- APC oversight requirements
  - Territory Divisions: Most up to date AMD/DMD teams; each APC is assigned to a primary geographic territory and is overseen by the physician leadership corresponding to that territory
  - One on one meetings including documenting discussions
    - 1:1 between Team Doc (AMD) and LM1 APC (may need a second individual from leadership when there are HR issues or witness needed)
    - Every 6 weeks, Clinical Administration Supervisor (TaShawn Wilson, tashawn_wilson@optum.com) schedules or reschedules.
      - These are mandatory, should be scheduled while they are on shift, preferably during the beginning of their shift or the very end.
      - If the APC works mainly overnights, they may be scheduled off shift and paid.
      - Attendance is required for GSS individual goals and is taken into account when making recommendations for merit pay increases. A record of missed 1:1s that are not rescheduled in advance should be recorded on the one-on-one template for this purpose. Make an effort to reach out about rescheduling.
      - When an APC or physician is on PTO or has other conflicts, they are expected to reschedule in advance.
        - If in need of rescheduling, check the schedule of the APC in Humanity to find the next time available either at the beginning or end of their work hours.
        - Open the 1:1 scheduled in Outlook and choose “just this one”.
        - “Propose New Time”, choose date and time.
        - Make sure that the email goes to all involved in the meeting when sending back to TaShawn.
      - In certain circumstances you have to schedule an ad hoc 1:1 during the middle of an APC’s work hours. This can be done through TaShawn, but an AMD can also reach out to the APC and let the team leads know a 1:1 needs to happen.

- Template: One on one Template, this can also be found on LM1 Doctors Teams page under files.
    - Each AMD (DMD) to download a personal copy and keep in their personal APC files on the LM1 Doctors teams channel.
    - Template can be customized to fit the needs of AMD and APC but a record of 1:1 meetings must be kept to document collaboration and oversight.
    - Topics
        - Working rate: Should be >/=85%. (Currently not being calculated 2/2024)
            - Working rate is the percentage of time during an APCs work hours in which they are either available or working on patient care. It excluded any breaks, lunches, personal time, meetings, training, mentoring.
                - It can be low due to extended status in any of those exclusions, so taking this into account is necessary if an APC has approved time for training, mentoring, or meetings.
                - If an APC needs time out of office in their work hours for work related duties such as licensure activities, CME, or other special training, they can work with their AMD and WFM to get these times approved.
            - This is currently being calculated by Work Force Management. This can be found in the Work Force Reporting Teams Channel in files as the WF-Clinical Dashboard.
            - Discretion can be used for when APC is a new hire, returning from leave, etc. The AMD can have conversations with the APC about any action plans for improving this number as needed, or about outliers in statuses found.
            - Status evaluations and Talk:Documentation times can also be seen in Genesys starting 12/12/23.
            - Suggested status length times (for IC):

Status:	Description:	Duration:
ACW	An automatic status that is given once a call has ended. Please do not remain in this status and change as soon as possible.	<1 minute
APP Lunch	Meal break.	30 minutes
Documenting	Ubiquity or Email entry / communication corresponding to a call.	≤15 minutes
UE Documentation	Documentation that occurs after a UE	≤30 minutes
Urgentivist Extender	For visit with UE and patient.	≤30 minutes
Provider Call	Used while calling a market, UE, or pharmacy.	≤5 minutes
Patient Call	Used while reviewing a patient's chart after referral or Triage.	≤5 minutes
Email Triage	Set when reviewing an email sent to the Triage mailbox.	≤5 minutes
Training	Set during the onboarding period while practicing calls with your Trainer	As Needed
Meeting	Please set this status is you are meeting with your APC Lead or Supervising AMD.	Duration of Meeting
Personal	Set this status if a short departure from your workstation is necessary, such as a bathroom break.	As Needed
Scheduled Break	Set this status during your regularly scheduled breaks while on shift.	15 minutes
System Down	Use while the Help Desk troubleshoots issues with your hardware or software.	As Needed

- These times are not affected by our move to Genesys, but we are still learning the best process for data collection through Genesys. WFM will be developing this as well, and using it for scorecards.

- Note that picking up extra overtime hours may skew downwards the total percentage of time spent on breaks and lunches. These work hours are 2 hours in length, $75/ hour, and do not come with time for Lunch, but does come with a break if 3.5 hours or more in length.
  - For APC picking up work hours the following are requirements:
    - Cannot pick up work hours until after the first 1:1 with the AMD and "cleared" for additional work hours by the AMD.
    - Cannot work more than 6 days in a row.

