

# TELEVISIT Process Primary Care Workflows

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# OVERVIEW

# TELEVISITS - Overview

- **Goal** – Reduce the risk of COVID-19 infection posed by coming to a CHA Primary Care Practice, by offering patients who have in-person visits booked or need new appointments the option of having a virtual “visit” or “TELEVISIT”. TELEVISITS mimic office visits.
- Key features of the new process:
  1. Rebooking: Patients appropriate for ‘televisits’ are identified by provider and communicated to the team using a specific colored dot on the provider schedule – there are VERY FEW face to face visits recommended
  2. Patients calling for new appointments are defaulted to televisits using the guidance and protocols detailed below (in addition to usual triage processes)
  3. Staff and providers use the new visit type called “TELEVISIT” in scheduling and documentation **\*staff should select TELEVISIT or convert the current appt to TELEVISIT instead of canceling and rescheduling (you can go to the appointment on the Appt Desk (or DAR) and click Change Appointment. One of the items you can change is the Visit Type)**
  4. Patients are “arrived” **and registered by the staff prior to the appointment time, which will enable the clinical documentation** \*\* Providers use TELEVISIT Template

*\*Documentation in red are key operational workflows*

# STANDARD REQUIRED ELEMENTS of PROCESS

- Providers identify which patients on their schedule are strongly recommended to have an in person visit, all other visits default to virtual
- Patients who want to have an in person visit need to have a provider televisit before being approved to in person (if initial televisit is same day or next day depending on triage criteria); they can also speak with a nurse for approval
- Use “TELEVISIT” as the visit type - this is an office visit encounter
  - EXCEPTION: Use OBTELEVISIT if booking a prenatal visit type that can be done by phone
- Add “TELEVISIT” visit type to the DAR
- Let patient know that the provider will call w/in 30 minutes of start of appointment
- Patient’s must be “ARRIVED” by staff. If the patient isn’t arrived the provider won't be able to document.
  - Staff must create a HAR and run RTE during check in
- Provider uses TELEVISIT Template
- At the start of the visit, whoever initiates the call (MA/PARII and/or Provider) must use the televisit smartphrase to confirm identity and location of the patient and provider
- Reconciliation of the appointments in the DAR happens the following morning by the PMR.
- Scheduled TELEVISITS that do not occur are marked “left w/o being seen” and the encounter is closed by the provider

# TELEVISIT GUIDELINES

# Scheduling Incoming TELEVISITS

- **ALL VISITS SHOULD BE PRE-SCREENED USING RED FLAG CRITERIA & INFECTIOUS DISEASE PROTOCOL**
- Staff follows criteria to invite patients to have a televisit
- **If in doubt staff route to RN triage**

Schedule TELEVISIT if appointment available per protocol	Do not schedule a TELEVISIT*
<ul style="list-style-type: none"> <li>● Any patients over the age of 60 (for any issue other than red flag criteria or infectious disease protocol)*</li> <li>● Chronic Care</li> <li>● Mental Health issues</li> <li>● Infectious (non-sick)</li> <li>● Establish care/ New pt</li> <li>● Routine postpartum</li> <li>● Suboxone</li> </ul> <p>*Send all infectious disease suspected illness to respiratory clinic using the RN triage line</p>	<ul style="list-style-type: none"> <li>● New patient w/ acute issue</li> <li>● Severe mental health management</li> <li>● Narcotic Rx needed</li> <li>● Complete physical exam &amp; WCC (if pts insists on a visit/declines cancellation)</li> <li>● Infectious w/ acute issue (afternoon appt)</li> <li>● Non-infectious w/ acute issue (morning appt)</li> <li>● Postpartum w/ BP issues (pre-identified by the practice and indicated in appt notes)</li> </ul> <p>*Must be approved by a provider or nurse using a red dot on the schedule</p>

# Rebooking Guidance

## Do not rebook these patients:

Keep face to face appointments (morning appt for “well” visits)

- Children < 2 years (vaccine need)
- Post-partum visits with a BP issue (notation by team in appt notes)
- Other medical necessity (as identified by the team)
- Frail new patient visits no acute illness (by provider approval)

Re-Book these patients Call pts in these categories to cancel, tell pts we will rebook using registries (or they can call back) starting May 15- June 30

