

CureMD: Abnormal Breast Follow Up Provider Note



**Produced by the Alabama Department of Public Health
Health Media and Communications Division**

1

Presenter

**Nicole Byrd, BSN, RN
Nurse Coordinator
Family Health Services: Family
Planning Division
Alabama Department of Public Health**

2

OBJECTIVES

- Learn how to create the provider note and submit it
- Understand the documentation requirements for the provider note
- Review troubleshooting tips
- How to transfer templates from Lotus to CureMD
- Submitting proper documentation to the provider for review

3

THANK YOU

Pilot Nurses:

- Jennifer Crews (Northern District)
- Connie Hughes (Northern District)
- Megan Jones (East Central District)
- Jenny Pope (Southwestern District)

4

CREATING THE PROVIDER NOTE

The initial step for the user is to create the Abnormal Breast Follow-Up provider note in CureMD for the patient. The user must ensure these steps are followed to create the correct provider note.

5

How To Create The Provider Note

Enter the patients CureMD account. Go to patients 'Provider Notes' then click the add 'Provider Note' button.

The screenshot displays the CureMD Patient - Provider Notes interface. The patient profile for Kyle M 'Kylie' (She/her) is shown at the top. The 'Provider Notes' section is highlighted in the left sidebar. The main area shows a list of provider notes with columns for Visit, Reason, Type, Note Template, Status, Superbill, and Provider. A red box highlights the 'Add Provider Note' button in the top right corner of the notes section.

Visit	Reason	Type	Note Template	Status	Superbill	Provider
07/12/2024	Abnormal Breast Follow Up	Procedure Note	Abnormal BCCP Visit	Draft	Not Created	Barnes, Deah C
07/05/2024	Abnormal Breast Follow Up	Procedure Note	Abnormal BCCP Visit	Draft	Not Created	Barnes, Deah C
07/01/2024	Abnormal Breast Follow Up	Procedure Note	Abnormal BCCP Visit	Draft	Not Created	Ballinger, Janet
07/01/2024	Abnormal Breast Follow Up	Progress Note	ABCCP Screening	Draft	Not Created	Bailey, Kaiti CR
06/21/2024	DCS Deferred Physical Visit	Progress Note	STD Assessment Record	Draft	Not Created	Dr Taylor, Burne
06/21/2024	DCS Deferred Physical Visit	Progress Note		Draft	Not Created	Dr Taylor, Burne

6

This screen will open up

Provider Notes

Test, Kyle M "Kylie" (She/Her) 6Y 2M Male DOB 4/15/2018 A/C 1 LEP Breast Follow Up X Dony-PEP X Use Preferred Name X

Mobile (334) 787-1618
Home (919) 522-5465
PCP Prof. MD, PC, McKlowen ...
Referring gavin.xraf@adph.state.al.us

Primary Plan -
Plan Balance -
Patient -
Family -

Weight 46.38 lbs
Height 3' 8.0"
BMI 16.84
BSA 0.80

NKDA

Notes Follow up next visit !

Provider Notes Add

Create

Date* 07/12/2024 10 43 AM

Provider* --Select--

Note Template* Blank

Visit Reason* --Select--

Location* Coosa Co Health Department

User Role Nurse

☐ Transmit to MED-IT

MED-IT Service Type* --Select--

Dictation Date

Note Type

Ref. Provider

Ref. Prov Specialty

Linked Appointment

No Charge

Do not share with patient

☐ Not Linked

7

The user will need to fill-in the 'Provider', 'Note Template', 'Visit Reason', and 'Location' and then click 'Create'.

'Date': this is preset to the current calendar date.

'Provider': select the name of the nurse practitioner that did the abnormal breast exam from the drop-down list. 'Note Template': select ABNORMAL BCCP VISIT from the drop-down list. Since it is a drop-down the NP's name will not be an option if they are no longer an active employee with ADPH. So, in these cases the user will need to select the name of the NP Senior in that area as the Provider.

'Visit Reason': select ABNORMAL BREAST FOLLOW UP from the drop-down list.

'Location': this is preset to the health department the user is located so please ensure to select the health department location the patients' abnormal exam was done in from the drop-down list. Template and visit reason must be selected in this order to get the correct provider note

Provider Notes Add

Create

Date* 07/12/2024 10 43 AM

Provider* Hood, Krysta

Note Template* Abnormal BCCP Visit

Visit Reason* Abnormal Breast Follow Up

Location* Tuscaloosa Co Health Dept

User Role Nurse

☐ Transmit to MED-IT

MED-IT Service Type* --Select--

Dictation Date

Note Type

Ref. Provider

Ref. Prov Specialty

Linked Appointment

No Charge

Do not share with patient

8

This screen will open

9

If you select the wrong template (there are two breast template options) you could open the wrong template.

10

11

The abnormal breast follow-up provider note will open as a pop-up. The user will fill-in each section with the abnormal breast information on the patient.

12

This is an extended view of Abnormal Breast Follow-Up Provider Note

The screenshot displays a complex medical form titled 'Abnormal Breast Follow-Up Provider Note'. The form is organized into several columns and sections, each with a blue header. The left column contains sections for 'Patient Information', 'History of Present Illness', 'Physical Examination', 'Review of Systems', 'Laboratory and Imaging Studies', 'Pathology', 'Treatment', and 'Follow-up'. The middle column contains sections for 'History of Present Illness', 'Physical Examination', 'Review of Systems', 'Laboratory and Imaging Studies', 'Pathology', 'Treatment', and 'Follow-up'. The right column contains sections for 'History of Present Illness', 'Physical Examination', 'Review of Systems', 'Laboratory and Imaging Studies', 'Pathology', 'Treatment', and 'Follow-up'. Each section contains various input fields, checkboxes, and dropdown menus for data entry.

13

BREAKDOWN OF THE ABNORMAL BREAST FOLLOW UP PROVIDER NOTE

This provides the user with a thorough breakdown of each section of the Abnormal Breast Follow-Up provider note and how each section needs to be completed and what detailed information the provider needs in each section.

14

How To Complete The Abnormal Breast Follow Up Provider Note

This is the name of the individual completing the abnormal breast provider note in CureMD. The follow-up nurse/NP

☒ Nurse / NP Name

15

The user selects the name of the medical provider who will be reviewing the abnormal breast follow-up provider note in CureMD from the drop-down list.

☒ Physician's Name

(Select) ▼

(Select)
Deanah Maxwell
Lynda Gilliam

The medical provider assigned to review the abnormal breast follow-up provider note is based on the district the patient is located.



16

The user details what brought the patient into the health department the day the clinical breast exam (CBE) was done.

Examples: 34-year-old female gravida 2 Para 2 presents 8/1/23 for family planning (FP) annual no complaints
 24-year-old female gravida 0 presents 5/4/24 to health department complaining of painful lump in right breast. Patient first noticed area 2 weeks ago when in the shower and pain started about 5 days ago.

☒ Chief Complaint/Visit Reason

17

Select the county where the appointment took place from the drop-down list.

Select the county where the appointment took place from the drop-down list.

☒ County

(Select) ▼

(Select)

Autauga County

Baldwin County

Barbour County

Bibb County

Blount County

Bullock County

Butler County

Calhoun County

Chambers County

Cherokee County

Chilton County

Choctaw County

Clarke County

Clay County

Cleburne County

Coffee County

Colbert County

Conecuh County

Coosa County

18

When the patient meets MRI high risk protocol criteria select 'Yes' from the drop-down box and then select the reason for how the patient meets high risk MRI protocol from the details drop-down box for protocol criteria. If the patient is not high risk per protocol criteria, then select 'No' from the drop-down box.

Clinical Protocol Manual-Breast and Cervical Cancer Page 7:
Breast MRI (for high-risk women ages 40-64 or those 65 and older with no insurance or Medicare Part A only) (Prior Authorization and Approval Documentation is required). Complete the MRI Prior Authorization Form and send it to your Regional Coordinator for authorization/approval along with the required documentation for the patient. The patient must have one of the following and the required documentation in order to be eligible for the MRI:

- Patient has genetic mutation such as BRCA 1 or 2 (Must have documentation of genetic mutation)
- Patient has a 1st degree relative (mother, sister, daughter) with a known genetic mutation such as BRCA 1 or BRCA 2 (Must have documentation of genetic mutation)
- History of radiation treatment to the chest area before the age of 30
- Personal history of lobular carcinoma in situ (Must have documentation of lobular carcinoma in situ)
- Patient has findings/risk factors that the provider deems necessary for further consideration from the Medical Advisory Committee (Must supply adequate reports for review by the Medical Advisory Committee)

*Any of the above reasons constitutes a >20% breast risk assessment score, which is considered high risk (e.g. breast risk assessment tools www.cancer.gov/bcrisktool or <https://ibis-risk-calculator.magview.com>).

Clinical Protocol Manual-Abnormal Findings-Breast Abnormalities Page 20: (10/15/24 Policy Update)

NOTE: If MRI is denied counsel on high-risk status and document importance of annual mammogram/CBE and to report any breast changes to clinic. Close tickler and move patient to annual follow-up.

19

All women aged 19-34 should have an assessment done to determine if they need a breast risk assessment score and reassessed annually. If they are determined to be high-risk a breast risk assessment must be done and reassessed annually.

Select the appropriate tool from the drop-down box

ANY Breast Cancer Risk Assessment Tool can be used, for example:

(www.cancer.gov/bcrisktool, <https://ibis-risk-calculator.magview.com>). Gail Model only be used on patients 35 and older; The Tyrer-Cuzick (TC) can be used for age 19 and up but does not provide a 5-year risk percentage so NA will need to be put in the 5-year box when TC used.

If any other breast risk tool is used select 'Other' and in 'Details' box list the Model used. If the scores were obtained from a Breast Center or other breast medical facility report, then select 'Reported from Breast Center/Other Med Facility.' If the score cannot be obtained for such reasons as patient cannot answer all the questions to obtain a score, patient has breast cancer history or under 35 and no risk factors, then select 'N/A.'

20

Complete the 5 year and lifetime breast cancer risk percentage for the patient using the appropriate breast risk assessment tool.

If the user has these numbers on forms from a Breast Center, then enter those numbers not the health departments numbers.

☒ Breast Risk Model Used
(Select) ▼

☒ Five year Breast Cancer Risk
Percentage

☒ Lifetime Breast Cancer Risk
Percentage Details:

If the patient cannot answer specific questions in the breast risk tool used and the user is unable to obtain a percentage due to the patient's inability to answers certain questions, then the user needs to put 'NA' in the box or boxes and the user write in the 'Details' box what questions the patient was able to answer as the patient might still be considered high risk by the medical provider based on questions answered.

The NCI and TC Model can be found in Cure in the 'Library' under 'Breast and Cervical Documents.'

21

Examples:

☒ Breast Risk Model Used
N/A ▼

☒ Five year Breast Cancer Risk
Percentage N/A

☒ Lifetime Breast Cancer Risk
Percentage N/A Details: unable to answer question regarding TC model (age 26) as adopted at birth and no information on biological parents

☒ Breast Risk Model Used
TC ▼

☒ Five year Breast Cancer Risk
Percentage N/A

☒ Lifetime Breast Cancer Risk
Percentage 12.3% Details:

☒ Breast Risk Model Used
Reported from I ▼

☒ Five year Breast Cancer Risk
Percentage 4.2%

☒ Lifetime Breast Cancer Risk
Percentage 11.1% Details:

☒ Breast Risk Model Used
N/A ▼

☒ Five year Breast Cancer Risk
Percentage N/A

☒ Lifetime Breast Cancer Risk
Percentage N/A Details: RI BR CA DX

☒ Breast Risk Model Used
Gyn ▼

☒ Five year Breast Cancer Risk
Percentage 6.2%

☒ Lifetime Breast Cancer Risk
Percentage 14.6% Details:

☒ Breast Risk Model Used
N/A ▼

☒ Five year Breast Cancer Risk
Percentage N/A

☒ Lifetime Breast Cancer Risk
Percentage N/A Details: age 25-had no risk factors

22

Patient Name: _____
DOB: _____

NATIONAL CANCER INSTITUTE-BREAST CANCER RISK ASSESSMENT TOOL (AGE 35 AND OLDER)

Patient Eligibility

1. Do you have a medical history of any breast cancer or ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) or have you received previous radiation therapy to the chest for treatment of Hodgkin lymphoma? ☐ Yes* ☐ No

2. Do you have a mutation in either the BRCA1 or BRCA2 gene, or a diagnosis of a genetic syndrome that may be associated with elevated risk of breast cancer? ☐ Yes* ☐ No ☐ Unknown

*This tool cannot accurately calculate breast cancer risk for women with a medical history of any breast cancer or DCIS or LCIS.

