GENERAL CLINIC INFORMATION:
1. SIGN INTO EPIC
2. DEPARTMENT: “PURPLE SOUTH” or “PURPLE NORTH”
3. Click SCHEDULE tab in Upper Left
4. Find your name for your scheduled patients.
5. To open an active clinic encounter just double click the patient’s name. To preview the patient’s info, (e.g., if you’re just reading up on a patient and don’t want to open a clinic visit) click the REVIEW tab
6. ALWAYS check PROBLEM LIST, ALLERGIES, MEDICATIONS and check the Mark As Reviewed button on the bottom
7. If a patient has more than 10 medications, have the RN review their med list with them
8. It will make your day smoother if you pre-plan the patient list with your MA and go over who may need labs, depression screening etc. You should also look up your patients the day before clinic to anticipate any labs, vaccines, referrals etc.
9. Use the template FM CLINIC NOTE
10. Orders – go to ORDER ENTRY and click the During Visit box if it is during the visit or After Visit if it is a future order or a home medication. Assign every order with a diagnosis.
11. All clinic notes should be completed ASAP if you are sending the patient to the hospital/ED or if they have an appointment with another provider the same day. Otherwise have them done w/in 24 hrs.

TELEPHONE ENCOUNTERS
• To document when you make a phone call to a patient.
• Also if you want your team RN to call a patient for you regarding labs, tx, follow up etc.
1. TELEPHONE CALL (telephone icon) tab in top row of EPIC
2. Type in patient information
3. Department: WHC PURPLE SOUTH/NORTH
4. Reason for Call
5. Documentation (write details of what you spoke about or what you want the RN to say to the patient) e.g. Please inform pt that their test was positive for XYZ and I have prescribed ABC
6. Meds & Orders (if needed)
7. Routing “P WHC PURPLE SOUTH TEAM” or “P WHC PURPLE NORTH TEAM POOL”
8. Close Encounter
Type 2 Diabetes Practice Guidelines

Screening
Screen all patients every 3 years starting at age 25 due high risk population (ADA recommends general screening at age 45 years). If risk factors present, start earlier and screen annually.

Risk Factors
- BMI ≥25 kg/m² (<23 kg/m² in Asian Americans)
- Family history (especially 1st degree relative)
- Hypertension (≥140/90 mmHg)
- Dyslipidemia (HDL ≤35 mg/dL and/or triglyceride ≥250 mg/dL)
- High risk for diabetes (prediabetes): A1C 5.7-6.4%, impaired fasting glucose (IFG) 100-125 mg/dL; impaired 2 hr glucose tolerance 140 - 199 mg/dL (refer to RD for education)
- Previous gestational diabetes: macrosomic or large-for-gestational age infant
- Acanthosis Nigricans, PCOS

Diagnosis

Lab Tests
A1C ≥6.5% casual ≥200 mg/dL plus symptoms or fasting ≥126 mg/dL; if positive, confirm diagnosis with second lab test (A1C, casual or fasting plasma glucose) unless unequivocal hyperglycemia (e.g. patient started on insulin with A1C ≥12%)

Hospital Admission Criteria:
- BG ≥250 mg/dL, ketonuria, evidence of acidosis (bicarbonate <19) and/or anion gap ≥12; BG >500 mg/dL and evidence of dehydration (postural hypotension, tachycardia, increased BUN)

Symptoms
- Often none
- Common: Blurred vision; urinary tract infection; yeast infection; dry/itchy skin; numbness or tingling in extremities; fatigue
- Occasional: Increased urination, thirst, and appetite; nocturia; weight loss

Urine Ketones
- Usually negative

Treatment Options
- Medical Nutrition Therapy Stage; Oral Agent Stage; Combination Therapy Stage; Insulin Stage; see Type 2 Diabetes: Master DecisionPath

Targets

Self-Monitored Blood Glucose (SMBG)
- More than 50% of SMBG values within target range
- Pre-meal: 70-130 mg/dL
- Post-meal (1-2 hr after start of meal): <180 mg/dL
- Bedtime: 100-160 mg/dL
- No severe (assisted) or nocturnal hypoglycemia

Plasma Referenced Meters
Adjust pre-meal target upwards if decreased life expectancy; frail elderly; cognitive disorders; or other medical concerns (cardiac disease, stroke, hypoglycemia unawareness, ESRD)

