

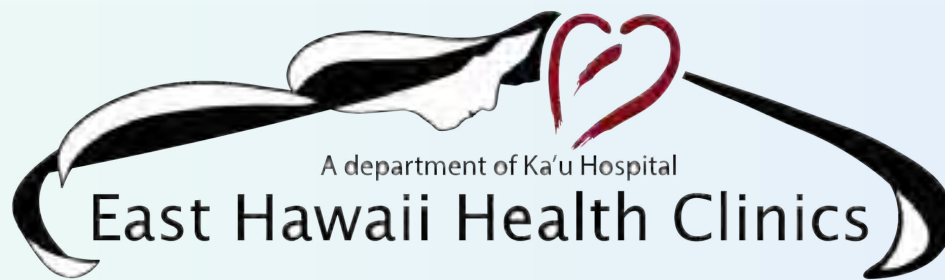
REFERRAL GUIDE



Caring for patients close to home

www.EastHawaiiHealthClinics.org

MARCH 2024



Our Mission Statement

The East Hawaii Region: Improving our community's health through exceptional and compassionate care.

Our Vision Statement

To create a health care system that provides patient centered, culturally competent, cost effective care with exceptional outcomes and superior patient satisfaction. We will achieve success by pursuing a leadership role in partnership with community health care organizations and providers.

Our Values

We live our values through teamwork.

Trust

"We work together to maintain the highest performance standards and strive for the trust of our community."

Respect

"We treat everyone with the highest professionalism and dignity. Rudeness is never acceptable."

Integrity

"We do the right thing, at the right time, to the right person, for the right reason."

Mindfulness

"We work with the right attitude. We are accountable and take responsibility for our actions."

Photo Credit: Hawaii Tourism Authority



Our Health Insurance Partners

East Hawaii Health Clinics and Hilo Medical Center accepts all major health insurances.



**PROVIDER
OUTREACH SPECIALIST**

How we can support you:

*Removing Barriers to Care | Referral Support
Service-line Overview | Peer to Peer Chats*

Contact Information:

C: (808) 640-2172 E: EHHProviderOutreach@hhsc.org

East Hawaii Health Clinic and Hilo Medical Center



Cardiology



Najam Awan, MD
 Cardiology



Vikram Brahmanandam, MD
 Cardiovascular Imaging



Carl Juneau, MD
 Interventional Cardiology



TJ Sawyer, MD
 Cardiology
 Medical Director



Lindsey Trutter, MD
 Interventional Cardiology



Corazon Brittain, DNP
 Advanced Practice Provider



Rebecca DeBurger, PA-C
 Advanced Practice Provider



Terri Vrooman, DNP
 Advanced Practice Provider

Cardiology Services

Invasive Cardiac Diagnostic / Intervention

- Left and right heart catheterization
- Angioplasty
- Atherectomy
- Cardiac Stent Placement
- Complex percutaneous coronary intervention (PCI) with hemodynamic support
- Pericardiocentesis
- Cardioversion



Cardiac Device Management

- Biventricular (BiV)
- Cardiac resynchronization therapy (CRT)/ Biventricular procedure
- Implanted cardioverter (ICD)- defibrillator
- Loop recorders
- Pacemakers

Diagnostic Testing

- Electrocardiogram (ECG or EKG)
- Remote Cardiac Monitors
- Echocardiograms
- Exercise and Pharmacologic stress testing
- Coronary calcium scoring
- Coronary cardiac computed tomography angiography (CTA)
- Cardiac magnetic resonance imaging (MRI)

Sports Cardiology

- Targeted evaluation and treatment recommendations to enhance performance and safety.

Patient Demographics

- *Cardiology accepts patients ages: 18+ (adults)*
- *Sports Cardiology accepts adults and minors*

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Cardiology

How can we help you?

Clinic Phone	(808) 932-3730 Option 2
Fax	(808) 974-6798
Address	1190 Waiuanueue Ave, Hilo, HI 96720
Referrals	(808) 932-3730 Option 2 Option 4
Provider Line	(808) 932-6423
Nurse Line	(808) 932-3481
Clinic Administrator	(808) 932-3801

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our **Provider Outreach Specialist** at (808) 640-2172, EHHProviderOutreach@hhsc.org



NEW PATIENT REFERRAL CHECKLIST

General Requirements for all Cardiology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Lipid profile completed within the past 12 months
- Recent EKG performed with the past 6 months
- Device information (Pacemaker, ICD), if applicable, including name of manufacturer
- Name and information for previous cardiologist

PROBLEM SPECIFIC REQUIREMENTS

Status Post: Device Placement / Cardiac Catheter / Stent Placement / Bypass Surgery / Valve Replacement / Any other heart surgery

- Procedure notes
- Hospital imaging reports
- Hospital discharge summary

Hypertension

- Patient is on maximal tolerated doses of at least three antihypertensives

Hyperlipidemia

- Familial hyperlipidemia
- Uncontrolled lipids despite maximized statin therapy

Available Stress Testing/Echocardiogram

Treadmill Stress Test
 Nuclear Medicine Lexiscan
 Trans-thoracic Echocardiogram
 Coronary CT Scan

Treadmill Stress Echocardiogram
 Dobutamine Stress Echocardiogram
 Transesophageal Echocardiogram (TEE)

Available Cardiac Procedures

ICD placement
 Leadless Pacemaker
 Pacemaker placement
 Right and left heart catheterization
 Coronary Artery Angioplasty/Stent Placement

Coronary Angiogram
 Loop recorder placement
 Cardiac MRI
 CT coronary calcium scoring

Pediatric Cardiology



James Goldsmith, MD
 Pediatric Cardiology

Pediatric Cardiology Services

Evaluation and Treatment for:

- Arrhythmia
- Congenital heart disease
- Murmurs
- Irregular heart beat
- Chest pain
- Palpitations
- Hypertension
- Syncope
- Abnormal ECG
- Family history of:
- Cardiomyopathy
- Sudden death
- Other cardiovascular concerns

Diagnostic Testing:

- Echocardiogram
- Heart monitors
- Stress test
- Electrocardiogram (ECG)

Patient Demographics

- Pediatric Cardiology provide medical services for patients 17 years of age and under.



Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Peds Cardiology *How can we help you?*

Clinic Phone	(808) 932-3730 Option 1
Fax	(808) 933-9297
Address	1190 Waianuenue Ave Hilo, HI 96720
Email	Ehhc1190Primary Care@hhsc.org
Referrals	(808) 932-3730 Option 1, Option 3
Provider Line	(808) 932-3730 Option 1, Option 1
Nurse Line	(808) 932-3730 Option 1, Option 5
Clinic Administrator	(808) 932-3911

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our **Provider Outreach Specialist** at (808) 640-2172, EHHProviderOutreach@hhsc.org

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Dermatology



Leah Shama-Brown, DO
Dermatology

Dermatology Services

Treatment for:

- Eczema
- Psoriasis
- Acne
- Rosacea
- Warts
- Skin cancer
- Tinea versicolor
- Vitiligo
- Herpes
- Dry or sweaty skin
- Itchy skin and rashes
- Hair loss
- Nail fungus
- We can perform various skin biopsies, excisions, and cryotherapy of lesions or other skin growths.

Patient Demographics

- Dermatology provides medical services for patients ages 6 months and above.



Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Dermatology

How can we help you?

