

Telehealth Resource Guide

A tool for NEQCA Practices to evaluate their telehealth operations

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NEQCA

New England Quality Care Alliance

Affiliated with **Tufts** Medical Center

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Telehealth Introduction/Telehealth Basics

Telehealth Introduction

Telehealth is a way to connect with patients virtually including video visits and phone calls. At present, insurance reimburses providers for telehealth visits (particularly video visits) at similar rates as in-office visits. Not surprisingly, demand for telehealth has increased dramatically since the COVID pandemic. Many physicians have either implemented or expanded the use of telehealth to continue seeing patients during the pandemic. Availability of telehealth visits have quickly become an expectation of patients and experts anticipate that demand for virtual care will last long beyond the pandemic. Practices that have not yet implemented telehealth should consider doing so immediately. A HIPAA compliant telehealth product is strongly suggested for any practice considering platforms. Practices that already have a telehealth solution should seek to optimize their platform and workflows to ensure a comprehensive and seamless virtual experience for their patients and staff alike. This guide serves as a tool to evaluate your practice's telehealth operations.

Telehealth Basic Considerations

Basics for Virtual Care	
Reliable Remote Access to EHR and Consistently Documenting in EHR	Provider needs to have stable and reliable access to the patient’s History, Medication list etc. and be able to document at time and place care is delivered
Home/Office Environment (Physical Set-up)	<ul style="list-style-type: none"> • Ensure privacy (HIPAA) • Avoid background noise • Adequate lighting for clinical assessment • Adjust webcam to eye level to ensure contact • Dress at the same level of professional attire as in-person care
Equipment	
Hardware	In most cases a smart phone, tablet or personal computer is sufficient Dual devices are Best Practice - One device to access your EMR and the other to run and view your telehealth visit with the patient
Internet/cellular service	You need to have a good “connection” to use Telehealth <ul style="list-style-type: none"> • Cellular service (your phone’s service – Verizon, Sprint) • The internet (wired or wireless/Wi-Fi) • Satellite
Software or “App”	Your own platform – AmWell, Zoom for Health care, Doxy.me, etc.
Camera	Utilize the camera on your smart phone, tablet or personal computer (If it doesn’t have a built-camera then you will need a separate webcam).
Microphone	Utilize the Microphone on your smart phone, tablet or personal computer (If it doesn’t have a built-in microphone then you will need one a separate microphone).
Speaker	Utilize the Speaker on your smart phone, tablet or personal computer (If it doesn’t have a built-in speaker then you will need one a separate one).
Texting/email/pictures	Are you willing to receive pictures/texts/emails from the patient? If yes, make sure you use a secure platform

Technology

- Consider having separate screens or devices for telehealth and the EHR, unless telehealth is integrated into the EHR
- Some telehealth solutions offer the ability to add a third party such as a patient’s family member or an interpreter. Investigate whether your platform has this feature and how to use it.
- Consider internet bandwidth and verify that your internet connectivity can support the platform.
 - Practical suggestion to test internet connectivity: Try personal video calls with family/friends; stream movies on your device to test for reliability

Choice of Platform

Whether you are initiating telehealth now or continuing your services, it's a good time to review your telehealth options and to select a HIPAA-compliant platform (if you are not already using one).

NEQCA has developed a short list ([Appendix A1](#)) of telehealth solutions that are HIPAA compliant and well as an additional extended list ([Appendix A2](#)) of HIPAA Compliant solutions. While the HIPAA waiver is still active as of the preparation of this guide, practices should be prepared for it to expire.

Importance of a Secondary Telehealth Platform

Practices should consider having two telehealth platforms available – a primary and a back-up telehealth (ideally HIPAA-compliant) solution. Having a secondary telehealth platform will allow the practice to continue virtual visits in the event of technical difficulties related to the platform provider. There are low/no cost HIPAA compliant telehealth solutions that may be suitable as secondary platforms. Reasons to implement a back-up telehealth platform include:

- Preferred telehealth platform is having widespread technical issues thus not allowing practice or the patient to connect
- Hardware incompatibility (example: Primary telehealth platform does not work on Android devices)

Telehealth User Guide Documentation

NEQCA has collected available [Telehealth Guides](#) for the following EMRs and Telehealth Platforms. Practices may reference them as needed. You can find these guides and more on the [Telehealth page](#) of [NEQCA.org](#).

EMR Specific Telehealth User Guides

- Allscripts
- Athena
- eClinicalWorks
- Epic
- GE Centricity
- Kareo
- Quest Quantum

Telehealth Platform User Guides

- AmWell
- Otto
- Zoom for Health Care (Paid Version)
- Doximity
- Doxy.Me

Office Workflows and Support Staff Role in Telehealth

Support staff and well-defined office workflows are essential to your success providing virtual care.

- *Every individual at the practice must clearly understand their roles and responsibilities to ensure a successful telehealth program.*
- *Clearly defined roles and responsibilities will enable the practice and patient alike to have a thorough and professional virtual care experience.*

To that end, NEQCA has created a useful checklist that can be used to define each staff member's roles and responsibilities in telehealth.

Please **See Appendix B1** for a staff telehealth checklist basic Telehealth Workflow Roles that can be accomplished by your staff.

Office Workflows Suggestions

Define Process for switching to back-up solution (technical difficulties during a virtual visit)

For isolated issues/patient having trouble connecting

- When making the appointment have the staff collect the patient's primary phone number that they can be reached at on the day/time of the appointment
- Inform the patient that in a case of technical difficulties the provider will call the patient directly by phone or
- If the patient is having technical issues, please advise them to call the office as soon as possible to let the office know.

For on-going technical issues with telehealth platform

- Contact telehealth vendor to identify/troubleshoot technical issues
- Office Staff: Notify scheduled telehealth patients of back-up solution
- Providers: Begin using back-up solution until primary telehealth platform become available

Additional items to consider when developing a Telehealth workflow:

- Identify practice resource to assist patients with technical difficulties (i.e. Medical Assistant)
- How long do you wait when experiencing technical issues before switching to the back-up platform? Be sure you don't wait too long as the patient could become frustrated

Office Workflows: Support Staff Roles and Responsibilities

Pre-visit Planning (1-3 days prior to visit):

Visits will be more efficient if relevant information is gathered prior to appointment. Pre-visit planning activities can be completed by a designated nurse, medical assistant, or other team member. Suggested processes for your pre-visit planning may include:

- Share telehealth platform patient instructions during appointment reminder (via Patient Portal or email). NEQCA has available [Patient Telehealth Guides](#) for the following platforms:
 - AllScripts, AthenaHealth, eCW, EPIC, GE, Kareo, Zoom, Otto and Amwell
- Review notes from the previous visit and ensure that follow-up results (e.g., laboratory test results, x-ray or pathology reports, other physician notes from a referral) are available for physician review and identify whether any further information is required for the visit (e.g., hospital discharge notes, emergency department notes, or operative notes from a recent surgery).
- Use a registry or visit-prep checklist to identify any care gaps or upcoming preventive and chronic care needs. [\(see Appendix B2\)](#)
- Remind patients of their appointments by sending automated (if possible) appointment reminders, including the accurate check-in time, telehealth application process as well as making sure that the patient has received “How to Prepare for a Successful Telehealth Visit with Your Doctor” [\(see Appendix B3\)](#)

Prior to Visit (day of visit):

- Ensure patient’s technology is working and they know how to connect
 - If applicable, confirm that the patient has downloaded the telehealth application, set up an account and tested the system
 - If applicable, confirm patient is connected prior to the visit
 - Please note: For some patients, this may be a one-time assist. For others, they may need help every visit.