Blood Pressure
- <140/80 mmHg (consider <130/80 mmHg if long life expectancy (for renal protection), high risk for stroke; consider <140/90 mmHg if complex patient factors)

Lipids
- Cholesterol <200 mg/dL; HDL >40 mg/dL men and >50 mg/dL women; LDL <100 mg/dL; Triglyceride <150 mg/dL

EKG
- Baseline testing in adults only

Hemoglobin A1c (A1C)
- Target <7.0% (consider <8.0% if complex patient factors)
- Frequency: every 3 months if target not met; every 6 months if target met
- Use A1C to verify SMBG data

Estimated Glucose and A1C correlation

Average Glucose (eAG)

A1C Value

126 mg/dL

6% 154 mg/dL

7% 183 mg/dL

8% 212 mg/dL

9% 240 mg/dL

10% 269 mg/dL

11% 298 mg/dL

12% 326 mg/dL

13%


Monitoring

SMBG
Instruct pt. to notify clinic if blood glucose is >70 mg/dL, two times in one week or >200 mg/dL for three consecutive days

Method
- Meter with memory that is downloadable and log book

Follow Up

Weekly
- Office visit when starting Oral Agent, Combination Oral Agent and Insulin Stages
- Office visit during adjusting therapies or target not met

Monthly
- Hypoglycemia; medications; weight or BMI; BP; SMBG data (download and check meter); A1C; eye screen; foot check; medical nutrition therapy; preconception planning for women of childbearing age; smoking cessation counseling; aspirin therapy (if appropriate)

Every 3-6 Months
- Diabetes and nutrition education; adult immunizations (influenza, pneumococcal (≥2 yrs and revaccination >64 yrs) and hepatitis B vaccination (aged 19-59, consider ≥60 yrs) if unvaccinated)

Staged Diabetes Management®, International Diabetes Center, 2013
Type 2 Diabetes: Master DecisionPath  

**At Presentation**
- A1C <8% and/or
  - Fasting Plasma Glucose <200 mg/dL
  - Casual Plasma Glucose <250 mg/dL
  - See Medical Nutrition Therapy Assessment Below; Refer to Diabetes Education

- A1C 8 - 12% and/or
  - Fasting Plasma Glucose 200-325 mg/dL
  - Casual Plasma Glucose 250-400 mg/dL
  - See Medical Nutrition Therapy Assessment Below; Refer to Diabetes Education

- A1C >12% and/or
  - Fasting Plasma Glucose >325 mg/dL
  - Casual Plasma Glucose >400 mg/dL
  - See Medical Nutrition Therapy Assessment Below; Refer to Diabetes Education

**Medical Nutrition Therapy and Activity (MNT) Stage**
- Consider initiating metformin with MNT; if target goals not reached or no significant improvement within 3 months, start Oral Agent Stage
  - Potential Cumulative Benefit: ~1 percentage point reduction in AIC

**Oral Agent Stage + MNT**
- Insulin Resistance * - Metformin (preferred) or Pioglitazone
- Insulin Deficiency* - Sulfonylurea, Nateglinide or DPP-4 Inhibitor
  - Sitagliptin, saxagliptin, linagliptin, alogliptin
  - If target goals not reached or no significant improvement after clinically effective dose for 3 months, start Combination Therapy or Insulin Stage
  - Potential Cumulative Benefit: 1-2 percentage point reduction in AIC

**Combination Therapy Stage + MNT**
- Current Therapy: Add Agent Based on Clinical Indicators*
  - Sulfonylurea
    - Metformin, Exenatide, Lisinuride, DPP-4 Inhibitor or Pioglitazone
  - Metformin
    - Sulfonylurea, Nateglinide, Pioglitazone
  - Pioglitazone
    - Exenatide, Lisinuride, DPP-4 Inhibitor
  - Nateglinide
    - Metformin
  - DPP-4 Inhibitor
    - Metformin
    - Sulfonylurea or Pioglitazone
  - If target goals not reached or no significant improvement after clinically effective dose for 3 months, start Insulin Stage
  - Potential Cumulative Benefit: 2-4 percentage point reduction in AIC

**Insulin Stage + MNT ± Oral Agent(s)**
- Potential Cumulative Benefit: 4 percentage point reduction in AIC
  - For new insulin starts, if glucose ≥250 mg/dL, may give one time injection of 0.1 units/kg regular insulin