- Must have a 1 hour break of planned time off between regularly scheduled work hours and additional work hours picked up.
- May not work more than 14 hours in a 24 hour period.

♦ UPTO attendance number: Landmark First Attendance Policy is based on the Optum Attendance guidelines, LOA/FMLA

➢ Should be <4, exceeding these prompts a formal documented review of the absences, directly addressed with the APC, and corrective actions when warranted per Optum. (Legacy Landmark rules: >6.5 lead to corrective actions.)

Consideration. All warnings will be documented and placed in the employee's GSS file.

The following grid is designed to provide guidelines when addressing the total number of occurrences in a rolling 12-month period:

No. of Occurrences (12-month period)	Discipline Process
4 Absences	*Initial Warning* A formal written corrective action plan documenting attendance expectations, the employee's attendance history, and outlining the consequences of continued absences.
5 Absences	*Elevated Warning* A formal written corrective action plan documenting the attendance issue, setting attendance expectations, and issuing a warning that attendance must improve.
6 Absences	*Final Warning* A formal written corrective action plan documenting the attendance issue and including a final warning that attendance must improve or termination will be considered.
7 Absences	*Termination Consideration* In the event an employee is unable to resolve attendance issues, termination of employment is considered.

Warning Cleansing Period Duration:

Initial Warning	3 Months
Elevated Warning	6 Months
Final Warning	1 Year

➢

➢ If life circumstances lead to a large UPTO number, conversations should be had regarding what can be done to prevent future UPTO for the same reason (LOA, Tech interventions, etc.)

- If an APC is on an LOA of FMLA, forward the approval email from Sedgwick to TaShawn Wilson and WFM so that they can monitor the codes places for accurate salary adjustment/PTO adjustments as necessary, and make sure their schedule is accurate, respectively.
- Physician managers will also need to verify that the APCs is logging the correct hours and codes into GSS for when they do take advantage of their leave granted. Instructions on this will come in an email from Sedgwick with every occurrence.
- Sedgwick: 866-679-8122, have employee ID number ready if inquiring into a LOA/FMLA for an employee.
- When the APC returns to work, they may need retraining and time set aside for this. LM1 Physicians should be an advocate for the APC during this time and work with WFM to get the APC time on their work hours to retrain as needed.
- Can be found on the LM1 Attendance Tracker Channel
- Every fall during Open Enrollment Employees may opt to purchase additional PTO for the following year. This request will be seen in GSS. For approval, the manager does not need to do anything. Policy

- Meeting/quiz completion: see below, this is now a required activity, can be done on shift but coordination with WFM and Team Leads needs to be done if on shift to make sure there is call coverage during the meeting.
  - It is good practice to make time to go over the personal results of the last quiz completed by the APC during the 1:1
- ACES cases:
  - Each AMD will have an OnSpring license and be able to coach their APCs either during the 1:1 or as needed.
  - Peer Review done every other week, or as needed.

- Emails: Outstanding training, praise or concerns from markets, other communications. As applicable.
- Call center note report (CCNR) and Urgent Visit Report obtained from Power Bi: for concerning calls. Reviewed to obtain a global perspective on how the APC documents and to find trends. CCNR from the previous month posted on Teams in the LM1 Doctors files.
- Ride along completion: review most recent, make sure at least one RAL gets done each quarter. Ride along results.
- CAP updates. As applicable.
- Licensure updates. As applicable.
- Open ended opportunities to discuss a set number of issues brought either by the AMD or the APC.
- What is going well and opportunity for growth
- Tech Issues. As applicable.
    - May need to scan/ search specific APC on teams to see if they have posted system issues (VPN down, Genesys not working, etc.) onto the chats to corroborate. May also reach out to a Lead APC. The APC should place an IT ticket (and be able to provide the ticket if requested) plus post to teams any issues with IT that prevent them from performing their job functions.
- Can also review how they are using their time on Genesys if there are questions regarding documentation times, on queue or off queue times, etc. See "Outliers" tab in the APC scorecards
- Deficiencies and improvements need to be recorded, discussed, reviewed – documentation is essential. Documentation should be done in the 1:1 document, in GSS, and in an email synopsis of the conversation to the APC.

Ride Along

- APCs required to reach out for AMD to "ride-along" (RAL) once per quarter (GSS Individual goal). The number of times they reach out if unsuccessful at getting a

LM1 Physician to do the RAL must take into account the number of UEUVs they do on a regular basis.

