902.0 Referral to Primary Care Physician

902.1 Policy Approval Clearance Record

☐ Rural Services Policy ☒ Mental Health Policy ☐ Developmental Services Policy	This policy supersedes: Rural Clinics Policy 3.1022, Referral to Primary Care Physician; 902.1 dated 1/19/12	Number of pages in Policy: 9
Review by Representative from the Office of the Attorney General: n/a	Date: n/a	Date Policy Effective: 8/1/12
Rural Services Director Approval Signature: *Barbara Legier*	Date: 1/19/12 Revised 7/30/12	Policy Lead: Daniel F. Gunnarson, Ph.D. Robert Andreozzi, RN

902.2 Statement of Purpose

902.2.1 **Policy Statement:** Coordination of services with consumers Primary Care Physicians/Specialists is a priority of MHDS. Throughout the course of treatment, consumers will be verbally referred to their physician(s) when medical concerns arise.

902.2.2 **Purpose:** to describe the procedure for coordinating services between Rural Services-Mental Health (RS-MH) and a consumer's Primary Care Physician/Specialist.

902.3 Authority

NRS 433.484

902.4 Unique Definitions and Acronyms

902.4.1 **Rural Services:** Rural Services includes both the Mental Health Services and Developmental Services at the Division of Mental Health and Developmental Services (MHDS).

902.4.2 **Release of Information:** HIPAA compliant form signed by a client or legal guardian authorizing release of Protected Health Information (Attachment A).

902.4.3 **Primary Care Physician Letter:** A form letter on State letterhead indicating the request for release of Protected Health Information and coordination of care between the Center and the Primary Care Physician/Specialist (Attachment B).

902.4.4 **Iatrogenic Effects:** Unintentional harmful effects of medical intervention or advice including the side effects of drugs prescribed or administered inappropriately or complex drug interactions.

902.5 Procedures

902.5.1 Primary Care Physician Release of Information and Coordination of Care upon Entry into Services

A. During the Comprehensive Assessment/Intake process, or upon entry into services via transfer, the admitting clinician will obtain an appropriate Release of Information (ROI) (Attachment A) for the Primary Care Physician/Specialist (PCP) or any medical practitioner the consumer is receiving services from for current medical issues.

B. To ensure accurate completion, the admitting clinician needs to assist the consumer in filling out the ROI. If the consumer indicates that he/she does not have a PCP or other medical practitioner or refuses to sign the ROI, the consumer's identifying information is written on the ROI, a line is drawn through the form, and note is written on the bottom of the ROI indicating the reason for the release not being completed.

C. When the Comprehensive Assessment/Intake is completed or a consumer is transferred to a new mental health center, the admitting clinician will attach the completed Primary Care Physician Letter (Attachment B) to the appropriate ROI and submit it to a designated staff to mail or fax to the relevant medical practitioner within one work day of consumer admission to services. Prior to mailing or faxing, the designated staff will place a copy of each document in the "Miscellaneous" section of the consumer's hard copy medical record.

D. If the consumer indicates to the admitting clinician any type of untreated medical condition, the clinician is to advise the consumer/parent/guardian to seek evaluation and treatment with his/her physician. If the consumer reports having no PCP or other medical practitioner, the clinician will refer the consumer to the local community health center, or nearest medical care facility. The admitting clinician will document the advisement or referral in the "PLAN" section of the Intake/Comprehensive Assessment template or the Plan section of the initial Outpatient Services Ambulatory Progress Note for transferred clients.

E. If the consumer reports to the admitting clinician any acute, potentially disabling or life threatening medical condition (e.g., chest pain, severe headache or other pain, dizziness, uncontrolled bleeding, shortness of breath), the clinician is to immediately refer the consumer to a center nurse for a consultation. After the consultation, the nurse will assist the clinician and the consumer with referral to outside medical care providers or with contacting the consumer's PCP, as appropriate. If the medical condition is an emergency, the clinician or nurse will call 911 and follow the procedures outlined in Policy 1.7803 – Emergency Procedures. The clinician and nurse are to document the incident in separate AVATAR progress notes using the 239 "Crisis Intervention Face-to-Face" and 937 "Nursing Consult" codes, respectively.

F. For consumers in Medication Maintenance status, the nurse will seek direct telephonic consultation with a consumer's PCP or other medical practitioner whenever a consumer reports an acute, potentially disabling, life threatening and/or untreated chronic medical condition (e.g., diabetes, hypertension, hepatitis) , or there is concern about possible iatrogenic effects caused by interactions between psychiatric medications and medications or medical procedures a consumer has been prescribed for any medical condition. The nurse will provide the relevant medical practitioner the consumer's description of the acute, potentially disabling, life threatening and/or untreated chronic medical condition, the findings from any nursing physical assessment conducted, and the name and dosage of any prescribed psychiatric medication. If needed, the nurse will coordinate a "doctor to doctor" consultation between the relevant medical practitioner and the Rural Services contracted prescriber. The status of any such medical condition will be assessed by the assigned nurse during the client's standard 90 day nursing Health Assessment.