**Background & Mealtime Insulin RA - RA - RA - LA ± insulin sensitizers**
- Initial dose 0.1 - 0.2 units/kg once daily

**Premixed Insulin RA/N - 0 - RA/N - 0 ± Insulin Sensitizer**
- 0.3 - 0.4 units/kg total daily dose; 50% long-acting and 50% RA/3 meals

---

**Background Insulin Oral Agent(s) + LA**
- Initial dose 0.1 - 0.2 units/kg once daily

---

**Insulin Resistence**
- Obesity, HTN, elevated fasting BG, elevated triglycerides, low HDL

**Insulin Deficiency**
- Leaner, elevated post-meal BG, symptoms

**Insulins**
- RA = Rapid-Acting (glulisine [Apidra], lispro [Humalog], aspart [Novolog])
- LA = Long-Acting Insulin (detemir [Levemir] or Glargine [Lantus])
- N = None
- Dose Schedule: AM - Midday - PM - Bedtime

**Comments**
1. Continue with medical nutrition therapy throughout all stages of therapy
2. This DecisionPath is bi-directional; patients may move in either direction between therapies
3. Consider insulin sensitizers (metformin) with all insulin therapies, especially when insulin dose >0.7 units/kg

---

**Hospital Admission Criteria**
- BG >250 mg/dL, ketonuria, evidence of acidosis, defined as bicarbonate <19, and/or anion gap >12.
- BG >500 mg/dL and evidence of dehydration (postural hypotension,

---

**Medical Nutrition Therapy Assessment**
- Q: How much regular pop, Koolaid, or juice do you drink per day?
  - Recommend: patient eliminate sweetened beverages from diet.
- Q: How much rice or potatoes do you eat at a meal?
  - Recommend: 1 cup of rice or potatoes per meal.
- Q: How many tortillas or bread slices do you eat at each meal?
  - Recommend: 2 to 4 tortillas or bread slices per meal.
- Q: How many meals do you eat per day?
  - Recommend: eat three meals per day and bedtime snack.
  - Inform patient that the above recommendations are to be followed until their initial appointment with the dietitian.

---

**Labs for Newly Diagnosed Patient with Diabetes**
- Plasma glucose (fasting or casual); A1C; Serum Creatinine; Microalbumin Screen (Albumin Creatinine Ratio); ALT; urinalysis
  - If evidence of diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar syndrome (HHS); obtain BMP and CBC if infection is suspected, see Medical Admission Criteria.
WARFARIN MONITORING

For target INR of 2.0 to 3.0, no bleeding:

<table>
<thead>
<tr>
<th>INR</th>
<th>&lt; 1.5</th>
<th>1.5 to 1.9</th>
<th>2.0 to 3.0</th>
<th>3.1 to 3.9</th>
<th>4.0 to 4.9</th>
<th>≥ 5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment</td>
<td>Increase dose 10 to 20%; consider extra dose</td>
<td>Increase dose 5 to 10%¹</td>
<td>No change</td>
<td>Decrease dose 5 to 10%¹</td>
<td>Hold for 0 to 1 day then decrease dose 10%</td>
<td>See reverse side.</td>
</tr>
<tr>
<td>Next INR</td>
<td>4 to 8 days</td>
<td>7 to 14 days</td>
<td>No. of consecutive in-range INRs x 1 wk (max: 4 wks)²</td>
<td>7 to 14 days</td>
<td>4 to 8 days</td>
<td>See reverse side.</td>
</tr>
</tbody>
</table>

For target INR of 2.5 to 3.5, no bleeding:

<table>
<thead>
<tr>
<th>INR</th>
<th>&lt; 1.5</th>
<th>1.5 to 2.4</th>
<th>2.5 to 3.5</th>
<th>3.6 to 4.5</th>
<th>4.5 to 6.0</th>
<th>&gt; 6.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment</td>
<td>Increase dose 10 to 20%; consider extra dose</td>
<td>Increase dose 5 to 10%⁵</td>
<td>No change</td>
<td>Decrease dose 5 to 10%; consider holding one dose⁶</td>
<td>Hold for 1 to 2 days then decrease dose 5 to 15%</td>
<td>See reverse side.</td>
</tr>
<tr>
<td>Next INR</td>
<td>4 to 8 days</td>
<td>7 to 14 days</td>
<td>No. of consecutive in-range INRs x 1 wk (max: 4 wks)⁷</td>
<td>7 to 14 days</td>
<td>2 to 8 days</td>
<td>See reverse side.</td>
</tr>
</tbody>
</table>

