



Division of Cellular Therapy

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Scleroderma Referrals

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ABMT-GEN-035

SCLERODERMA REFERRALS

1 PURPOSE

- 1.1 Provide a standardized process for scleroderma referrals

2 INTRODUCTION

- 2.1 Patients with scleroderma are often self-referrals, and often are cared for by a multi-disciplinary team. In order to provide comprehensive care to this patient population, an organized approach in obtaining records, and scheduling is important to the optimal patient experience and care of these patients.

3 SCOPE AND RESPONSIBILITIES

- 3.1 Transplant coordinators, patient access team, advanced practice provider and the patient revenue management organization will be responsible for coordinating a new patient scleroderma referral.

4 DEFINITIONS/ACRONYMS

- 4.1 APP Advanced Practice Provider
- 4.2 CT Computed Tomography
- 4.3 DLCO Diffuse Capacity for Carbon Monoxide
- 4.4 DMARDs Disease Modifying Anti-rheumatic Drugs
- 4.5 DOB Date of Birth
- 4.6 ECHO Echocardiogram
- 4.7 FVC Forced Vital Capacity
- 4.8 GI Gastrointestinal
- 4.9 PFT's Pulmonary Function Test
- 4.10 TC Transplant Coordinator
- 4.11 TPN Total Parental Nutrition
- 4.12 RN Registered Nurse
- 4.13 PRMO Patient Revenue Management Organization
- 4.14 SW Social Work

5 MATERIALS

- 5.1 N/A

6 EQUIPMENT

- 6.1 N/A

7 SAFETY

7.1 N/A

8 PROCEDURE

- 8.1 Patient contacts Duke for New Patient Appointment. Patients should be given contact information for clinical team for scleroderma.
- 8.2 Any provider making a referral will be referred to the clinical team for scleroderma.
- 8.3 Clinical team will provide the patient and referring provider with the following list of information that needs to be obtained prior to scheduling new patient appointments. (Please note that the patient may not have all of this information if their scleroderma work-up hasn't included some of these tests):
 - 8.3.1 Names and contact numbers for patient's care team including but not limited to Rheumatologist, Pulmonologist, Gastroenterologist, Dermatologist, Hematologist, and Primary Care Physician.
 - 8.3.2 History of present illness (progress notes)
 - 8.3.3 Age (DOB)
 - 8.3.4 When diagnosed (in note)
 - 8.3.5 Current Rodnan skin score(in note)
 - 8.3.6 Current DLCO and FVC
 - 8.3.7 Hi-Res Chest CT*, Echo, PFTs with 6 min walk
 - 8.3.8 Current GAVE status: last endoscopy/laser treatment and bleeding status(GI)
 - 8.3.9 Prior disease modifying anti-rheumatic drugs (DMARDs) (in note)
 - 8.3.10 Prior Cytoxan: Duration and dose (in note)
 - 8.3.11 Current liver and renal function tests
 - 8.3.12 Current GI status: on TPN, nutrition status
 - 8.3.13 Current mobility: how far can walk, wheelchair
 - 8.3.14 Other health issues or comorbidities
 - 8.3.15 Current health insurer
- 8.4 Clinical team will follow up weekly with patient or referring provider with regards to completion of medical records.
- 8.5 Upon receiving all records, Clinical team will have 3 weeks to review chart, and decide on appropriateness of appointments.
 - 8.5.1 If patient is not deemed a candidate, clinical team will call prospective patient to discuss.
 - 8.5.2 Within 5 days of the of the patient's approval for transplant evaluation the clinical team will schedule the new patient appointment. The new

patient appointment date will be determined by patient preference as well as availability of the stem cell transplant, rheumatology, and radiation oncology providers.

- 8.5.3 The clinical team will communicate with Access team via in-basket.
- 8.5.3.1 Access team will upload insurance information within 24 hours of receiving request for new patient appointment.
 - 8.5.3.2 Patient should plan for a 3 day new patient evaluation.
 - 8.5.3.3 Access team will send intake sheet to PRMO, who will process within PRMO guidelines.
 - 8.5.3.4 Clinical team will coordinate new patient appointment with Dr. Ankoor Shah, Dr. Gwynn Long (and/or other designated physicians) as well as Radiation Oncology staff.
 - 8.5.3.5 In addition to the new patient evaluation (NPE) with Dr. Long, the Access team should schedule the following appointments:
 - 8.5.3.5.1 Financial evaluation (may be scheduled in the morning prior to NPE)
 - 8.5.3.5.2 Social work evaluation (may be scheduled in the morning prior to NPE)
 - 8.5.3.5.3 The Access team will notify the clinical team of the appointments via in-basket.
 - 8.5.3.5.4 Additional testing will be determined and coordinated by the clinical team.

9 RELATED DOCUMENTS/FORMS

9.1 N/A

10 REFERENCES

10.1 N/A

11 REVISION HISTORY

Revision No.	Author	Description of Change(s)
01	J. Frith	New Document

Signature Manifest

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