Clinic Phone	(808) 932-3740
Fax	(808) 932-3741
Address	1190 Waiuanueue Ave, Hilo, HI 96720
Email	EhhDermatology@hhsc.org
Referrals	(808) 932-5061
Provider Line	(808) 932-3740
Nurse Line	(808) 932-5062
Clinic Administrator	(808) 932-3911

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org



New Patient Referral Guidelines

General Requirements for All Dermatology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Most recent labs related to referring issue
- Imaging studies of the affected area, if applicable
- Notes regarding any prior medical management and failed/repeated treatment
- All pathological reports for referring issue, if applicable

To maximize our visit with the patient, appointments will not be scheduled until all requested documentation has been submitted

- We are **not accepting general skin cancer screenings** unless patient has documented personal history of skin cancer or they are immunosuppressed and have active lesions. General skin cancer screenings can and should be performed by patients PCP
- **No referrals** accepted for general skin tag removal or cosmetic mole removal
- **No referrals** accepted for management and treatment of warts unless patient has failed repeated treatment
- **No referrals** accepted for moles unless there has already been an ABCDE assessment by PCP, i.e. no cosmetic mole removal at this time
- Routine rashes that have had documented failed treatment will be considered a non-urgent appointment unless increased urgency for visit is indicated by referring provider.

1190 Waianuenue Ave. Hilo Hawaii 96720, 2nd Floor
Phone: (808) 932-3740 Fax: (808) 932-3741

Gastroenterology



Steven Kind, MD
 Gastroenterology



Shilpa Ravella, MD
 Gastroenterology



Charles Ruzkowski, MD
 Gastroenterology



Abby Webb, PA-C
 Advanced Practice Provider

Gastroenterology Services

Procedures

- Upper Endoscopy (also known as esophagogastroduodenoscopy or EGD)
- Lower Endoscopy (also known as colonoscopy)
- Endoscopic retrograde cholangiopancreatography (ERCP)

Treatments for:

- Abdominal pain and discomfort
- Bleeding in the digestive tract
- Cancer
- Colitis
- Colon polyps
- Constipation
- Gastritis
- Ulcer disease
- Crohn's disease
- Diarrhea
- Diverticular disease
- Esophageal disorders
- Gastroesophageal reflux disease (GERD)
- Inflammatory bowel disease
- Irritable bowel syndrome (IBS)
- Liver diseases
- Pancreatic diseases

Patient Demographics

- Gastroenterology provides medical services for patients ages 18+.



Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Gastroenterology

How can we help you?

Clinic Phone	(808) 932-3730 Option 4
Fax	(808) 932-3615
Address	1190 Waiuanueue Ave, Hilo, HI 96720
Email	EhhcGastroenterology@hhsc.org
Referrals Provider Nurse Line	(808) 932-3730 Option 4
Clinic Administrator	(808) 932-3911

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org



(808) 932-3730 Option #2 | (808) 932-3615 (Fax)

New Patient Referral Guidelines

General Requirements for All Gastroenterology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Previous gastroenterology records if seen by another provider
- Last Colonoscopy and pathology, if applicable
- Last EGD and pathology, if applicable

Diagnosis Specific Requirements

Elevated Liver Enzymes & Hepatitis

- Viral Hepatitis Profile
- HCV Genotype
- Abnormal RUQ Ultrasound w/ Elastography
- PT/INR, Liquids

Anemia

- Iron profile, B12, Folate & Reticulocyte Count
- Fecal Occult Blood Testing

GERD

- Refer anyone with chronic symptoms that requires ongoing (>1yr) therapy of antacids, PPI or H-2 blocker; Hx treatment failure
- Refer GERD symptoms with dysphagia order UGI/Esophogram but don't delay referrals for results

Dysphagia

- Modified Barium Swallow with speech therapy if patient has coughing/aspiration

Routine Colorectal Screening

- Current H&P addressing heart and lungs
- PT/INR for patients on coumadin
- Patients should be >45 unless there is a positive immediate family history of colon CA then the trigger age is 40 or 10 years younger than the family member when they were diagnosed with colon CA

Abnormal Weight Loss

- CBC, TSH, LFTs
- Fecal Occult Blood Testing

Dyspepsia

- Stool H. pylori antigen
- Abdominal ultrasound (only if gallbladder present)
- Refer any patient requiring long term (>2months) treatment of H-2 blocker or PPI
- Refer anyone over 50 with new onset dyspepsia not H. pylori related

Persistent Nausea & Vomiting

- Abdominal Ultrasound
- Chem panel, CBC, TSH, Amylase

General Surgery



Victor Bochkarev, MD
Surgeon



Daniel Hudak, MD
Surgeon



Eric Lau, MD
Surgeon



Andrew Lind, MD
Surgeon



Joshua Pierce, MD
Surgeon

General Surgery Services

Robotic Surgeries

- Robotic assisted cholecystectomy
- Robotic assisted hernia repair
- Robotic colorectal surgery



Surgical Services

- Open and minimum invasive surgical services
- Breast surgery
- Thyroid and parathyroid surgery
- Minimum invasive colorectal surgery
- Minimum invasive gastrointestinal and esophageal surgery
- Minimum invasive anti-reflux procedures including diagnostic work-up
- Minimum invasive thoracic surgery
- Minimum invasive hernia repairs
- Video-assisted thoracoscopic surgery (VATS)
- Hepato-biliary surgery
- NOTES (Natural Orifice transluminal endoscopic surgery)-Incisionless procedures
- Endoscopic submucosal dissection (to remove cancerous or precancerous tumors)

Patient Demographics

General Surgery provides medical services for patients ages 2 +.

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



General Surgery

How can we help you?

Clinic Phone	(808) 932-3940 Option 3
Fax	(808) 935-0904
Address	1285 Waiānue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 3, Option 2
Provider Line	(808) 932-3940 Option 3, Option 1
Nurse Line	(808) 932-3940 Option 3
Clinic Administrator	(808) 932-3937

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org



(808) 932-932-3940, Option 3 | (808) 934-0904 (Fax)

New Patient Referral Guidelines

General Requirements for All Surgery Patients

- Problem specific previous diagnostic results such as biopsy results, colonoscopy/EGD reports, imaging studies, etc.
- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral

Diagnosis Specific Requirements

Abdominal Pain

(If PCP feels indicated, one of the following)

- CT Scan
- Ultrasound
- MRI

Thyroid

- TSH
- Thyroid Ultrasound, CT Neck or NM Thyroid Scan
- Biopsy if available

Esophageal Reflux (GERD)/Hiatal Hernia

- Barium Swallow Study
- EGD, If Available

Thoracic

- CT of Chest or Chest X-Ray

Breast Cancer/Benign Breast Mass

- Breast Ultrasound
- Biopsy Results- if performed

Parathyroid

- Ultrasound and/or NM Parathyroid Scan
- PTH, Calcium Levels

Colon Cancer

- Colonoscopy
- Biopsy Results
- Imaging (CT or MRI) if done

Wound Clinic

- Currently not accepting at this time

Gynecologic Surgery



Janine Doneza, MD
 Gynecologic Surgeon

Gynecologic Surgery

Minimally Invasive Surgeries

- Robotic, laparoscopic, hysteroscopic or vaginal surgery
- Hysterectomy: complex, total and subtotal
- Single-site surgery or no-incision surgery
- Myomectomy: complex, multiple fibroids
- Adhesiolysis, ureterolysis, retroperitoneal dissection
- Resection of endometriosis
- Infertility procedures: tuboplasty, metroplasty
- Prolapse procedures: sacrocolpopexy, uterosacral colposuspension
- Operation for hyperplasia, cervical dysplasia, vulvar dysplasia
- Resectoscopic surgery: polypectomy, myomectomy, ablation

Office Procedures

- Hysteroscopy (Endosee)
- Ultrasound
- Pelvic pain management
- Cystoscopy
- Endometrial, cervical, vulvar biopsy

Gynecologic Procedures

- Ovarian cyst removal
- Tubal ligation
- Ectopic pregnancy
- Full-range in-office gynecologic care: birth control, UTI, discharge, annual exam

Patient Demographics

- Gynecologic Surgery provided medical services for patients ages 12+.



Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.

Gynecologic Surgery *How can we help you?*

Clinic Phone	(808) 932-3940 Option 6
Fax	(808) 932-3781
Address	1285 Waianuenuue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 6
Provider Line	(808) 932-3775
Nurse Line	(808) 932-3940 Option 6
Clinic Administrator	(808) 932-3937

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hsc.org



Urgency Levels	
UL 1	STAT - within 1 week
UL 2	2-3 weeks
UL3	Routine/Next Opening

INTERNAL ORDER SYSTEM	
GYNECOLOGY	Both
GYN-MIN. INVASIVE SURG	Doneza

Tips prior to assigning urgency level:

- * If questionable, can go over with provider
- * If we are pending documentation prior to scheduling send comm. tool back to office. If internal, send workload
- * UL for OB patients will be determined on patients' dates.
- * STAT requires peer to peer - if marked STAT, review with provider.
- * Initial OB appts are scheduled as Amenorrhea appointments until ultrasound is done to confirm pregnancy. Only after it is confirmed can you book Pt as OB Pt and us OB document.
- * When scheduling please ask if Pt has a provider preference

****These are just guidelines, for any questions on any referrals, please ask providers for assistance****

UL 1 - STAT REFERRALS TO BE SEEN WITHIN A WEEK

STAT referrals require a **peer-to-peer conversation**, however, if a referral is marked STAT or meets the following diagnoses, staff will alert provider to triage referral ASAP.

<u>HEAVY MENSES</u>	<u>ANEMIA</u>	<u>RECENT ER VISIT</u>
<u>ACUTE/CHRONIC BLEEDING HYSTERECTOMY OR SURGERY CONSULT</u>	<u>RECENT SURGERY</u>	POST MENOPAUSAL BLEEDING

UL 2 - SEEN IN 2-3 WEEKS

<u>FIBROIDS</u>	<u>PELVIC PAIN</u>	<u>ENDOMETRIOSIS w/ PAIN</u>
<u>PELVIC MASS</u>	<u>ABNORMAL PAP</u>	-

UL 3 - ROUTINE/NEXT OPENING

<u>PROLAPSE, CYSTOCELE, RECTOCELE</u>	<u>INCONTINENCE, URGENCY, OVERACTIVE BLADDER</u>	<u>CHRONIC ENDOMETRIOSIS W/O PAIN</u>
<u>WELL WOMAN EXAMS</u> <i>need to include last PAP and well woman exam</i>	<u>RECURRENT UTI</u>	<u>MICROHEMATURIA</u> <i>need to include micro UA</i>
<u>INTERSTITIAL CYSTITIS</u>	<u>VESTIBULODYNIA</u>	<u>VAGINISMUS</u>
<u>PAINFUL INTERCOURSE</u>	<u>DYSMENORRHEA</u>	<u>INFERTILITY</u> <i>primary and secondary</i>
<u>AMENORRHEA</u>	<u>LICHEN SCLEROSIS AND VULVULAR DISORDERS</u>	<u>VAGINITIS</u>
<u>BIRTH CONTROL</u> <i>including Tubal Ligation</i>	<u>MENOPAUSE/PERIMENOPAUSE</u>	<u>ATROPHY SYMPTOMS (HOT FLASHES)</u>

We do not see:

- * GYN Cancer will need to be referred to GYN Oncologist

REQUEST DOCUMENTATION FROM PCP - LAST WWE AND PAP NEEDED FOR ALL PTS

- * Any imaging (sono, CT, MRI, mammogram)
- * Any pathology (pap smear, EMB, surgical pathology results)
- * Operative report and last note, if possible
- * When was last Well Woman Exam

Interventional Radiology



Daniel Fung, MD
 Interventional Radiology



Michael Walters, MD
 Interventional Radiology



Megan Wade, PA-C
 Advanced Practice Provider

Interventional Radiology Services

Minimally Invasive Treatments:

- Claudication and chronic leg pain
- Varicose veins and chronic venous insufficiency
- Blood clots in the legs
- Non-healing wounds in the legs
- Renal cell carcinoma
- Lung cancer
- Liver cancer
- Osteoid osteoma bone tumors
- Pelvic pain and Pelvic congestion syndrome
- Fibroids
- Benign prostatic hyperplasia
- Refractory ascites
- Recurrent pleural effusions
- Lymphatic/vascular malformations
- Peritoneal dialysis
- Acute spine fractures
- Symptomatic thyroid nodules



Refer a patient: Please complete the attached Referral Order Form. *If your patient needs be seen within one week, please contact our clinic directly.



Interventional Radiology *How can we help you?*

Clinic Phone	(808) 932-3730 Option 6
Fax	(808) 932-3943
Address	1190 Waiuanueue Ave, Hilo, HI 96720
Referrals	(808) 932-3730 Option 6
Provider Line	(808) 932-3730
Nurse Line	(808) 932-3730
Clinic Administrator	(808) 932-3801

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hsc.org

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INTERVENTIONAL RADIOLOGY PROCEDURE PROTOCOL

Patient Name: _____

DOB: _____

Requested IR Procedure: _____

MRN: _____

Radiologist to specify Procedure, *if different than indicated above*:

Place identification sticker/label here

Requested by Dr. _____ Direct PH #: _____ Date of Request: _____

____ Images requested for TELERAD Date forwarded to Radiologist for protocol: _____

Radiologist Review:

History and Images reviewed by Dr. _____ Date Reviewed: _____

Modality for procedure: Angio* CT* US Fluoro Other (specify) _____

*also want Ultrasound? YES NO

Unable to do at HMC Reason: _____

IR Required Any Rad Specific Rad: _____ PICC Team

Short Stay Admission required? YES NO Notify Pathology (Lab)? YES NO

Lab work needed: _____

Patient Instructions:

- Estimated time at Hospital including recovery: _____
- Need someone to drive you home
- Discontinue Asprin or any blood thinners 3 days prior to procedure
- NPO from _____
- Other _____

Clinic before procedure?

- Yes No
- In Person Telehealth
- Clinic Appointment Date: _____
- Clinic Appointment Time: _____

Arrangements:

Procedure to be done by: **Dr. FUNG / Dr. WALTERS**

circle one
or indicate other IR:

Date of Procedure: _____

Time of Procedure: _____

Time of Check-in: _____

Notifications:

- Patient Pathology (Lab)
- Referring Physician Spoke with: _____ Date: _____
- Emailed Short Stay Bone Marrow Biopsy: _____
- Faxed Short Stay Special appointment time

Scheduling Checklist:

- Imaging Requisition
- Admit Orders for SS, date: _____
Must include "Admit to Short Stay", "Start IV", and discharge instructions / Admitting provider's signature, date & time within 30 days of appointment
- H&P for SS, date: _____
Must include Admitting provider's signature, date & time within 30 days of appointment
- Lab results, collection date: _____
- Medication List Consent for procedure

Additional Notes:

Prior Authorization Checklist:

- CPT Code(s): _____
- Prior Auth required? YES NO
- Info verified with: _____
- If prior auth required, forward to Auth team
- Auth status: Approved Denied
- Other (specify) _____

Medical Oncology | Hematology



Zakari Aliyu, MD
Medical Oncology
Hematology



Noemi Libed-Arzaga, DNP
Advanced Practice
Provider



Franceska Severe-DeJoie, APRN
Advanced Practice
Provider

Medical Oncology | Hematology Services

Medical Oncology

- Cancer Diagnosis and Treatment
 - Chemotherapy
 - Immunotherapy
 - Targeted therapy
 - Hormonal therapy
 - Radiation Oncology referral
- Oncology Nursing Support
 - OCN Nursing Team
 - Nurse Navigator
- Comprehensive Cancer Support Network:
 - Cancer Committee
 - Tumor Board
 - Survivorship
 - Genetic Counseling
 - Nutrition
 - Physical Therapy
 - Mental Health
 - General Surgery
 - Urology

Hematology

- Hematology Consultation and Treatment

*Due to high referral volume, as of March 15, 2024, EHH Hematology is accepting referrals for specific diagnosis. For a complete list, please visit www.hilomedicalcenter.org/referrals. If you are a provider and would like to schedule a peer-to-peer to discuss a referral, please contact our Provider Line.

