



*Prevention & Medical Care
To Help You Live Better, Longer.*

VMG Practitioner Handbook

WELCOME TO VALLEY MEDICAL GROUP (VMG)

If you are reading this document, you are probably new to VMG. We are glad you are joining us. This “Practitioner Handbook” should help you find answers to many of your questions.

There are many documents referenced that are available on the VMG intranet page:

<https://www.vmgvvvvvvvvvvvvvvvvvvvintranet.com/>

Valley Medical Group is a shareholder owned company. Over the years we have worked hard to maintain autonomy in the medical field so that we can make decisions that we feel are right for our patients and ourselves. All of our shareholders are practitioners (physicians, nurse practitioners, physician assistants, physical and occupational therapists, optometrists, podiatrists, psychologists, licensed clinical social workers and mental health counselors and therapists).

ORGANIZATIONAL STRUCTURE:

The Board of Directors is the governing body of the Group. The Board is responsible for setting the mission and strategic direction of the Group, assuring high levels of executive performance, assuring the quality of patient care, and the financial health of the Group. The Board’s work is aided by Committees in key areas: Finance, Practitioner Compensation, Compliance, 401K Trustees, Surgical Unit Oversight Committee as well as others. A Quality Steering Committee reports to the Medical Director to help the Board oversee its quality responsibilities. Committee descriptions are on our intranet site for your information under Information for VMG Practitioners.

The Board hires the President, Executive Vice President, and the Medical Director and they, in turn, hire managers and supervisors to run the operations of the Group and carry out its mission. (See intranet page for an Organizational Chart.) The President and EVP hire two Vice Presidents: VP for Clinical Operations and the VP for Finance and Business Operations. Health Center Managers are responsible for the operations in each of our buildings. The Medical Director hires Practitioner Team Leaders who are responsible for making sure their teams of practitioners operate in alignment with the quality and service goals of the Group. Position Descriptions are located on our intranet page for your information.

We believe that engagement of shareholders in committees and leadership makes us a stronger organization. There are many ways to be a part of leadership in this organization. Opportunities include becoming a clinical champion for certain disease processes and conditions as well as participating in our committee structure (e.g. Finance Committee, Compensation Committee, etc.) and running for election to our Board of Directors. We believe in “The Quintuple Aim” (Institute for Healthcare Improvement (IHI)) and use it to guide many of our decisions at VMG: “simultaneously improving the health of the population, enhancing the experience and outcomes of the patient, reducing per capita cost of care for the benefit of communities, improving the practitioner experience and addressing health inequities”.

As you progress through your orientation, we hope that this guide will provide an outline for the information that you will be receiving and a reference for your time at VMG. We have tried to define the many acronyms/terms that we use at VMG and explain some of our processes. During your orientation, your Team Leader should be your contact person if you feel that you need more training in any area.

VMG Practitioner Compact:

Over the last several years, VMG has worked to create a “living document” that we refer to as our compact. It helps to define the work that we do for the company, and what we get from the company for doing that work. It is a work in progress but will provide you with a sense of our values and mission. The latest version of the Compact is posted on our intranet site under Information for VMG Practitioners

Shareholder Status:

VMG wants to support the building of your practice. During the first two years of your employment at VMG you will be an employee. During the two years that you build your practice you will have opportunities to meet with your Team Leader and VMG's Executive Vice President to discuss growth opportunities and the possibility of becoming a shareholder. If at the end of two years there is mutual agreement about your fit with VMG, you will be invited to become a shareholder in the company.

Shareholders are practitioners who have "bought in" to VMG through the purchase of "common stock." Shareholders vote on candidates for our Board of Directors, approve the offer of shares in VMG to practitioners, are eligible to run for the Board of Directors, and vote to ratify the Medical Director, upon recommendation from the Board. They may also be consulted on major matters of finance and policy, at the Board's discretion. Shareholders participate in a stockholder compensation plan with generally enhanced compensation and benefits.

Supervising Physician for NP/PA:

If you join VMG as a NP or PA, you will have a supervising physician; someone you can feel comfortable going to for questions about patient care and VMG processes. Below is the role of a Supervising Physician:

- Review orientation schedule and answer questions.
- Help facilitate onboarding process. Identify gaps in orientation and make connections with appropriate people when necessary to fill in gaps. Use onboarding checklist as guide.
- Create plan for chart co-signature for first 3 months. Initially co-sign all charts. Create coverage plan when new practitioner is seeing more than 10 people per day.
- For first several weeks use daily frozen slots to check in on EMR, patient care, systems.
- Weekly check-in administrative time to discuss onboarding and schedule status and patient questions.
- Discuss appropriate ramping up of schedule and communicate with reception coordinator and team leader.
- Create a plan to share Medicare patients from the start.
- Work as a dyad to share complex patients ideally alternating physician visits with NP/PA.