G. For consumers not in Medication Clinic or who are in Outpatient Counseling and/or Service Coordination and Medication Clinic, the treating clinician or Psychiatric Case Worker will consult with a center nurse whenever a consumer reports an acute, potentially disabling, life threatening and/or untreated chronic medical condition, or there is concern about possible iatrogenic interactions between psychiatric medications and medications or medical procedures a consumer has been prescribed for any medical condition. The consulting nurse will review the information provided by the treating clinician or Psychiatric Case Worker, directly assess the consumer's medical status if possible, advise the treating clinician or Psychiatric Case Worker and/or consumer or the consumer's legal guardian regarding follow-up medical care, or seek direct telephonic consultation with the consumer's PCP or other medical practitioner as appropriate based on the nursing consultation findings. If the medical condition is an emergency (e.g., severe chest pain, loss of consciousness, uncontrolled bleeding), the nurse will call 911 and follow the

procedures outlined in Policy 1.7803 – Emergency Procedures, as necessary. The treating clinician or Psychiatric Case Worker and consulting nurse are to document the consultation in separate AVATAR progress notes using the 239 “Crisis Intervention” and 937 “Nursing Consult” codes, respectively.

H. The treating clinician, Psychiatric Case Worker, or assigned nurse if the consumer is in Medication Maintenance only status, is to make one attempt to verify whether or not the consumer has obtained medical evaluation/treatment for his/her self-reported acute, potentially disabling, life threatening and/or untreated chronic medical condition by means of either written or verbal communication with pertinent medical provider(s) within 30 days of the consumer’s report of the medical condition. The treating clinician, Psychiatric Case Worker or assigned Medication Maintenance nurse will document the medical provider(s) reported follow-up status in an AVATAR progress note. Non-compliant consumers again will be advised to seek medical care and be provided with appropriate referrals by the treating clinician, Psychiatric Case Worker or assigned nurse. For consumers in Medication Clinic, noncompliance with recommended medical follow up will be reported by the treating clinician, Psychiatric Case Worker or assigned nurse to the consumer’s Rural Services medication prescriber. Significant medical issues also will be discussed in treatment team meetings and/or case staffings as part of the weekly Risk List Review.

I. All contacts and information/recommendations regarding medical issues (verbal, written, telephone) will be documented in an AVATAR progress note by the relevant staff person (i.e., treating clinician, Psychiatric Case Worker or assigned Medication Maintenance nurse) and forwarded to the prescribing Rural Services contracted psychiatrist within one working day of receiving the information/recommendations.

902.5.2 Timelines

Table 902.5.2.1: Timelines for Referral to Primary Care Physician Policy

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
902.5.1.A ROI	Date of Intake or transfer	Date of Intake or transfer	Admitting clinician	Complete ROI with consumer
902.5.1.C PCP Letter	Within One Work Day of Intake	Date of Intake or transfer	Administrative Assistant	Mail or Fax PCP letter
902.5.1.D	Upon consumer report of any untreated medical condition	Date of Intake or transfer	Admitting clinician	Advise consumer to seek medical evaluation & treatment. Provide referrals to appropriate medical provider(s). Document in PLAN section of Intake/Comprehensive Assessment or Plan section of progress note
902.5.1.E	Upon report of acute medical problem by consumer	Date of Intake or transfer	Admitting clinician	Refer consumer to a center RN for a consult
902.5.1.E	Upon report of acute medical problem by consumer	Date of Intake or transfer	Consulting RN	Seek consultation with PCP or other medical provider regarding reported acute medical problem

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
902.5.1.F	Upon report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Upon report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Medication Maintenance RN	Direct telephonic consultation with consumer's PCP or other appropriate medical care provider. Coordination of "Dr. to Dr." consult if warranted. Document in Nursing Progress Note. Assess during 90 day nursing Health Assessment.
902.5.1.G	Upon report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Upon report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Treating clinician or Psychiatric Case Worker	Consult with Center RN
902.5.1.G	Upon report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Upon report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Consulting Center RN	Review consumer medical information. Directly assess consumer medical status if possible. Advise as to appropriate medical care or contact consumer PCP directly. Call 911 if condition is emergent.
902.5.1.H	Within 30 days of consumer report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Within 30 days of consumer report of acute or untreated chronic medical problem or iatrogenic medication effect by consumer	Treating clinician, Psychiatric Case Worker, or assigned RN	Verify if consumer has followed up on recommended medical evaluation & treatment. Inform Medication Clinic prescriber if applicable. Repeat recommendation to consumer to seek medical care. Discuss consumer medical condition during weekly Risk List review.

