

# REFERRAL GUIDE

## AT A GLANCE



Caring for patients close to home

JULY 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."*



## **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:**

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

Contact Information:

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

## **East Hawaii Health Clinic and Hilo Medical Center**







East Hawaii Health

# Audiology



## Audiology Services

- Diagnostic hearing evaluations for children and adults
- Newborn hearing assessments
- Visual Reinforcement Audiometry for toddler and pre-school assessments
- Conditioned Play Audiometry for primary school age children
- Otoscopy & cerumen management for plugged ears
- Tympanometry and acoustic reflex testing
- Eustachian tube dysfunction testing
- Otoacoustic emissions to assess cochlear function
- Air, bone and speech audiometry using conventional techniques
- Tinnitus management/counseling including tinnitus matching assessment
- Determine hearing aid and cochlear implant candidacy

### Patient Demographics

We provide medical services for patients of all ages.

**Refer a patient:** Please include patient name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, preferred language, items outlined on the attached referral guide and all available insurance information. \*If your patient needs be seen within one week, please contact our clinic directly.



Update to the latest version at:  
[www.hilomedicalcenter.org/lehhc-referral-guide](http://www.hilomedicalcenter.org/lehhc-referral-guide)



## EHH Audiology

*How can we help you?*

Clinic Phone	(808) 932-3047
Fax	(808) 974-6732
Address	1190 Waiuanue Ave, Hilo, HI 96720
Referrals	(808) 932-3047
Clinic Manager	(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](mailto:EHHProviderOutreach@hhsc.org)



## NEW PATIENT REFERRAL CHECKLIST

1190 Waianuenue Ave. Hilo, Hawaii 96720

Phone: (808) 932-3047 Fax: (808) 974-6732

### GENERAL REQUIREMENTS FOR ALL AUDIOLOGY PATIENTS

- ☐ Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- ☐ Previous audiology records if seen by another provider
- ☐ Please note EHH Audiology clinic does not treat speech deficits if hearing loss is not a comorbidity. Please refer to Speech-Language Pathologist.
- ☐ Vestibular screenings (i.e. DHP) are available if patient has suspected vertigo. Vestibular evaluations (i.e. VNG, rotary chair, VEMPS, EcochG) are not available at this time.

### TREATABLE CONDITIONS AND PROBLEM SPECIFIC REQUIREMENTS

#### Ear Issues:

- ☐ Tinnitus
- ☐ Hearing Loss (including Presbycusis and newborn developmental concerns)
- ☐ Speech Delay
- ☐ Vertigo
- ☐ Otolgia
- ☐ Tympanic Membrane Perforations
- ☐ Recurrent Ear Infections
- ☐ Impacted Cerumen

#### Available Testing:

- ☐ Diagnostic Audiometry (air, bone, SRT, WRS)
- ☐ Dix-Hallpike (DHP), Semont, Gufoni Maneuver
- ☐ Otoscopy
- ☐ Tympanometry
- ☐ Acoustic Reflex Threshold Testing (including Tone and Reflex Decay)
- ☐ Cerumen Removal





Najam Awan, MD  
Cardiology



Vikram Brahmanandam, MD  
Cardiovascular Imaging



Carl Juneau, MD  
Interventional Cardiology



TJ Sawyer, MD  
Cardiology



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

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Update to the latest version at:  
[www.hilomedicalcenter.org/ehhc-referral-guide](http://www.hilomedicalcenter.org/ehhc-referral-guide)



Cardiology  
How can we help you?

Clinic Phone	(808) 932-3730 Option 2
Fax	(808) 974-6798
Referral Fax	(808) 932-3661
Address	1190 Waianuenue 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

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## 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.



