

FOTO Outcomes Manager Support Staff Training Guide

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Benefits from Measuring Outcomes with FOTO

Medicare Compliance

FOTO is the tool to assist with the new Claims-Based Outcomes Reporting (CBOR) required for all Medicare B patients. FOTO has measures – both Functional Status (FS) Measures developed by FOTO and additional measures like NOMS by ASHA, NeuroQOL, and the ABC Scale – to calculate functional modifiers for all the G-Codes defined in the rule.

More Efficient Evaluations

At Intake, your patient spends a few minutes at the computer answering questions about how well they are able to do their usual activities. This information is printed on a report that the therapist has immediate access to and can use to focus the patient evaluation quickly.

Better Patient Management

The Patient Specific Reports that print as each survey is completed help clinicians monitor patient progress against the risk adjusted (age, severity, acuity, body part) aggregate in FOTO's database. Immediately identifies if the patient is not achieving expected functional change.

Better Patient Communication

The Patient Specific Reports can be used to better communicate about your expectations and their progress. One client reports that using the predictive information on number of visits and duration to gain patients' buy in has resulted in a reduction of his no show / cancel rate to 4%.

Better Communication with Referring Physicians and Payers

The Patient Specific Reports can be used to fortify communication with Referring Physicians and Payers. The Functional Health Status Summary provides a very easy to read graph – if it is going up, the patient is getting better. Some clients circle the graph and the measure of patient satisfaction – very quick recap of progress with patient episode.

Enhanced Marketing to Referral Sources

The Outcomes Profile Reports provide a unique Marketing Opportunity to Referring Physicians and Payers. To begin with, many clients send the first graph page of the reports with a letter to their referral sources explaining that their top priority is providing quality care for their patients and that they can prove it. That page compares the percent of physical functional change, average visits, functional change per visit, average duration, and patient satisfaction to the national aggregate. You can go a step further than that and use custom referral tracking in the software to actually provide an outcomes profile report sorted only for the patients from that referral source. This encourages the referral source to send more of their referrals to you because this is information they would have difficulty obtaining elsewhere.

• Enhanced Marketing Directly to Patients

FOTO provides awards and recognition for excellence in patient care. These can be displayed in your facility. We also provide press release templates that have been very effective in announcing honors to your local news media and articles generated from that. That is the kind of press that has a credibility that money can't buy.

FOTO is the trusted choice for measuring rehabilitation outcomes...

Endorsed by the National Quality Forum

FOTO's Functional Status Change Measures have been endorsed by the National Quality Forum (NQF) whose mission is to improve the quality of American healthcare. NQF sets national priorities and goals for performance improvement, endorses national consensus standards for measuring and publicly reporting provider performance and promotes the attainment of national quality goals through education and outreach programs.

Chosen by CMS to Measure Value-Based Purchasing

FOTO conducted a CMS-funded study on the feasibility and impact of implementing a pay-for-performance for patients receiving physical or occupational therapy services under Medicare Part B using FOTO's Value Purchasing Payment Algorithm, which is based on measuring treatment effectiveness (functional improvement) and efficiency (resource utilization).

Approved for CMS' Physician Quality Reporting System (PQRS)

FOTO's Functional Status Change Measures have been accepted into PQRS and are recognized as valid, reliable and responsive outcomes measures. PQRS is a reporting program that uses a combination of provider (eligible professional) payment adjustments to promote reporting of quality metrics describing care. FOTO is also an approved data registry for PQRS.

Recommended by CMS for Functional Limitation Reporting

The Congressional and CMS mandate for 2013 (CMS-1590-FC) required therapy providers to report patients' functional limitations using a severity modifier and a G code to identify the most important impairments. FOTO was recommended by CMS to determine and report functional status.

Recommended by CMS for Documenting Medical Necessity

In CMS Transmittal 63 (Outpatient Therapy Cap Exceptions Process for Calendar Year 2007), FOTO was identified as an approved tool to provide documentation of medical necessity when care exceeds the Medicare therapy cap.

...FOTO is the Outcomes Measurement Standard

FOTO IS THE STANDARD FOR MEASURING PATIENT OUTCOMES IN PHYSICAL REHABILITATION

FOTO is a private sector outcomes measurement company that has been selected by many national organizations and publications:

ENDORSED BY AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA) SECTIONS

The APTA Private Practice Section and Section on Women's Health have endorsed FOTO as the recommended tool for their members in measuring outcomes.

MANDATED BY THE PHYSICAL THERAPY PROVIDER NETWORK (PTPN)

PTPN, the country's first and largest network of independent rehabilitation therapists in private practice, has required the use of FOTO since 2007 for Quality Assurance and for participation in Pay-for-Performance Initiatives.

CHOSEN BY INSURANCE COMPANIES FOR PAY-FOR-PERFORMANCE

FOTO's Outcomes Measurement Tools and Reporting Services are currently being used in Pay-for Performance initiatives by HealthPartners (Minnesota) and Louisiana Blue Cross Blue Shield. Additional projects with health insurance plans are in development.

INTEGRATED WITH ELECTRONIC HEALTH RECORD VENDORS

FOTO has all the essential elements to accomplish integration with any electronic health record, documentation or billing system. Currently, nine EHRs have live integrations with FOTO, and development is ongoing.

PUBLISHED IN RESPECTED SCIENTIFIC JOURNALS

FOTO currently has 87 articles published in peer-reviewed journals including:

- Journal of Clinical Epidemiology
- Journal of Prosthetics and Orthotics
- Journal of Rehabilitation Outcomes
- Measurement
- Spine
- Physical Therapy
- Medicine
- Journal of Hand Therapy
- Quality of Life Research Applied Measurement
- American Journal of Occupational Therapy
- Archives of Physical Medicine & Rehabilitation
- Journal of Occupational and Environmental Medicine
- Journal of Manual & Manipulative Therapy
- International Journal of Therapeutic Rehabilitation
- Journal of Orthopedic and Sports Physical Therapy
- Physiotherapy Canada

System Requirements

The system requirements are as follows:

• Browser Compatibility

(all versions since 2008 unless otherwise noted)

- Mozilla Firefox
- o Internet Explorer (v7 or later)
- Chrome
- Safari

• JavaScript and cookies

Must be enabled

• Portable Document Format (PDF)

(Only required for viewing reports)

- Any recent Adobe Acrobat Reader (with browser plugin)
- Any 3rd-party compatible viewer (non-preferred)
- o Note that Chrome and Firefox browsers have built-in PDF rendering that satisfies this requirement

Whitelist Information

Please be sure to Whitelist the following for internet, email and at the organization server level if needed:

- Patient-inquiry.com
- Fotoinc.com
- Mandrillapp.com

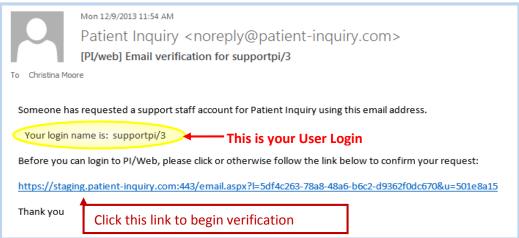
Support Staff User E-Mail Verification & Security Setup Process

When the FOTO Administrator registers a Support Staff User, an e-mail is generated and immediately sent to the new user. If the e-mail is not received, check any spam or junk mail folders. Also check that e-mails containing links are not being blocked by the organization's IT department. If the e-mail is still not available, notify the person serving as the FOTO Administrator for the Practice or FOTO Support.



The e-mail contains a link which will allow the Support Staff User to verify their e-mail address and complete the

registration process.



Clicking the link in the verification e-mail will access the Security Setup screen (below). Enter the desired password (and confirm) and create a security question and answer, then click **Update**.



Note the following:

- The security question should be something that you would easily remember, but others would not easily know, like your mother's maiden name.
- If you forget your password, the system will ask you the security question and you must supply the answer in order to reset the password.
- The password requirements in red will turn green as the requirements are met when creating the new password.
- If the new password contains the user name, the requirement in green will turn red and will not allow the password to be created.

Once the Security Setup is complete, you will see the below green message indicating that you are ready to login.

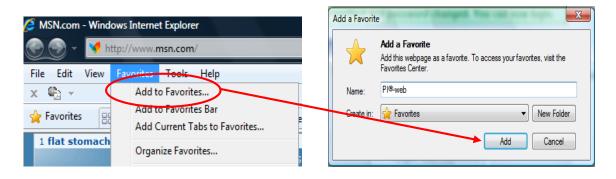
It is advised that you set a bookmark or favorite at this point (before logging into the system).



Bookmarking / Setting Favorite in your Internet Browser

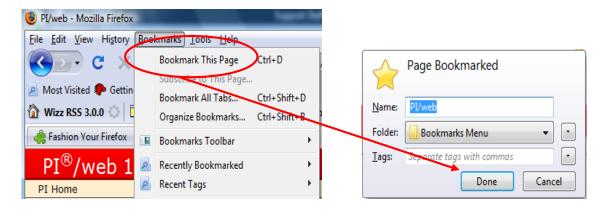
Internet Explorer

Select Favorites > Add to Favorites. (Right-click anywhere on the page if you do not have a toolbar at the top.)