Demographics

1. What is your age? Age: _____

2. What is your race/ethnicity?

☐ White
☐ African American
☐ Hispanic/Latina
☐ Unknown
☐ American Indian or Alaska Native
☐ Asian American
Sub Race: ☐ Chinese
☐ Filipino
☐ Hawaiian
☐ Pacific Islander
☐ Japanese
☐ Other Asian

3. What is your place of birth? ☐ Outside the United States (U.S.)
☐ U.S. Born

Patient & Family History

1. Have you ever had a breast biopsy with a benign (not cancer) diagnosis? ☐ Yes* ☐ No ☐ Unknown

*If answered Yes to benign biopsy diagnosis:

1. How many breast biopsies with a benign diagnosis have you had? ☐ 1 ☐ 2 or more

2. Have you ever had a breast biopsy with atypical hyperplasia? ☐ Yes ☐ No ☐ Unknown

2. What was your age at the time of your first menstrual period? ☐ 7 to 11 ☐ 12 to 13 ☐ 14 or older

3. What was your age when you gave birth to your first child? ☐ no births
☐ less than 20
☐ 20-24
☐ 25-29
☐ 30 or Older
☐ Unknown

4. How many of your first-degree relatives (mother, sisters, daughters) have had breast cancer? ☐ None
☐ One
☐ More than One
☐ Unknown

<https://breastcancer.gov/calculator.html> 8/1/2024

Page 1 Page 2

23

Patient Name: _____
DOB: _____

TYRER-CUZICK RISK ASSESSMENT MODEL (ANY AGE)

Personal History

1. What is your current age? Age: _____

2. What is your current height? Ht: _____ ft _____ in

3. What is your current weight? Wt: _____ lbs

4. Have you ever had a menstrual period? ☐ Yes ☐ No
If Yes, age of first menstrual period: Age: _____

Gynecologic

1. Have you given birth to one or more children? ☐ Yes ☐ No
If Yes, that your age when you had your first child: Age: _____

2. Select your stage of menopause:

☐ Premenopausal - Regular occurring menstrual cycles
☐ Perimenopausal - Irregular cycles and early menopause symptoms (<5 years before menopause)
☐ Postmenopausal - No menstrual periods for 12+ months, marking the end of reproductive years
☐ Don't know

If Postmenopausal, what was age of menopause? Age: _____

Have you ever used Hormone Replacement Therapy? ☐ Never

How often you took hormone pills or combined conjugated and progestin pills can not include the number of years.

☐ Previous user (more than 5 years ago)
☐ Previous user (less than 5 years ago)
length of use _____ years
How long ago was your last use? _____ years ago
Type of HRT used: ☐ Estrogen ☐ Combined (Estrogen + Progestin)
☐ Current User
length of use _____ years
intended length of use (leave blank if you don't know) _____ years
Type of HRT being used: ☐ Estrogen ☐ Combined (Estrogen + Progestin)

Do you have a mutation in either the BRCA1 or BRCA2 gene? ☐ Not tested
☐ Negative
☐ BRCA 1
☐ BRCA 2

5. Have you had a breast biopsy? ☐ No prior biopsy / No proliferative disease
☐ Prior biopsy, result unknown
☐ Hyperplasia (not atypical) includes atypical ductal hyperplasia, atypical lobular hyperplasia, and lobular carcinoma in situ (LCIS)
☐ Atypical hyperplasia
☐ Lobular Carcinoma in Situ (LCIS)

6. Have you had ovarian cancer? ☐ Yes ☐ No
If Yes, Age of diagnosis: Age: _____

Page 1 Page 2

24

7 Select your Breast Density ☐ A. Almost entirely fatty ☐ B. Scattered fibroglandular density ☐ C. Heterogeneously dense ☐ D. Extensively dense ☐ I don't know

If you are unsure about what breast density category you fall into, the following website is helpful: <https://www.fda.gov/radiation-emissions/breast-density>

8 Do you have any diabetes inheritance? ☐ Yes ☐ No ☐ I don't know

Family History

Indicate the number of family members who have:

1 First (If there are no family members in that category, enter 0)

Number of daughters: _____
 Number of sisters: _____
 Number of paternal aunts: _____
 Number of paternal half sisters: _____
 Number of paternal uncle's daughters: _____
 Number of maternal aunts: _____
 Number of maternal half sisters: _____
 Number of maternal uncle's daughters: _____

Indicate if any of the following family members have been diagnosed with breast cancer?

2 Mother: ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Father: ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Sister(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Daughter(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Brother(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Paternal Grandmother: ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Paternal Aunt(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Paternal Half Sister(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Paternal Uncle's Daughter(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Maternal Grandmother: ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Maternal Aunt(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Maternal Half Sister(s): ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

25

Neice or Neices ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Maternal Uncle's Daughter(s) ☐ Yes ☐ No If Yes: Current age or age at death: _____ Age at diagnosis: _____
 Had BRCA genetic testing been done: ☐ Not tested ☐ Negative ☐ BRCA 1 ☐ BRCA 2

Indicate if any of the following family members have ever been diagnosed with 3 ovarian cancer?

Mother ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Sister(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Daughter(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Paternal Grandmother ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Paternal Aunt(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Paternal Half Sister(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Paternal Uncle's Daughter(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Maternal Grandmother ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Maternal Aunt(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Maternal Half Sister(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

Maternal Uncle's Daughter(s) ☐ Yes ☐ No If Yes: Age at diagnosis: _____

[Tyrer-Cuzick Risk Calculator for Breast Cancer Risk Assessment | MacView](#)

9/1/2024

Page 5

26

The medication section needs to be completed with all current medication so provider can adjust medication if needed for patients with certain diagnosis or treatments especially cancer diagnosis.

Select 'Yes' from the drop-down box if the patient takes any type of replacement hormonal therapy and then list in the text box the drugs the patient is currently taking. If the patient does not take any replacement hormonal therapy, then select 'No' from the drop-down box. Examples include: Duavee, Premarin, Estrace, Estrogel, Estring

THIS DOES NOT INCLUDE BIRTH CONTROL PILLS

☒ Does patient take Replacement Hormonal Therapy?

(Select) Type of Therapy

(Select)
(Select)
No
Yes

27

Select 'Yes' from the drop-down box if the patient uses any form of birth control method (IUD, implant, pills, condoms, abstinence etc.) and then list the birth control method used in the box provided. Select 'No' from the drop-down box if the patient does not use any birth control method (hysterectomy, tubal ligation)

☒ Is patient on a Birth Control Method (BCM)?

(Select) Type of BCM:

(Select)
(Select)
No
Yes

28

Add any other current medications the patient takes in this text box. These are the medications listed under 'Medications' in the patient's tree on the left-hand side under the 'Clinical' section or in the most recent signed provider note under 'Current Medications'.

If the patient takes no other medications, then write 'NONE' in the text box.

☒ Other medications

HINT: The user can go to the most recent signed provider note and copy all the current medications listed in that note and paste to this text box. See example below:

Other medications amLODIPine Besy-Benazepril HCl 10-20 MG Oral Capsule: 1 Capsule(s) daily Oral Ibuprofen Sodium 150 MG Oral Tablet: 1 Tablet(s) once a month Oral CeleBREX 100 MG Oral Capsule: 1 Capsule(s) 2 times daily Oral metFORMIN HCl 500 MG Oral Tablet: 1 Tablet(s) daily Oral, Qty 1 Tablet(s) For 1 Day(s) Advair HFA 115-21 MCG/ACT Inhalation Aerosol: 2 inhalation every 12 hours Inhalation

29

Select 'Yes' from the drop-down box if the patient has ever had any history of benign breast conditions (includes pain, lumps or masses, infections, nipples discharge, and skin conditions) and/or cancer (breast/ovarian). If yes, then provide a brief detail of the patient's history (specify patient's condition or cancer, where it was located, when it occurred (timeframe of when started and ended if possible), any treatment involved (surgery, biopsy, cancer treatment) and if it has resolved or if care/treatment still ongoing in the text box provided.

If the patient has never had any benign breast conditions or breast/ovarian cancer, then select 'No' from the drop-down box.

This information can be found in the most recent signed provider note under the 'HPI' section or under the 'OB/GYN History' section, 'History' then 'OB/GYN' in the patient's tree on the left-hand side under the 'Clinical' section.

Examples: Patient (Pt) reports history (hx) breast cancer in right breast 1990-1991. Right lumpectomy in 1990 and started chemo from 1990-1991 and completed treatment around Oct. of 1991.

Pt reports abscess of left breast June 2020. Placed on antibiotic treatment for 10 days. Area resolved within a month.

☒ Does patient have a personal History of Benign Breast Conditions/Breast and/or Ovarian Cancer?

(Select)

(Select)

(Select)
No
Yes

30

Select 'Yes' from the drop-down box if the patient has ever had a previous abnormal breast template/note in follow-up that the provider reviewed and either closed to routine, transferred care or made open but inactive, etc. If yes, then provide a brief description of what occurred in the previous follow-up. The description should include when the last follow-up occurred (month/year), what created the follow-up, any care/treatment that was provided, and how the follow-up was inactive (routine, transferred care, lost to follow-up, etc.) and when inactive. If the patient has never had a previous abnormal breast follow-up note/template submitted to a provider, then select 'No' from the drop-down box.

Examples: Pt was in follow-up 10/2022 for lump in right breast found during annual. Mammogram (Mamm) and Ultrasound both BIRADS 1 negative. Returned to routine 11/2022

Pt was in follow-up for bloody discharge reported from left nipple during visit on 8/22/19 and a lump noted in the area during the FP exam. Ultrasound B5. Surgical consult done and surgeon ordered and completed biopsy resulting in pathology of left breast cancer. Patient had left mastectomy 9/4/19 and started radiation 9/25/19 and was released to cancer care team 9/25/19.

Patient was in for follow-up for cancer detection (CD) 5/4/21 and lump noted on exam in anterior part of right breast. Patient had Mammogram and US B4 and then surgical consult appt for 5/15/24, patient no show to consult appt, letters sent per protocol no response made open but inactive 7/5/21.

☒ Previous Breast Follow-Up Patient:


(Select) Describe previous follow-up:

(Select)
(Select)
No
Yes

31

Enter the date the clinical breast exam (CBE) was performed. The user can either enter the date in the box provided or click the calendar (click on the calendar icon, select the date, then select the X in the top right corner).

☒ CBE Date



July, 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Go Today

32

Type the name of the clinician in the text box that performed the clinical breast exam (CBE) on the patient. It is a fill-in-the-blank so type in the name of the NP that did the CBE exam even if that NP is no longer employed by ADPH.

☒ CBE Clinician

33

The user will select any of the boxes that match the findings from the complete breast exam (CBE). Select all that apply. If the patient had an abnormal CBE, then select the box 'Abnormal CBE-Narrative' and provide the details of the abnormal breast findings from the clinician's narrative here.

The abnormal breast narrative information is found in the provider note under 'Physical Exam' under 'Breast.'

Hint: The user can copy and paste the clinicians abnormal breast narrative to this text box

☒ Abnormal CBE findings

☐ No Masses Bilaterally ☐ No Masses Bilaterally with Tenderness noted

☐ Nodularity Bilaterally consistent with normal exam ☐ with no discrete palpable masses noted ☐ Abnormal CBE-Narrative

If Abnormal CBE-Narrative selected document findings

34

Indicate if the patient has any family with a history of breast, colon, or ovarian cancer by check the box of the family member.

If the patient has no family member affected with that cancer select the 'None' box.

This information can be found in the provider note under 'Family History' or 'History' then 'Family' in the patient's tree on the left-hand side under the 'Clinical' section.

Family Breast and/or Ovarian Cancer History

☒ Does patient have Family Breast / Colon and/or Ovarian Cancer History?

