A Guide to the Medical Team
at Occupy Medical Clinic

Introduction:
It is not only medical doctors who deliver direct patient care on the Medical Team at our clinic. We also have Osteopaths, Naturopaths, and Nurse Practitioners. We are all on the Medical Team because we are able, not only to diagnose, but to order and interpret special studies, like lab tests and imaging, refer to specialists and specialized care facilities, and to prescribe treatment including pharmaceutical medications. These functions are different from what other Teams offer our patients, including wound care (Nursing), counseling (Mental Health), and nutritional and herbal approaches (Treatment).

Occupy Medical is a lower-tech setting with a high volume of patient flow. This guide is meant to acquaint you with the differences between the Occupy Medical setting and the more resource-rich environments to which you may be accustomed. You will probably be surprised at how much you are able to accomplish, with few resources beyond your education, experience, and ingenuity. Please also read the Orientation Guide and Policy Manual, both available on the website at www.occupymedics.wordpress.com.

Most of us find this setting peculiarly fun and satisfying to work in, perhaps because we are called to exercise a degree of medical creativity we don't usually use – and it's a workout! It's also satisfying to be deeply aware that you are literally saving, and transforming, lives. Our patients consistently tell us that Occupy Medical is the first place where medical practitioners treated them with respect and kindness, and taught them what they needed to know about their health. It's because of you - because you showed up - that this happens.

Welcome!
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Resources

Personnel:
Occupy Medical is organized into Teams, including but not limited to:

- Intake
- Nursing
- Treatment
- Aesthetics
- Social Work
- Triage
- Medical
- Mental Health
- Dental Hygiene
- Interpreting

All of these teams are responsible for HIPAA privacy compliance.

We also have Hospitality, Security, Engineering, Publicity, Finance, and other teams that are less involved in direct patient care, yet are essential to making a successful Clinic.

Each Team has a leader, chosen however the Team decides, and the team leader is the first call for staffing or any other Team-specific concern. Each Team provides training in their own procedures. All members are volunteers. See the Orientation Guide for details of recruitment, membership, and governance.

Space:
Occupy Medical has a number of large (truck-garage-sized) tents that can be assembled or disassembled in 30-60 minutes, as well as a bus that is a former Bloodmobile, containing two exam tables, a Triage exam room, a Treatment counseling and dispensary room, and two small store rooms, with associated curtain dividers and cabinetry. There is one sink providing low-pressure cold water; heat and fluorescent lighting; outlets for space heaters, exam lamps, etc.; as well as screened and shaded windows.

All surfaces are washable, but there is no cleaning staff. Please clean your exam area with antiseptic wipes between patients, and sweep floor/shake rugs before starting. You will need to unpack supplies and the library at the start of the day, and put them away at the end. Your care makes the workspace liveable.
Flow:
When a patient visits Occupy Medical Clinic, they proceed through the following:

1. Check in at **Intake**, where an initial triage takes place, as Intake determines which team the patient needs to see; whether they have behavioral issues requiring evaluation in a public, semiprivate, or chaperoned setting; and whether they have special mobility or communication needs, such as a language interpreter.

   Intake holds our medical records, and puts the patient's previous encounter file together for the current visit.

   If patients only need to be seen by Nursing, Treatment, Mental Health, Aesthetics, Dental Hygiene, or Social Work, you in Medical may never see them at all! Otherwise, they may visit these other Teams before or after their Medical visit.

2. The patient proceeds to **Triage**, where history of present illness, current medications, and vital signs are collected. Depending on the patients' needs and the Triage workers' current skill sets, patients may receive preliminary testing, such as fingerstick blood glucose. Data are recorded on the chart, and charts are stored for Medical team members to retrieve.

3. Patients exit Triage and proceed to **Hospitality**, while they wait for their Medical visit. In Hospitality, they can enjoy a snack or beverage, and obtain toiletries and clothing, such as socks and hats. Wait time can be as short as ten minutes or as long as two hours, depending on staffing.

4. **Medical** personnel may be accompanied by a Medical Aide, often a health-professional student or trainee who is “shadowing” practitioners. This Aide is available to act as a chaperone and a “runner.” The Aide, therefore, may pull the next chart, locate the patient where they are waiting, and accompany them into Medical. After their visit, the Aide accompanies the patient with their chart for the handoff to Treatment. (Patients never carry their own chart under any circumstances; a chain of custody is carefully maintained.)

