RESPONSIBILITIES OF ADMINISTRATIVE STAFF/INFORMATION TECHNOLOGY STAFF

The primary goal of this guide is to provide information specific to telehealth in WV. A quick summary specific to Mercer Medical Group's experience is given below. Instead of reinventing the general process, the following are links to two excellent references for starting a telehealth program, not specific to West Virginia:

American Medical Association: AMA Telehealth Implementation Playbook:
https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf
American Academy of Family Practice: A Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice
https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
National Consortium of Telehealth Resource Centers:
https://telehealthresourcecenter.org/resources/toolkits/covid-19-telehealth-toolkit/
Health and Human Services: Telehealth for Providers:
https://telehealth.hhs.gov/providers/

Form a checklist.

PRE-GO LIVE:
1. Introduce the program to providers and staff to confirm interest and expectations.
2. Evaluate broadband capability and requirements.
3. Develop budget including staffing and new equipment.
4. Check malpractice coverage.
5. Check licensure rules in your state and surrounding states.
6. Find Audio Visual Vendor preferably HIPAA compliant.
7. Explore EHR Portal AV Platform.
8. Evaluate and Buy Equipment if needed.
9. Decide on how telehealth will be booked and documented: Apt type, schedule, check in, check out, reminders.
10. Develop telehealth template for your EHR.
11. Develop telehealth consent form, add to existing consent or add to telehealth template
12. Establish initial workflow.
13. Establish rules around collection of Copay and Deductibles. Before apt? Send bill after appointment?
14. Marketing to patients.
15. Decide on measurable outcomes you want to follow.

ESTABLISHING WORKFLOW
1. Establish rules around suitable patients (work with providers on this).
2. How can patients obtain a telehealth appointment? Will they book via portal directly, portal messaging, phone call to receptionist?
3. Who will take care of appointment reminders and who confirms appointments?
4. Who will register the patients?
5. Who will help patient load the APP on their hardware?
6. Who will teach the patient how to access the AV platform?
7. Who will do the INTAKE?
   a. Documentation of consent
   b. Vitals done by patient and reported verbally do not meet quality measure requirements and should not be added to these fields in EHR. They can be added to comment section or chief complaint if needed.

8. Who will develop queries required of Quality Payment Programs? Telehealth AV visits trigger quality measure requirements just as in person E and M visits do.
9. Who will perform medication reconciliation, medication renewal and review of systems?
10. How does clinical staff and provider know when the patient is ready for them? How will staff know when provider has completed their visit or has orders?
11. What is the workflow at the end of the visit? How does the visit summary reach the patient? How is the next appointment booked?
12. How is the visit coded and by whom?

EQUIPMENT:
1. Determine equipment needs.
2. Evaluate equipment currently available vs equipment to be purchased. Try to standardize hardware used across program to make problem solving easier going forward for IT staff.
3. Purchase equipment
4. Install and test equipment
5. Develop process of who to call if there is equipment failure.

TRAINING:
1. Educate clerical and clinical staff using detailed workflow. Designate time and resources for this.
2. Demonstrate how to use equipment.
3. Hands on training for each staff member, training the trainer to start, then going forward.
4. Consider a pilot pod and use this pod to work out the issues and then to teach others.
5. Develop a "Telehealth Competency Checklist" for administration/clerical/clinical staff and providers.
6. Develop workflow cheat sheets.
7. Have providers and staff practice on each other using mock visits before GO LIVE.

GO LIVE:
1. Have super users or experts available to deal with any questions or snags
2. Consider having one office or one pod GO LIVE at a time with a limited number of telehealth patients. Then ramp up.
3. Ask for feedback after each session. Ask what would make the process easier.

MARKET:
1. Once you are confident in your ability to do Telehealth, promote it to your patients by portal messaging, flyers, newspaper, radio, TV, in office education and video clips on website.
- See marketing videos included at the beginning of the telehealth guide.