Practitioner Snapshots:

These "infographics" are updated monthly and show you how you are doing compared to VMG goals and budget on key quality, utilization, and financial metrics. The goal for the snapshot is to give you feedback compared to your peers to use for self-improvement. Some of this data is also used for the variable component of compensation when you become a shareholder. These measures change yearly and you can discuss current measures with your Team Leader. These are available on the VMG intranet page under Quality and Reporting.

Risk Management:

Risk management is an important part of patient care. During orientation you should receive HIPPA and Medicare Abuse/Fraud Prevention Training. Letters from lawyers or patients that ask for information surrounding sensitive cases should always be directed to our Quality and Risk Manager for review. The Quality and Risk Manager is a great resource for any questions regarding potential risk cases as well.

VMG MEETINGS:

Primary Care Health Center Team Meetings:

These meetings happen regularly in the individual health centers. They are led by Team Leaders. These meetings focus on processes and operations within the health center and they are places where a lot of information is exchanged about services and patient care.

Primary Care Meetings:

Primary Care Meetings focus on clinical issues. As a practice that believes in evidence based health care, these meetings will often explore disease specific evidence and generate VMG consensus practices. It is strongly encouraged that practitioners in primary care attend these meetings. They happen most months and are an opportunity for primary care practitioners from all health centers to meet and review consensus guidelines for patient care. Clinical champions for different medical conditions will often present at these meetings.

Department Meetings:

Physical Therapy, Eye Care, Behavioral Health, Sports and Exercise Medicine, Rheumatology and Endocrinology meet separately as departments.

Shareholder Meetings:

Shareholder meetings occur 4 times a year. They are required of shareholders. Non-shareholders are invited to join these meetings to learn more about the business/organizational side of VMG.

PRACTITIONER SCHEDULES

Patient seeing time does not include lunch time. VMG does not provide chart time as part of patient seeing time. Some admin time may count as patient seeing time when it has been specifically allocated by the Team Leader, EVP, or Medical Director. Please also note that if a practitioner chooses to concentrate their time and schedules, such as being a 1.0 in 4 days, the patient seeing time expectations remain the same. That is they should have 35 hours of patient seeing time in each week.

FTE	Patient Seeing Time
1.0 FTE	35 hours/week
.9 FTE	31.5 hours/week
.8 FTE	28 hours/week
.7 FTE	24.5 hours/week
.6 FTE	21 hours/week
.5 FTE	17.5 hours/week

Urgent Care/Holiday Hours:

Each health center has a rotation schedule for coverage of weekend urgent care hours. We also try to rotate coverage of holiday hours. If you have questions regarding this you should contact the VMG scheduler.

Primary Care On-Call:

All Physicians will be part of an on-call schedule. When you are on call you cover all VMG patients. (If you are an internist there will be a pediatric back up on-call practitioner). Weeknight call is 5pm-8am. Weekend call is 8am-8am. You should be reachable during these hours. If for some reason your phone is not working, or you don't believe that you are receiving messages, please contact Crocker Communications: (413) 772-1800. They will set up a back-up system for the night. When you receive messages, you should attempt to call patients back within 30 minutes. Each patient call and appropriate plan should be documented in the EHR. We will receive calls from Quest lab re: stat labs or critical values and it is your job to manage these results while on call. Please make sure that your Operations Coordinator has installed the appropriate application on your SMART phone so that you can receive these secure texts.

Please note: If the health centers close early or for the entire day for snow or other emergencies, your on-call responsibilities extend to the times of closure.

Call/Urgent Care responsibilities:

Average 2 calls (1-3) per month based on personal and colleagues vacations.

1 holiday per year.

4-5 weekend urgent care shifts per year.

All subject to change based on staffing.

New practitioners will join call rotation after 6months.

Experienced practitioners (including MDs who have completed residency) after 3 months.

If you need to change a preassigned call (unless emergency) it is your responsibility to find replacement.

Specialty On-Call: Arranged by individual departments.