Firefox

Select Bookmarks > Bookmark This Page



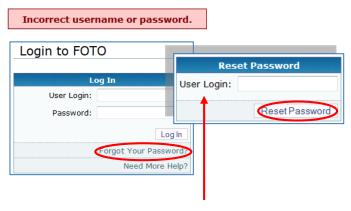
Login and Account Settings

Enter your User Login and password, then click Log In.



Password Reset

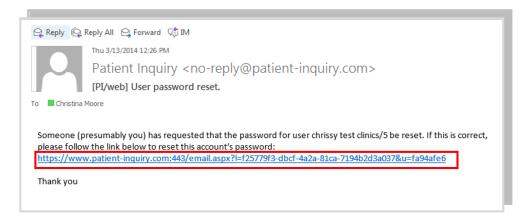
If you forget your Support Staff User password, click Forgot Your Password? from the login screen.



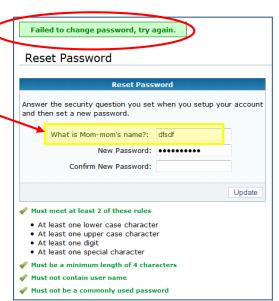
- 1. Enter your User Login (e.g. FOTOCO/Clinician) in the next screen and click Reset Password.
 - A Reset Password notification message will appear.



- If nothing happens, the User Login is either incorrect or is the Administrator login.
- o The Forgot Your Password? button will not work for the Administrator login.
- 2. Click the link from the e-mail sent to the address associated with your User Login.



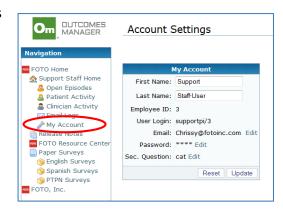
- 3. You must answer your security question in order to change your password.
- 4. Enter and confirm the new password
- 5. Click **Update**
 - If all password requirements at the bottom are green, but you still receive a message to try again, your security answer is incorrect. Note that it is case-sensitive.
 - If you cannot remember the answer, the FOTO
 Administrator for your clinic can change your password for you or you can contact FOTO Support.



Support Staff User Account

Once you log into FOTO, you can change your Staff User account settings by clicking **My Account** in the Navigation menu.

- Changes to the First and Last Name can be made from this screen and saved by clicking **Update**.
- Changes to e-mail address, password, or security
 question/answer can be made by clicking on the word Edit to the
 right of the respective field.



Selecting a Clinic

If the organization contains more than one clinic, the user must select the clinic at which they are currently working. Once a clinic is chosen, it will show next to the user login name in the upper right corner.

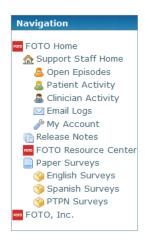
Support Staff Home

If you work at more than one clinic within the organization, you can switch clinics by clicking on **Support Staff Home** in the Navigation Menu.

Note that only patients belonging to the clinic you have selected will be available. If you need to view all patients in the organization, select "All Clinics".



The Navigation Menu



The Navigation Menu on the left side of the screen provides immediate access to most all of the screens needed to manage patients and episodes.

FOTO

The red FOTO links provide valuable information on FOTO, the Outcomes Measurement System, using the system, and much more. It should be noted that these links will take you out of the system and you will need to log back in to manage patient episodes.

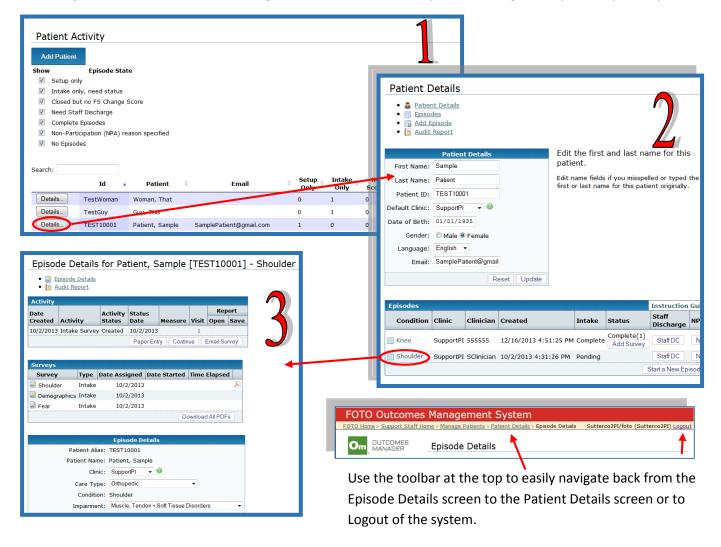
Release Notes

Release Notes will show the last time updates were made to the system and what changes were made.

Navigating Patient Screens

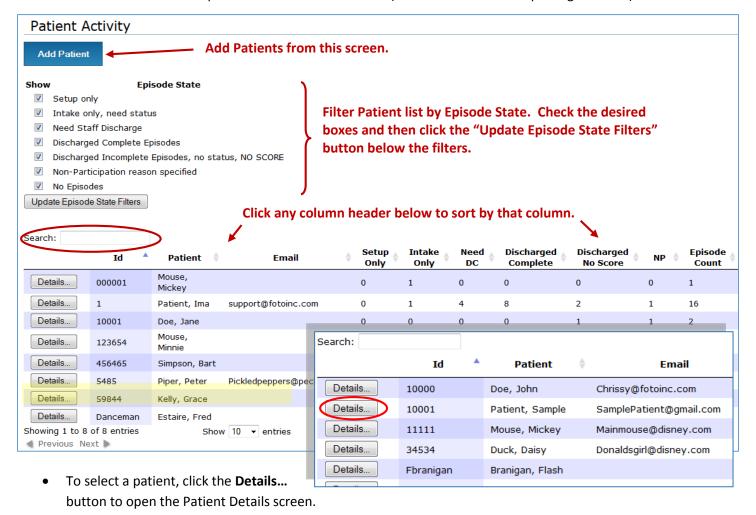
When managing a patient in FOTO, there are 3 main screens from which most activities are performed:

- 1. Patient Activity Manage patient list, add or find a patient, click Details... to open Patient Details screen
- 2. Patient Details Manage patient information, select an episode from the list by clicking the condition
- 3. Episode Details View and manage details for the selected episode; manage surveys, view/print reports



Patient Activity Screen

This screen defaults to show all patients for the selected clinic (if more than one clinic per organization).



- To show more than 10 Patients, change the selection in the drop down menu at the bottom. The change will be reflected in the "Showing" message to the left.
- Click **Next** to go to the next page if needed.
- The Search field can be used to search the patient list by Patient ID, name or email.



No Episodes

• The screen will hold any selected filters or searches until changed or the user logs out.

Creating Test Patients

Creating a test patient is an excellent way to learn and practice using the FOTO Outcomes Management System.

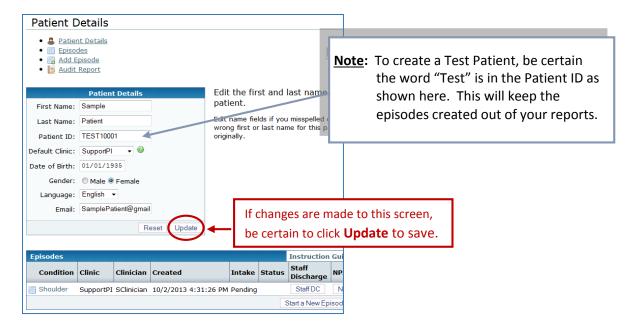
- Click Add Patient from the Patient Activity screen
- Test patients can have any first and last name you want, however, **the word "test" must be in the <u>Patient ID</u>** to ensure the results are not included in the clinic reports.
- Test patients can be deleted by the clinic FOTO administrator as long as the word "test" is in the Patient ID.
- Enter your e-mail address for the test patient to practice using the e-mail survey option

Patient Details Screen

Patient Details Box

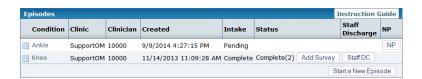
Patient information may be edited in the Patient Details box. Click **Update** to save any changes made. The fields will be explained in greater detail under section **Patient / Episode Set Up**.

- Default Clinic the default clinic will be the clinic the user was logged in under when the patient was created.
 - To change this clinic, simply select the needed clinic from the drop down and click Update
 - If the needed clinic is not available for selection in the drop down, it means that there is already a
 patient under the needed clinic with the same Patient ID.



Episodes Box

The Episodes box lists all episodes associated with the patient.



- Clinic, Clinician and date created are shown for each episode.
- The Intake and Status columns show various information about the surveys associated with the episode.
- Status Surveys (if applicable), Staff Discharge or NP may be added as appropriate for the episode by clicking the corresponding buttons.
- Click on the Episode Condition to open the Episode Details screen
- Click Start a New Episode to begin a brand new episode of care

Episode Details Screen

The Episode Details Screen shows all information associated with the episode and corresponding surveys. The fields will be explained in greater detail under section *Patient / Episode Set Up*.

