UNC GI Clinical Policies

This document clarifies faculty members' clinical responsibilities to the Division. Most policy below is already stated in various Division documents, however, we aim below to bring it all into one place, clarify any ambiguity, and provide a succinct working document for the Division. The goal is to be fair and transparent. Almost all faculty members meet and most routinely exceed these baseline responsibilities.

1. **Clinical Assignments:** Clinical assignments are made in April for the fall semester and October for the spring semester. Faculty members will be sent preliminary assignments to review before they are finalized.
    - The Division Chief and Associate Chief for Administration calculate clinical percentage, based on the faculty member's role in the Division and the proportion of non-clinical salary support (research grants, education stipends, and HCS funding), administrative responsibilities (clinic and procedure directorships), and terms specified in individual faculty members' contracts. Note that faculty members whose salaries far exceed the NIH Salary Cap (currently approximately $190,000) may be asked to help us decrease the Divisional cost-share by tapping into trust funds or other sources.
    - Clinical effort (cFTE) is then calculated as FTE x clinical percentage effort. For instance, for a full time faculty member with 50% effort: 1.0 FTE x 50% = 0.5 cFTE.
    - Each 0.1 cFTE translates into one-half day of clinical work per week. Faculty who are 100% clinically funded (1.0 cFTE) will be given 1-2 half-days per week of discretionary time to pursue academic interests. The specific distribution of clinic, procedures, and motility work is determined based on faculty members' interests and the division's needs.
    - Those whose weekly responsibilities fall short of the time commitment of their calculated cFTE will be assigned flexible slots, which can be applied to unfilled endoscopy slots (due to luminal consult service, vacation and conferences) and to precept in the fellows' clinics.
    - Luminal attendings without any flexible slots may still be asked to attend a small number of fellows' clinics to help us make up any shortfall due to inadequate available staffing, and to allow the fellows to work with a variety of attendings in these venues.
    - Luminal consult attending assignments are made once each year (in April). The number of weeks assigned to the consult service is based on Divisional needs, external funding, academic rank (Assistant Professors > Associate Professors > Professors) and age (those 65 years and older are typically exempt).
    - Hepatology consult attendings assignments are managed by the Chief of Hepatology. Hepatology attendings will not appear in the luminal consult attending schedule.

2. **Vacation and Conference**
    - Each full-time faculty member is entitled to 2 weeks of vacation each semester (4 weeks/year).
    - Each full-time faculty member is entitled to 0.5 weeks of conference each semester (1 week/year).

- Faculty member should report any vacation days to Jo Stevens by the last day of the month. Jo will enter it into the UNC payroll system.
- Faculty members spend their non-clinical time in the locations required by these duties. Some time off campus is expected as part of academic activities.
- Clinical obligations must be filled on campus or at a UNC GI satellite site as described below.
- Additional information about the UNC Faculty leave and holiday policy is available here.

3. Expectations for Conferences

- All faculty members are expected to help train fellows.
- Faculty members are also expected to attend and participate in core GI Division conferences. Lack of participation may be reflected in annual bonuses.

4. Expectations for Clinic

- Closing Clinics: *Faculty members may close up to 5 clinics per session per year for vacation, conference or personal needs.* Total clinic responsibility is therefore 47 weeks, minus any clinical holidays that fall on assigned clinic days. To calculate the actual number of clinics that should be attended, multiply 47 by the number of half-days spent in clinic per week, and subtract any clinics that fall on a holiday or clinics that fall on luminal consult service. (i.e., those who attend 1 clinic/week may close 5 clinics/year; those who attend 2 clinics/week may close 10 clinics/year; those who attend 3 clinics/week may close 15 clinics/year; etc.). Beyond this, any clinics closed must be made up on an alternate date when the clinic is not running at full capacity. Make up clinics must be similar in duration to standard clinics.