Calling out sick:

If for some reason you are unable to work due to illness please contact your Reception Coordinator and Team Leader as soon as possible so arrangements can be made for your patients. Phone directory is on intranet page.

BENEFITS

Compensation:

VMG has a compensation committee that works to keep our salaries/compensation competitive and market based. The specifics of your contract should be reviewed with the VMG Executive Vice President. You will meet periodically during your first 2 years with the Executive Vice President in order to review your progress and project future compensation based on your productivity. Once you are a shareholder in the company your compensation will be based on the VMG compensation model. You will discuss this with the Executive Vice President at the time of hire.

Reimbursement for CME and Licensure:

- Each practitioner is given a CME stipend yearly.
- VMG will reimburse you for direct costs associated to maintain licensure and board certification.

Completed reimbursement forms and receipts should be sent to the VMG Controller. The reimbursement form can be found on ADP (resources, forms, expense reimbursement form).

Paid Time Off (PTO):

PTO is paid time off; one "bank" of time to be used for all purposes (vacation, personal, sick, etc.). Your PTO is specified in your VMG Employment Agreement. Holiday time (VMG has 7 paid holidays), jury duty, and other benefited time off is in addition to PTO. You should discuss the process for recording your PTO with your Team Leader.

Since we schedule patients in advance knowing your schedule and getting it to the VMG scheduler and your Reception Coordinator as soon as available is very important. The steps for getting time off should be: Check the schedule to see that there is sufficient office coverage (this can be accessed via amion.com, password NHC).

Submit time off requests to Team Leader, Reception Coordinator for your health center and health center scheduler via email. Check for email confirmation. You can look at the schedule on: amion.com password: NHC

Wellness at VMG:

As a health care organization, VMG believes in supporting the health of our staff. We have on-going wellness initiatives each year and welcome your participation.

Credentialing:

VMG has credentialing staff to help assist you in maintaining your licenses, MA controlled substances, DEA and hospital credentials. It is your responsibility to keep track of the dates of expiration for these different licenses so that you can continue to practice. Please respond promptly to any credentialing requests to avoid suspension of license/certificates/privileges.

Human Resources:

The VMG Human Resource department is responsible for yearly open enrollment for health insurance, 401K and other benefit administration. They will assist you in choosing and signing up for benefits.

PATIENT CARE

At VMG we believe in team-based care. Your team will be composed of receptionist, medical assistant/nurse, and provider. Communication is essential to keep things running smoothly. We utilize the IHI model of “huddles” throughout our days to facilitate this communication. The idea is for you to touch base with your assistant and make a plan for the day. This allows you to anticipate patient needs that may come up during the day. This active communication empowers our staff and builds team care. We have many systems in place to help you in the care of your patients. Our expectation is that you will 1. Return patient calls/portal messages in a timely fashion. 2. Complete notes within 72 hours of office visit. 3. Complete refill requests within 48hours. We use many templates and standing order labs to facilitate consistent and reliable care based on guidelines.

During orientation you will shadow a number of practitioners. When you feel ready to start seeing patients you should meet with your team leader and reception coordinator to generate a schedule. As you feel more comfortable this schedule can be adjusted. For the first 3 months all notes must be cosigned.

Anticoagulation:

Due to the fact that anticoagulation medications are high risk, VMG has involved nurse Anticoagulation clinics are managed by Nursing staff working from agreed guidelines and standard orders. Up to date protocols are on intranet page under Information for VMG Practitioners-clinical resources.

Case Management:

Each health center has a case management team to help coordinate care for our sickest Medicare patients. Ideally the input of the case managers will help keep patients healthier and at home.

Clinical Disease Management:

VMG has highlighted some diseases where we feel that it is important to have consensus practice guidelines: Asthma, COPD, CHF, Smoking, Diabetes, HTN, and Hyperlipidemia. You can access the updated practice guidelines for these diseases on the intranet page, under clinical guidelines.

Controlled Substance Registry Program-CSRP:

VMG takes the prescribing of controlled substances very seriously. We have devised a monitoring program for patients on long term-controlled substances. This program is run by a MA in each health center.

Patients who need long-term controlled substance therapy enter into an agreement with their Primary Care Practitioner (PCP) about controlled substance therapy. The agreement covers any long-term treatment used that involves opioids (narcotic pain medicine), sedatives, tranquilizers, skin patches, benzodiazepines, or stimulants.