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## **Peds Cardiology** *How can we help you?*

Clinic Phone	(808) 932-3730 Option 1
Fax	(808) 933-9291
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

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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	633 Ponahawai St, Unit #102, 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](mailto:EHHProviderOutreach@hhsc.org)



## New Patient Referral Requirements

### 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- CBC, Metabolic profile and HgbA1C if patient is diabetic
- 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 patients that have an established dermatologist in the state. (Medicaid/Medicare patients with established dermatologists off island may be accepted on a case by case basis)
- **No referrals** accepted if already established w/a dermatologist
- **No referrals** accepted for general skin tag 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
- 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.
- STAT referrals to require a peer-to-peer.

633 Ponahawai St, Unit #102, Hilo, HI 96720  
Phone: (808) 932-3740 Fax: (808) 932-3741





**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+.



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### **Gastroenterology** *How can we help you?*

Clinic Phone	(808) 932-3730 Option 4
Fax	(808) 932-3615
Address	1190 Waianuenue Ave, Hilo, HI 96720
Email	EhhcGastroenterol ogy@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](mailto: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

- |  |  |
|--|--|
| <input type="checkbox"/> Viral Hepatitis Profile | <input type="checkbox"/> Abnormal RUQ Ultrasound w/ Elastography |
| <input type="checkbox"/> HCV Genotype            | <input type="checkbox"/> PT/INR, Liquids                         |

#### Anemia

- |   |   |
|---|---|
| <input type="checkbox"/> Iron profile, B12, Folate & Reticulocyte Count | <input type="checkbox"/> Fecal Occult Blood Testing |
|---|---|

#### GERD

- |  |  |
|--|--|
| <input type="checkbox"/> Refer anyone with chronic symptoms that requires ongoing (>1yr) therapy of antacids, PPI or H-2 blocker; Hx treatment failure | <input type="checkbox"/> 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 thoroscopic 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 Waianuenue 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](mailto: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

### Evaluation and Treatment

- Abnormal uterine bleeding: menorrhagia, irregular menses/amenorrhea, postmenopausal bleeding
- Pelvic pain: dysmenorrhea, dyspareunia,
- Bladder pain, vaginal and vulvar pain
- Bladder problems: hematuria, urinary
- Incontinence, urinary frequency, recurrent UTI
- Pelvic organ prolapse
- Pelvic mass: ovarian cyst, large masses
- Abnormal uterine bleeding: menorrhagia, irregular menses/amenorrhea, postmenopausal bleeding
- Pelvic pain: dysmenorrhea, dyspareunia,
- Bladder pain, vaginal and vulvar pain, bladder problems: hematuria, urinary
- Incontinence, urinary frequency, recurrent UTI
- Pelvic organ prolapse
- Pelvic mass: ovarian cyst, large masses

### 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
- Surgery for adnexal mass, pelvic masses, pelvic pain
- Adhesiolysis, ureterolysis, retroperitoneal dissection
- Resection of endometriosis
- Infertility procedures: tuboplasty, metroplasty, resection of uterine horn
- Prolapse procedures: sacrocolpopexy, uterosacral colposuspension
- Procedures for hyperplasia, cervical dysplasia, vulvar dysplasia
- Hysteroscopic and resectoscopic surgery: polypectomy, myomectomy, ablation

### Office Procedures

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

### 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.



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## Gynecologic Surgery

*How can we help you?*

Clinic Phone	(808) 932-3940 Option 6
Fax	(808) 932-3781
Address	1285 Waianuenue 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

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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> need to include last PAP and well woman exam	<u>RECURRENT UTI</u>	<u>MICROHEMATURIA</u> need to include micro UA
<u>INTERSTITIAL CYSTITIS</u>	<u>VESTIBULODYNIA</u>	<u>VAGINISMUS</u>
<u>PAINFUL INTERCOURSE</u>	<u>DYSMENORRHEA</u>	<u>INFERTILITY</u> primary and secondary
<u>AMENORRHEA</u>	<u>LICHEN SCLEROSIS AND VULVULAR DISORDERS</u>	<u>VAGINITIS</u>
<u>BIRTH CONTROL</u> including Tubal Ligation	<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

