

MWAETC Implementing Telemedicine Webinar Series

Session #2: Workflows in Telemedicine

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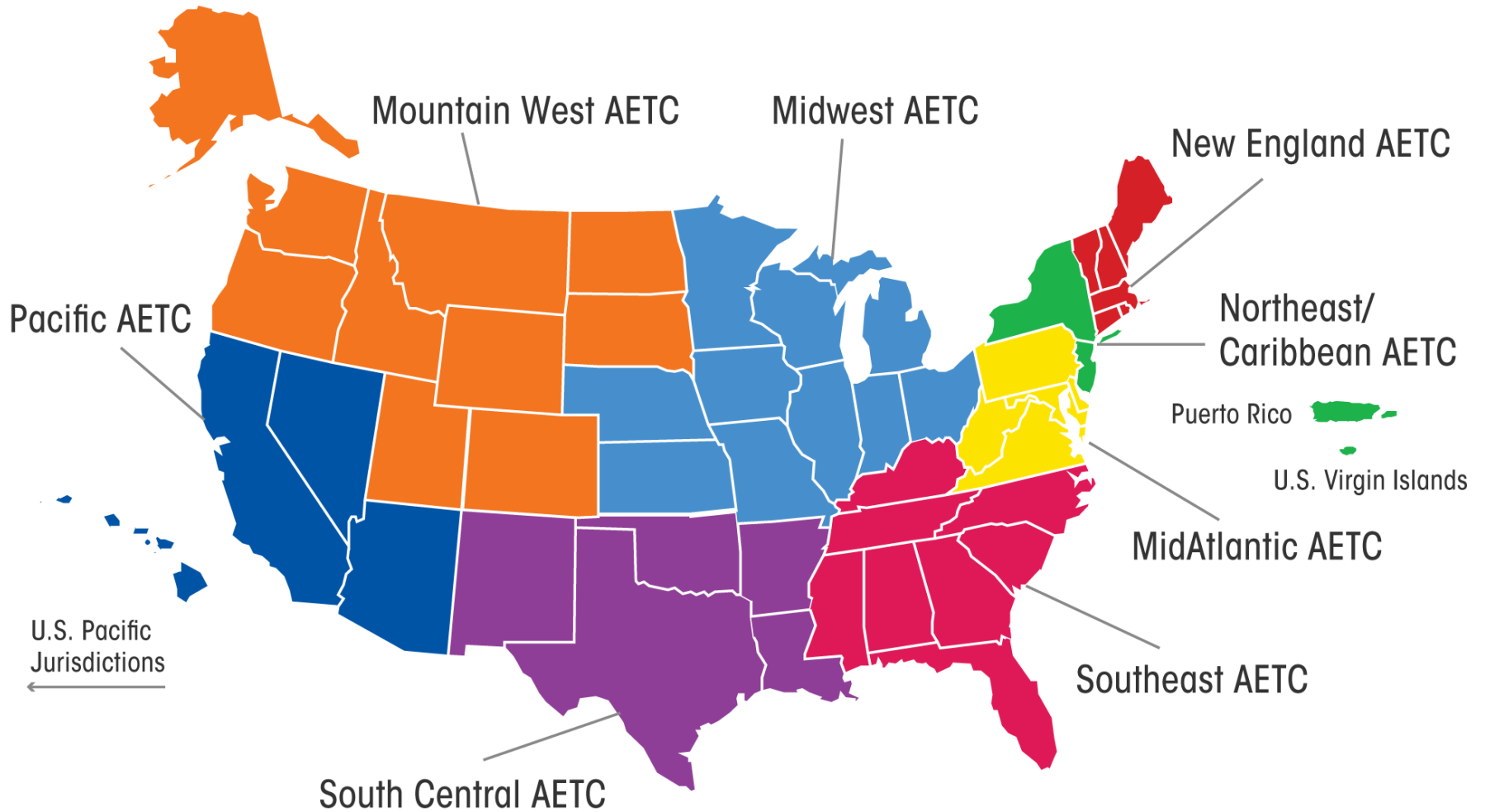
Acknowledgement

- This telemedicine webinar series is being supported with federal resources from the Coronavirus Aid, Relief and Economic Security Act, otherwise known as the CARES-ACT and the HRSA Ryan White Program.

Logistics

- This webinar is being recorded.
- All participant microphones are muted.
- Type in questions or comments through the chat box to **Everyone** or to **Laurie Sylla**. Laurie Sylla, our director, will be compiling the questions and sharing them with our presenter during the Q&A portion of the program. Please do not submit your questions directly to the presenter. He will be not be monitoring the chat box.
- After today's session you will receive an email with a link to an evaluation for today's session- we would appreciate you filling this out, and another link to a portal where you will be able to submit questions for an FAQ that we will post on our website, or request an individualized technical assistance session with our presenter and his team members.