With respect for pain control, the aim of the program is for patients to have reduced pain and a better quality of life because of the therapy. Complete pain relief is not necessarily the intended outcome. The patient's PCP may suggest additional therapies, such as counseling, physical therapy, yoga, acupuncture, and regular exercise to improve the patient's health.

Patients enrolled in the CSRP program sign an agreement and informed consent that outlines the program requirements, as well as risks and benefits of long term controlled substance therapy. Components of the program include prescription pick up every month, periodic urine drug testing and regular follow up visits. (Review Controlled Substance Long Term Therapy Agreement and Informed Consent.) Dedicated staff manage the administrative components of the program to support and monitor patient compliance to the program.

MA Prescription Monitoring Program-MassPAT:

This is a state database of the controlled substances prescribed to patients. It is required by law that you check MassPat on all new patients and prior to prescribing any controlled substances. MassPat is accessible in each patient chart under medications.

Diabetes Education/Nutrition Program:

VMG's Diabetes education program is staffed by Certified Diabetes Educators who are Diabetes Nurse Educators or Registered Dietitians. Our nutritionists see a range of diagnoses in addition to diabetes (some examples: hypercholesterolemia, HTN, celiac disease and other digestive disorders, weight management). Appointments are usually 60 minutes, with occasional 30 minute follow-ups. The diabetes nurse educators also offer 20-minute nursing visits for Insulin Titration. More information about these services are available on our intranet page under Diabetes Education Class Schedule. Our nutritionists are also available for integrated visits when their schedules allow.

Smoking Cessation:

VMG has committed to addressing smoking cessation with all of our patients at every visit due to its detrimental impact on many aspects of health. Your Assistants will open the smoking cessation template for you and perform carbon monoxide testing on all smokers. We also have a smoking cessation counselor who offers classes and is available to reach out to patients and help them in the process of quitting smoking.

VMG Department of Behavioral Health Integration:

VMG has Primary Care Behavioral Health (PCBH) practitioners seeing patients in our family practice departments. These BH practitioners can provide brief treatments for our patients and give them tools to help manage their BH needs. They help our patients create personalized goals to address things such as: smoking cessation, alcohol & drug abuse, anxiety, medication adherence, weight loss, grief, etc. We also have practitioners that provide Specialized Mental Health (SMH) care.

Language Services (Interpreter):

Interpreter services are provided to patients when needed. The up-to-date protocol for accessing an interpreter can be found on the intranet page.

Patient Centered Medical Home:

The PCMH is a designation given to organizations that provide patients with certain standards of care. VMG has a Level III designation, the highest available. In order to maintain this designation the company must reach certain standards:

- **Patient-centered:** A partnership among practitioners, patients, and their families ensures that decisions respect patients' wants, needs, and preferences, and that patients have the education and support they need to make decisions and participate in their own care.
- **Comprehensive:** A team of care providers is wholly accountable for a patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care.
- **Coordinated:** Care is organized across all elements of the broader health care system, including specialty care, hospitals, home health care, community services and supports.
- **Accessible:** Patients are able to access services with shorter waiting times, "after hours" care, 24/7 electronic or telephone access and strong communication through health IT innovations.
- **Committed to quality and safety:** Clinicians and staff enhance quality improvement to ensure that patients and families make informed decisions about their health.

Quality Management (QM):

The QM section in Athena (our EHR) is a place in the patient chart where we can organize and monitor patients' preventive health needs. The QM section displays gaps in patient services such as colorectal screening, pap smears, mammograms, etc. You can adjust screening intervals for patients based on their medical history. You should work with your MA to make sure that the QM orders are satisfied for each patient encounter.

When you order something to satisfy the QM section you should get the prepopulated order from Diagnosis Order sets. This way, all relevant information is already included.

You can track how you are doing on certain quality measures on your provider snapshot.

Referrals Department:

The VMG Referrals Department facilitates referrals and radiographic studies. The Department makes sure to send appropriate data with referrals to specialists. If a referral needs to be scheduled ASAP you must mark it stat and the referrals department can help schedule appointments. Please use this stat service only when necessary since the department is small.

All high-end radiologic studies are scheduled by the referral's office. They will do the work necessary to get prior approval but sometimes the practitioner needs to be involved in the review process in order to get approval. If this is the case, you will be notified by the Referrals Department with a case # and a phone number to call. At VMG we try to be mindful of the cost of high-end radiology studies and ask that you discuss any CT or MRIs that you are ordering with another practitioner prior to ordering.