  To close a clinic, faculty members should *directly contact the GI clinic scheduling team* (this will not happen automatically) *with as much advanced notice as possible, preferably at least 3 months before the clinic's scheduled date.* This is because closing a clinic too close to the date of service dissatisfies patients and causes rework for staff. Unless there is a medical reason or other compelling personal reason, faculty members who cancel clinic less than 4 weeks prior to the scheduled date may be asked to assist the staff in rescheduling the patients. Also of note, the clinic schedulers will receive the original luminal attending consult schedule each spring and block all clinics that fall during luminal consult blocks. However, if an attending makes a consult trade s/he is responsible for notifying the clinic schedulers to block/open new dates.

- Clinic Templates: Morning clinics start at 8AM and run until noon. Afternoon clinics start at noon and run until 4PM. Consistent deviations from these times must be approved by the GI Division Chief. The specific clinic schedule templates (i.e., number and distribution of new and return appointments) vary depending on the type of clinic (CEDAS, functional, general, liver, IBD, Latino, pancreas, etc.), supporting providers (fellows and mid-levels), and

faculty members' preference. Templates that markedly deviate from the norm (i.e., other provider templates within the same type of clinic) must be approved by the Division Chief.

- Urgent Clinic Any new patient that any attending, APP, or fellow instructs the scheduling team to schedule urgently will be scheduled into the urgent clinic. Patients with liver diseases, who need highly specialized care (e.g., severe IBD), and/or who have already had extensive workups will be excluded. Slots that remain unfilled several days before the date of service will be backfilled with patients who are referred from primary care and have not had an extensive a prior GI workup ("New General P" patients).

  Effective July, 2018 our Friday Urgent Clinic was incorporated into the Thursday and Friday fellows' clinics at Memorial. The ambulatory fellow will see four urgent patients on either Thursday or Friday (whichever day she is not in her own clinic). Additionally, each fellow will have an urgent slot during each Memorial clinic. The precepting attending will precept but not follow urgent patients.

- Advance Practice Professionals (APPs): whether these visits are billed under the attending's or PA/NP's name depends on the attending's involvement, documentation, and the payer.
  - Medicare has the most specific requirements:
    - If a NP / PA sees the patient alone OR with an attending who can NOT justify why his/her presence is necessary then the PA/NP should be listed as the billing provider. Medicare will reimburse at 85% the physician rate. The PA/NP does NOT need to route the notes to an attending. But if they do (for continuity of care) then the attending can merely co-sign the note.
    - If the NP/PA sees the patient with an attending AND if the attending can justify (in the clinic note) why his/her presence was necessary then the attending should be listed as the billing provider. Medicare will reimburse at 100% of the physician rate. Subsequently, the physician must co-sign the note AND document why his/her presence was necessary
  - Medicaid may be billed "incident to" with the direct supervision (in the office suite) of the billing MD. The attending does not need to see the patient or discuss the case with the NP/PA and no physician documentation or co-signature is required. At present, NC Medicaid pays at the same rate for MD, NP and PA services, though this may change in the near future.
  - BCBS: in 2013 UNC HCS signed a contract with BCBS that agrees to bill NPs and PAs in their own names for 85% of the physician allowable. When asked about the possibility of "shared" services billed in the MD's name, BCBS allowed for that possibility if medically necessary. No documentation requirements are published, so the NP or PA could document the substance of the physician's involvement without any physician co-signature.
  - Other Commercial Insurers: reimburse all providers at the same rate and have no particular rules for NPs and PAs billing in their own names.

- Fellows: attendings who work with fellows in their own personal clinic must see all new and return patients. Attendings who precept fellows in the fellows' clinic must see all new and return Medicare patients. They may decide whether to actually see non-Medicare patients based on clinical complexity and the fellow's level of experience and clinical competency. Still, all patients must be discussed and the fellows' notes must be co-signed and clinical encounter closed within 72 business hours. When signing the visit the attending is expected to forward the note to the referring physician and PCP.