AETC Regional Training Centers



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**SESSION #2:
WORKFLOWS IN TELEMEDICINE**

**John Scott, MD, MSc, FIDSA
Medical Director, Digital Health**

**Rachel Abramson, MHA
Internal Consultant
UW Medicine**

Disclosures

In the last year, I have served as a consultant to Gilead Sciences and Premera.

Format for webinar and office hours

- Theme of the week
 - Workflows in Telemedicine (Today)
 - Payment Policy (Jun 29)
 - Technology (Jul 6)
 - Clinical Best Practices (Jul 13)
 - Miscellaneous (Jul 20)
- 15-20 min didactic
- Q&A for remaining time: Please type in questions into Q&A now!
- Posting of recording and Q&A to AETC website
- Request 15 min block on Tue or Thurs for technical assistance

Objectives

- Describe how the components of telemedicine workflow

Poll Question #1

My most important question about workflow is:

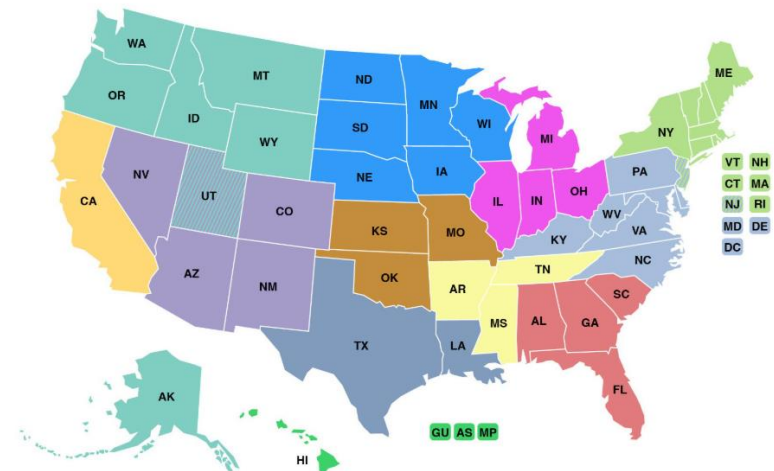
- A) How to get forms ahead of the visit
- B) How to educate patients on a TM visit
- C) How to teach providers how to operate the technology
- D) How to do a physical exam by TM
- E) Something else

Resources

- American Medical Association. Telehealth Implementation Playbook. <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- <https://www.hrsa.gov/rural-health/telehealth/resource-centers>
- <https://www.nrtrc.org/>
- <https://www.fsmb.org/>
- <http://ctel.org/>

Telehealth Resource Centers (TRCs)

If you are a provider looking for technical assistance, please contact the regional TRC in your state. You can also visit the websites of the [national TRCs](#) for additional resources focused on technology assessment and telehealth policy.



Overview: Design, Document, and Disseminate a Telemedicine Workflow

- Decide whether your organization should have one standard workflow, or whether each clinic area can create a workflow that meets their needs.
 - If there can be more than one workflow, are there elements that should be standard across the organization?
- Design workflow(s) and clearly identify roles and responsibilities for scheduling telemedicine appointments, communicating with patients, checking in appointments, conducting the actual visit, and documenting and billing telemedicine visits
- Develop resources to support workflows such as job aids, procedures, templates etc.
- Test the workflow(s) by doing internal practice telemedicine visits
- Socialize the workflow(s) and determine where to house it so it can be accessible to everyone that needs it

Goal: Document your workflow for Telemedicine and ensure everyone understands their role



Sample Telemedicine Workflow

Before the Visit

- **Identify Patients**
 - Determine how clinic identifies telemedicine candidates
 - Have screening criteria for when patients request telemedicine
 - Use scripting to discuss telemedicine with patients and set expectations
- **Schedule Appointment**
 - Template telemedicine visits; throughout the day, in a block, etc.?
 - Clearly identify appointment is via telemedicine when scheduling; ex. specific visit type, etc.
 - **Best Practices:** Identify whether interpreter is needed; Identify a callback number for patients in case there are connection issues
- **Educate Patients**
 - Provide instructions on how to do telemedicine
 - Provide necessary materials; ex. links to platform etc.
 - **Best Practice:** Provide appointment confirmation messages and reminders

Have clearly defined roles and responsibilities for each step



Example: Appointment Confirmation Message



Rachel A
05/27/2020 01:22 PM

 Print  Delete

test

Dear Dayna Zztest,

Thank you for scheduling a Telehealth Visit with test.

Your Telemedicine visit has been scheduled for test, test, from test-test. Please be ready to attend your visit at test by logging into eCare and selecting the option to "begin your video visit". By clicking this button, you will activate Zoom. Make sure you disable any pop-up blockers, and that you have the current version of the Zoom Cloud App and MyChart App downloaded if using your phone for the visit.