Beginning of Visit (“Virtual Rooming” – if applicable):

- Ask questions staff customarily would review during an in-person encounter
- Have patient gather all medications and medical devices
- Conduct medication reconciliation (if staff skills/credentials permit)
- Review routine preventive care that’s due (cancer screenings, immunizations, etc.) and share list with clinician
- Set-up a note template, order sets for clinicians in the EHR (if staff skill set permits)
 - Obtain vital signs if relevant and possible
 - Obtain BP if patient has an automated device
 - Obtain Pulse and O2 sat if patient has a medical grade pulse oximeter
 - Count respirations by inspection
 - Obtain temperature if patient has thermometer
 - Obtain weight if patient has a scale

End of Visit (“Checkout”):

- Review clinician’s instructions with patient and share electronic copy (Visit Summary) if possible
- Provide any education material or teaching needed.
- Schedule and follow-up visit that is needed, examples include
 - Follow-up visit with the clinician/practice. An in-person visit shortly after telehealth may be requested by the clinician for brief targeted examination
 - Immunization
 - Other follow-up
 - Specialist referral
 - Testing, including imaging or other tests needing to be scheduled
 - Direct patient to specimen collection site for labs

Clinician Virtual Visit Suggestions

During Visit

- Verify patient’s D.O.B and physical location – important in case of an emergency
- Maintain eye contact with patient (look directly at camera – not screen)
- Ensure patient can hear you
- Examine patient surroundings – understand how their environment and living conditions may impact their health status
- Clarify your actions – note taking during a virtual visit may interrupt eye contact; alert patient when you are noting
- Physical exam of several organ systems is possible via telehealth with adequate lighting and camera – See [Appendix C1](#) Telehealth Physical Exam Tips

End of Visit / Post Visit

Just as if they were in the office, patients should feel their telehealth visits come to a logical end with an understanding of next steps, including scheduling any follow-ups. In addition, virtual patients will be looking for telltale signs their visit is over – not just the screen going dark.

- Review all post visit instructions with the patient including:
 - New, discontinued or updated medications
 - Changes to the Plan of Care
 - Recommended follow up appointments either in person or via telehealth and who will be reaching out to the patient to schedule (i.e. member of the office staff)
 - Testing, including any labs, imaging or other tests that need to be scheduled
- Provide education materials and a copy of the Visit Summary
- Before ending the call make sure the patient understands next steps
- Ask the patient for feedback about the telehealth visit, if this was their first one. Did they experience any issues or challenges?
- Always have the patient hang up first to ensure they don’t have any additional questions about what was discussed during the visit

Triage and Scheduling

- Practices should consider modifying their schedule to incorporate telehealth visits
- Telehealth visits can be scheduled between in-office visits to ensure appropriate physical distancing between in-office patients and maximize time available to appropriately clean exam rooms and equipment.
- Practices may also use telehealth to increase visit volume and below are suggestions to identify potential patients for telehealth visits

Identifying Patients for Telehealth Appointments

- Practices should identify which visit types are appropriate for telehealth.
- Practices are encouraged to have a process to triage every appointment request to assess whether the visit can be done via telehealth (required according to DPH Guidelines)
- When COVID is prevalent, ALL visits can begin as telehealth and if issues are identified requiring physical presence (exam, procedure, specimen collection) patient can be brought in for brief follow-up, immediately if necessary

Patient “Fit” Considerations for Telehealth Visits

The following table may help practices determine which patients are best suited for telehealth or in-office visits

Patient Fit	Consider telehealth	Consider In-office visit
<ul style="list-style-type: none"> • Please note that if there is doubt, any visit can begin as telehealth, and if it is determined that there is a physical presence component needed, the patient can be brought into the office as appropriate. 	<ul style="list-style-type: none"> • Stated preference/convenience • Access, Transportation or Childcare barriers • Not engaged in care/history of missed or canceled appointments • COVID-19 exposure risk reduction 	<ul style="list-style-type: none"> • Language barrier • Stated Preference • Initial visits/new to practice • Poor tech fluency • Tech limitation: phone/Internet connection • Expected to need any one of these: <ul style="list-style-type: none"> -Hands on physical exam -Specimen collection (swab, urine, etc) -Measurement (vital sign(s), height, weight) -Procedure (e.g. drain abscess)

Scheduling Suggestions/Strategies:

Practices may consider the following strategies for scheduling telehealth appointments:

- Create Telehealth Visit Types in EMR
 - Video Visits
 - Telephone Only Visits (if needed)
- Block Schedule for Telehealth Visits:

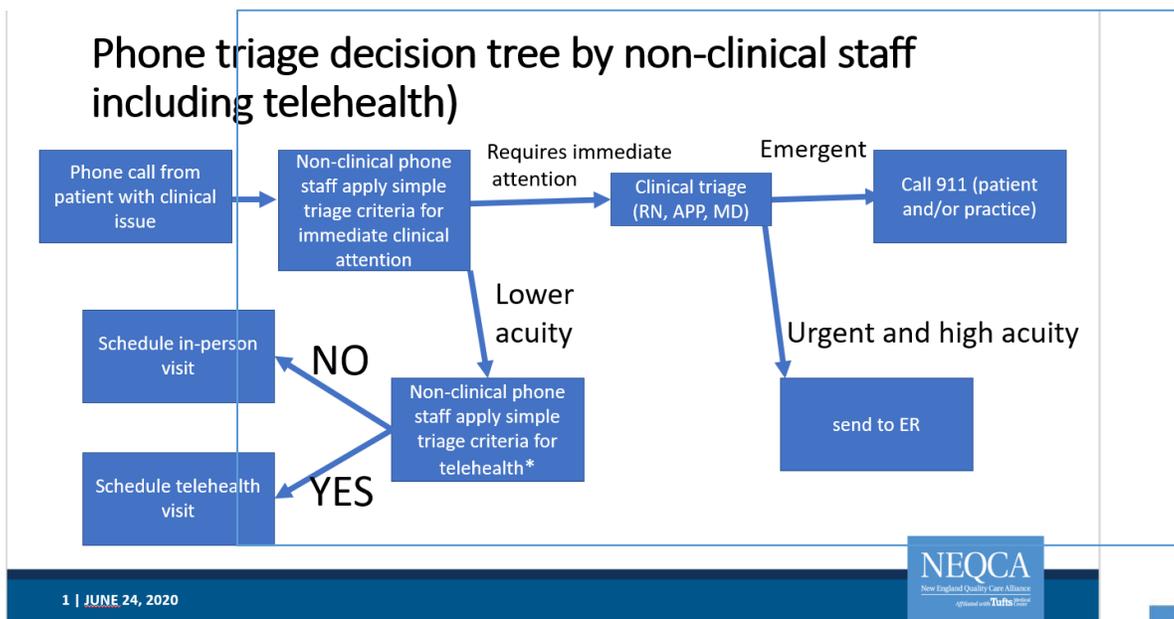
- Designate specific time on schedule for telehealth visits – may allow for remote (not in-office) telehealth for clinician
- Samples of Telehealth schedule blocking:
 - Block 1-2 hour(s) on schedule each day for telehealth, perhaps a block during each session
 - Block entire day(s) for telehealth visits (especially during surging COVID cases)
- Schedule (Stagger) Telehealth Appointments between In-Office Visits
 - Scheduling telehealth appointments between in-office visits allows staff extra time to thoroughly disinfect exam rooms between visits and minimize number of patients physically in the office at any given time
- Please note:
 - As COVID cases surge and telehealth demand increases the practice will need to be flexible with telehealth appointments and any schedule templates should be built anticipating this eventuality

Visit Types Which May Be Especially Suitable for Telehealth:

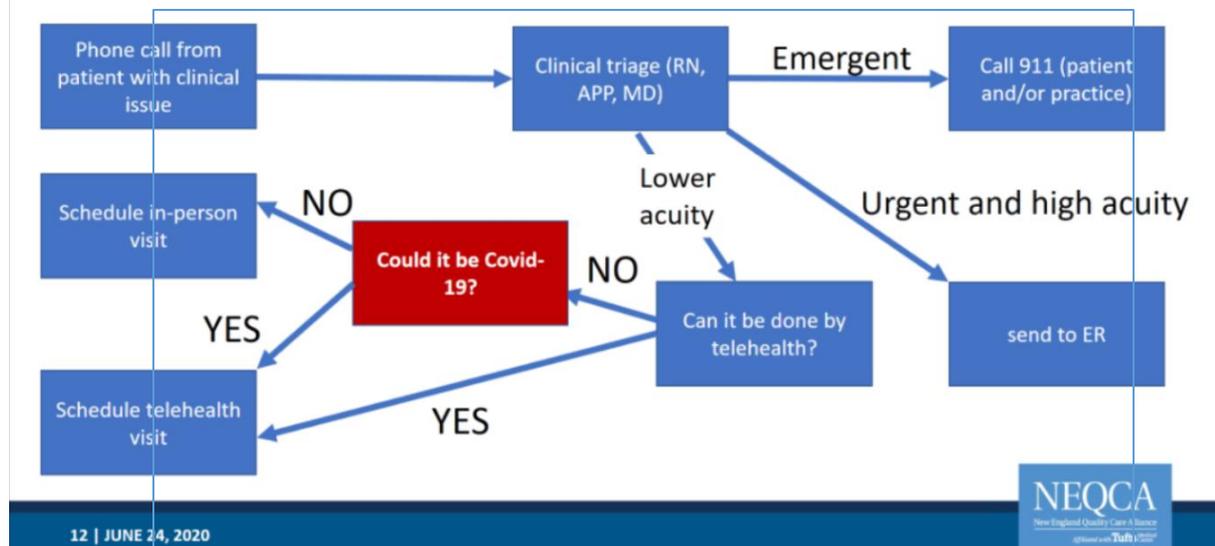
- Post hospital or SNF discharge visit
- Transitional Care Management (TCM) visit
- Medicare Annual Wellness Visit
- Counseling, including smoking cessation, nutrition, emotional support, etc.
- Behavioral health
- Chronic disease management
- Other visit types that don't require a physical exam