MANAGEMENT OF SIGNIFICANTLY ELEVATED INR WITH OR WITHOUT BLEEDING⁸

INR 5.0 to 8.9, no significant bleeding: Omit 1 to 2 doses; reduce dose 10 to 20 percent; monitor frequently. Alternate consider vitamin K1 1 to 2.5 mg orally.

INR ≥ 9.0, no significant bleeding: Hold warfarin therapy; give vitamin K1 5 to 10 mg orally; monitor frequently. Resume at lower dose when INR is therapeutic.

Serious bleeding, any INR: Hold warfarin; give vitamin K1 10 mg slow intravenous (IV) plus fresh plasma or prothrombin complex concentrate, depending on urgency; repeat vitamin K1 every 12 hours as needed.

Life-threatening bleeding, any INR: Hold warfarin; give prothrombin complex concentrate (or recombinant factor VIIa as an alternate) supplemented with vitamin K1 (10 mg slow IV); repeat as needed.


A Systematic Approach to Managing Warfarin Doses
Mark H. Ebell MD, MS Fam Pract Manag. 2005 May;12(5):77-83
PEDIATRICS

EPIC:

1. Review Growth Chart
2. Review Immunizations to see vaccines given in the HCMC system. Review MIIC in upper R corner to see all vaccines ever given in Minnesota.
3. Click Visit Navigator then go to SmartSets to find the appropriate template for the visit. e.g., 4 month Well Child visit. This includes note templates, suggested vaccinations, suggested labs and follow up visits.
4. Make sure you order hearing and vision for kids 3+ y.o. and lead and hemoglobin for 1 and 2 y.o.

BRIGHT FUTURES: http://brightfutures.aap.org/pdfs/bf3%20pocket%20guide_final.pdf
Bright Futures is a quick reference guide made by the AAP for Well Child Visits

SCREENING: hearing/vision, labs, etc
https://edocs.dhs.state.mn.us/lfserv/Public/DHS-3379-ENG

VACCINATION SCHEDULES:
There are copies of a simplified vaccination schedule on the kiosks. If you can’t locate one, here are some links:
0-6 y.o.: http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf
There are also mobile apps from the CDC and ACIP

RESOURCES:

i. EARLY CHILDHOOD INTERVENTION SERVICES in HENNEPIN COUNTY
http://www.hennepin.us/residents/health-medical/early-childhood-intervention-services

ii. Legal Aid referral at Whittier for all children who enrolled in the Dream Act in 2012 and those who were brought to the US before the age of 18.

iii. Aqui Para Ti: female Spanish adolescent support group at East Lake Clinic, moving to Whittier very soon.
OB

Link to Prenatal Care:
http://residents.fammed.org/Manuals/ OB%20Book/Prenatal%20Care%20p%20153-5.pdf

EPIC:

1. Click on Visit Navigator
2. Find the OB tab on the top Right
3. Fill out the Pregnancy Checklist
4. Fill out the OB Flowsheet
5. If the patient has GDM (Gestational Diabetes Mellitus), also fill out the Gestational Diabetes Mellitus flowsheet. You will learn more about this during your GDM training.
6. Note template, type .OBFM C
7. Orders: from OB tab go back to Provider Info tab and click on SmartSets and type in 904001 or OB PRENATAL. Here you will find orders for labs, vaccines.

Fetal Heart Sounds:
Your MA should bring in the Doptone machine to hear fetal heart sounds

Vaccinations:
It is safe to complete Hep B series during pregnancy
Patients should receive Tdap in the 3rd trimester during each of their pregnancies

Substance Abuse in Pregnancy: inform Social Worker ASAP. Get Pain Clinic Urine test each visit

Mental Illness in Pregnancy: consult Psych NP or Dr Dieperink if medications are needed

Post Partum Check or Newborn Well Child Check: Edinburgh Postnatal Depression Scale
http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf (English)
http://www.cdp h.ca.gov/programs/mcah/Documents/MO-CHVP-EPDS-Spanish.pdf (Spanish)