Patient Demographics

- Medical Oncology/ Hematology provides medical services for patients ages 18 +.



Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Medical Oncology Hematology

How can we help you?

Clinic Phone	(808) 932-3590
Clinic Fax	(808) 974-6864
Infusion Room Fax	(808) 933-3183
Address	1285 Waiānuenuē Ave, Hilo, HI 96720
Referrals	(808) 932-3590 Option 1, Option 2
Provider Line	(808) 932-3590 Option 1, Option 2
Nurse Line	(808) 932-3708
Clinic Administrator	(808) 932-3726

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hsc.org



(808) 932-3590 (Main) | (808) 974-6864 (Fax)

New Patient Referral Guidelines

Medical Oncology

General Requirements for Medical Oncology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral. Please include relevant labs, imaging reports, and pathology as well.
- If transferring from another oncologist/health system, include provider notes and previous chemo/immunotherapy treatment, if applicable.
- If more than 5 years since diagnosis, please clarify reason for referral.
- Thyroid – If early stage I or II, please follow up with ENT.
- Prostate – If stage I or II, no visit required with Medical Oncology.
- Colon – If stage I or II, no visit required with Medical Oncology.
- Breast – Patient to be seen a couple weeks post-surgery. Exceptions to this would be special cases of neoadjuvant chemo (HER2+ and triple negative breast cancer).

Radiation Oncology

General Requirements for Radiation Oncology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral. Please indicate relevant labs, imaging reports, and pathology as well.
- If transferring from another oncologist/health system, include oncology provider notes and previous XRT summary, if applicable.
- If more than 5 years since diagnosis without recurrence please clarify reason for referral.



William Herrera, MD
 Neurology



Phylavanh Phanhtarath, MSN
 Advanced Practice Provider

Neurology Services

Treatment for:

- Alzheimer's disease
- Amyotrophic lateral sclerosis (ALS)
- Dementia
- Epilepsy
- Headaches
- Movement disorders
- Multiple sclerosis (MS)
- Neuromuscular disease
- Neuropathy
 - Peripheral neuropathy
- Parkinson's disease
- Stroke

Diagnostic Tests

- Electroencephalogram (EEG)
- Electromyography (EMG)

Patient Demographics

- Neurology provides medical services for patients ages 18+.

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Neurology

How can we help you?

Clinic Phone	(808) 932-3730 Option 3
Fax	(808) 935-7752
Address	1190 Waiuanueue Ave, Hilo, HI 96720
Referrals	(808) 932-3730 Option 3, Option 4
Provider Line	(808) 932-3730 Option 3, Option 1
Nurse Line	(808) 932-3730 Option 3, Option 5
Clinic Administrator	(808) 932-3911

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org



(808) 932-3730 Option #3 | (808) 935-7752 (Fax)

New Patient Referral Guidelines

General Requirements for All Neurology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Previous neurology records if seen by another provider

Diagnosis Specific Requirements

Dementia

- MRI of the Brain without Contrast
- TSH
- Biochemical Profile
- B12 Levels
- +/- RPR
- ESR
- Folate

Headache Disorders/Migraines

- MRI of the Brain with Contrast
- CBC
- ESR

Epilepsy

- T3, T4
- ESR

Tremor

- ESR
 - TSH
 - Biochemical Profile
- *Considering discontinuing tremor inducing meds.**

Neuropathy

- All Labs
- Any EMG/NCV Testing

Neuroinfections

- MRI of the Brain w/ Contrast
- LP
- CBC
- +/- HIV
- +/- RPR

Multiple Sclerosis

- MRI of the Brain with Contrast
- Vitamin D3 Levels
- ESR
- ANA

Parkinson's Disease

- T3, T4
 - TSH
 - Copper and Ceruloplasmin if Age <60
- *Consider discontinuing tremor inducing meds.**

Dizziness

- All Labs
- Any Recent Imaging
- Previous Cardiology Notes (if applicable)

Obstetrics | Gynecology



Celeste S. Adrian, MD
 Obstetrician and Gynecology

OBSTETRICS SERVICES

Obstetrical Services

- Prenatal Services
- Vaginal Delivery
- C-section
- Coordinated care with Maternal Fetal Medicine physician for High Risk Pregnancies
- Non stress Fetal Heart Tracing in office
- Dating ultrasound
- Obstetrical ultrasound

Obstetrical Office Procedures

- Fetal Non-Stress Test (NST)
- Ultrasound
- Pelvic pain management
- Endometrial, cervical, vulvar biopsy

Gynecologic Services

Gynecologic Services

- Well woman care
- Breast cancer screening
- Cervical cancer screening
- Sexually transmitted disease screening and treatment
- Family Planning services – including IUD, Nexplanon, Sterilization, among others
- Pregnancy options counseling
- Abnormal pap smear follow ups

- Manage menopause and perimenopausal symptoms
- Management of chronic GYN concerns including : endometriosis, lichen sclerosis, chronic pelvic pain, etc.
- Evaluation of abnormal uterine bleeding & postmenopausal bleeding- Ectopic pregnancy
- Full-range in-office gynecologic care: birth control, UTI, discharge, annual exam

Gynecology Office Procedures

- Ultrasound
- Pelvic pain management
- Colposcopy
- Endometrial, cervical, vulvar biopsy

Patient Demographics

OB/GYN provides medical services for patients of all ages.



OB | GYN

How can we help you?

Clinic Phone	(808) 932-3940 Option 1
Fax	(808) 933-0011
Address	1285 Waiuanuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 1, Option 2
Provider Line	(808) 932-3940 Option 1
Clinic Administrator	(808) 932-3937

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hsc.org

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



For the most up to date **Outpatient Referral Guidelines** please visit www.HiloMedicalCenter.org/referrals



New Patient Referral Guidelines

General Requirements for All Obstetrics and Gynecology Patients

- Last Pap cytology results
- Date of last Well Woman Exam with notes
- Past operative notes

If Applicable Please Send All Relevant Results/Exams

- Any imaging (Sono, CT, MRI, Mammogram)
- Any pathology (EMB, Surgical Pathology Results, etc)
- Operative report & last note
- Any other related office notes

Orthopedics



Jeremiah Dawson, MD
 Total Hip & Knee
 Orthopedic Surgeon



Brooke C. Hayashi, DO
 Adult & Pediatric
 Orthopedic Surgeon



David Hock, MD
 Orthopedic Surgeon



Sara Sakamoto, MD
 Orthopedic Hand Surgeon
 Medical Director



Ashley Parchinski, PA
 Advanced Practice Provider

Orthopedic Services

Treatment for:

- ACL Reconstruction
- Adult upper and lower extremity fracture care:
 - Arthroscopic Surgery
 - Ankle Fractures
 - Foot Fractures (Referral accepted on case by case basis)
- Bone and Joint Infections
- Carpal Tunnel Syndrome
- Cubital Tunnel Syndrome
- DeQuervain's Tenosynovitis
- Dupuytren's Disease
- Ganglion Cysts
- Hand and Wrist Fractures
- Hand Arthritis
- Hip Replacement
- Joint injection with/without ultrasound guidance
- Knee Arthroscopy
- Knee Replacement (Partial and Total)
- Nerve Entrapment
- Pediatric upper and lower extremity fracture care
- Rehabilitation Services
- Rotator cuff repair
- Scaphoid Fractures
- Shoulder Arthroscopy
- Shoulder Replacement
- Sports Injuries
- Tendon Injuries of the Hand, Wrist and Arm
- Thumb (Basal Joint) Arthritis
- Trigger Finger

* Please refer Elective Foot and Complex Foot Trauma to a Podiatrist

Patient Demographics

- Orthopedics provides medical services for patients ages 18+, pediatrics on a case-by-case basis.