HCC Coding and Risk Adjustment Factor (RAF):

RAF is a system that has been designed to determine "how sick" a patient is and predict how much care they will need over the course of a year. They are used to communicate with insurance companies about the high-risk illnesses that our patients have. Because patients with high-risk illnesses often require greater care, if we bill appropriately, we are better compensated for the work we have performed to keep the patient healthy. The insurance companies only know how sick our patients are if we bill accordingly. RAF BILLING HAS TO BE DONE

EVERY YEAR. We have nurses that review charts prior to physicals and disease management visits to identify possible diagnoses that should be included in the visits. Please try to use diagnoses with highest RAF score when appropriate. For example: if a patient has diabetes with neuropathy use that code not just diabetes. There is more information regarding RAF on intranet.

Shared Medical Appointments-SMA:

VMG has started to incorporate more shared medical appointments into our structure. Please talk to your team leader about shared medical appointments that are offered in your health center. You can see more about the policy & procedure on the share drive.

VMG Specialties:

We are a multi-specialty group with many great services under one roof:

- Ambulatory Surgery and Procedures Center
- Behavioral Health
- Eye Care
- Endocrinology
- Nutrition/Diabetes Education
- Laboratory
- Physical Therapy
- Podiatry
- Radiology
- Sports and Exercise Medicine
- Valley OptiCare

VNA Referrals:

When a patient is home bound and would benefit from VNA services our nursing staff can generate referrals to these organizations to get care. VNA requests do not go to our referral department; patients must have a “face to face” encounter in the office within 30 days of your referral.

BILLING for services:

(NOTE: As billing requirements are subject to change, make sure to periodically review the billing information on our intranet page under *Information for VMG Practitioners.*)

As a practitioner, you are responsible for accurate and complete coding for all services provided to your patients. Appropriately billing for the care that we provide is essential for reimbursement. If we do not code appropriately we may be leaving money on the table that is important for both provider compensation and covering overhead. Aside from normal E&M codes there are number important codes to know about including 25 modifiers, CCM, smoking cessation, obesity counseling, alcohol counseling, advance care planning, and transitional care codes.

Special Codes/Considerations in Primary Care: More details on intranet

25 Modifiers:

25 modifiers are a way to show that you have done two things in an encounter. For example, you have done a routine physical but also diagnosed a patient with new onset CHF. In order to use a 25 modifier you must have documented sufficient Medical decision making to justify 99213/4 for the new diagnosis.

Advanced Care Planning:

This is a code used when you have provided 16 minutes of counseling and care related to end-of-life care and planning. Use Advanced Care Planning EP to help with documentation. If you need to invoke healthcare proxy use .determining for macro.

Chronic Care Management-CCM:

We often provide care management for patients outside of an office visit. For Medicare patients there is reimbursement associated with this care if >20minutes are spent during one calendar month. In order to qualify for CCM a patient must have at least two chronic diseases and sign a consent form. The type of care that is covered under CCM codes includes: Coumadin management, prior authorizations, durable medical equipment, oxygen, coordination of care with other specialists. (see talking points on quick reference link)

Medicare Wellness Billing:

Most of these standards are imbedded into our process but your responsibilities as a provider include the following:

1. A comprehensive review of medical and social history.
2. Screening for depression.
3. Screening for functional ability and level of safety as well as cognitive screening.
4. A focused physical exam, the only elements required are height, weight, blood pressure and visual acuity.
5. An EKG is covered at the welcome to Medicare visit (optional).
6. Brief educational counseling.
7. A written health maintenance plan – this is a combination of the orders you write and age appropriate educational material which are part of the encounter.

New Patients vs Established Patients:

New patients receive different EM codes the first time that they are seen as patients. New patient visits require that you document social, past medical, past surgical, family history. It requires more complete review of systems and physical exam.

NP/PA billing:

For Medicare Services:

NPs/PAs may bill direct under their NPI or they may bill “incident to” physician professional services. Billing direct under the NP/PA NPI is reimbursed at 85% of the physician fee schedule. Billing “incident to” a physician’s services is reimbursed at 100% of the physician fee schedule. You should only add incident to to the billing sheet if you are continuing a plan placed by a physician or have had a physician see the patient.

To qualify as “incident to,” services must be part of a patient’s normal course of treatment, during which a physician personally performed an initial service and remains actively involved in the course of treatment and requires direct physician supervision. Direct supervision means that a physician must be present on site and available, if needed.

