


# Lemons to Lemonade: Creative Programming to Enhance Patient Outcomes with Level Funding



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Comprehensive Family AIDS Program  
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Children's Diagnostic & Treatment Center

# Session Objectives

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- ❑ Describe and select creative methods to enhance patient coordination, linkage and outcomes
- ❑ Identify one area within your program that could be enhanced by consumers, volunteers, existing staff, and/or other funding opportunities
- ❑ Enhance knowledge about available funding resources for program development



# Comprehensive Family AIDS Program (CFAP)

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- ❑ Established in 1991 – Served 63 children with HIV from Broward County
- ❑ Transitioned from a pediatric focused – to family focused program
- ❑ Centralized Services
- ❑ Served 4059 Children, Youth, Women and Families in 2009
- ❑ 4% to 6% growth per year

# CFAP

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- ❑ Medical, dental, and mental health care
- ❑ Medical case management, including home visits, adherence counseling and psychosocial support
- ❑ Consumer client care coordination
- ❑ Research, Support groups and Community Advisory Boards

# CFAP

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- Grant Reporting and Data Collection
- Quality Assurance
- Special Events and Fundraising

# CFAP Enhanced Programming

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- ❑ Perinatal Coordination and Consultation
- ❑ GIFT Program
- ❑ Camp Hope
- ❑ Teen Talk
- ❑ Consumer Luncheon
- ❑ Camp Key
- ❑ Dinner with the Doctor
- ❑ Ticket to Care



# Perinatal HIV

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- ❑ Broward County has second highest Perinatal HIV cases in Broward County, Florida
- ❑ Florida ranks second in number of Pediatric HIV cases in Country
- ❑ CFAP serves an average of 110 pregnant women annually since 1996
- ❑ Guidelines constantly changing
- ❑ Increasing numbers of private Ob/Gyn providers accepting Medicaid patients
- ❑ Treatment of Pregnant Women can reduce HIV transmission to <2%

# Perinatal HIV Guidelines and Findings

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- ❑ Mandatory offering of HIV testing to all pregnant women at entry to Prenatal Care and at 28-32 weeks for initial negatives.
- ❑ Treat all women with HAART (including ZDV) during pregnancy regardless of CD4 counts/viral loads and in labor administer IV ZDV.
- ❑ Delivery via C-section for women with viral loads >1000c/ml
- ❑ Prophylaxis for all exposed newborns with at least ZDV
- ❑ **Transmission can be significantly reduced if pregnant women receive HIV treatment, even with partial interventions with ZDV (only in labor or only infant)**



## PROBLEM:

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CFAP 's data demonstrated that most infections in the late 90's and through 2002 were coming from private providers and hospitals.

# ISSUES

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More Private Ob Providers accepting Medicaid patients

New Ob Providers did not have HIV training nor interest in learning HIV management

Hospitals did not have established procedures for HIV positive women/infants

Adult Care HIV Providers discharged pregnant patients to Obstetricians until delivery

## ISSUES:

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More Pediatricians were serving Medicaid population and thus caring for HIV exposed infants

CFAP did not have additional staff or funding to cover the expansion of providers dealing with pregnant target population

**CFAP did not want any more positive infants in Broward County**

## SOLUTION:

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Increase Knowledge

Improve Coordination of Services

Create policies, procedures or protocols to maximize effective reduction in perinatal transmission

Provide resources and expertise

# SOLUTION: Increase Knowledge

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- ❑ Acknowledge that HIV care of Pregnant Women is challenging and constantly changing
- ❑ Provide Educational Forums
- ❑ Send Written Information
- ❑ Give On-Call Access
- ❑ Collaborate with local AETC

# SOLUTION:

## Improve Coordination of Services

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- ❑ Designate one staff to coordinate all cases of pregnant women
- ❑ Outpost case manager at largest prenatal provider of HIV positive women
- ❑ Educate hospitals and providers on CFAP services and referral process

## SOLUTION: Create policies, procedures or protocols to maximize effective reduction in perinatal transmission

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- ❑ Create protocol for case managers
- ❑ Create protocol for Ob providers
- ❑ Create standing orders for HIV testing in Labor/Delivery Room
- ❑ Create standing orders for newborn nurseries
- ❑ Create protocol for area pediatricians

# SOLUTION: Provide resources and expertise

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- ❑ HIV Medication Consultation and Management
- ❑ Update Protocols whenever Guidelines Change and Contact Providers
- ❑ Provide Telephone Access for Consultations



# CFAP Perinatal Enhanced Service Program

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- ❑ CFAP Manager takes all referrals
- ❑ Initial contact with client often at OB office
- ❑ Medical Director provides HIV consultations to nearly all pregnant women in county
- ❑ All women assigned case manager who follow pregnancy protocol for case management
- ❑ All women are met in hospital at delivery by case manager and provided education, offered a layette, and given the first appointment
- ❑ Attempt obtaining consent to communicate with Pediatrician if not coming to CFAP clinic
- ❑ Return mother to established HIV provider or offer HIV care if did not have a provider prior to pregnancy

# CFAP Perinatal Enhanced Service Program

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- ❑ Create, distribute and update all protocols pertaining to HIV perinatal transmission
- ❑ Maintain data on HIV pregnant women and exposed infants to monitor transmission rates
- ❑ Collaborate with AIDS Surveillance at Department of Health to reach 100% coverage of HIV + pregnant women

**CASE MANAGEMENT GUIDE TO THE MEDICAL CARE  
OF HIV POSITIVE PREGNANT WOMEN**

*When you receive a referral of a pregnant woman or an established client becomes pregnant, please document date of pregnancy, estimated due date (EDD), current weeks of pregnancy, where they are receiving Prenatal Care and if they are receiving HIV treatment, document what they are on and submit this pregnancy documentation (use the "I'm Pregnant" form) to Nadia then follow this protocol in addition to your routine case management with them until the post-partum visit. For all pregnancies document the outcome and date of outcome: termination, spontaneous abortion or miscarriage, stillborn, or newborn (document if premature or full-term, and if foster care, or adoption). For the newborns follow the Exposed baby Protocol.*

