**Guide to Administrative Work**

You will be assigned to cover your team’s mailbox each time you are in clinic- this means you will answer phone calls and respond to any mail that accumulates in your team mailbox. These are the people who will cover you when you are not on outpatient. You have 3 main tasks:

1. Cover phone calls (will be sent to your Sinai email)
2. Cover the mailbox (in your firm)
3. Cover Mychart messages

The front desk can help schedule patients for you if you think they need to be seen. If you are concerned about a patient based on a phone call (and think they need an urgent visit but not the ED), email them to schedule the patient. If you are trying to complete a form and feel like you don’t have the information you need and they need a visit, email the front desk to get them scheduled. The front desk emails for the firms are: # IMAFrontDeskFirmA, # IMAFrontDeskFirmB, and # IMAFrontDeskFirmC

You can do ADMIN work in the resident room behind Firm D (3 computers), in the precepting room (if it’s not busy), in an open exam room (if you can find one), in Levy Library, or at home.

To do anything you will need to create a telephone encounter – click on the phone on the top row of buttons on EPIC.

**PHONE CALLS**

You will receive e-mail messages about your patients and your colleagues while you are on outpatient. When patients call the call center, the first thing they are asked is if it is an urgent matter and if they want to speak to a nurse. If the message is coming to you, it means the patient declined to speak to the nurse. There are two categories of phone calls – Clinical / Urgent messages and Non-Urgent messages. We ask that you try to return any message marked urgent (meaning the patient said it was urgent) or any clinical questions on the same day the call was received. If the message is obviously non-urgent (e.g. a refill on multivitamins but the patient told the call center it was urgent) it is okay to not respond the same day. If you aren’t sure, would treat the message as important/urgent.

All other messages (the vast majority) won’t say URGENT on them and should be address within 4 days of receiving them – the reason we tell patients it may take up to 4 days is that you are never more than 4 days from your next admin block. You can either do these as they come in, or let them pile up until your urgent block and do them all at once. The most common phone calls you will receive are:

* **MEDICAL CONCERN**: As above, try to return the same day. Your goal is to triage, not necessarily diagnose. Is it a problem that can just wait until their next schedule primary care visit? Do you need to move up the appointment (if so, email the front desk). Do they need an urgent visit (if so, email the front desk). Do they need to go to the ED?
* **MEDICATION REFILL**: By far the most common reason for call. Generally speaking, so long as they have been seen in the last 6-12 months it is okay to refill their medications. With rare exceptions, you should not refill controlled substances over the phone. If they need to be seen, email the front desk in addition to ordering more medications. Main things to check in chart is usually the last BMP if on multiple BP agents. **If you cannot figure out what medications they are supposed to be on from the chart, have them come in for a visit**. Give a uniform # of refills (e.g. don’t give 4 refills for one medication and 5 for another). If it is a long-term medication (e.g. multivitamin, aspirin) definitely give them 11 refills. For stable medicines, you should give 5 refills at the very least. Giving patients very few refills just means they or the pharmacy will call again soon. Unless the medication is absolutely crucial, you can just e-prescribe and are done. The pharmacy will notify the patient that the medication is available for pick-up.
* **INSURANCE REFERRALS**: Should be emailed to the insurance authorization team with you CC’d. If that is the case, you don’t need to do anything unless they ask. If it is just sent to you and says “needs insurance authorization for referral” or something similar, you need to email # Referrals with the patients name/MRN, where they are being referred, and the reason for referral (very brief).
* **IMAGING OR STRESS TEST PRIOR AUTHORIZATIONS**: Should be emailed to the imaging prior authorization team with you CC’d. If that is the case, you don’t need to do anything unless they ask. If it is just sent to you and says authorization for an imaging study, email # IMA Radiology Cardiology Prior Approval Orders with: Patients Name, Patients MRN, Ordering Provider’s Name, Patient’s Contact #, Study Type Requested, Reason for Study (give enough info, if it gets declined you will have to do the appeal so it’s in your best interest to give as much info as possible up front), Relevant Physical Exam Findings, Prior Relevant Studies. Also make sure the imaging study has been ordered in EPIC.
* **LAB/TEST RESULT FOLLOW-UP**: Review results and call patient to discuss.
* **LETTERS FOR PATIENT**: Can write letter by clicking on Red EPIC button in upper left corner and choosing Send Letter option under Patient Care. Can either: 1) mail letter to patient, or 2) leave at front desk for them to pick up.
* **MEDICATION PRIOR AUTHORIZATIONS**: Your firm’s administrative assistant can help you with prior authorizations. Please see the “AA Assistance with Prior Authorizations” section on the IMA App under Docs. The most important first step is to try to AVOID the need for prior authorization by making sure that the medication is appropriate and that you have first tried to the approved formulary alternative (more info on this on the app!)

