



Standard Operating Procedure

Procedure Title:	New-to-Provider (N2P) Patient Review & Scope Alignment
Date:	4/7/2026
Version:	1.0
Department:	Clinical and Reception
Approved By:	Cece Carvajal, Practice Manager

Purpose:

To ensure safe, appropriate, and consistent management of patients scheduled as New-to-Provider (N2P), while:

- Protecting provider scope of practice and licensure
- Preventing patient abandonment
- Supporting a positive, transparent patient experience
- Maintaining continuity of care whenever possible

Scope:

Applies to:

- All N2P appointments (existing CIC patients transitioning to a new provider)
- New patients to clinic when concerns arise after scheduling

Definitions:

N2P (New-to-Provider): Existing CIC patient establishing care with a different provider

Scope Misalignment: When a patient’s condition, complexity, or medication regimen falls outside a provider’s clinical comfort, training, or prescribing practices

Workflow Overview:

Step 1: Scheduling + Provider Notification

Responsible: Scheduler / MA / Patient Concierge

- Schedule patient as N2P on appropriate provider schedule
- Send Athena patient case to provider with:

“Patient scheduled for N2P with [Provider] on [Date]. Previous CIC provider: [Name]. Please review chart and close if no additional steps are needed.”



Step 2: Provider Chart Review

Responsible: Provider

Provider reviews chart in advance and assigns patient to one of three categories:

Category A: Within Scope → Proceed

- No concerns
- No action needed
- Close case

Category B: Conditional Care → Proceed with Boundaries

Examples:

- Will not continue certain medications (opioids, benzodiazepines, etc.)
- Will require taper plan
- Will modify treatment approach

Action:

- Route case to MA with templated note (see below)
- Patient notified in advance
- Proceed with visit if patient agrees

Provider Reply Patient Case Template:

“Reviewed patient chart in advance of upcoming N2P appointment.

Noted current treatment plan includes [medication(s)/condition(s)], which I do not typically continue or manage in my practice as currently prescribed.

I am willing to see the patient as scheduled to evaluate their care and discuss alternative options within my scope, which may include modifications to their current regimen or a tapering plan if appropriate.

Please contact the patient in advance to set expectations and confirm they would like to proceed with the visit under these conditions.”

Category C: Outside Scope → Redirect Care

Examples:

- Complex polypharmacy beyond provider comfort



- High-risk medication combinations (due to limited access to Pain Management Providers, consider sending referral with clear explanation to provider you would be open to partnering with them if they would assist in tapering or management plan with patients' agreement)
- Conditions requiring specialty care

Action:

- Route case to MA for patient outreach
- Offer:
 - Internal provider option (if available)
 - External referral guidance
 - Optional consult visit within scope to discuss options

Provider Reply Patient Case Template:

"Reviewed patient chart in advance of upcoming N2P appointment.

Based on current medical complexity and/or medication regimen [optional: include general reference such as "including management of X"], this falls outside of my clinical scope and/or prescribing practices.

I do not feel I am the best fit to safely manage this patient's care in this setting.

Please contact the patient to inform them in advance and assist with identifying a more appropriate provider. If helpful, I am available for a limited consult visit to discuss general recommendations within my scope, likely referring to a specialty provider or internal medicine if appropriate."

Step 3: MA Patient Outreach

Responsible: Medical Assistant

MA contacts patient and documents outcome in Athena case.

Suggested Script if Category B:

"Hi [Patient Name], I'm calling from Complete Care regarding your upcoming appointment.

[Provider Name] reviewed your chart ahead of time to ensure we can best support your care. Based on that review, some aspects of your current treatment plan fall outside of their scope or prescribing practices. Specifically, they noted you are currently taking (medication) and that is outside of their prescribing practices.

You're still welcome to keep your appointment to discuss alternative options within their scope, or we can help you transition to a provider outside of our clinic who may be a better fit for your current needs, however we wanted to alert you before your upcoming appointment."



Suggested Script if Category C:

Primary Script (Use First)

“Hi [Patient Name], this is [MA Name] calling from Complete Care regarding your upcoming appointment with [Provider Name].

[Provider Name] reviewed your chart ahead of time to make sure we’re setting you up with the best care possible. Based on that review, your current care needs are outside of their scope or prescribing practice.

We want to make sure you’re connected with the right provider for your needs, so we’d like to help guide you to someone who is better aligned with your current treatment plan.”

If INTERNAL option exists (preferred)

“We do have [Provider Name / Specialty] within our clinic who may be a better fit. I’d be happy to help get you scheduled with them if you’d like.”

If EXTERNAL referral needed

“If you prefer, we can also help guide you toward the appropriate specialty, such as [psychiatry/pain management/internal medicine], so you can continue your care without interruption.” (Provider suggested clinics / providers and contact information)

If patient asks: “Will the provider still see me?”

“They are available for a visit to review your care and discuss general recommendations within their scope, but they would not be able to manage or continue your current treatment plan.”

If patient is on controlled meds / concerned about refills

(This is important for de-escalation)

“We understand continuity is important. If needed, we can talk with the provider about a short-term plan to help bridge your medications while you get established with a new provider, however I am not guaranteeing they will be able to do so.”

If patient is upset or feels rejected

“I completely understand this can feel frustrating. Our goal is to make sure you’re with a provider who is the best fit for your specific needs so you can get the safest and most appropriate care.”

Closing the Call



“What would you like to do from here? I can help you reschedule internally (if appropriate), or we can cancel this appointment while you arrange care elsewhere.”