Triaging Patients Requesting Appointment:

The following workflow diagrams outline the process for determining whether a patient needs an in-office or telehealth visit



Clinical phone triage decision tree including telehealth and COVID-19 concern



Additional Schedule Management Considerations

- Proactively and recurrently review your future schedule to convert appropriate visits from in-person to telehealth
- Clinical staff should review visits that were cancelled, due to the pandemic, to see if they should be reinstated and if they can be done via telehealth
- Ensure that office triage protocols are revised to include determining which patients are appropriate for a telehealth vs. in-person visit
- Develop a plan for proactive targeted patient outreach. Prioritize those patients considered high risk with significant chronic disease who have not been seen recently as well as members without office visits.

Patients Cancelling In-Office Visit Workflow Suggestion

- Practices experiencing an increase in the rate of cancelled office visits may consider implementing a workflow. **See Appendix C2 – Cancelled Visit Workflow**

Strategies for Identifying Patients for Visits

Practices looking to prioritize patients for visits may consider the following:

- High Priority Patient Outreach List
 - High Priority Patient Outreach report prioritizes patients that are spending considerable medical dollars – a surrogate of disease severity.
 - Where to get: NEQCA Central can generate and distribute lists for each LCO/practice. Can also be provided upon request
- Pediatrics: Patients overdue for Annual Physicals and/or Immunizations
 - Vast majority of the most important care is delivered at annual checkups (management of common chronic diseases, developmental assessments, Immunization, etc.).
 - Where to get: EMR report or Athena Registry
- Cancelled Appointments

- Review cancelled appointments to identify patients in need of an appointment
 - Where to get: EMR report
 - Population Health Reports
 - Identifying patients with chronic diseases in need of follow up care
 - Diabetic without HbA1c or >8%
 - Hypertensive patient's w/BP >140/90
 - Where to get: EMR Report or Athena Registry
- See **Appendix C3** for Defining Guidelines for Appropriate Telehealth Usage and **C4** for Practice Triage and Scheduling Checklist

Fully Remote Telehealth Workflow

In the case that an office needs or wants some or all of the staff to conduct telehealth visits remotely we have created a “Remote Telehealth Checklist” and suggested workflow considerations to enable a seamless transition to remote telehealth work.

Please see **Appendix C5** for “Remote Telehealth Checklist” and “Suggested Workflow”

Telehealth Documentation

Telehealth documentation should be thorough and complete. Providers must document all telehealth encounters/services within the medical record, capturing all elements of a SOAP note as would be done in a face-to-face encounter. Below are additional elements that are required for telehealth visits. A Telehealth Progress Note Template is suggested so practices routinely capture all required fields.

Telehealth Documentation Additional Requirements

- In addition to SOAP elements, providers must document:
 - Visit occurred via telehealth including method of telehealth used:
 - Audio and video
 - Audio only (Phone Call)
 - Physical location of the patient (must be in a state where provider is licensed)
 - Physical location of the clinician
 - Names of all persons (staff and patient companions) participating in the telehealth visit and their role in the encounter
 - Length of Visit
 - If video visit fails and practice converts to phone call; transition must be documented and time spent on each platform recorded
 - See **Appendix D1** for Documentation a “General Telehealth EMR Template and Best practice on physical exam for telehealth – Helpful links

Telehealth Billing

Telehealth Billing Information

Telehealth billing and coding regulations are ever changing and vary by plan. However, codes submitted during a video visit risk adjust for all plans. Codes for phone calls may not be considered for risk adjustment purposes for all plans. Thus, practices are strongly encouraged to use audio AND video for telehealth visits whenever possible.

Below is the link to the most up-to-date coding/billing resources put together by the NEQCA billing department:

<https://drive.google.com/drive/folders/1v50XeoLgc3KGb3a5IS-pggPYV2aVZMt?usp=sharing>

Note: When the Federal and Massachusetts “States of Emergency” expire, payors may move away from allowing phone only visits and non-HIPAA compliant video platforms, so it is important to work toward implementing and utilizing a HIPAA-compliant video telehealth platform whenever possible.

Communicating with Patients

It is suggested that the practice communicates their telehealth program via all available communication channels. Practice should inform and educate about telehealth at multiple touchpoints (e.g., patient portal announcements, front desk reminder, TV screens throughout office, email newsletter reminders, etc.) leveraging talking points about how this will benefit patients. This work helps build awareness and drive engagement.

Suggested Communication Channels and Strategies:

- Send a portal message (electronic communication) to all patients about telehealth appointments being offered by the practice.
- Update additional modes of communication including your office “on hold” messages, social media channels, website and a brief mention of telehealth at the bottom of every portal message
- Inform your Answering Service about your use of telehealth

See **Appendix E1-E4** for “Safe with Us” Template, Social Media Communication Templates, Patient Education Workflow and Telehealth Patient Introduction Examples



APPENDIX A



**NEQCA Assistance with Telehealth:
Short-List of HIPAA Compliant Telehealth Vendors
June 10, 2020 (Version 1)**

NEQCA remains committed to assisting Network practices with establishing and promoting a means for conducting billable, HIPAA compliant, Telehealth patient visits during the COVID-19 national emergency and beyond. In coordination with Tufts Medical Center and Wellforce, we worked with American Well (AmWell) to provide our practices access to use this platform to assist you in offering secure two-way Telehealth visits with your patients. More recently, Wellforce acknowledged some limitations of the AmWell platform and messaged an additional endorsed platform, Zoom for Healthcare. It was also noted that an integrated EHR solution may actually be the best long-term Telehealth strategy and direction but that may not be available with all EHR vendors. NEQCA also collected a number of other Telehealth solutions reported in use across the Network that have been identified as easy to use for both practice staff and patients. While these additional solutions may not be endorsed by Wellforce we feel that it is in the best interest of our Network to share them nonetheless. We have researched and compared these platforms, producing the tables below that review the Wellforce endorsed platforms as well as the additional solutions reported in use across the Network.

Wellforce Endorsed Telehealth Platform	Vendor Website	Complexity of Use	Allows Multiple attendees to join?	Allows practice staff to also use?	Has a virtual waiting room?	Has patient invitation link sent via text message functionality?	Platform accessed via computer or phone?	Supports multiple languages?	Possible adoption barriers	Might be best for
AmWell	Contact NEQCA Account Manager	Medium	Yes	Yes	Yes	No	Both	No	Multiple steps on provider and patient side	Medium/Large Practices
Zoom for Healthcare	https://zoom.us/healthcare	Easy	Yes	No	Yes	No	Both	Yes	Platform use almost entirely on provider	Large Practice
eClinicalWorks	https://www.eclinicalworks.com/products-services/patient-engagement/televisits/	Medium	No (in development)	Yes	Yes	Yes	Both	No	Must have eClinicalWorks EHR	Any size Practice

Other Telehealth Platforms	Vendor Website	Complexity of Use	Allows Multiple attendees to join?	Allows practice staff to also use?	Has a virtual waiting room?	Has patient invitation link sent via text message functionality?	Platform accessed via computer or phone?	Supports multiple languages?	Possible adoption barriers	Might be best for
Doximity	https://www.doximity.com/app	Easy	Yes	No	No	Yes	Phone	No	Platform use almost entirely on provider	Small Practice
doxy.me	https://doxy.me/pricing	Easy	Yes	No	Yes	Yes	Both	Yes	Platform use almost entirely on provider	Small Practice

Outreach will be made to practices that have not reported a Telehealth solution in place or have reported a non-HIPAA compliant Telehealth solution, such as FaceTime, Skype, etc.

