

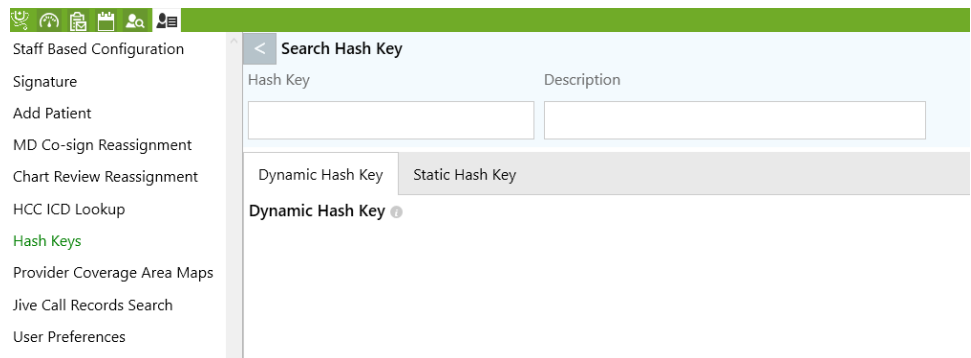
## ❖ Programs

### ➤ Ubiquity: [Ubiquity Product Guide](#)

- Landmark's own EMR. Most training is completed during initial onboarding with PCCs/APCs. AMD training will be completed through Cornerstone/ MyLearning.
- Chart review/ signing/ call audits/ chart audits: [see corresponding section- Oversight](#)
- Health Plan Specific Information (HPSI):



- Found in the upper right corner of the Ubiquity chart in Clinical Summary. Gives the Health Plan Specific Information notes according to patient home zip code and insurance plan. Lists market schedule to refer to in Humanity, UE coverage with/without times of coverage (if applicable), and what on call providers to search for in Humanity. Any patient without a HPSI info needs Escalation to Associate Director (Adrienne Moltz).
- Hashtags:



- Shared hashtags (hash keys) and personalized hash keys serve as shortcuts for commonly used phrases or templates. A pre-defined list of market wide shortcut keys will be shared with each market by role. These shared shortcuts are accessible by using the hash (#) key and starting to type the name of the name of the shortcut (i.e. #sec = secondary to). After typing #sec, pressing the period (.), comma (,), or enter key will populate the contents of the shortcut's description.
- Dynamic Hashtags These will have drop down choices for several complaint specific hashtags.

- ◆ We anticipate that several Problem Focused Dynamic hashtags will be published in 2024.

- Ubiquity also has the capability for users to create their own shortcut (hash keys). Once created, personalized keys are accessible within text boxes throughout Ubiquity by using a double hash (##) prefix.

- ◆ Instructions on use and creating hashtags can be found in the Clinical Reference manual, Pages 99-101.

➤ MD Co-Sign Encounter Reassignment

- From the Admin Module, can re-assign encounters that require co-signature to another MD in cases where the original reviewing provider is unavailable.
- Select the MD Co-sign Reassignment item from the Admin module menu.
- Enter the co-signing physician currently assigned for the patient chart.
- Enter the co-signing physician to whom the chart should be reassigned.
- Select the patients that should be reassigned to the new co-signing physician.
- Click the blue Save button.

The screenshot shows the 'MD Co-sign Reassignment' window. On the left, a sidebar menu has 'MD Co-sign Reassignment' highlighted (1). At the top, there are two text input fields: the first contains 'Richard Boehler' (2) and the second is labeled 'Assign To' and contains 'Chris Dennis' (3). Below these is a table with columns: Patient Name, Patient ID, Encounter Date, Assigned MD, Date Sent for Co-sign, and Market. A red box (4) highlights the first column of the table, which contains checkboxes. Several checkboxes are checked, corresponding to the following rows: CGISSTK AGJV, XTHB CYO/PBE, PDSGBHD FSSAIRSJSS, and MJPRSQ LBCLLR. At the bottom right, there are 'Cancel' and 'Save' buttons, with the 'Save' button highlighted by a red circle (5).