5. The patient is escorted to **Treatment**, where a number of important tasks are performed.
   - If the patient has prescriptions, a Pharmacy tech (when available) determines how it will be paid for and what pharmacy will be used, and records the details on a call list for each prescriber, if the prescriptions will be phoned in. (See “Medications” section for details.)
   - If the patient will be referred to another facility (a lab, Urgent Care, Emergency Department, Planned Parenthood, Public Health, HIV Alliance/Needle Exchange, specialty care such as Dermatology or Cardiology, etc.), a Treatment worker helps them arrange the transfer.
   - The patient is counseled as to natural and lifestyle therapies to treat illness and improve health, and may be dispensed over-the-counter medications, herbal remedies, and nutritional supplements, as available. Often our herbalists and nutritionists have their own patients, whom they see in Treatment. Treatment staff document their encounter, and return the patient's chart to Intake, for filing.

Tools:
Occupy Medical is a lower-tech setting. We do not have computers, but many of us use a smartphone or tablet to look up information online. We have a small library of medical reference books, including a dermatology atlas, pharmacopeia, wilderness-medicine manual, pocket ped and ortho handbooks, etc.

You will need to bring your own bag of exam tools. Examples of some equipment you might desire: tape measure, permanent marker, otoscope, dental mirrors, staple remover, pulse oximeter, glucose meter, blood pressure cuffs for unusually-sized arms, etc. A smartphone enables photo records of unusual lesions.

We usually stock pregnancy tests, one rapid HIV test kit for fingerstick exposures (as detailed in our Policy Manual), and a glucose meter with test strips. We have injectable local anesthetic and scalpels – sometimes even sutures, glue, or steri-strips. We do not usually do incision and drainage, or other cutting/stitching. Nursing will clean and dress most wounds, and are also available to assist during procedures.
Students:
The Medical Aide position is ideal for health-profession students, who are encouraged to write down questions for later discussion. Occupy Medical letterhead is available, if desired, for letters of recommendation and other academic correspondence.

Security:
Patients with behavioral problems are usually detected at Intake and Triage. Angry or agitated patients are seen "off the bus," on a park bench or elsewhere providing rapid exits, and members of our friendly Security and Mental Health teams usually accompany the patient and practitioner. These teams may call the police or CAHOOTS, our local street intervention team, as a last resort in case of acute decompensation.

Safeword:
In the event of an imminent threat, or need for any immediate assistance, all Occupy Medical members are encouraged to alert staff by asking for "Dr. White." "Dr. White" is our codeword, indicating that anyone who hears it, needs to drop whatever they're doing, and immediately go to the aid of whomever said it. In the event of a Security incident, proceed to Treatment or contact your Team leader, for instructions in filing an Incident Report afterwards. This provides legal protection to all personnel.

Interpreters:
It is not usually appropriate to have a family member translate for a non-English-speaking/hearing patient. In general, Intake will arrange for an interpreter to perform this function.

The Interpreter team consists of a call list of Spanish language interpreters. We do also have one American Sign Language interpreter available on an as-needed basis. All interpreters are HIPAA-compliant and trained to translate direct quotations from patients and practitioners. Interpreters should accompany patients throughout the entire patient flow, if possible.

Communication
• We have an email listserv called Occupy Medical, used for announcements and online discussions among group members. Workers can sign up to receive these emails.
• OM also has an email account that is used to collect volunteer applications, communications with pharmacies and other facilities, and voicemail transcripts. A dedicated group member checks this email and redirects emails to appropriate personnel.
• OM has a voicemail phone number. Voicemails are transcribed and sent to the email account, along with a recording of the call. The recording is usually needed in order to decipher the transcript.
• Voicemails and emails are not for urgent issues. If you think a patient or practitioner will need close followup, you'll need to share direct contact information with them, rather than giving them the OM phone number or email address.
• Weekly meetings are held during which organizational matters are discussed. Medical practitioners who attend may also be asked to review problematic orders (for example, providing alternatives to excessively expensive labs or medications).
• We have a website containing meeting minutes, stories and news items, documents and forms, etc. This is administered by a dedicated OM communications worker.
• We have a Facebook page for public announcements, stories, news items, and comments. Access to the email account and website is available to all core group members. Electronic security is a concern, so all members are carefully vetted. Facebook, voicemail, and meetings are open to the public.