## Medicare wellness

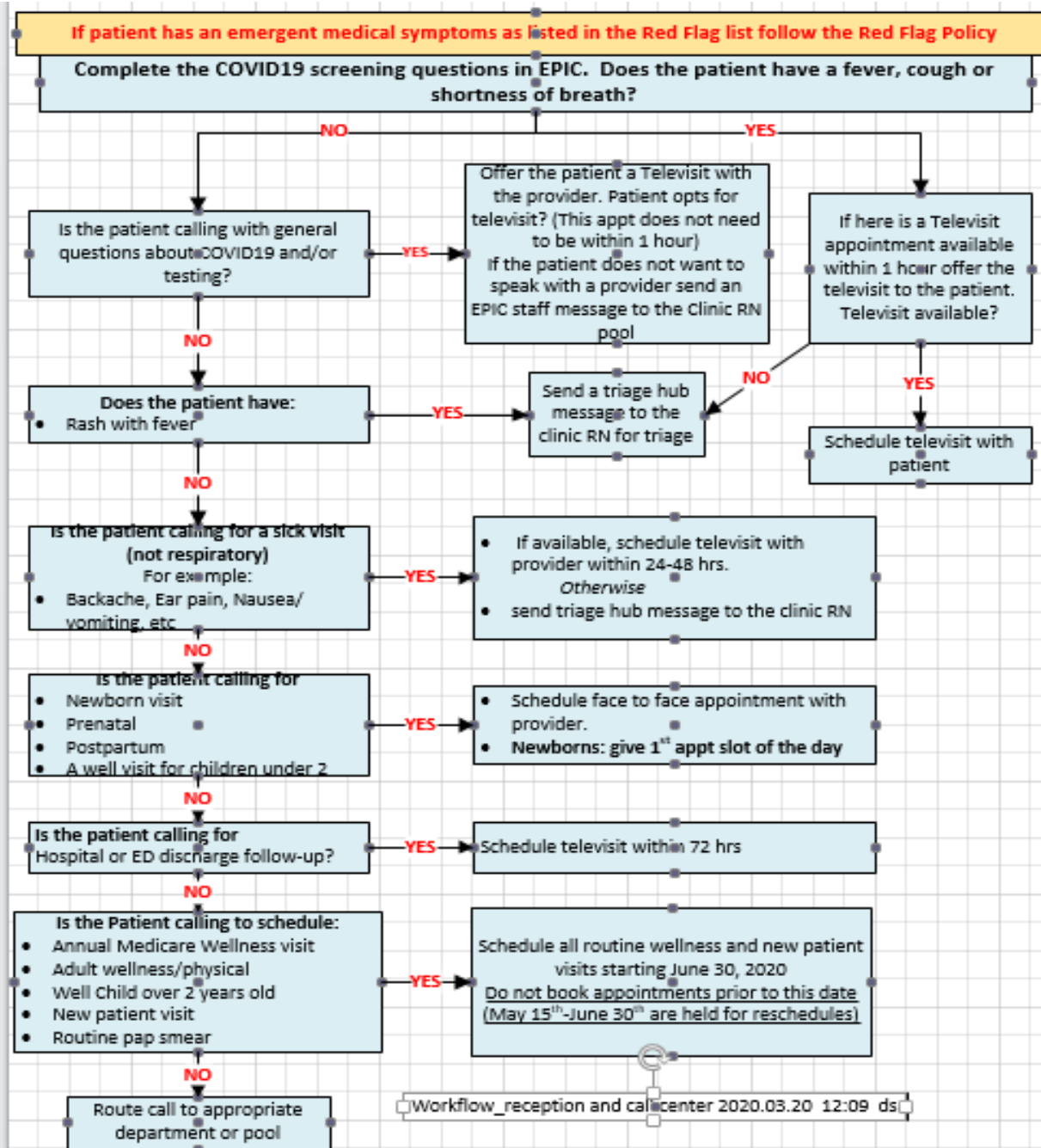
- Adult wellness/physical
- Well child > 2 years old
- New Patient Visits