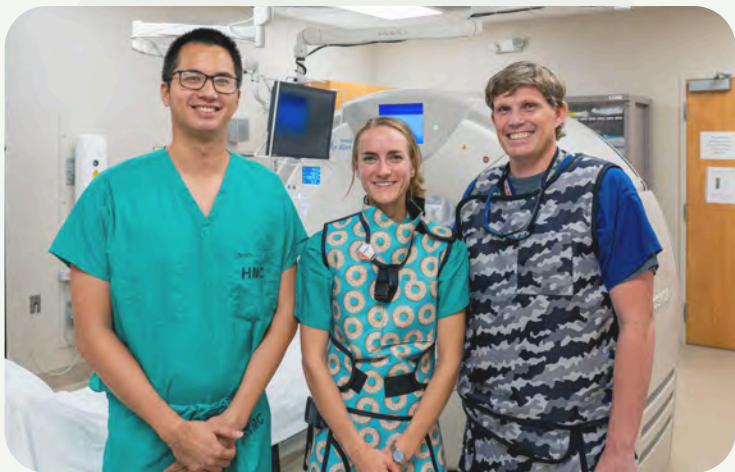


**Megan Wade, PA-C**  
Advanced Practice Provider

## Interventional Radiology Services

We Provide the Newest Minimally Invasive Treatments for:

- Claudication and leg pain
- Varicose veins and chronic venous insufficiency
- Non-healing leg wounds
- Pelvic pain and pelvic congestion syndrome
- Fibroids and Adenomyosis
- Symptomatic enlarged prostate
- Acute spine fractures
- Symptomatic thyroid nodules
- Prostate Cancer
- Kidney cancer
- Lung Cancer
- Liver Cancer
- Bone Tumors
- Vascular Malformations
- Pain Interventions for arthritis



**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 Waianuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3730 Option 6
Provider Line	(808) 938-7461
Nurse Line	(808) 932-3730, Option 6
Clinic Administrator	(808) 932-3801

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Official Use Only  
Medical Record: \_\_\_\_\_

## New Patient Referral Form

### Patient Information:

Date: \_\_\_\_\_

Patient's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I. MM/DD/YYYY

Primary Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Request:

☐ **STAT** – Provider to Provider call needed, call (808) 938-7461

☐ **ROUTINE** – Processed and scheduled per routine protocol

### Please include the following to avoid delays in scheduling:

- ☐ Any recent images and reports
- ☐ Recent lab results (CMP, CBC, PT INR)
- ☐ Recent office notes
- ☐ Short stay admit orders
- ☐ Diagnosis/ICD codes

### Reason for Referral (include Diagnosis and ICD code):

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Physician's Signature: \_\_\_\_\_

Contact person's name, title and number/extension to call if any additional information is needed:

\_\_\_\_\_

**\*Scheduling and confirmation of patient's appointment date and time will be given upon receipt of all pertinent documents. Please note, ANY missing information may delay patient being scheduled in a timely manner. Any questions please call our clinic.**



# 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](http://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.



Update to the latest version at:  
[www.hilomedicalcenter.org/lehhc-referral-guide](http://www.hilomedicalcenter.org/lehhc-referral-guide)



## 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 Waiānue 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@hhsc.org](mailto:EHHProviderOutreach@hhsc.org)





Official Use Only  
Medical Record: \_\_\_\_\_

Medical Oncology Phone: (808) 932-3590 | Medical Oncology Fax: (808) 974-6864  
Radiation Oncology Phone: (808) 932-3755 | Radiation Oncology Fax: (808) 932-3756

## New Patient Referral Form

Date: \_\_\_\_\_

### Patient Information:

Patient's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I. MM/DD/YYYY

Primary Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Referral to: ☐ **Medical Oncology** ☐ **Radiation Oncology**  
Fax: 808-974-6864 Fax: 808-932-3756

### Request:

- ☐ **STAT** – Provider to Provider call needed  
For Radiation Oncology please dial (808) 932-3000 and press # to enter extension **1703**  
For Medical Oncology, please dial (808) 932-3000 and press # to enter extensions **5718**
- ☐ **ROUTINE** – Processed and scheduled per routine protocol

Confirmation of patient's appointment date and time will be given upon receipt of all pertinent documents.