Breast	<input type="checkbox"/> None	Ovarian	<input type="checkbox"/> None
	<input type="checkbox"/> Mother		<input type="checkbox"/> Mother
	<input type="checkbox"/> Sister		<input type="checkbox"/> Sister
	<input type="checkbox"/> Daughter		<input type="checkbox"/> Daughter
	<input type="checkbox"/> Maternal Grandmother		<input type="checkbox"/> Maternal Grandmother
	<input type="checkbox"/> Paternal Grandmother		<input type="checkbox"/> Paternal Grandmother
	<input type="checkbox"/> Brother		<input type="checkbox"/> Brother
	<input type="checkbox"/> Father		<input type="checkbox"/> Father
Colon	<input type="checkbox"/> None		
	<input type="checkbox"/> Mother		
	<input type="checkbox"/> Sister		
	<input type="checkbox"/> Daughter		
	<input type="checkbox"/> Maternal Grandmother		
	<input type="checkbox"/> Paternal Grandmother		
	<input type="checkbox"/> Brother		
	<input type="checkbox"/> Father		

35

This refers to a screening mammogram. Select the options that indicates the status of the screening mammogram from the drop-down list.

'Not Needed'-patient does not require a screening mammogram per protocol requirements.

'Pending'- patient has an upcoming appointment scheduled.

'Done'-patient has completed a screening mammogram.

'Refused/Declined'-patient has refused or declined to have a screening mammogram scheduled. In the details text box indicate date declination signed.

'No Show'-patient missed appointment(s) for screening mammogram. In the details text box indicate date(s) of no-show appointments and/or dates of letter sent if only 1 no show.

Mammography Exam

☒ Was a Screening Mammogram done?

(Select) Details:

(Select)

(Select)

Not Needed

Pending

Done

Refused/Declined


No Show

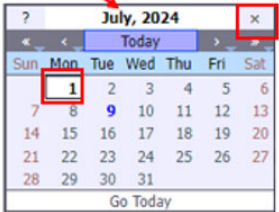
36

Enter the date the screening mammogram was performed or the date it is scheduled to be done. Either enter the date in the box provided or select the date from the calendar (click on the calendar icon, select the date, then select the X in the top right corner)

☒ Screening Mammography

Date of Mammography





37

Select the category based on the result received from the screening mammogram report.
(Category=BIRADS)

☐ (0) Category ☐ (1) Category

☐ (2) Category ☐ (3) Category

☐ (4) Category ☐ (5) Category

☐ (6) Category

BI-RADS® ASSESSMENT CATEGORIES

Category 0: Mammography: Incomplete – Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison
Ultrasound & MRI: Incomplete – Need Additional Imaging Evaluation

Category 1: Negative

Category 2: Benign

Category 3: Probably Benign

Category 4: Suspicious

Category 5: Highly Suggestive of Malignancy

Category 6: Known Biopsy-Proven Malignancy

Mammography & Ultrasound:

Category 4A: Low suspicion for malignancy
Category 4B: Moderate suspicion for malignancy
Category 4C: High suspicion for malignancy

acr.org/birads

38

Provide the screening mammogram findings from the imaging report received in the box provided. The user must always review all imaging results and provide a summary of the results/findings/plan of care (POC) for the provider to show that the user has reviewed the image and understands the results.

Example: BIRADS 4 irregular mass in the lower outer right breast is suspicious for malignancy, biopsy should be considered

Results of Category Selected

39

This refers to a diagnostic mammogram. Select the options that indicates the status of the diagnostic mammogram from the drop-down list.

'Not Needed'-patient does not require a diagnostic mammogram per protocol requirements.

'Pending'- patient has an upcoming appointment scheduled.

'Done'-patient has completed a diagnostic mammogram.

'Refused/Declined'-patient has refused or declined to have a diagnostic mammogram scheduled. In the details text box indicate date declination signed.

'No Show'-patient missed appointment(s) for diagnostic mammogram. In the details text box indicate date(s) of no-show appointments and/or dates of letter sent if only 1 no show.

☒ Diagnostic Mammography

Was a diagnostic mammogram done? (Select)

Details

(Select)

(Select)
Not Needed
Pending
Done
Refused/Declined
No Show


40

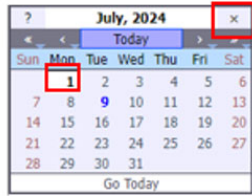
Select the type of diagnostic mammogram performed or scheduled to be done.
(B/L=bilateral)

Ultrasound Type ☐ Left Diagnostic
☐ Right Diagnostic
☐ B/L Diagnostic

41

Enter the date the diagnostic mammogram was performed or the date it is scheduled to be done. Either enter the date in the box provided or select the date from the calendar (click on the calendar icon, select the date, then select the X in the top right corner)

Date of Mammography 



The calendar shows the month of July 2024. The date 1st is highlighted with a red box. A red arrow points from the calendar icon in the input field to the calendar. The top right corner of the calendar has a red box around the 'X' button.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Go Today

42

Select the category based on the result received from the diagnostic mammogram report.
(Category=BIRADS)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> (0) Category | <input type="checkbox"/> (1) Category |
| <input type="checkbox"/> (2) Category | <input type="checkbox"/> (3) Category |
| <input type="checkbox"/> (4) Category | <input type="checkbox"/> (5) Category |
| <input type="checkbox"/> (6) Category | |

43

Provide the diagnostic mammogram findings from the imaging report received in the box provided. The user must always review all imaging results and provide a summary of the results/findings/plan of care (POC) for the provider to show that the user has reviewed the image and understands the results.

Example: BIRADS 4 irregular mass in the lower outer right breast is suspicious for malignancy, biopsy should be considered

Results of Category Selected

44

POLICY Reminder

Mammograms

CRNPs are responsible for reviewing, initialing, and dating all the following mammogram results:

1. BI-RAD 0
2. BI-RAD 3
3. BI-RAD 4
4. BI-RAD 5
5. Results of all diagnostic mammogram results

45

This refers to an ultrasound. Select the options that indicates the status of the ultrasound from the drop-down list.

'Not Needed'-patient does not require an ultrasound per protocol requirements.

'Pending'- patient has an upcoming appointment scheduled.

'Done'-patient has completed an ultrasound.

'Refused/Declined'-patient has refused or declined to have an ultrasound scheduled. In the details text box indicate date declination signed.

'No Show'-patient missed appointment(s) for the ultrasound. In the details text box indicate date(s) of no-show appointments and/or dates of letter sent if only 1 no show.

Ultrasound Exam

☒ Was an Ultrasound Done?

(Select) ▾

Details

(Select) ▾

(Select)

Not Needed

Pending

Done


Refused/Declined

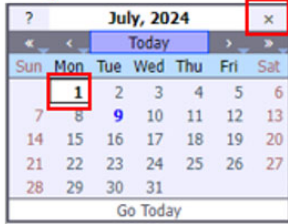
No Show

46

Enter the date the ultrasound was performed or the date it is scheduled to be done. Either enter the date in the box provided or select the date from the calendar (click on the calendar icon, select the date, then select the X in the top right corner)

☒ Date of Ultrasound?





The calendar shows July 2024. The date 1 is highlighted. The 'X' button in the top right corner of the calendar is also highlighted.

47

Select the type of ultrasound performed or scheduled to be done. (B/L=bilateral)

Ultrasound Type ☐ Left Diagnostic
☐ Right Diagnostic
☐ B/L Diagnostic

48

Select the category based on the result received from the ultrasound report.
(Category=BIRADS)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> (0) Category | <input type="checkbox"/> (1) Category |
| <input type="checkbox"/> (2) Category | <input type="checkbox"/> (3) Category |
| <input type="checkbox"/> (4) Category | <input type="checkbox"/> (5) Category |
| <input type="checkbox"/> (6) Category | |

49

Provide the ultrasound findings from the imaging report received in the box provided. The user must always review all imaging results and provide a summary of the results/findings/plan of care (POC) for the provider to show that the user has reviewed the image and understands the results.

Example: BIRADS 4 irregular mass in the lower outer right breast is suspicious for malignancy, biopsy should be considered

Results of Category Selected

50

This refers to the surgical evaluation/consult. Select the options that indicates the status of the surgical evaluation/consult from the drop-down list.

'Not Needed'-patient does not require a surgical evaluation/consult per protocol requirements.

'Pending'- patient has an upcoming appointment scheduled.

'Done'-patient has completed the surgical evaluation/consult.

'Refused/Declined'-patient has refused or declined to have the surgical evaluation/consult scheduled. In the details text box indicate date declination signed.

'No Show'-patient missed appointment(s) for the surgical evaluation/consult. In the details text box indicate date(s) of no-show appointments and/or dates of letter sent if only 1 no show.

Surgical Evaluation

☒ What is the status of the Surgical Evaluation?

(Select) Details

(Select)

Not Needed

Pending

Done

Refused/Declined

No Show

51

Type the name of the surgeon the patient visited or is scheduled to visit in the text box.

☒ Name of Surgeon:

52

Enter the date the surgical evaluation/consult was performed or the date it is scheduled to be done. Either enter the date in the box provided or select the date from the calendar (click on the calendar icon, select the date, then select the X in the top right corner)

Date of Surgical Eval:

July, 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Go Today

53

Provide a summary of the surgical evaluation/consult visit in the text box provided. Provide a summary of the visit including any treatment/service provided and the plan of care from the surgeon. The user must always review the visit note and provide a summary of the visit/plan of care (POC) for the provider to show that the user has reviewed the note and understands the summary of care.

Example: Dr. Blue's impression right breast lesion upper outer quadrant most likely a fibroadenoma, discussed with pt. likely benign nature of finding and pt. is comfortable following surgeon's plan of care. Dr. Blue recommends repeat US Rt Breast 9/7/2023 and then f/u with surgeon after ultrasound for reexamination of breast. To return to clinic (RTC) if any issues occur before appt.

Dr. Orange noted on the right breast at the 12 o'clock position approx. 12 cm superior to the nipple areolar complex she does have a palpable lesion it looks like it is localized to the skin likely going to be a cyst. Discussed with pt. it is likely benign cyst, but pt. is adamant she wants it removed. To schedule for excision on 2/4/24 all risk and benefits discussed with pt. and pt. verbalized understanding and wishes to proceed.

Results of Category Selected

54

This refers to an MRI. Select the options that indicates the status of the MRI from the drop-down list.

'Not Needed'-patient does not require an MRI per protocol requirements.

'Pending'- patient has an upcoming appointment scheduled.

'Done'-patient has completed an MRI.

'Refused/Declined'-patient has refused or declined to have an MRI scheduled.

In the details text box indicate date declination signed.

'No Show'-patient missed appointment(s) for the MRI. In the details text box indicate date(s) of no-show appointments and/or dates of letter sent if only 1 no show.

MRI Exam

☒ Was an MRI done?

[(Select)]

Details

(Select)

(Select)

Not Needed

Pending

Done

Refused/Declined

No Show

55

Enter the date the MRI was performed or the date it is scheduled to be done. Either enter the date in the box provided or select the date from the calendar (click on the calendar icon, select the date, then select the X in the top right corner)

☒ Date of MRI

July, 2024

Today

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Go Today

56

Select the category based on the result received from the MRI report. (Category=BIRADS)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> (0) Category | <input type="checkbox"/> (1) Category |
| <input type="checkbox"/> (2) Category | <input type="checkbox"/> (3) Category |
| <input type="checkbox"/> (4) Category | <input type="checkbox"/> (5) Category |
| <input type="checkbox"/> (6) Category | |

57

Provide the MRI findings from the imaging report received in the box provided. The user must always review all imaging results and provide a summary of the results/findings/plan of care (POC) for the provider to show that the user has reviewed the image and understands the results.

Example: BIRADS 4 irregular mass in the lower outer right breast is suspicious for malignancy, biopsy should be considered

Results of Category Selected

58

This refers to a biopsy. Select the options that indicates the status of the biopsy from the drop-down list.

'Not Needed'-patient does not require a biopsy per protocol requirements.

'Pending'- patient has an upcoming appointment scheduled.

'Done'-patient has completed the biopsy.

'Refused/Declined'-patient has refused or declined to have a biopsy scheduled. In the details text box indicate date declination signed.

'No Show'-patient missed appointment(s) for the biopsy. In the details text box indicate date(s) of no-show appointments and/or dates of letter sent if only 1 no show.

59

Enter the date the biopsy was performed or the date it is scheduled to be done. Either enter the date in the box provided or select the date from the calendar (click on the calendar icon, select the date, then select the X in the top right corner)

60

Type in the text box the type of biopsy the patient had done (fine-needle aspiration, core needle, surgical, excisional, lymph node, stereotactic, vacuum assisted, etc.).