If the patient has a new or worsened complaint, a physician must conduct an initial evaluation and management (E/M) service for that complaint, and must establish the diagnosis and plan of care. If a change to an established plan of care occurs, and a physician does not consult on the change, the billing must be direct.

These rules govern Medicare billing only. They do not apply to most commercial insurances or to Medicaid.

For BCBS Services:

NPs/PAs may bill for services under a physician. A physician must co-sign all notes for the NP/PA.

Encounter Plans (EP):

Valley Medical Group has a number of EP. These are selected on the “reason for visit” page and can help with streamlining documentation.

Smoking Cessation Codes: EP

Commercial insurers generally pay for counseling on 99406 and 99407 for 3-10 minutes of counseling and greater than 10 minutes of counseling and will pay up to 8 times per year..

Medicare officially describes the G0436 and G0437 codes as smokers being counseled who do not have smoking related disease, and the 99406 and 99407 codes for those who have smoking related disease such as lung cancer and COPD.

Transitional Care Management-TCMS EP

This is a billing code for patients who have recently been discharged from the hospital or nursing home. In order to bill for this, our office must have called the patient within 48 hours of discharge and reviewed medications. The patient must be seen within 7 days for 99496 or 14 days 99495.

Medicare Hospital Follow-Up (Transition of Care Code)

99496 – Seen within 7 days of discharge

99495 – Seen within 8-14 days of discharge.

Medicare Counseling Codes: See Billing Codes Cheat sheet intranet for details.

EP

Medicare will also pay for counseling (>7.5min) with regarding clinical counseling for a number of conditions including: cardiovascular risk, alcohol use, obesity. Please consider using these G codes in your practice of billing.

Advanced Beneficiary Notice ABN:

This is a form that we as patients to sign agreeing to cover lab/radiology costs if they are not covered by insurance. To avoid patients having bills it is important that we use the most specific codes when ordering tests.

COMMUNITY RESOURCES

Your team leader and mini teams will help you be aware of local community resources as well as where to find our most updated lists. Each health center has an area in their lobby that patients can access for more information on community resources that can affect social determinates of health. Screening for social determinates of health is required by our Medicaid Accountable Care Organization.

Medicaid/Medicare patients over the age of 65 qualify for Commonwealth Care Alliance (CCA) which is an insurer that can help facilitate patient care and access to resources.

Resources for Disabled and Elderly Patients:

Hampshire County uses Highland Valley Elder Services: 413-586-2000

Franklin County uses Life Path: 413-773-5555. Life Path provides many courses for the community including: Stanford My Life My Health Classes. Referrals can be made for these through the EHR.

Required Reporting:

Mandated Reporting:

As a health care provider, you are a mandated reporter for child and elder abuse. Each health center should be able to provide you with the necessary forms and process for mandated reporting for child or elder abuse. Contact your Team Leader for more information.

DCF: You will occasionally be asked by DCF to provide information regarding a patient. Please insure that we have documentation of 51A in chart prior to releasing information.

Death Certificates:

Massachusetts now requires that death certificates be done on-line. During your orientation you should receive access to the VIP website so that you can complete death certificates. You may also delegate nurses to do this work for you.

Information Technology/EMR

Athena

Athena is our electronic health record. You can access training from the resource hub when you first log on each day. You will have multiple trainings during your orientation on use of the EHR. There are many resources within Athena that can help facilitate patient care.

Amion

On call and physician scheduling software for group practices, residents, hospitalists and other medical providers for call, clinic, rotation and shift schedules. Password: nhc

CORTEXT

CORTEXT is a secure texting app for your SMART phone. Once on this system you can text specialists with patient specific questions. See our Informatics Manager for access.

VoalteMe secure texting for Mass General system. This should be arranged during orientation.

Dragon Dictation Software

Dragon Dictation software recognizes and transcribes your words directly into the EMR. See the Ops Coordinator if you feel you need dictation.

Help Desk

Each center has a computer help desk to answer questions or troubleshoot issues. Email is the first means of communication for non-urgent computer issues.

amchelpdesk@vmgma.com

ehchelpdesk@vmgma.com

ghchelpdesk@vmgma.com

nhchelpdesk@vmgma.com

For urgent issues call your center's Operations Coordinator.