902.5.5 Documentation

A. Case File Documentation (paper):

Table 902.5.3.1: Case File Documentation for Referral to Primary Care Physician

File Location	Data Required
Miscellaneous	Release of Information Form Copy of Primary Care Physician Letter

B. AVATAR Documentation (electronic):

Table 902.5.3.2: Electronic Documentation for Referral to Primary Care Physician

Applicable Screen	Data Required
AVATAR Screening Episode	Comprehensive Assessment/Intake
AVATAR Outpatient Counseling Episode 239 Crisis Intervention Note	Clinician progress notes

Applicable Screen	Data Required
AVATAR Nursing Episode 937 Code Note	Nurse's progress notes

902.5.6 **Supervisory Responsibilities:** Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually to identify recommendations for improvement.

902.6 Policy Cross Reference

902.6.1 1103 – Outpatient Nursing Assessment

902.6.2 1.7803 – Emergency Procedures

902.7 Attachments

902.7.1 RS902A Release of Information

902.7.2 RS902B Template Letter to Primary Care Physician

ATTACHMENT A

AUTHORIZATION FOR THE RELEASE OF CLIENT RECORD INFORMATION

State of Nevada
Division of Mental Health and Developmental Services
Authorization for the Release of Client Record Information

Agency (check one) ____Rural Clinics ____NNAMHS (Northern Nevada Adult Mental Health Services)
____Lakes Crossing ____SNAMHS (Southern Nevada Adult Mental Health Services)

Name:_____Soc. Sec.#: _____ DOB: _____
INFORMATION TO BE RELEASED FROM:
Name/Agency:_____

Address:_____

INFORMATION TO BE RELEASED TO:
Name/Agency:_____

Address:_____

PURPOSE OF RELEASE:_____

____ Written Disclosure ____ Verbal Disclosure (Initial one or both disclosure types)

INFORMATION TO BE RELEASED: Individual must initial each item of information to be released.

____Consultation Reports
____Diagnosis (Psychiatric)
____Discharge Summary
____Drug &/or Alcohol Abuse Info.
____Entire Client File
____General Summary Letter Only
____History & Physical Exam
____HIV/AIDS Information
____Medication Records
____Other (Specify):_____
____Progress Notes
____Treatment Plans
____Psychiatric Evaluation
____Psychological Assessment

INFORMATION FOR INFORMED CONSENT

The confidentiality of medical, psychiatric and substance abuse information is protected by State and Federal Statutes, Rules and Regulations including Nevada Revised Statutes and Title 42 of the Code of Federal Regulations. These Statutes, Rules and Regulations require that the client give informed consent prior to the release of any health/hospital records or information, except as specifically provided for within the Statutes, Rules and Regulations.

A consent to release information will be considered valid only when it states: (1) who will release the information; (2) who will receive the information; (3) the purpose for which the information will be used; (4) what specific information will be released; and (5) when the consent will expire. The consent must contain the client's or authorized representative's signature and the date of the signature. The authorized representative signing for the client must submit a copy of the legal document(s) granting this authority.

This Authorization for the Release of Medical Information waives any and all rights that the client now has or in the future may have to bring any legal action against the releasing person/facility for any damages caused directly or indirectly by the release of this information or other confidential information. Upon request, the client will be given a copy of the completed "Authorization for the Release of Client Information."

This authorization is effective immediately and is subject to revocation in writing at any time, except to the extent that action has already been taken in reliance thereon. Otherwise, the authorization expires _____ days from the date of signing (but no longer than 365 days) or upon case closure, whichever occurs first.

Date: _____ Date: _____

_____ _____
Signature of Parent/Guardian/Representative Signature of Client

_____ _____
Relationship to Patient Signature of Witness

ATTACHMENT B

TEMPLATE LETTER TO PRIMARY CARE PHYSICIAN

Dr. (name of PCP or other medical provider)

(Name of client [DOB: xx/xx/xxxx]) was admitted to (name of center) on (date of admission). To help us provide an optimal level of care, we have enclosed a signed release of information form from this client requesting relevant medical records for our nurse, psychiatrist, and mental health clinician to review.

Thank you for your timely cooperation with this request. If we can be of assistance to you and your staff regarding this client, please do not hesitate to contact us.

Sincerely,

Name of clinician
Title