CureMD: Abnormal Breast Follow Up Provider Note

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

1

Presenter

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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.

6

This screen will open up

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 NPSenior 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

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

The user will click 'Abnormal Breast Consult Form' link to open the provider note template. The other links ('Radiology Order', 'Lab Order', 'Procedures', 'Referral', and 'Follow Up') will not be used for breast follow-up.

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

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-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.

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:

22

23

24

Slide 25

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

If you are unsure about which breast density category you fall under, this information should be displayed on your last mammography report. If you have not had a mammogram in the past, or are unsure about which breast density category you fall under, select the "I don't know" option below.

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

Family History
Indicate the number of family members you have:
1 (If there are no family members in that category put a zero)

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 _____

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

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

Page 3   Page 4

25

Slide 26

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

3 Indicate if any of the following family members have ever been diagnosed with 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 | MagView   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

14

Add any other <u>current</u> 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 Ibandronate 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) ▾ Explain History

(Select) ▾
(Select)
No
Yes

30

15

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.

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).

32

16

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

17

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		Ovarian	
☐ None		☐ None	
☐ Mother		☐ Mother	
☐ Sister		☐ Sister	
☐ Daughter		☐ Daughter	
☐ Maternal Grandmother		☐ Maternal Grandmother	
☐ Paternal Grandmother		☐ Paternal Grandmother	
☐ Brother		☐ Brother	
☐ Father		☐ Father	

Colon
☐ None
☐ Mother
☐ Sister
☐ Daughter
☐ Maternal Grandmother
☐ Paternal Grandmother
☐ Brother
☐ 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)
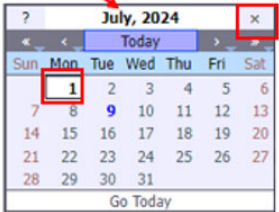Not Needed
Pending
Done
Refused/Declined
No Show

36

18

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

?		July, 2024					×
«	‹		Today		›	»	
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					

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	Mammography & Ultrasound:	Category 4A: Low suspicion for malignancy
			Category 4B: Moderate suspicion for malignancy
			Category 4C: High suspicion for malignancy
Category 5:	Highly Suggestive of Malignancy		
Category 6:	Known Biopsy-Proven Malignancy		

acr.org/birads

38

Provide the screening mammogram findings from the imaging report received in the box provided. <u>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.</u>

> **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
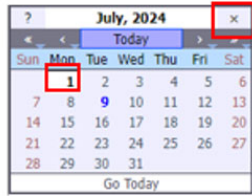Done
Refused/Declined
No Show

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

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			

Today

Go Today

42

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

☐ (0) Category   ☐ (1) Category
☐ (2) Category   ☐ (3) Category
☐ (4) Category   ☐ (5) Category
☐ (6) Category

43

Provide the diagnostic mammogram findings from the imaging report received in the box provided. <u>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.</u>

> **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)

47

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

48

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

☐ (0) Category ☐ (1) Category
☐ (2) Category ☐ (3) Category
☐ (4) Category ☐ (5) Category
☐ (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)
(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

26

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					x
«	‹	Today			›	»
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. <u>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.</u>

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 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

56

28

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

☐ (0) Category   ☐ (1) Category

☐ (2) Category   ☐ (3) Category

☐ (4) Category   ☐ (5) Category

☐ (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?

☑ Patient Consult Summary
Summary

Summary

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.