For Oncology Referral, please include the following:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>History and Physical</b>                      | <input type="checkbox"/> <b>Lab Reports</b>                                      |
| <input type="checkbox"/> <b>Pathology Reports (All pathology reports)</b> | <input type="checkbox"/> <b>Imaging (Diagnostic) Reports</b>                     |
| <input type="checkbox"/> <b>Operative Reports (if any)</b>                | <input type="checkbox"/> <b>Previous Oncology Records (if treated elsewhere)</b> |
| <input type="checkbox"/> <b>Discharge Summary (if applicable)</b>         | <input type="checkbox"/> <b>Office Visit Notes (most recent)</b>                 |
| <input type="checkbox"/> <b>Demographics/ insurance</b>                   |  |

Reason for Referral (include Diagnosis and ICD code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_





**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 Waianuenue 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](mailto: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

### Gynecology Office Procedures

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

### Patient Demographics

OB/GYN provides medical services for patients 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.



## OB | GYN

*How can we help you?*

Clinic Phone	(808) 932-3940 Option 1
Fax	(808) 933-0011
Address	1285 Waianuenue 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@hhsc.org](mailto:EHHProviderOutreach@hhsc.org)





## **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



**Landon Collins, APRN**  
Advanced Practice Provider



**Chataya Otsuka, APRN**  
Advanced Practice Provider



**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.



Update to the latest version at:  
[www.hilomedicalcenter.org/lehhc-referral-guide](http://www.hilomedicalcenter.org/lehhc-referral-guide)



## Orthopedics

How can we help you?

Clinic Phone	(808) 932-3730 Option 5
Fax	(808) 961-9504
Address	1190 Waiānue Avenue, 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@hhsc.org](mailto:EHHProviderOutreach@hhsc.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 Waianuenue 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, [EHHProviderOutreach@hhsc.org](mailto:EHHProviderOutreach@hhsc.org)





## NEW PATIENT REFERRAL CHECKLIST

1285 Waianuenue 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

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





# 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.

**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.



Update to the latest version at:  
[www.hilomedicalcenter.org/lehhc-referral-guide](http://www.hilomedicalcenter.org/lehhc-referral-guide)

## Plastic Surgery *How can we help you?*

Clinic Phone	(808) 932-3722
Fax	(808) 932-3729
Address	1190 Waianuenue 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](mailto:EHHProviderOutreach@hhsc.org)



## **NEW PATIENT REFERRAL CHECKLIST**

**1190 Waianuenue 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)





# Outpatient Psychiatry and Psychology Services



**Michelle Imlay, APRN**  
Psychiatry  
Advanced Practice  
Provider



**A. Powels Horner, Ph.D.-C**  
Clinical Psychology  
Provider



**Kelsy Streeter, DNP**  
Psychiatry  
Advanced Practice  
Provider

## Outpatient Psychiatry & Psychology Services

- Mental health diagnostic evaluations
- Psychotherapy and social skills training
- Mood disorders such as depression and bipolar disorder
- Anxiety and prior trauma induced disorders
- Restlessness and sleep issues
- Personality disorders
- Eating disorders

### Patient Demographics

We provide services for patients ages 12 and older.

**Refer a patient:** Please include patient name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, items outlined on the attached referral guide and all available insurance information. \*If your patient needs be seen within one week, please contact our clinic directly.