# Call Center/PMR/PARII Scheduling

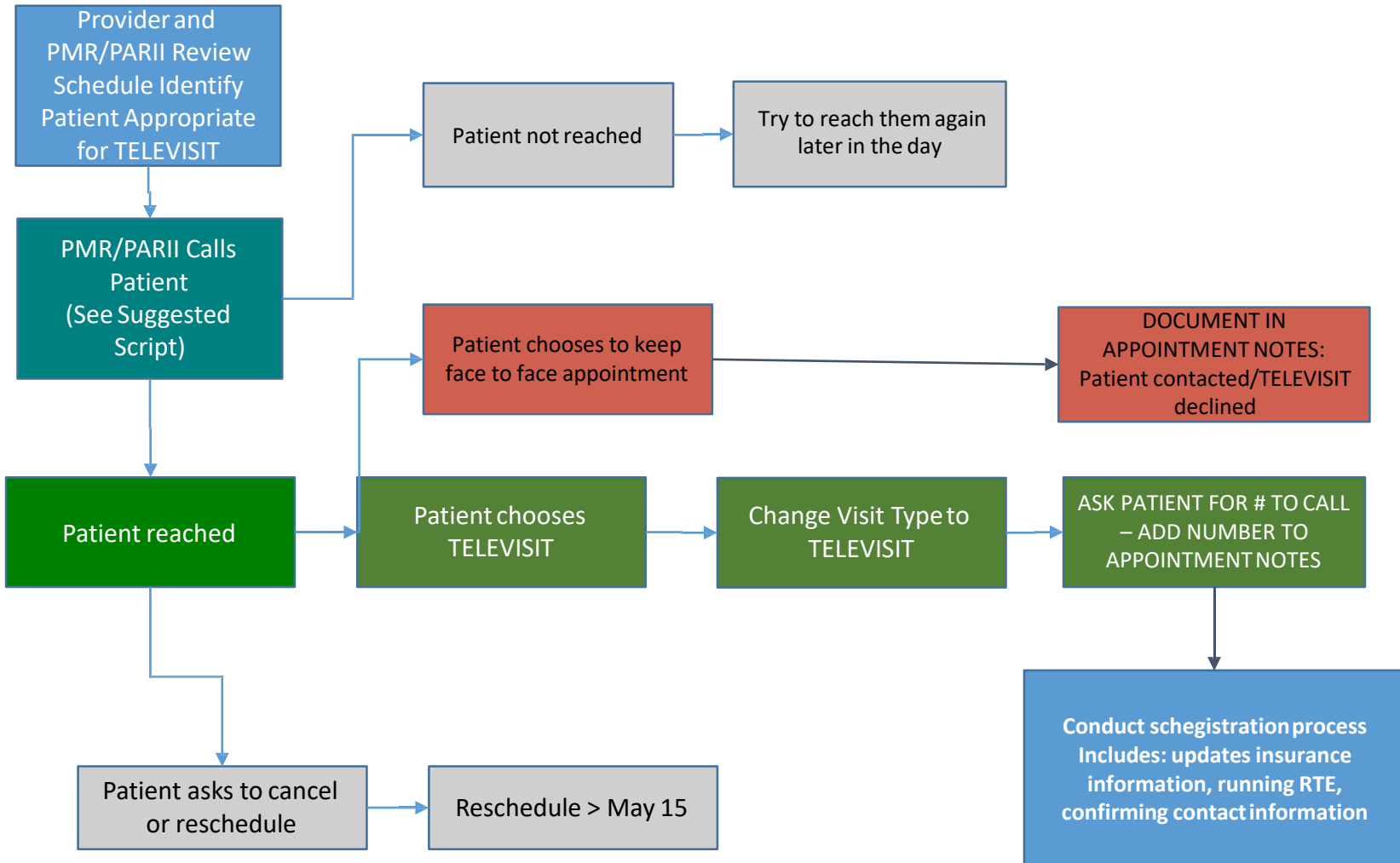
If patient has an emergent medical symptoms as listed in the Red Flag list follow the Red Flag Policy

Type of Call	TELEVISIT Direction	Action
Patient w/ symptoms - fever, cough or shortness of breath?	TELEVISIT available w/in 1 hour of the call	Schedule TELEVISIT
	No TELEVISIT available	Send triage hub message to the clinic RN
Patient who <b>do not</b> have any symptoms and are only calling to ask about COVID-19	Any available televisits - not time sensitive	Offer TELEVISIT w/ Provider if patient doesn't want Provider TELEVISIT send Epic Staff Message to the Clinic RN Pool
Patient has rash w/ fever	Do not book TELEVISIT	Send a triage hub message to the clinic RN for triage
Patient calling for a sick visit (not respiratory) e.g. Backache, Ear pain, Nausea/vomiting, etc	TELEVISIT available within 24 to 48 hours	Book TELEVISIT
	Next available TELEVISIT > 48 hours	Send a triage hub message to the clinic RN for triage
Patient Calling For: Newborn visit, well visit for children under 2	No TELEVISIT	Schedule face to face appointment with provider. in the a.m. <b>Newborns: give 1st appt slot of the day</b>
Hospital or ED Discharge Follow-Up, Prenatal, Postpartum	TELEVISIT w/ 72 hours	Schedule TELEVISIT
Patients calling for: Annual Medicare Wellness visit, Adult wellness/physical, Well Child over 2 years old, New patient visit, Routine pap smear	No TELEVISIT	Schedule after June 30th (May 15th-June 30th are held for reschedules)