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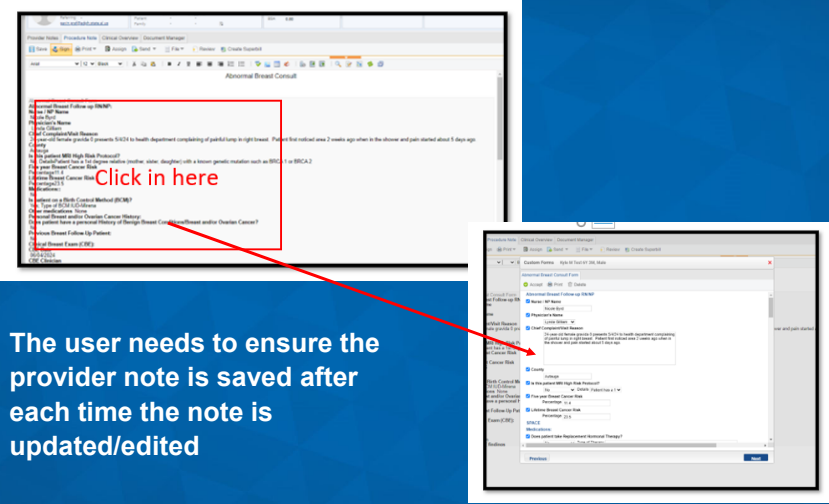
The user needs to ensure the provider note is saved after each time the note is updated/edited

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.
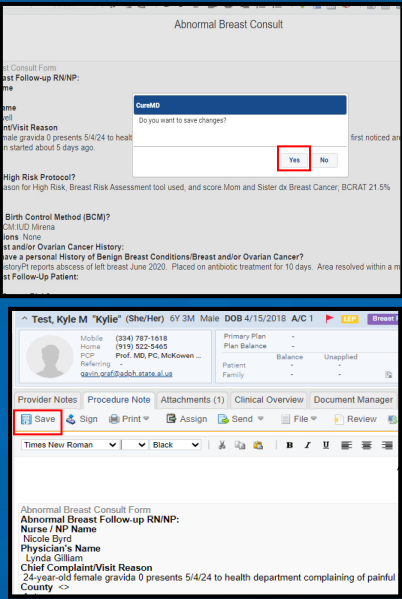
70

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 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'

73

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

74

75

76

To scan documents, click 'Scan'
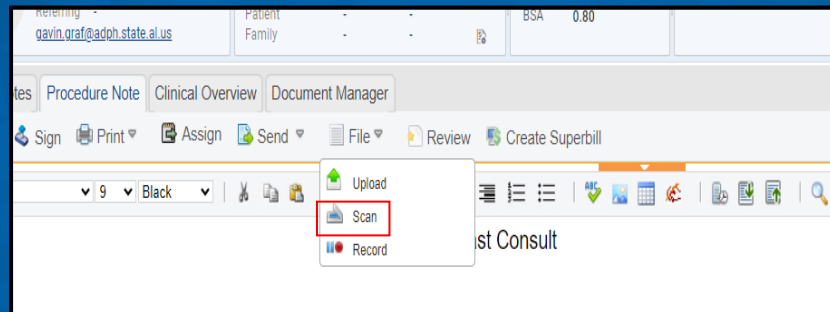
77

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.'
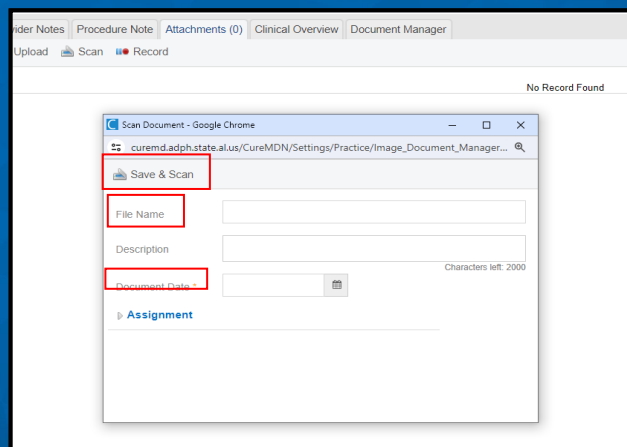
78