1. Every woman needs to see an OB/GYN for the prenatal care.
2. For her HIV care, she needs a consult with Dr. Puga unless seen at 7th Ave. Appointments are scheduled through Nadia or Christina. Blocks of time are set aside on Dr. Puga's calendar for routine consults; however, if the patient is late in pregnancy and not on medicine, or not responding to medicine, or if they have an acute problem with the medicine- speak to Dr. Puga for an urgent appointment. The first visit should be around 12 – 14 weeks of pregnancy. For those first presenting at or after 28 weeks of pregnancy, it is URGENT for her to see Dr. Puga. To make these appointments, make sure the patient has a copy of her HIV-RNA-PCR (Viral Load) and CD<sub>4</sub> (T cell) results and a list of any medications that she is taking before you set up a consult with Nadia or Christina. If she does not have labs and has insurance we accept, these labs can be done at CDTC, otherwise, she needs to get them done by her OB/GYN. Do not hold a patient up from being seen because you can't get labs without first talking to Dr. Puga especially for those in late second or third trimester.
3. When Dr. Puga sees the patient, she will start her on HIV medications:
  - a. If patient has a CD<sub>4</sub> > 500, she will usually get Combivir/Kaletra and can stop her HIV medicine when they deliver the baby.
  - b. If patient has HIV symptoms, AIDS or a CD<sub>4</sub> < 500 OR A Viral Load > 100,000c/ml, she will usually get Combivir (1 white tablet twice a day), and Kaletra (2 large white or yellow tablets respectively twice a day WITH FOOD). She must continue treatment postpartum.
4. ALL WOMEN NEED TREATMENT DURING PREGNANCY.
5. Once on HIV medication, they need to get labs 2 weeks after starting and return for a visit with Dr. Puga 1 week after labs obtained (3 weeks after starting medications).
6. After the initial lab recheck visit at 3 weeks after starting medications, they need to be seen once a trimester with labs (pregnancy weeks 12 – 31) until they reach the third trimester (32 – 40 weeks of pregnancy) when they should be seen once a month with labs at least twice during this trimester.
7. Side effects that patients may have are nausea, vomiting, abdominal pain, headaches, fatigue, and diarrhea. If they complain of these, see Dr. Puga, as several medications can be used

# CFAP Perinatal Enhanced Service Program

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- ❑ Initiated in 2002 to further reduce perinatal transmission
- ❑ Average transmission rate from 1996-2001 was 6.4%
- ❑ After enhanced services initiated- transmission dropped significantly from 4.5% to 1.5% in first year
- ❑ Average transmission rate from 2002-2009 was 1.8% (Transmission Rate for those linked to CFAP during these years = 0.2%)

# CFAP Perinatal Program

CFAP Numbers	2002	2003	2004	2005	2006
Total # of positive women served	1146	1209	1257	1290	1288
# of Pregnancies	131	183	155	162	144
# of Babies delivered	129	134	110	114	106
# of Positive babies	2	1	2	3	2
All transmission rate per year(%)	1.55	.75	1.8	2.6	1.9
CFAP Transmission rate per year (%)	0.0	0.0	0.9*	0.0	0.0

\* Mother referred 21 days prior to delivery

# CFAP Perinatal Program

CFAP Numbers	2006	2007	2008	2009
Total # of positive women served	1288	1105	1116	1132
# of Pregnancies	144	132	118	113
# of Babies delivered	106	99	109	106
# of Positive babies	2	2	2	2
All transmission rate per year (%)	1.9	2.0	1.8	1.9
CFAP transmission rate per year(%)	0.0	0.0	0.9*	0.0

\*Mother did not adhere to medications

# Funding the Perinatal Program

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- ❑ Restructuring current staff duties
- ❑ Collaborating with local HIV resources
- ❑ Requesting unrestricted educational pharmaceutical support
- ❑ Utilizing AETC resources
- ❑ Educating hospitals on cost and risk/benefit of HIV testing/care of pregnant women
- ❑ Community donations

# CFAP Perinatal Program Successes

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- Recognized leader in community
- Active member of DOH Perinatal Network
- Co-lead in HIV- FIMR project
- Services have expanded to reproductive counseling of discordant couples
- Funding expanded from original Part D to additional ongoing sources- Part C, CityMatch







# Issues for CFAP to Address

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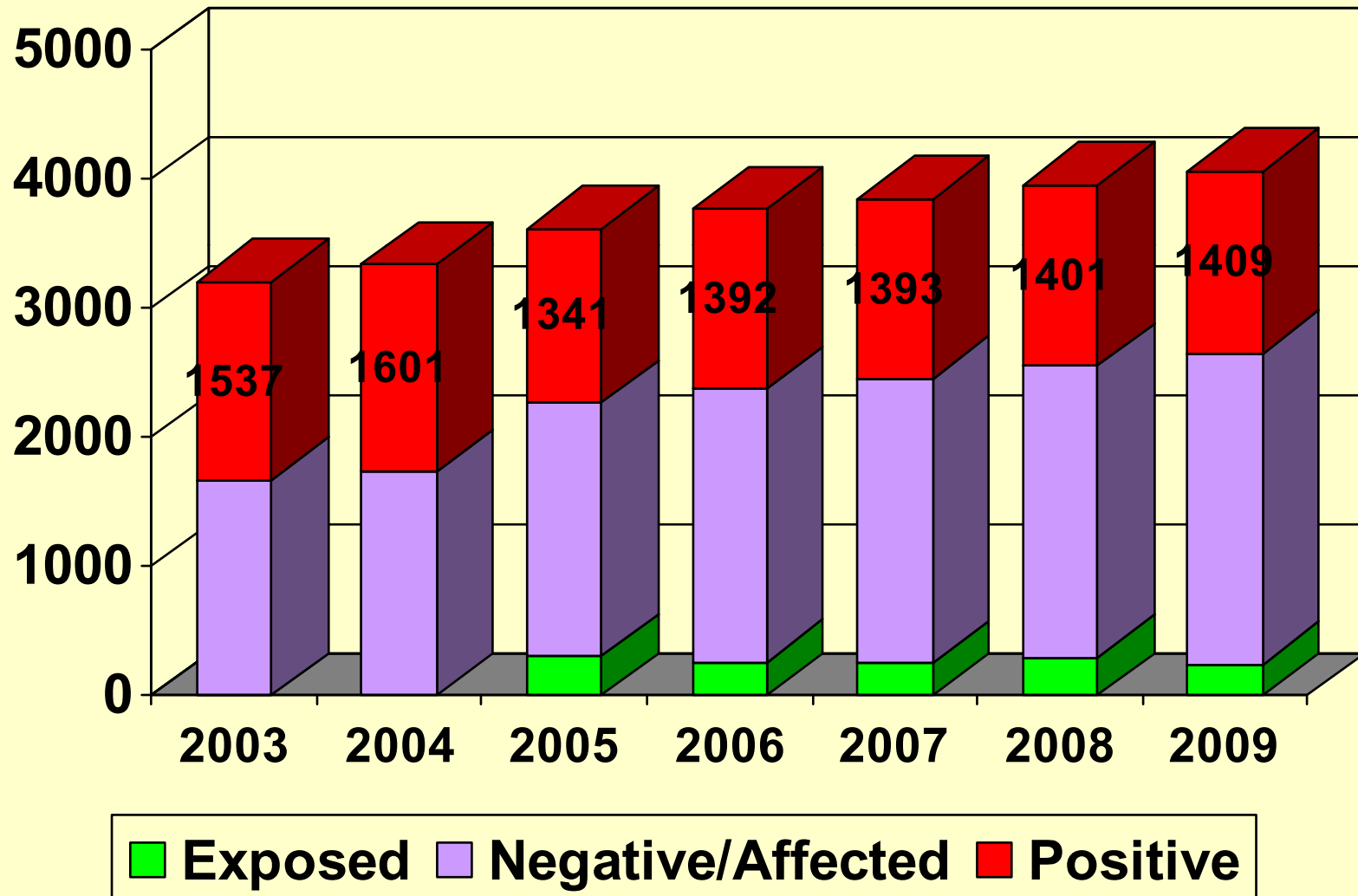
- ❑ Steady growth in the program
- ❑ Never- ending amount of work
- ❑ Level Funding
- ❑ Complex patients
- ❑ HRSA shift to primarily medical management

