



San Francisco Health Network
Behavioral Health Services

San Francisco Department of Public Health

Care Quality Network Information Exchange User Guide

March 4, 2021



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What is the Care Quality Information Exchange?

Care Quality Information Exchange is a mechanism for sharing client healthcare information in a secure and structured manner. It is made up of a network of Implementers, which include EHR vendors, HIEs, & clearinghouses. Care Quality utilizes a nationwide governance structure with clear technical and policy requirements.

Who is a part of the Care Quality Network? There are hundreds of members, but here are notable ones in San Francisco: SFDPH (Epic), Dignity Health, Chinese Hospital, Golden Gate Pediatrics, Noe Valley Pediatrics, Saint Francis Hospital, St. Mary's Hospital, and UCSF

If you want to see if a specific agency is part of the network, please visit the site below:

<https://carequality.org/active-sites-search/>



What information is shared?

Information that will be shared is contained on the CCDA (Continuity of Care Document) including the following:

- Care team members

- Medications

- Allergies

- Labs

- Immunizations

- Vitals

- Problem Lis

- Dates of encounter



What information is excluded?

- Clinical content of Behavioral Health notes
- Clinical content of the Behavioral Health assessments
- Information that requires specific authorization to release under federal law including Substance Use Disorder Treatment will be excluded.



What is the benefit of reviewing External Documents?

Reviewing external documents:

- Gives you a more well-rounded picture of your clients
- Helps you better coordinate between care team members
- Reduces redundant labs
- Allows for more informed prescribing practices
- Assist you to see recent psychiatric inpatient and PES services
- Counts towards productivity (if entered as ADM99)
- Can be billable (see next slide for details)



What is the benefit of viewing External Documents?

When can review of documents be billable?

DHCS IN 17-040, states that "record review is reimbursable when performed as part of the following services and service activities: assessment, plan development collateral rehabilitation, therapy, targeted case management, medication support services and crisis intervention."

Additionally, if a provider reviews a chart in preparation for a session, but the client is a no show- the time for chart review is still reimbursable, "as long as the provider documents the circumstances of the beneficiary no-show, the time spent to review the chart in preparation for the beneficiary's appointment is reimbursable. The provider may submit another claim for chart review prior to the beneficiary's next appointment, as long as the time is reasonable and in preparation for the beneficiary's appointment."

The new guidelines for E/M codes based on total time now includes non-face-to-face work related to the visit including preparing to see the patient (eg, review of tests), obtaining and /or reviewing separately obtained history. (Source - AMA)



When to look for External Documents?

The relevance of reviewing external documents may depend on your role as a practitioner and client circumstances.

“If you have been made aware that your client has recently been admitted to PES or Psych Inpatient, you can review external documents to see their visit history and reason for visit”

“As a prescriber, I would use Carequality to get information about a patient’s medical conditions, list of meds (for med reconciliation, potential interactions with psych meds), labs (to prevent redundant ordering), medical appointment dates.”



Is separate consent required?

- No. According to HIPAA, information for the purposes of treatment or coordination of care can be shared without express consent from the client
- BHS is adopting the same implementation guidelines as San Francisco Department of Public Health (SFPDH) Primary Care where all clients are opted-in the information exchange unless the client specifically opts out.
- Treatment services that are covered by 42CFR (substance abuse treatment services) are excluded from this exchange.



Roll Out

- New Clients: The Consent for Treatment Form has been updated to include language about information sharing
 - For all new clients who are opened after 4/30/2021, use the new Consent for Treatment Form.
- Existing clients: Each clinic can decide how to handle informing existing clients. Below are some options:
 - Review new consent form as part of the annual review
 - Verbally review the ability to opt out
 - Post the Opt out flyer in your clinic



Recommendations

- If you already use Epic CareLink to view information in Epic, you should continue to do so as CareLink provides more detailed and actionable information. Note that other information (e.g.: St Francis/St Mary's) may only be available through Care Quality
- If you do not have Epic CareLink, then use Care Quality to view external information.
- BHS strives to improve notifications of when clients go to PES or the ZSFGH Psychiatric Inpatient Unit. To this end, we hope to make modifications to the current inpatient widget. If you receive notification that your client has had a crisis visit, it is highly recommended that you review external documents.
- Currently BHS is not mandating the review of external documents. However, this information is vital to client care and may be reviewed in the event of an unusual occurrence.



Talking points

Here are some possible talking points you may consider when speaking with your clients about information sharing:

"Our behavioral health services is committed to your maintaining your good health, both mentally and physically. To do this, we selectively share medical information with your doctors so they can make the best decisions about your medical care."