- If any APC does regular UEUVs, 1 or more per work hour day, then they should be expected to reach out more often and throughout the quarter. Reaching out just once, or not until the end of the quarter shows poor planning and professionalism. Attempts should be made each month until the requirement is met.
- If the APC does very few UEUVs, or has work hours outside of LM1 physician work hours, and they have reached out consistently, they may be given an accommodation for the quarter.

- First offered to Doc of the Day if available, otherwise any AMD can perform ride along.
- AMD does NOT have to be licensed/credentialed in the patient's state to ride along. However, without License/credentialing, AMD is not allowed to guide clinical care when not licensed/credentialed.
- Time expectations – anticipate at least an hour to perform ride along and debrief with APC after ride along to provide any feedback.
- Many APCs will reach out with time that RAL is supposed to start, however this usually means that is the time the UE arrives. UE typically needs ~15 minutes before the video will start.
- APC can create Teams chat with UE and AMD (APC and UE on video, Doc +/- video)
  - HOW TO ADD A PERSON IN ON TEAMS: Find chat ->  top right corner -> Enter name and ADD.
- UE Clinical Guidelines
- UE Operation Committee Teams Channel: Owned by Tom Charlton and Stacy Hittner.
- Fill out Ride along form found in files of the LM1 Doctors Teams channel.
  - RAL results are saved in an excel file that then can be searched by APC name for review of the RAL.

- UE Program Guidelines: Sharepoint site, UE Best Practices including the Medication Administration Cross Check, Checklists, Overview by Market, etc.

Call Audits

- Usually done prior to 1:1 with APC, 3-4 calls and subsequent charts reviewed. More calls may be done if the APC is a new hire, is on a CAP, and/or there are other quality issues known and subsequent monitoring needs to be performed.
- Calls may be selected: (Prior to 12/12/23)
  - Randomly from Jive
  - 
  - Jive Call Records Search
  - Type in Destination Number: 999# found on Landmark First Team Directory
  - Time in Pacific
  - Selection based on review of documentation in Call Center Note Report
  - More can be done in targeted fashion if coaching has been done, CAP or ACEs in place to look for improvements.
- In Genesys: (After 12/12/23)
  - Calls are recorded shortly after being made and can be downloaded and saved shortly thereafter as well.
  - To listen calls on Genesys, create a Team of APCs, search for a suitable call to review based on length, click on the APC name connected to the call, listen to call.
  - To download a call, find a call in the same way as above, Details->recording information->download, change file format to Mp3, change file name is preferred, Download.
- To document, add info to the OnSpring call audit tool.
  - AMD (DMD) to download a personal copy and keep in their personal APC files in the LM1 Doctors teams channel.
- Reviewing clinical call audits on several metrics
  - Clinical Rating = Delivering safe and effective care that demonstrates medical skill consistent with degree of training

- Customer Service Rating = establish strong therapeutic rapport with patients/caregivers to deliver patient centered, timely, and equitable care
- Process and Procedure Rating = delivering efficient care with adherence to standard processes and policy/procedure expectations
- Documentation Rating = comprehensive and accurate documentation to reflect the all aspects of care delivered as well as medical decision making
- Scroing:
    - Excellent – 3 points
    - Good – 2 points
    - Fair- 1 point
    - Needs improvement – 0 points
- Concerns with:
    - 3 forms of identification (excluding warm handoffs)
    - Notice of recorded line (excluding warm handoffs)
    - Confirmation of approved contacts (when appropriate)
    - Other Compliance Concerns
    - None
- Positive comments
- Opportunities for Improvement
- APCs have been also educated and expected to also include:
    - Introduction - name and title
    - Assessment - thorough history, ROS, Telephonic exam
    - Instructions - clear plan, and ensures patient understands
    - Handoff - clear SBAR approach to market provider
    - Tone - calm, even, compassionate
    - Clarity - free of background noise, caller can hear well
    - Professionalism - non-judgmental, no inappropriate language
    - Appropriate charting (Call and documentation mirror each other and information in the documentation should also be in the call)

Chart Audits (how to do including assigned or add on, how to review)