# Social Work Services/Activities

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- ❑ Intake and referrals
- ❑ Client Assessments
- ❑ HIV Education
- ❑ Supportive Counseling
- ❑ Facilitate access to CDTC  
Emergency Assistance  
(food, clothing, financial  
assistance, vouchers)
- ❑ Assistance with funerals
- ❑ Support Groups –  
children/youth/adults/Creole  
speaking/pregnant
- ❑ MEDICAL MANAGEMENT!
- ❑ Linkages to medical,  
dental, mental health care.
- ❑ Assist with obtaining  
guardianship
- ❑ Advocacy
- ❑ Home visiting
- ❑ Linkages to HIV specific  
services and to non-HIV  
specific services
  - (transportation, food  
bank, Medicaid, WIC,  
Social Security.)

# Program Growth



# Solutions

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- Think smarter not harder
- Have the patients in charge of their own healthcare
- Handle the difficult problems before they handle you

# Thinking Smarter Not Harder

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## □ Personnel Changes

- Voluntary reduction in work schedule = available funding for Client Care Consultants

## □ Client Care Consultant Job Responsibility Reassignment

- More responsibilities
- More interaction with patients
- Assistance with completion of paperwork
- Appointment Attendance & Reminders

# Client Care Consultants

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- Services provided vary depending on the peers skill
  - Supporting adherence programs
  - Conducting support groups
  - Completing forms
  - Social Support activities for families
  - Linking and supporting clients to medical services
  - 1 to 1 client support - buddies
  - Supervision of children during appointments
- Provide input to new programming and service delivery

# Patients in Charge of their Healthcare

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- GIFT Program
- Consumer Luncheon & CAB
- Camp Key
- Dinner with the Doctor
- Camp Hope
- Teen Talk
- Teen CAB
- Teen Leadership



# GIFT – A Method to Fully Engage Women in their Healthcare

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- ❑ Client focused
- ❑ Experiential and interactive
- ❑ Grounded in the Chronic Care Model
- ❑ Incentive Driven
- ❑ Cost Effective
- ❑ Completely replicable, and can be modified to meet the needs of the clients you serve

# GIFT is client focused

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- Clients who are accepted into GIFT typically have diverse and multiple issues beyond HIV.
  - Bipolar Disorder
  - Schizophrenia,
  - Post Traumatic Stress Disorder
  - Substance Abuse
  - Depression
  - Cognitive Delay
  - Low Literacy
  - Homelessness

# GIFT Process

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Care Coordinators refer patients with complex issues to the GIFT Coordinator.

Patients with co-morbidities are invited to participate.

Patients who agree are assessed by baseline evaluations

Tracking of accomplishments is maintained

Keeping Appointments, T-Cells, Viral Load, Support Group Involvement, Mental Health Services

After six months patients who have achieved their desired goals are transitioned to other support programs and into leadership roles within GIFT.

# GIFT Process

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Evaluations were completed to assess patients' starting point

- Cognitive functioning, Mental Health Issues, Depression Screen, Memory Issues, and Reading level
- Adherence Readiness and Situational Screening, Food Security Scale, Relationship with Care Coordinator
- Client goals are also recorded and reviewed quarterly

# GIFT is experiential and interactive

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- ❑ Our GIFT Program meets on Monday's from 9:00 until 12:30.
- ❑ We have 4 groups weekly where the clients learn and practices new skills together and also have work to do at home.
- ❑ These groups include a medical self management group, journaling, spirituality group, and cooking on a dime where we cook an economical meal and eat together.
- ❑ Our GIFT Program revolves around a 12 week cycle. We cover a variety of topics such as:
  - How to talk to your Doc
  - What do those labs really mean?
  - Celebrate Yourself
  - Diva on a Dime
  - Awaken your Inner Rebel
  - Grooming and Hygiene
  - Sticking to your meds

# Incentive Examples

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- ❑ SHARE food baskets
- ❑ Body wash and lotion
- ❑ Other hygiene products
- ❑ Journals
- ❑ Nail Polish and remover
- ❑ Pill Boxes
- ❑ Umbrellas
- ❑ Manicures
- ❑ Donated jewelry and purses
- ❑ Flip-flops
- ❑ Ride to special event
- ❑ Lunch as a group

# Average monthly cost of group

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- |  |                |
|--|----------------|
| □ Incentives for Clients   | \$20.00        |
| □ Cooking on a Dime for Lunch  | \$70.00        |
| □ Supplies for special projects  | \$15.00        |
| □ Transportation Reimbursement   | \$35.00 (avg.) |
| □ <u>Other Misc.</u>   | <u>\$20.00</u> |
| <br>   |                |
| □ Total for GIFT Supplies  | \$160.00       |
| <br>   |                |
| □ These supplies cover an average of 10 clients a week for 4 weeks. Our average monthly cost per client is \$16.00 |                |

# Results

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- GIFT had 10 active participants at each session.
  - 72% improvement in appointment attendance with 90% asking the doctors more questions and properly using the on call service.
  - 100% of participants experienced viral load reductions.
  - Behavioral improvements were seen in 90% of participants.



## Our most important lessons included:

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- ❑ GIFT can be offered to any client .
- ❑ Many GIFT clients with multiple medical, cognitive or mental health issues often need longer than the 6 months GIFT initially allowed.
- ❑ Higher functioning clients often need less than six months in GIFT to complete goals and maintain working toward personal goals independently.

# Lessons Learned:

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- ❑ Not all clients need the intensive structure of our original GIFT program, the basis of GIFT can be modified-expanded to meet the diverse needs of our clients
- ❑ The key skills needed to make GIFT successful are compassion, flexibility and patience.

# Improvements in managing health care

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## □ Consumer Luncheon & Cab

- Monthly luncheon hosted by Client Care Consultant
- Healthcare topics vary based on participant request
- Education regarding research
- Peer support on doing the right thing

## □ Dinner with the Doc

- Bi-monthly after hours dinner, inviting current patients, GIFT participants, and all group participants
- Patient driven question and answer.

# Improvements in managing health care cont.

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## □ Camp Key

- A weekend retreat offered to women involved in the CFAP Clinic
- Needed to complete an application and obtain clearance from physician
- 2010 – 30 women participated
- Activities focused primarily around developing relationships and creating a vision for the future.

# Improvements in managing health care cont.

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## □ Camp Key Results

- 90% of attendees have kept all scheduled medical and referral appointments.
- 99% have undetectable viral loads.
- Patients report improved satisfaction overall.
- Enhanced relationship with healthcare provider.
- Increased support system and decrease in depressive symptoms.

# Improvements in managing health care for your youth

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- Camp Hope
- Teen Talk
- Teen CAB
- Teen Leadership Camp
  - All focused for youth to address their health issues.
  - Youth are encouraged to identify future goals.
  - Learn about leadership opportunities and being part of the solution.
  - Self-maintenance and responsibility is stressed.