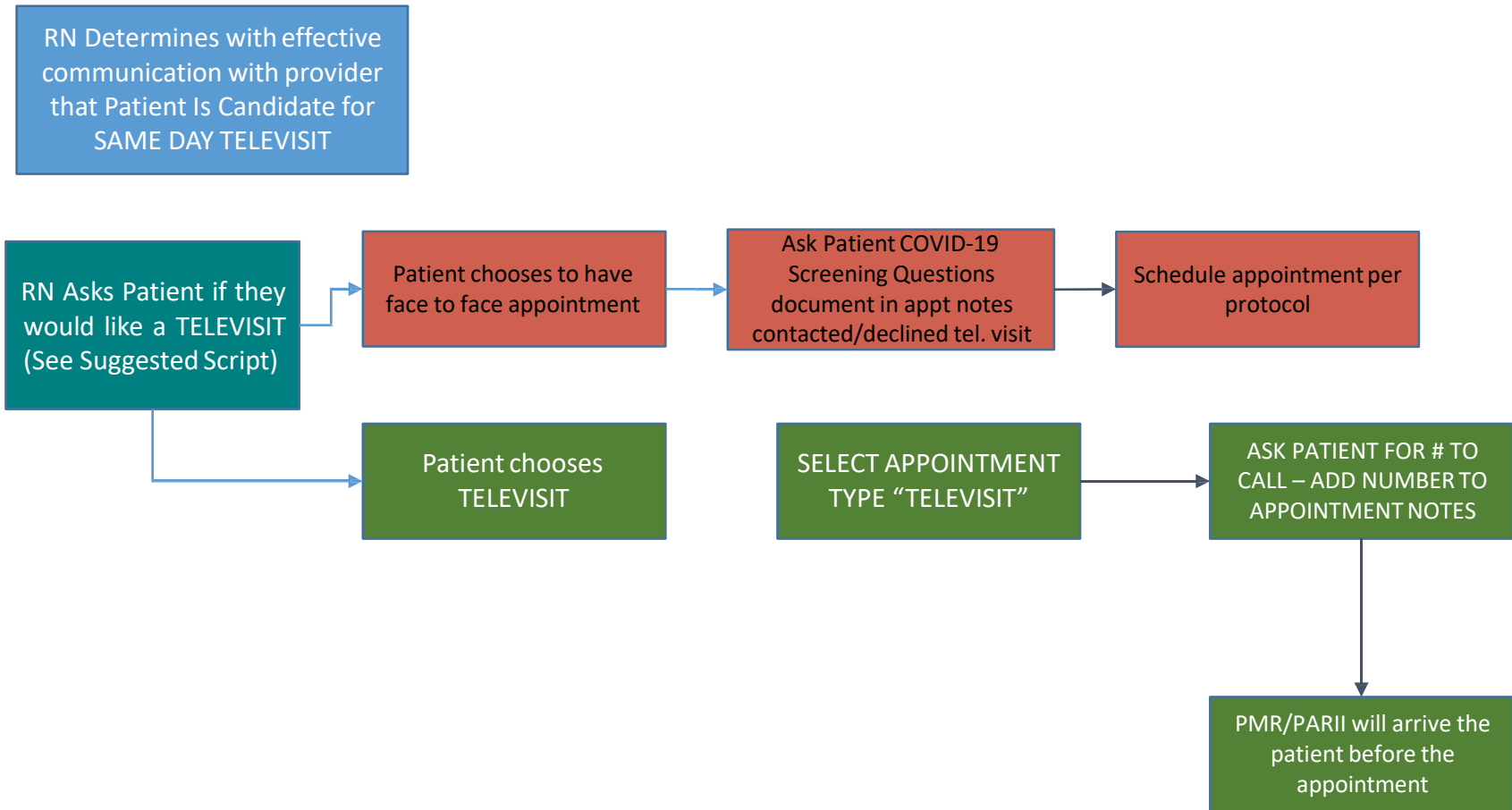


# TELEVISIT MECHANICS

# TELEVISIT Outreach Calls for already scheduled patients



# Scheduling TELEVISITs for secure patient portal messages or Patient Calls SAME DAY TELEVISITs



# Scheduling a TELEVISIT

- Select visit TYPE = TELEVISIT
- Add patient phone number to the appointment notes
- Inform the patient of the date/time of the appointment and let them know that the provider will call within a 30-minute window