Example: ultrasound guided vacuum assisted core needle biopsy w/ clip placement

☒ Type of Biopsy:

61

Type in the text box the location the biopsy was taken (left breast, right breast, right anterior, left posterior)

☒ Location of Biopsy:

62

Provide the pathology results from biopsy in the text box provided. The user must always review results and provide a summary of the results/findings for the provider to show that the user has reviewed the pathology and understands the results.

Example: benign breast tissue with pseudoangiomatous stromal hyperplasia (PASH), no invasive or in situ carcinoma identified.

☒ Result of Biopsy:

63

The user will summarize the main key information about the patient's abnormal breast note in the 'Summary' text box(es). Key areas to highlight: Reason for visits, abnormal findings, imaging results, surgical consult status (results and POC if done) and biopsy results (if done) and any questions for the provider (clarification/POC direction etc.). User is provided with a second 'Summary' text box in case text limit is met in first 'Summary' text box.

64

Examples: 41-year-old gravida 2 para 2 presents 4/1/24 for FP annual. CBE Left Breast Normal; Right Breast symmetrical, no retractions, no dimpling, nontender, no nipple discharge, 2x2 cm oval shaped mass, moveable 10:00 position moderate nodularity throughout bilaterally. 4/5/24 Bilateral diagnostic MMG and Right diagnostic Ultrasound both BIRADS 2 benign; surgical consult done 4/15/24 Dr. Orange w/ Right Breast benign cyst. Patient (pt.). wants excision done MD discussed risk vs. benefit pt. still adamant for excision. Treatment and procedure explained, and pt. verbalized understanding excisional biopsy done 4/26/24 and pathology benign. Pt had follow-up appt 5/2/24 site healing well no complaints plan of care: pt. to return to clinic (RTC) as needed and can resume routine MMG screenings with health care provider. Can patient return to routine screenings?

26 yr. old gravida 0 in for initial annual. CBE left breast normal; Right Breast: Symmetrical, No Retraction, No Dimpling, Nontender, No Nipple Discharge, Masses 1cmX1cm mass noted to right axilla, non-tender, firm. MMG ordered for 2/5/24 pt. No Show per State Imaging Center. Tried to call patient 2/7/24 to reschedule appt no answer and VM full. First class letter sent 2/7/24. No response sent certified letter 2/20/24. Received signed card from USPS on 3/15/24 and as of 4/16/24 no calls or appointments have been made from letters. Signed green card attached. ADPH protocol followed. Chart flagged to rescheduled imaging or sign declination if patient returns to clinic. Can this patient be made open but inactive?

65

SAVING THE PROVIDER NOTE

After the user has entered all the required information into the Abnormal Breast Follow Up provider note, it is very important that the user saves the provider note. The provider note can be saved anytime during data entry and can be edited after it has been saved. The only time the provider note cannot be edited is when the note has been signed (to be covered later in the guide).

66

How To Save The Provider Note

When the user has entered all the information in all the required boxes for this patient or needs to return to the provider note later then the user must Save the note.

To save click 'Accept'

67

After the user saves the provider note, the user screen will open to this view.

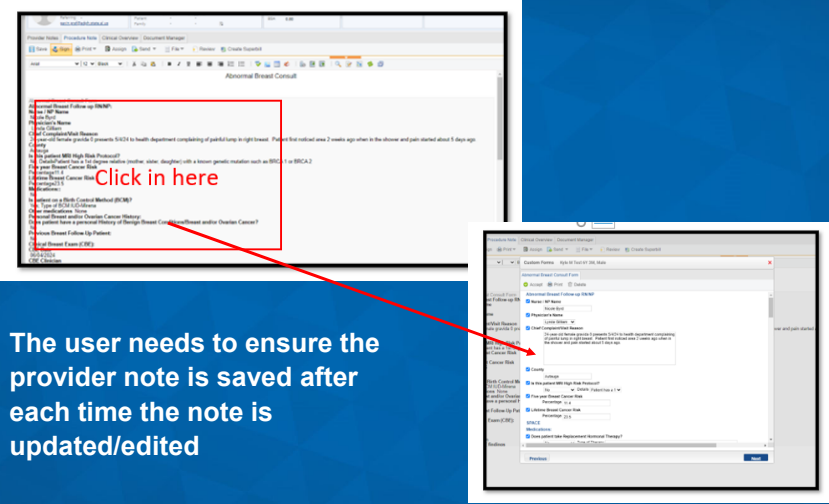
The user can scroll up and down and review everything that was entered by the user into the provider note.

THE USER SHOULD USE THIS TO REVIEW FOR ACCURACY AND COMPLETENESS.

Another view

68

If editing or additional information needs to be added to the provider note, the user just needs to click somewhere in the texts field and the provider note will open for the user.

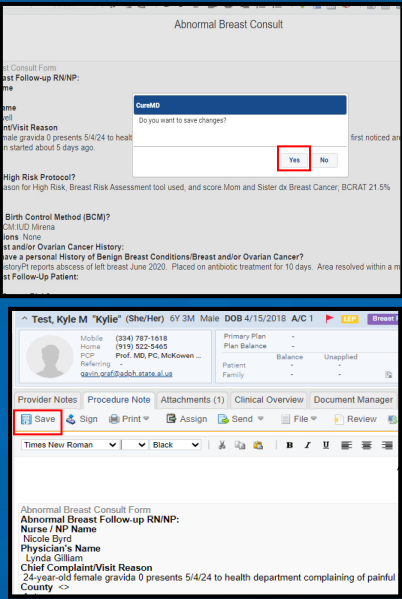


The user needs to ensure the provider note is saved after each time the note is updated/edited

69

When the user exits the provider note section of the chart the user may also be prompted again to save the provider note, but this will not save any changes made to the abnormal breast follow-up provider note. This is for anything changes made outside breast note ('Attachments,' 'Diagnosis,' etc.).

User can also click the Save button before leaving the 'Provider Note' section of the chart.



70

ATTACHING DOCUMENTS TO THE PROVIDER NOTE

The user must attach all required documents to the Abnormal Breast Follow Up provider note for the medical provider. This allows for the medical provider to have easy access to review any document pertaining to that patient's medical care. These documents include but are not limited to imaging/imaging results (MRI, ultrasound, mammogram), pathology reports, provider notes/visits (surgical, oncologist, etc.), declination letters, certified letter paperwork (signed green card, copy USPS tracking form, copy returned envelope), copy of LOTUS breast template.

71

How To Attach Documents To The Provider Note

The file names should contain at least what is in the file and the date it was performed.

Examples:

Signed Declination 07-14-24.pdf
 Sx Consult Dr. Orange 06-30-24.pdf
 Biopsy Path 07-01-24.pdf
 US 06-25-24.pdf
 SCN and DX MMG 06-24-24.pdf

CureMD will not allow items already attached in 'Documents' in the patient's chart to be attached to a provider note. These items must be reprinted and scanned to the provider note.

72

To attach a file, the user needs to click 'File'

Test, Kyle M "Kylie" (She/Her) 6Y 3M Male DOB 4/15/2018 A/C 1 LEP Breast Follow Up X Copy-PEP X Use Preferred Name X

Mobile (334) 787-1618
Home (919) 522-5465
PCP Prof. MD, PC, McKowen ...
Referring -
cavin.ora@adph.state.al.us

Primary Plan -
Plan Balance -
Patient Balance Unapplied
Family -

Weight 46.38 lbs
Height 3' 8.0"
BMI 16.84
BSA 0.80

NKDA

Notes
Follow up next visit !

Provider Notes Procedure Note Clinical Overview Document Manager

Save Sign Print Assign Send File Review Create Superbill

Abnormal Breast Consult

Abnormal Breast Consult Form
Abnormal Breast Follow-up RN/NP:
Nurse / NP Name

73

The user can either 'Upload' or 'Scan' the attachment to the provider note (follow ADPH policy regarding scanning and uploading)

Test, Kyle M "Kylie" (She/Her) 6Y 3M Male DOB 4/15/2018 A/C 1 LEP Breast Follow Up X Copy-PEP X Use Preferred Name X

Mobile (334) 787-1618
Home (919) 522-5465
PCP Prof. MD, PC, McKowen ...
Referring -
cavin.ora@adph.state.al.us

Primary Plan -
Plan Balance -
Patient Balance Unapplied
Family -

Weight 46.38 lbs
Height 3' 8.0"
BMI 16.84
BSA 0.80

NKDA

Notes
Follow up next visit !

Provider Notes Procedure Note Clinical Overview Document Manager

Save Sign Print Assign Send File Review Create Superbill

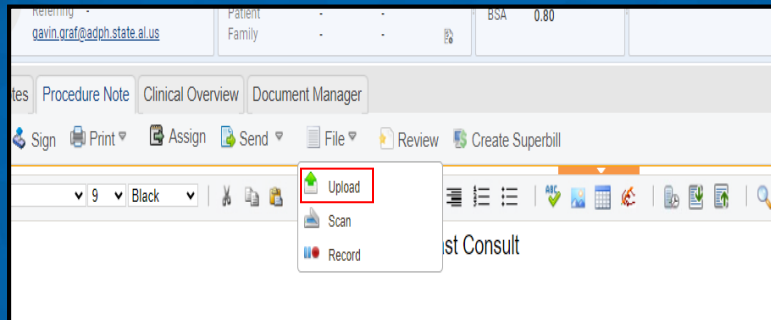
Upload
Scan
Record

Abnormal Breast Consult

Abnormal Breast Consult Form
Abnormal Breast Follow-up RN/NP:
Nurse / NP Name
nicole
Physician's Name

74

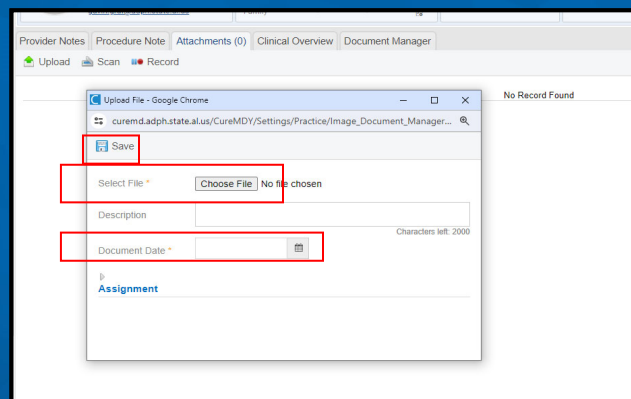
To upload documents, click 'Upload'



75

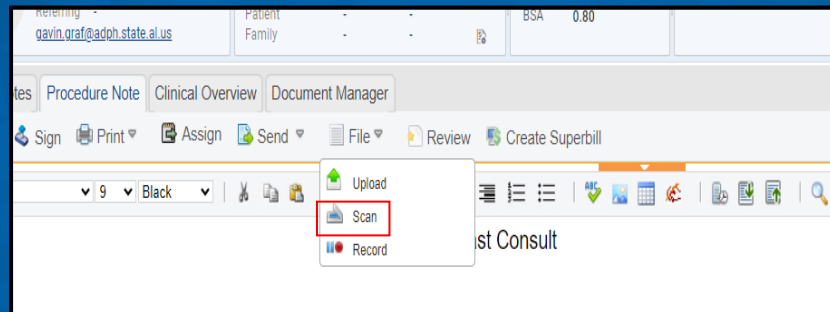
This screen will open. Click 'Choose File' and locate the file for upload. Put the 'Document Date', which is the date the image, exam, etc. was performed/done. (Example: a mammogram done 6/2/24 would have a document date of 06/02/2024).

