



Community Principles for Follow-up On Outpatient Diagnostic Testing, Laboratory and Imaging Studies

MINIMAL COMMUNITY STANDARD

The minimal community standard is feasible today and providers should modify practice workflows, if necessary, to meet this standard.

1) Define who is responsible for follow-up with the patient. The ordering provider is aware that he/she maintains responsibility unless cleanly handed off to another provider for follow-up with the patient. When a hand-off of responsibility is warranted, both significant normal and abnormal results should be cleanly handed off to and accepted by a responsible provider, across care transition settings, who can act on them. The default responsibility remains with the ordering provider if a clean hand-off does not occur.

2) Ensure timely communication and documentation of significant findings by the responsible provider to the patient and other relevant providers involved in the care of the patient for the relevant condition. The responsible provider ensures that significant test results are appropriately reviewed, communicated and acted upon.

3) If the responsible provider receives a critical/panic value and the provider believes that the value warrants urgent medical intervention, he/she must ensure attempts occur to contact the patient directly in a timely way. Ordering provider should have another colleague listed as backup or an alternative communication route in place when Ordering Provider is not available.

4) If a provider receives a result in error as the ordering provider, or a non-ordering provider believes that he/she has been designated as the responsible provider in error, he/she notifies the facility that sent the results. The testing facility should have a process in place to make it easy for the provider to notify the testing facility of errors. The testing facility must redirect the results to the correct ordering provider or an alternate responsible provider (not the copy to provider)

5) Logical Observation Identifiers Names and Codes (LOINC) and the Electronic Medical Record (EMR) lab order number are included and transmitted with every lab result. LOINC is a database and universal standard for classifying medical laboratory observations.

6) Must be consistent with federal and state laws and regulatory requirements including communication of critical results.

RECOMMENDED COMMUNITY STANDARD

The recommended community standard is the higher standard accepted by the Monroe County Medical Society and the Advisory Committee, and it is proposed that all community providers move towards this standard.

1) All components of the Minimal community standard.

2) Any hand-off should be documented by both providers, which may be by the receiving provider taking and recording appropriate follow-up action. Laboratories should contact the responsible provider the next business day to report any contact issues and obtain preferred phone numbers going forward.

3) A copy of the results is sent to the provider who has the overall picture of the patient, such as the PCP, and the referring provider, if any.

4) Results are readily available for patient access.

5) There is a full reconciliation process, along the way, to ensure accuracy of patient information.

OPTIMAL COMMUNITY STANDARD

The optimal community standard is not uniformly feasible today.

1) All components of the Recommended community standard.

2) Consistent with high reliability and the *Triple Redundancy Model*, the patient will receive all final laboratory and imaging results. Work should occur progressively to improve the ability of laboratory and imaging results to be more easily understood by patients.

3) It is a continuous closed loop system all the way through to the patient, such as the "Coumadin Clinic Model." This systematic model follows a coordinated anticoagulation therapy management plan between the provider, patient and laboratory facility where test results are reviewed by a knowledgeable provider and there is an organized communication plan that is acted upon with the patient that includes following up with the patient if he/she has not come in for their next test.

4) For imaging studies, the ordering physician and radiologist assume a shared responsibility for arranging further screening and diagnostic workup, if appropriate.

5) Employer and community sponsored health and wellness fairs who offer screening tests such as blood pressure, cholesterol, blood sugar and PSA levels should designate an ordering provider who maintains responsibility until there is a clean hand-off to another provider for follow-up with the patient.



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Definitions (Page 1/2)

Attending provider

The attending provider is primarily responsible for a patient during a hospitalization.

Authorizing provider

The authorizing provider has received health plan authorization for a patient's test, service or treatment.

Clean hand-off

A clean hand-off is a provider-to-provider direct communication where there is an acknowledgment that a provider has accepted responsibility or a predefined system of hand-off with a pre-defined acceptance of responsibility.

Closed-loop system

A closed-loop system is a management system that operates in a continuous loop of information between providers, facilities and patients thereby reducing opportunities for error. In a truly closed loop management system, patient information and outcomes are recorded in the system so that providers can understand how the patient is responding and the patient's treatment plan can be altered, if necessary. Then the process begins again.

An example of this system is the Coumadin Clinic Model, for oral anticoagulation therapy management. This is a systematic model that follows a coordinated anticoagulation therapy outpatient management plan between the provider, patient and laboratory facility where test results are reviewed by a knowledgeable provider and there is an organized communication plan that is acted upon with the patient that includes following-up with the patient if they have not come in for their next test.

This system of care is "designed to coordinate and optimize the delivery of anticoagulation therapy by (1) evaluating patient-specific risks and benefits to determine the appropriateness of therapy; (2) facilitating the management of anticoagulation dosages and prescription pick up or delivery; (3) providing ongoing education of the patient and other caregivers about warfarin and the importance of self-care behavior leading to optimal outcomes; (4) providing continuous systematic monitoring of patients, international normalized ratio results, diet, concomitant drug therapy, and disease states; and (5) communicating with other healthcare practitioners involved in the care of the patient." ²

Copy to provider

The "copy to provider" is an additional provider involved in the patient's care that has been named by the ordering provider to additionally receive a copy of the ordered test result. The "copy to provider" is not the responsible provider unless there is a clean hand off that is accepted by another provider.