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



For the most up to date **Outpatient Referral Guidelines** please visit www.HiloMedicalCenter.org/referrals



Orthopedics

How can we help you?

Clinic Phone	(808) 932-3730 Option 5
Fax	(808) 961-9504
Address	1190 Waiuanuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3730 Option 5, Option 1
Provider Line	(808) 932-3730 Option 5, Option 2
Nurse Line	(808) 932-3000 Ext: 4321
Clinic Administrator	808-932-3911

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hsc.org



PHONE: (808) 932-3730 | FAX: (808) 961-9504

New Patient Referral Guidelines

General Requirements for All Orthopedic Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Most recent labs-CBC, Metabolic profile and HgbA1C if patient is diabetic
- Imaging studies of the affected area
- Notes regarding any prior conservative management (i.e., NSAID use, corticosteroid injections and physical therapy)
- All surgical reports for referring issue, if applicable

- ❖ We treat all joints for osteoarthritis, sports injuries and fractures, but please note we do not treat neck or spine issues.

- ❖ Please note if this is a second opinion, third party liability and workers compensation. We reserve the right to review and accept these referrals on a case-by-case basis.

- ❖ East Hawaii Health Orthopedics does not provide disability ratings or IMEs.

Diagnosis Specific Requirements

Osteoarthritis

- Shoulder: 4 view X-rays
(Order as "Ortho Series" at Hilo Medical Center)
- Hip: 2 view X-rays w/pelvis + marker
- Knee: 4 view X-rays
(Order as "Ortho Series" at Hilo Medical Center)

Sports Injury or Trauma

- CT or MRI

Carpal Tunnel

- EMG results if available

Shoulder Fractures

- AP internal and external rotation views (2 views)

Otolaryngology (ENT)



Lovina Sabnani, DO
 Otolaryngology



Mark Sakai, DO
 Otolaryngology



Hannah Moore, PA-C
 Advanced Practice
 Provider

Otolaryngology (ENT) Services

Procedures and Tests:

- Tonsillectomy and adenoidectomy surgeries (for all ages)
- Endoscopic sinus surgery
- Ear surgery to include endoscopic ear surgery
- Surgical procedures for obstructive sleep apnea to include hypoglossal nerve stimulator implantation
- Testing and treatment of benign/malignant lesions of the head and neck
- Septorhinoplasty and other procedures for functional nasal disorders
- Voice/swallowing disorders
- Allergy Testing Services for environmental allergies

Patient Demographics

- ENT provides medical services for patients ages 6 months and older.

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



ENT

How can we help you?

Clinic Phone	(808) 932-3940 Option 2
Fax	(808) 933-3801
Address	1285 Waiuanueue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 2, Option 4
Provider Line	(808) 932-3940 Option 2, Option 1
Nurse Line	(808) 932-3940 Option 2
Clinic Administrator	(808) 932-3937

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHPProviderOutreach@hhsc.org



NEW PATIENT REFERRAL CHECKLIST

1285 Waianuenu Ave. Hilo, Hawaii 96720

Phone: (808) 932-3940 Fax: (808) 933-3801

GENERAL REQUIREMENTS FOR ALL OTOLARYNGOLOGY PATIENTS

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Previous otolaryngology records if seen by another provider
- Please note EHH ENT clinic does not treat TMJ

TREATABLE CONDITIONS AND PROBLEM SPECIFIC REQUIREMENTS

<u>Ear Issues:</u> Tinnitus, Hearing Loss, Vertigo, Otagia, Tympanic Membrane Perforations, Recurrent Ear Infections, Impacted Cerumen <input type="checkbox"/> Hearing test (ordered)	<u>Obstructive Sleep Apnea</u> <input type="checkbox"/> Adults: sleep study <input type="checkbox"/> Pediatric: do NOT need a sleep study
<u>Head & Neck Masses (benign or malignant)</u> <input type="checkbox"/> CT and/or MRI w/contrast - if available	<u>Thyroid/Parathyroid Masses</u> <input type="checkbox"/> Pertinent Labs <input type="checkbox"/> Thyroid Ultrasound
<u>Chronic/Recurrent Sinusitis</u>	<u>Allergic/Non-Allergic Rhinitis</u>
<u>Nasal Obstruction</u>	<u>Epistaxis</u>
<u>Facial Fractures</u> <input type="checkbox"/> CT Maxillofacial	<u>Chronic Cough</u>
<u>Hoarseness/Voice Complaints</u>	<u>Dysphagia/Odynophagia</u>
<u>Chronic Tonsillitis & Peritonsillar Abscesses</u>	<u>Foreign Body (Ears/Nose)</u>



Plastic Surgery



Jamie Johnson, MD
Plastic Surgeon



Kerry Lau, PA-C
Advanced Practice
Provider

Plastic Surgery Services

Reconstructive Procedures

- Complex wound management and regenerative medicine (on a case-by-case basis)
- Diagnosis and treatment of integument tumors
- Breast surgery and reconstruction
- Treatment of maxillofacial trauma
- Reconstruction of acquired or traumatic soft tissue defects via grafts, flaps, implants, and microsurgery

Patient Demographics

- Plastic Surgery provides medical services for patients ages 1 year and older.



Plastic Surgery

How can we help you?

Clinic Phone	(808) 932-3722
Fax	(808) 932-3729
Address	1190 Waiuanuenue Ave, Hilo, HI 96720
Email	EhhPlasticsurgery@hhsc.org
Referrals	(808) 932-3000 Ext: 5301
Provider Line	(808) 932-3722
Nurse Line	(808) 932-3722
Clinic Administrator	808-932-3911

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.





NEW PATIENT REFERRAL CHECKLIST
1190 Waianuenu Ave, Hilo, HI 96720
Phone: (808) 932-3722 Fax: (808) 932-3729

GENERAL REQUIREMENTS FOR ALL SURGICAL PATIENTS

- >50 years of age: CMP and CBC, <50 years of age: CBC and BMP
- EKG > 60 years of age or if underlying cardiac issues are present
- PT and INR for patients on Coumadin
- Cardiac clearance/PCP clearance for surgical patients requiring anesthesia
- Problem specific previous diagnostic results such as biopsy results, previous operative reports and/or imaging studies, etc.
- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral.

PROBLEM SPECIFIC REQUIREMENTS

Breast Reduction

- Mammogram (>40 years old) within 1 year
- Documented history of skin rash for 3 months with provider treatment **OR**
- Documented history of pain (shoulder, neck, upper back pain) – NOT LOWER BACK PAIN
- Physical Therapy/Massage Therapy/Chiropractor office visit notes for 6 months

Breast Reconstruction

- Completion of ALL recommended imaging ordered by Oncologist
- Completion of mammogram within 1 year for remaining breast

Hidradenitis

- Active medical management with topical therapy, long-term oral antibiotics and/or Humira.
- Stable disease not in active flare-up

Abdominal Lipectomy/Panniculectomy for Weight Loss (Natural or Surgical)

- Bariatric surgery performed at least 18 months ago
- Stable weight for 6 months
- Chronic skin rash and infections for at least 3 months
- Documented skin rash if not at a goal weight

Skin Cancers

- Biopsy results
(Confirmed skin cancer priority of face, hands, scalp or feet)
(Extremities/trunk may be deferred to General Surgery for scheduling purposes)

Pulmonology



Pulmonology Services

Pulmonology Treatments

- COPD
- Asthma
- Chronic cough
- Pneumonia
- Bronchitis
- Hypoxemia
- Dyspnea
- Hemoptysis
- Pleural effusion
- Pulmonary embolism
- Pulmonary hypertension
- Bronchiectasis
- Lung mass
- Lung nodule

Diagnostic Tests

- Bronchoscopy
- Pulmonary Function Test

• Patient Demographics

Pulmonology provides medical services for patients ages 18+.



