

TRIAGE TECHNIQUES

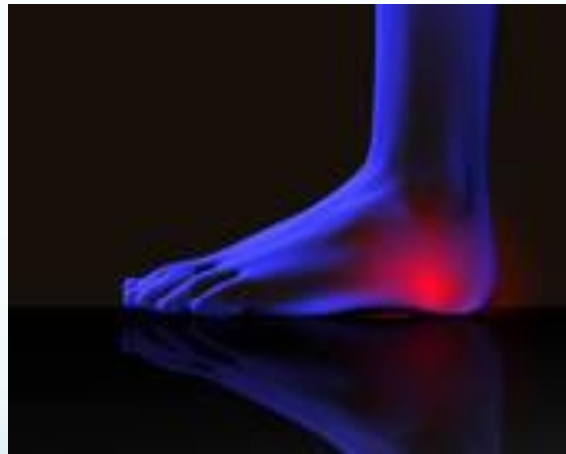
Medical Necessity
and Impact on your
Practice



Urgent Non-Urgent Emergent

- It is important to understand the difference in these types of calls, how to categorize the medical necessity of each visit, and the impact triaging can have on your practice.
- Here, we will give examples and explanations of many common scenarios.

New Patient
Heel Pain for “quite a while”
Worsening for about a week
(Pain scale at 6 out of 10)



Not an Emergency . . . However. . .

- Treating heel pain is a very important part of the practice.
- Try to accommodate this patient as soon as possible (especially if the patient is referred by their primary care physician).
- Patients will often shop around to find the doctor who can treat them first.

Existing Patient
Toenails are elongated
(without pain)

Patient is going on vacation and
would like to be seen right away



Non-Urgent

- Fit the patient into the schedule as time allows
- Try to be as accommodating as possible, keeping in mind that the patient may or may not be “at risk.”
- If nail care is covered by Medicare due to medical necessity, it must be at least 61 days between visits.
- If the patient does not qualify for nail care (pays out of pocket), they may be seen as frequently as they wish, or as the DPM recommends.

Diabetic patient with red, hot, swollen foot



Emergent

- Always ask if a patient is diabetic when they call to make an appointment.
- Any type of possible infection, redness, swelling, pain, odor, or drainage (blood or pus) must be seen right away.
- Even if the schedule is completely full, offer the patient an appointment as soon as possible and alert the DPM that the patient is coming in (describing the situation).

Factory worker jumped out of the back of his truck this morning and heard a “crack.”

His heel is extremely painful since. Bruising is visible and increasing.



Trick Question

- If a patient calls with an injury, always ask first, if the injury/incident happened at work.
- If it *did* happen at work, ask if a worker's compensation case has been opened. If yes, ask for the case number and the contact information of the manager assigned to authorize treatment.
- Unless authorization has been given, you cannot provide care (in a worker's comp case).
- If the injury did not happen at work, schedule the patient to come in right away.

Four year old girl referred by
pediatrician for gait analysis.
Toes seem to go out when walking
and she trips all the time.



Non-Urgent. . . However. . .

- Building relationships with referring pediatricians is a great practice builder.
- Some DPMs will even insist that if patients from Drs. X, Y, and Z call to be seen, get them in that same day.
- Assuring parents that your DPM(s) treat many children is a great relief.
- Do your best to schedule the child as soon as possible.

Newly diagnosed diabetic was referred
by their Primary Care Physician (PCP)
for a “Foot Check”



Ask the Right Questions

- First, determine if the patient is experiencing any problems that were concerning to the PCP, such as: *Pain, redness, swelling, open sores, infection, circulation issues, etc.*
 - In this case, the patient should be seen **emergently**
- OR
- Determine if the PCP suggested establishing a relationship with the DPM as part of their comprehensive diabetic care plan.
 - In this case, accommodate the patient as soon as the schedule allows (keeping in mind relationships with referring providers).

Long term patient with increased
callus build-up
No significant pain unless barefoot



Non-Urgent. . .

- Unless the patient is diabetic or has a history of infection or ulceration.
- Long-term patients are great referral sources. We always want to do our best to keep them happy and accommodate them as soon as the schedule allows (more urgently if they are experiencing pain).

