Monitoring COVID patients in the Ambulatory Setting: Resources for the Primary Care Physician

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Department of Medicine – GIM
July 23, 2020
COVID Ambulatory Monitoring Program Team

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- COVID PSR: Endelisa Romero
- Hospitalist Team: Drs. Roger Lee, Maggie Ptaszny, Ashley Busuttil, Rachel Brook; Jeri Robertson
- Inpatient Case Management: Mary Noli, Joy Laguardia
- Outpatient Care Coordination: Betsie Jaureguy, Shari Gold
- ID: Dr. Chris Tymchuk

COVID Ambulatory PCPs
COVID Ambulatory Monitoring Program

- Started in April 2020 to co-manage high risk non-hospitalized and post-discharge COVID-19 patients with PCPs
- Daily Telehealth COVID MD Video Visit High Risk Pts
- Remote Monitoring – Monitor Oxygen Saturations
- RN Support and Triage
- Daily Symptom Survey
- Follow up survey at day 30, 60, and 90
- Interdisciplinary Rounds with Specialists

UCLA Hospital Discharge
Care Coordination Transitions of Care Outreach
Hospitalist Follow up Days 1-2 PCP Telehealth Visit Day 3
ID Telehealth Visit for High Risk Patients within 7 days
Objectives

• To understand best practices for home care of the COVID positive patient
• To understand which patients can be managed at home or referred for higher level of care
• To appreciate guidelines regarding ending isolation, returning to work, and retesting
• To explain the various COVID-related sequelae and ongoing outpatient management of these patient’s long-term care needs
• To create a workflow for management of the COVID positive patient, including the usage of Care Companion to assist in remote monitoring
Assessment of the non-hospitalized COVID positive patient

• Establish the following on first visit after positive test:
  • Date symptoms began
  • If their last fever was 24 hours ago
  • Establish symptom history
  • Others in the household
  • Any barriers to self-isolation
  • Does the patient have appropriate social support
    • Ex: can obtain meds, groceries, etc. while isolated
  • Their exposure history
  • Risk factors for worsening COVID
COVID positive patient assessment (Cont.)

Assess patient’s stability and risk factors

Clinically worsening/intermediate-high risk
- Close follow-up by PCP to re-assess symptoms
- Enroll in Care Companion

Clinically improving/stable/low risk
- Enroll in Care Companion

Low risk:
- No significant comorbidities
- Mild illness
- No significant social barriers

Moderate risk:
- Moderate illness
- Potential for worsening clinical trajectory

High risk:
- Age > 60
- High risk comorbidity
- High illness severity
- Poor social support
We are working to create system-wide COVID templates. In the meantime, feel free to borrow Dr. Pauline Yi’s templates/smartphrases:

- `.pycovidambhp2 (COVID ambulatory patient management note)`
- `.covidTCMnote (COVID post discharge transitions of care note)`

**COVID-19 Ambulatory Monitoring Note**

**Chief Complaint:**
@CHIEFCOMPLAINT@

**Subjective:**

- **History:** @NAME@ is a @AGE@ @SEX@ who presents with COVID-19 infection.
- **Important info:**
  - Date symptoms began: ***
  - Date of Positive Test: ***
  - Last fever was < 72 hours: [yes no]314532

<table>
<thead>
<tr>
<th>Symptom History at Presentation</th>
<th>Comments on Progression/Resolution Throughout Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic</td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Chills/sweats</td>
<td></td>
</tr>
<tr>
<td>Myalgias</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Cough</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
</tr>
<tr>
<td>Chest tightness/Chest pain</td>
<td></td>
</tr>
<tr>
<td>Rhinorrhea</td>
<td></td>
</tr>
<tr>
<td>Nasal/sinus congestion</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment:**

@NAME@ is a @AGE@ @SEX@ presenting for COVID-19 infection. Based on the evaluation today, the patient is (blank multiple:1917:“clinically stable”, “clinically improving”, “clinically worsening”). Additionally, based on patient factors and illness severity, would risk stratify this patient as: [blank single:121917:“n/a”, “High Risk (e.g., age >60, high risk comorbidity, high illness severity, potential for worsening clinical trajectory, poor social support)”,”Intermediate Risk (e.g., moderate illness severity, potential for worsening clinical trajectory)”, “Low Risk (e.g., no significant co-morbidities, illness severity mild, no significant social barriers)”].