If you have any questions regarding this table or are interested in switching platforms but would like to know more before doing so, you can contact Jory Curran at jcurran@neqca.org.

Please continue to check NEQCA’s website routinely for updated documents and reference material, including this document.

All of us at NEQCA thank you for all you are doing to help our patients.

Wellforce Endorsed Telehealth Platform	Vendor Website	Complexity of Use	Allows Multiple attendees to join?	Allows practice staff to also use?	Has a virtual waiting room?	Has patient invitation link sent via text message functionality?	Platform accessed via computer or phone?	Supports multiple languages?	Possible adoption barriers	Might be best for	EHR Integration	Other
Amwell	Contact NEOCA Act. Manager	Medium	Yes	Yes	Yes	No	Both	No	Multiple steps on Provider and patient Side	Medium/Large Practice	Epic, Cerner, and other Major EHR's	Video visits, Scheduling, Med Rec and Pre-visit questionnaire
Zoom for Healthcare	https://zoom.us/healthcare	Easy	Yes	No	Yes	No	Both	Yes	Platform use almost entirely on Provider	Large Practice		Recording session review, Collaboration feature to allow for multiple Provider visits.
eClinicalWorks/Healow	https://www.edincalworks.com/products/services/patient-engagement/televisits/	Medium	No (in development)	Yes	Yes	Yes	Both	No	Must have eClinicalWorks	Any size Practice	eCW	Initiate visit with text or email. On-demand calls, Pre-visit questionnaire, Usage Analytics and mobile app for provider.
Other HIPPA Compliant Telehealth Platforms - Supported by NEOCA	Vendor Website	Complexity of Use	Allows Multiple attendees to join?	Allows practice staff to also use?	Has a virtual waiting room?	Has patient invitation link sent via text message functionality?	Platform accessed via computer or phone?	Supports multiple languages?	Possible adoption barriers	Might be best for	EHR Integration	Other
Doximity	https://www.doximity.com/app	Easy	Yes	No	No	Yes	Phone	No	Platform use almost entirely on Provider	Small Practice		
Doxyme	https://doxyme/pricing	Easy	Yes	No	Yes	Yes	Both	Yes	Platform use almost entirely on Provider	Small Practice	No	3-Way calling, Screen share, file transfer, payments and meeting history
Other HIPPA Compliant Telehealth Platforms - Not Supported by NEOCA	Vendor Website	Complexity of Use	Allows Multiple attendees to join?	Allows practice staff to also use?	Has a virtual waiting room?	Has patient invitation link sent via text message functionality?	Platform accessed via computer or phone?	Supports multiple languages?	Possible adoption barriers	Might be best for	EHR Integration	Other
OTTO Health	https://www.ottohealth.com/	Easy to Medium	No	Yes	Yes	Text or E-Mail	Both	English/Spanish	IE and Microsoft Edge NOT supported on any device	small to Medium	NextGen, Athena Health, Greenway	Share your screen, pass documents, chat with patient, Payments, transition after-hour calls to Virtual visits w/out EMR access, Text and e-mail appoint reminders,
Curago	https://www.curagohealth.com/	Medium to High	Yes	Yes, Has Dashboard feature Check-in Queue	Yes	Text or E-Mail	Both	Multi-Lingual patient Registration	App needs to be loaded on the patients phone. More complex steps	Medium to Large	Yes - Most EHR's	Insurance card capture, screen share, document passing. Pre-visit prep questionnaire functionality, Contactless Registration feature,
MyChart	mychart.com	Medium to high	?	Yes, check-in pre-visit prep	Yes	Text or E-Mail	Both		Must have EPIC	Medium to Large	Yes (Epic only)	Reconcile Meds and Pre-Visit questionnaire.
Updox	https://www.updox.com/	Easy to Medium	No	No	No	Text or E-Mail	Both	No	?	small to Medium	Yes - Practice Fusion	Video chat, secure texting, Patient reminders, payments, Campaigns, electronic fax
eVisit	https://evisit.com/	Medium to High	Yes	Yes	Yes	? Text definitely E-Mail	Both	No	Needs to be interfaced with EMR, Scheduling in their system	Medium to Large	With all major EHR's	In-visit chat, ePrescribe, scheduling, on demand visits, visits reminders and payments. Provider can set availability. Video visits compatible with skype, google Hangouts and Face Time
Simple Visit	https://simplevisit.com/	Easy to Medium	Yes	Yes	Yes	Yes	Both	Yes	Scheduling workflow for office staff when scheduling via practice EMR	small to Medium	No - Stand alone	Managed Service by SimpleVisit techs, who will help manage provider schedule while working with office staff when new apps are created. SimpleVisit staff will facilitate the virtual call via SimpleVisit application to connect the patient and provider, while each party uses their own app of choice to connect.
Vsee	https://vsee.com/telemedicine/	easy to medium	Yes	No, only provider can manage.	Yes	Yes, email is primary, text message can be customized.	Yes	Yes	Free version does not allow SMS notifications and	small to medium	No - Stand alone	One Click Video Calling, Emails, share screen, Payments



APPENDIX B

Support Staff Structure for Telehealth Visit Checklist

	MD/PA/NP	RN	MA	Front Desk
Scheduling				
Reviews and update pertinent demographic info (address, cell phone number, Insurance etc.) , collect co-payment				
Screen for telehealth appointment criteria schedule a visit (Virtual Visit, In Person or Phone Only)				
Educate/Sends patient telehealth guides and pre-visit planning questionnaire				
Determines criteria for patients who can be seen via Telehealth				
Provide patient instruction on utilizing telehealth				
Note if the patient needs an interpreter				
Daily-Prep				
Pre-visit prep questionnaire				
Pre-visit discussion				
Arrives at Telehealth appointment and lets patient into the virtual room (if available on Telehealth platform)				
Progress Note Documentation				
*recommended to be completed by provider				
Verifying demographics and insurance information				
Screens Patient for COVID-19				
Goes thru pre-visit prep questions (this should include				
Collect Vitals				
Reconciles medication				
*Review Reconciled Medication list				
*Completes clinical assessment				
*Review care plan				
*Referral to specialist				
*Diagnosis patient conditions				
Completes progress note				
Post Visit Workflow				
Schedule Next visit				
- Brief targeted follow-up exam after Telehealth visit				
- Immunizations				
- Other Follow-up				
Setting up specialist referrals				
Schedule Testing and recommended completion date				
- Labs or Imaging				
- Other Testing				
Following up with patient to ensure requested labs and other tests are completed				

Visit prep checklist

If you have a new complaint, please describe the symptom and indicate how long it has been present, when it is better or worse and any other information that might be helpful to the physician and/or staff.

To be completed in anticipation of a patient's upcoming visit	
Patient name:	Date of birth:
Date of previous visit:	Date of next visit:

Preventive screening	Due	Up-to-date	N/A	Target population and recommendation
PAP				Age 21 to 65 years Every 3 years if no history of abnormal PAPs (or every 5 years if over 30 and most recent PAP negative and HPV-negative)
Mammogram				Age 50 to 75 years Every 1 to 2 years; or for those 40 to 50 and >75 screening is optional
Colonoscopy				Age 50 to 75 years Every 10 years (more frequent if history of colon polyp or family history of colon cancer)
Bone density scan (DEXA)				Age 65 years Every 10 years for women if previous results were normal; every 5 years if symptoms of osteopenia exist
Abdominal aortic aneurysm				Age 65 to 75 years One-time screening for men who have ever smoked
Visual acuity				Age >65 years (new Medicare enrollees) Can be completed during the "Welcome to Medicare" visit
Glaucoma screen				Age >65 years Annually

Immunization	Due	Up-to-date	N/A	Target population and recommendation
Tdap vaccine				Age >19 years Administer Tdap once; boost with Td every 10 years
Influenza vaccine				Age >6 months Annually
Shingles vaccine				Age >60 years Option if >50 years
Pneumococcal vaccine (PCV13 or PPSV23)				Age >65 years <ul style="list-style-type: none"> • PCV13 now, followed by PPSV23 six to 12 months later • If already received PPSV23, wait at least one year before giving PCV13 Patients age 18 to 65 with a chronic* or immunocompromising condition may also need a pneumococcal vaccine.