Teenage boy with painful, draining,
ingrown toenail.

Just showed his mother today after it
worsened to the point of being unable to
wear closed shoes.



Urgent

- It is possible that the patient has an infection and should be treated right away.
- Do your best to fit the patient in the same day or following morning.
- Or, take the best contact number to call the patient (their parent) back shortly, and ask the DPM what they would prefer to do (call in an antibiotic or see the patient right away).
- Triageing conditions may vary depending on the DPM and their individual preferences.

Patient with recurrent ingrown toenails
calls and states that irritation and slight
redness began at corner of the right great
toenail this morning



Follow your DPM's protocol

- As in the last case (of the teenage boy with the potentially infected ingrown nail) it's up to the discretion of your DPM:
 - Some DPMs would ask that the patient come in right away to see if a procedure is needed or if the patient needs to begin an antibiotic and return in 2-3 days for surgical correction.
 - Others would call in an antibiotic (depending on the patient and their history) and then schedule the patient to be seen within 48 hours.

Heel pain for the past 8 months. The pain increased slightly over time and now is so “annoying” that the patient wants to come in today.



Non-Urgent . . . However. . .

- Patients will often insist on being seen “today.”
- Although not an emergent visit or even urgent, heel pain is a condition that is very valuable to the practice.
- As stated before, patients will shop around until they find a doctor to treat them first.
- Accommodate these patients ASAP, but let them know that you are doing your best to “squeeze them in.”

Referred by PCP for possible ganglion cyst that has recently become painful with pressure – PCP feels it needs to be drained.



Urgent for 2 reasons

- The patient is now having pain, which always prioritizes the urgency of the visit.
- A referral from a PCP would always warrant the need for the patient to be seen right away.

Borderline diabetic patient with a history of calling prior to her regularly scheduled visits.
States, "I think I may have an ingrown."



The Magic Word = Diabetic

- Whenever a diabetic patient calls (Type I or II, or “borderline”), there is an immediate urgency to bring the patient in right away (no matter the history of the patient).
- Offer the patient an appointment right away, allowing the DPM to determine if there is a problem, or in some cases (patient calls repeatedly with “concerns” when they simply want their nails trimmed sooner than covered by Medicare), inform the patient that the visit will not be covered due to insufficient findings (no infection or problem).
- This is up to the discretion of the DPM, but we never want to discourage a patient from presenting due to the possibility of paying out of pocket for the visit.
- A diabetic patient must always be seen right away (offered an appointment the same day – unless specified by the DPM).

Patient with self diagnosed “plantar wart” that has recently doubled in size and has become painful



Urgent

- Any type of lump, bump, skin lesion, discoloration, or self-diagnosed skin condition (such as warts, corns, etc.), especially that has changed in any way or that has become painful, must be seen as soon as possible.
- In many cases, a biopsy of the affected area will be performed, revealing the true diagnosis and allowing the DPM to develop the appropriate plan of action.

Patient previously treated for plantar wart
(but did not present for follow-up
appointments), calls to state that his wart
has returned, and he now has another.
He insists that he come in to have the
doctor “cut them out.”



Patients do not determine the treatment plan

- In the event that a patient has not been compliant (has not followed the suggested plan of treatment), arrange for the patient to come in as soon as the schedule allows, and inform the patient that the doctor will need to re-evaluate the condition to determine the best treatment plan moving forward.
- If necessary, remind the patient that plantar warts often require a series of treatments (scheduled 2-3 weeks apart – or according to your DPM's plan), and it is important to follow the plan for optimal results.

Patient, not seen in 3 years, with a history of plantar fasciitis, states that her orthotics are starting to wear and are causing discomfort when running



Urgent

- This patient (who has not been seen in 3 years) is considered a new patient to the practice.
- The evaluation, possible need for new orthotics (as well as other services/treatments needed to treat current symptoms) are very valuable to the practice.
- We also should understand that to the patient who relies on their orthotics to remain active (and pain free), this type of visit as urgent/emergent.

Middle aged “Thursday night basketball player” twisted his ankle last week, and it is still swollen.