Up-to-Date

Clinicians can quickly check for possible drug-to-drug and drug-to-herb interactions with the UpToDate drug interactions program. You can also use this to access information on medical conditions.

Patient Portal

Studies show that patients have healthier outcomes when they are engaged in their care. Patients who are registered on the portal are generally more involved in their care. Use of the Portal can also reduce the number of phone calls and time spent trying to reach the patient. When you see patients please encourage them to log onto their patient portal account.

Portal access allows patients to:

- View lab results
- Send and receive secure and confidential messages to your provider
- Request appointments
- Request prescription refills
- Make payments
- View upcoming appointments
- Update personal information

PVIX

PVIX is patient health information that is shared among many facilities. You can access PVIX from the patient face sheet. Ideally, PVIX will facilitate communication between health care providers and decrease the cost of duplicated testing. We also have read-only access to CDH Physician Gateway.

Athena Messaging: This is a messaging platform within Athena EHR. It allows you to communicate with colleagues regarding questions/patient care. It

Please note that instant messaging is not meant to be used in place of a patient case for documentation purposes patient specific care should be documented in patient chart. Also, instant messaging should not be used to contact the Help desk as several people monitor the email inbox.

Telephone Directories/Photo directories

On intranet page

VMG Intranet page

<http://www.vmgvvvvvvvvvvvvvvvvvvvintranet.com/>

VMG Share drives – VMG network access includes access to all shared drives/documents. This can be found under the AMC Share drive.

VMG Website

<http://www.vmgma.com/>

Our website has health education information for patients as well as a listing of our patient services.

VMG SPECIALTIES

- Ambulatory Surgery and Procedures Center
- Behavioral Health
- Integrated Behavioral Health
- Eye Care
- Endocrinology-nutrition/diabetic education
- Laboratory
- Smoking cessation specialist
- Physical Therapy
- Podiatry
- Radiology
- Sports and Exercise Medicine
- Valley OptiCare

Keepage/Leakage

We believe our patients' care is best coordinated with quality of care assured by the use of our own internal specialties. Please refer to our in-house specialties before considering a referral outside the Group.

Ambulatory Surgery and Procedures Center

Valley Medical Group is proud of its state of the art, outpatient endoscopy suite located in our Amherst Medical Center. The unit is both AAAHC and Medicare certified. The recovery room overlooks a beautiful view of the Amherst hillside. Our specialties unit utilizes propofol for painless procedures. The center is open Monday through Friday, 7:30am-5:00pm. Hampshire Gastroenterology uses this space for colonoscopies. Our podiatrists can also use the space for minor procedures.

Behavioral Health

Our team of psychiatrists, psychologists, social workers and therapists provide a full range of outpatient treatment for patients of all ages with all mental health concerns including depression, anxiety, relationship and family/marital issues, stress, and substance abuse problems. Individual, family, couples and marital therapies are offered. Our psychiatrists are available for medication consultation and management. We use the latest effective treatments and focus on reducing symptoms and improving our patient's ability to better manage their life.

Integrated Behavioral Health specialists work in each primary care department to assist patients, staff, and practitioners at the point of care in screening for behavioral health problems, making referrals for behavioral health treatment, as well as working with patients to determine readiness to change for health behaviors and problems. They may join you in your patient visits, as needed, and then work with the patient for a brief series of sessions or refer.

Eye Care

We provide comprehensive eye examinations as well as management of medical eye conditions and contact lens fittings. Our optometrists can also provide treatment for many eye diseases including eye allergies, red eyes, foreign bodies, and scratches. Our optometrists work closely with consulting ophthalmologists in our communities.

Endocrinology

The Endocrinology, Diabetes and Metabolism team sees the full spectrum of hormonal disorders including diabetes, over- and under-active thyroid states, thyroid nodules, osteoporosis and parathyroid abnormalities as well as adrenal and pituitary disorders. We also see patients with disordered

metabolism problems including polycystic ovary syndrome (PCOS) and cholesterol abnormalities. In addition, we work with appropriate therapists to provide hormonal therapy for transgendered patients. We are the only group in Hampshire and Franklin counties to utilize ultrasound-guidance for thyroid biopsies. We work with all primary care providers and specialists in the area to create a coherent and cohesive approach to our patient's health.

Laboratory

VMG has its own laboratory that is able to do a large portion of our testing in house with drawing stations in each Health Center. Quest Diagnostics is used as the Reference Laboratory. Each health center also has labs in Family Practice where CLIA waived testing can be performed as well as microscopy. Each provider needs Annual Provider Performed Microscopy Competencies that will be arranged by the lab manager.