- Signing Visits: Per HCS policy, all clinic notes must be signed and the clinic encounter closed within 3 business days. Signed clinic notes (with or without a letter) should be sent to the referring physician, the patient's PCP, and pertinent members of the care team. When fellows see patients in their own clinics, they are responsible for signing the visit and routing the note to the attending. When APPs see patients independently in their own clinic, they must identify a supervising physician in EPIC but need not route their note to an attending for review and co-signature. When fellows and APPs see patients in an attending's clinic, they should write and accept the note and then close the encounter. The attending is responsible for editing and attesting the note and then signing the visit. This is to ensure that the correct letter and note is sent to the referring physician.

- Transferring patients between two physicians is strongly discouraged unless there is a clear medical need and both the "old" and "new" physicians agree to the transfer. Patient "doctor-shopping" of multiple UNC GI physicians for the same complaint(s) should be allowed only in exceptional circumstances.

- Late patients: we see all patients who arrive up to 30 minutes late. If seeing the patient will delay the rest of the clinic then the patient can be offered to be seen at the end of the clinic and fit in sooner if a cancellation/no-show occurs. It is up to the physician to determine whether s/he can see a patient who arrives more than 30 minutes late.

5. Expectations for GI Procedures

- Dropping Endo Slots: Similar to clinic*, faculty members may miss 5 endoscopy slots per session per year. Total endoscopy responsibility = (47 x number of half-days spent in endoscopy per week) – slots that fall on a holiday – slots that fall on luminal consult service.* (i.e., those who scope 1 session/week may close miss 5 slots/year; those who scope 2 sessions/week may miss 10 slots/year; those who scope 3 slots/week may close 15 clinics/year; etc.). Beyond this, for each additional slot missed the faculty member will be assigned one flexible slot.

- Once the semesters' endoscopy schedule is set, faculty members are responsible for finding their own coverage for slots they cannot cover. Please remember to email any trades to

Jennifer Layton (Jennifer_layton@med.unc.edu). Jennifer will update the centralized endoscopy schedule (QGenda) and notify the GI Procedures Scheduling Team (who may need to reschedule "to do" cases).

- Faculty members should inform the scheduling team and the charge nurse as soon as possible (preferably at least 2 weeks in advance) if there is a date they must arrive late or leave early. Special scheduling should happen infrequently, and after attempts have been made to obtain coverage for the absence.

- The advanced endoscopy fellow is the emergency backup for faculty members who need to cancel at the last minute due to illness or other personal reasons. If the advanced endoscopy fellow is unavailable an "APB" will be emailed out asking others to help.

- Morning GI procedures sessions start at 7:45 (8:45 on Wednesdays) with the goal of scope insertion at 8:00 (9:00 on Wed). The session runs until 12:15 (noon if the faculty member has clinic that afternoon).

- Afternoon GI procedure sessions start at noon and run until 5:00 PM, later if additional cases need to be completed.

- Faculty members should remain in the GI Procedure unit throughout the duration of the session, unless all cases are completed early or first cleared with the charge nurse.

- **Timely (i.e., no later than 30 days) pathology result letters are required for all patients with colon polyps, and strongly encouraged for non-polyp colon pathology and upper GI pathology, too.** Letters are not needed when communicating results directly to patients in clinic (documenting in clinic note) or by phone (documenting in an EPIC phone message), and directly to inpatient teams. In these cases endoscopists should still notify the pathology/GI quality coordinator (currently Jenn Layton) by in basket message if they want adenoma credit and/or to update the recall interval.

- *Working with fellows:*
    - Medicare patients: the attending must be present from insertion to withdrawal.
    - Non-Medicare patients: the attending must be present from insertion to withdrawal, unless the fellow is documented as competent in that procedure.
    - When a pathology specimen or CLOtest is obtained, the nurse will place the pathology order under either the attending's or fellow's name (whoever wants to receive the results in In Basket and manage follow-up). After the case the nurse will place the patient sticker on the *attending's* sheet in the pathology log book because ultimately the attending is responsible for ensuring the result is reviewed and communicated.

- The attending must sign ProVation notes and co-sign EPIC pre-procedure H&Ps and orders as soon as possible and no later than 72 hours.
- The attending is responsible for forwarding procedure reports (via EPIC) to referring physicians.