"We are committed to maintaining your total health--both mentally and physically. To help your doctors make the best decisions (about your medical care), we share limited information with them."



City and County of San Francisco
Department of Public Health
COMMUNITY BEHAVIORAL HEALTH SERVICES

Name _____

BIS # _____

**CONSENT for Community Behavioral Health Services
Mental Health/Drug and Alcohol Treatment Programs**

Client's Name

I consent to treatment services provided by San Francisco's Community Behavioral Health Services (CBHS) at _____.

I understand that any proposed treatment will be explained to me by my (my dependent's) provider, including the risks, benefits, and reasonable alternatives. I understand that I will have an opportunity to ask questions and have my questions answered.

I understand that CBHS programs provide clinical experiences for a variety of behavioral health trainees. I understand that these individuals, who are under the direction of the supervising clinical staff, may provide treatment to me (my dependent).

I understand my health information may be shared via secure network to authorized health care providers/ organizations for the purpose of providing treatment, coordinating care, and for quality improvement. The behavioral health information may include, but is not limited to: care team members, medications, allergies, current and past lab results, immunizations, vital signs, and dates of encounters. This excludes SUD Treatment covered by 42CFR Part 2. I understand that I may opt out at any time.

Aside from authorized health care providers outlined above, I understand that my (my dependent's) treatment records are confidential and may be disclosed only as outlined in the DPH Summary Notice of Privacy.

I understand CBHS providers are mandated to report to the appropriate authorities, as required by state and/or federal laws, when (1) my provider believes that I (my dependent) may hurt myself (him/herself) or someone else, or (2) my provider suspects child, dependent adult, or elder abuse. I have read this consent, received a copy, and accept its conditions. I also understand that I can withdraw my consent and stop receiving services from this program at any time.

Signature or Signature or Mark: _____
client/parent/conservator/other legal representative

Date: _____ Time: _____ A.M./P.M.

If signed by someone other than the client, please state your legal relationship to the client:

If a minor is either 1) emancipated, or 2) 12 years old or older and qualifies for services under Family Code section 6924 and/or 6929, he/she may consent to services and sign this form on his/her own behalf.

If the adult client is unable to provide his or her full signature and does not have a legal representative, his or her mark must be witnessed by two people.

Witness 1: _____
Signature _____ Print Name & Title _____

Witness 2: _____
Signature _____ Print Name & Title _____



How do inform clients of the ability to opt out?

- Clients have the ability opt out by submitting the opt out form to BHS Medical Records
- As with all new clients, review consent for treatment, which includes how information can be shared and their ability to opt out.
- For existing clients, review the consent for treatment at their annual review (anniversary)
- Flyer/poster regarding how to opt out is available
- The Opt Out form will be posted online
- If the client wants to opt out, clinicians should provide the Opt Out form. You may want to review the benefits of Care Quality along with the risks of not participating.
- You can help the client fax the form to DPH BHS HIM at (415) 252-3001.
- Let the client know to allow five (5) business days for DPH BHS HIM to process that request

Notice of Care Quality Network Information Exchange

What is Care Quality Network Information Exchange? The Care Quality Network is a secure way of sharing your health information electronically with authorized doctor's offices, hospitals, labs, and other health care providers.

What is the benefit of sharing information? The benefit of allowing electronic information sharing is to ensure that providers involved in your care have the most updated and comprehensive information when coordinating and making decisions with you about your care.

What information is included? Behavioral Health information may include, but is not limited to: care team members, medications, allergies, current and past lab results and dates of encounters.

What information is not included? The contents of notes and assessments written by your BHS treatment providers or information that requires your specific authorization to release under federal law including Substance Use Disorder Treatment.

Who can see my records? Only health care providers who are involved in your treatment who have specific access to the Care Quality Network will be able to view your records.

Are there risks to opting out? Yes. The goal of the information sharing is to allow your providers to more quickly share your behavioral health and physical health information. By opting out of this exchange of information, your providers will have less information about you when making decisions about your healthcare and when making decisions about your care with you.

I don't want to Participate, How do I Opt out? Please request the Opt Out form from your treatment provider. You can fax the form or ask your treatment provider to fax the request to DPH BHS HIM at (415) 252-3001. Please allow five (5) business days for DPH BHS HIM to process that request. Your choice to opt-out will not affect your ability to access care. You can change your mind about participating or not at any time.