Genetic Testing

New regulations require that patients be counseled before genetic testing can be performed. Not all patients need to be referred for genetic counseling but for those we as primary care providers are comfortable ordering the patient must be counseled and sign a consent before the test can be sent out. The forms are now in the print forms section under "consent for genetic testing". In addition quest requires that each of us sign a one-time affidavit to be kept on file at quest agreeing that we are doing the counseling.

Standing orders

As an organization we have agreed upon certain standards of testing for specific diseases and preventative care. You will need to sign the standing orders yearly so that they can be put in place automatically. This will be reviewed with our Quality Manager during your orientation. It is important that when you diagnose a patient with a disease which requires standing orders that you make sure that the diagnosis is on the problem list.

Pap Smears

We have a policy for management of pap smears. Each health center has a nurse who is responsible for managing pap smears and tracking. We have providers in our organization trained in colposcopy.

Physical/Occupational Therapy

Our highly skilled physical therapists and occupational therapists provide treatment for a broad spectrum of outpatient musculoskeletal conditions. Staff members specialize in areas such as sport injury rehabilitation, orthopedic physical therapy, specialties of vestibular rehabilitation, falls prevention, women's health issues, hand therapy and work injury rehabilitation. All therapists maintain flexible appointment schedules to accommodate patients' busy lifestyles.

Podiatry

Our Podiatrists diagnoses and treat any problems related to the foot and ankle, providing medical and surgical treatments with a special emphasis on biomechanics and diabetic foot care. We have a surgical podiatrist for surgical cases.

Radiology

Valley Medical Group is proud to offer digital Radiology services located in each health centers to keep service convenient for patients. We offer Digital X-ray, Ultrasound, Bone Density and Digital Mammography. Each Radiology department is registered by the State of Massachusetts, licensed by the

department of public health, and all Radiology Technologists are ARRT certified, and are licensed with the State of Massachusetts. All Radiology exams are interpreted by our consulting board certified Radiologists.

BONE DENSITY (ALL SITES EXCEPT EHC)

GENERAL DIAGNOSTIC X-RAY EXAMS

MAMMOGRAMS (3D in GHC, AMC, and EHC; 2D in NHC)

Our Mammography departments are also certified with the American College of Radiology and Registered Diagnostic Medical Sonographers and Registered Vascular Technologist.

- Screening mammograms can be performed at all centers.
- Diagnostics mammograms should be scheduled in EHC or AMC.
- If your patient has an abnormal screening mammogram you will receive a patient case so that you can reach out to the patient and set up a follow up plan before the patient receives a letter from the office.
- Our radiology department tracks abnormal mammograms

ULTRASOUNDS:

- Abdominal Aorta
- ABI exams
- Appendix
- Baby heads. Depends on the age of the baby. Limited field of view and penetration of the brain after 6 months except in NHC
- Breast U/S (Only done at AMC or EHC)
- Breast Biopsy (only done at AMC or EHC)
- Carotid Duplex exams
- Female Pelvis and transvaginal
- Foreign Body Scans
- General Abdominal exams
- Intussusception studies
- Lower Extremity and Upper Extremity – venous Doppler
- Obstetrical- 1st, 2nd and 3rd trimester
- Popliteal Fossa- (looking for Baker’s cyst)
- Pyloric stenosis studies except in NHC
- Renal/ Bladder
- Scrotal
- Superficial lumps
- Thyroid
- Thyroid Biopsy (only done at AMC)
- Unilateral Arterial exams for Pseudoaneurysms and acute ischemia

In order to access radiographic studies on the computer you will need a password. This will be reviewed during orientation. As an organization we work hard to control the costs of healthcare. When ordering MRIs and CTs we ask that you run the patient case by another provider for a second opinion to make sure the testing is necessary.

Sports and Exercise Medicine

VMG’s Sports and Exercise Medicine provides diagnosis and treatment of any sports or exercise related injury or pain. We work with competitive and recreational athletes as well as other active individuals to maintain or improve their health.

We treat athletes at the high school, collegiate, and professional levels along with other active individuals with exercise related injury or discomfort. A strong emphasis is placed on functional rehabilitation and non-operative interventions in an effort to return athletes and others to their desired sport or activity.

Valley Optometry

Valley Optometry provides eye care for our patients.