<input type="checkbox"/>	Other Transcribed Reports	
<input type="checkbox"/>	Medication History	

Practice Workflow Toolkit User Guide

2.4. Use Case Workflow Measurement

The workflow measurement tools offered in this user guide are meant to provide an easy to use, methodical way to capture data by use case to quantify 'how often and where' needed clinical information is obtained. This information can assist in determining which use case workflows would benefit the practice (e.g., reduce end-to-end task time) by incorporating the consistent use of HEALTHeLINK to obtain needed clinical information.

2.4.1. Use Case Workflow Measurement TOOL

The Use Case Workflow Measurement Tool can be used by medical team members to record the time it takes and the sources they referenced to obtain needed clinical information for patient visits or events.

Use Case Workflow Measurement Tool								
Name of Recorder:				Data Collection Date:				
Job Title/Role:								
Type of Visit: 1. Pre-Visit Planning for New Patients (adult/child) 2. Pre-Visit Planning for Existing Patients with Acute Problems 3. Pre-Visit Planning for Wellness Visits 4. Pre-Visit Planning for Follow-Up Visits 5. Obtaining Information During the Patient Visit 6. Providing Information to Others Outside of the Practice (including patients/family members) 7. Post-Discharge Follow-Up After an ED Visit or Inpatient Admission 8. Medical Clearances for Surgery 9. Obtaining Information for Quality Management (P4P, PCMH, MACRA) 10. Obtaining Information to Support Referrals/Prior Authorization								
Type of Visit	Time		How Will You Obtain the Information?	Report Type			Health Information System (Source of Data)	Comments
	Start	Stop	A=Outbound Call B=Inbound Call C=Inbound Fax/Mail D=Outbound Fax/Mail E= Health Information System	Labs	Other	Radiology / Images	(EHR, HEALTHeLINK, InfoClique, Sorian, etc.)	
4	9:05am	9:14am	B	X	Dilated Retinal Exam		Medent, InfoClique	Contacted Thomas Turtle for Eye Exam

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2.4.2. Use Case Workflow Measurement SUMMARY

The Use Case Workflow Measurement Summary can be used to record counts and totals of the number of times medical team members had to reach out by various methods to obtain needed clinical information for a patient visit or event.

Practice Name															
Use Case Workflow Measurement Summary															
Use Case	Outbound Calls			Inbound Calls			Inbound Fax/Mail			Outbound Fax/Mail			Health Information System (Source of Data)		Totals
	Lab	Radiology	Other	Lab	Radiology	Other	Lab	Radiology	Other	Lab	Radiology	Other	(EHR, HEALTHeLINK, InfoClique, Sorian, etc.)		
Pre-Visit Planning for New Patients (adult/child)															0
Pre-Visit Planning for Existing Patients with Acute Problems															0
Pre-Visit Planning for Wellness Visits															0
Pre-Visit Planning for Follow-Up Visits															0
Obtaining Information During the Patient Visit															0
Providing Information to Others Outside of the Practice (including patients/family members)															0
Post-Discharge Follow-Up After an ED Visit or Inpatient Admission															0
Medical Clearances for Surgery															0
Obtaining Information for Quality Management (P4P, PCMH, MACRA)															0
Obtaining Information to Support Referrals/Prior Authorization															0
Totals	0	0	0	0	0	0	0	0	0	0	0	0			

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2.5. Patient Wait Time Tools

How long a patient waits to receive services at a practice affects customer satisfaction. Regular tracking and reporting on patient wait times during each step of the patient visit provides valuable insight to identify bottlenecks that need to be addressed. The Patient Wait Time Tool – form can be used to track each patient’s timeline from their arrival at the practice to the time they leave the office. The Patient Wait Time Tool – spreadsheet is designed to collect patient wait time data for up to three days. The spreadsheet automatically calculates the average wait time to see a provider.