Activity Box

- Add, begin, enter and email surveys.
- View or download patient specific reports
- Manage visit number associated with surveys taken

Surveys Box

- Lists surveys added, date started and time taken to complete each portion of the survey
- Download PDFs needed if using paper surveys

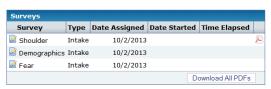
Episode Details Box

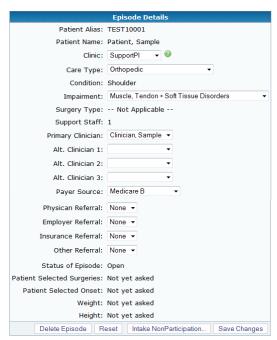
- Add or change episode details
- Add NP if unable to get an Intake
- Add Staff Discharge
- Reopen discharged episode
- Delete episode if no status surveys have been added
- See Step 5 of section Patient / Episode Set Up for more detailed information

Episode Details for Patient, Sample [TEST10001] - Shoulder

Episode Detail
 Audit Report







Note: If an episode has been discharged, the discharge will need to first be removed by clicking **Edit/Reopen** before making any changes to the Episode Details box.

(See section, Reopening Discharged Patient Episode)

Navigating Episode Screens

There are 2 screens from which episodes can easily be viewed and sorted.

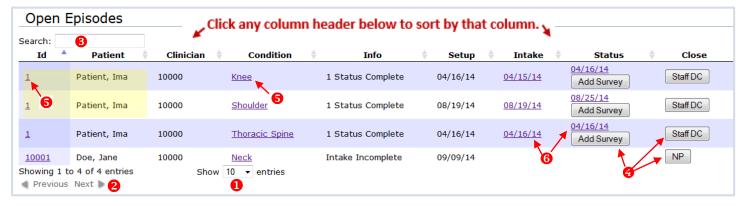
- Open Episodes Lists all active/open episodes for the clinic
- Clinician Activity Lists all episodes by clinician



Open Episodes Screen

The Open Episodes screen shows all active episodes that have not been closed either with a discharge or NP. It also shows patients who have no episodes created.

Patients with multiple episodes will be listed more than once.



- 1. To show more than 10 Patient Episodes, change the selection in the drop down menu at the bottom. The change will be reflected in the "Showing" message to the left.
- 2. Click **Next** to go to the next page if needed.
- 3. The Search field can be used to search by Patient ID, name, clinician or key words in the Info column.
- 4. Surveys, NPs and Staff Discharges may be added to the episodes.
- 5. Patient Details and Episode Details may be viewed by clicking on the "ID" and "Condition" respectively.
- 6. Patient Specific, Staff Discharge and NP reports may be viewed by clicking on the date listed in the corresponding column.

Note: Reports will open in a separate window. If the browser is set to block all Pop-ups, a message should appear asking to allow Pop-ups from this site. Click "Always Allow" to ensure the reports can be easily viewed. If this message does not appear, the browser may need to be set to allow all Pop-ups.

Monitoring Emailed Surveys

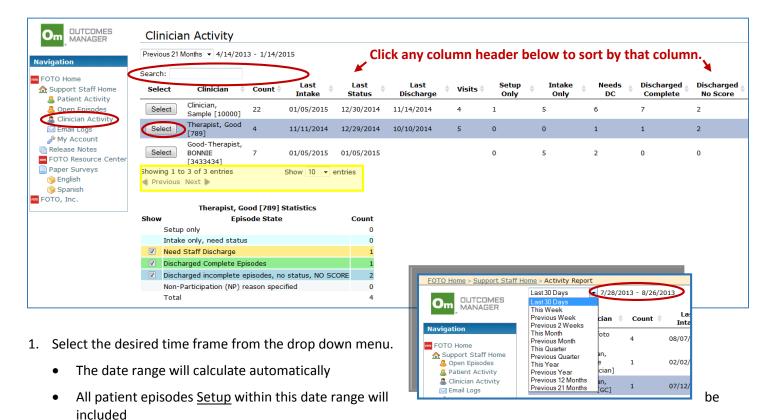
The column labled "Info" will show if a survey has been emailed to a patient. Enter "email sent" into the search field to see all episodes that have had surveys emailed, but have not yet been completed by the patient.

(See also section, Email Logs)

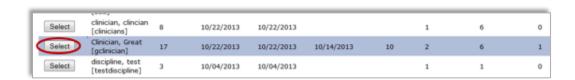
Clinician Activity Screen

This screen provides patient episode data by clinician.

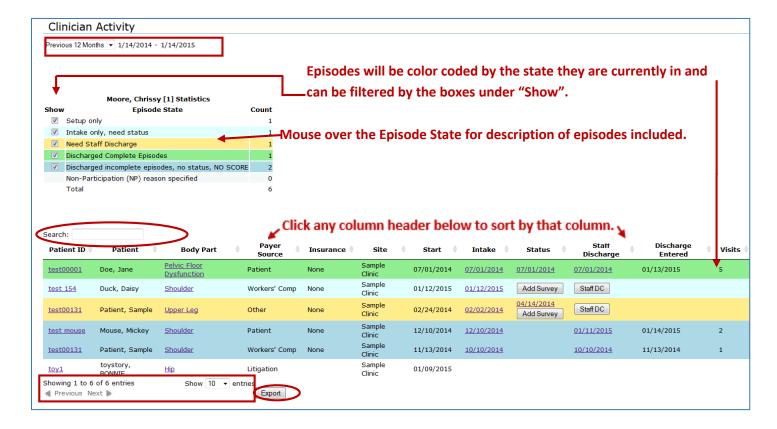
- If the user is <u>support staff only</u>, all clinicians and their associated patient episodes for the selected clinic (if more than one) may be viewed.
- If the user is also a clinician, only patient episodes assigned to this user will be shown.



- Click the column headers to sort clinicians by that column.
- To show more than 10 Clinicians, change the selection in the drop down menu at the top. The change will be reflected in the "Showing" message to the left.
- Click Next to go to the next page of Clinicians
- The Search field can be used to search for a specific clinician.
- 2. If you are a clinician, go to step 3. If you are not a clinician, click **Select** by the clinician for which you would like to view patient episodes.



3. If you are a clinician, or you have selected a clinician, the associated patient episodes created during the selected time frame will appear at the bottom of the screen. Episodes will only be listed if the clinician is listed as the Primary Clinician for the episode.



This episode list functions similarly to the list on the Open Episodes screen:

- To show more than 10 Patient Episodes, change the selection in the drop down menu at the bottom. The change will be reflected in the "Showing" message to the left.
- Click **Next** to go to the next page if needed.
- The **Search** field can be used to search by any keyword, number, or date.
 - If searching for a specific patient episode, be certain that the episode was created during the selected time frame (date range).
- Click **Export** to drop the data into an Excel spreadsheet. This will be data only; the formatting will not transfer.
- From this screen, surveys, NPs and Staff Discharges may be added to the episodes.
- The Patient Details and Episode Details may be viewed by clicking on the "PatientID" and "Condition" respectively.
- Patient Specific, Staff Discharge and NP reports may be viewed by clicking on the date listed in the corresponding column.

Note: The reports will open in a separate window. Pop-up blockers may need to be disabled.

Patient / Episode Set Up

Adding a Patient

- 1. Select **Patient Activity** from the Navigation Menu.
- 2. Click Add Patient
- Enter information for the patient and click Create.
 - Some surveys are based on age so be certain the birthdate entered is correct.
 - <u>E-Mail</u> is an optional field, however, patient surveys cannot be sent by e-mail if left blank.

Patient Activity

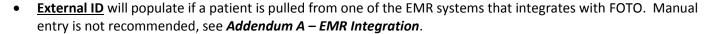
Intake only, need status

Closed but no FS Change Sc

Add Patient

Setup only

Show



Episode State



Creating an Episode

- 4. Input appropriate information for the episode and click **Create Episode**.
 - Clinic Ensure the correct clinic is selected
 - <u>Clinician</u> if the correct clinician is not listed, notify the clinic FOTO Administrator to add this person.
 - Care Type, Body Part, Impairment determine the type of survey that will be created for the patient.
 - <u>Surgery Type</u> only required if the impairment is post-surgical.
 - Payer Source is the TYPE of insurance plan the patient is presenting for payment of care (not the specific insurance).
 - <u>For Visit</u> Defaults to "1" to indicate the first visit, but can be changed if the Intake Survey will be taken on a subsequent visit.

Create a New Episode Clinic: My PT Clinic ▼ Clinician: Care Type: Body Part: Impairment: Surgery Type: -- Not Applicable --Payer Source: For Visit: 1 Optional Surveys: Available: Required: Global Rating Pain Patient History Ξ PQRS Measure 154 > ABC Scale MFIS-21 PQRS Measure 131 < PSES Pain Disability Index Create Episode

Sign Up New Patient.

Gender: OMale OFemale

✓ Continue creating patient episode.

MM/DD/YYYY

Cancel Create

Language: English V

First Name:

Last Name:

Patient ID:

Date of Birth:

External ID:

E-mail:

Optional Surveys

Must be selected here and cannot be added later.

