

MIS Data Collection - Example Scenarios

(Updated April 2018)

Scenario	Provider	Direct In Person	Direct Phone	Direct Mail or Fax	# Group Attendees / Sessions	Comments
1. MD supervises/mentors a NP for a procedure or new skill and provides consultation only.	MD					Even though it is in the presence of a client, the MD is only acting in a consultative role.
	NP	1				
2. MD supervises a NP for a procedure and provides hands on instruction. For example, the NP does the mole excision and the MD sutures.	MD	1				
	NP	1				
3. Patient seen on Wednesday - paperwork related to this appointment completed on Thursday. <b>“Paperwork” includes diagnostic or lab requisitions that would otherwise have been done during the actual appointment.</b>	Any	1 (Wednesday)				No contacts recorded on Thursday UNLESS the paperwork resulted from additional information obtained.
4. Where tariff’s 8000 (nurse order) or 8003 (i.e. coumadin adjustment) are required. Nurse follows up with patient in person.	MD/NP					
	PCN	1				
5. If an abnormal result comes back that requires follow up and the MD/NP asks the PCN to phone the patient to follow up.	MD/NP					
	PCN		1			
6. Prescription is written for a patient and given to the patient at the time of the appointment.	MD/NP					No contacts recorded. Prescriptions are considered a support function to an appointment.
7. Pharmacy calls requesting a prescription refill. MD/NP reviews the chart, faxes the prescription and documents in the chart. This is taking the place of an in person appointment.	MD/NP		(May be recorded here if Rx is called into the pharmacy instead of faxed)	1		Request from pharmacist for a prescription refill(s) is therapeutic in nature and replaces a face to face contact. Is therefore recorded as a Direct by mail or fax.
8. Pharmacy calls MD/NP to clarify a prescription.	MD/NP					No contacts recorded. Prescription clarification is considered a support function of prescribing.

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						support function to an appointment.
9. The appointment is for a guardian but she also asks the physician to assess a health issue with her young child (who has come along with her to the appointment). An appreciable amount of time is spent assessing and providing medical advice regarding the child.	Any	2				Documentation must occur in both the woman's and the child's health record.
10. A family member makes an appointment and comes into the clinic to see a MD/NP to specifically discuss a demented parent (who is a patient of the clinic) and strategize on how best to manage the care of that individual.	MD/NP	1				For Shadow Billing purposes this would be a billable encounter as a Family Conference under the patient's name and therefore count as a Direct MIS contact.
11. Client is scheduled to attend a diabetes clinic that is run by a PCN and Dietitian. Client is scheduled with both the PCN and the Dietitian.	PCN	1				
	Dietitian	1				
12. The Dietitian runs a group that has 4 patients. One of the patients brings his wife as a support. The wife (support person) monopolizes the discussion.	Dietitian				5 Attendees/1 Group	Even though the wife is attending as a support, she is still counted as an attendee.
13. Two Shared Care Counsellors co-facilitate a therapy group for 9 clients. The information presented is common to both facilitators.	SCC #1				9 Attendees/1 Group	Only SCC #1 records the group MIS information, otherwise it is considered duplication.
	SCC #2				0 Attendees/0 Groups	
14. A PCN and Dietitian take turns presenting to a Diabetes group with 9 attendees. For example, the PCN presents for an hour and then the Dietitian presents for an hour. Both are on hand for a half hour Q&A at the end of the session.	PCN				9 Attendees/1 Group	The reason each counts 18 is related to role based distinction of information sharing. The PCN will provide different info/content than the Dietitian would.
	Dietitian				9 Attendees/1 Group	
15. In the diabetes group example above, 2 clients stay afterwards to ask the PCN specific questions pertaining to their care plan to which the Nurse provides therapeutic, documented advice. One client stays and asks the Dietitian a general nutrition question but the encounter is not documented.	PCN	2				Encounters must meet criteria for Direct MIS contact.
	Dietitian	0				Since conversation with the Dietitian is general and not documented it is not recorded as a Direct MIS contact.
16. During an appointment the PCN encounters an	PCN	1				

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issue that is outside of his/her scope of practice and requires consultation with a MD or NP. <b>Consultation occurs in the hallway.</b>	MD/NP					
17. During an appointment the PCN encounters an issue that is outside of his/her scope of practice and requires consultation with a MD or NP. <b>The MD or NP comes into the room to assess the patient and provide advice.</b>	PCN	1				
	MD/NP	1				
18. During an appointment the PCN encounters an issue that is outside of his/her scope of practice and requires consultation with a MD or NP. <b>The consult begins in the hallway, but ultimately, the MD or NP comes into the room to assess the patient and provide advice.</b>	PCN	1				
	MD/NP	1				
19. Consult, diagnostic report, eChart review or tasks with messages added to the chart are reviewed by MD/NP. <b>No follow up is required with the patient.</b>	MD/NP					Reviewing results is a supporting function of the original appointment. No MIS contacts are recorded.
20. Consult, diagnostic report, eChart review or tasks with messages added to the chart are reviewed by MD/NP. <b>Patient is required to come into the clinic for a follow up appointment.</b>	MD/NP	1 (day of appt)				Direct MIS contact is recorded when the follow up appointment actually occurs. No contact info recorded at time of reviewing the result.
21. Third Party request for release of Personal Health Information (i.e. Disability Tax Credit, Income Assistance, etc.) – patient physically attends an appointment with provider	MD/NP	1				If no appointment takes place/patient does not present in person, would not count as Direct MIS contact
22. Internal Program related communications happen via fax that have replaced an appointment (Home Care communication to PCP around medication reconciliation or treatment orders)	MD/NP			1		