Pulmonology *How can we help you?*

Clinic Phone	(808) 932-3940 Option 5
Fax	(808) 932-3865
Address	1285 Waianuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 5, Option 2
Nurse Line	(808) 932-3940 Option 5, Option 0
Provider Line	(808) 932-3940 Option 5, Option 1
Clinic Administrator	(808) 932-3937

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hpsc.org

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.





(808) 932-3940, Option 5 | (808) 932-3865 (Fax)

New Patient Referral Guideline

General Requirements for All Pulmonology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Previous pulmonology records if seen by another provider
- Recent labs, if applicable- CBC, CMP, etc.
- Pulmonary function test (PFT) or spirometry, if any
- Recent imaging: Chest x-ray, CT, MRI, etc., if any
- DME information (C-pap, Bi-pap, Oxygen), if applicable, including type, settings, DME vendor

Conditions Treated

COPD	Hypoxemia
Asthma	Dyspnea
Lung Nodule	Chronic Cough
Lung Mass	Hemoptysis
Bronchiectasis	Pleural Effusion
Pulmonary Embolism	Pneumonia
Post-COVID Pulmonary Conditions	Pulmonary Fibrosis

Radiation Oncology



Linda Gemer, MD
Radiation Oncology



Patrick Jewell, MD
Radiation Oncology



Kevin Wilcox, MD
Radiation Oncology

Radiation Oncology Services

- Physician inpatient and outpatient consultations
- Radiotherapy treatments for most indicated cancer types.
- East Hawaii Health Cancer Center has excellent equipment to provide highly individualized care.
- Equipment and capabilities include:
 - Varian TrueBeam Linear Accelerator for treatment delivery.
 - In department dedicated Siemens Somatom large bore CT scanner for treatment planning.
 - Conventionally delivered external beam radiation therapy.
 - Intensity Modulated Radiation Therapy (IMRT) and VoluMetric Arc Therapy (VMAT).
 - Image Guided RadioTherapy (IGRT) including daily Cone Beam CT.
 - Respiratory Gating, Breath Hold, and 4D techniques.
 - Rapidly expanding Stereotactic RadioSurgery (SRS) for Central Nervous System tumors, and Stereotactic Body Radiotherapy (SBRT) capabilities.

Patient Demographics

Radiation Oncology provides medical services for patients ages 18+.



Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Radiation Oncology

How can we help you?

Clinic Phone	(808) 932-3590 Option 2
Fax	(808) 932-3756
Address	1285 Waianuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3590 Option 2 Option 0
Provider Line	(808) 932-3755 Option 2 Option 2
Nurse Line	(808) 932-3755 Ext: 5747
Clinic Administrator	(808) 932-3726

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hsc.org



(808) 932-3590 (Main) | (808) 974-6864 (Fax)

New Patient Referral Guidelines

Medical Oncology

General Requirements for Medical Oncology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral. Please include relevant labs, imaging reports, and pathology as well.
- If transferring from another oncologist/health system, include provider notes and previous chemo/immunotherapy treatment, if applicable.
- If more than 5 years since diagnosis, please clarify reason for referral.
- Thyroid – If early stage I or II, please follow up with ENT.
- Prostate – If stage I or II, no visit required with Medical Oncology.
- Colon – If stage I or II, no visit required with Medical Oncology.
- Breast – Patient to be seen a couple weeks post-surgery. Exceptions to this would be special cases of neoadjuvant chemo (HER2+ and triple negative breast cancer).

Radiation Oncology

General Requirements for Radiation Oncology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral. Please indicate relevant labs, imaging reports, and pathology as well.
- If transferring from another oncologist/health system, include oncology provider notes and previous XRT summary, if applicable.
- If more than 5 years since diagnosis without recurrence please clarify reason for referral.

Radiology



Radiology Services

Services Provided

- Angiography
- CT
- Diagnostic X-ray/ Fluoroscopy
- MRI
- Nuclear Medicine
- Ultrasound

Patient Demographics

Radiology provides medical services for patients of all ages.



Refer a patient: Please complete the attached Referral Order Form. *If your patient needs to be seen within one week, please contact our clinic directly.



Radiology

How can we help you?

Clinic Phone	(808) 932-3800
Fax	(808) 935-1889
Address	1190 Waiianueue Ave, Hilo, HI 96720
Email	HMCImagingFront Desk@hhsc.org
Referrals	(808) 932-3800
Provider Line	(808) 932-3825
Clinic Administrator	(808) 932-3801

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org

For the most up to date **Outpatient Referral Guidelines** please visit www.HiloMedicalCenter.org/referrals

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INTERVENTIONAL RADIOLOGY PROCEDURE PROTOCOL

Patient Name: _____ DOB: _____
 Requested IR Procedure: _____ MRN: _____
 Radiologist to specify Procedure, *if different than indicated above*: _____

 Requested by Dr. _____ Direct PH #: _____ Date of Request: _____
 _____ Images requested for TELERAD Date forwarded to Radiologist for protocol: _____

Place identification sticker/label here

Radiologist Review:
 History and Images reviewed by Dr. _____ Date Reviewed: _____
 Modality for procedure: __Angio* __CT* __US __Fluoro __Other (specify) _____
 *also want Ultrasound? __YES __NO
 __Unable to do at HMC Reason: _____
 __IR Required __Any Rad __Specific Rad: _____ __PICC Team
 Short Stay Admission required? __YES __NO Notify Pathology (Lab)? __YES __NO
 Lab work needed: _____
 Patient Instructions: _____
 __ Estimated time at Hospital including recovery: _____
 __ Need someone to drive you home
 __ Discontinue Asprin or any blood thinners 3 days prior to procedure
 __ NPO from _____
 __ Other _____
Clinic before procedure?
 __ Yes __ No
 __ In Person __ Telehealth
 Clinic Appointment Date: _____
 Clinic Appointment Time: _____

Arrangements: _____ Date of Procedure: _____
 Procedure to be done by: **Dr. FUNG / Dr. WALTERS**
circle one
or indicate other IR: Time of Procedure: _____
 Notifications: _____ Time of Check-in: _____
 Pathology (Lab)
 Spoke with: _____ Date: _____
 Bone Marrow Biopsy:
 __Special appointment time
 Scheduling Checklist:
 __ Imaging Requisition
 __ Admit Orders for SS, date: _____
Must include "Admit to Short Stay", "Start IV", and discharge instructions / Admitting provider's signature, date & time within 30 days of appointment

<p>Additional Notes:</p>	<p>Prior Authorization Checklist: CPT Code(s): _____ Prior Auth required? __YES __NO Info verified with: _____ If prior auth required, forward to Auth team Auth status: __Approved __Denied __Other (specify) _____</p>	<p>__ H&P for SS, date: _____ <i>Must include Admitting provider's signature, date & time within 30 days of appointment</i> __ Lab results, collection date: _____ __ Medication List __ Consent for procedure</p>
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Pre-Op/Pre-Procedure Document Checklist

Please fax completed documents to (808) 974-7068 or send to Short Stay

Call Short Stay 7:30-4pm M-F at (808) 932-3476 for assistance.

Patient: _____ DOB: _____ Patient Phone #: _____

Admitting Physician: _____ Date of Service: _____

Time patient instructed to check in at HMC Short Stay: _____

(Please have patient check-in 2 hours prior to procedure for adequate prep time.)