Records
• All charts are paper. We do not have onsite photocopying. If patients or other practitioners require copies of chart documents, this is handled by the Medical Records team or Intake.
• Legible handwriting is a patient safety concern, especially as several practitioners may be following any individual patient. Your Assessment and Plan need to be clearly printed, with minimal use of abbreviations.
• Patients never carry their own chart. This is a medicolegal liability protection.
• Records are kept in a locked file box, and transported to and from the site.
Exams

We do not perform gynecologic or rectal exams, both because of privacy and security concerns. Many of our patients have been traumatized, and these exams would not be appropriate for them in this setting. Any exam involving partial disrobing should be done with a chaperone (for practitioners of any gender) after agreement as to the comfort level of both patient and practitioner. Patients who require intimate examination should be referred to the appropriate setting, e.g., Planned Parenthood, Public Health, etc.

All elements of the physical exam must be documented, if insurance, assistance programs, or vouchers will be used to pay for resulting medications or imaging, or if specialty consultation is requested. Missing exam points can result in denial of coverage.

Special exams:
- Pediatrics - Children under 18 should be examined in the presence of an adult who is responsible for their care. If no such adult is available, please clearly document this and document the presence of a chaperone (by name). Teenagers may be vulnerable to trafficking and custody disputes, or have legal identity and status issues, so this documentation may protect patients and practitioners.
- Altered mental status - Please document this to an appropriate degree of specificity.
- Disability – In general, we do not provide evaluations, because our setting is inadequate for exams that might be sufficient to win a legal claim. Please inform patients carefully if they request this.
- Truck driving (DOT) - we can only provide these if we have the required Snellen chart and urine-dip testing.
- School physical, camp physical, sports physical, etc. - in general we do not have resources for a comprehensive exam, although practitioners may be comfortable with a generalized certification.

Medications

You do not have to figure out how patients will pay for medication. Treatment will help them figure that out.

We don't prescribe scheduled medications, including opioids, codeine syrup, amphetamines, “z-drugs.” or benzodiazepines. A list of these is posted throughout the bus. We don't certify medical marijuana patients.

Many of our patients pay out-of-pocket for medications; some do not have funds and request voucher assistance from local charities. The charities require that the lowest cost generics be prescribed (unless impossible). Local "big-box" stores (Bimart, Fred Meyer, Target, and Walmart) have interchangeable “$4 discount lists,” which are found in the white binder in each exam area, including Treatment. The cover of each binder shows a "do not prescribe/choose alternative" cost-effective medications list.

For patients requiring more expensive prescriptions (antiepileptic, antirheumatologic, antipsychotic, glucose test strips, etc.), mail-order assistance programs are available. These are listed in the white binders.

All prescriptions must be recorded in full in the chart, and sent to Treatment along with the patient's chart. Do not hand a patient a prescription and let them go; all patients must exit through Treatment. This ensures adequate documentation and a double-check on accessibility for individual patients.

We have several ways of offering prescriptions.
- You can bring a paper prescription pad from your own office. Pharmacy calls will go to the phone number on the rx.
- Occupy Medical orders triplicate rx pads (one carbon for the prescriber and one for the chart), but these are very expensive and we are phasing them out.
- Phone-in (preferred): legibly print the prescription in the chart. Treatment will produce a phone list for you at the end of your work shift, which includes the patient's preferred pharmacy (with phone numbers). Phone in the prescriptions - or have a helper do so - at the end of the day.

If you are not calling in the prescription yourself, write your NPI number on the phone list. Use the OM voicemail phone number for “office phone,” unless you want pharmacy callbacks to come to you directly.
Labs
You do not have to figure out how patients will pay for lab tests. Treatment will help them figure that out.

Many of our patients pay out-of-pocket for lab tests; some do not have funds, and if labs are important for their care, we have some limited funding to pay for these at client prices. Be aware of the costs of these labs; estimated/most recent prices are listed in the white binders.

- Please don't order large panels, when single tests are cheaper (example: thyroid panel vs. TSH).
- Please don't order screens outside normal guidelines (example: PSA for asymptomatic 50 yr old).
- Please don't order tests that can wait (example: chronic hepatitis serologies, when the patient is probably eligible for state-funded testing at the HIV Alliance).
- Please don't test for conditions that you plan to treat empirically anyway, unless the results will significantly change your plan (example: urinalysis when you're already treating presumptive UTI).
- Please don't order tests requested by another practitioner (example: “My primary doctor told me to come here, so she wouldn't have to make me a payment plan, for my routine lab tests”).