Scan document.
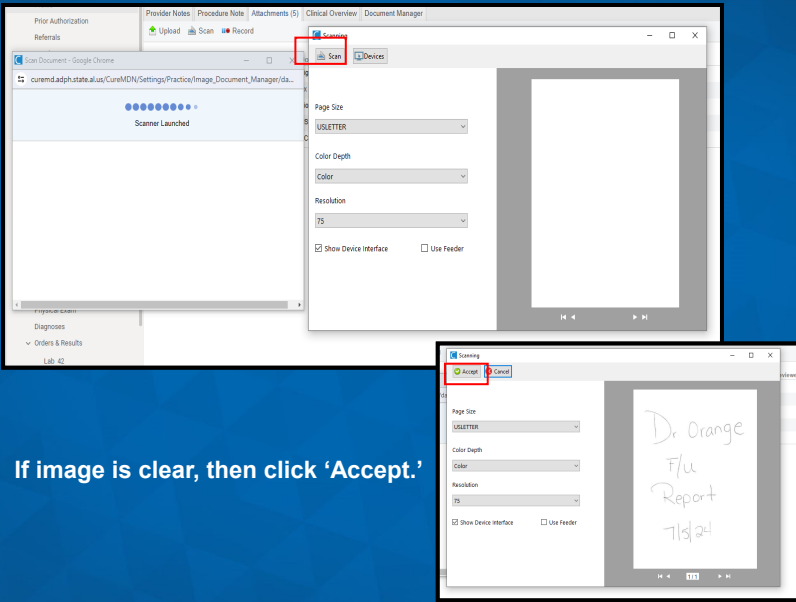
If image is clear, then click 'Accept.'

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.'

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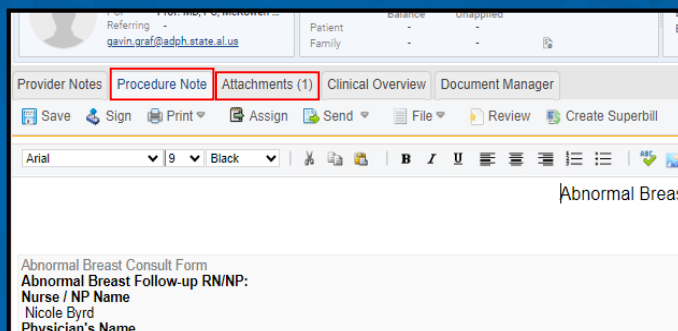
Any document attached to the provider note is automatically saved by the CureMD system in the patients 'Documents' so the user will not have to save the file in both places.

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 <u>reviewed the note thoroughly</u> 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.'

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.

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

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'

This pop-up box will open.

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.
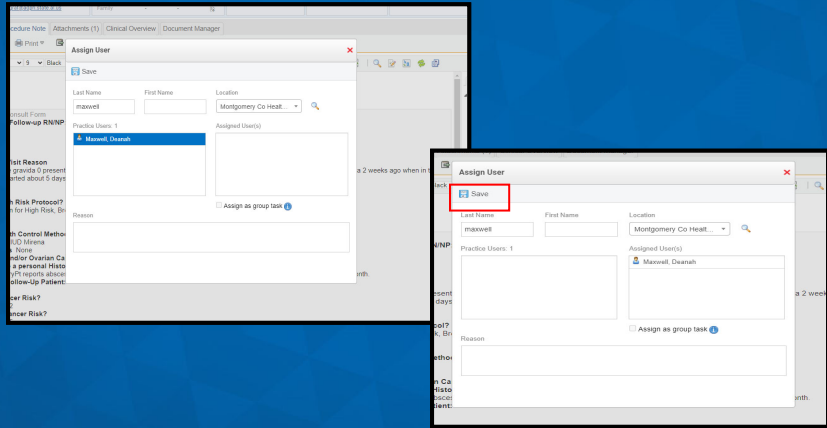
87

How To Email The Provider

The user will click 'Message' inside the patients 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 patients account to be attached.