**COVERING THE BOX**

Please make sure to leave the Mailbox EMPTY at the end of your 2 week block. Despite what you may see stamped all over papers, there is NO such thing as an “urgent” or “emergent” letter or fax in the bin. If it was, they would have called. Therefore, it is completely fine to leave it all until the end of the week or until you have free admin time.

Your section of the mailbox will have your name on it as well as the other members of your horizontal team.

If a form requires an attending signature (e.g. insists on attending signature or asks for license #’s), attach a post-it and place in preceptor box (above yours) to have it signed.

The Admin staff can handle faxing/scanning anything you need. Just attach the correct coversheet and put in the correct bin. They can also send out letters for you, just place in appropriate bin in the preceptor room.

Typical requests include:

* **VNS FORMS / HOME CARE ORDERS**: These plus home care renewal forms make up 80%+ of the forms in your box. These are generally just FYIs from visiting nurse or other home care services to let you know what they are doing and get your okay. For most things, you can sign without even looking through the chart – physical therapy is good for everyone. Do you really need to review their chart to give the okay for a shower bar or chair? If they ask for an updated medication list, just print it off from EPIC for them. Can stick in Fax bin to send back. 90% of these should take 10 seconds to sign, but there are occasions where you need to think critically about how home care services can be more helpful or make changes.
* **HOME HEALTH AIDE RENEWAL ORDERS**: The bar to take away home care services from a patient already receiving it without meeting them or discussing with them should be sky high. Would recommend just scanning through their problem list for 10 seconds to make sure they seem like someone who might need home care – if so, just sign the form and move along. If you have serious concerns about unnecessary requests, ask front desk to schedule them an appointment and have someone address/discuss in person. Should just sign them and move along in 99.9% of cases.
* **NEW HOME CARE (M11Q)**: Painful. Thankfully, social work can help! Patient needs a recent visit. If they don’t have one, ask front desk to schedule and leave form in box. If they do have one, discuss with the triage social worker for your firm (if patient is not already known to a social worker). They will fill out what they can, and then return to you for signatures.
* **HOME CARE FROM RELATIVE (CDPAS)**: This is a program through the state to allow family caregivers to get paid for the home care services they are providing. Can also ask social work for help with these forms or can do them yourself (they are shorter) if there is enough information in the chart to complete it.
* **GLUCOSE TESTING SUPPLIES**: For some reason, we get a bunch of these and sometimes for patients who don’t need to be checking FSG at all. Quickly scan chart to make sure that patient has diabetes and needs to be regularly checking their FSG (e.g. on insulin). If no, throw form away. If yes, complete.
* **OUTSIDE RECORDS**: Can create telephone encounter to note you received them. Fill out scan coversheet and place in scanning bin in Firm room to have it added to chart.

**COVERING MYCHART MESSAGES**

You will need to check your colleagues EPIC Inbox 1-2 times per week to look for staff messages or MyChart messages relating to IMA patient care. These will appear as: 1) Staff Message, 2) Patient Rx Request, or 3) Patient Advice Request.

We will show you how to attach inbaskets, you just need to remember to look in their inbox quickly when you are on block to make sure these requests are answered.