Diagnosis of GDM

1. 2 or more GTT values above goal
2. GCT result > 200 mg/dl

IF A PATIENT HAS JUST A HIGH FASTING GLUCOSE ON THE GTT THEY ARE REFERRED TO THE DIABETES DIETITIAN ONLY AND ARE NOT DIAGNOSED WITH GDM.
### Glyburide Weekly Dose Adjustments (in mg) Guidelines

<table>
<thead>
<tr>
<th>Glyburide Weekly Dose (in mg)</th>
<th>Hypoglycemia</th>
<th>Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.25</td>
<td>2.5</td>
<td>5.0</td>
</tr>
<tr>
<td>0.125</td>
<td>0.25</td>
<td>0.5</td>
</tr>
</tbody>
</table>

#### Hypoglycemia

- CHG to true hypoglycemia
- CHG to true hypoglycemia

#### Adverse Effects

- Diabetic ketoacidosis
- Hypoglycemia

#### Remaining Hypoglycemia

- Switch to insulin

---

**Fasting Glucose**

- Less than 135 mg/dL and/or post-meal glucose between 120-200 mg/dL

**Insulin Dosage for GDM**

- Adjust dosage as needed.
WHC IMAGING
Extension: 37830

X-RAY
- 9AM-12:30PM, 1:30-5PM
- Can order STAT XR
- Any XR except: scoliosis, leg length discrepancy

ULTRASOUND
- 8AM-4:30PM
- Usually must be scheduled, but occasionally can get same day if there are openings
- Must be fasting 6hrs for Gall Bladder or Abdominal US
- Will do Venous Doppler but not Arterial US
- Can get OB US for growth assessment, AFI, Umbilical cord ratio

MAMMOGRAM
- Will do screening mammograms, NOT Diagnostic
- Must be scheduled

ECHO
- Will do TTE every 2nd Wednesday (by US tech, analyzed at HCMC)
- Will not do Stress ECHO (must be done in hospital)

PHARMACY
Extension 37800
- Hours Mon-Thu 8am-9pm, Fri 8am-6pm, Sat 9am-1pm
- Minimal wait time (avg. 10-15 min's) compared to other pharmacies
- Accepts outside prescriptions
- OTC meds discount for HCMC employees
- If pt has no insurance, can get cash discount on OTC and prescription meds
- $4 medications available
HEALTH CARE HOME SERVICES

A Health Care Home (HCH) is an approach to primary care that involves a fundamental partnership between primary care providers, families and patients w/ the goal of improving health outcomes and quality of life for those with chronic or complex health conditions.

Care Coordination

- Participate in initial care planning meeting with provider and patient/family to establish a care plan and set patient-centered goals.
- Contact patient to address goal progress, barriers to care including changes in housing, insurance, ability to fill medications, transportation, appointment compliance etc.
- Connect patients to clinic, community and organization resources (financial aid, social work, legal aid, food shelf, clothing closet, activities, etc.)

Health Care Home candidates

- Complex patients (medical and psychosocial needs)
- Hennepin Health MHP patients

Referral to Health Care Home

- Epic referral: “CANDIDATE FOR HEALTH CARE HOME CARE COORDINATION”
- Fill out HCH Tiering form (ask your MA where it is)
- Call or Page gate Community Health Worker when patient is in clinic

Community Health Worker Contact Info

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone/Pager #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Kaufhold</td>
<td>873-7877 / 580-2140</td>
</tr>
<tr>
<td>Lourdes Martinez</td>
<td>873-7876 / 336-0751</td>
</tr>
<tr>
<td>Shawn McKinney</td>
<td>873-7875 / 538-9533</td>
</tr>
<tr>
<td>Stephanie Scheffer, RN</td>
<td>873-7959 / 530-0237</td>
</tr>
</tbody>
</table>

Hennepin County Community Paramedic

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone/Pager</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Johnson</td>
<td>396-6935 / 530-1653</td>
<td><a href="mailto:David.Johnson2@hcmed.org">David.Johnson2@hcmed.org</a></td>
</tr>
</tbody>
</table>
- David will do home visits, check vitals, collect lab specimens, medicine reconciliations
PRIMARY CARE BEHAVIORAL HEALTH SERVICES

ROLE: PCBH team is not to replace the need for specialty psychiatry services but rather to
• help support the management of patients with mild to moderate psychiatric illnesses in the primary care settings.
• providers typically see patients for a minimal number of visits and then hand the patient back to the PCP for further management. This group of providers also becomes the conduit for referral to the specialty psychiatry clinic if a patient’s condition warrants more intensive services.