# Improvements Identified

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- ❑ Patients keeping 3 or more medical appointments has increased 71% in 2007 to 82% in 2009.
- ❑ Reduction in inappropriate use of on call system and emergency room.
- ❑ Reduction in “no shows” and broken appointments down from 45% to 20%.
- ❑ General improvements in viral load and T-cells.
- ❑ Decrease in hospitalizations

# Dealing with difficult problems before they deal with you

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- Identify areas to be pro-active
- Building relationships
- Using a team approach
- Recognition of work load
- Avoiding burnout and turnover
  - Training, Support, Education Retreats
- Empowering clients to address their own issues



# CFAP Successes

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- Able to focus more time on medical management of patients.
- Increased use of medical care services.
- More self efficacy among patients.
- Significant improvements in medical outcomes for patients.



# HL7 interface and PDI



Getting the most with Technology

By Jeffrey Jean-Francois BS MIS



# Needs Assessment

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**EVERY YEAR FEDERAL AND STATE GRANTS REQUIRE MORE ACCOUNTABILITY FOR LIMITED RESOURCES**

**RSR, RDR, CADR, CLIENT LEVEL DATA , CD4, VIRAL LOAD, ART, HAART, XML, HTML**

**WITH LIMITED STAFF HOW DO WE MEET DEMAND ? ?????**

# Labs used by CFAP

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DEPENDING ON THE TYPE OF INSURANCE THE FOLLOWING LABS WERE USED TO PROCESS PATIENT BLOODWORK



# OUR SOLUTION

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**USE A HL7 INTERFACE THAT WOULD ALLOW MULTIPLE LAB COMPANIES TO ENTER DATA INTO OUR SYSTEM.**

**FIND COMPANIES THAT USED TECHNOLOGY IN A INNOVATIVE WAY**

Fax     Call     Mail

07E09030842    07E09030842    07E09030842

07E09030842    07E09030842    07E09030842

**CIRCLE ONE**  
157875171 -BRECWOOD  
148794405 -OHL, MORIS  
183118177 -SOMME, JS  
845711 -HERNANDEZ  
845711 -PYRA, AN  
845711 -SABIDO  
889071 -LAFRANCE

**CHECK ONE**  
02 ACCOUNT BILL  
04 PATIENT BILL  
05 MEDICARE  
FL MEDICAID  
ACTN )ACTN NON RPO+  
02FLA )OS OF FLORIDA  
CCMPL )CCM PREP MOOR+  
CMPOC )TRICARE  
0WTK )BENEVOLEN KLTN  
0WPL )DOTTED HEALTH  
0WCM )ORICARE  
0WFOC )2118 KLTN PRO

8769030842

First Name, Last, First, MI    Sex    Date of Birth    Collection Time    Fasting    Collection Date    Collection Method

MR    M    1979    Physician ID#    Patient ID#    Patient ID#

Physician's Signature    Hospital Patient Status     In-Patient     Out-Patient     Non-Patient

Physician's Name (Last, First, MI)    **REQUIRED**

Primary Billing Party    Secondary Billing Party

Insurance Carrier    Insurance Carrier

Group #

Insurance Address    Insurance Address

Name of Insured Person    Name of Insured Person

Relationship to Patient    Relationship to Patient

Employer Name    Employer Name

Physician's Provider #    System Code

Home Address    Phone

City    State    ZIP

Name of Policy Holder of different than patient

Address of Policy Holder    APT #

City    State    ZIP

**MEDICARE ADVISORY BENEFICIARY NOTICE (ABN)**  
Refer to Determining Necessity of ABN Completion on reverse.

- 908271 C4/C20 Ratio Profile
- 122100 S00s Real Time PCR (Non-Graph)
- 551477 Sensure
- 551490 Phenotype BT170
- 551499 Phenotype BT170 Comprehensive
- 142050 Panel 142050
- 821574 Triplex Phenotype

ORGAN OR DISEASE PANELS	ALPHABETICAL COMBINATION TESTS CONT.	ALPHABETICAL COMBINATION TESTS CONT.	ALPHABETICAL COMBINATION TESTS CONT.
422744 Acute Hepatitis Panel    80074	801040 BUN    80025	801050 Hydrocortisone    80016	800250 TPO, 3rd generation    80443
422758 Basic Metabolic Panel (B)    80086	800627 C-Reactive Protein (CRP), Quant    80100	801074 Hydroxyphenylethanolamine    80024	801057 Uric Acid    80443
423000 Comp Metabolic Panel (CM)    80091	130768 C-Deficient Protein Panel (C3b)    80101	801211 Iron and TIBC    80024	800036 Urinary Uric Acid    80095
423754 Electrolyte Panel    80071	801018 Calcium    80101	801118 LDH    80014	801058 Vitamin C, 25-Hydroxy    80094
423758 Hepatic Function Panel (H)    80074	801019 Carotene (Vitamin A)    80101	801150 Lithium (Serum)    80101	
423759 Lipid Panel    80091	801020 CEA    80101	801158 Magnesium    80101	
425010 Lipid Panel w/CHOL, HDL, Ratio    80091	801060 Cholesterol, Total    80005	801180 Monounsaturated Test, Quant    80101	
443810 Lipid Panel w/TOTAL, Ratio    80091	801370 Creatinine    80005	804247 MMA Lipoproteins    80101	
443820 Lipid Panel w/CHOL, HDL, Ratio    80091	801380 Organ (Lanslet)    80101	807523 Phorbol Ester (Latex)    80101	
443827 Revised Electrolyte Panel    80091	804010 Estradiol    80101	807401 Phorbol (Diester)    80101	
	804020 Ferritin    80101	801024 Phosphorus    80101	
	804025 Folate and Vit B12    80005	801180 Phosphorus    80101	
	801028 GGT    80077	804460 Protein    80101	
	801018 Glucose, Plasma    80077	810023 PSA    80100	
	801022 Glucose, Serum    80047	800047 Testosterone (Total) (Serum)    80101	
	801020 Glucosaminoglycan, Total    80005	800180 Testosterone (Total) (Urine)    80101	
	804030 HCG (Serum)    80101	800001 PT and PTT Activated    80101	
	804418 HCG (Serum)    80101	800201 PTT Activated    80101	
	801025 HCG, Chorioid    80101	800005 Rheumatoid Factor (IgM)    80101	
	801402 Hemoglobin A1c    80005	800072 SWE    80005	
	800734 Hep B Antibody, IgM    80101	800187 Rubella Antibodies, IgG    80101	
	800205 Hep B Surface Antibody    80101	800210 Sial Path, Waddington    80001	
	800210 Hep B Surface Antigen    80101	801190 Sodium    80005	
	142051 Hep C Antibody    80005	804226 Testosterone, Total    80001	
	800024 HIV 1/2 Antibody    80101	807506 Theophylline    80101	
	180022 HIV 1/2 Antibody - RT-Dig    80101	800015 Thyroid Cascade Profile    80001	
		801140 Thyroxine (T4)    80001	
		801172 Thyroglobulin    80101	
		802186 Urinary Phorbolamine (T4)    80001	
		801188 Urinary    80101	

ALL TESTS ARE PERFORMED IN ACCORDANCE WITH THE POLICY AND PROCEDURES OF THE LABORATORY. ALL TESTS ARE SUBJECT TO THE STANDARD OF CARE OF THE LABORATORY. THE LABORATORY IS NOT RESPONSIBLE FOR THE RESULTS OF TESTS PERFORMED AT OTHER LABORATORIES.