- To select, move the survey from "Available:" to "Required:" using the ">" button.
- To remove or change optional surveys after episode creation, delete the episode and start over.
- For more information about each of the optional surveys, click on **FOTO Resource Center** in the Navigation menu. Select **Instructional Guides** then click on **Optional Survey Descriptions**.

Note: The Administrator may have some optional surveys pre-selected as required for all patients.

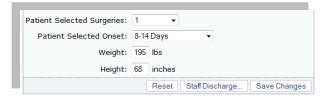
Adding / Changing Episode Details

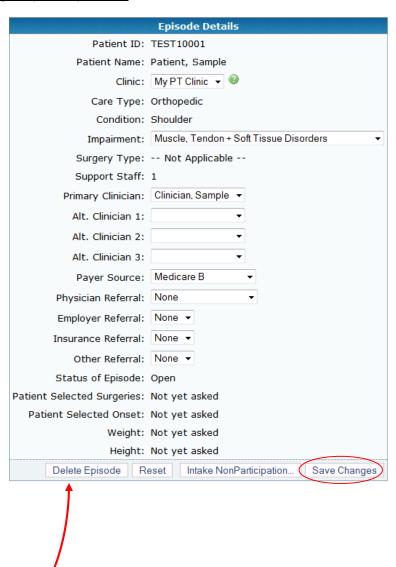
- 5. Once the episode is created, the Episode Details screen will appear. Information may be edited or added in the Episode Details box if needed. Be certain to click **Save Changes** when finished.
 - <u>Clinic</u> to change the clinic for the episode, select it from the drop down menu. This will remove the episode from the current clinic's episode screens. <u>If the needed clinic is not available, a patient with the same Patient ID</u> already exists at that clinic. Contact FOTO to merge duplicate patients.
 - <u>Care Type, Impairment</u> If the Care Type is incorrect, it is best to delete the episode and start over since the survey initially created will not change.
 - <u>Surgery Type</u> must be selected if impairment is post-surgical.
 - <u>Primary Clinician</u> This is the clinician that will show for the episode and on the reports.
 - Alt. Clinician up to 3 additional clinicians may be added, however, only the primary clinician will show on the reports.
 - Payer Source This field will affect certain surveys and can be changed here if needed.
 PQRS Measure surveys must have Medicare B selected.
 - <u>Referrals</u> If needed, the drop down lists for these referrals must be set up by the FOTO administrator.
 - <u>Surgeries</u>, <u>Onset</u>, <u>Weight</u>, and <u>Height</u> will be populated by the patient once they answer these questions in the intake survey. If answered incorrectly, enter or select correct answer from the drop down menu.
- 6. Click Save Changes when finished.

Deleting an Episode

Click **Delete Episode** from the Episode Details screen.

- Episodes may be deleted as long as they only contain an intake survey.
- Once a status survey is added, the **Delete Episode** button will no longer be available.



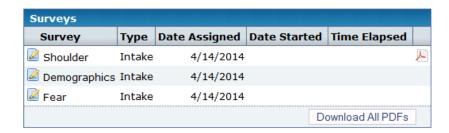


Surveys

Intake Surveys

Once the patient and the episode are created, the intake survey will be available for the patient to complete. The intake survey is automatically created when the episode is created.





If no optional surveys are selected, only the basic surveys will be created:

- Body part, general or med/neuro
- Demographics
- Fear

Paper Intake Survey

The patient can take the survey on paper, however, their responses will need to be entered into Patient Inquiry by a practice staff member.

 Click Paper Entry 1 to enter the patient's responses once they have completed the paper survey (See section, Paper Patient Data Collection)

Electronic Intake Survey (Email or In Clinic)

Survey data can be gathered electronically, where the patient responds to survey questions directly on the computer screen. This can be done in the clinic, or the survey can be emailed to the patient to be completed on their own computer or tablet. To have the patient complete the intake electronically, select one of the 4 options below: (See section, *Electronic Patient Data Collection*)

- Click Continue 2 to immediately begin the intake survey in the clinic, or
- Click **Email Survey 6** to send an email to the patient containing a secure link to the survey.
 - o A verification notice will appear at the top of the screen indicating that the email was sent.



- Click Show QR Code 4 if using a tablet with a camera.
- Click Show Lobby Code 6 to reveal an access code for use with a tablet or kiosk.

Removing an Intake Survey

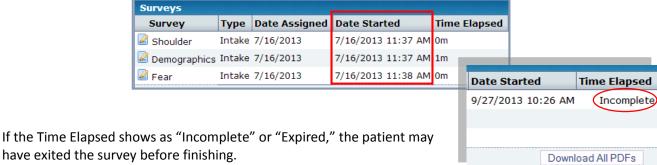
Intake surveys may be made inactive by either completing the NP or Incomplete Discharge.

(See section, *Incomplete Episodes*)

Completed Intake Survey

Regardless of how the intake survey has been completed, the start date will show for each section of the survey under

"Date Started."

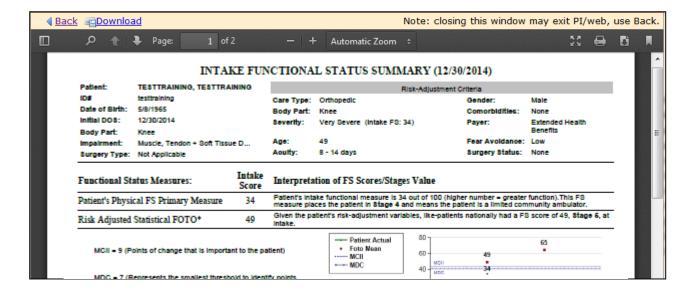


 Click one of the options from the Activity box to allow the patient to finish the intake survey in the clinic or to resend the link to the patient.

Once completed, a Functional Intake Summary report will be generated and can be viewed or downloaded by clicking the icons under **Open** or **Save** respectively in the "Activity" box.



To print, open the report, then click the print icon. (See section, *Printing Patient Specific Survey Reports*)



Status Surveys

When the patient is ready to complete another survey, a status survey will need to be added.

Note: A Patient Status should be completed <u>at minimum</u> on the patient's last date of service (or as close as possible), but may be completed as often as desired during care.

*** The last status survey will be the discharge survey. ***

Add Survey

A Status Survey is added the same way during care and on the last (discharge) visit. Add Survey buttons can be found on the Open Episodes, Clinician Activity, Patient Details and Episode Details screens

Patient Details screen



Episode Details screen



If the add survey button is not available on any of these screens, the previous survey may not have been completed. Check the Activity Status for the survey in the Activity box on the Episode Details screen.

Any **Add Survey** button will bring up the Create Survey screen.

- Enter the visit number for the status survey •
- 2. Select one of the following and click Create:
 - Login as <Patient ID> now. The survey will begin immediately. (Test 001 in the example to the right is the Patient ID and will differ for each patient.)
 - <u>Paper Survey Entry</u> This will allow a staff member to enter patient responses from a completed paper survey.
 - <u>Return to Patient Details</u> returns to the Episode Details screen.
 - **Email Survey** Immediately emails the survey link to the patient.

Create Survey This survey associated with visit number: Choose how or whether to start the survey. Login as Test 001 now. Paper Survey Entry Start Method: Return to Patient Details Email Survey Create

Adding a New Episode

If a patient returns for another episode of care or requires treatment for more than one condition at the same time, a new episode can be added as follows:

| Instruction Guide | Instruc

Condition Clinic

My PT Clinic 10000

Shoulder

Clinician Created

- 1. Click **Start a New Episode** from the Patient Details screen in the "Episodes" box.
- 2. Create the episode as previously shown (see section, *Creating an Episode*).

Staff

Start a New Episod

Discharge

Staff DC

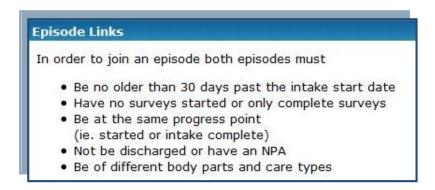
Intake Status

9/10/2014 10:16:25 AM Complete

Linking Episodes

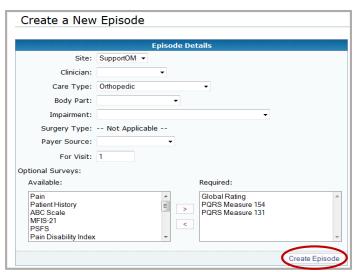
Outcomes Manager provides an added feature which allows two simultaneous episodes to be linked so that the Electronic (or emailed) Survey will ask the patient the specific functional questions for each condition without having to complete two entirely separate surveys. The system will separate the data and produce a Functional Intake or Status Report for each episode with specific FS intake scores and predictor information.

RULES:



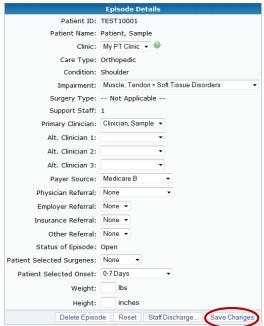
To set-up and link two episodes for a single Intake Survey:

- 1. Add a new patient or select an existing patient from the Patient Activity screen and create a new episode.
- 2. Select the appropriate information. When all fields are completed, select CREATE EPISODE.