Patient was counseled about COVID including the epidemiology of disease, the health risk factors, signs/symptoms of severe disease and when to seek medical services. The patient was counseled on the waxing and waning nature of the disease and what to expect in the days and weeks to come. The patient was given information on how to reach me or a health care member if there are concerns about new or worsening symptoms. Due to the unusual nature of this novel virus, this is a high risk situation that requires close monitoring.

**Plan:**
@DIAG@

Discussed supportive measures including:

- Reviewed self-isolation instructions for home. Current CDC recommendations for discontinuing home isolation are:
  - **Symptomatic patients**: Discontinue isolation on [calculate 10 days since symptom onset here: 19197:] - At least 10 days after symptom onset AND resolution of fever for at least 24 hours, without the use of antipyretic medications, AND with improvement of other symptoms. Recommend MD follow up on Day 10.
  - **Asymptomatic patients**: Discontinue isolation on [calculate 14 days since positive test here: 19197:] - 14 days after the positive test. Recommend MD follow up on Day 14.
  - **Severely immunocompromised**: Recommend ID consult
- Hydration and maintaining intake nutrition despite low appetite
- Spending time in the prone position - at least 30 minutes three times per day
- Sleeping in prone position (being careful not to suffocate); if unable to tolerate, try sleeping on the right side.
How best to manage COVID patients at home

• Ensure patient obtains a pulse oximeter as soon as possible
• Can be obtained next day shipping by Amazon, or from local pharmacy
  • Same day need but doesn’t need ER care? Consider seeing them in your clinic or Immediate Care Clinic. Please call clinic to ensure staff is aware and has appropriate PPE
  • Limited supply available through COVID Ambulatory Monitoring Program, you can send a message request to the COVID-19 Ambulatory Monitoring Careconnect Pool
• Hydration and maintaining adequate nutrition despite low appetite
• If can be safely done, spending time in the prone position – at least 30 minutes three times daily. Sleeping in the prone position (being careful not to suffocate)
• Pursed lip, straw breathing, or whistling
• OTC medications, i.e. Tylenol, cough suppressants, and saline nasal sprays
• Albuterol inhaler plus spacer based on clinical judgement
• Anxiety can be high!
Home isolation guidelines

• Centers for Disease Control recommend **symptom based strategy** to discontinue isolation:
  • Symptomatic patients:
    • Discontinue isolation after 10 days of symptom onset **AND**
    • Resolution of fever for at least **24 hours** **WITHOUT** antipyretics **AND**
    • Improvement of other symptoms (e.g. cough, diarrhea, SOB, etc.)
  • Asymptomatic patients:
    • Discontinue isolation 14 days after positive test
  • Severely immunocompromised (e.g. pts with CD4<200, cancer on chemo, prednisone 20mg/day for greater than 14 days)
    • Recommend ID e-consultation or telehealth visit as may need to extend isolation duration
WHO needs higher level of care?