**Quest Diagnostics**

17860-B 5561187-9

**CHILDREN'S DIAGNOSTIC & TREATMENT CENTER**  
1401 S FEDERAL HWY  
FORT LAUDERDALE, FL 33316-2619

ACCOUNT # 6877000 954-720-8000

**Panel Components are Listed On The Back. Reflex Tests are Performed As An Additional Charge.**  
**PSC Appointment Website And Telephone Number Information Listed On The Back.**  
**Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.**  
**Add A Patient To TestModem By Adding Their Email Address On The Back.**

**DID YOU KNOW**

**PRIMARY INSURANCE**

ICD9 Codes (enter on the report)

**Panel Components on Back**

**ORGAN / CHEMISE PANELS**

**HEMATOLOGY**

**OTHER TESTS**

**OTHER TESTS (continued)**

**MICROBIOLOGY**

**STOOL PATHOGENS**

**QUEST DIAGNOSTICS**

8461 1423-1 BL 87-PCR  
8468 1423-1 RAG 88-87 PCR

72261 ALPINA DIRECT PNL 4

**Quest Diagnostics**

17860-B 5561187-9

**CHILDREN'S DIAGNOSTIC & TREATMENT CENTER**  
1401 S FEDERAL HWY  
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**ORGAN / CHEMISE PANELS**

**HEMATOLOGY**

**OTHER TESTS**

**OTHER TESTS (continued)**

**MICROBIOLOGY**

**STOOL PATHOGENS**

**QUEST DIAGNOSTICS**

8461 1423-1 BL 87-PCR  
8468 1423-1 RAG 88-87 PCR

72261 ALPINA DIRECT PNL 4

**PRINT PATIENT NAME (LAST, FIRST, MIDDLE)**

**REGISTRATION # (IF APPLICABLE)**      **DATE OF BIRTH**      **YEAR**

**PATIENT SOCIAL SECURITY #**      **OFFICE / PATIENT ID #**

**ROOM #**      **LAB REFERENCE #**      **PATIENT PHONE #**

**PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT**

**PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. #**      **KEY**

**CITY**      **STATE**      **ZIP**

**MEDICARE**

MSH ^-\&|LAB|MIA|17860|20090617113244|ORU^R01|20090617559645857820|D|2.3  
PID 1|19794166|MI025682A||ZTEST^PATRICK||19780719|M|||||||2092136  
NTE 1|TX|IMMUNOGLOB LIPID AND T3 ADDED INCHANGE ORDER  
ORC RE|2092136|MI025682A|IP|||||^DR. CALDERON  
OBR|1|2092136|MI025682A|7600SB=^LIPID PANEL^^7600SB=^LIPID PANEL|||20090617050000|||||20090617091100|^DR.  
CALDERON|||896SB=^^896SB=^TRIGLYCERIDES|MI^Quest Diagnostics-Miami^10200 Commerce Pkwy^Miramar^FL^33025-3938|  
20090617113100|||F  
OBX|1|TX|25002900^TRIGLYCERIDES^^25002900^TRIGLYCERIDES^QDIMIA||TNP|mg/dL|||||F|||20090617113100|MI^^L  
NTE 1|\*\*\*\*\*  
NTE 2|\* NO SPECIMEN RECEIVED IN THE \*  
NTE 3|\* LABORATORY. THE TEST HAS \*  
NTE 4|\* BEEN CANCELLED. \*  
NTE 5|\*\*\*\*\*  
NTE 6|  
OBR|2|2092136|MI025682A|7600SB=^LIPID PANEL^^7600SB=^LIPID PANEL|||20090617050000|||||20090617091100|^DR.  
CALDERON|||8841SB=^^8841SB^LDL-CHOLESTEROL|MI^Quest Diagnostics-Miami^10200 Commerce Pkwy^Miramar^FL^33025-3938|  
20090617113100|||F  
OBX|1|TX|25016900^LDL-CHOLESTEROL^^25016900^LDL-CHOLESTEROL^QDIMIA||TNP|mg/dL (calc)|||||F|||20090617113100|MI^^L  
NTE 1|\*\*\*\*\*  
NTE 2|\* NO SPECIMEN RECEIVED IN THE \*  
NTE 3|\* LABORATORY. THE TEST HAS \*  
NTE 4|\* BEEN CANCELLED. \*  
NTE 5|\*\*\*\*\*  
NTE 6|  
OBR|3|2092136|MI025682A|747ZMI=^PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS^^747ZMI=^PROTEIN, TOTAL AND PROTEIN  
ELECTROPHORESIS|||20090617050000|||||20090617091100|^DR. CALDERON|||754SB=^^754SB=^PROTEIN, TOTAL|MI^Quest  
Diagnostics-Miami^10200 Commerce Pkwy^Miramar^FL^33025-3938|20090617113100|||F  
OBX|1|NM|25001300^PROTEIN, TOTAL^^25001300^PROTEIN, TOTAL^QDIMIA||8.0|g/dL|6.2-8.3|N|||F|||20090617113100|MI^^L  
OBR|4|2092136|MI025682A|747ZMI=^PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS^^747ZMI=^PROTEIN, TOTAL AND PROTEIN  
ELECTROPHORESIS|||20090617050000|||||20090617091100|^DR. CALDERON|||747QDB=^^747QDB^PROTEIN  
ELECTROPHORESIS|QDB^Quest Diagnostics-Deerfield Beach^1300 E Newport Center Dr^Deerfield Beach^FL^33442-7727^Anthony  
Simonetti M.D.|20090617113100|||P  
OBX|1|ST|50055700^ALBUMIN^^50055700^ALBUMIN^QDIMIA|||||||P|||20090617113100|QDB^^L  
OBX|2|ST|50055800^ALPHA-1-GLOBULINS^^50055800^ALPHA-1-GLOBULINS^QDIMIA|||||||P|||20090617113100|QDB^^L  
OBX|3|ST|50055900^ALPHA-2-GLOBULINS^^50055900^ALPHA-2-GLOBULINS^QDIMIA|||||||P|||20090617113100|QDB^^L  
OBX|4|ST|50056000^BETA GLOBULINS^^50056000^BETA GLOBULINS^QDIMIA|||||||P|||20090617113100|QDB^^L  
OBX|5|ST|50056100^GAMMA GLOBULINS^^50056100^GAMMA GLOBULINS^QDIMIA|||||||P|||20090617113100|QDB^^L  
OBX|6|ST|50059700^ABNORMAL PROTEIN BAND^^50059700^ABNORMAL PROTEIN BAND^QDIMIA|||||||P|||20090617113100|QDB^^L  
OBX|7|ST|50058500^INTERPRETATION^^50058500^INTERPRETATION^QDIMIA|||||||P|||20090617113100|QDB^^L  
OBR|5|2092136|MI025682A|10306QDB=^HEPATITIS PANEL, ACUTE W/REFLEX^^10306QDB=^HEPATITIS PANEL, ACUTE W/REFLEX|||  
20090617050000|||||20090617091100|^DR. CALDERON|||512QDB=^^512QDB=^HEPATITIS A IGM|QDB^Quest Diagnostics-Deerfield  
Beach^1300 E Newport Center Dr^Deerfield Beach^FL^33442-7727^Anthony Simonetti M.D.|20090617113100|||F  
OBX|1|ST|55013300^HEPATITIS A IGM^^55013300^HEPATITIS A IGM^QDIMIA||REACTIVE||NON-REACTIVE|A|||F|||20090617113100|QDB^^L  
OBR|6|2092136|MI025682A|10306QDB=^HEPATITIS PANEL, ACUTE W/REFLEX^^10306QDB=^HEPATITIS PANEL, ACUTE W/REFLEX|||  
20090617050000|||||20090617091100|^DR. CALDERON|||498QDB=^^498QDB=^HEPATITIS B SURFACE ANTIGEN W/REFL  
CONFIRM|QDB^Quest Diagnostics-Deerfield Beach^1300 E Newport Center Dr^Deerfield Beach^FL^33442-7727^Anthony Simonetti  
M.D.|20090617113100|||F  
OBX|1|ST|55019300^HEPATITIS B SURFACE ANTIGEN^^55019300^HEPATITIS B SURFACE ANTIGEN^QDIMIA||NON-REACTIVE||NON-  
REACTIVE|N|||F|||20090617113100|QDB^^L  
OBR|7|2092136|MI025682A|10306QDB=^HEPATITIS PANEL, ACUTE W/REFLEX^^10306QDB=^HEPATITIS PANEL, ACUTE W/REFLEX|||  
20090617050000|||||20090617091100|^DR. CALDERON|||4848QDB=^^4848QDB=^HEPATITIS B CORE ANTIBODY (IGM)|QDB^Quest