Doctor Office Reminders: (Complete prior to date of service.)

- INSURANCE PRE-AUTHORIZATION
- Confirmation from insurance
- Fax to Admitting. Date: _____ Time: _____ Initial _____ 974-6869
- Medicaid/DHS Authorization. DHS 1145 (Hysterectomy) / DHS 1146 (Sterilization)
- Surgery Requisition
- Pre-Reg Form
- Copy of Medical Cards

√ = for items present/complete

⊖ = for items not present/complete

√ = for items present/complete

⊖ = for items not present/complete

1	2	3	
			Consent: all must be complete
			Date of Procedure
			Condition
			Medical Language
			Ordinary Language
			Procedure
			Medical Language
			Ordinary Language
			Patient Signature <30 days
			Date <input type="checkbox"/> (NO preprinted date)
			Time <input type="checkbox"/> (NO preprinted date)
			Witness Signature <30 days
			Date <input type="checkbox"/> (NO preprinted date)
			Time <input type="checkbox"/> (NO preprinted date)
			Physician Signature <30 days
			Date <input type="checkbox"/> (NO preprinted date)
			Time <input type="checkbox"/> (NO preprinted date)
			Physician and Patient must date and time their own signature

1	2	3	
			History and Physical: all must be complete
			< 30 days
			Completed by Physician/PA/APRN with privileges.
			Chief complaint
			Present Illness
			Past Medical History
			Medications
			Allergy History
			Family History
			Social History
			System Review
			Physical Exam
			Impression or Problem List
			Plan or Program
			Dictated in EMR (ASU to print)

1	2	3	
			Orders:
			"Admit to Short Stay" or " Admit Acute Inpatient" REQUIRED
			"Discharge" or "Discharge when Short Stay Criteria met" -may be entered after procedure
			Orders dated and signed by physician
			Orders have been entered into EMR by: _____

Pre-op/Pre-procedure Testing:

	Ordered			Included		
	1	2	3	1	2	3
CBC						
Chemistry						
PT/PTT						
HCG						
Type and Screen						
EKG						
Chest X-ray						
ECHO						

√ = for items present/complete

⊖ = for items not present/complete

Checklist Completed By:	Initial	Date
1. Doctor Office	_____	_____
2. HMC Clerk/Other	_____	_____
3. HMC RN	_____	_____

Outpatient Rehabilitation Services

Physical, Occupational, and Speech Therapy



Rehabilitation Services

As of 2024, due to high referral volume, we are currently only accepting internal referrals from East Hawaii Health Clinics. We will update this page when we are able to accept external referrals. Thank you for your patience.

Physical Therapy

- We provide individualized care through prescribed exercise, hands-on-treatment, and patient education. Our staff includes certified vestibular and orthopedic specialists.

Occupational Therapy

- Our goal is to maximize occupational performance and participation in daily activities to prior levels of function following injury, illness, or disease.

Speech-Language Pathology

- Our speech pathologists works to prevent, assess, diagnose, and provide evidence-based treatment for disorders of speech, language, voice, cognitive-communication, and swallowing in adults.

Patient Demographics

- Outpatient Rehab provides medical services for patients of all ages (pediatric case-by-case basis).

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Outpatient Rehab

How can we help you?

Clinic Phone	(808) 932-3045
Fax	(808) 974-6732
Address	1190 Waiuanueue Ave, Hilo, HI 96720
Referrals	(808) 932-3045
Administrative Officer	(808) 932-3045

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hpsc.org

For the most up to date
Outpatient Referral Guidelines
please visit
www.HiloMedicalCenter.org/referrals



NEW PATIENT REFERRAL CHECKLIST Outpatient Rehabilitation at Hilo Medical Center

PHYSICAL THERAPY

OCCUPATIONAL THERAPY

SPEECH THERAPY

General requirements for all Outpatient Rehab Patients

Completed referral sheet inclusive of:

- Referring Diagnoses (ICD10 codes and Descriptions)
- Indication of frequency & duration of services desired
 - (Eval & Treat) OR (___Week for ___ Weeks) OR (Eval ONLY)
- Special instructions as indicated (precautions, protocols, etc.)
- Onset date:
- Printed referring provider's name with provider's signature, and clinic contact information.

Completed demographics sheet inclusive of:

- Patient's name, DOB, primary phone number, secondary phone number, and mailing address
- Insurance coverage and policy number noting primary, secondary, VA, MVA, WC, No Fault, etc.
- All insurances requiring prior authorization for evaluation must be sent with referral

Please note, any provider referring to Outpatient Rehab Services at Hilo Medical center must have ordering privileges with the hospital. If support is needed to confirm ordering privileges or to navigate the process of obtaining ordering privileges, please reach out to our Medical Staff Office at (808) 932-3189, or email: hmcMSO@hhsc.org

Cardiac Rehab



Cardiac Rehab Services

As of 2020, we are only accepting internal referrals from our EHC Cardiology program. For the latest update, please call our clinic directly.

Our Cardiac Rehab Team provides a medically supervised exercise and education program designed to improve heart health after a qualifying cardiac event.

Your patient may be eligible if they have had a:

- Myocardial Infarction within the last 12 months
- Coronary Artery Bypass Graft (CABG)
- Current Stable Angina Pectoris without recent hospitalization
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- Heart or Heart-Lung transplant
- Stable Chronic Heart failure $\leq 35\%$ ejection fraction

Cardiac Rehab is delivered in a group setting with other heart patients with heart related conditions. With the oversight of healthcare professionals, you receive monitored exercise to strengthen the heart and to improve cardiac endurance. Information and education is provided during each session to assist you in managing modifiable risk factors such as: diabetes, hypertension, high cholesterol.

Patient Demographics

Cardiac Rehab provides services for patients ages 18+.

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Cardiac Rehab How can we help you?

Clinic Phone	(808) 932-3034
Fax	(808) 974-6732
Address	1190 Waiuanueue Ave, Hilo, HI 96720
Referrals	(808) 932-3034
Provider Line	(808) 932-3034
Administrative Officer	(808) 932-3045
<p>If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org</p>	

For the most up to date
Outpatient Referral Guidelines
please visit
www.HiloMedicalCenter.org/referrals

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Urology



Antonio Montgomery, MD
 General | Robotic and
 Minimally Invasive Surgery
 Urology



Lyric Santiago, MD
 General | Pediatric
 Urology



Richard Stack, MD
 General | Reconstructive
 Urology

Urology Services

As of June 26, 2023, we are currently experiencing an unprecedented number of new referrals. Because of this, we are limiting referrals to the following groups. For the latest update, please call our clinic directly.

- Emergencies (Physician to physician call required)
- Patients with a known history of bladder cancer or bladder mass seen on imaging
- Patients with quadriplegia or paraplegia
- Pediatric patients
- Elevated PSA
- Symptomatic nephrolithiasis and recently seen in the emergency room or large renal stones > 8mm
- Renal mass or cancer
- Testicular mass or cancer
- Adrenal mass
- Gross hematuria

Procedures

- Ureterscopy
- Laser Lithotripsy
- Ureteral Stent Placement
- Percutaneous Nephrolithotomy (PCNL)
- Pyeloplasty
- Urethroplasty
- Artificial Urinary Sphincter
- Penile Implants
- Transurethral resection of bladder tumor (TURBT)
- Transurethral resection of prostate (TURP)
- Robotic nephrectomy
- Prostatectomy
- Robotic adrenalectomy
- Circumcision

In-office Procedures

- Cystoscopy
- Prostate Biopsy
- Percutaneous tibial nerve stimulation (PTNS)
- Urodynamics
- Intravesical Immunotherapy (BCG instillation)
- Indwelling Catheter Care
- Bladder Botox

Patient Demographics

Urology provides medical services for patients ages of all ages.