Click 'SAVE.' The user will repeat this step for every item that is uploaded



76

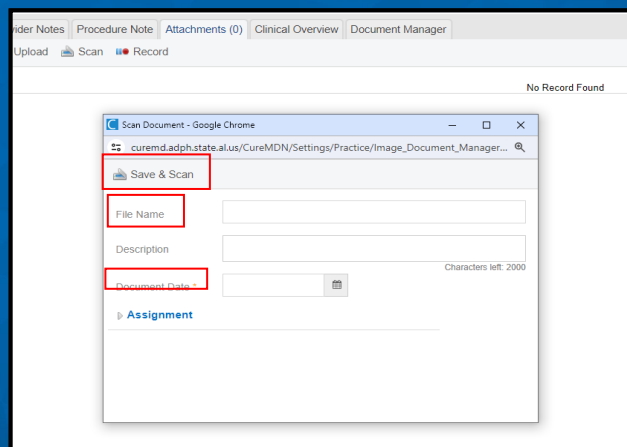
To scan documents, click 'Scan'



77

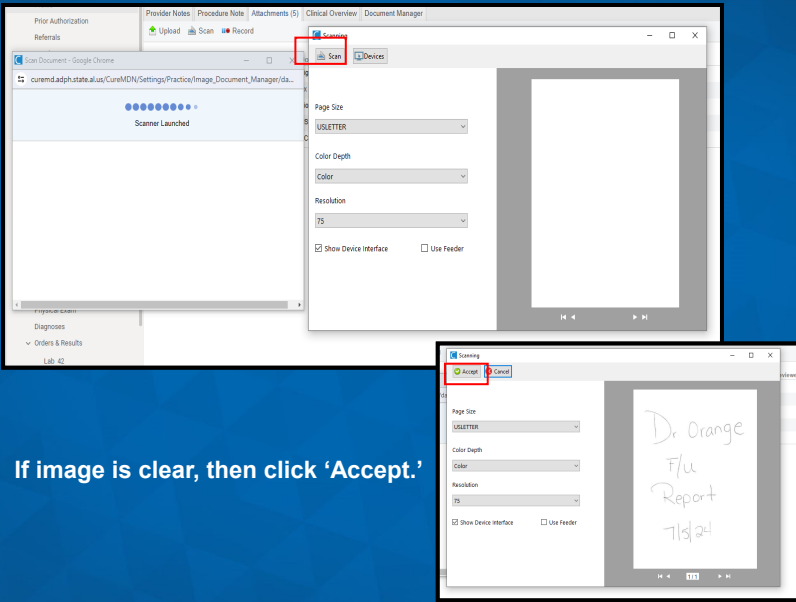
This screen will open. Type in the 'File Name' (ex: J. Doe Dx MAMM 04.06.2024). Put the 'Document Date', which is the date the image, exam, etc. was performed/done. (Example: a mammogram done 6/2/24 would have a document date of 06/02/2024).

Click 'Save and Scan.'



78

Scan document.



If image is clear, then click 'Accept.'

79

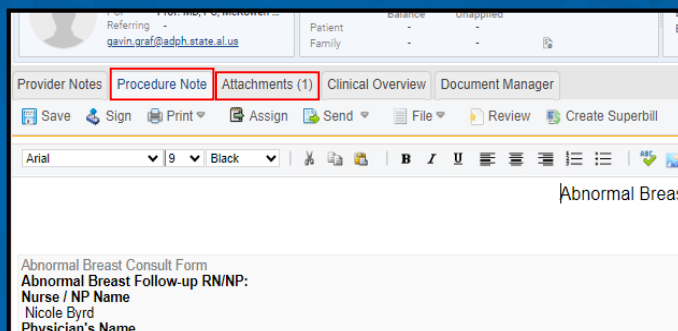
This is how the documents will look when they are attached to the provider note (either by scan or upload method). The user can go back to the provider note by clicking 'Procedure Note.'

Provider Notes Procedure Note Attachments (6) Clinical Overview Document Manager				
Upload Scan Record				
<input type="checkbox"/>	Date/Time	Document	Attached By	Last Review
<input type="checkbox"/>	7/25/2024 9:09 AM	Dr. Orange Follow-up 07-05-24.pdf	Byrd, Nicole	
<input type="checkbox"/>	7/15/2024 2:26 PM	Signed Declination 07-14-24.pdf	Byrd, Nicole	
<input type="checkbox"/>	7/15/2024 2:26 PM	Sx Consult Dr. Orange 06-30-24.pdf	Byrd, Nicole	
<input type="checkbox"/>	7/15/2024 2:25 PM	Biopsy Path 07-01-24.pdf	Byrd, Nicole	
<input type="checkbox"/>	7/15/2024 2:25 PM	US 06-25-24.pdf	Byrd, Nicole	
<input type="checkbox"/>	7/15/2024 2:24 PM	SCN and DX MMG 06-24-24.pdf	Byrd, Nicole	

All attachments should be legible. If not, then rescan or contact the Provider/Imaging Office and ask to resend as the Medical Provider must be able to read the attachments

80

Once a note has attachments, the user can view the attachments in the note by clicking 'Attachments'. The user can go back to the provider note by clicking 'Procedure Note.'



Any document attached to the provider note is automatically saved by the CureMD system in the patients 'Documents' so the user will not have to save the file in both places.

81

SIGNING THE PROVIDER NOTE

After the user has entered all the required information into the Abnormal Breast Follow Up provider note for the medical provider and has reviewed the note thoroughly to ensure all the information is correct, accurate, and all the required fields have been completed then the provider note is ready to be signed by the nurse or nurse practitioner that started this Abnormal Breast Follow Up provider note. Remember once the note is signed it **CANNOT** be edited only appended. No removal of notes or attachments unless it meets current ADPH policy for removal.

82

How To Sign The Provider Note

When the user is ready to sign the note, then the user will click 'Sign.'

The screenshot shows the CureMD interface with tabs for 'Provider Notes', 'Procedure Note', 'Attachments (1)', 'Clinical Overview', and 'Document Manager'. Below the tabs is a toolbar with icons for 'Save', 'Sign' (highlighted with a red box), 'Print', 'Assign', 'Send', 'File', 'Review', and 'Create Superbill'. The main content area displays 'Abnormal Breast Consult' and 'Abnormal Breast Consult Form'. Below the form, it says 'Abnormal Breast Follow-up RN/NP:' and 'Nurse / NP Name Nicole Byrd'.

83

The user will then be asked to click 'Ok' to sign the note. This is the last chance for the user to cancel signing the note. Once the User selects 'Ok' nothing can be edited from any point forward. If the user ready to sign, then select 'Ok.' Click 'Cancel' to stop the signing process.

The screenshot shows a confirmation dialog box titled 'CureMD'. It contains the text 'You are about to sign note.' and 'Click Ok to Sign or Cancel to skip'. At the bottom, there are two buttons: 'OK' (highlighted with a red box) and 'Cancel'.

Once the user clicks 'Ok,' this electronic signature stamp will appear at the end of the Abnormal Breast Follow-Up provider note.

The screenshot shows the end of a provider note. It includes a list of diagnoses: 'Chlamydial infection of lower genitourinary tract, unspecified - A56.00', 'Other specified counseling - Z71.89', 'Body mass index (BMI) 28.0-28.9, adult - Z68.28', 'Encounter for screening for other infectious and parasitic diseases - Z11.8', 'Encounter for screening for human immunodeficiency virus (HIV) - Z11.4', and 'Encounter for screening for infections with a predominantly sexual mode of transmission - Z11.3'. At the bottom, there is an electronic signature stamp that reads 'Electronically signed by Byrd, Nicole, RN, on Monday, July 22, 2024 at 11:05 AM' (highlighted with a red box).

84

SENDING & ASSIGNING THE PROVIDER NOTE TO THE MEDICAL PROVIDER

After the user has signed the Abnormal Breast Follow Up provider note now one of the most important steps is for the user to email and assign the provider note to the medical provider for review. This is the only way the medical provider will know there is an Abnormal Breast Follow Up provider note from the user for review. This is a step that cannot be skipped or altered in any way.

85

How To Assign The Provider Note

The user will click 'Assign'

The screenshot shows the EHR interface for a patient named Test, Kyle M "Kyle" (She/Her), 6Y 3M Male, DOB 4/15/2018, A/C 1. The patient's primary plan is Plan Balance, and the balance is Unapplied. The patient's weight is 46.38 lbs, height is 3'8.0", BMI is 16.54, and BSA is 0.89. The patient's location is NKDA. The patient's notes show a follow-up next visit. The Attachments tab is selected, and the 'Assign' button is highlighted with a red box. The document title is 'Abnormal Breast Consult'.

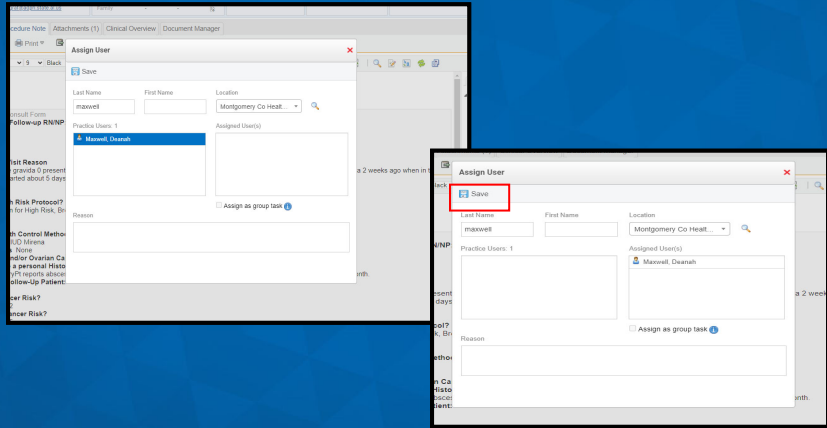
This pop-up box will open.

The 'Assign User' pop-up box is shown. It has a 'Save' button at the top. Below it are fields for 'Last Name', 'First Name', and 'Location'. There is a search bar for 'Montgomery Co Health'. A list of users is displayed on the left, including 'KAPL, Nathan', 'KAPL, Nathan', 'KAPL, Nathan', 'KAPL, Nathan', 'KAPL, Nathan', and 'KAPL, Nathan'. The 'Assign User' button is highlighted. The 'Assign as group task' checkbox is checked. The 'Assign User' button is highlighted.

86

From here the user will search for and find the medical provider responsible for reviewing their Abnormal Breast Follow Up provider note and make that provider an assigned user and then click 'Save.'

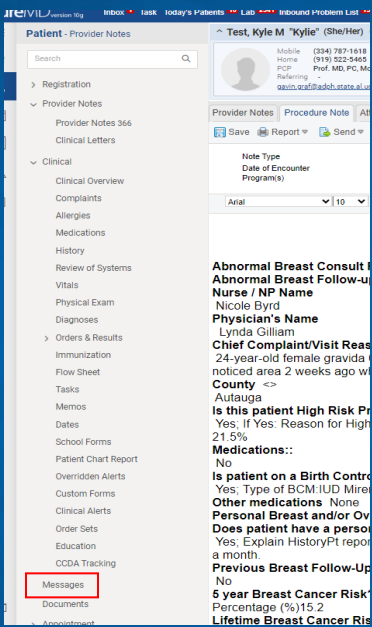
The follow/up nurse/NP can also assign the note to themselves for tracking purposes.



87

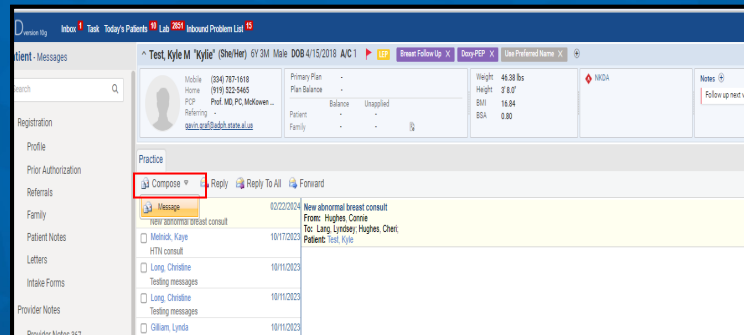
How To Email The Provider

The user will click 'Message' inside the patient's account located in the patient's tree on the left-hand side. The email must be created from inside the patient's account for the patient's account to be attached.



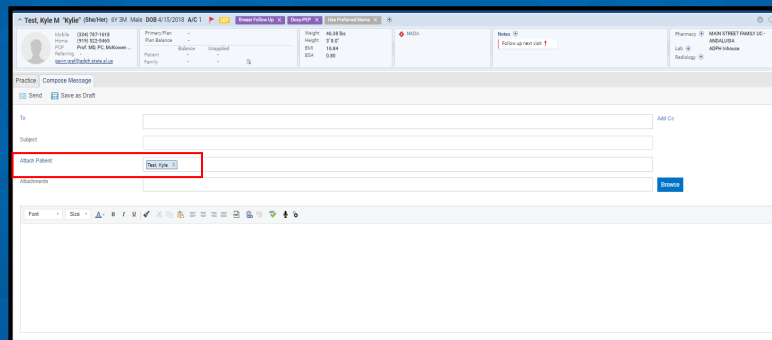
88

Once the 'Message' system opens, the user needs to 'Compose' a message to the medical provider assigned to review the Abnormal Breast Follow Up provider note.



