



**Care Coordinator Forum  
Tuesday, May 6, 2008  
Minutes**

**Attendees:**

Lori Clark, Wellspan Health System, York, PA  
Debbie Eckloff, RN, Marquette General Hospital, Marquette, MI  
Rachel Elliott, Priority Consult  
Kim Green, Wellspan Health System, York, PA  
Mary Martin, RN, St. John Medical Center, Detroit, MI  
Barb Pflingsten, RN, Riverside Healthcare, Kankakee, IL  
Paul Pugsley, Priority Consult  
Jane Ray, RN, Salem Hospital, Salem, OR  
Leslie Solak-Mattson, RN, North Fulton Regional Hospital, Roswell, GA  
Deborah Spoutz, RN, St. John Medical Center, Detroit, MI  
Mary Vanke, RN, Grant Spine Care, Columbus, OH

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**Initial Care Coordination**

*Initial Phone Calls after Physician Review*

Mary Martin attempts to contact patients in her Initial Care Coordination queue two times. If she does not reach the patient on the second call, she sends a letter to the patient asking him to call the spine center. The letter she uses differs from a traditional call-in letter by stating that if the patient does not call the spine center, she will assume that the patient's symptoms have improved and the record will be closed. This letter is not copied to any physicians, however, and Mary is examining whether they should include physicians in the correspondence. The patient is marked noncompliant at that point but can be reactivated should he call in. Mary explained that this letter eliminates unnecessary steps, such as placing the patient in Ongoing Coordination, waiting several days, then marking the patient noncompliant and sending a second letter.

The standard approach to contacting patients following physician review begins with one or two phone call attempts. If the patient is not reached on the second call, a call-in letter is sent to the patient. If the patient does not respond to the call-in letter within three business days, the record is marked noncompliant and a noncompliant letter is sent to the referring physician and copied to the primary care physician and patient.

Most of the other attendees use the standard approach to Initial Care Coordination calls. However, everyone agreed that St. John's method is an improvement to the standard approach.

### *Marketing*

Mary Vanke sends marketing packets, along with the patient's treatment plan, to primary care physicians outside of her organization. The packets provide an avenue for educating primary care physicians regarding Grant's spine center and Priority Consult.

### *Standard Phrases (Attached)*

Attendees reviewed Bobbie Ryan's standard phrases. Bobbie explained the benefits of using these phrases, such as saving time when entering notes into the Care Coordinator log and using the phrases as a template for initial phone calls to patients.

### **Ongoing Care Coordination**

#### *Tracking Patients*

Bobbie Ryan follows patients until they are scheduled with a Mayfield physician or referred to a physician outside of the clinic for treatment.

Mary Vanke and Mary Martin both track their patients all the way through their course of treatment. Mary Martin reported that with their high volume of patients, this can become quite overwhelming and her team is looking into alternative tracking options. Mary Vanke adds therapists' notes to the Physical Therapy section of Priority Consult.

Barb Pfingsten checks in with patients several times during their course of pre-appointment physical therapy. Bobbie Ryan receives an initial evaluation and discharge summary from the physical therapist before contacting the patient. The only exception is if a therapist calls to tell her that the patient is not progressing or is experiencing new or progressive symptoms. In that situation, Bobbie contacts the patient as soon as possible to discuss her symptoms and next steps.

Deborah Spoutz receives initial evaluations and progress reports from therapists, but it is the patients' responsibility to check-in with her during their treatment.

#### *Workers' Compensation*

Bobbie Ryan sends a letter to the patient's physician of record requesting that he obtain Workers' Compensation approval for any treatment or testing ordered during the review. It then becomes the patient's responsibility to follow-up with the physician of record regarding approval. Bobbie follows up with the patient after two weeks and proceeds with the recommendations if approval has been received or advises the patient to contact her once it has been received.

Mary Martin stated that it is her patients' responsibility to ensure that Workers' Compensation approval is received for all recommended treatment or testing.

**Possible Future Forum Topics**

Noncompliant patients

Incidental findings

Patients with both cervical and lumbar symptoms

**Next Meeting Date**

Wednesday, May 21, 2008 11:00am EST

Topic: Workflow issues: Responsibilities for each position