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Urology

How can we help you?

Clinic Phone	(808) 932-3940 Option 8
Fax	(808) 969-1020
Address	1285 Waiuanuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 8 Option 4
Provider Line	(808) 932-3940 Option 8 Option 1
Nurse Line	(808) 932-3940 Option 8
Clinic Administrator	(808) 932-3937

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hsc.org



(808) 932-3940 Option #3 | (808) 969-1020 (Fax)

General Comments Regarding Urology Referrals: updated JUNE 2023

Our Urology clinic is trying to provide care for patients island-wide, and as a result we are trying to be efficient with our clinic visits. Routine referrals may not be seen for 6 months or more. Primary care providers may call our urologists to discuss a patient if there is a request for assistance to manage urologic concerns without formal consultation.

All referrals require a Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral

Please send previous urology records if seen by another provider

All STAT requests require a peer-to-peer conversation

Diagnosis-Specific Recommendations for Commonly-Referred Conditions

Renal Stones: send referral

- Send Imaging: Spiral CT KUB OR CT Abd/Pelvis OR Retroperitoneal US

Renal Mass: send referral

- Send imaging performed in last 6 months

Hematuria (>3RBC/HPF)

- Perform renal ultrasound
- Perform risk stratification* for risk of bladder cancer; refer if moderate or high risk
 - If risk is mod or high, send referral, perform CT Abd/Pelvis with/without contrast

Bladder Cancer – confirmed disease: send referral

- Send pathology confirmation of disease
- Send prior treatment/surgical reports
- Perform CT Abd/Pelvis with/without contrast if not done within 2 years

Bladder Mass: send referral

- Send imaging completed in the last 6 months

Nocturia/Overactive Bladder (female)

- Perform UA, verify neg microscopy/no infection
- Rx Behavioral tx (timing of fluid intake, pelvic floor muscle training, etc)
- Trial antimuscarinic (ie oxybutynin) and/or B3 adrenoceptor agonist (ie Mirabegron)
- If postmenopausal, consider topical estrogen

Urinary Incontinence: Female

- Trial Antimuscarinic (ie oxybutynin)
- Consider referral to Gynecology or Urogyn

Male LUTS/BPH symptoms

- Document IPSS*
- Verify normal PSA
- Trial alpha-adrenergic blocker at max tolerated dose for 4-12 weeks
- Refer to urology if IPSS is >15 and QOL score 3 or higher at max doses of alpha-blocker

Elevated PSA: use age-adjusted PSA

- 40-49: PSA > 2.5
- 50 to 59: > 3.5
- 60-69: > 4.0
- 70 – 79: > 6.5
- Remember to double the PSA if on finasteride or dutasteride for one year or longer
- Repeat PSA test if possible condition that falsely elevates PSA: UTI, prostatitis, Foley cath, etc.)

PSA labs completed within 3 months

Prostate Cancer – confirmed disease: send referral

- Send with pathology confirmation of disease
- Prior treatment/surgical reports
- All PSA results from past 2 years

Testicular Mass: send referral and contact Urologist on call for expedited appointment.

- Send with testicular US; Serum AFP, HCG, and LDH

AUA guidelines and *patient care tools available at [Guidelines - American Urological Association \(auanet.org\)](https://www.auanet.org)

Vascular Surgery



Abraham Korn, MD
 Vascular Surgeon



John Matsuura, MD
 Vascular Surgeon



Kelly Luscomb, NP
 Advanced Practice
 Provider



Todd Glass, PA-C
 Advanced Practice
 Provider

vascular services

Procedures:

- Ankle-brachial index (ABI)
- Duplex Ultrasound
- Carotid imaging
- Renal imaging
- Abdominal imaging
- Computed Tomography Angiography (CTA)

Treatment for:

- Vascular aneurysms
- Carotid stenosis
- Edema
- Dialysis access
- Lymphedema
- Peripheral Arterial Disease
- Venous insufficiency
- Venous stasis without wounds
- Venous stenosis
- Varicose veins
- Ligation/ vein stripping

Patient Demographics

Vascular Surgery provides medical services for patients ages 18+.

Refer a patient: Please include the patient's name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, the items outlined in the clinic referral checklist, and all available insurance information. If your patient needs to be seen within one week, don't hesitate to contact our clinic directly.



Vascular Surgery

How can we help you?

Clinic Phone	(808) 932-3940 Option 9
Fax	(808) 932-3855
Address	1285 Waiuanueue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 9 Option 2
Nurse Line	(808) 932-3940 Option 9 Option 0
Provider Line	(808) 932-3940 Option 9 Option 1
Clinic Administrator	(808) 932-3937

If you have an urgent request, don't hesitate to contact our clinic phone line directly. If you are experiencing a referral processing issue, please contact our Provider Outreach Specialist at (808) 640-2172, EHHProviderOutreach@hhsc.org



NEW PATIENT REFERRAL CHECKLIST

73 Pu'uhonu Place Hilo, Hawaii 96720

Phone: (808) 932-3850 Fax: (808) 932-3855

GENERAL REQUIREMENTS FOR ALL VASCULAR PATIENTS

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral

DIAGNOSES SPECIFIC REQUIREMENTS

<p><u>AAA</u> (One of the following)</p> <ul style="list-style-type: none"> • CTA Abdomen/Pelvis • Ultrasound Abdomen/Pelvis 	<p><u>Arterial Insufficiency</u></p> <ul style="list-style-type: none"> • Arterial Doppler Ultrasound
<p><u>Carotid Stenosis</u></p> <ul style="list-style-type: none"> • Carotid Duplex Ultrasound 	<p><u>Deep Vein Thrombosis</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound
<p><u>Edema</u></p> <ul style="list-style-type: none"> • Venous Doppler 	<p><u>HD Access Creation</u></p> <ul style="list-style-type: none"> • Nephrology Consultation Report
<p><u>Peripheral Vascular Disease</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound 	<p><u>Peripheral Artery Disease</u></p> <ul style="list-style-type: none"> • Arterial Doppler Ultrasound • ABI-Ankle Brachial Index
<p><u>Varicose Veins</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound • <u>Venous Reflux</u> 	<p><u>Venous Stasis/Insufficiency/Nonhealing Ulcer</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound



Our Referral Process

What to expect once we receive your referral

Before you send us your referral

Check out our **New Patient Referral Guidelines** to ensure all requested supporting test, images, reports and assessments are included in the referral. If you cant find a record, please contact us and we will work with you.

Pro tip: Please only send external records our way. We've got you covered for all HMC/EHHC patient records.

Referral Tracking and Evaluation

Referral Tracker

Once your completed referral is received, it will be entered into our referral tracking system. We will then ensure we have all supporting documents.

Clinical Evaluation

A member of our clinical team will evaluate the referral and assign an urgency level (UL) based on acuity.

Patient is Contacted for an Appointment

Patient Receives an Appointment

Our receptionist will then call the patient to schedule an appointment.

Notify the Referring Provider Office

Last but not least, we will notify you that your patient has recieved their appointment.

Thank you for your referral!



Still Need Referral Support at East Hawaii Health Clinics?

Our EAST HAWAII HEALTH CLINIC PROVIDER OUTREACH SPECIALIST is here to help

How we can support you:

Referral Support | Removing Barriers to Care
Service-line Overview | Peer to Peer Chats



Contact us:

C: (808) 640-2172

EMAIL: EHHProviderOutreach@hhsc.org



Hospital Procedures

All hospital procedures, including overnight and same day surgeries, are completed at Hilo Medical Center – Short Stay Department. For **“Information on Your Surgical Experience at East Hawaii Health Clinic and Hilo Medical Center”** check us out on **YouTube**.



Caring for patients close to home