# Table of Contents

Introduction and History.................................................................................................................. 3

A Typical Clinic .................................................................................................................................. 5
  Clinic Schedule ............................................................................................................................... 5
  Patient Schedule in Epic ............................................................................................................... 5
  Seeing your patient ....................................................................................................................... 6
  Orders ............................................................................................................................................ 7
  Completing the Encounter ........................................................................................................... 9
  Resident PCP ............................................................................................................................... 9

Documentation .............................................................................................................................. 12
  Basics ............................................................................................................................................ 12
  Patient Instructions ..................................................................................................................... 12
  Follow-Up ..................................................................................................................................... 14

Tips for Efficiency .......................................................................................................................... 15
  Smartphrases ............................................................................................................................... 15
Introduction and History

Welcome to Access to Care! This clinic is a unique experience with a wealth of history behind it. It is a repository of learning for residents in addition to being a wonderful center for helping patients in need. Please read the letter below from Dr. Paul O’Keefe, the principal founder of the Access to Care clinic.

“The Maywood clinic started as a free clinic in a storefront in Maywood that was a former car dealership on Washington and 5th Ave. The site had been rented by the Cook County Department of Public Health to be used for their West District Office. The county remodeled the building to house their clinics (STD, pre-natal, and family planning). I was approached by the Dean of the Medical School and asked if I could set up a free clinic for the underserved in Maywood. At that time, he said that lab testing, X-ray, and hospitalization could be accommodated at LUMC.

I contacted the CEO of the Health Department, Dr. Karen Scott, who was anxious to have the health department involved in primary care, and she offered the use of the West District office including nursing to staff the clinic and to establish a medical record for all the patients. We started one evening per week with volunteer attending physicians, residents, and medical students, plus a pharmacist. We gathered a core of attending physician volunteers including Tom McKiernan, Ed Garrity, Len Vertuno, Paul Hering and others, each of whom staffed the clinic one night per month. We were unable to provide continuity in that the patients usually saw a different physician each visit and our pharmacy, although well organized by a dedicated pharmacist, was stocked with samples provided by the pharmaceutical companies. The result of relying on samples was that we often had to change medications when we no longer had the initial medicine we had prescribed.

At around the same time, a group of concerned citizens, both medical and non-medical, formed the Suburban Primary Health Care Council. Included in that group were Walter Wood and Karen Scott. One of the members of the council suggested that a way to provide primary care to some of the uninsured in suburban Cook County was to contact primary care physicians in the area and ask them to take a few uninsured patients into their practice. The group received a grant from the Chicago Community Trust and Access to Care was born. Access to Care has tried to operate like an HMO with minimal funding and provided the doctors with a fixed amount of money for each patient the doctor agreed to take into the practice. In addition they provided the doctors with a $5 per visit, $4 per blood draw and $4 per x-ray. The amount was trivial but set up a contractual arrangement between ATC and the providers. Each member of ATC was means tested and paid an annual enrollment fee. In return, members received primary care with one of the physician providers and were provided with a pharmacy benefit based on a formulary developed by physicians on the board and Walgreens, the pharmacy benefit manager. There is a three tier copay system in which patients paid $5 per month for the generics, $10 for "preferred" set by Walgreens, and $20 for all others.

I asked Karen Scott whether our clinic could be folded into Access to Care and shortly after, LUMC and ATC signed a contract. At about that time, the CCDPH moved the West District Office from the
storefront in Maywood to the Eisenhower Tower and we changed to a day time clinic so that residents in internal medicine could elect to utilize that site for their continuity clinic. Initially, the Academic Dean of the Medical School scheduled the second year so that students were not in class on the clinic day and were able to volunteer at the clinic initially drawing blood, taking vital signs, and sometimes accompanying the residents when they saw patients.

We have expanded our presence and grown our clinic over the past 5 years. We have clinic most every day of the week, and we are more integrated with Loyola than ever before. We have phlebotomy, EKG, vaccination, and health education on site – 1211 W Roosevelt Road. Unique to our underserved clinic, however, tertiary care support is provided at Loyola with the simple goal of providing the very best care possible – regardless of ability to pay.

The population we serve has changed dramatically changed over the years. Initially the majority [of patients] were African Americans from Maywood, Broadview, and Bellwood, but we now serve predominantly Latino people reflecting a shift in the local demographic. At present, over 30% of our patients are Spanish-speaking only.