Critically important

Critically important are test results that are not time sensitive, but are significant and if left untreated would be life threatening.

Critical/panic values

Critical or panic values are time sensitive test results significantly outside of normal limits, and that if left untreated could be imminently life threatening or place the patient at serious risk. The result requires immediate attention and action by the patient's medical provider, and the provider must follow up with the patient immediately. Critical values in laboratory "legal language" are values set by the Laboratory Director (different labs may have different critical cutoff values) which are deemed to be "critical" and MUST be called within 60 minutes.

Diagnostic testing

A diagnostic test is a medical diagnostic test, laboratory or imaging study performed to provide information which aids in the making of a diagnosis.

Direct message

A direct message is a private communication between a provider and another provider or facility.

Emergency department encounter

An Emergency Department encounter is a consultation between a patient and a provider in the Emergency Department in a hospital setting or urgent care facility.

Ordering provider

The ordering provider orders a diagnostic test, clinical laboratory test or imaging study for a patient. The ordering provider is the responsible provider unless it is a closed loop system or there is a clean hand off that is accepted by another provider.

Outpatient diagnostic testing, laboratory and imaging studies

Outpatient testing includes lab specimens ordered and collected or imaging studies ordered and performed on patients in outpatient settings and practices. This does not include Emergency Department patients or observational or inpatients.

Outpatient encounter

An outpatient encounter is a consultation between a patient and a provider in outpatient settings and practices.

Post in-patient discharge result

A post in-patient discharge result is a diagnostic test, laboratory or imaging study result that is received after the patient is discharged from an in-patient hospital stay.



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Definitions (Page 2/2)

Primary care provider

“The Institute of Medicine’s 1996 definition of primary care is “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”¹

Primary care is comprised of comprehensive, coordinated, continuous and accessible health care services:

Comprehensive - Comprehensive care addresses any health problem at any given stage of a patient’s life cycle.

Coordinate - Coordinated ensures the provision of a combination of health services and information that meets a patient’s needs. It also refers to the connection between, or the rational ordering of, those services, including the resources of the community.

Continuous - Continuity is a characteristic that refers to care over time by a single individual or team of health care professionals (“clinician continuity”) and to effective and timely communication of health information (events, risks, advice, and patient preferences) (“record continuity”).

Accessible refers to the ease with which a patient can initiate an interaction for any health problem with a clinician (e.g., by phone or at a treatment location) and includes efforts to eliminate barriers such as those posed by geography, administrative hurdles, financing, culture, and language. Health care services refer to an array of services that are performed by health care professionals or under their direction, for the purpose of promotion.”¹

Provider

A provider is a licensed health care professional who provides preventive, curative or rehabilitative medical or health services to patients.

Referring provider

The referring provider directs a patient to an additional source of medical expertise for assistance, examination, information or treatment.

Responsible provider

The responsible provider orders a diagnostic test, clinical laboratory test or imaging study for a patient or is the provider who receives and accepts a clean hand-off. This provider is responsible unless it is a closed loop system or there is a clean hand off that is accepted by another provider.

Significant findings

Significant findings are test results that are abnormal results or occasionally normal results that may impact the patient’s treatment plan, but are not life threatening. The responsible provider must follow up with the patient.

Submit

To submit is to enter an order on a Computerized Physician Order Entry (CPOE) for the treatment of a patient under the care of the responsible provider.

Timely

Timely depends on the test result. There are three classifications:

- 1) “*Critical or panic values*” are time sensitive test results that if left untreated could be life threatening or place the patient at serious risk and must be followed up on by the responsible provider immediately.
- 2) “*Non-critical*” is a test report that is beyond the normal variation and is not time critical, but must be attended to promptly and followed up on by the responsible provider.
- 3) “*Normal*” is test result that is within the normal variation and does not require follow up, but at the optimal standard level the responsible provider should notify the patient of the results.

Triple Redundancy Model

Triple Redundancy Model is the concept that true highly reliable, near zero defect results can be achieved with at least three systems, such as a function with two full backups.

References

- ¹ Donaldson MS, Yordy KD, Lohr KN, Vanselow N. *Primary Care: America’s Care in a New Era*. The National Academies Press [Internet]. Washington D.C. 1996 [cited 2012 September 25]. Available from: http://www.nap.edu/openbook.php?record_id=5152&page=32#p200063749960032001
- Ansell JE, Buttaro ML, Thomas OV, Knowlton CH. *Consensus guidelines for coordination outpatient oral anticoagulation therapy management*. Anticoagulation Guidelines Task Force. National Center for Biotechnology Information, U.S. National Library of Medicine [Internet]. 1997 May [cited 2012 Sept. 26] Available from: <http://www.ncbi.nlm.nih.gov/pubmed/9161658>