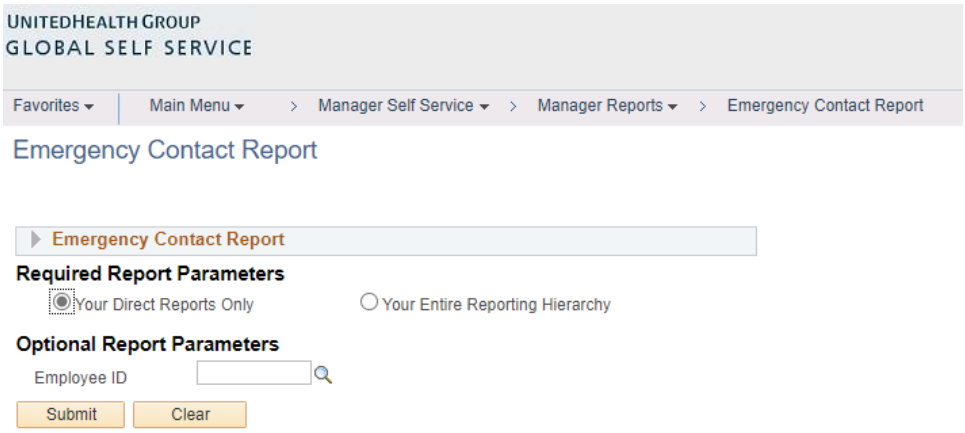
- Chart co-signatures in Ubiquity (Ubiquity Product guide)
  -  Where to find chart to Co-sign
  - Click "carrot"
  - Open chart and review APC documentation
  - Additionally click the box for virtual ride along when indicated
  - Comments entered up top can be used to communicate to APC (if sent back to sender) or incorporated into the record (if cosigning is completed),
  - For information on chart reassignment, go to "MD Co-Sign Encounter Reassignment" in the Ubiquity for AMDs section of this guide, page 79.
- Encounters that are sent for co-signature should be reviewed for the following:
  - Correct visit location (telemedicine-telephonic, Urgentivist Extender -video, or Urgentivist Extender – telephonic ONLY, telephonic – Home or other, no "home")
- For UE visits – UE's name, for external UEs – Agency name
  - Are abnormal vital signs addressed
  - Diagnoses appropriate
  - Complexity appropriate
  - PCP communication as a 1-2 sentence summary (i.e. not full HPI copied)
  - Instructions to market (more than just "reassess")
  - Encounters that include a UE should include the following as applicable:
  - *UEVORB completed*
  - *Medication administration form if meds given*
  - *Allergies completed (* especially when meds prescribed)*

➢ Reports

- Power Bi: Link on Optum device but can also be found through Teams Applications.
- Out most important reports will be:
  - **RD Urgent Visit**
  - **RD LM1 Open Notes and Encounters**

- RD Call Center Notes
  - HBMC Power Bi Access Instructions

- Contact information:
  - APC personal cells numbers can be obtained in GSS for an AMD;s direct reports:



- Optum Secure Access: Occasionally will get notified by Secure@optum.com that an APC on your team needs access. Go to https://secure.uhc.com/ and complete access request.
  - Access usually needs approval every 6 months.
  - Those with new positions and responsibilities may need access approvals done as requested.
- APC/ AMD professional relations
  - Consults vs Generic advice
    - Only accept a request for a consultation if you are fully licensed and credentialed for the patient's home state and insurance.
    - Consults can involve specific patient info including ID#, pictures, Kardia, lab results, etc.
    - Generic advice only can be given when a physician is not fully licensed or credentialed for the patient's home state and insurance. No specific patient information from the APC should be used for generic advice, and patient's chart should not be viewed. "Give me a generic patient and I will give you generic advice." Avoid telling the tlinician how to manage a patient or directing the care, but help the APC to come to their own conclusions and work through the case.
  - Coaching

- Many APCs will need coaching on medical management, professionalism, workflows, and communications at some point.
    - ♦ This may come from ACES, complaints from markets or other clinicians or physicians.
    - ♦ This may also come from the APC Team Leads when their coaching has not changed practice.
    - ♦ Some coaching will need to be prolonged and require extensive documentation if it is required for a CAP.
    - ♦ Coaching for improvement should come after an investigation into the concern has been appropriately done to the greatest extent possible taking into consideration the need for possible urgent change in behavior depending on the concern. This should include the following when applicable:
        - ➢ charting reviews
        - ➢ communication reviews (Teams, Outlook correspondence)
        - ➢ listening to calls
        - ➢ reviewing with other leadership the current policies, workflows, and guidelines having to do with the concern.
- There are numerous opportunities through Optum to enhance coaching and communication for leaders within the organization.
- Reaching out for support from other AMDs and LM1 Physicians is welcome and encouraged.

▪ Advocacy

- There are times in which an AMD will be asked by the APC on their team to advocate on their behalf for scheduling or HR issues.
- While it is not advised to make exceptions in every case, it is best to have objective evidence for the case and work with the other body (WFM, HR) on a resolution.