89

If the user created the message correctly inside the patient's account, then the patient will be attached to the message for the medical provider when the email opens to be completed by the user.

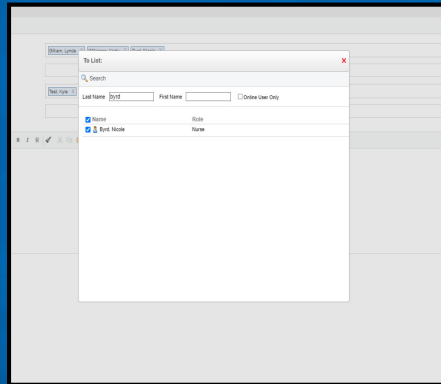


90

These are the only **FOUR** individuals that are **REQUIRED** to be included in the Abnormal Breast Follow Up email:

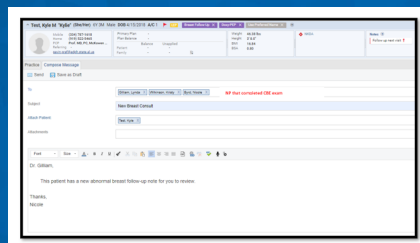
- the medical provider reviewing the note (Dr. Maxwell or Dr. Gilliam)
- Nicole Byrd, RN (ADPH Family Planning)
- Kristy Wilkinson, RN (ADPH, Family Planning)
- the nurse practitioner that completed the abnormal breast exam on that patient

The follow-up nurse/NP may also want to include themselves in the email for tracking purposes

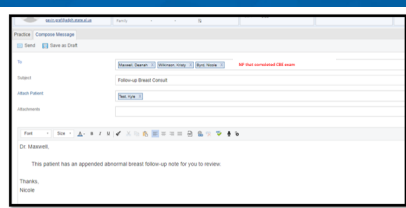


91

Example of an email to a medical provider for a new Abnormal Breast Follow Up provider note.



Example of an email to a medical provider for a follow-up on Abnormal Breast Follow Up provider note.



Subject line must include the word **Breast**, so the Medical Provider knows that the email is for a breast consult.

92

APPENDING THE PROVIDER NOTE TO/FROM THE MEDICAL PROVIDER

Any changes made to the Abnormal Breast Follow Up provider note after it has been signed off by the user must be made by appending the note. The medical provider will also communicate orders for the patient to the user by appending the order. Any new updates to the patient's chart or condition will be made by the user appending the chart.

93

How To Append The Provider Note

The user will click 'Review & Sign off' and then click 'Append.'

The screenshot shows the 'Provider Notes' section for a patient named Bright, Shine. The 'Review & Sign off' button is highlighted with a red box. Below it, the 'Append' button is also highlighted with a red box. The interface shows fields for Note Type, Date of Encounter, and Program(s).

This box will pop open, and the user will type in the information in the 'Addendum' box and then click 'Append'

The screenshot shows the 'Append To Report' dialog box. The 'Append' button is highlighted with a red box. The 'Addendum' text area is also highlighted with a red box. The dialog shows fields for User, Append Date, and Addendum.

94

The appended information will appear at the bottom of the Abnormal Breast Follow Up provider note with the most recent appended note appearing at the top.

Encounter for screening for infections with a predominantly sexual mode of transmission - Z11.3
 Encounter for screening for human immunodeficiency virus [HIV] - Z11.4
 Encounter for screening for other infectious and parasitic diseases - Z11.8

Electronically signed by Hughes, Connie, RN, on Thursday, February 22, 2024 at 11:19 AM

Patient to continue follow-up as directed by surgeon.

Appended By: Dr Gilliam, Lynda on 07/18/2024 at 11:40 AM

6 month Followup MMG and Dr visit
 06/04/2024 Left Diagnostic MMG BIRADS 2 Benign
 06/14/2024 Dr [REDACTED] F/U office visit : No evidence of breast disease. RTC in 6 months with annual bilateral screening MMG. Continue monthly SBE

Appended By: [REDACTED] RN on 07/18/2024 at 10:46 AM

Surgical consult done and agree with plan of care. Return to surgeon as requested in 5-6 months with followup left mmg. Dr Gilliam

Appended By: Dr Gilliam, Lynda on 02/22/2024 at 11:46 AM

95

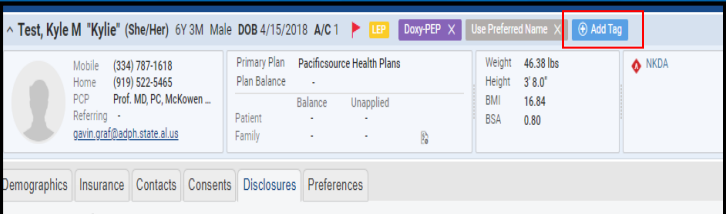
ADDING A BREAST FOLLOW UP TAG TO THE PATIENT'S CHART

The breast follow up tag allows for any other user required to review breast charts for audit purposes to be able to pull any charts in breast follow up by the tag. The users can pull them up by districts or by individual county based on their audit. Each user will need to ensure that the patient's chart is given a breast follow up tag as soon as the patient is placed in abnormal breast follow up.

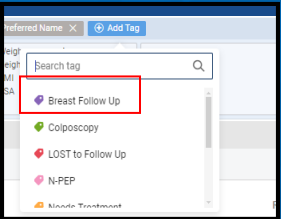
96

How To Add A Breast Follow Up Tag

To add a tag the user should locate the patient banner at the top of the page and to the right side of the banner is a plus sign 'Add Tag' that the user will click.

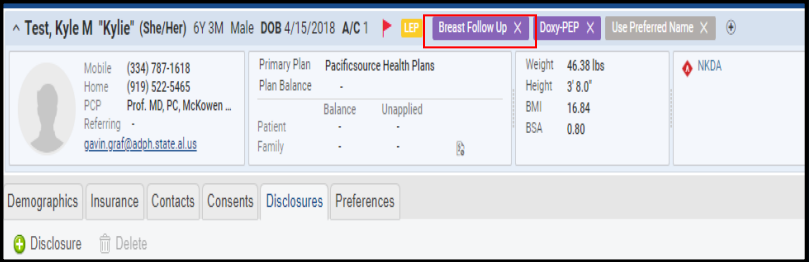


This drop-down will appear, and the user will search for the 'Breast Follow Up' tag and click it



97

Once the 'Breast Follow Up' tag is clicked on it will then appear in the patient banner.



98

When the patient is released from breast follow up the user should then delete the tag by clicking the X which will remove the tag from the patient's banner.

Test, Kyle M "Kylie" (She/Her) 6Y 3M Male DOB 4/15/2018 A/C 1 LEP Breast Follow Up X Doxy-PEP X Use Preferred Name X

Mobile (334) 787-1618
Home (919) 522-5465
PCP Prof. MD, PC, McKowen ...
Referring -
gavin.graf@adph.state.al.us

Primary Plan Pacificsource Health Plans
Plan Balance -
Balance Unapplied
Patient -
Family -

Weight 46.38 lbs
Height 3' 8.0"
BMI 16.84
BSA 0.80

NKDA

Demographics Insurance Contacts Consents Disclosures Preferences

Disclosure Delete

99

Search for breast tags on the patient search screen under 'Advanced.' Then select 'Location,' the 'Tag' as 'Breast Follow Up' and then 'Search.'

CureMD Patient Search

Search Advanced

Search Add

Last Name First Name Middle Name DOB
Account No. SSN Any Ph
Chart No. Policy No
Plan --Select-- Search By --Select--
Email Case --Select--
Appointment Location Lee Co Health Department Diagnosis --Select--
Agency --Select-- Tag Breast Follow Up
Tag Type --Select--
Incomplete Demographics Inactive Red Flag

Patient Account SSN Phone DOB Chart Patient S Plan S

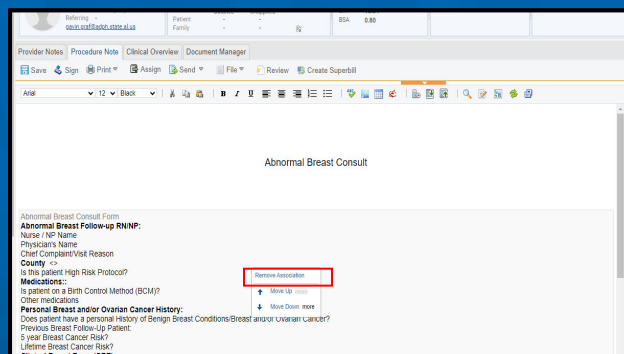
100

Troubleshooting

101

DELETING THE ABNORMAL BREAST FOLLOW UP PROVIDER NOTE

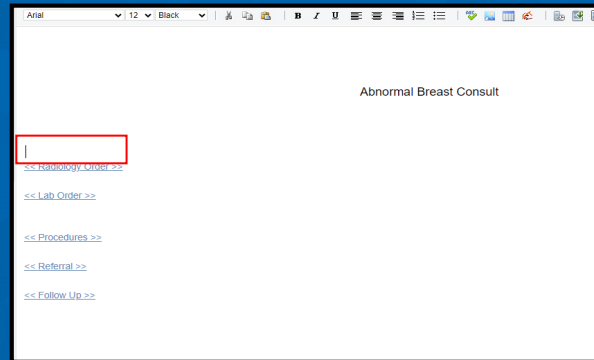
In the event the user accidentally deletes the Abnormal Breast Follow Up provider note, the user can retrieve the note only if the note was saved. If the note has not been saved, then the data has been lost and a new template will need to be placed back into the provider note section. The main reason a note can be deleted if the user accidentally clicks 'Remove Association' which is found when you right click in the provider note section.



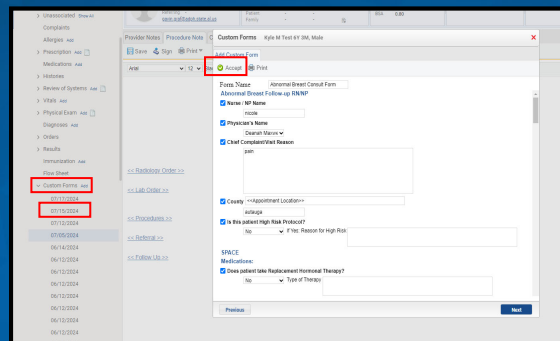
102

How Retrieve a Saved Deleted Provider Note

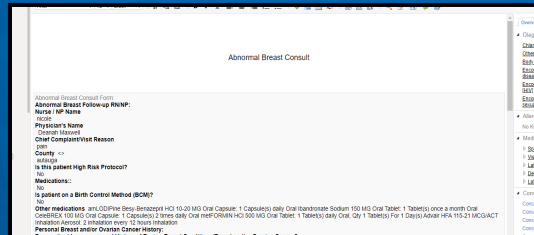
If the user's note was saved, then the first step is to click in the empty space where the note previously was located.



103



The user will then go in the patient's tree on the left-hand side under 'Custom Forms' and look for the date of the saved provider note and click on that date. That provider note will open-up and once the user verifies that is the correct form click 'Accept.'

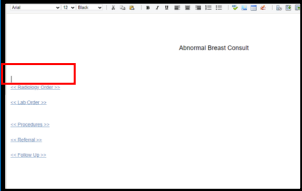


The form is now saved back to the provider note section of the patient's chart.

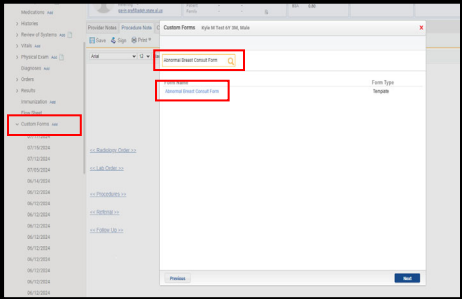
104

What To Do For An Unsaved Deleted Provider Note

If the provider note was not saved, then the user will have to add a new provider note. The first step is to click in the empty space where the note previously was located.