88

44
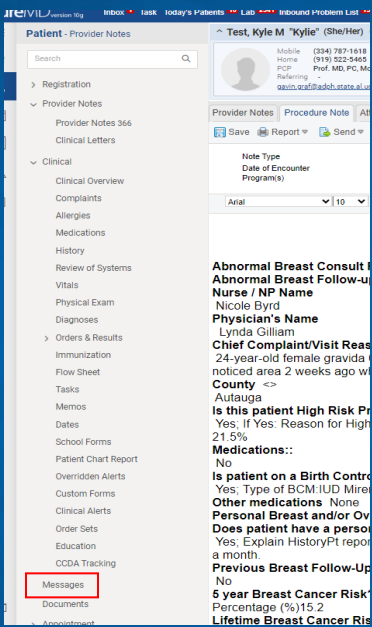
Once the 'Message' system opens, the user needs to 'Compose' a message to the medical provider assigned to review the Abnormal Breast Follow Up provider note.
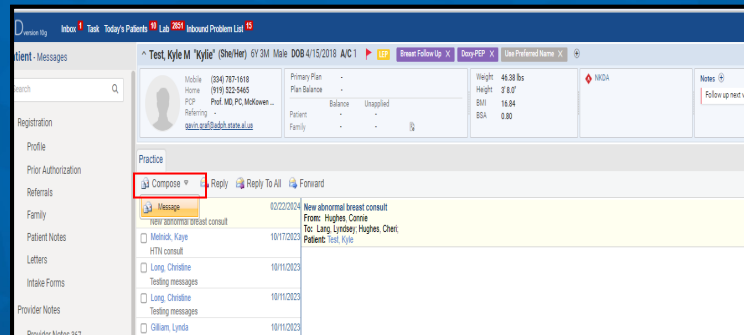
89

If the user created the message correctly inside the patients 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

45
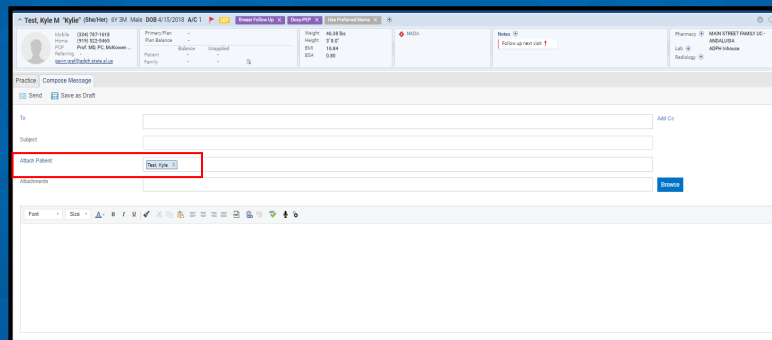
These are the only FOUR individuals that are REQUIRED to be included in the Abnormal Breast Follow Up email:

- 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
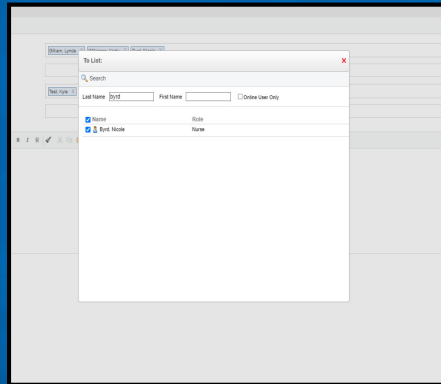
91

Example of an email to a medical provider for a new Abnormal Breast Follow Up provider note.
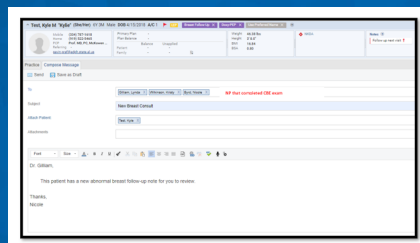
Example of an email to a medical provider for a follow-up on Abnormal Breast Follow Up provider note.
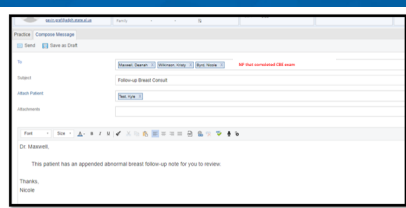
Subject line must include the word <u>Breast</u>, so the Medical Provider knows that the email is for a breast consult.

92

46

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.'