Urgent (depending on situation)

- In the event that the patient had visited the emergency department, had x-rays taken, was wearing some sort of brace or compression, and is able to manage pain and control swelling, the patient can be scheduled within the next 1-3 days.
- In the event that the patient has not obtained any medical treatment and is experiencing pain, schedule them right away.
- If the patient has been referred by their PCP, schedule them as soon as possible.

*Note: Most hospitals take non-weight bearing x-rays, suggesting the need for additional views to be taken upon visiting the DPM.

Elderly woman complaining of ankle pain and weakness. She has seen 2 other DPMs and didn't like the “quick fix” of putting her in a brace. “I’m not wearing one of those things.”



Non-Urgent

- In this case, you are dealing with a patient who has shopped around to find the answer that she wants to hear.
- Her blatant statement of, “I’m not wearing one of those things” is a good indication of her non-compliance.
- Schedule the patient as the patient allows and make note (for the DPM) that this visit will be a third opinion.

Diabetic that has “no-showed” for her last three appointments, calls to say that the sore on her foot is now larger and draining more.



Emergent

- As always, a diabetic patient (especially one with complications) is scheduled emergently (same day).
- In the event of non-compliance (patients that do not present for the follow-up visits routinely), documentation is of the utmost importance. This should be clearly noted in the practice scheduler and noted within the patient's chart.
- It is also imperative that the DPM update the referring provider on the status of the patient (progress and/or inability to comply with treatment plan).

A neurology office in the same building, calls to schedule an appointment for a patient with severe neuropathy, balance issues and elongated toenails



Whenever possible, “Send them right over!”

- Maintaining relationships and accommodating the needs of your referring providers and their patients is essential.
- Always do your best to see that patient right away (or at least offer the appointment).
- Even though in terms of medical necessity, this situation may not be viewed as emergent or even urgent, from a practice standpoint, it is an extremely valuable visit.

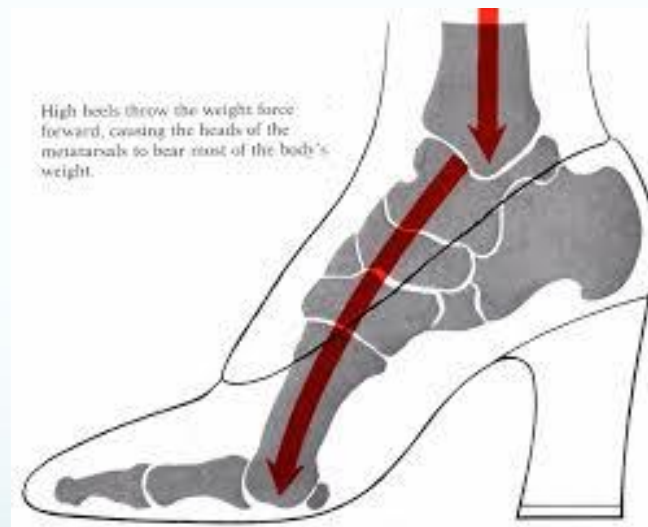
A long-term patient calls after discovering an “odd-looking dark pigmentation” on the bottom of her foot.



The “Lump/Bump/Discoloration” Rule

- As previously mentioned, any patient complaining of a lump, bump, discoloration, or lesion (especially one that has changed or become painful), needs to be scheduled right away.
- The sooner the DPM is able to evaluate (and biopsy) the area of concern, the sooner an effective treatment plan can be formed.

Self diagnosed Neuroma (Web MD)
is afraid that if she doesn't have
surgery, she will never wear heels
again



Non-Urgent. . . However. . .

- Whenever a patient has self-diagnosed, it is important to stress the importance of seeking professional evaluation before assuming the treatment options.
- Although this is not an emergency and possibly not urgent (unless the patient is experiencing frequent pain), scheduling this patient as soon as the schedule allows will keep them from seeking treatment elsewhere.
- If the patient is referred by her PCP, do your best to accommodate her as soon as possible.

****Disclaimer****

- Physicians have different views on the medical urgency/practice impact of scheduling patients.
- The situations previously discussed are common examples of patient phone calls with suggestions provided.
- The content provided should serve as the basis for more in depth discussions between physicians and staff on how to handle triaging in your specific practice.

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