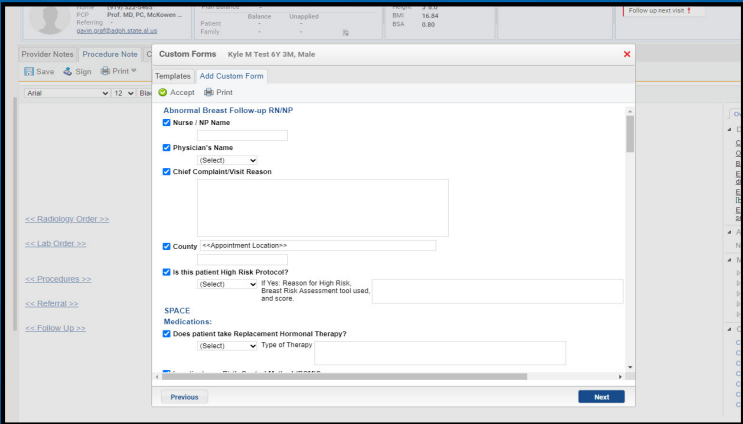


The user will then go in the patient's tree on the left-hand side and beside 'Custom Forms' click 'Add.' In the pop-up box the user will search for 'Abnormal Breast Consult Form' and then select that text.



105

The Abnormal Breast Follow Up provider note will pop open for the user to begin entering data.



106

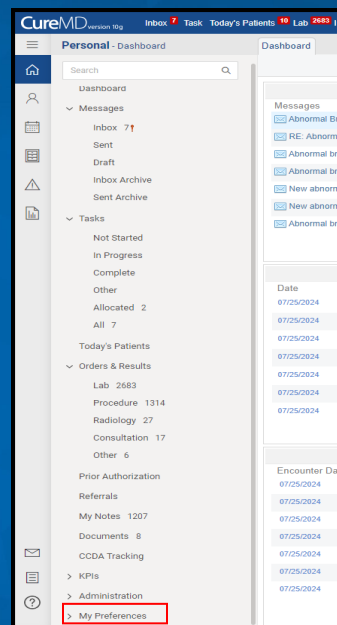
IMPROVING SCANNING IMAGES

The user may have issues with images being blurry when scanned into the provider note. The user may need to adjust the preference settings to help with the speed of scanning.

107

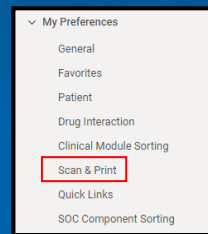
How To Adjust Scanning Preferences

The user needs to go to their 'Dashboard' and to the tree on the left-hand side select 'My Preferences'

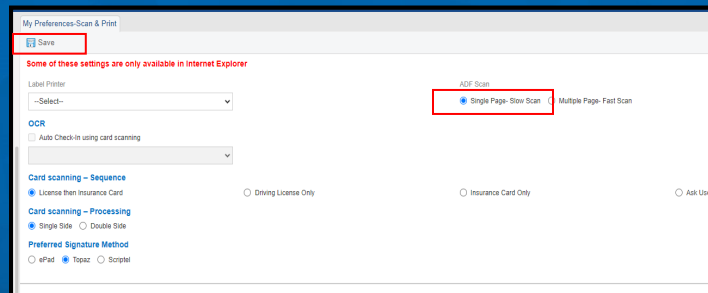


108

Under 'My Preferences'
click 'Scan & Print.'



Click 'Single Page-Slow Scan' and then 'Save.'



109

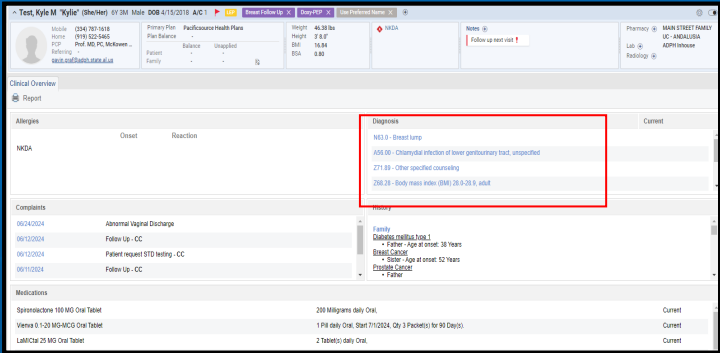
REVIEW DIAGNOSTIC CODES FOR BREAST

The user may need to review the diagnostic codes listed in the provider note before signing and make sure all breast related codes meet the patient's current medical status. If any need to be removed or added the user should do so before signing the note.

110

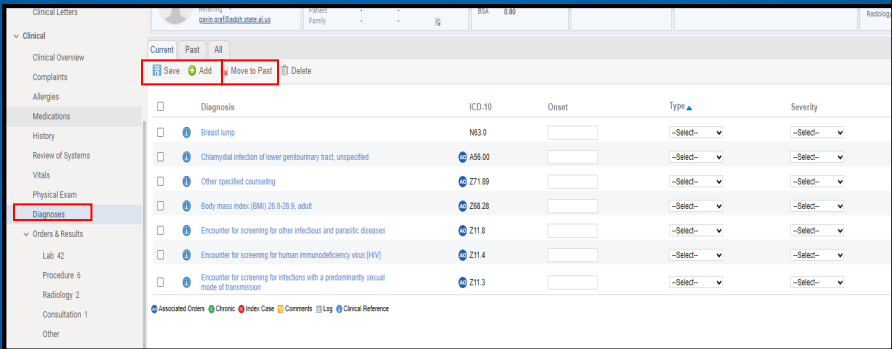
How To Add or Remove A Diagnostic Code

The user can access the patient's current diagnosis from either the patient's 'Clinical Overview' and clicking on the specific diagnosis the user wants to edit or by going to the tree on the left-hand side and under 'Clinical' click 'Diagnosis.'



111

From here the user can 'Add' a diagnosis or 'Move to Past' a diagnosis if it is no longer current and then 'Save.'



112

CLOSE A BREAST NOTE THAT WAS OPENED IN ERROR

If the user opens an Abnormal Breast Follow Up provider note in error or opens the incorrect provider note for breast follow-up then the user must make a notation in the note. The user will indicate the provider note was open in error so that anyone who opens the note understands it is not an active note. Notes cannot be deleted from the chart even ones opened in error.

113

How Close A Note That Was Opened In Error

The user will make a notation inside the note indicating the note was opened in error and then sign the note.

The notation could include: 'Disregard this provider note as incorrect template selected. Please see correct note labeled Abnormal BCCP Visit dates 7/4/24,'
'Disregard this provider note as it does not need a breast follow up provider note,'
'Disregard this provider note as duplicate notes opened in error, please see Abnormal BCCP Visit dates 7/4/24 at 11:24 AM as active note'

Biopsy:

Was a biopsy done?

Date of Biopsy:

Type of Biopsy:

Location of Biopsy:

Result of Biopsy:

Patient Consult Summary:

Summary

Summary Disregard this provider note as duplicate notes opened in error please see Abnormal BCCP Visit dates 7/4/24 at 11:24 AM as active note'

<< Radiology Order >>

114

APPENDING AN ERROR MADE IN THE BREAST PROVIDER NOTE

If the user makes an error in the Abnormal Breast Follow Up provider note after the note has been signed, then the user needs to correct the error by appending the note. This will allow the medical provider and all reviewers to view what the correction should be in the note as no editing can be made after the note is signed.

115

How Append The Note With An Error

If the user realizes after the note has been signed that there is an error in the provider note, then the user should quickly append the note and make the provider aware of the correction.

Examples: Correction: the Ultrasound date was 7/11/24 not 7/11/23

Correction: The MMG follow-up is in 3 months not 6 months

Correction: The patients Lifetime Risk % is 21.2% not 12%

Appended By: Byrd, Nicole RN on 07/25/2024 at 03:23 PM

116

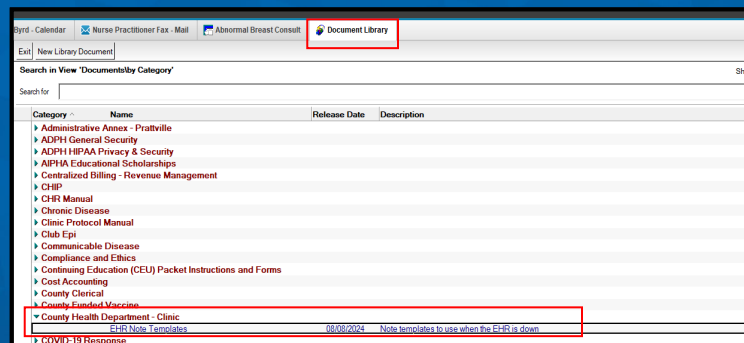
COPY OF THE PROVIDER NOTE IN THE EVENT THE EHR SYSTEM IS DOWN

If the user is trying to complete an Abnormal Breast Follow Up provider note but the electronic health record (EHR) system is down, then a Word format of the provider note is available. This Word document will allow the user to either print or save it to the desktop. The user will have the ability to see a layout of the information needed for the provider note so the user can still gather that data while the EHR is down and then when the system is back up the user can just input the information straight from the document.

117

Where To Find The Word Version Of The Provider Note

Go to 'Document Library' then select 'County Health Department-Clinic' and then select 'EHR Note Templates.'



118

From here the user will find the Word document
'Abnormal Breast Follow.'

Name: EHR Note Templates

Category: County Health Department - Clinic

Description: Note templates to use when the EHR is down

Release Date: 08/08/2024

Attachment:

- AH Disability Screening.docx
- AH Employee Health.docx
- AH Injection Only Visit.docx
- AH TANF Drug Screening.docx
- AH Venipuncture Only Visit.docx
- CH 2-4 Months WCC Exam.docx
- CH 2-4 Years WCC Exam.docx
- CH 4-6 Months Year Exam.docx
- CH 4-6 Years Exam.docx
- CH 6-9 Months Years Exam.docx
- CH 6-12 Years Exam.docx
- CH 9-12 Months Year Exam.docx
- CH 12-15 Months WCC Exam.docx
- CH 12-19 Months WCC Exam.docx
- CH 15-18 Months WCC Exam.docx
- CH 18-24 Months WCC Exam.docx
- CH Birth 2 Months Year Exam.docx
- CH Interperiodic Screening.docx
- CH Single Service Visit.docx
- FP Annual Visit.docx
- FP Deferred Physical.docx
- FP Initial Visit.docx
- FP Problem Visit.docx
- FP Revisit.docx
- Immunization Only Assessment.docx
- TANF Drug Screening.docx
- TS Visit.docx
- STD Assessment Record.docx
- DIB Field Clinic Encounter.docx
- Abnormal Breast Follow.docx

119

ABNORMAL BREAST FOLLOW UP PROVIDER NOTE

Patient: _____ DOB: _____ ENTERED INTO CURE: _____
Date: _____
Abnormal Breast Follow-up Nurse/NP: _____

Physician: _____

Chief Complaint/Visit Reason: _____

County: _____

Is the patient MRI high risk protocol? _____

Is or Breast Cancer Risk _____

Lifetime Breast Cancer Risk _____

Does the patient take replacement hormonal therapy. And if yes what type of therapy? _____

Is the patient on a birth control method? If yes what type of BCM? _____

Other medications: _____

Does the patient have a personal history of benign breast conditions/breast and/or ovarian cancer? If yes explain: _____

Previous breast follow up? If yes describe: _____

CMR date: _____

CBE decision: _____

Abnormal Breast Findings: _____

Does the patient have family history of breast/colon and/or ovarian cancer? _____

MAMMOGRAM

Was a screening mammogram done? _____

Date of screening mammogram: _____

Results of screening mammogram: _____

Was a diagnostic mammogram done? _____

Type of diagnostic mammogram: _____

Date of diagnostic mammogram: _____

Results of diagnostic mammogram: _____

ULTRASOUND

Was an ultrasound done? _____

Type of ultrasound: _____

Date of ultrasound: _____

Results of ultrasound: _____

SURGICAL CONSULT

What is the status of the surgical evaluation? _____

Name of surgeon: _____

Date of surgical evaluation: _____

Results of surgical evaluation: _____

120

Was an MRI done?

MRI

Date of MRI:

Results of MRI:

Was a biopsy done?