City and County of San Francisco
Department of Public Health
BEHAVIORAL HEALTH SERVICES

Name: _____
Last: _____ First: _____
Date of Birth: _____
BIS # (if known): _____

Opt Out/Rescind Out of Care Quality Network Information Exchange

This form is to be used to indicate that you do not wish to participate in the secure electronic sharing of information between Behavioral Health Services and other treatment providers involved in your care. You can also use this form to rescind a previous decision to opt out. Please read the following information carefully before submitting this form.

What is Care Quality Network Information Exchange? The Care Quality Network is a secure way of sharing your health information electronically with authorized doctor's offices, hospitals, labs, and other health care providers.

What is the benefit of sharing information? The benefit of allowing electronic information sharing is to ensure that providers involved in your care have the most updated and comprehensive information when coordinating and making decisions with you about your care.

What information is included? Behavioral Health information may include, but is not limited to: care team members, medications, allergies, current and past lab results and dates of encounters.

What information is not included? The contents of notes and assessments written by your BHS treatment providers or information that requires your specific authorization to release under federal law including Substance Use Disorder Treatment.

Who can see my records? Only health care providers who are involved in your treatment who have specific access to the Care Quality Network will be able to view your records.

Are there risks to opting out? Yes. The goal of the information sharing is to allow your providers to more quickly share your behavioral health and physical health information. By opting out of this exchange of information, your providers will have less information about you when making decisions about your healthcare with you.

I don't want to Participate. How do I Opt out? Your health information will be visible to your service providers unless you complete and fax this form to DPH BHS HIM at (415) 252-3001. Please allow five (5) business days for us to process that request. Your choice to opt-out will not affect your ability to access care. You can change your mind about participating or not at any time.

☐ **Opt-Out:** I do not want my Behavioral Health information to be shared electronically with other treatment providers.

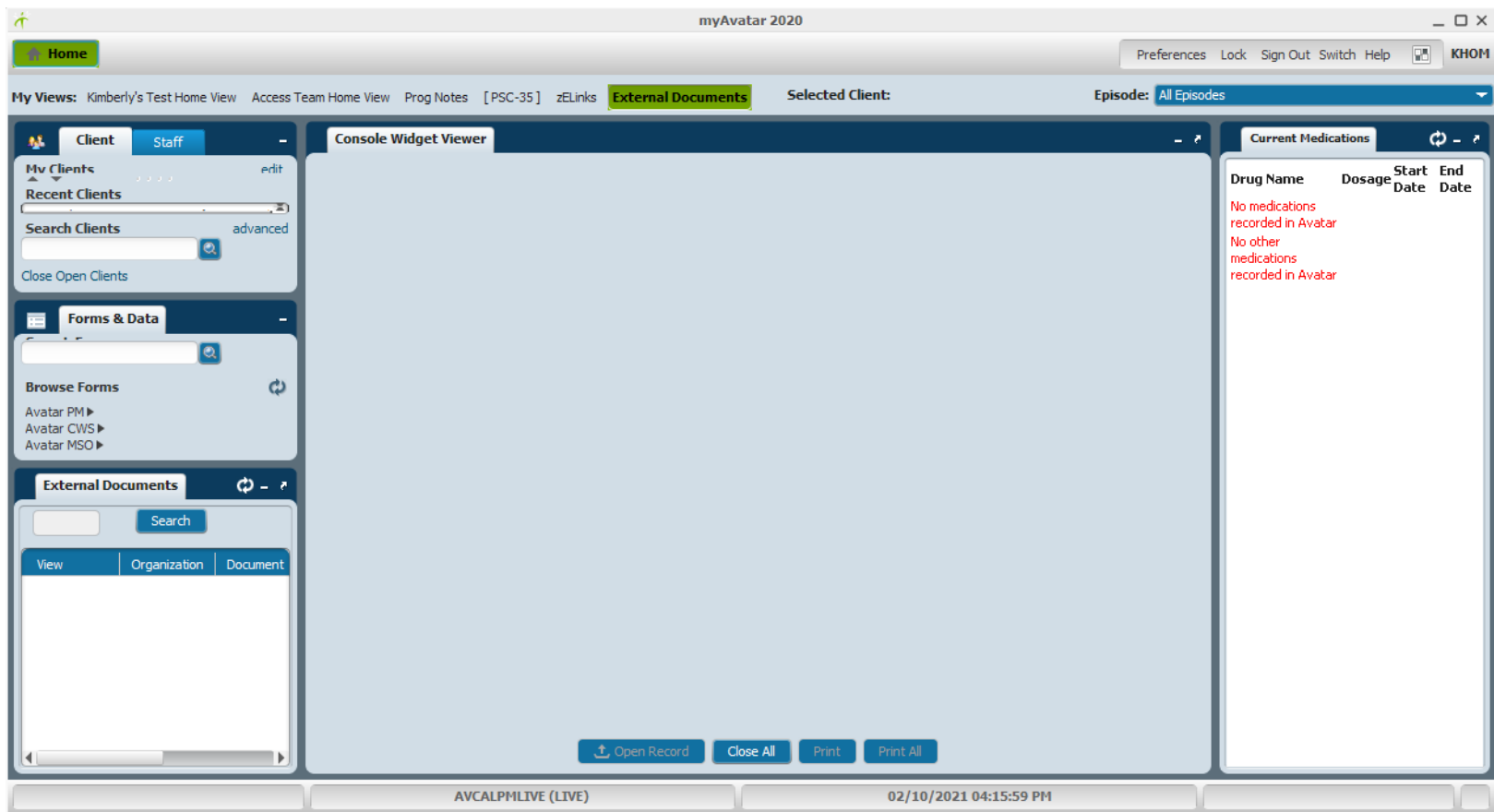
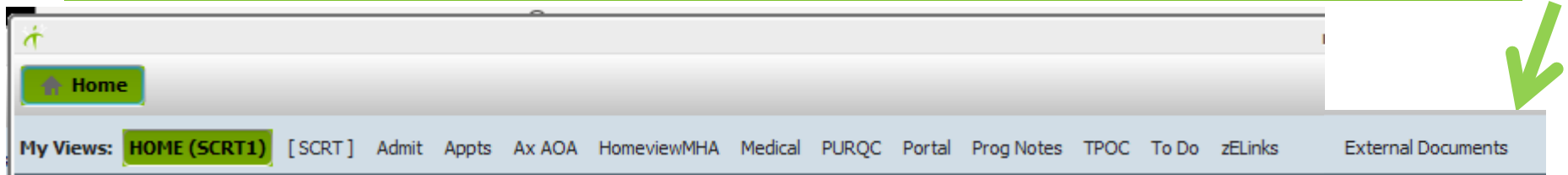
☐ **Cancel Opt-Out:** I cancel my previous decision to opt-out. I allow my Behavioral Health information to be accessible to my other treatment providers.