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Clinical Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category I</strong></td>
<td>Symptomatic patient PLUS:</td>
</tr>
<tr>
<td>Consider discharge and home monitoring.</td>
<td>• Clinically well appearing;</td>
</tr>
<tr>
<td></td>
<td>• Resting O₂ saturation &gt;94% on room air;</td>
</tr>
<tr>
<td></td>
<td>• No desaturation with ambulation; and</td>
</tr>
<tr>
<td></td>
<td>• No tachypnea, RR &lt;20/min.</td>
</tr>
<tr>
<td><strong>Category II</strong></td>
<td>Symptomatic patient PLUS:</td>
</tr>
<tr>
<td>Consider transfer to the emergency department.</td>
<td>• Appears toxic and in distress;</td>
</tr>
<tr>
<td></td>
<td>• Resting O₂ saturation ≤93% on room air;</td>
</tr>
<tr>
<td></td>
<td>• Desaturation on ambulation; or</td>
</tr>
<tr>
<td></td>
<td>• Requires bronchodilator treatment. or</td>
</tr>
<tr>
<td></td>
<td>Any two of the following (or even one) criteria, based on clinical presentation:</td>
</tr>
<tr>
<td></td>
<td>• Age &gt;60 years;</td>
</tr>
<tr>
<td></td>
<td>• Existing conditions such as diabetes mellitus, hypertension, congestive heart failure, coronary artery disease, COPD (or any chronic or severe lung disease), chronic kidney disease, cancer, or immunosuppression;</td>
</tr>
<tr>
<td></td>
<td>• Change in mentation;</td>
</tr>
<tr>
<td></td>
<td>• RR &gt;20/min;</td>
</tr>
<tr>
<td></td>
<td>• Pulse &gt;120 bpm;</td>
</tr>
<tr>
<td></td>
<td>• Systolic BP &lt;90 mm Hg and diastolic BP &lt;60 mm Hg.</td>
</tr>
</tbody>
</table>
• Routine re-testing is **NOT** recommended by the CDC within 3 months of positive test as patients can shed dead virus for weeks.

• If patients have new symptoms consistent with COVID within 3 months, Infectious Disease e-consultation is recommended.

• Employers cannot require a negative COVID test results prior to returning to work as per guidelines by the LACDPH. Employers can pay for their own testing.

• COVID Antibody testing:
  • Has proven to have little clinical utility based on pre-test probability
  • Even if patient has COVID antibodies present, it is not clear they cannot get re-infected

• Continue to encourage social distancing and wearing masks as best way to avoiding infection.
COVID RECOVERY PROCESS

• We see a wide spectrum of recovery in patients.
• There are many health system resources to help you manage your patients in the recovery period.

Feeling well, returning to daily function

Recurrent fever, malaise, chest pain, cognitive dysfunction

• Prolonged recovery
  • COVID vs. new process
  • Role of labs/imaging
  • Vital signs
• Deconditioning

• Anxiety, PTSD
  • Resurgent symptoms
  • Infectivity concerns
  • Far from baseline
• Late complications…?
The link below is one resource that can be helpful to guide the recovery process for patients looking to do more conditioning activities at home. The next few slides are some of the exercises that are recommended in their guide.

Montefiore

PATIENT AND CAREGIVER GUIDE TO MANAGING COVID-19 PATIENTS AT HOME

Anne Felicia Ambrose, MD
Associate Professor of Rehabilitation Medicine
Department of Rehabilitation Medicine
Montefiore Medical Center
Bronx, NY 10467

For physical deconditioning, you can place a referral for Home Health Physical Therapy. While the patient is in isolation, they may be able to offer some virtual visits with a physical therapist. If your patient would like to try some exercises, the Montefiore guide has some exercises that are tailored to the patient’s current functional status.

<table>
<thead>
<tr>
<th>Sequence of Exercise Progression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>These exercises are suitable for patients who are very weak and have to lie down most of the time.</td>
</tr>
<tr>
<td>• Start with the breathing exercises (exercises 1-3) done at least twice a day, and increase to 4-6 times a day</td>
</tr>
<tr>
<td>• Gradually add the other exercises as tolerated. You can do a few of the different exercises at each session</td>
</tr>
<tr>
<td>• Once you can do all the exercises in one session without any difficulty, repeat them 2-3 times a day</td>
</tr>
<tr>
<td><strong>Level 2</strong></td>
</tr>
<tr>
<td>Once the patient can complete level 1 exercises with ease, proceed to level 2 which are mainly seated exercises.</td>
</tr>
<tr>
<td>• Continue with level 1 exercises</td>
</tr>
<tr>
<td>• Start with a few of the exercises in Level 2</td>
</tr>
<tr>
<td>• Gradually increase the number of exercises that can be done at each session</td>
</tr>
<tr>
<td>• Increase to repeating the exercises 2-3 times a day.</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
</tr>
<tr>
<td>Once the patient can complete level 2 exercises with ease, proceed to level 3 which are mainly standing exercises</td>
</tr>
<tr>
<td>• Continue with level 1 and 2 exercises</td>
</tr>
<tr>
<td>• Start with a few of the exercises in Level 3</td>
</tr>
<tr>
<td>• Gradually increase the number of exercises that can be done at each session</td>
</tr>
<tr>
<td>• Increase the numbers of sessions as tolerated. The goal is to do this 2-3 times a day.</td>
</tr>
</tbody>
</table>
Home Exercises