KEY GUIDELINES TO REMEMBER:

Say this:

- “Best fit for your needs”
- “Within their scope”
- “Help guide you”

Avoid this:

- “They won’t see you”
- “They’re not comfortable with you”
- “Your case is too complex”
- Anything that sounds like rejection or blame

Step 4: Patient Decision Path

If patient agrees to proceed:

- Document agreement
- Keep appointment
- Close case

If patient declines:

- Assist with cancellation
- Offer internal or external redirection
- Document outcome

Continuity & Patient Safety Requirements

To prevent patient harm and abandonment:

If patient is on medications that require safe continuation (e.g., opioids, benzodiazepines, etc.), provider must ensure ONE of the following:

- Short-term bridge prescription (see below)
- Safe transition to another provider
- Documented plan for continuity of care



Bridge Prescribing Guidelines:

Purpose: Temporary support while patient transitions care

- Default: up to 30-60 days (depending on current wait times to transition care)
- May extend to 60–90 days at provider discretion
- Must include clear end date
- No indefinite continuation

Required Agreements

1. Controlled Substance Agreement (if applicable – see attached)

Used when continuing controlled medications under defined structure

2. Transitional Bridge Agreement (NEW – see attached)

Used when providing temporary refills while transferring care

Must include:

- Medication(s) covered
- Duration (30–90 days max)
- Patient responsibility to establish with new provider
- Acknowledgment no refills beyond agreement
- Signatures from patient + provider

Provider Documentation Requirements

Provider must document:

- Chart reviewed prior to visit
- Clinical reason for limitation (objective, non-judgmental)
- Options offered to patient

MA Documentation Requirements

MA must document:

- Patient contacted
- Information relayed
- Patient response
- Final outcome (kept visit, canceled, redirected)



Internal vs External Redirection

If internal option available:

- Offer transfer within CIC

If not:

- Guide patient to appropriate specialty (e.g., psychiatry, pain management, internal medicine)

Day-of-Visit Safety Clause

If new concerns arise during visit that were not identified during chart review:

Provider may:

- Convert visit to consultation only
- Decline prescribing
- Initiate bridge + transfer plan

Key Principles

- Providers are not required to practice outside their scope or comfort
- Patients must be treated with transparency and respect
- Continuity of care must be prioritized
- Documentation must support all decisions

Key for Athena Templates Cont.



Key for Athena Templates

These short cut templates have been built in Athena for your convenience. See text shortcuts below to use the templates. Please ensure we use these phrases, do not re-write without admin approval as consistency is protection for both our patients and our Providers.

SMART TEXT SHORTCUT GUIDE

- **.N2P_B** → Provider proceeding with conditions
- **.N2P_C** → Provider redirecting care
- **.N2P_MA_B** → MA documentation (proceeding)
- **.N2P_MA_C** → MA documentation (redirecting)
- **.N2P_BRIDGE** → Bridge prescribing documentation
- **.N2P_CASE** → Scheduling message

1. Provider Template – Category B (Conditional Care)

Shortcut: .N2P_B

Reviewed patient chart in advance of upcoming N2P appointment.

Noted current treatment plan includes [MEDICATION(S)/CONDITION(S)], which I do not typically continue or manage as currently prescribed within my practice.

I am willing to see the patient as scheduled to evaluate their care and discuss alternative options within my scope, which may include modifications to their current regimen or a taper plan if appropriate.

Please contact the patient in advance to set expectations and confirm they would like to proceed with the visit under these conditions.

2. Provider Template – Category C (Outside Scope)

Shortcut: .N2P_C

Reviewed patient chart in advance of upcoming N2P appointment.

Based on current medical complexity and/or medication regimen [OPTIONAL: INCLUDING MANAGEMENT OF _____], this falls outside of my clinical scope and/or prescribing practices.

I do not feel I am the best fit to safely manage this patient's care in this setting.

Please contact the patient in advance to inform them and assist with identifying a more appropriate provider. If helpful, I am available for a limited consult visit to discuss general recommendations within my scope which may include recommending seeking specialty care or internal medicine etc.



3. MA Documentation Template – Category B Outcome

Shortcut: .N2P_MA_B

Contacted patient regarding upcoming N2P appointment.

Reviewed provider recommendations and set expectations that current treatment plan may be modified and/or medications may not be continued as currently prescribed.

Patient [AGREED TO PROCEED / DECLINED / REQUESTED RESCHEDULE].

[IF APPLICABLE: Patient verbalized understanding and is agreeable to discussing alternative options.]

Case closed.

4. MA Documentation Template – Category C Outcome

Shortcut: .N2P_MA_C

Contacted patient regarding upcoming N2P appointment.

Informed patient that based on provider's review, current care needs fall outside of provider's scope and/or prescribing practices.

Discussed options including [INTERNAL TRANSFER / EXTERNAL REFERRAL / OPTIONAL CONSULT VISIT].

Patient [REQUESTED CANCELLATION / REQUESTED TRANSFER / WILL CALL BACK].

[IF APPLICABLE: Assisted with scheduling with [PROVIDER NAME] or provided guidance for next steps.]

Case closed.

5. Bridge Agreement Note (Quick Chart Documentation)

Shortcut: .N2P_BRIDGE

Discussed transitional medication plan with patient.

Due to scope limitations for ongoing management, agreed to provide a temporary bridge for [MEDICATION(S)] for [30/60/90] days to allow time for patient to establish care with a new provider.

Reviewed expectations including no continuation beyond agreed timeframe.

Patient verbalized understanding and agreement. Formal bridge agreement reviewed and signed.



6. Scheduler Case Message Template

Shortcut: .N2P_CASE

Patient scheduled for N2P with [PROVIDER NAME] on [DATE].

Previous CIC provider: [NAME].

Please review chart and close if no additional steps are needed.