Click this link below to view instructions for using Zoom (you may need to copy and paste this link into a browser).

<http://www.uwmedicine.org/patient-resources/job-aidzoom-patient-instructions.pdf>

Please review these instructions before your visit so you are prepared to access Zoom on the day of your appointment.

Your telemedicine visit with test will be billed to your insurance in the same manner as a regular in-person office visit. This means that your standard copay, coinsurance, and deductible will apply.

Please let us know if you have any questions or concerns.

Sincerely,

test Clinic



REPLY

Day of the Visit: Checking in – Handoff to Provider

- **Check in Patients**

- Determine when patients will be checked in for visits; before appointment, beginning of day, etc.?
- Determine what check-in processes can be done remotely; ex. insurance verification, collection of copays, patient consent etc.?

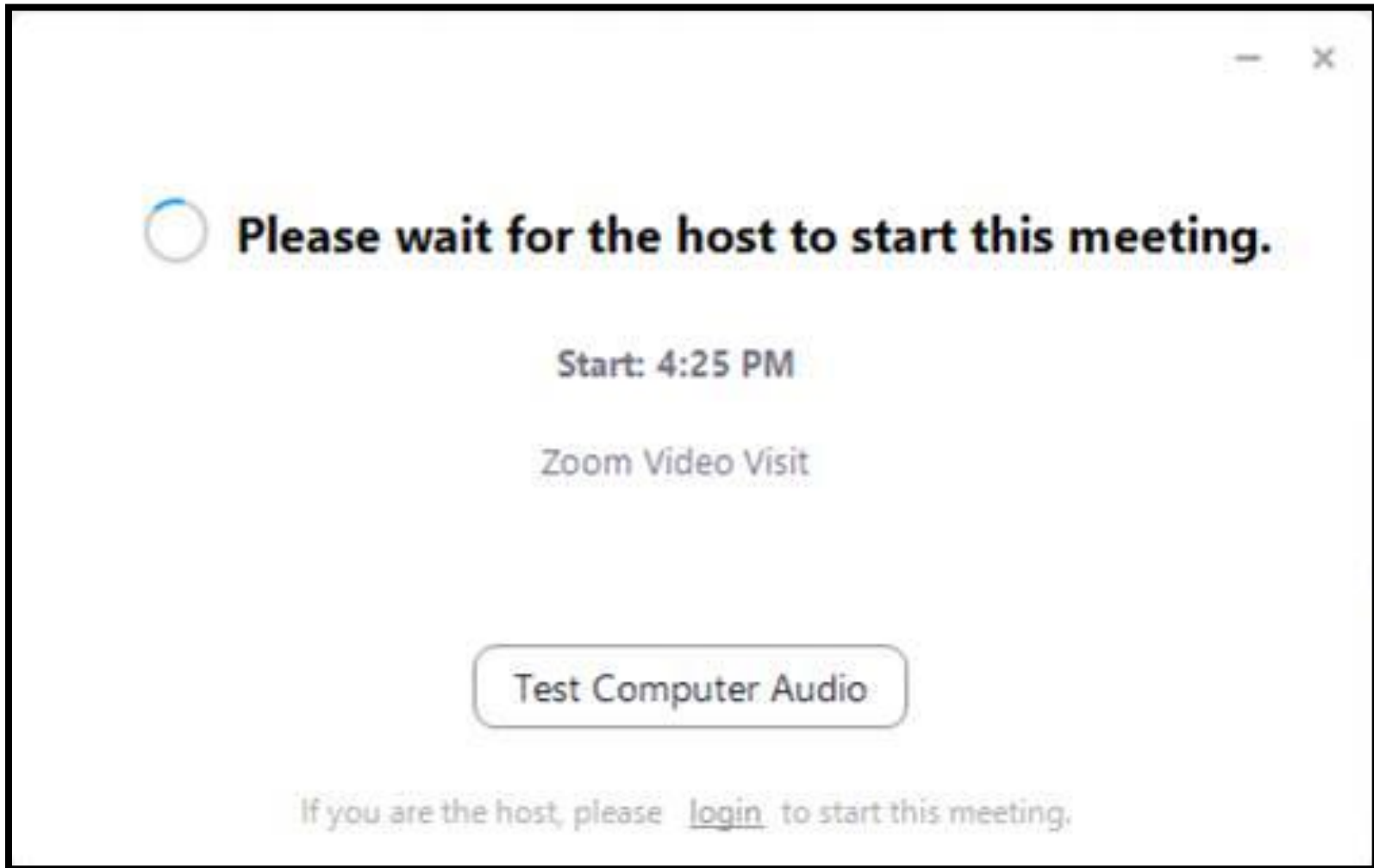
- **Perform Intake**

- Connect interpreter if needed
- Document, verify, and/or complete typical intake elements; ex. reason for visit, allergies, pharmacy, medication reconciliation
- Collect patient reported vitals such as blood pressure, heart rate, temperature, and weight. Note that these were “patient reported”.
- **Best Practice:** Know how to troubleshoot connection issues for patients, get their phone number and where they are (in case you have to call 911)