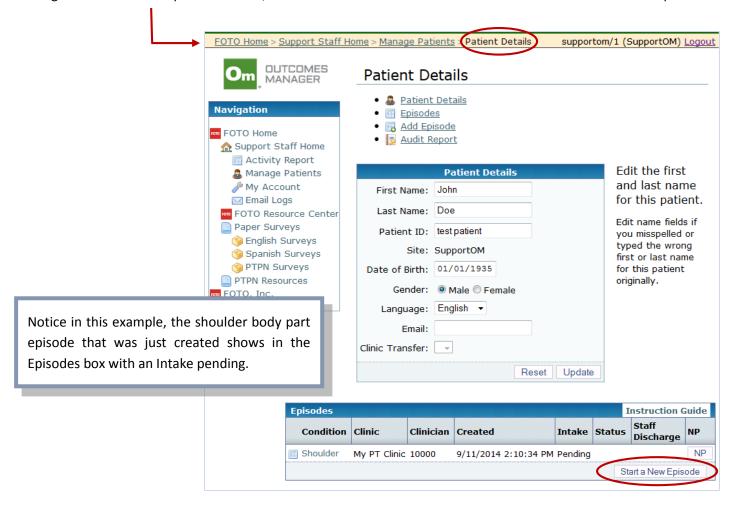
- 3. Complete the other fields in Episode Details such as Physician Referral, Employer Referral, Insurance Referral, etc., if needed.
- 4. When finished select **SAVE CHANGES**.

You have successfully set-up the patient in the first body-part episode.

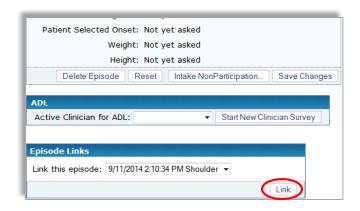


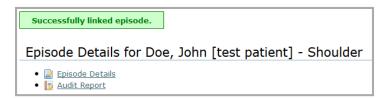
RETURN TO PATIENT DETAILS

5. Using the menu at the top of the screen, click Patient Details to return to the Patient Details screen for this patient.



- 6. Click the **START A NEW EPISODE** button in the Episodes box.
- 7. Repeat steps 2 4 for this new episode.
 - At the bottom of the Episode Detail screen for the second episode, the system will identify any other active episode available to be linked; in this example, the shoulder episode that was previously created.
- 8. Click on the **LINK** button to link the episodes.
 - A message will appear at the top of the screen, verifying that the episodes were successfully linked.





The Intake Survey can now be e-mailed to the patient or completed electronically in the office.

- The questions appropriate for both body parts will be asked of the patient in a single survey.
- Demographics, Fear, Satisfaction, and any other optional surveys will be asked only once.
- The system will separate the data by condition and will produce two separate patient specific intake reports one for each episode.
- These can be access by selecting the patient, selecting the episode, and then viewing the intake report from the reports section of the Activity box.



Once the Intake Survey is complete, Status surveys may be added by clicking Add Survey from either episode.

• It is not necessary to add a survey to both episodes

Unlinking Episodes

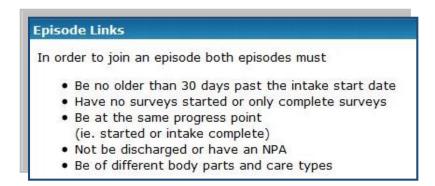
In order to complete the episode specific Status Surveys at varying times, or to allow you to discharge the patient from active care for one of the episodes while continuing to provide care for the other, the episodes will need to be unlinked.

At the bottom of either episode, click **UNLINK EPISODES** from the Episode Links box.



Linking Episodes Created at Different Times

If the episodes to be linked were not created at the same time, check that the episodes meet the Linking criteria.



- If the Intake Survey for the first episode has been completed, the patient must take the Intake for the second episode before the episodes may be linked.
- If it has been more than 30 days since the patient took the first Intake survey, the episodes cannot be linked.

Electronic Patient Data Collection

In Clinic

A patient may complete a survey in the clinic a number of ways depending on what is best for the clinic staff. Assuming

the patient, episode, and survey have already been created; from the Activity box on the Episode Details screen, either:

- Click Continue to immediately begin the survey on the computer or device you are using.
- Activity Report Date Activity Status Created Activity Status Date Measure Visit Open Save 4/14/2014 Intake Survey Created 4/14/2014 1 Paper Entry Continue Email Survey Show QR Code Show Lobby Code
- Click Show QR Code to use a QR Reader app to begin the survey.
- Click **Show Lobby Code** to reveal an access code to begin a survey on a kiosk or tablet.

Show QR Code

When this button is selected, a QR code will be revealed on the screen.



Select the QR Reader app from the tablet you want the patient to use for completion of the survey. Many of these apps can be downloaded for free, however, be sure to read the reviews before downloading as many contain ads.



Use the tablet's camera to scan the code from the computer screen to bring up the patient's survey on the tablet. Once the Patient Survey Instruction Page has loaded, simply hand the tablet to the patient to begin the survey.

Show Lobby Code

Select this button to reveal an access code. On a tablet or Kiosk, enter the web address listed beneath the Access Code to bring up the login screen. Enter the last name and access code to begin the patient's survey.



(See also section, **Emailing the Lobby Code**)

Completing the Survey

The Patient Survey Instruction Page will appear on screen and the survey will start when the patient selects **Begin**. The patient should select the best response for each question.

The Exit Survey button allows the patient to exit the survey if needed. The survey can be restarted at the leave off point by clicking **Continue** again.

If the patient has difficulty seeing the words on screen, the size can be adjusted by clicking the icons at the top of the screen. The icon will reset the size to 100%.



Note: The surveys administered use Computer Adaptive Testing to select questions that are appropriate for the patient's impairment and functional level. For more information on Computer Adaptive Testing, go to http://www.fotoinc.com/research.htm.

Once the survey has been completed, depending upon the button used to initiate the survey, the patient will see one of the following screens:





At this point, the patient should inform the staff that the survey has been completed.

Email

Emailing a survey to a patient is similarly performed as above. Assuming the patient, episode and survey have already been created:

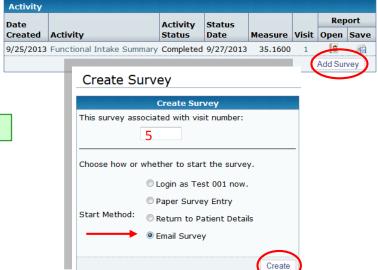
 Click Email Survey from the Activity box on the Episode Details screen.



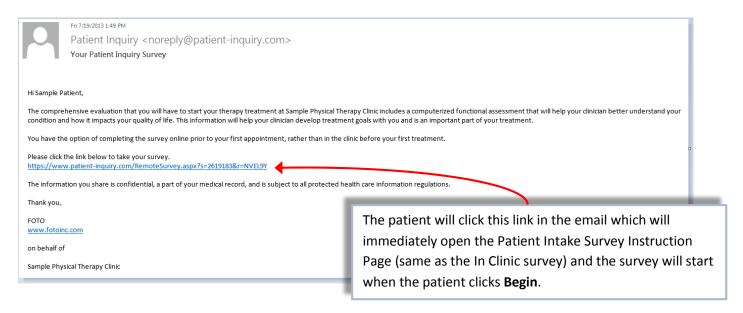
If a survey has not yet been created, click Add Survey from the Activity box on the Episode Details screen.

- 1. Enter the visit number
- 2. Select Email Survey
- 3. Click Create.
 - A verification notice will appear at the top of the screen indicating that the email was sent.





The patient will receive an email from noreply@patient-inquiry.com containing a link to the survey similar to the one below:



Note: The default email message for a Status Survey will differ from the email message for the Intake Survey.

Once the patient completes the survey, the "Congratulations" screen will appear instructing the patient to close the window.

Emailing the Lobby Code

If you prefer to have emails sent to your patients from your clinic email address instead of from noreply@patient-inquiry.com, you can create your own emails to include the access code and instruct them to enter this code and their last name at https://www.patient-inquiry.com/Survey.

Email Logs

Click **Email Logs** from the Navigation menu to view all emails or just the rejected emails sent from your organization's FOTO account. If an email is rejected, click the Patient ID to view the Patient Details and check that the email address listed for the patient is correct.

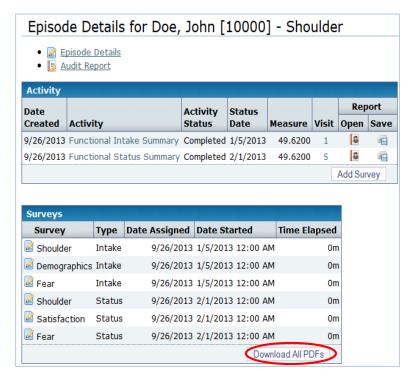
 Enter the Patient ID in the filter to search for all emails sent to that patient.



Paper Patient Data Collection

Paper Survey Forms

To print the paper surveys to be completed by the patient, click on the <u>Download all PDFs</u> button from the Episode Details screen to download the PDFs to the computer, then select the appropriate forms needed to print. If your clinic is a PTPN member, the surveys downloaded will be specific for PTPN.