### **EHHC Outpatient Psychiatry & Psychology Service** *How can we help you?*

Clinic Phone	(808) 930-6001, Option 2
Fax	(808) 930-6007
Address	15-2662 Pāhoa Village Road Suite 303-305 Pāhoa, HI 96778
Referrals	(808) 930-6001, Option 2
Provider Line	(808) 930-6001, Option 2
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](mailto:EHHProviderOutreach@hhsc.org)



(808) 930-6001 Option #2 | (808) 930-6007

### **General Comments Regarding Outpatient Psychiatry Clinic Referrals:**

We have two providers offering outpatient medical management of patients with psychiatric conditions. APRNs Michelle Imlay and Kelsy Streeter are Psychiatric Mental Health Nurse Practitioners who care for patients age 12 and above. They offer services 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 one month or more.

All referrals require a completed referral sheet, demographics page, current medication list and most recent clinic notes reflecting the need for referral. Please send previous psychiatry records if seen by another provider and hospital discharge summary if recently treated in the inpatient setting.

All STAT requests require a peer-to-peer conversation.

### **Diagnosis-Specific Recommendations for Commonly-Referred Conditions**

#### **Anxiety:**

- Evaluate with GAD-7\*
- Consider trial of SSRI and hydroxyzine PRN
- **Send referral** if GAD 7\* > 10 after at least three weeks on non-controlled medication
- Avoid daily benzodiazepine

#### **Depression:**

- Evaluate with PHQ-9\*
- Evaluate for history of manic symptoms (consider Mood Disorder Questionnaire\*) or family history of Bipolar Disorder/Manic Depression
- Consider trial of SSRI if no concerns for Bipolar Disorder
- **Send referral** if PHQ-9\* > 10 or < 50% decrease after 4-6 weeks medication trial

#### **Mania/Hypomania/Bipolar Disorder: send referral**

- Evaluate with Mood Disorder Questionnaire\*
- Assess for stability: to ED if unstable

#### **Schizophrenia/Other Psychotic Disorders: send referral**

- Assess for stability: to ED if unstable
- Evaluate using DSM-5-TR diagnostic criteria\*

#### **PTSD/Trauma reaction: send referral**

- Evaluate with PTSD Checklist for DSM-5 (PCL-5)\*
- May trial melatonin, mirtazapine or trazodone
- Avoid benzodiazepines

#### **Personality Disorders: refer to Behavioral Health**

Psychiatry referral if co-morbid mental health disorder or substance abuse

#### **Chronic Insomnia: send referral**

- Please perform sleep study
- Consider trial of melatonin, doxepin, mirtazapine; avoid initiation of benzodiazepines
- Consider additional referral to BH for cognitive behavioral therapy

#### **ADD/ADHD: send referral**

- Evaluate patients age 18 and older with The Adult Self-Report Scale V1.1 (ASRS-V1.1)\*
- Avoid initiation of controlled medications
- Consider neuropsychology referral

#### **Learning Disability:**

- Send referral only if co-occurring behavioral problems
- Consider neuropsychology referral

#### **Autism/Spectrum disorders: send referral if over age 12**

- Consider additional referral to psychologist or Developmental/Behavioral Pediatrician for peds

#### **Eating Disorders: Psychiatry is not first line treatment**

- Anorexia: Recommend medical stabilization, nutritional rehabilitation, and referral for psychotherapy
- Bulimia: Recommend nutritional rehabilitation and psychotherapy. Recommend trial of fluoxetine (not with anorexia)
- Binge Eating Disorder: Recommend psychotherapy first line. Consider trial of SSRI if no concerns for Bipolar Disorder

\*patient evaluation tools available on UpToDate





**Courtney Sen, PsyD**  
Clinical Psychology  
Provider

## Outpatient Psychiatry & Psychology Services

- Adult Therapy
- Lifestyle Coaching
- Addiction Therapy



### Patient Demographics

We provide services for patients ages 12 and older.