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

94

47

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 ███████ F/U office visit : No evidence of breast disease. RTC in 6 months with annual bilateral screening MMG. Continue monthly SBE

Appended By: ███████ 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.
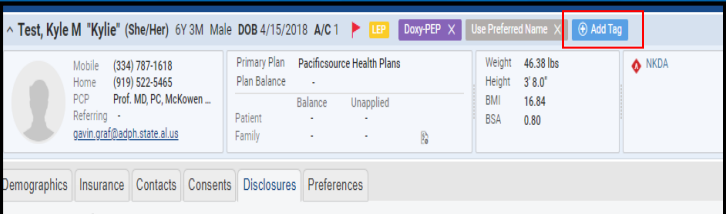
This drop-down will appear, and the user will search for the 'Breast Follow Up' tag and click it
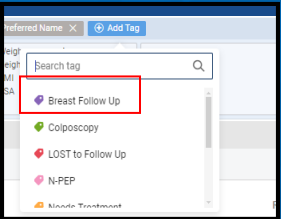
97

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

98

49
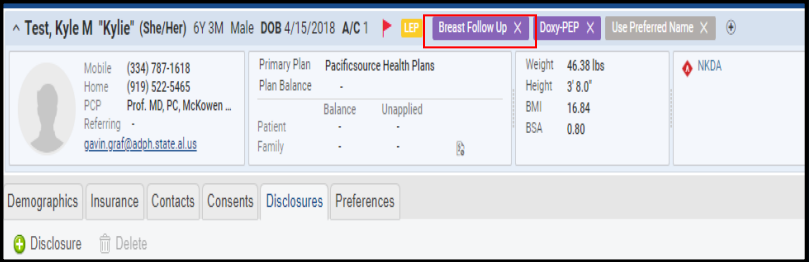
When the patient is released from breast follow up the user should then delete the tag by clicking the X which will remove the tag from the patient's banner.

99

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

100

Troubleshooting

101

DELETING THE ABNORMAL BREAST FOLLOW UP PROVIDER NOTE

In the event the user accidently 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 accidently clicks 'Remove Association' which is found when you right click in the provider note section.
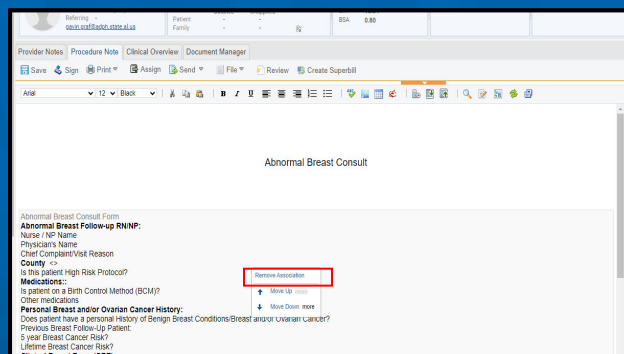
102

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.
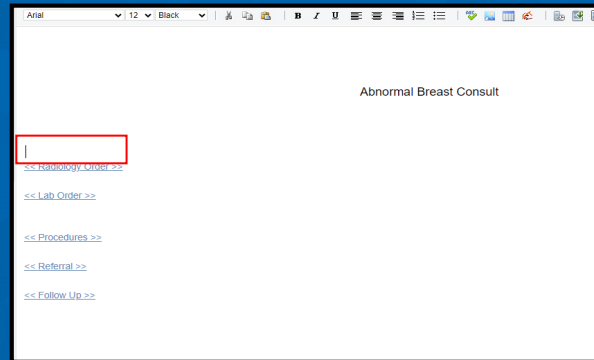
103
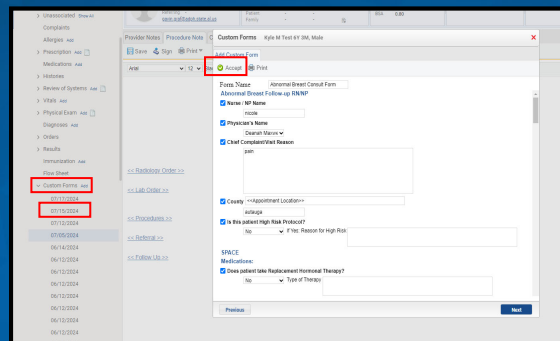
The user will then go in the patient's tree on the left-hand side under 'Custom Forms' and look for the date of the saved provider note and click on that date. That provider note will open-up and once the user verifies that is the correct form click 'Accept.'.
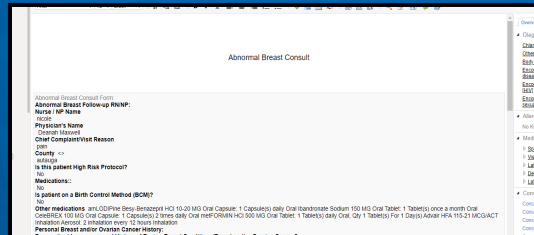
The form is now saved back to the provider note section of the patient's chart.

