



SCPMG Regional Guidelines for Interdepartmental In Basket Etiquette

Personal and Departmental Ownership of Work - General Principles

- Physicians/Providers, or a colleague in their department, are responsible for managing their In Basket items. This includes notifying patients of results, ordering follow-up tests, arranging follow-up appointments and any needed additional follow-up referrals.
- Physicians/Providers, or a colleague in their department, are responsible for facilitating the management of requests for Disability, Off Work Orders, FMLA requests, DME orders and requests to complete Patient Forms that are needed related to care they have provided within their department.
- If a Physician/Provider is out of the office, on leave or otherwise unavailable, the provider's department is responsible to have a coverage system to do the following:
 - Manage telephone messages, secure messages (emails), results, and refill authorization requests (RAR).
 - Notify patients of results, order any needed follow-up tests, and arrange any needed follow-up appointments for that provider or the PCP and any needed additional referrals.
 - Managing requests for Disability, Off Work Orders, FMLA requests, DME orders and completion of Patient Forms that are needed related to care provided by the physician who is out of office.
 - All departments should have cross coverage agreements for in basket work to ensure patient safety, efficiency, and quality.
 - Departments are encouraged to utilize staff to their maximum appropriate scope of practice to assist with out-of-office in basket coverage.
- Physicians/Providers and covering physicians should not route results, telephone messages, emails, Disability requests, DME Requests or any requests to complete Patient Forms to another provider outside of your department, including for the purposes of out of office coverage-

Refill Request (RAR) Ownership Guidelines

- Refill Authorization Requests (RAR's) are the responsibility of the prescribing physician as long as the physician has a management relationship for the patient's clinical condition.

Requests for refills of highly specialized medicines are the responsibility of the prescribing physician, or a covering departmental colleague, and should not be re-assigned to a physician in another department.
- Any reassigned RAR's outside of your own department must have a routing comment with a reason for the reassignment.
- Primary care physicians (PCP) should assume responsibility of refills for medications prescribed by other Physicians/Providers if there is an ongoing need for the medication and the care of the patient has been returned to the PCP in accordance with appropriate and customary medical care guidelines.
- Pharmacy staff should follow the above guidelines. Pharmacy staff should not send RAR's to Physicians/Providers outside of the ordering department. If a physician has not responded to a refill request in a timely manner then the pharmacy staff should work with the department leadership to identify a covering colleague. Such untimely RAR's should not be routed to any Physician/Provider outside the ordering department.



“CC Charts”

- There is no legal regulatory or legal requirement to send the first report after a referral to the referring Physician/Provider. Do not send “first report” copies to the PCP unless he/she is the referring provider. The referral first report should only be sent to the referring Physician/Provider if there is an actionable issue or information that will impact patient care. In these instances, routing comments should be used to describe this information
- Subsequent use of “CC Chart” by Physicians (including per diems), Advanced Practitioners, RN’s and Pharmacists, should be uncommon and only if there is an actionable issue or information that will significantly impact patient care. Routing comments should be used to describe the reason for the cc chart to convey any follow-up directions.
- “CC Chart” should not be done for FYI only.
- “CC Chart” should not be used to ask physicians to arrange follow-up for a member. If a follow-up visit is needed with another physician then the clinical staff should work with the member to arrange follow-up on behalf of the requesting Physician/Provider.
- Any actionable messages should preferably be sent via a message encounter rather than cc chart since message encounters are handled in a more timely fashion

“CC Results”

- At the time of ordering tests do not use the CC Results button to send a copy of results to another Physician/Provider.
- Results are the responsibility of the ordering Physician/Provider or the ordering provider’s department in the event that Physician/Provider is out of the office.
- If an abnormal lab requires clinical management outside the scope of the ordering Physician/Provider then the ordering provider should ask his/her support staff to make arrangements for the member to be seen by the needed department/physician.
- One exception is labs ordered for Clinical Strategic Goals such as A1c and Lipids. These are appropriate to route to the PCP contingent on local guidelines.

Referral Guidelines

- A new referral is not necessary or required if a patient has been seen in that department within the last three years for the same condition.
- Second opinion requests by patients are the responsibility of the specialty department to arrange. A new referral is not needed or required if a patient has been seen in that department within the last three years.
- If a specialty provider is no longer available for any reason, it is the responsibility of that specialty provider’s department to reassign the patient to a new provider. A new referral is not needed or required.

Miscellaneous Guidelines

- Information of clinical importance should not be transmitted via staff message but rather via a message encounter or telephone encounter.
- The patient message folder is the preferred destination for all patient management communications requiring timely action.