QUEST DIAGNOSTICS INCORPORATED  
CLIENT SERVICE 954.281.1744

SPECIMEN INFORMATION  
SPECIMEN: MI025682A  
ACQUISITION: 2092134  
LAB REF NO:

COLLECTED: 06/17/2009 05:00  
RECEIVED: 06/17/2009 09:11  
REPORTED: 07/08/2009 10:32

PATIENT INFORMATION  
**STEST, PATRICK**

DOB: 07/19/1978 Age: 30  
GENDER: M Fasting: N

ID: 19794166

REPORT STATUS **Final**

ORDERING PHYSICIAN  
**DR. CALDERON**  
CLIENT INFORMATION  
**17860**  
CHILDREN S DIAGNOSTIC  
TREATMENT CENTER  
1401 S FEDERAL HWY  
FORT LAUDERDALE, FL 33316-2619

COMMENTS: IMMUNOGLOB LIPID AND T3 ADDED INCHANGE ORDER

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				
TRIGLYCERIDES	*****			MI
	* NO SPECIMEN RECEIVED IN THE *			
	* LABORATORY. THE TEST HAS *			
	* BEEN CANCELLED. *			
	*****			
LDL-CHOLESTEROL	*****			MI
	* NO SPECIMEN RECEIVED IN THE *			
	* LABORATORY. THE TEST HAS *			
	* BEEN CANCELLED. *			
	*****			
PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS				
PROTEIN, TOTAL	8.0		6.2-8.3 g/dL	MI
PROTEIN ELECTROPHORESIS				QOB
ALBUMIN		2.0 L	3.5-4.7 g/dL	
ALPHA-1-GLOBULINS	0.2		0.1-0.3 g/dL	
ALPHA-2-GLOBULINS	1.0		0.5-1.0 g/dL	
BETA GLOBULINS		2.0 H	0.8-1.4 g/dL	
GAMMA GLOBULINS	1.0		0.6-1.6 g/dL	
INTERPRETATION	TEST			
HEPATITIS PANEL, ACUTE W/REFLEX				
HEPATITIS A IGM		REACTIVE	NON-REACTIVE	QOB

## Provider Mapping

Edit Provider Mapping

MSH3 (Application ID):

MSH6 (Provider ID):

Close

RW CAREWare Provider:

Table Name:

Field Name:

Save

Cancel

RW CAREWare Data Source:

Client Demographic Threshold:

MSH3(LabID)	MSH6(ProviderID)	Provider	Table Name	Field Name	Data Source
LAB	17860	CHILDRENS DI...	cw_client_custom	MRN	Quest
CERNER	CDTC2101	CHILDRENS DI...	cw_client_custom	MRN	CW Labs
efca7ff1-4d69- ffffff-0000-	efca7ff1-4d69- ffffff-0000-	Test Provider	cw_client	cln_eurn	PDI
1100	TA003789	CHILDRENS DI...	cw_client_custom	MRN	LabCorp
1100	TEST3650	Test Provider	cw_client	cln_urn	LabCorp
TEST	TEST3650	Test Provider	cw_map_client_provider	map_cl_client_id	LabCorp

**ATK Configuration Utility**

File View Help

Agent | **Outbox** | Inbox | Forwarding | Proxy

Enabled	Type	Match	Path	Rename
No	Filetype	pdf	c:\inbox\PDF	Rename
No	Filetype	hr	c:\inbox\HR	Rename
No	Filetype	ht	c:\inbox\HT	Rename
No	Filetype	hl7	c:\inbox\HL7	Rename

Add Edit Remove OK Cancel

**Browse For Folder**

Select a directory

- Desktop
  - My Documents
  - My Computer
    - 3 1/2 Floppy (A:)
    - Local Disk (C:)
      - Acro\_70\_Std\_UE\_Ret
      - Documents and Settings
      - Drivers
      - Games
      - HyperSend Inbox
      - HyperSend Outbox
      - I386
      - LabCorpResults**
      - My Downloads
      - NAL
      - NALCache
      - NDPS
      - Novell
      - Outbox
      - Program Files
      - quarantine
      - WINDOWS
      - Zenworks
    - CD Drive (D:)

Make New Folder OK Cancel

**Forward Rule**

Match type

Sender  Filename  Filetype

Match string:

Forward path:  Browse

Forward mode

Move  Copy

If file exists

Rename  Overwrite

Enabled

OK Cancel

Send **Pick Up** Track Options Log Out

Home  
Advantages  
Security  
How to Use  
Support

Want to download and install the HyperSend Agent?

The HyperSend Agent does not appear to be installed on the computer you are using. You may log in and track deliveries without the HyperSend Agent. However, to send or pickup deliveries, you will need the HyperSend Agent.

Download and Install HyperSend Agent

[Click here](#) to install the HyperSend Agent.