In our efforts we are encouraged by the Trinity merger and the explicit commitment to caring for the poor that is part of Trinity's mission.

As a result, we have been able to provide not only primary care but secondary and tertiary care to countless numbers of the uninsured in surrounding cities and towns.”

- Paul O’Keefe, MD

Dr. Matthew Fitz, primary attending at the Access to Care Clinic, adds his own addendum to Dr. O’Keefe’s wonderful introduction:

“With the inception of the Affordable Care Act, Cook County initiated a Medicaid expansion program called “County Care” in early 2014. Many of our ATC patients were now eligible for this form of insurance coverage – approximately one-third. Many of these patients wanted to continue with us as the primary care provider, and we have always welcomed our patients’ continuity of care, regardless of how their insurance coverage changes. The current “County Care” program will allow for us at Loyola to see these patients, formerly ATC patients, under the coverage “Aetna Family Health.”

Because we are a clinic that has stressed continuity, we give all our patients an opportunity to continue with us as a provider regardless of insurance coverage. Many patients will turn 65 years of age during our time caring for them, and they will become eligible for Medicare. We will continue caring for them in our clinic. In this respect, we are a clinic that cares for everyone, regardless of ability to pay.”

- Matthew Fitz, MD
A Typical Clinic

Clinic Schedule
Access to Care clinic has a slightly different schedule than Loyola or Hines. Monday, Wednesday, and Thursday, clinic will take place in the afternoon. Tuesdays, there will be both a morning and afternoon clinic. Mornings opposite ATC clinic afternoons will be filled with subspecialty clinics. Similarly, Friday will be divided between a subspecialty clinic and Friday school, either in the morning or in the afternoon. Morning ATC clinic starts at 8:30am, and afternoon clinic starts at 1:30pm; however, you will typically meet with Dr. Fitz 15-30min prior to the beginning of clinic to discuss a case or journal article that is provided in the Continuity Clinic Curriculum handbook.

Patient Schedule in Epic
Click on the “Sch” button on the top bar of Epic to see the clinic schedule for the day (1). Select “TODAY” or any day from the calendar to see that day’s schedule (2). Make sure the department is listed as “MAY FP ACCESS TO CARE” – if it is not, you can type “may fp” and hit enter (3). You can click the [+] icon next to “My Schedule” to display patients scheduled to see you, specifically, and you can click the [+] icon next to “MAY FP ACCESS TO CARE” to display all of the Access to Care residents and have the ability to see any of their schedules (4). Below is a figure showing a sample Tuesday schedule. Important columns to note are highlighted; please note the color-coding system explained below.
### Color Dots
See color code chart on figure. The color of the dot is placed by left-clicking on the empty area (or present dot) and selecting the designated color. The MA will identify which stage of the process the patient is in. If you order labs or vaccines for a patient, let the MA know and change the dot to red. No Show is indicated as black.

### Appt Time
This is the time the patient is scheduled to come in.

### Dur
Appointment duration. 60 minutes for PGY1 appointments and new patients. 30 min for PGY2 and PGY3 follow-ups.

### Arrive
This is the patient’s arrival time. This is input into the computer when the patient checks in at the front desk and is the first thing to show up when they are here.

### Rm
When the MA puts the patient in a room to do vitals, the room number will be listed here.

### Patient
Name of the patient

### Age/Sex
Age/Sex of the patient

### Notes
These are comments noted when the patient’s appointment is scheduled. Most often this is “follow-up” but acute visits will often have a chief complaint listed.

### Provider
This is the resident who the patient is scheduled to see.

---

**Seeing your patient**

Once the patient arrives, the MA will typically room the patient and obtain the reason for visit and vitals. Occasionally, if the MA is otherwise occupied with tests or other patients, it is appropriate and encouraged for you to call the patient from the waiting room and take them back into a room yourself – just check with the MA or Dr. Fitz to find out which rooms are available, as we share them with other practitioners. You should get their height/weight and vitals and input them into the computer under the “vitals” section of the visit navigator (highlighted below). If the MA has already taken a set of vitals or you need to input a new set (e.g. if you rechecked the blood pressure later in the visit), simply click on “New Set of Vitals.”