Signature: _____ Date: _____
client/parent/conservator/other legal representative
Relationship if other than the client: _____

Note: Federal and state regulations allow your behavioral health and physical health information to be shared verbally and in writing between providers giving you care. For more information about how your healthcare information is shared and your rights, see the "Notice of Privacy Practices." You signed a receipt of this Notice on the first day that you received services at DPH. You can ask your provider for a copy.



External Documents Console





Select the client

You can highlight a client from “My Clients” or “Recent Clients”

You can also enter client name (search by Last Name, First Name) or enter the BIS #

Client Staff

My Clients [edit](#)

>Test, Hans (999057915)

Recent Clients

Testclient, Summary Y Sr Dr (000000001)

Zzztest, Bpamone (999086888)

Search Clients [advanced](#)

[Close Open Clients](#)



External Document Widget

The External Document widget will be populated with viewable documents

View	Organization	Document Name	Date	Status
View	San Francisco Department of Public Health (SFPDH)	Continuity of Care Document	02/05/2021	
View	San Francisco Department of Public Health (SFPDH)	Continuity of Care Document	02/05/2021	
View	San Francisco Department of Public Health (SFPDH) (ZSFG Pediatric Urgent Care Center)	Orders Only Summary	01/29/2021	
View	San Francisco Department of Public Health (SFPDH) (ZSFG PC MEDICAL AT B5 RFPC)	Research Telephone Summary	01/28/2021	
View	San Francisco Department of Public Health (SFPDH) (Ward 94 TB Clinic)	Orders Only Summary	01/26/2021	
View	San Francisco Department of Public Health (SFPDH) (ZSFG PC MEDICAL AT B5 RFPC)	Orders Only Summary	01/26/2021	
View	San Francisco Department of Public Health (SFPDH) (DPH WPIC TW STREET MEDICINE)	Clinical Support Summary	01/26/2021	
View	San Francisco Department of Public Health (SFPDH) (ZSFG Children's Health Center)	Orders Only Summary	01/25/2021	
View	San Francisco Department of Public Health (SFPDH) (DPH Carelink ZSFG Occupational Health)	Orders Only Summary	01/25/2021	