Source: AMA. Practice Source: transformation series: implementing a daily team huddle. 2015. *Chronic conditions include: COPD, DM, CVD, CKD, chronic liver disease, splenectomy, etc. Please note that these clinical guidelines change frequently and are meant as an example only. The checklist can be modified so you can update it based on your patient population and current guidelines. You may use this checklist to build the capability to "flag" upcoming care needs in your electronic health record (EHR).

How to Prepare for a Successful Telehealth Visit with Your Doctor

Ready to do your first telehealth visit with your doctor?
Here's a quick checklist to make sure your appointment is positive and free of technical glitches.

Preparing for the Virtual Visit

- Test Out Your Webcam/Camera**
Before your telehealth visit, make sure your webcam or the camera on your phone is working.
- Set-Up the Camera at Eye-Level**
Try to set things up so that the camera is approximately eye-level. This will make it easier to see and engage with you.
- Make Sure Your Volume's On**
Yes, we know it's simple, but we've all made this mistake! Check your sound to make sure it isn't muted.
- Test Your Microphone**
Try out your microphone. Open a recording program to test, or look for the microphone device in your control panel.
- Set Your Notifications.**
Your Doctor's office will send you a notification when it's time to log onto the visit
- Plug In Your Computer or Mobile Device**
Make sure your computer or mobile device is either fully charged or plugged in before the visit starts.
- Use A Wired Internet Connection if available**
You are less likely to lose connection if it's plugged directly into the internet with a wired Ethernet cable. From your phone, best practice is to connect to the local Wi-Fi. (i.e. Home)
- Close Unnecessary Programs**
The quality of your Telehealth visit will be better if you close all unnecessary programs before starting a telehealth visit.
- Dress Appropriately**
Your doctor will be able to see you, so make sure you're dressed appropriately.
- Find a quiet space.**
Always try to find a quiet space where you're able to talk to the provider privately and uninterrupted.
- Adjust the lighting**
Prior to visit, test out the lighting. Is your image clear? Is the picture too fuzzy and/or dark? Try turning on overhead lights and blocking light from windows.
- Note Anything You'd Like to Ask or Discuss with The Doctor**
Before your visit, collect all your medication bottles for review and jot down any questions you may have for the doctor.
- Have Your Doctor's Phone Number Handy**
In case you get disconnected from the visit. Call practice directly to let them know you're having issues

During the Virtual Visit

- Stay Engaged**
Ask any questions, give the doctor a thorough explanation of your medical issue and symptoms, and listen closely. Make sure you're looking into the camera and stay close to your device so your doctor can see and hear you.
- Pat yourself on the back**
You just did your first telehealth visit! Make sure to follow any instructions your doctor gave you and share any feedback so we can improve the telehealth visit experience.



APPENDIX C



Telehealth Physical Exam

"Listen to your patient, he is telling you the diagnosis." – Sir William Osler

Performing a physical exam via telehealth can seem challenging, especially if the patient is in their home where assessment tools, such as a blood pressure cuff or digital stethoscope, may not be available. But with some thoughtfulness, cooperation of the patient, and adequate lighting and camera, providers are able to examine several organ systems. And, as Osler reminds us, let's not forget our most keen diagnostic tool: a thorough patient history.

EYES

- Appearance of conjunctiva and lids (lid droop, crusting/exudate, conjunctival injection)
- Appearance of pupils (equal, round, extraocular eye movements)
- Assessment of vision (seeing double)



NECK

- External appearance of the neck (overall appearance, symmetry, tracheal position, gross evidence of lymphadenopathy, jugular venous distention)
- Gross movement (degrees of flexion anterior, posterior and laterally)



RESPIRATORY

- Assessment of respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement, pursed lip breathing, speaking in full sentences or limited due to shortness of breath)
- Audible wheezing
- Presence and nature of cough (frequent, occasional, wet, dry, coarse)
- Determine Roth Score¹

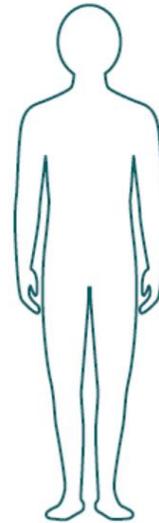


CARDIOVASCULAR

- Presence and nature of edema in extremities (pitting, weeping)
- Capillary refill
- Temperature of extremities per patient/other measure

CONSTITUTIONAL

- Vital signs (heart rate and respiratory rate, if available, temperature, blood pressure, weight)
- General appearance (ill/well appearing, (un) comfortable, fatigued, attentive, distracted, disheveled/unkept)



CHEST

- Inspection of the breasts (symmetry, nipple discharge)
- Chest wall or costochondral tenderness with self-palpation



ABDOMEN

- Examination of the abdomen
- Tenderness on self-palpation or palpation by attendant
- Observation of patient jumping up and down



MUSCULOSKELETAL

- Examination of gait and station (stands with/without use of arms to push off chair; steady gait, broad/narrowed based)
- Inspection of digits and nails (capillary refill, clubbing, cyanosis, inflammatory conditions, ptechieis, pallor)
- Extremity exam may include:
 - Alignment, symmetry, defects, tenderness on self-palpation
 - Range of motion, pain, contracture
 - Muscle strength and tone (flaccid, cogwheel, spastic), atrophy, abnormal movements
 - Presence and nature of edema, temperature
- Self-Assessment using [Ottawa ankle and knee rules](#)



SKIN

- Rashes, lesions, ulcers, cracking, fissures, mottling, petechiae
- Cyanosis, diaphoresis



NEUROLOGIC

- Dermatomal distribution of numbness or pain
- Examination of sensation (by touch or pin)



PSYCHIATRIC

- Orientation to time, place, and person
- Recent and remote memory
- Mood and affect
- Pressured speech
- Mood lability (crying, laughing)