2.5.1. Patient Wait Time Tool – Form

[Enter Practice Name Here]		
Patient Wait Time		
In an effort to better serve you, we are evaluating the time you spend during your office visit today. At the end of today's visit, please return this form to the front desk staff.		
Today's Date:		
Your Scheduled Appointment Time:		
Enter the name of the doctor you are seeing today:		
Please indicate whether you are an established or new patient:	<input type="checkbox"/> Established Patient <input type="checkbox"/> New Patient	
Instructions: Please fill in the time below at each point during your visit.		
Checkpoint	Time	Comments
Time you checked in (e.g. 2:55pm)		
Time you were seated in the waiting room (e.g. 3:05pm)		
Time staff member came to accompany you to exam area hallway/exam room (e.g. 3:14pm)		
Time staff member left you in the exam room (e.g. 3:20pm)		
Time doctor came into the exam room (e.g. 3:30pm)		
Time doctor left the exam room (e.g. 3:42pm)		
Time you arrived at check out (e.g. 3:46pm)		
Time you left the practice (e.g. 3:51pm)		
When completed, please return this form to the front desk staff. Thank you!		

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2.5.2. Patient Wait Time Tool – Spreadsheet


Refer to the Appendix for a link to easily access this spreadsheet and enter data that patients provided on their completed Patient Wait Time Tool – forms.

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2.6. HEALTHeLINK Patient Consent Management

2.6.1. HEALTHeLINK Consent Form Script

The Consent Form Script is a flyer to promote HEALTHeLINK's value to patients. It's intended for display in a practice check-in area or to be given to a patient to articulate what HEALTHeLINK is and the reasons to provide consent to assist the patient with making an informed consent decision.


HEALTHeLINK™


Our Practice is a member of HEALTHeLINK, the WNY Clinical Information Exchange. We encourage you to complete your HEALTHeLINK consent form.

HEALTHeLINK provides the exchange of clinical information among health care providers and others involved in the care of the patient.

Reasons to sign your HEALTHeLINK consent form today:

- ✓ Gives your healthcare providers secure, instant electronic access to clinical records they may not already have.
- ✓ Saves you time, copays, and additional radiation exposure that can result from unnecessary duplicate testing.
- ✓ Enables your provider to have a more complete picture of your medical record at the point of care.
- ✓ Provides secure access to your medical history in the unfortunate event of an emergency or accident leaving you unable to speak for yourself.

Without your signed consent form, providers cannot securely access your clinical information through HEALTHeLINK.

 **HEALTHeLINK™** **IT'S WORKING.**

Visit our website for more information www.wnyhealthelink.com
or give us a call at (716) 206-0993

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2.6.2. Manage Patient Consent Using the Consent Management Application (CMA)

The CMA provides the practice with the ability to easily manage HEALTHeLINK patient consent. Refer to the Appendix for a link to view or print the CMA guide.

2.6.3. Patient Consent Collection and Management in MEDENT

MEDENT has integrated the processing of HEALTHeLINK patient consent forms into their EHR. Instructions to set-up and collect consent in MEDENT follow below.

Step 1 of 1: MEDENT Set Up	
a.	Practice must have a signature pad installed.
b.	Add - https://www.wnyhealthcommunity.com/default.aspx as an Internet link in your 'Tool Bar' or 'Side Bar'.
c.	Instruct staff to login to HEALTHeLINK at the beginning of each session as part of their MEDENT login.
d.	<p>Add HEALTHeLINK's address, consent FAX and consent questions/overrides numbers to the Rolodex:</p> <p>HEALTHeLINK 2475 George Urban Blvd, Suite 202 Depew, NY 14043</p> <p>Consent FAX: 716-206-0039 Consent questions/overrides: 716-206-0993 ext. 103</p>
e.	<p>Go to the 'Patient Information' screen, then add 'HeL Consent Documents' to the Side Bar, then:</p> <ul style="list-style-type: none"> - Click on 'Cog' in the lower right side of the Side Bar; - Select 'Patient Documents' on the left -> select (move) to right box; - Select appropriate HEALTHeLINK consent form: <ol style="list-style-type: none"> 1. YES 2. YES, EXCEPT SPECIFIC PARTICIPANT(S) 3. YES, ONLY SPECIFIC PARTICIPANT(S) 4. NO, EXCEPT IN AN EMERGENCY 5. NO, EVEN IN AN EMERGENCY - If you previously scanned and faxed paper consents, also select the 'image document' for HEALTHeLINK consents. Look for the paper document name in the 'Route' box of the Consent document. - OK, Done.

Note: After completing **Step 1 of 1: MEDENT Set-up**, complete Steps 1 to 3 on the following pages to Collect Consent in MEDENT.