Generic lab/imaging/study order forms are found in each white binder. You are required to fill in your contact information, so when you receive the test results, and can follow up with the patient urgently if necessary. Include an ICD (diagnostic) code for each test; lists of these are located in the white binders.

When you receive results, please print out 2 copies: one for the patient and one for the chart. Bring or deliver these to Intake, at the next Clinic.

Sexually transmitted infection testing may be available for free or low-cost at these locations:
- Planned Parenthood, 541-344-9411
- HIV Alliance, 541-342-5088
- Public Health Dept. Lane County 541-682-4041

Imaging and other studies
You do not have to figure out how patients will pay for imaging or other studies. Treatment will help them figure that out.

Many of our patients pay out-of-pocket for imaging; some do not have funds, and we are unable to pay for them. If images are urgently necessary, it may be more cost-efficient for them to proceed to Urgent Care or Emergency.

In some cases, a patient may apply to an assistance program to obtain imaging. In this case, be aware that the administrator will request copies of your clinic note indicating the abnormal exam results that indicate the need for imaging. Please document a complete physical exam, if you want to order imaging.

Here are some estimated radiology costs:

**Oregon Imaging**, self-pay prices [Spring 2011]: 23.5% off for payment in full at time of service (Pt pays 76.4%), OR pay 20% down, get 10% off + payment plan.
- CXR 2V+ read, $66 + $36 = $102 (76.4% = $78; 20% = $20 down).
- Hip b/l AP+ read, $65 + $74 = $139 (76.4% = $106; 20% = $28 down).
- U/s abdomen complete + read, $237 + $137 = $374 (76.4% = $286; 20% = $75 down).
- CT chest + read, w/o $762; $100-$200 extra for contrast.
- MRI lumbar + read, w/o $1250-$1500; double for w+w/o.

**McKenzie Medical Imaging** [Dr. Jacob Tom, Eugene and Santa Clara, Spring 2011]:
- CXR $99.
- Extremity plain XR $99.
Other studies:

- **BCCP**: the Oregon Breast and Cervical Cancer Program, provides free mammograms, Pap tests, and a standard panel of labs for low-income women 40 yrs old and up.
  Two local BCCP providers: Christina Whitaker, PA at Eugene Complete Wellness (541-653-9324), and Anne Marie Moore, NP (541-393-2334).
- **MR Imaging Associates** [Dr. Roger Hall (541-726-4959), Springfield], 40% off for payment in full at time of service; payment plans available.
- **Northwest MRI** [Drs. Neitlich and Djukic (541-516-1625), Lebanon], without contrast $485, with contrast $685, read $165.
- **Yamhill Valley Endoscopy** [Dr. J. Scott Gibson (503-472-0888), McMinnville], upper GI $700, colonoscopy $800 (doesn't incl path fee) for cash paying patients.

**Referrals**

- To refer a patient to Urgent Care, fill out a referral slip for them to take with them. (This can open doors for them.) Treatment will help them work out timing and transportation.
- Same for Emergency.
- Same for specialist care. We have had successes getting patients into specialists if they have some form of insurance, such as Medicaid or Medicare.
- You can informally refer someone in-house as well, for example, to Nursing for diabetic counseling, to Nursing/Wound Care for ear cleaning, to Treatment for instruction on dental self-care.
- Podiatry, Physical Therapy, Psychiatric NP medication management, Midwifery (prenatal self-care) and Dental Hygiene may be available, for appointments arranged in advance; consult with Treatment to arrange.

**A final word:**

*Working as an Occupy Medical provider is intense and rewarding. You may be eligible for CME credits, and may become registered as a faculty member in the educational institutions with which we’re affiliated. As a teacher for students and a role model for colleagues, you may influence many careers for years to come.*

*Since October of 2011, we have been in the public eye, on television, in print media, on the radio, and on Youtube, Upworthy, and other social-media publicity outlets. Our work is of interest, because nobody else in the United States does what we do – providing a demonstration laboratory of what direct-access medicine would be like if health care were, indeed, treated as a human right.*

*We encourage practitioners to talk with patients, colleagues, and others about our work and our experiences (in compliance, of course, with HIPAA privacy rules, and those of compassionate courtesy). It helps to be prepared with a few succinct personal “talking points,” because you never know when you may find yourself behind a microphone, or on camera! Additionally, writing your stories at length for our website helps to keep the public attuned to the changing seasons we experience on the front lines of health care.*

*Thanks for being here!*