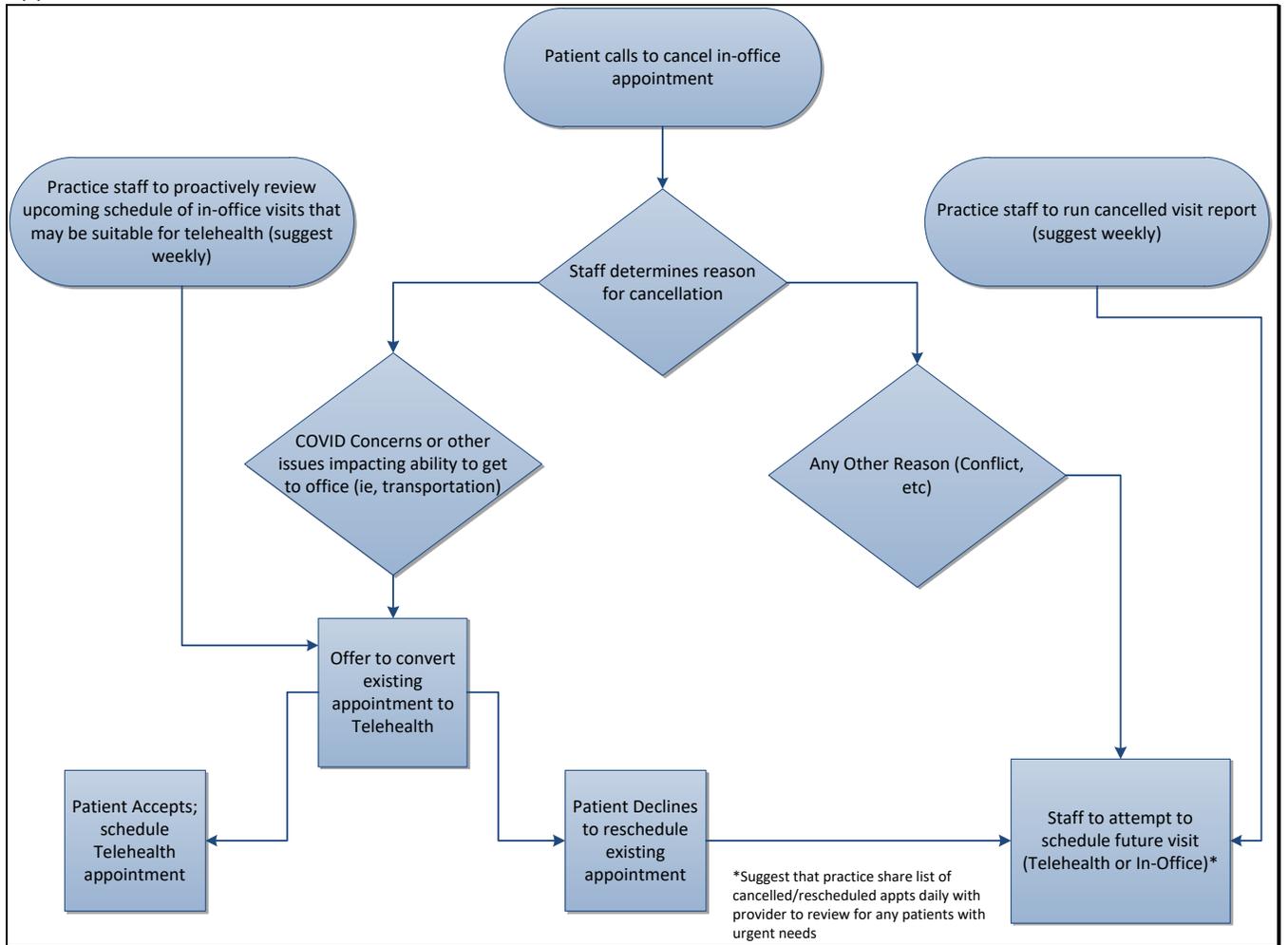


¹ Roth score should be used only during telehealth visits, and in conjunction with a comprehensive assessment. This is not a reliable indicator of hypoxia.

Suggested Citation:

Showalter, G. (2020, April 14). Telehealth Physical Exam. Loengard, A., Findley, J. (Eds.), <https://caravanhealth.com/>

Appendix C2:



Appendix C3:

Defining Guidelines for Appropriate Telehealth Use



Telehealth can be a helpful way to provide care to patients remotely, however, it likely won't be appropriate to use in every situation.

Below are some common examples of conditions or visit types where other physicians and practices have found telehealth appropriate vs. where an in-person visit was more appropriate. However, you should use your judgement when determining the appropriateness of telehealth based on developed protocols and the specific conditions of the individual patient.

COMMON USE CASES FOR TELEHEALTH	TELEHEALTH IS NOT APPROPRIATE FOR
<ul style="list-style-type: none"> <input type="checkbox"/> Appointments with existing patients <input type="checkbox"/> Prenatal visits <input type="checkbox"/> ADHD, Anxiety, Depression, toddler behavioral, and sleep (follow up and medication management) <input type="checkbox"/> Asthma follow up and medication management (not when having acute symptoms or wheezing). Children on high dose inhaled steroids may need to be seen in the office to monitor growth. <input type="checkbox"/> Allergy evaluation/medication management <input type="checkbox"/> Eczema, acne evaluation and medication management and follow up <input type="checkbox"/> Any other medication management not requiring a physical exam <input type="checkbox"/> Simple conjunctivitis (pink eye) without fever <input type="checkbox"/> Minor trauma screening (lacerations, abrasions, animal bites) <input type="checkbox"/> Follow up for dietary guidance <input type="checkbox"/> Review of lab, x-ray, and consultation reports <input type="checkbox"/> Surgery follow-up <input type="checkbox"/> Foreign travel (may require a vaccination visit) <input type="checkbox"/> Foreign adoption (review of records prior to adoption) <input type="checkbox"/> Lactation 	<ul style="list-style-type: none"> <input type="checkbox"/> First time appointments <input type="checkbox"/> Any time a physical exam is needed <input type="checkbox"/> When patient is experiencing a symptom outside the bounds of your clinical protocols for telehealth visits (e.g. fever, difficulty breathing, vomiting, confusion, agitation, or other abnormal mental states, etc.)

Disclaimer: This document is for informational purposes only. It is not intended as medical, legal, financial, or consulting advice, or as a substitute for the advice of an attorney or other financial or consulting professional. Each health care organization is unique and will need to consider its particular circumstances and requirements, which cannot be contemplated or addressed in this Playbook.

Source: AMA-Telehealth-Implementation-Playbook pg 114

Appendix C4

Triage and Scheduling for Telehealth Visit Checklist

Visit Types (set-up at least two visit types)			
Telehealth (two-way audio/video) visits	In EMR/PM system set up at least two visit types: when scheduling any telemedicine visits Use one of these visit types and then under reason state: what the visit is for. I.E. Diabetic Follow-up 3 months		
Telephone Only Visits			
	First Preference	Second Preference	Visit Type Reason(s)
Common Visit types	Practice Preference Order: TH = Telehealth, IO = In-office, Other		
Example: Snoopy Exam	TH	IO	Kennel cough
Follow-up visit			
Chronic Disease Management			
Reviewing labs, X-rays and consultation reports			
Medication Management			
Lifestyle coaching			
Flu, cold, sore throat or allergy			
Minor urgent care			
Therapy & Counseling: Mental Health issues, Follow-up, Medication management or questions (ADHD, Anxiety, Depression, Sleep etc.)			
Smoking cessation			
Skin Conditions: Rashes & other skin problems			
Back Pain			
Sports injuries			
Gastrointestinal Issues			
Post-Surgical Follow Up			
Prescription Refills			
Pediatric fever or advice			
New Parenting Questions			
New Patients			
Physical Exam			
Telehealth follow-up exam needed			
Labs			
ER Follow-up			
Hospital Follow-up			
Pre-op Visit			

Remote Work Checklist

This checklist should be completed by each provider/staff that is conducting telehealth remotely

Provider/Staff:

Date:

Equipment

- Laptop or computer
- Camera for computers that do not already have them
- Microphone or headphone if needed
- Reliable internet service – *Practical tip: Test internet speed by using Zoom with family/friends or stream video on device (Netflix)*
- Dual computer screens for EHR documentation note taken (if needed)
- Phone and computer chargers

Environment

- Ensure privacy (HIPAA)
- Avoid background noise
- Adequate lighting for clinical assessment
- Professional dress

Telehealth Platform Support

- Identify who the provider would contact with for immediate assistance with issues: *Name:*
Phone Number:

If there are connection issues:

- Have a back-up platform ready in case of technical difficulties
- Have a phone number that you can call the patient on in case of connection issues

Remote Work Workflow

The following items should be determined/completed to conduct remote telehealth work. **Yellow** highlighted fields are unique to remote work

Schedule:

