Chapa-De Diabetes RN Case Manager Workflow

Purpose
Diabetes Nurse Case Managers can order refills for diabetes/diabetes related medication(s) to ensure timely refills and promote patient adherence.

Workflow
There are two avenues in which a nurse may address a refill request: through the E prescriptions (E Jelly Bean) or through a telephone encounter (T Jelly Bean).

E Jelly Bean

- The E Jelly bean screen will display prescription refill request sent electronically from the patient’s pharmacy.

May be sorted by provider using this tab
- Double clicking into the prescription to be refilled will bring up the prescription refill screen.

**Patient info**

**Views historical office visits or telephone encounters**

**Opens patient hub to view labs, documents, previous fills, etc....**

- Sends Prescriptions/Action

- **Approved**: Approves refill request as is, however number of refills may be changed.
- **Approved with Changes**: Allows to change quantity of tablets dispensed, and SIG
- **Denied**: Denies RX
- **Denied New RX to Follow**: Closes this screen, and opens up a telephone encounter to send message to PCP or staff.

**Last fill date at pharmacy**

**Option to change number of refills given**
1. To start processing a refill, start by opening the ‘Patient Hub’
2. From the ‘Patient Hub,’ a patient’s lab and encounters can be examined to determine refill.
   a. Use ‘ePrescription Log’ to determine when this prescription was last filled
3. Use **Diabetes Medication Algorithm** to help guide response to refill (See Page 7).
4. If OK to refill, select ‘Approved’ and select the number of refill to be given.
   a. Click ‘Send ePrescription’ button
5. If prescription falls out of RN Refill Protocol
   a. Select ‘Denied New RX to Follow’ and click ‘Send ePrescription’ button
   b. A telephone encounter will generate

   1. In ‘Reason’ bar, type: ‘[Medication Name] Refill’
   2. Click ‘Add Action Taken’ button and type: ‘Last refilled [Date], See Rx tab. [Include Reason Why Could Not Refill by RN Protocol]’
   3. Select ‘Rx’ tab
   4. Click ‘+’ of medication in question
1. Ideally all T Jelly Bean refill requests should be sent to you by pharmacy team with all prescription and pharmacy information appropriately filled out.

2. To start processing a refill, start by opening the ‘Patient Hub’

3. From the ‘Patient Hub,’ a patient’s lab and encounters can be examined to determine refill.
   a. Use ‘ePrescription Log’ to determine when this prescription was last filled

4. Use *Diabetes Medication Algorithm* to help guide response to refill (See Page 7).

5. If numbers of refills or quantity dispensed need to be changed, click anywhere on the prescription bar.

6. Change ‘Assigned To’ to appropriate provider.

7. Click ‘OK’ to send
6. A screen should pop up that will allow user to change quantity, SIG, and number of refills.

7. Verify pharmacy is right, then hit send button

Verify pharmacy is correct, may change pharmacy using down arrow.

Hit ‘Send’ Rx button when satisfied.
8. Click ‘Send ePrescription’ to finalize.

9. If prescription falls out of RN protocol, in the telephone encounter, indicate reason why Rx could not be refilled by protocol and forward to provider.
Diabetes Medication Algorithm

A1c

- Has appointment with RN case manager or PCP
  - Within 6 months: Yes → May fill up to 6 months
  - No → <7%

  - <7%:
    - 7.9%
    - Within 3 months: Yes → Scheduled Future Appointment
      - No → >9%

  - >9%:
    - Within 1 month: Yes → Had courtesy fill prior to this fill?
      - No
    - No → Send to PCP
      - Yes → Refill up to future appointment

- Scheduled Future Appointment
  - Yes → Send to PCP
  - No

- Had courtesy fill prior to this fill?
  - Yes
    - Give 2 month Courtesy Fill
    - Schedule appointment with provider
  - No → Send to PCP
Metformin Algorithm

A1c

- <7%
  - 6 months Ago: Yes → Proceed with medication algorithm, may fill up to 6 months
  - 6 months Ago: No → <7%

- 7-9%
  - 3 months Ago: Yes → Scheduled Future Appointment
  - 3 months Ago: No → >9%

- >9%
  - 1 months Ago: Yes → Had courtesy fill prior to this fill?
    - Yes → Send to PCP
    - No → 1 months Ago: No
      - No → Send to PCP

Had courtesy fill prior to this fill?

- Yes
  - Send to PCP
  - No → Give 2 month Courtesy Fill

- No
  - Schedule appointment with provider
  - Proceed with medication algorithm
Sulfonyurea Algorithm

Has been stable on medication for the last 3 months.

- Yes: CMP and Lipids done in the last year?
  - Yes: eGFR ≤ 60 mL/min
    - Yes: eGFR 30-45 ml/min?
      - Yes: Does Patient have acute or chronic metabolic acidosis, DKA, or will undergo procedure w/ iodinated contrast?
        - Yes: Send to PCP
        - No: No
      - No: No
    - No: Yes
  - No: No
- No: On more than 1500mg of metformin?
  - Yes: Send to PCP
  - No: No

Note: Please Defer to PCP if pt is an alcoholic
DPP4 Algorithm

1. Has been stable on medication for the last 3 months.
   - Yes: CMP and Lipids done in the last year?
     - Yes: eGFR ≤ 80 mL/min
       - Yes: On Januvia 50mg, 100mg or Onglyza 5mg?
         - Yes: Send to PCP
         - No: eGFR < 50 mL/min
           - Yes: On Januvia 100mg or Onglyza 5mg?
             - Yes: Send to PCP
             - No: Send to PCP
           - No: Send to PCP
     - No: On Januvia 50mg, 100mg or Onglyza 5mg?
       - Yes: Send to PCP
       - No: Send to PCP
   - No: Send to PCP

2. eGFR < 50 mL/min
   - Yes: Send to PCP
   - No: Send to PCP

3. Fill
SGLT2 Algorithm

Has been stable on medication for the last 3 months.