Forms that will download include:

- Body part, general or med/neuro <u>Intake</u> Survey –
 Print this form if it is the <u>first</u> survey the patient
 needs to complete for the episode.
- Body part, general or med/neuro <u>Status</u> Survey –
 Print this form <u>if</u> the patient has already completed
 the intake survey.
- PQRS 131 and 154 (Medicare B Only)
- Abbreviated ABC Print if selected as an optional survey, or if PQRS 154 is selected and the patient has had 2 or more falls or one fall with injury.

Downloading Paper Surveys

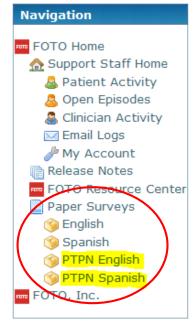
Paper survey forms can be downloaded from the Support Staff Home Navigation Menu. It is a good idea to have these forms downloaded onto the computer as backup in case the website or the clinic internet is down for any reason.

PTPN Members

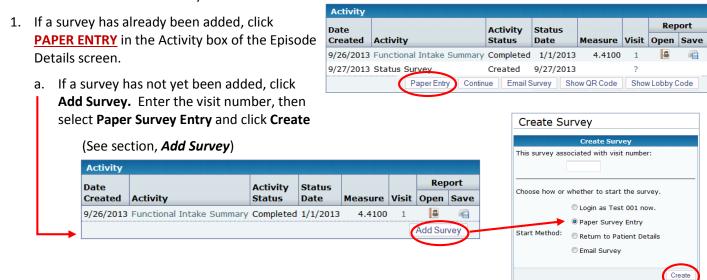
Be certain to select surveys from the PTPN folders.

Also Included in the PTPN Folder:

- Staff Discharge PTPN This form is produced to assist support staff in collecting the information necessary to populate the staff discharge to close the FOTO episode of care. This is NOT completed by the patient.
- ABC Scale Full Version Contains 16 questions (as opposed to 6 in the Abbreviated ABC Scale) regarding the patient's confidence that they will not lose their balance or become unsteady in the course of daily activities.

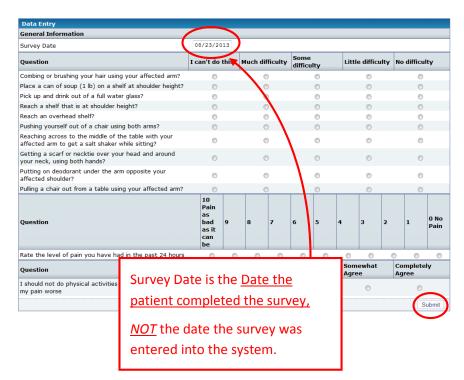


When the patient has completed the paper Survey Form, a staff member must enter the patient's responses into the FOTO Outcomes Measurement System.



The Data Entry screen will appear and follows the format of the paper survey form that the patient completed.

2. Enter patient's responses from the paper survey form by clicking on the radial (O) buttons for the appropriate response.



3. Click **Submit** when the data entry has been completed. A verification will show at the top of the Episode Details screen:

Successfully submitted paper survey results.

Paper Entry with Optional Surveys

Optional surveys must be completed electronically with the exception of PQRS Measure 154, 131, and the Abbreviated ABC Scale. If the patient completes a paper survey, any other optional surveys selected for the episode must either be completed electronically or removed from the episode.

In the example to the right, a patient's Knee episode contains the following optional surveys:

- Pain Module
- PQRS Measure 131
- PDI 7
- Oswestry
- Abbreviated ABC Scale
- 1. To enter the patient's responses from the paper survey, click the **Paper Entry** button from the Activity box.
 - The following message will show at the top of the Data Entry screen:



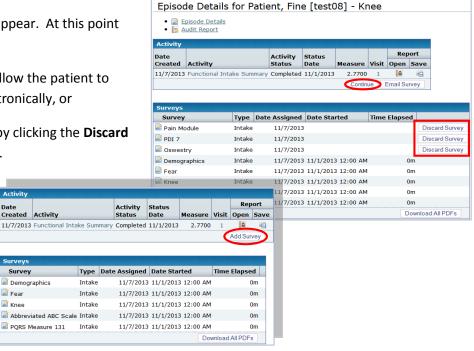
The following optional survey(s) associated for this episode are not available as paper surveys:

- Pain Module
- PDI 7
- Oswestry

You can still do the paper survey, but you will need to either complete the optional survey(s) electronically or you can elect to remove the unfinished optional survey(s) when you add the next status update. Back to Episode Details

- 2. Enter the patient responses and click **Submit**.
- 3. The Episode Details screen will reappear. At this point either:
 - a. Click the **Continue** button to allow the patient to take the optional surveys electronically, or
 - Remove the optional surveys by clicking the **Discard Survey** button for each survey.

Once the optional surveys are either completed or removed, the **Add Survey** button will be available to add a Status when needed.



Successfully submitted paper survey results.

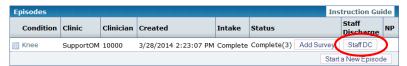
Staff Discharge

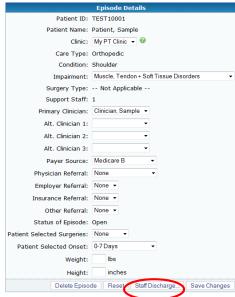
The Staff Discharge is completed the same way (as described below) for both electronic and paper data collection options. If the clinician completes the paper discharge form, a staff member will still need to enter the data in this manner.

A Staff Discharge must be completed to close the FOTO episode of care and for patient outcome data to be included in the clinic data set (or quarterly report). Keep in mind that a complete discharged episode includes the Intake Survey, the Status Survey on or near the last date of service and the Staff Discharge.

To enter staff discharge information:

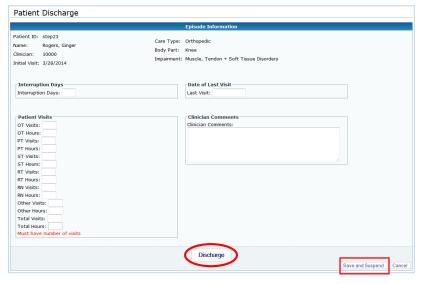
1. Select **Staff Discharge** or **Staff DC** from either the Patient Details, Episode Details, Open Episodes or Clinician Activity screen.





The Staff Discharge Screen will open.

2. Enter the discharge information as appropriate:

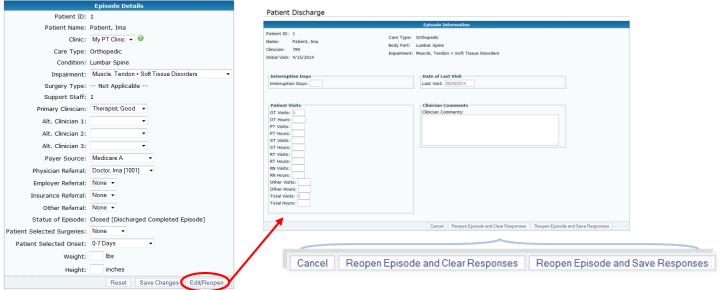


- <u>Interruption Days</u> an optional field for the number of days (not visits) missed by the patient due to vacation, travel, illness, etc., if any.
- <u>Date of Last Visit</u> Enter the date of the last visit for the patient.
- <u>Patient Visits</u> The number of visits must be entered for the appropriate discipline(s), however, the number of hours are optional.
- Clinician Comments This is a free form text field where the clinician may enter whatever they deem appropriate.
- PQRS Measures 128/130/155/182 if the
 patient is Medicare B and any of these measures
 are applicable, answers must be selected from
 the drop down menus to complete the
 discharge, unless this option is disabled in the
 Administration.
- 3. Click **Discharge** to complete the episode and discharge the patient, or click **Save and Suspend** to save the data entered and return to the discharge later.

Reopening Discharged Patient Episode

If a patient has been accidentally/prematurely discharged or a field needs to be edited within the Staff Discharge or Episode Details screen, the discharge can be reopened.

1. Click Edit/Reopen... from the Episode Details screen to reopen the Patient Discharge.



- 2. <u>To Correct</u> If corrections need to be made either to the discharge or the episode, click **Reopen Episode and Save Responses.**
 - A window will appear to make sure the discharge should be suspended.
- 3. <u>To Remove</u> If the discharge needs to be completely removed, click **Reopen Episode and Clear Responses**
 - A window will appear to make sure the discharge should be removed.

4. Click Continue

 The appropriate verification message will appear depending upon which button was selected, and the episode will be reopened.



5. Changes can now be made to the episode. To make changes to the discharge, the episode will need to be discharged again.

Note: DO NOT Re-open an older discharged episode if:

- A previously discharged patient returns at a later date for care to the same body part or another body part – create a new episode
- A patient returns for treatment following a surgical intervention (for example) create a new episode





Complete Episode

Surveys Required

<u>A complete outcome episode requires at least the following</u>: • Patient Intake Survey, • Patient Status (Discharge) Survey, and • Staff Discharge.

Note: PQRS surveys are only required if you are collecting CMS PQRS Measures using the FOTO software.