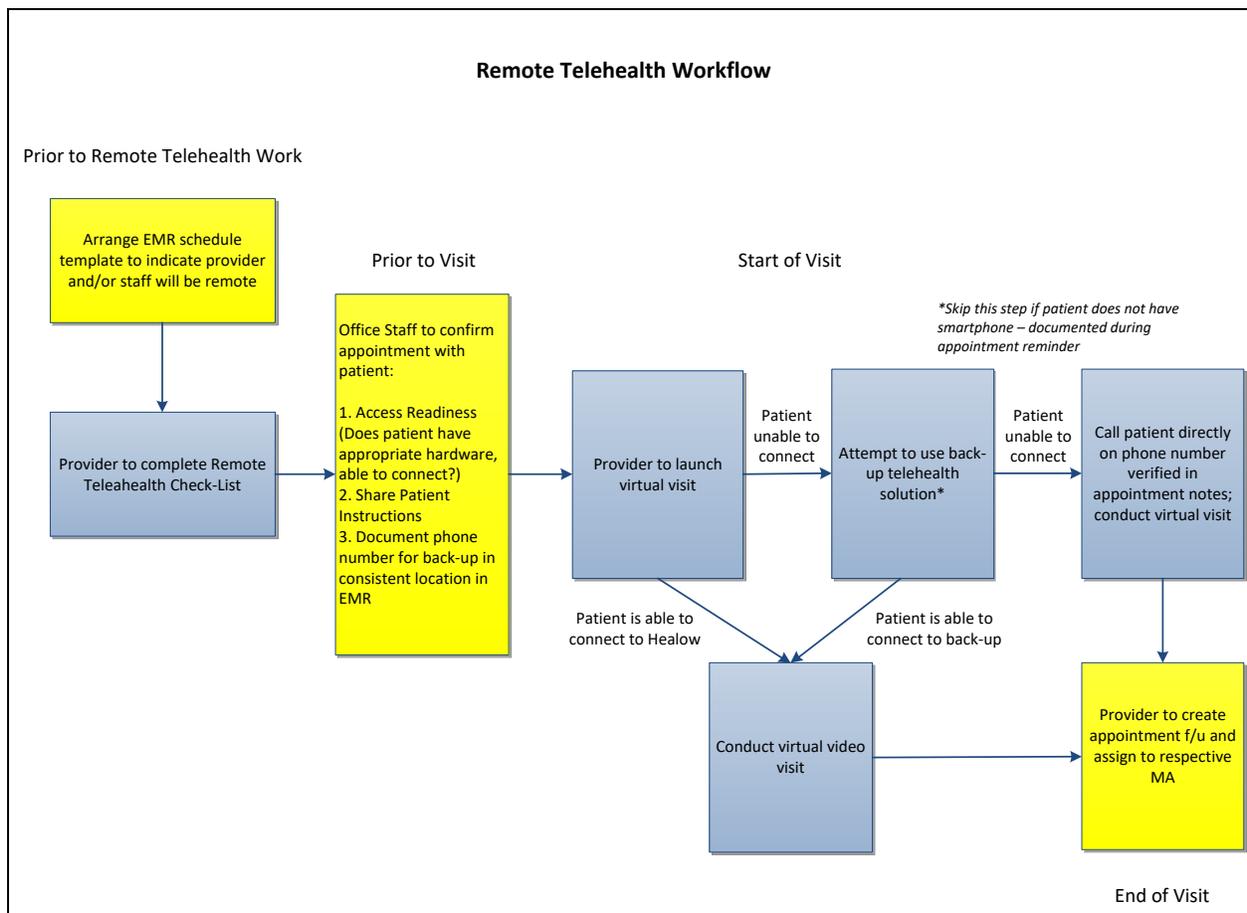
- Arrange provider's schedule template to indicate remote work
- Determine if staff also working remotely; if so identify contact person (above) for immediate issues

Office Staff to Confirm Telehealth Appointment and document the following:

- Best Phone Number for patient in case of technical difficulties
- Whether or not patient has smartphone (for back-up telehealth platform)
- Share Healow Instructions with patient

Determine where appointment follow-up will be documented/assigned:

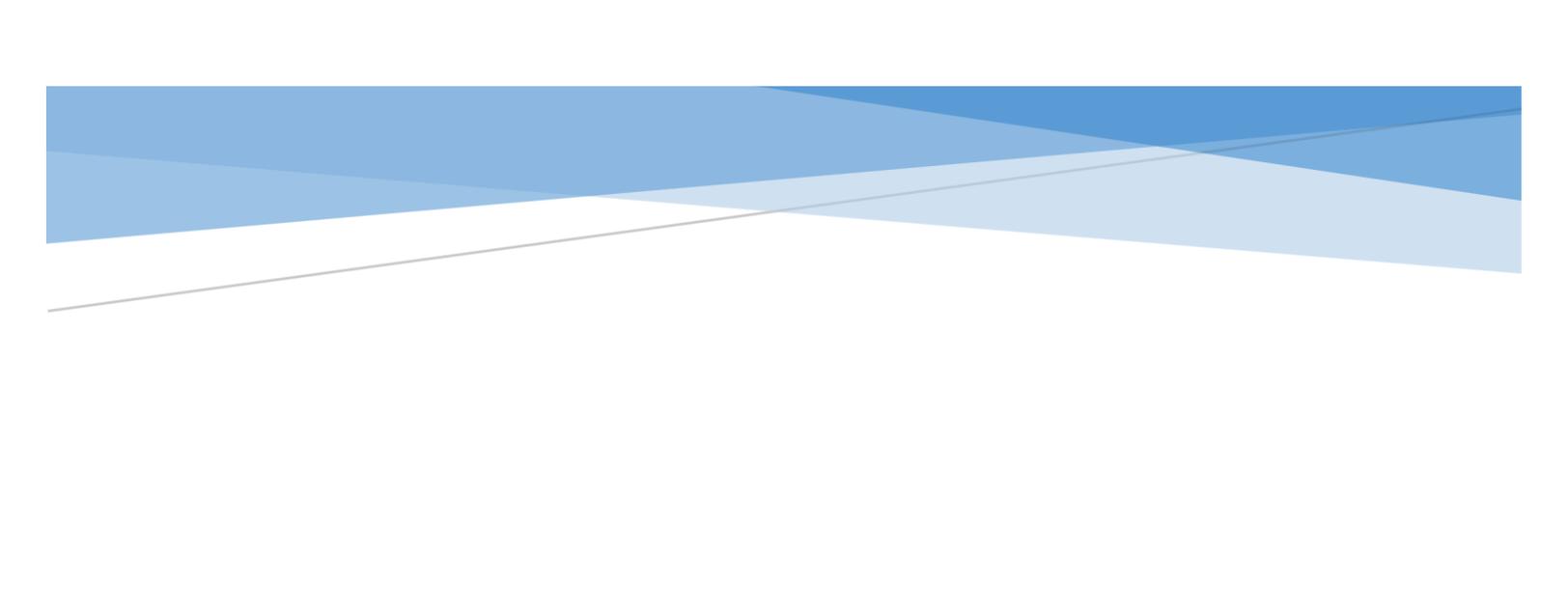
- Appointment F/U documented/assigned (ex: Telephone Encounters): _____



Telehealth Documentation Additional Requirements

- In addition to SOAP elements, providers must document:
 - Visit occurred via telehealth including method of telehealth used:
 - Audio and video
 - Audio only (Phone Call)

- Physical location of the patient (must be in a state where provider is licensed)
- Physical location of the clinician
- Names of all persons (staff and patient companions) participating in the telehealth visit and their role in the encounter
- Length of Visit
 - If video visit fails and practice converts to phone call; transition must be documented and time spent on each platform recorded



APPENDIX D

General Telehealth EMR Template

Subjective:

Chief Complaint(s):

- Telehealth Encounter – Patient presents during COVID-19 pandemic/Federally declared state of public health emergency

HPI: Telehealth:

- Consent for visit was given: Yes
 - Written (see patient document on file)
 - Verbally
 - By: Patient
 - By: Guardian
 - By: family member
- Type of Telehealth visit:
 - HIPPA Compliant Telehealth solution
 - Other Video visit
 - Phone only visit
- Physical Location of the Provider:
 - In Office
 - Home
 - Other
- Physical Location of the Patient:
 - Home
 - Other
- Participants:
 - Provider
 - Patient
 - Other: Names of all other persons participating in the visit and their roles (i.e. John Smith, PA and Charlie Brown – Patients Son)

In Note section: This treatment is voluntary and a claim will be submitted to your insurance company for Payment. You agree there are certain limitations in providing your care in this manner in lieu of an in person visit. Some virtual applications are not considered HIPPA Compliant and therefore not secure. If Platform is not HIPPA compliant you agree to use of this application for this visit.

*Please fill in any additional areas that you would normal have done in the subjective area (Medication Reconciliation, Allergies, Past, Family and Social hx, HPI, ROS etc.)

*Please fill in All Additional Areas that you would normal have done in a follow-up visit or PE

Objective:

For the Physical Examination you can break it up into two parts:

Part 1: “Passive” examination:

“Passive” examination

- Observations, without instructions

Documentation

- **General:** no acute distress
- **Lungs:** Speaking in full sentences without breaths mid-sentence. No neck accessory muscle use.
- **Psych:** alert and oriented to person, place, and time. Normal thought content and tone.
- **Skin:** normal skin tone, exam limited by video quality

Part 2: “Active” examination

“Active” examination

- Observations, with instructions

Documentation

- Elements of “Passive” examination, plus..
- “Examination was performed by patient via telehealth video, directed and observed by MD.”

- Examples for documentation and demonstrated the patient and provider side (See recording link below for greater detail)

Sinusitis

Documentation

- Elements off “Passive” examination, plus..
- HEAD:** face overlying **right maxillary sinus is tender to percussion**. Forehead and area overlying left maxillary sinus are nontender to percussion.
- EYES:** no scleral injection
- EARS:** external ears normal appearing
- NOSE:** mucous at nares
- THROAT:** no oral exudates
- NECK:** nontender, normal ROM, no cervical lymphadenopathy
- “Examination was performed by patient via telehealth video, directed and observed by MD.”