You can get started on your note as soon as the patient arrives, even if they are not roomed yet – this is a good way to be efficient!
Once you have seen your patient, you will come out and staff the patient with the attending (most often Dr. Fitz). This means presenting the patient in appropriate detail using the standard medical presentation style. You will discuss and come up with a plan for the patient together, and you will go back in the room to explain the plan to the patient with your attending. Later in the year as you become more competent and confident, the attending will give you more freedom and trust and will NOT see the patient with you unless you would like them to specifically. If there are any labs, imaging, or vaccinations to be done, you may let the MA know and select the red dot on the scheduling tab.

**Interpretation Services**

Many of the patients at ATC are Spanish-speaking only, which can add an additional challenge to the visit. Fortunately, we have many first- and second-year medical students that offer their services to translate in return for exposure to clinical medicine. They are a wonderful help and are grateful for any teaching they get along the way.

Additionally, for particularly Spanish-heavy (or student-light) days, the telephone interpreter services line is available. Telephones are available in most patient rooms, and the number to call is 62600. They will prompt you with the language you need, your name, department, and patient’s MRN.

**Orders**

Enter orders using the “Order Entry” tab on the Epic sidebar or within the visit navigator. The orders screen is shown below. New orders are entered in the top bar by searching for the name of the order (or partial name) and pressing enter. If you type an order and it does not show up, try selecting either “Facility List” or “Database Lookup” – these change your search to include a broader selection and may help you locate the order you need. Medicines, labs, imaging, referrals are all ordered here.
Orders that you use frequently or that are on your preference list/favorites will automatically pop-up before hitting enter.

Note that orders require a diagnosis associated with them in order to be signed. If you have not done this, when you click “Sign Orders”, you will see the screen shown below. You will need to type in a diagnosis – in this case, screening – and associate it with the test in order to be able to sign it.

When you order lab tests, make sure to let the MA or RN know to draw the labs. Additionally, you need to “release” the labs so that they are visible and ready for drawing. You can do this by clicking “Open Orders”, selecting the orders you want, and clicking “release.”

If you are having difficulty thinking of a diagnosis to use for common tests, “screening” is a good one to use.
Completing the Encounter

Once you have completed all of your orders, labs, imaging, and have staffed the patient, make sure to walk the patient out. This serves several purposes in addition to being cordial and polite. First, patients can get disoriented around the ATC building and this is an easy way to show them the right direction. However, more importantly, it reminds you (and them) to stop by the desk by the door to check out with the administrative staff. Be sure to let whoever is at the desk know when you would like the patient’s follow-up appointment to be scheduled, and with whom. They will also try to schedule any appointments for specialists or referrals at this time, or at the very least they will be given a phone number to call, so it is very important to remember this part of the visit!

Resident PCP

A fairly new addition to the EPIC system in the outpatient setting is what is called “resident PCP.” Each patient’s PCP is assigned as you may have seen in the top bar listing their important information. There is also a slot for a resident PCP, which you should utilize routinely on patients that will belong to you. It is very helpful and important for several reasons. First, this will allow other residents and faculty to know who to contact with questions or updates on your patients. Second, any message, note, or lab result that is routed to PCP will also be routed to you. Lastly, you are able to set notifications such that results or hospital admissions will be sent to you with a message in your inbox, which can be very useful when remembering to follow-up on labs or imaging after your clinic week.

In order to set yourself as resident PCP, click on the “Upd Prov” button on the top menu and select “Update PCP.” Select the patient from the list of recent patients or by typing their name/MRN into the box provided. Click the “Edit” button and you will see a screen listing the PCPs of the patient and a small box to type in a provider’s name. Type in your name and select enter. A screen will pop as shown below. Be sure to change the PCP type from “General” (default) to “Resident”, thus making you the
resident PCP. You may also select the boxes below labeled “Admissions” and “Additional Results” to inform you by inbox if that patient has been admitted or if all or abnormal results are available.

Selecting “all” under the “Additional Results” section guarantees that any labs you order on your patients end up in your inbox. This is a good way to remember to follow-up!
Documentation

Basics
Most of your documentation can be completed simply within the “Visit Navigator” tab. Though there is a lot of functionality here, you should notice some key headlines.