**Refer a patient:** Please include patient name, DOB, referral reason, Dx, ICD 10 code (if available), urgency level, items outlined on the attached referral guide and all available insurance information. \*If your patient needs be seen within one week, please contact our clinic directly.



Update to the latest version at:  
[www.hilomedicalcenter.org/lehhc-referral-guide](http://www.hilomedicalcenter.org/lehhc-referral-guide)



## EHHC Outpatient Psychology Services

*How can we help you?*

Clinic Phone	(808) 932-3830, Option 2
Fax	(808) 932-6699
Address	16-523 Keaau-Pahoa Rd, Keaau, Hawaii 96749
Referrals	(808) 930-3830, Option 5
Provider Line	(808) 932-3830, Option 4
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](mailto:EHHProviderOutreach@hhsc.org)

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# 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+.

**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.



## 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@hhsc.org](mailto:EHHProviderOutreach@hhsc.org)



(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





**Linda Gerner, 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@hhsc.org](mailto:EHHProviderOutreach@hhsc.org)





Official Use Only  
Medical Record: \_\_\_\_\_

Medical Oncology Phone: (808) 932-3590 | Medical Oncology Fax: (808) 974-6864  
Radiation Oncology Phone: (808) 932-3755 | Radiation Oncology Fax: (808) 932-3756

## New Patient Referral Form

Date: \_\_\_\_\_

### Patient Information:

Patient's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name M.I. MM/DD/YYYY

Primary Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Referral to: ☐ **Medical Oncology** ☐ **Radiation Oncology**  
Fax: 808-974-6864 Fax: 808-932-3756

### Request:

☐ **STAT** – Provider to Provider call needed  
For Radiation Oncology please dial (808) 932-3000 and press # to enter extension **1703**  
For Medical Oncology, please dial (808) 932-3000 and press # to enter extensions **5718**

☐ **ROUTINE** – Processed and scheduled per routine protocol

Confirmation of patient's appointment date and time will be given upon receipt of all pertinent documents.

For Oncology Referral, please include the following:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>History and Physical</b>                      | <input type="checkbox"/> <b>Lab Reports</b>                                      |
| <input type="checkbox"/> <b>Pathology Reports (All pathology reports)</b> | <input type="checkbox"/> <b>Imaging (Diagnostic) Reports</b>                     |
| <input type="checkbox"/> <b>Operative Reports (if any)</b>                | <input type="checkbox"/> <b>Previous Oncology Records (if treated elsewhere)</b> |
| <input type="checkbox"/> <b>Discharge Summary (if applicable)</b>         | <input type="checkbox"/> <b>Office Visit Notes (most recent)</b>                 |
| <input type="checkbox"/> <b>Demographics/ insurance</b>                   |  |

Reason for Referral (include Diagnosis and ICD code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_





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 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 Waiānūenue Ave, Hilo, HI 96720
Email	HMCImagingFrontDesk@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](mailto:EHHProviderOutreach@hhsc.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 Aspirin 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

\_\_ Referring Physician

\_\_ Emailed Short Stay

\_\_ Faxed Short Stay

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*

\_\_ 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) \_\_\_\_\_





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.



Update to the latest version at:  
[www.hilomedicalcenter.org/lehhc-referral-guide](http://www.hilomedicalcenter.org/lehhc-referral-guide)



Outpatient Rehab

How can we help you?

Clinic Phone	(808) 932-3045
Fax	(808) 974-6732
Address	1190 Waianuenue 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@hhsc.org](mailto:EHHProviderOutreach@hhsc.org)





## 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](mailto:hmcMSO@hhsc.org)*



# Cardiac Rehab



## Cardiac Rehab Services

As of 2020, we are only accepting internal referrals from our EHHC 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.



Update to the latest version at:  
[www.hilomedicalcenter.org/ehhc-referral-guide](http://www.hilomedicalcenter.org/ehhc-referral-guide)



## Cardiac Rehab

How can we help you?