Wrist Pain

Documentation

- Elements of “Passive” examination, plus..
- NEURO:**
- Right hand with negative Tinel test, positive Phalen test for tingling in thumb and fingers 2-3. Sensation to light touch of right hand including all fingers is intact on palmar and dorsal aspects.
- MSK:** no edema of the hands
- SKIN:** no erythema of the hands or wrists
- “Examination was performed by patient via telehealth video, directed and observed by MD.”

Best practice on physical exam for telehealth – Helpful links (right click on link and select open link to view)

<https://www.wellforce.org/Wellforce%20Webinar%20Series>

https://caravanhealth.com/CaravanHealth/media/Resources-Page/Telehealth_PhysicalExam.pdf

<https://medicine.stanford.edu/news/current-news/standard-news/virtual-physical-exam.html>

Assessment:

Add in Diagnosis/Impression

Plan:

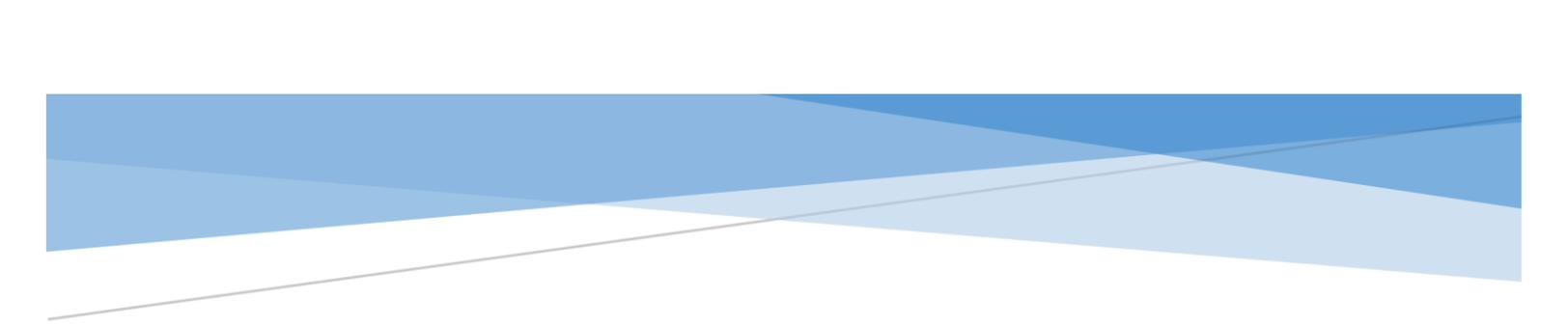
Add in all Orders, Referrals and Recommendations for Further Treatment

Length of Visit:

In Note section: This visit was initiated by the patient and completed via (add Telemedicine platform) due to restrictions of the COVID-19 pandemic. All issues above were discussed and addressed at length for (add # of minutes) but no physical exam was performed unless allowed by visual confirmation on (add Telemedicine platform). The patient consented to this visit.

For Consultation Visits:

I, doctor (insert name), was present in person for this visit on (insert date) discussing the patients care and directing treatment along with (add PA or NP if appropriate) at the time of the patient’s visit. I agree with all of the above treatment plan, including any orders, medication changes or referrals as stated above. Greater than 50% of today’s visit was spent on counseling and education on all of the above topics



APPENDIX E



Safe with Us

Message for patient portal, emails, social channels, and practice website

We know there is anxiety about going anywhere right now, including to the doctor's office or hospital. That's why we've taken numerous steps to create a clean, safe and supportive environment for you.

Our practice is in full compliance with the Massachusetts Department of Public Health's COVID-19 safety guidelines. We've also reoriented all of our employees to the latest infection prevention procedures.

Here are some changes you can expect to see during your next in-person visit:

- Please wait outside our offices until your appointment begins. If you must bring someone with you, please ask your companion to wait outside during your appointment unless his/her assistance is needed throughout your visit.
- We've redesigned our check-in and check-out procedures to avoid the use of our waiting rooms, to minimize paperwork, and to discontinue shared use of items such as clipboards and pens.
- Appointments are now scheduled so there is little overlap between patients. Telehealth sessions are arranged whenever practical.
- Everyone on our staff is wearing appropriate personal protective equipment and we're requiring all patients and any companions to wear face coverings as well.
- We have designated "one way in, one way out" pathways through our offices so you do not interact with other patients or staff members who are not involved in your care.
- There are numerous signs on display to remind everyone about the importance of social distancing, coughing etiquette, wearing face coverings, and proper hand hygiene. Everyone has access to hand sanitizer and tissues.
- Every patient exam room is thoroughly disinfected between each visit. We also are routinely sanitizing railings, door handles, workstations, equipment, screens, restrooms and other high touch areas.

So please do not delay care. If you need to see your doctor or come to the emergency room, we are here for you. Our staff will be working with you to reschedule any delayed appointments. And if you have a new health need, please don't hesitate to reach out to us.

We are making sure that no matter where you are or when you need care, you are Safe with Us.

SOCIAL MEDIA

To our valued patients,

The beginning of [month] we began seeing patients back in our office.

The Massachusetts Department of Public Health recommends telehealth (video) visits instead of in-office visits whenever possible, to reduce the exposure that comes from being out and around other people. Most issues can be successfully managed by a video visit. We can begin almost all visits by telehealth (video), and then bring you into the office if it becomes clear you need something we can't do without an in-office visit (e.g. injection, procedure, testing, or certain parts of the physical examination.)

If you do need an in-office visit, we are reducing exposure by spacing appointments further apart, ensuring we don't have more than one patient entering the office at one time, and keeping you within one exam room for the duration of your visit. We are also cleaning and disinfecting thoroughly after every patient visit, utilizing disinfectants certified by the EPA to be effective against the Covid-19 virus.

We ask that everyone coming to our office wear a mask and call upon arrival to the parking lot for further instructions. As always, we will continue to provide the most up-to-date, safe, efficient and quality experience to each and every one of our patients. We understand that in these times everybody's needs are different.

Please call xxx-xxx-xxxx for further information or to set up an appointment.

Thank you,

Patient Education Flow



A telehealth implementation is only successful when patients are aware of the option, are empowered to use it, and appropriately interact with the platform.

Below is a five-step outline of how to educate patients about telehealth and keep them engaged.



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Telehealth Patient Introduction



The messaging below is intended to serve as a guide for introducing telehealth offerings to patients.

Consider incorporating messaging into practice marketing and communications and featuring it on your patient portal or in newsletters, emails and SMS.

We are now offering Telehealth services!

(Clinic/health system name) is now offering telehealth visits as an additional way to interact with you.

What is telehealth?

Telehealth is as a digital health solution that connects the patient and clinician through real-time audio and video technology, and can be used as an alternative to traditional in-person care delivery, and in certain circumstances can be used to deliver such care as the diagnosis, consultation, treatment, education, care management, and self-management of patients.

Benefits of telehealth include:

- No transportation time or costs
- Reduced wait time
- More detailed and personalized care compared to a telephone call

(Include a statement about data encryption, storage, privacy, and HIPAA compliance.)

What types of visits can telehealth be used for?

Telehealth is best suited for interactions with established patients that do not require a physical exam or lab work.

Examples would be insulin adjustments, review of continuous glucose monitoring data, dietary counseling, follow-up after a medication change.

What types of visits are not appropriate for telehealth?

Telehealth is not suited for physical examination and lab testing.

Examples of services that require in person evaluation include A1c testing every 3 months, acute illness evaluation, or new problems.

Telemedicine cannot be used for new patient evaluations.

What is needed to connect for an online appointment?

You will need video camera, microphone, headphones (optional), and strong internet connection. *You will need to use Chrome, Firefox, or Safari browser if using a computer. You may also use Android or Apple iOS cellular phone devices. (Update as needed for your platform.)*

At your appointment time, you will access the portal by *(include platform-specific instructions)*

Consent to treat you via telehealth

You will need to sign a telehealth consent form prior to your visit, allowing our office to conduct a telehealth appointment

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