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.
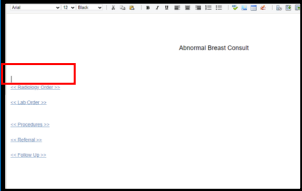
The user will then go in the patient's tree on the left-hand side and beside 'Custom Forms' click 'Add.' In the pop-up box the user will search for 'Abnormal Breast Consult Form' and then select that text.
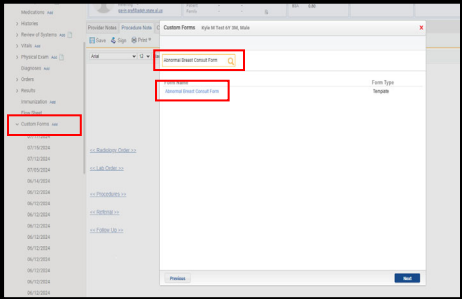
105

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

106

53
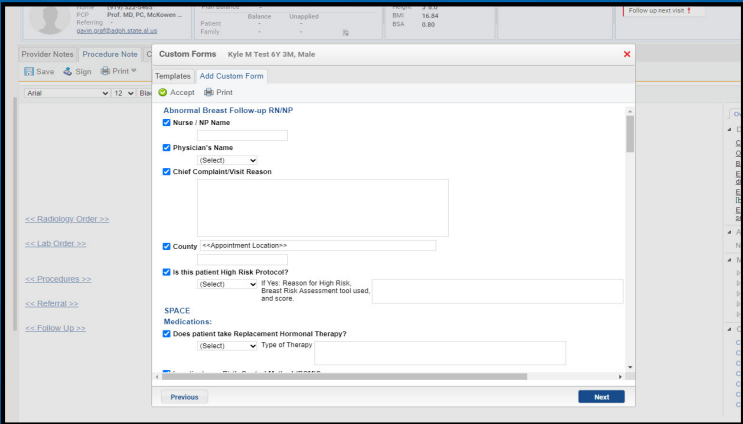
IMPROVING SCANNING IMAGES

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'
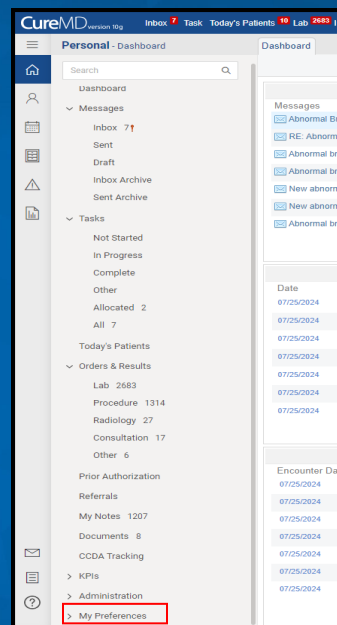
108

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

My Preferences
- General
- Favorites
- Patient
- Drug Interaction
- Clinical Module Sorting
- Scan & Print
- Quick Links
- SOC Component Sorting
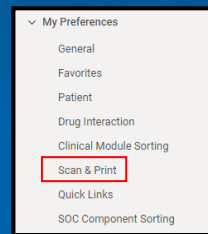
Click 'Single Page-Slow Scan' and then 'Save.'