- **Handoff to Provider**

- Determine process for signaling intake is complete and patient is ready for provider
- Determine what to do with patients during handoff; ex. virtual waiting rooms

Example: Virtual Waiting Room



Day of the Visit: Provider

- **Reiterate Consent**
 - Explain telemedicine's risks and benefits and obtain verbal consent
 - Be ready to end visit and reschedule if you determine visit is not appropriate for telemedicine
- **Perform & Document Visit**
 - Document visit summary and follow up care
 - Order any necessary prescriptions, tests, etc.
 - Document clearly that visit was done via telemedicine
 - Enter necessary CPT codes and modifiers

Visit Logistics

- Good environment
 - Front lighting, quiet, consider what's in your background
- Introduce yourself/show badge/scan room
- Camera placement
 - Eye level
- Professional clothing
- Do NOT record!!!



Which background is preferable?



Consent and Documentation

Example: Language for Telemedicine's risks and benefits

"I cannot provide the same evaluation as in a face to face visit. I may need you to come in for further evaluation or care."

"The technology is encrypted and secure; however, no technology is 100% hack-proof. In addition, the technology is dependent on a reliable Internet connection."

"If at any time you would like to be seen in-person, we will terminate the visit and connect you to the most feasible in-person care."

Example: Telemedicine Dot Phrase

Distant Site Telemedicine Encounter

I conducted this encounter from {entity name} via secure, live, face-to-face video conference with the patient.

*{Patient name} was located at *** with {enter who was present with the patient}. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.*

Documentation (con't)

- **Document as you normally would** (HPI, etc). Additionally, I recommend stating start and stop times.
- **Physical exam:** enter any patient reported vitals (temp, wt, HR/BP, SpO2) and fact that patient was assisting in exam.
- **Example of an abd complaint PE:**
 - Cons: well appearing, no apparent distress
 - Eyes: conj clear w/o icterus, pallor or injection
 - ENT: nose w/o external redness or drainage, OP clear w/ good dentition, MMM.
 - CV: no LE edema or cyanosis
 - Resp: nl WoB, no audible wheezing
 - GI: flat, non-distended, NT to self-palpation
 - Skin: no spider angiomas, no lesions
 - Heme/Lymph: pt palpated no SM, SC or axillary LAD, no ecchymoses
 - Endo: no acanthosis nigricans
 - MHE: linear thought process, euthymic, nl rate and vol speech
 - Neuro: alert and oriented, no flap or tremors. Moving UE appropriately.

After the Visit: Billing

- **Review Documentation**
 - Are the CPT codes and modifiers correct?
 - Does it clearly state that visit was done via telemedicine?
 - Reach out to provider if necessary
- **Submit Claim to Payor**
 - Are all necessary codes, modifiers, and other elements required by payor included in the claim?
 - How will you track status of submitted claim?
- **Receive Processed Claim**
 - Who will follow up if claim is rejected?
 - What is the process for managing patient's portion of payment?

Billing and Coding

- For Telehealth, you can bill on TOTAL time, including review of outside records, actual time with patient and documentation. "I spent 32 minutes on this visit today including chart review prior to the visit, face to face time with the patient, and documentation and coordination of care after the visit." Bill 99214 for outpatient/follow up.
- Can also bill based on medical decision-making
- Use the GT modifier for video visits only
- Facility fee code: Q3014
- For duration of public health emergency, phone visits will pay at same rate as telehealth and in-person visits

Code	Time
99213	15 min
99214	25 min
99215	40 min
99203	30 min
99204	45 min
99205	60 min
Phone	
99441	5-10
99442	11-20
99443	21-30

View from Virtual Visits

- Can see social determinants of health more closely
- Health literacy in action (meds and how stored)
- Become part of the family
- Moment to connect
- Care continues



Questions?

Reminder

- Evaluation
- Submit Additional Questions
- Request Individualized Technical Assistance

Session #3: Telemedicine and Payment Policy

Monday, June 29, 2020

9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

REGISTER HERE

https://mwaetc.org/event/?ER_ID=39111

Implementing Telemedicine Webinar Schedule

Session #4: Telemedicine Technology

Monday, July 13, 2020; 9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

Session #5: Clinical Best Practices for Telemedicine

Monday, July 20, 2020; 9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

Session #6: Telemedicine Q&A

Monday, July 27, 2020; 9:30 AM (AKDT), 10:30 (PDT), 11:30 (MDT), 12:30 (CDT)

Acknowledgment

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The contents in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

THANK YOU!