You can change the width of the columns by clicking and dragging the vertical white lines.
You can pop the widget out and expand it by clicking the curly arrow
Click "View" to see the contents of the document



View the document in the Console Widget Viewer

Console Widget Viewer

Continuity of Care Document X

Show: ☐ 4 sections ☐ 8 sections ☐ 12 sections ☒ All sections

Bpamone Zzztest

Address	Phone	Birth Date	Sex	Race(s)	Ethnicity	Marital Status	Language	IDs
1001 potrero avenue Apartment 9 SAN FRANCISCO, CA 94110	Home: +1-415-123-4567 Work: +1-628-355-5555 Cell: +1-628-355-5555 mailto:rochell.smith@gmail.com mailto:rochell.smith@sfdph.org mailto:one@one.com mailto:rochellsmith83@aol.com mailto:rochellsmith83@yahoo.com mailto:rochellsmith83@hotmail.com	05/06/1985	Female	Black or African American		Single	Chinese	DPH0010209

Purpose	Time Period	Document ID	Created On
Clinical Summary	05/06/1985 - 02/05/2021		02/05/21 2:14:04 PM PST

Active Problems

Patient Care Coordination Note

Test number 2

Testing for WPIC Go-LIVE 11/8 - Please disregard

You can determine how many sections to view by clicking “4,8, or 12 sections” The system will default to showing ALL sections



Sample Sections you may see

- Sections to show
- Demographics
- Active Problems
- Additional Health Concerns
- Encounter Details
- Goals
- Interventions
- Related Goals and Interventions
- Treatment Plan
- Resolved Problems
- Reason for visit
- Progress Notes
- Miscellaneous Notes
- Social History
- Visit Diagnosis

What you see depends on the type of documentation done by that clinic. For example, an immunization clinic may not have Treatment Plan.



Saving the External Document

Show: ☐ 4 sections ☐ 8 sections ☐ 12 sections ☒ All sections

Bpamone Zzztest

Address	Phone	Birth Date	Sex	Race(s) Ethnicity
1001 potrero avenue Apartment 9 SAN FRANCISCO, CA 94110	Home: +1-415-123-4567 Work: +1-628-355-5555 mailto:rochell.smith@gmail.com mailto:rochell.smith@sfdph.org mailto:one@one.com mailto:rochellsmith83@aol.com mailto:rochellsmith83@yahoo.com mailto:rochellsmith83@hotmail.com	05/06/1985	Female	Black or African American

Purpose	Time Period	Document ID	Created On
Clinical Summary	12/27/2020 - 01/26/2021		02/10/21 5:08:20 PM PST

Reconcile Save Close All Print Print All

You can save the external document for later viewing the Client's Chart View



Reviewing in Chart View

ZZZTEST,BPAMONE (999086888)
F, 35, 05/06/85
Ht: 5' 5", Wt: 140 lbs, BMI: 23.3

Chart

Overview

- CANS CYF 5/18 Reassessment / O
- CANS CYF 0/4 Assessment
- CANS CYF 0/4 Closing Summary
- CANS CYF 5/18 Assessment
- CANS CYF 5/18 Closing Summary
- CANS MD
- CYF MD Closing Summary

Adult Clinical

- Initial Risk Assessment (A/OA)
- Adult/Older Adult Assessment (Shr)
- Adult/Older Adult Assessment (Lor)
- Adult/Older Adult Treatment Plan
- Adult/Older Adult Closing Summary

Adult Medical

- Psychiatric Assessment Form
- Psychiatric Plan of Care
- ANSA Outcomes Rating
- Health Monitoring (Adult)
- Vitals Entry

Administrative

- Admission (Outpatient)
- CSI Admission
- Episode Guarantor Information
- Admission Referral Information
- Contact Information
- Forms
- Update Client Data
- Discharge (Outpatient)
- Vocational and Regular Meaningful

SUD

- SUD Level of Care Recommendation

Documents

- Continuity Of Care Document

Client Views

- MHS 140

CLIENT EPISODES

Epi	P
1	A

Progress Notes

Previous: 30 days

Selection: All Notes



No information found.




NO SHOWS-open episodes

Open the Client's Chart View by double clicking on the client's name. A new section will appear that lists the Continuity of Care Document.