- Yes: CMP and Lipids done in the last year? Yes → Hepatic impairment Child Pugh Class C
  - No: eGFR <30 mL/mi
  - Yes: On Invokana?
    - No: Fill
    - Yes: eGFR persistently <45 mL/min?
      - No: eGFR <60 mL/min?
        - No: On Invokana 300mg, Farxiga 5mg or 10 mg?
          - Yes: Send to PCP
          - No: Fill
      - Yes: Send to PCP
    - No: Send to PCP

- No: Send to PCP

Note: Please Refer to PCP if pt is alcoholic
Insulin Algorithm

Has been stable on medication for the last 3 months.

CMP and Lipids done in the last year?

Is followed by PCP, or DM team with insulin care plan?

Request for Rapid or Short acting insulin?

Reevaluate, safety and need for concurrent medication

Concurrently on sulfonyurea, GLP-1 agonist, meglintadite, or any agent that will increase serum insulin levels?

Send to PCP

Fill
Retinal Screen Scrubbing and Scheduling

PROCESS/ FLOW FOR RETINAL PHOTOGRAPHY SCHEDULING

1. There are two clinics in eCW for retinal screens to be scheduled.
   - Retinal Screening Aub and Retinal Screening GV
2. Patients are scheduled for 45 minute appointments
3. Click Patient Search button at the top in eCW and input patient information to search for patient. Last name, first name.
4. In appointment window you must have the Patient’s provider (this info is in their hub window) and retinal screening Aub or GV as the resource.
5. Adjust time as needed to create a 45 minute slot in clinic schedule
6. Insert patient into patient info in box. Ex Doe, John (make sure you have correct patient and verify DOB).
7. Visit type in the drop down as RetinalScr (Retinal Screening) and in the reason DM Eye Exam. Visit status will default to PEN (Pending) *if patient has prior appointments change visit status to DUM PEN (Additional visits).*
8. If patient has prior appointments scheduled (Ex. with PCP, Dental, Lab, and DM staff) on the same day please note in the general notes section, of the prior appointment, that patient has retinal screen after such appointments.
9. Click OK and verify that the appointment is where it is supposed to be.

*Appointment blocks stay white if DUM PEN or if the patient hasn’t confirmed appointment via text message.

Other appointment black colors

Green = Confirmed

Yellow = Arrived

Brown = Canceled

Grey = Checked out

Lavender = Answered phone

Light blue = Left a message

Fuchsia = Rescheduled appointment

Pink = Broken appointment

Purple = Unreachable
PROCESS/ FLOW FOR RETINAL PHOTOGRAPHY SCRUBBING

1. Click the “S jelly bean” in eCW > Office visits
2. Find Providers/resources at the top in the office visit tab
   - You will click the “…” button
   - Input all Providers/Resources in Aub or GV depending what clinic you are scrubbing for.
3. Click the “sel” button by facility under the providers/resource box. Select the clinic you are scrubbing for Chapa-De Indian Health Program AUB or Chapa-De Indian Health Program GV. This will populate the patients for the day you are scrubbing for.
4. Scan List for DM Checks (3 MO, 6MO, F/u)
5. Search DM Pt. in eCW with Last name, First name verify you have the right pt.
   checking D.O.B.
   - Click encounters to see if patient has been scheduled for DM Eye Exam/retinal screen. If not check their CDSS Alerts.
   - Click DM patient’s CDSS button located on top of HUB in blue. Check their DM Eye Exam alert is date is current, due or past due.
   - Double checking in Patient Documents in their HUB to see if they have had a DM Eye Exam/retinal screen elsewhere under the optometry tab. In this tab should show results of eye exam if patient brought in records or we asked to have their exam records faxed over to us from outside provider.
   - If after looking in the Patient’s encounters, CDSS alerts and patient documents and NO DM Eye Exam has been documented we call the patient and schedule a Retinal Screen/DM Eye Exam.
*if patient states that they see an outside Eye Doctor we would ask for that information and call that providers office to fax over records.
Schedule Scrubbing Workflow

The objective of this workflow is to identify patients with diabetes that have a PCP visit and for the Diabetes Case Managers to attempt to make contact with those patients. The patients are identified for contact by: 1) have an A1c >9 and/or 2) have not seen a DM case manager.

1. Quality Improvement department will send a list on Friday of all DM patients with appointments the following week.
2. The list will include: patient name; date and time of visit; PCP they are seeing; most recent A1c
3. DM Case Managers will identify the target patients.
4. DM Case Managers will give the list to DM Program Assistant.
5. Program Assistant will look at the Case Managers schedules and put a reminder block on their schedule.
6. DM Case Managers will make every attempt to contact the patient.
7. DM Case Managers will offer the patient a brief visit if time allows, give them information regarding the diabetes department (Diabetes Wellness & Prevention Programs brochure, upcoming class schedules and business card for contact information) and offer to schedule an appointment.
8. Appropriate charting will be completed. ie. Telephone encounter, brief template charting.
9. The block will be removed from the schedule. If a contact occurred the patient will be put on the Case Managers schedule. If no contact occurred, the block will be deleted.
10. Patients that are contacted will be added to the excel spreadsheet on Diabetes drive → ++Client Contact++ folder → Weekly schedule scrubbing folder.