Biopsy

Date of biopsy:

Type of biopsy:

Location of biopsy:

Result of biopsy:

Summary:

9/1/2024

Page 1

PROVIDER NOTE: CONTINUED FOLLOW-UP

Patient: _____ DOB: _____ ENTERED INTO CURE

Dates: _____ to _____

Was imaging done?

Imaging

Type of imaging:

Date of imaging:

Results of imaging:

Was imaging done?

Imaging

Type of imaging:

Date of imaging:

Results of imaging:

SURGICAL APPOINTMENT:

What is the status of the appt?

Name of surgeon:

Date of follow-up/appt:

Results of surgical appt:

Summary:

9/1/2024

Page 2

121

Transferring Breast Templates
From Lotus to CureMD

122

Breast Template-CureMD-Patient 1

Abdominal Breast Consult Form
Abdominal Breast Follow-up Risk MD

Patient MD Notes:

Physician's Name: [Redacted]
 Linda Gilman
 Chief Complaint/Visit Reason: [Redacted]
 History of breast cancer in 2012: Had left mastectomy. Needs Mammogram/MRI every six months. If you Dr. Dennis County, IN
 Medical: [Redacted]
 Is this patient High Risk Protocol?
 Medications:
 Yes
 Is patient on a Birth Control Method (BCM)?
 No
 Other medications: Mometrol 1 MG Oral Tablet, 1 Tablet(s) daily Oral B12 5000 MCG Sublingual Tablet Sublingual, 1 Oral Sublingual Only
 Personal Breast and/or Ovarian Cancer History:
 Does patient have a personal history of Benign Breast Conditions/Breast and/or Ovarian Cancer?
 No. Explain (note: No breast cancer in 2012- had left mastectomy)
 Previous Breast Follow-Up Patient:
 No
 5 year Breast Cancer Risk?
 Percentage 10.1-15
 Lifetime Breast Cancer Risk?
 Percentage 19.1-3
 Clinical Breast Exam (CBE):
 CBE Date: 10/14/2020
ABE Evaluation:
 Abdominal CBE findings:
 Abdominal CBE Remarks:
 Abdominal CBE findings selected condition findings: left breast mastectomy, well healed surgical scar noted. Right breast assessment: No Reduction, No Discharge, Nontender, No Nipple Discharge
 No palpable masses (benign)
 Family Breast and/or Ovarian Cancer History:
 Breast/lung, Ovarian/ovaries, Colon/colons
Mammography Exam:
 Was a Screening Mammogram done?
 No
 Was a diagnostic mammogram done/that needed
 Ultrasound Exam:
 Was an Ultrasound Done?
 Not needed
 Surgical Evaluation:
 What is the status of the Surgical Evaluation?
 Not needed
MRI Exam:
 Was an MRI done?
 Not needed
 Detailed PE Summary:
 Detailed:
 Was a biopsy done?
 Not needed

Patient Consult Summary:
 Summary:
 Summary/transfer from: Lotus template to CureMD (attached)
 Patient history of breast cancer in 2012: Had left mastectomy. Needs Mammogram/MRI every six months:
 1/16/20-MRI scheduled if refused agreed to annual MAM only
 3/24/20-CBE normal
 5/4/20-AMMO negative
 5/12/21-Visit from [Redacted] POC cont. SBE and return to annual RT MAM and per JGPO protocol due to Dr. C. Gaines for MRI 6 mos
 12/8/21-MAM BiRADS 2 benign-cont. w/ returning to 6 mos MAM vs MRI
 6/15/22-BiRADS 1 neg MRI due 12/20/22
 11/2/22 pt declined MRI stated last MRI made her very anxious to schedule for CD exam on 5/17/23 and MAMM appt at annual
 5/17/23-As phor for CD annual RS CD AE B1/23 or MAM 6/19/23
 7/19/23-MAMM neg MRI scheduled for 2/20/24
 2/28/24 declines MRI only covered by ABC program. Documents submitted pending approval
 3/25/24-risk assessment submitted
 5/23/24 email sent to [Redacted] requesting coverage decision
 6/24/24 email received from [Redacted]
 7/15/24-MRI denied coverage by [Redacted] also stated: "My calculations for DCIS doesn't give these risks do DENIED for MRI."

What do you recommend since at no longer wants to self pay for MRI? Will flag chart for to sign designation at RTC for MRI.

[illegible]

64

Submitting Abnormal Breast Follow Up Provider Notes to MD's

129

Submitting Abnormal Breast Follow Up Provider Notes to MD's

Effective 10/1/2024: Dr. Gilliam and Dr. Maxwell expect to receive Abnormal Breast Follow Up Provider notes (new and appended notes) after the follow nurse/NP has gathered all the breast information on that patient the provider needs to give an order.

There are exceptions especially when a user needs to consult for clarification or guidance on a patients plan of care.

The provider note does not need to be appended (updated) every time the follow-up nurse/NP receives a notation on that patient (examples: first class letter sent 2/1/24; sx consult RS to 7/4/24; pt kept MMG appt records pending). This should be documented in the referral.

If the only order the provider can give the user is 'noted' then the user needs to wait to gather more information for the provider.

Policy has been updated as of 10/1/24. The 30-45-day window to submit breast templates to the provider is no longer valid. The 30-45 business day window now refers to the timeframe a nurse/NP must create the breast template in CureMD from the abnormal finding (CBE or imaging).

130

Before first provider note is sent make sure it includes:

- Any imaging done-MAMM, US, MRI (results)
- Surgical Consult* (notes and plan of care)
- Biopsy* (pathology/POC)
- Then you can send to MD for consult

*if applicable

Charting a Follow Up

- Reason for follow-up (ex: 3 or 6-month imaging, surgical follow-up) and then include all the results and POC from the follow-ups.
 - Result of imaging
 - Surgeons notes and POC
- Then you can send to MD for consult

Charting for Inactive Request

- Explain reason inactive started, no shows, no contact by phone, etc.
- Phone call, or text date
- First class letter date
- Certified letter date
- Attach required CL card, envelope of printed tracking sheet to note
- Chart flagged/declination
- Then you can send to MD for consult

Transferring Care

- Reason for transfer-new insurance, moving out of state, pregnant
- Instructed patient to sign release to transfer records to new provider or obtain copies from HD to take with them
- Also instructed to let new provider know of abnormal breast findings
- Then you can send to MD for consult

Refuses Care (includes self-pay)

- What patient is refusing
- Why patient is refusing
- Patient was educated on risk
- Declination letter signed or told to come in and sign (flag chart to sign at RTC)
- Attach declination to note
- Then you can send to MD for consult

Returned envelope undeliverable notice from USPS

Signed green card from USPS

Tracking letter from USPS website-must give summary

ALABAMA DEPARTMENT OF PUBLIC HEALTH

Cannot be mailed

131

Sample Notes

40 y.o. 11/13/2023 FP annual breast exam WNL. 11/17/2023 Screening MMG BIRADS 0, incomplete. Will obtain imaging 11/20/2023. Phone call to patient; identity verified per protocol. Reviewed BIRADS 0, incomplete findings on MMG and need for additional imaging. Stressed importance of follow up. Right Breast US 11/20/2023 1030 AM Alabama diagnostic. Impression intermammary lymph node at the 10 o'clock position of the right breast has the appearance of a benign reactive lymph node at the 10 o'clock position of the right breast has the appearance of a benign reactive lymph node. Short term interval follow up is recommended. BIRADS 3 probably benign. Recommendation Follow up US of the right breast in 6 months (5/2024).

05/23/2024 51 y.o. CD initial c/o right breast pain and lump times one year. CBE: Right breast lump at 12 o'clock at areola. Firm, approximately 3 cm in size nontender.

6-18-24 Diagnostic MMG and right breast US BIRADS 4

06/24/2024 surgeon consult plan: 51 y/o F with R breast abnormality 1. send to HHBC for R breast biopsy 2. RTC after to discuss findings

6-28-2024 biopsy

6-28-24 post procedure MMG and R breast ultrasound done no BIRADS

7-2-24 pathology: right breast core biopsy: benign skin and underlying breast tissue with chronically inflamed granulation, inflamed granulation tissue, foreign body giant cell reaction, and focal keratin debris. - negative for atypical hyperplasia and malignancy

7/18/24 Surgeon follow-up done; surgeon note 51 y/o F with R breast chronic abscess 1) cut back on smoking. 2) cut back on caffeine. 3) Vit E. 4) MMG/US in 1 year. 5) RTC in 1 year.

11/29/2023- FP annual, CBE WNL

12/1/2023- Screening Mammogram- BIRADS 1. Recommend 6 months MRI due to increased TC risk score. Due 6/2024

6/17/2024- Per Minnie at the breast center, patient has breast MRI due this month due to increased TC risk at screening mammogram in 12/2023. Phone call to patient, no answer. Left voicemail. Patient will need EA Foundation for funding. Patient does not qualify for MRI through ABC.

6/20/2024- No response from patient. First class letter mailed.

7/5/2024- No response from patient. Certified letter mailed.

7/15/2024- Received signed certified letter receipt and scanned into EHR. Signed date unknown. Will give patient 2 weeks to respond before notifying MD regarding inactive status.

7/16/2024- Received call from patient, counseled on high-risk protocol and increased TC risk with recommendation of MRI. Patient states she does not wish to do the MRI at this time. RN informed patient that she could apply for EA foundation for funding of the MRI and patient still refused. Chart flagged for patient to sign declination.

7/18/2024- Patient in clinic and signed declination for MRI.

CLOSE TO FOLLOW UP?

132

Remember to review all new protocol changes and standing orders as they are released/updated

Breast Abnormalities

Definition:
A thickening or lump felt in a woman's breast which may or may not have the following characteristics: nipple retraction, dimpling, inflammation, palpable axillary or supraclavicular nodes, tenderness, discharge from nipple.

Implications:
Fibrocystic disease, fibroadenoma, carcinoma, mammary duct ectasia, intraductal papilloma, normal premenstrual breast tissue, mastalgia, and mastitis

Signs/Symptoms:

- Lump(s) in breast
- Pain
- Swelling
- Redness
- Nipple Discharge
- Nipple retraction/dimpling
- Nipple/areola scaliness
- Skin change (orange rind skin)

Nurse Management:

Assess:

- Risk factors:
 - Family history of breast cancer
 - Patient: >40 years of age; early menarche, late menopause; first baby >30 years of age; obesity, high fat diet, HRT, smoking, alcohol, history of ovarian or endometrial cancer, history of atypical hyperplasia and/or previous breast cancer, etc.
- Consultation of nurses to lumps

Education:

- Instruct/reinforce SBE providing written information as needed
- Instruct to report any breast changes to provider
- Instruct on correlation of dietary habits and breast masses
- Instruct on correlation of hormones and breast masses
- Instruct regarding screening mammogram and/or follow-up
 - a. BI-RAD 0: radiologic assessment incomplete need additional imaging. Return within 1 month

CPM-Abnormal Findings 18 Revised October 2024

133

Copies of all the handouts and guides in the Document Library

▼ FHS - Family Planning			
2015-FPAC Approved Materials Spanish	07/31/2015	SPANISH VERSION - Family Planning Approved Literature	
2015-FPAC Approved Materials English 2015	07/02/2015	Family Planning approved literature	
2015-FPAC Approved Misc Materials and Links Spanish	10/07/2015	Approved Links and Documents for FP Clinic	
2016-FPAC Approved Color Fact Sheets English	07/28/2017	Family Planning Approved Literature.color	
2016-FPAC Approved Color Fact Sheets Sp	07/28/2017	SPANISH VERSION - Family Planning Approved Literature	
2016-FPAC Approved Zika Fact Sheet En/Sp	10/13/2016	Zika Fact Sheet	
2018-FPAC Approved Misc. Materials	02/22/2019	Approved materials on a variety of health topics for FP patients	
2018-FPAC Policy for Materials Approval	03/16/2018	Policy for approval and usage of Family Planning Information a	
2019-FPAC Approved Materials	05/29/2019	STD sheets, Minor consent guide, FP Services	
2020-FPAC Approved Materials	02/21/2020	Approved materials on a variety of health topics for FP patients	
Abnormal Breast Follow Up Provider Note in CureMD Guides-2024.	09/03/2024	Copies of guides and training material made available for the 2024	
Approved Information and Education Materials	01/23/2020	Listing of information and education materials that have been s	
April 2013 NP Article	04/19/2013	Leveraging long-acting reversible contraceptives (LARCs) Thr	

134



135