Click the word to see the details

Select the Document and click View

Chart  

Overview    **Continuity Of Care Document**

Admission Referral Information
Contact Information
Forms
Update Client Data
Discharge (Outpatient)

Retired Forms
CYF 0-4 Treatment Plan Of Care
CYF Treatment Plan of Care
CANS CYF 0/4 Reassess / OTR
CANS CYF 5/18 Reassessment / OTR
CANS CYF 0/4 Assessment
CANS CYF 0/4 Closing Summary
CANS CYF 5/18 Assessment
CANS CYF 5/18 Closing Summary
CANS MD
CYF MD Closing Summary

Adult Clinical
Initial Risk Assessment (A/OA)
Adult/Older Adult Assessment (Sh)
Adult/Older Adult Assessment (Lor)
Adult/Older Adult Treatment Plan (Lor)
Adult/Older Adult Closing Summary

Adult Medical
Psychiatric Assessment Form
Psychiatric Plan of Care
ANSA Outcomes Rating
Health Monitoring (Adult)
Vitals Entry

Administrative
Admission (Outpatient)
CSI Admission
Episode Guarantor Information
Admission Referral Information
Contact Information
Forms
Update Client Data
Discharge (Outpatient)
Vocational and Regular Meaningful

SUD
SUD Level of Care Recommendation




Documents
Continuity Of Care Document

Client Views
MHS 140

Non-Episodic (15) 1: ACCESS Screening (0)
11/24/2020 - Active

	View	Print	Client ID	Client Name	Episode	Linked Record	Document Description	Document Date	D
<input checked="" type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	12/09/2020		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	12/15/2020		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	12/15/2020		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	12/15/2020		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	12/15/2020		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	12/15/2020		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	01/07/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	01/07/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	01/07/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	01/07/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	01/07/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	01/07/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	02/05/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	02/05/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	02/10/2021		
<input type="checkbox"/>	<input type="checkbox"/>	999086888	ZZZTEST,BPAMONE	Nonepisodic		Continuity of Care Document	02/10/2021		

Document List

 View  Print Selected  Close All Documents



View External Document

Chart

Overview

- Admission Referral Information
- Contact Information
- Forms
- Update Client Data
- Discharge (Outpatient)

Retired Forms

- CYF 0-4 Treatment Plan Of Care
- CYF Treatment Plan of Care
- CANS CYF 0/4 Reassess / OTR
- CANS CYF 5/18 Reassessment / O
- CANS CYF 0/4 Assessment
- CANS CYF 0/4 Closing Summary
- CANS CYF 5/18 Assessment
- CANS CYF 5/18 Closing Summary
- CANS MD
- CYF MD Closing Summary

Adult Clinical

- Initial Risk Assessment (A/OA)
- Adult/Older Adult Assessment (Shr
- Adult/Older Adult Assessment (Lor
- Adult/Older Adult Treatment Plan c
- Adult/Older Adult Closing Summary

Adult Medical

- Psychiatric Assessment Form
- Psychiatric Plan of Care
- ANSA Outcomes Rating
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- Admission (Outpatient)
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- Vocational and Regular Meaningful

SUD

- SUD Level of Care Recommendation

Documents

Continuity Of Care Document

Non-Episodic (15) 1: ACCESS Screening (0)
11/24/2020 - Active

Continuity of Care Document

Document List [X] ZZZTEST,BPAMONE (999086888) - Continuity of Care Document



Q and A

How does this show up in CareLink (this is Epic's provider portal)? The information will show up in CareEverywhere. See next slides

Who can see BHS information in CareEverywhere (this is Epic's vendor Health Information Exchange)? The named partner with whom we share information is SFDPH . As such, other Epic users like Kaiser would not be included.

Can external providers be able to re-release information from Avatar? Epic users should not re-release information from Avatar

Can we re-release external documents that were not created within Avatar? Avatar users should not re-release information from Epic



Epic Care Everywhere

Hyperspace - ZSFG EMERGENCY - Production Environment (PRD) - MADHUMITA D.

88 9 4 : Chart Completion 8

Epic In Basket My Reports SlicerDicer ED Chart Patient Station Record Viewer MD Resources PagerBox eDrive Efficiency Tips Efficiency Tips

Zzztest, Bpamone

Snapshot Chart Review Patient Summary Order Inquiry Specimen Inquiry Review Flowsheets Results Allergies History Problems Demogr... Letters Manager Patient... Care E... Report...

