Primary care

1. Diagnostic reasoning = critical thinking

° Reflective thinking → questions one's thinking → explores all possibilities → check conclusion based on evidence.

2. Data collection

• H&P - focus on CC and its relevance

° Episodic visits do not need full H&P

• SOAP note

① Subjective - what Pt tells you

ex) CC, HPI, fam hx, soc hx, ROS

② Objective - what I see, hear & feel

ex) PE, VS, general survey, HEENT...

③ Assessment - overall assessment of pt including DDx, combination of subjective/objective, list of dx addressed & billed on last visit

④ Plan - Diagnostic tests, Rx, pt education, Referral, F/u

° Open end questions.

° Active listening

° CC - one to few words

ex) pt w/ runny nose initially dx as rhinitis but runny nose occurred periodically → then dx changes to allergies

• HPI - OLDCARTS

Onset, Location, Duration, Characteristic, Aggravating factor, Relieving factor, Treatments, Severity

° DDx

- Possible dx listed in priority
- not same as problem list

° Diagnostic test

- used to confirm or R/o DDx
- screen/monitor chronic condition
- useful for sensitivity, specificity, predictive value

• HPI only focused on CC

° Other than CC problems should be addressed in ROS.

° Duration = constant/intermittent

① Sensitivity - ↓ false negative → ↑ specificity

② Specificity - ability to detect specific condition

i) false positive - no condition but ⊕ w/ test

ii) false negative - ⊕ condition but ⊖ w/ test

③ Predictive value - likelyhood of pt having condition, partially depend on prevalence of condition in population.

ex) if condition is highly likely → ⊕ test is accurate

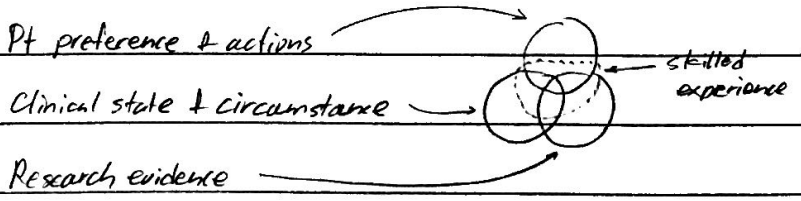
If condition is unlikely → ⊕ test is questioned

- When ordering tests consider cost, convenience, sensitivity, specificity, predictive value

3. Prioritizing complaints

- Pt write list + develop plan together

4. Evidence - based medicine



Health promotion

1. Primary prevention - prevention of disease

ex) Health education, immunization, sunscreen, seat belt, nutrition counseling, wt control, stress reduction

2. Secondary prevention - detection of disease

ex) skin cancer screening, breast cancer screening, testicular self exam, HTN & blood sugar monitoring

3. Tertiary prevention - restoration of health after disease occur & prevent further complication

ex) dialysis in CKD, chemotherapy, medications

4. Risk factor

- Identification of risk factor is key!

① Non-modifiable - age, gender, fam hx, ethnicity,

② Modifiable - wt, BP, stress

5. Health literacy

- influence health promotion by obtaining / processing / understanding info

Billing & coding

1. Documentation

- Written H&P serves - pt info, outlines plans for addressing visit, communication w/ other health care, legal doc, code & billing

2. Fee-for-service model

- Set amount $ for a specific visit/procedure adjusted for location
- Payer by private (insurance) or public (Medical)
- Medical coding - code for communication w/ payer
- Medical billing - submitting for payment
  - ① CPT (common procedual terminology)
    - Reporting medical services/procedure
    - able to track health care data, trends, outcomes
  - ② ICD (international classification of disease)
    - pt's diagnosis

ex) CPT	ICD	pay?
69210	I10	No
cerumen removal	HTN	* codes not related
69210	H61.20	Yes!!! $$$
	cerumen impaction	* appropriate codes

3. CPT coding - E/M system

- Will be used for clinical log!!!
- E/M code
  - ① Place of service - Inpatient vs outpatient
  - ② type of service - Consult, admit, OV
  - ③ Pt status - new (no service in same group in 3yr) vs established (had service in same group in 3yr)

	new	established
Minimal	99201	99211
Problem focused	99202	99212
Ext problem focused	99203	99213
Detailed	99204	99214
Comprehensive	99205	99215

- Risk based coding
  - Hx
  - PE
  - MDM ← medical decision making
    - Risk
    - Data
    - Dx

ex) 99212 - established / problem focused
HPI - 1-3 elements, ROS & fam/social hx (N/A),
CC - required, PE - 1-5 elements

99214 - established / detailed
HPI - >4 OLDCARTS elements, ROS - 2-9 elements,
FH/SH - 3 elements, CC - Required, PE - >12 elements

} • not required for exam

- MDM
  - more time / consideration w/ pt = higher $

ex) 15-yr old w/ no hx, no meds • no data to review

vs

72-yr old w/ comorbid condition + many meds • consider drug / drug interaction, CKD? DM?
+ higher pay is justified due to complexity

- Preventive visits: different codes for complete PE for assessing health risks & providing education

Clinical preparedness

1. "Well-rounded"
   - 15% ped, 15% women health
   - Child from birth ~ young adult (wellness & acute)
   - Adult (wellness & acute)
   - Decision-making complexity
   - Rounding < 25% practicum hr.
2. Clinical grading
   - 125 hr
   - midterm / final evaluation by preceptor / instructor
   - Student eval of preceptor
   - Clinical doc
3. Clinical time
   - Pt prep (chart, lab review), discussion time w/ preceptor, writing SOAP note, preceptor teaching time
   - 15 alternative hr / course - telephone management, Rx refills, lab review
   - For SII, at least 1 pt/hr
   - Minimum 50 hr before midterm
   - 125 hr by Wed of Week 8
4. Clinical log
   - Date of service, age, gender & ethnicity
   - E+M code
   - CC & Dx
   - Procedures / tests / Rx given
   - level of preceptor involvement (mostly student, mostly preceptor, together)

- cannot alter once class is completed

5. Preceptor qualification

- APN w/ Ms or Doc
- current state lic
- National Board Certification
- 1 yr of exp.

- PA w/ ms or Doc
- Current state lic
- National Board Certification
- 1yr exp
- Supervising MD doc

6. Must know

- 1st day can be shadow

7. SOAPPS

Summary - pt hx & PE

Narrow DDx - find top 2-3 dx

Analyze DDx - compare/contrast w/ hx find 1 dx

Probe the preceptor - ask preceptor about findings

Plan - management plan

Self-directed learning