**Change Appointment**

Use patient preferences

Current department: SUN FAMILY [101601]

TELEVISIT [15016]

Date: 3/18/2020

Arrival time: 10:05 AM

Start time: 10:20 AM

Notes: meds f/u Televisit #617-555-9999

Department	Provider	Time	Length
1 SUN FAMILY [101601]	GUMPERT, RICHARD H. [28993]	10:20 AM	20

# Changing a scheduled visit to a TELEVISIT - do not cancel - change to TELEVISIT

**Change Appointment**

Use patient preferences

Current department: CWIN FAMILY [201501]

Visit type: ESTABLISHED PATIENT [15002]

Date: 3/13/2020

Arrival time: 11:05 AM

Start time: 11:20 AM

Notes: H.Pyori tele med

Department	Provider	Time	Length
1 CWIN FAMILY [201501]	LANG, JAMES S. [28224]	11:20 AM	20

**ADD "TELEVISIT: PATIENT PHONE NUMBER" TO APPOINTMENT NOTES**

**Change Appointment**

Use patient preferences

Current department: SUN FAMILY [101601]

Visit type: TELEVISIT [15016]

Date: 3/18/2020

Arrival time: 10:05 AM

Start time: 10:20 AM

Notes: meds f/u Televisit #617-555-9999

Department	Provider	Time	Length
1 SUN FAMILY [101601]	GUMPERT, RICHARD H. [28993]	10:20 AM	20

# Checking-In/Arriving TELEVISITS

## Checking-In/ARRIVING

- START OF DAY - Check in all TELEVISIT Patients (note add “TELEVISIT” visit type to the DAR)
  - Create a HAR
  - Run RTE
  
- THROUGHOUT THE DAY - Scan the DAR and see if new TELEVISIT appointments need to be Checked in/ARRIVED
  - Create a HAR
  - RUN RTE



# “Virtual” Rooming for Established Patients

## **Virtual Rooming Activities -**

- Conduct all rooming activities except MOLST, Health Care Proxy, use discretion when doing multiple screenings like PHQ9, DAST, etc. due to time constraints

## **PARII Process -**

- If patient has not already been arrived PARII “Check-in + register the patient” = Patient “ARRIVED”
- DOES 3-way conferencing w/ interpreter as needed
- PARII goes into exam room and conducts “virtual rooming” on the phone
- Get provider to come to phone in exam room and conduct visit

## **MA/PMR process -**

- If patient not arrived, at the appointment time PMR “Check-in + register the patient” = Patient “ARRIVED”
- DOES 3-way conferencing w/ interpreter as needed
- PMR transfer back to MA for virtual ‘rooming”
- MA goes into exam room and conducts “virtual rooming” on the phone
- Get provider to come to phone in exam room and conduct visit

# Provider TELEVISIT Process

Open TELEVISIT Encounter (as you would any other encounter!)

If no answer, leave a message, tell patient if they are able to call back w/in 5 minutes the visit could still occur and outside this window will be directed to a nurse (this may also be done by the MA)

Smartphrase will auto load into the note:

\*\*Confirm Patient Identity (2 identifiers) and confirm that the patient has privacy for the call, reassure patient that you are conducting the visit in a private space (This may also have been done by the MA)

\*\*Document location of patient

\*\*Document location of provider

Conduct the visit

Document SOAP format in note

Obtain and document data necessary for a diagnosis, assessment and treatment plan as usual

\*\*Document level of service, appropriate E&M code and/or # of minutes provider spent on the phone

**FOR PROVIDERS who changed the default visit note** USE SmartPhrase

**.COVIDTELEVISIT**

all \*\*elements above are included in the smartphrase

# When patient did not call in for TELEVISIT

- Provider -
  - Close TELEVISIT Encounter by entering ‘Left w/o being seen’ smart set
- PMR/PARII - Visit Reconciliation in the DAR
  - Mark visit as ‘left w/o being seen’