Care Everywhere Outside Records

Request Updates Query New Organization

Home Documents

	New Info Received	Last Request	Available Information
San Francisco Department of Public Health - Behavioral Health Services San Francisco DPH	2/12/2021	2/12/2021	Documents
Share Everywhere	7/16/2020		Documents

Bpamone Zzztest
Female, 35 y.o., 5/6/1985
MRN: 200009518
Preferred Language: Chinese
Code: Prior (has ACP docs)

Search

COVID-19: Unknown
Infection: CRE, Rule out Influenza

Provider Not In System
PCP - General
Primary Cvg: Medicare/Part A...

Allergies (2)

SOCIAL DETERMINANTS

Pharmacy: SFGH OUTPATIENT PHARMACY - SAN FRANCISCO, CA - 1001 POTRERO
SSN: 000-00-0001

Wt: 73 kg (161 lb)
BMI: 25.27 kg/m² !
BP: 120/80 > 1 day

LAST 10 VISITS
Behavioral (6), OBGYN.

Care Everywhere

Epic Care Everywhere Outside Records

Hyperspace - ZSFG EMERGENCY - Production Environment (PRD) - MADHUMITA D.

Epic In Basket My Reports SlicerDicer ED Chart Patient Station Record Viewer MD Resources PagerBox eDrive Efficiency Tips Efficiency Tips

Zzztest, Bpamone

BZ

Bpamone Zzztest
Female, 35 y.o., 5/6/1985
MRN: 200009518
Preferred Language: Chinese
Code: Prior (has ACP docs)

COVID-19: Unknown
Infection: CRE, Rule out Influenza

Provider Not In System
PCP - General
Primary Cvg: Medicare/Part A...

Allergies (2)

SOCIAL DETERMINANTS

Pharmacy: SFGH OUTPATIENT PHARMACY - SAN FRANCISCO, CA - 1001 POTRERO
SSN: 000-00-0001

Wt: 73 kg (161 lb)
BMI: 25.27 kg/m² !

Care Everywhere Outside Records

Request Updates Query New Organization Filters Clear All Filters Review Document

Home Documents

Filters: ☐ External Communication ☐ Outpatient Evaluation And Management

Date	Type	Dept. Specialty	Providers	Document Source	Description
2/12/2021	Outpatient Evaluation A...	General Medicine		San Francisco DPH (San Francisco Department of Public Health - Behavioral	
7/16/2020	External Communication		TESTING - MyChart A...	Share Everywhere	
1/2/2020	External Communication		Rochell Smith	Share Everywhere	

Epic Care Everywhere Document Sections

Epic | In Basket | My Reports | SlicerDicer | ED Chart | Patient Station | Record Viewer | MD Resources | PagerBox | eDrive | Efficiency Tips | Efficiency Tips | 88 | 9 | 4 : Chart Completion | 8 | - | X

Zzztest, Bpamone | MADHUMITA D. | ASAP

BZ | Snapshot | Chart Review | Patient Summary | Order Inquiry | Specimen Inquiry | Review Flowsheets | Results | Allergies | History | Problems | Demogr... | Letters | Manager | Patient... | Care E... | Report...

2/12/2021 Outpatient Evaluation And Management - San Francisco Department of Public Health - Behavioral Health Services

BPAMONE ZZZTEST | Summary of Patient Chart, generated on Feb. 12, 2021 | [Jump to Section](#)

Patient Demographics - 35 y.o. Female; born May 06, 1985

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1001 potrero avenue Apartment 9 San Francisco, CA 94110	415-123-4567 (Home) 628-335-5555 (Work) 628-355-5555 (Mobile)	Unknown	Unknown / Hispanic or Latino	Unknown

Functional Status
No Results

Mental Status
No Results

Allergies

Name	Onset Date	Reaction	Severity
STRAWBERRY (Allergy)	Tue Jan 05 07:00:00 EST 2021	Congestion	Mild

Encounters

Program Name	Primary Diagnosis	Admission Date/Time	Discharge Date/Time
ACCESS Screening	Schizophrenia	Tue Nov 24 17:43:00 EST 2020	

Immunizations
No Known Immunizations

Lab Results
No Known Laboratory Results

Medical Equipment
No Known Medical Equipment

Medications
No Known Medication Information

Treatment Plan
No Treatment Plan Information

BPamone Zzztest
Female, 35 y.o., 5/6/1985
MRN: 200009518
Preferred Language: Chinese
Code: Prior (has ACP docs)

COVID-19: Unknown
Infection: CRE, Rule out Influenza
Provider Not In System
PCP - General
Primary Cvg: Medicare/Part A...