These are examples of home exercises patients can do at home, if they can safely participate.

7. **Overhead arm stretch**
   1. While lying in bed, bring both arms straight up to point to the ceiling. Now lower it so that it is pointing at the head of the bed. Bring it back to your side so that you are now forming a cross.
   2. Repeat 2-3 times. Change sides and repeat.
   3. Increase gradually to 8 times.

8. **Touch the back of your neck**
   1. Bring both palms up and place them on the back of your neck.
   2. Bring your arms back to your sides and repeat 2-3 times.
   3. Increase gradually to 8 times.

9. **Touch your mid-back**
Patients are often given an incentive spirometer on hospital discharge. For patients that do not own one, they can be purchased on Amazon for ~$5-10.

3. **Blowing exercises.**

   1. If you were given an **incentive spirometer**, use it  
      a. Sit straight on a chair or the edge of your bed.  
      b. Breathe out completely to clear all the air from  
         your lungs.  
      c. Close your lips firmly around the mouthpiece.  
         You’ll have to breathe in only through  
         your mouth. Plug your nose if you need to.  
      d. Breathe in slowly, and make the piston/ball  
         rise as high as you can. Then hold your breath  
         up to 5 seconds.  
      e. Repeat 10 times  

   2. If you do not have an incentive spirometer, buy a  
      packet of balloons and practice blowing them up
Subspecialty Resources

• Referral to Behavioral Health Associates (BHA)
  • Access has been good for telehealth

• Referral to Infectious Diseases
  • Same/Next Day Telehealth Visits Available

• Referral to Pulmonary (Post-ICU Clinic)
  • Dr. Kristin Schwab

• Referral to Neurology

• Referral to Cardiology

• Referral to Hematology

• Referral to Clinical Nutrition
We have compiled a list of mental health resources for your patients. Your regional leads will share this resource with you. You can also find it here: https://uclahs.app.box.com/file/704000957250

**Additional Mental Health Resources**

We put together this list of mental health resources that may be beneficial to you at this time. There are many local and nationwide resources available below. We are here to support you if you have any questions or needs.

**DISASTER DISTRESS HELPLINE**
National hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster.

Toll-free, multilingual, and confidential crisis support service is available to all residents in the United States and its territories.

**Phone:** 1-800-985-5990 or text TalkWithUs to 66746
**Office Hours:** 24/7, 365-days-a-year
**Website:** https://www.samhsa.gov/find-help/disaster-distress-helpline

**HEADSPACE – LA COUNTY RESIDENTS**
Sign up to access meditations, as well as sleep and movement exercises, designed to help you care for your mind — all free through 2020.

**Website:** https://www.headspace.com/lacounty

**ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA**
International nonprofit organization dedicated to the prevention, treatment, and curing of anxiety, depression, OCD, PTSD, and co-occurring disorders through education, practice, and research. Includes resources for managing COVID-19 anxiety.

**Website:** https://adaa.org/finding-help/coronavirus-anxiety-helpful-resources

**NATIONAL SUICIDE PREVENTION LIFELINE**
Connects you with a crisis center closest to your location and helps identify mental health services in your area.

