Gaps in Care Reachout

Download Gaps in Care report from Citrix Sharefile

Research patient testing needs before calling patient **if patient has had the test performed and the result is in the patient's chart, document on Gaps in Care list.

Contact patient re: testing needed (phone call script provided) Attempt contact x 3.

Document Outcome of reach out on Gaps list

Document reach out in chart

Follow up after testing date to verify if testing performed and result received.

If no result has been received, contact patient to obtain POS and request result.

Time of Appointment (scheduled Appointment)

Review chart and/or Gaps in Care list prior to appointment for testing needs.

Advise patient of testing needs and give information re: diagnostic centers, mobile mammography, etc.
All MLH Mammography Locations with phone numbers and directions:
http://www.methodisthealth.org/healthcare-services/womens-health/breast-health/

Mobile mammography unit scheduling:
https://secureapps.methodisthealth.org/Mammo/

Document patient contact in chart

If patient states they have had the test(s) performed request POS to obtain results.

Document on Gaps in Care list once result is received

Upload updated Gaps in Care to Citrix Sharefile with updated information for attestation.

Script for Reach Out

Gaps in Care

This is _____ from Dr. _____'s office. Dr. _____ is reaching out to patients regarding preventive care. Preventive care is essential for early detection of possible disease and can greatly benefit your health.

In reviewing our records, we found that you have not had your screening_____ (Mammogram, Colonoscopy, A1C, etc). Is it possible that you have had (test) performed and we do not have the records?

(If so, find where to obtain records) If no, use the following:

Our diagnostic centers allow you to schedule your own mammogram at your convenience. I have a phone number and website for you to schedule or would you prefer I schedule the mammogram for you?

If patient schedules their own: Give information for mobile, diagnostic centers, and "Screening Saturdays". Please ask the diagnostic center to fax the results to us so we have them for your record.

If clinic schedules: Request results to be faxed on order.

Proactive

In reviewing our records, we found that your screening_____ (Mammogram, Colonoscopy, A1C, etc) is due in _____ (ex. November). Do you have this scheduled already? (if so, note in chart)

If not, follow above script for scheduling.

Script for Follow Up Call

This is _____ from Dr. _____ office. I am calling to follow up on your mammogram. Have you had your mammogram performed yet?

If no:

Do you need our assistance in scheduling? If not, I will be happy to provide you with the phone number/website to schedule again? (provide phone numbers from pocket card)

If yes:

Which facility did you go to? I will contact them to get your report.

IF REFUSED: (MUST BE DOCUMENTED IN PATIENT RECORD WITH REASON FOR REFUSAL)

Dr. _____ encourages his/her patients to be screened as preventative screening is essential is detection of possible disease.   If you change your mind and would like help in scheduling please let me know.   Provide education re: importance of preventive testing.

IF REFUSAL is on Gaps in Care list:

Document refusal with reason on Gaps in Care list.