There are 0 new results waiting for you (test8358@lcsedi.com)

[Show history of all results picked up in the last 90 days.](#)

Nothing to pick up at this time.

[Tracking #](#) ▼

From

Subject

Sent

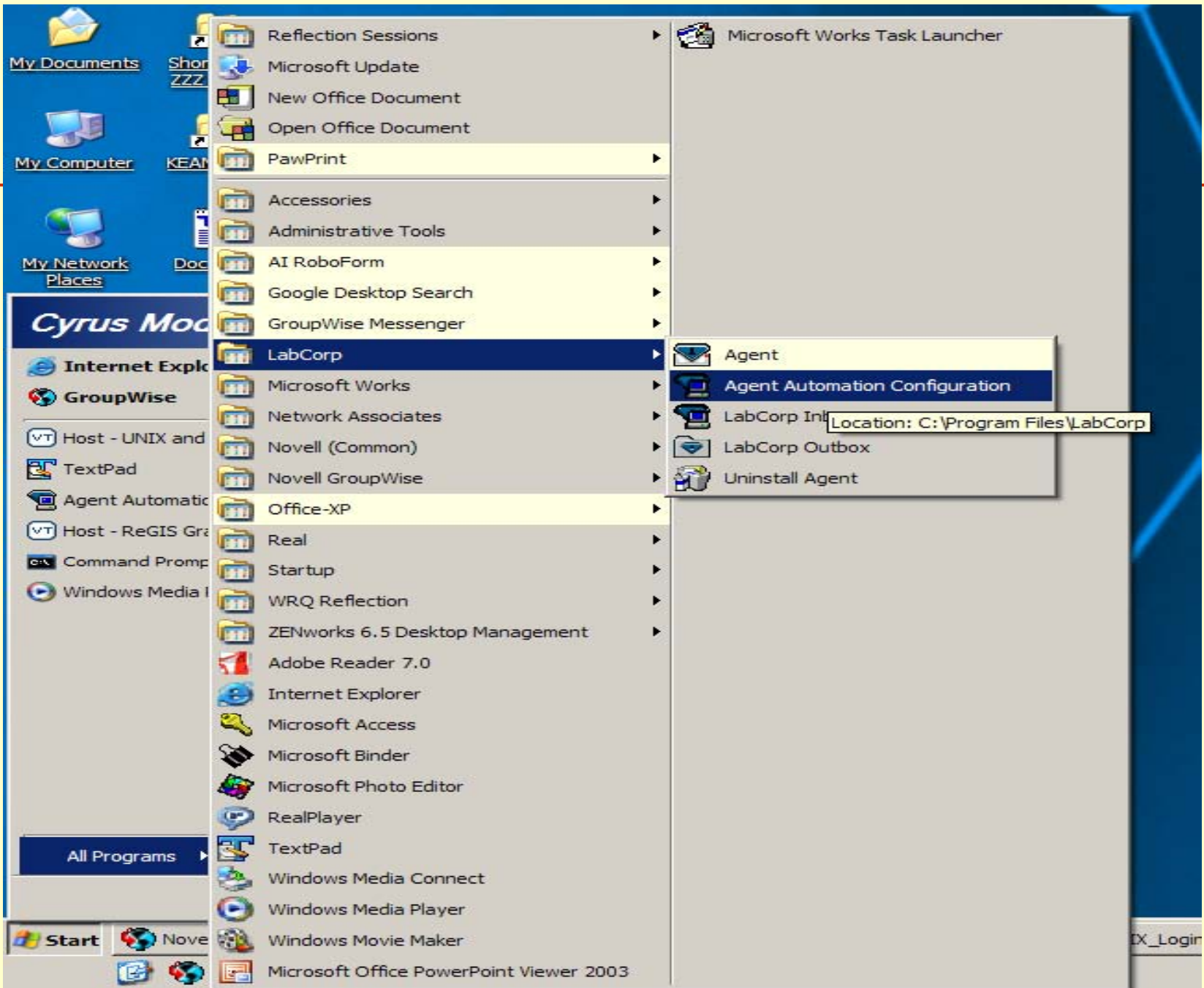


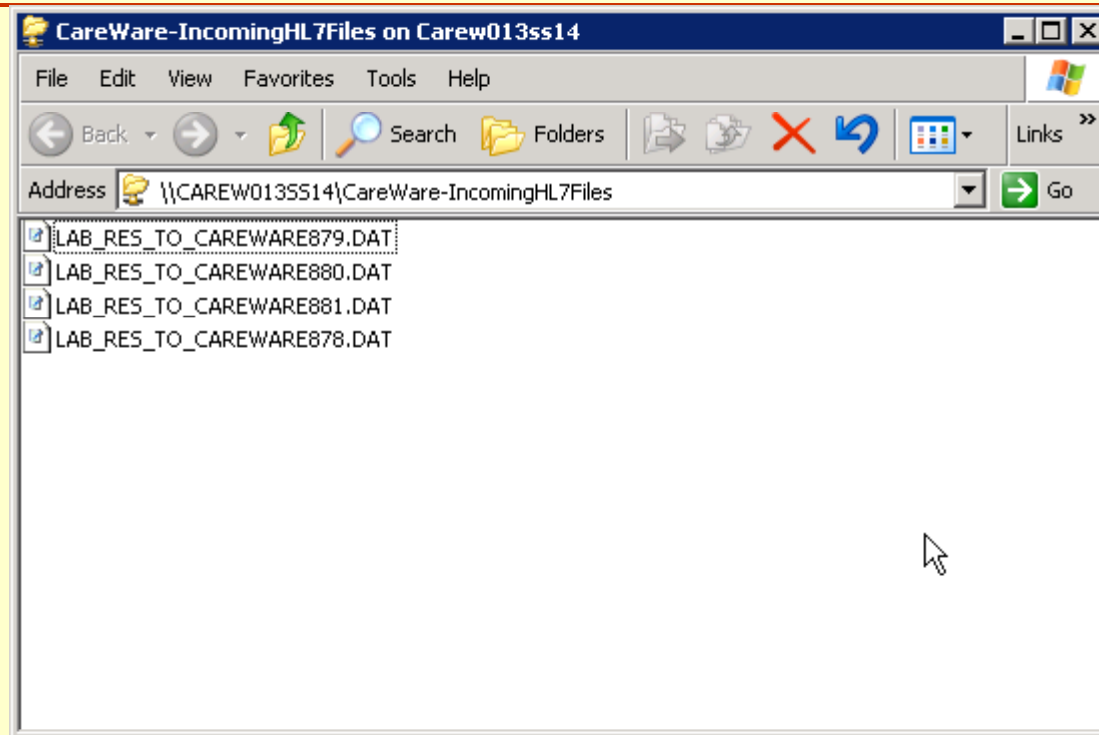
File Edit View Favorites Tools Help

Back Search Folders

Address C:\Program Files\CAREWare\RW CAREWare Business Tier\incomingHL7Files

Folders	Name	Size	Type	Date Modified
BROWARDHEALTH	edprodresults@labcorp.com 6500570 ta003789		File Folder	2/3/2009 11:04 AM
CAREWare	edprodresults@labcorp.com 6519052 ta003789		File Folder	2/3/2009 11:04 AM
msderela	edprodresults@labcorp.com 6557057 ta003789		File Folder	2/3/2009 11:04 AM
RW CAREWare Business Tier	edprodresults@labcorp.com 6564621 ta003789		File Folder	2/3/2009 11:04 AM
ClientDistribution	edprodresults@labcorp.com 6578501 ta003789		File Folder	2/3/2009 11:04 AM
ClientUpdater	edprodresults@labcorp.com 6594960 ta003789		File Folder	2/3/2009 11:04 AM
e49c5d50-5a9f-4c0b-bf12-0dc34f3197c	edprodresults@labcorp.com 6597834 ta003789		File Folder	2/3/2009 11:04 AM
efca7ff1-4d69-44fb-b1f9-96ad24e8fd46	edprodresults@labcorp.com 6600488 ta003789		File Folder	2/3/2009 11:04 AM
ffffff-0000-0000-0000-000000000002	edprodresults@labcorp.com 6602874 ta003789		File Folder	2/3/2009 11:04 AM
incomingHL7Files	edprodresults@labcorp.com 6612420 ta003789		File Folder	2/3/2009 11:04 AM
	edprodresults@labcorp.com 6633626 ta003789		File Folder	2/3/2009 11:04 AM
	edprodresults@labcorp.com 6639016 ta003789		File Folder	2/3/2009 11:04 AM
	edprodresults@labcorp.com 6650701 ta003789		File Folder	2/3/2009 11:04 AM
	edprodresults@labcorp.com 6655960 ta003789		File Folder	2/3/2009 11:04 AM
	edprodresults@labcorp.com 6660310 ta003789		File Folder	2/3/2009 11:04 AM
	edprodresults@labcorp.com 6679157 ta003789		File Folder	2/3/2009 11:04 AM
	edprodresults@labcorp.com 6681701 ta003789		File Folder	2/3/2009 11:05 AM
	edprodresults@labcorp.com 6707700 ta003789		File Folder	2/3/2009 11:05 AM
	edprodresults@labcorp.com 6724808 ta003789		File Folder	2/3/2009 11:05 AM
	edprodresults@labcorp.com 6727756 ta003789		File Folder	2/3/2009 11:05 AM
	edprodresults@labcorp.com 6749776 ta003789		File Folder	2/3/2009 11:05 AM
	edprodresults@labcorp.com 6767709 ta003789		File Folder	2/3/2009 11:05 AM
parsingErrorHL7Files				
PDFResultsInfoXMLFiles				





# Innovation

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Nicholas M Saraniti  
**Chief Executive Officer**

Commcare Pharmacy named a "Top 10 Innovation"

Commcare Pharmacy was named as one of the "Top 10 Innovations In Specialty Pharmacy" during a presentation at AMCP. From the article:

*Commcare developed a proprietary IT platform with dynamic functionality to support both physician relations and manufacturer-specific initiatives offering actionable product management insights.*





# Provider Data Import

Field Name	MS Access Data Type	Size	Req.?	Old Name	Description/Comment
cln_pk	Text	38	Yes	PK	Used only for database relations within this file.
cln_eurn	Text	20	No*	Urn	Encrypted URN (usually nine characters). Required if cln_first_name or cln_last_name is blank.