**CRISIS TEXT LINE**
Connects to a crisis counselor nationwide.

**Phone:** Text HOME to 741-741
**Office Hours:** 24/7, 365-days-a-year
**Website:** https://www.crisistextline.org/topics/get-help-coronavirus/#for-students-3
How to Find the updated COVID Primary Care Guidance Document

GO TO UCLA HEALTH MEDNET HOME PAGE AND CLICK ON COVID-19 UPDATE

SEARCH “COVID PRIMARY CARE” – IT WILL BE THE FIRST LINK
COVID-19 Primary Care Clinical Guidance and Frequently Asked Questions (5/1/2020)

The following information constitutes clinical guidance. These are NOT set policies. Please do not print this, as this is a working document. The COVID-19 situation is rapidly evolving and our clinical guidance will be revised frequently. Of note, the vast majority of publications have been on hospitalized and critically ill patients. The information below reflects this but is likely applicable to outpatients.

GENERAL INFORMATION

The following information constitutes clinical guidance. These are NOT set policies. Please do not print this, as this is a working document. The COVID-19 situation is rapidly evolving and our clinical guidance will be revised frequently. Of note, the vast majority of publications have been on hospitalized and critically ill patients. The information below reflects this but is likely applicable to outpatients.

FREQUENTLY ASKED QUESTIONS (FAQS)

How is COVID-19 transmitted?

The most likely mode of transmission is through respiratory droplets in the air or on surfaces. Other possible modes of transmission include fomite, fecal-
Care Companion

We will not transition to discuss a new tool called MyChart Care Companion that allows you to manage your COVID-19 non-hospitalized patients. This tool will send your COVID-19 patients daily symptom surveys through the UCLA portal that will then be routed to your inbasket for clinical triage and management.
MyChart Care Companion

COVID-19 Care Plan for Home Monitoring
MyChart / my.UCLAhealth.org

• MyChart / myUCLAhealth, CareConnect’s patient portal, gives you a way to stay connected to your patients between visits.

• Manage appointments
• Ask a question
• See lab results
• Request refills
• Pay bills
MyChart Care Companion

• MyChart Care Companion is an interactive, highly individualized plan of care delivered to at-risk patients through user-friendly, accessible technology.

• Interactive plan of care delivers notifications, analyzes data provided by patients and connected devices

• Orchestrates changes to the plan and escalations as needed to help patients and care teams stay on top of a patient’s care

• Helps monitor patients with suspected or confirmed COVID-19 cases while they're at home.

• COVID home monitoring program available on the mobile platform ONLY.

• No Spanish version available yet.
Why Care Companion: Impractical to contact every COVID patient daily to assess symptoms and risk of decompensation.

Care Companion provides safe monitoring tool that will allow physicians and other healthcare professionals to allocate scarce resources where they are most needed.
MyChart COVID-19 Home Monitoring Program: HOW TO ORDER

Patient needs to be active on MyChart AND willing to use Mobile device (phone/tablet).
MyChart Task Assigned (Patient View)

You will now receive notifications on this device when new information is available. You can update your notification preferences in Account Settings.

Read your new message from Physician, Preferred Name, MD. Subject: Welcome

You have a task to do.

COVID-19 Condition Monitoring
Morning
Enter information about your condition

Do you have a new or worsening fever (T>38.2 C or 100.8 F)?

Yes  No

If you have a pulse oximeter, what is your current oxygen saturation at rest?

95%

Do you have new or worsening shortness of breath today?

Yes  No

Do you have a new or worsening cough?

Yes  No
How do I access patient responses

You can view it in 3 ways. One is if a patient has a concerning symptom, it will come to your inbasket under ‘Best Practices’. If you want to view all responses, you can also view it under the “Encounters” tab. If you want to run a report of ALL your patients enrolled in Care Companion, you can run it as a report.
Manage Individual Patient’s Tasks in CareConnect

Chart > Encounters > Patient Message
In Basket Message

Patient is notified that a message was sent and advised to call 911 or their clinic.

In Basket Message

Worsening symptoms trigger high priority In Basket message

Why This Change?
Your symptoms have worsened. We have sent a message to your healthcare team.