	Patient Name	Patient ID	Encounter Date	Assigned MD	Date Sent for Co-sign	Market
<input type="checkbox"/>	CERG MAAHD	1006857	10/9/2019	Richard Boehler	10/9/2019	Albany
<input type="checkbox"/>	LEEKEHLWY GUOXE	1512002	10/10/2019	Richard Boehler	10/10/2019	Albany
<input checked="" type="checkbox"/>	CGISSTK AGJV	1539278	10/9/2019	Richard Boehler	10/9/2019	Albany
<input checked="" type="checkbox"/>	XTHB CYO/PBE	1558086	10/8/2019	Richard Boehler	10/10/2019	Albany
<input checked="" type="checkbox"/>	PDSGBHD FSSAIRSJSS	1604044	10/10/2019	Richard Boehler	10/10/2019	Albany
<input type="checkbox"/>	JXGZH DSSJDQH	1605468	10/9/2019	Richard Boehler	10/9/2019	ALBANY
<input checked="" type="checkbox"/>	MJPRSQ LBCLLR	1628943	10/9/2019	Richard Boehler	10/9/2019	Albany
<input type="checkbox"/>	AJYN NOOTQGE	1698481	10/9/2019	Richard Boehler	10/9/2019	Albany
<input type="checkbox"/>	DIIIA QGHVCC	1726805	10/10/2019	Richard Boehler	10/10/2019	Albany
<input type="checkbox"/>	CQSCSGSQ CLRNDAKDOBNB	1752120	10/9/2019	Richard Boehler	10/9/2019	Albany

➤ Documentation

- Notes Vs. Encounters: When doing oversight of calls/ charts, concentrate on encounters as these involve more medical management and risk.
  - Notes:
    - ♦ Non-clinical: Cancellations, inquiries regarding ETA of provider to patient home, patient calling back after call dropping, Administrative, usually handled by PCC.
    - ♦ Clinical: Triaging a medical need and hand off or a visit. Most of the time the APC will not be providing direct medical management, BUT can suggest a “band aid” plan such as Tylenol for fever, patient to take a home covid test, breathing treatment that patient already has prescribed to them, etc, while they await the market provider/UE to arrive.
    - ♦ These also involve unengaged patients with a clinical concern, follow up phone calls with consultants or family, family or caregiver calls even when they are not present with the patient.
    - ♦ #LM1assessment is updated and preferred Hashtag.
    - ♦ Notes are reviewed in the RD Call Center Note report in Power Bi.
  - Encounters:
    - ♦ Used when APC is providing medical management and/or treatment, new prescriptions, specific advice, bridge refill of prescription medication, “manipulation” of prescription (take more insulin and check BG, skip BP med tonight, etc). Encounters are used whenever the APC is using their advanced degree to practice medicine.
    - ♦ Used when sending a patient to the ED, even if they do not go. Even when pt calls just to tell LM that they are going or are already in the ED.
      - Telephonic notes will be created instead of encounters for patients who call and are either on Hospice and need escalation to the ED, or for patients who are not engaged yet (no IV1 has been done therefore no consents in file) or

show as engaged through Housecalls (consents done by Housecalls but no IV1).

- ◆ Used to open an Urgent Episode of Care (UEOC).
- ◆ Enters new diagnoses into patient's problem list.
- ◆ #LM1UV is Hashtag.
- ◆ Encounters are reviewed in the RD LM1 Open notes and Encounters in PowerBi.

▪ Kardia

- Job aide ([here](#)); See LM1 APC manual for guide on obtaining and uploading tracings
- AMD is responsible for interpretation – may review but cannot give a formal interpretation when not licensed
  - ◆ Documented in encounter as informational visit; location = office
  - ◆ Suggest a hashtag for interpretation *ie. ##EKGread: Kardia 1 Lead EKG sent to me on [mm/dd/yyyy] by [state Provider's name] from a visit on [mm/dd/yyyy]. Result is [a fib, rapid afib, paroxysmal afib, persistent afib, normal] with [HR (atrial rate and ventricular rate), Heart rhythm (regular, irregular), P wave (p for every QRS), PR interval (grossly normal, abnormal), QRS complex (normal or widened), [other: is this a clear tracing, or does it include artifact]*

▪ Pictures: Please see APC Manual for information regarding picture management including use of [LM1Photo@Optum.com](mailto:LM1Photo@Optum.com) email address.

- Adrienne Moltz can help get AMD access to LM1 Photo email mailbox.
- When an APC needs picture from that mailbox, they can reach out to the AMDs or TLs who will find the email and forward to the APC.