Midland/Odessa Clinic – basic approach for resident

Try to learn about the patient before hand, if it is to establish care, hospital follow up, or a general follow up. Look at the previous notes, labs, medications, diagnosis to discuss about in this visit.

Before meeting patient

Acknowledge patient's concern.
Negotiate what to cover during visit.
Set the agenda for the visit.
Surface any remaining concern.
Plan for the next visit.

During Meeting

Focus on pertinent question that the attending asks, medication added or removed, diagnostic studies and blood work, and when to schedule patient's return to clinic.

Discussion of case with Attending

1. *Billing
2. *Return to clinic
3. *Diagnosis
4. *Orders
   a) Labs
   b) Medication order
   c) Referral
5. Office Note

Document visit

Discussion on Screening, immunization, medication reconciliation, case discussion with attending.

Education

Our Midland & Odessa clinics run on teamwork!

- Diagnosis: be as specific as possible, eg Diabetes Mellitus type 2 with nephropathy or neuropathy as it becomes easy to code and bill.

- Billing: use codes 99203(new visit) or 99213(old visit) most commonly, codes depend on level of complexity of care provided.

- Labs: In the **superbill** heading under ***summary*** section, there are labs which can be ordered, use ***lab order(request)*** and ***print the labs orders*** to the patient so they can go to lab of their choice and not just LabCorp.

- Orders:
  - Medication order: Order right dose for the required # of days and send it to pharmacy of choice of the patient, remove unnecessary meds after consultation with attending, and avoid polypharmacy as permissible in geriatric patients.
  - Referral: there is ***referral section*** under ***superbill*** heading. Use **internal referral (Texas Tech)** or outside referral as needed. Then proceed to communication heading, mention to ***Clinical pool***, use ***.ref***, add the diagnosis for the referral eg ophthalmological work up for DM type 2.

- Office note: type the office note at the end of the visit, be concise and attach the consultant name at the end of signing.

- Please consult the nurses, upper level residents, and/or attending physician for any clarification. Everyone is ready to help.