ALLERGIES (2)

SOCIAL DETERMINANTS

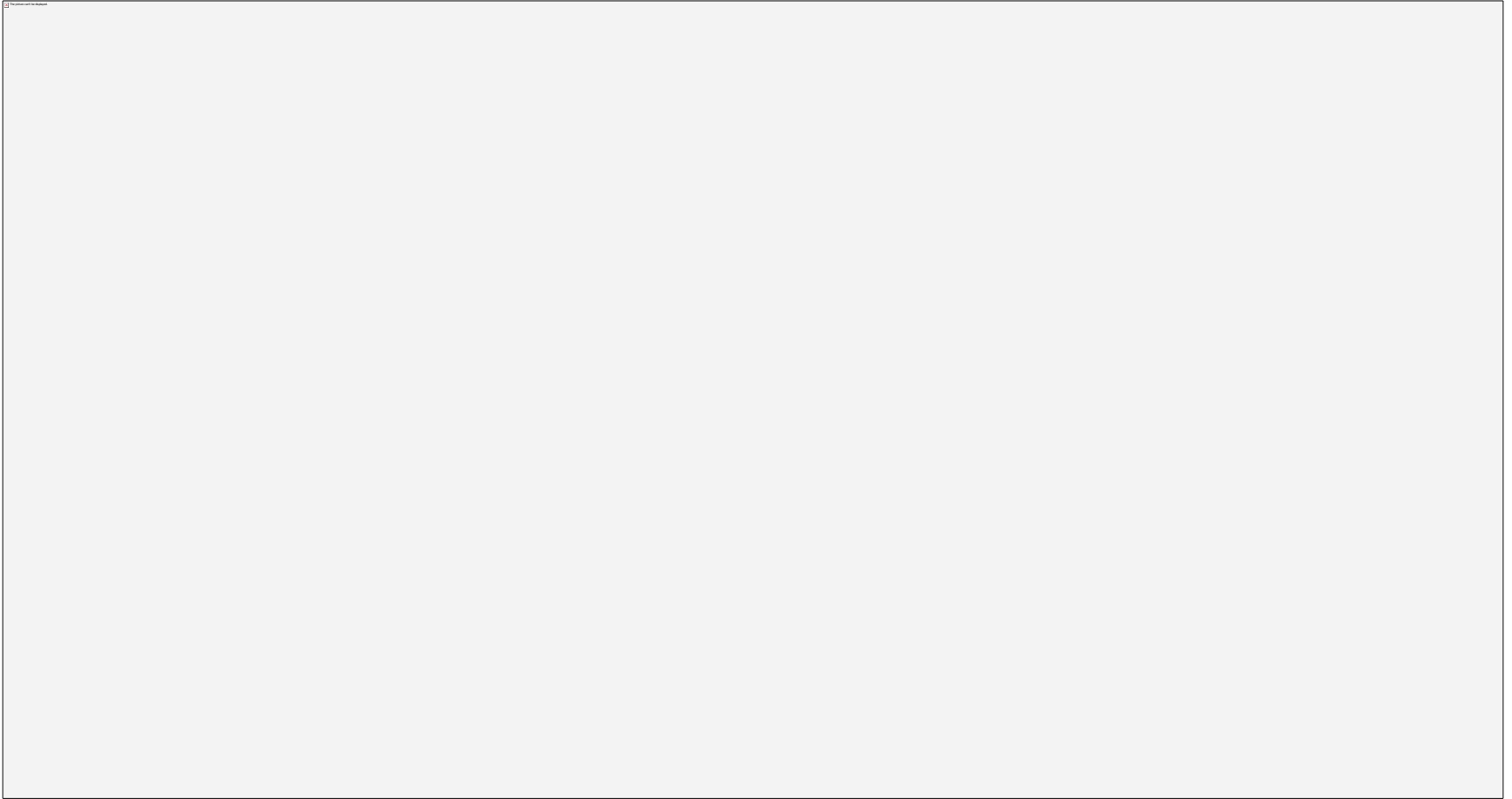
Pharmacy: SFGH OUTPATIENT PHARMACY - SAN FRANCISCO, CA - 1001 POTRERO
SSN: 000-00-0001

Wt: 73 kg (161 lb)
BMI: 25.27 kg/m² !
BP: 120/80 > 1 day

LAST 10 VISITS
Behavioral (6), OBGYN.



Epic Care Everywhere Document Sections (cont.)





Resources

If you would like to view a complete list of providers and partners who are members of the Care Quality Network, click the link below

<https://carequality.org/active-sites-search/>

Click below to learn more about information exchange

<https://carequality.org/>

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