Psychiatric CNP
Alison Sample, CNP  Pager: 530-1774  Hours: Tue-Fri 10am-6pm
• provides psychiatric medication consultation services inclusive of assessment, feedback, and treatment recommendations
• Will see adult, ped, OB patients on a short-term basis. Typically 1-3 visits, for medication management. For a curbside consult or warm handoff (if necessary)
• REFERRAL TO PRIMARY CARE BEHAVIORAL HEALTH

Psychologists  Hours  Mon-Fri 9AM-5PM
JoEllen Kozlowski, PsyD  Pager: 530-1774
James Anderson, PsyD  Pager: 538-2505
Patricia Castellanos, PsyD  Pager: 580-9240
• REFERRAL TO PRIMARY CARE BEHAVIORAL HEALTH

Adults
• Any patient who needs acute, non-emergent help with behavior change, mental health assessment, or short-term counseling
• Help with developing & sticking with difficult treatment plans (HTN, weight loss, DM, smoking cessation, etc.)
• Managing depression/Anxiety/Anger/Grief/Insomnia/PTSD/ADHD etc.

Pediatric
• Dr James Anderson is the only Psychologist who will see children age 5-17 yo
• For the first visit, Parents should attend without the child
• Parents & Dr. Anderson will decide during that visit how to proceed
• Examples for Referral: Attention problems, Behavioral problems, Difficulty following instructions, school problems, Concern about sadness or worrying
SOCIAL WORK SERVICES

**Full Time Social Workers:**
Theresa Guiterrez phone/pager 873-7885 / 580-5787
Neri Diaz Orellana phone/pager 873-7922 / 580-1443

**Assessments**
- Psychosocial
- Chemical Health: *Patients needing a “Rule 25” chemical health assessment need to be referred out for this, (one option is Julie Jacobson at East Lake Clinic)*

**Reporting**
- Child Maltreatment: Physical, sexual, neglect, pregnant teen under the age of 16 with older FOB, pregnant woman who has used illegal drugs (or excessive/habitual alcohol)
- Vulnerable Adult Maltreatment: Physical, sexual, neglect, self-neglect, financial exploitation

**Resource and Referral Information:**
- Educational resources (parenting, Adult Basic Education, Youth/Child)
- Food / Clothing / Economic Assistance
- Housing / Employment (very limited resources for undocumented immigrants)
- Services for Adults and Children with Disabilities
- Legal: landlord/tenant issues, family law, worker’s rights, paternity, immigration, etc.
- Crisis Intervention: suicide/homicide risk, no food, undesired pregnancy, homeless, etc.
- Orientation for New Immigrants
- Advanced Directives

**Social Work Referrals**
- Please refer all pregnant teens under the age of 18
- Required to make referral and immediately inform SW if: drug use in pregnancy also do PAIN CLINIC URINE DRUG SCREEN, or pregnant teen under the age of 16 and older FOB.
- With a new patient, contact social worker while patient is in the clinic for a brief meeting

LEGAL AID SERVICES

**Attorney**
Carrie Graf, Legal Aid Attorney  Phone: 612-746-3607  Email: cgraf@mylegalaid.org
- **REFERRAL TO WHC LEGAL AID**
- Mid-Minnesota Legal Aid provides free civil legal services and provides representation and advice on: landlord/tenant issues; immigration issues; public benefit denials; family law issues; consumer protection issues; disability; elder law; youth law. If necessary, referral to a different legal services provider will be made.
## BEHAVIORAL HEALTH RESOURCES