• Patient Intake Survey

Patient completes Intake Survey on arrival to the office or by e-mail before the initial evaluation

Patient Status(Discharge) Survey

- Patient completes at least one Status Survey on the last date of service (or as close to the last date of service as possible.
- Status Surveys may be collected as many times as desired to assist in the clinical management of the patient's episode for example perhaps every 6th visit, etc.
- If multiple Status Surveys are collected, it is still important to obtain the final Status Survey from the Patient on their last date of service or as close to the last date of service as possible.

❸ Staff Discharge

- The Staff Discharge form is produced to assist support staff in collecting the information necessary to populate the staff discharge to close the FOTO episode of care. This is NOT completed by the patient.
- The Staff Discharge includes episode detail information from the clinic such as the date of the last date of service, number of visits the patient received during the episode, insurance and other referral code information, who discharged the patient, the global rating of the clinician, modalities/exercises/procedures provided during the episode treatment.

PQRS Measures (If selected. Only appropriate for Medicare B)

If these surveys are selected but not added for the patient, check the patient's birthdate and payer source.

- Measure 131 Pain Assessment prior to Initiation of Therapy (If patient is Medicare B and 18+ years of age)
- Measure 154 Fall Risk Assessment (if patient is Medicare B and 65 or more years). Includes:
 - Fall Risk Assessment
 - Fall Risk environmental factors
 - o If patient reports 1 fall with injury or 2 or more falls without injury in the last 12 months:
 - Abbreviated ABC Scale should also be completed and will automatically be included if the survey is taken electronically
 - Tinetti Assessment will print out with Functional Intake Summary
 - Fall Prevention educational handout will print out with Functional Intake Summary

Incomplete Episodes

An <u>Incomplete Episode</u> occurs when, for any reason, an <u>Intake or a Status was not completed</u> by the patient. Follow these standards when closing incomplete episodes:

- If the Intake is not completed, an Intake Non-Participation reason is to be provided.
- If a completed Intake is present, but a Status was <u>not</u> completed by the time of discharge, a <u>Status Incomplete</u> <u>Discharge</u> is to be provided.

The Non-Participating Intake or Status Incomplete Discharge reason selection will document the non-participation or incompletion reason in the episode and close the episode for management purposes.

Just as with Complete Episodes, Incomplete Episodes require the entry of last visit date and number of visits. This includes episodes with as few as 1 visit.

<u>A note about 1x Visits:</u> An Intake Assessment is appropriate for 1x visit referrals. The Intake FS Assessment is a part of the initial evaluation even if it is known at the time of the referral that service is requested for a 1x/only visit. For instance, the Intake FS information may identify limitations and/or restrictions that perhaps may result in a referral for more intensive services. When a patient is referred for a 1x visit, the patient will complete the Intake and the staff will discharge (or close) the episode using the Staff Discharge screen to indicate the reason for the 1x visit.

Intake NON-PARTICIPATION (NP):

If you were unable to complete an Intake Assessment with the patient, an Intake NP reason is to be entered. The reason for the NP will be logged in the account and the episode will automatically be removed from the Open Episodes List. The Intake NP reason is entered by selecting the NP button in the Episode Screen (Open Episodes List or Clinician Activity List).

In Open Episodes Screen:

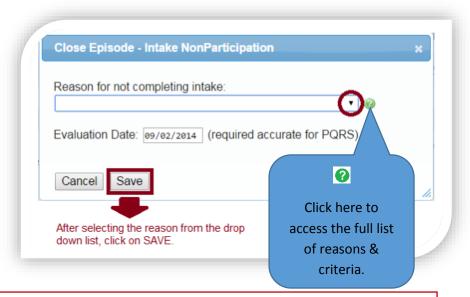


In Clinician Activity Screen:



An NP Screen will open with a drop down to select the NP reason.

★ The date defaults to the set-up date. If your patient attended for the evaluation but an Intake was not captured, please enter the evaluation date in this field. This is particularly important if you are participating in the FOTO PQRS Data Registry to finalize validations.



Once an Intake is captured, the NP button will no longer be available for selection and the Staff Discharge screen must be completed.

Select the appropriate Intake NP reason using the criteria as follows:

Intake Non-Participation (NP) Reason	Criteria	
Cognitive Deficit/Dysphasia: No recorder or proxy	Recorder or proxy completion of the Intake/Status surveys are acceptable. A RECORDER is someone who records all answers provided by the patient who can respond verbally and reliably. The Recorder must NOT influence the responses or answer on behalf of the patient.	
Vision/Reading/Language Barrier: No recorder or proxy	PROXY is someone who answers all questions on behalf of the patient. The proxy determines the content of the answer upon their perception of the patient's abilities. A proxy is used when a patient cannot give accurate answers about their health or cannot answer reliably. If no proxy or recorder are available to complete the initial survey assessment, use the No Recorder or No Proxy NP to document the inability to capture outcome information.	
Patient did not present for evaluation	Patient set-up in FOTO; however, patient did not follow through with referral and did not attend the evaluation visit. No evaluation completed.	
Refused	Should only be used if the patient refuses to complete Intake Assessment.	
Incorrect Set-Up: Wrong Body Part	Prior to Intake completion it is identified that the wrong body part /impairment was selected. Output Description:	
Excluded Conditions	Practice imposed restriction 3	
Staff did not capture	Limit use: implies staff did not capture Intake Assessment for Episode	

[•] Incorrect body part/impairment. If it is identified before the Intake is captured that a wrong body part / impairment is set up for a patient, the wrong body part episode can be removed with an Intake NP and the correct episode can be set up for completion.

Exclusion Criteria. Your practice may internally set exclusion criteria and, if so, this Intake NP may be used. A mandatory text field is required to describe the condition exclusion.

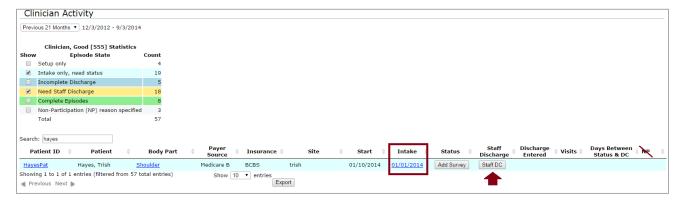
Status Incomplete Discharge

If, for any reason, a <u>Status Assessment has not been captured during the episode of care, the reason for not capturing a Status is to be provided</u> on the Staff Discharge Screen. The Staff Discharge can be accessed using the Open Episodes or Clinician Activity navigation links.

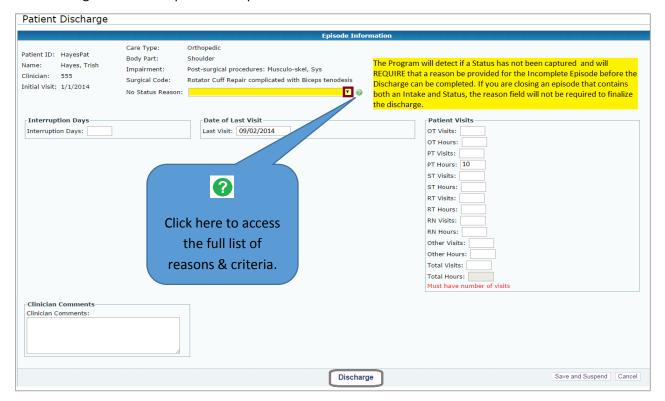
In Open Episodes Screen:



In Clinician Activity Screen:



The Staff Discharge screen will open for completion.

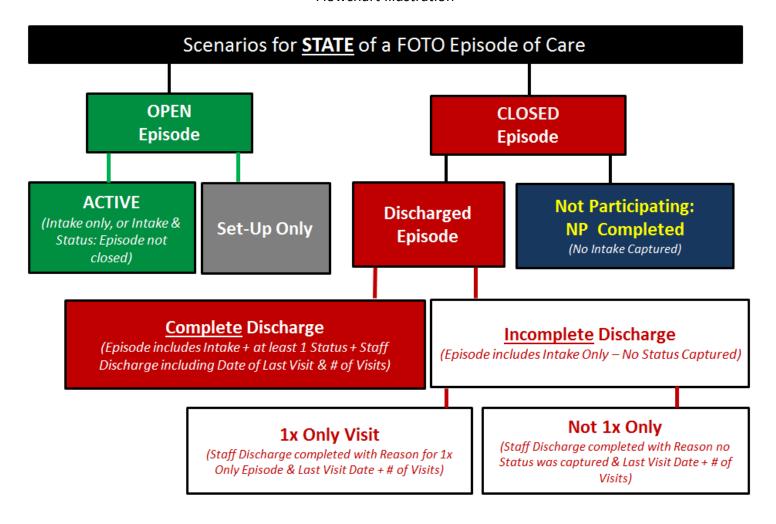


The following Status Incomplete Episode reasons may be used.