# TELEVISIT PROCESS by STAFF TYPE

Process Steps	PMR/ PARII	RN	MA	Provider
Determine which patients are appropriate for TELEVISIT		X		X
Interact with identified patients over the telephone and ask if they want a TELEVISIT. Create a HAR and run RTE	X	X		
Document outcome of discussion of visit type in Appointment Notes	X	X		
Document phone number for TELEVISIT in Appointment Notes	X	X		
Start of Day: Arrive previously scheduled TELEVISIT Patients	X			
MA/PARII conduct health maintenance items that can be completed by phone	X		X	
Call patients when provider is running > 20 minutes late	X		X	
Same Day Scheduled Patients: Check-In/Arrive Patient Prior to Visit - make sure to create a HAR and run RTE	X			
Conduct the visit by telephone				X
IF Patient Is NOT ARRIVED and no staff available – use Telephone Encounter and SmartPhrase: .COVIDTELEVISIT				X
START OF DAY: Review charts for previous day TELEVISITS if No Note Started then reconcile the appointment as ‘left w/o being seen’	X			20

# Tips for booking and managing TELEVISITS when provider is at home

- Staff Tips
  - When templates for home-only provider is open then put televisit color dots on each appointment slot
  - Patients have to be arrived before the time of the appt (PMR/RN need to book and arrive pts when booked same day, same process for appts booked before day of in place)
- Provider Tips
  - Use \*67 to block your personal phone number
  - If your number is blocked and patient not answering have the clinic call the patient and conference you in
  - If you need interpreter services call 617-665-3333 and have them conference the patient in

# TELEVISIT SMARTPHRASE

# New smartphrase for televisits!

This patient was identified as meeting criteria for a televisit rather than an in person visit due to public health concerns around COVID-19. A complete assessment and plan is detailed in the note, all of which were conducted remotely using telephone/video technology.

Patient identity was verbally confirmed by the patient/guardian with 2 identifiers (name, date of birth, and/or address) at the beginning of the visit

Patient/guardian verbally consented to care by televisit as appropriate.

Patient/guardian was located \*\*\* during the visit and confirmed that they understood they were encouraged to be in private location due to personal health information being discussed.

Patient/guardian was informed how to access face-to-face care in the event of an emergency.

Provider was located in an Ambulatory consult room/in a remote secure location during the visit.

If this is a new patient visit, all available records and medical history were reviewed by the provider.

Visit length was (15/25/40 est pt or 30/45/60 new pt) minutes and counseling was done on the diagnoses indicated in the visit.

# SCRIPT SUGGESTIONS



# Script suggestion 1: PMR for Patient Calls

## KEY MESSAGES:

- Hello, I'm calling from Dr.\_\_\_\_'s office.
- Is this ?? (USE 2 patient identifier to confirm speaking to right patient)
- Due to the concern about the COVID-19 virus and to avoid putting you at risk by being near sick patients, we would like to offer you a telephone visit instead of you coming to an in-person appointment. This would allow us to care for you without possible exposure.
- Are you interested in trying this?
- Your provider has determined that your appointment can be conducted over the phone. To do this your provider \_\_\_\_\_ will call you READ DATE/TIME OF VISIT.
- Are you are interested in having a TELEVISIT? If not, will you be coming to the practice or do you prefer to reschedule?
- Like a regular visit, you may be charged a co-pay for the TELEVISIT
- Keep Clinic appt: Ok, we look forward to seeing you at the appointment time; Ask screening questions
- Try Telephone visit: Great, please confirm the best phone number to reach you at your appointment time. We will call you between appt time + 30 min. If you don't hear from us, please call (clinic phone #).
- Reschedule: 2-4 weeks out, understanding this may be rescheduled again

## Script Suggestion 2: RN for Patient Calls

- We want to offer you an urgent assessment. The team here is concerned about the corona virus and wants to help you stay safe.
- We are offering a telephone visit to patients instead of in-person appointments. After speaking with you today i think you would be a candidate for a telephone visit
- The provider would call you at your scheduled date and time.
- This allows us to care for you without the risk of being near sick patients.
- Are you are interested in a TELEVISIT?
- Like a regular visit, you may be charged a co-pay for the TELEVISIT
- Regular face to face appt: Ok, we look forward to seeing you at the appointment time; Ask screening questions
- TELEVISIT: Great, please confirm the best phone number to reach you at your appointment time. We will call you between appt time + 30 min. If you don't hear from us, please call (clinic phone #).

# APPENDIX

# References/Guidelines:

[ATA Practice Guidelines for Live, On Demand Primary and Urgent Care](#)

[Enhanced Access to Primary Care \(Canada\)](#)

[Telemedicine: Ultimate Guide - Everything You Need to Know](#)

[UNC powerpoint re: business vs primary care model of virtual care](#)

[Advancing the Science of E-Visits in Primary Care - Mayo Clinic Proceedings](#)

<https://chironhealth.com/blog/explaining-telemedicine-patients/>