<table>
<thead>
<tr>
<th>Adult Services</th>
<th>Contact Info.</th>
<th>Language</th>
<th>Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Management</td>
<td>Mental Health Center (612)-596-9438</td>
<td>Interpreters Available</td>
<td>MA</td>
</tr>
<tr>
<td></td>
<td>North Point Health and Wellness (612)-596-9438</td>
<td>Interpreters Available</td>
<td>MA, Minnesota Care, sliding fee scale</td>
</tr>
<tr>
<td></td>
<td>Associated Clinic of Psychology (612)-925-6033</td>
<td>Interpreters Available</td>
<td>Medicare Part B, Metropolitan Heath Plan (MHP), MA, most private insurance plans</td>
</tr>
<tr>
<td>Short-Term Therapy</td>
<td>Whittier Clinic (612)-873-6963</td>
<td>Interpreters Available</td>
<td>MA (except Health Partners)</td>
</tr>
<tr>
<td></td>
<td>HCMC</td>
<td>Interpreters Available</td>
<td>You must have health insurance (including medical assistance). They do not accept patients with Medical Assistance plans of UCARE or Blue Cross Blue Shield. There is no sliding fee option available for those without insurance. They will not schedule appointments for patients with MA through the GA program.</td>
</tr>
<tr>
<td></td>
<td>Mental Health Center (612)-596-9438</td>
<td>English</td>
<td>MA</td>
</tr>
<tr>
<td></td>
<td>North Point Health and Wellness (612)-596-9438</td>
<td>Interpreters Available</td>
<td>MA, Minnesota Care, sliding fee scale</td>
</tr>
<tr>
<td></td>
<td>Community-University Health Care Center (CUHCC) (612)-638-0670</td>
<td>Interpreters Available</td>
<td>Free / no cost to eligible clients, sliding fee scale</td>
</tr>
<tr>
<td></td>
<td>Associated Clinic of Psychology (612)-925-6033</td>
<td>Interpreters Available</td>
<td>Medicare Part B, Metropolitan Heath Plan (MHP), MA, most private insurance plans</td>
</tr>
<tr>
<td></td>
<td>Lutheran Social Services (888)-881-8261</td>
<td>English Only</td>
<td>MA, private health insurance, private pay, sliding fee scale</td>
</tr>
<tr>
<td></td>
<td>Walk In Counseling Center (612)-870-0565</td>
<td>English</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td>Family Partnership (612)-728-2061</td>
<td>Interpreters Available</td>
<td>Private health insurance Sliding fee scale</td>
</tr>
<tr>
<td></td>
<td>North Point Health and Wellness (612)-596-9438</td>
<td>Interpreters Available</td>
<td>MA, Minnesota Care, sliding fee scale</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>Community-University Health Care Center (CUHCC) (612)-638-0670</td>
<td>Interpreters Available</td>
<td>Free / no cost to eligible clients, sliding fee scale</td>
</tr>
<tr>
<td></td>
<td>Associated Clinic of Psychology (612)-925-6033</td>
<td>Interpreters Available</td>
<td>Medicare Part B, Metropolitan Heath Plan (MHP), MA, Most Private Insurance Plans</td>
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<td>HCMC</td>
<td>Interpreters Available</td>
<td>Same as for Long Term Therapy</td>
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SPECIALTY SERVICES AT WHC

PODIATRY Hours: Wed 8AM - Noon
• Kimberly Bobbitt, DPM
• Referrals for diabetic foot ulcer, bunions etc. will not do procedures in clinic.

CARDIOLOGY Hours: Some Mondays 8AM-1PM (check schedule)
• Gautam Shroff, MD
• Simegn Mengitsu, MD

SURGERY
• Jon Krook, MD  General/Bariatric Surgery Hours: Most Mondays 1-5PM
• REFERRAL TO WHC GENERAL SURGERY CLINIC

PEDIATRICS
• Marjorie Hogan, MD  Hours: Wed 8AM-5PM, Fri 8AM-1PM
• Sonja Colianni, MD  Hours: Tue 8AM-1PM
• Susan Rosenthal, MD  Hours: Tue, Thu 8AM-5PM

PHYSICAL THERAPY
• REFERRAL TO WHC PHYSICAL THERAPY

OCCUPATIONAL THERAPY (Hand)
• Hours: Tue 8AM-3PM, Thu 8AM-1PM
• "HAND THERAPY/OT EVAL & TREAT-WHC"

CHIROPRACTIC
• Benjamin Backus, DC  Hours: Tue, Thu 8AM – 1PM
• Specializes in: chronic and acute musculoskeletal pain and dysfunction
• "REFERRAL TO WHC CHIROPRACTIC"

ACUPUNCTURE
• Jessica Brown, LAc, MoM  Hours: Tue, Thu 8AM – 1PM
• Specializes in: pain management, oncology support, women's health issues, and post-stroke rehabilitation. Can refer for many other conditions as well.
• "REFERRAL TO WHC ACUPUNCTURE"