- Reason for visit: the MA will typically chart this; the biggest utility of documenting this here is that it will auto-populate any smartphrase you have that refers to the reason for visit, a common inclusion in many H&P and Progress Note templates
- Vitals: as discussed above, this is where vitals are charted
- Home Medications: this is where you reconcile prior medications
- H&P Notes and Progress Notes: this is where you click to write your notes for clinic visits
- Orders: this is the tab to enter all of your clinic orders, including medication prescriptions, lab tests, imaging, referrals, etc.
- Pt. Instructions: see below

Patient Instructions
The patient instructions tab is the area that generates the After Visit Summary (AVS). This is included in your patient’s paperwork when they check out at the end of their appointment. It is very important to complete this section as it is here that you may include extra instructions, reading material, reminders, follow-ups, or whatever you like to provide your patient to take home when they leave. Clicking on the “Pt. Instructions” tab opens a blank textbox as shown below.

You may free-text anything you like in this box and it will show up on the AVS. Once you develop a sense of your style and what is useful to include, you may create a Smartphrase to template it for future patients and maximizing your efficiency. Some useful things to include are:

- Medication changes
- Follow-up appointments or referrals
- Brief summary of the visit and what was discussed
- Instructions (e.g. hemoccult cards, foods to avoid in low sodium diet, etc.)
- SmartTexts – these are pre-populated reading materials for patients that you can include in the AVS from Epic itself. Click on the SmartText button and search for particular information, then select it to include the text. An example is shown below:

The dotphrase “.avs” and “.avssp” were created by Dr. Fitz to provide the ATC telephone numbers (in English and Spanish) that can be used in the discharge instructions.
Follow-Up
First, remember that you are responsible for informing your patients about any results on any test that you order. The easiest way to do this is by calling the patient directly. Labs usually come back in 1-2 days after drawing them, so be prepared to call patients you saw earlier in the week, and make time in the week after clinic to call patients with results. This only takes a few minutes per patient and they are very grateful to know.

Second, it is very helpful to indicate in your progress note when the patient should return to clinic (RTC) and why. You may not always remember your reasoning for seeing a patient back in 5 or 10 weeks, but if you write down “RTC in 5 weeks for BP check”, it makes it easier for you in the future. Moreover, if another resident will see this patient – such as in the case that you need follow-up sooner than 5 weeks – it is absolutely necessary to indicate in your note the reason for follow-up.

It is nice to let your fellow residents know when a patient of yours will be seeing them in clinic. Send them an inbox with a brief message of the reason for the visit and what you would like them to do (e.g. check BP, if elevated, start HCTZ 12.5mg daily)
Tips for Efficiency

Documentation can take a long time, particularly during a busy clinic with complex patients. Try to implement some of these tips for optimizing the way you document during clinic in order to maximize your time with patients without making your day run way too late.

1. You are able to open an encounter the moment the patient check in at the front desk. If there is an MA to room the patient and gather vitals, this gives you plenty of time to begin your progress note or H&P. Particularly for new patients, this is an opportune time to input past medical history, review medications, or even begin outlining a problem list based on comorbidities you’ve noticed from chart review.

2. Many people type during the encounter and document while working with a patient. This is individual-dependent and based on style of working and interaction, but if it is done in a way that is comfortable and respectful of patients, it can save you from writing notes at the end of the day.

3. Utilize your students. Many patients are Spanish-speaking and most days a MS1 or MS2 is present to help with translation. This is a great opportunity to coach them with history-taking and a great time to simultaneously use for documentation.

4. Preference List for Orders. Orders you use over and over again become saved, and you can manually save others as favorites so that they pop up right away when you type just the first few letters.

5. Smartphrases. See the dedicated section below for more information.

Smartphrases

These are your best friends for efficiency both in clinic and in the hospital. Click on the MySmartphrases button on the top right of your menu to open the smartphrase manager. Here you can create and modify smartphrases linked to your username.

A smartphrase, sometimes called a “dotphrase,” is a series of characters that, when typed after a period (".") opens up a pre-created word, template, document, etc. These can be as simple as typing “.temp” to automatically result in “temperature” or as complex as creating full templates for progress notes or H&Ps. Certain smartphrases autopopulate relevant clinical information, such as “.pmh” for past medical history, or “.vitals” for a list of the most recent vitals. Other smartphrases are convenient for reference: for instance, creating a smartphrase outlining the CHADS2 score for easy referencing at will.

The best way to optimize your smartphrases is to start by using ones that already exist. If you click the “open” button, you are able to type in anyone’s name to then view their list of smartphrases. You can then copy and paste their smartphrase into one of your own and modify it to your wishes.