6. Expectations for Inpatient Consult Services / On Call

- Luminal consult attendings are expected to be in the procedure unit and scope inpatients between 7:45 – noon. Exceptions include clinical emergencies and travel cases that cannot wait until the afternoon.

- Recognizing that responsibilities to outpatients continue during inpatient consult blocks, faculty members may scope 1-2 of their own outpatients while the inpatient luminal consult attending, assuming there is room on the schedule. These patients should preferably be scheduled in one of the AM urgent slots and should expect to wait because they will be fit in between inpatients.

- Luminal consult attendings may be asked to supervise the hepatology fellow for urgent travel cases during off-hours. These cases should first be approved by the hepatology consult attending.

- Luminal, hepatology and biliary consult attendings must remain available by page 24 hours/day.

- Inpatient consult and follow-up notes should be signed within 24 hours and preferably on the same day.

7. Luminal Consult - Thanksgiving and Christmas Coverage

- Historically these holidays have been covered by junior faculty members. But this is no longer sustainable.

- The consult block that falls over Thanksgiving will rotate each year, starting with faculty members with the least UNC service and then working towards any faculty member who has not covered the holiday before, and finally to the faculty member who has not covered the holiday for the longest amount of time. The biliary attending on call will cover the luminal attending pager and any emergency calls from the time the consult attending is done rounding Thursday morning until Friday at 8AM.

- The consult block that falls over Christmas will extend from December 24th at 8AM through January 1st at 8AM. Like Thanksgiving, this will be covered by starting with faculty members with the least UNC service and then working towards any faculty members who have not covered the holiday before, and finally to faculty member who has not covered the holiday

for the longest amount of time. Thanksgiving and Christmas will not be assigned to the same person in the same year (e.g., usually a brand new faculty member will serve one holiday their first year and another holiday their second and then go to the end of the queue). The biliary attending on call will cover the luminal attending pager and any emergency calls from the time the consult attending is done rounding December 25th until December 26th at 8AM, as well as the time the consult attending is done rounding December 31st until January 1st at 8AM.

8. DDW Coverage

- Luminal Consult Attending: the advanded endoscopy fellow and hepatology attending will help cover the luminal service each year during DDW. Starting the Friday afternoon before DDW and running through Wednesday at 8 AM:
    - Advanced endoscopy fellow: cover inpatient ERCPs and non-advanced procedures 24 hours/day.
    - Designated luminal attending (likely an IBD specialist): run the list by phone with the luminal fellow. Be available for questions.
    - Hepatology attending: round with the fellow once/day, cosign notes, take transfer center calls (liver and luminal), and perform inpatient hepatology procedures (unless in clinic).

- Hepatology Consult Attending: hepatologists will arrange their own coverage for the liver service during DDW. They will help with daytime procedures on hepatology inpatients, unless in clinic or not credentialed to perform procedures.

- Advanced Endoscopy Fellow will handle biliary consults and inpatient ERCPs, as well as inpatient non-advanced procedures during daytime and after working hours.

- Elective endoscopy cases will not be scheduled at Memorial on Monday or Tuesday of DDW unless there is a hepatology attending who is normally scheduled on Tuesday and not attending DDW (otherwise there will be no regularly assigned endoscopy attending). Elective endoscopy cases will be scheduled at MM and HMOB, so long as endoscopists are available.

- Faculty members and fellows are responsible for cancelling their own clinics.

9. AASLD Liver Meeting Coverage

- A designated hepatologist will be available by pager for telephone consultation with the UNC transfer center.

- A designated hepatology attending will make virtual rounds with the inpatient hepatology fellow each day by phone.

- Hepatology inpatient consults and follow-up visits will be staffed by the inpatient hepatology fellow and discussed with the designated hepatology attending. The hepatology fellow will document in the note that s/he discussed the case with the hepatology attending.

- The luminal consult attending will serve as the onsite attending for formal staffing of all consults and for any patients requiring additional attention at the discretion of the inpatient hepatology fellow and hepatology attending.

- These arrangements will start on Thursday @ 5PM and run through Wednesday @ 8AM (so long as the conference continues to span Friday through Tuesday).