Patient Consent Collection and Management in MEDENT (continued)

Step 1 of 3: Collect Consent in MEDENT	
a.	<p>Explain to the patient/parent that your Practice is a member of HEALTHeLINK, the WNY Clinical Information Exchange. Ask them to complete a HEALTHeLINK consent to allow providers who treat them to securely access their clinical information through HEALTHeLINK.</p> <p>Note: You can provide the patient with a tip sheet explaining the reasons to sign a HEALTHeLINK consent form.</p>
b.	<p>Go to the MEDENT patient 'HIPAA' screen, and then select 'Consents' in the top tool bar. <i>Or, from "Chart Central", you can click on the 'HIPAA HIPPO' icon (he is green).</i></p>
c.	<p>Select 'New' at the bottom of the screen.</p>
d.	<p>If the patient/parent has indicated they will consent, select 'Hel Hie yes consent' form - Note: <i>If the form names are not visible, go to upper right navigation three bars, remove 'Smart Look Up', then search for 'HeL'.</i></p>
e.	<p>The Consent form will open with all required patient information auto populated and 'Yes' selected.</p>
f.	<p>If a parent or guardian will sign the Consent form, select 'Edit' in top toolbar, then - Check the 'Parent or Guardian' box below the 'Signature' box.</p>
g.	<p>Click on the 'Signature' box and ask parent/guardian to sign the electronic signature pad.</p>
h.	<p>Select 'Done'.</p>

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Patient Consent Collection and Management in MEDENT (continued)

Step 2 of 3: FAX Completed Consent	
a.	While still in the 'Consent' form, select "Send" in the top toolbar.
b.	Near the top of the screen, select the blue link labeled "To: click to add".
c.	A box will open, then select another source 'Rolodex entry', and then select HEALTHeLINK. <i>Note: You may have to turn off 'Smart Look Up'.</i>
d.	Click on 'Send' at the top of the screen.
e.	Click on 'Close/next, done'.
Step 3 of 3: Manage Consent in HEALTHeNET	
a.	Switch to the HEALTHeNET screen.
b.	Select the 'Patient Consent' link.
c.	Enter the patient's Name and Date of Birth (DOB).
d.	The 'Consent' form will be displayed - - Enter patient consent election; - Select 'Update Consent'; Select 'Continue' when HEALTHeNET Consent Update Attestation' is displayed.
e.	Select 'Back to Patient Consent' screen, or 'Home'.
f.	Switch back to the Medent MEDENT application.

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2.7. Team Huddle Checklist

Use the modifiable checklist below from the American Medical Association (AMA) to lead your team through efficient, effective huddles at the beginning of the clinic day or session.

Source: AMA. Practice transformation series: implementing a daily team huddle. 2015.

Team Huddle Checklist

Date:	
Huddle leader:	
Team members in attendance:	
Check in with the team	
	How is everyone doing?
	Are there any anticipated staffing issues for the day?
	Is anyone on the team out / planning to leave early / have upcoming vacation?
Huddle agenda	
	Review today's schedule
	Identify scheduling opportunities <ul style="list-style-type: none"> • Same-day appointment capacity • Urgent care visits requested • Recent cancellations • Recent hospital discharge follow-ups
	Determine any special patient needs for clinic day <ul style="list-style-type: none"> • Patients who are having a procedure done and need special exam room setup • Patients who may require a health educator, social work or behavioral health visit while at the practice • Patients who are returning after diagnostic work or other referral(s)
	Identify patients who need care outside of a scheduled visit
	Determine patient needs and follow up <ul style="list-style-type: none"> • Patients recently discharged from the hospital who require follow up • Patients who are overdue for chronic or preventive care • Patients who recently missed an appointment and need to be rescheduled
	Share a shout-out and/or patient compliment
	Share important reminders about practice changes, policy implementation or downtimes for the day
	End on a positive, team-oriented note <ul style="list-style-type: none"> • Thank everyone for being present at the huddle
	Huddle end time:

3. Appendix

Click the links below to access the documents.

1. [Practice Assessment Tool](#) (Fillable PDF)
2. [Practice Workflow Recommendations and ROI Master List](#) (PDF)
3. [Practice Use Cases for HEALTHeLINK](#) (PDF)
4. [Practice Chart Prep Worksheets](#) (Excel)
5. [HEALTHeLINK Consent Form Script](#) (PDF)
6. [Managing Patient Consent in Consent Management Application \(CMA\)](#) (PDF)
7. [HEALTHeLINK Consent Collection and Management in MEDENT](#) (PDF)