Clinic Phone	(808) 932-3034
Fax	(808) 974-6732
Address	1190 Waianuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3034
Provider Line	(808) 932-3034
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, <a href="mailto:EHHProviderOutreach@hhsc.org">EHHProviderOutreach@hhsc.org</a>	

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**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

### Patient Demographics

Urology provides medical services for patients ages of all ages.

### In-office Procedures

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



## Urology

### How can we help you?

Clinic Phone	(808) 932-3940 Option 8
Fax	(808) 969-1020
Address	1285 Waianuenue Ave, Hilo, HI 96720
Referrals	(808) 932-3940 Option 8 Option 4
Provider Line	(808) 932-4319
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@hhsc.org](mailto: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.

Update to the latest version at:  
[www.hilomedicalcenter.org/ehhc-referral-guide](http://www.hilomedicalcenter.org/ehhc-referral-guide)





(808) 932-3940 Option #8 | (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: CT Abd/Pelvis. If unable to complete than Retroperitoneal US or Spiral CT KUB OR

#### **Renal Mass: send referral**

- Send imaging performed in last 6 months

#### **Hematuria (>5RBC/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

#### **Bladder Mass: send referral**

- Send imaging completed in the last 6 months

#### **Prostate Cancer – confirmed disease: send referral**

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

#### **Elevated PSA: use age-adjusted PSA >10**

- 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 2 months**

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

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



## 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:

- Endovascular repair of abdominal Aortic Aneurysm
- Leg Revascularization
  - Leg Bypass
  - Femoral Endarterectomy
  - Angioplasty, Atherectomy, Stent
  - Dialysis Fistula/ Graft
  - Dialysis Catheter Placement
- Carotid Endarterectomy
- Transcarotid Artery Revascularization (TCAR)
- Venous Procedures
  - Venaseal
  - Sclerotherapy
  - Phlebectomy
  - Ligations/Stripping

#### Treatment for:

- Carotid stenosis
- Dialysis access
- Lymphedema
- Peripheral Arterial Disease
- Venous insufficiency
- Venous stasis
- Varicose veins
- Mesenteric Ischemia
- Renal Artery Stenosis
- Popliteal Aneurysms
- Abdominal Aortic Aneurysms

#### 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 Waianuenue 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](mailto:EHHProviderOutreach@hhsc.org)





## NEW PATIENT REFERRAL CHECKLIST

1285 Waianuenue, Hilo, Hawaii 96720

Phone: (808) 932-3940 Option 9

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





# 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](mailto:EHHProviderOutreach@hhsc.org)

Hilo Medical Center  
We Care for Our Community

## 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







**NEED**

**PATIENT**

**RECORDS?**

Thank you for referring your patient to us!  
Now let's get you access to our medical records!



**START**

I'd like to access my patients EHC/HMC: visit note, surgical report, imaging, labs, etc.

Use QR code for direct access to  
**EHR Access Security Agreement**



**DO YOU HAVE AN EMR ACCT WITH HMC/EHC?**

Yes

**DO YOU NEED RE-TRAINING?**

No

**ARE YOU HAVING OTHER ACCESS ISSUES?**

No

Please complete our **EHR Access Security Agreement**. Use the QR code above to access this form

Once completed please submit this form to  
**HMC Medical Staff Services**  
E: [hmcmsso@hhsc.org](mailto:hmcmsso@hhsc.org)  
F: (808) 933-9901

Awesome! We will contact you regarding your EMR account and training

Yes

No problem! Our **EMR Team** can help with that!  
Please contact (808) 932-3890, **option 2** for re-training

Yes

Let's fix that!  
Please contact our **IT Team** at (808) 932-3890, **option 1**

**DONE**

Still have questions?  
Contact our **EHC Provider Outreach Coordinator**  
P: (808) 640-2172  
E: [EHHProviderOutreach@hhsc.org](mailto:EHHProviderOutreach@hhsc.org)