Status Incomplete Discharge Reasons	Criteria	
Proxy / Recorder not Available	Intake Assessment completed by proxy recorder; however, proxy or recorder were not available to complete the Status Assessment	
Scheduled for Surgery	Prior to conclusion of treatment episode, an unexpected surgery was performed. For patients who are referred for pre-op treatment, the Intake and status assessment(s) and staff discharge are required. Patients returning for care post-surgery require a new Intake.	
Patient Hospitalized	Prior to conclusion of treatment episode, patient is hospitalized unexpectedly: Patient will require new Intake episode if they return for care post release.	
Patient returned to MD for further diagnostics/testing	Patient did not return to clinic for status update 2	
Physician requests care discontinuation	Clinician recommends continued care but physician requests discharge	
Insurance requests care discontinuation	Clinician recommends continued care but Insurance requests discharge (does not authorize additional visits)	
Self-Discharged: Reason Unknown	Intake completed & treatment initiated; however, patient self-discharged (did not return for completion of care).	
Self-Discharged: Patient Defers treatment	Intake completed but patient indicates they are not interested in pursuing further care.	
Self-Discharged: Transportation/ family /work issues	Intake completed but transportation/family/work issues prohibit continuation of care.	
Self-Discharged: Financial/copay reasons	Intake completed but patient unable to continue treatment due to financial/co-pay reasons.	
Refused	Should only be used if the patient refuses to complete Status Assessment	
Staff did not capture a Status during episode	For example, staff forgot or ran out of time.	
Deceased		
1/x Only Visit Episodes Reason		
Incorrect Set-Up - Wrong Body Part	When an Intake Assessment ONLY has been captured but it is immediately identified that continued care is not indicated, refused, patient referred to another service	
Treatment not indicated	provider, or it is identified that the wrong body part / impairment was selected for the episode ●, use the appropriate selection from this section to enter an incomplet episode reason.	
Referred to another facility		
Home program only		
Wheelchair evaluation/pressure mapping only		
Splinting/TENS only/Orthotics		
WC Assessment/FCE Only		
Consult Only		

- Incorrect body part/impairment. If it is identified that the incorrect body part / impairment was set-up for the patient <u>after</u> the intake was completed, use the Status Incomplete Episode Reason as part of the Staff Discharge process to document the episode intake as incorrect. A correct episode can then be established for completion.
- 2 To avoid missed Status opportunities, consider capturing Status Assessments:
 - As a standard # of visits throughout the episode (i.e.: every 4th or 6th visit) and on last date of service
 - When the patient is returning to the MD
 - · When the clinician identifies significant change in physical activity status or achievement toward treatment goals
 - At time of re-evaluation or when Plan of Care is revised
 - Any time when the clinician suspects the patient may not return for continued care

Flowchart Illustration



Printing Patient Specific Survey Reports

Patient Intake and Status Survey information, as well as the Staff Discharge reports, are a part of the patient's medical record. The survey reports also provide clinicians with useful information regarding the patient's functional status level, functional improvements and history information pertinent to treatment.

The Outcomes Manager subscription includes the option to download and use the <u>FOTO Print Client (Auto Print)</u>
Application which will print or save these reports automatically as soon as they are completed in the system. Contact FOTO Support for more information.

These reports can also be accessed and printed manually following completion of the Electronic Patient Intake and Status Survey, as soon as the Paper Patient Intake and Status Survey have been entered into FOTO Outcomes Measurement System, and following completion of the Staff Discharge screen.

To print, these reports:

- 1. Select the patient and the episode.
 - At the top of the Episode Details screen is a box labeled "Activity."
 - The reports associated with the surveys that have been completed for this patient's episode will be listed.



Printing from a Tablet

Reports can usually be viewed on a tablet by clicking the **Save** icon. Unless you have Auto Print installed on your desktop computer, contact the tablet manufacturer for information on printing a PDF from the tablet.

2. Click on the Open icon

The report you selected will open on screen.

Depending on the type of browser used, to print either:

- (1) Click on the print icon from the tool bar at the top, or (2) move the mouse toward the bottom of the screen and a tool bar will appear.
- 4. The report will print to the printer set up as your default printer.
 - If these toolbars do not show, check your browser settings
- When finished, please click on
 Back in the upper left corner of the report toolbar.

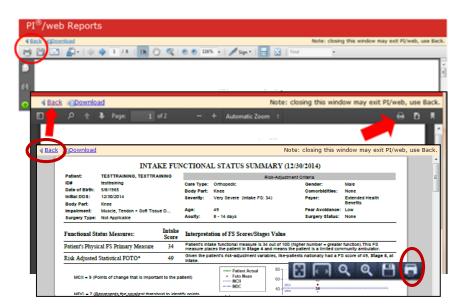


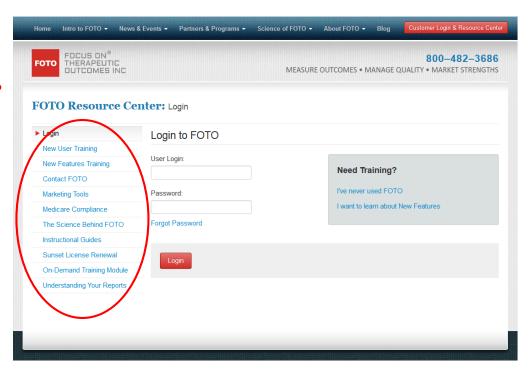
FOTO Online Resources/Training

For assistance with any of your FOTO Outcomes Management System processes, once logged into the system, click on **FOTO Resource Center** in the Navigation menu. You will automatically be taken to FOTO's website.



YOU DO NOT NEED TO LOGIN.

Simply click on the support topic for which you would like more information.



- <u>New User Training</u> Sign up for a webinar training session with a live FOTO representative covering how to use the system from setup to discharge and everything in between.
- New Features Training Sign up for a webinar training session with a live FOTO representative covering new features
- <u>Contact FOTO</u> FOTO contacts, phone numbers and e-mail addresses
- <u>Marketing Tools</u> Contains template letters and press releases that can be used to announce your participation with FOTO and for those who receive the Outcomes Excellence Certificate.
- Medicare Compliance Contains a video on Functional Limitation Reporting
- <u>The Science Behind FOTO</u> Contains articles and published papers
- Instructional Guides Contains Administrator and Support Staff Training PDFs and other guides
- <u>On-Demand Training Module</u> Contains videos on how to perform various functions within the application
- <u>Understanding Your Reports</u> Contains guides to understanding your reports

FOTO Provider Assistance Contact Information

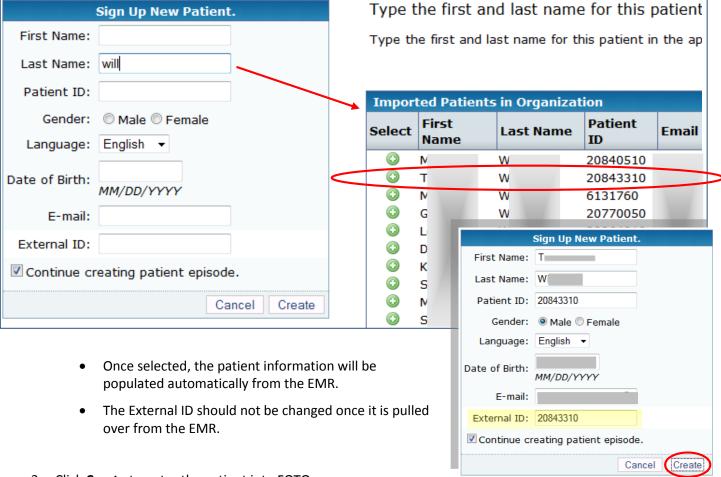
<u>Please</u> contact FOTO staff at any time for assistance, as follows:

	Phone	Email
Judy Holder Director of Account Development	800-482-3686, extension 236	judyholder@fotoinc.com
Trish Hayes Director of Provider Relations	800-482-3686, extension 233	thayes@fotoinc.com
Cynthia Stancil Provider Representative	800-482-3686, extension 235	cynthiastancil@fotoinc.com
Kimberly Jones Provider Representative	800-482-3686, extension 222	kimberlyjones@fotoinc.com
Mimi Einstein Provider Representative	800-482-3686, extension 227	mimieinstein@fotoinc.com
Laura Mensch Provider Representative	800-482-3686, extension 240	<u>lauramensch@fotoinc.com</u>
Deborah Debord Director of Support Services	800-482-3686 extension 234	ddebord@fotoinc.com
John Sutter Support Services Specialist	800-482-3686, extension 221	johnsutter@fotoinc.com
Chrissy Moore Support Services Specialist	800-482-3686, extension 219	chrissy@fotoinc.com

Addendum A - EMR Integration

If you have an EMR software that integrates with FOTO, and your FOTO administrator has established the integration connection via the API key, you can begin to add patients into FOTO by pulling them from the EMR.

- 1. Enter the patient into the EMR first.
- 2. Begin to add the Patient in FOTO (see section, *Patient / Episode Set Up*).
 - Type in the first few letters of the patient's name.
 - A box will pop up to the right of the new patient screen from which to select the needed patient by clicking the symbol beside the patient's name.



- 3. Click **Create** to enter the patient into FOTO.
- 4. The patient will show as linked to the EMR with the chain symbol (a) next to the Patient ID.
 - Mouse over the to view the External ID which will surface below.