NUTRITIONIST
• "REFERRAL TO WHC NUTRITION"

LACTATION CONSULT/OB EDUCATOR:
Anne Denucci-Lushine
• Prenatal Education: help schedule doula, car seat classes, fears about pregnancy
• “Referral to WHC OB Prenatal Education”
• Breastfeeding: get help with breastfeeding, can order breast pump - manual and electronic
• “Referral to WHC Breastfeeding Education”
<table>
<thead>
<tr>
<th>Role</th>
<th>Phone / Pager</th>
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<tbody>
<tr>
<td>Department Chief</td>
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</tr>
<tr>
<td>Jerome Potts</td>
<td>873-8077 / 336-0813</td>
</tr>
<tr>
<td>Whittier Clinic Medical Director</td>
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</tr>
<tr>
<td>Ayham Moty, MD</td>
<td>873-8058/589-3826</td>
</tr>
<tr>
<td>Precepting Room</td>
<td>873-7944</td>
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<tr>
<td>Practice Manager</td>
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<tr>
<td>Molly Jacques</td>
<td>873-8075/580-6904</td>
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<tr>
<td>Clinic Supervisor</td>
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<tr>
<td>Tasha Waldron, RN</td>
<td>873-8024/510-4272</td>
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<tr>
<td>Clerical Supervisor</td>
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<td>873-7895/530-8774</td>
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<tr>
<td>Interpreter Supervisor</td>
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<tr>
<td>Julio Perfetti-Diaz</td>
<td>873-8017/589-0563</td>
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<tr>
<td>Charge Nurse</td>
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<tr>
<td>Front Desk</td>
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<td>Specialties - Patti Alonso</td>
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<td>Clinical Scheduler</td>
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<td>Angee Zelaya</td>
<td>873-8070</td>
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<tr>
<td>HIM (Medical Records)</td>
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<tr>
<td>Regina Dickson</td>
<td>873-7889</td>
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<tr>
<td>Vocera</td>
<td>873-9797</td>
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<tr>
<td>Fax</td>
<td>545-9049</td>
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<td><strong>House Keeping</strong></td>
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<td><strong>Pharmacy</strong></td>
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<td>Stacy Ferderer/Manager</td>
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<tr>
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<tr>
<td>Fax</td>
<td>545-9209</td>
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<td><strong>Radiology</strong></td>
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<td>Ultrasound / Mammography</td>
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<td><strong>Purple Team North</strong></td>
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<td>RN-North</td>
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<td>Purple Check Out Desk</td>
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<td><strong>Financial Counselors</strong></td>
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<tr>
<td>Kevin Ball</td>
<td>873-7881</td>
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<tr>
<td>Jodi Kaiser</td>
<td>873-7882</td>
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<tr>
<td>Maria (Mariuxi) Garcia</td>
<td>873-7883</td>
</tr>
<tr>
<td>Fax</td>
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<tr>
<th><strong>Social Services</strong></th>
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<tbody>
<tr>
<td>Theresa Gutierrez</td>
<td>873-7885 / 580-5787</td>
</tr>
<tr>
<td></td>
<td>612-296-7987 Cell</td>
</tr>
<tr>
<td>Neri Diaz</td>
<td>873-7922 / 580-1443</td>
</tr>
<tr>
<td></td>
<td>612-296-5983 Cell</td>
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<tr>
<th><strong>Lab / Blood Draw</strong></th>
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<th><strong>MRI</strong></th>
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<tr>
<td>Vein</td>
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<td>Fax</td>
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<tr>
<td><strong>Direct Care Check-Out</strong></td>
<td>873-7859</td>
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<td>PT Clerk Kari Burley</td>
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<tr>
<th><strong>Psychologists</strong></th>
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<tbody>
<tr>
<td>Dr. James Anderson</td>
<td>873-8072 / 538-2505 (pager)</td>
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<tr>
<td>Dr. JoEllen Kozlowski</td>
<td>612-580-5082 (pager)</td>
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<tr>
<td>Dr. Patricia Castellanos</td>
<td>612-580-9240 (pager)</td>
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<tr>
<td>Sports Medicine Chiropractor/ Acupuncture</td>
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