cln_client_id	Text	16	No	-	The ID that you use to identify clients.
cln_last_name	Text	40	No	Lname	
cln_first_name	Text	25	No	Fname	
cln_county	Text	4	No	-	FIPS code for the county. Must be a valid county code for the given State. If no state is given then this must be null as wel.
cln_zip	Text	9	Yes	Clntzip	Do not code the hyphen.
cln_phone	Text	25	No	-	Use any format.
cln_dob	Date/Time	n/a	Yes	Bmonth, Bday, Byear	Full DOB is required.
cln_gender	Text	1	Yes	Sex	Code for: <ul style="list-style-type: none"> <li>• 1 - Male</li> <li>• 2 - Female</li> <li>• 3 - Transgender</li> <li>• 6 - Refused to Report</li> <li>• 9 - Unknown</li> </ul>

## I Mapping Item - Medication - 0

Provider: **Children's Diagnostic Treatment Center missing Mappings**

Provider Code:

CW Code:

Save

Cancel

Use CAREWare codes for all

Provider Code	CW Code
<b>ACYCLOVIR</b>	acyclovir
ALBUTEROL	albuterol
ATRIPLA	Atripla (efavirenz/tenofovir/emtricitabine)
AZITHROMYCIN	azithromycin
BENZOYL	benzoyl peroxide
CHLORHEXIDINE	chlorhexidine gluconate
CLINDAMYCIN	clindamycin hydrochloride
COMBIVIR	Combivir (zidovudine/lamivudine)
CRIXIVAN	Crixivan (indinavir)
CYPROHEPTADINE	cyproheptadine hydrochloride
DAPSONE	Dapsone
DIDANOSINE	doxycycline hyclate
FEROSUL	ferrous sulfate

Continue

# INVEST IN TECHNOLOGY

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**NETWORK**

**FIND MORE EFFICIENT WAYS  
OF GATHERING  
INFORMATION**

**RESEARCH , RESEARCH ,  
RESEARCH**

**JOIN THE LISTSERVE**

✓ Accept | ? Tentative | ✗ Decline | ⌚ Propose New Time | 📅 Calendar...

### FW: Kickoff call-Jprog/Careware/Quest interface for Children's Diagnostic

Francois, Jeffrey on behalf of Rosen, Jen X [Jen.X.Rosen@questdiagnostics.com]

**Required:** Baker, Mary

**When:** Thursday, June 11, 2009 11:00 AM-11:30 AM.

**Location:** Conf line: 404-920-6610; part. code: 544743#

---

**From:** Rosen, Jen X [<mailto:Jen.X.Rosen@questdiagnostics.com>]  
**Sent:** Wednesday, June 10, 2009 11:33 AM  
**To:** Rosen, Jen X; Kyle Nguyen; Francois, Jeffrey  
**Subject:** Kickoff call-Jprog/Careware/Quest interface for Children's Diagnostic  
**When:** Thursday, June 11, 2009 11:00 AM-11:30 AM (GMT-05:00) Eastern Time (US & Canada).  
**Where:** Conf line: 404-920-6610; part. code: 544743#

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Dear CAREWare Users,

In the forthcoming CAREWare 5.0, we have revised the About CAREWare screen so that it lists organizations that have funded the development of substantial CAREWare features over the last few years. I am presenting that list here as well as an additional thanks to those who have helped improve CAREWare.

RW CAREWare 5.0 (Domestic and International Version)

***Children's Diagnostic & Treatment Center Inc. in Ft. Lauderdale, FL***

- \* Form Designer Tune up
- \* Report elements in Form Designer
- \* New Features in Custom Reports
- \* Service entry automation for relations
- \* PDI Manual Client Matching

# Discussion and Q&A

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Now it's time for you to turn your lemons into lemonade