My Preferences-Scan & Print

💾 Save

Some of these settings are only available in Internet Explorer

Label Printer
--Select--

ADF Scan
◉ Single Page- Slow Scan ○ Multiple Page- Fast Scan

OCR
☐ Auto Check-In using card scanning

Card scanning – Sequence
◉ License then Insurance Card   ○ Driving License Only   ○ Insurance Card Only   ○ Ask User

Card scanning – Processing
◉ Single Side ○ Double Side

Preferred Signature Method
○ ePad ◉ Topaz ○ Scriptel

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.'
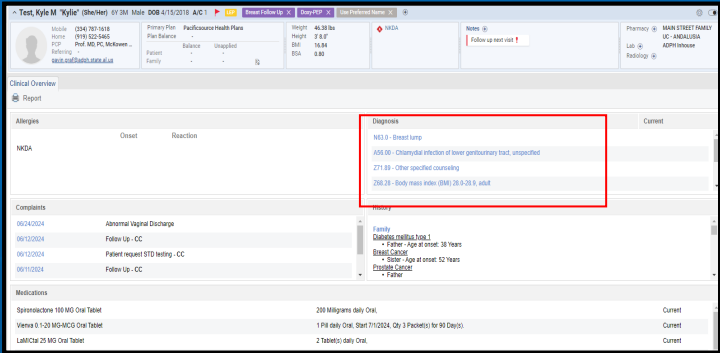
111

From here the user can 'Add' a diagnosis or 'Move to Past' a diagnosis if it is no longer current and then 'Save.'
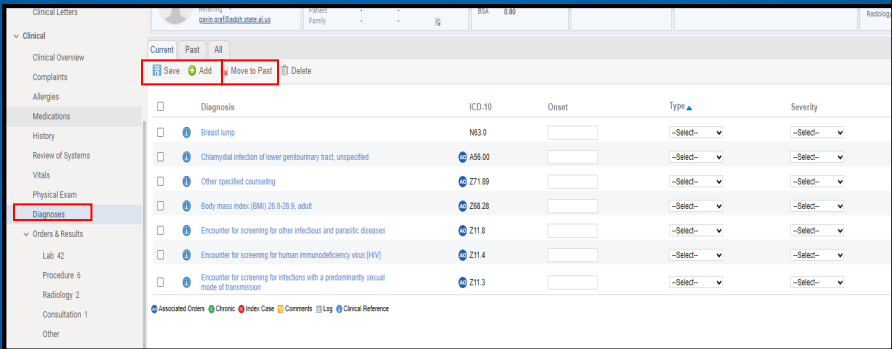
112

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

119

120

121

Transferring Breast Templates From Lotus to CureMD

122

How To Transfer A Note From Lotus to CureMD

These individuals should be transferred when their follow up update is due for the medical provider to review.

The user must ensure the medical provider receives all the correct and summarized information from the Lotus Notes template and that the medical provider is aware that this is a transfer from Lotus to Cure. The Lotus Template must be scanned and saved as an attchment for the medical provider to the CureMD provider note. Below are highlighted areas that the user will simply transfer that same exact data from that Lotus Field into the matching CureMd field.

123

The 'Patient Summary' and the 'History' from the Lotus Notes template the user will need to condense that all down and create a timeline of information for the medical provider including the last orders given by the medical provider.

The attachments from Lotus must be added on to the CureMd provider note if dates show performed in the last year and unless a newer dated documents is available. (Example: MMG in lotus dated 11/23/23 but user has a MMG for 7/1/24 then the Lotus image does not have to be scanned since a new image is being scanned from 7/1/24)

The user needs to start the CureMD Abnormal Breast Follow Up provider note "Summary" section by informing the provider that this provider note is a "Transfer from Lotus Template to Cure MD"

124

125

126

127

128

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

Before first provider note is sent make sure it includes (cancer dx):
- Any imaging done-MAMM, US, MRI (results)
- Surgical Consult (notes and plan of care)
- Biopsy (pathology/POC)
- Treatment plan-f/u care info
- Then you can send to MD for consult

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

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

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

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 consu

Returned envelope undeliverable sticker 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

133

Copies of all the handouts and guides in the Document Library

134

Questions or Assistance

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135