If you are in distress, please call 911 immediately.

Next Steps
We've sent this information to your clinic. Please contact your clinic if you have specific questions.
### UCLA COVID-19 Home Monitoring - All Patients [8021] as of Sun 7/19/2020 11:52 AM

<table>
<thead>
<tr>
<th>Age</th>
<th>PCP</th>
<th>How do you feel?</th>
<th>Vorsening Fever</th>
<th>SPO2</th>
<th>SOB</th>
<th>Breathing at Rest</th>
<th>Cough</th>
<th>Productive Cough</th>
<th>Holding down food</th>
<th>Anxiety (1-10)</th>
<th>Task Completion</th>
<th>Has MyChart Tasks?</th>
<th>Active Questionnaire Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 y.o.</td>
<td>Me</td>
<td>(P) Yes</td>
<td>(P) Yes</td>
<td>(P) 90</td>
<td></td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) 7</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>MyC3 COVID-19 Condition Monitoring</td>
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<tr>
<td>20 y.o.</td>
<td>Me</td>
<td>(P) Yes</td>
<td>(P) Yes</td>
<td></td>
<td></td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) 8</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>45 y.o.</td>
<td>Me</td>
<td>(P) Yes</td>
<td>(P) Yes</td>
<td></td>
<td></td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) 8</td>
<td>No</td>
<td>Yes</td>
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<td>MyC3 COVID-19 Condition Monitoring</td>
</tr>
<tr>
<td>80 y.o.</td>
<td>Grossman, MD</td>
<td>(P) Yes</td>
<td>(P) Yes</td>
<td>(P) 88</td>
<td></td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) No</td>
<td>(P) 8</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>MyC3 COVID-19 Condition Monitoring</td>
</tr>
</tbody>
</table>

### MYC UCLA COVID CARE COMPANION

**Answered On:** 7/18/2020

- How do you feel today? (Worse)
- New or worsening fever (Yes)
- SPO2 (range: 0 - 100) (88)
- Do you have new or worsening shortness of breath today? (Yes)
- Have you had trouble breathing at rest or walking across the room? (Yes)
- Do you have a new or worsening cough? (Yes)
- Are you having a productive cough? (No)
- Do you have muscle aches today? (Yes)
- Worse than yesterday? (Yes)
- Are you having trouble holding down water or food? (Yes)

**Attention:**
Patient To Do List

1. Search for “Patient To Do List” in Chart Search.
2. Edit the task.
3. See the patient view of the to do list.

All symptom surveys will be sent daily for 14 days from date of ordering. If you want to make edits for the end date of daily surveys, go to “Patient To Do List” under search.
Care Companion Features Coming Soon

**Medication Tracking**
Push notifications prompt patients to take medications each day and at the right time, improving medication adherence. Patients can snooze medication reminders if needed and record that individual medications were taken or not taken. The timing of each medication notification can also be personalized if appropriate.

**Tracking Health and Vitals**
Patients can view goals and track their progress towards them in MyChart. For example, a patient might have goals for monitoring blood glucose or maintaining an HbA1C value in a certain range. Care Companion enables you to send nudges to remind the patient to record the values or use a connected device to update their data.

**Educational Content**
Patients can view educational materials, including videos, to help them learn more about their health conditions or related treatments. For example, physical therapy patients can watch how-to videos and indicate that they understand or if they have questions.

**Periodic Check-Ins**
Patients can respond to daily, weekly, or ad-hoc check-in questionnaires that are tailored to collect the information you need, such as how the patient is feeling or specific symptoms she’s experiencing. This information can be sent to the patient’s care manager to keep him in the loop.
FAQ

CareConnect/MyChart Issues for providers: 7-CARE (310-267-2273)

MyChart Technical Support for Patients: (855) 364-7052

What other Care Plans are available? Contact Heather Hitson with the MyChart team at hhitson@mednet.ucla.edu.

MyChart tip sheets for providers and patients available on the CareConnect website.
Thank U

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